



Provider Newsletter  
Summer 2017

## Kudos to Western Wayne Family Health Centers

### Emergency Preparedness classes now available

If you have patients who are concerned about emergency preparedness—whether they are diabetic or have another chronic condition—feel free to have them take the Emergency Preparedness class at Western Wayne Family Health Centers (WWFHC). They will learn how to be ready for a power outage, natural disaster and other emergencies. All are welcome—please have them RSVP at **734-467-3341**.

Walk-ins are welcome too. Class dates are available from May through July at the Inkster location, 2700 Hamlin Blvd.

#### High-quality, affordable care

WWFHC is your medical home. They provide high-quality, affordable care to all. Their primary care, OB/GYN, dental and behavioral health services, as well as immunizations, school and sports physicals, health

education and prevention programs are open to everyone.

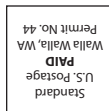
#### Training site for health care professionals

WWFHC is also a training site for many health care professionals. They often work with students at the end of their formal educational programs to be nurse practitioners, medical assistants, medical billers and social workers.

#### Medical residents enhance patient health care

WWFHC is also very proud to be part of an innovative graduate medical education program that trains medical school graduate physicians as medical residents at their facilities. Authority Health places resident physicians at their centers with internal medicine, pediatrics, OB/GYN and family practice providers. They spend their residency years based at community health centers, with hospital

and other rotations mixed in. This new way of training allows for them to graduate and be ready to serve as physicians who work with patients in underserved areas to practice primary care medicine. This helps reduce the shortage of doctors wanting to practice in community health centers like WWFHC. Our residents are learning from the best and work with their attending physicians (experienced doctors) to give families the best care.

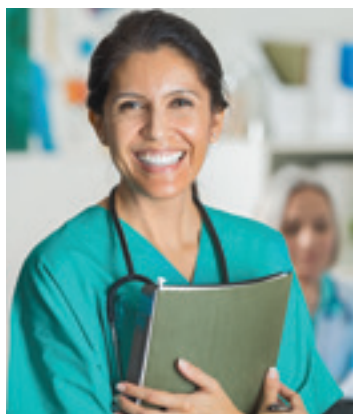


## Keeping Medicare Advantage directory information up to date

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage organizations to contact you at least quarterly to confirm that the information in our directory is accurate. This includes:

- Ability to accept new patients
- Street address
- Phone number
- Any other changes that affect availability to patients

If you notify us of any changes, we have 30 days to update our online directory.



### **The Council for Affordable Quality Healthcare® (CAQH) helps meet this need**

CAQH has a unique solution to ensure that directory information is accurate. They developed it with our help and that of other health plans. CAQH's directory confirmation process uses data from your CAQH ProView™ profile. You simply review, update and confirm your information in ProView. Then CAQH does the rest. They'll share it with all participating health plans that you authorize to receive it. This eliminates the need for every plan in which you participate to contact you for the same directory information.

CAQH will send you this notice and a CAQH provider directory validation invitation email, which has instructions on how to update your profile. CAQH will call you if you don't reply, so respond promptly.

## Behavioral Health

Although May was Mental Health Awareness Month, it is important to always remember the impact that mental health issues can have on our members.

At Aetna Better Health of Michigan, we understand the importance of treating all aspects of our members' health and the challenges that exist with members who experience both physical health issues and mental health issues.

In the state of Michigan, mental health services have been carved out. This means that the Medicaid Health Plans have a responsibility for the mild to moderate population up to 20 visits. For members who have more severe mental health issues, the Prepaid Inpatient Health Plans (PIHPs) have the responsibility for care.

As a provider, you can help identify potential and existing mental health issues

and refer these members to get the appropriate services. For the mild to moderate population, Aetna Better Health of Michigan contracts with numerous outpatient clinics. These clinics provide assessments, medication reviews and therapy. As a provider, you can inform members that they can be seen at these outpatient mental health clinics for help.

If the member has greater mental health issues, they can seek help from the PIHPs. If you should have questions about outpatient mental health clinics or the PIHPs, please contact your provider liaison or the Director of Behavioral Health Services at **1-866-316-3784**.

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## Benefits of electronic health records

Our world has been radically transformed by digital technology—smartphones, tablets and web-enabled devices have transformed our daily lives and the way we communicate.

Medicine is an information-rich enterprise. A greater and more seamless flow of information within a digital health care infrastructure, created by electronic health records (EHRs), encompasses and leverages digital progress and can transform the way care is delivered and compensated. With EHRs, information is available whenever and wherever it is needed.

The Health Information Technology for Economic and Clinical Health (HITECH) Act, a component of the American Recovery and Reinvestment Act of 2009, represents the nation's first substantial commitment of federal resources to support the widespread adoption of EHRs. As of August 2012, 54 percent of the Medicare- and Medicaid-eligible professionals had registered for the meaningful use incentive program.

When fully functional and exchangeable, the benefits of EHRs offer far more than a paper record can. EHRs:

- Improve quality and convenience of patient care
- Increase patient participation in their care
- Improve accuracy of diagnoses and health outcomes
- Improve care coordination
- Increase practice efficiencies and cost savings

Learn more about how to make your office ready for the future of health care by implementing EHRs here: <http://healthit.gov/providers-professionals/ehr-implementation-steps>.

Source: <http://healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs>

## New CMS update: Medicare Outpatient Observation Notice

The new Medicare Outpatient Observation Notice (MOON) (CMS-10611) ruling by the Centers for Medicare & Medicaid Services (CMS) requires all hospitals and critical access hospitals (CAHs) to provide written notification and an oral explanation to individuals receiving observation services as outpatient for more than 24 hours.

The notification must include the following:

- The reasons the individual is an outpatient receiving observation services and the implications of receiving outpatient services, such as required Medicare cost-sharing and post-hospitalization eligibility

for Medicare coverage of skilled nursing facility.

- Hospitals and CAHs must deliver the notice no later than 36 hours after observation services are initiated or sooner if the individual is transferred, discharged or admitted.

For more information, visit the CMS website [www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html) and review the attached frequently asked questions (FAQ).

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

## What is a patient-centered medical home?

The National Committee for Quality Assurance (NCQA) defines patient-centered medical home as a model of care that strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship.

Each patient has an ongoing relationship with a personal physician who leads a team at a single location that takes collective responsibility for patient care, providing for the patient's health care needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more personalized, coordinated, effective and efficient care.

A medical home achieves these goals through a high level of accessibility, providing excellent communication among patients, physicians and staff and taking full advantage of the latest information technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance.

A variety of studies have demonstrated that medical homes improve access and reduce unnecessary medical costs.

In a controlled study at Pennsylvania's Geisinger Health System, medical home patients had a 14 percent reduction in hospital admissions relative to the control group. That accompanied "a trend toward a 9 percent reduction in medical costs" after two years.

Group Health Cooperative of Puget Sound experienced a 29 percent reduction in emergency room (ER) visits and an 11 percent reduction in ambulatory sensitive care admissions as a result of a primary care redesign of a Seattle clinic.

The Genesee Health Plan HealthWorks model in Michigan reduced ER visits by 50 percent and inpatient hospitalizations by 15 percent.

Other reports on the outcomes of implementing medical homes are available at [www.pcpcc.net](http://www.pcpcc.net).

Source: <http://www.ncqa.org/portals/0/pcmh%20brochure-web.pdf>

## How we make coverage decisions

When making coverage decisions, Aetna Better Health of Michigan follows the health care rules of Milliman Care 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 **1-866-316-3784 (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.



## Hours of operation parity

Hours of operation offered to Medicaid members are to be no less than those offered to commercial members. If you only serve Medicaid members, then hours offered to Medicaid managed care members must be comparable to those offered to Medicaid fee-for-service members. The availability of appointments must be comparable for Medicaid members to the availability of appointments for commercial members.

## Language translation

Aetna Better Health of Michigan provides written and spoken language services to members in any setting, including ambulatory, inpatient and outpatient settings. One way this is provided is by over-the-phone interpretation.

Over-the-phone interpretation is a quick, easy way to communicate with someone who doesn't speak English when your facility does not have bilingual resources. Over-the-phone interpretation helps us provide excellent service to members or clients who have limited English speaking skills. Additionally, it helps eliminate the stress and frustration representatives often experience during language-complicated encounters.

Our first attempt to handle non-English speaking callers is to use in-house bilingual resources since they best know and understand our business.

To use over-the-phone interpretation, you will need the following information:

- Aetna Better Health's dedicated Voiance Interpreter Network telephone number **1-855-496-4428**
- Your PIN = \_\_\_\_\_ (For Aetna Better Health of Michigan members)

In order for Voiance to provide accurate reports on usage by plan, it is critical that you enter the information correctly.

### Using the service

1. Conference in Voiance: **1-855-496-4428**.
2. Enter your PIN (location/department identifier). Language selection: You will be prompted to speak the name of the language

you need, or you can select from the top five most-used languages.

If you need help identifying a customer's language, simply say "client services" or "customer service" at the language selection prompt. You will be connected to a Voiance Client Services representative who will assist you.

3. You will be connected to the next available interpreter.

Should you need additional assistance during an interpretation session, press \*0 to be connected to Voiance Client Services.

4. Brief the interpreter. Summarize what you wish to accomplish, and give any special instructions.
5. Add the limited-English speaker to the line.
6. Say "end of call" to the interpreter when the call is completed.

## Access to our clinical staff

If you need access to a nurse during normal business hours, 8 a.m. to 5 p.m., call Member Services at **1-866-314-3784** and ask to be connected to a nurse.

If you need a nurse after business hours, call **1-866-711-6664**. You will be connected to our 24-hour nurse line. Members/providers with hearing impairment, please use our TTY line at **711**.

Language translation is also provided for free by calling **1-866-314-3784**.

## Members are held harmless for covered services

Please be advised, members of Aetna Better Health are held harmless for covered services. Providers should seek payment from the plan and not bill (or balance bill) active members directly for covered services.

This newsletter is published as a community service for the providers of Aetna Better Health® of Michigan.

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## 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.

Effective June 1, 2016, due to Common Formulary implementation throughout the state of Michigan, Aetna Better Health of Michigan has made some changes to our drug formulary. These changes support our commitment to high-quality, cost-effective health care.

Information relating to the Common Formulary can be found by visiting the department's website at [www.aetnabetterhealth.com/michigan/providers/medicaid/pharmacy](http://www.aetnabetterhealth.com/michigan/providers/medicaid/pharmacy). Information about the Aetna Better Health of Michigan changes to the formulary that we made to meet Michigan Medicaid Managed Care Common Formulary requirements can be found by visiting [www.aetnabetterhealth.com/michigan/providers/medicaid/pharmacy](http://www.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.