



Aetna Better Health® of Michigan



Together

Provider Newsletter

Spring 2020

CareUnify

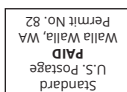
A knowledgeable and compassionate Population Health Team at Aetna Better Health of Michigan supports your patients and staff. Our goals are to work with you to collectively achieve the triple aim: improve health outcomes, reduce costs and improve patient experience. CareUnify, our highly innovative population health management technology solution, helps us achieve those goals in partnership with you.

CareUnify is a population health management system for health care providers and health plan resources to connect and manage patients' continuity of care through multiple care settings. CareUnify is a complementary tool to existing electronic health records (EHRs). The primary purpose of CareUnify is to create a collaborative information platform to digitally share and

aggregate actionable data across systems and organizations to promote effective and efficient care coordination — especially for complex, high-risk individuals.

Our CareUnify tool is a dynamic software application that creates a single instance to connect the entire community of health care providers around an individual member or complete patient panel. The strength of CareUnify rests in the system's ability to timely expose

a variety of clinical data and other critical pieces of the care record, including service and care plans, workflows, behavioral health notes, gaps in care, social determinants of health, total cost of care, and population health management dashboards, in a manner that enables the integrated care team to collectively manage care for all members. The Aetna Better Health of Michigan Population Health Team provides training and support.



Aetna Better Health® of Michigan
1333 Gratiot Ave.
Suite 400
Detroit, MI 48207

Behavioral health care member experience survey coming soon

Please help us by encouraging your patients to take the survey!

Aetna Better Health of Michigan will be conducting a survey soon to assess members' experiences with behavioral health providers and services.

In August, a survey will be mailed to a random sample of members who received behavioral health services in the past year.

The surveys are designed to provide feedback to Aetna Medicaid regarding the health plans' performance and our providers' performances in the delivery of behavioral health services to health plan members. We will share the final survey results with you.

Please encourage your patients to participate in the survey so we can improve our services to our members.

Provider experience survey coming soon

Please help us improve your service experience by taking the Provider Satisfaction Survey!

Aetna Better Health of Michigan will be conducting a survey soon to assess providers' experiences with our services.

In September, a survey will be sent to a random sample of participating providers in our network.

The surveys are designed to provide feedback to Aetna Better Health of Michigan regarding our performance and support of providers in delivering high-caliber service to our members. We will share the final survey results with you.

We look forward to hearing your feedback!

The MI Health Link Ombudsman is here to help

The MI Health Link Ombudsman is an advocate for your patients who are enrolled in the MI Health Link Medicare-Medicaid Plan. Consider them someone you and your patients can call on for help navigating their health plan and benefits.

They can:

- Answer your questions about MI Health Link
- Help solve problems with care, services and benefits
- Connect you to other resources
- Assist with grievances and appeals

The MI Health Link Ombudsman staff contact information is below:

MI Health Link Ombudsman —
toll-free line: **1-888-746-MHLO (6456)**



Counsel and Advocacy Law Line Staff:

Deborah McCormick:
dmccormick@lakeshorelegalaid.org

Edyth Abraham:
eabraham@lakeshorelegalaid.org

Judith Caldwell:
jcaldwell@lakeshorelegalaid.org

Kathleen (Kate) Beson:
kbeson@lakeshorelegalaid.org

Kathleen Kosman:
kkosman@lakeshorelegalaid.org

Melissa Knox Brown:
mbrown@lakeshorelegalaid.org

Michigan Elder Justice Initiative Staff:

Alison Hirschel (MEJI Director):
hirschel@meji.org

Dan Wojciak (MHL Ombudsman):
dwojciak@meji.org

Susan Steinke (MHLO Outreach Coordinator): **ssteinke@meji.org**

Anita Salustro (MHLO Outreach Advocate):
asalustro@meji.org

Shelly Hunter (MHLO Outreach Advocate):
shunter@meji.org

Don't let your network status change — complete your FDR attestation today

If you are a participating provider in our Medicare plans and/or our Medicare-Medicaid plans (MMPs), you must meet the Centers for Medicare & Medicaid Services (CMS) compliance program requirements for first-tier, downstream and related entities (FDR). You also have to confirm your compliance with these requirements through an annual attestation.

How to complete your attestation

You'll find the resources you need to ensure your compliance on the "Medicare Compliance FDR Attestation" page at [Aetna.com/health-care-professionals/medicare.html](https://www.aetna.com/health-care-professionals/medicare.html). Once on the page, under "Need more information on the Medicare FDR program?" heading, click on "See our Medicare compliance FDR program guide" or "See our office manual."



Once you review the information and ensure that you've met the requirements, you're ready to complete your attestation. Simply click the link on the "Medicare Compliance FDR Attestation" page that corresponds to your contracting status. A single annual attestation meets all your Aetna, Coventry and/or MMP compliance obligations.

Health Risk Assessments

Aetna Better Health of Michigan is looking for your Health Risk Assessments (HRA).

