Provider newsletter

Summer 2025

Table of contents

AetnaBetterHealth.com/Virginia

VA-24-04-03

aetna®

Aetna Better Health® of Virginia

Empower your members to use their Value-Added Benefits

Use our new guide!

A common complaint among Medicaid members is not knowing what their benefits are – or how to use them. We want to make it easier for members to use their benefits. To do that, we need your help.

We recently developed a new comprehensive member-facing Value-Added Benefits Member Guide, which is now available for download and digital distribution to our members from our website at the link above.

This guide contains detailed information about every value-added benefit Aetna Better Health of Virginia is currently offering. For each benefit, the member can learn:

- What the benefit is
- Whether or not they are eligible
- How they can get started using the benefit
- Where, if applicable, they can use the benefit

You are encouraged to share this guide as a digital resource for our members, your patients. You can direct members using the link above or by referring them to our website,

AetnaBetterHealth.com/Virginia/whats-covered.html.

Building lasting patient relationships through communication

While the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey for Measurement Year 2024 concluded in May, patient satisfaction remains a year-round priority.

The CAHPS survey evaluates patient experiences with their doctors, focusing on three key areas:

- **Active listening**
- **Time spent with patients**
- **Clear communication**

Here are a few best practices for meaningful patient engagement so you can make sure you're providing the best possible care to your patients.

1. Communicate Clearly

- Use plain language instead of medical terms
- Ask patients to repeat care instructions to confirm understanding
- Provide written care plans in prescription format (e.g., "Exercise 30 minutes, 3 times weekly")

2. Build Personal Connections

- Address patients by name
- Listen actively to understand their concerns and goals
- Validate understanding by restating their concerns
- Follow through on all commitments made

3. Foster Trust

- Engage genuinely in discussions about medical history and conditions
- Maintain transparent communication
- Address questions promptly and thoroughly

Access and availability standards

We use accessibility/availability standards based on requirements from NCQA, state, and federal regulations. These standards are communicated to providers and members newsletter, our website, and as part of the provider manual.

Federal law requires that participating providers offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members. If the provider serves only Medicaid recipients, hours offered to Medicaid managed care members must be comparable to those offered to Medicaid fee-for-service members.

Providers who do not meet these access standards are provided recommendations for improvements in order to meet the set standard.

The timely access standards for PCPs, behavioral health providers, and prenatal providers can be reviewed in the chart below.

Provider	Appointment	Availability standard
PCP	Emergency	Immediately upon request
	Urgent care	Within 24 hours
	Routine	Within 30 calendar days
Behavioral Health	Non-life-threatening emergency	Within 6 hours
	Urgent care	Within 24 hours
	Initial visit routine care	Within 5 business days
Prenatal	First trimester	7 calendar days
	Initial second trimester	7 calendar days
	Third trimester and high risk	3 working days from date of referral or immediately, if an emergency exists

Helping your patients find community resources with Find Help

Finding help for your patients just got easier, thanks to Find Help. Aetna Better Health of Virginia's Find Help platform is a nationwide network of free and reduced-cost social programs that can help those in need connect directly to these services.

Programs are listed in every ZIP code in the United States and can be accessed through the platform. Aetna Better Health's Find Help platform makes it easy for your patients who need help, along with those who help others, to find resources like food, housing, health care, work, financial assistance, and more. Your patients can simply search by ZIP code, find the services they need, and find out how to get connected, all with dignity and ease.

Recommend Find Help to your patients today. It's easy. Simply go to aetna-va.findhelp.com to search and get connected.

Quality Management Spotlight

DMAS CCC Plus Waiver Provider Manual Spotlight

Provider resources for using the Medicaid Enterprise System

Home and Community-Based Services

Aetna Better Health understands that improving members' health outcomes requires increased collaboration between you, the professional who provides care, and us, the health plan that covers that care. Our goal is to support waiver providers with resources and offer best practice recommendations to ensure our community-based members receive the best quality care.

DMAS released an updated CCC Plus Waiver Provider Manual (Chapter IV) on December 29, 2023. You can access the manual through the Medicaid Enterprise System (MES) portal. The website includes valuable information, such as provider enrollment, training, FAQs, memos, bulletins, user guides, and more.

DMAS 100A Request for PERS

The PERS Request Form (DMAS-100A) or the current DMAS approved electronic request, to be completed by the provider/SF, may serve as the PERS Plan of Care, provided it adequately documents the need for the service, the type of device to be installed, and description of ongoing services, including training regarding the use of the PERS.

The record must document all of the following:

- Delivery date and installation date of the PERS
- Individual/caregiver signature verifying receipt of PERS device
- At a minimum, monthly testing to verify that the PERS device is operational
- Updated and current individual responder and contact information, as provided by the individual, or the individual's care provider
- A case log documenting individual system utilization and individual, family/caregiver, provider, SF, or responder contacts/ communications

The PERS provider must document and furnish, within 30 days of the action taken, a written report to the primary provider for each emergency signal, which results in action taken on behalf of the individual.

This written report must be furnished to the agency provider/SF or, in cases where the individual only receives ADHC services, to the ADHC provider. The PERS provider must retain a copy of the DMAS-100A in the individual records.