Healthy happens together

Aetna Better Health® of Kentucky
2018 Member Handbook
Learn about your health care benefits

aetnabetterhealth.com/kentucky
Important phone numbers for members

Member Services 1-855-300-5528
(TDD: 1-800-627-4702, TTY: 711)

24-Hour Informed Health Line 1-855-620-3924

Transportation 1-888-941-7433

Louisville Office 1-888-470-0550

Kentucky Medicaid Member Services 1-800-635-2570

Behavioral Health Crisis Hotline 1-888-604-6106
(TDD: 1-866-200-3269, TTY: 711)
Available 24/7

Mailing address

9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

Personal information

My member ID number

My primary care provider (PCP)

My PCP’s phone number

aetnabetterhealth.com/kentucky
AETNA BETTER HEALTH® OF KENTUCKY

Welcome and thank you for choosing Aetna Better Health of Kentucky. Your choice of our health plan is an important one for you and your family. We have a strong network of doctors, hospitals and other health care providers. They offer a wide range of services to meet your health care needs and those of your family.

It’s important that you understand how to use our services and your benefits. This Member Handbook has information you need to know about your benefits. Please take the time to read it carefully. You can also download a copy from our website at aetnabetterhealth.com/kentucky.

Our Member Services Department is always ready to answer your questions. Call 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

We look forward to serving you and your family.

Sincerely,

Jonathan Copley
Chief Executive Officer
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Section 1

Important information about your health plan

Contacting Aetna Better Health
The health plan is located in Louisville, KY and our address is:
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

You may call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Important contact information

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<tr>
<td>Aetna Better Health TTY / TDD</td>
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<tr>
<td>24-Hour Informed Health Line</td>
<td>1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702)</td>
</tr>
<tr>
<td>Transportation line</td>
<td>1-888-941-7433</td>
</tr>
<tr>
<td>Louisville, Kentucky office number</td>
<td>1-888-470-0550</td>
</tr>
<tr>
<td>Behavioral Health Crisis Hotline, available 24 / 7</td>
<td>1-888-604-6106 (TTY dial 711, TDD dial 1-866-200-3269)</td>
</tr>
<tr>
<td>Kentucky Medicaid Member Services</td>
<td>1-800-635-2570</td>
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Providing you with quality service
Aetna Better Health of Kentucky serves members statewide. We're one of the largest managed care health plans in Kentucky. Our strong partnerships with health care providers and other community organizations help to give you complete and quality care. Our commitment to the highest standards of quality health care has earned us National Commission for Quality Assurance (NCQA) Accreditation. This means we follow the standards established for health plans to achieve quality outcomes. To find out more about Quality Matters visit aetnabetterhealth.com/kentucky.

Affirmative statement
Aetna Better Health of Kentucky employees make clinical decisions regarding health care based on the most appropriate care and service available. We don't reward providers or other employees for any denials of service. We also don't encourage nor reward clinical decisions that result in decreased services.
In addition, Aetna Better Health does not use incentives to encourage barriers to care and service. We prohibit any employee or representative of Aetna Better Health from making decisions regarding hiring, promotions, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

Your medical records
Aetna Better Health of Kentucky keeps your personal and health information safe and private. We are required by law to give you the Notice of Privacy Practices. This notice explains your rights about the privacy of your personal information and how we may use and share your personal information. Changes to this notice apply to the information that we have about you. This also applies to any information that we may get or have in the future. Our privacy policy also makes sure our staff is trained on privacy and security policies, which include oral protection of your personal information. You may request a copy at any time.

Aetna Better Health and your providers make sure all your records are kept safe and private. We limit access to your personal information to only those who need it. We have proper protection for entry to our buildings and computer systems. Our Privacy Office also makes sure our staff is trained on our privacy and security policies.

To give the best service, we may use and share your personal information for treatment, payment and operations. We may limit the information Aetna Better Health shares about you as the law requires. For example, HIV/AIDS, substance use, family planning and genetic information may be further protected by law. Our privacy policies always follow the strictest laws.

In the provider's office, your records are labeled with your name and stored in a safe area so unauthorized individuals can’t see your information. If your medical information is on a computer, a special password is needed to see that information.

Your medical record can’t be sent to anyone without your written permission, unless required by law. When you ask your provider’s office to transfer records, they’ll give you a release form to sign. It’s their responsibility to give this information to you. If you have problems getting your records or having them sent to another provider, please contact Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

They’ll assist you in getting your records within 10 working days of your request.

You have a right to review your medical records. You may also ask that they be updated or corrected. If you’d like a free copy of your medical or personal records maintained by Aetna Better Health, you may call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. You can also ask for a blank form to fill out and send with a letter to Aetna Better Health. When Aetna Better Health receives your written request, we’ll send you the requested records within 30 days. We’ll let you know in writing if it will take longer. It should never take more than 60 days from the date of your written request.
Member notification of provider terminations

Aetna Better Health will be solely responsible for notifying members that a provider or provider group is no longer a participating provider. We'll notify members prior to the effective date of the termination. When Aetna Better Health is provided advance notice of the termination, we'll mail members notice at least 30 days in advance. When we don't receive advance notice, we'll mail members notice within fifteen (15) days of learning the provider is terminating.

Website information

You can get up-to-date information about your Aetna Better Health plan on our website at aetnabetterhealth.com/kentucky. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and email addresses. Need help? Just call 1-855-300-5528 (TTY users dial 711/TDD users dial 1-800-627-4702).

Member Portal - Health management tool

Announcing a secure member website to help you manage your plan and your health

This new member site is your go-to resource for managing your plan. It will help you use your Aetna Better Health of Kentucky benefits and services so you can get and stay healthy. You can:

- **Access health plan details** – change your doctor, find forms or get member ID cards
- **Get personalized health information** – answer questions about your health and get the tips and tools you'll need to meet your health goals, like quitting smoking and weight management
- **Research prescription drugs** – find a pharmacy, see how much a drug costs or ask for a drug not covered by your plan
- **Get instant access to authorization approvals** – see the status of requests for prior authorization (if you are unable to access the web portal we can mail these to you upon request)
- **Get instant access to claims details** – see the status of your claim from start to finish
- **Find support** – get in touch with a nurse or learn more about the disease management and wellness programs that will help you stay on track with goals

Sign up today. It’s easy.
To set up your account or to learn more about these tools, you can visit Aetna Better Health of Kentucky at aetnabetterhealth.com/kentucky. And when you’re ready to sign up, just select Portal.

Keep in mind you'll need your health plan member ID and a current e-mail address to create an account.
We’re always here to help

For help getting started or to sign up over the phone, you can call Member Services at 1-855-300-5528 (TDD: 1-800-627-4702 or TTY: 711).

Information about your providers
If you want to learn more about our providers, you can locate the information on our website at aetnabetterhealth.com/kentucky. Click on the ‘Find a Provider’ ribbon on the top right hand side of the page. From there you can search by type of doctor and/or location. The online provider directory gives the provider’s name, address, telephone numbers, professional credentials, specialty, and board certification status. For more information, you can also visit www.healthgrades.com. This site gives more information about providers such as which medical school they attended and where they did their residency training. If you need help or do not have internet access, please call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Learn more about your pharmacy benefits
Get details about your pharmacy benefits and services. This information will help you make the best decisions about your care. You can call Member Services, or just sign into your secure member portal. You’ll get access to:
- Find in-network pharmacies
- Help asking for a drug not covered by your plan
- Look up drug interactions, side effects and risks
- Determine financial responsibility for a drug
- Find out if generic substitutes are available
- Access health plan details - anytime, anywhere

Our goal is to make it easier for you to use your benefits. We’ve built the member portal to be your go-to resource for managing your plan. You can change your doctor or get a new member ID card. You can also find out how and when to get referrals or authorizations for services, and we’ll also tell you about their costs. To talk to us about your health plan, just call Member Services.

Find support when you need it most
At Aetna Better Health of Kentucky we offer benefits and programs that help you get and stay healthy. You can learn more at aetnabetterhealth.com/kentucky. You’ll find educational materials and other self-help tools. And for extra support, we can help find a wellness program that’s right for you. To get started, just sign into your member portal or call Member Services.
Section 2

Your rights and responsibilities

Member rights
You as a member have the right to:

- Get good medical care regardless of race, color, religion, sex, age, disability, sexual orientation, gender identity or nationality
- Be treated with respect and dignity and to have your privacy protected
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Have a choice about your Aetna Better Health of Kentucky PCP and be able to change your PCP within the rules
- Get medical care when you need it
- Ask questions and get complete information about your medical condition and treatment options, including specialty care, regardless of cost or benefit coverage
- Be told that services are not covered before you get them
- Be part of all decisions about your health care, including the right to refuse treatment
- Ask for a second opinion
- Have your medical records and care kept private
- Look at copies of your medical records, get copies if you want them, and get assistance with them in accordance with applicable federal and state laws
- File a complaint or an appeal with Aetna Better Health, or ask for a State Fair Hearing from the Department for Medicaid Services, if you have problems with your eligibility or health care
- Get help with filing a complaint or appeal
- Have timely access to care including specialty care
- Make sure communication or physical barriers don’t limit timely access to care
- Get information in a way that is easy to understand
- Get free translation services if needed
- To be free to exercise your rights without anyone treating you adversely
- Prepare Advance Medical Directives according to Kentucky laws
- Ask for a description of payment methods Aetna Better Health uses to pay providers for member care
- To be told at least 30 days before any program or site changes that affects you.
- Make recommendations regarding the health plan’s Member Rights and Responsibilities Policy
- Receive information about our organization, our services, our practitioners and providers, and member rights and responsibilities.
- Any Native American enrolled with Aetna Better Health is eligible to receive services from an Aetna Better Health network participating I/T/U provider or an I/T/U primary care provider. For I/T/U definition see Section 12.
Member responsibilities
You as a member have a responsibility to:
• Give the best information you can so that Aetna Better Health of Kentucky providers can take care of you and your family
• Follow your PCP’s instructions and care plans
• Actively participate in personal health and care decisions and practice healthy lifestyles
• Call your PCP first when you need medical care -in an emergency, you should call 911 or go to the closest emergency room
• Go to providers who take your Aetna Better Health Member ID card
• Show your Aetna Better Health Member ID card every time you get medical services
• Show your other insurance card if you have other health insurance coverage
• Make sure that you only see Aetna Better Health providers
• Keep all appointments and be on time
• Cancel an appointment if you can’t get there
• Follow Aetna Better Health and Kentucky Medicaid policies and procedures
• Follow the rules of your PCP’s office or clinic (if you or others don’t follow the rules, your provider can ask you to leave)
• Ask your PCP questions if you don’t understand something about your medical care
• Tell the truth about yourself and your medical problems
• Report suspected fraud and abuse
• Tell the Department for Community Based Services (DCBS) or Social Security Administration (SSA) about changes to your name, address, and telephone number
• Notify DCBS or SSA if you have a change like a birth, death, marriage or obtain other insurance
• Learn the difference between an emergency and urgent care
• Understand your rights and responsibilities as a Kentucky Medicaid member

TO RECEIVE THE BEST CARE, YOU MUST DO YOUR PART.

