

Reach out



AetnaBetterHealth.com/Maryland

Aetna Better Health® of Maryland

What to know about the telehealth program.

The Maryland Medicaid Telehealth Program was established to allow providers to deliver medically necessary services via telehealth. The telehealth program reimburses for services in the same manner as in-person visits. Aetna Better Health will reimburse all in-network providers for telehealth visits at the same rate as in-office visits that follow the Maryland Medicaid Telehealth Program requirements and have the appropriate billing codes.

Visit AetnaBetterHealth.com/Maryland/providers/resources/notices for a list of telehealth codes. You may also

visit the Maryland Department of Health's website at: MMCP.Health.Maryland.gov/Pages/Telehealth.aspx for more information on the Maryland Medicaid Telehealth Program.

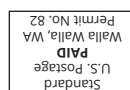
If you do not have internet access, call Member Services toll-free at **1-866-827-2710 (TTY: 711)** and the information can be mailed to you.

In this issue

- Promise program benefits pregnant and postpartum women
- Caring for people experiencing homelessness
- Using the ProPat tool for prior authorization requirements

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HEDIS guidelines for women’s health.

The National Committee for Quality Assurance (NCQA) has focused their HEDIS® guidelines regarding women’s health in three areas. These areas are breast cancer screenings, cervical cancer screenings, and prenatal and postpartum care.

Program	Who qualifies	Member reward
Breast cancer screening	Women ages 50 to 74 who have had a mammogram during the past two years	Members can earn a \$25 gift card.
Cervical cancer screening	Women 21 to 64 years of age who were screened for cervical cancer	Members can earn a \$25 gift card.
Prenatal and postpartum care (Promise Program)*	Women who complete at least seven of their regular prenatal visits and complete a postpartum follow-up visit between seven and 84 days after delivery	Members can earn \$10 for completing their prenatal visits and \$25 for their postpartum visit.

**The Promise Program is available to members through Aetna Better Health of Maryland Care Management. This program helps members learn how to take care of themselves and their baby. They get support and help throughout their pregnancy. Our Promise Program is a benefit for members before and after giving birth.*

Care for pregnant and postpartum women.

At Aetna Better Health of Maryland, we take the health and well-being of our pregnant and postpartum members very seriously. Our Promise Program is a benefit for our members before and after their baby is born. We offer incentives for completing first aid, birthing, infant care and parenting classes as well as for completing postpartum appointments between seven and 84 days after delivery.

Our Care Management program follows our members throughout their pregnancy and postpartum periods, completing assessments and helping with appropriate referrals for needed resources. We provide education regarding maintaining a healthy pregnancy and encourage our members to attend all prenatal and postpartum appointments. Our staff works with prenatal providers and specialists on behalf of our members to ensure uninterrupted care. Our members are referred to pediatricians in their area and encouraged to contact them prior to delivery.

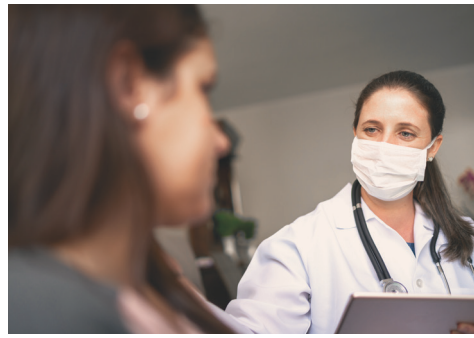
After delivery, our Care Management staff will contact the members about their recovery, caring and feeding of their newborn, and assessing their access to a pediatrician and WIC. We also pay close attention to their mental health well-being. We perform an Edinburgh Postnatal Depression Scale screening for our postpartum members and assist with accessing mental health counseling if needed. Members with ongoing disease management issues will be referred for general Care Management to ensure continuity of care.

Our Care Management goal is to collaborate with our members and providers to achieve a healthy pregnancy outcome.

Synagis 2020–2021.

In Maryland, respiratory syncytial virus (RSV) season typically starts in mid-October, peaks around December to January and ends in May.¹ Per the American Academy of Pediatrics guidelines, Synagis (palivizumab) is recommended for RSV prophylaxis within the first year of life if an infant is born before 29 weeks' gestation or for preterm infants (fewer than 32 weeks' gestation and a requirement for more than 21% oxygen for at least 28 days after birth) with chronic lung disease.²

Aetna Better Health of Maryland covers Synagis through our pharmacy prior authorization process when the criteria are met. Please visit our website for more information: **AetnaBetterHealth.com/Maryland**. Or contact Member Services toll-free at



1-866-827-2710 (TTY: 711) if you do not have access to the internet, and the information can be mailed to you.

1. RSV | Trends and Surveillance | Respiratory Syncytial Virus | CDC.gov. CDC.gov/RSV/Research/US-Surveillance.html. Published 2020. Accessed April 9, 2020.

2. Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. Pediatrics. 2014;134(2):415-420. doi:10.1542/peds.2014-1665

ePREP enrollment.

Maryland Medicaid's electronic Provider Revalidation and Enrollment Portal (ePREP) is live. ePREP is the one-stop shop for provider enrollment, re-enrollment, revalidation and demographic changes. As a reminder, effective Jan. 1, 2020, all Maryland Medicaid providers are required by the Maryland Department of Health to enroll in ePREP. Additional information and requirements can be found at **MMCP.Health.Maryland.gov/Pages/ePREP.aspx**.

Discover our community development events.

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



Let's connect.

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

Event name	Date/time	Location	Address
Latino Providers Network meeting	Aug. 24, 2020, noon to 2 PM	Sacred Heart of Jesus Church	600 S. Conkling Street, Baltimore, MD 21224
Baltimore County Local Health Improvement Coalition	Sept. 2, 2020, 3 to 5 PM	Drumcastle Government Center	6401 York Road, Third Floor, Baltimore, MD 21212

Caring for people experiencing homelessness.

Homelessness occurs across the state of Maryland in numbers larger than most people realize. The Code of Maryland Regulations (COMAR) defines “homeless” as a household that lacks a fixed, regular and adequate nighttime residence. Inquiries about residence should be included in the patient’s history and updated periodically.

When providing care for someone who is homeless or at risk of homelessness, it is important to consider the correlation of homelessness with poor health outcomes. Studies have shown that trauma is hazardous to one’s health, and experiences of trauma are pervasive amongst homeless populations. The experience of homelessness can be traumatizing and decrease life expectancy. Individuals experiencing homelessness are also at higher risk for poor mental health, substance abuse, and infectious and chronic illnesses.

Not having a place to call home is a health care issue. Imagine needing to store essential medications or medical equipment in a refrigerated place and not having one. Lack of access to a safe place to rest, a place to keep healthy foods, a toilet or a place to bathe makes it hard to practice healthy habits. During our current pandemic, it is difficult for members



of homeless communities to practice social distancing, self-isolate, sanitize and practice proper handwashing. Asking the people we provide care for about their housing status and other social determinants of health can give a clearer picture about their challenges.

Call us so that our Care Management staff can assist patients in finding housing or identifying resources in their communities. Feel free to share our Member Services number, which is **1-866-827-2710 (TTY: 711)**. **We can also be reached by email at AetnaBetterHealthMDSplNeedsCoord@Aetna.com or fax at 959-282-8012. We care and are here to help.**

Using the ProPat tool for prior authorization requirements.

To determine if prior authorization is required, providers can enter up to six CPT or HCPCS codes, or a CPT group, using our ProPat authorization tool. This tool is available to providers using our secure web portal.

Effective July 1, 2020, Aetna Better Health of Maryland

changed authorization requirements for various HCPCS and/or CPT codes. These authorization requirements have changed how claims are processed. There are 31 codes that now require prior authorization. These codes will be reviewed for medical necessity. There are 68 codes that no longer require prior

authorization. To view a listing of codes that will no longer require prior authorization, please review our secure web portal or the Notices section of our website. If you do not have access to the internet, contact Member Services toll-free at **1-866-827-2710 (TTY: 711)** and a list of the codes can be mailed to you.

Keep your provider roster up-to-date.

The working relationship that we maintain with each provider group is important. The provider data that is exchanged between your practice and our plan is shared with our members, who rely upon our website and Member Services team to provide them with accurate provider information to seek medical care and set appointments. Our health plan needs to ensure that each of our members has access to accurate and up-to-date information for our provider network.

