



# Welcome

**Aetna Better Health® of West Virginia**

2021-2022 Member Handbook

Mountain Health Trust – Medicaid

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

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Aetna Better Health® of West Virginia

# Helpful Information

## **Aetna Better Health® of West Virginia**

Member Services

**1-888-348-2922 (TTY: 711)**

Website

**AetnaBetterHealth.com/WestVirginia**

Hours of operation

**8:30 AM to 5 PM**

SKYGEN Dental

**1-888-983-4693**

Non-Emergent transportation - ModivCare

**1-844-549-8353**

Prescription Drugs - Gainwell Technologies

**1-888-483-0797**

## **HELP IN YOUR LANGUAGE**

If you do not speak English, you can call us at **1-888-348-2922 (TTY: 711)**. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language.

**Spanish:** Si usted no habla inglés, llámenos al **1-888-348-2922 y 711**. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

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## WELCOME

Welcome to Aetna Better Health's Medicaid managed care program! We are glad that you have enrolled with us. This handbook will provide you with the information you need to know about your health care plan, also known as a managed care plan. Please read this handbook from cover to cover to understand the way your plan works. This handbook will help you get the most from Aetna Better Health. It will answer many of the questions that come up about your benefits and the services offered by Aetna Better Health. You can also ask us any questions you may have by calling us at **1-888-348-2922**. If you are speech or hearing impaired, please dial **711**. If you would like a printed copy of this handbook, please call us and one will be mailed to you within five (5) business days of your request.

## ABOUT OUR PLAN

Aetna Better Health has a contract with the West Virginia Department of Health and Human Resources (DHHR). Under managed care, we are able to select a group of health care practitioners and providers to form a provider network. Usually provider networks are made up of doctors and specialists, hospitals, and other health care facilities. Our practitioners and providers help to meet the health care needs of people with Medicaid. The Provider Directory lists all of our network providers you can use to get services statewide. It can be found online at our website, **AetnaBetterHealth.com/WestVirginia**. If you would like a printed copy of the Provider Directory or information about a practitioner's education, such as medical school and residency, cultural competency, or board certification, please call **1-888-348-2922 (TTY: 711)**.

It is important to us that you receive quality health care and customer service. Your satisfaction matters to us. The Quality Management (QM) program ensures our services meet high standards of quality and safety. We want to make sure you have:

- The right kind of care
- Easy access to quality medical and behavioral health care
- Help with any chronic conditions or illnesses
- Support when you need it most
- High satisfaction with your doctors and with us

For more information about our Quality Management program visit our website at **AetnaBetterHealth.com/WestVirginia**. If you have a problem, please call Member Services at **1-888-348-2922 (TTY: 711)**.

## CONTACT US

You can call Member Services toll-free anytime you have a question about your health plan or a health problem. It will speed up the process if you have your member identification (ID) number with you when you call. You can also visit our website, **AetnaBetterHealth.com/WestVirginia**, for other information.

Member Services Department
Hours of Operation: Monday – Friday, 8:30 AM – 5 PM
Address: 500 Virginia Street East, Suite 400, Charleston, WV 25301
Toll-free: <b>1-888-348-2922 (TTY: 711)</b>
Online: <b>AetnaBetterHealth.com/WestVirginia</b>

You can call or visit us online to:

- Ask questions about services and benefits, eligibility, claims, prior authorization requests, utilization management, or case management
- Change your primary care provider (PCP) or get help choosing a provider
- File a complaint
- Replace a lost member ID card
- Get help finding a specialist
- Let us know if you are pregnant
- Let us know if you give birth to a new baby
- Ask about any change that might affect you or your family's benefits
- Let us know about any changes to personal information
- Request interpreter services or get help for people with disabilities

If you do not understand or speak English, we can help. Please call Member Services toll-free at **1-888-348-2922 (TTY: 711)**. We can answer questions about your benefits in your language. We have free interpreter services and can help you find a health care practitioner who can communicate with you in any language.

If you have a disability, we can help. Aetna Better Health offers services so that you can communicate effectively with us and your practitioner or provider. We have access to free sign language interpreter services and a TTY phone number:

**1-888-348-2922 (TTY: 711)**. We can offer this handbook and all written materials in many formats, such as large print, at no cost to you. Please call Member Services toll-free at **1-888-348-2922** to ask for materials in another format.

For other important phone numbers, please see the list in the back of this handbook.

## WHAT YOU SHOULD KNOW

### CONFIDENTIALITY

We respect your rights to privacy. We will never give out your medical information or social security number without your written permission, unless required by law. To learn more about your rights to privacy, please call Member Services at **1-888-348-2922** or visit our website at **[AetnaBetterHealth.com/WestVirginia](https://AetnaBetterHealth.com/WestVirginia)**.

### DISCRIMINATION

Your benefits must comply with the 1964 Civil Rights Act. Discriminatory administration of benefits because of sex, race, color, religion, national origin, ancestry, age, political affiliation, or physical, developmental, or mental challenges is not allowed. If you have questions, complaints, or want to talk about whether you have a disability according to the Americans with Disabilities Act, you can contact the State ADA Coordinator at:

WV Department of Administration  
Building 1, Room E-119  
1900 Kanawha Blvd. East  
Charleston, WV 25305  
**304-558-4331**

## DEFINITIONS

**Appeal:** A way for you to request the review of Aetna Better Health's decision if you think we made a mistake. For example, you might not agree with a decision that denies a benefit or payment.

**Complaint:** An expression of dissatisfaction, either in writing or orally, about any aspect of service delivery provided or paid for by Aetna Better Health or our practitioners or providers. For example, you might complain about the quality of your care. In this handbook "grievance" and "complaint" mean the same thing.

**Co-payment:** A fixed amount you pay each time you get a covered service or supply. For example, if you use the emergency room when it is not an emergency, you might pay \$8.

**Durable Medical Equipment (DME):** Certain items your practitioner or provider orders for everyday or extended use. Examples of these items are wheelchairs, crutches, diabetic supplies, hospital beds, oxygen equipment and supplies, nebulizers, and walkers.

**Emergency Medical Condition:** An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm. An emergency medical condition would make you think that without medical attention, it might: place your health (or a pregnant woman's unborn child's health) in serious jeopardy; or lead to death, serious dysfunction of a body part or organ, or serious impairment of bodily functions. Examples of an emergency medical condition include severe pain, difficulty breathing, or uncontrolled bleeding.

**Emergency Medical Transportation:** Ambulance services for an emergency medical condition.

**Emergency Room Care:** Emergency services you receive in an emergency room.

**Emergency Services:** Covered inpatient and outpatient services that are given by a qualified provider and needed to evaluate or stabilize an emergency medical condition.

**Excluded Services:** Health care services that Aetna Better Health does not pay for or cover.

**Fee-For-Service:** A fee-for-service benefit is covered by the West Virginia Medicaid program and not by Aetna Better Health.



**Grievance:** A complaint you make, either in writing or orally, about any aspect of service delivery provided or paid for by Aetna Better Health or our practitioners or providers. For example, you might complain about the quality of your care. In this handbook “grievance” and “complaint” mean the same thing.

**Habilitation Services and Devices:** Health care services and devices that help you keep, learn, or improve skills and functioning for daily living. Examples include occupational therapy, speech therapy, and other services for people with disabilities in inpatient and/ or outpatient settings.

**Health Insurance:** A contract that requires Aetna Better Health to pay some or all of your health care costs in exchange for a premium.

**Home Health Care:** Health care services a person receives at home, including limited part-time or intermittent skilled nursing care, home health aide services, occupational therapy, speech therapy, medical social services, DME, medical supplies, and other services.

**Hospice Services:** Services to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.

**Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually does not require an overnight stay.

**Medically Necessary:** Items or services furnished or to be furnished to a patient for diagnosing, evaluating, treating or preventing an injury, illness, condition, or disease, based on evidence-based clinical standards of care. Health care services and supplies that are reasonable and necessary to diagnose or treat an illness or injury, to improve the functioning of a malformed body member, to attain, maintain or regain functional capacity, for the prevention of illness, or to achieve age-appropriate growth and development. Determination of medical necessity is based on specific criteria.

**Network:** A group of providers who has contracted with Aetna Better Health to give care to members. The list of Aetna Better Health practitioners and providers can be found in your Provider Directory. It will be updated whenever there are changes.

**Non-participating Practitioner / Provider:** A doctor, hospital, facility, or other licensed health care professional who has not signed a contract agreeing to provide services to Aetna Better Health members.

**Physician Services:** Health care services that a licensed medical physician provides or coordinates.

**Plan:** An entity that provides, offers, or arranges coverage of certain health care services needed by plan members. You are a member of our health plan, Aetna Better Health.

**Prior Authorization:** Approval from Aetna Better Health that may be required before you get certain services or treatments in order for them to be covered. To get prior authorization, make sure to ask Member Services. If the care is medically necessary, then it will be covered.

**Participating Practitioner / Provider:** A doctor, hospital, facility, or other licensed health care professional who has signed a contract agreeing to provide services to Aetna Better Health members. They are listed in the Provider Directory.

**Practitioner:** A licensed or certified professional who provides medical or behavioral health care services, such as a doctor, nurse practitioner, or psychologist.

**Prescription Drugs:** Drugs and medication that, by law, require a prescription.

**Prescription Drug Coverage:** Health insurance that helps pay for prescription drugs and medications. Aetna Better Health does not provide prescription drug coverage, but the State of West Virginia does.

**Primary Care Provider (PCP):** A physician, nurse practitioner, physician assistant, or other participating practitioner you have chosen to be your personal doctor. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

**Provider:** An institution or organization that provides services, such as a hospital, residential treatment center, home health agency or rehabilitation facility.

**Rehabilitation Services and Devices:** Health care services and devices that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. Examples include occupational therapy, speech therapy, and psychiatric rehabilitation services in inpatient and/ or outpatient settings.

**Skilled Nursing Care:** Services from licensed nurses in your own home or in a nursing home.

**Specialist:** A doctor who focuses on a specific kind of health care such as a surgeon or a cardiologist (heart doctor).

**Tertiary Services:** Highly specialized medical services administered in a specialized medical facility.

**Urgent Care:** Care you get for a sudden illness, injury, or condition that is not an emergency but needs care right away. You can get urgent care from out-of-network practitioners/providers when network practitioners/providers are unavailable, or you cannot get to them. Examples of when to get urgent care include a sprained ankle, a bad splinter, or the flu.

## YOUR RIGHTS

As a member of Aetna Better Health, you have rights around your health care. You have the right to:

- Get information about Aetna Better Health, our services, our practitioners and providers, and your rights and responsibilities.
- Be treated with respect and dignity and have your privacy protected.
- Get interpretation services if you do not speak English or have a hearing impairment.
- Not be discriminated against by Aetna Better Health.
- Access all services that Aetna Better Health must provide.
- Choose a practitioner or provider in our network.
- Take part in decisions about your health care.
- Accept or refuse medical or surgical treatment and choose a different provider.
- A second opinion.
- Learn about other treatment options and different courses of care no matter how much they cost and/or if Aetna Better Health will pay for it.
- Ask for and get your medical records.
- Change or correct your medical records if needed.
- Be sure your medical records are kept private.
- Tell us how we can improve our policies and procedures, including the member rights and responsibilities policy.
- Be free from abuse, neglect, financial exploitation, or any form of restraint or seclusion used as a means of force, discipline, convenience, or retaliation.
- Get covered services, no matter what your cultural or ethnic background is or how well you understand English.
- Get covered services regardless of any physical or mental disability, or if you are homeless.
- Get accessible services and receive reasonable disability accommodations.
- Refer yourself to in-network and out-of-network family planning providers.
- Access certified nurse midwife services and certified pediatric or family nurse practitioner services.
- Get emergency post-stabilization services.
- Get emergency health care services at any hospital or other setting.
- Receive information about advance directives, which tell how to have medical decisions made for you if you are not able to make them for yourself.

- Have your parent or a representative make treatment decisions when you can't.
- Submit a complaint or appeal about Aetna Better Health or the care it provides.
- A quick response to problems raised around complaints, grievances, appeals, authorization, coverage, and payment of services.
- A state fair hearing after a decision has been made about your appeal.
- A copy of this member handbook.
- Obtain advocacy on your behalf.
- Disenroll from your health plan.

## **YOUR RESPONSIBILITIES**

As a member of Aetna Better Health, you have the responsibility to:

- Read through and follow the instructions in your Member Handbook.
- Work with your PCP to manage and improve your health.
- Ask your PCP any questions you may have and call your PCP any time you need health care.
- Give all information about your health to Aetna Better Health and your doctor. Tell your doctor if you do not understand your health problems. Work together with your doctor to make plans about your care.
- Show your ID card to each doctor before getting health services.
- Protect your member ID card. Do not lose or share it with others.
- Use the emergency room (ER) for true emergencies only.
- Keep your appointments.
- If you must cancel an appointment, call your PCP as soon as you can to let him or her know. Follow what you and your practitioner agree to do.
- Follow your practitioner's recommendations about appointments and medications.
- Go back to your PCP or ask for a second opinion if you do not get better.
- Call Member Services at **1-888-348-2922 (TTY: 711)** whenever anything is unclear to you or you have questions.
- Contact DHHR Change Report Center at **1-877-716-1212** to report family size, employment, and/or address changes.
- Treat doctors, staff, and people providing services to you with respect.
- Tell Aetna Better Health if you have other health insurance, including Medicare.



## STEPS TO GETTING CARE

### YOUR MEMBER ID CARD

After you join Aetna Better Health, we will send you your member ID card in the mail. Each member of your family who has joined Aetna Better Health will receive his or her own card. If you have not received your member ID card after five (5) days, please call Member Services at **1-888-348-2922 (TTY: 711)**.

It is important to always keep your member ID card with you. You will need it any time you get care. Your card is your proof that you are a member of Aetna Better Health.

Your member ID card should look like this:

<b>Aetna Better Health® of West Virginia</b> 	
Name SAMPLE, MH2	
Member/State ID# 00905114798	DOB 10/22/1983 Sex F
PCP Holmes, Gregory A	
PCP Phone 1-304-781-5800	Effective Date 06/01/2016
Paid fee for service by WV Medicaid: Nursing facility, pharmacy and non-emergent transportation	
aetnabetterhealth.com/wv	
	
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWMH2	

<small>In case of an emergency go to the nearest emergency room or call 911. Keep this card with your State Medicaid Card. Show both cards every time you receive medical care.</small>	
<b>IMPORTANT NUMBERS FOR MEMBERS</b>	
Member Services	1-888-348-2922 (TTY: 711)
Behavioral Health	1-888-348-2922
24 Hour Nurse Line	1-855-200-5975
Vision	1-800-877-7195
Dental	1-888-983-4693
Pharmacy	1-888-483-0797
<b>IMPORTANT NUMBERS FOR PROVIDERS</b>	
Eligibility	1-888-348-2922
Authorization	1-844-835-4930
Pharmacy	1-888-483-0801
Submit claims to:	Aetna Better Health of West Virginia P.O. Box 67450, Phoenix, AZ 85082-7450
EDI Payor ID:	128WV
WVHB2	

You will find some useful information on your card like your Medicaid ID number, your PCP's name and office phone number, the start date of your health coverage, and other important phone numbers. Having your card out when you call Member Services can help us serve you faster.

Please call Member Services immediately at **1-888-348-2922 (TTY: 711)** if:

- You lose your card
- Your card is stolen
- You have not received your card(s)
- Any of the information on the card(s) is wrong
- You have a baby or add a new member to your family
- You move
- Someone in your family dies

Pregnant women and their newborn infants are eligible for Medicaid coverage for up to one year after delivery.

Please call your county DHHR immediately at **1-877-716-1212** if you move to another state or to another country.

## CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

Each member of Aetna Better Health chooses a primary care provider (PCP) from the Provider Directory. A PCP is a specific clinician responsible for coordinating your health care needs. The provider directory is available on our website at **AetnaBetterHealth.com/WestVirginia**. It is a list of all doctors, hospitals, dental and specialty care practitioners and other providers who work with Aetna Better Health. Member Services can help you select a PCP to best fit your needs. If you do not pick a PCP from the directory, we will choose one for you.

Your PCP's name and office phone number will be listed on your member ID card. If you would like to change your PCP, just give us a call.

If you have a chronic illness, then you may be able to select a specialist as your PCP. Please call Member Services at **1-888-348-2922 (TTY: 711)** to find out. If you already have a PCP and believe you need a specialist, you or your practitioner should call Member Services. Women can also receive women's health care services from an obstetrical/ gynecological practitioner (OB/GYN) without a referral from their PCP.

## HOW TO SCHEDULE AN APPOINTMENT

You will visit your PCP for all your routine health care needs. All new members should try to schedule an appointment within 45 calendar days. You can schedule your appointments by calling the PCP's office phone number which is on your member ID card. You can call 24 hours a day, seven days a week. If you need help scheduling an appointment, please give us a call.

On the day of your visit, remember to bring your Aetna Better Health member ID card. Please show up on time or call to cancel an appointment if you cannot make it. We work with our provider offices to make sure you are seen as close to your appointment time as possible.

Aetna Better Health requires that members have access to all routinely used sites, such as PCP offices and frequently used specialists, within 30 minutes travel time of a member. See the Access and Availability Guide section in this handbook for more information. Aetna Better Health will ensure hours of operation are convenient and do not discriminate against members.

Aetna Better Health requires that emergency cases will be seen or referred immediately. Urgent cases must be seen within 48 hours. Routine cases must be seen within 21 days.

## CHANGING YOUR PCP

If you need to, you can change your PCP for any reason at any time. Let us know right away by calling Member Services at **1-888-348-2922 (TTY: 711)** or by going to [AetnaBetterHealth.com/WestVirginia/members/portal](https://AetnaBetterHealth.com/WestVirginia/members/portal). We will send you a new member ID card in the mail and let you know that your PCP has been changed. It usually helps to keep the same PCP so he or she can get to you know you and your medical history.

Sometimes PCPs leave our network. If we find out your PCP is leaving, we will let you know by mail within 15 calendar days. We will try to give you 30 calendar days' notice before your PCP leaves. We can assign you a new PCP or you can pick a new one yourself. If we need to assign you a new PCP for another reason, we will let you know.

## SECURE MEMBER WEB PORTAL

Our updated secure member website is your go-to resource to manage your plan—and your health. It will help you use your benefits and services so you can get and stay healthy. You can:

- Access health plan details—change your doctor, find forms or request member ID cards.
- Get personalized health information—answer questions about your health. Get the tips and tools you'll need to meet your health goals like quitting smoking and weight management.
- Get instant access to claims details—see the status of a claim from start to finish.
- Find support—get in touch with a nurse. Or learn more about chronic condition management and wellness programs that will help you stay on track with goals.

Set up your account by visiting [AetnaBetterHealth.com/WestVirginia](https://AetnaBetterHealth.com/WestVirginia). Click on the “Member Portal” then select “Register or Log In”. You'll need your member ID and a current email address to create an account.

To sign up over the phone call Member Services at **1-888-348-2922 (TTY: 711)**.

## WHERE TO GET MEDICAL CARE

Please read below to understand what type of care to get in different situations.

### ROUTINE CARE

You should see your PCP for all routine health care visits. Routine visits are when a delay in medical care would not cause a serious problem with your health. Some reasons to get a routine health care visit include checkups, screenings, physicals, and care for diabetes and asthma. You can call your PCP to schedule these visits at any time. You and your PCP should work together to get you the care you need.



- Well-care Visits – A well care visit is when you or your child sees your PCP for a preventive visit. These visits are not for treating conditions or diseases, so you should schedule a well care visit even if you do not feel sick. During the appointment, your PCP will review your medical history and health. Your PCP may suggest ways to improve your health, too. You can learn more about well-care visits under the section titled “More Information about Your Health Plan”.
- After Hours Care – You can reach your PCP even if it is after normal business hours. Just leave a message with your name and phone number. Your PCP or another PCP on call for your PCP will call you back.
- We cover care given by licensed Aetna Better Health of West Virginia practitioners. You may receive care in the practitioner’s office, a clinic, or other places needed to treat an illness, injury or disease.

## URGENT CARE

You can visit an urgent care center when you have an injury or illness that needs prompt care but is not an emergency. Some examples of when to get urgent care are:

- A sprained ankle
- A bad splinter
- The flu

You can also get urgent care if you are traveling and are too far from your PCP’s office. You can schedule an urgent care appointment by calling your PCP. You should explain the medical problem so that your PCP can make your appointment or help you decide what to do. If you think you might need urgent care when you are away from your home or after hours, you can also call the 24-Hour Nurse Line at **1-855-200-5975 (TTY: 711)**. They can help you decide what kind of treatment you need.

## EMERGENCY CARE

You should get emergency care when you have a very serious and sudden medical problem. An emergency would make someone think he or she needs to be treated right away. Some examples of an emergency are:

- Severe bleeding that does not stop
- A heart attack
- Severe chest pain
- Seizures
- Rape
- Attempted suicide

You should not go to the emergency room (ER) for things like:

- Colds
- Minor cuts and bruises
- Sprained muscles.

**If you believe you have a medical emergency, call 911 immediately or go to the nearest ER.** When you get there, show your member ID card. You do not need approval from your PCP or Aetna Better Health. If you are traveling and away from home when you have a medical emergency, go to the nearest ER. You have the right to go to the nearest hospital, even if it is not in our network. If you're not sure what to do, call your PCP or Aetna Better Health at **1-888-348-2922 (TTY: 711)**.

Remember to use the ER only if you have an emergency. You are always covered for emergencies.

If you need to stay in the hospital after an emergency, please make sure Aetna Better Health is called within 24 hours. If you are told that you need other medical care to treat the problem that caused the emergency, the provider must call Aetna Better Health. If you are able, call your PCP to let him or her know that you have a medical emergency. You will need to schedule follow-up services (called post-stabilization) with your PCP.

For more information about emergency transportation and post-stabilization services, please see the Mountain Health Trust Covered Benefits table.

## **HOSPITAL CARE**

### **Inpatient Hospital Care**

If you do not have an emergency, we must preauthorize your stay before you go to the hospital. You must go to a hospital that is an Aetna Better Health of West Virginia provider. You will be under the care of your PCP or other practitioner recommended by your PCP.

We help manage all hospital stays. We look at the care you get while you are in the hospital. The care is covered as long as there is a medical need for the care. If all or part of the hospital stay is not medically needed, your provider will be told that coverage will end, and you will not be responsible for payment.

### **Outpatient Hospital Care**

Outpatient hospital care is care in a hospital that does not require an overnight stay. It may include tests to find sickness or care to help you heal. If you get an x-ray or have physical therapy in a hospital, that is outpatient hospital care.

You should tell your PCP when you receive outpatient hospital care.

## CARE AWAY FROM HOME

Aetna Better Health's service area is the entire State of West Virginia. If you are traveling or out of the service area, you are only covered for emergency services. Routine care out of the service area or out of the country isn't covered by Medicaid. If you are out of the service area and need health care services, call your PCP. He or she will tell you what to do. (You can also call us to check if you are out of the service area.)

If you are not in West Virginia and you think your or your child's life is in danger, go to the closest ER. Show your Aetna Better Health of West Virginia ID card and any other insurance ID cards you have to the ER staff. If you or your child gets services in the ER and are admitted to the hospital, have staff call us at the number on the back of your ID card.

## YOUR BENEFITS

You can get many services through Aetna Better Health's Medicaid managed care program in addition to those that come with regular Medicaid. For most benefits, you will need to go through your PCP. There are some services that do not require a referral from your PCP. This means that you do not need approval from your PCP. To get these services, look in our Provider Directory for the list of providers/practitioners who offer these services. You can schedule the appointment yourself. If you have any questions, Aetna Better Health can help. Just call Member Services at **1-888-348-2922 (TTY: 711)**. Member Services can explain how to access your services.

## COVERED SERVICES

Covered services fall under medical, behavioral, dental, and vision. Your covered services must be medically necessary. You should get these services from providers/practitioners in the Aetna Better Health network. Your PCP should provide covered services or refer you to another practitioner or provider to do so. You can get the services listed in the Mountain Health Trust Covered Benefits table by using your Aetna Better Health member ID card. Members previously covered under West Virginia Health Bridge may not be eligible for all benefits.

## Mountain Health Trust Covered Benefits

### Medical

- PCP and Specialist Office Visits in the Aetna Better Health provider network.
- Clinic Services – Outpatient clinics including general clinics, birthing centers, and health department clinics.
- Federally Qualified Health Centers – Includes physician, physician assistant, nurse practitioner, and nurse midwife services.
- Laboratory and X-ray Services – Includes lab services related to substance abuse treatment. Services must be ordered by a physician, and certain procedures have service limits.
- Physician Services – Inpatient or outpatient medical or surgical services provided by a doctor or dentist. Certain services may require prior authorization or have service limits. May be delivered through telehealth.
- Vaccinations are included for children.

### Behavioral Health

- Behavioral Health Rehabilitation/Psychiatric Residential Treatment Facility – Includes services for children (under age 21) with mental illness and substance use disorder. Limits on frequency and amount of services.
- Drug Screening – if ordered by treating practitioner and deemed medically necessary. Some limits apply.
- Inpatient Hospital – includes behavioral health and substance use disorder hospital stays.
- Inpatient Psychiatric (under age 21)– Includes treatment of psychiatric condition through an individual plan of care. Pre-admission and continued authorization is required. Certification required.
- Inpatient Psychiatric (age 21-64) – Includes treatment of psychiatric condition through an individual plan of care furnished at an Institution for Mental Diseases (IMD). Limitations apply.
- Outpatient Services – Includes services for individuals with mental illness and substance use disorder. Limits on frequency and amount of services. Assertive community treatment (ACT) is covered for members 18 years and older. Only ACT providers certified by BMS or the Bureau of Behavioral Health and Health Facilities may provide ACT services.
- Psychological Services – Evaluation and treatment, including individual, family, and group therapies. May be delivered using telehealth. Some evaluation and testing procedures have frequency restrictions.
- Substance Use Disorder (SUD) Services - Targeted care management, physician-supervised medication, and counseling services to treat members with SUD. Some exclusions apply.

