Provider Relations newsletter
Winter 2019

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Provider Relations...News you can use

Each quarter our Provider Relations department will focus on identifying top trends that we would like our provider community to be aware of in an effort to promote provider satisfaction and minimize pain points. Please share this information with your staff in an effort to ensure your claims are handled correctly.

The following scenarios impact claim payment delays and/or denials:
• Offices submit claims/bills with different NPI/TPI numbers vs. what is listed on the state's Master file causing claim denials
• Attestation is not updated or completed (please contact TMHP if you receive any correspondence and remember to act immediately)
• Diagnosis/procedure codes do not support modifiers billed (see your manual for additional guidance)

Remember, we are here to help, so please stay connected with your Provider Relations Representative as we focus on improving our communication, education and outreach. Thanks for all you do and we are so glad you are a part of our Network.

—Joanna Rhodes, Provider Relations Lead

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Aetna Better Health® of Texas

aetna
aetnabetterhealth.com/texas
A Note from Provider Relations on the Flu Season

Last year was a reminder of how severe flu can be. There have been some estimates by the CDC that there were more than 900,000 hospitalizations and 79,000 flu deaths last flu season. The best defense against influenza is vaccination. Vaccination is especially important for young children, older adults, pregnant women, and people of all ages with some chronic medical conditions, because they are at higher risk of developing influenza-related complications if they get sick with influenza. While the best time to offer vaccinations is by the end of October, as long as the viruses are circulating, vaccines should continue throughout flu season.

For your convenience we have included an excerpt from our Provider Manual that addresses our vaccination program. Please go to our website for additional information or contact our customer service team at 1-800-248-7767 (Bexar) or 1-800-306-8612 (Tarrant).

Pharmacy vaccination program

Participating pharmacies will be allowed to transmit influenza claims for Texas Medicaid and CHIP Medicaid members 21 and older for Aetna Better Health. The patient will not need a prescription, but will need to show their Medicaid STAR ID card. Members under 21 years of age will continue to be referred to their physicians' office or other Texas Vaccines for Children's Program (TVFC) locations to receive their influenza vaccine.

How to transmit a claim:
• Pharmacy Submits NCPDP B1 Claim
• Billing Provider is “Pharmacy” - Submit NPI
• Pharmacy must be enrolled with VDP
• Administering Provider is “Pharmacist”
• Pharmacist not required to be enrolled via TMHP as “Pharmacist Immunizer”
• Optional: Submit Pharmacist NPI
• Bill for Product: Vaccine NDC required on Claim
• HHSC will not include vaccine NDCs on Formulary
• $0 reimbursement for children under age 21
• Bill for Service: DUR/PPS Segment Required, submit ‘Professional Service Code’ = MA-Medication Administered

Any additional questions, please reach out to CVS Caremark 24 hours a day at 1-877-874-3317, Option 3.
Pharmacy Corner
Xofluza (baloxavir marboxil)

Recently a new antiviral was approved for use against acute uncomplicated influenza. Presently this product is non-formulary/non-preferred drug on the pharmacy benefit and would be approved for its current labeled indication when formulary alternatives are contraindicated. In addition, it would not currently be appropriate to approve Xofluza for someone who has taken oseltamivir for the same episode of the flu. The Aetna Medicaid Drug Quick Hit for Xofluza is also attached to the email that this report was in.

Results from the studies:

<table>
<thead>
<tr>
<th></th>
<th>Baloxavir</th>
<th>Oseltamivir</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median time to alleviation of symptoms</td>
<td>53.7 hours</td>
<td>~54 hours</td>
<td>80.2 hours</td>
</tr>
<tr>
<td>Median reduction of viral load (log10 TCID50/mL)</td>
<td>4.8</td>
<td>2.8</td>
<td>1.3</td>
</tr>
<tr>
<td>The median duration of infectious virus detection</td>
<td>24 hours</td>
<td>72 hours</td>
<td>96 hours</td>
</tr>
</tbody>
</table>

Nationwide during week 45, 1.9% (+0.1%) of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.2%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)
## Access to Care Guidelines

### OBGYN/Prenatal Care - STAR Program Thresholds

<table>
<thead>
<tr>
<th>Level/Type of Care</th>
<th>Time to Treatment (Calendar Days)</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Risk Pregnancies</td>
<td>Within 14 calendar days</td>
<td>85%</td>
</tr>
<tr>
<td>High-Risk Pregnancies</td>
<td>Within 5 calendar days</td>
<td>51%</td>
</tr>
<tr>
<td>New Members in the Third Trimester</td>
<td>Within 5 calendar days</td>
<td>51%</td>
</tr>
</tbody>
</table>

### Vision Care Threshold

<table>
<thead>
<tr>
<th>Level/Type of Care</th>
<th>Standard</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Physician Access: Ophthalmology, Therapeutic Optometry</td>
<td>Members must be allowed to have access without a PCP referral to eye Health Care Services from a Network specialist who is an ophthalmologist or therapeutic optometrist for non-surgical services.</td>
<td>99.0%</td>
</tr>
</tbody>
</table>

### Primary Care Provider Thresholds

<table>
<thead>
<tr>
<th>Standard</th>
<th>STAR Child</th>
<th>STAR Adult</th>
<th>CHIP</th>
<th>STAR+PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive health services - within ninety (90) calendar days</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>Routine primary care - within fourteen (14) calendar days</td>
<td>99.0%</td>
<td>95.8%</td>
<td>90.7%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Urgent care - within twenty-four (24) hours</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.0%</td>
<td>99.0%</td>
</tr>
</tbody>
</table>

### Behavioral Health Thresholds

<table>
<thead>
<tr>
<th>Standard</th>
<th>STAR Child</th>
<th>STAR Adult</th>
<th>CHIP</th>
<th>STAR+PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial outpatient behavioral health visit (child and adult within fourteen (14) calendar days</td>
<td>75%</td>
<td>79%</td>
<td>83%</td>
<td>89%</td>
</tr>
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</table>
Reintroducing the secure online portal, with enhancements for member integration

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

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

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

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

Engaging members to help them get and stay healthy

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

• Health and wellness appraisal - This tool will allow members to self report and track their healthy behaviors and overall physical and behavioral health. The results will provide a summary of the members' overall risk and protective factors and allow the comparison of current results to previous results, if applicable. The health assessment can be completed annually and will be accessible in electronic and print formats.

• Educational resources and programs
  - Members are able to access self-management tools for specific topics such as smoking cessation and weight management.

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Reintroducing the secure online portal, with enhancements for member integration (Continued from page 5)

- **Claim status** - Members and their providers can follow a claim from the beginning to the end, including current stage in the process, amount approved, amount paid, member cost (if applicable) and date paid.

- **Pharmacy benefit services** - Members can find out if they have any financial responsibility for a drug, learn how to request an exception for a non-covered drug and find an in-network pharmacy by zip code. They can also figure out drug interactions, side effects and risk for medications and get the generic substitute for a drug.

- **Personalized health plan services information** - Members can now request a member ID card, change primary care providers and update their address through the web portal. (Address update is a feature available for members and providers.) Members can also obtain referral and information on authorization requirements. And they can find benefit and financial responsibility information for a specific service.

- **Innovative services information** - Members will be asked to complete a personal health record and complete an enrollment screening to see if they qualify for any disease management or wellness programs.

- **24 Hour Nurse Line** - The 24 Hour Nurse Health Line is available 24 hours a day, 7 days a week. Members can call or send a secure message to a registered nurse who can provide medical information and advice. Messages are responded to within 24 hours.

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

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

The purpose of the utilization management department is to coordinate delivery of the best possible care to members and manage the use of health care resources to ensure an effective and efficient physical and behavioral health care delivery system.

The UM department adheres to the below timelines for making coverage determinations.
• Within 3 business days after receipt of the request for routine authorization of services
• Within 1 business day after receipt of the request for urgent authorization of services
• Within 1 business day for concurrent hospitalization decisions

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

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

The following are the fax numbers to submit your requests. Please submit the Texas Standard Prior Authorization of Services form and include all pertinent information, ICD 10 code(s), dates of service and signature.
• Acute Services Prior Authorization Fax: 1-866-835-9589
• Concurrent Review Fax: 1-866-706-0529

To prevent delays in processing requests, please submit requests on the correct form along with the supporting documentation and fax to the designated fax number.
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
- STAR Kids - Tarrant: 1-844-787-5437

**Superior Vision**
- 1-800-879-6901

**LogistiCare**
Medical Transportation (For Medicaid members only)
- 1-855-687-3255

**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: 1-866-835-9589
- Aetna Inpatient Authorization: 1-866-706-0529
- Behavioral Health Prior Authorization: 1-855-857-9932
- Fax: 1-855-841-8355 (Concurrent Review)

**Dental**
- MCNA Dental: 1-800-494-6262
- 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 fax: 1-866255-7534