



Aetna Better Health® of Maryland

Oh so good

Late Winter 2019

Diabetes Prevention Program (DPP) awareness

Aetna Better Health of Maryland received a grant from the Maryland Department of Health to implement a Diabetes Prevention Program (DPP). The National Institute of Diabetes and Digestive and Kidney Diseases-sponsored Diabetes Prevention Program (DPP) and ongoing DPP Outcomes Study (DPPOS) are major studies that changed the way people approach type 2 diabetes prevention worldwide.

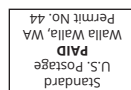
The DPP showed that people who are at high risk for type 2 diabetes can prevent or delay the disease by losing a modest amount of weight through lifestyle changes (dietary changes and increased physical activity). Participants attend weekly sessions for six months and then bimonthly sessions for another six months, with the goal of teaching self-management skills which lead to weight control, healthy eating, increased physical activity and an overall healthier lifestyle.

Coming soon

Championed by Dr. Nina F. Miles Everett, Chief Medical Officer, and Lyavia Patterson, Prevention and Wellness Coordinator, the program will be launched on July 1.

Aetna Better Health of Maryland will be working with established providers as well as community-based organizations to create a network of coaches and sites that will lead classes on self-management skills for members with prediabetes or metabolic syndrome.

 **Aetna Better Health wants to partner with you** to address the increased prevalence of type 2 diabetes in Maryland and help keep your patients healthy. Screen your patients for prediabetes and refer them to a DPP in our network, or contact our Special Needs Coordinator, Tina Fletcher, at tina.fletcher@aetna.com.



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



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 in our directory is accurate.

This includes:

- The ability to accept new patients
- Your street address
- Your phone number
- 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.

Join our Quality Management/ Utilization Management (QM/UM) Committee

Aetna Better Health of Maryland is in the process of recruiting providers for our Quality Management/ Utilization Management Committee. The purpose of the committee is to advise and make recommendations to the Chief Medical Officer regarding the Aetna Better Health of Maryland Quality and Clinical programming activities.

We are also recruiting for our Pharmacy and Therapeutics (P and T) Committee. The purpose of this committee is to advise and make recommendations to the Chief Medical Officer and Pharmacy Director regarding the Aetna Better Health of Maryland Pharmacy program.

Candidates should be board certified, participate in direct patient care, and have an interest in sharing ideas and recommendations about the plan’s current programs as well as providing feedback on future planned activities. We are looking for providers who are committed and will advocate for both member and provider issues.

Meetings are telephonic and take place at 6 p.m. on the second Thursday of the month. Quarterly meetings are held on-site at the Aetna Better Health of Maryland office in Linthicum, Maryland. If you have a desire to provide your expertise to a new and growing managed care organization and serve on either our QM/UM or P and T committees, we would love to speak with you. Please call Dr. Everett at **443-457-5282** or email her at **nina.everett@aetna.com** to discuss your participation.

Member education opportunities

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

Also visit our website for additional information at **aetnabetterhealth.com/maryland/wellness/care**.

Discover our community development events

We enjoy meeting our members in the communities where they live, work and play. Here is one of the events scheduled for the coming months:

Event name	Date/time	Location	Address
Farmers Market	April 20, 10 a.m. to noon	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**.

How to find our provider manual

As an Aetna Better Health of Maryland provider, there are certain procedures and protocols you need to know. You'll find most of the information you need in the provider manual. You'll learn which services are covered for our members. You'll also find information about a wide variety of topics, ranging from how to file a claim to the grievance and appeals processes.



The provider manual is an essential resource for all of our providers.

You can print a copy to keep handy or bookmark this page on your computer: aetnabetterhealth.com/maryland/assets/pdf/providers/aetna_better_health_of_md_2018_provider_manual_20181206_approved.pdf.

2019 HEDIS® medical record review season

In February, Aetna Better Health of Maryland began collecting medical records for the annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting requirements. We will be conducting HEDIS medical record reviews on members enrolled with Aetna Better Health of Maryland as of December 2018 to measure the quality of care provided to our members.

Our HEDIS team will be contacting your office to do one of the following:
Schedule an on-site visit
Request that medical records be faxed

When the medical record review project starts, you will receive a fax requesting the records we need.

The request will include:

A Member Pull List, which identifies the members and which HEDIS measures apply to each member

The Medical Record Documentation Guide, which outlines the required medical record data needed for each measure

HEDIS data collection is a **time-sensitive** project. Data collection began in February and concludes in April. It is imperative that you respond to a request for medical records within five business days to ensure that we are able to report complete and accurate rates to state and federal regulatory bodies, as well as NCQA.

Thanks in advance for your assistance and cooperation.

Under the Health Information Portability and Accountability Act (HIPAA) privacy rule, data collection for HEDIS® measures is permitted and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers.

Chronic care management programs

Aetna Better Health of Maryland has developed chronic condition management programs for members with the following diseases:

Asthma
Diabetes
Coronary heart disease
Chronic heart failure
COPD
Depression
Sickle cell disease
Chronic kidney disease

The purpose of these programs is to support our members and their providers as they adopt medical best practice guidelines to help members manage challenging health conditions. We strive to reinforce your treatment plans and provide members with educational resources, regular communications and targeted outreach to better understand their conditions and provide them with tools and assistance to help manage their disease.

You can refer your patients to our disease management programs anytime. To learn more about this program, just call **1-866-827-2710** and ask for the care management department.

Notice about health plan clinical policy bulletins and preventive health guidelines

These items can always be found on our website at aetnabetterhealth.com/maryland/providers/guidelines.



Member rights and responsibilities

Members served by Aetna Better Health of Maryland have the right to:

- Receive health care and services that are culturally competent and free from discrimination.
- Be treated with respect.
- Receive information, including information on treatment options and alternatives, regardless of cost or benefit coverage, in a manner you can understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- Be free from any form of restraint or isolation used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of your medical records and request that they be amended or corrected as allowed.
- Request copies of all documents, records and other information, free of charge, that was used in an adverse benefit determination.
- Exercise your rights, and that the exercising of those rights does not adversely affect the way the Managed Care Organizations (MCO), their providers or the Maryland Department of Health will treat you.
- File appeals and grievances with a Managed Care Organization.

- File appeals, grievances and state fair hearings with the state.
- Request that ongoing benefits be continued during an appeal or state fair hearing; however, you may have to pay for the continued benefits if the decision is upheld in the appeal or hearing.
- Receive a second opinion from another doctor within the same MCO, or by an out-of-network provider if the provider is not available within the MCO, if you do not agree with your doctor's opinion about the services that you need. Contact your MCO for help with this.
- Receive other information about how your Managed Care Organization is managed, including the structure and operation of the MCO as well as physician incentive plans. You may request this information by calling your Managed Care Organization.
- Receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.
- Make recommendations regarding the organization's member rights and responsibilities policy.

As members served by Aetna Better Health of Maryland, members have the responsibility to:

- Inform your provider and MCO if you have any other health insurance coverage.

- Treat MCO staff, and health care providers and all staff, with respect and dignity.
 - Be on time for appointments and notify providers as soon as possible if you need to cancel an appointment.
 - Show your membership card when you check in for every appointment. Never allow anyone else to use your Medicaid or MCO card. Report lost or stolen member ID cards to the MCO.
 - Call your MCO if you have a problem or a complaint.
 - Work with your Primary Care Provider (PCP) to create and follow a plan of care that you and your PCP agree on.
 - Ask questions about your care and let your provider know if there is something you do not understand.
 - Update the state if there has been a change in your status.
 - Provide the MCO and their providers with accurate health information in order to provide proper care.
 - Use the emergency department for emergencies only.
 - Tell your PCP as soon as possible after you receive emergency care.
 - Inform your caregivers about any changes to your advance directives.
- If you have questions about these rights and responsibilities, please contact Provider Relations at **1-866-827-2710**.

