Helpful Information

**Aetna Better Health Member Services**
1-866-638-1232 (toll free)

Services for Hearing Impaired (TTY)
PA Relay: 711

**Physical Address**
Aetna Better Health
2000 Market Street, Suite 850
Philadelphia, PA 19103

**PA Enrollment Hotline**
1-800-440-3989 (toll free)
Monday-Friday 8 a.m. – 6 p.m.
Saturday 8 a.m. – noon
TTY 1-800-618-4225

**Compliance (Fraud and Abuse) Hotline**
1-800-333-0119 (toll free)

PERSONAL INFORMATION

My Member ID Number

My PCP (Primary Care Practitioner)

My PCP's Phone Number

Personal Information

My member ID number

My PCP's phone number

My primary care provider (PCP)
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Section 1 - Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania’s Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania’s Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, see page 12.

Welcome to Aetna Better Health of Pennsylvania

Aetna Better Health of Pennsylvania welcomes you as a “member” in HealthChoices and Aetna Better Health of Pennsylvania!

The map below shows all sixty seven (67) counties of the state in all five of the HealthChoices zones where Aetna Better Health of Pennsylvania services Members.

Pennsylvania HealthChoices Map

![Pennsylvania HealthChoices Map]

Our health plan is designed to help you live healthy. Aetna Better Health pays for covered health care benefits and services like doctor’s visits, medical tests, dental care, vision care and prescriptions. Your Aetna Better Health member handbook will help you learn about the benefits and services you receive as a member of our health plan. Aetna Better Health of Pennsylvania has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members.

It is important to make sure that the provider you choose is in our network. If you chose to go to an out-of-network provider, you may be responsible to pay for any services you receive.
Our provider directory has a list of all types of network providers and their names, addresses, phone numbers, languages spoken, ages served and more. The latest directory is at aetnabetterhealth.com/pennsylvania. Call Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you need help locating a network provider or if you’d like us to send you a printed copy.

You can call Member Services at 1-866-638-1232 or PA Relay 7-1-1 and ask to see a provider that's not in our network if:
• We don't have a provider in our network to cover your necessary treatment in a timely manner. We'll cover these services out of network for as long as we're unable to cover the services in network.
• We only have one of a certain type of network specialist in our network.

You should see your doctor and dentist at least once a year even if you aren't sick. These visits are called “preventive care”. They are one of the best things you can do to live healthy. You can keep track of how your body is doing. Your doctor will help you know if you need to change your diet or daily routine to help prevent problems.

This handbook has information about your benefits, your rights and responsibilities and how to get access to care. Put it in a safe place so it’s always available when needed.

Member Services

Our Member Services staff can help you with questions about your benefits and how you get care. These are some of the questions they can answer:
• What are my rights and responsibilities?
• How can I find a PCP or specialist?
• How do I change my PCP?
• How and where can I get care?
• What are my benefits and health care services?
• What is an Advance Directive?
• How do I file a complaint or grievance?
• How do I get a Department of Human Services (DHS) fair hearing?

Aetna Better Health of Pennsylvania’s Member Services are available 24 hours a day, 7 days a week at 1-866-638-1232, PA Relay 7-1-1, www.aetnabetterhealth.com/pennsylvania.

Member Services can also be contacted in writing at:
Aetna Better Health
Attn: Member Services
2000 Market Street, Suite 850
Philadelphia, PA 19103

Member Identification Cards

You’ll get an Aetna Better Health ID card when you join our health plan. If you didn't get your card or if your card was lost or stolen, call Member Services at 1-866-638-1232 or, if hearing impaired, call PA Relay 7-1-1. We'll send you a new one. While you wait for your new card you will still be eligible to receive any and all services available to you.

Your Aetna Better Health ID card will have:
• Your name
• Your member ID number
• Your gender
• Your date of birth
• Your primary care provider’s (PCP) name*
• Your PCP's phone number
• Important phone numbers
• Important Information

*If you didn’t pick a PCP after 14 days of joining the plan, we picked one for you. You can call us at 1-866-638-1232 or PA Relay 7-1-1 if you need help choosing another PCP.

Here is an example of an Aetna Better Health ID card.

You will also get an ACCESS card. You will need to present this card along with your Aetna Better Health of Pennsylvania ID card at all appointments. If you lose your ACCESS card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the Important Contact Information section.

Until you get your Aetna Better Health of Pennsylvania ID card, use your ACCESS card for your health care services that you get through HealthChoices.

You must have an Aetna Better Health ID card and a Pennsylvania ACCESS card to get health care services. Show both of these cards to your doctors. It tells them that you have benefits under the HealthChoices program. Keep both ID cards with you at all times. And, don’t let anyone else use your ID card.

Remember to show your Aetna Better Health and ACCESS ID cards when you go to the doctor, get prescriptions filled and get other benefits and services. Call Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you have questions about how to use your ID cards.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Member Services for help: 1-866-638-1232 or PA Relay 7-1-1.
Emergencies
Please see Section 3, Covered Physical Health Services, beginning on page 24, for more information about emergency services. If you have an emergency, you can get help by calling 911. This means if you feel like your life is in danger or your health is at serious risk, you should get medical help immediately. You don’t need pre-approval for emergency services.

If you feel you may be of harm to yourself, call the National Suicide Prevention Lifeline at 1-800-273-8255.

Important Contact Information – At a Glance

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information: Phone or Website</th>
<th>Support Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Human Services Phone Numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Assistance Office/ COMPASS</td>
<td>1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or <a href="http://www.compass.state.pa.us">www.compass.state.pa.us</a> or myCOMPASS PA mobile app for smart phones</td>
<td>Change your personal information for Medical Assistance eligibility. See page 14 of this handbook for more information.</td>
</tr>
<tr>
<td>Fraud and Abuse Reporting Hotline, Department of Human Services</td>
<td>1-844-DHS-TIPS (1-844-347-8477)</td>
<td>Report member or provider fraud or abuse in the Medical Assistance Program. See page 22 of this handbook for more information.</td>
</tr>
</tbody>
</table>

Other Important Phone Numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information: Phone or Website</th>
<th>Support Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health of Pennsylvania Nurse Hotline</td>
<td>1-866-638-1232 or PA Relay 7-1-1</td>
<td>Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 17 of this handbook for information.</td>
</tr>
<tr>
<td>Enrollment Assistance Program</td>
<td>1-800-844-3989 or 1-800-618-4255 (TTY)</td>
<td>Pick or change a HealthChoices plan. See page 13 of this handbook for more information.</td>
</tr>
<tr>
<td>Insurance Department, Bureau of Consumer Services</td>
<td>1-877-881-6388</td>
<td>Ask for a complaint form, file a complaint, or talk to a consumer services representative.</td>
</tr>
<tr>
<td>Protective Services</td>
<td>1-800-490-8505</td>
<td>Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and an adult between age 18 and 59 who has a physical or mental disability.</td>
</tr>
</tbody>
</table>

Other Phone Numbers

County Assistance Offices
There is a County Assistance Office (CAO) in every county in Pennsylvania. Their staff can help you apply for a variety of benefits, including health care, child care and home heating assistance. If you already have benefits, the CAO can tell you if you’re on general or medical assistance, as well as help you complete reapplication forms.
<table>
<thead>
<tr>
<th>County</th>
<th>Local-phone-number</th>
<th>Toll-free-phone-number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>717-334-6241</td>
<td>1-800-638-6816</td>
</tr>
<tr>
<td>Allegheny Headquarters</td>
<td>412-565-2146</td>
<td>Not available</td>
</tr>
<tr>
<td>Armstrong</td>
<td>724-543-1651</td>
<td>1-800-424-5235</td>
</tr>
<tr>
<td>Beaver</td>
<td>724-773-7300</td>
<td>1-800-653-3129</td>
</tr>
<tr>
<td>Bedford</td>
<td>814-623-6127</td>
<td>1-800-542-8584</td>
</tr>
<tr>
<td>Berks</td>
<td>610-736-4211</td>
<td>1-866-215-3912</td>
</tr>
<tr>
<td>Blair</td>
<td>814-946-7111</td>
<td>1-866-812-3341</td>
</tr>
<tr>
<td>Bradford</td>
<td>570-265-9186</td>
<td>1-800-542-3938</td>
</tr>
<tr>
<td>Bucks</td>
<td>215-781-3300</td>
<td>1-800-362-1291</td>
</tr>
<tr>
<td>Butler</td>
<td>724-284-8844</td>
<td>1-866-256-0093</td>
</tr>
<tr>
<td>Cambria</td>
<td>814-533-2491</td>
<td>1-877-315-0389</td>
</tr>
<tr>
<td>Cameron</td>
<td>814-486-3757</td>
<td>Not available</td>
</tr>
<tr>
<td>Carbon</td>
<td>610-577-9020</td>
<td>1-800-314-0963</td>
</tr>
<tr>
<td>Centre</td>
<td>814-863-6571</td>
<td>1-800-355-6024</td>
</tr>
<tr>
<td>Chester</td>
<td>610-466-1000</td>
<td>1-888-814-4698</td>
</tr>
<tr>
<td>Clarion</td>
<td>814-226-1700</td>
<td>1-800-253-3488</td>
</tr>
<tr>
<td>Clearfield</td>
<td>814-765-7591</td>
<td>1-800-521-9218</td>
</tr>
<tr>
<td>Clinton</td>
<td>570-748-2971</td>
<td>1-800-820-4159</td>
</tr>
<tr>
<td>Columbia</td>
<td>570-387-4200</td>
<td>1-877-211-1322</td>
</tr>
<tr>
<td>Crawford</td>
<td>814-333-3400</td>
<td>1-800-527-7861</td>
</tr>
<tr>
<td>Cumberland</td>
<td>717-240-2700</td>
<td>1-800-269-0173</td>
</tr>
<tr>
<td>Dauphin</td>
<td>717-787-2324</td>
<td>1-800-788-5616</td>
</tr>
<tr>
<td>Delaware – Headquarters</td>
<td>610-447-5500</td>
<td>Not available</td>
</tr>
<tr>
<td>Elk</td>
<td>814-776-1101</td>
<td>1-800-847-0257</td>
</tr>
<tr>
<td>Erie</td>
<td>814-461-2000</td>
<td>1-800-635-1014</td>
</tr>
<tr>
<td>Fayette</td>
<td>724-439-7015</td>
<td>1-877-832-7545</td>
</tr>
<tr>
<td>Forest</td>
<td>814-755-3552</td>
<td>1-800-876-0645</td>
</tr>
<tr>
<td>Franklin</td>
<td>717-264-6121</td>
<td>1-877-289-9177</td>
</tr>
<tr>
<td>Greene</td>
<td>724-627-8171</td>
<td>1-888-410-5658</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>814-643-1170</td>
<td>1-800-237-7674</td>
</tr>
<tr>
<td>Indiana</td>
<td>724-357-2900</td>
<td>1-800-742-0679</td>
</tr>
<tr>
<td>Jefferson</td>
<td>814-938-2990</td>
<td>1-800-242-8214</td>
</tr>
<tr>
<td>Juniata</td>
<td>717-436-2158</td>
<td>1-800-586-4282</td>
</tr>
<tr>
<td>Lackawanna</td>
<td>570-963-4525</td>
<td>1-877-431-1887</td>
</tr>
<tr>
<td>Lancaster</td>
<td>717-299-7411</td>
<td>Not available</td>
</tr>
<tr>
<td>Lawrence</td>
<td>724-656-3000</td>
<td>1-800-847-4522</td>
</tr>
<tr>
<td>Lebanon</td>
<td>717-270-3600</td>
<td>1-800-229-3926</td>
</tr>
<tr>
<td>Lehigh</td>
<td>610-821-6509</td>
<td>Not available</td>
</tr>
<tr>
<td>Luzerne – Headquarters</td>
<td>570-826-2100</td>
<td>1-866-220-9320</td>
</tr>
<tr>
<td>Lycoming</td>
<td>570-327-3300</td>
<td>1-877-867-4014</td>
</tr>
<tr>
<td>McKean</td>
<td>814-362-4671</td>
<td>1-800-822-1108</td>
</tr>
<tr>
<td>County</td>
<td>Local-phone-number</td>
<td>Toll-free-phone-number</td>
</tr>
<tr>
<td>----------------</td>
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<td>------------------------</td>
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<tr>
<td>Mercer</td>
<td>724-983-5000</td>
<td>1-800-747-8405</td>
</tr>
<tr>
<td>Mifflin</td>
<td>717-248-6746</td>
<td>1-800-382-5253</td>
</tr>
<tr>
<td>Monroe</td>
<td>570-424-3030</td>
<td>1-877-905-1495</td>
</tr>
<tr>
<td>Montgomery</td>
<td>610-270-3500</td>
<td>1-877-398-5571</td>
</tr>
<tr>
<td>Montour</td>
<td>570-275-7430</td>
<td>1-866-596-5344</td>
</tr>
<tr>
<td>Northampton</td>
<td>610-250-1700</td>
<td>1-800-349-5122</td>
</tr>
<tr>
<td>Northumberland</td>
<td>570-988-5900</td>
<td>1-800-368-8390</td>
</tr>
<tr>
<td>Perry</td>
<td>717-582-2127</td>
<td>1-800-991-1929</td>
</tr>
<tr>
<td>Philadelphia – Headquarters</td>
<td>215-560-7226</td>
<td>Not available</td>
</tr>
<tr>
<td>Pike</td>
<td>570-296-6114</td>
<td>1-866-267-9181</td>
</tr>
<tr>
<td>Potter</td>
<td>814-274-4900</td>
<td>1-800-446-9896</td>
</tr>
<tr>
<td>Schuylkill</td>
<td>570-621-3000</td>
<td>1-877-306-5439</td>
</tr>
<tr>
<td>Snyder</td>
<td>570-374-8126</td>
<td>1-866-713-8584</td>
</tr>
<tr>
<td>Somerset</td>
<td>814-443-3681</td>
<td>1-800-248-1607</td>
</tr>
<tr>
<td>Sullivan</td>
<td>570-946-7174</td>
<td>1-877-265-1681</td>
</tr>
<tr>
<td>Susquehanna</td>
<td>570-278-3891</td>
<td>1-888-753-6328</td>
</tr>
<tr>
<td>Tioga</td>
<td>570-724-4051</td>
<td>1-800-525-6842</td>
</tr>
<tr>
<td>Union</td>
<td>570-524-2201</td>
<td>1-877-628-2003</td>
</tr>
<tr>
<td>Venango</td>
<td>814-437-4341</td>
<td>1-877-409-2421</td>
</tr>
<tr>
<td>Warren</td>
<td>814-723-6330</td>
<td>1-800-403-4043</td>
</tr>
<tr>
<td>Washington</td>
<td>724-223-4300</td>
<td>1-800-835-9720</td>
</tr>
<tr>
<td>Wayne</td>
<td>570-253-7100</td>
<td>1-877-879-5267</td>
</tr>
<tr>
<td>Westmoreland – Headquarters</td>
<td>724-832-5200</td>
<td>1-800-905-5413</td>
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<tr>
<td>Wyoming</td>
<td>570-836-5171</td>
<td>1-877-699-3312</td>
</tr>
<tr>
<td>York</td>
<td>717-771-1100</td>
<td>1-800-991-0929</td>
</tr>
</tbody>
</table>

