



THSteps – telemedicine update

The HHSC is analyzing the clinical and cost effectiveness of COVID-19 Medicaid and CHIP telemedicine telehealth flexibilities with House Bill (HB) 4 (87th Regular Legislative Session, 2021) requirements. Medicaid and CHIP health plans are prohibited from denying reimbursement for audio-visual telemedicine or telehealth services, and audio-only services, solely because the service was performed remotely.

Additional information

To help ensure the continuity of care during the COVID-19 response, HHSC authorized THSteps checkups of children 24 months and older through telemedicine (audio-visual) and telephone (audio-only) delivery during the COVID-19 PHE. This direction will remain in effect until the end of the PHE.

As a reminder, telemedicine (audio-visual) and telephone (audio-only) delivery checkup services are not permitted for children birth through 24 months of age (i.e., newborn check through the 24-month checkup). Telemedicine (audio-visual) delivery is preferred over telephone (audio-only) delivery.

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The following procedure codes, when billed with modifier 95, are allowed for THSteps checkups through the end of the PHE for children over 24 months of age.

Description of services procedure codes

New Patient – THSteps Preventive Medical Checkup 99382, 99383, 99384, 99385

Established Patient – THSteps Preventive Medical Checkup 99392, 99393, 99394, 99395

All THSteps checkups completed as a telemedicine (audio-visual) or telephone (audio-only) checkup require an in-person THSteps follow-up visit (procedure code 99211) within six months of the

checkup date. Outstanding checkup components (i.e. immunizations and physical examinations) which could not be completed during the telemedicine (audio-visual) or telephone (audio-only) checkup must be completed at the in-person follow-up visit.

Effective on the last date of the PHE, THSteps checkup flexibilities permitting telemedicine (audio-visual) or telephone (audio-only) checkups will end.

Refer to the *Texas Medicaid Provider Procedures Manual, Volume 2, Children’s Services Handbook* for additional information about the THSteps checkups and follow-up visits.

Where to find important pharmacy information

You can access important pharmacy information on our website at [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas). Select “Provider Site” and then scroll down to “Pharmacy benefits” to find:

- Preferred drug list
- Medications that require prior authorization, and applicable coverage criteria
- A list and explanation of medications that have limits or quotas
- Copayment and coinsurance requirements, and the medications or classes to which they apply (CHIP members only)
- Procedures for obtaining clinical PA or PDL PA 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

Service coordination

Service coordination is a benefit for all STAR Kids members. Service coordination provides support to members to enhance their health and well-being through evaluation, education, monitoring, coordination, and care planning.

Service coordination staff are called service coordinators (SC). The SC can work collaboratively with providers in several ways such as:

- Assessing member needs and goals
- Creating proactive individual service plan
- Disease management
- Education
- Communicating/sharing knowledge
- Helping with transitions of care
- Monitoring and follow-up, including responding to changes in members’ needs
- Linking to community resources

Aetna Better Health of Texas Service Coordination department can be reached at **1-844-787-5437**, option “Service Coordination”.



988 crisis support

Beginning July 16, 2022, **988 will be the new three-digit dialing code** connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial **988** if they are worried about a loved one who may need crisis support.

In 2020, Congress designated the new **988** dialing code to operate through the existing National Suicide Prevention Lifeline's (**1-800-273-8255**) network of over 200 locally operated and funded crisis centers across the country. All Lifeline network crisis centers are certified, accredited or licensed by an external organization, such as American Association of Suicidology (AAS), Commission on Accreditation of Rehabilitation Facilities (CARF), and The Joint Commission. The Lifeline network includes five crisis call centers in Texas:

- The Suicide and Crisis Center (Dallas)
- The Harris Center (Houston)
- Integral Care (Austin)
- Emergence Health Network (El Paso)
- ICARE Call Center of MHMR Tarrant County (Fort Worth)

Many people continue to experience mental health related distress and suicidal thoughts without available support and care. In 2020, the U.S. had one death by suicide about every 11 minutes. The Lifeline provides 24/7, free and confidential support 365 days per year and helps thousands of people overcome crisis situations every day.

- **988** access is available through every land line, cell phone, and voice-over-internet device in the U.S.
- **988** call services will be available in Spanish, along with interpretation services in over 150 languages.
- **988** dialing code will be available for call, text, and chat by July 16, 2022.

The **988** dialing code is a first step toward strengthening and transforming crisis care in the U.S. It serves as a universal entry point so that no matter where you live, you can reach a trained crisis counselor who can help.



Paper claims notification

As of March 30, 2022, Aetna Better Health of Texas transitioned our vendor for receipt and imaging of all paper claims, from Change Healthcare (CHC) to Conduent.

The new P.O. box for paper claims only is as follows:

Aetna Better Health – Texas and CHIP (TXMS)
PO Box 982964
El Paso, TX 79998-2964

If you have any questions, contact Provider Services at **1-800-248-7767** (Bexar), **1-800-306-8612** (Tarrant) or **1-844-STRKIDS** (**1-844-787-5437**).





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.
- **Re-enrollment assistance** – Members can call **2-1-1 Texas** or visit <https://youtexasbenefits.com/Learn/Home> to renew their Medicaid benefits.
- **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.
- **Farmworker children** – Farmworker children have parents or guardians who meet the state definition of a migratory agricultural worker, generally defined as an individual:
 - Principal employment is in agriculture on a seasonal basis
 - Has been so employed within the last 24 months
 - 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
 - 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**.



Member added-value services – sports physicals

When the sports physical is rendered with an additional service, it pays \$15. When the completion of the form is the only charge, it pays \$30.

97169	\$15
97170	\$15
97171	\$15
97172	\$15
99080	\$30

- 97169, 97170, 97171, and 97172 are all billable for this service
- ICD 10 codes: Z02.89, Z02.5 are appropriate dx pointers

Sports physicals may be billed in conjunction with any other office visit (99201-99205, 99211-99215, 99381-99385, 99391-99395). The code for the completion of the form (99080) should be billed with appropriate diagnosis code in addition to other procedure codes used for the visit.



After-hours guidelines

Acceptable after-hours coverage:

- The office telephone is answered after hours by an answering service, which 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.
- The office telephone is answered after normal business hours by language appropriate recording directing the patient to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the covering provider's phone. Another recording is not acceptable.
- The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP, or another designated medical provider, who can return the call within 30 minutes.

Unacceptable after-hours coverage:

- The office telephone is only answered during office hours.
- The office telephone is answered after hours by a recording, which tells the patients to leave a message.
- The office telephone is answered after hours by a recording which directs patients to go to an emergency room for any services needed.
- Returning after-hours calls outside of 30 minutes.



Claim appeals

Appeals:

- Appeals should be sent with the Appeal Form. Clearly defined requests will ensure that appeals are reviewed in the most appropriate way. Please include claim forms, EOB (or copy), appropriate documentation and specifically indicate what services are being appealed.
- A revised Appeals/Reconsideration form is available on our website [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas).
- Appeal requests must be received within 120 calendar days from the resolution date on the most recently reviewed claim's EOB.
- Appeal requests should be mailed to the following address:

Aetna Better Health of Texas
Provider Experience Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181





Men's health

The CDC data shows that the average American male over the age of 18 is 33 percent less likely than women to see their health care provider. Although men tend to die earlier and participate in riskier behaviors such as smoking and excessive drinking, men are still reluctant to seek medical checkups.

Men are unwilling to seek medical care until something severe affects them, potentially missing out on early treatment. According to a survey conducted by Orlando Health hospital system, the top reason for men avoiding annual appointments with their doctor was the excuse of being too busy. The other top reasons were fear of receiving a bad diagnosis or result, and uncomfortable exams such as prostate or rectal.

