Our Experience

Aetna is a leader in managing medically complex populations at the local, community-based level by integrating physical health, behavioral health and social economic status of members.

Post Coventry acquisition we serve 3 million people in the Medicaid population across 16 states.

Populations Served

- TANF: Temporary Assistance for Needy Families
- CHIP: Children’s Health Insurance Program
- DD: Developmentally Disabled
- ABD: Aged Blind Disabled
- LTSS: Long Term Services and Supports
- Duals: Members eligible for both Medicaid and Medicare
- Behavioral Health/ Seriously Mentally Ill (as well as recently-awarded Arizona contract)
A Michigan Health Link Program

• The program connects Medicare and Medicaid Benefits for these dual eligibles under one plan.

• The goal of the Michigan Health Link program is to allow Medicare and Medicaid to work together more effectively.

• Michigan Health Link stresses a team approach to health care.

• One point of contact for members.
Eligibility Criteria

Who is eligible?

• Age 21 and older at the time of enrollment
• Eligible for full Medicare Part A
• Enrolled under Parts B and D
• Receive full Medicaid benefits
• Reside in a demonstration region

Who is not eligible?

• Under the age of 21
• Previously disenrolled from Medicaid managed care
• Does not reside in a demonstration region
• Additional Low Income Medicare Beneficiary/Qualified Individuals
• Without full Medicaid coverage
• On Medicaid and reside in a state psychiatric hospital
• Commercial HMO coverage Elected hospice services
# Michigan Health Link Regions

<table>
<thead>
<tr>
<th>Regions</th>
<th>Counties within Regions</th>
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</table>
| Region 1 | • Alger, Baraga, Chippewa  
• Delta, Dickinson, Gogebic  
• Houghton, Iron, Keweenaw  
• Luce, Mackinac  
• Marquette, Menominee  
• Ontonagon, Schoolcraft |
| Region 4 | • Barry, Berrien  
• Branch  
• Calhoun  
• Cass  
• Kalamazoo  
• St. Joseph  
• Van Buren |
| Region 7 | • Wayne |
| Region 9 | • Macomb |
Benefits overview

Benefit Package includes:
- All traditional Medicare benefits (except hospice services)
- All traditional Medicaid benefits
- Long Term Services and Supports
- Behavioral Health Services

Aetna Better Health of Michigan offers additional benefits:
- Comprehensive dental services
- Over-the-counter supplies
- Hearing services
- Routine podiatry care
- Smoking cessation
- Weight management program

Vendors:
- Dental – Scion Dental
- Vision - VSP
- Pharmacy - CVS Caremark
- Transportation - MTM
Pharmacies are required to follow federal and state guidelines surrounding dispensing emergency medications.

The following document are available online:

- Preferred Drug List (PDL)
- Over-the-Counter Drug List
- Prior Authorization Form
- Mail Order Form
Sample ID Cards

Front

AETNA BETTER HEALTH™ PREMIER PLAN

Member Name: Last Name, First Name
Member/RX ID#: 000000000-00
Health Plan (80840): Card Issuer Identifier
PCP: Last Name, First Name
PCP Phone: 000-000-0000
Copay: $0
CMS - H8026 Plan Benefit Package #H8026-001

Back

In case of emergency, call 911 or go to the nearest emergency room.
Member Services: 1-855-676-5772 (TTY 711)
24 Hour Nurse Advice Line: 1-855-676-5772 (TTY 711)
Pharmacy Help Desk: 1-855-319-6287
Website: www.aetnabetterhealth.com/michigan
PIHP General Information Line: 1-800-676-5814
24 Hour Behavioral Health Crisis Line: 1-800-676-7148
Vision Services: 1-877-666-2188
Dental Services: 1-888-249-8642
Contact Member Services for Pharmacy benefit:
Send Claims to: Aetna Better Health of Michigan
PO Box 66215, Phoenix, AZ 85082-6215
Claim Inquiry: 1-855-676-5772 (TTY 711)
We offer fully-integrated care encompassing the physical health, behavioral health, and socio-economic status of our enrollees.

We foster strong provider partnerships and alliances with community-based organizations.

We identify enrollees who are at a high risk to receive intensive care management services.

We offer enrollees who are at lower risk supportive care management services.

Please note that our clinical guidelines are located on our website.
Behavioral health services

- Screen, evaluate, treat and/or refer (as medically appropriate) any behavioral health problem/disorder

- Treat mental health and/or substance abuse disorders within the primary care provider’s scope of practice

- Inform enrollees how and where to obtain behavioral health services

- Understand that enrollees may self-refer to a behavioral healthcare provider without a referral from the enrollee’s PCP
Behavioral health benefits

Aetna Better Health of Michigan members have access to the following Behavioral Health benefits:

- Behavioral health counseling – individual and group
- Community psychiatric support treatment – individual and group
- Crisis intervention
- Mental health assessment – physician and non-physician
- Partial hospitalization
- Pharmacological management
Clearinghouse and clean claims

• We accept both paper and electronic claims.

• Emdeon is the preferred clearinghouse for electronic claims.

• We process clean claims according to the following timeframes:
  - 90% of clean EDI claims adjudicated within 30 days of receipt
  - 99% of clean paper claims adjudicated within 90 days of receipt

• A “clean claim” is a claim that can be processed without obtaining additional information from the provider of service or from a third party.
Claim Submission

- Electronic Claims:
  - Aetna Better Health encourages participating providers to electronically submit claims through Emdeon at http://www.emdeon.com/.
  - Please use Submitter ID #128MI when submitting electronic claims.
  - Emdeon Office WebConnect will be offered at no charge.

Paper Claims:
Aetna Better Health of Michigan
P.O. Box 66215
Phoenix, AZ 85082

How to fill out a CMS 1500 Form:

Sample CMS 1500 Form:

How to fill out a CMS UB-04/1450 Form:
Integrated Care Bridge Overview

What is the Integrated Care Bridge?
• A web-based care coordination platform that is housed within our Aetna Medicaid Web portal that allows secure access to information
• Allows all enrollees and members of the integrated care team (ICT) to access and update information when appropriate
• Key Integrated Care Team (ICT) Partners include: PIHP Support Coordinator, Other ICOs, Hospitals, PCP/PCMH, LTSS Service Coordinators
Member Care Secure Web Portal
Provider View:

Patient clinical summary

- Patient: Mr. Ada Jarvinen
- ID number: 31006JC86635
- High risk: No
- DOB/Age: 08/31/1992 (22 years)
- Gender: Male
- Ethnicity:

CONDITIONS
- Per claims data (in the past 90 days)
  - No information available
- Patient self-reported (Active)
  - No information available

MEDICATIONS
- Per claims data (in the past 90 days)
  - No information available
- Patient self-reported (Active)
  - Name: A + D PERSON MIS CAR
  - Dose: 
  - Unit: 
  - Frequency: 
  - Route: Oral
Provider Secure Web Portal
Contact Health Plan

http://aetnabetterhealth-michigan.aetna.com
Critical Incident Reporting

Aetna Better Health of Michigan is contractually obligated to immediately report critical incidents to the State of Michigan Department of Community Health.

Critical incidents include, but are not limited to the following:

- Unexpected death of an enrollee or severe injury sustained by an enrollee
- Suspected physical, mental or sexual abuse and/or neglect of an enrollee
- Seclusion, neglect, deprivation, restraint of an enrollee
- Theft or financial exploitation of an enrollee
- Medication error involving an enrollee
- Inappropriate/unprofessional conduct by a provider involving an enrollee
- Illegal activity by the enrollee - fraudulent activities on the part of the enrollee
- Enrollee arrested, charged, or convicted of a crime
- Illegal activity by the provider - enrollee is the victim - fraudulent activities on the part of the provider
- Provider arrested, charged, or convicted of a crime
- Staff falsification of credentials or records

Aetna Better Health of Michigan Fraud and Abuse Hotline 1-800-338-6361
Emergency 911.
Providers may submit expressions of dissatisfaction not related to an action as a grievance verbally or in writing. If the request is made verbally, then you must follow that request in writing. Written grievances can be submitted to the health plan via fax at 1-860-975-3615 or to the following address:

Aetna Better Health of Michigan
Grievance System Manager
1333 Gratiot Ave., Suite #400
Detroit, MI 48207
Fax: 1-860-975-3615

An acknowledgement letter will be sent within three (3) business days summarizing the grievance and will include instructions on how to:

• Revise the grievance within the timeframe specified in the acknowledgement letter
• Withdraw the grievance at any time until Grievance Committee review

Additional information is located in the Provider Manual.
Provider Appeals

A par or non-par provider may file an appeal for untimely decision making related to a action with us in writing within ninety (90) calendar days from the postmark on the Aetna Better Health Notice of Action. When the item or service being appealed is covered by Medicare, then non-par providers can request a claim appeal or payment dispute with the appropriate documentation.

If the item or service is standardly covered by Medicare, then in accordance with Medicare regulations non-par providers also have the right to request a claim appeal when the claim is denied completely, or a payment dispute when the claim payment amount is different than expected.

An acknowledgement letter will be sent within three (3) business days summarizing the appeal and will include instructions on how to:

- Revise the appeal within the timeframe specified in the acknowledgement letter
- Withdraw the appeal at any time until Appeal Committee review

Additional information is located in the Provider Manual.
Provider Appeals

Provider Appeals can be requested verbally and in writing. If the request is made verbally, then you must follow that request in writing.

Written appeals can be submitted to the health plan via fax at 1-860-975-3615 or to the following address:

Aetna Better Health of Michigan
Grievance System Manager
1333 Gratiot Ave., Suite#400
Detroit, MI 48207
Fax: 1-860-975-3615

Additional information is located in the Provider Manual
Aetna Better Health of Michigan
1-855-676-5772

Provider Services Department

CLAIMS
Option 2,
then Option 3

PRIOR AUTHORIZATION
Option 2,
then Option 4

PROVIDER SERVICES
Option 2,
then Option 5

Care Management: 1-855-676-5772, Option 5
E-Mail: AetnaBetterHealth-MI
ProviderServices@aetna.com

www.aetnabetterhealth.com/michigan
Provider Resources

Question or concern:
• Eligibility
• Medical Prior Authorization
• Pharmacy Prior Authorization
• Claims Inquiry Claims Research (CICR)
• Member Services (includes language line)
• Provider Services
• Benefits

Where to obtain answers:
• Care Bridge- Secure Web Portal or Contact Member Services Department
• Care Bridge-Secure Web Portal, Contact Medical Management Department at 1-855-676-5772 or Fax to 1-855-365-8108
• Contact CVS Caremark at: 1-888-624-1135 or Fax to 1-844-242-0914
• 1-855-676-5772
• 1-855-676-5772
• Call 1-855-676-5772, email us at AetnaBetterHealth-MI-ProviderServices@aetna.com
• or Fax your questions to 1-860-607-7415
• Care Bridge- Secure Web Portal or Contact Member Services Department