

May 31, 2017

Attention Nursing Home Billers

To improve the accuracy of nursing facility payments, Aetna will perform a comprehensive audit over the next 90 days for dates of services from 3/1/15 to current. Through this effort we will be auditing:

- Proper application of Quality Assurance Supplement (QAS) payments according to
 Michigan Department of Health and Human Services (MDHHS) Medicaid payment rules.
 Aetna Better Health of MI will issue a comprehensive Provider Bulletin with billing
 requirements clarified relative to our claims processing requirements within the next 30
 days. Claims not billed according to these specifications once released, may require rebilling for the supplemental payments to be accurately applied.
- Proper application of Facility Innovative Design Supplemental (FIDS) payments to the affected facilities
- Claim denials for proper application of benefit rules
- Claims paid to ensure proper application of facility rates (including base rate, FIDS, Certified Public Expenditure (CPE) & QAS)
- Claims paid to ensure proper application of patient pay amounts based upon the information provided from MDHHS on our eligibility files

To the extent that our audits identify payment discrepancies, we will adjust your previous claims payments. Claim projects relative to underpayments will be prioritized over those that may identify overpayments. Any claims identified as underpaid will be paid with interest in accordance to CMS/MDHHS guidelines.

In addition to the audit of past claims, we will utilize these audit findings to guide any system configuration improvements needed to ensure accuracy of payments going forward.

Ongoing information and updates will be provided to your organization on the claims impact and improvements resulting from our audit focus. We will work collaboratively and look to you for results validation.

Thank you for your ongoing partnership to serve Michigan's most vulnerable citizens.

Sincerely.

Beverly A. Allen Executive Director

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