

Aetna Better Health® of Illinois Integrated Care Program

How your health insurance works

Important information about you and your membership in Aetna Better Health of Illinois (Aetna Better Health).

As a member of Aetna Better Health, you should know your rights, how to appeal a decision and other information that is essential to being an active partner in maintaining your good health. To help you find that information quickly and easily, we put together this summary explaining how your health insurance works and how to access important information about your benefits.

Using your member handbook

To learn more about your benefits and access to medical services, please visit

<http://www.aetnabetterhealth.com/illinois/members/icp/>.

On that page, you'll find the "Handbook" section on the left, where you can view your benefit booklet. Your benefit booklet provides information regarding:

- A description of our services or covered benefits, including prescription and pharmacy services
- How to obtain primary care services
- How to get specialty care, behavioral health care services, and hospital services
- How to get care after normal office hours
- How to get emergency care
- How much a service will cost you if it is not covered
- How to obtain care and services from non-participating PCPs and providers
- How to file a complaint
- How to appeal a decision if you are denied care or services that you think you should receive

Prior authorization

Some services must be approved before you can get them. This is called "prior authorization." If your provider thinks you need a service, they will ask us for prior authorization. Our medical staff makes decisions about the care and services you need. These decisions are based on three things:

- Your medical needs
- National clinical guidelines
- Information from your provider

If you are new to Aetna Better Health, we will honor prior authorizations of services from Medicaid or another health plan for 90 calendar days after you join. Call Member Services at **1-866-212-2851** if you have questions about this.

Your rights and responsibilities as an Aetna Better Health member

As an Aetna Better Health member, you have certain rights and responsibilities.

Your rights and responsibilities are included in the Member Handbook you received when you enrolled. For your convenience, you can access the Members' Rights and Responsibilities Statement, on our website at:

<http://www.aetnabetterhealth.com/illinois/members/icp/rights> or by calling Member Services at 1-866-212-2851 to request a copy.

Prior authorization steps

1. Your provider contacts us by phone, fax or online to ask for prior authorization. They tell us about the service and why you need it.
2. Our medical staff looks at the information to decide if the service can be approved. They may talk more with your provider.
3. If the service is approved, we tell your provider.
4. If the service is not approved, we send a letter to you and your provider. This is called a “Notice of Action letter.” It explains the decision.
5. You and your provider can get a copy of the medical reasons used to make a denial decision.
6. If you disagree with the decision, you can file an appeal or ask for a State Fair Hearing.

How to get information about our providers

Aetna Better Health has built a network of providers to treat our members. Aetna Better Health’s provider directory is online at <http://www.aetnabetterhealth.com/illinois/find-provider>. It lists health care providers and hospitals in our network. The directory has the names of PCPs, Women’s Health Care Providers (WHCPs), specialists, behavioral health and other health care providers in your area. You can also use the online directory to find a dentist, pharmacy or vision care provider. The directory also lists the provider’s address, phone number, specialty, and board certification status.

To learn more about a provider, like where they went to medical school or where they completed their residency, you can visit the Illinois Department of Financial & Professional Regulation’s website and do a Physician Profile Search at www.idfpr.com/applications/professionprofile.

Let us help you take charge of your health

Our care management and disease management programs help you to take charge of your health. Our team of case managers, providers and caregivers will work with you to help you set and achieve your health goals.

Care management programs

We have a program called Integrated Care Management, or ICM, that supports people with special health care needs. This program helps people who have the following types of special needs.

- Disabilities
- Behavioral health concerns
- Chronic condition, like asthma or diabetes
- Other special needs

We are here to help as much or as little as you want us to. If you are our member and you would like to participate in this program, you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at **1-866-212-2851** to ask about our ICM program.

You Should Know

What is medical necessity?

When your provider asks for prior authorization, they must tell us why the service is medically necessary. A service is medically necessary if it meets the descriptions below.

- It is appropriate.
- It is considered by other health professionals to be good medical practice.
- It meets Aetna Better Health’s guidelines, policies and procedures.
- It is used to diagnose or treat a covered illness or injury.
- It is used to prevent an illness.
- It is used to help you get well or stay well.
- This definition also applies to supplies and medicines.

What is continuity of care?

If Aetna Better Health finds out that your provider no longer will be in our network, we will let you know. You will get a letter in the mail from us within 15 business days after we find out. We will help you find a new provider. We will work with the new provider so you can continue any treatment your previous provider is giving you. This is also called “continuity of care.”

Disease management programs

Our disease management programs can help you stay healthy. We do this by teaching you about your disease and how to stay well by staying in touch with your doctor. If you have one of the illnesses listed here, we can help you:

- Asthma
- Congestive Heart Failure (CHF)/Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes

When you sign up for one of our disease management programs, we will give you all the help we can. We will give you information to read and the names and phone numbers of people close to you who can help you manage your illness. We will work with your doctor to come up with a care plan just right for you. The care plan will help you meet your goals and manage your illness. Finding out the problem early and managing it will help stop problems later. We don't want you to get sicker -- we want you to feel better.

If you want to know more about our disease management programs, talk to your care manager or call Member Services at **1-866-212-2851**.

Your privacy matters

Your welcome packet has a Notice of Privacy Practices. It says how we use your personal information. It tells how you can get copies of your health records. It shows how to make changes in your records.

Your health care information is private. We will only give it out if the law allows or if you let us give it out. For another copy of the Notice of Privacy Practices, please call Member Services at **1-866-212-2851** or visit our website at <http://www.aetnabetterhealth.com/illinois/assets/pdf/PrivacyNotice-Eng-IL.pdf>

Making sure you get the right care

We designed our utilization management (UM) program to assist members like you in getting the right care at the right time. Our UM staff can help you and your doctors make decisions about your health care. Your care and satisfaction are at the center of what we do. But we also look at managing costs and ways to make the most out of your health outcomes.

When we make decisions, it's important to remember that:

- We decide what care to pay for based on your medical needs and the coverage you have as a member of Aetna Better Health.
- We don't reward doctors or other people for denying, limiting, or delaying coverage of health care services.
- We do not give money to staff that make medical necessity decisions to get them to turn down services.
If you ever need to contact someone on our UM staff, just call **1-866-212-2851**.

Don't forget that they:

- Are available at least eight hours a day during normal business hours for inbound collect or toll-free calls about UM issues.
- Can receive inbound communication about UM issues after normal business hours.
- Identify themselves by name, title and organization name when initiating or returning calls about UM issues.
- Remember, you can also access TDD/TTY services or language assistance to discuss UM issues.

Your Prescription Benefits

Aetna Better Health covers prescription medications.

You can get your prescriptions at no cost to you when:

- You get your prescriptions filled at a network pharmacy
- Your prescriptions are on our preferred drug list (also called a formulary)

Aetna Better Health also covers certain over-the-counter drugs if they are on our list. Some of these may have rules about whether they will be covered. If the rules for that drug are met, Aetna Better Health will cover the drug. Like other drugs, over-the-counter drugs must have a prescription from a provider for them to be covered at no cost to you.

You can find out if your medicines are on the preferred drug list in one of two ways.

- Call Member Services toll free at 1-866-212-2851. Have a list of your prescriptions ready when you call. Ask the representative to look up your medicines to see if they are on the list.
- Go online to <http://www.aetnabetterhealth.com/illinois/members/icp/pharmacy> to see the list of covered drugs.

Evaluating new technology

We're always looking at new medical procedures and services to make sure you get safe, up-to-date and high-quality medical care. A team of doctors reviews new health care methods and decides if they should become covered services. Researched and studied investigational services and treatments are not covered services. To decide if new technology will be a covered benefit or service, we'll:

- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology