



Aetna Better Health[®] of Maryland

Look ahead

Summer 2019

Time to get ready for back-to-school visits

For most Maryland children, school is still a long way off. But now is the time to schedule your patients for sports physicals and vaccinations for new and returning students.

Here is the link for the State of Maryland's website: morehealth.org/kid-vaccines. Make sure parents check with their school nurse or the school's website for the sports physical requirements for their specific child's school.

The Centers for Disease Control and Prevention also recommends these vaccines for 11- or 12-year-olds:

- **Human papillomavirus (HPV) vaccine.** The HPV vaccine helps protect against infections that cause cancer. All boys and girls should finish the HPV vaccine series before they turn 13 years old.
- **Quadrivalent meningococcal conjugate vaccine.** Quadrivalent meningococcal conjugate vaccine protects against some of the

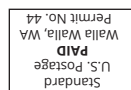
bacteria that can cause infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia). These illnesses can be very serious — even fatal.

- **Tdap vaccine.** Tdap vaccine provides a booster to continue protection from childhood against three serious diseases: tetanus, diphtheria and pertussis (also called whooping cough).

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Time to get ready for back-to-school visits

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• **Flu vaccine.** Preteens and teens should get a flu vaccine every year — by the end of October if possible. The flu shot is very important for preteens and teens with chronic health conditions like asthma or diabetes, but the flu can be serious even for healthy kids.

There is some movement by the Society for Adolescent Health and Medicine (SAHM) to add some vaccine recommendations to the 16-year-old checkup. SAHM would like doctors to routinely give 16-year-olds a second dose of meningococcal ACWY and the meningococcal B vaccine — a good idea before your patients head off to college.

Planning for back-to-school visits in advance will allow your office to set aside dedicated time to spend with each patient and maximize the office visit while ensuring HEDIS measures are met.

Provider health education plans

If you would like a health educator to do a class for your patients, call us at **1-866-827-2710** and ask for our Prevention and Wellness Coordinator. If you have a particular patient in need of health education, call **1-866-827-2710** and ask for our Special Needs Coordinator.

Provider Offices — Health Education Tables

Baltimore Medical System–Belair Edison
3120 Erdman Ave.
Baltimore, MD 21213
Sept. 9, 2019, noon to 1 p.m.

Baltimore Medical System
900 S. Caton Ave.
Baltimore, MD 21229
Sept. 10, 2019, 10 to 11 a.m.

Health Education Presentation

Community Place Café
First United
Methodist Church
6201 Belcrest Road
Hyattsville, MD 20782
Sept. 13, 2019, 11:30 a.m. to 12:30 p.m.

Piloting positive change with our Medicaid providers

In our ever-changing industry, it's important to evolve and respond to the needs of those we serve. We're constantly seeking new approaches to eliminate the hang-ups in health care. By streamlining processes to remove hassles for our providers, we have an opportunity to build trust with those we serve. We're taking a new approach to how we support each other as well. It's our Common Purpose in action!

Aetna innovators knocking down barriers

A new pilot is presenting an amazing service opportunity within our Claim Inquiry Claim Research (CICR) Provider Contact Center. CICR is working in collaboration with the Prior Authorization (PA) and Claims

departments to reprocess incorrect authorization denials on the call with our providers. Providers will be able to have **up to three claims on one call** reprocessed for immediate response! The pilot was launched for Aetna Better Health of Pennsylvania on April 15, 2019, with plans for future implementation across all of our Medicaid health plans, including Maryland, shortly.

Although the pilot is only a few months old, we've already received overwhelmingly positive feedback from providers and customer service representatives alike. Senior Customer Service Representative Kiara Hatcher shared her positive experience: "I like it, and I think the providers like it as well." We're excited that we can empower our representatives to make a difference through innovation and collaboration.

Providers have commented that they:



- Saved time
- Were glad that one-call resolution meant no further follow-up was needed
- Were pleasantly surprised the agent was able to handle multiple reprocessed claims during the call

By finding new ways to respond to the needs of those we serve, we're following through on the promises in our Common Purpose by providing a unique and positive experience for our providers.

Digital communication is in demand — is your office ready?

Nearly 7 in 10 patients (69%) wish health care providers would communicate with them more between appointments. Patients who are eager to receive communication outside of face-to-face visits want providers to use modern channels to connect with them. Texting, for example, continues to grow in popularity across health care. A local survey revealed three times as many patients have texted with their providers now than had in 2011 — a 12% increase in a relatively short period of time. Additionally, **75% of patients** would prefer receiving appointment reminders via text.

Patients were also interested in sending and receiving emails: They are 29% more likely to email their health care providers now compared to seven years ago. And patients see value in using online health monitoring surveys to share information with providers. Eighty-six percent of patients are willing to take a survey from a health care professional or organization. Text message response rates are **209% higher** than those from phone calls.

If you have patients who would benefit from having a free cellphone, ask them to

contact us. All Aetna Better Health members are eligible for a free cell, allowing easier access to text messages, and it comes with 1 gigabyte of free data, allowing them to send and receive emails as well.

By maximizing modern digital communication channels, providers can stay more connected to patients and offer better health care experiences. The average practice could save up to two hours a day on phone calls by using text messaging.

Has your office implemented digital communication channels?



Change in prior authorization requirements

Effective Sept. 1, 2019, Aetna Better Health of Maryland will not require prior authorization for incontinence supplies with the following CPT/HCPCS codes before services are rendered: T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4537 and T4538 which have maximal allowable units of 240/month and T4539, T4540, T4541, T4542, T4543, T4544 and T4545 which have maximal allowable units of 200/month.

Discover our community development events

We enjoy meeting our members in the communities where they live, work and play. Here are some of the events scheduled for the coming months:

Event name	Date/time	Location	Address
Govans Community Market	Aug. 28, 2019, 3 to 7 p.m.	Loyola's Public Safety Lot	5104 York Road Baltimore, MD 21212
Annual Healthy Families Festival	Sept. 19, 2019, 4 to 7 p.m.	Family Healthcare of Hagerstown	201 S. Cleveland Ave. Hagerstown, MD 21740
Farmer's Market	Oct. 19, 2019, 8 a.m. to noon	SHABACH	3600 Brightseat Road Landover, MD 20785



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).

Electronic pharmacy prior authorization is here!

Aetna Better Health® of Maryland is committed to making sure our providers can utilize the latest technology and tools available.

Aetna Better Health of Maryland has partnered with CoverMyMeds® and SureScripts to provide you a new way to request a pharmacy prior authorization through the implementation of the Electronic Prior Authorization (ePA) program.

With ePA, you can look forward to:

- Saving time by decreasing paperwork and reducing phone calls and faxes to initiate requests to the pharmacy for prior authorizations
- Reducing wait times — leading to quicker determinations and resolutions
- HIPAA-compliant, safe and secure electronically submitted requests

Getting started is easy! No cost required!

- Visit the CoverMyMeds® website at covermymeds.com/main.
- Call CoverMyMeds® toll-free at **1-866-452-5017**.
- Visit the SureScripts website at surescripts.com/enhance-prescribing/prior-authorization.
- Call SureScripts toll-free at **1-866-797-3239**.

Questions?

If you have any questions, please call Aetna Better Health of Maryland at **1-866-827-2710 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m. ET, or visit us online at aetnabetterhealth.com/maryland.

Provider pharmacy information

You can access the Aetna Better Health of Maryland formularies by visiting our website at aetnabetterhealth.com/maryland. Locate the “For Providers” tab, then, using the navigation bar on the left, select “Pharmacy” and “Formulary/Preferred Drug List” highlighted in the text areas. This will allow you to search or print the Aetna Better Health of Maryland Medicaid Preferred Drug List (PDL) document and/or the Formulary Search Tool.

Please note that the formulary medication list can change at any time. Updates are posted regularly, so if you have any questions about the formulary list, please call the Aetna Better Health® of Maryland Provider Relations department staff at **1-866-827-2710 (TTY: 711)**.

Prepare for flu season

Providers play a significant role in protecting patients against influenza. Recommending annual influenza vaccination for all patients ages 6 months and older is the best protection, and our recommendation is one of the most important factors in patients accepting the vaccine. In surveys of patients vaccinated against flu, the physician recommendation is one of the top reasons why they decided to get immunized.

Most adults believe vaccines are important, but they need a reminder from you to get vaccinated. The goal is to have a 100% immunization rate in your practice (unless contraindicated). There are two key factors to accomplish this goal. First, simply making the recommendation on flu vaccination makes a difference. Sharing the reasons why it's important to get vaccinated can be expressed as follows:

“This vaccine can protect you and your family from getting sick from the flu. By getting the vaccine today, you'll be protecting yourself and the people around you who may be more vulnerable to serious flu illness and its complications.”

Another key factor in improving immunization rates is convenience. When a provider can recommend the vaccine and administer it during the same visit, that motivates the patient to accept the vaccine. Use every visit as an opportunity to administer the flu vaccine. If you do not offer vaccines at your facility, make a vaccine referral, then follow up with each patient to ensure they got vaccinated. If the patient remains unvaccinated, try to identify and address any questions or concerns.

Resource: morehealth.org/fight-flu



Aetna Better Health® of Maryland 2018–2019 member incentive programs

Aetna Better Health of Maryland has developed our 2018–2019 incentive program to support our goal of delivering the highest quality of care to your patients and our members.

Our Healthcare Effectiveness Data and Information Set (HEDIS) program is an incentive that rewards members for quality preventive

health care. Incentives are provided for services such as immunizations, well-child visits, prenatal care and many more.

Incentive Program	Program Description	Eligibility	Member Reward Amount
Promise Program — complete 7 prenatal visits	Members are eligible for gift card rewards throughout their pregnancy for completing prenatal care visits and their postpartum follow-up, attending pregnancy-related classes, and meeting one-on-one with their care manager	Per pregnancy	\$10
Promise Program — complete postpartum visit			\$25
Promise Program — class completion (birthing, parenting, first aid/safety)			\$5 for each class
Promise Program — care manager meeting			\$5
Ted E. Bear Club — Scouts/YMCA membership	Members are eligible for either a Boy/Girl Scouts or YMCA membership	Once per year	\$60 Value
Asthma Program — asthma action plan	Member has established an asthma action plan with their care manager	Once while enrolled in the Asthma Care Management program	\$10
Asthma Program — primary care provider (PCP) follow-up	Member follows up with PCP after an emergency department visit		\$10
Asthma Program — environmental assessment	Members complete an in-home assessment for asthma triggers		\$10
Diabetes — annual A1c screening	Diabetic members age 18 to 64 who complete any of these services	Once per year for each screening	\$25
Diabetes — annual retinal eye exam			\$25
Diabetes — annual nephropathy screening			\$25
Annual well-child visit	Members age 3 to 6 and 11 to 21 complete annual well-child visit with their PCP/OB-GYN	Once per year	\$25
Well-child checkups for members under 15 months old (NEW 2019)	Members who attend at least six well-child checkups during their first 15 months of life	Once after turning 15 months old	\$50
Immunization status	Members who turn either 2 or 13 have received all recommended immunizations	Once when turning 2 and/or 13	\$25
Lead screening	Children age 12 to 23 months who complete at least one blood lead screening test	Once during age 12 to 23 months	\$25
Breast cancer screening	Women age 50 to 74 have received a mammogram during the year	Once every two years	\$25
Cervical cancer screening	Women age 21 to 64 completed their regular Pap smear testing during the year	Once every three years (Pap test only) or five years (Pap and HPV test)	\$25

Nondiscrimination notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If a member needs a qualified interpreter, written information in other formats, translation or other services, call the number on the member's ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services

or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address:

Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040

Telephone: **1-888-234-7358**
(TTY: 711)

Email:
**MedicaidCRCoordinator@
aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**, **1-800-537-7697 (TDD)**.



HEDIS® webinar series recordings and resources available online

In case you missed it! Aetna Better Health's monthly HEDIS-focused webinars are available on our website for viewing. Please visit **aetnabetterhealth.com/maryland/providers/resources/hedis**. You can also find information on HEDIS trainings, billing tips and details about member incentives.

Upcoming webinar events

August 2019

Back-to-school physicals and HEDIS measures for children under 11 years of age and EPSDT

September 2019

Back-to-school physicals — HEDIS measures affecting 12- to 21-year-old members

October 2019

HEDIS measures affecting 21 and older male and female members

Questions?

For HEDIS-related questions, or if you did not receive an invitation to these webinars, email Donald Miller at **milleriid@aetna.com** or call **443-457-5321**. Please share this information with other staff who may benefit from these free webinars.

How to request utilization management information

Decision-making criteria used by Utilization Management (UM) can be found on our website in the "For Providers" section. If you do not have internet access, call Utilization Management at **1-866-827-2710 (TTY: 711)**, and UM criteria can be mailed to you.

If you would like a free copy of any UM guideline, codes, records, benefit provision, protocol or any document Aetna Better Health used to make the decision, please call Aetna Better Health Member Services at **1-866-827-2710 (TTY: 711)**.

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 Claims mailing address (P.O. Box 61538, Phoenix, AZ 61538).

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 denial.

You may also be asked to complete and submit the dispute form with any appropriate supporting documentation. This form can be found on the Aetna Better Health of Maryland website in the "Provider" section. If the dispute is regarding claim resubmission or reconsideration, the dispute may be referred to the Claims Inquiry Claims Research (CICR) department.

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 bio-psychosocial (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-psychosocial needs.

Care managers work with the member, member's family, PCP, psychiatrist, substance abuse 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**.

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.

Everyone has a right and duty to report suspected fraud, waste and abuse. An example of provider fraud is billing for services, procedures and/or supplies that were not provided. Abuse is treatment or services that do not agree with the diagnosis. Hostile or abusive behavior in a doctor's office or hospital is also abuse. Suspected use of altered or stolen prescription pads is an example of member fraud. An example of abuse would be a member asking the transportation driver

to take him or her to an unapproved location.

It is your responsibility to report members or providers you suspect are committing fraud or abuse. Your assistance in notifying us with any potential fraud or abuse occurrence is vital and is critical to maintaining high quality health outcomes for you.

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it. Combating fraud, waste and abuse is everyone's responsibility; failure to comply with these laws could result in civil and criminal penalties, including sanctions imposed by government entities and exclusion from future participation in Medicaid and any services provided by the state and federal government.

- You can anonymously call the Aetna Better Health of Maryland

Fraud, Waste and Abuse Hotline at **1-866-827-2710 (TTY: 711)** to report these types of acts right away.

- You can also contact our Special Investigations Unit by calling **1-888-972-6980**. You can also report fraud, waste or abuse by going online at **aetnabetterhealth.com/maryland/fraud-abuse**.
- You can also report suspected fraud, waste or abuse to the Maryland Medicaid Fraud Control Unit (MFCU) at the Office of the Maryland Attorney General by calling **1-888-743-0023**.
- Or write confidentially to: Aetna Better Health of Maryland
509 Progress Drive,
Suite 117
Linthicum, MD 20910



Remember, you do not have to leave your name when you report fraud, waste or abuse.

Member education opportunities

For assistance with member education opportunities, please contact Aetna Better Health Member Services at **1-866-827-2710 (TTY: 711)** and ask for the Special Needs Coordinator.

Also visit our website for additional information at **aetnabetterhealth.com/maryland/wellness/care**.

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.

Contact us



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



This newsletter is published as a community service for the providers of Aetna Better Health® of Maryland. Models may be used in photos and illustrations.