



Provider newsletter

Fall/Winter 2025



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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 biopsychosocial (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 biopsychosocial 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.

How we make coverage decisions

Utilization management decision-making criteria is electronically available on our website, [AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/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.

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 monthly 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](https://www.aetna.com/betterhealth/maryland/providers/pharmacy/drug-list). The link provides access to the pharmacy procedures including restrictions such as quantity limits and step therapy protocols. Drugs not listed will require prior authorization for an exception and should include and explanation of why a nonformulary drug is needed and include relevant medical records.

Please review the formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Maryland patient such as quantity limits and step therapy protocol.

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/maryland) website for the full list of these rights and responsibilities.



When to submit a claim dispute

Please submit a claim dispute for claim resubmission (e.g., corrected claims) and reconsiderations. A dispute is an expression of dissatisfaction with any administrative function, including policies and decisions, based on contractual provisions and inclusive of claim disputes.

Pre-service denials are processed as member appeals and are subject to member policies and time frames.

Resubmission

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.

A corrected claim is an example of a claim resubmission. It should include a newly added modifier, code change or any change to the original claim. The claim must use the appropriate resubmission type of bill or be marked as a corrected claim. Corrected claims must be submitted within 180 days.

Reconsideration

Reconsideration is a request from a provider for Aetna Better Health to reconsider its decisions. Examples include the following:

- **Itemized bill.** All claims associated with an itemized bill must be broken out per revenue (rev) code to verify that charges billed on the UB match the charges billed on the itemized bill. Please attach an itemized bill that is broken out by rev code with subtotals.

- **Duplicate claim.** Review request for a claim that originally had a denial reason of “duplicate.” Provide documentation as to why the claim or service is not a duplicate, such as medical records showing that two services were performed.
- **Retro-authorization request.** Claims that were denied due to no authorization on file. Medical records must be included.
- **Coordination of benefit.** Attach primary insurer’s explanation of benefit (EOB).
- **Proof of timely filing.** For electronically submitted claims, provide the second level of acceptance report.

Disputes may be submitted via the Availability Portal, called in to Provider Relations at **1-866-827-2710** or mailed to:

Aetna Better Health of Maryland
Claims and Resubmissions
PO Box 982968
El Paso, TX 79998-2968

When to submit an appeal

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

- Has a request for a retro-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 claim dispute process

Appeals must be requested within ninety (90) business days from the date of retro-authorization denial or the date of an adverse determination in the provider claim dispute process.

Please include relevant claims information and any supporting documents (e.g., medical records). Appeals may be submitted via the Availity Portal, by phone by calling **1-866-827-2710 (TTY: 711)**, faxed to **1-844-886-8349**, or mailed to:

Aetna Better Health of Maryland
Attn: Appeal & Grievance Department
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

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 at [AetnaBetterHealth.com/Maryland/wellness/care](https://www.AetnaBetterHealth.com/Maryland/wellness/care) for additional information.

Interested in hosting a health education event?

Email WellnessAndPrevention@aetna.com to learn more about our Health Education Program and how we can support you!



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/better-health/maryland/fraud-abuse).

Check out our website

[AetnaBetterHealth.com/Maryland](https://www.aetna.com/better-health/maryland)



What you can find:

- Information about member rights and responsibilities
- Provider manual
- 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

Nondiscrimination notice:

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

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.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) results are now available.

The CAHPS results are now available on our website, <https://www.aetnabetterhealth.com/maryland/providers/newsletters.html>.

Click “Resources” and scroll down to Quality Management News tab to view the most recent CAHPS results.



Cultural competency

What if you could transform patient care in just one step?

Imagine this:

Your patients feel seen, heard, and understood. They trust your advice, follow your treatment plans, and walk away healthier and more satisfied.

Sounds like a dream, right? It’s already happening—and you can be part of it.

The state of care in Maryland

At Aetna Better Health of Maryland we’ve uncovered some important truths about our members:

- **Language access matters:** Patients with Limited English Proficiency are less likely to follow care plans due to communication barriers.
- **Understanding builds trust:** Members who feel their provider “gets them” are more likely to recommend that provider to others.
- **Data is key:** Providers who know their patients’ preferred languages and cultural contexts can deliver better, faster care.

How Aetna Better Health is helping our providers in Maryland make an impact:

1. Know your patients like never before

- Access population insights that reveal Maryland’s diverse cultural and linguistic landscape.
- Use preferred language data for every patient on your panel to make communication seamless.

2. Get practical, actionable tools

- Training modules on implicit bias, sexual orientation and gender identity (SOGI) data, and navigating diverse patient needs—all available on demand at our Provider Exclusive Cultural Competency website (<https://www.aetnabetterhealth.com/maryland/providers/cultural-competency.html>)

3. See real-world results

- Providers who use these tools report higher patient satisfaction, better treatment adherence, and deeper professional fulfillment.

What’s next?

- Log into the Provider Portal and explore the resources designed to make care easier for you and better for your patients.
- Complete a training session today—it’s quick, easy, and can transform the way you deliver care.
- Start using the population data available on our Provider Portal to better understand your patients and build stronger connections.

Email your story to WellnessAndPrevention@aetna.com, and we might feature it in our next newsletter to inspire providers across Maryland!

Why it matters

This isn’t just about healthcare—it’s about human care. Patients don’t just want expertise—they want someone who truly “gets them.”

With these tools, you and your team can take the care you already deliver and make it even more impactful. Because when patients feel understood, they trust you more, follow your guidance, and come back when it matters most.

P.S. What’s one way you’ve used cultural understanding to build trust with your patients?

Meeting our members' language needs

Aetna Better Health of Maryland serves all 23 counties and Baltimore City. Our membership is diverse and while the majority of our members report English as their primary language, we'd like to provide you with an overview of other languages spoken by our members. As indicated by the chart below from the 2024 Population Health Assessment, Spanish is the prevalent non-English language spoken by Aetna Better Health of Maryland members, followed by French and Haitian Creole.

If you are in need of translation services for your patients, please contact our Member Services department at **1-866-827-2710 (TTY: 711)**. For complete information on languages spoken in specific areas of Maryland, please visit <https://statisticalatlas.com/state/Maryland/Languages>.

Language reported at enrollment		2024	
		#	% of membership
1	ENGLISH	53,563	87.07%
2	SPANISH	5,107	8.30%
3	NO LANGUAGE	2,035	3.31%
4	HAITIAN CREOLE	176	0.29%
5	FRENCH	123	0.20%
6	UNKNOWN	90	0.15%
7	CHINESE	53	0.09%
8	PORTUGUESE	47	0.08%
9	RUSSIAN	39	0.06%
10	AMHARIC	37	0.06%
11	ARABIC	32	0.05%
12	VIETNAMESE	32	0.05%

13	KOREAN	31	0.05%
14	UKRAINIAN	25	0.04%
15	MANDARIN	23	0.04%
16	PERSIAN	22	0.04%
17	FARSI	15	0.02%
18	URDU	15	0.02%
19	ROMANIAN	10	0.02%
20	TURKISH	9	0.01%

Do you screen for substance use disorders?

Before writing a prescription for an opiate or any controlled substance, providers should use a standardized tool(s) to screen for substance use. Screening, Brief Intervention and Referral to Treatment (SBIRT) is an example of a screening tool.

Caution should be used in prescribing opioids for any patients who are identified as having any type of or history of substance use disorder. Providers should refer any patient who is identified as having a substance use disorder to a substance use treatment program.

SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs. The practice has proved successful in hospitals, specialty medical practices, emergency departments and workplace wellness programs.