Quality Member Access Committee (QMAC)
We need your help! Did you know that you, our member can help decide how your health care services are provided? The QMAC is a consumer-driven group of concerned members that can and do make a difference in the services and materials Aetna Better Health of Kentucky provides. The QMAC is looking for members to offer observations, insight, concern and solutions directly to us. As part of the QMAC you can:
• Be part of the solution
• Have the opportunity to better understand why decisions are made
• Understand how those changes will directly affect your family and others just like you
• Share your experiences as a member of Aetna Better Health of Kentucky
• Be a part of an environment that requests and respects consumer input

Please consider becoming a member of the QMAC. We want your help! For more information about the QMAC, please call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

aetnabetterhealth.com/kentucky
Member Services 1-855-300-5528
Section 3

Eligibility and enrollment

Eligibility
Only the Department for Community Based Services (DCBS) may approve your eligibility for Medicaid. For questions about your eligibility, please call your local DCBS office. You may also use benefind.ky.gov, Assistance and Support Programs for Kentuckians, to find out if you qualify for programs like Medicaid or the Kentucky Children’s Health Insurance Program (KCHIP).

Current address required
You must provide your local DCBS office with your current address. If you do not update your address, you could lose your medical benefits. This means you or anyone in your household with the same address will not be able to use their health insurance card to receive medical services or get prescriptions.

Enrollment
The Department for Community Based Services gives us the name, address, age and sex of each member enrolled in Aetna Better Health of Kentucky. Your effective date is on your Aetna Better Health Member ID card.

Changes in enrollment
You must notify us if you have any of the following changes:
• You have a baby
• A covered family member passes away
• A covered family member moves out of your home
• Your family size changes in any way
• You move
• You get other health insurance

You must do both of the following:
• Call your local Department for Community Based Services. If you also have Medicare, please call your local Social Security Administration office.
• Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.
• If you move from our service area, we’ll help you get services until you are disenrolled.

Births
Once your baby is born, you must obtain a Medicaid ID number for your baby.

We want to be sure your baby doesn’t have problems getting care. It’s very important that you call your local Department for Community Based Services (DCBS) office to report your baby’s birth and get the baby’s Medicaid ID number. Your baby’s provider(s) won’t be paid until your baby receives her/his Medicaid ID number.
Babies born to mothers enrolled in Aetna Better Health of Kentucky should be automatically enrolled in Aetna Better Health. Please call your local Department for Community Based Services and Aetna Better Health at 1-855-300-5528 (TTY users dial 711; TDD users dial 1-800-627-4702) to report your baby’s birth.

**Disenrollment**
You may ask to stop your membership with Aetna Better Health of Kentucky for any reason if it’s within 90 days of your first enrollment or reenrollment. You may ask to stop your Aetna Better Health membership for cause after the first 90 days. You may have cause if:

- Your PCP is no longer in our network
- You can’t access a qualified provider to treat your medical condition
- You experience poor quality of care
- You have lack of access to covered services

You must send a written request for disenrollment. You must tell us the reason you’re asking to be dis-enrolled. You should send your request to Aetna Better Health or Kentucky Department for Medicaid Services. The address is:

Cabinet for Health and Family Services  
Department for Medicaid Services  
275 East Main Street, 6CC  
Frankfort, KY 40621

You will be dis-enrolled if you or your family members are no longer eligible as determined by DCBS.

**When you may have to pay for services**
Please call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to see if a provider is in our network. You can also use the “Find a Provider” tool on our website at aetnabetterhealth.com/kentucky.

Aetna Better Health allows members to receive medically necessary services and treatment by a provider not in our network when the care cannot be provided by a network provider.

We may cover your care, even if it’s out of network if:

- Aetna Better Health network provider is not available in a timely manner
- You need emergency services
- You need family planning services
- Your PCP sends you to a provider not in our network and Aetna Better Health authorizes the care before your visit
- A member is in foster care
- A member needs screening for HIV
- A member needs screening for Tuberculosis

aetnabetterhealth.com/kentucky
Member Services 1-855-300-5528
Filing claims
If you obtain services from an Aetna Better Health of Kentucky provider or another Medicaid provider, your claims will be filed for you by the provider. Medicaid providers are not allowed to bill you for Medicaid services.

If you receive a bill for Medicaid services, please contact Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

We will pay for medically necessary, authorized health care you have paid for, up to the amount allowed by Medicaid. We must receive all claims within 365 days after the date of service. Incomplete claim forms, including Pharmacy Reimbursement Claim Forms will not be processed.
Section 4

Using your benefits

Getting help

Member Services can answer questions about health care benefits, ID cards and Primary Care Providers (PCPs). You can also call them to get help with some health care problems. Just call 1-855-300-5528 (TTY users dial 711/TDD users dial 1-800-627-4702). Someone is there to answer your call Monday through Friday, 7 a.m. to 7 p.m. ET. Our Member Services team is here to help make sure each member is treated fairly and able to exercise their rights.

24-Hour Care
The office of your Primary Care Provider (PCP) is your medical home. Your PCP is the one who takes care of all of your main health needs. You can call your PCP 24 hours a day, 7 days a week, including weekends and holidays. For routine and urgent care, you should always call your PCP first. In an emergency, call 911 or go to the closest emergency room. You may also call the 24-Hour Informed Health at 1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702).

To see your PCP, call the provider’s office and schedule an appointment. You can also call your PCP after office hours. Someone from your PCP’s office should call you back.

If you have not chosen or been assigned a PCP, you may go to any PCP in the Aetna Better Health of Kentucky network to receive care. Once you have chosen a PCP, this is who you should receive your care from. If you choose to change your PCP, you should notify Aetna Better Health of Kentucky's Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

24-Hour Informed Health Line
We encourage you to work with your PCP for all your health care needs. But, if you have a medical question and are not sure what to do, call our 24-Hour Informed Health Line at 1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702). The nurses can help answer your health questions. They can also tell you what to do when you need health care, such as call your PCP for an appointment or go to the emergency room. You can find the Informed Health Line number on the back of your Aetna Better Health of Kentucky Member ID card.

Other insurance
If you have other health insurance, including Medicare, you must report the information to the Social Security Administration (SSA) or your local Department for Community Based Services (DCBS) office. You can also call Aetna Better Health of Kentucky's Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to report the information about other health insurance you may have. Claims must be submitted to any other health insurance, including Medicare, for payment before being paid by Medicaid.
Reporting accidents
You must also report if you get hurt at your job or have an accident. Call Aetna Better Health of Kentucky’s Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

How to use Aetna Better Health of Kentucky services

Call Your PCP to make an appointment for a checkup

As soon as you get your Aetna Better Health Member ID card, make an appointment with your PCP for a checkup (even if you are not sick). This way, your PCP can get to know you and help you manage your health better.

At your appointment, your PCP checks for any problems you may have because of your age, weight and habits. Your PCP also suggests ways to help you stay healthy.

Children should also see their PCP for Well Child Checkups, shots and screenings as soon as possible. For Well Child Checkups, shots and screenings, try to call your PCP two or three weeks ahead to get an appointment.

When you or someone in your family is sick and needs medical care, call your PCP. Your PCP can help arrange plans with other providers when you need special care.

Keep your appointments
It is important to go to your PCP appointment. Your PCP can care for you better when you go to each visit. Call your PCP at least 24 hours before your appointment if you need to cancel it.

Call your PCP even if it is after office hours
If you need health care when your PCP’s office is closed, you should still call their office. Leave a message that you are an Aetna Better Health member. Give the reason for your call and be sure to leave your name and the phone number where you can be reached. Your PCP or an on-call doctor will call you back soon. They will tell you where to get care.

If your PCP’s office is closed, you might need to go to urgent care for your health care needs. Urgent care is for injuries or illnesses requiring immediate care, but not serious enough to go to the emergency room.
Some examples when you might need urgent care:

- Accidents and falls
- Sprains and strains
- Moderate back problems
- Breathing difficulties (i.e. mild to moderate asthma)
- Bleeding/cuts -not bleeding a lot but requiring stitches
- Diagnostic services, including X-rays and laboratory tests
- Eye irritation and redness
- Fever or flu
- Vomiting, diarrhea or dehydration
- Severe sore throat or cough
- Minor broken bones and fractures (i.e. fingers, toes)
- Skin rashes and infections
- Urinary tract infections

If you have an emergency, call 911 or go to the closest emergency room (ER). An emergency is a health condition that can permanently impair or endanger someone’s life.

Some examples of conditions that require emergency medical care:

- Severe chest pain or difficulty breathing
- Compound fracture (bone protrudes through skin)
- Convulsions, seizures or loss of consciousness
- Fever in newborn (less than 3 months old)
- Heavy, uncontrollable bleeding
- Deep knife wounds or gunshot wounds
- Moderate to severe burns
- Poisoning
- Serious head, neck or back injury
- Pregnancy-related problems
- Severe abdominal pain
- Signs of a heart attack (including chest pain)
- Signs of a stroke (including loss of vision, sudden numbness, weakness, slurred speech or confusion)
- Suicidal or homicidal feelings

You should always follow up with your PCP after going to urgent care or to the ER.

Aetna Better Health of Kentucky Member ID card

When you join Aetna Better Health, each eligible family member receives their own Aetna Better Health Member ID card. This Member ID card tells the provider you are an Aetna Better Health member. The first date you may get care from Aetna Better Health is on your Member ID card. You may also have to show a picture ID to prove you are the person whose name is on the Member ID card.
Information included on the Aetna Better Health Member ID card includes but is not limited to:

- Your name
- Your Member ID/State Medicaid ID number
- Your date of birth
- Effective date
- Your PCP's name (if you have one)
- Your PCP's office phone number (if you have one)

If you do not have a Member ID card, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. You may also view your Member ID card on the mobile app. If you lose your Member ID card or if it is stolen, please call Member Services.

**Primary Care Provider (PCP)**

All members must select a PCP except:

- Pregnant women
- Children who are disabled or in foster care
- Dual-eligible members (those who have both Medicaid and Medicare)

You will receive a printed directory of PCPs when you first enroll with us and you can also access the online Provider Directory at aetnabetterhealth.com/kentucky at any time.

You can obtain a listing of your local specialist by calling Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. You can also find a provider on the mobile app. Your PCP's name is on your member ID card. If you don't choose a PCP, we will choose one for you.

To change your PCP, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. Lock-In members should ask to speak to the Lock-In Case Management Department. Please refer to Section 9 for more information on the Lock-In program.

If you choose a PCP who is not taking new patients, you will have to choose someone else. If your family doctor is not part of Aetna Better Health's program, you also will have to choose someone else. (You can also ask if your family doctor would like to join our plan.)
In some cases, your PCP may ask that you be removed from his or her practice. If this happens, you’ll get a new PCP. Some reasons your PCP may ask for this change may be that:

- You and your PCP do not get along
- Your PCP cannot meet your medical needs
- You miss appointments

Aetna Better Health may also decide to change your PCP. We will notify you if this happens. We will also notify you if your PCP is no longer in our network. In this case, we will help you select a new PCP.

