



Quality Management

Annually Aetna Better Health of Texas conducts a **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** to assess our members satisfaction with the care they receive. Utilizing these results to identify opportunities to improve patients' satisfaction. We know that patients are important to you, and so is their experience of care. Every point of contact with the patients is an opportunity to improve the experience of care, which means the patients' experience starts even before you see them. That includes patients scheduling, waiting room experience, access to information, and good communication with the health care team. Those engagements are an opportunity to enhance the experience of care.

In the 2021 CAHPS survey, members said we improved in personal doctor showing respect, doctor explaining things clearly, and courtesy and respect from customer service. Based on the CAHPS survey, members believe areas needing improvement include doctors carefully listening to members, spending enough time with the members, and customer service providing helpful information.

(continued on next page)

In this issue

Online Pre-Authorization Submissions	2
Meeting our Members' Language Needs	3
Member Added-Value Services: Sports Physicals	3
Pharmacy Update	4
National Recovery Month.	6
Community Outreach	7
Non-Emergency Medical Transportation	8
Improving the Provider-Patient Experience.	8
Availity	9
Provider roles and responsibilities	9
Encounters and Medical Records	10



Quality Management *(continued from previous page)*

CAHPS Measure	2019 Adult	2020 Adult	2021 Adult	2019 Child	2020 Child	2021 Child
How well doctors communicate	N/A	91.51%	90%	94.57%	95.42%	93.24%
Personal doctor explained things	N/A	94.34%	93.33%	94.12%	95.19%	95.22%
Personal doctor listened carefully	N/A	92.45%	88.89%	95.59%	96.63%	93.89%
Personal doctor showed respect	N/A	88.68%	90%	96.08%	96.62%	95.22%
Personal doctor spent enough time	N/A	90.57%	87.78%	92.50%	93.24%	88.65%
Customer service	N/A	85.71%	87.79%	85.92%	95.63%	87.04%
Customer service provided information or help	N/A	82.14%	80.77%	81.55%	92.50%	81.90%
Customer service treated members with courtesy and respect	N/A	89.29%	94.81%	90.29%	98.75%	92.17%

Tips for improving patients' experience of care

How well doctors communicate

- Ask patients about their top health problems or concerns
- Explain things in a way that is easy to understand and ask them if they understand
- Spend sufficient time with patients and do not appear to be in a rush
- Use the teach-back method to ensure understanding

Customer service

- Have feedback between Quality Analysis and Call Center Supervisors
- Modify call monitoring tool and scoring sheets
- Work with a customer service representative to get up to date on trending issues and inquiries

Getting care quickly

- Use the same online Provider Directory members use
- Implement Provider Directory generator – by town and/or specialty
- Discuss implementing after-hours care service



Online Pre-Authorization Submissions

As of September 17, 2021, The Care Web QI Portal will no longer be available to providers. If you have not already done so, register for the Availity portal here: www.availity.com/provider-portal-registration.

For registration assistance, call Availity Client Services at **1-800-282-4548** between the hours of 8 AM and 8 PM, ET, Monday-Friday (excluding holidays).

For any other questions, contact your provider rep directly or Provider Services at **1-800-248-7767** (Bexar), **1-800-306-8612** (Tarrant) and **1-844-787-5437** (STAR Kids). Thank you, as always, for the support and care that you provide to our members.

Meeting our Members' Language Needs

Aetna Better Health of Texas serves many counties within the state of Texas. Our membership is diverse and constantly growing. While most of our members have English as their primary language, we'd like to provide you an overview of other languages spoken by our members. As indicated by the chart below, Spanish is the prevalent non-English language spoken by members of Aetna Better Health, followed by Vietnamese and Arabic.

Language	2019		2020	
	N=83,469		N =109,274	
	Count	%	Count	%
Spanish	4,042	4.84%	5,052	4.58%
Vietnamese	112	0.13%	136	0.12%
Arabic	47	0.056%	63	0.057%
French	22	0.026%	27	0.024%
Swahili	24	0.028%	25	0.023%
Other	29	0.034%	36	0.032%

If you need translation or interpretation services for your patients, contact our Member Services Department at 1-800-248-7767 (Bexar) or 1-800-306-8612 (Tarrant).



