



Provider newsletter

Spring 2025



Table of contents

Integrated Care Management program.....	2
How we make coverage decisions.....	3
Aetna Better Health formulary update.....	3
Member rights and responsibilities	4
When to submit a claim dispute.....	5
Member education opportunities.....	7

Fraud, Waste and Abuse	7
Check out our website	8
Diabetes Prevention Program	9
Social Determinants of Health Survey.....	9
Behavioral Health Care of ABH Members	10
RSV Vaccination Reference Guide for Providers	12





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 can be found on our website, [AetnaBetterHealth.com/Maryland/providers](https://www.aetna.com/betterhealth/maryland/providers). 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 an explanation of why a nonformulary drug is needed and include relevant medical records.

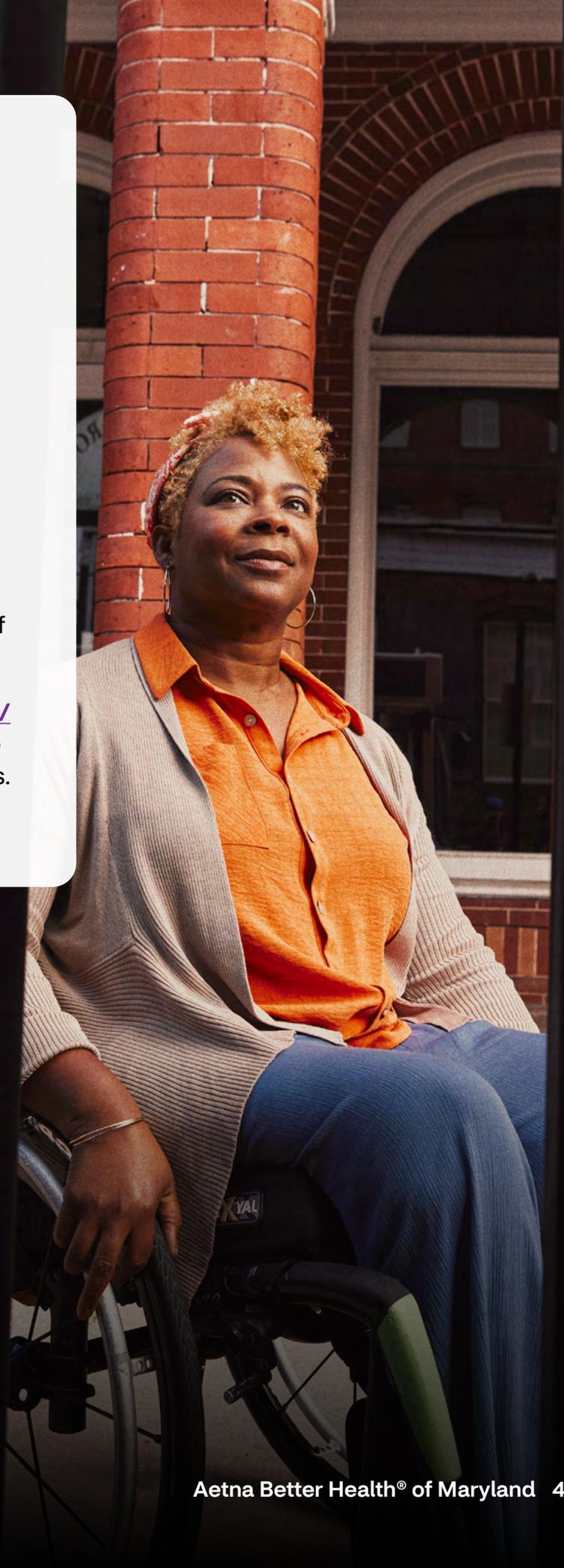
Please review the formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Maryland patient such as quantity limits and step therapy protocol.



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/medicaid-rights-responsibilities.html](https://www.aetna.com/betterhealth/maryland/medicaid-rights-responsibilities.html) 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.aetna.com/betterhealth/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/betterhealth/maryland/fraud-abuse).

Check out our website

[AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland)

What you can find:

- Information about member rights and responsibilities
- Provider handbook
- 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/betterhealth/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.

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/whats-covered.html](https://www.aetna.com/better-health/maryland/whats-covered.html) 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.



Social Determinants of Health Survey

Aetna Better Health® of Maryland is conducting a survey about health-related social needs. The survey will help identify unmet needs related to social determinants of health that can impact a member's well-being and health outcomes. We appreciate your commitment to our members and their health care needs. If you have any questions, please contact Provider Services at **1-866-827-2710 (TTY:711)** or email us at MarylandProviderRelationsDepartment@aetna.com.

Member Survey participation will help us:

- Identify member needs
- Find community resources
- Improve healthcare quality
- Develop targeted interventions

Aetna Better Health® of Maryland members can take the survey by:



Visiting our website at: [AetnaBetterHealth.com/Maryland](https://www.aetna.com/better-health/maryland) or scan the QR code.

Behavioral Health Care of ABH Members

In Maryland, Mental Health and Substance Use services are, “carved out” of the MCO’s contract, meaning behavioral health care is coordinated through the states Administrative Services Organization (ASO) and [the Local Behavioral Health Associations \(LBHA\)](#).

As of January 1, 2025, Mental Health and Substance Use member benefits have transitioned to Carelon. They will be the main point of contact for all member and provider behavioral health needs and services.

The following are the contact details:

- Website:
carelonbh.com/maryland/en/home
- Phone Number: **1-800-888-1965**
- Language assistance services:
1-800-888-1965 TTY: 711
- Address:
7550 Teague Road, Suite 500
Hanover, MD 21076

Direct Emails for provider support are as follows:

- Provider inquires:
provider.relations.md@carelon.com
- Utilization management:
UMcorrespondenceMD@carelon.com
- Case management inquires:
casemanagementMD@carelon.com

It is vital that release of information is signed in order coordinate care between medical and behavioral health providers. The following link to the ROI are available here:

carelonbh.com/maryland/en/home/forms-and-documents#item_1

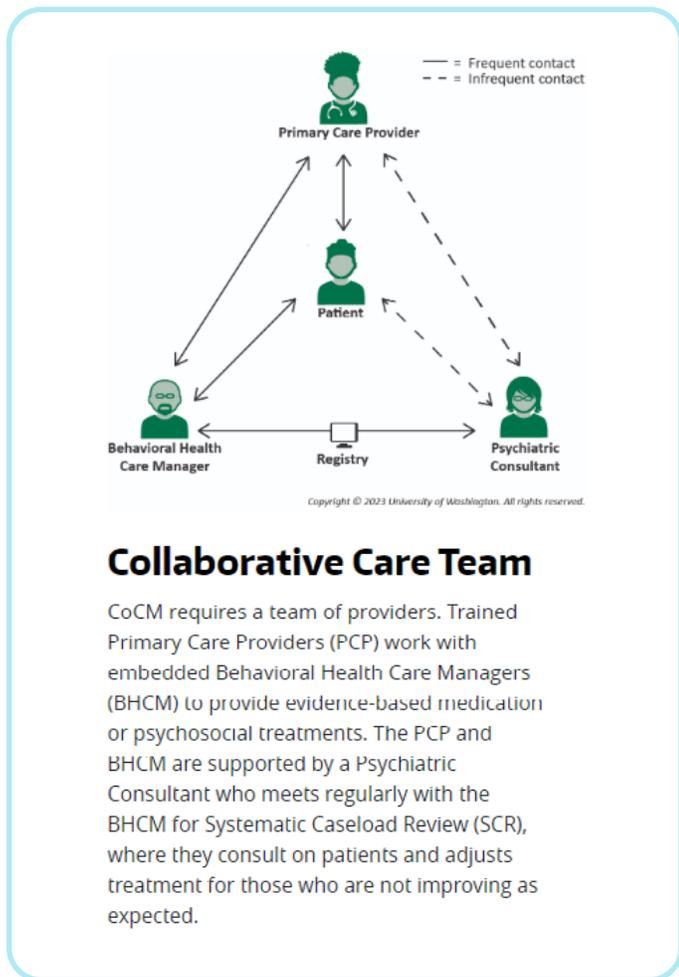
If a member is in a behavioral health crisis the following resources are available:

- Behavioral Health Crisis Support Services by County: carelonbh.com/maryland/en/home/crisis-support-services#item_1
- Walk in and Urgent Care Behavioral Health Centers: health.maryland.gov/bha/Documents/BehavioralHealthWalk-inUrgentCareResources.docx.pdf
- Emergency Psychiatric Hospital Facilities app.smartsheet.com/b/publish?EQBCT=ed61a411ff5d48ada193bef3febe4124

In addition, ***988** is available 24/7 to members instant crisis support as well as CHAT support: chat.988lifeline.org/

Like ABH, the ASO contracts with various behavioral health providers to create an all-inclusive “in-network” group of providers. These providers treat ABH of Maryland members Behavioral Health (Mental Health and Substance Use) conditions. The ASO manages the claims, contracts and all the other aspects of provider and member relations. There are four behavioral health outliers that the MCO and its providers are responsible for managing:

1. Psychological Testing for Surgical Procedures, example Bariatric Surgery (see memo: [PT 2027-24](#) Clarification)
 - a. Please see our provider search tool to find a in-network provider who can complete this testing for a member.
2. Collaborative Care Model (CoCM):



- a. See memo: [PT 2071- 24](#) for more details on this collaborative model
3. Management of Psychotropic Medication and Primary Behavioral Health: For those licensed providers who are trained on treating general behavioral health disorders through psychotropic medication management in the primary care setting. However, It is vital to know when to refer a member to the ASO to get more complete treatment for complex behavioral health needs.
4. Identification of and referral of Mental Health and Substance Use. [Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature](#) Screening tools are an excellent way to identify when a member may need support, example of such tools include but are not limited to:
 - a. “[SBIRT](#) (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based, comprehensive, and integrated public health approach to the delivery of early intervention and treatment services to patients who have risky alcohol or drug use.” [SAMHSA Coding for SBIRT](#)
 - b. [GAD-7](#) (Generalize Anxiety Disorder-7) [NIH publication on the GAD-7](#)
 - c. [PHQ-9](#) (Patient Health Questionnaire) [NIH publication on PHQ-9](#)



RSV Vaccination Reference Guide for Providers

What is RSV?

- Respiratory Syncytial Virus (RSV) is a highly contagious virus that causes severe respiratory infections.
- It is the leading cause of infant hospitalizations in the U.S.
- 58,000–80,000 children under 5 are hospitalized yearly due to RSV.
- Infants are at the highest risk of severe illness, including bronchiolitis and pneumonia.

Why RSV Vaccination matters?

- Two options for RSV protection: Maternal Vaccine (during pregnancy) or Monoclonal Antibody (after birth).

Maternal RSV Vaccine (Abrysvo)

- **Who?** Pregnant individuals at 32–36 weeks gestation.
- **When?** Administer September–January.
- **Effectiveness:**
 - 70% fewer severe RSV cases in infants.
 - 60% fewer hospitalizations.
- Covered by Maryland Medicaid.

Monoclonal Antibody (after birth)

- **Who?** Infants born during or before RSV season (October–March).
- **Effectiveness:**
 - 80% fewer RSV-related doctor visits & hospitalizations.
- Recommended for high-risk children up to 19 months.

What Providers need to do

- ✓ Educate pregnant patients on RSV risks & vaccine benefits.
- ✓ Administer Abrysvo to eligible patients.
- ✓ Coordinate with pediatric providers to ensure infants receive protection.
- ✓ Refer patients to vaccination locations.