Live Healthy

Member Handbook

Learn about your health care benefits

AetnaBetterHealth.com/Pennsylvania

Aetna Better Health® of Pennsylvania

876505-PA-EN (REV May 2022)

Aetna Better Health® of Pennsylvania Member Services

1-866-638-1232 (toll free)
Services for Hearing Impaired (TTY)
PA Relay: **711**

Physical Address

Aetna Better Health®
1425 Union Meeting Road
Blue Bell, PA 19422

PA Enrollment Hotline

1-800-844-3989 (toll free)
Monday-Friday 8 AM – 6 PM
Saturday 8 AM – 12 PM
TTY **1-800-618-4225**

Compliance (Fraud and Abuse) Hotline

1-800-333-0119 (toll free)

Personal Information

____
My member ID number

____
My primary care provider (PCP)

____
My PCP's phone number

AetnaBetterHealth.com/Pennsylvania

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Section – 1 - Welcome

Introduction

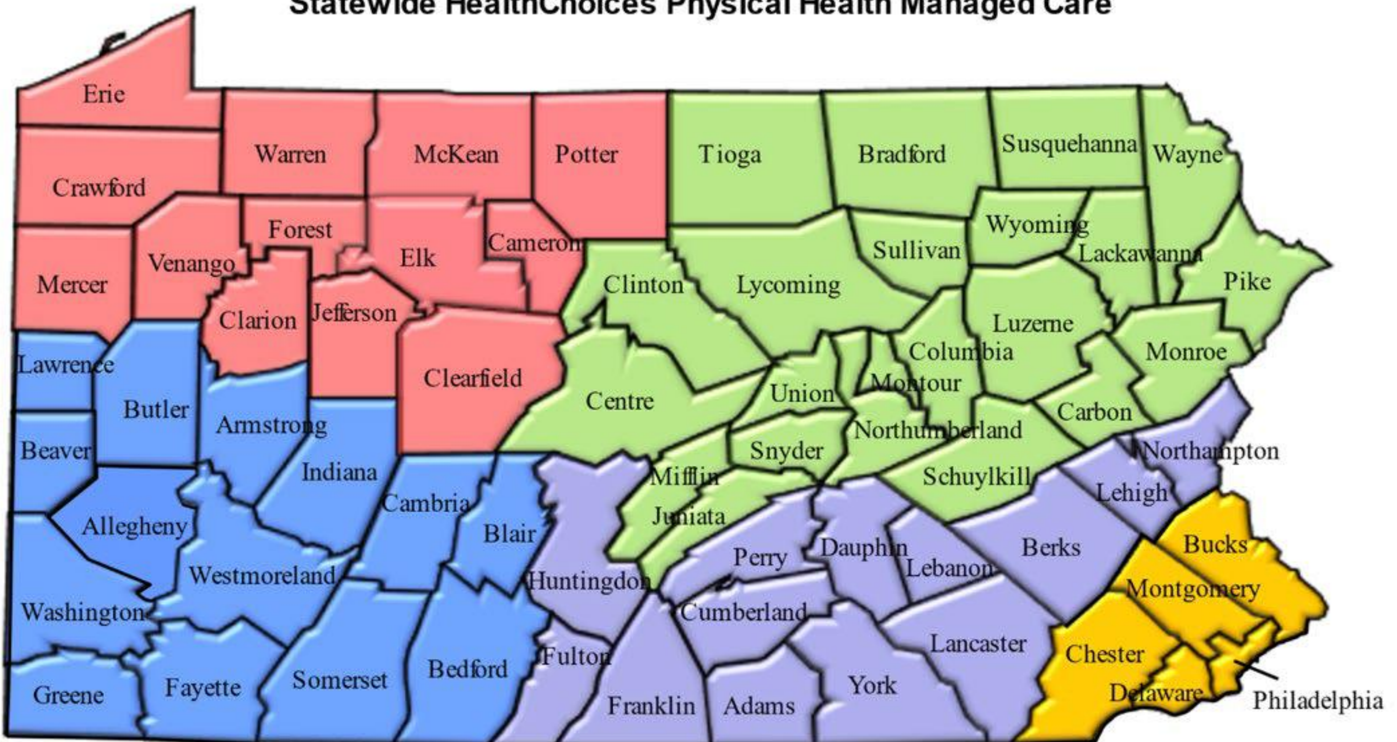
What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania's Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, see page 51.

Welcome to Aetna Better Health of Pennsylvania

Aetna Better Health welcomes you as a member in HealthChoices and Aetna BetterHealth of Pennsylvania! The map below shows all sixty-seven (67) counties of the state in all five of the HealthChoices zones where Aetna Better Health of Pennsylvania serves Members. Aetna Better Health of Pennsylvania has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members.

Pennsylvania HealthChoices Map



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

It is important to make sure that the provider you choose is in our network. If you chose to go to an out-of-network provider, you may be responsible to pay for any services you receive.

Our provider directory has a list of all types of network providers and their names, addresses, phone numbers, languages spoken, ages served and more. The latest directory is at **AetnaBetterHealth.com/PA.** Call Member Services at **1-866-638-1232 (PA Relay: 711)** if you need help locating a network provider or if you'd like us to send you a printed copy.

You can call Member Services at **1-866-638-1232 (PA Relay: 711)** and ask to see a provider that's not in our network if:

- We don't have a provider in our network to cover your necessary treatment in a timely manner. We'll cover these services out of network for as long as we're able to cover the services in network.
- We only have one of a certain type of network specialist in our network.

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

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

Member Services

Staff at Member Services can help you with questions about your benefits and how you get care. These are some of the questions they can answer:

- What are my rights and responsibilities?
- How can I find a PCP or specialist?
- How do I change my PCP?
- How and where can I get care?
- What are my benefits and health care services?
- What is an Advance Directive?
- How do I file a complaint or grievance?
- How do I get a Department of Human Services (DHS) fair hearing?

Aetna Better Health's Member Services are available 24 hours a day, 7 days a week and can be reached at **1-866-638-1232 (PA Relay: 711)** and at **AetnaBetterHealth.com/PA.**

Member Services can also be contacted in writing at:
Aetna Better Health
Attn: Member Services
1425 Union Meeting Road
Blue Bell, PA 19422

Member Identification Cards

You'll get an Aetna Better Health ID card when you join our health plan. If you didn't get your card or if your card was lost or stolen, call Member Services at **1-866-638-1232 (PA Relay: 711)**. We'll send you a new one. While you wait for your new card you will still be eligible to receive any and all services available to you.

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

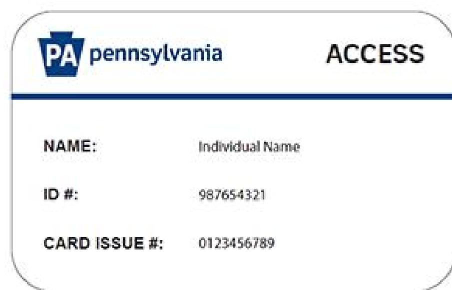
*If you didn't pick a PCP after 14 days of joining the plan, we picked one for you. You can call us at **1-866-638-1232 (PA Relay: 711)** if you need help choosing another PCP.

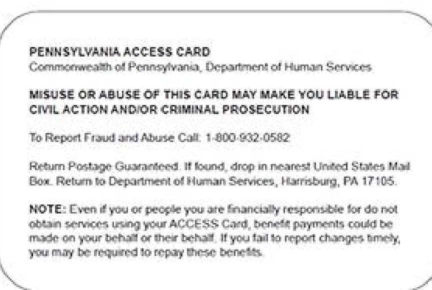
Until you get your Aetna Better Health ID card, use your ACCESS or EBTcard for your health care services that you get through HealthChoices.

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

Remember to show your Aetna Better Health and ACCESS ID cards when you go to the doctor, get prescriptions filled and get other benefits and services. Call Member Services at **1-866-638-1232** or (**PA Relay: 711)** if you have questions about how to use your ID cards.

You will also get an ACCESS or EBT card. You will need to present this card along with your **Aetna Better Health ID** card at all appointments. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed later in the **Important Contact Information** section. You will receive oneof the following two cards.





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

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Member Services for help at **1-866-638-1232 or (PA Relay: 711).**

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page 27, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or calling your local ambulance service.

Important Contact Information – At a Glance

Name	**Contact Information: Phone or Website**	**Support Provided**
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 13 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See page 26 of this handbook for more information.

Other Important Phone Numbers		
Aetna Better Health of Pennsylvania Nurse Hotline	1-866-638-1232 or (PA Relay: 711)	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 41 of this handbook for information.
Enrollment Assistance Program	1-800-440-3989 1-800-618-4255 (TTY)	Pick or change a HealthChoices plan. See page 12 of this handbook for more information.
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a Complaint form, file a Complaint, or talk to a consumer services representative.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability.

Other Phone Numbers

Childline **1-800-932-0313**
Crisis Intervention Services..................................... **866-638-1232 or (PA Relay: 711)**
Legal Aid.......... ....**1-800-322-7572**
Mental Health/Intellectual Disability Services................................ **1-888-565-9435**
National Suicide Prevention Lifeline **1-800-273-8255**

County Assistance Offices

There is a County Assistance Office (CAO) in every county in Pennsylvania. Their staff can help you apply for a variety of benefits, including health care, childcare and home heating assistance. If you already have benefits, the CAO can tell you if you're on general or medical assistance, as well as help you complete reapplication forms. Please see Appendix A on page 88 for a complete list of the CAO's in Pennsylvania.

Behavioral Health Managed Care Organizations

Behavioral Health services are available through your Behavioral Health Managed Care Organization (BH-MCO). Everyone receiving Medical Assistance in Pennsylvania is automatically enrolled in the HealthChoices Behavioral Health program in the county of their residence. There are five Behavioral Health Managed Care Organizations across Pennsylvania. You are automatically assigned based on where you live. For more information on Behavioral Health care, and a full list of BH-MCOs by county to learn which BH-MCO is assigned to your county see Appendix A on page 92.

Behavioral Health Managed Care Organizations (BH-MCO)

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

Medical Assistance Transportation Program (MATP)

Most members are eligible for the Medical Assistance Transportation Program. If you need a ride to your doctor's appointments, you can get one. The Department of Human Services (DHS) provides this service at no cost to you.

