

August 8, 2023

### Aetna Better Health<sup>®</sup> of California

## Aetna Better Health of California Plan exits San Diego & Sacramento Medi-Cal Markets effective January 1, 2024

**Dear Network Providers:** 

Effective January 1, 2024, Aetna Better Health of California Plan will no longer provide services to Medi-Cal members in Sacramento & San Diego Counties. As a result, California Department of Health Care Services (DHCS) will transition all Aetna Better Health of California Medi-Cal members residing in Sacramento & San Diego Counties to another Medi-Cal Managed Care plan.

#### What happens next?

We're committed to a smooth transition for our Aetna Better Health of California Plan members in Sacramento & San Diego Counties and will be sending out a member communication to let your patients who are currently Aetna Better Health of California Plan members know about this change. We will also continue to work directly with DHCS to provide them with information regarding continuity of care and current member treatment plans, as they will play an active role in care coordination with our members' new plans. Please continue to verify member eligibility and health plan effective dates to help your office determine if a member has already chosen another health plan.

#### Encounters: Will the IPA still be responsible for submitting Encounters?

Yes. IPA will still be responsible for submitting new encounters as well as working rejections for resubmittals throughout the run out period. No encounters with dates of service after 12/31/2023 will be accepted, except for medically necessary hospital inpatient services where the member was admitted on or before December 31 and remains hospitalized after December 31.

# Encounter Errors: Will the IPA be responsible for resolving encounter errors after December 31, 2023?

AetnaBetterHealth.com/California CA-23-07-02 Yes. All errors that are identified after December 31, 2023, will still be required to be reviewed and resolved by the run-out period, which will end on December 31, 2024.

#### **Proposition 56 payments**

Prop 56 payments will still be distributed to the IPAs for pass through to the providers.

#### Will the IPA still be required to submit SFTP submissions?

Yes. Continue to submit all SFTP files for each functional area throughout the runout period up until December 31, 2024.

#### Submitting claims-how long can a provider submit claims?

Providers will have a 12 month "run out period to submit claims" for the 2023 service year. Please continue to submit claims for dates of service up to and including December 31, 2023. Please adhere to the following time frame for claims submission:

New Day Claims	180 days from the DOS or discharge date
Resub Timeframes	90 days from the date of payment

Aetna Better Health of California Plan will remain responsible for all medically necessary services rendered to our members through December 31 at 11:59 p.m. We will also remain responsible for all medically necessary hospital inpatient services rendered to our members hospitalized as of December 31, up to and including their date of discharge. Aetna Better Health of California will reject all claims with dates of service on or after January 1, 2024, except for medically necessary hospital inpatient services where the member was admitted on or before December 31 and remains hospitalized after December 31. Please continue to submit paper claims to the following address:

Aetna Better Health of California P.O. Box 982971 El Paso, TX 79998-2971

#### Provider Disputes & Appeals: Can providers still send in disputes & appeals

Our provider dispute and appeal process will remain the same. Remember, to submit a Provider Dispute, the appropriate form must be completed. See provider dispute form at the following link:

#### aetnabetterhealth.com/content/dam/aetna/medicaid/california/providers/ pdf/forms/PDRForm.pdf

The Provider Manual also provides information regarding the process for submitting appeals and other requests on behalf of members. You can access our provider manual: **Chapter 16: Grievance & Appeals** at the following link:

#### aetnabetterhealth.com/content/dam/aetna/medicaid/california/pdf/2021%20 ABHCA-ProviderManual.pdf

# Is there information regarding the Transition of Members? Yes. DHCS Transition Policy Guide

DHCS is proactively working with all plan partners and delivery system, as well as stakeholders to minimize disruptions to members during the MCP Transition, including by developing the 2024 MCP Transition Policy Guide (Policy Guide). This Policy Guide contains DHCS's policy and MCP requirements related to member transitions among Medi-Cal MCPs that take effect on January 1, 2024, including:

- Member Enrollment and Noticing
- Continuity of Care (CoC) requirements
- Enhanced Care Management (ECM) and Community Supports Transition requirements

For access to the DHCS MCP Transition Policy Guide, refer to the following link:

#### https://www.dhcs.ca.gov/Documents/Managed\_Care\_Plan\_Transition\_Policy\_Guid e.pdf

# How long will Aetna Provider Staff & Member Services be available? We're here to help!

To help make this transition easier for you, our network contracting, and provider services staff will continue to be available after December 31 to address any questions or concerns until June 30, 2024. Our member services department will also be available to assist members until June 30, 2024. Additionally, you can continue to access <u>AetnaBetterHealth.com/california</u> for resources, information, and support. If you have questions or concerns, please contact Provider Relations at <u>CaliforniaProviderRelationsDepartment@Aetna.com</u>. Members can continue to contact Member Services at 1-855-772-9076.

Providers/IPA contacts can also reach out to the Claims Investigation & Claims Research (CICR) unit for questions concerns regarding this communication or any Market Exit concern at the following phone number: **1-855-772-9076 Option #2** 

Sincerely,

Verne Brizendine, CEO

Aetna Better Health® of California