

Provider newsletter

Fall 2018



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Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, we will be reinstating our review of urgent/emergent claims in accordance with the prudent layperson definition of emergency medical condition.

Effective for dates of service beginning **10/01/2018**:

Policy

Emergent ER visits need to be billed with the appropriate ICD-10 diagnosis code or the claim will be denied.

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Aetna Better Health® of Florida

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Clinical Payment, Coding and Policy Changes

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If your claim was denied for lack of documentation you may resubmit the claim with required supporting records to:

Aetna Better Health of Florida
PO BOX 63578
Phoenix, AZ 85082-1925
Payer ID 128FL

Claims submitted with medical records will **pend** to our Edit Team who will review based on prudent layperson and guidelines we establish with the health plan Medical Director. Claims that do not meet the guidelines will be denied.

Hospice Guidelines Medicaid and LTC Services

Level of Care Revenue Codes & Definitions

Payment for hospice services is made to the designated hospice provider using the CMS annually published Medicaid hospice rates that are effective from October 1 of each year through Sept 30 of the following year. Medicaid reimbursement for hospice care will be made at predetermined rates for each day the patient receives care under one of the following levels of hospice care depending on the type and intensity of the services furnished to the patient for that day.

For continuous home care, the amount of payment is determined based on an hourly rate. For the other categories, the amount of payment is applicable for the category based on a daily rate.

There are four levels of care into which each day of care is classified:

0651 - Routine Home Care (Daily rate) - Hospice services at home, place of residence/home-like setting. Can be a nursing home, assisted living facility, or hospice residential facility.

Routine Home Care is two levels based on the length of time the recipient is in hospice care on a cumulative basis without a 60-day break in stay. If

readmission occurs after 60 days, the calculation starts over.

- Routine High is 0 to 60 days
- Routine Low is 61+ days

0652 - Continuous Home Care (Hourly rate)

- Skilled nursing services that are provided in the patient's place of residence to help during a crisis period.

0655 - Respite Care (Daily rate) - Service provided in a facility (hospital, nursing facility, or hospice freestanding inpatient facility) and is designed to give caregivers a rest up to 5 days and nights at a time.

0656 - Inpatient Care (Daily rate) - Care provided in a facility (hospital, nursing facility, or hospice freestanding inpatient facility) for symptoms or a crisis that cannot be managed in the patient's residence. Inpatient care is provided for a limited period of time, as determined by the physician and the hospice team.

Preauthorization is required for all Hospice services.

You can find this, plus additional information, on our website at: aetnabetterhealth.com/florida/providers/library



Access to Care and Service Standards

Providers shall offer appointments and access to members within the following guidelines:

Primary Care Physicians

Aetna Better Health of Florida established standards for member access to primary care services are included in the participation criteria that are a part of each participating physician contract. Each primary care practitioner is required to have appointment availability within the following timeframes:

- Emergency care: immediately
- Routine care for members who do not require emergency or urgent care: within 7 calendar days of member's request
- Routine physical exam: within 4 weeks of member's request

- Urgently needed care: within 24 hours
- Follow-up care: as medically appropriate

In addition, all participating primary care physicians must have a reliable 24-hour-a-day, 7-day-a-week answering service or paging system. A recorded message or answering service that refers members to the emergency room is not acceptable.

PCPs are responsible for coordinating and managing the health care of their assigned members. PCPs provide primary care services to all their patients and coordinate all other covered services, including specialist services defined as those covered services generally provided by specialist physicians in their respective fields of training and experience.

Overpayment Recovery

If an overpayment is made to any provider, the provider is required to return the overpayment to Aetna within 60 calendar days after the date in which the overpayment was identified. Payment must be returned to the address below, along with written notice explaining the reason for the return of payment. If Aetna identifies that a claim is overpaid, the Provider will receive a letter via U.S. mail from Aetna requesting the return of monies paid in error in accordance with Florida statute.

Providers are able to access and view their overpayment recovery detail through our secure portal at **aetnabetterhealth-florida.aetna.com**

under the "Tasks' section." If there are any questions about the information in the notice on the website or concerns about an explanation of payment entry for a negative amount, please contact our Provider Relations Department at **FLMedicaidProviderRelations@aetna.com** or via mail to:

Aetna Better Health of Florida
Provider Finance Department
4500 E Cotton Center Blvd
Phoenix, AZ 85040



The 3 P's of flu prevention

Even in a relatively mild season, the flu results in numerous hospitalizations, emergency and office visits, and missed school and work. Over the past 35 years, annual flu-related deaths have reached as high as 50,000 in a single season. Healthy kids and adults may be far less likely to suffer the more catastrophic consequences of the flu. However, it poses a risk to the very young, old and chronically ill in our households, schools and workplaces.

