Aetna Better Health® of Kentucky 2026 Member Handbook

AetnaBetterHealth.com/Kentucky

24620126-KY-EN

aetna®

Aetna Better Health® of Kentucky

Personal Information

My member ID number

My primary care provider (PCP)

My PCP's phone number

How to access programs and services

For more help or questions about information contained in this handbook or how to access benefits, services and rewards please call Member Services at **1-855-300-5528 ,** Monday through Friday, **7 AM to 7 PM ET**. If you speak a language other than English, we can help. Just call us at **1-855-300-5528** . Then, ask for an interpreter. You'll get this service at no cost to you. If you're deaf or blind, we can give you info in other formats. These include sign language, braille, large print and audio.

Additional No-Cost Resources for Members

Aetna Better Health of Kentucky has multiple resources provided at no cost to our members, readily available to support our members' physical and emotional well-being. These resources can be found on our website **AetnaBetterHealth.com/Kentucky/resources services.html** and include hotlines to provide members with immediate assistance:

24-Hour Nurse Line: Need a quick answer to a health question? The 24-Hour Nurse Line is here for you. If your concern can't wait until you can see your doctor, call **1-855-620-3924** anytime. And we'll connect you with a nurse.

Behavioral Health Hotline: Call Behavioral Health Services anytime at **1-888-604-6106** . During business hours, you might speak to someone in Member Services. Or you may speak with a care manager. After hours, licensed clinical staff answer our hotline.
They're trained in handling tough situations. And they can help you in a crisis. For true emergencies, call 911.

Community Resource Guide: Caring and helpful resources are just around the corner. Using the Community Resource Directory (CRD) tool in your Member Portal, you can find support and services near you. From food and housing services to wellness and mental health support and more.

Transportation 1-888-941-7433

Kentucky Medicaid Member Services 1-800-635-2570

Mailing address

9900 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

Download our Mobile App via the Apple Store if you have an iPhone or Apple device, or the Play Store if you have an Android phone or Android device.

Quick Reference Guide

I would like to:	Who can I contact?
Find Aetna's provider directory	Log onto our website: **AetnaBetterHealth.com/Kentucky**
Update my address	Contact your local Department for Community Based Services (DCBS) office to report a change in address at **1-855-306-8959**
Understand a letter I got in the mail from Aetna	Call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET.
File a complaint about Aetna	Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. You can also contact the Medicaid Managed Care Ombudsman Program at **866-KYOMBUND (596-6283)** or **1-866-596-6283.** You can also write to the Ombudsman at this address: The Office of the Ombudsman Cabinet for Health and Family Services, 275 E. Main St., 1E-B Frankfort, KY 40621
Get help with a recent change or denial of healthcare services	Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.
Get answers to basic questions or concerns about my health, symptoms, or medicines	The 24-hour Informed Health Line gives you access to medical information and advice at no cost to you. It's available 24 hours a day, 7 days a week. Just call **1-855-620-3924** to speak to a nurse. You can also connect with a nurse through the member portal.
Get help to manage my stress or anxiety	Call **911** if you are in immediate danger or need medical attention. In the case of a behavioral health emergency, you can call the Behavioral Health Crisis Hotline at **1-888-604-6106 (TTY dial 711, TDD dial 1-866-200-3269)**. It is open 24 hours a day, 7 days a week, 365 days a year.
Get help with food, housing, or transportation for my medical appointments	Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. More information about transportation services is in this handbook. Additionally, members can access the Community Resource Directory.

Find a provider or specialist	Your PCP can help with finding a specialist. If you need help finding a PCP, call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.
Get the information in this handbook in a different format or language	Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.
Get help managing chronic illness	If you would like to get Care Management or Disease Management services, or have any questions about these programs, call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET. Ask to speak to a care manager.
Find more information about Aetna	Log onto our website: **AetnaBetterHealth.com/Kentucky**

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Welcome to Aetna Better Health of Kentucky

Welcome and thank you for choosing Aetna Better Health of Kentucky. Your choice of our health plan is an important one for you and your family.

We have a strong network of doctors, hospitals and other health care providers. They offer a wide range of services to meet your health care needs and those of your family.

It's important that you understand how to use our services and your benefits. This Member Handbook has information you need to know about your benefits. Please take the time to read it carefully.

This handbook is subject to change based on information deemed mandatory by the Department for Medicaid Services. You can download a current copy of this handbook from our website at **AetnaBetterHealth.com/Kentucky**.

Our Member Services Department is always ready to answer your questions. Call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET.

New members can learn more by scanning this QR code, or by visiting AetnaBetterHealthKY.com/newmember-hb.

Your health and the health of all Kentuckians is our priority. We look forward to serving you and your family.

We're here to help create a healthier Kentucky, with healthier communities, families and people. And it all starts with you.

How Managed Care Works

Managed Care Organizations (MCOs) like Aetna Better Health of Kentucky help you get high quality medical care. We have a network of doctors, specialists, pharmacists and other providers available to meet your health care needs. We offer bonus benefits and services designed to assist you in your health care journey. Whether you need preventive care or support to manage a chronic medical condition, we want to help you achieve your best health.

Aetna Better Health manages your covered Medicaid benefits by:

- Working with your Primary Care Provider (PCP) to decide what care you need
- Explaining information in this handbook when there is a question about coverage
- Providing palliative hospice services along with other health services and medication for members under age 19 who have been diagnosed with a serious illness

Providing you with quality service

Aetna Better Health serves members statewide. We're one of the largest managed care health plans in Kentucky. Our strong partnerships with health care providers and other community organizations help to give you complete and quality care.

Aetna Better Health of Kentucky is an accredited health plan through the National Committee for Quality Assurance (NCQA). The rating is based on clinical quality, member satisfaction and NCQA survey results. To find out more about Quality Matters, visit **AetnaBetterHealth.com/Kentucky**.

Affirmative statement

Aetna Better Health employees make clinical decisions regarding health care based on the most appropriate care and service available. We don't reward providers or other employees for any denials of service. We also don't encourage nor reward clinical decisions that result in decreased services.

In addition, Aetna Better Health does not use incentives to encourage barriers to care and service. We prohibit any employee or representative of Aetna Better Health from making decisions regarding hiring, promotions, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

Eligibility

Only the Department for Community Based Services (DCBS) may approve your eligibility for Medicaid. For questions about your eligibility, please call your local DCBS office at **1-855-306-8959**. You may also use **kynect.ky.gov**, the Assistance and Support Programs for Kentuckians website, to find out if you qualify for programs like Medicaid or the Kentucky Children's Health Insurance Program (KCHIP).

Enrollment

DCBS provides Aetna Better Health with the name, address, age and sex of each member enrolled in this plan. Your effective date is on your Aetna Better Health Member ID card.

Changes in enrollment

You must notify us if you have any of the following changes:

- You have a baby
- A covered family member passes away
- A covered family member moves out of your home
- Your family size changes in any way
- You move
- You get other health insurance

If any of the above apply to you, you must:

- Call your local DCBS office at **1-855-306-8959**.
- Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.
- If you also have Medicare, call your local Social Security Administration office.

If you move away from our service area, we'll help you get services until you are disenrolled.

Births

Pregnant members, or members who just delivered a baby, are eligible for our Maternity Matters program. The program offers benefits and incentives to help you on your motherhood journey. Learn more about the Maternity Matters program on page 41, or by calling Member Services at **1-855-300-5528**.

Babies born to mothers enrolled in Aetna Better Health should be automatically enrolled in Aetna Better Health. Please call your local Department for Community Based Services and Aetna Better Health at **1-855-300-5528,** to report your baby's birth.

Special programs

There are special programs available to help you. They're the Supportive Managed Care Program and the Supplemental Security Income Assistance program. They're described below.

Supplemental Security Income (SSI) application assistance

SSI is a monthly cash benefit that you may get if you're disabled and you qualify. This government program is for adults and children. You don't need to have any work history to qualify.

Adults may qualify for SSI if they:

- Have a medical condition that needs on going care
- Have a medical condition that prevents them from working

Children may qualify for SSI if they:

- Have a medical condition that needs ongoing care
- Have problems talking, hearing or understanding words
- Are using a wheelchair or walker or need other medical equipment
- Are in a Special Education program

Supportive Managed Care Program

The Supportive Managed Care Program is an approved Medicaid Program to give support to members who need assistance in managing health care needs. The program helps members manage their medical care. This program doesn't stop a member from getting the care they need. Instead, members get coordinated care when they use one doctor, one pharmacy and one hospital.

Member claims data is reviewed to identify members who have visited multiple providers, hospital emergency departments, and/or pharmacies.

Aetna Better Health can enroll the member with one or more providers that will support the member's establishment of a medical home and healthful prescription habits.
Someone who is in the Supportive Managed Care Program may only have access to one of each of these:

- One (1) primary care provider
- One (1) pharmacy
- One (1) hospital

Members will be limited to selected providers for a period of 24 months. Aetna Better Health will monitor the claims and pharmacy use of Supportive Managed Care Program members at least annually after the initial 24-month limited period.

If the member switches health plans, their assignment will follow them to their new health plan. Members determined by Aetna Better Health to be enrolled in the Supportive Managed Care Program will be provided with written notice of his/her enrollment in the program.

Enrollment in the Supportive Managed Care Program will be effective within 60 days from the date the member is provided written notice. A member will have the right to appeal his/her enrollment in the program by providing additional information as to why his/her enrollment is inappropriate. See page 50 for more information on appeal rights.

How to Use This Handbook

This member handbook explains how Aetna Better Health of Kentucky works and how to help keep you and your family healthy. It tells you how to get health care or emergency care when you need it and gives you information about going to your primary care provider (PCP). Your PCP is the provider you will go to for most of your health care needs. Your handbook also tells you what benefits are covered by Medicaid and explains bonus benefits you get as an Aetna Better Health member. It includes important contact information and websites that will be helpful resources, too.

Help from Member Services

Member Services can answer questions about health care benefits, ID cards and Primary Care Providers (PCPs). You can also call them to get help with some health care problems at **1-855-300-5528**. Someone is there to answer your call Monday through Friday, 7 AM to 7 PM ET.

Our Member Services team is here to help make sure each member is treated fairly and able to exercise their rights.

Auxiliary Aids and Services

Member web portal

This member website is your go-to resource for managing your plan. It will help you use your Aetna Better Health benefits and services so you can get and stay healthy.
You can:

- **Access health plan details** - change your doctor, find forms or get member ID cards
- **Get personalized health information** - answer questions about your health and get the tips and tools you'll need to meet your health goals, like quitting smoking and weight management
- **Get instant access to authorization approvals -** see the status of requests for prior authorization (if you are unable to access the web portal, we can mail these to you upon request)
- **Get instant access to claims details -** see the status of your claim from start to finish
- **Find support -** get in touch with a nurse or learn more about the disease management and wellness programs that will help you stay on track with goals.
  Sign up today. It's easy.
- **To learn more about these tools, you can visit Aetna Better Health at AetnaBetterHealth.com/Kentucky**.

To create your account, go to **AetnaBetterHealth.com/Kentucky/login** and select Member Portal. And when you're ready to sign up, just select 'register online'. You will need your health plan member ID and a current email address to create an account.

Members can now also go to any specialty pharmacy contracted with the state. Contact MedImpact to help with this request. Learn more about MedImpact on page 36.

Information about your providers

If you want to learn more about our providers, you can locate the information on our website at **AetnaBetterHealth.com/Kentucky**. Click on the 'Find a Provider' ribbon on the top right-hand side of the page. From there you can search by type of doctor and/or location. The online provider directory gives the provider's name, address, telephone numbers, professional credentials, specialty and board certification status.

For more information, you can also visit **www.healthgrades.com**. This site gives more information about providers, such as which medical school they attended and where they did their residency training. If you need help or do not have internet access, please call Member Services at **1-855-300-5528 ,** Monday through Friday, 7 AM to 7 PM ET.

Mobile app

Get your health care information when you want it with the Aetna Better Health Mobile App. You can get instant access to the tools you need to stay connected with your health care. Download your free mobile app today in the iTunes App Store or Google's Play Store. With our mobile app, you can:

- Find a provider
- View a mobile version of your ID card
- Complete your Health Risk Assessment (HRA)
- See your medical claims
- Update your profile information
- View your handbook
- Send questions to Member Services
- Request a new ID card be sent to you
- See your care plan (if you have one)
- Build a support circle of friends and providers
- Request ID card to be sent to you
- Check out health resources

Informed Health Line

The 24-hour Informed Health Line gives you access to medical information and advice at no cost to you. It's available 24 hours a day, 7 days a week. Just call **1-855-620-3924** to speak to a nurse. You can also connect with a nurse through the member portal.

Informed Health Line services include:

- Toll-free calls to a registered nurse any time. Translation services are available, if needed.
- Ask questions online and receive a response within 24 hours
- Get help and advice for acute and chronic conditions.
- Find out more about a medical test or procedure.
- Get help preparing for a doctor's visit

You may be eligible for a smartphone at NO COST

Now you can stay connected with those who care about you. You may be eligible for a new phone and/or a data package, including:

- Android smartphone
- Voice minutes
- Data packages
- Unlimited text messaging
- Unlimited calls to Aetna Better Health

To learn more or see if you're eligible, go to **AetnaBetterHealth.com/Kentucky/whats covered.html** or call us at **1-855-300-5528 .**

Your Health Plan ID Card

Aetna Better Health Member ID card

When you join Aetna Better Health, each eligible family member receives their own Aetna Better Health Member ID card. This Member ID card tells the provider you are an Aetna Better Health member. The first date you may get care from Aetna Better Health is on your Member ID card.

You may also have to show a picture ID to prove you are the person whose name is on the Member ID card.

Aetna Better Health® of Kentucky

aetna

Name

Date of Birth Sex

Member ID/State Medicaid ID#

PCP

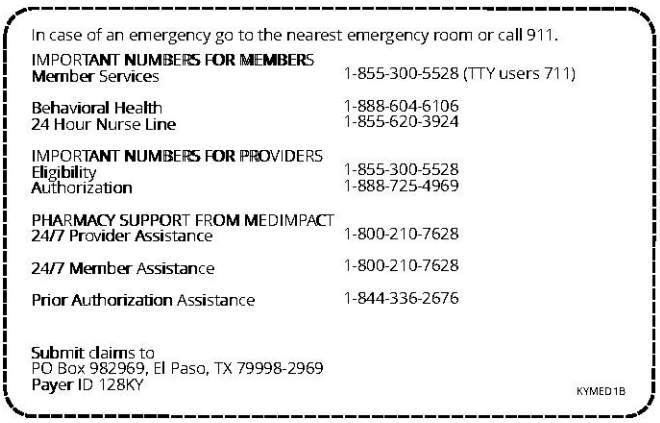
PCP Phone Effective Date

RxBIN: 023880 RxPCN: KYPROD1 RxGRP: KYM01

MedImpact

AetnaBetterHealth.com/Kentucky

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEKYMED1B


In case of an emergency go to the nearest emergency room or call 911.

IMPORTANT NUMBERS FOR MEMBERS

Member Services 1-855-300-5528 (TTY users 711)

Behavioral Health 1-888-604-6106

24 Hour Nurse Line 1-855-620-3924

IMPORTANT NUMBERS FOR PROVIDERS

Eligibility 1-855-300-5528

Authorization 1-888-725-4969

PHARMACY SUPPORT FROM MEDIMPACT

24/7 Provider Assistance 1-800-210-7628

24/7 Member Assistance 1-800-210-7628

Prior Authorization Assistance 1-844-336-2676

Submit claims to
PO Box 982969, El Paso, TX 79998-2969
Payer ID 128KY

KYMED1B

Information included on the Aetna Better Health Member ID card includes but is not limited to:

- Your name
- Your date of birth
- Your Member ID/State Medicaid ID number
- Your Primary Care Provider (PCP) (if you have one)
- Your PCP's office phone number (if you have one)
- Effective date

If you do not have a member ID card, call Member Services at **1-855-300-5528**, Monday through Friday, **7 AM to 7 PM ET.** You may also view your Member ID card on the mobile app. If you lose your Member ID card or if it is stolen, please call Member Services. Learn how to request a change of PCP, or how PCPs are assigned on page 17.

Member Rights and Responsibilities

Member rights

You as a member have the right to:

- Get good medical care regardless of race, color, religion, sex, age, disability, sexual orientation, gender identity or nationality.
- Be treated with respect and dignity and to have your privacy protected.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Have a choice about your Aetna Better Health PCP and be able to change your PCP within the rules.
- Get medical care when you need it.
- Ask questions and get complete information about your medical condition and treatment options, including specialty care, regardless of cost or benefit coverage.
- Be told that services are not covered before you get them.
- Be part of all decisions about your health care, including the right to refuse treatment.
- Ask for a second opinion.
- Have your medical records and care kept private.
- Look at copies of your medical records, get copies if you want them, and get assistance with them in accordance with applicable federal and state laws.
- File a complaint or an appeal with Aetna Better Health, or ask for a State Fair Hearing from the Department for Medicaid Services, if you have problems with your eligibility or health care.
- Get help with filing a complaint or appeal.
- Have timely access to care including specialty care.
- Make sure communication or physical barriers don't limit timely access to care.
- Get information in a way that is easy to understand.
- Get free translation services, if needed.
- To be free to exercise your rights without anyone treating you adversely.
- Prepare Advance Medical Directives according to Kentucky laws.
- Ask for a description of payment methods Aetna Better Health uses to pay providers for member care.
- To be told at least 30 days before any program or site changes that affects you.
- Make recommendations regarding the health plan's Member Rights and Responsibilities Policy.
- Receive information about our organization, our services, our practitioners and providers, and member rights and responsibilities.
- A right to request an overview of the Medicaid program and a list of benefits outlined in the Member Handbook once a year. Any change in the information listed will be

communicated at least 30 days before the change is made.

- Any Native American enrolled with Aetna Better Health is eligible to receive services from an Aetna Better Health network participating I/T/U provider or an I/T/U primary care provider. I/T/U are the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (collectively referred to as "I/T/U").

Member responsibilities

You as a member have a responsibility to:

- Give the best information you can so that Aetna Better Health providers can take care of you and your family
- Follow your PCP's instructions and care plans
- Actively participate in personal health and care decisions and practice healthy lifestyles
- Call your PCP first when you need medical care (in an emergency, you should call 911 or go to the closest emergency room)
- Go to providers who take your Aetna Better Health Member ID card
- Show your Aetna Better Health Member ID card every time you get medical services
- Show your other insurance card if you have other health insurance coverage
- Make sure that you only see Aetna Better Health providers, unless an Aetna provider is not available
- Keep all appointments and be on time
- Cancel an appointment if you can't get there
- Follow Aetna Better Health and Kentucky Medicaid policies and procedures
- Follow the rules of your PCP's office or clinic (if you or others don't follow the rules, your provider can ask you to leave)
- Ask your PCP questions if you don't understand something about your medical care
- Tell the truth about yourself and your medical problems
- Report suspected fraud and abuse
- Tell the Department for Community Based Services (DCBS) or Social Security Administration (SSA) about changes to your name, address, and telephone number
- Notify DCBS or SSA if you have a change like a birth, death, marriage or obtain other insurance
- Learn the difference between an emergency and urgent care
- Understand your rights and responsibilities as a Kentucky Medicaid member

Disenrollment

We want you to be happy with Aetna Better Health of Kentucky. Please let us know about your problems or concerns. We can help you.