What providers can do to get men in for their medical checkups:

- Educate men about the risks when they delay preventive care and screening. Highlight the

benefits of completing their annual medical checkups.

- Help make the environment comfortable for men. This can include adding more inclusive signage that includes men, have a comfortable waiting room with entertainment, and comfortable seating.
- Suggest telehealth options. Men may not be excited to go into the doctor's office but may be less reluctant if they have virtual options.
- Many employers have incentives for their staff who complete a wellness appointment. Have them check with their HR or benefits representative to see if there are any benefits for wellness appointments.

Source: Orlando Health. (2016, June 9). Survey finds why most men avoid doctor visits: Two doctors drive coast-to-coast with a message for men: Stop making excuses! ScienceDaily. Retrieved April 27, 2022 from www.sciencedaily.com/releases/2016/06/160609064534.htm



Making a commitment to advance health equity

Aetna Better Health of Texas is committed to creating health equity for our members, where everyone has a fair opportunity to achieve their best health. Join our commitment to health equity and see the different ways that you can help.

How you can help as a provider

- Understand that individuals' health behaviors can be shaped by their culture. Show awareness of and respect for all cultures.
- Provide patient support through appointment reminders and other management programs.
- Get engaged in the community and pursue opportunities to build relationships with local communities to enhance public health.
- Increase language access and train staff at all levels to identify biases, prejudices, and stereotypes contact. If you need language interpretation services, contact Aetna Better Health of Texas Member Services line and our Member Service staff will contact the language line as a third-party conversation.

What Aetna Better Health of Texas is doing

- Prioritize annual health equity training to all staff and have conversations to help raise awareness to identify biases, prejudices, and stereotypes and how they can affect people's health.
- Assess health care inequities in quality-of-care measures and create interventions to address them.
- Provide language interpretation services to members and providers.
- Share opportunities for providers to earn CMEs for culturally and linguistically appropriate services (CLAS). Find those resources at the bottom of our health equity page at the Community Partnership and Resources section aetnabetterhealth.com/texas/providers/health-equity.html
- Enhance our plan to meet NCQA Multicultural Health Care (MHC) standards earning the MHC distinction in April 2022. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/what-we-can-do.html>



Provider satisfaction survey

Thank you for partnering with Aetna Better Health of Texas to provide quality health care for our members.

As your partner, we want to ensure that your experience with us is positive and rewarding. You are essential to providing the highest quality health care possible for our members, and your satisfaction is important to us.

We conduct an annual provider satisfaction survey to gauge our performance and obtain provider feedback. The results of the survey helps us identify key opportunities for improving the experience of providers. The purpose of this survey is to assess overall provider satisfaction and identify specific key areas of satisfaction around finance, utilization and quality management, network coordination of care, pharmacy, health plan call center, and provider relations. Our goal is for providers to be highly satisfied and consider our plan *Well Above Average*.

In 2021, over 90 percent of providers who participated in the survey stated that they would recommend Aetna Better Health of Texas and overall satisfaction with Aetna was over 73 percent.

Our 2021 annual survey results show improvements in several areas. The survey results have helped reveal strengths as well as some areas for improvement.

Provider satisfaction improved in the following areas:

- Overall satisfaction
- Likelihood to recommend Aetna Better Health of Texas to other providers
- All other plans (Comparative Rating)
- Finance
- Utilization and Quality Management

Provider satisfaction opportunities for improvement exist in the following areas:

- Network/coordination of care
- Health plan call center service staff
- Provider relations

Many interventions have been implemented to continue to improve our service and provider experience, including additional provider trainings. We have also created an experience work group to continuously strategize ways to improve the provider experience.

Your feedback is crucial to delivering excellent provider experience. **Satisfaction surveys for 2022 will be sent out in August, so, if you receive a survey, please be sure to complete.**

If we are not meeting your expectations and needs, please let us know by contacting a provider relations representative.



Clinical practice guidelines

Aetna Better Health adopts nationally accepted evidence-based clinical practice, preventive care and behavioral health care guidelines from the U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control (CDC) and Prevention, and other specialty societies and national clinical organizations.

Evidence-based practice guidelines are based on information available at a specific point in time and during review and adoption by the Provider Advisory Committee and Clinical and Administrative Advisory Committee.

The guideline review and update process are implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period. Guidelines are adopted to facilitate improved health care and appropriateness in the delivery of health care. They are not intended to direct coverage or benefits determinations, or treatment decisions.

You can find the following current preventive, clinical and behavioral health care guidelines on our website at: aetnabetterhealth.com/texas/providers/clinical-guidelines-policy-bulletins.html

Preventive health guidelines

- Perinatal
- Vaccine recommendations for birth to 18 years of age, and adults including pregnant women
- Tobacco use in children and adolescents
- Influenza
- Human papillomavirus screening (HPV)
- Hepatitis C screening

Clinical practice guidelines

- Asthma
- Breast cancer
- Coronary artery disease
- Diabetes

Behavioral health guidelines

- Addiction
- Alcoholism
- Child and adolescent attention deficit hyperactive disorder (ADHD)
- Opioid use disorders
- Tobacco cessation
- Major depressive disorder

Other bulletins and guidelines

- Medical clinical policy bulletins
- Care guidelines from MCG Health

Providers can request hard copy(s) by contacting their provider relations representative. Disclosure of clinical guidelines is not a guarantee of coverage.



Any changes to your demographic 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 demographic information, please contact us at the emails below.

Contact	Type of Update
ABHTXCredentiaing@Aetna.com	<p>Adding providers, change of physical address, contracting, credentialing, copies of contract or checking credentialing/contracting status.</p> <p>If you have a new provider joining your practice, you must submit a:</p> <ul style="list-style-type: none"> • Prospective Provider Form • W9 <p>The application can be found on our website at AetnaBetterHealth.com/Texas.</p>
TXproviderenrollment@Aetna.com	If you have changes to demographics such as address, phone, fax, new service locations, etc.



Join our Provider Advisory Group and Clinical and Administrative Advisory Committee

Your opinion matters. Every year, we host meetings to talk about what's working for us and what needs improvement. We'd love to have you attend. Join us and tell us what you think. Contact your provider relations representative and/or provider web portal.

You can provide valuable feedback to help improve quality management activities, policy, and operational changes. We work to ensure participation and representation from across the state.

Our group meets regularly and includes providers who serve members with:

- A Medicaid plan
- Very low incomes
- Special needs

Membership is representative of the network's:

- Specialty mix
- Geographic locations

- Provider ages/generations and genders
- Experience levels
- Advanced provider mix

Board objective

The objective of both the Provider Advisory Group and the Clinical and Administrative Advisory Committee is to improve our plan's performance by promoting:

- Active provider involvement
- Effective communication
- Provider leadership development of health plan initiatives

Each provider receives a \$200 stipend for their participation when they attend each meeting. There are four meetings within a year. If you are interested in joining the committee, contact your provider relations representative.



Summer checklist for Texas Health Steps medical checkup

The summer months can be a busy time, especially for those seeing younger patients before they go back to school in August. This is a great time to review with your team about Texas Health Steps components that are required for the checkup to be considered complete.

A comprehensive medical checkup must include the following age-appropriate services as set out in the Texas Health Steps Periodicity Schedule:

- Comprehensive health and developmental history, including nutritional and mental health screening
- Comprehensive unclothed physical examination, including measurements and sensory screening (vision and hearing)

- Immunizations indicated in the recommended Childhood and Adolescent immunization schedule
- Laboratory tests, including age and risk-based tests for lead screening, anemia, dyslipidemia, and type 2 diabetes
- Health education/anticipatory guidance
- Dental referral every six months until a dental home is established

For additional resources including the complete Texas Health Step medical periodicity schedule and Quick Reference Guide, please visit our website: aetnabetterhealth.com/texas/providers/texas-health-steps.html