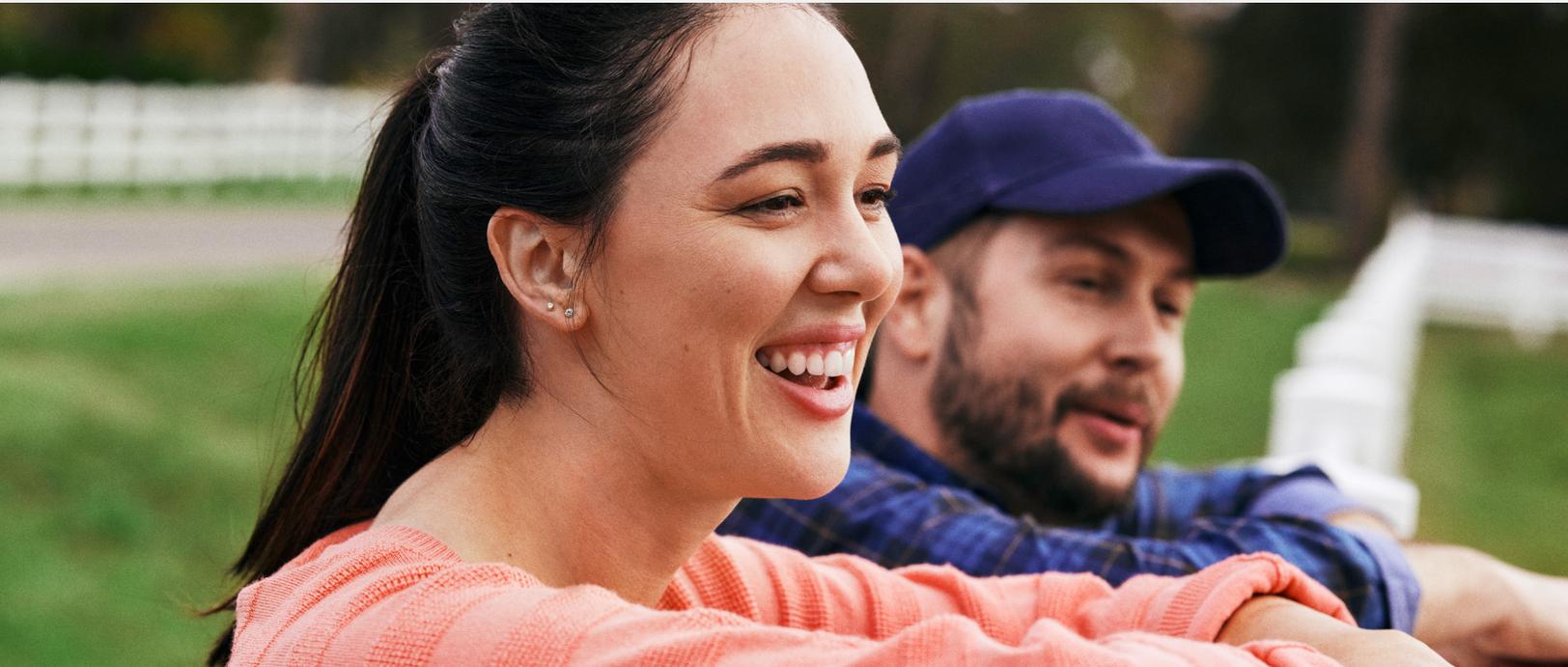
SBIRT can be easily used in primary care settings. It enables providers to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may complicate their ability to successfully handle health, work or family issues.

How to bill for SBIRT

The provision of SBIRT is a billable service under Medicaid. Information on billing may be accessed here: <https://health.maryland.gov/mdpcp/Pages/practices.aspx> under Other Practice Resources. **Use HCSPS code W7000, W7010, W7020, W7021 and W7022.** When billing with **H1003**, the provision of this service must be in addition to the alcohol and substance use counseling component of “Enriched Maternity Services.”

More screening tools

You can find more information about SBIRT and other substance use screening tools at www.samhsa.gov/sbirt/resources.



Access to behavioral health care.

In Maryland, specialty mental health and substance use services are, “carved out” of the MCO’s contract, meaning behavioral health care is accessed and managed through the Optum Maryland the state’s Behavioral Health-Administrative Services Organization (ASO). Starting January 1, 2025, Carelon Behavioral Health will be the new ASO. Maryland has regional Local Behavioral Health Authorities (LBHAs) that may be helpful with accessing behavioral health services and community supports. Carelon can connect members with the Local Behavioral Health Authority in their region. Carelon’s contact number is **1-800-888-1965**.



Providers may call the health plan at **1-866-827-2710 (TTY: 711)** and ask to speak with Care Management for care coordination and assistance in creating treatment plans.

If you are a provider delivering substance use treatment to members, please help ensure that patients have been presented with the Managed Care Organization (MCO) Release of Information (ROI) form and have had the opportunity to review the form.

The ROI form allows Optum Maryland to release authorization and claims data to the participant's MCO and coordinate their care with any provider registered on the form. The forms are effective for 1 year after the date indicated on the form unless the participant chooses to opt-out.

The ROI form should be used by all Maryland Medicaid SUD providers/programs when providing SUD treatment. According to 42 CFR, Part 2, providers rendering substance use treatment are strongly encouraged to educate patients about the value of data sharing for coordination of care and optimal clinical decision-making.

