2022 Member Handbook

Learn about your health care benefits

AetnaBetterHealth.com/Kansas

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aetna®

Aetna Better Health® of Kansas

Helpful Information

Member Services
1-855-221-5656
24 hours a day, 7 days a week

Services for hearing and speech-impaired (TTY)
Call **711**

24-Hour Nurse Line
1-855-221-5656
24 hours a day, 7 days a week

Vision
1-855-918-2259

Dental
1-855-918-2257

Mailing address
Aetna Better Health of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

Interpreter service
This information is available for free in other languages and formats, including Braille. Please call **1-855-221-5656**, **(TTY: 711)**, 24 hours a day, 7 days a week, to request other formats or languages.

KanCare Clearinghouse
1-800-792-4884

Emergency (24 hours)
If you have a medical condition which could cause serious health problems or even death if not treated immediately, call **911**.

Website
AetnaBetterHealth.com/Kansas

Personal Information

My primary care physician (PCP)

My member ID number

My PCP's phone number

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or gender/gender identity. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or gender/gender identity.

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

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104.**

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, or gender/gender identity, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: 1-888-234-7358 (TTY: 711)
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person, orally, or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is 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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

TTY:711 Multi-language Interpreter Services (Kansas)

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.

Dear Member,

Welcome to Aetna Better Health of Kansas. Your plan offers a variety of support services. Your quality of life is our goal.

Your Member ID card is coming in a separate envelope. Please carry your Member ID with you at all times. Your Member ID card includes:

- The date your coverage starts with Aetna Better Health of Kansas.
- The phone number for our 24-Hour Nurse Line. You can call this number if you have any questions about your health. The nurse can help you decide if and when you need to go to an urgent care center or emergency room.

If you need a new ID card, just call us at **1-855-221-5656 (TTY: 711)**.

An Aetna Better Health of Kansas representative will contact you to discuss your needs. We want to help you get the services you need. If you would like, we can review any of the information included in your welcome packet, including the member handbook. If you have a health care need before we call, please call us at **1-855-221-5656 (TTY: 711)**.

Your member handbook has all the information you need to get the most out of your benefits. It includes:

- Your covered services
- How to access covered services
- How Member Services can help you

You can also view the member handbook online at our website, **AetnaBetterHealth.com/Kansas**. This information, as well as any member information, is available for free in other languages and formats, including Braille, if you need it, please call us at **1-855-221-5656 (TTY: 711)**.

If you would like a copy of the Provider Directory at no cost to you, please call us at **1-855-221-5656**. You can also go online at **AetnaBetterHealth.com/Kansas** to view and print a copy or use our online provider search tool.

Other important information

- If you have a change in your address or phone number, you should:
  - Call the KanCare Clearinghouse at **1-800-792-4884**.
  - Call Member Services at **1-855-221-5656 (TTY: 711)**.

- If you are a member that is in “active treatment” and are transitioning to Aetna Better Health of Kansas, please call us at **1-855-221-5656 (TTY: 711)** for help. We will help you with your coordination of care, so you do not need additional authorizations. You can continue to receive the same services from out-of-network providers for a limited time of 90 days.

Questions?

If you have any questions, please call Member Services at **1-855-221-5656 (TTY: 711)**, 24 hours a day, 7 days a week.

This information is available for free in other languages and formats, including Braille. Please call Member Services at **1-855-221-5656 (TTY: 711)**, 24 hours a day, 7 days a week, to request other formats or languages.

Table of Contents

Common contact information

Aetna Better Health of Kansas Member Services	**1-855-221-5656 (TTY: 711)** Representatives available 24 hours a day, 7 days a week
Nurse line	**1-855-221-5656 (TTY: 711)** Available 24 hours a day, 7 days a week
Prior Authorization	**1-855-221-5656 (TTY: 711)**
Dental Services: SkyGen	**1-855-918-2257 (TTY: 711)**
Vision Services: SkyGen	**1-855-918-2259 (TTY: 711)**
Language Services Call Member Services	**1-855-221-5656 (TTY: 711)** Representatives available 24 hours a day, 7 days a week
Grievances and Appeals	**1-855-221-5656 (TTY: 711)**
Pharmacy Services Call Member Services	**1-855-221-5656 (TTY: 711)** Representatives available 24 hours a day, 7 days a week
Prescriptions by Mail CVS	**1-855-271-6603 (TTY: 711)** Monday through Friday 8 AM - 5 PM CT
Fraud Waste and Abuse Hotline	**1-866-275-7704 (TTY: 711)**
Member Advocate	**1-855-221-5656 (TTY: 711)**

Welcome

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

- Quality health care
- Respect
- Excellent customer service

Our members include the following groups:

- All Medicaid and all CHIP
- Adults and children eligible under the Caretaker Medical program
- Certain pregnant women and children through the month of their first (1st) birthday
- Certain children over the age of one (1) year and through the month of their sixth (6th) birthday
- Certain children over the age of six (6) and through the month of their twenty first (21st) birthday
- Children under the age of nineteen (19) who are not eligible for Medicaid, but are living in families with incomes less than 241% of the Federal poverty level (CHIP)
- Aged and disabled individuals receiving Supplemental Security Income (SSI)
- Medically needy aged and disabled individuals (spenddown populations)
- Employed persons with disabilities receiving coverage under the Medicaid Buy-in (Working Healthy)
- Children in foster care
- Children whose families receive adoption support
- Beneficiaries receiving long-term care – including institutional care and Home and Community Based Services (HCBS)

Your member handbook

This is your member handbook. This is a guide to help you understand your health plan and benefits. Throughout the handbook, when we refer to "the Plan" we are referring to Aetna Better Health of Kansas. You will want to read and keep this handbook. It will answer questions you may have right now and in the future like:

- Your rights and responsibilities
- Your health care services
- Filing a grievance or appeal
- Getting information in a language other than English

- Getting information in other ways, like in large print
- Getting your medicines
- Getting medical supplies
- Health and wellness programs

Member Services

Member Services is here to help you. We are here 24 hours a day, 7 days a week. Our phone number is **1-855-221-5656 (TTY: 711)**. You can call this number from anywhere, even if you are out of town.

Call if you have questions about being a Plan member, what kind of care you can get or how to get care.

Member Services can:

- Help you choose or change a Primary Care Provider (PCP)
- Teach you and your family about managed care including the services available and the role of your PCP
- Explain your rights and responsibilities as a Plan member
- Help you get services, answer your questions or solve a problem you may have with your care
- Tell you about your benefits and services (what is covered and not covered)
- Assist you in making appointments
- Tell you about your PCP's medical and educational background, office locations and office hours
- Let you know what help may be available to you and your family in the area you live
- Tell you about fraud, waste and abuse policies and procedures and help you report fraud, waste, and abuse

Member Services needs your help too. We value your ideas and suggestions to change and improve our service to you. Do you have an idea on how we can work better for you? Please call Member Services at **1-855-221-5656 (TTY: 711)** or write to:

Aetna Better Health of Kansas
Attention: Member Services
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

At times. we may hold special events for members to learn about Aetna Better Health of Kansas. You will receive information about these events ahead of time. It is a good idea to come if you can. It will help you get to know us and learn about your health care services.

24-hour nurse line

Another way you can take charge of your health care is by using our nurse line. Nurses are available 24 hours a day, 7 days a week to answer your health care questions.

The nurse line does not take the place of your PCP. But, if it's late at night or you can't reach your PCP, the nurses can help you decide what to do. The nurses can also give you helpful hints on how to help you feel better and stay healthy. When a pain is keeping you awake, it's nice to know that, with this service, you won't be up alone. Call us at **1-855-221-5656 (TTY: 711)**.

Language services

Call **1-855-221-5656 (TTY: 711)** if you need help in another language. We will get you an interpreter in your language 24 hours a day, 7 days a week via telephone. This service is available at no cost to you. If you need a face to face interpreter, when possible, notify us at least 48 hours in advance of the need.

You can get this member handbook or other member material in another language. Call Member Services at **1-855-221-5656 (TTY: 711)**.

Other ways to get information

If you are deaf or hard of hearing, please call the Kansas Relay Center at **711**. They can help you call our Member Services. If you have a hard time seeing or hearing, or you do not read English, you can get information in other formats such as large print or audio. Call Member Services at **1-855-221-5656 (TTY: 711)** for help.

Website

Our website is **AetnaBetterHealth.com/Kansas**. It has information to help you get health care plus help you:

- Find a PCP or specialist in your area
- Send us questions through e-mail
- Get information about your benefits and health information
- View your member handbook

Identification card

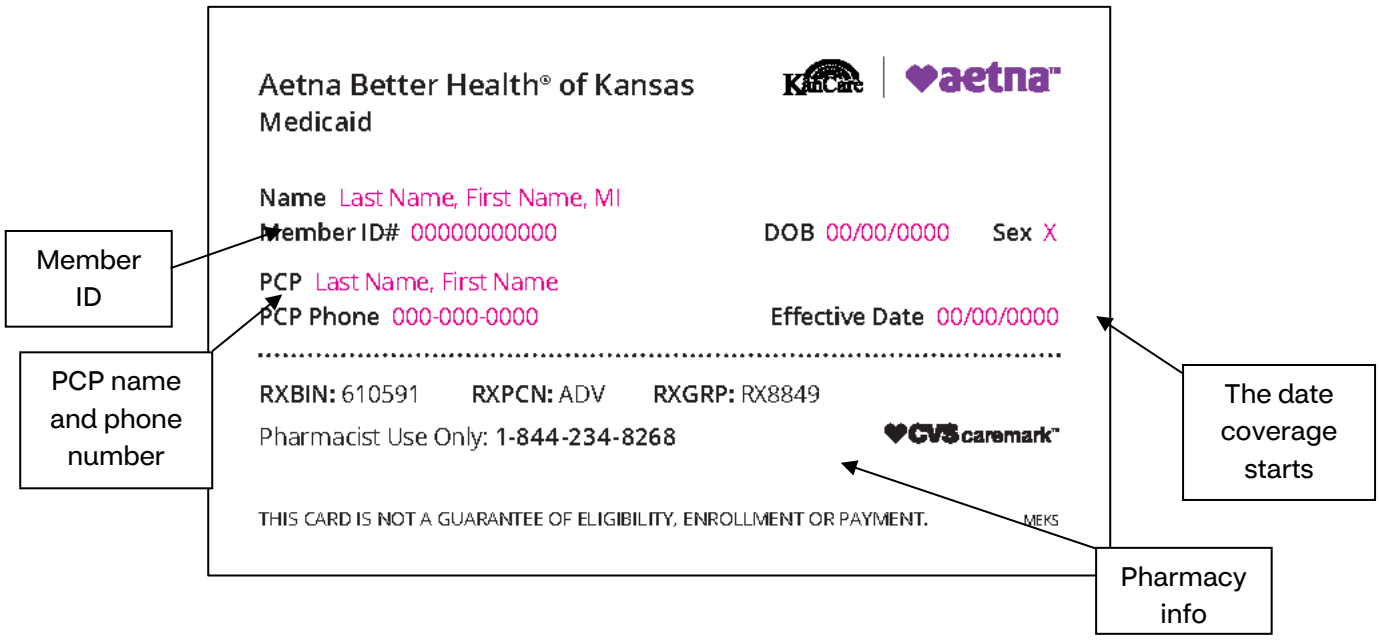
Your identification card (ID card) has the date your health care benefits start. This is the date that you can start getting services as a member of Aetna Better Health of Kansas.

The ID card lists:

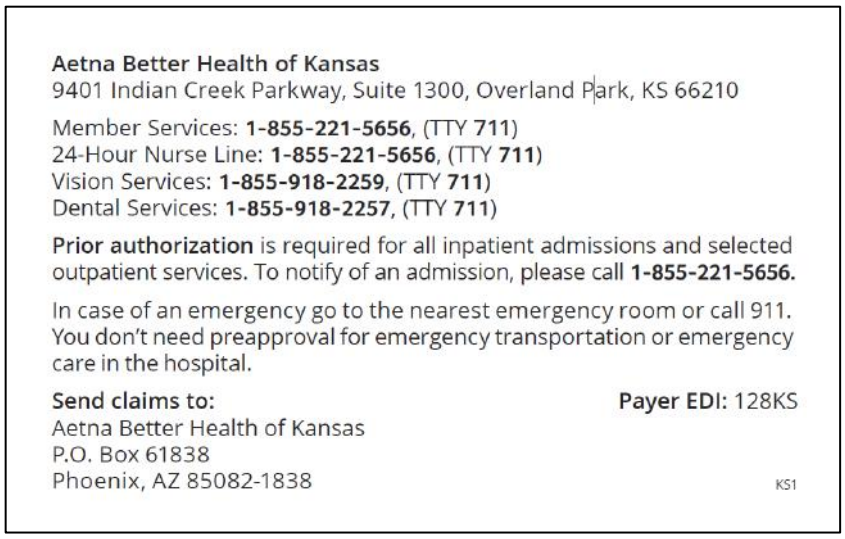
- Your name
- Member ID number
- Pharmacy info
- Your Primary Care Provider's name and phone number
- Important information, like what you should do in an emergency (on the back)

You need to show your Plan ID card when you go to medical appointments, get prescriptions or any other health care services.

Front of card:



Back of card:



Aetna Better Health of Kansas
9401 Indian Creek Parkway, Suite 1300, Overland Park, KS 66210

Member Services: **1-855-221-5656**, (TTY **711**)
24-Hour Nurse Line: **1-855-221-5656**, (TTY **711**)
Vision Services: **1-855-918-2259**, (TTY **711**)
Dental Services: **1-855-918-2257**, (TTY **711**)

Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call **1-855-221-5656.**

In case of an emergency go to the nearest emergency room or call 911. You don't need preapproval for emergency transportation or emergency care in the hospital.

Send claims to:
Aetna Better Health of Kansas
P.O. Box 61838
Phoenix, AZ 85082-1838

Payer EDI: 128KS

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

Look at your card to make sure the name, ID number and date of birth are correct. Call Member Services at **1-855-221-5656 (TTY: 711)** if:

- There is any information that is wrong.
- You did not receive the card.
- The card is lost or stolen.

Eligibility and enrollment

You can be a Plan member as long as you are eligible for KanCare. Your benefits are decided by the State of Kansas. The Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) must approve your enrollment in Aetna Better Health of Kansas. Until you are enrolled with us, you will continue to get benefits through Medicaid fee-for-service or the health plan in which you are currently enrolled.

If you are under a doctor's care when you join Aetna Better Health of Kansas, let us know. We will work with you and your doctor to make sure you get the continued care you need. Call Member Services at **1-855-221-5656 (TTY: 711)** for help.

Changing address

You must live in Kansas to be eligible for KanCare. If you move out of Kansas or the country, you will no longer be eligible for KanCare. Contact KanCare Clearinghouse at **1-800-792-4884** within 10 days to report changes.

Confirmation of enrollment

When you enrolled with Aetna Better Health of Kansas you received a welcome packet. It contained your ID card along with your effective date of enrollment. It will also show the name and phone number of the primary care provider (PCP) that you will go to for health care.

Changing health plans

Once you have enrolled in Aetna Better Health of Kansas, you have ninety (90) days to decide if you want to stay with us or change health plans. During these first ninety (90) days, you can change health plans for any reason. You will need to call the state's Enrollment Center at **1-866-305-5147 (TTY: 711)** or **1-800-766-3777** to change. After the ninety (90) days, and if you are still eligible, you will stay enrolled with us until your next annual open enrollment period. There are a few allowable reasons for members to change plans early. If you think that you have a good reason to change plans, call the Enrollment Center to submit a request.

Once a year, you will receive an Open Enrollment notice. This will tell you that you can change health plans if you want to. It will give you information about health plans you can choose from. It will explain how to call to make a change. More details can be found under the disenrollment section of this handbook.

Reinstatement

If you lose eligibility for three (3) months or less and then become eligible again, you will be re-enrolled with Aetna Better Health of Kansas. We will assign you to your past PCP if they are still accepting patients. Aetna Better Health of Kansas will notify members thirty (30) days in advance of changes to disenrollment rights, right to change PCP, member rights and responsibilities, or benefits.

Member confidentiality and privacy

We include a **Notice of Privacy Practices** in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out. For more information or if you have questions, call us at **1-855-221-5656 (TTY: 711).** You can also visit our website at **AetnaBetterHealth.com/Kansas**.

Your rights and responsibilities

As a Plan member, you have rights and responsibilities. If you need help understanding your rights and responsibilities, call Member Services at **1-855-221-5656 (TTY: 711)**.

Your rights

As a member or the parent or guardian of a member, you have the right to:

- Be treated with courtesy, consideration, respect, dignity and need for privacy.
- Be provided with information about Aetna Better Health of Kansas, its policies and procedures, its services, the practitioners providing care, and members' rights and responsibilities and to be able to communicate and be understood with the assistance of a translator if needed.
- Be able to choose a PCP within the limits of the plan network, including the right to refuse care from specific practitioners.
- Participate in decision-making regarding your health care, including the right to refuse treatment.
- If you do not agree with an adverse benefit determination that has been taken, you may appeal.

- Voice grievances about Aetna Better Health of Kansas or care provided and recommend changes in policies and services to plan staff, providers and outside representatives of your choice, free of restraint, interference, coercion, discrimination or reprisal by the plan or its providers.
- File appeals about the Plan action or denial of service and to be free from any form of retaliation.
- Formulate advance directives.
- Request a copy of your medical records and ask that they be amended or corrected.
- Be free to exercise your rights without Aetna Better Health of Kansas, our providers or the state treating you badly
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free of hazardous procedures.
- Receive information on available treatment options or alternative courses of care in a way that you understand regardless of cost or benefit coverage, including the right to refuse treatment or medication.
- Refuse treatment and be informed of the consequences of such refusal.
- Have services provided that promote a meaningful quality of life and autonomy for you, independent living in your home and other community settings as long as medically and socially feasible, and preservation and support of your natural support systems.
- Available and accessible services when medically necessary.
- Access care 24 hours a day, seven days a week for urgent and emergency conditions. For life-threatening conditions call 911.
- Be afforded a choice of specialist among participating providers.
- Obtain a current directory of participating providers in Aetna Better Health of Kansas including addresses and telephone numbers, and a listing of providers who accept members who speak languages other than English.
- Obtain assistance and referral to providers with experience in treatment of patients with chronic disabilities.
- Be free from balance billing for emergency services and for medically necessary services that were authorized by Aetna Better Health of Kansas. Balance billing is when the provider asks you to pay the balance after Aetna Better Health has paid for a service.
- Aetna Better Health will ensure that any cost to you is no greater than it would be if services were provided by a participating provider.
- To get a second opinion.

- Prompt notification of termination or changes in benefits, series or provider network.
- Be able to request and obtain a printed version of the Member Handbook information at least once a year.

Your responsibilities

- Use your ID cards when you go to health care appointments or get services and do not let anyone else use your card.
- Know the name of your PCP and your service coordinator if you have one.
- Know about your health care and the rules for getting care.
- Tell Aetna Better Health of Kansas and the KanCare Clearinghouse when you make changes to your address, telephone number, family size and other information.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Treat the doctors, staff and people providing services to you with respect.
- Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.
- Give your health care providers all the information they need.
- Tell Aetna Better Health of Kansas about your concerns, questions or problems.
- Ask for more information if you do not understand your care or health condition.
- Follow your health care provider's advice.
- Tell us about any other insurance you have.
- Tell us if you are applying for or get any other health care benefits.
- Bring shot records to all appointments for children under 18 years old.
- Give your doctor a copy of your living will or advance directive.
- If you are eligible to receive Managed Long Term Services and Supports (MLTSS), additional rights and responsibilities are listed in the MLTSS section of this handbook.

Getting care

Our members need to use one of our network providers to obtain health care services.

Provider directory

It is online at **AetnaBetterHealth.com/Kansas** or a printed copy can be provided by request by calling Member Services at **1-855-221-5656 (TTY: 711)**. It will be mailed

within five (5) business days. It lists all of the health care providers and hospitals in our network. This includes PCPs, specialists, pharmacies, dental, vision and HCBS providers.

If you want help finding a provider for any of our services, call Member Services at **1-855-221-5656 (TTY: 711)**. We will be happy to help you. You can also call Member Services if you want a provider to be added to our network. We will try to make that happen.

You may see an out-of-network provider if you need special care and we do not have a network provider with the right specialty. The provider must first get approval from us to see you or you must sign a waiver saying you know Aetna will not cover services and you will be billed. See the Getting Approval (prior authorization) section for services.

If you are unable to leave your home

If you can't leave your home to get care, we can help. Call Member Services at **1-855-221-5656 (TTY: 711)** if you are homebound. We will have a service coordinator work with you to make sure you get the care you need.

Your primary care provider (PCP)

You will often hear the term PCP. Your PCP is a medical provider who will manage your health care. They will help you get all the covered services you need.

If you are joining Aetna from another KanCare plan and already have a PCP, let us know if you want to stay with the same doctor. We can help with that.

You should make an appointment to see your PCP when you join Aetna Better Health of Kansas. We may contact you to help you schedule this visit. Your PCP's office may also contact you to schedule this visit. If you need help scheduling appointments call Member Services at **1-855-221-5656 (TTY: 711)**.

Your PCP helps you get care from other health plan providers. They are responsible for coordinating your health care by:

- Learning your health history.
- Keeping good health records.
- Providing regular care to find out if you are sick and treat your illness.
- Answering your health care questions.
- Giving you advice about healthy eating.
- Giving you needed shots and tests.
- Getting you other types of care.

- Sending you to a provider that has special training for your special health care needs.
- Giving you support when you have problems with your health care.

Types of primary care providers

The following are the types of primary care providers you can choose:

- Family Practice – providers who treat adults and children
- General Practice – providers who treat adults and children
- Pediatricians – providers who treat children from birth to age 21
- Specialists – providers who are trained, certified, or licensed in a special area of health care
- Behavioral Health Providers – providers who treat adults and children with behavioral health care needs

Sometimes PCPs have other health care providers in their office that you may see. Nurse practitioners, physician assistants and registered nurses may be employed by your doctor to help meet your health care needs.

If you see a specialist for special health care needs and you want the specialist to be your PCP, we can help. The Plan and your PCP will work together to help you see the PCP of your choice. Call Member Services at **1-855-221-5656 (TTY: 711)** for more information.

The provider's office

Ask your provider and the office staff these questions. You will be better set for getting health care services.

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

Other questions to ask

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

- What is my main problem?
- What do I need to do?

- Why is it important for me to do this?

Quick tips about appointments

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

If you cannot go to your appointment, please call your provider's office at least 24 hours before the appointment time to cancel. Don't forget to cancel any transportation rides as well.

Your PCP

We believe that the PCP is one of the most important parts of your health care. That is why we support you in choosing your PCP. When selecting your PCP, keep in mind you can choose one that shares your beliefs, language, or other cultural preferences. You can select your PCP when you enroll with Aetna Better Health of Kansas.

How do I pick my PCP?

- You need to pick a PCP that is in Aetna Better Health of Kansas provider network. The provider directory has a list of PCPs to pick from in your area. Our provider directory is online at AetnaBetterHealth.com/Kansas.
- Pregnant members have a choice to be assigned a PCP that provides obstetrical care.
- Each eligible family member does not have to have the same PCP.
- If you do not pick a PCP, we will pick one for you.
- If you are joining Aetna from another KanCare plan and you have a PCP that is not in our network, you have up to 6 months where you can still see that PCP. Call Member Services at **1-855-221-5656 (TTY: 711)** for help.

How do I change my PCP?

Your PCP is an important part of your health care team. We want you and your doctor to work together. You can change your PCP at any time for any reason.

If you want to choose or change your PCP to another doctor in our provider network, call Member Services at **1-855-221-5656 (TTY: 711)**.

PCP changes are effective immediately.

You will get a new Plan ID card with the name of your new PCP.

It is important for you to have a good relationship with your PCP. This will help you get the health care you need. Your PCP may ask us to change you to another doctor if you do the following things:

- You miss appointments over and over again.
- You often do not follow your doctor's advice.
- You or a family member hurts a provider or office staff member.
- You or a family member uses very bad language to a provider or office staff.
- You or a family member damages an office.

If your PCP asks that you be assigned a new PCP, we will let you know. We will also call you to help you pick a new doctor. If you do not pick a new doctor, we will pick one for you. You will get a new ID card with the new doctor's name and telephone number on it.

Notice of provider changes or service locations

Sometimes we will have to change your PCP without talking to you first. Maybe your doctor decides they do not want to be a part of our provider network. They may move to another location. If this happens, we will send you a letter, and then you can pick another PCP by calling Member Services. In some cases, you may be able to get covered services from that provider for a short period of time. For example, if you are in a current course of treatment.

The provider will need a prior authorization from Aetna Better Health of Kansas. Ask your provider to contact Aetna Better Health to request a prior authorization. If you are not sure if a provider is in our network, check our website. You can also call Member Services at **1-855-221-5656 (TTY: 711)**.

Getting specialist care

Sometimes you may need care from a specialist. Specialists are providers who treat special types of conditions. For example, a cardiologist treats heart conditions. Aetna Better Health provides female members with direct access to a women's health specialist within the provider network for covered care necessary to provide women's routine and preventive health care services. Well-woman services do not require authorization, whether furnished by a network or non-network provider or practitioner. This is in addition to the Member's PCP. Your PCP can recommend a specialist to you. You can also look in the online provider directory at **AetnaBetterHealth.com/Kansas** or call Member Services at **1-855-221-5656 (TTY: 711).** We will help you find a specialist near you. The specialist will have to contact us to get approval to see you. This is called prior authorization or service authorization. The specialists will know what to do. Some members may need to see a specialist on a long-term basis. This is called getting a "standing referral." We can work with the specialist to make this happen. The specialist will have to contact us to get approval.

Getting a second opinion

You can get a second opinion from another provider when your PCP or a specialist says you need surgery or other treatment. A second opinion is available at no charge to you. Your PCP can recommend a provider. You can also call Member Services at **1-855-221-5656 (TTY: 711).**

Transportation

If you have an emergency and have no way to get to the hospital, call **911** for an ambulance. The Plan covers ambulance rides on the ground in a **medical emergency** for all members.

Members can receive other transportation services through Aetna Better Health of Kansas. Some services like mileage reimbursement, lodging and meals may also be reimbursed with authorization. To find out more about getting a ride to your doctor visits or if you have any problems with the service you receive, you can call Access 2 Care at **1-866-252-5634 (TTY: 711)**.

Transportation appointments must be scheduled three (3) days in advance. Please have the following information when calling to schedule your transportation:

- Name of the doctor

- Address
- Telephone number
- Time of appointment
- Type of transportation needed (e.g., regular car, wheelchair-accessible van)

If you have an urgent need for transportation, contact Member Services to request assistance with the urgent request.

Covered services

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) administers the benefits for members of Medicaid.

Your doctor may have to ask us for prior approval before you can get some services. For children receiving Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, any limits on services may be exceeded when medically necessary. KAN Be Healthy also covers tests and specialist services to treat conditions found in a checkup. Cleanings, check-ups, x-rays, fluoride, dental sealants and fillings are all covered. Take your child to the dentist by their first birthday.

Members will need to show their Aetna Better Health of Kansas ID card for services. If you have questions about coverage or getting services, call Member Services at **1-855-221-5656 (TTY: 711)**.

If approved by the State, Aetna Better Health may cover certain services that would not usually be covered under your health plan. These are called “in lieu of services.” To find out more about in lieu of services, call Member Services at **1-855-221-5656 (TTY: 711).**

The tables on the next few pages show what services Aetna Better Health of Kansas covers. This list does not intend to be an all-inclusive list of covered and non-covered benefits. All services must be medically necessary. If you receive health care services which are not medically necessary or if you receive care from doctors who are out of the Aetna Better Health of Kansas network, you may be responsible for payment.

Benefits	Covered Service	Limitations
Allergy testing	Covered	
Audiology	Covered	Limitations apply
Blood and plasma products	Covered	
Chiropractor services (Manual manipulation of spine)	Not covered	
Clinic services	Covered	
Court-ordered services	Covered	In coordination with state judicial system. Call Member Services for more information.
Dental services (Adult)	See value added benefits below.	
Dental services (children)	Covered	
Durable Medical Equipment (DME)/assistive technology devices	Covered	Prior authorization required in some cases and some limitations apply.
Emergency room care	Covered	
Emergency ground medical transportation (Ambulance)	Covered	
Vision Care (Child)	Covered	
Vision Care (Adult)	Eye exams once every 12 months for members age 21 and older. See value added benefits noted below.	
Family planning basic services	Covered	
Hearing exams	Covered	Limitations apply
Hearing aids and batteries	Covered	Limitations apply

Benefits	Covered Service	Limitations
Orthotics	Covered	Prior authorization may be required
Outpatient hospital services	Covered	Some services require prior authorization
Outpatient surgery, same day surgery, ambulatory surgical center	Covered	Some services require prior authorization
Pain management services	Covered	Prior authorization required
Podiatry care — (Children)	Covered	
Podiatry care —(Adult)	See value added benefits below	
Prescription drugs	Covered drug formulary	
Preventive services Preventive services include mammograms, pap smears, colorectal screening exam and a prostate screening exam. This list is not all-inclusive of all services. Standard age guidelines for these services apply.	Covered	
Post-acute care	Covered	
PCP visits	Covered	
Private duty nursing (EPSDT)	Covered	Prior authorization required
Prosthetics	Covered	Prior authorization may be required
Rehabilitation/ cognitive rehabilitation	Covered	

Benefits	Covered Service	Limitations
(Outpatient occupational therapy/physical therapy/speech therapy)		
Second medical/ surgical opinions	Covered	
Service coordination	Covered	
Skilled nursing care	Covered	Prior authorization required
Skilled nursing facility care (LTC)	Covered	Prior authorization required
Sleep apnea studies	Covered	
Transportation — emergency	Covered. Non PAR providers may need to submit PA.	
Transportation — non-emergency (medical appointments and pharmacy)	Covered	
Urgent care	Covered	
Inpatient psychiatric hospital services	Covered	Prior authorization required Hospital must notify the plan
Inpatient substance use (diagnosis, treatment and detoxification)	Covered	Prior authorization required Hospital must notify the plan
Outpatient Mental Health	Covered	Some services require prior authorization
Outpatient substance use (diagnosis, treatment and detoxification)	Covered	Some services require prior authorization

Aetna Better Health of Kansas 2022 Value-Added Benefits

We also offer some extra benefits to help with your health and wellness. In order to receive these extra benefits, members will need to show their Aetna Better Health of Kansas ID card. Please see the table below to find out about the extra benefits. No prior authorization is required. To find out how to obtain the extra benefits or if you have any questions, call Member Services at **1-855-221-5656, (TTY: 711)**. Please note that there are no grievances and appeal rights for value-added benefits. Aetna Better Health of Kansas will offer extra benefits throughout the contract term.

VAB Title	VAB Description
Over the Counter (OTC) Supply Catalog	Each household can order $25 per month of certain OTC drugs and supplies from our Aetna Better Health of Kansas catalog. Your monthly supplies can be ordered online or by phone. They are mailed right to your home.
Dentures	A complete set of dentures can be provided every 5 years for those who are active on the Frail and Elderly (FE) and Physical Disability (PD) waiver programs.
Adult Dental	Members 21 years and older receive $500 per year for dental services. It can be used for dental exams and cleanings twice each year, annual bitewing X-rays, fillings, extractions and fluoride treatments.
Healthy Rewards Program	Members can get $10-$25 gift cards when they complete wellness activities such as: shots, yearly checkups, diabetic eye exams, HbA1C tests, chlamydia screenings, cervical cancer screenings
Android Smartphone	Free Android Smartphone with 350 free minutes per month, 1 gigabyte of data per month and unlimited text messaging for members 18 years and older. Members will also receive these health extras: • Health tips and reminders by texts • Texting with your health care team • Free calls with Member Services • Texting Health Program: Text4baby℠

PROMISE Pregnancy Program	Pregnant members are encouraged to make early and frequent prenatal and postnatal visits. The PROMISE Pregnancy Program includes: • $75 gift card reward for attending your first prenatal visit within the first trimester, within 42 days of plan enrollment and letting us know you are pregnant. • A $10 gift card if you have a dental checkup during your pregnancy. • Visit your doctor 7 times before delivery and once after your baby is born to earn a $35 gift card. • Visit your doctor 8 – 10 times before delivery and once after your baby is born to earn a $55 gift card. • Visit your doctor 11 or more times before delivery and once after your baby is born to earn a $75 gift card. With your gift card you can purchase certain wellness items such as a stroller, portable crib, play yard, car seat, or a diaper and wipe package at specific retailers.
Additional Transportation Services	Free rides for members going to the pharmacy, WIC eligibility appointments and prenatal classes. Ten (10) round trips per year for members to job interviews, job training, shopping for work type clothing, food bank or grocery store for food, senior services and getting community health services otherwise not covered.
MyActiveHealth	Access to MyActiveHealth for self-management health tools, personal health records, health assessments and lifestyle coaching.
Hospital Companion Program	Members on the FE, PD, Brain Injury (BI) and Intellectual/Developmental Disability (I/DD) waivers can receive up to 16 hours of hospital companionship per year provided by their personal care service worker while the member is in the hospital.
Pest Control	Members on the following waivers: I/DD, PD, FE or BI waivers who own their own home, can get up to $250 per calendar year for pest control.

Podiatry Visits	Two podiatry visits per year for members with diabetes age 21 and over.
Respite Care	Up to 120 hours of respite care per year for members on a waiver waiting list for Home- and Community-Based Services. (Must be approved by the member's case manager).
Background Checks	Members on the LTSS waiver waiting list eligible for respite care are provided one background check per year for a personal care services worker.
Home-Delivered Meals	Members 21 years and older with a medical need who have been discharged from an inpatient stay receive up to 2 meals per day for up to 7 days.
Asthma Air Purifier	Members ages 0-18 with an asthma diagnosis will get an air purifier to help lower the chance of an asthmatic attack. (One-time benefit.)
Campus Ed	With CampusEd, members ages 16 and up, can get their GED and learn new job skills at no cost. Members who want to complete their GED will have access to specific prep courses, assistance in scheduling exam and a voucher to pay for the exam. Plus, members interested in expanding their job skills will have access to over 3,000 resources in Health Care, IT, Business, and other trades. CampusEd provides career services support, resume assistance, opportunities to earn digital badges to show experience, and access to a local network of employers currently recruiting employees.
No Place Like Home Grant	This program supports community-based organizations assisting members to access or maintain housing. Funds provide one-time emergency housing assistance to help keep members in their home or to establish a new home in the community.

Weight Management	Membership to a 12-week class from the University of Kansas Weight Management program on healthy eating, exercise and behavior change.
Ted E. Bear MD Kids Club	For members from newborn to age 12. Member incentives include activity book and $10-$15 gift cards (up to $75 annually) for meeting identified goals.

Aetna Better Health of Kansas will notify you at least 30 days before making any changes and/or terminations in benefits, services or delivery dates. If you have any questions, call Member Services at **1-855-221-5656 (TTY: 711)**.

Telemedicine

Telemedicine Telehealth services may be provided as medically necessary. Telehealth services utilize video and audio technology in order to improve health care access. Providing telehealth services can improve:

- Education and understanding of a diagnosis
- Treatment recommendations
- Treatment planning

Spenddown

The Medically Needy program offers coverage to people who have income over the maximum allowable income standard. The spenddown amount is your share of your family's medical bills. The spenddown amount is like an insurance deductible. If you have a spenddown amount (deductible), you are responsible for that amount and we would pay any medical bills over that amount.

A spenddown can be set up for you if you are in any one or more of the following groups:

- Pregnant women
- Children under the age of 19
- Seniors age 65 and over
- Persons determined disabled by Social Security

The spenddown amount is different for every family. The eligibility worker determines the amount of the spenddown amount and sends a letter to you. A

medical card is sent for each person in your family who lives with you and is on your spenddown program. But the medical card will not pay any bills until the spenddown amount is met. Once the spenddown amount has been met, the medical card can be given to the medical provider and they can ask for payment from KanCare. The bills used to meet the spenddown amount remain your responsibility to pay. If you have any questions, call Member Services at **1-855-221-5656 (TTY: 711)**.

Getting preapproval (prior authorization) for services

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

Except for family planning and emergency care, all out-of-network services require preapproval. You may have to pay for your services if you do not get preapproval for services and you have signed a waiver saying you understand this will not be covered and you agree to pay for services:

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

If the preapproval for your services is denied, you can file an appeal about the decision. Please see page 69 for more information on Appeals.

Preapproval steps

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

- Your provider gives Aetna Better Health of Kansas information about the services they think you need.
- We review the information.
- If the request cannot be approved, a different Plan provider will review the information.
- You and/or your provider will get a letter when a service is denied.
- Your letter will explain why your request is denied.
- If a service is denied, you or your provider can file an appeal.
- Please see page 69 for more information on Appeals.

Understanding your service approval or denial

We use certain guidelines to approve or deny services. We call these “clinical practice” guidelines. These guidelines are used by other health plans across the country. They help us make the best decision we can about your care. You or your provider can get a copy of the guidelines we use to approve or deny services.

If you want a copy of the guidelines or do not agree with the denial of your services, please call Member Services at **1-855-221-5656 (TTY: 711).**

Definition of “medically necessary services”

We use guidelines to offer services that meet your health care needs. “Medically necessary” are services or benefits that are needed to take care of you. A service or benefit is medically necessary and is covered if it:

- Is reasonably expected to prevent the beginning of an illness, condition or disability
- Is reasonably expected to reduce or maintain the physical, mental or developmental effects of an illness, condition, injury or disability
- Will assist you in being able to improve or maintain performing your daily activities based on your condition, abilities, and age

For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

Behavioral health services

Aetna Better Health of Kansas will cover specialized behavioral health services. For more information, see the behavioral health section of the covered services table or talk to your service coordinator if you have one. You can also call Member Services at **1-855-221-5656 (TTY: 711)**.

Alcohol and Drug Assessment and Referral Programs provide assessment and referral services for individuals presenting a current or past abuse pattern of alcohol or other drug use. In order to be assessed for appropriate treatment, please contact Beacon Health Options at the number below. An assessment gathers and analyzes information regarding a client's current substance use behavior as well as the client’s social, medical and treatment history. The purpose of the assessment is to obtain sufficient information for problem identification and, if appropriate, substance

abuse related treatment or referral. To schedule an assessment or to find treatment providers in your area, you may call Beacon Health Options at **1-866-645-8216** and select option 2.

If you or a loved one have a gambling problem, contact the Kansas Responsible Gambling Alliance at **1-800-522-4700.**

If you or a loved one are abusing alcohol or drugs, contact the Substance Abuse Center of Kansas at **1-877-577-7477** or Heartland Regional Alcohol and Drug Assessment Center at **1-800-281-0029.**

Behavioral Health Crisis Services

If you are having a mental health crisis, contact us immediately. Call **1-855-221-5656 (TTY: 711).** We will connect you to a clinician for help. You can call us 24 hours a day, 7 days a week.

Beacon Mobile Crisis Line is available for crisis calls (available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care) at the following number **833-441-2240**. This service is available 24 hours a day, 365 days a year.

If you are thinking about hurting yourself or someone else, or if you have an urgent behavioral health emergency, call **911** or go to the closest hospital. You can use any hospital for emergency care even if it is not in our network. Show your Aetna Better Health of Kansas ID card.

Pharmacy services

If you need medicine, your provider will choose one that is covered on the formulary and write a prescription. What is the formulary? The formulary is the complete list of drugs that we cover. The PDL is a subset list of drugs on the formulary. We do include supplies or devices as part of the pharmacy benefit plan, but those are not considered Covered Outpatient Drugs by CMS definition. Ask your provider to make sure that the drug he or she is prescribing is on our list of preferred drugs. Sometimes your provider will want to give you a drug that is not on our list. If the medicine the provider feels you need is not on our list and you can't take any other drugs except the one prescribed, the provider can request approval from us. For approval, denial or request for information for urgent and non-urgent pre-service authorization requests, the requests are completed within twenty-four (24) calendar hours of receipt. The provider knows how to do this.

All of your prescriptions will need to be taken to one of the pharmacies listed in the provider directory or online at **AetnaBetterHealth.com/Kansas.**

Preferred Drug List (PDL)

The Preferred Drug List (PDL) is a list that shows some of the drugs covered under the pharmacy benefit. This list is updated monthly by the Kansas Medical Assistance Program. A copy of the preferred drug list can be found on Aetna Better Health's website, or you can also find your PDL here: **https://www.kdhe.ks.gov/DocumentCenter/View/420/PDL-Preferred-Drug-List-PDF?bidId=**. If you would like a printed copy, call Member Services and we will mail one out to you.

Changes to the Preferred Drug List (PDL)

Updates are made regularly to the KanCare preferred drug list and can be viewed here: **https://www.kdhe.ks.gov/DocumentCenter/View/420/PDL-Preferred-Drug-List-PDF?bidId=**.

Formulary changes to identify include:

- Addition/removal of a drug from the formulary
- Addition/removal of quantity limits
- Addition/removal of prior authorization requirements

If you have questions, please call Member Services at **1-855-221-5656**, **(TTY: 711)**.

Prescriptions

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

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

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

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

Emergency supply of medication

If your provider cannot be reached to request approval of a prescription that requires prior approval, you may be able to get a 72-hour (three-day) emergency supply. Pharmacies that accept Aetna Better Health members are authorized to provide a 72-hour supply and Mental Health (BH) products can receive up to 5 days' supply. If you have recently been discharged from a medical facility or had an emergency department visit, please call Aetna Better Health Member Services at **1-855-221-5656 (TTY: 711)** for information on coverage.

Prescription refills

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

Mail order prescriptions

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Aetna Better Health of Kansas uses CVS Caremark to give you this service. It is available at no cost to you. If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery:

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.

Call CVS Caremark at **1-855-271-6603,** Monday to Friday between 8 AM and 5 PM. They will help you sign up for home delivery. If you say it's OK, they will call your provider to get a prescription.

Quick tips about pharmacy services

- Ask if your prescription is covered by Aetna Better Health of Kansas before leaving your provider's office. Take your prescription to a pharmacy on the Aetna Better Health of Kansas list to get it filled.

- If your provider has not ordered refills, call them at least five (5) days before you need a refill.
- e-Prescribing: Many doctors can now electronically send prescriptions directly to pharmacies. This can help save you time and an extra trip. Ask your doctor if e-Prescribing is an option for you.

You can get a list of covered drugs by calling Member Services at **1-855-221-5656 (TTY: 711)** or online at **AetnaBetterHealth.com/Kansas**.

Pharmacy Lock-In Program

Members who have a pattern of misusing prescription or over the counter (OTC) drugs may be required to use only one pharmacy and/or prescriber to fill their prescriptions. This is called a "lock-in." Members who have severe illnesses, see different doctors and take different kinds of medicine may also be put into the Pharmacy/Prescriber Lock-in Program.

In the Lock-in Program, you would be able to choose one in-network pharmacy to get your prescriptions. If you do not pick a pharmacy, one will be selected for you. By using one pharmacy, the staff will get to know your health status. The staff will also be better prepared to help you with your health care needs. The pharmacist can also look at past prescription history. They will work with your doctor if problems with medications occur.

Members in the Lock-in Program will only be able to get a 72-hour supply of medicine on our formulary from a different pharmacy if their chosen pharmacy does not have that medicine on hand. They can also do this in an emergency.

You will get a letter letting you know you are put in the Lock-in Program. If you do not agree with our decision to assign you to just one pharmacy, you can appeal it over the phone or in writing. We recommend that you follow your phone call by putting your appeal in writing to us. You also have the right to ask for a fast decision. A fast decision is called an expedited appeal. If your request meets expedited appeal requirements and you ask for it over the phone, you do not need to follow up in writing. Written appeals must be received by us within ninety (90) days of the date when you get this letter. See page 69 for more on member appeals. Send written appeals to:

Aetna Better Health of Kansas
Attn: Grievance and Appeals Dept.
PO Box 81139
5801 Postal Rd Cleveland, OH 44181
Fax: 1-833-857-7050

Medication Therapy Management (MTM)

Aetna Better Health provides our members with MTM services to assist our members with improving their health. The MTM program is a conversation with a pharmacist to review the medications you are currently taking and your health conditions. The pharmacists will talk with you by phone or in person. They can answer any questions you have about taking your medications, like risks or side-effects of your medicine. The pharmacist will also complete a review of all the medicines you are taking, including prescription drugs, over-the-counter medications and any herbal treatments and make suggestions to you and your providers based on clinical information. Aetna Better Health encourages you to participate in this program to assist you in receiving optimal medication therapy.

Dental care services

Aetna Better Health of Kansas uses SkyGen to give you dental services. You can call SkyGen at **1-855-918-2257 (TTY: 711)**, Monday – Friday 8 AM to 5 PM (CT). Dental care is very important to your overall health. You should have a dental exam when you join Aetna Better Health of Kansas. You should also see a dentist every six months.

You do not need a referral to see a network dental provider. You can find a dental provider in the provider directory online at **AetnaBetterHealth.com/Kansas**. You can also call us for help at **1-855-221-5656 (TTY: 711)**.

Show your Plan ID cards when you go to your appointments.

If you need help finding a provider call SkyGen at **1-855-918-2257 (TTY: 711)**.

You may need a prior authorization for some dental care. Your in-network dentist will know how to get prior authorization.

At times you may need dental care that includes medical services such as repairing a broken jaw. If this happens services performed by a dentist will be dental. Services that are most often performed by a medical doctor will be medical.

There may be times when the type of dental care you need is severe or life threatening. Examples of this are the treatment of jaw fractures or the removal of tumors. You could have a condition that may require you to receive dental care in a hospital setting. If so, Aetna Better Health of Kansas will decide which services are medical.

Vision care services

Aetna Better Health of Kansas uses SkyGen to give you vision services. You can call SkyGen at **1-855-918-2259 (TTY: 711),** Monday – Friday 8 AM to 5 PM (CT).

You do not need a referral to see a network vision provider. You can find a vision provider in the provider directory online at **AetnaBetterHealth.com/Kansas**. You can also call us for help at **1-855-221-5656 (TTY: 711)**.

Your covered services include:

- One routine eye exam and one pair of glasses every year
- $50 a year towards upgrading lenses - glare resistance, no-line bifocal, etc.

Show your Plan ID cards when you go to your appointments.

If you need help finding a provider call SkyGen at **1-855-918-2259 (TTY: 711)**.

Family planning services

Members do not need a referral to get family planning services. You can go to any family planning provider or clinic whether it is in our network or not. You must show your Plan ID cards when you go to your appointments.

Aetna Better Health of Kansas covers the following family planning services:

- Annual exams and pap smears
- Pregnancy and other lab tests
- Prescription and over the counter birth control medication and devices
- Birth control medical visits
- Education and counseling
- Treatment of problems related to the use of birth control including emergency services

For more information or to pick a network provider or clinic, call Member Services at **1-855-221-5656 (TTY: 711)**.

Pregnancy care

Pregnant women need special care. Call Member Services if you are pregnant. We can help you with the following:

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

If you are not sure you are pregnant, make an appointment with your provider for a pregnancy test.

Here are some important reminders about pregnancy care:

- If you are pregnant and have chosen your pregnancy provider, make an appointment to see him or her.
- If you need help finding a provider, call Member Services at **1-855-221-5656 (TTY: 711)**.
- Your provider will tell you about the schedule for pregnancy visits. Keep all of these appointments.
- If you had a baby in the last two months and need a post-delivery checkup, call your provider's office.
- Early and regular care is very important for your health and your baby's health.

Your PCP or OB/GYN will tell you about the following:

- Regular pregnancy care and services
- Special classes for moms-to-be, such as childbirth or parenting classes
- What to expect during your pregnancy
- Information about good nutrition, exercise, and other helpful advice
- Family planning services, including birth control pills, condoms, and tubal ligation (getting your tubes tied) after your baby is born

Prenatal appointments

Regular visits with your doctor will help keep your pregnancy on track. Along with the care you'll receive, your doctor can also help you learn more about your pregnancy. You can get counseling and support as needed. So be sure to follow your doctor's advice about how often you should be seen. A common schedule is:

Length of Pregnancy	Common visit schedule
Weeks 4-28	1 visit at least every 4 weeks
Weeks 29-36	1 visit at least every 2 weeks
Weeks 37-40	1 visit at least every week

Healthy pregnancy tips

During your pregnancy, your provider will tell you when you need to come back for a visit. It is important for your health and your baby's health to keep all your appointments with your provider while you are pregnant.

Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to you. Ask your provider about the classes and how you can sign up for them.

Pregnancy duration of 40 weeks is optimal for your baby's well-being.

Please discuss any history of early labor with your provider as soon as possible in your pregnancy. There are covered medications available to avoid early labor and delivery.

High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, talk to your provider to see if you may have been exposed to lead.

If you are pregnant, it is important that you do not smoke, drink alcohol or take illegal drugs because they will harm you and your baby.

After you have your baby

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

Women, Infants and Children

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

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

If you need information about WIC, you can call Member Services. You can also visit the Kansas WIC site **www.kansaswic.org** to see if you and your child are eligible.

Getting care for your newborn

It is important to make sure your baby has coverage. Your newborn is automatically an Aetna Better Health of Kansas member at birth. You should choose a PCP for your baby from our provider directory before your baby is born.

If you have questions or need help, call Member Services at **1-855-221-5656 (TTY: 711)**.

Well baby and well child

Children should have regular check-ups even when they seem healthy. It is important to find problems early so your child can get the care needed to prevent serious illness and stay healthy. Your child's PCP will give the care they need to stay healthy and treat serious illnesses early. These services are called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and the program in Kansas is called KAN Be Healthy. For children EPSDT services, any limits on services may be exceeded when medically necessary. Below is more information on these services. You'll also find schedules for check-ups and shots. For more details, visit our website **AetnaBetterHealth.com/Kansas**. KAN Be Healthy services may include:

- Vaccines (shots) to help protect your child from serious illnesses, such as measles and mumps
- Complete checkups
- Information about your child's health and development
- Growth measurements
- Lab tests
- Screening for lead poisoning
- A check of the foods your child needs and advice about the right kind of diet for your child
- Checking for behavioral health and substance abuse problems
- Physical, occupational and speech therapy, if needed
- Eye tests and glasses, if needed
- Hearing tests and hearing aids, if needed

KAN Be Healthy also covers tests and specialist services to treat conditions found in a checkup. Your child can see their PCP at any time for any reason. Cleanings, checkups, x-rays, fluoride, dental sealants and fillings are all covered. Take your child to the dentist by their first birthday.

We have PCPs who are specially trained to care for members under age 19. Call us if you need help picking the right PCP for your child. Below is a suggested scheduled for routine visits with your PCP.

Checkup Schedule

Infancy	Birth, 3-5 days and 1 month	2 months	4 months	6 months	9 months	12 months
Early childhood	15 months	18 months	2 years			
Early childhood - Adolescence	Annually age 3 through age 20					

The chart below summarizes the Centers for Disease Control and Prevention's (CDC) recommended Immunizations. You can get this information on their website at **www.cdc.gov/vaccines/schedules/easy-to-read/index.html.**

Immunization (shot) schedule

Age	Immunization
Birth	HepB (hepatitis B)
1-2 months	HepB
2 months	RV (Rotavirus) DTaP (diphtheria, tetanus, and pertussis), IPV (polio), Hib (Haemophilus influenza type b), PCV (pneumococcal)
6 months	RV, DTaP, Hib, PCV
6 months	RV, DTaP, Hib, PCV
6-18 months	HepB, IPV, influenza (every year)

Age	Immunization
12-15 months	Hib, MMR (measles, mumps and rubella), PCV, Varicella (chicken pox)
12-23 months	HepA (Hepatitis A)
15-18 months	DTaP
4-6 years	MMR, DTaP, IPV, Varicella
11-12 years	Tdap (Tetanus, Diphtheria, Pertussis) HPV (Human Papillomavirus) MCV4 (Meningococcal Conjugate) If your child is catching-up on missed vaccines he/she may need: • MMR • Varicella • HepB • IPV
13-18 years	If your child is catching-up on missed vaccines he/she may need: • Tdap • HPV • MCV4
16 years	Booster
Every year starting at 6 months of age	Influenza

Service Coordination

Some members have special health care needs and medical conditions. Our Service Coordination Unit will help you get the services and the care that you need. They can help you learn more about your condition. They will work with you and your provider to make a care plan that is right for you.

Our Service Coordination Unit has nurses and social workers that can help you:

- Work one-on-one with you to create a plan based on your goals.
- Review your plan to help make sure you do not have gaps in care.
- Consult with your doctors.
- Help you make & keep appointments.

- Verify that the right medicines and treatments are in place.
- Help make sure you receive preventive care.
- Work to ensure you and your family have the support you need.
- Ask questions to make sure your home is safe.
- Help you find programs and services available in the community.
- Make sure you have support for behavioral health needs.
- Help you when your child is moving from pediatric to adult care.
- Work with you to get the right care for your child's special needs (including foster care, adoptive care, and early intervention).
- Help you transition to other care when your benefits end, if necessary.

If you need this kind of help from the Service Coordination Unit, please call Member Services at **1-855-221-5656 (TTY: 711)**.

Every Plan member is contacted soon after they enroll. When we talk to you, we complete a Health Screening Tool (HST). The HST lets us learn more about your health care needs. We also get information about your past health care. Together, the HST and your health history let us know if you have special health care needs. If so, we will then do a Health Risk Assessment (HRA).

Once the HRA is completed, if there are identified needs, then a comprehensive needs assessment is completed and a Person Centered Service Plan (PCSP) or Plan of Service (POS) will be made to meet your specific health care needs. PCSPs and POS help providers and our service coordinators make sure you get all the care you need. We will set up a mutually agreeable time to develop your plan. Risk Assessments can be done not only at initial enrollment, but as needed due to health changes.

Children with special needs who are getting their care from an out-of-network provider may continue seeing the doctor if it is determined to be in the best interest of the child.

Members with special health care needs may need to see specialists on a long-term basis. Sometimes this is called a "standing referral." The specialists must contact us for approval to make this happen. If it is in your best interest, you may have a specialist as your PCP. If you want a specialist to be your PCP, talk to the specialist about it. If one of our service coordinators has already talked with you about your special needs, he or she can help you make this change if the specialist agrees. If you have special needs and you have not talked with one of our service coordinators yet, call Member Services at **1-855-221-5656 (TTY: 711)** and ask to be transferred to a service coordinator.

You may have special needs and have an existing relationship with an out-of-network provider. Sometimes you can continue to see that provider if it is in your best interest. The provider must first get approval from us. If you have questions about service coordination, call your service coordinator or Member Services at **1-855-221-5656 (TTY: 711)**.

Chronic condition (disease) management

We have a disease management program to help if you have certain conditions.

We have programs for:

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

Call us at **1-855-221-5656 (TTY: 711)** for help in managing your disease. We can help you or your child learn to manage these chronic conditions and lead a healthier life. You can learn about these programs in your member handbook and online at **AetnaBetterHealth.com/Kansas**.

As a member you are eligible to participate

If you are diagnosed with any of these chronic conditions, or at risk for them, you may be enrolled in our disease management program. You can also ask your provider to request a referral. If you want to know more about our disease management programs, call us **1-855-221-5656 (TTY: 711)**.

I do not want to participate

You have the right to make decisions about your health care. If we contact you to join in one of our programs, you may refuse. If you are already in one of our programs, you may choose to stop at any time by contacting us at **1-855-221-5656 (TTY: 711)**.

New technology and medical treatments

Health technology is always changing. We want to grow with it. If we think a new medical advancement can benefit our members, we evaluate it for potential benefit to improve the medical or behavior health of our members.

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

We take these steps to decide if new treatments will be a covered benefit or service:

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

Types of care

There are three different kinds of health care you can get: **regular, urgent,** and **emergency.**

Regular care

Routine care is health care that you need to keep you healthy or prevent illness. This includes dental care, shots and well-checks. It's very important to see your doctor often for routine care. To schedule routine care please call your PCP's telephone number that is on your ID card.

If you need help scheduling an appointment with the PCP, please call Member Services at **1-855-221-5656 (TTY: 711)**.

The chart below gives you examples of each type of care and tells you what to do. Always check with your PCP if you have questions about your care. If you have an emergency, call 911 or go to the nearest emergency room.

Urgent care

Urgent care is treatment for serious medical conditions that are not emergencies. The conditions in the list below are not usually emergencies. They may need urgent care. Go to an urgent care center or call your PCP if you have any of these:

- Bruise

- Cold
- Diarrhea
- Earache
- Rash
- Sore throat
- Sprain
- Stomach ache (may need urgent care; not usually emergencies)
- Vomiting

How to get urgent care

Your provider must give you an appointment within 48 hours if you need urgent care. Do not use an emergency room for urgent care. Call the PCP's telephone number that is on your ID card.

Day or night, your PCP or on-call provider will tell you what to do. If the PCP is not in the office, leave a message with the answering service or the answering machine and the PCP will return your call.

24-hour nurse line

Aetna Better Health of Kansas has a nurse line available to help answer your medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. Please call us at **1-855-221-5656 (TTY: 711)** and listen for the option for the nurse line.

Emergency care

An emergency is the sudden onset of a medical condition with severe symptoms including severe pain. These symptoms are so serious that an average person with an average knowledge of health and medicine could reasonably expect that not getting immediate medical attention will result in:

- Placing the member's health or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any body organ or part

Emergency conditions include:

- A woman in labor
- Bleeding that won't stop
- Broken bones
- Chest pains

- Choking
- Danger of losing limb or life
- Hard to breathe
- Medicine or drug overdose
- Not able to move
- Passing out (blackouts)
- Poisoning
- Seizures
- Severe burns
- Suicide attempts
- Throwing up blood

Emergency services are available 24 hours a day, 7 days a week. **If you are having an emergency, call 911 or go to the closest hospital.** Even if you are out of the area, go to the closest hospital or call **911.** The hospital does not have to be in our network for you to get care. If you need transportation to the hospital, call **911.** You don't need preapproval for emergency transportation or emergency care in the hospital.

If you feel like your life is in danger or your health is at serious risk, get medical help immediately. You do not need preapproval for emergency services including screenings. To get treatment in an emergency, you can:

- Call **911** for help
- Go to the nearest emergency room
- Call an ambulance to take you to the emergency room

IMPORTANT: Only use the emergency room when you have a true emergency. If you have an emergency, call **911** or go to the hospital. If you need urgent or routine care, please call the PCP's number that is on your ID card. We will pay for the emergency care including screenings when your condition seems to fit the meaning of an emergency to a prudent layperson.

We'll pay even if it is later found not to be an emergency. A prudent layperson is a person who knows what an average person knows about health and medicine. The person could expect if he or she did not get medical care right away, the health of the person would be in serious trouble.

Follow up after an emergency

After an emergency, you may need follow-up care. Call your PCP for follow-up care after you go to the emergency room. Do not go back to the emergency room for your follow-up care. Only go back to the emergency room if the PCP tells you to. Follow-up care in the emergency room may not be covered.

Dental emergencies

If you need emergency dental care call your dentist. You can also call SkyGen at **1-855-918-2257 (TTY: 711)**. You can see a dentist who is not part of Aetna Better Health of Kansas' network for emergency dental care.

If you are out of town and need emergency dental care, you can go to any dentist for care, or you can call SkyGen at **1-855-918-2257 (TTY: 711)** for help in finding a dentist. You do not need a referral or Aetna Better Health of Kansas' prior approval before you get emergency dental care.

Dental emergencies include:

- A broken tooth
- A permanent tooth falls out
- Very bad pain in the gum around a tooth, and you are running a fever

Type of care	What to do
Regular appointments – This is regular care to keep you or your child healthy.	Call your provider to schedule a visit for a regular appointment. You can expect to be seen within three (3) weeks.
Urgent/sick visit – This is when you need care right away but are not in danger of lasting harm or of losing life. For example: • Sore throat • Flu • Migraines You should **NOT** go to the emergency room for urgent/sick care.	Call your PCP. Even if it is late at night or on the weekends, the PCP has an answering service that will take your message. Your PCP will call you back and tell you what to do. You can also go to an urgent care center if you have an urgent problem and your provider cannot see you right away. Find an urgent care center in the provider directory on our website at **AetnaBetterHealth.com/Kansas** or call Member Services. For urgent/sick visits, you can expect to be seen by a PCP within 48 hours

Type of care	What to do
Emergency – This is when one or more of the following is happening: • In danger of lasting harm or the loss of life if you do not get help right away. • For a pregnant woman, she or her unborn child is in danger of lasting harm or losing their life. • Bodily functions are seriously impaired. • Have a serious problem with any bodily organ or body part. **For example:** • Poisoning • Sudden chest pains - heart attack • Other types of severe pain • Car accident • Seizures • Very bad bleeding, especially for pregnant women • Broken bones • Serious burns	**Call 911 or go to the nearest emergency room**. You can go to any hospital or facility that provides emergency services and post-stabilization services. The provider directory at **AetnaBetterHealth.com/Kansas** contains a list of facilities that provide emergency services and post-stabilization services. You can also call Member Services at **1-855-221-5656 (TTY: 711)** and ask for the name and location of a facility that provides emergency services and post-stabilization services. But you **DO NOT** have to call anyone at the health plan or call your provider before you go to an emergency room. You can go to **ANY** emergency room during an emergency – or for post-stabilization services. If you can, show the facility your Aetna Better Health of Kansas ID and ask the staff to call your provider. You must be allowed to remain at the hospital, even if the hospital is not part of our provider network (in other words, not an Aetna Better Health of Kansas hospital), until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.

Type of care	What to do
• Trouble breathing • Overdose **What is not an emergency?** Some medical conditions that are **NOT** usually emergencies: • Flu, colds, sore throats, earaches • Urinary tract infections • Prescription refills or requests • Health conditions that you have had for a long time • Back strain • Migraine headaches **What are post-stabilization services?** These are services related to an emergency medical condition. They are provided after the person's immediate medical problems are stabilized. They may be used to improve or resolve the person's condition.	**Post stabilization care services** - means covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition. Always call your PCP for follow up after an emergency. Do not go back to the Emergency Room for follow-up care or treatment unless your PCP refers you.

Type of care	What to do
Mental Health	• Non-life threatening (urgent) appointments within six (6) hours of the request • Urgent (no immediate danger) appointments within forty-eight (48) hours of the request • Initial visit – appointments within ten (10) business days of the request • Talk to your provider about follow up care • National Suicide Prevention Lifeline **1-800-273-8255** For a suicide attempt or active crisis **Call 911 or go to the nearest emergency room**. You can go to any hospital or facility that provides emergency services and post-stabilization services. The provider directory at **AetnaBetterHealth.com/Kansas** contains a list of facilities that provide emergency services and post-stabilization services. You can also call Member Services at **1-855-221-5656 (TTY: 711)** and ask for the name and location of a facility that provides emergency services and post-stabilization services. But you **DO NOT** have to call anyone at the health plan or call your provider before you go to an emergency room. You can go to **ANY** emergency room during an emergency – or for post-stabilization services. If you can, show the facility your Aetna Better Health of Kansas ID and ask the staff to call your provider. You must be allowed to remain at the hospital, even if the hospital is not part of our provider network (in other words, not an Aetna Better Health of Kansas hospital), until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.

Type of care	What to do
Substance Abuse Appointments	Emergency services immediately upon presentation at a service delivery site. Urgent care appointments within twenty-four (24) hours of the request. Non-urgent/Routine/Drug User (inject) care appointment within fourteen (14) calendar days of the request Pregnant Women using substances must receive treatment within twenty-four (24) hours of assessment and if they cannot be admitted, then interim services must be available within forty-eight (48) hours of initial contact to include prenatal care
Transportation	Transportation for physical, behavioral health, and LTSS services shall arrive at the provider location: • No sooner than one (1) hour before your appointment. • At least fifteen (15) minutes prior to your appointment time.

After Hours Care

Except in an emergency, if you get sick after the PCP's office is closed, or on a weekend, call the office anyway. An answering service will make sure the PCP gets your message. The PCP will call you back to tell you what to do.

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

If you are having an emergency, you should ALWAYS call 911 or go to the nearest emergency room.

We also have a nurse line available to help answer your medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. Call **1-855-221-5656 (TTY: 711)** and listen for the option for the nurse line.

Self-referral

You can get some services without needing Aetna Better Health of Kansas prior approval. We call this self-referral. It is best to make sure your PCP knows about any care you get. You can self-refer to the following services:

- Emergency care
- Behavioral health
- Vision exams from a network provider
- Dental care from a network family dentist
- Routine care from an OB/GYN
- Routine family planning services
- Mammograms and prostate/colon cancer screenings

Unless pre-authorized, apart from family planning and emergency services, you must go to a Plan provider for your service to be covered. To find a provider, look in the provider directory online at **AetnaBetterHealth.com/Kansas.** You can also call Member Services for help at **1-855-221-5656 (TTY: 711)**.

Out-of-service area coverage

There are times when you may be away from home and you or your child needs care. Aetna Better Health of Kansas provides coverage statewide in Kansas. When you are outside of Kansas, you are only covered for emergency services or non-emergency situations when travel back to the service area is not possible, is impractical, or when medically necessary services could only be provided elsewhere.

Routine care out of the service area or out of the country is not covered. If you are out of the service area and you need health care services, call your PCP. They will tell you what to do. The PCP's telephone number is on your ID card. If you need help with this, call Member Services at **1-855-221-5656 (TTY: 711)**.

If you are not in our service area and you are having an emergency, call **911** or go to the closest emergency room. Make sure you have your Plan ID card. If you get services in the emergency room and are admitted to the hospital while you are away from home, have the hospital call Member Services at **1-855-221-5656 (TTY: 711)**.

Long Term Services and Supports (LTSS)

Some Plan members are eligible for LTSS. To qualify for LTSS, you must meet the state's criteria for needing an institutional level of care, as well as meet certain financial requirements. You do not need to reside in a nursing facility or some other institutional facility to get LTSS. You can get these services in your home or assisted living facility.

Home and Community Based Waivers (HCBS)

The following is a summary of the Home and Community Based Services waiver programs that are offered if you want to get services in your home or assisted living facility:

Frail Elderly (FE)

The Frail Elderly (FE) waiver provides individuals age 65 and older an alternative to nursing home care. The program promotes independence within the community and helps to offer residency in the most integrated environment.

Physical Disability (PD)

The Physical Disability (PD) waiver serves individuals 16 to 65 years of age who meet the criteria for nursing facility placement due to their physical disability, who are determined disabled by social security standards, and who are Medicaid eligible.

Intellectual and Developmental Disability (I/DD)

The Intellectual/Developmental Disability (I/DD) waiver serves individuals age five and older who meet the definition of intellectual disability, having a developmental disability or are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). Those with a developmental disability may be eligible if their disability was present before age 22 and they have a substantial limitation in three or more areas of life functioning.

Serious Emotional Disturbance (SED)

The Serious Emotional Disturbance (SED) waiver provides children, with some mental health conditions, special intensive support to help them remain in their homes and communities. Parents and children are actively involved in planning for all services.

Autism (AU)

The Autism (AU) waiver provides support and training to parents of children with an Autism Spectrum Disorder (ASD) diagnosis to help ensure children with ASD can remain in their family home. This waiver can serve children from time of diagnosis through 5 years of age.

Technology Assisted (TA)

The Technology Assisted (TA) waiver provides services to individuals, ages 0 through 21 years who are chronically ill or medically fragile and dependent upon a ventilator or medical device to compensate for the loss of vital bodily function. Eligible individuals require substantial and ongoing daily care by a nurse comparable to the level of care provided in a hospital setting to avert death or further disability.

Brain Injury (BI)

The Brain Injury (BI) waiver program serves individuals 0 to 64 years of age who would otherwise require institutionalization in a BI rehabilitation facility. The BI program is not considered a long-term care program and is designed to be a rehabilitative program for participants to receive therapies and services that

enable them to rely less on supports as the participant's independence increases.

Waiver services

If you qualify for waiver benefits you may be eligible for these services.

Services	BI	PD	AU	FE	TA	I/DD	SED
Adult Day Care (1 to 5 hours)				X			
Adult Day Care (5 + hours)				X			
Attendant Care - SED waiver							X
Attendant Care - Level 1				X			
Attendant Care - Level 2				X			
Attendant Care - Level 3				X			
Attendant Care (self-directed)				X			
Assistive Services	X	X		X	X	X	
Behavioral Therapy	X						
Cognitive Rehabilitation	X						
Comprehensive Support (provider direct)				X			
Comprehensive Support (self-direct)				X			
Day Supports (Pre-Vocational Supports)						X	
Day Supports (Day Supports)						X	
Family Adjusted Counseling (Individual)			X				
Family Adjusted Counseling (Group))			X				
Financial Management Services (FMS)	X	X		X	X	X	
Health Maintenance Monitoring					X		
Home-Delivered Meals	X	X					
Home Telehealth (Install)				X			

Services	BI	PD	AU	FE	TA	I/DD	SED
Home Telehealth (Rental)				X			
Independent Living (Skills Building)							X
Intermittent Intensive Medical Care					X		
Medical Respite Care					X		
Medication Reminder	X	X		X			
Medication Reminder/Dispenser	X	X					
Medication Reminder/Dispenser Installation	X	X					
Medical Alert Rental						X	
Nurse Evaluation Visit				X			
Occupational Therapy	X						
Personal Assistance Services						X	
Personal ER Response System	X	X					
Parent Support (Individual)			X				
Parent Support (Group)			X				
Parent Support and Training (Individual)							X
Parent Support and Training (Group)							X
PERS Installation	X	X		X			
PERS Rental				X			
Personal Services/Agency Directed	X	X			X		
Personal Services/Self Directed	X	X			X		
Physical Therapy	X						
Professional Resource Family Care							X

Services	BI	PD	AU	FE	TA	I/DD	SED
Resident Supports (Adult)						X	
Resident Supports (Child)						X	
Respite			X				
Respite (Overnight)						X	
Respite Care (Short Term)							X
Sleep Cycle Support/Enhanced Care Support	X	X		X		X	
Specialized Medical Care (RN)					X	X	
Specialized Medical Care (LPN)						X	
Speech Language Therapy	X						
Supportive Employment						X	
Supportive Home Care						X	
Transitional Living Skills	X						
Wellness Monitoring				X		X	
Wraparound Facilitation							X

LTSS rights and responsibilities

- To request and receive information on services available
- Have access to and choice of qualified service providers.
- Be informed of your rights prior to receiving chosen and approved services.
- Have the direct phone number to your service coordinator.
- Receive services without regard to race, religion, color, creed, gender, gender identity, national origin, political beliefs, sexual orientation, marital status, or disability
- Have access to appropriate services that support your health and welfare
- To assume risk after being fully informed and able to understand the risks and consequences of the decisions made
- To make decisions concerning your care needs

- Participate in the development of and changes to your plan of care.
- Request changes in services at any time, including add, increase, decrease or discontinue.
- Request and receive from your service coordinator a list of names and duties of any person(s) assigned to provide services to you under the plan of care.
- Receive support and direction from your service coordinator to resolve concerns about your care needs and/or complaints about services or providers.
- Be informed of and receive in writing facility specific resident rights upon admission to an institutional or residential setting.
- Be informed of all the covered/required services you are entitled to, required by and/or offered by the institutional or residential setting, and any charges not covered by the managed care plan while in the facility.
- Not to be transferred or discharged out of a facility except for medical necessity; to protect your physical welfare and safety or the welfare and safety of other residents; or because of failure, after reasonable and appropriate notice of nonpayment to the facility from available income as reported on the statement of available income for Medicaid payment
- Have your health plan protect and promote your ability to exercise all rights identified in this document.
- Have all rights and responsibilities outlined here forwarded to your authorized representative or court appointed legal guardian.

Your responsibilities in the LTSS program

- Provide all health and treatment related information including medication, circumstances, living arrangements, informal and formal supports to your service coordinator in order to identify care needs and develop a Person Centered Service Plan.
- Understand your health care needs and work with your service coordinator to develop or change goals and services.
- Work with your service coordinator to develop or revise your plan of care to facilitate timely authorization and implementation of services.
- Ask questions when additional understanding is needed.
- Understand the risks associated with your decisions about care.
- Report any significant changes about your health condition, medication, circumstances, living arrangements, informal and formal supports to your service coordinator.
- Tell your service coordinator about any problem that occurs or if you are dissatisfied with the services being provided.

- Follow your health plan's rules and those rules of institutional or residential settings.
- Pay your patient liability to your facility or your client obligation to your provider, if you are responsible for payment.

LTSS service coordination

Aetna Better Health of Kansas members who are eligible for LTSS are assigned a service coordinator. **You will receive service coordination services for as long as you stay on the LTSS program**. Your service coordinator will work with you, your representative or guardian (if applicable), and your doctor to help decide which services will best meet your needs.

Role of the LTSS service coordinator

Our LTSS service coordinators visit members where they live. The service coordinator will ask you about your health and care needs. You can have family and others present for and to participate in the visit with your service coordinator.

Once the service coordinator gets information about your health and care needs, the service coordinator will talk to you and others you have identified about how to meet your needs.

Your service coordinator will coordinate and ensure that services are delivered in the setting of your choice. You should see your primary care provider (PCP) for other health care needs. If you need assistance in getting access to the other health care services you might need, your service coordinator will help you.

LTSS Member Advocate

Our LTSS Member Advocate is here to help you. The LTSS Member Advocate can talk to you, your family, and your providers about the LTSS program. The LTSS Member Advocate can also help you with any issues you may have. This person will work with other Aetna Better Health of Kansas staff to help resolve your issue. Contact the LTSS Member Advocate if you have questions about:

- Benefits
- How to get services
- Finding a provider
- How to solve an issue
- How to file a complaint or appeal

You can reach the LTSS Member Advocate by calling Member Services at **1-855-221-5656 (TTY: 711)**. We are here 24 hours a day, 7 days a week.

LTSS patient liability, client obligation and room and board

LTSS members who live in a nursing home or other long-term institution may have to pay part of their income to the facility. This is called a "patient liability." LTSS members who use home and community-based services may have to pay part of their income to a provider. This is called a "client obligation."

LTSS members who live in Assisted Living Facility (ALF) or Adult Foster Care (AFC) settings are required to pay room and board charges to the ALF or AFC. The amounts of these room and board charges are established by the state. Some members living in these settings may also have to pay a client obligation.

The amount of the patient liability or client obligation will be calculated by the KanCare Clearinghouse. If you have any questions, please talk to your service coordinator.

Health tips

How you can stay healthy

It is important to see your PCP and dentist for preventive care. Talk to your providers. You can improve your health by eating right, exercising and getting regular checkups. Regular well-visits may also help you stay healthy.

Guidelines for good health

Here are some ways you can work to keep healthy:

- Be sure to read the newsletters we will send you from time to time in the mail.
- Be sure to read the special mailings we will send you when we need to tell you something important about your health care.
- Talk to your providers and ask questions about your health care.
- If you have a service coordinator, talk to them, and ask questions about your health care.
- Come to our community events.
- Visit our website at **AetnaBetterHealth.com/Kansas**.

If you get a bill or statement

Most members do not have to pay to get benefits. You should not get a bill for the services you receive. If you receive services from a provider that is non-participating with your plan, you must sign a document which states that you will need to pay for services if they are not pre-authorized.

You may get billed for services:

- If you received care from providers outside of our provider network and did not get prior approval from us (unless it's emergency care)
- If the services are not covered
- If you get a bill that you think you should not have gotten, call Member Services at **1-855-221-5656 (TTY: 711)**.

Please note that LTSS members residing in an assisted living facility or a nursing home may have to pay for some of the cost. If you have questions, please contact your service coordinator.

Quality improvement programs

Our quality improvement program watches and checks the quality of care you receive. We want to make sure you have:

- Easy contact to quality medical and behavioral health care
- Health management programs that meet your needs
- Help with any chronic conditions or illness you have
- Support when you need it the most, like after hospital admissions or when you are sick

We also want to make sure you are happy with your health care providers and with the health plan.

Some of our quality improvement programs include:

- Calling members to remind them to take their child for a well-care checkup
- Sending members helpful postcards and newsletters
- Reviewing the quality of services given to members
- Reminding providers and members about preventive health care
- Measuring how long it takes for a member to get an appointment
- Monitoring phone calls to make sure your call is answered as quickly as possible and that you get the correct information

- Working with your PCP to get them all the information to provide the care needed

This list does not include all the quality programs. You can call us to learn more about our quality improvement programs. We can tell you what we do to improve your care. You can request hard copies of information about our programs.

We want to hear from you

Your opinion is important to us. We want to hear your ideas that could be helpful to all of our members. We take your feedback seriously.

We have a group that is made up of people who are our members and their caregivers, just like you. This group is called the Member Advisory Committee (MAC). They meet during the year to review member materials, member feedback, changes and new programs. They tell us how we can improve our services. If you want to know more about the MAC, call Member Services at **1-855-221-5656 (TTY: 711)**.

Other information for you

We will provide you information about our company structure and our operations. If you have any questions about us, our network providers and how we work with KDHEDHCF, call Member Services at **1-855-221-5656 (TTY: 711)**.

Physician incentive plan

We do not reward providers for denying, limiting or delaying coverage of health care services. We also do not give monetary incentives to our staff that make medical necessity decisions to provide less health care coverage or services. Aetna Better Health of Kansas reimburses our network PCP's, specialists, hospitals and all other providers each time you are treated ("fee-for-service"). There are some arrangements that include an incentive arrangement that is tied to, for example, quality of care, improved access to services and member satisfaction.

If you desire additional information about how our primary care physicians or any other provider in our network are compensated, please call us at **1-855-221-5656 (TTY: 711)** or write to:

Aetna Better Health of Kansas
Attention: Provider Experience
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

Your information

It is very important for us to have your correct contact information. If we cannot reach you, you may not get important information from us.

If you change your address, move out of the state or country, phone number or family size, call Member Services at **1-855-221-5656 (TTY: 711).** Also call the KanCare Clearinghouse at **1-800-792-4884** to let them know about the change.

When you have other Kansas health insurance

If you have other health insurance, you must let us and KDHE know. The other insurance may be through Medicare, employment, or a family member's employment. We will work with the medical insurance companies to cover your expenses. Since Aetna Better Health of Kansas is always the "payer of last resort", all claims should be billed to the other (primary) insurance company first. We will process your claims after the primary insurance makes their payment. If you have a worker's compensation claim, or a pending personal injury or medical malpractice lawsuit, or have been involved in an auto accident, contact the KDHE-DHCF Medicaid Unit, TPL Manager immediately.

To contact us, call Member Services at **1-855-221-5656 (TTY: 711).** To contact KDHE-DHCF:

- Contact the Enrollment Center at **1-866-305-5147** or Customer Service at **1-800-766-9012**
- Go to our website, print and complete the Third-Party Liability (TPL) form and fax it to **785-274-5918**
- Or mail it to:

  KDHE-DHCF Medicaid Unit
  ATTN: TPL Department
  PO Box 3571
  Topeka, KS 66601

Remember to show all of your insurance ID cards when you go to the doctor, hospital or pharmacy.

Referrals with other insurance

Your PCP may refer you to another provider. If the service is covered by your other insurance, you do not need to contact us for a prior authorization.

If the service is NOT covered by your other insurance, the provider has to contact us for prior authorization. See page 34 for details.

Call our Member Services at **1-855-221-5656 (TTY: 711)** if you have questions.

Grievance, Appeals, and State Fair Hearings

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

If you need information in another language let us know. We will notify you in your primary language of these rights.

Grievances

A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. You can file a grievance at any time if you're not happy with our service. Filing a grievance means you're letting us know about services with which you're not happy.

Examples of a grievance:

- You are unhappy with the quality of care or services provided
- You have not gotten services that Aetna Better Health of Kansas has approved
- Your provider or a Plan staff member did not respect your rights
- You had trouble getting an appointment with your provider in the appropriate amount of time
- Your provider or a Plan staff member was rude to you
- You cannot get culturally competent care

Have someone represent you in a grievance

You can also have someone else act on your behalf, such as an attorney, a family member, friend or provider. Send us a letter telling us that you want someone else to represent you and file a grievance for you. Include your name, member ID number from your ID card, the name of the person you want to represent you and what your grievance is about. You can also complete the authorized representative form available on our website.

When we get the letter from you, the person you picked can represent you.

How to file a grievance

You can call Member Services at the number below if you need help filing a grievance or if you need assistance in another language or format. Our phone number is **1-855-221-5656 (TTY: 711)**. We are available 24 hours a day, 7 days a week. You can also file a grievance in person, orally, in writing, or by mailing or faxing it to us at:

Aetna Better Health of Kansas
Grievance and Appeal Department
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: 1-833-857-7050

Grievance timeframes

We'll send you a letter letting you know we got your grievance within five calendar days, unless the grievance was resolved on the same day it was received by Aetna Better Health.

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

If your grievance is related to your request for an expedited appeal or an extension, we will respond within 72 hours after the receipt of the grievance.

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

Grievance extension

You or your representative may ask us to take more time to make a decision. This may be because you have more information to give Aetna Better Health to help decide your case. This can be done by calling or writing to:

Aetna Better Health of Kansas
Grievance and Appeal Department
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: 1-833-857-7050
Phone: 1-855-221-5656 (TTY: 711)

If we can't resolve the issue within the needed timeframes because we need more information we will:

- Write you and tell you what information is needed.
- Provide your rights to file a grievance, if you disagree with the extension
- Tell you why the delay is in your best interest.
- Make a decision no later than 14 additional calendar days from the timeframes described above.

We'll send you a letter to let you know what we did about your problem no later than the date the extension expires.

If you are not able to receive culturally appropriate care after your grievance with us, you may contact the KanCare Ombudsman's office for assistance.

KanCare Ombudsman

The KanCare Ombudsman provides help to KanCare members who receive long-term care and community-based services. The Ombudsman can assist you:

- When you do not think that you are getting the care that you need.
- When you feel your rights are being violated.
- When you feel you have not received culturally appropriate care.

You can contact the KanCare Ombudsman by phone or email:

- **1-855-643-8180**
- **KanCare.Ombudsman@kdads.ks.gov**

Appeals

An adverse benefit determination is when we send you a letter to tell you that we are terminating, suspending, reducing or denying a service or benefit. An appeal is a request for review of an adverse benefit determination.

You have the right to appeal any adverse benefit determination (decision) by Aetna Better Health that you disagree with that relates to coverage or authorization of services.

Examples of an appeal:

- Aetna Better Health does not authorize your request for a health care service, supply, item, or drug that you think you should be able to get.
- Aetna Better Health stops providing or paying for all or a part of a service or drug you receive that you think you still need.

Have someone represent you in an appeal

You can ask someone to file the appeal for you. You can choose anyone you want, including a friend, your provider, a legal guardian, a relative or an attorney. If you pick a person to do the appeal for you, that person is your authorized representative. You must write us a letter with the name of the person who will speak for you. Be sure to sign it. You can also fill out an authorized representative form to let the person you chose speak for you as your representative. We'll send you the form. Just call us at **1-855-221-5656 (TTY: 711)**, 24 hours a day, 7 days a week. You can also find this form on our website at **AetnaBetterHealth.com/Kansas**.

How to submit your appeal

If you are not satisfied with a decision we made about your service authorization request or the termination, suspension, or reduction of your services, you have 60 calendar days from the date of the adverse benefit determination notice to file an appeal either orally or in writing. We will allow an additional 3 calendar days for mailing.

You can call Member Services at one of the numbers below if you need help filing an appeal or if you need assistance in another language or require an alternate format. We will not treat you unfairly because you file an appeal.

Send your appeal request to:

Aetna Better Health of Kansas
Grievance and Appeal Department
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: 1-833-857-7050

Expedited (faster) appeals

There's a fast appeal process called an expedited appeal. You can ask for an expedited appeal if your life or health could be harmed by us taking the normal time to finish your appeal. Call us at **1-855-221-5656 (TTY: 711)**, 24 hours a day, 7 days a week, to let us know if you need an expedited appeal. If you request for a fast appeal is approved, we will call you and send you a letter with our decision within 72 hours of when we received your appeal. If your request to expedite the appeal isn't approved, we'll call you to let you know. We will also send you a letter. Then we'll process your appeal just like a normal appeal. We'll send you a decision on the case within 30 calendar days. You may ask for another 14 calendar days to give us more

information. Aetna Better Health may also need more information. We'll send you a notice if there's a delay that you didn't request.

Standard appeals

Once we receive your appeal request, we'll send you a letter within 5 calendar days to let you know we got it. We will assign to a new team to review your case information and any new documentation you have sent to see if they agree with you or with the original decision.

If we have all the information we need, we will tell you our decision within 30 days of when we receive your appeal request. We will send you a written appeal resolution letter.

If Aetna Better Health fails to meet the timeframe, you have exhausted our internal appeal process and you have the right to request a State Fair Hearing.

Aetna Better Health will never punish or discriminate against you or take any negative action against you in any way for filing an appeal.

You or your representative are provided with an opportunity, before and during the appeals process, to examine the member's case file, including medical records, and any other documents and records considered during the appeals process free of charge and sufficiently in advance of the resolution timeframe.

If we need more information

If we can't make the decision within the needed timeframes because we need more information we will:

- Write you and tell you what information is needed. If your request is in an expedited review, we will call you right away and send a written notice later.
- Tell you why the delay is in your best interest.
- Make a decision no later than 14 additional calendar days from the timeframes described above.

You or your representative may also ask us to take more time to make a decision. This may be because you have more information to give Aetna Better Health to help decide your case. This can be done by calling or writing to:

Aetna Better Health of Kansas
Grievance and Appeal Department
PO Box 81139
5901 Postal Rd
Cleveland, OH 44181

Fax: 1-833-857-7050
Phone: 1-855-221-5656 (TTY: 711)

You or your representative can file a grievance with Aetna Better Health if you do not agree with our decision to take more time to review your appeal.

External Independent Third-Party Review (EITPR)

If your provider appealed our initial decision and still disagrees, your provider can request an EITPR. Your provider must ask for the EITPR within 60 days plus three (3) calendar days of Aetna Better Health's appeal decision letter.

The appeal must involve a denial of an authorization for a new healthcare service or a denial of a claim for reimbursement. The request must identify the specific issue and dispute you would like to be reviewed and why you believe Aetna Better Health's decision is incorrect.

Your provider's request should be in writing, include the EITPR form, and sent to:

Aetna Better Health of Kansas
Attn: Appeal and Grievance Department
PO Box 81040
5801 Postal Rd
Cleveland, OH 44181
Fax: 1-833-857-7050
Email: KSAppealandGrievance@aetna.com

If the final result of the EITPR is to uphold the appeal decision, you or your provider can request a State Fair Hearing within 30 days (3 calendar days are allowed for mailing time) of receiving an External Independent Third-Party Review (EITPR) decision letter.

State Fair Hearing process

If you disagree with our decision on your appeal request, you can appeal directly to The Office of Administrative Hearings. This process is known as a State Fair Hearing. You may also submit a request for a State Fair Hearing if we do not respond to an appeal request for services within the times described in this handbook. The State requires that you first exhaust (complete) Aetna Better Health appeals process before you can file a State Fair Hearing request through the State Fair Hearing process.

Have someone represent you in a State Fair Hearing

You can give someone like your provider, friend, an attorney, or family member written permission to help you with your State Fair Hearing request. This person is known as your authorized representative.

Where to send the State Fair Hearing request

You can request a State Fair Hearing within 120 calendar days (3 calendar days are allowed for mailing time) from the date of the Appeal Resolution letter. Your provider can request a State Fair Hearing within 30 days (3 calendar days are allowed for mailing time) of receiving an External Independent Third-Party Review (EITPR) decision letter. State Fair Hearings can be requested three ways:

1. Call Aetna Better Health at: **1-855-221-5656 (TTY: 711)**

2. Using our website, **AetnaBetterHealth.com/Kansas,** send us an email through the Contact Us feature or log in to the secure member portal to complete the online form.

3. Complete the **Request for Administrative Hearing form** and mail it to:

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

Your benefits during the appeal or State Fair Hearing process

Non-Waiver Services:

While your appeal or State Fair Hearing is in process, your Non-Waiver benefits will continue if:

- You file the appeal within 60 calendar days (3 calendar days are allowed for mailing time) of the date on the notice of adverse benefit determination, or you file the State Fair Hearing request within 120 calendar days (3 calendar days are allowed for mailing time) of the date on the appeal resolution letter.
- Your appeal is about our decision to terminate, suspend or reduce a course of treatment that was already preauthorized.
- The services were ordered by an authorized provider.
- The time frame covered by the preauthorization has not passed.
- You request that your services be continued within 10 calendar days of the date the notice of adverse benefit determination was sent or within 10 calendar days of the date of the appeal resolution letter was sent.

If you want to continue your benefits, you must let us know by calling Member Services at **1-855-221-5656 (TTY: 711)**.

While the appeal or State Fair Hearing is pending, your benefits will continue until:

- You withdraw the appeal or State Fair Hearing Request
- You do not request your benefits be extended within 10 calendar days from the date the notice of adverse benefit denial or appeal resolution letter was sent.
- State Fair Hearing officer decides to uphold the original decision.

If the final result of your appeal is to uphold the original decision, your benefits will not continue past 10 calendar days after we mail the appeal resolution letter. If you request to continue your benefits pending a State Fair Hearing, your benefits will continue until a State Fair Hearing officer upholds our original decision.

If the appeal or State Fair Hearing decides to uphold the original decision, we may take back the money that was paid for the services while the appeal or State Fair Hearing was in process.

HCBS Waiver Services

While your appeal or State Fair Hearing is in process, your HCBS Waiver benefits will continue if:

- You file your appeal within 60 calendar days from the date of the notice of adverse benefit determination. We will allow 3 additional calendar days for mailing.
- For State Fair Hearings you request, your request is filed within 120 calendar days from the date of the appeal resolution letter. We will allow 3 additional calendar days for mailing.
- Your appeal is about our decision to terminate, suspend or reduce a course of treatment that was already preauthorized.
- The services were ordered by an authorized provider.
- The time frame covered by the preauthorization has not passed.

While the appeal or State Fair Hearing is pending, your benefits will continue until:

- You withdraw the appeal or State Fair Hearing request

You do not file your appeal within 60 calendar days from the date of the notice of adverse benefit determination or State Fair Hearing within 120 calendar days from the date of the appeal resolution letter. We allow 3 additional calendar days for mailing.

- State Fair Hearing officer decides to uphold the original decision.
- You or your authorized representative requests previously authorized HCBS services or benefits to end and be replaced with another HCBS service or benefit.

If the final result of your appeal is to uphold the original decision, your benefits will not continue past 120 calendar days (an additional 3 calendar days is allowed for mailing time) from the appeal resolution date unless you request a State Fair Hearing. If you request a State Fair Hearing, your benefits will continue until a State Fair Hearing officer upholds our original decision.

If the appeal or State Fair Hearing decision is to uphold the original decision, the member will not have to pay Aetna Better Health for the services provided during the appeal or State Fair Hearing, unless fraud has occurred.

Fraud, waste, and abuse

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

- Members selling or lending their ID card to someone else
- Members trying to get drugs or services they do not need
- Members forging or altering prescriptions they receive from their providers
- Providers billing for services they didn't give
- Providers giving services members do not need
- Verbal, physical, mental, or sexual abuse by providers

Call our fraud, waste and abuse hotline to report these types of acts right away. You can do this confidentially. We do not need to know who you are. You can call us to report fraud, waste and abuse at **1-866-275-7704 (TTY: 711)**. You can also report suspected fraud, waste or abuse to the State of Kansas by calling **785-368-6220.**

Disenrollment

We hope that you are happy with Aetna Better Health of Kansas. If you are thinking about leaving, call us at **1-855-221-5656 (TTY: 711)** to see if we can help resolve any issues you are having. KanCare program procedures must be followed for all disenrollment requests. If you decide you want to disenroll from Aetna Better Health of Kansas, you must contact the KanCare Enrollment Center either via phone or in writing. We will ensure your right to disenroll is not restricted in any way.

Disenroll from Aetna Better Health of Kansas

As a new member, you may disenroll from Aetna Better Health of Kansas at any time during the first 90 days, of your enrollment and during your annual open enrollment period announced by the State. After the first 90 days you are "locked in" as a Plan member unless there is good cause to disenroll. You must keep using our providers until you are no longer a member with us. Reasons to disenroll with cause are as follows:

- If you move outside of the state of Kansas.
- If you need related services to be performed at the same time and not all related services are available within the network and your PCP determines that receiving the services separately would put you at unnecessary risk.
- If you no longer qualify for Medicaid under one of the eligible categories
- Poor quality of care, lack of access to services or lack of providers experienced in dealing with your health care needs.
- If you transfer to an eligibility category that is not included in the benefits.
- If Aetna Better Health not covering a service because of moral or religious objections.
- Renewing your insurance.

You may lose coverage if you do not renew with KanCare. Some members must renew each year to keep your insurance. Please read all notices sent to you from the KanCare Clearinghouse.

Advance directives

Your provider may ask if you have advance directives. These are instructions about your medical care. They are used when you can't say what you want or speak for yourself due to an accident or illness.

You will get medical care even if you don't have advance directives. You have the right to make your medical decisions. You can refuse care. Advance directives help providers know what you want when you can't tell them. Written advance directives in Kansas fall into two main groups. It is up to you whether you want to have both or just one.

Proxy directive (durable power of attorney for health care)

This is a document you use to appoint a person to make health care decisions for you in the event you become unable to make them yourself. This document goes

into effect whether your inability to make health care decisions is temporary because of an accident or permanent because of a disease. The person that you appoint is known as your “health care representative." They are responsible for making the same decisions you would have made under the circumstances. If they are unable to determine what you would want in a specific situation they are to base their decision on what they think is in your best interest.

Instruction directive (living will)

This is a document you use to tell your doctor and family about the kinds of situations you would want or not want to have life-sustaining treatment in the event you are unable to make your own health care decisions. You can also include a description of your beliefs, values, and general care and treatment preferences. This will guide your doctor and family when they have to make health care decisions for you in situations not specifically covered by your advance directive.

Advance directives are important for everyone to have, no matter what your age or health condition is. They let you say what type of end of life care you do and do not want for yourself.

If you have advance directives:

- Keep a copy of your advance directives for yourself.
- Also give a copy to the person you choose to be your medical power of attorney.
- Give a copy to each one of your providers.
- Take a copy with you if you have to go to the hospital or the emergency room.
- Keep a copy in your car if you have one.

You can also talk to your provider if you need help or have questions. We will help you find a provider that will carry out your advance directive instructions. If your advance directive is not followed, you can file a complaint with the State Survey and Certification Agency at **1-800-842-0078**.

Call Member Services at **1-855-221-5656 (TTY: 711)** for help. You may also visit our website, **AetnaBetterHealth.com/Kansas**, for more information on advanced directives. If the state law changes, we will tell you about it no later than 90 days after the effective date of the change.

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

A. Call Member Services at **1-855-221-5656 (TTY: 711)** to get a new ID card.

Q. How will I know the name of my Primary Care Provider (PCP)?

A. Your ID card will list the name and phone number of your PCP. This will be on the front of your ID card.

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

A. Yes. Please call Member Services at **1-855-221-5656 (TTY: 711)** for help. We will check if the new PCP is accepting new patients.

Q. How do I know which services are covered?

A. List of covered services begins on page 26. You can also ask your provider. You can call Member Services for help at **1-855-221-5656 (TTY: 711)**. You can also check online at **AetnaBetterHealth.com/Kansas.**

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

A. If you get a bill, call the provider's office. Give the staff your information. If you keep getting a bill, please call Member Services for help at **1-855-221-5656 (TTY: 711).**

Q. What hospitals can I use?

A. We use many contracted hospitals. Check the provider directory online at **AetnaBetterHealth.com/Kansas.** You can also call Member Services at **1-855-221-5656 (TTY: 711)** to get a current list of our contracted hospitals.

Q. What is an emergency?

A. An emergency is when you have a serious medical problem. This means you are in danger of lasting harm or dying. If you have an emergency, go to the nearest hospital, or call **911.**

Q. Do you have urgent care?

A. Yes. If you have an urgent care need, call your PCP. At night or on weekends or holidays, your PCP's answering service will take your call. Your PCP will call you back and tell you what to do. See page 49 for more information on urgent care.

Glossary/Key health care terms

The list below includes definitions for health care terms.

Advance Directives	A written instruction, such as a living will or durable power of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the state), relating to the provision of health care when the individual is incapacitated.
Appeal	A request for Aetna Better Health of Kansas to review an Adverse Benefit Determination for a member or an Action for a provider.
Authorization	Aetna Better Health of Kansas approval for a service.
Behavioral Health Services	Mental health and Substance Use Disorder covered services.
Benefits	The services, procedures and medications that Aetna Better Health of Kansas will cover for you as needed.
Client Obligation	An amount of money you must pay to one or more of your providers each month to help cover the cost of your Home & Community Based Services (HCBS).
Co-Payment	A defined dollar amount a patient pays for medical expenses.
Covered Services	All Medicaid and CHIP services provided by Aetna Better Health of Kansas in any setting, including but not limited to medical care, behavioral health care, and long-term services and supports.
Disenrollment	The removal of a member from the Aetna Better Health of Kansas roster which results in a cessation of services for that member from Aetna Better Health of Kansas.
Durable Medical Equipment	Equipment and supplies ordered by a health care provider for everyday or extended use.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	A program of preventive health care, well child examinations with appropriate tests and immunizations. It is called the KAN Be Healthy Program in Kansas.
Emergency	A sudden onset of a medical condition that shows itself by symptoms of sufficient severity, including serve pain, that the absence of immediate medical attention, one could reasonably expect : • Serious jeopardy to the mental or physical health of the member • Danger of serious impairment of the member's bodily functions • Serious dysfunction of the member's bodily organs • In the case of pregnant woman, serious jeopardy to the health of the fetus Emergencies include active labor and psychiatric emergencies.
Emergency medical condition	An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.
Emergency medical transportation	Transportation provided when life, health or safety is in danger.
Emergency room care	A hospital room or area staffed and equipped for the reception and treatment of persons requiring immediate medical care.
Excluded services	Health care services that your health insurance or plan doesn't pay for or cover.
Formulary	A listing of drugs, supplies, or devices
Grievance	An expression of dissatisfaction about any matter other than an Adverse Benefit Determination or an Action. Possible subjects for Grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or

	employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by Aetna Better Health to make a Service Authorization decision.
Habilitation services and devices	Health care services and devices that help a person keep, learn, or improve skills and functioning for daily living
HCBS	Medicaid programs designed to provide services to a person in their community instead of an institution, such as a nursing home or state hospital.
Health insurance	A type of insurance coverage that pays for medical and surgical expenses
Home health care	A wide range of **health care** services that can be given in your **home** for an illness or injury.
Hospice services	Care designed to give supportive care to people in the final phase of a terminal illness
Hospitalization	Admission to a hospital for treatment.
Hospital outpatient care	A hospital that usually doesn't require an overnight stay.
ID Card	The identification card that says you are an Aetna Better Health of Kansas member. This card should be with you at all times.
Immunization	Shots that are given at routine doctors' visits which are needed to prevent disease.
In Network	Doctors, hospitals and other providers that are contracted with Aetna Better Health of Kansas.
Inpatient	When you are admitted to the hospital.
KAN Be Healthy	The name of the federally mandated Early and Periodic Screening & Diagnosis Treatment program in Kansas.

KDHE-DHCF	The Kansas Department of Health and Environment, Division of Health Care Finance. KDHE-DHCF is the single-state Medicaid Agency for Kansas and the State Agency responsible for the administration and management of the KanCare medical assistance program and CHIP.
Long Term Services and Support (LTSS)	Millions of Americans, including children, adults and seniors, need long-term care services as a result of disabling conditions and chronic illnesses. Medicaid is the primary payer across the nation for long-term care services. Medicaid allows for the coverage of these services through several vehicles and over a continuum of settings, ranging from institutional care to community based long-term services and supports.
Medicaid	The Kansas Medical Assistance Program operated by the State under Title XIX of the Social Security Act, and related State and Federal rules and regulations.
Medically Necessary (Medically Needed)	Reasonable and necessary services to: • Protect life • Prevent significant illness or significant disability • Alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.
Member	A person who is eligible to receive services from Aetna Better Health of Kansas.
Member Service Department	The Aetna Better Health staff that can answer questions about your benefits. The number is **1-866-855-2121 (TTY: 711)**.
Non/Not Covered Services	Services for which Medicaid or CHIP will not provide reimbursement, including services that have been denied due to the lack of medical necessity.
Post-Stabilization Care	Covered services, related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR § 438.114(e) to improve or resolve the Member's condition.

Practitioner	Any person licensed to practice medicine and surgery, dentistry, or podiatry or any other person licensed, registered or otherwise authorized by law to administer, prescribe and use prescription-only drugs in the course of professional practice.
Premium	An amount to be paid for an insurance policy.
Prior-Approval/ Authorization/ Preauthorized	Approval granted for payment purposes by Aetna Better Health to a provider to provide specified covered services to a specified member.
Prescription Drug	Any drug, supply, or device that is dispensed according to a prescription order. If indicated by the context, the term "prescription medication" may include the label and container of the drug, supply, or device.
Primary Care Physician/Provider (PCP)	All health care services and laboratory services given by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the State, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.
Participating Provider	Any provider that has entered into a provider agreement with an Aetna Better Health of Kansas to serve members and receives Medicaid or CHIP funding directly or indirectly to order, refer, or render covered services.
Provider Directory/ Provider Network	A list of providers that have contracted with Aetna Better Health to provide care to Aetna Better Health members. This list changes.
Referral	When your PCP sends you to see another provider for medically necessary care.
Rehabilitation services and devices	Health care services and devices that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled that have been lost or impaired because a person was sick, hurt, or disabled

Self-Referred Services	Services that you do not need a referral from your PCP to receive.
Service Area	The geographic area where you can get care under the Aetna Better Health program.
Skilled Nursing Care	A person's need for need for care or treatment that can only be performed by licensed nurses.
Specialist	A doctor who gives health care to members within his or her range of specialty.
Spenddown	Some people have too much income to qualify for Medicaid. This amount is called excess income. Some of these people may qualify for Medicaid if they spend the excess income on medical bills.
Termination	When a member loses his or her benefits.
Urgent Care	Covered services required in order to prevent a serious deterioration of a member's health that results from unforeseen illness or an injury.
You, Your	Refers to a member.

Notice of privacy practices

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

This notice takes effect on January 1, 2019.

What do we mean when we use the words "health information"*

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

- Name
- Date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

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

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us. If you are under eighteen and don't want us to give your health information to your parents, call us. We can help in some cases if allowed by state law.

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

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*For purposes of this notice, "Aetna" and the pronouns "we," "us" and "our" refer to all the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

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

- Health promotion
- Service coordination
- Quality improvement
- Fraud prevention
- Disease prevention
- Legal matters

A service coordinator may work with your doctor. They may tell you about programs or places that can help you with your health problem. When you call us with questions, we need to look at your health information to give you answers.

Sharing with other businesses

We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair, so they send a van instead of a car to pick you up.

Other reasons we might share your health information

We also may share your health information for these reasons:

- Public safety – To help with things like child abuse. Threats to public health.
- Research – To researchers. After care is taken to protect your information.
- Business partners –To people that provide services to us. They promise to keep your information safe.
- Industry regulation – To state and federal agencies. They check us to make sure we are doing a good job.
- Law enforcement – To federal, state and local enforcement people.
- Legal actions –To courts for a lawsuit or legal matter.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.

- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons as required by law.

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

What are your rights?

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

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

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

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

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us at **1-855-221-5656 (TTY: 711)**, 24 hours a day, 7 days a week to:

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

- Ask us any questions about the notice.

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

Aetna Better Health of Kansas
Attn: Privacy Officer
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

You can call in privacy complaints to the Kansas Department of Health and Environment at **785-296-1500**.

You also can file a complaint with regard to your privacy with the U.S. Department of Health and Human Services, Office for Civil Rights. Call **1-855-221-5656 (TTY: 711)** to get the address.

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

Protecting your information

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

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

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

Will we change this notice?

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our web site at **AetnaBetterHealth.com/Kansas**.

AetnaBetterHealth.com/Kansas

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