



Aetna Better Health® of Michigan



Member Newsletter

Winter 2019–2020

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 6 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.

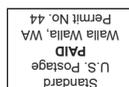
It's easy to get your flu shot

Just call your primary care provider (PCP). You may be able to get one with a nurse visit at the PCP 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

January 2020 Healthy Michigan Plan work and activity requirements

Beginning January 2020, to keep Healthy Michigan Plan (HMP) coverage, some Aetna Better Health HMP members will be required to complete and report 80 hours of work or activities every month. The work or activities could include:

- Having a job or income
- Being a student
- Looking for a job
- Volunteering (this activity can only be used for three months each calendar year)
- Doing job training

- Participating in a tribal employment program
- Participating in rehab (substance abuse)
- Doing vocational training
- Doing an internship

Anyone who is 19 to 62 years old and enrolled in the HMP will be required to report work or activities unless they are exempt (excused). Someone may be exempt (excused) for up to one year, and the exemption can be renewed. In some cases, the Michigan

Department of Health and Human Services (MDHHS) will already know someone is exempt (excused) and will apply the exemption automatically.

Members can be exempt (excused) if they are:

- **Pregnant** or were pregnant in the last two months
- **Medically frail**
- **The main caretaker for a family member under 6** (one parent per household)
- **A full-time student**
- **Under age 21 and were in Michigan foster care**
- **In prison or jail** in the last 6 months
- **Getting state of Michigan unemployment** benefits
- **Getting temporary or permanent disability payments** from a private insurer or the government
- **Affected by a medical condition that limits work**, approved by a doctor
- **Caring for a dependent who has a disability** and who has a doctor's order for full-time care (one claim per household)
- **Caring for a person who cannot make decisions for themselves**
- **Able to demonstrate a good cause circumstance** such as experiencing a disability, hospitalization or serious illness

To claim an exemption, fill out and send MDHHS the exemption form MSA-1905 by Jan. 31, 2020. The form can be found online by going to michigan.gov/healthymiplan and clicking on the link that says "Changes coming in January 2020."

Members who are covered through HMP should have received a letter in September or October. The letter either let members know that they are required to report work or activities, or that they are excused from reporting work or activities.



 You can submit your work activities through MI Bridges at newmibridges.michigan.gov. Register and log in to get started.



Healthy Michigan Plan (HMP) changes coming in late 2020

Some members who have had HMP health care coverage for at least 48 months will have to:

- Make new HMP premium payments on time, **and**
- Do a yearly HMP Health Risk Assessment (HRA) to keep their health care coverage **or**
- Complete a healthy behavior yearly

Members with all three of the following will be affected by this change:

- Have income over 100% of the federal poverty level (\$12,140 per year for one person, \$25,100 per year for a family of four)
- Are enrolled in a health plan
- Have been enrolled in the HMP for a total of 48 months or more

Beneficiaries in the above group may be exempt (excused) from these requirements if they are at least one of the following:

- American Indian/Alaskan Natives (may be exempt from premiums but not healthy behavior requirements)
- Under 21 years of age (may be exempt from premiums but not healthy behavior requirements)

- Pregnant women
- Identify or self-report as medically frail
- Enrolled in the Flint water waiver
- Able to demonstrate a good cause circumstance such as experiencing a disability, hospitalization or serious illness

How to complete a Health Risk Assessment (HRA)

Aetna Better Health HMP members should complete an HRA once a year with their primary care physician (PCP) and can contact their health plan for information or help completing an HRA and healthy behavior.

Health plan members can check on HMP (also known as an MI Health Account) amounts owed by calling **1-800-642-3195 (TTY: 1-866-501-5656)** and can pay any outstanding balance online by check or money order. Details and payment coupons are included in HMP payment statements.

More information will be available about these changes later in 2020.

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 age 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.

What to know when you are released from the hospital

Timely follow-up after being in the hospital is important. Care received after being in the hospital will keep you healthy and feeling good.

Leaving the hospital can be busy. A lot of information is given at discharge. It is important to ask questions and speak up if you need any special assistance. Place your discharge paperwork in an easy-to-find location.