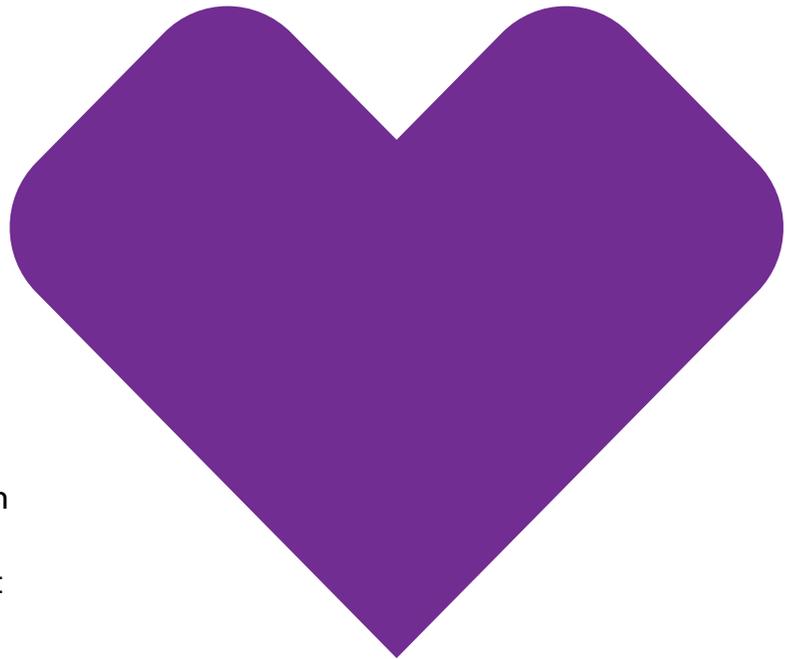
The ROI form can be found on the Optum Maryland website at Maryland.Optum.com under the Participant Quick Links.

Diabetes Prevention Program

Aetna Better Health of Maryland is offering a Diabetes Prevention Program to patients with prediabetes. This CDC-recognized lifestyle change program teaches patients how to eat healthy, exercise and deal with stress to reduce the risk of developing Type 2 diabetes.

Visit AetnaBetterHealth.com/Maryland/Providers/Member-Benefits-Coverage to learn more about the program.

Do you have members who qualify? Contact us at WellnessAndPrevention@Aetna.com, or call **1-866-827-2710 (TTY: 711)** and ask to speak with a case manager.



Emergency Room Payment policy

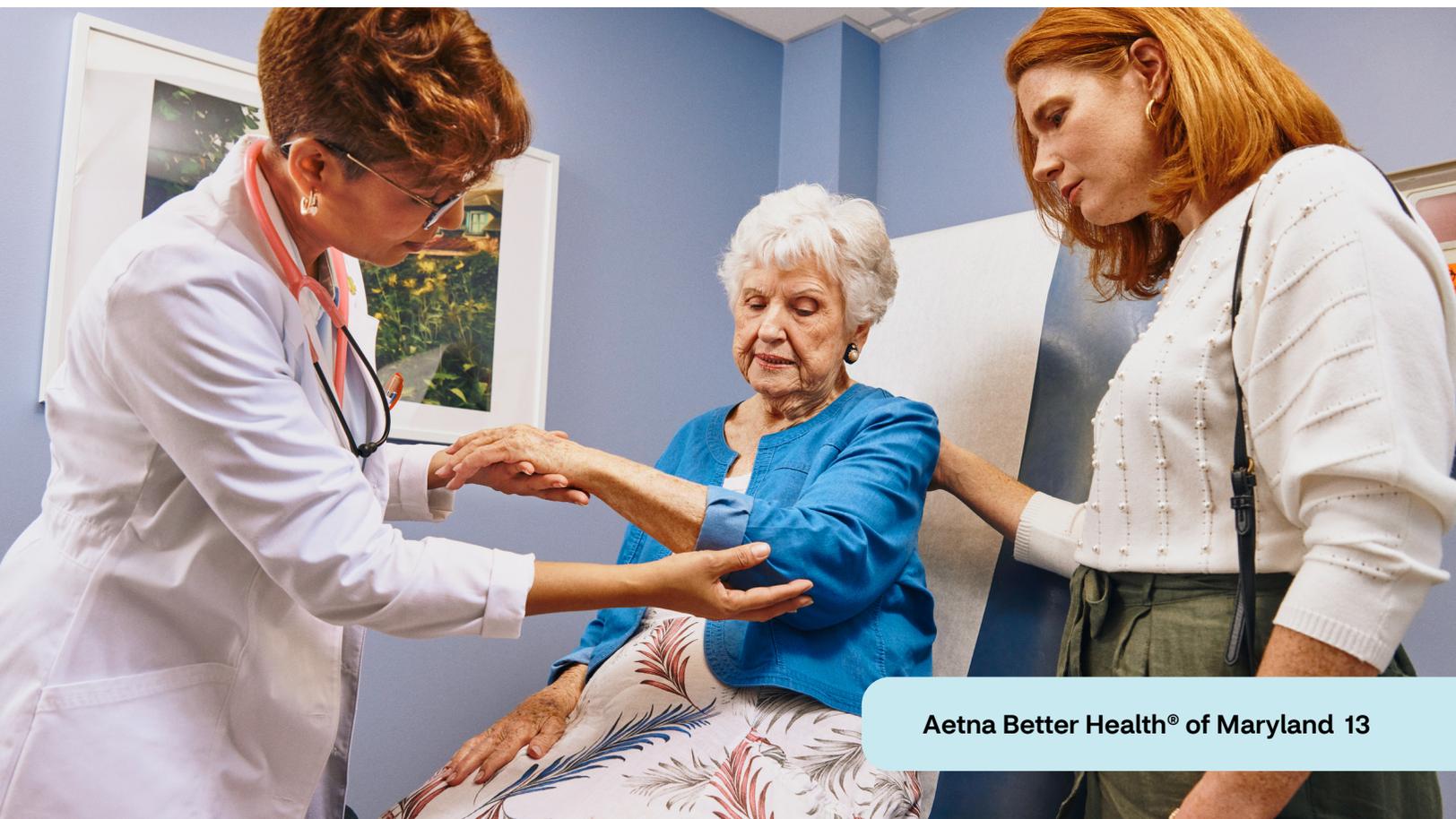
Aetna Better Health of Maryland's ER Payment policy requires that modifier 25 or 27 be included in all claims when billing revenue code 451 AND 452. Modifier 25 or 27 is to be applied to the line that supports the significant and separately identifiable evaluation and management that is provided on the same day as the EMTALA screening.