Member Added-Value Services: Sports Physicals

When the sports physical is rendered with an additional service, it pays \$15. When the completion of the form is the only charge, it pays \$30.

- 97169 – \$15
- 97170 – \$15
- 97171 – \$15
- 97172 – \$15
- 99080 – \$30

Sports physicals

- 97169, 97170, 97171, & 97172 are all billable for this service
- ICD 10 codes: Z02.89, Z02.5 are appropriate dx pointers
- Sports physicals may be billed in conjunction with any other office visit (99201-99205, 99211-99215, 99381-99385, 99391-99395). The code for the completion of the form (99080) should be billed with appropriate diagnosis code in addition to other procedure codes used for the visit.



Pharmacy Update

Changes to the Texas Medicaid Preferred Drug List

Texas Medicaid published the semi-annual update of the Medicaid Preferred Drug List on July 29, 2021. The update is based on the changes presented and recommended at the January and April 2021 Texas Drug Utilization Review Board meetings. The tables below summarize noteworthy changes for the July 2021 update.

Drugs on the Texas Medicaid formulary are designated as preferred, non-preferred, or have neither designation. The preferred drug list includes only drugs identified as either preferred or non-preferred. Drugs on the preferred drug list listed as “preferred” are available to members without prior authorization; however, some could require a clinical prior authorization. Drugs on the preferred drug list that are identified as “non-preferred” will require prior authorization. There are certain clinical prior authorizations that all Medicaid managed care organizations (MCO) are required to perform.

Decisions from the January 2021 and April 2021 DUR meetings

Preferred Drug Class	Drug Name	Prior Status	Current Status
Angiotensin Modulators	Epaned Solution (Oral)	Non-Preferred	Preferred
Antimigraine Agents, Triptans	Imitrex (Nasal)	Non-Preferred	Preferred
Antimigraine Agents, Triptans	Sumatriptan Kit (Sun) (Subcutane)	Non-Preferred	Preferred
Movement Disorders	Tetrabenazine (Oral)	Non-Preferred	Preferred
Oncology, Oral – Breast	All Drugs	Preferred	Preferred
Oncology, Oral – Hematologic	All Drugs	Preferred	Preferred
Oncology, Oral – Lung	All Drugs	Preferred	Preferred
Oncology, Oral – Other	All Drugs	Preferred	Preferred
Oncology, Oral – Prostate	All Drugs	Preferred	Preferred
Oncology, Oral – Renal Cell	All Drugs	Preferred	Preferred
Oncology, Oral – Skin	All Drugs	Preferred	Preferred
Stimulants and Related Agents	Adderall XR (Oral)	Non-Preferred	Preferred
Stimulants and Related Agents	Concerta (Oral)	Non-Preferred	Preferred
Stimulants and Related Agents	Focalin XR (Oral)	Non-Preferred	Preferred
Stimulants and Related Agents	Jornay PM (Oral)	Non-Preferred	Preferred
Cytokine and Cam Antagonists	Enbrel Vial (Subcutaneous)	Not Reviewed	Preferred
Multiple Sclerosis Agents	Bafiertam Capsule Dr (Oral)	Not Reviewed	Preferred
Multiple Sclerosis Agents	Kesimpta (Subcutane)	Not Reviewed	Preferred
Bronchodilators, Beta Agonist	Ventolin Hfa (Inhalation)	Non-Preferred	Preferred
COPD Agents	Anoro Ellipta (Inhalation)	Non-Preferred	Preferred
Glucocorticoids, Inhaled	Budesonide 0 25, 0 5 Mg Respules (Inhalation)	Non-Preferred	Preferred
Glucocorticoids, Inhaled	Budesonide 1 Mg Respules (Inhalation)	Non-Preferred	Preferred

