



Provider Newsletter

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Did You Know?

Aetna Better Health of Virginia has created an online “contact us” form for our providers to submit requests and inquiries in a more streamlined manner.

This new process allows us to easily identify and route issues more efficiently upon intake. The new online form will have a smart routing functionality, which will improve our response times and provide quicker resolutions to your inquiries.

Visit [here](#) to submit your questions.

Contact Us

Use this form to ask about enrollment, claims and more. Need to check patient eligibility and benefits, submit and check status on prior authorizations or grievances and appeals? Use [Availability](#). Need to set up electronic funds transfer (EFT) and electronic remittance advice (ERA)? Visit the [Change Health payer enrollment services website](#). You can also call Provider Relations and/or email contracting for new contract requests or credentialing questions.

Inquiry information

THE REASON FOR YOUR INQUIRY IS

STATE

Requester information (at provider’s office)

NAME

TITLE

Help Your Patients With Asthma Live Better

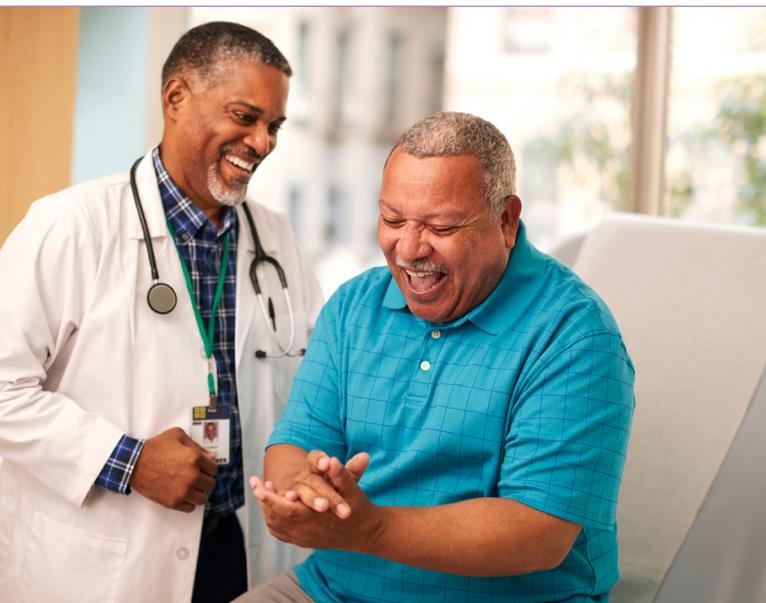
Having asthma can be hard, especially when a person's home isn't being treated for allergens and irritants. Unfortunately, it can be costly to keep indoor asthma triggers under control.

Aetna Better Health wants to help our members with asthma live more comfortably. That's why we wanted to let you know of a benefit that is available to our members who have asthma.

Our members with asthma can get one set of hypoallergenic bedding for free – plus up to \$400, depending on their area of service, to use toward a deep carpet cleaning treatment every year.

Here's how you can tell your Aetna Better Health patients how to access this benefit.

Have the member call Member Services. Their number is **1-800-279-1878 (TTY: 711)**. Then, have the member ask to be transferred to Care Management. From there, a Care Manager will help the member get their hypoallergenic bedding and carpet cleaning services.



Reminder: New Aetna Better Health Claims and Encounters Front End Edits

On July 1, 2023, Aetna Better Health began enforcing *21st Century Cures Act* requirements by validating that NPIs on claims were registered with the state's Medicaid Enterprise System (MES) Provider Services Solution Module (PRSS). Medicaid providers must use the PRSS Portal, located on the MES website at **virginia.hppcloud.com**, to complete enrollment.

Provider claims with NPIs that are not enrolled or are pending enrollment will be denied. If providers become compliant by submitting an application to the state, Aetna Better Health should receive updated information from the state within two weeks, and those claims can then be further processed.

You can find helpful training resources on the MES website at [here](#) to facilitate your enrollment. We have also created this [Virginia FAQ for PRSS and CRES Act Compliance](#) guide, noting claim denial procedures, associated codes, and other administrative processes related to a provider's compliance/noncompliance with MES enrollment.

Additionally, As of July 1, 2023, providers are required to submit claims with the billing and/or rendering provider taxonomy codes consistent with the registered specialty and services being rendered. Aetna Better Health will reject the claim if the taxonomy code is not submitted for either the billing or rendering NPI. Aetna Better Health strongly encourages sending the taxonomy codes associated to the referring and attending provider types when included on the claim. Additional billing guidelines and general tips can be found [here](#).



From Our Behavioral Health Team: How to Communicate with Kids

As a health care provider, treating children can be a meaningful and valuable experience. However, communicating with children and adolescents during treatment can be challenging. Knowing how to communicate with children and adolescents can help you provide better care.

Consider applying some of these techniques when you are interacting with and/or treating patients who are children or adolescents.

Infants/Children (age 0-5):

- Use a soothing, comforting voice when speaking, and use simple language.
- Validate a child's worries or fears.
- Narrate what you are doing and allow the child to ask questions.
- Allow the child to take the lead in conversations.
- Sit down or get eye level with them when having conversations. Towering over them can sometimes lead to anxiety and fear.
- Use praise or rewards to reinforce desired behaviors.
- Consider incorporating play, storytelling, or imagination in your interactions and responses to young children.

School Age Children/Tweens (age 6-12):

- Use a calm voice when speaking.

- Try to remember likes and dislikes and any insight from previous conversations to build onto in your conversation.
- Encourage them to express how they are feeling.
- Talk with them at eye-level; avoid looking down at them.
- Use praise or rewards to reinforce desired behaviors.

