



# Provider Newsletter

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## Invite Your Patients to Our Health Education Series

Aetna Better Health offers members various health education sessions. During these sessions, members can engage with professional health experts and learn about health conditions and how to manage them, as well as how to live a healthier life. Members may be eligible to receive a **\$50 gift card** for attending these sessions. For more information and to register, email [QualityManagementPrograms@Aetna.com](mailto:QualityManagementPrograms@Aetna.com).

## 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.

Additionally, after pregnancy, in addition to typical postpartum care services, Medicaid members are also able to continue to receive other health care services under Medicaid for 12 months.



## DMAS Provider FAQ for Postpartum Coverage Now Available

The Department of Medical Assistance Services (DMAS) recently published their [Provider FAQ for Postpartum Coverage](#). This FAQ contains useful information about how Medicaid covers services for Medicaid members who have recently given birth.

For more information about, Virginia's Maternal and Child Health (MCH) programs, which include Family Access to Medical Insurance Security (FAMIS), Medicaid for Children, Medicaid for Pregnant Women, FAMIS MOMS, and FAMIS Prenatal Coverage, [visit the DMAS Maternal and Child Health webpage](#).

## 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

## 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 Community Resources?

In a recent survey, Aetna Better Health members expressed a desire for their providers to discuss availability of community resources with them during their appointments.

Housing, food security, income, and transportation are among the social determinants shown to have a significant impact on health outcomes for people with complex needs, who may also need help with chronic disease self-management, behavioral health support, and social connectedness. Many families have been even further impacted by the COVID-19 pandemic. Medical practices are unlikely to be able to meet these needs. Instead, they can identify community resources and refer patients to them.

**Did you know?** Our website includes a list of available and local community resources that you and our members can use, in order to identify and engage them in services that can address these needs.

[Visit our full list of community resources.](#)

Services provided include rent and utility bill assistance, assistance with obtaining food, housing, transportation, jobs, and even legal help. Simply refer a member to the above website address, or you can perform a focused search to build your own list of commonly needed resources that your patients can use. Together, we can improve health outcomes by reducing barriers related to social determinants of health.



## Helping Your Patients Find Community Resources with Find Help

Finding help for your patients just got easier, thanks to Find Help. Aetna Better Health'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](https://aetna-va.findhelp.com) to search and get connected.



## Get to Know Availity

Availity is your trusted source for payer information, so you can focus on patient care. If your organization isn't registered with Availity, get started today.

### Live Webinars for Availity Users

Once you're registered, sign in to Availity. The Availity Learning Team offers regularly scheduled live webinars on a variety of topics including:

- Prior authorization submission and follow-up training.
- Navigating the attachments dashboard and workflow options.
- Resources and tips for new administrators on Availity.
- Using Availity portal to submit professional claims.
- Availity claims status.

### Tips for Finding Live Webinars

- In the Availity Portal, select Help & Training > Get Trained to open your Availity Learning Center (ALC) Catalog in a new browser tab.
- In the ALC Catalog, select the Sessions tab.
- Browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using your calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable calendar options.

### Can't make a live session?

The ALC Catalog includes lots of on-demand options, too. In the ALC Catalog, look for courses with a title that ends in *Recorded Webinar*, e.g., *Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar*.

## Keeping Directory Information Up to Date

Help us keep your practice information updated in the directory. Having a correct listing is a prerequisite for proper handling of your claims and is important in ensuring uninterrupted care for our members. The following elements are critical to the accuracy of your listing:

- Street address
- Phone number
- Ability to accept new patients
- Any other changes that affect availability to patients

If you notify us of any changes, we have 30 days to update our online directory. Update your directory information by [submitting the spot check form online](#).

## 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

### Background Checks

DMAS requires providers to complete an original criminal record clearance within 30 days of employment for employees that have direct contact with a patient. No employee shall be permitted to work in a position that involves direct contact with a patient until an original criminal record clearance or original criminal history record has been received unless such person works under the direct supervision of another employee for whom a satisfactory background check has been completed.

### Reference Checks

Employees who have direct contact with a patient must have a satisfactory work history as evidenced by two satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults and children. If the aide has worked for a single employer, one satisfactory reference from a prior job experience and one personal reference, both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adult, are acceptable.

Refer to the CCC Plus Waiver Provider Manual, Chapter II, for more information regarding Background and Reference Checks. Additional personnel requirements can be found in Chapters II and IV in the CCC Plus Waiver Provider Manual.