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Preferred Drug Class	Drug Name	Prior Status	Current Status
HAE Treatments	Icatibant (Subcut)	Non-Preferred	Preferred
Hemophilia Treatment	Sevenfact (Intraven)	Not reviewed	Preferred
Hypoglycemics, Incretin Mimetics/ Enhancers	Janumet (Oral)	Non-Preferred	Preferred
Hypoglycemics, Incretin Mimetics/ Enhancers	Trulicity (Subcutane)	Non-Preferred	Preferred
Lipotropics, Other	Omega-3 Acid Ethyl Esters (Oral)	Non-Preferred	Preferred
Multiple Sclerosis Agents	Dimethyl Fumarate Dr (Ag) (Oral)	Not reviewed	Preferred
Multiple Sclerosis Agents	Mayzent Dose Pack (Oral)	Not reviewed	Preferred
Multiple Sclerosis Agents	Plegridy (Intramusc)	Not reviewed	Preferred
Pediatric Vitamin Preparations	Aquadeks Drops Otc (Oral)	Not reviewed	Preferred
Pediatric Vitamin Preparations	Poly-Vi-Sol Drops OTC (Oral)	Not reviewed	Preferred
Pediatric Vitamin Preparations	Poly-Vi-Sol with Iron Drops OTC (Oral)	Not reviewed	Preferred
Prenatal Vitamins	Vitafol Tab Chew (Oral)	Non-Preferred	Preferred
Sickle Cell Anemia Treatments	Endari (Oral)	Non-Preferred	Preferred
Sickle Cell Anemia Treatments	Oxbryta (Oral)	Non-Preferred	Preferred
Sickle Cell Anemia Treatments	Siklos (Oral)	Non-Preferred	Preferred
Ophthalmics For Allergic Conjunctivitis	Pataday Xs Once Daily Otc (Ophthalmic)	Not reviewed	Preferred

Decisions on Non-Preferred Drugs

Drug Class	Drug Name	Prior Status	Current Status
Antibiotics, Inhaled	Arikayce (Inhalation)	Preferred	Non-Preferred
Anticoagulants	Fragmin Disp Syrin (Subcutane)	Preferred	Non-Preferred
Antivirals, Oral	Relenza (Inhalation)	Preferred	Non-Preferred
COPD Agents	Bevespi Aerosphere (Inhalation)	Preferred	Non-Preferred
Erythropoiesis Stimulating Proteins	Epogen (Injection)	Preferred	Non-Preferred
Glucocorticoids, Inhaled	Pulmicort 0 25, 0 5 Mg Respules (Inhalation)	Preferred	Non-Preferred
Glucocorticoids, Inhaled	Pulmicort 1 Mg Respules (Inhalation)	Preferred	Non-Preferred
HAE Treatments	Firazyr (Sub-Q)	Preferred	Non-Preferred
HAE Treatments	Orladeyo (Oral)	Not reviewed	Non-Preferred
Pediatric Vitamin Preparations	Children's Vitamins with Iron Chew OTC (Oral)	Not reviewed	Non-preferred
Prenatal Vitamins	Citranatal B-Calm (Oral)	Preferred	Non-preferred
Thrombopoiesis Stimulating Proteins	Promacta Suspension (Oral)	Preferred	Non-preferred

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Drug Class	Drug Name	Prior Status	Current Status
Colony Stimulating Factors	Nyvepria (Subcutaneous)	Not reviewed	Non-preferred
Antiparkinson's Agents	Apokyn (Subcutaneous)	Not Reviewed	Non-Preferred
Antiparkinson's Agents	Kynmobi (Sublingual)	Not Reviewed	Non-Preferred
Antiparkinson's Agents	Ongentys (Oral)	Not Reviewed	Non-Preferred
H Pylori Treatment	Talicia (Oral)	Not Reviewed	Non-Preferred
Stimulants and Related Agents	Amphetamine Salt Combo EE (Ag) (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Amphetamine Salt Combo ER (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Aptensio XR (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Dexmethylphenidate ER (Ag) (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Dexmethylphenidate ER (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Methylphenidate ER (Concerta) (Ag) (Oral)	Preferred	Non-Preferred
Stimulants and Related Agents	Wakix (Oral)	Not Reviewed	Non-Preferred
Cytokine and Cam Antagonists	Enspryng (Subcutaneous)	Not Reviewed	Non-Preferred

Where to find PDL information

Updated PDL may be found at www.txvendordrug.com/formulary/prior-authorization/preferred-drugs

Prior authorization clinical edits (PA criteria) may be found at www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa

For the full list of all drugs reviewed at the January 22, 2021 and April 23, 2021 DUR board meetings, visit www.txvendordrug.com/about/news/2021/02/january-2021-drug-utilization-review-board-meeting-summary

www.txvendordrug.com/formulary/prior-authorization/preferred-drugs



National Recovery Month

In support of National Recovery Month with the Substance Abuse and Mental Health Services Administration (SAMHSA), check out the link below for information on drug withdrawal in newborn babies as well as other maternal child health resources: AetnaBetterHealth.com/Texas/providers/maternal



Community Outreach

Our community outreach department can normally be found in the community attending health fairs and community events geared toward educating existing and potential members about our plan. In addition to providing an overview of our plan, community outreach educates our communities on CHIP/Medicaid, Texas Health Steps, and Accelerated Services for Farmworker Children. Our outreach team can also be a great asset to any provider office offering a number of services geared for members to enhance not only their experience with our plan but with the provider 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.
- Re-enrollment assistance – Members can call **2-1-1 Texas** or visit <https://youttexasbenefits.com/Learn/Home> to renew their Medicaid benefits.
- Provider Education – Education sessions for provider offices to assist in the identification of children of migrant farmworkers in order to help

them receive the health care services their child/ children may need.

- Farmworker children – Farmworker children have parents or guardians who meet the state definition of a migratory agricultural worker, generally defined as an individual:
 1. Principal employment is in agriculture on a seasonal basis;
 2. Has been so employed within the last 24 months.
 3. Performs any activity directly related to the production or processing of crops, dairy products, poultry, or livestock for initial commercial sale or as a principal means of personal subsistence.
 4. Establishes for the purposes of such employment a temporary abode.
- Farmworker children referral process – Providers who identify farmworker children members can contact our Member Services team at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

For more information on our value-added services and programs please call **1-877-751-9951**.

Source: Texas Health and Human Services Commission, Uniform Managed Care Contract Terms & Conditions, Version 1.17, p. 11



Non-Emergency Medical Transportation

Effective June 1, 2021, health care providers may request non-emergency medical transportation (NEMT) on behalf of members. Non-emergency transportation to health care appointments for eligible Medicaid members who have no other transportation options available. Access2Care, our transportation provider, can help with rides to the doctor, dentist, hospital, pharmacy and any other place our members get Medicaid services.

Overview

To request a ride on behalf of a member, please contact Access2Care at **1-866-411-8920** (TTY: 711).

What services are offered by NEMT?

- Passes or tickets for transportation such as mass transit within and between cities.
- Taxi, wheelchair van, and other transportation.
- Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.

- Meals at a contracted vendor (such as a hospital cafeteria) up to \$25 a day
- Lodging at a contracted hotel and motel (does not include phone calls, room service, laundry, etc.)
- Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service).

When requesting a ride, please have the following information:

- Medicaid ID number for the person with the appointment
- Address and phone number of your pickup location
- Address and phone number of your appointment location
- Name of the medical professional to be seen
- Date and time of the appointment
- Any unique needs, like a wheelchair or other special accommodations, so the right vehicle can be sent



Improving the Provider-Patient Experience

Patient engagement continues to be a growing priority for Aetna Better Health of Texas. We are dedicated to supporting our providers in delivering the highest quality of care. We have a number of survey tools where we ask patients about their experiences with their doctors. The following targeted tips can help guide the patient-provider experience:

Patient interaction

- Know the patient's medical record details before entering the exam room; patients are surveyed if their doctor knew their medical history.
- Ask patients about other doctors and specialists they have seen.
- Involve patients in decision-making.

- Communicate test results and specialist findings to your patient within 24-48 hours and review together at the next follow-up appointment.
- Use Aetna Better Health of Texas Gaps in Care reports to identify additional clinical services needed.
- Encourage patients to get a flu vaccination for the flu season.
- Review patient medications during office visits and reinforce medication adherence .

We encourage you to continue to take the necessary time needed to connect with your patients. We would like to thank you for your partnership as we work to improve health outcomes and overall member satisfaction.



Availity

As we previously announced, we are transitioning from our current provider portal to Availity. We are excited about the increase in online interactions available to support you as you provide services to our members.

