



Aetna Better Health® of Maryland



Fall 2018

Eat smart for better blood pressure

Some foods may cause blood pressure to go up. But some help keep blood pressure down — or even lower it.

Eat more

Focus on foods that help control your weight. Good choices give your body nutrients it needs without empty calories. These include:

- Whole grains
- Beans
- Fruits and vegetables
- Low-fat milk

Many of these foods provide fiber that helps fill you up. They can also be good sources of potassium, magnesium, calcium and protein. All of these help with blood pressure control.

Eat less

Foods to avoid include those high in sugar and salt. Much of the salt we get comes from prepackaged and processed foods. These include:

- Breads and rolls
- Cold cuts and cured meats
- Pizza
- Restaurant foods

If you prefer a structured guide for controlling blood pressure, consider the DASH eating plan. Learn more at morehealth.org/DASH.

Sources: American Heart Association; National Institutes of Health

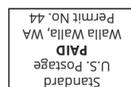


Manage your health on your phone

Members with smartphones (both iPhones and Androids) can download our Aetna Better Health mobile app.

By using this app, you can:

- Find or change your primary care provider
- View or request a new ID card
- Find a specialty provider
- View your medical and pharmacy claims (if covered benefit)
- Send a message to Member Services
- View your benefits



Aetna Better Health® of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090-2256

Are you due for a mammogram?

You know that breast cancer screening is an important part of your health care. Screening tests (mammograms) can help find breast cancer early. That's when treatment often works best.

But advice on breast cancer screening has changed. That may make you wonder, *When should I have a mammogram?*

When to be screened

The answer to that question isn't the same for everyone. Experts do not always agree when it comes to when and how often to have a mammogram.

For instance:

When? Some experts say most women should start breast cancer screening at age 45, but others say exams should start at

age 50. But all women over 40 have the option to get screened if they choose, and most types of health insurance will cover the costs completely.

How often? Some experts say women should get mammograms every year. Others say women only need one every two years after age 50 or 55. It also depends on a woman's age.

There is different advice when it comes to how long women should keep getting mammograms as they age. And if you're at high risk for breast cancer, you may need to be screened earlier and more often than most women. And you may need another type of screening test in addition to a mammogram. You may be at high risk if you have a family history of breast cancer or an



inherited breast cancer gene mutation.

All of this is why it is important to talk to your doctor. Learn more about breast cancer screening and its benefits and risks. Find out what's best for you.

Watch for changes too

It's also a good idea to know how your breasts

normally look and feel. This may make it easier to spot any new lumps or other changes. If you notice such changes, tell your doctor right away.

Sources: American Cancer Society; Centers for Disease Control and Prevention

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 using one of the following options:

- Call Aetna Better Health Member Services: **1-866-827-2710** or **1-855-877-9735**
- 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 have the choice to remain anonymous when you make the report. However, it is good to provide as much information as possible — this will assist those investigating the report.

Control asthma in three ways

Asthma doesn't have to stop you from doing things you enjoy. Here are three steps for keeping it under control:

1. **Make it a team effort.** Don't try to manage your asthma on your own. Partnering up with your health care provider is the key to success.
2. **Keep a record of your symptoms.** What time did your breathing worsen? What were you doing when you began wheezing? Where were you? Track all this for several days — or even a week. Then take your record to your provider.
3. **Work on an asthma plan.** Your symptom record will help your provider figure out what triggers your asthma. Is it dust? Pollen? Cats? Avoiding triggers is a big part of your asthma plan. So are your medicines. Your plan also should include steps to take when symptoms worsen.

What does an asthma action plan look like? Download a sample at [morehealth.org/asthma](https://www.morehealth.org/asthma).

Sources: American Academy of Family Physicians; National Heart, Lung, and Blood Institute

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



Case management: Transition from adolescent to adult care

Aetna Better Health of Maryland has a comprehensive policy for a smooth transition assisting adolescent members and their families with moving into the adult system of care. This is accomplished by utilizing care management staff who had established a relationship with the member to initiate the transfer process. Education is provided for the member and the family on specific requirements and processes to ensure the transfer is completed efficiently and within timeframes required by Aetna Better Health and applicable regulators.

An Aetna Better Health case manager is responsible for identifying pediatric members requiring formal transition to an adult system of care at the age of 17. This identification will trigger the initiation of transitional planning so that by the time the member is 17 years and 6 months, the transition activities are ready to begin. Coordination of care and services are done carefully to avoid gaps in services during the transition to the adult system of care.

Within 10 days of transition, and using Aetna Better Health's established tools and processes, the case manager will conduct a face-to-face assessment. The case manager will work closely with the member and family to include completing and/or obtaining any necessary paper work.

The vaccines kids need

Vaccines save lives. They work by prompting the body to make special proteins called antibodies. These protect against dangerous diseases.

Some are good for a lifetime. Some need a booster shot to keep working as kids grow older.

We give babies shots to get those antibodies in place early. Shots are timed for the age when they work best in little bodies. And of course, they are carefully tested for safety.

Making progress

Serious diseases like measles and polio are now gone or rare in the U.S. And vaccines are the main reason. Smallpox is actually eradicated from the world.

But that doesn't mean the bacteria or viruses that cause them are gone. They live on here and in other countries too.

That's why kids need their vaccines. And they need them on time, so they're as fully protected as possible.

Source: American Academy of Pediatrics



HEALTH TIP: If your kids fall behind on their vaccines, talk with your doctor. He or she can set up a catch-up plan to get everyone back on track.

Urgent vs. emergency

Where do you go when you need medical care quickly — say for a bump, a bruise or a bellyache? Urgent care centers can manage many minor illnesses and injuries. But some symptoms call for emergency care.

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

Call 911 or go to the ER for:

- Allergic reactions with trouble breathing, hives or swelling
- Chest pain that lasts for more than a few minutes
- Difficulty breathing
- Heavy bleeding, severe burns or deep wounds
- High fever with a headache or stiff neck
- Injury to the neck, spine or head, especially with other symptoms
- Passing out, fainting or seizures
- Poisoning or overdose
- Serious injuries, such as broken bones
- Severe and persistent vomiting or diarrhea
- Sudden severe headache or pain, such as in the jaw or arm

- Sudden confusion, weakness, loss of balance, face drooping, blurred vision or slurred speech

Sources: American College of Emergency Physicians; National Institutes of Health; Urgent Care Association of America

Medications on time, in time

Medicines are designed to help your body work at its best. But only if taken correctly. Timeliness is very important. Your body is constantly breaking down the medicine and using it up. You may need to take the medicine more than once per day to spread the benefit over several hours. Taking it too soon can cause an increased amount in your body at one time. Taking it too late can cause a gap in the amount you have in your body. Staying on time is difficult in our busy world. We have things we have to do, and we have things that change our schedule. Why should you have to worry about what time it is and if you already took your morning pill—or was that yesterday morning?

Simplify your life. Now wouldn't that be great?

You can make remembering easier with a cellphone. If you don't already have a cellphone that can accept apps, you can get one through Medicaid. Download an app—there are free ones—that you can use to set up a reminder for what time of day to take your medicines. Some apps come with a calendar that will remind you when it's time to refill the prescription. Set the reminder for 30 or 90 days (however often you refill your prescriptions), and that's one less thing you have to keep track of.

Our schedules are constantly changing. Some changes occur when we travel. Some occur between weekends and weekdays. You wake up and go to sleep at different times, you get busy, life changes. It's important to take your medicines at consistent times. If your medicines require you to take them with food, this reminder could tell you it's time to find something to eat.

Watch out for medicines that boost blood pressure

Do you have high blood pressure? Here's some information you need to know:

Some medicines can raise blood pressure. Others can keep blood pressure drugs from working the way they should. This can be true of both over-the-counter and prescription medicines.

That's good to know because it can help you avoid a boost in your blood pressure.

The following types of medicines can cause problems:

- Steroids: This can include drugs that are used to treat asthma
- Nasal decongestants — products you might buy to treat cold symptoms
- Birth control pills
- Hormone therapy
- Pain relievers

Sources: American Heart Association; National Heart, Lung, and Blood Institute



HEALTH TIP: Some medicines are high in sodium. This can boost blood pressure. There can be more sodium in one dose than people with high blood pressure should have for a whole day.

How to file a complaint, grievance or appeal

If you disagree with a provider or Aetna Better Health of Maryland about an adverse benefit determination, this is called a complaint. If your complaint is about a service you or your provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal. You must file an appeal within 60 days from the date that you receive the letter saying we will not cover the service you wanted. Your doctor can also file an appeal for you if you sign a form giving him/her permission.

A complaint about something not related to a service is called a grievance. Examples of grievances include quality of care issues, not being treated fairly by someone who works here or at your doctor's office, or trouble getting an appointment. A grievance can be filed at any time.

To file a grievance or appeal, you can call us at **1-866-827-2710**. 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.

Get the shot, not the flu

Just about everyone who's 6 months of age or older needs a flu shot. That's especially true if you have a chronic illness.

The best time to get a shot is before the flu starts spreading in your community. That's hard to predict, though. So it's probably best to get the shot as soon as it's available in your area.

Remember: You can't get the flu from a shot. It's among the best ways to avoid getting the flu.

Sources: Centers for Disease Control and Prevention



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 "Pharmacy" then click on "Formulary Drug List". This will lead you to the Preferred Drug List (PDL).

Please note 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.



Rights and Responsibilities

As a HealthChoice member, you have the right to:

- Receive health care and services that are culturally competent and free from discrimination.
- Be treated with respect to your dignity and privacy.
- Receive information, including information on treatment options and alternatives, regardless of cost or benefit coverage, in a manner you can understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of your medical records and request that they be amended or corrected as allowed.
- Request copies of all documents, records, and other information free of charge, that were used in an adverse benefit determination.

- Exercise your rights, and that the exercise of those rights does not adversely affect the way the Managed Care Organizations (MCO), their providers, or the Maryland Department of Health treat you.
- File appeals and grievances with a Managed Care Organization.
- File appeals, grievances and State fair hearings with the State.
- Request that ongoing benefits be continued during an appeal or state fair hearing however, you may have to pay for the continued benefits if the decision is upheld in the appeal or hearing. Receive a second opinion from another doctor within the same MCO, or by an out of network provider if the provider is not available within the MCO, if you do not agree with your doctor's opinion about the services that you need. Contact your MCO for help with this.
- Receive other information about how your Managed Care Organization is managed including the structure and operation of the MCO as well as physician incentive plans. You may request this information by calling your Managed Care Organization.

- Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- Make recommendations regarding the organization's member rights and responsibilities policy.

As a HealthChoice member, you have the responsibility to:

- **Inform your provider and MCO if you have any other health insurance coverage.**
- Treat HealthChoice staff, MCO staff, and health care providers and staff, with respect and dignity.
- Be on time for appointments and notify providers as soon as possible if you need to cancel an appointment.
- Show your membership card when you check in for every appointment. Never allow anyone else to use your Medicaid or MCO card. Report lost or stolen member ID cards to the MCO.
- Call your MCO if you have a problem or a complaint.
- Work with your Primary Care Provider (PCP) to create and follow a plan of care that you and your PCP agree on.
- Ask questions about your care and let your provider know if there is something you do not understand.
- Update the State if there has been a change in your status.
- Provide the MCO and their providers with accurate health information in order to provide proper care.
- Use the emergency department for emergencies only.
- Tell your PCP as soon as possible after you receive emergency care.
- Inform your caregivers about any changes to your Advance Directive.

What is a prior authorization?

There will be times when services and medications will need prior authorization (also called prior approval or preauthorization) before you can receive that specific service or medication. Prior authorization is the process in which a qualified health care professional reviews and determines if a service is medically necessary.

If the prior authorization is approved, then you can receive the service or medication. You will be notified in writing of the decision within 14 calendar days, or 28 days if there was a request for an extension.

The prior authorization department can be reached by phone at **1-866-827-2710** or by fax at **1-877-270-3298**.



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 our Quality Improvement Program
- Clinical Practice Guidelines

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

 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. Models may be used in photos and illustrations.

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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

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.

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** (መስመራዊ 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**).

Bàsòò Wùdù/Bassa

Dè de nìà ke dyèdè gbo: Ɔ jũ ké òm dyi Bàsòò-wùdù-po-nyò jũ ni, nìi à wuqu kà kò dò po-poò bɛ òm gbo kpáa. Đà **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. કૉલ 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, dijiri 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 lórí èdè, lófèṣẹ́, wà fún ọ. Pe **1-800-385-4104** (TTY: **711**).