



Aetna Better Health® Kids A CHIP Health Plan

Starting April 17, 2023, the Pennsylvania Department of Human Services (DHS) will begin processing applications and renewals instead of your child(ren)'s CHIP health insurance company. Your child(ren) will remain enrolled with their current health insurance company. There will be no changes to you child(ren)'s CHIP benefits or services.

After April 17, 2023, CHIP families should contact DHS directly with questions about eligibility and application processing. Attached with this letter is a frequently asked questions insert. The frequently asked questions insert includes specific information on:

- How to apply for/renew healthcare benefits.
- Where to provide requested verification documents.
- Contact information for all questions regarding your child(ren's) eligibility and application/renewal processing.
- Changes to the unique identifier number (UFI).
- Upgraded COMPASS usage capabilities.
- Access to myCOMPASS® PA mobile application.
- Appeal Rights and Responsibilities.

You will receive a welcome letter from DHS that includes additional information in approximately two weeks. You may continue to contact your child(ren's) health insurance company directly with questions about insurance benefits and services. Contacting Us

If you have any questions, please call us at 800-822-2447 (TTY: 711). Our office is open and available during the following times: 8 AM – 5 PM, Monday through Friday.

For more information on health care options for children in Pennsylvania, please visit:

www.chipcoverspakids.com

Sincerely,

Member Services
Aetna Better Health Kids

1425 Union Meeting Road
Blue Bell PA 19422

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PA_CHIP_Enrollment@aetna.com | 800-822-2447 | aetnabetterhealth.com/pa



Aetna Better Health® Kids A CHIP Health Plan

A partir del 17 de abril de 2023, el Departamento de Servicios Humanos de Pennsylvania (DHS) comenzará a procesar las solicitudes y renovaciones, en lugar de la compañía de seguros de salud CHIP de su(s) hijo(s). Su(s) hijo(s) seguirá(n) inscripto(s) con su compañía de seguro de salud actual. No habrá cambios en los beneficios o servicios CHIP de sus hijos.

Después del 17 de abril de 2023, las familias CHIP deberán comunicarse directamente con el DHS ante preguntas acerca de la elegibilidad y el procesamiento de las solicitudes. Adjunto a esta carta hay un anexo con preguntas frecuentes, El anexo con preguntas frecuentes incluye información específica sobre:

- Cómo solicitar/renovar beneficios médicos.
- Dónde proporcionar los documentos de verificación solicitados.
- Información de contacto para todas las preguntas acerca de la elegibilidad y solicitud/renovación del procesamiento de su(s) hijo(s).
- Cambios en el número del identificador único (UFI).
- Funcionalidades de uso de COMPASS actualizadas.
- Acceso a myCOMPASS® PA Solicitud móvil
- Derechos y responsabilidades de apelación.

Recibirá una carta de bienvenida de DHS que incluye información adicional en aproximadamente dos semanas. Puede continuar comunicándose con la compañía de seguros de su(s) hijo(s) directamente si tiene preguntas acerca de los beneficios y servicios de seguro.

CONTÁCTENOS

Si tiene preguntas, llámenos al 800-822-2447 (TTY: 711). Nuestra oficina está abierta y disponible en los siguientes horarios: 8 AM – 5 PM de lunes a viernes.

Para obtener más información sobre las opciones de atención médica en Pennsylvania, visite:

www.chipcoverspakids.com

Sinceramente,

Servicios para miembros
Aetna Better Health Kids

Nondiscrimination Notice

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

Aetna Better Health Kids provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats).

Aetna Better Health Kids provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact Aetna Better Health Kids at 800-822-2447

If you believe that Aetna Better Health Kids 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:

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY (800) 654-5484, Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity is available to help you.

You can also file a civil rights complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone with the U.S. Department of Health and Human Services, Office for Civil Rights at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).

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

Multi-language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-800-822-2447 (TTY: 1-800-628-3323).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-822-2447 (TTY: 1-800-628-3323).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните: 1-800-822-2447 (телетайп: 1-800-628-3323).

注意：如果您講中文，您可以免費獲得語言援助服務。請致電 1-800-822-2447（聽障及語障人士專線：1-800-628-3323）。

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số [1-800-822-2447] (TTY: 1-800-628-3323).

تنبيه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة بالمجان. اتصل بالرقم 1-800-822-2447 (الهاتف النصي: 1-800-628-3323)

ध्यान दिनुहोस्: तपाईं अंग्रेजी बाहेकका भाषा बोल्नुहुन्छ भने तपाईं निःशुल्क भाषिक सहायता प्राप्त गर्न सक्नुहुन्छ । यसका लागि 1-800-822-2447 (TTY: 1-800-628-3323) मा टेलिफोन गर्नुहोस् ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-822-2447 (TTY: 1-800-628-3323) 번으로 전화해 주십시오.

កត់សំគាល់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ មិនប្រើភាសាអង់គ្លេស សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃសម្រាប់លោកអ្នក។ សូមទូរស័ព្ទទៅលេខ 1-800-822-2447 (TTY: 1-800-628-3323) ។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-822-2447 (TTY: 1-800-628-3323).

သတိပြုရန်။ သင့်ညှိ အင်္ဂလိပ်ဘာသာစကားမဟုတ်ဘဲ အခြားဘာသာစကား တစ်စုံတစ်ရာကို အသုံးပြုပါက ဘာသာစကား အထောက်အကူပြုပေးဆောင်ပေးခြင်း အခမဲ့ရရှိနိုင်ပါသည်။ 1-800-822-2447 (TTY: 1-800-628-3323) သို့မူ ဖုန်းခေးခံရပါမည်။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-822-2447 (TTY: 1-800-628-3323).

ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-822-2447 (TTY: 1-800-628-3323).

দৃষ্টি আকর্ষণ: আপনি যদি ইংরেজী ছাড়া অন্য কোন ভাষায় কথা বলেন, তাহলে ল্যাংগুয়েজ এসিস্ট্যান্ট সার্ভিসের সহায়তা, আপনি বিনামূল্যে পাবেন। কল করুন: ১-৮০০-৮২২-২৪৪৭ (TTY: 1-800-628-3323).

KUJDES: Nëse flitni një gjuhë tjetër përveç anglishtes, shërbimet për përkthim, pa pagesë, janë në dispozicion për ju. Telefononi në 1-800-822-2447 (TTY: 1-800-628-3323).

ध्यान आपो: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. ૧-૮૦૦ ૮૨૨-૨૪ ૪૫ ૫૨ કોલ કરો (ટીટીવાય: ૧-૮૦૦-૬૨ ૮૩૩૨૩)