

# AETNA BETTER HEALTH<sup>®</sup> OF TEXAS

## Provider newsletter

Fall 2016



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## Reminder on balance billing

### Are you preparing to bill a Medicaid and/or CHIP member?

If so, please remember the following: **Medicaid: 42 C.F.R. § 447.15** means Acceptance of State payment as payment in full.

This means that a provider is not to bill the difference between the amount paid by Aetna Better Health of Texas and the provider's customary charge to your patient, your patient's family or a power of attorney for your patient. Balance billing for Medicaid services is a violation of your provider contract.

CHIP: Health and Human Services Commission (HHSC) rule at §370.453 prohibits balance billing to Children's Health Insurance Program (CHIP) members. You may only seek reimbursement from a CHIP managed care organization for a covered service provided to a CHIP member. You may not seek reimbursement or attempt to obtain payment directly from a CHIP member, the CHIP member's family, or the CHIP member's guardian for a covered service. Eligible providers must agree that payment received for covered services will be accepted as payment in full and must agree that they won't bill the member or the member's guardian for any remaining balance for covered services rendered.

This applies to all covered services provided to a CHIP member, including emergency services provided by an out of network provider.

This does not apply to:

- Authorized copayments
- A covered service of CHIP with a capped benefit level, once the CHIP member exceeds the benefit cap
- Unauthorized out of network services
- Services that aren't covered services under CHIP

## Reminder on balance billing *Continued from page 1*

In addition, providers may not bill or take other recourse against the CHIP member, the CHIP member's family, or the CHIP member's guardian for claims denied as a result of error attributed to the provider or claims processing entity. This rule applies to providers that participate in Aetna Better Health of Texas' network and out of network providers. The number one highest volume of member complaints is balance billing issues.

Aetna Better Health of Texas' member advocates have to contact the billing provider's business office to resolve the issue and zero balance the member. Many of these issues are sent to a collection agency, which requires an additional discussion with your office. In effect, this becomes a non issue but countless hours are spent on resolution.

We will continue to resolve balance billing issues as received. However, we want to provide this gentle reminder for your reference when preparing bills for Medicaid members.

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## Recredentialing

Recredentialing occurs every three years for provider and facilities. Aetna utilizes CAQH for practitioner credentialing. Be sure to authorize us access to view your information so we can begin credentialing and recredentialing.

It's important that practitioners keep their information up to date with CAQH to ensure completion of credentialing.

Aetna's credentialing department reaches out to you and facilities a total of three times to obtain missing information.

It's imperative that you respond to these requests for information. Should the contact on file with CAQH or Aetna (for facilities) change, be sure to update your information with CAQH through their website or Aetna (for facilities). Send updated information to Aetna Provider Relations [TXProviderEnrollment@aetna.com](mailto:TXProviderEnrollment@aetna.com). Keeping your contact information current will help us direct our correspondence and request to the appropriate person.

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## Help us stop fraud

We urge you to remember that it is your responsibility as a Medicaid program provider to report suspected fraud and abuse.

To report fraud or abuse, you can call the Office of the Inspector General Hotline at **1-800-436-6184**. Or you can call the Aetna Better Health of Texas' Special Investigations Unit Coordinator at **1-866-519-0916**. We prefer, but do not require, that you provide enough information to help us investigate, including:

- Name of the Aetna Better Health of Texas member or provider you suspect of fraud
- Member's Aetna Better Health of Texas Plan card number
- Name of doctor, hospital or other health care provider
- Date of service
- Amount of money that Aetna Better Health of Texas paid for service, if applicable
- Description of the acts you suspect involve fraud or abuse

You can also visit our website at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas), and fill out the form under "Fraud Reporting." You can then send us the suspected fraud information.

Thank you for your continued support!



# Changes to the Sterilization Consent Form and Instructions, approval process, and Denial Letter

Information posted July 15, 2016

**Note:** This article applies to transactions submitted to TMHP for processing. For transactions processed by a Medicaid managed care organization (MCO), providers must refer to the MCO for information about benefits, limitations, prior authorization, and reimbursement.

Effective September 1, 2016, the following changes will be made to the Sterilization Consent Form and corresponding instructions, the Sterilization Consent Form Denial Letter, and the process that providers must follow to submit the consent form to TMHP. The changes include the following:

- The Sterilization Consent Form and instructions have been updated to include field numbers and asterisks to indicate required fields.
- The first submission of the Sterilization Consent Form received by TMHP will be processed, and resubmissions of the form with corrections will not be processed.
- If deficiencies are found with the submitted Sterilization Consent Form, necessary corrections (if applicable) can be resubmitted to TMHP using the space provided on the Sterilization Consent Form Denial Letter that will be faxed to providers if deficiencies are found.
- Certain corrections to the Sterilization Consent Form will no longer be allowed, and the form will not be approved.
- For certain corrections, providers may be allowed three attempts to make the necessary corrections using the Denial Letter. If all requirements are not met upon the third attempt, the Sterilization Consent Form will not be approved.

These changes will impact Texas Medicaid Title XIX family planning services, the Healthy Texas Women's (HTW) program, the Department of State Health Services (DSHS) Family Planning Program (DFPP), and Expanded Primary Health Care (EPHC) providers.

**Important:** Beginning September 1, 2016, consent forms that have not yet been approved will begin to be processed according to these new requirements. Even if a consent form has been submitted multiple times on or before August 31, 2016, the first version of the form that is submitted on or after September 1, 2016, will be considered the official submission, and the provider will be afforded three attempts to correct any deficiencies.

## Required fields

The Sterilization Consent Form has been updated to identify required fields with an asterisk (\*). Fields indicated with a double asterisk (\*\*\*) are required only under certain conditions. Each field has been numbered for easier identification.

All Sterilization Consent Forms will be considered based on fields required for processing and fields required for approval.

## Fields required for processing

The following fields will be required in order to process the consent form and notify the provider if deficiencies are found and corrections are necessary:

- 29. TPI:** If this field is missing or invalid, the consent form cannot be processed. This field must be corrected on the Denial Letter.
- 30. NPI:** If this field is missing or invalid, the consent form cannot be processed. This field must be corrected on the Denial Letter.
- 33. Provider/Clinic fax number:** If this field is missing or invalid, the provider will not receive notice if the consent form is denied or requires additional information.

Important: Providers must use the space indicated in the Denial Letter to submit corrections to TMHP. Providers must not resubmit a corrected Sterilization Consent Form. Only the first submission of the form received by TMHP will be processed; resubmissions of the Sterilization Consent Form will not be considered.

Fields required for approval: Corrections permitted

Certain fields on the consent form are required for the submitted form to be approved. If information in the required fields is missing, invalid, or illegible, TMHP will fax the provider a Sterilization Consent Form Denial Letter requesting the corrected information and documentation indicating the correct information if applicable. Acceptable documentation includes a copy of the applicable pages of the operative report, a copy of the client's valid state-issued ID or driver's license, or a copy of the applicable pages of the client's medical record, as appropriate.

Note: The entire operative report or client medical record is not required. A copy of the applicable pages of the operative report or client's medical record is acceptable.

The "Reference #" indicated at the top of each page of the Sterilization Consent Form Denial Letter must be included on each page of the submitted documentation to avoid delays in processing.

The following fields are required in order for the consent form to be approved, and unless otherwise indicated with an asterisk (\*), acceptable documentation must be submitted with proof of the correct information:

## Consent to Sterilization

5. Client's birthday [month, day, year]
6. Client's full name

The client's state-issued license is sufficient to document the client's name if necessary.

## Interpreter's Statement

14. Interpreter's Signature
15. Date of Signature

Continued on page 4

# Changes to the Sterilization Consent Form and Instructions, approval process, and Denial Letter *Continued from page 3*

The Interpreter's Statement must only be completed if a third party's services were required to ensure the client understands the procedure in the client's primary language (other than English).

If the Interpreter's Statement section is completed in error, providers will be required to provide documentation that an interpreter's services were used. If an interpreter's services were required and the Interpreter's Signature and Date of Signature are left blank, the consent form will receive a final denial.

