



Provider Newsletter / Summer 2018

Has your information changed?

Aetna Better Health of Virginia is committed to having the most accurate and up-to-date information in our system for you and your provider group. Please contact Provider Services at **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus) with any updates to your phone and fax numbers, physical, billing, or office mailing addresses, and to add your email address to our system.

Have a question about a claim?

If you have a question about a claim, our Claim Inquiry Claims Research (CICR) team can help. CICR is a valuable resource and many claims issues can be researched and resolved via this option, including:

- Member benefits and eligibility
- Claim status/payment
- Remittance advices
- Authorization inquiries

How to contact CICR?

Program	Phone number
Medallion/FAMIS	1-800-279-1878
CCC Plus	1-855-652-8249, option 4, then press 5
HMO-SNP	1-855-463-0933, option 4, then press 3

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Provider appeal of claim action

Providers may appeal any adverse claim action from the date of the adverse claim determination within 60 calendar days. Prior to appealing a claim action, providers may contact CICR for claim information. In many cases, claim denials are the result of inaccurate filing practices.

Other ways CICR can assist our provider community

- Billing and coding
- Check tracers
- Pay to issues
- Contract disputes
- Pay denial reconsiderations
- Address changes
- COB
- Remits

Continuity of Care reminder: Emergency room visits

We would like to remind practitioners and providers about the importance of communication regarding members who have had emergency room (ER) visits:

- Facilities should obtain PCP information and transmit ER visit discharge summaries, including the physician's documentation
- PCPs should obtain ER visit discharge summaries and file them in member medical records
- If using electronic medical records, PCPs should make a notation in member medical records indicating that ER visit discharge summaries have been reviewed and a brief summary should be documented

Help keep asthma patients out of the ER

Encourage your asthma patients, including parents and children, to be preventive in treating seasonal allergies such as pollen and molds that circulate more heavily in the air this time of year.

- Ask your patients if they are using their prescribed asthma controller medication(s)
- Monitor the need for rescue interventions and adjust controller medications as necessary

Talking to your patients and their guardians about what to do in an urgent or emergency situation could save a life.

Provider Advisory Committee

We invite our providers to join our provider advisory committee (PAC). Our committee meets monthly. The committee consists of providers who serve Medicaid, Medicare, and DSNP beneficiaries, other indigent populations, and members with special needs.

We value your input. Your recommendations may be used to improve quality management activities and policy and operations changes. If you'd like to join, please email **Aetnabetterhealth-VAProviderRelations@aetna.com** with the subject line: Provider Advisory Committee.

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 click "Login" to get started

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).

Clinical Practice Guidelines

Aetna Better Health of Virginia adopts evidence-based Clinical Practice Guidelines (CPGs) and Preventive Services Guidelines (PSGs) from nationally recognized sources. CPGs are reviewed at least every two years or more frequently if national guidelines change within the two-year period.

Aetna Better Health endorses a variety of nationally recognized clinical practice, preventive care, and behavioral healthcare guidelines. Clinical practice, preventive care and behavioral healthcare guidelines made available by Aetna Better Health are not a substitute for the professional medical judgment of treating physicians or other health care providers.

Evidence-based clinical practice guidelines are based on information available at a specific point in time and during review and adoption by the Quality Management/Utilization Management Committee (QM/UMC). The most current guidelines are published and made available through a variety of professional organizations such as the American Academy of Pediatrics, the American Academy of Family Practice, the National Institutes of Health, the American Psychiatric Association, and the American College of Obstetrics and Gynecology. The guideline review and update process are implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period.

The disease management conditions managed by Aetna Better Health and the clinical guidelines programs are based on the following conditions:

- Asthma: National Heart, Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma
- Coronary Artery Disease: American Heart Association and the National Heart, Lung and Blood Institute Disease and Condition Index, Coronary Artery Disease
- Chronic Kidney Disease: Kidney Disease Improving Global Outcomes and the National Kidney Foundation
- Chronic Obstructive Pulmonary Disease: Global Initiative for Chronic Obstructive Pulmonary Disease and the American Lung Association
- Diabetes: American Diabetes Association
- Heart Failure: American College of Cardiology and the American Heart Association
- Opioids for Chronic Pain: Centers for Disease Control and Prevention (CDC) Prescribing Opioids for Chronic Pain

You can access the CPGs and PSGs on our website at aetnabetterhealth.com/virginia/providers/guidelines. For assistance in obtaining hard copies from the nationally recognized sources, contact your Provider Relations representative. Disclosure of clinical guidelines is not a guarantee of coverage.

Coverage determinations and utilization management

Aetna Better Health uses evidence-based clinical guidelines from nationally recognized authorities to make utilization management (UM) decisions. Specifically, we review any request for coverage to determine if members are eligible for benefits, and if the service they request is a covered benefit under their plan. We also determine if the service is consistent with established guidelines. If we deny a coverage request, the member, member's representative, or a provider acting on the member's behalf may appeal this decision. Members can do this through our complaint and appeal process.

Our UM staff helps members access services covered by their benefit plans. We don't make employment decisions or reward physicians or individuals who conduct UM reviews for creating barriers to care or for issuing coverage denials. Our Medical Directors are available for specific UM issues. Physicians can contact preauthorization staff.

Where to learn more

More information about our UM criteria, clinical practice guidelines, and pharmacy clinical criteria are on our website at aetnabetterhealth.com/virginia. Call Member Services at **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus) if you do not have Internet access and want a paper copy, or need a copy of the criteria upon which we base a specific determination.

Important formulary information

Visit aetnabetterhealth.com/virginia/providers/pharmacy for important formulary information such as:

- Medallion/FAMIS formulary
- Medallion/FAMIS formulary search tool
- CCC Plus formulary
- CCC Plus formulary search tool
- Formulary updates

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

Let's improve adolescent and well child visits, together

Aetna Better Health measures the quality outcome of our members, annually, through Healthcare Effectiveness Data and Information Set (HEDIS®). We review documentation within the medical record that validates: services rendered, provider of record, date of service, and evidence of ALL of the following well visit components:

1. A health and physical development history
2. A mental developmental history
3. A physical exam
4. Health education/anticipatory guidance such as nutrition, physical activity, exercise, seatbelt use, and water safety. For adolescents, health education should include safe sex, abstinence, and the effects of smoking and alcohol use.

HEDIS defines well child visit for ages 3 through 6 as:

The percentage of members who had one or more well visits with a PCP during the measurement year.

HEDIS defines adolescent well visit for ages 12-21 as:

The percentage of members who had at least one well visit with a PCP or an OB/GYN practitioner during the measurement year.

Well visits are based on calendar year

A well visit can occur anytime during the calendar year and it does not have to be completed 12 months from the last visit.

Try these best practices

1. During a sick visit, also complete the well visit components.
2. During a sports physical, complete and document anticipatory guidance to make it a well visit.

We're here to help

- For member information and outreach, call Member Services at **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus)
- For additional provider specific information visit **aetnabetterhealth.com/virginia**

File your claims using appropriate codes supported by complete documentation.

ICD-10 CM	HCPCS	CPT
Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9	G0438 G0439	99382-99385 99392-99395

Please note the codes above are not all inclusive. These are examples. Many codes may apply. Billing codes submitted should be reflected in the medical records detailed documentation to support each diagnosis code, procedure code, and modifier (if appropriate), according to the correct coding manuals.

Integrated Care Management

Aetna Better Health has a dedicated team of nurses and social workers who are here to help manage and achieve the health and wellness goals of each of our members through our Integrated Care Management program.

Many of our members, and every CCC Plus member, of Aetna Better Health has a care manager who is their single point of contact for all of their medical, behavioral, and psychosocial needs. The care manager works directly with the member, their family and caregivers, and you as their provider to coordinate the member's care.

The primary goal of our Integrated Care Management program is to help our members improve their quality of life through member-focused assessments, individualized care plans and interdisciplinary care team meetings with their providers. By working with you, we are able to help our members and your patients achieve their desired level of wellness.

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.

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 can be found on our website at **aetnabetterhealth.com/virginia/providers/manual**.

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	1-866-669-2454
CCC Plus	1-855-652-8249	1-855-661-1828
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.

Billing reminder for home health providers

Please remember that when billing revenue codes, the appropriate HCPC codes must be submitted. Home health providers submitting claims that do not meet this billing format, will be rejected for correction and resubmission. If you have any questions regarding this issue, please call **1-800-279-1878** (Medallion/FAMIS) or **1-855-652-8249** (CCC Plus).

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.

Participating Provider Quick Reference Guide

Our website

Our provider website and portal have a wealth of information for our providers to access. Just go to aetnabetterhealth.com/Virginia/providers for information that will help you navigate our health plan.

Claims Submissions

Aetna Better Health of Virginia requires clean claims submissions for processing

To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/Admission date
- Location of treatment
- Service or procedure

For Claims Status, Inquiries or Research (CICR) dial:

- CCC Plus **1-855-652-8249**, listen for desired menu option.
- Medallion & FAMIS **800-279-1878**, listen for desired menu option.
- HMO-SNP **1-855-463-0933**, listen for desired menu option.

