Provider newsletter

Winter 2020

Aetna Better Health wins Florida Healthy Kids contract

Aetna Better Health of Florida is pleased to announce its successful award of a statewide contract with Florida Healthy Kids Corporation effective January 1, 2020. Aetna Better Health currently serves 53,000 Florida Healthy Kids members in nine regions. The new contract will expand the company's footprint to all 11 regions of the state. In addition to the Florida Healthy Kids contract, Aetna Better Health serves nearly 90,000 Floridians through Medicaid and Long-Term Care programs in the Miami-Dade, Tampa and Orlando areas.

"We have been partners with Florida Healthy Kids for over 20 years," said Mary Lou Osborne, East Region Vice President for Aetna Medicaid. "We are thrilled to extend that collaboration statewide and continue to offer innovative healthcare solutions for Florida's children."

As a participating provider in Aetna Better Health of Florida's Healthy Kids network, this award ensures the continuity of care for existing Aetna Better Health members your practice serves and ensures access for new Florida Healthy Kids members that may be transitioning to Aetna Better Health from exiting plans. We appreciate your continued partnership serving Medicaid and Florida Healthy Kids members throughout Florida.

If you have any questions about this communication, please contact us at **1-844-528-5815**.

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Reminder on balance billing

Are you preparing to bill a Medicaid and/or Florida Healthy Kids member?

If so, please remember the following **Medicaid: 42 C.F.R. § 447.15** means acceptance of state payment as payment in full.

This means that a provider is not to bill the difference between the amount paid by Aetna Better Health of Florida and the provider's customary charge to your patient, your patient's family or a power of attorney for your patient. Balance billing for Medicaid services is a violation of your provider contract.

Florida Healthy Kids (FHK) prohibits balance billing to FHK members. You may only seek reimbursement from a FHK managed care organization for a covered service provided to a FHK member. You may not seek reimbursement or attempt to obtain payment directly from a FHK member, the FHK member's family, or the FHK member's guardian for a covered service. Eligible providers must agree that payment received for covered services will be accepted as payment in full and must agree that they won't bill the member or the member's guardian for any remaining balance for covered services rendered.

This applies to all covered services provided to a Medicaid/FHK member, including emergency services provided by an out of network provider.

This does not apply to:

- Authorized copayments
- A covered service of Medicaid/FHK with a capped benefit level, once the Medicaid/FHK member exceeds the benefit cap
- Unauthorized out-of-network services
- Services that are not covered services under Medicaid/FHK

In addition, providers may not bill or take other recourse against the Medicaid/FHK member, the Medicaid/FHK member's family, or the Medicaid/FHK member's guardian for claims denied as a result of error attributed to the provider or claims processing entity. This rule applies to providers that participate in Aetna Better Health of Florida's network and out of network providers. One of the highest volumes of member complaints is balance billing issues.

Aetna Better Health of Florida's member advocates have to contact the billing provider's business office to resolve the issue and zero balance the member. Many of these issues are sent to a collection agency, which requires an additional discussion with your office. In effect, this becomes a non-issue but countless hours are spent on resolution.

We will continue to resolve balance billing issues as received. However, we want to provide this gentle reminder for your reference when preparing bills for Medicaid/FHK members.

Keeping directory information up to date

Help us keep your practice information updated in the directory. Having a correct listing is a prerequisite for proper handling of your claims and is important in ensuring uninterrupted care for our members. The following elements are critical to the accuracy of your listing:

- Street address
- Phone number
- TTY number
- Website
- Email address
- Languages spoken
- Board certifications
- Ability to accept new patients
- Ages of patients seen
- Hospital affiliations
- Handicap accommodations – parking, restroom, exam room and equipment
- Close to public transportation
- Office hours
- Special training like cultural competency

If you have any changes/updates let us know.