**Note:** If the date in field 15 is completed but does not meet requirements, providers will be given the opportunity to submit documentation to correct the date if errors need to be corrected. If this date of signature is missing, the consent form will receive a final denial and cannot be resubmitted to TMHP.

## Statement of Person Obtaining Consent

16. Client's full name
17. Specify type of operation
19. Date of Signature
20. Facility name: (\*documentation not required)
21. Facility address: (\*documentation not required)

## Physician's Statement

22. Name of individual to be sterilized
23. Date of sterilization
24. Specify type of operation
25. Choose one of the two statements as applicable
- 26a. Expected date of delivery (mm/dd/yyyy)
- 26b. Emergency abdominal surgery; describe circumstances (operative report required)
28. Date of Signature

**Note:** If the date in fields 19 and 28 are completed but do not meet requirements, providers will be given the opportunity to submit documentation to correct the date if errors need to be corrected. If these dates of signatures are missing, the consent form will receive a final denial and cannot be resubmitted to TMHP.

Providers must use the space indicated in the Denial Letter to submit corrections to TMHP. Providers must not resubmit a corrected Sterilization Consent Form. Only the first submission of the form received by TMHP will be processed; resubmissions of the Sterilization Consent Form will not be considered.

Fields required for approval: Corrections are not permitted

The following signature and date fields must be completed for the consent form to be approved. If applicable signatures or dates of signatures are missing, the consent form will receive a final denial and cannot be resubmitted to TMHP.

3. Doctor or clinic
4. Specify type of operation
7. Doctor or clinic
8. Specify type of operation
9. Client Signature
10. Date of Signature
18. Signature of person Obtaining Consent
19. Date of Signature (left blank)
27. Physician's Signature
28. Date of Signature (left blank)

**Note:** If the dates in fields 19 and 28 are completed but do not meet requirements, providers will be given the opportunity to submit documentation to correct the dates if errors need to be corrected.

## Review and approval

Each submitted consent form will be reviewed and approved or denied as follows:

- Approved
- Denied pending correction
- Final denial

## Approved

The provider can submit the claim for consideration of reimbursement.

The provider will not receive notice of an approval. All consent forms will be processed within three business days. If the provider has not received a faxed Denial Letter by the fifth business day after submission, the provider can submit the claim for consideration of reimbursement.

## Denied pending corrections

If information is missing, invalid, or illegible on the submitted consent form, providers will receive a Denial Letter as notification of the deficiencies found with the consent form. For required fields (other than the signature and date of signature fields), providers will have up to three opportunities to make the necessary corrections to the form using the space provided on the Denial Letter.

**Important - Corrections:** Providers must use the space indicated in the Denial Letter to submit corrections to TMHP. Providers must not resubmit a corrected Sterilization Consent Form. Only the first submission of the form received by TMHP will be retained; resubmissions of the Sterilization Consent Form will not be considered.

**Important - Fax number:** If the Provider/Clinic fax number (field #33) is missing from the Sterilization Consent Form or is invalid, the provider will not receive notification of a denied consent form.

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# Changes to the Sterilization Consent Form and Instructions, approval process, and Denial Letter *Continued from page 4*

If the provider does not receive notice of a denied consent form, and the claim is denied for no consent form:

1. The provider can call the TMHP Contact Center at **1-800-925-9126** for information about the denied claim and the consent form.
2. The TMHP Contact Center will fax the “Sterilization Consent Form: Request for fax number” form to the provider.
3. The provider must complete the “Sterilization Consent Form: Request for fax number” form with the appropriate fax number, and fax the document to the TMHP Family Planning Unit at **512-514-4229**.
4. The TMHP Family Planning Unit analyst will fax the provider the Denial Letter with the information of each deficiency that requires correction.

Upon receipt of the Denial Letter, the provider can take action as necessary and complete the consent form approval process before appealing the claim for consideration of reimbursement.

As a reminder, claims must meet all filing deadlines to be considered for reimbursement.

## Final denial

The submitted consent form will receive a final denial for the following reasons:

- The provider has exhausted 3 attempts to correct all missing, invalid, or illegible information on the consent form.
- The Consent to Sterilization section is missing one or more of the following fields or the information provided does not meet requirements: 3 Doctor of clinic, 4 Specify type of operation, 7 Doctor or clinic, 8 Specify type of operation, 9 Client Signature, or 10 Date of Signature.
- The information provided does not meet requirements.
- The Sterilization Consent Form that is submitted is the wrong version. Providers must use the current version of the consent form as posted to the TMHP website at [www.tmhp.com](http://www.tmhp.com).
- One or more signatures or dates of signature is missing or does not meet requirements. All applicable signatures

and dates must be on the consent form upon submission and must be original, handwritten, and unaltered.

If the consent form has received a final denial, corrections will not be considered by TMHP, and all related claims will be denied.

**Refer to:** The Texas Medicaid Provider Procedures Manual, Volume 1, Section 7.3, “Appeals to HHSC Texas Medicaid Fee-for-Service,” for additional information about appeals options.

## Sterilization consent

Effective September 1, 2016, the Sterilization Consent Form has been updated as follows:

- Asterisks have been added to indicate required fields.
- All fields have been numbered for easier identification.
- The instructions have been updated to accommodate the updates to the approval process.
- The initial submission and correction check boxes have been removed from the top of the form.
- The Program section has been removed from the bottom of the form.
- The information fields have been made fillable so that the information can be typed into each field before the form is printed and signed and dated.

**Important:** This form is fillable. The information can be typed into the form electronically. This form cannot be electronically signed or dated. After the required fields have been completed, the form must be printed and signed and dated by all necessary parties. Only handwritten wet signatures and signature dates are accepted.

Providers can continue to use the previous version (Effective Date\_09012014/Revised Date\_01212014) of the Sterilization Consent Form until March 31, 2017. Beginning April 1, 2017, providers must use only the new version of the form (Effective Date\_09012016/Revised Date\_05312016). All previous versions of the form will receive a final denial.

For more information, call the TMHP Contact Center at **1-800-925-9126** (select Option 2 and then Option 3).



# Prescriber Zika Notice

On June 1, 2016, the Centers for Medicare & Medicaid Services (CMS) released an informational bulletin on Medicaid benefits available for the prevention, detection, and response to the Zika virus. The CMS bulletin allows state Medicaid programs to choose to cover mosquito repellents when prescribed by an authorized health professional and provided as a pharmacy benefit. Because there is not a vaccine to prevent the disease or medicine to treat it, it is important for women to use repellent to protect themselves and unborn babies.

Texas Medicaid has responded by adding mosquito repellent products to the Texas Medicaid and CHIP formularies, beginning August 9, 2016. The following information provides details surrounding the Texas Medicaid insect repellent benefit, recommends how to prescribe mosquito repellent to Texas Medicaid clients as a prescription, and also contains general information about Zika virus. For information on Zika testing, please visit [www.TexasZika.org/labs](http://www.TexasZika.org/labs).

## Benefit details

### Eligible clients:

Females aged 10-45 years and pregnant women of any age

### Benefit limits:

1 can/bottle of mosquito repellent per prescription fill, with one additional refill allowed per client, per calendar month through October 31, 2016

### Programs included:

Fee for Service Medicaid, Managed Care Medicaid, Children's Health Insurance Program (CHIP), CHIP-Perinate, Healthy Texas Women, and Family Planning

### Covered products:

Covered products\* have been selected based on guidance from the Centers for Disease Control and include the recommended amount of the active ingredient DEET or Picaridin.

Billing NDC	Product Name	Product UPC	Package Size	Unit of Measure	Active Ingredient
11423000338	Repel Sportsmen Max 40% spray	11423003387	184	GM	DEET
11423094133	Repel Sportsmen Dry 25% spray	11423941337	113	GM	DEET
11423094137	Repel Sportsmen 25% spray	11423941375	184	GM	DEET
11423094139	Repel Hunter's 25% spray	11423941399	184	GM	DEET
46500001842	Off Deep Woods 25% spray	46500018428	170	GM	DEET
46500071764	Off Deep Woods Dry 25% spray	46500717642	113	GM	DEET
71121096280	Cutter Backwoods 25% spray	71121962805	170	GM	DEET
71121096283	Cutter Backwoods 25% spray	71121962836	311	GM	DEET
71121096435	Cutter Backwoods Dry 25% spray	71121964359	113	GM	DEET
44224006878	Natrapel 20% spray	44224068781	177	ML	Picaridin
50716000544	Insect Repellent 20% spray (Sawyer)	50716005448	118	ML	Picaridin

### How to prescribe mosquito repellent

Prescribers are recommended to include the following details when prescribing mosquito repellent to help minimize requests for clarification from pharmacies, or request for refills for mosquito repellent within the current mosquito season.

