



12-month postpartum eligibility extension for Medicaid and CHIP pregnant members

As part of House Bill 12 (H.B. 12), 88th Legislature, Regular Session, 2023, the Texas Health and Human Services Commission (HHSC) extended postpartum Medicaid coverage from 2 to 12 months for eligible women, effective March 1.

HHSC is also providing 12 months of postpartum Children’s Health Insurance Program (CHIP) coverage. The 12 months of postpartum coverage begins the month after a pregnancy has ended.

Eligible recipients include:

- Medicaid or CHIP recipients who are pregnant or become pregnant.
 - CHIP Perinatal (CHIP-P) recipients are not eligible for 12 months of postpartum coverage. They will continue to receive CHIP-P coverage through the end of the month when their pregnancy ends and two postpartum care visits.
- Medicaid or CHIP recipients who were enrolled in Medicaid or CHIP while pregnant, are no longer pregnant, but are still within their 12-month postpartum period and remain Texas residents.
 - Women who transitioned from Medicaid or CHIP to Healthy Texas Women (HTW) after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage Medicaid or CHIP.

(continued on next page)

In this issue

Value-added services	3
Member advocates	3
Member Advisory Group meeting	3
Where to find important pharmacy information	4
Community outreach	4
Changes to the Texas Medicaid preferred drug list	5
Care management/ service coordination	7
2023 member behavioral health satisfaction results	8
Performance improvement projects	9
Utilization management criteria	11
Clinical practice & preventive health guidelines	11
Service coordination	11
Member rights and responsibilities	11
Provider committees	12
Shared decision-making aids	12
Availability & accessibility standards	13
Appointment availability requirements	13
Behavioral health provider education	14
Crisis intervention & community referrals	15
Texas Health Steps timely checkups	15
Changes to your information	16

12-month postpartum eligibility extension *(continued from previous page)*

- Women who received services while pregnant in Texas who would have been covered by Medicaid, but who apply for Medicaid after their pregnancy ends. Medicaid applicants with unpaid medical bills can apply for coverage for up to three months prior to their application month. This does not apply to CHIP applicants.

Pregnant Medicaid and CHIP recipients will continue to receive postpartum coverage in their existing type program (TP)/type of assistance (TA) and risk group. HHSC is not creating new TPs/TAs or risk groups to implement 12-month postpartum coverage.

Reinstated members will return to their previous TP/TA and risk group for the remainder of their 12-month postpartum coverage period. For example: Most members will remain in Pregnant Women's Medicaid under TP 40 and CHIP under TA 84.

Coverage

Medicaid and CHIP recipients do not need to apply to have their coverage extended.

Coverage was reinstated for the remainder of the 12-month postpartum period for women who are not current Medicaid or CHIP recipients but were enrolled in Medicaid or CHIP in Texas while pregnant and are still within their 12-month postpartum period (if they are still Texas residents). They will get a notice by mail or through their Your Texas Benefits account.

The full array of Medicaid or CHIP covered services remain available in the 12-month postpartum period, including, but not limited to:

- Regular checkups with the doctor
- Prescription drugs and vaccines
- Hospital care and services
- X-rays and lab tests
- Vision and hearing care
- Access to medical specialists and mental health care
- Treatment of special health needs and pre-existing conditions
- As noted above, members will remain or return to their pregnancy related TP/TA and retain access to all covered medically necessary Medicaid or CHIP services based on that coverage.

Exceptions to eligibility

Eligible Medicaid and CHIP recipients will receive extended coverage through their postpartum period

regardless of any change in circumstances, unless they:

- Voluntarily withdraw
- Move out of state
- Die or
- Are determined to be ineligible because of fraud, abuse or perjury.

How will those who are eligible for coverage for the remainder of the 12-month postpartum period and their MCO be notified?

A notice will be sent in the mail or through a client's Your Texas Benefits account (if they have chosen to receive notices electronically). Medicaid and CHIP recipients should ensure their mailing address and contact information is up to date.

New and reinstated members will appear on the MCO daily file. In most cases, reinstated members will be enrolled with their previous MCO.

Will a new Medicaid or CHIP MCO member ID card need to be issued for 12-month postpartum coverage?

If a member is currently receiving Medicaid or CHIP services, the member will not receive a new Medicaid or CHIP MCO member ID card for the 12-month postpartum coverage period.

