



Provider newsletter Spring 2025



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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)

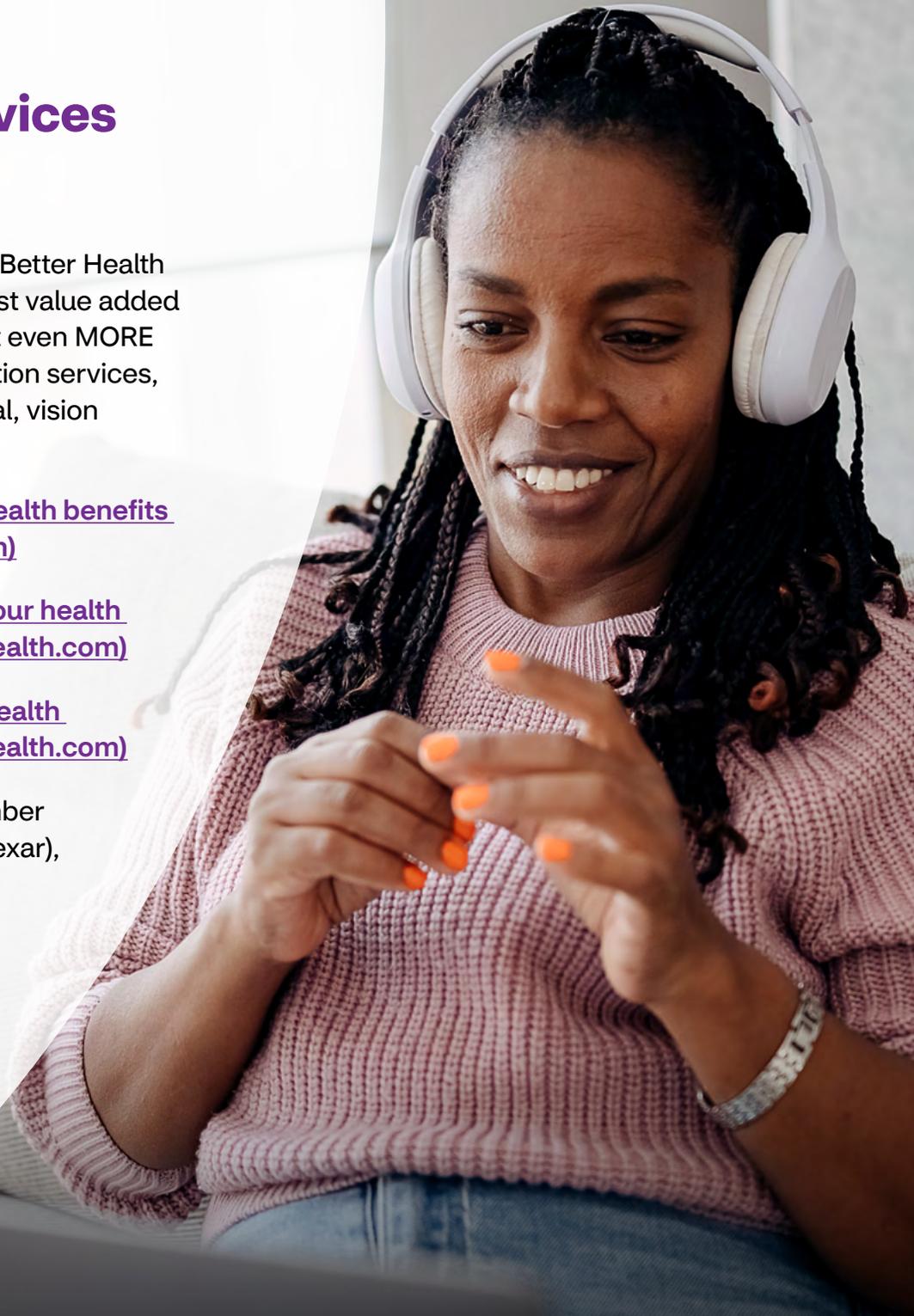
As of September 1, 2024, Aetna Better Health of Texas has updated our no-cost value added services for our members to get even MORE out of their benefits! Transportation services, over-the-counter benefits, dental, vision benefits and more.

