Provider newsletter

Community Outreach

Our community outreach department can normally be found in the community attending health fairs and community events geared towards educating existing and potential members about our plan. In addition to providing an overview of our plan, community outreach educates our communities on CHIP/Medicaid, Texas Health Steps, and Accelerated Services for Farmworker Children. Our outreach team can also be a great asset to any provider office offering a number of services geared for members to enhance not only their experience with our plan but with the provider as well. Here are a few of the services we can offer:

- Member education – one-on-one education session with a member that must be conducted in a private room at the provider's office. Community outreach will normally coordinate a date/time with a provider when multiple members are scheduled.

- Provider education – education sessions for provider offices to assist in the identification of children of migrant farmworkers in order to help them receive the health care services their child/children may need.

- Provider education – education sessions for provider offices to assist in

In this issue

Community Outreach *(continued from previous page)*

the identification of children of migrant farmworkers in order to help them receive the health care services their child/children may need.

- Farmworker children – farmworker children have parents or guardians who meet the state definition of a migratory agricultural worker, generally defined as an individual who/whose:

  1. Principal employment is in agriculture on a seasonal basis.
  2. Has been so employed within the last 24 months.
  3. Performs any activity directly related to the production or processing of crops, dairy products, poultry, or livestock for initial commercial sale or as a principal means of personal subsistence.
  4. Establishes a temporary abode for the purposes of such employment.

Farmworker Children Referral Process – providers who identify farmworker children members can contact our Member Services team at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

Source: Texas Health and Human Services Commission, Uniform Managed Care Contract Terms & Conditions, Version 1.17, p. 11

Launch of State Mobile Vaccination Team Call Center

Seeking to ramp up COVID-19 vaccination efforts for underserved areas of Texas, the Texas Division of Emergency Management (TDEM) and the Texas Military Department (TMD) announced the launch of the State Vaccination Team Call Center. Businesses or civic organizations can call **1-844-90-TEXAS** and select option 3 to schedule a visit with a state mobile vaccine team to vaccinate employees, visitors, or members. Of note, homebound Texas are also encouraged to call the hotline and select option 1 to request a state mobile vaccination to visit their home.

Where To Find Important Pharmacy Information

You can access important pharmacy information on **AetnaBetterHealth.com/Texas**.

Once you access **AetnaBetterHealth.com/Texas**, select "For Provider" and then "Pharmacy" to find:

- Preferred Drug list – there's also a link to the vendor drug website
  www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa
- A list of preferred pharmaceuticals, including any restrictions and/or preferences
- Medications that require prior authorization, and applicable coverage criteria
- Medications that require step therapy, including the medications that must be tried/failed prior to coverage
- A list and explanation of medications that have limits or quotas
- Copayment and coinsurance requirements, and the medications or classes to which they apply.
  No copays except on CHIP.
- Procedures for step-therapy, prior authorization, generic substitution, preferred-brand interchange
- Information on the use of pharmaceutical management procedures
- Criteria used to evaluate new medications for inclusion on the formulary
- A description of the process for requesting a medication coverage exception

Pharmacy Prior Authorizations

Prior authorization requests may be submitted by phone, fax, or electronically through CoverMyMeds® or SureScripts.

To initiate a prior authorization request by phone, call:

- Medicaid STAR: **1-800-248-7767** (Bexar),
  1-800-306-8612 (Tarrant)
- Medicaid STAR Kids: **1-844-STRKIDS**
  (1-844-787-5437)
- CHIP or CHIP Perinate: **1-866-818-0959** (Bexar),
  1-800-245-5380 (Tarrant)

Choose provider by pressing *, then say "authorizations" and follow the prompts for pharmacy.

To initiate a prior authorization request by fax:

- Complete the Texas Standard Prior Authorization Request form and the Antipsychotic Clinical Prior Authorization criteria and fax both forms to **1-844-275-1084**.
- The phone line hours of operation are Monday-Friday, from 8 AM to 5 PM CT.

To initiate a prior authorization request through Electronic Prior Authorization (ePA) available 24/7:

- Visit the CoverMyMeds® website or call CoverMyMeds® toll-free at **1-866-452-5017**
- Visit the SureScripts website, or call SureScripts toll-free at **1-866-797-3239**

Billing Information:
BIN: 610591 | PCN: ADV | Group: RX8801

Commonly Prescribed Antipsychotics that Require Prior Authorization

Drug Name	PDL Status	PA Type
Clozapine ODT, Suspension	Preferred	Clinical PA Required
Risperidone Tab, Solution	Preferred	Clinical PA Required
Risperidone ODT	Non-preferred	PDL PA Required
Aripiprazole Tab, Solution	Preferred	Clinical PA Required
Aripiprazole ODT	Non-preferred	PDL PA Required
Aripiprazole Solution	Non-preferred	PDL PA Required
Abilify MyCite	Non-preferred	PDL PA Required
Chlorpromazine HCl Injection, Tab	Preferred	Clinical PA Required
Fanapt Tab	Non-preferred	PDL PA Required
Geodon	Non-preferred	PDL PA Required
Fluphenazine Elixir, Tab	Preferred	Clinical PA Required
Fluphenazine Decanoate Injection	Non-preferred	PDL PA Required
Haloperidol Tab	Preferred	Clinical PA Required
Haloperidol Lactate Injection	Preferred	Clinical PA Required
Latuda Tab	Preferred	Clinical PA Required
Loxapine Succinate	Non-preferred	PDL PA Required
Olanzapine Tab, ODT Tab	Preferred	Clinical PA Required
Olanzapine Pamoate IM Suspension	Non-preferred	PDL PA Required
Invega	Non-preferred	PDL PA Required
Olanzapine IM Injection	Non-preferred	PDL PA Required
Perphenazine Tab	Preferred	Clinical PA Required
Prochlorperazine Maleate Tab	Non-preferred	PDL PA Required
Quetiapine Fumarate Tab	Preferred	Clinical PA Required
Rexulti Tab	Non-preferred	PDL PA Required
Saphris Sublingual Tab	Non-preferred	PDL PA Required
Seroquel	Non-preferred	PDL PA Required
Thioridazine HCl Tab	Preferred	Clinical PA Required
Vraylar Cap, Tab	Non-preferred	PDL PA Required
Ziprasidone HCl Cap	Preferred	Clinical PA Required
Zyprexa Tab 10mg	Non-preferred	PDL PA Required

The Child Psychiatry Access Network (CPAN)

The Child Psychiatry Access Network (CPAN) is a network of Texas academic hubs that provide telemedicine-based consultation, care coordination, and training to pediatricians and other primary care providers to assist them in addressing mental health issues in their patients. CPAN is an initiative of the Texas Child Mental Health Care Consortium (TMHCC), created in 2019 by the 86th Texas Legislature. The state allocated $99 million to address critical gaps in access to child mental health care and bridge the continuum of care between primary care physicians and child-adolescent psychiatry.

- Estimations show that 1.4 million Texas youth have a diagnosable mental, behavioral, or developmental disorder
- Up to one-third of pediatric cases seen in the primary care setting involve mental health concerns each day
- Two-thirds of pediatric behavioral health needs can be addressed in an integrated pediatric primary care setting

What does CPAN offer?

- A network of access centers that provide child and adolescent behavioral health consultation services and training opportunities for pediatricians and primary care providers
- CPAN is a FREE service for primary care physicians and providers (MD/DO, NP, PA)
- PCPs can call the CPAN hotline for a consultation with a pediatric psychiatrist or behavioral health specialist (response within 30 minutes).
- PCPs may ask about mental health assessment, symptoms and psychiatric medicines
- PCPs can receive referrals to mental health providers in the patient's community
- PCPs can learn about relevant CME opportunities

How to enroll in CPAN

- Enrollment is quick and easy
- Call Provider Enrollment: **1-888-901-CPAN** or **1-888-901-2726**

Provider roles and responsibilities

We are committed to staying connected with our providers to ensure that you have the most up-to-date information when treating our members. Please ensure that we have your group's email address on file and all demographic information is accurate and complete.

Updating provider information

Providers are required to inform Aetna Better Health of Texas of any changes to their practice such as:
- Change in their professional business ownership
- Change in their business address or the location where services are provided
- Change in their federal 9-digit tax identification number (TIN)
- Change of their specialty
- Services offered to children
- Languages spoken
- Change in the providers who are practicing or rendering services within the office

- Change in demographic data
- Notification that the provider is accepting new patients

Providers should call Provider Services at **1-800-306-8612** (Tarrant) or **1-800-245-5380** (Bexar). We may also be contacted via email at **TXProviderEnrollment@aetna.com**.

Additionally, if your office hours have changed due to COVID-19, please notify Provider Relations in writing at **PRAssistance@aetna.com**. Please provide a contact name and telephone number, so we may contact your office for follow-up.

Preeclampsia Prevention

Aetna Better Health of Texas shares your values in improving the health and wellness of our members. According to the U.S. Preventative Services Task Force, preeclampsia is the leading cause of maternal and infant illness and death that accounts for 15 percent of all preterm births in the U.S.[1]

According to the CDC, the U.S. is one of the only high-income countries where deaths related to pregnancy or childbirth are on the rise. This crisis disproportionately affects Black women[2]. The rise of the COVID-19 pandemic has created new challenges, as many expectant moms may be attending fewer in-person prenatal care visits that could help detect preeclampsia risks.

CVS / Aetna is seeking to address this public health crisis, keep moms and babies healthy, and empower our members to have productive discussions with their providers throughout their new pregnancy journey.

