



Aetna Better Health® of Michigan



# Working together

Provider Newsletter

Spring 2018

## Get a reward for helping Healthy Michigan members complete their Health Risk Assessments

Now you can help your patients on the Aetna Better Health of Michigan Healthy Michigan Plan (HMP) achieve better health by completing the required Health Risk Assessment (HRA) together:

- Patient completes parts 1 through 3
- Your office completes part 4

Completing the HRA ensures that your patients continue to receive the best care and remain eligible for benefits coverage with HMP.

### Complete the HRA requirement in three easy steps

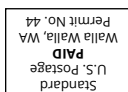
1. Get the form and ask your patient to fill out parts 1 through 3. You can download the form on the Healthy Michigan website at [michigan.gov/healthymiplan](http://michigan.gov/healthymiplan). You can also access the form on the Aetna Better Health website at [aetnabetterhealth.com/michigan/members/healthy/forms](http://aetnabetterhealth.com/michigan/members/healthy/forms).
2. Complete part 4.
3. Fax the form to **1-866-889-7572**.

We know your time is valuable. Because this requirement is so important, you're eligible to receive a \$50 incentive for each new HMP patient. Just keep in mind that the checkup and completed form are within the first 60 to 150 days of enrollment. Providers can receive the incentive if the HRA is received by Aetna Better Health of Michigan within the member's one-year eligibility cycle.

### Get answers to your questions

Need more information? We're here to help. Just call **1-866-782-8507**.


Thank you for being a part of the Aetna HMP provider network. Together we can help your patients pursue their health goals, big or small.



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

## Recent changes to behavioral health benefits

As of Oct. 1, 2017, for our Medicaid members, there has been a change in behavioral health benefits. There is no longer a limitation of 20 outpatient visits. Members now have access to unlimited outpatient behavioral health visits, which includes transportation to and from scheduled visits. Members who need assistance with locating a behavioral health provider can call Member Services at **1-866-314-3784**, Monday through Friday, 8 a.m. to 5 p.m.

 **Remember** that members will need to schedule their transportation three days in advance. Members can call MTM directly to schedule rides to their visits at **1-800-947-2133** or they can contact Member Services at **1-866-314-3784**, Monday through Friday, 8 a.m. to 5 p.m.

## Help stop the opioid addiction crisis

It's tough to live with chronic pain, but millions of Americans do. That's one reason why prescription opioids are so popular.

These powerful medications are good at relieving pain in the short term. They also help people with active cancer and people receiving hospice or palliative care cope with pain.

But opioids come with some serious risks, including the risk of addiction and unintentional overdose and death.

As many as 1 in 4 people who take opioids for a long time become addicted to the drugs (a condition known as opioid use disorder). And more than 165,000 people in the U.S. died from opioid overdose between 1999 and 2014.

### Names to know

Well-known brand-name painkillers, like Vicodin (hydrocodone) and OxyContin (oxycodone), are opioids. So are generic drugs, such as:

- Buprenorphine
- Codeine
- Fentanyl
- Hydromorphone
- Methadone



- Morphine
- Oxycodone

### Finding solutions

To help curb opioid addiction and overdose deaths, the Centers for Disease Control and Prevention has issued new guidelines for prescribing the drugs to treat chronic pain. The guidelines encourage doctors to start low and go slow when prescribing opioids in order to reduce the risks linked to long-term use. (The guidelines don't apply to cancer patients or those receiving hospice or palliative care.) You can find the guidelines at [cdc.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html).

Talk to patients living with chronic pain about the risks and benefits of

taking opioids. Ask them to be honest about any personal history of drug or alcohol addiction. Also, discuss other ways to help manage their pain, such as physical therapy, exercise and nonopioid medications.

If you prescribe opioids to your patients, be sure to advise them to:

- Never mix the drug with alcohol. And don't take it with other substances or medications without your OK.
- Never take more of the medication than prescribed.
- Never share the medication with friends or family. And keep it locked away and well out of reach of curious children and teens.

