

Provider newsletter

Fall 2024



National Suicide Prevention Month

During the month of September, mental health providers and advocates, prevention organizations and community members unite to share resources and promote suicide prevention awareness. The Centers for Disease Control and Prevention (CDC) consider suicide a serious public health problem and it's a leading cause of death in the United States. Suicide Prevention Month recognizes the following dates:

- September 8: 988 Day
- September 8-14: National Suicide Prevention Awareness Week
- September 10: World Suicide Prevention Day
- September 17: National Physician Suicide Awareness Day
- September 26: National Law Enforcement Suicide Awareness Day

According to the CDC, suicide rates increased approximately 36% from 2000 to 2022.

- Suicide was responsible for over 49,000 deaths in 2022, about one death every 11 minutes.
- In 2022, suicide was among the top 9 leading causes of death for age groups 10-64.
- Suicide was the second leading cause of death for ages 10-14 and 25-34 in 2022.

- In 2022, an estimated 13.2 million American adults seriously thought about suicide.
- In 2022, 3.8 million adults planned a suicide attempt and 1.6 million attempted suicide.

Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers and the community. The financial toll on society is also costly. In 2020, suicide and nonfatal self-harm cost the nation over \$500 billion in medical costs, work loss costs, value of statistical life and quality of life costs.

Suicide is preventable. Everyone can play a role in how to save lives and create healthy and strong individuals, families and communities. Resources and ideas to support Suicide Prevention Month:

- Promote awareness of [988, the National Suicide and Crisis Lifeline](#)
- Save The Number, Save a Life: Add the 988 Suicide and Crisis Lifeline to your phone
- [Order 988 promotional items \(no-cost\) for your office and patients](#)
- Visit [HHSC Suicide Prevention](#). Download suicide prevention guidance for your patient population.

(continued on next page)



In this issue

Any changes to your information?	3
Timely and appropriate access to care	3
Appointment availability requirements	4
Community outreach.	4
Member advocates	5
Provider appeals.	5
Member Advisory Group meetings.	5
2024 CAHPS member satisfaction	6
General wellness visits for all ages	7
Population health programs	7
Changes to the Texas Medicaid preferred drug list	8
Texas Medicaid provider procedures manual.	9
Pharmacy update	9
Member rights and responsibilities	9

National Suicide Prevention Month (continued)

- Visit the [Suicide Prevention Resource Center \(SPRC\)](#). Each year, the SPRC creates a list of ways to get involved in Suicide Prevention Awareness Month.
- Review the [2024 National Strategy for Suicide Prevention Fact Sheet](#).
- Download the [2024 National Strategy for Suicide Prevention Social Media Toolkit](#).



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.



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?](#)





Any 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	If you have a delegated roster update.



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	<p>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:</p> <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
<p>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.</p> <p>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.</p> <p>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.</p>	<p>Office phone is only answered during office hours.</p> <p>Office phone is answered after hours by a recording, which tells the patients to leave a message.</p> <p>Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.</p> <p>Returning after-hour calls outside of 30 minutes.</p>



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 a temporary abode for the purpose of such employment.

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**.



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.

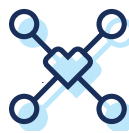


Provider appeals

Timely resolution for provider appeals is a top priority for Aetna Better Health of Texas. Please include the following with any claim appeal submission:

- Completed provider appeal form
- Claim number being appealed
- Reason for the appeal
- Any supporting documents

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 provider portal



Member Advisory Group meetings

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

The quarterly meetings are held in February, May, August and November.

Meetings are in-person with a virtual Teams option. Members who attend receive a gift card for their participation.

Your patients can email our Service Coordination department at 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.



2024 CAHPS member satisfaction

Each year, Aetna Better Health of Texas (ABHTX) conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The purpose of the survey is to evaluate member satisfaction with their healthcare, for both adult members and child members. The survey collects members' level of satisfaction regarding accessibility to medical services, physicians, specialists, communication skills of the physician and the member's satisfaction with ABHTX. The survey results provide ABHTX with data to identify strengths and opportunities to improve member satisfaction. We continue to strive to achieve the highest possible level of satisfaction. The 2024 ABHTX CAHPS survey results demonstrated improvement in the following areas:

Measure	Improvement over 2023	
	Adult	Child
Getting care		
Getting needed care	X	X
Getting care quickly	X	
Satisfaction with plan physicians		
Rating of personal doctor	X	X
Rating of specialist		X
Doctor communication	X	X
Satisfaction with plan and plan services		
Rating of health plan	X	
Rating of health care	X	X

Aetna Better Health of Texas continues to work to improve member satisfaction with our plan and with the experience our members receive for their health care.

Provider best practices

Getting care

- Ensure your patients are seen within 15 minutes of arrival to your office.
- Provide frequent updates to your patients regarding long wait times.
- Provide a time frame for when your patients can expect their test results.
- Offer to help make appointments.
- Discuss care needs with parents.
- Provide multiple services during one visit.
- Offer patients, especially new patients, the ability to access online forms to help reduce the amount of time they need to spend in the office.

Satisfaction with plan physicians

- Maintain eye contact when the patient is talking.
- Avoid interrupting the patient.
- Explain why tests, treatments, medications or referrals are necessary.
- Use simple, easy to understand words. Use interpreter services if needed (available at no cost through ABHTX).

- Ask patients if they understand.
- Explore specific barriers to their compliance with treatment, medications and follow-up.
- Provide resources such as hand-outs, brochures, diagrams and other materials to help them to understand (in their preferred language or large print if requested).
- Follow up with members' specialists to ensure continuity of care.

ABHTX offers resources to help you as you provide care to our members

- Case managers are available to assist you in arranging timely care/services for our members.
- Member services representatives are available to assist with general member questions and concerns.
- Your provider relations representative is available to assist you with any questions or issues.

If we can help you in any way, please call:

STAR/CHIP: 1-800-248-7767 (Bexar)

1-800-306-8612 (Tarrant)

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



General wellness visits for all ages

Whether young or old, with acute or chronic conditions, your patients should be seen regularly for preventive care. Routine screening, early detection, treatment and patient education are the cornerstones of health care services.

Pediatrics Bright Futures/American Academy of Pediatrics updated their [periodicity schedule](#) in June. It can serve as a guide to recommended care.

More details on requirements for Texas Health Steps can be found here: [Texas Health Steps | Texas Health and Human Services](#).

Pediatrics through geriatrics: Follow the U.S. Preventive Services Task Force guide, or download their [free app](#), for recommendations for all ages.

Women’s health: This 2024 clinical summary tables from the Women’s Preventive Services Initiative provides guidance on women’s health services for

ages 13 and up: [FINAL-WPSI-Clinical-Summary-Tables-2024.pdf \(womenspreventivehealth.org\)](#).

Well-check visits for Aetna members should be done **within 90 days of enrollment for new members**, or **within 14 days of enrollment for infants**. Existing members should be seen within 364 days of their birthday for ages 3 and up. Under age 3, follow the periodicity schedule for recommended care. And dental referrals to establish a dental home should begin at 6 months of age.

More links from Aetna’s provider website

- [Clinical practice guidelines](#)
- [Shared decision-making tool aids](#).



Population health programs

Aetna Better Health of Texas offers programs to help our members and their families manage a diagnosed health condition. As a provider, you also can help us identify members who may benefit from these programs, which include:

- Healthy pregnancies and health babies
- Drug withdrawal in newborn babies (neonatal abstinence syndrome [NAS])
- Care management
- Chronic conditions management
 - Asthma management
 - Diabetes management
 - CHF (congestive heart failure)
 - CAD (coronary artery disease)
 - Chronic obstructive pulmonary disease (COPD) management
 - Mental health/depression management
- Acute care: emergency room versus urgent care
- Shots (vaccines)
- Autism spectrum disorder

Members can request to be enrolled or dis-enrolled in these programs. [More information can be found here](#). The tools and services described here are

educational support for our members. We may change them at any time as necessary to meet the needs of our members.

We have different helplines, depending on the members’ plan and where they live. To find contact info for Member Services, behavioral health services and more, members can call the 24-hour nurse line at **1-800-556-1555 (TTY: 711)**. You can also [contact a member advocate](#).





Changes to the Texas Medicaid preferred drug list

Texas Medicaid publishes the semi-annual update 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 July 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 (MCO) are required to perform. MCOs have the same non-preferred prior authorization criteria requirements from following the Texas formulary and PDL.

Notable July 2024 preferred drug list updates

PDL Class	Drug	Current PDL Status	Recommended Status
Antihistamines, minimally sedating	Loratadine capsule OTC (oral)	Not reviewed	Preferred
Antipsychotics	Chlorpromazine vial (injection)	Not reviewed	Non-preferred
Calcium channel blockers	Nifedipine capsule (oral)	Non-preferred	Preferred
	Norvasc tablet (oral)	Non-preferred	Preferred
	Taztia XT capsule extended release 24 hour (oral)	Preferred	Non-preferred
	Tiadyt ER capsule extended release 24 hour (oral)	Preferred	Non-preferred
	Tiazac capsule extended release 24 hour (oral)	Non-preferred	Non-preferred
Glucocorticoids, inhaled	Fluticasone propionate (AG) (inhalation)	Not reviewed	Non-preferred
	Qvar Redihaler (inhalation)	Non-preferred	Preferred
Glucocorticoids, oral	Agamree suspension (oral)	Not reviewed	Non-preferred
	Eohilia (oral)	Not reviewed	Preferred
NSAIDs	Celebrex capsule (oral)	Non-preferred	Preferred
	Naprosyn suspension (oral)	Not reviewed	Non-preferred
Ophthalmic, anti-inflammatories	Lotemax gel (Ophthalmic)	Non-preferred	Preferred
Colony stimulating factors	Udenyca onbody (subcutaneous)	Not reviewed	Non-preferred
Cytokine & CAM antagonist	Simlandi (subcutaneous)	Not reviewed	Non-preferred
	Spevigo (subcutaneous)	Not reviewed	Non-preferred
	Tyenne (subcutaneous)	Not reviewed	Non-preferred
PAH Agents, oral and inhaled	Opsynvi (oral)	Not reviewed	Non-preferred



Texas Medicaid provider procedures manual

Reimbursement reductions

Texas Medicaid implemented mandated rate reductions for certain services. The online fee lookup (OFL) and static fee schedules include a column titled “adjusted fee” to display the individual fees with all mandated percentage reductions applied. Additional information is available on the [TMHP website here](#).



Pharmacy update

Where to find important pharmacy information

You can access important pharmacy information on [AetnaBetterHealth.com/Texas](#), select “Provider Site”, click on “Programs and Services” and then click on “Pharmacy” to find:

- Preferred drug list
 - 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 PA or PDL PA prior authorization, generic substitution, preferred brand interchange
 - Information on 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
-



Member rights and responsibilities

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](#). 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 additional information regarding member rights and responsibilities, visit our website or contact your assigned provider relations representative.



Aetna Better Health members who obtain in-network care should never be balance billed.