Provider newsletter

Summer 2025

Table of contents

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AetnaBetterHealth.com/Texas

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Aetna Better Health® of Texas

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 YourTexasBenefits.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)

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).

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 our 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** – 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** - Come and learn about our Maternity Care Program. You'll get lots of great information to help with your pregnancy. Schedule can be found by visiting our website at: AetnaBetterHealth.com/texas/wellness/women/pregnancy
- **CVS Health HUB events** - Our member advocate team schedules weekly health education events at local CVS Health HUB's in order to provide member education 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 please call the number on the back of your member ID card or leave a message in our Member Advocate Mailbox and we will return your call within 1-2 business days: **1-800-327-0016**.

For members who are deaf or hard of hearing please call: **1-800-735-2989**

For information on our value-added services please visit:

What Does Medicaid Cover? | Aetna Medicaid Texas (aetnabetterhealth.com)

What Does STAR Kids Cover? | Aetna Medicaid Texas (aetnabetterhealth.com)

What Does CHIP Cover? | Aetna Medicaid Texas (aetnabetterhealth.com)

Metabolic monitoring for patients on antipsychotics: A clinical imperative

Antipsychotic medications, while essential for managing serious mental health conditions, carry significant metabolic risks—particularly in children and adolescents. These risks include weight gain, insulin resistance, and dyslipidemia, which can lead to long-term cardiovascular complications if not properly monitored.

To ensure safe and effective care, providers are reminded of the importance of adhering to metabolic monitoring protocols for patients prescribed antipsychotic medications.

HEDIS measure: APM-E

The Healthcare Effectiveness Data and Information Set (HEDIS®) includes the APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics measure. This measure assesses the percentage of patients aged 1–17 years who received two or more antipsychotic prescriptions and had the following during the measurement year:

- At least one blood glucose test (e.g., glucose or HbA1c)
- At least one cholesterol test (e.g., LDL-C or total cholesterol)

These tests can be non-fasting and should be performed at least annually.

Clinical guidelines and best practices

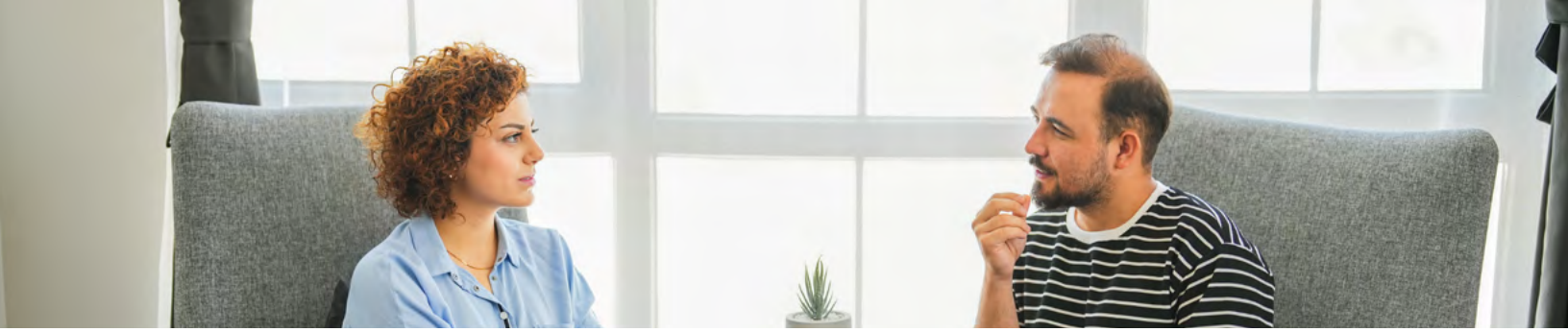
- Baseline and ongoing labs: Providers should obtain baseline metabolic labs before initiating antipsychotic therapy and repeat them annually or more frequently if clinically indicated.
- Documentation: Ensure lab results and monitoring plans are documented in the patient's medical record.
- Education: Discuss the importance of metabolic monitoring with patients and caregivers to support adherence and understanding of long-term health implications.