Mail us:
Aetna Better Health of Florida
Network Operations
261 N University Drive
Plantation, FL 33324

Call us: 1-800-441-5501

Fax us: 1-844-235-1340

Email us: FLMedicaidProvider Relations@Aetna.com

Help us stop fraud

We urge you to remember that it is your responsibility as a Medicaid program provider to report suspected fraud and abuse. There are various ways to report suspected or confirmed fraud, waste or abuse:

- Aetna Alert Line: **1-888-891-8910**
- Special Investigation Unit (SIU) Hotline: **1-866-806-7020**
- Email the SIU: **FL-FraudandAbuse@Aetna.com**
- Fax the SIU: **724-778-6827**
- FL Medicaid Program Integrity Office: **1-888-419-3456**
- AHCA OIG Complaint Form: **https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx**
- FL Attorney General's Office: **1-866-966-7226**
- Florida Medicaid Compliance: **954-858-3672**

If you report suspected fraud and your report results in a fine, penalty, or forfeiture of property from a doctor or health care provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll-free **1-866-966-7226** or **850-414-3990**).

The reward may be up to 25 percent of the amount recovered, or a maximum of $500,000 per case (Florida Statutes Chapter 409.9203). You can talk to the attorney general's office about keeping your identity confidential and protected.

Thank you for your continued support.

Availability and accessibility requirements

Help us ensure your patients have timely and appropriate access to care. We want to remind providers of the required availability and accessibility standards and ask that you review the standards listed below.

The following can be found in the primary care physician (PCP) contract: "PCPs provide covered services in their offices during normal business hours and are available and accessible to members, including telephone access, 24 hours a day, 7 days per week, to advise members requiring urgent or emergency services. If the PCP is unavailable after hours or due to vacation, illness, or leave of absence, appropriate coverage with other participating physicians must be arranged."

After-hours access

The following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable:

- Office phone is answered after hours by an answering service, which meet the languages need of the major population groups served, that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes.
- Office phone is answered after normal business hours by a recording in which meet the languages need of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider's phone. Another recording is not acceptable.
- Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.

Unacceptable:

- Office phone is only answered during office hours.
- Office phone is answered after hours by a recording, which tells the patients to leave a message.
- Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.
- Returning after hour calls outside of 30 minutes.

Project ECHO

Aetna Better Health of Florida, in partnership with Beacon Health Options, is proud to offer our providers access to Project ECHO (Extension for Community Health Outcomes) for opioid use disorder.

Project ECHO is a tele-mentoring platform that links specialists with non-specialists through virtual clinics, where the specialists mentor participants and share their knowledge through case-based learning and guided practice. Non-specialists include primary care providers, psychiatrists, nurse practitioners, physician assistants and other community-based clinicians. This "hub-and-spoke" learning model enables primary care providers and other clinicians to develop the skills needed to treat patients with complex, chronic conditions, such as opioid addiction, within their own communities.

Do you want to learn more about participating in Project ECHO? Through the Aetna Better Health of Florida website, **AetnaBetterHealth.com/Florida/providers/library**, you can access reference material including: Project ECHO Provider Overview, Frequently Asked Questions (FAQ), Project ECHO product – the Beacon Solution and Project ECHO.

You can also contact Beacon Health Options directly via email for more details about the benefits of participating in Project ECHO; **ProjectECHO@beaconhealthoptions.com**.

We thank you for your continued service and dedication to our members. If you have any questions or urgent concerns, please contact your Network Relations Consultant or a Provider Relations representative for assistance in resolving any issues.

Please feel free to contact us via e-mail **FLMedicaidProviderRelations@aetna.com**, fax **1-844-235-1340** or speak to a Provider Relations Representative: (MMA) **1-800-441-5501**, (LTC) **1-844-645-7371**, or (FHK) **1-844-528-5815**.

Notice of privacy practice

Aetna Better Health of Florida is required to keep our member's health information private. One of the ways we do this is by informing our providers about their role in the member's privacy rights. Providers must safeguard/secure the privacy and confidentiality of and verify the accuracy of any information that identifies an Aetna Better Health of Florida member.

Original medical records must be released only in accordance with federal or state laws, court orders, or subpoenas. Specifically, our network providers must:

- Maintain accurate medical records and other health information.
- Help verify timely access by members to their medical records and other health information.
- Abide by all federal and state laws regarding confidentiality and disclosure of mental health records, medical records, other health information, and member information.

Provider must follow both required and voluntary provision of medical records must be consistent with the Health Insurance Portability and Accountability Act (HIPAA) privacy statute and regulations. (**www.hhs.gov/ocr/privacy/**).

Providers are contractually required to safeguard and maintain the confidentiality of data that addresses medical records, confidential provider, and member information, whether oral or written in any form or medium.

To help safeguard patient information, we recommend the following:

- Train your staff on HIPAA
- Consider the patient sign-in sheet
- Keep patient records, papers and computer monitors out of view
- Have electric shredder or locked shred bins available

For additional training or frequently asked questions, please visit U.S. Department of Health & Human Services. Direct website link: **http://aspe.hhs.gov/admnsimp/final/pvcg**

Member rights and responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. Members can request a copy of it from their doctor or from Member Services.

Rights:

- You have the right to be treated with courtesy and respect
- You have the right to have your privacy protected
- You have the right to a response to questions and requests
- You have the right to know who is providing services to you
- You have the right to know the services that are available, including an interpreter if you don't speak English
- You have the right to know the rules and regulations about your conduct
- You have the right to be given information about your health
- You have the right to refuse any treatment, except as otherwise provided by law
- You have the right to get service from out-of-network providers
- You have the right to get family planning services without prior authorization
- You have the right to be given information and counseling on the financial resources for your care
- You have the right to know if the provider or facility accepts the assignment rate
- You have the right to receive an estimate of charges for your care
- You have the right to receive a bill and to have the charges explained
- You have the right to be treated regardless of race, national origin, religion, handicap, or source of payment
- You have the right to be treated in an emergency
- You have the right to participate in experimental research
- You have the right to file a grievance if you think your rights have been violated
- You have the right to information about our doctors
- You have the right to be treated with respect and with due consideration for your dignity and privacy
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- You have the right to request and receive a copy of your medical records and request that they be amended or corrected
- You have the right to be furnished health care services in accordance with federal and state regulations
- You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the state agency treat you

Responsibilities

- You should provide accurate and complete information about your health
- You should report unexpected changes in your condition
- You should report that you understand your care and what is expected of you
- You should follow the treatment plan recommended
- You should keep appointments
- You should follow your doctor's instructions
- You should make sure your health care bills are paid
- You should follow health care facility rules and regulations

The 3 Ps 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 Ps: Prepare, prod and prevent.

Prepare:

- Become knowledgeable about current ACIP recommendations for this winter: **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/ diagnosiswww.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).

Aetna Awesome Provider Program

The Aetna Awesome Provider Program (AAPP) was established in 2019 to celebrate Florida Medicaid primary care providers that achieve high clinical quality performance. Providers will be grouped and scored by their tax identification number (TIN). The HEDIS measures selected and requirements are listed in a table below, along with the 50th, 75th & 90th percentile goals.

Eligibility

- PCP practices at tax identification number (TIN) level with at least 100 assigned members are eligible to participate
- Eligible providers will need at least 10 members in each quality measure denominator to be scored for that measure
- Practice must have scored in the 50th percentile rate for 65% of HEDIS measures applicable to the provider's type of practice (pediatric/family/internal/multispecialty)

Scoring

All qualified providers will receive one (1) point for achieving the 50th percentile rate in their applicable measures, two (2) points for achieving the 75th percentile rate and three (3) points for achieving the 90th percentile rate. Only the provider's administrative rates will be included in scoring. A score will be calculated by totaling the points for each measure and dividing it by the number of applicable measures. The top 5 scoring practices in the state for our Medicaid members will be awarded the Aetna Awesome Provider Program award. In the event of a tie, the TIN with the largest panel size as of December 31 of the measurement year will be given one additional point.

Timeline

The program will be awarded to eligible practices in 2020 for calendar year 2019 HEDIS results. Interim rate reports will be provided in July or August when enough claim data has been submitted and membership in the denominators has stabilized for eligibility. Another report will be provided in October for a fourth quarter push to close remaining gaps in care.