If a member previously received Medicaid or CHIP services that are being reinstated or is newly applying for coverage, they will receive a new Medicaid or CHIP MCO Member ID card.

Will CHIP members who are eligible for 12-month postpartum coverage, need to pay another enrollment fee to get the extended coverage?

CHIP members will not need to pay another enrollment fee to get 12-month postpartum coverage.

CHIP

Bexar 1-866-818-0959 (TTY: 711)

Tarrant 1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar 1-800-248-7767 (TTY: 711)

Tarrant 1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant 1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health members.



Value-added services

We updated our no-cost value-added services for our members to get even MORE out of their benefits! Transportation services, over-the-counter benefits, dental, vision benefits and more.

For questions, contact Member Services at 1-800-248-7767 (Bexar), 1-800-306-8612 (Tarrant) and 1-844-787-5437 (STAR Kids).

More information on value-added services and programs is also found here:

- [What Does Medicaid Cover?](#)
- [What Does STAR Kids Cover?](#)
- [What Does CHIP Cover?](#)



Member Advisory Group meeting

STAR Kids members have the Member Advisory Group (MAG) meeting as a way to share their opinions and receive information pertinent to them.

Meetings are held quarterly in the February, May, August and November. Meetings are in-person with a virtual option via Teams. Members who attend will receive a gift card for their participation.

Your patients can contact our Service Coordination department by emailing skmag@aetna.com for more information about MAG meetings.

Thank you for joining us in our mission to promote optimal health for all our members.



Member advocates

Our member advocate team can normally be found working with members to ensure that they have the best healthcare experience possible. In addition to providing an overview of our plan, member advocates educate members on benefits available for STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal and accelerated services for farmworker children. Here are a few additional services our outreach team offers:

- **Questions about coverage** – Our member advocate team can assist members in obtaining answers to questions about their coverage.
- **Re-enrollment assistance** – Members can call 2-1-1 Texas or visit yourtexasbenefits.com/Learn/Home.
- **Member Advisory Group meetings** – Our member advocate team schedules quarterly STAR Member Advisory Group meetings and welcomes all STAR members to attend.
- **Member Baby Shower program** – Members receive information to help with pregnancy. More information at aetnabetterhealth.com/texas/wellness/women/pregnancy.
- **Diapers for Dads program** – More information at aetnabetterhealth.com/texas/wellness/women/pregnancy.



- **CVS Health HUB events** – Our member advocate team schedules weekly health education events at local CVS Health HUBs to provide information on STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal, accelerated services for farmworker children and the latest on COVID-19 and vaccination incentives.

To get connected with a member advocate, members should call the number on the back of their member ID card or call our Member Advocate mailbox at 1-800-327-0016 and we will return the call within 2 business days.

Members who are deaf or hard of hearing should call 1-800-735-2989.



Where to find important pharmacy information

You can access pharmacy information on [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas), select “Provider Site”, click on “Programs and services” and then click on “Pharmacy” to find the following:

- Preferred drug list (PDL)
- Medications that require prior authorization and applicable coverage criteria
- A list and explanation of medications that have limits or quotas.
- Copayment and coinsurance requirements and the medications or classes to which they apply (CHIP members only).
- Procedures for obtaining clinical or PDL prior authorization, generic substitution, preferred brand interchange
- Information on the use of pharmaceutical management procedures
- Criteria used to evaluate new medications for inclusion on the formulary
- A description of the process for requesting a medication coverage exception



Community outreach

Our community outreach department can normally be found in the community attending health fairs and community events geared towards 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 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 yourtexasbenefits.com/Learn/Home to renew their Medicaid benefits.
- **Provider education** – Education sessions for provider offices to assist in identifying children of migrant farmworkers 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 whose/who:
 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.

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

- **Farmworker children referral process** – Providers who identify farmworker children members can contact member services at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

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



Changes to the Texas Medicaid preferred drug list

Texas Medicaid publishes semi-annual updates of the Medicaid preferred drug list in January and July. The updates are based on the changes presented and recommended at the quarterly Texas Drug Utilization Review Board meetings. The table below summarizes noteworthy changes for the January 2024 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” require prior authorization. There are certain clinical prior authorizations that all Medicaid managed care organizations (MCOs) are required to perform.

