



Aetna Better Health® of Michigan



Best memories

Member Newsletter

Winter 2018/2019

Be safe — get your flu shot every year

Adults: Lead the way, and get your shot today

Because flu viruses change all the time, you need to get a shot every year. If you have a serious health condition, it's even more important. Plan to get your shot every fall.

Protect your children: It's very important they get shots too

Every child six months of age and older should get a flu shot. Your child may need two doses the first time. Ask your doctor what's best for your child.

Over 65? You may need a pneumonia shot as well

This shot is important, especially if you have a chronic condition.

There are two types of pneumonia shots. You can talk to your doctor about what's best for you.

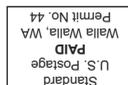
It's easy to get your flu shot

Just call your primary care provider (PCP). You may be able to get one with a nurse visit at the PCP's office. Or you can visit aetnabetterhealth.com/michigan for a list of retail

pharmacies in our network. Make sure your local pharmacy is giving flu shots before you go.

Questions? Call Member Services at **1-866-316-3784 (TTY: 711)** or visit aetnabetterhealth.com/michigan.

Source: Centers for Disease Control and Prevention



Aetna Better Health® of Michigan
1333 Gratiot Ave.
Suite 400
Detroit, MI 48207

How to manage asthma in the winter

Brrr! It's cold out there. And that can be a problem when you have asthma.

The reason? Cold, dry air can irritate the breathing tubes in your lungs, which may trigger asthma symptoms such as wheezing, coughing and shortness of breath.

If your asthma often gets worse in winter, you can reduce your symptoms by following these tips from the American Lung Association and the Asthma and Allergy Foundation of America:

Keep an eye on weather forecasts when planning exercise or other outdoor activities. If it's going to be very cold, try to move your workouts indoors where it's warmer.

Cover your nose and mouth with a scarf when you do go outside. This will warm the air you breathe in before it enters your lungs so that it's less likely to trigger your asthma. It will also help if you practice breathing in through your nose and out your mouth. Take your asthma medicines just as directed. This includes any daily controller medicines your doctor has prescribed.

Keep your quick-relief inhaler with you at all times. Consider using it 20 to 30 minutes before participating in any cold-air activities. And use it right away if your symptoms flare up.

As always, ask your doctor if you have questions about how to keep your asthma in check.

Questions about asthma management? Call Member Services at **1-866-316-3784 (TTY: 711)** to be connected to your care coordinator.

Measles cases in 2018

As of Oct. 6, 2018, 142 individual cases of measles have been confirmed in 25 states, including Michigan.

Spread of measles

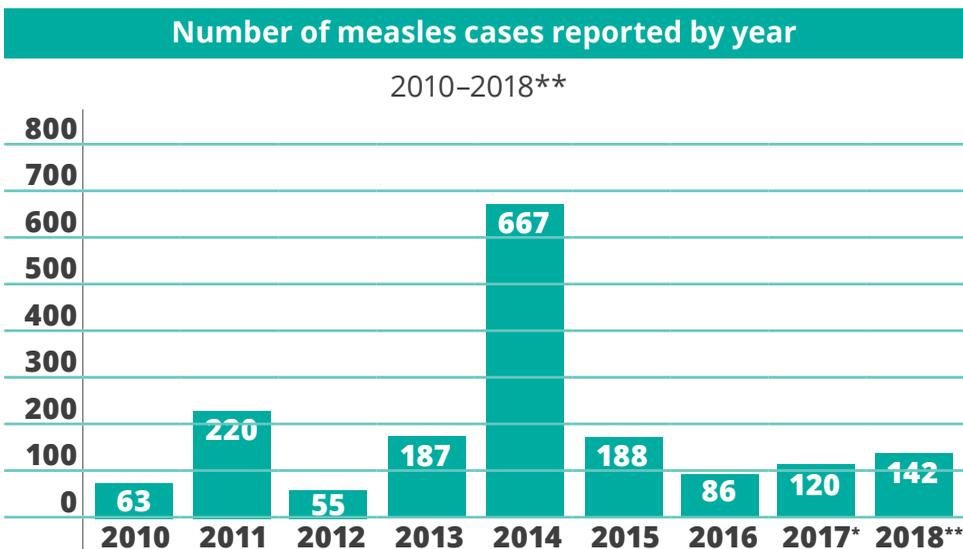
The majority of people who got measles were unvaccinated (hadn't received their shots). Measles can be serious. Some people think of measles as just a little rash and fever that clears up in a few days, but measles can cause serious health complications, especially in children younger than 5 years of age. There is no way to tell in advance how bad the symptoms will be for your child.

About 1 in 4 people in the U.S. who get measles will be hospitalized.

One out of every 1,000 people with measles will develop brain swelling, which could lead to brain damage.

One or 2 out of 1,000 people with measles will die, even with the best care.

 Make sure you and your family are up-to-date on your immunizations.



The number of U.S. reported cases in 2018 is similar to recent years and is in the expected range.

*Cases as of Dec. 30, 2017. Case count is preliminary and subject to change.

**Cases as of Oct. 6, 2018. Case count is preliminary and subject to change. Data are updated monthly.

Source: Morbidity and Mortality Weekly Report (MMWR), Notifiable Diseases and Mortality Tables

Children's Special Health Care Services (CSHCS)

Children's Special Health Care Services (CSHCS) was created to find, diagnose and treat children in Michigan who have chronic illness or disabling conditions.

CSHCS helps children and some adults who need specialty medical care. Specialty medical care is care that cannot be managed only by internists, pediatricians or family doctors.

Specialty care

CSHCS is a specialty medical care program. Conditions eligible for CSHCS coverage require care by medical specialists at least once a year.

CSHCS covers persons under age 21. This age limit does not apply for people with:

- Cystic fibrosis
- Certain hereditary blood coagulation disorders commonly known as hemophilia

Examples of conditions are cancer, cerebral palsy, cleft lip/palate, liver disease, spina bifida, hearing loss, insulin-dependent diabetes, epilepsy and sickle cell anemia. Severity is always taken into account when considering CSHCS eligibility. Based on severity, some people will be eligible for CSHCS coverage for a certain condition while others will not. The Michigan Department of Health and Human Services doctor makes the decision after review of medical information from a specialist.

If interested, you can contact the CSHCS office at your local health department or by calling the Family Phone Line at **1-800-359-3722** or Aetna Better Health of Michigan at **1-866-316-3784**.

Family-centered care

CSHCS promotes care that is community-based, family-centered, and



includes parent-to-parent support. The basic idea of family-centered care is the belief that health care providers, schools, service providers and the family are partners, working together to best meet the needs of the child. Additionally, the program provides:

- Coverage and referral for specialty services, based on the medical condition

Services that are sensitive to cultural differences or needs
Coordinated services that pull together services of many providers who work for different agencies

CSHCS works to provide information to families to make sure their children get the very best care.

Access to our clinical staff

If you need access to a nurse during normal business hours, 8 a.m. to 5 p.m., call Member Services at **1-866-316-3784** and ask to speak to a nurse.

If you need a nurse after business hours, call **1-866-711-6664**. You will be connected to our 24-hour nurse line. Members with hearing impairment, please use our TTY line at **711**.

Language translation is also provided for free by calling **1-866-316-3784**.

Member grievance and appeal process

Members have the right to file a complaint (grievance) or dispute an adverse determination (appeal). The health plan asks that all providers follow Aetna, Medicaid and/or CMS requirements needed to complete member complaints and appeals. This includes providing information within the requested time frame.

For more information on the member grievance and appeal process, please call Member Services at **1-866-316-3784**.

Fraud, waste and abuse

Know the signs — and how to report

Health care fraud means getting benefits or services that are not approved. Fraud can be committed by a provider, member or employee. Abuse is doing something that results in needless costs. Waste goes beyond fraud and abuse. Most waste does not involve a violation of law. It relates primarily to mismanagement, inappropriate actions and inadequate oversight. Some examples are:

- Inefficient claims processing and health care administration
- Preventable hospital readmissions
- Medical errors
- Unnecessary emergency room (ER) visits
- Hospital-acquired infections/conditions

Everyone has a right and duty to report suspected fraud, waste and abuse. An example of provider fraud is billing for services, procedures and/or supplies that were not provided. Abuse is treatment or services that do not agree with the diagnosis. Hostile or abusive behavior in a doctor's office or hospital is also abuse. Suspected use of altered or stolen prescription pads is an example of member fraud. An example of abuse would be a member asking the transportation driver to take him or her to an unapproved location.

If you suspect a colleague, member or other individual of fraud, waste or abuse, report it. You can report anonymously on the Aetna Better Health of Michigan Fraud, Waste and Abuse Hotline at **1-855-421-2082**. You may also write to:

Aetna Better Health of Michigan
1333 Gratiot Ave., Suite 400
Detroit, MI 48207



You may also anonymously report fraud, waste and abuse to the Michigan Department of Health and Human Services Office of the Inspector General by calling **1-855-643-7283**, going online to **michigan.gov/fraud** or writing to:

Office of the Inspector General
P.O. Box 30062
Lansing, MI 48909

You do not have to leave your name when you report fraud, waste or abuse.

The CAHPS survey

We want to hear from you

Every spring, some members of Aetna Better Health will get the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey in the mail.

The CAHPS survey measures member satisfaction with health

care and services received in the last six months. The survey then compares the results that it gets from Aetna Better Health members with the results it gets from members of other Medicaid plans.

If you get the survey in the mail, we would like to hear from you. Please fill it out and mail it back to the sender. The survey packet

will include an envelope with pre-paid postage that you can use to send the survey back. If you do not respond when you first get the survey, you will receive a phone call in order to complete the survey on the phone. If you are satisfied with your services with Aetna Better Health, please give us ratings of 8s, 9s and 10s.

Disease Management

As a member of Aetna Better Health of Michigan, you can have a disease care manager, which we call a care coordinator. They help you take care of yourself if you have diabetes, asthma or other conditions. This is part of our care coordination program. The program is voluntary, which means you can decide to participate or not. You will get information in the mail to help you take care of yourself.

Your care coordinator is here to help you find the care and services you need. Your disease care coordinator works with you, your doctors and other providers to make sure you get the right care and services. Our goal is to help you live a healthier life.

If you have a special condition, you are eligible for the program if:

- You're going to the emergency room a lot
- You're having trouble getting things your doctor has ordered
- Your doctor just told you that you have a disease such as heart failure or diabetes and you'd like to know more about the illness or the treatment
- You need services to help you at home
- Your doctor wants you to see a specialist but you don't know what to do

Do you have questions for a care coordinator, or are you interested in participating? If so, please call Member Services at **1-866-316-3784**.

If you would no longer like to receive Disease Management mailings and want to opt out of the program, please call Member Services at **1-866-316-3784** and ask for the care coordination department.

Happy teeth are healthy teeth

Dental care is important to your overall health. Aetna Better Health of Michigan wants to help you get the dental care you need.

Keep your teeth healthy

It's never too soon to start good dental health habits. Follow these simple dental care tips:

- Brush two times each day.
- Use fluoride toothpaste.
- Floss once each day.
- Eat a healthy diet.
- See a dentist two times each year.

Schedule an appointment today

Do you want to know how you receive dental coverage? See the chart below for details.

Dental coverage summary			
Children	Adults		
	Pregnant women	Healthy Michigan Plan	All other adults
Healthy Kids dental coverage under the age of 21	Aetna Better Health of Michigan dental coverage while pregnant and continuing through 90 days postpartum	Aetna Better Health of Michigan dental coverage throughout HMP eligibility	Michigan Medicaid FFS dental coverage
Call 1-800-482-8915 to find a Healthy Kids dental provider in your area.	Call Dentaquest at 1-844-870-3976 to find an Aetna Better Health dental provider in your area.	Call Dentaquest at 1-844-870-3976 to find an Aetna Better Health dental provider in your area.	Go to insurekidsnow.gov to find a dentist that accepts Michigan Medicaid in your area.

Aetna Better Health of Michigan's Member Services representatives can also help you schedule a dentist appointment. Call us at **1-866-316-3784 (TTY: 711)**. Call Member Services if you need a ride to the dentist. They can help.

Sometimes problems come up between dental visits. If that happens, call your dentist immediately. Your dentist can help with most urgent dental needs.

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Pharmacy benefits

Prescription drugs are often an important part of your care. Aetna Better Health of Michigan members have the right to certain prescription drug benefits.

Aetna Better Health of Michigan covers prescription drugs and certain over-the-counter drugs when you get a prescription from your provider and take it to a pharmacy.

To find out if a drug is covered, you can check our formulary. A formulary is a list of drugs that Aetna Better Health covers. The formulary is available on our website at aetnabetterhealth.com/michigan. You can use the prescription drug search tool to find out if a drug is covered. You may also request a printed copy of this formulary by calling Member Services.

If a drug is not listed on the formulary, a pharmacy prior authorization (PA) request form must be completed. Your provider can complete this form for you. Your provider must tell us why a formulary drug will not work for you. Your provider should include any medical records needed for the request.

The pharmacy PA form is available on our website, or your provider can make a request by telephone at **1-866-316-3784** or via fax at **1-855-799-2551**.

You must have your prescriptions filled at a network pharmacy.

Prior authorization process

Aetna Better Health of Michigan's pharmacy PA process is designed to approve drugs that are medically needed. We require doctors to obtain a PA before prescribing or giving out the following:

- Injectable drugs provided by a pharmacy
- Nonformulary drugs that are not excluded under a state's Medicaid program
- Prescriptions that do not follow our guidelines (like quantity limits, age limits or step therapy)
- Brand-name drugs, when a generic is available

Aetna Better Health of Michigan's medical director decides if a drug is denied or approved using our guidelines. The medical director may need additional information before making a decision. This information may include the following:



Drugs on the formulary have been tried and do not work (step therapy). No other drugs on the formulary would work as well as the drug requested. The request is acceptable by the U.S. Food and Drug Administration (FDA) or is accepted by nationally noted experts. For brand-name drug requests, a completed FDA MedWatch form documenting failure or issues with the generic equal is required.

Clinical practice guidelines

Every year, Aetna Better Health distributes information on how to access our clinical practice guidelines to providers, as well as behavioral health-related practice guidelines. Notification occurs through the provider

manual, the provider newsletter and our plan's website at aetnabetterhealth.com/michigan. Additional resources are available on the Michigan Quality Improvement Consortium website at mqic.org.

 This newsletter is published as a community service for the friends and members of Aetna Better Health® of Michigan. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.



AETNA BETTER HEALTH® OF MICHIGAN

Nondiscrimination Notice

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 or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
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>.

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