

Provider Newsletter

Summer 2024



Contents

How we make coverage decisions ...	2
Aetna Better Health formulary update.....	3
Member rights and responsibilities ...	3
When to submit a claim dispute	4
Member education opportunities	5
Fraud, Waste and Abuse	5
Check out our website.....	6
Affirmative statement about incentives	6
Diabetes Prevention Program	6
Behavioral Health Care of ABH Members.....	7
Do you have patients with hypertension?	8
Are you ready for back-to-school? ...	8
Do your patients currently have health insurance through Medicaid or the Maryland Children's Health Program (MCHP)?	9

Integrated Care Management program

Our Care Management department provides support to members based on each individual's risks and unmet needs. These care needs are assessed by licensed nurses, social workers and counselors, as well as nonclinical professionals. We use a biopsychosocial (BPS) model to help us identify what care our members need. The Care Management staff performs a health risk assessment to determine the member's medical, behavioral health and bio-psycho-social needs.

Care managers work with the member, member's family, PCP, psychiatrist, substance use counselor and any other health care team member to achieve a quality-focused, cost-effective care plan. Care managers educate members on their specific disease and how to prevent worsening of their illness or any complications. The goal is to maintain or improve their health status.





The Care Management program provides services to the following populations, but is not limited to:

- Pregnant and postpartum outreach
- High-risk pregnancy outreach
- Children with special health care needs
- Children in state-supervised care
- Individuals with a physical or developmental disability
- Behavioral health/substance abuse
- Disease management of conditions such as asthma, diabetes, heart failure, COPD, sickle cell anemia, hepatitis C and HIV/AIDS

If you have concerns about one of your patients and would like to refer them to the Care Management program, call **1-866-827-2710 (TTY: 711)** and ask for the Care Management department or email the Care Management department at AetnaBetterHealthMDCM@Aetna.com.

How we make coverage decisions

Utilization management decision-making criteria can be found on our website, [AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/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.

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 monthly 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](https://www.aetna.com/better-health/maryland/providers/pharmacy/drug-list).

The link provides access to the pharmacy procedures including restrictions such as quantity limits and step therapy protocols. Drugs not listed will require prior authorization for an exception and should include an explanation of why a non-formulary drug is needed and include relevant medical records.

Please review the formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Maryland patient such as quantity limits and step therapy protocol.



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](https://www.aetna.com/better-health/maryland) website for the full list of these rights and responsibilities.



When to submit a claim dispute

Please submit a claim dispute for claim resubmission (e.g., corrected claims) and reconsiderations. A dispute is an expression of dissatisfaction with any administrative function, including policies and decisions, based on contractual provisions and inclusive of claim disputes.

Pre-service denials are processed as member appeals and are subject to member policies and time frames.

Resubmission

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.

A corrected claim is an example of a claim resubmission. It should include a newly added modifier, code change or any change to the original claim. The claim must use the appropriate resubmission type of bill or be marked as a corrected claim. Corrected claims must be submitted within 180 days.

Reconsideration

Reconsideration is a request from a provider for Aetna Better Health to reconsider its decisions. Examples include the following:

- Itemized bill. All claims associated with an itemized bill must be broken out per revenue (rev) code to verify that charges billed on the UB match the charges billed on the itemized bill. Please attach an itemized bill that is broken out by rev code with subtotals.
- Duplicate claim. Review request for a claim that originally had a denial reason of “duplicate.” Provide documentation as to why the claim or service is not a duplicate, such as medical records showing that two services were performed.
- Retro-authorization request. Claims that were denied due to no authorization on file. Medical records must be included.
- Coordination of benefit. Attach primary insurer’s explanation of benefit (EOB).
- Proof of timely filing. For electronically submitted claims, provide the second level of acceptance report.

Disputes may be submitted via the Availity Portal, called in to Provider Relations at **1-866-827-2710** or mailed to:

Aetna Better Health of Maryland

Claims and Resubmissions
PO Box 982968
El Paso, TX 79998-2968

The 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) results are now available.

The CAHPS results are now available on our website, [AetnaBetterHealth.com/Maryland/Providers](https://www.aetna.com/betterhealth/maryland/providers). Click “Resources” and “Notices and newsletters.” Scroll down to Quality Management News to view the most recent CAHPS results.

When to submit an appeal.

An appeal is a request by a provider to appeal actions of the health plan when the provider:

- Has a request for a retro-authorization of service delivery denied or not acknowledged with reasonable promptness
- Has a claim that has been denied or paid differently than expected and was not resolved to the provider's satisfaction through the provider claim dispute process

Appeals must be requested within ninety (90) business days from the date of retro-authorization denial or the date of an

adverse determination in the provider claim dispute process.

Please include relevant claims information and any supporting documents (e.g., medical records). Appeals may be submitted via the Availity Portal, by phone by calling **1-866-827-2710 (TTY: 711)**, faxed to **1-844-886-8349**, or mailed to:

Aetna Better Health of Maryland

Attn: Appeal and Grievance Department
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

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 at [AetnaBetterHealth.com/Maryland/wellness/care](https://www.aetna.com/maryland/wellness/care) for additional information.



Interested in hosting a health education event?

Email WellnessAndPrevention@aetna.com to learn more about our Health Education Program and how we can support you!

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.aetna.com/maryland/fraud-abuse).

Check out our website: [AetnaBetterHealth.com/Maryland](https://www.aetna.com/better-health/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



Nondiscrimination notice:

This information can always be found on our website at [AetnaBetterHealth.com/Maryland](https://www.aetna.com/better-health/maryland).

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.

Affirmative statement about incentives

Aetna Better Health of Maryland makes Utilization Management (UM) decisions based only on appropriateness of care and service and existence of coverage. We do not reward practitioners, employees, or other individuals for issuing denials of coverage. Any financial incentives Aetna Better Health of Maryland may provide to UM decision makers do not

encourage them to make decisions that result in underutilization of services. We also do not use employee incentives or disincentives to encourage barriers to care and service.

If you have any questions about this statement, please call our toll-free telephone number: **1-866-827-2710 (TTY: 711)**.

Diabetes Prevention Program

Aetna Better Health of Maryland is offering a Diabetes Prevention Program to patients with prediabetes. This CDC-recognized lifestyle change program teaches patients how to eat healthy, exercise and deal with stress to reduce the risk of developing Type 2 diabetes.

Visit [AetnaBetterHealth.com/Maryland/Providers/Member-Benefits-Coverage](https://www.aetna.com/better-health/maryland/providers/member-benefits-coverage) to learn more about the program.

Do you have members who qualify? Contact us at WellnessAndPrevention@Aetna.com, or call **1-866-827-2710 (TTY: 711)** and ask to speak with a case manager.

Behavioral Health Care of ABH members

In Maryland, Mental Health and Substance Use services are, “carved out“ of the MCO’s contract, meaning behavioral health care is coordinated through the states Administrative Services Organization (ASO) and [the Local Behavioral Health Associations \(LBHA\)](#). Currently that organization is [Optum](#), however, starting January 1, 2025, it will be Carelon Behavioral Health Inc. ABH members can contact the ASO directly to receive referrals for care at **1-855-642-8572**. If you have a question about a members behavioral health treatment, it is best to have a standard release of information on file in your office to do so. The ASO will not release information about treatment without this.

Like ABH, the ASO contracts with various behavioral health providers to create an all-inclusive “in-network” group of providers. These providers treat ABH of Maryland members Behavioral Health (Mental Health and Substance Use) conditions. The ASO manages the claims, contracts and all the other aspects of provider and member relations. There are four behavioral health outliers that the MCO and its providers are responsible for managing:

1. Psychological Testing for Surgical Procedures, example Bariatric Surgery

(see memo: [PT 2027-24](#) Clarification)

- a. Please see our provider search tool to find a in-network provider who can complete this testing for a member.

2. Collaborative Care Model (CoCM):

- a. Care provided by a team that is led by primary care and includes behavioral health care practitioners and must be billed by the primary care practitioner.
- b. See memo: [PT 2071- 24](#) for more details on this collaborative model

3. Management Primary Behavioral Health: For those licensed providers who are trained on treating general behavioral health disorders in the primary care setting. However, It is vital to refer a member to the ASO to get complete treatment for complex behavioral health needs.

4. Identification of and referral of Mental Health and Substance Use. [Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature](#)

Screening tools are an excellent way to identify when a member may need support, example of such tools include but are not limited to:

- a. “[SBIRT](#) (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based, comprehensive, and integrated public health approach to the delivery of early intervention and treatment services to patients who have risky alcohol or drug use.”
[SAMHSA Coding for SBIRT](#)
- b. [GAD-7](#) (Generalize Anxiety Disorder-7) [NIH publication on the GAD-7](#)
- c. [PHQ-9](#) (Patient Health Questionnaire) [NIH publication on PHQ-9](#)

Do you have patients with hypertension?

Members with hypertension may be eligible to receive an at-home automatic blood pressure monitor at no cost. Contact your Quality Management representative or contact Case Management at **1-866-827-2710** or AetnaBetterHealthMDCM@Aetna.com.



Are you ready for back-to-school?

The back-to-school season provides an opportunity for Well-Child visits and immunizations. Here are some best practices to ensure your patients are compliant for Well-Child visits, lead screening, immunizations, among others!

Proper coding ensures compliance! If you have any questions about coding, reach out to your Quality Management representative or your Provider Relations representative at **1-866-827-2710** or

MarylandProviderRelationsDepartment@Aetna.com.

- Schedule the next Well-Child appointment at the end of each appointment.
- Newborn and well weight check visits provide opportunity to capture a Well-Child visit.
- Well-Child visits that are performed at school-based clinics with any PCP may be counted if billed appropriately.
- Discuss the importance of healthy behaviors, immunizations, and need for appropriate screenings at each visit.
- Consider provider outreach via phone call, text, or email for appointment reminders.
- Help parents and caregivers understand the importance of going to the doctor for preventive care visits, and not only when sick.
- Remind members that Aetna Better Health of Maryland offers free transportation to and from medical appointments. Just call Member Services at **1-866-827-2710** at least 72 hours in advance to arrange a ride.





Do your patients currently have health insurance through Medicaid or the Maryland Children's Health Program (MCHP)?

This year, Medicaid renewals are not automatic.

- Ask your patients to make sure their contact information is up to date with Maryland Health Connection.
- Encourage them to be on the lookout for notices, as they will be contacted by mail or through their online account when it's their turn to renew.
- And please stress the importance of completing renewals on time. Participants can log in to their account at MarylandHealthConnection.gov/Checkin or call **855-642-8572** to get started.

Providers will be able to access patient redetermination dates via EVS and CRISP.

Help get the word out about the Medicaid Check-In.

Visit <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>.

If your patient qualifies for coverage because they are aged, blind, disabled, or enrolled in a Home and Community-Based Services program, they can contact the Department of Human Services to update their contact information.

Participants can log into their account at Mymdthink.maryland.gov, or they can contact their local [Department of Social Services](#) to get started.