It’s very important to show up for your scheduled appointments. If you can’t go to your appointment, cancel the appointment at least 24 hours before.
If your PCP is not in his or her office when you need care, just ask to see another provider in the group. There may be a provider on call that you could see.

If you have a serious condition or chronic illness, you may ask to have a specialist as your PCP. Specialists may act as PCPs for members with special needs. However, the specialist must agree to be your PCP. Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to make this request.

**OB/GYN provider**
Female members age 13 or older may get female-related services from an OB/GYN in Aetna Better Health of Kentucky’s Provider Network without asking their PCP. You may select an OB/GYN from Aetna Better Health’s Provider Directory. You can find a list of providers in the Provider Directory or at aetnabetterhealth.com/kentucky. Please see Section 5 for other direct access services.

**Changing your PCP**
If you want to change your PCP, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET or you can request the change through the Member Portal on our website at aetnabetterhealth.com/kentucky. If the member is a child, the member’s parent or guardian may change the PCP.

**Access and availability standards**
You should be able to see your health care provider within the timeframes below for the following situations. Please let us know if you have problems seeing your health care provider within these timeframes.

<table>
<thead>
<tr>
<th>Provider or service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine, preventive care appointments</td>
<td>Within 30 days</td>
</tr>
<tr>
<td>Specialty care</td>
<td>Within 30 days for routine care; within 48 hours for urgent care</td>
</tr>
<tr>
<td>Non-urgent sick care appointments</td>
<td>Less than 72 hours</td>
</tr>
<tr>
<td>Urgent care appointment</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>Within 30 days for counseling and medical services; within 10 days for members under 18 years of age</td>
</tr>
<tr>
<td></td>
<td>Within 10 business days for initial visit for routine care</td>
</tr>
<tr>
<td></td>
<td>Within 48 hours for urgent services</td>
</tr>
<tr>
<td>Emergency visit</td>
<td>Immediately</td>
</tr>
<tr>
<td>General dentist services</td>
<td>Within 3 weeks for regular appointments; within 48 hours for urgent care</td>
</tr>
</tbody>
</table>
Providers not in our network
If your PCP wants you to see a provider who is not in Aetna Better Health of Kentucky’s provider network, he or she must send us a written request. You may go to a provider not in our network only if:
1) The care is needed AND
2) There are no Aetna Better Health providers to give the care AND
3) Aetna Better Health has approved the care.

We have the right to decide where you can get services when there is not an Aetna Better Health provider available to give the care you need. The provider not in our network who plans to give you care should request prior authorization to provide services. Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, with any questions.

You may see any provider at any time in the case of an emergency, for a child in foster care or for family planning services.

Referrals
Aetna Better Health of Kentucky does not require a referral from your PCP or OB/GYN before you see another Aetna Better Health provider unless you are a Lock-In member. Your PCP is your medical home and should coordinate your care. You should call your PCP to tell him/her you are going to the other provider. We do not require a referral for members to see in-network doctors for routine and preventive health care services.

<table>
<thead>
<tr>
<th>Provider or service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>General vision, lab and x-ray services</td>
<td>Within 30 days of regular appointments; within 48 hours for urgent care</td>
</tr>
<tr>
<td>Initial prenatal visit for newly enrolled pregnant women in first trimester</td>
<td>Within 14 days</td>
</tr>
<tr>
<td>Initial prenatal visit for newly enrolled pregnant women in second trimester</td>
<td>Within 7 days</td>
</tr>
<tr>
<td>Initial prenatal visit for newly enrolled pregnant women in third trimester</td>
<td>Within 3 days</td>
</tr>
<tr>
<td>Initial prenatal visit for newly enrolled pregnant women with high-risk pregnancies</td>
<td>Within 3 days</td>
</tr>
<tr>
<td>After hours care (answering service; on-call MDs)</td>
<td>24 hours a day; 7 days a week</td>
</tr>
<tr>
<td>Waiting room time</td>
<td>45 minutes*</td>
</tr>
</tbody>
</table>

*does not apply to emergency room wait times
unless you are a Lock-In member. Lock-In members must have a referral to see any provider except the one that they are already assigned.

**Prior authorization**
Aetna Better Health of Kentucky must approve some health care services and supplies before you get them. This is called prior authorization. Aetna Better Health follows nationally recognized guidelines for the care your provider suggests.

These guidelines are used to make prior authorization decisions. Some services that need prior authorization are listed below. Your provider can get a full listing of services that need prior authorization on the Aetna Better Health provider portal. This list may change from time to time. Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to request the most current list.

**Prior authorization list**
Your provider must check if a prior authorization is required before providing you a service. Some items that require prior authorization are:

- All inpatient services, including psychiatric, skilled nursing facilities and rehabilitation
- All physical health services provided in the home
- All services administered by providers not in our network (except an emergency; care for a child in foster care; and family planning)
- Purchase of durable medical equipment, prosthetics and supplies costing more than $500
- Durable medical equipment rentals
- Dental anesthesia (in an outpatient facility)
- Transplant services, including transplant evaluation
- Some mental health and substance use services (not emergencies)
- All enterals and metabolic foods
- Some vision services
- Some dental services
- Chiropractic visits after the first 12
- Radiology services (CT scans, MRIs, PET Scans)
- Cardiology services
- Most surgical procedures
- Pain management services

*An Aetna Better Health of Kentucky network provider may not be in the transplant network. Please work with your Aetna Better Health transplant case manager to choose a provider.

**Advance directives**
You have the right to make decisions about your medical care. An advance directive documents your health care decisions when you cannot speak for yourself. It tells your provider what future health care wishes you have if you are too sick to tell anyone yourself. This is the only time the advance directive is used. Your provider has
the responsibility to discuss Advance Medical Directives with you at the first medical appointment and document that discussion in your medical record.

Advance directives can include a living will or durable power of attorney for health care. Your advance directive is included in your medical records. You should tell your provider if you have certain moral and/or religious beliefs that would stop you from making advance directives.

Your doctor or other health care provider should write down your objections to making advance directives and make this a part of your medical records.

Members should do the following when preparing an advance directive:
- Sign and date your advance directive
- Obtain signatures of two (2) witnesses, in accordance with state law
- Give a copy of the advance directive to your doctor so it can be put in your medical record
- Keep a copy for yourself
- Take a copy with you when going to the hospital or ER

Aetna Better Health of Kentucky will tell you within 90 days if rules about advance directives change. You, or your authorized representative, may file a complaint if your advance directive is not followed.

You may send your complaint to the:

Director, Division of Health Care Cabinet or for Health and Family Services
275 East Main Street, 5 E-A
Frankfort, KY 40621-0001

Inspector General
Cabinet for Health and Family Services
275 East Main Street, 5 E-A
Frankfort, KY 40621-0001

**Fraud and abuse**

**Member fraud and abuse**

Medicaid fraud can be:
- Lying or holding back information when you sign up to be a member of Kentucky Medicaid or KCHIP
- Letting someone else use your Aetna Better Health Member ID card
- Not telling the Social Security Administration (SSA) or the Department for Community Based Services (DCBS) about changes in income and family status
- Not telling Kentucky Medicaid that you have other insurance
- Medicaid abuse can be:
  - Too many emergency room visits for conditions that are not emergencies
  - Using pain medicines that you do not need
  - Getting prescriptions that you do not need
If you commit Medicaid fraud, you:
• Must pay back any money Medicaid paid for you to get services
• Could be prosecuted for a crime and go to jail
• Could lose your Kentucky Medicaid benefits for up to a year

**Provider fraud**
Providers can commit fraud many different ways. Provider fraud, like member fraud, takes money from those who need it. Because of this fraud, there is less money to treat members who need medical help. You can help stop provider fraud.

Keep a record of:
• Medical services you get
• When and where the service takes place
• Name of the person who takes care of you
• Any other services ordered by the provider
• Some examples of provider fraud are:
  • Billing for services that you did not get
  • Making an appointment for a return office visit when you do not need one
  • Taking x-rays, doing blood work, etc. that you do not need
  • Billing for services that someone else in the office actually performed (charging you too much for those services)
  • Billing for more time than the service took
  • Adding extra names to your bill (for example, a family member) and billing for those
  • Taking money from another provider to refer you to him/her

**Reporting Medicaid fraud**
If you think someone has committed Medicaid fraud or abuse, call Medicaid's Fraud and Abuse Hotline at **1-800-372-2970**. Everything you say is private.

**Member satisfaction survey**
Aetna Better Health conducts member satisfaction surveys at least once a year. You may receive this confidential survey by mail sometime this year. Please help us learn your opinions by filling it out. If you’d like a copy of the results, call Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**), Monday through Friday, 7 a.m. to 7 p.m. ET.

Our Member Services team is here to help make sure each member is treated fairly and able to exercise their rights.
Section 5

Covered services and limits

Aetna Better Health of Kentucky manages your covered benefits by:
• Working with your PCP to decide what care you need
• Deciding what care is covered
• Explaining information in this handbook when there is a question about coverage
• Providing palliative hospice services along with other health services and medication for members under age 19 who have been diagnosed with a serious illness

You should get your care from your PCP, who is your medical home. Exceptions include these situations:
1) Your PCP wants you to get care that is out of Aetna Better Health’s provider network and Aetna Better Health pre-authorizes the service
2) You receive family planning services
3) You are seeking care for a foster child
4) You have an emergency
5) You are seeking behavioral health services
6) You are seeking direct access services such as those described in this handbook

Care or supplies must be medically needed to be covered. Aetna Better Health reviews generally accepted standards of care to see if care meets these standards.

Copay
Copay is the amount of money a member has to pay when he/she receives a service from a health care provider. Please review the copay schedule below.

How copays work
• Your provider will ask you to pay a copay when you receive care.
• The pharmacist will ask you to pay a copay when you get your medicine(s).

You will not have to pay copays:
• For emergency services
• If you are pregnant
• If you are a non-KCHIP (a child who is eligible for Medicaid through income or medical reasons) child under age 19
• If you are a foster care child under age 19
• For preventative services (Well Child Checkups, shots)
• For family planning services
• If you are in hospice care

Limits on Copays
There is a limit on the total amount of copays you will have to pay. You will not have to pay more than 5% of your family’s income each quarter.
We keep track of the copays you pay. When you reach the limit, you will not have to pay any more copays for the quarter. If you pay a copay after your family has reached the maximum out-of-pocket amount, your provider will refund the copay to you.

If you have Medicare and Medicare pays for the service, you have no Medicaid copay. The following Schedule of Benefits has the copay amount for each service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Limits</th>
<th>Copay Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute inpatient hospital</td>
<td></td>
<td>$25</td>
</tr>
<tr>
<td>Inpatient Physician/Surgeon services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Transplant</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Meals and lodging for appropriate escort of members</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Emergency ambulance</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Ambulatory services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician office visit</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>Does not cover cosmetic surgery (except for post-mastectomy re-construction surgery)</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulatory surgical center</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Dental services (adult)</td>
<td>1 cleaning and 1 set of x-rays per 12-month period</td>
<td>$0</td>
</tr>
<tr>
<td>Dental services (child)</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Home health care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Vision services</td>
<td>1 eye exam per year for adults</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Radiation therapy</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Service</td>
<td>Limits</td>
<td>Copay Amount</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Podiatry</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Maternity services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal and postnatal care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Delivery services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Alternative birthing center services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home infusion therapy</td>
<td>Limited to administration by parent or guardian in the home</td>
<td>$0</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td></td>
<td>$1</td>
</tr>
<tr>
<td>NonPreferred Brand</td>
<td></td>
<td>$4</td>
</tr>
<tr>
<td>Family Planning</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Meters</td>
<td></td>
</tr>
<tr>
<td>Test Strips, Control Solution, Insulin Needles, Lancets, etc</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2nd Generation Antipsychotics (nonpreferred brands)</td>
<td></td>
<td>$1</td>
</tr>
<tr>
<td>Injectable Antipsychotics</td>
<td></td>
<td>$1</td>
</tr>
<tr>
<td>Rehabilitative and Habilitative services and devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing and Rehabilitation</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>26 visits per calendar year</td>
<td>$3</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Hearing Aids/Audiometric Services</td>
<td>Limited to children under 21</td>
<td>$0</td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Physical / Occupational / Speech Therapy</td>
<td>20 visits per year per therapy (combined for rehabilitative and habilitative); no limit for children</td>
<td>$0</td>
</tr>
<tr>
<td>Service</td>
<td>Limits</td>
<td>Copay Amount</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Laboratory, Diagnostic and Radiology services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and Diagnostic and Radiology services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Pediatric services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum Disorders</td>
<td>Up to Age 21</td>
<td>$0</td>
</tr>
<tr>
<td>EPSDT Special Services</td>
<td>Limited to medically necessary services not included in the State Plan and authorized under Section 1905(a) of the Social Security Act, or 42 USC Section 1396d(a)</td>
<td>$0</td>
</tr>
<tr>
<td>EPSDT Screening</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Commission for Children with Special Health Care Needs</td>
<td>Limited to children who meet the eligibility criteria of the Kentucky Commission for Children with Special Health Care Needs</td>
<td>$0</td>
</tr>
<tr>
<td>Specialized Children's Services Clinics</td>
<td>Services limited to children under age 18 and must be performed by specialized clinics</td>
<td>$0</td>
</tr>
<tr>
<td>Targeted Care Management: Children with Severe Mental Illness (SMI), Substance Use Disorders or cooccurring mental health of substance use disorders and chronic or complex physical health issues.</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorder services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targeted Care Management: Individuals with Severe Mental Illness (SMI), Substance Use Disorders (SUD) or cooccurring mental health or substance use disorders and chronic or complex physical health issues.</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient Mental Health/Substance Use services</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>
## 2018 Schedule of Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Limits</th>
<th>Copay Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Mental Health/Substance Use services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Crisis services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Residential services or Substance Use Disorders</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Tobacco cessation</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Preventive services and Chronic Disease Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Immunizations and other preventive health services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Care</td>
<td>Limited to individuals who meet level of care criteria for a nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities</td>
<td>$0</td>
</tr>
<tr>
<td>NonEmergency Transportation</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Renal Dialysis/Hemodialysis</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

### No-cost extra benefits and services

We provide free services to you. These benefits are only for Aetna Better Health of Kentucky members. Below is a list of the benefits and services.

<table>
<thead>
<tr>
<th>No cost extra benefits and services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KidsHealth® online library</td>
<td>24-Hour Informed Health Line</td>
</tr>
<tr>
<td>Cribs for Moms program</td>
<td>Aetna Better Way to Health Reward Programs</td>
</tr>
<tr>
<td>Periodontal care for pregnant women</td>
<td>Aetna Better Health mobile app</td>
</tr>
<tr>
<td>Text4Baby</td>
<td>Text4Health</td>
</tr>
<tr>
<td>Text2Quit</td>
<td>Care4Life</td>
</tr>
</tbody>
</table>
Aetna Better Way to Health Reward Programs

Cribs for Moms program
You can earn a special gift for seeing your doctor regularly during your pregnancy. When you find out you're pregnant call Member Service at 1-855-300-5528 and ask to speak with a care manager. Aetna Better Health of Kentucky offers a portable crib incentive for pregnant members at 37 weeks of pregnancy if you meet the following:

- If you're a new member, you must visit your doctor within 42 days of enrolling with our plan
- Attend 7 or more obstetrical provider visits during pregnancy
- Participate in a maternity care management program

Ask your obstetrical provider to complete the Cribs for Moms program form and return it to your care manager.

Promise Rewards Program
You can earn a Promise Rewards special gift after your baby is born. You will earn a free diaper bag which includes common baby items and a $10 gift card if you complete the following:

- Complete your post-partum visit. This visit must be within 21 - 56 days after your baby is born.
- Ask your obstetrical provider to complete the Promise Rewards form and return it to Aetna Better Health of Kentucky.

For additional details or questions, call member services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Sign up for Text4baby. This free text service sends you health tips and reminders throughout your pregnancy.

Aetna Better Way to Health Incentive Program
Members can earn gift cards after you complete the following checkups:

- $10 gift card for completing a lead screening test for children prior to their 2nd birthday
- $10 gift card for completing a diabetic retinal exam for adults 18 - 75 years old
- $10 gift card for completing spirometry testing for members 42 years or older with COPD
- $20 gift card for completing a follow-up visit with a mental health practitioner within seven days of discharge after a hospitalization for mental illness (six years of age or older)

For additional details or questions, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Informed Health Line
The 24 hour Informed Health Line gives you access to medical information and advice at no cost to you. It’s available 24 hours a day, 7 days a week. Just call 1-855-620-3924
to speak to a nurse. You can also connect with a nurse through the member portal. Informed Health Line services include:

- Toll-free calls to a registered nurse at any time with translation services, if needed
- Ask questions online and receive a response within 24 hours
- Get help and advice for acute and chronic conditions so you can decide if you need to be seen right away
- Find out more about a medical test or procedure
- Get help preparing for a doctor’s visit

**Mobile App**
Get your health care information when you want it with the Aetna Better Health Mobile App. You can get instant access to the tools you need to stay connected with your health care. Download your free mobile app today in iTunes or Google's Play Store.

With our mobile app, you can:

- Find a provider
- View a mobile version of your ID card
- Request a new ID card be sent to you
- See your care plan (if you have one)
- Build a support circle of friends and providers
- View your handbook
- Check out health resources
- Update your profile information
- Ask to change your Primary Care Provider (PCP)
- Send questions to Member Services
- See your medical and prescription claims
- View your medications

**You may be eligible for a Smartphone at NO COST**
Now you can stay connected with those who care about you. Call your doctor, your family and your friends.

You may be eligible for a new phone and or a data package:

- Android smartphone
- Voice minutes
- Data packages
- Unlimited text messaging
- Unlimited calls to Aetna Better Health

To learn more or see if you’re eligible go to [LifelineApply.com/AetnaBetterhealth](http://LifelineApply.com/AetnaBetterhealth) or call us at **1-855-300-5528** (TTY users dial 711, TDD users dial 1-800-627-4702).

**Direct access services**
Direct Access to care means you can get the covered services below from any Aetna Better Health of Kentucky provider of your choice without needing a referral.

- Primary care vision services, including fitting eye glasses (eye glasses are limited to
members under 21 years of age)
• Primary care dental and oral surgery services and evaluations
• Family planning
• Maternity care for members under 18 years of age
• Immunizations for members under 21 years of age
• Sexually transmitted disease screening, evaluation and treatment are available from your PCP or public health departments
• Tuberculosis screening, evaluation and treatment
• Testing for HIV, HIV-related conditions and other communicable diseases
• Chiropractic services
• Women’s health specialists

For members with special health care needs, direct access to a specialist is not restricted

Behavioral health care
• Behavioral health care are services to treat a member’s mental health. This includes alcohol and substance use. Covered services include:
  • Community Mental Health Center services
  • Inpatient mental health services
  • Outpatient mental health services
  • Psychiatric residential treatment facilities
  • Court-ordered involuntary commitment for acute inpatient psychiatric services for members under age 21 and over age 65
• Pharmacy services

If you need behavioral health services, your PCP may send you for care. In the case of a behavioral health emergency, you should call the Behavioral Health Crisis Hotline at 1-888-604-6106 (TTY dial 711, TDD dial 1-866-200-3269). It is open 24 hours a day, seven days a week, and 365 days a year. They can help you get the care you need. If you miss a scheduled behavioral health appointment the provider will contact you within 24 hours to reschedule the appointment.

Some behavioral health care is covered only when it has been pre-authorized (unless it is an emergency). Please make sure your provider checks the prior authorization list before providing you a behavioral health service. Inpatient care you get is reviewed during your stay. Your care will be covered as long as it's medically needed. If it's decided that all or part of your stay is not needed, the provider will be told that coverage will end.

Member liability
Federal law states that certain members may be responsible to pay for part of their care. This is called “member liability.” Members who:
1) Receive non-institutional hospice
2) Live in a Psychiatric Residential Treatment Facility (PRTF) or a mental health or psychiatric hospital and are under age 21 or over age 64.
The amount of member liability is based on the member's income. Members with low income may have to pay $0. Other members with higher incomes may have to pay more. The Department for Community Based Services (DCBS) calculates what a member's liability is. Your DCBS case worker can help you better understand this process. We'll send you a notice before we apply member liability.

**Care Management and Disease Management**

If you have a chronic condition, such as low back pain, sickle cell anemia, hemophilia, HIV/AIDS, multiple sclerosis, or other conditions such as high-risk pregnancy or neonatal concerns, a history of health problems, or problems following our rules for getting health care, we want to work with you and your PCP to meet your health care needs. Our Care and Disease Management Teams can also offer assistance to quit smoking. Aetna Better Health has special programs for foster care children. To learn more about these programs, call member service at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702).

The goal of care management is to help you reach your best level of wellness and functional fitness. Your care manager can help you find the right providers and services.

Aetna Better Health of Kentucky has special programs for our members with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), depression, and coronary artery disease (CAD). These programs help you care for yourself through education, health coaching and special care. Care and Disease Management help you get the best care in the best way.

The Disease and Care Management team provides the following services:

- Aetna Better Health nurses and other health care staff will work with you to understand how you can best manage your condition.
- We'll help you regularly assess your health care status, book doctor appointments and connect you with community resources.
- You'll receive informational newsletters which provide updates on your condition.
- Education and informational materials will be provided to you to help you understand and manage the medications your provider has ordered.
- Information about events such as health fairs.

To make sure our records are up-to-date our Care Management team will call new members to complete a health risk assessment.

If you think you need Care Management or Disease Management services, or have any questions about these services, just call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. Ask to speak to a care manager or look for us online at aetnabetterhealth.com/kentucky.

If you don't want Care Management or Disease Management services, you can tell us by calling Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.
Utilization Management (UM) program
The Aetna Better Health of Kentucky Utilization Management (UM) program ensures
that you receive quality services that are medically necessary, meet professionally
recognized standards of care, and are provided in the most effective and medically
appropriate setting. Our program provides a system for prospective, concurrent, and
retrospective review of services and treatments provided.