Aetna Better Health of Maryland providers are required to notify us of any updates to your provider roster as changes occur. Prior to submitting provider and

roster updates to our health plan, we kindly request your review of the following critical elements that will impact network availability and claim payment:

- Individual/group NPI numbers contain 10 digits.
- Practice and mailing addresses match USPS records.
- Phone and fax numbers are provided for each site location.
- Each provider's Medicaid ID number is submitted.
- Medical license numbers and expiration dates are submitted.
- Dates of birth and Social Security numbers are validated.

Newly contracted providers will undergo Aetna's credentialing process, which can take up to 120 days to complete.

Provider portal.

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

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

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

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

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.

Interested in referring colleagues to our network?

In order to consider a practice for enrollment, we require an official letter of interest to be submitted to our

Provider Relations Department. It should contain the following:

- Practice name
- Form W-9

- Primary service location address
- Phone number
- Specialty
- NPI

- TIN
- Email address
- CAQH ID

 The letter can be emailed to **MarylandProviderRelationsDepartment@Aetna.com** or faxed to Provider Relations at **1-844-348-0621**. Upon receipt of the letter, we will review and contact you with a contracting decision.

Appointment availability.

On a quarterly basis, our health plan conducts surveys of our network to evaluate our providers' availability for urgent, routine and emergency care for our enrollees. We also survey for providers' after-hours availability. It is important for these survey calls to be answered completely and accurately, as this data is used to determine where to direct members for medical treatment.

When our health plan contacts you, our staff will always identify themselves as Aetna Better Health® of Maryland employees. Our intention is to complete the survey as quickly as possible to prevent any impact to your office's busy schedule. Your Provider Relations representative can assist you with any questions; call toll-free at **1-866-827-2710 (TTY: 711)**, 8 AM to 5 PM.

Appointment availability standards

The table below shows the standard appointment wait times for primary and specialty care. The table also reflects the standard for acceptable wait time in the office when a member has a scheduled appointment.

Provider type	Emergency services	Urgent care	Non-urgent	Preventive and routine care	Wait time in office standard
Primary care provider (PCP)	Same day	Within 48 hours	Within 72 hours	Within 30 days	No more than 60 minutes
Specialty referral	Within 24 hours	Within 48 hours	Within 72 hours	Within 30 days	No more than 60 minutes
Lab and radiology services	N/A	Within 48 hours	N/A	Within 3 weeks	N/A

Non-symptomatic office visits will include, but will not be limited to, well/preventive care appointments, such as annual gynecological examinations or pediatric and adult immunization visits.

Physicals	
Baseline physicals for new adult members	Within 90 calendar days of initial enrollment.
Baseline physicals for new children members and adult clients of DDD	Within 90 days of initial enrollment, or in accordance with Early Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines.
Routine physicals	Within 4 weeks for routine physicals needed for school, camp, work or similar.
Family planning services	Within 10 days of request.

Prenatal care: Members will be seen within the following time frames:

Three (3) weeks of a positive pregnancy test (home or laboratory)

Three (3) days of identification of high-risk

Seven (7) days of request in first and second trimester

Three (3) days of first request in third trimester

Initial appointments

Initial pediatric appointments | Within 30 days unless member is up to date with all Healthy Kids/EPSTD requirements, then schedule according to schedule.

Supplemental Security Income (SSI) | Each new member will be contacted within 45 days of enrollment and offered an appointment date according to the needs of the member, except that each member who has been identified through the enrollment process as having special needs will be contacted within 10 business days of enrollment and offered an expedited appointment.

If the member has a health need identified at the time of enrollment (members are asked to complete the Health Service Needs Information at the time of enrollment, which is transmitted to the MCO.) | Within 15 days.

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.**

Check out our website.

AetnaBetterHealth.com/Maryland

- What you can find:
- Information about member rights and responsibilities
 - Provider handbook
 - Provider directory
 - Pharmacy/prescription and other health information
 - Information about our Care Management program, Utilization Management program and our Quality programs
 - Clinical Practice Guidelines
 - Affirmative Action and nondiscrimination information

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

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 (Aetna Better Health of Maryland, PO Box 81040, 5801 Postal Road, Cleveland, OH 44181).**

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

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



Reminder.




All provider appeals should be sent to:

Aetna Better Health of Maryland
Attn: Grievances & Appeals
PO 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 for additional information at [AetnaBetterHealth.com/Maryland/wellness/care](https://www.AetnaBetterHealth.com/Maryland/wellness/care).

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

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

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

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