



Stay well



AetnaBetterHealth.com/Texas

Aetna Better Health® of Texas

Well-child visits for babies, children and teens bring great rewards

All children grow and change at their own rate. Regular yearly checkups help make sure your child stays healthy and is developing well. During these visits, your child's doctor checks your child from head to toe. If the doctor finds any problems, he or she can treat them quickly.

Your child can also get the shots he or she needs. You'll find a schedule from the Centers for Disease Control and Prevention (CDC) on our website, listed at right.

When you take your child to the doctor, it's a good idea to make a list of any questions you have and take them with you. This way you can get all the information you need to give your child the best care. Remember, you won't be charged for this visit.


Happiness is a well-child visit completed

Your children can get gifts when they complete their checkups.

- Children ages 3 to 6 that complete yearly well-child visits get a bicycle helmet at no cost.

- Teens ages 12 to 18 that complete yearly teen well-visits get a \$10 gift card.

Call us today at **1-800-306-8612 (TTY: 711)** to learn more.

 You can find the CDC's vaccine schedules for 0 to 6 years and 7 to 18 years on our website at: **AetnaBetterHealth.com/Texas/Wellness/Child/Shots**.

Winter 2022

TX-21-10-09



Access to women's health services

Female members have direct access to a women's health care specialist without an OK from their doctor or from the plan for Aetna Better Health covered services, such as:

- Prenatal care
- Breast exams
- Mammograms
- Pap tests

Aetna Better Health also covers these services for women:

- Well-woman visits, including routine prenatal care
- Family planning methods and counseling
- Human papillomavirus (HPV) testing

- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Screening for diabetes if you are pregnant
- Support, supplies and counseling for breastfeeding


Questions about your benefits? Call Member Services at:

- **1-800-306-8612**
(Medicaid Tarrant)
- **1-800-248-7767**
(Medicaid Bexar)

Community outreach

Our community outreach department can normally be found in the community, attending health fairs and community events geared toward educating existing and potential members about our plan. In addition to providing an overview of our plan, community outreach educates our communities on STAR/CHIP/STAR Kids, Texas Health Steps, renewal and Accelerated Services for Farmworker Children. Here are a few additional services our outreach team offers:

- **Re-enrollment assistance.**
Call 211 Texas or visit [YourTexasBenefits.com/Learn/Home](https://www.yourtexasbenefits.com/Learn/Home).
- **Member Advisory Group meetings.** Community outreach schedules quarterly Member Advisory Group meetings and welcomes all members to attend.
- **Texas Health Steps assistance.** Community outreach provides Texas Health Steps scheduling assistance for those members who need help completing their Texas Health Steps exams with their providers.
- **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](https://www.AetnaBetterHealth.com/Texas/Wellness/Women/Pregnancy).

 For more information on our value-added 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 health care 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 211 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.

- **Diapers for Dads Program.** Come and learn about our Maternity Care Program. You'll get lots of great information to help soon-to-be fathers. 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 HUBs 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 to 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: AetnaBetterHealth.com/Texas/Members/STARKids/SKValueAdds.

For the latest information on COVID-19, including our vaccination incentives, please visit AetnaBetterHealth.com/Texas.

Preventing drug withdrawal in newborn babies

September is National Recovery Month with the Substance Abuse and Mental Health Services Administration (SAMHSA). During pregnancy, almost every drug in your blood can pass to your baby. This includes any

medicine you take and even some foods you eat. Go to the link below to learn how to prevent drug withdrawal in newborn babies.

AetnaBetterHealth.com/texas/population-health-programs.html

Prescription drugs

How to get the medicines you need

Check that your pharmacy is in our network

It's easy to get your medicine when you need it. All you need to do is to take your prescription to a network drug store. Show your Aetna Better Health of Texas ID card. If you have Medicare or other coverage, you need to show that ID card also.

To get a list of network drug stores, call Member Services:

- **1-800-306-8612**
(Medicaid Tarrant)
- **1-800-248-7767**
(Medicaid Bexar)

Our lines are open Monday through Friday, 8 AM to 5 PM, Central Standard Time. You can also find information on our website at [AetnaBetterHealth.com/Texas](https://www.AetnaBetterHealth.com/Texas).

Make sure your medicines are on the Vendor Drug Program

Aetna Better Health of Texas usually covers only medicines on the HHSC/VDP drug formulary, which includes all drugs that are Food and Drug Administration (FDA) approved for Medicaid coverage. We cover these drugs when they are medically necessary. You can find this list in your welcome packet. These are drugs that the FDA has approved.

To get a list of network drug stores, you can call Member Services at the number on your Aetna Better Health ID card. Or you can visit our website at [AetnaBetterHealth.com/Texas](https://www.AetnaBetterHealth.com/Texas).

Prior authorization: Some medicines need to be approved

We must approve some medicines on our drug list before we can cover them. We do this through **prior authorization, or PA**. Prior authorization is an approval that we require for certain services and medications.

There are two different types of prior authorization, clinical PA or PDL (preferred drug list) PA. Clinical PA requests require that specific clinical criteria are met before the drug is covered. PDL PA requests require a trial of a preferred drug before the drug is covered.

When you get a new prescription, ask your provider if you need approval for the medicine before you can get it. If so, ask if there is another medicine you can use that doesn't need approval. If we need to approve your medicine, your provider must call us on your behalf.

We'll then review the request. If the pharmacist cannot reach us to make sure it is approved, he or she can give you a three-day temporary supply of the new drug. We'll tell you in writing if we don't approve the request.

You have the right to appeal. We'll tell you how to start the appeal/complaint process if you want to do that.

Quantity limits. Some drugs have limits on the number of doses you may get. This is called a quantity limit. The FDA decides safe dose limits. The pharmacist will fill your prescription according to FDA safe dosing limits. He or she will do this even if your provider wrote the prescription for more. The pharmacist will not give you more medicine if your provider doesn't get it approved. The pharmacist will ask your provider to call us first.

Medical exceptions. If your medicine is not on the HHSC/VDP drug formulary, ask your provider if there is one on the drug list you can use. If not, your provider must ask us for a medical exception. We will decide after review and, if necessary, after talking with your provider. We'll need to know why the drug on our drug list won't work for your medical condition. If your provider doesn't ask for the exception, we may not pay for it. We will try to review the medical exception request within 24 hours. If we can't meet this deadline, the pharmacist can give you a three-day supply of the drug. If we don't approve your medical exception, we'll tell you in writing. We'll also tell you how to start the appeal process.

Brand-name drugs instead of generic alternatives. Generic drugs work just as well as brand-name medicines. Aetna Better Health of Texas pays for generic drugs when available and allowed by the VDP drug formulary. If your provider wants you to have a brand-name drug and it's not on the VDP drug formulary, he or she must ask us for a medical exception. We will review the request. If we don't approve the request for a brand-name drug,

we'll tell you in writing. We'll also tell you how to start the appeal/complaint process.

Prescriptions

Pharmacy benefits are coordinated through CVS Caremark.

Aetna Better Health covers prescription medications. Members can get their prescriptions at no cost (Medicaid) or at low copays (CHIP) when:

- Prescriptions are filled at a network pharmacy
- Prescriptions are on the preferred drug list (PDL) or formulary

It is important for providers to know about all other prescriptions members are taking. Also, doctors should ask members about non-prescription medicines, vitamins or herbal supplements they may be taking.

Changes to the Texas Medicaid preferred drug list

Texas Medicaid published the semi-annual update of the Medicaid preferred drug list (PDL) on July 29, 2021. The update is based on the changes presented and recommended at the January and April 2021 Texas Drug Utilization Review (DUR) Board meetings. The tables on the next few pages summarize noteworthy changes for the July 2021 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.

Where to find PDL information

The updated PDL may be found at [TXVendor Drug.com/Formulary/Prior-Authorization/Preferred-Drugs](https://www.txvendor.com/Formulary/Prior-Authorization/Preferred-Drugs).

Prior authorization clinical edits (PA criteria) may be found at: [TXVendorDrug.com/Formulary/Prior-Authorization/MCO-Clinical-PA](https://www.txvendor.com/Formulary/Prior-Authorization/MCO-Clinical-PA).

