



Provider Newsletter Summer 2024



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“You Call the Shots” – New Vaccine Incentive for Teens

Members aged 9 to 13 who are covered by Aetna Better Health of Virginia can now get **up to \$50** for completing important vaccines:

- \$10 Tdap
- \$10 Meningococcal
- \$10 HPV (first dose)
- \$10 HPV (second dose)

For completing all four shots, the member becomes eligible for an extra \$10.

Help your patients take advantage of this new reward.

Download the Teen Vaccine Incentive Form for members to complete in [English](#) or [Spanish](#).



Stay on Top of PRSS Portal Updates

In 2023, in alignment with the 21st Century Cures Act, DMAS began enrolling providers in its new federally-mandated system, the Provider Services Solution (PRSS). This new portal entry process is **required** for all providers participating with Medicaid fee-for-service or any managed care organization. This new process requires providers to periodically validate that their details are up to date.

All participating providers, individuals, groups, and their locations must be identified and enrolled in the system. Individual providers need to be connected to any group they are contracted with that provide services for our Medicaid members. Additionally, if a provider opens a new location, moves, or closes an existing location, that provider is required to update this information in the PRSS system and correctly identify any changes.

The state and their vendor, Gainwell, will be monitoring and requiring providers to keep their licenses up to date and revalidated on the [DMAS PRSS enrollment site](#).



Gainwell will send reminder emails for standard enrollment reminders, but providers should log in and update the following details:

1. Locations that are new, changed, or closed
2. New providers needing to be added to a group practice
3. Removal of providers no longer participating with your group
4. License information

Making these updates helps us make sure that data is correct for our Provider Directory – plus, these updates ensure that timely payments are made for the services you provide to our members.

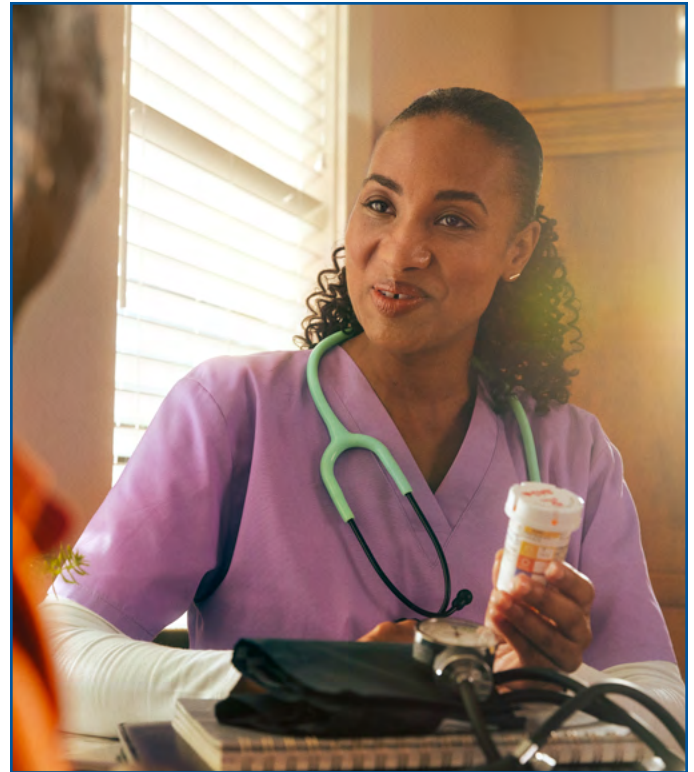
Access and Availability Standards

We use accessibility/availability standards based on requirements from NCQA, state, and federal regulations. These standards are communicated to providers and members via newsletter, our website, and as part of the provider manual.

Federal law requires that participating providers offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members.

If the provider serves only Medicaid recipients, hours offered to Medicaid managed care members must be comparable to those for Medicaid fee-for-service members.

Providers who do not meet these access standards are provided recommendations for improvements in order to meet the set standard.



The timely access standards for PCPs, behavioral health providers, and prenatal providers can be reviewed in the chart below.

Provider	Appointment	Availability standard
PCP	Emergency	Immediately upon request
	Urgent care	Within 24 hours
	Routine	Within 30 calendar days
Behavioral Health	Non-life-threatening emergency	Within 6 hours
	Urgent care	Within 24 hours
	Initial visit routine care	Within 5 business days
Prenatal	First trimester	Seven calendar days
	Initial second trimester	Seven calendar days
	Third trimester and high risk	Three working days from date of referral or immediately, if an emergency exists

Helping Your Patients Find Community Resources with Find Help

Finding help for your patients just got easier, thanks to Find Help. Aetna Better Health of Virginia's Find Help 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. Aetna Better Health's Find Help platform 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 Find Help to your patients today. It's easy. Simply go to aetna-va.findhelp.com to search and get connected.

Quality Management Spotlight

DMAS CCC Plus Waiver Provider Manual Spotlight

Requirements for Personal Care and Respite Care Services Aides

Each personal care aide hired by the provider must be evaluated by the provider to ensure compliance with qualifications as required by DMAS. Basic qualifications for personal care aides include training in the needs of the elderly and individuals with disabilities.

DMAS requirements may be met in one of four ways:

1. Registration as a Certified Nurse Aide
2. Graduation from an education curriculum approved by the Board of Nursing
3. Training from an educational/medical institution
4. A provider may develop and offer a 40-hour training program. For information regarding the specific elements, refer to the CCC Plus Waiver Provider Manual. This training must be conducted by an RN who meets the RN staffing requirements for personal care/respite providers. **All** graduates from the 40-hour provider training program must



have a certificate of completion with the RN instructor's signature, printed name, and date of course completion.

Regardless of the method of training received, documentation must be present indicating the training was received prior to assigning an aide to provide services for an individual. Based on continuing evaluations of the aide's performance and the individual's needs, the RN supervisor shall identify any significant gaps in the aide's ability to function competently and shall provide the necessary training.

Refer to the CCC Plus Waiver Provider Manual for more information regarding aide training in the needs of the elderly and individuals with disabilities.