Notable January 2024 preferred drug list updates

PDL Class	Drug	Current PDL Status	Recommended Status
Cephalosporins and related antibiotics	Cefpodoxime suspension (oral)	Non-preferred	Preferred
	Cefpodoxime tablet (oral)	Non-preferred	Preferred
Ophthalmics, anti-inflammatory/immunomodulators	Miebo (ophthalmic)	Non-reviewed	Preferred
	Verkazia (ophthalmic)	Non-reviewed	Preferred
Antibiotics, gastrointestinal	Vowst capsule (oral)	Non-reviewed	Non-preferred
Antifungals, oral	Noxafil tablet (oral)	Preferred	Non-preferred
	Posaconazole suspension (AG) (oral)	Non-preferred	Preferred
	Posaconazole suspension (oral)	Non-preferred	Preferred
	Posaconazole tablet (ag) (oral)	Non-preferred	Preferred
	Posaconazole tablet (oral)	Non-preferred	Preferred
	Posaconazole tablet (AG) (oral)	Non-preferred	Preferred
	Posaconazole tablet (oral)	Non-preferred	Preferred
Antipsychotics	Abilify Asimtufii (intramusc)	Non-preferred	Non-preferred
	Caplyta (oral)	Non-preferred	Preferred
	Invega Hafyera (intramusc)	Preferred	Non-preferred
	Invega Trinza (intramusc)	Preferred	Non-preferred
	Latuda (oral)	Preferred	Non-preferred
	Lurasidone (oral)	Non-preferred	Preferred
	Nuplazid capsule (oral)	Non-preferred	Preferred
	Uzedy (subcutaneous)	Non-reviewed	Non-preferred
Epinephrine, self-injected	Auvi-Q 0.1 mg (intramusc)	Non-reviewed	Preferred
	Auvi-Q 0.15 mg (intramusc)	Non-preferred	Preferred
	Auvi-Q 0.3 mg (intramusc)	Non-preferred	Preferred

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Changes to the Texas Medicaid preferred drug list *(continued from previous page)*

PDL Class	Drug	Current PDL Status	Recommended Status
Growth hormone	Ngenla pen (injection)	Non-reviewed	Non-preferred
	Skytrofa cartridge (subcutaneous)	Non-preferred	Preferred
	Sogroya (subcutaneous)	Non-reviewed	Non-preferred
Hypoglycemics, incretin mimetics/enhancers	Janumet XR (oral)	Non-preferred	Preferred
	Jentaduetto XR (oral)	Non-preferred	Preferred
Hypoglycemics, SGLT2	Inpefa (oral)	Non-reviewed	Non-preferred
	Invokamet XR (oral)	Non-preferred	Preferred
Opiate dependence treatments	Opvee spray (nasal)	Non-reviewed	Preferred
Antimigraine agents, other	Zavzpret (nasal)	Non-reviewed	Non-preferred
Cytokine and CAM antagonists	Adalimumab-FKJP kit (injection) (CF) 50 mg/ml	Non-reviewed	Non-preferred
	Adalimumab-FKJP pen kit (injection) (Cf) 50 mg/ml		
	Cosentyx Unoready pen (Subcutane)		
	Cyltezo kit (injection) (CF) 50 mg/ml		
	Cyltezo pen kit (injection)		
	Hadlima kit (injection) (CF) 100 mg/ml		
	Hadlima kit (injection) 50 mg/ml		
	Hadlima pen kit (injection) (CF) 100 mg/ml		
	Hadlima pen kit (injection) 50 mg/ml		
	Hulio kit (injection)		
	Hulio pen kit (injection)		
	Hyrimoz kit (injection) (CF) 100 mg/ml		
	Hyrimoz pen kit (injection) (CF) 100 mg/ml		
	Idacio kit (injection)		
	Idacio pen kit (injection)		
	Yuflyma pen kit (injection) (CF) 100 mg/ml		
Yusimry (CF) pen (subcutaneous)			

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Changes to the Texas Medicaid preferred drug list *(continued from previous page)*