Provider portal benefits as of 1/19/2021 include:

- Payer Spaces
- CHC Claim Submission Link
- Contact Us & Messaging
- Claim Status Inquiry
- Grievance Submission
- Appeals Submission
- Grievance and Appeals Status
- PDM
- Ambient (Business Intelligence Reporting)
- Clear Claim
- ProPAT
- Provider Intake
- Dynamo (Case Management)

Effective 2/4/2021, Availity offers Prior Authorization

Effective 4/29/2021, Availity offers Eligibility & Benefits

Effective 7/1/2021, Availity offers:

- Enhanced G&A tool
- Panel Roster
- Remit PDF

Effective 9/30/21, Availity will offer its enhanced Remit Viewer

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all of the above features. If you are not registered, we recommend that you do so immediately. For registration assistance, call Availity Client Services at **1-800-282-4548** between the hours of 8 AM and 8 PM ET, Monday-Friday (excluding holidays).



Provider roles and responsibilities

Aetna Better Health is committed to staying connected with our providers to ensure that you have the most up-to-date information when treating our members. Please ensure that we have your group's email address on file and all demographic information is accurate and complete.

Updating provider information

Providers are required to inform Aetna Better Health of Texas of any changes to their practice such as:

- Change in their professional business ownership
- Change in their business address or the location where services are provided
- Change in their federal 9-digit tax identification number (TIN)
- Change of their specialty
- Services offered to children
- Languages spoken
- Change in the providers who are practicing or rendering services within the office
- Change in demographic data
- Notification that the provider is accepting new patients

Providers should call Provider Services with updates at **1-800-306-8612** (Tarrant) or **1-800-245-5380** (Bexar). We may also be contacted via email at TXProviderEnrollment@aetna.com.

Additionally, if your office hours have changed due to COVID-19, please notify Provider Relations in writing at PRAssistance@aetna.com. Provide a contact name and telephone number, so we may contact your office for follow-up.



Encounters and Medical Records

All providers are required to submit a claim or encounter for services rendered to an Aetna Better Health of Texas member. Network providers are encouraged to file claims electronically. For more information on filing claims electronically, contact Provider Services at **1-800-306-8612** (Tarrant/STAR/CHIP), **1-800-248-7767** (Bexar/STAR/CHIP) and **1-844-787-5437** (STAR Kids).

In order to effectively and efficiently manage a member's health services, encounter submissions must be comprehensive and accurately coded. As a reminder, all Aetna Better Health of Texas providers are contractually required to submit encounters for all member visits regardless of expected payment.

In addition to encounters – medical records must also be fully documented. Medical records standards require that the record must reflect all aspects of patient care, including ancillary services. Maintaining this information is critical when caring for Aetna Better Health of Texas members. Accurate documentation supports compliance with federal and state laws and reduces fraud, waste, and abuse. This information is also relied upon and can be requested during audits both internally and externally.

Prevent problems – self audit

Medical professionals have specific responsibilities when they accept reimbursement from a government program. They “have a duty to ensure that the claims submitted to federal health care programs are true and accurate,”¹ and that their medical record documentation supports and justifies billed services. We encourage each practice use best practices to ensure that documentation is accurate and complete.

There are five basic self-audit rules medical professionals can use to get started²:

1. Develop and implement a solid medical record documentation policy if there is not one in place. If there is one in place, make sure the policy covers meeting federal and state Medicaid regulations. The policy should address what actually happens in everyday practice.
2. Develop or use one of the available standard medical audit tools. The tool should cover the documentation policy criteria and coding standards as part of the review.
3. Choose a staff member who understands documentation and coding principles to select a random sample of records for a specific time period. Decide how many records should be reviewed, and then pull every “nth” chart for that time period.
4. Resist being the one to choose and audit your own charts. Most professionals can read their own writing and understand the meaning of records they wrote even if the documentation is not in the record. Removing bias is important. For best results, make the audit as realistic as possible.
5. Use the self-audit results for improving practice compliance. There is no real value in conducting a self-audit unless discovered issues are resolved. Review and analyze the audit findings. Identify the common documentation, coding, and billing problems, and solve the problems found. Then educate staff members and hold them accountable for making changes. After implementing any corrective action, audit the process again to ensure improved compliance and successful implementation.

¹U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). Notices. OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434 and 59435. Retrieved October 13, 2015, from <https://oig.hhs.gov/authorities/docs/physician.pdf>

²<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf>