



Provider Newsletter

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Important Announcements on COVID-19

The COVID-19 vaccine is now available for all adults over the age of sixteen. Reimbursement rates for the COVID-19 vaccine can be found [here](#).

Currently, CMS anticipates that providers will not incur a cost for vaccine products (CPT 91300, 91301, 91303). **Providers should not bill for vaccine products if they received it for free.**

We have also created a section on our provider website dedicated to updating you on the status of COVID-19 and answering any questions you may have [here](#).

The Department of Medical Assistance has also provided information regarding COVID-19 flexibilities and the COVID-19 vaccine via below memos:

- **April 22, 2021:** [Updates to Coverage of COVID-19 Testing & Antibody Treatment](#)
- **April 22, 2021:** [Department of Behavioral Health and Developmental Services \(DBHDS\) Amendments to 12VAC35-105 and 12VAC35-46 for Behavioral Health Enhancement and American Society of Addiction Medicine \(ASAM\) Levels of Care Criteria - Service Modifications Processing Starting April 12, 2021.](#)
- **April 22, 2021:** [COVID-19 Flexibility Updates Through July 20, 2021](#)
- **April 20, 2021:** [Hospital COVID-19 Vaccine Administration Reimbursement – Effective December 23, 2020](#)

Aetna Better Health® of Virginia



aetnabetterhealth.com/virginia

Does Your Patient Need Community Resources?

In a recent survey, Aetna Better Health of Virginia members expressed a desire for their providers to discuss availability of community resources with them during their appointments.

Housing, food security, income, and transportation are among the social determinants shown to have a significant impact on health outcomes for people with complex needs, who may also need help with chronic disease self-management, behavioral health support, and social connectedness. Many families have been even further impacted by the COVID-19 pandemic. Medical practices are unlikely to be able to meet these needs. Instead, they can identify community resources and refer patients to them.

Did you know? Our website includes a list of available and local community resources that you and our members can use, in order to identify and engage them in services that can address these needs. Visit our full list of community resources [here](#).

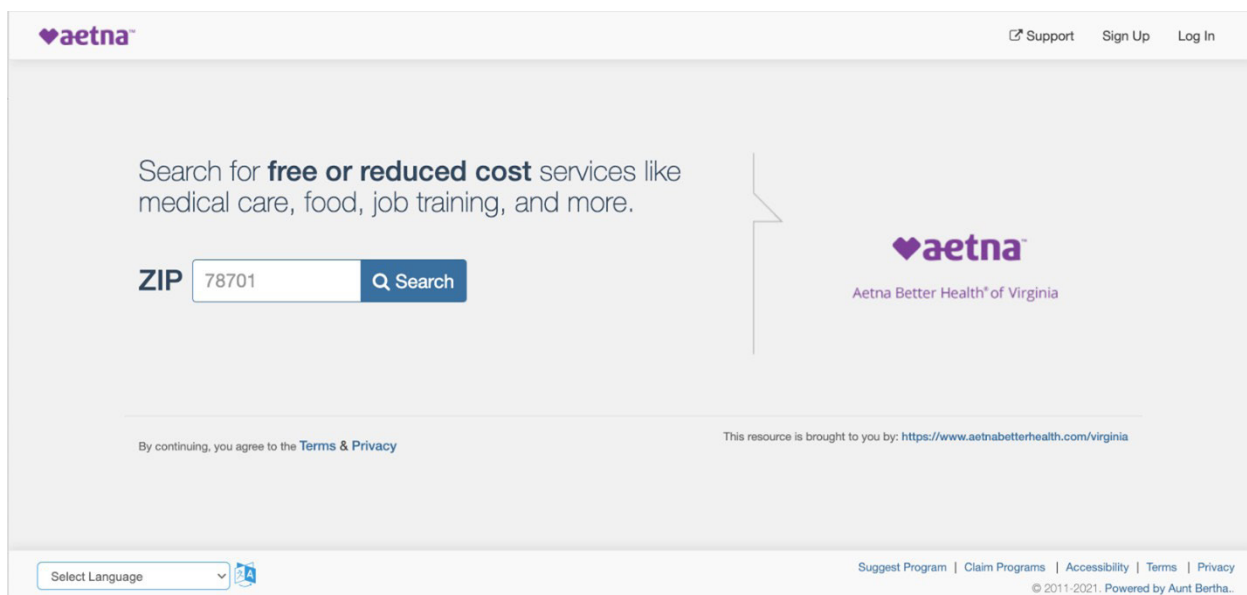
Services provided include rent and utility bill assistance, assistance with obtaining food, housing, transportation, jobs, and even legal help. Simply refer a member to the above website address, or you can perform a focused search to build your own list of commonly needed resources that your patients can use. Together, we can improve health outcomes by reducing barriers related to social determinants of health.