(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).



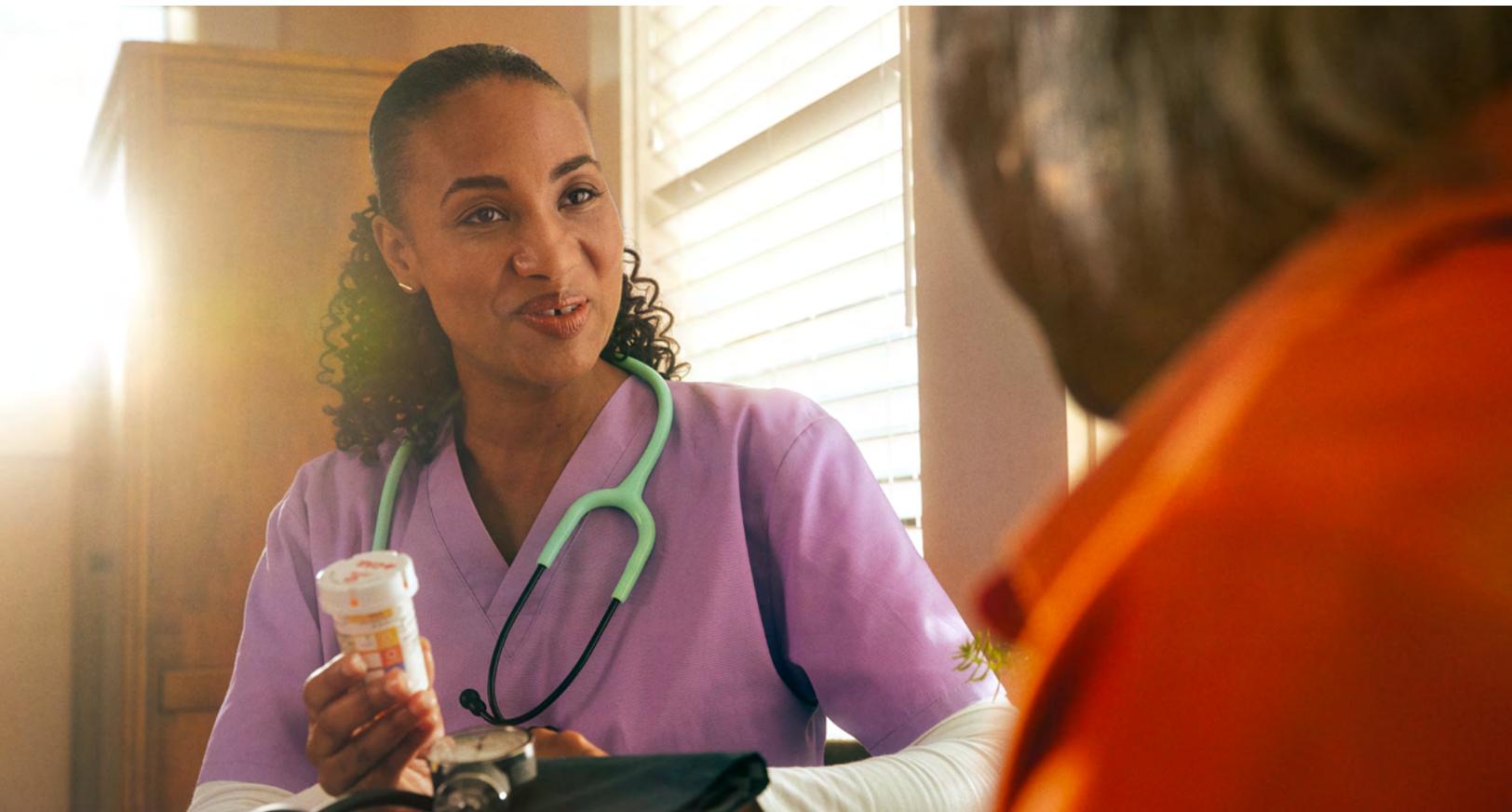
Pharmacy provider newsletter update – 01/2025

