

## **Working with You to Get the Right Care**

Our utilization management (UM) program ensures you get the right care in the right setting when you need it. UM staff can help you and your providers make decisions about your health care.

When we make decisions, it is important for you to remember:

- We make UM decisions by looking at your benefits and clinical guidelines for the most appropriate care and service.
- We consider your needs, evidenced based practice and availability of care.
- You must be a current member
- We do not reward providers or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you get.

If you have questions about UM, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. You can also ask Member Services for language translation or assistance.

For more information, please visit

<u>AetnaBetterHealth.com/</u>
Illinois

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## **Understanding Your Pharmacy Benefits**

Aetna Better Health Premier Plan MMAI's List of Covered Drugs / Formulary (Drug List) tells you about:

- Covered prescription drugs
- Covered over-the-counter drugs and items
- Any special rules or restrictions on any covered drugs

The rules or restrictions are listed in the Drug List under "Necessary actions, restrictions, or limits on use." In these cases, you or your provider must ask the plan to cover a drug. Required medical information must be submitted before the plan will pay for the requested drug.

The Drug List and list of network pharmacies can be found on our website at **AetnaBetterHealth.com/Illinois**. The Drug List is updated monthly throughout the year.

You can find the last time it was updated on the front cover. Changes to the plan's Drug List is also posted on the plan's website. Network pharmacies have an agreement with us to provide you services.

Visit <u>AetnaBetterHealth.com/Illinois</u> for the updated Drug List and latest Member Handbook. For a printed copy of anything on our website, call Member Services at **1-866-600-2139 (TTY: 711)**.

### Types of rules or limits:

 Prior approval (or prior authorization): You or your health care provider must ask Aetna Better Health Premier Plan MMAI for approval. Required medical information must be submitted before you fill your prescription. We may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes we limit the amount of a drug you can get. You or your provider must get approval from us. Required medical information must be submitted for a larger quantity. We may not cover the drug if you do not get approval.
- **Step therapy:** This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug does not work for you, then you or your provider must ask us for approval. Required medical information must be submitted before you fill your prescription.
- Formulary Exception: An exception is permission to get coverage for a drug that is not normally on our Drug List or to use the drug without certain rules and limitations. If a drug is not on our Drug List or is not covered in the way you would like, you can ask us to make an "exception." You or your provider must get approval from us. Required medical information before you fill your prescription. We may not cover the drug if you do not get approval.

To ask us to approve drugs with special rules or restrictions, call Member Services at

#### 1-866-600-2139 (TTY: 711).

A representative will work with you and your provider to help you ask for a drug with special rules, special restrictions or that is not listed on the Drug List.

As an Aetna Better Health Premier Plan MMAI member, you have no copays for prescription and OTC drugs if you follow our rules. You also must fill the drug at a network pharmacy.

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Medicare Part D prescription brand name and generic drugs.
- Tier 2 drugs are Medicare Part D prescription brand name and generic drugs.
- Tier 3 drugs are Non-Medicare Part D prescription and over-the-counter drugs.



## Know your rights and responsibilities

We work with you to make sure you receive the best care available. You have certain rights and responsibilities. These help you to receive the best service.

## As an Aetna Better Health Premier Plan MMAI member, you have a right to:

- Receive information about us, our services, our practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of your dignity and your right to privacy
- Participate with providers in making decisions about your health care
- Have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Aetna Better Health Premier Plan MMAI or the care we provide
- Make recommendations about our member rights and responsibilities policy

#### You also have a responsibility to:

- Supply as much information as possible that we and our providers need so we can provide care.
- Follow plans and instructions for care that you have agreed to.
- Understand your health problems and take part as much as possible in developing treatment goals that you and your providers have agreed upon.

You will find these rights and responsibilities in the Member Handbook and on our website **AetnaBetterHealth.com/Illinois**. If you have any questions or would like a copy of your rights and responsibilities, call Member Services at **1-866-600-2139 (TTY/TDD: 711)**, 24 hours a day, 7 days a week.

# Things you should know about getting a ride to the provider

Aetna Better Health Premier Plan MMAI provides rides to your provider. Our transportation vendor is MTM. You may be eligible for a ride to your Medicaid-covered health care service if you have no other way to get there. If you are not sure if you qualify for a ride, call MTM at **1-888-513-1612**.