Set a reminder for your follow-up appointment. Make sure your spouse, child or friend is also aware of the appointment.

If you need a ride to your office visit, Aetna Better Health can help. A ride to your doctor and pharmacy can be scheduled by calling Member Services at **1-866-316-3784**. Call at least three working days before your scheduled appointment.

 If you need help with getting care or services, call **1-866-316-3784** and speak to a care coordinator. A care coordinator can help with mental and physical health needs.

The Consumer Assessment of Healthcare Providers and Systems 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.

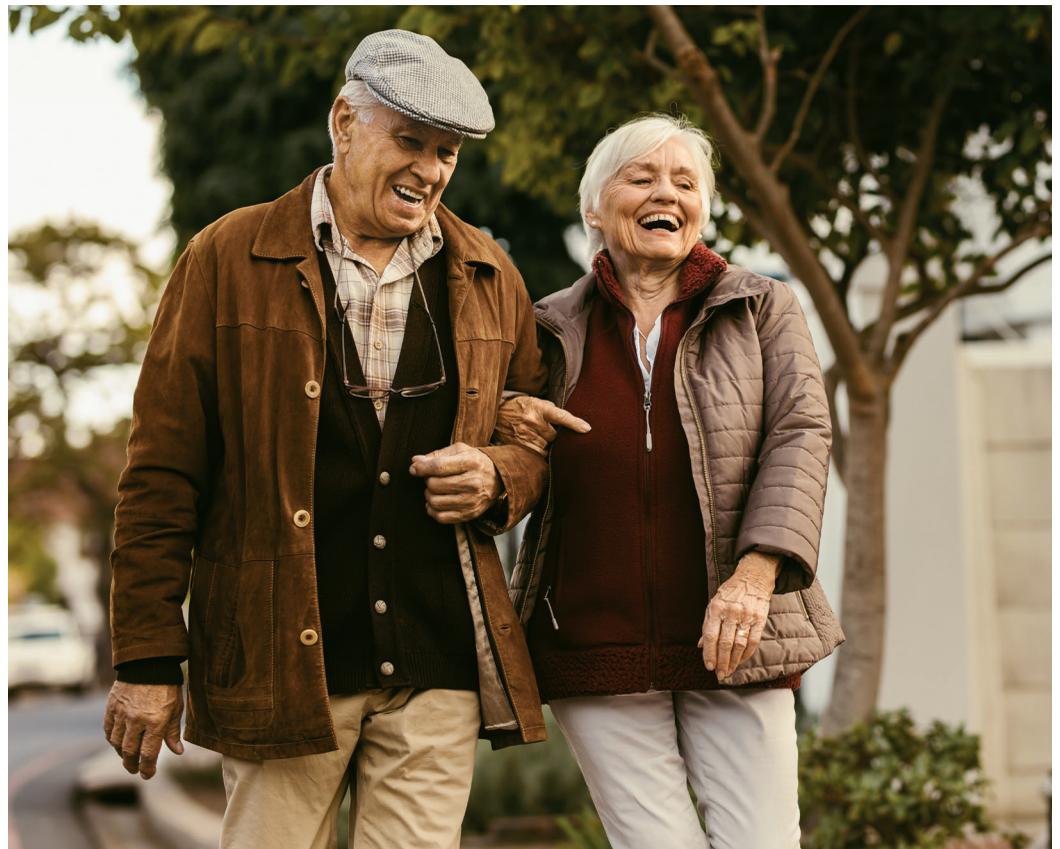
The CAHPS survey measures member satisfaction with health care and services received in the last six months. The survey then compares the results that it gets from Aetna Better Health members with the results it gets from members of other Medicaid plans.

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.

 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.



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



 To find out if a drug that you take is covered, you can check our formulary at aetnabetterhealth.com/michigan.

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** 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.

- 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.

Both parties will be told of the decision by telephone or mail.

Aetna Better Health of Michigan will fill prescriptions for a 72-hour supply if the member is waiting for a decision by the plan.

Step therapy and quantity limits

The step therapy program requires certain drugs, such as generic drugs or formulary-brand drugs, to be prescribed before a specific second-line drug is approved. Drugs that have step therapy are listed on the formulary with "STEP." Certain drugs on the Aetna Better Health of Michigan formulary have quantity limits and are listed on the formulary with "QLL."

The QLLs are based on FDA-approved doses and on nationally noted guidelines.

Your doctor can request an override of step therapy and/or a quantity limit. He or she can fax a pharmacy prior

authorization request form with medical records to **1-855-799-2551**.

CVS Caremark Specialty Pharmacy

Some drugs are considered specialty drugs. They treat conditions such as cancer, multiple sclerosis and rheumatoid arthritis. Specialty drugs may not be available in your local pharmacy. A prior authorization is needed before they can be filled and delivered. Your doctor can call **1-866-316-3784** to request prior authorization or complete the prior authorization form found on our website at **aetnabetterhealth.com/michigan** and fax it to **1-855-799-2551**.

Specialty drugs can be delivered to the provider's office, member's home or other location as requested.

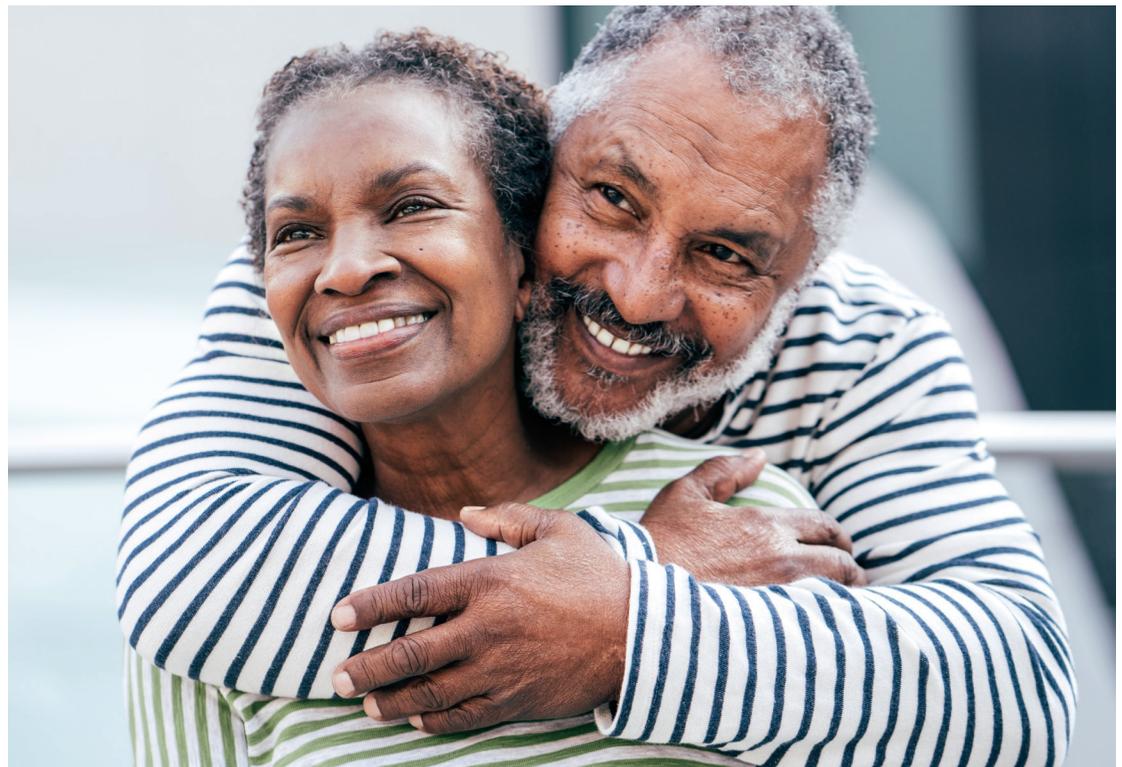
Mail-order prescriptions

Aetna Better Health of Michigan offers mail-order prescription services through CVS Caremark. Use one of the following to request this service:

- Call CVS Caremark toll-free at **1-800-552-8159 (TTY: 711)**, Monday through Friday, 8 a.m. to 8 p.m., for help signing up for mail-order service. CVS Caremark will call the prescribing provider to get the prescription with the member's OK.

