Announcement and news

In this ever changing world of health care, YOU as an Aetna Better Health of WV network provider, want to stay on top of the latest news in our industry. We take the lead and help you in this regard with our Aetna Better Health of WV Provider website at (https://www.aetnabetterhealth.com/westvirginia/providers/provider-news) where pertinent announcements help you take care of our members. Under the “Announcement and news” Tab on the website, you will find those announcements as well as our quarterly Provider Newsletter.

We provide you with news and updates from us, as well as the latest breaking stories from the health care industry as a whole. From these pages you will see real time feeds from newsmakers like Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control (CDC) and others. We know that you want to stay informed, and here at Aetna Better Health, we give you the tools to do so.

SSI Moves to Managed Care

Aetna Better Health of WV is excited to announce that as of January 1, 2017, we began managing the SSI members under managed care. As a reminder, there is a transition of care period for those members as they move to managed care. If you should have SSI members that now have Aetna Better Health of WV as their carrier and you have a question about a service being covered or if an authorization is needed, please contact our Prior Authorization team at 1-844-835-4930 or our Member Service team at 1-888-348-2922 to review benefits and coverage.
Access standards for Medicaid members

Federal law requires that participating practitioners and 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 practitioner or provider serves only Medicaid recipients, hours offered to Medicaid managed care members must be comparable to those for Medicaid fee-for-service members. Practitioners and providers that do not meet Aetna Better Health of WV’s access standards are provided recommendations for improvements in order to meet the set standard.

Second opinions

Aetna Better Health of WV members have the right to a second opinion from a qualified health care professional any time the member wants to confirm a recommended treatment. A member may request a second opinion from a practitioner within our network. Practitioners should refer the member to another network practitioner within an applicable specialty for the second opinion. Members will incur no expenses other than standard co-pays for a second and or third opinion provided by a participating practitioner, as applicable under the member Certificate of Coverage. Out-of-network services must receive prior authorization and are approved only when an in-network practitioner or provider cannot perform the service. The member will incur no more cost for an out-of-network second opinion than they would if the service was obtained in-network.

Self-referral/direct access

Aetna Better Health of WV has an open-access network, where members may self-refer or directly access services without notice from their PCP. We encourage all members to discuss specialty care with their PCP, who can coordinate needed services. Services must be obtained from an in-network Aetna Better Health of WV practitioner or provider. The exceptions include emergency and family planning services, federally qualified and rural health centers, and tribal clinic services which do not require prior authorization, regardless of network status. Enrollees may access these services from a qualified practitioner or provider enrolled with the State of West Virginia Medicaid program.

Out-of-network services

If Aetna Better Health of WV is unable to provide necessary medical services covered under the contract, within the network of contracted practitioners and providers, Aetna Better Health will coordinate these services adequately and in a timely manner with out-of-network practitioners/providers, for as long as the organization is unable to provide the service. We will provide any necessary information for the member to be able to arrange the service. The member will not incur any additional cost for seeking these services from an out-of-network practitioner or provider.
Cross Claim provider communication

Aetna has developed the technology to look across claim types during claims adjudication. This will allow Aetna to correctly adjudicate claims where conflicts may exist between professional (CMS-1500) claims and institutional (CMS-1450) claims.

For example:

- A procedure is reported by a physician in a place of service indicating a physician’s office while the same procedure is also reported by an ambulatory surgical center on a facility claim. This conflict would be identified so that the provider receives the appropriate reimbursement.

- A home infusion service is reported from a member indicating the service took place in a patient’s home on a CMS-1500 but a CMS-1450 claim indicates that the member was an inpatient during that period of time. This conflict would be identified so that the home infusion provider receives appropriate reimbursement.

Implementing this new payment policy capability to evaluate services across claim types will enable Aetna to more accurately and appropriately adjudicate services.

Help us stop fraud!

Fraud, Waste and Abuse

Fraud, waste and abuse impacts the entire healthcare system. We are all responsible for protecting the healthcare system from fraud, waste and abuse.

Please remember your responsibilities as a Medicaid program provider (a requirement which can be subject to federal or state sanctions) to report suspected fraud, waste and abuse.

To report suspected fraud, waste or abuse, call Aetna Better Health of WV’s (ABHWV), FWA/Compliance hotline at 1-844-405-2016. We prefer, but do not require, that you leave your name. Please help our investigation by providing the following information:

- Name of the member or provider you suspect of fraud
- Member’s card number
- Name of doctor, hospital or other health care provider
- Date of service
- Amount of money that was paid for service, if applicable
- Description of the acts you suspect involve fraud or abuse

You can also visit the ABHWV website at https://www.aetnabetterhealth.com/westvirginia. Click on “Fraud & Abuse,” (link above purple search field on top right of site) and you can email us suspected fraud information.

Thank you for your continued support and cooperation to help us cut down on fraud, waste and abuse.

Some examples to watch for:

- Claims: filing fictitious claims, including medical and pharmacy claims
- Identity theft: stealing another person’s identity, physician’s ID numbers or prescription pads
- Doctor shopping: visiting multiple doctors or emergency rooms for narcotics
- Provider fraud: billing false claims, adding modifiers or up-coding
- Misrepresentation: misrepresenting personal information to enroll in a plan
Where to find important Pharmacy Information

You can access important pharmacy information at [www.aetnabetterhealth.com/westvirginia](http://www.aetnabetterhealth.com/westvirginia) (See screen shot of website below)

Once you access the website, select “For Provider” and then “Pharmacy” to find:

- 2017 Preferred Drug List and the Aetna Better Health of WV additional Drug Formulary
- A list of preferred pharmaceuticals, including any restrictions and/or preferences
- Medications that require prior authorization and applicable coverage criteria
- A list and explanation of medications that have limits or quotas
- Copayment and coinsurance requirements and the medications or classes they apply to
- Procedures for step-therapy, prior authorization, generic substitution, preferred-brand interchange
- Information on the use of pharmaceutical management procedures
- Criteria we use to evaluate new medications for inclusion on the formulary
- A description of the process for requesting a medication coverage exception

Visit us online to view a copy of your Provider Manual

Your Provider Manual is a great Resource for your office to get information regarding:

- How we work with members enrolled in our Care Management programs, including how you can enroll members with special health care needs or chronic conditions
- Member Rights and Responsibilities
- What Utilization Management is and how decisions are made, including our policy against financial compensation
- Pharmacy procedures and updates to the formulary.
- Clinical Practice Guidelines and Preventive Services Guidelines
- Our Quality Program and how we integrate quality management and metrics into all that we do. (Read the Quality Improvement Newsletter under the Announcements and News tab

You can access these materials by going to the [Aetna Better Health of WV, “For Providers” website](http://www.aetnabetterhealth.com/westvirginia). If you do not have internet access, call our Provider Relations Department for a paper copy of the Provider Manual or any item on our website. (See a screenshot below of our Provider website)
Direct access to care -
Women’s health specialists

We provide female members direct access to women’s health specialists for routine and preventative health care services. Routine and preventative health care services include, but are not limited to: prenatal care, breast exams, mammograms and pap smear tests. Direct access means that Aetna Better Health of WV cannot require women to obtain a referral or prior authorization as a condition to receiving such services from specialists in the network. Direct access does not prevent us from requesting or requiring notification from the practitioner or provider of their choice, if their primary care practitioner is not a women’s health specialist.

Pregnancy Risk Screening Instrument (PRSI) Forms

As a reminder, Aetna Better Health of WV utilizes the Pregnancy Risk Screening Instrument (PRSI) forms. Providers that submit a PRSI form for Aetna Better Health of WV members, prior to delivery, are eligible to receive a $20 incentive payment for qualified forms. To be eligible for the incentive, all Aetna Better Health of WV PRSI forms must be sent to the Case Management Coordinator and filled out on or after March 15, 2015. Providers will receive reimbursement payments at the end of each quarter for qualifying forms only.

A copy of the form is located in the 2016 Provider Manual, and is also available at the below website:


Forms MUST be faxed to the below fax number in order to be eligible to receive the incentive:

OUR FAX NUMBER HAS CHANGED

1-844-330-1001

Eligible forms must meet the following criteria:

• Effective CoventryCares of WV members on or after 3/15/2015
• Aetna Better Health of WV members only
• Do not have another primary insurance
• W-9 form on file (if not already submitted)

If you have any questions, please contact us at 1-888-348-2922

Preventative dental care during pregnancy

Effective 06/01/2015, while we were still CoventryCares of WV, we began covering Preventive Dental Benefits for expectant mothers. The benefit codes of D0120 and D1110 still exist for Aetna Better Health of WV and includes up to two (2) cleanings and a check-up per pregnancy for members 21 and older. Members under the age of 21 go through our vendor, SCION.

Women’s health specialists include, but are not limited to, obstetricians, gynecologists, nurse practitioners and certified nurse midwives.
Diabetes collaborative
Aetna Better Health of West Virginia has partnered with Mid-Ohio Valley Health Department, WVU Hospital, Mon General Hospital, Potomac Valley Hospital and United Hospital in Clarksburg to help our members manage their diabetes. As you know, diabetes is difficult to control without education on the importance of a lifestyle change.

If you follow patients who are ABHWV members and have been diagnosed with diabetes or are at risk for developing diabetes, please contact us at 1-888-348-2922.

We can arrange for diabetes classes for your patients with the above listed entities. We will also provide a nurse case manager who will call your patients and be a resource for them when they have questions and can assist them in solutions and reinforcement.

Upon completion of the training classes and obtaining a follow up Hemoglobin A1c, the members will be eligible for a $25.00 gift card from us.

If you have any questions concerning our Diabetes Collaborative, please contact us at 1-888-348-2922.

Your patients with chronic conditions - WE CAN HELP!
Does your Aetna Better Health of WV patient have diabetes, CAD, asthma, depression, COPD or CHF? As you know education and self-management are important to help manage these chronic conditions. Our members identified with one or more of these diagnoses will receive educational mailings. In addition, if the member is high risk, an outreach call will be completed by our trained staff. A face to face visit may also be offered and completed to further the member’s understanding of helping to manage their illness.

We utilize a biopsychosocial model to encompass all aspects of the members care. We will assist in coordinating support, assisting to solve social barriers, provide access to community resources and help to navigate benefits. We will also aid in assisting on any other referrals the members may need.

If one of your patients has one of the above chronic conditions, call us at 1-888-348-2922 or fax us at 1-844-330-1001.
On Saturday, October 1, 2016, Aetna Better Health of West Virginia joined with CAMC Women and Children’s Hospital for the 19th annual “Teddy Bear Fair” held each year on the grounds of the hospital. This family focused event provides kids an opportunity to learn about medical treatment in a fun and non-threatening atmosphere. Each child receives a teddy bear that they get to stuff and can take to different tables that are staffed by the various departments of the hospital. There, the bear will become the patient and receive “treatment” ranging from an injection to a cast.

In addition to learning about the hospital services, children and parents receive important healthcare and community services information from Aetna and numerous vendors. There were also fun activities like inflatables and a DJ providing dance music. Finally, everyone received a nutritious lunch.

Over 1500 people attended this year’s Teddy Bear Fair - our largest crowd ever at one of these events. Because of the efforts of Aetna and CAMC, this event is open to the community at no charge!

45 ABHWV staff members and family members volunteered their time to make this outstanding event possible.
ABH-WV Community Involvement

We love getting out in our communities and meeting our members. We recently visited the kids, families and hospital staff on the Pediatric Units at Cabell Huntington Hospital, in Huntington; CAMC - Women & Children’s Hospital in Charleston; and at Ruby Memorial Hospital in Morgantown. Our staff along with their families and friends joined Dr. Ted E. Bear, MD, and handed out gifts and bear ear headbands. Each year our staff visits children and their families over the holidays, in an effort to lift their spirits.