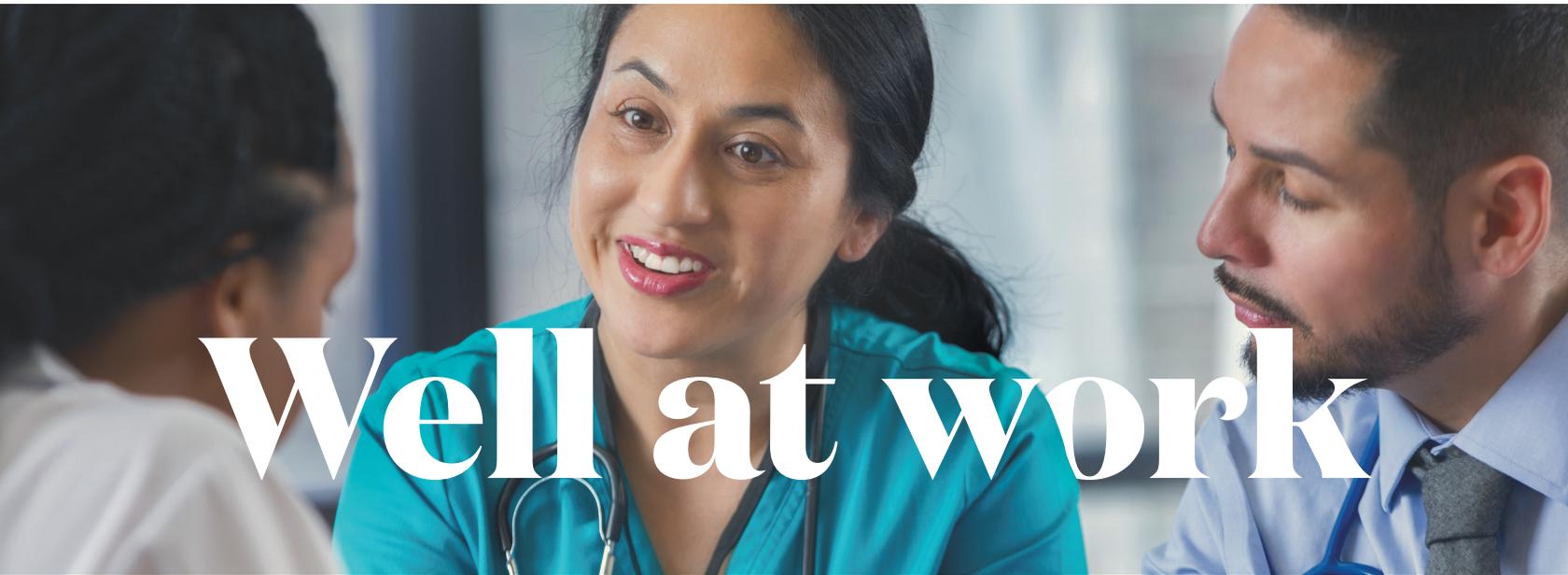




Aetna Better Health® of Maryland



Well at work

Spring 2020

Protect your staff from the flu

Influenza, or flu, is a respiratory illness that results from a viral infection. Flu is highly contagious and spreads through respiratory droplets. A person can pass it on while talking or through physical contact, such as shaking hands or greeting patients.

Influenza A and influenza B cause seasonal epidemics in the United States and elsewhere every winter. Type C usually causes mild respiratory illness.

Some strains of influenza A occasionally infect humans, causing serious illness. Experts track these strains carefully as they try to predict how they will change and how they might affect specific classifications of people.

The flu virus transmits through droplets of liquid. One person can pass the virus on to another person who is up to 6 feet away from them

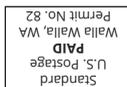
when they cough, sneeze, talk or breathe, making your waiting area a potential ground zero for the virus.

Please remind your staff to use extra care and practice good sanitizing precautions — washing their hands and wiping their desk areas often.

