Provider Newsletter

Fall/Winter 2025

Contents

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Aetna Better Health® of Texas

AetnaBetterHealth.com/Texas

3903207-01-01

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 can offer:

- Member Education – 1 on 1 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://youtexasbenefits.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 twenty-four 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 & Conditions, Version 1.17, p. 11

- 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.**

Value Added Services (2023-2024)

Aetna Better Health's pharmacy drug list is available on our website and contains the most recent changes to the formulary. It is updated monthly and can be accessed 24 hours a day, 7 days a week. To see the latest version of the pharmacy drug list, please visit the website at **AetnaBetterHealth.com/Maryland/providers/pharmacy/drug-list**.

As of September 1, 2024, Aetna Better Health of Texas has 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.

(CHIP) - Get more out of your health benefits – 2024 (aetnabetterhealth.com)

(STAR Kids) - Get more out of your health benefits – 2024 (aetnabetterhealth.com)

(STAR) - Get more out of your health benefits – 2024 (aetnabetterhealth.com)

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

Appeals

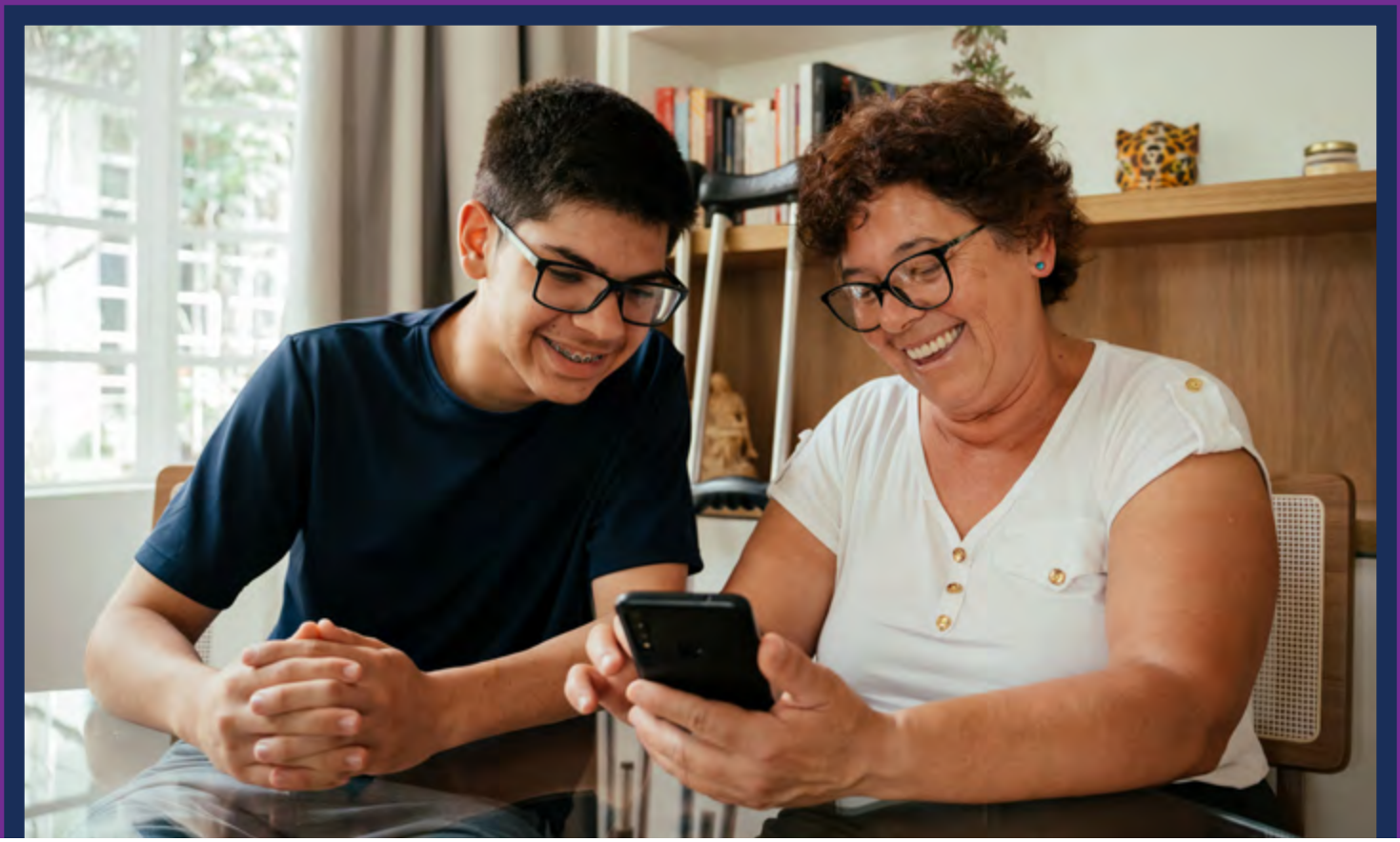
Appeals can be submitted in the following ways:

MAIL: Aetna Better Health of Texas
ATTN: Complaints and Appeals Department

P.O. Box 81040
5801 Postal Rd
Cleveland, OH 44181

FAX: **1-877-223-4580**
EMAIL: **txcomplaintsandappeals@aetna.com**
ONLINE: **Via the Availity portal**

Standard timely filing for an appeal i s 120 days from the disposition date.



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 Aetna Better Health of Texas Service Coordination department by dialing **844-787-5437** and select option "Service Coordination" to schedule the SK-SAI.

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 months of 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 Aetna Better Health of Texas Service Coordination department by emailing skmag@aetna.com to obtain more information about MAG meetings and meeting details.

Thank you for joining us in our mission to promote optimal health for each and every one of our members.

Reminder: Provider Enrollment Revalidation Requirements

Last updated on 8/30/2024 Providers must complete their revalidation enrollment before the end of their enrollment period. Providers can revalidate their enrollment in the Provider Enrollment and Management System (PEMS) up to 180 calendar days before their current revalidation due date. Providers may find more information and begin their revalidations in PEMS through the **tmhp.com website at tmhp.com/topics/provider-enrollment/how-apply-enrollment** under "Determine Your Application Type." Providers that do not complete the revalidation process by their deadline will be disenrolled from all Texas state health care programs, and claims and prior authorization requests will be denied.

Provider Requirements

Revalidating providers may need to provide fingerprints, submit additional documentation, or complete other screening requirements.

Providers may view and confirm their revalidation date and enrollment information in PEMS. To reduce application time, we encourage providers to have the following information available:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's Tax Identification Number and legal name
- Licenses or certifications, if applicable
- Identification for the provider and any person who meets the definition of owner, creditor, principal, subcontractor, or managing employee
- Documentation related to disclosures, if needed
- Additional documentation required for program participation

Additional documentation required for program participation. Providers revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements. Certain revalidating providers must pay an application fee. Refer to the State of Texas Provider Types Required to Pay an Application Fee to determine which institutional providers must pay the provider enrollment application fee.

Providers can also refer to the current Texas Medicaid Provider Procedures Manual, Vol. 1, Provider Enrollment and Responsibilities, for more information.

For more information, call the TMHP Contact Center at 800-925-9126.

SAFETY-A Suicide Risk Assessment Training for Primary Care Providers

SAFETY-A is a family-centered intervention developed by researchers at the UCLA ASAP Center for youth "who have attempted suicide, engaged in self-harm behaviors, or expressed strong suicidal urges." SAFETY-A is a developmentally informed approach to safety planning for children and adolescents. This is a cognitive-behavioral youth and family centered intervention for suicide and self-harm. The SAFETY-A includes an in-person crisis session with youth and parents/caregivers. The goals of SAFETY-A include reducing risk, ensuring safety, and assisting with linkage to care in the community. Counseling on restricting access to potential lethal means of suicide and self-harm is a major component of the SAFETY-A.

The SAFETY-A Suicide Risk Assessment Training is designed to equip primary care providers with the critical skills needed to recognize when it's time to implement SAFETY-A training. This comprehensive program demonstrates how to identify and address suicide risk effectively, ensuring timely and appropriate interventions for those in need. Enhance your practice with the tools to make a difference in patient care and safety.

The Child Psychiatry Access Network (CPAN) offers a range of training levels to address the needs of each clinic and PCP. For more information, enrollment and training dates, visit **https://tcmhcc.utsystem.edu/safety-a/**.

Provider Satisfaction Survey

Thank you for partnering with Aetna Better Health of Texas (ABHT) to provide quality healthcare for our members.

