



# 2021 Member Handbook for Integrated Health Services

[AetnaBetterHealth.com/Louisiana](https://AetnaBetterHealth.com/Louisiana)

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Aetna Better Health® of Louisiana

# Helpful Information

## **Aetna Better Health® of Louisiana**

Member Services

**1-855-242-0802** (toll free)

24 hours a day, 7 days a week

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

## **Interpreter service and alternative formats**

Call **1-855-242-0802 (TTY: 711)** if you need help in another language or format. We'll get you an interpreter in your language. You can ask for a verbal or sign language interpreter if you need help talking to your doctor during your visit. You won't need to pay for these services.

If you have a hard time seeing, or you don't read English, you can get information in other formats such as large print or audio. These services are at no cost to you.

## **Emergency (24 hours)**

When you need emergency care, call 911 or go to the closest hospital. The hospital DOES NOT need to be in our network. You don't need preapproval for emergency transportation or emergency care in the hospital.

## **Mailing address**

2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062

## **LA Medicaid**

**1-888-342-6207**

## **Healthy Louisiana**

**1-855-229-6848**

[www.healthy.la.gov](http://www.healthy.la.gov)

## **Behavioral Health Crisis Line**

**1-855-242-0802** (toll-free)

24 hours a day, 7 days a week

## **Vision**

**1-800-879-6901** (toll free)

## **To report fraud or abuse**

**1-855-725-0288** (toll-free)

## **Nurse Line**

**1-855-242-0802** (toll-free)

24 hours a day, 7 days a week

# Personal Information

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**My member ID number**

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**My PCP's phone number**

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**My PCP (Primary Care Provider)**

# **Aetna Better Health<sup>®</sup> of Louisiana**

## **Member Handbook for Integrated Health Services**

Effective January 2021

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week  
**[AetnaBetterHealth.com/Louisiana](https://www.aetna.com/betterhealth/louisiana)**

## Important numbers

Service	Phone, Fax, Email, Website	Address
Aetna Better Health of Louisiana Member Services  Services for the Hearing Impaired:	<b>1-855-242-0802 (TTY: 711)</b> Fax: <b>1-855-853-4936</b>  (24 hours a day, 7 days a week) <b>AetnaBetterHealth.com/Louisiana</b>  711	Aetna Better Health of Attn: Member Services 2400 Veterans Memorial Blvd. Suite 200 Kenner, LA 70062
Behavioral Health Crisis	<b>1-855-242-0802 (TTY: 711)</b> 24 hours a day, 7 days a week	
Dental services (for details Covered Services section):  DentaQuest  MCNA Dental	<b>1-844-234-9834 TTY: 711</b> Monday – Friday 8 AM – 5 PM <b>www.DentaQuest.com</b>  <b>1-855-702-6262</b> TTY: <b>1-800-955-8771</b> Monday - Friday 7 AM - 7 PM <b>www.mcnala.net</b>	
For eligibility questions: Louisiana Medicaid Hotline	<b>1-888-342-6207</b> <b>http://new.LDH.louisiana.gov</b>	Louisiana Department of Health P.O. Box 629 Baton Rouge, LA 70821-0629
To enroll or disenroll: Healthy Louisiana	<b>1-855-229-6848</b> <b>TTY: 1-855-LAMed4Me</b>  <b>1-855-526-3346</b> <b>www.healthylouisiana.gov</b>	
Emergency transportation	<b>911</b>	

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Fraud and Abuse Hotline	Aetna Better Health of Louisiana Compliance: <b>1-855-725-0288</b> Louisiana Dept. of Health <b><a href="http://new.LDH.louisiana.gov/index.cfm/page/219">http://new.LDH.louisiana.gov/index.cfm/page/219</a></b> <b>1-800-488-2917</b> (Provider) <b>1-888-342-6207</b> (Member)	ATTENTION: Compliance Unit Louisiana Department of Health and Hospitals P.O. Box 91030 Baton Rouge, LA 70821-9030  You can report anonymously.
Grievance and Appeals	Phone: <b>1-855-242-0802</b> Fax: <b>1-860-607-7657</b>	Aetna Better Health of Louisiana Attn: Grievance & Appeals PO Box 81139 5801 Postal Rd Cleveland, OH 44181
Language Interpretation Services Call Aetna Better Health of Louisiana Member Services	<b>1-855-242-0802</b>	
Non-Emergency Transportation (transportation to and from appointments for covered services)	Provided by transportation vendor Reservations (call 3 business ahead of time): <b>1-877-917-4150</b> Monday – Friday 8 AM – 5 PM 24-hour Ride Assistance: <b>1-877-917-4151</b> TTY: <b>1-866-288-3133</b>	
Nurse Advice Line	<b>1-855-242-0802</b> , select the option for nurse line 24 hours a day, 7 days a week	
Pharmacy Services Call Aetna Better Health of Louisiana Member Services (for details see Pharmacy Services section)	<b>1-855-242-0802</b>	

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Specialized Behavioral Health Services Call Aetna Better Health of Louisiana Member Services (for details see Behavioral Health Services section)	<b>1-855-242-0802</b>	
Vision Services (for details see Covered Services section) Provided by Superior Vision	<b>1-800-879-6901, TTY: 711</b> Monday – Friday 8 AM – 5 PM	
Teladoc	Teladoc - telehealth for physical health available 24 hours a day/7 day a week at <b>1-800-Teladoc</b> <b>(1-800-835-2362)</b>	
Breakthrough	Breakthrough - telehealth for mental health or substance use available Monday-Friday 7 AM to 6 PM at <b>1-888-977-5703</b>	

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## Welcome

Thank you for partnering with Aetna Better Health of Louisiana for your Healthy Louisiana Plan. Aetna has been providing health care to families for over 150 years. Aetna has been doing business in Louisiana since 1899 when Aetna Life Insurance Company began working in the state.

We are joining you through your health care journey. We have many providers ready to help keep you and your family well. We also have caring Member Services and Care Management staff ready to serve your health care needs.

This member handbook tells you about our plan. It is a good idea to take time to read it. Most of what you need to know about getting care is covered in this handbook. It will tell you about:

- Your primary care provider (PCP)
- What benefits are covered
- What to do in an emergency
- Your rights and responsibilities as a member

Aetna Better Health of Louisiana is a health plan that the Louisiana Department of Health (LDH) works with to provide services to Healthy Louisiana members. We have a network of providers available for you to choose from. This means providers have agreed to see our members and will bill us for the covered services you receive. We are part of your community with our office located in Kenner, Louisiana. We look forward to partnering with you and your health care providers to make sure you have the care you need.

If you have questions or problems getting services, we are here to help you. We are here 24 hours a day, 7 days a week. Our toll-free phone number is **1-855-242-0802 (TTY: 711)**. To view this handbook, find information about our programs and services, or to look for a provider, go to our website at **AetnaBetterHealth.com/Louisiana**.

We look forward to providing you with your health care benefits.

Sincerely,  
Rick Born  
Chief Executive Officer  
Aetna Better Health of Louisiana

## Your member handbook

This is your member handbook. This is a guide to help you understand your health plan and benefits. Throughout the handbook, we will refer to “the Plan”. When we do, we are referring to Aetna Better Health of Louisiana. Please take time to read your member handbook. It tells you how to get services, and your rights and responsibilities as a member. Here is what you will find in this handbook:

- Benefits and services with Aetna Better Health of Louisiana
- How to get health care services
- The role of your primary care provider (PCP)
- How to get help with appointments
- What to do in an emergency or urgent situation
- Services that are covered and not covered
- How to file a grievance or appeal
- Case management and other health related programs

We will update this member handbook at least once a year. We will also make changes when information changes or if LDH tells us to. A current copy of this handbook is always available on our website at **AetnaBetterHealth.com/Louisiana**. You can also call Member Services if you’d like a new copy mailed to you or if you need a copy in a different language.

### Member Services

Member Services is here to help you. We are available 24 hours a day, 7 days a week. Our toll-free phone number is **1-855-242-0802 (TTY: 711)**. You can call this number from anywhere, even if you are out of town.

Call us 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 PCP
- Teach you and your family about managed care including the services available to you and the role your PCP has in managing your health
- Explain your rights and responsibilities as a Plan member
- Help you get services, answer your questions, or solve any 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 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

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and improve the services we offer to you. Do you have an idea on how we can better serve you? Call us to tell us your ideas. We also have a committee you can join called the Member Advisory Committee. This committee gathers feedback from members on ways we can improve our benefits and services. See the section “We Want to Hear From You” on page 66 for more information. If you have questions or want to share your ideas, call Member Services at **1-855-242-0802 (TTY: 711)**.

Or write to:

Aetna Better Health of Louisiana  
Attention: Member Services  
2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062  
Fax: **1-855-853-4936**

If you'd like to send Member Services an email, go to our website **AetnaBetterHealth.com/Louisiana**. Click on the Contact us link. Complete the form and click submit. A Member Services representative will respond to your message.

### **Website Information**

Our website is **AetnaBetterHealth.com/Louisiana**. It gives you easy access to:

- Finding a PCP or specialist in your area
- Sending us questions through e-mail
- Learning about your benefits and health information
- Viewing your member handbook
- Learning about your rights and responsibilities

### **Mobile app**

We have a mobile application (app) that you can download to your smart phone or tablet. The app lets you access your information and contact us. For more information about downloading and using the app see page 36.

### **Language services**

Please call **1-855-242-0802 (TTY: 711)** if you need help in another language. We will get you an interpreter in your language. This service is available at no cost to you. You can get this handbook in Spanish. They are available on our website **AetnaBetterHealth.com/Louisiana**. If you want a copy mailed or emailed to you, call us at **1-855-242-0802 (TTY: 711)**.

### **Other ways to get information**

If you are deaf or hard of hearing, please call the Louisiana Relay at **TTY: 711**. They can help you call our Member Services at **1-855-242-0802**.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

**AetnaBetterHealth.com/Louisiana**

If you have a hard time seeing or hearing, or you do not read English, you can call Member Services to get this information in other formats such as large print, Braille, or audio.

### **Nurse advice line**

Another way you can take charge of your health care is by using Aetna Better Health of Louisiana's nurse advice 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, our 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. Call us at **1-855-242-0802 (TTY: 711)**.

### **Service area**

We offer services statewide, in all Louisiana parishes.

### **Eligibility and enrollment**

The Louisiana Department of Health, also known as LDH, determines if you are eligible. If you need to make any name, address, or phone number changes, or report the birth of a child, you must contact the Medicaid Hotline at **1-888-342-6207**.

Once LDH determines you're eligible, you will get information about the health plans you can choose from. If you did not pick a health plan on your Medicaid application, Healthy Louisiana chose one for you.

You have 90 days to change plans. After the 90 days, you will stay with Aetna Better Health until the next open enrollment period if you are eligible for Medicaid. For more about Open Enrollment see page 15.

### ***Who is eligible for the Healthy Louisiana program?***

Healthy Louisiana is a program for adults and children who meet the following criteria:

#### **Mandatory populations**

Some people who are eligible for Medicaid must pick a Healthy Louisiana plan. These mandatory populations include:

- Children under nineteen (19) years of age including those who are eligible under Section 1931 poverty-level related groups and optional groups of older children in the following categories:
  - TANF - Individuals and families receiving cash assistance through FITAP (Families in Temporary Need of Assistance)
  - CHAMP - Child Program

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- Deemed Eligible Child Program
- Youth Aging Out of Foster Care
- Former Foster Care Children
- Regular Medically Needy Program
- LaCHIP Program
- Children who are eligible for Medicaid due to blindness or disability
- Children receiving foster care or adoption assistance, in foster care, or in an out of home placement
- Children with Special Health Care Needs
- Parents and Caretaker Relatives eligible under Section 1931 of the Social Security Act including:
  - Parents and Caretaker Relatives Program
  - TANF (FITAP) Program
  - Regular Medically Needy Program
- Pregnant Women - Individuals whose basis of eligibility is pregnancy, who are eligible only for pregnancy related services [42 CFR§440.210(2)] including:
  - LaMOMS (CHAMP-Pregnant Women)
  - LaCHIP Phase IV Program
- Breast and Cervical Cancer (BCC) Program
- Aged, Blind and Disabled Adults (ABD) - Individuals who do not meet any of the conditions for mandatory enrollment in a managed care organization for specialized behavioral health only
- Continued Medicaid Program
- Individuals receiving Tuberculosis (TB) related services through the TB Infected Individual Program

### **Mandatory populations for behavioral health only**

Some people are only eligible for behavioral health services (mental health and substance use treatment) and must pick a Healthy Louisiana plan. These members will only get specialized behavioral health services from a Healthy Louisiana Plan. The mandatory populations include:

- Individuals residing in Nursing Facilities (NF)
- Individuals under the age of 21 residing in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)

### **Mandatory populations for behavioral health and non-emergent medical transportation services only**

Members who receive both Medicaid and Medicare (Medicaid dual eligible) must pick a Healthy Louisiana plan. This does not include those members who reside in a nursing facility or ICF/DD. Medicaid dual eligible are only able to receive behavioral health and NEMT services from us.

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**[AetnaBetterHealth.com/Louisiana](https://AetnaBetterHealth.com/Louisiana)**

We have a different member handbook for members who are enrolled for behavioral health only or behavioral health and NEMT. All handbooks are available online or by calling Member Services.

### **Voluntary opt-in populations**

Members who must enroll in a Healthy Louisiana plan for behavioral health and non-emergency medical transportation (NEMT) services can choose to also enroll in the Healthy Louisiana Plan for their other covered Medicaid services. You can change your mind and return to legacy Medicaid for your other covered Medicaid services at any time, but you will have to stay with your Healthy Louisiana Plan for behavioral health and NEMT services. If you choose to leave Healthy Louisiana for your other Medicaid services, you have to wait until the next annual open enrollment to enroll again.

This applies to members who are in one of these groups:

- Members who do not have Medicare and who receive services through any of the following 1915(c) Home and Community-Based Waivers:
  - Adult Day Health Care (ADHC) - Direct care in a licensed adult day health care facility for those individuals who would otherwise require nursing facility services;
  - New Opportunities Waiver (NOW) - Services to individuals who would otherwise require ICF/DD services
  - Children’s Choice (CC) - Supplemental support services to disabled children under age 18 on the NOW waiver registry
  - Residential Options Waiver (ROW) - Services to individuals living in the community who would otherwise require ICF/DD services
  - Supports Waiver - Services to individuals 18 years and older with mental retardation or a developmental disability which manifested prior to age 22
  - Community Choices Waiver (CCW) - Services to persons aged 65 and older or, persons with adult-onset disabilities age 22 or older, who would otherwise require nursing facility services
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities’ (OCDD’s) Request for Services Registry who are Chisholm Class Members.