Your staff is crucial to every physician office's successful operation!

In this issue

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- Encourage female patients to schedule well-woman checkups
- Non-emergency medical transportation is a value-added benefit



Aetna Better Health® of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090-2256

Aetna Better Health formulary update

Aetna Better Health's pharmacy drug list is available on our website and contains the most recent changes to the formulary for January 2020. It is updated on a monthly basis and can be accessed 24 hours a day, 7 days a week. To see the latest version of the pharmacy drug list, please visit the website at [AetnaBetterHealth.com/Maryland/Providers/Pharmacy/Drug-list](https://www.aetna.com/maryland/providers-pharmacy-drug-list).

Clinical Practice Guidelines updated

Aetna Better Health of Maryland has updated our Clinical Practice Guidelines. See updates and new additions on our website under "For Providers" and "Guidelines," where you will find both clinical practice guidelines and preventive care guidelines.



HEDIS annual medical records collection

HEDIS is a performance measurement requirement administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.

All Aetna Better Health providers are contractually obligated to provide medical records necessary to fulfill reporting requirements. We want to be able to reflect the high quality of care you have given to our members that may not have gone into our claim system.

Annual HEDIS timeline

Medical records are randomly selected across hybrid HEDIS measures and then requested from provider offices in early February to the end of April. In order to minimize disruption of provider operations and increase efficiency of this process, we request that all records be sent within five days of receiving the initial request.

For large-volume providers, Aetna Better Health of Maryland will provide

personnel to come on-site to assist with record retrieval. We have staff ready to receive remote electronic medical record system access, if available, as well.

If members are selected that are assigned to your panel, you will be sent the specific list of medical records we need, including the member's name, the date of service and the measures selected, with instructions on how to submit.

Coming your way

We look forward to continuing our partnership and working with you to develop strategies to address any barriers to care you may have experienced. As a reminder, the first Gap in Care (GIC) report for 2020 is expected to be available beginning in April, when enough claims have come in the new year to make these reports valuable.

We thank you in advance for your quick response to any medical record requests you receive and your commitment to our members.

Provider education opportunities are available. Check our website at [AetnaBetterHealth.com/Maryland](https://www.aetna.com/maryland).

[AetnaBetterHealth.com/Maryland](https://www.aetna.com/maryland)

Billing and coding guidelines for wound care

The Special Investigations Unit (SIU) has identified inappropriate billing of deep debridement of the muscle and bone CPT codes 11043, 11044, 11046 and 11047 at a place of service other than inpatient hospitals (POS 21), outpatient hospitals (POS 22), hospital emergency room (POS 23) and ambulatory surgical centers (POS 24).

Wound care (CPT 11042-11047) is active wound care procedures that are performed to remove devitalized and/or necrotic tissue to promote healing. Debridement is the removal of foreign material and/or devitalized or contaminated tissue from or adjacent to a traumatic or infected wound until surrounding healthy tissue is exposed. These services are billed when an extensive cleaning of a wound is needed prior to the application of primary dressings or skin substitutes placed over or onto a wound that is attached with secondary dressings.

The SIU prepayment team identifies possible procedure codes of interest through data mining and



generates a list of providers billing those codes. The provider may be placed on a prepayment review for a period of time. The prepayment review requires the medical records to be sent in for review before claims are adjudicated. The SIU medical director reviews the records for documentation supporting the billed procedure code and determines whether the claims should be paid or denied. If the claim is denied after a medical record review, appeal rights remain

and the usual process for appeals is to be followed. The SIU may also conduct a post-pay review of claims previously processed and paid. Providers are required to provide all records requested. If a provider fails to submit records requested by the SIU, the findings then are deemed "Services Not Rendered" and will result in an overpayment.

Questions? Feel free to contact the SIU Senior Investigator at **Gorskih@aetna.com** or **443-457-5285**.

Discover our community development events

We enjoy meeting our members in the communities where they live, work and play. We regularly add community events to our schedule; check the website for additions to our events calendar. Here are some of the events scheduled for the coming months:

Event name	Date/time	Location	Address
Farmers Market	April 18, 2020 8 a.m. to noon	Capital Food Bank-SHABACH	3600 Brightseat Road Landover, MD 20785
Farmers Market	May 16, 2020, 8 a.m. to noon	Capital Food Bank-SHABACH	3600 Brightseat Road Landover, MD 20785
Farmers Market	June 20, 2020 8 a.m. to noon	Capital Food Bank-SHABACH	3600 Brightseat Road Landover, MD 20785



Let's connect.

To learn more about our community development team and how our partnership can help you, reach out to us today at **outreachmd@aetna.com** or **1-866-827-2710 (TTY: 711)**.

Provider secure web portal

Our secure provider web portal is a web-based platform that allows us to communicate member health care information directly with providers in real-time. Providers can perform many functions within this website such as:

- Member eligibility search
- Remittance advice search
- Panel roster
- Provider list
- Requests for Provider manuals
- Provider prior authorization lookup tool
- Clinical Practice Guidelines
- Preventive Health Guidelines (Adult and Child)
- Claims status search
- Gaps in Care reports

Your Provider Experience Representative can assist you in accessing the portal located on our website at

AetnaBetterHealth.com/Maryland or by calling toll-free at **1-866-827 2710** (8 a.m. to 5 p.m. EST).

Encourage your female patients to schedule a well-woman checkup today

We know they are busy caring for their families, working outside the home and engaged in community activities. Remind them that they matter, and we want them to stay healthy. Well-woman checkups are a covered benefit for Aetna Better Health members. Getting a well-woman checkup each year can help detect any problems early, when they are easier to treat.

Ask them about their last well-woman visit and encourage them to call their OB-GYN or Primary Care Physician (PCP) to schedule a well-woman checkup!



Aetna Better Health Non Emergency Medical Transportation (NEMT) value-added benefit

As a value-added benefit, Aetna Better Health of Maryland has contracted with Access2Care to provide NEMT services for our members.

Coverage includes the entire State of Maryland and contiguous counties.

Aetna Member Services staff will schedule transportation directly with Access2Care for the member.

Value-added benefit administration:

- Follows state requirement that transportation is for non-emergency medical reasons
- Requires members to use their local health department as a first choice before requesting transportation from Aetna Better Health of Maryland
- Allows transport across county lines

Aetna Better Health members can call our Member Services staff toll-free at **1-866-827-2710 (TTY: 711)**.

Is your Medicaid directory information up-to-date?

The Centers for Medicare & Medicaid Services (CMS) requires all Medicaid organizations to contact you at least quarterly to confirm that the information about you in our directory is accurate. This includes: the ability to accept new patients, your street address, your phone number, languages spoken, ADA accessibility and any other changes that affect availability to patients.

Aetna Better Health of Maryland is currently undertaking an outreach campaign to update our information. If you notify us of any changes, we have 30 days to update the online directory.

[AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland)

Utilization Management

How we make coverage decisions

At Aetna Better Health of Maryland, Utilization Management (UM) decisions are based on the health care rules of the state of Maryland's HealthChoice Program. These rules, which determine the treatments that will be covered for our members, are based on medical necessity.

To be defined as medically necessary, the service or benefit must be:

- Directly related to the diagnostic, preventive, curative, palliative, rehabilitative or ameliorative treatment of an illness, injury, disability or health condition
- Consistent with current standards of good medical practice
- The most cost-effective solution without sacrificing effectiveness or care access

- Not primarily for the convenience of the member, the member's family or the provider

Aetna Better Health of Maryland staff and providers use these rules, along with member eligibility, to determine coverage.

We do not provide financial incentives or rewards to our employees or providers for denying or reducing coverage. UM decisions are based only on the

appropriateness of care and service and the existence of coverage.

