



## 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 <https://youtexasbenefits.com/Learn/Home> to renew their Medicaid benefits.

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- **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:
  - Principal employment is in agriculture on a seasonal basis
  - Has been so employed within the last 24 months
  - 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
  - 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 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 call **1-877-751-9951**.



## 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.

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 **1-844-787-5437** and select "Service Coordination" option to schedule the SK-SAI.

STAR Kids members also have the Member Advisory Group (MAG) meeting as a way to share their opinions and receive information pertinent to STAR Kids members. Meetings are every three months. Members who attend will receive a gift card for their participation.

Your patients can contact Aetna Better Health of Texas Service Coordination **1-844-787-5437** and select option "Service Coordination" to obtain more information about MAG meetings and meeting details.

As we rapidly approach Influenza season, remind your patients of the importance of obtaining the influenza vaccine. Every child six months of age and older should get an influenza vaccine with some children needing two doses the first time. Office staff can assist by ending calls with a reminder about vaccine availability and encourage protection, display prevention materials prominently in the office and waiting area, and identify and actively outreach to high-risk patients.

Thank you for joining us in our mission to promote optimal health for each and every one of our members.



## 988 Suicide and Crisis Lifeline

On July 16, 2022, the 10-digit National Suicide Prevention Lifeline transitioned to **988** – an easy to remember three-digit number for 24/7 crisis care. The **988** Suicide & Crisis Lifeline is a network of more than 200 state and local call centers supported by the U.S. Department of Health and Human Services (HHS) through the Substance Abuse and Mental Health Services Administration (SAMHSA). The lifeline, which also links to the Veterans Crisis Line, is the culmination of a three-year joint effort by various federal agencies to put crisis care in reach for people in need.

SAMHSA's 988 Suicide & Crisis Lifeline website:  
<https://988lifeline.org/SAMHSA>

The resources and information on this webpage are designed to help states, territories, tribes, mental health and substance use disorder professionals, and others looking for information on understanding the background, history, funding opportunities, and implementation resources for strengthening suicide prevention and mental health crisis services.

### Use “988” for mental health support

In support of providers delivering care that improves health care equity and fosters immediate access to

critical behavioral health services, information on the nationwide **988** Suicide and Crisis Lifeline is being shared as a resource for immediate use.

### How 988 works

- Similar to the National 911 Program for emergency services.
- Calls are routed to a local crisis center based on the caller's location.
- Special routing is available for both veterans and Spanish-speaking individuals.

### What you need to know

The 988 Suicide and Crisis Lifeline is available in three formats:

- Dialing **988** on any phone
- Text to **988**
- Chat [988lifeline.org](https://988lifeline.org)

If you have referred to National Suicide Prevention Lifeline in the past, or listed it in resource directories, make sure to update it to **988** as soon as possible.

**988** is a major step toward a transformed crisis care system in America.



## The best protection is early detection

Building a trusting relationship with people can be very complicated, as we well know. Customer experience, education and sincerity are key factors in creating a lasting relationship with people and are critical in the health industry. Aetna Better Health of Texas runs yearly women's health initiatives involving newsletters, flyers and outbound calls to members as reminders to be seen with a health care professional about any necessary preventive health screenings needed. Providers are considered one of the most high-ranking professionals trusted in America, which speaks volumes to people. That is why we need your help in partnering with us to make a profound impact on women.

We consider mammogram screenings every three years to be medically essential for preventive health for women ages 50 years and older, unless the woman is considered high risk. Women may be excluded from mammogram screenings if they have had a bilateral mastectomy.

No prescription or referral is needed for a mammogram. Patients simply need to provide their radiologist with the name and contact information of their primary care physician, who will then get the results.



## Don't delay, help save the day

Each year, thousands of people in the United States contract influenza. Flu cases occur year-round. Most cases occur between December and late spring, with the peak cases in February. Some patients require hospitalization, and many succumb to flu-related deaths. Those most at risk for flu are the very young, those with chronic medical conditions, and the elderly. CDC collects, compiles, and analyzes information on influenza activity year-round in the U.S. and produces *FluView*, a weekly surveillance report, and *FluView Interactive*, with more in-depth surveillance data for influenza. For more information, go to [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly).

Prevention is key to controlling influenza. Now is the time to begin talking to your staff and patients about preventive measures, including offering flu vaccines to your staff. The CDC offers **Flu Toolkit** at no charge to you. The toolkit provides information on office tips, free printable flyers and handouts for patients. You can print them now and post them in your office: at the front desk, on doors, in waiting areas, in exam rooms and in bathrooms.

### Other preventive flu measures:

- Use every patient encounter as an opportunity to discuss flu precautions (e.g. wellness exams, sports physicals, acute and chronic illness follow-up visits).
- The most important preventive measure is for all persons ages 6 months and above to get a flu vaccine annually.
- Offer flu vaccines as you register patients or as they're being roomed: "Would you like to get your flu vaccine today?"
- Mention flu vaccine availability on your office voice message.
- Let patients know they can schedule a flu vaccine for themselves or family members as a "walk-in" or "nurse visit" (if you offer that).
- Check to be sure children under 5 years old and eligible adults have received the pneumonia vaccine as well. Pneumonia is the leading cause of flu-related deaths.
- Flu vaccines can be given on the same day as COVID-19 vaccine/booster.
- Other preventive measures include
  - Not sharing items (drinks, pens, computers)
  - Wiping down common surfaces regularly
  - Frequent hand hygiene
  - Avoiding touching eyes, nose or mouth
  - Wearing a facemask
  - Avoiding close contact with others
  - Covering your mouth if you cough or sneeze
  - Practicing healthy habits
  - Healthy living: stay active; healthy eating; plenty of rest; no tobacco use



## Provider satisfaction survey – your feedback counts

Aetna Better Health of Texas wants to know more about your experience with us. Your office may have received a survey in the mail requesting you to complete, which may be completed by mail, telephone or online. SPH Analytics is an independent research firm that is helping us conduct the survey.

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

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



## Prenatal and postpartum care

When taking care of your pregnant patients, strongly encouraging routine prenatal and postpartum care is essential to healthy outcomes for both mother and baby. Timeliness of these visits is also of the utmost importance. The National Committee for Quality Assurance (NCQA) requires that patients be seen in the first trimester, or as soon as possible after enrolling in Aetna Better Health of Texas. Educate your office staff to schedule prenatal visits ASAP if a patient comes in late for prenatal care.

### Some best practices for women coming in for prenatal care

- If the patient is uninsured or underinsured, encourage them to visit [Medicaid.gov](https://www.Medicaid.gov) to see if they qualify for Medicaid or CHIP Perinate.
- Try to minimize wait times for patients and offer appointments outside of the typical 9-5, if possible. Consider expanding office locations or offering telehealth appointments.
- Encourage patients to use transportation assistance if they need help travelling to their appointment. Aetna partners with Access2Care, which assists our Aetna Better Health of Texas STAR and STAR Kids members with transportation needs. Access2Care can be reached at **1-866-411-8920**.
- Offer childcare services or babysitting in-clinic during appointments for patients with multiple children who were unable to make other arrangements.
- Provide interpretation services or utilize bilingual staff to facilitate care for patients who do not speak English. Written materials should be offered in the patient's preferred language, if possible.

At prenatal visits, besides completing the routine exams, labs, etc., try to focus on **health promotion** for these women. Educate them on healthy behaviors that they can continue for a lifetime:

- Nutritional counseling
- Increased physical activity and advice on how much weight to gain during pregnancy
- Mental health education: stress reduction techniques and coping techniques
- Smoking cessation or help for substance abuse
- Peer support groups

These suggestions help support a healthy pregnancy and can be continued after the delivery. They also promote healthy eating, controlled weight gain and may reduce stress, anxiety or depression.

We realize you only have so many hours in the day and limited clinic visit times available. Remind your patients to take advantage of other community resources. Aetna Better Health of Texas provides case managers that can discuss other resources, support, and incentive programs. Other community resources include Healthy Texas Women (Dept of Health & Human Services), March of Dimes, Healthy Start, Stork's Nest, etc.

Postpartum visits also contribute to healthy moms and babies. This visit needs to be done within 7-84 days after delivery for HEDIS compliance. Ideally this should be an in-person visit, but if the patient is unable to come to the clinic, this may be completed as a telehealth visit if appropriate.

### Billing and coding tips

Prenatal codes to identify first prenatal visit

#### Prenatal stand-alone visit

CPT code: 99500

CPT II codes: 0500F, 0501F, 0502F

HCPCS: H1000-H1004

#### Prenatal bundled services

CPT codes: 59400, 59425, 59426, 59510, 59610, 59618

HCPCS: H1005

#### Or one of the following visit codes

CPT codes: 99201-99205, 99211-99215, 99241-99245, 99483

HCPCS T1015, G0463

#### With a code for a pregnancy diagnosis

Postpartum CPT codes: 57170, 58300, 59430, 99501

CPT II code: 0503F

HCPCS: G0101

ICD-10 CM codes: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

#### Postpartum bundled services

CPT codes: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622



## Potentially preventable admissions

While you are providing best care practices for your patients, they may still end up in the hospital or ED. This may be due to the natural progression of their chronic medical conditions, to a mental health crisis, from non-compliance or misunderstanding of their care plan. Either way, once a patient is hospitalized, they need excellent follow-up care to get them back on track.

Let's discuss potentially preventable admissions (PPA), and follow up after hospitalization (FUH) for mental illness. As we know, prevention is key to identifying potential problems, and addressing medical concerns as soon as they arise.

In 2021, some of the top medical conditions requiring hospitalization in Bexar and Tarrant/Dallas counties for our Aetna Better Health of Texas STAR, STAR Kids, and CHIP members were behavioral health conditions (including major depressive disorder, bipolar, schizophrenia), gastrointestinal disorders, asthma, kidney/UTI, seizures and pneumonia.

Once a patient is hospitalized, best practice is for you (their PCP) to be notified of their admission. The hospital care manager should also coordinate a follow-up visit with you upon patient's discharge. This is not always done, so please have your staff

verify a follow-up appointment within 30 days of discharge. (*Note:* for behavioral health hospitalization, follow-up must be within 7 days of discharge with a mental health provider). Be sure to reach out to patients who have canceled their appointment and not rescheduled. Telehealth visits are acceptable to be compliant with this measure.

If the hospital admission was for a behavioral health condition, patients ages 6 and above need to follow up with a mental health provider within **7 days** of discharge. They also require a second follow-up visit with a mental health provider within 30 days of discharge. The second visit should be scheduled before leaving the office.

At the follow-up visit from recent hospitalization, have your nursing staff review medication reconciliation. If new meds were prescribed while hospitalized, review these with patient to make sure they understand correct dosing and timing of med (e.g. change in dose of medication; take on empty stomach; no duplicate medication from same category). And review that patient isn't taking any discontinued medications.

**Patients trust their PCP to provide individualized care to them.**



## Patient hesitation on vaccines

More than ever, health professionals must discuss the safety of vaccines and the importance of vaccination, especially during wellness visits. Recently, we have experienced many outbreaks around the world, including monkeypox. Vaccination currently prevents 2-3 million deaths every year, and another 1.5 million could be avoided if global coverage is improved. From 2019 to 2021, immunization coverage dropped from 86% to 81% in the United States.

Approximately 42,000 adults and 300 children in the U.S. die each year from vaccine-preventable diseases. The World Health Organization (WHO) lists vaccine hesitancy as one of the top 10 threats to global health. The increasing number of people reluctant to get vaccines threatens to reverse progress in tackling vaccine-preventable diseases.

Since the pandemic, well-child visits have dropped and have not yet recovered. Last year, only 50% of Aetna Better Health of Texas members went in for at least one comprehensive well-care visit with a PCP. The absence of well-child visits causes delays in other age-appropriate screenings and immunizations.

### Why are people hesitant about vaccines?

People are exposed to misinformation about vaccines through various media outlets. Rare adverse effects and scientifically unproven concerns make headlines and spread fast, which causes great fear. Although they may be motivated by safety concerns, parents who choose not to vaccinate their child are putting that child and others in their community at risk. Health care providers are encouraged to become familiar with the reasons behind vaccine refusal and hesitancy and be prepared to counsel parents about the need for vaccines.

### Recommended strategies to improve vaccine rates:

- Encourage and remind families to get their routine well-child visits. This is the perfect time to get them caught up on their immunizations.
- Address vaccine importance with parents and patients to address any misinformation they have about vaccines.
- Implement a process to contact patients due for a Texas Health Steps visit and vaccine.
- Administer vaccines during Texas Health Steps checkups and document it in the patient's medical health records.
- Continue to encourage patients to get vaccinated at various interaction points to drive the importance of vaccines.

### Sources:

- World Health Organization. Ten Threats to global health in 2019. Accessed at: <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>
- World Health Organization. Immunization Coverage. Accessed at: <https://www.who.int/news-room/fact-sheets/detail/immunization-coverageWorld>
- Centers for Disease Control and Prevention. Talking with Parents about Vaccines for Infants (2021) U.S. Department of Health and Human Services. Accessed at: <https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html>
- [www.txhealthsteps.com/static/courses/immunization/sections/section-1-6.html](http://www.txhealthsteps.com/static/courses/immunization/sections/section-1-6.html)



## Population health programs

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

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

Members can request to be enrolled or disenrolled in these programs. For more information about our programs, go to the Aetna Better Health of Texas website at [www.aetnabetterhealth.com/texas/population-health-programs.html](http://www.aetnabetterhealth.com/texas/population-health-programs.html). The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.

Aetna Better Health adopts nationally accepted evidence-based clinical practice, preventive care and behavioral healthcare guidelines from the U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control (CDC) and Prevention, and other specialty societies and national clinical organizations. Evidence-based practice guidelines are based on information available at a specific point in time and during review and adoption by the Provider Advisory Committee and Clinical and Administrative Advisory Committee.



## Join our Provider Advisory Group and Clinical and Administrative Advisory Committee

You can provide valuable feedback to help improve quality management activities, policy, and operational changes. We work to ensure participation and representation from across the state. Our group meets regularly and includes providers who serve members with:

- Medicaid
- Very low incomes
- Special needs

Membership is representative of the network's:

- Specialty mix
- Geographic locations
- Provider ages/generations and genders
- Experience levels
- Advanced provider mix

### Board objective

The Provider Advisory Group and Clinical and Administrative Advisory Committee's objective is to improve our plan's performance by promoting:

- Active provider involvement
- Effective communication
- Provider leadership development of health plan initiatives

Each provider is given a \$200 stipend for their participation when they attend each meeting. There are four meetings a year. If you are interested in joining the committee, contact your provider relation representative.



## Clinical practice guidelines

The guideline review and update process are implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period. Guidelines are adopted to facilitate improved health care and appropriateness in the delivery of healthcare. They are not intended to direct coverage or benefits determinations, or treatment decisions.

You can find the following current preventive, clinical and behavioral healthcare guidelines on our website at: [www.aetnabetterhealth.com/texas/providers/clinical-guidelines-policy-bulletins.html](http://www.aetnabetterhealth.com/texas/providers/clinical-guidelines-policy-bulletins.html).

### Preventive health guidelines

- Routine preventive services guidelines, including perinatal
- Vaccine recommendations for birth to 18 years of age, and adults including pregnant women
- Tobacco use in children and adolescents
- Influenza
- Human papillomavirus screening (HPV)
- Hepatitis C screening

### Clinical practice guidelines

- Asthma
- Breast cancer
- Coronary artery disease
- Diabetes

### Behavioral health guidelines

- Addiction
- Alcoholism
- Child & adolescent attention deficit hyperactive disorder (ADHD)
- Opioid use disorders
- Tobacco cessation
- Major depressive disorder

### Other bulletins and guidelines

- Medical clinical policy bulletins
- Care guidelines from MCG Health

Providers can request hard copy(s) by contacting their Provider Relations Representative. Disclosure of clinical guidelines is not a guarantee of coverage.

Your opinion matters. Every year, we host meetings to talk about what's working for us and what needs improvement. We'd love to have you attend. Join us and tell us what you think. Please access our website at [aetnabetterhealth.com/texas](http://aetnabetterhealth.com/texas).

## Value-added services

As of September 1, 2022, we added no-cost value added services for our members to get even more out of their benefits. Transportation services, over-the-counter drugs and supplies, dental, vision are some of the benefits.

**Stay tuned for even more updated value-added services coming his fall.**

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





## Did you know?

- Aetna Better Health of Texas requires prior authorization for drugs that are not on the formulary. This includes specific NDCs of drugs that are not listed on the VDP Preferred Drug List (PDL). For example, let's look at **clindamycin 150 mg capsule**.
- There are several NDCs of clindamycin 150 mg capsule listed on the VDP PDL. Each NDC represents a different manufacturer of clindamycin 150 mg capsule. It is easy to determine which NDCs are covered by performing a search for clindamycin in the **Formulary Search tool** posted on the Texas Vendor Drug Program website, which may be accessed from the Aetna Better Health of Texas pharmacy page at [aetnabetterhealth.com/texas/providers/pharmacy](https://aetnabetterhealth.com/texas/providers/pharmacy).
- To determine which NDCs are covered on the Aetna Better Health of Texas formulary, let's search for clindamycin using the Formulary Search tool:

The result will be all the clindamycin products that are covered:

Brand Name/Generic Name	NDC/Manufacturer
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	42571025101 MICRO LABS USA,
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	42292001820 MYLAN INSTITUTI
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	00904595961 MAJOR PHARMACEU
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	00591570801 ACTAVIS/TEVA
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	00527138201 LANNETT CO. INC
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	65862018505 AUROBINDO PHARM
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	65862018501 AUROBINDO PHARM
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	63739005910 MCKESSON PACKAG
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	63304069201 RANBAXY/SUN PHA
<a href="#">CLINDAMYCIN HCL 150 MG CAPSULE</a> clindamycin HCl	59762332801 GREENSTONE LLC.

You can see that there are 10 NDCs of clindamycin 150 mg capsules covered. If a claim is submitted for an NDC that does not appear on this list, the claim will be rejected because the NDC is non-formulary. To prevent non-formulary rejections, it is advisable to specify the NDC or manufacturer on the prescription.

### Formulary Search

#### Drug Search

Drug NDC

Name

Search by brand/generic name

We're here to help. If you have any questions regarding the formulary or pharmacy in general, please contact provider relations at:

Provider Phone Numbers	Medicaid STAR	STAR Kids	CHIP
Tarrant	1-800-306-8612	1-844-787-5437 / 1-844-STRKIDS	1-800-245-5380
Bexar	1-800-248-7767		1-866-818-0959



## Access and availability standards

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.

Appointment availability requirements	
Level of Care	Timeframe
Emergency services	Upon member presentation at the service delivery site
Urgent care appointments	Within 24 hours of request for primary and specialty care
Routine primary care	Within 14 days of request for non-urgent, symptomatic condition
Routine specialty care	Within 30 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"> <li>• 2 weeks of enrollment for newborns</li> <li>• 60 days of new enrollment for all others</li> </ul>
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.

### After-hours access requirements

The following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

#### Acceptable after-hours coverage:

- The office telephone is answered after hours by an answering service, which 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.
- The office telephone is answered after normal business hours by language appropriate recording directing the patient to call another number to reach the PCP or another provider designated by the PCP. Someone must be available to answer the covering provider's phone. Another recording is not acceptable.
- The office telephone is transferred after office hours to another location where someone will answer the telephone and be able to contact the PCP, or another designated medical provider, who can return the call within 30 minutes.

#### Unacceptable after-hours coverage:

- The office telephone is only answered during office hours.
- The office telephone is answered after hours by a recording, which tells the patients to leave a message
- The office telephone is answered after hours by a recording which directs patients to go to an emergency room for any services needed.
- Returning after-hours calls outside of 30 minutes.





## CPW services will be carved into managed care

Starting Sept. 1, 2022, Medicaid managed care members will get case management for pregnant women (CPW) services only through in-network providers with their managed care organization (MCO).

Aetna Better Health is responsible for managing referrals for CPW case management services and linking members to providers for an intake.

Referrals to a CPW case management practitioner/provider for an intake can be requested by the health plan, the member, the member's family, a practitioner/provider, a school, or other sources. Referrals can be sent directly to the health plan via email or telephone at:

- STAR Kids [TXSKSupervisors@aetna.com](mailto:TXSKSupervisors@aetna.com)
- STAR Kids Service Coordination phone number: **1-844-787-5437**
- STAR [MBUTXCMReferral@aetna.com](mailto:MBUTXCMReferral@aetna.com)
- STAR Care Management phone numbers: **1-800-306-8612** (Tarrant); **1-800-248-7767** (Bexar)

The health plan's care manager or service coordinator will contact the member to determine if they are interested in this service. If interested, the care manager or service coordinator will link the member to a CPW case management provider in their geographic area for an intake.

For questions related to contracting or credentialing, please contact our Provider Relations team at [ABHTXCredentialing@aetna.com](mailto:ABHTXCredentialing@aetna.com).