Adolescents/Young Adults (age 13-18):

- Use a calm voice when speaking.
- Be sensitive to their situations and the influence of their peers.
- Show genuine interest in their likes, dislikes, hobbies, or similar.
- Foster their independence and allow them to take the lead in conversations.
- Discuss any observed changes in behaviors or interest/hobbies.
- Be cognizant of your verbiage in conversations. While adolescents may understand more than younger children, it's important to explain things in a way that does not overwhelm or confuse them.

Making sure our members who are children get high-quality care is our priority. To connect with a Care Manager to discuss a member's health care needs, call Member Services at **1-800-279-1878 (TTY: 711)**.

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

Correcting Errors in Documentation

Corrections to any form in the record must be made by drawing a line through the incorrect entry, then re-entering and adding your initials and the date the correct information. Correction fluid (i.e., "white-out") must never be used for making corrections in medical records.

Service Facilitation (SF)

Verification of Work Hours

The SF is responsible for reviewing attendant hours worked quarterly (or more frequently, as appropriate) to ensure that the hours of service provided are consistent with the plan of care. Attendant hours worked may be viewed on the F/EA web portal.

If discrepancies are identified in the work hours regarding the plan of care or other documents, the SF must contact the individual or employer of record (EOR) to resolve discrepancies. Changes in the plan of care are warranted if the individual's needs or circumstances have changed. Services provided should be consistent with the plan of care.

If there are frequent discrepancies in the work hours and training has been offered to the individual or EOR, the SF must meet with the individual or EOR to determine if consumer-directed services are appropriate (i.e., that the individual or EOR can manage the services).

For more information refer to the *Commonwealth Coordinated Care Plus Waiver Provider Manual Chapter IV*.

Community Resources for Our Members in Need

Aetna Better Health's Population Health Management (PHM) 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**. 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](#).

Important Formulary Information

Visit our [Pharmacy](#) page on our website for important formulary information, such as the formulary and search tool and formulary updates.

Review the formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health member.

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.

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, 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.

Utilization Management (UM)

To support UM/prior authorization decisions, we use nationally recognized, and/or community developed, evidence-based criteria, which are applied based on the needs of individual members and characteristics of the local delivery system.

UM/prior authorization staff members that make medical necessity determinations are trained on the criteria and the criteria is established and reviewed according to Aetna Better Health policies and procedures. For prior authorization of elective inpatient and outpatient medical services, we use the following medical review criteria.

(Continued on the next page.)

Criteria sets are reviewed annually for appropriateness to Aetna Better Health population needs and updated as applicable when nationally or community-based clinical practice guidelines are updated. The annual review process involves appropriate practitioners and providers in developing, adopting, or reviewing criteria.

The criteria are consistently applied, consider the needs of the members, and allow for consultations with requesting practitioners and providers when appropriate.

These are to be consulted in the order listed:

- Criteria required by applicable state or federal regulatory agency
- MCG guidelines
- Aetna Medicaid Pharmacy Guidelines
- Level of Care Utilization System behavioral health services for adults
- American Society of Addiction Medicine substance use services
- Aetna Clinical Policy Bulletins
- Aetna Clinical Policy Council Review

Medical, behavioral health management criteria and practice guidelines are disseminated to all affected providers upon request and, upon request, to members and potential members. A free copy of individual guidelines pertaining to a specific case is available for review upon request by calling **1-800-279-1878**.

Need help?

Visit our [website](#).

Then, navigate to each section to learn about:

- Our Provider Manual.
- Member Rights and Responsibilities.
- UM, including how to reach UM staff by phone and after hours, how we make decisions.
- Our affirmative statement about incentives.
- How to obtain UM criteria.
- Clinical Practice and Preventive Guidelines.
- Medical Record Review Standards.
- Our Care Management programs and referrals.
- Available language services and TTY for referrals.



Aetna Wellness on Wheels (AWOW) Initiative: Taking Better Health to Virginia's Communities

Aetna Better Health of Virginia is partnering with Color & Culture to launch the Aetna Wellness on Wheels (AWOW) initiative, which includes the deployment of several Cora (short for Corazón, which means heart in Spanish) mobile health units across parts of the state.

Through a cultivated a network of more than 150 health care and community partners across multiple states, the Cora mobile health units will ensure essential health screenings and education are made accessible to communities that need these services the most. These outreach events allow us to meet members in the heart of communities where they live, work and play. The goal of each outreach event is to create interactive workspaces where we provide Aetna consumers with tools and information to help them take control of their health.

What This Means for Your Practice

In addition to health and wellness information, outreach events featuring Cora often include screenings to help members get a snapshot of their current health status for BMI, blood pressure, diabetes, COVID-19 and other health concerns. These screenings present opportunities for members of your community to get the care they need.

Find Out More

Contact Latino Connections – the organizer of these events, at **717-963-7218** to see what events are taking place near you and what opportunities you have to get involved.

Care from Tribal Providers

Tribal providers in Virginia who serve Medicaid members are not paid by us – DMAS pays for these services. Tribal Virginia Medicaid members have an expanded free choice of providers. These members have the right to get services from Tribal providers. Prescriptions and referrals from Tribal providers must be honored in the same manner as network providers. This ensures that tribal members have access to health care services in a setting that is culturally relevant.

Virginia has two Tribes. These are the Mattaponi and the Nansemond. These tribes support primary care and health care services to Tribal Medicaid members. The Tribal providers listed below have been added to our provider directory.

- Aylett Family Wellness (Upper Mattaponi Indian Tribe)
- Fishing Point Healthcare (Nansemond Indian Tribe)

