



Medicaid Newsletter
Summer 2016

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 be connected to a nurse.

If you need a nurse after business hours, call **1-866-711-6664**. You will be connected to our 24-hour nurse line. Members with hearing impairment, please use our TTY line at 711. Language translation is also provided for free by calling **1-866-316-3784**.

What's new at Aetna Better Health of Michigan?

Aetna Better Health works to build a provider network that offers you more choices. We are proud to add the following hospitals and their doctors to our network:

- University of Michigan Hospital
- Allegiance Hospital in Jackson County
- CHASS (FQHC) in Southwest Detroit
- Center for Family Health in Jackson

Our pharmacy formulary has changed. Please visit our website or call Member Services at 1-866-316-3784 for more information.

Checkups for baby and mom

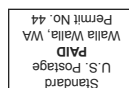
You have a healthy baby boy or girl. Congratulations! Your little one keeps you busy, but do not forget to see the doctor.

Four to six weeks after birth, it is time for a checkup. The visit helps you and your baby. Your baby will be measured and weighed. His or her reflexes will be tested. Your baby may also need shots.

In addition to the four- to six-week visit, the baby should have five more checkups before he or she turns 15 months old.

A four- to six-week checkup after delivery is good for moms too. Your doctor will see how you are healing. Some women can have health issues after giving birth. You might also discuss nutrition and a weight-loss plan with your doctor.

If you are feeling sad after giving birth, it is important to tell your doctor. Up to 30 percent of women feel postpartum depression. It is common and treatable. Your doctor can help so you do not feel overwhelmed.



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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 www.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** 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 (i.e., step therapy).
- No other drugs on the formulary would work as well as the drug requested.
- The request is acceptable by the Federal 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 drug 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 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 www.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 to 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 www.caremark.com/wps/portal/!ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP1An_z0zDz9gnRHRQDSauup/.
- 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 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
 - PO Box 94467
 - Palatine, IL 60094-4467



Developmental screening for children

All children should have the chance to grow up healthy, but sometimes they have problems with their growth and learning. These problems may keep them from getting a good start in life.

At well-child checkups, you can work with your child’s doctor to make sure your child has the best chance to grow and learn. Children need well-child checkups on a regular basis. These checkups are important because they can help find health and learning problems early and help stop some problems from happening. At every well-child checkup, the doctor should ask you about your child’s growth and development. Sometimes your child’s doctor may ask you to fill out a form with questions about your child’s development.

This should happen around the 9-, 18-, 24- or 30-month visits but may happen more often. Children develop in their own way. But if you are worried about how your child is growing and learning, call your child’s doctor or nurse to talk about your concerns. To find out more information on developmental screening, visit the following website: www.cdc.gov/ncbddd/childdevelopment/screening.html.

Care management Need some guidance?

As a member of Aetna Better Health of Michigan, you can have your own case manager which we call a care manager. This is part of our care management program. The program is voluntary, which means you can decide to participate or not.

Your care manager is here to help you find the care and services you need. Your care manager works with you, your doctors and other providers to make sure you receive the right care and services. Our goal is to build a care plan that will help you live a healthier life. Your care manager can meet with you by phone or visit you in person.

A care manager can help guide you if:

- You’re going to the emergency room a lot
- You’re having trouble getting things your doctor has ordered

- Your doctor just told you that you have a disease such as heart failure or diabetes, and you’d like to know more about the illness or the treatment
- You need services to help you at home
- Your doctor wants you to see a specialist but you don’t know what to do

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

If you would no longer like to receive care management services, please call Member Services at **1-866-316-3784** and ask for the care management department.

Sure shots for healthy kids

Childhood immunizations are safe ways to prevent disease. Your children need you to protect them. You do all you can to keep them safe from accidents. You can also help keep them safe from disease by making sure they get all their shots.

These shots help their bodies fight off deadly diseases like hepatitis, polio, measles and others. The shots are safe. They usually have no side effects other than soreness where the shot is given.

Children start their shots when they are about 2 months old. Most are finished by age 5 or 6. After that, older kids and teens need a booster shot and the three-shot series of the HPV vaccine.

You can keep your kids protected by knowing their shot schedule. Ask your doctor to help you stay up-to-date with the shots that can keep your kids healthy.

Striving to achieve your satisfaction

Every year we do a survey to see how satisfied you are with our doctors and with our health plan. The survey tells us how satisfied you are with the care and service you get from doctors and office and health plan staff. You can call Member Services at **1-866-316-3784** to get a copy of the complete survey results. A copy of the survey is also on our website at **www.aetnabetterhealth.com/michigan**.

Have you had problems getting services authorized? We'd like to know what problems you have had. Please call Member Services at **1-866-316-3784** and tell us about it. We are always looking for ways to improve the way we do things.

Second opinions

You have a right to get a second opinion from an in-network doctor. If there is not a doctor available in the Aetna Better Health network, you can see an out-of-network doctor. This is at no cost to you. If you need help finding a doctor for a second opinion, call Member Services at **1-866-316-3784**.

Disease Management

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

manager works with you, your doctors and other providers to make sure you receive the right care and services. Our goal is to help you live a healthier life.

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

- You're going to the emergency room a lot
- You're having trouble getting things your doctor has ordered
- Your doctor just told you that you have a disease such as heart failure or diabetes and you'd like to

know more about the illness or the treatment

- You need services to help you at home
- Your doctor wants you to see a specialist but you don't know what to do

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

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

Women Know what tests you need

Both men and women need annual doctor visits. Many of the tests are the same for both sexes. Women also need several specific tests.

Women should have a Pap test every one to three years starting at age 21. Some women need this test earlier. A Pap test checks for cervical cancer. Women older than age 65 may not need Pap tests. Talk to your doctor about your needs.

Women should talk to their doctor about mammograms starting at age 40. The test

checks for breast cancer. Women with a family history of breast cancer may need to be tested before their 40s.

You will not need a referral or approval to see an OB-GYN, certified nurse midwife, certified nurse practitioner, certified pediatric nurse practitioner or a pediatrician. You can get regular OB-GYN care without seeing your primary care provider first. If you have any problems getting a referral to a specialist, call Member Services for help at **1-866-316-3784**.

Out-of-network services

If you need care from a doctor that is not in our network, it must first be approved by us. We may cover services provided by a doctor outside of our network at no cost to you:

- If no doctor is available in network
- In order to make sure that your care is not interrupted (for example, new members who are pregnant at the time of enrollment)

Services received outside the network must be approved by the plan.

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.

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