As your partner, we want to ensure that your experience with us is positive and rewarding. You are essential to providing the highest quality healthcare possible for our members, and your satisfaction is important to us.

ABHT conducts an annual Provider Satisfaction Survey to gauge our performance and obtain provider feedback. The results of the survey help ABHT identify key opportunities for improving the experience of providers. The purpose of this survey is to assess overall provider satisfaction and identify specific key areas of satisfaction around finance, utilization and quality management, network coordination of care, pharmacy, health plan call center, and provider relations. Our goal is for providers to be highly satisfied and consider our plan Well Above Average.

In 2024 over 93% of providers who participated in the survey stated that they would recommend ABHT, and Overall satisfaction with ABHT was above 78%.

The ABHT 2024 annual Provider Satisfaction Survey results show improvements in several areas. The survey results have helped reveal strengths as well as areas for improvement.

Provider satisfaction improved in the following areas:

- Would recommend ABHT to other providers
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Provider Relations
- Health Plan Call Center Service Staff
- Provider satisfaction opportunities for improvement exist in the follow areas:
- Finance Issues

Many interventions have been implemented to continue to improve ABHT's service and provider experience, including overhauling the provider orientations and quarterly provider training webinars. ABHT Quality Management team has Quality Provider Liaisons who work to build collaboration and engagement with provider groups. Additionally, various internal workgroups/committees were revamped to address areas impacting provider satisfaction, to include the Access to Care Committee. During 2024, the Provider Relations team also reinstated onsite provider visits.

Your feedback is crucial to delivering excellent provider experience. If we are not meeting your expectations and needs, or if you are interested in an onsite visit from our Provider Relations team, please let us know by contacting Provider Relations at **ABHTXCredentialing@Aetna.com**.

Non-medical Drivers of Health and Social Determinants of Health

What is the difference?

According to the Episcopal Health Foundation there is no difference in the terms Social Determinants of Health (SDOH) and Non-Medical Drivers of Health (NMDOH)(1). Both terms refer to "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" (2).

The Texas Health & Human Services (HHSC) Medicaid & CHIP Services (MCS) has adopted NMDOH, or "non-medical drivers of health" to replace the previous acronym of SDOH (social determinants of health) in describing factors outside of medical diagnosis that might contribute to a patient's overall health and ability to succeed in a prescribed care plan.

Considering that people with NMDH/SDOH are at a greater risk for many illnesses, both physical and mental, it is imperative that close attention be paid to patients coming in for care. Equally important is to be mindful of the patients who fail to come in for regular care, especially if they have made appointments but have not shown up at the scheduled appointment time. Often patients will fail to make these appointments due to transportation issues or other extenuating circumstances directly related to the struggles of high NMDOH/SDOH.

For resources to help patients with suspected or stated NMDOH/SDOH concerns, please refer STAR Kids members **TXSKSupervisors@aetna.com**, or STAR/CHIP members **MBUTXCMReferral@aetna.com**.

Citations:

- Understanding Social Determinants of Health (SDOH) and Non-Medical Drivers of Health (NMDOH) in Texas - Episcopal Health Foundation
- Social Determinants of Health (SDOH) | About CDC | CDC

Texas Health Steps

Annually, our Quality Management team audits selected Providers' records for compliance and completeness when documenting their Texas Health Steps visits. There are 6 required components that we review during the Audit: Comprehensive Health & Developmental History, Physical Exam, Immunizations, Lab screening, Anticipatory Guidance, and confirming the patient is established with a Dental Home. These 6 components have requirements within them that need to be met on every THSteps visit. If a component is not completed or met on that visit, documentation needs to be provided stating why it was not done or why it was not needed. If a required component cannot be done on the visit, a follow up plan needs to be written out (ex: "no MMR vaccine given today due to fever. Patient will return in 2 weeks for nurse visit to get the vaccine").

There are a few commonly missed items that we see on THSteps Audits:

- Proof of TB questionnaire being completed annually beginning at 12 months of age. The TB questionnaire results should be scanned into the chart or include these questions in your EMR template. Stating "no TB risks" does not fulfill this requirement.
- A Nutrition comment in the HPI or ROS section is needed on every THSteps visit (eating habits, dietary preferences, etc). Only giving Nutrition guidance in the "Plan" is non-compliant.
- If screening tools or labs have been done, the results of these also need to be stated or scanned into the chart.
- Vision and Hearing notation needs to be done at every THSteps visit, from 2 weeks to 20 years of age. Follow the Periodicity Schedule to see whether "subjective" vision or hearing is acceptable, or whether the patient is required to have Visual Acuity or Audiometry testing at that age.
- There needs to be mention annually of whether the patient is established with a dentist, starting at 6 months of age. If they have no "Dental Home" you need to document that they were referred to a dentist; no formal referral is needed. Our members will have a Dental plan with either DentaQuest, MCNA, or UnitedHealthCare Dental, and should have a Dental ID card with an assigned dentist listed. Stating that the patient has "no dental concerns" does not fulfill this requirement.

To learn more about specific THSteps topics and earn free CE/CME, go to **www.txhealthsteps.com.**

ED Avoidance for Your Patients

It is common knowledge among providers and healthcare workers that inappropriate ED utilization is ever increasing in the USA. It is a glaring problem within the current healthcare system, but there are steps you can take to help your patients get the care they need before the trip to urgent care or the ED.

Triage

When your patient calls you with an acute concern, please triage them on the phone as you are able. For non-emergency cases, best practices include providing access to same day or walk in appointments. This can be accomplished in your own office, an available nearby clinic such as a CVS Health Minute Clinic, or via telehealth options such as MDLive. If there is no local clinic available, please direct your patient to an available Urgent Care facility. As always, if there is truly an emergency, please advise them to go to their local Emergency Department or dial 911 for immediate assistance.

We need your help

It can be difficult to open your schedule up for same day appointments. To implement best practices, all effort should be made to free a few time slots so you can see patients when they fall acutely ill. On call and after-hours services should be available to patients as well. Often, just having a conversation with the on-call provider can help alleviate patient anxieties and get them triaged to the appropriate level of care. Aetna also offers a 24-hour Nurse Line for member use.

Concerned about reimbursement?

Pay for Performance or Alternative Payment Models provide more reimbursement for providers who give good care. Call your Provider Relations Representative today and ask about these payment contracting models for more information.

Resources:

Nurse lines: STAR/CHIP/STAR Kids **1-800-556-1555 (TTY: 771)**
MDLive Telehealth: **1-888-667-7652 (TTY: 1-800-770-5531)**

Members' Cultural and Language Needs

Aetna Better Health of Texas's membership is diverse and is constantly growing. While most of our members speak English as their preferred language, we'd like to provide you an overview of the languages spoken by our members. As indicated by the chart below.

LANGUAGE	2022	2022	2023	2023
	COUNT	%	COUNT	%
English	84,595	52.93%	65,886	55.29%
Spanish	7,555	4.73%	6,923	5.81%
Unknown	67,183	42.04%	45,861	48.49%
Other	487	0.30%	487	0.41%

The ability to communicate effectively is important to provide quality health care to patients from different cultural backgrounds. To assist with this, Aetna Better Health of Texas makes its telephonic language interpretation service available to providers to help their interactions with members. These services are available at not cost to the member or provider.

Resources for translation or interpretation services for Aetna Better Health of Texas members include:

- Providers may call **(800) 385-4101 (TTY: 711)** at least 2 business days in advance of member's appointment for translation services.
- Providers/staff may call ABHT Member Services number below during the visit for the Language Line assistance as a third-party conversation.
- For hearing impaired services, call TTY line at **(800) 735-2989** and ask them to connect with our Member Services.
- Interpreters are also available to accompany a member to their medical visit. Please call the Member Services number below at least 72 hours in advance to arrange.

Member Services:

STAR:
1-800-248-7767 (Bexar)
1-800-306-8612 (Tarrant)

CHIP:
1-866-818-0959 (Bexar)
1-800-245-5380 (Tarrant)

STAR Kids:
1-844-787-5437 (Dallas and Tarrant)

Flu Season 2024-2025

How is the flu season going so far this year? Tracking just began in October, so there's still time to make an impact on flu illnesses and deaths this season. Now is the time to discuss, encourage, and monitor preventive measures with your staff, as well as with patients and their families.

The "Get My Flu Shot" campaign is sponsored by the American Medical Association, CDC and the Ad Council and encourages Americans, with an emphasis on Blacks and Hispanics, to get vaccinated against flu for the 2024-25 season. They report that in 2023-2024, only about 55% of children ages 6 months to 17 years of age received the flu vaccine. And for US adults, only about 45% received the flu vaccine in 2023-2034. Historically, about 80% of reported pediatric deaths have been in children who were not fully vaccinated.

Prevention is the key to controlling influenza. The most important preventive measure is getting a flu vaccine every year, beginning at 6 months of age, unless contraindicated.

Other Preventive Flu Measures:

- Use every patient encounter as an opportunity to discuss flu precautions (e.g., wellness exams, sports physicals, acute and chronic illness follow-up visits).
- Encourage all medical staff to get their flu vaccine, then share their personal reasons for getting vaccinated with patients, friends, and family members. Being a trusted messenger validates the credibility of flu vaccine information.
- Offer flu vaccines as you register patients, or as they're being roomed: "Would you like to get your flu vaccine today?"
- Mention flu vaccine availability on your office voicemail message. Let patients know they can schedule a flu vaccine for themselves or family members as a Walk-in or Nurse Visit if you offer that.
- Post flyers in your office waiting room and exam rooms. For free flu vaccine resources, go to https://www.cdc.gov/flu-resources/php/shareable-resources/index.html
- Getting a flu vaccine during pregnancy can also protect the baby after birth for several months, when they are too young to get vaccinated for flu.

To track and assess flu activity in Texas and the U.S., HHSC provides updates from October through May at this site: https://www.dshs.texas.gov/influenza-flu/texas-influenza-flu-surveillance-data. The reports also include what strains of flu are circulating in Texas, as well as the number of pediatric flu-related deaths.

Here are some useful codes from THSteps Quick Reference Guide (7/01/24):

90630, 90654, 90655†, 90656†, 90657†, 90658†, 90685†, 90686†, 90687† or 90688† with (90460/90461 or 90471/90472); 90660† or 90672† with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756† with (90471/90472)	Influenza

† Indicates a vaccine distributed by TVFC

Administration of influenza virus vaccine: G0008

ICD-10 vaccination code: Z23

Finally, we'd like to hear your opinion on vaccine hesitancy, barriers, promotions, etc. Please complete this 9-question survey (or have staff member complete it): https://forms.office.com/r/hYTzD3MSrq. Or use the following QR code to complete the survey.

Provider Immunization Survey

Healthcare Effectiveness Data and Information Set (HEDIS®) data collection is a nationwide, joint effort among employers, health plans and physicians. Annual medical record review is conducted for reporting to the National Committee for Quality Assurance (NCQA) and to and the U.S. Department of Health and Human Services (HHS). Performance measures are developed and maintained by NCQA and is the most widely used set of performance measures utilized by the managed care industry.

Our annual HEDIS® review will be starting in January 2025 and our Aetna Better Health team may be reaching out to your office to request patient medical records between the months of January and May. We offer different record retrieval methods to best fit your staff's time and schedule and we appreciate your understanding and cooperation as we complete our annual quality reporting and data collection efforts.

Our HEDIS® hybrid medical record requests will be used to review important aspects of care and services on measures such as, controlling high blood pressure, cervical cancer screening, comprehensive diabetes, child and adolescent immunizations and lead screening, prenatal and postpartum care and weight assessment and counseling for nutrition and physical activity. Data is also collected and gathered on services provided and member health status from member medical records that may not have been captured through claims or encounters.

Due to the growing demands in medical records requests, many provider offices have found that their workload has increased and have found granting remote EMR access has been very helpful for both the provider offices as well as to our HEDIS team. Remote EMR access allows for the health plan to capture specific patient data to identify our members (your patients) that have been seen for services. Let us partner and join forces to eliminate additional stress and extra time for your staff. Please contact us at TXHEDIS@aetna.com for additional information.

Meeting HIPAA guidelines

Our representatives serve us in a role that the Health Insurance Portability and Accountability Act (HIPAA) defines and covers. According to the HIPAA, Aetna is a "Covered Entity," and our representative's role as a "Business Associate" of a "Covered Entity." Giving medical record information to us or our representatives meet HIPAA regulations.

The ABHT Quality Team continually evaluates quality measure performance and member and provider satisfaction scores to drive our improvement efforts. Numerous interventions for members, providers, and systems are in place throughout the year. As the calendar year winds down, we look for additional ways to impact member outcomes and quality performance rates. In the 4th quarter of 2024, we have implemented:

- Direct member call campaigns to close gaps in care for breast cancer screening, child and adult immunizations, and management of diabetes and asthma
- Collaboration with primary care provider groups and certified community behavioral health centers for closure of gaps in care
- Partnership with pharmacy partners to help close medication gaps in care
- Collaboration with Plan care management and service coordination to manage chronic conditions and prenatal/postpartum care

Additionally, ABHT started a Texas Health Steps (THSteps) outreach campaign in May for our members who need a visit before their next birthday. This campaign is strategic and along with offering assistance getting an appointment, we assess for barriers for receiving care, informing of value-added services, and other resources available to them. To date, 118 members have been assisted with an appointment and hundreds have been provided detail on value added services. Since starting the call campaign, the New Member THSteps rate as increased an average of 3.61% and Existing Members THSteps rate has increased an average of 9.55%. We will continue to make outreach calls to help connect members to care.

The ABHT Quality Team would like to thank all of our providers and staff for their hard work and dedication to our shared members.

Contact the Quality Improvement Department at **AetnaBetterHealthTXQM@aetna.com** if you would like more information about any of the following:

- Quality Improvement Program or initiatives and the progress toward meeting quality goals
- If you would like to collaborate on process improvement
- To request a paper copy of our documents

Shared Decision-Making Aids

At Aetna Better Health of Texas, we are committed to supporting both providers and members in making informed healthcare decisions. One of the ways we do this is through shared decision-making aids, which are communication tools that help providers and patients to make informed healthcare decisions based on what is important to the patient.

These tools are not intended to replace professional medical advice. Instead, they serve as valuable resource to enhance member/provider communication and support informed decision-making, helping ensure that members' values and preference are considered in their care plans.

Below are evidence-based aids that provide information about treatment options, lifestyle changes, and outcomes. You can access the aids at: **https://www.aetnabetterhealth.com/texas/providers/forms.html**

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

Clinical Practice Resources

Aetna Better Health of Texas reviews Clinical Practice Guidelines (CPGs) annually to ensure best practice and evidence-based care are provided. Guidelines are adopted to facilitate improved health care and appropriateness in the delivery of healthcare. They are not intended to direct coverage or benefits determinations, or treatment decisions. You can find the following current preventive, clinical, and behavioral healthcare guidelines on our website at: www.aetnabetterhealth.com/texas/providers/clinical-guidelines-policy-bulletins.html.

Preventive Health Resources

- Routine preventive services guidelines, including perinatal
- Vaccine recommendations for birth to 18 years of age, and adults including pregnant women
- Tobacco use in children and adolescents
- Influenza
- Human papillomavirus screening (HPV)
- Hepatitis C screening

Clinical Practice Resources

- Asthma
- Diabetes

Behavioral health Resources

- Addiction
- Alcoholism
- Child & adolescent attention deficit hyperactive disorder (ADHD)
- Opioid use disorders
- Tobacco cessation
- Major depressive disorder

Other bulletins and Resources

- Medical clinical policy bulletins
- Care resources from MCG Health

Providers and Members can request hard copies of documents by contacting their Provider Relations Representative. Disclosure of clinical resources is not a guarantee of coverage. Your opinion matters. Every year, we host meetings to talk about what's working for us and what needs improvement. We'd love to have you attend. Join us and tell us what you think. Please access our website at aetnabetterhealth.com/texas.

Connecting our members (your patient) to support and resources for a healthier and happier life.

Life can be challenging. It is hard to keepyou're a healthy mind and body every day. That's why we're bringing our members the Pyx Health program at no cost. They can:

- Chat with compassionate Pyx Health staff for support and guidance
- Find tips and tools to help their physical and mental health
- Have easy access to health plan benefits and community resources
- Improve their mood, stress levels, motivation and more

Pyx Health makes it easy to get the right help, in the moment they need it.

Connect via the app or with a phone call, whatever works best for your patient.

- Adults 18+: Tools and activities to improve mindset and manage stress; help with things like food, transportation and rent
- Teens 13-17: Safe, private access to trained peer support and resources for school, work, social media, and relationship challenges
- Guardians: Support for the unique challenges of being a guardian – understanding staff to listen and connection to support groups, help lines, and more

When our member (your patient) is ready:

Adults and teens with guardian consent: **Download the app** now and sign up with their health plan ID. Or call Pyx Health's friendly team at **1-855-499-4777**.

Guardians: **Download the app** now and sign up with Partner Code aetnatx. Or call Pyx Health's friendly team at **1-855-288-1651**.

Any changes to your demographic 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 demographic information, please contact us at the emails below.

CONTACT	TYPE OF UPDATE
ABHTXCredentialing @Aetna.com	Adding providers, change of physical address, contracting, credentialing, copies of contract or checking credentialing/ contracting status. If you have a new provider joining your practice, you must submit a: • Prospective Provider Form • W9 The application can be found on our website at **AetnaBetterHealth.com/Texas**.
TXproviderenrollment @Aetna.com	If you have an EFT/ERA update or delegated roster update.

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

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: • 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 fourteen (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 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 he 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.	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.

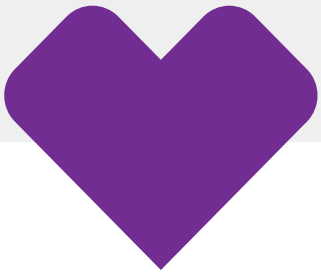
Reminder: Provider Enrollment Revalidation Requirements

Last updated on 8/30/2024

Providers must complete their revalidation enrollment before the end of their enrollment period. Providers can revalidate their enrollment in the Provider Enrollment and Management System (PEMS) up to 180 calendar days before their current revalidation due date.

Providers may find more information and begin their revalidations in PEMS through the tmhp.com website at tmhp.com/topics/provider-enrollment/how-apply-enrollment under "Determine Your Application Type."

Providers that do not complete the revalidation process by their deadline will be disenrolled from all Texas state health care programs, and claims and prior authorization requests will be denied.



Provider Requirements

Revalidating providers may need to provide fingerprints, submit additional documentation, or complete other screening requirements.

Providers may view and confirm their revalidation date and enrollment information in PEMS. o reduce application time, we encourage providers to have the following information available:

- First and last name
- Organization name
- Social Security number
- Date of birth
- Employer's Tax Identification Number and legal name
- Licenses or certifications, if applicable
- Identification for the provider and any person who meets the definition of owner, creditor, principal, subcontractor, or managing employee
- Documentation related to disclosures, if needed
- Additional documentation required for program participation

Providers revalidating an existing enrollment should continue to submit claims to meet their timely filing requirements.

Certain revalidating providers must pay an application fee. Refer to the **State of Texas Provider Types Required to Pay an Application Fee** to determine which institutional providers must pay the provider enrollment application fee.

Providers can also refer to the current Texas Medicaid Provider Procedures Manual, **Vol. 1, Provider Enrollment and Responsibilities**, for more information.

For more information, call the TMHP Contact Center at **800-925-9126**.

