Good to know

Thank you, plan partners

As previously communicated in our provider notification back in August, Aetna Better Health of California (ABHCA) will be exiting both Sacramento and San Diego counties effective January 1, 2024. We'd like to take this time to thank you and recognize you for your partnership. We extend our heartfelt gratitude for your unwavering support and trust.

ABHCA, along with your contributions and partnership, has had the opportunity to achieve remarkable milestones. Together, we endured and survived a worldwide pandemic, overcame all obstacles and stayed focused on achieving greatness by

2023 holiday closures

Aetna Better Health of California will be closed for the following holidays:
11/23 – Thanksgiving
12/25 – Christmas Day

Winter 2023
2733398-05-01-WI (12/23)

ensuring every member/ patient received the quality care they deserve. Your partnership has not only allowed us to deliver on this very important effort but also served as a catalyst for growth and progress through the years.

Thank you for being an integral part of ABHCA's success story. We couldn't have done it without you. Again, we express our sincere thanks for your dedication, collaboration, loyalty and commitment to ABHCA and our members.

CEO, Aetna Better Health of California

Member rewards programs

Aetna Better Health of California offers two member rewards programs. As part of our Aetna Better Care Rewards program, members can earn gift card rewards every time they complete an approved healthy activity.

These healthy activities include:
- Breast cancer screening — $25
- Cervical cancer screening — $25
- Chlamydia screening — $25
- Childhood immunizations — $50
- Adolescent immunizations — $25
- Lead screening in children — $25
- Child and adolescent well-visit — $25
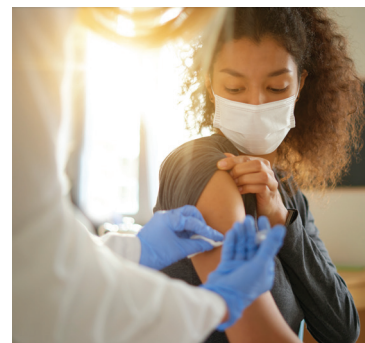
For our pregnant members, we have a Maternity Matters Rewards program where members who are pregnant can earn gift card rewards for these healthy activities:
- Completing Notice of Pregnancy (NOP) form — $50
- First prenatal visit — $25
- Each additional prenatal visit — $10 (up to 12 visits)
- Postpartum visit — $25

Members can use reward gift cards at participating retailers like CVS, Walmart, Walmart.com, Albertsons, Kroger and Safeway.

For more information on how they can start earning rewards, members can call Member Services at **1-855-772-9076 (TTY: 711)** or visit **AetnaBetterHealth.com/California**.

Diabetic retinal eye screening

Aetna Better Health plans have engaged with HealPros to close gaps in care using in-home services. HealPros is a privately owned firm that partners with health plans to close gaps in care for the Poor HbA1c Control (>9.0%) (HBD-H9) measure. They will be providing diabetic retinopathy exams (DRE) and Hemoglobin A1c (HbA1c) screenings in the homes of our members.

Effective April 1, 2023, Aetna Better Health of California began providing monthly noncompliant member lists to HealPros. These lists will include members who are due for a DRE Screening and possibly an HbA1c test. It is the intent to target the HEDIS® measure: HBD-H9.

HealPros will contact our members to arrange an in-home appointment for services. Next, HealPros technologists will complete

the agreed upon health screening(s) in the member's home. Upon completion of each service, HealPros will mail a copy of each test result to the member and the member's Primary Care Physician on record with Aetna Better Health of California.

If you have questions about our relationship with HealPros, please feel free to call us at **1-855-772-9076 (TTY: 711)**. We appreciate your participation.

Prescription coverage change reminder: Medi-Cal Rx

Medi-Cal pharmacy benefits and services are carved out and administered through the fee-for-service (FFS) delivery system by the Department of Health Care Services (DHCS). DHCS contracted with Magellan to provide administrative services and supports relative to the Medi-Cal pharmacy benefit, which is collectively known as Medi-Cal Rx.

Physician Administered Drugs (PADs) billed on the medical benefit are still covered by Aetna Better Health of California. Coverage determinations for PADs are subject to medical necessity review by a group of clinicians, including pharmacists and nurses. Criteria used to review for medical necessity may include:

- State and federal regulatory agency — DHCS injection policy
- Aetna Medical Clinical Policy Bulletins

Questions about a member's pharmacy benefit? Contact the Medi-Cal Rx Customer Service Center (CSC) line at **1-800-977-2273**, available 24/7.

Visit the Aetna Better Health of California Provider website for more information on Medi-Cal Rx and ABHCA's covered benefits: **AetnaBetterHealth.com/california/providers/pharmacy-resources.html**

Stay up-to-date on changes to pharmacy benefits

The Department of Health Care Services (DHCS), which oversees Medi-Cal, made changes to the pharmacy benefit. To learn more about these pharmacy benefit changes, you can visit **MediCalRx.DHCS.CA.gov/provider** and create a portal account to get information and updates directly from DHCS.

Through the portal, providers have access to information on topics such as prior authorization, claims and other pharmacy services. Please register with the User Administration Console (UAC). If you have questions about the information you received or have general Medi-Cal Rx questions, contact the Medi-Cal Member Help Line at **1-800-541-5555**, Monday through Friday, 8 AM to 5 PM, or visit **Medi-CalRx.DHCS.CA.gov**.

If you have specific questions about a member, call Aetna Better Health of California Member Services at **1-855-772-9076 (TTY: 711)**.

Non-Emergency Medical Transportation

Aetna Better Health of California provides transportation to members in need of Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT), in coordination with Access2Care.

Members may use NEMT when:

- They are physically or medically unable to use a car, bus, train or taxi to get to a medical appointment.
- Assistance is needed from the driver to and from a member residence, vehicle or place of treatment due to physical or mental disability.
- Provider is requesting transportation by means of an ambulance, litter van, wheelchair van or transport.
- Approved by Aetna Better Health of California in advance by an authorization with provider request.

Providers must fill out a NEMT Physician Certification Statement (PCS) form for the member. MCPs and transportation brokers must use a DHCS-approved PCS form to determine the appropriate level of service for Medi-Cal members. Once the member's treating physician prescribes the form of transportation, the MCP cannot modify the authorization.

In order to ensure consistency amongst all MCPs, all NEMT PCS forms must include, at a minimum, the components listed below:

- Function Limitations Justification: For NEMT, the physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.
- Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
- Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport).

Members may use NEMT when:

- Traveling to and from an appointment for Medi-Cal services authorized by a provider.
- They DO NOT require assistance from a driver or need of ambulance, litter van or wheelchair van.
- The service is a Medi-Cal covered benefit.

All effective members of Aetna Better Health of California are eligible to receive the transportation benefit. Members or Providers may call Aetna Better Health of California at **1-855-772-9076** to schedule transportation, or call Access2Care at **1-888-334-8352** at least 48 hours before the medical appointment or as soon as possible for urgent medical needs. Member identification and validation must be provided upon scheduling transportation, including member address, DOB and phone number, as well as the trip reason, service location, and time and day of the medical appointment.

Referral options

Referrals from PCPs will be provided to specialists, if needed. The PCP's office can help set up a time to see the specialist. Other services that may require a referral include in office procedures, X-rays, lab work, and mental health and substance use services.

PCPs may provide a form for patients to take to the specialist. A specialist may treat for as long as he or she thinks the patient needs treatment. A health problem that needs special medical care for a long time may need a standing referral.