Change happens with you

Please consider assessing your pregnant patients for high-risk determinations; should they be deemed high-risk, consider prescribing a once-a-day low dose aspirin. This can significantly reduce the risk for developing preeclampsia.

We've included the link below to our website which features a patient educational piece developed by the Society for Maternal and Fetal Health for your reference to use when speaking to your patient. If you would like additional copies, please reach out to us or visit our website at **AetnaBetterHealth.com/Texas/providers/maternal**.

References

[1]www.preeclampsia.org/faqs
[2]www.cdc.gov/reproductivehealth/maternal-mortality

Improving the Provider-Patient Experience

Patient engagement continues to be a growing priority for Aetna Better Health of Texas. We are dedicated to supporting our providers in delivering the highest quality of care. We have a number of survey tools where we ask patients about their experiences with their doctors. The following targeted tips can help guide the patient-provider experience:

Patient interaction

Know the patient's medical record details before entering the exam room; patients are surveyed if their doctor knew their medical history

- Ask patients about other doctors and specialists they have seen.
- Involve patients in decision-making.

- Communicate test results and specialist findings to your patient within 24-48 hours and review together at the next follow-up appointment.
- Use Aetna Better Health of Texas' Gaps in Care reports to identify additional clinical services needed.
- Encourage patients to get a flu vaccination for the flu season.
- Review patient medications during office visits and reinforce medication adherence.

We encourage you to continue to take the necessary time needed to connect with your patients. We would like to thank you for your partnership as we work to improve health outcomes and overall member satisfaction.

Non-Emergency Medical Transportation

Effective Tuesday, June 1, 2021, health care providers may request non-emergency medical transportation (NEMT) on behalf of members. Non-emergency transportation to health care appointments for eligible Medicaid members who have no other transportation options available. Access2Care, our transportation provider, can help with rides to the doctor, dentist, hospital, pharmacy and any other place our members get Medicaid services.

Overview

To request a ride on behalf of a member please contact Access2Care at **1-866-411-8920** (TTY: **711**).

What services are offered by NEMT?

• Passes or tickets for transportation such as mass transit within and between cities

• Taxi, wheelchair van, and other transportation

• Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.

• Meals at a contracted vendor (such as a hospital cafeteria) up to $25 a day

• Lodging at a contracted hotel and motel (does not include phone calls, room service, laundry, etc.)

• Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service)

When requesting a ride, please have the following information:

• Medicaid ID number for the person with the appointment

• Address and phone number of your pickup location

• Address and phone number of your appointment location

• Name of the medical professional to be seen

• Date and time of the appointment

• Any unique needs, like a wheelchair or other special accommodations, so the right vehicle can be sent

Please also access our provider manual on the website for additional information on the medical transportation value added benefit at **AetnaBetterHealth.com/Texas/provider/manual2**.

UMCM 3.22

In March 2021, we transitioned to the new UMCM 3.22 Incomplete Prior Authorization Guidelines. Please ensure your prior authorization request contain all the essential information (EI) listed below:

• Member name

• Member number or Medicaid number

• Member date of birth

• Requesting provider name

• Requesting provider's national provider identifier (NPI)

• Service requested – Current Procedural Terminology (CPT), Healthcare common Procedure Coding System (HCPCS) or Current Dental Terminology (CDT)

• Servicing provider name

• Servicing provider NPI and TIN

• Service requested start and end date(s)

• Quantity of service units requested based on CPT, HCPCS or CDT requested

If any of the EI is missing, the request will be "rejected" and returned. We want to ensure there is no delay in services to our members.

℞ Encounters and Medical Records

All providers are required to submit a claim or encounter for services rendered to an Aetna Better Health of Texas member. Network providers are encouraged to file claims electronically. For more information on filing claims electronically, contact Provider Services at **1-800-306-8612** (Tarrant/STAR/CHIP), **1-800-248-7767** (Bexar/STAR/CHIP) and **1-844-787-5437** (STAR Kids).

In order to effectively and efficiently manage a member's health services, encounter submissions must be comprehensive and accurately coded. As a reminder, all Aetna Better Health of Texas providers are contractually required to submit encounters for all member visits regardless of expected payment.

In addition to encounters—medical records must also be fully documented. Medical records standards require that the record must reflect all aspects of patient care, including ancillary services. Maintaining this information is critical when caring for Aetna Better Health of Texas members. Accurate documentation supports compliance with federal and state laws and reduces fraud, waste, and abuse. This information is also relied upon and can be requested during audits both internally and externally.

Prevent problems – self audit

Medical professionals have specific responsibilities when they accept reimbursement from a government program. They "have a duty to ensure that the claims submitted to federal health care programs are true and accurate,"[1] and that their medical record documentation supports and justifies billed services. We encourage each practice use best practices to ensure that documentation is accurate and complete.

There are five basic self-audit rules medical professionals can use to get started[2]:

1. Develop and implement a solid medical record documentation policy if there is not one in place. If there is one in place, make sure the policy covers meeting federal and state Medicaid regulations. The policy should address what actually happens in everyday practice.

2. Develop or use one of the available standard medical audit tools. The tool should cover the documentation policy criteria and coding standards as part of the review.

3. Choose a staff member who understands documentation and coding principles to select a random sample of records for a specific time period. Decide how many records should be reviewed, and then pull every "nth" chart for that time period.

4. Resist being the one to choose and audit your own charts. Most professionals can read their own writing and understand the meaning of records they wrote even if the documentation is not in the record. Removing bias is important. For best results, make the audit as realistic as possible.

5. Use the self-audit results for improving practice compliance. There is no real value in conducting a self-audit unless discovered issues are resolved. Review and analyze the audit findings. Identify the common documentation, coding, and billing problems, and solve the problems found. Then educate staff members and hold them accountable for making changes. After implementing any corrective action, audit the process again to ensure improved compliance and successful implementation.

[1] U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). Notices. OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434 and 59435. Retrieved October 13, 2015, from https://oig.hhs.gov/authorities/docs/physician.pdf

[2] https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf

📋 Availity

We have transitioned from our provider portal to Availity in January 2021. We are excited about the increase in online interactions available to support you as you provide services to our members.

Availity provider portal benefits include:
- Payer spaces
- CHC claim submission link
- Contact us & messaging
- Claim status inquiry
- Grievance submission
- Appeals submission
- Grievance and appeals status
- Provider data management (PDM)
- Ambient (business intelligence reporting)
- Clear claim
- ProPAT
- Provider intake
- Dynamo (case management)

Availity updates
- Effective 2/4/2021: prior authorization
- Effective 4/29/2021: eligibility & benefits

- Effective 7/1/2021, Availity will offer:
  - Enhanced G&A tool
  - Panel poster
  - Remit PDF
- Effective 9/30/21, Availity will offer its enhanced remit viewer

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.

For registration assistance, call Availity Client Services at **1-800-282-4548** between the hours of 8 AM and 8 PM ET, Monday-Friday (excluding holidays).

For access to the following features, you will need to use the Medicaid web portal until the effective date displayed above:
- Panel roster
- Remit PDF

🖥️ Electronic Visit Verification (EVV)

The Cures Act EVV Expansion implemented the Cures Act federal EVV requirement for Medicaid personal care services that were not currently required to use EVV by state law effective January 1, 2021.

What now?
- HHSC must comply with federal law and cannot delay the EVV requirement for all Medicaid personal care services.
- All service visits for an EVV-required service must be captured in the EVV system.
- Claims without a matching EVV visit transaction accepted into the EVV Portal will be denied for payment. The EVV Service Bill Code Table has been updated on the HHS EVV webpage to reflect the new January 1, 2021 EVV start date. Visit the HHS Cures Act EVV webpage for more information

about vendor onboarding, training, and the practice period. Email questions to HHSC EVV.

For more information regarding best practices to avoid mis-match, visit the EVV website listed below. Please also visit our website for additional resources and training at **AetnaBetterHealth.com/Texas/ providers/info/evv**.

Reference
https://hhs.texas.gov/sites/default/files/ documents/doing-business-with-hhs/providers/ long-term-care/evv/evv-module-15-best- practices-avoid-mismatches.pdf

Access to care

OBGYN/Prenatal Care – STAR Program Thresholds

Level/Type of Care	Time to Treatment (Calendar Days)	Threshold
Low-Risk Pregnancies	Within 14 calendar days	85%
High-Risk Pregnancies	Within 5 calendar days	51%
New Members in the Third Trimester	Within 5 calendar days	51%

Vision Care Threshold

Level/Type of Care	Standard	Threshold
Specialist physician access: ophthalmology, therapeutic optometry	Members must be allowed to have access without a PCP referral to eye health care services from a network specialist who is an ophthalmologist or therapeutic optometrist for non-surgical services.	99.0%

Primary Care Provider Thresholds

Standard	STAR Child	STAR Adult	CHIP	STAR+PLUS
Preventive health services – within 90 calendar days	99.0%	99.0%	99.0%	99.0%
Routine primary care – within 14 calendar days	99.0%	95.8%	90.7%	87.2%
Urgent care – within 24 hours	99.0%	99.0%	99.0%	99.0%

Behavioral Health Provider Thresholds

Standard	STAR Child	STAR Adult	CHIP	STAR+PLUS
Initial outpatient behavioral health visit (child and adult) within 14 calendar days	75%	79%	83%	89%

COVID-19 News and Updates

Please visit our website at **AetnaBetterHealth.com/Texas/providers/covid-19** for the latest news and updates regarding COVID-19 news, updates and webinars.