Aetna Better Health[®] of Maryland information sheet

TIN: 23-2169745 • NPI: 1679020028 • MD-17-10-08

Aetna Better Health of Maryland

Phone: **1-866-827-2710**

Hearing impaired MD Relay: **711**

509 Progress Drive, Suite 117,
Linthicum, MD 21090-2256

24-Hour Nurse Line

Phone: **1-866-827-2710**

Available 24 hours a day, 7 days
a week

After Hours/C3

Phone: **1-866-827-2710**

5 p.m. to 8 a.m. ET

Appeals and Grievances

Phone: **1-866-827-2710**

The appeal and grievance
shared email address is:

**MDappealsandgrievances@
aetna.com**

Behavioral Health

Phone: **1-866-827-2710**

BH Coordinator:

**AetnaBetterHealthMDBHCoord@
aetna.com**

Care Management

Secure fax: **959-282-1336**

Fax: **1-866-830-0088**

Care Management:

**AetnaBetterHealthMDCM@
aetna.com**

Special Needs Coordinator:

**AetnaBetterHealthMD
SplNeedsCoord@aetna.com**

Claims

Phone: **1-866-827-2710**

Aetna Better Health of Maryland
P.O. Box 61538

Phoenix, AZ 85082-1538

Change Healthcare Payer ID —
128MD for Claims

Fraud and Abuse

Phone: **1-888-743-0023**

Email:

**AetnaBetterHealthMaryland_
Fraud_Abuse@aetna.com**

Pharmacy – CVS

Phone: **1-866-827-2710**

CVS Pharmacy Helpdesk:

1-844-345-2797

RxBIN: 610084

RxPCN: ADV

RxGRP: RX8817

Pharmacist Use Only:

1-844-345-2797

Prior Authorization – Medical

Phone: **1-866-827-2710**

Hours: Monday through Friday,
8 a.m. to 5 p.m. ET

Prior Authorization – Pharmacy

Phone: **1-866-827-2710**

Fax: **1-877-270-3298**

Provider Relations

Phone: **1-866-827-2710**

Fax: **959-888-4122**

Fax: **1-844-348-0621**

8 a.m. to 5 p.m. ET

Email:

**MarylandProviderRelations
Department@aetna.com**

How can we serve you?

Our Provider Relations department serves as a liaison between the health plan and the provider community. Our Provider Relations Representatives are available by phone or email to support all providers. Some of the everyday actions we take to help you include:

- Updating an address change
- Checking member eligibility

- Finding a participating provider or specialist within a geographical location
- Submitting a prior authorization
- Reviewing the Preferred Drug List
- Notifying the plan of a provider termination
- Notifying the plan of changes to your practice
- Updating Tax ID or National Provider Identification (NPI)
- Number changes

- Obtaining a secure web portal or member care Login ID
- Reviewing claims or remittance advice

Our Provider Relations department supports multiple functions in network development and contracting. This includes evaluation of the provider network and compliance with regulatory network capacity standards. Our staff is responsible

for the creation and development of provider communication materials, including the provider manual, periodic provider newsletters, bulletins, fax/email blasts, website notices and the Provider Orientation Kit.

For additional assistance or questions, please contact our Provider Relations department at **1-866-827-2710, option 2.**

Provider appeal process

A provider appeal is the formal process for resolving provider claim disputes. Provider appeals must be requested within 90 business days.

Requests to appeal pre-service items on behalf of the member are considered member appeals and subject to the member appeal time frames and policies.

A request by a provider to appeal actions of the health plan is necessary when the provider:

Has a claim for reimbursement, or request for authorization of service delivery, denied or not acknowledged with reasonable promptness

Has a claim that has been denied or paid differently than expected and was not resolved to the provider's satisfaction through the provider dispute process

Has a request for a retro-authorization of service delivery denied or not acknowledged with reasonable promptness

An expedited appeal

A request by a member or their representative for review and reconsideration of a decision with respect to an action for pre-service or concurrent services within 72 hours, when the time periods for making a nonclinically urgent determination could seriously jeopardize the member's life, health or the ability to attain, maintain or regain maximum function or in the opinion of the treating provider the member's condition cannot be adequately managed without the urgent care or services. **All expedited provider appeals are processed as member appeals and therefore subject to the requirements of the member appeal policy.**



The time frame for provider appeal submission:

Level I Provider Appeal either verbally or in writing within 90 business days from the date of an adverse determination in the provider claim dispute process or the date of original denial and will be resolved within 30 business days of receipt

Level II Provider Appeal may be submitted within 15 business days of the date on the adverse determination in the Level I Provider Appeal process and will be resolved within 30 business days of receipt

Provider appeal forms can be found at aetnabetterhealth.com/maryland/providers/grievance.

