



Warmth



AetnaBetterHealth.com/Maryland

Aetna Better Health[®] of Maryland

High blood pressure? Make the most of your meds

High blood pressure can be tricky. You can have it and feel fine. If so, you might think you no longer need your blood pressure medicines. But it's important to keep taking them until your doctor says it's OK to stop.

If you skip your medicines, your blood pressure could rise too high. That could lead to a heart attack, stroke or kidney failure.

You can do this!

If you have a concern or question about your medicines, speak up. Your doctor can help you understand how to get the most out of them.

Be sure to:

Mention any side effects.

There may be other blood pressure drugs that would work better for you.

Tell your doctor if you sometimes forget your medicines — or if you have trouble filling the prescription for any reason.

Tell your doctor about all of the medicines you're taking.

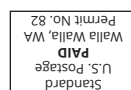
Over-the-counter ones count too. They could affect your blood pressure.

Ask what else you can do to lower your blood pressure too. Exercise, heart-healthy foods and not smoking can be a big help. Your doctor can help you take steps toward these healthier habits.

Source: American Heart Association

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

How to file a complaint, grievance or appeal

If you are dissatisfied with a provider or Aetna Better Health of Maryland, this is called a complaint. If your complaint is about a service or care 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 on the denial letter you received. You can file an appeal by phone (**1-866-827-2710**), in writing or in person. Your doctor can also file an appeal for you if you sign a form giving him/her permission.

A complaint that is not related to a denial of some type of service or care 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 by calling customer service at **1-866-827-2710**.

Our customer service representative can assist you with filing a complaint, grievance or appeal. You can find more information about appeals and grievances in your Member Handbook.



Teladoc

Can't make it to the doctor, not feeling well, or have a health concern and need to speak to a doctor? Teladoc gives you the option to speak to a doctor through live video using your phone, tablet, computer or other device. Teladoc doctors can treat you and prescribe medications — the right care when you need it most. For more information, visit [AetnaBetterHealth.com/Maryland](https://www.AetnaBetterHealth.com/Maryland) or call Member Services at **1-866-827-2710 (TTY: 711)**.

Healthy moms and babies with the PROMISE program

If you're expecting a child, we're here for you! Our PROMISE Program can help you and your child stay healthy during pregnancy and take care of you after your child is born. You can even earn gift cards for going to appointments! Visit our website or call Member Services to learn more.

Health education is available for free

If you need information about your health, our Prevention and Wellness Coordinator can provide health education for free. To speak with someone about health education, call Member Services at **1-866-827-2710 (TTY: 711)** and ask to speak with the Prevention and Wellness Coordinator or email WellnessAndPrevention@Aetna.com.

Reporting fraud, waste and abuse

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

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

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

- Call Aetna Better Health Member Services: **1-866-827-2710 (TTY: 711)** or **1-855-877-9735 (TTY: 711)**
- Notify the Maryland Department of Health, Office of the Inspector General: **1-866-770-7175** or **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 **OIG.HHS.gov/Fraud/Report-Fraud/Index.asp**

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


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



Check out our website [AetnaBetterHealth.com/ Maryland](https://www.aetna.com/betterhealth/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 and Quality Improvement programs
- Information about our Utilization Management (UM) program and how to access our UM team
- Clinical Practice Guidelines

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

Medicaid member pharmacy information

You can gain access to the Aetna Better Health of Maryland Medicaid formulary on our website at [AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland). This can be found under the "For Members" tab: Click on "Pharmacy," then "Formulary Drug List." This will lead you to the Preferred Drug List. Please note

that the formulary can change at any time. This is due to the ever-changing world of medicine.

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




Our care managers are here for you

Do you need help getting care? Our care management team is here for you! Care managers are nurses and social workers who understand your health conditions and help connect you to the right care. A care manager can teach you more about your health, get services and care that you need like helping you find rides to your appointments, and more.

If you have questions or if you would like to speak to a case manager, call us at **1-866-827-2710 (TTY: 711)**. You can also email us at **AetnaBetterHealthMDCM@Aetna.com**. Members may disenroll from the program at any time.

Find a full description of your rights and responsibilities in the Member Handbook or at **[AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland)**.

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](https://www.aetna.com/betterhealth/maryland)

Visit **[AetnaBetterHealth.com/Maryland](https://www.aetna.com/betterhealth/maryland)** for the latest Member Handbook, provider directory and updated pharmacy formulary. You also have the right to receive a printed copy of anything on our website at no cost. Please call Member Services at **1-866-827-2710 (TTY: 711)**.

This newsletter is published as a community service for the friends and members of Aetna Better Health® of Maryland. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. HealthChoice is a program of the Maryland Department of Health. Models may be used in photos and illustrations.

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Nondiscrimination statement

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

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

Procedure:

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

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. **1-800-368-1019, 1-800-537-7697 (TDD)**.

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

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Nondiscrimination statement

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

Language accessibility statement

Interpreter services are available for free.

Español/Spanish

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

አማርኛ/Amharic

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

العربية/Arabic

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

Bàsòbò Wùdù/Bassa

Dè de nià ke dyèdè gbo: ɔ jũ ké òm dyi Bàsòbò-wùdù-po-nyò jũ ni, niì à wuɖu kà kò dò po-poò bé òm gbo kpáa. Ðá **1-800-385-4104** (TTY: **711**).

中文/Chinese

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

فارسی/Farsi

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

Français/French

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

ગુજરાતી/Gujarati

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

Kreyòl Ayisyen/Haitian Creole

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

Igbo

Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gị. 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, lófẹ́ẹ́, wà fún ọ. Pe **1-800-385-4104** (TTY: **711**).