



# Provider Newsletter

## Contents

- Spotlight: Provider Services Solution Portal.....1
- Improving Behavioral Health with Pyx Health .....2
- Reducing the Risk of 30-Day Readmissions for Patients with Sickle Cell Disease.....2
- Interpreter and Translation Services .....2
- Pharmacy Prior Authorization (PA): Getting It Right the First Time.....3
- Virginia Medicaid Now Covers Doulas .....3
- Added Benefits for Our Members .....3
- 12-Months Extended Postpartum Coverage for New Moms .....3
- Integrated Care Management Program .....4
- Clinical Practice Guidelines .....4
- Community Resources for Our Members in Need .....4
- Does Your Patient Need Help for a Substance Use Disorder? .....5
- Insufficient Documentation Errors.....5
- National Suicide Prevention Lifeline: Use “988” for Mental Health Support.....5
- New Initiatives and Programs to Better Serve Our Members.....6
- Help Stop Fraud!.....7
- How to Request Prior Authorization .....7
- Cultural Competency and Health Equity Training.....8
- Provider Appointment Standards.....8
- Member Rights and Responsibilities .....8

## Spotlight: Provider Services Solution Portal

In April 2022, the Virginia Department of Medical Assistance Services (DMAS) launched a new portal to manage provider enrollment, the Provider Services Solution (PRSS).

Medicaid providers will use the PRSS portal, located on the Medicaid Enterprise System website, to complete enrollment and maintenance processes. This platform will be more efficient and make it easier for you to access the information you need as a Medicaid provider. **All Medicaid managed care network providers must enroll through PRSS to satisfy and comply with federal requirements in the 21st Century Cures Act.**

Those network providers currently enrolled as fee-for-service in Medicaid do not have to re-enroll in PRSS.

As an Aetna Better Health provider, you will need to initiate enrollment through the new PRSS enrollment wizard. Go to **virginia.hppcloud.com**. Then, select “Provider Enrollment” from the menu. From there, select “New Enrollment” or “Enrollment Status.” Once approved, you will need to create a PRSS portal online account in order to revalidate enrollment, make changes to personal or business information, and check member eligibility. You may be asked to provide evidence of your submission.

Recently, we mailed letters to all providers slated to enroll for 2022, as dictated by the state. **If you have not received a letter, you can still begin the process to enroll as long as you’re a provider who is currently practicing in Virginia.**

Aetna Better Health® of Virginia



## Improving Behavioral Health Outcomes with Pyx Health

Aetna Better Health is excited to introduce a new behavioral health resource for our members. Pyx Health is a platform that is focused on reducing loneliness through member engagement and social determinants of health (SDOH) screening tools for our most vulnerable members. Members are expected to have access to this platform by **September 7, 2022**.

There are two main components to the digital Pyx Health platform.

**The first component is a mobile app.** The app has a chatbot personality that builds a trusted and loyal relationship with the end users. The chatbot is compassionate, full of humor and companionship, and focuses on self-management for the end users.

The mobile platform can screen members for loneliness, depression, anxiety, SDOH, health risk assessment questions, and additional screenings. Pyx Health can push SDOH resources to members and connect them with Aetna Better Health's 24/7 Nurse Line. The menu offering within the tool also can link to other online resources, including our member portal, our provider directory, the suicide hotline, and more.

**The next component is a compassionate call center.** Non-clinical Pyx Health employees call and onboard members to the platform over the phone. They can also make outbound companionship calls when members have low sentiment scores, where they reach out within one business day to follow up on an urgent SDOH need.

## Reducing the Risk of 30-Day Readmissions for Patients with Sickle Cell Disease

Patients who are diagnosed with sickle cell disease (SCD) may be at a high risk for hospital readmission within 30 days of discharge. While not all risk factors are modifiable, there are some actions that can be taken to reduce this risk.<sup>1,2</sup>

Improving discharge planning and ensuring access to a primary care provider (PCP) within the critical 30-day window can decrease readmission rates for patients with SCD. In addition, using a chronic care model of care for individuals with SCD in the patient-centered medical home setting can also reduce 30-day readmissions.<sup>3</sup>

Absence of a PCP noted in the patient's EMR could be a primary indicator that they may be at risk for a 30-day readmission. As such, it may be necessary to refer the patient to an in-network PCP for follow up during the discharge planning process, in addition to the patient's hematologist.<sup>4</sup>

Aetna Better Health members can also be referred to Case Management services to assist members with SCD in accessing a PCP, keeping follow-up appointments, or coordinating care between the PCP and specialist.

To refer an Aetna Better Health member to Case Management, view our contact information below.

### For Medallion 4.0 and FAMIS members:

Call Aetna Better Health at **1-800-279-1878** and follow the prompts to enroll a member in our Care Management program. Or, email [AetnaBetterHealthVA-CaseManagement@aetna.com](mailto:AetnaBetterHealthVA-CaseManagement@aetna.com) with the member's information and the reason for referral. For early intervention, the provider may send an email to [EarlyInterventionServices@Aetna.com](mailto:EarlyInterventionServices@Aetna.com).

### For CCC Plus members:

Call **1-855-652-8249** and follow the prompts to enroll a member in our Care Management program.

1 Koshy M, Leikin J, Dorn L, Lebby T, Talischi N, Telfert M.C. Evaluation and management of sickle cell disease in the emergency department (an 18-year experience): 1974-1992. *Am J Ther*. 1994; 1: 309-320

2 Brousseau D.C, Owens P.L, Mosso A.L, Panepinto J.A, Steiner C.A. Acute care utilization and rehospitalizations for sickle cell disease. *JAMA*. 2010; 303: 1288-1294

3 Rothman A.A, Wagner E.H. Chronic illness management: what is the role of primary care? *Ann Intern Med*. 2003; 138: 256-261

4 Leschke J, Panepinto J.A, Nimmer M, Hoffmann R.G, Yan K, Brousseau D.C. Outpatient follow-up and rehospitalizations for sickle cell disease patients. *Pediatric Blood Cancer*. 2012; 58: 406-409.

---

## 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).

## 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, we make sure 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, 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 PA Form
Atypical antipsychotics for members under 18	Atypical antipsychotics >18
Short-acting and long-acting 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 PA forms.

## Virginia Medicaid Now Covers Doulas

### 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 peri-od.
- 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**.

## Added Benefits for Our Members

Did you know that our members have access to free home-delivered meals after a hospital stay? Or that they can receive a free Android smartphone with free unlimited data, texts, minutes, and more?

Our members have a myriad of added benefits they can take advantage of just for having Aetna Better Health as their health plan. Some additional added benefits they can use include:

- \$20 monthly stipend to spend toward menstrual care products.
- \$50 monthly stipend to purchase groceries.
- 300 free diapers after delivering a baby.
- Hearing and vision services.
- Gift cards for receiving preventive services.
- Weight management program.

...and much more!

**To learn more about these benefits and added services, plus many more, visit our website:**

[Visit here for Medallion 4.0](#)

[Visit here for FAMIS](#)

[Visit here for CCC Plus](#)

## 12-Months Extended Postpartum Coverage for New Moms

Virginia recently expanded postpartum coverage for new mothers receiving Medicaid services from 60 days to 12 months. Virginia's postpartum Medicaid expansion includes continuous eligibility, regardless of change in income, during the postpartum coverage period.

## 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](#).



## 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 AM to 5 PM.

## Insufficient Documentation Errors

An insufficient documentation error can occur when medical documentation submitted with a claim fails to support payment for the services billed. This happens when it cannot be determined that certain allowed service were:

- Actually provided.
- Provided at the level billed.
- Deemed medically necessary.

Additionally, insufficient documentation errors may occur when a particular part of documentation that is required as a condition of payment is not in the claim. An example of this might be a provider's signature on an order or a form that needs to be fully completed.

Some additional examples of insufficient documentation errors may include:

- Progress notes that are incomplete (i.e., no signatures or undated).
- Medical records that have not been authenticated (i.e., no signature or illegible signature).
- No documentation of intent to order services or procedures (i.e., incomplete or no signed order or progress note of intent for services to be given).

For more information, please review the Centers for Medicare and Medicaid Services [fact sheet](#) on complying with medical documentation requirements.

## National Suicide Prevention Lifeline: Use "988" for Mental Health Support

Starting **July 16, 2022**, dialing **988** has replaced the National Suicide Prevention Lifeline, formerly **1-800-273-8255**, to meet the nationwide demand for access to urgent and emergent mental health care.

**988** elevates early intervention and suicide prevention to the same level emergency medical services has in addressing life threatening illness or physical injury.

### How 988 works

- It is similar to the "National 911 Program" for emergency services.
- Calls are routed to a local crisis center based on the caller's location.
- Special routing is available for veterans and Spanish-speaking individuals.

