aetna®

AetnaBetterHealth.com/Maryland

Aetna Better Health® of Maryland

Check out the Availity Provider Portal.

Now open to all Aetna Medicaid providers.

You told us you wanted one efficient workflow to communicate with payers, so we teamed up with Availity® to streamline the process. We are excited to announce that Aetna Medicaid is now on the Availity Provider Portal, the same platform used by Aetna Commercial and Medicare. That means you only need access to one website to interact with all Aetna products, using your secure Availity username and password.

On the Availity portal for Aetna Medicaid providers, you can use:

- Payer spaces
- Claims submission link (Change Healthcare)
- Messaging system
- Claims status inquiry
- Grievance and appeal submission and status
- Panel roster/panel lookup

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Summer 2021
86.22.354.1-SU (8/21)

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509 Progress Drive, Suite 117
Linthicum, MD 21090-2256

How to provide information on family planning.

The components of a family planning examination are very important.
They include:

- Assessing a member's risk for unintended pregnancy, poor pregnancy outcome or need for family support services
- Providing age-appropriate information to members and understanding the need for confidentiality of information
- Providing pregnancy diagnosis and counseling, including:
  - Referral to a participating obstetric practitioner or provider for early entry into prenatal care, for members diagnosed as pregnant who wish to continue the pregnancy
  - Information on all legal options available for members diagnosed with unintended pregnancies and, if they desire, referral for appropriate obstetric and gynecologic services
  - Information about the availability of contraceptive methods for nonpregnant members
- Giving early notification to Aetna Better Health of high-risk pregnancies
- Providing education, including:
  - Reasons why family planning is important to maintain individual and family health
  - Basic information regarding reproductive anatomy
  - Risk factors and complications of various contraceptive methods
  - Information on the transmission, diagnosis and treatment of sexually transmitted diseases
  - Information about acquired immunodeficiency syndrome (AIDS)/human immunodeficiency virus (HIV)
  - Procedures of breast self-examination

Aetna Better Health encourages health care practitioners and providers to notify the health plan of newly diagnosed pregnancies within seven days.

Check out the Availity Provider Portal.

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- Reports
  - Provider deliverables manager (PDM)/ProReports
  - Ambient (business intelligence reporting)
- Prior authorization submission and status lookup
- Eligibility and benefits lookup

Get registered.

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to start using the available tools and features.

If you have not registered, we recommend that you do so immediately. Go to **Availity.com/Provider-Portal** for free tips and training on how to register with Availity. You may also call Availity Client Services at **1-800-282-4548** between the hours of 8 AM and 8 PM Eastern time, Monday through Friday (excluding holidays).

Do you screen for substance use disorders?

Before writing a prescription for an opiate or any controlled substance, providers should use a standardized tool(s) to screen for substance use. Screening, brief intervention and referral to treatment (SBIRT) is an example of a screening tool.

Caution should be used in prescribing opioids for any patients who are identified as having any type of or history of substance use disorder. Providers should refer any patient who is identified as having a substance use disorder to a substance use treatment program.