The UM decision-making criteria can be found on our website, **AetnaBetterHealth.com/Maryland**. Or call **1-866-827-2710 (TTY: 711)** and request a copy of the UM criteria be mailed to you. You can also call to request a free copy of any UM guideline, codes, records, benefit provision, protocol or document used to make a specific UM decision.



Integrated Care Management program

Our Care Management department provides support to members based on each individual's risks and unmet needs. These care needs are assessed by licensed nurses, social workers and counselors, as well as nonclinical professionals. We use a bio-psychosocial (BPS) model to help us identify what care our members need. The Care Management staff performs a health risk assessment to determine the member's medical, behavioral health and bio-psychosocial needs.

Care managers work with the member and the member's family, PCP, psychiatrist, substance abuse counselor and any other health care team member to achieve a quality-focused, cost-effective care plan. Care managers educate members on their specific disease and how to prevent worsening of their illness or any complications. The goal is to maintain or improve their health status.

The Care Management program provides services to populations, including, but not limited to:

- Pregnant and postpartum outreach
- High-risk pregnancy outreach
- Children with special health care needs
- Children in state-supervised care
- Individuals with a physical or developmental disability
- Behavioral health/substance abuse
- Disease management of conditions such as asthma, diabetes, heart failure, COPD, sickle cell anemia, hepatitis C and HIV/AIDS

If you have concerns about one of your patients and would like to refer them to the Care Management program, call **1-866-827-2710 (TTY: 711)** and ask for the Care Management department or email the Care Management department at **aetnabetterhealthmdcm@aetna.com**.

Member rights and responsibilities

Aetna Better Health members, their families and guardians have the right to information related to their treatment or treatment options in a manner and language appropriate to the member's condition and ability to understand. To access the specific member rights and responsibilities, call our Provider Relations staff toll-free at **1-866-827-2710 (TTY: 711)**. Check the **AetnaBetterHealth.com/Maryland** website for the full list of these rights and responsibilities.



Provider pharmacy information

You can gain access to information on the pharmacy management procedures at Aetna Better Health of Maryland by visiting our website at **AetnaBetterHealth.com/Maryland**. Navigate to the "For Providers" tab and then "Pharmacy." There you will find information on:

- Pharmacy prior authorization and step therapy guidelines
- Generic substitutions and therapeutic interchange

- Pharmacy prior authorization forms
- Formulary/preferred drug list with quantity limits
- Formulary search tool and updates
- Specialty medications
- Multi-dose pack service

If you have any questions regarding the formulary, please feel free to call us toll-free at **1-866-827-2710 (TTY: 711)** or visit our website.

Nondiscrimination notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If a member needs a qualified interpreter, written information in other formats, translation or other services, call the number on the member's ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address:
Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY: 711)**

Email: **MedicaidCRCoordinator@aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave., SW Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**.

Fraud, Waste and Abuse

Know the signs — and how to report an incident

Health care fraud means receiving benefits or services that are not approved. Fraud can be committed by a provider, member or employee. Abuse is doing something that results in needless costs. Waste goes beyond fraud and abuse. Activities that are considered fraud, waste and abuse by members, doctors or any health care professional hurt everyone. Most waste does not involve a violation of law.

Everyone has a right and duty to report suspected fraud, waste and abuse. An example of provider fraud is billing for services, procedures and/or supplies that were not provided. Abuse is treatment or services that do not agree with the diagnosis. Hostile or abusive behavior in a doctor's office or hospital is also abuse. Suspected use of altered or stolen prescription pads is an example of member fraud. An example of abuse would be a member asking the

transportation driver to take him or her to an unapproved location.

It is your responsibility to report members or providers you suspect are committing fraud or abuse. Your assistance in notifying us with any potential fraud or abuse occurrence is vital and is critical to maintaining high quality health outcomes for you.

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it. Combating fraud, waste and abuse is everyone's responsibility; failure to comply with these laws could result in civil and criminal penalties, including sanctions imposed by government entities and exclusion from future participation in Medicaid and any services provided by the state and federal government.

- You can anonymously call the Aetna Better Health of Maryland Special Investigations Fraud, Waste and Abuse Hotline at **1-855-877-9735 (TTY: 711)** to report these types of acts right away.



- You can also report fraud, waste or abuse by going online at **[AetnaBetterhealth.com/Maryland/Fraud-Abuse](https://www.aetna.com/betterhealth.com/Maryland/Fraud-Abuse)**.
- You can also report suspected fraud, waste or abuse to the Maryland Medicaid Fraud Control Unit (MFCU) at the Office of the Maryland Attorney General by calling **1-888-743-0023**.
- Or write confidentially to:
Aetna Better Health of Maryland
509 Progress Drive,
Suite 117
Linthicum, MD 20910



Remember, you do not have to leave your name when you report fraud, waste or abuse.

Go online for the latest information

We update our website on a regular basis. Please check online for the most up-to-date information on:

- Clinical Practice Guidelines updates
- Preventive care guidelines
- Pharmacy restrictions and formulary updates
- Fraud, waste and abuse contact information
- HEDIS collection dates
- Provider manuals, etc.

If you do not have access to the internet, call **1-866-827-2710** and a paper copy can be mailed to you.

Member education opportunities

For assistance with member education opportunities, please contact Aetna Better Health Member Services at **1-866-827-2710 (TTY: 711)** and ask for the Special Needs Coordinator.

Also visit our website for additional information at **[AetnaBetterHealth.com/Maryland/Wellness/Care](https://www.aetna.com/betterhealth.com/Maryland/Wellness/Care)**.

Appeals and grievances

A **dispute** is defined as an expression of dissatisfaction with any administrative function, including policies and decisions based on contractual provisions inclusive of claim disputes. The dispute will be reviewed and processed according to the definitions provided, but not limited to resubmissions (corrected claims and reconsiderations), appeals, complaints and grievances. Provider claim disputes do not include pre-service disputes that were denied due to not meeting medical necessity. Pre-service denials are processed as member appeals and are subject to member policies and time frames.

A **resubmission** is a request for review of a claim denial or payment amount on a claim originally denied because of incorrect coding or missing information that prevents Aetna Better Health from processing the claim. Resubmissions should be submitted with both a corrected claim and the additional information needed to process the claim (e.g., NDC denial issues, claims that require medical records review). **Resubmissions must be submitted within 60 days of the last claim rejection to the Claims mailing address (P.O. Box 61538, Phoenix, AZ 61538).**



An **appeal** is a dissatisfaction with the resolution of a reconsidered disputed claim or a request to review a denial of payment that does not meet the resubmission requirements. **Appeals should be submitted within 90 business days of the claim denial.**

You may also be asked to complete and submit the dispute form with any appropriate supporting documentation. This form can be found on the Aetna Better Health of Maryland website in the "Provider" section. If the dispute is regarding claim resubmission or reconsideration, the dispute may be referred to the Claims Inquiry Claims Research (CICR) department.

Reminder

All provider appeals should be sent to:

Aetna Better Health of Maryland
Attn: Grievances & Appeals
509 Progress Drive, Suite 117
Linthicum, MD 21090

Claims should be sent to:

Aetna Better Health of Maryland
P.O. Box 61538
Phoenix, AZ 85082-1538

This includes corrected/resubmission claims. If claims are not sent to the correct location, it can cause a delay in the process and result in a denial due to the submission's being untimely.

Contact us



Aetna Better Health® of Maryland
509 Progress Drive, Suite 117,
Linthicum, MD 21090-2256



1-866-827-2710
Hearing-impaired MD Relay: **711**



This newsletter is published as a community service for the providers of Aetna Better Health® of Maryland. HealthChoice is a program of the Maryland Department of Health. Models may be used in photos and illustrations.