



## Aetna Better Health® of Michigan

# Always learning

Provider Newsletter

Winter 2018/2019

### Dental benefits for Aetna Better Health members

The state of Michigan Medicaid program is currently the carrier for dental services. Please contact the state of Michigan for further information regarding dental benefits for Aetna Better Health of Michigan and Michigan Medicaid members.

#### Medicaid members

Benefits are covered through the state:  
Call **1-800-642-3195**.  
Members will use the Green MI Health card for services.  
Members will need to contact dental providers in the area that accept Medicaid.

#### Healthy Michigan Plan members, ages 19 to 64

Benefits are covered through DentaQuest Dental:  
Members call: **1-844-870-3976**.  
Providers call: **1-844-870-3977**.  
Dental ID card is required for dental services.  
There is a copayment of \$3 per visit.

Benefits include:

Cleaning and exam every six months

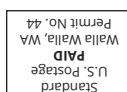
#### Pregnant women dental benefit

Effective July 1, 2018, members who are or become pregnant are able to access dental services during their pregnancy and postpartum period directly through their Medicaid Health Plan. Pregnant members will be able to see dentists that are contracted as part of the Aetna Better Health network. Members may also receive transportation to and from scheduled dental appointments.



To receive dental services, the member must notify Aetna Better Health of their pregnancy and due date by calling Member Services at **1-866-316-3784**.

Members should also notify their case worker of their pregnancy and due date.



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



## 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 (FDR) and related entities. 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://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.

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## Provider highlight: Exclusive Physicians

Aetna Better Health of Michigan is working with our provider partners in an effort to get completed member Health Risk Assessments. The Health Risk Assessment (HRA) is a tool that helps the members develop a relationship with their provider and discuss ways to improve their health and/or maintain healthy behaviors.

Aetna Better Health of Michigan understands that provider offices are tasked with countless amounts of paperwork, so getting the HRAs returned is not an easy task. To support our provider partners, we offer a \$50 incentive for every completed and returned

HRA. Provider partners only need to submit a claim with CPT code **96160** and are reimbursed the \$50 incentive and the Medicaid fee schedule rate.

### Exclusive Physicians

Aetna Better Health of Michigan is taking this time to shout-out our provider partner, Exclusive Physicians. Exclusive Physicians has consistently returned completed HRAs to the health plan, returning more than 50 completed HRAs in only one week.

In efforts to support our provider partners, Aetna's Healthy Michigan Population (HMP) team shares a list

of members who have had a completed wellness visit but no returned HRA with all provider partners every quarter. To be sure you receive your list every quarter, you can reach out to the HMP team at **1-800-782-8507**.

Exclusive Physicians was able to send us the completed HRAs and has been rewarded with an office pizza party. Aetna Better Health of Michigan is sending kudos to Exclusive Physicians for being an excellent collaborator for our HMP and getting Aetna the completed HRAs.

## The 3 P's of flu prevention

Even in a relatively mild season, the flu results in numerous hospitalizations, emergency and office visits, and missed school and work. Over the past 35 years, annual flu-related deaths have reached as high as 50,000 in a single season. Healthy kids and adults may be far less likely to suffer the more catastrophic consequences of the flu. However, it poses a risk to the very young, old and chronically ill in our households, schools and workplaces.

As health care professionals, we play a pivotal role in lessening the burden of flu-related suffering. With flu season rapidly approaching, it's time to think about the three P's: **Prepare, Prod and Prevent.**

### Prepare:

Become knowledgeable about current ACIP recommendations for this winter:

**[www.cdc.gov/flu/professionals/acip](http://www.cdc.gov/flu/professionals/acip)**

Order your vaccine stock early.

If possible, create a separate nurse appointment list for patients only seeking flu and pneumonia vaccines.

Allow nurses to administer these vaccines without a doctor visit.

Create a list of alternative sites where flu and pneumonia vaccines are available for your patients (i.e. retail clinics in drug stores, supermarkets and other local options).

Review current testing and treatment recommendations:

**[www.cdc.gov/flu/professionals/diagnosis](http://www.cdc.gov/flu/professionals/diagnosis)**

**[www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)**

### Prod:

Include a flu prevention statement in every patient contact.

You can suggest your office staff end every phone conversation with, "Just a reminder: We have flu shots available and strongly encourage that you protect yourself and your family."

Display flu prevention material prominently in your office and waiting area.

Set an example by being the first in your office to be vaccinated.

See that your office/practice achieves 100 percent immunization of staff and family members as soon as possible.

Identify and actively reach out to high-risk patients.

### Prevent:

Use every patient encounter as an opportunity to immunize (i.e. wellness exams, sports physicals, acute and chronic illness follow-up visits).

Emphasize to patients the importance of basic infection-control measures (thorough and frequent hand-washing). Check to be sure children under five years old and eligible adults have received their pneumonia shots (pneumonia is the leading cause of flu-related deaths).

Be sure all your patients in long-term care facilities, as well as their family members, are vaccinated.



## Common Formulary

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the Michigan Medicaid Managed Care Common Formulary.

Information relating to the Common Formulary can be found by visiting the department's website at **[aetnabetterhealth.com/michigan/providers/medicaid/pharmacy](http://aetnabetterhealth.com/michigan/providers/medicaid/pharmacy)**.

Information about the Aetna Better Health of Michigan changes to the formulary that we made to meet Common Formulary requirements can be found by visiting **[aetnabetterhealth.com/michigan/providers/medicaid/pharmacy](http://aetnabetterhealth.com/michigan/providers/medicaid/pharmacy)**.

