

Provider newsletter

Summer 2019



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Follow national guidelines for coding and documenting evaluation and management services

Aetna is committed to correct coding and the implementation of programs that result in fair, widely recognized and transparent payment policies. Evaluation and management (E&M) coding is an area that the Centers for Medicare & Medicaid Services (CMS) has identified as having significant error rates.

Make sure you are following national guidelines when you are coding and documenting E&M services. Both CMS and the American Medical Association (AMA) have guidelines that provide specific requirements for new and established patient office visits and consultations. These guidelines include:

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Follow national guidelines for coding and documenting evaluation and management services *Continued from page 1*

- The medical record should clearly reflect the chief complaint.
- Review of Systems and Past, Family, and/or Social History can be a form which may be updated. The provider must refer to the earlier encounter by date.
- A notation of “exam normal” or “exam negative” is insufficient documentation.
- Generally, decision making with respect to a diagnosed problem is easier than that for an identified, undiagnosed problem.
- Problems which are improving or resolving are less complex than those which are worsening or failing to change as expected.
- The number and type of diagnostic tests employed may be an indicator of the number of possible diagnoses.
- The assessment of risk of the presenting problems is based on the risk related to the disease process anticipated between the present encounter and the next one.

According to the CMS guidelines*, “Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.” The CPT and ICD codes reported on the health insurance claim form should be supported by the documentation in the medical record.

Make sure your office is carefully documenting and coding services rendered by following CMS and AMA guidelines. More information is available in the [*CMS Evaluation and Management Services Guide*](#).

* CMS Internet Only Manuals, Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.1. Retrieved July 1, 2015 from <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

Payment Policy editing for evaluation and management services

Aetna has implemented an enhancement to our payment policy editing processes. We are reviewing select claims for evaluation and management services to better ensure payments are aligned with national industry coding standards. The Centers for Medicare & Medicaid Services (CMS) has documented that Evaluation & Management (E&M) services are among the most likely services to be incorrectly coded. To avoid receiving payment policy edits on your E&M services, Aetna recommends that physicians carefully document and code each service rendered according to national guidelines. Physicians identified for E&M payment policy editing will receive a letter explaining the process.

A recommended resource is the [*CMS Evaluation and Management Services Guide*](#).

Self-service is here

Now you can get the information you need - anytime you need it.

Interactive voice technology (IVR) is here. With IVR self-service, you now have 24/7 access to information you need for your patients with Aetna Better Health of Florida like:

- Eligibility
- Claim status
- Benefit information

No limits to eligibility inquiries

In the past, you may have had limits to a certain number of eligibility inquiries. Now you have no

limits, so it will be faster and easier to get the information you need.

No need to wait in queue

In a hurry? No need to speak with a representative or wait in queue. You can do it all with self service.

No trouble connecting with a real person

Now you have the information you need at your fingertips, faster and easier than before. And don't worry. You can still talk with a real person when you need to. Questions? We're here to help. Just call your provider relations representative at **1-800-441-5501** to learn more.

Maintaining Current Addresses

The Agency for Health Care Administration, Bureau of Medicaid Program Integrity (MPI) routinely conducts record requests and other investigation or audit requests through mail or in-person/on-site visits. Whenever MPI contacts a Medicaid provider the contact information, as provided to Medicaid at the time of enrollment or as amended is used.

The Medicaid provider file houses four types of addresses: service, pay-to, mail-to/correspondence, and home/corporate office. MPI uses the provider's mail-to address for mailing requests and the service address is used for conducting on-site visits.

Providers who are not found at their address of record, or for whom mail is returned as undeliverable, are placed on a payment restriction. However, due to the correspondence being undeliverable, the provider will often not know the basis for the restriction. Ultimately an incorrect address on the provider file can lead to termination of their provider ID.

Providers are required by the Provider General Handbook, promulgated into Florida Administrative Rule by reference, to update their address information with Medicaid. (See page 2-49 in the Handbook.) If a provider discovers that they have failed to update their contact information, such as the service address, mail-to/correspondence address, or telephone number, they should do so immediately to avoid potential adverse consequences as noted above.

Fully Enrolled or Limited Enrolled Medicaid providers can verify their addresses of record and make updates online by logging into the secure Florida Medicaid [Web Portal](#) (Portal) and selecting demographic maintenance.

Registered Providers can verify their addresses of record by calling the Medicaid Provider Enrollment

Call Center at **1-800-289-7799** and selecting Option 4. Registered providers must submit address changes to:

Florida Medicaid Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

The change of address request must include the provider's Medicaid ID, the address type, and the updated address. (NOTE: Post Office Boxes or mail drop stores are not accepted as service addresses.)

Providers are also required to report changes in records custodians to Medicaid. Fully Enrolled or Limited Enrolled Medicaid providers can upload written requests to change custodian information by logging into the secure Florida Medicaid [Web Portal](#) (Portal) and selecting Trade Files. Custodians must be individuals and not entities.

Requests to remove custodians must include the provider's Medicaid ID, the full name of the custodian to remove, along with the date they left the position. Requests to add new custodians must include the provider's Medicaid ID, the custodian's full name, Social Security number, date of birth, and home address, the date they started, and whether they are the financial custodian, medical custodian, or both.

New custodians must submit to background screening. Information on background screening is available on the Medicaid Public [Web Portal](#) under Provider Services by selecting Background Screening.

Providers are strongly encouraged to frequently check the [Web Portal](#) for provider alerts and announcements regarding requirements on reporting changes to information on provider files.

Accessing our drug formulary

You can gain access to the Aetna Better Health of Florida formularies by visiting our website at aetnabetterhealth.com/florida. This can be found under the "For Providers" tab, "Pharmacy" and "Formulary/ Preferred Drug List" areas. This will then lead you to access the Florida Medicaid Preferred Drug List (PDL) and/or the Florida Healthy Kids Formulary Search Tool and formulary document.

Please note the formulary can change at any time. This is due to the ever changing world

of medicine. You can find the list of formulary changes on our website under the "For Providers" tab, "Pharmacy" then click on the "Preferred Drug List & Formulary Updates" tab.

If you have any questions in regards to the formulary please feel free to contact us at the toll free numbers below or visit our website.

- Medicaid Provider Relations: **1-800-441-5501**
- Florida Healthy Kids Provider Relations: **1-844-528-5815**

Provider incentive/reward restrictions of care

We do not use incentives to reward restrictions of care. Utilization management decision making is based only on appropriateness of care and service and existence of coverage. Aetna does not specifically reward practitioners or other individuals for issuing denials of coverage or service, care.

Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.

No reviewing physician may perform a review on one of his/her patients, or cases in which the reviewing physician has a proprietary financial interest in the site providing care.

Interpreter and Translation Services

Providers are required to identify the language needs of members and to provide oral translation, oral interpretation, and sign language services to members. To assist providers with this, Aetna Better Health of Florida makes its telephonic language interpretation service available to providers to facilitate member interactions. These services are free to the member and provider. However, if the provider chooses to use another resource for interpretation services other than those provided by the health plan, the provider is financially responsible for associated costs.

For more information, please refer to the "Health Literacy" section in your Aetna Better Health provider manual. To request interpreter and translation services, please call **1-800-441-5501**.

Provider Credentialing

Aetna Better Health of Florida prides itself on offering qualified providers to our members by ensuring that all network providers meet our rigorous criteria for participation. Florida Medicaid, Healthy Kids and Long Term Care have to undergo a separate credentialing process than the Aetna Commercial and Medicare products. If you have a provider new to Florida Medicaid, Healthy Kids and Long Term Care, please contact our Provider Relations department or submit a Nomination Form (Medicaid or Healthy Kids providers) and a representative will contact you. For additional information regarding our credentialing process and to access the Nomination Form, please visit

our website at aetnabetterhealth.com/florida/providers/join-our-network/.

Please contact us by phone at:

- Medicaid at **1-800-441-5501**
- Long Term Care at **1-844-645-7371**
- Florida Healthy Kids at **1-844-528-5815**

Please contact us by email at:

- Credentialing inquiries:
FLMedicaidCredentialing@aetna.com
- General inquiries:
FLMedicaidProviderRelations@aetna.com

OB Notification Form

We have revised the OB Notification Form that is currently being utilized by our OB partners to notify the health plan of pregnant members. This form should be completed and faxed to the health plan after the first prenatal visit. Completion of the OB Notification is a requirement for our network OB providers and it is an essential tool for Aetna Better Health to provide needed support and services to our members. The form is available on our website aetnabetterhealth.com/florida.

Authorizations for normal and C-section deliveries:

Please remember to contact the health plan when you are scheduling a member for their delivery. Scheduled C-section deliveries require review by a Medical Director to ensure that the procedure is medically necessary.

Integrated Care Management

Aetna Better Health of Florida has Integrated Care Management services available to our pregnant members who are high risk or in need of CM assistance. Our clinicians coordinate services and provide patient education and support with a goal toward a healthy delivery. In addition, we offer a diaper delivery incentive to our members who complete their prenatal and post-partum visits. Members can be referred for Care Management by contacting the health plan at **1-800-441-5501** or sending a fax referral to our dedicated Care Management fax at **1-844-847-5979**.

