



Aetna Better Health® of Maryland



Spring 2019

Men's Health Week: June 10-16, 2019

The purpose of Men's Health Week is to heighten awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

This week gives health care providers, public policy makers, the media and individuals an opportunity to encourage men and boys to seek regular medical advice and early treatment for disease and injury.

The week is observed with hundreds of awareness activities in the USA and around the globe. In Maryland, the Johns Hopkins Bloomberg School of Public Health and the Men's Health Network

team up to promote Meatless Monday, a national health campaign to help Americans prevent heart disease, stroke, diabetes and cancer — four of the leading causes of death in America.

Is your office doing something special to promote men's health? Let us know by emailing us at outreachmd@aetna.com!

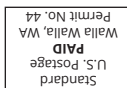
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Aetna Better Health® of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090-2256

Men: Let's do this!

Help your male patients take control of their health

Most men pay less attention to their own health than to other important matters, like their job, home and family. But they deserve good health — and a good, long life.

As a primary care provider (PCP), family physician or internist, you perform regular checkups and help make sure members get the care they need, which may include:

Health screenings

to detect silent health problems, like high blood pressure, type 2 diabetes, colon cancer and heart disease.

Vaccines, another important tool for good health. Are your patients due for a tetanus booster? A shingles shot? Do they get a flu vaccine every year? Getting recommended vaccinations can help patients avoid painful and serious diseases.

Encourage patients to open up

As a provider you are there to help — not judge. Encourage men to talk about sensitive topics that may be keeping them from a healthier life, such as:

Mental health.

Don't ignore signs of depression, which is a serious illness. Treatment helps most people

with depression enjoy life again.

Increased drinking or smoking habits. Provide accountability if patients drink alcohol to excess or smoke tobacco or other substances. Discuss all health risks with your patients.

Low energy level or sex drive. Low testosterone levels may be the reason for reduced energy or

sex drive. Many of these conditions are treatable.

Helping your patients set goals like eating right, exercising regularly, losing weight and quitting tobacco can help them achieve a healthy life.

Sources: American Heart Association; Hormone Health Network; National Institutes of Health; U.S. Department of Health and Human Services



Member education opportunities

For assistance with member education opportunities, please contact Aetna Better Health Member Services at **1-866-827-2710**.

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

Provider health education plans

Is an Aetna Better Health member experiencing a health concern? To access our health educator or request educational materials for your members, call our Prevention and Wellness Coordinator, LyAvia Patterson, at **443-457-5344**. Here is an upcoming event.

Heart Disease

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

Check the aetnabetterhealth.com/maryland website for a calendar of upcoming events.

Aetna Better Health formulary update

Aetna Better Health's pharmacy drug list is available on our website and contains the most recent changes to the formulary. It is updated on a monthly basis and can be accessed 24 hours a day, 7 days a week. To see the latest version of the pharmacy drug list, please visit the website at aetnabetterhealth.com/maryland/providers/pharmacy/drug-list.

Pharmacy mail-order change

Pharmacy mail-order and home delivery is transitioning from Aetna Rx Home Delivery (ARxHD) to CVS Caremark Mail Service Pharmacy. We began the transition to CVS Caremark Mail Service Pharmacy on April 26, 2019. The transition was completed by May 10, 2019.

We expect this transition to be seamless for our members and providers. Provider prescriptions will reroute, and they'll receive information via the June 2019 OfficeLink Updates newsletter to update their e.Prescribing NPI number for mail order. Member and provider call centers have received information and are prepared to answer questions.

Providers will not need to change how and where they submit prescriptions for mail-order pharmacy. We will reroute prescriptions to CVS Caremark Mail Service Pharmacy. Providers will receive information in the Provider Newsletter about updating their e.Prescribing NPI number for mail-order pharmacy. Providers submitting electronic prescriptions will receive notice to use the CVS Caremark Mail Service Pharmacy NPI after the May 10 migration is completed.

The Customer Care number on the member's ID card will not change, and when it's time for their next refill, patients will refill as they normally would. Any remaining refills will transfer over.

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
Radiothon 5K	June 8, 2019 3-7 p.m. (EST)	Harry Grove Stadium	21 Stadium Drive Frederick, MD 21703
Farmers Market	June 15, 2019 10 a.m.-noon	SHABACH	3600 Brightseat Road Landover, MD 20785
HRDC Office of Housing Opportunities Brown Bag	June 20, 2019 11 a.m.-12:30 p.m. July 18, 2019 11 a.m.-12:30 p.m.	Second Baptist Church	1 Grand Ave. Cumberland, MD 21502
Farmers Market	July 20, 2019 10 a.m.-noon	SHABACH	3600 Brightseat Road Landover, MD 20785
HRDC Office of Housing Opportunities Brown Bag	Aug. 15, 2019 11 a.m.-12:30 p.m.	Second Baptist Church	1 Grand Ave. Cumberland, MD 21502
Farmers Market	Aug. 17, 2019 10 a.m.-noon	SHABACH	3600 Brightseat Road Landover, MD 20785



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**.

ePREP is here!

What is ePREP? It's the Maryland Department of Health (MDH) Provider Revalidation and Enrollment Portal, and it's the one-stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes.

Benefits of using ePREP:

- Applications can be filled out electronically instead of on paper.
- It's easier and quicker to fill out.
- It generates only the fields necessary for the application type.
- Processing times are shorter.
- You have access to your Maryland Medicaid information (now called an Account in ePREP).
- You can see the status of your account (active, suspended or inactive).
- You can see your affiliations.
- You can see all of your demographic information.

While ePREP supports using other browsers, it works best in Google Chrome.

For questions and support:
Call Center: **1-844-4MD-PROV**

(1-844-463-7768); email:
MDProviderRelations@
automated-health.com

Visit MDH's ePREP website: **health.maryland.gov/eprep.**

To access Maryland Medicaid's ePREP Portal and to visit the ePREP website, please go to **ePREP.health.maryland.gov.**

Resources

Training opportunities:
Maryland Medicaid, in partnership with Automated Health Systems (AHS), will offer live and recorded trainings. These trainings will address ePREP functionality for providers and credential analysts.

Upcoming ePREP Supplemental Application Submission Webinars:

May 23, 2019, 11 a.m.–noon

Registration URL:

attendee.gotowebinar.com/register/4652479396656373761

June 26, 2019, 1–2 p.m.

Registration URL:

attendee.gotowebinar.com/register/1420439678041437953

Claim inquiries

Participating providers may review the status of a claim by checking the Secure Provider Web Portal located on our website at **aetnabetterhealth.com/maryland** or by calling our Claims Inquiry Claims Research (CICR) department, headed by Ashley Rebolledo, toll-free at **1-866-827-2710** (8 a.m. to 5 p.m. EST).

Claims and resubmissions

We require clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure

Corrected claims must be submitted within 60 days of the last rejection. Participating providers are required to submit valid, current HIPAA-compliant codes that most accurately identify the member's condition or service(s) rendered.

Four million reasons to celebrate

Earlier this month, we joined the rest of the nation to celebrate National Nurses Week. In 1993, the American Nurses Association declared May 6–12 to recognize the vast contributions and positive impact of America's 4 million registered nurses.

In honor of all the nurses who serve Aetna Better Health members, thank you every day for all you do!

**NATIONAL
NURSES WEEK**



Is your Medicaid directory information up-to-date?

The Centers for Medicare & Medicaid Services (CMS) requires all Medicaid organizations to contact you at least quarterly to confirm that the information about you in our directory is accurate.

This includes:

- The ability to accept new patients
- Your street address
- Your phone number
- Any other changes that affect availability to patients



Aetna Better Health of Maryland is currently undertaking an outreach campaign to update our information. If you notify us of any changes, we have 30 days to update the online directory.

aetnabetterhealth.com/maryland

CMS approves Maryland Medicaid 1115 waiver

Maryland's section 1115 waiver application for a demonstration to expand access to diabetes care, substance abuse services and other health care services for Medicaid beneficiaries in Maryland was approved on March 18, 2019.

"Policies designed to improve beneficiary health and lower program costs make it more practicable for states to make improvements and investments in their Medicaid program and ensure the program's sustainability so it is available to serve those who need it most.

"The state will test the impact the DPP has on all hospital admissions, medications, total cost of care, incidence of diabetes and utilization of emergency medicine services," CMS said.

The Diabetes Prevention Program (DPP) is open to individuals ages 18

to 64 and who have prediabetes or are at high risk of developing type 2 diabetes.

Lifestyle coaches will deliver the program services through in-person and online models that align with standards of the Centers for Disease Control and Prevention (CDC), and Maryland policymakers will assess the program's effects on health care utilization.

The amendment also includes the expansion of substance use disorder (SUD) residential services, which will enable the state to extend coverage of Medically Managed Intensive Inpatient Services (ASAM Level 4.0) for up to 15 days per month.

The coverage will extend to individuals between the ages of 21 and 64 who are residing in institutions for mental conditions

and have a primary SUD diagnosis and a secondary mental health diagnosis. The state will determine whether this expansion affects existing quality and cost measures.

In addition to diabetes and substance use services, the amendment will establish an adult dental pilot program to expand access to oral care.



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.

Clinical Practice Guidelines updated

Aetna Better Health of Maryland has updated our Clinical Practice Guidelines. See updates and new additions on our website under “For Providers” and “Guidelines,” where you will find both clinical practice guidelines and preventive care guidelines.

If you do not have access to the internet, call **1-866-827-2710** and a paper copy can be sent to you.



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.

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).

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** or **1-800-828-1120 (TTY)**, 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** or **1-800-828-1120 (TTY)**.

Medicaid member renewal of coverage

In accordance with CMS procedures, Medicaid recipients must renew their eligibility every 12 months. This process is also known as getting a redetermination. Redeterminations for most Medicaid recipients are processed by Maryland Health Connection.

Recipients who must have their eligibility redetermined using Maryland Health Connection will receive a letter in the mail with instructions on how to renew their benefits. Aetna Better Health of Maryland makes a series of calls and sends text messages to its members to help facilitate the renewal process.

The instructions to renew eligibility can be found on the Maryland Health Connection website: mmcp.health.maryland.gov/Documents/RedetMAQRGversion2_revised_1.21.15.pdf

 Please refer any member who needs assistance to Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573) or to Aetna Better Health of Maryland Member Services at 1-866-827-2710 (TTY: 711) for further assistance.



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** and ask for the care management department or email the care management department at aetnabetterhealthmdcm@aetna.com.

Provider and network services

Aetna Medicaid's Provider and Network Services is the primary contact for hospitals, physicians and other providers who are participating in or would like to participate in our networks. This team leads provider contracting and network development for our health plan. They act as a liaison for our contracted providers.

They also work to educate, solve problems, and provide answers and assistance to providers so that they can more effectively serve our members.

Our health plan has a dedicated Provider Relations team assigned to each provider. They are available to answer questions about credentialing, claims and other topics from all providers, both in-network and out-of-network.

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. 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.

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it.

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.**

How we make utilization management coverage decisions

When making coverage decisions, Aetna Better Health of Maryland follows the health care rules of the state of Maryland's HealthChoice Program.

These rules determine the type of treatments that will be covered for members. Providers can obtain the criteria to make coverage decisions by calling Provider Relations at **1-866-827-2710** and pressing *.

Medical necessity criteria

The HealthChoice Program's definition of "medically necessary" means that the service or benefit is:
Directly related to diagnostic, preventive, curative, palliative, habilitative or ameliorative treatment of an illness, injury, disability or health condition

Consistent with current accepted standards of good medical practice

The most cost-effective service that can be provided without sacrificing effectiveness or access to care
Not primarily for the convenience of the member, the member's family or the provider

Aetna Better Health of Maryland's staff and its providers must make health care decisions based on the appropriate care and service rules, including member eligibility. There are no rewards or financial incentives for providers or staff for the denial or reduction of any member services.

Specific criteria will be made available to you upon request.

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. Models may be used in photos and illustrations.