### **Excluded populations**

Individuals in an “excluded population” may not enroll in the Healthy Louisiana Program. “Excluded populations include:

- Adults aged 21 and older residing in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)
- Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE), a community-based alternative to placement in a nursing facility that includes a complete “managed care” type benefit combining medical, social and long-term

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care services

- Individuals with a limited eligibility period including:
  - Spend-down Medically Needy Program - An individual or family who has income in excess of the prescribed income standard can reduce excess income by incurring medical and/or remedial care expenses to establish a temporary period of Medicaid coverage (up to 3 months)
  - Emergency Services Only - Emergency services for aliens who do not meet Medicaid citizenship/ 5-year residency requirements
  - Greater New Orleans community Health Connection (GNOCHC) Program

If you are already enrolled in Medicaid and want to pick or change your Healthy Louisiana plan, call Healthy Louisiana at **1-855-229-6848**, TTY **1-855-526-3346**. Their website is **[www.myplan.healthy.la.gov](http://www.myplan.healthy.la.gov)**.

If you want to apply for Medicaid, call LDH's Medicaid Hotline at **1-888-342-6207 (TTY: 711)**.

## **Open enrollment**

If you are new to Aetna Better Health of Louisiana, you will have 90 days from the date you first enroll to try the health plan. During the first 90 days, you can change health plans for any reason. After the first 90 days, if you are still eligible for the Healthy Louisiana program, you will stay enrolled in Aetna Better Health of Louisiana until the next open enrollment period if you remain eligible for Medicaid.

Once a year, you will get a letter from Healthy Louisiana. The letter will say that you can change health plans if you want to. The letter will give you the dates that you can make the change. You will have 60 days to change. This 60-day period is called "open enrollment." Every year you can change health plans during the 60-day open enrollment period.

You do not have to change health plans, but you can if you want to. If you choose to change plans during open enrollment, you will be a member in the new plan at the beginning of the next enrollment year. Whether you pick a new plan or stay with Aetna Better Health of Louisiana, you will stay enrolled with that plan until the next annual open enrollment period unless you have cause to change. Cause can be you want to be in the same Healthy Louisiana plan as your family members.

If you are not able to get the services we cover, this can also be considered cause to disenroll. For more about disenrolling for cause see page 75.

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## Staying eligible

You will get a Medicaid renewal notice when it's time for you to renew. Follow the instructions in the notice. Your local LDH office can answer your questions about renewing your eligibility. For more information contact the Medicaid Hotline at **1-888-342-6207**.

## Reinstatement

If you lose eligibility for a period of two months or less and then become eligible again, you will be re-enrolled with Aetna Better Health of Louisiana. We will assign you to the same PCP you had before becoming ineligible if they are still accepting patients.

## Identification card

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

- Your name
- Your Aetna Better Health of Louisiana ID number
- Your PCP's name and telephone number
- Other important information like what you should do in an emergency

You must use your Aetna Better Health of Louisiana ID card and your Louisiana Medicaid ID card when you go to appointments, get prescriptions and get any health care services.


Showing your ID cards will make sure that you do not get billed for your services. The ID cards let the provider or pharmacy know that Aetna Better Health of Louisiana or Louisiana Medicaid should be billed for the services you receive.

### Front of ID card:

Member ID

PCP Name and Phone Number

The date coverage starts

Aetna Better Health® of Louisiana  
Healthy Louisiana 

Member ID# 00000000000000 Date of Birth 00/00/0000  
Member Name LastName, FirstName Sex M

PCP LastName, Firstname  
PCP Phone/24 Hours 1-000-000-0000 Effective Date 00/00/0000

Pharmacy Copay \$.50 - \$3

RxBIN: 610591 RxPCN: ADV RxGRP: RX8834  
Pharmacist Use Only: 1-855-364-2977

aetnabetterhealth.com/louisiana

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MELA1

### Back of ID card:

2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062

**Members**  
Member Services & Filing Grievance 24/7 1-855-242-0802, TTY 711  
Behavioral Health Crisis Line 24/7 1-855-242-0802  
Teladoc - physical telehealth 1-800-835-2362  
Breakthrough - behavioral telehealth 1-888-977-5703  
Nurse Line 24/7 1-855-242-0802 Pharmacy 1-855-242-0802  
Fraud & Abuse Hotline 1-855-725-0288 Report Medicaid Fraud 1-800-488-2917

**Emergency care:** If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

**Providers**  
Provider Services and Prior Authorization 1-855-242-0802

Send medical / behavioral health claims to Electronic Claims  
Aetna Better Health Payer ID 126LA  
P.O. Box 61808 Phoenix, AZ 85082-1808

LA1

**Your ID card is for your use only - do not let anyone else use it. Letting someone else use your card is considered fraud. You can lose your Medicaid eligibility if you let someone else use your card. There could also be legal action taken against you.**

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Please look at your card to make sure your name, address, and date of birth are correct. If any information is wrong, if you did not receive the card, or if the card is lost or stolen, please contact us at **1-855-242-0802 (TTY: 711)**.

## **Member confidentiality and privacy**

We include a Notice of Privacy Practices in your welcome packet and send a copy to you annually. 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 **1-855-242-0802 (TTY: 711)**. You can also visit our website at **AetnaBetterHealth.com/Louisiana**.

## **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.

### **Your rights**

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

- Be treated with respect and with consideration for your dignity and privacy.
- Participate with provider in making decisions regarding your health care, including the right to refuse treatment for religious reasons or for any other reason.
- Talk about appropriate or medically necessary treatment options for your conditions. This should happen even if it's not a covered benefit and no matter how much it costs.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Be able to request and receive a copy of your medical records, (one copy free of charge) and request that they be amended or corrected.
- Receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee-For-Service, and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- Receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- Receive all information in a manner and format that you can understand.
- Receive assistance from both LDH and Healthy Louisiana in understanding the requirements and benefits of Aetna Better Health of Louisiana.
- Receive oral interpretation services free of charge for all non-English languages.
- Be notified that oral interpretation is available to you free of charge and how to

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access those services.

- As a potential member, to receive information about the Healthy Louisiana program, which populations may or may not enroll in the program, and Aetna Better Health of Louisiana's responsibilities.
- To receive information on Aetna Better Health of Louisiana's services, such as:
  - Benefits covered;
  - What to do to get benefits, including any authorization requirements;
  - Any amounts you must pay (co-pays);
  - Service area;
  - Names, locations, telephone numbers of and non-English language spoken by current contracted providers;
  - How and when you can change PCPs or see other providers;
  - Providers not accepting new patients; and
  - Benefits not offered by Aetna Better Health of Louisiana but that you can get under Medicaid.
- Receive information about your disenrollment rights at least annually.
- Receive notice of any changes in your benefits and services. You will be informed at least 30 days before the change takes place.
- Receive information on grievance, appeal, and State Fair Hearing procedures.
- Voice complaints, grievances, or file appeals about Aetna Better Health of Louisiana or the care you get.
- Receive information on emergency and after-hours coverage, such as:
  - What is an emergency medical condition, emergency services, and post-stabilization services;
  - That emergency services do not require prior authorization;
  - The process and procedures for obtaining emergency services; The locations of any emergency settings and other locations where providers and hospitals provide emergency services and post-stabilization services covered under the contract;
  - Your right to use any hospital or other setting for emergency care; and
  - Post-stabilization care services rules.
- Receive our policy on referrals for specialty care and other benefits not provided by your PCP.
- Tell us what you think about our rights and responsibilities policy. You have the right to receive this information from us upon request.
- Have your privacy protected.
- Exercise these rights without being treated negatively by Aetna Better Health of Louisiana, our providers, or LDH.

### **Your responsibilities**

- Use your ID cards when you go to health care appointments or get services and do Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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not let anyone else use your cards. Let us know if you lose your ID card or if it is stolen.

- Know the name of your PCP and your case manager if you have one.
- Know about your health care and the steps to take to get care.
- Do not utilize Emergency Room for non-emergent services.
- Tell us when you make changes to your address or telephone number.
- Tell LDH when there are changes in your family size or income.
- Understand your health problems and participate in setting your health goals with your provider.
- Let your providers know if your health changes.
- Be respectful to the health care providers who are giving you care.
- Schedule your appointments during office hours when you can. Be on time. Call if you are going to be late to or miss your appointment.
- Give your health care providers all the information they need.
- Tell the Plan and LDH about your concerns, questions, or problems.
- Ask for more information if you do not understand your care or health condition.
- Talk to your providers about the care you need. Ask if there are other options and how they can help. Ask about risks and costs of other options.
- Follow your provider's advice. If you do not want to, let your provider know why.
- Tell us about any other insurance you have. Tell us if you are applying for any new benefits.
- Give your doctor a copy of your living will or advance directive.
- Get all the preventive care you need to stay healthy. Live a healthy lifestyle. Avoid unhealthy activities
- If you don't agree with a provider and want to complain, follow the steps to file a grievance.

## **Utilization management**

We want to ensure that our members are getting the services or benefits they need to get or stay healthy. This is called "utilization management" (UM). Our UM staff use clinical criteria, guidelines and written policies to make UM decisions. They check that requested services are:

- Needed to keep or get you healthy
- Covered by Aetna Better Health of Louisiana

Our UM procedures include, but are not limited to:

- Review for medical need before receiving a service
- Review for medical need for your hospital stay
- Review for medical need for a service you have already received
- Filing an appeal

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You or your provider can get a copy of the guidelines we use to approve or deny services. Our criteria and guidelines are available on our website at **AetnaBetterHealth.com/Louisiana** and you can call Member Services at **1-800-242-0802**, 24 hours a day/7 day a week with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you.

### **We're here to help you with any UM issues**

For help if you have vision and/or hearing problems, call the Telecommunications Relay Service (TRS) **1-800-242-0802** or **TTY 711** (toll-free). For help with language or translation services, call Member Services at **1-800-242-0802**.

### **Our affirmative statement about incentives**

We want you to feel sure that you're getting the health care and services you need. To that end, we have policies our providers must follow to ensure that you get the right health care.

Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an "affirmative statement."

We do not reward or pay extra money to health care providers, staff or other people to:

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary

All our members should receive the right health care. If you want more information on this, call us at **1-800-242-0802**.

### **New technology for medical procedures**

We're always looking at new medical procedures and methods to make sure our members get safe, up-to-date, quality medical care. We have a team of doctors who review new health care technologies. They decide if they should become covered services. (We don't cover investigational technologies, methods and treatments still under research.)

To decide if a new technology will become a covered service, we will:

- Study the purpose of each technology
- Review medical literature
- Look at the impact and benefits a new technology could have

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- Develop guidelines on how and when to use the technology

## **Your primary care provider (PCP)**

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

You should make an appointment to see your PCP when you join Aetna Better Health of Louisiana. If you need help scheduling appointments call Member Services at **1-855-242-0802 (TTY: 711)**.

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

- Learning your health history
- Keeping good health records
- Providing regular care
- Answering your 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

## **Types of primary care providers**

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

- Family Practice
- General Practice
- Internal Medicine
- Pediatricians - providers who treat children from birth to age 18
- Certified Nurse Practitioners
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHC)
- OB/GYN
- Patient-Centered Medical Home (PCMH)

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. You must be assigned to a PCP that is in our network.

## ***How do I pick my PCP?***

When you first enroll in our Plan, you have the option to tell Healthy Louisiana the name of the PCP you would like. Healthy Louisiana will have a list of the PCPs that work with our

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Plan. We will do our best to make sure you get to keep the PCP you picked. Sometimes we cannot assign you to the PCP you picked. When this happens, we will pick a PCP for you. The PCP's name and phone number will be on your ID card. You can call us at any time to change PCPs. We might pick a PCP for you if:

- You didn't tell Healthy Louisiana the name of the PCP you want when you enrolled
- The PCP you picked isn't taking new members
- The PCP you picked only sees certain members, such as pediatricians who only see children

If we have to pick a PCP for you, we will try to find the PCP that is close to you and best fits your needs. We look for:

- Your recent PCP
- Your family member's PCP
- Your zip code
- Your age
- Your gender

### ***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 may want to change your PCP at any time for any reason. Some reasons might be:

- You want a male or a female doctor
- You want a doctor that speaks your language

If you see a specialist for special health care needs and you want the specialist to be your PCP, we can help. The specialist will have to agree to be your PCP. Then, we will work with the specialist to make sure you get the primary care services you need. Call Member Services at **1-855-242-0802 (TTY: 711)**, for more information.

You can find a list of our PCPs on our website at **AetnaBetterHealth.com/Louisiana**. If you want to choose or change your PCP to another doctor in our provider network, call Member Services toll-free at **1-855-242-0802 (TTY: 711)**.

To change your PCP, you can:

- Call Member Services at **1-855-242-0802 (TTY: 711)**.
- Visit our website **AetnaBetterHealth.com/Louisiana**. There you can log into the member portal and send us a request to change PCPs.
- Use our mobile app to send a request from your smart phone or tablet. For more information see our mobile app section on page 36.

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In most cases, the PCP change will happen on the same day as your request. Any time you change PCPs we will send you a new ID card. It will list the new PCP's name and phone number.

## **Getting care**

Aetna Better Health of Louisiana members must use in-network providers to obtain health care services. If you want to see a provider who is not in our network, the provider must get prior authorization from us first.

For some services, your provider will have to get prior authorization from us before you receive the service. The provider will know how to do this.

## **The provider's office**

To be better prepared to get health care services, ask your provider and the office staff these questions.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of basic behavioral health services do you provide?
- What kinds of special help do you offer 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 and always follow your provider's directions.

- What is my main problem?
- What do I need to?
- 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 your Aetna Better Health of Louisiana ID card and Louisiana Medicaid ID card with you.
- If you're 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.

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**Don't be a No Show.** It is important to show up for your appointments. Not showing up for your scheduled appointments causes problems. If you can't go to your appointment, you must call your provider's office 24 hours before the appointment time to cancel. If you need help with appointments call Member Services at **1-855-242-0802 (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. A pulmonologist treats lung conditions like asthma. A psychiatrist or licensed mental health professional treats mental health and substance use conditions. Your PCP can recommend a specialist to you. You can look in the online provider directory at **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. We will help you find a specialist near you.