**Behavioral Health Managed Care Organizations**

Behavioral Health services are available through your Behavioral Health Managed Care Organization (BH-MCO). Everyone receiving Medical Assistance in Pennsylvania is automatically enrolled in the HealthChoices_Behavioral Health program in the county of their residence. There are five Behavioral Health Managed Care Organizations across Pennsylvania. You are automatically assigned based on where you live. For more information on Behavioral Health care, and a full list of BH-MCOs by county to learn which BH-MCO is assigned to your county see page 53.

**Behavioral Health Managed Care Organizations (BH MCO)**

- Community Behavioral Health (CBH)
- Community Care Behavioral Health Organization (CCBH)
- Magellan Behavioral Health of Pennsylvania (MBH)
- PerformCare
- Value Behavioral Health of Pennsylvania (VBH-PA)

**Medical Assistance Transportation Program (MATP)**

Most members are eligible for the Medical Assistance Transportation Program. If you need a ride to your doctor's appointments, you can get one. The Department of Human Services (DHS) provides this service at no cost to you.
To get rides to your appointments you have to sign up with the MATP program. Do this by calling the MATP office in your county. For more information on MATP and a list of the MATP County offices please see page 48.

Other Numbers

- Childline................................................................. 1-800-932-0313
- Crisis Intervention Services .................................. 1-866-638-1232 or PA Relay 7-1-1
- Pennsylvania Legal Aid Network, Inc. .................. 1-800-322-7572
- Intellectual Disabilities Services Line .................... 1-888-565-9435
- National Suicide Prevention Lifeline ...................... 1-800-273-8255

We can direct you to the closest resource

Communication Services

Aetna Better Health of Pennsylvania can provide this Handbook and other information you need in languages other than English at no cost to you. Aetna Better Health of Pennsylvania can also provide your Handbook and other information you need in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at 1-866-638-1232 or PA Relay 7-1-1 to ask for any help you need. Depending on the information you need, it may take up to 5 days for Aetna Better Health of Pennsylvania to send you the information.

Aetna Better Health of Pennsylvania will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at 1-866-638-1232 or PA Relay 7-1-1 and Member Services will connect you with the interpreter service that meets your needs. For TTY services, call our Member Services at 1-866-638-1232 or PA Relay 7-1-1 who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, Aetna Better Health of Pennsylvania will provide one for you. Call Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you need an interpreter for an appointment.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call Aetna Better Health of Pennsylvania Member Services at 1-866-638-1232 or PA Relay 7-1-1 or your CAO.

Enrollment Services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists EAP can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:
- Pick a HealthChoices plan
- Change your HealthChoices plan
- Pick a PCP when you first enroll in a HealthChoices plan
• Answer questions about all of the HealthChoices plans
• Ask whether you have special needs, which could help you decide which HealthChoices plan to pick
• Give you more information about your HealthChoices plan

To contact the EAP, call 1-800-440-3989 or 1-800-618-4225 (TTY).

Changing Your HealthChoices Plan

You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at 1-800-440-3989 or 1-800-618-4225 (TTY). They will tell you when the change to your new HealthChoices plan will start, and you will stay in Aetna Better Health of Pennsylvania until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your Aetna Better Health of Pennsylvania ID card at your appointments until your new plan starts.

Changes in the Household

Call your CAO and Member Services at 1-866-638-1232 or PA Relay 7-1-1 if there are any changes to your household.

For example:
• Someone in your household is pregnant or has a baby
• Your address or phone number changes
• You or a family member who lives with you gets other health insurance
• You or a family member who lives with you gets very sick or becomes disabled
• A family member moves in or out of your household
• There is a death in the family

A newborn baby is automatically assigned to the mother’s current HealthChoices plan. You may change your baby’s plan by calling the EAP at 1-800-440-3989. Once the change is made you will receive a new HealthChoices member ID card for your baby.

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What Happens if I Move?

If you move out of your county you may need to choose a new HealthChoices plan. Contact your CAO if you move. If Aetna Better Health of Pennsylvania also serves your new county you can stay with Aetna Better Health of Pennsylvania. If Aetna Better Health of Pennsylvania does not serve your new county, the EAP can help you select a new plan.

If you move out of state, you will no longer be able to get services through HealthChoices. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

There are a few reasons why you may lose your benefits completely.

They include:
• Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same HealthChoices plan unless you pick a different HealthChoices plan.
• You go to a nursing home outside of Pennsylvania.
• You have committed Medical Assistance fraud and have finished all appeals.
• You go to a state mental health hospital for more than 30 days in a row.
• You go to prison.

There are also reasons why you may no longer be able receive services through a physical health MCO and you will be placed in the fee-for-service program.
They include:
- You are admitted to a nursing facility for more than 30 days in a row.
- You are placed in a youth development center/detention center for more than 35 days in a row.
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage).

You may also become eligible for Community HealthChoices. If Community HealthChoices is available where you live and you become eligible for Medicare Part A or B you will be moved to Community HealthChoices. For more information on Community HealthChoices visit www.healthchoices.pa.gov.

You will receive a notice from DHS if you lose your benefits or if you are no longer able to receive services through a physical health MCO and will begin to receive services through the fee-for-service system or Community HealthChoices.

**Information About Providers**

The Aetna Better Health of Pennsylvania's provider directory has information about the providers in Aetna Better Health of Pennsylvania's network. The provider directory is located online here: aetnabetterhealth.com/pennsylvania under "find a provider". You may call Member Services at 1-866-638-1232 or PA Relay 7-1-1 to ask that a copy of the provider directory be sent to you. The provider directory includes the following information about network providers:
- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The credentials and services offered by providers
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

**Picking Your Primary Care Provider (PCP)**

Your PCP is the doctor or doctors' group who provides and works with your other health care providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician (for children and teens), or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:
- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare, you can stay with the PCP you have now even if your PCP is not in Aetna Better Health of Pennsylvania's network. If you do not have Medicare, your PCP must be in Aetna Better Health of Pennsylvania’s network.

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in Aetna Better Health of Pennsylvania’s network.

Enrollment specialists can help you pick your first PCP with Aetna Better Health of Pennsylvania. If you do not pick a PCP through the EAP within 14 days of when you picked Aetna Better Health of Pennsylvania, Aetna Better Health of Pennsylvania will pick your PCP for you.
**Changing Your PCP**

If you want to change your PCP for any reason, call Member Services at 1-866-638-1232 or PA Relay 7-1-1 to ask for a new PCP. If you need help finding a new PCP, you can go to aetnabetterhealth.com/pennsylvania, which includes a provider directory, or ask Member Services to send you a printed provider directory.

Aetna Better Health of Pennsylvania will send you a new ID card with the new PCP's name and phone number on it. The Member Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, Aetna Better Health of Pennsylvania will send your medical records from your old PCP to your new PCP. In emergencies, Aetna Better Health of Pennsylvania will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.

**Office Visits**

**Making an Appointment with Your PCP**

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call Aetna Better Health of Pennsylvania Member Services at 1-866-638-1232 or PA Relay 7-1-1.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page [MCO insert page number of MATP information], of this Handbook or call Aetna Better Health of Pennsylvania Member Services at the phone number above.

If you do not have your Aetna Better Health of Pennsylvania ID card by the time of your appointment, take your ACCESS card with you. You should also tell your PCP that you selected Aetna Better Health of Pennsylvania as your HealthChoices plan.

**Appointment Standards**

Aetna Better Health of Pennsylvania's providers must meet the following appointment standards:

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes, unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.
- If you are pregnant and
  - In your first trimester, your provider must see you within 10 business days of Aetna Better Health of Pennsylvania learning you are pregnant.
  - In your second trimester, your provider must see you within 5 business days of Aetna Better Health of Pennsylvania learning you are pregnant.
  - In your third trimester, your provider must see you within 4 business days of Aetna Better Health of Pennsylvania learning you are pregnant.
  - Have a high-risk pregnancy, your provider must see you within 24 hours of Aetna Better Health of Pennsylvania learning you are pregnant.

**Referrals**

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body.
You do not need a referral to see a specialist who is part of the Aetna Better Health of Pennsylvania provider network. You may need a referral to see a specialist who is not part of the Aetna Better Health of Pennsylvania provider network.

If Aetna Better Health of Pennsylvania does not have at least 2 specialists in your area and you do not want to see the specialist in your area, Aetna Better Health of Pennsylvania will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact Aetna Better Health of Pennsylvania to let Aetna Better Health of Pennsylvania know you want to see an out-of-network specialist and get approval from Aetna Better Health of Pennsylvania before you see the specialist.

If you go to an out-of-network specialist without a referral from your PCP and approval from Aetna Better Health of Pennsylvania, you may have to pay the bill.

Your PCP will help you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care you need.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing referral.

For a list of specialists in Aetna Better Health of Pennsylvania's network, please see the provider directory on our website at aetnabetterhealth.com/pennsylvania under “find a provider” or call Member Services to ask for a printed provider directory.

After-Hours Care

You can call your PCP for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

Aetna Better Health of Pennsylvania has a toll-free nurse hotline at 1-866-638-1232 or PA Relay: 7-1-1 that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Member Engagement

Suggesting Changes to Policies and Services

Aetna Better Health of Pennsylvania would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact Member Services at 1-866-638-1232 or PA Relay: 7-1-1

Aetna Better Health of Pennsylvania Health Education Advisory Committee (HEAC)

Aetna Better Health of Pennsylvania has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to Aetna Better Health of Pennsylvania about the experiences and needs of members like you. For more information about the Committee, please call 1-866-638-1232 or PA Relay: 7-1-1 or visit the website at aetnabetterhealth.com/pennsylvania.
Section 2 - Rights and responsibilities

Member Rights and Responsibilities

Aetna Better Health of Pennsylvania and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a Aetna Better Health of Pennsylvania member, you have the following rights and responsibilities.

**Member Rights**

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by Aetna Better Health of Pennsylvania staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about Aetna Better Health of Pennsylvania, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without Aetna Better Health of Pennsylvania approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, without any interference from Aetna Better Health of Pennsylvania.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care information and records kept confidential.
9. To see and get a copy of your medical records and to ask for changes or corrections to your records.
10. To ask for a second opinion.
11. To file a grievance if you disagree with Aetna Better Health of Pennsylvania's decision that a service is not medically necessary for you.
12. To file a complaint if you are unhappy about the care or treatment you have received.
13. To ask for a DHS Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that Aetna Better Health of Pennsylvania or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, Aetna Better Health of Pennsylvania, and network providers treat you.

**Member Responsibilities**

Members need to work with their health care service providers. Aetna Better Health of Pennsylvania needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about Aetna Better Health of Pennsylvania coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless Aetna Better Health of Pennsylvania approves an out-of-network provider.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality
Aetna Better Health of Pennsylvania must protect the privacy of your personal health information (PHI). Aetna Better Health of Pennsylvania must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that Aetna Better Health of Pennsylvania can pay your providers. It also includes sharing your PHI with DHS. This information is included in Aetna Better Health of Pennsylvania’s Notice of Privacy Practices. To get a copy of Aetna Better Health of Pennsylvania’s Notice of Privacy Practices, please call Member Services at 1-866-638-1232 or PA Relay: 7-1-1 or visit aetnabetterhealth.com/pennsylvania.

Co-payments
A co-payment is the amount you pay for some covered services. It is usually only a small amount. You will be asked to pay your co-payment when you get the service, but you cannot be denied a service if you are not able to pay a co-payment at that time. If you did not pay your co-payment at the time of the service, you may receive a bill from your provider for the co-payment.

Co-payment amounts can be found in the Covered Services chart on page 26 of this Handbook.

The following members do not have to pay co-payments:
• Members under age 18
• Pregnant women (including 60 days after the child is born (the post-partum period))
• Members who live in a long-term care facility or other medical institution
• Members who live in a personal care home or domiciliary care home
• Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
• Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:
• Certain prescription drugs are exempt from copayment. For those drug classes that will not require a copay, the drug group will be marked with a “no copay” on the formulary located here: https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_4090.pdf
• Emergency services
• Laboratory services
• Family planning services, including supplies
• Hospice services
• Home health services
• Tobacco cessation services
• Services provided to individuals under 18 years of age
• Services provided to pregnant women, including throughout the postpartum period
• Services provided to patients in long term care facilities (including Intermediate Care Facility/Mental Retardation (ICF/MR) and Intermediate Care Facility/Other Related Condition (ICF/OrC) and other medical institutions who are required to spend all but a minimal amount of their income on medical costs.
• Services or items provided to a terminally ill individual who is receiving hospice care
• Services provided to individuals residing in a personal care home or domiciliary care home.
• Services provided to women in the Breast and Cervical Cancer Prevention and Treatment (BCCPT) coverage group
• Services provided to individuals of any age eligible under Titles IV-B and IV-E Foster Care and Adoption Assistance
• Professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from technical component
• Psychiatric Partial Hospitalization services
• Services furnished by a funeral director
• Renal dialysis services
• Blood and blood products
• Oxygen
• Ostomy supplies
• Rental of Durable Medical Equipment
• Outpatient services when MA Fee is under $2.00
• Medical exams requested by the Department of Human Services
• Screenings provided under the EPSDT Program

**What if I Am Charged a Co-payment and I Disagree?**

If you believe that a provider charged you the wrong amount for a co-payment or for a co-payment you believe you should not have to pay, you can file a complaint with Aetna Better Health of Pennsylvania. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint, or call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**Billing Information**

Providers in Aetna Better Health of Pennsylvania's network may not bill you for services that Aetna Better Health of Pennsylvania covers. Even if your provider has not received payment or the full amount of his or her charge from Aetna Better Health of Pennsylvania, the provider may not bill you. This is called balance billing.

**When Can a Provider Bill Me?**

Providers may bill you if:
• You did not pay your co-payment.
• You received services from an out-of-network provider without approval from Aetna Better Health of Pennsylvania and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
• You received services that are not covered by Aetna Better Health of Pennsylvania and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
• You received a service from a provider that is not enrolled in the Medical Assistance Program.

**What Do I Do if I Get a Bill?**

If you get a bill from a Aetna Better Health of Pennsylvania network provider and you think the provider should not have billed you, you can call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

You shouldn't get a bill from or have to pay a network provider for covered benefits for pre-approved services.
If your provider didn't receive payment from us on a provided covered benefit or service, he or she is NOT allowed to bill you for what we didn't pay. This is called balance billing.

Also, you don't have to pay if we don't pay a network provider for covered benefits or services.

Finally, you're not liable to pay for a provided covered benefit or service in the event that we didn't receive payment from the Department.

If you receive a bill from a network provider, you should call the health care provider listed on the bill and make sure they have all your insurance information.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare or your other health insurance is your primary insurance. This other insurance is known as "third party liability" or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your PCP or other provider before Aetna Better Health of Pennsylvania pays. Aetna Better Health of Pennsylvania can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must show the provider or pharmacy your Medicare card or insurance card and your Aetna Better Health of Pennsylvania ID card. This helps make sure your health care bills are paid.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in Aetna Better Health of Pennsylvania's network. You also do not have to get prior authorization from Aetna Better Health of Pennsylvania or referrals from your Medicare PCP to see a specialist. Aetna Better Health of Pennsylvania will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by Aetna Better Health of Pennsylvania, you must get the service from an Aetna Better Health of Pennsylvania network provider. All Aetna Better Health of Pennsylvania rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and Aetna Better Health of Pennsylvania's network. You need to follow the rules of your other insurance and Aetna Better Health of Pennsylvania, such as prior authorization and specialist referrals. Aetna Better Health of Pennsylvania will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a Aetna Better Health of Pennsylvania network provider. All Aetna Better Health of Pennsylvania rules, such as prior authorization and specialist referrals, apply to these services.
Recipient Restriction/Lock-in Program

The Recipient Restriction/Member Lock-In Program requires a member to use specific providers if the member has abused or overused his or her health care or prescription drug benefits. Aetna Better Health of Pennsylvania works with DHS to decide whether to limit a member’s doctor, pharmacy, hospital, dentist, or other provider.

How Does it Work?

Aetna Better Health of Pennsylvania reviews the health care and prescription drug services you have used. If Aetna Better Health of Pennsylvania finds overuse or abuse of health care or prescription services, Aetna Better Health of Pennsylvania asks DHS to approve putting a limit on the providers you can use. If approved by DHS, Aetna Better Health of Pennsylvania will send you a written notice that explains the limit.

You can pick the providers, or Aetna Better Health of Pennsylvania will pick them for you. If you want a different provider than the Aetna Better Health of Pennsylvania picked for you, call Member Services at 1-866-638-1232 or PA Relay: 7-1-1. The limit will last for 5 years even if you change HealthChoices plans.

If you disagree with the decision to limit your providers, you may appeal the decision by asking for a DHS Fair Hearing, within 30 days of the date of the letter telling you that Aetna Better Health of Pennsylvania has limited your providers.

You must sign the written request for a Fair Hearing and send it to:
Department of Human Services
Office of Administration
Bureau of Program Integrity - DPPC
Recipient Restriction Section
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

If you need help asking for a Fair Hearing, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1 or contact your local legal aid office.

If your appeal is postmarked within 10 days of the date on Aetna Better Health of Pennsylvania’s notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 10 days but within 30 days from the date on the notice, the limits will be in effect until your appeal is decided. The Bureau of Hearings and Appeals will let you know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through Aetna Better Health of Pennsylvania about the decision to limit your providers.

After 5 years, Aetna Better Health of Pennsylvania will review your services again to decide if it the limits should be removed or continued and will send the results of its review to DHS. Aetna Better Health of Pennsylvania will tell you the results of the review in writing.

Reporting Fraud or Abuse

How Do I Report Member Fraud or Abuse?

If you think that someone is using your or another member’s Aetna Better Health of Pennsylvania card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the Aetna Better Health of Pennsylvania Fraud and Abuse Hotline at 1-800-333-0119 or PA Relay 7-1-1 to give Aetna Better Health of Pennsylvania this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).
How Do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call the Aetna Better Health of Pennsylvania’s Fraud and Abuse Hotline at 1-800-333-0119 or PA Relay 7-1-1. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).
Section 3 - Physical Health Services

Covered Services

The chart below lists the services that are covered by Aetna Better Health of Pennsylvania when the services are medically necessary. Some of the services have limits or co-payments, or need a referral from your PCP or prior authorization by Aetna Better Health of Pennsylvania. If you need services beyond the limits listed below, your provider can sometimes ask for an exception, as explained below in this section. Limits do not apply if you are under age 21 or pregnant.

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<thead>
<tr>
<th>Service</th>
<th>Children</th>
<th>Adults</th>
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<tbody>
<tr>
<td><strong>Category 1: Ambulatory Services</strong></td>
<td></td>
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<tr>
<td>Primary Care Provider</td>
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<tr>
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<td>No</td>
</tr>
<tr>
<td>Podiatrist Services</td>
<td>Limit</td>
<td>No limits</td>
</tr>
<tr>
<td></td>
<td>Co-payment</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization / Referral</td>
<td>No</td>
</tr>
<tr>
<td>Chiropractor Services</td>
<td>Limit</td>
<td>No limits</td>
</tr>
<tr>
<td></td>
<td>Co-payment</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization / Referral</td>
<td>Yes, after first visit</td>
</tr>
<tr>
<td>Service</td>
<td>Children</td>
<td>Adults</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Optometrist Services</strong></td>
<td>Limit 2 visits (exams) per calendar year) No Limits for medically necessary services</td>
<td>2 visits (exams) per calendar year</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>Limit Respite care may not exceed a total of 5 days in a 60-day certification period.</td>
<td>Respite care may not exceed a total of 5 days in a 60-day certification period.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Dental Care Services</strong></td>
<td>Limit No limits See section on dental benefits for a full list of covered dental services and exceptions.</td>
<td>See section on dental benefits for a full list of covered dental services and exceptions.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Radiology (ex. X-rays, MRIs, CTs)</strong></td>
<td>Limit No limits</td>
<td>No limits</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Short Procedure Unit</strong></td>
<td>Limit No limits</td>
<td>No limits</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$3</td>
<td>$3</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Depends on service being requested</td>
<td>Depends on service being requested</td>
</tr>
<tr>
<td><strong>Outpatient Ambulatory Surgical Center</strong></td>
<td>Limit No limits</td>
<td>No limits</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Non-Emergency Medical Transport</strong></td>
<td>Limit No limits Only to and from MA covered services</td>
<td>Only to and from MA covered services</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning Services</td>
<td>Limit</td>
<td>No limits</td>
</tr>
<tr>
<td></td>
<td>Co-payment</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization / Referral</td>
<td>No</td>
</tr>
<tr>
<td>Renal Dialysis</td>
<td>Limit</td>
<td>No Limit.</td>
</tr>
<tr>
<td></td>
<td>Co-payment</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization / Referral</td>
<td>No</td>
</tr>
</tbody>
</table>

- Initial training for home dialysis is limited to 24 sessions per patient per calendar year.
- Backup visits to the facility limited to no more than 75 per calendar year.

### Category 2: Emergency Services

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>Limit</th>
<th>No Limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Category 3: Hospitalization

<table>
<thead>
<tr>
<th>Inpatient Hospital</th>
<th>Limit</th>
<th>No Limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payment</td>
<td>$3 per day/ $21 maximum with limits</td>
<td>$3 per day/ $21 maximum with limits</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Rehab Hospital</th>
<th>Limit</th>
<th>No Limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payment</td>
<td>$3 per day/ $21 maximum with limits</td>
<td>$3 per day/ $21 maximum with limits</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Category 4: Maternity and Newborn

<table>
<thead>
<tr>
<th>Maternity Care</th>
<th>Limit</th>
<th>No Limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Category 5: Prescription Drugs

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Limit</th>
<th>No Limit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$1 generic/$3 brand name*</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Refer to formulary</td>
<td>Refer to formulary</td>
</tr>
<tr>
<td>Service</td>
<td>Children</td>
<td>Adults</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Nutritional Supplements</td>
<td>Limit</td>
<td>No Limit.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$1 generic/$3 brand name</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Category 6: Rehabilitation and Habilitation Services and Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Facility Services</td>
<td>Limit</td>
<td>30 consecutive days MCO responsibility and then transfer to FFS</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Home Health Care including Nursing, Aide, and Therapy Services</td>
<td>Limit</td>
<td>No Limit.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Limit</td>
<td>No Limit.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prosthetics and Orthotics</td>
<td>Limit</td>
<td>2 pairs per calendar year Replacement pairs covered if medically necessary</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Limit</td>
<td>2 pairs per calendar year</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>Limit</td>
<td>2 pairs per calendar year</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Limit</td>
<td>Can substitute for one or both pairs of eyeglasses</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Limit</td>
<td>No Limit.</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Service</td>
<td>Children</td>
<td>Adults</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Therapy (Physical, Occupational, Speech)</td>
<td>Limit</td>
<td>Only when provided by a hospital, outpatient clinic, or home health setting. No limits</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>All therapy visits require pre-approval (except for 1st visit)</td>
<td>All therapy visits require pre-approval (except for 1st visit)</td>
</tr>
<tr>
<td>Laborotary</td>
<td>Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prior Authorization / Referral</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*Certain classes of prescription drugs are exempt from copayment. The formulary indicates which drugs do not have copays. [https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_4090.pdf](https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_4090.pdf)

**Services That Are Not Covered**

We only pay for covered services. Some services aren't covered under the Medical Assistance (MA)/ HealthChoices program.

Listed below are the physical health services that Aetna Better Health of Pennsylvania does not cover. If you have any questions about whether or not Aetna Better Health of Pennsylvania covers a service for you, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

- Experimental medical procedures, medicines, and equipment.
- Teeth braces for members 21 and older
- Cosmetic surgery
- Custodial care (nursing home)
- Nursing home care for more than 30 days. After 30 days, members are part of the MA Fee for Service Program (ACCESS), unless they are in the process of qualifying for long term care services. We will cover the nursing home stay until long term care services start.
- Personal items or services in the hospital (like television or a phone)
- Hysterectomies for sterilization
- Infertility treatment
- Vasectomy and tubal ligation reversal
- Home modifications (for example, chair lifts)
- Services not covered by the Pennsylvania MA program
- Non-medical items or services
- Private duty nursing for age 21 and older
- Covered services that aren't medically necessary.
Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost other than a co-pay.

Call your PCP to ask for the name of another Aetna Better Health of Pennsylvania network provider to get a second opinion. If there are not any other providers in Aetna Better Health of Pennsylvania’s network, you may ask Aetna Better Health of Pennsylvania for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from Aetna Better Health of Pennsylvania before you can get the service. This is called Prior Authorization. For services that need prior authorization, Aetna Better Health of Pennsylvania decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to Aetna Better Health of Pennsylvania for approval before you get the service.

What Does Medically Necessary Mean?

Medically necessary means that a service, item, or medicine does one of the following:
• It will, or is reasonably expected to, prevent an illness, condition, or disability;
• It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability;
• It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

Utilization Review Process

The Utilization Management (UM) department is available at 1-866-638-1232 (PA Relay 7-1-1) to receive requests for services Monday through Friday, 8 a.m. to 5 p.m., after hours daily and on weekends. Members can access UM by contacting Member Services department at 1-866-638-1232 (PA Relay 7-1-1).

How to Ask for Prior Authorization

You can speak to a person 24/7 to ask questions about the pre-approval/prior authorization process. Just call Member Services at 1-866-638-1232 or PA Relay 7-1-1. Your doctor can also call the prior authorization department to discuss an authorization.

An Aetna Better Health employee may call you or return your call to answer your questions about the pre-approval/prior authorization process. If they do, they’ll give you their name and title and tell you that they’re calling from Aetna Better Health.

These are the steps for pre-approval:
• Your provider requests the service. He or she must give us information about the services you need and supporting medical records.
• We review the information.
• An Aetna Better Health doctor will review the request if the request cannot be approved.
• You and your provider will get a letter when a service is denied or approved.
• If the request is denied, a letter will be sent to you and your provider within two business days, unless we need more information. If the request was for an outpatient covered drug we will make this decision within 24 hours of receiving the request from your provider. The letter will say why we denied the service. If we deny a service, you or your provider can file a grievance. You can also ask for a Fair Hearing from the Department of Human Services after your first level complaint/grievance decision.
We base our decisions only on appropriateness of care and service and existence of coverage. We don’t reward health care providers for denying, limiting or delaying benefits or health care services for our members. We also don’t give incentives to our staff making decisions about medically necessary services or benefits to provide less health care coverage and services.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Member Services at 1‑866‑638‑1232 or PA Relay 7‑1‑1.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, you can review them on our website at aetnabetterhealth.com/pennsylvania. You can also request a copy of the guidelines by sending a written request to:
Aetna Better Health
2000 Market Street, Suite 850
Philadelphia, PA 19103
Fax number: 1‑877‑363‑8120

What Services, Items, or Medicines Need Prior Authorization?
The following chart identifies services, items, and medicines that require prior authorization.

<table>
<thead>
<tr>
<th>SERVICES THAT REQUIRE PRE APPROVAL/PRIOR AUTHORIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All inpatient services:</strong></td>
</tr>
<tr>
<td>Surgical and non surgical</td>
</tr>
<tr>
<td>• Skilled nursing</td>
</tr>
<tr>
<td>• Rehabilitation</td>
</tr>
<tr>
<td>• Hospice</td>
</tr>
<tr>
<td>These are services where you must spend the night at a hospital or a hospital like place to get care.</td>
</tr>
</tbody>
</table>

<p>| <strong>Outpatient services:</strong>                             |
| Surgical services                                    |
| Some surgical services require pre approval. We can help you or your provider find out if your service must be pre approved. |
| Home-based services including hospice                |
| This includes nurses and other people that came to your home to help take care of you or someone in your family. |
| Therapy                                              |
| All therapy services require pre-approval (except the first visit for an evaluation). |
| Imaging                                              |
| • MRI                                                |
| • MRA                                                |
| • Angiography                                        |
| • PET Scan                                           |
| • CT Scan                                            |
| These are special types of x-ray tests. You can contact eviCore at 1‑800‑575‑4417 for more information about imaging authorizations. |
| Durable Medical Equipment (DME)                      |
| • Hospital beds                                      |
| • Wheelchairs                                        |
| • Oxygen                                             |
| • CPAP                                               |
| All other durable medical equipment may need to be pre-approved. |</p>
<table>
<thead>
<tr>
<th>SERVICES THAT REQUIRE PRE APPROVAL/PRIOR AUTHORIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Drugs</strong></td>
</tr>
<tr>
<td>• Medications on the Aetna Better Health Formulary indicated by a “PA” will require Prior Authorization</td>
</tr>
<tr>
<td>• Medications that are not on the formulary</td>
</tr>
<tr>
<td>• Any medication designated as a specialty medication</td>
</tr>
<tr>
<td>• Medications prescribed for quantities that are above our limits</td>
</tr>
<tr>
<td>Medication may require prior authorization based on their intended use or the age of the member to determine medical necessity.</td>
</tr>
</tbody>
</table>

| **Orthotics/Prosthetics**                              |
| • Implantable devices                                  |
| • Electronic devices                                   |
| • Implantable breast prosthetics                        |
| • Injectable bulking agents                             |
| These are medical tools that help the body work or heal better. |

| **Transportation**                                     |
| Non-emergent ambulance transportation.                 |

| **Transplants**                                        |
| • Bone marrow                                         |
| • Solid organ                                         |
| • Stem cell                                           |

| **Other services**                                     |
| • Sleep studies                                       |
| • Osteopathic manipulation and chiropractic services (except for first evaluation visit) |
| • Some hearing and vision services depending on the service |
| • Specialized multidisciplinary services               |
| • External feeding supply and formulas, additives, all pumps |
| • Supply based services depending on the service       |
| • Services related to gender transition                |

| **Dental services**                                    |
| The following dental procedures require prior authorization: |
| • Crowns                                               |
| • Root canals                                          |
| • Periodontal services                                 |
| • Dentures and partial dentures                        |
| • Oral surgery                                         |
| • Anesthesia                                           |
| • Orthodontics                                         |
| You can contact DentaQuest at 1-888-307-6548, TTY 1-800-466-7566 for more information about dental authorization requirements. |

| **Pain management**                                    |
| • Other injections                                      |
| • Spinal injections                                     |
| • Spinal implants                                       |
| • Peripheral nerve procedures                           |

**Prior Authorization of a Service or Item**

Aetna Better Health of Pennsylvania will review the prior authorization request and the information you or your provider submitted. Aetna Better Health of Pennsylvania will tell you of its decision within 2 business days of the date Aetna Better Health of Pennsylvania received the request if Aetna Better Health of Pennsylvania has enough information to decide if the service or item is medically necessary.

If Aetna Better Health of Pennsylvania does not have enough information to decide the request, Aetna Better Health of Pennsylvania must tell your provider within 48 hours of receiving the request that Aetna Better Health of Pennsylvania needs more information to decide the request and allow 14 days for the provider to give Aetna Better Health of Pennsylvania more information. Aetna Better Health of Pennsylvania will tell you of Aetna Better Health of Pennsylvania’s decision within 2 business days after
Aetna Better Health of Pennsylvania receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

**Prior Authorization of Outpatient Drugs**

Aetna Better Health of Pennsylvania will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when Aetna Better Health of Pennsylvania gets the request. You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask Aetna Better Health of Pennsylvania for prior authorization as soon as possible.

The pharmacist will not give you the 15-day supply for a medicine that you have been taking if you get a denial notice from Aetna Better Health of Pennsylvania 10 days before your prescription ends telling you that the medicine will not be approved again and you have not filed a Grievance.

**What if I Receive a Denial Notice?**

If Aetna Better Health of Pennsylvania denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, Aetna Better Health of Pennsylvania must authorize the medication until the Complaint or Grievance is resolved. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 56 of this Handbook for detailed information on Complaints and Grievances.

**Program Exception Process**

For those services that have limits, if you or your provider believes that you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the Dental Benefit Limit Exception process described on page 35.

To ask for a PE, you and your provider may request a Program Exception for medically necessary items or services that:

- Are not currently on the Medical Assistance fee schedule.
- Are included in your benefit package.
- Exceed limits for items or services that are on the Medical Assistance fee schedule (as long as the limits are not based in federal or state rules).

For more information on the Program Exception process, call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**Service Descriptions**

**Emergency Services**

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, dial 911, or call your local ambulance provider. You do not have to get approval from Aetna Better Health of Pennsylvania to get emergency services and you may use any hospital or other setting for emergency care.
Below are some examples of emergency medical conditions and non-emergency medical conditions:

**Emergency medical conditions**
- Heart attack
- Chest pain
- Severe bleeding
- Intense pain
- Unconsciousness
- Poisoning

**Non-emergency medical conditions**
- Sore throat
- Vomiting
- Cold or flu
- Backache
- Earache
- Bruises, swelling, or small cuts

If you are unsure if your condition requires emergency services, call your PCP or the Aetna Better Health of Pennsylvania Nurse Hotline at 1-866-638-1232 or PA Relay: 7-1-1 24 hours a day, 7 days a week.

**Emergency Medical Transportation**
Aetna Better Health of Pennsylvania covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page 12 of this Handbook) for emergency medical transportation.

**Urgent Care**
Aetna Better Health of Pennsylvania covers urgent care for an illness, injury, or condition which if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the Aetna Better Health of Pennsylvania Nurse Hotline at 1-866-638-1232 or PA Relay: 7-1-1 first. Your PCP or the hotline nurse will help you decide if you need to go to the emergency room, the PCP’s office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within Aetna Better Health of Pennsylvania’s network. Prior authorization is not required for services at an Urgent Care center.

Some examples of medical conditions that may need urgent care include:
- Vomiting
- Coughs and fever
- Sprains
- Rashes
- Ear aches
- Diarrhea
- Sore throats
- Stomach aches
- Colds
- Bruises
- Sprains

If you have any questions, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.
Dental Care Services

Members Under 21 Years of Age

Aetna Better Health of Pennsylvania provides all medically necessary dental services for children under 21 years of age. Children may go to a participating dentist within the DentaQuest/Aetna Better Health of Pennsylvania network.

Dental visits for children do not require a referral. If your child is 1 years old and above and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for the purposes of regular Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child screens. For more information on dental services, contact DentaQuest Member Services at 1-888-307-6548 or PA Relay 7-1-1.

When medically necessary, we cover the following dental services for children under the age of 21:

- Anesthesia
- Orthodontics (braces)*
- Checkups
- Periodontal services
- Cleanings
- Fluoride treatments (topical fluoride varnish can also be done by a PCP or CRNP)
- Root canals
- Crowns
- Sealants
- Dentures
- Dental surgical procedures
- Dental emergencies
- X-rays
- Extractions (tooth removals)
- Fillings

*Note: If braces were put on before the age of 21, we'll cover services until they're completed or age 23, whichever comes first, as long as the patient remains eligible for Medical Assistance.

The following dental procedures require prior authorization:

- Crowns
- Root canals
- Periodontal services
- Dentures and partial dentures
- Oral surgery
- Anesthesia
- Orthodontics

Members 21 Years of Age and Older

Aetna Better Health of Pennsylvania covers some dental benefits for members 21 years of age and older through dentists in the DentaQuest/Aetna Better Health of Pennsylvania network. Some dental services have limits.

The following dental services are available to members over age 21:

- Periodic oral evaluations (2 per year)
- Dental cleanings (2 per year)
- Complete set of dentures (one set per life time)
- Periodontal services
- Restorative services
- Oral Extractions
- Anesthesia
Dental Benefit Limit Exception

Some dental services are only covered with a Benefit Limit Exception (BLE). You or your dentist can also ask for a BLE if you or your dentist believes that you need more dental services than the limits allow.

A Benefit Limit Exception may be granted for the following services:
• Crowns and related services
• Root canals and other endodontic services
• Dentures above one per lifetime
• Additional cleanings and exams above the two-per-year limit

We can grant a benefit limit exception for dental services. Your dentist can ask for a benefit limit exception before the services start or after they’re finished. Your dentist can ask for the exception up to 60 days after your services are finished.

Your dentist must send a written request by mail to:
DentaQuest
11100 W. Liberty Drive
Milwaukee, WI 53224.

Aetna Better Health of Pennsylvania will approve a BLE if:
• You have a serious or chronic illness or health condition and without the additional service your life would be in danger; Or
• You have a serious or chronic illness or health condition and without the additional service your health would get much worse; Or
• You would need more expensive treatment if you do not get the requested service; Or
• It would be against federal law for Aetna Better Health of Pennsylvania to deny the exception.

To ask for a BLE before you, receive the service, you or your dentist can call or send the request to:
1-866-638-1232 or PA Relay: 7-1-1

Or

DentaQuest
11100 W. Liberty Drive
Milwaukee, WI 53224

BLE requests must include the following information:
• Your name
• Your address
• Your phone number
• Your member ID number
• The service you need
• The reason you need the service
• Your provider’s name
• Your provider’s phone number

Time Frames for Deciding a Benefit Limit Exception

If you or your provider asks for an exception before you get the service, Aetna Better Health of Pennsylvania will let you know whether or not the BLE is approved within the same time frame as the time frame for prior authorization requests, which is 2 days of the date that we get the request.

If your dentist asks for an exception after you got the service, Aetna Better Health of Pennsylvania will let you know whether or not the BLE request is approved within 30 days of the date Aetna Better Health of Pennsylvania gets the request.
If you disagree with or are unhappy with Aetna Better Health of Pennsylvania's decision, you may file a Complaint or Grievance with Aetna Better Health of Pennsylvania. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, “Complaints, Grievances, and Fair Hearings” on page 56.

Vision Care Services
Vision care is provided by Superior Vision. You can access vision care services by scheduling an appointment with an eye doctor in the Superior Vision network. Call the Superior Vision Care Member Services at 1-800-428-8789 or PA Relay 7-1-1 to help you find a doctor or visit our website at www.aetnabetterhealth.com\pennsylvania. You don't need a referral. Just show your Aetna Better Health member ID and Access ID cards.

Members Under 21 Years of Age
Aetna Better Health of Pennsylvania covers all medically necessary vision services for children under 21 years of age. Children may go to a participating vision provider within the Aetna Better Health of Pennsylvania/Superior Vision network.
- You can get two eye checkups a year, unless more are medically necessary. There's no waiting period.
- Members under the age of 21 are eligible for two basic pairs of eyeglasses (frames and lenses) each calendar year. We cover replacement pairs if medically necessary.
- Members under the age of 21 can substitute contact lens pairs for one or both pairs of eyeglasses.

Members 21 Years of Age and Older
Aetna Better Health of Pennsylvania covers some vision services for members 21 years of age and older through providers within the Aetna Better Health of Pennsylvania/Superior Vision network.
- You can get two eye checkups a year, unless more are medically necessary. There's no waiting period.
- Members age 21 and over can get one pair of basic eyeglasses (frame and lenses) each calendar year.

Outpatient Drugs
Aetna Better Health of Pennsylvania covers outpatient drugs which include prescription medicines, over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions
When a provider prescribes a medication for you, you can take it to any pharmacy that is in Aetna Better Health of Pennsylvania's network. You will need to have your Aetna Better Health of Pennsylvania prescription ID card with you and you may have a co-payment if you are over the age of 18. Aetna Better Health of Pennsylvania will pay for any medicine listed on Aetna Better Health of Pennsylvania's drug formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in Aetna Better Health of Pennsylvania's network, or have any other questions, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

How do I learn more about my medication?
Carefully read the drug information the pharmacy gives you when you fill your prescription. It explains what you should and shouldn't do. It also lists the possible side effects. If you are concerned or have questions about your medication please ask to speak with your pharmacist or your prescriber. Make sure you completely understand what to do and not do with your medication.

If the medicine your doctor feels you need isn't on our formulary and you cannot take any other medication except the one prescribed, your doctor may request an exception. Your doctor will need to fill out a request form and send us medical records to support the request for an exception. The exception

Remember to fill all prescriptions at a pharmacy listed on our website. Just click on “find a provider” and then “pharmacy providers.” If you use a pharmacy not listed you may be responsible for paying for your medication.

**Know your prescriptions**

Tell your doctors about any medications you get from another doctor. You should also tell them about non-prescription or herbal medications you buy on your own. Ask these questions before you leave the office:

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

You should always try to use the same pharmacy for all of your medications. Your pharmacist will help you with questions or concerns about your medication. You should also tell your pharmacist about any non-prescription or herbal medications you may be taking. These products can affect how your prescriptions work or could be unsafe to use in your case. Your pharmacist can help you make safe medications choices.

**Refills**

The label on your medication bottle tells you how many refills your doctor ordered for you. If your doctor has ordered refills, you may only get one refill at a time.

If your doctor didn’t ordered refills, you should call him or her at least five (5) days before your medication runs out. Talk to your doctor about getting a refill. The doctor may want to see you before giving you a refill.

**Some Quick Tips on Managing Your Prescriptions**

- Take your prescription to a pharmacy on the Aetna Better Health list to get it filled.
- If your doctor hasn’t ordered refills, call him or her at least five (5) days before you need a refill.
- Some prescriptions require your doctor to get prior approval before you can fill it at your pharmacy. For example, your doctor will need to call us if your medication is not on our formulary. The formulary also lists those medications on the formulary that require prior authorization.
  - We’ll allow the pharmacy to give you a one-time, 72 hour or a 15 day supply every year for each new medicine that requires prior approval. Tell your pharmacist to begin the prior approval process with your provider.
  - We must make a decision to approve or deny a prescription that requires a prior approval within 24 hours. If we cannot make a decision by the deadline, we’ll allow a temporary 15-day supply for an ongoing medication or a 72-hour supply for a new medication while we review the prior authorization.
- Some medications have limits. This means that you may only get a specific number of pills or dosage within a certain number of days. These limitations are noted on the formulary list next to the medicine. If your provider wishes you to receive a medication that do not meet these limits he/she must submit a request showing it is medically necessary to have an exception to the limits.
- If you are going to be traveling, make certain you will have enough medication to last until you return. If you do not have enough medication and it is too early to refill you medications before you leave, your pharmacy can request the early refill. If these requests occur more than once a year or are for medications like controlled substances your prescriber will need to request the early fill with a prior authorization.
You can get a list of covered medications by calling Member Services or by visiting our website aetnabetterhealth.com/pennsylvania.

Make sure the prescriptions you receive are written by providers in our network. Fill your prescriptions at an in network pharmacy. Prescriptions for medications that are written by out-of-network providers or filled at an out-of-network pharmacy may be your responsibility. However, you can get your prescription filled if:

• We approve the prescription beforehand through the prior authorization process

Drug Formulary
A formulary, also called a preferred drug list (PDL), is a list of medicines that Aetna Better Health of Pennsylvania covers. This is what your PCP or other doctor should use when deciding what medicines you should take. The formulary has both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on Aetna Better Health of Pennsylvania's formulary needs prior authorization. The formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the drug formulary, call Member Services at 1-866-638-1232 or PA Relay 7-1-1 or visit Aetna Better Health of Pennsylvania’s website at https://www.aetnabetterhealth.com/pennsylvania/members/pharmacy.

Reimbursement for Medication
Aetna Better Health of Pennsylvania provides reimbursement for medication when:

• You’re a new member and do not have a prescription ID card yet
• Your primary insurance has already paid for the prescription and the reimbursement is needed for any copay or cost share
• You have an out of state emergency

Receipts should be submitted for reimbursement at the following address:
Aetna Pharmacy Management,
PO Box 524444,
Phoenix, AZ 85072.

Specialty Medicines
The drug formulary includes medicines that are called specialty medicines. A prescription for these medicines needs prior authorization. To see the drug formulary and a complete list of specialty medicines, call Member Services at 1-866-638-1232 or PA Relay 7-1-1 or visit Aetna Better Health of Pennsylvania’s website at https://www.aetnabetterhealth.com/pennsylvania/members/pharmacy

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you at no cost to you and will contact you before sending them. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in Aetna Better Health of Pennsylvania’s network. For the list of network specialty pharmacies, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1 or see the provider directory on Aetna Better Health of Pennsylvania’s website at https://www.aetnabetterhealth.com/pennsylvania/find-provider. For any other questions or more information please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

Over-the-Counter Medicines
Aetna Better Health of Pennsylvania covers some over-the-counter medicines. You must have a prescription from your provider for these medicines in order for Aetna Better Health of Pennsylvania to pay for them. You will need to have your Aetna Better Health of Pennsylvania prescription ID card with you and you may have a co-payment. The following are the covered over-the-counter medicines:
- Bronchodilators
- Calcium products
- Cough and cold medications for children under 21 years old (does not include mouthwashes, lozenges, troches, throat sprays or rubs)
- Diagnostics
- Dry skin preparations for baths
- Eye drops
- Family planning
- Heartburn and nausea medicine
- Insulin and disposable insulin syringes.
- Iron preparations
- Laxatives and stool softeners.
- Medications for diarrhea such as loperamide
- Medications for gas retention such as simethicone
- Nasal medications such as oxymetazoline, phenylephrine, xylometazoline and naphazoline.
- Pain medications such as acetaminophen, ibuprofen or aspirin
- Prenatal vitamins
- Quinine
- Sinus and allergy medicine
- Topical medications for fungal infections such as athlete’s foot
- Topical medications such as creams and ointments (e.g. benzocaine, lidocaine, pramoxine, neomycin, polymyxin, etc)
- Vitamins
- Vitamins and minerals including multivitamins (with or without fluoride for children under 3 years of age)
- Wet dressings

You can find more information about covered over-the-counter medicines by visiting Aetna Better Health of Pennsylvania's website at https://www.aetnabetterhealth.com/pennsylvania or by calling Member Services at 1-866-638-1232 or PA Relay: 7-1-1.

**Tobacco Cessation**

Do you want to quit smoking? Aetna Better Health of Pennsylvania wants to help you quit!

If you are ready to be smoke free, no matter how many times you have tried to quit smoking, we are here to help you.

**Medicines**

Aetna Better Health of Pennsylvania covers the following medicines to help you quit smoking. None of the following require prior authorization/referral:

- Zyban (Buproban)
- Bupropion SR
- Chantix®
- Nicorette (OTC nicotine gum)
- Commit (OTC nicotine lozenge)
- OTC and prescription strength Nicoderm (nicotine patch)

Contact your PCP for an appointment to get a prescription for a tobacco cessation medicine.

**Counseling Services**

Counseling support may also help you to quit smoking. Counseling services can help with anxiety, depression or mental health while you’re trying to quit. Even if medicine or counseling didn’t work before, that doesn’t mean they’ll never work for you. Aetna Better Health of Pennsylvania can help you with counseling services for tobacco cessation. Please contact Aetna Better Health of Pennsylvania Member Services at 1-866-638-1232 or PA Relay 7-1-1 for help finding counseling services.
Behavioral Health Treatment
Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. Aetna Better Health of Pennsylvania members are eligible for services to address these side effects, but these services are covered by your BH-MCO. You can find the BH-MCO in your county and its contact information on page 53 in this Handbook. You can also call Aetna Better Health of Pennsylvania Member Services at 1-866-638-1232 or PA Relay 7-1-1 for help in contacting your BH-MCO.

Case Management Programs
Quitting smoking is not easy, but you can do it. To have the best chance of quitting (for good), you need to know what you’re up against, what your options are and where to get help. We can help you quit smoking. Just give our Member Services team a call at 1-866-638-1232 or PA Relay 7-1-1 to get connected with your case manager.

Other Tobacco Cessation Resources
The Pennsylvania Department of Health also wants you to succeed. That’s why they created the Pennsylvania Free Quitline. Call the Pennsylvania Free Quitline today if you’re considering quitting smoking:
• 1-877-724-1090 (In-person quit counseling)
• **1-800-QUIT NOW** (Phone-based quit counseling)

The American Lung Association can also help: [http://www.lung.org/stop-smoking/](http://www.lung.org/stop-smoking/)

The American Heart Association offers resources to help you quit smoking: [http://www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/-/HEARTORG/HealthyLiving/QuitSmoking/QuittingResources/Resources-to-Help-You-Quit-Smoking-UCM-307934-Article.jsp#.Wt4T9bfvs0](http://www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/-/HEARTORG/HealthyLiving/QuitSmoking/QuittingResources/Resources-to-Help-You-Quit-Smoking-UCM-307934-Article.jsp#.Wt4T9bfvs0)

Remember Aetna Better Health of Pennsylvania is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Member Services at 1-866-638-1232 or PA Relay 7-1-1 so we can help to get you started.

Family Planning
Aetna Better Health of Pennsylvania covers family planning services. You do not need a referral from your PCP for family planning services. These services include pregnancy testing, testing and treatment of sexually transmitted diseases, birth control supplies, and family planning education and counseling. You can see any doctor that is a Medical Assistance provider, including any out-of-network provider that offers family planning services. There is no co-payment for these services. When you go to a family planning provider that is not in the Aetna Better Health of Pennsylvania network, you must show your Aetna Better Health of Pennsylvania and Access ID cards.

For more information on covered family planning services or to get help finding a family planning provider, call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

Maternity Care
Care During Pregnancy
Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Early and regular prenatal care is very important for you and your baby’s health. Even if you have been pregnant before, it is important to go to a maternity care provider regularly through each pregnancy.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:
• Call or visit your PCP, who can help you find a maternity care provider in the Aetna Better Health of Pennsylvania’s network.
• Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
• Visit a network health center that offers OB or OB/GYN services.
• Call Member Services at 1-866-638-1232 or PA Relay 7-1-1 to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you within 10 business days from when they learn you are pregnant if you are in your first trimester, within 5 business days if you are in your second trimester, 4 business days if you are within your third trimester and within 24 hours if you have a high-risk pregnancy or an emergency exists.

It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (60 days after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

Aetna Better Health of Pennsylvania has specially trained maternal health coordinators who know what services and resources are available for you.

If you are pregnant and are already seeing a maternity care provider when you enroll in Aetna Better Health of Pennsylvania, you can continue to see that provider even if he or she is not in Aetna Better Health of Pennsylvania’s network. The provider will need to be enrolled in the Medical Assistance Program and must call Aetna Better Health of Pennsylvania for approval to treat you.

**Care for You and Your Baby After Your Baby is Born**

You should visit your maternity care provider between 21 and 56 days after your baby is delivered for a check-up.

Your baby should have an appointment with the baby’s PCP when he or she is 2 to 4 weeks old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**Text4baby™**

We want new and pregnant moms to sign up for text4baby. This program can help keep you and your baby healthy. Text4baby sends three text messages to your cell phone each week with expert health tips to help you through your pregnancy and your baby’s first year.

You’ll learn about things like prenatal care, good nutrition, infant care and more and you can even have appointment reminders sent to your phone. This knowledge can help you give your baby the best possible start in life.

There’s no cost to sign up or to get text4baby messages as long as you have a participating mobile phone carrier. Visit our website at aetnabetterhealth.com/pennsylvania to sign up and to learn more about the program. Be a smart mom. Get text4baby!

**Bright Expectations**

Aetna Better Health of Pennsylvania has a special program for pregnant women called Bright Expectations.

Earn rewards for maternity care! Just complete these steps in your maternity care to earn your reward.
• Call our Special Needs Unit at 1-855-346-9828 within the first trimester of your pregnancy (0-12 weeks). You’ll complete a Health Questionnaire over the phone.
• Schedule and attend your first prenatal visit with your doctor.
• Complete all prenatal visits that your doctor recommends. (Usually about 14 visits for a 40-week pregnancy.)
• Complete a postpartum visit within 21-56 days after delivery.

Remember to call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930 and tell them about your new baby. To find your CAO please see page 10. This is very important to make sure you get the benefits and services your baby needs.

Check out our website or call Member Services at 1-866-638-1232 or PA Relay 7-1-1 to learn more about the rewards you can earn and how to enroll in this exciting program.

**Durable Medical Equipment and Medical Supplies**

Aetna Better Health of Pennsylvania covers Durable Medical Equipment (DME) and medical supplies. DME is a medical item or device that can be used in your home many times and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your PCP or other provider must order them. DME suppliers must be in the Aetna Better Health of Pennsylvania network. You may have a co-payment.

Examples of DME include:
• Oxygen tanks
• Wheelchairs
• Crutches
• Walkers
• Splints
• Special medical beds

Examples of medical supplies include:
• Diabetic supplies
• Gauze pads
• Dressing tape
• Underpads

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**Outpatient Services**

Aetna Better Health of Pennsylvania covers outpatient services such as physical, occupational, and speech therapy as well as x-rays and laboratory tests. Your PCP will arrange for these services with one of Aetna Better Health of Pennsylvania’s network providers.

**Nursing Facility Services**

Aetna Better Health of Pennsylvania covers up to 30 days of nursing facility services. If you need nursing facility services for more than 30 days and the Community HealthChoices Program is available in the area where you live, you will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If Community HealthChoices is not available in the area where you live you will be disenrolled from Aetna Better Health of Pennsylvania and will receive your services through the Medical Assistance fee-for-service system.

**Hospital Services**

Aetna Better Health of Pennsylvania covers inpatient hospital services. If you need to be admitted to a hospital and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in Aetna Better Health of Pennsylvania’s network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by Aetna Better Health of Pennsylvania. To find out if a hospital is in the Aetna Better Health of Pennsylvania network, please call Member Services.
Services at 1-866-638-1232 or PA Relay 7-1-1 or check the provider directory on Aetna Better Health of Pennsylvania’s website at https://www.aetnabetterhealth.com/pennsylvania/find-provider.

If you have any other questions on hospital services, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital.

It is very important to make an appointment see your PCP within 7 days after you leave the hospital. Seeing your PCP right after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from having to be readmitted to the hospital.

We can help! If you want or need assistance making arrangements for care, or have any questions, after your hospital stay, please contact our Special Needs Hotline by calling 1-855-346-9828.

Preventive Services
Aetna Better Health of Pennsylvania covers preventive services, which can help keep you healthy. Preventive services include more than just seeing your PCP once a year for a check-up. They also include immunizations (shots), lab tests, and other tests or screenings that let you and your PCP know if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care.

Women can also go to a participating OB/GYN for their yearly Pap test and pelvic exam, and to get a prescription for a mammogram.

Physical Exam
You should have a physical exam by your PCP at least once a year. This allows your PCP to know about any problems that you may or may not know about. Your PCP may order tests based on your health history, age, and sex. Your PCP will also check if you are up to date on immunizations and preventive services to help keep you healthy.

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Member Services at 1-866-638-1232 or PA Relay 7-1-1. Member Services can also help you make an appointment with your PCP.

New Medical Technology
Aetna Better Health of Pennsylvania may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. Aetna Better Health of Pennsylvania wants to make sure that new medical technologies are safe, effective, and right for you before approving the service.

We’re always looking at new medical procedures and services to make sure you get safe, up-to-date and high-quality medical care. A team of doctors reviews new health care methods and decides if they should become covered services.

Researched and studied investigational services and treatments are not covered services.

To decide if new technology will be a covered benefit or service, we’ll:
• Study the purpose of each technology
• Review medical literature
• Determine the impact of a new technology
• Develop guidelines on how and when to use the technology

If you need more information on new medical technologies, please call Aetna Better Health of Pennsylvania Member Services at 1-866-638-1232 or PA Relay 7-1-1.
**Home Health Care**

Aetna Better Health of Pennsylvania covers home health care provided by a home health agency. Home health care is care provided in your home and includes skilled nursing services; help with activities of daily living such as bathing, dressing, and eating; and physical, speech, and occupational therapy. Your PCP or specialist must order home health care.

If you are over age 21, there are no limits on the number of home health care visits that you can get however they must be medical necessity and be ordered by your PCP or specialist. These services require prior authorization.

You should contact Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you have been approved for home health care and that care is not being provided as approved.

**Case Management**

Some members have special health care/special needs and medical conditions. Aetna Better Health Case Management includes nurses and social workers who work with many health care providers, agencies and organizations to get the services and the care that you need such as:

- Access to doctor appointments
- Transportation
- Community resources to help with food, housing, employment and utilities

Our Case Management team can help you learn more about the following conditions. They can help you and your provider make a care plan that's right for you.

- Pregnancy
- HIV, Hepatitis C
- Developmental disability
- Chronic Conditions (see Disease Management below)

We want to help! Call Member Services at 1-866-638-1232 or PA Relay 7-1-1 and ask to speak to someone on our Case Management team. Because it's an opt in program, you can choose to join or leave the program at any time.

**Disease Management**

Aetna Better Health of Pennsylvania has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. Aetna Better Health of Pennsylvania has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment.

We offer disease management programs that can help you better manage your health conditions. These programs educate you on your disease and give you tips on how to stay healthy. If you have one of the health conditions listed below, we have a program to help you with each of the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes

We'll give you information to read and the names and phone numbers of resources who can help you manage your illness. We'll 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 health condition.

Our case management program is able to assist members with special health care needs like Hepatitis C and HIV/AIDS. We can help you understand your medications and treatments. Members are connected to providers, specialists and community resources to provide members with targeted case management services including face to face visits.
We also help members stay well during their pregnancy, delivery and postpartum period so they can give their babies a healthy start on life.

By following your provider’s plan of care and learning about your disease or condition, you can stay healthier. Aetna Better Health of Pennsylvania care managers are here to help you understand how to take better care of yourself by following your doctor’s orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**Expanded Services**

We offer additional services for our members:

- Free cell phone - You can apply for mobile phone services at no cost through the Lifeline program. Go to LifelineApply.com/AetnaBetterHealth for more information.
- Bright Expectations Maternity Care Program - to join our maternity care program, call us at 1-866-638-1232 or TTY 7-1-1.
- Nurse HelpLine - Your personal nurse helpline provides help and information 24 hours a day, every day of the year. This service is at no cost to you. Call Member Services at 1-866-638-1232 or TTY 7-1-1 and follow the prompts for the Nurse HelpLine.
- Member Rewards for Healthy Behaviors - You can receive a reward for completing certain qualifying activities. Call Member Services at 1-866-638-1232 or TTY 7-1-1 for more details on the specific reward programs.

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

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child’s PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Member Services at 1-866-638-1232 or PA Relay 7-1-1.

**When Should an EPSDT Exam be Completed?**

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 20 will need just 1 visit per year.

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<td>24 Months</td>
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<tr>
<td>30 Months</td>
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**Children ages 3-20 should be screened yearly**

**What Will the Provider Do During the EPSDT Exam?**

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following services are some of the services that may be performed during an exam depending on the child’s age and needs of the child:

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
• Blood pressure check
• Health and safety education
• Check of the child’s body mass index (BMI)
• Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
• Urinalysis screening
• Blood lead screening test

Aetna Better Health of Pennsylvania covers services that are needed to treat health problems that are identified during the EPSDT exam.

Additional services are available for children with special needs. Talk to your provider about whether or not your child may need these additional services.
Section 4 - Out-of-Network and Out-of-Plan Services

Out-of-Network Providers
An out-of-network provider is a provider that does not have a contract with Aetna Better Health of Pennsylvania to provide services to Aetna Better Health of Pennsylvania’s members. There may be a time when you need to use a doctor or hospital that is not in the Aetna Better Health of Pennsylvania network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask Aetna Better Health of Pennsylvania that you be allowed to go to an out-of-network provider. Aetna Better Health of Pennsylvania will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If Aetna Better Health of Pennsylvania cannot give you a choice of at least 2 providers in your area, Aetna Better Health of Pennsylvania will cover the treatment by the out-of-network provider.

Getting Care While Outside of Aetna Better Health of Pennsylvania’s Service Area
If you are outside of Aetna Better Health of Pennsylvania’s service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from Aetna Better Health of Pennsylvania to get care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Member Services at 1-866-638-1232 or PA Relay 7-1-1 who will help you to get the most appropriate care.

Aetna Better Health of Pennsylvania will not pay for services received outside of the United States.

Out-of-Plan Services
You may be eligible to get services other than those provided by Aetna Better Health of Pennsylvania. Below are some services that are available but are not covered by Aetna Better Health of Pennsylvania. If you would like help in getting these services, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

Non-Emergency Medical Transportation
Aetna Better Health of Pennsylvania does not cover non-emergency medical transportation for most HealthChoices members. Aetna Better Health of Pennsylvania can help you arrange transportation to covered service appointments through programs such as Shared Ride or the MATP described below.

Aetna Better Health of Pennsylvania does cover non-emergency medical transportation if:
• You live in a nursing home, and need to go to any medical appointment or an urgent care center or a pharmacy for any Medical Assistance service, DME or medicine
• You need specialized non-emergency medical transportation, such as if you need to use a stretcher to get to your appointment

If you have questions about non-emergency medical transportation, please call Member Services at 1-866-638-1232 or PA Relay 7-1-1.
Medical Assistance Transportation Program

MATP provides non-emergency transportation to medical appointments and pharmacies, at no cost to you if you need help getting to your appointment or to the pharmacy. The MATP in the county where you live will determine your need for the Program, and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation is available, MATP provides tokens or passes or reimburses you for the fare for public transportation.
- If you can use your own or someone else's car, MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, MATP provides rides in paratransit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than 1 rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or the pharmacy, contact MATP to get more information and register for services. To get rides to your appointments you have to sign up with the MATP program. Do this by calling the MATP office in your county or visit the DHS MATP website at http://matp.pa.gov/CountyContact.aspx. There is a list of the MATP offices below.

MATP will work with Aetna Better Health of Pennsylvania to confirm that the medical appointment you need transportation for is a covered service. Aetna Better Health of Pennsylvania works with MATP to help you arrange transportation. You can also call Member Services for more information at 1-866-638-1232 or PA Relay 7-1-1.

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<th>Local phone number</th>
<th>Toll-free phone number</th>
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<td>Adams</td>
<td>800-632-9063</td>
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<td>Allegheny</td>
<td>412-350-4476</td>
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**Women, Infants, and Children Program**

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at www.pawic.com
Domestic Violence Crisis and Prevention

Everyone knows a victim of domestic violence. They could be your neighbors, your co-workers, or members of your family. Most victims of domestic violence are women, but men can be victims, too. Domestic violence happens in a family or an intimate relationship as a way for a person to control another person.

Domestic violence includes physical abuse such as hitting, kicking, choking, shoving, or using objects like knives and guns to injure the victim. It also includes harming someone emotionally by threats, name-calling, and put downs. Victims may be raped or forced into unwanted sex acts. A spouse or partner may steal money and other items, destroy personal belongings, hurt pets, threaten children, or not allow someone to leave the home, work, or see their friends and family.

If any of these things is happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:
National Domestic Violence Hotline
• 1-800-799-7233 (SAFE)
• 1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence
The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.
• 1-800-932-4632 (in Pennsylvania)
• 1-800-537-2238 (national)

Early Intervention Services

While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children birth to the age of 5 who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family and address the following areas:
• Physical development, including vision and hearing
• Cognitive development
• Communication development
• Social or emotional development
• Adaptive development

Parents who have questions about their child's development may contact the CONNECT Helpline at 1-800-692-7288 or visit www.connectpa.net. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children from birth to age 5. In addition, CONNECT can help parents with contacting their county Early Intervention Program or local preschool Early Intervention Program.
Section 5 - Special Needs

Special Needs Unit

Aetna Better Health of Pennsylvania wants to make sure all of our members get the care they need. We have trained case managers in the Aetna Better Health of Pennsylvania Special Needs Unit that help our members with special needs have access to the care they need. The case managers of the unit help members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. Aetna Better Health of Pennsylvania understands that you and your family may need help with issues that may not be directly related to your health care needs. The Special Needs Unit is able to assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you have or someone in your family has a special need, and you would like the Special Needs Unit to help you, please contact them by calling 1-855-346-9828. The Special Needs Unit staff members are available Monday through Friday from 8 a.m. to 5 p.m. If you need assistance when the Special Needs Unit staff is not available you may call Member Services at 1-866-638-1232 or PA Relay 7-1-1.

Coordination of Care

The Aetna Better Health of Pennsylvania Special Needs Unit will help you coordinate care for you and your family. In addition, Aetna Better Health of Pennsylvania can assist in connecting you with other state and local programs.

If you need help with any part of your care; your child’s care; or coordinating that care with another state, county, or local program; please contact the Aetna Better Health of Pennsylvania Special Needs Unit for assistance.

The Aetna Better Health of Pennsylvania Special Needs Unit will also assist members in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our members to be able to move back home as soon as possible. Please contact your Aetna Better Health of Pennsylvania Special Needs Unit for assistance in helping receive care in your home.

Home and Community-Based Waivers and Long-Term Services and Supports

The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, and the Adult Autism Waiver for individuals with intellectual disabilities and autism. If you have questions regarding any of these waivers, you may contact ODP’s Customer Service Hotline at 1-888-565-9435, or request assistance from the Special Needs Unit at Aetna Better Health of Pennsylvania.

The Office of Long-Term Living (OLTL) administers services for seniors and individuals with physical disabilities. Currently individuals receive services through the Attendant Care Waiver, Independence Waiver, Aging Waiver, and OBRA Waivers. Community HealthChoices (CHC) is a managed care program for beneficiaries who also have Medicare coverage and disabled adults age 21 and over. The CHC Program serves beneficiaries in the southwest zone and will begin serving beneficiaries on January 1, 2019 in the southeast zone, and January 1, 2020 for the remaining northeast, northwest, and Lehigh/capital zones. If you have questions regarding what services are available and how to apply, you may contact OLTL’s Participant Helpline at 1-800-757-5042 or request assistance from the Aetna Better Health of Pennsylvania Special Needs Unit at 1-855-346-9828.

Medical Foster Care

The Office of Children Youth and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program please contact the Special Needs Unit at 1-855-346-9828.
Section 6 - Advance Directives

Advance Directives

There are 2 types of advance directives: Living Wills and Health Care Powers of Attorney. These allow for your wishes to be respected if you are unable to decide or speak for yourself. If you have either a Living Will or a Health Care Power of Attorney, you should give it to your PCP, other providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding advance directives are changed, Aetna Better Health of Pennsylvania will tell you in writing what the change is within 90 days of the change. For information on Aetna Better Health of Pennsylvania’s policies on advance directives, call Member Services at 1-866-638-1232 or PA Relay 7-1-1 or visit the Aetna Better Health of Pennsylvania’s website at https://www.aetnabetterhealth.com/pennsylvania.

Living Wills

A Living Will is a document that you create. It states what medical care you do, and do not, want to get if you cannot tell your doctor or other providers the type of care you want. Your doctor must have a copy and must decide that you are unable to make decisions for yourself for a Living Will to be used. You may revoke or change a Living Will at any time.

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact Member Services at 1-866-638-1232 or PA Relay 7-1-1 for more information or direction to resources near you.

What to Do if a Provider Does Not Follow Your Advance Directive

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, Aetna Better Health of Pennsylvania will help you find a provider that will carry out your wishes. Please call Member Services at 1-866-638-1232 or PA Relay 7-1-1 if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page 56 in Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Member Services at 1-866-638-1232 or PA Relay 7-1-1.
Section 7 - Behavioral Health Services

Behavioral Health Care

Behavioral health services are available through your behavioral health managed care organization (BH-MCO). These services include mental health and drug and alcohol treatment. Contact information for the BH-MCO is listed below. You can also call Member Services at 1-866-638-1232 or PA Relay 7-1-1 to get contact information for your BH-MCO.

You can call your BH-MCO toll-free 24 hours a day, 7 days a week.

You do not need a referral from your PCP to get behavioral health services, but your PCP will work with your BH-MCO and behavioral health providers to help get you the care that best meets your needs. You should let your PCP know if you, or someone in your family, is having a mental health or drug and alcohol problem.

Covered behavioral health services include:
- Inpatient psychiatric hospital services
- Inpatient drug and alcohol services
- Mental health partial hospitalization
- Outpatient mental health services
- Outpatient drug and alcohol services
- Methadone maintenance
- Peer support services
- Mental health crisis intervention services
- Mental health targeted case management
- Community-based services
- Clozaril support
- Tobacco cessation counseling services
- Lab and diagnostic tests
- Residential treatment services for individuals under the age of 21
- Family-based mental health services for individuals under the age of 21

Your BH-MCO can help you get transportation to your appointments.

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<tr>
<th>County you live in</th>
<th>Your Behavioral Health Managed Care Organization</th>
<th>1-800 Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Community Care Behavioral Health</td>
<td>1-866-738-9849</td>
</tr>
<tr>
<td>Allegheny</td>
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<td>1-800-553-7499</td>
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<tr>
<td>Armstrong</td>
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<td>1-877-688-5969</td>
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<tr>
<td>Beaver</td>
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<td>Bedford</td>
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<td>1-866-773-7891</td>
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<td>Berks</td>
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<td>Bucks</td>
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<td>Carbon</td>
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<td>1-866-473-5862</td>
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<tr>
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<td>1-866-622-4228</td>
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<td>County you live in</td>
<td>Your Behavioral Health Managed Care Organization</td>
<td>Phone Number</td>
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<td>1-888-722-8646</td>
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<tr>
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<td>Somerset</td>
<td>Community Behavioral Health Network</td>
<td>1-866-773-7891</td>
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<tr>
<td>County you live in</td>
<td>Your Behavioral Health Managed Care Organization</td>
<td>Phone Number</td>
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<td>Sullivan</td>
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<td>Union</td>
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<td>1-866-878-6046</td>
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<td>Venango</td>
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<td>Wayne</td>
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<td>1-877-688-5977</td>
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<td>Wyoming</td>
<td>Community Care Behavioral Health</td>
<td>1-866-668-4696</td>
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<tr>
<td>York</td>
<td>Community Care Behavioral Health</td>
<td>1-866-542-0299</td>
</tr>
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</table>
Section 8 - Complaints, Grievances, and Fair Hearings

If a provider or Aetna Better Health of Pennsylvania does something that you are unhappy about or do not agree with, you can tell Aetna Better Health of Pennsylvania or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Aetna Better Health of Pennsylvania has done. This section describes what you can do and what will happen.

Complaints

What is a Complaint?

A Complaint is when you tell Aetna Better Health of Pennsylvania you are unhappy with Aetna Better Health of Pennsylvania or your provider or do not agree with a decision by Aetna Better Health of Pennsylvania.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that Aetna Better Health of Pennsylvania has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Complaint, or
- Write down your Complaint and send it to Aetna Better Health of Pennsylvania by mail or fax, or
- If you received a notice from Aetna Better Health of Pennsylvania telling you Aetna Better Health of Pennsylvania's decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to Aetna Better Health of Pennsylvania by mail or fax.

Aetna Better Health of Pennsylvania
Attn: Complaints and Grievance Department
2000 Market Street
Suite 850
Philadelphia, PA 19103
Fax number: 1-860-754-1757

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within 60 days of getting a notice telling you that

- Aetna Better Health of Pennsylvania has decided that you cannot get a service or item you want because it is not a covered service or item.
- Aetna Better Health of Pennsylvania will not pay a provider for a service or item you got.
- Aetna Better Health of Pennsylvania did not tell you its decision about a Complaint or Grievance you told Aetna Better Health of Pennsylvania about within 30 days from when Aetna Better Health of Pennsylvania got your Complaint or Grievance.
- Aetna Better Health of Pennsylvania has denied your request to disagree with Aetna Better Health of Pennsylvania’s decision that you have to pay your provider.
You must file a Complaint within 60 days of the date you should have gotten a service or item if you did not get a service or item. The time by which you should have received a service or item is listed below:

<table>
<thead>
<tr>
<th>New member appointment for your first examination...</th>
<th>We will make an appointment for you...</th>
</tr>
</thead>
<tbody>
<tr>
<td>members with HIV/AIDS</td>
<td>with PCP or specialist no later than 7 days after you become a member in Aetna Better Health of Pennsylvania unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>members who receive Supplemental Security Income (SSI)</td>
<td>with PCP or specialist no later than 45 days after you become a member in Aetna Better Health of Pennsylvania, unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>members under the age of 21</td>
<td>with PCP for an EPSDT exam no later than 45 days after you become a member in Aetna Better Health of Pennsylvania, unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>all other members</td>
<td>with PCP no later than 3 weeks after you become a member in Aetna Better Health of Pennsylvania.</td>
</tr>
</tbody>
</table>

**Members who are pregnant:**

<table>
<thead>
<tr>
<th>We will make an appointment for you...</th>
</tr>
</thead>
<tbody>
<tr>
<td>pregnant women in their first trimester</td>
</tr>
<tr>
<td>pregnant women in their second trimester</td>
</tr>
<tr>
<td>pregnant women in their third trimester</td>
</tr>
<tr>
<td>pregnant women with high-risk pregnancies</td>
</tr>
</tbody>
</table>

**Appointment with...**

**An appointment must be scheduled...**

<table>
<thead>
<tr>
<th>PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• urgent medical condition</td>
</tr>
<tr>
<td>• routine appointment</td>
</tr>
<tr>
<td>• health assessment/general physical examination</td>
</tr>
<tr>
<td>• within 10 business days.</td>
</tr>
<tr>
<td>• within 3 weeks.</td>
</tr>
</tbody>
</table>
Specialists (when referred by PCP)

- urgent medical condition
- routine appointment with one of the following specialists:
  - Otolaryngology
  - Dermatology
  - Pediatric Endocrinology
  - Pediatric General Surgery
  - Pediatric Infectious Disease
  - Pediatric Neurology
  - Pediatric Pulmonology
  - Pediatric Rheumatology
  - Dentist
  - Orthopedic Surgery
  - Pediatric Allergy & Immunology
  - Pediatric Gastroenterology
  - Pediatric Hematology
  - Pediatric Nephrology
  - Pediatric Oncology
  - Pediatric Rehab Medicine
  - Pediatric Urology
  - Pediatric Dentistry
- routine appointment with all other specialists

• within 24 hours of referral.
• within 15 business days of referral

• routine appointment with one of the following specialists:
  - Dentist
  - Orthopedic Surgery
  - Pediatric Allergy & Immunology
  - Pediatric Gastroenterology
  - Pediatric Hematology
  - Pediatric Nephrology
  - Pediatric Oncology
  - Pediatric Rehab Medicine
  - Pediatric Urology
  - Pediatric Dentistry

• within 10 business days of referral

You may file all other Complaints at any time.

What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from Aetna Better Health of Pennsylvania telling you that Aetna Better Health of Pennsylvania has received your Complaint, and about the First Level Complaint review process.

You may ask Aetna Better Health of Pennsylvania to see any information Aetna Better Health of Pennsylvania has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Aetna Better Health of Pennsylvania.

You may attend the Complaint review if you want to attend it. Aetna Better Health of Pennsylvania will tell you the location, date, and time of the Complaint review at least 7 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more Aetna Better Health of Pennsylvania staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Aetna Better Health of Pennsylvania will mail you a notice within 30 days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 56.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 10 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.
What if I Do Not Like Aetna Better Health of Pennsylvania's Decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- Aetna Better Health of Pennsylvania's decision that you cannot get a service or item you want because it is not a covered service or item.
- Aetna Better Health of Pennsylvania's decision to not pay a provider for a service or item you got.
- Aetna Better Health of Pennsylvania's failure to decide a Complaint or Grievance you told Aetna Better Health of Pennsylvania about within 30 days from when Aetna Better Health of Pennsylvania got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it
- Aetna Better Health of Pennsylvania's decision to deny your request to disagree with Aetna Better Health of Pennsylvania's decision that you have to pay your provider.

You must ask for an external Complaint review within **15 days of the date you got the First Level Complaint decision notice.**

You must ask for a Fair Hearing within **120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice.**

For information about Fair Hearings, see page 65.
For information about external Complaint review, see page 60.
If you need more information about help during the Complaint process, see page 56.

Second Level Complaint

**What Should I Do if I Want to File a Second Level Complaint?**

To file a Second Level Complaint:

- Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Second Level Complaint, or
- Write down your Second Level Complaint and send it to Aetna Better Health of Pennsylvania by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to Aetna Better Health of Pennsylvania by mail or fax.

Aetna Better Health of Pennsylvania:
Attn: Complaint and Grievance Department
2000 Market Street
Suite 850
Philadelphia, PA 19103
Fax number: 1-860-754-1757

**What Happens After I File a Second Level Complaint?**

After you file your Second Level Complaint, you will get a letter from Aetna Better Health of Pennsylvania telling you that Aetna Better Health of Pennsylvania has received your Complaint, and about the Second Level Complaint review process.

You may ask Aetna Better Health of Pennsylvania to see any information Aetna Better Health of Pennsylvania has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Aetna Better Health of Pennsylvania.

You may attend the Complaint review if you want to attend it. Aetna Better Health of Pennsylvania will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You
may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for Aetna Better Health of Pennsylvania, will meet to decide your Second Level Complaint. The Aetna Better Health of Pennsylvania staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Aetna Better Health of Pennsylvania will mail you a notice within 45 days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 56.

What if I Do Not Like Aetna Better Health of Pennsylvania’s Decision on My Second Level Complaint?

You may ask for an external review by either the Department of Health or the Insurance Department.

You must ask for an external review within 15 days of the date you got the Second Level Complaint decision notice.

External Complaint Review

How Do I Ask for an External Complaint Review?

You must send your request for external review of your Complaint in writing to either:

Pennsylvania Department of Health or Pennsylvania Insurance Department
Bureau of Managed Care Bureau of Consumer Services
Health and Welfare Building, Room 912 Room 1209, Strawberry Square
625 Forster Street Harrisburg, Pennsylvania 17120
Harrisburg, PA 17120-0701 Telephone Number: 1-877-881-6388
Telephone Number: 1-888-466-2787

If you ask, the Department of Health will help you put your Complaint in writing.

The Department of Health handles Complaints that involve the way a provider gives care or services. The Insurance Department reviews Complaints that involve Aetna Better Health of Pennsylvania’s policies and procedures. If you send your request for external review to the wrong Department, it will be sent to the correct Department.

What Happens After I Ask for an External Complaint Review?

The Department of Health or the Insurance Department will get your file from Aetna Better Health of Pennsylvania. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.
What to do to continue getting services:
If you have been getting the services or items that are being reduced, changed or denied and your request for an external Complaint review is postmarked or hand-delivered within 10 days of the date on the notice telling you Aetna Better Health of Pennsylvania’s First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made.

Grievances

What is a Grievance?
When Aetna Better Health of Pennsylvania denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you Aetna Better Health of Pennsylvania’s decision.

A Grievance is when you tell Aetna Better Health of Pennsylvania you disagree with Aetna Better Health of Pennsylvania’s decision.

What Should I Do if I Have a Grievance?
To file a Grievance:
• Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Grievance, or
• Write down your Grievance and send it to Aetna Better Health of Pennsylvania by mail or fax, or
• Fill out the Complaint/Grievance Request Form included in the denial notice you got from Aetna Better Health of Pennsylvania and send it to Aetna Better Health of Pennsylvania by mail or fax.

Aetna Better Health of Pennsylvania
Attn: Complaint and Grievance Department
2000 Market Street
Suite 850
Philadelphia, PA 19103
Fax number: 1-860-754-1757

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?
You must file a Grievance within 60 days from the date you get the notice telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?
After you file your Grievance, you will get a letter from Aetna Better Health of Pennsylvania telling you that Aetna Better Health of Pennsylvania has received your Grievance, and about the Grievance review process.

You may ask Aetna Better Health of Pennsylvania to see any information that Aetna Better Health of Pennsylvania used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to Aetna Better Health of Pennsylvania.

You may attend the Grievance review if you want to attend it. Aetna Better Health of Pennsylvania will tell you the location, date, and time of the Grievance review at least 15 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.
A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The Aetna Better Health of Pennsylvania staff on the committee will not have been involved in the issue you filed your Grievance about. Aetna Better Health of Pennsylvania will mail you a notice within 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 61.

**What to do to continue getting services:**

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, or hand-delivered within 10 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

**What if I Do Not Like Aetna Better Health of Pennsylvania’s Decision?**

- You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for Aetna Better Health of Pennsylvania.

You must ask for an external Grievance review within **15 days of the date you got the Grievance decision notice.**

You must ask for a Fair Hearing from the Department of Human Services within **120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 65. For information about external Grievance review, see below. If you need more information about help during the Grievance process, see page 61.

**External Grievance Review**

**How Do I Ask for External Grievance Review?**

To ask for an external Grievance review:

Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Grievance, or

Write down your Grievance and send it to Aetna Better Health of Pennsylvania by mail to:

**Attn: Complaint and Grievance Department**

2000 Market Street
Suite 850
Philadelphia, PA 19103

Aetna Better Health of Pennsylvania will send your request for external Grievance review to the Department of Health.

**What Happens After I Ask for an External Grievance Review?**

The Department of Health will notify you of the external Grievance reviewer's name, address and phone number. You will also be given information about the external Grievance review process.
Aetna Better Health of Pennsylvania will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

**What to do to continue getting services:**

If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within 10 days of the date on the notice telling you Aetna Better Health of Pennsylvania's Grievance decision, the services or items will continue until a decision is made.

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**Expedited Complaints and Grievances**

**What Can I Do if My Health Is at Immediate Risk?**

If your doctor or dentist believes that waiting 30 days for the 1st level Complaint or Grievance decision or 45 days for the 2nd level Complaint decision could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask Aetna Better Health of Pennsylvania for an early decision by calling Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1, faxing a letter or the Complaint/Grievance Request Form to 1-877-363-8120, or sending an email to PAMedicaidAppeals&Grievance@AETNA.com
- Your doctor or dentist should fax a signed letter to 1-877-363-8120 within 72 hours of your request for an early decision that explains why Aetna Better Health of Pennsylvania taking 30 days for the 1st level Complaint or Grievance decision or 45 days for the 2nd level Complaint decision could harm your health.

If Aetna Better Health of Pennsylvania does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, Aetna Better Health of Pennsylvania will decide your Complaint or Grievance in the usual time frame of 30 days for the 1st level Complaint or Grievance decision or 45 days for the 2nd level Complaint decision from when Aetna Better Health of Pennsylvania first got your Complaint or Grievance.

**Expedited Complaint and Expedited External Complaint**

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because Aetna Better Health of Pennsylvania has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

Aetna Better Health of Pennsylvania will tell you the decision about your Complaint within 48 hours of when Aetna Better Health of Pennsylvania gets your doctor’s or dentist’s letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when Aetna Better Health of Pennsylvania gets your request for an early decision, whichever is sooner, unless you ask Aetna Better Health of Pennsylvania to take more time to decide your Complaint. You can ask Aetna Better Health of Pennsylvania to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review, if you do not like the decision.
If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Department of Health within 2 business days from the date you get the expedited Complaint decision notice. To ask for expedited external review of a Complaint:

- Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Complaint, or
- Send an email to Aetna Better Health of Pennsylvania at PAMedicaidAppeals&Grievance@AETNA.com, or
- Write down your Complaint and send it to Aetna Better Health of Pennsylvania by mail or fax:
  Aetna Better Health of Pennsylvania
  Attn: Complaint and Grievance Department
  2000 Market Street, Suite 850
  Philadelphia, PA 19103
  Fax number: 860-754-1757

**Expedited Grievance and Expedited External Grievance**

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The Aetna Better Health of Pennsylvania staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone or by videoconference because Aetna Better Health of Pennsylvania has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

Aetna Better Health of Pennsylvania will tell you the decision about your Grievance within 48 hours of when Aetna Better Health of Pennsylvania gets your doctor’s or dentist’s letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when Aetna Better Health of Pennsylvania gets your request for an early decision, whichever is sooner, unless you ask Aetna Better Health of Pennsylvania to take more time to decide your Grievance. You can ask Aetna Better Health of Pennsylvania to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

You must ask for expedited external Grievance review by the Department of Health within **2 business days from the date you get the expedited Grievance decision notice.** To ask for expedited external review of a Grievance:

- Call Aetna Better Health of Pennsylvania at 1-866-638-1232 or PA Relay: 7-1-1 and tell Aetna Better Health of Pennsylvania your Grievance, or
- Send an email to Aetna Better Health of Pennsylvania at PAMedicaidAppeals&Grievance@AETNA.com or
- Write down your Grievance and send it to Aetna Better Health of Pennsylvania by mail or fax:
  Aetna Better Health of Pennsylvania
  Attn: Complaint and Grievance Department
  2000 Market Street, Suite 850
  Philadelphia, PA 19103
  Fax number: 860-754-1757

Aetna Better Health of Pennsylvania will send your request to the Department of Health within 24 hours after receiving it.

You must ask for a Fair Hearing within 120 days from the date on the notice telling you the expedited Grievance decision.
What Kind of Help Can I Have with the Complaint and Grievance Processes?

If you need help filing your Complaint or Grievance, a staff member of Aetna Better Health of Pennsylvania will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell Aetna Better Health of Pennsylvania, in writing, the name of that person and how Aetna Better Health of Pennsylvania can reach him or her.

You or the person you choose to represent you may ask Aetna Better Health of Pennsylvania to see any information Aetna Better Health of Pennsylvania has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call Aetna Better Health of Pennsylvania's toll-free telephone number at 1-866-638-1232 or PA Relay: 7-1-1 if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons Whose Primary Language Is Not English
If you ask for language services, Aetna Better Health of Pennsylvania will provide the services at no cost to you.

Persons with Disabilities
Aetna Better Health of Pennsylvania will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by Aetna Better Health of Pennsylvania at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings
In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something Aetna Better Health of Pennsylvania did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after Aetna Better Health of Pennsylvania decides your First Level Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?
Your request for a Fair Hearing must be postmarked within 120 days from the date on the notice telling you Aetna Better Health of Pennsylvania's decision on your First Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got and the provider can bill you for the service or item.
- Aetna Better Health of Pennsylvania's failure to decide a First Level Complaint or Grievance you told Aetna Better Health of Pennsylvania about within 30 days from when Aetna Better Health of Pennsylvania got your Complaint or Grievance.
• The denial of your request to disagree with Aetna Better Health of Pennsylvania's decision that you have to pay your provider.
• The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
• You're not getting a service or item within the time by which you should have received a service or item.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that Aetna Better Health of Pennsylvania failed to decide a First Level Complaint or Grievance you told Aetna Better Health of Pennsylvania about within 30 days from when Aetna Better Health of Pennsylvania got your Complaint or Grievance.

**How Do I Ask for a Fair Hearing?**

Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice or write and sign a letter.

If you write a letter, it needs to include the following information:
• Your (the member's) name and date of birth;
• A telephone number where you can be reached during the day;
• Whether you want to have the Fair Hearing in person or by telephone;
• The reason(s) you are asking for a Fair Hearing; and
• A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You must send your request for a Fair Hearing to the following address:
Department of Human Services
Office of Medical Assistance Programs - HealthChoices Program
Complaint, Grievance and Fair hearings
PO Box 2675
Harrisburg, PA 17105-2675

**What Happens After I Ask for a Fair Hearing?**

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You MUST participate in the Fair Hearing.

Aetna Better Health of Pennsylvania will also go to your Fair Hearing to explain why Aetna Better Health of Pennsylvania made the decision or explain what happened.

You may ask Aetna Better Health of Pennsylvania to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

**When Will the Fair Hearing Be Decided?**

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with Aetna Better Health of Pennsylvania, not including the number of days between the date on the written notice of the Aetna Better Health of Pennsylvania's First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because Aetna Better Health of Pennsylvania did not tell you its decision about a Complaint or Grievance you told Aetna Better Health of Pennsylvania about within 30 days from when Aetna Better Health of Pennsylvania got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with Aetna Better Health of Pennsylvania.
Pennsylvania, not including the number of days between the date on the notice telling you that Aetna Better Health of Pennsylvania failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

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<th>What to do to continue getting services:</th>
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<td>If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within 10 days of the date on the notice telling you Aetna Better Health of Pennsylvania's First Level Complaint or Grievance decision, the services or items will continue until a decision is made.</td>
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**Expedited Fair Hearing**

**What Can I Do if My Health Is at Immediate Risk?**

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-798-2339 or by faxing a letter or the Fair Hearing Request Form to 717-772-6328. Your doctor or dentist must fax a signed letter to 717-772-6328 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call Aetna Better Health of Pennsylvania's toll-free telephone number at 1-866-638-1232 or PA Relay 7-1-1 if you need help or have questions about Fair Hearings, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.
Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Aetna provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Aetna provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, call Aetna at **1-800-385-4104** (PA Relay: 711).

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

- **Aetna Better Health**
  ATTN: Complaints and Grievances Department
  2000 Market Street, Suite 850
  Philadelphia, PA 19103
  1-866-638-1232, PA Relay: 711

- **The Bureau of Equal Opportunity,**
  Room 223, Health and Welfare Building,
  P.O. Box 2675,
  Harrisburg, PA 17105-2675,
  Phone: (717) 787-1127, PA Relay: 711,
  Fax: (717) 772-4366, or
  Email: RA-PWBEOAO@pa.gov

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

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

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

Multi-language Interpreter Services

**ENGLISH:** ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (PA Relay: **711**).

**SPANISH:** ATENCIÓN: Si usted habla español, los servicios de ayuda de idioma, sin ningún costo, están disponibles para usted. Llamar al **1-800-385-4104** (PA Relay: **711**).

**RUSSIAN:** ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предлагаются бесплатные переводческие услуги. Позвоните по номеру **1-800-385-4104** (PA Relay: **711**).

**CHINESE:** 注意：如果您说普通话，您可以免费获得语言帮助。请致电 **1-800-385-4104**（听障专线：**711**）。

**VIETNAMESE:** LƯU Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-800-385-4104** (PA Relay: **711**).

**ARABIC:**

يرجى الانتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم **1-800-385-4104** إذا كنت تعاني من الصمم أو ضعف السمع فاتصل بخدمات الربط على الرقم **711**.

**NEPALI:** ध्यान दिनुहोस्: तपयाईं नेपाली बोलनुहुन्छ भने तपयाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन्। 
1-800-385-4104 मा फोन गर्नुहोस् (PA Relay: **711**)

**KOREAN:** 주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-385-4104(PA 중계 서비스: **711**번)으로 연락해 주십시오.

**GUJARATI:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભયાષયા સેવાઓ વિવિધ સ્થિતિઓમાં મૂલ્યમણ્ી છ. કૉલ કરો 1-800-385-4104 (PA Relay: **711**).