ABH-WV Medicaid Provider Workshops

Aetna Better Health of WV will be hosting provider workshops across the State during the month of June. (See dates listed on page 2). All providers who see ABH-WV members are encouraged to attend. Representatives from multiple departments within ABH-WV will be in attendance, including Provider Relations, Member Services, Prior Authorization, Case Management, Special Investigations Unit (SIU) and Appeals. During the workshops, each area will present topics that will assist providers in verifying benefits, obtaining authorization(s), billing claim(s) and filing requests for claim reconsideration(s) and appeal(s).

Please RSVP by email to ABH_WV_ProviderRelations@aetna.com or by Fax to 866-810-8476 and include the office name, number of people planning to attend and which session you will be attending.

If you have specific topics that you would like us to address at the workshops, please include them with your RSVP.

Breakfast will be provided. Registration opens at 8 a.m. and the presentation will begin promptly at 9 a.m.

Stay Informed on the Web

Visit us online to view a copy of your Provider Manual as well as information on the following items:

- How our Quality Management program can help you and our members. We integrate quality management and metrics into all that we do.
- Learn about our Complex Case Management Program and how to refer our members.
- Members’ Rights and Responsibilities.
- What Utilization Management is and how decisions are made.

You can access these materials here: https://www.aetnabetterhealth.com/west virginia/providers/
RSVP to the ABH-WV MEDICAID Provider Workshops by:

Email: ABH_WV_ProviderRelations@Aetna.com, or by
Fax: 866-810-8476

INCLUDE IN YOUR RSVP your office name, the number of people planning to attend from your office, and what session you will be attending.

Don’t forget to notify your Provider Relation Reps when:
♦ providers leave your practice
♦ providers are added to the practice
♦ address, phone and fax changes

Providers being added MUST be credentialed before seeing our members. (DO NOT SCHEDULE OUR MEMBERS WITH UNCREDENIALED PROVIDERS);

Disputed Claims—Corrected Claims—Reconsideration Claims

Disputes (timely filing is within 90 days of Remittance date)
*Claim payment or denial based on fee schedule or contractual issue
*Claim payment or denial based on a coding issue
*Fill out Resubmission-Dispute Form and submit to your Provider Relations Representative

Corrected Claims (timely filing is within 90 days of Remittance date)
*Newly added modifier
*Code changes
*Any change to the original claim
*Mark at top of claim form “CORRECTED CLAIM”
*Fill out Resubmission-Dispute Form and submit to P.O. Box 67450, PHOENIX, AZ 85082-7450 address (NOT THE HEALTH PLAN IN CHARLESTON, WV—they will be shredded and destroyed if sent to the Health Plan)

Reconsiderations (timely filing is within 90 days of Remittance date)
*Claims that denied for more information, i.e. itemized invoice, medical records, coordination of benefits, etc.
*Claims denied as duplicate claim—provide documentation as to why the claim or service was not a duplicate such as medical records showing two services were performed
*Fill out Resubmission-Dispute Form and submit to P.O. Box 67450, PHOENIX, AZ 85082-7450 address (NOT THE HEALTH PLAN IN CHARLESTON, WV—they will be shredded and destroyed if sent to the Health Plan)

Appeals
NON-PAR Providers DO NOT HAVE APPEAL RIGHTS. Non-Par Providers can dispute, correct, resubmit claims for reconsideration, but they cannot Appeal claims. Non-Par Providers should not send anything to the Appeals Department.