To get rides to your appointments you have to sign up with the MATP program. Do this by calling the MATP office in your county. For more information on MATP and a list of the MATP County offices please see Appendix A on page 90.

Communication Services

Aetna Better Health can provide this handbook and other information you need in languages other than English at no cost to you. Aetna Better Health can also provide your handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at **1-866-638-1232 (PA Relay: 711)** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for Aetna Better Health to send you the information.

Aetna Better Health will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at **1-866-638-1232 (PA Relay: 711)** and Member Services will connect you with the interpreter service that meets your needs. For TTY

services, call our specialized number at **PA Relay: 711** or call Member Services who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, Aetna Better Health will provide one for you. Call Member Services at **1-866-638-1232 (PA Relay: 711)** if you need an interpreter for an appointment.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call Aetna Better Health Member Services at **1-866-638-1232 (PA Relay: 711)** or your CAO.

Enrollment Services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about the EAP with the information you received about selecting a HealthChoices plan.

Enrollment specialists can give you information about all the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment Specialists can help you:

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

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

Changing Your HealthChoices Plan

You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at **1-800-440-3989** or **1-800-618-4225 (TTY).** They

will tell you when the change to your new HealthChoices plan will start, and you will stay in Aetna Better Health until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your Aetna Better Health ID card at your appointments until your new plan starts.

Changes in the Household

Call your CAO and Member Services at **1-866-638-1232 (PA Relay: 711)** if there are any changes to your household.

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

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

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

What Happens if I Move?

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

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

Loss of Benefits

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

They include:
- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same

HealthChoices plan unless you pick a different HealthChoices plan.
- You go to a nursing home outside of Pennsylvania.
- You have committed Medical Assistance fraud and have finished all appeals.
- You go to prison or are placed in a youth development center.

There are also reasons why you may no longer be able to receive services through a physical health MCO and you will be placed in the fee-for service program.

They include:
- You are placed in a juvenile detention center for more than 35 days in a row.
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage).
- You go to a state mental health hospital.

You may also become eligible for Community HealthChoices. If you become eligible for Medicare coverage or become eligible for nursing facility or home and community-based services, you will be eligible for Community HealthChoices. For more information on Community HealthChoices visit **www.healthchoices.pa.gov**.

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

Information About Providers

The Aetna Better Health provider directory has information about the providers in Aetna Better Health's network. The provider directory is located online here: **AetnaBetterHealth.com/PA** under "find a provider". You may call Member Services at **1-866-638-1232 (PA Relay: 711)** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Member Services to get help finding a provider or to get any other information you may need about a provider who participates in the Aetna Better Health network. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

*The information in the printed provider directory may change. You can call MemberServices to check if the information in the provider directory is current. Aetna BetterHealth of Pennsylvania updates the printed provider directory annually. The online directory is updated at least monthly.

Picking your Primary Care Provider (PCP)

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

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

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

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

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

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

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

Changing Your PCP

If you want to change your PCP for any reason, call Member Services at **1-866-638-1232 (PA Relay: 711)** to ask for a new PCP. If you need help finding a new PCP, you can go to **AetnaBetterHealth.com/PA**, which includes a provider

directory, or ask Member Services to send you a printed provider directory.

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

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

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

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call Aetna Better Health's Member Services at **1-866-638-1232 (PA Relay: 711).**

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 62 of this Handbook or call Aetna Better Health of Pennsylvania's Member Services at the phone number above.

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

Appointment Standards

Aetna Better Health providers must meet the following appointment standards:

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

Aetna Better Health learning you are pregnant.
- In your second trimester, your provider must see you within 5 business days of Aetna Better Health learning you are pregnant.
- In your third trimester, your provider must see you within 4 business days of Aetna Better Health learning you are pregnant.
- Have a high-risk pregnancy, your provider must see you within 24 hours of Aetna Better Health learning you are pregnant.

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

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

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

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

For a list of specialists in Aetna Better Health's network, please see the provider directory on our website at **AetnaBetterHealth.com/PA** under "Find a provider" or call Member Services to ask for help or a printed provider directory.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use an Aetna Better Health network provider unless Aetna Better Health approves an out-of-network provider.

The following services do not require referral from your PCP:
- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)

- Routine dental services
- Routine eye exams
- Emergency services

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 7 of the handbook on page 70 for more information.

After-Hours Care

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

Aetna Better Health has a toll-free nurse hotline at **1-866-638- 1232 (PA Relay: 711)** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Member Engagement

Suggesting Changes to Policies and Services

Aetna Better Health would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact Member Services at **1-866-638-1232 (PA Relay: 711)**.

Aetna Better Health - Health Education Advisory Committee (HEAC)

Aetna Better Health has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to Aetna Better Health about the experiences and needs of members like you. For more information about the Committee and how to join, please call **1-866-638-1232 (PA Relay: 711)** or visit the website at **AetnaBetterHealth.com/PA.**

Aetna Better Health of Pennsylvania Quality Improvement Program

Aetna Better Health has a Quality Improvement Program that is aimed at improving the care of our members by monitoring and evaluating care and acting upon opportunities to improve the quality of care you receive. We do this by working with our members to educate on the importance of preventive care, management of chronic illnesses, and assistance with appointment scheduling. Our programs include topics such as well care for adults and children, maternity care, diabetes and asthma care, and many others.

The Quality Program also includes outreach to members in various ways such as:

- Live outreach calls with appointment scheduling assistance
- Appointment reminders and educational postcards and materials
- Texting
- Interactive voice response calls
- Educational mailings
- Information on our website and access to various educational websites and materials
- Community educational activities

The Quality Program also works closely with your provider to educate, monitor and evaluate the care they are providing to you. To learn more about our Quality activities and available programs, please call **1-866-638-1232 (PA Relay: 711)** or visit the website at **AetnaBetterHealth.com/PA.**

Section – 2 - Rights and Responsibilities

Member Rights and Responsibilities

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

As an Aetna Better Health member, you have the following rights and responsibilities.

Member Rights

You have the right:

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

does not cover because of moral or religious objections and about how to get those services.

16. To exercise your rights without it negatively affecting the way DHS, Aetna Better Health, and network providers treat you.
17. To create an advance directive. See Section 6 on page 68 for more information.
18. To make recommendations about the member rights and responsibilities of Aetna Better Health's members.

Member Responsibilities

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

These are the things you should do:

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

Privacy and Confidentiality

Aetna Better Health must protect the privacy of your protected health information (PHI). Aetna Better Health must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that Aetna Better Health can pay your providers. It also includes sharing your PHI with DHS. This information is included in Aetna Better Health's Notice of Privacy Practices. To get a copy of Aetna Better Health's Notice of Privacy Practices, please call **1-866-638-1232 (PA Relay: 711)** or visit **AetnaBetterHealth.com/PA.**

Co-Payments

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

Co-payment amounts can be found in the Covered Services chart starting on page 27 of this Handbook.

The following members do not have to pay co-payments:

- Members under age 18
- Pregnant women (including 60 days after the child is born (the post-partum period))
- Members who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health services
- Tobacco cessation services
- Services provided to individuals under 18 years of age
- Services provided to pregnant women, including throughout the post-partum period
- Services provided to patients in long term care facilities (including Intermediate Care Facility/Mental Retardation (ICF/MR) and Intermediate Care Facility/Other Related Condition (ICF/OrC) and other medical institutions who are required to spend all but a minimal amount of their income on medical costs.
- Services or items provided to a terminally ill individual who is receiving hospice care
- Services provided to individuals residing in a personal care home or domiciliary care home
- Services provided to women in the Breast and Cervical Cancer Prevention and Treatment (BCCPT) coverage group
- Services provided to individuals of any age eligible under Titles IV-B and IV-E Foster Care and Adoption Assistance

- Professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from technical component
- Psychiatric Partial Hospitalization services
- Services furnished by a funeral director
- Renal dialysis services
- Blood and blood products
- Oxygen
- Ostomy supplies
- Rental of Durable Medical Equipment
- Outpatient services when MA Fee is under $2
- Medical exams requested by the Department of Human Services
- Screenings provided under the EPSDT Program

What if I am Charged a Co-Payment and I Disagree?

If you believe that a provider charged you the wrong amount for a co-payment or a co-payment you believe you should not have had to pay, you can file a Complaint with Aetna Better Health of Pennsylvania. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint or call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Billing information

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

When can a Provider bill me?

Providers may bill you if:

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

What do I do if I get a bill?

If you get a bill from an Aetna Better Health network provider and you think the provider should not have billed you, you can call Member Services at **1-866-638-1232 (PA Relay: 711)**.

You shouldn't get a bill from or have to pay a network provider for covered benefits for pre-approved services.

If your provider didn't receive payment from us on a provided covered benefit or service, he or she is NOT allowed to bill you for what we didn't pay. This is called balance billing.

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

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

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

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

Third-Party Liability

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

You must tell both your CAO and Member Services at **1-866-638-1232 (PA Relay: 711)** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your Aetna Better Health ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare,

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

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

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

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

Recipient Restriction/Lock-in Program

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

How does it work?

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

You can pick the providers, or Aetna Better Health will pick them for you. If you want a different provider than the one Aetna Better Health picked for you, call Member Services at **1-866-638-1232 (PA Relay: 711)**. The limit will last for 5 years even if you change HealthChoices plans.

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

Aetna Better Health has limited your providers.
You must sign the **written** request for a Fair Hearing and send it to:

Department of Human Services
Office of Administration
Bureau of Program Integrity - DPPC
Recipient Restriction Section
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

If you need help asking for a Fair Hearing, please call Member Services at **1-866-638-1232 (PA Relay: 711)** or contact your local legal aid office.

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

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

Reporting Fraud or Abuse

How do I Report Member Fraud or Abuse?

If you think that someone is using your or another member's Aetna Better Health card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the Aetna Better Health of Pennsylvania Fraud and Abuse Hotline at **1-800-333-0119 (PA Relay: 711)** to give Aetna Better Health of Pennsylvania this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at **1-844-DHS-TIPS (1-844-347-8477)**.

