



Provider Newsletter

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HEDIS Support for Your Practice

Improve Medicaid member outcomes with our no cost provider-to-patient texting platform.

To help providers reach their patients, we have developed a new service to help address our members' health care needs that align with HEDIS measures.

Aetna Better Health of Virginia has partnered with mPulse to provide a digital solution for conducting outreach to members for care/service reminders and education via text message.

Aetna Better Health provides all funding for this program. Therefore, there is **no risk nor cost to you**.

Does it work?

Based on past campaign activities, our research indicates more than 95% of our members read text messages within the first three minutes of receipt.

By participating in this program, you can provide care and service reminders using the most effective mode of outreach (text) – and we're here to help every step of the way.

If you are interested in learning more and participating in the program, please reach out to our Quality Management department at QualityManagementPrograms@Aetna.com.

[Learn more about HEDIS.](#)

Aetna Better Health® of Virginia



Normal Medicaid Enrollment Processes Will Start Soon!

The Virginia Department of Medical Assistance Services (DMAS) will soon start to review Medicaid members' health coverage. They will not cancel or reduce coverage for members without asking for updated information, **but they need your help to make this a smooth process.**

You can take steps now to make sure your patients get the information they will need to renew their coverage. Encourage them to update their contact information today by calling Member Services at **1-800-279-1878** or by going online to **commonhelp.virginia.gov**.

Virginia Medicaid Will Soon Become Cardinal Care

DMAS is set to soon implement Cardinal Care, which will combine Virginia's two current managed care programs, Medallion 4.0 and CCC Plus.

The purpose of replacing these two programs with Cardinal Care is to create a single identity for all members receiving services through Medicaid health plan partners.

Because of the comprehensive nature of this initiative, DMAS will be implementing the adoption of Cardinal Care into multiple phases for both providers and members.

Summer 2022: A single contract will replace the currently separate contracts for Medallion 4.0 and CCC Plus and will govern Virginia's unified managed care program.

January 1, 2023: The new Cardinal Care brand will officially be launched alongside a single enrollment website for Medicaid members.

To learn more about the transition to Cardinal Care and what this may mean for you as a Medicaid provider, visit the DMAS website [here](#).

Provider Appointment Standards

Recently, we received feedback that one of our Medicaid members was not able to secure an appointment with your office in a timely manner. **It is important that Medicaid members are able to secure an appointment with their providers in a timely manner.**

As indicated by the Aetna Better Health of Virginia Provider Manual, Department of Medical Assistance Services, and National Committee for Quality Assurance, the following patient access standards must be met for our members for the below provider types:

Timely Access		
Timely access standards for hours of operation for PCPs: (General appointment availability — 20 hours per week per practice location)		
Provider type	Appointment type	Availability standard
PCP	Emergency	Immediately upon request
	Urgent care	Within 24 hours
	Routine	Within 30 calendar days
Behavioral Health	Non-life-threatening emergency	Within six hours
	Urgent care	Within 48 hours
	Initial visit routine care	Within 10 working days
Prenatal	First trimester	7 calendar days
	Initial second trimester	7 calendar days
	Third trimester and high risk	3 working days from date of referral or immediately, if an emergency exists

We ask that you ensure our members are seen per the standards above. If you need additional information regarding this, please reach out to your Aetna Better Health Provider Relations Representative or email Provider Relations at AetnaBetterHealth-VAProviderRelations@Aetna.com.

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 members 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 refer a patient to Care Management?

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 members, opportunities for improvement identified through our QM Program, and feedback from participating 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/betterhealth/virginia).

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

Community Resources for Our Members in Need

Aetna Better Health of Virginia's Population Health Management (PMH) program shows 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 allow us to meet members with the right level of services for each person and enable members to use those services to achieve their individual health goals.

You can refer a member by directing them to call our Member Services department at **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus).

Or, if you would like to offer direct assistance to members in need, feel free to review our list of community resources on our website [here](#).

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 with no vision or hearing impairment, approximately 8% of our members primarily speak a language other than English or have a vision or hearing impairment. The largest group among these members are those who primarily speak Spanish – nearly 3% of our member population.

2022 Member Language	Grand total (N= 227,276)	% of total Medicaid population
Preferred Language		
English	218,118	96.0%
Other non-English	1,299	0.6%
Spanish	6,627	2.9%
Unknown	1,232	0.5%
Members who are deaf (ASL, TTY)	5,461	2.4%
Members who are blind (braille, large print)	4,370	1.9%

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**.

Social Determinants of Health

What are social determinants of health, and how do they affect patients and their health outcomes?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, and age.

Did you know that you can use ICD-10 codes to document and record SDOH conditions that impact your patients?

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

What are the Z code categories?
(Subject to change)

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment
- Z62 – Problems related to upbringing



Who can collect SDOH data?

Any member of a person's care team can collect SDOH data during any encounter.

Why collect SDOH data?

- Enhance patient care
- Improve care coordination and referrals
- Support quality measurement
- Data analysis can help improve quality, care coordination, and experience of care

Achieving health equity and putting members on a path to better health our priority. As a participating provider with Aetna Better Health of Virginia, please join us in this journey to health equity and understanding how it connects to SDOH, as well as disparities, culture, bias, and best practices in population-sensitive care.

Providers Can Call Interpreters for Members

Did you know? Providers are able to call interpreters for members who need them. There are a few options for requesting interpretation services for both members and providers:

- **In-person**
 - The interpreter will meet the member at the location (such as the provider's office).
 - Requests should be submitted at least three business days ahead of the appointment.
- **Over the phone**
 - Requests can be submitted same day.
- **Video (Zoom)**
 - Requests should be submitted at least three business days ahead of the appointment.
 - Emails of each participant are required.
- **Scheduled video**
 - The interpreter service provides the link, and the member must have a cellphone.
 - Requests should be submitted at least three business days ahead of the appointment.



For more information about having an interpreter available for members, call Provider Services at **1-800-279-1878 (TTY: 711)** for Medallion 4.0/FAMIS or **1-855-652-8249 (TTY: 711)** for CCC Plus.

Better Communication, 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.

...Continued

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, and 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.](#)

New Menstrual Care Benefit

The OTC Health Solutions® Period Stipend

Aetna Better Health of Virginia members can now connect with CVS Pharmacy® each month to receive \$20 worth of menstrual products delivered directly to their door. Products in this box and other period-related items will be available as part of the OTC Health Solutions benefit.

[Learn more about this benefit.](#)

Women's Resources from Aetna Better Health

Aetna Better Health encourages women to get their yearly well woman exams and screenings. Our members can receive gift cards after they receive these important services.

For example, members can receive a \$15 Walmart gift card for completing a mammogram and then another \$15 Walmart gift card for completing a Pap smear.

Our members' wellbeing is our priority. So, we encourage every member to reach out to their provider and schedule an appointment. Our Member Services team is available 24 hours a day, 7 days a week at **1-800-279-1878 (TTY: 711)** to assist members in finding a provider if they don't already have one.

Please mention the OTC Health Solutions Period Stipend to Aetna Better Health patients when they come for their visit. Please refer them to the enroll in the stipend [here](#) or to call Member Services at **1-800-279-1878 (TTY: 711)**.

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 and Health Equity Training

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 health equity and 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.

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).

Member Rights and Responsibilities

As a provider to our members, it is important that you know our members' rights and responsibilities. To view our members' rights and responsibilities, visit our website [here](#).

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

