



Celebrate



AetnaBetterHealth.com/Michigan

Aetna Better Health® of Michigan

What to expect when getting the COVID-19 vaccine.

Each day, more research is being done to further our understanding of how to treat and manage COVID-19. As more people are vaccinated, we will continue to learn how COVID-19 vaccines work in real-world conditions.

Here's what we do know: Three COVID-19 vaccines are currently **authorized for emergency use** by the U.S. Food and Drug Administration and are **very safe** — the vaccines **cannot and will not** make you sick with COVID-19, though you may have side effects for a short time. There are many benefits to getting vaccinated, so if you're eligible, here's what to expect:

Before getting the vaccine

Each state has different guidelines for vaccine eligibility, so your first step should be to check if it's your turn to receive a vaccine. You can do this through our state resource tool located on our COVID-19 resource center.

If you're eligible, you'll need to schedule an appointment through the organization providing you with the vaccine. This could be your pharmacy, your doctor's office or another health organization. Remember

to stay persistent with scheduling, and if you cannot find an appointment one day, continue to check back and explore all options. Vaccine supply and availability can often update daily.

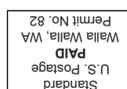
During your appointment

You don't need to do anything to prepare for your vaccine shot. Plan to arrive a few minutes early, and remember to wear a mask that covers your nose and mouth. Wear loose

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Member Newsletter
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What to expect when getting the COVID-19 vaccine.

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clothing that allows those who are administering the shot to easily access your upper arm. Stay 6 feet away from others while inside and waiting in lines.

After you receive your shot, you'll be asked to wait 15 to 30 minutes to ensure that you don't have an allergic reaction. You should receive a vaccination card or printout that tells you which COVID-19 vaccine you received, the date you received it and where you received it. You should also receive a paper or electronic fact sheet that tells you more about the specific COVID-19 vaccine you received.

If you received the Moderna or Pfizer vaccine, you'll need a second dose to get the most protection. Be sure to schedule your second dose as close to a three-week or one-month interval as possible. The Johnson & Johnson vaccine only requires one shot.

Reminder: **Do not** share a picture of your vaccine card on social media. This is to protect your private information from being stolen.

After your vaccination

After your shot, it's OK to go about your day as usual. You may experience pain and



swelling in the arm where you got the shot, and you may also experience fever, chills, tiredness or a headache. These side effects are **normal** and should go away within a few days.

Side effects can be unpleasant, but remember that while vaccination may cause temporary discomfort, it is for the benefit of your long-term health and safety. It takes time for your body to react and build protection after any vaccination. Call your doctor if the redness or tenderness where you got the shot increases after 24 hours or if your side effects worry you or do not seem to be going away.

The Moderna and Pfizer COVID-19 vaccines require two shots for them to work. Even if you have side effects from the first shot, unless a vaccination provider or your doctor tells you not to get a second shot, you must get your final shot to be protected from COVID-19 with these two vaccines.

If you have any concerns, the Centers for Disease Control and Prevention has information on what to expect at its COVID-19 post-vaccination page at [CDC.gov/Coronavirus/2019-nCoV/Vaccines/Expect/After.html](https://www.cdc.gov/Coronavirus/2019-nCoV/Vaccines/Expect/After.html).

Finally, don't forget to continue to wear a mask and practice social distancing, even after you receive your vaccine. Research has shown that COVID-19 vaccines that require two shots may not protect you until a week or two after your second shot. It's critical to practice safe habits to promote the safety of everyone while the vaccine is distributed.

2020 was quite a challenging year, so let's stay strong in 2021. When it's your turn, sign up to be vaccinated and do your part to keep your neighbors healthy and well. If you have any questions about the vaccines or COVID-19, you can learn more at our COVID-19 resource center at [Aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus/vaccines.html](https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus/vaccines.html).

Catch up on preventive care.

Early in the COVID-19 pandemic, many people put off in-person doctor visits in order to help slow the spread of the coronavirus. For you and your family, that may have meant avoiding some routine care. But now it's time to catch up on any preventive health services you missed.

A good way to stay healthy

Preventive care includes screening tests, vaccines and wellness checkups that help you stay healthy. It includes things like:

- Mammograms and Pap tests for women
- Screenings for heart disease and cancer
- Childhood vaccines and well-child visits
- Flu and pneumonia shots
- Routine checkups where you can get advice about diet, exercise and safety

Most health plans cover preventive care services like these. So don't put them off. It's safe to visit your doctor again — and doing so helps keep you and your family healthy.

Sources: American Academy of Family Physicians; HealthCare.gov

Staying connected during COVID-19.

