

# Provider Relations Newsletter

Fall 2017



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## Member Rights

Members, their families, and guardians have the right to information related Aetna Better Health of Louisiana, its services, its providers and member rights and responsibilities in a language they can understand.

### Members have the following rights:

- To be treated with respect and with due consideration for his/her dignity and privacy
- Privacy when you are at an office visit, getting treatment or talking to the health plan. Have your privacy protected.
- Know if your health information was shared without your okay
- To participate in decisions regarding his/her health care, including the right to refuse treatment for religious and any other reason
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the Federal regulations on the use of restraints and seclusion

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Aetna Better Health<sup>®</sup> of Louisiana

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[aetnabetterhealth.com/louisiana](http://aetnabetterhealth.com/louisiana)

## Member Rights *Continued from page 1*

- To be able to request and receive a copy of his/her medical records, (one copy free of charge) and request that they be amended or corrected
- To receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee-For-Service and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition
- To receive all information - e.g., enrollment notices, informational materials, instructional materials, available treatment options and alternatives - in a manner and format that may be easily understood as defined in the Contract between DHH and Aetna Better Health of Louisiana
- To receive assistance from both DHH and the Enrollment Broker in understanding the requirements and benefits of Aetna Better Health of Louisiana
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
- To be notified that oral interpretation is available and how to access those services
- As a potential member, to receive information about the basic features of the Healthy Louisiana program; which populations may or may not enroll in the program and Aetna Better Health of Louisiana's responsibilities for coordination of care in a timely manner in order to make an informed choice
- To receive information on Aetna Better Health of Louisiana's services, to include, but not limited to:
  - Benefits covered;
  - Procedures for obtaining benefits, including any authorization requirements;
  - Any cost sharing requirements;
  - Service area;
  - Names, locations, telephone numbers of and non-English language spoken by current contracted providers, including at a minimum, primary care physicians, specialists, and hospitals;
  - Any restrictions on member's freedom of choice among network providers;
  - Providers not accepting new patients; and
  - Benefits not offered by Aetna Better Health of Louisiana but available to members and how to obtain those benefits, including how transportation is provided.
- To receive a complete description of disenrollment rights at least annually
- To receive notice of any significant changes in core benefits and services at least 30 days before the intended effective date of the change
- To receive information on grievance, appeal and State Fair Hearing procedures
- To voice complaints, grievances, or appeals about Aetna Better Health of Louisiana of the care provided to members
- To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
  - What constitutes an emergency medical condition, emergency services, and post-stabilization services;
  - That emergency services do not require prior authorization;
  - The process and procedures for obtaining emergency services;
  - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract;
  - Member's right to use any hospital or other setting for emergency care; and
  - Post-stabilization care services rules as detailed in 42 CFR §422.113(c).
- To receive Aetna Better Health of Louisiana's policy on referrals for specialty care and other benefits not provided by the member's PCP.
- To make recommendations about Aetna Better Health of Louisiana's member rights and responsibilities policy
- To have his/her privacy protected in accordance with the privacy requirements in 45 CFR Parts 160 and 164 Subparts A and E, to the extent that they are applicable.
- To exercise these rights without adversely affecting the way Aetna Better Health of Louisiana, its providers, or DHH treat the member.

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## Member Rights *Continued from page 2*

### Member Responsibilities

Aetna Better Health of Louisiana encourages members to be responsible for their own health care by becoming informed and active participants in their care. Aetna Better Health of Louisiana members, their families, or guardians are responsible for:

- Knowing the name of the assigned PCP and care manager
- Familiarizing themselves about their coverage and the rules they must follow to get care to the best of the member's ability
- Respecting the health care professionals providing service
- Contacting Aetna Better Health of Louisiana to obtain information or share any concerns, questions or problems
- Accurately providing all necessary health related information needed by the professional staff providing care or letting the provider know the reasons the treatment cannot be followed, as soon as possible
- Following instructions and guidelines agreed upon with the health care professionals giving care and cooperating fully with providers in following mutually acceptable courses of treatment
- Understanding their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible, and letting their doctor know if they do not understand
- Asking questions of providers to determine the potential risks, benefits and costs of treatment alternatives and following the prescribed treatment of care recommended by the provider

- Reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and worsening of the condition arises
- Reporting changes like address, telephone number and assets, and other matters that could affect the member's eligibility to the office where the member applied for Medicaid services
- Protecting their member identification card and providing it each time they receive services
- Informing Aetna Better Health of Louisiana of the loss or theft of their ID card
- Disclosing other insurance they may have and applying for other benefits they may be eligible for
- Scheduling appointments during office hours, when possible
- Being present at scheduled appointments, arriving on time, and making any needed follow-up appointments
- Notifying the health care professionals in advance if it is necessary to cancel or reschedule an appointment
- Bringing immunization records to all appointments for children under eighteen (18) years of age
- Accessing preventive care services, living health lifestyles, and avoiding behaviors known to be detrimental to their health
- Following Aetna Better Health of Louisiana's grievance processes if they have a disagreement with a provider.

For questions or concerns regarding Member Rights and Responsibilities, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

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## Claims inquiry/claims research team

Our claims inquiry/claims research team (CICR) will assist you with all claims issues, including:

- Appeals/Reconsiderations
- Billing and coding clarification
- Check tracers
- Coordination of benefits (COB) concerns
- Data entry errors
- Claim denials
- Eligibility issues
- Incorrect claim payment
- Pay-to issues

- Prior authorization
- Remittance Advice/Negative Remits
- Claim status
- System issues
- Voided claim issues

To reach our Claims inquiry/claims research team, please contact Aetna Better Health of Louisiana by calling **1-855-242-0802**, and selecting **option 2** then **option 4**.

## Corrected Claims submission

Providers seeking a correction or reprocessing of a previously adjudicated claim must request such action within 90 days of the original remittance advice unless otherwise stated in the provider contract. Requests for correction of a claim submitted after the 90 day period or the timeframe specified in the provider contract cannot be considered.

Providers may resubmit a claim that was originally denied because of missing documentation, incorrect coding, or was incorrectly paid or denied because of processing errors.

When submitting corrected claims to Aetna Better Health of Louisiana, please submit in the following manner:

1. Write CORRECTED CLAIM on any paper claims submissions.
2. Submit electronic claims with Bill type 7, indicating "corrected" or "replacement" claim.

\*You may also submit electronic claims with Bill type 8, indicating "void" claim.

## Claims Reconsideration or Appeal? What's the difference?

### Claims Reconsideration

A claims reconsideration is when a claim has been adjudicated and the provider disputes for the following reasons:

1. **Itemized Bill:** All claims associated with an Itemized Bill must be broken out per Rev code to verify charges billed on the UB match the charges billed on the Itemized Bill. (Please attach I-Bill that is broken out by rev code with sub-totals.)
2. **Duplicate Claim:** Review request for a claim whose original reason for denial was "duplicate." Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed.
3. **Corrected Claim:** The corrected claim must be clearly identified as a corrected claim by writing or stamping "corrected" claim.
4. **Coordination of Benefits:** Attach EOB or letter from primary carrier and forward to the claims department identifying as "corrected" claim.
5. **Proof of Timely Filing:** For electronically submitted claims provide the second level of acceptance report. Refer to Proof of Timely Filing Requirements in your Provider Manual.
6. **Claim/Coding Edit:** Aetna Better Health of Louisiana uses two (2) claims edit applications. Please refer to the Provider Manual (Chapter on Encounters, Billing and Claims) on the Aetna Better Health of Louisiana website [aetnabetterhealth.com/louisiana](http://aetnabetterhealth.com/louisiana) for more information on claim editing and the National Correct Coding Initiative.

### Claims Appeal

A provider may file an appeal by formal request to reconsider a decision within thirty (30) calendar days from the date of the Aetna Better Health of Louisiana claim adjudication.

A claims appeal is when a claim has been adjudicated and the provider disputes/disagrees with the outcome for the following reasons:

1. **Prior Authorization Appeal:** Appeal of a denial for no authorization.
2. **Level of Care Appeal:** Appeal of a denial due to inappropriate level of care utilization for our member.
3. **Medical Necessity Appeal:** Appeal of a denial due to medical necessity or lack of documentation submitted with initial claims submission.
4. **Payment Dispute:** Appeal of the amount a claim was paid.
5. **Untimely Filing Appeal:** Appeal of a denial that was issued due to timely filing.
6. **Claim/Coding Edit Appeal:** Appeal of a denial or reduction of billed units due to claim edits.
7. **Other Appeal Request**

To submit your appeal, visit [aetnabetterhealth.com/louisiana/providers/appeals](http://aetnabetterhealth.com/louisiana/providers/appeals) to download a "Request for Appeal" form. Written appeals should be sent to the following address:

Aetna Better Health of Louisiana  
Grievance System Manager  
2400 Veterans Memorial Blvd, Suite 200  
Kenner, LA 70062  
FAX: 1-860-607-7657



## Office hours of operation parity

The State of Louisiana requires us to ensure that network practitioners offer hours of operation that are no less (in number of scope) than the hours of operation offered to non-Medicaid members. As a contracted Medicaid managed care organization, Aetna Better Health of Louisiana also adheres to these requirements.

NCQA reviews Aetna Better Health of Louisiana practitioner materials such as contract templates, the practitioner manual and practitioner newsletters for language that the practitioner's hours of operation are not less for Medicaid patients than for non-Medicaid patients.



## Aetna Better Health Mobile App

Our members can get on demand access to tools they need to stay healthy with the Aetna Better Health Mobile Application. Members can find a doctor, view or request a Member ID card, change their Primary Care Physician (PCP), see their medical and pharmacy claims, view the member handbook, send us secure messages and more at any time, from anywhere.

The mobile app uses the same login ID and password as our website's secure Member Portal. There's no cost for the app and it's easy to use. Members can download the app to their smart phone or tablet from the **Apple App Store** or **Google Play Store**.



## Member portal

To assist our members with getting the most out of their health plan, we offer our personalized health information Member portal. Members can access their information by signing up for our personalized, secure member website. The site can be used to manage their plan benefits and assist them with meeting their health goals.

The site lets them:

- Change their primary care provider (PCP)
- Update contact information
- Find forms or get new member ID cards
- View personal health history
- Track health goals
- See the status claims

## Nurse Line

Aetna Better Health of Louisiana offers our members access to a nurse 7 days a week, 24-hours a day to answer their health care questions at **1-855-242-0802**. The nurse line does not take the place of you as their PCP. But, if it's late at night or you can't reach your PCP, the nurses can help you decide what to do. The nurses can also give you helpful hints on how to help you feel better and stay healthy.

## Change your life for the better

We understand that everyone has different needs. No matter how old or young we are, we can always change our life for the better. But, the rest is really up to us. This is why we want to work with our members to help them reach their health goals by offering information to help them stay healthy.

Trying to quit smoking? We have tips and programs for them. Looking to eat better or start exercising? We're here to motivate them. They have access to resources, libraries and tools.