Members who have been affected by these changes have been notified and provided a temporary supply to assist transition to a formulary agent.

Updates to our Pharmacy Formulary are posted on our website. Please check our website for Pharmacy Formulary updates frequently.

We thank you for joining us in our mission to promote optimal health for each and every one of our members.



## How we make coverage decisions

When making coverage decisions, Aetna Better Health of Michigan follows the health care rules of MCG® Guidelines. Aetna Better Health of Michigan uses these rules to determine the type of treatments that will be covered for members. Providers can obtain the criteria to make coverage decisions by calling Provider Services at **1-866-314-3784 (option 4)**.

Specific criteria will be made available upon your request.

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

## How to utilize chronic condition management programs

Aetna Better Health of Michigan has chronic condition management programs for the following diseases:

- Asthma
- Coronary artery disease
- Congestive heart failure
- Chronic kidney disease
- COPD
- Depression
- Diabetes
- Sickle cell disease

The purpose of these programs is to guide our members and their providers in accordance with clinical practice guidelines adopted

by Aetna Better Health. Our goal is to help our members to better understand their conditions, update them with new information and provide them with assistance from our staff to help them manage their disease.

Our disease management programs are designed to reinforce your treatment plans. Providers can contact the plan at **1-866-314-3784** and follow the prompts to enroll a member in our Case/Disease Management program.

## Access to our clinical staff

If Aetna Better Health members need access to a nurse during normal business hours, 8 a.m. to 5 p.m., they can call Member Services at **1-866-316-3784** and ask to be connected to a nurse.

If members need a nurse after business hours, they can call **1-866-711-6664**. They will be connected to our 24-hour nurse line. Members or providers with hearing impairment: Please use our TTY line at **711**.

Language translation is also provided for free by calling **1-866-316-3784**.

## Health Risk Assessments


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

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.

Fill out Section 4 of the HRA. Fill in the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

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

Thank you for your ongoing care of our members.

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

## 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/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.

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.

## Balance billing

Balance billing enrollees is prohibited under Medicaid. In no event should a provider bill an enrollee (or a person acting on behalf of an enrollee) for payment of fees that are the legal obligation of Aetna Better Health of Michigan. This includes any coinsurance, deductibles, financial penalties or any other amount in full or in part. Providers must make certain that they are:

Agreeing not to hold enrollees liable for payment of any fees that are the legal obligation of Aetna Better Health of Michigan, and must indemnify the enrollee for payment of any fees that are the legal obligation of Aetna Better


Health of Michigan for services furnished by providers that have been authorized by Aetna Better Health of Michigan to service such enrollees, as long as the enrollee follows Aetna Better Health of Michigan's rules for accessing services described in the approved enrollee evidence of coverage (EOC) and/or their Enrollee Handbook

Agreeing not to bill an enrollee for medically necessary services covered under the plan and to always notify enrollees prior to rendering services

Agreeing to clearly advise an enrollee, prior to furnishing a non-covered service, of the enrollee's responsibility to pay the full cost of the services

Agreeing that when referring an enrollee to another provider for non-covered services, providers must make certain that the enrollee is aware of his or her obligation to pay in full for such non-covered services

Thank you for your ongoing care of our members.

 **If you have any questions regarding the new program, please contact your provider relations liaison at 1-866-314-3784.**

## Aetna Better Health lab services provider

Effective Dec. 4, 2017, we discontinued our contract with Quest and are requiring our providers to use our preferred laboratory provider, Joint Venture Hospital Laboratories (JVHL), effective Dec. 4, 2017. We look forward to continuing to work with you in the care of our members. Please contact our provider relations department at **1-866-314-3784** if you have any additional questions.

## Community Health Automated Processing System (CHAMPS) enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Processing System (CHAMPS).

For dates of service on or after Jan. 1, 2019, Michigan Department of Health and Human Services (MDHHS) will prohibit contracted Medicaid Health Plans and Dental Health

Plans from making payments to typical providers not actively enrolled in CHAMPS.

For dates of service on or after July 1, 2019, MDHHS will prohibit Medicaid Fee-for-Service and Medicaid Health Plan payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

## 2019 HEDIS® medical record review season

In February, Aetna Better Health of Michigan will begin collecting medical records for the annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting requirements. We will be conducting HEDIS medical record reviews on members enrolled with Aetna Better Health of Michigan in 2018 to measure the quality of care provided to our members.

Our provider relations team will be contacting your office to do one of the following:

- Request remote access to your electronic medical record (EMR) system
- Schedule an on-site visit
- Request medical records be faxed, uploaded to the provider portal or securely emailed

Aetna does not typically reimburse for medical records when required for quality projects such as HEDIS. Please check with your provider relations representative or review

your provider contract with Aetna if there are questions regarding this.

When the medical record review project starts, we will send you a request for the information we need. The request will include: A Member Pull List, which identifies the members who may have been seen in your office and which HEDIS measures apply to each member.

The Medical Record Documentation Guide, which outlines the required medical record data needed for each measure — match the Measure Key in the Member Pull List to the corresponding Measure Key in the Medical Record Documentation Guide to see what documentation is required.


HEDIS data collection is a time-sensitive project. Medical records should be made available on the date of the on-site review or, in the case of fax or mail, by the date

requested. Typically, data collection begins in February and concludes at the end of April.

It is imperative that you respond to a request for medical records within five business days to ensure we are able to report complete and accurate rates to state and federal regulatory bodies, as well as NCQA.

Thanks in advance for your assistance and cooperation.

*Under the Health Information Portability and Accountability Act (HIPAA) privacy rule, data collection for HEDIS® measures is permitted and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers.*

 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.