



Find joy



AetnaBetterHealth.com/Louisiana

Aetna Better Health® of Louisiana

Grievances and appeals.

At Aetna Better Health of Louisiana, we try our best to deal with your concerns or issues quickly and to your satisfaction. You may use our grievance process or our appeal process. It depends on what kind of problem you have.

There will be no change to your service if you file a grievance or an appeal. Aetna Better Health of Louisiana staff or a health care provider will not treat you differently. We will maintain your privacy. We can help you file a grievance or appeal. This includes providing you with interpreter services or help if you have vision and/or hearing problems. You may also choose

someone like a relative, friend or provider to represent you.

To file a grievance or to appeal a plan action:

- Call **1-855-242-0802 (TTY: 711)**
- Fax: **1-860-607-7657**

- Write to: Aetna Better Health of Louisiana Grievance and Appeals Dept.
P.O. Box 81139
5801 Postal Rd 0
Cleveland, OH 44181

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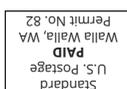


Checkups and screenings help you stay healthy.
Turn to page 2 to see which ones you need.

Fall 2020

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Aetna Better Health® of Louisiana
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

Adults need yearly checkups and screenings too.

Get your checkups and screenings.

Mammogram, clinical breast exam	Every year	Breast cancer	All women ages 40 and over; women under age 40 with family history of breast cancer.
Yearly pelvic exam, with Pap test	Every year	Cervical cancer, STIs	Pelvic exam for all women. Pap tests for sexually active females yearly until age 30. Women over age 30, with two to three normal results, Pap test every 3 years.
Complete, fasting lipoprotein profile (blood test)	Every 5 years	High cholesterol	All adults ages 20 and over. Adults with two or more risk factors (for example, family history, obesity, diabetes, smoking, high blood pressure) should be tested more often.
Yearly physical exam	Every year	Obesity, diabetes, osteoporosis	All adults should get a yearly exam. Tests for diabetes are encouraged for adults with high risk factors; bone density for women ages 65 and over.
Skin cancer checkup	Every 3 years	Skin cancer	Adults ages 20 and over.
Colorectal cancer checkup	Every 10 years	Colorectal cancer	Adults ages 50 and over. If risk factors exist, more frequent screenings from age 40.
Prostate cancer screening	Every 1 to 2 years	Prostate cancer	Men with risk factors start at age 40.
Yearly flu shot	Every year	Flu	Every adult.



Grievances and appeals.

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You will need to give us your name, address, telephone number and the details of the problem.

