



<p style="text-align: center;"><b>Provider News and Update</b></p> <h2 style="text-align: center;">Cost Avoidance and Post-Payment Recovery for Other Health Coverage</h2> <p>Dear Network Providers,</p> <p>On July 14, the Department of Health Care Services (DHCS) issued All Plan Letter (APL) 21-002, “Cost Avoidance and Post-Payment Recovery for Other Health Coverage.” Aetna Better Health of California understands how important it is for you to stay up to date on changes that affect you, your practice, and your patients so we want to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.</p> <p>Because state law requires Medi-Cal to be the payer of last resort, APL 21-002 requires managed care plans (MCPs) such as Aetna Better Health of California to follow specific guidelines for identifying and reporting if a member has other health coverage (OHC), along with appropriate steps for cost avoidance and post-payment recovery as needed.</p> <p>To support cost avoidance, the APL also requires that providers do the following:</p> <ul style="list-style-type: none"> <li>• Prior to delivering services, providers must review the member’s Medi-Cal eligibility record for the presence of OHC. The record may be found on the Medi-Cal Online Eligibility Portal (login required) or accessed utilizing the Automated Eligibility Verification System at (800) 427-1295.</li> <li>• If the member has active OHC, providers must compare the OHC code (listed in Appendix A of the APL) to the requested service. If the service is covered by the OHC, the provider must instruct the member to seek the service from the OHC carrier. Regardless of the presence of OHC, providers should not refuse a covered Medi-Cal service to a Medi-Cal member.</li> <li>• If prenatal service billing is bundled with claims for other services, providers must cost-avoid the entire claim.</li> </ul> <p>In addition, Aetna Better Health of California (ABHCA) and its delegates must not process claims for a member whose Medi-Cal eligibility record indicates OHC, other than a code of A or N, unless the provider presents proof that all sources of payment have been</p>	<p style="text-align: center;">November 4, 2021</p> <div style="background-color: #e0e0e0; padding: 10px;"> <p><b>A QUICK REMINDER:</b></p> <p>HAS YOUR OFFICE RELOCATED OR CHANGED A FAX OR PHONE NUMBER LATELY?</p> <p>DO YOU OFFER TELEHEALTH SERVICES?</p> <p>WOULD YOU PREFER TO RECEIVE THESE NOTICES VIA EMAIL RATHER THAN VIA FAX?</p> </div> <p><b>FOR QUESTIONS CALL THE PROVIDER EXPERIENCE TEAM AT:</b></p> <p>Toll Free: 855-772-9076  Fax: 844-886-8349  CaliforniaProviderRelationsDepartment@aetna.com</p> <p><b>THIS PROVIDER UPDATE HAS BEEN SENT TO:</b></p> <p><b>PROVIDER TYPE(S):</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IPA/Medical Groups</li> <li><input checked="" type="checkbox"/> Primary Care Providers</li> <li><input checked="" type="checkbox"/> Specialist Providers</li> <li><input checked="" type="checkbox"/> Hospitals</li> <li><input checked="" type="checkbox"/> Ancillary</li> <li><input checked="" type="checkbox"/> SNF</li> <li><input checked="" type="checkbox"/> DME</li> <li><input checked="" type="checkbox"/> Home Health</li> <li><input checked="" type="checkbox"/> Other</li> </ul> <p><b>LINE OF BUSINESS:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Aetna Medi-Cal Managed Care</b></li> </ul> <p><b>COUNTIES:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Sacramento</li> <li><input checked="" type="checkbox"/> San Diego</li> </ul>
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exhausted, or the provided service meets the requirement for billing Medi-Cal directly.

- Acceptable forms of proof include a denial letter from the OHC, an explanation of benefits from the OHC showing that the service is not covered, or documentation that the provider has billed the OHC and received no response for 90 days. This summary is only meant as a brief description of the APL.

Please take time to review APL 21-002 for the complete requirements and share amongst your teams and staff as appropriate.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-002.pdf>

For any questions or need for clarity on either document please email [CaliforniaProviderRelationsDepartment@aetna.com](mailto:CaliforniaProviderRelationsDepartment@aetna.com)

**Be well,**

**Aetna Better Health® of California**

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