



Provider newsletter

Fall 2025



Table of contents

Community outreach	2	Avoidance of Antibiotic Treatment for Acute Brochitis (AAB)	13
Member advocates	3	Telehealth Guidelines for Aetna Medical Providers	15
Metabolic monitoring for patients on antipsychotics: A clinical imperative	4	Texas Health Steps	17
Breast cancer is beatable but only if we catch it early	7	Any changes to your demographic information?	19
2025 CAHPS Member Satisfaction	8	Help us ensure your Aetna patients have timely and appropriate access to care ...	20
Provider Best Practices	9	Appointment availability requirements	21
Performance Improvement Projects (PIPs)	10	Suicide Prevention Month	22
General Wellness Visits for all ages	12		





Community outreach

Our community outreach department can normally be found in the community attending health fairs and community events geared towards educating existing and potential members about our plan. In addition to providing an overview of our plan, community outreach educates our communities on CHIP/Medicaid, Texas Health Steps, and Accelerated Services for Farmworker Children. Our outreach team can also be a great asset to any provider office offering a number of services geared for members to enhance not only their experience with our plan but with the provider as well. Here are a few of the services we can offer:

- **Member education** – 1 on 1 education session with a member that must be conducted in a private room at the provider’s office. Community outreach will normally coordinate a date/time with a provider when multiple members are scheduled.

Re-enrollment assistance –

Members can call **2-1-1 Texas** or visit YourTexasBenefits.com/Learn/Home to renew their Medicaid benefits.

- **Provider education** – Education sessions for provider offices to assist in the identification of children of migrant farmworkers in order to help them receive the health care services their child/children may need.

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

1. Principal employment is in agriculture on a seasonal basis;
 2. Has been so employed within the last twenty-four months.
 3. Performs any activity directly related to the production or processing of crops, dairy products, poultry, or livestock for initial commercial sale or as a principal means of personal subsistence.
 4. Establishes for the purposes of such employment a temporary abode.
- Source: Texas Health and Human Services Commission, Uniform Managed Care Contract Terms & Conditions, Version 1.17, p. 11*

- **Farmworker children referral process** - Providers who identify farmworker children members can contact our member services team at **1-888-672-2277** so we can provide additional outreach and assistance if needed.

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

Member advocates

Our member advocate team can normally be found working with members to ensure that they have the best healthcare experience possible. In addition to providing an overview of our plan, member advocates educate our members on benefits available for STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal, and Accelerated Services for Farmworker Children. Here are a few additional services our outreach team offers:

- **Questions about coverage** – Our member advocate team can assist members in obtaining answers to questions about their coverage.
- **Re-enrollment assistance** – Call **2-1-1 Texas** or visit YourTexasBenefits.com/Learn/Home
- **Member Advisory Group Meetings** – Our member advocate team schedules quarterly STAR Member Advisory Group Meetings and welcomes all STAR members to attend.
- **Member Baby Shower Program** - Come and learn about our Maternity Care Program. You'll get lots of great information to help with your pregnancy. Schedule can be found by visiting our website at: AetnaBetterHealth.com/texas/wellness/women/pregnancy
- **CVS Health HUB events** - Our member advocate team schedules weekly health education events at local CVS Health HUB's in order to provide member education on STAR/CHIP/STAR Kids coverage, Texas Health Steps, renewal, Accelerated Services for Farmworker Children and the latest on COVID-19 and vaccination incentives.



To get connected with a member advocate please call the number on the back of your member ID card or leave a message in our Member Advocate Mailbox and we will return your call within 1-2 business days: **1-800-327-0016**.

For members who are deaf or hard of hearing please call: **1-800-735-2989**

For information on our value-added services please visit:

[What Does Medicaid Cover? | Aetna Medicaid Texas \(aetnabetterhealth.com\)](https://AetnaBetterHealth.com/medicaid-texas)

[What Does STAR Kids Cover? | Aetna Medicaid Texas \(aetnabetterhealth.com\)](https://AetnaBetterHealth.com/star-kids)

[What Does CHIP Cover? | Aetna Medicaid Texas \(aetnabetterhealth.com\)](https://AetnaBetterHealth.com/chip)



Metabolic monitoring for patients on antipsychotics: A clinical imperative

Antipsychotic medications, while essential for managing serious mental health conditions, carry significant metabolic risks—particularly in children and adolescents. These risks include weight gain, insulin resistance, and dyslipidemia, which can lead to long-term cardiovascular complications if not properly monitored.