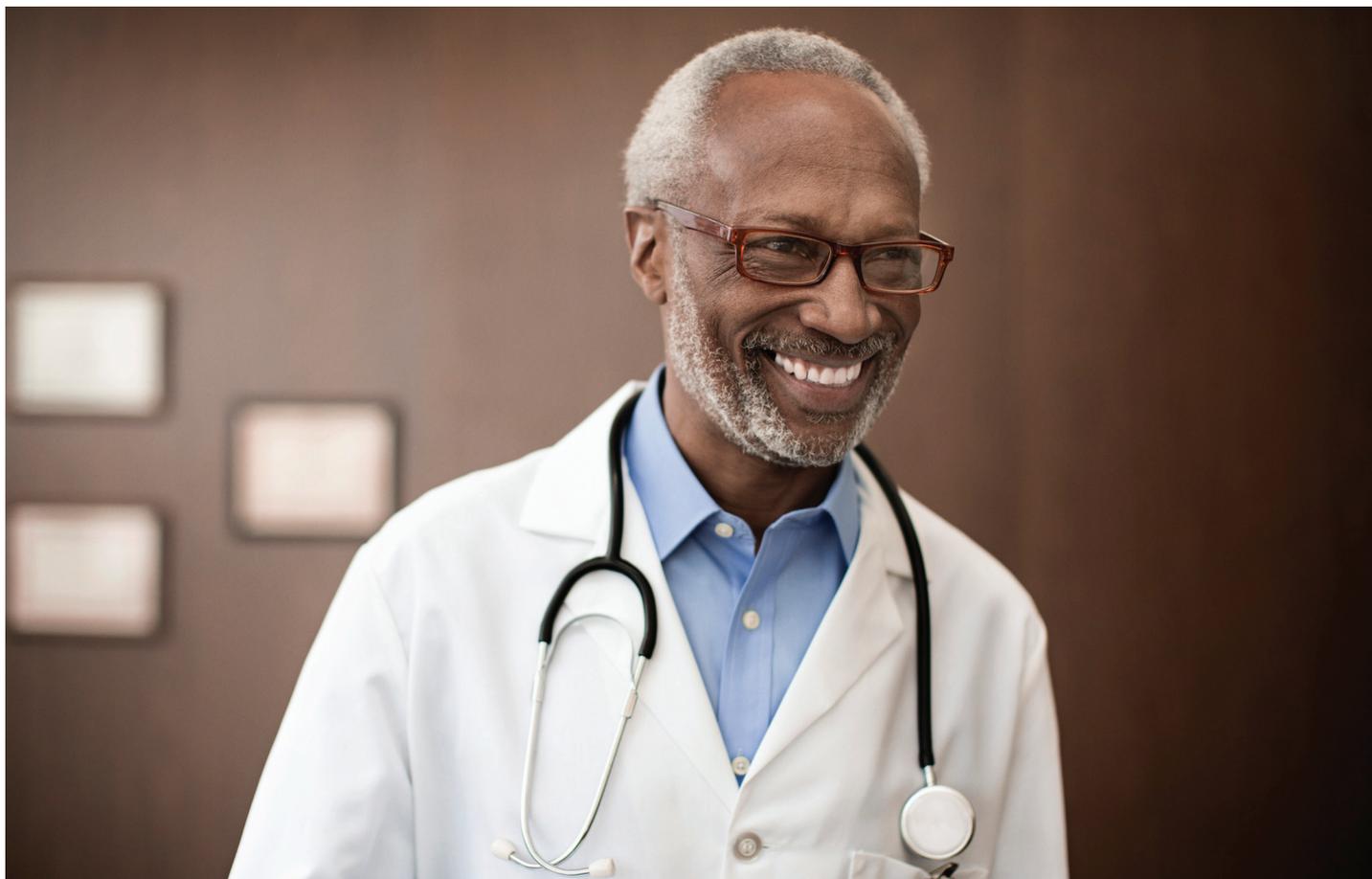
We want them to feel that they can take charge of their own health. We're here to help them make the healthcare decisions that are right for them. Together, we're a team!

Our members can access this healthy living information by visiting the Health & Wellness section of our website at [aetnabetterhealth.com/louisiana/wellness/healthy](https://aetnabetterhealth.com/louisiana/wellness/healthy). Here our members can access information on:

- Choose my plate (Health eating support)
- Heart-healthy ideas (Healthy recipes)
- Health podcasts (Health living podcasts)
- Healthy weight (Improvement tips for staying active and eating healthy)
- Quit smoking (Smoking cessation support)
- Krames Online (Educational materials for members)
- Medline (Health information for members)

## Second Opinions

A member may request a second opinion from a provider within our network. Providers should refer the member to another network provider within an applicable specialty for the second opinion. Please note that there are no timeframes for referrals. If an Aetna Better Health of Louisiana provider is not available, Aetna Better Health will help the member get a second opinion from a nonparticipating provider at no cost to the member.