Where to find important pharmacy information

You can access important pharmacy information on [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas)

Once you access [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas), select “*Provider Site*”, click on “*Programs and services*”, and then click on “*Pharmacy*”:

- 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 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



Changes to the Texas Medicaid Preferred Drug List

Texas Medicaid will publish the semi-annual update of the Medicaid Preferred Drug List in January and July. The updates will be 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 2025 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” will require prior authorization. There are certain clinical prior authorizations that all Medicaid managed care organizations (MCO) are required to perform.

Notable January 2025 Preferred Drug List Updates

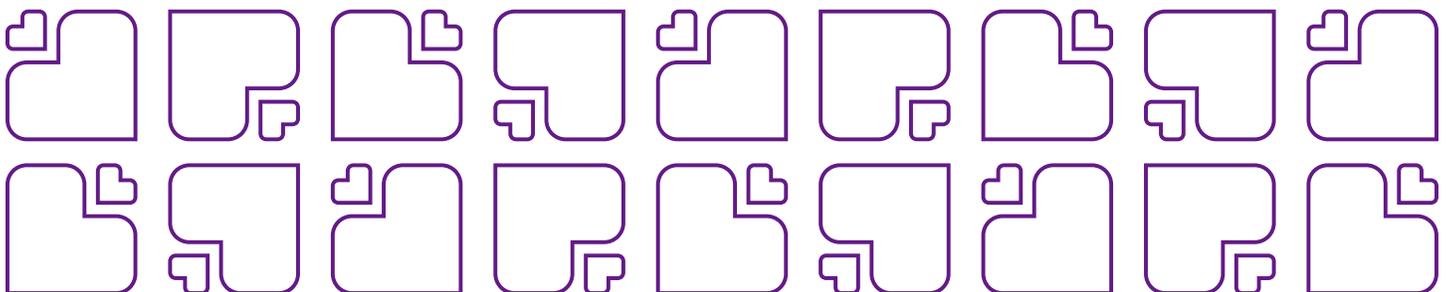
PDL Class	Drug	Current PDL Status	Recommended Status
Antihistamines, minimally sedating	Loratadine capsule OTC (oral)	NR	P
Antipsychotics	Chlorpromazine vial (injection)	NR	NP
Calcium Channel Blockers	Nifedipine capsule (oral)	NP	P
Calcium Channel Blockers	Norvasc tablet (oral)	NP	P
Calcium Channel Blockers	Taztia XT capsule extended release 24 Hour (oral)	P	NP
Calcium Channel Blockers	Tiadyt ER capsule extended release 24 Hour (oral)	P	NP
Calcium Channel Blockers	Tiazac capsule extended release 24 Hour (Oral)	NP	NP
Glucocorticoids, Inhaled	Fluticasone Propionate (AG) (inhalation)	NR	NP

PDL Class	Drug	Current PDL Status	Recommended Status
Glucocorticoids, Inhaled	Qvar Redihaler (inhalation)	NP	P
Glucocorticoids, Oral	Agamree suspension (oral)	NR	NP
Glucocorticoids, Oral	Eohilia (oral)	NR	P
NSAIDs	Celebrex capsule (oral)	NP	P
NSAIDs	Naprosyn suspension (oral)	NR	NP
Ophthalmic, Anti-Inflammatories	Lotemax Gel (Ophthalmic)	NP	P
Colony Stimulating Factors	Udenyca Onbody (subcutaneous)	NR	NP
Cytokine & CAM Antagonist	Simlandi (subcutaneous)	NR	NP
Cytokine & CAM Antagonist	Spevigo (subcutaneous)	NR	NP
Cytokine & CAM Antagonist	Tyenne (subcutaneous)	NR	NP
PAH Agents, oral and inhaled	Opsynvi (oral)	NR	NP
Androgenic Agents	Testim Tube (transdermal)	NP	P
Antibiotics, gastrointestinal (GI)	Vancocin HCL (oral)	NP	P
Antibiotics, vaginal	Cleocin cream (vaginal)	NP	P
Antibiotics, vaginal	Clindesse cream (vaginal)	P	NP
Antibiotics, vaginal	Xaciato (vaginal)	NP	P