How do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call the Aetna Better Health of Pennsylvania's Fraud and Abuse Hotline at **1-800-333-0119 (PA Relay: 711)**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at **1-844-DHS-TIPS** (**1-844-347-8477**).

Section 3 – Physical Health Services

Covered Services

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

Service		Children	Adults
Primary Care Provider	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Specialist	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Certified Registered Nurse Practitioner	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Federally Qualified Health Center / Rural Health Center	Limit	No limit.	No limit except for Dental Care Services as described below.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Outpatient Non-Hospital Clinic	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
	Limit	No limit.	No limit.

Service		Children	Adults
Outpatient Hospital Clinic	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Podiatrist Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Chiropractor Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes, after first visit.	Yes, after first visit.
Optometrist Services	Limit	2 visits (exams) per calendar year). No limit for medically necessary services.	2 visits (exams) per calendar year.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Hospice Care	Limit	Respite care may not exceed a total of 5 days in a 60-day certification period.	Respite care may not exceed a total of 5 days in a 60-day certification period.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Dental Care Services	Limit	No limits. See section on dental benefits for a full list of	See section on dental benefits for a full list of covered

Service		Children	Adults
Dental CareServices (cont.)		covered dental services and exceptions.	dental services and exceptions.
	Co-payment	$0	$0
	Prior Authorization / Referral	Depends on service. See dental benefits for detail.	Depends on service. See dental benefits for detail.
Radiology (ex. X-rays, MRIs, CTs)	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Outpatient Hospital Short Procedure Unit	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Depends on service being requested.	Depends on service being requested.
Outpatient Ambulatory Surgical Center	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Non-Emergency Medical Transport	Limit	No limit.	Only to and from MA covered services.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Family Planning Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Renal Dialysis	Limit	No limit.	Initial training for home dialysis is limited to 24 sessions per patient

Service		Children	Adults
Renal Dialysis (cont.)			per calendar year. Backup visits to the facility limited to no more than 75 per calendar year.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Emergency Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Urgent Care Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Ambulance Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Inpatient Hospital	Limit	No limit.	No limit.
	Co-payment	$3 per day/ $21 maximum with limits.	$3 per day/ $21 maximum with limits.
	Prior Authorization	Yes	Yes
Inpatient Rehab Hospital	Limit	No limit.	No limit.
	Co-payment	$3 per day/ $21 maximum with limits.	$3 per day/ $21 maximum with limits.
	Prior Authorization	Yes	Yes
Maternity Care	Limit	No limit.	No limit.
	Co-payment	$0	$0

Service		Children	Adults
Maternity Care (cont.)	Prior Authorization / Referral	No	No
Prescription Drugs	Limit	No limit.	No limit.
	Co-payment	$0	$1 generic/$3 brand name*
	Prior Authorization	Refer to statewide PDL and Aetna supplemental formulary.	Refer to statewide PDL and Aetna supplemental formulary.
Enteral/Parenteral Nutritional Supplements	Limit	No limit.	No limit.
	Co-payment	$0	$1 generic/$3 brand name*
	Prior Authorization	Yes	Yes
Nursing Facility Services	Limit	No limits	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Home Health Care including Nursing, Aide, and Therapy Services	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Durable Medical Equipment. Including Home Accessibility Durable Medical Equipment	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes

Service		Children	Adults
Prosthetics and Orthotics	Limit	2 pairs per calendar year. Replacement pairs covered if medically necessary.	Orthopedic shoes and hearing aidsare not covered.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Eyeglass Lenses	Limit	2 pair per calendar year or more if medically necessary.	1 pair per calendar year.
	Co-payment	$0	$0
	Prior Authorization/ Referral	No	No
Eyeglass Frames	Limit	2 pair per calendar year or more if medically necessary.	1 pair per calendar year.
	Co-payment	$0	$0
	Prior Authorization/ Referral	No	No
Contact Lenses	Limit	Can substitutefor one or both pair of eyeglasses.	One pair ofbasic eyeglasses(frame andlenses) each calendaryear.
	Co-payment	$0	$0
	Prior Authorization/ Referral	No	No
Medical Supplies	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization	Yes	Yes
Therapy (Physical, Occupational, Speech)	Limit	Only when provided by a hospital, outpatient clinic, or homehealth setting. No limit.	Only when provided bya hospital, outpatient clinic, or home healthprovider.

Service		Children	Adults
Therapy (Physical, Occupational,Speech) (cont.)	Prior Authorization	All therapy visits require pre-approval (except for 1st visit)	All therapy visits require pre-approval (except for 1st visit)
Laboratory	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No
Tobacco Cessation	Limit	No limit.	No limit.
	Co-payment	$0	$0
	Prior Authorization / Referral	No	No

*Certain classes of prescription drugs are exempt from copayment. There are no copays for:

- Pregnant women
- Children under 21 years of age
- Members in a nursing home or other facility
- Family planning drugs
- Emergency situation (condition in which emergency medical care is needed to prevent death or serious injury of a member)
- Certain drug groups listed below do not have copays. For those drug groups that will not require a copay the drug group will be marked with a “no copay” on the formulary.
  - Anti-glaucoma drugs
  - Anti-Parkinson drugs
  - Antipsychotic drugs (except for those anti-anxiety drugs that are controlled substances, like alprazolam or diazepam)
  - Cancer drugs
  - Diabetes drugs
  - Drugs used only to treat HIV/AIDS
  - Epilepsy drugs
  - Heart disease drugs
  - High blood pressure drugs
  - Naloxone injection/nasal spray for drug overdose
  - Preventative vaccines

Services that are not Covered

There are physical health services that Aetna Better Health of Pennsylvania does not cover. If you have any questions about whether or not Aetna Better Health of Pennsylvania covers a service for you, please call Member Services at **1-866-638-1232 (PA Relay: 711).**

Aetna Better Health may not cover experimental medical procedures, medicines, and equipment.

Second Opinions

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

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

What is Prior Authorization?

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

What does Medically Necessary mean?

Medically necessary means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability;
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability;
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Member Services at **1-866-638-1232 (PA Relay: 711).**

How to ask for Prior Authorization

You can speak to a person 24/7 to ask questions about the pre-approval/prior authorization process. Just call Member Services at **1-866-638-1232 (PA Relay: 711**).

Your doctor can also call the prior authorization department to discuss an authorization.

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

- Your provider requests the service. He or she must give us information about the services you need and supporting medical records.
- We review the information.
- An Aetna Better Health doctor will review the request if the request cannot be approved.
- You and your provider will get a letter when a service is denied or approved.
- If the request is denied, a letter will be sent to you and your provider within two business days, unless we need more information. If the request was for an outpatient covered drug, we will make this decision within 24 hours of receiving the request from your provider. The letter will say why we denied the service. If we deny a service, you or your provider can file a grievance. You can also ask for a Fair Hearing from the Department of Human Services after your first level complaint/grievance decision.

We base our decisions only on appropriateness of care and service and existence of coverage. We don't reward health care providers for denying, limiting or delaying benefits or health care services for our members. We also don't give incentives to our staff making decisions about medically necessary services or benefits to provide less health care coverage and services.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Member Services at **1-866-638-1232 (PA Relay: 711).**

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, you can review them on our website at **AetnaBetterHealth.com/PA**. You can also request a copy of the guidelines by sending a written request to:

Aetna Better Health
1425 Union Meeting Road
Blue Bell, PA 19422
Fax number: **877-363-8120**

What Services, Items, or Medicines Need Prior Authorization?

The following chart identifies some, but not all services, items, and medicines that require prior authorization.

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for more services through the prior authorization process.

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Member Services at **1-866-638-1232 (PA Relay: 711)**.

SERVICES THAT REQUIRE PRE-APPROVAL/PRIOR AUTHORIZATION	
All inpatient services:	
Surgical and non-surgical • Skilled nursing • Rehabilitation • Hospice	These are services where you must spend the night at a hospital or a hospital like place to get care.
Outpatient services:	
Surgical services	Some surgical services require preapproval. We can help you or your provider find out if your service must be pre-approved.
Home-based services including hospice	This includes nurses and other people that came to your home to help take care of you or someone in your family.
Therapy	All therapy services require pre-approval (except the first visit for an evaluation).
Imaging	• MRI • MRA • Angiography • PET Scan • CT Scan These are special types of x-ray tests. You can contact eviCore at **1-800-575-4417** for more information about imaging authorizations.
Durable Medical Equipment (DME)	• Hospital beds • Wheelchairs • Oxygen • CPAP All other durable medical equipment may need to be pre-approved.
Home Accessibility Durable Medical Equipment (DME)	• Wheelchair lifts • Stair glides • Ceiling lifts • Metal accessibility ramps Other items used by a member with a mobility impairment to enter and exit the home or support activities of daily living and are removeable or reusable

SERVICES THAT REQUIRE PRE-APPROVAL/PRIOR AUTHORIZATION	
Outpatient Drugs	• Medications on the statewide PDL or Aetna Better Health Supplemental Formulary indicated by a “PA” will require Prior Authorization • Medications that are not on the statewide PDL or Aetna Better Health Supplemental formulary • Any medication designated as a specialty medication • Medications prescribed for quantities that are above our limits Medication may require prior authorization based on the intended use or the age of the member to determine medical necessity.
Orthotics/Prosthetics	• Implantable devices • Electronic devices • Implantable breast prosthetics • Injectable bulking agents These are medical tools that help the body work or heal better.
Transportation	Non-emergent ambulance transportation.
Transplants	• Bone marrow • Solid organ • Stem cell
Other services	• Sleep studies • Osteopathic manipulation and chiropractic services (except for first evaluation visit) • Some hearing and vision services depending on the service • Specialized multidisciplinary services • External feeding supply and formulas, additives, all pumps • Supply based services depending on the service • Services related to gender transition
Dental services	The following dental procedures require prior authorization: • Crowns • Root canals • Periodontal services • Dentures and partial dentures • Oral surgery • Anesthesia • Orthodontics You can contact SKYGEN at **1-800-508-2072 (PA Relay: 711)** for more information about dental authorization requirements.
Pain management	• Other injections • Spinal injections • Spinal implants • Peripheral nerve procedures

Prior Authorization of a Service or Item

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

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

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

Prior Authorization of Home Accessibility Durable Medical Equipment

Home Accessibility Durable Medical Equipment (DME) is equipment and appliances that are used to serve a medical purpose and are generally not useful to a person without a disability, illness or injury. These items can withstand repeated use and can be reusable or removable.

