



Reflecting on the past, looking to the future

As we close 2023, we reflect back on the successes and challenges in Texas Medicaid and healthcare over the past year. We can celebrate victories such as the ending of the Covid pandemic and the legislative wins for women in Texas, such as expanding postpartum coverage for women in

Medicaid – yet we also understand the challenges the ending of the public health emergency brought us with millions losing coverage and access to care. We are truly grateful to you, our providers, who have continued to provide quality care to our members during this transitional time.

Moving into 2024, we will continue to focus on our key priorities of ensuring that our members have access to the care and services they need, as well as ensuring we are making it as easy as possible for you to do what you do best – providing quality care to your patients and our members. Our Texas dedicated teams of provider and clinical professionals are here to ensure you have the resources and supports you need and will continue to listen and be responsive to the valuable feedback our provider partners provide.

Thank you for all you do to serve the healthcare needs of Texans. May the new year bring you and your patients and colleagues good health.

Stephanie Rogers, CEO

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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 some of the 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** – Members can learn about our Maternity Care Program. Access to great information to help with pregnancy. The

schedule can be found by at aetnabetterhealth.com/texas/wellness/women/pregnancy.

- **Diapers for Dads program** – Members can learn about our Maternity Care Program, with great information to help soon-to-be fathers. The schedule can be found at aetnabetterhealth.com/texas/wellness/women/pregnancy.
- **CVS HealthHUB™ Events** – Our member advocate team schedules weekly health education events at local CVS HealthHUBs, providing 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, members can call the number on the back of their member ID card. They can leave a message in our Member Advocate Mailbox at **1-800-327-0016** and we will return the call within 1-2 business days. Members who are deaf or hard of hearing should call **1-800-735-2989**.



Value-added services

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

The brochures are available here:

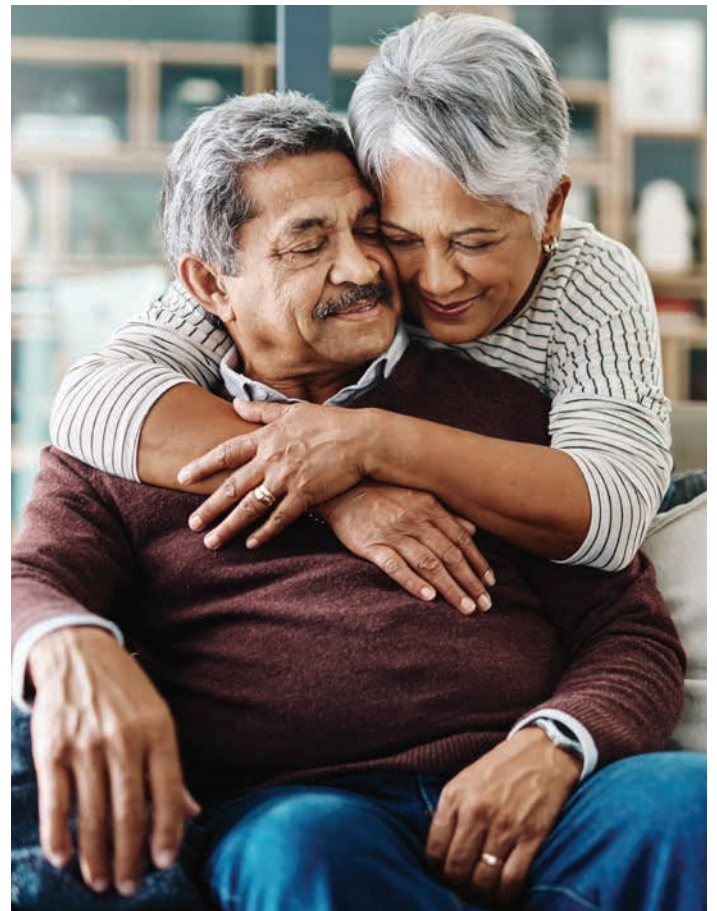
TX-BAAG-brochure-English

22SA069 TX-BAAG-brochure-Spanish

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

More information on value-added services and programs is also found here:

- **What Does Medicaid Cover?**
- **What Does STAR Kids Cover?**
- **What Does CHIP Cover?**





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** – One-on-one education session with a member that must be conducted in a private room at the provider’s office. Community outreach will normally coordinate a date/time with a provider when multiple members are scheduled.
- **Re-enrollment Assistance** – Members can call **2-1-1 Texas** or visit yourtexasbenefits.com/Learn/Home to renew their Medicaid benefits.
- **Provider Education** – Education sessions for provider offices to assist in identifying children of migrant farmworkers to help them receive the health care services their child/children may need.

- **Farmworker Children** – Farmworker children have parents or guardians who meet the state definition of a migratory agricultural worker, generally defined as an individual whose/who:

1. Principal employment is in agriculture on a seasonal basis;
2. Has been so employed within the last 24 months.
3. Performs any activity directly related to the production or processing of crops, dairy products, poultry or livestock for initial commercial sale or as a principal means of personal subsistence.
4. Establishes for the purposes of such employment a temporary abode.

Source: Texas Health and Human Services Commission, Uniform Managed Care Contract Terms and Conditions, Version 1.17, p. 11

- **Farmworker Children Referral Process** – Providers who identify farmworker children members can contact member services at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

For more information on our value-added services and programs, please call **1-877-751-9951**.



Where to find important pharmacy information

You can access pharmacy information on AetnaBetterHealth.com/Texas, select “Provider Site”, click on “Programs and services” and then click on “Pharmacy” to find the following:

- Preferred drug list (PDL)
- 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 or PDL 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 publishes semi-annual updates of the Medicaid preferred drug list in January and July. The updates are based on the changes presented and recommended at the quarterly Texas Drug Utilization Review Board meetings. The table below summarizes noteworthy changes for the January 2024 update.

Drugs on the Texas Medicaid formulary are designated as preferred, non-preferred, or have neither designation. The preferred drug list includes only drugs identified as either preferred or non-preferred. Drugs on the preferred drug list listed as “preferred” are available to members without prior authorization; however, some could require a clinical prior authorization. Drugs on the preferred drug list that are identified as “non-preferred” require prior authorization. There are certain clinical prior authorizations that all Medicaid managed care organizations (MCOs) are required to perform.

PDL Class	Drug	Current PDL Status	Recommended Status
Cephalosporins and Related Antibiotics	Cefpodoxime Suspension (Oral)	Non-preferred	Preferred
	Cefpodoxime Tablet (Oral)	Non-preferred	Preferred
Ophthalmics, Anti-Inflammatory/ Immunomodulators	Miebo (Ophthalmic)	Non-reviewed	Preferred
	Verkazia (Ophthalmic)	Non-reviewed	Preferred
Antibiotics, Gastrointestinal	Vowst Capsule (Oral)	Non-reviewed	Non-preferred
Antifungals, Oral	Noxafil Tablet (Oral)	Preferred	Non-preferred
	Posaconazole Suspension (AG) (Oral)	Non-preferred	Preferred
	Posaconazole Suspension (Oral)	Non-preferred	Preferred
	Posaconazole Tablet (AG) (Oral)	Non-preferred	Preferred
	Posaconazole Tablet (Oral)	Non-preferred	Preferred
	Posaconazole Tablet (AG) (Oral)	Non-preferred	Preferred
	Posaconazole Tablet (Oral)	Non-preferred	Preferred
Antipsychotics	Abilify Asimtufii (Intramusc)	Non-preferred	Non-preferred
	Caplyta (Oral)	Non-preferred	Preferred
	Invega Hafyera (Intramusc)	Preferred	Non-preferred
	Invega Trinza (Intramusc)	Preferred	Non-preferred
	Latuda (Oral)	Preferred	Non-preferred
	Lurasidone (Oral)	Non-preferred	Preferred
	Nuplazid Capsule (Oral)	Non-preferred	Preferred
	Uzedy (Subcutaneous)	Non-reviewed	Non-preferred
Epinephrine, Self-Injected	Auvi-Q 0.1 mg (Intramusc)	Non-reviewed	Preferred
	Auvi-Q 0.15 mg (Intramusc)	Non-preferred	Preferred
	Auvi-Q 0.3 mg (Intramusc)	Non-preferred	Preferred

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Changes to the Texas Medicaid preferred drug list *(continued from previous page)*

PDL Class	Drug	Current PDL Status	Recommended Status
Growth Hormone	Ngenla Pen (Injection)	Non-reviewed	Non-preferred
	Skytrofa cartridge (Subcutaneous)	Non-preferred	Preferred
	Sogroya (Subcutaneous)	Non-reviewed	Non-preferred
Hypoglycemics, Incretin Mimetics/Enhancers	Janumet XR (Oral)	Non-preferred	Preferred
	Jentaduetto XR (Oral)	Non-preferred	Preferred
Hypoglycemics, SGLT2	Inpefa (Oral)	Non-reviewed	Non-preferred
	Invokamet XR (Oral)	Non-preferred	Preferred
Opiate Dependence Treatments	Opvee Spray (Nasal)	Non-reviewed	Preferred
Antimigraine Agents, Other	Zavzpret (Nasal)	Non-reviewed	Non-preferred
Cytokine and CAM Antagonists	Adalimumab-FKJP Kit (Injection) (CF) 50 mg/ml	Non-reviewed	Non-preferred
	Adalimumab-FKJP Pen Kit (Injection) (Cf) 50 mg/ml		
	Cosentyx Unoready Pen (Subcutane)		
	Cyltezo Kit (Injection) (CF) 50 mg/ml		
	Cyltezo Pen Kit (injection)		
	Hadlima Kit (injection) (CF) 100 mg/ml		
	Hadlima Kit (injection) 50 mg/ml		
	Hadlima Pen Kit (injection) (CF) 100 mg/ml		
	Hadlima Pen Kit (Injection) 50 mg/ml		
	Hulio Kit (injection)		
	Hulio Pen Kit (injection)		
	Hyrimoz Kit (injection) (CF) 100 mg/ml		
	Hyrimoz Pen Kit (injection) (CF) 100 mg/ml		
	Idacio Kit (injection)		
	Idacio Pen Kit (injection)		
	Yuflyma Pen Kit (injection) (CF) 100 mg/ml		
Yusimry (CF) Pen (subcutaneous)			

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Changes to the Texas Medicaid preferred drug list *(continued from previous page)*

PDL Class	Drug	Current PDL Status	Recommended Status
Hemophilia Treatment	Altuviiiio (Intraven)	Non-reviewed	Preferred
Movement Disorders	Austedo Xr (Oral)	Non-reviewed	Preferred
Movement Disorders	Austedo Xr Titr Pk (Oral)	Non-reviewed	Preferred
Oncology, Oral – Breast	Orserdu (Oral)	Non-reviewed	Preferred
Oncology, Oral – Hematologic	Rezlidhia (Oral)	Non-reviewed	Preferred
	Vanflyta (Oral)	Non-reviewed	Preferred
Oncology, Oral – Lung	Krazati (Oral)	Non-reviewed	Preferred
Oncology, Oral – Skin	Mekinst Solution (Oral)	Non-reviewed	Preferred
	Tafinlar Suspension (Oral)	Non-reviewed	Preferred
PAH Agents, Oral and Inhaled	Orenitram Titration Kit (Oral)	Non-reviewed	Non-preferred
Proton Pump Inhibitors	Konvomep (Oral)	Non-reviewed	Non-preferred
Sedative Hypnotics	Zolpidem Capsule (Oral)	Non-reviewed	Non-preferred

Annual Healthcare Effectiveness Data and Information Set Medical Record Review

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) medical record review is starting soon. Our Aetna Better Health team may be contacting your office to request patient medical records for the months of January through May. We appreciate your understanding and cooperation as we complete required quality reporting with minimal disruption to your practice.