Should you have questions, or require additional information please contact your Provider Relations Representative at **1-800-441-5501** (MMA/Comprehensive) or **1-844-528-5815** (Florida

Healthy Kids). You can also reach us via email **FLMedicaidProviderRelations@aetna.com** or fax **1-844-235-1340**.

Don't forget to notify your Provider Relations Representative when:

- Providers leave your practice
- Providers join your practice*
- Address, phone and/or fax numbers change
- A Taxpayer Identification Number (TIN) change

*Providers joining your practice **MUST** be credentialed before seeing our members. **(DO NOT SCHEDULE OUR MEMBERS WITH UNCREDENTIALLED PROVIDERS)**

Behavioral Health Corner

Early Detection is Key to Suicide Prevention

In 2010, suicide became the second leading cause of death among young adults and children 10-24 years of age. Early identification of patients at risk for suicide is the first step in prevention. Patients at risk are often not recognized in healthcare settings. Many patients who die by suicide have had contact with a healthcare setting within the 90 days prior to their death. Emergency departments, medical hospital admissions and primary care settings are promising settings for screening patients at risk for suicide.

The NIH National Institute of Mental Health (NIMH) has developed and validated* a 4 question suicide screen called Ask Suicide Screening Questions (ASQ). The tool and additional information are available at: **<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml>**. It is a quick tool (2 minutes) that can be used by clinical staff in any medical setting. A 'Yes' answer to any screening question warrants additional behavioral health assessment.

For questions, assistance with appointments or additional behavioral health assessment recommendations from the ASQ process, you can contact Beacon at **1-866-510-0797** or Aetna Better Health of Florida Member Services **1-800-441-5501** for MMA or **1-844-528-5815** for FHK.

*Horowitz, HK, Bridge JA, TEACH SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis, K, Cannon E, Joshi P, Pao, M. Ask Suicide Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department. Arch Pediatr Med. 2012;166(12):1170-1176.

Member rights and responsibilities

Aetna Better Health of Florida maintains policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and community mailings, when applicable. They are also posted to our website at **aetnabetterhealth.com/florida**. Aetna Better Health of Florida ensures that a member can exercise their rights without adversely affecting treatment by participating providers.

Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our service improvement committee and reported to the quality management oversight committee.

For additional information regarding member rights and responsibilities, visit our website at **aetnabetterhealth.com/florida** or call your provider relations representative at **1-800-441-5501** (MMA) or **1-844-528-5815** (FHK).

Long Acting Reversible Contraceptive (LARC)

Initiative Introduction

Aetna Better Health of Florida Medicaid is participating in the Access LARC (Long Active Reversible Contraceptive) Initiative through the Florida Perinatal Quality Collaborative. Our goal is to implement payment and policy changes to increase access to reproductive life planning options such as LARCs immediately post-partum in an inpatient hospital setting. To follow are instructions regarding how to receive reimbursement for immediate post-partum LARC insertion that is separate from the inpatient hospital payment.

LARC Inpatient Reimbursement Methodology

Upon completion of your LARC contract amendment, Aetna Better Health of Florida will update its systems to include the following LARC Reimbursement:

- Covered Services identified below will be reimbursed at 100 percent of the current Florida Medicaid Allowable, in addition to the obstetrical APR-DRG Payment.
- Provider will bill the appropriate HCPCS code below, or its successor HCPCS code, under Revenue Code 636, and include the appropriate number of units as defined by the HCPCS code definition.

HCPCS Codes and Description

| Code | Description |
|-------|--|
| J7296 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA) 19.5MG |
| J7297 | LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 3 YEAR |
| J7298 | LEVONORGESTREL INTRAUTERINE CONTRACEPTIVE SYSTEM 52MG 5 YEAR |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE |
| J7301 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 13.5MG |
| J7307 | ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM |

We appreciate your continued service to our members. Please feel free to contact us via e-mail **FLMedicaidProviderRelations@aetna.com**, fax **1-844-235-1340** or speak to a Provider Relations Representative: (MMA) **1-800-441-5501**, (LTC) **1-844-645-7371**, or (FHK) **1-844-528-5815**.

Aetna's Network department is your resource for questions regarding contract amendments and can be contacted at **1-800-441-5501**.

Quick reference guide

Effective June 2019

| | |
|---|---|
| Health plan main office | Provider & member services phone numbers |
| 261 N. University Drive Plantation, FL 33324 | 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 261 N. University Drive Plantation, FL 33324 |
| 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 FHK 1-844-528-5815 | 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 |