



# Provider Newsletter

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## Pharmacy Network Changes

Effective **September 1, 2020**, Aetna Better Health of Virginia members will be transitioned to a network with CVS Caremark that continues to meet member access requirements but may offer fewer pharmacy providers.

As of September 1, 2020, Walgreens will no longer be in our pharmacy network. The new pharmacy network will include:

- CVS Pharmacy.
- Walmart.
- Some independent pharmacies.

Members will be able to utilize their current pharmacy until September 1, 2020.

Our pharmacy network directory may be accessed at any time on our website [here](#) and selecting “Pharmacy providers.”

Members may also contact the Member Services department for assistance in locating a pharmacy near them.

### What this means to you

If you electronically transmit or call in prescriptions for Aetna Better Health of Virginia members, please be sure the pharmacy is not a Walgreens pharmacy after September 1, 2020.

Aetna Better Health® of Virginia



[aetnabetterhealth.com/virginia](http://aetnabetterhealth.com/virginia)

## Important Provider Announcements for COVID-19

We have created an entire section on our provider website dedicated to updating you on the status of COVID-19 and answering any questions you may have.

This information is available at our Provider Announcements and News page [here](#) under Important Announcements Regarding COVID-19. There, you will find important updates you can communicate to your patients and staff.

## Better Communication Means Better Patient Care

### Treating behavioral health and medical problems together can improve outcomes for both.

How you can help make the connection:

#### Understand

Understand how important it is to communicate regularly with your patients' medical and behavioral health providers. Your contact helps share clinical information for thorough treatment and continuity of care. It's especially important:

- When patients have coexisting health problems.
- When medications are prescribed.
- If you have medical concerns.

#### Talk

Talk with your patients about how coordinated care can lead to better results. Ask for their okay for you to communicate with their other treating providers. Working together can mean reduced costs and better results, including:

- Lower mortality.
- Higher satisfaction.
- Lower readmission rates.

#### Ask your patients to sign a release form

Ask your patients to sign an authorization to release information. Other treating providers need to know diagnoses, treatment plan summaries, medications, referrals, and consultation availability.

[Learn more about HIPAA rules for sharing information.](#)

## Does Your Patient Need Help for a Substance Use Disorder?

Drug and alcohol use disorders have reached epidemic levels in the United States. On a national level, the focus is on opioid prescriptions and opioid street drugs. The global pandemic has exacerbated substance use disorders due to isolation, loneliness and problems accessing outpatient services and supports.

Statewide use patterns include opioids, alcohol, marijuana, cocaine, and methamphetamine. The number of drug overdoses in Virginia has increased every year since 2017. Substance use disorders occur across all demographics, including age, gender, ethnicity, educational level, and income. Willingness to seek and engage in treatment may be a challenge for many people.

The Addiction Recovery and Treatment Services (ARTS) benefit offers an array of services for persons seeking help for opioid or other substance use disorders. ARTS benefits cover a wide range of addiction treatment services which are based on American Society of Addiction Medicine criteria.

### ARTS services include the following:

- Inpatient hospitalization
- Residential substance abuse services
- Partial hospitalization program
- Intensive outpatient program
- Medication assisted treatment for opioid use disorders
- Care management services
- Peer support services

If you want to learn how our Behavioral Health department can provide support, you can call Member Services at **1-800-279-1878**, Monday through Friday, 8 a.m. to 5 p.m.

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## 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).

## Integrated Care Management Program

Aetna Better Health of Virginia's Integrated Care Management (ICM) program implements a population-based approach to specific chronic diseases or conditions while engaging the member on an individual basis. All Aetna Better Health of Virginia members with identified conditions are auto-enrolled in the chronic condition program based on claims data. The chronic conditions managed include:

- Diabetes.
- COPD.
- Asthma.
- Coronary artery disease.
- Depression.
- Congestive heart failure.

The primary goal of our ICM program is to assist our members and their caregivers to better understand their conditions, update them with new information, and provide them with assistance from our staff to help them manage their disease. Members who do not wish to participate can call member services to disenroll from the program at any time.

Services we offer

Services for those with chronic conditions include but are not limited to:

- Coordination of care assistance.
- Disease-specific education and support.
- Assistance in receiving community-based services.

In addition to helping members who have special medical needs, we have care management programs for high-risk pregnancies and opioid management, as well as for pregnant women with substance use disorder and their babies.

Members can be referred to the ICM program from a variety of sources, including our medical management programs, discharge planners, members, caregivers, and providers. We encourage you to refer patients who would benefit from chronic condition management.

### Need to get in touch with a care manager?

Please call Member Services at **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus). We are here to help and look forward to joining you on our members' journey to better health.

## 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 [www.aetnabetterhealth.com/virginia](http://www.aetnabetterhealth.com/virginia).

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

## Our Population Health Management

Aetna Better Health of Virginia's Population Health Management (PMH) program recognizes that health is more than the just optimal delivery of clinical care. It's also about the well-being of the total population within communities, including social determinants of health, such as socio-cultural background, economic factors, and the reduction of barriers pertaining to access to food, safety, and other resources.

Our PHM programs meet members with the right level of services for each person and enable members to use those services to achieve their individual health goals.

## Latest Provider Manual

Our provider manual is reviewed annually, at a minimum, and is updated as needed. Your provider manual is your primary information source and an effective guide to your participation with us. It is located on our website under the For Providers tab.

## 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 provider (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 business hours.

#### Acceptable:

- The office phone is answered after hours by an answering service that meets the language needs of the major population groups served, informing patients that they can contact the PCP or another designated provider. All calls answered by an answering service must be returned by a provider within 30 minutes.
- The office phone is answered after normal business hours by a recording that meets the language needs 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.
- The 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 provider who can return the call within 30 minutes.

#### Unacceptable:

- The office phone is only answered during office hours.
- The office phone is answered after hours by a recording that tells the patients to leave a message.
- The office phone is answered after hours by a recording that directs patients to go to an emergency room for any services needed.
- After-hour calls are returned outside of the 30-minute timeframe.

## Secure Provider Portal at a Glance

Our enhanced, secure, and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day, 7 days a week, and it supports the functions and access to information that you need to take care of your patients. Popular features include:

- **Single sign-on** – One login and password allow you to move smoothly through various systems.
- **Mobile interface** – Enjoy the additional convenience of access through your mobile device.
- **Personalized content and services** – After login, you will find a landing page customized for you.
- **Real-time data access** – View updates as soon as they are posted.
- **Better tracking** – Know immediately the status of each claim submission and medical prior authorization request.
- **eReferrals** – Go paperless. Refer patients to registered specialists electronically and communicate securely with the provider.
- **Automated authorizations** – Depending on the authorization type and service location, it is possible to receive an auto-approval on your request.
- **Detailed summaries** – Find easy access to details about denied prior authorization requests or claims.
- **Enhanced information** – Analyze, track, and improve services and processes.
- **Access to member care** – You can connect to your patients and their care teams. You can access:
  1. A real-time listing of your patients.
  2. Information on your practice.
  3. Email capability with care managers.

#### Registering is easy!

- Visit here. [www.aetnabetterhealth.com/virginia](http://www.aetnabetterhealth.com/virginia)
- Click "For Providers."
- Select "Provider Portal," then click "Login."

#### Already have a provider portal account and need help with some of the functionality?

We have an intuitive user guide on the various functions available on our website.

- Visit here. [www.aetnabetterhealth.com/virginia](http://www.aetnabetterhealth.com/virginia)
- Click "For Providers"
- Select "Provider Portal," then click "Provider Portal Instructions."

#### Need help?

We're here for you. Call **1-800-279-1878** and listen for the prompt to Provider Services.

## Help Improve Communication between Treating Providers

A recent survey showed that PCPs are concerned because they don't get regular reports about their patients' ongoing evaluation and care from other treating providers.

This breakdown in communication can pose a risk to quality patient care. We know that coordinating care with many providers, facilities, and behavioral health care professionals can be a challenge.

Important clinical and mental health information to be shared should include:

- Diagnosis.
- Medication.
- Treatment plan.

Providing consistent information about patients to other providers can improve the overall communication between providers through continuity and coordination of care.

Talking with your patients' other treating health care professionals helps you give them the best care. To promote collaboration and comprehensive care, it's critical that PCPs and specialists talk openly with each other.

## CAHPS® and Member Satisfaction Results

Aetna Better Health of Virginia uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey as a way to measure member satisfaction by examining the percentage of members "satisfied" with the health plan.

The survey empowers prospective members to benefit from the experience of others. Overall levels of satisfaction provide a general indication of whether a health plan is meeting enrollee expectations. Members surveyed were selected from a random sample of all eligible members.

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Our CAHPS® member satisfaction scores for 2020 revealed improvement in several areas, including:

- Customer Service Overall
- How Well Doctors Communicate
- The following physician related measures provide opportunities for future improvement:
  - Health Plan Overall
  - Personal MD Overall
  - Getting Care Quickly
  - Getting Needed Care
  - Care Coordination

Here are a few tips that may enhance your time with Aetna Better Health members and help to improve their healthcare experience:

- Be an active listener.
- Ask the member to repeat in their words what instructions were given to them.
- Rephrase instructions in simpler terms if needed.
- Clarify words that may have multiple meanings to the member.
- Limit use of medical jargon.
- Be aware of situations where there may be cultural or language barriers for status updates on service authorizations.
- Allow for same day appointment scheduling.
- Implement process improvements to streamline patient flow.

### Complaint trends

Member complaints are another way that we measure member satisfaction. A vast majority of the complaints received are related to billing and financial issues. Your staff can help by asking Medicaid members for a copy of their ID card to ensure that claims will process correctly. Aetna Better Health members who obtain in-network care should never be balance billed.

Aetna Better Health of Virginia continues to work to improve member satisfaction with our health plan and with the health care members receive. Please keep the following helpful resources handy as you provide care to Aetna Better Health of Virginia members:

- Care Managers are available to assist you in arranging timely care/services for our members.
- Member Services representatives are available to assist with general member issues including claims and billing questions.
- Your Provider Relations representative is available to assist you with any questions or issues.

## 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.

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## How to Request Prior Authorization

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

<b>Program</b>	<b>Phone number</b>	<b>FAX</b>
Medallion/FAMIS	<b>1-800-279-1878</b>	<b>1-877-817-3707</b>
CCC Plus	<b>1-855-652-8249</b>	<b>1-877-817-3707</b>
HMO-SNP	<b>1-855-463-0933</b>	<b>1-833-280-5224</b>

You may also request a prior authorization online. Visit [aetnabetterhealth.com/virginia](http://aetnabetterhealth.com/virginia). Select For Providers, then 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

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

Patient satisfaction and even positive health outcomes are directly related to good communication between a member and his or her provider.

A culturally competent provider communicates effectively with patients and understands their individual concerns. It's incumbent on providers to make sure patients understand their care regimen. Each segment of our population requires special sensitivities and strategies to embrace cultural differences.

Training resources for our providers

As part of our cultural competency program, we 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/better-health/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/better-health/virginia-hmosnp).