Our Quality Management/Utilization Management Committee (QM/UM) is comprised of
Aetna Better Health participating providers, medical directors, and management staff.
Our QM/UM oversees the UM program. A doctor provides daily oversight of the UM
program.

Medical Technology Committee
Aetna Better Health of Kentucky has a group of health care providers and health
specialists that review new and existing drugs and technology. The group recommends
what will and will not be covered. This is done by a review of research and clinical
guidelines. It's also done by looking at what other doctors are doing. Our doctors will
work with your doctor to get you the care you need. We explain information in this
handbook when there's a question about coverage. Looking at new methods allows us
to make sure you have access to current, safe and effective health care.

Care to keep your child well

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT is a federal benefit for children from birth up to age 21 who are eligible for
Medicaid or the Kentucky Children’s Health Insurance Program (KCHIP).

Under the EPSDT program, children are checked for medical problems early, on a
regular basis. These well child checkups are available by your provider or local health
department. Scheduled well child checkups protect your child’s health and future. The
program identifies health problems before they become serious.

If your child needs additional services, we may cover them. EPSDT special services cover
health services not normally covered by Medicaid. This may include medical supplies
and special equipment; dental services not normally covered; allergy serum and shots;
and mental health services not normally covered. These EPSDT Special Services require
prior authorization. Your provider will ask for this prior authorization.

KCHIP III children are not eligible for EPSDT special services or for help with
non-emergency transportation.
Children should get checkups regularly, at the ages listed below:

<table>
<thead>
<tr>
<th>Ages recommended for well child checkups</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 days</td>
</tr>
<tr>
<td>By 1 month</td>
</tr>
<tr>
<td>2 months</td>
</tr>
<tr>
<td>4 months</td>
</tr>
<tr>
<td>6 months</td>
</tr>
<tr>
<td>9 months</td>
</tr>
</tbody>
</table>

Sick visits don’t take the place of routine screening visits.

Children need shots that help their bodies fight disease. Each shot fights a different disease. Children must have a record of these shots in order to begin school. You may be required to give this information when you enroll your children in school.

Children should get each shot at the ages given in the chart below. Some shots need to be given more than once.

### Immunization chart (shots)

<table>
<thead>
<tr>
<th>Age</th>
<th>Shot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortly after birth</td>
<td>First Hepatitis B</td>
</tr>
<tr>
<td>Between 1 and 2 months</td>
<td>Second Hepatitis B</td>
</tr>
<tr>
<td>2 months</td>
<td>Diphtheria, Tetanus, acellular Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>H. influenzae type B (Hib)</td>
</tr>
<tr>
<td></td>
<td>Inactivated Poliovirus (IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Conjugate (PCV13)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>Diphtheria, Tetanus, acellular Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>H. influenzae type B (Hib)</td>
</tr>
<tr>
<td></td>
<td>Inactivated Poliovirus (IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Conjugate (PCV13)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>Diphtheria, Tetanus, acellular Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>H. influenzae type B (Hib)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Conjugate (PCV13)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Between 6 and 18 months</td>
<td>Hepatitis B #3</td>
</tr>
<tr>
<td></td>
<td>Inactivated Poliovirus (IPV)</td>
</tr>
<tr>
<td>Between 6 and 36 months</td>
<td>Influenza (Flu) – annually after 6 months of age</td>
</tr>
<tr>
<td>Age</td>
<td>Shot</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Between 12 and 15 months</td>
<td>H. influenzae type B (Hib)</td>
</tr>
<tr>
<td></td>
<td>Measles, Mumps &amp; Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal Conjugate (PCV13)</td>
</tr>
<tr>
<td></td>
<td>Varicella (Chickenpox)</td>
</tr>
<tr>
<td>Between 12 and 23 months</td>
<td>Hepatitis A #1 and Hepatitis A #2</td>
</tr>
<tr>
<td>Between 15 and 18 months</td>
<td>Diphtheria, Tetanus, acellular Pertussis (DTaP)</td>
</tr>
<tr>
<td>After 2 years of age for certain</td>
<td>Pneumococcal Polysaccharide (PPV)</td>
</tr>
<tr>
<td>high-risk groups</td>
<td></td>
</tr>
<tr>
<td>4 to 6 years</td>
<td>Diphtheria, Tetanus, acellular Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>Inactivated Poliovirus (IPV)</td>
</tr>
<tr>
<td></td>
<td>Measles, Mumps, Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Varicella (Chickenpox)</td>
</tr>
<tr>
<td>11 to 18 years</td>
<td>Tetanus, Diphtheria, acellular Pertussis (Tdap)</td>
</tr>
<tr>
<td></td>
<td>Meningococcal Conjugate</td>
</tr>
<tr>
<td>9 to 18 years</td>
<td>Human Papillomavirus (HPV)</td>
</tr>
</tbody>
</table>

For other guidelines, see the Centers for Disease Control (CDC) Guidelines for Immunization at [www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html).

**Adult Immunizations**

Aetna Better Health of Kentucky covers certain Adult Immunizations at your local, participating doctor’s office or your local health department. To find out if these and other vaccines are available at your doctor’s office, please contact your provider or Member Services at **1-855-300-5528** (TTY users dial 711, TDD users dial **1-800-627-4702**).

**Dental care**

Aetna Better Health of Kentucky covers basic dental services for adults and children under the age of 21. Children living in Kentucky must get a dental exam before they start kindergarten. Aetna Better Health contracts with Avesis to provide dental, oral surgery or orthodontic services for our members.
Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to find out how to get care. You may also look in your Provider Directory or online at aetnabetterhealth.com/kentucky under “Find a Provider”.

Eye care and eyeglasses
Aetna Better Health of Kentucky covers certain vision services for members under the age of 21. Children living in Kentucky must get an eye exam before they start kindergarten. Eyeglasses are limited to members under 21 years of age. Aetna Better Health contracts with Avesis to provide vision and eye care services for our members.

Radiology services
Aetna Better Health of Kentucky contracts with eviCore to provide radiology benefit management for our members. It’s necessary for your provider to get prior authorization from eviCore to perform the following outpatient non-emergency diagnostic tests:

- MRI
- PET
- CT
- CCTA
- PET-CT
- Nuclear Cardiology
- MUGA
- OB Ultrasounds

Your provider doesn't need to prior authorize the following outpatient non-emergency advanced diagnostic tests:

- Inpatient advanced radiology services
- Observation setting advanced radiology services
- Emergency room radiology services

Once the diagnostic test is approved, eviCore will contact you directly to help you select a facility/location and schedule your appointment. If you’re unable to speak with a radiology representative, you’ll receive a letter through the mail with the facility name and location. Your provider will give you an order for the test to present at the time of your appointment.

Family planning services and supplies
Family planning services includes birth control counseling and supplies. Aetna Better Health of Kentucky covers family planning for members of child-bearing age. You don’t need to ask your PCP before getting this care. Any care you receive is kept private. If you don’t want to talk to your PCP about family planning, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through
Friday, 7 a.m. to 7 p.m. ET. We can help you choose a family planning provider. You may get family planning services and supplies from an Aetna Better Health provider or a provider not in our network.

**Non-Covered Pharmacy Services**
The following items aren’t covered by Aetna Better Health of Kentucky benefits:
- Medications that aren’t effective or are not safe
- Medication used for weight loss or weight gain
- Medications used to promote fertility
- Cosmetics or products used for hair growth
- Medications used for treatment of sexual dysfunction
- Experimental medications that have no proven medical benefits

**Tobacco cessation**
If you’re a smoker, have a history of smoking, or use other types of tobacco, we want to work with you to help you stop. Aetna Better Health of Kentucky has a program that is designed to help you if you’re ready to quit smoking. This service is provided over the phone. You can get help in the form of patches, gum or medications. Nicotine Replacement Therapy (NRT) is available to you with a prescription from your primary care provider. If you would like assistance with smoking cessation please call at **1-855-300-5528** (TTY users dial **711**), Monday through Friday, 7 a.m. to 7 p.m. ET and ask for Care Management.

The Commonwealth of Kentucky also has a free program. Always talk to your doctor before starting any new program. For more information on this free program, call THE QUIT LINE at **1-800-QUIT-NOW** (**1-800-784-8669**).

**High-risk prenatal services**
Aetna Better Health of Kentucky provides care management for high-risk members who are pregnant. The PCP or OB/GYN and Aetna Better Health work together to decide if a member needs these extra services.

The following are additional covered services for pregnant women:
- Diet review and counseling by a registered dietitian
- Coordination of community resources (childbirth and parenting classes)
- Breast Pumps
- Follow-up to be sure a member gets needed care
- Guidance and support
- Blood glucose meters
- Testing for HIV

**Obtaining long-term care services**
Long-term care is often called nursing home services. If you need long-term care services for more than 30 days, Aetna Better Health of Kentucky will work with the Cabinet for Health and Family Services to disenroll you from managed care and make sure you get the services you need.
Outpatient services
Outpatient services include:
• Preventive care
• Medical tests
• Care to help you heal

You should tell your PCP when you receive outpatient services. You can get the care at hospital outpatient departments, clinics, health centers or doctors’ offices in Aetna Better Health of Kentucky’s Provider Network. You can find the list online at aetnabetterhealth.com/kentucky.

Inpatient hospital care
When you don’t have an emergency, we must authorize your stay BEFORE you go to the hospital. You must go to a hospital that is an Aetna Better Health of Kentucky participating provider unless authorized by us to go to a hospital not in our network. You’ll be under the care of your PCP or other doctor to whom your PCP has sent you.

Provider services
We cover care that’s given by an Aetna Better Health of Kentucky provider when it’s medically necessary. You may receive the care in the provider’s office, a hospital, a clinic, or any other place needed to treat an illness, injury or disease. You may also receive family planning, maternity care, EPSDT well-child screenings or other preventive care. Regular health exams are covered for adults.

Prescription drugs
How do you get your medicine?

Aetna Better Health of Kentucky covers prescription medications that are on our preferred drug list also called a formulary. Take your prescription and Aetna Better Health of Kentucky Member ID card to a network pharmacy. If you have Medicare or other insurance, you must show that ID card as well.

Preferred Drug List
Aetna Better Health of Kentucky covers the medicines included on our Preferred Drug List also called a formulary. This is the list of drugs that we cover when they’re medically necessary. Aetna Better Health doesn’t pay for drugs that haven’t been approved by the Federal Drug Administration (FDA).

You can find out if your medicines are on the Preferred Drug List in one of two ways.
• Call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. EST.
• Go online to our website at aetnabetterhealth.com/kentucky/members/pharmacy to see the list of covered drugs.

Over-the-counter medicines
Sometimes your provider may want you to take over-the-counter (OTC) medicines.
Like other drugs, your doctor must give you a prescription for over-the-counter medicines to take to the pharmacy. You can find out if your over-the-counter medicines are on the Preferred Drug List in one of two ways:

- Call Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**), Monday through Friday, 7 a.m. to 7 p.m. EST.
- Go online to our website at [aetnabetterhealth.com/kentucky/members/pharmacy](http://aetnabetterhealth.com/kentucky/members/pharmacy) to see the list of covered over-the-counter drugs.