Appeal submission methods

Mail:

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

Fax: **1-844-312-4257**

Email: MDAppealsandGrievances@aetna.com

Cultural competency training sessions now being scheduled

Culture is a major factor in how people respond to health services. It affects their approach to:

Coping with illness

Accessing care

Working toward recovery

Good communication between members and providers contributes directly to patient satisfaction and positive outcomes.

A culturally competent provider effectively communicates with patients and understands their individual concerns. It's incumbent on providers to make sure patients understand their care regimen. Each segment of our population requires special sensitivities and strategies to embrace cultural differences.

Training resources for our providers

As part of our cultural competency program, we encourage our providers to access information on the Office of Minority Health's web-based *A Physician's Practical Guide to Culturally Competent Care*. The American Medical Association (AMA), the American Academy of Family Physicians and the American College of Physicians endorse this program, which provides up to 9 hours of category 1 AMA credits at no cost.

To register for your training, please contact Aetna Better Health Provider Relations at **1-866-827-2710**.

Integrated Care Management program

The Integrated Care Management (ICM) program is a member-centered, collaborative process that includes assessing, planning, monitoring and advocacy. The ICM care manager addresses the members' physical, behavioral and social needs. The care manager uses motivational interviewing techniques to engage and educate members, their family and/or caregiver on how to meet the member's health care needs and lead them to self-management.



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, 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 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** and ask for the care management department or email the care management department at **AetnaBetterHealthMDCM@aetna.com**.

Additional wellness initiatives include:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mailings. The EPSDT mailing is intended to encourage comprehensive and preventive health care for members under the age of 21. EPSDT is vital to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

Promise program. Our maternity care program assists the member on how to take care of themselves and their baby. The member will get support throughout their pregnancy. Our Promise program is a benefit for the member pre- and post-delivery.

Smartphones. Aetna Better Health of Maryland offers members this special program. Members can sign up for this new program anytime. They may be eligible for:

- Unlimited text
- 500 MB of data per month
- 100–500 talk minutes
- Calls to and from Aetna Better Health of Maryland Member Services (doesn't count toward minutes)
- Members could get text messages sent directly to their phone with health tips, reminders about doctor appointments, flu shots, etc.

How to request utilization management information

Decision-making criteria used by Utilization Management (UM) can be found on our website in the "For Providers" section. If you do not have internet access, call Utilization Management at **1-866-874-2567**

and UM criteria can be mailed to you.

If you would like a free copy of any UM guideline, codes, records, benefit provision, protocol or any

document Aetna Better Health used to make the decision, please call Aetna Better Health Member Services at **1-866-827-2710** or **1-800-828-1120 (TTY)**.

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. Most waste does not involve a violation of law.

The following acts are the most common types of fraud, waste and abuse:

- Members selling or lending their ID card to someone else
- Members trying to get drugs or services they do not need
- Members forging or altering prescriptions they receive from their providers
- Providers billing for services they didn't give
- Providers giving services to members that they do not need
- Verbal, physical, mental or sexual abuse by providers

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.

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it.

You can anonymously call the Aetna Better Health of Maryland Fraud, Waste and Abuse Hotline at **1-866-827-2710, TTY 711** to report these types of acts right away.

You can also contact our Special Investigations Unit by calling **1-888-972-6980**.

You can also report fraud, waste or abuse by going online at **aetnabetterhealth.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.

Now certified statewide!



As of February 2019, Aetna Better Health of Maryland is now certified to serve members in every county in Maryland

At Aetna Better Health of Maryland, we believe in improving every life we touch as good stewards to those we serve.


We believe that our members should have the opportunity to be leaders in their care. For those who choose it, we use a model of care management. This will empower our members to determine their health goals. We then work with them to achieve their goals. This benefit comes at no cost to the member. Plus it pays off in increased quality of care and quality of life.

HealthChoice is a program of the Maryland Department of Health.

Call Aetna Better Health of Maryland, 24 hours a day, 7 days a week, at **1-866-827-2710 (TTY: 711)**.

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. 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**.

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