Below is an example of required billing:

Claim line	Revenue code	Description
1	451	Emergency Room - EMTALA Medical Screening
2	452	Emergency Room - Beyond EMTALA Medical Screening

Aetna Better Health of Maryland reserves the right to audit claims for consistency between clinical documentation and information presented on the bill.

We appreciate your commitment to our members and their health care needs. If you have any questions, please call Provider Services at **1-866-827-2710 (TTY: 711)** or email us at MarylandProviderRelationsDepartment@aetna.com.



Community events

At Aetna Better Health of you can stay up to date with health news, newsletters, and upcoming events. Everyone is welcome to attend, even non-Aetna members!

For more information and to learn more about our events coming soon to your area visit AetnaBetterHealth.com/Maryland/News-Events.html or email the Prevention and Wellness Coordinator at WellnessAndPrevention@aetna.com.

Additionally, we also work with providers to host community events! Interested in working with us to host an event? We are here to help, email us at WellnessAndPrevention@aetna.com to learn more how we can partner together.



Do your patients currently have health insurance through Medicaid or the Maryland Children's Health Program (MCHP)?

Medicaid renewals are not automatic.

- Ask your patients to make sure their contact information is up to date with Maryland Health Connection.
- Encourage them to be on the lookout for notices, as they will be contacted by mail or through their online account when it's their turn to renew.
- And please stress the importance of completing renewals on time. Participants can log in to their account at <https://www.marylandhealthconnection.gov/> or call **855-642-8572** to get started.

Providers will be able to access patient redetermination dates via EVS and CRISP.

Help get the word out about the Medicaid Renewals.

Visit <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>.

If your patient qualifies for coverage because they are aged, blind, disabled, or enrolled in a Home and Community-Based Services program, they can contact the Department of Human Services to update their contact information.

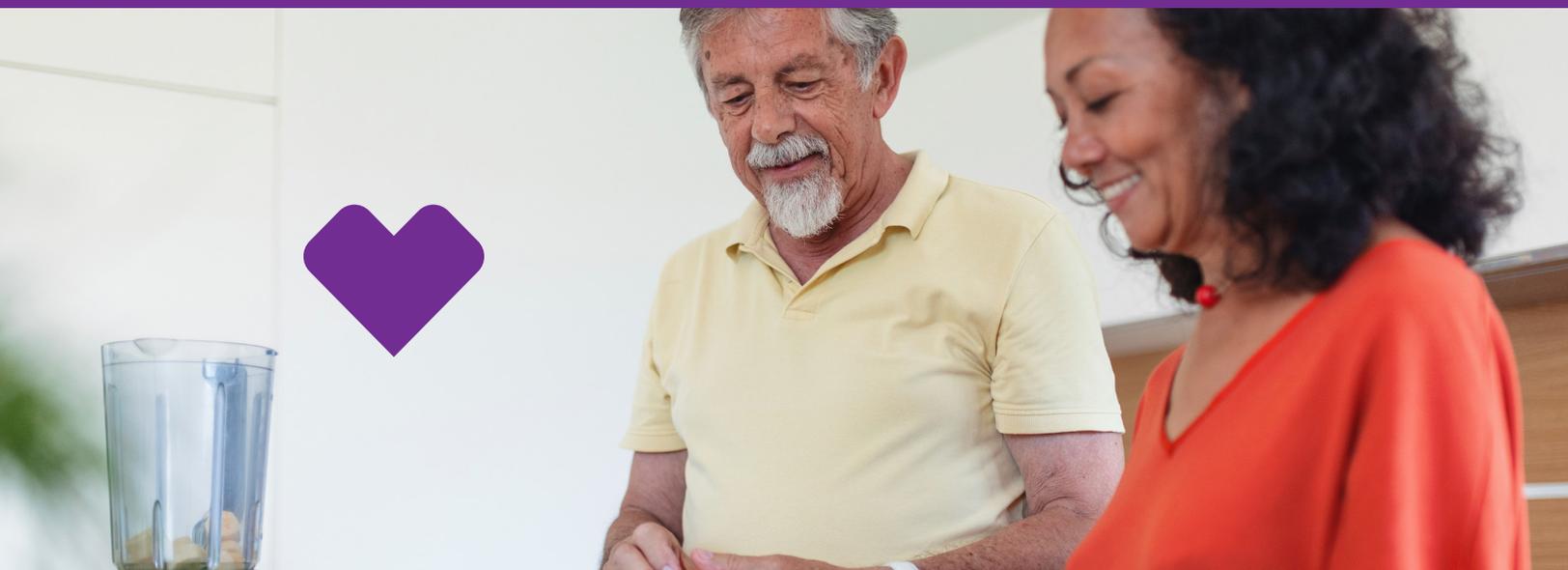
Participants can log into their account at [Mymdthink.maryland.gov](https://mymdthink.maryland.gov), or they can contact their local Department of Social Services to get started.



Provider information changes

Providers are responsible for notifying our Provider Services department regarding any changes in professional staff at their offices (physicians, physician assistants, or staff practitioners), address, telephone number, or email address. Please send any administrative changes in office roster staff to MarylandProviderRelations@aetna.com or contact your Network Relations consultant.

Aetna Better Health of Maryland is highlighting the importance of statin therapy for members ages 40–75 with diabetes who do not have ASCVD, a key component of the HEDIS Statin Therapy for Patients with Diabetes (SPD) measure.



Why statins matter:

Diabetes significantly increases the risk of developing ASCVD. Statins lower LDL cholesterol and have been proven to reduce heart attacks, strokes, and other cardiovascular events.

Guideline recommendations:

- **Primary prevention:** The American Diabetes Association recommends moderate-intensity statins for adults 40–75 with diabetes and no ASCVD.
- **High-intensity statins:** Consider for patients with a 10-year ASCVD risk >7.5%.
- **Monitoring:** Check lipid panel routinely; baseline liver function and CPK as needed. Assess adherence and address side effects early.

Supporting members:

- Encourage adherence tools (pill boxes, reminders).
- Advise taking statins with food to reduce GI discomfort.
- Instruct members to report unexplained muscle pain, weakness, fever, or fatigue.

HEDIS SPD measure:

- 1. Received statin therapy:** At least one statin dispensed in the measurement year.
- 2. Statin adherence 80%:** Member remained on therapy for $\geq 80\%$ of the treatment period.

Moderate and high-intensity statin options

Moderate intensity: Atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Pravastatin 40–80 mg, Fluvastatin 40 mg BID, Pitavastatin 2–4 mg

High intensity: Atorvastatin 40–80 mg, Rosuvastatin 20–40 mg

Call to action

Providers play a key role in improving cardiovascular outcomes for members with diabetes. Please review statin therapy needs at each visit, support adherence, and educate members on the importance of consistent medication use.

Citations

1. American Diabetes Association Professional Practice Committee; Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2024. *Diabetes Care* 2024.
2. ACC Expert Consensus Decision Pathway on Nonstatin Therapies for LDL-C Lowering, *JACC* 2022.
3. CDC. Statins and Diabetes: What You Should Know.
4. ASCVD Risk Estimator Plus, American College of Cardiology.