**Prior Authorization**

Aetna Better Health of Kentucky must approve some medicines before we cover them. We do this through Prior Authorization.

If your medicine requires Prior Authorization, you can:

- Ask your provider for a similar drug that does not require Prior Authorization.
- Ask your provider to contact Aetna Better Health of Kentucky to start the Prior Authorization process. Your provider will know how to do this.

We will review your provider’s request within 24 hours.

Your pharmacist can give you a 3 day temporary supply of the medicine while your provider tries to get it approved.

We'll tell you in writing if we don't approve the request. We'll also tell you how to start the complaint/appeal process.

**Step Therapy (ST)**

Some drugs aren't approved unless another drug has been tried first. ST coverage requires that a trial of another drug be used before a requested drug is covered.

**Quantity Limits**

Some drugs have limits to the number of doses you may get. This is called a quantity limit. The Food and Drug Administration (FDA) decides safe dose limits. For a partial list of the services we cover and to see what approvals are required you can call Aetna Better Health’s Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**).

The pharmacist will fill your prescription according to FDA safe dosing limits. He/she will do this even if your provider wrote the prescription for more than the recommended FDA safe dosing limits. The pharmacist won't give you more medicine if your provider doesn't get it prior authorized. The pharmacist will ask your provider to call us first.

**Prescription exceptions request**

If your medicine isn't on our drug list, ask your provider if there's one on the drug list you can use. If not, your provider must ask us for a prescription exception. We'll decide after review and if necessary, after talking with your provider, if the drug on the drug list will not work for your medical condition. If your provider doesn't ask for the exception, Aetna Better Health of Kentucky may not pay for it.
We'll review the medical exception request within 24 hours. If we're unable to meet this deadline, the pharmacist can give you a three (3) day supply of the drug, except for opioid pain medicine. If we don't approve your medical exception, we'll tell you in writing. We'll also tell you how to start the complaint/appeal process.

**Brand-name drugs instead of generic alternatives**
Aetna Better Health of Kentucky pays for generic drugs when available. If your provider wants you to have a brand-name drug when the generic drug is on our Preferred Drug List, he/she must ask us for a prior authorization. We'll review the request. If we do not approve the request for a brand-name drug, we'll tell you in writing. We will also tell you how to start the complaint/appeal process.

**Medicines are not on our drug list when enrolled**
If your drugs aren't on our drug list when you're enrolled with Aetna Better Health of Kentucky, you may take your medicine for 30 days after you enroll with us. Your provider should change your medicine to one on our preferred drug list or submit a Prior Authorization. If we do not prior authorize the exception, we'll tell you in writing. We will also tell you how to start the complaint/appeal process.

**Changes to our drug list**
Aetna Better Health of Kentucky may need to make changes to our drug list from time to time. If you're taking a medicine that will be removed from our drug list, we'll tell you in writing at least 30 days before it is removed. You can also access our updated drug list online at [aetnabetterhealth.com/kentucky/members/pharmacy](mailto:aetnabetterhealth.com/kentucky/members/pharmacy).

**Second medical opinions**
You may need a second opinion for an illness, surgery or treatment that your PCP says you need. You can call your PCP or Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, for help getting a second opinion. There is no cost to you for second opinions administered by our providers or providers not in our network. All second opinions by providers not in our network require prior authorization from Aetna Better Health of Kentucky.

**Translation or interpreter services**
If your primary language is not English or you have a hearing impairment, we'll help you get interpreter services. This service is free. Tell your doctor that you need a spoken language translator or sign language help and he or she will contact us.

If you need to contact us about your benefits and your primary language isn't English, we'll contact our language line service, which will translate for you. If you have a hearing impairment, you may use either TTY or TDD services (TTY users dial 711, TDD users dial 1-800-627-4702). We'll work with our members who are deaf to determine their preferred method of interpretation and give priority to meeting those requests.
Transportation

- **Emergency transportation:** Call 911 or the closest ambulance service.
- **Non-emergency transportation:** Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Please note: KCHIP III children do not get non-emergency transportation.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked

Kentucky Medicaid doesn't cover rides to pick up prescriptions.

For a list of transportation brokers and their contact information, please visit [www.chfs.ky.gov/dms/](http://www.chfs.ky.gov/dms/) or call Kentucky Medicaid at 1-800-635-2570. For more information about transportation services, call the Kentucky Transportation Cabinet at 1-888-941-7433.

The hours of operation are Monday through Friday, 8 a.m. to 4:30 p.m. ET and Saturday 8 a.m. to 1 p.m. ET. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible.

You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it).

If you're in a wheelchair, or if you can walk but get disoriented, you may choose a transportation company that can meet these special needs. Contact your broker to see what special needs companies are available. You have to get a note from your PCP. The note has to say why that type of transportation is needed.

**Women's health care services**

OB/GYNs provide health care services for women. This care is for the female reproductive system.

**Covered services**

- A gynecological exam each year for female members, age 13 or older, that includes: a breast exam, a pelvic exam and an annual Pap smear
- Screening mammograms using the following schedule:
• One baseline screening for ages 35-39
• One mammogram annually for ages 40 and over
• Prenatal care-Aetna Better Health of Kentucky recommends pregnant women be HIV-tested
• Services to treat any medical condition that may complicate the pregnancy
• Services for pregnancy and postpartum for 60 days after the end of the pregnancy
• If a newborn and mother, or only the newborn, is released from the hospital less than 48 hours after the day of delivery, at least 1 follow-up visit is covered-the follow-up visit is given within 48 hours after discharge
• Hysterectomy, when medically needed
• Prostheses needed after a complete or partial removal of a breast for any medical reason
• Reconstructive breast surgery performed along with, or after, a full or partial mastectomy-inpatient hospital care is covered for at least 48 hours after a radical or modified radical mastectomy. Inpatient hospital care is covered for at least 24 hours after a total mastectomy or a partial mastectomy with lymph node dissection

Inpatient hospital care for lengths mentioned above can be less if you and your provider agree on the shorter stay.

**Limits**

Reconstructive breast surgery is also covered for the non-affected breast after a full or partial mastectomy to make the breasts the same.

**Health education**

Members receive health education from Aetna Better Health of Kentucky through:
• This Member Handbook
• Member newsletter
• Website [aetnabetterhealth.com/kentucky](http://aetnabetterhealth.com/kentucky)
• Care managers and social workers

**Outreach program**

This program is available to work with our members and community partners, such as schools, homeless centers, youth service centers, family resource centers, public health departments, school-based health clinics, chambers of commerce, faith-based organizations and other appropriate areas to provide community education and assistance.
Emergency services and urgent care

It's important to know the difference between an emergency and urgent care, and what to do in each case.

Always carry your Aetna Better Health of Kentucky Member ID card. Know where to find your closest hospital emergency room. There is a list of hospitals with emergency services in your Provider Directory or call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET. You can also find a list online at aetnabetterhealth.com/kentucky.

Out of Service area
If you’re outside of our service area and need medical treatment, you’re only covered for an emergency. Outside of our service area means outside the state of Kentucky. If you’re away from home and need to see a doctor, call Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Urgent care
Urgent care is medically needed care for an unexpected illness or injury. If possible, call your PCP. If you’re unable to receive urgent care from your PCP, you may need to get care at an urgent care center. If you have a true emergency, go to the hospital emergency room. If you need help deciding if you have a care need that is urgent, please call our 24-Hour Informed Health Line at 1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702). The nurse can help you decide whether to get care at an urgent care center or wait for an appointment with your provider.

What is an Emergency?
An emergency is a sudden injury or serious illness that if not treated right away, could cause death or permanent harm. If you’re pregnant, it could mean harm to the health of you or your baby. You don’t have to go to an Aetna Better Health of Kentucky participating provider in an emergency. Some examples of an emergency are:

- Trouble breathing
- Poisoning
- Broken bones
- Chest pain
- Unconsciousness (blackout)
- Severe or unusual bleeding
- Convulsions or seizures
- Severe burns
- Any vaginal bleeding in pregnancy
- Suicidal or homicidal feelings

If possible, call your PCP or the 24-Hour Informed Health Line at 1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702). If you cannot call, go to the nearest hospital emergency room or call 911. If you’re admitted to a hospital that isn’t in Aetna Better Health’s network, you may be transferred to a hospital in our network when your condition is stable if authorized by Aetna Better Health.
If you must stay in the hospital after an emergency, the provider must call Aetna Better Health within 24 hours. If that day is on a weekend or legal holiday, the provider must call by the end of the next working day.

Show your Aetna Better Health Member ID card to the providers and ask them to file the claims with Aetna Better Health.

**Post stabilization care**
This is medically-needed care after an emergency condition is stable. Aetna Better Health of Kentucky doesn’t require prior authorization for post stabilization care.

**Follow-up care**
After an emergency, be sure to get any follow-up care from your PCP. Do not go back to the emergency room for this care.
Section 7

General services not covered

If Aetna Better Health of Kentucky denies a procedure, service or supply, you or your PCP may request an appeal. You do this by sending a request to Aetna Better Health’s Appeals department. See Section10: Complaints and appeals for more information.

The following services are not covered by Kentucky Medicaid:

- Any laboratory service performed by a provider without a current certification under the Clinical Laboratory Improvement Amendment applies to all facilities and individual providers of any laboratory services
- Cosmetic procedures or services performed only to improve appearance
- Hysterectomy procedures performed only to sterilize (prevent pregnancy)
- Medical or surgical treatment of infertility (reverse sterilization, in vitro fertilization, etc.)
- Induced abortion for a reason other than the mother’s life is in danger, or in the case of rape or incest
- Paternity testing
- Personal services or comfort items
- Post mortem services
- Services, including but not limited to drugs, that are investigational, mainly for research purposes or experimental
- Sex change services
- Sterilization of a mentally incompetent or institutionalized member
- Services that a member isn't required to pay and no other person is legally responsible to pay
Section 8

Routine screening, testing and cancer-related checkups

Routine screening and testing

Aetna Better Health of Kentucky provides benefits for routine screening and testing to help you stay healthy. Members age 20 and older should have regular health exams. These exams include screenings for cancer. Providers should also give guidance about the screenings and follow the Centers for Disease Control and Prevention (CDC) guidelines for chlamydia testing.

Chlamydia

- Annually for all sexually active women, age 24 and under
- Annually for women, age 25 and older, with risk factors (new partner or multiple partners)
- During the first trimester or at the first prenatal visit for any pregnant woman
- During the third trimester for pregnant women with risk factors

Remember, symptoms are usually mild or absent. Screening when at risk is the best way to identify and treat chlamydia.

Cancer-related checkups

Depending on age and sex, screenings may look for cancer of the:

- Lymph nodes
- Oral cavity
- Ovaries
- Skin
- Testes
- Thyroid

Suggested tests for certain cancers

Breast cancer

Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health. Breast exams should be done by your provider as part of your regular health exams.

- Every three years for women between ages 20 and 30
- Every year for women age 40 and older

Breast self-exams should begin at age 20. Women should know how their breasts normally feel and they should report any changes to their provider.

