

WELCOME TO THE

# Aetna Better Health of Ohio

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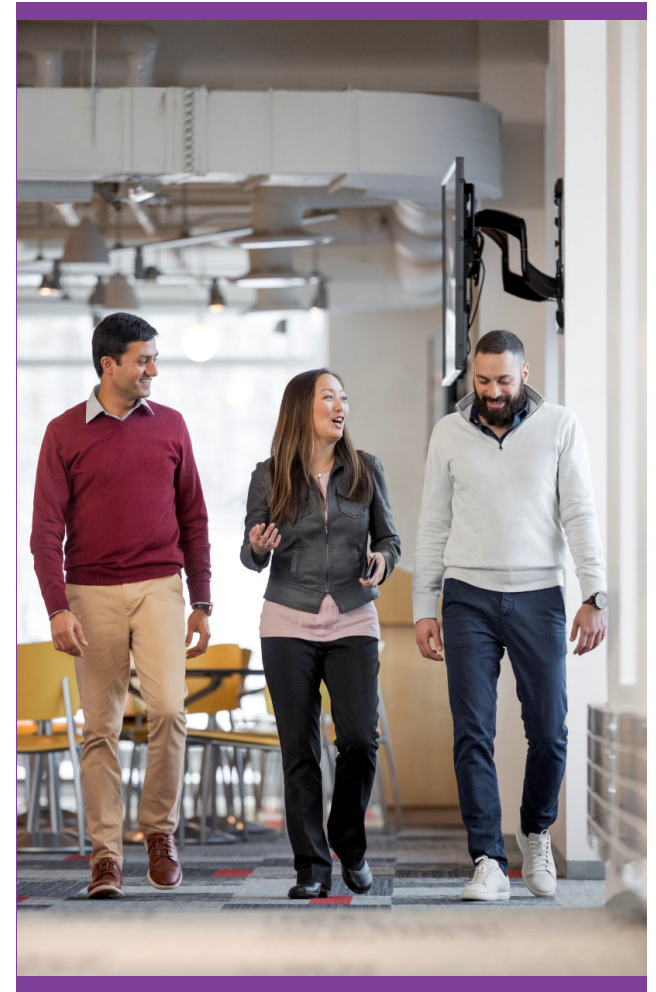
Ohio Provider Overview



# Aetna Better Health of Ohio Overview for Providers

## Agenda

- Aetna Better Health of Ohio Overview
- Enrollment & Eligibility
- Member Benefits
- Claims Submissions
- Secure Provider Portal
- Provider Resources



A photograph showing a man, a woman, and a young child painting together outdoors. The man is on the left, leaning over the child and holding a paintbrush. The woman is in the center, smiling and clapping her hands. Another woman is on the right, also smiling. They are sitting at a table with paint containers and brushes. The background is a blurred outdoor setting.

# Aetna Better Health of Ohio Overview

# Medicare and Medicaid Alignment

- Integrated plan for people who are eligible for Medicare and full Medicaid medical benefits (known as full benefit duals)
- Aetna Better Health of Ohio can provide both Medicare and Medicaid benefits to enrollees
- Care coordination without the barriers that exists between the two programs in order to improve the quality of care for our members

## Enrollment options for individuals who qualify for ABH of Ohio

- Select and enroll with the MCO of their choice
- If selection is not made by the individual, they will be passively enrolled and assigned to an MCO
- Ability to “opt out” of the program

Aetna Better Health of Ohio members can change MCOs or may opt out on a monthly basis. This is unlike the ICP program where members may only change MCOs within the first 90 days and are then locked into the plan until the anniversary date.

# Medicare Medicaid Plan (MMP)



As an Integrated Care Management model, Aetna Better Health of Ohio is designed to address enrollees'

- Physical Health
- Behavioral Health
- Long-term Care
- Social Supports



# Enrollment & Eligibility

# Enrollment Qualifications

Aetna Better Health of Ohio serves members living in Central, Northwest and Southwest counties. Our members have complex care needs through an integrated delivery model across the full continuum of care. This includes individuals who are...

- Age 18 and older
- Entitled to benefits under Medicare Part A, enrolled under Medicare Parts B and D, and receive full Medicaid benefits
- Reside in a MyCare Ohio Plan County

Our plan also services waiver members.

- To receive waiver services, an individual must be eligible for Medicaid, have a developmental disability, and have a limitation in one or more of the major life activities such as self care, learning, mobility, self-direction and capacity to live alone.

