aetna™

Aetna Better Health® of Michigan

Healthy habits

Provider Newsletter Spring 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: **1-800-642-3195**.
Members will use the Green MI Health Card for services.
Members will need to contact dental providers in the area who 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 will be 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 who 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 caseworker of their pregnancy and due date.

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

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Which medicines help with ADHD?

Every child is unique. And so is every treatment plan for kids with attention-deficit/hyperactivity disorder (ADHD).

But most children take prescribed medications for their ADHD. This helps ease their symptoms so that they can just be regular kids who play and learn.

Medicines for ADHD include:

Stimulants. Up to 8 in 10 kids do much better when they take a stimulant — the most common type of ADHD medicine. They don't really stimulate kids though. Rather, they help kids control their behaviors and pay attention. Short-acting stimulants may be taken every four hours. Other types can be taken just once in the morning since they can work anywhere from 6 to 12 hours.

Non-stimulant medicines. Other medicines may be considered if stimulants don't work or cause too many side effects. These other meds can include atomoxetine and guanfacine.

Here are a few more things to know about medicine for ADHD:

- Patients will need checkups. Check to make sure the medicine is working for your patient.
- You may need to adjust the dose or have your patient try another medicine.
- Side effects are usually mild. For instance, some kids have poor appetites or sleep problems.

And take note — adults can have ADHD too. Talk to your patients about ADHD.

Sources: American Academy of Pediatrics; National Resource Center on ADHD

Community Health Automated Medicaid Processing System (CHAMPS) enrollment

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

For dates of service on or after Jan. 1, 2019, MDHHS will prohibit contracted Medicaid health plans and Dental health plans from making payments to typical providers not actively enrolled in CHAMPS.

CHAMPS prescribers: 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.

If you need to request retro-enrollment, please make sure to enter a requested retro-enrollment date in the Provider Checklist in CHAMPS.

Ask eviCore newsletter

The *Ask eviCore* newsletter is focused on adverse determinations and navigating the path forward with your patient after a request has been denied. Newsletter topics include:

What do I tell my patient when their case is denied?

What are my options when a case is denied?

How can I submit more clinical information if needed?

How do I start an appeal?

How do I schedule an online clinical consultation following a denial?

Please continue to share your feedback, suggestions and questions about eviCore's prior authorization process and newsletter by emailing **ProviderNewsletter@evicore.com**. An eviCore Provider Advocate will reach out to you.

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 noncovered 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.

If you have any questions regarding the new program, please contact your Provider Relations Liaison at **1-866-314-3784**.

Thank you for your ongoing care of our members.

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Claim inquiry and claim research

These toll-free numbers offer the option for self-service using our Interactive Voice Response (IVR) system to check claim status, eligibility and benefits; frequently asked questions; and more.

TANF: **1-866-316-3784** or **1-866-314-3784**

Duals: **1-855-676-5772**

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: **1-866-889-7572** and 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 2018.

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.

Provider portal

Our enhanced, secure and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day. And 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. Know immediately 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.

Auto-Auths. Depending on the auth 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**.

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.

People 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 person 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).

Aetna Better Health lab services provider

Effective Dec. 4, 2017, we discontinued our contract with Quest, and require 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 **1-866-316-3784** if you have any additional questions.

Grievances and Appeals

Written appeals can be mailed to:
Aetna Better Health of Michigan
Attn: Grievance System Manager
1333 Gratiot Ave., Suite 400
Detroit, MI 48207

Phone: **1-855-676-5772**

Fax number — MMP (Duals): **1-866-976-3675**

Fax number — Medicaid: **1-866-889-7517**

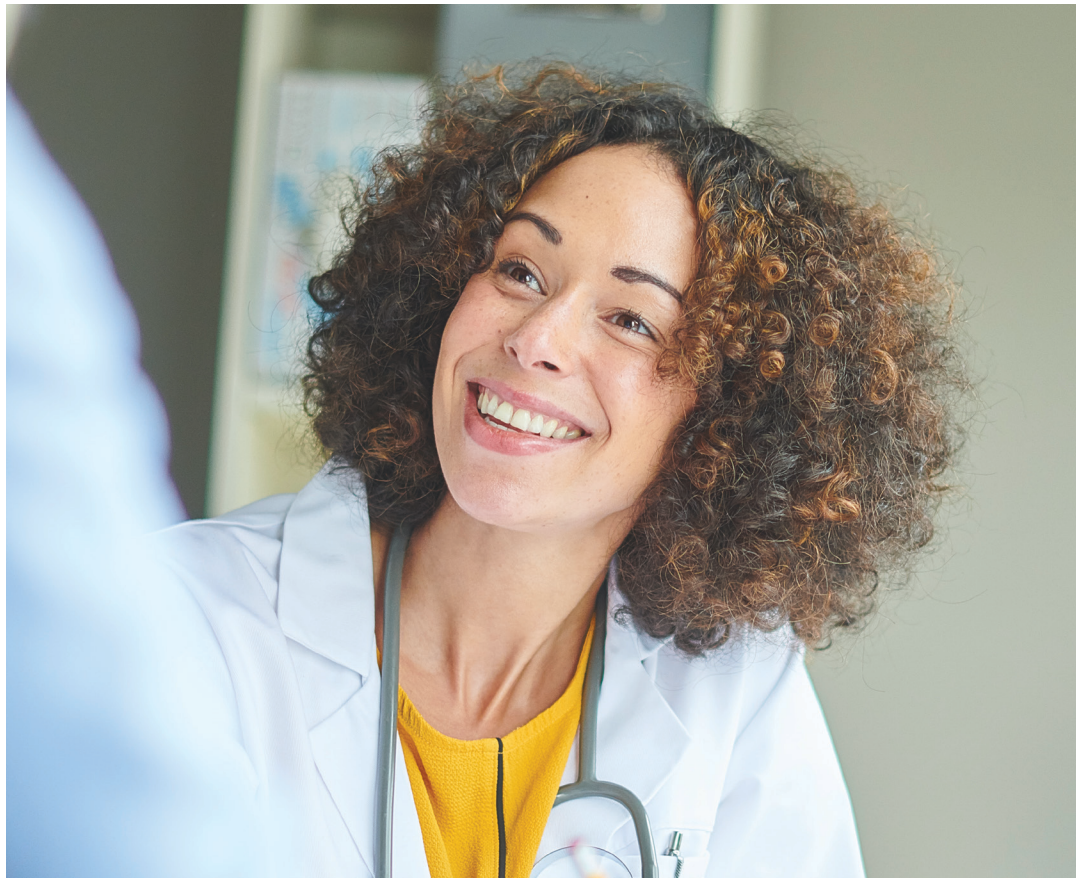
Don't let your network status change — complete your FDR attestation today

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 (FDR) 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 Attestation page of **aetna.com**. Once on the page, click "See Our Medicare Compliance FDR Program Guide" or "See Our Office Manual" under "Need More Information."

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 Attestation page that corresponds to your contracting status. A single annual attestation meets all your Aetna, Coventry and/or MMP compliance obligations.



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.

MI-19-03-07