Thank you for your partnership and dedication.

This past year has presented us all with many new and unprecedented challenges — as businesses, as health care providers and as individuals. We have had to adjust to work from home; limit in-office health care visits; and socially distance from patients, colleagues, friends and loved ones alike. Many struggle with isolation and with questions and serious health concerns.

You have had to set up new business practices to meet the growing need for telehealth and behavioral health services, and you've struggled to ensure that patient access is maintained while ensuring the safety of yourself and your family. However, with each challenge, we have been amazed at the strength, bravery and resiliency of your staff and health care providers. Your hard work and dedication to provide quality health care to all members has been our nation's guiding light in the face of adversity, and we sincerely thank you.

A new year brings a new start and new beginnings. We at Aetna Better Health of California would like to take the opportunity to wish you and your staff a healthy, happy and prosperous New Year. We look forward to our continued partnerships and are confident that together we can conquer any new challenges tomorrow will bring.

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Medi-Cal Rx support services.

Reminder: This information is changing in 2021.

Medi-Cal Rx support prior to April 1, 2021

For information on Medi-Cal Rx, visit the Provider Portal on **Medi-CalRx.DHCS.CA.gov** or the Medi-Cal Rx Transition page on the DHCS website. For general questions related to Medi-Cal Rx, please send an email to **RxCarveOut@dhcs.ca.gov**.

Medi-Cal Rx Customer Service Center (CSC) beginning April 1, 2021

Magellan Medicaid Administration, Inc. (MMA) will implement a Medi-Cal Rx Customer Service Center to assist providers (including, but not limited to, pharmacists and prescribers) and beneficiaries.

The Medi-Cal Rx CSC will be available beginning April 1, 2021. The toll-free number for the CSC, **1-800-977-2273**, will be available 7 days a week, 24 hours a day and 365 days a year. The telephone menu options are included at right to allow providers to update processes and any automation they may have in place today.

Medi-Cal Rx Customer Service representatives will be able to respond to questions that include, but are not limited to, the following:

- Claims processing and messaging
- Drug coverage
- Beneficiary eligibility
  - Please note: For beneficiaries dually enrolled in Medicaid and Medicare, beneficiaries should be directed to **1-800-MEDICARE (1-800-633-4227)** or to the Help Desk of their Medicare Part D Prescription Drug Plan.

Please note that prior to April 1, 2021, for general questions about Medi-Cal Rx, providers should contact the general Medi-Cal Member Help Line at **1-800-541-5555**, Monday through Friday, 8 AM to 5 PM.

Nationwide toll-free number: 1-800-977-2273

Main menu options
Beneficiaries: Press 1
Pharmacies: Press 2
Prescribers: Press 3
Authorized MCP representatives: Press 4
TTY callers: Press 5
All other callers: Press 6

Senate Bill 137 surveys.

It's that time of the year again! Our SB137 surveys should have already been sent to your office(s). In order to maintain compliance, we must verify the location information for each in-network provider. It is vital that we receive your response(s). If you have not received a request to verify your office information and would like to ensure that your information is listed correctly in our Provider Directory, please contact us at **CaliforniaProviderRelationsDepartment@Aetna.com**.

Coming soon: Teladoc® telemedicine services.

Teladoc® connects members with licensed doctors in minutes. Forget the hassle of waiting rooms and traveling to appointments. Teladoc lets members video chat with a doctor 24/7 at no extra cost. They can help members treat common issues like flu, sinus infections, stomachaches and much more.

Annual DMHC survey.

As required by Health and Safety Code section 1380(i)(2), the Department of Managed Health Care will conduct a follow-up review (survey) of Aetna Better Health of California Inc. on January 19, 2021. We may reach out to you or your office staff to request information for this survey. If you have any questions or concerns regarding this process, please feel free to reach out to the Network Relations team at **CaliforniaProviderRelations@Aetna.com**.

Rx restrictions and preferences.

A current list of preferred pharmacies and formularies is available 24/7 on our members' website, located at **AetnaBetterHealth.com/California/members/pharmacy**.

Aetna Better Health of California's pharmacy prior authorization (PA) processes are designed to approve only the dispensing of medications deemed medically necessary and appropriate. Our pharmacy PA process will support the most effective medication choices by addressing drug safety concerns, encouraging proper administration of the pharmacy benefit and determining medical necessity. Typically, we require providers to obtain PA prior to prescribing or dispensing the following:

- Injectables dispensed by a pharmacy provider
- Nonformulary drugs that are not excluded under a state's Medicaid program
- Prescriptions that do not conform to Aetna Better Health of California's evidence-based utilization practices (e.g., quantity level limits, age restrictions or step therapy)
- Brand-name drug requests, when an "A" rated generic equivalent is available

Good for your body and soul.

For exercise, there may be nothing like the great outdoors.

Is the gym your usual go-to place for exercise? Then you may need a change of scenery, and one with lots of it: the great outdoors.

If you need a nudge to move your exercise outside, there's plenty of incentive.

Research suggests that outdoor exercise delivers health benefits that can't be duplicated indoors. And a key one is a bigger boost in positive emotions.

One study, for example, found that outdoor workouts can lift your mood more and help you feel more energetic and revitalized than indoor ones. Another found that as few as five minutes of outdoor exercise can improve self-esteem, especially if you're near greenery or water.

Moving your workouts outdoors also lets you:

Connect with nature. That's one of the best perks of outdoor exercise. Think of it this way: Where are you likely to enjoy exercise more, on a treadmill in a crowded gym or on a hiking trail in a nearby park?

Save money. You don't need a gym membership. The outdoors belongs to all of us.

Potentially burn more calories. When you're jogging or biking outdoors, a strong headwind can help you burn more calories. You have to work harder to overcome the wind's resistance.

Get out and enjoy!

So rather than staying cooped up inside, take a brisk walk either alone to clear your mind or with a buddy to socialize (just be sure to wear masks and maintain social distancing!). Work out your muscles on a local hill, bike on a neighborhood street, or walk one lap and jog the next at a nearby school track.

Or treat yourself to a walk in the woods, in a meadow or along a stream at a park. See if a park close by offers an exercise boot camp or a yoga class or has exercise equipment. Many parks do now.

You can turn exercise into family time too. Play on a playground with your child (or grandchild), or take a nature hike together. After all, everybody deserves to have fun outdoors.

Source: American Council on Exercise

How vaccines are developed.

It's a step-by-step process.

Vaccines help protect us from many diseases, and that makes our lives a lot better. But have you ever wondered what it takes to get a vital new vaccine to market?

It's a rigorous testing and approval process. The basic steps:

1. **Exploratory and preclinical research.** In the earliest stages of development, lab scientists conduct basic research — they begin to explore the feasibility of a new vaccine. A candidate vaccine may then be studied in cell or tissue cultures and in animals but not yet in humans.

2. **Clinical trials.** Next, if allowed by the U.S. Food and Drug Administration (FDA), a promising vaccine may be studied in people. Among other things, scientists will assess the vaccine's safety and ability to provide immunity, the number of doses needed, and any side effects.

   Most clinical trials happen in three phases:

   Phase 1. The vaccine is given to a small group of adult volunteers. (Later, children also may get the trial vaccine, if it is intended for them, after it is first tested in adults.)

   Phase 2. The vaccine is given to hundreds of people, and some of the participants are similar to those for whom the new vaccine is intended. These trials are randomized and well-controlled and include a placebo group.

   Phase 3. The vaccine is given to thousands of people and compared to a placebo. The trials are randomized and double blind — neither the trial participants nor the health officials know which participants are receiving the vaccine and which are getting the placebo.

3. **A new vaccine is ready.** Once the clinical studies are complete, a successful candidate vaccine may be licensed for use if it is found to be safe and effective and if its benefits outweigh its side effects.

4. **Ongoing monitoring.** Even after a new vaccine is licensed, FDA will continue to monitor it for safety — a kind of quality assurance process. This includes periodic inspections of the vaccine maker's production facilities. In addition, FDA and the Centers for Disease Control and Prevention track side effects linked to the new vaccine that get reported by individuals, doctors and others.

How long does the process last?

Vaccines can take several years to develop. But, as we've seen with efforts to develop a coronavirus vaccine, the process can sometimes be fast-tracked.

Additional source: The College of Physicians of Philadelphia

Simplify your life for better physical and mental health.

The start of a new year is a great time to take a close look at your life and take charge of the things that are weighing you down — both physically and emotionally. Here are six ways to simplify — and empower — your life in 2020.

1. **Organize your time.** Are you always running behind or forgetting important dates? Smart time management can reduce stress and make life easier. Use lists and calendars to keep track of tasks, projects and appointments. There are many daily planner formats to choose from and a variety of apps to make this easier.
2. **Clear the clutter.** A messy house, a messy desk, a messy car — all of these things can zap your energy. Take a hard look at the items you own and decide which ones stay and which ones go. Then figure out the best way to manage the items you're keeping. You can find all sorts of storage solutions online and at specialty stores. To keep clutter from building up again, vow to put things away immediately after you use them.
3. **Learn to say no.** You can do anything — but you can't do everything. And a jam-packed schedule can make anyone feel overwhelmed and overtired. Turn down commitments that don't spark your passion.
4. **Plan to eat smart.** A healthy diet can help ward off serious diseases such as diabetes, heart disease and cancer. It can also reduce the risk of depression. Rid your pantry and refrigerator of less-than-healthy foods, and stock them instead with things like fresh and frozen fruits and vegetables, dried beans, nuts, eggs, canned fish, whole-grain pasta, and olive oil. With a well-stocked kitchen, you can quickly and simply prepare a nutritious meal.
5. **Make other healthful habits a priority too.** Sleep isn't a luxury — it's a necessity. Help your brain unwind by staying away from screens starting two hours before bedtime. Do your best to stick to a regular sleep schedule too. And use your scheduling tools to set aside time for some exercise. Moving more can boost your mood and help relieve stress.
6. **Spend time with people who support you.** That positive connection is important to good emotional health.

Sources: American Heart Association; HelpGuide; Mental Health America

Population health 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 (TTY: 711)**:

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

Additionally, we have established the following programs, which you may share with your patients to assist them with maintaining good health. Our current programs are:

- **Chronic Conditions Management Program:** Helps members with managing of identified chronic illnesses, such as diabetes, depression, asthma, high blood pressure and more. The program includes diet counseling, caregiver training and more.

- **Healthy Adults Program:** Works to make sure suggested health tests are up-to-date and given to members timely. Education and other information about disease prevention and overall wellness are shared.
- **Healthy Kids Program:** Focuses on children and teenagers. Shares information about suggested screenings. Includes reminders about screening needs using the rules of Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and more.
- **Diabetes Prevention Program:** A new lifestyle change program that may help patients take on healthy habits, lose weight and decrease their risk of having type 2 diabetes.
- **Health Homes Program:** Helps direct medical and behavioral health services and community-based long-term services and supports (LTSS) for members with chronic conditions. To join, patients must have an eligible condition. To find out if a patient is eligible, call us.

Member rights.

Members, their families and their 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.

Members have the following rights:

- Know the cost to them if they choose to get a service that Aetna Better Health does not cover
- Receive information about how to submit a complaint, grievance, appeal or request for a hearing, including information on the circumstances under which an expedited state hearing is possible, about Aetna Better Health or the care received
- Use the methods described in the Member Handbook to share questions and concerns about their health care or about Aetna Better Health
- Tell us about ways to improve our policies and procedures, including the member rights and responsibilities
- Receive treatment and information that is sensitive to their cultural or ethnic background
- Get interpretation services if they do not speak English or have a hearing impairment to help them get the medical services they need
- Receive information about advance directives or a living will, which tell how to have medical decisions made for them if they are not able to make them for themselves
- Know how Aetna Better Health pays providers, controls costs and uses services
- Get emergency health care services without the approval of their primary care provider (PCP) or Aetna Better Health when they have a true medical emergency
- Be told in writing by Aetna Better Health when any of their health care services requested by their PCP are reduced, suspended, terminated or denied — they must follow the instructions in their notification letter
- To be treated with respect, giving due consideration to their right to privacy and the need to maintain confidentiality of their medical information
- To be provided with information about the

Share health information with your patients.

Are you in need of health education information for your Aetna Better Health of California members? Visit the health and wellness section of our website to access Krames Health Sheets on hundreds of health topics: **AetnaBetterHealth.com/California/wellness/healthy**.

network practitioners and providers, the plan and its services, including covered services
- To be able to choose a PCP within Aetna Better Health of California's network
- To participate in decision making regarding their own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care received
- To receive care coordination
- To request an appeal of decisions to deny, defer, or limit services or benefits
- To receive oral interpretation services for their language
- To receive free legal help at their local legal aid office or other groups
- To formulate advance directives
- To request a state hearing, including information on the circumstances under which an expedited hearing is possible
- To have access to, and where legally appropriate, receive copies of, amend or correct their medical record
- To disenroll upon request; members who can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs
- To access Minor Consent Services
- To receive written member-informing materials in alternative formats (such as Braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To receive and discuss information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand
- To have access to and receive a copy of their medical records and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §§ 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how they are treated by Aetna Better Health of California, their providers or the state
- To have access to family planning services, freestanding birth centers, federally qualified health centers, Indian Health Service facilities, midwifery services, rural health centers, sexually transmitted disease services and emergency services outside Aetna Better Health of California's network, pursuant to federal law

Member responsibilities.

Aetna Better Health of California encourages members to be responsible for their own health care by becoming informed and active participants in their care. Aetna Better Health of California members, their families or guardians have these responsibilities:

- Read their evidence of coverage. It tells them about our services and how to file a grievance or appeal.
- Follow Aetna Better Health rules.
- Use their ID cards when they go to health care appointments or get services, and to not let anyone else use their cards.
- Make and keep appointments with doctors. If they need to cancel an appointment, it must be done at least 24 hours before their scheduled visit.
- Treat the doctors, staff and people providing services to them with respect.
- Know the name of their primary care provider and their care manager, if they have one.
- Know about their health care and the rules for getting care.
- Tell the plan and DHCS when they make changes to their address, telephone number, family size, employment and other information, such as moving out of state, that might affect enrollment.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be respectful to the health care providers who are giving them care.
- Schedule their appointments, be on time, and call if they are going to be late or miss their appointment. If they need to cancel an appointment, it must be done at least 24 hours before their scheduled visit. They should use the emergency room for true emergencies only.
- Give all information about their health to Aetna Better Health and their doctor. This includes immunization records for members under age 21.
- Tell their doctor if they do not understand what their doctor tells them about their health so that the member and their doctor can make plans together about their care.
- Tell the plan and DHCS about their concerns, questions or problems.
- Ask for more information if they do not understand their care or health condition.
- Follow what they and their doctor agree to do. Make follow-up appointments. Take medicines and follow their doctor's care instructions.
- Schedule wellness checkups. Members under 21 years of age need to follow the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule.
- Get care as soon as they know they are pregnant. Keep all prenatal appointments.
- Tell Aetna Better Health and the DHCS when their address changes. Tell them about family changes that might affect eligibility or enrollment. Some examples are change in family size, employment and moving out of the state/region of California.
- Tell us about any other insurance they have.
- Tell us if they are applying for or get any other health care benefits.
- Bring shot records to all appointments for children under 18 years old.
- Give their doctor a copy of their living will or advance directive.
- Keep track of the cost-sharing amounts they pay.

Integrated care management.

We have an integrated care management program that supports people with special health care needs.

This program is designed to help patients to get needed care, which includes:

- Needs during pregnancy
- Behavioral health needs, such as for depression or anxiety
- Long-term illness, such as diabetes
- Other health care needs

We are here to help as much or as little as a patient prefers. If a person is enrolled into the program, the integrated care management team may include the following team members:

- A care manager
- A care management associate

The integrated care team members are available to help by working with enrolled patients and their providers. The integrated care team members will help meet health goals that are important to patients and provide the following information:

- How to use the services
- Eligibility to participate
- How to opt in or opt out
- Resources and handouts
- Help with access to other services

If you would like to refer or if you become aware of an Aetna Better Health of California member who would like to participate in the integrated care management program, call **1-855-772-9076**.

Affirmative statements.

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.

Visit our website.

Our website provides information about the following:

- U.S. Preventive Services Task Force A and B recommendations
- Advisory Committee for Immunization Practice (ACIP) vaccine recommendations
- Prenatal care
- American Academy of Pediatrics periodicity schedule
- Domestic violence screening
- Hepatitis C screening
- HIV screening
- Centers for Disease Control and Prevention vaccine recommendations for pregnant women

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 or OB-GYN visits
- Urgent or emergency care visits
- Family planning (to learn more, call the California Family Planning Information and Referral Service at **1-800-942-1054**)
- HIV testing and counseling (only for minors 12 years or older)
- Treatment for 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

Appointment availability standards.

Providers are required to schedule appointments for eligible members in accordance with the minimum appointment availability standards and based on the acuity and severity of the presenting condition, in conjunction with the member's past and current medical history.

Provider Relations will routinely monitor compliance and seek Corrective Action Plans (CAP), such as panel or referral restrictions, from providers that do not meet accessibility standards. Providers are contractually required to meet the California Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA) standards for timely access to care and services, considering the urgency of and the need for the services.

The table at right has appointment wait time standards for primary care providers (PCPs), obstetricians and gynecologists (OB-GYNs), and high-volume participating specialist providers (PSPs).

Please note that follow-ups to emergency department visits must be in accordance with ED attending provider discharge instructions.

Please note: Pursuant to Health & Safety Code § 1367.27(j)(2), if a provider who is not accepting new patients is contacted by a member or potential member seeking to become a new patient, the provider shall direct the member or potential member to both Aetna Better Health of California for additional assistance in finding a provider and to the DMHC to report any inaccuracy with the plan's directory or directories.

Emergency	Urgent	Non-urgent	Specialty	Mental health
Immediately upon presentation at the service delivery site. Emergency services must be available at all times.	Services that do not require prior authorization: within 48 hours; for services that do require prior authorization: within 96 hours. Provisions must be available for obtaining urgent care 24 hours/7 days per week.	Within 10 business days of request or sooner if medical condition(s) deteriorates into an urgent or emergency condition.	Within 15 business days of request or as clinically indicated.	Members can expect to be seen by the provider within 10 business days.

Prenatal care. Members will be seen within the following time frames:

- First prenatal visit: within 10 business days
- First trimester: within 14 days
- Second trimester: within 7 days
- Third trimester: within 3 days
- High-risk pregnancies: within 3 days of identification of high risk by Medi-Cal or maternity care provider, or immediately if an emergency exists

Physicals. This is regular care to keep members and their children healthy. When a member calls to make an appointment for preventive care, they can expect to be seen within 10 business days. Examples of preventive care are checkups, shots and follow-up appointments.

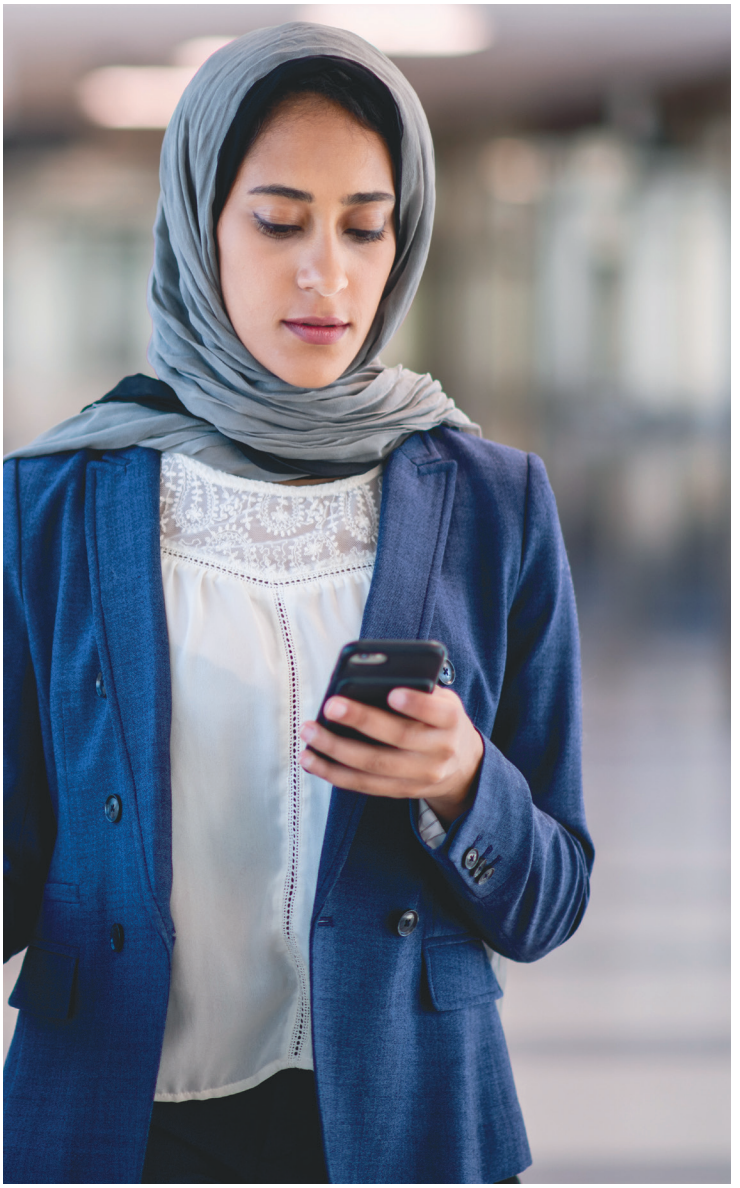
Ancillary services. For the diagnosis or treatment of injury, illness or other health condition: within 15 business days of request.

Wait times:

- Scheduled appointments should not routinely exceed 45 minutes, including time in the waiting room and examining room.
- If a provider is delayed, patients must be notified immediately.
- If the wait is anticipated to be more than 90 minutes, the patient must be offered a new appointment.
- Walk-in patients with non-urgent needs should be seen, if possible, or scheduled for an appointment consistent with written scheduling procedures.

Telephone accessibility standards.

Providers have the responsibility to make arrangements for after-hours coverage in accordance with applicable state and federal regulations, either by being available or having on-call arrangements in place with other qualified participating Aetna Better Health of California providers for the purpose of rendering medical advice and determining the need for emergency and other after-hours services, including authorizing care and verifying member enrollment with us.



It is our policy that network providers cannot substitute an answering service as a replacement for establishing appropriate on-call coverage. On-call coverage response for routine, urgent and emergent health care issues are held to the same accessibility standards, regardless if after-hours coverage is managed by the PCP, current service provider or the on-call provider.

All providers must have a published after-hours telephone number and maintain a system that will provide access to primary care 24 hours a day, 7 days a week. In addition, we encourage our providers to offer open-access scheduling, expanded hours and alternative options for communication (e.g., scheduling appointments via the web or communication via email) between members, their PCPs and practice staff.

Providers must return calls within 30 minutes. We routinely measure the PCP's compliance with these standards as follows:

- Our medical and provider management teams will continually evaluate emergency room data to determine if there is a pattern where a PCP fails to comply with after-hours access or if a member may need care management intervention.
- Our compliance and provider management teams will evaluate member, caregiver and provider grievances regarding after-hours access to care to determine if a PCP is failing to comply on a monthly basis.

Providers must comply with telephone protocols for all the following situations:

- Answering member telephone inquiries on a timely basis

- Prioritizing appointments
- Scheduling a series of appointments and follow-up appointments as needed by a member
- Identifying and rescheduling broken and no-show appointments
- Identifying special member needs while scheduling an appointment
- Triage for medical and dental conditions and special behavioral needs for noncompliant individuals who are mentally deficient

A telephone response should be considered acceptable/unacceptable based on the following criteria:

Acceptable	Unacceptable
• Telephone is answered by provider, office staff, answering service or voice mail. • The answering service either: - Connects the caller directly to the provider - Contacts the provider on behalf of the caller, and the provider returns the call - Provides a telephone number where the provider/covering provider can be reached • The provider's answering machine message provides a telephone number to contact the provider/covering provider.	• The answering service: - Leaves a message for the provider on the PCP's/covering provider's answering machine - Responds in an unprofessional manner • The provider's answering machine message: - Instructs the caller to go to the emergency room, regardless of the exigencies of the situation, for care without enabling the caller to speak with the provider for non-emergent situations - Instructs the caller to leave a message for the provider • No answer • Listed number no longer in service • Provider no longer participating in the contractor's network • On hold for longer than 10 minutes • Answering service refuses to provide information for after-hours survey • Telephone lines persistently busy despite multiple attempts to contact the provider

Providers must make certain that their hours of operation are convenient to, and do not discriminate against, members. This includes offering hours of operation that are no less than those for non-members, commercially insured or public fee-for-service individuals.

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 at right. 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 **CaliforniaProviderRelationsDepartment@Aetna.com**.

These 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: **Aetna.com/health-care-professionals/clinical-policy-bulletins.html** and **Aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins.html**

Contact us
Aetna Better Health® of California
10260 Meanley Drive
San Diego, CA 92131

1-855-772-9076
Hearing-impaired MD Relay: **711**
AetnaBetterHealth.com/California

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