



All smiles



AetnaBetterHealth.com/Michigan

Aetna Better Health® of Michigan

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

We can help!

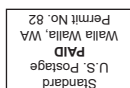
Do you need help finding transportation, food for your family, housing, utility assistance, or other services that will help you and your family? Our case managers are available to help you locate what you need in your community.

 Please call our Care Management department at **1-855-676-5772 (TTY: 711)**.

Member Newsletter

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Vaccines help keep kids and teens healthy.

One of the most important things you can do as a parent is to make sure your kids get their shots, or “vaccines.” The benefits of these shots last a lifetime. Your kids will never have to worry about the diseases that harm or kill many children in other countries.

The shots your kids get are safe. They work very well. They almost never cause any reaction or have any serious side effects.

Your kids should have most of the shots they need by age 2. Older kids need booster shots now and then. Teenagers need certain shots too. Call the doctor’s office to make sure your kids are up-to-date on their vaccines.

Get rewarded for getting care!

Aetna Better Health of Michigan offers gift cards and other rewards for receiving certain care. For more information about our incentive programs, call Member Outreach at **1-855-737-0770 (TTY: 711)**.

Even during COVID-19, don’t skip your child’s shots.

Families are focused on staying healthy during the pandemic. And that’s the right thing to do.

But health experts have an important reminder for parents. COVID-19 prevention shouldn’t mean skipping your child’s vaccines.

Vaccines help protect kids of all ages from serious diseases. Those include diseases like whooping cough and measles. The Centers for Disease Control and Prevention recommends children get many of their shots by age 2.

Schedule your child’s shots

Doctors’ offices are taking steps to keep their patients safe during checkups and vaccine visits.

If you think you may have fallen behind on your child’s shots, talk to their doctor. They can fill you in on vaccine recommendations for your child.

Here are some shots that kids of different ages may need.

Infants and toddlers (birth to age 2 years)

- DTaP (diphtheria, tetanus and pertussis)



- MMR (measles, mumps and rubella)
- Chickenpox
- Pneumonia
- Hepatitis A and B
- Polio

Preschoolers and school-aged kids (ages 3 to 10)

- DTaP (diphtheria, tetanus and pertussis)
- MMR (measles, mumps and rubella)
- Chickenpox
- Polio

Preteens and teens (ages 11 to 18)

- HPV
- Meningitis
- Tdap (tetanus, diphtheria, pertussis)

Need help? Go online.

Turn to [AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan).

From the Member Home Page (For Members), click on “Member Handbook Quick Reference” to learn about the following:


- 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
- Co-pays 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
- 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
- Population Health and Care Management programs, including eligibility; the referral process for member, caregiver or doctor; and opting in or out of a program
- Information about pharmacy procedures

Want to know how we are doing? From the Member Home Page, click on “Resources & Services,” then “Quality Matters” and then on “Quality Report.” This information can also be found in the Member Handbook. Your updated Member Handbook is on our website under “Member Materials” in the member tab.



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

Don't let stigma get in your way!

Stigma about mental health leads to false beliefs. It stops people from getting the help they need. Mental health illnesses are like physical health illnesses. With treatment, people feel better

and recover. For assistance, please call the Care Management department at **1-855-676-5772** (TTY: 711).



Children's Special Health Care Services.

Children's Special Health Care Services (CSHCS) was created to find, diagnose and treat children in Michigan who have chronic illnesses 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. 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 (TTY: 711)**.

CSHCS promotes care that:

- Is community-based
- Is family-centered
- 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.

Parents: Stay the course with ADHD treatments.

Medicine can make a big difference in the lives of kids with attention-deficit/hyperactivity disorder (ADHD). It can help them focus more and fidget less — at home and school. It can help them have better social skills too.

The most widely used ADHD drugs are called stimulants. They have a calming effect in people with ADHD. Studies show that about 80% of kids with ADHD improve a great deal with this medicine. But it must be taken as directed.

Work with your child's provider

There are different kinds of stimulants. And some children respond to one but not another. That means it can take some time and more than one follow-up visit with a primary care provider to find the right stimulant at the right dose. Make one follow-up visit within 20 days of starting the medicine. Then schedule two more visits during the year.

The best way to find an effective match is to work closely with your child's primary care provider. Keep an eye on your child's behavior. And tell your provider if your child's symptoms improve or, as important, get worse.

Watch for side effects too. Most can be eased — for

example, by adjusting the medicine's dose.

Be aware, too, that medicine is never a replacement for other ways to help your child control their behavior, such as rewarding positive changes or using calm discipline.

One last tip: No matter how much your child improves, stick with your child's treatment plan, including their medicine. Never stop your child's medicine without an OK from your child's provider.

Sources: American Academy of Family Physicians; American Academy of Pediatrics; Centers for Disease Control and Prevention



What is the Provider Directory for?