Covered items include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps
- Other items used by a member with a mobility impairment to enter and exit the home
- Are used to support activities of daily activities
- Are removable and reusable

Also covered are:

- Installation costs
- Medically necessary repairs to the equipment
- Parts or supplies recommended by the manufacturer
- Labor to attach or mount the item
- Required permits
- Installing an electrical outlet or connection to an existing electrical source
- Pouring a concrete slab or foundation
- External supports such as bracing a wall
- Removing/replacing an existing railing or banister as needed to accommodate the equipment

Home Modifications, such as home repairs, or changes to the home, are not a covered benefit. A prior authorization request must include a letter of medical necessity or other clinical information from your doctor telling us:

- Why you need the equipment and/or appliance
- That the equipment and/or appliance can be safely installed
- That you can safely use the equipment and/or appliance
- That you or your caretaker can activate and control the equipment and/or appliance
- That you have an on-going need for the equipment and/or appliance

Required information also needed for the prior authorization is permission from either the property owner or the landlord to perform the installation of the equipment and the total cost and bill for the items.

Prior Authorization of Outpatient Drugs

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

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

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

What if I Receive a Denial Notice?

If Aetna Better Health denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, Aetna Better Health must authorize the medication until the Complaint or Grievance is resolved. See Section 8, Complaints, Grievances, and Fair Hearings starting on page 71 of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes that you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the Dental Benefit Limit Exception process described on page 43.

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

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

For more information on the Program Exception process, call Member Services at **1-866-638-1232 (PA Relay: 711).**

Service Descriptions

Emergency Services

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

Below are some examples of emergency medical conditions and non-emergency medical conditions:

Emergency medical conditions

- Heart attack
- Chest pain
- Severe bleeding
- Intense pain
- Unconsciousness
- Poisoning

Non-emergency medical conditions

- Sore throat
- Vomiting
- Cold or flu
- Backache

- Earache
- Bruises, swelling, or small cuts

If you are unsure if your condition requires emergency services, call your PCP or the Aetna Better Health Nurse Hotline at **1-866-638-1232 (PA Relay: 711)** 24 hours a day, 7 days a week.

Emergency Medical Transportation

Aetna Better Health covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page 62 of this Handbook) for emergency medical transportation.

Urgent Care

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

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the Aetna Better Health Nurse Hotline at **1-866-638-1232 (PA Relay: 711)** first. Your PCP or the hotline nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within Aetna Better Health's network. Prior authorization is not required for services at an Urgent Care center.

Some examples of medical conditions that may need urgent care include:

- Vomiting
- Coughs and fever
- Sprains
- Rashes
- Earaches
- Diarrhea
- Sore throats
- Stomach aches

If you have any questions, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Dental Care Services

Members under 21 years of age

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

Dental visits for children do not require a referral. If your child is 1 year old or older and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for regular dental checkups. For more information on dental services, contact Aetna Better Health Member Services at **1-866-638-1232 (PA Relay 711)**.

Such services as checkups, cleanings, fluoride sealants (topical fluoride varnish can also be done by a PCP or CRNP), and sealants are routine covered services.

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

- Anesthesia
- Orthodontics (braces)*
- Periodontal services
- Root canals
- Crowns
- Dentures
- Dental surgical procedures
- Dental emergencies
- X-rays
- Extractions (tooth removals)
- Fillings

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

The following dental procedures require prior authorization:

- Crowns
- Root canals
- Periodontal services (deep cleanings)
- Dentures and partial dentures
- Oral surgery
- Anesthesia
- Orthodontics

Members 21 years of age and older

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

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

- Periodic oral evaluations (2 per year)
- Dental cleanings (2 per year)
- Complete set of dentures (one set per lifetime)
- Periodontal services (deep cleanings)
- Restorative services (fillings)
- Oral Extractions
- Anesthesia
- Dental emergency exam in a dental office

Dental benefit limit exception

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

Aetna Better Health of Pennsylvania will approve a BLE if**:**

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

Your dental service may also be covered by a BLE if you have one of the following underlying medical/dental condition(s).

1. Diabetes
2. Coronary Artery Disease or risk factors for the disease
3. Cancer of the Face, Neck, and Throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin)
4. Intellectual Disability
5. Current Pregnancy including post-partum period

To ask for a BLE before you receive the service, you or your dentist can call Aetna Better Health Member Services at **1-866-638-1232 (PA Relay: 711)** or send the request to:

Attn: BLE Authorizations
PO Box 628
Milwaukee, WI 53201

BLE requests must include the following information:

- Your name
- Your address
- Your phone number
- The service you need
- The reason you need the service
- Your provider's name
- Your provider's phone number

Time frames for deciding a benefit limit exception

If you or your provider asks for an exception before you get the service, Aetna Better Health of Pennsylvania will let you know whether or not the BLE is approved within the same time frame as the time frame for prior authorization requests, described on page 27, which is within 2 business days of the date that we get the request.

If your dentist asks for an exception after you got the service, Aetna Better Health will let you know whether or not the BLE request is approved within 30 days of the date Aetna Better Health gets the request.

If you disagree with or are unhappy with Aetna Better Health's decision, you may file a Complaint or Grievance with Aetna Better Health of Pennsylvania. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings on page 71.

Vision Care Services

Vision care is provided by Superior Vision. You can access vision care services by scheduling an appointment with an eye doctor in the Superior Vision network. Call the Superior Vision Care Member Services at **1-800-428-8789 (PA Relay: 711)** to help you find a doctor or visit our website at **AetnaBetterHealth.com/PA**. You don't need a referral. Just show your Aetna Better Health member ID and Access ID cards.

Members under 21 years of age

Aetna Better Health covers all medically necessary vision services for children under 21 years of age. Children may go to a participating vision provider within the **Aetna Better Health/Superior Vision** network.

- You can get two eye checkups a year, unless more are medically necessary.

There's no waiting period.
- Members under the age of 21 are eligible for two basic pairs of eyeglasses (frames and lenses) each calendar year. We cover replacement pairs if medically necessary.
- Members under the age of 21 can substitute contact lens pairs for one or both pairs of eyeglasses.

Members 21 years of age and older

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

Pharmacy benefits

Aetna Better Health covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions

When a provider prescribes a medication for you, you can take it to any pharmacy that is in Aetna Better Health's network. You will need to have your Aetna Better Health prescription ID card with you, and you may have a co-payment if you are over the age of 18. Aetna Better Health will pay for any medicine listed on Statewide Preferred Drug List (PDL) and Aetna Better Health's supplemental formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in Aetna Better Health's network, or have any other questions, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

How do I learn more about my medication?

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

If the medicine your doctor feels you need isn't on the Statewide Preferred Drug List or our Aetna Better Health supplement formulary and you cannot take any other medication except the one prescribed, your doctor may request an exception. Your doctor will need to fill out a request form and send us medical records to support the request for an exception. The exception form is located on our website: **AetnaBetterHealth.com/PA.**

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

Know your prescriptions

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

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

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

Refills

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

Some quick tips on managing your prescriptions

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

- Some prescriptions require your doctor to get prior approval before you can fill it at your pharmacy. For example, your doctor will need to call us if your medication is not on the Statewide Preferred Drug List or our Aetna Better Health supplemental formulary. Both will list those medications that require prior authorization.
  - We'll allow the pharmacy to give you a one-time, 72-hour supply for new medications or a 15-day supply for ongoing medications every year that requires prior approval. Tell your pharmacist to begin the prior approval process with your provider.
  - We must make a decision to approve or deny a prescription that requires a prior approval within 24 hours.
- Some medications have limits. This means that you may only get a specific number of pills or dosage within a certain number of days. These limitations are noted on our website **AetnaBetterHealth.com/Pennsylvania/members/pharmacy.** If your provider wishes you to receive a medication that do not meet these limits, he/she must submit a request showing it is medically necessary to have an exception to the limits.
- If you are going to be traveling, make certain you will have enough medication to last until you return. If you do not have enough medication and it is too early to refill your medications before you leave, your pharmacy can request the early refill. If these requests occur more than once a year or are for medications like controlled substances your prescriber will need to request the early fill with a prior authorization.

You can get a list of covered medications by calling Member Services at **1-866-638-1232 (PA Relay: 711)** or by visitingour website **AetnaBetterHealth.com/Pennsylvania/members/pharmacy.**

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

Statewide Preferred Drug List (PDL) and Aetna Better Health's Supplemental Formulary

Aetna Better Health of Pennsylvania covers medicines listed on the Statewide Preferred Drug List (PDL) and the Aetna Better Health supplemental formulary. This is what your PCP or other doctor should use when deciding what medicines, you should take. Both the statewide PDL and Aetna Better Health supplemental formulary cover both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on the statewide PDL

or Aetna Better Health's supplemental formulary needs prior authorization. The statewide PDL and Aetna Better Health supplemental formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the statewide PDL or Aetna Better Health supplemental formulary, call Member Services at **1-866-638-1232 (PA Relay: 711)** or visit Aetna Better Health's website at **AetnaBetterHealth.com/PA/members/pharmacy.**

Reimbursement for Medication

Aetna Better Health provides reimbursement for medication when:

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

Receipts should be submitted for reimbursement at the following address:

Aetna Pharmacy Management
PO Box 52444
Phoenix, AZ 85072

Specialty Medicines

The statewide PDL and Aetna Better Health's supplemental formulary includes medicines that are called specialty medicines. A prescription for these medicines needs to be prior authorized. You may have a co-payment for your medicine. To see the Statewide Preferred Drug List, the Aetna Better Health supplemental formulary and a complete list of specialty medicines, call Member Services at **1-866-638-1232 (PA Relay: 711)** or visit Aetna BetterHealth's website at **AetnaBetterHealth.com/Pennsylvania/members/pharmacy.**

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you and will not charge you for sending you your medicines. The specialty pharmacy will contact you before sending your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in Aetna Better Health's network. For the list of network specialty pharmacies, please call Member Services at **1-866-638-1232 (PA Relay: 711)** or see the list of specialty pharmacies in our network on Aetna Better Health's website at **AetnaBetterHealth.com/Pennsylvania/members/pharmacy.** For any other questions or more information please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Over-the-Counter Medicines

Aetna Better Health covers over-the-counter medicines when you have a prescription from your provider. You will need to have your Aetna Better Health prescription ID card with you and you may have a co-payment. The following are some examples of covered over-the-counter medicines:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine
- Calcium products
- Cough and cold medications for children under 21 years old (does not include mouthwashes, lozenges, troches, throat sprays or rubs)
- Dry skin preparations for baths
- Eye drops
- Family planning
- Heartburn and nausea medicine
- Insulin and disposable insulin syringes
- Iron preparations
- Laxatives and stool softeners
- Medications for diarrhea such as loperamide
- Medications for gas retention such as simethicone
- Nasal medications such as oxymetazoline, phenylephrine, xylometazoline and naphazoline
- Pain medications such as acetaminophen, ibuprofen or aspirin
- Prenatal vitamins
- Quinine
- Topical medications for fungal infections such as athlete's foot
- Topical medications such as creams and ointments (e.g., benzocaine, lidocaine, pramoxine, neomycin, polymyxin, etc.)
- Vitamins and minerals including multivitamins (with or without fluoride for children under 3 years of age)
- Wet dressings

You can find more information about covered over-the-counter medicines by visiting Aetna Better Health of Pennsylvania's website at **AetnaBetterHealth.com/Pennsylvania/members/pharmacy** or by calling Member Services at **1-866-638-1232 (PA Relay: 711)**.

Tobacco Cessation

Do you want to quit smoking? Aetna Better Health wants to help you quit! If you are ready to be smoke free, no matter how many times you have tried to quit smoking, we are here to help you.

Medicines

The Statewide PDL covers the following medicines to help you quit smoking. They are preferred and do not require a prior authorization:

- BUPROPION HCL SR 150 MG TABLET
- CHANTIX 0.5 MG TABLET
- CHANTIX 1 MG CONT MONTH BOX
- CHANTIX 1 MG TABLET
- CHANTIX STARTING MONTH BOX
- GS NICOTINE 2 MG MINI LOZENGE
- GS NICOTINE 4 MG MINI LOZENGE
- HM NICOTINE 14 MG/24HR PATCH
- HM NICOTINE 2 MG CHEWING GUM
- HM NICOTINE 2 MG LOZENGE
- HM NICOTINE 2 MG MINI LOZENGE
- HM NICOTINE 21 MG/24HR PATCH
- HM NICOTINE 4 MG CHEWING GUM
- HM NICOTINE 4 MG LOZENGE
- HM NICOTINE 7 MG/24HR PATCH
- NICORELIEF 2 MG GUM
- NICORELIEF 4 MG GUM
- NICOTINE 14 MG/24HR PATCH
- NICOTINE 2 MG CHEWING GUM
- NICOTINE 2 MG LOZENGE
- NICOTINE 2 MG MINI LOZENGE
- NICOTINE 21 MG/24HR PATCH
- NICOTINE 4 MG CHEWING GUM
- NICOTINE 4 MG LOZENGE
- NICOTINE 4 MG MINI LOZENGE
- NICOTINE 7 MG/24HR PATCH
- SM NICOTINE 14 MG/24HR PATCH
- SM NICOTINE 2 MG CHEWING GUM
- SM NICOTINE 2 MG LOZENGE
- SM NICOTINE 21 MG/24HR PATCH
- SM NICOTINE 4 MG CHEWING GUM
- SM NICOTINE 4 MG LOZENGE
- SM NICOTINE 7 MG/24HR PATCH

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

Counseling Services

Counseling support may also help you to quit smoking. Aetna Better Health covers the following counseling services: Counseling services by your provider and certified

tobacco cessation counselors in our network.

Counseling services can help with anxiety, depression or mental health while you're trying to quit. Even if medicine or counseling didn't work before, that doesn't mean they'll never work for you. Aetna Better Health can help you with counseling services for tobacco cessation. Please contact Aetna Better Health Member Services at **1-866-638-1232 (PA Relay: 711)** for help finding counseling services.

Behavioral Health Treatment

Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. Aetna Better Health members are eligible for services to address these side effects, but these services are covered by your BH-MCO. You can find the BH-MCO in your county and its contact information on page 92 in this handbook. You can also call Aetna Better Health of Pennsylvania Member Services at **1-866-638-1232 (PA Relay: 711)** for help in contacting your BH-MCO.

Quitting smoking is not easy, but you can do it. To have the best chance of quitting (for good), you need to know what you're up against, what your options are and where to get help. We can help you quit smoking. Just give our Member Services team a call at **1-866-638-1232 (PA Relay: 711)** to get connected with your case manager.

Case Management Programs

Quitting smoking or tobacco use is not easy. Just give our Member Services team a call at **1-866-638-1232 (PA Relay: 711)** to get connected with your case manager who can help. Look at the next paragraph for more resources to help you quit tobacco products.

Other Tobacco Cessation Resources

The Pennsylvania Department of Health also wants you to succeed. That's why they created the Pennsylvania Free Quitline. Call the Pennsylvania Free Quitline today if you're considering quitting smoking:

- **1-877-724-1090** (In-person quit counseling)
- **1-800-QUIT NOW** (Phone-based quit counseling)

The American Lung Association can also help: **http://lung.org/stop-smoking/.**

Heart.org also offers resources to help you quit smoking: **https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco.**

Remember Aetna Better Health is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Member Services at **1-866-638-1232 (PA Relay: 711)** so we can help to get you started.

Family Planning

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

For more information on covered family planning services or to get help finding a family planning provider, call Member Services at **1-866-638-1232 (PA Relay: 711).**

Maternity Care

Care During Pregnancy

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

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call or visit your PCP, who can help you find a maternity care provider in the Aetna Better Health's network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Member Services at **1-866-638-1232 (PA Relay: 711)** to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you:

- If you are in your first trimester, within 10 business days of Aetna Better Health learning you are pregnant.
- If you are in your second trimester, within 5 business days of Aetna Better Health learning you are pregnant.
- If you are in your third trimester, within 4 business days of Aetna Better Health learning you are pregnant.
- If you have a high-risk pregnancy, within 24 hours of Aetna Better Health learning you are pregnant.

If you have an emergency, go to the nearest emergency room, dial 911, or call your local ambulance provider.

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

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

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

Care for You and Your Baby After Your Baby is Born

You should visit your maternity care provider between 7 and 84 days after your baby is delivered for a check-up unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Member Services at **1-866-638-1232 (PA Relay: 711).**

Text4baby™

We want new and pregnant moms to sign up for text4baby. This program can help keep you and your baby healthy. Text4baby sends three text messages to your cell phone each week with expert health tips to help you through your pregnancy and your baby's first year. You'll learn about things like prenatal care, good nutrition, infant care and more and you can even have appointment reminders sent to your phone. This knowledge can help you give your baby the best possible start in life. There's no cost to sign up or to get text4baby messages as long as you have a participating mobile phone carrier. Visit our website at **AetnaBetterHealth.com/PA** to sign up and to learn more about the program. Be a smart mom. Get text4baby!

Bright Expectations

Aetna Better Health has a special program for pregnant women called Bright Expectations. The Bright Expectations Care Management team will help you throughout your pregnancy and after your delivery. Call our Special Needs Unit at **1-855-346-9828** once you know you are pregnant.

- Education about what you can expect during your pregnancy and after the

baby is born.

- Assistance with setting up appointments and transportation through Lyft/ Uber rides.
- Community resources for a healthier pregnancy.
- Will help you get a free breast pump.
- Home visiting programs to support you before and after your baby is born.

Remember to call your County Assistance Office (CAO) or the Customer Service Center at **1-877-395-8930** and tell them about your new baby. To find your CAO please see page 88. This is very important to make sure you get the benefits and services your baby needs.

Check out our website or call Member Services at **1-866-638-1232 (PA Relay: 711**) to learn more about the rewards you can earn and how to enroll in this exciting program.

Durable Medical Equipment and Medical Supplies

Aetna Better Health covers Durable Medical Equipment (DME) and medical supplies, including home accessibility DME. (See page 38 for prior authorization that may be needed for Home Accessibility Durable Medical Equipment) DME is a medical item or device that can be used many times in your home or in any setting where normal life activities occur and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your physician must order them. DME suppliers must be in the Aetna Better Health network. You may have a co-payment.

Examples of DME include:

- Oxygen tanks
- Wheelchairs
- Crutches
- Walkers
- Splints
- Special medical beds

Examples of Home Accessibility DME include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps

Aetna Better Health covers installation of the home accessibility DME, but not home modifications.

Examples of medical supplies include:

- Diabetic supplies (such as syringes, test strips)
- Gauze pads
- Dressing tape
- Incontinence supplies (such as pull ups, briefs, underpads)

Home Modifications, such as home repairs, or changes to the home, are not a covered benefit.

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call Member Services at **1-866-638-1232 (PA Relay: 711).**

Outpatient Services

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

Nursing Facility Services

Aetna Better Health covers nursing facility services when medically necessary. If you need nursing facility services for more than 30 consecutive days, you may be evaluated for eligibility for the Community HealthChoices Program. If you are determined to be eligible, Community HealthChoices will cover the skilled nursing facility services starting on the date of eligibility determination.

Hospital Services

Aetna Better Health covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in Aetna Better Health's network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by Aetna Better Health. To find out if a hospital is in the Aetna Better Health network, please call Member Services at **1-866-638-1232 (PA Relay: 711)** or check the provider directory on Aetna Better Health's website at **AetnaBetterHealth.com/PA/find-provider.**

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in Aetna Better Health's network, you may be transferred to a hospital in Aetna Better Health's network. You will not be moved to a new hospital until you are strong enough to be transferred to a new hospital.

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

Sometimes you may need to see a doctor or receive treatment at a hospital without being admitted overnight. These services are called outpatient hospital services.

If you have any other questions about hospital services, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Preventive Services

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

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

Physical Exam

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

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Member Services at **1-866-638-1232 (PA Relay: 711).** Member Services can also help you make an appointment with your PCP.

New Medical Technology

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

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

Researched and studied investigational services and treatments are not covered services. To decide if new technology will be a covered benefit or service, we'll:

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

If you need more information on new medical technologies, please call Aetna Better Health Member Services at **1-866-638-1232 (PA Relay: 711)**.

Home Health Care

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

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

You should contact Member Services at **1-866-638-1232 (PA Relay: 711)** if you have been approved for home health care and that care is not being provided as approved.

Patient Centered Medical Homes

A patient-centered medical home or health home is a team approach to providing care. It is not a building, house, or home health care service.

A Patient Centered Medical Home (PCMH) is a practice that provides a team approach to guide patients through their health care journey. This includes a community base care management team that helps with:

- Scheduling appointments
- Coordinating care with other doctors
- Answering health questions
- Helping with social issues

Ways a PCMH can benefit you:

- Your PCP and Aetna Better Health work together to make sure you receive the best care
- You'll get personalized approach to your health care needs
- We'll coordinate with specialists
- You'll get help with behavioral health care
- Case managers at the clinic will help you with "next steps" in your care

Questions you can ask your provider:

- What resources are available to me?
- Are there any preventive screening I need to complete?
- How may I best work with the team?

If you have any questions about PCMH, please contact our Member Services department at **1-866-638-1232 (PA Relay: 711)**.

Disease Management

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

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

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

We'll give you information to read and the names and phone numbers of resources who can help you manage your illness. We'll work with your doctor to come up with a care plan just right for you. The care plan will help you meet your goals and manage your health condition.

Our case management program is able to assist members with special health care needs like Hepatitis C and HIV/AIDS. We can help you understand your medications and treatments. Members are connected to providers, specialists and community resources to provide members with targeted case management services including face to face visits.

We also help members stay well during their pregnancy, delivery and postpartum period so they can give their babies a healthy start on life.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. Aetna Better Health care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Expanded Services

We offer additional services for our members:

- Free cell phone - You can apply for mobile phone services at no cost through the Lifeline program. Go to **assurancewireless.com** for more information.
- Bright Expectations Maternity Care Program - to join our maternity care program call us at **1-866-638-1232 (PA Relay: 711)**.
- Nurse HelpLine - Your personal nurse helpline provides help and information 24 hours a day, every day of the year. This service is at no cost to you. Call Member Services at **1-866-638-1232 (PA Relay: 711)** and follow the prompts for the Nurse Helpline.

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

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Member Services at **1-866-638-1232 (PA Relay: 711)**.

When Should an EPSDT Exam be Completed?

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

Recommended Screening Schedule			
3-5 Days	0-1 Months	2-3 Months	4-5 Months
6-8 Months	9-11 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children ages 3-20 should be screened yearly			

What Will the Provider Do During the EPSDT Exam?

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

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

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

Additional services are available for children with special needs. Talk to your provider about whether or not your child may need these additional services.

Section 4 – Out-of-Network and Out-of-Plan Services

Out-of-Network Providers

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

Getting Care While Outside of Aetna Better Health's Service Area

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

If you need care for a non-emergency condition while outside of the service area, call your PCP or Member Services at **1-866-638-1232 (PA Relay: 711)** who will help you to get the most appropriate care.

Aetna Better Health will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by Aetna Better Health. Below are some services that are available but are not covered by Aetna Better Health. If you would like help in getting these services, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Non-Emergency Medical Transportation

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

described below.

Aetna Better Health does cover non-emergency medical transportation if:

- You live in a nursing home and need to go to any medical appointment or an urgent care center or a pharmacy for any Medical Assistance service, DME or medicine.
- You need specialized non-emergency medical transportation, such as if you need to use a stretcher to get to your appointment.

If you have questions about non-emergency medical transportation, please call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Medical Assistance Transportation Program

MATP provides non-emergency transportation to and from qualified MA-enrolled medical providers and pharmacies of your choice who are generally available and used by other residents of your community. This service is provided at no cost to you. The MATP in the county where you live will determine your need for the Program and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation such as buses, subways or trains are available, MATP provides tokens or passes or repays you for the public transportation fare if you live within ¼ mile of a fixed route service stop.
- If you or someone else has a car that you can use to get to your appointment, MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, MATP provides rides in paratransit vehicles, which include vans, vans with lifts, or taxis. Usually, the vehicle will have more than 1 rider with different pick-up and drop-off times and locations.

If you need transportation to a medical appointment or to the pharmacy, contact your local MATP to get more information and to register for services. A complete list of county MATP contact information can be found here: **http://matp.pa.gov/CountyContact.aspx**, or please see page 90 of this handbook for a complete list of county MATP contact information.

MATP will confirm with Aetna Better Health or your doctor's office that the medical appointment you need transportation for is a covered service**.** Aetna Better Health of Pennsylvania works with MATP to help you arrange transportation. You can also call Member Services for more information at **1-866-638-1232 (PA Relay: 711).**

Women, Infants, and Children Program

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

Domestic Violence Crisis and Prevention

Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder Abuse
- Intimate partner violence later in life
- Intimate partner abuse
- Domestic Violence in the LGBTQ+ Community

There are many different names used to talk about domestic violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence.

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

The services provided to domestic violence victims include crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania).

Sexual Violence and Rape Crisis

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example: prostitution)
- Sexual harassment
- Anti-LGBTQ+ bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to get help:

Pennsylvania rape crisis centers serve all adults and children. Services include:

- Free and confidential crisis counseling 24 hours a day.
- Services for a survivor's family, friends, partners or spouses.
- Information and referrals to other services in your area and prevention education programs.

Call **1-888-772-7227** or visit the link below to reach your local rape crisis center.

Pennsylvania Coalition Against Rape (**www.pcar.org**)

Early Intervention Services

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

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

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family. These services and supports address the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

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

Section 5 – Special Needs

Special Needs Unit

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

If you think you or someone in your family has a special need, and you would like the Special Needs Unit to help you, please contact them by calling **1-855-346-9828.** The Special Needs Unit staff members are available Monday through Friday from 8 AM to 5 PM. If you need assistance when the Special Needs Unit staff are not available, you may call Member Services at **1-866-638-1232 (PA Relay: 711)**.

Coordination of Care

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

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

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

Care Management

Our care management department is available to all Aetna Better Health members. We can be reached by calling **1-855-346-9828.**

We offer assistance through our programs to find:

- Help with Special Needs
- Help with asthma, heart disease, diabetes, COPD
- Help with care for children with autism and developmental delays
- Help with getting lead testing for children
- Help with your mental health
- Help with your pregnancy
- Help getting appointments (PCP, dental, specialist)
- Help with getting food, housing, education, transportation, etc.

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

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

The Office of Long-Term Living (OLTL) administers programs for seniors and individuals with physical disabilities. This includes the Community HealthChoices Program (CHC). The CHC Program is a Medical Assistance managed care program for individuals who also have Medicare coverage or who need the services of a nursing facility or home-and community-based wavier.

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at **1-800-757-5042** or request assistance from the Aetna Better Health of Pennsylvania Special Needs Unit at **1-855-346-9828.**

Medical Foster Care

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

Section 6 – Advance Directives

Advance Directives

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

If the laws regarding advance directives are changed, Aetna Better Health will tell you in writing what the change is within 90 days of the change. For information on Aetna Better Health of Pennsylvania's policies on advance directives, call Member Services at **1-866-638-1232 (PA Relay: 711)** or visit Aetna Better Health's website at **AetnaBetterHealth.com/PA.**

Living Wills

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

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact Member Services at **1-866-638-1232 (PA Relay: 711)** for more information or direction to resources near you.

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

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, Aetna Better Health will help you find a provider that will carry out your wishes. Please call Member Services at **1-866-638-1232 (PA Relay: 711)** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page 71 in Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Member Services at **1-866-638-1232 (PA Relay: 711).**

Section 7 – Behavioral Health Services

Behavioral Health Care

Behavioral health services include both, mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

Contact information for the BH-MCO is listed in Appendix A on page 92. You can also call Member Services at **1-866-638-1232 (PA Relay: 711)** to get contact information for your BH-MCO.

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

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

The following services are covered:

- Behavioral health rehabilitation services (BHRS) (children and adolescent)
- Clozapine (Clozaril) support services
- Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult)
- Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (children and adolescent)
- Targeted case management services

If you have questions about transportation to appointments for any of these services, contact your BH-MCO.

Section 8 – Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

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

Complaints

What is a Complaint?

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

Some things you may complain about:

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

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call Aetna Better Health at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Complaint, or
- Write down your Complaint and send it to Aetna Better Health by mail or fax, or
- If you received a notice from Aetna Better Health telling you Aetna Better Health's decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to Aetna Better Health by mail or fax.

Aetna Better Health's address and fax number for Complaints:

Aetna Better Health of Pennsylvania
Attn: Complaints and Grievance Department
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax number: **860-754-1757**

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

When Should I File a First Level Complaint?

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

- Aetna Better Health has decided that you cannot get a service or item you want because it is not a covered service or item.
- Aetna Better Health will not pay a provider for a service or item you got.
- Aetna Better Health did not tell you its decision about a Complaint or Grievance you told Aetna Better Health about within 30 days from when Aetna Better Health got your Complaint or Grievance.
- Aetna Better Health has denied your request to disagree with Aetna Better Health decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

New Member appointment for your first examination.	We will make an appointment for you
members with HIV/AIDS	with PCP or specialist no later than7 days after you become a member in Aetna Better Health of Pennsylvania unless you are already being treated by a PCP or specialist.
members who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a member in Aetna Better Health of Pennsylvania, unless you are already being treated by a PCP or specialist.

members under the age of 21	with PCP for an EPSDT exam no later than 45 days after you become a member in Aetna Better Health of Pennsylvania, unless you are Already being treated by a PCP or specialist.
all other members	with PCP no later than 3 weeks after you become a member in Aetna Better Health of Pennsylvania.
Members who are pregnant:	**We will make an appointment for you**
pregnant women in their first trimester	with OB/GYN provider within 10 business days of Aetna Better Health of Pennsylvania learning you are pregnant.
pregnant women in their second trimester	with OB/GYN provider within 5 business days of Aetna Better Health of Pennsylvania learning you are pregnant.
pregnant women in their third trimester	with OB/GYN provider within 4 business days of Aetna Better Health of Pennsylvania learningyou are pregnant.
pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of Aetna Better Health of Pennsylvania learning you are pregnant.
Appointment with	**An appointment must be scheduled**
PCP • urgent medical condition • routine appointment • health assessment/general physical examination	 • within 24 hours. • within 10 business days. • within 3 weeks.
Specialists (when referred by PCP) urgent medical condition. Routine appointment with one of the following specialists: • Otolaryngology • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology	• within 24 hours of referral • within 15 business days of referral

• Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy & Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry	
routine appointment with all other specialists	• within 10 business days of referral.

You may file **all other Complaints at any time.**

What Happens After I File a First Level Complaint?

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

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

You may attend the Complaint review if you want to attend it. Aetna Better Health will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

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

If you need more information about help during the Complaint process, see page 71

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 10 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

What if I Do Not Like Aetna Better Health's Decision?

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

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

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

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

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

For information about Fair Hearings, see page 84.
For information about external Complaint review, see page 83.
If you need more information about help during the Complaint process, see page 83.

Second Level Complaint

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

To file a Second Level Complaint:

- Call Aetna Better Health of Pennsylvania at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Second Level Complaint, or
- Write down your Second Level Complaint and send it to Aetna Better Health by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to Aetna Better Health by mail or fax.

Aetna Better Health's address and fax number for Second Level Complaints:

Aetna Better Health of Pennsylvania
Attn: Complaint and Grievance Department
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax number: **860-754-1757**

What Happens After I File a Second Level Complaint?

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

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

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

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

Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 83.

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

You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

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

External Complaint Review

How Do I Ask for an External Complaint Review?

Send your written request for an external review of your Complaint to the following:
Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, PA 17120
Telephone Number: **1-877-881-6388**

You can also go to the "File a Complaint Page" at:
www.insurance.pa.gov/Consumers/insurance- complaint/Pages/default.aspx

If you need help filing your request for external review, call the Bureau of Consumer Services at **1-877-881-6388**.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What Happens After I Ask for an External Complaint Review?

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

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

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you want to continue getting services, you must ask for an external Complaint review or a Fair Hearing within 10 days of the date on the notice telling you Aetna Better Health's First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you for the services or items to continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 10 days of the date on the notice telling you Aetna Better Health's First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

Grievances

What is a Grievance?

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

A Grievance is when you tell Aetna Better Health you disagree with Aetna Better Health's decision.

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call Aetna Better Health of Pennsylvania at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Grievance, or
- Write down your Grievance and send it to Aetna Better Health by mail, fax, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from Aetna Better Health and send it to Aetna Better Health by mail or fax.

Aetna Better Health's address and fax number for Grievances:

Aetna Better Health of Pennsylvania
Attn: Complaint and Grievance Department
PO Box 81139
5801 Postal RD
Cleveland, OH 44181
Fax number: 860-754-1757

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

When Should I File a Grievance?

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

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from Aetna Better Health telling you that Aetna Better Health has received your Grievance, and about the Grievance review process.

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

You may attend the Grievance review if you want to attend it. Aetna Better Health will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference**.** If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. If the Grievance is about dental services, the Grievance review committee will include a dentist. The Aetna Better Health staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about Aetna Better Health will mail you a notice within 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 83.

What to do to continue getting services:

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

What if I Do Not Like Aetna Better Health's Decision?

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

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

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

For information about Fair Hearings, see page 84.
For information about external Grievance reviews, see below
If you need more information about help during the Grievance process, see page 83.

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call Aetna Better Health at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Grievance, or
- Write down your Grievance and send it to Aetna Better Health by mail to:
  Attn: Complaint and Grievance Department
  PO Box 81139
  5801 Postal Rd
  Cleveland, OH 44181

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

What Happens After I Ask for an External Grievance Review?

Aetna Better Health will notify you of the external Grievance reviewer's name, address and phone number. You will also be given information about the external Grievance review process.

Aetna Better Health will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

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

What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you want to continue getting services, you must ask for an external Grievance review within 10 days of the date on the notice telling you Aetna Better Health's Grievance decision for the services or items to continue until a decision has been made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 10 days of the date on the notice telling you Aetna Better Health's Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

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

If your doctor or dentist believes that waiting 30 days to get a decision about your Complaint or Grievance, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask Aetna Better Health for an early decision by calling Aetna Better Health at **1-866-638-1232 (PA Relay: 711)**, faxing a letter or the Complaint/Grievance Request Form to **860-754-1757** or sending an email to **PAMedicaidAppeals&Grievance@Aetna.com.**
- Your doctor or dentist should fax a signed letter to **860-754-1757** within 72 hours of your request for an early decision that explains why Aetna Better Health taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

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

Expedited Complaint and Expedited External Complaint

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

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

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

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Insurance Department within **2 business days from the date you get the expedited Complaint decision notice**. To ask for expedited external review of a Complaint:

- Call Aetna Better Health at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Complaint, or
- Send an email to Aetna Better Health at **PAMedicaidAppeals&Grievance@AETNA.com , or**
- Write down your Complaint and send it to Aetna Better Health by mail or fax:

  Aetna Better Health of Pennsylvania
  Attn: Complaint and Grievance Department
  PO Box 81139
  5801 Postal Rd
  Cleveland, OH 44181
  Fax number: 860-754-1757

Expedited Grievance and Expedited External Grievance

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

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

Aetna Better Health will tell you the decision about your Grievance within 48 hours of when Aetna Better Health gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when Aetna Better Health gets your request for an early decision, whichever is sooner,

unless you ask Aetna Better Health to take more time to decide your Grievance. You can ask Aetna Better Health to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing. An expedited external Grievance review is a review by a doctor who does not work for Aetna Better Health.

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

- Call Aetna Better Health at **1-866-638-1232 (PA Relay: 711)** and tell Aetna Better Health your Grievance, or
- Send an email to Aetna Better Health at **PAMedicaidAppeals&Grievance@Aetna.com** or,
- Write down your Grievance and send it to Aetna Better Health by mail or fax:

  Aetna Better Health of Pennsylvania
  Attn: Complaint and Grievance Department
  PO Box 81139
  5801Postal Rd
  Cleveland, OH 44181
  Fax number: **860-754-1757**

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

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

What Kind of Help Can I Have with the Complaint and Grievance Processes?

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

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

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

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

You may call Aetna Better Health toll-free telephone number at **1-866-638-1232 (PA Relay: 711)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

Persons Whose Primary Language Is Not English

If you ask for language services, Aetna Better Health will provide the services at no cost to you.

Persons with Disabilities

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

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

Department of Human Services Fair Hearings

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

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you Aetna Better Health's decision on your First Level Complaint or Grievance about the following:

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

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

How Do I Ask for a Fair Hearing?

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

If you write a letter, it needs to include the following information:

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

You must send your request for a Fair Hearing to the following address:

Department of Human Services
Office of Medical Assistance Programs – HealthChoices Program
Complaint, Grievance and Fair hearings
PO Box 2675
Harrisburg, PA 17105-2675

What Happens After I Ask for a Fair Hearing?

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

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

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

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

When Will the Fair Hearing Be Decided?

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

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

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

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

What to do to continue getting services:

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

Expedited Fair Hearing

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

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

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

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

You may call Aetna Better Health's toll-free telephone number at **1-866-638-1232 or (PA Relay: 711)** if you need help or have questions about FairHearings, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

Appendix A

County Assistance Offices:

County	Local-phone-number	Toll-free-phone-number
Adams	717-334-6241	1-800-638-6816
Allegheny Headquarters	412-565-2146	Not available
Armstrong	724-543-1651	1-800-424-5235
Beaver	724-773-7300	1-800-653-3129
Bedford	814-623-6127	1-800-542-8584
Berks	610-736-4211	1-866-215-3912
Blair	814-946-7111	1-866-812-3341
Bradford	570-265-9186	1-800-542-3938
Bucks	215-781-3300	1-800-362-1291
Butler	724-284-8844	1-866-256-0093
Cambria	814-533-2491	1-877-315-0389
Cameron	814-486-3757	Not available
Carbon	610-577-9020	1-800-314-0963
Centre	814-863-6571	1-800-355-6024
Chester	610-466-1000	1-888-814-4698
Clarion	814-226-1700	1-800-253-3488
Clearfield	814-765-7591	1-800-521-9218
Clinton	570-748-2971	1-800-820-4159
Columbia	570-387-4200	1-877-211-1322
Crawford	814-333-3400	1-800-527-7861
Cumberland	717-240-2700	1-800-269-0173
Dauphin	717-787-2324	1-800-788-5616
Delaware – Headquarters	610-447-5500	Not available
Elk	814-776-1101	1-800-847-0257
Erie	814-461-2000	1-800-635-1014
Fayette	724-439-7015	1-877-832-7545
Forest	814-755-3552	1-800-876-0645
Franklin	717-264-6121	1-877-289-9177
Fulton	717-485-3151	Not available
Greene	724-627-8171	1-888-410-5658
Huntingdon	814-643-1170	1-800-237-7674
Indiana	724-357-2900	1-800-742-0679
Jefferson	814-938-2990	1-800-242-8214
Juniata	717-436-2158	1-800-586-4282

Lackawanna	570-963-4525	1-877-431-1887
Lancaster	717-299-7411	Not available
Lawrence	724-656-3000	1-800-847-4522
Lebanon	717-270-3600	1-800-229-3926
Lehigh	610-821-6509	Not available
Luzerne – Headquarters	570-826-2100	1-866-220-9320
Lycoming	570-327-3300	1-877-867-4014
McKean	814-362-4671	1-800-822-1108
Mercer	724-983-5000	1-800-747-8405
Mifflin	717-248-6746	1-800-382-5253
Monroe	570-424-3030	1-877-905-1495
Montgomery	610-270-3500	1-877-398-5571
Montour	570-275-7430	1-866-596-5344
Northampton	610-250-1700	1-800-349-5122
Northumberland	570-988-5900	1-800-368-8390
Perry	717-582-2127	1-800-991-1929
Philadelphia – Headquarters	215-560-7226	Not available
Pike	570-296-6114	1-866-267-9181
Potter	814-274-4900	1-800-446-9896
Schuylkill	570-621-3000	1-877-306-5439
Snyder	570-374-8126	1-866-713-8584
Somerset	814-443-3681	1-800-248-1607
Sullivan	570-946-7174	1-877-265-1681
Susquehanna	570-278-3891	1-888-753-6328
Tioga	570-724-4051	1-800-525-6842
Union	570-524-2201	1-877-628-2003
Venango	814-437-4341	1-877-409-2421
Warren	814-723-6330	1-800-403-4043
Washington	724-223-4300	1-800-835-9720
Wayne	570-253-7100	1-877-879-5267
Westmoreland – Headquarters	724-832-5200	1-800-905-5413
Wyoming	570-836-5171	1-877-699-3312
York	717-771-1100	1-800-991-0929

MATP's:

County	Phone	Toll Free
Adams	717-846-RIDE (7433)	1-800-632-9063
Allegheny	412-350-4476	1-888-547-6287
Armstrong	724-548-3408	1-800-468-7771
Beaver	724-375-2895	1-800-262-0343
Bedford	814-623-9129	1-800-323-9997
Berks	610-921-2361	1-800-383-2278
Blair	814-695-3500	1-800-458-5552
Bradford	570-888-7330	1-800-242-3484
Bucks	215-794-5554	1-888-795-0740
Butler	724-431-3663	1-866-638-0598
Cambria	814-535-4630	1-888-647-4814
Cameron	866-282-4968	1-866-282-4968
Carbon	570-669-6380	Same as Local
Centre	814-355-6807	Same as Local
Chester	484-696-3854	1-877-873-8415
Clarion	814-226-7012	Same as Local
Clearfield	814-765-1551	1-800-822-2610
Clinton	570-323-7575	1-800-206-3006
Columbia	717-846-RIDE (7433)	1-800-632-9063
Crawford	814-333-7090	1-800-210-6226
Cumberland	717-846-RIDE (7433)	1-800-632-9063
Dauphin	717-232-9880	1-800-309-8905
Delaware	610-490-3960	1-866-450-3766
Elk	866-282-4968	1-866-282-4968
Erie	814-456-2299	Same as Local
Fayette	724-628-7433	1-800-321-7433
Forest	814-927-8266	1-800-222-1706
Franklin	717-846-RIDE (7433)	1-800-632-9063
Fulton	717-485-6767	1-888-329-2376
Greene	724-627-6778	1-877-360-7433
Huntingdon	814-641-6408	1-800-817-3383
Indiana	724-463-3235	1-888-526-6060
Jefferson	814-938-3302	1-877-411-0585
Juniata	717-242-2277	1-800-348-2277
Lackawanna	570-963-6482	Same as Local
Lancaster	717-291-1243	1-800-892-1122
Lawrence	724-658-7258	1-888-252-5104

Lebanon	717-273-9328	Same as Local
Lehigh	610-253-8333	1-888-253-8333
Luzerne	570-288-8420	1-800-679-4135
Lycoming	570-323-7575	1-800-222-2468
McKean	866-282-4968	1-866-282-4968
Mercer	724-662-6222	Same as Local
Mifflin	717-242-2277	1-800-348-2277
Monroe	570-839-6282 ext 434	1-888-955-6282
Montgomery	215-542-7433	Same as Local
Montour	717-846-RIDE (7433)	1-800-632-9063
Northampton	610-253-8333	1-888-253-8333
Northumberland	717-846-RIDE (7433)	1-800-632-9063
Perry	717-846-RIDE (7433)	1-800-632-9063
Philadelphia	877-835-7412	1-877-835-7412
Pike	570-296-3408	1-866-681-4947
Potter	814-544-7315	1-800-800-2560
Schuylkill	570-628-1425	1-800-656-0700
Snyder	717-846-RIDE (7433)	1-800-632-9063
Somerset	814-701-3691	1-800-452-0241
Sullivan	570-888-7330	1-800-242-3484
Susquehanna	570-278-6140	1-800-278-9332
Tioga	570-888-7330	1-800-242-3484
Union	717-846-RIDE (7433)	1-800-632-9063
Venango	814-432-9767	Same as Local
Warren	814-723-1874	Same as Local
Washington	724-223-8747	1-800-331-5058
Wayne	570-253-4280	1-800-662-0780
Westmoreland	724-832-2706	1-800-242-2706
Wyoming	570-278-6140	1-800-278-9332
York	717-846-RIDE (7433)	1-800-632-9063

Behavioral Health MCO's:

County you live in	Your Behavioral Health Managed Care Organization	
Adams	Community Care Behavioral Health	1-866-738-9849
Allegheny	Community Care Behavioral Health	1-800-553-7499
Armstrong	Value Behavioral Health of PA	1-877-688-5969
Beaver	Value Behavioral Health of PA	1-877-688-5970
Bedford	Community Care Behavioral Health	1-866-773-7891
Berks	Community Care Behavioral Health	1-866-292-7886
Blair	Community Care Behavioral Health	1-855-520-9715
Bradford	Community Care Behavioral Health	1-866-878-6046
Bucks	Magellan Behavioral Health	1-877-769-9784
Butler	Value Behavioral Health of PA	1-877-688-5971
Cambria	Value Behavioral Health of PA	1-866-404-4562
Cameron	Community Care Behavioral Health	1-866-878-6046
Carbon	Community Care Behavioral Health	1-866-473-5862
Centre	Community Care Behavioral Health	1-866-878-6046
Chester	Community Care Behavioral Health	1-866-622-4228
Clarion	Community Care Behavioral Health	1-866-878-6046
Clearfield	Community Care Behavioral Health	1-866-878-6046
Clinton	Community Care Behavioral Health	1-855-520-9787
Columbia	Community Care Behavioral Health	1-866-878-6046
Crawford	Value Behavioral Health of PA	1-866-404-4561
Cumberland	PerformCare	1-888-722-8646
Dauphin	PerformCare	1-888-722-8646
Delaware	Magellan Behavioral Health	1-888-207-2911
Elk	Community Care Behavioral Health	1-866-878-6046
Erie	Community Care Behavioral Health	1-855-224-1777
Fayette	Value Behavioral Health of PA	1-877-688-5972
Forest	Community Care Behavioral Health	1-866-878-6046
Franklin	PerformCare	1-866-773-7917
Fulton	PerformCare	1-866-773-7917
Green	Value Behavioral Health of PA	1-877-688-5973
Huntingdon	Community Care Behavioral Health	1-866-878-6046
Indiana	Value Behavioral Health of PA	1-877-688-5974
Jefferson	Community Care Behavioral Health	1-866-878-6046
Juniata	Community Care Behavioral Health	1-866-878-6046
Lackawanna	Community Care Behavioral Health	1-866-668-4696
Lancaster	PerformCare	1-888-722-8646
Lawrence	Value Behavioral Health of PA	1-877-688-5975

Lebanon	PerformCare	1-888-722-8646
Lehigh	Magellan Behavioral Health	1-866-238-2311
Luzerne	Community Care Behavioral Health	1-866-668-4696
Lycoming	Community Care Behavioral Health	1-855-520-9787
McKean	Community Care Behavioral Health	1-866-878-6046
Mercer	Value Behavioral Health of PA	1-866-404-4561
Mifflin	Community Care Behavioral Health	1-866-878-6046
Monroe	Community Care Behavioral Health	1-866-473-5862
Montgomery	Magellan Behavioral Health	1-877-769-9782
Montour	Community Care Behavioral Health	1-866-878-6046
Northampton	Magellan Behavioral Health	1-866-238-2312
Northumberland	Community Care Behavioral Health	1-866-878-6046
Perry	PerformCare	1-888-722-8646
Philadelphia	Community Behavioral Health	1-888-545-2600
Pike	Community Care Behavioral Health	1-866-473-5862
Potter	Community Care Behavioral Health	1-866-878-6046
Schuylkill	Community Care Behavioral Health	1-866-878-6046
Snyder	Community Care Behavioral Health	1-866-878-6046
Somerset	Community Behavioral Health Network	1-866-773-7891
Sullivan	Community Care Behavioral Health	1-866-878-6046
Susquehanna	Community Care Behavioral Health	1-866-668-4696
Tioga	Community Care Behavioral Health	1-866-878-6046
Union	Community Care Behavioral Health	1-866-878-6046
Venango	Value Behavioral Health of PA	1-866-404-4561
Warren	Community Care Behavioral Health	1-866-878-6046
Washington	Value Behavioral Health of PA	1-877-688-5976
Wayne	Community Care Behavioral Health	1-866-878-6046
Westmoreland	Value Behavioral Health of PA	1-877-688-5977
Wyoming	Community Care Behavioral Health	1-866-668-4696
York	Community Care Behavioral Health	1-866-542-0299

Nondiscrimination Notice

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

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

Aetna provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Aetna provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

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

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

Aetna Better Health
ATTN: Complaints and Grievances Department
P.O. Box 81139
5801 Postal Road
Cleveland, OH 44181
1-866-638-1232, PA Relay: 711

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

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

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

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

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-385-4104. (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-385-4104. **(TTY/PA RELAY: 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-385-4104. **(телетайп/PA RELAY: 711)**.

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 1-800-385-4104. **(TTY/PA RELAY: 711)**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-385-4104. **(TTY/PA RELAY: 711.)**.

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة بالمجان. اتصل بالرقم 1-800-385-4104. (الهاتف النصي: 711).

ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् [1-800-385-4104. **(टिटिवाइ/**PA 711 ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-385-4104. **(TTY/PA RELAY: 711).)** 번으로 전화해 주십시오.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-385-4104. **(TTY/PA RELAY: 711)**. ។

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-800-385-4104. **(ATS/PA RELAY: 711)**.

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-385-4104. **(TTY/PA RELAY: 711)**. သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-385-4104. **(TTY/PA RELAY: 711)**.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-385-4104. **(TTY/PA RELAY: 711)**.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৩৮৫-৪১০৪ (TTY/পিএ: ৭১১).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-385-4104. **(TTY/PA RELAY: 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો ૧-૮૦૦-૩૮૫-૪૧૦૪ **(ટીટીવાય: ૭૧૧).**

PA-22-06-09