



# Provider Newsletter

Winter 2022



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## Provider Updates: COVID-19 Testing and Vaccine Incentives

### COVID-19 Testing Updates

Refer members to the **Virginia Premier website** for more information about locating a COVID-19 test. In addition, anyone can order free at-home test kits from **[www.covidtests.gov](http://www.covidtests.gov)**.

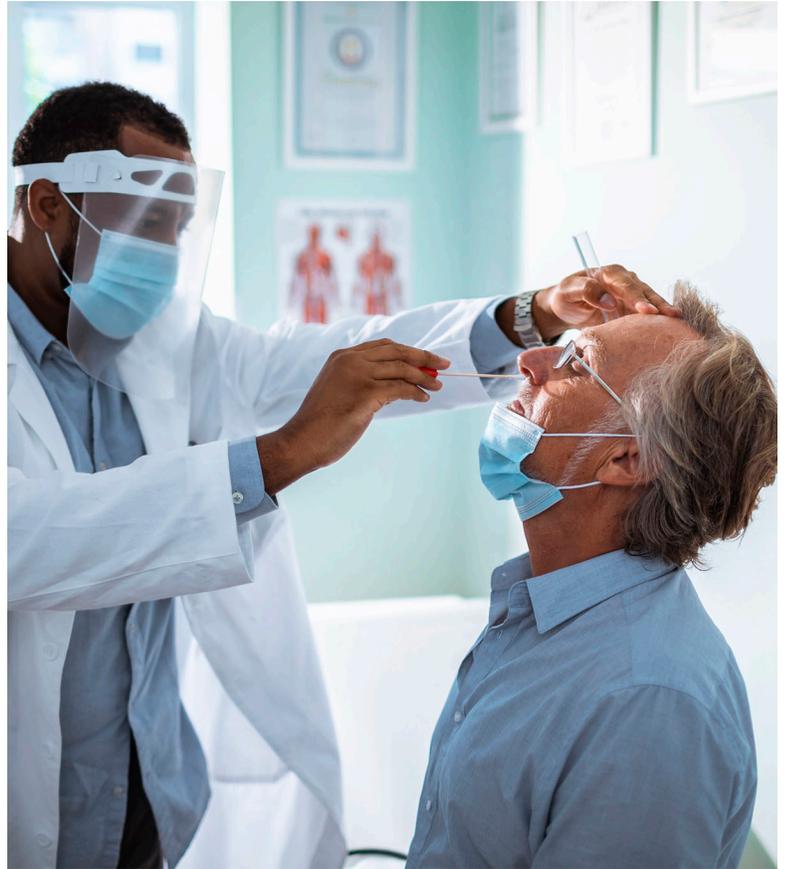
### Incentive Program Promotes Importance of Vaccines

In September, Virginia Premier launched a vaccine incentive program for providers and members (only participants in the Virginia Vaccines for Children program were eligible).

We want to thank you for supporting this initiative and your efforts to get members vaccinated.

The provider immunization incentive program concluded on December 31, 2021. However, our members continue to be eligible for gift card rewards through **March 31, 2022**.

Please continue to encourage members to get recommended vaccinations and to protect themselves and their loved ones from COVID-19.

