



Caring



[AetnaBetterHealth.com/California](https://www.aetna.com/better-health/california)

Aetna Better Health® of California

Medi-Cal Rx program launches fully April 1.

Medi-Cal Rx will fully launch on April 1, 2021. In the interim, the Department of Health Care Services (DHCS), in partnership with Magellan, is providing various transitional support services.

For more information, please access the “Medi-Cal Rx Lengthens Transition Time to Full Implementation” document on the DHCS website, [DHCS.CA.gov](https://www.dhcs.ca.gov). For assistance, call the Medi-Cal Rx Customer Service Center at **1-800-977-2273**, 24 hours a day, 7 days a week.

Reminder

Medi-Cal Rx Customer Service Center.

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

The Medi-Cal Rx CSC is now available. The toll-free number for the CSC, **1-800-977-2273**, is available 7 days a week,

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

Main menu options

Beneficiaries: **press 1**

Pharmacies: **press 2**

Prescribers: **press 3**

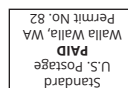
Authorized MCP representatives: **press 4**

TTY callers: **press 5**

All other callers: **press 6**

Spring 2021

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

Care for your emotional health this year.

We're coming off a bad year. There's no question that 2020 left a lot to be desired. That's why it's important in this new year to make a resolution to care for your emotional health as well as your physical health.

When you're emotionally healthy, you feel good about yourself. You have good relationships. You're aware of your emotions and know how to deal with them. You can cope with stress, anger and sadness. And you're not afraid to get help from a medical professional when you need it.

Here are five tips for improving your emotional health:

1. **Accentuate the positive.** Try to keep negative emotions and thoughts to a minimum. Focus on what's good in your life — and what's good about you. Forgive yourself for your mistakes, and remember the good things you've done.
2. **Lower your stress levels.** Chronic stress is unhealthy for your mental and physical health. To help you manage your stress levels, try to:
 - Get sufficient sleep — seven to nine hours a night for most adults.
 - Get regular exercise. Aim for 30 minutes of moderately intense physical activity most days of the week.
 - Set priorities. Aim to find a healthy balance between



- work and play — and between activity and rest.
 - Try relaxation methods, like yoga or deep breathing exercises.
3. **Get good sleep.** Getting sufficient amounts of quality sleep is vital for your mental health. When you don't get enough sleep, it affects your mood, energy, concentration and ability to cope with stress.
4. **Be mindful.** This means being aware of what's going on around you and accepting it without judgment. When you're mindful, you live your life in the present. Being mindful takes practice. To get started:
 - Inhale through your nose to a count of four, hold your breath for one second, then exhale through your mouth to a count of five. Repeat frequently.
 - Go outside for a walk and take notice of all that's around you.
 - Read books or listen to podcasts on mindfulness.
5. **Strengthen your social connections.** Our connections with others may help us live longer and healthier lives. Make time to visit with friends and family, even if the pandemic forces visits to be virtual.

Sources: American Academy of Family Physicians; HelpGuide; National Institutes of Health

COVID-19 updates and office closures.

During these unprecedented times, we understand that providers may experience hardships or be required to close, either temporarily or permanently, due to complications or hardships experienced due to the COVID-19 pandemic. The health and safety of our members and providers is very important to us, and we want to assure you that Aetna Better Health of California is here to support and assist our providers through these times.

Should your office need to make changes to your hours of operation or close your office, either temporarily or permanently, please let us know so that we can support your office through these changes. Call **1-855-772-9076 (TTY: 711)** or email **CaliforniaProviderRelationsDepartment@Aetna.com**.



Please visit **COVID19.CA.gov/Vaccines** for information on the state's vaccination planning efforts.



Diabetes Prevention Program.

The Aetna Better Health of California Diabetes Prevention Program is a new lifestyle change program that may help members adopt healthy habits, lose weight and reduce their risk of developing type 2 diabetes. It is available at no cost to members.

The program focuses on healthier eating, increased physical activity and managing the challenges that are associated with lifestyle changes.

Members will work with a personal coach and small group support to focus on healthy food choices and more activity. Members may qualify for tools such as wireless scales and/or activity trackers such as a Fitbit.

For more information:

- Visit **Solera4Me.com/AetnaBetterHealthCA**
- Call **1-888-913-4508** Monday through Friday, 9 AM to 9 PM EST

2021 holidays.



Aetna Better Health of California will be closed for the following holidays:

Monday, May 31:
Memorial Day

Monday, July 5:
Independence Day
(holiday on Sunday)

Monday, September 6:
Labor Day

Thursday, November 25:
Thanksgiving Day

Friday, December 24:
Christmas Day (holiday
on Saturday)

Friday, December 31:
New Year's Day (holiday
on Saturday)



- **Meeting emotional and spiritual needs.** The care team helps both the person being treated and family members cope with stress, depression, anxiety and other issues. They can set up meetings with a counselor or spiritual advisor, as desired.
- **Giving information and helping with decisions.** Care providers can help the person being treated and their family get the information they need. They can also help when care decisions need to be made.
- **Helping create an advance care plan.** This is a series of legal documents that note a person's wishes for their future health care. It helps to make sure that if people can't speak for themselves, their wishes can still be carried out. The documents vary by state.

What is palliative care?

Palliative care is a way to improve quality of life for someone who is being treated for a serious illness. To palliate means to ease the symptoms of an illness. These may include pain, nausea, vomiting, anxiety, constipation, and sleeping and breathing problems. The patient and their loved ones are given emotional and spiritual support. Palliative care is given at the same time as traditional medical care. Active treatment for the illness does not stop. Both the person receiving treatment and family members help direct the plan of care with the palliative care team.

Goals of palliative care

- **Easing symptoms that cause distress.** This is the main goal of palliative care. Symptoms may affect a person's ability to eat, be active or spend time with others. Medicines and other methods are used. This gives the person a better quality of life while the illness is being treated.
- **Coordinating care.** This helps to make sure that each provider is aware of the goals of care. Communication is done on a regular basis among all team members to make sure that the care goals are met.

Working with your palliative care team

Palliative care is given by a team of people who focus on the physical, emotional and psychosocial aspects of advanced illness. The team may include a palliative care provider or nurse, social worker, pharmacist, dietitian, counselor, spiritual advisor, and others. To get the most of palliative care, both the patient and his or her loved ones have a role.

What a person who is receiving medical treatment can do

The patient should tell their health care provider that they are thinking about palliative care. They should also ask what palliative services are available in their area.

To ensure the best care, the patient should learn what they can about their illness and the goals of their care. If they are having pain and other symptoms due to a serious illness, they should ask their health care provider for a palliative care referral.

Treating these symptoms is best for their health and quality of life. If they need support in other ways, they should speak up. The care team is there to help them get what they need.

What a family member can do

Family members should talk with the palliative care team often. They should do their best to understand their loved one's illness and goals of care. When decisions need to be made, they should act on their loved one's wishes. And if they have a concern or question, they should speak up. They can help the team make sure that their loved one has the best quality of life possible.

Neonatal Abstinence Syndrome (NAS) program.

Opioid abuse from prescription and illicit drugs has reached epidemic proportions in the United States, and care for these patients with substance use disorder (SUD) continues to be challenging. The issue of care is further challenged when a woman with SUD becomes pregnant. Aetna Better Health of California believes it is important to engage pregnant women who have SUD in prenatal care and to optimize medical care for these women and babies.

In January 2021, Aetna Better Health of California began offering the Neonatal Abstinence Syndrome (NAS) program to our members. This program is designed to identify pregnant women with significant substance use, including opiate addiction. Our Care Management team will work with these women throughout the pregnancy to address prenatal

and postpartum medical care. Our goal is to identify and reach out to pregnant members with SUD, set them up with the treatment they need, and support their efforts to stay controlled throughout pregnancy and throughout their babies' first year of life. This program will allow for early identification of babies at risk for or diagnosed with NAS and ensure that they receive appropriate medical treatment with close monitoring from birth through the first year of life.

We hope you will partner with us to inform Aetna Better Health of California members about the NAS program.

If you have a member you wish to refer to this program or would like more information about this program, please call **1-855-772-9076 (TTY: 711)**. Together we can make a difference in the lives of these mothers and their babies.



The Department of Health Care Services will be conducting their annual audit of Aetna Better Health of California in April 2021. We may reach out to you or your office staff to request information for this survey. If you have any questions or concerns regarding this process, please feel free to reach out to the Network Relations team at CaliforniaProviderRelationsDepartment@Aetna.com.

Reminder

Medi-Cal Rx Customer Service Center.

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24 hours a day, and 365 days a year. Providers can use the telephone menu options on page 1 to update processes and any automation they may have in place today.

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

- Claims processing/messaging
- Drug coverage
- Beneficiary eligibility

- **NOTE:**

For beneficiaries dually enrolled in Medicaid and Medicare, beneficiaries should be directed to **1-800-MEDICARE (1-800-633-4227)** or to the Help Desk of their Medicare Part D Prescription Drug Plan.



6 ways to cope with spring allergies.

Spring brings welcome sunshine and warmer temperatures. But for people with seasonal allergies, it can bring months of misery too. Triggers like pollen and mold can cause itchy eyes, coughing, sneezing and wheezing.

Here's how to keep symptoms away so you can enjoy spring:

Start meds sooner. Allergy symptoms can start well before April or May. Trees start releasing their pollen on warm winter days. Once you're exposed to it, your body reacts. Take your medicines as soon as the weather calls for a streak of spring-like days.

Spring clean. Sweep away any dust or cobwebs that gathered over winter. Vacuum dog and cat hair from where pets sit and sleep. Furry friends can track in pollen from outdoors.

Take care of mold. Mold grows wherever there's moisture. Look for it in bathrooms, basements and other damp places. You can

use a mix of bleach and water to clean up small areas of mold. Be sure to fix any leaks that caused it.

Keep windows shut. You may want to welcome spring with open windows, but pollen can drift indoors along with the fresh air. Inside, it can settle on carpets, furniture and bedding. Cool off with a fan or air conditioner instead.

Visit the doctor. An allergist can test you and suggest the best treatments for your allergies. That may include allergy shots or medicine.

Watch the clock. Depending on the season and what type of pollen you're allergic to, pollen levels may be better or worse at certain times of the day. Look up when pollen counts will be lowest, and plan outdoor activities around those times.

Sources: American College of Allergy, Asthma & Immunology; American Lung Association

Population health management.

To help provide our members with consistent, high-quality care that uses services and resources effectively, we have chosen certain clinical guidelines to help our providers. These include treatment protocols for specific conditions, as well as preventive health measures. These guidelines are intended to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

Call **1-855-772-9076 (TTY: 711)** if you would like additional information about any of these topics:

- ADHD
- Alcohol abuse — National Institute on Alcohol Abuse and Alcoholism's clinician's guide
- Asthma
- Chronic heart failure
- Coronary artery disease
- Diabetes — American Diabetes Association's current clinical practice recommendations
- Major depressive disorder — American Psychiatric Association's guidelines
- Opioid use for chronic pain — Centers for Disease Control and Prevention's guidelines
- Hypertension — JNC 8 guidelines
- Chronic obstructive pulmonary disease (COPD)
- Tobacco cessation

Rx restrictions and preferences.

A current list of preferred pharmacies and formularies is available 24/7 on our members website, located at [AetnaBetterHealth.com/California/members/pharmacy](https://www.aetna.com/betterhealth/california/members/pharmacy).

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

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



Member rights.

Members, their families and their guardians have the right to information related to Aetna Better Health of California, its services, its providers, and member rights and responsibilities in a language they can understand.

Members have the following rights:

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

Share health information with your patients.



Are you in need of health education information for your Aetna Better Health of California members? Visit the health and wellness section of our website to access Krames Health Sheets on hundreds of health topics: [AetnaBetterHealth.com/California/wellness/healthy](https://www.aetna.com/better-health/california/wellness/healthy).





as Braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12)

- network practitioners and providers, the plan and its services, including covered services
- To be able to choose a PCP within Aetna Better Health of California's network
- To participate in decision making regarding their own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care received
- To receive care coordination
- To request an appeal of decisions to deny, defer, or limit services or benefits
- To receive oral interpretation services for their language
- To receive free legal help at their local legal aid office or other groups

- To formulate advance directives
- To request a state hearing, including information on the circumstances under which an expedited hearing is possible
- To have access to, and where legally appropriate, receive copies of, amend or correct their medical record
- To disenroll upon request; members who can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs
- To access Minor Consent Services
- To receive written member-informing materials in alternative formats (such

- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To receive and discuss information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand
- To have access to and receive a copy of their medical records and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §§ 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how they are treated by Aetna Better Health of California, their providers or the state
- To have access to family planning services, freestanding birth centers, federally qualified health centers, Indian Health Service facilities, midwifery services, rural health centers, sexually transmitted disease services and emergency services outside Aetna Better Health of California's network, pursuant to federal law



Member responsibilities.

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

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

Coming soon: Teladoc® telemedicine services.

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



Visit our website.

Our website provides information about the following:

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

Integrated Care Management.

Aetna Better Health of California's Integrated Care Management (ICM) Program uses a Bio-Psycho-Social (BPS) model to identify and reach our most vulnerable members. The approach matches members with the resources they need to improve their health status and to sustain those improvements over time. We use evidence-based practices to identify members at highest risk of not doing well over the next 12 months and offer them intensive care management services built upon a collaborative relationship with a single clinical case manager, their caregivers and their primary care provider (PCP). This relationship continues throughout the care management engagement.

We offer supportive care management services to members who are at lower risk. These include standard clinical care management and service coordination and support. Disease management is part of all care management services that we offer. To learn more, please contact Aetna Better Health of California Care Management team at **1-855-772-9076 (TTY: 711)**, Monday through Friday, 8 AM to 5 PM. Our after-hours team is also available to take your call. A team member should provide you with their name, title and our organization.

Referral options.

Referrals from PCPs will be provided to specialists, if needed. The PCP's office can help set up a time to see the specialist. Other services that may require a referral include in-office procedures, x-rays, lab work, and mental health and substance use services. PCPs may provide a form for patients to take to the specialist. A specialist may treat for as long as he or she thinks the patient needs treatment. A health problem that needs special medical care for a long time may need a standing referral.

Referrals are not needed for:

- PCP or OB-GYN visits
- Urgent or emergency care visits
- Family planning (to learn more, call the California Family Planning Information and Referral Service at **1-800-942-1054**)

- HIV testing and counseling (only for minors 12 years or older)
- Treatment for sexually transmitted infections (only for minors 12 years or older)
- Acupuncture
- Chiropractic services
- Podiatry services
- Certain mental health and substance use services

Minors also do not need a referral for:

- Outpatient mental health for:
 - Sexual or physical abuse
 - When they may hurt themselves or others
- Pregnancy:
 - Family planning (except sterilization)
 - Sexual assault: HIV/AIDS testing (only for minors 12 years or older)
 - Sexually transmitted infections (only for minors 12 years or older)
 - Drug and alcohol abuse

Appointment availability standards.

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

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

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

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





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

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

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

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

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

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

Wait times:

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

Telephone accessibility standards.

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



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

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

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

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

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

- Answering member telephone inquiries on a timely basis

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

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



Acceptable	Unacceptable
<ul style="list-style-type: none"> • Telephone is answered by provider, office staff, answering service or voice mail. • The answering service either: <ul style="list-style-type: none"> - Connects the caller directly to the provider - Contacts the provider on behalf of the caller, and the provider returns the call - Provides a telephone number where the provider/covering provider can be reached • The provider’s answering machine message provides a telephone number to contact the provider/covering provider. 	<ul style="list-style-type: none"> • The answering service: <ul style="list-style-type: none"> - Leaves a message for the provider on the PCP’s/covering provider’s answering machine - Responds in an unprofessional manner • The provider’s answering machine message: <ul style="list-style-type: none"> - Instructs the caller to go to the emergency room, regardless of the exigencies of the situation, for care without enabling the caller to speak with the provider for non-emergent situations - Instructs the caller to leave a message for the provider • No answer • Listed number no longer in service • Provider no longer participating in the contractor’s network • On hold for longer than 10 minutes • Answering service refuses to provide information for after-hours survey • Telephone lines persistently busy despite multiple attempts to contact the provider

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

Clinical medical necessity.

For prior authorization of elective inpatient and outpatient medical services, Aetna Better Health of California uses the medical review criteria listed below. Criteria sets are reviewed annually for appropriateness to the Aetna Better Health of California's population needs and updated as applicable when national or community-based clinical practice guidelines are updated. The annual review process involves appropriate providers in developing, adopting or reviewing criteria. The criteria are consistently applied, consider the needs of the members and allow for consultations with requesting providers when appropriate. Providers may obtain a copy of the utilization criteria upon request by contacting an Aetna Better Health of California Provider Relations representative at **CaliforniaProviderRelationsDepartment@Aetna.com**.


These are to be consulted in the order listed:

- Criteria required by applicable state or federal regulatory agency
- Applicable MCG Guidelines as the primary decision support for most medical diagnoses and conditions
- Aetna Better Health of California Clinical Policy Bulletins: **[Aetna.com/health-care-professionals/clinical-policy-bulletins.html](https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html)** and **[Aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins.html](https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins.html)**



Affirmative statements.

Clinical medical necessity determinations are based only on the appropriateness of care and service and the existence of coverage. Aetna Better Health of California does not specifically reward providers or other individuals for issuing denials of coverage or care or provide financial incentives of any kind to individuals to encourage decisions that result in underutilization.

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

1-855-772-9076
Hearing-impaired MD Relay: **711**
[AetnaBetterHealth.com/California](https://www.aetna.com/California)

This newsletter is published as a community service for the providers of Aetna Better Health® of California. Models may be used in photos and illustrations.

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