### Recommended prescription details:

Drug name: "Mosquito repellent"

- Mosquito repellent will be treated as a generic medication and pharmacies will have the authority to fill the prescription with any covered product.
- Please specify the active ingredient if your patient cannot tolerate both and note "Do not substitute"

Directions: Spray topically as directed for the prevention of Zika virus

Quantity: 1 can/bottle

Refills: 11

- It is recommended that prescribers send prescriptions to pharmacies via phone, fax, or electronic prescription to minimize office visits.
- Prescribers should not schedule office visits solely for clients to obtain a mosquito repellent prescription, unless medically necessary.
- Prescribers should consider offering mosquito repellent prescriptions to eligible clients at any pre-scheduled office visits to minimize follow up requests for mosquito repellents.
- Only eligible Medicaid, CHIP, and Healthy Texas Women clients require a prescription for mosquito repellent.

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## Prescriber Zika Notice *Continued from page 6*

### Other benefits available through Texas Medicaid

The following benefits are covered under current Texas Medicaid and may be helpful to clients who contract the Zika virus:

- Family planning services
- Contraceptives, including long-acting reversible contraceptives
- Diagnostic testing
- Targeted case management
- Physical therapy
- Long term services and support
- Acetaminophen and oral electrolytes for Zika symptoms
- Potential coverage for additional ultrasounds for pregnant women

### Zika virus

Zika is a virus spread to people through infected mosquitos. The virus can also be spread through sexual contact and from mother to fetus during pregnancy.

Most people infected with the virus have mild or no symptoms. Symptoms are usually mild and typically lasts a few days to a week. The most common symptoms of Zika virus are fever, rash, joint pain, and conjunctivitis (red eyes). Symptoms may be mild and not last long, but the virus may stay in a person's system for weeks to months.

Avoidance of Zika virus is important in pregnant women or women planning to become pregnant. Infection during pregnancy can cause certain birth defects, including microcephaly.

### Prevention of Zika virus

- Prevent mosquito bites
  - Use mosquito repellent, as directed on the can/bottle
  - Wear long sleeved shirts and long pants
  - Stay in places with air conditioning or window and door screens
  - Remove standing water around your home
- Pregnant women should not travel to areas with Zika virus
- Pregnant women who have a male partner who lives in or has traveled to an area with Zika virus, should not have sex, or should use condoms the right way, every time, during pregnancy.

### Additional resources

- [www.TexasZika.org](http://www.TexasZika.org) -- Texas Department of State Health Services site includes excellent, up-to-date resources for health care professionals and consumers. Informational materials may be ordered at no cost to providers.
- For information about testing for Zika, please see [TexasZika.org/labs.htm](http://TexasZika.org/labs.htm)
- [www.cdc.gov/zika/](http://www.cdc.gov/zika/)

### Questions?

Prescribers with questions may contact the patient's MCO provider line. For patients in fee-for-service, prescribers may send their questions to [VDP\\_Formulary@hhsc.state.tx.us](mailto:VDP_Formulary@hhsc.state.tx.us)



## Influenza vaccination and treatment

With the approach of the flu season, it is not too early to prepare and update with the newest medical recommendations. The big news for this year is that the CDC and American Academy of Pediatrics are not recommending Live Attenuated Influenza Vaccine (LAIV) (Flumist) for the 2016-2017 influenza season based on observational studies that show the LAIV is less effective than Inactivated Influenza Vaccine (IIV). This recommendation is only for the upcoming flu season at this time. It is in marked contrast to two randomized control studies showing that LAIV was as or more effective. The conflicting results can be explained by the genetic drift of the influenza strains. The important takeaway for providers is not to use LAIV this season as HHSC/VDP will not provide coverage for FluMist.

