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Aetna Better Health® of Michigan

New transportation provider: Access2Care

Effective April 1, 2022, Aetna Better Health of Michigan changed our non-emergency medical transportation (NEMT) provider to Access2Care for our Medicaid line of business, a service previously provided by OneCall.

Aetna Better Health of Michigan and Access2Care are working to ensure that there is no interruption in the transportation services provided to our Medicaid members. The Customer Service phone number for Access2Care is **1-866-316-3784, option 6**. Their hours of operation are from Monday through Friday, 6 AM to 10 PM EST; Saturday, 8 AM to 4 PM EST; closed on Sundays. Aetna Better Health of Michigan Medicaid members have been notified of the transportation vendor change.

Access2Care has a network of highly qualified providers in place to service our Medicaid members. Members can schedule appointments with Access2Care effective April 1, 2022.

We are happy to have you as a provider of Aetna Better Health. If there is anything we can do to assist you, please contact our Provider Services department at **1-855-676-5772**, Monday through Friday, 8 AM to 5 PM.

Provider Newsletter
Spring 2022
86.22.839.1-SP A (5/22)

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Help improve pregnancy outcomes

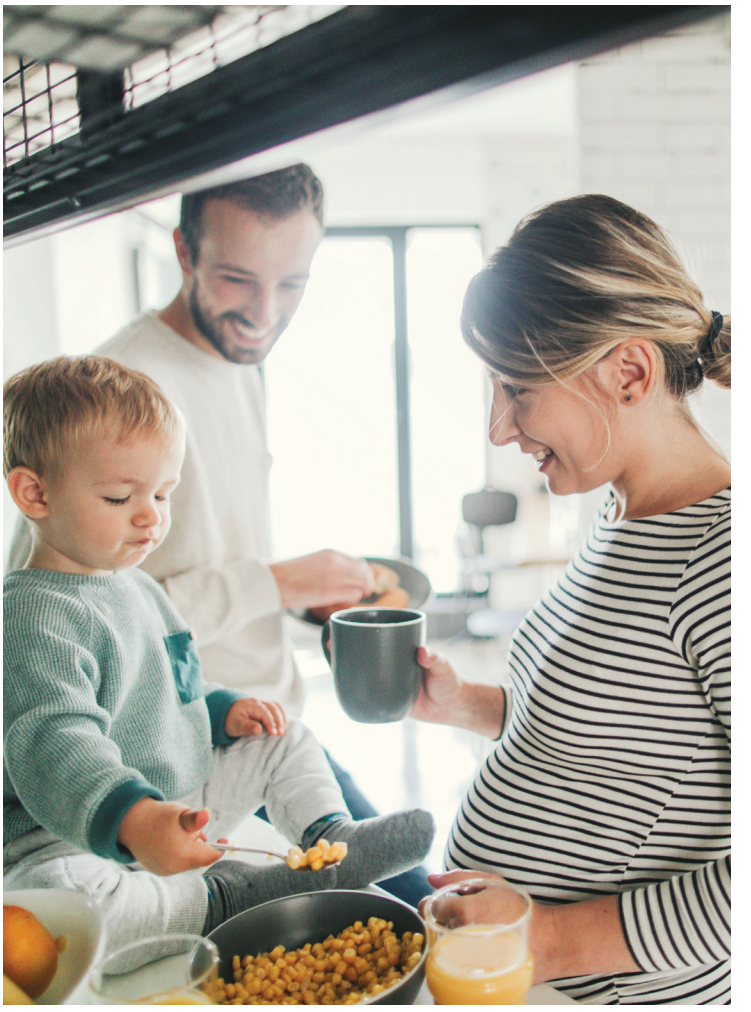
Over 22,000 infants died in 2017, and Michigan was ranked number 40 out of 50 states in the U.S. for meeting the Healthy People 2020 target of 6 infant deaths per 1,000 live births. Aetna is asking its valued providers to partner with us to improve these outcomes by working to identify members with high-risk pregnancy that require early perinatal care.

Aetna Medicaid has integrated care teams with case managers (clinical case managers and case management coordinators), case management associates, community health workers and peer support specialists. These team members work to connect members with services like:

- Breastfeeding support and motivation
- Postpartum support groups
- Community parents
- Doulas
- Peer support programs
- Transportation
- Assistance with scheduling appointments
- Education and guidance through all phases of pregnancy
- Referrals to Centering Pregnancy Program

Remote patient monitoring is also available and helps support at-risk members who have other comorbid conditions or high-risk pregnancies. It can help to improve outcomes by engaging, educating and promoting adherence to treatment and early intervention.

