



Provider Newsletter  
Winter 2017

## HEDIS webinar series

You're invited to attend our free HEDIS webinar series. The goal of the series is to:

- Educate on HEDIS measures
- Explore ways to cut down on the burden of medical record review—maximize administrative data capture
- Present NCQA HEDIS reporting codes that will effectively capture care
- Discuss HEDIS measures applicable to certain populations
- Open discussion to see how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/quality questions

### Schedule

#### December 2017

- HEDIS measures affecting 12- to 21-year-old members, with a focus on administrative data capture versus medical record review

#### January 2018

- Maternity care/ONAF submission

#### February 2018

- HEDIS measures affecting 21 and older males

#### March 2018

- HEDIS measures affecting 21 and older females

#### April 2018

- HEDIS measures focusing on members with serious and mental illness and chronic conditions

#### May 2018

- Why attend these Webinars and what exactly is a “point of contact?”/ HEDIS measures affecting 0- to 11-year-olds, including EPSDT

#### June 2018

- HEDIS measures affecting 12- to 21-year-old members, with a focus on administrative data capture versus medical record review

#### July 2018

- Maternity care/ONAF submission

## Join us

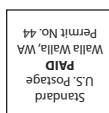
Check your inbox for monthly invites and registration information.

### Questions?

For HEDIS-related questions, email Danté Gray at [dagr@etna.com](mailto:dagr@etna.com).

For non-HEDIS questions, call Provider Relations at **1-855-676-5772**.

Please cascade this information to other staff who may benefit from these free webinars.



## 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 work for several 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.

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

## Follow-up after hospitalization for mental illness (FUH)

### When should a behavioral health follow-up visit be completed?

A comprehensive follow-up visit is necessary upon notification of a mental health-related discharge. Mental health practitioners are encouraged to complete a follow-up visit **within 3 days or 30 days** of their patient being discharged.

The NCQA HEDIS technical specifications look for and measure an outpatient visit or an intensive outpatient encounter with a mental health practitioner **7 or 30 days** after hospitalization for mental illness; however, follow-up **within 3 days** of discharge is encouraged.

Below are just *some* examples of diagnoses that would warrant a follow-up visit. Upon notification of a patient's discharge, the mental health practitioner should complete a comprehensive assessment of the patient to review their medication regimen, ensure the patient's safety and reduce the risk of readmission.

- Bipolar disorder
- Major depressive disorder
- Paranoid schizophrenia
- Manic episodes

- Delusional disorders
- Persistent depressive disorder
- Post-traumatic stress disorder
- Personality disorders

#### FUH improvement tips

- Educate your patients and their spouses, caregivers or guardians about the importance of compliance with the long-term medications prescribed.
- Encourage high-risk patients to participate in our behavioral health care management program for help getting discharge follow-up appointments and other support.
- Teach patients' families to review all discharge instructions for patients and ask for details of all follow-up discharge instructions, such as the dates and times of appointments.
- Ask patients with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.



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## Aetna Better Health members reaching adulthood

Members reaching adulthood can get help with finding an adult primary care provider to replace their pediatric doctor. Call Member Services at **1-866-316-3784**, TTY **711**.

## Where to find clinical practice guidelines

Clinical practice guidelines (CPGs) define the role of diagnostic and treatment methods in the diagnosis and management of patients. The guidelines contain recommendations developed from scientific review and the synthesis of published medical literature. While these guidelines are not a mandatory set of rules, they do provide a recommended course of action for diagnosis and treatment for diseases and conditions.<sup>1</sup>

Aetna Better Health of Michigan is proud to participate in the Michigan Quality Improvement Consortium (MQIC), a collaborative effort whose participants include physicians and other personnel representing the Michigan medical community. According to their website, MQIC's mission is to "establish and implement a core set of clinical practice guidelines and performance measures. The interventions designed and implemented by each plan to improve consistent delivery of services will be at the discretion of individual plans, but guidelines, performance goals, measurement methodology, and performance reporting will be standardized."<sup>2</sup>

The group includes representation from nearly all Michigan managed care

organizations as well as the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Association of Health Plans, the Michigan Peer Review Organization and practicing physicians. The guidelines are developed based on current medical evidence and information from nationally recognized organizations (e.g., U.S. Preventive Services Task Force and American Cancer Society).

