

# Explore



[AetnaBetterHealth.com/California](https://AetnaBetterHealth.com/California)

Aetna Better Health® of California

## Coming soon: Telehealth modalities.

Aetna Better Health of California is now publishing the telehealth modalities of providers who are utilizing electronic appointment options to increase member access to services. This will create new opportunities to provide enhanced, more specialized care to patients in ways that are more efficient and cost-effective.

If your practice is offering telehealth services, please provide the specific modality(ies) as defined below:

- **Advice.** The provider is available via telephone or internet for medical advice, but does not deliver treatment or medical evaluation.
- **e-Consult.** The provider delivers services via asynchronous communication between

treating provider and a remote provider for consultation and expert opinion.

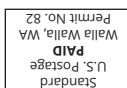
- **Synchronous live visit.** The provider delivers complete medical services via live, two-way video or audio between the patient and a remote provider.
- **Remote patient monitoring.** The provider delivers services via remote monitoring of a patient with video and peripheral devices.

- **Asynchronous store and forward.** The provider delivers services via transmission of history and images between the patient and the provider for diagnosis and treatment.
- **Triage.** The provider delivers triage services directly to the patient via telephone or internet.

Please send updated information to **CaliforniaProviderRelationsDepartment@Aetna.com**. Once received, Aetna Better Health of California will update its provider directory.

Summer 2021

86.22.827.0-SU A (6/21)



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

## 10 ways to add more joy to your life.

Henry Wadsworth Longfellow once wrote, "Into each life, some rain must fall."

If you sometimes feel like your life is one downpour after another, it's time to find some joy. It's easier than you think.


So without further ado, here are 10 simple ways to make your days brighter:

1. **Do something you loved as a kid.** Sing silly songs, splash in puddles or see how high you can swing.
2. **Laugh at life's hassles.** No day is perfect. But there's often something at least a bit amusing in challenging situations if you look for it.
3. **Collect sayings or photos that make you smile.** Then stick them where they're visible — on your refrigerator or at your desk, for instance — to look at when you need a pick-me-up.
4. **Develop your playful side.** Joke with strangers in line, arrange nights out with friends or have a regular game night with your family.
5. **Go for it.** Stop putting experiences you want to try on hold. Bake a pie from scratch, learn to crochet or sign up for an indoor climbing class — explore what intrigues you.
6. **Take a nature break.** Look up at the sky, and see how blue it really is. Go on an early-morning walk, and delight in the dew on the grass. Let nature's beauty soothe you.
7. **Take a mental break.** Close your eyes and imagine a place you love. Use all your senses. Are you drawn to the beach? Smell the salt water, feel the sun on your back and hear the crashing waves.
8. **Spread happiness.** When you get good news, don't keep it to yourself — tell a friend. You'll relive the moment and have the extra pleasure of your friend's reaction.
9. **Seek out happy people.** Good moods are contagious.
10. **Play a song you love.** Imaging tests of brains show that music can release feel-good hormones.



*Sources: HelpGuide; Mental Health America*

## DHCS announces Medi-Cal Rx delay.

 The Medi-Cal Rx transition has been delayed. Aetna Better Health of California is waiting for an update from the Department of Health Care Services (DHCS) and will update providers when new information is available. Please visit the DHCS website for more information. The state goal in transitioning pharmacy services for Managed Care FFS is to standardize the Medi-Cal Rx benefit statewide under one delivery system and apply statewide utilization management protocols to all outpatient drugs.

DHCS anticipates providing further information regarding when the Medi-Cal Rx program will resume preparations later this year. We appreciate your patience through this process. If you have any questions, please feel free to contact the provider relations department at [CaliforniaProviderRelationsDepartment@Aetna.com](mailto:CaliforniaProviderRelationsDepartment@Aetna.com).

## Coming soon: Availity.

We will be transitioning from our current provider portal to Availity in mid-2021. We are excited about the increase in online interactions available to support you as you provide services to our members. Our communications will be transitioning from fax blast to email in the near future. Keeping our providers informed is our priority. If you have not yet reached out to us to ensure that we have your most recent email address, we ask that you do so now!

Some highlights of increased functionality include:

- EFT registration

- Claims lookup
- Online claim submission
- Prior authorization submission and lookup
- Grievance and appeals submission

And best of all, we will continue to build upon this platform by rolling out enhanced functions in 2021 such as:

- Panel searches
- A new, robust prior authorization tool
- Review of grievance and appeals cases
- Eligibility and member lookup

Be on the lookout over the next few months for co-branded

emails directly from Availity as new products roll out and training plans are developed.

### Submit your most recent email address

It's simple; just send us an email at **CaliforniaProviderRelationsDepartment@Aetna.com**.

Your email subject line should include the title and "+ NPI #." For example: Email Address Update + 12345678.

If you have any questions, please feel free to contact us via email at **CaliforniaProviderRelationsDepartment@Aetna.com**.


## You're never too old to play.


Playtime reduces stress, promotes creativity.


From being playful with a partner to cuddling a kitten to joking with your favorite jokesters, play is pretty much anything that's done just for joy. The benefits of being amused, according to experts, include decreased stress and increased relaxation.


### Adults at play


Here's how you can fit play into a busy day:

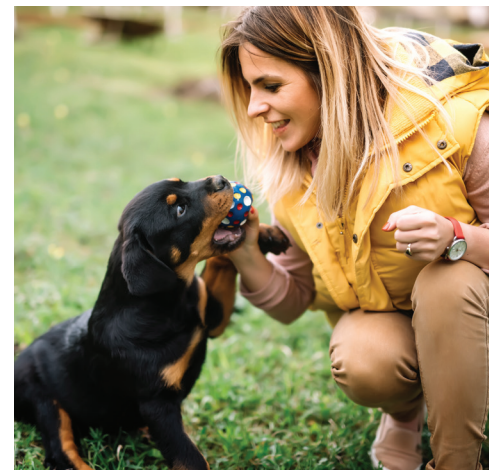
 **Make work breaks playdates.** Instead of checking your phone, kick a football with a coworker or practice some yo-yoing tricks.


 **Play with a pet after work.** Maybe that's fetch with your dog or a string-and-toy game with your cat.


 **Enjoy a weekend bike ride.** As you pedal away, leave your cares behind and just enjoy the ride.

 **Beat boredom with an evening board game.** Clear off the kitchen table and gather your family.

 **Be spontaneous with your partner.** Show off your silliest celebrity impression or try to spot animal shapes in the clouds.



 **Do something you enjoyed as a kid.** Build a model muscle car or buy a coloring book for adults.

 **Enlist a pro.** Play with your kids, grandkids, nephews or nieces.

Source: HelpGuide

# Guidelines for prescribing antidepressants.

The occurrence of depressive disorder in adults is becoming a more frequent diagnosis in today's society. The onset and continuation of the COVID-19 pandemic has unfortunately not been conducive in reducing the number of growing cases related to depression.

It has always been imperative to follow the appropriate guidelines related to the safety and effectiveness of proper pharmacological management. Typically, the benefit of antidepressant medication may be more prominent in patients with severe depression, as opposed to those with milder symptoms. However, patients with symptoms that seem less severe may still need some form of pharmacological management.

*\*Please note that the following information is not an all-inclusive source of information regarding prescribing antidepressants and should not be used solely or in part as a tool in the legal prescription of any medication or patient treatment.*

## Summary overview

- Antidepressants are suitable for the treatment of moderate to severe depression.
- A diagnosis of bipolar affective disorder should be excluded before they are prescribed.
- Treatment should continue for 6 to 9 months after remission from a single episode.

- Patients with two prior episodes of depression or with additional relapse risk factors should be treated for two years or longer.
- There is a 50% chance of relapse if antidepressants are discontinued immediately after recovery.
- Risk of relapse increases with each episode of depression.
- Clinical trials show antidepressants to be effective in 50% of patients with moderate depression, although naturalistic studies suggest that several changes in treatment may be needed before remission is achieved.
- Although it is commonly advised that antidepressants may take four weeks to work, studies have recently shown that their onset of action may be much quicker (one to two weeks).
- If no effect is seen within two weeks, it is important to monitor the patient more closely and consider changing the dose or drug at weeks three to four.
- Maintenance treatment doses should be the same or close to the acute treatment dose.
- Withdraw antidepressants gradually to avoid discontinuation symptoms.
- Risk of relapse is highest in the first two to three months after withdrawal, regardless of the previous length of treatment.
- Consider the suicide risk and choose a drug with a low

toxicity risk if possible.

- Monitor efficacy of treatment plan regularly — offer telephone support where necessary.

## Treatment

Choice of antidepressant should be based on the personal preference of the patient, taking into account the relative adverse effects of various antidepressants, pre-existing medical conditions, self-harm risks and potential interactions with other medication.

Also, consider any co-morbid psychiatric disorder that may require a particular class of antidepressant, e.g., obsessive-compulsive disorder (SSRI/ Clomipramine), anxiety disorders (SSRI), bipolar illness (SSRIs less likely to cause manic switch than TCAs/MAOIs).

## Pregnancy and lactation

Tricyclics are the drugs of choice in pregnancy. These should be considered in women of child-bearing age who plan to become pregnant in the near future. Sertraline, imipramine and nortriptyline are the drugs of choice in lactation.

## Special populations

Lower-risk medicines may sometimes be used in these populations. Other antidepressants may also be suitable, depending on the individual patient.

**Elderly patients:** SSRIs or mirtazapine; watch for hyponatremia, co-morbid illness and interactions with other medication. Gastro protection may be advised where concomitant administration of SSRIs with NSAIDs.

**Patients with epilepsy:** SSRIs; citalopram is less likely to interact with anticonvulsants. They may also need to review anticonvulsants, as some have been reported to cause depression.

**Patients with hepatic impairment:** Paroxetine or agomelatine\*. Use lower doses and monitor for adverse effects regularly. Watch out for hepatic drug interactions.

**Patients with renal impairment:** SSRIs; choose one with short half-life (sertraline, paroxetine) unless concerned about drug interactions (citalopram). Moclobemide, agomelatine\* and tricyclics are also lower risk, although monitor for urinary retention.

**Patients with cardiovascular disease:** SSRIs (sertraline), mirtazapine. Avoid tricyclics and venlafaxine if possible.

**Patients with Parkinson's disease:** SSRIs; monitor for movement disorders. Depression is often difficult to treat.

**Patients with diabetes:** Sertraline is the drug of choice.

SSRIs may decrease weight and glucose in the short term, but long-term moderate- to high-dose antidepressant use may be associated with an increased incidence of diabetes.

### **Suicide risk**

Antidepressant therapy has been associated with a short-term increase in suicidal thoughts and acts, particularly in young adults and adolescents. It should be noted that although the relative risk might be elevated compared to placebo, the absolute risk remains very low. The most effective way to reduce suicidality is to treat depression.

Nevertheless, the risk of overdose should be considered when prescribing antidepressants. Drugs with lower toxicity (e.g., SSRIs) should be chosen and limiting tablet quantities may be necessary. Patients under 30 should be reviewed within seven days.

Depressed patients with insomnia have significantly higher suicidal ideation, so it is important to manage sleep disorders in the early stages of treatment (especially if the antidepressant can make insomnia worse).

### **Withdrawal symptoms**

All antidepressants have been associated with discontinuation symptoms, although patients should be informed that they

are not addictive. These include flu-like symptoms, nausea, irritability, neurosensory disturbances, etc.

The onset is usually within five days of stopping treatment, depending on the half-life of the drug. The risk is increased if patients miss or reduce doses and also with drugs that have a short half-life, e.g., paroxetine and venlafaxine; with children and adolescents; and in those taking other psychotropic medication. Gradual withdrawal (over at least four weeks) is recommended to reduce this risk.

### **Physical health checks**

All patients with severe mental illness have increased physical health risks, which should be monitored at least yearly according to PCT good practice SMI monitoring guidelines.

### **Patient information needs**

Provide verbal/written information about management of individual mental illness and discuss benefits/side effects of each drug. Discuss the gradual onset of action of antidepressants and advise about potential early adverse effects (e.g., insomnia, akathisia, suicidal ideation).

Patients should be advised about withdrawal symptoms and possible interactions with other drugs. Providers should

*Continued on page 6*

## Guidelines for prescribing antidepressants.

Continued from page 5

also highlight the symptoms of serotonin syndrome and educate patients on what to do if it develops.

\*Taylor, D. et al. *The Maudsley Prescribing Guidelines, 10th edition, 2009. Informa Healthcare.* 2. NICE CG 90 Depression Oct. 2009 nice.org.uk 3. Bazire, S. *Psychotropic Drug Directory 2010. Healthcomm.* 4. Cipriani et al. *Comparative efficacy and acceptability of 12 new generation antidepressants: a multi-treatment meta-analysis. The Lancet.* 2009; 373:746-58 5. Wyeth pharmaceuticals. *Summary of Product Characteristics for Efexor XL. Updated Oct. 2010. medicines.org.uk* 6. Servier Laboratories Ltd. *Summary of Product Characteristics for Valdoxan. Updated Feb. 2011. medicines.org.uk* 7. NICE TA 231. *Agomelatine for the treatment of major depressive disorders. July 2011.*

### Additional sources

- MCG Care Guidelines — MCG Health-Shared Resources, 24th Edition
- Oxford Health NHS Foundation Trust “Prescribing guidelines for treatment of Depression in Adults and Older Adults”

## Eviti Connect oncology decision support program.

We are pleased to announce that Aetna Better Health of California and NantHealth have partnered to give you access to Eviti Connect, an online software system that enables real-time decision support and treatment guidelines for oncology patients.

There will be a change of process for initiating oncology treatment plan review requests. Below is a summary of these changes:

### Overview of process benefits and changes

<b>Purpose of Eviti Connect</b>	To provide specialist review of oncology treatment plans including chemotherapy, radiation therapy and supportive medications
<b>Uses of Eviti Connect</b>	<ul style="list-style-type: none"> <li>• Access to the latest evidence-based guidelines for radiation and chemotherapy</li> <li>• Select from 4,500-plus pre-built regimens, or customize treatments when necessary</li> <li>• Discuss open treatment plan reviews with Eviti’s clinical staff</li> </ul>
<b>Treatment recommendations</b>	Eviti Connect aggregates evidence-based recommendations from national government agencies, reports, and journal publications (including the NCCN Compendium, JCO, JNCI, Lancet, NEJM and JAMA)
<b>Provider training sessions</b>	Several training sessions will be available to help you become familiar with using Eviti Connect to submit treatment plans for review.
<b>New process effective date</b>	Coming soon

**All oncology treatment plans will be submitted to NantHealth via their web portal, Eviti Connect, at [connect.eviti.com](http://connect.eviti.com), which will expedite review of any chemotherapy, radiation therapy or supportive medications.**

## 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/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

## 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 at [AetnaBetterHealth.com/California/wellness/healthy](https://www.AetnaBetterHealth.com/California/wellness/healthy) to access Krames Health Sheets on hundreds of health topics.







- To be provided with information about the 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 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)
- 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.

## 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 efforts.

### 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 the top 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.*

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 a day, 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.



*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.*

## 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"> <li>• Telephone is answered by provider, office staff, answering service or voicemail.</li> <li>• The answering service either:               <ul style="list-style-type: none"> <li>- Connects the caller directly to the provider</li> <li>- Contacts the provider on behalf of the caller, and the provider returns the call</li> <li>- Provides a telephone number where the provider/covering provider can be reached</li> </ul> </li> <li>• The provider’s answering machine message provides a telephone number to contact the provider/covering provider.</li> </ul>	<ul style="list-style-type: none"> <li>• The answering service:               <ul style="list-style-type: none"> <li>- Leaves a message for the provider on the PCP’s/covering provider’s answering machine</li> <li>- Responds in an unprofessional manner</li> </ul> </li> <li>• The provider’s answering machine message:               <ul style="list-style-type: none"> <li>- 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</li> <li>- Instructs the caller to leave a message for the provider</li> </ul> </li> <li>• No answer</li> <li>• Listed number no longer in service</li> <li>• Provider no longer participating in the contractor’s network</li> <li>• On hold for longer than 10 minutes</li> <li>• Answering service refuses to provide information for after-hours survey</li> <li>• Telephone lines persistently busy despite multiple attempts to contact the provider</li> </ul>

*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** and **Aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins.html**



## 2021 holidays.



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

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)

## 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**

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.

2021 © Coffey Communications, Inc. All rights reserved.