For the full list of all drugs reviewed at the January 22, 2021, and April 23, 2021, DUR Board meetings, visit: [TXVendorDrug.com/About/News/2021/July-2021-Drug-Utilization-Review-Board-Meeting-Summary](https://www.txvendor.com/About/News/2021/July-2021-Drug-Utilization-Review-Board-Meeting-Summary).

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Decisions from the January 2021 and April 2021 DUR meetings			
Reviewed drug class	Drug name	Prior status	Current status
Angiotensin Modulators	Epaned Solution (Oral)	Non-preferred	Preferred
Antimigraine Agents, Triptans	Imitrex (Nasal)	Non-preferred	Preferred
Antimigraine Agents, Triptans	Sumatriptan Kit (Sun) (Subcutaneous)	Non-preferred	Preferred
Movement Disorders	Tetrabenazine (Oral)	Non-preferred	Preferred
Oncology, Oral — Breast	All drugs	Preferred	Preferred
Oncology, Oral — Hematologic	All drugs	Preferred	Preferred
Oncology, Oral — Lung	All drugs	Preferred	Preferred
Oncology, Oral — Other	All drugs	Preferred	Preferred
Oncology, Oral — Prostate	All drugs	Preferred	Preferred
Oncology, Oral — Renal Cell	All drugs	Preferred	Preferred
Oncology, Oral — Skin	All drugs	Preferred	Preferred
Stimulants and Related Agents	Adderall XR (Oral)	Non-preferred	Preferred
Stimulants and Related Agents	Concerta (Oral)	Non-preferred	Preferred
Stimulants and Related Agents	Focalin XR (Oral)	Non-preferred	Preferred
Stimulants and Related Agents	Jornay PM (Oral)	Non-preferred	Preferred
Cytokine and Cam Antagonists	Enbrel Vial (Subcutaneous)	Not reviewed	Preferred
Multiple Sclerosis Agents	Bafiertam Capsule Dr (Oral)	Not reviewed	Preferred
Multiple Sclerosis Agents	Kesimpta (Subcutaneous)	Not reviewed	Preferred
Bronchodilators, Beta Agonist	Ventolin Hfa (Inhalation)	Non-preferred	Preferred
COPD Agents	Anoro Ellipta (Inhalation)	Non-preferred	Preferred
Glucocorticoids, Inhaled	Budesonide 0.25, 0.5 Mg Respules (Inhalation)	Non-preferred	Preferred
Glucocorticoids, Inhaled	Budesonide 1 Mg Respules (Inhalation)	Non-preferred	Preferred
HAE Treatments	Icatibant (Subcut)	Non-preferred	Preferred
Hemophilia Treatment	Sevenfact (Intraven)	Not reviewed	Preferred
Hypoglycemics, Incretin Mimetics/Enhancers	Janumet (Oral)	Non-preferred	Preferred
Hypoglycemics, Incretin Mimetics/Enhancers	Trulicity (Subcutaneous)	Non-preferred	Preferred
Lipotropics, Other	Omega-3 Acid Ethyl Esters (Oral)	Non-preferred	Preferred
Multiple Sclerosis Agents	Dimethyl Fumarate Dr (Ag) (Oral)	Not reviewed	Preferred
Multiple Sclerosis Agents	Mayzent Dose Pack (Oral)	Not reviewed	Preferred
Multiple Sclerosis Agents	Plegridy (Intramuscular)	Not reviewed	Preferred

Pediatric Vitamin Preparations	Aquadeks Drops Otc (Oral)	Not reviewed	Preferred
Pediatric Vitamin Preparations	Poly-Vi-Sol Drops OTC (Oral)	Not reviewed	Preferred
Pediatric Vitamin Preparations	Poly-Vi-Sol with Iron Drops OTC (Oral)	Not reviewed	Preferred
Prenatal Vitamins	Vitafol Tab Chew (Oral)	Non-preferred	Preferred
Sickle Cell Anemia Treatments	Endari (Oral)	Non-preferred	Preferred
Sickle Cell Anemia Treatments	Oxbryta (Oral)	Non-preferred	Preferred
Sickle Cell Anemia Treatments	Siklos (Oral)	Non-preferred	Preferred
Ophthalmics for Allergic Conjunctivitis	Pataday Xs Once Daily OTC (Ophthalmic)	Not reviewed	Preferred