If you or someone in your family has had breast cancer, you’re at risk. Women who are at risk should talk to their providers about getting their first mammography before they turn 40 years old. They may also ask about more tests (for example, breast ultrasound or MRI) or tests more often.
**Mastectomy Services**
Your health care provider will work with you to decide the services best for you. This may include:

- All stages of rebuilding the breast on which the mastectomy was performed
- Surgery and rebuilding of the other breast so they look the same
- Prostheses and treatment of physical problems of the mastectomy, including lymphedema

** Colon and Rectal Cancer**
Beginning at age 50, both men and women should follow one of these schedules:

- Yearly fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT* or FIT, plus flexible sigmoidoscopy every five years**
- Double-contrast barium enema every five years
- Colonoscopy every 10 years
- *For FOBT, the take-home multiple sample method should be used.
- **The combination of yearly FOBT or FIT or flexible sigmoidoscopy every five years is preferred over only one of these options.
- Members should have a colonoscopy if any of these tests are positive.
- If members have any of the following risk factors, they should talk to their providers about starting colorectal cancer screening earlier:
  - A personal history of colorectal cancer or adenomatous polyps
  - A strong family history of colorectal cancer or polyps in a parent, sibling, or child, under age 60, or in two relatives of any age
  - A personal history of chronic inflammatory bowel disease
  - A family history of an hereditary colorectal cancer syndrome (familial adenomatous polyposis or hereditary non-polyposis colon cancer)

**Cervical Cancer**
All women should have cervical cancer screenings about three years after they start having sex (no later than 21 years old). Women should have screenings every year with a regular Pap test (or every two years using the newer liquid-based Pap test).

Beginning at age 30, women with three normal Pap test results in a row may get screened every two to three years. Women over age 30 may get screened every three years (but not more often) with either the standard or liquid-based Pap test, plus the HPV DNA test. Women at risk should be screened every year. Risks include diethylstilbestrol (DES) exposure before birth or HIV infection. A risk could also be a weakened immune system due to organ transplant, chemotherapy or chronic steroid use.

Women, 70 years of age or older, with three or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should be screened as long as they’re healthy.
Women with a total hysterectomy (removal of the uterus and cervix) may also stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

**Endometrial (Uterine) Cancer**
The American Cancer Society recommends that all women in menopause should know about the risks and symptoms of endometrial or uterine cancer. Women should report any sudden bleeding or spotting to their providers. Beginning at age 35, women with or at high risk for hereditary non-polyposis colon cancer (HNPCC) should be offered screening for endometrial cancer with endometrial biopsy each year.

**Prostate Cancer**
Beginning at age 50, men who are expected to survive 10 years should be offered the prostate-specific antigen (PSA) blood test. They should also be offered a digital rectal examination (DRE) each year. Men at high risk, such as African-American men, should begin testing at age 45. Men with relatives (parent, sibling, and child) who got cancer at an early age may also be at risk. Men at even higher risk could begin testing at age 40. Depending on the results of this test, you might not need testing again until age 45.

All men should be given information about finding and treating prostate cancer early. This can help them make an informed decision about testing. Men who ask their provider to make the decision for them should be tested. Providers shouldn’t discourage men from being tested. Providers must offer testing and should encourage men to be tested.
Section 9

Special programs

There are special programs available to help you. They're the Kentucky Health Insurance Premium Payment program; the Lock-In program; and the Supplemental Security Income Assistance program. They're described below.

**Kentucky Health Insurance Premium Payment (KHIPP)**

The Kentucky Health Insurance Premium Payment program is a voluntary program that pays for the cost of health insurance for Medicaid-eligible persons with access to employer-based insurance when it's proven “cost-effective” to do so.

“Cost-effective” means that it costs Aetna Better Health less to help pay your employer-based health insurance costs such as premiums and copays, than to pay for all of the medical costs through Medicaid.

As a participant in the KHIPP program, you’ll get a payment for the monthly cost of your group health insurance including premiums, copays and deductibles.

**Applying to the program**

To apply for the KHIPP program you must complete an application. The application will have questions about your employer-sponsored health insurance coverage. We’ll use this information to determine if you’re eligible to participate in the program.

To get an application, you can visit our website at aetnabetterhealth.com/kentucky. You may call Aetna Better Health of Kentucky Member Services at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to have one mailed to you.

We'll send you a letter in the mail after we finish reviewing your application. The letter will tell you if you've been accepted into the KHIPP program.

**Member responsibilities**

If you’re accepted into the KHIPP program, you’ll receive a letter in the mail that provides directions on how to get repaid for the cost of your group health insurance.

**It'll be up to you to send a copy of each paycheck stub to the program.**

As a KHIPP program member, you must tell us about changes such as:

- Your insurance company changes
- Your employer changes
- Your insurance cost changes
- Your address changes
- Your personal information changes

Call our office if you have any questions or if you need to report any of these changes to your personal information.
Program termination
There may be times when you may need to drop your employer-based insurance. For those situations, we'll require notification from you to remove you from the program.

We'll also review your case at least twice a year to ensure you still meet program eligibility requirements. If we conclude that you’re no longer eligible for the program, we'll give you a 30-day written notification of that decision.

Please be advised, our decision won’t affect your Medicaid eligibility.

Lock-In program
The Lock-In program is designed to give support to members who need assistance in managing health care needs through the establishment of a medical home or providing structured access to controlled substances through the Medicaid program except those needed for legitimate clinical purposes. The Department for Medicaid Services has approved the Lock-In program. The Lock-In program restricts a member from seeing too many providers. People who use one doctor, one pharmacy and one hospital get better care. The providers know more about the person’s health and can better diagnosis and treat health conditions. Fewer providers help make sure that a person gets the right medicine in the right amounts.

Member claims data is reviewed to identify members who have visited multiple providers, hospital emergency departments, and/or pharmacies.

Aetna Better Health can enroll the member with one or more providers that will support the member’s establishment of a medical home and healthful prescription habits.

You may be locked into one or more of these:
• One (1) primary care provider
• One (1) pharmacy
• One (1) hospital emergency department

Members will be locked-in to designated providers for a period of two years. Aetna Better Health will monitor the claims and pharmacy use of Lock-In members at least annually after the initial 24 month Lock-in period.

If you switch health plans, your lock-in assignment will follow you to your new health plan.

Members determined by Aetna Better Health to be enrolled in the Lock-In program will be provided with written notice of his/her enrollment in the Lock-In program. Enrollment in the Lock-In program will be effective within 30 days from the date the member is provided written notice. A member will have the right to dispute his/her enrollment in the Lock-In program by providing additional information as to why his/her enrollment is inappropriate. See Section 10 for more information on your appeal rights.

Supplemental Security Income (SSI) Application Assistance
SSI is a monthly cash benefit that you may get if you’re disabled and you qualify. This government program is for adults and children. You don’t have to have any work history to qualify.
Adults may qualify for SSI if you:
• Have a medical condition that needs ongoing care
• Have a medical condition that prevents you from working

Children may qualify for SSI if they:
• Have a medical condition that needs ongoing care
• Have problems talking, hearing or understanding words
• Are using a wheelchair or walker or need other medical equipment
• Are in a Special Education program

Aetna Better Health of Kentucky has partnered with CHANGE to help our members apply for SSI benefits. If you think you or your child may qualify, call CHANGE at 1-877-469-3263. CHANGE will help you complete your application.
Section 10

Complaints and appeals

Please be sure to read this section. It’s important that you know how to tell us if you’re unhappy. The steps to follow are below.

Complaints

You can file a complaint at any time if you’re not happy with our service. Filing a complaint means you’re letting us know about services with which you’re not happy. You can call or write us at any time. Our phone number is 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702). Our hours are from 7 a.m. to 7 p.m. ET. We’re open Monday through Friday.

If you want to write to us about your problem, your letter should include:

• Your name
• Your member ID number
• Your mailing address and phone number

A description of what you’re upset about and how you’d like us to fix it

You can also have someone else act on your behalf. This person is your authorized representative.

This person may be:

• Your provider
• Your legal guardian
• Relative
• Friend
• An attorney
• Other person

You have to give written permission to the person that allows them to file a complaint for you. Mail your letter to us at the address below.

Complaint and Appeal Department
Aetna Better Health of Kentucky
Attn: Complaint and Appeal Department
9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

You can also call us at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

We’ll send you a letter letting you know we got your complaint within five working days.

We’ll send you a letter to let you know what we did about your problem within 30 calendar days of the date we get your letter or call.

We’ll never punish or discriminate against you or your provider, or take any negative action against either of you in any way for filing any kind of appeal or complaint.
Appeals
If Aetna Better Health of Kentucky makes a decision you don't agree with, you can file an appeal. If you file an appeal, it means you want us to review a decision we made about your care. Call us or mail us your appeal. If you want to call, our phone number is 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702). We're open Monday through Friday, 7 a.m. to 7 p.m. ET. You can also mail your appeal to us at the address below.

You have to get your letter to us or call us within 60 calendar days of the day you got our denial letter. Mail your letter to the address below:

Aetna Better Health of Kentucky
Attn: Complaint and Appeal Department
9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

If you call us to tell us about your appeal, we'll also need you to send in a written appeal. When you call, we can send you a form to fill out. You can fill out the form or just write us a letter. When we send you the form, we'll also include a postage-paid envelope for you to use. You must send us your letter or form within 10 calendar days from the date on the letter that comes with the form. In your letter, be sure to tell us any details you want us to consider in your appeal review, including why you think we should change our decision. Your letter must also include:
• Your name, phone number, member ID number and mailing address
• Your doctor's name
• The date of the service you want
• Any information or documents you have that might help change our mind

You can do the appeal or you can ask someone to do it for you. You can choose anyone you want, including a friend, your doctor, a legal guardian, a relative or an attorney. If you pick a person to do the appeal for you, that person is your Authorized Representative. You must write us a note with the name of the person who will speak for you. Be sure to sign it. You can also fill out a consent form to let the person you chose speak for you as your Representative. We'll send you the form. Just call us.
1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

After we get your appeal, we'll send you a letter within five (5) working days to let you know we got it. In the letter, we'll tell you how you can participate in a meeting to talk about your appeal. The letter will have the date of an appeal meeting. This is when we'll go over your case. When you send us your letter, let us know if you want to come to the appeal meeting. You can attend in person or by phone. At least one person who wasn't involved in the first decision to deny the service will look over the appeal. If your appeal is about something medical, a doctor who is licensed in Kentucky will also look at your case. The doctor that looks at the case will have an understanding of the kind of care you need. If your appeal isn't about something medical, it's called an administrative
appeal. A committee that includes at least one doctor will look at the case during a meeting.

In most cases, we'll make a decision about your appeal within 30 calendar days from the date we get it. We may need 14 more days to finish your case. We only take extra time if it'll make things better for you. We'll send you a letter at least two days before your appeal is due to be finished to let you know if we need the extra time.

You can file a complaint if you don't agree with us using the extra time. You can also ask us to hold your appeal for 14 more days if you need time to give us more details.