To ensure safe and effective care, providers are reminded of the importance of adhering to metabolic monitoring protocols for patients prescribed antipsychotic medications.

HEDIS measure: APM-E

The Healthcare Effectiveness Data and Information Set (HEDIS®) includes the APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics measure. This measure assesses the percentage of patients aged 1–17 years who received two or more antipsychotic prescriptions and had the following during the measurement year:

- At least one blood glucose test (e.g., glucose or HbA1c)
- At least one cholesterol test (e.g., LDL-C or total cholesterol)

These tests can be non-fasting and should be performed at least annually.

Clinical guidelines and best practices

- **Baseline and ongoing labs:** Providers should obtain baseline metabolic labs before initiating antipsychotic therapy and repeat them annually or more frequently if clinically indicated.
- **Documentation:** Ensure lab results and monitoring plans are documented in the patient’s medical record.
- **Education:** Discuss the importance of metabolic monitoring with patients and caregivers to support adherence and understanding of long-term health implications.

Checklist for Providers

- Obtain baseline metabolic labs before initiating antipsychotic therapy
- Repeat metabolic labs annually or more frequently if clinically indicated
- Ensure lab results and monitoring plans are documented in the patient's medical record
- Discuss the importance of metabolic monitoring with patients and caregivers
- Use EHR alerts to flag patients due for metabolic labs
- Coordinate with behavioral health and pharmacy teams to streamline monitoring workflows
- Review internal polypharmacy reports to identify patients at higher risk due to multiple psychotropic prescriptions



References

1. National Committee for Quality Assurance (NCQA). Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E). Retrieved from <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics-apm-e/>
2. NCQA. HEDIS Measures for the Safe, Judicious Use of Antipsychotic Medications in Children and Adolescents. Retrieved from <https://www.ncqa.org/hedis/reports-and-research/national-collaborative-for-innovation-in-quality-measurement/hedis-measures-for-the-safe-judicious-use-of-antipsychotic-medications-in-children-and-adolescents/>
3. NCQA Blog. Measure Updates: Antipsychotics in Children and Adolescents. Retrieved from <https://www.ncqa.org/blog/measure-updates-antipsychotics-children-adolescents/>

Service Coordination

All STAR Kids members receive an assessment, at least yearly, using the STAR Kids Screening and Assessment Instrument (SK-SAI). The assessment contains screening questions and modules that assess for medical, behavioral, and functional needs. The assessment is in person with member required attendance. School notes are available for members who elect to complete the assessment during school hours.

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

Your patients can contact Aetna Better Health of Texas Service Coordination department by dialing **844-787-5437** and select option **"Service Coordination"** to schedule the SK-SAI.

Member Advisory Group Meeting

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

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

Your patients can contact Aetna Better Health of Texas Service Coordination department by emailing skmag@aetna.com to obtain more information about MAG meetings and meeting details.

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





Breast cancer is beatable, but only if we catch it early

Breast cancer is one of the most treatable cancers—when detected early. Yet alarmingly, incidence rates are rising, especially among women in their 40s. About 1 in 8 women (13.1%) in the U.S. will be diagnosed with invasive breast cancer during their lifetime, and 1 in 43 (2.3%) will die from the disease.¹

Regular screening, especially mammography can detect cancer before symptoms appear, giving patients the best chance at survival. But too many patients delay or avoid screenings due to fear, misinformation, or logistical hurdles. Regular mammograms are recommended every 2 years for women aged 40 and older.² However, based on clinical indicators and careful medical practice, some high-risk patients may require more frequent screenings.

As a provider, you are uniquely positioned to guide patients toward timely screenings. A simple conversation during a routine visit can be lifesaving. Your guidance can break down barriers and empower patients to take action.

Here's What You Can Do Starting Today

- Identify patients due for screening using EMR tools or pre-visit planning.
- Educate patients on the life-saving benefits of early detection. Address fears and misconceptions.
- Encourage patients to schedule their mammogram. It's fast, covered at no cost, and doesn't require a referral.