The specialist might have to contact us to get approval to see you. This is called prior authorization. The specialists will know what to do.

## **Getting a second opinion**

When a PCP or a specialist says you need surgery or other treatment, you have the right to check with another provider. This is called a second opinion. A second opinion is available at no charge to you. Your PCP can recommend a provider, or you can call Member Services.

## **Provider directory**

Our provider directory is available online at **AetnaBetterHealth.com/Louisiana**. You can also find a provider using our Aetna Better Health mobile app. See page 36 for more about the app. You may request a paper copy of our provider directory by calling Member Services. It lists health care providers and hospitals in our network. The directory has the names of PCPs, medical and behavioral health specialists, and other health care providers in your area. You can also use the online directory to find a pharmacy or vision care provider.

If you would like help finding an Aetna Better Health of Louisiana provider, call Member Services. We will be glad to help you. Let us know if you want a provider to be added to our network. We will try to make that happen.

## Transportation

If you have an emergency and have no way to get to the hospital, call **911** for an ambulance. We cover ambulance rides in a medical emergency for all members.

If you don't have transportation, we will cover transportation to services covered by Aetna Better Health of Louisiana. We will also cover transportation to Medicaid covered services such as dental care.

We use a transportation vendor for your transportation needs. You can get a ride to your provider visit and to the pharmacy, if you go to the pharmacy immediately following the appointment.

To schedule a ride, call our transportation vendor at **1-877-917-4150**, TTY **1-866-288-3133**. There is no limit on the number of trips provided. You can call Monday through Friday 7AM to 7 PM.

If you have an urgent need or need help with a ride that you already scheduled, you can call "Where's my ride" toll free number, 24 hours a day, 7 days a week, 365 days a year, at **1-877-917-4151**.

Transportation appointments must be scheduled two (2) business days in advance. You may make your reservation up to thirty (30) days in advance. Our transportation vendor will assist with ongoing transportation needs for services such as dialysis, or other re-occurring treatments.

When making your reservations, keep in mind that you should not arrive more than one hour before your scheduled appointment.

Please have these details ready when you call our transportation vendor:

- Name of the provider
- Provider's address
- Provider's telephone number
- Time of appointment
- Type of transportation needed (e.g., regular car, wheelchair-accessible van)

## Covered services

Services covered by Aetna Better Health of Louisiana are listed below. Some limitations and prior authorization requirements may apply. You will see in the table that for some benefits the Limits column says, "prior authorization may be required". This means that some services do not require prior authorization while others do. You or your provider can

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call us with the service codes to find out if prior authorization is needed.

All services must be medically necessary unless they are part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT is a program for members under 21. If you have questions about covered services, call Member Services at **1-855-242-0802 (TTY: 711)**.

Aetna Better Health of Louisiana also covers behavioral health services. Different members may be covered for different services. Below is a list of services that may be covered. For more information, talk to your case manager if you have one. You can also call Member Services at **1-855-242-0802 (TTY: 711)**.

Some adults with certain behavioral health needs may also be covered for more home and community-based services. These used to be called 1915(i) services. If you have a severe mental illness and you think you are eligible for these services let us know. Talk to your case manager if you have one. You can also call Member Services at **1-855-242-0802 (TTY: 711)**. To learn more about behavioral health, see page 41.

Service/Benefit	Covered Service/Benefit	Limits
Assertive community treatment	Eligible adults can have a team of professionals help them with mental health and substance use services, housing and other social needs for community living.	Covered for members eligible for adult mental health rehabilitation services. Prior authorization is required.
Basic behavioral health services	Services are provided in a primary care clinic and include screening for mental health and substance use issues, prevention, early intervention, medication management, treatment and referral to specialty services.	
Chiropractic services	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from an EPSDT medical screening provider or Primary Care Provider (PCP).	Covered for members from age 0-20.

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Service/Benefit	Covered Service/Benefit	Limits
Community Psychiatric Support and Treatment (CPST)	Counseling and support provided at home, school, or work. Additional services may be available for members with special mental health care needs.	Covered for members from age 0-20 and members eligible for adult mental health rehabilitation services. Prior authorization is required.
Crisis intervention and stabilization	You can get help right away if you have a mental health emergency or crisis.	
Dental	See Dental section on page 47 for more information.	
Dialysis	Hemodialysis and peritoneal dialysis are covered for the treatment of End Stage Renal Disease (ESRD).	Prior authorization is required.
Durable Medical Equipment	Medical equipment, appliances, and supplies such as wheelchairs, bed rails, walkers and crutches.	Prior authorization is required.
Emergency medical services	ER (Emergency Room) services	
Emergency medical transportation	Ambulance and helicopter	
End stage renal disease services (Dialysis)	Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services and medically necessary injections.	
Early Periodic Screening, Diagnostic, and Treatment (EPSDT)/Well-Child Checkups	<ul style="list-style-type: none"> <li>• Medical screenings</li> <li>• Developmental screenings</li> <li>• Vision screenings</li> <li>• Hearing screenings</li> <li>• Dental screenings</li> <li>• Periodic and inter-periodic screenings</li> </ul>	Covered for members from age 0-20.

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Service/Benefit	Covered Service/Benefit	Limits
Family planning services	May obtain services in or out of network (no cost for out of network family planning).	Elective abortions are not covered.
Federally Qualified Health Center (FQHC) Rural Health Clinic (RHC)	Professional medical and basic behavioral health services furnished by doctors (Primary Care Providers), nurse practitioners, physician assistants, LPC, nurse midwives, clinical social workers, clinical psychologists and dentists.	
Hearing aids	Hearing aids and related supplies such as earpieces and batteries.	Covered for members from age 0-20.
Home health services	<ul style="list-style-type: none"> <li>• Skilled nursing services</li> <li>• Home health aide</li> <li>• Physical, occupational or speech therapy</li> <li>• Home infusion</li> <li>• Wound therapy</li> </ul>	Prior authorization is required.
Hospice	Care provided by a certified hospice agency for terminally ill members.	Prior authorization is required.
Immunizations		<p>Covered for members from age 0-20. Members 21 and up covered for:</p> <ul style="list-style-type: none"> <li>• Flu</li> <li>• Human Papilloma virus (HPV)</li> <li>• Pneumococcal polysaccharide vaccine (PPSV)</li> <li>• Tetanus</li> </ul>

Service/Benefit	Covered Service/Benefit	Limits
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide.	Prior authorization is required.
Lab tests and X-rays	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Licensed Mental Health Professionals (LMHP) LMHPs are licensed by the State of Louisiana. They can be: <ul style="list-style-type: none"> <li>• Psychiatrists</li> <li>• Licensed Psychologists</li> <li>• Medical Psychologists</li> <li>• Professional Counselors</li> <li>• Clinical Social Workers</li> <li>• Addiction Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Advanced Practice Registered Nurses (psychiatric specialists)</li> </ul>	Outpatient counseling for mental health and substance use treatment.	
Maternity care services	Prenatal through postpartum	
Mental health inpatient hospital services	Mental health services provided in the hospital.	Prior authorization may be required.

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Service/Benefit	Covered Service/Benefit	Limits
Non-emergency medical transportation	Transportation to and from appointments for Medicaid covered services appointments and to extra services we offer such as adult dental care and pharmacy	
Nutritional/dietician consult services	Nutritional consultation	Prior authorization is required. Not covered for members over age 21.
Outpatient services	Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy and hemodialysis.	Prior authorization may be required.
Organ transplant and related services	Evaluation, transplant and facility costs are covered.	Donor costs are not covered. Prior authorization is required.
Pediatric day healthcare services	Services include nursing care, respiratory care, physical therapy, speech therapy, occupational therapy, assistance with aids of daily living, transportation services, and education and training.	Covered for members from age 0-20. Prior authorization is required.
Pharmacy services	Prescription medications that are on our formulary.	Quantity limits, step therapy, and prior authorization may be required.

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Service/Benefit	Covered Service/Benefit	Limits
Physician/professional services	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists or physician assistant.	Prior authorization may be required.
Podiatrist services	Office visits, certain radiology and lab procedures and other diagnostic procedures.	Prior authorization may be required.
Psychiatric residential treatment facilities	Allows youth to live in a treatment facility to get the behavioral health care needed.	Covered for members from age 0-20. Prior authorization is required.
Psychiatrist visits	Visits with a licensed psychiatrist. A psychiatric nurse practitioner is also able to provide this service.	
Psychosocial Rehabilitation (PSR)	Services to help you feel healthy and more comfortable with other people. This counseling can include family members and other helpers.	Covered for members from age 0-20 and members eligible for adult mental health rehabilitation services. Prior authorization is required.
Radiology services	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Rehabilitation services	Short term stays in a long-term care nursing facility for the purposes of rehabilitation.	Prior authorization is required.
Rehabilitation substance use	Outpatient and residential counseling and treatment for substance use conditions.	Prior authorization may be required.

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Service/Benefit	Covered Service/Benefit	Limits
Sexually Transmitted Disease (STD) services	Testing, counseling and treatment of all STDs and confidential HIV testing.	
Therapy services	Occupational, physical, speech and language.	Prior authorization is required.
Telemedicine for behavioral health services	An alternative to clinic visits in areas that have limited access to behavioral health services. Meet with your behavioral health providers from a computer.	
Therapeutic group homes	Allows youth to live in a home-like setting with a small group of other youth to get the services needed.	Covered for members from age 0-20. Prior authorization is required.
Therapy services	Occupational, physical, speech and language.	Prior authorization is required.
Vision services	<p>Adults 21 and over: Your covered services include optometrist services, a free annual eye exam and \$100 toward eyewear (frames, glass or contact lenses).</p> <p>Members 20 and under: Services are covered when they:</p> <ul style="list-style-type: none"> <li>• Are given by a licensed network ophthalmologist or optometrist and</li> <li>• Conform to accepted methods of screening, diagnosis and treatment of: <ul style="list-style-type: none"> <li>— Eye ailments</li> <li>— Visual impairments or conditions</li> </ul> </li> </ul>	Prior authorization may be required.

## **Extra benefits for our members**

Because you are an Aetna Better Health of Louisiana member, you have additional benefits. If you are not enrolled in Aetna Better Health for ALL your Medicaid covered services, these extra benefits are not available to you. Show your Aetna Better Health of Louisiana ID card when you get these benefits. To claim your earned gift card, call **1-855-242-0802**, TTY **711** and speak with a Member Services Representative to process your request.

### **Your extra benefits include:**

#### **Adult dental benefits**

Members aged 21 and older who do not have other dental benefits may self-refer to network providers for an exam and cleaning twice a year, x-rays once a year, plus fillings and extractions, a total value of \$500.

Aetna Better Health of Louisiana uses DentaQuest dental services. You can call DentaQuest at **1-844-234-9834 (TTY: 711)**, Monday - Friday from 8 AM to 5 PM. 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/Louisiana**.

#### **Adult vision benefits**

We offer members 21 and older vision benefits. Your covered services include a free annual eye exam and \$100 toward eyewear (frames, glass or contact lenses). You do not need a referral to see an in-network vision provider. You can find a vision provider in the provider directory online at **AetnaBetterHealth.com/Louisiana**.

#### **Cell service at no cost to you**

See if you're eligible for Assurance Wireless Lifeline cell service plus an Android™ Smartphone. We know how important it is to stay connected to healthcare, jobs, emergency services and family. That's why Aetna Better Health of Louisiana is partnering with Assurance Wireless Lifeline service.

Each month eligible Assurance Wireless customers receive, at no cost:

- Data
- Unlimited texts
- Voice minutes

#### **Plus an Android Smartphone**

You may qualify for Assurance Wireless Lifeline service if you are on certain public assistance programs, like Medicaid or Supplemental Nutrition Assistance Program (SNAP).

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**AetnaBetterHealth.com/Louisiana**

To apply or learn more visit **AetnaBetterHealth.com/Louisiana**. Questions call Member Services at **1-855-242-0802 (TTY: 711)**.

### **Maternity Matters reward program for you and your baby**

You can earn Maternity Matters rewards before and after your baby is born:

- You'll earn a \$25 gift card when you visit your doctor within the first trimester of your pregnancy. If you are a new member, you must visit your doctor within 42 days of enrolling with our plan.
- You'll earn a \$50 gift card when you complete your postpartum visit. This visit must be within 21-56 days after your baby is born.
- You will also learn about family planning or long-acting contraceptives.
- Free circumcision for newborn boys.

In addition, you can earn Maternity Matters reward gift cards for seeing your doctor regularly during your pregnancy. The more visits you complete, the more rewards you can earn.

- \$10 gift card for each prenatal visit, up to 10 visits
- \$50 gift card for getting all 17p shots for eligible members

### **New mom welcome kit**

Welcome kit will include a diaper bag, pack of diapers and other baby-related items, as well as pregnancy materials regarding baby care and resources that promotes the good health and well-being for babies and mothers.

### **Baby bundle**

Case of baby diapers will be supplied for newborn follow up after birth.

To claim your Maternity Matters rewards and gift cards, just call **1-855-242-0802 (TTY: 711)** after your baby is born.

### **Nurse line**

Access to a nurse is 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.

### **Ted E. Bear, M.D.® Kids Club**

- **Swimming lessons**  
Eligible Club members, ages 6 months to 12 years old can attend 8 total swimming lessons at participating YMCAs. (First 100 members in each location)
- **After-school programs**

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Club members ages 5 to 16 can receive a \$50 credit towards payment for after-school programming at participating schools, such as Boys and Girls Club, 4-H, Boy Scouts, Girl Scouts or Big Buddy.

### **Wellness incentives for children**

- \$30 gift card for completing all six wellness visits for members birth to 15 months old
- \$20 gift card for annual wellness visits for members 2 years and up for completing annual wellness visit

### **Wellness incentives for adults**

Members ages 21 and older can earn gift cards after you complete your checkups:

- \$15 gift card for completing your annual wellness visit
- \$50 for completing both the dilated eye exam and the blood test for LDL, A1C and kidney disease for members diagnosed with diabetes
- Medication adherence rewards for medication refill for approved medication for high blood pressure, ADHD and antipsychotics. Earn a \$10 gift card per refill every 6 months, limit 2 per year.

### **Asthma benefits**

Yearly in-home environmental assessment for members diagnosed with asthma.

### **Alternative to Opioids – Pain Management**

Members 21 and older can receive \$150 in acupuncture services and three chiropractic visits per year.

