Aetna Better Health® of Kentucky

Provider Newsletter

Third Quarter 2019

OPEN ENROLLMENT IS COMING!

Open Enrollment season is swiftly approaching and will be rich with member appreciation activities.

This time is set aside to thank our members and provide them with benefits information.

Please be on the lookout for detailed information about Aetna Better Health of Kentucky's Open Enrollment activities!

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WE WANT YOU FOR AP^3!

Aetna Better Health of Kentucky is extremely excited to announce our new Aetna **P**rovider **P**artnership **P**rogram (AP^3). The AP^3 program is a great opportunity for us to collaborate with our provider partners on improving processes and streamlining efficiencies. To facilitate this collaboration, we have created three new councils:

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

We are currently recruiting council members! Please reach out to your network manager if you are interested in becoming a council member.

KENTUCKY RURAL HEALTH ASSOCIATION ANNUAL CONFERENCE

Join us at the Kentucky Rural Health Association annual conference November 14-15, 2019 at the WKU Knicely Center in Bowling Green, Kentucky. Aetna will be presenting a breakout session on ways to address social determinants of health.

The conference will provide an overview of the state of rural health in Kentucky and current efforts to improve rural health services. It will allow stakeholders to interact and gain a better understanding of the impact of various programs and organizations on rural health. Learn how to become a more skilled advocate for rural health, at the local, regional and state levels by registering for the event **here.**

WE WANT TO HEAR FROM OUR MEMBERS AND COMMUNITY PARTNERS!

Aetna Better Health hosts a quarterly Quality Member Access Committee (QMAC). This is an opportunity for our community partners and any interested member to lend their voice to help us provide the best healthcare to not only them but for all future Medicaid members.

We rotate meeting sites between Louisville and Lexington and provide lunch to all participants. Do you know someone in your practice that would be interested in joining our committee? If so, please have them call us at 1-855-300-5528 and ask to speak to a community outreach coordinator.

KHIE 2019 eHealth Summit

The Kentucky Health Information Exchange (KHIE) 2019 eHealth Summit "Renovate to Innovate" was held on August 16, 2019 in Lexington.

Aetna co-sponsored the event which was designed to promote health information exchange at the regional and national level to improve the health of Kentucky citizens.

Recently KHIE launched a new platform with enhanced features which will play a pivotal role in connecting providers, MCOs, public health departments, and other stakeholders. As a provider, KHIE can help you with the following:

- Meeting Meaningful Use and Promoting Interoperability objectives and measures
- Timely access to admission discharge and transfer information for your patients
- Access to lab results, testing and imaging history
- Ensure comprehensive patient records to reduce duplicative services and test
- Battle the opioid and substance abuse epidemic

To participate with KHIE, please **contact the outreach coordinator** in your area or simply visit the Kentucky Health Information Exchange website at: **https://khie.ky.gov/esummit/Pages/default.aspx** .

CLINICAL FOCUS

BACK TO SCHOOL IS IN FULL SWING

While children are in your office during these months, don't forget the start of school can be a traumatic time for our young patients. Recognize that many struggle with their emotions, which may result in conduct problems. We know that Adverse Childhood Experiences (ACES) can lead to poor health outcomes or other mental health concerns. If you have a child that could benefit from visits with a therapist, know that we are here to help. Our case managers can help coordinate care, please call us at **1-855-300-5528** and ask to speak to a case manager.

This is also a good time to check every child's immunization record to make sure they are up to date. The EPSDT (Early, Periodic, Screening, Diagnosis and Treatment Services) program has a recommended schedule of well-child check-ups. The entire schedule can be found here: **https://www.aap.org/en-us/professional-resources/practice-Transformation/managing-patients/Pages/Periodicity-Schedule.aspx** .

If you have any questions regarding the EPSDT program, please call our member services department at **1-855-300-5538** or your Network Relations Representative. Our current list is included in this newsletter on page eight.

OCTOBER IS BREAST CANCER AWARENESS MONTH

According to recommendations from the American Cancer Society, a woman at average risk for breast cancer should:

- Individualized option to start screening every year between the ages of 40 and 44
- Have yearly screenings between 45 and 54
- Women 55 and older can be screened every other year
- All women regardless of their age, should be encouraged to perform a breast self-exam

Women at high risk should be screened according to the guidelines on their website, located here **https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html**

Source: American Cancer Society

HELP MEMBERS HELP THEMSELVES

We encourage you to help your patients become engaged in their healthcare. Research shows that engaged patients and families help reduce the chance of mistakes, unnecessary tests, and avoidable hospital stays, while improving the overall quality of their care. Available resources that you can share with your patients include tips and videos from the Agency for Healthcare Research and Quality (ARHQ) website at **arhq.gov**

Source: Agency for Healthcare Research and Quality

Appropriate utilization of care without conflict of interest nor incentives

Aetna Better Health of Kentucky doesn't reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for not authorizing health care services. No individual is compensated or provided incentives to encourage denials, limited authorization or discontinue medically necessary covered services. Aetna Better Health does not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood or on the perceived likelihood that the practitioner or staff member supports, or tends to support, denial of benefits. Individuals shall not participate in the review and evaluation of a case in which he/she has been professionally involved or where his/her judgment might be compromised. Utilization decisions are made based only on appropriateness of care and service and existence of coverage.

COORDINATION OF CARE

Aetna Better Health conducted an analysis of our 2018 member surveys which revealed an opportunity to improve the coordination of care between primary care providers (PCP) and behavioral health providers (BHP). As you know, coordination of care cannot happen without open communication between offices and has remained a challenge due to legislation requiring separate written permission that is obtained during the BH visit. Coordination of care between BHPs and PCPs not only allows for effective treatment of patients but is also a best practice.

Ways you as a PCP can help:

- Discuss with the member the importance of this communication.
- Remind them to sign the consent form during their behavioral health appointment.

Ways you as a BHP can help:

- Discuss with the member advantages for both providers knowing what is going on and what medications (if any) have been prescribed.
- Offer the member an opportunity to voice concerns.
- Give the member the consent form and have them sign it.
- Explain that the consent form grants permission for two-way communication between the BHP and the PCP.
- Retain the original in the member file and fax a copy to the PCP for inclusion in the member's medical record.
- In the event the member declines permission, document this in the record and plan to revisit this discussion at a later date.

NEED CASE MANAGEMENT SERVICES FOR A MEMBER?

Do you have a patient who you think may benefit from case management? Case management services can be obtained by following one of the options below:

- Sending an email with:
  - Member name
  - Aetna Better Health of Kentucky member ID number
  - and DOB, vial email to:
    CCofKYCaseMGMT@aetna.com
- Sending a fax to **1-855-454-5044**
- Calling Member Services at **1-855-300-5528** and ask for Case Management Services at the prompt

The member will be evaluated and assessed for Case Management and Disease Management eligibility and services.

HAVE YOU GOTTEN OUR RECENT COMMUNICATIONS?

In July we kicked off our "Tip Tuesday" Campaign. Each Tuesday we will fax/email a new tip communication. The purpose of this campaign is to give to providers useful information that we believe may be helpful in your day to day operations. Go to **https://www.aetnabetterhealth.com/kentucky/providers/news**, then click on the drop down called **"2019 Tip Tuesday Campaign".** There you will find all of the tip sheets sent so far**.**

If you would like to register to receive our fax/email blast, simply email: **KYProviderRelations@aetna.com.**

CAHPS AND MEMBER SATISFACTION — 2019

The *Consumer Assessment of Healthcare Providers and Systems* (CAHPS®) Survey is a measure of member satisfaction that examines the percentage of members "satisfied" with the health plan. Aetna Better Health of Kentucky uses the NCQA HEDIS CAHPS 5.0H Membership Satisfaction Survey to assess member satisfaction.

Our CAHPS® 2019 member satisfaction scores revealed a positive response in the following area:

- Easy to Get Needed Care, Tests, or Treatment
- Customer Service
- Getting Care Quickly

The following physician-related measures provide opportunities for future improvement:

- Easy to Get Appointment with Specialist
- Lack of effective communication between healthcare professionals and members
- Shared Decision-Making

Here are a few tips that may enhance your time with Aetna Better Health of Kentucky members and help to improve their healthcare experience:

- Be an active listener
- Ask the member to repeat in their own words what instructions were given to them
- Rephrase instructions in simpler terms if needed
- Clarify words that may have multiple meanings to the member
- Limit use of medical jargon
- Be aware of situations where there may be cultural or language barriers

Contact your provider relations representative, customer services or a case management associate for more information and/or assistance at **1-855-300-5528.**

PHARMACY TEAM

Our clinical pharmacists want to ensure our members are receiving timely and up to date information regarding current or future medications.

As our partners, we also want to keep our providers aware of new initiatives and recommendations. We are here to support you in your efforts to provide quality care.

If you should have any questions on these topics or need any assistance in prescribing recommendations, please feel free to reach out to our team members:

- Carrie Schanen, PharmD, Clinical Pharmacy Advisor – schanenc@aetna.com
- April Cox, PharmD, Pharmacy Director – coxa1@aetna.com

FORMULARY UPDATES

MAY 2019

Additions:

- Erythromycin Ethylsuccinate Suspension 400mg/5ml
- Nivestym Injection 300mcg, 480mcg (Prior Authorization Required)
- Sirolimus Solution 1mg/ml

Removals:

- Eryped Suspension (brand) 400mg/5ml
- Rapamune Solution (brand) 1mg/ml

JUNE 2019

Additions:

- Docosanol Cream 10%
- Melatonin Tabs 1mg, 3mg, 5mg

Removals:

- Abreva Cream 10% (brand)

PSYCHOTROPIC MEDICATION USE

There are current concerns about psychotropic prescribing practices for children and adolescents, especially involving those in foster care. In efforts to promote safety and quality in mental health treatment, the appropriate use of psychotropic medications in children and adolescents in child-serving systems should be a priority.

Best practice does not involve psychotropic medication as the sole intervention for youth with complex mental health needs. The use of psychotropic medication for children and adolescents should be part of a holistic and collaborative mental health treatment approach. Except in the most uncomplicated situations, psychotropic medication should be provided in conjunction with evidence-based psychosocial interventions.

The American Academy of Child and Adolescent Psychiatry (AACAP) has the following recommendations when prescribing psychotropic medications for children and adolescents:

- When psychotropic medication is being considered, children and adolescents should receive a comprehensive behavioral health assessment.
- Prescribers of psychotropic medication should actively engage and collaborate with children and adolescents and their families when they are referred for potential use of such medication.
- Prescribers should actively engage and collaborate with other professionals and systems involved with the child and family.
- All youth with complex behavioral needs, including youth in foster care, should receive a combination of evidence-based psychosocial interventions and psychotropic medication when indicated, not just psychotropic medication alone.
- Prescribers should promote awareness of potential adverse effects and consistently monitor for such side effects over time.

WHY DEPRESCRIBE PPI THERAPY?

WHAT IS DEPRESCRING?

Deprescribing is the planned and supervised process of dose reduction or stopping a medication that may be causing adverse effects or no longer providing therapeutic effect.

WHY DEPRESCRIBE PPI THERAY?

Stopping long-term PPI therapy can reduce the risk of potential drug interactions, help reduce daily pill burden, and help to reduce the risk of adverse effects associated with long-term therapy. These long-term risks may include hypochlorhydria, resulting in gastric bacterial overgrowth including *Clostridium difficile* and increased risk of Community Acquired Pneumonia (CAP). Other risks are related to malabsorption and include vitamin B12 deficiency, iron deficiency, hypomagnesemia, hypocalcemia, osteoporosis, and increased risk of fracture.

WHEN TO DEPRESCRIBE PPI?

First consider why the patient is taking a PPI. If unsure, find out if there is history of endoscopy, prior hospitalization for bleeding ulcer, history of chronic non-steroidal anti-inflammatory drug (NSAID) use, or history of heartburn or dyspepsia. When an indication is unclear, the risk of side effects may outweigh the chance of benefit.

Consider deprescribing for the following indications:

Mild to moderate esophagitis or GERD treated for 4-8 weeks
Peptic Ulcer Disease treated for 2-12 weeks
ICU stress ulcer prophylaxis treated beyond ICU admission
Uncomplicated *H. pylori* treated for 2 weeks and asymptomatic

Continue PPI therapy for the following indications:

- Barrett's esophagus
- Chronic NSAID users with bleeding risk
- Severe esophagitis
- Documented history of bleeding ulcer

HOW TO DEPRECRIBE?

PPI therapy is recommended to be tapered in order to prevent rebound symptoms from occurring. No one tapering approach is better than another, so choose what is most convenient and acceptable for the patient. Consider some of the following tapering methods:

- Reduce from twice daily to once daily dosing
- Reduce from higher dose to lower dose
- Reduce to every other day dosing until supply is depleted
- Stop PPI and use on-demand daily until symptoms stop
- Manage occasional symptoms with daily H2 receptor antagonist (H2RA) such as ranitidine

CANNABINOID OIL AND DRUG INTERACTIONS

Cannabis Plant

The Cannabis plant has roughly 100 known cannabinoids, the two primary being Tetrahydrocannabinol (THC) and Cannabidiol (CBD). THC is known for exerting psychoactive properties and is used as a measure of cannabis potency unlike CBD which does not carry psychoactive characteristics.

What is CBD Oil

Cannabidiol oil is extracted from cannabis flowers or leaves (usually from the C.Sativa variation) and dissolved in an edible oil. CBD oil may vary from "Hemp oil" which is usually derived from the seeds of C.Sativa (low to no THC levels) and "Cannabis oil" which carries the highest THC level and is derived from the more potent C.indica plant. Terminology, however, has become interchangeable and differentiation based upon THC levels is opaque. CBD oil can be administered orally or sublingually with dosing dependent on indication and patient response.

Is CBD Oil Legal

As of December 20, 2018 the Agriculture Improvement Act of 2018 was signed into law which redefined the legality of certain cannabis products. Hemp, defined as cannabis (Cannabis sativa L.) was removed from the Controlled Substance Act along with cannabis derivatives with extremely low (less than 0.3 percent on a dry weight basis) THC content, deeming these substances now legal under federal law.

Drug Interactions

The THC component of cannabis is primarily metabolized by the hepatic CYP-450 enzymes, CYP3A4 and CYP2C9, while CBD is metabolized by CYP3A4 and CYP2C19. Medications that process through these pathways have the potential to interact. Route of cannabis administration (i.e. inhaled vs oral) may affect extent of interaction.

Interaction Type*	THC	CBD
Major Metabolic Pathway (CYP-450)	CYP3A4 and CYP2C9	CYP3A4 and CYP2C19
Affected Metabolic Enzymes/ Drug Transporters	Potential to inhibit CYP2C8, CYP2C9, and CYP2C19 May induce or inhibit CYP1A2 and CYP2B6 Inhibits UGT1A9 and UGT2B7	
Major Drug Interactions	Clobazam, Valproic Acid, Azelastine, Dronabinol	
Moderate Drug Interactions	• CYP1A2: Caffeine, Duloxetine, Melatonin, Ramelteon, Theophylline, Tizanadine • CYP3A4: Amiodarone, Antiepileptics, Aprepitant, Antiretrovirals, Calcium Channel Blockers, Certain Statins, Ciprofloxacin, Cyclosporin, Fluconazole, Fluoxetine, Fluvoxamine, Itraconazole, Ketoconazole, Macrolides, Rifampin, St. John's Wort • CYP2B6: Bupropion, Efavirenz • CYP2C19: Armodafinil, Clopidogrel, Diazepam, Modafinil, Proton Pump Inhibitors • CYP2C8: Dipeptidyl Peptidase 4 Inhibitors, Loperamide, Thiazolidinediones • CYP2C9: Carvedilol, Central Acting Adrenergic Agents, Sulfonylureas, NSAIDs, Phenytoin, Warfarin • UGT1A9: Fenofibrate • UGT2B7: Gemfibrozil, Lamotrigine, Lorazepam, Morphine • Excessive Sedation: Antipsychotics, Anxiolytics, Barbiturates, Gabapentin, Hypnotics, H1 Blockers, Opioids, Muscle Relaxants, Pramipexole, Pregabalin, Ropinirole, Tetrabenazine, Trazodone, TCAs	