As health care professionals, we play a pivotal role in lessening the burden of flu-related suffering. With flu season rapidly approaching, it's time to think about the three P's: Prepare, Prod and Prevent.

Prepare:

- Become knowledgeable about current ACIP recommendations for this winter: www.cdc.gov/flu/professionals/acip
- Order your vaccine stock early.
- If possible, create a separate nurse appointment list for patients only seeking flu and pneumonia vaccines. Allow nurses to administer these vaccines without a doctor visit.
- Create a list of alternative sites where flu and pneumonia vaccines are available for your patients (i.e. retail clinics in drug stores, supermarkets and other local options).

- Review current testing and treatment recommendations: www.cdc.gov/flu/professionals/diagnosiswww.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Prod:

- Include a flu prevention statement in every patient contact. You can suggest your office staff end every phone conversation with, "Just a reminder, we have flu shots available and strongly encourage that you protect yourself and your family."
- Display flu prevention material prominently in your office and waiting area
- Set an example by being the first in your office to be vaccinated. See that your office/practice achieves 100 percent immunization of staff and family members as soon as possible.
- Identify and actively reach out to high-risk patients.

Prevent:

- Use every patient encounter as an opportunity to immunize (i.e. wellness exams, sports physicals, acute and chronic illness follow-up visits).
- Emphasize to patients the importance of basic infection-control measures (thorough and frequent hand-washing).
- Check to be sure children under five years old and eligible adults have received their pneumonia shots (pneumonia is the leading cause of flu-related deaths).





Claims inquiry/claims research team

Our claims inquiry/claims research team (CICR) will assist you with all claims issues, including:

- Appeals/Reconsiderations
- Billing and coding clarification
- Check tracers
- Coordination of benefits (COB) concerns
- Data entry errors
- Claim denials
- Eligibility issues
- Incorrect claim payment

- Pay-to issues
- Prior authorization
- Remittance Advice/Negative Remits
- Claim status
- System issues
- Voided claim issues

To reach our Claims inquiry/claims research team, please contact Aetna Better Health of Florida by calling **1-800-441-5501** for Medicaid and **1-844-528-5815** for Florida Healthy Kids.

Has your information changed?

Aetna Better Health of Florida is committed to having the most accurate and up-to-date information in our system for you and your group. Please contact our Provider Relations Department with updates to your phone or fax numbers, physical or mailing address, and to add your email address to our system.

For updates or changes to your demographic information, contact our Aetna Better Health of Florida Provider Relations by calling **1-800-441-5501** for Medicaid or **1-844-528-5815** for Florida Healthy Kids, or send your update via email at **FLMedicaidProviderRelations@aetna.com**.

Office hours of operation parity

The State of Florida requires us to ensure that network practitioners offer hours of operation that are no less (in number of scope) than the hours of operation offered to non-Medicaid members. As a contracted Medicaid Managed Care Organization, Aetna Better Health of Florida also adheres to these requirements.

NCQA reviews Aetna Better Health of Florida's practitioner materials such as contract templates, the practitioner manual and practitioner newsletters for language that the practitioner's hours of operation are not less for Medicaid patients than for non-Medicaid patients.

Aetna Better Health Mobile App

Our members can get on demand access to tools they need to stay healthy with the Aetna Better Health Mobile Application. Members can find a doctor, view or request a Member ID card, change their Primary Care Physician (PCP), see their medical and pharmacy claims, view the member handbook, send us secure messages and more at any time, from anywhere.

The mobile app uses the same login ID and password as our website's secure Member Portal. There's no cost for the app and it's easy to use. Members can download the app to their smart phone or tablet from the **Apple App Store** or **Google Play Store**.

Member portal

To assist our members with getting the most out of their health plan, we offer our personalized health information Member portal. Members can access their information by signing up for our personalized, secure member website. The site can be used to manage their plan benefits and assist them with meeting their health goals.

The site lets them:

- Change their primary care provider (PCP)
- Update contact information
- Find forms or get new member ID cards
- View personal health history
- Track health goals
- See the status claims

Nurse Line

Aetna Better Health of Florida offers our members access to a nurse 7 days a week, 24 hours a day to answer their health care questions at **1-800-441-5501** for **Medicaid** and **1-844-528-5815** for Florida Healthy Kids. The nurse line does not take the place of you as their PCP. Change the highlighted part to: But, if it's after hours or late at night, the nurses can help them decide what to do. The nurses can also give them helpful hints on how to help them feel better and stay healthy.

Member rights and responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. You can request a copy of it from your doctor or from Member Services.

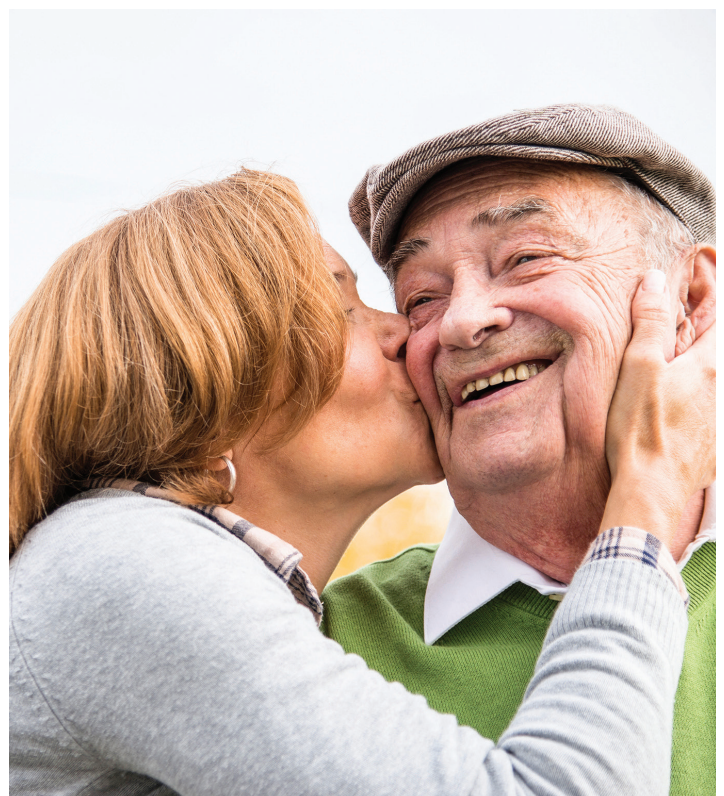
Rights:

- You have the right to be treated with courtesy and respect
- You have the right to have your privacy protected
- You have the right to a response to questions and requests
- You have the right to know who is providing services to you
- You have the right to know the services that are available, including an interpreter if you don't speak English
- You have the right to know the rules and regulations about your conduct
- You have the right to be given information about your health
- You have the right to refuse any treatment, except as otherwise provided by law
- You have the right to get service from out-of-network providers
- You have the right to get family planning services without prior authorization
- You have the right to be given information and counseling on the financial resources for your care
- You have the right to know if the provider or facility accepts the assignment rate
- You have the right to receive an estimate of charges for your care
- You have the right to receive a bill and to have the charges explained
- You have the right to be treated regardless of race, national origin, religion, handicap, or source of payment
- You have the right to be treated in an emergency
- You have the right to participate in experimental research
- You have the right to file a grievance if you think your rights have been violated
- You have the right to information about our doctors
- You have the right to be treated with respect and with due consideration for your dignity and privacy
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment

- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- You have the right to request and receive a copy of your medical records and request that they be amended or corrected
- You have the right to be furnished health care services in accordance with federal and state regulations
- You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat you

Responsibilities

- You should provide accurate and complete information about your health
- You should report unexpected changes in your condition
- You should report that you understand your care and what is expected of you
- You should follow the treatment plan recommended
- You should keep appointments
- You should follow your doctor's instructions
- You should make sure your health care bills are paid
- You should follow health care facility rules and regulations



Keeping directory information up-to-date

Help us keep your practice information updated in the directory. Having a correct listing is a prerequisite for proper handling of your claims and is important in ensuring uninterrupted care for our members. The following elements are critical to the accuracy of your listing:

- Street address
- Phone number
- TTY number
- Website
- Email address
- Languages spoken
- Board certified
- Ability to accept new patients
- Ages of patients seen

- Hospital affiliations
- Handicap accommodations - parking, restroom, exam room and equipment
- Close to public transportation
- Office hours
- Special training like Cultural Competency

If you have any changes/updates let us know:

Mail us: Aetna Better Health of Florida - Network
Operations
1340 Concord Terrace
Sunrise, FL 33323
Call us: **1-800-441-5501**
Fax us: **1-844-235-1340**
Email us: **FLMedicaidProviderRelations@aetna.com**

Second Opinions

A member may request a second opinion from a provider within our network. Providers should refer the member to another network provider within an applicable specialty for the second opinion. Please note that there are no timeframes for referrals. If

an Aetna Better Health of Florida provider is not available, Aetna Better Health will help the member get a second opinion from a nonparticipating provider at no cost to the member.

Change your life for the better

We understand that everyone has different needs. No matter how old or young we are, we can always change our life for the better. But, the rest is really up to us. This is why we want to work with our members to help them reach their health goals by offering information to help them stay healthy.

Trying to quit smoking? We have tips and programs for them. Looking to eat better or start exercising? We're here to motivate them. They have access to resources, libraries and tools.

We want them to feel that they can take charge of their own health. We're here to help them make the healthcare decisions that are right for them. Together, we're a team!

Our members can access this healthy living information by visiting the Health & Wellness section of our website at aetnabetterhealth.com/florida/wellness/healthy. Here our members can access information on:

- Choose my plate (Health eating support)
- Heart-healthy ideas (Healthy recipes)
- Health podcasts (Health living podcasts)
- Healthy weight (Improvement tips for staying active and eating healthy)
- Quit smoking (Smoking cessation support)
- Krames Online (Educational materials for members)
- Medline (Health information for members)

Reminder on balance billing

Are you preparing to bill a Medicaid and/or Florida Healthy Kids member?

If so, please remember the following: **Medicaid: 42 C.F.R. § 447.15** means Acceptance of State payment as payment in full.

This means that a provider is not to bill the difference between the amount paid by Aetna Better Health of Florida and the provider's customary charge to your patient, your patient's family or a power of attorney for your patient. Balance billing for Medicaid services is a violation of your provider contract.

Florida Healthy Kids (FHK) prohibits balance billing to FHK members. You may only seek reimbursement from a FHK managed care organization for a covered service provided to a FHK member. You may not seek reimbursement or attempt to obtain payment directly from a FHK member, the FHK member's family, or the FHK member's guardian for a covered service. Eligible providers must agree that payment received for covered services will be accepted as payment in full and must agree that they won't bill the member or the member's guardian for any remaining balance for covered services rendered.

This applies to all covered services provided to a Medicaid/FHK member, including emergency services provided by an out of network provider.

This does not apply to:

- Authorized copayments
- A covered service of Medicaid/FHK with a capped benefit level, once the Medicaid/FHK member exceeds the benefit cap
- Unauthorized out of network services
- Services that are not covered services under Medicaid/FHK

In addition, providers may not bill or take other recourse against the Medicaid/FHK member, the Medicaid/FHK member's family, or the Medicaid/FHK member's guardian for claims denied as a result of error attributed to the provider or claims processing entity. This rule applies to providers that participate in Aetna Better Health of Florida's network and out of network providers. One of the highest volumes of member complaints is balance billing issues.

Aetna Better Health of Florida's member advocates have to contact the billing provider's business office to resolve the issue and zero balance the member. Many of these issues are sent to a collection agency, which requires an additional discussion with your office. In effect, this becomes a non-issue but countless hours are spent on resolution.

We will continue to resolve balance billing issues as received. However, we want to provide this gentle reminder for your reference when preparing bills for Medicaid/FHK members.



Quick reference guide

Effective November 1, 2018

Health plan main office	Provider & member services phone numbers
1340 Concord Terrace Sunrise, FL 33323	MMA 1-800-441-5501 LTC 1-844-645-7371 FHK 1-844-528-5815
Hours of operation	Provider & member services fax numbers
Monday through Friday 8 a.m. to 7 p.m. EST	Provider services fax: 1-844-235-1340 Member services fax: 1-877-542-6958
Claims/billing address	To file a provider appeal
Aetna Better Health of Florida P.O. Box 63578 Phoenix, AZ 85082-1925	Aetna Better Health of Florida Attn: Medicaid Appeals Coordinator 1340 Concord Terrace Sunrise, FL 33323
Claims payer ID for EDI	Real time payer ID
128FL	ABHFL
Claim timely filing – initial & corrected claims	Claims inquiry / claims research (CICR)
180 days from date of service or date of discharge	MMA 1-800-441-5501 option 5, 5, 3 FHK 1-844-528-5815 option 5, 4, 3
Fraud & abuse hotline	Nurse line
1-888-891-8910	MMA 1-800-441-5501 FHK 1-844-528-5815
Provider services email address	CVS mail order phone number
FLMedicaidProviderRelations@aetna.com	1-855-271-6603
Pharmacy helpdesk number	Web portal
1-866-693-4445	aetnabetterhealth-florida.aetna.com
Prior authorization phone numbers	Prior authorization fax numbers
MMA 1-800-441-5501 LTC 1-844-645-7371	MMA, LTC, FHK (general services) Fax: 1-860-607-8056 Obstetrics fax: 1-860-607-8726 Pharmacy fax: 1-855-799-2554
Vendor phone numbers	
Beacon/PsychCare Behavioral Health 1-866-510-0797 eviCore (radiology, pain management, cardio) 1-888-693-3211 Eviti Connect Oncology (MMA only) 1-888-482-8057 (option 2) HearUSA Hearing 1-800-442-8231 (option 2)	iCare Vision 1-866-770-8170 Logisticare Transportation (MMA & LTC only) Reservations: 1-866-799-4463 Ride Assist (Where's My Ride) 1-866-799-4464