

# Provider Newsletter

Second Quarter 2020



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## Coronavirus FAQs

Important updates from the Department for Medicaid Services (DMS) can be found here: [KY Medicaid COVID-19 Information](#).

Information and guidance regarding Kentucky's response to COVID-19 is available at ([kycovid19.ky.gov](http://kycovid19.ky.gov).)



## ⚠️ Reminder ⚠️

Effective January 01, 2020, a certified Centralized Credentialing Verification Organization (CVO), Center Care, has been responsible for credentiaing our network of providers. Should you have any questions, please contact Center Care directly at (270) 745-1517 or (800) 972-7038.



## Provider Survey Results

A big thank you to all our providers that completed our 2019 Annual Provider Satisfaction Survey. Your feedback helps us continually implement changes to better improve communication and interaction with our providers. The following is a summary of the results and our action plans. Please contact your provider experience representative if you have any questions, concerns, or would like to add your thoughts from this survey.

Overall satisfaction with Aetna Better Health Kentucky was 70%, with over 87% of respondents saying they would recommend Aetna Better Health to their patients. Compared to the 2018 results, Aetna has improved in satisfaction in all areas, specifically finance, utilization and quality management, network/coordination of care, health plan call center service staff, and provider relations. One area we focused on during 2019 was the addition of provider experience staff, which allowed them to spend more time calling on provider offices. We instituted our Tip Tuesday campaign, geared at providing a single page update with relevant tips that reinforce and educate on our processes and/or provide business updates. This chart shows our improvement in each area:

Area Surveyed	YOY Improvement
Finance Issues	59%
Utilization and Quality Management	100%
Network/Coordination of Care	90%
Health Plan Call Center Service Staff	61%
Provider Relations	54%

Our analysis of the results has shaped our action plans for 2020. We launched our Aetna Provider Partnership Program (AP<sub>3</sub>) in February. The partnership program is open to providers that are interested in working together with us by providing feedback on areas with opportunities to implement positive change. We are also developing a dashboard that will identify metrics our provider experience reps can use when making calls that will enable them to provide onsite guidance for claims, PA, and network issues. We have revised our provider orientation and will be sharing that later this year. This includes valuable information that will allow you to have answers to most of your questions at your fingertips. If your office would like us to visit, please reach out to your representative as shown on the last page of this newsletter.

We are always working to improve our relationship with our providers. Our next Provider Satisfaction Survey will take place in late July/early August of 2020. If you receive a survey, we ask that you complete it; there will be options to answer by mail or online for your convenience. Your feedback is important and helps us continue to tailor our processes to meet your needs. Thank you!

## Join our Aetna Provider Partnership Program (AP<sub>3</sub>)



This new program allows us to interact with interested provider offices and staff as we work together to improve processes and streamline efficiencies. We recently had our first council meeting and were overwhelmed at the collaboration that occurred. There are three councils in all, and we would love to have you join one. Here are the three councils for which we are seeking members:

- Practice Management Advisory Council (PMAC)
- Ancillary Management Advisory Council (AMAC)
- Behavioral Management Advisory Council (BMAC)

Interested or have questions? Email us at [KYProviderRelations@aetna.com](mailto:KYProviderRelations@aetna.com)

## Let's Raise Our Mental Health Awareness

May is Mental Health Month. Mental illnesses are common and treatable. We know everyone experiences challenges that can impact their mental health, but did you know that 1 in 5 people will have a mental health concern in a given year? There are practical tools that everyone can use to improve their mental health and increase resiliency regardless of the situation they are in.

One way to check in is to complete a mental health screening with your patients. Free mental health screening tools are available at [MHAscreening.org](http://MHAscreening.org) as well as access to an online toolkit.

Find more information here : [mental health month link](#)



## Oral Health Resources

Cavities are one of the most common chronic diseases in the United States. More than 40% of adults report having felt pain in their mouth within the last year, and more than 80% will have had at least one cavity by age 34. Many social factors contribute to cavities including tobacco use, frequency of alcohol use, and poor dietary choices. We know the impact good oral health has on one's overall health. Please check out the resources from the Kentucky Oral Health Coalition available [here](#).

