

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

## Provider newsletter

Spring 2016



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### Acute otitis media

- Acute otitis media (AOM) occurs frequently in children. It is the most common diagnosis for which they receive antibiotics.
- The diagnosis of acute otitis media (AOM) requires bulging of the tympanic membrane or other signs of acute inflammation and middle ear effusion. The importance of accurate diagnosis is crucial to avoidance of unnecessary antibiotic treatment.

### Antibiotic treatment versus observation

- The choice of initial treatment with antibiotics or observation depends upon the age of the child and the severity of illness.
- The 2013 American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) guideline recommends5:
  - **Immediate antibiotic treatment** for children <6 months, children with severe signs or symptoms (defined by moderate or severe ear pain, ear pain for ≥48 hours, or temperature ≥39°C [102.2°F]) and bilateral AOM in children <24 months of age.
  - **Either immediate antibiotic treatment or observation (with pain control)** for children between 6 and 24 months with unilateral non-severe AOM and for children ≥24 months with unilateral or bilateral non-severe AOM.

### Initial antimicrobial therapy

When the decision is made to treat acute otitis media (AOM) with antibiotics, the selection among available drugs is based upon: clinical and microbiologic efficacy; convenience of the dosing schedule; acceptability (taste, texture) of the oral preparation; cost; absence of side effects and toxicity.

**There is no evidence to support a particular antibiotic-regimen versus another for treatment of acute otitis media.<sup>2</sup>**

*(Continued on page 2)*

Table 1: Preferred Agents on the Texas Medicaid Formulary available for treatment of acute otitis media<sup>3</sup>

	Preferred Agents*	Non-Preferred Agents*
<b>First line:</b>	amoxicillin	
<b>When amoxicillin fails:</b>	amoxicillin/clavulanate suspension, amoxicillin/clavulanate IR tabs, cefuroxime tabs, ceftriaxone injection	amoxicillin/clavulanate XR, amoxicillin/clavulanate chewable IR tabs, Augmentin susp and tabs, Augmentin XR, Ceftin tabs and susp, cefuroxime suspension
<b>Penicillin-allergic patients:</b>	azithromycin,, clarithromycin susp, Ery-Tab, Erythrocin, erythromycin, PCE, erythromycin+sulfisoxazole susp, sulfamethoxazole/TMP DS/SS, Bactrim DS/SS	Biaxin tabs, Biaxin XL, clarithromycin ER, EryPed, Zithromax
<b>With tympanostomy tubes:</b>	ofloxacin otic, Ciprodex, neomycin/polymyxinc/hydrocortisone	Cipro HC, Cetraxal, Floxin, ciprofloxacin
<b>Second/Third line:</b>	cephalexin, capsules and suspension, cefdinir, cefprozil Suprax capsules and suspension, trimethoprim	Keflex, cefaclor ER, cefpodoxime, Suprax chewable and tablets

\*Texas Medicaid Formulary (Last Updated Jan 28, 2016)

References:

- 1.) American Academy of Pediatrics Subcommittee on Management of Acute Otitis Media. Diagnosis and management of acute otitis media. *Pediatrics*. 2004;113(5):1451-1465.
- 2.) Takata GS, Chan LS, Shekelle P, Morton SC, Mason W, Marcy SM. Evidence assessment of management of acute otitis media: I. The role of antibiotics in treatment of uncomplicated acute otitis media. *Pediatrics*. 2001;108(2):239-247.
- 3.) Lieberthal AS, Carroll AE, Chonmaitree T, et al. The diagnosis and management of acute otitis media. *Pediatrics* 2013; 131:e964.
- 4.) Bluestone CD, Klein JO. Epidemiology. In: Otitis media in infants and children, 4th ed/ BC Decker, Hamilton, ON. 2007. P.73.
- 5.) American Academy of Pediatrics. Tables of antibacterial drug doses. In: Red Book: 2012 Report of the Committee on Infectious Diseases, 29th ed, Pickering LK (Ed), American Academy of Pediatrics, Elk Grove Village, IL 2012. p. 808.
- 6.) Choosing Wisely. American Academy of Pediatrics. <http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-pediatrics/> (Accessed on March 07, 2013).

## Allergic rhinitis

**Second-generation antihistamines may be prescribed first -line for allergic rhinitis.** Along with prescribing appropriate medication, it's important to council members and caregivers on environmental controls (Children's Hospital of Philadelphia: <http://www.chop.edu/conditions-diseases/allergic-rhinitis#.VroU9Mv2bGh>). **Intranasal steroids are useful for the management of allergic rhinitis when a second-generation oral antihistamine alone is not sufficient.<sup>1</sup> Currently, no studies prove superiority of one intranasal corticosteroid product over another.** See below the available preferred agents on the Texas Medicaid Formulary. **Preferred product categories are printed in color.**

(Continued from page 2)

This summary provides the available products and their Texas Medicaid Preferred Drug List status.

<b>TEXAS VENDOR DRUG PROGRAM FORMULARY<sup>2*</sup></b> <b>ALLERGIC RHINITIS – NASAL AGENTS</b> <b>Highlights represent preferred status in 2016</b>			
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
<b>Corticosteroids-Nasal</b>			
<b>Brand</b>	<b>Generic</b>	<b>Brand</b>	<b>Generic</b>
<b>NASONEX (mometasone)</b>	<b>fluticasone (generic Flonase)</b>	<i>BECONASE AQ (beclomethasone)</i> <i>FLONASE (fluticasone)</i> <i>FLONASE OTC (fluticasone)</i> <i>NASACORT OTC (triamcinolone)</i> <i>NASACORT AQ (triamcinolone)</i> <i>OMNARIS (ciclesonide)</i> <i>QNASL (beclomethasone dipropionate)</i> <i>RHINOCORT AQUA (budesonide)</i> <i>triamcinolone</i> <i>VERAMYST (fluticasone furoate)isolidide)</i> <i>ZETONNA (ciclesonide)</i>	<i>budesonide</i> <i>lunisolide</i>
<b>Antihistamines- Nasal</b>			
<b>Brand</b>	<b>Generic</b>	<b>Brand</b>	<b>Generic</b>
<b>PATANASE (olopatadine)</b> PAZEO (olopatadine)		<i>ASTELIN (azelastine)</i> <i>ASTEPRO (azelastine)</i> <i>ATROVENT (ipratropium) nasal spray</i>	<i>azelastine</i> <i>ipratropium nasal spray</i> <i>ipratropium nasal spray</i>
<b>Combinations</b>			
<b>Brand</b>	<b>Generic</b>	<b>Brand</b>	<b>Generic</b>
		<i>DYMISTA (azelastine/ fluticasone)</i>	
<b>TEXAS VENDOR DRUG PROGRAM FORMULARY<sup>2*</sup></b> <b>ALLERGIC RHINITIS – ORAL SECOND GENERATION ANTIHISTAMINES</b> (NON-SEDATING OR MINIMALLY SEDATING)			
<b>Brand</b>	<b>Generic</b>	<b>Brand</b>	<b>Generic</b>
	<b>cetirizine solution, tablets</b> <b>loratadine ODT, solution, tablets</b>	<i>ALLEGRA (fexofenadine)</i> <i>CLARINEX (desloratadine)</i> <i>CLARITIN (loratadine)</i> <i>XYZAL (levocetirizine)</i> <i>ZYRTEC (cetirizine)</i>	<i>cetirizine chewable</i> <i>desloratadine</i> <i>fexofenadine</i> <i>levocetirizine</i>

\*VDP-PDL Last Updated: Jan 2016

References:<sup>1</sup>

Wallace DV, Dykewicz MS, Bernstein DI, Blessing-Moore J, Cox L, Khan DA, Lang DM, Nicklas RA, Oppenheimer J, Portnoy JM, Randolph CC, Schuller D, Spector SL, Tilles SA. The diagnosis and management of rhinitis: an updated practice parameter. J Allergy Clin Immunol. 2008; 122:S1-S84.

