



# Take care



[AetnaBetterHealth.com/Maryland](https://AetnaBetterHealth.com/Maryland)

Aetna Better Health® of Maryland

## Make way for baby! 5 steps patients can take before they get pregnant.

You can help your patients who are thinking about having a baby. Planning for a healthy pregnancy starts with these five steps:

### 1. Schedule a checkup

Encourage your patients to schedule a pre-pregnancy checkup. This gives you both the chance to:

- Check in on health conditions that might affect their pregnancy
- Talk about any pregnancy problems they've had in the past
- Go over any medicines they take that might affect their pregnancy

- Discuss vaccines they might need
- Talk about how they can prevent birth defects

### 2. Start taking folic acid

Discuss the importance of taking folic acid to help prevent severe birth defects of the

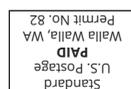
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## In this issue.

- Prenatal care for patients
- How our special needs coordinators can help
- Reduce cardiovascular disease risk in your patients with HIV

Spring 2021

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# Make way for baby!

## 5 steps patients can take before they get pregnant.

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baby's brain and spine. If there are other prenatal vitamins you recommend, talk about those too.

### 3. Kick bad habits

Tobacco, alcohol and drugs can cause:

- Birth defects
- Low birth weight
- Preterm birth
- Stillbirth

Emphasize the importance of quitting these habits before getting pregnant. Share resources and tips that can help your patients quit.

### 4. Get to a healthy weight

Being overweight or underweight can cause problems during pregnancy. Talk to your patients about what a healthy weight is for

them. Get them started with an eating plan and exercise habits that can help them get there.

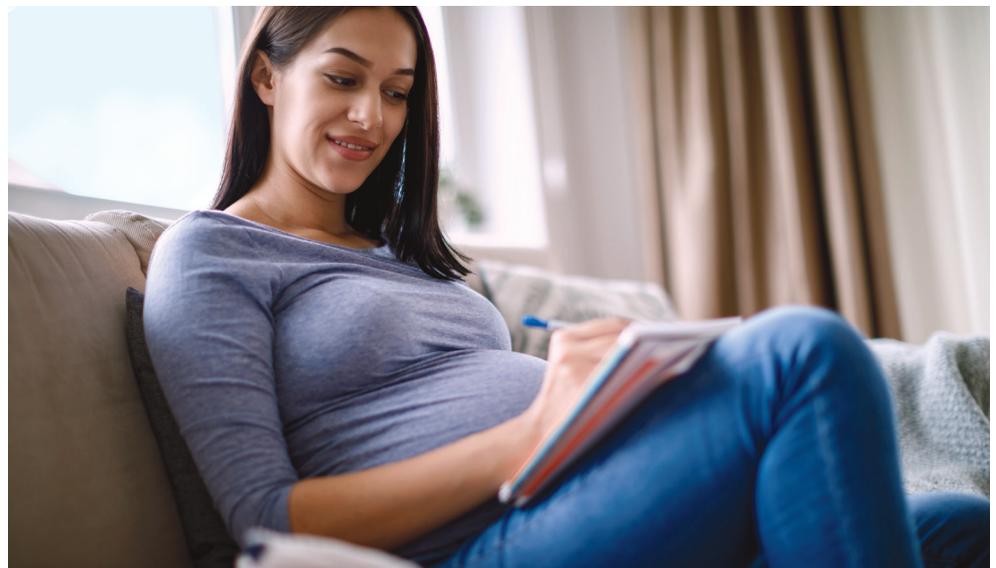
### 5. Improve safety around the home

Some chemicals — such as lead, mercury and pesticides — can harm fetuses. Or they can make it harder to get pregnant in the first place. Give your patients

information about making sure their home is free of toxins or limiting exposure.

Also ask your patients about violence in the home and share resources that can help.

*Sources: American College of Obstetricians and Gynecologists; Centers for Disease Control and Prevention*



## 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](https://www.aetna.com/BetterHealth.com/Maryland)** website for the full list of these rights and responsibilities.

## Member education opportunities.

For assistance with member education opportunities, please contact Aetna Better Health Member Services at **1-866-827-2710 (TTY: 711)**.

Also visit our website for additional information at **[AetnaBetterHealth.com/Maryland/wellness/care](https://www.aetna.com/BetterHealth.com/Maryland/wellness/care)**.

