

Provider Newsletter

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Continuing Education and Training

Aetna Better Health of Virginia is committed to ensuring that our providers are well-equipped with the knowledge and education they need to achieve successful outcomes for our members. Our goal is to create a meaningful and memorable learning experience through educational opportunities tailored to your needs.

Our Provider Engagement department, in partnership with our Quality team, has developed continuing education and training activities for providers. These courses are offered in conjunction with reputable organizations, and they have been specifically selected for their health equity and preventive care value.



Automated user-interactive provider training modules are now available for the below topics:

- [Healthcare Effectiveness Data and Information Set \(HEDIS®\)](#)
- [Culturally Linguistic and Appropriate Services \(CLAS\): Cultural Competency](#)
- [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#)

By completing these classes online, you can earn free credits — at your convenience — in the privacy of your office or home. These enhanced educational, training, and reference materials were created for increased provider awareness and improved compliance with contractual requirements and regulatory standards.

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

Increase Your Efficiency with Availity

Have you joined our Provider Portal, Availity? With Availity, you will be more easily able to support your patients, our members.

Some areas of increased functionality include:

- Appeals and grievance submissions.
- Prior authorization submission and status lookup.
- Claims submissions and status inquiry.
- Panel roster lookup.

More importantly, Aetna Better Health of Virginia will continue implementing new and improved functions throughout the year.

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all of the above features.

If you are not registered, we recommend that you do so immediately.

Click here to learn more about [Availity Portal Registration](#).

[Go here to register](#)

Need help?

For registration assistance, call Availity Client Services at **1-800-282-4548** between 8 AM and 8 PM ET, Monday through Friday.



Clinical Practice Guidelines

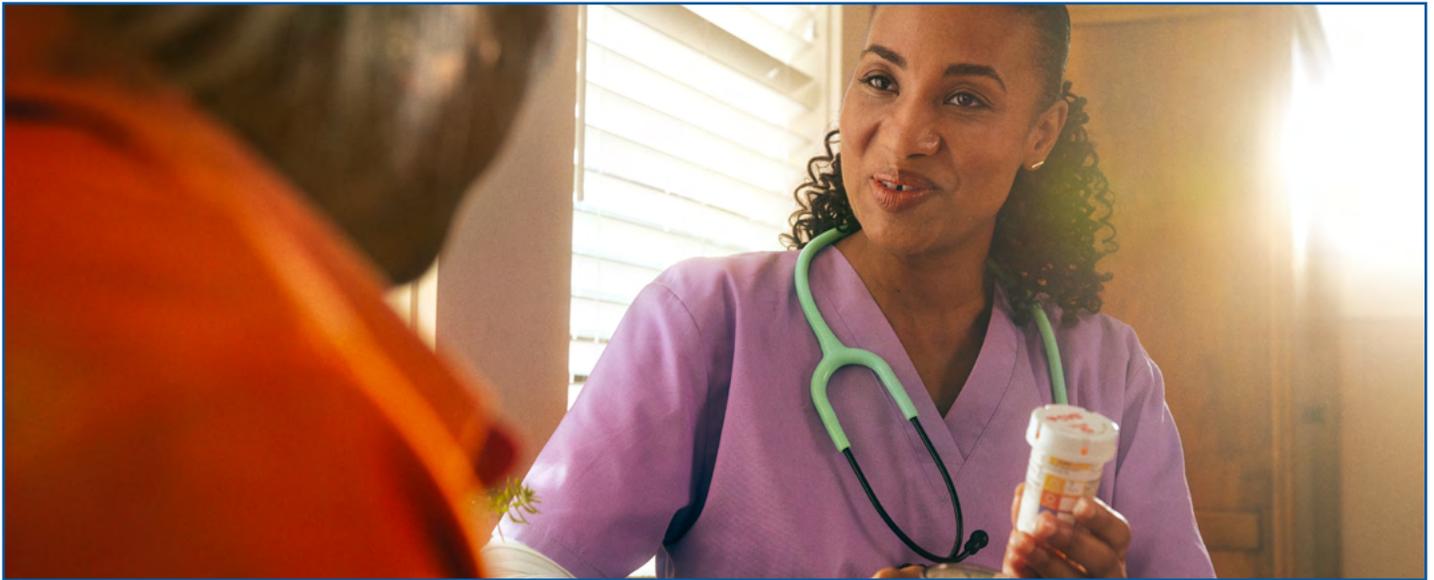
Aetna Better Health of Virginia's Clinical Practice Guidelines and Preventive Services Guidelines are based on nationally recognized recommendations and peer-reviewed medical literature.

The guidelines consider the needs of members, opportunities for improvement identified through our Quality Management program, and feedback from participating providers.

Guidelines are updated as appropriate, but at least every two years.

Learn more

More information about our practice guidelines are on our website at [AetnaBetterHealth.com/Virginia/providers](https://www.aetna.com/betterhealth/virginia/providers). At the bottom of the page, select "*Clinical practice guidelines*."



Does Your Patient Need Help for a Substance Use Disorder?

Drug and alcohol use disorders have reached epidemic levels in the United States. On a national level, the focus is on opioid prescriptions and opioid street drugs. The global pandemic has exacerbated substance use disorders due to isolation, loneliness and problems accessing outpatient services and supports.

The Addiction Recovery and Treatment Services (ARTS) benefit offers an array of services for persons seeking help for opioid or other substance use disorders. ARTS benefits cover a wide range of addiction treatment services which are based on American Society of Addiction Medicine criteria.

ARTS services include the following:

- Inpatient hospitalization
- Residential substance abuse services
- Partial hospitalization program
- Intensive outpatient program
- Medication assisted treatment for opioid use disorders
- Care management services
- Peer support services

If you want to learn how our Behavioral Health department can provide support, you can call Member Services at **1-800-279-1878 (TTY: 711)**.

Help Improve Communication between Treating Providers

A recent survey showed that PCPs are concerned because they don't get regular reports about their patients' ongoing evaluation and care from other treating providers.

This breakdown in communication can pose a risk to quality patient care. We know that coordinating care with many providers, facilities, and behavioral health care professionals can be a challenge.



Important clinical and mental health information to be shared should include:

- Diagnosis.
- Medication.
- Treatment plan.

Providing consistent information about patients to other providers can improve the overall communication between providers through continuity and coordination of care.

Talking with your patients' other treating health care professionals helps you give them the best care. To promote collaboration and comprehensive care, it's critical that PCPs and specialists talk openly with each other.

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 members 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 refer a patient to Care Management?

Call Member Services at **1-800-279-1878**. We are here to help and look forward to joining you on our members' journey to better health.



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, call **1-800-279-1878 (TTY: 711)**.

Providers Can Call Interpreters for Members

Did you know? Providers are able to call interpreters for members who need them. There are a few options for requesting interpretation services for both members and providers:

In-person

- The interpreter will meet the member at the location (such as the provider’s office).
- Requests should be submitted at least three business days ahead of the appointment.

Over the phone

- Requests can be submitted same day.

Video (Zoom)

- Requests should be submitted at least three business days ahead of the appointment.
- Emails of each participant are required.



Scheduled video

- The interpreter service provides the link, and the member must have a cellphone.
- Requests should be submitted at least three business days ahead of the appointment.

For more information about having an interpreter available for members, call Provider Services at **1-800-279-1878 (TTY: 711)**.

HEDIS Tip Sheet: Hospital Hepatitis B Immunization for Newborns

Completing the hepatitis vaccine series is a component of the CIS (Childhood Immunization Status) measure of HEDIS. The first dose of the hepatitis B vaccine is routinely given to newborns prior to discharge. Capturing the correct code helps facilitate the completion of the vaccine series and tracking for quality performance.

Recently, we developed a useful tip sheet for hospitals. This tip sheet provides valuable guidance about how hospitals can help improve the rate of hepatitis B vaccination in our newborns.

[To view the tip sheet, visit here.](#)



Quality Management 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 on August 1, 2022. 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 CCC Plus Waiver Provider Manual Spotlight

Medical Records and Record Retention (CCC Plus Waiver)

Providers have a responsibility to recognize the confidentiality of members' medical record information and have measures in place to protect against loss, destruction, or unauthorized use. Written procedures must govern medical record use and removal and the conditions for the release of information. The individual's written consent is required for the release of information not authorized by law. Current individual medical record documentation and those of discharged individuals must be completed promptly. All clinical information pertaining to an individual must be centralized in the individual's clinical/medical record.

Records of CCC Plus Waiver services must be retained for six years from the last date of service and at least six years after the date of discharge. The provider must maintain medical records on all individuals in accordance with accepted professional standards and practice. The records must be completely and accurately documented, readily accessible, legible, and systematically organized to facilitate the retrieval and compilation of information. If the individual is under 18 years of age, their medical records must be retained at least seven years after the individual reaches age 18. All CCC Plus Waiver medical record entries must be fully signed and dated (month, day, and year), including the title (professional designation) of the author.