<sup>2</sup>TX-VDP Formulary (Last Update July 2013)

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## Recent changes to Texas Medicaid Preferred Drug List (PDL) 2015-16

**Generics names are not capitalized!**

omeprazole added to PDL  
fluticasone added to PDL  
Entresto added to PDL  
Cleocin Ovules added to PDL  
olanzapine ODT added PDL  
Invega Trinza added to PDL  
Orapred ODT added to PDL  
repaglinide added to PDL  
PCE added to PDL  
Pazeo added to PDL  
fluocinolone oil added to PDL  
guanfacine ER moved to PDL Memantine moved to PDL

Delizicol Added to PDL  
Bactroban added to PDL  
clotrimazole/betamethasone added PDL  
Saphris added to PDL  
Abilify Maintena added to PDL  
felopidine added to PDL  
Bydureon added to PDL  
sirolimus tablets added to PDL  
naproxen suspension added to PDL  
ketorolac added to PDL  
mometasone solution added to PDL

### Drugs Moved to Non-Preferred Drug List

Intuniv moved to Non -Preferred Drug List  
Namenda moved to Non-Preferred Drug List

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## Behavioral health highlight

### ADHD care and physician follow-up for children

Children diagnosed with attention deficit hyperactivity disorder (ADHD) can be significantly assisted by medication. Medication in combination with behavioral modification strategies is generally beneficial even in the most difficult situations. A critical part of care is regular follow-up visits with a PCP or other prescribing practitioner to assess the child's response to treatment.

National insurance quality guidelines require that children ages 6 to 12 years who are newly prescribed ADHD medication must receive an initiation phase follow-up visit within 30 days of starting medication treatment and a minimum of 2 more visits in the next 9 months following initiation phase during the continuation phase. This is a minimum requirement and more frequent follow-up may be needed, depending on symptoms. We recommend that when you first prescribe ADHD medication for a child you only give them a 30-day supply and schedule a follow-up visit no more than three weeks out. Scheduling the follow-up while they are still in your office will increase success in completion of the initiation phase. Limiting the prescriptions afterward to 90 days can help manage the return visits.

Providers can support good initiation and continuation phase care for children on ADHD meds through a variety of methods. Educate parents as to why their child needs to be seen on-time as scheduled, even though they may

have remaining medication available. Patients are more likely to adhere to a treatment plan if they feel that the provider and staff are concerned and invested in their well-being. Phone calls can make the difference where a letter may not. Suggest they consult with a behavioral health clinician. Develop a simple form for caregivers to give teachers and behavioral health providers to complete, to gain more insight into the child's progress and functioning.

A child does not have to see the prescribing practitioner to meet the HEDIS requirement; they can see their PCP or their behavioral health specialist. Help ensure that children are receiving the best care possible for their behavioral health needs and ensure that you receive full credit for the quality of care that you're providing. Encourage your patients to inform you of all physicians involved in their care.

Aetna sends the parents and the prescribing providers a letter when ADHD medication is initiated for ADHD.

**ADHD:** American Academy of Pediatrics. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>

## New postpartum campaign

In an effort to make sure that new mothers stay well and complete their postpartum follow up visit in a timely manner (21-56 days after delivery), Aetna Better Health of Texas has launched a new Postpartum Campaign. Information given to providers and office staff delivers detailed information on when to schedule patients for a postpartum visit in order to promote a healthy outcome after delivery.

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Prevention and Wellness Coordinator Michele Rippey will provide your office with a list of our members who have recently delivered, so that your office can easily reach out to these ladies to get their post-partum visit scheduled in a timely manner. Michele and Provider Relations representatives are working with OB offices to get each clinic set up to receive the campaign information and will be reaching out to your office soon.

## NCQA Accreditation

The National Committee for Quality Assurance (NCQA) has awarded Aetna Better Health of Texas accreditation status of Interim. NCQA Health Plan Accreditation evaluates how well a health plan manages all parts of its delivery system—physicians, hospitals, other providers and administrative services—in order to continuously improve the quality of care and services provided to its members.

Earning the National Committee for Quality Assurance Interim status is a testament to our commitment to providing exceptional care to our members and the hard work of our employees. Aetna Better Health of Texas is very proud to earn the accreditation.

Health Plan Accreditation performance results are publicly reported in five categories, access and service, qualified providers, staying healthy, getting better and

living with illness. The standards are purposely set high to encourage health plans to continuously enhance their quality.

NCQA Accreditation not only involves a rigorous review of a health plan's consumer protections and quality improvement systems, but also requires health plans to submit audited data on key clinical and service measures.

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers and researchers.

## Check out our updated and easy-to-use provider portal

At Aetna Better Health of Texas we're always looking for ways to improve service to our providers and to our members.

Our enhanced, secure and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day. It supports the functions and access to information that you need to take care of your patients. Popular features include:

- **Single sign-on** - One log-in and password allow you to move smoothly through various systems.
- **Mobile interface** - Enjoy the additional convenience of access through your mobile device.
- **Personalized content and services** - After log-in, you will find a landing page customized for you.

- **Real-time data access** - View updates as soon as they are posted.
- **Better tracking** - Know immediately the status of each claim submission and medical PA request.
- **Detailed summaries** - Find easy access to details about denied PA requests or claims.
- **Enhanced information** - Analyze, track and improve services and processes.
- **Member details** - Access member details containing eligibility, PCP and copay information.

We think you'll like the web portal.

For more information, you can call Provider Relations or visit [www.aetnabetterhealth.com/texas/](http://www.aetnabetterhealth.com/texas/)

## 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!

## Provider re-enrollment is extended from March 24, 2016 to September 25, 2016

The Centers for Medicare and Medicaid Services (CMS) recently announced that the previous March 24, 2016 deadline for Medicaid provider re-enrollment is extended to Sept. 25, 2016. Though this extension gives states additional time to ensure providers comply with Patient Protection and Affordable Care Act (PPACA) requirements, Texas Medicaid encourages all providers who have not yet submitted a re-enrollment application to begin this process immediately to avoid potential payment disruptions.

Additional information will be announced in the coming weeks to assist providers who are working on the re-enrollment process.

For more information, call the Texas Medicaid and Healthcare Partnership (TMHP) at **1-800-925-9126** or the Texas Medicaid and Healthcare Partnership-Children with Special Health Care Needs Services Program (TMHP-CSHCN) at **1-800-568-2413**.

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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.

**CHIP:** Health and Human Services Commission (HHSC) rule at **§370.453** prohibits balance billing to Children's Health Insurance Program (CHIP) members.

Basically, 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 the patient, the patient's family or a power of attorney for the patient. Balance billing for Medicaid or CHIP services is a violation of your provider contract.

The number one highest volume of member complaints is balance billing issues.

In essence, 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.

Aetna Better Health of Texas will continue to resolve balance billing issues as received. However, we wanted to provide this gentle reminder for your reference when preparing bills for Medicaid members.





## Community outreach

You can usually find our community outreach department members out in the community attending health fairs and community events geared towards educating existing and potential members about our plan. In addition to representing the plan in the community, our outreach team can also be a great asset to any provider office. We are available to offer a number of services that enhance members' experience not only with our plan but with their providers as well. Here are a few of the services we can offer:

Member education - One-on-one education session with a member that must be conducted in a private room at the provider's office. Community outreach will normally coordinate a date/time with a provider when multiple members are scheduled.

Texas Health Steps drives - This is a new initiative that we are kicking off in all of our service areas. Our community

outreach and provider relations teams will coordinate with any interested providers in offering members a designated Saturday where they can come into a provider's office to complete their Texas Health Steps exams. The provider sets aside a designated Saturday exclusively for plan members and provides the date/time to our community outreach / provider relations teams. The plan provides outreach to a designated number of members via mail, along with outbound calls that encourage attendance at each event. Our community outreach and provider relations teams support each event by offering refreshments, games and door prizes to enhance the member experience.

For more information please contact Ernest Gil at **210-243-5655** or [gile@aetna.com](mailto:gile@aetna.com)

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## Visit our website at [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas).

Find information on:

- Quality Improvement Program
- Care management programs
- Clinical practice guidelines
- Utilization management
- Decision-making criteria
- Affirmative statement
- Staff availability
- Pharmacy/prescription drug management
- Member rights and responsibilities
- Credentialing rights



## 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 BIN# 610591  
**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**