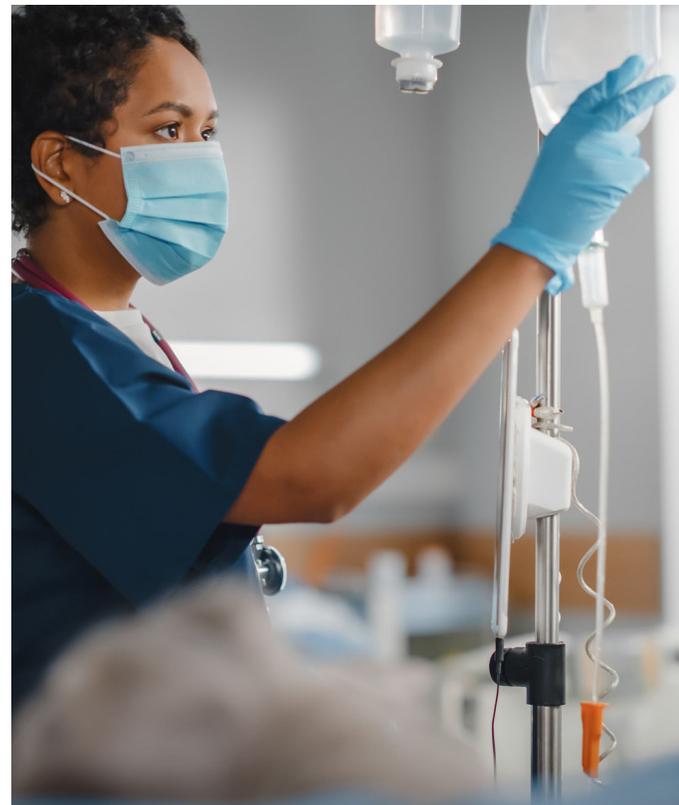


### Standard Authorization Requirements Resumed March 1

Virginia Premier suspended select pre-authorization requirements from **January 12 through February 28**. We made that decision to ease the administrative burden felt by our provider partners related to the Omicron variant spike. We have continued to monitor Omicron.

Fortunately, we now find that both the infection and hospitalization rates are declining, as expected. As a result, the temporary relaxation of these flexibilities will conclude as planned with standard authorization requirements resuming on March 1. Flexibilities for telehealth services will be extended until March 31, 2022.

To learn more, view the **Frequently Asked Questions document** posted to our website. You can contact Virginia Premier by phone, 1-800-727-7536, or email, **[contactmyrep@virginiapremier.com](mailto:contactmyrep@virginiapremier.com)**.



## Policy Changes: Allergen Immunotherapy Services and Medicare Capped Rentals

Effective **February 1, 2022**, Virginia Premier established an annual limit of 150 units for Allergen Immunotherapy Services (CPT 95165). This change applies to both Medicare and Medicaid plans. To request authorization for additional units above the annual limit, please submit documentation of medical necessity.

Also effective February 1, 2022, we changed our policy for how we manage Medicare capped rentals. Here is what you need to know:

- Claims containing a category code of "CR" (capped rental) will be denied (per the DMEPOS fee schedule) when they exceed 13 months, the maximum frequency allowed.
- Claims containing a code from the PEN fee schedule—with the modifier RR—will be denied when they exceed 15 months, the maximum frequency allowed.
- For both the DMEPOS and PEN fee schedules, no more than one claim can be billed per month.

If you have questions, contact us by phone, 1-800-727-7536, or email, [contactmyrep@virginiapremier.com](mailto:contactmyrep@virginiapremier.com).



## Virginia Premier Medical Policy Updates

The following **medical payment guidelines** have been updated.

- The Virginia Premier guideline for cranial orthotic devices has been retired. Virginia Premier will utilize InterQual® criteria for medical necessity determination. Providers may access these guidelines by contacting the Utilization Management Department or by contacting **Change Healthcare**.
- We updated coding in the category III codes payment guideline.
- In the IVIg payment guideline, “kidney disease” and “RSV” have been removed as indications for IVIg.

We added new medical policies for:

- anti-emetic medications
- aduhelm
- exhaled breath testing for functional bowel disorders
- vestibular function testing
- genicular nerve blocks

Virginia Premier has updated the following medical payment guidelines:

- The Department of Medical Assistance Services (DMAS) affirms coverage of services related to gender dysphoria for fee-for-service (FFS) and managed care organization (MCO) Medicaid members. Updated billing guidance took effect for covered services with dates of service on and after **February 1, 2022**. The DMAS provider manual has been updated with billing guidance. Orchiectomy Services (54690) and Vaginal Plastic Repair Services (56800) require authorization across ALL Lines of Business, effective April 1, 2022. Read the **DMAS Provider Bulletin** to learn more.

## 2022 Magellan Advanced Imaging Guidelines



National Imaging Associates (NIA), Inc., has published the 2022 guidelines for medical necessity review of advanced imaging. These criteria are designed to guide providers and reviewers to the most appropriate diagnostic tests based on a patient’s unique circumstances. Advanced imaging studies which require authorization through NIA can be found on the Virginia Premier Prior Authorization List. You can review **these guidelines** prior to requesting authorization.

## Transplant Case Management Support Available to Members

Case management services are available to all Virginia Premier members who are candidates for solid organ or hematopoietic transplants and to all members who have had a solid organ or hematopoietic transplant.

Services available to members:

- transportation and lodging
- care coordination
- medication refill alerts
- discharge planning
- education
- community resources
- medication delivery



For more information, contact case management services, 1-800-727-7536.

## 2022 Benefit Vendor Updates

In 2022, Virginia Premier is implementing the following changes related to member benefits.

- DentaQuest will continue to administer dental service benefits for ALL Virginia Premier members.
- NationsHearing administers hearing screening and technology (hearing aids, etc.) for Medicare Dual-eligible Special Needs Plan (DSNP) benefits as of January 1, 2022.
- Ear Professionals International Corporation (EPIC) will continue to administer hearing screening and technology (hearing aids, etc.) Medicaid benefits until February 28, 2022. **Effective March 1, 2022**, NationsHearing will administer Medicaid benefits.
- National Imaging Associates (NIA) will continue to administer diagnostic imaging services excluding nuclear medicine unrelated to cardiology medicine, for ALL Virginia Premier members. Benefits include new CPT add-on service code, 0698T, quantitative magnetic resonance for analysis of tissue composition.
- Silver Sneakers administers exercise and health benefits for Medicare dual benefits as of January 1, 2022.
- Vision Service Plan (VSP) will continue to administer optometry and ophthalmology benefits for ALL Virginia Premier members.

## Coverage of COVID-19 Vaccines, DSNP, Booster, and Antibody Benefits



Prior to January 1, 2022, administration of some vaccines and antibody treatments covered under Dual-eligible Special Needs Plan (DSNP) benefits were paid by Medicare fee-for-service.

As of **January 1, 2022**, Medicare fee-for-service will not pay these claims. All FDA-approved COVID-19 administration costs, vaccines, and antibody treatments are covered by Virginia Premier for ALL health plans (including both adults and children ages 5 through 11) with no authorization required. Details regarding Medicare claims are available on the **CMS website** (See “How Do I Bill” then “For Medicare Advantage Patients”). Read the **DMAS Bulletin** to learn more about Medicaid coverage.



### Therapy Authorizations Above the Benefit Cap

Benefits for physical, occupational, and speech-language therapy procedure codes have been configured to require prior authorization for services beyond the benefit cap of 15 visits for ALL Virginia Premier members. Respective therapy service codes can be confirmed via the **prior authorization list** on the Virginia Premier website. This change was implemented on January 1, 2022.

## Change in Coverage for Ablation Therapy (32994)



Since January 15, 2021, the service code for ablation therapy has been covered — and required no authorization — for ALL Virginia Premier members. Following a recent medical management review, we will continue to cover this service, but authorization is required for ALL Virginia Premier members. This change will be implemented on **May 4, 2022**.

## Critical Incident Reporting to Virginia Premier



Providers must report critical incidents to Virginia Premier within 24 hours of learning about the event. To report, call 804-819-5703, ext. 38008, or email **criticalincident@viriniapremier.com**.

A critical incident is any incident that threatens or impacts the well-being of the member. Critical incidents include, but are not limited to, the following: medication errors, severe injury or fall, theft, suspected physical or mental abuse or neglect, financial exploitation, and death of a member.

## New CPT and HCPCS Codes Implemented January 1

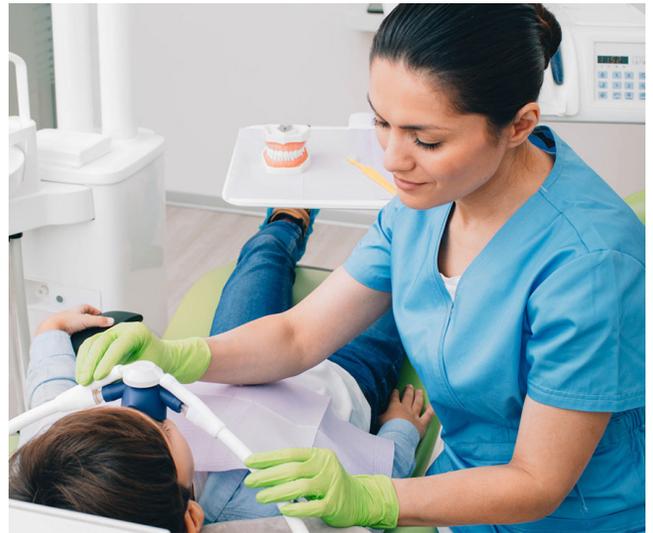


New CPT and HCPCS codes took effect January 1, 2022 for drugs, professional services and procedures, supplies, durable medical equipment, and quality measures. Coverage determination and authorization requirements, across lines of business, are available via the **prior authorization list** on the Virginia Premier website.

## Anesthesia Services Covered for Smiles for Children Members

As you know, there is a direct correlation between oral health and overall health. There is a growing body of evidence that links oral health, particularly periodontal disease, to several chronic diseases, including diabetes, heart disease, and stroke. Children with poor oral health have an increased risk of pain and infections that can lead to problems eating, speaking, and learning.

As a reminder, Virginia Premier covers dental-related anesthesia services. This benefit applies to Smiles For Children members enrolled in Medicaid. We do not require an authorization for the anesthesia code for in-network providers. For out-of-network providers seeking an authorization, submit a request to the utilization management department via fax at 804-799-5118, the **provider portal**, or by phone.



## Virginia Premier Launching Doula Benefit for Pregnant Members



In 2022, Virginia Premier will begin offering a doula benefit for members covered by Medicaid plans (Medallion and Commonwealth Coordinated Care Plus).

Adding doula services can help address many of the drivers of poor maternal and child health outcomes. Based in the community, doulas offer a broad set of nonclinical, pregnancy-related services centered on continuous support throughout pregnancy and into the postpartum period. Emotional, physical, and informational support includes childbirth education, lactation support, and referrals for health or social services.

Benefits include up to eight prenatal and postpartum visits and support during labor and delivery. Doula support will be offered in addition to existing benefits, including OB/GYN and hospital labor and delivery services.

For more information, please email [networkdevelopment@virginiapremier.com](mailto:networkdevelopment@virginiapremier.com).

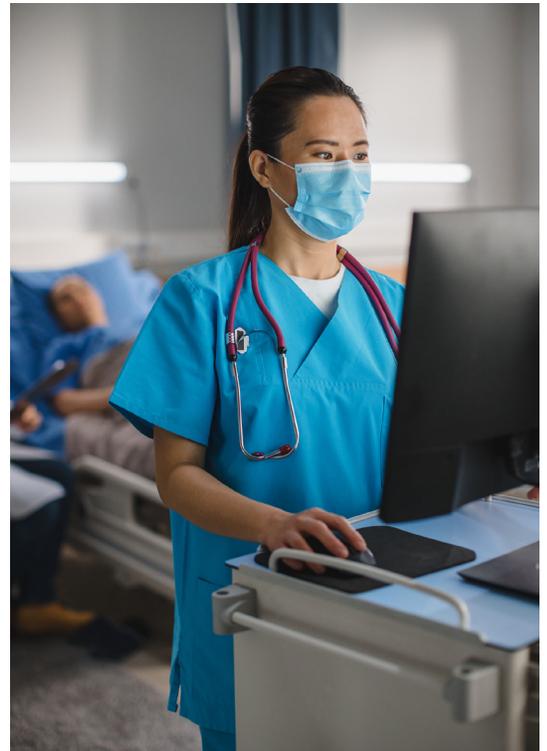
## LexisNexis Outreach: Update Your Practice Information

Maintaining current practice information helps our members select in-network providers, choose health plans, and access care. By keeping your information up to date, it's also easy to comply with your Virginia Premier provider participation agreement and the requirements set by the Centers for Medicare & Medicaid Services (CMS) and the Department of Medical Assistance Services (DMAS).

Virginia Premier partners with LexisNexis to offer our providers VerifyHCP®, a clinician directory verification portal. Each quarter, LexisNexis reaches out to our providers via email, fax, and phone to verify practice information. To ensure a timely response from all providers, we have designed the process to be easy. You will need to register for the Verify Health Care Portal and log in to confirm that all details are correct. If you registered for the portal previously, use your existing credentials to log in.

For help, contact LexisNexis Risk Solutions Tech Support at [healthcare.custhelp.com/app/ask](https://healthcare.custhelp.com/app/ask).

Thank you for assisting us with this process and for your timely response. We appreciate our ongoing partnership and your efforts to improve health every day for your patients.



## CMS Announces Fee-For-Service Payment Adjustments

The Centers for Medicare & Medicaid Services (CMS) recently communicated the following information to the provider community regarding the Medicare Fee-For-Service (FFS) Payment Adjustment (sequestration) via its Med-Learn Connects distribution:

### Medicare FFS Claims: 2% Payment Adjustment (Sequestration) Changes

The Protecting Medicare and American Farmers from Sequester Cuts Act impacts payments for all Medicare FFS claims:

- No payment adjustment through March 31, 2022;
- 1% payment adjustment April 1 – June 30, 2022;
- 2% payment adjustment beginning July 1, 2022

As the above information confirms, Medicare will be continuing to waive (i.e., not impose) the 2% sequestration on all Medicare FFS claims, based on date of service or date of discharge, as applicable, through March 31, 2022. Thereafter, Medicare is planning to gradually re-introduce the sequestration, as shown above.

## DMAS Announces April Launch for PRSS System

This is an important message for all Medicaid providers. The Virginia Medicaid agency will launch a new technology platform in April 2022. Providers credentialed in one or more Managed Care Organizations will use the new Provider Services Solution (PRSS) to complete enrollment and maintenance processes. This change is part of the Medicaid Enterprise System (MES) project.

PRSS will be more efficient and make it easier for you to access information you need as a Medicaid provider. You will be able to update licenses and certifications and submit required attachments through the secure portal. You will also be able to request participation with MCO health plans during the enrollment/revalidation process through the portal.

The new system will also allow Virginia to comply with federal requirements for the 21st Century Cures Act.

We need your help to ensure that this transition is a success. If you need to enroll through PRSS, we will let you know, and we will send you a schedule in the coming months telling you when to take this action. The Virginia Medicaid agency is working with us to schedule enrollments for our providers beginning in the summer of 2022 to ensure an efficient process.

If you participate in more than one MCO network, you will receive information and instructions from each managed care health plan.

If you serve Medicaid fee-for-service members, you will also receive information directly from the Virginia Department of Medical Assistance Services (DMAS).

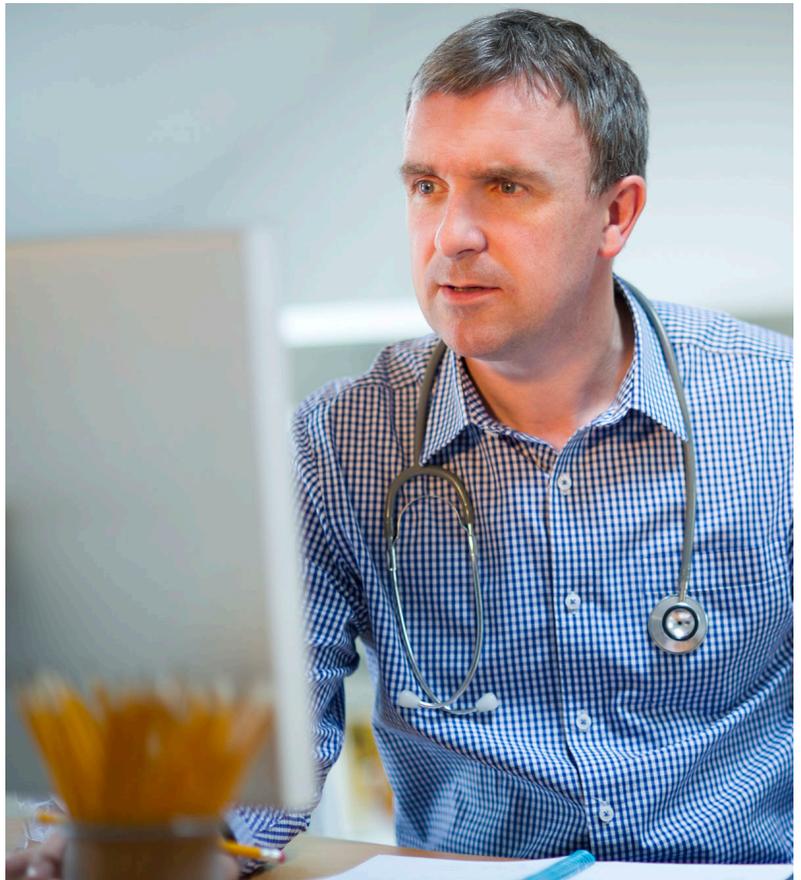
If you serve Medicaid fee-for-service members, you will also receive information directly from the Virginia Department of Medical Assistance Services (DMAS).

### Next Steps

Please watch for updates on the PRSS system. We will share more information in the coming months, and we will ask you to take the following actions:

- January 2022: Access training videos and other resources.
- March 2022: Providers with active credentials in the current Medicaid Provider Portal will receive new MES credentials via email. The Virginia Medicaid agency will ask you to confirm that you are able to use your new credentials to access the MES login page and that you can locate the PRSS Portal on the MES website. You will receive instructions at this time on how to assign other users to work on your behalf in PRSS through the delegate assignment process.

We will keep you informed as the project progresses so that you have plenty of time to take training, ask questions and get responses to your questions.





## Helping Members Manage Mental Health

Mental health is among the leading causes of the global health-related burden. Depression and anxiety are the two most disabling mental disorders. Since the onset of COVID-19, rates of major depression increased almost 28% and anxiety rates increased nearly 26%.

The health and mortality among the those infected with COVID-19, lockdowns at schools and businesses, fears of infection, and decreases in economic activity have created fears, anxiety, anger, isolation, sadness, and worry for most of us. Everyone has been impacted in some way by the pandemic, leading to many changes in our everyday life.

As healthcare providers, we must be mindful of our own mental health and coping strategies. When engaging with members, patients, family, and colleagues, remember to ask individuals how they are managing these changes. Look for any issues that impact daily living, such as sleep disturbances, appetite disorders, increases in substance use, or the inability to focus or complete tasks. Encourage people to look to natural support systems including family, friends, ministers, or someone in their faith community. Promote and assist with access to other available resources, such as a primary care physician (PCP), a mental health provider, or employee assistance program (EAP). We are all in this together.

Resources:

- **National Alliance on Mental Illness (NAMI):** 804-285-8264
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Line:** 1-800-985-5990
- SAMHSA Helpline: 1-800-662-4357
- **Veteran's Crisis Hotline:** 1-800-273-8255 (text and **online chat** available)
- Virginia Premier Crisis Line (Elite Plus): 1-844-513-4949
- Medicaid: 1-844-513-4950

## Time to Prepare for HEDIS Medical Record Review

Each year, Virginia Premier performs a review of a sample of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS®) quality review study. HEDIS is part of a nationally recognized quality improvement (QI) initiative and is used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to monitor the performance of managed care organizations.

Recently, we began requesting 2021 medical records. No special authorization is needed for you to share member medical record information with us, since HEDIS is a QI initiative and is a routine part of healthcare operations.

The HEDIS review is time sensitive, so please submit the requested medical records within the timeframe indicated in the initial HEDIS request letter sent to your office. Per NCQA's timeline, the data submission deadline for all HEDIS Data Collection is May 6, 2022.

Please contact the Virginia Premier if you have any questions. We greatly appreciate your continued participation in providing high-quality care to Virginia Premier members.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance.*



## Utilize Wellness Visits Early on to Improve Member Engagement

At the start of a new year, it is important to maintain continuity of care for all patients. From a Medicare perspective, prioritize getting your patients in early for their Annual Wellness Visits (AWV) and “Welcome to Medicare” initial preventive visits. The value of these visits extends beyond what occurs in the actual appointment.

Scheduling these visits early in the year promotes early and regular intervention with the member. In turn, this leads to improved quality outcomes, greater member engagement, and improved rapport between the provider and patient. Additionally, increased member engagement can lead to positive responses on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey and the Health Outcomes Survey (HOS) and reduced time in the hospital and outpatient services.



Virginia Premier pays for a routine annual physical to occur at the same time as an AWW or an Initial Preventive Physical Exam (IPPE). Routine physical exam costs will be covered by the health plan. Below we have highlighted some key points to guide these exams.

Note: Members can receive rewards of up to a \$25 value for completing their AWW and annual physical exam. The AWW or IPPE and annual physical exam can be completed in the same visit.

“Welcome to Medicare” Initial Preventive Visit (IPPE) <sup>1</sup>	Annual Wellness Visit <sup>1</sup>	Routine Annual Physical Exam <sup>1</sup>
<p><b>Purpose:</b> Review of medical and social history and preventive services education</p> <p><b>Population:</b> Patients who are new to Medicare</p> <p><b>Coverage:</b> Only once in a lifetime within 12 months of Part B enrollment</p>	<p><b>Purpose:</b> A visit to create and update a personalized prevention plan and perform a Health Risk Assessment (HRA)</p> <p><b>Population:</b> Patients new to or continuing their health plan</p> <p><b>Coverage:</b> Once every 12 months (must be 12 months after the IPPE)</p>	<p><b>Purpose:</b> A routine exam performed to review a patient’s overall health; no relationship to the treatment or diagnosis for a specific illness, symptom, or injury</p> <p><b>Coverage:</b> Annual physicals are covered by Virginia Premier</p>

<sup>1</sup> Centers for Medicare and Medicaid Services. (2021, February). Medicare Wellness Visits. Medicare Wellness Visits - Medicare Learning Network. Retrieved December 1, 2021, from [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html).

<b>“Welcome to Medicare” Initial Preventive Visit (IPPE)<sup>1</sup></b>	<b>Annual Wellness Visit<sup>1</sup></b>	<b>Routine Annual Physical Exam<sup>1</sup></b>
<p><b>Components:</b></p> <ol style="list-style-type: none"> <li>1. review past medical and surgical history</li> <li>2. establish family medical history</li> <li>3. list current medications and supplements</li> <li>4. review diet</li> <li>5. discuss physical activities</li> <li>6. document history of substance use (alcohol, tobacco, and illegal drug use) and screen for potential substance use disorders</li> <li>7. screen for potential depression risk factors (including current or past)</li> <li>8. assess functional/ safety abilities</li> <li>9. conduct exam: height, weight, body mass index (BMI), blood pressure (BP), visual acuity screen</li> <li>10. discuss end-of-life planning</li> <li>11. provide education and reference to preventive services: a once-in-a-lifetime screening ECG/ EKG as appropriate</li> <li>12. review opioid prescriptions</li> </ol> <p>Codes: Preventive Visit = G0402; ECG = G0403, G0404, G0405</p>	<p><b>Components:</b></p> <ol style="list-style-type: none"> <li>1. perform an HRA (only for the patient's first AWW after IPPE)*</li> <li>2. establish family medical history</li> <li>3. create list of current providers</li> <li>4. measure BMI and BP</li> <li>5. assess cognitive function</li> <li>6. screen for potential depression risk factors</li> <li>7. assess functional/ safety abilities</li> <li>8. establish screening schedule for patient</li> <li>9. develop list of patient risk factors</li> <li>10. discuss end-of-life planning</li> <li>11. provide education and reference to preventive services</li> <li>12. review opioid prescriptions</li> <li>13. screen for potential substance use disorders</li> </ol> <p>Codes: G0438, G0439</p> <p>*Virginia Premier performs HRAs for our members.</p>	<p><b>Components:</b></p> <ol style="list-style-type: none"> <li>1. review past medical and surgical history</li> <li>2. list current medications and supplements</li> <li>3. assess patient vital signs (heart rate, blood pressure, body temperature, body oxygen levels, respiration rate, etc.)</li> <li>4. conduct blood test</li> <li>5. perform visual exam</li> <li>6. complete physical exam</li> <li>7. provide cancer screening</li> </ol> <p>Codes: 99387, 99397</p>

<sup>1</sup>Centers for Medicare and Medicaid Services. (2021, February). Medicare Wellness Visits. Medicare Wellness Visits - Medicare Learning Network. Retrieved December 1, 2021, from [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html).



## **Delivering Culturally and Linguistically Appropriate Services (CLAS)**

Virginia Premier ensures participating providers are provided training on delivering culturally and linguistically competent care to our members. We strive to meet the needs of the underserved and vulnerable populations by delivering quality driven, culturally sensitive, and financially viable healthcare. It is the organization's belief that all members should receive equitable and effective treatment which is non-discriminatory.

According to the Institute of Medicine's Unequal Treatment Report, social and cultural differences influence practitioner-patient communication and health care decision-making. Evidence suggests that practitioner-patient communication is directly linked to patient satisfaction, adherence, and health outcomes. The National Committee for Quality Assurance (NCQA) also addresses cultural needs and preferences in its Standards which state that, "The organization assesses the cultural, ethnic, racial and linguistic needs of its members and adjusts the availability of practitioners within its network, if necessary." Virginia Premier meets the intent of this standard through the Cultural Competency Program.

Virginia Premier has developed a cultural competency training to ensure every participating provider acknowledges and understands the member population. This training is distributed as providers enter the network and ongoing as needed. Training focuses on working with patients struggling with mental health, those with socio-economic disabilities such as literacy or English as a second language, and the Virginia Premier Model of Care. The Virginia Premier Network Management Team works hand in hand with the provider to present the training during the onboarding process. Virginia Premier follows the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

The Program:

- Provide an educational opportunity for participating practitioners to deliver culturally competent care in an effective and respectful manner
- Strengthen the delivery of healthcare to culturally diverse populations
- Train staff to meet members' cultural, racial, ethnic, and linguistic needs and preferences
- Help practitioners communicate better with members whose primary language is not English
- Promote safe and more effective clinical practice, and improve access for diverse populations
- Ensure network adequacy to meet the needs of the underserved population – utilizing PCP match to members
- Reduce health disparities within the clinical indicators

## What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is a set of questions used to find out how members feel about their healthcare. It takes a look at health care from their perspective. It allows members to let us know how we are doing, and how their doctors are meeting their healthcare needs. The survey asks about their access to medical services and their doctor's communication skills.