- Follow up with patients on missed appointments. Your persistence can close care gaps and save lives.

Let's Close the Gap, Together!

- Aetna better Health of Texas (ABHT) is asking for your partnership in encouraging timely breast cancer screenings for our members - your patients. ABHT offers resources to help you connect patients with the care they need, from outreach support to educational materials.
- Need help identifying patients due for screening? Looking for tools to support your conversations? Reach out to your Provider Relations representative today!

Reference:

1. *American Cancer Society. Breast Cancer Facts & Figures 2024–2025. Breast Cancer Facts & Figures 2024-2025.*
2. *U.S. Preventive Services Task Force (USPSTF). Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce.*

2025 CAHPS Member Satisfaction

Each year, Aetna Better Health of Texas (ABHTX) conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The purpose of the survey is to evaluate member satisfaction with their healthcare, for both Adult members, and Child members. The survey collects members' level of satisfaction regarding accessibility to medical services, physicians, specialists, communication skills of the physician, and the member's satisfaction with ABHTX. The survey results provide ABHTX with data to identify strengths and opportunities to improve member satisfaction. We continue to strive to achieve the highest possible level of satisfaction.

The 2025 ABHTX CAHPS survey results demonstrated improvement in the following areas:

Measure	Improvement over 2024	
	Adult	Child
Getting Needed Care	♥	
Getting Care Quickly		♥
Rating of Personal Doctor		♥
Rating of Specialist	♥	
Doctor Communication	♥	
Rating of Health Plan		♥
Rating of All Health Care		♥

Aetna Better Health of Texas continues to work to improve Member Satisfaction with our Plan and with the experience our members receive for their health care.



Provider Best Practices

Getting Care:	Satisfaction with Plan Physicians:
<ul style="list-style-type: none"> • Ensure your patients are seen within 15 minutes of arrival to your office. • Provide frequent updates to your patients regarding long wait times. • Provide a time frame for when your patients can expect their test results. • Offer to help make appointments. • Discuss care needs with parents. • Provide multiple services during one visit. • Offer patients, especially new patients, the ability to access online forms to help reduce the amount of time they need to spend in the office. 	<ul style="list-style-type: none"> • Maintain eye contact when the patient is talking. • Avoid interrupting the patient. • Explain why tests, treatments, medications or referrals are necessary. • Use simple, easy to understand wording. Use Interpreter Services if needed (available at no cost through ABHTX). • Ask patients if they understand. • Explore specific barriers to their compliance with treatment, medications and follow-up. • Provide resources such as hand-outs, brochures, diagrams, and any other materials which will help them to understand (in their preferred language or large print if requested). • Follow up with members' specialists to ensure continuity of care.

ABHTX offers the following resources to help you as you provide care to our members:

- Case Managers are available to assist you in arranging timely care/services for our members.
- Member Services Representatives are available to assist with general member questions and concerns.
- Your Provider Relations Representative is available to assist you with any questions or issues.

If we can help you in any way, please call:

**STAR/CHIP: 1-800-248-7767 (Bexar)
1-800-306-8612 (Tarrant)**

STAR Kids: 1-844-STRKIDS (1-844-787-5437)

Aetna Better Health members who obtain in-network care should never be balance billed.



Performance Improvement Projects (PIPs)

Performance Improvement Projects (PIPs) are a critical component of Managed Care Organization (MCO) operations, with all topics selected or approved by HHSC to align with state and national quality strategies. These projects span two years and are designed to address emerging trends and persistent challenges in the Medicaid population. Each PIP begins with a Root Cause Analysis (RCA), which informs the development of targeted interventions. These interventions are crafted to support members, providers, and healthcare systems, and are refined over time based on outcomes and feedback. Provider engagement remains essential to the success of these initiatives, and your partnership is deeply valued.

2025 WCV PIP: Mid-Year Progress

The 2025 Well-Care Visit (WCV) PIP is now a little over halfway through the first year of its two-year cycle, targeting improvements in child and adolescent well-care visit rates across STAR, CHIP, and STAR Kids lines of business. Two key interventions are currently underway:

- **Investigative Wellness Call Campaign:** This outreach effort focuses on members who have not seen a PCP in the past 18 months. The national call team is conducting live calls to assess barriers such as transportation, language, and satisfaction. Regular check-ins with the call team help refine the approach and ensure responsiveness to member needs.
- **Pyx Youth Application:** This adolescent-specific app engages youth aged 13–17 through wellness screenings, appointment reminders, and mental health support. Outreach is prioritized using Pyx Health’s proprietary algorithm.