Awards

The Aetna Awesome Provider Program award includes publication of accomplishment in the practice's predominant market newspaper on one day; priority member auto-assignment; submission to the Florida Association of Health Plans as a press release; an office party with special mementos for the office staff; announcement on the health plan member website; and a plaque to commemorate the accomplishment.

2019 HEDIS measure	50% goal	75% goal	90% goal
Adult Access to Care (AAP)	81.57	85.09	87.83
Adult BMI Assessment	88.37	92.45	95.00
Child & Adolescent Access to Primary Care (CAP 25 months-6 years)	87.47	90.47	92.88
Child & Adolescent Access to Primary Care (CAP 7-11 years)	90.69	93.04	96.18
Child & Adolescent Access to Primary Care (CAP 12-19 years)	89.63	92.05	94.80
Childhood Immunization Series (CIS Combo 3)	70.80	74.70	79.56
Cervical Cancer Screening (CCS)	60.10	65.96	70.56
Immunization for Adolescents (IMA Combo 1)	79.81	85.64	88.08
Lead Screening (LSC)	73.13	80.08	85.64
Well Child 3-6 years (W34)	73.89	79.33	83.70

Billing requirements reminder

All submissions of claims and encounters to Aetna Better Health of Florida require a valid NPI and nine digit Medicaid ID number for providers.

Providers who do not have a valid NPI and/or an active Medicaid ID number can register directly with the Agency for Health Care Administration at: **http://portal.flmmis.com/flpublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabid/58/Default.aspx?desktopdefault=%20**.

Providers can submit either a Limited Enrollment or a Full Enrollment application via the online Provider Enrollment Wizard. If provider is to bill Medicaid as fee-for-service, full enrollment is required.

Enrollment status can be verified utilizing the enrollment tracking search tool at: **https://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentStatus/tabId/57/Default.aspx**.

Aetna Better Health of Florida is required to process claims in accordance with Medicare and Medicaid claim payment rules and regulations. Our claims application system has a series of active edits to determine if the appropriate claim fields contain the required values. We deny, completely or in part, claims submitted without required information or with invalid information.

All claims submitted to Aetna Better Health of Florida MUST include NPI and a valid Medicaid ID number. If NPI or Medicaid ID numbers are not valid or included in your claim submission, your claim is subject for denial.

We appreciate your continued service to our members. Please feel free to contact us via e-mail **FLMedicaidProviderRelations@aetna.com**, fax **1-844-235-1340** or speak to a Provider Relations Representative: (MMA) **1-800-441-5501**, (LTC) **1-844-645-7371**, or (FHK) **1-844-528-5815**.

MDLIVE

Virtual Care – Visit with a doctor from a computer, tablet or MDLIVE app on a phone

We want our members to be healthy wherever they are. We know that getting to a doctor is not always easy. That is why we offer MDLIVE telemedicine services to our members. MDLIVE provides quick access to board-certified primary care doctors and pediatricians.

MDLIVE doctors provide convenient access to quality health care for our members. They are U.S. board-certified doctors who can diagnose non-emergency health issues and recommend treatment. Doctors can also call in a prescription to your local pharmacy, if needed.

Doctors are available for video chat 7 AM to 9 PM or by availability 7 days a week, 365 days a year anywhere – at home, work, or on the road. And MDLIVE is available to our members at no cost.

When to use MDLIVE:

- For non-emergency medical issues
- If your doctor or pediatrician is not available
- If you are traveling and need medical care
- Video consultations are 7 AM to 9 PM, 7 days a week or by availability

Making an appointment with a doctor is just a video chat away:

- Visit **mdlive.com/aetnamedicaidfl**
- Use MDLIVE mobile app
- Questions? Call MDLIVE at **1-866-276-9381** 24/7

It is easy to sign up:

1. Register
    - Online at **mdlive.com/aetnamedicaidfl** or
    - Call MDLIVE at **1-866-276-9381** or
    - Download MDLIVE mobile app from Google Play Store or Apple iTunes Store
2. Create an account – complete your profile, medical history, and add eligible family members