Check your Provider and Pharmacy Directory.

You can find out if the provider is taking new patients or if the office is handicap accessible.

You can also find the basics, like:

- Provider name, address and phone number
- Provider specialty and board certification (look for ★ showing certification)
- Provider spoken languages and other details

The doctors in our network have to meet certain education and experience standards. And we require them to give you high-quality health care services. You can get more information about your doctor by calling Member Services at **1-866-316-3784** (TTY: 711).

Quality improvement at Aetna Better Health® of Michigan.

Our Quality Management department wants to make sure you get good care and services.

That includes:

- Health management programs that work for you
- Easy access to quality medical and behavioral health care
- Help with any complex or chronic conditions or illnesses
- Support when you need it most
- High satisfaction with your doctors and with us

Our quality improvement activities each year include:

- Contacting you to remind you to get care (like well-child checkups)
- Sending you postcards or newsletters about health topics
- Reviewing the number, quality and kinds of services you receive
- Reminding your doctors and you about preventive health care
- Making sure you're continuing to get the care you need
- Checking that your calls are answered quickly and that you get the right information



- Ensuring that your doctor has all the information needed to care for you or your child

We have many more quality programs. You can call our Member Outreach Team at **1-855-737-0770 (TTY: 711)** or at the number on the back of your ID card to learn more about what we do to improve your care.

We're also happy to give you a printed copy of our program goals and how we're doing. You can also read updates on our website at **[AetnaBetterHealth.com/Michigan/members/resources/quality](https://www.aetna.com/betterhealth/michigan/members/resources/quality)**.


24-hour Nurse Line.

Do you have a medical question and don't know what to do? Call our 24-hour Nurse Line. Our Nurse Line can help answer specific health questions. You can also get advice on what to do when you need health care.

The toll-free number for the Nurse Line is **1-866-711-6664 (TTY: 711)**. You can also find the Nurse Line number on the back of your child's Aetna Better Health ID card.

Seeking medical care after hours (non-emergency).

You can call your primary care provider (PCP) for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

 Aetna Better Health of Michigan has a toll-free Nurse Line at **1-866-711-6664 (TTY: 711)** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

When you have a complaint or grievance.

We take complaints and appeals very seriously. We want to know what's wrong so we can improve our services. Enrollees can file a grievance or make an appeal if they are not satisfied. A network provider may act on behalf of an enrollee with the enrollee's written consent. With that authorization, the provider may file a grievance or request an appeal and a State Fair Hearing.

We inform enrollees and providers of the complaints, appeals and State Fair Hearing procedures. This information is also contained in the enrollee handbook and provider handbook. When requested, we give enrollees reasonable assistance in completing forms and taking other procedural steps. Our assistance includes, but is not limited to, interpreter services, alternate formats, and toll-free numbers that have adequate TTY/TTD and interpreter capability.

How to file a complaint

We want to keep our members happy. We know there are times when members have questions or concerns about the service that they receive. When this happens, feel free to call Member Services at **1-866-316-3784 (TTY: 711)**. We will try to clear up any concerns as quickly as possible. If you're still not happy, we have procedures for addressing your concerns. For a more complete explanation of the grievance and appeal process, please see Section 10 of the Certificate of Coverage. You may also call Member Services at **1-866-316-3784 (TTY: 711)** or visit our website.

Be prepared with an advance directive.

Staying healthy is a goal we all want. However, sometimes things happen all of a sudden.

It's always good to prepare for things we don't expect.

Advance directives help you be prepared. Advance directives are instructions about your medical care if you are not able to make those decisions.

An advance directive becomes your voice when you can't say what you want or speak for yourself. Advance directives can also say who makes medical decisions for you when you can't.

There are two kinds of advance directives:

- **A living will** is a document that says what medical care you want or don't want. It is used in the event that you are not able to speak for yourself.
- **A health care power of attorney** is a legal document that says who can make medical decisions for you. It is also used when you are not able to speak for yourself.



For more information about advance directives, visit our website:

[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan).



What do we use to make decisions?

Medical necessity criteria are guidelines that our doctors use to decide if a service or procedure is needed to treat your child's condition or illness. If you have received a letter saying that a service or procedure has been denied, you have the right to request a copy of the guidelines used by our doctor. You also have the right to appeal our doctor's decision. For additional information, call our Member Services number at **1-866-316-3784 (TTY: 711)**.



If your child sees a behavioral health doctor or any other specialist, be sure to tell their primary care provider. The PCP can help support your child's care.

Fraud and abuse: What to know.

Fraud, abuse and waste are widespread in the health care industry and generally result in the increase of health care costs. The health plan is dedicated to fighting fraud, abuse and waste through its Fraud Prevention Program. This program is designed to detect and eliminate health care fraud, abuse and waste.

Some common examples of fraud and abuse are:

- Billing for services never provided
- Billing for more expensive services than were actually provided
- Incorrectly stating a diagnosis to get higher payments
- Performing unnecessary services to get higher payments
- Misrepresenting non-covered procedures as medically necessary

- Selling or sharing a member's identification number for the purpose of filing false claims

If you think you have seen or heard of fraud, waste or abuse happening, you have a right — and the duty — to report it. You can do so without leaving your name.

Here's how:

- Call the Aetna Better Health compliance hotline at **1-855-421-2082 (TTY: 711)**.
- Use the fraud and abuse form on the website: **[AetnaBetterHealth.com/Michigan/fraud-abuse](https://www.aetna.com/michigan/fraud-abuse)**

You can also contact the Michigan Department of Health and Human Services, **Office of Inspector General (OIG)** to make a fraud, waste or abuse referral. Their contact phone number is **1-855-MI-FRAUD**

(1-855-643-7283), 8 AM to 5 PM. You may leave a voicemail message after hours.

You can also use the following to report fraud and abuse to the MDHHS OIG:

1. MDHHS OIG main website: Go to **[Michigan.gov/MDHHS](https://www.michigan.gov/MDHHS)**. Under "Inside MDHHS," click "Office of Inspector General," then "Contact Us" and then "Report Medicaid Fraud."
2. **Submit an online complaint form:** Follow the above steps, then click the link for "ONLINE COMPLAINT."
3. **Mail:** Office of Inspector General
PO Box 30062
Lansing, MI 48909
4. Email: **MDHHS-OIG@michigan.gov**

Try MyActiveHealth today.

Great news! As part of your health benefits, you're automatically a member of **MyActiveHealth.com**.

MyActiveHealth is a secure, online site that has all the health information that's important to you in one convenient place.

MyActiveHealth includes a Personal Health Record. There, you can store all your health data and medical history for easy access.

With MyActiveHealth, your health information works hard to help you take better care of yourself. MyActiveHealth is also your personal gateway to lots of other great health programs and services.

Here are some of the things you can do at **MyActiveHealth.com**:

- Create email reminders of doctor appointments and record them on a calendar.
- Use a computer to access your secure Personal Health Record and share health information, even at the doctor's office.
- See the most important steps you can take to improve your health.



- Listen to a podcast, watch a video or print out materials on health topics.
- Get the latest news on issues important to your health.
- Find out about resources and programs available to you.
- Check potential drug interactions.
- Find and print out recipes for great-tasting, healthy eating.

 Go to **MyActiveHealth.com** to get started. MyActiveHealth is free. You can log on 24 hours a day, 7 days a week.

Family planning services available at no cost.

We cover family planning services for women of all ages. The following services are provided at no cost to you.

- Family planning education and counseling
- Birth control

One type of birth control that you can ask your doctor about is long-acting reversible contraceptives (LARCs).

These include:

- Intrauterine devices (Mirena and Paragard)
- Subdermal contraceptive implants (Nexplanon)

How can LARCs benefit you?

- They help prevent unwanted pregnancies.
- They are safe for women of all ages.
- They can be inserted right after you have a baby.
- They will not affect your fertility.

Call your doctor today to see if a LARC is the right choice for you. If you need help making an appointment or to get a ride to your doctor's office, just call Member Services at the number on the back of your ID card or **1-866-316-3784 (TTY: 711)**.

We're available 24 hours a day, 7 days a week. LARCs are a covered benefit for Aetna Better Health of Michigan members!

Change to our Notice of Privacy Practices.

Recently we added an update to our Notice of Privacy Practices. Here is what we added:

Race/ethnicity and language data

We may get information related to your race, ethnicity and language. We protect this information as described in this notice. We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create health education information
- Let the doctors know about your language needs

We do not use this information to:

- Determine benefits
- Pay claims

- Determine your cost or eligibility for benefits
- Discriminate against members for any reason
- Determine health care or administrative service availability or access

Your privacy matters

We understand the importance of keeping your personal and health information (PHI) secure and private. We are required by law to provide you with the Notice of Privacy Practices.

This notice tells you of your rights about the privacy of your PHI. It tells you how we may use and share your personal information.

If you have any questions, Member Services can help. Just call the phone number on the back of your ID card or **1-866-316-3784 (TTY: 711)**.



You can request a copy at any time.

Both Aetna Better Health and your providers make sure that all member records are kept safe and private.

To view the entire Notice of Privacy Practices, visit **[AetnaBetterHealth.com/Michigan/privacy-policy](https://www.aetnabetterhealth.com/michigan/privacy-policy)**.

If you get a bill or statement.

You should not get a bill from or have to pay a network provider for covered benefits or preauthorized services. If you get a bill, you should call the health care provider listed on the bill and make sure they have all of your insurance information. You may get a letter

from us that says your child's service was denied for payment. This doesn't mean that you owe money. Most of the time you will not owe anything. If you have questions, call Member Services **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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