## Mountain Health Trust Covered Benefits

### Emergency

- Emergency Transportation – Includes ambulance and air ambulance. Out of state requires prior authorization. To call for Emergency Transportation, dial **911**.
- Post-stabilization Services – Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.

**Home Health Care Services**– Includes services given at member’s residence. This does not include a hospital nursing facility, ICF/IID, or state institutions. Some suppliers have service limits.

**Hospice** – Includes nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide, and homemaker. Requires physician certification. For members over age 21, rights are waived to other Medicaid services related to the terminal illness.

### Hospital

- Inpatient – Includes all inpatient services, including bariatric surgery, corneal transplants and long-term acute care (LTAC). Some exclusions apply.
- Outpatient – Includes preventive, diagnostic, therapeutic, all emergency services, and rehabilitative medical services.

### Maternity

- Maternity Care – Includes prenatal, inpatient hospital stays during delivery, and post-partum care. Right from the Start Services – Includes enhanced prenatal care services and care coordination for pregnant women through 60 days after giving birth and their newborn infants up to 1 year of age. No prior authorization required.

### Nursing Services

- Nurse Practitioners’ Services – Some procedures may have service limits.
- Private Duty Nursing – Includes 24-hour nursing care if medically necessary. Limited to children under twenty-one (21) years of age. Prior approval may be required.

## Mountain Health Trust Covered Benefits

### Preventive Care and Disease Management

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Based on the periodicity schedule. Includes health care services for any medical or psychological condition discovered during screening (limited to members under age 21).
- Family Planning – Includes all family planning providers, services and supplies. No referral needed for out-of-network providers. Sterilization is not covered for members under age 21. Hysterectomies and pregnancy terminations are not considered family planning services. Treatment for infertility is not covered.
- Tobacco Cessation – Includes therapy, counseling and Quitline services. Guidance and risk-reduction counseling covered for children.
- Sexually Transmitted Disease Services – Includes screening for a sexually transmitted disease from your PCP, a specialist in our network, or an out-of-network family planning practitioner.

### Other

- Ambulatory Surgical Center Services – Includes services, equipment and use of the facility for surgical procedures.
- Children with Special Health Care Needs Services – Includes coordination of services and limited medical services, equipment and supplies (limited to children under age 21 with certain medical conditions).
- Chiropractor Services – Includes radiological exams and corrections to subluxation. Certain procedures have service limits.
- Durable Medical Equipment – Medically necessary devices and medical equipment prescribed by a physician. May have services limits or require prior authorization.
- Orthotic and Prosthetic Devices – May require prior approval and have service limits. Customized special equipment is considered.
- Podiatry – Includes treatment of acute conditions, some surgeries, reduction of fractures and other injuries, and orthotics. Treatment of children limited to acute conditions. Routine foot care is not covered.

## Mountain Health Trust Covered Benefits

### Rehabilitation Services

- Inpatient Rehabilitation – Includes inpatient rehabilitation services and general medical outpatient services that meet the certification requirements, for members up to age 64.
- Occupational Therapy (OT) – Habilitative and rehabilitative services: 20 visits per year (combined for PT and OT)
- Physical Therapy (PT) – Habilitative and rehabilitative services: 20 visits per year (combined for PT and OT)
- Speech Therapy – Habilitative and rehabilitative services including hearing aid evaluations, hearing aids and supplies, batteries, and repairs (not covered for adults twenty-one (21) years or older). Some procedures have service limits or require prior approval.

### Specialty Rehabilitation Services

- Pulmonary Rehabilitation – Includes procedures to increase strength of respiratory muscle and functions.
- Cardiac Rehabilitation - Includes supervised exercise sessions with electrocardiograph monitoring.

### Dental

- Children (under age 21) – Includes preventive, emergency, non-emergency, diagnostic, surgical, restorative treatment, and orthodontic services.
- Adults (21 and over) – Includes preventative, diagnostic, and restorative services and emergency procedures to treat fractures, reduce pain, or eliminate infection. Non-emergency dental services are limited to \$1,000 per calendar year. Cosmetic services are not covered.

**Vision** – Includes eye exams, lenses, frames, and needed repairs for children (under age 21). Includes medical treatment and one pair of glasses after cataract surgery for adults, and contact lenses for adults and children with certain conditions. Does not cover prescription sunglasses or designer frames.

## BENEFITS COVERED UNDER MEDICAID FEE-FOR-SERVICE

The following services fall under fee-for-service Medicaid.

Benefits Covered Under Fee-for-Service Medicaid
<b>Abortion</b> – Includes drugs or devices to prevent implantation of fertilized ovum and medical procedures for termination of ectopic pregnancy. Physician certification required.
<b>Early Intervention Services</b> - Early intervention services provided to children three (3) years and under through the Birth to Three program.
<b>ICF/IID Intermediate Care Facility</b> – Includes physician and nursing services, dental, vision, hearing, lab, dietary, recreational, social services, psychological, habilitation, and active treatment for members with intellectual disabilities. Requires physician or psychologist certification.
<b>Nursing Facility Services</b> – Includes nursing, social services, and therapies.
<b>Organ Transplant Services</b> - covered when considered generally safe, effective, and medically necessary, and when no alternative medical treatment as recognized by the medical community is available. Corneal transplants are covered under managed care, not fee-for-service.
<b>Personal Care Services</b> – Includes personal hygiene, dressing, feeding, nutrition, environmental support, and health-related functions. Room and board services require physician certification. May not exceed 60 hours per month without prior authorization.
<b>Personal Care for Aged/Disabled</b> – Includes assistance with daily living in a community living arrangement, grooming, hygiene, nutrition, physical assistance, and environmental for individuals in the Age/ Disabled Waiver. Limited on a per unit, per month basis. Requires physician order and nursing plan of care.
<b>Prescription Drugs</b> – Includes prescription drugs dispensed on an ambulatory basis by a pharmacy, family planning supplies, diabetic supplies, vitamins for children, and prenatal vitamins. Hemophilia blood factor and Hepatitis-C may be covered under fee-for-service Medicaid. The prescription drug benefit is administered by the State Medicaid program. For questions about getting your medicines please call Gainwell Technologies at <b>1-888-483-0797</b> between 7 AM - 7 PM Monday through Friday.
<b>School-based Services</b> – Services provided in a school-based setting. Limitations are listed in the fee for service Medicaid provider manual.



### Benefits Covered Under Fee-for-Service Medicaid

**Substance Use Disorder** – Physician-supervised daily or several times weekly medication-assisted treatment and counseling services provided to those with severe opioid use disorder.

**Transportation (non-emergency)** – Includes multi-passenger van services and common carriers (public railways, buses, cabs, airlines, ambulance as appropriate, and private vehicle transportation). Prior authorization is required by BMS or county DHHR staff. To get transportation, call: **1-844-549-8353**.

**Tubal Ligation** - provided to individuals of childbearing age to permanently prevent pregnancy.

### VALUE-ADDED SERVICES

In addition to your benefits, Aetna Better Health offers value-added services. When eligible members complete the healthy behaviors in the table below, they will receive a reward. We offer these services to encourage health education and to promote health. Co-payments may not be charged, and members do not have the right to an appeal or a state fair hearing for value-added services. Please note that value-added services sometimes change. Call Member Services at **1-888-348-2922 (TTY: 711)** for details.

#### Value-Added Services and Rewards

Pregnancy	Reward
Attend 6 Prenatal appointments	Cribette
Attend 1 Post-partum appointment within <b>7-84</b> days of having your baby	\$50 gift card
Enroll in Moms and Babies Program	Cribette or Baby Wrap Carrier upon delivery
Complete the Mom's and Babies Program	Educational Toy on baby's first birthday
Preventive Dental Program	Up to 2 check-ups during pregnancy
Asthma	Reward
Asthma Care Program	One-on-one asthma education and a Peak Flow Meter
Congestive Heart Failure	
Congestive Heart Failure Program	Wellness tools and bathroom scale

Value-Added Services and Rewards	
Diabetes	Reward
Enroll in diabetic education program and complete A1C testing*	\$25 gift card
*Available in certain counties	
Yearly diabetic eye exam	\$25 gift card
Certified Diabetes Management Program	
Good Health Practices	Reward
Wellness event participation (Locations and services vary. Contact Member Services at <b>1-888-348-2922</b> for details.)	\$25 gift card
Yearly well child exam for ages 12-18	\$25 gift card
Yearly child dental check-up for ages 2-3	\$25 gift card
Adolescent immunizations	\$25 gift card
Timely behavioral health follow-up appointment (within 7 days)	\$25 gift card
Annual flu shot (adults only)	Fishing/hunting license
Healthy Activities	Reward
Ted E Bear Cub Club (under age 13)	Quarterly rewards
Keep Kids Safe	Medication Lock Box
Health related summer camps for children	Camp scholarships
ATV Safety Course completion	\$25 gift card
Walking Program completion (adults only)	\$25 gift card

In addition to rewarding you for healthy behaviors, Aetna Better Health offers members a free cell phone with free minutes for text and voice, unlimited calls to Member Services, and free wellness and appointment reminder texts. Call member services at **1-888-348-2922 (TTY: 711)** for more information.