### **Respite care for the homeless**

Members 18 and older can receive up to 14 days of housing, respite and wraparound services.

### **Home delivered meals**

Members in the SSI population can have delivered to their homes two meals a day, up to 14 days, after discharge from a post-acute care.

### **Help to stop smoking**

Get help to quit smoking. This includes medications for up to six months and health coaching.

### **Flu shot**

Members ages 2 and older can earn a \$5 gift card by getting their annual flu shot.

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### **Free over-the-counter products**

Aetna Better Health of Louisiana offers each household \$25 worth per month of certain over-the-counter (OTC) drugs and supplies mailed right to your home.

### **Blood pressure monitor**

Available with a prescription from your provider. Benefit can be ordered online, over the phone or at select CVS Locations. (Limit one per household per year)

You can find our OTC Catalog and order form on our website

**AetnaBetterHealth.com/Louisiana**. You can place an order online, by phone, by mail, or by fax. You will need your member ID number to place an order.

- **Ordering online:** Visit **aetnala.otchs.com** then enter your Aetna Better Health of Louisiana ID number to get started.
- **Ordering by phone:** Call **1-888-628-2770** from 8 AM to 4 PM Monday through Friday.
- **Ordering by mail:** Find the OTC Catalog on **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. Follow the instructions to complete the order form. Mail it to the address listed on the form.
- **Ordering by fax:** Find the OTC Catalog on **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. Follow the instructions to complete the order form. Fax completed form to **1-866-682-6733**.

### **Job skills training and HiSET Certification**

Members 16 and older can attend courses that provide a fundamental understanding of workplace expectations with skills in problem-solving, communication and professionalism. Members without a secondary education credential can participate in the HiSET (High School Equivalency Test) practice test to receive their HiSET Certification.

### **Mobile app**

With the Aetna Better Health application, you can get on demand access to the tools you need to stay healthy. Find a doctor, request a Member ID card or change your Primary Care Physician (PCP) at any time, from anywhere. It's easy. Just download the app to your mobile device or tablet.

### **Mobile app features:**

- Find a provider
- Request your Member ID card
- Change your PCP
- View your claims and prescriptions
- Message Member Services for questions or support
- Update your phone number, address and other important member details

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## **Download app**

To get the mobile app, you can download it from Apple's App Store or Google's Play Store. Search for Aetna Better Health to locate the app. It is free to download and to use. This application is available on certain devices and operating systems (OS).

## **An easy-to-use wellness tool for a healthier you**

You deserve to lead a healthy life. And we can help. We offer a health application that is an easy way to take charge of your health. So, you can feel better - for good. And as a member of your health plan, you'll get this health application at no cost to you.

Getting started is easy. And it just takes a few simple steps. First, sign into the "Member Portal" section of our website **AetnaBetterHealth.com/Louisiana**. Once you're signed in, go to "Tasks" and choose "Manage My Health." From this page, you'll be able to access the health application tools and sign up for a new account.

All the resources and support you need to meet your health goals

Once you have an account, you'll get secure access to all the health application services.

You'll find:

- **Health surveys and records** - Keep track of your medical history. You'll get healthy living suggestions based upon your answers. And this information can be used to improve your overall health.
- **Videos and podcasts** - Learn more about your health and other wellness topics. And get information about the resources offered by your health plan.
- **Healthy lifestyle programs** - Get the help you need to meet your goals. Programs include: Quitting smoking, healthy eating, managing stress and more.

## **Questions? We're here to help.**

This health application is a simple way to lead a healthy life. To learn more, just call us at **1-855-242-0802 (TTY: 711)**.

## **Nurses, behavioral health professionals, and community health workers**

You have access to nurses, behavioral health professionals, and community health workers to help you manage your health and get access to the care you need. We have nurses, social workers, and community health workers on staff who are ready to help you. We also have a 24-hour nurse line if you need medical advice. For more information call Member Services at **1-855-242-0802 (TTY: 711)**.

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## Medicaid covered services

There are some services that are covered by Medicaid but not by Aetna Better Health of Louisiana. Since these services are not covered by our Plan, you do not have to use our network providers to obtain these services.

Service	How to access
Coordinated System of Care (CSoC). This is a program for youth in out-of-home placement or at-risk of out-of-home placement. These services continue to be covered by Magellan.	Contact the Magellan, the Louisiana Behavioral Health Partnership (LBHP) at <b>1-800-424-4489</b> .
Dental services	MCNA Dental <b>1-855-702-6262</b> TTY: <b>1-800-846-5277</b> Available Monday - Friday, 7 AM – 7 PM DentaQuest <b>1-800-685-0143</b> TTY: 1-800-466-7566 Available Monday – Friday, 7 AM – 7 PM
Medical Dental with the exception of the EPSDT varnishes provided in a primary care setting	MCNA Dental <b>1-855-702-6262</b> TTY: <b>1-800-846-5277</b> Available Monday - Friday, 7 AM – 7 PM DentaQuest <b>1-800-685-0143</b> TTY: 1-800-466-7566 Available Monday – Friday, 7 AM – 7 PM
Long Term Nursing facility services	Contact Louisiana Options in Long Term Care at <b>1-877-456-1146</b>
Personal care services for members 21 and older	Contact Louisiana Options in Long Term Care at <b>1-877-456-1146</b>
ICF/DD Services for members 21 and older	Contact the Office for Citizens with Developmental Disabilities at <b>1-866-783-5553</b>
Home & Community-Based Waiver Services (except 1915(b) mandatory enrollment waiver, 1915(c) SED waivers, and 1915(i) SPA services)	Contact the Office for Citizens with Developmental Disabilities at <b>1-866-783-5553</b>
Targeted Case Management Services	Contact the Office for Citizens with Developmental Disabilities at <b>1-866-783-5553</b>

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Services provided through LDH's Early-Steps Program (Individuals with Disabilities Education Act (IDEA) Part C Program Services)	Contact the Office for Citizens with Developmental Disabilities at <b>1-866-783-5553</b>
Individualized Education Plan (IEP) services provided by a school district	Contact the Louisiana Department of Education at <b>1-877-453-2721</b>

## Cost for services

You do not pay anything to get services we cover. If a provider bills you, do not pay it and call us right away.

## Non-covered services

There are some services that Aetna Better Health of Louisiana and Medicaid do not cover. These include:

- Services or items used only for cosmetic purposes
- Elective abortions
- Treatment for infertility
- Experimental/Investigational procedures drugs and equipment

## Getting prior authorization for services

We must authorize 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 prior authorization. You may have to pay for your services if you do not get prior authorization for services that are:

- Provided by an out-of-network provider
- That are not covered by us

If the prior authorization for your services is denied, you can file an appeal about the decision. Please see page 68 for more information on appeals.

You do not need prior authorization for:

- Emergency services
- Post stabilization services
- Urgent care
- Family planning services

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### **Prior authorization steps**

Following are the steps for prior authorization:

- Your provider gives us the information about the services they think you need.
- We review the information.
- You and your provider will get a letter when a service is approved or denied. If your request is denied, the letter will tell you why.
- If a service is denied, you or your provider, with your written permission, can file an appeal.

Please see page 68 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 do not agree with the denial of your services, please call Member Services at **1-855-242-0802 (TTY: 711)** to file an appeal.

Please see page 68 for more information on appeals.

### **Definition of “Medically necessary services”**

Aetna Better Health of Louisiana uses guidelines to offer services that meet your health care needs. Services or benefits that are needed to take care of you are called “medically necessary”. A service or benefit that is medically necessary and is covered by Aetna Better Health of Louisiana if it:

- Is covered under the Healthy Louisiana program
- 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
- There is not another service that is less risky and less costly that would give you the same results

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## **Behavioral health**

Aetna Better Health of Louisiana offers Healthy Louisiana members mental health services and substance use treatment services. Together, these kinds of services are called behavioral health services. You can find a list of services available on page 26. Behavioral health services help people think, feel and act in healthy ways.

### **Behavioral Health Crisis**

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 Louisiana ID card. We also have a behavioral health crisis line that is available 24 hours a day, 7 days a week. You can call us at **1-855-242-0802** (toll free), **(TTY: 711)** and pick the option for a behavioral health crisis. We will connect you to our licensed mental health professionals.

### **What happens after I am enrolled with Aetna Better Health of Louisiana for behavioral health?**

You can start getting services on the day your coverage starts. This date is printed on your Aetna Better Health of Louisiana ID card. Soon after your coverage starts, you will get a welcome call from Aetna Better Health of Louisiana. During the welcome call you will be asked questions about your health. Based on how you answer, you may be transferred to speak to our staff about our Case Management program. Case Management services are available to you if you choose to use them. If you choose to use these services, you will have a Case Management team.

The team will then work with you on your goals, do ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you and who you want as part of your team. Teams can include family members, guardians, friends, clergy, and other supportive people from the community. Many times, the assessment that is done at the first appointment will not be complete. You will be working with members of your team to continue that assessment process. This allows you and your team to repeatedly review progress and needs so that you get the best care.

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, contact your case manager. If you do not have a case manager call Member Services at **1-855-242-0802 (TTY: 711)**.

## **What are “best practices” in behavioral health, and how do best practices affect the services I receive?**

Aetna Better Health of Louisiana creates and supports “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices.

## **Our vision for the delivery of behavioral health services**

Aetna Better Health of Louisiana supports a behavioral health delivery system that includes:

- Easy access to care
- Member and family member involvement
- Collaboration with the community
- Effective innovation
- Expectation for improvement
- Cultural competency

Our principles for the delivery of behavioral health services to children are:

1. *Collaboration with the child and family*
  - a) We respect and work with the child and parents. This is key to positive behavioral health outcomes.
  - b) Parents and children are treated as partners in the assessment process and the planning, delivery, and evaluation of behavioral health services. Their preferences are taken seriously.
2. *Functional outcomes*
  - c) Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
  - d) Implementation of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.
3. *Collaboration with others*
  - e) When children have multi agency, multi system involvement, a case management joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented.
  - f) Member centered case management teams plan and arrange for the delivery of services.
  - g) The case manager:
    - Develops a common assessment of the child’s and family’s strengths and needs
    - Develops an individualized service plan of care
    - Monitors implementation of the plan
    - Makes adjustments in the plan if it is failing

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#### 4. *Accessible services*

- h) Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- i) Case management is provided as needed.
- j) Service plans identify transportation the parents and child need to access services, and how transportation assistance will be provided.
- k) Behavioral health services are adapted or created when they are needed but not available.

#### 5. *Best practices*

- l) Behavioral health services are delivered in accordance with guidelines that incorporate evidence based “best practice.”
- m) Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance use problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care.
- n) Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

#### 6. *Most appropriate setting*

- o) Children are provided behavioral health services in their home and community to the extent possible.
- p) Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home like setting that is appropriate to the child’s needs.

#### 7. *Timeliness*

- q) Children identified as needing behavioral health services are assessed and served promptly.

#### 8. *Services tailored to the child and family*

- r) The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided.
- s) Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

#### 9. *Stability*

- t) Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops.
- u) In responding to crises, the behavioral health system uses all appropriate

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behavioral health services to help the child remain at home, minimize disruptions, and avoid the inappropriate use of the police and the criminal justice system.

- v) Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

*10. Respect for the child and family's unique cultural heritage*

- w) Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.

*11. Independence*

- x) Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- y) Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

*12. Connection to natural supports*

- z) The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Our values for delivery of behavioral health services to adults:

*1. Respect*

Meeting our members where they are without judgment, with great patience and compassion.

*2. Member focused*

Members are the experts on themselves, define their own goals and desired outcomes.

Members choose their services and are included in program decisions and program development efforts.

*3. Best practices*

Behavioral health services are delivered in accordance with guidelines that incorporate evidence based "best practice."

*4. Confidentiality*

Behavioral health information is private and protected. A member must give written consent to share protected health information even for the purposes of treatment, payment, or health care operations. The disclosure of information under certain circumstances is permitted without consent during a medical emergency or in other

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limited situations.

5. *Cultural awareness*

Members can expect flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values.

6. *Recovery*

When services focus on recovery, members benefit from an improved sense of wellbeing, integration into the community, and greater self-determination.

7. *Resilience*

A member is the source of his/her own strength and resiliency. Those who serve as providers, supports and facilitators identify, explore, and serve to raise our members' proven strengths.

Our principles for trauma informed care for children and adult behavioral health services and systems.

1. *Safety*

Our members' safety is the most important part of getting care. We respond to safety needs right away. Because trauma can be a physical or emotional issue, it's important that services and supports be available right away. We will make sure you get the care you need. We may give you a referral to other community agencies and providers when needed.

2. *Create trust*

Trauma impacts a person's ability to trust. Trust comes from making sure our members know how we can help. It also comes from doing what we say when we say we are going to do it. We work with our members and make sure everything we do is with the members' permission.

3. *Offer choice*

We make sure member choices are the biggest part of planning services and supports.

4. *Collaboration*

We work with members and their families to set shared goals. We ask what has happened versus what is wrong.

5. *Empowerment*

We know the importance for families and youth to gain skills and use these skills.

6. *Language Access & Cultural Competence*

It is important that a member's language and culture is included in planning care. We work to make sure that members and their families understand and agree to the care they get.

**Confidentiality of substance use treatment services**

There are laws about who can see your behavioral health information with or without your

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permission. Some information cannot be shared with others without your written permission. This includes:

- Substance use treatment
- Communicable disease information (such as HIV/AIDS)

To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services
- Your medical primary care provider
- Certain state agencies and schools following the law, involved in your care and treatment, as needed
- Members of the clinical team involved in your care

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release PHI Form. This form states that your medical records, or certain limited sections of your medical records, may be released to the individuals or agencies that you name on the form. You can find this form on our website **[AetnaBetterHealth.com/Louisiana](https://www.aetna.com/betterhealth/louisiana)**. You can also call Member Services for a copy at **1-855-242-0802 (TTY: 711)**.

### **Exceptions**

There are times when we can't keep information confidential. The following information is not protected by the law:

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.
- If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
- We must report suspected child abuse to local authorities.
- If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (such as hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

### **What is consent to treatment?**

You have the right to accept or refuse behavioral health services. If you want to get the

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behavioral health services offered, you or your legal guardian must sign a “Consent to Treatment” form giving you or your legal guardian’s permission for you to get behavioral health services. When you sign a “Consent to Treatment” form you are also giving the Louisiana Department of Health and Hospitals permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. This is called *informed consent*. An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or do not understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

### **Age of consent**

Most of the time members have to be 18 years old to get health care by themselves. There are times that members younger than 18 can get care without a parent’s consent. This includes drug or alcohol treatment.