# ID Cards

Members have only one ID card for Medicare, Medicaid and Pharmacy benefits

\*\*This is a sample version of the ID card



The image shows a sample ID card for Aetna Better Health of Ohio. The card is white with a purple border. At the top left is the MyCareOhio logo with the tagline 'Connecting Medicare+Medicaid'. At the top right is the Aetna logo. The main heading is 'AETNA BETTER HEALTH® OF OHIO a MyCare Ohio plan'. Below this, there are two columns of information separated by a vertical dotted line. The left column contains: 'Member Name Last Name, First Name', 'MMIS Member ID# 000000000000', 'Health Plan (80840): info to come', 'PCP Last Name, First Name', 'PCP Phone 000-000-0000', and 'CMS - H7172 001'. The right column contains: 'MedicareRx Prescription Drug Coverage X', 'RxBIN: 610591', 'RxPCN: MEDDADV', and 'RxGRP: RX8812'.

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

<b>Member Services:</b>	1-855-364-0974 (TTY: 711)
<b>Eligibility Verification:</b>	1-855-364-0974
<b>Behavioral Health Crisis:</b>	1-855-364-0974, select option 9
<b>Care Management:</b>	1-855-364-0974, select option 5
<b>24-hour Nurse Advice Line:</b>	1-855-364-0974, select option 4
<b>Pharmacy Help Desk:</b>	1-855-364-0974
<b>Website:</b>	<a href="http://www.aetnabetterhealth.com/ohio">www.aetnabetterhealth.com/ohio</a>
<b>Send claims to:</b>	Aetna Better Health of Ohio Claims Department P.O. Box 64205, Phoenix, AZ 85082 (Electronic Claims: Payer ID 50023)





# Covered Benefits

# Basic Aetna Better Health of Ohio

- 24/7 nurse line
- Behavioral health services
- Doctor services
- Eyecare services
- Hearing services
- Home health care
- Hospital services
- Lab tests and x-rays
- Medical supplies
- Prescriptions
- Therapy
- Dental Services
- Transportation to medically necessary appointments

# Aetna Better Health of Ohio

## Value Added Benefits

- \$50 OTC pharmacy benefit
  - Per month, per member, no rollover
  - Some restrictions on use
- Dental: Preventive, 2 visits per year
- Expanded Podiatry
- Vision Services
- Health Education and Nutrition
- Smoking cessation

## Copays

- No copays for any benefits, including pharmacy

## Transition of Care

Transition of care coverage allows the member to continue to receive services for specified medical and/or behavioral health conditions for a defined period of time with designated health care professionals.

- 90 days TOC begins for first time members that enroll in a Medicare-Medicaid plan
- 90 days TOC for members that change to Aetna Better Health of Ohio from a different Medicare-Medicaid plan.



## Primary Care Physician (PCP)

- All members are required to have a PCP
- PCPs may participate only with the Aetna Better Health of Ohio.
- Find a Provider tool on Aetna Better Health of Ohio website
- PCP changes are effective immediately
- Members will need to call into Member Services and request a new ID card anytime a PCP change is made



# Provider Appointment & Access Standards

## Provider Appointment Standards

Aetna Better Health of Ohio monitors provider compliance to the Ohio Integrated Care Program appointment availability standards

- Routine, preventive care available within 5 weeks from request
- Urgent care appointments, not deemed an emergency medical condition, triaged, and if deemed necessary, provided within 24 hours
- Appointment not deemed serious (non-urgent complaints) within 3 weeks
- Post-hospitalization or emergency department visits within 7 days of discharge

## Provider Access Standards

- Aetna Better Health of Ohio members require access to their medical home/PCP, including after hours and on weekends (“live person” and no answering machines)
- Aetna Better Health of Ohio will monitor the availability of 24/7 access and the processes that support after hours availability and response
- Providers are encouraged to use alternative options for communication, such as scheduling appointments via the web, communicating via secure email and expanded office hours or open access scheduling
- This membership necessitates that providers make their practices accessible to accommodate the full range of disabilities that may exist with the population

# Pharmacy

- CVS Caremark is the Pharmacy Benefit Manager (PBM)
- Formulary/Preferred Drug List
  - Indications for Medicare drugs
- Additional information is available on the Aetna Better Health of Ohio website under:
- <https://www.aetnabetterhealth.com/ohio/find-provider>



# Aetna Better Health of Ohio

- Pharmacy: CVS Caremark
  - Pharmacy network contracting and network point-of-sale (POS) claim processing and mail order delivery
  - Call Aetna Better Health of Ohio Pharmacy Services at **1-855-364-0974**
- Dental – DentaQuest
  - Coverage for routine and specialty dental services
  - 1-800-416-9185
  - 8:00am – 6:00pm CST, Monday – Friday
  - Website:  
<https://govservices.dentaquest.com/Router.jsp?component=Main&source=Logon&action=ProviderDirectory2&state=OH&locale=en>



# Aetna Better Health of Ohio

- Vision: VSP
  - Coverage for routine eye exams, prescription frames and lenses
  - [1.800.877.7195](tel:18008777195)
  - 8:00am – 5:00pm CST, Monday – Friday
  - Website: <https://www.vsp.com/eye-doctor>
- Transportation: Modivcare
  - Three days advance notice required for non-emergent transportation – including non-emergent ambulance transportation
  - 1-866-910-7680
  - 8:00am to 5:00pm CST, Monday – Saturday
  - Website: <https://www.modivcare.com/>
- Interpreter Services: Language Line

A woman with long brown hair is sitting at a wooden desk in a room with large windows. She is wearing a light-colored sweater and is smiling while holding a small black and white dog. A laptop and a white mug are on the desk. The entire scene is overlaid with a semi-transparent purple gradient.