IIV is recommended for all children and adults over age 6 months. The types of IIV have expanded in recent years giving the provider many more choices and decisions. The first choice is use of the vaccine against 3 or four strains. While the evidence is not clear, IIV4 is more likely to have a broader range of coverage because more strains would be covered. However, the intradermal version (IIV3 ID) is only available for IIV3 at present. There are two versions of IIV3 produced that can be used on those with severe egg allergy with only one that is completely egg free. While 1% of children have IgE to egg, egg free IIV3 is only indicated in the very rare patient with severe egg allergy. In almost all cases egg allergy influenza vaccine can be given.

Dosing varies by age with only two doses recommended for first time administration under age 6. All other patients should receive one dose. IIV is safe for administration during pregnancy and is indicated by the fact that pregnant women

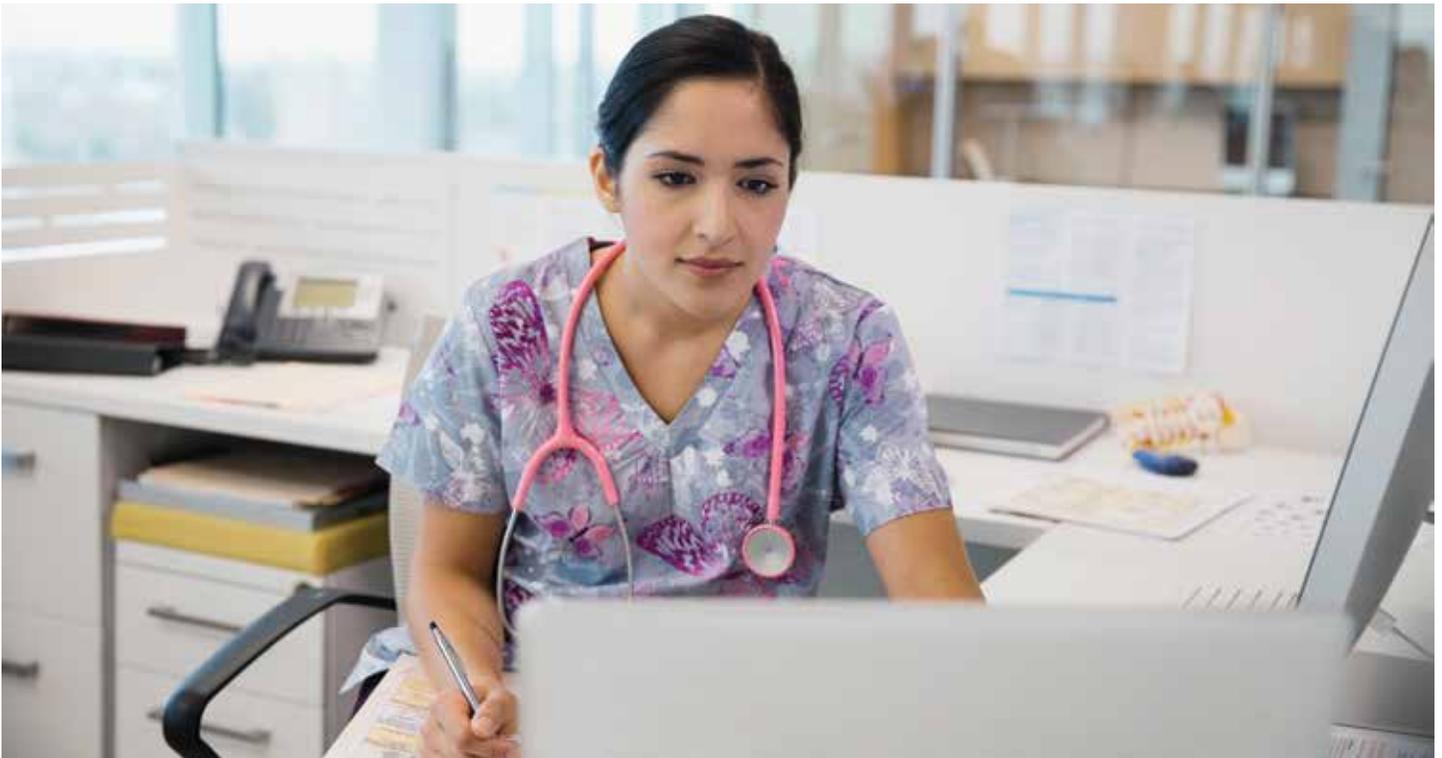
are a high risk group for severe influenza and death. All pregnant women should receive IIV. Other patients with respiratory conditions and compromised immunologic conditions are also high risk for severe illness and should all receive IIV.

The AAP and ACIP publish their recommendations in September of each year. Influenza vaccine is covered in the Texas Vaccines for Children Program for those under age 18. Influenza vaccine for pregnant women is not provided by the VFC. Aetna only covers influenza vaccine for enrolled members under age 18 through the VFC program. Aetna will pay for influenza vaccine administered to our pregnant women and adult members which is available through Aetna/CVS participating pharmacies free of charge. Low cost influenza vaccine for family members is available through public health departments, pharmacies and some in network providers.

Cocooning, the immunization of family members of those at high risk, has been shown to be efficacious in influenza prevention. Providers should consider immunizing all family members of those at high risk such as pregnant women, those with immunologic compromise and those with significant cardiac and respiratory disease.

Oseltamavir (Tamiflu) as covered for Texas Medicaid. It is indicated for children over age two weeks for treatment of influenza. Since many diseases produce flu like symptoms, a rapid flu test should be performed before prescribing oseltamavir and the prescription only given for a positive result. Oseltamavir has only been shown to be effective in the first 48 hours after onset of symptoms





## Aetna Better Health of Texas prepares for NCQA accreditation and the Quality Assessment Performance Improvement Program

The purpose of Aetna Better Health of Texas' Quality Assessment Performance Improvement (QAPI) Program is to ensure that all services meet the highest standards of quality care and member safety. Measurement provides a framework for continuous quality improvement by promoting and achieving excellence in the delivery of service to our members. A key focus of our quality program is improving the member's biological, psychological and

social well-being with an emphasis on quality of care and member satisfaction with all services. The program plans, initiates interventions, studies/analyzes, and acts to provides an ongoing evaluation process. It is through this process and partnership with you that assists in identifying opportunities for improvement that for improving the member overall satisfaction.

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## Aetna THSteps audit results and recommendations

Aetna Better Health audits medical records to evaluate adherence with TMHP documentation requirements, establishing 90% as the goal for each element. A recent audit of a sample of medical records indicated room for improvement by complying with State required mandates to qualify for payment for a THStep checkup examination.

- TB Screenings documented 78.8% of the time
- Dental Referrals documented 84.2% of the time
- Hearing Screenings documented 87.4% of the time

Additional independent studies indicated the following results.

- Dental referrals documented 23.8% of the time
- Lab testing documented 42.3% of the time
- Health education documented 82.9% of the time

We are requesting your assistance with ensuring all medical records contain complete and accurate documentation to support THStep checkup requirements, if applicable. Our goal is to achieve better than 90% for all THStep checkup requirements.

## The 3 P's of flu prevention

Even in a relatively mild season, the flu results in numerous hospitalizations, emergency and office visits, and missed school and work. Over the past 35 years, annual flu-related deaths have reached as high as 50,000 in a single season. Healthy kids and adults may be far less likely to suffer the more catastrophic consequences of the flu. However, it poses a risk to the very young, old and chronically ill in our households, schools and workplaces.

As health care professionals, we play a pivotal role in lessening the burden of flu-related suffering. With flu season rapidly approaching, it's time to think about the three P's:

### Prepare, Prod and Prevent.

#### Prod:

- Include a flu prevention statement in every patient contact.
  - You can suggest your office staff end every phone conversation with, "Just a reminder, we have flu shots available and strongly encourage that you protect yourself and your family."
- Display flu prevention material prominently in your office and waiting area.
- Set an example by being the first in your office to be vaccinated.
  - See that your office/practice achieves 100 percent immunization of staff and family members as soon as possible.
- Identify and actively reach out to high-risk patients.

#### Prevent:

- Use every patient encounter as an opportunity to immunize (i.e. wellness exams, sports physicals, acute and chronic illness follow-up visits).
- Emphasize to patients the importance of basic infection-control measures (thorough and frequent hand-washing).
- Check to be sure children under five years old and eligible adults have received their pneumonia shots (pneumonia is the leading cause of flu-related deaths).
- Be sure all your patients in long-term care facilities, as well as their family members, are vaccinated.

#### Prepare:

- Become knowledgeable about current ACIP recommendations for this winter: [www.cdc.gov/flu/professionals/acip](http://www.cdc.gov/flu/professionals/acip)
- Order your vaccine stock early.
- If possible, create a separate nurse appointment list for patients only seeking flu and pneumonia vaccines.
  - Allow nurses to administer these vaccines without a doctor visit.
- Create a list of alternative sites where flu and pneumonia vaccines are available for your patients (i.e. retail clinics in drug stores, supermarkets and other local options).
- Review current testing and treatment recommendations:
- [www.cdc.gov/flu/professionals/diagnosis](http://www.cdc.gov/flu/professionals/diagnosis)
- [www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)

We thank you for joining us in our mission to promote optimal health for each and every one of our members.





## 72-Hour Emergency Overrides

A 72-hour emergency supply of a prescribed drug should be provided when a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring authorization either because they are non-preferred drugs on the Preferred Drug List or because they

are subject to clinical prior authorization edits. Pharmacies will be paid in full for 72-hour emergency prescription claims. Full instructions are available for downloading and displaying in your pharmacy from [TxVendorDrug.com](http://TxVendorDrug.com)

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## Do we have your e-mail address?

Expedient communication with our network providers is a high priority for Aetna Better Health. We want to be able to get information about our policy changes or updates into your hands as quickly as possible. If your practice or facility has an email address, please send it to the attention of [TXProviderEnrollment@AETNA.com](mailto:TXProviderEnrollment@AETNA.com). Please state in the email that you are establishing the

point of contact for the provider, practice or facility. This will allow us to quickly communicate any policy changes or updates and also create an alternative means of communication in addition to phone; fax; and the website, [www.aetnabetterhealth.com/Texas](http://www.aetnabetterhealth.com/Texas).

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## Resubmissions

To submit a corrected claim or missing attachment, within 120 working days of the denial, return the claim stamped “Resubmission” with requested change(s), corrected error(s) and requested attachment(s) to the claims address:

Aetna Better Health  
Attn: Claims Processing  
PO Box 60938  
Phoenix, AZ 85082-0938

Not clearly indicating that this is a resubmission may result in further delays.



## AETNA BETTER HEALTH® OF TEXAS

Provider Relations

P.O. Box 569150

Dallas, TX 75356-9150



## Who to call?

### Provider Relations and Member Services lines:

Medicaid - Bexar **1-800-248-7767**

Medicaid - Tarrant **1-800-306-8612**

CHIP - Bexar **1-866-818-0959**

CHIP - Tarrant **1-800-245-5380**

Superior Vision

**1-800-879-6901**

LogistiCare-Medical Transportation (For Medicaid members only)

**1-877-633-8747** (Aetna Bexar County)

**1-855-687-3255** (Aetna Tarrant County)

Nurse Line

**1-800-556-1555**

Behavioral Health Provider Credentialing

**1-800-999-5698**

Report Fraud, Waste or Abuse

**1-800-436-6184**

### Fax Numbers

Aetna Prior Authorization fax#

**1-866-835-9589**

Aetna Inpatient Authorization fax#

**1-866-706-0529**

Behavioral Health Prior Authorization fax #

**1-855-857-9932**

**1-855-841-8355** (Concurrent Review)

### Dental

MCNA Dental

**1-855-494-6262**

Denta Quest

**1-800-516-0165** (Medicaid)

**1-800-508-6775** (CHIP)

Vital Savings (adults only)

**1-888-238-4825**

### CVS Caremark (Pharmacy)

CVS Caremark Help Desk

**1-877-874-3317**

BIN# 610591

PCN: ADV

GROUP# RX8801

Prior Auth Call In

**1-855-656-0363**

Prior Auth Fax

**1-866-255-7534**