



Vaccinating for flu during a pandemic

Preventive care and vaccination services are our shared goal and must remain a high priority during the ongoing pandemic. As we all know, immunizing for flu is more important than ever to prevent additional respiratory illnesses this year. We understand the COVID-19 pandemic has significantly impacted the way in which you are able to provide health care services to our members. Below are some recommendations to assist you in motivating our members to get their flu vaccines this season.

Reminder

It is not too late to vaccinate. The CDC recommends vaccinating for flu in early fall to provide protection in advance of flu season. However, vaccination should continue throughout the flu season, including into January or later, to provide adequate protection if flu viruses are still circulating.

How can you improve vaccination rates and protect our members?

- During every encounter or telehealth visit, discuss the importance of flu vaccination
- Address member fears and determine barriers that may keep them from getting vaccinated

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- Remember that brief discussion and education can improve member confidence in vaccine safety (reassure that getting vaccinated will not weaken their immune system)
- Encourage adult members to utilize pharmacy administered vaccination services when preferred or in-person provider administration is not an option

Where can members receive vaccinations?

- Network pharmacies include CVS, Walmart, Winn-Dixie and select independent pharmacies
— Please note: Large retail chains including Walgreens and Publix are OUT OF NETWORK and cannot bill for these services
- A list of nearby network pharmacies can be found by using the pharmacy search tool on our website,

[AetnaBetterHealth.com/Florida](https://www.aetna.com/better-health/Fluoride), or by calling Member Services at **1-844-441-5815** (TTY: 711) for Medicaid or **1-844-528-5815** (TTY: 711) for Florida Healthy Kids

Why are pharmacies a good alternative option?

- Pharmacies have high accessibility with most of our members having a pharmacy within a 5-mile radius to their home
- Vaccinations can occur as walk-in or scheduled appointments (contact pharmacy for details)
- There is no member cost for the administration or the vaccine (see covered products below)
- Pharmacists have the necessary training to provide safe administration and are required to log vaccination details to Florida SHOTS

Covered flu vaccinations under pharmacy benefit for 2020-2021 season

Flu vaccine	Minimum age	Maximum age	Coverage by line of business
FLULAVAL QUAD	≥ 6 months	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)
AFLURIA (3 YEARS+)	≥ 36 months (3 years)	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)
FLUZONE HIGH-DOSE	≥ 65 years	NA	Medicaid (MMA)
FLUZONE QUAD	≥ 6 months	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)
FLUBLOK QUAD	≥ 18 years	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)
FLUARIX QUAD	≥ 6 months	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)
FLUMIST QUAD NASAL (LIVE-ATTENUATED)*	2 years	49 years	Medicaid (MMA) Florida Healthy Kids (CHIP)
FLUAD QUAD	≥ 65 years	NA	Medicaid (MMA)
FLUAD	≥ 65 years	NA	Medicaid (MMA)
FLUCELVAX QUAD	≥ 4 years	NA	Medicaid (MMA) Florida Healthy Kids (CHIP)

*Please note: Additional considerations for selection of appropriate vaccine include but are not limited to the following: egg allergy, coadministration of other vaccines, pregnancy, or other immune comprising and high-risk conditions. Refer to package labeling for full details.

References and additional information

- **Advisory Committee on Immunization Practices (ACIP)** www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w
- **Vaccine Adverse Event Reporting System (VAERS)** www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/vaccine-adverse-events
- **Centers for Disease Control and Prevention (CDC)** www.cdc.gov/flu/prevent/vaccinations.htm
- **Florida SHOTS** www.flshotsusers.com



Electronic visit verification

As an interim step towards full compliance with the 21st Century Cures Act, effective for dates of service beginning December 4, 2020, Aetna Better Health of Florida will require claims for personal care services and Home Health services to be submitted through Tellus, our EVV vendor. Provider claims for Home Health and Personal Care Services may be processed outside Aetna Better Health of Florida care plan system for dates of service through December 3, 2020.

Please be advised that Aetna Better Health of Florida will deny any claims with dates of service on or after December 4, 2020, that are submitted to us outside of the Tellus EVV system by providers who are submitting less than 25 percent of personal care services or home health services claims through the Tellus EVV system.

The minimum compliance thresholds listed in Policy Transmittal 2020-47 are still in effect. As a provider, it is your responsibility to be compliant with the EVV mandate. We appreciate your continuous efforts and compliance as we improve the EVV processes. If you have any Tellus EVV system questions or concerns, please contact Tellus at 1-833-483-5587 or support@4tellus.com



Cultural competency

Culture is a major factor in how people respond to health services. It affects their approach to:

- Coping with illness
- Accessing care
- Working toward recovery

Good communication between members and providers contributes directly to patient satisfaction and positive outcomes. A culturally competent provider effectively communicates with patients and understands their individual concerns. It's incumbent on providers to make sure patients understand their care regimen.

Each segment of our population requires special sensitivities and strategies to embrace cultural differences.

Training resources for our providers

Providers receive education about such important topics as:

- The reluctance of certain cultures to discuss mental health issues. There is a need to proactively encourage members from such backgrounds to seek needed services.
- The impact that a member's religious and/or cultural beliefs can have on health outcomes (e.g. belief in non-traditional healing practices)
- The problem of health illiteracy and the need to provide patients with understandable health information (e.g. simple diagrams, communicating in the vernacular, etc.)
- History of the disability rights movement and the progression of civil rights for people with disabilities
- Physical and programmatic barriers that impact people with disabilities accessing meaningful care

As part of our cultural competency program, we encourage our providers to access information on the Office of Minority Health's web-based *A Physician's Guide to Culturally Competent Care*. The American Medical Association, American Academy of Family Physicians and the American College of Physicians endorse this program, which provides up to 9.0 hours of category 1 AMA credits at no cost.



Fraud, Waste and Abuse

Aetna Better Health of Florida has an aggressive, proactive fraud, waste, and abuse program that complies with state and federal regulations. Our program targets areas of health care related fraud and abuse including internal fraud, electronic data processing fraud and external fraud. A Special Investigations Unit (SIU) is a key element of the program. This SIU detects, investigates, and reports any suspected or confirmed cases of fraud, waste, or abuse to appropriate state and federal agencies as mandated by Florida Administrative Code. During the investigation process, the confidentiality of the patient and people referring the potential fraud and abuse case is maintained.

Aetna Better Health of Florida uses a variety of mechanisms to detect potential fraud, waste, and abuse. All key functions including Claims, Provider Relations, Member Services, Medical Management, as well as providers and members, share the responsibility to detect and report fraud. Review mechanisms include audits, review of provider service patterns, hotline reporting, claim review, data validation and data analysis.

Reporting suspected fraud, waste and abuse

Fraud, Waste and Abuse training is provided by the health plan annually to all subcontractors, providers and vendors. Participating providers are required to report to Aetna Better Health of Florida all cases of suspected fraud, waste and abuse, inappropriate

practices, and inconsistencies of which they become aware within the Medicaid program. Providers can report suspected fraud, waste or abuse in the following ways:

- Aetna Alert Line: **1-888-891-8910**
- Special Investigation Unit (SIU) Hotline: **1-866-806-7020**
- Email the SIU: **FL-FraudandAbuse@Aetna.com**
- Fax the SIU: **724-778-6827**
- FL Medicaid Program Integrity Office: **1-888-419-3456**
- AHCA OIG Complaint Form: **https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx**
- FL Attorney General's Office: **1-866-966-7226**
- Florida Medicaid Compliance: **954-858-3672**
- By visiting our website: **AetnaBetterHealth.com/Florida/fraud-abuse**

If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or health care provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll-free **1-866-866-7226** or **850-414-3990**). The reward may be up to 25 percent of the amount recovered, or a maximum of \$500,000 per case (Florida Statutes Chapter 409.9203). You can talk to the Attorney General's Office about keeping your identity confidential and protected.



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.



Telemedicine

Aetna Better Health is offering telehealth services in Florida to support our members with receiving health care services other than in their provider's office. Telehealth is widely viewed as an effective care delivery alternative that can support and complement traditional face-to-face visits for both medical and behavioral care (e.g., face-to-face consultations, assessments or examinations). Aetna's telehealth program seeks to improve our members' health by permitting real-time interactive communication between the member, their primary care provider, care team or other skilled practitioner located at a distant site. Our telehealth program is designed and modeled on the state's regulations which states:

- Telemedicine is the use of telecommunication and information technology to provide clinical care to individuals at a distance and to transmit the information needed to provide that care.

Aetna Better Health of Florida offers telehealth services for both physical health and tele-behavioral health services as part of the behavioral health delivery strategy. The use of telehealth can provide increased access to mental health services to children and adults that meet certain criteria.

Our telehealth program will provide our members direct service. The core of our programming is to support our members receiving care in a state-recognized clinic site via a secure virtual connection. This program will incorporate the key objectives of our Integrated Care Management program where appropriate including:

- Facilitation of timely access to a continuum of

services based on the intensity and complexity of each member's need

- Collaboration with the member, family, community supports, physical health and behavioral health providers to enhance care outcomes
- The telehealth program will allow transformation of medical and behavioral health practices to incorporate the following actions typically in a sequential fashion:
 - Adopt a member-centric care delivery method
 - Improve quality of care on targeted metrics
 - Improve member access to timely care
 - Tailoring care to each individual's needs and desires

The provider should obtain written consent from the member agreeing to participate in services delivered via the means of telehealth. If a member has a personal representative, legal guardian or other legal representative, then local customary laws should be followed to obtain the consent. The consent should outline the benefits and risks as well as alternatives to receiving the service via telehealth as defined per state laws and regulations. The member has the right to refuse these services at any time and must be made aware of any alternatives, including any delays in service, need to travel, or risks associated with not having services provided via telehealth. The format used by the consulting provider to obtain written consent is left to the provider but must meet state and federal law, be maintained in the client's records and must identify that the covered medical service was delivered by telehealth.



Member rights and responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. Members can request a copy of it from their 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



Notice of Privacy Practice

Aetna Better Health of Florida is required to keep our member's health information private. One of the ways we do this is by informing our providers about their role in the member's privacy rights. Providers must safeguard/secure the privacy and confidentiality of and verify the accuracy of any information that identifies an Aetna Better Health of Florida member.

Original medical records must be released only in accordance with federal or state laws, court orders, or subpoenas. Specifically, our network providers must:

- Maintain accurate medical records and other health information.
- Help verify timely access by members to their medical records and other health information.
- Abide by all federal and state laws regarding confidentiality and disclosure of mental health records, medical records, other health information, and member information.

Providers must follow both required and voluntary provision of medical records must be consistent with

the Health Insurance Portability and Accountability Act (HIPAA) privacy statute and regulations. (www.hhs.gov/ocr/privacy/).

Providers are contractually required to safeguard and maintain the confidentiality of data that addresses medical records, confidential provider, and member information, whether oral or written in any form or medium.

To help safeguard patient information, we recommend the following:

- Train your staff on HIPAA
- Consider the patient sign-in sheet
- Keep patient records, papers and computer monitors out of view
- Have electric shredder or locked shred bins available

For additional training or frequently asked questions, please visit U.S. Department of Health & Human Services. Direct website link: <http://aspe.hhs.gov/admnsimp/final/pvcg>



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:

Aetna Better Health of Florida
Network Operations
261 N University Drive
Plantation, FL 33324

Call: 1-800-441-5501

Fax: 1-844-235-1340

Email: FLMedicaidProviderRelations@Aetna.com



Aetna Better Health's timely filing guidelines

To avoid payment delays or untimely denials, follow Aetna Better Health's timely filing standards listed below.

Plan participating providers	Provider shall mail or electronically transfer (submit) the claim within 180 days after the date of service or discharge from an inpatient admission. (F.S. 641.3155)
Non-participating providers	Provider shall mail or electronically transfer (submit) the claim within 365 days after the date of service or discharge from an inpatient admission. (SMMC Contract) (Section VIII.D)(E)(2)
Plan as secondary payor	When the managed care plan is the secondary payer, the provider must submit the claim within 90 calendar days after the final determination of the primary payer. (SMMC Contract) (Section VIII)(E)(1)(h)
Medicare crossover	When the managed care plan is the secondary payer to Medicare, and the claim is a Medicare crossover claim, these must be submitted within 36 months of the original submission to Medicare. (SMMC Contract) (Section VIII)(E)(2)(d)(2)
Corrected claims	Provider shall mail or electronically transfer (submit) the corrected claim within 180 days from the date of service or discharge from an inpatient admission. (F.S. 641.3155)
Return of requested additional information (itemized bill, ER records, med records, attachments)	Provider must submit any additional information or documentation as specified, within 35 days after receipt of the notification. Additional information is considered received on the date it is electronically transferred or mailed. Aetna Better Health cannot request duplicate documents. (F.S. 641.3155(2)(c)(2)



Coming soon - we are joining Availity

We are eager to announce that we will be transitioning from our current provider portal to Availity in early 2021. We are excited about the increase in online interactions available to support you as you provide services to our members.

Some highlights of increased functionality include:

- EFT registration
- Claims look up
- Online claim submission
- Prior authorization submission and look up
- Grievance and appeals submission
- Panel searches
- A new robust prior authorization tool
- Review of Grievance and Appeals cases
- Eligibility and member look up

And best of all, we will continue to build upon this platform by rolling out enhanced functions in 2021 such as:

Be on the lookout over the next few months for co-branded emails directly from Availity as new products roll out and training plans are developed. Be sure to reach out to your provider representative to ensure we have your most recent email address.