Connection

aetna®

AetnaBetterHealth.com/Michigan

Aetna Better Health® of Michigan

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

Our quality improvement activities each year include:

- Contacting you to remind you to get care (like well-child and dental checkups)
- Letting you know about rewards you may be eligible for
- Sending you postcards or newsletters about health topics
- Reviewing the number, quality, and kinds of services you receive
- Reminding you and your doctors about preventive health care
- 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)**

Continued on next page

Member Newsletter
Spring 2023
86.22.355.1-SP B (5/23)

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Aetna Better Health® of Michigan
28588 Northwestern Highway
Suite 380B
Southfield, MI 48034

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.

Quality improvement at Aetna Better Health® of Michigan

Continued from front page

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-matters**.

Pyx Health

Everyone can use a little extra support

Pyx Health is here to help you get the most from your health insurance plan, at no cost to you. Whether it's help finding a doctor, food or transportation or just needing someone to talk to, we're here for you.

- Chat with compassionate Pyx Health staff for support and encouragement
- Get connected to all the benefits your health insurance plan offers
- Improve mood, anxiety, motivation and more
- Find resources to help your physical and mental health

Download the Pyx Health app on your phone or tablet to get started.

No smartphone? No problem! You can also sign up by phone or web.

Phone: **1-855-499-4777** (select **option 1**)

Web: **PyxHealth.com/store-download**

New benefits for your health

We are happy to announce two new benefits this year:

- **Adult dental benefits.** To learn more, visit **www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/proposed-medicaid-changes**.
- **Doula benefits for pregnant women.** To learn more, visit **www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health/mdhhs-doula-initiative**.

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)

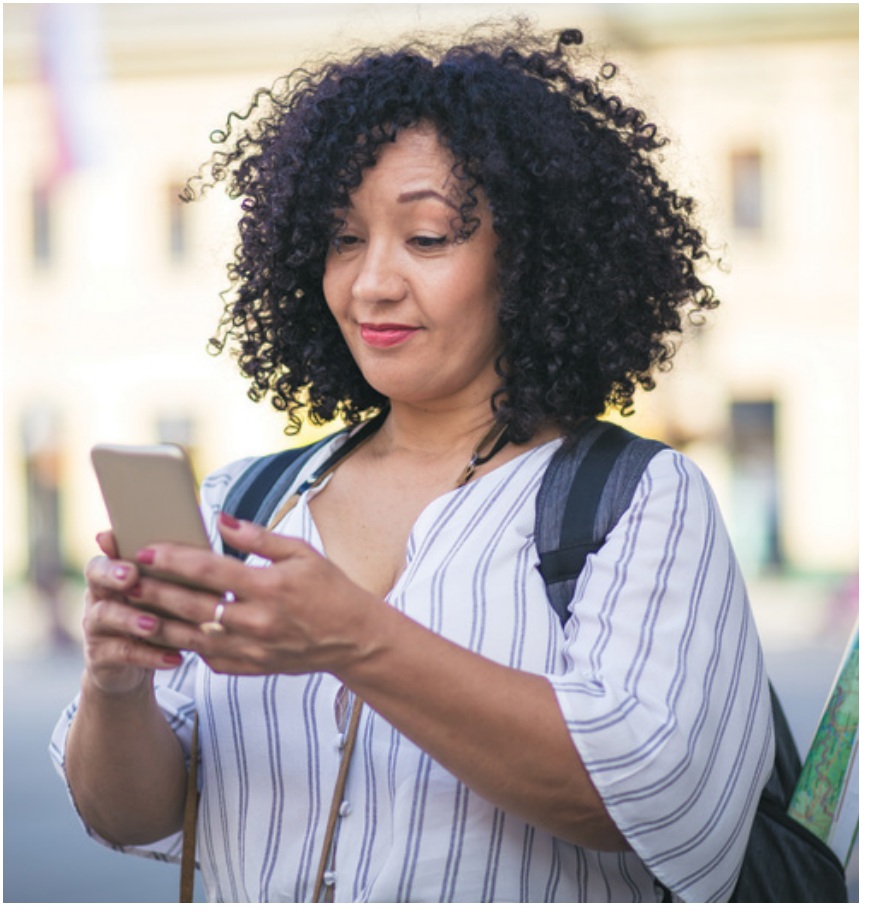
How can LARCs benefit you?

- 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!



Women's care matters

One of the best ways you can stay healthy is to schedule a yearly well-woman checkup. These visits are covered by your benefits as an Aetna Better Health member. During this checkup, your provider will do a:

- Cervical cancer screening (Pap test)
- Breast exam
- Test to check for chlamydia

You may not have any signs or symptoms of these problems. Getting a well-woman checkup each year can help catch problems early, before they become difficult to treat. A woman's health can change quickly. That's why it's important to schedule a well-woman checkup each year.

Being active and eating well is important to staying healthy. It will help to control your blood pressure, blood sugar and cholesterol.

