# Provider Newsletter

## Contents



## Spotlight: 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 Less Than 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 library of PA forms.

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## Our Appeals and Grievances Mailing Address Has Changed!

Recently, on March 26, 2020, the mailing address for our Appeals and Grievances Department changed. The new addresses are below. Please make sure that you use these new addresses for any upcoming letters to the Appeals and Grievances Department.

Please also note that sending letters using the old address may delay your issue being resolved.

**Member Appeals:**
Aetna Better Health of Virginia
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

**Provider Appeals:**
Aetna Better Health of Virginia
PO Box 81040
5801 Postal Road

## Updated Version of Quick Reference Guide Now Available

Our Quick Reference Guide provides a detailed list of all of our key contacts. It is a vital resource for when you need to contact Aetna Better Health of Virginia. **Because of the recent change in our Appeals and Grievances mailing address, we have released a new version of the Quick Reference Guide.**

This Quick Reference Guide contains several phone numbers, email addresses, and mailing addresses for various departments that can help you. So, it's a good idea to download it and print it. Place it somewhere in your practice where your staff can visibly see it.

If you already have the Quick Reference Guide placed somewhere in your practice, **please remove it and replace it with the most recent version**.

To access the updated Quick Reference Guide, visit our provider website here. Scroll down and select the *Document Library* tab at the bottom, then select *Provider Document Library*. From the drop-down, select *Quick Reference Guide.*

## Important Provider Announcements for COVID-19

We have created an entire section on our provider website dedicated to updating you on the status of COVID-19 and answering any questions you may have.

This information is available at our *Provider Announcements and News* page here under *Important Announcements Regarding COVID-19*. There, you will find important updates you can communicate to your patients and staff.

## 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 expressing 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.

## 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).

## 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 those 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 get in touch with a care manager?

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 enrollees, opportunities for improvement identified through our QM Program, and feedback from participating practitioners and 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 www.aetnabetterhealth.com/virginia.

Simply scroll down and select **Practice Guidelines** on the left-hand menu.

## Our Population Health Management

Aetna Better Health of Virginia's Population Health Management (PMH) program recognizes 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 meet members with the right level of services for each person and enable members to use those services to achieve their individual health goals.

## Latest provider manual

Our provider manual is reviewed annually, at a minimum, and is updated as needed. Your provider manual is your primary information source and an effective guide to your participation with us. It is located on our website under the **For Providers** tab.

## Electronic Visit Verification (EVV) Transition Period Extended

The Department of Medical Assistance Services (DMAS) has extended implementation of the transition to EVV through **March 31, 2020**, so that providers can effectively abide by EVV requirements.

All agency-provided claims for services dated **October 1, 2019**, to **March 31, 2020**, will only be accepted in the old format until **March 31, 2020**. Beginning **April 1, 2020**, any claim for services delivered on **October 1, 2019**, or after, must be EVV compliant. Claims submitted incomplete or on paper will be denied.

### Looking for resources to help prepare for this transition to EVV?

You can go to the DMAS website, available here, where you can review their EVV FAQs, examples, training, and much more.

Contact your Aetna Network Relations Representative about EVV or any concerns. Their contact details are on our website. On the left side of the screen, select *Resources*, then the subcategory *Provider Relations*. At the bottom of the right side, select *Network Relations Consultant contact list* to display a list of Network Relations Consultants that are providers' liaison to Aetna Better Health of Virginia.

## Login to our provider portal, today!

Our free provider portal allows you to access critical information securely online wherever and whenever you need it. This innovative tool is available to connect you directly with up-to-date information, including:

- Eligibility verification
- Claims inquiries
- Prior authorization information and requests
- Remittance advice
- And other helpful information

If you haven't yet registered, registering is easy:

1. Visit **aetnabetterhealth.com/virginia**
2. Click "For Providers"
3. Select "Provider Portal," then "Login" to get started

## Eviti Connect for Oncology Providers

For our Oncology providers, Aetna Better Health of Virginia and NantHealth have partnered to give you access to Eviti Connect, an online software system that enables real-time decision support and treatment guidelines for oncology patients.

Effective on or after **April 20, 2020**, there will be a change of process for initiating oncology treatment plan reviews. All oncology treatment plans will be submitted to NantHealth via their web portal, Eviti Connect, which will expedite review of any chemotherapy, radiation therapy, or supportive medications.

**Training for Eviti Connect**
Training courses are available so your office can learn how to get the most from this program. You can also access here to view the Eviti Connect user guide, video tutorials, and interactive eLearning modules. The training schedule is below.

| Radiation Training | | Chemotherapy Training | |
|---|---|---|---|
| 4/17/2020 | 11:00 AM ET | 4/16/2020 | 2:00 PM ET |
| 4/20/2020 | 2:00 PM ET | 4/20/2020 | 11:00 AM ET |
| 4/21/2020 | 11:00 AM ET | 4/21/2020 | 2:00 PM ET |
| 4/22/2020 | 11:00 AM ET | 4/22/2020 | 2:00 PM ET |
| 4/28/2020 | 2:00 PM ET | 4/28/2020 | 11:00 AM ET |
| 4/30/2020 | 11:00 AM ET | 4/30/2020 | 2:00 PM ET |
| 5/1/2020 | 2:00 PM ET | 5/1/2020 | 11:00 AM ET |
| 5/4/2020 | 11:00 AM ET | 5/4/2020 | 2:00 PM ET |

To register, email training@nanthealth.com and indicate which training session you wish to attend and the number of attendees (if more than one) from your office who will participate. We will respond with details for that web training session, including a toll-free phone number and link to the web portion of the conference.

Note: Please keep the training registration email so you will have the link to the web conference and the call-in number for the session you will be participating.

**To Create an Eviti Account**
You can create an account and submit your treatment plans through the Eviti web portal.

**For Additional Information or Support**
Phone: **1-888-482-8057** (Select option 2)
Email: clientsupport@nanthealth.com

If you have questions regarding the implementation of this program, please contact us at:
Medallion 4.0: **1-800-279-1878**, press *, state "claims"
CCC Plus: **1-855-652-8249**, press * state "claims"

To verify PA requirements regarding any CPT codes, please select the link to the Aetna Better Health website to your provider portal for access to the Propat Tool.

## Notice Regarding Use of JW Modifier

Recently, Aetna Better Health of Virginia has received inquiries regarding the use of the JW modifier on Medicaid claims. Aetna Better Health follows state Medicaid guidance. The state has confirmed in their fee-for-service environment (FFS) that the JW modifier is not recognized.

Providers should combine the charges for waste drugs with the charge for the administered drugs. Documentation must clearly identify the units billed for waste. If waste is billed on a separate line with the JW modifier, the FFS system will deny this code/modifier as a duplicate. Medicaid pricing guidance and payment will be based on the maximum allowable units per day.

Aetna Better Health follows these same guidelines. Billing for drug waste with a JW modifier is a Medicare requirement.

## Using the National Plan and Provider Enumeration System (NPPES) to Improve Accuracy of Provider Directories and Information

**Background**

On January 3, 2020, the  Centers for Medicare and Medicaid Services ((CMS) released a memo to Medicare Advantage (MA) plans highlighting how NPPES can be used as a resource to improve the accuracy of provider directories.

The purpose of this initiative is to lessen the burden to both providers and health plans while improving the accuracy of provider directories by treating the certified NPPES data as a valid source for provider directory data in audits of MA directory accuracy.

Our members rely on provider directories to find a provider, including that provider's contact information and location. CMS reviewed MA online provider directories for virtually every MA organization and found directories to have significant inaccuracies, the most common being that the provider was listed at a location where they do not see patients.

MA plans have been working to improve their provider directories by regularly contacting their providers through email, faxes, phone calls, and other methods.

**Action needed from you**
CMS requests that all providers review their data in NPPES, make any necessary corrections to the data, then attest to the accuracy of the data. The information in NPPES will also be available to other health plans that create directories.

**What should providers do?**
We urge providers to review and, as needed, update their data in NPPES. This includes adding additional addresses where they practice. After updating the data, providers should use the new certification function to indicate that the data is accurate.

**Providers should promptly update their data in NPPES any time there are changes, as well as review and certify their data at least on an annual basis.**

While it is not required, we encourage providers to supply the locations where they see patients for appointments and not include places where they might cover for a provider on vacation or read x-rays.

By including this information, it improves the likelihood that NPPES is relied on by health plans and other industry participants and can reduce the number of phone calls and faxes a provider receives.

We also urge you not to enter locations that are less common and encourage you to focus on those where you accept appointments for patients. Changes to NPPES do not affect payment from Medicare. It is the Provider Enrollment, Chain and Ownership System that is used for Medicare Fee-For-Service provider enrollment, including addresses providers use for submitting claims and receiving Medicare Fee-For-Service payment.

**How will this benefit providers?**
By keeping information current in NPPES, providers can rely on a single location to enter basic information about themselves, such as their name, specialty, practice locations, contact information, and digital addresses.

Providers increased use of NPPES to update their practice information should reduce the need for plans to email, text, fax, or phone providers to verify demographic directory data. It will also provide a mechanism for providers to update their data for multiple plans, as all plans can access NPPES.

**Additional information**
Information on NPPES, including how to reset passwords and update data is available here.

## 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:

| Program | Phone number | FAX |
|---|---|---|
| Medallion/FAMIS | 1-800-279-1878 | 1-877-817-3707 |
| CCC Plus | 1-855-652-8249 | 1-877-817-3707 |
| HMO-SNP | 1-855-463-0933 | 1-833-280-5224 |

You may also request a prior authorization online. Visit **aetnabetterhealth.com/virginia**. Select For Providers, then 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

Culture is a major factor in how people respond to health services. If affects their approach to:

- Coping with illness
- Accessing care
- Taking steps to get well

Patient satisfaction and even positive health outcomes are directly related to good communication between a member and his or her provider.

A culturally competent provider communicates effectively with patients and understands their individual concerns. It's incumbent on providers to make sure patients understand their care regimen. Each segment of our population requires special sensitivities and strategies to embrace cultural differences.

**Training resources for our providers**
As part of our cultural competency program, we 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.

## Member Rights and Responsibilities

As a provider to our members, it is important that you know our members rights and responsibilities. To view:

- Medallion and FAMIS
- CCC Plus

Visit **aetnabetterhealth.com/virginia/providers/member-rights** on our website.

Thank you for providing our members with the highest quality of care!

## Learn more about our HMO SNP plan

**Interested providers and offices are encouraged to contact Russ Barbour, Director of DSNP, at 804-968-5146.**

Aetna Better Health of Virginia (HMO SNP) is a Medicare Special Needs Plan, which means our plan benefits and services are designed for people with special health care needs. Our plan offers additional benefits and services not covered under Medicare, such as dental, hearing aids, and contact lenses.

Aetna Better Health of Virginia (HMO SNP) is available to people who have Medicare and who receive Medicaid assistance from the Commonwealth Coordinated Care Plus (Medicaid).

Additionally, please visit us on the web at **aetnabetterhealth.com/virginia-hmosnp**.