



Provider Newsletter

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Preparing to Open Your Practice While Protecting Your Patients from COVID-19

The Centers for Disease Control and Prevention has outlined steps that you can take to prepare your practice for accepting patients, while also protecting both them and your staff from COVID-19.

Train Your Staff Before You Open

- Make sure your staff understands how to use PPE and that there is enough available.
- Incorporate procedures to triage and separate sick patients.
- Understand the symptoms of COVID-19, including a fever, cough, and shortness of breath.
- Emphasize to your staff the importance of hand-washing.
- Ask your staff to stay home if they feel sick, and send them home if they develop symptoms while at work.

Prepare Your Practice

- Offer supplies throughout your practice. These include tissues, hand sanitizer, soap at all sinks, and trash cans.
- Put chairs six feet apart wherever possible.
- Place barriers, such as clear screens, in areas where patients have direct interactions with staff, such as at the front desk.
- Take patients' temperatures before they enter the practice.
- Perform a comprehensive review of your entire office. Remove all toys, magazines, coffee machines, or similar objects. For objects you would plan to keep available, clean them regularly.

For more information on how to keep your practice safe, check out the CDC's guidelines [here](#).

Aetna Better Health® of Virginia



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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.

Lidocaine 4% Patch Utilization

The lidocaine 4% OTC patch has been added to our formulary parity with the lidocaine 5% patch. Why consider a lidocaine 4 % patch?

- **Noninferior to lidocaine OTC patch:** A study involving patients with back pain or arthritis were given either an OTC transdermal patch containing 3.6% lidocaine and 1.25% menthol, a 5% prescription lidocaine transdermal patch, or a placebo patch. The OTC product was found to be noninferior to the prescription lidocaine transdermal patch in terms of efficacy, side effects, and impact on quality of life.
- **Cost effective:** The lidocaine 4% patch is cheaper when compared to the lidocaine 5% patch.

Lidocaine is a local anesthetic that blocks sodium ion channels required for the initiation and conduction of neuronal impulses. This results in local anesthesia after topical application. Because the lidocaine 4% patch is more cost-effective and on the formulary, we encourage providers to consider the lidocaine 4% patch as an option when the lidocaine 5 % patch is being discussed with members.

References

1 Lisi, D. M. (2019, March 15). OTC Transdermal Analgesic Patches in Pain Management. Retrieved from <https://www.uspharmacist.com/article/otc-transdermal-analgesic-patches-in-pain-management>.

2 Castro E, Dent D. A comparison of transdermal over-the-counter lidocaine 3.6% menthol 1.25%, Rx lidocaine 5% and placebo for back pain and arthritis. *Pain Manag.* 2017;7(6):489-498.

Tips to Safely Treat Your Patients During the COVID-19 Pandemic

Here are some useful tips you and your health care staff can follow to help keep everyone safe and to keep COVID-19 from spreading.

Before You See Patients

- Prepare your practice; know who is at a higher risk of complications from COVID-19.
- Consider offering additional telehealth appointments to your patients.
- Stay up to date on the current status of COVID-19 in your community.
- Communicate with patients by asking them about symptoms during appointment reminders.
- Place signs at your practice outlining preventative actions being taken.

During Patients' Visits

- Put your staff at the front of the office to ask patients what their symptoms are. Take their temperatures before they enter the office.
- Give patients experiencing symptoms face masks or require that all patients who enter the facility wear face coverings before entering the practice.
- Limit visitors or non-patients from entering the practice if possible.
- Separate patients who are sick or are experiencing symptoms by creating separate areas in waiting areas or by putting sick patients in private rooms as soon as they are identified.

After the Visit

- Offer at-home care instructions to patients who are experiencing respiratory symptoms.
- Ask patients to consider telehealth visits for follow-ups and future visits.
- Inform your local health department if you have patients experiencing COVID-19 symptoms.
- After your patients' appointments, thoroughly clean all touched surfaces using EPA-registered disinfectants. These include counters, chairs, tables, and beds – anything the patient may have touched.

You can also find signs for your practice, as well as infection prevention guidelines from the CDC [here](#).

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.

New Boxed Warning for Montelukast (Singulair): Due to Serious Mental Health Side Effects

The FDA recently announced that montelukast (Singulair) would receive a new boxed warning to emphasize the existing warnings related to serious mental health side effects. The FDA continues to receive reports of mental health side effects, including suicide.

How will this affect your prescribing?

For allergic rhinitis: Reserve therapy for when a patient is not treated effectively with or cannot tolerate other allergy medications or consider alternative allergy medications as first line, including oral second-generation antihistamines (cetirizine, loratadine), antihistamine nasal spray (azelastine) or steroid nasal spray (fluticasone propionate).

For asthma: Consider risk vs benefit before prescribing or continuing medication.

What should healthcare professionals do if considering use of montelukast (Singulair)?

- Ask patients about any psychiatric history before starting treatment.
- Counsel patients about mental health side effects and advise them to stop immediately and contact a health care professional if they develop.
- Monitor patients for neuropsychiatric symptoms, as these may occur even in those with no prior history.
- Continue monitoring patients even after discontinuation; while most events occur while on the medication, some experience after discontinuation.
- Advise patients to review the medication guide to understand the signs of mental health side effects.
- Submit an FDA MedWatch form to report adverse events related to montelukast [here](#).

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

Reminder: Our Appeals and Grievances Mailing Address Has Changed

This is a reminder to inform providers that 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 mail to the Appeals and Grievances Department.

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
Cleveland, OH 44181



Also, all claim disputes (resubmitted claims with corrections or missing information for reconsiderations) must be submitted to:

Aetna Better Health of Virginia
ATTN: Claims
PO Box 63518
Phoenix, AZ 85082-3518

Billing for COVID-19 Testing

As stated in a memo released by the Virginia Department of Medical Assistance Services (DMAS), Aetna Better Health of Virginia has been and is continuing to cover medically necessary services to treat or alleviate symptoms related to COVID-19.

The CDC has provided [Official Coding Guidelines](#) for health care encounters and deaths related to COVID-19.

COVID-19 Billing Codes

The CPT code for laboratory testing for COVID-19:

- CPT code 87635

The HCPCS codes for COVID-19 laboratory testing with effective dates of service on or after February 4, 2020:

- HCPCS code U0001 (CDC testing for COVID-19, \$35.91)
- HCPCS code U0002 (non-CDC testing for COVID-19, \$51.31)



Diabetes Care: Low Cost Alternatives on Our Formulary

Aetna Better Health of Virginia is committed to offering cost effective care to members with diabetes, and we have included additional alternatives to our formulary.

Authorized generics are not AB rates but are considered therapeutically equivalent.

Authorized generics offered on our formulary (include vial and pen unless otherwise noted below):

- Insulin aspart
- Insulin aspart protamine/insulin aspart 70/30
- Insulin lispro U-100
- Insulin lispro Junior Kwikpen (pen only)
- Insulin lispro protamine/insulin lispro 75/25 Mix (pen only)

Did you know authorized generics are often defined as being the same as the brand and simply exclude the brand name on the label?

Currently, Novo Nordisk and Eli Lilly manufacture both the brand and the authorized generic for their respective products, Novolog and Humalog.

We also cover two follow-on products, including Admelog and Basaglar. These brands compete with Humalog and Lantus, but offer lower costs.

Please consider these options when prescribing rapid-acting and long-acting basal insulin analogs, writing the chemical name like insulin aspart may improve the likelihood of the member being switched to the authorized generic or follow-on product.

To review the board of pharmacy regulations around substitution of an authorized generic or what other authorized generics exist, visit [here](#) and [here](#)

Coverage of Targeted Services Delivered Via Telehealth

One of the biggest changes DMAS has implemented as part of the response to the COVID-19 pandemic is changing how patients see their health care providers. Telehealth and telemedicine have become extremely important modes of delivering health care services to our members.

How are you providing telehealth services to your patients?



In an effort to maximize access to medically necessary services during the COVID-19 pandemic, DMAS has expanded coverage of telehealth as a service delivery method.

Additional information on telehealth services can be found in the official memo released by DMAS on March 19, 2020, available [here](#).

Medicaid-covered services delivered via telehealth will be reimbursed based on the following conditions:

- Submit your claims for telehealth services using the correct CPT or HCPCS code for the service being delivered. Refer to the [Official Coding Guidelines](#) for more information.
- If you haven't already, update your systems and procedures as soon as you are able to allow the use of modifiers (GT or GQ) or telehealth POS (02) when billing for services delivered via telehealth.
 - ◊ DMAS will require the use of these codes after the initial phase of the emergency is over.
- If you are using telehealth POS (02) or modifiers for telehealth services covered under the prior policy, keep using the modifier GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or POS code (02) when billing for services delivered via telehealth.
- Services delivered via telehealth and billed using telehealth modifiers, as well as services delivered via telehealth and billed without modifiers will be reimbursed at the same rate as the analogous service provided face-to-face.

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. It 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.