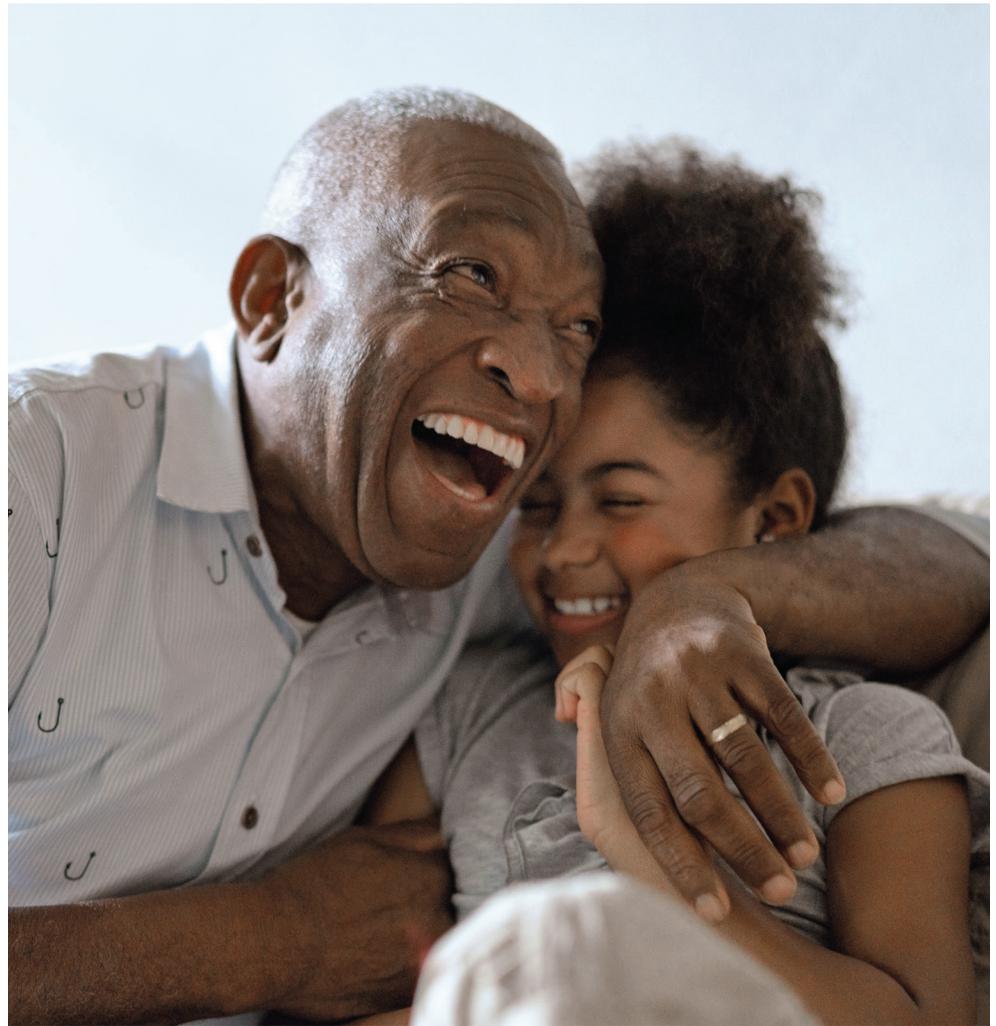
You can also complete a recipient appeal request form online at **AdminLaw.State.LA.US/Forms.htm** with the Louisiana Division of Administrative Law.

How do I file an appeal of an action?

An adverse benefit determination is when we do not approve a service your provider recommends. It can be when we say we will not pay for services. An adverse benefit determination can also be when we do not provide you services in a timely manner. If you do not agree with an adverse benefit determination that we have taken, you may appeal.

When you file an appeal, it means that we must look again at the reason for our adverse benefit determination to decide if we were correct. An appeal is a way for you to ask for someone to review our adverse benefit determinations. The list below includes examples of when you might want to file an appeal.

- Not approving a service your provider asks for
- Stopping a service that was approved before



- Not paying for a service your PCP or other provider asked for
- Not giving you the service in a timely manner
- Not answering your appeal in a timely manner
- Not approving a service for you because it was not in our network

To file an appeal:

- Call Member Services at **1-855-242-0802 (TTY: 711)**. If you do not speak English, we can provide an interpreter at no cost to you.
- Fax: **1-860-607-7657**

- Write to us at: Aetna Better Health of Louisiana Grievance and Appeals Dept.
P.O. Box 81139
5801 Postal Road 0
Cleveland, OH 44181
- You can also complete a recipient appeal request form online at **AdminLaw.State.LA.US/Forms.htm** with the Louisiana Division of Administrative Law.

You can have someone represent you when you file your appeal, such as a family member, friend or provider. You must agree to this in writing.

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Send us a letter telling us that you want someone else to represent you and file an appeal for you. This is called a member representative. Include your name, member ID number from your ID card, the name of the person you want to represent you and what adverse benefit determination you are appealing. When we get the letter from you, the person you picked can represent you. If someone else files an appeal for you, you cannot file one yourself for that adverse benefit determination.

You or your representative must start an appeal within 60 calendar days from the

date on our notice of adverse benefit determination letter. Your provider can be your representative. We can help you write your appeal, if needed.

The person who receives your appeal will record it. The appropriate staff will oversee the review of the appeal. We will send a letter telling you that we received your appeal. It will tell you how we will handle it. Your appeal will be reviewed by knowledgeable clinical staff. The staff that reviews your appeal is not involved in our initial decision or adverse benefit determination that you are appealing.

For some adverse benefit determinations, you may request to continue service during the appeal process

You may want your services to continue while your appeal is reviewed. Services that can be continued must be services that you are already receiving. They are services that are being reduced, put on hold or ended. We will continue services if you request an appeal within 10 days from our notice of adverse benefit determination letter. We will also continue services if you request an appeal before the date we told you they would be reduced, put on hold or ended, whichever is later.

Our notice will tell you if we decided to reduce, suspend or terminate your service. It will have the effective date of our adverse benefit determination. It will state the original authorization period and when it ends. Your services will continue until the original authorization period for your services has ended, or until 10 days after we mail the appeal decision, or if you withdraw your appeal. If the appeal was denied and you requested a Louisiana State Medicaid Fair Hearing with continuation of services, your services will continue during the State Fair Hearing. (See the State Fair Hearing section.)





You may request services while your appeal is under review. However, if we decide that we agree with our first decision to deny your service, we may require you to pay for these services. This is because you asked to continue to receive services while your appeal was being reviewed.

What happens next?

- We will send you a letter within three (3) business days saying we got your appeal. We will tell you if we need more information. We will tell you how to give us more information in person or in writing, if needed.

- You provide more information about your appeal, if needed.
- You can see your appeal file.
- You can be there when the Appeals Committee reviews your appeal.
- The Appeals Committee will review your appeal. They will let you know if they need more information and will make a decision within 30 calendar days. If your appeal requires a fast decision, we will call you to tell you the decision. For all appeals, we will send the results to you in writing. The decision letter will tell you what we will do and why.

- A provider with the same or like specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.
- The provider who reviews your appeal will not report to the provider who made the original decision about your case.
- We can extend the time for making a decision about your appeal by up to 14 days. We may extend the time to get more information. If we do this, we will send you a letter explaining the delay.
- You can also ask for an extension, if you need more time.

If the Appeals Committee's decision agrees with the adverse benefit determination, you may have to pay for services you got during the review. If the Appeals Committee's decision does not agree with the notice of action, we will let the services start right away.

How long will it take Aetna Better Health to decide on my appeal of an action?

Unless you ask for an expedited review, we will review your appeal as a standard appeal. We will send you a written decision as quickly as your health condition requires. It will

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be no later than 30 days from the day we receive an appeal.

The review period can be increased up to 14 days if:

- You request an extension
- We need more information
- The delay is in your interest and approved by Louisiana Department of Health (LDH)

During our review, you will have a chance to present your case in person or in writing. You will also have the chance to look at any of your records that are part of the appeal review. We will send a notice about the decision we made about your appeal. It will identify the decision and the date that we reached that decision.

We will provide you with the disputed services as quickly as your health condition requires if:

- We reverse our decision to deny or limit requested services or to reduce, suspend or terminate services
- Services were not furnished while your appeal was pending

In some cases you may request an “expedited” appeal. (See the “Expedited Appeal Process” section.)

Expedited appeal process

You may ask for a fast appeal review if waiting the normal appeal time could harm your health. A fast appeal is also called an expedited appeal. We will respond to you with our



decision within 72 hours. Then we will send a letter with our decision within two (2) business days. The review period can be increased up to 14 days. You can increase the review period if you need more time. We can increase the review period if we need more time. We can only request more time if it is in your best interest.

If we do not agree with your request for a fast appeal decision, we will make our best efforts to contact you. We will let you know that we have

denied your request for an expedited appeal. If we deny your request for a fast decision, we will give you a decision in the normal time. Also, we will send you a written notice of our decision to deny your request for an expedited appeal. We will send it within two (2) days of receiving your request.

If Aetna Better Health denies my appeal, what can I do?

We will send an appeal decision letter. If our decision does not fully approve your appeal, the

letter will explain additional appeal rights. You will have the right to ask for a State Fair Hearing from LDH. The letter will tell you who can appear at the hearing on your behalf. It will also tell you if you can continue to receive services during the appeal process.

State Fair Hearing

You may ask for a State Fair Hearing from LDH within 30 days of the date we sent your appeal decision letter. The Louisiana Division of Administrative Law makes a recommendation about your hearing to the Secretary of LDH. The Secretary of LDH makes the final decision about your appeal.

You can file a State Fair Hearing request by phone, fax, mail or on the web.

- Mail: Louisiana Division of Administrative Law
P.O. Box 4189
Baton Rouge, LA 70821-4189
- Fax: **225-219-9823**
- Phone: **225-342-5800**
- Web: **AdminLaw.State.LA.US/HH.htm**

If your appeal involved reduced, on hold or stopped services received, you may ask to continue to get these services while you wait for the State Fair Hearing decision. If you used the Fair Hearing form to ask for a hearing, you must check the box on the Fair Hearing form that you want to continue services.

State Fair Hearings and requests for services to be continued can also be requested by phone or online. Your request to continue the services must be made within 10 days of the date of our appeal decision letter. If you do not request a State Fair Hearing within the 10 days, your services will be reduced, put on hold or stopped by the effective date, whichever is later. Your services will continue until the original authorization period for your services has ended or you withdraw the appeal or the State Fair Hearing Officer denies your request, whichever happens first.

If the State Fair Hearing Officer reverses our decision, we must make sure that you receive the disputed services right away, and as soon as your health condition requires. If you received the disputed services while your appeal was pending, we will pay for the covered services ordered by the State Fair Hearing Officer.

You may ask to continue services while you are waiting for your State Fair Hearing decision. If your hearing is not decided in your favor, you may be responsible for paying for services that were the subject of the hearing.

What is a grievance?

A grievance is any message by you to us of being unhappy about the care and treatment you receive. It can be about our

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- Your provider or an Aetna Better Health staff member did not respect your rights.
- You had trouble getting an appointment with your provider in the right amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or an Aetna Better Health staff member was rude to you.
- Your provider or an Aetna Better Health staff member was insensitive to your cultural needs or other special needs you may have.

You can make your grievance on the phone or in writing. You can call Member Services for help at **1-855-242-0802 (TTY: 711)**. You can also send or fax a letter telling us about your grievance to:

Aetna Better Health of Louisiana Grievances and Appeals Dept.
P.O. Box 81139
5801 Postal Rd 0
Cleveland, OH 44181
Fax: **1-860-607-7657**

In your letter, give us as much information as you can. For example, include the date the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance.

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staff or providers, including vision, transportation and adult dental services. For example, if someone was rude to you or you do not like the quality of care or services you have received, you can file a grievance with us.

Aetna Better Health takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or

the quality of care or services you have received, let us know right away. We have special procedures in place to help members file grievances. We will do our best to answer your questions. We want to take care of your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance:

If you do not speak English, we can provide an interpreter at no cost to you.

You can have someone represent you, such as a family member, friend or provider. You must agree to this in writing. Send us a letter telling us that you want someone else to represent you and file a grievance for you. Include your name, member ID number from your ID card, the name of the person you want to represent you and what your grievance is about. When we get the letter from you, the person you picked can represent you. If someone else files a grievance for you, you cannot file one yourself about the same item.

The grievance process

You may file a grievance orally or in writing with us at any time. The person who receives your grievance will record it. The appropriate plan staff will oversee the review of the grievance. We will send you a letter telling you that we received your grievance. The letter will give you a description of our review process. We will

review your grievance and give you an answer. The time for us to answer is based on the following:

- If your grievance is the result of us denying your request for a fast decision on an authorization or an appeal, we will decide within 72 hours after receipt.
- If your grievance is the result of us taking an extension on the time to give you a decision on your request for

an authorization or an appeal, we will decide within 72 hours after receipt.

- For all other types of grievances, we will decide within 90 days after the receipt.

Our decision letter will describe what we found when we reviewed your grievance. It will tell you our decision about your grievance.



Contact us Aetna Better Health of Louisiana
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062



24 hours a day, 7 days a week
1-855-242-0802 (TTY: 711)
AetnaBetterHealth.com/Louisiana

This newsletter is published as a community service for the friends and members of Aetna Better Health of Louisiana, 2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062. This is general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.

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AETNA BETTER HEALTH® OF LOUISIANA

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has 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 Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: **1-888-234-7358 (TTY 711)**
Email: MedicaidCRCoordinator@aetna.com
Hours of operation: 8:00 a.m. – 5:00 p.m.

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, 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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

LA-16-09-02

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS: **711**).

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

CHINESE: 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número que se encontra na parte de trás do seu cartão de identificação ou **1-800-385-4104** (TTY: **711**).

LAOTIAN: ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຫາເບີໂທທີ່ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື **1-800-385-4104** (TTY: **711**).

JAPANESE: 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

URDU: توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

THAI: ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: **711**)