



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.</p> <p>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 changes to demographics such as address, phone, fax, new service locations, etc.</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 specialty care	Within 30 days of request for non-urgent, symptomatic condition
Adult preventive health physicals/wellness visits for members over the age of 21	Within 90 days of request
Pediatric preventive health physicals/well- child checkups for members under the age of 21, including Texas Health Steps services	<p>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:</p> <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.
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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.