Paper Claims
ALL paper claims should be sent to P.O. Box 67450, Phoenix, AZ 85082-7450. NO PAPER CLAIMS SHOULD BE SENT TO THE HEALTH PLAN Charleston, WV, address.
## Central-Northern WV
- Barbour
- Braxton
- Brooke
- Doddridge
- Gilmer
- Hancock
- Harrison
- Lewis
- Marion
- Marshall
- Monongalia
- Ohio
- Pleasants
- Ritchie
- Taylor
- Tyler
- Upshur
- Wetzel

**Lisa Sentich**  
304-234-3486  
SentichL@aetna.com

## Western WV
- Boone
- Cabell
- Calhoun
- Clay
- Jackson
- Lincoln
- Mason
- Putnam
- Roane
- Wayne
- Wirt
- Wood

**Alana Hoover**  
304-348-2014  
HooverA@aetna.com

## Eastern WV & Kanawha County
- Berkeley
- Grant
- Hampshire
- Hardy
- Jefferson
- Kanawha
- Mineral
- Morgan
- Pendleton
- Preston
- Randolph
- Tucker

**Melea Jones**  
304-348-2931  
JonesM22@aetna.com

## Southern WV
- Fayette
- Greenbrier
- Logan
- Mercer
- McDowell
- Mingo
- Monroe
- Nicholas
- Pocahontas
- Raleigh
- Summers
- Webster
- Wyoming

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Pregnancy Risk Screening Instrument (PRSI)

Providers that submit a Pregnancy Risk Screening Instrument (PRSI) form for Aetna Better Health of WV members are eligible to receive a **$20 incentive payment** for qualified forms. To be eligible for the incentive, all Aetna better Health of WV PRSI forms must be sent to the Case Management Coordinator within sixty (60) days from the first prenatal appointment. Providers will receive reimbursement payments at the end of each quarter for qualifying forms only.

A copy of the form is located at the website below:


All forms received will be forwarded to the State but **must** be faxed to the contact number below in order to be eligible to receive the incentive:

844-330-1001

**ELIGIBLE FORMS MUST HAVE THE FOLLOWING CRITERIA:**

- Eligible Aetna Better Health of WV member on or after 03/15/2015
- Aetna Better Health of WV members only. If member has another primary insurance, they do not qualify.
- W-9 form on file
- Must list all of the member’s available contact information
- Entire form must be completed
Aetna Better Health of West Virginia encourages and supports collaboration between PCP’s and Behavioral Health Practitioners. It is common for medical presentations to include significant psychological comorbidity. Psychological issues are often found to be part of sleeping problems, headaches or gastrointestinal problems, as well as complex chronic medical conditions such as diabetes, cardiac conditions or pain. Conversely, depression is a risk factor for developing medical conditions such as cardiovascular disease. The cost of untreated or inadequately treated behavioral health problems include lack of medical improvement and decreased compliance with medical treatment.

Even a greater need for collaboration..............

According to recent data from the CDC, prescription opiates and heroin killed more than 33,000 people in 2015. Nearly half of deaths were from prescription opiates. West Virginia was the leader in overdose deaths at a rate of 41.5 per 100,000. West Virginia was followed by New Hampshire, Kentucky, Ohio, and Rhode Island ranging from 34.3 to 28.2 deaths per 100,000. In 2016, the number of deaths in West Virginia increased again from 725 in the previous year to 818. Long term opiate use and abuse often starts from the treatment of acute pain with prescription opiates. CDC data released in March 2017 indicated that even prescribing an opiate for a short period of time often leads to long term use with noted thresholds beginning at 5 days and 30 days. Those started on a long acting opiate or Tramadol had the highest rate of long term usage.

The take home from the study was that for every day of medication the patient is prescribed, the risk of being on an opiate long term increases, even if only given a one week supply. The risk for prolonged use needs to be considered and discussed early on with the patient and explore all treatment options before that first prescription is written. Equally important is having knowledge of the member’s behavioral health history before prescribing an opiate or other controlled medication.

Our Case Management staff facilitate collaboration between disciplines as well as support your efforts in improving health outcomes for our members. Case Managers work closely with members on coordinating their care and encourage members to sign releases in order that health care practitioners can communicate. When health care practitioners collaborate on a member’s treatment plan—health outcomes improve!

If you are interested in learning more about case management services, please call 304-348-2922.
PRIOR AUTHORIZATION TIP:
For Non-Emergent authorizations, Utilization Review has seven (7) calendar days to provide a determination.
SO PLEASE GET THOSE REQUESTS IN EARLY!!!

Case Management
Members with complex healthcare needs often need extra help understanding their choices and benefits. They also need support navigating the community resources and services available to them.

Our Intensive Case Management Program is a collaborative process which involves the member, their providers and the Case Manager at ABH-WV. We aim to produce better health outcomes while efficiently managing our members’ healthcare. Please call us at 1-888-348-2922 or fax us at 844-330-1001 to refer your patients to our Case Management team.

Chronic Conditions
Does your Aetna Better Health of WV patient have diabetes, CAD, asthma, depression, COPD or CHF? We can help! As you know education and self-management are important to help manage these chronic conditions. Our members who identified with one or more of these diagnoses will receive educational mailings. In addition, if the member is high risk, an outreach call will be completed by our trained staff. A face to face visit may also be offered and completed to further the member’s understanding of helping to manage their illness.

We utilize a biopsychosocial model to encompass all aspects of the members care. We will assist in coordinating support, assisting to solve social barriers, provide access to community resources and help to navigate benefits. We will also aid in assisting on any other referrals the member may need.

If one of your patients has one of the above chronic conditions, call us at 888-348-2922 or Fax us at 844-330-1001.

NEW Specialty Pharmacy Network
Effective April 1, 2017, Aetna Better Health of WV implemented a new Specialty Pharmacy Network. All drugs on the Specialty Drug list must be obtained from one of these four (4) providers:
• Elwyn Pharmacy
• Medical Center Specialty Pharmacy
• Marshall Pharmacy
• CVS Specialty Pharmacy

CVS will be offering enhanced services to members who chose them as their Specialty Pharmacy.

• Specialized areas within CVS
• Offers a clinical assessment
• Education and support
• Shipment of Specialty Drugs to home, work place, Practitioner’s office, etc.
• Outreach for the reordering process via email and text
• 24/7 digital access
• Management of ALL pharmacy needs
What is fraud, waste and abuse (FWA)?


**Fraud** typically includes any of the following:
- Knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to obtain a Federal health care payment for which no entitlement would otherwise exist
- Knowingly soliciting, receiving, offering, and/or paying remuneration to induce or reward referrals for items or services reimbursed by Federal health care programs
- Making prohibited referrals for certain designated health services

Fraud is an intentional act, deception or misrepresentation. These include any act that constitutes fraud under applicable Federal or WV law.

Federal laws governing fraud, waste and abuse include all of the following:
- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act
- United States Criminal Code
  - Criminal Health Care fraud statute
- Additional Medicare Fraud and Abuse Penalties
  - Exclusions
  - Civil monetary penalties

What is abuse?

Abuse describes practices that, either directly or indirectly, result in unnecessary costs. Abuse includes any practice not consistent with providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

Examples of abuse include:
- Billing for unnecessary medical services
- Charging excessively for services or supplies
- Misusing codes on a claim, such as upcoding or unbundling codes

Abuse can also expose providers to criminal and civil liability.

Simply, **abuse** is provider activities or actions that are inconsistent with sound fiscal, business or medical practices. These activities or action result in unnecessary cost or reimbursement for services that were not medically necessary or failed to meet professionally recognized standards for Health Care. This can also include member practices that result in unnecessary cost to the health insurance program.

What is waste?

According to the same CMS presentation, waste is the provision of services based on inefficiencies within a practice or processes within a practice that will lead to wasteful service provision to members.

Waste means over-utilization of services, or practices that result in unnecessary costs. (Magellan)

Waste also refers to useless consumption or expenditure without adequate return, or an act or instance of wasting. (magellaofpa.com. FWA for Providers, 2017)

Basically, **waste** is less than fraud and abuse. It involves practices that are not cost efficient such as ordering medical services or supplies beyond a member’s needs.