Timely Filing Limits

- For medical, claims must be submitted within **365** calendar days from the date of service or discharge. The **claim will be denied** if not received within the required timeframes.
- Corrected claims must be submitted within **365** days from the date of service.
- Coordination of Benefits (COB) claims must be submitted within **365** days from the date of primary insurer's Explanation of Benefits (EOB).

Member Services

Member Eligibility/ Enrollment/ Benefits, PCP Assignment Changes, and Interpreter Request

- CCC Plus **1-855-652-8249**, listen for desired menu option.
- Medallion & FAMIS **1-800-279-1878**, listen for desired menu option.
- HMO-SNP **1-855-463-0933**, listen for desired menu option.
- TTY **711**

Consumer Directed Care

For all Consumer Directed Care inquiries (authorization/PPL concerns, service facilitation questions, attendant pay and timesheet)

AetnaConsumerDirection@aetna.com

- Fax for Consumer Directed Care & Case Management **1-844-459-6680**

Prior Authorizations

- CCC Plus **1-855-652-8249**, listen for desired menu option.
- Fax for CCC Plus **1-855-661-1828**
- Medallion & FAMIS **1-800-279-1878**, listen for desired menu option.
- Fax for Medallion & FAMIS **1-866-669-2454**
- HMO-SNP **1-855-463-0933**, listen for desired menu option.
- Fax for HMO-SNP **1-833-280-5224**

To determine if a service requires prior authorization, visit the Aetna Better Health website and select Provider Portal.

When requesting 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

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Contracting and Credentialing

- For all contracting inquiries, please submit correspondence to our Contracting team via e-mail at **NetworkDevelopment-VAContact@aetna.com**.
- Please submit your request to become a participating provider with Aetna Better Health on our website or by email at **vacredentialing-aetna@AETNA.com**.

Provider Relations

- CCC Plus **1-855-652-8249**, listen for desired menu option.
- Fax **844-230-8829**
- **Aetnabetterhealth-VAProviderRelations@aetna.com**
- Medallion & FAMIS **1-800-279-1878**, listen for desired menu option.
- HMO-SNP **1-855-463-0933**, listen for desired menu option.

Electronic Claims Submissions

- Change Healthcare (Emdeon)
- To set up free "Eligibility and Submission of Claims" services via their portal, dial **1-800-333-0263**, option 2, then option 1, then option 2.
- **www.changehealthcare.com**
- EDI payer ID (837 Claim): 128VA
- To get real time eligibility/claim/auth. inquiry use ID: ABHVA (270/271; 276/277; 278)

Paper Claim Submissions

Mailing Address:

Aetna Better Health of Virginia
Attn: Claims Department
P.O. Box 63518
Phoenix, AZ 85082-3518

Appeals

Submitted within **60** days of original denial

Mailing Address:

Aetna Better Health of Virginia
Attn: Appeals Coordinator
9881 Mayland Drive
Richmond, VA 23233

Mental health assistance

- **1-855-652-8249**
- listen for desired menu option
- For Addiction Recovery Treatment Services (ARTS)
https://www.aetnabetterhealth.com/virginia/providers/library (within the "Document Library" under the "Provider Forms" tab)

Secure Provider Portal (Registration is required)

- Get eligibility, benefits, referrals and claims info
- Use our payment estimator and submit claims
- View EFT, Remittances, and Member Panel Roster
- For Secure Portal Technical Support:
medicaidapplicationsupport@aetna.com

Other important contacts

24 Hour Nurse-line

- **1-877-878-8940**

Pharmacy

- CCC Plus **1-855-652-8249**, listen for desired menu option.
- Fax: **1-855-799-2553**
- Medallion & Famis **1-800-279-1878**, listen for desired menu option.
- Fax: **1-855-799-2553**
- HMO-SNP **1-855-463-0933**, listen for desired menu option.
- Fax: **1-877-270-0148**

Our online Formulary can be viewed on our Aetna Better Health of Virginia website within the "Provider" Section.

Pain Management (eviCore)

- **1-888-693-3211** Fax: **1-844-82Aetna**

Radiology (eviCore)

- **1-888-693-3211** Fax: **1-844-82Aetna**

Transportation (Logisticare)

- **1-800-734-0430**

Note: Members must call at least **three days** prior to their scheduled appointment in order to arrange transportation.

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