## **Dental services**

The health of your mouth and teeth can affect your whole body. That’s why we want you to have a dental exam as soon as you join Aetna Better Health of Louisiana. After your first visit, you should see your dentist every six months.

DentaQuest **1-800-685-0143** TTY: **1-800-466-7566**. Available Monday – Friday, 7 AM – 7 PM, **[www.DentaQuest.com](http://www.DentaQuest.com)**

MCNA Dental **1-855-702-6262** TTY: **1-800-846-5277** Available Monday - Friday, 7 AM – 7 PM, **[www.mcnala.net](http://www.mcnala.net)**

Remember to take your Aetna Better Health of Louisiana ID cards when you go to your appointments.

## **Pharmacy services**

If you need medicine, your provider will choose one from our list of preferred drugs and write a prescription. Ask your provider to make sure that the drug he or she is prescribing is on our list of preferred drugs.

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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 the provider does not think you can't take any other drugs except the one prescribed, the provider can request approval from us. 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/Louisiana**.

### **Prescriptions**

Your provider may give you a prescription for medicine. Be sure and let him or her 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 medications or herbal treatments that you take. Before you leave the 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 the 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 when you fill your prescription. It will explain what you should and should not do and possible side effects.

### **Prescription Copays**

There are some medicines that are free, but some medicines filled by your pharmacy require you to pay a low price. This is called your copay. Your cost for this medicine should not be more than \$3. Your total copays for the month depend on your family's income each month. If the state shows you have paid five percent (5%) of your monthly income on copays, your medicine will be free for the rest of that month.

<b>Pharmacy cost</b>	<b>Your copay</b>
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

There are no copays for the following pharmacy services:

- Services furnished to pregnant women
- Emergency services
- Family planning services

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- Certain preventive medications

The following enrollees do not have copays:

- Members under 21 years of age
- Members living in a long-term care facility
- Members receiving hospice care
- Native Americans
- Alaskan Eskimos
- Home- and Community-Based Waiver recipients
- Women whose basis of Medicaid eligibility is breast or cervical cancer

### **Prescription refills**

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

### **Quick tips about pharmacy services**

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

If the provider has not ordered refills, call him or her at least five (5) days before you need a refill. You can get a list of covered drugs by calling Member Services at **1-855-242-0802 (TTY: 711)**, or online at **[AetnaBetterHealth.com/Louisiana/members/pharmacy](https://www.aetnabetterhealth.com/Louisiana/members/pharmacy)**.

### **Family planning services**

All members, including adolescents have access to family planning services. You do not need a referral or prior authorization to get family planning services. You can go to your PCP or any family planning provider or clinic whether it is in Aetna Better Health of Louisiana's network or not. Even though you can see providers outside the network, you may want to use our network providers. This way we can make sure all your care is coordinated. You must show your Aetna Better Health of Louisiana and Louisiana Medicaid ID cards when you go for your appointments.

Family planning services are available to help prevent unplanned or unintended pregnancies. Aetna Better Health of Louisiana covers the following family planning services:

- Medical history and physical exams and assessments

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- Traditional contraceptive devices
- Laboratory tests routinely performed as part of an initial or regular follow-up visit/exam for family planning purposes (PAP smear; Gonorrhea and Chlamydia testing, syphilis serology, HIV testing and rubella titer)
- Client education on reproductive anatomy and physiology, fertility regulation, and Sexually Transmitted Disease (STD) prevention
- Counseling to assist clients in reaching an informed decision
- Method counseling for results of history and physical exam, mechanism of action, side effects and possible complications
- Special counseling (when indicated) on pregnancy planning and management, sterilization, genetics and nutrition
- Pregnancy diagnosis, counseling and referral
- Care for members wanting to get pregnant or who are already pregnant.

For more information, call Member Services at **1-855-242-0802 (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 **1-855-242-0802 (TTY: 711)**.
- Your provider must set up a visit for you within 14 days of your call.
- Your provider will tell you about the schedule for pregnancy visits. Keep all 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

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- 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.

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## **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 call LA WIC directly at **1-800-251-BABY (2229)** to see if you and your child are eligible.

## **Maternity Matters program**

You can join our Maternity Matters program to earn rewards. For more on this program see page 34.

## **Getting care for your newborn**

It is important to make sure your baby has coverage. Your newborn is automatically an Aetna Better Health of Louisiana member at birth. You should choose a PCP for your baby from our provider directory before your baby is born. A PCP will be selected for your newborn within 14 days if one is not selected.

If you have questions or need help, call Member Services at **1-855-242-0802 (TTY: 711)**.

## **Well baby and well child**

Children should have regular checkups 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). Below is more information on these services. You'll also find schedules for checkups and shots. For more details, visit our website

**[AetnaBetterHealth.com/Louisiana](http://AetnaBetterHealth.com/Louisiana)**.

EPSDT 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

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- 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 use problems
- Physical, occupational and speech therapy, if needed
- Eye tests and glasses, if needed
- Hearing tests and hearing aids, if needed

We have PCPs who are specially trained to care for members under age 21. Call us if you need help picking the right PCP for your child.

Infancy	Under 6 weeks	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					

### Immunization (shot) schedule

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](http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html).

Age	Immunization
Birth	HepB (hepatitis B)
1-2 months	HepB
2 months	RV (Rotavirus) DTaP (diphtheria, tetanus, and pertussis), IPV (polio), Hib (Hemophilus influenza type b), PCV (pneumococcal)
4 months	RV, DTaP, IPV, Hib, PCV
6 months	RV, DTaP, Hib, PCV
6-18 months	HepB, IPV, influenza (every year)
12-15 months	Hib, MMR (measles, mumps and rubella), PCV, Varicella (chicken pox)
12-23 months	HepA (Hepatitis A)

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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: <ul style="list-style-type: none"> <li>• MMR</li> <li>• Varicella</li> <li>• HepB</li> <li>• IPV</li> </ul>
13-18 years	If your child is catching-up on missed vaccines he/she may need: <ul style="list-style-type: none"> <li>• Tdap</li> <li>• HPV</li> <li>• MCV4</li> </ul>
16 years	Booster
Every year starting at 6 months of age	Influenza

## Applied Behavior Analysis

Behavior analysis is based on a scientific study of how people learn. By doing research, techniques have been developed that increase useful behavior (including communication) and reduce harmful behavior. Applied behavior analysis (ABA) therapy uses these techniques. ABA is helpful in treating autism spectrum disorders.

Who is eligible?

1. Be from birth up to 21 years of age;
2. Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, etc.);
3. Be medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID);
4. Be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder;
5. Have a comprehensive diagnostic evaluation by a qualified health care professional; and have a prescription for ABA-based therapy services ordered by a qualified health care professional.

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All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization.

If you have any questions, please contact Aetna Better Health of Louisiana 24 hours a day/7 day a week at **1-855-242-0802 (TTY: 711)**.

## **Case management**

Some members have special health care needs and medical conditions. Our Case Management 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.

Aetna Better Health of Louisiana involves our member, your family members and others in your circle of support in a joint relationship. This is the basis for all your future work. Our goal is for you to lower severe symptoms and achieve your best level of overall health. We focus on recovery and preventing illness. We do this by improving your conditions and help as your needs change over time. This includes items like good social supports, meaningful activity and self-care activities.

Our case management unit has nurses and licensed mental health professionals that can help you:

- Get services and care you need including information on how to get care at special care facilities for highly specialized care
- Work with health care providers, agencies, and organizations
- Learn more about your condition
- Make a care plan that is right for you
- Access services after hours for crisis situations
- Arrange services for children with special health care needs such as well-child care, health promotion, disease prevention and specialty care services.
- Make sure members with special behavioral healthcare needs are transition without gaps in care or service.
- Assist members with permanent and supportive housing needs. They can help with filling out needed paperwork. We can help find you affordable housing and assist if you are disabled to be a successful tenant and maintain stable housing.
- If you need specialized behavioral health services for admission to a Nursing Home Facility are contacted within 30 days of identification.

If you need this kind of help from your Case Management Unit, please call Member Services. We can help you with member or caregiver referrals or provider referrals.

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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 case managers 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 case managers yet, call Member Services at **1-855-242-0802 (TTY: 711)** and ask to be transferred to a case manager.

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. Your provider must first get approval from us. If you have questions about case management, call your case manager or Member Services.

## **Disease management**

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

- Asthma
- Bipolar Disorder
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Depression
- Diabetes
- HIV/AIDS
- Obesity
- Schizophrenia/Schizoaffective
- Sickle Cell Anemia
- Hepatitis C

Call us at **1-855-242-0802 (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/Louisiana](http://AetnaBetterHealth.com/Louisiana)**.

### **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. Call us if you want to know more about our disease management programs.

## **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 **1-855-242-0802 (TTY: 711)**. You will continue to get all covered benefits if you do not want to participate in our programs.

## **New medical treatments**

We are always considering new medical treatments. We want you to get safe, up-to-date and high-quality medical care. We have team of providers review 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

## **Emergency care**

An emergency can be medical or behavioral health related. 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 the hospital is not in our network.

A medical emergency is the sudden onset of a 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:

- Putting your health in serious risk. For pregnant women, this could be the mother or unborn child's health.
- Not being able to move or function normally.
- Any body part or organ not working normally.

Emergency conditions include:

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

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- 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.

**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's 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.

### **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

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

### **How to get urgent care**

Your provider must give you an appointment within 24 hours if you need urgent care. Do not use an emergency room for urgent care. Call your 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 your PCP is not in the office, leave a message with the answering service and a PCP will return your call within 30 minutes.

### **24-hour nurse line**

Aetna Better Health of Louisiana 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 **1-855-242-0802 (TTY: 711)** and listen for the option for the nurse line.

### **Types of care**

Routine care is health care that you need to keep you healthy or prevent illness. This includes shots/ immunizations 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 your PCP, please call Member Services at **1-855-242-0802 (TTY: 711)**.

The chart below gives you examples of each type of care and what you should 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.

Type of care	What to do
<p><b>Preventive</b> – This is regular care to keep your child healthy. For example:</p> <ul style="list-style-type: none"> <li>• Checkups</li> <li>• Yearly exams</li> <li>• Shots/immunizations</li> </ul>	<p>Call your provider to make an appointment for preventive care. You can expect to be seen within six (6) weeks.</p>
<p><b>Urgent/sick visit</b> – This is when you need care right away but are not in danger of lasting harm or of losing life. For example:</p> <ul style="list-style-type: none"> <li>• Sore throat</li> <li>• Flu</li> <li>• Migraines</li> </ul> <p>You should <b>NOT</b> go to the emergency room for urgent/ sick care.</p>	<p>Call your PCP. Even if it’s late at night or on the weekends, your PCP has an answering service that will take your message. Someone will call you back and tell you what to do.</p> <p>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 or online at <b>AetnaBetterHealth.com/Louisiana</b> or call Member Services.</p> <p>You can expect to be seen by the provider:</p> <ul style="list-style-type: none"> <li>• Within 72 hours or sooner for non-urgent sick visits</li> <li>• Within 24 hours when you need immediate attention, but your symptoms are not life-threatening.</li> </ul>
<p><b>Urgent/sick visit</b> – This is when you need care right away but are not in danger of lasting harm or of losing life. For example:</p> <ul style="list-style-type: none"> <li>• Sore throat</li> <li>• Flu</li> <li>• Migraines</li> </ul> <p>You should <b>NOT</b> go to the emergency room for urgent/ sick care.</p>	<p>Call your PCP. Even if it’s late at night or on the weekends, your PCP has an answering service that will take your message. Someone will call you back and tell you what to do.</p> <p>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 or online at <b>AetnaBetterHealth.com/Louisiana</b> or call Member Services.</p> <p>You can expect to be seen by the provider:</p> <ul style="list-style-type: none"> <li>• Within 72 hours or sooner for non-urgent sick visits</li> <li>• Within 24 hours when you need immediate attention, but your symptoms are not life-threatening.</li> </ul>
<p><b>Non-urgent behavioral health</b>- This is when you need to be seen about a behavioral health issue, but it is not urgent.</p>	<p>You can expect to be seen by the provider:</p> <ul style="list-style-type: none"> <li>• Within 14 days</li> </ul>

<p><b>Emergency</b> – This is when one or more of the following is happening:</p> <ul style="list-style-type: none"> <li>• In danger of lasting harm or the loss of life if you do not get help right away.</li> <li>• If you are pregnant and you or your unborn child is in danger of lasting harm or loss of life.</li> <li>• Bodily functions are seriously impaired.</li> <li>• Have a serious problem with any bodily organ or body part.</li> </ul>	<p><b>Call 911 or go to the nearest emergency room.</b> You can go to any hospital or facility that provides emergency services and post-stabilization services. Emergency services treat severe conditions that threaten the loss of life or limb. Emergency services are used to stabilize the condition. You do not need an appointment ahead of time.</p> <p>You <b>DO NOT</b> 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.</p> <p>If you can, show the facility your Aetna Better Health of Louisiana ID and ask the staff to call your provider.</p> <p>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 Louisiana hospital), until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.</p>
<p>For example:</p> <ul style="list-style-type: none"> <li>• Poisoning</li> <li>• Sudden chest pains - heart attack</li> <li>• Other types of severe pain</li> <li>• Car accident</li> <li>• Seizures</li> <li>• Very bad bleeding, especially if you are pregnant</li> <li>• Broken bones</li> <li>• Serious burns</li> <li>• Trouble breathing</li> <li>• Overdose</li> </ul>	<p>Better Health of Louisiana hospital), until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.</p> <p>A list of facilities that provide emergency and post-stabilization services is available in the provider directory at <b>AetnaBetterHealth.com/Louisiana</b>.</p> <p>You can also call Member Services toll free at <b>1-855-242-0802 (TTY: 711)</b> and ask for the name and location of a facility that provides emergency services and post-stabilization services.</p>

<p><b>What is not an emergency?</b> Some medical conditions that are NOT usually emergencies:</p> <ul style="list-style-type: none"> <li>• Flu, colds, sore throats, earaches</li> <li>• Urinary tract infections</li> <li>• Prescription refills or requests</li> <li>• Health conditions that you have had for a long time</li> <li>• Back strain</li> <li>• Migraine headaches</li> </ul>	
<p><b>What are post-stabilization services?</b> These are services related to an emergency medical condition. They are provided after your immediate medical problems are stabilized. They may be used to improve or resolve your condition.</p>	<p><b>Post-stabilization care</b> – is care related to an emergency medical condition that is provided after a member is stabilized in order to maintain the stabilized condition. Aetna Better Health of Louisiana covers post-stabilization care.</p> <p>Always call your PCP when you leave the hospital after an emergency.</p> <p>Do not go back to the Emergency Room for follow-up care or treatment unless your PCP refers you.</p>
<p><b>Pregnant women</b></p>	<p>Prenatal care is very important. Call your doctor right away to schedule prenatal appointments. You can expect to get an appointment within:</p> <ul style="list-style-type: none"> <li>• Fourteen (14) days of a positive pregnancy test (home or laboratory), in the first trimester</li> <li>• Three (3) days of identification of high-risk</li> <li>• Seven (7) days second trimester</li> <li>• Three (3) days of first request in third trimester</li> <li>• Immediately in an emergency</li> </ul>



<p><b>Specialist care</b> A visit with a medical specialist that is required by your medical condition as determined by your PCP.</p>	<p>At times you may need to see a specialist. You can expect to get an appointment within 1 month from the day you or your PCP calls the specialist for an appointment, sooner if medically necessary.</p>
<p>Lab and X-ray services</p>	<p>Your doctor may send you to get labs or X-ray services. You can expect to get an appointment within:</p> <ul style="list-style-type: none"> <li>• Three (3) weeks for routine appointments</li> <li>• 48 hours or sooner if medically necessary for urgent care appointments</li> </ul>

## After hours care

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

You can even call your PCP in the middle of the night. You might have to leave a message with the answering service. It may take a while, but your PCP or a provider on call 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 **1-855-242-0802 (TTY: 711)** and listen for the option for the nurse line.

## Self-referral

You can get some services without needing the Plan's 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:

- Unlimited visits to your PCP
- Specialists in the Aetna Better Health of Louisiana network
- Specialized behavioral health services providers in the Aetna Better Health of Louisiana network
- Emergency care

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- Basic behavioral health services from your PCP
- Vision exams
- Adult dental care from a network dentist
- Routine care from an OB/GYN
- Routine family planning services
- Mammograms and prostate/colon cancer screenings

Apart from family planning and emergency services, you must go to one of our network providers for your service to be covered. To find a provider, look in the provider directory or online at **AetnaBetterHealth.com/Louisiana**. You can also call Member Services for help at **1-855-242-0802 (TTY: 711)**.

## **Out-of-service area coverage**

There are times when you may be away from home and you or your child needs care.

When you are out of our service area, you are only covered for some services.

- **Emergencies:** If you need emergency services and you are out of state, go to the nearest emergency room or call **911**. If you can, take your Aetna Better Health of Louisiana ID card with you. If you get admitted to the hospital, ask the hospital to call us.
- **Urgent care:** If you need urgent care, call your PCP's office. Even if it's after hours, they should call you back within 30 minutes. Tell your PCP your symptoms. Follow your PCP's directions. Your PCP might tell you to go to a nearby urgent care center. If so, we will cover the urgent care visit.
- Routine care out of the service area 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. If you need help when you are out of state, call Member Services at **1-855-242-0802 (TTY: 711)**.

Aetna Better Health of Louisiana does not cover any services when you are outside of the United States.

## **Health tips**

### **How you can stay healthy**

It is important to see your PCP 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.

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## **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 case manager, talk to them and ask questions about your health care.
- Come to our community events.
- Visit our website at **AetnaBetterHealth.com/Louisiana**.

## **If you get a bill or statement**

You should not get a bill from a provider for the covered services you receive (including emergency and post-stabilization services). If Aetna Better Health of Louisiana does not pay a provider for services you receive, you DO NOT have to pay. If we do not pay for all or part of a covered service, the provider is NOT allowed to bill you for what we did not pay.

If you get a bill for covered services, please call Member Services at **1-855-242-0802 (TTY: 711)**.

## **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 you to remind you to take your child for a well-care checkup
- Sending you helpful postcards and newsletters
- Reviewing the quality of our services
- Reminding you and your provider about preventive health care
- Measuring how long it takes 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

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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 Aetna Better Health of Louisiana. We want to hear your ideas about adding or changing policies or procedures that would be helpful to all our members. We take your feedback seriously.

### **Member Advisory Committee**

Aetna Better Health of Louisiana also has a group that is made up of people who are Aetna Better Health of Louisiana members and their caregivers, just like you. This group is called the Member Advisory Committee. 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 Member Advisory Committee, please call Member Services at **1-855-242-0802 (TTY: 711)**.

### **Other information for you**

Aetna Better Health of Louisiana will provide information about our company structure and our operations upon your request. We can share information about our policies around rules for getting services. If you have any questions about Aetna Better Health of Louisiana, our network providers and how we work with LDH and other organizations, please call Member Services at **1-855-242-0802 (TTY: 711)** for more information.

## **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.

Different providers in our network have agreed to be paid in different ways by us. Your provider may be paid:

- Each time he or she treats you (“fee for service”)
- A set fee each month for each member whether or not the member receives services (“capitation”)
- A salary

These payment methods may include financial incentive agreements to pay some

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providers more (“bonuses”) or less (“withholds”) based on many factors: member satisfaction, quality of care, and control of costs and use of services among them. If you desire additional information about how our primary care physicians or any other provider in our network are compensated, call us at **1-855-242-0802 (TTY: 711)** or write to:

Aetna Better Health of Louisiana  
Attention: Member Services  
2400 Veterans Memorial Blvd., Suite 200  
Kenner, LA 70062

## **Your information**

It is very important for us to have the most up to date information about you. If we do not have your information up to date, you may not get important messages from Aetna Better Health of Louisiana. If you change your address or phone number, you must call Member Services toll free at **1-855-242-0802 (TTY: 711)**.

You should also report these changes to Medicaid. You can do this by:

- Calling the Medicaid Customer Services Unit at **1-888-342-6207**
- Going online at **www.medicaid.la.gov**
- Going to your local Medicaid eligibility office

## **Losing your benefits and services**

If you did not give truthful or accurate information when you applied for Healthy Louisiana benefits, LDH can remove you from the program. This means you will lose health benefits from Aetna Better Health of Louisiana and the Healthy Louisiana program. If this happens, you may have to repay certain payments that were made on your behalf.

You can also lose Aetna Better Health of Louisiana benefits and services for the following reasons:

- You are no longer eligible for Healthy Louisiana
- Your benefits change
- You choose another health plan
- You move out of state
- You commit medical fraud or misconduct such as sharing your Member ID card

## **Other insurance**

Let us know right away if you have other insurance. This could be through Medicare, employment or a family member’s employment.

Call Member Services right away if you have:

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- A Worker's Compensation claim
- A pending personal injury or medical malpractice law suit
- Been involved in an auto accident

## **Grievances and appeals**

At Aetna Better Health of Louisiana, we try our best to deal with your concerns or issues quickly and to your satisfaction. You may use our grievance process or our appeal process. It depends on what kind of problem you have.

There will be no change to your service if you file a grievance or an appeal. Aetna Better Health of Louisiana staff or a health care provider will not treat you differently. We will maintain your privacy. We can help you file a grievance or appeal. This includes providing you with interpreter services or help if you have vision and/or hearing problems. You may also choose someone like a relative, friend or provider to represent you.

To file a grievance or to appeal a plan action, call **1-855-242-0802 (TTY: 711)** or write to:

Aetna Better Health of Louisiana  
 Grievance and Appeals  
 PO Box 81139  
 5801 Postal Road  
 Cleveland, OH 44181  
 FAX: **1-844-410-8655**

You will need to give us your name, address, telephone number and the details of the problem.

### ***How do I file an appeal of an action?***

An adverse benefit determination is when we do not approve a service your provider recommends. It can be when we say we will not pay for services. An adverse benefit determination can also be when we do not provide you services in a timely manner. If you do not agree with an adverse benefit determination that we have taken, you may appeal.

When you file an appeal, it means that we must look again at the reason for our adverse benefit determination to decide if we were correct. An appeal is a way for you to ask for someone to review our adverse benefit determinations. The list below includes examples of when you might want to file an appeal.

Not approving a service your provider asks for:

- Stopping a service that was approved before
- Not paying for a service your PCP or other provider asked for

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- Not giving you the service in a timely manner
- Not answering your appeal in a timely manner
- Not approving a service for you because it was not in our network

### **To file an appeal**

- Call Member Services at **1-855-242-0802 (TTY: 711)**. If you do not speak English, we can provide an interpreter at no cost to you. An oral appeal requires written confirmation from you or your member representative, for the appeal process to continue, unless the oral appeal request is an expedited one. You and your representative or the legal representative of a deceased member's estate are included as parties to the appeal. You will have 15 days from the date of the notice, sent to you by our appeal staff, to send your written appeal. OR
- Write to us at:
  - Aetna Better Health of Louisiana
  - Grievance and Appeals
  - PO Box 81139
  - 5801 Postal Road
  - Cleveland, OH 44181
  - FAX: **1-844-410-8655**

An oral appeal requires written confirmation from you or your member representative, for the appeal process to continue, unless the oral appeal request is an expedited one. AND You will have 15 days from the date of the notice, sent to you by our appeal staff, to send your written appeal.

You can have someone represent you when you file your appeal, such as a family member, friend or provider. You must agree to this in writing. Send us a letter telling us that you want someone else to represent you and file an appeal for you. This is called a *member representative*. Include your name, member ID number from your ID card, the name of the person you want to represent you and what adverse benefit determination you are appealing. When we get the letter from you, the person you picked can represent you. If someone else files an appeal for you, you cannot file one yourself for that adverse benefit determination.

You or your representative must start an appeal within 60 calendar days from the date on our notice of adverse benefit determination letter. Your provider can be your representative. We can help you write your appeal, if needed.

The person who receives your appeal will record it. The appropriate staff will oversee the review of the appeal. We will send a letter telling you that we received your appeal. It will tell you how we will handle it. Your appeal will be reviewed by knowledgeable clinical staff.

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The staff who reviews your appeal is not involved in our initial decision or adverse benefit determination that you are appealing.

### **For some adverse benefit determinations, you may request to continue service during the appeal process**

You may want your services to continue while your appeal is reviewed. Services that can be continued must be services that you are already receiving. They are services that are being reduced, put on hold, or ended. We will continue services if you request an appeal within 10 days from our notice of adverse benefit determination letter. We will also continue services if you request an appeal before the date, we told you they would be reduced, put on hold or ended, whichever is later. Our notice will tell you if we decided to reduce, suspend, or terminate your service. It will have the effective date of our adverse benefit determination. It will state the original authorization period and when it ends.

Your services will continue until the original authorization period for your services has ended, or until 10 days after we mail the appeal decision, or if you withdraw your appeal. If the appeal was denied and you requested a Louisiana State Medicaid Fair Hearing with continuation of services, your services will continue during State Fair Hearing. (See the State Fair Hearing section.)

You may request services while your appeal is under review. However, if we decide that we agree with our first decision to deny your service, we may require you to pay for these services. This is because you asked to continue to receive services while your appeal was being reviewed.

### **What happens next?**

- We will send you a letter within 5 business days saying we got your appeal. We will tell you if we need more information.
- We will tell you how to give us more information in person or in writing, if needed.
- You provide more information about your appeal, if needed.
- You can see your appeal file.
- You can be there when the Appeals Committee reviews your appeal.
- The Appeals Committee will review your appeal. They will let you know if they need more information and will make a decision within 30 calendar days. If your appeal requires a fast decision, we will call you to tell you the decision. For all appeals, we will send the results to you in writing. The decision letter will tell you what we will do and why
- A provider with the same or like specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.
- The provider who reviews your appeal will not report to the provider who made the

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original decision about your case.

- We can extend the time for making a decision about your appeal by up to 14 days. We may extend the time to get more information. If we do this, we will send you a letter explaining the delay.
- You can also ask for an extension, if you need more time.

If the Appeals Committee's decision agrees with the adverse benefit determination; you may have to pay for services, you got during the review. If the Appeal's Committee's decision does not agree with the notice of action; we will let the services start right away.

### ***How long will it take Aetna Better Health to decide my appeal of an action?***

Unless you ask for an expedited review, we will review your appeal as a standard appeal. We will send you a written decision as quickly as your health condition requires. It will be no later than 30 days from the day we receive an appeal. The review period can be increased up to 14 days if:

- You request an extension
- We need more information
- The delay is in your interest and approved by LDH

During our review, you will have a limited time to present your case in person or in writing. You will also have the chance to look at any of your records that are part of the appeal review, free of charge. We will send a notice about the decision we made about your appeal. It will identify the decision and date that we reached that decision.

We will provide you with the disputed services as quickly as your health condition requires if:

- We reverse our decision to deny or limit requested services
- Or reduce, suspend, or terminate services
- Services were not furnished while your appeal was pending

In some cases, you may request an "expedited" appeal. (See the *Expedited Appeal Process Section*.)

### **Expedited appeal process**

You may ask for a fast appeal review if waiting the normal appeal time could harm your health. A fast appeal is also called an expedited appeal. We will respond to you with our decision within 72 hours. Then we will send a letter with our decision within two (2) business days. The review period can be increased up to 14 days. You can increase the review period if you need more time. We can increase the review period if we need more time. We can only request more time if it is in your best interest.

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If we do not agree with your request for a fast appeal decision, we will make our best efforts to contact you. We will let you know that we have denied your request for an expedited appeal. If we deny your request for a fast decision, we will give you a decision in the normal time. Also, we will send you a written notice of our decision to deny your request for an expedited appeal. We will send it within two (2) days of receiving your request.

***If Aetna Better Health denies my appeal, what can I do?***

We will send an appeal decision letter. If our decision does not fully approve your appeal, the letter will explain additional appeal rights. You will have the right to ask for a State Fair Hearing from Louisiana Department of Health. The letter will tell you who can appear at the Hearing on your behalf. It will also tell you if you can continue to receive services during the appeal process.

**State Fair Hearing**

You may ask for a State Fair Hearing from Louisiana Department of Health (LDH) within 120 days of the date we sent your appeal decision letter. The Louisiana Division of Administrative Law makes a recommendation about your hearing to the Secretary of LDH. The Secretary of LDH makes the final decision about your appeal.

You can file a State Fair Hearing request by phone, fax, mail or on the web.

Mail: P.O. Box 4189

Baton Rouge, Louisiana 70821-4189

Fax: **225-219-9823**

Phone: **225-342-5800**

Web: **[www.adminlaw.state.la.us/HH.htm](http://www.adminlaw.state.la.us/HH.htm)**

If your appeal involved reduced, on hold, or stopped services received, you may ask to continue to get these services while you wait for the State Fair Hearing decision. If you used the Fair Hearing form to ask for a hearing, you must check the box on the Fair Hearing form that you want to continue services. State Fair Hearings and request for services to be continued can also be requested by phone or online. Your request to continue the services must be made within 10 days of the date of our appeal decision letter. If you do not request a State Fair Hearing within the 10 days, your services will be reduced, put on hold, or stopped by the effective date, whichever is later. Your services will continue until the original authorization period for your services has ended or you withdraw the appeal the State Fair Hearing Officer denies your request, whichever happens first.

If the State Fair Hearing Officer reverses our decision, we must make sure that you receive the disputed services right away. And as soon as your health condition requires. If you received the disputed services while your appeal was pending, we will pay for the covered

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services ordered by the State Fair Hearing Officer.

You may ask to continue services while you are waiting for your State Fair Hearing decision. If your Hearing is not decided in your favor, you may be responsible for paying for services that were the subject of the Hearing.

***What is a grievance?***

A grievance is any message by you to us of being unhappy about the care and treatment you receive. It can be about our staff or providers including vision, transportation and adult dental services. For example, if someone was rude to you or you do not like the quality of care or services you have received, you can file a grievance with us.

Aetna Better Health takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or the quality of care or services you have received, let us know right away. We have special procedures in place to help members file grievances. We will do our best to answer your questions. We want to take care of your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance:

- Your provider or an Aetna Better Health staff member did not respect your rights.
- You had trouble getting an appointment with your provider in the right amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or an Aetna Better Health staff member was rude to you.
- Your provider or an Aetna Better Health staff member was insensitive to your cultural needs or other special needs you may have.

You can make your grievance on the phone or in writing. You can call Member Services for help at **1-855-242-0802 (TTY: 711)**. You can also send or fax a letter telling us about your grievance to:

Aetna Better Health of Louisiana  
Grievance and Appeals  
PO Box 81139  
5801 Postal Road  
Cleveland, OH 44181  
FAX: **1-844-410-8655**

In your letter, give us as much information as you can. For example, include the date the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file

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your grievance. If you do not speak English, we can provide an interpreter at no cost to you.

You can have someone represent you, such as a family member, friend or provider. You must agree to this in writing. 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. When we get the letter from you, the person you picked can represent you. If someone else files a grievance for you, you cannot file one yourself about the same item.

### **The grievance process**

You may file a grievance orally or in writing with us at any time. The person who receives your grievance will record it. The appropriate plan staff will oversee the review of the grievance. We will send you a letter telling you that we received your grievance. The letter will give you a description of our review process. We will review your grievance and give you an answer. The time for us to answer is based on the following:

- If your grievance is the result of us denying your request for a fast decision on an authorization or an appeal, we will decide within 72 hours after receipt.
- If your grievance is the result of us taking an extension on the time to give you a decision on your request for an authorization or an appeal, we will decide within 72 hours after receipt.
- For all other types of grievances, we will decide within 90 days after the receipt.

Our decision letter will describe what we found when we reviewed your grievance. It will tell you our decision about your grievance.

### **Fraud and abuse**

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

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

You can report fraud confidentially and we do not need to know who you are. You may report fraud or abuse any one of these ways:

- Call our fraud and abuse hotline at **1-855-725-0288**
- Visit our website at **AetnaBetterHealth.com/Louisiana**

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- Call the Louisiana Medicaid Fraud and Abuse Hotline at **1-800-488-2917**
- Visit the State website at **www.LDH.state.la.us/index.cfm/form/23**

### **Report Marketing Violations**

LDH has marketing rules for all Healthy Louisiana Plans and everyone that works for the Healthy Louisiana Plans. There are also some rules for Healthy Louisiana providers (like clinics, doctors' offices and pharmacies). These rules tell us what we can and can't do when we talk to people who may be in Healthy Louisiana. These are some of the things Health Plans and providers can't do:

- Healthy Louisiana Plans **MAY NOT** say bad things about other Healthy Louisiana Plans.
- Healthy Louisiana Plans **MAY NOT** tell you that the only way to keep your Medicaid benefits is to be a part of their Plan.
- Providers **MAY NOT** tell you one Health Plan is better than another Health Plan. They can't give you a gift or better treatment to get you to choose one Health Plan over another.

If you know someone who has not followed proper marketing guidelines, you must report the incident to LDH by completing the LDH Louisiana Healthy Louisiana Marketing Complaint Form. To request a form, contact the Louisiana Medicaid Hotline at **1-888-342-6207**.

### **Disenrollment**

We hope that you are happy with Aetna Better Health of Louisiana. If you are thinking about leaving, call us at **1-855-242-0802 (TTY: 711)** to see if we can help resolve any issues you are having.

You have the right to disenroll for Aetna Better Health of Louisiana. If you want to disenroll, call Healthy Louisiana at **1-855-229-6848** to request to disenroll from the Plan.

### **Disenroll from Aetna Better Health of Louisiana**

Members may request disenrollment if:

- You are a new member you can switch health plans during your first 90 days of enrollment. After the first 90 days you are "locked in" as a Plan member unless there is good cause to disenroll.
- During your annual open enrollment period. You have 60 days from when you get your open enrollment information to change plans. If you don't pick a new plan, you will stay enrolled in your current Healthy Louisiana plan until the next open enrollment period.
- You are part of the Voluntary opt-in populations, you may disenroll from Healthy

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Louisiana at any time. Your disenrollment will be effective the earliest possible month that the action can be administratively taken.

- You are part of the Voluntary opt-out population, you may voluntarily disenroll within ninety (90) days of initial enrollment and during the annual open enrollment.
- At any time for good cause.

Good cause for disenrollment means:

- We do not, because of moral or religious objections, cover the service you need. If this happens you can call Healthy Louisiana to find out how you can get those services
- You want to be in the same Healthy Louisiana plan as your family members
- Your need to get certain services at the same time but we are not able to provide all the services. Your PCP or another provider must say that your health will be at risk if you can't get the services at the same time
- Our contract with LDH is terminated
- You get poor quality of care from Aetna Better Health of Louisiana
- You are not able to get the services we cover
- You need specialized care and we don't have providers in our network that can give you the care
- You move out of our service area
- Any other reason that LDH says counts as cause

LDH will decide if you have can disenroll. If you'd like to disenroll from the Plan, call Healthy Louisiana at **1-855-229-6848**. They will tell you when you will be effective with your new health plan. You must keep using our providers until you are no longer a member with us.

### **Disenrollment caused by a change in status**

If your status changes, you may no longer be eligible for Aetna Better Health of Louisiana. LDH decides if you are still eligible.

You may be disenrolled if:

- You move out of state
- You become Medicare eligible
- You move to a long-term care facility
- You give untrue information or commit fraud on purpose
- Misuse or loan your ID card to another person to get services
- Your behavior is disruptive, unruly, abusive, or uncooperative and keeps us from giving you or other members the services you need

If this happens, you will get a letter explaining the disenrollment process.

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## **Advance Directives**

Your provider may ask if you have an advance directive. These are instructions about your medical care including behavioral health treatment. They are used when you can't say what you want or speak for yourself due to an accident or illness. Advance directives help providers know what you want when you can't tell them. It is your right to create advance directives, but you are not required to do so. You will get medical and behavioral health care even if you don't have an advance directive. You have the right to make your health care decisions. You can refuse care.

Written medical advance directives in Louisiana fall into two main groups. There is also a separate mental health advance directive. It is up to you whether you want to have all or just one. In Louisiana, emancipated minors and members over 18 years old have rights under advance directive law. If the laws about advance directives change, we will let you know as soon as possible but no later than 90 calendar days after the change take place

### **Living Will**

To make sure you get the kind of care you want if you are too sick to decide for yourself, you can sign a living will. A living will is a form that says you may not want medical care if you have a serious illness or injury and may not get better. It tells your provider and your family what kinds of care you do not want if you are seriously ill or injured. If you wish to sign a living will, you can:

- Ask your PCP for help filling out a living will form.
- Fill out the form by yourself.
- Give the completed form to your PCP, specialist, or hospital. This lets them know what kind of care you want to get.

You can change your mind any time after you have signed a living will. Call your PCP or specialist to remove the living will from your medical record. You can also make and sign a new form if you want to make changes in your living will.

### **Durable Power of Attorney**

A durable power of attorney is a document that you can fill out and sign. It lets you name a person to make decisions for you when you cannot make them yourself. Ask your PCP or specialist about these forms. A health care power of attorney does not cover mental health. If you want to list someone to make mental health care decisions for you when you cannot make them, you will also need a mental health advance directive.

### **Mental Health Advance Directives**

An Advanced Directive for Mental Health Treatment is a document that lets you make decisions about mental health treatment. It tells your providers and your family what kinds

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of mental health care you want if you are not able to make your wishes known in the future. You can also pick someone to make mental health care decisions for you if you cannot make them yourself.

Some examples of mental health treatment are:

- Medicine to treat behavioral health conditions
- Short-term stays in a mental health treatment facility
- Electroconvulsive therapy

You can get help with making a mental health advance directive. You can call the Mental Health Advocacy Service at **1-800-428-5432**.

If you have an advance directive:

- Keep a copy of your advance directive 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. If needed, we will help you find a provider that will carry out your advance directive instructions. If your advance directives are not followed, you can file a complaint with the Office of Health Standards (Louisiana's Survey and Certification agency). Call them at **225-342-0138**.



## Resources

Below is a list of state and local resources. This is not a complete list. If you have a case manager, talk to him or her about your needs. Additional resources can be found by contacting Louisiana **211**. You can call **211** to be connected or visit [www.louisiana211.org](http://www.louisiana211.org). You can also call Member Services at **1-855-242-0802 (TTY: 711)**, for help.

### **State Agencies**

#### **Adult Protective Services (APS)**

Office of Aging and Adult Services  
Department of Health and Hospitals  
People can report abuse and neglect of adults who can't protect themselves.  
24/7 Hotline: **1-800-898-4910**  
[www.oaas.LDH.louisiana.gov](http://www.oaas.LDH.louisiana.gov)

#### **Child Protection Investigation, Child Welfare**

Department of Children and Family Services  
The Child Protective Services program investigates reports of child abuse and neglect. The program provides helpful services to children and families. Hotline: **1-855-4LA-KIDS (1-855-452-5437)**  
[www.dss.louisiana.gov](http://www.dss.louisiana.gov)

**Louisiana Commission on Human Rights**  
Phone: **225-342-6969 / TDD**  
**1-888-248-0859**

#### **Behavioral Health Regional Offices**

**Acadiana Area Human Services District** 302  
Dulles Drive, Lafayette, LA 70506-3008  
Phone: **337-262-4190**

#### **Capital Area Human Services District**

4615 Government Street, Building 2 Baton Rouge, LA 70806  
Phone: **225-922-2700**

**Central Louisiana Human Services District**  
401 Rainbow Drive, #35, Pineville, LA 71360  
Phone: **318-487-5191**

#### **Florida Parishes Human Services Authority (FPHSA)**

835 Pride Drive, Suite B,  
Hammond, LA 70401  
Phone: **985-543-4333**

#### **Imperial Calcasieu Human Services Authority**

3505 Fifth Avenue, Suite B  
Lake Charles, LA 70607  
Phone: **337-475-3100**

#### **Jefferson Parish Human Services Authority**

3616 South I-10 Service Road  
West Metairie, LA 70001  
Phone: **504-838-5215**

#### **Metropolitan Human Services District**

1010 Common Street, Suite 600  
New Orleans, LA 70112  
Phone: **504-568-3130**

#### **Northeast Delta Human Services Authority**

2513 Ferrand Street  
Monroe, LA 71201  
Phone: **318-362-3270**

#### **Northwest Louisiana Human Services District**

2924 Knight Street, Suite 350  
Shreveport, LA 71105  
Phone: **318-862-3085**

#### **South Central Louisiana Human Services Authority**

521 Legion Avenue,  
Houma, LA 70364  
Phone: **985-858-2931**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week  
[AetnaBetterHealth.com/Louisiana](http://AetnaBetterHealth.com/Louisiana)

***Getting help with jobs***

**Louisiana Workforce Commission**

1001 N. 23rd Street  
Baton Rouge, LA 70802  
Phone: **225-342-3111**  
**www.laworks.net**

***Career Solutions Center Locations***

This is not a complete list. For more locations, visit **www.laworks.net**

***New Orleans Region***

**East Jefferson Business & Career Solutions Center**

1801 Airline Drive, Suite A  
Metairie, LA 70001  
Phone: **504-838-5678**

**East Bank Orleans Career Solutions Center - Job 1**

3400 Tulane Ave, 2nd Floor  
New Orleans, LA 70119  
Phone: **504-658-4500**

***Baton Rouge Region***

**East Baton Rouge North Career Solutions Center**

4523 Plank Road  
Baton Rouge, LA 70805  
Phone: **225-358-4579**

**East Baton Rouge South Career Solutions Center**

1991 Wooddale Boulevard  
Baton Rouge, LA 70806  
Phone: **225-925-4312**

***Houma Region***

**Terrebonne Business & Career Solutions Center**

807 Barrow Street  
Houma, LA 70360  
Phone: **985-876-8990**

**Assumption Business & Career Solutions Center**

205 Hwy 1008  
Napoleonville, LA 70390  
Phone: **985-369-1810**

***Lafayette Region***

**Vermilion Business and Career Solutions Center**

1301 Clover Street  
Abbeville, LA 70510  
Phone: **337-893-1986**

**Lafayette Business & Career Solutions Center**

706 East Vermilion Street  
Lafayette, LA 70501  
Phone: **337-262-5601**

**Beauregard Business & Career Solutions Center**

1102 West First St.  
DeRidder, LA 70634  
Phone: **337-462-5838**

**Calcasieu Business & Career Solutions Center**

2424 Third Street  
Lake Charles, LA 70601  
Phone: **337-721-4010**

***Alexandria Region***

**Rapides Business and Career Solutions Center**

5610-B Coliseum Blvd.  
Alexandria, LA 71303  
Phone: **318-767-6030**

**Grant Business & Career Solutions Center**

205 Main Street  
Colfax, LA 71417  
Phone: **318-627-3754**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

**AetnaBetterHealth.com/Louisiana**

***Shreveport Region***

**Arcadia Business and Career Solutions  
Center**

1119 South R Ave. Arcadia Town Hall  
Arcadia, LA 71001  
Phone: **318-263-8456**

**Caddo Business & Career Solutions Center**

2900 Dowdell Street  
Shreveport, LA 71103  
Phone: **318-676-7788**

***Monroe Region***

**Morehouse Business & Career Solutions  
Center**

250 Holt Drive  
Bastrop, LA 71270  
Phone: **318-283-0849**

**Ouachita Business & Career Solutions  
Center**

1162 Oliver Rd., Suite 9  
Monroe, LA 71201  
Phone: **318-362-3058**

**United Houma Nation**

991 Grand Caillou, Building 2  
Phone: **985-223-3093**

**[www.unitedhoumanation.org/  
vocational-rehabilitation](http://www.unitedhoumanation.org/vocational-rehabilitation)**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

**[AetnaBetterHealth.com/Louisiana](http://AetnaBetterHealth.com/Louisiana)**

## **Behavioral Health Resources**

Depression and Bipolar Support Alliance  
(DBSA)

*Baton Rouge*

DBSA Open Arms Phone: **225-275-2778**

*Metairie*

DBSA New Orleans (adults)

Phone: **504-286-1916** or **985-871-4360**

**www.dbsaneworleans.org**

*Monroe*

DBSA Northeast Louisiana

Phone: **318-542-4154** or **318-388-6088**

**www.dbsalliance.org/northeastlouisiana**

### **Families Helping Families**

*Region 1 (Southeast)*

**Families Helping Families of Southeast Louisiana, Inc.**

Serving: Orleans, Plaquemines, St. Bernard

Phone: **504-943-0343** or **1-877-243-7352**

**www.fhfsela.org**

*Region 2 (Greater Baton Rouge)*

**Families Helping Families of Greater Baton Rouge, Inc.**

Serving: East & West Baton Rouge, East & West Feliciana, Iberville, Pointe Coupee & Ascension

Phone: **225-216-7474** or **1-866-216-7474**

**www.fhfgbr.org**

*Region 3 (South Central area)*

**Bayou Land Families Helping Families, Inc.**

Serving: Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary & Terrebonne parishes

Family Resource Center

286 Hwy. 3185, Thibodaux, LA 70301

Phone: **985-447-4461** or **1-800-331-5570**

**www.blfhf.org**

*Region 4 (Acadiana area)*

**Families Helping Families of Acadiana**

Serving: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes

510 West University Avenue

Lafayette, LA 70506

Phone: **337-984-3458** or **1-800-378-9854**

**www.fhfacadiana.org**

*Region 5 (Southwest area)*

**Families Helping Families of Southwest Louisiana**

Serving: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes

2927 Hodges Street

Lake Charles, LA 70601

Phone: **337-436-2570** or **1-800-894-6558**

**www.fhfwla.org**

*Region 6 (Central LA area)*

**Families Helping Families**

Serving: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes

2840 Military Highway

Pineville, LA 71360

Phone: **318-641-7373** or **1-800-259-7200**

**www.familieshelpingfamilies.net**

*Region 7 (Northwest area)*

**Families Helping Families**

Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine and Webster parishes

2620 Centenary Boulevard, Building 2, Suite 250

Shreveport, LA 71104

Phone: **318-226-4541** or **1-877-226-4541**

**www.fhfregion7.com**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

**AetnaBetterHealth.com/Louisiana**

*Region 8 (Northeast area)*

**Families Helping Families of Northeast Louisiana, Inc.**

5200 Northeast Road

Monroe, LA 71203

Phone: **318-361-0487** or **1-888-300-1320**

*Region 9 (Florida Parishes area)*

**Northshore Families Helping Families**

Serving St. Tammany, Washington,

Tangipahoa, St. Helena and Livingston

Parishes

204 West 21st Avenue

Covington, LA 70433

Phone: **985-875-0511** or **1-800-383-8700**

**www.fhfnorthshore.org**

*Region 10 (Jefferson)*

**Families Helping Families of Jefferson, Inc.**

Serving: Jefferson

Phone: **504-888-9111** or **1-800-766-7736**

**www.fhfjefferson.org**

**Louisiana Federation of Families for Children's Mental Health**

The Louisiana Federation of Families for Children's Mental Health helps families of children and youth with mental health needs. They show families how to help themselves.

5627 Superior Drive, Suite A-2

Baton Rouge, LA 70816

Phone: **225-293-3508** or **1-800-224-4010**

**www.laffcmh.org**

**NAMI Louisiana (National Alliance on Mental Illness)**

NAMI Louisiana helps people get services.

They have information on self-help groups in the state. They help people of all ages.

Phone: **225-291-6262** or **1-866-851-6264**

**www.namilouisiana.org**

## Key health care terms

The list below includes definitions for health care terms

Adult	A member who is 21 or older.
Advance Directive	A document that tells your health care provider and family how you wish to be cared for. It is used to when you are too ill to make health care decisions for yourself.
Aetna Better Health of Louisiana	The Medicaid/Healthy Louisiana program offered by Aetna Better Health of Louisiana (MCO).
Appeal	A step you can take to ask Medicaid to change its mind when it decides it will not pay for care you need.
Basic Behavioral Health Services	Mental health and substance use services which are provided to members with emotional, psychological, substance use, psychiatric symptoms and/or disorders. These services are provided in the member's PCP office by the member's PCP as part of primary care service.
Child(ren)	A member who is under age 21
Cosmetic Services and Surgery	Services and surgery that are mainly to improve your looks. Cosmetic services and surgery do not help your body work better or keep you from getting sick.
Covered Services (Covered Care/Care)	The medical care, services for supplies which Aetna Better Health of Louisiana will pay. This care is described in this Handbook.
LDH	The Department of Health and Hospitals. The agency which decides whether or not a person is eligible for Medicaid/Healthy Louisiana.

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**[AetnaBetterHealth.com/Louisiana](http://AetnaBetterHealth.com/Louisiana)**

<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</p>	<p>A program of preventive health care and well-child checkups with age-appropriate tests and shots.</p>
<p>Emergency</p>	<p>A sudden onset of a medical condition that shows itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson to result in: serious jeopardy to the mental or physical health of the member; or danger of serious impairment of the member's bodily functions; or serious dysfunction of an of the member's bodily organs; or in the case of pregnant woman, serious jeopardy to the health of the fetus.</p>
<p>Experimental/ Investigational</p>	<p>Care or a supply is experimental or investigational if it includes, but is not limited to, any of the following: It is in the testing stage or in early field trials on animals or humans.</p> <p>It is under clinical investigation by health professionals or is undergoing clinical trial by any governmental agency, including but not limited to, the Department of Health and Human Services or the Food and Drug Administration (FDA). Any drug not approved for use by the FDA, and FDA-approved drug prescribed for an off-label use whose effectiveness is unproven based on clinical evidence reported in peer-reviewed medical literature, or any drug that is classified as an Investigational New Drug (IND) by the FDA. As used herein, off-label prescribing means prescribing prescription drugs for treatments other than those stated in the labeling approved by the FDA. Drugs for the treatment of a specific type for which the drug has been prescribed in any of the standard reference compendia. Similarly, drugs have been approved by the FDA for at least one indication and the drug is recognized for treatment of the covered indication is one of the Standard Reference Compendia or in substantially accepted Peer-Reviewed Medical Literature.</p>

Experimental/ Investigational (continued)	<p>It is a health product or service that is subject to Investigational Review Board (IRB) review or approval.</p> <p>Any health product or service that is the subject of a clinical trial that meets criteria for Phase I, II or III as set forth by FDA regulations, except as specifically covered by defined criteria.</p> <p>It does not have required final federal regulatory approval for commercial distribution for the specific indications and methods of use assessed or have not been approved by the Centers of Medicare and Medicaid Services for coverage by Medicare.</p> <p>Any health product or service whose effectiveness is unproven based on clinical evidence reported in Peer-Reviewed Medical Literature.</p>
Family Planning Care	Family planning care helps you to plan your family size. It gives you information on birth control methods.
Grievance	A report that you can make if you are not happy with the quality of care you got or if you think a provider or someone at the clinic was rude or denied you access to the care you needed.
Medically Necessary (Medically Needed/ Needed)	Medical care or supplies your provider says are needed to prevent, diagnose or treat your illness, injury, or disease. To be medically necessary, the care or supplies must be clinically appropriate and meet accepted standards of medicine. Medicaid does NOT pay for treatments that are experimental, non-FDA approved, investigational, or cosmetic.
Member	Any person who gets services from LDH and who has Aetna Better Health of Louisiana coverage.
Member Handbook	This book as well as any amendment or related document sent together with this book, that tells you about your coverage and your rights.
Member Representative	Any person that you tell us in writing that you want to act on your behalf to file an appeal or grievance.
Member Service Department	The Aetna Better Health of Louisiana staff that can answer questions about your benefits. The toll-free number is <b>1-855-242-0802 (TTY: 711)</b> .

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week  
**AetnaBetterHealth.com/Louisiana**



Patient-Centered Medical Home (PCMH)	A Patient-Centered Medical Home (PCMH) is a system of care led by a team of primary care providers. The team partners with the patient, the patient's family and the community to coordinate care in all settings. This includes care from specialists and hospitals to pharmacies, mental health programs, and home health agencies.
Post-Stabilization Care	Medically needed care a member gets after an emergency condition has been stabilized.
Prior-authorization/ Preauthorized	Approval by Aetna Better Health of Louisiana that is needed so that Aetna Better Health of Louisiana will pay for certain services to be done.
Prescription Drug	A drug for which your provider writes an order so you can get it filled at a pharmacy.
Primary Care Physician (PCP)	A physician, nurse practitioner, or physician assistant who manages your health care needs. This includes preventive care and care when you are sick. The primary care provider may treat you, refer you to a specialist, or admit you to a hospital.
Provider/ Participating Provider	An individual, clinic, hospital or other caregiver approved by Medicaid to provide health care. A provider who works for your health plan or is linked to your health plan.
Provider Directory/ Provider Network	A list of providers that have contracted with Aetna Better Health of Louisiana to provide care to Aetna Better Health of Louisiana members. The Provider Directory search is updated daily. We post a current list on our website. You can request a hard copy of the directory be mailed to you.
Prudent Layperson	A person who is without medical training and who draws on his or her practical experience when making a decision regarding whether emergency medical treatment is needed. A prudent layperson will be considered to have acted "reasonably" if other similarly situated laypersons would have believed, based on observation of the medical symptoms at hand, that emergency medical treatment was needed.
Service Area	The geographic area where you can get care under the Aetna Better Health of Louisiana program.
MCO	A plan that helps you pay for health care visits, procedures, hospital stays and preventive care. It will pay for the high cost expenses and routine screenings that it says are covered.

Behavioral Health Services	Health care for emotional, psychological, substance use and psychiatric problems. It is part of your health plan.
Specialty Care Doctor/ Specialist	A health professional who is educated and trained to have in-depth knowledge of how to care for certain medical problems. Physician specialist examples include cardiologist (heart doctor), pulmonologist (lung doctor), nephrologist (kidney doctor) and surgeon.
Standard Reference Compendia	The American Hospital Formulary Service Drug Information, the National Comprehensive Cancer Network's Drugs & Biologics Compendium or the Elsevier Gold Standard's Clinical Pharmacology.
Urgent Care	Medical care to treat an illness or injury that needs quick attention but that is not a medical emergency. Examples include stomach pain, dizziness that will not go away, or a suspected broken bone. Urgent care requires face-to-face medical attention within 24 hours of noticing the urgent problem.
You, Your	Refers to a member.

## Common questions

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

A. Call Member Services toll free at **1-855-242-0802 (TTY: 711)** to get a new ID card.

### **Q. How will I know the name of my 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 toll free at **1-855-242-0802 (TTY: 711)** for help. We will check if the new PCP is accepting new patients.

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

A. Lists of covered services begin on page 25. These pages also list non-covered services. You can call Member Services for help at **1-855-242-0802 (TTY: 711)**. You can also ask your provider. You can also check our website at **AetnaBetterHealth.com/Louisiana**.

### **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 **1-855-242-0802 (TTY: 711)**.

### **Q. What hospitals can I use?**

A. Check the provider directory online at **AetnaBetterHealth.com/Louisiana**. You can also call Member Services at **1-855-242-0802 (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 58 for more information on urgent care.

### **Q. How do I get services that are not covered by Aetna Better Health of Louisiana, but are covered under my Healthy Louisiana benefits?**

A. Call Member Services at **1-855-242-0802 (TTY: 711)** and our staff will tell you how to get these services.

## **Nondiscrimination Notice**

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

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 based on race, color, national origin, age, disability or sex, 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](mailto:MedicaidCRCoordinator@aetna.com)

You can file a grievance in person 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.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

**[AetnaBetterHealth.com/Louisiana](http://AetnaBetterHealth.com/Louisiana)**

## Multi-language Interpreter Services

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

**FRENCH: ATTENTION:** si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104 (ATS : 711)**.

**VIETNAMESE: CHÚ Ý:** nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104 (TTY: 711)**.

**CHINESE: 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104 (TTY: 711)**。

**ARABIC:** ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104 (للصم والبكم: 711)**.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104 (TTY: 711)**.

**KOREAN: 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104 (TTY: 711)** 번으로 연락해 주십시오.

**PORTUGUESE: ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número que se encontra na parte de trás do seu cartão de identificação ou **1-800-385-4104 (TTY: 711)**.

**LAOTIAN: ເຊີນຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຫາເບີໂທທີ່ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື **1-800-385-4104 (TTY: 711)**.

**JAPANESE: 注意事項:**日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または**1-800-385-4104 (TTY: 711)**までご連絡ください。

**URDU:** توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں - اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104 (TTY: 711)** پر رابطہ کریں۔

**GERMAN: ACHTUNG:** Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104 (TTY: 711)** an.

**PERSIAN:** اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104 (TTY: 711)** تماس بگیرید.

**RUSSIAN: ВНИМАНИЕ:** если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104 (TTY: 711)**.

**THAI: ข้อควรระวัง:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104 (TTY: 711)**.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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