# Provider Contracts



## Provider Contracts

Providers were deemed in network with Aetna Better Health of Ohio in one of two ways...

- Providers active in the Aetna Medicare Network
- Providers active in the ODM network (Medicaid)

If you wish to join the network, please contact our Provider Services department to request a contract packet

- 1-855-826-3809
- [oh\\_providerservices@aetna.com](mailto:oh_providerservices@aetna.com)
- <https://www.aetnabetterhealth.com/ohio/providers/join>

A woman with long brown hair, wearing a pink sweater, is sitting at a dark wooden desk. She is smiling and looking at a small black and white dog sitting on her lap. The dog is looking up at her. On the desk, there is a silver laptop and a light blue mug. In the background, there is a large window with white frames, showing green foliage outside. The word "Claims" is written in white, bold, sans-serif font across the middle of the image.

# Claims

# Claim Submissions

## Electronic claims through Provider's own clearinghouse

- Before submitting a claim through your clearinghouse, please ensure that your clearinghouse is compatible with Change HealthCare using the 837 file format
- Please use Submitted ID #26337 when submitting electronic claims

## Electronic claims through Aetna Better Health of Ohio Provider Portal or Availity

- We encourage participating providers to electronically submit claims through our portal at <https://www.aetnabetterhealth.com/ohio/providers/claims> Select "For Providers" then the "Claims" tab and finally, click the link to "WebConnect"

## Paper Claims

- Aetna Better Health of Ohio (MyCare Ohio Program)  
PO Box 64205  
Phoenix, AZ 85082

# Tips for Submitting Claims

- To best ensure timely and accurate payment of your claim, submit a “clean claim”
- A “clean claim” is defined as one that can be processed (adjudicated) without obtaining additional information from the service provider or from a third party
  - It does not include claims submitted by providers under investigation for fraud or abuse or for claims that are under review for medical necessity
- Clean claims are processed according to the following timeframes:
  - 90% of clean EDI claims adjudicated within 30 days of receipt
  - 90% of clean paper claims adjudicated within 90 days of receipt

# Timely Filing

In accordance with contractual obligations, claims for services provided to an enrollee must be received in a timely manner. Our timely filing limitations are as follows:

- New claim submissions – Claims must be filed on a valid claim form within your contracted TF timeframe. This is from the date services were performed, unless there is a contractual exception. For hospital inpatient claims, date of service means the date of discharge of the enrollee.
- Claim Resubmission – Claim resubmissions must be filed within your contracted TF period. The only exception to this is if a claim is recouped, the provider is given an additional contracted days from the recoupment date to resubmit a claim. Please submit any additional documentation that may effectuate a different outcome or decision.





# Secure Provider Portal



# Secure Provider Portal

The Aetna Better Health Availability Portal allows providers to:

- Request portal access
- Verify eligibility
- Access the Provider Handbook
- Search the directory for a list of participating providers
- Submit and verify prior authorization requests
- Verify which codes require Prior Authorization
- Check claim status

- Retrieve PCP roster of assigned members
- Access to evidence-based clinical practice guidelines
- File a dispute/submit supporting documentation

<https://www.aetnabetterhealth.com/illinois/providers/portal>

## **My Care/Member Care (members/providers)**

To have access to your patients' records on Member Care Information, each patient needs to complete a member authorization form ([English](#) / [Spanish](#)). Once registered, patients also have their own personal care portal, called [My Care Information](#).

• [Register](#) for Member Care (providers)

• [Log in](#) for Member Care (providers)

## Secure Provider Portal

- If you are already registered with Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all the features
- If you are not registered, we recommend that you do so immediately
- Please visit the “Portal” tab under the “For Providers” section of the Aetna Better Health Premier Plan MMAI website

Click here to learn more about [Availity Portal Registration](#)

- For registration assistance, please call Availity Client Services at 1-800-282-4548 between the hours of 8:00am and 8:00pm Eastern, Monday – Friday (excluding holidays)

A photograph of two women walking down a set of stairs. The woman on the right is wearing a purple polo shirt with the Aetna logo and a lanyard, and is holding a brown paper shopping bag. The woman on the left is wearing a red and white plaid shirt and is also holding a brown paper shopping bag. They are both smiling and looking at each other. The background is a blurred outdoor setting with a building and trees.

# Provider Resources

# Provider Resources

## Eligibility Verification Options

- Aetna Better Health of Ohio 24/7 options:
  - Call **1-855-364-0974 (TTY: 711)**
  - Secure Provider Portal at <https://www.aetnabetterhealth.com/ohio/login>

Providers may continue to use the existing Medicaid eligibility verification methods set up by the State

<https://medicaid.aetna.com/MWP/login.fcc?TYPE=33554433&REALMOID=06-8b99ae55-7f0b-42c8-bb2c-ad6a6000c7ee&GUID=&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=fu7vJolaVLRUm8F8c57eMKDW0GJYwyxWvgo6D3jEmT07JFDDMWMiWaTz9KkqdvTB&TARGET=-SM-https%3a%2f%2fmedicaid%2eaetna%2ecom%2fMWP%2flanding%2fllogin>

# EFT & ERA Setup

Electronic Funds Transfer is available. You can complete the application through our online portal. The completed form can be faxed or emailed:

**Fax 844-252-9565 | Email [OHEFTFinanceEnrollment@aetna.com](mailto:OHEFTFinanceEnrollment@aetna.com)**

[https://www.aetnabetterhealth.com/ohio/assets/pdf/2018%20EFT%20Authorization%20Enrollment%20Form%20w%20Appendix-Ohio\\_v2.pdf](https://www.aetnabetterhealth.com/ohio/assets/pdf/2018%20EFT%20Authorization%20Enrollment%20Form%20w%20Appendix-Ohio_v2.pdf)

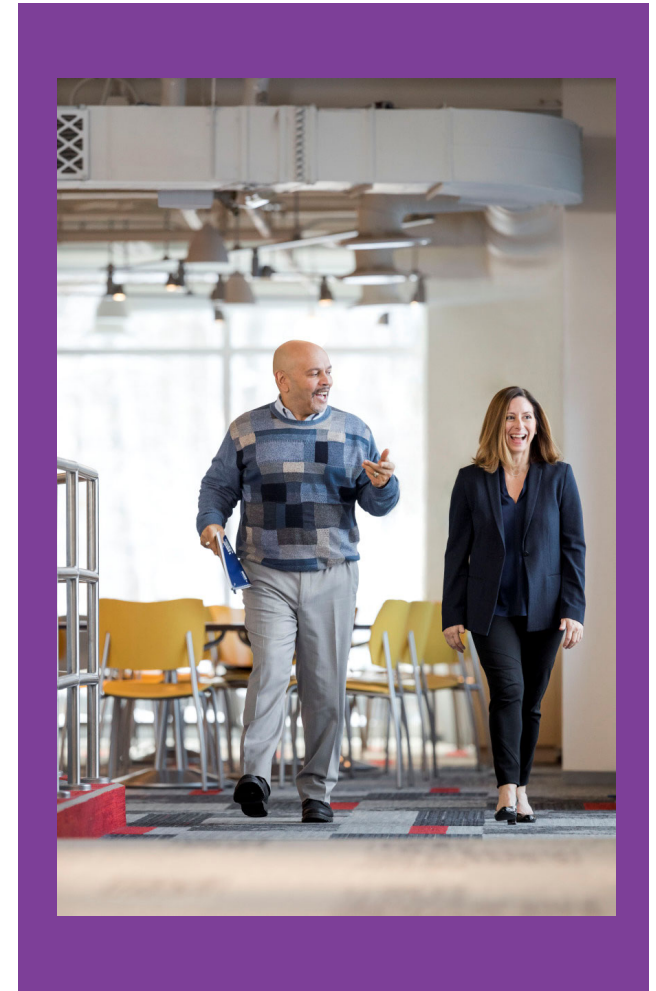
An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial. A Electronic Remittance Form is also available if you would like to receive your remits electronically rather than in the mail. You can complete the application through our online portal.

[https://www.aetnabetterhealth.com/ohio/assets/pdf/OH\\_ERAForm\\_050415.pdf](https://www.aetnabetterhealth.com/ohio/assets/pdf/OH_ERAForm_050415.pdf)

**Fax 1-855-826-3809**

# Additional Provider Resources

- Aetna Better Health of Ohio website:  
<https://www.aetnabetterhealth.com/ohio/providers/portal>
- Provider Services Contact information  
Email: [OH\\_ProviderServices@aetna.com](mailto:OH_ProviderServices@aetna.com)  
Phone: 1-855-364-0974
- Provider Handbook
- Provider Directory available on the website
- Interpreter and Language Services



# Thank You



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