Helping Your Patients Find Community Resources with Aunt Bertha

Helping your patients find community resources is not always easy. However, finding the help that your patients need can be made a little simpler, thanks to Aunt Bertha. Our Aunt Bertha platform is a nationwide network of free and reduced-cost social programs that can help those in need connect directly to these services.

Programs are listed in every ZIP code in the United States and can be accessed through the platform. Aunt Bertha makes it easy for your patients who need help, along with those who help others, to find resources like food, housing, health care, work, financial assistance, and more. Your patients can simply search by ZIP code, find the services they need, and find out how to get connected, all with dignity and ease.

Recommend Aunt Bertha to your patients today. Simply go to aetna-va.auntbertha.com to get connected.



The screenshot shows the Aunt Bertha search interface. At the top left is the Aetna logo. In the top right corner, there are links for 'Support', 'Sign Up', and 'Log In'. The main content area features a search prompt: 'Search for free or reduced cost services like medical care, food, job training, and more.' Below this is a search form with a 'ZIP' label, a text input field containing '78701', and a blue 'Search' button. To the right of the search form is the Aetna logo and the text 'Aetna Better Health of Virginia'. At the bottom of the search area, there is a link to 'Terms & Privacy' and a note: 'This resource is brought to you by: https://www.aetnabetterhealth.com/virginia'. At the very bottom of the page, there is a 'Select Language' dropdown menu and a footer with links for 'Suggest Program', 'Claim Programs', 'Accessibility', 'Terms', and 'Privacy', along with the copyright notice '© 2011-2021. Powered by Aunt Bertha..'

Interpreter and Translation Services Is a Covered Benefit

Providers are required to identify the language needs of members and to provide oral translation, oral interpretation, and sign language services to members. To assist providers with this, Aetna Better Health makes its telephonic language interpretation service available to providers to facilitate member interactions. These services are free to the member and provider. However, if the provider chooses to use another resource for interpretation services other than those provided by the health plan, the provider is financially responsible for associated costs.

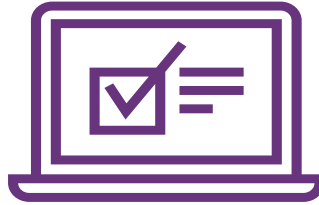
For more information, refer to the “Health Literacy” section in your Aetna Better Health provider manual. To request interpreter and translation services, please call **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus).

AIMS Portal Improves Appeals Processes for Aetna Better Health of Virginia

The Virginia Department of Medical Assistance Services (DMAS) recently launched a new portal to manage the appeals process – the Appeals Information Management System (AIMS). The AIMS portal will modernize the appeals process, offering Medicaid applicants, members, and providers the convenience of filing and managing an appeal online.

No Change for Internal Managed Care Organization Appeals

When Medicaid members and providers in managed care programs file the first level of appeal, they will continue using our current appeals process. The new AIMS portal will handle the next level of appeal after you exhaust your appeal with Aetna Better Health of Virginia.



Training and Assistance

Training and resources on how to use the AIMS portal are available on the [DMAS website](#).

Questions?

Contact DMAS Appeals at **804-371-8488**. They will be able to answer any questions you may have.

Tell Us What You Think!

Our annual *Provider Satisfaction Survey* invitations are being distributed to 1,500 random providers from our network between **July and September 2021**.

Your participation is vital for the improvement of our health plan operations! Please ensure your provider demographic information is updated in our system

- Call **1-800-279-1878 (TTY: 711)** to update or verify your information.
- Surveys will go out initially via email and will contain a unique survey participation code and instructions.
- Second and third wave surveys will go to non-respondents via physical mail and, eventually, phone outreach.

Clinical Practice Guidelines

Aetna Better Health of Virginia's Clinical Practice Guidelines and Preventive Services Guidelines are based on nationally recognized recommendations and peer-reviewed medical literature.

The guidelines consider the needs of enrollees, opportunities for improvement identified through our QM Program, and feedback from participating practitioners and providers.

Guidelines are updated as appropriate, but at least every two years.

Where to learn more:

More information about our practice guidelines, are on our website at [AetnaBetterHealth.com/Virginia](https://www.aetna.com/better-health/virginia).

Simply scroll down and select Practice Guidelines on the left-hand menu.

Incorrect Payer ID Notification

Lately, providers have been submitting claims electronically using the incorrect payer ID for Aetna Better Health of Virginia. Providers are submitting these claims using the outdated Coventry payer ID. These claims will no longer be processed on **December 1, 2021**.

Aetna Better Health of Virginia payer ID **128VA** should be used in lieu of Coventry payer ID **25133** for future claims submissions. Provider claims that use Coventry payer ID **25133** will be rejected starting **December 1, 2021**. We are making you aware of this issue now to prevent a delay in claims reimbursement in the future.

For additional assistance, please contact our Claims department:

- Medallion/FAMIS: **1-800-279-1878**
- CCC Plus: **1-855-652-8249**

New Policy Updates: Clinical Payment, Coding, and Policy Changes

We regularly augment our clinical, payment, and coding policy positions as part of our ongoing policy review processes. To keep our providers informed, please see the below list of upcoming new policies. These items are effective for dates of service beginning **May 25, 2021**. To see the specific policy updates, select [here](#).

- Colorectal Cancer Screening Tests (DNA Based)
- Obstetrics and Gynecology Policy: Planned Cesarean Delivery Less Than 39 Weeks of Gestation
- Laboratory/Pathology Policy
- COVID-19 Testing and Specimen Collection
- CMS Coverage Policy: Opioid Treatment Programs (OTPs)

Key Update Asthma and Inhaled Corticosteroids (ICS)

The 2020 Global Initiative for Asthma (GINA) report is no longer recommending the use of a Short Acting Beta Agonist (SABA) alone, without an Inhaled Corticosteroid (ICS), as this has potential to increase risk for severe exacerbations.

By adding an ICS, the risk would be greatly reduced with an aim to reduce both the probability of serious adverse outcomes, as well as, exacerbations at a population level.

An inhaled SABA has been 1st line treatment for asthma for 50 years; this dates from an era when asthma was thought to be a disease of bronchoconstriction.

Patient satisfaction and reliance on SABA treatment has been reinforced by its rapid relief of symptoms, its prominence in emergency department and hospital use to manage exacerbations, and its low cost.

For safety, GINA no longer recommends SABA-only treatment for Intermittent asthma use (Step 1).

- This decision was based on evidence that SABA-only treatment increases the risk of severe exacerbations and that adding any ICS significantly lowers the risk.

Regular or frequent use of SABA is associated with adverse effects.

- Receptor downregulation, decreased broncho-protection, rebound hyperresponsiveness, decreased bronchodilator response
- Increased allergic response and increased eosinophilic airway inflammation



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Higher use of SABA is associated with adverse clinical outcomes.

- Dispensing of ≥ 3 canisters per year (average 1.7 puffs/day) is associated with higher risk of ED presentations.
- Dispensing of ≥ 12 canisters per year is associated with higher risk of death.

GINA now recommends all adults and adolescents with asthma to receive an ICS containing controller treatment, to reduce risk of serious exacerbations.

- The ICS can be delivered by regular daily treatment or, in mild asthma, delivered by as-needed low dose ICS-formoterol.
- This is a population-level risk reduction strategy.

References

1. Global Strategy for the Diagnosis, Management and Prevention of Asthma, Global Initiative for Asthma (GINA) Updated December 2019. <https://ginasthma.org/gina-reports/>
2. Global Strategy for the Diagnosis, Management and Prevention of COPD. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Updated December 2019. <https://goldcopd.org/wp-content/uploads/2019/11/GOLD-2020-REPORT-ver1.0wms.pdf>.

Availity: Our New Provider Portal!

We are excited to announce that we have transitioned from our previous Provider Portal to our new Provider Portal, Availity. With Availity, you will be more easily able to support your patients, our members. Some areas of increased functionality include:

- Appeals and grievance submissions.
- Prior authorization submission and status lookup.
- Claims submissions and status inquiry.
- Panel roster lookup.

More importantly, Aetna Better Health of Virginia will continue implementing new and improved functions throughout the year. These include:

- Eligibility and benefits
- Remit PDF information
- Enhanced panel roster
- Enhanced G&A tool

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all of the above features.

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

[Select here to register.](#)

For registration assistance, please call Availity Client Services at **1-800-282-4548** between 8 AM and 8 PM ET, Monday through Friday.

GLP-1 Agonist and DPP-4 Inhibitor Concurrent Use

What?

According to the 2018 American Diabetes Association (ADA) guidelines, it is not recommended for a patient to be taking both a dipeptidyl peptidase 4 inhibitor (DPP-4i) and a glucagon-like peptide 1 receptor agonist (GLP-1 RA) concurrently.

Why?

There does not appear to be additive effects on glucose lowering when the two classes are used together. The current evidence suggests that this combination is clinically inferior to other options in terms of improving glycemic control.

Because there is a variety of recommended combinations that can be used to help patients with type 2 diabetes mellitus in controlling their blood glucose goals, non-recommended combinations that add little or no clinical benefit should not be used.

Reasons Not to Use	
No additional clinical benefit	The addition of a GLP-1 RA was studied in patients taking metformin and a DPP-4i in one human study. It was seen that there was only a 0.3% reduction in A1C. The average decrease is 0.8-2.0% when a GLP-1 RA is used without a DPP-4i.
Increased costs to patients	All GLP-1RA agents and most DPP-4i (except alogliptin) are available as brand name. Without additional benefit, this combination could be pricy.
	Patients with type 2 diabetes are more likely to have comorbidities and are at a higher risk of polypharmacy.
Not approved/recommend	The ADA does not approve or recommend this combination.
Possible increased risk of side effects	Both classes share a similar side effect profile. However, it is not clear whether there would be an additive effect in patients using this combination.

How?

Both GLP-1 RA and DPP-4i control blood glucose by targeting the incretin system. GLP-1RA act as incretin mimetics whereas DPP-4i block the breakdown of the body's natural incretin.

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Due to the way the drug classes work, many individuals would think that using the drugs in combination would increase glucose control by having increased incretin concentrations. However, GLP-1 RA are not broken down by the DPP-4 enzyme. As a result, the additive effects of the combination are minimal.

References

1. Davies, M. J., et al. (2018). Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*, 41(12), 2669-2701.
2. Dungan, K., & DeSantis, A. (2021) Glucagon-like peptide 1 receptor agonists for the treatment of type 2 diabetes mellitus. Retrieved from,
3. Geurin, M. D. (2016). Drug Combo Adds No Benefit in Patients with Type 2 Diabetes. *American Family Physician*, 93(6), 436-438.
4. University of Rochester Medicine. (2019, March). Diabetes Drugs Used in Combination (GLP-1 Agonists + DPP-4 Inhibitors) Provide No Added Benefit in T2DM. Retrieved from, ahpnetwork.com/wp-content/uploads/2019/03/March-2019-GLP1s-and-DPP4is_Pharmacy-Pearl.pdf

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
- Ability to accept new patients
- Any other changes that affect availability to patients

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

Update your directory information by submitting the spot check form [here](#).

Help Stop Fraud!

Fraud, waste, and abuse are widespread in the health care industry and generally result in the increase of health care costs. Aetna Better Health is dedicated to fighting fraud, waste, and abuse through its Fraud Prevention Program. This program is designed to detect and eliminate health care fraud, waste, and abuse.