## Our special needs coordinators are here to help.

Special needs coordinators are a state-mandated position for all managed care organizations in Maryland. They specialize in the needs of some of our most vulnerable populations and ensure that they have access to services and resources in their community by doing outreach to assess their needs and determine if they qualify for Care Management services. Those diagnoses include the following list:

- People with physical and mental developmental delays
- Children with special health care needs
- Pregnant and postpartum women
- Individuals who are homeless
- Individuals with HIV/AIDS
- Children in state-supervised care
- Individuals who need help with substance use
- People who have depression
- People who have attention-deficit/hyperactivity disorder
- People with behavioral problems
- People who have asthma



The duties of our special needs coordinators extend to other vulnerable groups as well, and they work closely with the Care Management team on specialized projects that may present barriers for members on their path to wellness. Some of those include positive COVID-19 outreach, prescription drug access, triage for state request for care coordination, liaison with local health departments in all counties and social services administration liaison. Members and their providers who indicate the member meets these criteria can reach out to the coordinator for assistance via email at **[AetnaBetterHealthMDSplNeedsCoord@Aetna.com](mailto:AetnaBetterHealthMDSplNeedsCoord@Aetna.com)**

## Discover our community development events.

We enjoy meeting our members in the communities where they live, work and play. Here are a few of the events/meetings scheduled for the coming months:

 Let's connect. To learn more about our community development team and how our partnership can help you, reach out to us today at **1-866-827-2710 (TTY: 711)**.

Event/meeting name	Date/time	Location	Address
<b>Health &amp; Wellness Fest</b>	Aug. 12, 2021 4:30 to 7 PM	Family Healthcare of Hagerstown	201 S. Cleveland St. Hagerstown, MD 21740
<b>Safe Kids Frederick County Coalition</b>	Aug. 12, 2021 9:30 to 11 AM	Virtual	
<b>CVS — Information Table</b>	Aug. 17, 2021 1 to 4 PM	CVS	1202 National Highway LaVale, MD 21502
<b>Mt. Laurel — Food Distribution</b>	Aug. 19, 2021 1 to 3 PM	Friendsville Park	Friendsville, MD 21531

# Cardiovascular risk reduction in patients with HIV.

Patients with HIV (human immunodeficiency virus) are living long, fulfilling lives due to the early use of highly effective antiretroviral therapy. At the same time, however, patients with HIV are also experiencing increased mortality from cardiovascular disease. Patients with HIV may have twice the risk of stroke, myocardial infarction and heart failure when compared to patients who do not have HIV. Patients who have HIV may also experience higher risk of sudden cardiac death, peripheral artery disease and pulmonary arterial hypertension.

Patients with HIV may be at greater risk of cardiovascular disease than those who do not have HIV due to several factors. HIV-specific risk factors include a higher prevalence of smoking in this population, HIV-mediated inflammation that leads to platelet activation and atherosclerosis, and the effects of certain antiretrovirals, such as dyslipidemia.

### Lipid effects of antiretrovirals:

- All ritonavir- or cobicistat-boosted protease inhibitors (e.g., darunavir) and efavirenz are associated with dyslipidemia (especially hypertriglyceridemia).
- Older nucleoside reverse transcriptase inhibitors are

associated with increases in triglycerides and low-density lipoprotein (LDL), with stavudine having the greatest effect.

- Newer antiretroviral regimens (for example, integrase inhibitor combinations) have fewer adverse lipid effects.

Due to these risk factors, cardiovascular risk assessment in patients with HIV is crucial. Traditional risk calculators may underestimate risk for HIV-positive patients, especially those patients with risk-enhancing factors.

### Cardiovascular-risk-enhancing factors include:

- Treatment failure
- Metabolic syndrome
- Lipodystrophy
- Fatty liver
- Hepatitis C
- History of prolonged viremia
- Low CD4 count

Consider the summary below of distinctions between medications when managing dyslipidemia in your higher-risk patients with HIV.

Some HIV medications can increase statin levels and



increase myopathy risk. Start with the lowest dose and slowly increase as appropriate. Reduce the statin dose or stop use if the following occurs:

- Severe myalgia
- Unexplained muscle weakness
- Creatine kinase greater than 10 upper limit of normal (ULN)
- Liver function tests greater than 3 times ULN

Agent(s)	Clinical effect
Atorvastatin, rosuvastatin, and pitavastatin*	Fewer interactions with antiretrovirals when compared to other statins * Pitavastatin has the fewest interactions
Rosuvastatin and pitavastatin	May reduce inflammatory markers in patients with HIV



Statins should be monitored by checking fasting lipids at baseline, at 4 to 12 weeks, then every three to four months and when antiretroviral therapy is started or changed.

