



Take care



AetnaBetterHealth.com/Maryland

Aetna Better Health® of Maryland

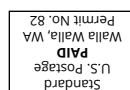
Understanding diabetes and the A1C test.

How do you know if your diabetes is controlled? Your doctor uses a test, called the A1C test, which shows how well your diabetes is doing. It measures your average blood sugar over the past three months. If your A1C is high, it increases your chance of getting problems from diabetes. Most people get their A1C tested twice a year if their diabetes is controlled. You may get this test more often if your A1C is high. Your A1C goal may

be different from others, which depends on different factors. The goal for most people who have diabetes is an A1C less than 7%.¹ If your A1C is higher than 7%, your drugs, diet or exercise may need changes. If

you need greater sugar lowering drugs, injectable drugs may be needed.

1. Understanding A1C. Understanding A1C | ADA. <https://www.diabetes.org/a1c>. Accessed June 2, 2020.



Annual member survey.

Every year many of our members receive a Consumer Assessment Health Plan Survey (CAHPS®). This survey is your chance to speak up and tell us what you like and what you feel we can do to improve our services. If you receive this survey, please take a moment to complete it and return it. Your opinion is important and allows us to provide the best quality of care and service. Please speak up and allow your voice to be heard!

Yearly checkups help your child stay healthy.

Your child's health is important, and a yearly checkup is part of keeping your child healthy. Even during the COVID-19 pandemic, you need to make sure your child is growing and developing normally.

Your child's doctor will probably conduct the well-child visits in two parts. The first may be a telephone visit. The doctor will ask questions about your child's medical and social history. After answering your questions, the doctor will offer guidance and give any specialist or lab referrals your child may need. The second part of the visit is important and will be in person. Your child will receive a physical checkup and screening



for behavioral, developmental and school problems and get any vaccines that are due.

Access to a nurse is available at **1-866-827-2710 (TTY: 711)**, 24 hours a day, 7 days a week, to answer your health care questions.

Do not skip getting medical attention if you or your child is sick. You or your child can have a virtual doctor visit by using Teladoc, a telehealth service. This is provided by Aetna Better Health of Maryland and is free of charge to our members.

Use this service when:

- The doctor's office is not open.
- The doctor cannot give you a same-day appointment.
- There is a problem that is urgent, and you want to avoid the emergency room.
- Leaving home is not an option, like when you need to care for other children or you have transportation problems.

Please visit our website at **AetnaBetterHealth.com/Maryland** for more information.

Teladoc.

Teladoc is now available through Aetna Better Health of Maryland! Can't make it to the doctor, not feeling well, have a health concern and need to speak to a doctor? Teladoc gives you the option to speak to a doctor through a live video using your phone, tablet, computer or

other device. Teladoc doctors can treat you and prescribe medications — the right care when you need it most. For more information, visit **AetnaBetterHealth.com/Maryland** or call **1-866-827-2710 (TTY: 711)**.

Medicaid member pharmacy information.

You can gain access to the Aetna Better Health of Maryland Medicaid formulary on our website at **AetnaBetterHealth.com/Maryland**. This can be found under the “For Members”

tab: Click on “Pharmacy,” then “Formulary Drug List.” This will lead you to the Preferred Drug List (PDL). Please note that the formulary can change at any time. This is due to the ever-changing world of medicine.


If you have questions, just call Member Services at **1-866-827-2710 (TTY: 711)**. Have a list of your prescriptions ready when you call. Ask us to look up your medicines to see if they're on the list.

Check out our website.

AetnaBetterHealth.com/Maryland

What you can find:

- Information about your rights and responsibilities
- Member Handbook
- Provider directory
- Pharmacy/prescription and other health benefit information
- Information about our Case Management Program, Utilization Management Program and Quality Improvement Program
- Clinical Practice Guidelines

 If you do not have internet access, give us a call at **1-866-827-2710 (TTY: 711)** and we can send you the written information as needed.



Reporting fraud, waste and abuse.

Members and providers are required to report Medicaid fraud, waste and abuse.

- **Fraud:** when a person intentionally deceives the system to receive an unauthorized benefit
- **Waste:** overusing Medicaid resources
- **Abuse:** causing unnecessary cost to the Medicaid program

If you suspect or know that fraud, waste or abuse is occurring, report it immediately. There are three options:

- Call Aetna Better Health Member Services: **1-866-827-2710 (TTY: 711)** or **1-855-877-9735 (TTY: 711)**
- Notify the Maryland Department of Health, Office of the Inspector General: **1-866-770-7175** or **http://DHMH.Maryland.gov/OIG/Pages/Report_Fraud.aspx**
- Contact the U.S. Department of Health and Human Services, Office of the Inspector General: **1-800-447-8477** or **<https://OIG.HHS.gov/Fraud/Report-Fraud/Index.asp>**

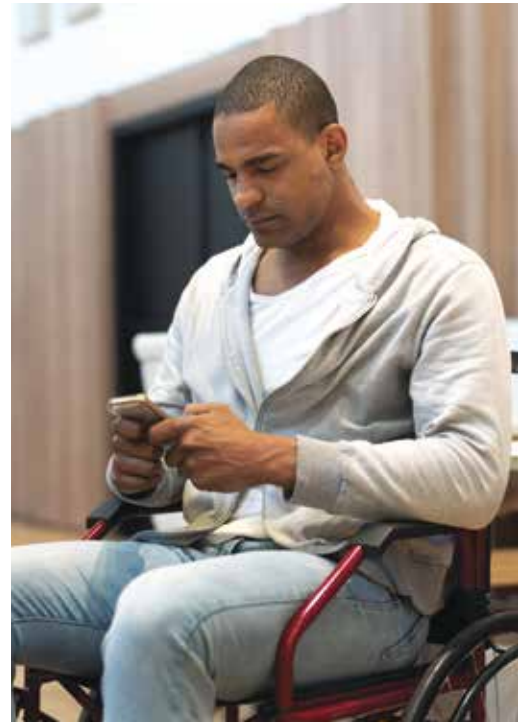
Reporting fraud, waste or abuse will not affect how you will be treated by Aetna Better Health of Maryland, and you can remain anonymous when you make the report. Provide as much information as possible — this will assist those investigating the report.

Combating fraud, waste and abuse is everyone's responsibility. Failure to comply with these laws could result in civil and criminal penalties, including sanctions from government entities and exclusion from future participation in Medicaid and any services provided by state and federal governments.


How to file a complaint, grievance or appeal.

To file a grievance or appeal, you can call us at **1-866-827-2710 (TTY: 711)**. Our customer service representatives will assist you with filing a complaint, grievance or appeal. You will need to confirm the appeal request in writing, unless it is an expedited request. We will send you a simple form that you can sign and mail back. We will assist you in completing the form as needed. For more information about appeals and grievances, see pages 42–45 of your Member Handbook.

A full description of the Rights and Responsibilities can be found on the Aetna Better Health website at **AetnaBetterHealth.com/Maryland** and in the Member Handbook.



Helpful information.

 **Member Services:**
1-866-827-2710 (toll-free)
24 hours a day, 7 days a week

Services for Hearing and Speech-Impaired (TTY): Call **711**

24-Hour Nurse Line:
1-866-827-2710 (toll-free)
24 hours a day, 7 days a week

Vision: 1-800-879-6901
(toll-free)

Behavioral Health:
1-800-888-1965 (toll-free)

Dental: Avesis, **1-833-241-4249**

Mailing address:
Aetna Better Health of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090

Interpreter service: You have the right for someone to help you with any communication issue you might have. There is no cost to you. Call **1-866-827-2710** (toll-free).

Maryland Medicaid Enrollee Help Line: 1-800-284-4510

Emergency (24 hours): If you have a medical condition which could cause serious health

problems or even death if not treated immediately, call **911**.

Website: AetnaBetterHealth.com/Maryland

Visit **AetnaBetterHealth.com/Maryland** for the updated pharmacy formulary and latest Member Handbook. For a printed copy of anything on our website, call Member Services at **1-866-827-2710 (TTY: 711)**.

To learn more about health education, call **1-866-827-2710** and ask to speak to a case manager.

This newsletter is published as a community service for the friends and members of Aetna Better Health® of Maryland. 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. HealthChoice is a program of the Maryland Department of Health. Models may be used in photos and illustrations.

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Nondiscrimination statement.

It is the policy of Aetna Better Health of Maryland not to discriminate on the basis of race, color, national origin, sex, age or disability. Aetna Better Health of Maryland has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040; Phone **1-888-234-7358 (TTY: 711)**; Email **MedicaidCRCoordinator@Aetna.com**; who has been designated to coordinate the efforts of Aetna Better Health to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Aetna Better Health of Maryland to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Aetna Better Health of Maryland relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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, DC 20201. **1-800-368-1019, 1-800-537-7697 (TDD)**.

Complaint forms are available at: **<http://www.HHS.gov/OCR/Office/File/Index.html>**. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Continued on next page

Nondiscrimination statement.

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Aetna Better Health of Maryland will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language accessibility statement

Interpreter services are available for free.

Español/Spanish

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

አማርኛ/Amharic

ልብ ይበሉ: አማርኛ ቋንቋ የሚናገሩ ከሆኑ፣ የትርጉም ድጋፍ ሰጪ ድርጅቶች፣ ያለምንም ክፍያ እርስዎን ለማገልገል ተዘጋጅተዋል። የሚከተለው ቁጥር ላይ ይደውሉ **1-800-385-4104** (መስመራት ለተሳናቸው: **711**).

العربية/Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم الهاتف النصي: **711**).

Bàsòbò Wùdù/Bassa

Dè de nà ke dyèdè gbo: ɔ jũ ké m̄ d̄yi Bàsòbò-wùdù-po-nyò jũ ni, n̄i à wuɖu kà kò d̄ò po-poò b̄é m̄ gbo kpáa. Ðà **1-800-385-4104** (TTY: **711**).

中文/Chinese

注意：如果您说中文，我们可为您提供免费的语言协助服务。请致电 **1-800-385-4104** (TTY: **711**)。

فارسی/Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارایه میگردد، با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

Français/French

Attention : Si vous parlez français, vous pouvez disposer d'une assistance gratuite dans votre langue en composant le **1-800-385-4104** (TTY: **711**).

ગુજરાતી/Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાકીય સહાયતા સેવા તમને નિ:શુલ્ક ઉપલબ્ધ છે.
કોલ કરો **1-800-385-4104** (TTY: **711**).

Kreyòl Ayisyen/Haitian Creole

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-385-4104** (TTY: **711**).

Igbo

Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dịjiri gi. Kpọọ **1-800-385-4104** (TTY: **711**).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-385-4104**(TTY: **711**)번으로 전화해 주십시오.

Português/Portuguese

Atenção: a ajuda está disponível em português por meio do número **1-800-385-4104** (TTY: **711**).
Estes serviços são oferecidos gratuitamente.

Русский/Russian

Внимание: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Звоните по телефону **1-800-385-4104** (TTY: **711**).

Tagalog

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

اردو/Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت دستیاب ہیں۔ **1-800-385-4104** (TTY: **711**) پر کال کریں۔

Tiếng Việt/Vietnamese

Lưu ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị.
Gọi số **1-800-385-4104** (TTY: **711**).

Yorùbá/Yoruba

Àkíyèsí: Bí o bá nsọ èdè Yorùbá, ìrànlọwọ́ lóri èdè, lófẹ́ẹ́, wà fún ọ. Pe **1-800-385-4104** (TTY: **711**).