AETNA BETTER HEALTH®
Medicaid and CHIP Services
AETNA Provider Training 2016
Objectives

As a result of this training session, you will be able to:

- Describe features and benefits of the Aetna Better Health Medicaid and CHIP programs
- Know how to identify Aetna Better Health Medicaid and CHIP members
- Understand the behavioral health, ob/gyn, vision and THSteps services
- Know how to find the list of benefits on the Aetna Better Health website
- Locate additional resource information regarding the Aetna Better Health Medicaid and CHIP programs
- Understand the differences between Medicaid managed care and traditional Medicaid, CHIP, and CHIP for the unborn child (perinatal).
  - CHIP offers health care benefits related to pregnancy. This is for pregnant women who cannot get Medicaid or other CHIP benefits because: (a) of their immigration status, or (b) they make too much money. There are no fees or co-pays for these benefits.
Overview

- Aetna contracts with the Texas Health and Human Services Commission (HHSC) to administer the Medicaid Managed Care and CHIP programs in the Bexar and Tarrant service areas.

- Medicaid and CHIP are two separate programs administered by HHSC with different eligibility requirements, benefits and oversight.

- Managed Care includes the member assignment to an in-network PCP to establish a medical home. The PCP coordinates the member’s medical care and the health plan works with the PCP, specialists, etc. to ensure appropriate care.

- HHSC determines and provides member eligibility for the Medicaid and CHIP programs to Aetna Better Health.

- Aetna Better Health does not sell or market this program directly.

- All enrollment and disenrollment is handled through HHSC’s CHIP and Medicaid enrollment broker (Maximus).
Service Areas

Bexar Service Area
- Atascosa
- Bexar
- Comal
- Guadalupe
- Kendall
- Medina
- Wilson
- Bandera

Tarrant Service Area
- Denton
- Hood
- Johnson
- Parker
- Tarrant
- Wise
PCP Selection

- Medicaid - required or member is “defaulted” to a PCP upon enrollment into a plan
- CHIP – not required but assigned by health plan
  - CHIP Perinate – not required
- Medicaid and CHIP - Most specialty care is coordinated through PCP. Please note that members do not need a referral from PCPs to get behavioral health care services.
- Medicaid and CHIP - Members access any Aetna Better Health in-network provider
- Medicaid - Members may see any Texas Health Steps (THSteps) provider for THSteps-covered services.
General Program Overview
Aetna Better Health – Medicaid and CHIP

Copayments

• **Medicaid** – does not apply

• **CHIP**
  
  — Applies based on the federal poverty level (FPL) until cost sharing maximum is met by family.
  
  — Does not apply for pregnancy-related or preventive services
  
  — Does not apply for services rendered to American Indian and Alaskan Native Members.
  
  — Does not apply to ER visits for emergency services related to an emergency diagnosis.
  
  — Does not apply to value added services.

• **CHIP Perinate Newborn** – copayments do not apply

• **CHIP Perinate** – copayments do not apply

**Please reference to the CHIP Cost Sharing Chart located within the Quick Reference Guide**
Lab Services
- Quest Labs

Use of contracted radiology facilities

Precertification required for all inpatient hospitalizations and selected outpatient services

Prescription drugs – coordinated through CVS Caremark

Direct Access (self-referral):
- Ob/Gyn
- Vision services – coordinated through Superior Vision
- Therapeutic optometry – in-network providers only; excludes surgery
- Behavioral Health
- THSteps exams (**Medicaid benefit only**)
- Family planning (**Medicaid benefit only**)
General Program Overview (continued) – Medicaid and CHIP

Durable Medical Equipment (DME)

- Eligible to obtain DME/Medical Supplies when ordered by a network provider.

- For equipment/supplies costing < $1000 the provider must complete the appropriate Home Health DME/Medical Supplies Physician Order Form.

- Prior authorization is required where the cost of the medical equipment and/or supplies is over $1000.

*Refer to Aetna Better Health Provider Manual for more information on DME.*
Medical Transportation Program (MTP)

- The Medical Transportation Program (MTP) provides free rides to the doctor, dentist, or other covered services (such as to a drug store) for program eligible clients with Medicaid, Children with Special Health Care Needs (CSHCN) and Transportation for Indigent Cancer Patients (TICP) with means of transportation.
  - The MTP provides a variety of transportation services for clients based on health care needs and distance traveled, including but not limited to: bus, taxi, van service, or airplane.
  - The MTP may pay for an attendant with a documented request demonstrating medical need, if the client has mobility issues or a language barrier exists. Minors through age 17 must be accompanied by an attendant.
  - The MTP may reimburse gas costs to/from healthcare services if the member has a car but no fuel funds. If member does not have a car but someone can drive them, the driver may be reimbursed for mileage to/from the healthcare service.
  - To arrange for transportation services or get information, please contact MTP at 1-877-633-8747 (Bexar Service Area) or Logisticare at 1-855-687-3255 (Tarrant Service Area), Monday – Friday 8:00 a.m. to 5:00 p.m.
CHIP and Children’s Medicaid both offer many benefits:

- Dentist visits, cleanings, and fillings
- Eye exams and glasses
- Choice of doctors, regular checkups, and office visits
- Prescription drugs and vaccines
- Access to medical specialists and mental health care
- Hospital care and services
- Medical supplies, X-rays, and lab tests
- Treatment of special health needs
- Treatment of pre-existing conditions

*For a full listing of CHIP benefit limitations, please refer to [www.chipmedicaid.org](http://www.chipmedicaid.org) or the Aetna Better Health Provider Manual*
Texas Agency-Administered Programs and Case Management Services (Additional Resources)

**Medicaid and CHIP**
- Essential Public Health Services
- Early Childhood Intervention (ECI) Case Management/Service Coordination
- Department of State Health Services (DSHS) Targeted Case Management
- DSHS Mental Health Rehabilitation (Behavioral Health)
- DSHS Case Management for Children and Pregnant Women
- Women, Infants, and Children (WIC) Program
- Department of Assistive and Rehabilitative Services (DARS) Case Management for the Visually Impaired
- Tuberculosis Services Provided by DSHS-Approved Providers
- Department of Aging and Disability (DADS) Hospice Services

**Medicaid**
- Texas Department of Family and Protective Services (TDFPS)
- School Health and Related Services (SHARS)
- THSteps Medical Case Management
- THSteps Dental (Including Orthodontia)
- THSteps Environmental Lead Investigation (ELI)
- Medical Transportation Program (MTP)

*Refer to Aetna Better Health Provider Manual for more information about these programs.*
Texas Provider Marketing Guidelines

- Purpose

- The purpose of the Texas Provider Marketing Guidelines is to provide guidance to the State of Texas Medicaid fee-for-service, Medicaid Managed Care, Children’s Health Insurance Program (CHIP), Children’s Medicaid Dental, and CHIP Dental Providers, referral to as Medicaid, on permissible and prohibited provider marketing.

- The information provided is not intended to be comprehensive, or to identify all applicable state and federal laws and regulations. Providers remain responsible for and must comply with all applicable requirements of state and federal laws and regulations.
## Texas Provider Marketing Guidelines

### Examples of Permissible and Prohibited Marketing Activities

<table>
<thead>
<tr>
<th></th>
<th>Permissible</th>
<th>Prohibited</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sending Marketing Materials to every person within a specific zip code, without specifically targeting Medicaid clients.</td>
<td>Unsolicited personal contact such as direct mail, telephone, and door-to-door solicitation.</td>
</tr>
<tr>
<td>2</td>
<td>Sending an appointment reminder to a Medicaid client.</td>
<td>Offering gifts or other inducements designed to influence a client's choice of Provider.</td>
</tr>
<tr>
<td>3</td>
<td>Participation at a health awareness education event And making available branded giveaways valued of No more than 10 dollars, individually.</td>
<td>Providing giveaways or incentives Valued at over 10 dollars, individually, or passing out materials.</td>
</tr>
<tr>
<td>4</td>
<td>General dissemination of Marketing Materials via television, radio, newspaper, Internet, or billboard advertisement.</td>
<td>Dissemination of material or any other attempts to communicate intended to influence the Client's choice of Provider.</td>
</tr>
<tr>
<td>5</td>
<td>Provider marketing conducted at: Community-sponsored educational event Health fair Outreach activity or Other similar community or nonprofit event And which does not involve unsolicited personal contact or promotion of the provider's practice that is not intended as health education.</td>
<td>Sending Marketing Materials to a client to offer inducements or incentives.</td>
</tr>
<tr>
<td>6</td>
<td>Provider marketing for the purpose of: Providing appointment reminder Distributing promotional health materials Providing information about the types of services offered by the provider Coordination of care</td>
<td>Unsolicited personal contact at a child care facility or any other type of facility; or targeting clients solely because the client receives Medicaid/CHIP benefits.</td>
</tr>
</tbody>
</table>
Value-Added Services - Medicaid

- Vital Savings (age 21 and older & all pregnant members)
  - Discounts on dental services
  - Discounts for Alternative Health Care, such as chiropractic, acupuncture, nutritional counseling, etc.
  - Discounts for fitness services
  - Discounts for over the counter medications, vitamins, etc.
- 24 Hour Nurse Line
- Sports Physicals (ages < 19)
- Extended Vision Services (ages 12 and older)
- Weight Management (ages 12 - 19)
- Smoking Cessation (ages 12 and older)
- PROMISE Program (all pregnant members)
  - Free package of diapers upon completion of 10 prenatal and 1 postpartum visit
Value-Added Services - CHIP

- 24 Hour Nurse Line
- Sports Physicals
- Extended Vision Services (ages 12 and older)
- Weight Management (ages 12 and older)
- Smoking Cessation (ages 12 and older)
- PROMISE program (pregnant members)
Member Eligibility Verification

- Use the Aetna website at www.aetnabetterhealth.com/texas

- Aetna Better Health Member Services

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Medicaid</th>
<th>CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>1-800-248-7767</td>
<td>1-866-818-0959</td>
</tr>
<tr>
<td>Tarrant</td>
<td>1-800-306-8612</td>
<td>1-800-245-5380</td>
</tr>
</tbody>
</table>

*These numbers provide access to a Behavioral Health Hotline that operates 24 hours a day / 7 days a week.*
Texas Benefits Medicaid Card

The Texas Health and Human Services Commission now uses digital technology to streamline verifying eligibility and accessing a member’s Medicaid health history. The two main elements of the system are:

- The Your Texas Benefits Medicaid card.
- An online website where Medicaid providers can get up-to-date information on a patient’s eligibility and history of services and treatments paid by Medicaid.
Texas Benefits Medicaid Card (continued)

This is where your name appears.

This is your Medicaid ID number.

This is HHSC's agency ID number. Doctors and other providers need this number.

If you have a health plan, its name and phone number will be listed here. Call this number if you have questions about your doctor or services.

Drug stores use these numbers.

This is the date your card was sent to you.
Member ID Cards - Medicaid

Aetna Medicaid members should present:

- Your Texas Benefits Card AND
- Aetna Medicaid ID card
Aetna Better Health Medicaid Member ID Card

Member Services / Servicios para Miembros: 1-800-306-8612
Behavioral Health/Salud Mental: 1-800-306-8612
24 hours / 7 days per week / 24 horas del día, 7 días de la semana

Informed Health Line / Línea de salud informales: 1-800-556-1555
Block Vision of Texas, Inc. Services line / Línea de Servicios para Membros de Block Vision of Texas, Inc.: 1-800-379-6301
24 hours / 7 days per week / 24 horas del día, 7 días de la semana
Relay Texas TTY: 1-800-735-2969

MEMBER NAME:
MEDICAID #: 
EFF. DATE 
PCP: 
PCP TEL: 
PCP EFFECTIVE DATE:

Carry this card with you and present it at time of service.

Directions for What to Do in an Emergency:
In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.

For additional information regarding emergency services, please refer to your member handbook.

Mail claims to this address:
Claims Processing Center
P.O. Box 60935
Phoenix, AZ 85062
Payer ID: 30692

Pharmacy Coverage:
RxPhn: 6006
RxPCN: ADV
RxBF: Rx3001
Pharmacist Use Only:
1-800-364-6337

MEMBER NOMBRE:
MEDICAID NÚM:
EFFECTIVO:
PCP:
TELEFON Ñ DEL PCP:
FECHA DE EFECTIVIDAD DEL PCP:
Lleve esta tarjeta con usted y presentela antes de recibir servicios.

Instrucciones en caso de emergencia:
En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Después de recibir tratamiento, llame al PCP de su cirugía dentro de 24 horas o tan pronto como sea posible.

Para más información sobre servicios de emergencia, véase en su Manual para Miembros.

Enviar reclamaciones a esta dirección:
Claims Processing Center
P.O. Box 60935
Phoenix, AZ 85062
Payer ID: 30692
Aetna CHIP Perinate Newborn Member ID Card

Co-pays do not apply.

Directions for What to Do in an Emergency

In case of emergency call 911 or go to the closest emergency room.

For additional information regarding emergency services, please refer to your member handbook.

null claims to this address:
Claims Processing Center
P.O. Box 08939
Phoenix, AZ 85012
Payer ID: 30092

Co-pagos no se aplica.

Instrucciones en caso de emergencia.

En caso de emergencia, llame a 911 o vaya a la sala de emergencia más cercana.

Para más información sobre servicios de emergencia, véase el manual para miembros.

Envíe reclamaciones a esta dirección:
Claims Processing Center
P.O. Box 08919
Phoenix, AZ 85082
Payer ID: 30092
Aetna CHIP Perinate Member ID Card
(<185% FPL)
Aetna CHIP Perinate Member ID Card
+186% FPL

Co-pays do not apply. Health Care Services are limited to the care of the unborn child.

In case of an emergency, please call 911

Co-pagos no se aplican. Las servicios de la asistencia médica son limitados al cuidado del niño no nacido aún.

In caso de una emergencia, llame al 911

AET Provider Training_Rev 103112
Aetna Better Health Claims Submission – Medicaid and CHIP

- Electronic Claims Submission:
  Emdeon – Use Payer ID 38692

  - If your electronic billing vendor is unable to convert to 38692, you may have them continue to use the Aetna commercial Payer ID 60054. If using this payer ID, we recommend that you use “MC” prior to the member number to make sure the claims are processed correctly.

  - If your electronic billing vendor can convert to 38692, but doesn’t submit directly to Emdeon, we recommend that you use “MC” prior to the member number to make sure the claims are processed correctly.
Aetna Better Health Claims Submission – Medicaid and CHIP

- Paper claims:

  Aetna Better Health
  Attention: Claims Department
  P.O. Box 60938
  Phoenix, AZ 85082
Claims Appeals and Reconsiderations – Medicaid and CHIP

**Definitions:**

- **Original Claim:** A submitted request for payment (on the appropriate form and with the appropriate information) based on services rendered.

- **Corrected Claim:** A claim request that has been corrected OR contains additional information than what was sent on a previous submission.

- **Reconsideration:** A claim request that has previously been received and processed as a clean claim.

- **Appeal:** A written reconsideration that has been reviewed previously (at the original, clean claim level and at the reconsideration level) and that is now requesting further consideration based on previously submitted information. The document submitted by the provider must include verbiage including the word “appeal”.

**For more information on the claims appeal process, please refer to the Aetna Better Health Provider Manual located at** [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas)
Claims Appeals and Reconsiderations Continued...(Medicaid and CHIP)

A written request from a provider to reconsider or grant an exception on a previously processed claim determination/payment due to medical necessity.

The documentation must include the word “Appeal” for consideration as an exception to standard payment/denial, and be submitted on the appropriate Appeal form.

*Providers will often identify Reconsiderations as Appeals.

**These definitions are important, because they can assist providers in routing claims, corrected claims, reconsiderations and appeals to the proper area – to ensure the fastest and most appropriate possible processing of submitted claims.
Claims Appeals and Reconsiderations Continued...(Medicaid and CHIP)

**Reconsiderations:**

1. Reconsiderations should be sent with *at least* the following info.:
   1. Claim form for each reconsideration.
   2. EOB (or copy) for each resubmitted claim, with indications of which claim is being resubmitted
   3. Any information that was previously requested from the Health Plan.

2. Reconsiderations requests (other than Coordination of Benefits (COB) related resubmissions) must be received within 120 days of the resolution date on the original (clean) claim’s EOB.
   1. COB related resubmission:
      1. Are identified as claims previously denied for other insurance information, or originally paid as primary without coordination of benefits.
Claims Appeals and Reconsiderations Continued...(Medicaid and CHIP)

2. Must be received within 95 days from the disposition date on the primary carrier’s EOB or response letter.
3. Are not accepted via electronic transmission.

3. Paper resubmissions, corrected claims and other reconsideration requests should be mailed to the following addresses:

Aetna Better Health
PO Box 569150
Dallas, TX 75356
Claims Appeals and Reconsiderations
Continued...(Medicaid and CHIP)

**Appeals:**

1. 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.

2. Appeal requests must be received within 120 calendar days from the resolution date on the most recently reviewed claim’s EOB.

3. Appeal requests should be mailed to the following address:

   Aetna Better Health
   Appeals and Correspondence
   PO Box 569150
   Dallas, TX 75356
Billing Members – Medicaid

- Providers may not bill or require payment from Members for Medicaid covered services.

Providers may not bill, or take recourse against Members for denied or reduced claims for services that are within the amount, duration, and scope of benefits of the STAR Program. For more information, please refer to the current Texas Medicaid Provider Procedure’s Manual found on the TMHP website at www.tmhp.com
Electronic Remittance Advice and Electronic Funds Transfer Enrollment – Medicaid and CHIP

- Forms for requesting an Electronic Funds Transfer and/or an Electronic Remittance Advice can be found on the Aetna Better Health Plan website at: www.aetnabetterhealth.com/texas

- When filling out these forms please:
  - Submit one enrollment form per Tax ID
  - Include your NPI #
  - Attach a voided check or bank letter
  - Obtain signatures by two authorized individuals
    - A healthcare professional – MD, CFO, CEO, etc
    - A supervisor-level authorized office or billing manager
  - Complete all sections marked with an asterisk and Fax the form to 1-855-596-8401.

- Please allow 10-15 business days for processing.
Referral Process for Aetna Better Health – Medicaid and CHIP

In-network referrals are no longer required for most procedures.

Exceptions for PCP other than PCP of record.

**PCP** sends universal referral form to specialist with all pertinent information, including test results, etc., if available

*Refer to the Prior Authorization list for exceptions for specific specialty care requirements*

**Specialist** provides follow-up information to PCP post visit.

Refer to Prior Authorization list for procedures that require precertification.
Prior Authorization Process for Aetna Better Health – Medicaid and CHIP

**Participating Provider** submits TX Universal Authorization Form to request services on Prior authorization list.

**Aetna Medical Management** receives information and reviews eligibility, benefits and medical necessity and returns authorization to requesting provider.

**PCP** may request a Prior Authorization via:
- Fax using universal referral form
- Phone

**Rendering provider** sends information to PCP post visit.
Behavioral Health Services – Medicaid and CHIP

- Direct Access
  - Members may access BH benefits, without a referral from their PCP.
  - Member Services available 24/7

- PCP involvement
  - Provide screening, evaluation, treatment and/or referrals (as medically appropriate) for any behavioral health problem/disorder
  - Treat for mental health and/or substance abuse disorders with their scope of practice
  - Inform members how and where to obtain behavioral health services
Behavioral Health Services (continued) – Medicaid and CHIP

- Members have direct access to behavioral health providers.
- BH providers must send initial and quarterly (or more frequently if clinically indicated) summary reports to the PCP, with the member or member’s legal guardian’s consent.
- BH providers must refer members with known or suspected and untreated physical health problems to their PCP for examination and treatment.
- BH providers must be licensed to provide physical health care services.
- Clinical decision making is based on LOCUS, CALOCUS and TCADA standards
- Routine care must be offered within 14 days of request, urgent care within 24 hours and emergency situations must be responded to immediately
- Following an inpatient stay, members should be offered an outpatient follow up appointment within 7 days of discharge
- Screening, brief intervention, and referral to treatment (SBIRT) for substance use related issues is a benefit of Texas Medicaid. See Aetna Better Health Provider Manual for further detail.
Behavioral Health Services (continued) – Medicaid and CHIP

- Prior authorization is not required for routine outpatient therapy.
- Prior authorization is required for these services.
  - Inpatient admissions
  - Residential admission
  - Partial hospitalization admissions
  - Psychological and neurological testing
  - Outpatient ECT
  - Biofeedback
  - Outpatient detoxification
  - Psychiatric home care services
  - Amytal interviews
  - Applied Behavioral Analysis (ABA)

- Prior authorization requests for behavioral health may be faxed into Aetna Better Health. Aetna Behavioral Health Prior Authorization (PA) toll free FAX number is 855-841-8355.
- Aetna Behavioral Health Concurrent Review (CCR) toll free FAX number is 855-857-9932.
Vision Services – Medicaid and CHIP

Vision Services coordinated through Superior Vision 1-800-879-6901

- Direct access
  - Members may access routine vision services, without a referral from their PCP, provided they are coordinated through Superior Vision

- Non-routine vision services
  - PCP can refer directly to a participating ophthalmologist for non-routine vision services
  - In-network ophthalmologists and optometrists may perform non-surgical services within the scope of their licenses without a referral from the member’s PCP or an authorization from Aetna Better Health Plan
Pharmacy Coverage – Medicaid and CHIP

- Aetna Better Health covers prescription medications as of March 1, 2012
- Pharmacy Benefits are coordinated through CVS Caremark
- Our members can get their prescriptions at no cost (Medicaid) or at low co-pays (CHIP) when:
  - They get their prescriptions filled at a network pharmacy
  - Their prescriptions are on the Preferred Drug List (Medicaid) or formulary (CHIP).

- It is important that you as the provider know about other prescriptions your patient is already taking. Also, ask them about non-prescription medicine or vitamin or herbal supplements they may be taking.
Pharmacy Coverage - Medicaid

- **Preferred Drug List (PDL)**
  - You can find out if a medication is on the preferred drug list. Many preferred drugs are available without prior authorization (PA). Check the list of covered drugs on our website at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas).
  
  - The Texas Medicaid Preferred Drug List is now available on the Epocrates drug information system at [https://online.epocrates.com/home](https://online.epocrates.com/home).
  
  - The service is free and provides instant access to information on the drugs covered by the Texas formulary on a Palm, Pocket PC handheld device, or SmartPhone.
Pharmacy Coverage – Medicaid and CHIP

- **Formulary Drug List**

  - The Texas Drug Code Formulary [http://www.txvendordrug.com/formulary/formulary-information.shtml](http://www.txvendordrug.com/formulary/formulary-information.shtml) covers more than 32,000 line items of drugs including single source and multi source (generic) products. You can check to see if a medication is on the state’s formulary list. Remember before prescribing these medications to your patient that it may require prior authorization.

  - If you want to request that a drug be added to the formulary please contact an Aetna Better Health Provider Representative for assistance at:
    
    **Medicaid** 1-800-248-7767 (Bexar) 1-800-306-8612 (Tarrant)
    **CHIP** 1-866-818-0950 (Bexar) 1-800-245-5380 (Tarrant)
Pharmacy Coverage – Medicaid and CHIP

- **Over the Counter Drugs (OTC)**
  
  - Aetna Better Health also covers certain over-the-counter drugs if they are on the list. Some of these may have rules about whether they will be covered. If the rules for that drug are met, Aetna Better Health will cover the drug. Check the list of covered drugs at [www.txvendordrug.com/pdl/](http://www.txvendordrug.com/pdl/)
  
  - All prescriptions must be filled at a network pharmacy. Prescriptions filled at other pharmacies will not be covered.
Pharmacy Coverage – Medicaid and CHIP

- **E-prescribing**
  - Electronic Prescribing (e-prescribing, or eRx), supports a physician’s ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy.
  - Aetna Better Health Plan and CVS Caremark provide for the submission of both paper and electronic prescriptions.
  - Providers engaged in E-prescribing must do so in accordance with all applicable State and Federal laws.

- **Mail order form for your members**
  - While mail order is an option, the use of pharmacy mail order delivery is not required. If you are prescribing a maintenance medication you can assist your patient in completing the MOD form that is available on [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas)
Pharmacy Coverage – Medicaid and CHIP

- **Obtaining Pharmacy Prior Authorization**

  - To obtain a Prior Authorization providers can call CVS Caremark at 1-855-656-0363 or fax an authorization form designed specifically for pharmacy requests. You can download that form at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas) and fax the request to 1-866-255-7534.

  - Please also include any supporting medical records that will assist with the review of the prior authorization request. For all requests allow 24 hours to complete the authorization process.
Pharmacy Coverage - Medicaid

- **Obtaining a 72 Hour Emergency Fill**
  - Federal and Texas law require pharmacies to dispense a 72-hour emergency supply of a prescribed drug to a Medicaid client when the medication is needed without delay and the prescriber is not available to complete the prior authorization.
  - Applies to non-preferred drugs on the Preferred Drug List and any drug that is affected by a clinical PA needing prescriber’s prior approval.
  - The pharmacy will submit an emergency 72-hour prescription when warranted; this procedure will not be used for routine and continuous overrides.
  - For further details on the 72 hour emergency supply requests, please use this link to the State VDP website:
Supplemental Pharmacy Services

- **Comprehensive Care Program (CCP) - Medicaid**
  - The Medicaid Comprehensive Care Program (CCP) can cover medically necessary drugs and supplies that are not covered by the Vendor Drug Program for members from birth through 20 years of age. Your patients can call TMHP at 1-800-335-8957 to locate a participating CCP pharmacy provider.

- **Durable Medical Equipment – Medicaid and CHIP**
  - Pharmacies are encouraged to provide some limited Durable Medical Equipment (DME) and medical supplies to Medicaid (STAR) and CHIP plan members. Participating pharmacies are eligible to provide the limited approved DME and medical supplies that are covered under the state of Texas Medicaid (STAR) and CHIP programs.
<table>
<thead>
<tr>
<th>Reason</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
</table>
| Prior Authorization           | Call 1-855-656-0363  
Fax 1-866-255-7534 | [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas) (for form) |
| Caremark Pharmacy Help Desk   | 1-877-874-3317                                     | [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo) |
| (Point of service/adjudication issues) |                                                   |                                                              |
| Aetna Better Health           | 1-800-248-7767 Bexar Medicaid  
1-800-306-8612 Tarrant Medicaid  
1-866-818-0950 Bexar CHIP  
1-800-245-5380 Tarrant CHIP | [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas) |
| (eligibility verification)    |                                                   |                                                              |
| Texas Vendor Drug Program     | 1-800-435-4165                                     | [www.txvendordrug.com](http://www.txvendordrug.com)         |
| (for pharmacies only)         |                                                   |                                                              |
Ob/Gyn Services - Medicaid

- Female patients have direct access to in-network Ob/Gyn specialists.
- If an Ob/Gyn needs to refer for out-of-network specialty care for related services, the physician must initiate the referral through Aetna Better Health Medical Management unit.
- Aetna Better Health allows Pregnant Members past the 24th week of pregnancy to remain under the care of their current Ob/Gyn through the Member’s postpartum checkup, even if the provider is out-of-network. Member may select an Ob/Gyn within the network if she chooses to do so and if the provider to whom she wishes to transfer agrees to accept her in the last trimester of pregnancy.
CHIP Perinatal Services

- CHIP perinatal provides care to unborn children of pregnant women with household income up to 200% of the federal poverty level (FPL) and who are not eligible for Medicaid. Once born, the child will receive benefits that are similar to the traditional CHIP benefits for the duration of the 12-month coverage period.

- Coverage begins on the first day of the month in which eligibility is determined. For example, if an application was submitted Feb. 23, 2009, and eligibility was determined March 13, 2009, coverage would start March 1, 2009.

- **Who is eligible?**
  
  Unborn children of pregnant women who:
  
  - Have a household income greater than 185% FPL and at or below 200% FPL.
  - Have a household income at or below 200% FPL but do not qualify for Medicaid because of immigration status.
  - Women who are U.S. citizens or qualified immigrants with household income at or below 185% FPL may be eligible for coverage under Medicaid’s pregnant women program.
CHIP Perinatal Services Continued…

- CHIP perinatal coverage includes:
  - Up to 20 prenatal visits.
    - First 28 weeks of pregnancy — one visit every four weeks.
    - 28 to 36 weeks of pregnancy — one visit every two to three weeks.
    - 36 weeks to delivery — one visit per week.
    - Additional prenatal visits allowed if medically necessary.
  - Some laboratory testing, assessments, planning services, education and counseling.
  - Prescription drug coverage based on the current CHIP formulary.
  - Hospital facility charges and professional services charges related to the delivery. Preterm labor that does not result in a birth and false labor are not covered benefits.
    - For women with income from 186-200% of the FPL:
      - Hospital facility charges paid through the CHIP perinatal health plan.
      - Professional service charges paid through the CHIP perinatal health plan.
    - For women with income at or below 185% FPL (The majority of CHIP perinatal clients are at or below 185% FPL):
      - Professional service charges paid through CHIP.
      - Hospital facility charges paid through Emergency Medicaid.
CHIP Perinatal Services Continued…

Benefits Once the Child is Born

- Two postpartum visits for the mother.
- Depending on the family’s income level, hospital facility charges for labor with delivery and the newborn’s first hospital admission may or may not be covered by CHIP perinatal. The covered services available before the child is discharged from the hospital are explained in more detail in the health plan provider manuals.
- Once a child is discharged from the initial hospital admission, the child receives the traditional CHIP benefit package. A full list of covered benefits is available at [www.chipmedicaid.com/english/cover.htm](http://www.chipmedicaid.com/english/cover.htm).
CHIP Perinatal Services Continued…

Reimbursement

- Women with CHIP perinatal coverage who have income at or below 185% of the FPL no longer need to apply for Medicaid at the time of delivery to cover their hospital stay. Instead, the hospital will need to fill out and send HHSC the mother’s bar-coded Emergency Medical Services Certification (Form H3038). This form asks for the dates the woman received emergency medical services (labor with delivery). Once HHSC receives the completed Form H3038, Emergency Medicaid coverage will be established for the mother for the period of time reflected on the form.

- In these situations, facility charges are billed to TMHP. All professional charges are always billed to the CHIP perinatal health plan.

**Please find a Copy of the H3038 Form at www.hhsc.state.tx.us**
CHIP Perinatal Services Continued…

- A CHIP perinatal provider can be an obstetrician/gynecologist (OB/GYN), a family practice doctor or another qualified health care provider that provides prenatal care.

- Covered services for CHIP Perinate Members must meet the CHIP Perinatal definition of "Medically Necessary."

- Please refer to the Aetna Better Health Provider Manual (located on our website) for complete information on CHIP Perinate and CHIP Perinate Newborn Covered Services
Texas leads the nation in the number of uninsured and underinsured children. The TVFC program helps to ensure that our children receive the complete series of immunizations required to protect them from vaccine-preventable diseases.

- **Benefits of Participation**
  - The TVFC program allows at-risk children to more easily access immunizations
  - The program eliminates the financial barriers to full immunization
  - Children receive vaccines from their PCP and other “medical home” providers

- **Enrollment and participation is easy**
  - More program information and an enrollment application can be found at: [http://www.dshs.state.tx.us/immunize/tvfc/default.shtm](http://www.dshs.state.tx.us/immunize/tvfc/default.shtm).
ImmTrac – the Texas Vaccine Registry

- *ImmTrac* is an important component of Texas’ strategy to improve vaccine coverage rates.
- The *ImmTrac* Registry serves to consolidate immunization records from multiple sources into a single registry.
- Texas law states that health care providers must report to *ImmTrac* all vaccines administered to a child under 18 years of age within 30 days of administration.
- *ImmTrac* allows providers Internet access to immunization histories on and also supports reminder and recall capability.
- *ImmTrac* is available free of charge to authorized health care providers.

More information about the Texas Immunization Registry is available at [http://www.dshs.state.tx.us/immunize/providers.shtm](http://www.dshs.state.tx.us/immunize/providers.shtm).
Preventive Health Care – Medicaid and CHIP

- **Medicaid**
  - Texas Health Steps (THSteps) – use periodicity schedule in provider manual for members ages 0 – 20
  - Medicaid members 21 and older – uses the U.S. Preventive Services Task Force, American Cancer Society and CDC recommendations published in the provider manual

- **CHIP**
  - Well child visits - use the American Academy of Pediatrics preventive health guidelines
Texas Health Steps (THSteps) - Medicaid

- Also known as the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services
- Eligibility includes Medicaid recipients from birth to age 21
- Members may see any THSteps provider (self-referral)
- Covered services:
  - Periodic comprehensive physical examinations
  - Periodic dental checkups
  - Hearing and vision screening
  - Immunizations and lab work
  - Case management
THSteps Complete Checkup - Medicaid

- Document all components of the checkup that were performed during the visit. Please refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for a list of the necessary elements that make up a complete check-up. The TMPPM can be found on the TMHP website at www.tmhp.com.
  - Patients’ medical records need to support diagnosis and procedures billed
  - Charts are subject to review for claims and quality of care

- Billing for THSteps checkup
  - Only complete medical checkups will be considered for reimbursement under the Medicaid managed care program
  - All components of the checkup are included in the reimbursement code for the comprehensive medical exam (Refer to the Texas Medicaid Provider Procedures Manual for the correct billing codes)
  - A provider must bill for THSteps services in accordance with state standards
THSteps Immunizations - Medicaid

- Immunizations and medical checkup should be administered according to the periodicity schedule. An updated periodicity schedule is available via the Aetna Better Health Provider Manual which can be found on the ABH website at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas)

- Vaccines are supplied free of charge to THSteps providers for Medicaid clients
  - Call 1-800 SHOTS 4 U (1-800-746-8748)
  - [www.immunizetexas.org](http://www.immunizetexas.org)

- Report immunization data to
  - [www.ImmTrac.com](http://www.ImmTrac.com) or call 1-800-348-9158
Oral Evaluation and Fluoride Varnish - Medicaid

- THSteps providers can become certified by the Department of State Health Services to provide oral evaluation fluoride varnish

- For certification requirements, please access www.dshs.state.tx.us/thsteps

- THSteps providers can bill for oral evaluation fluoride varnish when performed on the same day as the THSteps medical checkup
THSteps and the Frew Settlement - Medicaid

- Frew et al. v. Janek -- a lawsuit filed against the state, on behalf of children in the Texas Medicaid program, alleging these clients were unable to access appropriate healthcare services based on the federally mandated Early and Periodic Screening and Diagnostic Treatment (EPSDT) benefit for children under age 21.

- Results of settlement
  - Enhanced rates for pediatricians and subspecialists, such as neurologists
  - Investments that will enhance medical care for children in rural and inner urban areas
  - Improved state call centers to help Medicaid patients better understand treatment options

- For more information, please refer to www.aetnabetterhealth.com/texas
What does the Frew settlement agreement mean for providers?

- Increased fees for the provision of services
- Provide a complete checkup within 90 days of patient’s enrollment in a Medicaid HMO and educate patient’s parent or guardian regarding the benefits of preventive healthcare
- Ensure provision of medical and dental checkups according to periodicity schedule
- Document complete checkups and patient refusal of services
- Provide accelerated services to children of migrant farm workers
- Cooperate with compliance monitoring of medical records documentation
THSteps and Frew (continued)...

Your responsibility as the child’s provider

- Educate the child’s parent or guardian regarding the health benefits of preventive care
- Schedule complete checkups in a timely manner according to the periodicity schedule
- Perform complete exam and document all components of THSteps exam within 90 days of member enrollment
- Perform timely complete exam and document all components of THSteps exam according to periodicity schedule
- Cooperate with compliance monitoring of medical records documentation
THSteps and Children of Migrant Farm Workers-Medicaid

- Children of a migrant farm worker (MFW) who are due for a THSteps medical checkup may receive their checkup on an accelerated basis before leaving the area.
- Please allow these children of MFW to obtain THSteps services expeditiously.
- Performing a make-up exam for a late THSteps medical checkup is not considered an accelerated service; it is considered a “late checkup.”
Quality Assessment and Performance Improvement
– Medicaid and CHIP

- Aetna Better Health Plan has an ongoing Quality Assessment and Performance Improvement (QAPI) Program that is comprehensive in scope, including both the quality of clinical care and service for all aspects of our health care delivery system. The ABH QAPI program is:

  - Tailored to the unique needs of the membership in terms of age groups, disease categories and special risk status.

  - Compliant with all State and federal requirements for Quality Improvement (QI).

  - Directed by a multidisciplinary committee whose members bring a diversity of knowledge and skills to the design, oversight, and evaluation of the program.
Cultural Competency – Medicaid and CHIP

- Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities. The Aetna Better Health Cultural competency program is geared toward:
  - Improving health care access and utilization
  - Enhancing the quality of services within culturally diverse and underserved communities
  - Promoting cultural and linguistic competence as essential approaches in the elimination of health disparities.

- Additional provider-focused Cultural Competency resources can be found on the U.S. Department of Health and Human Services (HRSA) website at: http://www.hrsa.gov/culturalcompetence/index.html
Availability and Accessibility

Primary Care Providers provide covered services in their offices during normal business hours and are available and accessible to Members, including telephone access, 24-hours-a-day, 7 days per week, to advise Members requiring urgent or emergency services. If the Primary Care Provider is unavailable after hours or due to vacation, illness, or leave of absence, appropriate coverage with other participating physicians must be arranged. If a member is referred to another Primary Care Provider who is not on record as a covering provider, a referral must be submitted to the Aetna Better Health Prior Authorization unit to prevent a delay in payment.
Aetna Better Health Fraud and Abuse Policy – Medicaid and CHIP

- Aetna Better Health (Aetna) recognizes its responsibility and commitment to detecting, preventing, investigating and reporting of waste, abuse, and fraud for all services pertaining to the Medicaid and CHIP programs, including services provided by subcontractors (vision services).

- Aetna Better Health also recognizes that it is responsible for investigating and reporting waste, abuse or fraud related to the filing of false claims against the United States Government or failure of an MCO to provide services required under contract with the state of Texas, enrollment/marketing violations and wrongful denial of claims.

- Aetna Better Health employees must adhere to the Corporate Code of Conduct to ensure ethical behavior and actions of all employees, and participate in annual training regarding corporate policies and procedures.
## Fraud vs. Abuse

<table>
<thead>
<tr>
<th>Fraud</th>
<th>Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>The intent to abuse the system.</td>
<td>The misuse of the Medicaid and/or CHIP program without the intent to commit fraud.</td>
</tr>
<tr>
<td>The intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit.</td>
<td>Business, medical or recipient practices that result in unnecessary reimbursement/cost to the program.</td>
</tr>
</tbody>
</table>

- Fraud and Abuse program overview is available in Aetna Better Health Provider Manual.
- Aetna Better Health Provider Manual is located at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas)
What is waste?

- Less than fraud and less than abuse
- Involves practices that are not cost efficient such as ordering medical services or supplies beyond a patient’s needs.

- Reporting Provider/Clients Waste, Abuse and Fraud is available in the Aetna Better Health Provider Manual.
- Aetna Better Health Provider Manual is located at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas)
Reporting Waste, Abuse and Fraud by a Provider or Client – Medicaid and CHIP

Please contact the following:

Aetna Better Health
Attention: SIU Coordinator
PO Box 569150
Dallas, TX 75356-9150
1-888-761-5440

Provider manual is located on the Aetna website
www.aetnabetterhealth.com/texas

Fraud and Abuse reporting information is found on page 124 on the provider manual.

To report providers:
Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
PO Box 85200
Austin, TX 78708-5200

To report clients:
Office of Inspector General
General Investigations/Mail Code 1362
PO Box 85200
Austin, TX 78708-5200

If you do not have internet access, call the HHSC Office of Inspector General Fraud Hotline at 1-800-436-6184.
Maintaining Contact Information

- Network providers must inform Aetna Better Health and HHSC’s administrative services contractor of any changes to your address, telephone number, group affiliation and/or any other relevant contact information for the purposes of:
  - The production of an accurate provider directory
  - The support of an accurate online provider lookup function
  - The ability to contact you or your office with requests for additional information for prior authorization or other medical purposes, or on behalf of a member’s PCP
  - The guarantee of accurate claim payment delivery information
Aetna Better Health Medicaid and CHIP website
www.aetnabetterhealth.com/texas

- Provider manual
- Provider directory/Provider search
- Member handbook
- Member eligibility with Aetna Medicaid or CHIP
- Links to subcontractors (Block Vision)
- Complaints and appeals process
Questions?