The MQIC website provides an overview of several CPGs for treatment of diseases and conditions. For instance, the CPGs for diabetes include guidance for providers about periodic assessments; laboratory tests; education, counseling and risk factor modification; and medical recommendations for patients ages 18 to 75 with Type I or Type II diabetes. MQIC also has guidelines for several other conditions, including:

- Attention-deficit/hyperactivity disorder (ADHD)
- Depression
- Diabetes
- Heart failure
- Asthma
- Hypertension
- Back pain
- Substance use
- Tobacco control

You can access the MQIC guidelines at [mqic.com/guidelines.htm](http://mqic.com/guidelines.htm).



You can access Aetna Better Health's Clinical Practice Guidelines website at [aetnabetterhealth.com/michigan/providers/practice-guidelines](http://aetnabetterhealth.com/michigan/providers/practice-guidelines) or call Provider Services at **1-855-676-5772**.

<sup>1</sup> Michigan Quality Improvement Consortium. (2017). MQIC Guidelines. Retrieved Nov. 15, 2017, from Michigan Quality Improvement Consortium: [mqic.com/guidelines.htm](http://mqic.com/guidelines.htm)

National Center for Complementary and Integrative Health. (2017). Clinical Practice Guidelines. Retrieved Nov. 15, 2017, from National Institutes of Health: [nccih.nih.gov/health/providers/clinicalpractice.htm](http://nccih.nih.gov/health/providers/clinicalpractice.htm)

<sup>2</sup> Michigan Quality Improvement Consortium. (2017). MQIC Guidelines. Retrieved Nov. 15, 2017, from Michigan Quality Improvement Consortium: <http://mqic.com/guidelines.htm>

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## Provider enrollment in CHAMPS

Effective Jan. 1, 2018, Michigan Department of Health and Human Services (MDHHS) will implement the screening and enrollment requirements as stated by 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act. All providers furnishing services to Michigan Medicaid beneficiaries must enroll with the state in the Community Health Automated Medicaid

Processing System (CHAMPS) as a requirement for reimbursement for services performed. This guidance applies to referring, ordering and attending providers. Each provider must be actively enrolled on the date of service.

If you are not enrolled in CHAMPS, please go online by clicking the Provider

Enrollment link at: [michigan.gov/mdhhs](http://michigan.gov/mdhhs).

- Doing Business with MDHHS
- Health Care Providers
- Providers
- Provider Enrollment

Follow the instructions at the bottom for **Accessing the CHAMPS System** and **CHAMPS Provider Enrollment**.

If you have any additional questions about the

process, or if you have an inactive enrollment within the CHAMPS system, please contact the Provider Enrollment department by phone at **517-335-5492** or by email at [providerenrollment@michigan.gov](mailto:providerenrollment@michigan.gov).

If you need to check your enrollment status, please use the Provider Verification Tool provided online.

## 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 **1-866-316-3784**)
  - 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

## How to utilize chronic condition management programs

Aetna Better Health of Michigan has chronic condition management programs for the following diseases:

- Asthma
- Diabetes
- Coronary heart disease
- Chronic heart failure
- COPD
- Depression
- Sickle cell disease
- Chronic kidney disease

The purpose of these programs is to guide our members and their providers in accordance with clinical practice guidelines adopted by Aetna Better Health. Our goal is to help our members to better understand their conditions, update them with new information and provide them with assistance from our staff to help them manage their disease. Our disease management programs are designed to reinforce your treatment plans. Providers can contact the Plan at **1-866-316-3784** and follow the prompts to enroll a member in our Case/Disease Management program.





## We protect our members' health information

Aetna Better Health of Michigan abides by the provisions in the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule and other applicable federal, Medicaid contract or state statutes and accreditation standards regarding confidentiality.

We protect our members' health information with specific procedures, such as:

### Administrative

We have policies and procedures that inform us of how to use member health information no matter what form it is in—written, oral or electronic.

### Physical

Member health information is locked up and is kept in safe areas. Building entries and computers are protected from unauthorized entry and access.

