



MyCareOhio
Connecting Medicare + Medicaid

AETNA BETTER HEALTH® OF OHIO a MyCare Ohio plan

Medicaid-Only Member Handbook



Helpful information

Member Services

1-855-364-0974 (toll free)

Services for Hearing Impaired (TTY)

Ohio Relay 7-1-1

Address

Aetna Better Health of Ohio

7400 W. Campus Rd.

New Albany, OH 43054-8725

Personal information

My member ID number

My PCP (primary care practitioner)

My PCP's phone number

My care manager's name and phone number

AETNA BETTER HEALTH[®] OF OHIO

MyCare Ohio
Medicaid-only

MEMBER HANDBOOK

ISSUANCE DATE: MARCH 1, 2015

Important Numbers

Name	Phone, Fax, Website	Address
Member Services (24 hours a day, 7 days a week)	Ph: 1-855-364-0974 (TTY: 711) Fax: 1-855-259-2087 Website: www.aetnabetterhealth.com/ohio	Aetna Better Health of Ohio Attn: Member Services 7400 West Campus Road Mail Code: F494 New Albany, OH 43054
Ohio Relay: Services for the Hearing Impaired	7-1-1 or 1-800-750-0750	
24-hour Behavioral Health Crisis Services	Ph: 1-855-364-0974, Option 9	
24-hour Care Management	Ph: 1-855-364-0974, Option 5	
24-hour Nurse Advice Line	Ph: 1-855-364-0974, Option 4	
Language Interpretation Services	Call Member Services at 1-855-364-0974	
Grievance and Appeals	Call Member Services at 1-855-364-0974	
Fraud and Abuse Hotline	Ph: 1-866-253-0540	
Emergency Transportation Services	9-1-1	
Non-emergent Transportation Services	Call Member Services at 1-855-364-0974 or LogistiCare at 1-866-799-4395	
Dental Services	Call Member Services at 1-855-364-0974	
Vision Services	Call Member Services at 1-855-364-0974	
Pharmacy Services	Call Member Services at 1-855-364-0974	
Ohio Department of Medicaid: Consumer Hotline	Ph: 1-800-324-8680 (M-F 7 a.m. to 8 p.m., Saturday 8 a.m. to 5 p.m.) www.ohiomh.com	

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Welcome!

If you have any problem reading or understanding this or any other Aetna Better Health of Ohio information, please contact our Member Services at **1-855-364-0974** (TTY: 711), 24 hours a day, 7 days a week for help at no cost to you.

Si tiene algún problema para leer o entender esta o cualquier otra información de Aetna Better Health of Ohio, comuníquese con Servicios al Cliente al **1-855-364-0974** (TTY: 711) las 24 horas del día, los 7 días de la semana y obtenga ayuda sin costo.

Haddii aad dhibaato kala kullantid akhriska ama fahamka macluumaadkaan ama macluumaadka kale ee Aetna Better Health of Ohio, fadlan la xariir Adeegyadana Xubinta, telefoonka **1-855-364-0974** (TTY: 711), 24 saac maalintii, 7 maalin todobaadkii, si aad u heshid kaalmo aadan kharash ka bixinin.

We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing impaired, special help can be provided.

Welcome to Aetna Better Health of Ohio, an Aetna company. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCP). A MCP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. Aetna Better Health of Ohio provides health care services to certain Ohio residents eligible for both Medicare and Medicaid benefits.

Aetna Better Health of Ohio may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services.

Thank you for choosing Aetna Better Health of Ohio for your health plan. Our goal is to provide you and your family with providers and services that will give you what you need and deserve:

- Quality health care
- Respect
- Excellent customer service

About Aetna Better Health of Ohio

Aetna Better Health of Ohio is a managed care plan (MCP) in Ohio for the MyCare Ohio program. We have more than 20 years of managing care for people enrolled in Medicaid. We understand the needs of our members. We will work with local Ohio providers and community groups to meet those needs.

Our parent company, Aetna, is a leading national company that serves about 44 million people, with more than 2 million of those Medicaid members.

We want to be sure you get off to a good start as a new member. This handbook is to help you understand your health plan and benefits.

Our service area

Aetna Better Health of Ohio provides services to the following counties:

Central Region (Columbus area)	Northwest Region (Toledo area)	Southwest Region (Cincinnati area)
Delaware County	Fulton County	Butler County
Franklin County	Lucas County	Clermont County
Madison County	Ottawa County	Clinton County
Pickaway County	Wood County	Hamilton County
Union County		Warren County

Member Services

Our Member Services Department is here to help you. We are open 24 hours a day, 7 days a week. Call **1-855-364-0974** (TTY: 711). Below is a list of some of the things we can help you with:

- Understanding what services are covered including Medicare/Medicaid benefits
- Understanding how to access services
- Prior authorization requirements (Prior approval)
- Finding a provider
- Filing a complaint about Aetna Better Health of Ohio, our providers or about discrimination
- Filing appeals including expedited appeals
- Changing your PCP

- Accessing free language assistance
- Understanding this member handbook
- Making an address, telephone or e-mail address change
- Making a change to your designated responsible party such as a caregiver
- What to do if you have other health insurance coverage
- What to do if you are admitted to a nursing home or hospital
- What to do for care when you are out of the service area
- Getting pregnancy care
- Your rights and responsibilities
- Making an appointment with your PCP
- Getting information in other ways, like in large print

Member Services Closure Dates

Our Member Services department does not close. We are available 24 hours a day, 7 days a week. We are open on holidays too.

Contact us

Call Us Toll-Free	On our Website	Write to Us
<p>1-855-364-0974 TTY: 7-1-1</p>	<p>www.aetnabetterhealth.com/ohio</p>	<p>Aetna Better Health of Ohio Attn: Member Services 7400 West Campus Road Mail Code: F494 New Albany, OH 43054</p>

24-hour Nurse Advice Line

Another way you can take charge of your own health care is by using our Nurse Advice Line. Nurses are available 24 hours a day, 7 days a week, 365 days a year to answer your health care questions.

The nurse line does not take the place of your PCP. It is another resource you can call if you need medical advice or have questions on how to access services, including if you need to confirm your enrollment.

The nurses can also give you helpful hints on how to feel better and stay healthy. When an earache is keeping your child awake or you can't sleep because of a headache, it's nice to know that with this service you won't be up alone. Call us at **1-855-364-0974** (TTY: 711) and select option 4.

Language services

If you have any problem reading or understanding this or any other Aetna Better Health of Ohio information, please contact our Member Services at **1-855-364-0974** (TTY: 711), 24 hours a day, 7 days a week for help at no cost to you.

We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing-impaired, special help can be provided.

Other ways to get information

If you are deaf or hard of hearing, please call the Ohio Relay at 7-1-1.

If you have a hard time seeing or hearing, or you do not read English, you can get information in the other formats such as large print. Call Member Services at **1-855-364-0974** (TTY: 711) for help.

Website

Our website is www.aetnabetterhealth.com/ohio. It has information to help you get health care such as:

- Find a PCP or specialist in your area
- Send us questions through e-mail
- Get information about your benefits
- Get health information
- Get a copy of this member handbook.

New member information

This handbook tells you about your coverage under Aetna Better Health of Ohio. It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community based waiver services, also called long-term care services and supports. Long-term care services and supports help you stay at home instead of going to a nursing home or hospital. You will also find additional information such as providers that you can use to receive care (also known as network providers); member rights; additional benefits; and steps you can take if you are unhappy or disagree with something.

Besides this member handbook, you should also receive an Aetna Better Health of Ohio member ID card and a *New Member Letter* with important information, including information about a Provider and Pharmacy Directory. Members enrolled in the MyCare Ohio waiver will also receive a supplement to their member handbook. This supplement provides additional information such as member rights and responsibilities, waiver service plan development, care management, waiver service coordination and reporting incidents. If you do not receive these items, please call Member Services for assistance.

While Aetna Better Health of Ohio is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from Aetna Better Health of Ohio, see page 12 for more information.

Who is eligible to enroll in a MyCare Ohio plan?

You are eligible for membership in our MyCare Ohio plan as long as you:

- Live in our service area; **and**
- Have Medicare Parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio plan if you:

- Have a delayed Medicaid spend down.
- Have other third party creditable health care coverage except for Medicare.

- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID).
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly).

Additionally, you have the option not to be a member of a MyCare Ohio plan if you:

- Are a member of a federally recognized Indian tribe;
- Have been determined by the County Board of Developmental Disabilities to qualify for their services; or
- Are 18 years of age and receiving foster care or adoption assistance under Title IV-E, in foster care or an out-of-home placement, or receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMh).

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services for assistance.

Aetna Better Health of Ohio is available only to people who live in our service area. Our service area includes:

Central Region (Columbus area)	Northwest Region (Toledo area)	Southwest Region (Cincinnati area)
Delaware County	Fulton County	Butler County
Franklin County	Lucas County	Clermont County
Madison County	Ottawa County	Clinton County
Pickaway County	Wood County	Hamilton County
Union County		Warren County

If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to Aetna Better Health of Ohio.

Choosing to receive both your Medicare and Medicaid benefits from a MyCare Ohio plan

You can request to receive both your Medicare and Medicaid benefits from Aetna Better Health of Ohio and allow us to serve as your single point of contact for all of your Medicare and Medicaid services. If you would like more information or to request this

change you can contact the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at 7-1-1.

Identification (ID) cards

Your Aetna Better Health of Ohio membership ID card replaces your monthly Medicaid card. This card is good for as long as you are a member. You will not receive a new card each month as you did with the Medicaid card.

You must show your Aetna Better Health of Ohio member ID card and your Medicare ID card when you get any services or prescriptions. This means that you should show your member ID cards if you receive services from:

- your primary care provider (PCP)
- specialists and other providers
- dentists and vision providers
- emergency rooms or urgent care facilities
- hospitals for any reason
- medical suppliers
- pharmacies
- labs or imaging providers
- nursing or assisted living facilities
- waiver service providers

Call member services as soon as possible at **1-855-364-0974** (TTY: 711) if:

- you have not received your card(s) yet
- any of the information on the card(s) is wrong
- your card is damaged, lost or stolen
- you have a baby

Your ID card has your name, Aetna Better Health of Ohio ID number, Primary Care Provider's name and telephone number, and other important information like what you should do in an emergency.

Front of card:

	
AETNA BETTER HEALTH® OF OHIO a MyCare Ohio plan	
Member Name Last Name, First Name	
MMIS Member ID# 000000000000	
Date of Birth 00/00/0000 Sex X	
PCP Last Name, First Name	
PCP Phone 000-000-0000	
Effective Date 00/00/0000	RxBIN: 610591 RxPCN: ADV RxGRP: RX8810

Back of Card:

You can call any of these numbers 24 hours a day, 7 days a week

Member Services:	1-855-364-0974 (toll-free)
Behavioral Health Crisis:	1-855-364-0974, select option 9
Care Management:	1-855-364-0974, select option 5
Nurse Advice:	1-855-364-0974, select option 4
Hearing Impaired:	Ohio Relay 7-1-1
Pharmacy Help Desk:	1-855-364-2975 (pharmacist only)

In an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the Nurse Advice line.

To verify member eligibility: www.aetnabetterhealth.com/ohio or **1-855-364-0974**.

Prior authorization (PA) is required for all non-emergency inpatient admissions and selected outpatient services. To notify of an admission or for PA information, call **1-855-364-0974**.

Please submit claims to:	Electronic Claims:
Aetna Better Health of Ohio, Claims Department	Payer ID 50023
P.O. Box 64205, Phoenix, AZ 85082	

Your ID card is for your use only – do not let anyone else use it.

Member rights & responsibilities

As an Aetna Better Health of Ohio member, you have rights and responsibilities in your health care. If you need help understanding your rights and responsibilities, please call Member Services at **1-855-364-0974** (TTY: 711).

Member rights

As a member of our health plan you have the following rights:

- To receive all services that our plan must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your healthcare unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See pages 54-57 of this handbook for information.
- To be able to get all our written member information from our plan:
 - at no cost to you
 - in the prevalent non-English languages of members in our service area

- in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will). See page 49 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCP, the MCP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get information about Aetna Better Health of Ohio from us.
- To make recommendations regarding Aetna Better Health of Ohio's member rights and responsibilities policy.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services' Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services.

Office for Civil Rights
 United States Department of Health and Human Services
 233 N. Michigan Ave. – Suite 240
 Chicago, Illinois 60601
 (312) 886-2359 (312) 353-5693 TTY

Bureau of Civil Rights
Ohio Department of Job and Family Services
30 E. Broad St., 30th Floor
Columbus, Ohio 43215
(614) 644-2703 1-866-227-6353 1-866-221-6700 TTY
Fax: (614)752-6381

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see page 43.

Your responsibilities

- Use your ID card when you go to health care appointments or get services. Do not let anyone else use your card.
- Know the name of your PCP and your care manager.
- Know about your health care and the rules for getting care.
- Tell us and your county caseworker when you make changes to your address, telephone number, family size, and other information.
- Be respectful to the health care providers who are giving you care.
- Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.
- Give your health care providers all the information they need.
- Tell us about your concerns, questions or problems.
- Ask for more information if you do not understand your care or health condition.
- Follow your health care provider's advice.
- Ask questions and talk to your provider about your health if you can.
- Tell us about any other insurance you have.
- Tell us if you are applying for or get any other health care benefits.
- Bring shots record to all appointments for members under 21 years old.
- Give your doctor a copy of your advance directive.

Primary Care Providers

You can continue to get Medicare services from your doctors and other Medicare providers. You will also be asked to identify a primary care provider. (PCP). Your PCP will be the first point of contact for all of your health needs and will be responsible for providing you with care. Your PCP should work with your Aetna Better Health of Ohio care manager to coordinate your health and long term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

- ▶ It is important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.

Changing your PCP

If for any reason you change your PCP, it is important to contact Aetna Better Health of Ohio's Member Services to ensure your health and long term services are coordinated. If you no longer see the PCP that is on your ID card, Aetna Better Health of Ohio will send you a new ID card.

If you need help finding a PCP or want the names of the PCPs in our network, you may look in your provider directory if you requested a printed copy, on our website at www.aetnabetterhealth.com/ohio, or you can call Member Services at **1-855-364-0974** (TTY: 711) for help.

Your provider's office

When you see your provider, ask him or her, and the office staff, these questions. By knowing the answers, you will be better prepared for getting health care services.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of special help do you offer for people with disabilities?
- Will you talk about problems with me over the phone?
- Who should I contact after hours if I have an urgent situation?
- How long do I have to wait for an appointment?

Other questions to ask your PCP

Use the questions below when you talk to your provider or pharmacist. These questions may help you stay well or get better. Write down the answers to the questions and always follow your provider's directions.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

PCP appointments

Call your PCP's office when you need to make an appointment. Tell them why you need to see the doctor and they will schedule an appointment for you based on your need. If you need help with appointments call Member Services at **1-855-364-0974** (TTY: 7-1-1).

Quick tips about appointments

- Call your provider early in the day to make an appointment. Let them know if you need special help like an interpreter.
- Tell the staff person your symptoms.
- Take your Aetna Better Health of Ohio ID card and your Medicare ID card with you.
- If you are a new patient, go to your first appointment at least 30 minutes early so you can give them information about you and your health history.
- Let the office know when you arrive. Check in at the front desk.

You may be eligible for transportation assistance to and from your provider's office. Please see page 37 of this handbook to learn about transportation benefits.

If you cannot go to your appointment, please call your provider's office 24 hours before the appointment time to cancel. If you also have an appointment for transportation to pick you up, be sure to cancel the transportation before the appointment.

Types of care

There are three different kinds of health care you can get: **preventive**, **urgent** and **emergency**. Most often, these services will be covered by Medicare.

Preventive or routine care

Preventive or routine care is health care that you need to keep you healthy or prevent illness. This includes shots and well-checks. To schedule your routine care please call your PCP's office.

If you need help making an appointment with your PCP, please call Member Services at **1-855-364-0974** (TTY: 711).

Urgent care

Urgent care is for medical conditions that you do not believe are emergencies but believe need to be treated quickly. You can call your PCP or go to an urgent care center.

You can call your PCP day or night. If you have an urgent need your PCP or on-call provider will tell you what to do. If your PCP is not in the office, leave a message with the answering service and your PCP will return your call.

You can also call our Nurse Advice Line if you have medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. The phone number is **1-855-364-0974** (TTY: 711), and select option 4.

Emergency services

Emergency services are covered by Medicare. If you have an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your primary care provider or the 24-hour Nurse Advice Line at **1-855-364-0974** (TTY: 711), select option 4. Your PCP or the 24-hour Nurse Advice Line can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your Aetna Better Health of Ohio member ID card and your Medicare ID card.
- If the hospital has you stay, please make sure that our plan is called within 24 hours.

Getting care

Network providers

It is important to understand that members must receive Medicaid services from facilities and/or providers in Aetna Better Health of Ohio's provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full. Network providers include but are not limited to: nursing

facilities; home health agencies; medical equipment suppliers; others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for OR an out of network provider of Medicaid services that Aetna Better Health of Ohio has approved you to see during or after your transition of care time period.

► For a specified time period after your enrollment in the MyCare Ohio program, you are allowed to receive services from certain out-of-network providers and/or finish receiving services that were authorized by Ohio Medicaid. This is called your transition of care period. Please note, the transition periods start on the first day you are effective with any MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of a non-network provider does not start over. The New Member Letter in your Welcome Packet has more information on transition time periods, services and providers. If you are currently seeing a provider that is not a network provider or if you already have services approved and/or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so we can arrange the services and avoid any billing issues.

You can find out which providers are in our network by calling Member Services at **1-855-364-0974** (TTY: 711) or on our website at www.aetnabetterhealth.com/ohio. You can also contact the Medicaid Hotline at **1-800-324-8680**, TTY users should call Ohio Relay at 7-1-1, or on the Medicaid Hotline website at www.ohiomh.com. You can request a printed *Provider and Pharmacy Directory* at any time by calling Member Services at **1-855-364-0974** (TTY: 711). Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

Co-pays

Aetna Better Health of Ohio members do not pay co-pays for covered services. Be sure to show your ID card whenever you get services.

Getting pre-approval

Aetna Better Health of Ohio must pre-approve some Medicaid services before you get them. We call this prior authorization. This means that your providers must get permission from us to provide certain services. They will know how to do this. We will work together to make sure the service is what you need.

Except for certain providers all out-of-network services require pre-approval. See page 20 under Network Providers. You may have to pay for your services if you do not get pre-approval for services:

- Provided by an out-of-network provider
- That are not covered by Aetna Better Health of Ohio.

If the pre-approval for your services is denied, you can file an appeal. Please see page 55 for more information on Appeals.

Pre-approval steps

Some services need pre-approval before you can get them. All services by providers that are not in our network need pre-approval. Following are the steps for pre-approval:

- Your provider gives Aetna Better Health of Ohio information about the services he or she thinks you need.
- We review the information.
- If the request cannot be approved, a different Aetna Better Health of Ohio provider will review the request.
- You and your provider will get a letter when a service is denied.
- If the request is denied, the letter will say why.
- If a service is denied, you, or someone you authorize including your provider, can file an appeal or state hearing.

Please see page 55 for more information on Appeals.

Understanding your service approval or denial

We use certain guidelines to approve or deny services. We call these guidelines “clinical practice” guidelines. These guidelines are used by other health plans across the country. They help us make the best decision we can about your care. You or your provider can get a copy of the guidelines we use to approve or deny services. If you want a copy of the guidelines, please call Member Services at **1-855-364-0974** (TTY: 711).

Services or benefits that are needed to take care of you are called “medically necessary”.

Self-referrals

You do not need a referral from your PCP for Medicaid services. You should still let your PCP know about all the services you get so your PCP can make sure your services are

coordinated. Some services require prior authorization. See page 20 for more information.

After hours care

Except in an emergency, if you get sick after your PCP's office is closed, or on a weekend, call the office anyway. An answering service will make sure your PCP gets your message. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, your PCP may not be able to reach you.

You can even call your PCP in the middle of the night. You might have to leave a message with the answering service. It may take a while, but your PCP will call you back to tell you what to do.

If you are having an emergency, you should ALWAYS call 9-1-1 or go to the nearest emergency room.

Aetna Better Health of Ohio also has a Nurse Advice Line available to help answer your medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. Please call the Aetna Better Health of Ohio at **1-855-364-0974** (TTY: 711) and select option 4.

Out of area care

There are times when you may be away from home and need care. Aetna Better Health of Ohio provides services in only certain counties in Ohio. When you are out of our service area, you are only covered for emergency services for your Medicaid benefits.

Routine care out of the service area or out of the country is not covered for your Medicaid benefits. If you are out of the service area and need health care services, call Member Services at **1-855-364-0974** (TTY: 711) or call your PCP.

If you are out of the service area and you are having an emergency, call 911 or go to the closest emergency room. Make sure you have your Aetna Better Health of Ohio ID card and any other health care ID cards. If you get services in the emergency room and you are admitted to the hospital while you are away from home, have the hospital call Member Services at **1-855-364-0974** (TTY: 711).

Covered services

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based “waiver” services and assisted living services and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through Aetna Better Health of Ohio so all of your services can be coordinated. Please see page 12 for more information on how you can make this choice.

As an Aetna Better Health of Ohio member, you will continue to receive all medically-necessary Medicaid-covered services at no cost to you.

Aetna Better Health of Ohio covers all medically-necessary Medicaid-covered services. The services covered by us are covered at no cost to you. Some limitations and prior authorization requirements may apply. Aetna Better Health of Ohio must pre-approve some services before you get them. We call this prior authorization. This means that your providers must get permission from us to provide certain services. They will know how to do this. We will work together to make sure the service is what you need. All services must be medically necessary. If you have questions about covered services or prior authorization, call your care manager or Member Services at **1-855-364-0974** (TTY: 711). You can also find this information on our website at www.aetnabetterhealth.com/ohio.

Medicaid Benefit	Prior Authorization Required?
Ambulance and ambulette transportation	Yes
Assisted living services	Yes
Dental services	Some services require Prior Authorization
Durable medical equipment and supplies	Some services require Prior Authorization
Family planning services and supplies	No
Free-standing birth center services at a free-standing birth center (Please call Member Services or your care	Some services require

Medicaid Benefit	Prior Authorization Required?
manager to see if there are any qualified centers in Ohio)	Prior Authorization
Medicaid Home health and private duty nursing services	Yes
Hospice care in a nursing facility (care for terminally ill, e.g., cancer patients)	Yes
Mental health and substance abuse services (See page 33)	Some services require Prior Authorization
Nursing facility and long-term care services and supports (See page 35)	Yes
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	No
Prescription Medicaid drugs (certain drugs not covered by Medicare Part D). While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You can view our plan's <i>List of Covered Drugs</i> on our website at www.aetnabetterhealth.com/ohio . Drugs with a * are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You do not have any co-pays for Medicaid drugs covered by our plan. See page 35.	No
Services for children with medical handicaps (Title V)	Some require Prior Authorization
Hearing services, including hearing aids	Some services require Prior Authorization
Vision (optical) services, including eyeglasses	Some services require Prior Authorization
Waiver Services. MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care.	Yes

Medicaid Benefit	Prior Authorization Required?
These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.	
Yearly well adult exams when Medicare does not cover these	No

If you must travel 30 miles or more from your home to receive covered health care services, Aetna Better Health of Ohio will provide transportation to and from the provider’s office. Please contact Member Services at 1-855-364-0974 (TTY: 7-1-1) or call LogistiCare directly at 1-866-799-4395 at least 3 days before your appointment for assistance.

In addition to the transportation assistance that Aetna Better Health of Ohio provides, members can still receive assistance with transportation for certain services through the local county department of job and family services Non-Emergency Transportation (NET) program. Call your county department of job and family services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

Non-Covered services

While Medicare will be the primary payer for most services, Aetna Better Health of Ohio will not pay for services or supplies received without following the directions in this handbook. We will also not make any payment for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Acupuncture and biofeedback services
- All services or supplies that are not medically necessary

- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Paternity testing
- Plastic or cosmetic surgery that is not medically necessary
- Services for the treatment of obesity unless determined medically necessary
- Services to find cause of death (autopsy) or services related to forensic studies
- Services determined by Medicare or another third-party payer as not medically necessary
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

This is not a complete list of the services that are not covered by Medicaid or our plan. If you have a question about whether a service is covered, please call the Member Services Department.

Additional services/benefits

Aetna Better Health of Ohio also offers the following extra services and/or benefits to their members.

Extra Benefit	Who can get this benefit?	Details
Dental Services	All Aetna Better Health of Ohio members	An additional oral exam, cleaning, fluoride treatment and x-rays per year for members 21 and older. This lets you get these services every 6 months

		instead of once per year. To access these services go to a dentist in the Aetna Better Health of Ohio network and show your Aetna Better Health of Ohio ID card. If you have questions or need help finding a dentist call Member Services.
OTC Benefit	Aetna Better Health of Ohio members who are enrolled in our plan for both Medicare and Medicaid	A monthly benefit of \$20 for over-the-counter (OTC) supplies. This benefit allows you to get some OTC supplies delivered to your home (up to \$20).
24 Hour Nurse Advice Call in Line	All Aetna Better Health of Ohio members	Access to a Nurse Advice line available 24 hours a day, 7 days a week , that offers immediate assistance with your questions and concerns
24 Hour Care Management Line	All Aetna Better Health of Ohio members	Access to a Care Management Support Line available 24 hours a day, 7 days a week that is staffed by appropriately trained and qualified health professionals who can help you with your immediate care management needs. You will also have your care manager's cell phone number.

Other services

Getting specialist care

Sometimes you may need care from a specialist. Specialists are providers who treat special types of conditions. For example, a cardiologist treats heart conditions. A pulmonologist treats lung conditions like asthma.

Your PCP can recommend a specialist to you. You can also talk to your care manager or call Member Services at **1-855-364-0974** (TTY: 711). We will help you find a specialist near you. You do not need a referral to see a network specialist.

Second opinions

When a PCP or a specialist says you need surgery or other treatment, you can check with another provider. This is called a second opinion. Your PCP can recommend a provider or you can call your care manager or Member Services at **1-855-364-0974** (TTY: 711).

Services for women

Women who are sexually active or who are age 19 and older should have a yearly well woman exam. Your PCP or an OB/GYN provider can do this exam. You can find OB/GYN providers in the online provider directory at **www.aetnabetterhealth.com/ohio**. If you need help, call your care manager or Member Services at **1-855-364-0974** (TTY: 711).

Your well-woman exam will include a screening for cervical cancer, which is called a Pap smear. This is an important test that can save your life. It is done right in your provider's office. If you are age 40 or older, you should also have a mammogram every year or as directed by your provider. Your provider may offer this service in their office or you may need to go to a special center that offers this service. These centers are called radiology or imaging centers. You can find one in your area by calling Member Services toll at **1-855-364-0974** (TTY: 711). Tell the staff you want to find a location to get your mammogram. You can also find a provider online at **www.aetnabetterhealth.com/ohio**. We will send you a reminder in the mail to make appointments for these important screenings.

Family planning

As a MyCare Ohio member, you get services to plan the size of your family. Your Medicare provider will cover most services but there are some Medicaid services we may cover. If you have questions about what is covered, check with your Medicare provider, talk to your care manager or call our Member Services department. You should show your Aetna Better Health of Ohio ID card when you go for your appointments.

For more information or to find a network provider or clinic, visit **www.aetnabetterhealth.com/ohio**. You can also call your care manager or Member Services at **1-855-364-0974** (TTY: 711).

Pregnancy services

Pregnant women need special care. If you are pregnant, please call your care manager or Member Services at **1-855-364-0974** (TTY: 711). They can help you with the following.

- Choosing a PCP, OB/GYN or Certified Nurse Midwife (CMW) for your pregnancy (prenatal) care
- Getting you into special programs for pregnant members, such as childbirth classes, or help getting healthy food through the Women, Infants and Children (WIC) program

You can see a Certified Nurse Midwife (CNM) for your prenatal care. Call your care manager or Member Services for help.

Let your care manager know where you plan on delivering your baby as soon as possible. If you are not sure you are pregnant, make an appointment with your provider for a pregnancy test.

Here are some important reminders about pregnancy care.

- If you are pregnant and have chosen your pregnancy provider, make an appointment to see them.
- If you need help finding a provider, call your care manager or Member Services at **1-855-364-0974** (TTY: 711).
- Your provider will tell you about the schedule for pregnancy visits. Keep all of these appointments.
- If you have to travel 30 miles or more to your doctor and need a ride to your appointments call LogistiCare at **1-866-799-4395** (TTY: 711). You must call at least 3 days before your appointment. If you need help talk to your care manager or call Member Services.
- If you had a baby in the last two months and need a post-delivery checkup, call your provider's office.
- Early and regular care is very important for your health and your baby's health.

Your doctor will tell you about the following:

- Regular pregnancy care and services
- Special classes for moms-to-be, such as childbirth or parenting classes
- What to expect during your pregnancy
- Information about good nutrition, exercise and other helpful advice

- Family planning services, including birth control pills, condoms and tubal ligation (getting your tubes tied) for after your baby is born.

Healthy pregnancy tips

- During your pregnancy, your provider will tell you when you need to come back for a visit. It is important for your health and your baby's health to keep all your appointments with your provider while you are pregnant.
- Childbirth classes can help with your pregnancy and delivery. Ask your provider about the classes and how you can sign up for them.
- High lead levels in a pregnant woman can harm your unborn child. If you are pregnant, talk to your provider to see if you may have been exposed to lead.
- If you are pregnant, it is important that you do not smoke, drink alcohol or take illegal drugs because they will harm you and your baby.

After you have your baby

You should see your own PCP or OB/GYN within 3-8 weeks after your baby is born. You will get a well-woman checkup to make sure you are healthy. Your PCP will also talk with you about family planning.

Women, infants and children

Here are some of the services the Women, Infants, and Children (WIC) program gives you at no cost to you:

- Help with breastfeeding questions
- Referrals to agencies
- Healthy food
- Healthy eating tips
- Fresh fruits and vegetables

If you need information about WIC call your care manager or Member Services at **1-855-364-0974** (TTY: 711). You can also call WIC directly to see if you and your child are eligible at **1-800-755-GROW (4769)** or email at OHWIC@odh.ohio.gov

Getting care for your newborn

It is important to make sure your baby has coverage. You should:

- Call your county caseworker to let them know you are pregnant and that you had your baby. Call as soon as possible after your baby is born.

If you have questions or need help call your care manager.

Healthchek (well child exams)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21 years. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and mental health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for young adults under the age of 21.
- Healthchek screenings:
 - Complete medical exams (with a review of physical and mental health development)
 - Vision exams
 - Dental exams
 - Hearing exams
 - Nutrition checks
 - Developmental exams
- Laboratory tests for certain ages
- Immunizations
- Medically necessary follow up care to treat physical, mental, or other health problems or issues found during a screening. This could include, but is not limited to, services such as:
 - visits with a primary care provider, specialist, dentist, optometrist and other Aetna Better Health of Ohio providers to diagnose and treat problems or issues
 - in-patient or outpatient hospital care

- clinic visits
- prescription drugs
- laboratory tests
- Health education

Additionally, care management services are available to all members. Please see page 37 to learn more about the care management services offered by our plan.

It is very important to get preventive checkups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. Some services may require prior authorization by our plan. Also, for some EPSDT items or services, your provider may request prior authorization to cover services that have limits or are not covered for members over age 20.

How to get Healthchek services

You can call your Medicare provider and Aetna Better Health dentist to make appointments for regular checkups. When you call make sure to ask for a Healthchek exam.

If you need help or have any questions contact your care manager or call Member Services at **1-855-364-0974** (TTY: 711). We can help you find an in network provider, make an appointment or get transportation. We can also help you understand how to get care, what services are covered and if prior approval is needed.

Behavioral health care

Behavioral health services are covered. Please see the provider directory or call Member Services for the names and telephone numbers of providers and facilities near you. Be sure to show your Aetna Better Health of Ohio ID card when you get care.

You can find providers in the provider directory or on our website **www.aetnabetterhealth.com/ohio**. You can also call Member Services at **1-855-364-0974** (TTY: 711).

If you need mental health and/or substance abuse services, you can call a behavioral health provider to schedule an appointment, talk to your PCP or care manager, or call Member Services at **1-855-364-0974** (TTY: 711).

We offer a Behavioral Health Crisis Line. If you need immediate behavioral health care and do not know who to call, you can call our Behavioral Health Crisis Line. It is staffed by medical professionals who can help get you the care you need when you need immediate help for a mental health or alcohol or drug addiction crisis. You can reach the Behavioral Health Crisis Line, 24 hours a day, 7 days a week at **1-855-364-0974** (TTY: 711), select option 9.

Dental care

Aetna Better Health of Ohio uses DentaQuest to provide dental services. You can find a dentist in the provider directory online at www.aetnabetterhealth.com/ohio. Or you can call us at **1-855-364-0974** (TTY: 711).

We also cover an additional Oral Exam, Cleaning, Fluoride Treatment and X-Rays per year for members 21 and older. This lets you get these services every 6 months instead of once per year. To access these services go to a dentist in our network and show your Aetna Better Health of Ohio ID card. If you have questions or need help finding a dentist call Member Services.

Vision care

Aetna Better Health of Ohio uses VSP to provide vision services. You can find a vision provider in the provider directory online at www.aetnabetterhealth.com/ohio. Or you can call us at **1-855-364-0974** (TTY: 711).

Your vision benefits include:

- Routine eye exams
 - For members 20 years and under OR 60 years and over: one time per year
 - For members age 21-59: one time every 2 years
- Eye glasses or contact lenses when medically necessary
 - For members 20 and under OR 60 and over: one time per year
 - For members age 21-59: one time every 2 years.

Waiver services

MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.

Nursing facility/Long-term care services and supports

You may be able to get nursing facility or long-term services and supports (LTSS) such as home health care, adult day services and specialized medical equipment as an Aetna Better Health of Ohio member. Long-term services and supports give assistance to help you stay at home instead of going to a nursing home or hospital. If you have questions about LTSS or to see if you qualify, call your care manager.

The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community, and resolve problems between providers and members or their families. They can also help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call **1-800-282-1206** Monday through Friday 8:00 am to 5:00 pm. Calls to this number are free. You can submit an online complaint at: <http://aging.ohio.gov/contact/> or you can send a letter to:

Ohio Department of Aging: MyCare Ohio Ombudsman
50 W. Broad St. /9th Floor
Columbus, OH 43215-3363

Prescription drugs – not covered by Medicare Part D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You can view our plan's *List of Covered Drugs* on our website at www.aetnabetterhealth.com/ohio. Drugs with a * are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You do not have any co-pays for Medicaid drugs covered by our plan.

We do not require prior authorization for any drugs with a * on our List of Covered Drugs.

All of your prescriptions with a * on our List of Covered Drugs will need to be taken to one of the pharmacies listed online at www.aetnabetterhealth.com/ohio. You can also call Member Services to find a pharmacy in your area.

Drugs that are not on our List of Covered Drugs may be covered by your Medicare Part D provider. You should check with your Medicare Part D plan and talk to your care manager to learn if your drugs are covered.

Prescriptions

Your provider will give you a prescription for medicine. Be sure and let him or her know about all the medicines you are taking or have gotten from any other providers. You also need to tell them about any other medicines or herbal treatments that you take. Before you leave your provider's office, ask these questions about your prescription:

- Why am I taking this medicine?
- What is it supposed to do for me?
- How should the medicine be taken?
- When should I start my medicine and for how long should I take it?
- What are the side effects or allergic reactions of the medicine?
- What should I do if a side effect happens?
- What will happen if I don't take this medicine?

Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what you should and should not do and possible side effects.

When you pick up your prescription make sure to show your Aetna Better Health of Ohio ID card.

Prescription refills

The label on your medicine bottle tells you how many refills your provider has ordered for you. If your provider has ordered refills, you may only get one refill at a time. If your provider has not ordered refills, you must call him or her at least five (5) days before your medicine runs out. Talk to him or her about getting a refill. The provider may want to see you before giving you a refill.

Quick tips about pharmacy services

- Ask if your prescription is covered before leaving your provider's office.

- Take your prescription to a pharmacy on the Aetna Better Health of Ohio list to get it filled.
- If your provider has not ordered refills, call him or her at least five (5) days before you need a refill.

You can get a list of covered drugs by calling Member Services at **1-855-364-0974** (TTY: 711) or online at **www.aetnabetterhealth.com/ohio**.

Transportation

If you must travel 30 miles or more from your home to receive covered health care services, Aetna Better Health of Ohio will provide transportation to and from the provider's office. Please contact Member Services at 1-855-364-0974 (TTY: 7-1-1) or call LogistiCare directly at 1-866-799-4395 at least 3 days before your appointment for assistance.

In addition to the transportation assistance that Aetna Better Health of Ohio provides, members can still receive assistance with transportation for certain services through the local county department of job and family services Non-Emergency Transportation (NET) program. Call your county department of job and family services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

Care management

Aetna Better Health of Ohio offers care management services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date depending on your health status. A member of our Care Management Team will contact you and conduct a health care needs assessment over the phone and/or schedule a face to face visit with you if needed.

When you meet your care manager he or she will give you his or her contact information. You can also call our 24-hour Care Management line at **1-855-364-0974** and select option 5.

An Aetna Better Health of Ohio care manager is a nurse, a social worker or other health care professional. They will work with you to coordinate your care and help you get

covered services and other special services you may need. For example, if you have a disability, your care manager can help you get access to the equipment you may need, such as a wheelchair, walker or oxygen tank. Care managers can also help by coordinating special services, such as meal deliveries or home attendant care.

Your care manager helps you manage all your providers and services. He or she works with your care team to make sure you get the care you need. You can change your care manager by calling our 24-hour Care Management line at **1-855-364-0974** and select option 5.

Your care team includes you, your family, caregivers, care manager, PCP, specialists, any other health or service providers who you actively work with and anyone else you want included. Everyone on the care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers. Your care team may ask your questions to learn about your condition. They will give you information to help you understand how to care for yourself. They will let you know how to access services we cover and those offered by other local resources.

You will get a personalized care plan that is created to address your health care needs, the way you want. Your care team will also get a copy of your care plan to make sure you get the care you need.

Disease management services

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

- Asthma
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes

When you sign up for one of our disease management programs, we will give you all the help we can. We will give you information to read and the names and phone numbers of people close to you who can help you manage your illness. We will work with your doctor to come up with a care plan just right for you. The care plan will help you meet

your goals and manage your illness. Finding out the problem early and managing it will help stop problems later. We don't want you to get sicker -- we want you to feel better.

If you want to know more about our disease management programs, talk to your care manager or call Member Services at **1-855-364-0974** (TTY: 711).

How do I become eligible to participate?

As a member of Aetna Better Health of Ohio, if you are diagnosed with any of these chronic conditions, or if you are at risk for them, you may be enrolled in a disease management program. You can also ask your provider to request a referral. If you want to know more about our disease management programs, talk to your care manager or call Member Services at **1-855-364-0974** (TTY: 711).

What if I do not want to participate?

You have the right to make decisions about your health care. If we contact you to participate in one of our programs, you may refuse. If you are already participating in one of our programs, you may choose to stop at any time by contacting your care manager or Member Services at **1-855-364-0974** (TTY: 711).

Asthma

We treat many different cases of asthma. Some people have it really bad and have a lot of trouble breathing. Other people don't have as many problems. But everyone who has it should get help from their doctor.

Once your doctor tells you that you have asthma, we will see whether you have a low-risk or high-risk for problems. If you are low-risk we will give you information to help you take care of yourself. If you are high-risk, a nurse will call you to talk about your illness. The nurse will talk with you about:

- Taking care of your asthma at home
- Why taking your medicine is important
- What causes asthma attacks
- Why you need to do what your doctor tells you
- Ways to change your habits so you feel better

It is very important that you know as much as you can about asthma. We want to help you take care of yourself.

Congestive Heart Failure (CHF)

Congestive heart failure (CHF) is not a disease. It is a condition that happens when the heart cannot pump enough blood to meet the body's needs. Our CHF program helps people with this problem.

If you have CHF, you must get treatment. If you don't, your heart could get weaker and you'll feel very sick. You may even have to go to the hospital. But it doesn't have to be that way. Many people live very well with this condition, but only if they see their doctor regularly and follow his or her instructions. We will work with you and your doctor to make sure you get the right treatment.

Most people with CHF fall into one of four groups.

- In the first group the person may not have clear signs of CHF or any damage to the heart. But they might have other problems, such as high blood pressure, blockages in the blood vessels in their heart or diabetes. If you are one of these patients, we will teach you healthier ways to live so that you will be less likely to get sick with CHF.
- In the second group, the person's heart has been damaged. Maybe they have had a heart attack or an infection in their heart. Maybe their heart valves are not working correctly. Whatever the reason, their heart is not as healthy as it could be, but is not showing signs of failing yet. If you are one of these patients, your doctor may give you medicine called ACE inhibitors or beta blockers.
- In the third group, the person's heart may be damaged, like in the second stage. But they may also have symptoms of heart failure. If you are one of these patients, we will work with you to help you learn healthier behaviors like exercise or eating better. Your doctor may also give you medicine to make your CHF symptoms get better.
- The fourth group of CHF patients is the most serious one. The person's heart may be getting weaker. It may not be able to pump blood to the body very well. If you are one of these patients, your doctor may have you see a heart doctor, or you may have to go to the hospital. If you have CHF, it is important that you learn as much as you can about it. We want to help you take care of yourself.

Chronic Obstructive Pulmonary Disease (COPD)

If you have lung disease, we can help you. Another name for lung disease is chronic obstructive pulmonary disease, or COPD. A lot of people live quite well with COPD and we can help you live well too.

When a person has COPD, their lungs don't work as well as they used to. It happens slowly, so the person doesn't know there is a problem right away. Some people's COPD is worse than others'. That is why everyone gets different kinds of help to treat their COPD. We will work with you and your doctor to find the best treatment for you.

Once your doctor tells you that you have COPD, or you tell your new doctor or your health plan that you have COPD, we will see if you are low-risk or high-risk for problems

with COPD. If you are high-risk, one of our nurses will call you to see if you need extra help. We will talk with you about not smoking and find out whether you need oxygen, medicine or other treatment.

If you have COPD, it is important to learn as much as you can about it. We want to help you take care of yourself.

Depression

Depression is an illness that affects your mind and body. It can make you feel sad and helpless and make you lose interest in activities, relationships and have loss of energy. It is different from normal feelings of sadness, grief or low energy. Depression can also cause feelings of hopelessness. If you have depression, we can help you. If you think you may have depression talk to your doctor. Your care manger can also help you find care.

Diabetes

When a patient has diabetes, they have too much sugar in their blood. If the patient doesn't get treatment, they could end up with serious health problems, such as heart disease and blindness. If you have diabetes, we can help you.

Some people have mild diabetes. They take care of it by exercising and eating healthy foods. Other people have more serious diabetes. They have to take shots of a hormone called insulin. Insulin helps your body's cells use food the right way. We want you to get the best treatment for you, so that you will be healthier.

Once your doctor tells you that you have diabetes, or you tell your new doctor or your health plan that you have diabetes, we will do a test to see how serious it is. We will also see if you are low-risk or high-risk for problems with diabetes. If you are low-risk, we will give you information to help you take care of yourself. We will also work with your doctor to make sure you are getting the treatment that is right for you.

If you are high-risk, one of our diabetes nurses will call you to see if you need extra help.

We will teach you as much as we can about diabetes to help you take care of yourself. When you sign up for our program, you will learn:

- How to take care of your diabetes yourself
- How to watch your blood sugar
- Why it is important to take your medicine
- How to take good care of your feet
- Why you need to do what your doctor tells you

- How to learn healthy habits so you feel better

If you want to know more about our disease management programs, talk to your care manager or call Member Services at **1-855-364-0974** (TTY: 711).

Health tips

How you can stay healthy

Talk to your care manager and your providers. They can help you stay healthy. Improve your health by eating right, exercising regularly and getting regular checkups.

These services may also help you stay healthy:

- Regular physical exams
- Flu / pneumonia vaccine (shot)
- Blood pressure checks
- Diabetes tests
- Cholesterol checks
- Colorectal cancer tests
- Cervical and breast cancer tests (women only)
- Testicular exam (men only)

Guidelines for good health

You can get more information about how to stay healthy.

- You will get an Aetna Better Health of Ohio newsletter in the mail every 3 months – be sure to read it!
- You will get special mailings when we need to tell you something important about your health care
- Talk to your providers and ask questions about your health care
- Talk to your care manager and ask questions about your health care
- Come to our community events
- Visit our web site at **www.aetnabetterhealth.com/ohio**

New medical treatments

Aetna Better Health of Ohio is always looking at new medical treatments. We want you to get safe, up-to-date, and high-quality medical care. A team of providers reviews new health care methods. They decide if they should become covered services. Services and treatments that are being researched and studied are not covered services.

Aetna Better Health of Ohio takes these steps to decide if new treatments will be a covered benefit or service.

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

Provider incentive plans

Aetna Better Health of Ohio does NOT reward health care providers for:

- Denying
- Limiting or
- Delaying health care services.

We also do NOT reward our staff for providing less health care coverage or services.

Member confidentiality and privacy

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.

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
- 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 are no longer with our plan, with your okay, we will 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 do not want us to give out your health information call us.

If you are 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
- Care management
- Quality improvement
- Fraud prevention
- Disease prevention
- 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 will 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 will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will 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 cannot 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 of it.

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 is 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 will think about it carefully.

You have the right to know if your health information was shared without your okay. We will tell you if we do this in a letter.

Call us toll free at **1-855-364-0974** (TTY: 711) 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 Ohio

Attn: Privacy Officer
7400 W Campus Rd
New Albany, OH 43054-8725

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 are unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures. For example, we protect entry to our computers and buildings. This helps us to block unauthorized entry. We follow all state and federal laws for the protection of your health information.

Will 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 www.aetnabetterhealth.com/ohio.

If you get a bill

You should not get a bill from your providers for the covered services you get.

You cannot be billed if

- We do not pay a provider for covered services you get
- We do not pay for all or part of a covered service and there is a balance

You may get billed if:

- You get Medicaid services from providers outside of the Aetna Better Health of Ohio provider network without getting approval first
- You get services not covered by Aetna Better Health of Ohio
- Aetna Better Health of Ohio denied a service but you got it anyway AND you signed a form saying you will pay for the service.

If you get a bill that you think you should not have gotten, please call Member Services at **1-855-364-0974** (TTY: 711).

Changes in your information

It is very important for us to have your right information. If not, you may not get important information from us.

Call Member Services and your county caseworker if:

- Your address changes
- Your phone number changes
- Your family size changes
- You have other insurance or it changes or ends.

Other health insurance (coordination of benefits – COB)

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is very important that you call the member services department and your county caseworker about the insurance. It is also important to call member services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

Be sure to show your providers and pharmacists all your insurance ID cards at every visit.

Accidental injury or illness (subrogation)

If you have to see a doctor for an injury or illness that was caused by another person or business, you must call the member services department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor's and/or hospital's bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved.

We want to hear from you

Your opinion is important to us. We want to hear your ideas about adding or changing policies that would be helpful to all of our members. If you want to tell us about things you think we should change, please call Member Services at **1-855-364-0974** (TTY: 711). We take your feedback seriously.

Aetna Better Health of Ohio has a group that is made up of people who are Aetna Better Health of Ohio members just like you. This group is called the Member Advisory Committee. They meet during the year to review:

- Member materials
- Member feedback
- Program changes
- New programs

They tell us how we can improve our services. If you want to know more about the Member Advisory Committee, please call Member Services at **1-855-364-0974** (TTY: 711).

Other information for you

You can contact us to get any other information you want including the structure and operations of Aetna Better Health of Ohio and how we pay our providers. If you have any questions about Aetna Better Health of Ohio, our network providers and how we work with Ohio Department of Medicaid (ODM) and other organizations, please call Member Services at **1-855-364-0974** (TTY: 711) for more information.

Advance directives

Many people today worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You have a choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This section of your member handbook explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical care. This section also explains how you can state your wishes about the care you would want if you could not choose for yourself. This section does not contain legal advice, but will help you understand your rights under the law.

For legal advice, you may want to talk to a lawyer. For information about free legal services, call **1-800-589-5888**, Monday through Friday, 8:30 a.m. to 5 p.m.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it.

What if I'm too sick to decide? What if I can't make my wishes known?

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want.

Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are four different forms, or advance directives, you can use. You can use either a:

- Living Will
- Declaration for Mental Health Treatment
- Durable Power of Attorney for medical care or
- Do Not Resuscitate (DNR) Order.

You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

Living Will

This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially.

How does a Living Will work?

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, OR
- Beyond medical help with no hope of getting better and can't make your wishes known, OR
- Expected to die and can't make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do-Not Resuscitate Order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a physician or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, which identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardio- pulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a patient with a DNR Comfort Care or Comfort Care Arrest order. The protocol also lists what specific actions will not be taken.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest order and protocol options.

Durable Power of Attorney

A Durable Power of Attorney for medical care is different from other types of powers of attorney. This section talks only about a Durable Power of Attorney for medical care, not about other types of powers of attorney.

A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you can't act for yourself. This could be for a short or a long while.

Who should I choose?

You can choose any adult relative or friend whom you trust to act for you when you can't act for yourself. Be sure to talk with the person about what you want. Then write down what you do or don't want on your form. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?

The form takes effect only when you can't choose your care for yourself, whether for a short or long while. The form allows your relative or friend to stop life support only in the following circumstances:

- If you are in a coma that is not expected to end, OR
- If you are expected to die.

Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on

his or her behalf when he or she lacks the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. The person can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for mental health care, but does not supersede a Living Will.

Advance Directives Questions

What is the difference between a Durable Power of Attorney for medical care and a Living Will?

Your Living Will explains, in writing, the type of medical care you would want if you couldn't make your wishes known. Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care. A Living Will makes your wishes known directly to your doctors, but states only your wishes about the use of life- support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can't act for yourself. A Durable Power of Attorney for medical care does not supersede a Living Will.

Can I change my advance directive?

Yes, you can change your advance directive whenever you want. If you already have an advance directive, make sure it follows Ohio's law (effective October 10, 1991). You may want to contact a lawyer for help. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also (see below).

Other matters to think about

What about stopping or not using artificially supplied food and water?

Artificially supplied food and water means nutrition supplied by way of tubes placed inside you. Whether you can decide to stop or not use these depends on your state of health.

- If you are expected to die and can't make your wishes known, **and** your Living Will simply states you don't want life-support methods used to lengthen your life, **then** artificially supplied food and water can be stopped or not used.
- If you are expected to die and can't make your wishes known, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water.
- If you are in a coma that is not expected to end, and your Living Will states you don't want artificially supplied food and water, then artificially supplied food and water may be stopped or not used.
- If you are in a coma that is not expected to end, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water. However, he or she must wait 12 months and get approval from a probate court.

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?

No, Ohio law doesn't allow euthanasia or assisted suicide.

Where do I get advance directive forms?

Many of the people and places that give you medical care have advance directive forms. Ask your care manager for an advance directive form - either a Living Will, a Durable Power of Attorney for medical care, a DNR Order, or a Declaration for Mental Health Treatment. A lawyer could also help you.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Durable Power of Attorney for medical care, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person. Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and tissue donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death.

By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

- You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card, or
- You can complete the Donor Registry Enrollment Form that is attached to the Ohio Living Will Form, and return it to the Ohio Bureau of Motor Vehicles.

If you have questions about this information talk to your care manager.

How to let Aetna Better Health of Ohio know if you are unhappy or do not agree with a decision we made

If you are unhappy with anything about our plan or its providers you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want to authorize someone to speak for you, you will need to let us know. We want you to contact us so we can help you.

Complaints (also called grievances)

If you contact us because you are unhappy with something about our plan or one of our providers, this is called a grievance. For example, if you cannot get a timely appointment, if you think the provider office staff did not treat you fairly, or if you receive a bill for a service covered by Medicaid, you should contact us. You need to contact us within 90 calendar days from the day when you had the problem. We will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care
- 30 calendar days for all other grievances not about being able to get medical care

You also have the right at any time to file a complaint by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680

Ohio Department of Insurance
50 W. Town Street
3rd Floor – Suite 300
Columbus, Ohio 43215
1-800-686-1526

Appeals

If you do not agree with certain decisions/actions made by our plan, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. We will send you something in writing if we make a decision to:

- Deny, or only give partial approval for, a request to cover a service;
- reduce, suspend or stop services that we had approved before you receive all of the services that were approved; or
- deny payment for a service you received because it is not a covered benefit.

We will also send you something in writing if, by the date we should have, we did not:

- make a decision on whether to cover a service requested for you, or
- give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, you can contact us to appeal. The 90 calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. You, or your provider making the request on your behalf or supporting your request, can ask for a faster decision. This is called an expedited decision. **Expedited decisions** are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. If it is decided that your health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 72 hours after the request is received. If we deny the request to expedite the decision we will notify you in writing within two (2) calendar days.

If we made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services and when you may have to pay for the services.

How to contact our plan with a grievance or appeal

- Call the Member Services Department at **1-855-364-0974** (TTY: 711), or
- Fill out the form in your member handbook, or

- Call the Member Services Department to request they mail you a form, or
- Visit our website at www.aetnabetterhealth.com/ohio and download the form, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Aetna Better Health of Ohio member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Aetna Better Health
Manager, Grievances and Appeals
7400 West Campus Road
New Albany, OH 43054
Fax: 1-855-883-9555

State hearings

If you do not agree with certain decisions/actions made by our plan, you can also ask the state to change our decision/action by requesting a state hearing. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from our plan and a hearing officer from the Ohio Department of Job and Family Services. We will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules. We will notify you of your right to request a state hearing when a:

- Decision is made to deny, or only give partial approval for, a request to cover a service.
- Decision is made to reduce, suspend, or stop services that we previously approved before all of the approved services are received.
- Provider is billing you for services he/she provided. If you receive a bill, contact member services as soon as possible. We will first try and contact the provider to see if he/she will agree to stop billing.

- ▶ If you are on the MyCare Ohio Waiver, you may have other state hearing rights. Please refer to your Home & Community-Based Services Waiver Member Handbook regarding waiver eligibility and services.

If you want a state hearing, you must request a hearing within 90 calendar days. The 90 calendar day period begins on the day after the mailing date on the hearing form. If we made a decision to reduce, suspend, or stop services before all of the approved services are received and you request the hearing within 15 calendar days from the mailing date on the form, we will not take the action until all approved services are received or until the hearing is decided, whichever date comes first. You may have to pay for services you receive after the proposed date to reduce, suspend, or stop services if the hearing officer agrees with our decision. State hearing decisions are usually issued no later than 70 calendar days after the request is received. You or your authorized representative can ask for a faster decision, called an expedited decision. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. If the Bureau of State Hearings decides that your health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than three (3) working days after the request is received.

How to request a state hearing

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at **1-866-635-3748**, or submit your request via e-mail at **bsh@jfs.ohio.gov**. If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio Legal Services toll free at **1-866-529-6446** (1-866-LAW-OHIO).

Fraud and abuse

Sometimes members, providers and Aetna Better Health of Ohio employees may choose to do dishonest acts. These dishonest acts are called fraud and abuse. The following acts are the most common types of fraud and abuse:

- Members selling or lending their ID card to someone else
- Members trying to get drugs or services they do not need
- Members forging or altering prescriptions they receive from their providers

- Providers billing for services they didn't give
- Providers giving services members do not need
- Providers billing members for services they didn't provide
- Verbal, physical, mental, or sexual abuse by providers

Call our fraud and abuse hotline to report these types of acts. You can do this confidentially and we do not need to know who you are. You can call us to report fraud and abuse at **1-866-253-0540** (TTY: 711).

Disenrollment

We are glad to have you as an Aetna Better Health of Ohio member. We want you to be happy with us. If you have any issues please call us so we can try to resolve them. There are certain times when your membership with Aetna Better Health of Ohio may end.

Loss of Medicaid eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member and you would no longer be covered.

Automatic renewal of MCP membership

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically be re-enrolled in Aetna Better Health of Ohio.

Loss of insurance notice (certificate of creditable coverage)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy

Ending your managed care plan membership

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 12. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to receive only have your Medicaid benefits through Aetna Better Health of Ohio, you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment month. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month you can call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at 7-1-1. You can also submit a request on-line to the Medicaid Hotline website at **www.ohiomh.com**. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing a new plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at 7-1-1. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at **www.ohiomh.com**.

Just cause membership terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination. Before you can ask for a just cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCP is not available where you now live and you must receive non-emergency medical care in your new area before your MCP membership ends.

2. The MCP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all of the services aren't available on your MCP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCP's panel and he/she was the only PCP on your MCP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Aetna Better Health of Ohio doctors and other providers until the day you are a member of your new health plan, unless you are still in your transition period or live in a voluntary enrollment area and choose to return to regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at 7-1-1.

- If you were allowed to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any Medicaid services scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you are getting home health, private duty nursing, mental health, substance abuse, dental, vision and waiver services.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Can Aetna Better Health of Ohio end my membership?

Aetna Better Health of Ohio may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

- For fraud or for misuse of your member ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCP's ability to provide services to you or other members.

Aetna Better Health of Ohio provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680

(Monday through Friday 7:00 am to 8:00 pm and Saturday 8:00 am to 5:00 pm)
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at:

<http://www.medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>.

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address or income or other insurance.

You can contact Aetna Better Health of Ohio to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the member services department at **1-855-364-0974** (TTY: 711).

Key terms

Advance Directive	A document that tells your health care provider and family how you wish to be cared for. It is used to when you are too ill to make health care decisions for yourself.
Appeal	A request that you, your provider or representative can make when you do not agree with Aetna Better Health of Ohio's decision to deny, reduce and/or end a covered benefit or service.
Covered Benefits	Health care services that are covered by Aetna Better Health of Ohio.
Durable Medical Equipment	Items such as wheelchairs and oxygen tanks.
Emergency	A serious medical condition that must be treated right away.
Grievances	When you let us know you are not satisfied with a provider, Aetna Better Health of Ohio or a benefit. You can do this in writing or tell us verbally. Someone you appoint can file a grievance for you.
Identification (ID) Card	A card that shows you are an Aetna Better Health of Ohio member.
Managed Care Plan	A health plan like Aetna Better Health of Ohio that works with health care providers to keep you well.
Member	A person who has chosen Aetna Better Health of Ohio for their MyCare Ohio plan.
Prescription Medicine	A drug for which your provider writes an order so you can get it filled at a pharmacy.
Primary Care Provider (PCP)	Your personal provider. He or she manages all your health care needs.

Prior Authorization	When Aetna Better Health of Ohio needs to approve health care services or medicines requested by your provider before you can get them.
Provider	Doctors, nurse practitioners, dentists, hospitals, pharmacies and laboratories that work with Aetna Better Health of Ohio to provide you with health care services.

Common questions

Q. What should I do if I lose my Member ID card? Or if I don't get one?

A. Call Member Services toll free at **1-855-364-0974** (TTY: 711) to get a new ID card.

Q. Can I change my PCP if I need to?

A. Please call your Medicare plan to let them know you want to change PCPs. Then call Aetna Better Health of Ohio's Member Services toll free at **1-855-364-0974** (TTY: 711) to let us know the name of your new PCP.

Q. How do I know which services are covered? Not covered?

A. List of covered services begins on page 24. These pages also list non-covered services. You can call your care manager or Member Services for help at **1-855-364-0974** (TTY: 711). You can also check our website at www.aetnabetterhealth.com/ohio.

Q. What should I do if I get a bill?

A. If you get a bill, call the provider's office because the office may not have your insurance information. Give the staff your Medicare and Aetna Better Health of Ohio information. If the provider's office has your insurance information and they

are sending you a bill for Medicaid services, please call Member Services for help at **1-855-364-0974** (TTY: 711).

Q. I need help getting to my appointments. What can I do?

A. If you are not able to find a ride, talk to your care manager. You can also call Member Services at 1-855-364-0974 (TTY: 7-1-1) or LogistiCare toll free at **1-866-799-4395** at least three days in advance to set up your ride.

Q. What is an emergency?

A. A sudden onset of a medical condition that you believe, if not treated right away, could result in death, permanently affect your bodily functions, cause loss of a limb, or in the case of a pregnant woman, cause serious harm to the health of the mother or fetus.

FORMS

Request for Appeal

Because Aetna Better Health denied your request for coverage of (or payment for) an item or service, you have the right to ask us for an appeal of our decision. For Part D (drug) appeals you have 60 days from the date of the postmark on the written notice of a decision that was sent to you, for all other appeals you have 90 days from the date of the postmark on the written notice of a decision that was sent to you. To request an appeal in writing send us a letter telling us the details of what you are appealing and why or you may complete this form. Send your written request or this form by mail or fax:

Address:

Aetna Better Health of Ohio
Grievance System Manager
7400 West Campus Road
New Albany, OH 43054

Fax Number:

1-855-883-9555

You may also ask us for an appeal through our website at

www.aetnabetterhealth.com/ohio.

Appeal requests can also be made by phone at **1-855-364-0974** (For Hearing Impaired call Ohio relay 7-1-1).

Who May Make a Request: You or another individual (such as a family member or friend) that you want to act for you can request an appeal. If the appeal comes from someone besides you, your doctor, or the primary care practitioner that requested the service, we must receive your written authorization before we can review the appeal. For services covered by Medicaid only, if you want your doctor, other provider, or anyone else to act on your behalf we must receive your written authorization. If you want someone to act for you they must be your representative. Contact us to learn how to name a representative.

Enrollee's Information

Enrollee's Name _____ Date of Birth _____

Enrollee's Address _____

City _____ State _____ Zip Code _____

Phone _____

Enrollee's Plan ID Number _____

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor's Name _____

Requestor's Relationship to Enrollee _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Representation documentation for appeal requests made by someone other than enrollee (if applicable see above under Who May Make a Request):

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted at the coverage determination level. For more information on appointing a representative, contact your plan at 1-855-364-0974 (For Hearing Impaired call Ohio relay 7-1-1) or 1-800-Medicare for Medicare covered items or services.

Item or service being appealed

Description: _____

Date of the notice of denial you received _____

Did you receive the item pending appeal? Yes No

If "Yes":

Date of service: _____ Amount paid: \$ _____ (attach copy of receipt)

Important Note: Fast Decisions, also called Expedited Decisions

If you or your doctor believe that waiting 7 calendar days for Part D (drug) or 15 calendar days for all other standard decisions could seriously harm your life or health, you can ask for an expedited (fast) decision. If your doctor indicates that waiting the timeframe for a standard decision could seriously harm your life or health, we will automatically give you a fast decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case requires a fast decision. You cannot request an expedited appeal if you are asking for an appeal for medical care or an item you already received.

CHECK THIS BOX IF YOU BELIEVE YOU NEED AN EXPEDITED APPEAL DECISION WITHIN 72 HOURS

If you have a supporting statement from your doctor, attach it to this request.

Please explain your reasons for appealing. Attach additional pages, if necessary. Attach any additional information you believe may help your case, such as a statement from your doctor and relevant medical records. You may want to refer to the explanation we provided in the denial notice.

Signature of person requesting the appeal:

_____ ***Date:*** _____

Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-855-364-0974, TTY 711, 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al 1-855-364-0974 y TTY al 711, 24 horas al día, siete días de la semana. Esta llamada es gratuita.

Submit a Grievance

We believe that the member grievance (complaint) processes are essential in protecting the rights and health of our members and in identifying ways to improve our program operations and management. For Part D (drug) grievances you have 60 days from when you became aware of the issue to submit your grievance, for all other grievances you have 90 days from when you became aware of the issue to submit your grievance. To submit a grievance in writing send us a letter telling us the details of your complaint or you may complete this form. Send your written request or this form by mail or fax:

Address:

Aetna Better Health of Ohio
Grievance System Manager

7400 West Campus Road
New Albany, OH 43054

Fax Number:

1-855-883-9555

You may also ask us submit a grievance through our website at www.aetnabetterhealth.com/ohio. Grievance requests can also be made by phone at 1-855-364-0974 (For Hearing Impaired call Ohio relay 7-1-1).

Who May Make a Request: Your or another individual (such as a family member or friend) that you want to act for you can submit a grievance. If you want someone to act for you they must be your representative. Contact us to learn how to name a representative.

Enrollee’s Information

Enrollee’s Name _____ Date of Birth _____

Enrollee’s Address _____

City _____ State _____ Zip Code _____

Phone _____

Enrollee's Plan ID Number _____

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor's Name _____

Requestor's Relationship to Enrollee _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Representation documentation for grievance requests made by someone other than enrollee (if applicable see above under Who May Make a Request):

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent) if it was not submitted previously. For more information on appointing a representative, contact your plan at 1-855-364-0974 (For Hearing Impaired call Ohio relay 7-1-1) or 1-800-Medicare for Medicare issues.

Grievance Details

Date Grievance happened _____

Grievance Description: _____

Important Note: Fast Decisions, also called Expedited Decisions

You have to right to an expedited grievance decision

- If you asked for a fast decision on a service or appeal and we decided to process it under our regular (non-expedited) time frame. If you have a supporting statement from your doctor, attach it to this request.
- If we took an extension to decide on your request for a service or an appeal.

CHECK THIS BOX IF YOU ARE REQUESTING AN EXPEDITED GRIEVANCE DECISION WITHIN 24 HOURS

Signature of person requesting the grievance:

Date: _____

Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-855-364-0974, TTY 711, 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al 1-855-364-0974 y TTY al 711, 24 horas al día, siete días de la semana. Esta llamada es gratuita.

