

Provider Newsletter

FALL 2018



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It's time for 2019 Medicaid Open Enrollment

Open enrollment for Aetna Better Health of Kentucky members runs **November 1st—30th, 2018**. Some of the new 2019 member benefits include:

- Adult vision, with a free pair of eyeglasses
- Free crockpot with a nutrition course
- **NO LIMITS** on our over-the-counter medications with a doctor's prescription
- Vending machine access for the homeless
- Sports physicals for school age children



Mobile App Icon

We now have a mobile app for our members to learn more about their benefits! See page 4 for more information!

Provider survey

In July, we mailed out our annual provider satisfaction survey to your practice.

We appreciate your feedback and are currently reviewing the results.

Thank you for partnering with us to improve the health of individuals, families and communities.

USP Over-the-counter supplements

Aetna provides coverage to our members for certain over-the-counter products (OTC) when they are listed on the formulary. Coverage is not only for medications, such as aspirin and diphenhydramine, but also a limited number of supplements. The coverage of OTCs has been limited to those products determined to provide clinical value. There are laws governing the quality standards for pharmaceuticals, but these same approval processes are optional for manufacturers of OTC supplements.

United States Pharmacopeia (USP) establishes quality standards for all OTC medicines. Per the USP website, USP designated supplements are put “Through a rigorous testing and auditing process, USP evaluates voluntarily submitted products against science-based quality standards – including federally recognized *USP–NF* standards of quality, purity, potency, performance, and consistency – and FDA current good manufacturing practices.”

Aetna encourages providers that issue prescriptions for covered OTC vitamins, minerals and/or supplements write “USP certified” in addition to the product name on the prescription. This will help ensure that you patient receives a trusted and quality product.



Reminders: Pharmacy Formulary

For a complete and up to date list of the Pharmacy Formulary, please visit our website at www.aetnabetterhealth.com/Kentucky/providers/pharmacy. The formulary is updated monthly.



Gabapentin dosage limit

CNS depressants are often misused or abused in conjunction with opioid analgesics. They are purported to enhance the euphoric effects of the opioids. Gabapentin (Neurontin® and others) is among this group of medications. It is unclear whether these reinforcing euphoric effects are additive or synergistic when used in combination. Gabapentin is not classified as a controlled substance by the Drug Enforcement Administration (DEA); however, certain states have included this drug in their list of controlled substances. Gabapentinoids are CNS depressants and increase the risk for respiratory depression, coma, and death when combined with opioids (1, 2).

The number of emergency room visits involving nonmedical use of gabapentin increased by 90% in the U.S. since 2008 according to the Drug Abuse Warning Network (DAWN). Gabapentin has the potential for suicidal thoughts and behaviors. Unlike opioids, there is no antidote in the case of an overdose. Dependency can develop with gabapentin and abrupt discontinuation can increase the likelihood of seizures.

As such, Aetna Better Health of Kentucky has implemented a 3.6 grams per day limit on gabapentin. The 3.6 grams limit is calculated based on all current gabapentin products in the patient’s claim history, i.e. a cumulative dose limit calculation. The usual effective dose of gabapentin is 1.8 grams per day. Doses of 3.6 grams per day have been administered to a small number of patients for a relatively short duration and have been well tolerated according to package labeling. Prior Authorization is required for a dose to exceed this limitation.

1. Schifano F, Misuse and Abuse of Pregabalin and Gabapentin: Cause for Concern? *CNS Drugs*. 2014;28(6):491-496
2. Smith RV, Havens JR, and Walsh SL. Gabapentin Misuse, Abuse and Diversion: a Systematic Review. *Addiction*. 2016 Jul; 111(7):1160-1174. <https://www.ncbi.nlm.nih.gov/pubmed/27265421>. (Accessed on 3/29/18).

Focus on flu

“Focus on Flu” is a patient-focused public health campaign from the Kentucky Medical Association that shares best practices for mitigating another statewide flu epidemic. Please use the following link (<https://kyma.org/focus-on-flu/>) to dispel common myths about receiving the flu vaccine and ways to educate your patients on how to prevent the spread of the flu.



Aetna Better Health of Kentucky strongly supports your efforts to immunize all our eligible members against seasonal influenza.

Below are the details on the vaccines we’re covering for the 2018 – 2019 flu season:

2018 - 2019 Influenza Vaccines

Trade Name	GPI	NDCs	CPT Code
Afluria Inj PF 18-19	1710002021E620	33332-0018-01	90656
Afluria Inj PF 18-19	1710002021E620	33332-0018-02	90656
Afluria Inj 2018-2019	17100020201800	33332-0018-10	90656
Afluria Inj 2018-2019	17100020201800	33332-0118-11	90656
Afluria Quad Inj 2018-19	17100020251800	33332-0418-10	90688
Afluria Quad Inj 2018-19	17100020251800	33332-0418-11	90688
Afluria Quad Inj PF 18-19	1710002025E620	33332-0318-01	90688
Afluria Quad Inj PF 18-19	1710002025E620	33332-0318-02	90688
Fluarix Quad Inj 2018-19	1710002025E620	58160-0898-52	90686
Fluarix Quad Inj 2018-19	1710002025E620	58160-0898-41	90686
FluLaval Quadrivalent 2018-2019	17100020251800	19515-0900-01	90688
FluLaval Quadrivalent 2018-2019	17100020251800	19515-0900-11	90688
FluLaval Quadrivalent 2018-2019	1710002025E620	19515-0909-41	90686
FluLaval Quadrivalent 2018-2019	1710002025E620	19515-0909-52	90686
FLUZONE QUAD INJ 2018-19	17100020251820	49281-0418-10	90686
FLUZONE QUAD INJ 2018-19	17100020251820	49281-0418-58	90686
FLUZONE QUAD INJ 2018-19	17100020251800	49281-0629-15	90688
FLUZONE QUAD INJ 2018-19	17100020251800	49281-0629-78	90688
FLUZONE QUAD INJ 2018-19	1710002025E620	49281-0418-50	90686
FLUZONE QUAD INJ 2018-19	1710002025E620	49281-0418-88	90686

Best practice is for all members to receive a flu shot, however, for those that visit their PCP with flu-like symptoms, please remember that Tamiflu (oseltamivir) and other antivirals may not always be the right choice. On average, an antiviral will reduce recovery time by one day for patients that test flu positive if the medication is taken within 48 hours of symptom onset. However, antivirals have not been proven to be effective when given to a patient who presents with flu like symptoms who subsequently were found to not have the flu¹.

Aetna Better Health of Kentucky recommends you discuss with your patients the benefits and side effects of antivirals prior to prescribing them.

¹ Jefferson, T., Jones, M., Doshi, J., et al. Oseltamivir treatment for influenza in adults: a systematic review of clinical study reports and summary of regulatory comments. BMJ. 2014.

Improving member health the mobile way

Aetna Better Health of Kentucky is partnering with Assurance Wireless, a Lifeline assistance program.

We understand how important it is to stay connected to healthcare, jobs, emergency services and family. A smartphone with minutes and data each month, at no cost, can make a big difference to anyone struggling to make ends meet.

Assurance Wireless provides eligible low-income consumers with monthly data, texts and voice messages PLUS an Android™ Smartphone at no cost.

All Aetna Better Health of Kentucky members who qualify for Assurance Wireless will receive health tips and health education via text messaging plus reminders about doctor appointments, flu shots and prescription refills from Aetna at no cost.



What is Lifeline?

Lifeline is a government benefit program supported by the federal Universal Service Fund. Enrollment is available to individuals who qualify based on federal or state-specific eligibility criteria.

Consumers may qualify if they are on certain public assistance programs, like Medicaid or Supplemental Nutrition Assistance Program (SNAP). They can also qualify based on their household income. They must provide proof of program participation or proof of income.

To learn more, call Aetna Better Health of Kentucky at **1-855-300-5528**.

Android is a trademark of Google LLC.
Terms and conditions apply. Visit assurancewireless.com for details.



We are going mobile!

We now have a mobile app for our members to learn more about their benefits, as well as receive health tips and health education.

Mobile phones that provide text-based resources, tools and reminder messages are an effective way to engage our health plan members to improve health outcomes. It allows the ability to contact members telephonically and electronically. Ninety-one percent of Americans own a cell phone and 80% text. Most Americans read text messages immediately (90% within 3 minutes).

Source: www.pewinternet.org/chart/mobile-phone-ownership



Reminders: Physical Therapy Visits

Reminder that all physical therapy (PT) visits for members over the age of 21 REQUIRE a prior authorization. A total of 20 visits in a calendar year are allowed. Please refer to ProPAT for further details.

Back to school immunizations



With the start of a new school year, we realize that many school aged patients will be visiting their PCP. We encourage you to utilize this time to verify and complete immunizations. A new requirement for some school districts this year is the Hepatitis A vaccination; please use the following CPT codes:

CPT	Description
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE



Copay Change:

On August 15, 2018, Aetna Better Health of Kentucky returned all non-pharmacy member copayments to \$0.

If you have any questions or concerns, simply contact your Network Relations Consultant. The current list is attached for your convenience.

Do your patients need integrated care management services?



The Aetna Medicaid Integrated Care Management (ICM) Program is a collaborative process of bio psychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. We offer Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery dis-ease (CAD), depression, and chronic renal disease (CRD).

We believe it is important to have a program to promote the engagement of pregnant women who have significant opiate use or opiate addiction in prenatal care management. Care management will continue with the same Case Manager (CM) for the mother and baby for the first year of the baby's life. The goal of the program is to identify pregnant woman with Substance Use Disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

We also have a Foster Care Case Management Team that works collaboratively with the Department for Community Based Services (DCBS), state agencies and service providers to improve the quality of care for plan members and their families.

The care management team provides behavioral and medical support for children who are medically fragile, currently hospitalized, and those at medical risk. A Case Manager will work with DCBS focusing on member's inpatient status at a behavioral health facility and members who are being decertified. These coordination services are individualized, member-centered and comprehensive.

If you have patients that need integrated care management or if you have any questions about these services, call Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m., ET. Just ask to speak to a Case Manager. Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.

Medically frail attestations

We are accepting medically frail attestations. If you have a member who you think is medically frail, please submit the attestation via fax or mail and we will submit the information into the system for scoring. Kentucky HEALTH's definition of Medically Frail is a person with disabling mental disorder (including serious mental illness), chronic substance abuse disorders (SUD), serious and complex medical conditions, physical, intellectual, or developmental disability that significantly impairs ability to perform one or more activities of daily living (ADL), and/or chronic homelessness.



If you have any questions or need assistance completing the Medically Frail attestation please contact Member Services and ask to speak to a medically frail case manager at **1-855-300-5528**. You may also fax your completed attestation to: **Kentucky_Medicallyfrailattestation@aetna.com**. If you would like to have a demonstration of the attestation form and how to complete it, please contact case management department and ask to speak to someone on the medically frail team.

Prior authorization, concurrent review and retrospective review criteria

We use InterQual® to ensure consistency in utilization practices. The guidelines span the continuum of patient care and describe best practices for treating common conditions. The InterQual® guidelines are updated regularly as each new version is published.

To support prior authorization, concurrent review and retrospective review decisions, we use nationally recognized evidence-based criteria with input from health care providers in active clinical practice. We apply these criteria on the basis of medical necessity and appropriateness of the requested service, the individual member's circumstances and applicable contract language concerning the benefits and exclusions. The criteria will not be the sole basis for the decision.

Criteria sets are reviewed annually for appropriateness to the Aetna Better Health's population needs and updated as applicable when nationally or community-based clinical practice guidelines are updated. The annual review process involves appropriate practitioners in developing, adopting, or reviewing criteria. The criteria are consistently applied, considering individual needs of the members and allow for consultations with requesting practitioners/providers when appropriate.



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.



You're invited to attend our free HEDIS webinar series

The goals of the series are to:

- Educate about HEDIS measure specifics
- Explore ways to reduce the burden of medical record review and maximize administrative data capture
- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Discuss HEDIS measures applicable to certain populations
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Develop strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/Quality questions.



HEDIS Webinar Schedule

September 2018

HEDIS measures affecting 21 and older male and female members

October 2018

HEDIS measures with a focus on maternity and women's care

November 2018

Members with serious mental illness and serious emotional disturbance

December 2018

Reducing the burden of medical record review; preparation for HEDIS 2019



Did you miss a Webinar?

Our webinar recordings are available now!

You can view them [here](#).

Who is my Network Relations Consultant? Effective 10.24.18

Region	Provider Representative	Telephone	Email	State
1	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	N/A
2	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	Indiana
3	Becky Bowman	(502) 434-8917	BowmanB@aetna.com	N/A
4	Tacie Campbell (INTERIM)	(502) 702-6540	Campbellt6@aetna.com	Tennessee
5	Sammie Asher	(606) 401-1573	AsherS@aetna.com	N/A
6	Holly Smith	(815) 641-7411	SmithH3@aetna.com	Ohio
7	Jacqulyne Pack	(606) 331-1075	Jmpack@aetna.com	West Virginia
8	Krystal Risner	(606) 687-0310	Risnerk@aetna.com	Virginia
Outside of KY	Salicia Green	(502) 434-8186	GreenS2@aetna.com	All Other States
CMHC	Lori Kelley	(859) 302-6334	KelleyL2@aetna.com	N/A

Regions map



List of counties by region

Region 1	Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken
Region 2	Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster
Region 3	Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Region 4	Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne
Region 5	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford
Region 6	Boone, Campbell, , Gallatin, Grant, Kenton, Pendleton
Region 7	Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan
Region 8	Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott ,Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe