



## Aetna Better Health of Texas Welcomes new CEO, Stephanie Rogers

Stephanie has over two decades of health care and managed care experience and has helped top healthcare organizations develop market strategies and operational systems to improve growth, operations and consumer value. Stephanie holds a

degree in Behavioral Sciences and an MBA in Healthcare Management. Welcome Stephanie!



## 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

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## Community Outreach *(continued from previous page)*

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 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:
  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 for the purposes of such employment a temporary abode. *Source: Texas Health and Human Services Commission, Uniform Managed Care Contract Terms & Conditions, Version 1.17, p. 11*
- **Farmworker Children Referral Process** – Providers who identify farmworker children members can contact Member Services at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

For more information on our value-added services and programs call **1-877-751-9951**.



## Outreach, Screening, Assessment and Referral (OSAR)

Substance use disorders occur across all demographics: age, gender, ethnicity, educational level, and income. Willingness to seek and engage in treatment may be a challenge for many people due to financial concerns, limited access to treatment in their community, limited social and family support and lack of childcare for parenting moms. Outreach, screening, assessment and referral (OSAR) is a service available to all Texans interested in information about substance use treatment. HHSC offers an array of services for persons seeking help for a drug or alcohol problem.

- Detoxification
- Residential programs
- Outpatient
- Medication assisted therapy
- Co-occurring psychiatric and substance use disorder services
- Specialized female services

OSAR centers are available for our health plan members. OSAR can be the starting point for individuals who want help accessing substance use services but are unsure where to begin. The OSAR representative will help the member find the appropriate treatment program, provide case management and peer support.

**Pregnant women who need treatment for substance use, regardless of ability to pay, can receive immediate help in Texas.** There are 10 treatment facilities in Texas for pregnant and parenting moms.

OSAR services are available 24 hours per day, 7 days per week. To reach OSAR, call **1-877-541-7905** or **211 Texas**.



## Preeclampsia Prevention

Aetna Better Health of Texas shares your values in improving the health and wellness of our members. According to the U.S. Preventive 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.<sup>1</sup>

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<sup>2</sup>. 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 to our website, [AetnaBetterHealth.com/Texas/providers/maternal](https://www.aetnabetterhealth.com/Texas/providers/maternal), 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.

### References

<sup>1</sup>[www.preeclampsia.org/faqs](https://www.preeclampsia.org/faqs)

<sup>2</sup>[www.cdc.gov/reproductivehealth/maternal-mortality](https://www.cdc.gov/reproductivehealth/maternal-mortality)



## Provider roles and responsibilities

Aetna Better Health is 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), **1-800-245-5380** (Bexar), or STAR Kids **1-844-787-5437**. Or contact us via email at [TXProviderEnrollment@aetna.com](mailto:TXProviderEnrollment@aetna.com).

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



## 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 we use to 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.



## 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).

To manage a member's health services effectively and efficiently, 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,”<sup>1</sup> 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:<sup>2</sup>

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.

<sup>1</sup>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>

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



## Availity – Coming Soon

We will be transitioning from our current provider portal to Availity in early 2021. We are excited about the increase in online interactions available to support you as you provide services to our members. Our communications will be transitioning from fax blast to via email in the near future. Keeping our providers informed is our priority. **If you have not yet reached out to us to ensure we have your most recent email address, we ask that you do so now!**

### How to submit your updated email address to us

Just follow one of these steps:

1. Complete the following survey:  
[www.surveymonkey.com/r/WCFC8DL](http://www.surveymonkey.com/r/WCFC8DL)
2. Send us an email at: [PRAssistance@aetna.com](mailto:PRAssistance@aetna.com)

Please include the following in your email:

- Group/practice name
- NPI
- TPI
- TIN
- Contact phone number



## 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%



## Electronic Visit Verification

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.

### What now?

#### Beginning January 1, 2021:

- 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 mismatch, please visit the EVV website listed below. Also visit our Aetna Better Health of Texas website for additional resources and training on our Electronic Visit Verification page, [AetnaBetterHealth.com/Texas/providers/info/evv](https://www.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>



## COVID-19 News and Updates

Please visit our website at [AetnaBetterHealth.com/Texas/providers/covid-19](https://www.aetnabetterhealth.com/Texas/providers/covid-19) for the latest news and updates regarding COVID-19 news, updates and webinars.