



FAX

To: All Aetna Better Health of Louisiana Providers

Date: June 27, 2016

Newsletter: Provider Relations Newsletter Second Quarter—Spring 2016.

Credentialing Changes

We are in the middle stages of implementing some changes to our credentialing process. These changes are to ensure our members are receiving quality care from our providers. And to ensure our providers are properly credentialed and receiving the benefits of being contracted and credentialed with Aetna Better Health of Louisiana in a timely manner. Our changes are as follows and applicable to new provider credentialing and recredentialing:

1. CAQH: Please complete your Credentialing Council for Affordable Quality Health Care (CAQH®) application and reattest at least every 90 days. The credentialing process is easier and faster when a complete application (including initial attestation or reattestation) is available on the CAQH® web portal.
2. OIG Form: Aetna Better Health of Louisiana *Provider & Subcontractor Disclosure of Ownership & Controlling Interest Worksheet*. To comply with Federal law (42 CFR 455.100–106), health plans with Medicaid business must obtain certain information about the ownership and control of entities with which the health plan contracts for services for which payment is made under the Medicaid program.

For any questions regarding changes to our credentialing requirements, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

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Corrected Claims submission

Providers seeking a correction or reprocessing of a previously adjudicated claim must request such action within 90 days of the original remittance advice unless otherwise stated in the provider contract. Requests for correction of a claim submitted after the 90 day period or the timeframe specified in the provider contract cannot be considered.

Providers may resubmit a claim that was originally denied because of missing documentation, incorrect coding, or was incorrectly paid or denied because of processing errors.

When submitting corrected claims to Aetna Better Health of Louisiana, please submit in the following manner:

1. Write CORRECTED CLAIM on any paper claims submissions.
2. Submit electronic claims with Bill type 7, indicating "corrected" or "replacement" claim.

*You may also submit electronic claims with Bill type 8, indicating "void" claim.

Claims Reconsideration or Appeal? What's the difference?

Claims Reconsideration

A claims reconsideration is when a claim has been adjudicated and the provider disputes for the following reasons:

1. Itemized Bill: All claims associated with an Itemized Bill must be broken out per Rev code to verify charges billed on the UB match the charges billed on the Itemized Bill. (Please attach I-Bill that is broken out by rev code with sub-totals.)
2. Duplicate Claim: Review request for a claim whose original reason for denial was "duplicate."

Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed.

3. Corrected Claim: The corrected claim must be clearly identified as a corrected claim by writing or stamping "corrected" claim.
4. Coordination of Benefits: Attach EOB or letter from primary carrier and forward to the claims department identifying as "corrected" claim.

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5. Proof of Timely Filing: For electronically submitted claims provide the second level of acceptance report. Refer to Proof of Timely Filing Requirements in your Provider Manual.
6. Claim/Coding Edit: Aetna Better Health of Louisiana uses two (2) claims edit applications. Please refer to the Provider Manual (Chapter on Encounters, Billing and Claims) on the Aetna Better Health of Louisiana website **www.aetnabetterhealth.com/Louisiana** for more information on claim editing and the National Correct Coding Initiative.

Claims Appeal

A provider may file an appeal by formal request to reconsider a decision within thirty (30) calendar days from the date of the Aetna Better Health of Louisiana claim adjudication.

A claims appeal is when a claim has been adjudicated and the provider disputes/disagrees with the outcome for the following reasons:

1. Prior Authorization Appeal: Appeal of a denial for no authorization.
2. Level of Care Appeal: Appeal of a denial due to inappropriate level of care utilization for our member.
3. Medical Necessity Appeal: Appeal of a denial due to medical necessity or lack of documentation submitted with initial claims submission.
4. Payment Dispute: Appeal of the amount a claim was paid.
5. Untimely Filing Appeal: Appeal of a denial that was issued due to timely filing.
6. Claim/Coding Edit Appeal: Appeal of a denial or reduction of billed units due to claim edits.
7. Other Appeal Request

To submit your appeal, visit **www.aetnabetterhealth.com/louisiana/providers/appeals** to download a “Request for Appeal” form. Written appeals should be sent to the following address:

Aetna Better Health of Louisiana
Grievance System Manager
2400 Veterans Memorial Blvd, Suite 200
Kenner, LA 70062
FAX: 1-860-607-7657

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Notification of Pregnancy Form

Aetna Better Health of Louisiana has a new and updated notification of pregnancy form. The completion of this form as early as possible allows us to best service your patients to achieve healthy pregnancy outcomes. This new NOP form is an online fillable form and upon submittal it directly reaches our care management team in an expedited manner. The completion of this form will help to identify high-risk pregnancies and assist in linking these members to case management enrollment. This form is located on the Aetna Better Health of Louisiana website under For Provider; Resources; then Forms.

To download our Notification of Pregnancy form, visit www.aetnabetterhealth.com/louisiana/assets/pdf/providers/LA-NoticeofPregnancy.pdf

For any questions regarding the Notification of Pregnancy Form, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Member Rights

Members, their families, and guardians have the right to information related Aetna Better Health of Louisiana, its services, its providers and member rights and responsibilities in a language they can understand.

Members have the following rights:

- To be treated with respect and with due consideration for his/her dignity and privacy
- Privacy when you are at an office visit, getting treatment or talking to the health plan. Have your privacy protected.
- Know if your health information was shared without your okay
- To participate in decisions regarding his/her health care, including the right to refuse treatment for religious and any other reason
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the Federal regulations on the use of restraints and seclusion
- To be able to request and receive a copy of his/her medical records, (one copy free of charge) and request that they be amended or corrected
- To receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee-For-Service and are

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sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished

- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition
- To receive all information — e.g., enrollment notices, informational materials, instructional materials, available treatment options and alternatives — in a manner and format that may be easily understood as defined in the Contract between DHH and Aetna Better Health of Louisiana
- To receive assistance from both DHH and the Enrollment Broker in understanding the requirements and benefits of Aetna Better Health of Louisiana
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
- To be notified that oral interpretation is available and how to access those services
- As a potential member, to receive information about the basic features of the Healthy Louisiana program; which populations may or may not enroll in the program and Aetna Better Health of Louisiana's responsibilities for coordination of care in a timely manner in order to make an informed choice
- To receive information on Aetna Better Health of Louisiana's services, to include, but not limited to:
 - Benefits covered;
 - Procedures for obtaining benefits, including any authorization requirements;
 - Any cost sharing requirements;
 - Service area;
 - Names, locations, telephone numbers of and non-English language spoken by current contracted providers, including at a minimum, primary care physicians, specialists, and hospitals;
 - Any restrictions on member's freedom of choice among network providers;
 - Providers not accepting new patients; and
 - Benefits not offered by Aetna Better Health of Louisiana but available to members and how to obtain those benefits, including how transportation is provided.
- To receive a complete description of disenrollment rights at least annually
- To receive notice of any significant changes in core benefits and services at least 30 days before the intended effective date of the change
- To receive information on grievance, appeal and State Fair Hearing procedures
- To voice complaints, grievances, or appeals about Aetna Better Health of Louisiana of the care provided to members

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- To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
 - What constitutes an emergency medical condition, emergency services, and post-stabilization services;
 - That emergency services do not require prior authorization;
 - The process and procedures for obtaining emergency services;
 - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract;
 - Member's right to use any hospital or other setting for emergency care; and
 - Post-stabilization care services rules as detailed in 42 CFR §422.113(c).
- To receive Aetna Better Health of Louisiana's policy on referrals for specialty care and other benefits not provided by the member's PCP.
- To make recommendations about Aetna Better Health of Louisiana's member rights and responsibilities policy
- To have his/her privacy protected in accordance with the privacy requirements in 45 CFR Parts 160 and 164 Subparts A and E, to the extent that they are applicable.
- To exercise these rights without adversely affecting the way Aetna Better Health of Louisiana, its providers, or DHH treat the member.

Member Responsibilities

Aetna Better Health of Louisiana encourages members to be responsible for their own health care by becoming informed and active participants in their care. Aetna Better Health of Louisiana members, their families, or guardians are responsible for:

- Knowing the name of the assigned PCP and care manager
- Familiarizing themselves about their coverage and the rules they must follow to get care to the best of the member's ability
- Respecting the health care professionals providing service
- Contacting Aetna Better Health of Louisiana to obtain information or share any concerns, questions or problems
- Accurately providing all necessary health related information needed by the professional staff providing care or letting the provider know the reasons the treatment cannot be followed, as soon as possible
- Following instructions and guidelines agreed upon with the health care professionals giving care and cooperating fully with providers in following mutually acceptable courses of treatment

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- Understanding their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible, and letting their doctor know if they do not understand
- Asking questions of providers to determine the potential risks, benefits and costs of treatment alternatives and following the prescribed treatment of care recommended by the provider
- Reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and worsening of the condition arises
- Reporting changes like address, telephone number and assets, and other matters that could affect the member's eligibility to the office where the member applied for Medicaid services
- Protecting their member identification card and providing it each time they receive services
- Informing Aetna Better Health of Louisiana of the loss or theft of their ID card
- Disclosing other insurance they may have and applying for other benefits they may be eligible for
- Scheduling appointments during office hours, when possible
- Being present at scheduled appointments, arriving on time, and making any needed follow-up appointments
- Notifying the health care professionals in advance if it is necessary to cancel or reschedule an appointment
- Bringing immunization records to all appointments for children under eighteen (18) years of age
- Accessing preventive care services, living health lifestyles, and avoiding behaviors known to be detrimental to their health
- Following Aetna Better Health of Louisiana's grievance processes if they have a disagreement with a provider.

For questions or concerns regarding Member Rights and Responsibilities, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Clinical Policy Bulletins

Our Clinical Policy Bulletins (CPBs) explain the medical, dental and pharmacy services we may or may not cover. They are based on objective, credible sources, such as the scientific literature, guidelines, consensus statements and expert opinions.

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Our Medical Clinical Policy Bulletins (CPBs) detail the services and procedures we consider medically necessary, cosmetic, or experimental and unproven. They help us decide what we will and will not cover. CPBs are based on:

- Peer-reviewed, published medical journals
- A review of available studies on a particular topic
- Evidence-based consensus statements
- Expert opinions of health care professionals
- Guidelines from nationally recognized health care organizations

To review our CPBs, visit www.aetnabetterhealth.com/louisiana/providers/guidelines and select the Clinical policy bulletins section.

Provider Relations Liaisons

If you have any issues or concerns, please contact your Aetna Better Health of Louisiana Provider Relations Liaison; listed here by their regional assignment.

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson DickersonK2@aetna.com	504-462-9986
2	Aieta Davis DavisA12@aetna.com	225-316-3106
3	Eve Serbert SerbertE@aetna.com	504-220-1413
4	Clarence Grant GrantJrC@aetna.com	504-220-1367
5	Adrian Lozano LozanoA@aetna.com	504-402-3417
6	Eve Serbert SerbertE@aetna.com	504-220-1413
7	Chemeka Turner TurnerC7@aetna.com	318-349-6493
8	Chemeka Turner TurnerC7@aetna.com	318-349-6493
9	Marion Dunn DunnM7@aetna.com	504-444-6569
Regions 1-9	Behavioral Health Provider Relations Liaison Brandy Wilson WilsonB8@aetna.com	504-264-4016

For any questions or to contact your Provider Relations Liaison, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Thank you,
Aetna Better Health of Louisiana

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