### Technical

Access to member health information is "role-based." We limit unnecessary or inappropriate access to and disclosure of protected health information.

All providers (covered entities) are required to abide by these standards as well as in the management, protection, use and disclosure of Aetna Better Health member personal health information (PHI).

Providers must be prepared to identify themselves via disclosure of their tax identification number when contacting the plan to use or disclose PHI.

If you have questions or concerns about the use or safety of PHI, call Member Services at **1-866-316-3784**.

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## Is your Medicare directory information up-to-date?

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare 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.

For more information, refer to the fact sheet that you can access at this address: [cms.gov/newsroom/mediareleasedatabase/fact-sheets/2015-fact-sheets-items/2015-04-06.html](https://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2015-fact-sheets-items/2015-04-06.html).

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

## Provider highlight: Park Medical Center

Aetna Better Health of Michigan's Community Health Workers (CHW) reach our members in their community, a place where members are most comfortable and able to speak freely. This may be a community facility such as a soup kitchen, food pantry, recreational center or a provider office located in the center of that community.

One of the many provider offices the CHWs collaborate with is Park Medical Centers. Founded by Richard Brown, DO, Park Medical Centers service many of Aetna Better Health of Michigan's members in several of its locations throughout the metropolitan Detroit area. The Aetna Better Health CHWs visit Park Medical Centers once a week to conduct outreach activities and engage the Aetna Better Health of MI members who visit the center for services.

The CHWs assist with non-clinical resources that may prevent members from self-managing their health or medical conditions. This includes identifying resources for housing, utility assistance and food security and eliminating other possible barriers to medical care. CHWs provide resources to help Aetna Better Health of Michigan members self-navigate the health system, as well as referrals as needed to our internal Care Management Program. By partnering with Park Medical Centers, CHWs are able to meet members where they are and offer them continued community support.

Contact your Aetna Better Health CHW for community resources or health literacy support today by calling **1-866-316-3784**. To learn more about Park Medical Centers, visit [parkmedicalcenters.com](http://parkmedicalcenters.com).

## How we make coverage decisions

When making coverage decisions, Aetna Better Health of Michigan follows the health care rules of MCG®. Aetna Better Health of Michigan uses these evidence-based care guidelines to ensure consistency in hospital-based utilization practices. The guidelines span the continuum of member care and describe best practices for treating common conditions. A free copy of individual guidelines pertaining to a specific case is available for review upon request by phone at **1-866-874-2567**.

The criteria, protocols or guidelines used to make a coverage determination are made available to the member/member representative and/or the practitioner/provider upon 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 provider or staff for the denial or reduction of services.

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## 5 ways to make those New Year's resolutions stick

First you make 'em. Then you break 'em.

Does that pretty much sum up your past history with New Year's resolutions? You're jazzed in January to get in shape, stop smoking, eat better—to achieve your goal, whatever it is. But by February, your resolution is kaput.

As you've likely discovered, good intentions aren't enough to make resolutions stick. You've got to stack the odds in your favor. Here's how:

**1. Be specific.** Rather than a fuzzy resolution—for instance, "I'm finally going

to get fit"—commit to a clearly defined one. Do you want to be able to finish a 5K? Do a dozen pushups? Walk the hilly streets in your neighborhood without getting winded? Nail the details.

**2. Don't overreach.** Resolving to go to the gym every morning before work is potentially setting yourself up for failure. Getting there two or three times a week is more realistic—and far likelier to become a habit.

**3. Line up support.** Pair up with a resolution buddy—

somebody with the same or a similar goal. Change is easier if you don't attempt it solo. And spread the news about your resolution. The more friends and family you tell, the more accountable you'll feel.

**4. Reward yourself.** Did you make it through your first week without smoking? Then spend the money you would have spent on cigarettes on something special for yourself. Are you down 5 pounds? Why not celebrate with a manicure or tickets to a concert?

**5. Bounce back.** OK, so you skipped the gym a couple of times or binged on a bunch of snacks one weekend. You slipped up, but so what? Missteps are normal. And one key to successful behavior change is resiliency. Tomorrow really is another day—it's your chance to get back on track.

Sources: American College of Sports Medicine; American Council on Exercise; American Psychological Association