Referrals are not needed for:

- PCP visits
- OB-GYN visits
- Urgent or emergency care visits
- Family planning (to learn more, call California Family Planning Information and Referral Service at **1-800-942-1054**)
- HIV testing and counseling (only for minors 12 years or older)
- Treatment of sexually transmitted infections (only for minors 12 years or older)
- Acupuncture
- Chiropractic services
- Podiatry services
- Certain mental health and substance use services

Minors also do not need a referral for:

- Outpatient mental health for:
  ○ Sexual or physical abuse
  ○ When they may hurt themselves or others
- Pregnancy: Family planning (except sterilization)
- Sexual assault: HIV/AIDS testing (only for minors 12 years or older)
- Sexually transmitted infections (only for minors 12 years or older)
- Drug and alcohol abuse

Provider resources

Aetna Better Health of California brings national health care experience and state-focused information to our providers with resources available on our dedicated provider site at **AetnaBetterHealth .com/california/providers/index.html**.

The provider manual, forms, provider portal and orientation are some of the helpful materials for new providers on our site. In the orientation and training section, providers will find download-able PDFs like HEDIS tips for PCPs, appointment availability standards and cultural competency information. Check out the resources tab to locate notices and newsletters plus educational guidelines. In the Programs and Services section, you will discover special programs available for maternal health, diabetes prevention and more. Providers will find patient education booklets in the What's Covered tab available in the managing chronic disease section of the member site at **AetnaBetterHealth.com/california/ chronic-disease-management.html**.

There are educational booklets for diabetes available in 10 languages. There are also educational booklets for heart health and maternal health available in two languages, with additional languages available by request. The Health and Wellness guide will be another resource on the provider site, with downloadable PDF documents highlighting available incentive programs and outreach modalities. In that same section, there is a link to Krames Online, a resource for patient education on health conditions and medications.

Tobacco cessation

According to the Centers for Disease Control and Prevention (CDC), smoking remains the leading cause of disease and death that could be avoided in the United States. To increase awareness about the effects of long-term use of tobacco products, it is important that providers understand the role they play in patient education. It is also important that providers are aware of resources available where they can direct their patients for further assistance.

Kick It California is a free program that has been helping people quit smoking, vaping and using smokeless tobacco for more than 30 years with proven strategies that work.

The Quit Coaching Works for members in these three steps:

1. Connect with a coach through a private call or online chat asking a few questions about their situation.

2. The coach will work on creating a plan to help quit smoking.

3. The coach will check in on progress and provide encouragement to stay on track to help increase the chances of quitting.

For more information, visit Kick It California at **kickitca.org**, a free program supported by the California Department of Public Health.

Please encourage your patients to seek these resources if they want to learn how to develop healthier lifestyle habits.

By working together to impact patient's health, we can continue to strive for:
- Improved overall experience between patients and their providers
- Optimal preventive and wellness services
- Building rapport between providers and patients

Integrated Care Management

Aetna Better Health of California's Integrated Care Management (ICM) Program uses a Bio-Psycho-Social (BPS) model to identify and reach our most vulnerable members. The approach matches members with the resources they need to improve their health status and to sustain those improvements over time. We use evidence-based practices to identify members at the highest risk of not doing well over the next 12 months and offer them intensive care management services built upon a collaborative relationship with a single clinical case manager, their caregivers and their primary care provider. This relationship continues throughout the care management engagement.

We offer supportive care management services to members who are at lower risk. These services include standard clinical care management and service coordination and support. Disease management is part of all care management services that we offer. Practitioners, caregivers and members can self-refer into care management.

To learn more, please contact the Aetna Better Health of California Care Management team at **1-855-772-9076**, Monday through Friday, 8 AM to 5 PM. After hours, call **1-855-772-9076**. A team member should provide their name and title and our organization.

Availity Remittance Viewer

The only way you can access your remittances outside of the Claim Status Inquiry is if you elect to have your 835 electronic file sent from Change HealthCare over to Availity.

You must also enroll in Availity Essentials Plus, and there is a fee associated with the Availity Essentials Plus. We know this is not an option for our providers and the business team is working hard on identifying a permanent solution.

In the meantime, all providers with access to the Medicaid Web Portal can continue using the Search Remittances functionality at no cost. Please visit **AetnaBetterHealth.com/california/providers/forms .html** to access the Medicaid Web Portal Registration in the event your staff needs access to the Medicaid Web Portal.