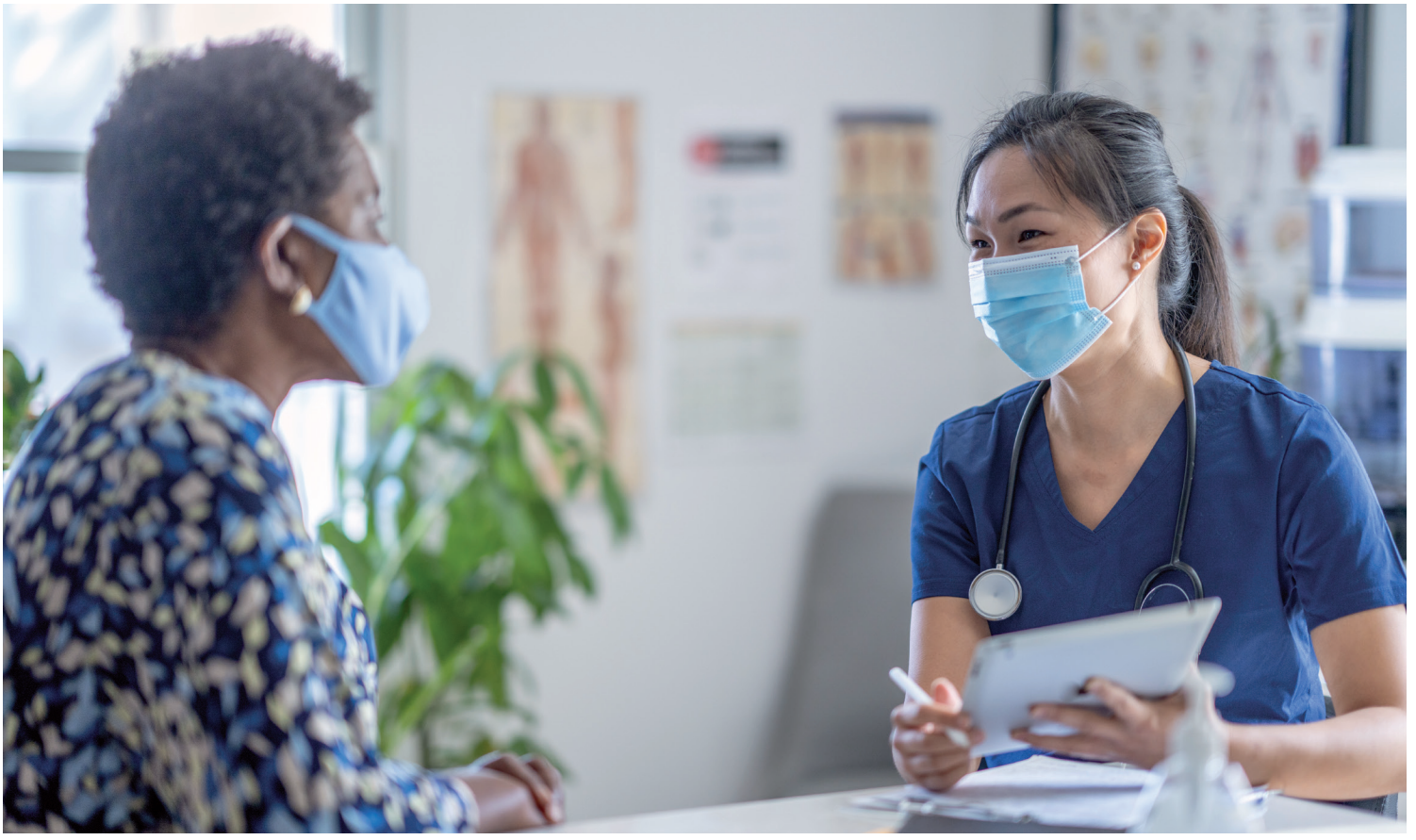
SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs. The practice has proved successful in hospitals, specialty medical practices, emergency departments and workplace wellness programs.

SBIRT can be easily used in primary care settings. It enables providers to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may complicate their ability to successfully handle health, work or family issues.

How to bill for SBIRT

The provision of SBIRT is a billable service under Medicaid. Information on billing may be accessed here: **health.maryland.gov/mdpcp/Documents/9.MDPCP%20BHI%20-%20Billing%20and%20Coding.pdf**. Use HCSPS code W7000, W7010, W7020, W7021 and W7022. When billing with H1003, the provision of this service must be in addition to the alcohol and substance use counseling component of "Enriched Maternity Services."

More screening tools
You can find more information about SBIRT and other substance use screening tools at **integration.samhsa.gov/clinical-practice/screening-tools**.



ConnectCenter: A better way to submit claims.

We are pleased to announce the availability of a solution for verifying member information and submitting claims to Aetna Better Health. This online solution, ConnectCenter, provides a comprehensive way to submit Aetna Better Health claims at no cost.

Get started today

Go to **physician.connectcenter.changehealthcare.com**. You will be able to set up a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility.

Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page!

Here are a few of the features you can look forward to with ConnectCenter:

- Member eligibility can be verified in real time.
- Claims can be created through online data entry or by uploading 837 files created in a practice management or similar system.
- Secondary and tertiary claims can be submitted.
- Both professional and institutional claims are supported.
- Claims are fully validated in real time so that you can correct them immediately after creating or uploading them.
- Whether you upload your claims or create them online, your claim reports are integrated with the claim-correction screen for ease in follow-up.
- Dashboard and work list views make managing your billing to-do list a snap.
- On-shore customer support is available through online chat (as well as by phone).

When to submit a claim dispute.

Please submit a claim dispute for claim resubmission (e.g., corrected claims) and reconsiderations. A dispute is an expression of dissatisfaction with any administrative function, including policies and decisions, based on contractual provisions and inclusive of claim disputes.

Pre-service denials are processed as member appeals and are subject to member policies and time frames.

Resubmission

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.

A corrected claim is an example of a claim resubmission. It should include a newly added modifier, code change or any change to the original claim. The claim must use the appropriate resubmission type of bill or be marked as a corrected claim. Corrected claims must be submitted within 180 days.

Reconsideration

Reconsideration is a request from a provider for Aetna Better Health to reconsider its decisions. Examples include the following:

- **Itemized bill.** All claims associated with an itemized bill must be broken out per revenue (rev) code to verify that charges billed on the UB match the charges billed on the itemized bill. Please attach an itemized bill that is broken out by rev code with subtotals.
- **Duplicate claim.** Review request for a claim that originally had a denial reason of "duplicate." Provide documentation as to why the claim or service is not a duplicate, such as medical records showing that two services were performed.
- **Retro-authorization request.** Claims that were denied due to no authorization on file. Medical records must be included.
- **Coordination of benefit.** Attach primary insurer's explanation of benefit (EOB).
- **Proof of timely filing.** For electronically submitted claims, provide the second level of acceptance report.

Disputes may be submitted via the Availity Portal, called in to Provider Relations at **1-866-827-2710** or mailed to:

Aetna Better Health of Maryland
Claims and Resubmissions
P.O. Box 61538
Phoenix, AZ 85082-1538

When to submit an appeal.

An appeal is a request by a provider to appeal actions of the health plan when the provider:

- Has a request for a retro-authorization of service delivery denied or not acknowledged with reasonable promptness
- Has a claim that has been denied or paid differently than expected and was not resolved to the provider's satisfaction through the provider claim dispute process

Appeals must be requested within ninety (90) business days from the date of retro-authorization denial or the date of an adverse determination in the provider claim dispute process.

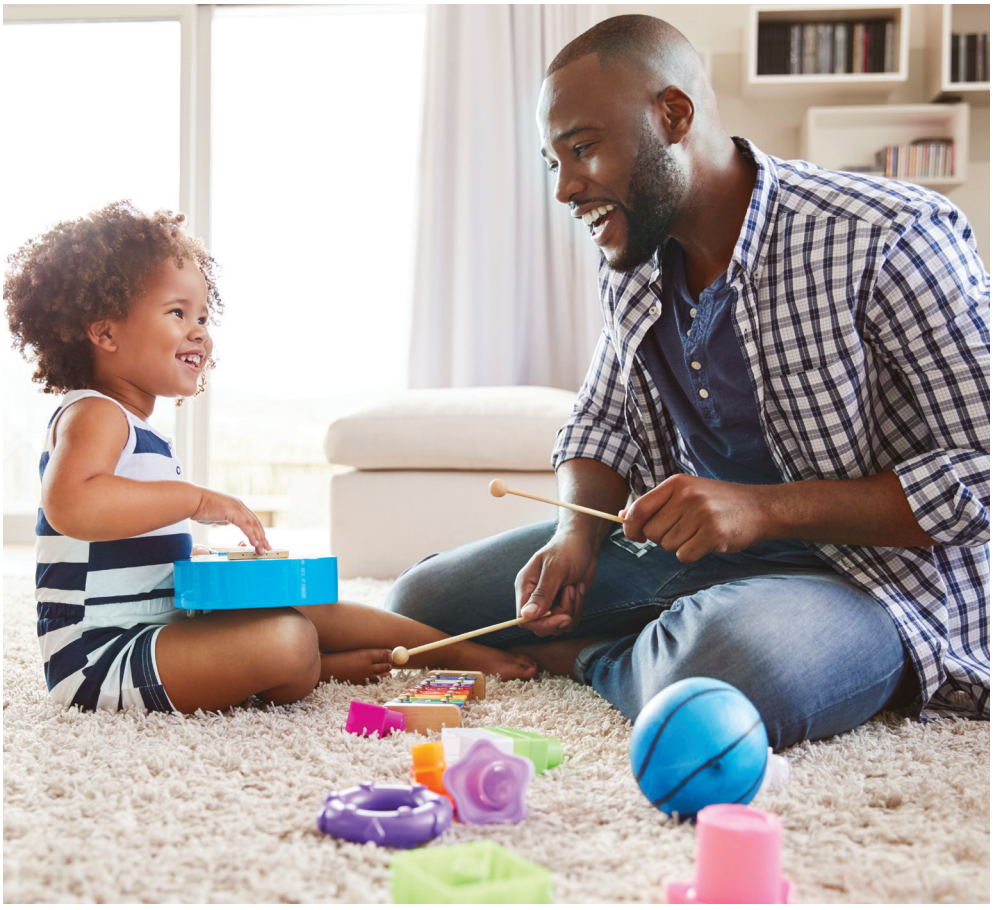
Please include relevant claims information and any supporting documents (e.g., medical records). Appeals may be submitted via the Availity Portal, faxed to **1-844-312-4257**, sent via secure email to **mdappealsandgrievances@aetna.com** or mailed to:

Aetna Better Health of Maryland
Attention: Appeals Department
P.O. Box 81040, 5801 Postal Road
Cleveland, OH 44181

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 use counselor and any other health care team member to achieve a quality-focused, cost-effective care plan. Care managers educate members on their specific disease and how to prevent worsening of their illness or any complications. The goal is to maintain or improve their health status.



The Care Management program provides services to the following populations, but is not limited to:

- Pregnant and postpartum outreach
- High-risk pregnancy outreach
- Children with special health care needs
- Children in state-supervised care
- Individuals with a physical or developmental disability
- Behavioral health/ substance abuse
- Disease management of conditions such as asthma, diabetes, heart failure, COPD, sickle cell anemia, hepatitis C and HIV/AIDS

If you have concerns about one of your patients and would like to refer them to the Care Management program, call **1-866-827-2710 (TTY: 711)** and ask for the Care Management department or email the Care Management department at **AetnaBetterHealthMDCM@Aetna.com**.

How we make coverage decisions.

Utilization management decision-making criteria can be found on our website, **AetnaBetterHealth.com/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.

Access and appointment availability.

On a quarterly basis, Aetna Better Health's vendor conducts outbound calls to evaluate our providers' availability for urgent, routine and emergency care for our members. We also assess appointment availability for pregnant women.

Aetna Better Health has established the following access and appointment availability standards that comply with federal and state requirements.

Primary and specialty care:	
Appointment type	**Requirement**
Emergent	Same day or referred to emergency room (ER) facility
Urgent	Within 48 hours
Routine	Within 30 calendar days
Physical	Within 90 calendar days
Average wait time	Waiting no more than 45 minutes

OB-GYN:	
Appointment type	**Requirement**
Emergent	Same day or referred to ER facility
Urgent	Within 48 hours
Routine	Within 30 calendar days
Physical	Within 90 calendar days
Average wait time	Waiting no more than 45 minutes
Newly enrolled pregnant patient	Within 10 calendar days
First and second trimester prenatal care	Within 7 calendar days
High-risk pregnancy	Within 3 calendar days

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.

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 at **AetnaBetterHealth.com/Maryland/wellness/care** for additional information.

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**.

Nondiscrimination notice: This information can always be found on our website at **AetnaBetterHealth.com/Maryland**.

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.

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.