



Connect



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

Aetna Better Health® of Maryland

Annual HEDIS medical record collection

The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement requirement administered by the National Committee for Quality Assurance and used by the Centers for Medicare & Medicaid Services for monitoring the performance of managed care organizations.

All Aetna Better Health providers are contractually obligated to provide medical records necessary to fulfill reporting requirements. We

want to be able to reflect the high quality of care you have given to our members that may not have gone into our claim system.

Annual HEDIS timeline

Medical records are randomly selected across hybrid HEDIS measures and then requested from provider offices in early

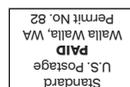
Continued on page 2

In this issue

- Find ways to use our secure, convenient provider portal.
- Get helpful information at community development events near you.
- Remote Patient Monitoring could benefit your patients.
- Know when to submit a claim dispute.

Spring 2023

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

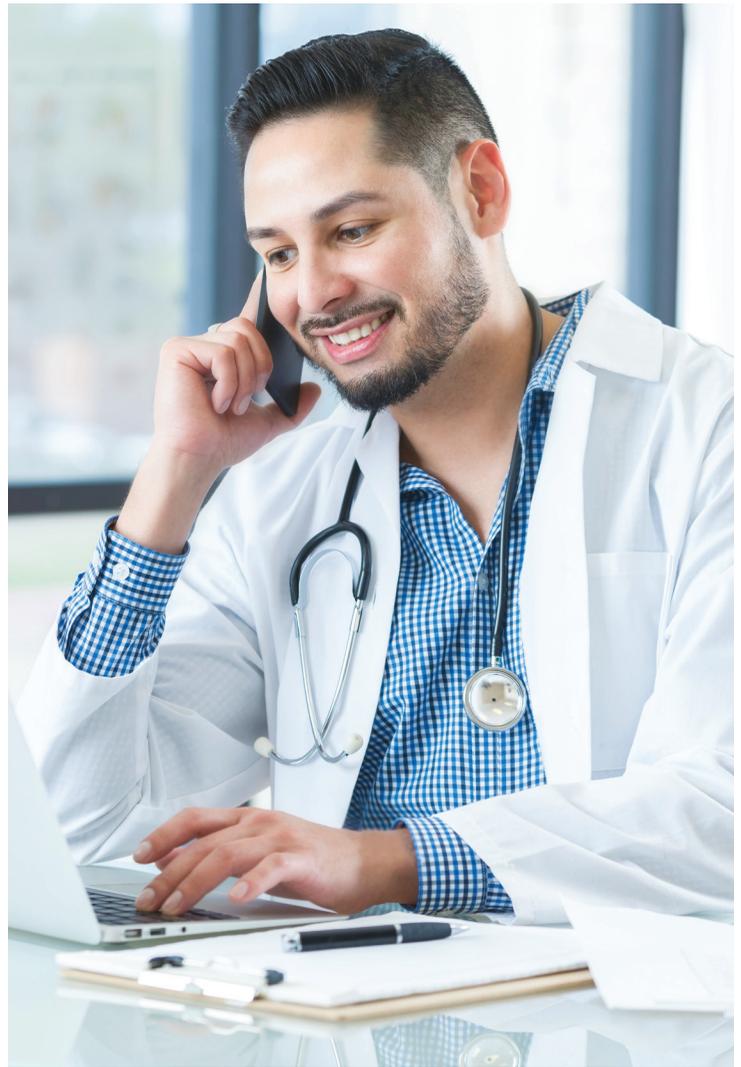
Provider portal

We offer providers access to our secure web portal to handle routine tasks and quickly access commonly used forms and documents. Providers must register to use the secure web portal. The secure web portal is a quick, convenient tool that can be used to:

- Determine primary care provider panels
- Verify member eligibility
- Submit authorization requests and verify status
- Check claims status
- Submit and view status of grievances and appeals

To register for our secure web portal, please visit **AetnaBetterHealth.com/Maryland/providers/portal**.

Once our Provider Relations Department receives your application, please allow three to five business days to process the request. You will receive an email confirmation once the registration and access have been completed.



Annual HEDIS medical record collection

Continued from front page

February to the end of April. In order to minimize disruption of provider operations and increase efficiency of this process, we request that all records be sent within five days of receiving the initial request.

For large volume providers, Aetna will provide personnel to come on-site to assist with record retrieval. We have staff ready to receive remote electronic medical record

system access, if available, as well.

If members are selected that are assigned to your panel, you will be sent the specific list of medical records we need, including the member's name, date of service and the measures selected, with instructions on how to submit.

Coming your way

We look forward to continuing our partnership and working

with you to develop strategies to address any barriers to care you may have experienced. As a reminder, the first Gap in Care report for 2023 is expected to be available in April, when enough claims have come in the new year to make these reports valuable.

We thank you in advance for your quick response to any medical record requests you receive and your commitment to our members.

Discover our community development events

We enjoy meeting our members in the communities where they live, work and play. Here are a few of the events/meetings scheduled for the coming months.

 Let's connect. To learn more about our community development team and how our partnership can help you, reach out to us today at **1-866-827-2710 (TTY: 711)**.

