



All smiles



AetnaBetterHealth.com/Maryland

Aetna Better Health® of Maryland

Remind your patients that they have access to dental benefits for adults 21 and over.

Aetna Better Health of Maryland uses Alessi to provide dental services.

Call Aetna Member Services at **1-866-827-2710 (TTY: 711)** for more information or to find a dentist.

Covered services include:

- Oral exam: 2 times each year.
- Teeth cleaning: 2 times each year.
- Bitewing X-rays: 1 time each year.
- Maximum benefit of \$750 per year (not including basic care like exams and cleanings).

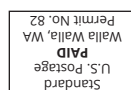
- You can also get palliative treatment when you need it. This is for emergencies to relieve pain or fix a problem.

For pregnant women and children, dental care is directly provided by the Maryland Healthy Smiles Dental Program administered through Scion Dental. You can call them at **1-855-934-9812** or visit the Scion Dental website for more information or to find a dentist.

In this issue.

- Cultural competency program
- Free resources to help members better manage their health
- Revised HEDIS measures for 2020-2021

Fall 2020
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Aetna Better Health® of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090-2256

Aetna Better Health of Maryland's Cultural Competency Program.

To best serve our diverse members, providers and their communities in Maryland, Aetna Better Health of Maryland has developed and implements a Cultural Competency Program, which ensures that every member is at the center of everything we do. Cultural competence is a process that promotes the ability to effectively and respectfully bridge differences between one's own culture and the culture of others. Aetna Better Health of Maryland has a multicultural approach to health that starts with a definition that includes race, ethnicity and preferred language, yet expands to the health impacts of poverty, health literacy, cultural beliefs, gender, and physical and/or mental abilities.

The Cultural Competency Program is aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as the framework for developing and implementing the policies, procedures and practices that govern our delivery of care and services. The standards are intended to be inclusive of all cultures and not limited to any population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, vulnerable

and traditionally underserved population groups that may experience unequal access to health services.

The program includes cultural competency compliance; oversight of linguistic and translation services; the promotion of cultural knowledge, understanding and sensitivity; and health literacy education practices and practical application throughout Aetna Better Health employees, provider network, community partners and membership in adherence to state and federal requirements. The Cultural Competency Program is monitored nationally and locally at the Plan level and is presented to the community to ensure programmatic support and oversight. The Cultural Competency Program includes the development of practices, policies, skills and behaviors to verify that all members receive high-quality, effective services that are respectful and responsive to the needs of the diverse populations served.

Cultural Competency is vital to all stakeholders we serve, especially our providers. Aetna Better Health of Maryland providers and partners have the opportunity to learn more about cultural competency through the completion of the provider onboarding orientation process and the cultural competency training and resources offered on our website, [AetnaBetterHealth.com/Maryland/providers/training](https://www.aetna.com/better-health/maryland/providers/training).

Notice about health plan clinical policy bulletins and preventive health guidelines: These items can always be found on our website at [AetnaBetterHealth.com/Maryland/providers/guidelines](https://www.aetna.com/better-health/maryland/providers/guidelines).

Is your Medicaid directory information up-to-date?

The Centers for Medicare & Medicaid Services (CMS) requires all Medicaid organizations to contact you at least quarterly to confirm that the information in our directory is accurate.

This includes:

- The ability to accept new patients
- Your street address
- Your phone number
- Any other changes that affect availability to patients

Aetna Better Health of Maryland is currently undertaking an outreach campaign to update our information. If you notify us of any changes, we have 30 days to update the online directory.

Back-to-school transition with kids in out-of-home care.

Back-to-school time can bring about several changes, and this school year may have some additional new challenges due to the COVID-19 pandemic. For children in foster care, these changes can be harder to adjust to, and it may take some extra work from families to help build confidence and have a positive outcome. Here are a few tips for families:

Make sure children have regular dental visits and have received any needed immunizations. Make sure they have received their annual well visit. Well-child visits are being done in two parts. The first is telehealth, and the second is a quick in-office visit.

Start a sleep routine. Sending children to bed early is your best bet for a productive day. Getting the right amount of rest each night can give the body what it needs to function properly.

Help build excitement for school. School brings chances for exciting moments. Talk to your child about things that interest them and the many opportunities that are available to them.

Let your child be a part of their daily routine. When a child exercises independence, it helps them mature and shows them that their voice matters.

Finally, create dialogue with teachers and be active in reaching out to the school to find out how your child is doing.

For additional support, call our care management line at **443-457-5301**.

Hours of operation parity.

Aetna Better Health of Maryland requires the hours of operation that practitioners offer to Medicaid members to be no less than those offered to commercial members. Medicaid law requires the organization to ensure that network practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members. If the provider serves only Medicaid recipients, hours offered to Aetna Better Health enrollees must be comparable to those for Medicaid fee-for-service members.

If you have concerns about one of your patients or another provider, call **1-866-827-2710 (TTY: 711)**.

Nondiscrimination notice:

This information can always be found on our website at **[AetnaBetterHealth.com/Maryland](https://www.AetnaBetterHealth.com/Maryland)**.

Discover our community development events.

We enjoy meeting our members in the communities where they live, work and play. We regularly add community events to our schedule; check the website for additions to our events calendar. Here are some of the events scheduled for the coming months:



Let's connect. To learn more about our community development team and how our partnership can help you, reach out to us today at **OutreachMD@Aetna.com** or **1-866-827-2710 (TTY: 711)**.

Event name	Date/time	Location	Address
Learn More About Aetna Better Health of Maryland	Nov. 18, 2020, 7 PM to 8 PM	Virtual	Aetna Better Health of Maryland
Baltimore County Local Health Improvement Coalition	Dec. 2, 2020, 3 PM to 5 PM	Drumcastle Government Center	6401 York Road, Third Floor, Baltimore, MD 21212

Population Health Management Program.

We know that health is more than just the great clinical care you provide. Knowing that, we offer different services to help our members. These services can help members to better manage their health and live healthier lives. Best of all, these resources are free!

Care management

Our care management nurses can help members:

- Get the services and care that they need
- Learn more about their condition
- Make a care plan that is right for them
- Get services after normal business hours for crisis situations
- Get care for children with special health care needs

Other programs include:

- Educational mailers
- Care and member transitions
- Chronic disease management
- Care coordination
- Behavioral health

Referral process

If you have questions or would like to refer a member to any of the programs, please give us a call at **1-866-827-2710 (TTY: 711)**.

You can also email us at

AetnaBetterHealthMDCM@

Aetna.com. Members may disenroll at any time from programs. More information can also be found on our website:

AetnaBetterHealth.com/Maryland/members/health-management-programs.

Initial and recredentialing required information.

Every provider that joins our network is required to complete the credentialing process. When Aetna Better Health of Maryland is responsible for completing credentialing, access is required to each provider's CAQH profile. Aetna participates in the Council for Affordable Quality Healthcare and uses the CAQH application for our credentialing process. The CAQH application is a universal credentialing data source that is used by all participating health plans and hospitals. The objective is to make the credentialing process more efficient for you by offering a single point of contact and eliminating extensive paperwork during the credentialing process. CAQH is compliant with all state-required credentialing applications.

The Aetna Better Health of Maryland credentialing department will contact you when Aetna does not have access to your CAQH profile, your CAQH profile is not up-to-date, or if re-attestation is required. Both the initial and recredentialing processes will be delayed if timely responses are not received to update your CAQH profile. As a reminder, the initial credentialing process can take up to 120 days from receipt of a complete application. Recredentialing is required every 36 months from the initial credentialing date.

To access CAQH's online application, as well as additional information on the universal credentialing process, you may visit the CAQH website at **ProView.CAQH.org/PR**. When completing your application, please ensure that Aetna is designated as an authorized health plan. Once completed, we can obtain the necessary information to complete the credentialing and/or recredentialing process.

If you have questions about the online application or the CAQH credentialing initiative, please contact the CAQH Help Desk at **1-888-599-1771**.



Ready to address the increased prevalence of type 2 diabetes in Maryland and help keep your patients healthy? Screen your patients for prediabetes and refer them to a Diabetes Prevention Program in our network, or contact our Wellness and Prevention Coordinator, LyAvia Patterson, at **WellnessAndPrevention@Aetna.com**.

HEDIS® changes for 2020 and 2021.

The National Committee for Quality Assurance has just released revised measures specifications for Measure Year 2020 and 2021. The major changes to measures are highlighted below.

Well-Child Visits in the First 30 Months of Life (W30)

- This measure was previously Well-Child Visits in the First 15 Months of Life and only included members from birth to 15 months, but it now includes members up to 30 months.
- There are now two rates reported: 6 or more visits in the first 15 months of life and at least 2 visits between 15 and 30 months.
- No more medical record review allowed; now a claim-only measure.

Child and Adolescent Well-Care Visits (WCV)

- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well Care have been combined into one measure.
- These measures used to report two age cohorts: 3 to 6 and 12 to 21.
- The new combined measure reports three age cohorts (3 to 11, 12 to 17, 18 to 21) and a total for all ages.
- No more medical record review allowed; now a claim-only measure.

Controlling High Blood Pressure (CBP)

- Member-reported blood pressures can be documented in the medical record, such as those discussed during a telehealth visit.

Kidney Health Evaluation for Patients with Diabetes (KED)

- New measure.
- The percentage of members 18 to 85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Prenatal and Postpartum Care (PPC)

- Prenatal visits that occur prior to enrollment with our health plan can now count.

If you have any questions about the HEDIS® measure changes, please contact Donald Miller at MillerIID@aetna.com or **443-457-5321**.

Non-emergency medical transportation benefit.

Non-emergency medical transportation (NEMT) is available for Aetna Better Health of Maryland HealthChoice recipients who have no other means of getting to their medical appointments and have been denied transportation assistance from their local health department.

Transportation services are provided by a variety of providers and may include Lyft and public and private transportation options. To obtain transportation, please contact your care manager or Member Services at **1-866-827-2710 (TTY: 711)**. Transportation services should be requested a minimum of 72 hours in advance, with the exception of hospital discharges. In the event of a medical emergency, please call **911**.

We can only provide transportation for medically necessary appointments, and these services are subject to limitations: [MMCP.Health.Maryland.gov/CommunitySupport/Documents/Limitations_link.pdf](https://www.MMCP.Health.Maryland.gov/CommunitySupport/Documents/Limitations_link.pdf).

Member education opportunities.

For assistance with member education opportunities, please contact Aetna Better Health Member Services at **1-866-827-2710 (TTY: 711)**.

Also visit our website for additional information at [AetnaBetterHealth.com/Maryland/wellness/care](https://www.AetnaBetterHealth.com/Maryland/wellness/care).

Aetna Better Health® of Maryland information sheet.

Aetna Better Health of Maryland

- Phone: **1-866-827-2710**
- Hearing-impaired MD Relay: **711**
- 509 Progress Drive, Suite 117, Linthicum, MD 21090-2256

24-Hour Nurse Line

- Phone: **1-866-827-2710 (TTY: 711)**
- Available 24 hours a day, 7 days a week

After Hours/C3

- Phone: **1-866-827-2710 (TTY: 711)**
- 5 PM to 8 AM ET

Appeals and Grievances

- Phone: **1-866-827-2710 (TTY: 711)**
- The appeal and grievance shared email address is: **MDAppealsAndGrievances@Aetna.com**
- Attn: Grievances & Appeals
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

Behavioral Health

- Phone: **1-866-827-2710 (TTY: 711)**
- Behavioral health coordinator:
AetnaBetterHealthMDBHCoord@Aetna.com

Care Management

- Secure fax: **959-282-1336**
- Fax: **1-866-830-0088**
- Care management:
AetnaBetterHealthMDCM@Aetna.com
- Special needs coordinator:
AetnaBetterHealthMDSplNeedsCoord@Aetna.com

Claims

- Phone: **1-866-827-2710 (TTY: 711)**
- Aetna Better Health of Maryland
P.O. Box 61538
Phoenix, AZ 85082-1538
- Change Healthcare Payer ID — 128MD
for Claims

Aetna Better Health formulary update.

Aetna Better Health's pharmacy drug list is available on our website and contains the most recent changes to the formulary. It is updated on a monthly basis and can be accessed 24 hours a day, 7 days a week. To see the latest version of the pharmacy drug list, please visit the website at **AetnaBetterHealth.com/Maryland/providers/pharmacy/drug-list**.

How we make coverage decisions.

Utilization Management decision-making criteria can be found on our website, **AetnaBetterHealth.com/Maryland**. Or call **1-866-827-2710 (TTY: 711)** and request that a copy of the

UM criteria be mailed to you. You can also call to request a free copy of any UM guideline, codes, records, benefit provision, protocol or document used to make a specific UM decision.

Member rights and responsibilities.

Aetna Better Health members, their families and guardians have the right to information related to their treatment or treatment options, in a manner and language appropriate to the member's condition and ability to understand. To access the specific member rights and responsibilities, call our Provider Relations staff toll-free at **1-866-827-2710 (TTY: 711)**. Check the **AetnaBetterHealth.com/Maryland** website for the full list of these rights and responsibilities.

Fraud and Abuse

- Phone: **1-888-743-0023**
- Email: **AetnaBetterHealthMaryland_Fraud_Abuse@Aetna.com**

Pharmacy — CVS

- Phone: **1-866-827-2710 (TTY: 711)**
- CVS Pharmacy Help Desk:
1-844-345-2797
- RxBIN: 610084
- RxPCN: ADV
- RxGRP: RX8817
- Pharmacist use only:
1-844-345-2797

Prior Authorization — Medical

- Phone: **1-866-827-2710 (TTY: 711)**
- Hours: Monday through Friday,
8 AM to 5 PM ET
- Email: **AetnaBetterHealthMDPriorAuth@Aetna.com**

Prior Authorization — Pharmacy

- Phone: **1-866-827-2710 (TTY: 711)**
- Fax: **1-877-270-3298**

Provider Relations

- Phone: **1-866-827-2710 (TTY: 711)**
- Fax: **1-844-348-0621**
- 8 AM to 5 PM ET
- Email: **MarylandProviderRelationsDepartment@aetna.com**

Wellness and Prevention

- Email: **WellnessAndPrevention@Aetna.com**

TIN: 23-2169745 • NPI: 1679020028 • MD-17-10-08



Provider education opportunities are available. Check our website at [AetnaBetterHealth.com/Maryland](https://www.AetnaBetterHealth.com/Maryland).

Check out our website.

[AetnaBetterHealth.com/Maryland](https://www.AetnaBetterHealth.com/Maryland)

What you can find:

- Information about member rights and responsibilities
- Provider handbook
- Provider directory
- Pharmacy/prescription and other health information
- Information about our care management program, utilization management program and our quality programs
- Clinical Practice Guidelines
- Affirmative Action and nondiscrimination information



If you do not have internet access, give us a call at **1-866-827-2710 (TTY: 711)** and we can send you a copy of the written information you need.

Provider portal.

We offer providers access to our secure web portal to handle routine tasks and quickly access commonly used forms and documents. Providers must register to use the secure web portal. The secure web portal is a quick, convenient tool that can be used to:

- Determine PCP panels
- Verify member eligibility
- Submit authorization requests and verify status
- Check claims status

To register for our secure web portal, please visit [AetnaBetterHealth.com/Maryland/providers/portal](https://www.AetnaBetterHealth.com/Maryland/providers/portal).

Once our Provider Relations Department receives your application, please allow three to five business days to process the request. You will receive an email confirmation once the registration and access have been completed.

Fraud, Waste and Abuse.

Know the signs — and how to report an incident.

Health care fraud means receiving benefits or services that are not approved. Fraud can be committed by a provider, member or employee. Abuse is doing something that results in needless costs. Waste goes beyond fraud and abuse. Activities that are considered fraud, waste and abuse by members, doctors or any health care professional hurt everyone. Most waste does not involve a violation of law.

You can learn more and report fraud, waste or abuse by going online at [AetnaBetterHealth.com/Maryland/fraud-abuse](https://www.AetnaBetterHealth.com/Maryland/fraud-abuse).

Appeals and grievances.

A **dispute** is defined as an expression of dissatisfaction with any administrative function, including policies and decisions based on contractual provisions inclusive of claim disputes. The dispute will be reviewed and processed according to the definitions provided, but not limited to resubmissions (corrected claims and reconsiderations), appeals, complaints and grievances. Provider claim disputes do not include pre-service disputes that were denied due to not meeting medical necessity. Pre-service denials are processed as member appeals and are subject to member policies and time frames.

A **resubmission** is a request for review of a claim denial or payment amount on a claim originally denied because of incorrect coding or missing information that prevents Aetna Better Health from processing the claim. Resubmissions should be submitted with both a corrected claim and the additional information needed to process the claim (e.g., NDC denial issues, claims that require medical records review). **Resubmissions must be submitted within 60 days of**

the last claim rejection to the Grievances & Appeals mailing address (Aetna Better Health of Maryland, P.O. Box 81040, 5801 Postal Road, Cleveland, OH 44181).


An **appeal** is a dissatisfaction with the resolution of a reconsidered disputed claim or a request to review a denial of payment that does not meet the resubmission requirements. **Appeals should be submitted within 90 business days of the claim's denial.**

Visit [AetnaBetterHealth.com/Maryland/providers/grievance](https://www.AetnaBetterHealth.com/Maryland/providers/grievance) for more information.

Reminder.



All provider appeals should be sent to:
Aetna Better Health
of Maryland
Attn: Grievances & Appeals
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

Contact us  Aetna Better Health® of Maryland
509 Progress Drive, Suite 117,
Linthicum, MD 21090-2256

1-866-827-2710
Hearing-impaired MD Relay: **711**

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