### What you need to know

The **988** Suicide and Crisis Lifeline is available in three formats, including:

- Dialing **988** on any phone.
- Texting to **988**.
- Chatting on **988lifeline.org**.

If you have referred in the past to National Suicide Prevention Lifeline, or have it listed in resource directories, make sure to update it to **988** on **July 16, 2022**, or as soon as possible thereafter. The National Suicide Prevention Lifeline temporarily remains in effect after July 16 to ease the transition; all calls will be routed to **988**.

**988** is a major step toward a transformed crisis care system in America. Detailed information about the new Suicide and Crisis Lifeline can be found on the Substance Abuse and Mental Health Services Administration website [here](#).

## New Initiatives and Programs to Better Serve Our Members

Aetna Better Health is committed to coming up with new ways to better serve our members, your patients. Below, you will find information about new programs Aetna Better Health has developed in an effort to provide our members with better behavioral health outcomes.

### New Postpartum Depression (PPD) Program

Aetna Better Health has developed a new program for PPD. The purpose of this program is to provide integrated outreach and support to our members regarding PPD and its impact on health outcomes for both mother and baby.

#### **Around one in seven women can develop PPD.**

Untreated mood and anxiety disorders among pregnant women and new moms come at a great cost. These costs come not just from health care services for mothers, but also from lost workforce productivity and increases in child developmental and behavioral disorders. Studies of Medicaid expenses in other states demonstrate \$1 billion in costs associated with untreated maternal mental health conditions.



In collaboration with care management, we will complete targeted outreach to members receiving prenatal or postnatal care in the last 18 months. We will also specifically target members with a history of PPD or a depression diagnosis. The goal is to educate members about PPD, including how to identify symptoms and how to seek treatment. We also will incentivize providers to complete PPD screenings. Finally, we will send text alerts to members to remind them of follow-up care appointments with their provider.

As a result of this new program, we plan to see significant improvements in health outcomes for new moms, especially in terms of mental health.

### ARTS and Peer Services Pilot Program

Research has shown that peer support services, or services provided to individuals by people who have had similar experiences, like substance use disorder, promote positive behavioral changes, recovery, and an increased sense of social support from participants.

Aetna Better Health has developed a new program using our current peer support benefit to members who have substance use disorder and live in the Roanoke/Alleghany, northern, and far southwest regions of Virginia. It is voluntary and there is no charge or cost involved.

This pilot program connects members to a person in recovery to offer a supportive relationship outside of treatment, with the goal of reducing the need for future residential treatment episodes.

The pilot helps members in early recovery make choices about which recovery pathway(s) will work for them and helps with the person in early recovery to acquire connections to community health, employment, housing, educational, social services, and other resources.



### Educational Resources for Treating ADHD

ADHD is one of the most common neurodevelopmental disorders diagnosed during childhood, with more than three million diagnoses made per year. ADHD may contribute to low self-esteem, troubled relationships, and difficulty at school. Children with ADHD may be more likely to have other psychiatric conditions.

**When assessing your patients' needs, it's important to consider medication options and appropriate referrals to therapy or nontraditional behavioral health services.**

Prescribing a stimulant medication for the treatment of ADHD is common and can have serious side effects. Some of these include:

- Increased blood pressure.
- Weight loss.
- Sleep disturbances.

To improve the overall health outcomes of our child and adolescent members diagnosed with ADHD, we have developed educational resources for providers and parents that encourage:

- Proper assessment.
- Ongoing monitoring of side effects.
- Referral to therapy or other community-based behavioral health services.

We will be completing targeted outreach to our members with an ADHD diagnosis and to those who are receiving a prescription for stimulant medication to offer support and education. We will also be using text message-based platforms to assist parents with medication compliance and follow-up care appointments.

The objective of this program is to increase mental health outcomes of patients diagnosed with ADHD.

## 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:

<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>

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 Medicare Advantage Dual Eligible Special Needs plans (HMO DSNP)

Our Medicare Advantage Dual Eligible Special Needs plans are for people who have both Medicare and Medicaid.

Our plans are designed for people with special health care needs. We offer additional benefits and services not covered under Medicare, such as dental, hearing aids, and eyewear.

To learn more about our HMO DSNP plans, call **1-855-463-0933** or visit us at [AetnaBetterHealth.com/Virginia-hmosnp](https://AetnaBetterHealth.com/Virginia-hmosnp).

## Provider Appointment Standards

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 emergency

## 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!

