



**Update to Notification Re: Aetna Better Health of Texas (ABHTX) Provider
Guidance When ABHTX is Secondary**

December 2024

We recognize that providers may have uncertainty about the coverage, limitations, and processes of primary payors. As a result, Aetna Better Health of Texas (ABHTX) will perform a retrospective review if providers receive an adverse claim result from the primary payor. To reduce the administrative burden on our providers, a prior authorization is not required when ABHTX is the member's secondary insurer.

When the member's primary payor does not cover the service, or the benefits are exhausted, or when ABHTX becomes the primary payer, the provider should submit their claim electronically or paper claim form and include:

- Primary's explanation of benefits (EOB),
- Primary's denial for non-covered service,
- Clinical documentation to support the need for the service and request such as supporting objective clinical information, clinical notes, comorbidities, complications, progress of treatment, psychosocial situation, home environment, laboratory and imaging studies, and treatment dates, as applicable for the request.

ABHTX will assess the medical necessity criteria for the service(s) and perform a retrospective review.

We want to partner with providers on any concerns about this process. Do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

CHIP

Bexar area
1-866-818-0959 (TTY:
711)
Tarrant area
1-800-245-5380 (TTY:
711)

STAR (Medicaid)

Bexar area
1-800-248-7767 (TTY:
711)
Tarrant area
1-800-306-8612 (TTY:
711)

STAR Kids

Dallas and Tarrant areas
1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.
Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas