



AETNA BETTER HEALTH OF WEST VIRGINIA

Annual Notice of Important Information for members, parents and guardians

Each year we like to remind our members to review some important information. This information helps you stay active and informed. It can help you when making health care choices for yourself or your child. This notice gives a quick overview of what you need to know. You can find more details in your Member Handbook.

You can read your updated handbook on our website at www.aetnabetterhealth.com/westvirginia. From the *Members* tab, click on *Member handbook, materials and forms*. To receive a printed copy of the member handbook, call us at **1-888-348-2922** (TTY: **711**).

Here's how to reach us:

- **By phone:** Call us 24 Hours a day, 7 days a week at **1-888-348-2922 (TTY: 711)**.
- **Website:** www.aetnabetterhealth.com/westvirginia. Scroll to the bottom of the page and click on "Contact us".

If you have a hard time seeing, hearing, reading or speaking English – We have services available to help you communicate with us. We can also provide information in other formats. If you need help with language or translation services, call us at **1-888-348-2922**; TTY: **711**. You can also get a printed copy of this notice or anything that is on our website. These services are available at no cost to you.

Topics included in this notice

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1. You have rights and responsibilities

We strive to treat you with respect and dignity. We do not discriminate against members based on age, race, sex, religion, national origin, or any other reason that's against the law. Our practitioners and providers must also follow the same standards.

You have certain [rights and responsibilities](#) as well. Knowing them helps you get the covered services you need. You'll find your rights and responsibilities listed in your Member Handbook and on our website, www.aetnabetterhealth.com/westvirginia. From the *Members* tab, click on *Rights and responsibilities*. If you have any questions or would like a copy of your rights and responsibilities, just call us.

2. Benefits and copayments questions

You can find a list of covered and non-covered benefits and services in your Member Handbook. Your Member Handbook also has information about costs that may be your responsibility. To receive a printed copy of the Member Handbook, just call us.

Costs you may need to pay

As an Aetna Better Health of West Virginia member, you are generally not responsible for paying for covered health care services. There are some exceptions though. For example, if you receive a service and the provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it. Some services may require you to pay a co-payment. Co-payments are determined by the state Medicaid/CHIP agencies and are based on household income. Your member handbook has more information about possible co-payments you may have to pay for certain services.

If you get a bill from your doctor for a covered health care service, call us.

3. How to get the care you need

Primary Care Provider

Your primary care provider (PCP) is an important part of your health care. Your PCP should be the one you contact first for most health care issues. Your PCP's name is on the front of your ID card. You should try to see your PCP within 30 days of becoming a member of Aetna Better Health. If the PCP listed on your ID card is not your PCP, or if you have lost your ID card, call us to get a new card.

We cover care given by a licensed Aetna Better Health of West Virginia practitioner. You may receive care in the practitioner's office, a clinic, a health center, or other places needed to treat an illness, injury or disease. You can get care from practitioners and providers listed in the Aetna Better Health of West Virginia Provider Directory.

Provider Directory

The [online provider directory](#) is a list of all doctors, hospitals, dental and specialty care practitioners and other providers who work with Aetna Better Health. It is available on our website at AetnaBetterHealth.com/WestVirginia . Click on *Find doctors and medicine*.

The provider directory includes the following information about each provider:

- Name, Address and phone number
- Professional qualifications
- Specialty

If you would like information about a practitioner's education, such as medical school and residency, cultural competency, or board certification, call us. For a printed copy of the Provider Directory give us a call. We will mail you a paper-based provider directory within five business days of your request.

Specialty Care

Sometimes you or your child may need care from a specialist. Specialists treat certain types of conditions, including behavioral health or substance use concerns. Your PCP can recommend a specialist or behavioral health care provider to you. You don't need a formal referral from your PCP as long as the specialist is in our provider network. We call this self-referral. You must go to an Aetna Better Health practitioner or provider for your service to be covered, except for emergency services or family planning services. You can use any Medicaid/WVCHIP provider for family planning services.

Let your PCP know if you visit a specialist, so he or she can support your care.

Preventive Care for Women

Members have direct access to an Aetna Better Health of West Virginia health specialist for routine and preventive care. Women's health specialists include, but are not limited to, obstetricians, gynecologists and certified nurse midwives. Routine or preventive care includes covered services such as breast exams, mammograms, pap tests and prenatal care. **You don't need an OK from your PCP or permission from us.** If you have questions, call us.

Family Planning Services

Aetna Better Health covers care to help you if you plan to have a family, want to know how to avoid getting pregnant, or want to know how to protect yourself against sexually transmitted infections (STIs). This includes coverage for contraceptives, testing and treatment for STIs, and screenings for issues before you plan to become pregnant.

You don't need to get an OK from your PCP to get family planning care. You may go to any licensed family planning clinic or provider. The provider doesn't have to be part of our network. If you choose to see a family planning provider who is not part of our network, let your PCP know

about the family planning visit. The family planning provider and PCP will work together to make sure you get the right care.

Family planning records are kept private. Medical records may be shared with other doctors who take care of you, public health officials, or government agencies.

Second Opinions

You have the right to get a second opinion from a qualified health care professional at no cost to you. If an Aetna Better Health of West Virginia practitioner or provider isn't available, we'll help you get a second opinion from a non-participating provider. This will still be at no cost to you.

How to get after-hours care

Call your PCP for after-hours care, except in an emergency. If you or your child gets sick after the PCP's office is closed – even on weekends – call your PCP. An answering service will make sure the PCP gets your message. Your PCP will call you back to tell you what to do.

You can also get advice from a nurse 24 hours a day, 7 days a week. Just call **1-855-200-5975** and ask to speak to a nurse.

How to get emergency care

If you or your child's life is in danger, you should always **call 911 or go to the nearest emergency room (ER)**. If you need transportation to the hospital, call **911**. The hospital does not have to be in our network for you to get care. If you're not sure it's an emergency, call your PCP.

You should only use an ER for real, life-threatening emergencies. An emergency is the sudden onset of a medical condition with severe symptoms, including severe pain. These symptoms are so serious that not getting immediate medical attention could result in:

- ❖ Loss of life or serious harm to you or another person
- ❖ A pregnant woman becoming very ill and possibly losing her unborn child
- ❖ Some bodily functions no longer working
- ❖ Serious harm to any body organ or part

Examples of emergencies are:

- Sharp chest pain
- Choking
- Bleeding that won't stop
- Passing out
- Poisoning
- Drug overdose
- Severe burns
- Extreme shortness of breath
- Broken bones
- Severe spasms or convulsions
- Sudden loss of feeling or not being able to move

Inpatient Hospital Care

If you do not have an emergency, we must approve your stay before you go to the hospital. You must go to a hospital that is an Aetna Better Health provider. You will be under the care of your PCP or another practitioner recommended by your PCP. We help manage all hospital stays. We look at the care you get while you are in the hospital. The care is covered as long as there is a medical need for the care. If all or part of the hospital stay is not medically needed, your practitioner will be told that coverage will end and you will not be responsible for payment.

Outpatient Hospital Care

Outpatient hospital care is care in a hospital that does not require an overnight stay. It may include tests to find sickness or care to help you heal. If you get an x-ray or have physical therapy in a hospital, that is outpatient hospital care. You should tell your PCP when you receive outpatient hospital care.

Care when you're away from home

Aetna Better Health's service area is the entire State of West Virginia. If you are traveling or are out of the service area, you're only covered for emergency services. Routine care out of the service area or out of the country isn't covered by Aetna Better Health. If you're out of the service area and need health care services, call your PCP. They will tell you what to do. (You can also call us to check if you are out of the service area.)

If you're not in West Virginia and you think your or your child's life is in danger, go to the closest ER. Show the ER staff your Aetna Better Health of West Virginia ID card and any other insurance ID cards you have. If you or your child get services in the ER and are admitted to the hospital, have the hospital call us at the number on the back of your ID card.

Out-of-network services

If our network is unable to provide certain covered services, you may get out-of-network services. You can go to a provider outside the Aetna Better Health network only if: (1) the care is needed; and (2) there are no Aetna Better Health providers who can give you the care needed.

We have the right to say where the service can be given when no Aetna Better Health provider can give you the care needed. The care must be approved before your visit. Your PCP or the practitioner that wants to give you the care should ask for this approval (also called preauthorization). If we have approved care outside our network, the cost will be no greater than it would be if you received the services within our network. We will coordinate payment for the care. You can continue to get the approved care outside our network as long as there are no Aetna Better Health providers that can provide the needed care. Services will be provided in an adequate and timely manner. If you have questions, just call us.

4. Advance Directives

For members 18 years and older, federal law and the Health Care Decisions Act in West Virginia give you the right to decide the medical care you want. You should let your practitioner or other health care provider know what specific health care you want or do not want if you become very sick or have a life-threatening illness. You can also let your practitioner or other health care provider know if you want someone else to make medical decisions for you when you are medically or mentally unable to do so. These are called *advance directives*. Advance directives can include a living will or medical power of attorney. Your practitioner or other health care provider will write down your wishes or make a copy of your written wishes if you have already written them down. These advance directives will become part of your medical records. You may change your mind at any time by putting your change in writing.

You should tell your practitioner or other health care provider if you have certain moral and/or religious beliefs that would stop you from making advance directives. Your practitioner or other health care provider will write down your objections to making advance directives and will make this a part of your medical records.

If you have questions about advance directives, just call us.

5. Utilization management

We want to ensure you get the services or benefits you need to get or stay healthy. This is called *Utilization Management (UM)*. Our UM program helps make sure you get the right services at the right place. UM staff use clinical criteria, guidelines and written policies to make UM decisions. They check that requested services are:

- Needed to keep or get you healthy
- Covered by Aetna Better Health of West Virginia

You or your practitioner or provider can get a copy of the criteria we use to approve or deny services. You can call us toll-free Monday-Friday from 8:30 a.m. to 5:00 p.m. with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you. After normal business hours, you may leave a message. We'll call you the next business day. When calling back, the representative will tell you that he or she is calling from Aetna Better Health of West Virginia and will give you their name and title.

We also adopt guidelines for treating common conditions that we expect doctors to use when treating that condition. These are called Clinical Practice Guidelines. If you would like a copy of a Clinical Practice Guideline, call us.

Our affirmative statement about incentives

We want you to feel sure that you're getting the health care and services you need. We have policies that our practitioners and providers must follow to make sure that you get the right health care. Our UM decisions are based on appropriateness of care and services and whether or not they are covered.

6. Medications

Prescription medications that you get from a pharmacy are managed by the state. Click here to view the [Gainwell Preferred Drug List \(PDL\) on the BMS Website](#). If you have questions about outpatient prescription medications, call Gainwell Technologies at **1-888-483-0797**.

“Medical pharmaceuticals” are medicines that you may receive in a doctor’s office, a hospital or other inpatient facility, or medications that you get in an outpatient setting or at home that are given to you by a health care professional. You do not have a co-pay for these medicines.

If you have questions about medical pharmaceuticals, talk with your PCP or give us a call at **888-348-2922**. If your doctor wants you to have a medication that requires approval, your doctor will work with us the same way he or she does for medical care that requires approval.

When we make decisions about medical pharmaceuticals, we use guidelines called *criteria*. This helps us make sure you get the right medicine for your problem. The criteria we use may be from the state of West Virginia or other organizations that make criteria for health plans. Sometimes the criteria we use will list preferred medicines for your condition or require that you try other medicines first. Sometimes the criteria will limit how much medicine you can get. You and your doctor can get a copy of the criteria by giving us a call.

For some medicines we are required to use the state of West Virginia’s preferred drug list (PDL). We use the state’s PDL for medical pharmaceuticals that are also available at an out-patient pharmacy through the fee-for-service pharmacy benefit. You can see the state’s PDL at this link: <https://dhr.wv.gov/bms/BMS%20Pharmacy/Pages/Preferred-Drug-List.aspx>

If you would like us to approve a different medicine than the criteria requires, you or your doctor can request an “exception”. To request an exception you can talk to your doctor or you can give us a call at **888-348-2922**. When you call us to request an exception, please ask to be transferred to the Utilization Management department. If we do not approve your request for an exception, you have the right to appeal the decision.

7. Population Health Management and Care Management

Keeping Members Healthy

We have many programs designed to help you get healthy and stay healthy, including our *Healthy Adults and Children*, *Healthy Pregnancies/Healthy Babies*, and our *Flu Vaccination* Programs. We also have programs for chronic condition management, opioid management and neonatal abstinence syndrome. You can join or leave our member programs at any time. To learn more about our [Population Health Management programs](#), visit our website at www.aetnabetterhealth.com/westvirginia and click on *Health and wellness*, then click on *Health programs*. For a complete list of programs see your member handbook or call us and ask for the Care Management Department.

Care Coordination

All members are eligible for care coordination services. We have a team of nurses and care coordinators who can help coordinate your health care services. We can help with:

- Coordination between settings of care
- Coordinating services you receive from other organizations
- Coordinating services you receive in fee-for-service Medicaid
- Coordinating services you receive from community and social support providers

Give us a call if you would like help with care coordination.

Care Management - Help when you need it most

Sometimes managing medical conditions can become overwhelming. To offer you support, your doctor, hospital discharge planner or other practitioner or provider may refer you to Care Management. A nurse from our health information line may also refer you. Don't wait for a referral if you need help. You or your caregiver can self-refer by calling us at **1-888-348-2922** (TTY: **711**). Ask to speak to Care Management. Our care management program includes different levels of support, including helping members manage their chronic conditions.

After you enroll in care management, you'll get a welcome letter that will explain how our services can help you. You will also get a call from a Case Manager.

Our Case Managers can:

- Help you understand your covered benefits
- Show you how to get specialty, behavioral health, or hospital services
- Talk with your doctors and other agencies to ensure you get needed services
- Teach you more about your disease or condition
- Help you locate community resources to meet your needs

Is your child moving from pediatric to adult care? We have trained professionals on staff to help you with this. We'll work with you to help get the right care for your child's special needs.

Have your benefits ended but you still need continued treatment? We can work with you to help you get the care you need.

Your member handbook will give you more information about care management. You can opt in or opt out of the program anytime¹.

8. Community Resources

Good health and well-being is about more than just having good medical care. There are many services in West Virginia that can help you meet your needs. If you need help with a housing problem, childcare or getting healthy food, or you need assistance with a substance use problem our care management team can help. Call us or visit our website for a [list of resources](#). Go to AetnaBetterHealth.com/WestVirginia and click *Members* tab, then *Resources and services*.

9. Secure Member Web Portal

Our updated secure member portal is your go-to resource to manage your plan—and your health. It will help you use your benefits and services so you can get and stay healthy. You can:

- Access health plan details—change your doctor, find forms or request member ID cards.
- Get personalized health information—answer questions about your health. Get the tips and tools you'll need to meet your health goals like quitting smoking and weight management.
- Get instant access to claims details—see the status of a claim from start to finish.
- Find support—get in touch with a nurse. Or learn more about chronic condition management and wellness programs that will help you stay on track with goals.

Set up your account by visiting aetnabetterhealth.com/westvirginia/member-portal. Click on *Log In*. If you don't have an account, you will need your member ID and a current email address to create one. You can also download the Aetna Better Health app from this page. If you would like to sign up on the phone, just give us a call.

¹ Mountain Health Promise members are required to remain enrolled in Care Management.

10. Complaints and appeals

We take member complaints and appeals very seriously

We want you to be happy with services you get from us and our practitioners and providers. If you're not happy, we want you to let us know. Filing a complaint or appeal will not affect your health care services or Medicaid/CHIP eligibility. We want to know what is wrong so we can make our services better.

How to file a complaint

If you have a complaint please contact us. You can file a complaint at any time. You can:

- Call us toll-free at **1-888-348-2922**(TTY: **711**), or
- Give your doctor permission to file a complaint for you, or
- Write to us at:

Aetna Better Health of West Virginia
P.O. Box 81139
5801 Postal Rd.
Cleveland, OH 44181

We need to know what happened

Please give us as much information as you can. For example, include:

- The date the incident happened
- The names of the people involved
- Details about what happened
- Your name and member ID number

How to file an appeal

We must approve many services ahead of time in order to pay for them. If we decide not to pay for a service we'll write to you and tell you why. We'll send you this "Notice of Action" letter if we:

- Decide not to approve a request for a service
- Approve only part of a request for a service

The "Notice of Action" letter will give you the reasons for the denial. If you don't agree with it, you can file an appeal. You have the right to appeal any decision, including a non-coverage decision.

You can file your appeal in writing. Or you can also call us at **1-888-348-2922** (TTY: **711**) and file an appeal by telephone. You can also have someone else file an appeal for you, such as your PCP or lawyer, or family member. We just need your okay in writing.

To file a written appeal, write to us at:

Aetna Better Health of West Virginia
Box 81139
5801 Postal Rd.
Cleveland, OH 44181

For more information about the complaint and appeal process see your Member Handbook.

11. New technology for medical procedures

We are always looking at new medical procedures and methods. We want to be sure members get safe, high-quality care. We have a team of doctors who review new health care technologies. They decide if new technologies should become covered services. We don't cover things that are investigational or still under research.

To decide if a new technology will become a covered service, we will:

- Study the purpose of it
- Review medical literature
- Look at the impact and benefits
- Develop rules on how and when to use the technology

12. Quality improvement at Aetna Better Health of West Virginia

Our Quality Management department wants to make sure you get good care and services.

That includes:

- Health management programs that work for you
- Easy access to quality medical and behavioral health care
- Help with any complex or chronic conditions or illnesses
- Support when you need it most
- High satisfaction with your doctors and with us

Our quality improvement activities each year include:

- Contacting you to remind you to get care (like well-child checkups)
- Sending you postcards or newsletters about health topics
- Reviewing the number, quality and kinds of services you receive
- Reminding you and your doctors about needed preventive health care
- Making sure you're continuing to get the care you need
- Checking that your calls are answered quickly and that you get the right information
- Ensuring your doctor has all the information needed to care for you or your child

We have many more quality programs. We look to see if our members receive health care and preventive care services. We compare our findings to national practice guidelines. We set goals for care and service. If we don't reach our goals we make a plan to help us improve and reach our goals in the future. You can read updates on the [Quality Matters](#) page of our website. Go to www.aetnabetterhealth.com/westvirginia. From the *Members* tab click on *Quality improvement*. You can also call us to learn more about what we do to improve your care.

13. Privacy and security of your health care data

Protecting your personal health information (PHI) is one of our most important jobs. We train our staff to keep your health care data safe. We set rules to follow when collecting and using PHI. Our rules describe:

- How to protect access to PHI, either electronic or paper copies
- The right way to treat your health care data no matter what form it is in – written, oral, or electronic
- Your right to permit or refuse the release of PHI except for treatment, payment or health care operations reasons
- Locking up your records and keeping your health care data in safe areas
- Making sure the only staff who have access to your health care data are those who need it to perform their jobs and care for you

We're happy to answer any questions you have about how we protect your health care data.

Notice of Privacy Practices

We include a Notice of Privacy Practices in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of, or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out.

Learn more on our website at www.aetnabetterhealth.com/westvirginia. Scroll to the bottom and click on *Privacy policy*. You can also call us for more information or to receive a paper copy of [your privacy rights](#).

14. Fraud, Waste and abuse

West Virginia has a limited amount of money to spend on health care. When someone commits fraud, they are stealing. Waste means not using something wisely. Abuse means not using something properly. This means there is less money to treat other people in West Virginia. If you think something does not seem right, it is OK to report it. You can see examples of [fraud, waste and abuse](#), and learn how to report it, on our website. From the *Members* tab click on *Fraud, waste and abuse*. You can also call member services at **1-888-348-2922**, TTY **711**.

15. Join our Member Advisory Committee

We value your ideas and suggestions to change and improve our service to you. Do you have an idea on how we can work better for you? Please call us and let us know.

Your opinion is important to us. We want to hear your ideas that could be helpful to all of our members. We have a group that is made up of people who are our members and their caregivers, just like you. This group is called the Member Advisory Committee (MAC). They meet during the year to review member materials, member feedback, changes, and new programs. They tell us how we can improve our services. You can earn a gift card for participating in each meeting of the Member Advisory Committee.

We're always looking for members to help us improve. You are welcome to join our Member Advisory Committee. To join you must be:

- At least 18 years of age.
- A member of Aetna Better Health of West Virginia for at least the last 90 days.
- Willing to attend meetings in person or by phone up to 4 times a year. If you attend the meetings in person, you'll be reimbursed for your transportation cost.

If you're interested in joining, call us at **1-888-348-2922, TTY 711**.

16. Annual Community Report

A copy of the Aetna Better Health Community Report is available to you. If you would like a copy, give us a call.

17. Ending your membership

If you do not wish to be a member of Aetna Better Health, you have the right to disenroll at any time. You may re-enroll in another health plan if you choose². The enrollment broker can help you. Just call **1-800-449-8466**.

² If Mountain Health Promise members request to leave Aetna Better Health, they must enroll in fee-for-service Medicaid.