PDL Class	Drug	Current PDL Status	Recommended Status
Anticonvulsants	Libervant film (Buccal)	NR	P
Antiemetic-antivertigo Agents (excludes injectables)	Antivert tablet (oral)	NP	P
Antiemetic-antivertigo Agents (excludes injectables)	Bonjesta (oral)	NP	P
Antiemetic-antivertigo Agents (excludes injectables)	Marinol (oral)	NP	P
Antiemetic-antivertigo Agents (excludes injectables)	Ondansetron ODT 16 mg (oral)	NR	NP
Antifungals, oral	Sporanox capsule (oral)	NP	P
Antifungals, topical	Jublia (topical)	NP	P
Antifungals, topical	Tripenicol cream (topical)	NR	NP
Antifungals, topical	Tripenicol solution (topical)	NR	NP
Antivirals, topical	Xerese (topical)	NP	P
GI Motility, chronic	Lotronex (oral)	NP	P
GI Motility, chronic	Trulance (oral)	NP	P
Growth Hormone	Sogroya (subcutaneous)	NP	P
Hypoglycemics, incretin mimetics/enhancers	Sitagliptin Tablet (AG Zituvio) (oral)	NR	NP
Hypoglycemics, incretin mimetics/enhancers	Sitagliptin/Metformin tablet (oral)	NR	NP

PDL Class	Drug	Current PDL Status	Recommended Status
Hypoglycemics, incretin mimetics/enhancers	Zituvio tablet (oral)	NR	NP
Hypoglycemics, insulin and related	Fiasp Flextouch pen (subcutaneous)	NP	P
Hypoglycemics, insulin and related	Fiasp Penfill (subcutaneous)	NP	P
Hypoglycemics, insulin and related	Fiasp Pumpcart (subcutaneous)	NP	P
Hypoglycemics, insulin and related	Fiasp vial (subcutaneous)	NP	P
Hypoglycemics, insulin and related	Levemir flexpen (subcutaneous)	P	NP
Hypoglycemics, insulin and related	Levemir flextouch (subcutaneous)	P	NP
Hypoglycemics, insulin and related	Levemir vial (subcutaneous)	P	NP
Hypoglycemics, insulin and related	Novolin N flexpen (subcutaneous)	NP	P
Opiate Dependence Treatments	Rextovy Spray (nasal)	NR	P

P = preferred, NP = non-preferred, NR = not reviewed



Complaints and appeals

Timely resolution for provider appeals is a top priority for Aetna Better Health of Texas. If you use a vendor to submit appeals on your behalf, please share this information with them along with the copy of the Medicaid Provider Appeal form so your submissions are routed directly to the Aetna Better Health of Texas Grievance and Appeals Team. Please include the following information with all claim appeal submissions:

- Completed Provider Appeal Form, as it will capture all the information we need
- The specific claim number being appealed just in case there are multiple submissions

- The specific reason for the appeal
- Any supporting documents needed to review the appeal