You can call your PCP to schedule a well-woman checkup, or you may call an OB/GYN. You don't need a referral. We have both male and female OB/GYNs available.

Keeping you and your baby healthy

Having a baby is an exciting time in your life. It is important to stay healthy during and after your pregnancy.

When you are pregnant, you are enrolled in our Maternity Matters program. This is a free program to help mothers and their babies.

Aetna Better Health of Michigan offers coverage for prenatal care (before your baby is born) and postpartum care (after your baby is born).

Prenatal care is seeing your doctor while pregnant. This can help prevent many problems and give your baby a healthy start to life. Postpartum care is a follow-up visit with your doctor 1 to 10 weeks after delivery. You will talk about any changes or issues after your delivery.

- After six prenatal visits, **you can earn a $50 gift card**.
- If you go to your follow-up visit within 7 to 84 days after having your baby, **you can earn a $50 gift certificate**. If you need help scheduling this appointment with your doctor, please call us at **1-855-737-0770**.

New dental benefits to start June 1, 2023. Contact us to see if you qualify.

Do you need a case manager?

Case managers are nurses who understand your health conditions. They can help you get the care you need. Case managers teach you about your benefits. They can help you find a doctor, schedule doctor visits or get medical supplies. Case managers can also connect you with local resources to get you the help you need.

If you think you need help from a nurse, call us and ask to talk to a case manager. Your doctor or caregiver can also call to sign you up. Just call our Care Management team at **1-866-316-3784 (TTY: 711)**.

Dental benefits: Deep cleanings and electric toothbrushes

Dental deep cleaning (scaling and planing)

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

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

Electric toothbrush

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

Programs to help you stay healthy

Did you know that we have a lot of programs to help members be as healthy as possible? Whether you have a medical problem or are just trying to live a healthy life, we have a program for you. For most programs, we will automatically put you into the program if you are eligible. Call us if you do not want to be part of a program. For questions about these programs, call our Care Management (CM) department at **1-866-316-3784 (TTY: 711)**.

Program	Who is eligible	Program highlights
Healthy Adults and Children	All members	• Cub Club for kids • Well-visit reminder calls and postcards • Health education events • Gift card incentives
Flu Vaccination	All members over 6 months of age	• Flu vaccine reminders • Flu clinics in some areas
Diabetes Program	Members with diabetes and members at risk for developing diabetes	• Educational mailings • Reminder calls to get needed care • Monitoring A1c, retinal eye exams and other screenings • Diabetes oral health program • Diabetes education programs with incentives • Medication management and adherence • Dietary guidance and education • Addressing social determinants of health
Maternity Matters Program	All identified pregnant members are assigned to a level of CM for ongoing monitoring and/or support	• One-on-one help from a case manager • Dental care and other prenatal screenings • Monitoring • Community resource referrals, including MIHPs • Incentives/rewards
Readmission Avoidance Program (RAP)	Members at high risk for inpatient readmission	• Intensive care management to high-risk members for 30 days post-discharge • Promotion of a member-centered discharge plan • Addressing social determinants of health • Medication management
Opioid Use Disorder Program	Members who use certain drugs	• One-on-one help from a case manager • Access to medication-assisted treatment (MAT) and evidence-based treatment (EBT) options • Access to alternative substance abuse therapy techniques • Educational information • Community resource referrals
Chronic Condition Management	Members with at least one chronic condition: asthma, diabetes, COPD, CAD, CHF, depression	• Educational newsletters • Reminders to get needed care • Telephone calls to higher risk members
Care Management	Members who need help managing their care	• Telephone calls to high-risk members • Face-to-face visit with a case manager • Personal care plan • Educational information • Referrals to community resources

What is EPSDT?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program aims to help children stay healthy. Well-child checkups and screenings can detect health problems so they can be treated before they become more serious.

The building blocks of EPSDT are:

Early	Identifying problems early, beginning at birth
Periodic	Checking children's health at regular, age-appropriate intervals
Screening	Doing physical, mental, developmental, oral health, hearing, vision and other screening tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified
Treatment	Treating the problems found

Your child's PCP will provide regular checkups, physical and mental health screenings, and preventive services based on a schedule established by health care experts. The EPSDT benefit covers all medically necessary and preventive health care services for members up to age 21. There is no cost to members for EPSDT services. For more information on EPSDT services, see your Member Handbook or call Member Services at **1-855-737-0770**.

Your Member Handbook has answers

Check out the following information in your Member Handbook. You can find a copy of the Member Handbook on our website at **AetnaBetterHealth.com/Michigan**, or you can call Member Services toll-free at **1-866-316-3784** for a free copy of the handbook.