PDL Class	Drug	Current PDL Status	Recommended Status
Hemophilia treatment	Altuviiio (intraven)	Non-reviewed	Preferred
Movement disorders	Austedo Xr (oral)	Non-reviewed	Preferred
	Austedo Xr Titr Pk (oral)	Non-reviewed	Preferred
Oncology, oral – breast	Orserdu (oral)	Non-reviewed	Preferred
Oncology, oral – hematologic	Rezlidhia (oral)	Non-reviewed	Preferred
	Vanflyta (oral)	Non-reviewed	Preferred
Oncology, oral – lung	Krazati (oral)	Non-reviewed	Preferred
Oncology, oral – skin	Mekinst Solution (oral)	Non-reviewed	Preferred
	Tafinlar Suspension (oral)	Non-reviewed	Preferred
PAH agents, oral and inhaled	Orenitram Titration kit (oral)	Non-reviewed	Non-preferred
Proton pump inhibitors	Konvomep (oral)	Non-reviewed	Non-preferred
Sedative hypnotics	Zolpidem capsule (oral)	Non-reviewed	Non-preferred

Care management/service coordination

Managing a chronic condition or multiple conditions can become overwhelming sometimes. To offer support, a doctor, hospital discharge planner or other provider may refer an Aetna Better Health of Texas member to care management/service coordination. Additionally, a nurse on our health information line may refer members. However, members don't need to wait for a referral if they need help.

Members can self-refer by calling and asking for care management/service coordination:

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

STAR Kids **1-844-787-5437**

CHIP **1-800-248-7767** (Bexar)

CHIP **1-800-306-8612** (Tarrant)

TTY **1-800-735-2939**

After a member joins care management/service coordination, they'll get a welcome letter that explains how our services can help. They'll also get a call from a case manager/service coordinator.



Our case managers/service coordinators can:

- Help members understand their covered benefits
- Show them how to get specialty, behavioral health or hospital services
- Talk with their doctors and other agencies to ensure they get needed services
- Teach them more about their disease or condition
- Help them locate community resources to meet their needs



2023 member behavioral health satisfaction results

The annual behavioral health satisfaction survey is designed to document member experiences and satisfaction with the behavioral health care received by Aetna Better Health of Texas members. Results of the survey are used to evaluate staff performance, as well as to identify gaps in service and the key areas of opportunity so that action can be taken to improve member experiences.

The survey assesses the following areas:

- Access to and timeliness of BH care
- Patient rights
- Perceived outcome of BH care
- Member services and assistance
- Overall Rating of the BH care provider (BHCP)
- Communication with clinicians

Each year a sample of Aetna Better Health of Texas (ABHTX) members receive a survey about their experience with both their providers and their health insurance. The surveys are mailed to a random sample of ABHTX members. The results are used as a quality improvement initiative to help identify opportunities for improving member experience. We strive to achieve the highest possible level of satisfaction.

Our 2023 BH member satisfaction scores revealed improvement in the following areas:

Measure	Improvement over 2022	
	Adult	Child
BHCP helps me feel/my child feel better	X	X
Member would send friends or family to their BHCP	X	X
Health plan staff is friendly and helpful	X	X
Would tell others to use my/my child's health plan	X	X
Would send family or friends to my/my child's BHCP		X

The following are some physician-related measures where we did not reach our goals in 2023. These measures provide opportunities for future improvement.

Measure	Goals not reached	
	Adult	Child
BHCP is in a good location	X	
Member can get appointment as soon as needed.	X	X
BHCP talks to me about medicines and the risks they might have	X	
BHCP and PCP share info about health and treatment plan	X	
Services help him or her feel better		X

Aetna Better Health of Texas maintains a commitment to assess and act on opportunities to improve behavioral health member satisfaction with the care and services rendered to them. Aetna Better Health of Texas will continue to assess member reports about their experiences, not just satisfaction, to obtain information to improve the member experience with health care and services. The plan will continue to identify root causes of dissatisfaction and barriers to improvement and will develop action plans to address the barriers.





Performance improvement projects (PIPs)

PIPs are a requirement for managed care organizations (MCOs) and topics are chosen by Texas Health and Human Services (HHSC). Topics are carefully chosen based on current trends in the Medicaid population and are PIPs are monitored over a period of two years. MCOs conduct a root cause analysis (RCA) once topics are announced and create interventions based on root causes found during the process. Interventions directly support members, providers and/or healthcare systems and are adjusted or replaced as needed. All MCOs are assigned a quality measure for each line of business (ie STAR, CHIP, STAR Kids, etc), meaning that both the MCO and HHSC depend on providers to assist in improving these quality measures over the two-year period. Cooperation is immensely appreciated.

