



# Aetna Better Health of WV Mountain Health Promise

BCF Q&A



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## Bureau for Children and Families Q&A

Aetna Inc. is a managed health care company that was founded in 1853. They serve approximately 22.1 million medical members. In West Virginia, the Aetna Medicaid program is known as Aetna Better Health of West Virginia (ABHWV). ABHWV has two separate contracts with DHHR.

### Mountain Health Trust Contract

- Can be chosen for regular Medicaid
- This program is known as Mountain Health Trust (MHT)
- Medicaid Members can choose from three MCO's:
  - Aetna Better Health of WV
  - The Health Plan
  - Unicare (Anthem)

The Bureau for Medical Services (BMS), Office of Medicaid Managed Care, initiated a risk-based managed care program for certain groups of Medicaid recipients in September 1996. Under this program, the Bureau has contracts with several Managed Care Organizations (MCOs) for the provision of medically necessary services currently provided by the State, except for pharmacy, long term care, and non-emergency medical transportation services.

### Mountain Health Promise Contract

- Manages all children in foster care, including finalized adoptions and legal guardianship children.
- Here is a link to the [MHP contract](#).
  - DHHR made the decision that members in foster care cannot opt out of MHP
- The WVCHIP program has been added to the Mountain Health Trust Program and will transition to the MCO's on January 1, 2021

### What is the difference between MHP and Medicaid?

The MHP program is a total approach to coverage that cares for the youth and their family, which includes access to care management services and our value-add benefits (for example, access to care management services and our value-add benefits (for example, access to afterschool assistance, laptop/tablets for high school age youth, and access to Legal Aid Services). Traditional fee-for-service Medicaid population receive traditional benefits, including physical health and behavioral health services.

## **How often should I communicate with the Aetna Case Manger?**

Aetna case managers are here to support the work that BCF is doing. You should communicate with the Aetna case manager when opening a new case, when navigating mental or behavioral health or other provider needs, when navigating family engagement (discharge or case planning, placement change, family engagement and network building, etc.). Aetna case managers are a part of your multi-disciplinary care team (MDT) and so should be engaged then as well.

## **Who do I call when I have a problem?**

Please reach out to the child's assigned Aetna case manager. You can also reach your Aetna BCF Liaison, Heidi Staats via email at Heidi.e.Staats@wv.gov, or by phone at 304-356-4390.

## **Why is the member still receiving the paper card?**

The traditional blue paper card is for prescriptions services which are still covered by BMS. For all doctor or provider visits utilize the Aetna plastic card, but when the member goes to the pharmacy use the paper card.

## **What is Aetna managing?**

Aetna case managers are nurses, social workers, and other behavioral health specialists. All MHP members are assigned to an Aetna case manager. They are managing the physical, behavioral and emotional health care needs of foster children. The Aetna case managers reach out initially to enroll the member in MHP and obtain some necessary assessment information. This information determines the level of case management Aetna will provide. There is:

- General population (tier 1) – for children with no issues
- Supportive case management (tier 2) – for children with a few issues identified and intensive care management.
- Intensive case management (tier 3) – for children with placement disruption including residential placement, needs not met, severe behaviors/trauma or chronic medical needs identified.

Aetna case managers are considered members of your multi-disciplinary care team. They will contact you for information on how the child came into care, what their plan for permanency is and any medical information you may have. Their goal is to improve health outcomes for all kids in foster care.

Think of Aetna case managers as a support to you as you navigate supporting your case child and their families toward our commonly held goals: Healing families, returning children to communities (home or kinship), reducing the number of children in care and the time they spend in care (getting them the right services at the right time) and increasing connections for all kids in care (we know connections help heal kids more than anything else.) they can also provide linkage to the provider for finding medical and mental health services.

## **What is the difference between KEPRO and Aetna?**

For Foster Care – Aetna now has the contract and will be managing all prior authorizations.

For SNS (socially necessary services) – Aetna now has the contract and has sub-contracted with KEPRO to continue unit approvals.

KEPRO is a specialized health care company, Aetna is a managed care organization. Aetna has subcontracted with KEPRO for the utilization management of social necessary services, and authorization of SNS units.

## **Why are providers getting multiple calls about EPSDT?**

Aetna case managers are required per the contract to ensure EPSDT appointments occur. However, HealthCheck Foster Care Liaisons are responsible per a compliance plan, from a class action judgement, for ensuring the EPSDT is scheduled within ten (10) business days of that child's placement, and the full screen is completed within 30 days of placement. Until the MHP online portal, FamilyConnect, is available which shares an appointment calendar, both parties must ask the family about EPSDT to meet their requirements. In addition, the HealthCheck Foster Care Liaisons complete medical screens in FACTS and send the EPSDT document to BCF case workers.

## **Will Aetna case managers complete the waiver application?**

No, Aetna case managers cannot complete any of the waiver applications. They can help start the Children with Serious Emotional Disorders (CSED) application by providing important information, providing the CSED applications to BCF workers, physicians or the appropriate person to complete, and assisting in provider identification to complete application assessments. Aetna, through KEPRO, is also monitoring applications as they proceed through the process in hopes of serving children quicker.

## **Do Aetna case managers look for placements?**

No. However, Aetna case managers should contribute to the MDT by aiding with the transition planning of placements with the goal of shortening stays in out of home facilities. Through clinical case staffing, Aetna can provide assistance with ensuring children are in the most appropriate placement while striving to prevent children being in placement where they no longer meet medical necessity criteria. They would gladly assist with whatever they can to find an appropriate placement for the child which includes developing the child's supportive expanding network. This might include them ( or the consultants alongside them) supporting you in the toolkits provided by Family Finding (introduced in the training sessions with Kevin Campbell and Elizabeth Wendel.)

## **How do I know who the Aetna case manager is?**

Contact Member Services at 1-888-348-2922. The Aetna web page provides extensive information. The Aetna web page provides extensive information.

**<https://www.aetnabetterhealth.com/westvirginia/members/>** in addition, you can reach out to the Regional Aetna case manager supervisors (please see the attached regional map and supervisors contact list.)

Aetna case managers are located regionally, and live, work and play in the same communities as our members. Aetna Case managers will practice continuity of care and change only when it is appropriate based on a placement change or other extenuating circumstance. There are also Aetna case managers assigned for specific facilities and shelters who support youth in those facilities. Those youth might have an additional Aetna case manager assigned in their region as needed.

### **What is the difference between FamilyConnect and Connect Our Kids?**

FamilyConnect is a portal created by Aetna that contains medical information that specific individuals will be able to access. At this time foster parents and residential providers cannot access. This is an easy to navigate site to select Primary Care Physicians (PCP's), pull medical education information, explore the provider network, and even obtain Aetna medical ID cards. This is a medical HUB for information all in one place!

Connect our Kids is an app created by Aetna and their consultants to help build a family tree for a child, research family members on the internet, and is a tool for BCF and Aetna case managers. It is another tool for BCF to use to track down family members to be a resource for children and family and expand their supportive networks. This tool specifically meets expectations of W. Va. Code §49-4-601a: Within 7 calendar days of filing petition, the department shall file with the court a list of all of the relatives and fictive kin of the child known to the department, whether or not they have expressed a willingness to take custody of the child, and within 45 days from filing the petition, the department shall file a list of individuals identified who are willing and able to act as foster or kinship parents to the child.

### **What is the difference between ABHWV and MHP?**

ABHWV is the organization name of the West Virginia based health plan. MHP is the program name of the specialized foster care program operated by Aetna.

### **Medical / behavioral portal staff supposed to be able to access for kid's history. How it works and when will it be available?**

This is in reference to FamilyConnect (the health HUB mentioned above) and will be accessible in the coming months!

### **Do BCF staff need releases to share information with Aetna?**

No, Aetna and BCF are partners and can speak freely with one another. The goal is to continuously collaborate.

### **How does Aetna work with out of state members?**

Aetna enrolls members who are out of state into care management and coordinates and supports state staff, as we do for in state kids. A case manager from Aetna might assist with getting a youth into an orthopedic specialist, for example. Aetna will continue to help coordinate BH and MH services for out of state kids, as we do for in state kids.

## How do they help with CSED Waiver for kids?

Aetna can make recommendations and assist Legal Representative with making application when necessary for both in and out of state kids.

The CSEDW is a Medicaid Home and Community Based Services (HCBS) waiver program authorized under [§1915\(c\) of the Social Security Act](#). The CSEDW provides services that are additions to Medicaid State Plan coverage for members ages three through 20 who are enrolled in the CSEDW program. The CSEDW permits WV to provide an array of HCBS that enables children who would otherwise require institutionalization to remain in their homes and communities.

This waiver prioritizes children/youth with serious emotional disorders (SED) who are:

- In Psychiatric Rehabilitation Treatment Facilities (PRTF's) or other residential treatment providers either out-of-state or in-state; and
- Other Medicaid-eligible children with SED who are at risk of institutionalization.

It is anticipated that this waiver will reduce the number of children housed both in-state and out-of-state in Psychiatric Residential Treatment Facilities (PRTF's) and shorten the lengths of stay for children who require acute care in PRTF's.

West Virginia defines the term “children with a serious emotional disorder” (CSED) as children with an SED who are ages three through 20 and who currently have or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic Statistical Manual of Mental Disorders (DSM) (or International Classification of Disease (ICD) equivalent) that is current at the date of evaluation and results in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, and/or community activities.

For children who are placed in both in and out of state facilities, BCF can pursue application to the CSEDW program to serve as step-down treatment for individuals placed in such facilities and who, upon discharge will be placed in a home setting. Home setting is defined as a natural family home, kinship placement and/or foster care placement. The CSEDW program offers intensive services within the home and community where the child will be residing to assist with a successful transition from a facility back into the community.

## Will we get training on how Aetna works (specifically) with us as managers or our staff?

Yes! Your BCF leadership is working on desk aids to support you and dig deeper into what roles Aetna plays in supporting you and what roles you will continue to hold. This will include how an MCO works, and how we work together as well as why it's important that we work together to reach those goals mentioned above. The BCF Administrator of MHP, Heidi Staats, and Aetna Administrator of MHP, Kathy Szafran, will also provide a quarterly training with question and answer session for each BCF region.

### **Can foster youth opt out? Providers are telling members they can.**

Foster youth are automatically enrolled in Mountain Health Promise unless they opt out. Mountain Health Promise also covers adoptive and legal guardianship children (former foster youth), and those with extended coverage upon reunification, who MAY opt out. However, Mountain Health Promise offers specific value-added benefits and support that may encourage families to stay in the network.

Providers should not be telling foster care families they can opt out. If you are aware of specific providers engaging in this practice, please share this information with BCF Administrator of MHP, Heidi.E.Staats@wv.gov.

### **What are the options for adoptive kids and their families?**

Adoptive kids are part of Mountain Health Promise unless they opt out. They may also choose to remain in MHP, but only opt out of care management. Aetna will provide support as needed but adoptive families may manage their own appointments etc. as needed only calling member services or care management for support as needed.

### **Is there a way for staff to know what type of information is being sent to providers so they can know what it is when they get questions from foster families etc.?**

Yes, Provider Experience within Aetna shares specific information with our provider network statewide quarterly and this is shared with state leadership.

### **How does Aetna communicate with new members?**

During the implementation, Aetna reached out to all families and members with letters to explain Mountain Health Promise and member benefits via a welcome packet. New members will receive this information whenever new children come into care. Care management is also reaching out to new members and their families to begin that relationships through phone calls within 72 hours of child appearing on the enrollment file (the day after placement is entered FACTS).

### **How does Aetna know when there are new kids in care?**

Aetna relies on state information including placement entry to have an updated list of kids in care, their placements, and their needs. An enrollment file is received daily so children will be removed and added within 24 hours of placement entry in FACTS.





## Clinical Team Contact List

Kimi King, RN  
Sr. Director of Medical Management  
Email: Kjing@aetna.com  
Work phone: **304-348-2085**

Johna Easter, RN  
Director of Care Management  
Email: EasterJ@aetna.com  
Work phone: **304-348-2086**

## Care Management

David Ledergerber, RN  
Manager of Care Management  
Email: dxledergerber@aetna.com  
Work phone: **304-348-2915**

Ashli Starcher, RN  
Manager of Care Management  
Email: StarcherA@aetna.com  
Work phone: **304-348-2925**

Tabitha Barrett, RN  
Care Management Supervisor, East Region  
Email: BarrettT3@aetna.com  
Work phone: **959-299-9689**

Andrea Judy, RN  
Care Management Supervisor, North Region  
Email: JudyA@aetna.com  
Work phone: **304-348-2048**

Lora Dunn, LPC  
Care Management Supervisor, West Region  
Email: DunnL1@aetna.com  
Work phone: **304-206-3777**

Diana Richards, RN  
Care Management Supervisor, South Region  
Email: RichardsD1@aetna.com  
Work phone: **304-348-2984**

Heather Ely, RN  
Care Management Supervisor  
Email: ElyH@aetna.com  
Work phone: **304-348-2919**

Ashli Samples, RN  
Care Management Supervisor, Central Region  
Email: arsamples@aetna.com  
Work phone: **304-348-2049**

Heather Fouch, RN  
Care Management Supervisor, West Region  
Email: FouchH@aetna.com  
Work phone: **959-299-9676**

Laura White, RN  
Care Management Supervisor, Central Region  
Email: WhiteL8@aetna.com  
Work phone: **304-348-2907**

Tina Garten, RN  
Care Management Supervisor, South Region  
Email: GartenT@aetna.com  
Work phone: **959-299-9601**

Jennifer Eva  
Project Manager for CSED (Children with Serious Emotional Disturbances)  
Email: EvaJ@aetna.com  
Work phone: **959-299-9701**

Joann Good, RN  
Care Management Supervisor, West Region  
Email: GoodJ1@aetna.com  
Work phone: **304-348-2937**

## Behavioral Health / Social Services/ System of Care

Margaret (Marg) Heasley  
Director of Social Services  
Email: HeasleyM@aetna.com  
Work phone: **304-206-3762**

Joseph (Chris) Hughes  
BH Clinical Manager  
Email: HughesJ2@aetna.com  
Work phone: **304-206-3765**

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LaKeisha Barron-Brown  
Medicaid Advocate  
Email: Barron-BrownL@aetna.com  
Work phone: **959-299-9642**

Jamie Cantley  
Recovery and Resiliency Administrator  
Email: Cantleyj@aetna.com  
Work phone: **304-373-3651**

Arlene Hudson  
Socially Necessary Services Liaison  
Email: HudsonA@aetna.com  
Work phone: **959-299-9697**

Teresa Kelly  
SoC Child Administrator  
Email: Kellyt2@aetna.com  
Work phone: **304-373-3651**

Mark Kennedy  
SoC Judicial Liaison  
Email: KennedyM2@aetna.com  
Work phone: **304-410-4778**

Kevin Meehan  
SoC Administrator  
Email: Kevin.Meehan@aetna.com  
Work phone: **959-299-9666**

## Utilization Management Contacts

Chad Nichols, BSN, RN  
Director of Utilization Management  
Email: NicholsC1@aetna.com  
Work phone: **304-348-2023**

## Concurrent Review Supervisors

Eva (Lynn) Bentley, RN  
Supervisor of Concurrent Review  
Email: elbentley@aetna.com  
Work phone: **304-348-2995**

Felicia Jarvis, RN  
Supervisor of Concurrent Review  
Email: JarvisF@aetna.com  
Work phone: **959-299-6241**

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## Prior Authorization Supervisors

Michelle Kopf, RN  
Supervisor of Prior Auth  
Email: KopfM@aetna.com  
Work phone: **304-348-2955**

Brandilyn (Brandi) Whitlock, RN  
Supervisor of Prior Auth  
Email: WhitlockB1@aetna.com  
Work phone: **304-348-2902**