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## You and your staff can help prevent pediatric tooth decay

Children should begin a program of regular preventive dental care by visiting a dentist, starting at the eruption of the first tooth, but no later than age one. Early childhood caries is the most common pediatric infectious disease. A primary care physician (PCP) can encourage and guide children and their parent/guardian toward a lifetime of oral health by advising a visit to the dentist, and referring to a dental home.

The American Academy of Pediatrics Healthy Teeth, Healthy Children program offers an oral health training program for pediatric practices.

Your practice can learn:

- How to increase revenue through additional reimbursement
- How to obtain and apply fluoride varnish
- How to implement Bright Futures Oral Health Recommendations

Contact the Healthy Teeth, Healthy Children program **484-446-3059** or **hthc@paaap.org** for more information.

Your practice, and Aetna Better Health members, parents or guardians can find help locating a participating dentist by calling DentaQuest member services at **1-888-307-6548** or by using the DentaQuest online dentist directory at **www.DentaQuest.com**.

From the desk of **Matthew Toohey, MD**  
Aetna Better Health Medical Director

## Combatting Neonatal Abstinence Syndrome

Opioid abuse from prescription and illicit drugs has reached epidemic proportions in the United State and care for these patients with substance use disorder (SUD) remains challenging. The issue of care is further compounded when a woman with SUD becomes pregnant.

As providers with experience know, there is no simple or short solution to SUD. As such, even well managed patients who are pregnant will likely give birth to an infant who will experience symptoms of withdrawal: Neonatal Abstinence Syndrome (NAS). Managing this withdrawal with compassion for the infant's distress and an organized approach to monitoring and treatment helps to decreasing the length and severity of illness. Effective behavioral health interventions for mother are also essential as her involvement in her infant's care significantly improves outcomes. Managing this situation well involves input from a host of professionals within the care team.

### Our Neonatal Abstinence Syndrome program

Aetna Better Health of Pennsylvania is proud to launch a new initiative to combat NAS in the state of Pennsylvania. Through case management and outreach, we aim to act as a conduit for

this coordination. Our goal is to identify and outreach pregnant members with SUD, set them up with the treatment they need and support their efforts to stay controlled through pregnancy and through their babies' first year of life. The result is to increase care for our members with SUD, decrease preterm births, and improve care for infants with NAS.

### Call us with questions and referrals - we're here to help

We ask providers who care for pregnant members with SUD to place a call to our Special Needs line at 1-855-346-9828 to enroll members directly in this program.

### Together, we can combat SUD

In our state, tackling this problem will involve more than just collaborative teamwork among providers. It will involve institutions, payers, private organizations and the State of Pennsylvania working together. It will involve facilitating communication between behavioral health and physical health and an organized campaign to raise awareness and facilitate this coordination of care between providers.

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## Refer children under age five to CONNECT for suspected developmental delay

We want to remind you about a Pennsylvania requirement for children with suspected developmental problems.

This requirement states that any child under the age of five with a suspected developmental problem - and not already getting early intervention services - must be referred to Pennsylvania CONNECT. Please call CONNECT at **1-800-692-7288** for an appropriate referral to local early intervention services.

Early intervention services may include:

- Assistive technology devices
- Audiology and hearing services
- Speech and language services

- Family counseling and training
- Medical, nursing, nutrition and psychological services
- Occupational therapy
- Physical therapy

Please refer to the Aetna Better Health Provider Manual for more information about Early Intervention Program services at: <http://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/ProviderManual-PA.pdf>.

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## New mailing address for provider appeals & disputes

Effective immediately, all provider appeals and disputes should be sent to:

**Aetna Better Health**  
252 Chapman Road, Suite 250  
Newark, DE 19702  
**Attn: Appeals Department**

Please contact Provider Relations at **1-866-638-1232** with any questions.

# Aetna Better Health and Pennsylvania Head Start

Aetna Better Health is proud to be working with the Pennsylvania Head Start Association to collaborate with many Head Start programs in every county throughout the Commonwealth.

## What is Head Start?

- A comprehensive preschool program for children of low-income families ages birth through five years old
- Provides comprehensive health, nutrition, and other family support services including opportunities for parent engagement in children's early learning and development
- Ensures that all children in the program are up to date on dental visits and EPSDT well visits and screenings, including vision, hearing, blood lead level, anemia screenings and immunizations

## Your role with Head Start and our young members

We all have a role in the healthy development of our young members. Head Start offices or parents may provide your office with a form to detail all of the health and dental services performed for their child. Completing this form with the requested values establishes documentation of the services rendered and helps Head Start agencies tremendously in their mission in helping vulnerable children and families. We ask that your office please complete the forms and return to the Head Start parent or to the Head Start agency promptly.

## Questions?

Just call Aetna Better Health Provider Relations at **1-866-638-1232**.

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## Help reduce preterm birth rates with Aetna Better Health's Bright Expectations<sup>SM</sup> Maternity Care Program

We need your help in timely identification and assessment of our pregnant members.

The March of Dimes is leading a prematurity campaign to reduce the nation's preterm birth rate to 9.6 percent or less by 2020. Premature birth is a complex problem with no single solution. More than 450,000 babies are born prematurely each year in the United States. In about half of cases, the cause is unknown.<sup>1</sup> Most premature babies are just born a few weeks early, but they remain at risk for severe health problems and lifelong disabilities.

### Teaming up with you to identify and engage pregnant members in Bright Expectations

In 2012, Pennsylvania's preterm birth rate was 10.8 percent.<sup>2</sup> Aetna Better Health is working with our members and providers to facilitate further reductions in the preterm birth rate for Pennsylvania's most vulnerable and at risk citizens. In partnership with our providers, we can accomplish this goal through early identification and engagement in our Bright Expectations Maternity Care Program.

Early identification and engagement of pregnant women is essential to our efforts to minimize the risk of pre-term births and to promote healthy behaviors to facilitate healthy pregnancy and delivery. The Bright Expectations Maternity Care Program provides case management support to pregnant members by offering:

- Educational support
- Assistance in scheduling appointments
- Assistance with transportation
- Signing up for text reminders
- Connecting to community resources like Women, Infants and Children (WIC)
- Participation in the member rewards program

### Submit the Obstetrical Needs Assessment Form to expedite Bright Expectations enrollment

Timely submission of the Obstetrical Needs Assessment Form (ONAF) will expedite enrollment of pregnant members in Bright Expectations where they can take advantage of the program benefits. You can also call Aetna Better Health at **1-866-638-1232** to refer a pregnant member to our program.

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<sup>1</sup> March of Dimes Foundation. Prematurity Research [article online]. 2015. Available at: <http://www.marchofdimes.org/research/prematurity-research.aspx>

<sup>2</sup> National Center for Health Statistics, final natality data. Retrieved April 30, 2015 at: <http://www.marchofdimes.org/research/prematurity-research.aspx>



# Drug holidays and follow-up care for children with attention deficit hyperactivity disorder

Children with attention deficit hyperactivity disorder (ADHD) can be greatly helped by medication if behavioral modification strategies alone haven't been effective. A critical part of care is regular follow-up visits with their primary care practitioner (PCP) or other prescribing practitioner to assess the child's response to treatment. Additionally, HEDIS™ (Healthcare Effectiveness Data and Information Set) measures require that children ages 6 to 12 years who are newly prescribed ADHD medication:

- Must receive a follow-up visit within 30 days of starting medication treatment, and
- Be seen a minimum of 2 more visits in the next 9 months following. This is a minimum requirement and more frequent follow-up may be needed, depending on symptoms.

## Potential barriers to timely follow-up visits

One of the potential barriers to timely follow-up visits for children on ADHD medications is “drug holidays,” or structured treatment interruptions. Drug holidays are a deliberate decision to suspend the use of the child's medication for a period of time, typically for a weekend or over the summer.

### Drug holidays occur for a variety of reasons:

1. To assess the effectiveness of the medication
2. To temporarily remove side effects (i.e. decreased appetite, possible weight loss or slowed growth, sleep changes)
3. Caregivers' concern that their child should not be on medication

Caregivers may discontinue medication when a child is not in school and therefore a low demand for focus and concentration on school tasks. Caregivers may feel that they're giving the child's body a “break.” Also, children that travel between two households may have parents or caregivers that disagree on whether the child needs medication at all, resulting in inconsistent medication administration.

Because of drug holidays, children may not receive timely follow-up with their prescriber. From a parent's perspective, if they still have medication on hand and don't need refills, they may not feel a visit is necessary. However, best practice and quality of care still dictate that regular follow-up visits are needed to monitor

for side effects, normal growth, and to adjust dosing if needed. Follow-up visits also offer an important opportunity to review behavior modification strategies and brainstorm new solutions. Children are constantly developing and changing, necessitating changes in approach to treatment.

### How you can support timely follow-up care

Providers can support good follow-up care for children prescribed ADHD medications through a variety of methods, including:

- Parent/caregiver education as to why their child needs to be seen on-time as scheduled, even though they may have remaining medication available.
- Schedule the follow-up appointment during the initial visit and well before the 30-day mark.
- Phone calls to remind and encourage the caregiver to bring the child in as scheduled. Patients are more likely to adhere to a treatment plan if they feel that the provider and staff are concerned and invested in their well-being. Phone calls can make the difference where a letter may not.
- Develop a simple form for caregivers to give teachers and behavioral health providers to complete, to gain more insight into the child's progress and functioning.

### Remember to code your claims correctly

Help ensure that children are receiving the best care possible for their behavioral health needs and ensure that you receive full credit for the quality of care that you're providing. Be sure to use the correct codes when submitting your claim. The following codes will all meet HEDIS requirements for “ADD Stand Alone Visits:”

**90804-90815; 96150-96154; 98960-98962; 99078; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99381-99384; 99391-99394; 99401-99404; 99411; 99412; 99510**

We want to remind you that the child does not have to see the prescribing practitioner to meet the HEDIS requirement; they can see either their PCP or their behavioral health specialist. Correct coding is essential to accurately capturing the visit on the claim.



# Improving member health the mobile way

We've unveiled new cell phone and text messaging benefits for our Aetna Better Health members.

A free cell phone with 250 free minutes per month and unlimited text messages can make a big difference to anyone struggling to make ends meet.

The new program also includes a text messaging package promoting healthy behaviors and self-health management resources.

## Why go mobile?

Mobile phones that provide text-based resources, tools and reminder messages are an effective way to engage our health plan members and improve health outcomes. Smokers who received counseling through text messages doubled their odds of kicking the habit when compared to those who relied on internet searches and basic information brochures.<sup>1</sup>

## How it works

Qualified members can receive a free SafeLink cell phone with:

- 250 free minutes per month

- Free unlimited text messaging
- The option to buy extra minutes at a discounted rate (10 cents a minute)
- Free, unlimited calls to their health plan member services (phone number is automatically programmed in to the SafeLink phone)
- Free text messages including health tips, appointment reminders and more

For more information, please contact member services at **1-866-638-1232**.

<sup>1</sup> *A Randomized Trial of Text2Quit: A Text Messaging Program for Smoking Cessation.* Ashley L. Boal, Samuel J. Simmens, PhD, Judith A. Mendel, MPH, Richard A. Windsor, PhD, Milken Institute School of Public Health, The George Washington University, Washington, District of Columbia. Published Online: June 05, 201

## Care management & disease management at Aetna Better Health

You can refer your Aetna Better Health patients for care management or disease management services by calling **1-866-638-1232**. You can also contact the Aetna Better Health inpatient concurrent review nurse for patients in an inpatient facility.

### We use many ways to identify members for care management and disease management

Aetna Better Health uses the following sources to identify members for care management and disease management:

- Enrollment data from the state
- Predictive modeling tools
- Claim/ encounter information including pharmacy data if available
- Data collected through the utilization management processes
- Laboratory results
- Hospital or facility admissions and discharges
- Health risk appraisal tools
- Data from health management, wellness or health coaching programs

We may also use referrals from our health information or special needs lines, members, caregivers, providers or practitioners

to identify members appropriate for care management and stratification levels for case managed members.

### Disease management and automatic enrollment

We offer disease management programs to members with specific medical conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Heart failure (HF)
- Diabetes

Members don't have to enroll. We automatically enroll them when we identify them as having one of the above conditions. We'll inform you of their participation and make sure that we work with you to reinforce their treatment plan. Our goal is to educate, support and prevent the disease from getting worse. We want to reduce hospitalization and high usage of healthcare resources by giving members the tools and resources they need to better manage their health.

For more information about our care management and disease management programs, visit our website at **[www.aetnabetterhealth.com/pennsylvania](http://www.aetnabetterhealth.com/pennsylvania)**.



# HealthChoices Medicaid Adult benefit package effective April 27, 2015

On February 9, 2015, Governor Wolf announced his intent to transition to a simplified, traditional Medicaid expansion plan. The Medicaid expansion plan combined the three Healthy PA adult benefit plans into one Adult benefit package and involves a phased transition from PCO to HealthChoices MCOs.

The Department and MCOs implemented the new Adult benefit package on April 27, 2015. The Adult benefit package provides the same level of coverage for all non-PCO enrolled eligible adults, ages 21 and older. The Interim Healthy and Healthy Plus benefit plans were discontinued effective April 26, 2015, with beneficiaries in those plans being transferred to the Adult benefit package.

The Adult benefit package complies with the Essential Health Benefits requirement established under the Patient Protection and Affordable Care Act (ACA) and Federal mental health parity requirements for behavioral health services. The Adult benefit package also provides coverage of early and periodic screening, diagnostic and treatment (EPSDT) services for those

ACA Newly Eligible Adult Group members less than 21 years of age, in compliance with Federal Medicaid requirements. More information can be found in the Medical Assistance Bulletin 99-15-05 at: <http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=99-15-05>.