- Benefits and services included in your health plan as well as those not covered
- The prescription drug formulary and pharmacy procedures
- Copayments or charges you may be responsible for
- Benefit limits and getting care outside Aetna's service area
- How to get language assistance
- How to submit a claim
- How to get information about doctors in Aetna's network
- How to get primary care services
- How to get a second opinion
- How to get specialty care and behavioral health care services
- How to get care after hours
- How to get emergency care and knowing when to call **911**
- How to get care and coverage outside of Aetna's service area
- How to submit a complaint
- How to appeal a decision
- How Aetna evaluates new technology
- Member rights and responsibilities
- Privacy practices

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

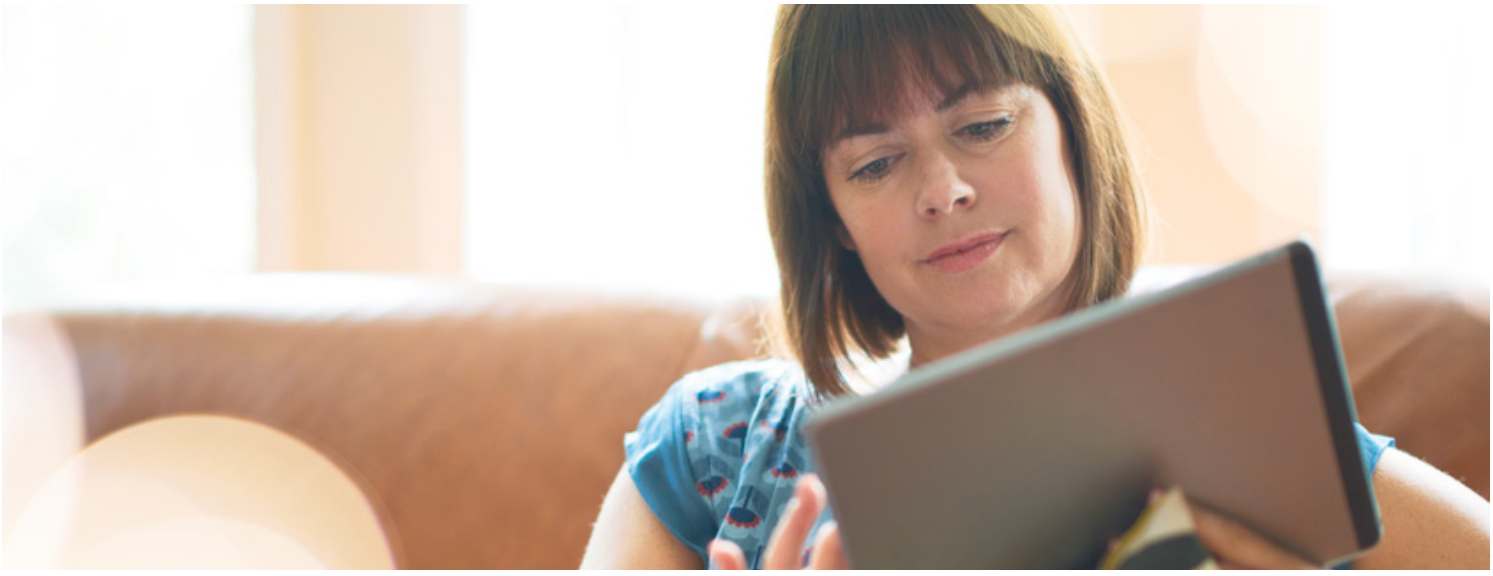
Need help? Go online

Turn to **AetnaBetterHealth.com/Michigan**. Go to the "For Members" tab, then "Medicaid & MIChild" to learn about the following important information:

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

Want to know how well we are doing? Go to the "For Members" tab, then "Resources and Services" and then "Quality Matters."

This information can also be found in the Member Handbook. Your updated Member Handbook is on our website under the "For Members" tab.



What is an emergency?

It is not always easy to know if you should go to the emergency room (ER). If you're not sure, call your doctor first.

A true emergency means a life is in danger. Serious problems are treated in the ER. Go to the closest ER for treatment. If you can't get to the ER quickly, call **911**. Examples of emergency conditions include:

- Sharp chest pain
- Severe burns
- Choking
- Seizures
- Poisoning
- Bleeding that will not stop
- Thoughts of suicide or self-harm

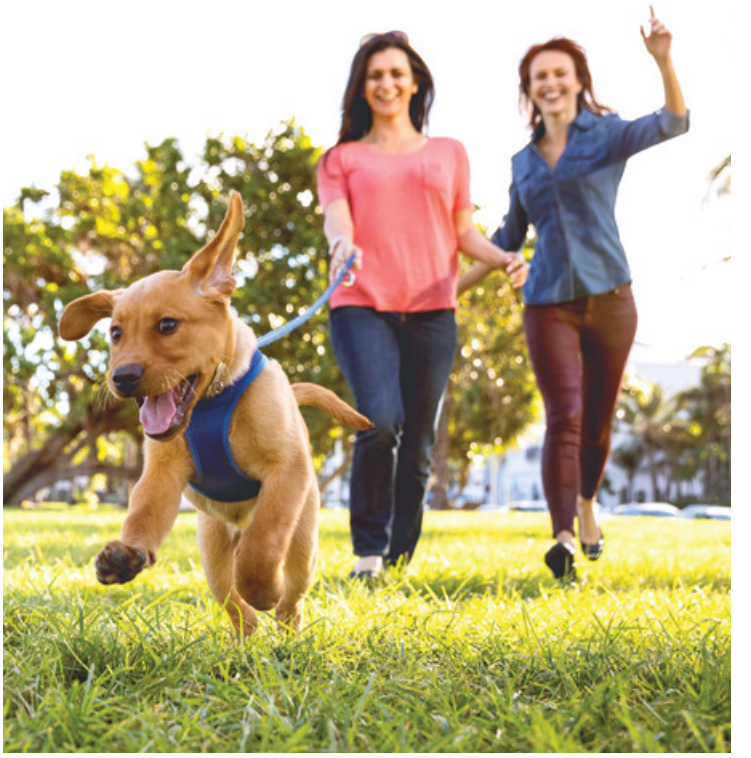
What to do if it is *not* an emergency

Urgent care centers can manage many minor illnesses and injuries — and you don't need an appointment. Go to urgent care for mild or minor:

- Allergic reactions or rashes
- Cuts, burns or wounds
- Headaches
- Illnesses, such as colds, sore throats, earaches, and low-grade fevers
- Injuries, such as back pain, sprains, and strains
- Nausea, vomiting or loose stools
- Toothache

You should always follow up with your doctor after you go to the ER or urgent care within two weeks of the visit.

Need help finding a doctor in your area or one who speaks a different language? Want to find a doctor who is male or female or with certain cultural beliefs? You can find this information in our online Provider Directory, or you can call Member Services at **1-866-316-3784 (TTY: 711)** for help.



24-hour Nurse Line

Do you have a medical question and don't know what to do? Call our 24-hour Nurse Line. Our nurses 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**. You can also find the Nurse Line number on the back of your Aetna Better Health ID card.

Access to our clinical staff

If you need access to a nurse during normal business hours, 8 AM to 5 PM, 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**.

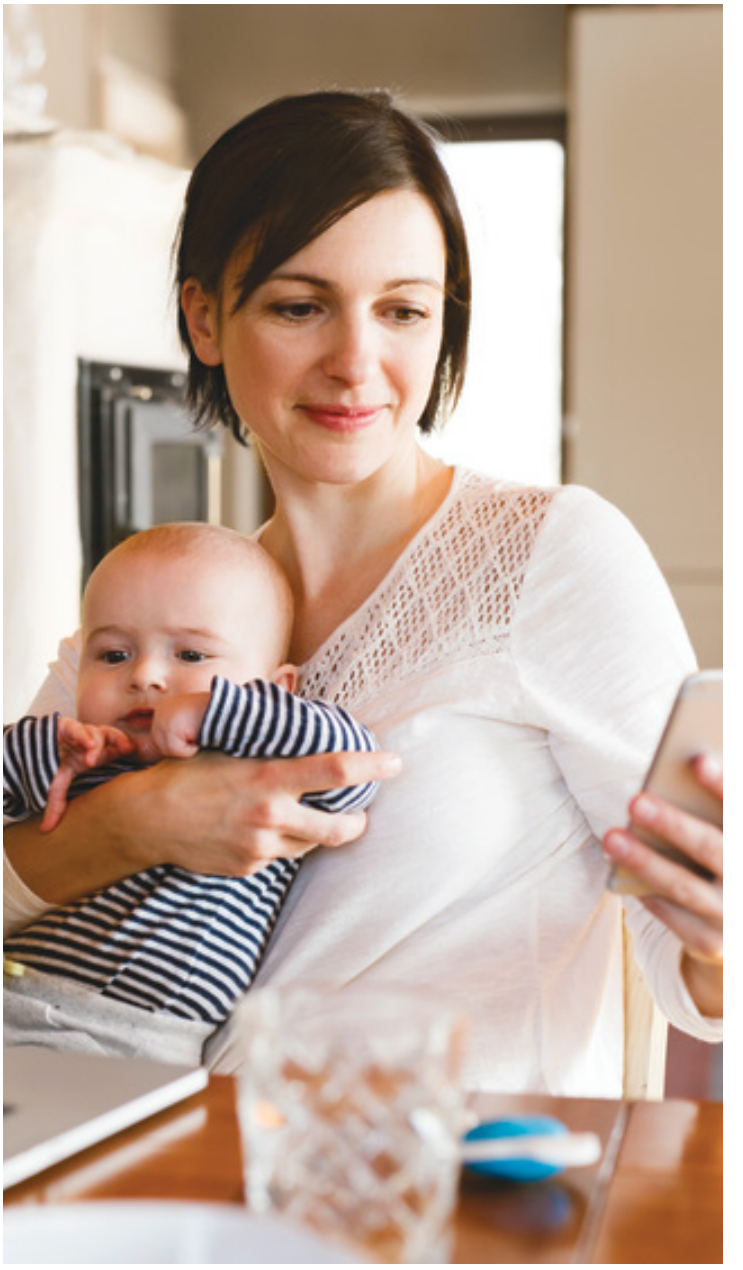
Language translation is also provided for free by calling **1-866-316-3784**.

Sharing information is important

Your primary care provider (PCP) is responsible for managing your day-to-day health care needs. When you share information about diagnoses, treatments or new medicines that you get from other doctors, your PCP can better manage your care. It is very important for you to share information about hospitalizations, appointments with specialists or behavioral health visits with your PCP.

If you visit the emergency room or are admitted to the hospital for any reason, please remember to give the hospital staff your PCP's contact information. This allows the hospital to send a copy of your discharge summary directly to your PCP so he or she can stay up to date on any changes to your health or medications.

When you see a specialist, like a behavioral health doctor or heart doctor, they become a part of your health care team. It is important that all members of your health care team know the other people who are helping to treat you! You can make it easy for providers to exchange information about you by asking to sign a release of information for each provider. When all of your doctors are working together, it helps you to get the best care and treatment.



Out-of-network services when in-network not available

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)

Aetna Better Health of Michigan will coordinate payment with out-of-network providers and follow all applicable policies to make sure members do not have to pay costs greater than it would be for in-network services.

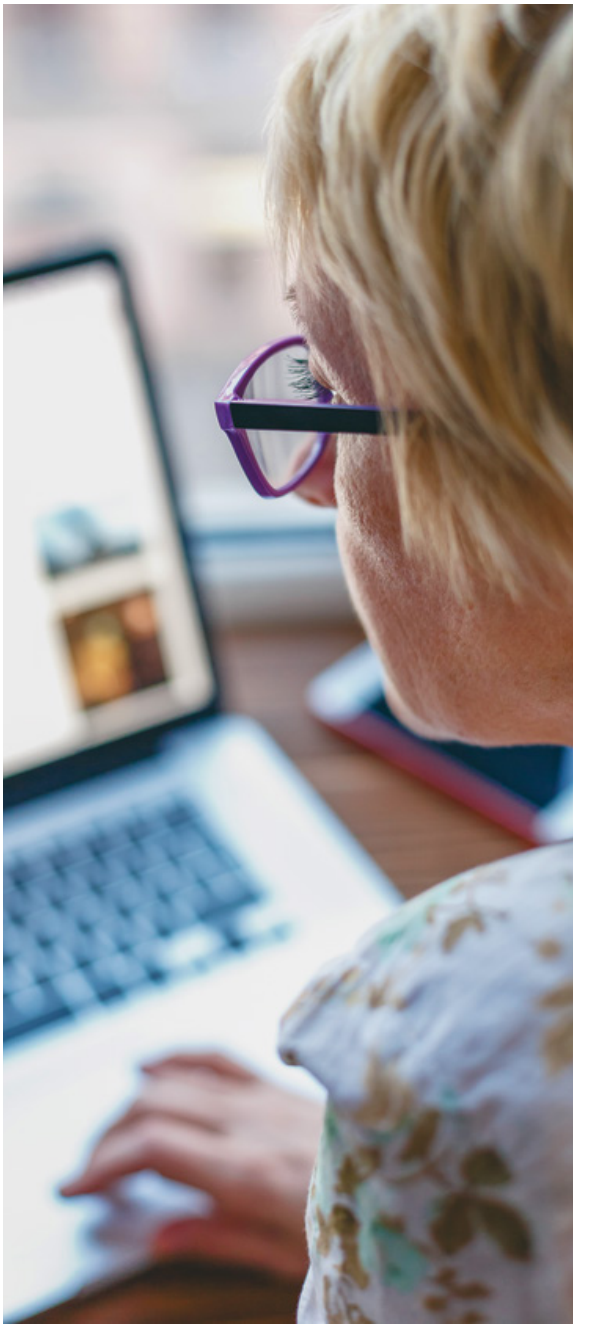
Services received outside the network must be approved by the plan.

A portal to a world of information

Aetna Better Health of Michigan members are able to use a secure online web portal to access health management tools, submit questions and obtain information about benefits. The web portal can be accessed on our website. It requires you to register and create a login.

Some of the services offered on the portal are:

- **Access to educational resources and programs.** Find self-help tools for topics like breaking the smoking habit and weight management.
- **View the status of claims.** View your claims from start to finish.
- **Access to pharmacy benefit services.** View information on costs for drugs. Request an exception for a drug not covered by your plan. Locate a pharmacy. Obtain information on medications from a pharmacist.
- **Access to personalized information on health plan services.** Request an ID card and change your primary care provider (PCP). Get information on referrals and authorizations.
- **Access to innovative services.** Complete an online personal health record and complete a screening to see if you are eligible for disease management or wellness programs.
- **Access to a health information line.** Ability to send a question to a nurse about a health issue. Receive a response within 24 hours. For information, visit our website at **AetnaBetterHealth.com/Michigan** via either computer or your mobile smartphone. You can also contact Member Services at **1-866-316-3784 (TTY: 711)** and we will be happy to assist you.



Has your personal information changed?

Any changes in phone number, email or address should be reported to the Michigan Department of Health and Human Services. You can do this by going to **Michigan.gov/MIBridges**, the MI Bridges website. If you do not have an account, you will need to create an account by selecting "Register." Once in your account, when reporting changes, please make sure you do so in both the profile section and the Report Changes area. The Report Changes area is what the local office will use to update the address for your case.

Need an advance health care directive?

You have the right to accept or refuse any medical care. A time may come when you are too sick to talk to your PCP, family or friends. You may not be able to tell anyone what type of health care you want.

The law allows adults to do two things before this happens:

- Leave written directions about your medical treatment decisions.
- Name someone you trust to decide what type of treatments you receive.

This is called an advance directive. The Durable Power of Attorney for Health Care (DPAHC) is the form of advance directive recognized by the Michigan Department of Health and Human Services (1998, Public Act 386). This lets a patient choose another person to make decisions about their care, custody and medical treatment if they cannot make these decisions for themselves. This way, a person's desire to accept or refuse medical treatment is honored when they cannot make that choice themselves. According to Michigan law, anyone age 18 or older, and of sound mind, may have a DPAHC.

For more information on advance directives, see your Member Handbook. You can find a copy of the Member Handbook on our website at **AetnaBetterHealth.com/Michigan** or call Member Services at **1-866-316-3784** for a free copy of the handbook. Your doctor can help you make an advance directive.

For complaints about how Aetna Better Health of Michigan allows your wishes, write or call:

- Bureau of Professional Licensing, Grievance & Allegation Division
  P.O. Box 30670
  Lansing, MI 48909
- Email:
  bhpinfo@michigan.gov or
  BPLHelp@michigan.gov
- **517-241-0199**

The BPL Grievance & Allegation Division website is **michigan.gov/healthlicense** or **michigan.gov/bpl**.

Share your ideas — call Member Services to find out how to join our Member Advisory Committee.

Annual notice about your prescription drugs

Aetna Better Health of Michigan manages drugs given in your doctor's office, while you are in the hospital or in an infusion center. We do not manage drugs you pick up at a pharmacy. We do not decide what brand of drug you are given. We do not decide what drug you are given based on cost. We do not replace one drug for another. We do not place limits or quotas on drugs. For questions about drugs covered by Aetna Better Health, just call us at **1-866-316-3784 (TTY: 711)**.

At least yearly, Michigan Department of Health and Human Services (MDHHS) decides if any new drugs will be covered or not. You can get these lists online:

MDHHS: **https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_PDL.pdf**

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.

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.

Prior authorization process

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

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

Some drugs need to be reviewed by us before they are given. Your doctor can ask for this by calling or faxing our prior authorization team. We will review the request and make a decision based on information from your doctor and criteria. If you are not happy with our decision, you can ask us to look at your request again. This is called an appeal. Your doctor may need to give us more details about why you need the drug. You or your doctor can request an appeal by calling us at **1-866-316-3784 (TTY: 711)**.

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.

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

What do we use to make decisions?

Clinical Practice Guidelines

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

Aetna Better Health staff and its providers make health care decisions based only on proper care and service rules. You must have active coverage. There are no rewards to deny or promote care. Financial rewards for our doctors or staff cannot encourage decisions where you will get the care you need.

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 a copy of the guidelines or additional information, **call our Member Services number** at **1-866-316-3784 (TTY: 711)**.

The guidelines can be accessed on our website at: **AetnaBetterHealth.com/Michigan**, "For Providers," and then selecting "Clinical Practice Guidelines."

You can get a second opinion

Aetna Better Health of Michigan provides for a second opinion from an in-network provider or arranges for the member to obtain a second opinion outside the network.

Your right to a second opinion

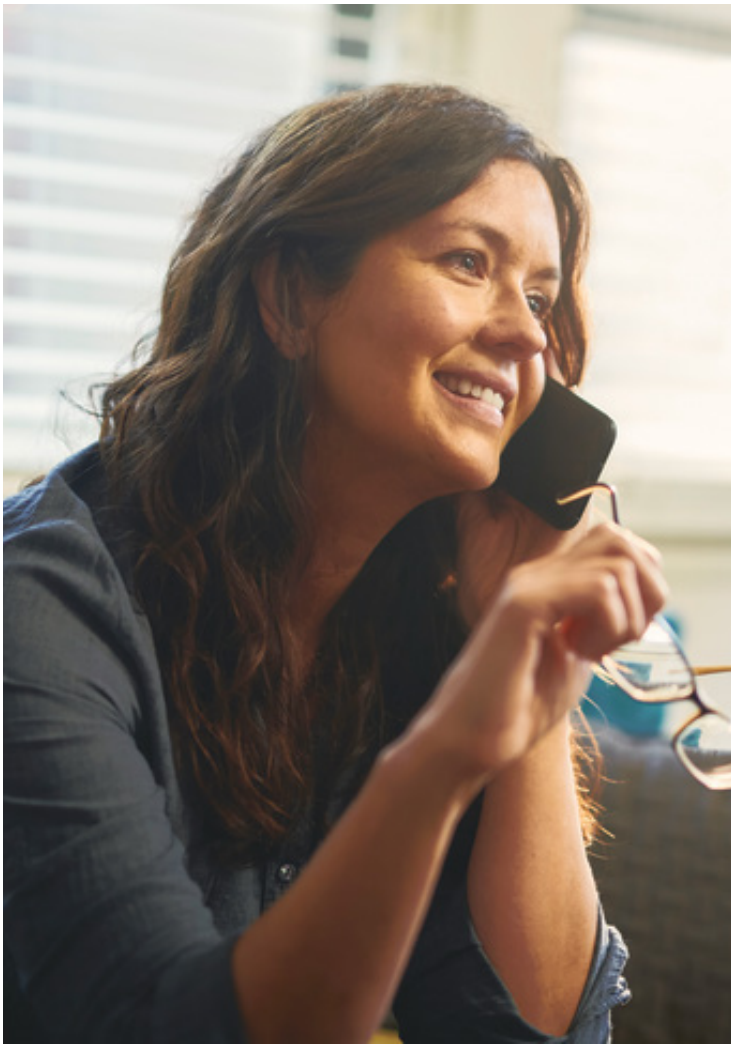
As a member of Aetna Better Health, you have the right to get a second opinion from a qualified health care professional. This is at no cost to you.

You may want to confirm you're getting the right treatment for an illness. Or you may want to ask about surgery your provider says you need. To ask about getting a second opinion, just call Member Services at **1-866-316-3784 (TTY: 711)**.

There's no extra cost to you for a second opinion from a provider in our network. For a second opinion from an out-of-network provider, you'll need approval from us. If there isn't a network provider available, we'll help you get a second opinion from an out-of-network provider. This is still at no cost to you.

When you have a complaint or grievance

We take complaints (grievances) 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.

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 at **1-866-316-3784 (TTY: 711)**.

Your member rights

As a recipient of Medicaid and a member in a plan, you have certain rights. You have the right to:

- Be treated with courtesy and respect.
- Have your dignity and privacy respected at all times.
- Receive a quick and useful response to your questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what member services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and laws apply to your conduct.
- Be given information about your diagnosis, the treatment you need, choices of treatments, risks and how these treatments will help you.
- Say no to any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your health care.
- Know if the provider or facility accepts the Medicare assignment rate.
- Be told prior to getting a service how much it may cost you.
- Get a copy of a bill and have the charges explained to you.
- Get medical treatment or special help for people with special needs, regardless of race, national origin, religion, handicap or source of payment.
- Get direct access to specialists appropriate for your condition and special health care needs.
- Receive treatment for any health emergency that will get worse if you do not get treatment.
- Know if medical treatment is for experimental research and to say yes or no to participating in such research.
- Make a complaint when your rights are not respected.
- Ask for another doctor when you do not agree with your doctor (second medical opinion).
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed.
- Have your medical records kept private and shared only when required by law or with your approval.
- Decide how you want medical decisions made if you can't make them yourself (advance directive).
- File a grievance about any matter other than a plan's decision about your services.
- Appeal a plan's decision about your services.
- Receive services from a provider that is not part of our plan (out-of-network) if we cannot find a provider for you that is part of our plan.

Your member responsibilities

As a recipient of Medicaid and a member in a plan, you have certain responsibilities.

You have the responsibility to:

- Give accurate information about your health to your plan and providers.
- Tell your provider about unexpected changes in your health condition.
- Talk to your provider to make sure you understand a course of action and what is expected of you.
- Listen to your provider, follow instructions and ask questions.
- Keep your appointments or notify your provider if you will not be able to keep an appointment.
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions.
- Make sure payment is made for noncovered services you receive.
- Follow health care facility conduct rules and regulations.
- Treat health care staff with respect.
- Tell us if you have problems with any health care staff.
- Use the emergency room only for real emergencies.
- Notify your case manager if you have a change in information (address, phone number, etc.).
- Have a plan for emergencies and access this plan if necessary for your safety.
- Report fraud, abuse and overpayment.

Your privacy matters

Aetna Better Health of Michigan works hard to keep members' personal and health information secure and private. We need information about you to help you receive your benefits. We collect your information from many places. Keeping your information safe is one of our most important jobs. We make sure that only people who need to use your information have access to it.

We may use and share your information for:

- Treatment
- Payment
- Health care operations

These uses are covered under state and federal laws. Our policies follow these laws to protect your information.

If you would like to receive a detailed copy of our privacy practices, please call Member Services at **1-866-316-3784 (TTY: 711)**.

If you see something, say something

Fraud is a crime. It means getting money by tricking or fooling someone else. It is stealing.

Waste means not using something wisely. If two medications do the same thing, using the more expensive medicine would be waste.

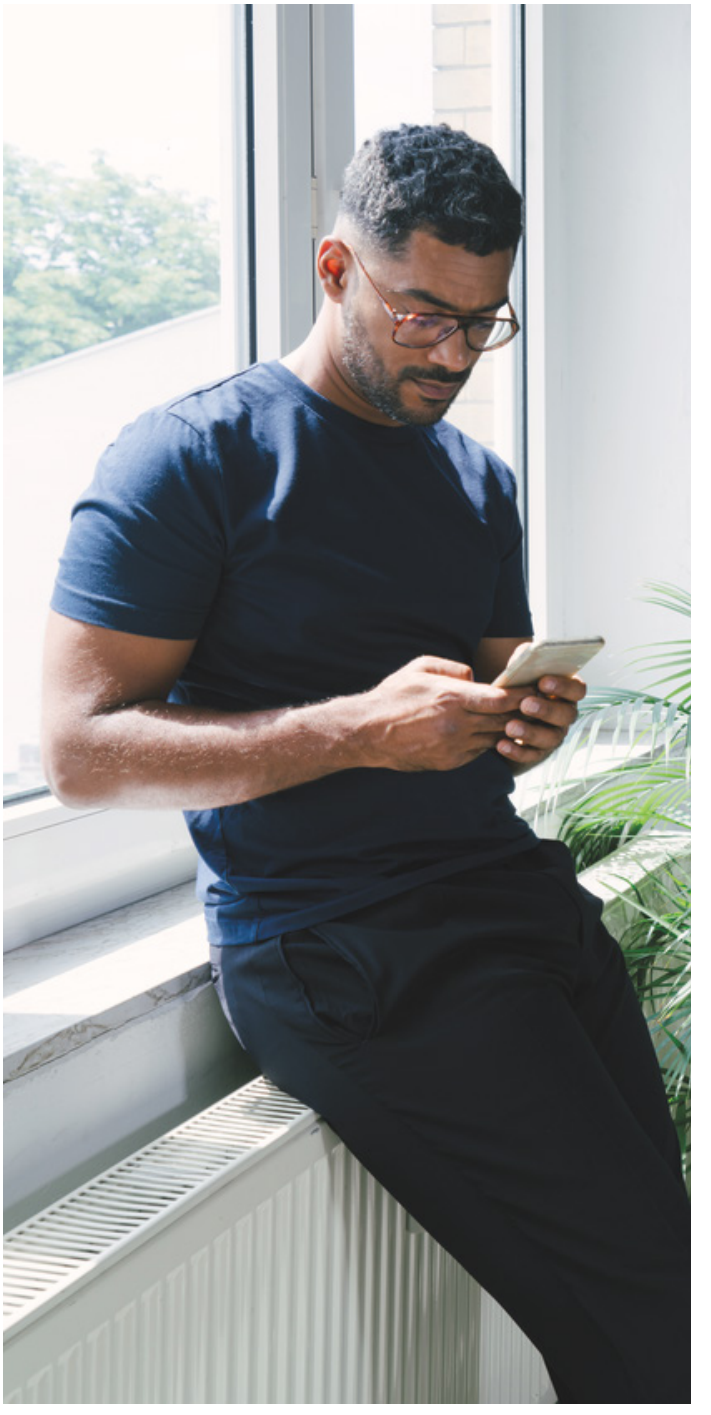
Abuse means not using something properly. This could be ordering a test even though it is not needed.

When someone commits fraud, they are stealing. If you think something does not seem right, it is OK to report it.

If you suspect fraud, waste or abuse by an Aetna Better Health member or provider, please report it.

Aetna Better Health has devoted fraud, waste and abuse investigators. There are three ways to reach these investigators:

1. **Member Services phone line:** The Member Services team is trained to address your concerns. Call **1-866-316-3784 (TTY: 711)**.
2. **Aetna Better Health hotline:** Call **1-844-405-2016 (TTY: 711)**. This toll-free line instructs the caller to leave as much information as possible regarding the fraud, waste or abuse concern.
3. **Aetna Better Health website:** Visit **AetnaBetterHealth.com/Michigan**, scroll to the top right corner and click on "Fraud & Abuse."



Have your benefits ended but you still need continued treatment? Call **1-866-316-3784 (TTY: 711)** so we can help you get your needed care.

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.

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, sexual orientation or gender identity.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - 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:
    - Qualified interpreters
    - 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, sexual orientation or gender identity, 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.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

CHINESE:注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**)

ALBANIAN: VINI RE: Nëse flisni shqip, janë në dispozicion për ju shërbime përkthimi, falas. Telefononi numrin në pjesën e pasme të kartës suaj ID ose **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod number **1-800-385-4104**(TTY: **711**).

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservicenutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

ITALIAN: ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

JAPANESE:注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。 IDカード裏面の電話番号、または **1-800-385-4104** (TTY: **711**)までご連絡ください。