Provider newsletter

Summer 2024

Member advocates

Our member advocate team can normally be found working with members to ensure that they have the best healthcare experience possible. In addition to providing an overview of our plan, member advocates educate members on benefits available for STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal and accelerated services for farmworker children. Here are a few additional services our outreach team offers:

- **Questions about coverage** – Our member advocate team can assist members in obtaining answers to questions about their coverage.
- **Re-enrollment assistance** – Members can call 2-1-1 Texas or visit **yourtexasbenefits.com/Learn/Home**.
- **Member Advisory Group meetings** – Our member advocate team schedules quarterly STAR Member Advisory Group meetings and welcomes all STAR members to attend.
- **Member Baby Shower program** – Members receive information to help with pregnancy. More information at **aetnabetterhealth.com/texas/wellness/women/pregnancy**.
- **Diapers for Dads program** – More information at **aetnabetterhealth.com/texas/wellness/women/pregnancy**.
- **CVS Health HUB events** – Our member advocate team schedules weekly health education events at local CVS Health HUBs to provide information on STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal, accelerated services for farmworker children and the latest on COVID-19 and vaccination incentives.

To get connected with a member advocate, members should call the number on the back of their member ID card or call our Member Advocate mailbox at **1-800-327-0016** and we will return the call within 2 business days.

Members who are deaf or hard of hearing should call **1-800-735-2989**.

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In this issue

Service coordination

All STAR Kids members receive an assessment, at least yearly, using the STAR Kids Screening and Assessment Instrument (SK-SAI). The assessment contains screening questions and modules that assess for medical, behavioral and functional needs. The assessment is in person with member required attendance. School notes are available for members who elect to complete the assessment during school hours.

Encourage your patients to collaborate with a service coordinator to complete this assessment. It is essential in determining a member's need for attendant care services, therapies, durable medical equipment and more.

Your patients can contact our Service Coordination department at **1-844-787-5437** and select the Service Coordination option to schedule the SK-SAI.

Value-added services

We updated our no-cost value-added services for our members to get even MORE out of their benefits! Transportation services, over-the-counter benefits, dental, vision benefits and more.

For questions, contact Member Services at **1-800-248-7767** (Bexar), **1-800-306-8612** (Tarrant) and **1-844-787-5437** (STAR Kids).

More information on value-added services and programs is also found here:

- **What Does Medicaid Cover?**
- **What Does STAR Kids Cover?**
- **What Does CHIP Cover?**

Member Advisory Group meeting

STAR Kids members have the Member Advisory Group (MAG) meeting as a way to share their opinions and receive information pertinent to them.

Meetings are held quarterly in the February, May, August and November. Meetings are in-person with a virtual option via Teams. Members who attend will receive a gift card for their participation.

Your patients can contact our Service Coordination department by emailing **skmag@aetna.com** for more information about MAG meetings.

Thank you for joining us in our mission to promote optimal health for all our members.

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DME inservice

Seating assessment is required for rental or purchase of mobility devices

Aetna Better Health of Texas reminds providers that we follow the seating assessment policy outlined in the Texas Medicaid Provider Procedures Manual handbook on Durable Medical Equipment, Medical Supplies and Nutritional Products Handbooks. The most up-to-date policy can be found at **tmhp.com/resources/provider-manuals/tmppm**.

Some tips that may ensure a smoother authorization and payment process:	
A seating assessment is required	The rental or purchase of a wheelchair or wheeled mobility system require a seating assessment. A seating assessment contains the comprehensive evaluation of a member's function and requirements for a wheelchair or wheeled mobility system, including measurements, specifications for the exact equipment required and all necessary accessories. The seating assessment must be submitted with all wheelchair and wheeled mobility system requests.
Only qualified professionals can perform a seating assessment	Only a qualified rehabilitation professional (QRP) who is not employed by the equipment supplier may complete a seating assessment. QRPs can include a physician, licensed occupational therapist or physical therapist. QRPs must meet the credentialing requirements and be enrolled in Texas Medicaid as QRP as outlined in the TMHP policy. Physical and occupational therapists may wish to examine the TMHP requirements of a therapist versus QRP in completing the seating assessment. The QRP must attest to their participation in the assessment by signing the form and submitting with the prior authorization request.
Documentation requirements	Please refer to the TMHP policy for the most up-to-date requirements. In general, a seating assessment includes how the member and family will be trained in use of the equipment, how growth and changes in needs will be accommodated, pertinent medical information related to mobility and how the devices will accommodate those needs, current equipment including how long they have been in use and why no longer meet the member's needs, measurements to ensure the devices are appropriate for the member's weight and height and condition and other details to support the medical necessity and appropriateness for the specific devices recommended.
Manufacture's Information	The form requires the manufacture's information for the specific base, attachments and all accessories. The manufacturer's retail pricing information and itemized pricing for all manually priced components must be included.
Fitting	A fitting is required for all wheelchairs and wheeled mobility systems. The fitting verifies the devices have been properly fitted for the member, meet the member's functional needs and that the member and family have received the proper training for the devices. The fitting is required prior to submitting for reimbursement. **Aetna Better Health of Texas does not require the fitting form be submitted for claims payment.** Providers should keep all forms on file as required by state and federal documentation retention regulations.
Reimbursement	Please refer to the TMHP policy for details on reimbursement procedures.