## Services Requiring Prior Authorization

Our Secure Web Portal located on our website, lists the services that require prior authorization, consistent with Aetna Better Health of Louisiana's policies and governing regulations. The list is updated at least annually and updated periodically as appropriate. Unauthorized services will not be reimbursed and authorization is not a guarantee of

payment. All out of network services and all services performed by out of network providers must be authorized.

Exceptions to Prior Authorizations:

- Access to family planning services
- Well-woman services by an in-network provider

## Self-Referrals

Aetna Better Health of Louisiana does not require referrals from Primary Care Providers (PCP), or treating providers. Members may self-refer access some services without an authorization from their PCP. These services include behavioral health care, vision care; Medicaid approved Alcohol and Drug Addiction facilities, adult dental care, family planning, and women's health care services. The member must obtain these self-referred services from Aetna Better Health of Louisiana's provider network, except in the case of family planning.

Member may access family planning services from any qualified provider. Members also have direct access to Women's Health Care Provider (WHCP) services. Members have the right to select their own women's health care provider, including nurse midwives participating in Aetna Better Health of Louisiana's network, and can obtain maternity and gynecological care without prior approval from a PCP.

## Has your information changed?

Aetna Better Health of Louisiana is committed to having the most accurate and up-to-date information in our system for you and your group. Please contact our Provider Relations Department with updates to your phone or fax numbers, physical or mailing address, and to add your email address to our system.

For updates or changes to your demographic information, contact our Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6** or send your update via email at **LouisianaProviderRelationsDepartment@aetna.com**.

## Credentialing Changes

We are in the middle stages of implementing some changes to our credentialing process. These changes are to ensure our members are receiving quality care from our providers. And to ensure our providers are properly credentialed and receiving the benefits of being contracted and credentialed with Aetna Better Health of Louisiana in a timely manner. Our changes are as follows and applicable to new provider credentialing and recredentialing:

1. **CAQH:** Please complete your Credentialing Council for Affordable Quality Health Care (CAQH®) application and re-attest at least every 90 days. The credentialing process is easier and faster when a complete application (including initial attestation or reattestation) is available on the CAQH® web portal.

2. **OIG Form:** Aetna Better Health of Louisiana Provider & Subcontractor Disclosure of Ownership & Controlling Interest Worksheet. To comply with Federal law (42 CFR 455.100-106), health plans with Medicaid business must obtain certain information about the ownership and control of entities with which the health plan contracts for services for which payment is made under the Medicaid program.

For any questions regarding changes to our credentialing requirements, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

## Provider Relations Liaisons

If you have any issues or concerns, please contact your Aetna Better Health of Louisiana Provider Relations Liaison; listed below by their regional assignment.

### Aetna Better Health® of Louisiana Program Service Area

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson <a href="mailto:DickersonK2@aetna.com">DickersonK2@aetna.com</a>	504-462-9986
2	Aieta Davis <a href="mailto:DavisA12@aetna.com">DavisA12@aetna.com</a>	225-316-3106
3	Eve Serbert <a href="mailto:SerbertE@aetna.com">SerbertE@aetna.com</a>	504-220-1413
4	Brandy Wilson <a href="mailto:WilsonB8@aetna.com">WilsonB8@aetna.com</a>	504-264-4016
5	Adrian Lozano <a href="mailto:LozanoA@aetna.com">LozanoA@aetna.com</a>	504-402-3417
6	Adrian Lozano <a href="mailto:LozanoA@aetna.com">LozanoA@aetna.com</a>	504-402-3417
7	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
8	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
9	Marion Dunn <a href="mailto:DunnM7@aetna.com">DunnM7@aetna.com</a>	504-444-6569

For any questions or to contact your Provider Relations Liaison, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

Thank you,

Aetna Better Health of Louisiana