HRAs completed within 150 days of the member's enrollment date are eligible to receive the provider incentive of \$50. For each completed and returned HRA, you have the opportunity to earn the incentive for up to one year of the member's enrollment anniversary date.

Please fax all completed HRAs to the Healthy Michigan department at **1-866-889-7572**. Submit claims under CPT code 96160.

Lab results are not mandatory. However, "Screening not recommended" or "Screening ordered" must be checked for cholesterol, diabetes and flu sections on HRAs prior to April 2020.

If you have any questions, please contact the Healthy Michigan hotline at **1-866-782-8507**.

Thank you for your ongoing care of our members.

Maternal Infant Health Program

The Maternal Infant Health Program (MIHP) provides preventive health services that are delivered by an agency that must be certified by the Michigan Department of Health and Human Services (MDHHS). MIHP services include:

- Psychosocial and nutritional assessment
- Plan of care development
- Professional intervention services of a multidisciplinary team consisting of a qualified social worker, nutritionist, nurse and infant mental health specialist (if available)
- Arranging transportation, as needed for health, substance abuse treatment, support services, and/or pregnancy-related appointments
- Referral to community services (e.g., mental health, substance abuse)
- Coordination with medical care providers
- Childbirth classes or parenting education classes

Services consist of social work, nutrition, nursing services (including health education), counseling/social casework, and beneficiary advocacy services. MIHP services are reimbursed by fee-for-service Medicaid.

MIHP services are voluntary. Members must be given an opportunity to select an MIHP provider organization. If the member does not choose an MIHP provider organization at the time of MIHP eligibility determination, Aetna Better Health will assign an MIHP provider organization within one month of the effective date of MIHP eligibility determination.

For more information about MIHP, go to [Michigan.gov/MIHP](https://www.michigan.gov/MIHP).

Aetna Better Health's commitment to cultural competence

Culture strongly influences how people seek health services, experience illness, access care and approach the process of getting well. Patient satisfaction and positive health outcomes can be related to how well members communicate with their providers.

We recognize that culturally competent providers effectively communicate with patients and treat patients as individuals. Good communication is also needed to help patients understand their care regimen.

Training resources for our providers

Let us help you begin your cultural competency training with Quality Interactions for Health Care Professionals®.

Quality Interactions for Health Care Professionals is an innovative e-learning program providing practical cultural competency and cross-cultural communication

training for physicians, nurses and other health care professionals. The training is based on the idea that individuals are the best resource when it comes to their cultures.

Quality Interactions for Health Care Professionals

Some objectives of the courses are:

- Effectively engaging in a cross-cultural interaction
- Respecting and valuing cultural diversity
- Communicating clearly in cross-cultural interactions
- Understanding and exploring cultural differences

For more information about cultural competency training, visit the Aetna Better Health website at AetnaBetterHealth.com/Michigan/providers/training/cultural-competency.

Provider Portal

Our enhanced, secure and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day. It supports the functions and access to information that you need to take care of your patients. Popular features include:

Single sign-on. One login and password allows you to move smoothly through various systems.

Mobile interface. Enjoy the additional convenience of access through your mobile device.

Personalized content and services. After login, you will find a landing page customized to you.

Real-time data access. View updates as soon as they are posted.

Better tracking. Immediately know the status of each claim

submission and medical prior authorization (PA) request.

eReferrals. Go paperless. Refer patients to registered specialists electronically and communicate securely with the provider.

Authorizations. Depending on the authorization type and service

location, it is possible to receive an auto-approval on your request.

Detailed summaries. Find easy access to details about denied PA requests or claims.

Enhanced information. Analyze, track, and improve services and processes.

To access the provider portal, please go to AetnaBetterHealth.com/Michigan/providers/portal.

Validate your NPPES data. Ensure that your data is accurate.

Help us produce accurate provider directories for Medicare beneficiaries.

The Centers for Medicare and Medicaid Services (CMS) suggests using the National Plan and Provider Enumeration System (NPPES) to review, update and attest to your NPPES data. We join with CMS to remind providers to keep their data up to date. Accurate

provider directories help Medicare beneficiaries identify and locate providers and make health plan choices.

Go to CMS.gov/Files/Document/NPPES-Frequently-Asked-Questions.pdf for CMS' frequently asked questions on using NPPES data.

Provider directory data accuracy

We need your help! In an effort to ensure that we have the right information reflected in our online and paper provider directories, we ask that you provide routine updates of any changes at your practice. Changes that should be reported in writing to your provider relations representative include the following:

- Notice in advance if you are no longer accepting new patients
- Notice in advance if you are limiting the population you service, such as only adult patients
- Notice in advance if you are planning on closing your practice (at least 90 days notification)
- Notice in advance if you are moving to a new location or discontinuing services at a current practice location

- Notice in advance of new providers who will be added to your practice or leaving your practice
- New telephone or fax numbers, as well as email or website changes
- Any changes in office hours

For more information, please contact your provider relations representative or call provider relations at **1-866-314-3784**. Press *****, state “more options,” then state “provider services” to reach a provider services representative.

Thank you for helping us improve our provider directory accuracy and member service experience!

Fraud, waste and abuse

Know the signs — and how to report an incident

Health care fraud means getting 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. It relates primarily to mismanagement, inappropriate actions and inadequate oversight.

Some examples are:

- Inefficient claims processing and health care administration
- Preventable hospital readmissions
- Medical errors
- Unnecessary emergency room (ER) visits
- Hospital-acquired infections or conditions

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.

Penalties

Criminal Health Care Fraud.

Persons who knowingly make false claims may be subject to:

- Criminal fines up to \$250,000
- Prison for up to 20 years
- Being suspended from Michigan Medicaid

If the violations resulted in death, the individual may go to prison for years or for life. For more information, refer to 18 U.S.C. Section 1347.

Anti-Kickback Statute. The Anti-Kickback Statute bans knowingly and willingly asking for, getting, offering or making payments (including any kickback, bribe or rebate) for referrals for services that are paid, in whole or in part, under a federal health care program (including the Medicare program).

For more information, refer to 42 U.S.C. Section 1320a-7b(b).

How to report fraud, waste and abuse

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it. You can report anonymously on the Aetna Better Health of Michigan Fraud, Waste and Abuse Hotline at **1-855-421-2082**. You may also write to:

Aetna Better Health of Michigan
1333 Gratiot Ave., Suite 400
Detroit, MI 48207

You may also anonymously report fraud, waste and abuse to the Michigan Department of Health and Human Services’ Office of the Inspector General by calling **1-855-643-7283**, going online at **Michigan.gov/Fraud** or writing to:

Office of the Inspector General
P.O. Box 30062
Lansing, MI 48909

You do not have to leave your name when you report fraud, waste or abuse.

COVID-19: How you can be prepared

Below are some steps that the Centers for Disease Control and Prevention (CDC) suggests that you take to protect your patients and staff in the case of a COVID-19 outbreak in Michigan:

Protect your patients

- Visit CDC's website ([CDC.gov/Coronavirus/2019-NCOV/HCP/Clinical-Guidance-Management-Patients.html](https://www.cdc.gov/Coronavirus/2019-NCOV/HCP/Clinical-Guidance-Management-Patients.html)) for clinical guidance on managing patients with COVID-19.
- Separate patients with respiratory symptoms from patients who do not have respiratory symptoms.
- Utilize strategies to prevent patients who can be cared for at home from coming to your facility like:
 - Use telephone systems to deliver messages to callers about when to seek medical attention at your facility, when to get emergency care and where they can get information about caring for someone with COVID-19 at home.
 - Be flexible with your hours of operation. Include telephone triage and follow-up.
 - Use telemedicine and self-assessment tools.

Prepare your practice

- Monitor CDC's COVID-19 website ([CDC.gov/Coronavirus/2019-NCOV/Index.html](https://www.cdc.gov/Coronavirus/2019-NCOV/Index.html)) and the Michigan Department of Health and Human Services website ([Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)) for the most up-to-date information.
- Create or review the emergency plan for your facility. Make sure that you have adequate staff in place to support your facility in case of an outbreak.

- Make sure that you are knowledgeable about health care and public health emergency planning, including plans to manage patients, accept transfers and share supplies.
- Create an emergency contact list for key partners and ensure that the list is accessible.

Communicate with staff and patients

- Share information with your staff about what is known about the COVID-19 outbreak and what your facility is doing to prepare.
- Notify your patients about any changes to appointment scheduling, let them know about telemonitoring options and inform them of any visitor restrictions. Use social media and your website to share updates.

Protect your workforce

- Screen patients and visitors for symptoms of acute respiratory illness before allowing them to enter your facility.
- Make sure that your staff is aware of how to properly use personal protection equipment (PPE). If staff comes in contact with someone who is infected by COVID-19, ensure that they are wearing PPE.
- Check your inventory of PPE. Visit the CDC COVID-19 website for more information about optimizing supplies.
- Ask sick employees to stay home, especially if they develop respiratory symptoms. Make sure that your sick leave policies are flexible and follow public health guidance. Make your staff aware of these policies.

Resources available to Aetna Better Health members

During the coronavirus outbreak, Aetna will:

- **Cover coronavirus diagnostic testing.** This policy will cover the test kit for patients who meet guidelines for testing, at any approved laboratory. Aetna will waive the member costs for tests to diagnose members.
- **Until June 4, 2020, cover telemedicine visits.** Aetna members should use telemedicine. This will help prevent members from going to the doctor's office and getting sick. Members may use telemedicine for any reason, not just coronavirus-related issues.
- **Send members who are diagnosed with coronavirus a care package** containing CVS over-the-counter medicine to help members feel better. The package will also include personal and household cleaning items to help protect others in the home.

Through current care coordination programs, **Aetna will reach out to members most at-risk for coronavirus.** Care coordinators will walk members through:

- What they can do to protect themselves
- Where to get information on the virus
- Where to go to get tested

Source: Centers for Disease Control and Prevention ([cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html))



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