Any changes to your information?

Aetna Better Health of Texas strives to ensure provider directory information is as accurate and current as possible for our members. If you are a provider or provider group and need to update your information, please contact us at the emails below.

Contact	Update
ABHTXCredentialing@Aetna.com	Adding providers, change of physical address, contracting, credentialing, copies of contract or checking credentialing/ contracting status. If you have a new provider joining your practice, you must submit: • Prospective provider form • W9 The application can be found on our website at **AetnaBetterHealth.com/Texas**.
TXproviderenrollment@Aetna.com	If you have a delegated roster update.

Availability and accessibility standards

We want to remind Aetna Better Health providers of the required availability and accessibility standards. Please review the standards listed below.

Level of care	Timeframe
Emergency services	Upon member presentation at the service delivery site
Urgent care appointments	Within 24 hours of request for primary and specialty care
Routine primary care	Within 14 days of request for non-urgent, symptomatic condition
Routine specialty care	Within 21 days of request for non-urgent, symptomatic condition
Adult preventive health physicals/ wellness visits for members over the age of 21	Within 90 days of request
Pediatric preventive health physicals/ well-child checkups for members under the age of 21, including Texas Health Steps services	As soon as possible for members who are due or overdue for services, in accordance with the Texas Health Steps Periodicity Schedule and the American Academy of Pediatrics guidelines, but in no case later than: • 2 weeks of enrollment for newborns • 60 days of new enrollment for all others
Prenatal care/first visit	Within 14 days of request. For high-risk pregnancies or new members in the third trimester, appointments should be offered immediately, but no later than 5 days of request.
Behavioral health visit	Initial outpatient behavioral health visit (child and adult) within 14 calendar days

Appointment availability requirements

After-hours access requirements: the following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable	Unacceptable
Office phone is answered after hours by an answering service, in English, Spanish or other languages of the major population groups served, that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes. Office phone is answered after normal business hours by a recording in English, Spanish or other languages of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider's phone. Another recording is not acceptable. Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner.	Office phone is only answered during office hours. Office phone is answered after hours by a recording, which tells the patients to leave a message. Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed. Returning after-hour calls outside of 30 minutes.

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 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.
- **Re-enrollment assistance** – Members can call **2-1-1 Texas** or visit **yourtexasbenefits.com/Learn/Home** to renew their Medicaid benefits.
- **Provider education** – Education sessions for provider offices to assist in identifying 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 whose/who:
  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 and 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 services and programs, please call **1-877-751-9951**.

June is Men's Health Month!

Let's focus on the mental health needs of men and what you need to know to care for this unique population under Medicaid.

As you may know, men's health needs are quite a bit different than they are for women, and that includes behavioral health. When dealing with mental health needs, men often engage in different behaviors and high-risk choices that can lead to poorer outcomes. They also frequently experience different and unique symptoms, including anger and aggression, difficulty sleeping, increased stress levels, persistent hopelessness, compulsive behavior or obsessive thinking and an ever-increasing risk of suicidal thoughts or attempts.[1] Deaths by suicide for men in the United States increased by 2.4% from 2021 to 2022 and is approximately four times higher than the rate of the female population. According to the CDC, males make up only 50% of the population, but nearly 80% of the suicides.[2] Life-changing events such as a divorce, death of a loved one, assault or other trauma can be causal events for deteriorating mental health. Men will often attempt to self-medicate with drugs or alcohol, which often leads to even more difficulties for them in seeking help. The most common diagnoses for mental health conditions in men include schizophrenia and psychosis (two to three times more likely in men), depression, anxiety, bipolar disorder and eating disorders.[3]

How do we help?

It can be difficult to tell when men are in need of treatment or resources as they are less likely to reach out for help when they are struggling. The best time to find out if there is a need is when the patient is visiting your office for their annual well visit. It is recommended the provider use screening tools such as the PHQ9 to assess the current mental status of their patient and treat as appropriate of any need is found. Referrals to behavioral health specialists can be a tool to use for patients with higher acuity and of course, if the patient is experiencing an emergency, please call **911**.

Aetna Better Health of Texas partners with Pyx Health to provide an autonomous tool for your patient (our member) to engage with experts in combatting loneliness, which is a growing concern and one of many potential causes of mental health difficulties. Since 2020, time spent alone (social isolation) has increased by an average of an additional 24 hour per month and social engagement has decreased by 55.5 hours per month, across 5 categories. (4) Pyx has tools for member screening, engagement in games and tools to improve mental health and offers supportive compassionate care calls with staff when the member is in need. They also offer resources for engagement with communities and help groups. This benefit is included in the patient's membership with the health plan.

We also offer resources directly at the Aetna Better Health of Texas plan. You can assist the member in calling their member services line and requesting a service coordinator for them. They will have the number to call on the back of their card.

Member Services can be contacted at:
STAR Tarrant area **800-306-8612**
STAR Bexar area **800-248-7767**
CHIP Tarrant area **800-245-5380**
CHIP Bexar area **866-818-0959**
STAR Kids (all areas) **844-787-5437**
Hearing impaired **800-735-2989**

References

[1] U.S. Department of Health and Human Services. (2023, May). Men and Mental Health. National Institute of Mental Health. **nimh.nih.gov/health/topics/men-and-mental-health**

[2]Centers for Disease Control and Prevention. (2023, November 29). Suicide data and statistics. Centers for Disease Control and Prevention. **cdc.gov/suicide/facts/data.html?CDC_AAref_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html**

[3]Robert. (2022, November 9). Men's Mental Health: What you need to know. San Antonio Behavioral Healthcare Hospital. **sanantoniobehavioral.com/news/mens-mental-health-what-you-need-to-know/**

Our epidemic of loneliness and isolation. (2023). **hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf**

Provider satisfaction survey – your feedback counts!

Aetna Better Health of Texas (ABHTX) wants to know more about your experience with us as a health plan. Your office may have received a survey in the mail, which may be completed by mail, telephone or online. Press Ganey is an independent research firm that is helping us conduct the survey.

ABHTX places a high degree of importance on provider satisfaction. As a health plan, we consider all of you to be our partners in the delivery of quality care and service to members. The opinions of your practice are an important source of information that help us identify and deliver solutions that best meet your needs and that streamline our work together. As in the past, the results of the survey are anonymous but will be used to improve the level of service provided by ABHTX and our staff.

Thank you to those who have previously responded to the survey. If you have not yet completed the survey, we appreciate your time and look forward to your valuable feedback.

The Aetna Better Health of Texas Quality Improvement Department program provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies. The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions and process improvements and determination of further actions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional or state regulators and accrediting organizations
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Assess members' ability to find providers and resources that meet their cultural and linguistic needs.
- Collaborate with organizations to improve individuals' health by making health services convenient and accessible.

The Quality Improvement program promotes and fosters accountability of employees, network and affiliated health personnel for the quality and safety of care and services provided to Aetna Better Health of Texas Members. The effectiveness of Quality Improvement activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement and evaluate results
- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the QI work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey
- Conducting provider satisfaction surveys
- Assess the differences in health care between age, gender, race, ethnicity, regions, and promote health equity

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, if you would like to collaborate on process improvement or would like to request a paper copy of our documents, please email the Quality Improvement Department at **AetnaBetterHealthTXQM@aetna.com**

Texas Health Steps

Annually, our Quality Management team audits selected provider records for compliance and completeness when documenting their Texas Health Steps visits. There are 6 required components that we review during the audit: Comprehensive health and developmental history, physical exam, immunizations, lab screening, anticipatory guidance, and confirming the patient is established with a dental home. These 6 components have requirements within them that need to be met on every THSteps visit. If a component is not completed or met on that visit, documentation needs to be provided stating why it was not done or why it was not needed (ex: “no immunizations due today” or “no labs required on this visit”). If a required component cannot be done on the visit, a follow up plan needs to be written out (ex: “no MMR vaccine given today due to fever. Patient will return in 2 weeks for nurse visit to get the vaccine”).

