

Coventry Provider News

2017 Special quality management edition | Volume 1



NOTE:

This is the last issue of Coventry Provider News. The Aetna OfficeLink Updates™ newsletter will now serve all our providers.

To sign up for electronic communications, including Aetna OfficeLink Updates:

Log in to our **secure provider website** and select “Aetna Health Plan” from the workflow menu. Choose “Email Options,” then “Share Email Address.” Enter your email address and review the email acknowledgement.

Refer members to our Complex Case Management program

Patients with complex cases often need extra help understanding their health care choices and benefits. They may also need support as they navigate the community resources available to them.

Our Complex Case Management program is a collaborative process that involves the member, their provider and Coventry. Our goal is to produce better health outcomes while efficiently managing health care costs.

We may receive referrals for the program from a variety of sources. These include:

- Primary care physician
- Specialists
- Utilization management (UM) team members
- Coventry medical director
- Family members
- Member’s employer

You can submit a referral through the toll-free phone number on the patient’s Coventry ID card.

We want to help support appropriate lab testing

As a physician, your influence is crucial in determining whether a patient gets recommended lab tests. We want to remind you of evidence-based recommendations for annual lab testing for patients prescribed certain categories of medication.

Continued on page 2

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Continued from page 1

For your reference, this table indicates the medication categories and the appropriate, recommended lab tests¹:

Medication category	Annual lab test(s)
Angiotensin-converting enzyme (ACE) Angiotensin receptor blockers (ARBs)	Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen
Digoxin	Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen
Diuretics	Serum potassium and serum creatinine or Serum potassium and blood urea nitrogen
Anticonvulsants	Serum concentration for the prescribed drug

How to help members safely transition back home

We want to help make a member's transition to home after leaving an inpatient facility both safe and successful. Our Readmission Avoidance Program identifies members who are at high risk for readmission, allowing us to work with them to help prevent unnecessary hospitalizations.

How the program works

A case manager works with the member for up to 31 days after discharge from a facility. Our case manager will:

- Explain to the member that we want to help with a smooth transition home
- Review discharge instructions and medications to help with case management
- Refer to our Aetna pharmacist for full medication reconciliation
- Help with timely follow-up doctor appointments and home health care if needed
- Educate the member on warning signs for when they should seek additional medical care
- Work with the member to help establish a personal health record
- Arrange additional case management for members with complex needs

Help improve communication between treating providers

Based on the results of a recent survey, primary care physicians (PCPs) are concerned they don't get regular reports about their patients' ongoing evaluation and care from other treating providers.*

This breakdown in communication can pose a threat to quality patient care. We know coordinating care with many physicians, facilities and behavioral health care professionals can be a challenge. We appreciate your efforts to improve communications.

*Each year, we survey primary care practices contracted for all Coventry products. The surveys assess the practices' attitudes and perceptions on key interactions with us. We use the Center for the Study of Services, a third-party vendor, to administer the surveys. They perform the surveys at market levels accredited by the National Committee for Quality Assurance.

¹Healthcare Effectiveness Data and Information Set (HEDIS®) Technical Specifications, Volume 2.

Use our tools to share information

Comprehensive patient care includes communicating with your patients' other treating health care professionals. To promote collaboration and comprehensive care, it's critical that PCPs and specialists talk openly with each other.

On [directprovider.com](https://www.directprovider.com), you'll find tools and resources to help make this process easier. For example, our Eye Care Professional Report for Dilated Retinal Eye Exam, Physician Communication Report and Specialty Consultant Report forms promote communication during care transitions.

Stay informed on the web

Visit us [online](#) to get a copy of your provider manual and information on the following items:

- How our quality management program can help you and your patients. We integrate quality management and metrics into all that we do. You can find details on the program goals and the progress toward those goals online.
- How to use disease management services and how we work with your patients in these programs.
- Our Complex Case Management program, including how to refer members.
- Member rights and responsibilities.
- What UM is and how decisions are made, including our policy against financial compensation.
- Clinical practice guidelines and preventive services guidelines.
- Pharmacy information (see related article).

You can access these materials by following the prompts below:

- **Commercial pharmacy drug guides and notice of changes to prior authorization requirements:** Monthly, we add drugs that are new to the market to the [Aetna Commercial Pharmacy drug guides](#) (formularies). We also update the [Pharmacy Clinical Policy Bulletins](#), where you'll find our most current prior authorization requirements. Choose "Quick Links." Select your state under "Regional Health Plan." Select "Providers." Select "Document Library."
- **Medicare** — Choose "Quick Links." Select "Medicare." Scroll to "Provider Resources." Select "Document Library," and then select your state.
- **Medicaid** — Choose "Quick Links." Select "Medicaid." Select your state's plan. Select "For Providers." Select "Document Library."

If you don't have Internet access, call our Provider Service Center for a paper copy.

Changes are coming to our commercial drug lists

Updates will be made to our pharmacy plan drug lists on **April 1, July 1, and October 1, 2017**. You can view these changes by following these steps:

1. Visit our [Quick Links](#) web page.
2. Scroll to "Regional Health Plans," and select your state and plan.
3. Select "Health Care Solutions."
4. Select "Prescription Coverage," then "Formulary."

The changes may affect:

- All 2017 pharmacy management drug lists
- Precertification program
- Quantity limits program
- Step-therapy program

Three ways to request a drug precertification:

1. Call **1-877-215-4100**.
2. Fax your completed prior authorization form to **1-866-738-9682**.
3. Submit your request through [directprovider.com](https://www.directprovider.com).

Questions?

For more information, call us at **1-877-215-4100**.

Disease management programs help patients with chronic conditions

Our disease management programs are designed to help your patients effectively manage their ongoing chronic health conditions and improve health outcomes.

Through the programs, we offer our members education and support with an emphasis on preventing complications. We also support the doctor/patient relationship by reinforcing your care plan.

Available disease management programs may include asthma, coronary artery disease and diabetes.

To refer a Coventry member, call us at **1-800-579-5755**.

Coverage determinations and UM

We use evidence-based clinical guidelines from nationally recognized authorities to make UM decisions.

Specifically, we review any request for coverage to determine if the member is eligible for benefits and if the service they request is a covered benefit under their plan. We also determine if the service delivered is consistent with established guidelines. If we deny a coverage request, the member, the member's representative or a provider acting on the member's behalf may appeal this decision. Members can do this through our complaint and appeal process.

Our UM staff helps members access services covered by their benefits plans. We don't make employment decisions or reward physicians or individuals who conduct UM reviews for creating barriers to care or for issuing coverage denials.

Our medical directors are available 24 hours a day for specific UM issues. Physicians can contact patient management and precertification staff at the phone number on the member's ID card. When the card only shows a Member Services number, we'll direct you through a phone prompt or a Member Services representative.

Where to learn more

More information about our UM criteria, Clinical Policy Bulletins and pharmacy clinical criteria is on our [website](#). Call our Provider Service Center if you don't have Internet access and want a paper copy or need a copy of the criteria upon which we base a specific determination.