Checklist for Providers

- ☐ Obtain baseline metabolic labs before initiating antipsychotic therapy
- ☐ Repeat metabolic labs annually or more frequently if clinically indicated
- ☐ Ensure lab results and monitoring plans are documented in the patient's medical record
- ☐ Discuss the importance of metabolic monitoring with patients and caregivers
- ☐ Use EHR alerts to flag patients due for metabolic labs
- ☐ Coordinate with behavioral health and pharmacy teams to streamline monitoring workflows
- ☐ Review internal polypharmacy reports to identify patients at higher risk due to multiple psychotropic prescriptions

References

1. National Committee for Quality Assurance (NCQA). Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E). Retrieved from https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics-apm-e/
2. NCQA. HEDIS Measures for the Safe, Judicious Use of Antipsychotic Medications in Children and Adolescents. Retrieved from https://www.ncqa.org/hedis/reports-and-research/national-collaborative-for-innovation-in-quality-measurement/hedis-measures-for-the-safe-judicious-use-of-antipsychotic-medications-in-children-and-adolescents/
3. NCQA Blog. Measure Updates: Antipsychotics in Children and Adolescents. Retrieved from https://www.ncqa.org/blog/measure-updates-antipsychotics-children-adolescents/



Men's mental health: A clinical focus for Medicaid providers

June is Men's Health Month

As healthcare providers, June offers an opportunity to spotlight a critical yet often under-addressed issue: men's mental health. While physical health disparities between men and women are well-documented, behavioral health differences are equally significant, and require tailored clinical attention, especially within the Medicaid population.

Understanding the behavioral health landscape for men

Men often present with atypical symptoms of mental health conditions, which can complicate diagnosis and delay treatment. Common presentations include:

- Anger and aggression
- Sleep disturbances
- Persistent stress or hopelessness
- Compulsive behaviors or obsessive thinking
- Substance use as self-medication
- Suicidal ideation or attempts

Key Statistic: Suicide rates among men are nearly 4 times higher than women. Although men comprise 50% of the U.S. population, they account for nearly 80% of suicides. The male suicide rate in 2023 was 14.1 per 100,000 (CDC, 2025)

High-risk triggers and diagnoses

Men are particularly vulnerable to mental health deterioration following:

- Divorce or separation
- Loss of a loved one
- Physical or emotional trauma
- Unemployment or financial stress

Most common diagnoses in men include:

- Schizophrenia and psychosis (2–3x more prevalent in men)
- Depression and anxiety
- Bipolar disorder
- Eating disorders (often underdiagnosed)

(NIMH, 2023) (San Antonio Behavioral Healthcare Hospital, 2022)

Clinical recommendations for providers

1. Screening during routine visits

Men are less likely than women to seek help for mental health concerns. The annual well visit is a critical opportunity to screen for behavioral health issues.

- Use validated tools such as the PHQ-9 for depression screening.
- Normalize mental health discussions to reduce stigma.
- Document and follow up on any red flags or risk factors.

2. Referral and Escalation

- Refer to Behavioral Health Specialists for moderate to severe symptoms.
- In cases of acute crisis or suicidal ideation, call **911** immediately.

Supportive tools for Medicaid members

From 2003 to 2020, social engagement has decreased from 30 hours a month to just 10 hours a month, while time spent alone has increased by 24 hours/month. (HHS, 2023)

Pyx Health partnership

Aetna Better Health of Texas partners with Pyx Health, a digital platform addressing loneliness and social isolation—key contributors to mental health decline.

Features include:

- Member screening and engagement tools
- Mental health games and exercises
- Compassionate care calls with trained staff
- Community and peer support resources

Aetna plan-based support

Providers can assist members by connecting them with a Service Coordinator through Aetna's Member Services:

Plan	Region	Phone Number
STAR	Tarrant	**(800) 306-8612**
STAR	Bexar	**(800) 248-7767**
CHIP	Tarrant	**(800) 245-5380**
CHIP	Bexar	**(866) 818-0959**
STAR Kids	All Areas	**(844) 787-5437**
Hearing Impaired	All Areas	**(800) 735-2989**

Conclusion

Men's mental health is a pressing issue that requires proactive, compassionate, and clinically informed care. As providers, your role in early identification, appropriate referral, and connection to resources can significantly improve outcomes for this vulnerable population.

References:

1. U.S. Department of Health and Human Services. (2023, May). Men and Mental Health. National Institute of Mental Health. https://www.nimh.nih.gov/health/topics/men-and-mental-health
2. Centers for Disease Control and Prevention. (2025, March 26). Suicide data and statistics. Centers for Disease Control and Prevention. https://www.cdc.gov/suicide/facts/data.html?CDC_AAref_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html
3. Robert. (2022, November 9). Men's Mental Health: What you need to know. San Antonio Behavioral Healthcare Hospital. https://www.sanantoniobehavioral.com/news/mens-mental-health-what-you-need-to-know/
4. Our epidemic of loneliness and isolation. (2023). https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Members' cultural and language needs

Aetna Better Health of Texas' 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	2023 count	2023 %	2024 count	2024 %	2025 count	2025 %
Spanish	7,621	6.37%	8,238	6.41%	8,231	6.39%
Vietnamese	150	0.13%	137	0.11%	140	0.11%
Arabic	110	0.09%	121	0.09%	124	0.10%
French	49	0.04%	64	0.05%	64	0.05%
Swahili	53	0.04%	60	0.05%	60	0.02%

