



The certified community behavioral health clinic

An integrated and coordinated model of care for Texas

Texas spends over \$6 billion biennially to fund behavioral health services through community and state agencies. The behavioral health system still has challenges in addressing the needs of children with serious emotional disturbance (SED), adults with serious and persistent mental illness (SPMI) and youth/adults with substance use disorders (SUD). Gaps in care, fragmented care, and uncoordinated care are linked to high utilization of the ER and acute admissions. Persons with behavioral health conditions may die decades earlier than the average person, mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity and cardiovascular disease.

The certified community behavioral health clinic (CCBHC) is a care delivery model for behavioral health centers that is being piloted to move Texas to an integrated, coordinated, and effective healthcare delivery system. At a minimum, the CCBHC model requires behavioral health centers to integrate mental health services, substance use services, and targeted medical testing and screening. CCBHCs must have an electronic health records system and they must report encounter data, clinical outcomes, and quality data.

(continued on next page)

In this issue

Re-introducing the secure online portal	3
Engaging members to help them get and stay healthy	3
Member rights & responsibilities	4
Where to find important pharmacy information	4
Patients needing Integrated Care Management services.	5
Utilization Management	5
PROVIDER TRAINING	
Abuse, neglect and exploitation	5
Provider roles & responsibilities .	6
New fax number	6
Billing telehealth & teleservices	6
NEW POLICY UPDATES	
Clinical payment, coding & policy changes	6
COVID-19 news & updates	6
Submitting paper claims	7
Access to care guidelines.	7



The certified community behavioral health clinic *(continued from previous page)*

CCBHC scope of services

- 24-hour crisis intervention and mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment and diagnosis, including risk assessment
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support, counselor services and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans

CCBHC: targeted medical testing and screening

- Assignment of primary care physician to individuals with schizophrenia

- Adult body mass index (BMI): screening and follow-up
- Weight assessment and counseling for nutrition and physical activity for children and adolescents
- Diabetes screening for persons with schizophrenia or bipolar disorder who are using antipsychotic medications
- Screening for high blood pressure and follow-up
- Tobacco use: screening and cessation intervention
- Tobacco use and help with quitting among adolescents

Integrated care coordination is the cornerstone of the CCBHC model. This includes organization, communication, and collaboration related to the member's care and sharing information among all participants in the member's care. Texas will focus on four key populations for the CCBHC model:

- 1) Children/youth with serious emotional disturbances
- 2) Children/youth with substance use disorders
- 3) Adults with serious mental illness
- 4) Adults with substance use disorders

Review the chart below for information on the CCBHCs for our health plan members.

CCBHC	County	Intake	24-Hour Crisis Line
Bluebonnet Trails Community Services www.bbtrails.org	Guadalupe	1-844-309-6385	1-800-841-1255
Helen Farabee Centers www.helenfarabee.org	Wise	1-800-669-4166	1-800-621-8504
Tarrant MHMR www.mhmrtarrant.org	Tarrant	1-800-866-2465	1-800-866-2465



Re-introducing the secure online portal, with enhancements for member integration

Aetna Better Health of Texas is dedicated to providing great service to our providers and our members. That's why our HIPAA compliant web portal is available 24 hours a day. The portal supports the functions and access to information related to:

- Prior authorization submission and status
- Claim payment status
- Member eligibility status
- eReferrals to other registered providers
- Member and provider education and outreach materials

If you're interested in using this secure online tool, you can register on our "For Providers" then My Aetna Source page at [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas). From there, you can either complete your registration online, complete the registration form and fax your request to **1-866-510-2710**, or contact our Provider Services Department at **1-800-306-8612** (Tarrant) or **1-800-248-7767** (Bexar) to sign up over the phone. Keep in mind that Internet access with a valid email is required for registration.

Remember, provider groups must first register a principal user known as the provider representative. Once registered, the provider representative can add authorized users within each entity or practice.



Engaging members to help them get and stay healthy

Aetna members can now sign up for their own secure member portal accounts. We've customized the member portal to better meet their needs. Members will have access to:

- **Health and wellness appraisal.** This tool will allow members to self report and track their healthy behaviors and overall physical and behavioral health. The results will provide a summary of the members' overall risk and protective factors and allow the comparison of current results to previous results, if applicable. The health assessment can be completed annually and will be accessible in electronic and print formats.
- **Educational resources and programs.** Members are able to access self management tools for specific topics such as smoking cessation and weight management.
- **Claim status.** Members and their providers can follow a claim from the beginning to the end, including current stage in the process, amount approved, amount paid, member cost (if applicable) and date paid.
- **Pharmacy benefit services.** Members can find out if they have any financial responsibility for a drug, learn how to request an exception for a non-covered drug and find an in-network pharmacy by zip code. They can also figure out drug interactions, side effects and risks for medications and get the generic substitute for a drug.
- **Personalized health plan services information.** Members can now request a member ID card, change primary care providers and update their address through the web portal. (Address update is a feature available for members and providers.) Members can also obtain referral and information on authorization requirements. And they can find benefit and financial responsibility information for a specific service.
- **Innovative services information.** Members will be asked to complete a personal health record and complete an enrollment screening to see if they qualify for any disease management or wellness programs.
- **Health information line.** The 24-Hour Nurse Line is available 24 hours a day, 7 days a week. Members can call or send a secure message to a registered nurse who can provide medical information and advice. Messages are responded to within 24 hours.

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Engaging members to help them get and stay healthy *(continued from previous page)*

- **Wellness and prevention information.** We encourage healthy living. Our member outreach will continue to include reminders for needed care and missed services, sharing information about evidence based care guidelines, diagnostic and treatment options, community based resources, and automated outreach efforts with references to web based self management tools.

You can help your patients sign up today

We encourage you to promote the use of the member portal during interactions with your patients. Members can sign up online at **AetnaBetterHealth.com/Texas**. Or they can call Member Services at **1-800-306-8612** (Tarrant) or **1-800-248-7767** (Bexar) for assistance with registration.



Member rights and responsibilities

Aetna Better Health of Texas maintains policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and community mailings, when applicable.

They are also posted to our website at **AetnaBetterHealth.com/Texas**. Aetna Better Health of Texas ensures that a member can exercise their rights without adversely affecting treatment by participating providers.

Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our service improvement committee and reported to the quality management oversight committee.

For additional information regarding member rights and responsibilities, visit **AetnaBetterHealth.com/Texas** or call your provider relations representative at **1-800-306-8612** (Tarrant) or **1-800-248-7767** (Bexar).



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:

- 2018 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.



Patients needing Integrated Care Management services

The Aetna Medicaid Integrated Care Management (ICM) program is a collaborative process of bio-psycho-social assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. Aetna Better Health of Texas offers Disease Management (DM) programs such as asthma, diabetes and depression.

Aetna Better Health of Texas believes it is important to have a care management program to promote the engagement of pregnant women who have significant opiate use or opiate addiction. The program's goal is to identify pregnant woman with substance use disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

If you have patients who need integrated care management or if you have any questions about these services, call Aetna Better Health of Texas Member Services toll-free at:

1-800-245-5380 (Tarrant CHIP)

1-866-818-0959 (Bexar CHIP)

1-800-306-8612 (Tarrant Medicaid)

1-800-248-7767 (Bexar Medicaid)

Just ask to speak to a case manager or you can email a referral directly to the Care Management department at **MBUTXCMReferral@aetna.com**.

Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.



Utilization Management (UM)

The UM department adheres to the below timelines for making coverage determinations:

- Within 3 business days after receipt of the request for routine authorization of services
- Within 1 business day after receipt of the request for urgent authorization of services
- Within 1 business day for concurrent hospitalization decisions

Requests for urgent care services that do not qualify as urgent will be handled within the routine authorization of services timeline. Routine care or elective surgeries are examples of care that typically would not qualify as urgent.

To avoid rescheduling of appointments, please keep in mind the timelines above for making coverage determination prior to the appointment being made.

The following are the fax numbers to submit your requests. Please submit the Texas Standard Prior Authorization of Services form and include all pertinent information, ICD 10 code(s), dates of service and signature.

STAR Kids LTSS Prior Authorization Fax: **1-866-275-5728**

Acute Services Prior Authorization Fax: **1-866-835-9589**

Concurrent Review Fax: **1-866-706-0529**



Abuse, neglect and exploitation provider training

As a valued Aetna Better Health of Texas provider, we encourage you to participate in approved training for abuse, neglect and exploitation (ANE). Please share this information with your staff and access via the learning portal: <https://learningportal.dfps.state.tx.us/course/index.php?categoryid=22>.

This training is designed to meet the basic ANE training requirements for staff providing direct care in a community setting. By the end of the training, staff should be able to identify which acts constitute ANE, how to recognize ANE, understand risk factors for ANE, and what methods can be used to address ANE. Additionally, this training includes an introduction to trauma and its impact on the people we serve. To take this course, please click on the course title and then select the "enroll me" button below the course description.

If you have questions about this course or need assistance, email LTSS_Policy@hhsc.state.tx.us.



Provider roles and responsibilities

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**.



NEWS YOU CAN USE

New fax number

Effective June 9, 2020, we have a new fax number for private duty nursing (PDN): **1-866-835-9589**. Our LTSS fax number remains the same at **1-844-275-5728**. Please update your records.



Billing telehealth and teleservices

We invite our providers to visit TMHP prior to billing for telehealth and teleservices for the most recent information at www.tmhp.com/sites/search/results.aspx?k=telehealth. For questions regarding your claims, please contact us at **1-800-248-7767** (Bexar); **1-800-306-8612** (Tarrant); **1-844-787-5437** (STAR KIDS).

Additionally, we are gathering information from our provider community regarding telehealth. If you are interested in participating in a two-question survey, please contact us at **TXProviderenrollment@aetna.com**. We look forward to hearing from you.



New policy updates – clinical payment, coding and policy changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. Please continue to access our provider website and pre-authorization (Pro Pat tool) for the most recent updates <https://medicaidportal.aetna.com/propat/Default.aspx>.



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.



Submitting paper claims: recommendations (taxonomy fields)

When submitting paper claims for processing, it is important that you submit an original claim form using the approved forms. The ideal font for printing data on the form is Courier or Verdana with a type size of 10 or 12.

In addition, the following are helpful tips when submitting paper claim forms.

- Ensure that a standard red drop out optical character recognition (OCR) form is used:
 - UB04 Health Insurance Claim Form CMS 1450
 - CMS 1500 Health Insurance Claim Form
Revision Date: 2012-02-01
 - Use black ink
 - Ensure that data is printed in the appropriate area on the form

Taxonomy guidelines

- Ensure that a valid taxonomy code is submitted
- Ensure the correct qualifier is used depending on the form type of provider. For example:
 - Use qualifier ZZ on the service line on a CMS 1500
 - Use qualifier B3 in Box 81 on a CMS 1450 (UB04)
 - Ensure the taxonomy code is a valid value and length



Access to care guidelines

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 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%