There are a few commonly missed items that we see on THSteps audits:

- Proof of TB questionnaire being completed annually beginning at 12 months of age. The TB questionnaire results should be scanned into the chart or consider including these questions in your EMR template. But stating “no TB risks” does not fulfill this requirement.
- There needs to be mention of whether the patient is established with a dentist, beginning at 6 months of age. If they have no “dental home” you need to document that they were referred to a dentist; no formal referral is needed. Aetna Better Health members should have received a dental ID card with an assigned dentist listed, and a phone number to call for assistance. The dental home statement needs to be done annually. Stating that the patient has “no dental concerns” does not fulfill this requirement.
- If screening tools or labs have been done, the results of these also need to be stated or scanned into the chart (ex: “Lab drawn today for lead screening; sent to state lab; will scan results into chart when available”)

To learn more about specific THSteps topics and earn free CE/CME, go to **txhealthsteps.com**

Introducing our new EFT/ERA registration services (EERS)

Aetna Better Health of Texas is partnering with Change Healthcare to introduce the new EFT/ERA registration services (EERS), a better and more streamlined way for our providers to access payment services.

What is EERS?

EERS will offer providers a standardized method of electronic payment and remittance while also expediting the payee enrollment and verification process. Providers will be able to use the Change Healthcare tool to manage ETF and ERA enrollments with multiple payers on a single platform.

How does it work?

EERS will give payees multiple ways to set up EFT and ERA in order to receive transactions from multiple payers. If a provider’s tax identification number (TIN) is active in multiple states, a single registration will auto-enroll the payee for multiple payers. Registration can also be completed using a national provider identifier (NPI) for payment across multiple accounts. Providers who currently use Change Healthcare as a clearinghouse will still need to complete EERS enrollment, but providers who currently have an application pending with Change Healthcare will not need to resubmit. Once enrolled, payees will have access to the Change Healthcare user guide to aid in navigation of the new system.

How and when do I enroll?

All Aetna Better Health plans will migrate payee enrollment and verification to EERS; your individual health plan will reach out with state-specific enrollment deadlines. To enroll in EERS, visit **payerenrollservices.com**.

For questions or concerns, visit the Change Healthcare FAQ page or contact Change Healthcare **1-800-956-5190**, Monday-Thursday 8AM-5PM CT.

ED avoidance for your patients

It is common knowledge among providers and healthcare workers that inappropriate ED utilization is ever increasing in the USA. It is a glaring problem within the current healthcare system, but there are steps you can take to help your patients get the care they need before a trip to urgent care or the ED.

Same-day or next-day appointments

Twice a year, Texas Health and Human Services Commission, or HHSC, produces a report covering the topic of ED avoidance and improving health outcomes in the Medicaid population. The most recent online publication from August 2023, reiterated the need for best practices outlined under the DSRIP program.[1] These best practices include providing access to same-day or walk-in appointments for patients. Barriers to access to these appointments included limited providers accepting Medicaid population and a lack of PCP appointment availability and after-hours care.[2] Studies conducted for the NIH on "The relationship between same-day access and continuity in primary care and emergency department visits "pointed to "a 10% increase in patients receiving primary care appointments within one day of requested date was associated with a 6% reduction in all-cause ED visits (IRR = 0.94; P = 0.002)." The conclusion of the study indicated that same and next day appointments results in an all-cause reduction in unnecessary trips to the ED or urgent care.[3]

What can you do about it?

It can be difficult to open your schedule up for same day appointments, though that is best practice. All effort should be made to free a few time slots so you can see patients when they fall acutely ill. If those available slots are taken, consider using telehealth, when appropriate. On call and after-hours services should be provided to patients as well. Often, just having a conversation with the on-call provider can help alleviate patient anxieties and triage them to the appropriate level of care.

Consideration for mental health services

The NIH study on "The relationship between same-day access and continuity in primary care and emergency department visits" shed some light on the specific relationship between ED usage and mental health services. According to the study, "better same-day access and continuity did not appear to affect ED utilization for mental health problems."[3] As such, it is recommended that specialty care be used to serve this special population. Patients can be referred to specialty care by their primary physician, when appropriate. Telehealth is also an option, as most mental health appointments can be conducted digitally or over the phone.

Non-medical drivers of health should not be overlooked. People who experience homelessness are much more likely to have higher ED rates. If your patient is experiencing NMDoH (formerly SDoH) and is a member of Aetna Better Health of Texas, please give us a call on our member services line and ask for the member to be referred to a service coordinator. Our specialist are ready to assist members with all of their needs.

Concerned about reimbursement?