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 no 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 ABHTX 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)

To learn more about Aetna Better Health of Texas' Health Equity and Cultural Competency Program Description, Goals and Resources please visit our Provider Website at https://www.aetnabetterhealth.com/texas/providers/health-equity.html

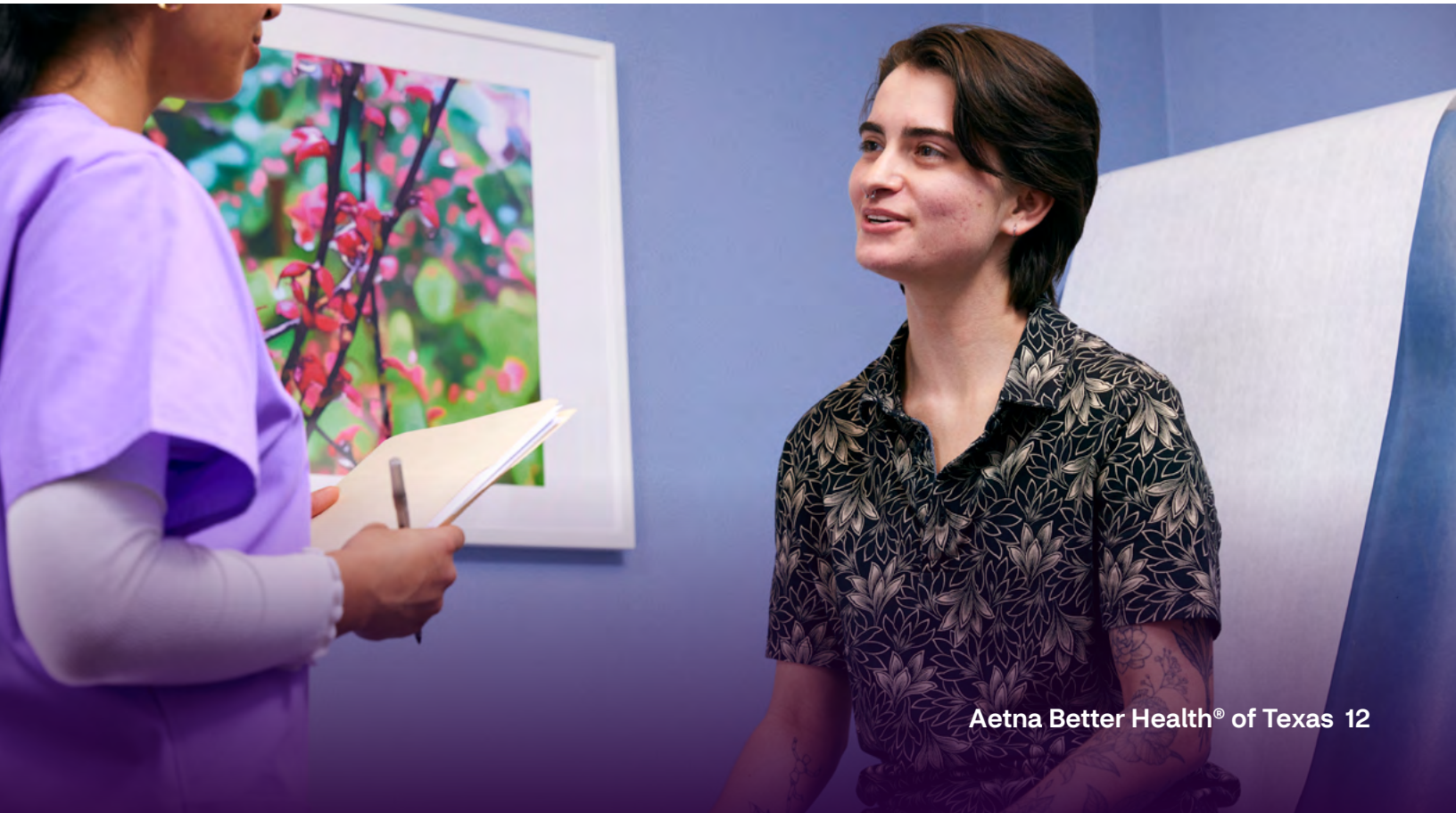
The Aetna Better Health of Texas Quality Improvement Department program provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies. The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions and process improvements and determination of further actions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, and accrediting organizations
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Assess members' ability to find providers and resources that meet their cultural and linguistic needs.
- Collaborate with organizations to improve individuals' health by making health services convenient and accessible.
- Identification of the best practices for Quality Management and Performance Improvement.

The Quality Improvement program promotes and fosters accountability of employees, network and affiliated health personnel for the quality and safety of care and services provided to Aetna Better Health of Texas Members. The effectiveness of Quality Improvement activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results
- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the QI work plan quarterly
- Revising interventions based on analysis, when indicated
- Evaluating member satisfaction with their experience of care through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey
- Conducting provider satisfaction surveys
- Assess the differences in health care between age, gender, race, ethnicity, regions, and promote health equity

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, if you would like to collaborate on process improvement, or would like to request a paper copy of our documents, please email the Quality Improvement Department at AetnaBetterHealthTXQM@aetna.com.



Reducing avoidable Emergency Department utilization: A guide for providers

Emergency Department (ED) overutilization remains a persistent challenge in the U.S. healthcare system. Many ED visits are for non-emergent conditions that could be managed more effectively in outpatient settings. As a frontline provider, you play a critical role in guiding patients to the appropriate level of care.

1. Triage: First line of defense

When patients reach out with acute concerns, timely and effective triage is essential. Consider the following best practices:

- Telephone Triage: Assess the urgency of the patient's condition during the initial call. Use clinical judgment to determine the appropriate care setting.
- Same-Day Access: Offer same-day or walk-in appointments when possible. This can significantly reduce unnecessary ED visits.
- Alternative Care Sites:
- Retail Clinics (e.g., CVS MinuteClinic)
- Telehealth Services (e.g., MDLive: **1-888-667-7652, TTY: 1-800-770-5531**)
- Urgent Care Centers: Direct patients to nearby facilities when in-office care is unavailable.
- Emergency Protocol: Always advise patients to call 911 or go to the nearest ED if their condition is life-threatening.

2. Enhancing access and continuity

Improving access to care is a key strategy in reducing ED reliance:

- Reserve Acute Slots: Designate a few appointment slots each day for urgent visits.
- After-Hours Coverage: Ensure patients have access to on-call providers after hours. A brief conversation can often resolve concerns or inform the clinician to direct patients appropriately.
- 24/7 Nurse Line: Encourage use of Aetna's Nurse Line **(1-800-556-1555, TTY: 771)** for triage and guidance outside of office hours.

3. Aligning care with Value-Based Models

Concerned about the financial impact of increased access?

- Value-Based Services (VBS)/Alternative Payment Models (APMs): These models reward providers for delivering high-quality, cost-effective care. Reducing avoidable ED visits can improve performance metrics and reimbursement.
- Provider Relations Support: Contact your Provider Relations Representative to learn more about Pay-for-Performance and VBS/APM contracting opportunities.

4. Empowering patients through education

Educate patients on when and where to seek care:

- Provide clear guidance on symptoms that warrant ED visits versus those manageable in outpatient settings.
- Share contact information for telehealth, urgent care, and nurse lines during routine visits and in patient materials.

Key resources for your patients:

- Aetna 24-Hour Nurse Line: **1-800-556-1555 (TTY: 771)**
- MDLive Telehealth: **1-888-667-7652 (TTY: 1-800-770-5531)**

Provider Satisfaction Survey – Your feedback counts!

Aetna Better Health of Texas (ABHTX) wants to know more about your experience with us as a Health Plan. Your office may have received a survey in the mail, which may be completed by mail, telephone, or online. Press Ganey is an independent research firm that is helping us conduct the survey.

ABHTX places a high degree of importance on provider satisfaction. As a Health Plan, we consider all of you to be our partners in the delivery of quality care and service to members. The opinions of your practice are an important source of information that help us identify and deliver solutions that best meet your needs and that streamline our work together. As in the past, the results of the survey are anonymous but will be used to improve the level of service provided by ABHTX and our staff.

Thank you to those who have previously responded to the survey. If you have not yet completed the survey, we appreciate your time and look forward to your valuable feedback.

Texas Health Steps

There are six required components of a Texas Health Steps visit: Health & Developmental History, Physical Exam, Immunizations (review and update if needed), Labs (screening required at specific ages), Anticipatory Guidance, and confirming the patient is established with a Dental Home.

Our Quality Management team audits selected provider records for compliance and documentation of these six components. This last component, Dental Home, is often overlooked in clinic notations. Texas Health Steps policy requires referral to a dentist beginning at six months of age and every six months thereafter until the dental home has been established.

Documenting that "patient sees dentist twice a year", or "patient established with [dentist]" meets this requirement. However, noting that "patient has no dental concerns" does not meet this criterion. That statement does not say whether the patient sees a dentist or not. If no dental home has been established, you need to document that they were referred to a dentist. No formal referral is needed.

Medicaid members are mailed a separate **Dental ID card**. They are assigned to one of the three dental plans that participate in Medicaid: DentaQuest, MCNA Dental or UnitedHealthCare Dental.

To learn more about Dental Home, or other THSteps topics, and earn free CE/CME, go to txhealthsteps.com.

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 primary 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 the designated provider's phone. Another recording is not acceptable. • Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner.	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.