Retired PIPs

At the close of 2023, two PIPs were retired, and a final evaluation will be submitted to HHSC later in the year. According to preliminary data, the Prenatal and Postpartum Care PIP (PPC) for STAR and BMI, Nutrition and Physical Activity Counseling (WCC) for CHIP and STAR Kids both saw successes. Of the interventions for both PIPs, some will be permanently adopted, while others will be retired due to low impact. These interventions were covered in greater detail in previous newsletters. Maternity Matters and Pyx will both be adopted and maintained after the PPC PIP period ends due to their overwhelming success in the pregnant population. The Notice of Pregnancy Form Submission intervention will be retired due to minimal impact/reach. For our WCC population, both interventions will be adopted after the WCC PIP period ends. Year 'Round Medical Record Review will continue, which also includes multiple other quality measures. Our outreach to members to remind them of a needed well-child visit using our vendor, mPulse, will continue after the end of the PIP as well, though it will be modified to pair with our THSteps outreach efforts to minimize member communication fatigue.

Current PIPs

The PPA PIP, which covers all Aetna Better Health of Texas plans, began its second year in January 2024. The health collaborative continues to be a great partner in tackling non-medical drivers of health (NMDH) in the San Antonio area. This intervention covers STAR and CHIP members, and we look forward to a future expansion to North Texas, which would allow inclusion of our STAR Kids line of business. We partnered again with Pyx Health after the immense successes with our pregnant

population in the retired PPC PIP. The population covered for this PIP is in even greater need of support because it focuses on members who are already diagnosed with targeted mental health illness. This has resulted in a high usage of the app in the population, especially the call support feature (called ANDY) which supports members with a phone call at their request or if they score high on the social determinants of health (SDOH) risk scale. Our last intervention is a text campaign that reaches out to members twice during the calendar year to remind them of resources available to them. This includes resources for NMDH and contact numbers for our Service Coordination team. The purpose of this intervention is to allow members to have more autonomy in their care and give them the tools to reach out when they are ready.

The start of 2024 marked the beginning of a new PIP period as well. STAR and CHIP plans will monitor and improve Outcomes after Pregnancy (OAP) and is specifically designed to decrease the rate of poor maternal outcomes for women with preeclampsia rates. STAR Kids will be covered by a PIP on Follow-up after hospitalization for mental illness (FUH).

Our STAR and CHIP, OAP PIP includes three bold interventions. Providers should be aware of our aspirin kit campaign, which will include three tiered messages and a mailed kit with a bottle of aspirin. The mailed kit has explicit instructions for members to contact their provider to ask if starting aspirin therapy is right for their pregnancy. The members who receive these kits are those at high risk for preeclampsia. Our OB/gyn partners should especially be aware that they may receive calls from members inquiring about this therapy. For our second intervention, we are partnering with the

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Performance improvement projects (PIPs) *(continued from previous page)*

YMCA to target select zip codes in the Fort Worth area. This collaboration will include an phone call invitation to pregnant members who have a history of high blood pressure. If the member consents, the YMCA will enroll them in a 16-week program that will teach them how to monitor their blood pressure at home through the YMCA Healthy Heart Ambassador program. Invitations began in February. Finally, recognizing that members may not currently have access to a blood pressure cuff in order to track their blood pressure over time, a third intervention was added. Members have access to value-added benefits, which includes an OTC catalog with a \$25 per month spending allowance. Included in this OTC catalog is an automatic blood pressure cuff. This means members can purchase the cuff and have one at hand for use in monitoring blood pressure during their pregnancy. Members will be sent a one-time text message to remind them of this benefit and encourage them to use their allowance to purchase the blood pressure cuff from the catalog.

Aetna Better Health of Texas recognizes that many providers will wish to facilitate faster appointment for their patients who are Medicaid members and may not know their telehealth coding options. Not only is the follow-up visit after hospitalization for a behavioral health condition an allowable telehealth measure, so are many others.