Please fax the completed form to our Provider Relations Department at **1-844-886-8349** or send via email to **californiaprovider relationsdepartment@ aetna.com**.

What is Availity?

Availity is a single log-in, multi-payer provider portal with self-service tools and provider-initiated transactions in one convenient location. Once registered, providers can simply add the Aetna instances to their registration at any time.

Aetna and Availity

Availity operates Aetna's provider portal for multiple lines of business, including Commercial, Medicaid, Medicare and DSNP/MMP products. There are now two instances of Availity for Aetna products: The "Aetna" instance is for Medicare/Commercial, and the "Aetna Better Health" instance is for Medicaid/DSNP/MMP. Providers will need to add both instances to their Availity profile to access our entire population. Availity will eventually replace the Aetna Better Health Medicaid Web Portal.

Uses of Availity

Availity allows providers to verify member eligibility and benefit coverage, submit claims and subsequent disputes and encounters, submit appeals and grievances, and update their rosters. You can learn more about the additional functions in one of the training options offered by Availity.

How to receive training

In addition to Availity Client Services, Availity offers a wide range of training sessions for all users via the Availity Essentials Provider Portal. You can simply click on the "Help & Training" drop-down to access both upcoming sessions as well as prerecorded webinars.

Who can I call for assistance?

Call Availity directly at **1-800-AVAILITY (282-4548)** Monday through Friday from 8 AM to 8 PM ET (excluding holidays). Availity can also be reached through direct messaging when available. Availity should be contacted for any connectivity or account concerns. Any concerns with an Aetna decision or information on Availity should be directed to the respective provider services.

Member rights and responsibilities

Members, their families and guardians have the right to information related to Aetna Better Health of California, its services, its providers, and member rights and responsibilities in a language they can understand. You can find the member rights and responsibilities online at **aetnabetterhealth.com/california/medicaid-rights-responsibilities.html** or in the Provider Manual.

Language assistance services

Providers are required to identify the language needs of members and to provide oral translation, oral interpretation and sign language services to members. To assist providers with this, Aetna Better Health of California makes its telephonic and face-to-face language interpretation services available to providers to facilitate member interactions. These services are free to the member and to the provider.

Language services can be accessed by contacting the ABHCA Member Services Department at **1-855-772-9076**. Be advised that face-to-face interpretation requires 48-hour advance notice of the member's appointment. ABHCA also provides alternative methods of communication for members who are visually impaired, including large print and other formats. These formats can by requested by contacting Member Services.

Population management

To help provide our members with consistent, high-quality care that uses services and resources effectively, we have chosen certain clinical guidelines to help our providers. These include treatment protocols for specific conditions, as well as preventive health measures.

These guidelines are intended to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

If you would like additional information on any of these topics, call **1-855-772-9076**:

- ADHD
- Alcohol Abuse — National Institute on Alcohol Abuse and Alcoholism's clinician's guide
- Asthma
- Chronic heart failure
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes — American Diabetes Association's current clinical practice recommendations
- Hypertension — JNC8 guidelines
- Major depressive disorder — American Psychiatric Association's guidelines
- Opioid use for chronic pain — Centers for Disease Control and Prevention's guidelines
- Tobacco cessation

AetnaBetterHealth.com/California

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multiyear initiative led by the DHCS that aims to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing delivery system and payment reforms across the program. CalAIM leverages Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents and takes a person-centered approach that targets social determinants of health and reduces health disparities and inequities.

Enhanced Care Management

Effective January 1, 2022, Aetna Better Health of California (ABHCA) implemented and covers Enhanced Care Management (ECM) services for members with highly complex needs. ECM is a benefit that provides extra services to help ABHCA members get the care needed to stay healthy. ECM providers help coordinate primary care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to available community resources.

Members who qualify may be contacted about ECM services. You or members can also call Aetna Better Health of California to find out if and when members can receive ECM.

Covered ECM services

Qualifying members for ECM will have their own care team, including a care coordinator. Care coordinators will talk to members and affiliated doctors, specialists, pharmacists,

case managers, social services providers and others to make sure everyone works together to provide needed care. A care coordinator can also help find and apply for other services in your community. ECM includes:
- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

There is no cost to the member for ECM services.

Community Supports

Community Supports (CS) are considered In Lieu of Services (ILOS) and may be available under your Individualized Care Plan. ILOS are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for Members to receive. If a member qualifies, these services may help them live more independently. Community Supports do not replace benefits already covered under Medi-Cal. Examples of Community Supports are housing transition navigation services, personal care attendants and medically tailored meals.

For the latest Aetna Better Health of California Enhanced Care Management and Community Support providers, please visit **AetnaBetterHealth.com/california**.

If you are a provider enrolled with FindHelp, be sure to complete your screener as soon as possible. If you require an overview or training with FindHelp, please reach out to **CaliforniaProviderRelationsDepartment@ Aetna.com**.

COVID-19 vaccine update (September 2023)

In September 2023, the U.S. Food and Drug Administration (FDA) approved and authorized emergency use updated COVID-19 vaccines, formulated to more closely target currently circulating variants. These actions relate to updated mRNA vaccines for 2023–2024, manufactured by ModernaTX Inc. and Pfizer Inc. Consistent with the totality of the evidence and input from the FDA's expert advisors, these vaccines have been updated to include a monovalent (single) component that corresponds to the Omicron variant XBB.1.5.

Breakdown of FDA's actions:

- Approval of Comirnaty (COVID-19 Vaccine, mRNA) to include the 2023–2024 formula, and a change to a single dose for individuals 12 years of age and older. Comirnaty was previously approved as a two-dose series for individuals 12 years of age and older.
- Approval of Spikevax (COVID-19 Vaccine, mRNA) to include the 2023–2024 formula, a change to a single dose for individuals 18 years of age and older, and approval of a single dose for individuals 12 through 17 years of age. Spikevax was previously approved as a two-dose series for individuals 18 years of age and older.
- Authorization of Moderna COVID-19 Vaccine for emergency use in individuals 6 months through 11 years of age to include the 2023–2024 formula and lowering the age eligibility for receipt of a single dose from 6 years to 5 years of age. Additional doses are also authorized for certain immunocompromised individuals ages 6 months through 11 years, as described in the fact sheets.
- Authorization of Pfizer-BioNTech COVID-19 Vaccine for emergency use in individuals 6 months through 11 years of age to include the 2023–2024 formula. Additional doses are also authorized for certain immunocompromised individuals ages 6 months through 11 years, as described in the fact sheets.

Visit the U.S. Food and Drug Administration website for more details: **fda.gov/news-events/press-announcements/fda-takes-action-updated-mrna-covid-19-vaccines-better-protect-against-currently-circulating**

What you need to know

- **Individuals 5 years of age and older regardless of previous vaccination** are eligible to receive a single dose of an updated mRNA COVID-19 vaccine at least two months after the last dose of any COVID-19 vaccine.

- **Individuals 6 months through 4 years of age who have previously been vaccinated** against COVID-19 are eligible to receive one or two doses of an updated mRNA COVID-19 vaccine (timing and number of doses to administer depends on the previous COVID-19 vaccine received).

- **Unvaccinated individuals 6 months through 4 years of age** are eligible to receive three doses of the updated authorized Pfizer-BioNTech COVID-19 Vaccine or two doses of the updated authorized Moderna COVID-19 Vaccine.

Managing chronic conditions: Diabetes and comorbidities

Current type 2 diabetes (T2DM) guidelines (American Diabetes Association 2022) recommend the use of sodium/glucose cotransporter-2 inhibitors (SGLT2i) and glucagon-like peptide-1 receptor agonists (GLP-1RA) in T2DM patients *with comorbidities*, such as heart failure (HF), chronic kidney disease and/or previous atherosclerotic cardiovascular disease (ASCVD).

Additionally, heart failure guidelines (*AHA/ACC/HFSA 2022*) recommend SGLT2i in patients with symptomatic chronic HFrEF, irrespective of the presence of T2DM, to reduce hospitalization for HF and cardiovascular mortality.

The following table illustrates drugs in this class in more detail, along with their respective coverage under the Medi-Cal Rx benefit.

Drug Class	Effects	CV benefits		Renal benefits	Safety	Medi-Cal Rx Coverage
		ASCVD	**HF**			
SGLT2i	HbA1c reduction 0.5-0.7% Weight Loss	**Empagliflozin (Jardiance)*** Canagliflozin (Invokana)†	**Empagliflozin (Jardiance)*** **Dapagliflozin (Farxiga)*** Canagliflozin (Invokana)† Ertugliflozin (Steglatro)†	**Empagliflozin (Jardiance)*** **Dapagliflozin (Farxiga)*** Canagliflozin (Invokana)†	• DKA risk • Risk of bone fractures (canagliflozin) • Genitourinary infections • Risk of volume depletion • Increase in LDL cholesterol • Risk of Fournier's gangrene	**Covered w/o PA** • Jardiance • Farxiga • Synjardy • Trijardy XR • Glyxambi **Covered w/ PA** • Invokana • Steglatro • Invokamet XR • Xigduo XR • Segluromet • Qtern • Steglujan
GLP-1RA	HbA1c reduction 0.5-1.5% Weight Loss	**Dulaglutide (Trulicity)*** **Liraglutide (Victoza)*** **Semaglutide (Ozempic)***		**Dulaglutide (Trulicity)*** **Liraglutide (Victoza)*** **Semaglutide (Ozempic)***	• FDA Black Box: risk of thyroid C-cell tumors in rodents (liraglutide, dulaglutide, exenatide ER, semaglutide) • GI side effects • Injection site reactions • Pancreatitis	**Covered w/o PA** • Trulicity • Victoza • Ozempic **Covered w/ PA** • Xultophy

* Covered by Medi-Cal Rx (last updated: January 2023)
† Requires PA by Medi-Cal Rx (last updated: January 2023)

Clinical medical necessity

Clinical medical necessity determinations are based only on the appropriateness of care and service and the existence of coverage. Aetna Better Health of California does not specifically reward providers or other individuals for issuing denials of coverage or care or provide financial incentives of any kind to individuals to encourage decisions that result in underutilization. For prior authorization of elective inpatient and outpatient medical services, Aetna Better Health of California uses the medical review criteria listed below. Criteria sets are reviewed annually for appropriateness to the Aetna Better Health of California's population needs and updated as applicable when national or community-based clinical practice guidelines are updated. The annual review process involves appropriate providers in developing, adopting or reviewing criteria. The criteria are consistently applied, consider the needs of the members, and allow for consultations with requesting providers when appropriate.

Providers may obtain a copy of the utilization criteria upon request by contacting an Aetna Better Health of California Provider Relations representative at **CaliforniaProvider RelationsDepartment@Aetna.com**.

These medical review criteria are to be consulted in the order listed:
- Criteria required by applicable state or federal regulatory agency
- Applicable MCG Guidelines as the primary decision support for most medical diagnoses and conditions
- Aetna Better Health of California Clinical Policy Bulletins (CPBs): **Aetna.com/health-care-professionals/clinical-policy-bulletins.html** and **aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy**

Community Health Workers

Effective July 1, 2022, DHCS added the CHW (Community Health Worker) benefit to Medi-Cal Plans. If you are a CHW provider currently providing the benefit or a provider who plans to provide this benefit in the future, please let us know by reaching out to the Aetna Better Health of California Provider Relations Department at **CaliforniaProviderRelations Department@Aetna.com**.

Definition of Community Health Worker

Community Health Worker (CHW) services are preventive health services to prevent disease, disability and other health conditions or their progression; to prolong life; and to promote physical and mental health. Community Health Workers may include individuals known by a variety of job titles, including promoters, community health representatives, navigators and other non-licensed public health workers, including violence prevention professionals. For more information regarding the Community Health Worker benefit, visit **dhcs.ca.gov/community-health-workers**.