

AETNA BETTER HEALTH® AETNA BETTER HEALTH® KIDS

SUMMER 2014



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Provider Pay-for-Performance and Member Rewards Programs

We offer incentive programs to reward providers for high performance and to members for getting preventive care. You can receive the incentive for encouraging members to get services that result in achieving the minimum threshold for certain HEDIS measures.

You may be able to earn more compensation with Aetna Better Health's Pay for Performance (P4P) program for the following services:

- Annual dental visit (2 - 21 years)
- Adolescent well visits
- Members with cardiovascular conditions LDL-C <100
- Prenatal and postpartum visits
- Cervical cancer screenings
- Breast cancer screenings
- Diabetes :
 - HgbA1c Test
 - HgbA1c <8
 - LDL-C <100

Encourage members to get care and participate in Aetna Better Health's Member Rewards Programs to support your Provider P4P Program:

- Annual dental visit (1 - 21 years)
- Annual diabetes screenings for LDL-C, HgbA1c and dilated retinal eye exam
- Adolescents (12-21 years) annual EPSDT visit

For more information about the Provider Pay-for-Performance and Member Reward Programs, contact your Provider Relations Representative at **1-866-638-1232**.

CoventryCares Medicaid to become Aetna Better Health of Pennsylvania

On **October 1, 2014**, all members of CoventryCares Medicaid will migrate to Aetna Better Health of Pennsylvania, Aetna's Pennsylvania Medicaid plan. HealthAmerica Pennsylvania, Inc., the entity currently offering the CoventryCares plan, will no longer participate in the Pennsylvania HealthChoices physical health Medicaid managed care program. New members that may have seen CoventryCares only providers will now have the option to see participating Aetna Better Health providers after October 1.

Operational changes to claim submission

After the two Medicaid businesses combine on **October 1**, you should submit all Medicaid claims for both Aetna and Coventry members to the Aetna Better Health claim submission address regardless of the date of service.* We'll provide you with the claims address at a later date.

*This only impacts the Medicaid product. If you participate in other Coventry or Aetna products, this change doesn't impact the operational procedures related to those products.

Obstetrical Needs Assessment Form (ONAF)

You can get a reward for completing ONAFs online for your pregnant members. Just sign up for the Member Care Information Portal by completing a short registration form on our website at www.aetnabetterhealth.com/pennsylvania. Then, complete the ONAF online. You'll get \$50 for prenatal visit information and an extra \$50 when you complete the ONAF for postpartum care online. Stop the faxing and complete the ONAF online through the Member Care Information Portal to get your reward.

The Member Care Information portal also gives you access to:

- A real-time listing of your patients
- Information on your practice
- Email capability with Care Managers

For more information, call your Provider Services representative at **1-866-638-1232**.

Behavioral health highlight: Metabolic Syndrome in members on antipsychotic medications

Metabolic Syndrome is a hot topic in the media as a leading health problem related to obesity. It raises the risk of heart disease, diabetes and stroke. At least three of the following five risk factors must be present for a diagnosis of Metabolic Syndrome:

- Large waistline
- High triglyceride level
- Low HDL cholesterol level
- High fasting blood sugar
- High blood pressure

Individuals who take antipsychotic medications, particularly second-generation antipsychotics, are at a significantly increased risk of Metabolic Syndrome. A high percentage of individuals with serious mental illness (SMI) have a sedentary lifestyle, poor nutrition habits, and tobacco use. This puts them at even higher risk of serious physical health problems. Preventive care is very important and both primary care providers and behavioral health specialists play a key role in this effort. You can:

- Screen these patients for risk factors at initial assessment and monitor throughout treatment
- Perform testing at a minimum of once a year to meet HEDIS requirements, and more frequently if clinically indicated
- Have a policy and procedure for the screening and monitoring of Metabolic Syndrome
- Send appointment reminders by phone

- Provide education materials explaining medication side effects and the need for regular monitoring
- Provide nutrition counseling
- Refer members to a case manager or nurse navigator who can link them to services and assist with scheduling and coordination of medical appointments

Both Aetna Better Health and the member's Behavioral Health Managed Care Organization provide case management services to assist members with SMI with intensive support needs. With careful monitoring and vigilant care coordination, we can reduce the risk of Metabolic Syndrome in members on antipsychotic medications.

Remember, there are mandatory HEDIS reporting requirements related to Metabolic Syndrome, including:

- **Diabetes screening** (HbA1c test) for individuals with schizophrenia or bipolar disorder who are using antipsychotic medications
- **Diabetes monitoring** (HbA1c and LDL-C Tests) for individuals with diabetes and schizophrenia
- **Cardiovascular monitoring** (LDL-C) for individuals with cardiovascular disease and schizophrenia

If you have questions, call us at **1-866-638-1232**.

Care management

You can refer your Aetna Better Health patients for care management services by calling **1-866-638-1232**. You can also contact the Aetna Better Health inpatient concurrent review nurse for patients in an inpatient facility.

There are multiple ways we consider members for care management services. Information sources include:

- Enrollment data from the state
- Predictive modeling tools
- Claim/ encounter information including pharmacy data if available
- Data collected through the utilization management processes
- Laboratory results
- Hospital or facility admissions and discharges
- Health risk appraisal tools

We may also use referrals from our health information or special needs line, members, caregivers, providers or practitioners to identify members appropriate for care management and stratification levels for case managed members.

Disease Management

You can help your Aetna Better Health patients better manage their disease by enrolling them in one of our disease management programs. Just refer your patient by calling **1-866-638-1232** and asking for Disease Management.

We offer disease management programs to members with specific medical conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD) Congestive heart failure (CHF)
- Diabetes

Members don't have to enroll. We automatically enroll them when we identify them as having one of the conditions. We'll inform you of their participation and make sure that we work with you to reinforce their treatment plan. Our goal is to educate, support and prevent the disease from getting worse. We want to reduce hospitalization and high usage of healthcare resources by giving members the tools and resources they need to better manage their health.

For more information about the disease management programs, visit our website at www.aetnabetterhealth.com/pennsylvania.

New secure web portal coming soon!

On **August 25, 2014**, we'll have a new secure web portal that will replace the current web portal. The new web portal will have a set of core functions, like searching claims, members and authorizations. Although it'll look different, the capabilities will be the same.

In the upcoming days, you'll get more information that will guide you through the new portal registration process.

Clinical Practice Guidelines (CPG) available on our website

You can reference the following guidelines on our website:

- Clinical practice guidelines
- Clinical policy bulletins
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines including a periodicity schedule and instructions for proper billing
- Preventive health guidelines

Just visit www.aetnabetterhealth.com/pennsylvania. The guidelines are listed in the "For Providers" section on our website under "Guidelines."

You can find CPGs specifically for:

- ADHD
- Asthma
- Chronic Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression (Adults and Children)
- Diabetes

You can reference preventive health guidelines for:

- Adults
- Children
- Prenatal/postpartum populations
- Screening for domestic violence
- Hepatitis C
- HIV
- Vaccine recommendations for pregnant women from the CDC
- Prevention of tobacco use in children and adolescents

Alternate Eligibility Verification Options

Remember

You can use other alternatives to verify eligibility:

- Secure web portal
- State system EVS
- Electronic submission through Emdeon

2013 Provider Satisfaction Survey

The Provider Satisfaction Survey annually assesses how well we meet your expectations. The Myers Group (TMG), a National Committee for Quality Assurance (NCQA) certified survey vendor, conducted the survey from January 2014 to March 2014 using the following methodology:

- Two-wave mail
- Integrated Voice Recognition (IVR) reminder call
- Phone follow-up survey

They mailed the survey to 1500 participating primary care, specialty, and ancillary and hospital provider groups. They

collected 454 surveys, yielding a response rate of 10.3 percent via mail and 32.1 percent via the telephone data collection component.

We're pleased to announce that:

- 100 percent of the summary rates increased from 2012
- Overall satisfaction rate increased from 2012

The table below reflects the composites covered in the survey and summary rates. The top three summary rates represent the proportion of respondents who chose Excellent, Very Good or Good.

Composites/Attributes	Summary Rate Definition	2013 Top 3 Summary Rates		Aetna Top 3 Summary Rates 2012
		Aetna	All Other Plans	
Call Center/Member Services Staff	Excellent Very good or Good	66.4%	74.4%	58.1%
Provider Relations		69.0%	79.9%	67.1%
Continuity/Coordination of Care		80.8%	81.5%	77.8%
Network		70.8%	79.4%	69.5%
Utilization & Quality Management		73.2%	77.8%	69.2%
Finance Issues		74.2%	75.2%	62.5%
Aetna Better Health Overall Satisfaction and Loyalty			72.3%	NA
Recommend to other physicians	Definitely or Probably Yes	76.1%	NA	76.9%
Recommend to other patients		74.9%	NA	75.1%
Overall satisfaction	Very/Smwt Satisfied	65.9%	84.0%	63.3%

*NA means data for 2012 is not available for the Composite. Change in Overall Satisfaction and Loyalty composite is not comparable to All Other Plans because the recommendation questions are not asked of all other plans. Comparison data: TMG utilizes All Other Plans, which is data from providers that rate ABH PA versus all other health plans in which they participate.

We analyzed the 2013 results to identify opportunities for improvement in 2014. Areas of targeted focus for 2014 are provider relations, utilization and quality management and claims. We document our initiatives in an action plan and share via newsletters, provider forums and orientations throughout the year. To learn more about these initiatives, call Provider Relations at **1-866-638-1232**.

New vision benefit provider

As of **September 1, 2014**, Block Vision will provide vision benefits to Aetna Better Health members. This means that March Vision will no longer provide these benefits. We've notified members, telling them that their benefits won't change. We've encouraged them to search for their current vision provider to ensure that he or she participates with Block Vision. If not, members can choose a new eye doctor or choose a new health plan.

Members will get a new member ID card with the new eye care services phone number. Make sure they show their member ID card at time of service.

After **August 30, 2014** we'll only pay for services provided by a Block Vision doctor. If members see a March Vision doctor after that date, they may get a bill for the services.

Questions?

Call us at **1-866-638-1232**.



Changes for pain management services

MedSolutions pain management program

To support your patient care efforts, we chose MedSolutions Inc. (MSI) to provide utilization management for outpatient pain management services. Over the next several weeks, you'll receive more details about this new program.

The new change means that effective for dates of service **October 1, 2014** and after, pain management procedures will require prior authorization from MSI for Aetna Better Health members. You should request coverage beforehand so that the authorization is in place for **October 1, 2014**.

Submit prior authorization requests

It's easy to submit these requests. You can submit your request via:

- Secure internet web portal (preferred)
- Toll-free telephone
- Toll-free fax

Procedures performed with an inpatient stay or emergency room visit are not subject to prior notification requirements. Also, we'll honor any authorization made ten or more days prior to the effective date for a date of service on or after the effective date.

We're here to help

Visit our website at www.aetnabetterhealth.com/pennsylvania for a list of clinical practice guidelines and clinical policy bulletins. You can find them under the Guidelines' section under "For Providers." Questions? Call your Provider Relations Representative at **1-866-638-1232**.

Formulary addition/deletion summary for October 2014

Therapeutic category	Drug	Dosage form and strength	Formulary therapeutic recommendation	Formulary alternatives
INHALED CORTICOSTEROIDS	<i>Advair</i>	powder	DELETE	Duelera, Symbicort
INHALED CORTICOSTEROIDS	<i>Duelra</i>	powder	ADD	N/A
DIABETIC SUPPLIES	<i>Accucheck</i>	test strips	DELETE	One touch
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS	<i>Afinitor</i>	tab	DELETE	