Measures eligible for telehealth include:

AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

AAP – Adults' Access to Preventive/Ambulatory Health Services

ADD – Follow-Up Care for Children Prescribed ADHD Medication

ADV – Annual Dental Visit

AMM – Antidepressant Medication Management

AMR – Asthma Medication Ratio

ART – Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

CBP – Controlling High Blood Pressure

CDC (two visits with a diabetes diagnosis may be telehealth)

- BPD – Blood Pressure Control for Patients with Diabetes
- EED – Eye Exam for patients with Diabetes
- HBD – Hemoglobin A1c Control for Patients with Diabetes

CWP – Appropriate Testing for Pharyngitis

FMC – Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

FUH – Follow-Up after Hospitalization for Mental Illness

KED – Kidney Health Evaluation for Patients with Diabetes (two visits with a diabetes diagnosis may be telehealth)

LBP – Use of Imaging Studies for Low Back Pain

PPC – Prenatal and Postpartum Care

SPC – Statin Therapy for Patients with Cardiovascular Disease

SPD – Statin Therapy for Patients with Diabetes

SPR – Use of Spirometry Testing in Assessment and Diagnosis of COPD (telephone visits & asynchronous e-visits acceptable for step 1 event/diagnosis)

SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

URI – Appropriate Treatment for Upper Respiratory Infection

W30 – Well Child Visits in the First 30 Months of Life

WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (BMI percentile must be calculated annually)

WCV – Child and Adolescent Well Care Visits

We look forward to working with you on these projects and others to come in the future. If you would like additional details on PIP endeavors, please email aetnabetterhealthtxqm@aetna.com.

You can view previously published newsletters [here](#). Providers can access reports to help manage member care and follow-up needs using the [Provider Portal](#).



Service coordination

All STAR Kids members receive an assessment, at least yearly, using the STAR Kids Screening and Assessment Instrument (SK-SAI). The assessment contains screening questions and modules that assess for medical, behavioral and functional needs. The assessment is in person with member required attendance. School notes are available for members who elect to complete the assessment during school hours.

Encourage your patients to collaborate with a service coordinator to complete this assessment. It is essential in determining a member's need for attendant care services, therapies, durable medical equipment and more.

Your patients can contact our Service Coordination department at **1-844-787-5437** and select the Service Coordination option to schedule the SK-SAI.



Availability of utilization management criteria

Aetna Better Health of Texas employees make clinical decisions regarding members' health based on the most appropriate care and service available. We make medical necessity determinations based on established criteria. The criteria used to make determinations are available to practitioners at any time by contacting the member services and/or provider relation department to obtain a mailed copy.

The national criteria are made available on our website [here](#).

Aetna clinical policy bulletins are available on the main Aetna website [here](#).



Clinical practice and preventive health guidelines

Respected professional and public health organizations create clinical practice guidelines that document best practices and recommendations for care. We've chosen certain clinical and preventive guidelines to help our providers give members high-quality, consistent care with effective use of services and resources. These include treatment protocols for specific conditions, as well as preventive health measures. The intention of these guidelines is to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

For more information, please review our clinical practice preventive health guidelines [here](#).



Member rights and responsibilities

Aetna Better Health of Texas maintains policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and community mailings, when applicable. They are also posted to our website at [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas).

Aetna Better Health of Texas ensures that a member can exercise their rights without adversely affecting treatment by participating providers. Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our Service Improvement Committee and reported to the Quality Management Oversight Committee.

For more information regarding member rights and responsibilities, visit our website or contact your assigned provider relations representative.



Calling all providers!

Provider Advisory and Clinical and Administrative Advisory committees

Aetna Better Health of Texas (ABHT) hosts quarterly provider meetings to discuss what’s working for our members (your patients) and what needs improvement. Your voice is important to us, and providers are always welcome to attend meetings. Join us and make your voice heard! Contact your provider relations representative or visit the **provider web portal** for more information on joining.

We value provider feedback that helps improve quality management activities, policy and operational changes. We work to ensure provider participation and representation from across the state and throughout multiple specialties. If you are interested in getting involved and representing your area or specialty, please reach out to us. Participating providers are awarded a \$200 stipend for each meeting they attend and participate in.

Both committees meet simultaneously in the evenings during our quarterly meetings in March, June, September and December and includes providers who serve members with Medicaid or CHIP who:

- Are low income
- Have special needs
- Have high incidence of non-medical drivers of health (formerly social determinants of health)
- Are pregnant
- Have a high incidence of behavioral health diagnoses
- And many more disparities and diagnoses requiring intense support

Providers contracted with ABHT are representative of the network:

- Various specialties
- Geographic locations
- Ages
- Genders
- Language
- Experience levels

Committee objective:

The objective of both the Provider Advisory Committee and the Clinical and Administrative Advisory Committee is to improve our plan’s performance by promoting:

- Active provider involvement
- Effective communication
- Provider leadership input on the development of health plan initiatives
- Intentional consideration of all provider feedback

Contact your provider relations representative or visit the **portal** to get started. We appreciate your time and consideration.



Shared decision-making aids

Shared decision-making aids offer healthcare providers the opportunity to leverage best practice tools tailored to their specific medical specialties. These tools serve as valuable resources, aiding physicians and other healthcare providers to engage in comprehensive discussions with their patients regarding a spectrum of treatment options. The resources offer options ranging from conservative approaches to more invasive interventions. These decision-making aids encompass detailed information on associated risks and potential outcomes, facilitating a more informed dialogue between healthcare professionals and patients.

These aids cover a diverse array of medical scenarios, providing specialized information on topics such as diabetes, cardiovascular, wellness screening,

flu prevention and more. By incorporating these decision aids into their practice, healthcare providers can enhance the collaborative decision-making process, ensuring that patients are well-informed and actively involved in determining the most suitable course of action for their individual healthcare needs.

Below are evidence-based aids that provide information about treatment options, lifestyle changes and outcomes. You can access the aids under “Materials” **here**.

- Diabetes
- Flu prevention
- Statin choice decision aid
- Depression medication choice
- Cardiovascular primary prevention choice



Availability and accessibility standards

We want to remind Aetna Better Health providers of the required availability and accessibility standards. Please review the standards listed below.

Level of care	Timeframe
Emergency services	Upon member presentation at the service delivery site
Urgent care appointments	Within 24 hours of request for primary and specialty care
Routine primary care	Within 14 days of request for non-urgent, symptomatic condition
Routine specialty care	Within 21 days of request for non-urgent, symptomatic condition
Adult preventive health physicals/ wellness visits for members over the age of 21	Within 90 days of request
Pediatric preventive health physicals/ well-child checkups for members under the age of 21, including Texas Health Steps services	As soon as possible for members who are due or overdue for services, in accordance with the Texas Health Steps Periodicity Schedule and the American Academy of Pediatrics guidelines, but in no case later than: <ul style="list-style-type: none"> • 2 weeks of enrollment for newborns • 60 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.
Behavioral health visit	Initial outpatient behavioral health visit (child and adult) within 14 calendar days



Appointment availability requirements

After-hours access requirements: the following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable	Unacceptable
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 only answered during office hours.
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 answered after hours by a recording, which tells the patients to leave a message.
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.	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.



Behavioral health provider education

Check out these no-cost lunchtime webinars for health care professionals. All webinars are virtual and scheduled for noon – 1:00 pm CT. Webinars are sponsored by Child Psychiatry Access Network (CPAN) and Perinatal Psychiatry Access Network (PeriPAN). CMEs are available for physicians.

Date	Topic	Registration
Apr 05	CPAN Project ECHO Session 3: Aggression, Anger and Out of Control Kids	UT Austin Dell Medical School – Aggression & Anger
Apr 16	PeriPAN Grand Rounds Series: Suicide Risk and Safety Assessment In Perinatal Mental Health	Texas Tech Univ Health Sciences Center – Suicide Risk
Apr 19	CPAN Project ECHO Session 4: Psychological vs. Neuropsychological Assessment – When and What To Ask For	need missing registration info
Apr 22	Click Here: How Internet Use and Social Media Affect Children’s Mental Health	UT Tyler Health Science Center – Internet and Social Media
Apr 23	Substance Use: What the PCP Needs To Know	UT Health San Antonio – Substance Use
May 03	CPAN Project ECHO Session 5: Eating Disorders	UT Austin Dell Medical School – Eating Disorders
May 17	CPAN Project ECHO Session 5: Suicide Assessment and Safety Planning	UT Austin Dell Medical School – Suicide Assessment
May 21	PeriPAN Grand Rounds Series: Psychotropic Medication In Breastfeeding and Pregnancy	Texas Tech Univ Health Sciences Center – Psychotropic Medication
Jun 10	Handling a Mental Health Crisis In Pediatric Primary Care	UT Tyler Health Science Center – Mental Health Crisis
Jun 18	PeriPAN Grand Rounds Series: Psychopharmacology and Perinatal Mood and Anxiety Disorders	Texas Tech Univ Health Sciences Center – Psychopharmacology

To learn more about CPAN and PeriPAN no-cost consultation services for Texas providers and future webinars, please visit: [CPAN](#) and [PeriPAN](#).



Crisis intervention and community referrals

For urgent mental health and substance use concerns

Bexar STAR: 1-800-248-7767 (TTY: 711)

Tarrant STAR: 1-800-306-8612 (TTY: 711)

Bexar CHIP: 1-866-818-0959 (TTY: 711)

Tarrant CHIP: 1-800-245-5380 (TTY: 711)

STAR Kids: 1-844-STRKIDS (1-844-787-5437)
(TTY: 711)

988 Suicide & Crisis Lifeline

Call the 988 Suicide and Crisis Lifeline to get help if you or a loved one have suicidal thoughts. Call 911 if there is a life-threatening emergency or immediate danger for you or others.

Maternal Mental Health Hotline

Free crisis support and counseling for pregnant and parenting moms. Call or text 1-833-9-HELP4MOMS (1-833-943-5746).

Texas Youth Helpline

Free and confidential services to youth and families in crisis. Call or text 1-800-989-6884.

Trevor Project

Free counseling, information and support for LGBTQ youth and young adults, ages 13-24. Call 1-866-488-7386 or text "START" to 678678.

National Domestic Violence Hotline

Call 1-800-799-7233. Text "START" to 88788.

Disaster Helpline

Crisis counseling for persons experiencing emotional distress related to a weather disaster or community violence. Call 1-800-985-5900 or text "TalkWithUs" to 66746.

Love is Respect – Dating Abuse Hotline for Teens

Helpline and resource for teens experiencing dating violence and relationship abuse. Call 1-866-331-9474. Text: "LOVEIS" to 22522.



Texas Health Steps

We complete an annual audit on a sampling of Aetna Better Health members to assure providers are completing all 6 components needed for a compliant Texas Health Steps checkup visit. The 6 components include:

- **Comprehensive health and developmental history** – interval history, nutrition, behavior, mental health, TB screening, etc
- **Comprehensive unclothed physical exam** – vitals, BMI or growth chart, vision and hearing screening: subjective or required visual acuity or audiometry at specified ages
- **Immunizations** – either given on that visit, or status update of child's vaccines
- **Lab screening** – completing any required labs due at that visit (i.e., lead screening, anemia, lipids, HIV, etc.)
- **Health education/anticipatory guidance**
- **Dental referral** – required at 6 months of age, then annually need to comment if child is established with a dentist

Texas Health Steps medical checkup visits follow the periodicity schedule for birth through age 20. Some of the more common opportunities for improvement are:

- TB questionnaire with results (required annually starting at 12 months of age)
- Mention of a "dental home" or referral to a dentist if child is not established with one
- Mention that Immunizations were reviewed at that visit, or include vaccine record especially if no vaccines were required during the THSteps visit
- You may scan in questionnaires, screening tools used, or labs to document results of these
- If a required vaccine or lab test was not administered during that visit, a reason for this needs to be stated in the clinic note, AND a plan for completion needs to be stated (i.e., "will return in 2 weeks for immunization due to febrile child today")

For additional information, go to **Texas Health Steps Provider Information**.



Changes to your information

Aetna Better Health of Texas strives to ensure provider directory information is as accurate and current as possible for our members. If you are a provider or provider group and need to update your information, please contact us at the emails below.

Contact	Update
ABHTXCredentialing@Aetna.com	<p>Adding providers, change of physical address, contracting, credentialing, copies of contract or checking credentialing/contracting status.</p> <p>If you have a new provider joining your practice, you must submit:</p> <ul style="list-style-type: none">• Prospective provider form• W9 <p>The application can be found on our website at AetnaBetterHealth.com/Texas.</p>
TXproviderenrollment@Aetna.com	<p>If you have a delegated roster update.</p>