During the COVID-19 pandemic, it is important to take care of our mental health and to stay connected with loved ones. Below are a few tips for doing that:

- Have regular calls with friends and family. You can meet through FaceTime, Skype or Zoom.
- Start a text chain with loved ones about things to read, watch or listen to.
- Reach out to old friends who you haven't talked to by phone, email or social media.
- Play online games with family and friends using apps like Words with Friends.

- Start watching TV shows or movies at the same time with friends, then check in to discuss them.
- Exercise together: Walk and talk on the phone, attend the same online workouts or join the same online dance parties.
- Share recipes with family members or friends.
- Tune in to live-streamed concerts and other events together.

Source: [NAMICA.org/blog/ways-to-stay-connected-during-the-covid-19-crisis/](https://www.namica.org/blog/ways-to-stay-connected-during-the-covid-19-crisis/)



The remote patient monitoring program.

Better health starts with you. Our remote patient monitoring (RPM) program can help you get on the road to better health.

How RPM works:

- RPM is a voluntary program for members living with diabetes, congestive heart failure or a high-risk pregnancy.
- Members are enrolled in care management and are given a care manager.
- A clinical team watches member vitals and lets the member and their doctor

know when something needs attention.

- Your doctor gets timely and correct information about your health.
- Members get a monitor that is easy to use. It is delivered to their home, at no cost. Each kit has:
 - An iPad tablet.
 - Up to two devices to manage the disease.
- Members complete daily health sessions. During these sessions:

- Health information is taken.
- Education is provided.
- Members take surveys.
- Members can work with their clinical team to:
 - Get answers about their condition.
 - Check their vitals.
 - Monitor their health at home.
- Members can also answer questions about nutrition and housing.
- The monitoring period is typically 90 to 180 days.

This program helps lower unneeded emergency room and inpatient visits. It does not replace visits with your doctor or home visiting program.



 Do you have questions or feel interested in learning more? If so, please call **1-866-316-3784 (TTY: 711)** and ask for Care Management.

Aetna Better Health's new transportation provider: One Call.

To improve your transportation services, we have changed our non-emergency medical transportation (NEMT) effective December 1, 2020.

To schedule trips, call Aetna Better Health Member Services at **1-866-316-3784, option 6 (TTY: 711)**. **Schedule your trip with a minimum of three days (72 hours) of advance notice.**

One Call will provide the same transportation services that you got through our previous vendor.

- Rides to and from the doctor
- Rides to and from the pharmacy
- Rides to and from the dentist for Healthy Michigan members and pregnant women

- Rides to and from the Member Advisory Council meetings for members on the council

Mileage reimbursement is also available by calling One Call to complete the **mileage reimbursement form**. All mileage reimbursement requests should be submitted within **30 days** of the trip occurrence date.

Is it an emergency?

Imagine someone in your home is sick or hurt. They need care — but should you take them to your doctor or to the emergency room (ER)?

It's not always easy to know. But here's a good hint: If it's severe or could be life-threatening, call **911** or go to the ER. If it's not, your regular doctor or urgent care may be a better choice.

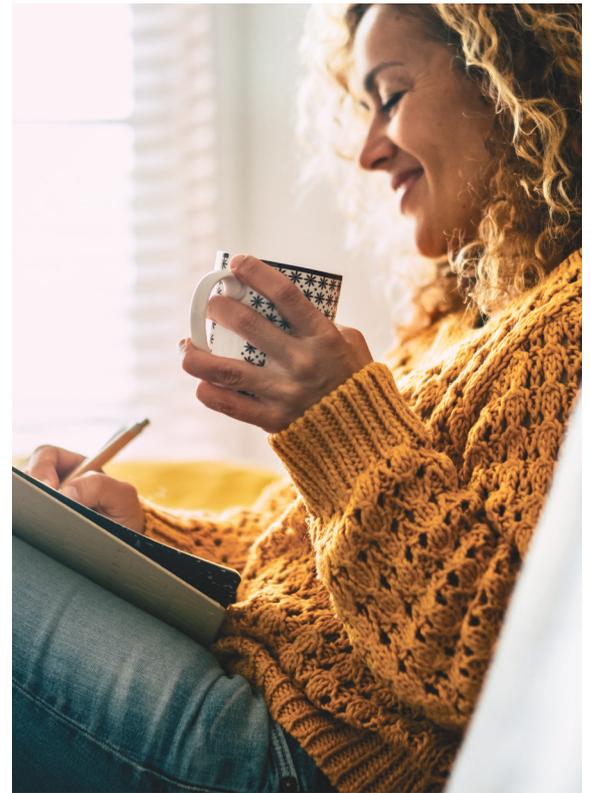
Think you've got it? Here's a game to test your knowledge. See if you can match the symptom to the right kind of care.

Bleeding that won't stop	 Doctor
Earache	
Low fever	
Chest pain	
Sore throat	
Trouble breathing	 ER
Twisted ankle	
Passing out	
Severe stomach pain	
Skin rash	
Sinus infection	
Sudden trouble speaking	

 If you're not sure, remember that you can call your doctor or **911** before going to the ER.

Answers
 Doctor: earache; low fever; sore throat; twisted ankle;
 ER: bleeding that won't stop; chest pain; trouble breathing; passing out; severe stomach pain; sudden trouble speaking.

Sources: American Academy of Pediatrics; American Academy of Urgent Care Medicine



Your feedback is important to us.

You may receive a survey from Aetna Better Health of Michigan called Consumer Assessment of Healthcare Providers and Systems (CAHPS). If you receive this survey, complete it as soon as you can. Your feedback helps us improve our services.

We strive to provide you the very best service. What does that mean?

“Always,” “Excellent” and “10.”

Any time you have a question or something more to share, we're here to listen. You can call us at **1-866-316-3784 (TTY: 711)**. We're open 8 AM to 5 PM, Monday through Friday.



You come first with us — always.

New dental benefits: Deep cleanings and electric toothbrushes.

Dental deep cleaning (scaling and planing)

Aetna Better Health now covers medically needed dental deep cleanings (scaling and planing) for:

- Healthy Michigan members
- Pregnant Medicaid members, up to 90 days after giving birth

Electric toothbrush

Healthy Michigan members and pregnant Medicaid members — up to 90 days after giving birth — can get an electric toothbrush when they get their yearly dental exam and cleaning. The toothbrush will be mailed to you once you get your dental services.

 If you have questions, please call Member Services at **1-866-316-3784 (TTY: 711)** Monday through Friday, 8 AM to 5 PM.

Health risk assessments for Healthy MI members.

Are you enrolled in Healthy MI? If so, Aetna Better Health wants to reward you for getting healthy.

Be sure to take your health risk assessment. As part of your benefits, Aetna Better Health will cover an annual checkup with your doctor.

After enrolling with Aetna Better Health, complete the health risk assessment form. The form asks questions about your current health. Bring this form with you when you visit your doctor for your checkup. Your doctor and Aetna Better Health will use this information to help meet your health needs.

The information you give in the form is personal health information, and it is kept confidential. It cannot be used to deny health care coverage.

If you need help completing this form or need another copy, just call Member Services at **1-866-316-3784 (TTY: 711)**.

Aetna Better Health will reduce your copays or give you a gift card if you schedule your health risk assessment within 60 days after you are enrolled in our health plan, unless you are in continuous failure to pay status. A health risk assessment should be completed annually.



What are social determinants of health?

Many patients believe that just the care their doctor provides can lead to improved overall health outcomes. Did you know that your health can also be affected by:

- Where you live
 - The type of housing you have
 - Possible contact with lead
 - The safety of your neighborhood
- Access to education
 - Early childhood
 - School-age
 - High school
- Your employment status
 - Is your income matching your need?
- Where your children play
 - Neighborhood safety
- Access to healthy food
- Available community resources
- Available support

These are what your doctor may call social determinants of



health (SDOH). These can affect your health, ability to function and quality of life.

Talk to your doctor about concerns on these topics, and ask for help when needed. You can also call Member Services at the number on the back of your ID card.

- We make it easier to get help.** Just call us for help with locating resources for:
- Housing
 - Employment
 - Education services
 - Food
 - So much more!

To find help with resources, look on our homepage, **AetnaBetterHealth.com/Michigan**. Click on “Community Resource Tool” in the “What’s New” section. This is a free online search tool that makes it quick and easy to find and request resources. Just type your ZIP code. You can look for free or reduced-cost services like housing, food or job training. We hope this will help you to be safe, happy and healthy.

How we make coverage decisions.

When making coverage decisions, Aetna Better Health of Michigan follows health care rules called MCG® Guidelines. Aetna Better Health’s Health Services staff uses these rules to determine the type of treatments that will be covered for you.

Aetna Better Health staff and its providers make health care decisions based only on proper care and service rules. You also must

have active coverage. There are no rewards to deny or promote care. Financial rewards for our doctors or staff cannot encourage decisions where you will not get the care you need.

Call Member Services at **1-866-316-3784 (TTY: 711)** if you have questions about how your services are approved or to get a copy of the rules used.

Pharmacy: Is this drug covered?

Prescription drugs are often an important part of your health care. As an Aetna Better Health of Michigan member, you have the right to certain prescription drug benefits.

Aetna Better Health of Michigan covers prescription drugs and certain over-the-counter drugs when presented with a prescription at a pharmacy.

