Aetna Better Health’s plans experiment with mobile tablets for provider information

Aetna’s Medicaid provider relations team has found a new role for mobile tablets in its Texas plans and is examining expansion of the devices into additional uses.

The provider relations department spent more than a month piloting use of mobile tablets for its representatives in the field, increasing efficiency and giving providers real-time answers to questions.

“The doctors like that we get quick answers,” says John Heintz, Aetna Medicaid network manager in Texas. “We like that it eliminates paperwork and allows better use of human resources devoted to provider visitations.”

Multiple uses

Typically, the tablet is used by an Aetna representative visiting a provider’s office to look up information such as whether a provider is properly enrolled or if Aetna has accepted a change request regarding his status. But in the future, providers also will be able to ask and receive speedy answers to claims questions, compliance issues, and even how their patient use patterns compare.

“The tablet use can grow a lot more,” Heintz says. “Our community outreach team is looking at using it with members. Nurses in another Aetna Medicaid plan are thinking about how they can use it to access data. We always need more data, and getting rid of paper is a big plus.”

Aetna Medicaid began using the mobile tablets in its Aetna Better Health plan in the greater Dallas area. It then expanded the pilot to include Parkland Community Health Plan, a Medicaid plan that Aetna administers in the Dallas area. Future plans include geographic expansion of use to a third plan in the San Antonio area.

“It really started out as a plan to eliminate paper, to capture what we did in hard copy,” explains Heintz. “But now we can see advantages in so many ways, including compliance. When you’re dealing with hard copy and then eventually entering that data into a system, it’s so much easier for mistakes to happen.”

Texas Health Steps claim submission tips

All Texas Health Steps providers submitting claims, either through their practice or a clearinghouse, must make sure that the bill is on one claim form.

If the system “splits” the claim into multiple claims, there is a potential for the administration charge to be considered a duplicate charge.
Availability and accessibility standards

Help us ensure your patients have timely and appropriate access to care

We want to remind providers of the required availability and accessibility standards, and ask that you review the standards listed below.

Availability and accessibility

The following can be found in the primary care physician (PCP) contract: “PCPs 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 PCP is unavailable after hours or due to vacation, illness, or leave of absence, appropriate coverage with other participating physicians must be arranged.”

After-hours access

The following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable:

• Office phone is answered after hours by an answering service, in English, Spanish or other languages of the major population groups served, that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes.

• Office phone is answered after normal business hours by a recording in English, Spanish or other languages of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider’s phone. Another recording is not acceptable.

• Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.

Unacceptable:

• Office phone is only answered during office hours.

• Office phone is answered after hours by a recording, which tells the patients to leave a message.

• Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.

• Returning after-hour calls outside of 30 minutes.

<table>
<thead>
<tr>
<th>Level of care</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services</td>
<td>Upon member presentation at the service delivery site</td>
</tr>
<tr>
<td>Urgent care appointments</td>
<td>Within 24 hours of request for primary and specialty care</td>
</tr>
<tr>
<td>Routine primary care</td>
<td>Within 14 days of request for non-urgent symptomatic condition</td>
</tr>
<tr>
<td>Routine specialty care</td>
<td>Within 30 days of request for non-urgent, symptomatic condition</td>
</tr>
<tr>
<td>Initial outpatient Behavioral Health visit</td>
<td>Within 14 days of request</td>
</tr>
<tr>
<td>Adult preventive health physicals/wellness visits for members over the age of 21</td>
<td>Within 90 days of request</td>
</tr>
</tbody>
</table>
| Pediatric preventive health physicals/well-child checkups for members under the age of 21, including Texas Health Steps (THSteps) services | As soon as possible for members who are due or overdue for services, in accordance with the THSteps Periodicity Schedule and the American Academy of Pediatrics guidelines. But, in no case later than:  
  • 2 weeks of enrollment for newborns  
  • 90 days of new enrollment for all others |
| Prenatal care/first visit                                                     | Within 14 days of request. For high-risk pregnancies or new members in the third trimester, appointments should be offered immediately, but no later than 5 days of request. |

Complete EOB information needed for payment

If a provider sends in EOBs from other payers, please ensure the column headings and descriptions of all codes are legible and complete on the document. Incomplete information will make the claim be denied.
**Asthma Day wrap-up**

Aetna Better Health and Parkland Community Health Plan recently joined with Not One More Life (www.notonemorelife.org) and other local organizations to host an Asthma Day health fair.

Our members received free asthma screenings, including individualized testing and referrals for other services. They also received a free Asthma DVD aimed at kids entitled “Huff & Puff”.

If you would like more information about the DVD, contact your provider relations representative.

---

**If your patient needs a ride to your office**

LogistiCare began managing the non-emergency medical transportation (NEMT) services in the Dallas / Fort Worth Service Delivery Area (SDA) 1 starting in April 2012. Counties in this area include: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Tarrant, and Wise.

Members in these counties should call 1-855-687-3255 toll free to arrange services.

Available NEMT services include:

- Bus tickets or vouchers for public transportation
- Rides from contracted providers
- Mileage reimbursement or advance payment for gas
- Meals and lodging for out-of-town travel (if needed)
- Out-of-state travel, if treatment requires it

---

**Help us identify migrant farm worker children**

We need your help in identifying migrant farm worker (MFW) children to help provide them with access to the health care services they may need.

During the past two years, if a patient’s parent lived away from home for more than a few days for agricultural work and the child traveled with them, the child is eligible for accelerated benefits. Agricultural work includes farming, ranching or working in a processing plant to prepare crops, dairy products, poultry or livestock for sale.

If any of your patients are part of an MFW family, one of our Community Outreach staff members will contact them. Let us know by calling 1-800-327-0016. Our goal is to help arrange for any services these patients may need before they travel.

---

**Reminder: when a member changes plans**

As a reminder, provider offices need to check eligibility routinely.

The member must be enrolled and eligible on each date of service. If a member’s enrollment status changes, an authorization will no longer be valid.

Providers are required to submit a new authorization request anytime a member’s enrollment status changes and obtain a new valid authorization for the member.

---

**Update your website password every 90 days**

To create a more secure electronic environment for providers and protect their information, Aetna Better Health asks provider website users to frequently update their password.

The website will automatically prompt you to update your password every 90 days. This is a standard security measure that Aetna follows internally. Making this change to our public website will better protect personal information and help prevent fraud.

For more information or any help with the website, contact your provider relations representative.
Health benefits are offered, underwritten or administered by Aetna Health Inc.

Don’t just think outside the box... think outside the mailbox

Sending this newsletter electronically allows us to deliver important information to you in more immediate fashion while conserving resources. Our ultimate goal is to go paperless with as much correspondence as possible.

In the next few months, our Provider Relations representatives will be making sure that we have the correct e-mail address for you and your office staff. If you have questions, contact your representative at the number listed on the next page.

Aetna Better Health provider contacts

- Provider Relations: 1-877-383-5046

Tarrant
- John Heintz, Network Manager – 972-540-2097
- Daniel Ashley, Provider Relations Representative – 972-224-0034
- Claudia Saucedo, Provider Relations Representative – 214-227-5388
- Brian Dotts, Provider Relations Representative – 817-503-8235
- Ronal Lazo, Provider Relations Representative – 972-871-1470

Bexar
- John Heintz, Network Manager – 972-540-2097
- Michelle Adams, Provider Relations Representative – 210-979-0695
- Rebecca Mendez Aguilar, Provider Relations Representative – 830-386-2986
- Frances Perez, Provider Relations Representative – 830-914-2277