**Expedited (faster) appeals**

There's a fast appeal process called an expedited appeal. You can ask for an expedited appeal if your life or health could be harmed by us taking the normal time to finish your appeal. Call us at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET, to let us know if you need an expedited appeal. You do not have to submit your request for an expedited appeal in writing. If your expedited appeal request meets the guidelines, we'll make a decision within 72 hours from when we got your request. After you let us know you want an expedited appeal, if you find that you have more information you want to send us for the appeal review, you have 24 hours to get it to us. If your request to expedite the appeal isn't approved, we'll call you to let you know. Then we'll process your appeal just like a normal appeal. We'll send you a decision on the case within 30 calendar days. You may ask for another 14 calendar days to give us more information. Aetna Better Health may also need more information. We'll send you a notice if there's a delay that you didn't request.

We'll never punish or discriminate against you or your provider, or take any negative action against either of you in any way for filing any kind of appeal or complaint.

If you're unable to file a written appeal or complaint on your own, you may call Member Services. We'll take the information and complete the complaint or appeal for you. Member Services can provide free copies of information about your complaint or appeal.

If we change our decision after reviewing your appeal or expedited appeal we will approve your request within 72 hours of the decision.

**Provider Appeals**

Your provider also has the right to appeal and request further review of a decision they don't agree with. These rights and procedures are determined by state law and policies set by the Kentucky Department of Medicaid Services. Please see our website at aetnabetterhealth.com/kentucky or contact Member Services for further information.

**State Fair Hearing**

If you don't agree with our decision on your appeal, you can ask the state to look at your case by writing them a letter. This is a State Fair Hearing. The state's rules say you must wait for your appeal to be finished before you can have a State Fair Hearing.
To qualify for a State Fair Hearing, your letter should:
• Be mailed or filed within 120 days from the date on the most recent decision letter we sent you
• Explain why you need a State Fair Hearing
• Give the date of service and kind of service we denied
• Include a copy of the last appeal decision letter you got from us

A state employee called a hearings officer is in charge of your State Fair Hearing. The hearings officer will send you a letter with the date and time for your hearing. The letter will also explain the hearing process. If you do not want to speak or are unable to speak for yourself, you can choose someone to speak for you at the hearing.

If you filled out a consent form for the appeal, they'll be able to speak for you. If you didn't, you can still call us to get one for the State Fair Hearing.

To request a State Fair Hearing, you should send your letter to the address below.
Kentucky Department for Medicaid Services Division of Program Quality and Outcomes Attention: State Fair Hearings
275 East Main Street, 6C-C
Frankfort, KY 40621-0001

You can request that we continue your benefits if:
• You write or call us to ask for an extension of your benefits
• Your appeal is about a service we stopped (temporarily or permanently) or a service that was authorized before, but has now been reduced in amount
• An authorized provider ordered the service
• The authorization period hasn’t expired for the service
If you need more information about the types of services covered or the need for approval on services, call Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**), Monday through Friday, 7 a.m. to 7 p.m. ET.

At the State Fair Hearing, if the hearings officer doesn't agree with your claim and still denies your request, you may have to pay for continued services. You won't have to pay until the State Fair Hearing decision is final.

We'll never punish or discriminate against you or your provider, or take any negative action against you because you filed any kind of appeal, State Fair Hearing, or complaint.

**The Cabinet for Health and Family Services Ombudsman Program**

The Ombudsman Program helps citizens who use various public services to be treated fairly. The Office of the Ombudsman answers questions, looks into complaints and works to settle them.

For more information or to get help, please contact the Office of the Ombudsman at **1-800-372-2973** or **1-800-627-4702** (TTY). You can also write to the Ombudsman at the address below:

**The Office of the Ombudsman**

Cabinet for Health and Family Services
275 E. Main St.
1E-B
Frankfort, KY 40621
Notice of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice was effective as of February 1, 2016.

What do we mean when we use the words “health information”

We use the words “health information” when we mean information that identifies you. Examples include:

- Your name
- Your date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. If you’re no longer with our plan, with your permission, we can give your health information to your new doctor.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you don’t want us to give out your health information call us.

If you’re under eighteen and don’t want us to give your health information to your parents. Call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:

- Health promotion
- Fraud prevention
- Care management
- Disease prevention
- Quality improvement
- Legal matters

A Care manager may work with your doctor. They may tell you about programs or places that can help you with your health problem. When you call us with questions we need to look at your health information to give you answers.
**Sharing with other businesses**
We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor’s office. We’ll tell them if you are in a motorized wheelchair so they send a van instead of a car to pick you up.

**Other reasons we might share your health information**
We also may share your health information for these reasons:
- Public safety - To help with things like child abuse, threats to public health.
- Research - To researchers, after care is taken to protect your information.
- Business partners - To people that provide services to us, they promise to keep your information safe.
- Industry regulation - To state and federal agencies, they check us to make sure we are doing a good job.
- Law enforcement - To federal, state and local enforcement people.
- Legal actions - To courts for a lawsuit or legal matter.

**Reasons that we’ll need your written okay**
Except for what we explained above, we’ll ask for your okay before using or sharing your health information. For example, we’ll get your okay:
- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons as required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We can’t use or share your genetic information when we make the decision to provide you health care insurance.

**What are your rights**
You have the right to look at your health information.
- You can ask us for a copy
- You can ask for your medical records. Call your doctor’s office or the place where you were treated.

You have the right to ask us to change your health information.
- You can ask us to change your health information if you think it’s not right.
- If we don’t agree with the change you asked for, ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.
- You have the right to ask for a private way to be in touch with you.
- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.
You have the right to ask for special care in how we use or share your health information.

• We may use or share your health information in the ways we describe in this notice.
• You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
• We don’t have to agree but we’ll think about it carefully.

You have the right to know if your health information was shared without your okay.
• We’ll tell you if we do this in a letter.
Call us toll free at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702) to:

• Ask us to do any of the things above.
• Ask us for a paper copy of this notice.
• Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your rights were violated write to us at:

**Aetna Better Health of Kentucky**
Attention: Complaint and Appeal Department
9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

You also can file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address.

If you’re unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We won’t use your complaint against you. We’ll never punish or discriminate against you or your provider, or take any negative action against you because you filed any kind of appeal, State Fair Hearing, or complaint.

**Protecting your information**
We protect your health information with specific procedures, such as:

• Administrative. We have rules that tell us how to use your health information no matter what form it is in — written, oral, or electronic.
• Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
• Technical. Access to your health information is “role-based.” This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

**If we change this notice**
By law, we must keep your health information private. We must follow what we say in this notice.

We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our web site at aetnabetterhealth.com/kentucky.
Section 12

Definitions

**Appeal** — An appeal is a complaint you make when you want us to change a decision we made about your care.

**Child** — A member who is age 20 or younger.

**Complaint** — A complaint is when you write or call to complain about a provider, the plan and/or a service. A complaint is also known as a grievance.

**Copay** — An amount of money to be paid by a member for a provider visit, service or drug prescription.

**Covered services** — The medical care, services, or supplies paid for by Aetna Better Health of Kentucky. This care is described in this handbook.

**Dual eligible** — This means a member is eligible for both Medicare and Medicaid benefits.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT)** — This program is for preventive health care and well child checkups for children under the age of 21. EPSDT well child checkups include screenings, shots and referrals, as needed.

**Emergency** — Serious symptoms that are severe enough (including pain) that someone without medical training (a prudent layperson) knowing an average amount about health and medicine, could expect that if you didn't get immediate medical care any of the following may happen:

- The health of the person (or, if a pregnant woman, the health of the woman or her unborn child) would be placed in serious danger
- Serious injury to bodily functions
- Serious injury to any bodily organ or part
- With respect to a pregnant woman having contractions:
  - There's inadequate time to effect a safe transfer to another hospital before delivery, or
  - that transfer may pose a threat to the health or safety of the woman or unborn child

**Family planning care** — This program offers information on birth control methods. This helps you plan your family size.

**ITU** — (“I”) Indian Health Services, (“T”) Tribally operated facility/ program, and (“U”) Urban Indian clinic

**Grievance** — A grievance is when you write or call to complain about a provider, the plan and/or a service. A grievance is also known as a complaint.

**Participating provider** — A doctor, hospital or other licensed facility or health care provider, who has signed a contract with Aetna Better Health, agreeing to give services to members.
Provider not in our network — A doctor, hospital or other licensed facility or health care provider, who hasn’t signed a contract with Aetna Better Health of Kentucky, to give services to members.

Provider directory — The list of providers in the Aetna Better Health of Kentucky network that give care to our members. This list does change. The most up-to-date list may be found on our website at aetnabetterhealth.com/Kentucky or the mobile app.

Provider network — A complete list of all health care providers actively participating with Aetna Better Health of Kentucky. The Provider Directory is created from this list.

Medical home — A health care provider that is in charge of a medical team who cares for a member’s health. This team manages all areas of preventive, acute, and chronic needs of a member. A medical home can help a member take an active role in the decisions about their health and well— being.

Medically needed/medically necessary — Services or supplies to diagnose, treat, correct, or prevent a member’s illness or injury. Aetna Better Health must agree the care meets all of the following:

• Care is correct for the symptoms, diagnosis and treatment of the condition
• Follows standards of good medical practice
• Not be solely for the convenience of the member, PCP, hospital, other health care provider or caregiver
• Correct supply or level of service that can be safely and effectively provided, for members in the hospital, it also means their symptoms can’t be diagnosed or treated safely outside the hospital
• Must meet national standards, if applicable.

Member — Any person who is eligible for Medicaid managed care services in Kentucky and has Aetna Better Health coverage.

Member Services Department — This department can answer questions about your Aetna Better Health benefits. Member Services can be reached at 1-855-300-5528 (TTY users dial 711, TDD users dial 1-800-627-4702), Monday through Friday, 7 a.m. to 7 p.m. ET.

Post stabilization care — Medically needed care after an emergency condition becomes stable.

Prior authorization — Your health care provider must ask Aetna Better Health to approve certain services before he/she gives you the care.

Primary Care Provider (PCP) — Your PCP is your medical home. The Aetna Better Health provider you select for your primary health care is your PCP. Your PCP arranges for most of the care you need.

PCPs specialize in general practice, family practice, internal medicine or pediatrics. Female members age 13 or older may select an OB/GYN for their PCP to arrange for most care they need.
**Prudent layperson** — This is a person who doesn't have medical training.

**Service area** — The places in Kentucky where the plan is an option as a managed care provider for Kentucky Medicaid.

**Step Therapy (ST)** — Some drugs aren't approved unless another drug has been tried first. ST coverage requires that a trial of another drug be used before a requested drug is covered.

**24-Hour Informed Health Line** — Can answer specific health questions or give advice on what to do when you need health care, such as calling your PCP, making an appointment or going to the emergency room. The Informed Health Line is available 24 hours a day, 7 days a week at 1-855-620-3924 (TTY users dial 711, TDD users dial 1-800-627-4702).

**Welcome kit** — The packet mailed to you upon enrollment that includes your Member Handbook, Primary Care Provider Directory, Notice of Privacy Practices, and other helpful information.

**Urgent Care** — This is medically needed care for an unexpected illness or injury that you need sooner than a routine visit with your PCP.

**You/Your** — Refers to you, the member.