Members are assisted in preparing for healthy delivery throughout the course of care management. Postpartum members receive screening for postpartum-specific needs and assistance with scheduling and keeping follow-up appointments within 7 to 84 days of delivery. Case management provides education regarding the risks associated with interpregnancy intervals less than 18 months and supports



implementation of a contraceptive plan, focusing on LARC (long-acting reversible contraception) immediately after delivery. Members are also screened for postpartum depression at this time, again at four to six weeks and then at six months using the Edinburgh Postnatal Depression Scale. All care plans are shared with the provider to ensure optimal health goals.

Providers can help support efforts to decrease maternal and infant disparities by submitting notification of pregnancy to the plan and ensuring that patients receive timely prenatal and postnatal care.

Metabolic monitoring for children and adolescents on antipsychotics

What is it?

Metabolic monitoring in children and adolescents receiving antipsychotic therapy is a Healthcare Effectiveness Data and Information Set (HEDIS) quality of care measure. The measure assesses the percentage of children and adolescents from the ages of 1 to 17 years that have had two or more antipsychotic prescriptions and have received metabolic testing during the year.[1]

Three rates are reported for this measure:

- Percentage of patients who received blood glucose testing
- Percentage of patients who received cholesterol testing
- Percentage of patients who received both blood glucose and cholesterol testing

The American Academy of Child and Adolescent Psychiatry Practice Parameter recommends monitoring the following at baseline and regular intervals:[2]

- Body mass index or weight
- Blood pressure
- Fasting blood glucose
- Fasting lipid profile
- A screen for movement disorders

Why is it used?

The prescribing rates of atypical antipsychotics in the pediatric population has been increasing. **Atypical antipsychotics have been associated with metabolic effects including weight gain, type 2 diabetes mellitus and hyperlipidemia.**[3] These members are at an increased risk for developing poor cardiometabolic outcomes in adulthood.[1]

How is it used?

Aetna Health Plans are here to support providers and ensure pediatric members can safely receive needed medications. Making baseline and regular monitoring for signs of adverse metabolic effects of antipsychotic therapy part of the care plan is key to minimizing long-term risks of these medications.

Sources:

[1]Metabolic Monitoring for Children and Adolescents on Antipyschotics. National Committee for Quality Assurance. Updated November 10th, 2021. Accessed November 10th, 2021. https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics

[2]Findling RL, Drury SS, Jensen PS et al. Practice parameter for the use of atypical antipsychotic medications in children and adolescents. Acad Psychiatry. 2012;31(2):119–121.

[3]Singhal S, Kloosterman C, Billian J, Bailey T, Soares N. Most Second-Generation Antipsychotic Prescriptions in Community Practice Are Neither FDA-Approved nor Within Prescribing Guideline Recommendations. J Pediatr Pharmacol Ther. 2021;26(5):460-466. doi:10.5863/1551-6776-26.5.460

Rare but significant risk of diabetic ketoacidosis associated with SGLT2 inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors are a newer class of medications for type 2 diabetes that the U.S. Food and Drug Administration warned were associated with "atypical" presentation of diabetic ketoacidosis (DKA) as early as May 2015. Case studies showed that people treated with SGLT2 inhibitors were at greater risk of DKA.

Two things complicate this scenario: the possible atypical presentation of DKA, delaying its diagnosis and treatment, and identifying the SGLT2 therapy as a possible contributing factor.

Atypical DKA presentation may include:

- Euglycemia or only slightly elevated blood glucose levels
- Protracted hyperglycosuria, even after the discontinuation of the SGLT2 inhibitor

Who is most at risk?

Those who are undergoing surgery or who are dehydrated, fasting or reducing insulin doses.

How can I reduce the risk of this complication?

- Encourage proper hydration.
- Stop SGLT2 therapy three days before surgery (four if using ertugliflozin) and do not restart until oral intake has returned to normal.

How should I educate members about this potential side effect?

Tell patients:

- Ketoacidosis can occur with normal to slightly elevated blood glucose. As such, blood glucose or urine ketone testing may not rule it out.
- To report any signs of vomiting, fatigue or trouble breathing.
- Dehydration increases risk, so staying hydrated is important.

DKA has been observed in patients with type 2 diabetes who are taking glucagon-like peptide 1 receptor (GLP-1) agonists and DPP-4 inhibitors. However, the risk of DKA with SGLT2 is two to three times more than with other oral type 2 diabetes medications. The increased risk of DKA with SGLT2 inhibitors is among the factors to be considered at the time of prescribing and throughout therapy if patients present with symptoms suggestive of DKA regardless of blood glucose levels.

Sources:

Diabetes Care 2020 Jan; 43(Supplement 1): S98-S110. https://doi.org/10.2337/dc20-S009

Douros A, Lix LM, Fralick M, et al. Sodium-glucose cotransporter-2 inhibitors and the risk for diabetic ketoacidosis. Ann Intern Med. Published online July 27, 2020. DOI: 10.7326/M20-0289

New England Journal of Medicine 2017; 376:2300-2302. DOI: 10.1056/NEJMc1701990

9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2020. DOI: 10.2337/dc20-ad08a

Article, Educate About Serious SGLT2 Inhibitor Risks, Pharmacist's Letter, May 2020

Process changes

The address for submitting paper claims and correspondence has changed as of November 15, 2021. You can find more details at the link below:

AetnaBetterHealth.com/content/dam/aetna/medicaid/michigan/provider/pdf/abhmi_provider_letter_new_address.pdf

Change in process for credentialing and contracting submissions

In an effort to streamline our processes and provide a single point of contact for submission of credentialing and contracting documentation, effective immediately, please utilize the email account of **AetnaBetterHealth-MI-ProviderServices@Aetna.com**.

Get help with FindHelp.org

Aetna Better Health of Michigan makes it easy for its members to find and connect to over 10,000 free and reduced-cost programs for services such as food, shelter, health care, work, financial assistance and more. Members can try it out by visiting **FindHelp.org**. It's as easy as entering their ZIP code, searching through the services and connecting directly via the email addresses and phone numbers given online.

Need help searching? Contact Member Services at **1-866-316-3784**.

Please share this reminder with members

Has your personal information changed?

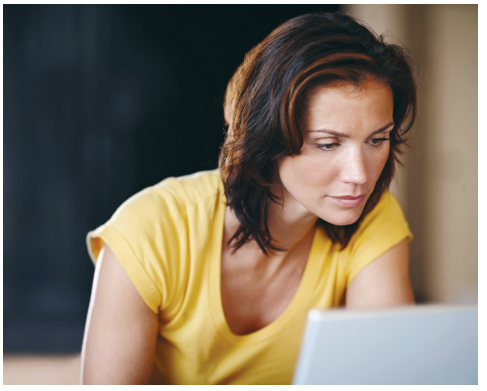
Any changes in phone number, email or address should be reported to the Michigan Department of Health and Human Services. You can do this by going to the MIBridges website at **Michigan.gov/MIBridges**. If you do not have an account, you will need to create an account by selecting "Register." Once in your account, when reporting changes, please make sure you do so in both the Profile section and the Report Changes area. The Report Changes area is what the local office will use to update the address for your case.

The use of ivermectin for COVID-19 infections

There have been many reports recently about oral ivermectin treating COVID-19 infections, reducing mortality, speeding recovery and possibly preventing infections after exposure to the COVID-19 virus.

Ivermectin is an antiparasitic drug approved by the U.S. Food and Drug Administration (FDA) that is used to treat several neglected tropical diseases, including onchocerciasis and helminthiases.

Oral ivermectin is well-tolerated when used as directed for its approved indication, strongyloidiasis — an infection caused by roundworm — or off-label for lice and scabies. Adverse effects include nausea, diarrhea, dizziness and itching.[1]



In vitro studies have shown that ivermectin inhibits the replication of SARS-CoV-2 virus in cell cultures.[2] However, pharmacokinetic and pharmacodynamic studies show achieving this level for its antiviral effect would require doses up to 100-fold higher than those approved for use in humans.[3]

Overdose can cause vomiting, hypotension, ataxia, seizures, coma and death.

Several meta-analyses have highlighted that the effect of ivermectin in patients with COVID-19 remains uncertain because of a lack of high-quality data. The studies could not find benefit for mortality, recovery or viral clearance, or as prophylaxis.[4,5]

The American Medical Association, American Society of Health System Pharmacists and the American Pharmacists Association oppose ivermectin use for COVID-19 except in a clinical trial. The National Institutes of Health guidance recommends neither for nor against ivermectin for COVID-19 treatment due to insufficient evidence.[1]

Aetna Medicaid covers ivermectin in doses and durations consistent with FDA-approved indications. Uses that are not approved, i.e., off-label, and that are not supported in standard reference compendia as accepted safe and effective treatments, are considered experimental and/or investigational. Such therapies are not a covered benefit.

Sources:

[1]NIH. Coronavirus disease 2019 (COVID-19). Treatment guidelines. Last updated October 27, 2021. https://covid19treatmentguidelines.nih.gov/. (Accessed November 13, 2021)

[2]Caly L, Druce JD, Catton MG, Jans DA, Wagstaff KM. The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro. Antiviral Res. 2020;178:104787. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32251768.

[3]Guzzo CA, Furtek CI, Porras AG, et al. Safety, tolerability, and pharmacokinetics of escalating high doses of ivermectin in healthy adult subjects. J Clin Pharmacol. 2002;42(10):1122-1133. Available at: https://www.ncbi.nlm.nih.gov/pubmed/12362927.

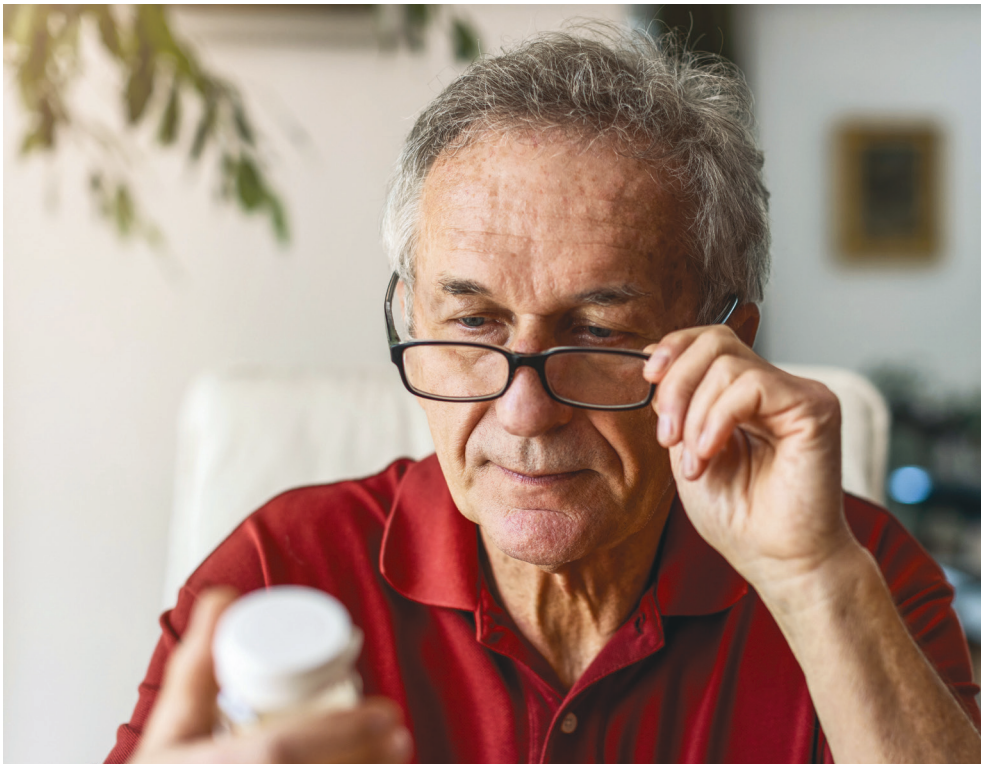
[4]Roman YM, Burela PA, Pasupuleti V, et al. Ivermectin for the treatment of COVID-19: a systematic review and meta-analysis of randomized controlled trials. Clin Infect Dis 2021 Jun 28. doi: 10.1093/cid/ciab591.

[5]Popp M, Stegemann M, Metzendorf MI, et al. Ivermectin for preventing and treating COVID-19. Cochrane Database Syst Rev 2021;(7):CD015017.

Two new oral agents to treat COVID-19

Two new oral therapies have recently been approved by the U.S. Food and Drug Administration through Emergency Use Authorization for COVID-19 treatment:

- Paxlovid™ (nirmatrelvir/ritonavir) is indicated for adults and pediatric patients (12 years of age and older weighing at least 40kg) with positive COVID-19 test results who are at high risk for progression to severe COVID-19, including hospitalization or death.
- Lagevrio® (molnupiravir) is indicated for adult patients 18 years of age and older with positive COVID-19 results who are at high risk for progression to severe COVID-19, including hospitalization or death.



Monoclonal antibody treatments are also available for COVID-19. Please refer to the Centers for Disease Control and Prevention's website for the treatment guidelines at **COVID19TreatmentGuidelines.NIH.gov**.

Additional resources and guidelines are available on the Michigan Department of Health and Human Services website at **Michigan.gov/MDHHS**. Please contact your Aetna Better Health of Michigan representative with any questions or comments.

After-hours incentive reimbursement

Providers are eligible for additional incentive reimbursement for the eligible services described in the chart below. Services will be paid at the rate below, based on billed claims.

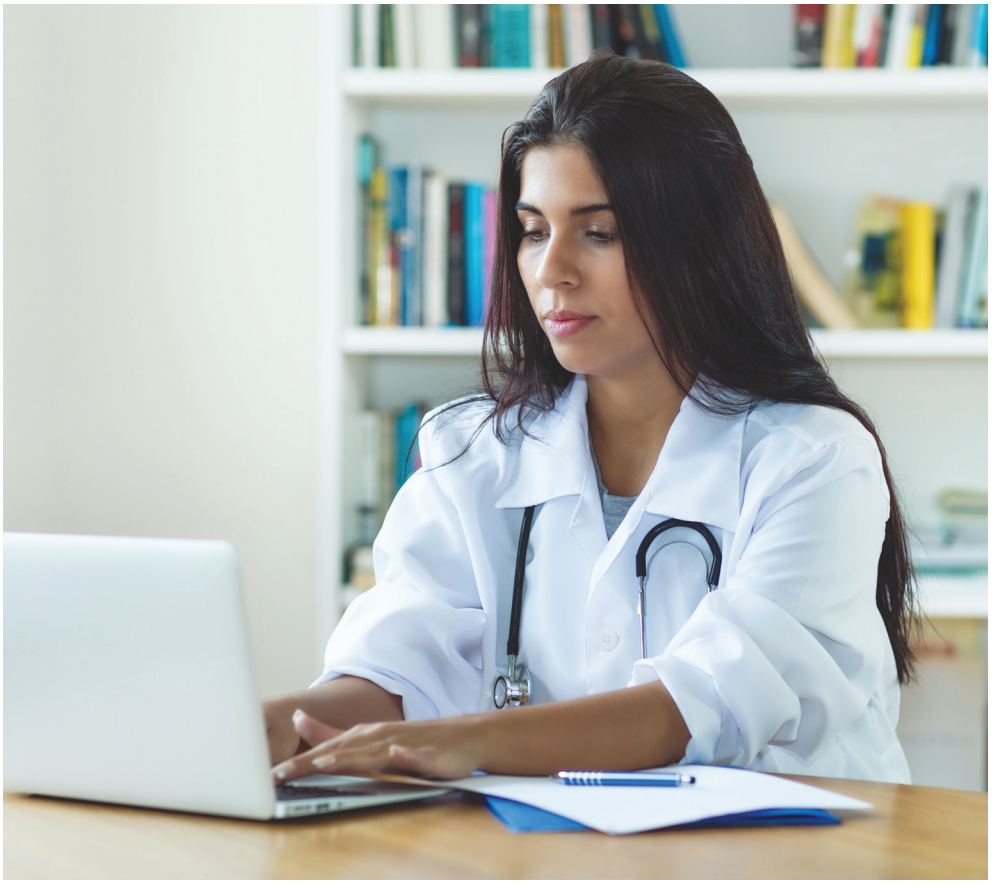
Service	Measure	Incentive Basis	Rate
After Hours (99050 & 99051)	Services provided in the office at times other than regularly scheduled office hours must be billed with appropriate E & M Code to be paid.	Provider will be paid for services provided in the office Monday through Friday after 5 PM and on weekends.	$25

Clinic attending provider update

Effective for dates of service (DOS) on and after January 1, 2022, the following providers are allowed to be reported in the attending field (FL 76) for institutional invoices submitted by FQHCs, RHCs, Tribal FQHCs and THCs:

- Physicians (includes podiatrists, optometrists and chiropractors)
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Clinical Psychologists
- Clinical Social Workers
- Clinical Nurse Specialists
- Licensed Psychologists (Doctoral Level)
- Social Workers (Master's Level)
- Professional Counselors (Master's or Doctoral Level)
- Marriage and Family Therapists
- Limited License Psychologists (Master's or Doctoral Level)

Clinic dental providers must continue to use the ASC X12N 837D 5010 dental format when submitting electronic claims. MHPs are also expected to accept the attending providers listed above on the institutional format for the impacted clinic types beginning with DOS on and after January 1, 2022.



Manual maintenance

Retain this notification until the information is incorporated into the Michigan Department of Health and Human Services Medicaid Provider Manual.

Questions?

Any questions regarding this notification should be emailed to Provider Inquiry, Department of Health and Human Services, at **ProviderSupport@Michigan.gov**.

When you submit questions, be sure to include your name, affiliation, NPI number and phone number so you may be contacted if necessary. Providers may call toll-free **1-800-292-2550**.

An electronic version of this information is available at **Michigan.gov/MedicaidProviders**. Click on "Policy, Letters & Forms." Click on "2021" and then click on Bulletin Number "MSA 21-47."