To find out if a drug that you take 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 you have any questions about a drug that is not listed, please call Member Services toll-free at **1-866-316-3784 (TTY: 711)**, 24 hours a day, 7 days a week.

If a drug is not listed on the formulary, a pharmacy prior authorization request form must be completed. Your doctor will complete this form. He or she must show why a formulary drug will not work for you and include any medical records needed for the request.

The request form is available on our website. Your doctor may make a request by telephone at **1-866-316-3784 (TTY: 711)** or via fax at **1-855-799-2551**.

Aetna Better Health of Michigan members must have their prescriptions filled at an in-network pharmacy to have their prescriptions covered at no cost to them. You may go to our website to search for an in-network pharmacy near your ZIP code.

Prior authorization process

Aetna Better Health of Michigan's pharmacy prior authorization (PA) process is designed to approve drugs that are medically needed. We require doctors to obtain 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 that have been tried and do not work (step therapy).
- No other drugs on the formulary would work as well as the drug requested.



Fraud, waste and abuse.

Know the signs — and how to report.

Health care fraud means getting benefits or services based on untrue information. Waste is when health care dollars are not carefully spent. Abuse is doing something that results in needless costs. A health care provider, member or employee can do fraud, waste or abuse.

If you think you have seen or heard of fraud, waste or abuse happening, you have a right — and the duty — to report it:

- An example of provider fraud is billing for services or supplies that you did not get.
- A provider may order tests over and over that are not needed. That is abuse.
- Member waste could be going to the emergency room when you don't need to go.
- Changing a prescription or using a stolen prescription pad is fraud.
- If you ask a driver to take you to a place that has not been approved, that is abuse.
- Acting hostile or abusive in a doctor's office or hospital is also abuse.

If you see or find out about fraud, waste or abuse, make a report. You can do so without leaving your name on our fraud and abuse hotline. Just call **1-855-421-2082 (TTY: 711)**. You can also write to us at:



Aetna Better Health of Michigan
28588 Northwestern Highway,
Suite 380B
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You can also report fraud, waste or abuse to the Michigan Department of Health and Human Services, Office of the Inspector General, by calling **1-855-643-7283 (1-855-MI-FRAUD)**. Or write to:

Michigan Department of Health and Human Services
Office of the Inspector General
P.O. Box 30062
Lansing, MI 48909

Or report online at **Michigan.gov/Fraud**. You don't have to leave your name.

People who knowingly make false claims may be subject to:

- Criminal fines up to \$250,000
- Prison for up to 20 years
- Being suspended from Michigan Medicaid

If the violations resulted in death, the person may go to prison for years or for life. For more information, refer to 18 U.S.C. Section 1347.

Anti-Kickback Statute

The Anti-Kickback Statute bans knowingly and willingly asking for, getting, offering or making payments (including any kickback, bribe or rebate) for referrals for services that are paid, in whole or in part, under a federal health care program (including the Medicare program). For more information, refer to 42 U.S.C. Section 1320a-7b(b).

Need help? Go online to learn about these resources.

Healthy Michigan. From the member homepage (“For Members”), click on “Healthy Michigan” and then click on the “Member Handbook” tab. Then click on the “Member Handbook” link to download a copy of the Member Handbook.

Medicaid and MIChild. From the member homepage (“For Members”), click on the “Medicaid & MIChild” tab, and then click on the “Member Materials” tab. Then click on the “Member Handbook” link to download a copy of the Member Handbook.

- How to reach us: by phone and after hours
- How to use language assistance and interpreter services
- Benefits and services covered in your plan
- Plan restrictions or exclusions from coverage
- Copays and/or other charges you may be responsible for
- Benefit restrictions for services obtained outside the network or service area
- Information on participating practitioners, including contact information, specialty, qualifications and educational background
- How to get primary care services, including points of access
- How to get specialty care, second opinions, behavioral health care and hospital services through either your primary care provider or self-referral
- Direct access to women’s preventive health care and family planning services
- How to get care after normal business hours
- How to get emergency care, including when to go to the emergency room or call **911** services
- How to get care and coverage outside the service area
- How to file a complaint by phone or in writing
- How to file an appeal
- How new technology is evaluated
- What utilization management (UM) is, how we make decisions, how to contact our UM department and our affirmative statement about incentives
- Our quality management program, including goals and outcomes
- Population health and care management programs, including eligibility; the referral process for member, caregiver or doctor; and opting in or out of a program
- Member rights and responsibilities
- Our privacy practices, including collection, use and disclosure of written, oral and electronic protected health information
- Information about advance directives
- Information about pharmacy procedures



For a printed copy of the Member Handbook on our website, call Member Services at **1-866-316-3784 (TTY: 711)**.

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.

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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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