2026 PDI 92 PIP: Preparing for Launch

The 2026 PIP will focus on the Pediatric Quality Chronic Composite Measure (PDI 92), which includes submeasures for asthma (PDI 14) and diabetes (PDI 15). This topic was selected based on three years of performance data and its alignment with the CMS National Quality Strategy and HHSC guidance issued in June 2024.

The RCA for PDI 92 was completed in November 2024, highlighting the high cost and preventable nature of hospitalizations for asthma and diabetes among members aged 6–17. The intervention design phase is wrapping up testing, with full implementation scheduled to begin in January 2026.

Interventions will focus on chronic disease management, with expected downstream improvements in related measures such as ED admissions, readmissions, and medication adherence.

Future Partnerships and Resources

Aetna Better Health of Texas appreciates your continued commitment to improving member outcomes. Your role in supporting these PIPs—whether through direct member engagement, feedback, or collaboration—is vital. If you would like more information on current or upcoming PIPs, or are interested in contributing to intervention design or evaluation, please contact us at aetnabetterhealthtxqm@aetna.com.

You can view previously published newsletters here: <https://www.aetnabetterhealth.com/texas/providers/newsletters.html>

Providers can access member care reports and follow-up tools via the <https://www.aetnabetterhealth.com/texas/providers/portal.html>

For Transportation needs, Aetna members can call Access2Care at **(866) 411-8920** at least 2 days in advance of their scheduled appointment.



If members are in need of Service Coordination, please contact member services at the following numbers:

STAR Tarrant area	(800) 306-8612
STAR Bexar area	(800) 248-7767
CHIP Tarrant area	(800) 245-5380
CHIP Bexar area	(866) 818-0959
STAR Kids (all areas)	(844) 787-5437
Hearing Impaired (all areas)	(800) 735-2989

General Wellness Visits for all ages

Patients of all ages and those with medical conditions should be seen regularly as part of their preventive care. Routine screening, early detection, treatment, and patient education should be the cornerstone of health care services to ensure all patients stay as healthy as possible.

Help your patients, their families, and your staff stay protected by reminding them to get their flu vaccines. Here is a helpful tool for shared decision making for the flu vaccine and other flu prevention measures: [Flu Prevention | National Forum](#).

Other helpful links are listed below for patients of all ages:

Pediatrics	Bright Futures/American Academy of Pediatrics updated their Periodicity Schedule in Feb 2025. This can serve as a guide to recommended care: Preventive Pediatric Health Care For more details on requirements for Texas Health Steps, search here: Texas Health Steps Texas Health and Human Services
Pediatrics through Geriatrics	Follow the U.S. Preventive Services Task Force guide, or download their free app, for recommendations for all ages: https://www.uspreventiveservicestaskforce.org/uspstf/
Women's Health	This 2025 chart from Women's Preventive Services Initiative provides guidance on women's preventive health care services for ages 13 and up: WPSI-Well-Woman-Chart-2025_FINAL.pdf

Scan for
STAR Kids



Scan for
STAR and CHIP





Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)

Guidance for Medical Providers

At ABHT, we continuously monitor and improve the quality of care our members receive. One key measure in our quality programs is the Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB), which evaluates appropriate prescribing practices for respiratory infections.

Clinical Background

Acute bronchitis and bronchiolitis are typically viral in origin and self-limiting. For otherwise healthy individuals, antibiotics are not recommended. Overprescribing antibiotics can lead to:

- Adverse drug reactions
- Antibiotic resistance
- Unnecessary healthcare costs

The CDC and NCQA emphasize watchful waiting and delayed prescribing strategies to reduce unnecessary antibiotic use.

What We Measure

AAB is a HEDIS® measure tracked and reported by ABHT. It captures the percentage of episodes for members aged 3 months and older diagnosed with acute bronchitis or bronchiolitis who were not prescribed antibiotics.