Pay for performance or alternative payment models provide more reimbursement for providers who give good care. Call your Provider Relations Representative today and ask about these payment contracting models for more information.

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CHIP Tarrant area **800-245-5380**
CHIP Bexar area **866-818-0959**
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References

[1] Texas Health and Human Services Commission. (2023, August). Biannual Report on Initiatives to Reduce Avoidable Emergency Room Utilization and Improve Health Outcomes in Medicaid. **hhs.texas.gov/sites/default/files/documents/initiatives-reduce-avoidable-er-utilization-improve-health-outcomes-medicaid-aug-2023.pdf**

[2] Texas Health and Human Services Commission. (2022, August). Biannual Report on Initiatives to Reduce Avoidable Emergency Room Utilization and Improve Health Outcomes in Medicaid. **hhs.texas.gov/sites/default/files/documents/initiatives-reduce-avoidable-er-utilization-improve-health-outcomes-medicaid-aug-2022.pdf**

[3] Yoon, J., Cordasco, K. M., Chow, A., & Rubenstein, L. V. (2015, September 2). The relationship between same-day access and continuity in primary care and emergency department visits. PloS one. **cbi.nlm.nih.gov/pmc/articles/PMC4557991**

Health equity is our goal

We believe everyone should have a fair chance to be as healthy as possible. Aetna Better Health of Texas is committed to addressing health equity and providing culturally sensitive care to our members. Our goal is to reduce racial and ethnic disparities, improve access to timely health care and reduce barriers to health care for our members.

One way we can reduce barriers for our members is to offer no-cost interpreter services in their preferred language. To arrange for this service, providers may call **1-800-385-4104** (**TTY: 711**) at least 2 business days in advance of the member's appointment. Also, through our interpreter services members can arrange for an interpreter to accompany them to their medical visit. This needs to be done at least 2 business days in advance by calling Member Services' phone number on the back of their Aetna ID card.

We also offer transportation assistance through Access2Care. Members may call **1-866-411-8920** (**TTY: 711**) 24 hours a day, 7 days a week to arrange for a ride at least 2 days in advance.

Our Service Coordination team is also here to help you with member's personal needs, including non-medical drivers of health. Referrals can be made by email to **TXICMLeaders@aetna.com** or by calling **1-855-243-3226** for STAR Kids or **1-800-306-8612** for STAR or CHIP. Select "Provider" > "More Options" > Care Manager

For increased awareness of health equity and cultural competence, check out these free CE/CME courses at **www.txhealthsteps.com**:

- Culturally Effective Health Care (1 CE credit hour)
- Food & Housing: Screening and Intervention (1 CE credit hour)
- Teen Consent and Confidentiality (1.25 CE credit hours)

To learn more about Aetna Better Health of Texas health equity and cultural competency goals and program description, visit **AetnaBetterHealth.com/Texas/providers/health-equity**.

Provider education – behavioral health and primary care

Check out the list of no-cost, lunchtime webinars for health care professionals. All webinars are virtual and scheduled for one hour, noon – 1 pm CT. Webinars are sponsored by Child Psychiatry Access Network (CPAN) and Perinatal Psychiatry Access Network (PeriPAN). CMEs/CEUs are available. Registration information for all events: **tcmhcc.utsystem.edu/events**.

Date	Topic
Jul 18	PeriPAN Grand Rounds Series: Substance Use In The Perinatal and Postpartum Periods
Jul 30	Anxiety: Treatment & management of youth anxiety disorders in primary care
Aug 20	PeriPAN Grand Rounds Series: Eating Disorders and Perinatal Mental Health
Aug 27	School Refusal: Identify and discuss the various aspects of school refusal in children and teenagers
Sep 17	PeriPAN Grand Rounds Series: Perinatal and Postpartum Psychosis
Sep 24	PTSD: Review trauma, traumatic experiences and traumatic stress in children & adolescents
Oct 14	Trauma Assessment & Diagnosis in Pediatric Primary Care
Oct 15	PeriPAN Grand Rounds Series: NICU Parent Supports and Considerations
Oct 29	Complex ADHD and DMDD: Impulse Control, Emotional Dysregulation, Pharmacotherapy & Psychosocial Interventions
Nov 19	PeriPAN Grand Rounds Series: Paternal Mental Health and The Perinatal-Postpartum Periods
Dec 17	Screening Tools

To learn more about CPAN and PeriPAN no-cost consultation services for Texas providers and future webinars, visit: **CPAN** and **PeriPAN**.