Aetna Better Health of Maryland Provider Summit

PCP, OB/GYN & FQHC

June 5, 2025

Angelo D. Edge,

Chief Executive Officer

Who we are

Aetna Better Health® of Maryland, a CVS Health Company

- Our mission: **Helping people on their path to better health**

- Taking care of the whole person—body, mind and spirit.

- Creating unmatched human connections to transform the health care experience

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Agenda

Welcome – Angelo Edge, CEO

Wellness Activity- Dr. Gayle Jordan-Randolph

Provider Relations Team – Rebecca Gant

Health Equity / Cultural Competency - Dr. Michael Forde

Behavioral Health - Leah Mandley

Access & Availability / After Hours Standards - Susuanna Tackie

CPT II Codes - Matt Riggs

The New AHEAD Model - Kiran Jiwani

Resources - Juanita Dail

Closing Remarks

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Our morning stretch!

Gayle Jordan-Randolph, MD, Chief Medical Officer

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Provider Relations

Rebecca Gant, Sr. Manager

Our footprint

Our local approach

- **Maryland-based staff for local member and provider servicing**

- **Currently serving approximately 61,000 Medicaid members in the State of Maryland**

- **Network of more than 23,500 providers statewide**
  - Primary Care Providers – 2,601
  - OBGYNs – 915
  - FQHCs - 34

- **Dedicated, local contracting and provider relations staff, with Maryland-based executive leadership**

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ABHMD NETWORK COLLABORATION
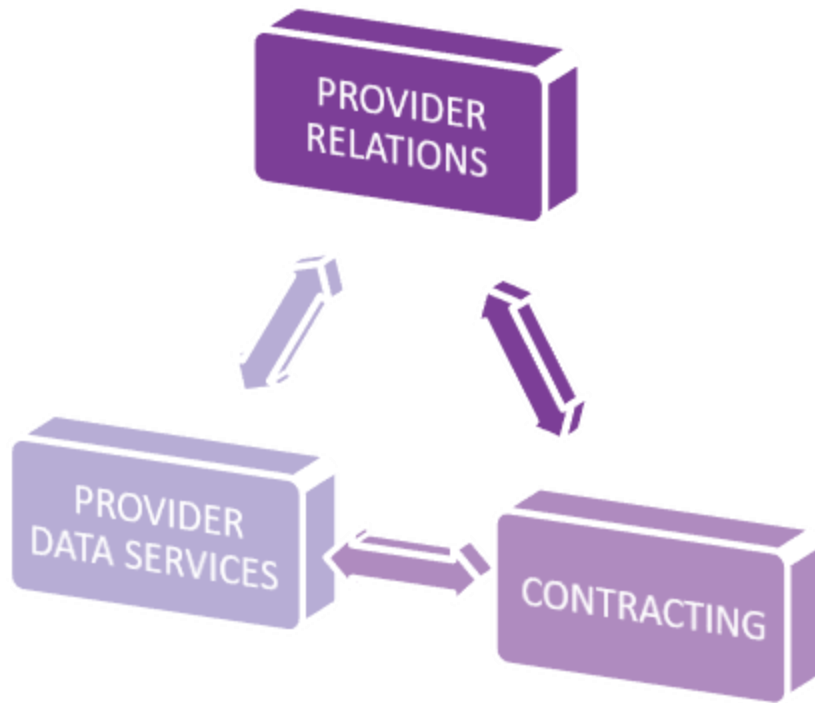
Network Relations Manager:
Training & servicing for our provider network

Contracting Manager:
Contracting activities, SCA & settlement for our provider network

TOP 10 REASONS TO CONNECT WITH A PROVIDER NETWORK TEAM MEMBER

1. For claims questions, inquiries and reconsiderations

2. To find a participating provider or specialist for referral   or member inquiry

3. To request assistance navigating or accessing our secure web portal

4. For questions related to contractual language or terms

5. For clarification or updates on bulletins or policies

6. To escalate concerns related to claims, demographics or authorizations

7. To request a copy of your Provider Data Setup and/or Participating Provider Agreement

8. To schedule trainings, site visits and other provider meetings

9. To request a change for provider demographics

10. For inquiries about joining the Aetna Better Health of Maryland network and requirements for participation

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Contacting Network Relations Managers

Aetna Better Health® of Maryland takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all our partners. Our Provider Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. This team is dedicated to meeting the needs of our providers. We are subject matter experts and are available to providers for education, training, and support. We assign every participating provider a Provider Relations representative (Network Relations Manager or Network Relations Analyst)

**Outreach to
Provider Relations via email**

ABHMDNetworkRelations@aetna.com

**Outreach to
Provider Relations via phone**

1(866) 329-4701

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Network Relations Managers by Assigned Territory

Abria Miller MillerA14@aetna.com (301) 712-7163	Shannon Bryant BryantS4@aetna.com (301) 606-2983	Juanita Dail DailJ1@aetna.com (410) 746-8624	Susuanna Tackie Susuanna.Tackie@aetna.com (667) 257-7273	Tara Wampler Wamplert@aetna.com (443) 669-7210
▪ Calvert ▪ Charles ▪ Prince Georges ▪ Saint Mary's ▪ Alexandria ▪ Fairfax ▪ Washington, D.C.	• Allegany • Frederick • Garrett • Montgomery	• Baltimore Cnty. • Hartford • Howard • Carroll	• Baltimore City • Anne Arundel	• Dorchester • Caroline • Sommerset • Wicomico • Cecil • Caroline • Kent • Queen Annes • Talbot • Washington

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Network Relations Managers Assignment by Large Health Systems, FQHC's, and National Accounts

Abria Miller	**Shannon Bryant**	**Juanita Dail**	**Susuanna Tackie**	**Tara Wampler**
MillerA14@aetna.com (301) 712-7163	BryantS4@aetna.com (301) 606-2983	DailJ1@aetna.com (410) 746-8624	Susuanna.Tackie@aetna.com (667) 257-7273	Wamplert@aetna.com (443) 669-7210
▪ MedStar ▪ Calvert Health System ▪ Capital Women's Care ▪ Children's National Medical Center	▪ Adventist Health Group ▪ Western Maryland Health System ▪ West Virginia Health System ▪ Frederick Health ▪ Privia ▪ Holy Cross	▪ LifeBridge Health ▪ Greater Baltimore Medical Center ▪ John Hopkins ▪ ATI Physical Therapy ▪ Pivot Physical Therapy ▪ Radnet ▪ Behavioral Health Providers	▪ Luminis (AAMG) ▪ University of Maryland ▪ Mercy Medical ▪ Pacify	▪ Tidal Health - Peninsula Regional Health System ▪ Meritus ▪ LabCorp & Quest ▪ DaVita ▪ MAE Health ▪ Patient First

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Health Equity/Cultural Competency

Dr. Michael Forde, Director of Health Equity

What is Health Equity?

> Our health equity definition:
>
> Everyone has a fair and just opportunity to be as healthy as possible.
>
> We must remember that achieving health equity means understanding the root causes of inequities.

Fair and just

Regardless of race, ethnicity, gender, sexual orientation, gender identity, preferred language, religion, geography, income or disability status.

Healthy

A complete state of physical, mental and social well-being that is impacted by clinical and non-clinical drivers of health, including access to quality health care, education, housing, transportation and jobs.

Recognition of Racism and Discrimination

Key drivers of health outcomes, and the importance of working with communities to remove barriers to health.

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Health Equity & Social Determinants of Health

Health Equity is the Goal

Everyone has a fair and just opportunity to be as healthy as possible.

Social Determinants of Health are Contributing Factors

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Health Equity & SDoH are closely related concepts, but they are not the same. Health Equity is the goal, and SDoH are factors that influence whether we achieve that goal.

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Health Equity + Cultural Competency = The Connection

Health equity: ensuring **every member** can achieve their full health potential

Cultural competency: delivering care that respects members' backgrounds, values, and language

The two go hand-in-hand: **equitable care requires cultural understanding**

A key component is **language access**, which improves communication, trust, and adherence

Our updated **Provider Attestation Form** now captures **languages spoken in your office**

This helps us align members with culturally and linguistically appropriate providers

Supports NCQA Health Equity Accreditation and CLAS standards

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Why This Matters to You – The Provider Impact

Cultural competency enhances patient engagement and treatment success

Reduces misunderstandings, delays in care, and inappropriate utilization

Supports performance in value-based care contracts (e.g., HEDIS, CAHPS)

Meets compliance and credentialing requirements (NCQA, Medicaid MCO contracts)

Builds stronger, trust-based provider-patient relationships

Tools like the attestation form help identify care gaps and guide interventions

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Why This Matters to Our Members – The <u>Patient</u> Impact

Many members face language barriers, cultural stigma, or distrust of the system

When care is culturally aligned, members are more likely to:

- Keep appointments
- Adhere to treatment plans
- Share key health information

Especially critical in prenatal care, chronic disease, behavioral health, and end-of-life care

Equitable care helps address disparities in outcomes across racial, ethnic, and language groups

Your efforts directly impact health equity in your community

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Access & Availability/After-Hours Standards

Susuanna Tackie, Network Relations Manager

Q1 Access & Availability Survey Results*

Appointment Type	Standard	Family Practice	General Practice	Internal Medicine	Nurse Practitioner/PA	Pediatrics	2025 Goal
Primary Care Practitioners							
Regular/Routine Care	Within 30 calendar days	91%	89%	92%	99%	97%	80%
Urgent	Within 48 hours	95%	89%	93%	96%	100%	80%
Emergency	Same day or Referred to Emergency Department	90%	78%	77%	91%	96%	80%
OBGYNS							
Newly Enrolled	Within 10 calendar days	66%					80%
Initial Prenatal Care	Within 10 calendar days	50%					80%
Emergency	Same day or Referred to Emergency Department	75%					80%
Urgent	Within 48 hours	88%					80%

*Press Ganey conducts the quarterly surveys. The above results are from the first quarter.

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Access to Care Guidelines

Appointment Availability Standards

- Providers are required to schedule appointments for eligible members in accordance with the appointment availability standards; based on the acuity and severity of the presenting condition, in conjunction with the member's past and current medical history.

- Providers are contractually required to meet the National Committee for Quality Assurance (NCQA) standards for timely access to care and services, considering the urgency of and the need for the services.

Please Note: Aetna Better Health Provider Relations team must routinely monitor compliance and initiate a Corrective Action Plan (CAP), which may include but not limited to panel or referral restrictions for providers that do not meet accessibility standards.

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Access to Care Guidelines (continued)

Appointment wait time standards for Primary Care Providers (PCPs), Obstetrics and Gynecologists (OB/GYNs), and high-volume Participating Specialist Providers (PSPs).

PCP	OBGYN	Specialty
• Within **30** days from date of request for a routine appointment. • Within **72** hours for non-urgent sick visits. • Within **48** hours for urgent care. • Same-day for emergency services.*	• Within **10** days from a positive pregnancy test. • Within **10** days of identification of high-risk pregnancy. • Within **10** days in first and second trimester. • Within **10** days of first request in third trimester	• Specialty care consultation, including non-urgent within **72** hours. • Within **48** hours for urgent care. • Within **24** hours for emergency care, or as clinically indicated.*

    Please note that follow-up to ED visits must be in accordance with ED attending provider discharge instructions.

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Telephone Accessibility Standards

Providers must return calls within **60 minutes** for non-urgent and **15 minutes** for crisis situations. We will routinely measure the PCP's compliance with these standards as follows:

- o Our medical and provider management teams will continually evaluate emergency room data to determine if there is a pattern where a PCP fails to comply with after-hours access or if a member may need care management intervention.
- o Our compliance and provider management teams will evaluate member, caregiver, and provider grievances regarding after hour access to care to determine if a PCP is failing to comply on a monthly basis.
- o Providers must comply with telephone protocols for all the following situations:
  - ✓ Answering the member telephone inquiries on a timely basis.
  - ✓ Prioritizing appointments.
  - ✓ Scheduling a series of appointments and follow-up appointments as needed by a member.
  - ✓ Identifying and rescheduling broken and no-show appointments.
  - ✓ Identifying special member needs while scheduling an appointment.
  - ✓ Triage for medical and dental conditions and special behavioral needs for noncompliant individuals who are mentally deficient.

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CPT II Codes

Matt Riggs, Sr. Analyst,
Quality Management

Frequently Asked Questions about CPT ® Category II Codes

What are CPT® II codes?

What do they do?

Why should we care?

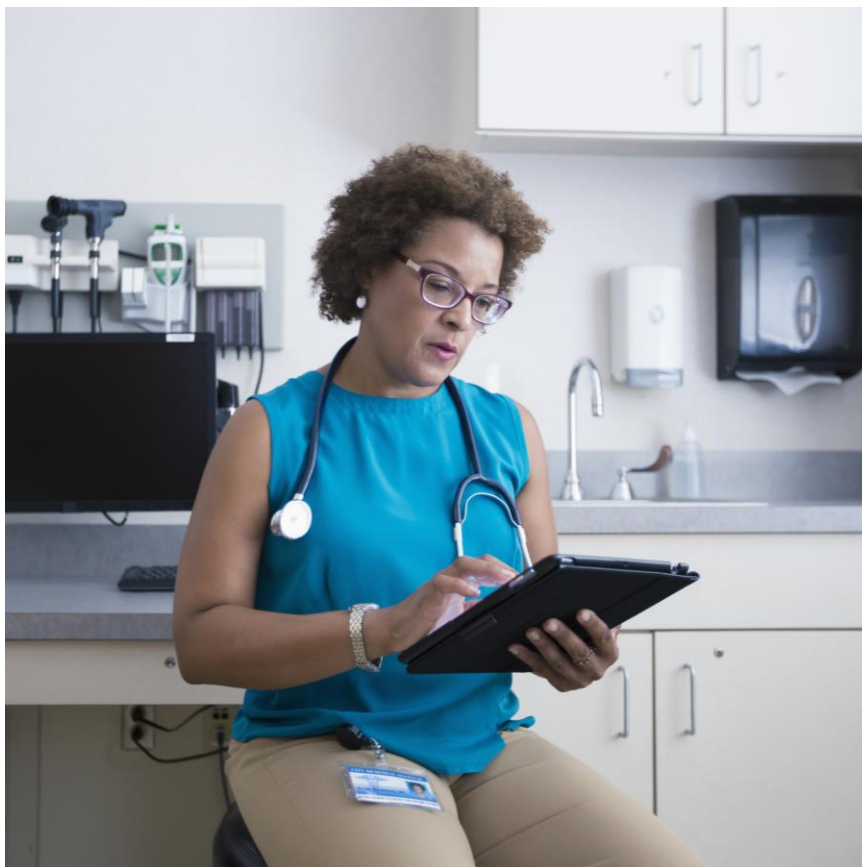Does this look infected?

Is this easy?

Is it really that important?

Do I *have to?*

Will this work?

Do I get paid more?

# Frequently Asked Questions *about* CPT ® Category II Codes

WHAT ARE CPT II CODES?

Current Procedural Terminology (CPT®) Category II codes are supplemental codes that describe clinical components, usually included in E&M or clinical services.

They are 5-character alpha-numeric codes which always end with the character "F."

Codes are reviewed and adopted by the Performance Measures Advisory Group (PMAG), comprised of experts from the AMA, NCQA, CMS, AHRQ and JCAHO.

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Frequently Asked Questions *about* CPT ® Category II Codes
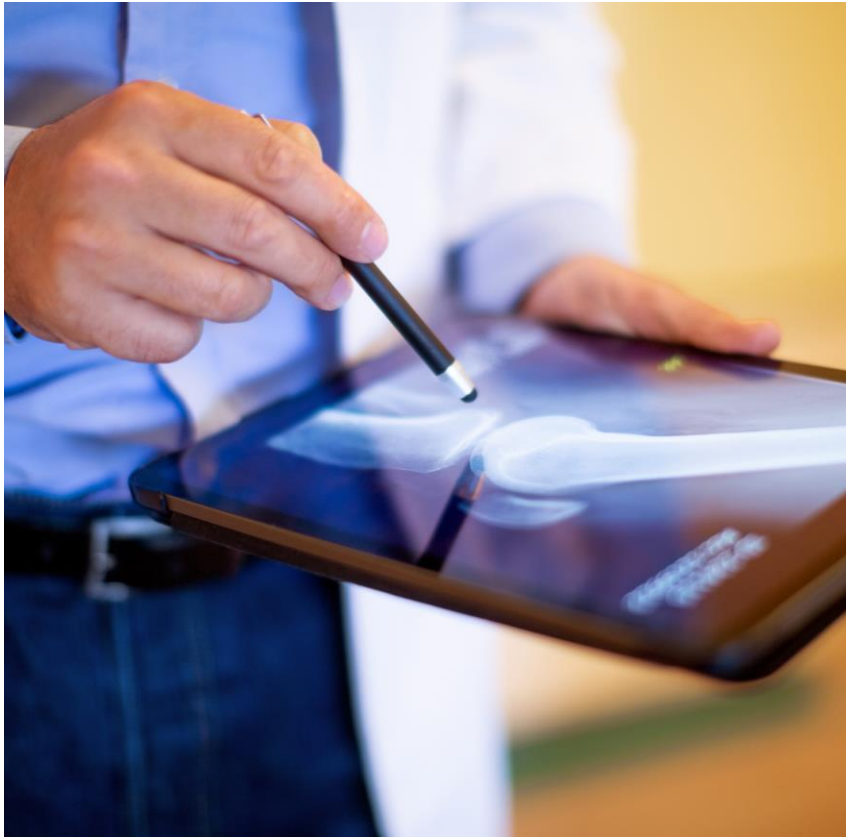
WHY DOES AETNA ENCOURAGE THE USE OF CPT® II CODES?

To facilitate data collection related to quality and performance measurement.

To reduce administrative burden for providers by decreasing the need for record abstraction and chart review.

To improve quality of care and services that Aetna members receive:

- Identifies gaps in care like *poorly controlled diabetes* and *high blood pressure.*

- They help Aetna refer members to programs appropriate for their health situation.

- The codes help to support the provider plan of care.

- They increase accuracy of gaps-in-care reporting, thus reducing provider burden and increasing member satisfaction.

Use of these codes helps to monitor members and ensure they receive continuous and appropriate care throughout the continuum of care.

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Frequently Asked Questions *about* CPT ® Category II Codes
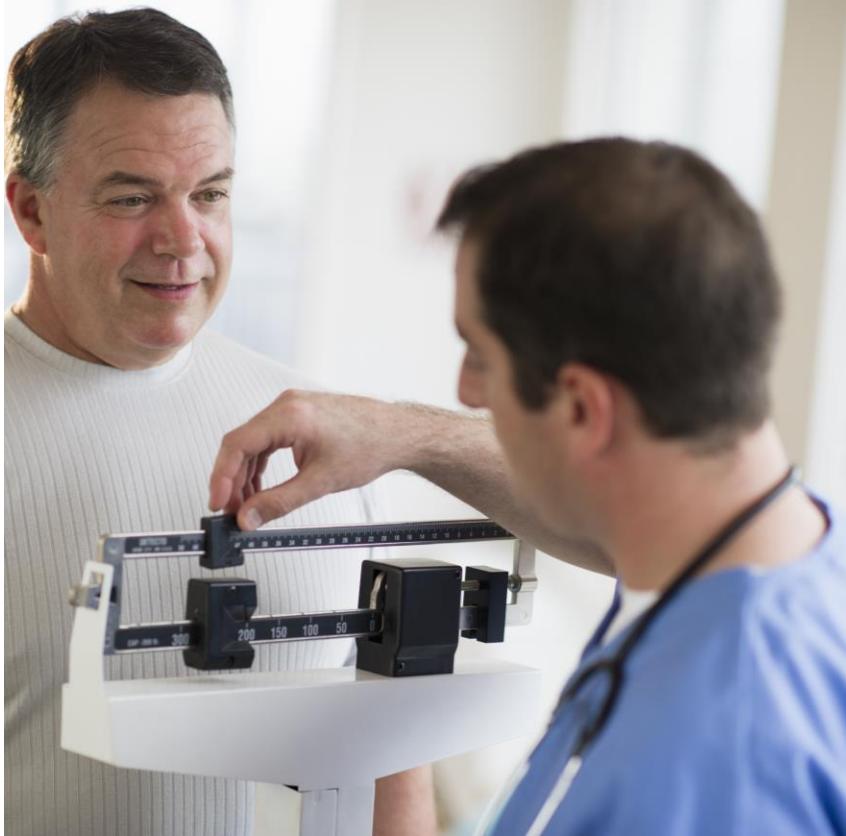
WHAT ARE THE BENEFITS OF USING CPT II® CODES?

To help ease the burden of chart review for many NCQA HEDIS® performance measures.

To enable more effective monitoring of quality and service delivery within a physician practice.

To allow providers to report services and/or values based on nationally recognized, evidence-based guidelines for improving the quality of patient care.

To capture data that ICD 10 codes and CPT® Category I codes do not. They relay important information related to health outcome measures.

To enable organizations to monitor internal performance for key measures throughout the year, rather than once per year. Opportunities for improvement can be identified and implemented throughout the year.

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Frequently Asked Questions *about* CPT ® Category II Codes

HOW ARE CPT® CATEGORY II CODES BILLED?

CPT® II codes are NOT billing codes; they are used to track services on claims for performance measurement. Category II codes are not to be used as a substitute for Category I codes.

CPT® Category II codes are billed with a $0 charge amount in the procedure code field.

CPT® Category II codes cannot be used in place of Category I CPT® codes or Category III CPT® codes.

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HEDIS® Measure	Description	CPT® II Codes	Incentive
Comprehensive Diabetes Care (CDC) • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • Eye exam (retinal) performed • Medical attention for nephropathy • BP control (<140/90 mm Hg) ***Note:*** *Both the systolic and diastolic codes must be provided in the claim to receive the $25 payment.* *Claims with only one code (systolic OR diastolic) will not receive the incentive payment.*	No evidence of diabetic retinopathy	2023F 2025F 3072F	$25
	Yes, Evidence of diabetic retinopathy	2022F 2024F	$25
	HbA1c Level <7%	3044F	$25
	HbA1c Level 7%<x>8%	3051F	
	HbA1c Level >9%	3046F	
	HbA1c Level 8%<x>9%	3052F	
	Note: 3045F has been removed by the AMA and replaced by 3051F, 3052F		
	Systolic <140	3074F 3075F	$25 per claim with BOTH the systolic and the diastolic codes
	Systolic ≥ 140	3077F	
	Diastolic <80	3078F	
	Diastolic 80-89	3079F	
	Diastolic ≥ 90	3080F	

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HEDIS® Measure	Description	CPT® II Codes	Incentive
Controlling High Blood Pressure (CBP) **Note:** *Both the systolic and diastolic codes must be provided in the claim to receive the $25 payment.* *Claims with only one code (systolic OR diastolic) will not receive the incentive payment.*	Systolic <140	3074F 3075F	$25 per claim with BOTH the systolic and the diastolic codes
	Systolic ≥ 140	3077F	
	Diastolic <80	3078F	
	Diastolic 80-89	3079F	
	Diastolic ≥ 90	3080F	
Prenatal and Postpartum Care (PPC) The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, this measure assesses the following facets of prenatal and postpartum care: • *Timeliness of Prenatal Care:* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • *Postpartum Care:* The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	Stand Alone Prenatal Visits	0500F 0501F 0502F	$25
	Postpartum Visits	0503F	$25

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Let's Recap!

CPT® II Codes Summary/Recap

❖ **What are CPT® II codes?**
  ➢ Codes used to identify test results and procedures conducted at your practice

❖ **What do they do?**
  ➢ They automate your performance reporting

❖ **Why should we care?**
  ➢ Improved health outcomes for your patients
  ➢ Less work for your staff
  ➢ Financial incentive paid for each correctly submitted CPT® II code

❖ **Does this look infected?**
  ➢ Yes. It will clear up with ointment

❖ **Is this easy?**
  ➢ Yes. Pick up a list of payable CPT® II codes at our table

CPT® II Codes Summary/Recap

❖ **Is it really that important?**

➤ Health Plans, including ABHMD, have seen significant improvements in both the number of claims submitted using the correct codes as well as the compliance rate of the patients in select measures

❖ **Do we have to?**

➤ No, we can't make you submit claims using CPT® II codes. Yet.

❖ **Do I get paid more?**

➤ Yes. While the fee-for-service remains the same, Aetna Better Health of Maryland will automatically pay your practice an additional $25 administrative fee each time you correctly submit claims using these codes

Thank you!

Quality Operations
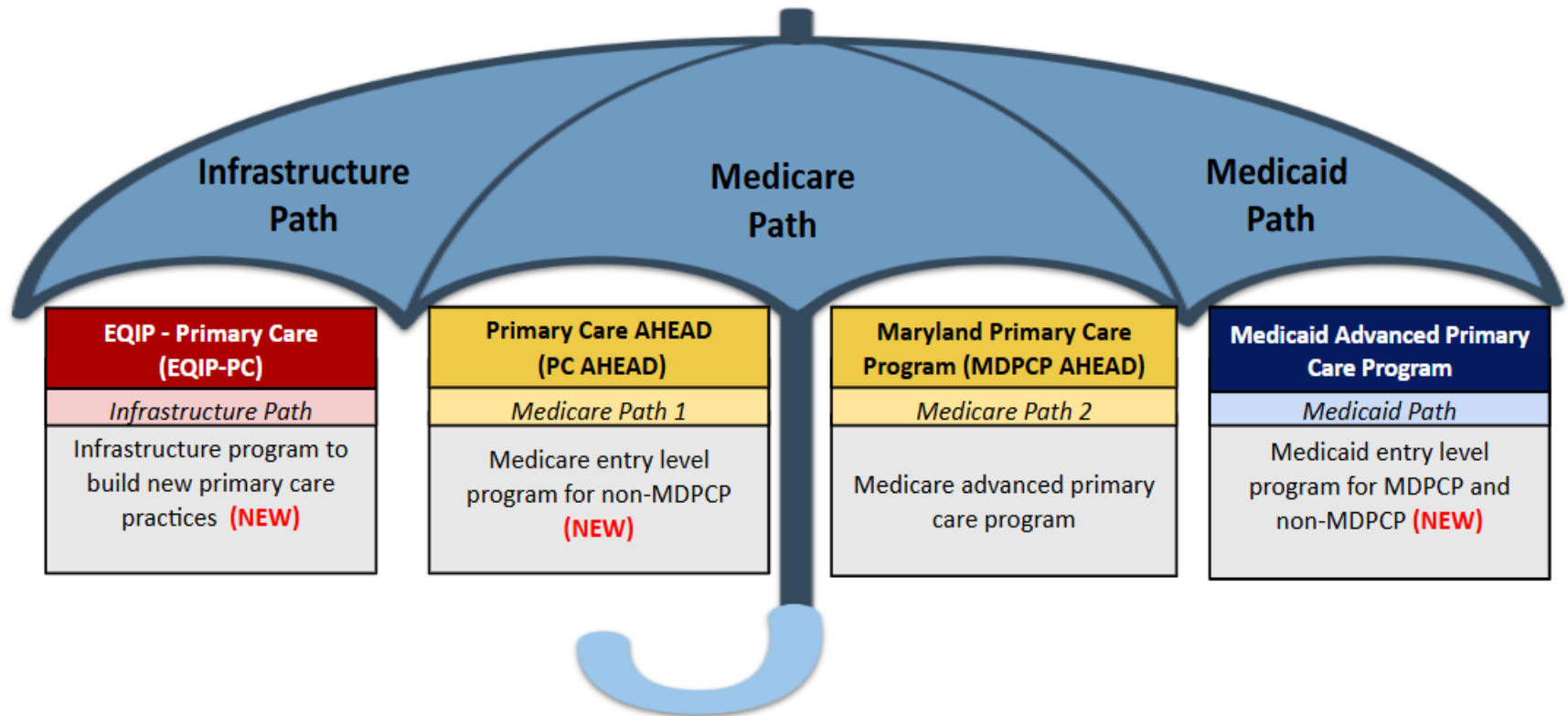
Matt Riggs
RiggsM1@aetna.com

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AHEAD Model

Kiran Jiwani, Chief Operating Officer

AHEAD Model

Through the AHEAD model, Maryland envisions building a sustainable advanced primary care system that provides high-quality whole person care for all Marylanders and supports strong linkages across the healthcare continuum. Leveraging the success of MDPCP established under the Total Cost of Care Model, AHEAD aims to improve health outcomes for all people in Maryland, while simplifying the administrative burden for providers through all-payer alignment.

Infrastructure Path	**Medicare Path**		**Medicaid Path**
EQIP - Primary Care (EQIP-PC)	**Primary Care AHEAD (PC AHEAD)**	**Maryland Primary Care Program (MDPCP AHEAD)**	**Medicaid Advanced Primary Care Program**
Infrastructure Path	*Medicare Path 1*	*Medicare Path 2*	*Medicaid Path*
Infrastructure program to build new primary care practices **(NEW)**	Medicare entry level program for non-MDPCP **(NEW)**	Medicare advanced primary care program	Medicaid entry level program for MDPCP and non-MDPCP **(NEW)**

Note: *Information contained on this slide was authored by Maryland Department of Health (MDH)*

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AHEAD Model (Continued)

- Rendering PCP providers with the PCP indicator should receive a minimum of 103% of Medicare rates for E&M codes 99202-99499 starting July 1, 2025.

- These rates will not impact FQHC rates.

- Care Management fees of $2 PMPM will be calculated for all participating providers with a threshold of at least 250 assigned HealthChoice members.

- Phase 1 ended May 30, 2025, and Phase 2 will begin in July.

Note: *Information contained on this slide was authored by Maryland Department of Health (MDH)*

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Advanced PCP

Advance PCP

APCM services combine elements of several existing care management and communication technology-based services you may have already been billing for your patients. This payment bundle reflects the essential elements of advanced primary care, including:

Principal care management (PCM) – disease-specific services to help manage a patient's care for a single, complex chronic condition that puts them at risk of hospitalization, physical or cognitive decline, or death

Communication technology-based services include:
- Virtual check-ins
- Remote evaluations of pre-recorded patient information
- Interprofessional consultations

APCM services allow you to:
- Provide patients with a wide range of services to meet their individual needs based on complexity
- Bill for these services using a monthly bundle (instead of billing for each individual service or recording minute by minute)

These services help simplify your billing and documentation requirements while ensuring that your patients have access to high-quality primary care services.

Note: Information contained on this slide was authored by Maryland Department of Health (MDH)

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Health Related Social Needs Assessment (HRSN)

Health Related Social Needs Assessment (HRSN)

- Effective July 1, 2025, MCOs will be required to ensure that members receive screening
  for health-related social needs sign a standardized tool.

- Providers can help by educating members of this mandate.

- One questionnaire per household.

No.	Section 1:	Personal Characteristics	Adults Only
1	Q4 in PRAPARE	Have you been discharged from the armed forces of the United States?	Yes
2	Q5 in PRAPARE	What language are you most comfortable speaking?	No
	Section 2:	Family and Home	
3	Q6 in PRAPARE	How many family members, including yourself, do you currently live with?	No
4	Q7 in PRAPARE	What is your housing situation today?	No
5	Q8 in PRAPARE	Are you worried about losing your housing?	No
	Section 3:	Money and Resources	
6	Q10 in PRAPARE	What is the highest level of school that you have finished?	Yes
7	Q11 in PRAPARE	What is your current work situation?	Yes
8	Q14 in PRAPARE	In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. (food, utilities, clothing, child care, medicine or any health care, phone, other)	No
9	Q15 in PRAPARE	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.	No
	Section 4:	Social and Emotional Health	
10	Q16 in PRAPARE	How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)	No
11	Q17 in PRAPARE	Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?	No
	Section 5:	Optional Additional Questions	
12	Q18 in PRAPARE	In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?	No
13	Q19 in PRAPARE	Are you a refugee?	No
14	Q20 in PRAPARE	Do you feel physically and emotionally safe where you currently live?	No
15	Q21 in PRAPARE	In the past year, have you been afraid of your partner or ex-partner?	No

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Value-added Benefits

Value-Added Benefits

We also offer extra benefits to help with the health and wellness of our members. To receive these extra benefits, members need to show their Aetna Better Health of Maryland ID card. Please see the table below to find out about the extra benefits. No prior authorization is required. **Please encourage you patients to contact Member Services at 1-866-827-2710, (TTY: 711).**

Value-added benefits

Benefit	Description
Adult (21+) vision	Annual exam and $200 toward the cost of prescription glasses or contact lenses.
Diaper program	Members newborn to 24 months can get a monthly supply of disposable diapers.
Healthy Rewards program	Members can get $10-$50 gift cards when they complete wellness activities such as vaccines, yearly checkups, diabetic eye exams, HbA1C tests, cervical cancer screenings.
Android smartphone	Free android smartphone with 1,000 talk minutes, 5GB of data each month and unlimited text messaging for members 18+.
Feminine hygiene	Female members ages 10-55 years can qualify to receive 3-month supply of feminine hygiene products.
Maternity Matters	Pregnant members are encouraged to make early and frequent prenatal and postnatal visits. Program includes: A $75 gift card for the first prenatal visit in the first trimester, within 42 days of plan enrollment and with notification of pregnancy to the health plan. Earn a $10 gift card for dental visit. Earn an additional $100 gift card for going to pre / postnatal appointments. Gift cards can be used at specific retailers for approved wellness items such as a stroller, portable crib, play yard, car seat or a diaper/wipe package.
Transportation services	Limited rides for required medical appointments only. Maximum of 12 round trips per year.
Carpet cleaning	Asthma and chronic obstructive pulmonary disease members receive one $150 gift card towards the cost of carpet cleaning services. Limit one per household.
School uniforms	Members enrolled in grades 1 to grade 5 who have completed health screening and wellness visits qualify for three sets of uniforms. Limit $100 per year.
Ted E Bear MD® Kids Club program	Members ages 2 to 18 can get help with weight management, healthy living education and local youth sports activity fee payments.

Value-Added Benefits continued

	CampusEd	Members age 16+ can get their GED and learn new job skills at no cost. Members have access to prep courses, assistance in scheduling exam and a voucher to pay for the exam. CampusEd provides career services support, resume assistance, opportunities to earn digital badges to show experience, and access to local employers currently recruiting employees.
	Swimming lessons	Members receive up to $50 gift card towards the cost of swimming lessons.
	After school engagement	Members ages 5 to 18 can get up to $60 per year for activities at participating YMCA, Boys and Girls Clubs, Boy Scouts or Girl Scouts.
	Weight management program	Membership to a 12-week class from the University of Maryland Weight Management program on healthy eating, exercise and behavior change.
	Healthy meal kits	Visit **healthymeals.aetna.com** to receive healthy meal kit ingredients delivered to your home.
	Over-the-counter supplies	Receive $15 monthly to purchase healthy supplies and products at CVS stores.

Community Outreach

Community Events

Each month our team hosts events across Maryland including:

- Health and resource fairs

- Laundry & Literacy events.. and much more

Behavioral Health
Leah Mandley, Sr. Clinical Strategist

Enhancing Engagement with Motivational Interviewing

80%
Of the interview the individual should be talking

20%
Of the interview the colleague should be talking

The emerging evidence for MI in medical care settings suggests it provides a moderate advantage over comparison interventions and could be used for a wide range of behavioral issues in health care.
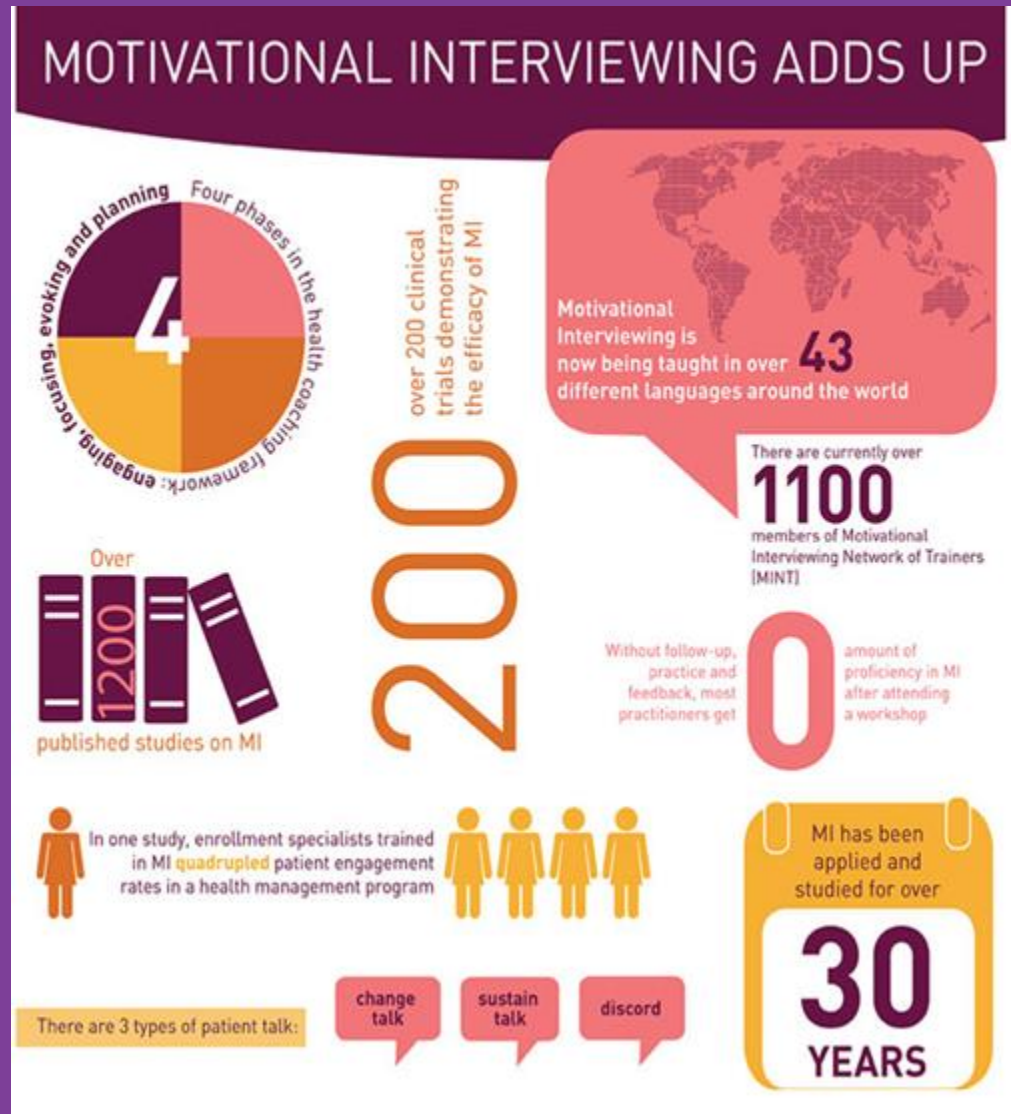
30
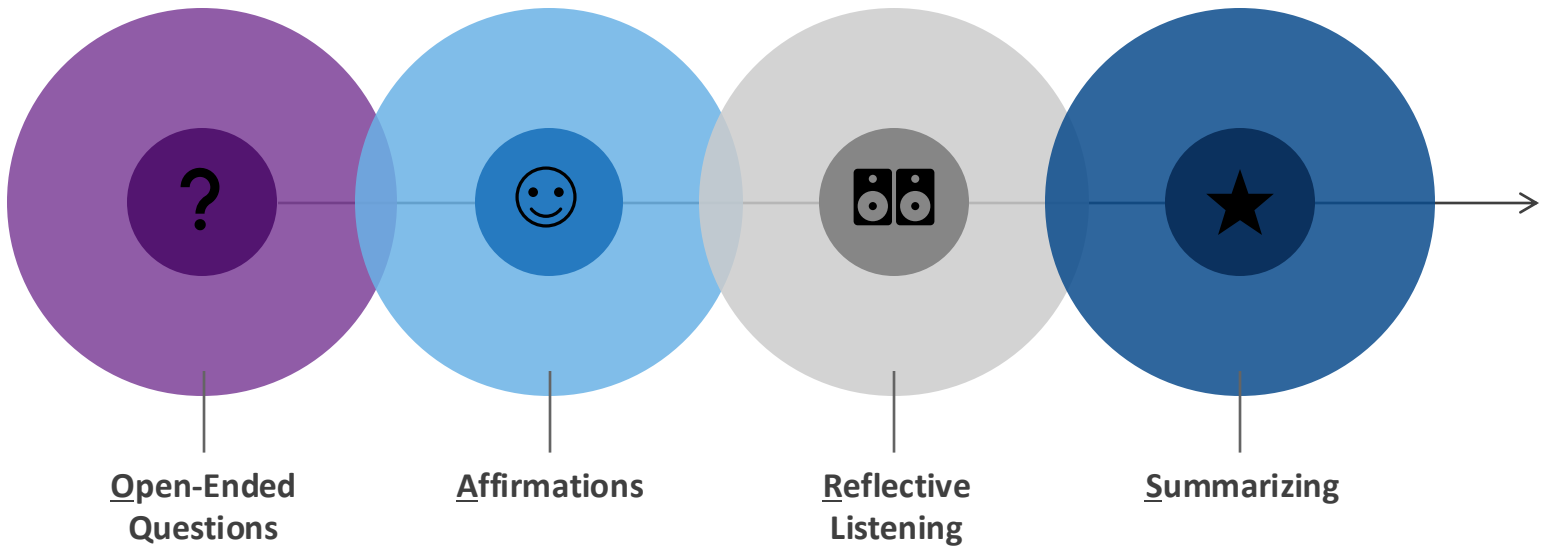MI has been used for over 30 years.

4x
Engagement rates when using MI

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MOTIVATIONAL INTERVIEWING ADDS UP

Four phases in the health coaching framework: engaging, focusing, evoking and planning

4

Over **1200** published studies on MI

over 200 clinical trials demonstrating the efficacy of MI

200

In one study, enrollment specialists trained in MI quadrupled patient engagement rates in a health management program

There are 3 types of patient talk: change talk, sustain talk, discord

Motivational Interviewing is now being taught in over **43** different languages around the world

There are currently over **1100** members of Motivational Interviewing Network of Trainers [MINT]

Without follow-up, practice and feedback, most practitioners get **0** amount of proficiency in MI after attending a workshop

MI has been applied and studied for over **30 YEARS**

OARS Method for Utilization of Motivational Interviewing (MI)

Open-Ended Questions

Affirmations

Reflective Listening

Summarizing

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Assessing Readiness for Change

Stage	Definition	Goal	Tools/Support
Pre-Contemplation	No intention to change behavior or unaware of need to change: "I can't/I won't:	Build Self Awareness; Discuss Risks and Benefits, Explore ambivalence	Create Supportive Relationship; Reassess at each visit
Contemplation	Aware that a problem exists; interested in changing within next 6 months. 80% of time spend in this stage: "I may"	Resolve ambivalence; explore pros and cons; assess knowledge	Give more information; health benefits; Encourage support network
Preparation	Open to and willing to change in next 30 days (planning): "I will"; Best stage to start a therapeutic endeavor	Resolve ambivalence; get commitment	Set small, specific, realistic goals; Develop action plan
Action	Initiation of change; committing to goal: Six months of sustained effort required for behavior change	Tailored self-help materials; encouragement for small changes	Rewards and social support; Greatest risk for relapse is change effort not sustained
Maintenance	Continued change > 6 months: Focus on trying to maintain the behavior change	Continued positive reinforcement and periodic follow-up	Lapse and relapse management; Continued self-monitoring and goal setting

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Behavioral Health Services

What is an ASO? Administrative Service Organization

Gaining a whole person perspective:

In Maryland, Mental Health and Substance Use services are, "carved out" of the MCO's contract, meaning care is coordinated through the states Administrative Services Organization (ASO) and the **Local Behavioral Health Associations (LBHA)**. The current ASO contracted with the state of Maryland is **Carelon.**

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.

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Behavioral Health Outliers that ABH of Maryland Manages

Psychological Testing for Surgical Procedures:

The MCOs are responsible for reimbursement of psychological testing when the following conditions are met:

1) the primary diagnosis is not a carved out behavioral health diagnosis in COMAR 10.67.08.02, or

2) when the participant is referred to testing prior to a medical or surgical procedure regardless of diagnosis. Example: Bariatric Surgery

PT 2027-24 Clarification

Collaborative Care Model (C0CM):

(CoCM) are specific FQHC's and PCP practices that meet the standards set up by the state. They have a:

- Licensed therapist on site to treat and support patients on an outpatient basis.

- Consulting psychiatrist for the therapist that is part of the team.

- For more information about CoCM models of care here: PT 2071-24

Psychotropic Medication Management:

For physicians that feel confident and comfortable in identifying and prescribing psychotropic medications and providing brief interventions for low acuity primary mental health condition.

Examples: Medication for Generalized Anxiety Disorder, or ADHD

Identification of and referral for Mental Health and Substance Use Disorders.

It is the responsibility of all clinical and support team members to be able to identify signs and symptoms of mental health and substance abuse concerns in patients.

- Use of SBIRT

- Referral to Behavioral Health Services.

- See next slides for more details.

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Screening for Behavioral Health Conditions

Release of Information (ROI)

Why:

- HIPPA, 42CFR, Privacy Laws

- Open Communication

- Timely delivery of services

- Safety

- Reduce overall cost of care

Behavioral Health (continued)

Remember that Behavioral Health Care is Medical Care: Normalize Behavioral Health

- While being in a carved-out state can create some complexities and barriers to gaining a whole person picture. It is possible to support our members in their behavioral health journey.

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SBIRT

SBIRT Improves Health and Reduces Health Care Costs

Studies show cost savings of $3.81 to $5.60 for every $1.00 invested in SBIRT services.

People who received screening and brief intervention experienced fewer:

Emergency department visits	↓ 20%
Non-fatal injuries	↓ 33%
Hospitalizations	↓ 37%
Arrests	↓ 46%
Motor vehicle crashes	↓ 50%

Source: Fleming, et al. (2000) Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Medical Care, 38(1), 7-18.

What: Originated in the 1980's when the CAGE, MAST, and DAT made SBIRT a viable public health approach to addressing substance misuse.

How: There are various SUD screening tools that are designed to be use for pregnant individuals. SBIRT is reimbursable as dictated by CMS.

Why:

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Where: Through multiple grants provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Maryland Behavioral Health Administration has implemented SBIRT in many healthcare settings across the state including hospital emergency departments, hospital mother-baby units, OB/GYN practices, detention centers, public school health centers, college health centers, and primary care practices. Training can be found for free at: BHA

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Behavioral Health Contact

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January 10, 2025

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Behavioral Health Contact Information

As of January 1, 2025, Mental Health and Substance Use your member benefits have transitioned to Carelon. Carelon will be the main point of contact for all your behavioral health needs and services.

The following are Carelon contact details:

- Website: https://www.carelonbh.com/maryland/en/home
- Phone Number: 1-800-888-1965
- Language assistance services: 1-800-888-1965 TTY: 711
- Address: 7550 Teague Road, Suite 500, Hanover, MD 21076

Direct email addresses for provider support are as follows:

- Provider inquires- Provider.Relations.md@carelon.com
- Utilization management- UMcorrespondenceMD@carelon.com
- Case management inquires- CaseManagementMD@carelon.com

If a member is in a behavioral health crisis the following resources are available:

- Behavioral Health Crisis Support Services by County-
  https://www.carelonbh.com/maryland/en/home/crisis-support-services#item_1
- Walk in and Urgent Care Behavioral Health Centers-
  https://health.maryland.gov/bha/Documents/Md%20Behavioral%20Health%20Walk-in%2c%20Urgent%20Care%20Resources.docx.pdf
- Emergency Psychiatric Hospital Facilities-
  https://app.smartsheet.com/b/publish?EQBCT=ed61a411ff5d48ada193bef3febe4124
- *988 is available 24/7 to members instant crisis support as well as CHAT support:
  https://chat.988lifeline.org/

It is vital that release of information is signed in order coordinate care between medical and behavioral health providers. The following link to the ROI is available here:
https://www.carelonbh.com/maryland/en/home/forms-and-documents#item_1

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Resources
Juanita Dail, Network Relation Manager

Provider Resources:

ABHMD Provider Website: For Health Care Providers | Aetna Medicaid Maryland

Provider Manual: Provider Manual

Quick Reference Guide: ABH-MD 2022 Provider Quick Reference Guide

Notices & Newsletters: Provider Notices & Newsletters | Aetna Medicaid Maryland

Claims: File or Submit a Claim | Aetna Medicaid Maryland

ProPat: Prior Authorization | Aetna Medicaid Maryland

Availity: Availity Essentials

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Questions

Thank you