## Benefit Chart

[http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin\\_admin/c\\_172250.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_172250.pdf)

You can access DHS training and informational guides to help you during the transition to the new HealthChoices Expansion Program on our website at <http://www.aetnabetterhealth.com/pennsylvania/providers>.

Be sure to also visit [www.HealthChoicesPA.com](http://www.HealthChoicesPA.com) frequently for up-to-date information about HealthChoices Expansion.

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## Children's Health Insurance Plan (CHIP) eligibility and benefit changes

The Centers for Medicare & Medicaid Services (CMS) has notified the state of Pennsylvania that its CHIP full-cost program must meet minimum essential coverage (MEC) requirements mandated by the Affordable Care Act.

CMS has advised the Pennsylvania Insurance Department that benefit changes must occur for full-cost CHIP population on July 1, 2015. As a result, all Pennsylvania CHIP Insurers, including

Aetna Better Health, must make changes to benefit limits for some services and increase "add-on" vision and dental services, when medically necessary.

We have notified the approximately 350 Aetna Better Health Kids members that are impacted by this change. For more information, please contact Provider Relations at **1-800-822-2447**.



# 2014 provider satisfaction survey results

Aetna Better Health's provider satisfaction survey is conducted annually to assess provider satisfaction with us and to measure how well we are meeting providers' expectation and needs.

The survey was conducted from December 2014 to March 2015 by The Myers Group (TMG), a National Committee for Quality Assurance (NCQA) certified survey vendor using a two-wave mail, interactive voice response (IVR) reminder call, and phone follow-up survey methodology.

The survey was mailed to 1500 participating primary care, specialty, and behavioral health provider groups. A total of 348 surveys were completed, yielding a response rate of 8.6% via mail and 24.3% via the telephone data collection component. Specialty providers accounted for the largest category of respondents.

The table below reflects the composites covered in the survey and summary rates. The top 2 summary rates represent the proportion of respondents who chose Very Good or Good.

Composites/Attributes	Summary Rate Definition	2014 Top 2 Summary Rates		2013 TMG Medicaid B.o.B. Top 2 Summary Rate
		Aetna	All Other Plans	
Call Center/Member Services Staff		25.70%	27.40%	NA
Provider Relations	Excellent or	23.60%	23.20%	40.70%
Continuity/Coordination of Care	Very good	31.10%	30.50%	38.20%
Network		24.20%	28.70%	36.90%
Utilization & Quality Management		21.90%	23.10%	NA
Finance Issues		19.90%	23.00%	NA
<b>Aetna Better Health Overall Satisfaction and Loyalty</b>		<b>66.60%</b>	<b>NA</b>	<b>81.60%</b>
Recommend to other physicians	Definitely or	71.90%	NA	85.20%
Recommend to other patients	Probably Yes	69.70%	NA	84.20%
Overall satisfaction	Very/Smwt Satisfied	58.10%	82.40%	75.30%

The 2013 TMG Medicaid Book of Business is a benchmark containing data from all eligible Provider Satisfaction Surveys for which TMG collected data in 2013. The benchmark is comprised of Primary Care Physicians, Specialists, and Behavioral Health Clinicians and includes data from 58 plans encompassing 21,011 respondents.

## 2014 provider satisfaction survey action plan

We continue to strive to keep providers informed and educated to better serve our members. An analysis of the 2014 results was conducted to identify opportunities for improvement in 2015. An action plan was created to include, but not limited to the following targeted improvement areas: quality of practitioner educational meetings/in-service, timeliness of appeals process, accuracy of claims processing, timeliness to answer questions and/or resolve

problems and resolution of claims payment problems or disputes. The survey results and action plan are monitored by our Service Improvement Committee and reported to our quality committees.

Our goal is to improve the level of service we provide to our customers every day. Your feedback helps us in this effort and is greatly appreciated.

## Fraud, Waste and Abuse

Aetna Better Health provides a number of ways to report compliance matters, including potential fraud or abuse issues. This is especially important when you or your office suspect or identify any of these scenarios:

- Members living out of the state of Pennsylvania
- Use of a Promise or Aetna Better Health ID that is not the member's
- Potential drug seeking members

You can report suspected fraud or abuse to us in the following ways:

- By phone to our confidential Fraud & Abuse Reporting Hotline at **1-800-333-0119**
- Electronically, using the Fraud and Abuse Reporting Form available on our website

Everything we do at Aetna Better Health has some connection to living by our values, meeting commitments and following the laws and regulations that govern our business. We believe that our providers agree that compliance is everyone's business. Thank you for your partnership and commitment.