Source: [CDC.gov](http://CDC.gov)

## Men's Health Month

June is all about the fellas – it's **#Men'sHealthMonth** where we raise awareness on health issues that impact all the men in our lives. Let's work together to raise the awareness of preventable health problems and encourage early detection and treatment of disease. More information can be found here: [men's health month](#)

An infographic titled "MEN'S HEALTH NETWORK KEY STATISTICS IN THE FIGHT FOR MEN'S HEALTH". It features a background image of a man running. The infographic is divided into several sections with statistics and images:

- 5 yr**: AT BIRTH, MALES HAVE A LIFE EXPECTANCY 5 YEARS LESS THAN FEMALES. (Image of a man running)
- 1st**: HEART DISEASE. **2nd**: CANCER. THE TOP TWO LEADING CAUSES OF DEATH FOR MEN. (Image of a man in a medical setting)
- 4 x**: MEN ARE 4 TIMES AS LIKELY TO COMMIT SUICIDE COMPARED TO THEIR FEMALE COUNTERPARTS. (Image of a man and woman)
- 160 K**: PROSTATE CANCER IS THE MOST COMMON CANCER AMONG MEN WITH OVER 160,000 NEW CASES EACH YEAR. (Image of a man and woman)

At the bottom, a text box reads: "Take control of your health by getting a yearly check-up from your healthcare provider. Regular screenings can catch many health problems at an early stage, when treatment is most likely to be successful. For more information on these and other health problems which affect men, visit us at [menshealthnetwork.org](http://menshealthnetwork.org)"

## Medical Records Review Results



Our 2019 Medical Records Review was a huge success – we appreciate every provider’s office that participated. This review allows us to monitor our providers’ medical records against established medical record documentation standards and the compliance with clinical practice guidelines. Aetna Better Health publishes these standards in our Provider Manual, which can be found online [here](#).

Providers are chosen for this audit randomly. This review takes place annually and providers are selected based on a three-year rotating schedule of specialty types. The goal is that every office will meet these standards at least 85% of the time in their documentation. Here is a list of standards that represent areas with ongoing opportunities for improvement:

1. All entries in the record contain the author’s signature, initials, or electronic identifier
2. Notation about follow-up care, calls and visits. Specific time of return is noted in weeks, months or as needed
3. Member Personal Data with gender, date of birth, address, occupation, home/work phone numbers, and marital status documented for every record
4. Documentation of communications contact with referred specialist
5. Advance Directive (if patient is 18 or older and placed in prominent part of record)
6. Documentation that preventive screenings and services are offered according to Aetna preventive services guidelines
7. Documentation of medications, including dosages and date of initial or refill prescription
8. Documentation of medication allergy and adverse reactions (or lack thereof) prominently noted

Have questions about how to improve your practice’s medical record documentation? Call **1-855-300-5528** and ask to speak with a quality management nurse.

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## PHARMACY REMINDERS

On our Aetna Better Health of Kentucky website, <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/> you will find important and up to date information about our pharmacy program, such as the following information:



- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- How prescribing practitioners must provide information to support an exception request
- Process for generic substitution, therapeutic interchange and step-therapy protocols

# Collaborate with Aetna Better Health to Integrate Holistic Member Care!

Integrated care is a model that addresses your patient's medical, behavioral and social needs in an integrated fashion. We recognize that full integration is not always possible, but you have the opportunity to improve coordination of care across disciplines by collaborating with members and outreaching their behavioral health provider and/or their primary care provider (PCP).

According to the National Institute of Mental Health, people with serious mental illness (SMI) die 14 to 32 years earlier than the general population. The Patient Protection and Affordable Care Act outlines a specific model of integrated care, which provides a holistic patient centered approach and is believed to improve patient's health.

You can improve your patient's health outcomes by working closely together to address their mental health disorders in conjunction with their other physical conditions. If you are a behavioral health provider, ask your patient to sign an authorization to exchange information with their PCP. Let's improve your patient's health and wellbeing by collaborating across disciplines today.



## ABHKY Special Investigation Unit

The SIU's mission is to protect the health and financial wellness of the people we serve by leading the fight against health care FWA as we help to build a healthier world.

The Special Investigations Unit (SIU) is tasked to conduct investigations involving allegations of fraud, waste and abuse. SIU works with our providers, to resolve billing practice issues in order to reduce or eliminate future payment issues, and, where appropriate, to recover overpayments. This can be done by medical record reviews, claims audit and/or onsite provider visits. We work internally with our Network Relations, Utilization Management and Informatics Teams to combat FWA in addition to working with the Department of Medicaid Services to be good stewards of Medicaid dollars.

Signs of suspected fraud, waste or abuse may include:

- Billing for services not rendered
- Billing a non-covered service as a covered service
- Billing for medically unnecessary services
- Misrepresenting dates of service, locations of service, and/or provider of service
- Billing services performed by one professional under another professional's provider ID
- Paying or receiving kickbacks in exchange for referring business
- Charging members out-of-pocket for covered services

To report any concerns of FWA, email: [ABHKYFraudandAbuse@aetna.com](mailto:ABHKYFraudandAbuse@aetna.com)



## Remote Patient Monitoring Program

Aetna Better Health of Kentucky is deploying an integrated remote patient monitoring diabetes solution including a mobile application that allows a certified diabetes educator to actively engage, monitor and manage blood glucose readings, member physical activity and weight, and condition status for members living with diabetes. The solution provides education and self-management tools that will increase member engagement, drive greater adherence, allowing members to navigate towards improved outcomes. Any member deemed appropriate for the program will be outreached by the health plan clinical team and trained on the use of the technology. The typical duration of the program is three months with room for flexibility based on unique member needs



# FORMULARY REMINDERS



The following charts list our most recent Formulary Additions, Removals and Updates. This list gets updated monthly, for the complete list please visit our provider tab on the website at <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/>

March 2020 — Additions	
Penicillamine Tab 250mg	Prior Authorization Required, Quantity Level Limit
OneTouch Verio Flex Kit	Quantity Level Limit
Mesalamine Caps ER	Generic

March 2020 — Removals	
Artificial Tears Solution 1% Ophthalmic	
Cortane-B Aqueous Solution 10-10-1 Mg/ML Otic	
Fluoritab Solution 0.275 (0.125 F) Mg/Drop Oral	
Hydrocodone-Acetaminophen Solution 10-325 MG/15ML Oral	
Johnsons Baby Powder	
PR Natal 430 PAK	
PR Natal 400, 430 PAK EC	
Prevident Solution Rinse	
Regenecare HA Gel 2%	

February 2020— Additions	
Bimatoprost Solution 0.03%	Step Therapy
Ethinyl Estradiol – Etonogestrel Ring 0.015/0.12mg	Quantity Level Limit
Everolimus Tabs 2.5mg, 5mg, 7.5mg	Prior Authorization Required, Quantity Level Limit
Levonorgestrel Releasing IUD 19.5 mcg/day 52 mg total	Quantity Level Limit

February 2020 — Removals	
Afinitor Tabs 2.5mg, 5mg, 7.5mg	Brand
Alprazolam Concentrate 1mg/ml Solution	
Chlorothiazide Tabs 250mg, 500mg	
Demeclocycline Tabs 150mg, 300mg	
Doxycycline Monohydrate Tab 150mg	
First-Vanco Solution 25mg/ml, 50mg/ml	
Methyclothiazide Tabs 5mg	

February 2020 — Removals	
Nizatidine Solution 15mg/ml	
Mirena	
Nausea Liquid Relief (fructose-dextrose-phosphoric acid)	
Nuvaring	Brand
Rabeprazole EC Caps 20mg	
Ranitidine Caps 150mg, 300mg	
Skyla	

February 2020 — Other Updates	
Atropine Sulfate Ophthalmic Ointment 1%	Quantity Level Limit
Atropine Sulfate Ophthalmic Solution 1%	Quantity Level Limit
Bupirone Tabs 5mg, 7.5mg, 10mg 15mg	Age Limit
Combigan Solution 0.2%/0.5%	Quantity Level Limit
Diazepam Concentrate Solution 5mg/ml	Quantity Level Limit
Diazepam Oral Solution	Quantity Level Limit
Diazepam Tabs 2mg, 5mg, 10mg	Quantity Level Limit
Divalproex Er Tabs 250mg, 500mg	Prior Authorization Required
Dorzolamide Hcl-Timolol Maleate Ophthalmic Solution 22.3-6.8mg/ml	Step Therapy, Quantity Level Limit
Doxycycline Monohydrate Suspension 25mg/ml	Age Limit
Granisetron Tab 1mg	Step Therapy
Hydroxyzine Hcl Syrup 10mg/5ml	Quantity Level Limit
Hydroxyzine Hcl Tab 50mg	Quantity Level Limit
Hydroxyzine Pamoate Caps 25mg, 50mg, 100mg	Quantity Level Limit
Ibrandronate Inj 3mg/3ml	Quantity Level Limit
Levofloxacin Solution 0.5%	Quantity Level Limit
Lorazepam Conc 2mg/ml	Age Limit, Quantity Level Limit
Memantine Hcl Tabs 5mg, 10mg	Quantity Level Limit
Methazolamide Tabs 25mg, 50mg	Step Therapy
Tazarotene Cream 0.1%	Step Therapy
Timolol Gel Ophthalmic Solution 0.25%, 0.5%	Quantity Level Limit
Trifluridine Ophthalmic Solution 1%	Quantity Level Limit

