2026 STAR Kids (Medicaid) Member Handbook

Dallas and Tarrant service areas

Member Services 1-844-STRKIDS (1-844-787-5437)
September 2026

TEXAS Health and Human Services | TEXAS STAR Kids Your Health Plan ★ Your Choice

AetnaBetterHealth.com/Texas

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Aetna Better Health® of Texas

Personal Information

My child's member ID number: _____

My child's primary care provider (PCP) name: _____

My child's primary care provider (PCP) address: _____

My child's primary care provider (PCP) phone number: _____

In case of an emergency, call 911 or your local emergency hotline.

Call us:
Aetna Better Health of Texas Member Services
Toll free: **1-844-STRKIDS (1-844-787-5437)**
English/Spanish interpreter services available
Member Services hours: 24 hours a day, 7 days a week
TTY: For people that are deaf or hearing impaired, please call through the Relay of Texas TTY line at **1-800-735-2989** and ask them to call the Aetna Better Health of Texas Member Services line.

Write us:
Aetna Better Health of Texas
Attention: Member Services
PO Box 818042
Cleveland, OH 44181-8042

Visit our website:
AetnaBetterHealth.com/Texas

Aetna Better Health® of Texas

STAR Kids Member Handbook

September 2026

Aetna Better Health of Texas covers members in the
Dallas Service Area in the following counties:
Dallas, Collin, Rockwall, Hunt, Kaufman, Ellis and Navarro Counties.
Tarrant Service Area in the following counties:
Tarrant, Denton, Hood, Johnson, Parker and Wise Counties.

Member Services
1-844-STRKIDS (1-844-787-5437)

TEXAS Health and Human Services | TEXAS STAR Kids Your Health Plan ★ Your Choice

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Introduction

Your STAR Kids member handbook
This handbook is a guide to help you with you or your child's Aetna Better Health of Texas plan. If you have questions about your or your child's benefits, or what is covered, refer to the benefits section of this handbook.

If you can't find the answer to your question(s) in this handbook, use our website **AetnaBetterHealth.com/Texas**, or call us at the toll-free number on your or your ID card. We will be happy to help you.

Tips for members

- Check the ID card to make sure the information is correct. Your or your child's primary care provider's name will appear on your or your Aetna Better Health of Texas card.
- Keep this handbook for future use.
- Write your or your ID number(s) in the front of this book or other safe place.
- Always carry your or your child's ID card with you.
- Keep your or your child's doctor's name and number near the phone.
- Call the primary care provider when you or your child needs care.
- Follow the primary care provider's advice.
- Use the hospital emergency room (ER) only for emergencies.

Questions or need help understanding/reading this member handbook?
If you do not understand the member handbook or need help reading it, we have staff who speak English or Spanish that can answer your questions and help you with this handbook. We are also able to assist you if you have trouble reading, hearing, seeing, or speaking English or Spanish. You can ask for the member handbook in audio, other languages, Braille or even large print. If you need an audiocassette or CD, we will mail it to you. To get help, visit our website at **AetnaBetterHealth.com/Texas** or call Member Services at the toll-free number on your or your child's ID card.

You can get a printed copy of your member handbook in English or Spanish at no charge. We'll send it to you within five days of your request.

Plan information and resources online
Get information 24 hours a day, 7 days a week on our website at **AetnaBetterHealth.com/Texas.** You can find information and answers to your questions without calling us.

This website allows you to:

- See member newsletters
- See questions and answers about Medicaid
- Search our provider directory to find Aetna doctors and hospitals in your area
- Get information on different health topics

Provider directory resource
Our provider directory has a list of all network provider types and their names, addresses, phone numbers, specialty, education, board certification, languages spoken, ages served and more. The latest directory is always at **AetnaBetterHealth.com/Texas.** Call Member Services if you need help locating a doctor or if you would like us to send you a printed copy.

You can also search our providers on the **HealthGrades.com website** to get more information, such as medical school attended and residency completion.

Member Services

We have staff who speak English or Spanish that can help you by phone 24 hours a day, 7 days a week at **1-844-STRKIDS** (**1-844-787-5437**).

- Ask questions about your or your child's benefits and coverage.
- Change your address or phone number.
- Change your or your child's primary care provider.
- Find out more about how to file a complaint.

In the case of an emergency or crisis, call 911 or your local emergency hotline.

For assistance after hours and weekends, you can contact our Nurse Line, or you can leave a voice message and your call will be returned on the next business day. Call your Primary Care Provider with questions about appointments, hours of service or getting care after hours.

All information is available in English and Spanish. Also, Interpreter Services available upon request. Call us for more information.

For our members that are deaf or hearing impaired, call through the Relay of Texas TTY line at **1-800-735-2989** or **711** and ask them to call the Aetna Better Health Member Services line.

Service Coordination Department
Service Coordinators help you manage your or your child's health care needs. Call us at **1-844-STRKIDS** (**1-844-787-5437**) to request a service coordinator. You may also call the toll-free number and follow the prompts to speak with a service coordinator directly.

Behavioral Health Department
Behavioral health services (includes mental health and substance use) are available 24 hours a day, 7 days a week at **1-844-STRKIDS** (**1-844-787-5437**). Staff members are available who speak both English and Spanish. Interpretation services are available.

If you or your child has a medical or behavioral health emergency and need care, go to the nearest emergency room. You or someone on your or your child's behalf will need to call us at **1-844-STRKIDS** (**1-844-787-5437**) and tell us you or your child had an emergency.

24-Hour Nurse Line
You may call our toll-free 24-Hour Nurse Line, 24 hours a day, 7 days a week at **1-844-STRKIDS (1-844-787-5437)** and follow the prompts. Our nurses know the STAR Kids Program, covered services, the STAR Kids population and provider resources. We have nurses that speak both English and Spanish and interpretation services are available, if needed.

For our members that are deaf or hearing impaired, call through the Relay of Texas TTY line at **1-800-735-2989** or **711** and ask them to call the Aetna Better Health Member Services line.

Other Important Numbers

24-Hour Nurse Line (Health information from a registered nurse) 24 hours a day, 7 days a week	**1-844-STRKIDS (1-844-787-5437)**
STAR Kids Program Help Line	**1-800-964-2777**
Superior Vision Services	**1-800-879-6901**
STAR Kids Dental Managed Care Organizations • DentaQuest • MCNA Dental • United Healthcare Dental	 **1-800-516-0165** **1-855-691-6262** **1-877-901-7321**
Prescription Information	**1-844-STRKIDS (1-844-787-5437)**

Non-emergency medical transportation (NEMT) provided by MTM Health	**1-866-411-8920 (TTY:711)**, two business days before your appointment to schedule your ride. Available 24 hours a day, 7 days a week. Or use the MTM Health (**MTM**) app on your smartphone. **Where's my ride?** Hotline: Interpretation services are available upon request. All information is available in English and Spanish. **1-866-411-8920 (TTY: 711)**
Ombudsman Managed Care Assistance Team	**1-866-566-8989** TTY: **1-866-222-4306**

Aetna Better Health Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice took effect on September 1, 2025.

What do we mean when we use the words "health information?"
We use the words "health information" when we mean information that identifies you. Examples include:

- Your name
- Your date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care This could be doctors or drug stores.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us.

If you are under eighteen and don't want us to give your information to your parents, call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information.

We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:

- Health promotion
- Case management
- Quality improvement

- Fraud prevention
- Disease prevention
- Legal matters

A case manager may work with your doctor. They may tell you about programs or places that can help you with your health. When you call us with questions, we need to look at your health information to give you answers.

Sharing with other businesses
We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair, so they send a van instead of a car to pick you up.

Other reasons we might share your health information
We also may share your health information for these reasons:

- Public safety – To help with things like child abuse. Threats to public health.
- Research – To researchers. After care is taken to protect your information.
- Business partners –To people that provide services to us. They promise to keep your information safe.
- Industry regulation – To state and federal agencies. They check us to make sure we are doing a good job.
- Law enforcement – To federal, state, and local enforcement people.
- Legal actions –To courts for a lawsuit or legal matter.

Once health information is shared for any of the reasons above it may potentially be reshared or used for purposes not in this document.

Some state and federal laws may require additional limits on how we use and disclose sensitive health information like mental health or communicable diseases. We will follow the most strict law that applies to your health information.

Substance Use Disorder (SUD) Information

We are not a SUD treatment program. We may receive or keep information about you that comes from a SUD program. If a SUD program gives us this information with a legal consent, we will use or share the information as allowed

if we have the legal consent. We must have the consent and okay per federal privacy law. This includes a consent for future uses and disclosures for:

- treatment,
- payment, and
- health care operations

In some situations, we may share this information without your consent. It would be for things like a medical emergency or government audits. We will follow the more protective law. We will not use or share this information in any legal case against you unless:

- You give us written consent, or
- A court orders us with a subpoena or other legal requirement.

You or Aetna must also receive notice and a chance to be heard.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons as required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We cannot use or share your genetic information when we make the decision to provide you medical insurance.

What are your rights

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change you asked for. Ask us to file a written

statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree. But, we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us at the toll-free number on your member ID card to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your or your child's rights were violated write to us at PrivacyAetna@AETNA.com or:

Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079
FAX: **859-280-1272**

You also can file a complaint with the Department of Health and Human Services, Office for Civil Rights. Call us to get the address.

If you are unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information
We protect your health information with specific procedures, such as :

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is "role-based." This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

Will we change this notice

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. We will mail you the notice if a material change is made. You can get a copy of the most recent notice on our web site at **https://www.aetnabetterhealth.com**.

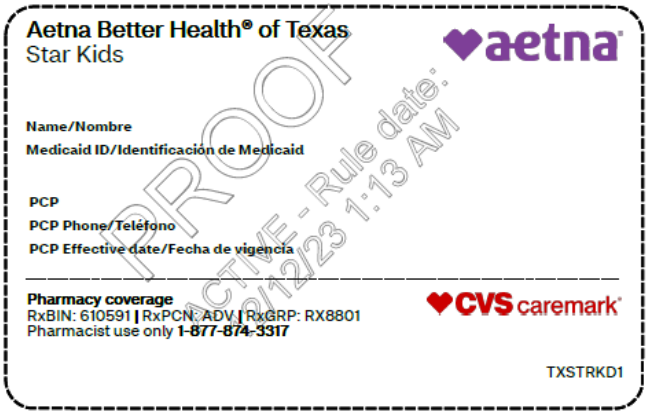
Member Identification (ID) Cards

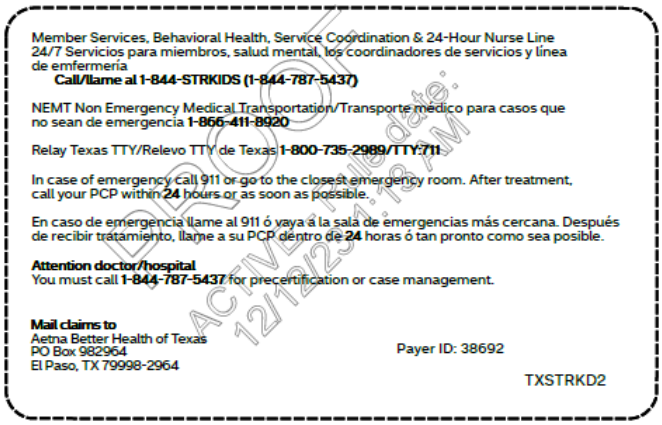
When you sign-up yourself or your child with Aetna Better Health of Texas, you will get an ID card from us. You or your child will not get a new Aetna ID card every month. If you call us to change your or your child's primary care provider, you will get a new card.

How to read your or your child's card: The ID card lists the name and phone number(s) of your or your child's primary care provider. The back of the ID card has important phone numbers for you to call if you or your child need help. Make sure your or your child's information on the ID card is correct.

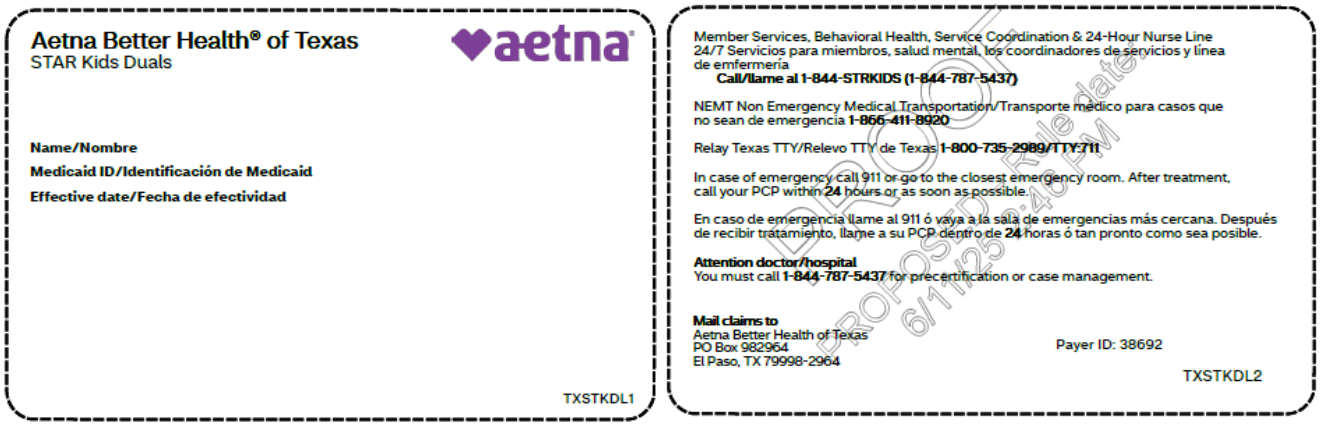
- Medicaid ID: Member identification number
- Eff date: Effective date of coverage with the health plan
- PCP: Name and phone number of primary care provider
- PCP Effective date: Effective date of coverage with the provider
- RxBIN: Bank identification number pharmacy uses to submit claims
- RxGrp: Prescription group number pharmacy uses to identify the health plan
- RxPCN: Processor control number pharmacy uses to submit claims

STAR Kids ID Card





STAR Kids Duals (Medicare and Medicaid) ID Card



How to use your or your child's card: Always carry your or your child's ID card with you when going to see the doctor. You will need it to get health care. You must show it each time you or your child get services.

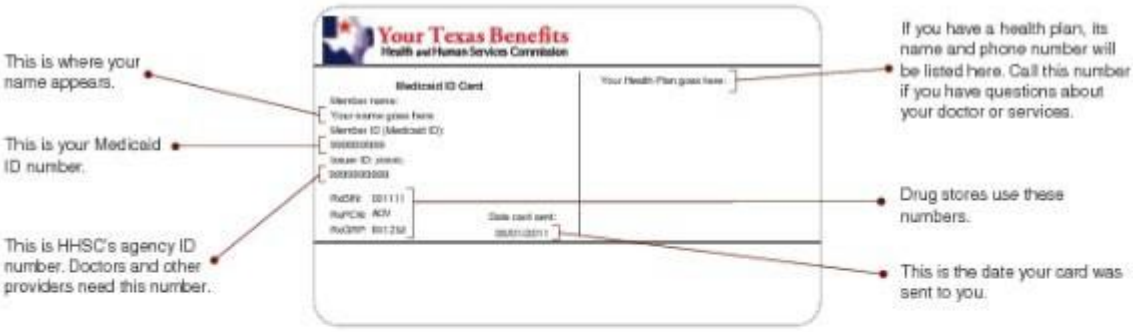
How to replace your or your child's card if lost or stolen: Call us right away so we can send you another ID card.

Your Texas Benefits Medicaid Card

When you or your child is approved for Medicaid, you will get a Your Texas Benefits Medicaid card. This plastic card will be your or your child's everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic stripe that holds your or your child's Medicaid ID number. Your or your child's doctor can use the card to find out if you or your child has Medicaid benefits when you or your child go for a visit.

You will only be issued one card and will only receive a new card in the event of the card being lost or stolen. If you or your child's Medicaid ID card is lost or stolen, you can get a new one by calling toll-free **1-855-827-3748** or by going online to order or print a temporary card at **www.YourTexas Benefits.com**.

If you are not sure if you or your child is covered by Medicaid, you can find out by calling toll-free at **1-800-252-8263**. You can also call **2-1-1**. First pick a language and then pick option 2.



Your or your child's health history is a list of medical services and drugs that you or your child has gotten through Medicaid. We share it with Medicaid doctors to help them

decide what health care you or your child needs. If you don't want your or your child's doctors to see your or your child's health history through the secure online network, call toll-free at **1-800-252-8263** or opt out of sharing your health information at **www.YourTexasBenefits.com**.

The Your Texas Benefits Medicaid card has these facts printed on the front:

- Your or your child's name and Medicaid ID number
- The date the card was sent to you
- The name of the Medicaid program you or your child is in if you or your child get:
  - Medicare (QMB, MQMB)
  - Texas Women's Health Program (TWHP)
  - Hospice
  - STAR Health
  - Emergency Medicaid
  - Presumptive Eligibility for Pregnant Women (PE)
- Facts your or your child's drug store will need to bill Medicaid
- The name of your or your child's doctor and drug store if you or your child is in the Medicaid Lock-in program

The back of the Your Texas Benefits Medicaid card has a website you can visit **yourtexasbenefits.com/Learn/Home** and a phone number you can call **1-800-252-8263** if you have questions about the new card.

If you forget your or your child's card, your or your child's doctor, dentist, or drug store can use the phone or the Internet to make sure you or your child get Medicaid benefits.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print, and order a YTB Medicaid card
- See your medical and dental plans
- See your benefit information
- See STAR and STAR Kids Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

To access the portal, go to **www.YourTexasBenefits.com**.

- Click **Log In**.

- Enter your Username and Password. If you don't have an account, click **Create a new account**.
- Click **Manage**.
- Go to the "Quick links" section.
- Click **Medicaid & CHIP Services**.
- Click **View services and available health information**.

Note: The **YourTexasBenefits.com** Medicaid Client Portal displays information for active clients only. A legally authorized representative may view the information of anyone who is a part of their case.

Information about the temporary ID card (Form 1027- A)

Medicaid also has a temporary ID card called a Form 1027-A. You will get this card in the mail when Your Texas Benefits Medicaid Card has been lost or stolen. The Medicaid temporary ID card tells providers about you or your child and the services that you or your child can get for the time period listed on the Form 1027-A.

Be sure to read the back of the Form 1027-A. The back of the card tells you how and when to use the card. There is a box that has specific information for providers.

You must take your Form 1027-A and your or your child's Health Plan ID card with you when you or your child get any health care services. You will need to show these cards every time you or your child needs services. You can use the temporary ID card until you get Your Texas Benefits Medicaid Card.

Primary Care Providers

Note: For STAR Kids members who are covered by Medicare, no primary care provider will be assigned.

What is a primary care provider?

A primary care provider is your or your child's main doctor. This doctor will treat most of the medical care your or your child needs. Sometimes you or your child may have a need that will need to be handled by a specialist. The primary care provider will authorize you or your child to see the specialist with a referral and tell you how to make an appointment. If you or your child needs to be admitted to a hospital, this doctor can arrange that for you.

Our goal is your or your child's good health. We urge you to see your or your child's doctor to get preventive care services within the next sixty (60) days or as soon as possible. This will help your or your child's doctor learn about you or your child so he or she can help you plan for your or your child's future health care needs. Getting started

with your or your child's doctor can also help prevent delays in care when you or your child is sick.

Remember that you and your child's doctor are the most important people on your or your child's healthcare team.

What do I need to bring with me to my/my child's doctor appointment?
You should take the following items with you when you go to your or your child's doctor visits:

- Your or your child's Texas Benefits Medicaid Card and/or your Form 1027-A
- Aetna Better Health of Texas ID card
- Immunization (shot) records
- Paper to take notes on information you get from the doctor

Visiting your or your child's primary care provider
Regular visits to your or your child's primary care provider and dentist are important, even if you or your children are healthy.

Vaccines help protect you or your child from many infections. Infections can cause serious health problems. Your or your child's provider will give vaccines during your or your child's Texas Health Steps/well child exam, if needed. Be sure to bring your or your child's vaccine record to every visit.

NOTE: Care centers and schools require all children to be up to date on vaccines.

What type of care does not require me/ my child to first be seen by primary care provider?
For the following types of care, you do not have to go to your or your child's primary care provider first:

- Emergency
- OB/GYN
- Family planning
- Routine eye care
- Behavioral health
- Texas Health Step medical and dental checkups

To learn more, use our website, **AetnaBetterHealth.com/Texas** or call us at **1-844-STRKIDS** (**1-844-787-5437**).

Choosing your or your child's primary care provider
Can a clinic be my/my child's primary care provider? (Rural Health Clinic/ Federally Qualified Health Center)?

If you or your child is being seen at a clinic for your or your child's primary care and you would like to keep going there, pick a doctor in the clinic as your or your child's primary care provider. The doctor you pick needs to be listed in our provider directory.

Some of the providers that you can also pick from to be your or your child's primary care provider are family doctors; pediatricians (for children); OB/GYNs (woman's doctor); general practitioners (GPs); advanced nurse practitioners (ANPs); Federally Qualified Health Clinics (FQHCs); and Rural Health Clinics (RHCs).

Look at our provider directory for a list of primary care providers. You must pick a doctor who is in our Aetna Better Health network. You can get a copy of the provider directory on **AetnaBetterHealth.com/Texas** or by calling us at **1-844-STRKIDS** (**1-844-787-5437**).

Can a specialist ever be considered a primary care provider?
There might be times when a specialist can be your or your child's primary care provider. The provider directory is a good source to locate these specialists. Also, you can call Member Services to help you.

What if I choose to go to another doctor who is not my/my child's primary care provider?
You can see any doctor or clinic in our network to get services for routine medical care that we cover or approve. This includes Texas Health Steps and well-child exams. You do not need a referral from your primary care provider. The doctor or clinic needs to be listed in our provider directory.

Changing your or your child's primary care provider
How can I change my/my child's primary care provider?
You can change your or your child's primary care provider by calling us at **1-844-STRKIDS** (**1-844-787-5437**). If you have access to our member portal, you can send a secure request to change your or your child's PCP and our staff can take care of that for you.

The doctor or clinic needs to be listed in our provider directory. For a list of doctors and clinics, see our provider directory online at **AetnaBetterHealth.com/Texas**.

How many times can I change my/my child's primary care provider?
There is no limit on how many times you can change your or your child's primary care provider. You can change primary care providers by calling us toll-free at **1-844-STRKIDS** (**1-844-787-5437**) or writing to:

Aetna Better Health of Texas
Attention: Member Services
P.O. Box 818042
Cleveland, OH 44181-8042

When will my/my child's primary care provider change become effective?
The primary care provider change will become effective the same day that you call Member Services to make the change. You will get a new ID card within 7-10 business days. The new ID card will tell you the new doctors name, address, phone number and date this change will be effective.

Are there reasons why a request to change a primary care provider may be denied?
Yes, your request can be denied if:

- The primary care provider you want is not accepting new patients, or
- The primary care provider you want is no longer a part of Aetna Better Health

Can my/my child's primary care provider move me to another primary care provider for non-compliance?
Your or your child's primary care provider can request that you pick a new primary care provider if:

- You often miss your or your child's appointments and do not call to let the primary care provider know, or
- You do not follow advice from your or your child's primary care provider

What if my/my child's primary care provider leaves the Aetna Better Health network? We will send you a letter telling you the new primary care provider we have chosen for you or your child. If you are not happy with the choice, call Member Service and tell us the doctor you want. If you or your child is getting medically necessary treatments, you might be able to stay with that doctor if he or she is willing to see you or your child. When we find a new doctor on our list who can give you the same type of care, we will change your or your child's doctor.

After Hours Care

How do I get medical care after my child's primary care provider's office is closed?
If you or your child gets sick at night or on a weekend and cannot wait for medical care, call your or your child's doctor. Your or your child's main doctor or another doctor is ready to help by phone 24 hours a day, 7 days a week. You may also call the 24-Hour Nurse Line at **1-844-STRKIDS (1-844-787-5437)** to speak with a registered nurse to help you decide what to do.

What if I/my child gets sick when we are out of town or traveling?
If you or your child needs medical care when traveling, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**) and we will help you find a doctor.

If you or your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**).

What if I/my child is out of state?
If you or your child needs medical care while out of state, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**) and we will help you find a doctor.

What if I/my child is out of the country?
Medical services performed out of the country are not covered by Medicaid.

Medicaid Lock-in Program

What is the Medicaid Lock-in Program?
You or your child may be put in the Lock-In Program if you do not follow Medicaid rules. It checks how you or your child use Medicaid pharmacy services. You or your child's Medicaid benefits remain the same. Changing to a different MCO will not change the Lock- In status.

To avoid being put in the Medicaid Lock-in Program:

- Pick one drug store at one location to use all the time.
- Be sure your or your child's main doctor, main dentist, or the specialists they refer you or your child to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more, call Aetna Better Health at **1-844-STRKIDS** (**1-844-787-5437**).

Physician Incentive Plan Information

Aetna Better Health of Texas cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. Right now, Aetna Better Health of Texas does not have a physician incentive plan.

Changing Health Plans

What if I want to change my/my child's health plan? Who do I call?
You can change your or your child's health plan by calling the Texas STAR Kids Helpline at **1-800-964-2777**.

How many times can I change my/my child's health plan?
You can change plans as often as you want.

When will my/my child's health plan change become effective?
If you call to change your or your child's health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1
- If you call after April 15, your change will take place on June 1

Disenrollment from Aetna Better Health of Texas

Can Aetna Better Health ask that my child get dropped from their health plan (for non-compliance, etc.)?

You or your child can be disenrolled from our plan if:

- You and/or your child move out of the service area.
- You or your child is taken to the ER when you or your child does not have an emergency.
- You or your child keep going to another doctor or clinic without first getting approval from your or your child's doctor.
- You or your child show a pattern of disruptive or abusive behavior not related to a medical condition.
- You miss many appointments without letting your or your child's doctor know.
- You let someone else use your or your child's ID card.
- You often do not follow your or your child's doctor's advice.

HHSC will make the final decision on all disenrollment requests. If there is a change in your or your child's health plan, you will be sent a letter.

Benefits

What are my/my child's health care benefits?

For a list of services that you or your child can get, look at the table on page **70**. You should see your or your child's doctor to ask about medical services. Follow your or your child's doctor's advice. Your or your child's doctor is responsible for coordinating all of your or your child's care.

How does my child get these services?

You should see your or your child's doctor to ask about medical services. To learn how to get these or other services, use our website, **AetnaBetterHealth.com/Texas,** or call us at **1-844-STRKIDS** (**1-844-787-5437**).

Are there any limits to any covered services?

There can be limits on some services. Call us at **1-844-STRKIDS** (**1-844-787-5437**) to learn more.

What are my/my child's Acute Care benefits?

Acute care benefits are services like doctor visits, x-rays, labs, etc. For a list of these services, refer to page **70**. For more information call your or your child's Service Coordinator or Member Services at **1-844-STRKIDS** (**1-844-787-5437**).

Acute Care benefits for Dual Eligible members (with Medicaid and Medicare only)
Remember that if you or your child has Medicare and Medicaid, your or your child's acute care benefits are covered by **Medicare**. Aetna Better Health of Texas will pay for some of your or your child's current acute care benefits starting September 1, 2025. These are services you or your child are already eligible for that are being coordinated through Aetna Better Health of Texas and paid by traditional Medicaid (fee-for-service). Starting September 1, 2025, these services will be paid by Aetna Better Health of Texas instead of traditional Medicaid (fee-for-service). You or your child will continue to receive long-term care benefits through Aetna Better Health of Texas. There is no change to your or your child's Medicare or Medicaid coverage or costs. We may need to approve some services before you get them. This is called a prior authorization.

How does my child get Acute Care services? What number do I call to find out about these services?
Call your or your child's doctor and let the office know what service you or your child need. Your or your child's doctor will help you get the services you or your child needs. For some of the services listed you can go directly to the provider that gives the services. Call your Service Coordinator or Member Services at **1-844-STRKIDS** (**1-844-787-5437**).

What services are not covered?
Aetna Better Health does not cover all health care services. Services that are not covered by STAR Kids are called **Exclusions**. For a full list of exclusions, refer to the table on page **71.**

If you agree to get services that we do not cover or approve, you might have to pay for them.

Additional Benefits

What extra benefits does my child get as member of Aetna Better Health of Texas?
Aetna Better Health members get the following value-added services and extra benefits at no cost to you. For a full list of the value-added benefits refer to pages **72-74**
If you have any questions about these services, call us at **1-844-STRKIDS (1-844-787-5437)**.

How can my child get these benefits?
You do not have to go to your or your child's doctor to get these services. If you have questions or need help with these services, go to our website, **AetnaBetterHealth.com/Texas** or call us at **1-844-STRKIDS** (**1-844-787-5437**).

What health education classes does Aetna Better Health offer?
We work with our community partners to make available at no cost to you and/or low-cost classes for parents and children. Some health topics that are available to you are listed in the table on page **71**.

Call us to learn more. Also, check with your or your child's provider before you or your child begins any new health or wellness program.

What other services can Aetna Better Health help my child get?
In addition to the services listed in the benefits table, your child may be able to get some of the following services or programs:

Other STAR Kids Services
Department of State Health Services (DSHS) Targeted Mental Health Case Management
DSHS mental health services
DSHS Case Management for Children and Pregnant Women
Department of Assistive and Rehabilitative Services (DARS) Case Management for Blind
Tuberculosis (TB) services offered by DSHS-approved providers
Department of Aging and Disability Services (DADS) Hospice Services
Medical Transportation Program
Non-Emergency Medical Transportation (NEMT)
Supplemental Nutrition Program for Women, Infants and Children (WIC)
Head Start

Additional services available for **members ages birth through 20 years of age** include:

Members ages Birth through 20 years of age
Texas Health Steps Dental, including braces (These services are available when medically necessary and do not include dental services that are mainly for cosmetic purposes.)
Texas Health Steps environmental lead investigation (ELI)
Early Childhood Intervention (ECI) Program
Targeted Case Management (TCM)
Early Childhood Intervention Specialized Skills Training
Texas School Health and Related Services (SHARS)

You **do not** have to go to your or your child's doctor to get these additional benefits and services. If you have questions or need help with these services, call us at **1-844-STRKIDS (1-844-787-5437**).

Health Care and Other Services

What does medically necessary mean?

"Medically necessary" means:

- For members birth through age 20, the following Texas Health Steps services:
  (a) Screening, vision and hearing services; and
  (b) Other health care services, including behavioral health services that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
    (i) Must comply with the requirements of the Alberto N., et al.v. Traylor et al. partial settlement agreements; and
    (ii) May include consideration of other relevant factors, such as the criteria described in parts (2) (b-g) and (3) (b-g) of this definition.

- For members over age 20, non-behavioral health related health care services that are:
  (a) Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
  (b) Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
  (c) Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
  (d) Consistent with the diagnoses of the conditions;
  (e) No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  (f) Are not experimental or investigative; and
  (g) Are not primarily for the convenience of the member or provider.

- For members over age 20, behavioral health services that:
  — Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve or to maintain, or prevent deterioration of function resulting from such a disorder;
  — Are in accordance with professionally accepted clinical guidelines

and standards of practice in behavioral health care;
- Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- Are the most appropriate level or supply of service that can safely be provided;
- Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- Are not experimental or investigative; and
- Are not primarily for the convenience of the member or provider.

What is routine medical care?

Routine care is when you or your child goes to their doctor and/or other health care providers for a checkup, without being sick. This care is important to keep you or your child in good health.

How soon can I/my child expect to be seen?

Your or your child's doctor should be able to see you or your child within two (2) weeks after you ask for a routine care appointment or within eight (8) weeks after you ask for an appointment for a physical or a wellness checkup.

What is urgent medical care?

Another type of care is **urgent** care. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours.

Some examples are:

Minor burns or cuts	Ear aches	Sore throat	Muscle sprains/strains

What should I do if my child needs urgent medical care?

For urgent care, you should call your or your child's doctor's office even on nights and weekends. Your or your child's doctor will tell you what to do. In some cases, your or your child's doctor may tell you to go to an urgent care clinic. If your or your child's doctor tells you to take yourself or your child to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Aetna Better Health of Texas Medicaid.

For help, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**). You also can call our 24-Hour Nurse Line at **1-844-STRKIDS (1-844-787-5437)** for help with getting the care you need. Listen to and follow the prompts to reach the Nurse Line.

How soon can I expect my child to be seen?

You should be able to see your or your child's doctor within 24 hours for an urgent care appointment. If your or your child's doctor tells you to take yourself or your child to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Aetna Better Health of Texas Medicaid.

Emergency Care

What is emergency medical care? How soon can I expect my child to be seen?
Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

*"**Emergency medical condition**"* means a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child

*"**Emergency behavioral health condition**"* means any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

- Requires immediate intervention or medical attention without which the Member would present an immediate danger to themselves or others; or
- Which renders the Member incapable of controlling, knowing or understanding the consequences of their actions.

*"**Emergency services**" and "**emergency medical care**"* means covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post stabilization care services.

Guidelines
You or your child should be seen the same day if you or your child needs emergency care. We ask that you follow the guidelines below when you believe you or your child needs emergency care.

- Call 911 or the local emergency hotline or go to the nearest emergency facility. If a delay would not be harmful to your or your child's health, call your or your

child's doctor.

Tell your or your child's doctor as soon as possible after getting treatment.

- As soon as medically possible, the emergency facility should call your or your child's doctor for your or your child's medical history.
- If you or your child is admitted to an inpatient facility, you, a relative, or friend on your or your child's behalf should tell your or your child's doctor as soon as possible.
- Some good reasons to go to the ER are:

Reasons to go to the ER
Danger of losing life or limb
Uncontrolled diarrhea or vomiting
Poisoning or overdose of medicine
Choking or problems breathing
Possible broken bones
Very bad chest pains
Heavy bleeding
Serious injuries or burns
Fainting
Suddenly not being able to move (paralysis)
Victim of a violent attack (rape, mugging, stab, or gunshot wound)
You or your child have thoughts of causing harm to yourself/ themselves or others
About to deliver a baby

Are emergency dental services covered by the health plan?

Aetna Better Health covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Hospital, physician, and related medical services such as drugs for any of the above conditions

What do I do if my child needs emergency dental care?

During normal business hours, call your or your child's main dentist to find out how to get emergency services. If you or your child needs emergency dental services after the main dentist's office has closed, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**) or call **911**.

What is post stabilization?

"Post-stabilization care services" are services covered by Medicaid that keep your or your child's condition stable following emergency medical care.

Follow-up care after emergency

You or your child may need follow-up care after you go to the emergency room. If so, make an appointment with your or your child's doctor. Do not go back to the emergency room (unless it is an emergency). Do not go back to the doctor that treated you or your child at the hospital unless told to by your or your child's doctor.

Specialty Care

What if I/my child needs to see a special doctor (specialist)?

Your or your child's doctor can send you or your child to another doctor if a special type of care is needed that they can't offer. Your or your child's doctor will tell you if you need to see a specialist. You should not go to another doctor for services if your or your child's doctor does not agree to make a referral. If you see a specialist without a referral, you might have to pay for the services.

How soon can I/my child expect to be seen by the specialist?

After getting a referral from your or your child's doctor, you should be able to see a specialist within three weeks for a routine appointment; within 24 hours for urgent care appointments.

What is a referral?

A **referral** is an approval from your or your child's doctor for specialty care and follow-up

treatment.

Important points about referrals:

- You should talk to your or your child's doctor about the referral to know what special services you or your child may be need and why.
- If the specialist suggests more treatments or tests other then what the referral was approved for, you might need another referral from your or your child's doctor. If you or your child need another referral and you do not get one, you might have to pay.
- You **cannot ask for referrals** for specialist services **after** you go to see a specialist. You must get the referral from your or your child's doctor **before** getting specialty care (except in an emergency).

What services do not need a referral?

The following **do not** require a referral:

No referrals needed
Family planning services
Emergency care
Routine eye care
Obstetrician/Gynecologist (OB/GYN) care
Behavioral health (mental health and substance use disease) services

What is a prior authorization?

It is not a referral or a pre-authorization. **Prior authorization** is an approval that Aetna Better Health of Texas requires for certain services and medications. Some services need approval before they are given. The provider who is treating you or your child should get this approval. You can ask your or your child's doctor or us if an approval is needed for a service or treatment.

How can I ask for a second opinion?

You can get a second opinion about the use of any health care service from a network provider. If a network provider is not available, you can see an out-of-network provider. There is no cost to you for getting a second opinion. To learn more on how to ask for a second opinion, call us at **1-844-STRKIDS** (**1-844-787-5437**).

What if I/my child needs to receive services in my home?

In certain cases, your or your child's doctor may suggest home nursing care. You may also need equipment or supplies that can be brought to your home. These will require prior authorization. Your or your child's doctor will need to send documentation about the medical need before these services can be approved.

- HHSC has settled a lawsuit that affects Private Duty Nursing, Home Health Skilled Nursing, Durable Medical Equipment and Supplies, and Personal Care Services for Medicaid beneficiaries under the age of 21. A copy of the Settlement Agreement is at: **www.hhsc.state.tx.us** and **www.advocacyinc.org**. If you have any questions, call Advocacy, Inc. at **1-800-252-9108**.

What if my/my child's PCP wants to see a provider that is not in the Aetna Better Health network?

If your or your child's PCP wants you to see a provider who is not in Aetna Better Health provider network, he or she must request prior authorization from Aetna Better Health. You may go to a non-participating provider only if:

- The care is needed AND
- There are no Aetna Better Health providers to give the care AND
- Aetna Better Health has approved the care

Aetna Better Health has the right to decide where you or your child can get services when there is not an Aetna Better Health provider available to give the care. The non participating provider who plans to give you or your child care should assure prior authorization is obtained by your or your child's PCP to provide services. Call us at **1-844-STRKIDS** (**1-844-787-5437**) with any questions.

You may see any provider at any time in the case of an emergency or for family planning services.

What about coverage of new technology?

We are always looking at new medical procedures and services to make sure you or your child gets safe, up to date and high quality medical care. A team of doctors reviews new health care methods and decides if they should become covered services. Researched and studied investigational services and treatments are not covered services.

To decide if new technology will be a covered benefit or service, we will:

- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

What if my child has an established relationship with a Specialty Provider who is not in Aetna Better Health provider network?

Aetna Better Health of Texas will allow a STAR Kids Member who is receiving services

for complex medical needs to remain under the care of a Texas Medicaid Enrolled Provider from whom the Member is receiving care, even if that provider is out of network with Aetna Better Health of Texas as long as there are established Member/Provider relationships, existing treatment protocols and ongoing care plans in place.

Behavioral Health

How does my child get help if they have behavioral (mental) health, alcohol or drug problems?

Aetna Better Health covers health for you or your child as a whole person. That includes help for mental health problems like depression. You or your child also can get help when you or someone else thinks you or your child are drinking too much or using drugs. If you or your child need help right away, call our hotline, 24 hours a day, 7 days a week at **1-844-STRKIDS** (**1-844-787-5437).**

Do I need a referral for this?

You may go to any mental health provider in our network. You do not need to ask your or your child's doctor to refer you or your child to someone. You may need to get plan approval first before you can get some services. Emergency care is covered anywhere in the United States.

What are mental health rehabilitation services and Mental Health Targeted Case Management?

This benefit will help you or your child gain access to medical and behavioral care, educational assistance, and other needed services in your community.

What is mental health rehabilitation?

These benefits help you or your child know more about mental health and support your recovery.

- Medication Training and Support: Teaches you or your child about medication and how to maintain good mental health.
- Psychosocial Rehabilitation Services: Improves your or your child's social and personal skills for work, family, friendships and school.
- Skills Training and Development: Learn how to handle stress and anger. Build skills to support your or your child's recovery goals.
- Crisis Intervention: Intensive community services to help persons at risk of hospitalization. This includes problem solving, coping skills, counseling and other assistance.
- Day Program for Acute Needs: Short-term outpatient treatment to improve mental and emotional well-being.

How does my child get these services?
To access these services, give us a call. We will help you find a provider in your community.

If you or your child's lose Medicaid eligibility, you may be able to keep getting care from the Local Mental Health Authority.

Pharmacy and Medications

What are my/my child's prescription drug benefits?
Aetna Better Health covers all prescription drugs approved by the State Medicaid program. For a listing of covered drugs, go to our website **AetnaBetterHealth.com/Texas** or call us at **1-844-STRKIDS** (**1-844-787-5437**).

What if I/my child also has Medicare?
If you or your child has Medicaid and Medicare, you will get your or your child's prescriptions from Medicare. Aetna Better Health may cover your out-of-pocket costs for some medications.

How does my child get their medications?
Medicaid pays for most medicine your or your child's doctor says you or your child needs. Your or your child's doctor will write a prescription so you can take it to the drug store or may be able to send the prescription for you.

How do I find a network drug store?
- You can find a network pharmacy by visiting our website at **AetnaBetterHealth.com/Texas** and then search for a pharmacy in your area.
- Call Member Services toll-free at **1-844-STRKIDS** (**1-844-787-5437**). Ask the representative to help you find a network pharmacy in your area.

What if I go to a drug store not in the network?
Prescriptions filled at other pharmacies that are not in the Aetna Better Health network will not be covered. All prescriptions must be filled at a network pharmacy.

What do I bring with me to the drug store?
You will need to bring the prescription your or your child's doctor wrote for you or your child. You will also need to show Your Texas Benefits Medicaid Card and your or your child's Aetna Better Health Plan ID card.

Do some medicines need to be prior approved - prior authorization?
Aetna Better Health must approve some medicines on our drug list before we cover them. We do this through prior authorization or Step Therapy. Prior authorization is an

approval that Aetna Better Health requires for certain services and medications.

What is Step-Therapy?
Some drugs are not approved unless another drug has been tried first. Step-Therapy (ST) coverage requires that a trial of another drug be used before a requested drug is covered.

When you or your child gets a new prescription, ask your or your child's doctor if we need to approve the medicine before you can get it. If we do, ask if there is another medicine you or your child can use that does not need approval. When we need to approve your or your child's medicine, your or your child's doctor must call Aetna Better Health for you. We will review the request to approve your or your child's medicine.

If the pharmacist cannot reach Aetna Better Health to make sure it is approved, your pharmacist can give you a three (3) day temporary supply of the new prescription. We will tell you in writing if we do not approve the request. We will also tell you how to start the appeal/grievance process.

Who do I call if I have problems getting my/my child's medications?
If you have a problem getting your or your child's medications, call us at **1-844-STRKIDS** (**1-844-787-5437**).

What if I can't get the medication my/my child's doctor ordered approved?
If your or your child's doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your or your child's medication.

Call Aetna Better Health at **1-844-STRKIDS** (**1-844-787-5437**) for help with your or your child's medications and refills.

What if I can't get the medication my/my child's doctor prescribed?
If the medicine your or your child's doctor feels you or your child needs isn't on our formulary and you cannot take any other medication except the one prescribed, your or your child's doctor may request an exception. Your or your child's doctor will need to fill out the request form and send us medical records to support the request for an exception.

What if I lose my/my child's medication(s)?
If you have a problem getting your or your child's medications, call us at **1-844-STRKIDS** (**1-844-787-5437**).

How do I get my/my child's medications if my child is in a nursing facility?
You may have your or your child's medication filled at any Network Pharmacy.*

- A family member or someone you choose could bring the medication to you or your child.
- You may have the medication mailed to you from the mail order pharmacy.
- Some local pharmacies offer delivery service.

*Check with the nursing facility to see which method meets their rules.

What if I need my/my child's medications delivered to me?
If you or your child takes medication for an ongoing health condition, you can have your or your child's medications mailed to your home. CVS Caremark is your mail service pharmacy.

If you choose this option, your or your child's medication comes right to your door. You can schedule refills and reach pharmacists if you have questions. Here are some other features of home delivery.

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone.

It's easy to start using mail service
Choose **ONE** of the following three ways to use mail service for a medication that you or your child take on an ongoing basis:

- Call the FastStart® toll-free number at **1-800-875-0867**, Monday through Friday, 7 AM to 7 PM (CT). A representative will let you know which of your or your child's prescriptions can be filled through CVS Caremark Mail Service Pharmacy. CVS Caremark will then contact your or your child's doctor for a prescription and mail the medication to you.
  - When you call, be sure to have:
    - Your or your child's Aetna Better Health member ID card
    - Your or your child's doctor's first and last name and phone number
    - Your payment information and mailing address
- Log on to **www2.caremark.com/faststart/cda/index.html**. Going online is a quick and easy way to start using mail service. Once you provide the requested information, CVS Caremark will contact your or your child's doctor for a new prescription. If you haven't registered yet on, be sure to have your or your child's member ID card handy when you register for the first time.
- Fill out and send a mail service order form. If you already have a prescription, you can send it to CVS Caremark with a completed mail service order form. If

you don't have an order form, you can print on online or you can request one by calling toll- free **1-855-271-6603.**

— Have the following information with you when you complete the form:
    - Your or your child's Aetna Better Health member ID card
    - Your complete mailing address, including ZIP code
    - Your or your child's doctor's first and last name and phone number
    - A list of your or your child's allergies and other health conditions
    - Your original prescription from your or your child's doctor
— If you or your child needs their prescription filled right away, ask your or your child's doctor to write two prescriptions for your or your child's long-term medication:
    - One for a short-term supply (30 days or less) that can be filled at a participating network pharmacy.

  AND
    - One for the maximum days' supply allowed by your or your child's plan, with refills as needed. Enclose this prescription along with the mail service order form.

What is the Medicaid Limited Program?

You or your child may be put in the Limited Program if you or your child did not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your or your child's Medicaid benefits remain the same.

Medicaid pharmacy rules to follow:

- Pick one pharmacy at one location to use all the time.
- Be sure your or your child's main doctor or specialists are the only doctors that give you or your child prescriptions.
- Do not get the same type of medicine from different doctors. To learn more call **1-800-436-6184**, Option 4.

What if I/my child needs durable medical equipment (DME) or other products normally found in a drug store?

Some durable medical equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For all members, Aetna Better Health pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Aetna Better Health also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals. Call **1-844-STRKIDS** (**1-844-787-5437**) for more information about these benefits.

How do I obtain or review a list of pharmaceuticals?

Aetna Better Health covers the medicines included on the Vendor Drug Preferred

Drug List. This is the list of drugs that we cover when they are medically necessary. This list was included in your or your child's Welcome Packet. Aetna Better Health does not pay for drugs that have not been approved by the Federal Drug Administration (FDA).

You can find a list of your or your child's medication by going to one of the following websites **AetnaBetterHealth.com/Texas** or **txvendordrug.com/formulary/prior authorization/preferred-drugs**. There you will find the drugs on the Preferred Drug List and those that are non-preferred with the reasons for not being able to obtain the non- preferred agents.

Family Planning Services

How does my child get family planning services?

Family planning services help you or your child plan or control pregnancy. You do not need a referral from your or your child's doctor to receive family planning services or supplies. If you are under age 21, you do not have to get permission from your parent to get family planning services or supplies. You can get family planning services from your doctor, or you can go to any family planning provider who is in our provider directory. The services you can get include:

Family Planning Services
A yearly check up
An office or clinic visit for a problem, counseling or advice
Laboratory tests
Pregnancy testing
Prescriptions and contraceptive supplies like birth control pills, diaphragms and condoms
Sterilization services (only if you are 21 years of age or older; Federal Sterilization Consent Form needed)

Does my child need a referral for this?

You do not need a referral from your or your child's doctor to get family planning services or supplies.

Where do I find a family planning services provider?

You can find the location of family planning providers near you online at **www.dshs.state.tx.us/famplan/**, or you can call us at **1-844-STRKIDS** (**1-844-787-5437**) for help in finding a family planning provider.

Case Management for Children and Pregnant Women (CPW)

Need help finding and getting services? You might be able to get a case manager to help you.

What is Case Management for Children and Pregnant Women (CPW)?

Case Management for Children and Pregnant Women (CPW) is a case management program that provides health related case management services to children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and have health problems or are at a high risk for getting health problems. As of September 1, 2022, Case Management for Children and Pregnant Women is managed by Aetna Better Health of Texas.

Who can get a case manager?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:

- Have health problems
- Are at a high risk for getting health problems

What do case managers do?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

What kind of help can you get?

Case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

Call the Texas Health Steps at **1-877-847-8377** (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

If you have any questions about this program or our care management program, call at **1-844-STRKIDS (1-844-787-5437)** or visit our website, **AetnaBetterHealth.com/Texas.**

Early Childhood Intervention (ECI)

What is Early Childhood Intervention (ECI)?

Early Childhood Intervention (ECI) is a statewide program within the Texas Health and Human Services Commission (HHSC) for families with children birth, up to age 3, with developmental delays, disabilities or certain medical diagnoses that may affect development. ECI services support families as they learn how to help their children grow and learn.

What services can I/my child get through ECI?

ECI services may include:

Early Childhood Intervention Services
Hearing and vision educational services
Speech, occupational, and physical therapy services
Nutrition services
Specialized skills training
Counseling
Assistive technology

Does my child need a referral for this?

You ***do not*** have to go to your or your child's doctor to get these services. If you have questions or need help with these services, call us at **1-844-STRKIDS** (**1-844-787-5437**).

Where do I find an ECI provider?

If you have additional questions or need help with these services, call us at **1-844-STRKIDS** (**1-844-787-5437**).

Service Coordination

Service coordination is a specialized care management services that is performed by service coordinators. Our service coordinators will actively involve the primary and specialty care providers, behavioral health service providers, and even providers of non-capitated services to help make sure that all of your or your child's needs are met.

What will Service Coordinator do for me/my child?

Our Service Coordinators will get to know your or your child and your or your child's health care, long-term service and supports and behavioral health care needs. We will use a screening survey to help develop an individual service plan that will capture your

or your child's short and long term goals, objectives, and progress. We will help you find services and supports that you or your child needs. And we will stay in contact with you to check up on your or your child's health.

How can I talk with a Service Coordinator?
You can contact your or your child's service coordinator by phone with questions and concerns. Call **1-844-STRKIDS** (**1-844-787-5437**) and follow the prompts to contact your or your child's Service Coordinator.

Long Term Services and Supports (LTSS)

For a list of the LTSS services that may be available to you or your child under the STAR Kids program, look at the table below.

STAR Kids Community Services
Community First Choice
Personal Care Services (PCS)
Private Duty Nursing
Prescribed Pediatric Extended Care Centers (PPECC)
Day Activity and Health Services (DAHS)
Medically Dependent Children Program Services
Adaptive aids
Minor home modifications (making changes to your home so you can safely move around)
Transitional Assistance Services (TAS)
Supported Employment and Employment Assistance

Remember some of these services may require a STAR Kids Screening and Assessment before you can receive them. If you have any questions about any of these services, give us a call and speak with a Service Coordinator.

What are Long Term Services and Supports (LTSS)?
Long-term services and supports assist with daily healthcare and living needs for members with a long-lasting illness or disability. There are other long-term care benefits that some STAR Kids members can get based on their medical need. These are called Home and Community Based Services (HCBS).

What are my/my child's Long-Term Services and Supports (LTSS) benefits?
Long Term Care Services and Supports are benefits that help you or your child stay safe and independent in your home or community. You or your child can get Long

Term Care services if you or your child needs help with daily healthcare and living needs. Some of the services include helping you or your child eat, dress, bathe, or go to the bathroom; preparing meals; doing light housework; or helping with grocery shopping.

How does my child get these services? What number do I call to find out about these services?
A Service Coordinator will work with you to find out what your or your child needs and will help get the services started. For more about your or your child's long-term care benefits, call Member Services at **1-844-STRKIDS** (**1-844-787-5437**).

My child is in the Medically Dependent Children Program (MDCP). How will I receive my child's LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) as well as all MDCP services will be delivered through you or your child's STAR Kids MCO. Contact your Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services.

My child is in the Youth Empowerment Services waiver (YES). How will I receive my child's LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your or your child's STAR Kids MCO. Your YES waiver services will be delivered through the Health and Human Services Commission (HHSC). Contact your Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services. You can also contact your Local Mental Health Authority (LMHA) case manager for questions specific to YES waiver services.

My child is in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my child's LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your or your child's STAR Kids MCO. Your or your child's CLASS waiver services will be delivered through the Health and Human Services Commission (HHSC). Contact your Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services. You can also contact your or your child's CLASS case manager for questions specific to CLASS waiver services.

My child is in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my child's LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your or your child's STAR Kids

MCO. Your or your child's DBMD waiver services will be delivered through the Health and Human Services Commission (HHSC). Contact your Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services. You can also contact your or your child's DBMD case manager for questions specific to DBMD waiver services.

My child is in the Home and Community-based Services (HCS) waiver. How will I receive my child's LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your or your child's STAR Kids MCO. Your or your child's HCS waiver services will be delivered through the Health and Human Services Commission (HHSC). Contact your or your child's Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services. You can also contact your or your child's HCS Service Coordinator at your Local Intellectual and Developmental Disability Authority (LIDDA) for questions specific to HCS waiver services.

My child is in the Texas Home Living (TxHmL) waiver. How will I receive my child's LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your or your child's STAR Kids MCO. Your or your child's TxHmL waiver services will be delivered through the Health and Human Services Commission (HHSC). Contact your Aetna Better Health of Texas Service Coordinator if you need assistance with accessing these services. You can also contact your or your child's TxHmL service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

Will my/my child's STAR Kids benefits change if I/my child is in a Nursing Facility?

No, you or your child's STAR Kids benefits will not change if you or your child are in a Nursing Facility. For more information, call your Service Coordinator or Member Services at **1-844-STRKIDS** (**1-844-787-5437**). Listen for the correct prompts.

Will I/my child continue to receive STAR Kids benefits if I/my child goes into a Nursing Facility?

A STAR Kids Member who enters a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) will remain a STAR Kids Member. The MCO must provide Service Coordination and any covered services that occur outside of the Nursing Facility or ICF/IID when a STAR Kids Member is a Nursing Facility or ICF/IID resident. Throughout the duration of the Nursing Facility or ICF/IID stay, the STAR Kids MCO must work with the Member and the Member's Legally Authorized Representative (LAR) to identify Community-Based Services and LTSS

programs to help the Member return to the community.

Service Delivery Options

There are three options available to members desiring to self-direct the delivery of Personal Care Services (PCS), Personal Care Services or acquisition, maintenance and enhancement of skills in CFC, and, for the MDCP STAR Kids in-home or out-of-home respite, Supported Employment, and Employment Assistance. The three options are:

1. ***Consumer–Directed Services Option (CDS***)
   This a service delivery option in which a Member or Member's LAR employs and retains service providers and directs the delivery of PCS and respite services.
2. ***Service-Related Option (SRO)***
   In this model, the Member or the Member's LAR is actively involved in choosing his/her personal attendant or respite provider but is not the employer of record.
3. ***Agency Option***
   In this model, Aetna Better Health contracts with a (HCSSA) Home and Community Support Service Agency or a certified Home and Community-Based Services or Texas Home Living Agency for the delivery of services.

For more information about any of these options, call Member Services at **1-844-STRKIDS** (**1-844-787-5437**).

Electronic Visit Verification (EVV)

Texas requires attendants who deliver certain Medicaid services to use Electronic Visit Verification. The EVV system makes sure you or your child's approved services are provided to you.

What is Electronic Visit Verification (EVV)?

Electronic Visit Verification is a system used to record the time your or your child's attendant or nurse provides services to you or your child. There is no cost to you to use EVV. EVV uses phone and computer technology to record the time that your or your child's nurse or attendance starts and stops work.

How does EVV work?

Your or your child's attendant or nurse uses your home landline phone to call a toll-free number when he or she starts providing services and again when the services are completed. This is their electronic timecard.

Do I have to participate in EVV?

Yes, if you get services that require EVV. You must allow your or your child's attendant

to clock in when they begin and clock out when they end services. EVV is required for certain home and community-based services, such as Personal Attendant Services, Protective Supervision, Personal Care Services, In-home Respite, Flexible Family Support and Community First Choice.

What if I don't have a home landline phone or I don't want my attendant to use my home landline?

If you don't have a home landline phone, or don't want your or your child's attendant to use your home landline phone, tell this to your or your child's attendant or nurse as soon as possible.

Your or your child's attendant may use their mobile device to clock in and clock out of the EVV system or your agency may order an EVV alternative device for your or your child's attendant. The device will be placed in your home by your agency. It must be in an area where your or your child's attendant can reach it and must remain in your home at all times.

What are my EVV Rights and Responsibilities?

Your Rights

1. Your private information may only be shared in specific situations that follow state and federal guidelines and regulations.
2. You don't have to let your attendant use your home telephone.
3. You can ask for an interdisciplinary meeting or service plan team meeting with your health plan's service coordinator about concerns using EVV.
4. You have the right to make a complaint, voice grievances or recommend changes in policy or service. No one can treat you differently because you made a complaint. No one can stop you from making a complaint.

How to file a complaint:

- **By calling**: **1-866-566-8989**
  Members who are deaf, hard of hearing or speech impaired can call any HHSC office by using the toll-free Texas Relay service at: **7-1-1** or **1-800-735-2989.**
- **On the internet**: **hhs.texas.gov/managed-care-help**. Online Submission form.
- **By mail**:
  Texas Health and Human Services
  Commission Office of the Ombudsman, MC
  H-700
  P.O. Box 13247
  Austin, TX 78711-3247
- **By fax**: **1-888-780-8099** (Toll-Free)

Your responsibilities

1. You must allow your attendant to use EVV to clock in and clock out in one of

the following ways:
   - EVV mobile method
   - Your home landline phone
   - EVV alternative device
2. Your attendant can't use your personal cell phone to clock in or clock out of the EVV system.
3. You must tell your program provider if your attendant asks you to clock in or clock out of the EVV system for them.
4. If you use an EVV alternative device that is placed or affixed in your home, it must remain in your home at all times.

You must tell your agency or your Aetna Better Health Service Coordinator immediately if:

- The EVV alternative device has been removed from your home or damaged.
- You think someone has tampered with the EVV alternative device.

You must notify your agency if you are no longer receiving Medicaid services so that the EVV alternative device can be removed.

Transition Specialist

What is a Transition Specialist?

An Aetna Better Health employee who works with adolescent and young adult members and their support network to prepare the member for a successful transition out of STAR Kids and into adulthood.

What will a Transition Specialist do for me/my child?

- Prepare you or your child for transition to adulthood
- Provide education to assist with self-management
- Help with applying for community services and resources
- Help identify future employment and employment training chances
- Identifying adult providers

How can I talk to a Transition Specialist?

You can contact a Transition Specialist by phone with additional questions and concerns. You can call us at **1-844-STRKIDS** (**1-844-787-5437**) to reach Member Services and be connected with your or your child's Transition Specialist.

Health Home

To improve care coordination and care management for our members with special or

complex needs, we encourage health homes. A Health Home is a provider practice that helps to combine physical and behavioral health (both mental health and substance use disorders) and long-term services and supports by linking our members to needed services. The goal of health homes is to help improve the overall health care quality for our members.

Prescribed Pediatric Extended Care Center (PPECC)

PPECC is a facility under Texas Health and Safety Code § 248A.001 that provides nonresidential basic services, including medical, nursing, psychosocial, therapeutic, and developmental services, to medically dependent or technologically dependent individuals under the age of 21.

This service requires approval from Aetna Better Health before it is provided. Your or your child's PCP and specialist may coordinate precertification for this care when needed. For more information about your or your child's PPECC benefits, call Member Services at **1-844-STRKIDS** (**1-844-787-5437**).

Texas Health Steps (THSteps) Checkups

What is Texas Health Steps?

Texas Health Steps is healthcare for children, birth through age 20, who have Medicaid. Texas Health Steps gives your child free medical checkups starting at birth, and free dental checkups starting at 6 months of age.

Texas Health Steps can also give you a case manager that can find out what services your child needs and where to get these services.

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid healthcare program for STAR and STAR Kids children, teens, and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.
- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like

others their age.
- Help your child have a healthy smile.

When to set up a checkup:
- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family.

How and when do I get Texas Health Steps medical and dental checkups for my child?

Regular medical checkups help make sure that your child grows up healthy. You should take them to their doctor or another Aetna Better Health Texas Health Steps provider for medical checkups at the following ages:

THSteps- Medical Checkups		
	Babies and Toddlers	
Up to 5 days after discharge	2 weeks	2 months
4 months	6 months	9 months
12 months	15 months	18 months
24 months	30 months	
	Older Children	
3 years	4 years	5 year
6 years	7 years	8 years
9 years	10 years	
	Pre-Teen, Teen, Young Adult	
11 years	12 years	13 years
14 years	15 years	16 years
17 years	18 years	19 years
20 years		

THSteps- Dental Checkups
Dental checkups should start at 6 months of age. Dental checkups should be done every six months unless the dentist needs to see your child more often. You do not need a referral from your child primary care provider. Children under 6 months of age can get dental services in an emergency.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses
- Hearing tests and hearing aids
- Dental care
- Other health care
- Treatment for other medical conditions

Call us at **1-844-STRKIDS** (**1-844-787-5437**) or Texas Health Steps **1-877-847-8377** (**1-877-THSTEPS**) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store.

Why is it important to get Texas Health Steps checkup for my child within 90 days? As a new member to Aetna Better Health, it is important for your child to see a provider within the first 90 days he or she is enrolled with us for a Texas Health Steps checkup. To avoid health problems for your children, teens, and young adults, make sure they get their Texas Health Steps medical and dental checkups.

Does my child's doctor have to be part of the Aetna Better Health network?
Members can go to any Texas Health Steps Provider. The Texas Health Steps Provider does not have to be a part of the Aetna Better Health Network. This can include your child's doctor. If you go to a Texas Health Steps provider who is not your child's doctor, ask the Texas Health Step provider to send a copy of your checkup results to your child's doctor.

Do I have to have a referral?
You do not need a referral from your child's doctor to get Texas Health Steps medical or dental checkups.

What if I need to cancel an appointment?
If you need to cancel or change your child's appointment for a Texas Health Steps checkup, call your Texas Health Steps provider as soon as possible.

What if I am out of town and my child is due for a Texas Health Steps checkup?
It is important to schedule your child's checkup before you leave town. If you are out of town when the Texas Health Steps checkup is due, make an appointment with a Texas Health Steps provider as soon as you get home. If you have moved, call us at **1-844-STRKIDS** (**1-844-787-5437**) to get the name of a Texas Health Steps provider close to where you live.

What if I am a migrant farmworker?
You can get your child's checkup sooner if you are leaving the area.

Non-Emergency Medical Transportation (NEMT) Services

What are NEMT services?

NEMT services provide transportation to nonemergency 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 and my child?

- 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 healthcare 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 15-17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone. Parental consent is not required if the health care service is confidential in nature.

How to get a ride?

We will provide you with information on how to request NEMT services. You should request NEMT Services as early as possible, and at least two business days before you need the NEMT service. 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 cancelled.

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 the 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

To request a ride

- Call MTM Health 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.
- Download the MTM Health (**MTM**) 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.

Long distance trips

You can schedule a ride to any medically necessary appointments with an in-network provider beyond 75 miles from your home. This will require prior authorization. Contact your case manager. You need to schedule this trip at least five business days in ahead. Meals and lodging cost may be reimbursed. If you are scheduling a ride for an appointment outside of the service area with an out-of-network provider, your doctor will need to first get approval (prior authorization) for that visit before transportation can be arranged.

Need help?
Just call Member Services at **1-844-STRKIDS (1-844-787-5437)**. We are always glad to help our members with scheduling a ride.

Vision Services

How does my child get eye care services?
Superior Vision will offer vision services like exams and glasses. Superior Vision will help you or your child get the care you need while coordinating with Aetna Better Health. You can pick an eye doctor that is close to you. If you or your child need vision services, call Superior Vision at **1-800-879-6901**.

For routine eye exams you can visit an eye care doctor without a referral from your or your child's primary care provider.

Children, teens, and young adults, birth through age 20, you can get an eye exam and prescription eyeglasses once during a 12-month period. You may be able to get more services if there is a change in your vision. You may be able to get more services if they are requested in writing by the child's doctor, teacher or school nurse.

Dental Services

What dental services does Aetna Better Health cover for me/my child?
Aetna Better Health covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

- Treatment of dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin

Aetna Better Health covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services you or your child might need, like anesthesia or other drugs.

Aetna Better Health is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your or your child's Medicaid dental plan to learn more about the dental services they offer.

Interpreter Services

Can someone interpret for me when I talk with my/my child's doctor? Who do I call for an interpreter?

Our staff speaks both English and Spanish. We have a language line if your first language is not English or Spanish. If you need an interpreter, call us at **1-844-STRKIDS** (**1-844-787-5437**). At the time of your call, we will get a language interpreter that speaks your language on the line.

People that are deaf or hearing impaired can call the TTY line at **1-800-735-2989**.

How can I/my child get a face-to-face interpreter in the provider's office? How far in advance do I need to call?

We can also help you if you need an interpreter to go with you to your or your child's doctor's office. As soon as you know the date of your appointment, call us at **1-844-STRKIDS** (**1-844-787-5437**). We need 72 hours advance notice of a need for an interpreter.

Women's Health

What if I/my child needs OB/GYN care? Do I have the right to choose an OB/GYN?

Attention Female Members

Aetna Better Health allows you to pick an OB/GYN but this doctor must be in the same network as your or your child's doctor.

You have the right to pick an OB/GYN without a referral from your or your child's doctor. An OB/GYN can give you or your child:

- One well-woman checkup each year
- Care related to pregnancy
- Care for any female medical condition
- Referral to special doctor within the network

How do I choose an OB/GYN?

Check our provider directory to find an in-network OB/GYN. You can also get a copy of the provider directory online at **AetnaBetterHealth.com/Texas** or call us at **1-844-STRKIDS** (**1-844-787-5437**) for help in finding an OB/GYN.

If I do not choose an OB/GYN, do I have direct access?
You can contact any OB/GYN in the Aetna Better Health network directly to receive services.

Will I/my child need a referral?
You have the right to pick an OB/GYN from our network without a referral from your or your child's doctor.

How soon can I/my child be seen after contacting my OB/ GYN for an appointment?
If you or your child are pregnant, you should be seen within 2 weeks of enrollment or by the 12th week of your or your child's pregnancy. If you or your child are not pregnant, you or your child should be seen within 3 weeks of asking for an appointment.

Can I/my child stay with my OB/GYN if they are not with Aetna Better Health?
If you or your child are pregnant and are past the 24th week of your or your child's pregnancy when you join, you or your child will be able to stay under the care of you or your child's current OB/GYN. If you want, you can pick an OB/GYN who is in our network as long as the provider agrees to treat you or your child. We can help with the changes between doctors.

What if I/my child is pregnant? Who do I need to call?
Call us at the toll-free number on your or your child's ID card, as soon as you know you or your child are pregnant. You will need to call your or your child's Medicaid caseworker as soon as your or your child's baby is born to enroll your or your child's baby in Medicaid. Your baby can be eligible for Medicaid from birth up to a year old.

What other services/activities/education does Aetna Better Health offer pregnant women?

- **Case management**: Case management services are offered by Aetna Better Health to help you or your child if you or your child are pregnant to get the services you need. We can also help you or your child get referrals when needed.

- **Prenatal education:** We will mail a prenatal packet to all pregnant women. This packet has information about how to stay healthy during pregnancy and other topics. Call us for information regarding prenatal classes. We can help you locate prenatal classes in the community (fees might apply-usually discounted fee for Medicaid eligible).

Where can I find a list of birthing centers?
Contact Member Services at **1-844-STRKIDS** (**1-844-787-5437**) or you can search our provider directory online at **AetnaBetterHealth.com/Texas** to find out which birthing centers are in our network.

How do I sign up my newborn baby? How and when do I tell my/my child's health plan? It is important that you call us at the toll-free number on your or your child's ID card, as soon as possible so we can make sure you know about the health services for your baby.

How and when do I tell my/my child's caseworker?
You will need to contact your or your child's Medicaid caseworker as soon as your baby is born to enroll your baby in Medicaid.

How can I receive healthcare after my/my child's baby is born (and I/my child am no longer covered by Medicaid)?
After your baby is born you or your child may lose Medicaid coverage. You may be able to get some health care services through the Texas Women's Health Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Healthy Texas Women Program

The Texas Women's Health Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program.

To learn more about services available through the Texas Women's Health Program, write, call, or visit the program's website:

Texas Women's Health Program
P.O. Box 14000
Midland, TX 79711-9902
Phone: **1-800-335-8957**
Website: **www.texaswomenshealth.org/**
Fax: (toll-free) **1-866-993-9971**

DSHS Primary Health Care Program
The DSHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services

through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co- payment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at **http://txclinics.com/**.

To learn more about services you can get through the Primary Health Care program, email, call, or visit the program's website:

Website: **www.dshs.state.tx.us/phc/**
Phone: **512-776-7796**
Email: **PPCU@dshs.state.tx.us**

DSHS Family Planning Program

The Family Planning Program has statewide clinic sites that provide quality, low-cost, and easy-to-use birth control for women and men.
To find a clinic in your area visit the DSHS Family and Community Health Services Clinic Locator at **http://txclinics.com/**.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: **www.dshs.state.tx.us/famplan/**
Phone: **512-776-7796**
Fax: **512-776-7203**
Email: **PPCU@dshs.state.tx.us**

Other Member Services

Who do I call if I/my child have special health care needs and need someone to help them?

Case Managers are ready to help you or your child if they have special health care needs. You can also have your or your child's health care provided by a specialist if you or your child has special health care needs. If you or your child has special health care needs and you need someone to help you, call us at **1-844-STRKIDS** (**1-844-787-5437**).

What if I/my child is too sick to make a decision about their medical care? What are advance directives? How do I/my child get an advance directive?

An advance directive is a written statement that you complete before a serious illness. This statement tells how you want medical decisions made. If you or your child can't make treatment decisions, your or your child's doctor will ask your closest relative or friend to help you decide what is best for you or your child. Sometimes not everyone agrees about what to do. That's why it is helpful if you tell us in advance what you want to happen if you or your child can't speak for yourself.

If you or your child do not have an advance directive and you would like more information on how to get one, call us at the toll-free number on your or your child's ID card. We will be glad to help you.

Coverage Renewal

What do I/my child have to do if I need help with completing my/my child's renewal application?

Families must renew their or their child's Medicaid coverage every year. In the months before a child's coverage is due to end, HHSC will send the family a renewal packet in the mail. The renewal packet contains an application. It also includes a letter asking for an update on the family's income and cost deductions. Instructions and additional information can be located at **yourtexasbenefits.com/Learn/Home.**

What happens if I/my child loses their Medicaid coverage?

If you or your child loses their Medicaid coverage but get it back again within six (6) months, you will get your or your child's Medicaid services from the same health plan you or your child had before losing their Medicaid coverage. You or your child will also have the same doctor for you or your child that you had before.

Provider Billing

What if I get a bill from my child's doctor? Who do I call? What information will they need?

If the bill is for a Medicaid covered service, you will not have to pay. Call us **1-844-STRKIDS** (**1-844-787-5437**) if you get a bill in the mail from your or your child's doctor. We will call the doctor's office for you to explain your or your child's benefits and arrange for your bill to be paid. When you call us, have your or your child's Aetna ID card, Your Texas Benefits Medicaid Card, and the doctor's bill with you. We will need this information so we can help you quickly.

Can my/my child's Medicare provider bill me for services or supplies if I/my child is in both Medicare and Medicaid?

You cannot be billed for Medicare "cost-sharing," which includes deductibles, coinsurance, and co-payments that are covered by Medicaid.

Member Services Notice

What do I have to do if I/my child move?

As soon as you have your new address, give it to the local HHSC benefits office and Aetna Better Health's Member Services Department at **1-844-STRKIDS** (**1-844-787-5437**).

Before you or your child can get Medicaid services in your new area, you must call Aetna Better Health, unless you need emergency services. You or your child will continue to get care through Aetna Better Health until HHSC changes your address.

What if I/my child have other health insurance in addition to Medicaid?

Medicaid and private insurance

You are required to tell Medicaid staff about any private health insurance your child has. You should call the Medicaid Third Party Resources hotline and update your child's Medicaid case file if:

- Your private health insurance is cancelled
- You get new insurance coverage
- You have general questions about third party insurance You can call the hotline toll-free at **1-800-846-7307**.

If you have other insurance, your child may still qualify for Medicaid. When you tell Medicaid staff about your child's other health insurance, you help make sure that Medicaid only pays for what your child's other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because your child has private health insurance, as well as Medicaid. If providers accept your child as a Medicaid patient, they must also file with your child's private health insurance company.

Member Rights and Responsibilities

What are your child's rights and responsibilities?

Member Rights:

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
   a. Be treated fairly and with respect.
   b. 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:
   a. Be told how to choose and change your health plan and your Primary Care Provider.
   b. Choose any health plan you want that is available in your area and choose your Primary Care Provider from that plan.
   c. Change your Primary Care Provider.
   d. Change your health plan without penalty.
   e. Be told how to change your health plan or your Primary Care Provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
   a. 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.
   b. Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   a. Work as part of a team with your provider in deciding what health care is best for you.
   b. Say yes or no to the care recommended by your Provider.
5. If your MCO offers In-Lieu-Of Services and Settings, you have the right to:
   a. Be given information about the In-Lieu-Of Services and Settings you can get and how to request them.
   b. Be told why any In-Lieu-Of Services and Settings were reduced or denied.
   c. Choose to refuse to receive In-Lieu-Of Services and Settings instead of other Covered

Services

6. 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, External Medical Review and State Fair Hearing. That includes the right to:
   a. Make a Complaint to your health plan or to the state Medicaid program about your health care, your Provider, or your health plan.
   b. Get a timely answer to your Complaint.
   c. Use the plan's appeal process and be told how to use it.
   d. Ask for an External Medical Review and State Fair Hearing from the state Medicaid program and get information about how that process works.
   e. Ask for a State Fair Hearing without an External Medical Review from the state Medicaid program and receive information about how that process works.
7. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
   b. Get medical care in a timely manner.
   c. Be able to get in and out of a health care Provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
   d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
   e. Be given information you can understand about your health plan rules, including the Health Care Services you can get and how to get them.
8. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
9. 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.
10. You have a right to know that you are not responsible for paying for Covered Services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for Covered Services.
11. You have a right to make recommendations to your health plan's member rights and responsibilities
12. You have the right to get care from a doctor even if you choose not to get

vaccines. If a doctor has refused you care because of your vaccine status, you should report it to HHS Office of the Ombudsman by calling Managed Care Assistance Team at 1-866-566-8989 or by fax to 888-780-8099 or online at https://hhs.texas.gov/omcat or writing to:

Texas Health and Human Services Commission,
Office of the Ombudsman, MC H-700,
P.O. Box 13247
Austin, Texas 78711-3247

Member Responsibilities:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   a. Learn and understand your rights under the Medicaid program.
   b. Ask questions if you do not understand your rights.
   c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
   a. Learn and follow your health plan's rules and Medicaid rules.
   b. Choose your health plan and a Primary Care Provider quickly.
   c. Make any changes in your health plan and Primary Care Provider in the ways established by Medicaid and by the health plan.
   d. Keep your scheduled appointments.
   e. Cancel appointments in advance when you cannot keep them.
   f. Always contact your Primary Care Provider first for your non-emergency medical needs.
   g. Be sure you have approval from your Primary Care Provider before going to a specialist.
   h. Understand when you should and should not go to the emergency room.
3. You must share information about your health with your Primary Care Provider and learn about service and treatment options. That includes the responsibility to:
   a. Tell your Primary Care Provider about your health.
   b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
   c. Help your providers get your medical records.
4. 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:
   a. Work as a team with your provider in deciding what health care is best for you.

b. Understand how the things you do can affect your health.
c. Do the best you can to stay healthy.
d. Treat providers and staff with respect.
e. Talk to your provider about all of your medications.

Additional Member Responsibilities while using NEMT Services.

1. When requesting NEMT Services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT Services to travel to and from your medical appointments.
7. If you have arranged for an NEMT Service but something changes, and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at **1-800-368-1019**. You also can view information concerning the HHS Office of Civil Rights online at **www.hhs.gov/ocr**.

Complaint Process

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**) to tell us about your problem. An Aetna Better Health Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days.

Can someone from Aetna Better Health help me file a complaint?

Our Member Advocate can help you file a complaint. The Member Advocate will write down your concern. You can also send a written complaint to the Member Advocate at:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

How long will it take to process my complaint?
When we get the complaint from you, we will send you a letter within five (5) days to let you know that your complaint came to us. We will send you another letter within thirty (30) days from the date we got your complaint that will give you the results.

What are the requirements and timeframes for filing a complaint?
You can file a complaint at any time. If you have a complaint, call us toll-free at **1-844-STRKIDS** (**1-844-787-5437**). You can also send a written complaint to us at:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

Once you have gone through the Aetna Better Health complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free **1-866-566-8989**. If you would like to make your complaint in writing, send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
P.O. Box 13247
Austin, Texas 78711-3247

If you have internet, you can submit your complaint online at **hhs.texas.gov/managed care-help.**

Appeal Process

What can I do if I/my child's doctor asks for a service or medicine for me/my child that's covered but Aetna Better Health denies it or limits it?
Aetna Better Health will send you a letter about an adverse benefit determination on a covered service that your or your child's doctor requests.

An **adverse benefit determination** means the denial or limited authorization of a requested service. It includes:

- The denial in whole or part of coverage for an item or service
- The denial of a type or level of service
- The reduction, suspension, or termination of a previously authorized service
- The denial in whole or part, reduction, suspension, or termination of an In-Lieu-Of

Service and Settings (Partial Hospitalization Program or Intensive Outpatient Program)

You have the right to ask for an appeal if you are not happy or disagree with the adverse benefit determination.

An **appeal** is the process by which you or a person authorized to act on your or your child's behalf, including your or your child's doctor, requests a review of the adverse benefit determination. You or your child's doctor can send any additional medical information that supports why you disagree with the decision. You can call us at **1-844-STRKIDS** (**1-844-787-5437**) and ask for an appeal. The Member Advocate will write down the information and send it to you for review. A written appeal can be sent to:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

How will I find out if services are denied?
If your or your child's services are denied, you and your child's doctor will get a letter that tells you the reason for denial. The letter will tell you how to file an appeal and how to ask for an External Medical Review (EMR) and/or State Fair Hearing.

How can I continue getting services that were approved?
If you are receiving services now and you want to continue getting those services, you or your doctor must request an appeal within 10 days of the denial or the intended effective date of the proposed action. If the appeal decision is the same as our first decision, you may have to pay for the services you had during the appeal. Aetna will not pursue recovery of payment for those services without written permission from HHSC. If you have questions about what can be continued, please call or write to the Member Advocate:

Aetna Better Health of Texas
Attention: Member Advocate
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181

What are the timeframes for the appeal process?
You have a right to appeal both new items you haven't received and items you are currently receiving that are being termed or reduced. You have sixty (60) days to file an appeal from the notice of adverse benefit determination. If you are currently receiving services that are being termed or reduced and you want to continue

receiving them at the current level you must file the appeal on or before the later of ten (10) days following Aetna Better Health of Texas mailing of the notice of adverse benefit determination or the intended start date of the proposed action. The timeframe for the resolution of the appeal will depend on what services have been denied.

If you are in the hospital or are already receiving services that are being limited or denied, you can call and ask for an emergency appeal. The emergency appeal process is explained in the Emergency Appeal Process section below.

Your request for an appeal can be verbal or in writing. If the appeal is received verbally, the Member Advocate will write down the information and send it to you for review. A written request can be sent to:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

For a standard appeal, the Member Advocate will send you a letter within five (5) days of getting your request for an appeal to let you know that we got it. We will send all available information to a doctor who was not involved in making the first decision. You will get a written response on your appeal within thirty (30) days after receipt of the initial written or oral request for Appeal, including the option to extend up to 14 days if you ask for an extension; or Aetna Better Health shows you that there is a need for more information and how the delay is in your best interest. If Aetna Better Health to extend, you will receive written notice of the reason for delay.

When do I have the right to ask for an appeal?

If you don't agree with the decision made by Aetna Better Health of Texas about a benefit or service, you can ask Aetna Better Health of Texas for an appeal. You can ask for an appeal of new items you have not received yet and you can ask for an appeal of items you are currently receiving that are being termed or reduced. You must file an appeal before you receive services from your provider. You do not have a right to an appeal if the services you requested are not covered under Medicaid. You do not have a right to an appeal if a change is made to the state or federal law, which affects some or all of Medicaid recipients.

Does my request have to be in writing?
Your request does not have to be in writing. You can ask for an appeal by calling us and asking for the Member Advocate. We will write down what you tell us and send it to you to review.

Can someone from Aetna Better Health help me file an appeal?
You can get help in filing an appeal by calling us at **1-844-STRKIDS** (**1-844-787-5437**) or writing to:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

The Member Advocate will listen to your appeal and tell you about the rules. The Member Advocate will answer your questions and see that you are treated fairly.

What if more time is needed?
If you need more time to send information about your appeal, you can request an extension. If we need more time we will send you a letter within thirty (30) days from when we got your appeal telling you that we need more time and why it is best for you that we take the extension. When an appeal is extended we will extend the timeframe to resolve your appeal by another fourteen (14) days. That means we will send you the appeal results letter within forty-four (44) days from the date we got your appeal. The letter will also tell you if you don't like that we extended the timeframe you may file a complaint.

NOTE: If you do not agree with this decision, you can ask for a State Fair Hearing. The procedure for asking for a State Fair Hearing is explained below. You must complete the appeal process before requesting a State Fair Hearing.

Emergency Appeal Process

What is an emergency appeal?
An **emergency appeal** is when the health plan has to make a decision quickly based on you or your child's health condition and taking the time for a standard appeal could jeopardize you or your child's life or health.

How do I ask for an emergency appeal?
You can ask for an emergency appeal by calling us at **1-844-STRKIDS** (**1-844-787-5437**) or writing to:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

Does my request have to be in writing?
No, your request for an emergency appeal does not have to be in writing. You can also ask for an appeal by calling us and asking for the Member Advocate. We will write down what you tell us and send it to you to review.

What are the timeframes for an emergency appeal?
The timeframe for resolution will be based on your medical emergency condition, procedure, or treatment. Aetna Better Health will let you know the final decision of the emergency appeal in writing within seventy-two (72) hours from when we receive your request. If your appeal is about the denial of emergency care or a life-threatening condition or continued hospitalization, Aetna Better Health will let you know the final decision of the emergency appeal within one (1) business day or seventy-two (72) hours which ever time happens first.

What happens if Aetna Better Health denies the request for an emergency appeal?
If you ask for an emergency appeal that does not involve an emergency, an ongoing hospitalization, or services that are already being provided, you will be told that the appeal cannot be rushed. We will continue to work on the appeal within the standard timeframe and respond to you within thirty (30) days from the time the appeal was received.

Who can help me in filing an emergency appeal?
You can ask for an appeal by calling us at **1-844-STRKIDS** (**1-844-787-5437**) and asking for the Member Advocate or writing to:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

The Member Advocate will listen to your appeal and explain the rules to you. The Member Advocate will answer your questions and see that you are treated fairly.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a Member of the health plan, disagree with the health plan's appeal decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative.

If you want to challenge a decision made by your health plan, you or your representative must ask for the State Fair Hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing.

To ask for a State Fair Hearing, you or your representative should either send a letter to the health plan at:

Aetna Better Health of Texas
Attention: Member Advocate
P.O. Box 81139
5801 Postal Rd
Cleveland, OH 44181

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

You have the right to keep getting any service, including an In-Lieu-Of Service and Settings, the health plan denied or reduced, based on previously authorized services, at least until the final State Fair Hearing decision is made if you ask for a State Fair Hearing by the later of: (1) 10 calendar days following the date the health plan mailed the internal appeal decision letter, or (2) the day the health plan's internal appeal decision letter says your service will be reduced or end. If you do not request a State Fair Hearing by this date, the service the health plan denied will be stopped. If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Can I ask for an emergency State Fair Hearing?

If you believe that waiting for a State Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency State Fair Hearing by writing or calling Aetna Better Health of Texas. To qualify for an emergency State Fair Hearing through HHSC,

you must first complete Aetna Better Health of Texas's internal appeals process.

External Medical Review

Can a Member ask for an External Medical Review (EMR)?
If a Member, as a member of the health plan, disagrees with the health plan's internal appeal decision, the Member has the right to ask for an External Medical Review. An External Medical Review is an optional, extra step the Member can take to get the case reviewed before the State Fair Hearing occurs. The Member may name someone to represent them by contacting the health plan and giving the name of the person the Member wants to represent him or her. A provider may be the Member's representative. The Member or the Member's representative must ask for the External Medical Review within 120 days of the date the health plan mails the letter with the internal appeal decision. If the Member does not ask for the External Medical Review within 120 days, the Member may lose his or her right to an External Medical Review. To ask for an External Medical Review, the Member or the Member's representative may either:

- Fill out the 'State Fair Hearing and External Medical Review Request Form' provided as an attachment to the Member Notice of MCO Internal Appeal Decision letter and mail or fax it to Aetna Better Health by using the address or fax number at the top of the form.
- Call Aetna Better Health at **1-844-STRKIDS** (**1-844-787-5437**).
- Email us at **TXMemberAdvocate@aetna.com**.

If the Member asks for an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the Member has the right to keep getting any service, including an In-Lieu of Service and Setting, the health plan denied, based on previously authorized services, at least until the final State Fair Hearing decision is made. If the Member does not request an External Medical Review within 10 days from the time the Member gets the appeal decision from the health plan, the service the health plan denied will be stopped.

The Member may withdraw the Member's request for an External Medical Review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing the Member's External Medical Review request. An Independent Review Organization is a third-party organization contracted by HHSC that conducts an External Medical Review during Member appeal processes related to Adverse Benefit Determinations based on functional necessity or medical necessity. An External Medical Review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the External Medical Review decision is received, the Member has the right to

withdraw the State Fair Hearing request. The Member may withdraw a State Fair Hearing request orally or in writing by contacting the hearings officer listed on Form 4803, Notice of Hearing.

If the Member continues with a State Fair Hearing and the State Fair Hearing decision is different from the Independent Review Organization decision, it is the State Fair Hearing decision that is final. The State Fair Hearing decision can only uphold or increase Member benefits from the Independent Review Organization decision.

Can I ask for an emergency External Medical Review?

If you believe that waiting for a standard External Medical Review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you, your parent or your legally authorized representative may ask for an emergency External Medical Review and emergency State Fair Hearing by writing or calling Aetna Better Health. To qualify for an emergency External Medical Review and emergency State Fair Hearing review through HHSC, you must first complete Aetna Better Health's internal appeals process.

Reporting Abuse, Neglect and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect and Exploitation.

What are Abuse, Neglect and Exploitation?

Abuse is mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect and Exploitation

The law requires that you report suspected Abuse, Neglect or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call **9-1-1** for life-threatening or emergency situations.
Report by phone (non-emergency) 24 hours a day, 7 days a week, toll-free.

Report to the Department of Aging and Disability Services (DADS) by calling

1-800-647-7418 if the person being abused, neglected or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or
- Home and Community Support Services Agency (HCSSA) or home health agency.

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS). Report all other suspected abuse, neglect or exploitation to DFPS by calling **1-800-252-5400.**

Report Electronically (non-emergency)
Go to **https://txabusehotline.org**. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report
When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Fraud Information

Fraud and Abuse
Do you want to report Waste, Abuse or Fraud?
Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at **1-800-436-6184**;
- Visit **https://oig.hhsc.state.tx.us/** Under the box labeled "I WANT TO" click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
  Aetna Better Health of Texas

Attention: SIU Coordinator
P.O. Box 818042
Cleveland, OH 44181-8042

or call **1-888-761-5440**

To report waste, abuse, or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
  - Name, address, and phone number of provider
  - Name and address of the facility (hospital, nursing home, home health agency, etc.)
  - Medicaid number of the provider and facility, if you have it
  - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - Dates of events
  - Summary of what happened
- When reporting about someone who gets benefits, include:
  - The person's name
  - The person's date of birth, Social Security Number, or case number if you have it
  - The city where the person lives
  - Specific details about the waste, abuse or fraud

Subrogation

We can ask for reimbursement for medical expenses to treat an injury or illness that was caused by someone else. This is a "right of subrogation" provision. We reserve the right to get back the cost of medical benefits paid when another party is (or can be responsible) for causing the illness or injury to you. We can also ask to get back the cost of medical expenses from you if you get expenses from the other party.

Annual Notification

As a Member of Aetna Better Health of Texas you can ask for and get the following information each year:

- Information about Network Providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each Network Provider, plus identification of Providers that are not accepting new patients.
- Any limits on your freedom of choice among Network Providers.

- Your rights and responsibilities.
- Information on Complaint, Appeal External Medical Review and State Fair Hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- Information about In-Lieu-Of Services and Settings, if offered by your MCO, including amount, duration and scope of benefits and the policy on referrals.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from Out-of-Network providers and limits to those benefits.
- How you get after hours and emergency coverage and limits to those kinds of benefits, including:
  - What makes up Emergency Medical Conditions, Emergency Services, and Post- Stabilization Services.
  - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
  - How to get Emergency Services, including instructions on how to use the 911 telephone system or its local equivalent.
  - The addresses of any places where providers and hospitals furnish Emergency Services covered by Medicaid.
  - A statement saying you have a right to use any hospital or other settings for emergency care.
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Aetna Better Health of Texas' practice guidelines.

Member Advisory Group

Join our Member Advisory Group!

We meet once every three months in your community. There is a group especially for STAR Kids. You can tell us how we're doing and offer suggestions. We would love to hear from you. Go to **AetnaBetterHealth.com/Texas/members** to sign up.

STAR Kids Benefits and Services

All of these healthcare benefits are called acute care benefits. That means they are for when you are sick or trying to keep from becoming sick. Acute care benefits are things like doctors, hospitals and labs. You use them for medical or mental health care.

Remember: If your child is dual eligible, some of these healthcare benefits are covered by Medicare. You can still go to your Medicare doctor for the services you need.

Benefit Type
Needed medical care for adults and children
Vaccines to prevent illness (immunizations)
Chiropractic services
Podiatrists (foot doctor)
Laboratory and x-ray services
Surgery as on outpatient (no hospital stay)
Hospital care and outpatient care
Maternity care and newborn care
24-hour nurse help line
24-hour emergency care from an emergency room
Eye doctor services (includes eyeglasses and contact lens, if medically necessary)
Home Health Agency services
Hearing Services and hearing aids
EPSDT / Well Child
Texas Health Steps medical and dental checkups
Physical exam (once a year)
Ambulances (for emergencies only)
Dialysis for kidney problems
Major organ transplants
Family planning services and supplies
Diabetic supplies (excluding medication)
Physical, occupational, and speech therapy
HIV and sexually transmitted disease treatment
Medical equipment
Health education classes
Urinary catheter supplies
Medical supplies
Behavioral health services (such as counseling and treatment)
Substance use disorder assistance (such as alcohol or drug use)
Asthma medical supplies (excluding medications)
Non-Emergency Medical Transportation (NEMT)

STAR Kids Exclusions

Services that are not covered by STAR Kids are called **Exclusions**

Benefit Type
Faith healing
Acupuncture
Cosmetic surgery
Any services that is not medically necessary
Any service that your doctor did not approve, except for family planning services, routine vision and hearing services, OB/GYN, behavioral health services and emergency services

STAR Kids Health Education Classes

Class Topics
Immunizations
Physical Fitness
Mental Health
Weight Management
Nutrition
Oral Health
Vision Awareness
Smoking Cessation
Poison Safety
Drug and Alcohol Awareness
Sexually Transmitted Diseases
Teen Pregnancy Prevention
Prenatal Care
Car Seat Safety
Infant Mortality

STAR Kids Value-Added Benefits

Benefit Type	Benefit Description
Over-the-Counter Services	The OTC Health Solutions program offers members a $25 quarterly allowance ($100 annually). OTC medications and products can be ordered by phone, online, fax or mail and are then delivered directly to members' homes. Limited to $25 per quarter ($100 annually) per member. Discount drug store services. These products include*: • Baby care • Cold remedies • Digestive health • Ear & eye care • Feminine care • First aid supplies • Foot care • Home diagnostics • Incontinence • Oral care • Pain relievers • Personal care • Vitamins/minerals • Groceries *Excludes prescriptions, alcohol, lottery, postage stamps, gift cards, money orders, prepaid cards and photo finishing and is not valid on any items reimbursed by the federal government. This benefit covers Over-the Counter (OTC) medications and other products items that do not need a prescription and are not otherwise covered benefits.
Extra Help Getting a Ride	Need help getting a ride? We can provide daily bus pass/token, cab fare or ride share for members and their legally authorized representative (LAR) as well as siblings if the LAR cannot make other arrangements; when needed to visit WIC offices, plan sponsored community events/classes or attend Member Advisory Groups meetings.
Extra Vision Services	Aetna Better Health of Texas members will receive financial assistance in obtaining vision services and products.

	• 20 years and younger – Aetna will cover up to $175 once a year for eye wear including eyeglass frames, lenses and contact lenses that are not covered by Medicaid.
Behavioral Health Inpatient Follow-up Incentive	Receive a $25 gift card for members who complete a follow-up visit with their behavioral health provider within 7 days of leaving the behavioral health hospitalization.
Online Behavioral Health Resources	Members can access online mental health resources on our website at **AetnaBetterHealth.com/Texas/members/behavior**.
Help for Members with Asthma	Members with an asthma diagnosis and enrolled in the asthma disease management program will receive the following, up to $100 per year: • One peak flow meter and holding chamber or spacer each year • Pest control • Hypoallergenic bedding • Deep carpet cleaning • Baby / Pet gates
Sports Physicals	Medically necessary sports physicals to any member 19 years and younger.

Well-Child Exams Gift Program	Members can receive: • $50 gift card at no cost to members for completing Texas Health Steps/well-child checkups/visits at 2 weeks and 2, 4, 6, months of age. Upon completion of these checkups, Members will call Member Services to redeem and request one $50 gift card. • $25 gift card at no cost to you for completing a Texas Health Steps/well-child checkup/visit at 9 months of age. Upon completion of this checkup, Members will call Member Services to redeem and request one $25 gift card. • $25 gift card at no cost to you for completing a Texas Health Steps/well-child checkup/visit at 12 months of age. Upon completion of this checkup, Members will call Member Services to redeem and request one $25 gift card. • $25 gift card at no cost to you for completing a Texas Health Steps/well-child checkup/visit at 15 months of age. Upon completion of this checkup, Members will call Member Services to redeem and request one $25 gift card. • $25 gift card at no cost to you for completing a Texas Health Steps/well-child checkups/visits at 18 and 30 months of age. Upon completion of each of these checkups, the Members will call Member Services to redeem and request one $25 gift card. A total of two $25 gift cards are available for completing both checkups. • $25 gift card at no cost to you each time an annual Texas Health Steps/well-child checkups/visits is received for members 3-20 years of age. Upon completion of each of these checkups/visits, the Members will call Member Services to redeem and request one $25 gift card. Limit one card per member per year.
STAR Kids Screening and Assessment Gift Program	Aetna Better Health of Texas offers a $25 gift card after: • Completing the Initial Screening and Assessment process within 10 business days of enrollment and completing the SK-SAI within 30 business days of enrollment and signing up for the STAR Kids member portal within 30 calendar days of enrollment. • Completing re-assessment of the SK-SAI at least 30 business days prior to the end of the ISP and signing up for the STAR Kids member portal within 30 calendar days of re-

	assessment. Limit 1 gift card per member per year.
Respite Services	Up to an additional 10 hours of in-home respite services for Aetna Better Health STAR Kids MDCP and coordinated care waiver members per month. 12 hours of in-home respite services for Aetna Better Health STAR Kids Level 1 non-MDCP members per year.
Disease Management	Two $25 gift cards for diabetic members 18-20 years of age for completing a diabetic eye exam and a A1c or kidney screening.
Extra help for pregnant women	Aetna Better Health offers our pregnant members: • $25 gift card for enrolling in case management within 30 days of enrollment • $25 gift card for enrolling in case management within 30 days of pregnancy diagnosis if already a member • $50 worth of diapers, baby wipes and/or similar items for completion of 3 prenatal visits • $50 worth of diapers, baby wipes and/or similar items for completion of 3 additional prenatal visits (6 in total) and 1 postpartum care visit • Members will call the health plan when they have completed all their prenatal and postpartum visits to claim their gift of baby items • Pregnancy handbook for pregnant members in case management
Health and Wellness Services	Weight loss program including counseling with a nutritionist / dietician for non-pregnant Members ages 3 to 20; Body Mass Index (BMI) greater than 85th percentile
Healthy Play and Exercise Programs	Aetna Activate Kids Health Club members earn two $50 retail gift cards annually upon enrollment in plan specified extracurricular programs and swimming programs.

***** Restrictions and limitations may apply*****

Notice of Non-Discrimination

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, sex, health status or need for health care services.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - 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:
  - Qualified interpreters
  - 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
PO Box 818001
Cleveland, OH 44181-8001
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, 1-800-537 7697 (TDD).

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

This notice is available at the Aetna Better Health website: **AetnaBetterHealth.com/Texas**.

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.

Multi-language Interpreter Services

TTY: 711

ENGLISH: To access language services at no cost to you, call **1-800-385-4104**.

SPANISH: Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**.

FRENCH: Afin d'accéder aux services langagiers sans frais, composez le **1-800-385-4104**.

VIETNAMESE: Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**.

CHINESE: 如欲使用免費語言服務，請致電 **1-800-385-4104**。

ARABIC: للحصول على خدمات اللغة مجانًا، اتصل على **1-800-385-4104**.

TAGALOG: Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa **1-800-385-4104**.

KOREAN: 무료로 언어 서비스를 이용하려면 **1-800-385-4104**번으로 전화하세요.

PORTUGUESE: Ligue para **1-800-385-4104** para receber assistência linguística gratuita.

LAOTIAN: ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍແກ່ທ່ານ, ຫາ **1-800-385-4104**.

JAPANESE: 無料の言語サービスをご利用いただくには、 **1-800-385-4104**にお電話ください。

URDU: بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، **1-800-385-4104** پر بات کریں۔

GERMAN: Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie unter **1-800-385-4104** an.

PERSIAN: برای دسترسی به خدمات زبانی رایگان، با شماره **1-800-385-4104** تماس بگیرید.

RUSSIAN: Чтобы получить бесплатные услуги перевода, позвоните по номеру **1-800-385-4104**.

THAI: หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**.

Glossary

Appeal - A request for your managed care organization to review a denial or a grievance again.

Complaint - A grievance that you communicate to your health insurer or plan.

Copayment - A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME) - Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

Emergency Medical Condition - An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation - Ground or air ambulance services for an emergency medical condition.

Emergency Room Care - Emergency services you get in an emergency room.

Emergency Services - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services - Health care services that your health insurance or plan doesn't pay for or cover.

Grievance - A complaint to your health insurer or plan.

Habilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.

Health Insurance - A contract that requires your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care - Health care services a person receives in a home.

Hospice Services - Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization - Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care - Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary - Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Emergency Medical Transportation (NEMT) – Non-emergency transportation to health care appointments for eligible Medicaid members who have no other transportation options available.

Non-participating Provider - A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider, instead of a participating provider. In limited cases such as there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider - A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services - Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A benefit, like Medicaid, to pay for your health care services.

Pre-authorization - A decision by your health insurer or plan before you receive it that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or precertification. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs - Drugs and medications that by law require a prescription.

Primary Care Physician - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider - A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health care professional, or health care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices - Health care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care - Services from licensed nurses in your own home or in a nursing home.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

AetnaBetterHealth.com/Texas

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