Event	Date/Time	Location	Address
Provider Info/ Education Table	Wednesday, April 26, 2023: 9 AM–12 PM	Family Healthcare of Hagerstown	201 S. Cleveland Ave., Hagerstown, MD 21740
Babypalooza Health Fair	Saturday, May 6, 2023: 11 AM–2 PM	Bester Elementary School	385 Mill St., Hagerstown, MD 21740
Member Benefits Class	Tuesday, May 9, 2023: 12–1 PM	Virtual	Register at https://www.aetnabetterhealth.com/maryland/news-events.html
Diabetes Class	Wednesday, May 24, 2023: 12–1 PM	Virtual	Register at https://www.aetnabetterhealth.com/maryland/news-events.html
Provider Info/ Education Table	Wednesday, May 24, 2023: 9 AM–12 PM	Family Healthcare of Hagerstown	201 S. Cleveland Ave., Hagerstown, MD 21740



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** 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!

Help for patients at risk of diabetes

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

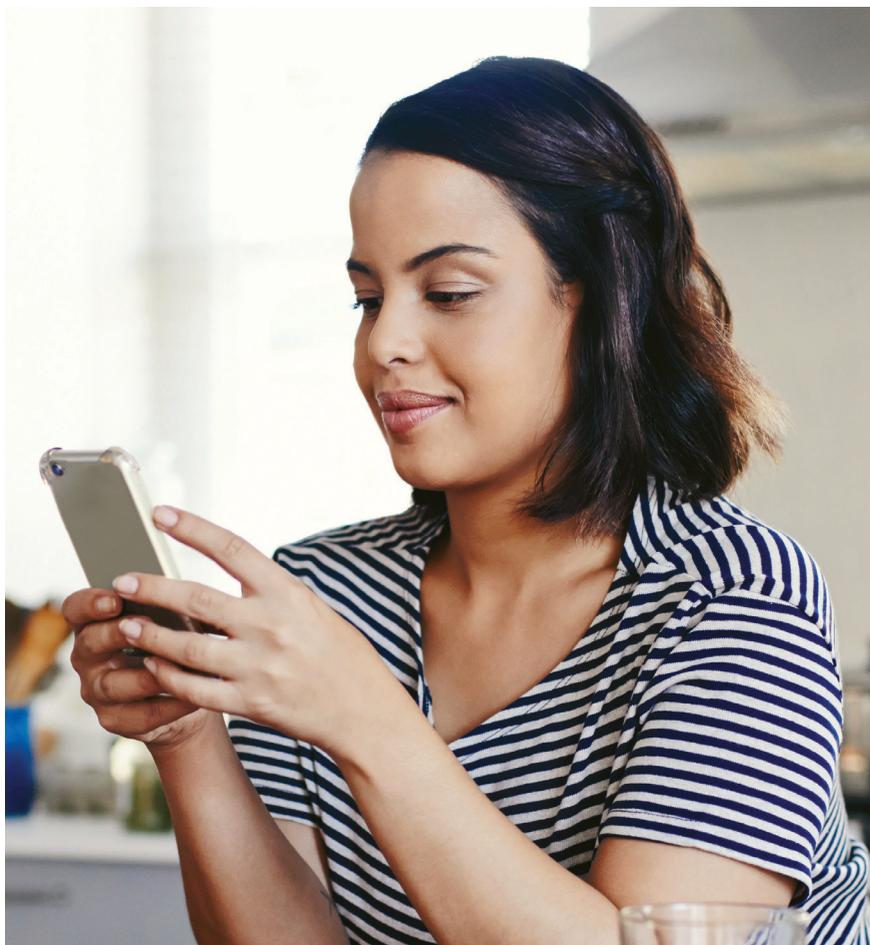
Visit **AetnaBetterHealth.com/maryland/providers/member-benefits-coverage.html** to learn more about the program.

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

Remote Patient Monitoring

Members with diabetes, congestive heart failure and COPD may benefit from our Remote Patient Monitoring program at no cost! Members work with a nurse and care team to learn how to better manage their health condition. All sessions are conducted through secure video on the member's mobile device from the comfort of their own home.

To refer members to the Remote Patient Monitoring program, reach out to your Aetna Better Health of Maryland representative, call Member Services and ask to speak with Care Management, or send an email to **AetnaBetterHealthMDCM@Aetna.com**.



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 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 BPS needs.

Care managers work with the member, member's family, primary care provider, 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 populations including, but 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**.

Member rights and responsibilities

Aetna Better Health members, their families and their 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** 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.

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 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, faxed to **1-844-312-4257**, sent via secure email to **mdappealsandgrievances@Aetna.com** or mailed to:

Aetna Better Health of Maryland
Attention: Appeals Department
P.O. Box 81040, 5801 Postal Road
Cleveland, OH 44181

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 benefits.** Attach primary insurer’s explanation of benefits (EOB).
- **Proof of timely filing.** For electronically submitted claims, provide the second level of acceptance report.

Disputes may be submitted via the Availity Portal, called in to Provider Relations at **1-866-827-2710 (TTY: 711)** or mailed to:

Aetna Better Health of Maryland
Claims and Resubmissions
P.O. Box 61538
Phoenix, AZ 85082-1538

How we make coverage decisions

Utilization management decision-making criteria can be found on our website, **AetnaBetterHealth.com/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 on a monthly basis and can be accessed 24 hours a day, 7 days a week. Please visit **AetnaBetterHealth.com/Maryland/providers/pharmacy/drug-list** to see the latest version of the pharmacy drug list.

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



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.

Nondiscrimination notice:

This information can always be found on our website. Go to [AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland) to access it.

Contact us



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Linthicum, MD 21090-2256

1-866-827-2710
Hearing-impaired MD Relay: **711**

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

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