- Measurement Period: July 1 of the year prior to the measurement year through June 30 of the measurement year
- Reporting Format: Inverted rate (higher rates indicate better performance i.e., more appropriate care)
- Stratification: Age groups 3 months–17 years, 18–64 years, and 65+ years

Exclusions

Members are excluded from the measure if they:

- Are in hospice or deceased during the measurement year
- Have a competing diagnosis (e.g., bacterial infections like pharyngitis within 3 days of the episode)
- Have comorbid conditions such as HIV, COPD, or malignancies (must submit these codes on the same claim to remove the member from the measure)

Note: Asthma, diabetes, tobacco use, fever, or wheezing are *not* valid exclusions.

Tips for Providers

- **Use accurate coding:** Common ICD-10 codes include J20.3–J20.9, J21.0–J21.9 (the most common code used is J20.3)
- **Educate patients:** Explain that viruses (not bacteria) cause most colds and bronchitis
- **Submit complete claims:** Include all relevant diagnoses to ensure proper measure exclusion
- **Leverage telehealth:** Telephone and asynchronous e-visits count toward measure compliance
- **Use CDC resources:** Access printable materials on antibiotic resistance and appropriate prescribing <https://www.cdc.gov/antibiotic-use/index.html>



Telehealth Guidelines for Aetna Medical Providers

Telehealth is a cost-effective, evidence-based alternative for delivering healthcare services, particularly for behavioral health diagnoses and certain physical health conditions. The National Committee for Quality Assurance (NCQA) recognizes Telehealth and Telephone procedure codes for both behavioral and physical health measures.

Billing and Coding for Telehealth Services

Use standard CPT and HCPCS codes for professional services.

Include a telehealth modifier and/or a telehealth Place of Service (POS) code (ex: **99441–99443**, **99421–99423**, **G2010**, **G2012**, and **G2250–G2252**).

CPT or HCPCS telehealth codes meet criteria regardless of modifier or POS code presence..

Types of Telehealth Visits

1. Synchronous Telehealth

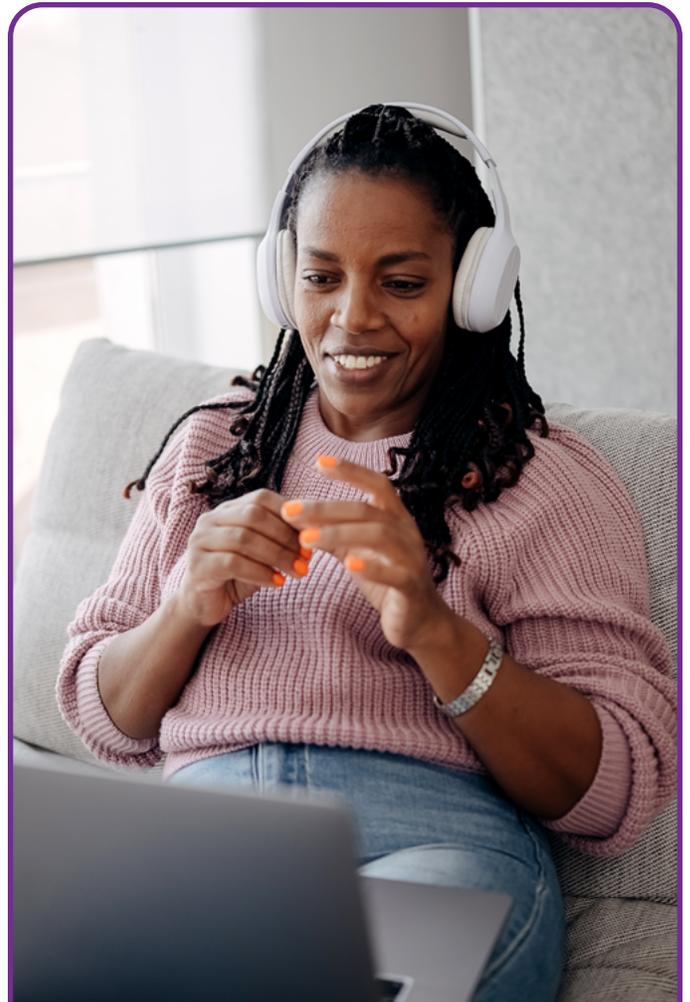
- Real-time interactive audio and video communication between provider and patient.

2. Telephone Visits

- Audio-only interactions that still qualify under telehealth guidelines.

3. Asynchronous Telehealth

- Also known as “e-visits” or “virtual check-ins.”
- Not conducted in real-time but require two-way interaction.
- Examples include communication via patient portals, secure text messaging, or email.



Support and Contact Information

For assistance with appropriate coding for telehealth measures, please contact:

aetnabetterhealthtxqm@aetna.com

Measures eligible for telehealth or telephone visits include:

Abbreviation	Measure Name
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication
AMR	Asthma Medication Ratio
AXR	Antibiotic Utilization for Respiratory Conditions
CBP	Controlling High Blood Pressure
CWP	Appropriate Testing for Pharyngitis
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
FUA	Follow-Up After Emergency Department Visit for Substance Use
FUH	Follow-Up After Hospitalization for Mental Illness
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder
FUM	Follow-Up After Emergency Department Visit for Mental Illness
IET	Initiation and Engagement of Substance Use Disorder Treatment
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia
SPC	Statin Therapy for Patients with Cardiovascular Disease
SPD	Statin Therapy for Patients with Diabetes
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
TRC	Transitions of Care
URI	Appropriate Treatment for Upper Respiratory Infection



Texas Health Steps

You know the importance of getting patients in for their THSteps Wellness visits. Parents are more likely to vaccinate if their doctor strongly recommends the preventive vaccines, don't forget to focus on some key vaccines:

For all ages: *Flu Vaccine* time is now! Tips on getting the Flu vaccine to kids who completed their THSteps Wellness visit earlier this year:

- Infants & toddlers should be getting 2 flu vaccine doses by age 2. After the first flu vaccine, schedule them to return in 4 weeks for flu vaccine #2.
- Schedule Nurse Visit for them to return when flu vaccine is available in your clinic
- Set up “Flu Vaccine Clinic Hours” in Sept through Dec (same day each week, maybe extended hours so parent can bring several kids after work & school hours).
- Add phone messaging for your clinic to say “*We have your flu vaccine available in clinic today! Ask us how to set up time for this.*”
- Post signs in your clinic waiting area, exam rooms, and bathrooms to let patients know it's Flu Vaccine time. Posters, flyers, etc can be ordered or downloaded for free from [CDC Digital Media Toolkit | Flu Resource Center | CDC](#).
- Ask parent at all follow up visits if their child received their flu vaccine this season.

For ages 1-2 months old: The most common vaccine series that is not completed is *Rotavirus*. This is available as a 2-dose series (Rotarix), or a 3-dose series (Rotateq). These vaccines are not interchangeable. Both of these are available to order through TX Vaccines For Children (TVFC) program.

- Consider ordering *Rotarix* since patients have better compliance completing a 2-dose series.
- Code for appropriate vaccine (if using the 2-dose Rotarix, use proper code for that): [Texas Health Steps Quick Reference Guide](#)
- If first Rotavirus vaccine is missed at 1-2 months of age, the series may still be started in infants up to 14 weeks, 6 days per [CDC guidelines](#).



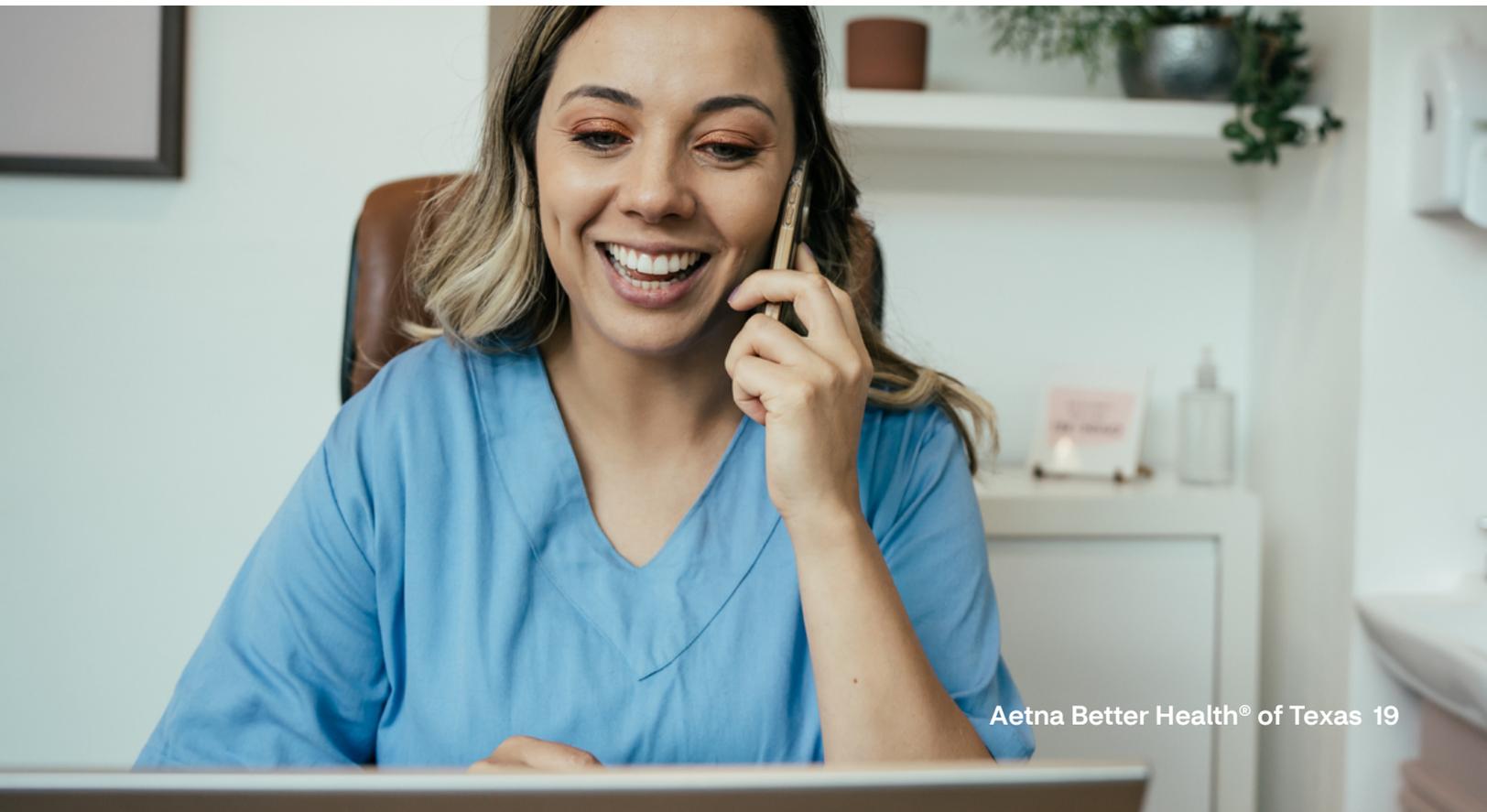
Helpful resources

- **THSteps Quick Reference Guide:** [Texas Health Steps Quick Reference Guide](#)
- **CDC** guidelines for flu vaccine: [2025–2026 Flu Season | Influenza \(Flu\) | CDC](#)
- **CDC** Weekly Influenza surveillance report: [FluView | FluView | CDC](#)
- **ACIP** guideline for influenza: <https://www.cdc.gov/flu/hcp/acip/index.html>
- **CDC guidelines** for Rotavirus vaccine: <https://www.cdc.gov/rotavirus/vaccines/index.html>
- **Immunize.org** for information/recommendations: <https://www.immunize.org/ask-experts/topic/rotavirus/>

Any changes to your demographic information?

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

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



Help us ensure your Aetna patients have timely and appropriate access to care

We want to remind Aetna Better Health providers of the required availability and accessibility standards. Please review the standards listed below.

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



Appointment availability requirements

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

Acceptable	Unacceptable
<ul style="list-style-type: none">• Office phone is answered after hours by an answering service, in English, Spanish or other languages of the major population groups served, that can contact the PCP or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes.• Office phone is answered after normal business hours by a recording in English, Spanish or other languages of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider's phone. Another recording is not acceptable.• Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner.	<p>Office phone is only answered during office hours.</p> <ul style="list-style-type: none">• Office phone is answered after hours by a recording, which tells the patients to leave a message.• Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.• Returning after-hour calls outside of 30 minutes.



Suicide Prevention Month

Start a Conversation. Be the Difference.
#SuicidePreventionMonth

Each September, mental health and advocacy organizations recognize Suicide Prevention Month as a time to raise awareness, spread hope, and spark meaningful action around one of the most urgent mental health issues of our time. With one conversation, asking someone how they're really doing — and being ready to truly listen — can save lives. Help exists. Healing is possible. And all it can take is for one person to start a conversation.

Suicide is still too often met with silence, stigma, or shame. Suicidal thoughts, like mental health conditions, can affect anyone, regardless of age, gender, or background. While they may be common, they should never be seen as normal. More often than not, they signal deep emotional pain or an underlying mental health concern that deserves understanding, care, and professional support.





Fast Facts

- 1 in 20 U.S. adults (5%) have serious thoughts of suicide each year.
- About 1 person dies by suicide in the U.S. every 11 minutes.
- 79% of all people who die by suicide in the U.S. are male.
- Although more women than men attempt suicide, men are 4x more likely to die by suicide.
- In the U.S., suicide is the 2nd leading cause of death among people ages 10-14 and among people ages 15-24, and the 11th leading cause of death overall

#SuicidePreventionMonth reminds us that talking about suicide isn't harmful — silence is.

One honest conversation can be a turning point in someone's life.

Provider Resources

- **988 Crisis Line:** 24/7/365 suicide prevention & crisis support. No-cost, confidential assistance for mental health and substance use. Call or text **988**. Online chat available at <https://988lifeline.org>
- **No Cost 988 Suicide & Crisis Lifeline Print Materials for your office and patients.** <https://orders.gpo.gov/SAMHSA988/Pubs.aspx>
- **Trevor Project:** LGBTQ 24/7 crisis line via text, chat or phone. <https://www.thetrevorproject.org/>
- **HHSC Suicide Prevention:** Information, tools and resources for youth, adults and veterans. <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services/suicide-prevention>
- **SAFETY-A Suicide Risk Assessment Training:** A comprehensive program for primary care providers that demonstrates how to identify and address suicide risk effectively. It is a family-centered intervention for youth who have attempted suicide, engaged in self-harm behaviors or expressed strong suicidal urges. <https://tcmhcc.utsystem.edu/safety-a/>

Recovery is REAL

September is Recovery Month, a time when we celebrate the millions of Americans who are in recovery and remind those struggling with mental health and substance use issues that Recovery is REAL (Restoring Every Aspect of Life). For more than 30 years, communities and local organizations host celebrations in honor of National Recovery Month. These activities bring public attention to recovery and challenge negative attitudes, stigma, and discrimination.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery can apply to individuals coping with mental health challenges, substance use disorders, or both. SAMHSA focuses on the four major dimensions of recovery: health, home, community, and purpose. These are the building blocks that all people need to live healthy, happy, independent lives and to reach their full potential.

- **Health:** Recovery includes whole health. Treatment, recovery support services, and community connections make recovery possible.
- **Home:** Recovery is a family affair. A safe and supportive home strengthens recovery.
- **Community:** Family, friends, and peers together put the “we” in wellness. Building social networks and a sense of community can support recovery.
- **Purpose:** Be a part of a person’s recovery journey. Where there is hope, there is recovery. Everyone can play a role in recovery

Resources:

- **RecoverMe:** This campaign connects those in recovery with empowering, practical, and encouraging resources to support their individual journey with substance use and mental health challenges. Target age group is young adults, aged 18-25.
<https://www.samhsa.gov/substance-use/recovery/recoverme>
- **NAMI Texas:** Serves residents across the state with no cost mental health support, online groups, resources and education.
<https://namitexas.org/>
- **Center for Substance Use Training & Telementoring (C-STAT):** Education for healthcare providers, behavioral health providers, and other professionals on best practices for responding to substance use and supporting recovery for Texans.
<https://c-stat.uthscsa.edu/>
- **SAMHSA Program to Advance Recovery Knowledge (SPARK):** Training & technical assistance for communities to expand the delivery of recovery support services
<https://www.samhsa.gov/technical-assistance/spark>

Recovery is possible
for everyone.
Recovery is REAL.

#RecoveryMonth2025