## Hepatitis A outbreak: What you should know

In September, you received a letter from the Michigan Department of Health and Human Services (MDHHS) about the hepatitis A outbreak in Michigan. The outbreak started in August 2016 and continues today. The counties with the most confirmed cases are Wayne/Detroit, Macomb and Oakland—but 20 counties have confirmed cases. As of Feb. 20, 2018, there have been 760 confirmed cases with 25 deaths.

Transmission of this hepatitis A outbreak appears to be through direct person-to-person contact and illicit drug use. In addition to good hand hygiene after using the restroom and before handling food, hepatitis A vaccination is the best way to prevent hepatitis A infection. The recommendation for routine hepatitis A vaccination is a two-dose series separated by six months. MDHHS is supporting the effort of local health departments to provide post-exposure prophylaxis to exposed contacts. Post-exposure prophylaxis can prevent infection in exposed persons if given within 14 days.

To end this hepatitis A outbreak, MDHHS is requesting your partnership to proactively increase vaccination among the highest-risk individuals, including:


- People who use injection and non-injection illicit drugs

- Individuals who have been recently incarcerated
- People who are homeless or have transient housing situations
- People who participate in commercial exchange of sexual practices
- Staff of health care and community service centers and law enforcement agents

Supplement the vaccination effort with health education to improve sanitation, hygiene practices, clean needle practices and food safety. MDHHS has developed a brochure with information about the outbreak in Southeast Michigan. The brochure is available at [michigan.gov/mdhhs](http://michigan.gov/mdhhs), under “Keeping Michigan Healthy,” “Communicable and Chronic Diseases,” “Communicable Disease Information and Resources.”

Covered services include:

- **Preventive services:** Hepatitis A vaccinations (pre- and post-exposure) are a covered benefit.
- **Diagnostic services:** Medically necessary laboratory testing, including diagnostic testing for the hepatitis A virus.
- **Treatment:** Practitioner visits and services, prescribed drugs, inpatient and outpatient hospital services.

 **MDHHS has developed a brochure** with information about the outbreak in Southeast Michigan. The brochure is available at [michigan.gov/mdhhs](http://michigan.gov/mdhhs), under “Keeping Michigan Healthy,” “Communicable and Chronic Diseases,” “Communicable Disease Information and Resources.”

## Behavioral health care member experience survey coming soon

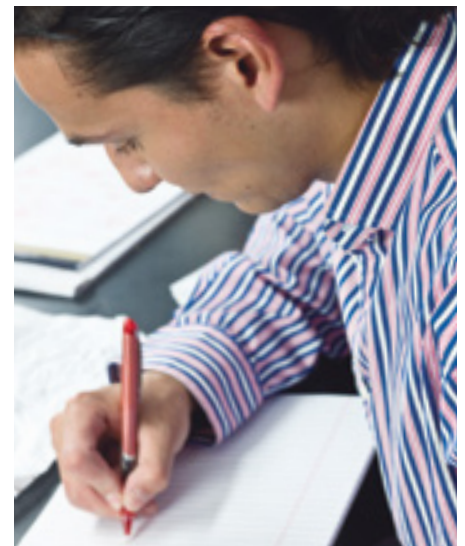
Please help us by encouraging your patients to take the survey!

Aetna Better Health of Michigan will be conducting a survey soon to assess members’ experiences with behavioral health (BH) 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’ performance in the delivery of BH 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.





## Member grievance and appeal process

Members have the right to file a complaint (grievance) or dispute an adverse determination (appeal). The health plan asks that all providers cooperate and comply with all Aetna, Medicaid and/or CMS requirements regarding the processing of member complaints and appeals, including the obligation to provide information within the time frame reasonably requested for such purpose.

 **For further guidance on the member grievance and appeal process, please contact Member Services at 1-866-314-3784.**

## How we make coverage decisions

When making coverage decisions, Aetna Better Health of Michigan follows the health care rules of the 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.

## Fraud, waste and abuse

Know the signs—and how to report

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 to **[michigan.gov/fraud](http://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.**



## Member rights and responsibilities

We work with our members to make sure they receive the best care available. They have certain rights and responsibilities. These help them receive the best service.

Members of Aetna Better Health of Michigan have the right to:

- Get information about their health, their primary care provider (PCP), our providers, Aetna Better Health and its services, and members' rights and responsibilities
- Request information on the plan's structure, operations and services
- Be treated with respect and dignity
- Be assured their personal information is kept private and confidential
- Seek advice and help
- Discuss all treatment options for their condition, regardless of cost or benefit coverage
- Voice grievances, complaints, appeals, and offer suggestions about Aetna Better Health and/or the services we provide
- Make recommendations about our members' rights and responsibilities policy
- Choose a PCP as their personal medical provider



- Work with doctors in making decisions about their health
- Know about diagnosis, treatment and prognosis
- Get prompt and proper treatment for physical and emotional problems
- Receive discharge planning
- Receive guidance and suggestions for more medical care if health care coverage is ended
- Access their medical records in accordance with state and federal law
- Get information about how their PCP is paid (further information available through Member Services at **1-866-314-3784**)
- Request an emergency PCP transfer if their health or safety is threatened
- Receive culturally and language appropriate services
- Request and get a copy of their medical records and request for records to be amended or corrected

- Participate in decisions regarding their health care, including the right to refuse treatment and express their desires about treatment options
- Be free to exercise their rights without adversely affecting the way Aetna Better Health and its providers or the state treats them
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation
- Be provided health care services consistent with the contract and state and federal regulations
- Be free from other discrimination prohibited by state and federal regulations

Members of Aetna Better Health of Michigan also have responsibilities.

These responsibilities include:

- Giving information to the plan, its practitioners and providers needed

- for our staff to take care of the member
- Following the instructions given to the member by doctors
- Understanding their health condition and sharing in the decisions for their health care
- Treating Aetna Better Health staff and doctors with respect and dignity
- Keeping all appointments and calling to cancel them when unable to make them
- Understanding what medicine to take
- Giving us feedback about their health rights and responsibilities
- Letting us know of any changes in member's name, address or telephone number

To see an updated list of members' rights and responsibilities, please go to our website at **[aetnabetterhealth.com/michigan/members/medicaid/rights](https://aetnabetterhealth.com/michigan/members/medicaid/rights)**.

## 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 that 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, option 4**. Thank you for helping us improve our provider directory accuracy and member service experience!

## Aetna Better Health of Michigan Quality Outlook

Aetna Better Health of Michigan monitors preventive health measures in adults and children to assist members in maintaining their health. The Aetna quality improvement (QI) program uses Healthcare Effectiveness Data and Information Set (HEDIS) specifications to track and report the care you provide to our members. We also receive feedback from our members annually through our CAHPS survey. The CAHPS survey, among other things, determines member satisfaction with:

- Communication with doctors
- Getting the care they need
- Getting care quickly

We want to work with our doctors to help improve HEDIS scores and member satisfaction rates. We're here to help if you are interested in:

- Getting information about patient-centered medical homes
- Information on HEDIS or proper coding

We share our quality reports with the Michigan Department of Health and Human Services (MDHHS) and National Committee for Quality Assurance (NCQA). Our scores are compared to other health plans statewide and nationally. To get copies of our QI program and end-of-year results or to view any of our quality reports, you can go to our website at [aetnabetterhealth.com/michigan](http://aetnabetterhealth.com/michigan) or call provider relations at **1-866-314-3784, option 4**.



## 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!**

## Members aging into adulthood

Members reaching adulthood can get help with finding an adult primary care provider to replace their pediatric doctor. Call provider services at **1-866-314-3784, option 4 (TTY: 711)**, if you have questions about assisting members with choosing an adult primary care doctor.



## 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 culture 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 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 competence training, visit the Aetna Better Health website at [aetnabetterhealth.com/michigan/providers/training/cultural-competency](http://aetnabetterhealth.com/michigan/providers/training/cultural-competency).

## Disease management


Aetna Better Health's (ABH) disease management (DM) program is integrated into the case management program. ABH uses the following sources to identify members who qualify for DM programs: claim or encounter data, pharmacy data, health appraisal results, lab results, utilization management (UM) data, health management, wellness or health coaching program data, electronic health records (EHR) data, and member and practitioner referrals.

ABH provides eligible members with the following written information about the DM program:

- Chronic conditions-specific newsletters are sent to eligible members.
- Members become eligible based on their health history and are enrolled in the program.
- How to opt in or opt out.

ABH provides practitioners with written information about the DM program that includes the following:

- The practitioner or member can call and make a program referral.
- We will provide your eligible members with integrated case and disease management, including chronic condition self-management education.

 **If you want to refer your patient**, please call Member Services at **1-866-314-3784**. Information about disease management programs is available on the website for both members and practitioners.

## Aetna Better Health of Michigan clinical practice guidelines

Annually, Aetna Better Health distributes information on how to access our clinical practice guidelines to providers, as well as behavioral health-related practice guidelines. Notification occurs through the provider manual, the provider newsletter and our plan's website at [aetnabetterhealth.com/michigan](http://aetnabetterhealth.com/michigan). Additional resources are available on the MQIC website at [mqic.org](http://mqic.org).

## Aetna Better Health Formulary

Aetna Better Health's pharmacy drug list is available on our website and contains the most recent changes to the formulary. It is updated on a monthly basis and can be accessed 24 hours a day, 7 days a week. To see the latest version of the pharmacy drug list, please visit the website at [aetnabetterhealth.com/michigan/members/medicaid/member-pharmacy](http://aetnabetterhealth.com/michigan/members/medicaid/member-pharmacy).


## Provider incentive programs

In addition to the profile, primary care providers receive a quarterly report which lists their current HEDIS scores and members who have not received recommended services. They also receive an incentive check for services that members' received that are on the list of 19 HEDIS measures. Annually, practitioners receive an incentive check based upon 23 HEDIS measures and how their performance computes within the incentive formula. Every month the practitioner has access to a list of their non-compliant HEDIS measure members on the provider portal. If you have questions about provider incentive programs, please call provider services at **1-866-314-3784, option 4.**

## Quality improvement program

### The results are in

It is important to us that our doctors and staff provide high-quality services and health care. We have a quality improvement program to make sure that happens. We check provider office hours and appointment wait times to make sure patients are getting the care they need quickly. We also use doctor and member surveys to let us know how we are doing. The results of these and other quality reports are on our website at [aetnabetterhealth.com/michigan](http://aetnabetterhealth.com/michigan).

 **If you want copies of any of our reports, call Member Services toll-free at 1-866-314-3784. We will be glad to send them to you.**

## Aetna Better Health privacy policy

### Member privacy rights

Aetna Better Health privacy policy states that members are afforded the privacy rights permitted under HIPAA and other applicable federal, state and local laws and regulations, and applicable contractual requirements. Our privacy policy conforms with 45 CFR (Code of Federal Regulations), relevant sections of HIPAA that provide enrollee privacy rights and place restrictions on uses and disclosures of protected health information (§164.520, 522, 524, 526 and 528).

Our policy also assists Aetna Better Health of Michigan personnel and providers in meeting the privacy requirements of HIPAA when enrollees or authorized representatives exercise privacy rights through privacy requests, including:

- Making information available to enrollees or their representatives about Aetna Better Health practices regarding their PHI
- Maintaining a process for enrollees to request access to, changes to or restrictions on disclosure of their PHI
- Providing consistent review, disposition and response to privacy requests within required time standards
- Documenting requests and actions taken


### Member privacy requests

Members may make the following requests related to their PHI ("privacy requests") in accordance with federal, state and local law:

- Make a privacy complaint
- Receive a copy of all or part of the designated record set
- Request amendments/correction to records containing PHI

- Receive an accounting of health plan disclosures of PHI
- Restrict the use and disclosure of PHI
- Receive confidential communications
- Receive a Notice of Privacy Practices

A privacy request must be submitted by the member or member's authorized representative. A member's representative must provide documentation or written confirmation that he or she is authorized to make the request on behalf of the enrollee or the deceased enrollee's estate. Except for requests for a health plan Notice of Privacy Practices, requests from members or a member's representative must be submitted to Aetna Better Health in writing.

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MI-17-12-05