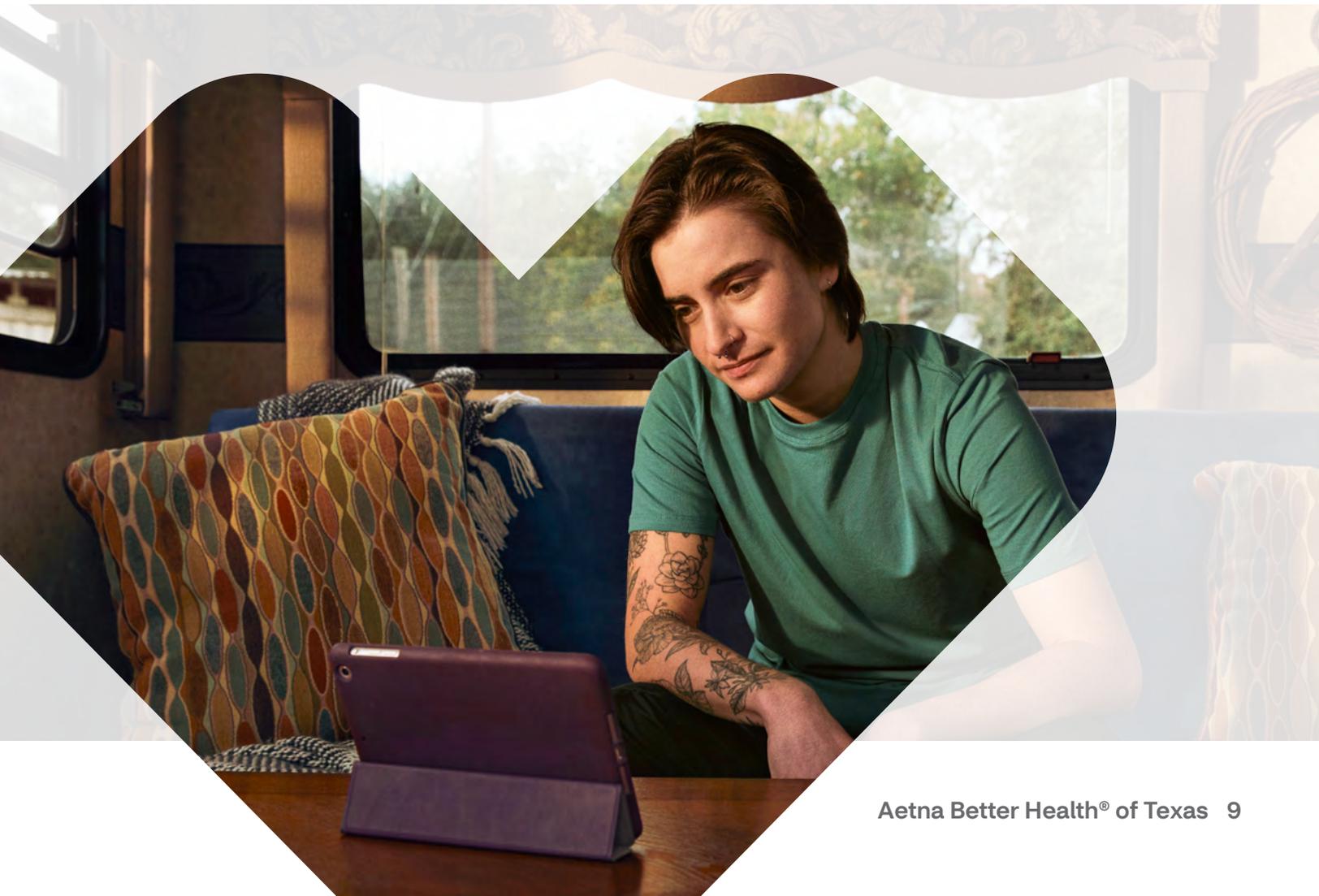
MAIL: Aetna Better Health of Texas
ATTN: Complaints and Appeals Department
P.O. Box 81040
5801 Postal Rd
Cleveland, OH 44181

FAX: **1-877-223-4580.**

EMAIL:

txcomplaintsandappeals@aetna.com

Online: Via the provider Portal



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 and/or virtual 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.

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 additional information regarding member rights and responsibilities, visit our website or reach out to your assigned provider relations representative.

Join our PAC/CAAC

Your opinion matters! Aetna Better Health of Texas invites you, our Medicaid Plan providers to join our Provider Advisory Committee/ Clinical Administrative Advisory Committee. Attend our virtual PAC/CAAC quarterly meetings and share valuable feedback to help improve our quality management activities and policy and operations changes. You will receive a stipend for attending these evening programs four times per year.

More information is available on our website:

[ABHTX Provider Advisory Committee](#)

Or email our Provider Relations team at

ABHTXCredentialing@AETNA.com



2024 member behavioral health satisfaction results

Behavioral health survey 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 2024 BH member satisfaction scores revealed improvement in the following areas:

Measure	Improvement	
	Adult	Child
BHCP helps me/my child feel better.	X	X
BHCP listens to me/my child and understands what I say.	X	X
BHCP explains things in a way that I/my child understands.	X	X
BHCP treats me/my child with respect.	X	X
BHCP is sensitive to who I/my child is.	X	X
I would send my friends or family to my BHCP	X	X
I am pleased with my behavioral services.	X	X

The following are some physician-related measures where we did not reach our goals in 2024. These measures provide opportunities for future improvement:

Measure	Goals not reached	
	Adult	Child
BHCP is in a good location	X	X
Member can get appointment as soon as needed.	X	X
BHCP works on my/my child's treatment plan with my family, care team and me.	X	
BHCP talks to me about medicines, and the risks they might have	X	X
BHCP and PCP share info about health and treatment plan	X	X
BHCP helps me/my child with other self-help support and community services.		X

Aetna Better Health of Texas maintains a commitment to assess and act on opportunities to improve Behavioral Health Member's 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.



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 at [AetnaBetterHealth.com/Texas/Providers/Clinical-Guidelines-Policy-Bulletins.html](https://www.aetna.com/Health-Care-Professionals/Clinical-Policy-Bulletins.html)

Aetna clinical policy bulletins are available on the main Aetna website at [Aetna.com/Health-Care-Professionals/Clinical-Policy-Bulletins.html](https://www.aetna.com/Health-Care-Professionals/Clinical-Policy-Bulletins.html)



Care management/service coordination

Sometimes, managing a chronic condition or multiple conditions can become overwhelming. 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, they don't need to wait for a referral if they need help.

After a member joins care management/service coordination, they'll get a welcome letter that will explain 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

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**



Texas Health Steps medical record review

As part of our annual Quality Management Improvement requirements, we collect and review member charts from a select number of our providers. Our annual Texas Health Steps (THSteps) Medical Record Review Audit assesses for compliance in documenting the six required components listed below for THSteps visits. For our 2023 THSteps Audit the average score for our providers was 93.47%, and for 2024 the average score was 90.73%. Here are some common findings we shared with the provider groups:

- **Health & Developmental History:** comment on patient's Nutrition history; or missing TB Questionnaire (required annually beginning at 12 months of age).
- **Physical Exam:** BP required starting at age 3 year. Also, visual acuity or audiometry are required at specific ages per Periodicity Schedule. If no test needed at that visit, then a subjective vision or hearing comment is needed for all ages, birth to 20 years.
- **Labs:** Dyslipidemia screening required at ages 9 and 18. HIV screening required at age 16.

- **Immunizations:** if no vaccines are due, a comment needs to be made that immunizations were reviewed. Also, if vaccine is due but not given at visit, need to document why it wasn't administered, and what the plan is to return for needed vaccine.
- **Anticipatory Guidance:** provide health education, and specify when to return for next visit.
- **Dental Home:** starting at 6 months of age, need to comment if patient is established with a dentist. If patient doesn't have a dental home, then document that dental referral was given, or guardian was advised to establish care with dentist.

Any component or element above that was not completed on THSteps visit must be noted in the medical record, along with the reason it was not completed and the plan to get it completed.

For more information, go to HHS website: [THSteps Providers_checkup components](#)

Aspirin therapy for high-risk pregnancies

Early in 2023, data across the state of Texas reflected a growing risk for pregnancy associated complications related to preeclampsia. Aetna Better Health of Texas elected at that time to pilot an intervention targeting members for ACOG recommended aspirin therapy during pregnancy to help prevent complications associated with a preeclampsia diagnosis. The pilot, which focused initially on 500 members, was expanded to all high-risk women starting in 2024, in accordance with ACOG guidelines and methodology.

This project is included as part of our Performance Improvement Projects in an effort to increase the quality of care for members and improve outcomes. In 2024, nearly 2,700 members were reached with the intervention. Outreach starts with a mailed care kit, which includes a bottle of low dose aspirin, an infographic to educate the member about preeclampsia, and a personalized letter. Following the mailed kit, a series of three texts spaced out over the following month are sent to the member's cell phone number on file to support education efforts and encourage them to reach out to their provider for discussion on the appropriateness of aspirin therapy for the individual.

Initial results are promising, indicating a decrease in the rate of complications from 6.43% in 2023 to 5.71% in the first half of 2024. Data for the complete year of 2024 is pending. Providers can expect updates to the project with results and plans for ongoing interventions in future newsletters. Please reach out to AetnaBetterHealthTXQM@aetna.com with any questions or interest. Providers, especially our OB/Gyn partners, should remain aware of the campaign and expect members may contact them with questions about managing risk during pregnancy.

Resources:

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/12/low-dose-aspirin-use-for-the-prevention-of-preeclampsia-and-related-morbidity-and-mortality>

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/07/low-dose-aspirin-use-during-pregnancy>



Expand your knowledge of maternal mental health

No-cost webinars for clinicians serving pregnant & postpartum women

The Perinatal Psychiatry Access Network (PeriPAN) can enhance your capacity to provide the perinatal mental health care your patients need. There is no cost to you for this state-funded, evidence-based, clinician-to-clinician program. PeriPAN supports clinicians serving pregnant and postpartum women, including:

- OB GYNs
- Mental Health Therapists
- Pediatricians
- Midwives
- Family Practice
- Nurses
- Psychiatrists
- Other Primary Care Physicians & Clinicians

Check out the list of lunchtime webinars for health care professionals, available April through November 2025. All webinars are virtual and scheduled for one hour, 12:00 pm – 1:00 pm CT. Webinars are sponsored by Perinatal Psychiatry Access Network (PeriPAN).

CMEs & Interprofessional CEUs are available. Registration information for all events:

<https://tcmhcc.utsystem.edu/events/>

Date	Topic
Apr 15	Behavioral Strategies and Psychotherapeutic Models of Care for Perinatal Anxiety and Depression
May 20	Introduction to Maternal Mental Health Conditions and Their Prevalence
Jun 17	Sleep Disturbances and Hygiene: Impacts on Perinatal Mental Health
Jul 15	Cultural Considerations in Perinatal Mental Health: Socio-Economic Impact on Marginalized Populations
Aug 19	Perinatal Grief and Loss
Sep 16	Assessing Suicide Risk and Implementing Safety Measures in Perinatal Mental Health
Oct 21	Substance Use and Its Impact on Perinatal and Postpartum Mental Health
Nov 18	Paternal Mental Health: Impacts on Families and Children

To learn more about PeriPAN services, visit: <https://tcmhcc.utsystem.edu/perinatal-psychiatry-access-network-peripan/> | Call **888-901-2726** to speak with the PeriPAN team.

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	<p>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:</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 an EFT/ERA update or delegated roster update.</p>



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: <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 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
<ul style="list-style-type: none"> • 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. 	<p>Office phone is only answered during office hours.</p> <ul style="list-style-type: none"> • 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.