Three things you should know about our transportation benefit:

1. When you call MTM to schedule a ride, they will have a local transportation company give you a ride. Your assigned driver will pick you up before your appointment. The driver will also take you home when your appointment is over.

- 2. If you have your own car or a friend or family member can drive you, you may qualify for gas mileage reimbursement! Call MTM for a trip number before your appointment. You will complete a trip log with all of your appointment information. Then send it to MTM. MTM will reimburse you \$0.30 per mile.
- **3.** Prefer self-service options? MTM has a mobile app that makes it easy for you to book your rides! The MTM Link app can be used on any mobile device. Using the app, you can schedule, cancel, modify and review your trips 24 hour a day, 7 days a week without calling MTM. Download the app to your device from the Apple App Store or Google Play.

### **Case Management**

When you become an Aetna Better Health Premier Plan MMAI member, we assign a Case Manager to you. Your Case Manager can help you find the right care and services. They will assess your wellness goals. And then they will talk to you about your wellness goals.

Your Case Manager will work with you, your health care providers (providers) and any other member of your care team to make sure you receive the right care and services based on what you prefer.

Together we will create a care plan just for you. This will help you live a healthier life. Each member is on their own personal health care journey. We are here to support you along the way. Your Case Manager can help you manage and improve your health. To learn more about how we can help you with your wellness goals, call your Case Manager. You can also call Member Services at 1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week.

## Has an Aetna Better Health Premier Plan MMAI Case Manager already called you?

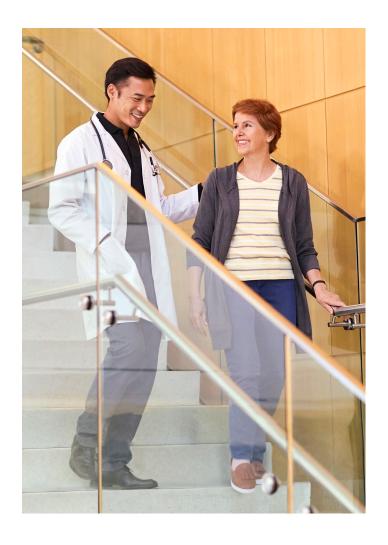
If you are a new member to our plan, your Case Manager will call to you to welcome you to our plan. Your Case Manager will tell you about ways we can support your wellness goals. During the call, your Case Manager will work with you to complete a health assessment. It will help us learn how to support you on your journey.

The health assessment tells us about:

- You
- Your health
- Your health care
- · Your wellness goals

At a minimum, you can also expect that your Case Manager will call you to check in and see how you have progressed throughout the year. During that call, your Case Manager will update the health assessment. Together you will review your care goals and set new ones based on your preferences.

If you move or change your phone number, please call your local Department of Human Services office and your Case Manager. We need to update your profile, so we know the best way to contact you. You can also call Member Services at **1-866-600-2139 (TTY: 711)**.



### Your mental health

Your mental health is just as important as your physical health. Anyone can be sad, lonely or grieve at times. This is especially true when something specific is bringing you down, like the death of a loved one or dealing with health problems. When these feelings last for two weeks or more, your sadness may be a sign of a mental health disorder, like Major Depressive Disorder (MDD).

Here are some things that can help tell if you are having normal short-term blues, or if it is something bigger:

- Feeling sad most of the day
- Having a hard time sleeping or sleeping too much
- Lacking pleasure about activities that you used to enjoy
- · Gaining or losing weight
- Having low energy
- · Feeling bad about yourself
- · Feeling guilty all the time
- · Having a hard time focusing

If you experience sadness and any of the other problems above, make an appointment with your provider. If you are diagnosed with Major Depressive Disorder, the good news is that there are treatment options available to relieve suffering. Treatment for Major Depressive Disorder includes medications called anti-depressants. Treatment could also include talk therapy with a psychologist or counselor.

It's important to take your mental health seriously. Ask your provider for help. Are you thinking of stopping your medicine? Talk with your provider about your concerns before you stop the medicine. Your provider needs to know how you are doing. Talk about what is not working well with your medicine.

You can get transportation to your visit for no cost to you. This includes trips to visit your counselor. Questions about how to get to your appointment? We can help.

Call Member Services at

1-866-600-2139 (TTY: 711) or your Case Manager to schedule an appointment to talk with a counselor. Aetna Better Health Premier Plan MMAI also offers a mental health crisis line 24 hours a day, 7 days a week. Call 1-866-600-2139 (TTY: 711). If you experience a life-threatening emergency, call 911.





## Use your voice. Join the Member Advisory Council

As a member of Aetna Better Health Premier Plan MMAI you have the chance to be a part of the Member Advisory Council. The group meets every three months.

#### Who is part of the council?

- Aetna Better Health Premier Plan MMAI members
- · Members' family members
- Organizations that work with our members

#### What do council members do?

- · Share ideas
- · Give examples of what is working well
- Discuss what can be improved
- Decide what topics are discussed

## What happens during and after the council meetings?

Aetna Better Health Premier Plan MMAI staff:

Listen to what is important to the council members

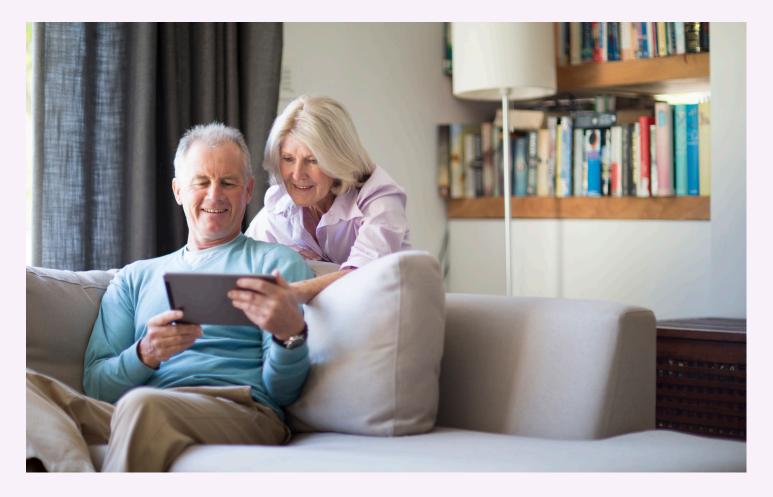
- · Listen to council members' ideas
- Share ideas with other Aetna Better Health Premier Plan MMAI staff
- Report back to council members about changes that have been made based on the council's ideas

#### How does the meeting affect me?

The MAC meeting allows Aetna Better Health Premier Plan MMAI members and family members the chance to have:

- · Their voices heard.
- Staff listen to your ideas and concerns.

For more information on how to join the MAC, please call Member Services at **1-866-600-2139 (TTY: 711)** or your Case Manager.



## **Protect yourself from a COVID 19 Scam**

- Do not buy a fake vaccine card. Do not make your own vaccine card. Do not fill-in blank a vaccination record card with false information.
- As volunteers go door-to-door to inform communities across the country about COVID-19 vaccines, be sure to protect yourself from criminals who are trying to commit fraud.
- Do not provide personal, medical or financial information to anyone in exchange for vaccine information.
- Get vaccinations from trusted providers.
- Offers to buy COVID-19 vaccination cards are scams. Only approved providers giving vaccines can provide valid proof of COVID-19 vaccinations.

- Be careful of COVID-19 survey scams. Do not give your personal, medical or financial information to anyone who offers money or gifts in exchange for you taking part in a COVID-19 vaccine survey.
- Be mindful of how you throw away of COVID-19 materials such as
  - Syringes
  - Vials
  - Vial container boxes
  - Vaccination record cards
  - Shipment or tracking records
- If you do not throw them away correctly, these items could be used to commit fraud.

- Do not share photos of COVID-19 vaccination cards on social media.
- Do not post things on social media that includes your date of birth, health care details or other information that can identify you. The information could be used to steal your identity.
- Members should be careful of unsolicited requests for their personal, medical and financial information. Medicare does not call members to offer COVID-19 related products, services or benefits.
- Be cautious of any unexpected calls or visitors offering COVID-19 tests or supplies. If you receive a suspicious call, hang up immediately.
- Do not respond to or open links in text messages or emails about COVID-19 from strangers.
- Ignore offers or advertisements for COVID-19 testing or treatments on social media sites. If you make an appointment for a COVID-19 test online, make sure the location is an official testing site.
- Do not give your personal or financial information to anyone who say they are offering grants related to COVID-19.
- Be aware of scammers pretending to be COVID-19 contact tracers. Approved contact tracers will never ask for your Medicare number, financial information or try to set up a COVID-19 test for you. They also won't collect payment information for the test.
- If you suspect COVID-19 health care fraud, report it immediately at AetnaBetterHealth.com/
   Illinois/fraud-abuse or call our Special Investigations
   Unit 1-866-670-6885 or
   1-800-HHS-TIPS
   (800-447-8477).

Resource - OIG.HHS.gov/fraud/ consumer-alerts/fraud-alertcovid-19-scams/

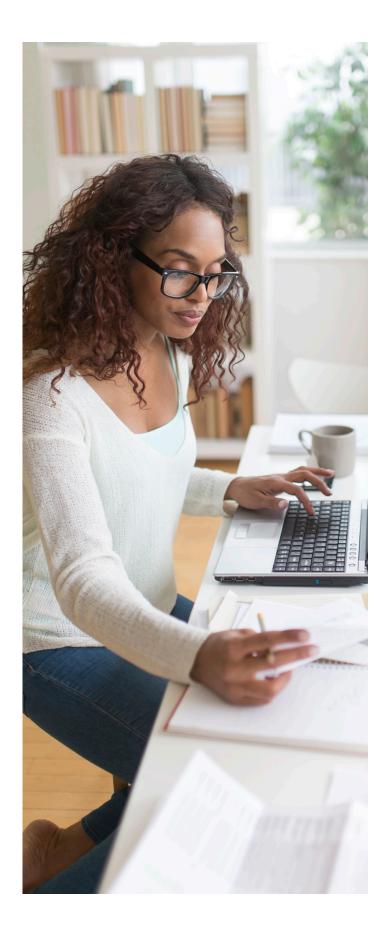


# Finding helpful information

You can find the information below in your Member Handbook and on our website at **AetnaBetterHealth.com/Illinois.** 

- Benefits and services included in your health plan as well as those not covered
- Pharmaceutical management procedures
- Copayments
- Benefit restrictions outside the Aetna Better Health Premier Plan MMAI service area
- How to get language assistance
- · How to submit a claim
- How to get information about providers in the Aetna Better Health Premier Plan MMAI network
- How to get primary care services
- How to get specialty care, behavioral health care and hospital services
- How to get care after normal business hours
- How to get emergency care, including when to go to the emergency room or use 911 services
- How to get care and coverage outside of the Aetna Better Health Premier Plan MMAI service area
- How to submit a complaint
- · How to appeal a decision
- How Aetna Better Health Premier Plan MMAI evaluates new technology to include in coverage

For a printed copy of the Member Handbook, call Member Services toll-free at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.





# How National Coverage Decisions affect your plan

The Centers for Medicare & Medicaid Services (CMS) sometimes change rules for a benefit or service. When this happens, CMS issues a National Coverage Determination (NCD).

#### NCDs tell us:

- · What's covered
- What's changing
- What Medicare pays

We post NCDs on our website at least 30 days prior to the effective date. To view them, visit <u>AetnaBetterHealth.com/Illinois</u>/members/premier/services

You can visit <a href="www.cms.gov/Medicare/Coverage/DeterminationProcess">www.cms.gov/Medicare/Coverage/DeterminationProcess</a> for more information. Type "National Coverage Determination" in the search box. Or you can also contact your case manager or Member Services at 1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week.

Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

#### Contact us



Aetna Better Health® Premier Plan MMAI 3200 Highland Ave. Downers Grove, IL 60515 24 hours a day Member Services: **1-866-600-2139 AetnaBetterHealth.com/Illinois** 

This newsletter contains general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own healthcare needs. Articles in our newsletter are for many different people. We write articles about different kinds of medical problems that people are interested in learning about. These articles may not be about medical problems that you have. Aetna Better Health® Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Aetna Better Health® Premier Plan MMAI Member Handbook.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website at or call the phone number listed in this material.

In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint\_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言,我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。