



# Provider Newsletter

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## New Provider Resources to Help You Serve Our Members

We received feedback from our providers that some practices have had difficulty in accessing remittances, so we created this how-to guide on how to access and read remits on all of the platforms they are available.

Read now: [Remits – How to Read](#)

Plus, we created a helpful guide for navigating the Provider Services Solution (PRSS) Portal. Read through this FAQ and make sure you're compliant with the 21st Century Cures Act.

Read now: [Virginia FAQ for PRSS and Cures Act Compliance](#)



Finally, we want to make sure our providers know what benefits are available to our members. That way, you can make meaningful recommendations to your patients in ways that improve their health. So, we developed this downloadable quick sheet that lists all of our added benefits, which includes QR codes that lead to more information about our benefits.

Read now: [Member Benefits Quick Sheet for Providers](#)

## Did You Know? We Cover Doula Services

### What can a doula do for your patients?

A doula is not a nurse, doctor, or midwife, but, instead, a professional who supports moms, their partner, and their babies by providing both physical and emotional support to expecting mothers during pregnancy, childbirth, and during the postpartum period.

Doulas offer guidance and support to not only expecting mothers, but to their partners and family members as well. They also play a role in facilitating communication between the patient and other health care staff. Some additional services a doula may offer include:

- Physical comfort, such as through breathing techniques or massages during labor and delivery.
- Emotional support and encouragement.
- Information and resources and pregnancy, labor and delivery, and the postpartum period.
- Communication of health care wishes from patient and family to health care providers.
- Non-medical help with breastfeeding.
- Help with caring for newborns, such as bathing and feeding.
- Doulas may improve health outcomes and improve patient satisfaction, such as:
  - Decreased need for pain relief during labor and delivery.
  - Reduced incidence of C-sections.
  - Decreased length of labor.
  - Increased positive childbirth experiences.



Qualifications to be recognized as a doula vary by state. In Virginia, doulas have to complete specific training requirements and become recognized by the state's certification process. Once this has been completed, doulas can begin providing services to Medicaid members.

For members to receive doula services, they must get a recommendation from their PCP, OB/GYN, therapist, or other identified professional. The Doula Care Recommendation Form must be shared with the doula, and the doula needs this form before services can begin. The completed form can be emailed to **[AetnaBetterHealthVA-CaseManagement@Aetna.com](mailto:AetnaBetterHealthVA-CaseManagement@Aetna.com)** or faxed to **860-807-4933**.



**Pharmacy Prior Authorization (PA): Getting It Right the First Time**

Did you know that Aetna Better Health of Virginia maintains pharmacy content monthly? Each month, significant time is spent assuring resources are accurate and up to date in the Pharmacy section of our provider website. You can access all of that information here.

Our website includes a searchable formulary, printed formulary, PA criteria, and PA forms. Some of the drugs/drug classes have criteria that warrant specific PA forms. It is important that the correct form is chosen to ensure that all the necessary clinicals are supplied.

Our pharmacy call center strives to make the most accurate coverage determination the first time, limiting additional re-work for all stakeholders, including PA resubmissions, peer-to-peers, and appeals.

Examples of drugs/drug classes that should be submitted on their corresponding PA form:

Topic	Name of Prior Authorization Form
Atypical antipsychotics for members under 18 years of age	Atypical Antipsychotics Less Than 18yrs
Short acting and long action opioids (excluding methadone)	Opioids
Stimulants for members 18 and older	ADD-ADHD Medications Age Limit

All of these forms are available in the Pharmacy section of our website. Click [here](#) to review our library of PA forms.

## Quality Management Spotlight

### Provider Resources for Using the Medicaid Enterprise System

#### Home and Community-Based Services

Aetna Better Health understands that improving members' health outcomes requires increased collaboration between you, the professional who provides care, and us, the health plan that covers that care. Our goal is to support waiver providers with resources and offer best practice recommendations to ensure our community-based members receive the best quality care.

DMAS released an updated CCC Plus Waiver Provider Manual on August 1, 2022. You can access the manual through the [Medicaid Enterprise System \(MES\) portal](#). The website includes valuable information, such as provider enrollment, training, FAQs, memos, bulletins, user guides, and more.



#### DMAS CCC Plus Waiver Provider Manual Spotlight

Quality Management Review (QMR) includes a review of the provision of services to ensure that services are being provided in accordance with DMAS regulations, policies, and procedures. A typical QMR encompasses the following elements:

- **Discovery:** Review of documentation and individual interviews are conducted. An exit conference is conducted with the provider staff to discuss findings.
- **Remediation:** Based on discovery, the provision of technical assistance or provision of a corrective action plan ensure needed changes are implemented. Corrective Action Plan (CAP) components include actions the provider will take to eliminate the deficiencies, how the provider will prevent the deficiencies from reoccurring, persons responsible for implementing and monitoring the actions, and the date the provider will implement the CAP.
- **Improvement:** CAP implementation by the provider ensures that recommended or mandated corrective action and/or improvements to service delivery have been initiated.

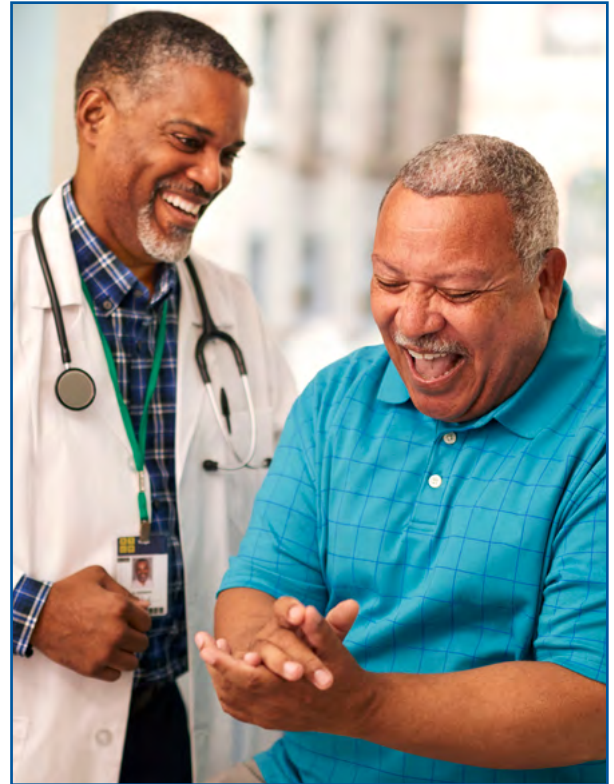
A provider's noncompliance may result in provision of technical assistance, and/or referral to the Division of Program Integrity. Any uncorrected compliance issues may result in the termination of the provider contract.

Refer to the CCC Plus Waiver Provider Manual for more information regarding Quality Management Reviews.

## Aetna Better Health Member Language Profile: Understanding Our Members' Communication Needs

Communication and language barriers are associated with inadequate quality of care and poor clinical outcomes, such as higher hospital readmission rates and reduced medication adherence. People with limited English proficiency or those who experience limited vision or hearing may need an interpreter, and those with vision impairment may need materials presented in alternative formats while receiving care in order to ensure equitable care.

While most our members are primarily English-speaking, approximately 5% of our members primarily speak a language other than English. The largest group among these members are those who primarily speak Spanish — 3% of our member population.



2023 Member Language	Grand total (N= 265,947)	% of total Medicaid population
<b>Preferred Language</b>		
English	218,118	96.0%
Spanish	8,308	3.0%
Arabic	595	0.2%
Vietnamese	431	0.2%
Unknown	425	0.2%

To assist with translation services needs for multiple languages (including ASL) on various formats, including in-person, telephonic, and by video (Zoom), you or the member can call our Interpreter Services line at **1-800-385-4104 (TTY: 711)**. This number is also included on each member's ID card.

Telephonic interpretation can be requested on the same day. All others may need to be requested 3 business days in advance, and the member will need a cell phone for interpreter service requests via video/Zoom.

For more information, or if you have a request for any other alternative translation assistance needed for one of our members, please call Member Services at **1-800-279-1878**.