In addition to risk assessment and statin therapy, lifestyle modification can also help reduce cardiovascular risk. Recommendations can include:

- Physical activity to improve cardiometabolic health
- Smoking cessation
- Limits on alcohol consumption

- Treatment of substance use disorders
- Consuming a heart-healthy diet

*Reference: Clinical Resource, Cardiovascular Risk Reduction in Patients with HIV: FAQs. Pharmacist's Letter/Prescriber's Letter. August 2019.*

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## Help your patients reduce diabetes risk

Aetna Better Health of Maryland wants to partner with you to address the increased prevalence of type 2 diabetes in Maryland by helping your patients reduce their risk.

We are working with established health care providers and community-based organizations to provide a network of coaches and sites that

will lead both in-person and virtual classes promoting self-management skills for members with prediabetes or metabolic syndrome.

Visit [AetnaBetterHealth.com/maryland/providers/member-benefits-coverage.html](https://AetnaBetterHealth.com/maryland/providers/member-benefits-coverage.html) for more information on criteria and how to make a referral.



## 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-psycho-social (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-psycho-social needs.

Care managers work with the member, member's family, PCP, psychiatrist, substance use 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 the following populations, but is 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**.

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## How we make coverage decisions.

Utilization management decision-making criteria can be found on our website, **AetnaBetterHealth.com/Maryland**. Or call **1-866-827-2710 (TTY: 711)** and request that 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.

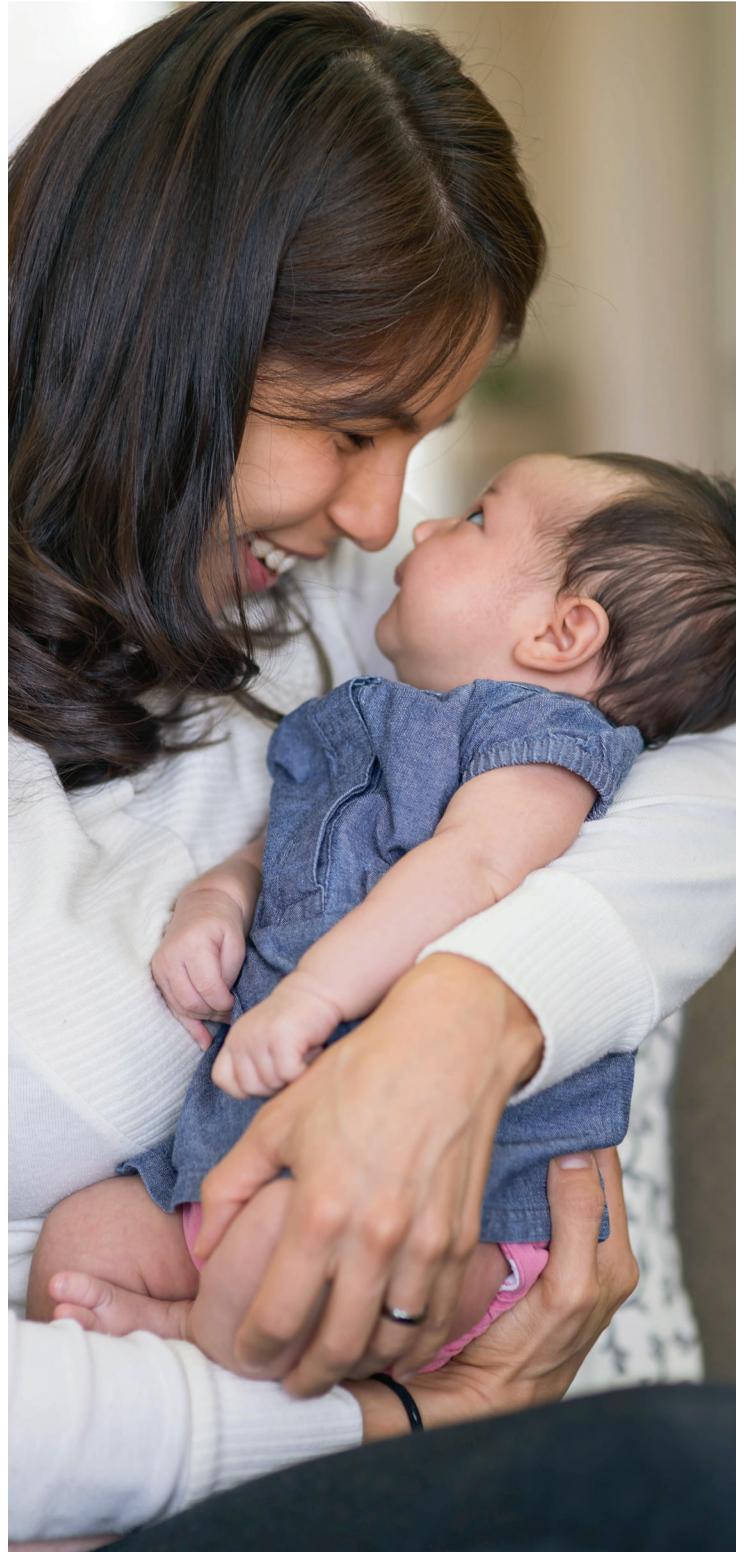
## Appeals and grievances.

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 Grievances & Appeals mailing address (Aetna Better Health of Maryland, P.O. Box 81040, 5801 Postal Road, Cleveland, OH 44181).**

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's denial.**

Visit [AetnaBetterHealth.com/Maryland/providers/grievance](https://www.aetna.com/betterhealth/maryland/providers/grievance) for more information.



### Reminder.



All provider appeals should be sent to:  
Aetna Better Health of Maryland

Attn: Grievances & Appeals  
P.O. Box 81040  
5801 Postal Road  
Cleveland, OH 44181

## Fraud, Waste and Abuse.

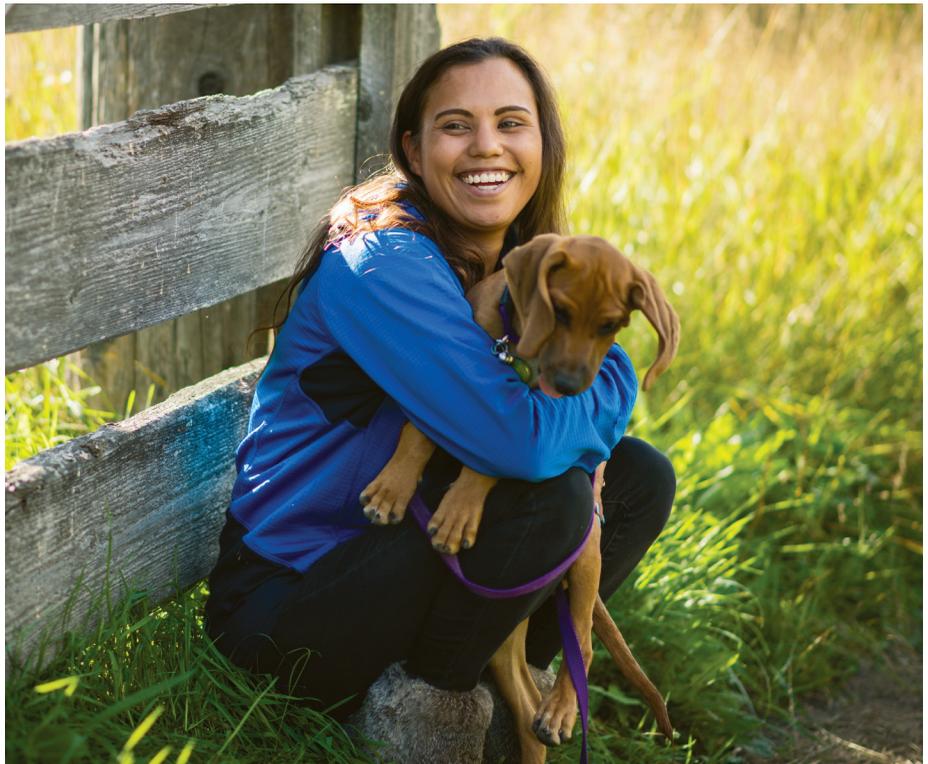
Know the signs — and how to report an incident.

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.

You can learn more and report fraud, waste or abuse by going online at [AetnaBetterHealth.com/Maryland/fraud-abuse](https://www.aetna.com/betterhealth/maryland/fraud-abuse).

### **Nondiscrimination notice:**

This information can always be found on our website at [AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland).



## Check out our website.

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

What you can find:

- Information about member rights and responsibilities
- Provider handbook
- Provider directory
- Pharmacy/prescription and other health information
- Information about our Care Management program, utilization management program and our quality programs
- Clinical Practice Guidelines
- Affirmative Action and nondiscrimination information



If you do not have internet access, give us a call at **1-866-827-2710 (TTY: 711)** and we can send you a copy of the written information you need.

**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.

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