The most common types of health care fraud, waste, and abuse are:

- Billing for services never provided
- Billing for more expensive services than were actually provided
- Incorrectly stating a diagnosis to get higher payments
- Performing unnecessary services to get higher payments
- Misrepresenting non-covered procedures as medically necessary
- Selling or sharing a member's identification number for the purpose of filing false claims

If you believe you have information relating to health care fraud, waste, and abuse, please contact our Fraud Prevention Department. Our Fraud Prevention Department will review the information and will maintain the highest level of confidentiality as permitted by law.

To report suspected fraud or abuse, contact us:

- Toll-free FWA Hotline is **1-844-317-5825**
- Email **reportfraudabuseVA@aetna.com**

You can help support our mission to reduce and eliminate fraud in the health care industry by following a few simple guidelines:

- Be careful when providing health care information, including a member's identification number.
- Inform your patients to be cautious of "free" medical treatments in which the patient is required to provide them with health care information.
- Aetna Better Health receives bills from providers to pay. This includes doctor visits, inpatient and outpatient services, and equipment and supplies, etc. There will be times when a member receives a letter telling them how we paid for these services. If a member receives a letter, it's important they know to fill it out and return it as soon as possible in the postage paid envelope provided.
- Understand the benefit plan and what types of treatments, drugs, services, etc. are covered.

How to Request Prior Authorization

If a service you are providing our member needs prior authorization, please call:

Program	Phone number	FAX
Medallion/FAMIS	1-800-279-1878	1-877-817-3707
CCC Plus	1-855-652-8249	1-877-817-3707

For weekend, after-hours admissions, and urgent/emergent issues after hours, call **1-800-279 1878** (TTY: **711**) for Medallion/FAMIS members and **1-855-652-8249** (TTY: **711**) for CCC Plus members and follow the prompts for afterhours preauthorization. You will be directed to an on-call nurse that can assist you. You may also request a prior authorization on the [Provider Portal](#). When requesting a prior authorization, please include:

- Member's name and date of birth
- Member's identification number
- Demographic information
- Requesting provider contact information
- Clinical notes/explanation of medical necessity
- Other treatments that have been tried
- Diagnosis and procedure codes
- Date(s) of service

Emergency services do not require prior authorization; however, notification is required the same day. For post stabilization services, hospitals may request prior authorization by calling our Prior Authorization department. All out-of-network services must be authorized. Unauthorized services will not be reimbursed and authorizations are not a guarantee of payment.

Cultural Competency Attestation

Culture is a major factor in how people respond to health services. It affects their approach to:

- Coping with illness
- Accessing care
- Taking steps to get well

We ask that all of our providers complete cultural competency training. Patient satisfaction and positive health outcomes are directly related to good communication, in a culturally competent manner, between a member and his or her provider. By completing the [attestation form on our website](#), your records in the Aetna Better Health provider directory will be updated to reflect you have completed this required training.

Learn more about the importance of cultural competency [here](#). Training resources are also available.

As part of our cultural competency program, we also encourage our providers to access information on the Office of Minority Health's web-based [A Physician's Guide to Culturally Competent Care](#). The American Medical Association, American Academy of Family Physicians, and the American College of Physicians endorse this program, which provides up to 9.0 hours of category 1 AMA credits at no cost.

Member Rights and Responsibilities

As a provider to our members, it is important that you know our members rights and responsibilities. To view:

- Medallion and FAMIS
- CCC Plus

Visit [AetnaBetterHealth.com/Virginia/providers/member-rights](https://www.aetna.com/betterhealth/virginia/providers/member-rights) on our website.

Thank you for providing our members with the highest quality of care!

Learn More about Our HMO SNP Plan

Interested providers and offices are encouraged to contact Russ Barbour, Director of DSNP, at 804-968-5146.

Aetna Better Health of Virginia (HMO SNP) is a Medicare Special Needs Plan, which means our plan benefits and services are designed for people with special health care needs. Our plan offers additional benefits and services not covered under Medicare, such as dental, hearing aids, and contact lenses.

Aetna Better Health of Virginia (HMO SNP) is available to people who have Medicare and who receive Medicaid assistance from the Commonwealth Coordinated Care Plus (Medicaid).

Additionally, please visit us on the web at [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