*List is not comprehensive of all of the potential medications impacted by cannabidiol nor will each medication necessarily cause an interaction.

References:

1. U.S. Food and Drug Administration. (2018). Statement from FDA Commissioner Scott Gottlieb, M.D., on signing of the Agriculture Improvement Act and the agency's regulation of products containing cannabis and cannabis-derived compounds. Retrieved from **https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm628988.htm**
2. Gorelick, David A. (2018). Cannabis Use and Disorder. Hermann R, ed. UpToDate. Retrieved from **https://www.uptodate.com/contents/cannabis-use-and-disorder**
3. Natural Medicines Comprehensive Database Consumer Version [Internet]. Stockton (CA): Therapeutic Research Faculty; ©1995-Cannabidiol. Clove; [reviewed 2018 Oct 29; cited 2019 Jan 2]; Available from: **https://medlineplus.gov/druginfo/natural/1439.html**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. URL: **http://www.clinicalpharmacology.com**. Updated August 2018.

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NETWORK RELATIONS CONTACT LIST

Community Mental Health Centers **Behavioral health providers in Region 3** **Behavioral health providers in Region 5**	**Dustin Johnson** Network Manager 502-648-6526 **Johnsond38@aetna.com**
Regions 1 & 2 Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken, Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster **Providers in the state of Indiana**	**Gina Gullo** Network Relationship Manager 502-612-9958 **Rlgullo@aetna.com**
Region 3A Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington **Providers included in 'Association of Primary Care Physicians' (APCP)** **Providers included in 'The Physicians Network' (TPN)** **Providers located in any state not otherwise listed**	**Trista Gibson** Network Manager 606-305-2705 **GibsonT1@aetna.com**
Region 3B Jefferson County	**Connie Edelen** Network Relationship Manager 502-240-2122 **Czedelen@aetna.com**
Region 4 Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne **Providers in the state of Tennessee**	**Abbi Wilson** Network Manager 270-816-0893 **Wilsona8@aetna.com**
Region 5A Anderson, Bourbon, Boyle, Clark, Fayette, Franklin, Garrard, Harrison, Jessamine, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Scott, Woodford	**Jennie Cahill** Network Manager 513-659-9061 **Cahillj@aetna.com**
Region 5B Estill, Jackson, Lincoln, Rockcastle **Providers included in the 'Kentucky Primary Care Association' (KPCA)**	**Sammie Asher** Network Relationship Manager 606-401-1573 **Ashers@aetna.com**
Region 6 Boone, Campbell, Gallatin, Grant, Kenton, Pendleton **Providers in the state of Ohio**	**Holly Smith** Network Relationship Manager 815-641-7411 **Smithh3@aetna.com**
Region 7 Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan **Baptist Health System – KentuckyOne Health - Norton Healthcare** **Providers in the state of West Virginia**	**Jacqulyne Pack** Network Manager 606-331-1075 **Jmpack@aetna.com**
Region 8 Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott ,Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe **Providers in the state of Virginia**	**Krystal Risner** Network Relationship Manager 606-687-0310 **Risnerk@aetna.com**

Updated 07.29.19