Our HEDIS® hybrid medical record requests will be used to review important aspects of care and services on measures such as, controlling high blood pressure, cervical cancer screening, comprehensive diabetes, child and adolescent immunizations, prenatal and postpartum care and weight assessment and counseling for nutrition and physical activity. Most of the data is collected from claims and encounters. Data is also collected and gathered on services provided and member health status from member medical records.

Why is this necessary?

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

Meeting HIPAA guidelines

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

We appreciate your help in our data collection efforts.



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 service. The assessment is in person with member required attendance. School notes are available for members who elect to complete the assessment during school hours.

Encourage your patients to collaborate with a service coordinator to complete this assessment. It is essential in determining a member's need for attendant care services, therapies, durable medical equipment and more.

Your patients can contact our Service Coordination department at **1-844-787-5437** and select option "Service Coordination" to schedule the SK-SAI.



Member Advisory Group meeting

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

Meetings are held quarterly in the months of February, May, August and November. Meetings are in-person with a virtual option via Teams. Members who attend will receive a gift card for their participation.

Your patients can contact the Aetna Better Health of Texas Service Coordination department at **1-844-787-5437** (option "Service Coordination") for more information about MAG meetings and meeting details.

Thank you for joining us in our mission to promote optimal health for all our members.



Provider satisfaction survey

Thank you for partnering with Aetna Better Health of Texas (ABHTX) to provide quality healthcare for our members. As your partner, we want to ensure that your experience with us is positive and rewarding. You are essential to providing the highest quality healthcare possible for our members, and your satisfaction is important to us.

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

In 2023, over 92% of providers who participated in the survey stated that they would recommend ABHTX and overall satisfaction with ABHTX was 77%.

ABHTX 2023 annual survey results show improvements in several areas. The survey results have helped reveal strengths as well as some areas for improvement.

Provider satisfaction improved in the following areas:

- Would recommend ABHTX to other providers
- Finance issues

- Network/coordination of care
- Health plan call center service staff

Provider satisfaction opportunities for improvement exist in the follow areas:

- Utilization and quality management
- Pharmacy
- Provider relations

Many interventions have been implemented to continue to improve ABHTX's service and provider experience, including revamped provider orientations and quarterly provider training webinars. ABHTX hired two quality provider liaisons to build collaboration and engagement with provider groups. Additionally, internal workgroups were created in 2023 to address network adequacy and accessibility and complaints and appeals.

Your feedback is crucial to delivering excellent provider experience. If we are not meeting your expectations and needs, please let us know by contacting us at **ABHTXCredentialing@Aetna.com**.



Non-medical drivers of health/social determinants of health (NMDH)

What are NMDHs?

NMDHs, or “non-medical drivers of health” replaces the previous initialism of SDOHs (social determinants of health) in describing factors outside of medical diagnosis that contribute to a patient’s overall health and ability to succeed in a prescribed care plan.

SMI Adviser, a reputable clinical support system for serious mental illness, reports many different potential causes for increased risk of higher SDOHs/NMDHs. These include low economic status/poverty, unemployment, strained familial relationships and living in unsafe neighborhoods. Many of the risks for high SDOHs/NMDHs are social in nature, such as isolation or strained family relationships, while others are physical, such as housing or food insecurity.¹

Considering that people with NMDHs/SDOHs are at a greater risk for many illnesses, both physical and mental, it is imperative that close attention be paid to patients coming in for care. Equally important is to be mindful of the patients who fail to come in for regular care, especially if they have made appointments but have not shown up at the

scheduled appointment time. Often patients fail to make appointments due to transportation issues or other extenuating circumstances directly related to the struggles of high NMDHs/SDOHs.

For resources to help patients with suspected or stated NMDH/SDOH concerns, call the Member Services number on the back of the patient’s Medicaid card and ask to be referred to a service coordinator.

Citation:

¹What are the social determinants of health and do they impact people’s mental health? SMI Adviser. (2022, February 2). Retrieved October 14, 2022, from https://smiadviser.org/knowledge_post/what-are-the-social-determinants-of-health-and-do-they-impact-peoples-mental-health



EFT/ERA registration services (EERS)

Aetna Better Health of Texas is partnering with Change Healthcare to introduce the new EERS, a better and more streamlined way for our providers to access payment services.

What is EERS?

EERS offers providers a standardized method of electronic payment and remittance while expediting the payee enrollment and verification process. Providers can use the Change Healthcare tool to manage ETF and ERA enrollments with multiple payers on a single platform.

How does it work?

EERS gives payees multiple ways to set up EFTs and ERAs to receive transactions from multiple payers. If a provider’s tax identification number (TIN) is active in multiple states, a single registration will auto-enroll the payee for multiple payers. Registration can also be completed using a national provider identifier (NPI) for payment across multiple accounts. Providers who currently use Change Healthcare as a

clearinghouse still need to complete EERS enrollment, but providers who currently have an application pending with Change Healthcare will not need to resubmit. Once enrolled, payees will have access to the Change Healthcare user guide to aid in navigating the new system.

How and when to enroll

All Aetna Better Health plans will migrate payee enrollment and verification to EERS; your individual health plan will reach out with state-specific enrollment deadlines. To enroll in EERS, visit payerenrollservices.com.

For questions or concerns, visit the Change Healthcare FAQ page. You can also contact Change Healthcare at 1-800-956-5190, Monday-Thursday, 8 AM-5 PM CT.



Performance improvement projects (PIPs) 2023-2024

PIPs are required by Texas Health and Human Services (HHSC) and involve selection of a specific quality measure to be carefully monitored over a period of two years. Interventions directly supporting members, providers and/or healthcare systems are created and monitored over the period, being adjusted or replaced as needed. All managed care organizations (MCOs) are assigned a quality measure for each line of business (i.e., STAR, CHIP, STAR Kids, etc.). This means MCOs and HHSC itself are depending on providers to assist in improving these quality measures over the two-year period. Cooperation is immensely appreciated.

Active PIPs for ABHTX plans

STAR plans are under PIPs for Prenatal and Postpartum Care (PPC) and Potentially Preventable Admissions (PPA). CHIP and STAR Kids plans are under PIPs for PPA and BMI, Nutrition and Physical Activity Counseling (WCC).

The PPC and WCC PIPs ended at the close of 2023, but the interventions continue because when interventions have a positive impact, they are adopted for the foreseeable future. Unsuccessful interventions are modified or replaced with more effective initiatives.

The PPA PIP, which covers all Aetna Better Health of Texas plans, will continue for 2024. Included in this PIP is an intervention covering member social determinants or health (SDOH), also known as non-medical drivers of health (NMDH) in the Bexar area, specifically our partnership with the Health Collaborative, with plans to expand to North Texas in the future. Our second intervention is a partnership with respected mental health advocate, Pyx Health. Pyx has seen a large adoption rate with Aetna Better Health of Texas members over the past couple of years, with over 3,000 members signing on so far. Our last intervention is a text campaign to members twice during the calendar year to remind them of resources available to them. It allows the members to have more autonomy in their care and gives them the tools to reach out when they are ready.

What's new?

January 1, 2024 marks the start of a brand-new PIP! Our STAR Kids plan will be rolling out a PIP covering Follow-up after Hospitalization for Mental Illness (FUH). STAR and CHIP plans will monitor and improve Outcomes after Pregnancy (OAP) rates. This measure tracks maternal outcomes and is designed to decrease the rate of poor maternal outcomes for women with preeclampsia.

Four upcoming interventions

For providers caring for our pregnant members, you should know that we will be sending out an aspirin campaign to our members at high risk for preeclampsia for STAR and CHIP plans. The campaign includes explicit instruction for the member to call their provider and discuss the use of aspirin to reduce maternal and neonatal risks associated with preeclampsia. Our OB/Gyn partners should be aware that they may receive calls from members inquiring about this therapy. We are also partnering with the YMCA to target an area in Fort Worth for a separate intervention. This collaboration targets pregnant members in the area who have a history of high blood pressure. If the member consents, the YMCA will enroll them in a 16-week program that will teach them how to monitor their blood pressure at home through their Healthy Heart Ambassador program. Members will also be provided information on how to purchase an automatic blood pressure monitor at no cost to them through their existing Aetna Better Health of Texas value-added benefits. In addition, the YMCA also extends education to the members on other topics such as nutrition and exercise.

For our STAR Kids members, interventions for the FUH PIP try to tackle both member education and access and availability to appointments. NAMI is our collaborative partner for our STAR Kids members, and we are pleased to announce the partnership whereby NAMI will be providing four webinar dates each year to our STAR Kids members (available in both English and Spanish) that will cover a variety of topics including resiliency and supportive care for loved ones with behavioral health diagnoses.

We know that sometimes it is difficult to find an available appointment within the seven-day requirement for the FUH measure. Of course, best practice is for the member to be seen by their own established behavioral health provider. However, this

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Performance improvement projects (PIPs) 2023-2024 *(continued from previous page)*

is not always possible and is why we are partnering with MDLive, first with our 18 and older members and soon for members 10 and older, to provide a telehealth counseling option if the member is not able to see their own provider within that seven-day time frame. MDLive will not take over the member's care but will be able to assess the member for their understanding of discharge education, medication instructions, and ensure that if care needs to be escalated, they are able

to advise the member or assist them in seeking an appropriate higher level of care.

Aetna Better Health thanks you for your partnership in continued care of our members and we look forward to working with you on these projects and others to come in the future. If you would like additional details on current or future PIP endeavors, please email us at aetnabetterhealthtxqm@aetna.com.

General wellness visits by age

Whether you are a primary care provider or a specialist, the goal should be to keep patients as healthy as possible. One of the ways this is done is by routine screening and monitoring of acute and chronic conditions, as well as educating patients on preventive care measures. Problems detected early may provide better long-term outcomes.

For children and young adults, age birth to 21, annual well-child visits and vaccinations are recommended. Follow the AAP/Bright Horizon's Periodicity Schedule for screenings and assessments recommended at each visit. For the most current Periodicity Schedule, updated April 2023 click on the **Preventive Pediatric Health Care link**.

And if you are a Texas Health Steps provider, remember there IS a difference in requirements for a THSteps Check-up Visit vs. a "Wellness Visit". THStep visits require more detailed information, such as health history (developmental, behavioral, social, mental history, nutrition, TB questionnaire), physical exam (vision and hearing screening), document Immunization status at each visit, labs required at certain ages, and document dental home or referral at each visit starting at 6 months of age.

Adults should continue their annual visits too. Screening and preventive care is especially important as we age. Many adults fail to stay current on their vaccines. The following should be encouraged based on age, risk factors, previous vaccination status and shared decision making; tetanus, influenza, COVID booster, pneumonia, shingles, HPV and RSV. See the current recommendations at **Recommended Adult Immunization schedule**.

Other recommended screenings for adults include:

- Routine blood pressure screening
- Weight assessment (height, weight, BMI)
- Colorectal cancer screening (ages 45-75)
- Chronic condition routine checkups
- Diabetes screening or routine labs
- Cholesterol/lipid screening
- Diabetes screenings: HbA1c <8%; annual retinal eye exams; assess kidney health

Women's preventive health screenings include chlamydia screening (sexually active females ages 16-24); cervical cancer screening (ages 21-64); and breast cancer screening/mammogram (ages 50-74).

Find Aetna's clinical practice guidelines here: **Clinical guidelines**.

For shared decision-making tools, check here: **Shared decision-making tool aids**.





Quality Improvement program

The Aetna Better Health of Texas Quality Improvement 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.

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 and regions.

If you would like more information about our Quality Improvement program or initiatives and the progress toward meeting quality goals, or would like to request a paper copy of our documents, please email us at AetnaBetterHealthTXQM@aetna.com.





Texas Health Steps timely checkups

New Aetna Better Health of Texas members must complete a checkup within 90 days of enrollment. Existing Aetna Better Health of Texas members must complete a checkup in accordance with the THSteps medical checkup schedule. See schedule below.

Checkup schedule

Child and teen/young adult visits should be on or shortly after the birthday, before the next birthday

Infant Birth-1 year old	Toddler 1-3 years old	Child 4-12 years old	Teen/Young Adult 13-20 years old
3-5 days after birth	15 months	4 years	13 years
2 weeks	18 months	5 years	14 years
2 months	24 months	6 years	15 years
4 months	30 months	7 years	16 years
6 months	3 years	8 years	17 years
9 months		9 years	18 years
12 months		10 years	19 years
		11 years	20 years
		12 years	

Texas Medicaid and Healthcare Partnership updated the Texas Health Steps Quick Reference Guide on October 1, 2023. Keep up with the latest changes by visiting tmhp.com/programs/thsteps.

Texas Health Steps medical record review

In an ongoing effort to improve quality of care for members, the Aetna Better Health of Texas Quality team will be requesting medical records from provider groups on a semi-annual basis to monitor documentation of Texas Health Steps and wellness visits. This audit will also include HEDIS measures for Weight Assessment and Counseling for Nutrition and Physical Activity (WCC), Immunizations for Adolescents (IMA), and Well-Child Visits in the First 30 Months of Life (W30) or Child and Adolescent Well-Care Visits (WCV). Once received, the record request will include all information needed as well as a contact for additional questions. We look forward to working with you to improve Texas Health Steps and HEDIS



Availability and accessibility standards

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	Same day
Urgent care appointments	Within 24 hours of request for primary and specialty care
Routine primary care	Within 14 days of request for non-urgent, symptomatic condition
Routine specialty care	Within 21 days of request for non-urgent, symptomatic condition
Adult preventive health physicals/ wellness visits for members over the age of 21	Within 90 days of request
Pediatric preventive health physicals/ well-child checkups for members under the age of 21, including Texas Health Steps services	As soon as possible for members who are due or overdue for services, in accordance with the Texas Health Steps Periodicity Schedule and the American Academy of Pediatrics guidelines, but in no case later than: <ul style="list-style-type: none"> • 2 weeks of enrollment for newborns • 60 days of new enrollment for all others
Prenatal care/first visit	Within 14 days of request. For high-risk pregnancies or new members in the third trimester, appointments should be offered immediately, but no later than 5 days of request.
Behavioral health visit	Initial outpatient behavioral health visit (child and adult) within 14 calendar days



Appointment availability requirements

After-hours access requirements: the following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable	Unacceptable
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 only answered during office hours.
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 answered after hours by a recording, which tells the patients to leave a message.
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 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.



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 primary language, below is an overview of other identified languages spoken by our members.

Language	2022		2023	
	Count	%	Count	%
Spanish	6,417	4.35%	7,864	5.4%
Vietnamese	157	0.039%	150	0.1%
Arabic	90	0.061%	105	0.07%
French	40	0.027%	43	0.02%
Swahili	36	0.024%	64	0.04%
Other	74	0.05%	181	0.12%

Communicating effectively is important to provide quality health care to patients from different cultural backgrounds. To help with this, Aetna Better Health of Texas makes its telephonic language interpretation service available to providers in their interactions with members. These services are free to the member and provider.

For more information, refer to the “Interpreter/translation services” section in your Aetna Better Health of Texas provider manual that can be access at **ABHTX Provider Manual**.

If you need translation or interpretation services for Aetna Better Health of Texas members, contact Member Services at the following numbers:

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)



Changes to your information

Aetna Better Health of Texas strives to ensure provider directory information is as accurate and current as possible for our members. If you are a provider or provider group and need to update your information, please contact us at the emails below.

Contact	Type of update
ABHTXCredentialing@Aetna.com	<p>Adding providers, change of physical address, contracting, credentialing, copies of contract or checking credentialing/contracting status.</p> <p>If you have a new provider joining your practice, you must submit:</p> <ul style="list-style-type: none"> • Prospective provider form • W9 <p>The application can be found on our website at AetnaBetterHealth.com/Texas.</p>
TXproviderenrollment@Aetna.com	If you have a delegated roster update.