## HIV Care and Our Transgender Community

According to the Centers for Disease Control, a new HIV diagnosis is 3 times more likely in the transgender population compared to the national average.<sup>1</sup> There is a higher prevalence of HIV in the male-to-female transgender population; An estimated 14% of transgender women have HIV.<sup>2</sup> Additionally, transgender women with HIV are less likely to receive antiretroviral therapy, adhere to antiretroviral therapy, and achieve viral suppression as compared to cisgender men.<sup>1,3</sup> According to a study published by LGBT Health, 40% of transgender women reported not taking antiretroviral therapy, hormone therapy, or both as directed due to drug-drug interaction concerns.<sup>3</sup> Helping our transgender members adhere to HIV therapy is one way to reduce barriers to healthcare in our transgender community.

Potential Effect on GAHT Drugs	ARV Drugs	GAHT Drugs that may be Affected by ARV Drugs	Clinical Recommendations for GAHT
<b>ARV Drugs with the Least Potential to Impact GAHT Drugs</b>	All NRTIs  <b>Entry Inhibitors:</b> IBA, MVC, T-20 <b>Unboosted INSTIs:</b> BIC, DTG, RAL <b>NNRTIs:</b> RPV, DOR	None	No dose adjustments necessary. Titrate dose based on desired clinical effects and hormone concentrations.
<b>ARV Drugs that may Increase Concentrations of Some GAHT Drugs</b>	EVG/c  All boosted PIs	Dutasteride Finasteride Testosterone	Monitor patient for associated adverse effects; decrease the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
<b>ARV Drugs that may Decrease Concentrations of GAHT Drugs</b>	PI/r  <b>NNRTIs:</b> EFV, ETR, NVP	Estradiol	Increase the dose of estradiol as needed to achieve the desired clinical effects and hormone concentrations.
	<b>NNRTIs:</b> EFV, ETR, NVP	Dutasteride Finasteride Testosterone	Increase the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
<b>ARV Drugs with an Unclear Effect on GAHT Drugs</b>	EVG/c PI/c	Estradiol	There is the potential for increased or decreased estradiol concentrations. Adjust the dose of estradiol to achieve the desired clinical effects and hormone concentrations.
<b>ARV = antiretroviral; BIC = bictegravir; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; EVG/c = elvitegravir/cobicistat; GAHT = gender-affirming hormone therapy; IBA = ibalizumab; INSTI = integrase strand transfer inhibitor; MVC = maraviroc; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleoside reverse transcriptase inhibitor; NVP = nevirapine; PI = protease inhibitor; PI/c = protease inhibitor/cobicistat; PI/r = protease inhibitor/ritonavir; RAL = raltegravir; RPV = rilpivirine; T-20 = enfuvirtide</b>			

### References

1. Transgender People. Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/group/gender/transgender/index.html>. Published November 12, 2019. Accessed March 13, 2020.
2. The American Journal of Public Health (AJPH) from the American Public Health Association (APHA) publications. American Public Health Association (APHA) publications. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304727?journalCode=ajph>. Accessed March 13, 2020.
3. Braun HM, Candelario J, Hanlon CL, et al. Transgender Women Living with HIV Frequently Take Antiretroviral Therapy and/or Feminizing Hormone Therapy Differently Than Prescribed Due to Drug-Drug Interaction Concerns. LGBT health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5661861/>. Published October 2017. Accessed March 13, 2020.
4. Transgender People with HIV Considerations for Antiretroviral Use in Special Patient Populations Adult and Adolescent ARV. National Institutes of Health. <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/538/transgender-people-with-hiv>. Published December 18, 2019. Accessed March 13, 2020.

# PROVIDER EXPERIENCE TEAM CONTACT INFORMATION



## & COVERAGE AREA







Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all of our partners. Our Provider Experience Team is assigned to designated areas throughout the state and are located within the communities in which they serve.

Aetna Better Health of Kentucky also offers a provider services line which can be reached by calling **1 (855) 300-5528**, Monday through Friday, 7 am to 7 pm.

	<p><b>Region 3</b> <i>Behavioral Health Provider</i></p> <p><b>All Regions</b> <i>Community Mental Health Centers</i></p>	<p><b>Dustin Johnson</b> Network Manager 502-648-6526 <a href="mailto:Johnsond38@aetna.com">Johnsond38@aetna.com</a></p>
<p><b>Region 5 &amp; 6</b> <i>Behavioral Health Provider</i></p>		<p><b>Holly Smith</b> Network Relationship Manager 815-641-7411 <a href="mailto:Smithh3@aetna.com">Smithh3@aetna.com</a></p>
	<p><b>Baptist Health System</b></p>	<p><b>Cristy Sheppard</b> Network Manager 502-719-8580 <a href="mailto:SheppardC1@aetna.com">SheppardC1@aetna.com</a></p>
<p><b>Regions 1 &amp; 2</b> <i>Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken, Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster</i></p> <p><b>Providers in the state of Indiana</b></p>		<p><b>Gina Gullo</b> Network Relationship Manager 502-612-9958 <a href="mailto:Rlgullo@aetna.com">Rlgullo@aetna.com</a></p>
	<p><b>Region 3A</b> <i>Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington</i></p> <p><b>Norton Healthcare System</b> <b>All other states excluding: IN, OH, TN, VA, &amp; WV</b></p>	<p><b>Trista Gibson</b> Network Manager 606-305-2705 <a href="mailto:GibsonT1@aetna.com">GibsonT1@aetna.com</a></p>



## PROVIDER EXPERIENCE CONTACT INFORMATION – CONTINUED

<p><b>Region 3B</b> <i>Jefferson County</i></p>		<p><b>Connie Edelen</b> Network Relationship Manager 502-240-2122 <a href="mailto:Czedelen@aetna.com">Czedelen@aetna.com</a></p>
	<p><b>Region 4</b> <i>Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne</i></p> <p><b>Providers in the state of Tennessee</b></p>	<p><b>Abbi Wilson</b> Network Manager 270-816-0893 <a href="mailto:Wilsona8@aetna.com">Wilsona8@aetna.com</a></p>
<p><b>Region 5A</b> <i>Anderson, Bourbon, Boyle, Clark, Fayette, Franklin, Garrard, Harrison, Jessamine, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Scott, Woodford</i></p>		<p><b>Jennie Handley</b> Network Manager 513-659-9061 <a href="mailto:Handleyj@aetna.com">Handleyj@aetna.com</a></p>
	<p><b>Region 5B</b> <i>Estill, Jackson, Lincoln, Rockcastle</i> <b>Kentucky Primary Care Association (KPCA)</b> <b>Association of Primary Care Physicians (APCP)</b> <b>The Physicians Network (TPN)</b></p>	<p><b>Sammie Asher</b> Network Relationship Manager 606-401-1573 <a href="mailto:Ashers@aetna.com">Ashers@aetna.com</a></p>
<p><b>Region 6</b> <i>Boone, Campbell, Gallatin, Grant, Kenton, Pendleton</i></p> <p><b>Region 7</b> <i>Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan</i></p> <p><b>CHI Saint Joseph Medical Group (Kentucky One)</b> <b>Providers in the state of Ohio and West Virginia</b></p>		<p><b>Jacquelyne Pack</b> Network Manager 606-331-1075 <a href="mailto:Jmpack@aetna.com">Jmpack@aetna.com</a></p>
	<p><b>Region 8</b> <i>Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe</i></p> <p><b>Providers in the state of Virginia</b></p>	<p><b>Krystal Risner</b> Network Relationship Manager 606-687-0310 <a href="mailto:Risnerk@aetna.com">Risnerk@aetna.com</a></p>