Decisions on non-preferred drugs

Reviewed drug class	Drug name	Prior status	Current status
Antibiotics, Inhaled	Arikayce (Inhalation)	Preferred	Non-preferred
Anticoagulants	Fragmin Disp Syrin (Subcutaneous)	Preferred	Non-preferred
Antivirals, Oral	Relenza (Inhalation)	Preferred	Non-preferred
COPD Agents	Bevespi Aerosphere (Inhalation)	Preferred	Non-preferred
Erythropoiesis Stimulating Proteins	Epogen (Injection)	Preferred	Non-preferred
Glucocorticoids, Inhaled	Pulmicort 0.25, 0.5 Mg Respules (Inhalation)	Preferred	Non-preferred
Glucocorticoids, Inhaled	Pulmicort 1 Mg Respules (Inhalation)	Preferred	Non-preferred
HAE Treatments	Firazyr (Sub-Q)	Preferred	Non-preferred
HAE Treatments	Orladeyo (Oral)	Not reviewed	Non-preferred
Pediatric Vitamin Preparations	Children's Vitamins with Iron Chew OTC (Oral)	Not reviewed	Non-preferred
Prenatal Vitamins	Citranatal B-Calm (Oral)	Preferred	Non-preferred
Thrombopoiesis Stimulating Proteins	Promacta Suspension (Oral)	Preferred	Non-preferred
Colony Stimulating Factors	Nyvepria (Subcutaneous)	Not reviewed	Non-preferred
Antiparkinson Agents	Apokyn (Subcutaneous)	Not reviewed	Non-preferred
Antiparkinson Agents	Kynmobi (Sublingual)	Not reviewed	Non-preferred
Antiparkinson Agents	Ongentys (Oral)	Not reviewed	Non-preferred
H. Pylori Treatment	Talicia (Oral)	Not reviewed	Non-preferred
Stimulants and Related Agents	Amphetamine Salt Combo EE (Ag) (Oral)	Preferred	Non-preferred
Stimulants and Related Agents	Amphetamine Salt Combo ER (Oral)	Preferred	Non-preferred
Stimulants and Related Agents	Aptensio XR (Oral)	Preferred	Non-preferred
Stimulants and Related Agents	Dexmethylphenidate ER (Ag) (Oral)	Preferred	Non-preferred
Stimulants and Related Agents	Dexmethylphenidate ER (Oral)	Preferred	Non-preferred

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Decisions on non-preferred drugs			
Reviewed drug class	Drug name	Prior status	Current status
Stimulants and Related Agents	Methylphenidate ER (Concerta) (Ag) (Oral)	Preferred	Non-preferred
Stimulants and Related Agents	Wakix (Oral)	Not reviewed	Non-preferred
Cytokine and Cam Antagonists	Enspryng (Subcutaneous)	Not reviewed	Non-preferred

Navigating ADHD (attention-deficit/hyperactivity disorder)

ADHD is most common among school-age kids. But ADHD can continue into adulthood. People with ADHD have trouble paying attention and staying focused. Some people with ADHD also have hyperactivity. Hyperactivity is unusually high energy. ADHD is sometimes called ADD or attention deficit disorder. It is called that when there is no hyperactivity. But ADHD is the correct term.

There is no cure for ADHD, but there is treatment to manage the symptoms. The right treatment plan can help children with ADHD be successful. Treatment plans can include a mix of medication, behavior therapy and everyday activities. It is important to see the doctor to learn if you or your child have ADHD. It is important to see the doctor again after getting a treatment plan with ADHD medication. Doctors help make sure the treatment plan is working well. To schedule a doctor's visit, contact Member Services at:

Medicaid STAR

- Bexar: **1-800-248-7767**
- Tarrant: **1-800-306-8612**

Medicaid STAR Kids

- **1-844-STRKIDS**
(1-844-787-5437)

CHIP

- Bexar: **1-866-818-0959**
- Tarrant: **1-800-245-5380**
- Hearing impaired:
1-800-735-2989





Utilization Management

Making sure you get the right care

We designed our Utilization Management program to assist members like you in getting the right care at the right time. Our Utilization Management (UM) staff can help you and your doctors make decisions about your health. Your care and satisfaction are at the center of what we do.