Aetna Better Health® In-Lieu-Of Services for Texas STAR Provider Information

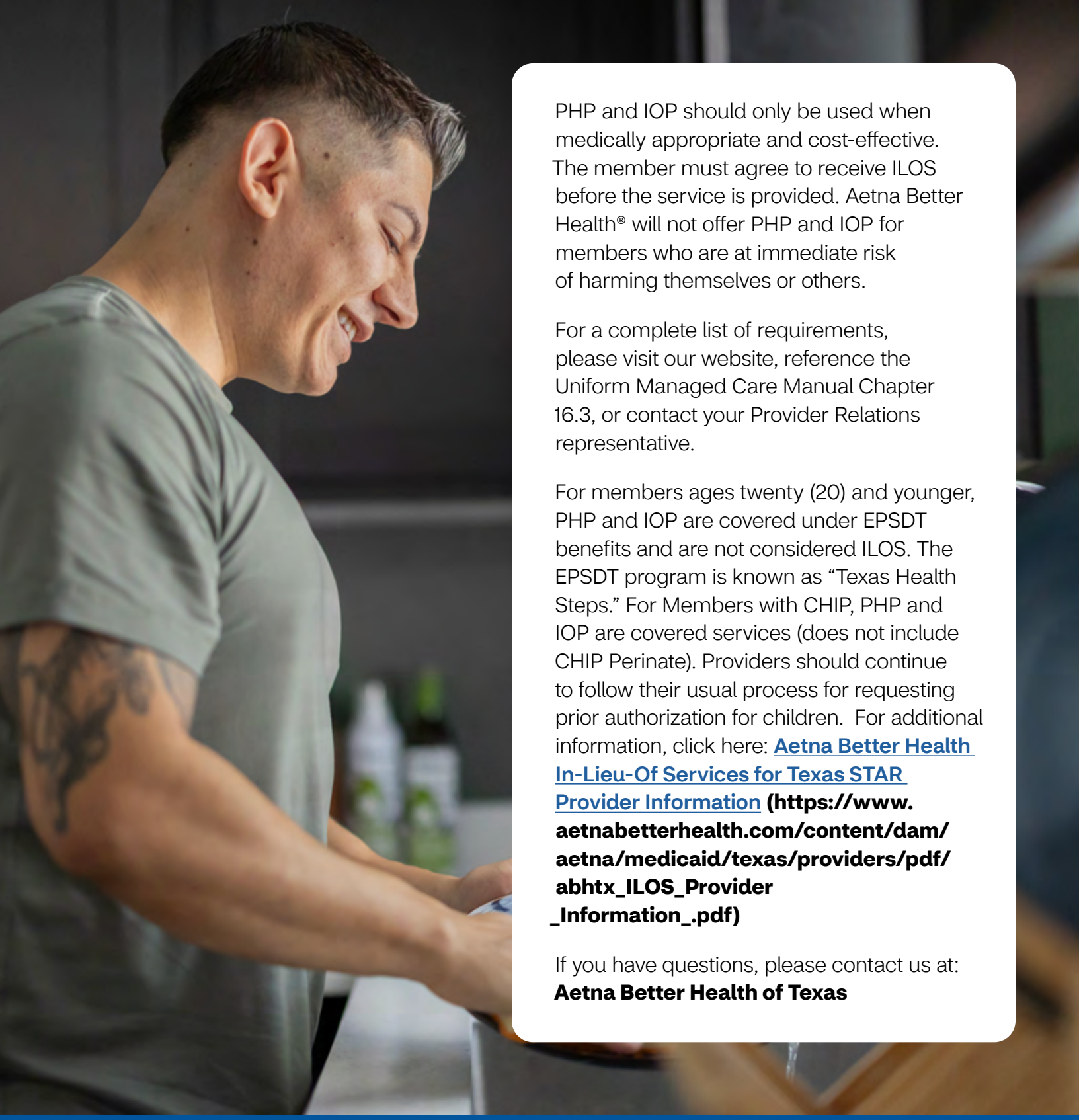
In-Lieu-of Services (ILOS) – Adult Partial Hospitalization Program and Intensive Outpatient Program

Effective October 1, 2024, Aetna Better Health® will begin offering In-Lieu-Of Services (ILOS) to ensure a continuum of care for members diagnosed with mental health and/or substance use disorder.

Aetna Better Health® will offer Mental Health and Substance Use Disorder (SUD) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) services in lieu of inpatient psychiatric care. ILOS will be available to members twenty-one (21) years of age and older.

IOP	PHP
Mental Health	S9480
SUD	H0015

PHP	
Mental Health	H0035
SUD	S0201



PHP and IOP should only be used when medically appropriate and cost-effective. The member must agree to receive ILOS before the service is provided. Aetna Better Health® will not offer PHP and IOP for members who are at immediate risk of harming themselves or others.

For a complete list of requirements, please visit our website, reference the Uniform Managed Care Manual Chapter 16.3, or contact your Provider Relations representative.

For members ages twenty (20) and younger, PHP and IOP are covered under EPSDT benefits and are not considered ILOS. The EPSDT program is known as "Texas Health Steps." For Members with CHIP, PHP and IOP are covered services (does not include CHIP Perinate). Providers should continue to follow their usual process for requesting prior authorization for children. For additional information, click here: **Aetna Better Health In-Lieu-Of Services for Texas STAR Provider Information (https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/texas/providers/pdf/abhtx_ILOS_Provider_Information_.pdf)**

If you have questions, please contact us at:
Aetna Better Health of Texas

CHIP
Bexar area: **1-866-818-0959**
Tarrant area: **1-800-245-5380 (TTY: 711)**

STAR (Medicaid)
Bexar area: **1-800-248-7767**
Tarrant area: **: 1-800-306-8612 (TTY: 711)**

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