### What does the CAHPS Survey ask our members about doctor communication?

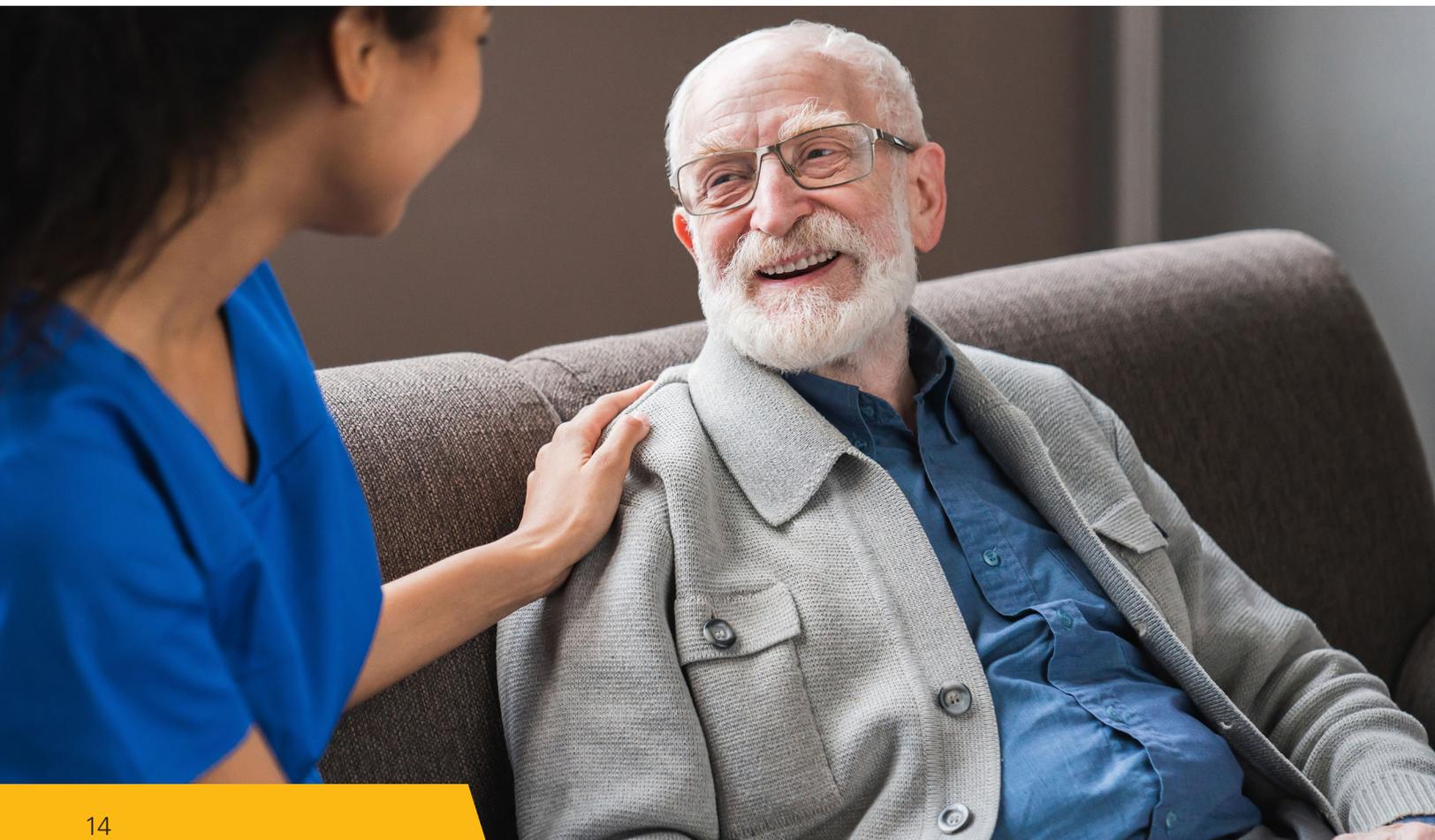
- Does your doctor explain things in a way that's easy to understand?
- How often does your doctor listen to you carefully?
- How often does your doctor respect what you say?
- Does your doctor spend enough time with you?

### What does the CAHPS Survey ask our members about the care they receive?

- How often do you and your doctor talk about specific things you could do to prevent illness?
- How often does your doctor tell you there is more than one option for your treatment?
- Does your doctor talk with you about the pros and cons of each choice for your treatment?
- When there is more than one option for your treatment, does your doctor ask which choice you think is best for you?

### Survey Administration Timeline

Members receive CAHPS surveys in the mail, and they also receive reminders about the survey over the phone. We encourage our members to complete the survey either way.





**Call us at 1-800-727-7536 (TTY: 711)  
or visit us online at [VirginiaPremier.com](http://VirginiaPremier.com).**

**Hours of Operations  
Monday through Friday; 8 am – 6 pm**

Information in this newsletter – such as plan benefits for members, offerings to providers and other details – is subject to change.