## COMMUNITY SERVICES

Good health and well-being is about more than just having good medical care. There are many services in West Virginia that can help you meet your needs. Whether you need help with a housing problem or childcare or getting healthy food or help with a substance use problem our care management team can help. Call us at **1-888-348-2922 (TTY: 711)** or visit our website for a list of resources. Go to

**AetnaBetterHealth.com/WestVirginia/Members** and click on the Community Resources tab.

### WEST VIRGINIA WIC

Aetna Better Health wants to make sure you receive all the help available to you. West Virginia Women, Infants, and Children (WIC) is an organization that provides nutritional services to you and your family. The mission of the West Virginia WIC program is to improve the health of women, infants and children in West Virginia by providing quality nutrition and breastfeeding counseling and education; as well as health monitoring and nutritious foods.

The West Virginia WIC program may help you and your family get healthy foods and have better nutrition. To reach the office of the West Virginia WIC program call **304-558-0030** or go to their website at [ons.wvdhhr.org](https://ons.wvdhhr.org).

### WORKFORCE WEST VIRGINIA

Workforce WV offers tools to help with job searches, unemployment, and training. Workforce WV has the largest database of job seekers and openings in the state. The education and training opportunities provide residents work skills needed by businesses. Visit their website at <http://workforcewv.org>. If you or someone in your family doesn't have a job due to a health issue, please contact us at **1-888-348-2922 (TTY: 711)**.

## MORE INFORMATION ABOUT YOUR HEALTH PLAN

Please read below for more details about your Aetna Better Health benefits and services. If you have any questions, please call Member Services at **1-888-348-2922 (TTY: 711)**.

### WELL-CHILD VISITS

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a child preventive health component of Medicaid. HealthCheck is the name for West Virginia's EPSDT Program. The HealthCheck Program promotes regular preventive medical care and the diagnosis and treatment of any health problem found during a screening.

Well-child visits are important to make sure children are healthy and stay healthy. HealthCheck covers all medically necessary and preventive health care services for members up to age 21. Covered screening services are medical, mental health, vision, hearing, and dental. Both sick and well care services are provided by your PCP at no cost.

HealthCheck Screening Schedule for Well-child visits	
Stage	Ages for Well-child visits
Infancy	Birth, 3-5 days old, by 1 month, 2 months, 4 months, 6 months and 9 months
Early Childhood	12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
Middle Childhood and Adolescence	Every year from age 5 to age 21

Some screenings that children can get include:

- Physical exams
- Laboratory tests
- Vision testing
- Immunizations
- Hearing test
- Dental services
- Behavioral health screenings
- Health education
- Health and development history

Immunizations are important to keep your child healthy. See Appendix A in this handbook for the recommended immunization schedule. Checkups and screenings are needed to detect health problems. Your PCP can diagnose and treat any health issues early, before they become more serious. Call your PCP or Member Services to schedule a well-child visit. Transportation and scheduling help are also available upon request at no cost.

Aetna Better Health has trained professionals on staff to help members move from child to adult care. We can help you to get the right care for your child's special needs.

Please call **1-888-348-2922 (TTY: 711)** and ask to speak to a care management staff member.

## POPULATION HEALTH MANAGEMENT

Aetna Better Health has many programs to help members get healthy and stay as healthy as possible. Whether you have a medical problem or are just trying to live a healthy life, we have a program for you. We will automatically put you into the program if you are eligible. Call us if you do not want to be part of a program. For questions about these programs, call us at **1-888-348-2922 (TTY: 711)**.

Program	Who Is Eligible
Healthy Pregnancies/Healthy Babies	Pregnant members and moms up to 6 weeks after giving birth
Healthy Adults and Children	All members
Flu Vaccination	All members over 6 months of age
Living with Diabetes	Members with Diabetes
Moms and Babies	Pregnant women who have substance use disorder (drug addiction) and Babies born with Neonatal Abstinence Syndrome (NAS)
Appropriate Use of Acute Care Settings	Members who are in the hospital or have recently been discharged
Opioid Management	Members who use certain drugs
Chronic Condition Management	Members with at least one chronic condition: Asthma, Diabetes, Heart Failure, COPD (Lung Disease), Coronary Artery Disease (CAD), Depression
Managing Diabetes and Heart Disease (Multiple Chronic Conditions)	Members with both Diabetes and Heart Disease
Emergency Room (ER) Utilization Management	Members who frequently use the ER
Integrated Care Management (ICM)	Members who need help managing their care
Child and Family Welfare Program	Assists and supports members in the child and family welfare system

## INTEGRATED CARE MANAGEMENT

Some members have special health care needs and medical conditions. Our Integrated Care Management (ICM) Program can help make sure you understand your condition and treatment plan. We have nurses, social workers, and support staff who work with many health care practitioners, agencies and organizations to get you the services and the care that you need. We will help you get the best care in the most efficient manner. Our Case Managers help coordinate care in the following ways:

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

- Help you make specialist and primary care doctor appointments.
- Verify that the right medicines and treatments are in place.
- Help make sure you receive preventive care.
- Work to ensure you and your family have the support you need.
- Ask questions to make sure your home is safe.
- Provide patient and family education about programs and services available in the community and through your doctor.
- Make sure you have support for any behavioral health needs.
- Help you transition to other care when your benefits end, if necessary.

We want to help you get the care and services you need. To sign up, call us at **1-888-348-2922 (TTY: 711)** and ask to speak to a Case Manager. Your practitioner or caregiver can also call to sign you up for the program. You may leave the program at any time.

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## HEALTH HOME

The Health Home Program coordinates physical and behavioral health (both mental and substance disorders), long term and social services, and supports for members with chronic health conditions. If you would like assistance with enrolling in a health home, please contact us at **1-888-348-2922 (TTY: 711)**.

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## UTILIZATION MANAGEMENT

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

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

You or your practitioner or provider can get a copy of the guidelines we use to approve or deny services. You can call Member Services at **1-888-348-2922 (TTY: 711)** Monday - Friday from 8:30 AM to 5 PM with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you. After normal business hours, you may leave a message. We'll call you the next business day. When calling back, the representative will tell you that he or she is calling from Aetna Better Health of West Virginia and will give you their name and title.

We're here to help you with any UM issues:

- For help if you have vision and/or hearing problems, call us at **1-888-348-2922 (TTY: 711)**.
- For help with language or translation services, call Member Services at **1-888-348-2922**.

We understand members want to feel confident they are receiving the health care and services that are best for them. We have policies our practitioners and providers follow to ensure you receive the right health care. We do not use incentives to encourage barriers to care and/or service, or to reward inappropriate restrictions of care. This is called an affirmative statement. We want to let you know that:

- Utilization Management (UM) decisions are made by looking at your benefits and choosing the most appropriate care and service.
- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you get.

We want to make sure that each member receives the right health care. If you need help understanding this information, call us at **1-888-348-2922 (TTY: 711)**.

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## MEDICATIONS

Your prescription medicine is covered under fee-for-service (traditional) Medicaid. If you have questions about your prescription medicine, please contact Gainwell Technologies at **1-888-483-0797**.

If medically necessary, Aetna Better Health covers:

- Medicine you get as part of a hospital stay
- Injectable medicine you get at the doctor's office

Your doctor will work with us to get you the right medicine for your condition. If you have questions about these kinds of medicines, talk to your doctor.

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## PREGNANCY AND MATERNITY SERVICES

Aetna Better Health provides coverage for prenatal care, inpatient hospital stays during delivery, and post-partum care. Our Healthy Pregnancies/Healthy Babies program can offer you support throughout your pregnancy and after delivery. Call **1-888-483-0797** and ask to speak to Care Management for more information on the program.

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## DENTAL SERVICES

Dental care is important to your overall health. Aetna Better Health uses a dental benefit manager, SKYGEN USA, to provide dental services to Mountain Health Trust members. All dental services are provided by a licensed dentist or dental specialist in an office, clinic, hospital, or other setting.

Members under 21 years of age should visit their dentist for a checkup once every six months. Checkups begin at six months after an infant's first tooth erupts or by twelve months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. Members under age 21 can also access the Fluoride Varnish Program, offered by practitioners certified from the WVU School of Dentistry. For more information about the fluoride varnish application, ask your practitioner. Children are covered for non-emergency and emergency dental services.

For adults 21 years and older, diagnostic, preventive, restorative and emergency dental services are covered. Non-emergency dental services are limited to \$1,000 per calendar year (other limitations apply). Dental services may be provided by a dentist, orthodontist, or oral surgeon. Some examples of a dental emergency include:

- Severe pain
- Hemorrhage
- Traumatic injury to the teeth and surrounding tissue
- Unusual swelling of the face or gums

If you need to speak with SKYGEN USA regarding the dental benefit, please call **1-888-983-4693**.

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## BEHAVIORAL HEALTH SERVICES

Aetna Better Health provides inpatient and outpatient services to members. This benefit includes mental health services, substance use disorder (alcohol and drugs) services, care management, rehabilitation and clinic services, and psychiatric residential treatment services.

You do not need a referral for behavioral health services. Your PCP or Member Services can help you get these services from behavioral health practitioners / providers. You can call **1-888-348-2922 (TTY: 711)**.

Let your PCP know if you visit a behavioral health specialist, so he or she can support your care. If there is a mental health or substance use emergency, please call **911** right away.



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## **COURT ORDERED SERVICES**

Medically necessary court ordered treatment services are covered by Aetna Better Health. Court ordered services are subject to, BMS review and determination and member appeals.

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## **SECOND MEDICAL OPINIONS**

You may need a second opinion for an illness, surgery and/or confirming a treatment of care your practitioner has told you that you need. Contact your practitioner or Member Services for help to get a second opinion. If an appropriate provider or practitioner for the second opinion is not available within the Aetna Better Health network, we will arrange for you to get the second opinion outside the network. There is no cost to you for the second opinion.

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## **SERVICES NOT COVERED**

Some services are not available through Aetna Better Health or Medicaid. If you choose to get these services, you may have to pay the entire cost of the service. Aetna Better Health is not responsible for paying for these services:

- All non-medically necessary services
- Sterilization of a mentally incompetent or institutionalized individual
- Except in an emergency, inpatient hospital tests that are not ordered by the attending physician or other licensed practitioner, acting within the scope of practice, who is responsible for the diagnosis or treatment of a particular patient's condition
- Organ transplants, except corneal transplant
- Treatment for infertility and the reversal of sterilization
- Sex transformation procedures and hormone therapy for sex transformation procedures
- All cosmetic services, except in the case of accidents or birth defects
- Christian science nurses and sanitariums
- Duplicate Services
- Service codes determined by Bureau for Medical Services as not covered
- Health services or supplies from nonparticipating practitioners, except in an emergency, for family planning or when otherwise approved by Aetna Better Health
- Health Services prohibited by law or regulation
- For adults, TMJ and other dental problems related to malocclusion unless proven to be life-threatening

This is not a complete list of the services that are not covered by Aetna Better Health. If a service is not covered, not authorized, or is provided by an out-of-

network provider, you may have to pay. If you have a question about whether a service is covered, please call Member Services at **1-888-348-2922 (TTY: 711)**.

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## **NEW TECHNOLOGY FOR MEDICAL PROCEDURES**

We are always looking at new medical procedures and methods. We want to be sure members get safe, high-quality care. We have a team of doctors who review new health care technologies. They decide if new technologies should become covered services. (We don't cover things that are investigational or still under research.)

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

- Study the purpose of it
- Review medical literature
- Look at the impact and benefits
- Develop rules on how and when to use the technology

## **GETTING YOUR BENEFITS**

### **SPECIALTY CARE**

Sometimes you or your child may need care from a specialist. Specialists treat certain diseases and special types of conditions, including behavioral health or substance use concerns. Your PCP can recommend a specialist or behavioral health care provider to you. You don't need a formal referral from your PCP as long as the specialist is in our provider network.

Female members have direct access to an Aetna Better Health women's health specialist for preventive care. This includes covered services such as breast exams, mammograms, pap tests and prenatal care. You do not need an OK from your PCP. You must go to an Aetna Better Health practitioner in order for your service to be covered, except for emergency services or family planning services. You can use any Medicaid provider for family planning services.

Let your PCP know if you visit a specialist, so he or she can support your care. If you need help finding a specialist, please call us at **1-888-348-2922 (TTY: 711)** or visit **[AetnaBetterHealth.com/WestVirginia/find-provider](https://AetnaBetterHealth.com/WestVirginia/find-provider)**.

## SERVICE AUTHORIZATIONS

If you need to see a practitioner / provider who is not on our list, your PCP must ask Aetna Better Health for approval. Asking for an out-of-network referral is called a service authorization request. It is important to remember that your PCP must ask us for approval before you see an out-of-network practitioner/provider. You or your PCP can call Member Services at **1-888-348-2922 (TTY: 711)**. If you are approved to see a practitioner or provider who is outside of our plan, your visits will be covered. If we do not approve a service authorization, you can appeal the decision.

## PRIOR AUTHORIZATIONS

Sometimes you may need certain services or treatments that require approval. Before you get this type of care, your practitioner or provider must ask our Prior Authorization Team. If we do not approve a prior authorization, you can appeal the decision.

We give prior authorizations to Aetna Better Health practitioners or providers when you need health care, drugs or supplies that are medically needed. Your practitioner or provider needs to call us at least two (2) working days before the scheduled care. However, earlier notification helps the review process. We may ask to see written notes showing that the care is medically needed before it is preauthorized.

Our Prior Authorization team is available from 8:30 AM - 5 PM (ET) Monday through Friday. If you have questions, call Member Services at **1-888-348-2922 (TTY: 711)**. After normal business hours, you may leave a message, and someone will return your call the next business day. If someone from our UM team calls you, they will give you their name and title and say they are calling from Aetna Better Health. You can also access TTY services or language assistance to talk about UM issues. Our UM program helps make sure you get the right services at the right place.

Prior authorization is required before the date you get care for the services listed below:

- Home health care (except behavioral health)
- Rehabilitative Services: Physical, Occupational, or Speech Therapy
- Chiropractic care
- Durable medical equipment (DME)
- Polysomnograms (Sleep Apnea Studies)
- Genetic testing
- Pain management services
- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiogram (MRA)

- Positive Emission Tomography (PET Scan)
- Inpatient hospital care
- Outpatient surgery
- Intensive outpatient behavioral health services
- Partial hospitalization
- Psychiatric residential treatment facility care
- Services from a non-participating provider (except emergency services and family planning)

This list is not intended to be all inclusive. If you have any questions, call Member Services at **1-888-348-2922 (TTY: 711)**.

## **OUT-OF-NETWORK SERVICES**

If we are unable to provide certain covered services, you may get out-of-network services.

You can go to a practitioner or provider outside the Aetna Better Health network only if: (1) the care is needed; and (2) there are no Aetna Better Health practitioners or providers who can give you the care you need. We have the right to say where the service can be given when no Aetna Better Health provider can give you the care needed. The care must be preauthorized before your visit. Your PCP or the practitioner that wants to give you the care should ask for this preauthorization. If we have approved care outside our network, the cost will be no greater than it would be if you received the services within our network. Services will be provided in an acceptable and timely manner. If you have questions, call Member Services at **1-888-348-2922 (TTY: 711)**.

## **COST SHARING**

Cost sharing, or a co-payment, is the money you need to pay at the time of service. Whenever you see your PCP or a practitioner/provider you were referred to in our network, you are not responsible for any costs except the co-payment. The amount of the co-payment will change depending on the service and the Federal Poverty Level. Please see the table below for more details.

Co-payments will be collected for:

- Inpatient and outpatient services
- Physician office visits, including nurse practitioner visits
- Non-emergency use of an emergency room
- Caretaker relatives age 21 and up
- Transitional Medicaid members age 21 and up
- Any other members that are not specifically exempt

Service	Up to 50.00% FPL	50.01 – 100.00% FPL	100.01% FPL and Above
Inpatient Hospital (Acute Care)	\$0	\$35	\$75
Office Visits (Physicians and Nurse Practitioners)	\$0	\$2	\$4
Outpatient Surgical Services in a Physician's Office; Ambulatory Surgical Center; or Outpatient Hospital (excluding emergency rooms)	\$0	\$2	\$4
Non-Emergency Use of Emergency Room	\$8	\$8	\$8

Co-payments will not be collected for:

- Family planning services
- Emergency services
- Behavioral health services
- Members under age 21
- Pregnant women (including one year after delivery)
- American Indians and Alaska Natives
- Members getting hospice care
- Members in nursing homes
- Other members or services not under the State Plan authority
- Members who have met their household maximum limit for cost-sharing per calendar quarter
- Members with primary insurance other than Medicaid

For more information on co-payment amounts, please call Member Services at **1-888-348-2922 (TTY: 711)**. If you get a bill from your doctor for a covered health care service, call us.

## ACCESS AND AVAILABILITY GUIDE

Aetna Better Health offers services in every county of West Virginia. The table below lists how long it should take for you to be seen by a practitioner in different situations.

Type of Visit:	When You Should be Seen:
Routine Care	Within 21 Calendar Days
Urgent Care	Within 48 Hours
Initial Prenatal Care	Within 14 Days of Known Pregnancy
Emergency Care	Immediately or referred to ER
Specialty Care – new patient/initial visit	Within 90 calendar days
Specialty Care – follow-up visit	Within 30 calendar days
Initial Behavioral Health visit	Within 10 business days
Urgent Behavioral Health visit	Within 48 hours
Care for a non-life-threatening behavioral health emergency	Within 6 hours
Follow-up care with a Behavioral Health practitioner (routine)	Within 60 calendar days

The following table shows what your travel time should be for your appointments.

Traveling to Your:	Should Take No Longer Than:
PCP	30 Minutes
Specialist You See Often	30 Minutes
Hospital	45 Minutes (urban) or 90 minutes (rural)
Tertiary Services	45 minutes (urban) or 90 minutes (rural)
FQHCs/RHCs	60 minutes

## LETTING US KNOW WHEN YOU'RE UNHAPPY

When you have a problem, try speaking with Member Services or your PCP to resolve it. If you are still unhappy or do not agree with a decision we have made about your health care, you can file a complaint or an appeal. A complaint may also be called a “grievance”. You can also request a state fair hearing once you have gone through the process for complaints and appeals. Information on the number of complaints and appeals and their disposition is available upon request.

## COMPLAINTS/GRIEVANCES

As a member of Aetna Better Health, you have the right to file a complaint (also called a grievance) at any time. You can file a complaint if you are unhappy with something about Aetna Better Health or one of our practitioners or providers. You can also file a complaint if you disagree with our decision about your appeal. To file an informal complaint, call us at **1-888-348-2922 (TTY: 711)** to let us know that you are unhappy with Aetna Better Health or your health care services.

You can take also steps to file a formal (written) complaint or allow someone like your PCP to do so on your behalf. If someone files a complaint on your behalf, we will need your ok in writing.

To file a written complaint, you will need to send us a letter that has:

- Your name
- Provider/practitioner name, if your complaint is about a service
- Date of service, if about a service
- Your mailing address
- The reason you are filing the complaint and what you want Aetna Better Health to do
- Any information or additional documents that could support your case

Please mail it to:

Aetna Better Health of West Virginia  
P.O. Box 81139  
5801 Postal Rd.  
Cleveland, OH 44181

We will acknowledge receipt of your complaint in writing within 3 calendar days from when we receive it. We will get our response to you within 30 days from the date your complaint is received. If it is in your best interest, you can ask for a delay in our decision for up to 14 days. If we need to delay our decision for another reason, we will give you written notice within two days.

If you need help with a complaint, you can call Member Services toll-free at **1-888-348-2922 (TTY: 711)**. We can assist you in completing forms. We also can offer auxiliary aids, interpreters, and other services.

## APPEALS

As a member of Aetna Better Health, you have the right to appeal a decision, including a non-coverage decision. You can file an appeal if you do not agree with our decision about your service authorization or prior authorization request. Our decision to reduce, suspend, or stop services will be sent to you in a Notice of Action letter. You will have 60 calendar days from the date of the Notice of Action to file an appeal with Aetna Better Health. Appeals can be filed verbally or in writing. If you would like your benefits to continue while the appeal is pending, you or your practitioner/provider must file a request within 13 calendar days of the date of the Notice of Action letter. If our appeal decision is not in your favor, you may have to pay for services you received while the appeal was pending.

You can file an appeal by calling Member Services at **1-888-348-2922 (TTY: 711)** or you can do so in writing. If you choose to write to us, you will need to include your address. With written consent, you can also have someone else, like your PCP, file an appeal on your behalf.

To file a written appeal, please mail it to:

Aetna Better Health of West Virginia  
Box 81139  
5801 Postal Rd.  
Cleveland, OH 44181

Aetna Better Health will respond to your appeal within 30 calendar days from the day your appeal is received. If it is in your interest, you can ask for a delay in our decision for up to 14 days. If we need to delay our decision for another reason, we will give you written notice within two days. For appeals that need to be resolved more quickly, we will give you our decision within 72 hours after receiving your appeal. You may have to pay the cost of services, depending on the outcome.

If you need help with an appeal, you can call Member Services toll-free at **1-888-348-2922 (TTY: 711)**. We can assist you in completing forms. We also can offer auxiliary aids, interpreters, and other services.

## FAIR HEARINGS

As a member of Aetna Better Health, you have the right to request a state fair hearing. The state fair hearing process is different from the Aetna Better Health complaint and appeal process. You can only request a state fair hearing after you have received notice that Aetna Better Health is upholding the decision to reduce, suspend, or stop your benefits. You must request the state fair hearing no later than 120 calendar days from the date of our decision notice. It is our job to mail you the form and give you the information you need.

Once you get the form, please mail it back to:



WV Bureau for Medical Services/Office of Medicaid Managed Care  
350 Capitol Street, Room 251  
Charleston, WV 25301-3708

If you would like your benefits to continue while the hearing is going on, you or your practitioner or provider must file a request within 13 calendar days of the date on the Notice of Action letter. You may have to pay the cost of services, depending on the outcome. Parties to the state fair hearing can include the State, Aetna Better Health, your representative, or the representative of a deceased member. The State will hear your case and decide within 90 days of your request for a state fair hearing.

Please call Member Services at **1-888-348-2922 (TTY: 711)** if you have questions about requesting a state fair hearing. You can also call the Department of Health and Human Resources at **304-558-0684**.

### COMPLAINTS TO THE BUREAU FOR MEDICAL SERVICES

At any time, you can file a complaint to West Virginia's Bureau for Medical Services:

Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301  
**304- 558-1700**

BMS can overturn any Aetna Better Health decision if it will be bad for your child's health or violates their policy.

### REPORTING FRAUD

If you suspect fraud, waste, or abuse by an Aetna Better Health member, practitioner, or provider, please report it to our special investigative unit (SIU). You do not need to give us your name or information when you call or fill out the form. To report fraud, waste, or abuse, please call **1-844-405-2016**. You may also complete the Fraud, Waste, and Abuse Reporting form on our website at [AetnaBetterHealth.com/WestVirginia/fraud](https://AetnaBetterHealth.com/WestVirginia/fraud) or by mailing it to us:

Aetna Better Health  
500 Virginia Street East, STE 400  
Charleston, WV 25301

## OUR POLICIES

### YOUR MEDICAL RECORDS

You have the right to ask for your medical records and get them within 30 calendar days from when you ask for them. You can also ask to have your medical records changed or corrected. Aetna Better Health will take action on your request to have your medical records changed no later than sixty (60) calendar days from when you ask us. Your medical records will always be kept private.

### YOUR RIGHT TO INFORMATION ABOUT YOUR HEALTH PLAN

You may request the following information at any time:

- A description of how physicians are paid, including any incentives
- How many complaints and appeals we receive and how we resolve them
- Information on the structure and operation of Aetna Better Health
- A copy of the Aetna Better Health community report.

To request this information, call member services at **1-888-348-2922 (TTY: 711)**.

### ADVANCE DIRECTIVES

Under Federal and State law, members age 18 and older have the right to make decisions about their medical care, including an advance directive. An advance directive is legal document with your wishes regarding medical treatment if there comes a time when you are too sick to make your decisions known. An advance directive allows you to plan in advance and participate in decision-making about your health. It is a way to let your doctors know what kind of treatment you do or do not want. You can also allow someone you trust to make treatment decisions for you. This would allow that person to make choices about your care and treatment. Many people choose a relative or someone they know well.

You should speak with your doctor about making an advance directive. You do not have to fill one out, but you may want to. If you decide to let someone you trust make treatment decisions for you, be sure to speak with that person. Making an advance directive requires filling out forms and stating your wishes in writing. You will need to sign and date your advance directive and have two witnesses sign it. You should keep a copy of your advance directive and be sure your doctor also has a copy. The advance directive will become part of your medical records. Remember, you can change your advance directive at any time.

Your doctor can help you complete an advance directive or answer questions you may have. For a copy of an advance directive form, call member services.

## **APPROPRIATE TREATMENT OF MINORS**

Aetna Better Health follows the guidance of West Virginia Code §§ 16-4-10 “Minors” and 16-29-1 “Copies of Healthcare Records to be Furnished to Patients.” Anyone over 16 who has been deemed emancipated in a court of law, or who is over 16 and legally married, will be treated, and have all the privileges, rights and duties of an adult.

Oral interpreters are provided to minors on an as-needed basis including emergencies.

## **THIRD PARTY LIABILITY**

If you have insurance other than Medicaid, please call Member Services to let us know. Please also call and let us know if another insurance company has been involved with your:

- Worker’s compensation claim
- Personal injury
- Medical malpractice lawsuit
- Car accident

You must use any other health insurance you have first before using Medicaid.

## **RECOMMENDING CHANGES IN POLICIES OR SERVICES**

If you have recommendations or ideas, please tell us about them. You can help us make changes to improve our policies and services. To let us know, please call Member Services at **1-888-348-2922 (TTY: 711)**.

We also invite you to join our Member Advisory Committee (MAC). The MAC meets to review plan facts, share ideas, and talk about changes or new programs. You can also earn rewards for participating. To join call **1-888-349-2922 (TTY: 711)**.

## **CHANGES TO YOUR HEALTH PLAN**

If there are any changes to your benefits or other information in this handbook, we will let you know at least 30 calendar days before the effective date of the change and no later than the actual effective date. Please let us know if you have any questions about program changes.

## **REPORTING ABUSE & NEGLECT**

If you need to report abuse and neglect of a child or adult, please call the DHHR Centralized Intake for Abuse and Neglect hotline at **1-800-352-6513**. The hotline is operated 24 hours a day, 7 days a week. If it is an emergency situation, call **911**.

## ENDING YOUR MEMBERSHIP

If you do not wish to be a member of Aetna Better Health, you have the right to disenroll at any time. You may re-enroll in another health plan if you choose. The enrollment broker can help you. Just call **1-800-449-8466**.

Sometimes members are disenrolled from the health plan involuntarily. This can happen if:

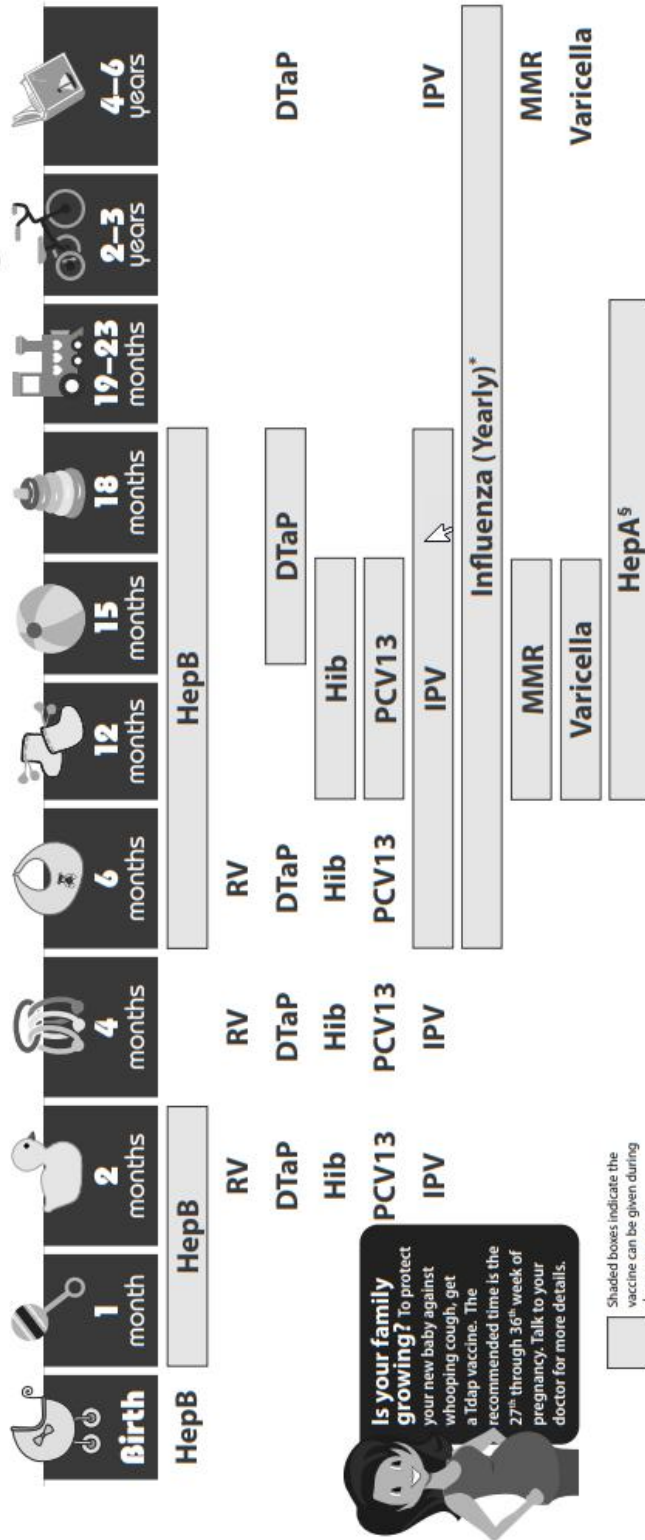
- You are no longer eligible for Medicaid managed care
- You move outside of our service area
- You are placed in an inpatient facility, nursing facility, State institution, or intermediate care facility for the mentally retarded for more than 30 calendar days
- You were incorrectly enrolled in Aetna Better Health
- You die

If this happens, your services may stop suddenly. The enrollment broker and Member Services can answer any questions you may have about disenrollment. If you move out of the country or out of state, call the West Virginia Bureau for Medical Services at **304-558-1700**.

IMPORTANT CONTACT INFORMATION		
Entity	Phone Number	Street Address
Aetna 24-Hour Nurse Line	<b>1-855-200-5975</b>	
Aetna Better Health Behavioral Health	<b>1-888-348-2922</b>	500 Virginia Street East; STE 400 Charleston, WV 25301
Aetna Better Health Fraud, Waste, and Abuse	<b>1-844-405-2016</b>	500 Virginia Street East STE 400 Charleston, WV 25301
Aetna Better Health Grievances/ Appeals	<b>1-888-348-2922</b>	Aetna Better Health of West Virginia Box 81139 5801 Postal Rd. Cleveland, OH 44181
Aetna Better Health Medical Management	<b>1-888-348-2922</b>	500 Virginia Street East STE 400 Charleston, WV 25301
Aetna Better Health Member Services	Toll-Free: <b>1-888-348-2922</b>	500 Virginia Street East STE 400 Charleston, WV 25301
County Department of Health & Human Resources (DHHR)	<b>1-877-716-1212</b>	
Enrollment Broker	<b>1-800-449-8466</b>	Maximus
Emergency	Call <b>911</b>	
Non-Emergent Transportation	<b>1-844-549-8353</b>	
Prescription Drugs	<b>1-888-483-0797</b>	Gainwell Technologies
SKYGEN USA Dental	<b>1-888-983-4693</b>	
State Fair Hearing	<b>304-558-1700</b>	Bureau for Medical Services Office of Medicaid Managed Care 350 Capitol Street, Room 251 Charleston, WV 25301
VSP (Vision)	<b>1-800-877-7195</b>	

# APPENDIX A: IMMUNIZATION CHARTS

## 2021 Recommended Immunizations for Children from Birth Through 6 Years Old



See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
 \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.  
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAFP  
AMERICAN ACADEMY OF FAMILY PHYSICIANS

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



For more information, call toll-free  
**1-800-CDC-INFO** (1-800-232-4636)  
 or visit  
**www.cdc.gov/vaccines/parents**



## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b> [1]	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

## INFORMATION FOR PARENTS

## 2021 Recommended Immunizations for Children 7–18 Years Old



Talk to your child's doctor or nurse about the vaccines recommended for their age. COVID-19 vaccination is recommended for some adolescents.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
<b>7-8 Years</b>	Everyone 6 months and older should get a flu vaccine every year.	All 11- through 12- year olds should get one shot of Tdap.	All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.	All 11- through 12- year olds should get one shot of conjugate meningococcal (MenACWY). A booster shot is recommended at age 16.	Teens 16-18 years old <b>may</b> be vaccinated with a serogroup B meningococcal (MenB) vaccine.						
<b>9-10 Years</b>											
<b>11-12 Years</b>											
<b>13-15 Years</b>											
<b>16-18 Years</b>											

### More Information:

Everyone 6 months and older should get a flu vaccine every year.

All 11- through 12- year olds should get one shot of Tdap.

All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

All 11- through 12- year olds should get one shot of conjugate meningococcal (MenACWY). A booster shot is recommended at age 16.

Teens 16-18 years old **may** be vaccinated with a serogroup B meningococcal (MenB) vaccine.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/](http://www.cdc.gov/vaccines/hcp/acip-recs/).



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



American Academy  
of Pediatrics  
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AMERICAN ACADEMY OF FAMILY PHYSICIANS



## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected, blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Human Papillomavirus</b>	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Meningococcal Disease</b>	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
<b>Mumps</b>	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Pneumococcal Disease</b>	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Rubella</b>	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\*Tdap combines protection against diphtheria, tetanus, and pertussis.

\*\*Td combines protection against diphtheria and tetanus.

\*\*\*MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

# AETNA BETTER HEALTH<sup>®</sup> OF WEST VIRGINIA

## Nondiscrimination Notice

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

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

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

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

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

## Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

**ITALIAN:** ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

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

**NEPALI:** ध्यान दिनुहोस्: ्दितपयाई नेपालीभाषालुनुहन्छ भने तपयाईकया लयागि गनःशुलक रूपमया भयाषया सहायता सेवाहरु उपलब्ध छन्। तपयाईको आइडी कयाड्डको पछयागड रहको नमबर वया **1-800-385-4104** (TTY: **711**) मया फोन िनुडहोस्।

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

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

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

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