How we make decisions:

- We base UM decisions on the appropriateness of the care and services you need.
- We don't base our decisions on past coverage.
- We don't reward doctors. We don't reward other people for denying coverage or care services.
- Our decisions are not based on financial incentives. That could result in fewer services that our members need.

If you ever have questions about your services, just call Member Services at:

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

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

Contacting UM

The UM department has a toll-free voicemail and phone line available 24 hours a day, 7 days a week. The UM department conducts outgoing communications with practitioners and providers regarding authorizations during the hours of 8 AM and 5 PM CST. Communications received after normal business hours are returned on the next business day. Communications received after midnight Monday through Friday are responded to on the same business day. Member Services can also provide callers with TDD/TTY. We have language assistance services for providers and members who need them. UM staff self-identify by name, title and organization name when initiating and returning calls regarding UM issues.

Your right to a second opinion

As a member of Aetna Better Health, you have the right to get a second opinion from a qualified health care professional. This is at no cost to you.

You may want to confirm you're getting the right treatment for an illness. Or you may want to ask about surgery your provider says you need. To ask about getting a second opinion, just call Member Services at:

- **1-800-306-8612**
(Medicaid Tarrant)
- **1-800-248-7767**
(Medicaid Bexar)

There's no extra cost to you for a second opinion from a provider in our network. For a second opinion from an out-of-network provider, you'll need approval from us. If there isn't a network provider available, we'll help you get a second opinion from an out-of-network provider. This is still at no cost to you.

Privacy and security of your health care data

Protecting your personal health information (PHI) is one of our most important jobs. We train our staff to keep your health care data safe. We set rules to follow when collecting and using PHI. Our rules describe:

- How to protect access to PHI, either electronic or paper copies
- The right way to treat your health care data no matter what form it is in — written, oral or electronic



- Your right to permit or refuse the release of PHI except for treatment, payment or health care operations reasons
- Locking up your records and keeping your health care data in safe areas
- Making sure the only staff who have access to your health care data are those who need it to perform their jobs and care for you

We're happy to answer any questions you have about how we protect your health care data.

Notice of Privacy Practices

We include a Notice of Privacy Practices in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out.

For more information or if you have questions, you can call us at:

- Medicaid (STAR) — **1-800-248-7767** (Bexar)
- Medicaid (STAR) — **1-800-306-8612** (Tarrant)
- CHIP — **1-866-818-0959** (Bexar)
- CHIP — **1-800-245-5380** (Tarrant)



Or you can visit our website at [AetnaBetterHealth.com/Texas](https://www.AetnaBetterHealth.com/Texas).

You'll find a link to information on our privacy practices at the bottom of the home page.

Health care for children of seasonal farmworkers

Do you travel from place to place to work on farms or ranches?

Aetna Better Health wants you to get the Medicaid health care services your child might need. We can help you plan for checkups and shots with your child's doctor that may be due when you are working out of the area. Call **1-800-327-0016 (TTY: 711)** for more information.



are enrolled in the program, your team may include the following people:

- A care manager
- A care management associate

Your team members are here to help you. They will work with you and your providers. They will help you meet the health goals that are important to you. They will provide information about the program that includes:

- How to use the services
- How to be eligible to participate
- How to opt in or opt out

They will also:

- Provide you with resources
- Provide educational handouts
- Help with access to other services

If you are our member and you would like to participate in this program, then you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at the number below and ask for care management:

- **1-800-306-8612**
(Medicaid Tarrant)
- **1-800-248-7767**
(Medicaid Bexar)

Integrated care management

We have an integrated care management program that supports people with special health care needs.

This program can help you to get the care you need.

This includes:

- Needs when you are pregnant
- Behavioral health needs, such as for depression or anxiety
- Long-term illness, such as diabetes
- Other health care needs

We are here to help as much or as little as you would like. If you

Costs you may need to pay

As an Aetna Better Health of Texas member, you are generally not responsible for paying for covered health care services. There are some exceptions though. For example, if you receive a service and your provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it.



Member rights and responsibilities

Member rights

1. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
 - Be treated fairly and with respect
 - Know that your medical records and discussions with your providers will be kept private and confidential
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - Be told how to choose and change your health plan and your primary care provider
 - Choose any health plan you want that is available in your area and choose your primary care provider from that plan
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - Change your primary care provider
 - Change your health plan without penalty
 - Be told how to change your health plan or your primary care provider
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated
 - Be told why care or services were denied and not given
 - Work as part of a team with your provider in deciding what health care is best for you
 - Say yes or no to the care recommended by your provider

5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
 - Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan
 - Get a timely answer to your complaint
 - Use the plan's appeal process and be told how to use it
 - Ask for a fair hearing from the state Medicaid program and get information about how that process works
6. You have a right to know that doctors, hospitals and others who care for you can advise you about your health status, medical care and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
7. You have the right to receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities.
8. You have the right to make recommendations regarding the organization's member rights and responsibilities policy.

Member responsibilities

1. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
 - Tell your primary care provider about your health
 - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated
 - Help your providers get your medical records
2. You must be involved in decisions relating to service and treatment options, make personal

choices, and take action to keep yourself healthy. That includes the responsibility to:

- Work as a team with your provider in deciding what health care is best for you
- Understand how the things you do can affect your health
- Do the best you can to stay healthy
- Treat providers and staff with respect
- Talk to your provider about all of your medications
- Follow plans and instructions for care that you have agreed to with your practitioners

Member rights and responsibilities

Just a reminder: You can find Aetna Better Health plan member rights and responsibilities in the Member Handbook. The Member Handbook is located at [AetnaBetterHealth.com/texas/member-materials-forms.html](https://www.aetna.com/betterhealth/texas/member-materials-forms.html). Member rights and responsibilities are distributed to new members upon enrollment and annually in the member newsletter.





Safely access your health information online

We protect your privacy

- **View the status of claims.** You can view your claims from start to finish.
- **Access pharmacy benefit services.** You can:
 - Get information on drug costs.
 - Request an exception for a drug your plan doesn't cover.
 - Locate a pharmacy.
 - Ask a pharmacist about medications.
- **Access personalized information on health plan services.** You can:
 - Request an ID card.
 - Change your primary care provider.
 - Get information on referrals and authorizations.
- **Access special services.** You can:
 - Complete a personal health record online.
 - Complete a screening to see if you're eligible for disease management or wellness programs.
- **Access a health information line.** You can send a question to a nurse about a health issue and receive a response within 24 hours.

Quality Improvement Program

Aetna Better Health Plans work to give our members better care and services. Each year we report how well we are providing health care services. Many of the things we report on are major public health issues.

These are our 2021 goals:

- Increase the number of well-visits for children ages 3 to 6 years old
- Increase childhood vaccinations
- Raise the number of doctor visits for pregnant women before and after birth
- Improve overall member satisfaction with the delivery of health care services

We want to hear from you. Our plan conducts member surveys each year. Our 2021 survey showed that members are happy with our customer service and how well doctors communicate. Our goal is to continue to improve the quality of service and care you receive.

We'll share these results with you in our member newsletters and on the website throughout the year. You can visit us at [AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas) or call Member Services:

- **1-800-306-8612** (Medicaid Tarrant)
- **1-800-248-7767** (Medicaid Bexar)

Communication of PHI use and disclosure

Upon member enrollment and annually thereafter, the organization informs members of its policies and procedures regarding the collection, use and disclosure of member PHI. Communication includes:

- The organization's routine uses and disclosure of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written and electronic PHI across the organization
- Protection of information disclosed to plan sponsors or employers

Notice of privacy practices

We are required by law to keep your health information private. The notice of privacy practices explains how we use health information about you. It also lets you know when we can share that information with others. It tells you about your rights to your health information and how you can protect those rights.

We use the words *health information* when we mean information about your health that identifies you.

Examples may include:

- Name
- Date of birth
- Health care you received
- Amounts paid for your care

We may need your written OK before sharing some information

In some cases, we must ask you for your written OK before using or sharing your health information. Some examples are:

- Before sharing your psychotherapy notes
- For other reasons as required by law

You can cancel your OK at any time. To cancel, let us know in writing.

Also, we cannot use or share your genetic information when we provide you with health care insurance. You have the right to know if we shared your health information without your OK. If this happens, we will send you a letter.

You can get a copy of the updated privacy notice online at [AetnaBetterHealth.com/texas/footer/privacy.html](https://www.aetna.com/betterhealth/texas/footer/privacy.html) or by calling us toll-free:

- **1-800-306-8612** (Medicaid Tarrant)
- **1-800-248-7767** (Medicaid Bexar)

You can also write to us at:

Aetna Better Health
P.O. Box 569150
Dallas, Texas 75356-9150





Non-Emergency Medical Transportation (NEMT) services

What are NEMT services?

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy and other places you get Medicaid services. These trips do NOT include ambulance trips.

What NEMT services are available to me?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private

buses, vans or sedans, including wheelchair-accessible vehicles, if necessary.

- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered health care service. The ITP can be you, a responsible party, a family member, a friend or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health care services. The daily rate for meals is \$25 per day for the member and \$25 per day for an approved attendant.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health care services. Lodging

services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service or laundry service.

- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover authorized NEMT services.

If you need an attendant to travel to your appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian or other authorized adult. Children 15 to 17 years old must be accompanied by a parent, guardian or other authorized adult or have consent from a parent, guardian or other

authorized adult on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

How do I request a ride?

- Call Access2Care at **1-866-411-8920 (TTY: 711)**, two business days before your appointment, to schedule your ride. They are open 24 hours a day, 7 days a week.
- In certain circumstances you may request the NEMT service with less notice. These circumstances include being picked up after being discharged from a hospital, trips to the pharmacy to pick up medication or approved medical supplies, and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours. You must notify us prior to the approved and

scheduled trip if your medical appointment is canceled.

- Download the Access2Care (A2C) app on your smartphone from the app store. You can schedule your rides through your phone and get reminder texts if you want them.

Don't forget to mark your calendar for time and date for your appointment. On the day of your appointment, be ready 30 minutes before your driver is due to arrive.

Before you schedule your ride, have your information ready:

- Your Medicaid or member ID number
- Your first and last name
- Your date of birth
- Your home address, including ZIP code, for the pick-up
- The name, address and ZIP code for the health care provider, medical facility or pharmacy you'll visit

- The date and time of your health care appointment
- If anyone is traveling with you (one additional person allowed)
- If you need special transportation requirements — wheelchair-accessible, for example

For more information on NEMT, please visit our website at **[AetnaBetterHealth.com/texas/members/medicaid/benefits#0](https://www.aetna.com/betterhealth/texas/members/medicaid/benefits#0)**.



Contact us



Aetna Better Health of Texas
P.O. Box 569150
Dallas, TX 75356-9150

Bexar Medicaid
1-800-248-7767

Tarrant Medicaid
1-800-306-8612

Medical transportation
1-855-687-3255

Seasonal Farmworker Hotline
1-800-327-0016

Texas HHSC
1-800-252-8263
or **211**

Bexar CHIP
1-866-818-0959

Tarrant CHIP
1-800-245-5380

Important reminder: If your address or phone number has changed, please call **1-800-647-6558** or **211**.

(Call to find the nearest HHSC office and for customer service.)

This newsletter is published for the members of Aetna Better Health. This is general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.

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AETNA BETTER HEALTH® OF TEXAS

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 E. Cotton Center Blvd
Phoenix, AZ 85040
Telephone: 1-888-234-7358, TTY 711
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

TX-16-09-04

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

CHINESE: 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**)

URDU: توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: **711**) पर कॉल करें।

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

GUJARATI: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર અથવા **1-800-385-4104** પર કોલ કરો. (TTY: **711**).

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

JAPANESE: 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

LAOTIAN: ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຫາເບີໂທທີ່ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື **1-800-385-4104** (TTY: **711**).