- Go online to **caremark.com/wps/portal**
- Log in, and sign up for mail service online. If the member gives an OK, CVS Caremark will call the prescribing provider to get the prescription.
- Request that your doctor write a prescription for a 90-day supply with up to one year of refills. CVS Caremark will mail a mail service order form. When the member receives the form, the member fills it out and mails CVS Caremark the prescription and the order form. Forms should be mailed to:

CVS Caremark
P.O. Box 94467
Palatine, IL 60094-4467





Vaping: Your questions answered

The use of e-cigarettes, or vaping, has become a common alternative to smoking traditional tobacco. However, its long-term health effects are not yet fully known. Here are some common questions about vaping and how it compares to smoking regular tobacco.

Q: How does vaping work?

A: Vaping refers to the use of electronic cigarettes, which are also known as vaporizers, vape pens, e-cigarettes, mods or electronic nicotine delivery systems (ENDS). E-cigarettes vary in shape and size, but they all contain a liquid that is heated until it turns into a vapor and then inhaled.

Q: Is vaping addictive?

A: Vapor from e-cigarettes usually contains nicotine, a highly addictive chemical. Studies have also shown that some e-liquids contain other cancer-causing chemicals and toxins, heavy metals, and other addictive compounds.

Q: Can vaping help you quit smoking regular cigarettes?

A: There is currently not sufficient evidence that e-cigarettes help smokers quit. In fact, some studies have found that people who tried to use e-cigarettes as a quit aid were less likely to quit smoking than those who didn't. There are seven other smoking cessation methods approved by the U.S. Food and Drug Administration that can help smokers quit effectively and safely.

Vaping lung injury outbreak

The Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), health departments, and other partners are studying an outbreak of lung injury associated with use of vaping products that has occurred across several states. Symptoms of lung injury include:

- Cough, shortness of breath or chest pain
- Nausea, vomiting or diarrhea
- Fatigue, fever or abdominal pain

Symptoms usually developed over a few days or over several weeks.

Since early October 2019, about 1,080 lung injury cases associated with use of vaping products have been reported to CDC, and 18 deaths have occurred in 15 states. Most patients report a history of using THC-containing products. The latest national and regional findings suggest products containing THC play a role in the outbreak.

CDC does not know what specific chemical is causing the lung injuries associated with vaping. There is no one product or substance that is linked to all of the cases, and more information is needed to know whether one or more

vaping products is causing the outbreak.

CDC has the following recommendations while they investigate the outbreak:

- Do not use vaping products, especially those that contain tetrahydrocannabinol (THC).
- If you are using vaping products with nicotine to quit smoking cigarettes, do not go back to using cigarettes.
- Do not buy vaping products from informal sources like friends or family or “off the streets,” and do not change or add any substances to the products that are not intended by the manufacturer.
- If you are pregnant, a teenager or a young adult, do not use vaping products.
- THC has been associated with many problems, especially with long-term heavy use. People

with marijuana use disorders should get treatment from a health care professional.

Sources: Centers for Disease Control and Prevention; National Institute on Drug Abuse; U.S. Food and Drug Administration

[cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)



Need help? Go online

Go to aetnabetterhealth.com/michigan. From the member homepage, click on each section to learn about the following:

- Benefits included in and excluded from your coverage
- The prescription drug formulary and pharmacy procedures
- Charges you may be responsible for
- Benefit limits and getting care outside the system or service area
- Language assistance, including interpreter services
- Submitting a claim for covered services
- Finding network providers and information about them
- Getting primary care, including points of access
- Getting specialty, behavioral health or hospital care
- Getting care after office hours
- Getting emergency care and knowing when to call **911**
- Filing a complaint, appeal or fair hearing
- Evaluation of new medical technology
- What utilization management (UM) is, how we make decisions and how to contact our UM department
- Our disease management and case management programs
- Member rights and responsibilities
- Our privacy practices
- Our quality and compliance efforts and outcomes, including a description of our quality management program

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/providers with hearing impairment, please use our TTY line at **711**.

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



 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>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

MI-16-09-03