You may ask to stop your membership with Aetna Better Health for any reason if it's within 90 days of your first enrollment or reenrollment. You may ask to stop your Aetna Better Health membership "for cause" after the first 90 days. This means you have a special reason that you need to end your membership. Some examples of good cause are:

- You move out of our service area
- Your PCP is no longer in our network
- You lack access to covered services
- You can't access a qualified provider to treat your medical condition

You can ask to disenroll by filing a Grievance. To file a Grievance, write or call Aetna Better Health of Kentucky with your reason(s) for the request. If your request is approved, you will get a notice from Aetna Better Health of Kentucky that the change will take place by a certain date. Aetna Better Health of Kentucky will provide the care you need until then.

If your request to change is not approved by the Department based on your appeal, then you may request a State Fair Hearing. You must send a written request for a hearing to ask for disenrollment. The request must have the reason you are asking to be disenrolled. You can send it to:

Office of the Ombudsman and Administrative
Review Attn: Medicaid Appeals and
Reconsiderations
275 East Main Street, 2E-O
Frankfort, KY 40621

Quality Member Access Committee (QMAC)

We need your help! Did you know that you, our member, can help decide how your health care services are provided? The QMAC is a group of members that can and do make a difference in the services and materials provided by Aetna Better Health.

The QMAC is looking for members to offer a point of view, understanding, concern and solutions directly to us. We appreciate your voice and time. As part of the QMAC you can:

- Be part of the solution
- Have the opportunity to better understand why decisions are made
- Understand how those changes will directly affect your family and others just like you

- Share your experiences as a member of Aetna Better Health
- Be a part of an environment that requests and respects member input

Please consider becoming a member of the QMAC. We want your help. For more information about the QMAC or to get the meeting call-in number, please call Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET.

Member satisfaction survey

Aetna Better Health conducts member satisfaction surveys at least once a year. You may receive this confidential survey by mail sometime this year. Please help us learn your opinions by filling it out. If you'd like a copy of the results, call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. Your responses to this survey will not affect your Medicaid eligibility. Our Member Services team is here to help make sure each member is treated fairly and able to exercise their rights.

Privacy and Confidentiality

Aetna Better Health keeps your personal and health information safe and private. We are required by law to give you the Notice of Privacy Practices. This notice explains your rights about the privacy of your personal information and how we may use and share your personal information. Changes to this notice apply to the information that we have about you. This also applies to any information that we may get or have in the future. Our privacy policy also makes sure our staff is trained on privacy and security policies, which include verbal protection of your personal information. You may request a copy at any time.

Aetna Better Health and your providers make sure all your records are kept safe and private. We limit access to your personal information to only those who need it. We have proper protection for entry to our buildings and computer systems. Our Privacy Office also makes sure our staff is trained on our privacy and security policies.

To give the best service, we may use and share your personal information for treatment, payment and operations. We may limit the information Aetna Better Health shares about you as the law requires. For example, HIV/AIDS, substance use, family planning and genetic information may be further protected by law. Our privacy policies always follow the strictest laws.

In the provider's office, your records are labeled with your name and stored in a safe area so unauthorized individuals can't see your information. If your medical information is on a computer, a special password is needed to see that information.

Your medical record can't be sent to anyone without your written permission, unless required by law. When you ask your provider's office to transfer records, they'll give

you a release form to sign. It's their responsibility to give this information to you. If you have problems getting your records or having them sent to another provider, please contact Member Services at **1-855-300-5528 ,** Monday through Friday, 7 AM to 7 PM ET. They'll assist you in getting your records within 10 working days of your request.

You have a right to review your medical records. You may also ask that they be updated or corrected. If you'd like a free copy of your medical or personal records maintained by Aetna Better Health, you may call Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET.

This information may include: race, ethnicity, language, sexual orientation, disability, food insecurity, financial insecurity, housing insecurity, access to transportation, personal safety, barriers to achieving health, any other relevant social information

You can also ask for a blank form to fill out and send with a letter to Aetna Better Health. When Aetna Better Health receives your written request, we'll send you the requested records within 30 days. We'll let you know in writing if it will take longer. It should never take more than 60 days from the date of your written request.

Part 1 – First Things You Should Know

What is kynect?

kynect is a website, **kynect.ky.gov**, where you can apply for benefits like:

- Supplemental Nutrition Assistance Program (SNAP) – helps you buy healthy foods for you and your family
- Medicaid – helps cover medical care costs
- Kentucky Transitional Assistance Program (KTAP) – helps pay for basic needs like rent, utilities, and other household expenses

Checking benefit eligibility - You can use kynect to check if you may be eligible to receive benefits if:

- You are unsure if you qualify for benefits
- You are new to Kentucky's public assistance program
- You have never received benefits before

Simply select the benefits you would like to see if you qualify for and answer questions about yourself and your household.

How to Choose Your PCP

Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your health care provider who takes care of all your main health care needs. You can choose your PCP. Your PCP will see you for well care check-ups and medical problems. Your PCP is your medical home. A medical home helps make sure that the right medical care is available when you need it.

Get to know your PCP. It helps ensure that you get medical care from someone who knows you and from someone who you feel comfortable with. Your PCP will learn about your health to prevent or detect future illness. PCPs help keep you healthy by:

- Teaching you how to stay healthy
- Treating a health problem before it becomes serious
- Keeping immunizations up to date
- Providing care when you are sick

All members must select a PCP except:

- Pregnant women
- Dual-eligible members (those who have both Medicaid and Medicare)
- Adults who are under state guardianship

You will receive a printed directory of PCPs when you first enroll with us and you can also access the online Provider Directory at **AetnaBetterHealth.com/Kentucky** at any time.

If you have not chosen or been assigned a PCP, you may go to any PCP in the Aetna Better Health network to receive care. Once you have chosen a PCP, this is who you should receive your care from.

Your PCP's name is on your member ID card. If you don't choose a PCP, we will choose one for you. If you're in enrolled in the Supportive Managed Care Program a PCP will be chosen for you by Aetna Better Health of Kentucky.

How to Change Your PCP

To change your PCP, call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET, or you can request the change through the Member Portal on our website at AetnaBetterHealth.com/Kentucky. If the member is a child, the member's parent or guardian may change the PCP. Supportive Managed Care Program members should ask to speak to the Supportive Managed Care Program Case Management Department to review your request to change your PCP. Please refer to page 6 for more information on the program.

If you choose a PCP who is not taking new patients, you will have to choose another PCP. If your family doctor is not part of Aetna Better Health's network, you'll have to choose someone else. (You can also ask if your family doctor would like to join our plan.) There are benefits to keeping your PCP. The better they get to know you, the better they can treat you. But there is no limit to the number of times you can change your PCP.
In some cases, your PCP may ask that you be removed from his or her practice. If this happens, you'll get a new PCP. Some reasons your PCP may ask for this change may be that:

- You and your PCP do not get along
- Your PCP cannot meet your medical needs
- You miss appointments

Aetna Better Health may also decide to change your PCP. We will notify you if this happens. We will also notify you if your PCP is no longer in our network. In this case, we will help you select a new PCP.

It's very important to show up for your scheduled appointments. If you can't go to your appointment, cancel the appointment at least 24-hours before the appointment. See page 40 for more information about getting rides to your appointments.

If your PCP is not in his or her office when you need care, just ask to see another provider in the group. There may be a provider on call that you could see.

If you have a serious condition or chronic illness, you may ask to have a specialist as your PCP. Specialists may act as PCPs for members with special needs. However, the specialist must agree to be your PCP. Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET, to make this request.

How to Get Regular Health Care

You should get your care from your PCP, who is your medical home.
Exceptions include these situations:
Your PCP wants you to get care that is out of Aetna Better Health's provider network and Aetna Better Health pre-authorizes the service.

- You receive family planning services.
- You are seeking care for a foster child.
- You have an emergency.
- You are seeking behavioral health services.
- You are seeking direct access services such as those described in this handbook.

Care or supplies must be medically needed to be covered. Aetna Better Health reviews generally accepted standards of care to see if care meets these standards.

Call your PCP to make an appointment for a checkup

As soon as you get your Aetna Better Health Member ID card, make an appointment with your PCP for a checkup (even if you are not sick). This way, your PCP can get to know you and help you manage your health better.

Children should also see their PCP for well child checkups, shots and screenings as soon as possible. For well child checkups, shots and screenings, try to call your PCP two or three weeks ahead to get an appointment.

When you or someone in your family is sick and needs medical care, call your PCP. Your PCP can help arrange plans with other providers when you need special care.

If you need care after hours:

- Call the PCP's office to find out how to get care after hours. If it is not an emergency, leave a message.
- If you still cannot reach your PCP, call our 24-Hours Nurse Line at **1-855-620-3924** .

Your PCP's phone number is on your Aetna Better Health Member ID card. You can change your PCP at any time by calling us at **1-855-300-5528 .**

24-hour care

The office of your Primary Care Provider (PCP) is your medical home. Your PCP is the one who takes care of all of your main health needs. You can call your PCP 24 hours a day, 7 days a week, including weekends and holidays. For routine and urgent care, you should always call your PCP first.

In an emergency, call **911** or go to the closest emergency room. You may also call the 24-Hour Nurse's Line at**1-855-620-3924 .** A Prior Authorization is not required for emergency services.

Access and availability standards

You should be able to see your health care provider within the timeframes below for the following situations. Please let us know if you have problems seeing your health care provider within these timeframes.

Provider type	Appointment type	Availability
PCP	Routine Care	Within 30 Days
	Urgent Care	Within 48 Hours
	Non-Urgent	Within 72 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
Pediatrics	Urgent Care	Within 48 Hours
	Sick Care	Within 30 Days
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
Specialist	Routine Care	Within 30 Days
	Urgent Care	Within 48 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
Oncology	Next Available Appointment	Within 30 Days
	Urgent Care	Within 48 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day

	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
OBGYN	Routine or Next Available Appointment	Within 30 Days
	Urgent Care	Emergency Care – Same Day
	Initial prenatal visit for pregnant women in first trimester	Within 14 Days
	Initial prenatal visit for pregnant women in second trimester	Within 7 Days
	Initial prenatal visit for pregnant women with high-risk pregnancies	Within 3 Days
	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
Behavioral Health	Urgent Care	Within 48 Hours
	Non-Life-Threatening Psychiatric Emergency	Within 6 Hours
	Inpatient Follow Up	Within 7 Days
	Initial Routine Care	Within 10 Business Days
	Routine Care Follow Up	Within 30 Days
	Missed Inpatient Appointment Follow Up	Within 24 Hours
	After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
All	Waiting room time	45 Minutes*
General Dentist Services	Regular	Within 3 Weeks
	Urgent Care	Within 48 Hours
General Vision, Lab, and X-ray Services	Regular	Within 30 Days
	Urgent Care	Within 48 Hours

*does not apply to emergency room wait times

How to Get Specialty Care

Referrals

Aetna Better Health does not require a referral from your PCP or OB/GYN before you see another Aetna Better Health provider unless you are a Supportive Care Program member. Your PCP is your medical home and should coordinate your care. You should call your PCP to tell him/her you are going to the other provider. Supportive Managed Care members must have a referral to see any provider except the one that they are already assigned.

You can obtain a listing of your local specialists by calling Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. You can also find a provider on the mobile app, or on our website.

Out-of-Network Providers

Providers not in our network

In the case of an emergency, you may see any Medicaid provider. Additionally, you may see any Medicaid provider for a child in foster care when applicable or for family planning services.

You may go to a provider not in our network only if:

- The care is needed
- There are no Aetna Better Health providers to give the care in a timely manner
- Aetna Better Health has approved the care in non-emergencies

If your PCP wants you to see a provider who is not in Aetna Better Health's provider network, they must send us a written request. We have the right to choose where you can get services when there is not an Aetna Better Health provider available to give the care you need. The provider not in our network who plans to give you care should request prior authorization to provide services. Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET, with any questions.

Member notification of provider terminations

Aetna Better Health will be solely responsible for notifying members that a provider or provider group is no longer a participating provider.

When Aetna Better Health is provided advance notice of the termination, we'll mail members notice at least 30 days in advance.

When we don't receive advance notice, we'll mail members notice within fifteen (15) days of learning the provider is terminating. Members have 10 days to choose a provider or one will be chosen for them.

Emergencies

What is an emergency?

An emergency is a sudden injury or serious illness that if not treated right away, could cause death or permanent harm. If you're pregnant, it could mean harm to your health and the health of your baby. You don't have to go to an Aetna Better Health participating provider in an emergency, and you do not need a prior authorization for emergency services.

Some examples of an emergency are:

Trouble breathing	Poisoning
Broken bones	Severe or unusual bleeding
Convulsions, seizures or loss of consciousness	Severe burns
Chest pain	Suicidal or homicidal feelings
Deep knife wounds or gunshot wounds	Fever in newborn (less than 3 months old)
Pregnancy-related problems	Serious head, neck or back injury
Any vaginal bleeding in pregnancy	Severe abdominal pain
Signs of a stroke (including loss of vision, sudden numbness, weakness, slurred speech or confusion)	Signs of a heart attack (including chest pain)

If possible, call your PCP or the 24-hour Informed Health Line at **1-855-620-3924 .** If you cannot call, go to the nearest hospital emergency room or call **911**. If you're admitted to a hospital that isn't in Aetna Better Health's network, you may be transferred to a hospital in our network when your condition is stable if authorized by Aetna Better Health.

If you must stay in the hospital after an emergency, the provider must call Aetna Better Health within 24 hours. If that day is on a weekend or legal holiday, the provider must call by the end of the next working day.

Show your Aetna Better Health Member ID card to the providers and ask them to file the claims with Aetna Better Health. You should always follow up with your PCP after going to urgent care or to the ER.

Out of service area

If you're outside of our service area and need medical treatment, you're only covered for an emergency when seen at an emergency room. Outside of our service area means outside the Commonwealth of Kentucky. If you see a provider who is out of our service area and is not signed up with Medicaid, you may have to pay the bill. The provider must be willing to bill Aetna, get a Kentucky Medicaid ID number and call Aetna to approve care. If you're away from home and need to see a doctor, call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.

Post-stabilization care

This is medically needed care after an emergency condition is stable. Aetna Better Health doesn't require prior authorization for post-stabilization care.

Follow-up care

After an emergency, be sure to get any follow-up care from your PCP. Do not go back to the emergency room for this care.

Emergency services

Always carry your Aetna Better Health Member ID card. Know where to find your closest hospital emergency room. There is a list of hospitals with emergency services in your Provider Directory or call Member Services at **1-855-300-5528 .** If you see a provider who is out of our service area and is not signed up with Medicaid, you may have to pay the bill. You may have to pay for a non-Medicaid covered service if you agreed to pay for it in writing.

The provider must be willing to bill Aetna, get a Kentucky Medicaid ID number and call Aetna to approve care. Monday through Friday, 7 AM to 7 PM ET. You can also find a list online at **AetnaBetterHealth.com/Kentucky**.

Medical Technology Committee

Aetna Better Health has a group of health care providers and health specialists that review new and existing drugs and technology. The group recommends what will and will not be covered.

This is done by a review of research and clinical guidelines. It's also done by looking at what other doctors are doing. Our doctors will work with your doctor to get you the care you need. We explain information in this handbook when there's a question about coverage. Looking at new methods allows us to make sure you have access to current, safe and effective health care.

Urgent Care

Urgent care is medically needed care for an unexpected illness or injury. If possible, call your PCP. If you're unable to receive urgent care from your PCP, you may need to get care at an urgent care center. If you have a true emergency, go to the hospital emergency room.

If you need help deciding if you have a care need that is urgent, please call our 24-hour Informed Health Line at **1-855-620-3924 .** The nurse can help you decide whether to get care at an urgent care center or wait for an appointment with your provider. If your PCP's office is closed, you might need to go to urgent care for your health care needs. Urgent care is for injuries or illnesses requiring immediate care, but not serious enough to go to the emergency room.

Some examples when you might need urgent care:

Accidents and falls	Sprains and strains
Moderate back problems	Breathing difficulties (i.e., mild to moderate asthma)
Urinary tract infections	Bleeding/cuts - not bleeding a lot but requiring stitches
Eye irritation and redness	Diagnostic services, including X-rays and laboratory tests
Skin rashes and infections	Fever or flu
Vomiting, diarrhea or dehydration	Severe sore throat or cough
Minor broken bones (such as fingers or toes)	

Part 2 – Your Benefits and Plan Procedures

Services Covered by Aetna Better Health of Kentucky*

Benefit	Copay	Limits
Inpatient Medical Hospitalization		
Acute Inpatient Hospital Services	$0	Per admission
Inpatient Physician/Surgeon Services	$0	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Transplant	$0	No limit
Emergency Services		
Emergency Room (ER)	$0	
Emergency Ambulance (ground or air)	$0	No limit
Ambulatory Patient Services		
Physician Office Services	$0	No limit
Outpatient Hospital/ Ambulatory Surgical Center	$0	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Rural Health Clinic (RHC), Federally Qualified Health Center(FQHC)& Primary Care Center (PCC)	$0	Per visit
Dental Services (adults)	$0	Per visit
Home Health Care	$0	No limit
Vision Services (adults)	$0	1 eye exam per year
Vision Services (children)	$0	1 eye exam per year

Urgent Care	$0	Per visit
Radiation Therapy	$0	No limit
Chemotherapy	$0	No limit
Family Planning	$0	No limit
Podiatry	$0	No limit
Maternity and Newborn Care		
Prenatal and Postnatal Care	$0	No limit
Maternity Services	$0	No limit
Prescription Drugs		
Prescription Drugs	$0 no generic	No limit
Rehabilitative and Habilitative Services and Devices		
Skilled Nursing and Rehabilitation	$0	No limit
Chiropractic Services	$0	26 visits per 12-month period
Durable Medical Equipment	$0	Per item
Hearing Aids/Audiometric Services	$0	Limited to children under 21
Orthotic/Prosthetic Devices	$0	Per item
Physical/Occupational/ Speech Therapy	$0	20 visits per therapy per year
Private Duty Nursing	$0	2,000 hours per year, unless additional hours are determined to be medically necessary (outpatient only)
Laboratory, Diagnostic and Radiology Services		
Laboratory, Diagnostic, and Radiology Services (outpatient)	$0	Per visit per service
Pediatric Services		
Autism Spectrum Disorders	$0	Up to age 21

Early Periodic Screening, Diagnosis and Treatment (EPSDT)Special Services	$0	Limited to medically necessary services and must be prior authorized
Commission for Children with Special Health Care Needs	$0	Limited to children who meet the eligibility criteria of the Kentucky Commission for Children with Special Health Care Needs
Specialized Children's Services Clinics	$0	Services limited to children under age 18 and must be performed by specialized clinics
Targeted Case Management: Severe emotional disability (SED)	$0	Limited to children who meet Kentucky's statutory definition of SED Children
First Steps Services	$0	Services are available to children from birth through age two who have developmental delays or diagnosed physical or mental conditions associated with developmental delay
Mental Health and Substance Use Disorder Services		
Targeted Case Management	$0	No limit
Inpatient Mental Health/ Substance Use Services	$0	Per admission
Outpatient Mental Health/ Substance Use Services	$0	Per visit
Psychiatric residential treatment facilities (PRTFs)	$0	Services for residents ages 6 to 21
Preventive Services and Chronic Disease Management		
Smoking/Tobacco Cessation	$0	No limit
Allergy Services	$0	No limit

Wellness services (Immunizations and other preventive health services such as annual check-ups, pap smears, blood pressure screenings, etc.)	$0	No limit
Other		
Non-Emergency Transportation	$0	No limit
Family Planning	$0	No limit
Hospice	$0	No limit
Second Opinion	$0	No limit
TeleHealth	$0	No limit
Renal Dialysis/Hemodialysis (outpatient)	$0	No limit

Note: All benefits provided must be medically necessary. Aetna Better Health of Kentucky will only be liable for those services authorized by Aetna Better Health of Kentucky.

Population Health Management

At Aetna Better Health of Kentucky, we understand that your needs are special to you. Our goal is to help you stay healthy and to make sure you stay involved in your health care. Our population health management program strives to address you and your family's needs in the following four key areas:

- Keeping you healthy.
- Supporting you if your health is at risk.
- Ensuring your safety.
- Helping you manage multiple chronic illnesses.
- Supporting any gaps in care through Value Added Benefit programs

If you are interested in any of the above or have questions about any of these programs, just call Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET. Ask to speak to a care manager or look for us online at **AetnaBetterHealth.com/Kentucky.**

Care Management and Disease Management

Managing chronic illness can sometimes be difficult. Knowing who to contact, what test results mean, or how to get needed services can be hard. Aetna Better Health of Kentucky's team of Care and Disease Managers are here to help our members, as well as their families, primary care providers and caregivers. We can help with changes and provide information, so patients and caregivers are better prepared and informed about health care decisions and goals.

If you have a chronic condition, such as low back pain, sickle cell anemia, hemophilia, HIV/AIDS, multiple sclerosis or other conditions such as high-risk pregnancy or neonatal concerns, a history of health problems, or problems following our rules for getting health care, we want to work with you and your PCP to meet your health care needs. Our Care and Disease Management teams are here to help navigate care planning.

Teams can also offer assistance to quit smoking. Aetna Better Health has special programs for foster care children. To learn more about these programs, call Member Services at **1-855-300-5528.**

The goal of care management is to help you reach your best level of wellness and fitness. Your care manager can help you find the right providers and services.

Aetna Better Health has special programs for our members with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), depression and coronary artery disease (CAD). These programs help you care for yourself through education, health coaching and special care. Care and Disease Management help you get the best care in the best way.

The Disease and Care Management team provides the following services:

- Aetna Better Health nurses and other health care staff will work with you to understand how you can best manage your condition.
- We'll help you regularly assess your health care status, book doctor appointments and connect you with community resources.
- You'll receive informational newsletters which provide updates on your condition.
- Education and informational materials will be provided to you to help you understand and manage the medications your provider has ordered.
- Information about events such as health fairs.

To make sure our records are up to date, our Care Management team will call new members to complete a health risk assessment. If you would like to get Care Management or Disease Management services, or have any questions about these programs, call Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET. Ask to speak to a care manager or look for us online at **AetnaBetterHealth.com/Kentucky**.

If you don't want Care Management or Disease Management services, you can tell us by calling Member Services at **1-855-300-5528 ,** Monday through Friday, 7 AM to 7 PM ET.

Women's health care services

OB/GYNs provide health care services for women. This care is for the female reproductive system.

Covered Services

- A gynecological exam each year for female members, age 13 or older, that includes: a breast exam, a pelvic exam and an annual pap smear (if indicated)
- Screening mammograms using the following schedule:
    - One baseline screening for ages 35-39
    - One mammogram annually for ages 40 and over
- 12 months of coverage postpartum
- Maternity Matters prenatal and postpartum coverage, see page 41
- Aetna Better Health recommends pregnant women be HIV tested
- Services to treat any medical condition that may complicate the pregnancy
- Services for pregnancy and postpartum care
- If a newborn and mother, or only the newborn, is released from the hospital less than 48 hours after the day of delivery, at least 1 follow-up visit is covered when within 48 hours after discharge
- Hysterectomy, when medically needed
- Prostheses needed after a complete or partial removal of a breast for any medical reason
- Reconstructive breast surgery performed along with, or after, a full or partial mastectomy. Inpatient hospital care is covered for at least 48 hours after a radical or modified radical mastectomy
- Inpatient hospital care is covered for 24-hours after a total mastectomy or a partial mastectomy with lymph node dissection
- Inpatient hospital care for lengths mentioned above can be less if you and your provider agree on the shorter stay.

Mastectomy services

Your health care provider will work with you to decide the services best for you. This may include:

- All stages of rebuilding the breast on which the mastectomy was performed
- Surgery and rebuilding of the other breast so they look the same
- Prostheses and treatment of physical problems of the mastectomy, including lymphedema

Utilization Management (UM) program

The Aetna Better Health Utilization Management (UM) program ensures that you receive quality services that are medically necessary, meet professionally recognized standards of care, and are provided in the most effective and medically appropriate setting. Our program provides a system for prospective, concurrent, and retrospective review of services and treatments provided.

Our Quality Management/Utilization Management Committee (QM/UM) is comprised of Aetna Better Health participating providers, medical directors and management staff. Our QM/UM oversees the UM program. A doctor provides daily oversight of the UM program.

Behavioral health care

Behavioral health care services are to treat a member's mental health. This includes alcohol and substance use services. Covered services include:

Community Mental Health Center services	Partial Hospitalization Program services
Inpatient behavioral health services	Intensive Outpatient Program services
Substance Use Rehabilitation and Residential services	In-home behavioral health services
Out patient behavioral health services	Psychiatric Residential Treatment Facility services

Everyone should have the opportunity to be as healthy as possible. This includes your mental health. We have on-line tools in the member portal section that you can use to get information on wellness such as identifying depression, avoiding at-risk drinking, smoking cessation and healthy habits. Our tools are also available in print.

If you need behavioral health services, you can choose your own behavioral health providers. Your PCP may refer you for behavioral health services. You can find information on in-network behavioral health providers by visiting our website **AetnaBetterHealth.com/Kentucky**. Click on the 'Find a Provider' ribbon on the top right-hand side of the page. From there you can search by type of behavioral health provider and/or location. The online provider directory gives the provider's name, address, telephone numbers, professional credentials, specialty and board certification status. Aetna Better Health of Kentucky can also help you find behavioral health providers and make appointments by calling Member Services at **1-855-300-5528 .**

Some behavioral health care is covered only when it has been pre-authorized (unless it is an emergency). Please make sure your provider checks the prior authorization list before providing you a behavioral health service. Inpatient care you get is reviewed during your stay. Your care will be covered as long as it's medically needed. If it's decided that all or part of your stay is not needed, the provider will be told that coverage will end.

If you miss a scheduled behavioral health appointment, your provider will contact you within 24 hours to reschedule the appointment. If you are receiving inpatient behavioral health services, before you leave your provider will schedule an outpatient follow-up appointment to occur within 7 days of your discharge.

In the case of a behavioral health emergency, you should call 911 or the Behavioral Health Crisis Hotline at **1-888-604-6106 (TTY dial 711, TDD dial 1-866-200-3269)**. The Behavioral Health Crisis Hotline is open 24 hours a day, 7 days a week, 365 days a year. They can help you get the care you need.

Member liability

Federal law states that certain members may be responsible to pay for part of their care. This is called "member liability." Members who:

- Receive non-institutional hospice
- Live in a Psychiatric Residential Treatment Facility (PRTF) or a behavioral health or psychiatric hospital and are under age 21 or over age 64

The amount of member liability is based on the member's income. Members with low income may have to pay $0. Other members with higher incomes may have to pay more. The Department for Community Based Services (DCBS) calculates the member's liability. Your DCBS case worker can help you better understand this process. We'll send you a notice before we apply member liability.

Adult immunizations

Aetna Better Health covers certain Adult Immunizations at your local, participating health department or pharmacy.
To find out if you are eligible for these and other vaccines that are available, please contact your provider or Member Services at **1-855-300-5528** . You can also visit **https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html** to view the vaccine schedule.

Dental care

Aetna Better Healthcoversbasicdentalservicesforadultsandchildrenundertheageof 21. Children living in Kentucky must get a dental exam before they start kindergarten. Call Member Services at **1-855-300-5528 ,** Monday through Friday, 7 AM to 7 PM ET, to find out how to get care. You may also look in your Provider Directory or online at **AetnaBetterHealth.com/Kentucky** under Find a Provider.

Eye care and eyeglasses

Aetna Better Health covers certain vision services for members. Children living in Kentucky must get an eye exam before they start kindergarten. Children are eligible for eyeglasses once a year with a prescription. Adults also can get a free pair of eyeglasses every year.

Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET, to find out how to get care. You may also look in your Provider Directory or online at **AetnaBetterHealth.com/Kentucky** under Find a Provider.

Radiology and cardiology services

Aetna Better Health contracts with eviCore to provide radiology benefit management for our members. It's necessary for your provider to get prior authorization from eviCore to perform the following outpatient non-emergency diagnostic tests:

- MRI - Magnetic Resonance Imaging
- PET - Positron Emission Tomography
- CT - Computed Tomography
- CCTA - Coronary Computed Tomography/ Angiography
- Stress echo cardiogram
- Nuclear Cardiology
- MUGA - Multiple Gated Acquisition Scan
- Obstetric Ultrasounds

Your provider doesn't need to prior authorize the following non-emergency advanced diagnostic tests:

- Inpatient advanced radiology services
- Observation setting advanced radiology services
- Emergency room radiology services

Once the diagnostic test is over, eviCore will contact you directly to help you select a facility/location and schedule your appointment. If you're unable to speak with a radiology representative, you'll receive a letter through the mail with the facility name and location. Your provider will give you an order for the test to present at the time of your appointment.

Family planning services and supplies

Family planning services includes birth control counseling and supplies. Aetna Better Health covers family planning for members of child-bearing age. You don't need to ask your PCP before getting this care.

Appointments for counseling and medical services shall be available as soon as possible within a maximum of 30 days.

If it is not possible to provide complete medical services to Members less than 18 years of age on short notice, counseling and a medical appointment shall be provided right away preferably within 10 days. Any care you receive is kept private.

If you don't want to talk to your PCP about family planning, call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. We can help you choose a family planning provider and assist with scheduling. You may get family planning services and supplies from an Aetna Better Health provider or a provider not in our network.

Non-covered pharmacy services

The following items aren't covered by Aetna Better Health benefits:

- Medications that aren't effective or are not safe
- Medication used for weight loss or weight gain
- Medications used to promote fertility
- Cosmetics or products used for hair growth
- Medications used for treatment of sexual dysfunction
- Experimental medications that have no proven medical benefits

Tobacco cessation

If you're a smoker, have a history of smoking, or use other types of tobacco, we want to work with you to help you stop. Aetna Better Health has a program that is designed to help you if you're ready to quit smoking. This service is provided over the phone. You can get help in the form of patches, gum or medications. Nicotine Replacement Therapy (NRT) is available to you with a prescription from your primary care provider.

If you would like assistance with smoking cessation please call at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET and ask for Care Management. You may receive text messages from Aetna Better Health providing you with resources to help you quit. You can opt out of these text messages at any time. The Commonwealth of Kentucky also has a free program. Always talk to your doctor before starting any new program. For more information on this free program, call Quitnow Kentucky at **1-800-QUIT-NOW** (**1-800-784-8669**).

High-risk prenatal services

Aetna Better Health provides care management for high-risk members who are pregnant. The PCP or OB/GYN and Aetna Better Health work together to decide if a member needs these extra services.

The following are additional covered services for pregnant women:

- Diet review and counseling by a registered dietitian
- Coordination of community resources (childbirth and parenting classes)
- Breast pumps
- Obtaining long-term care services
- Follow-up to be sure a member gets needed care
- Guidance and support
- Blood glucose meters
- Testing for HIV
- Remote monitoring programs to support you during your pregnancy

How to Get Long Term Care Services

If you need services at a nursing facility for long-term care, we will help you. Call us if you need long term care services for more than 30 days. Aetna Better Health will work with the Cabinet for Health and Family Services to disenroll you from managed care and make sure you get the services you need.

Outpatient services

Outpatient services include:

- Preventive care
- Medical tests
- Care to help you heal

You should tell your PCP when you receive outpatient services. You can get the care at hospital outpatient departments, clinics, health centers or doctors' offices in Aetna Better Health's Provider Network. You can find the list online at **AetnaBetterHealth.com/Kentucky** .

Inpatient hospital care

When you don't have an emergency, we must authorize your stay BEFORE you go to the hospital. You must go to a hospital that is an Aetna Better Health participating provider unless authorized by us to go to a hospital not in our network. You'll be under the care of your PCP or other doctor to whom your PCP has sent you.

Provider services

We cover care that's given by an Aetna Better Health provider when it's medically necessary. You may receive the care in the provider's office, a hospital, a clinic, or any other place needed to treat an illness, injury or disease. You may also receive family planning, maternity care, EPSDT well-child screenings or other preventive care. Regular health exams are covered for adults.

Prescription drug benefit

Your drug benefit is provided by Aetna Better Health Kentucky and Kentucky Medicaid.

We began working with a pharmacy benefit manager (PBM), MedImpact Healthcare Systems, Inc., in 2021. They serve all members in managed care and their member service team is available 24 hours a day, 7 days a week by calling **1-800-210-7628**.

Your ID card has important information for your pharmacy. If you do not have your new ID card you can still go to the pharmacy. Tell them you have Medicaid and the pharmacist can call MedImpact to get the needed information. Before you go, make sure the pharmacy accepts Kentucky Medicaid. To find a pharmacy or see what is covered, go to **https://kyportal.medimpact.com**.

Aetna Better Health covers prescription medications that are on the State's single preferred drug list, also called a formulary. Take your prescription and Aetna Better Health Member ID card to a Medicaid-enrolled pharmacy.

If you have Medicare or other insurance, you must show that ID card as well. Aetna Better Health doesn't pay for drugs that haven't been approved by the Federal Drug Administration (FDA). You can find out if your medicines are on the Preferred Drug List in one of two ways:

- Call Member Services at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.
- Go online to see the list of covered drugs at: **https://kyportal.medimpact.com/sites/default/files/2023-12/kentucky-medicaid-pdl.pdf**

Note: You cannot be reimbursed for out-of-pocket pharmacy expenses.

Prescription exceptions request

If your medicine isn't on the State's single preferred drug list, ask your provider if there's one on the drug list you can use. If not, your provider must ask for a prescription exception. MedImpact will decide after review and if necessary, after talking with your provider, decide if the drug on the drug list will not work for your medical condition. If your provider doesn't ask for the exception, Aetna Better Health may not pay for it.
MedImpact will review the medical exception request within 24 hours. If this deadline is not met, the pharmacist may give you a three-day supply of the drug, except for opioid pain medicine. If MedImpact does not approve your medical exception, they will tell you in writing. MedImpact will also tell you how to start the complaint/appeal process.

Over-the-counter medicines

Sometimes your provider may want you to take over-the-counter(OTC) medicines. Like other drugs, your doctor must give you a prescription for over-the-counter medicines to take to the pharmacy. You cannot be reimbursed for out-of-pocket pharmacy expenses. You can find out if your over-the-counter medicines are covered by visiting the Medicaid Member Portal at
https://kyportal.medimpact.com/sites/default/files/2023-12/kentucky-medicaid-ffs-otc-list.pdf

Some OTC medicines are covered by our OTC benefit. Learn more on page 41.

Prior authorization for Some Medications

If your medicine requires prior authorization, you can:

- Ask your provider for a similar drug that does not require prior authorization
- Ask your provider to contact MedImpact to start the prior authorization process. Your provider will know how to do this
- MedImpact will review your provider's request within 24 hours. Your pharmacist may give you a three-day temporary supply of the medicine (except for opioid pain medicine) while your provider tries to get it approved.
- MedImpact will tell you in writing if they did not approve the request. They will also tell you how to start the complaint/appeal process.

Step therapy (ST)

Some drugs aren't approved unless another drug has been tried first. ST coverage requires that a trial of another drug be used before a requested drug is covered.

Quantity limits

Some drugs have limits to the number of doses you may get. This is called a quantity limit. The Food and Drug Administration (FDA) decides safe dose limits. For a partial list of the services we cover and to see what approvals are required, you can call Aetna Better Health's Member Services at **1-855-300-5528** .

The pharmacist will fill your prescription according to FDA safe dosing limits. They will do this even if your provider wrote the prescription for more than the recommended FDA safe dosing limits.

The pharmacist won't give you more medicine if your provider doesn't get it prior authorized. The pharmacist will ask your provider to call MedImpact first.

Brand-name drugs instead of generic alternatives

Aetna Better Health pays for brand and generic drugs, when preferred by the State's single preferred drug list. If your provider wants you to have a non-preferred brand-name or generic drug on the State's single Preferred Drug List , they must ask for a prior authorization. MedImpact will review the request.

If MedImpact does not approve the request for the preferred brand-name or generic drug, they will tell you in writing. MedImpact will also tell you how to start the complaint/appeal process.

Medicines that are not on our drug list when enrolled

If your drugs aren't on the State's single preferred drug list when you're enrolled with Aetna Better Health, you may take your medicine for 30 days after you enroll with us. Your provider should change your medicine to one on the State's single preferred

drug list or submit a prior authorization. If MedImpact does not prior authorize the exception, they will tell you in writing. MedImpact will also tell you how to start the complaint/appeal process.

Changes to our drug list

The Department of Medicaid Services (DMS) may need to make changes to the State's single preferred drug list from time to time. If you're taking a medicine that will be removed from the State's single preferred drug list, we'll tell you in writing at least 30 days before it is removed. You can also access the updated single preferred drug list online at: https://kyportal.medimpact.com/sites/default/files/2023-12/kentucky-medicaid-pdl.pdf.

Second medical opinions

You can ask for a second opinion for an illness, surgery or treatment that your PCP says you need. You can call your PCP or Member Services at **1-855-300-5528 (TTY 711)**, Monday through Friday, 7 AM to 7 PM ET, for help getting a second opinion.

There is no cost to you for second opinions administered by our providers or providers not in our network. All second opinions by providers not in our network require prior authorization from Aetna Better Health.

Translation or interpreter services

If your primary language is not English or you have a hearing impairment, we'll help you get interpreter services. This service is free. Tell your doctor that you need a spoken language translator or sign language help and they will contact us.

If you need to contact us about your benefits and your primary language isn't English, we'll contact our language line service, which will translate for you. If you have a hearing impairment, you may use either TTY or TDD services . We'll work with our members who are deaf to determine their preferred method of interpretation and give priority to meeting those requests.

How to get transportation

- Emergency transportation: Call 911 or the closest ambulance service.
- Non-emergency transportation: Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car.

If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked
- Kentucky Medicaid doesn't cover rides to pick up prescriptions

For a list of transportation brokers and their contact information, please visit **https:chfs.ky.gov/agencies/dms/provider/Pages/nemt.aspx** or call Kentucky Medicaid at **1-800-635-2570**. For more information about transportation services, call the Kentucky Transportation Cabinet at **1-888-941-7433**.

The hours of operation are Monday through Friday, 8 AM to 4:30 PM ET and Saturday 8 AM to 1 PM ET. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible.

You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to explain it is important for you to travel outside your area. (Your area is your county and the counties next to it).

If you're in a wheelchair, or if you can walk but get disoriented, you may choose a transportation company that can meet these special needs.

Contact your broker to see what special needs companies are available. You have to get a note from your PCP. The note has to say why that type of transportation is needed. **Please note: KCHIP III children do not get non-emergency transportation.**

Benefits you can get from Aetna Better Health of Kentucky

Bonus Benefits and Services

We provide no-cost services to you. These benefits are only for Aetna Better Health members. Aetna Better Health of Kentucky is proud to offer our members exclusive benefits, in addition to our regular benefits, at no cost. You can view the complete Bonus Benefits guide at **https://www.aetnabetterhealth.com/kentucky/whats-covered.html.**

Bonus benefits offered by Aetna Better Health of Kentucky include:

- Aetna Better Care Program
- Over-the-Counter (OTC) stipends
- Maternity Matters program
- A virtual companion app
- And more!

Aetna Better Care Program

Aetna Better Health of Kentucky offers members gift card incentives for completing certain regular check-ups and screenings like:

- Follow up visits with mental health practitioners
- Completion of HPV vaccine series
- Finishing Health Risk Assessment (HRA)
- Completing a mammogram
- Completion of HBA1c test
- Completion of vision exam

To receive these benefits, please contact Member Services. All Value-Added Benefits program offerings and services are subject to change. For more help or questions about how to access these Value-Added Benefits, Services and Healthy Rewards please call Member Services at **1-800-300-5528**, Monday through Friday, 7 AM to 7 PM ET.

Over the Counter Stipends

As a CVS Health® company, we offer $15 every month for over-the- counter (OTC) cold products, first aid care, oral care and more. It's part of your benefits as an Aetna Better Health® of Kentucky member. You can access these benefits by visiting any CVS Pharmacy store location, by ordering on-line or calling by phone

Visit www.cvs.com/benefits or call OTC Health Solutions M–F, 9 a.m.–8 p.m. EST at

1-888-628-2770.

Maternity Matters Program

Did you know: pregnant Aetna members have exclusive access to Bonus Benefits that will

help throughout their pregnancy and the first year of their baby's life.

Whether you are newly pregnant or just had a baby, our Maternity Matters program offers benefits and incentives to help you on your motherhood journey. These benefits include:

- $25 gift card for completion of Initial prenatal visit
- $10 gift card for completion of each additional prenatal visits (up to 10 visits)
- $25 gift card for completion of Post-Partum Visit within 7 to 84 days after your baby's birth
- Up to a $90 gift card to purchase a Cribs OR Car seat at 37 weeks or more of pregnancy for seeing your doctor regularly (at least 7 visits) during your pregnancy.

By completing activities that will help improve the health of yourself and your baby, you will earn rewards via a reloadable card that can be used for healthy foods, maternity supplies, and diapers at a variety of local and online stores. To receive these benefits, please contact Member Services. All Value-Added Benefits program offerings and services are subject to change. For more help or questions about how to access these Value-Added Benefits, Services and Healthy Rewards please call Member Services at **1-800-300-5528**, Monday through Friday, 7 AM to 7 PM ET.

Services NOT Covered (if you get a bill)

If Aetna Better Health denies a procedure, service or prescription, you or your PCP may request an appeal. You do this by sending a request to Aetna Better Health's Appeals department.

See page 49, "Appeals and grievances," for more information. The following services are not covered by Kentucky Medicaid:

- Any laboratory service performed by a provider without a current certification under the Clinical Laboratory Improvement Amendment applies to all facilities and individual providers of any laboratory services
- Cosmetic procedures or services performed only to improve appearance
- Hysterectomy procedures performed only to sterilize (prevent pregnancy)
- Medical or surgical treatment of infertility (reverse sterilization, in vitro fertilization, etc.)
- Induced abortion for a reason other than the mother's life is in danger, or in the case of rape or incest
- Paternity testing
- Personal services or comfort items
- Post-mortem services
- Services, including but not limited to drugs, that are investigational, mainly for research purposes or experimental
- Sex change services
- Sterilization of a mentally incompetent or institutionalized member

- Services that a member isn't required to pay and no other person is legally responsible to pay.

How our Providers are Paid

Filing claims

If you obtain services from an Aetna Better Health provider or another Medicaid provider, your claims will be filed for you by the provider. Medicaid providers are not allowed to bill you for Medicaid services. If you see a provider who is out of our service area and is not signed up with Medicaid, you may have to pay the bill. You may have to pay for a non-Medicaid covered service if you agreed to pay for it in writing. For more info, see the "Out of Service Area" section on page 23.

If you receive a bill from a Medicaid enrolled provider for Medicaid services, please contact Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET.

We will pay for medically necessary, authorized health care you have paid for, up to the amount allowed by Medicaid. We must receive all claims within 365 days after the date of service.

Incomplete forms will not be processed.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a federal benefit for children from birth up to age 21, who are eligible for Medicaid or the Kentucky Children's Health Insurance Program (KCHIP).

Our EPSDT team is here to help children from birth to ages 21 get the care the EPSDT screenings and services they need. This includes age-appropriate health screenings, immunizations, vision, dental, hearing, lead testing and screening, and any other medical services that may be necessary. Our EPSDT team sends monthly birthday reminders to let you know that your child is due for one of the EPSDT services. Our EPSDT team can call you to help you schedule your child's doctor visit and assist with transportation to appointments as needed.

If your child needs additional services, we may cover them. EPSDT special services covers medically necessary services not normally covered by Medicaid.

This may include medical supplies and special equipment; dental services not normally covered; allergy serum and shots; and behavioral health services not normally covered. These EPSDT Special Services require prior authorization. Your provider will ask for this prior authorization. KCHIP III children are not eligible for EPSDT special services or for help with non-emergency transportation.

Children should get checkups regularly, at the ages listed below.

Ages recommended for well-child checkups	
3–5 days afterbirth	12 months
By 1 month	15 months
2 months	18 months
4 months	24 months
6 months	30 months
9 months	1 time per year between ages 3 and 20

Sick visits don't take the place of routine screening visits.

Children need shots that help their bodies fight disease. Each shot fights a different disease.

Children must have a record of these shots in order to begin school. You may be required to give this information when you enroll your children in school.

Children should get each shot at the ages given in the chart below. Some shots need to be given more than once.

Immunization chart (shots)

Age	Shot
Shortly after birth	Hepatitis B, #1
Between 1 and 2 months	Hepatitis B, #2
2 months	Diphtheria, Tetanus, acellular Pertussis (DTaP), #1 H. influenzae type B (Hib), #1 - Inactivated Poliovirus (IPV), #1 - Pneumococcal Conjugate (PCV13), #1 - Rotavirus, #1
4 months	Diphtheria, Tetanus, acellular Pertussis (DTaP), #2 H. influenzae type B (Hib), #2 - Inactivated Poliovirus (IPV), #2 - Pneumococcal Conjugate (PCV13), #2 - Rotavirus, #2
6 months	Diphtheria, Tetanus, acellular Pertussis (DTaP), #3 Pneumococcal Conjugate (PCV13), #3
Between 6 and 18 months	Hepatitis B, #3 Rotavirus, if needed Inactivated Poliovirus (IPV), #3
Between 6 and 36 months	Influenza (Flu) – annually after 6 months of age
Between 12 and 15 months	H. influenzae type B (Hib), #3 - Measles, Mumps & Rubella (MMR), #1 - Pneumococcal Conjugate (PCV13), #4 - Varicella (Chickenpox), #1
Between 12 and 23 months	Hepatitis A #1 and Hepatitis A #2
Between 15 and 18 months	Diphtheria, Tetanus, acellular Pertussis (DTaP), #4

After 2 years of age for certain high-risk groups	Pneumococcal Polysaccharide (PPV)
4 to 6 years	Varicella (Chickenpox), #2 Diphtheria, Tetanus, acellular Pertussis (DTaP), #5 Inactivated Poliovirus (IPV), #4 - Measles, Mumps, Rubella (MMR), #2
11 to 18 years	Tetanus, Diphtheria, acellular Pertussis (Tdap) Meningococcal Conjugate, #1
9 to 18 years	Human Papillomavirus (HPV), 2 or 3 dose series

For other guidelines, see the Centers for Disease Control (CDC) Guidelines for **https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html.** For more information on the COVID-19 vaccinations, please visit: **https://www.cdc.gov/covid/vaccines/index.html.**

Service Authorization and Actions

Benefits offered by the State

Most Medicaid services will be provided by Aetna Better Health of Kentucky. Some services will still be provided by Kentucky Medicaid. You will use your Medicaid ID card for these services. These services are:

- First Steps - A program that helps children with developmental disabilities from birth to age 3 and their families, by offering services through a variety of community agencies. Call **1-877-417-8377** or **1-877-41-STEPS** for more information.
- HANDS (Health Access Nurturing and Development Services) - This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- Non-emergency medical transportation - If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. Call **1-888-941-7433** for help or see **https://www.chfs.ky.gov/agencies/dms/provider/Pages/nemt.aspx** for a list of transportation brokers or companies and how to contact them.

- Services for children at school - These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy and behavioral (mental) health services. Call **502-564-9444** for more information.

Direct access services

Direct access to care means you can get the covered services below from any Aetna Better Health provider of your choice without needing a referral.

- Primary care vision services, including one pair of eyeglasses for adults every year; also includes fittings
- Primary care dental and oral surgery services and evaluations
- Family planning
- Maternity care for members under 18 years of age
- Immunizations for members 19 and over at pharmacy or health department
- Sexually transmitted disease screening, evaluation and treatment are available from your PCP or public health departments
- Tuberculosis screening, evaluation and treatment
- Testing for HIV, HIV-related conditions and other communicable diseases
- Chiropractic services
- Women's health specialists

For members with special health care needs, direct access to a specialist is not restricted.

Prior Authorization and Timeframes

Aetna Better Health must approve some health care services and supplies before you get them. This is called prior authorization. Aetna Better Health follows nationally recognized guidelines for the care your provider suggests.

These guidelines are used to make prior authorization decisions. Some services that need prior authorization are listed below. Your provider can get a full listing of services that need prior authorization on the Aetna Better Health provider portal. This list may change from time to time. Call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET, to request the most current list.

Prior authorization list

Your provider must check if a prior authorization is required before providing you a service. Some items that require prior authorization are:

- All inpatient services, including psychiatric, skilled nursing facilities and rehabilitation
- All physical health services provided in the home
- All services administered by Medicaid providers not in our network (except an emergency)
- Purchase of durable medical equipment, prosthetics and supplies costing more than $500
- Durable medical equipment rentals
- Dental anesthesia (in an outpatient facility)

- Transplant services, including transplant evaluation*
- Some behavioral health and substance use services (not emergencies)
- All enterals and metabolic foods
- Some vision services
- Some dental services
- Chiropractic visits after the first 12
- Some radiology services (CT scans, MRIs, PET scans)
- Cardiology services
- Most surgical procedures
- Pain management services
- Physical therapy

*An Aetna Better Health network provider may not be in the transplant network. Please work with your Aetna Better Health transplant case manager to choose a provider.

The following table lists the timeframes used when we make our decision on the prior authorization.

Type of Decision	Decision	Initial Notification	Notification Method
Urgent prior authorization	1 business day from receipt of request*	24 hours from receipt of request	Oral and/or written, dependent on type of notification
Non-urgent prior authorization	1 business day from receipt of request*	24 hours from receipt of request	Oral and/or written, dependent on type of notification

*The timeframes for decisions and notification may be extended if additional information is needed to process the request.

If we need more information to make a decision, we'll request it from your provider within the timeframes in the above table. The provider has 14 days to submit the additional information for prior authorization requests. We will also notify our members of requests for more information on the date we request it from the provider.

- If the provider sends the additional information within 14 days, we will approve or deny the service and notify our member, member's PCP and requesting provider according to the timeframes in the table above.
- If we don't receive the requested information within 14 days, we will approve or deny the service based upon the available information and notify the member, member's PCP and requesting provider according to the timeframes above.

Appeals and Grievances

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

Complaints (Grievances)

You can file a complaint at any time if you're not happy with our service. Filing a complaint means you're letting us know about services with which you're not happy. You can call or write us at any time. Our phone number is **1-855-300-5528** . Our hours are from 7 AM to 7 PM ET. We're open Monday through Friday.

If you want to write to us about your problem, your letter should include:

- Your name
- Your member ID number
- Your mailing address and phone number
- A description of what you're upset about and how you'd like us to fix it
- You can also have someone else act on your behalf. This person is your authorized representative. This person may be:
    - Your provider
    - Your legal guardian
    - Relative
    - Friend
    - An attorney
    - Other person

You have to give written permission to the person that allows them to file a complaint for you. Mail your letter to us at the address below:

Complaint and Appeal Department
Aetna Better Health
Attn: Complaint and Appeal
Department PO Box 81139
5801 Postal Rd
Cleveland, OH 44181

You can also call us at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET. We'll send you a letter letting you know we got your complaint within 5 working days. We'll send you a letter to let you know what we did about your problem within 30 calendar days of the date we get your letter or call. We'll never punish or discriminate against you or your provider or take any negative action against either of you in any way for filing any kind of appeal or complaint.

Appeals

If Aetna Better Health makes a decision you don't agree with, you can file an appeal. If you file an appeal, it means you want us to review a decision we made about your care. Call us or mail us your appeal. If you want to call, our phone number is **1-855-300-5528** . We're open Monday through Friday, 7 AM to 7 PM ET. You can also mail your appeal to us at the address below. You have to get your letter to us or call us within 60 calendar days of the day you got our denial letter. Mail to:

Aetna Better Health
Attn: Complaint and Appeal
Department PO Box 81139
5801 Postal Rd
Cleveland, OH 44181

If you call us to tell us about your appeal, we'll also need you to send in a written appeal. When you call, we can send you a form to fill out. You can fill out the form or just write us a letter. When we send you the form, we'll also include a postage-paid envelope for you to use. You must send us your letter or form within 10 calendar days from the date on the letter that comes with the form.

In your letter, be sure to tell us any details you want us to consider in your appeal review, including why you think we should change our decision. Your letter must also include:

- Your name, phone number, member ID number and mailing address.
- Your doctor's name.
- The date of the service you want.
- Any information or documents you have that might help change our mind within a reasonable time period. We will tell you in the letter acknowledging your appeal what that time frame will be.
- At any point before or during the appeal process, if you or your representative want to see the case file, medical records or any other documents and records, you may request a copy free of charge.

You can do the appeal, or you can ask someone to do it for you. You can choose anyone you want, including a friend, your doctor, a legal guardian, a relative or an attorney. If you pick a person to do the appeal for you, that person is your Authorized Representative. You must write us a note with the name of the person who will speak for you. Be sure to sign it.

You can also fill out a consent form to let the person you chose speak for you as your Representative. We'll send you the form. Just call us at **1-855-300-5528** , Monday through Friday, 7 AM to 7 PM ET.

After we get your appeal, we'll send you a letter within 5 working days to let you know we got it. In the letter, we'll tell you how you can participate in a meeting to talk about your appeal. The letter will have the date of an appeal meeting. This is when we'll go over your case. When you send us your letter, let us know if you want to come to the appeal meeting. You can attend in person or by phone. At least one person who wasn't involved in the first decision to deny the service will look over the appeal. If your appeal is about something medical, a doctor who is licensed will also look at your case.

The doctor that looks at the case will have an understanding of the kind of care you need. If your appeal isn't about something medical, it's called an administrative appeal. A committee that includes at least one doctor will look at the case during a meeting.

In most cases, we'll make a decision about your appeal within 30 calendar days from the date we get it. We may need 14 more days to finish your case. We only take extra time if it'll make things better for you. We'll send you a letter at least two days before your appeal is due to be finished to let you know if we need the extra time.

You can file a complaint if you don't agree with us using the extra time. You can also ask us to hold your appeal for 14 more days if you need time to give us more details.

Expedited (faster) appeals

There's a fast appeal process called an expedited appeal. You can ask for an expedited appeal if your life or health could be harmed by us taking the normal time to finish your appeal. Call us at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET, to let us know if you need an expedited appeal. You do not have to submit your request for an expedited appeal in writing.

If your expedited appeal request meets the guidelines, we'll make a decision within 72 hours from when we got your request. After you let us know you want an expedited appeal, if you find that you have more information you want to send us for the appeal review, you have 24-hours to get it to us. If your request to expedite the appeal isn't approved, we'll call you to let you know. Then we'll process your appeal just like a normal appeal.

We'll send you a decision on the case within 30 calendar days. You may ask for another 14 calendar days to give us more information. Aetna Better Health may also need more information. We'll send you a notice if there's a delay that you didn't request.

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

If you're unable to file a written appeal or complaint on your own, you may call Member Services. We'll take the information and complete the complaint or appeal for you. Member Services can provide free copies of information about your complaint or appeal.

If we change our decision after reviewing your appeal or expedited appeal, we will approve your request within 72 hours of the decision.

Provider appeals

Your provider also has the right to appeal and request further review of a decision they don't agree with. These rights and procedures are determined by state law and policies set by the Kentucky Department of Medicaid Services.

Please see our website at**AetnaBetterHealth.com/Kentucky** or contact Member Services for further information.

If you don't agree with our decision on your appeal, you can ask the state to look at your case by writing them a letter. This is a State Fair Hearing. The state's rules say you must wait for your appeal to be finished before you can have a State Fair Hearing.

Your benefits during the appeal or State Fair Hearing process

When you ask for an appeal, you can continue to receive your benefits. If you want to continue to receive your benefits, you must let us know by calling Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET or sending us a letter.

We have to receive your letter within 10 days of the date on the decision letter we sent you before your appeal. You can also continue your benefits during a State Fair Hearing. If you want to continue your benefits, you must let us know by calling Member Services at **1-855-300-5528**, Monday through Friday, 7 AM to 7 PM ET or sending us a letter.

You need to let us know within 10 days of the date on the decision letter we send you at the end of your appeal.

You can request that we continue your benefits if:

- You write or call us to ask for an extension of your benefits
- Your appeal is about a service we stopped (temporarily or permanently) or a service that was authorized before, but has now been reduced in amount
- An authorized provider ordered the service
- The authorization period hasn't expired for the service

  Aetna Better Health Attention:
  Complaint and Appeal Department
  9900 Corporate Campus Dr., Suite 1000
  Louisville, KY 40223

If you need more information about the types of services covered or the need for approval on services, call Member Services at **1-855-300-5528,** Monday through Friday, 7 AM to 7 PM ET.

At the State Fair Hearing, if the hearings officer doesn't agree with your claim and still denies your request, you may have to pay for continued services. You won't have to pay until the State Fair Hearing decision is final.

We'll never punish or discriminate against you or your provider or take any negative action against you because you filed any kind of appeal, State Fair Hearing or complaint.

State Fair Hearings

To qualify for a State Fair Hearing, your letter should:

- Be mailed or filed within 120 days from the date on the most recent appeals determination letter we sent you
- Explain why you need a State Fair Hearing
- Give the date of service and kind of service we denied
- Include a copy of the last appeal decision letter you got from us

A state employee called a hearings officer is in charge of your State Fair Hearing. The hearings officer will send you a letter with the date and time for your hearing. The letter will also explain the hearing process. If you do not want to speak or are unable to speak for yourself, you can choose someone to speak for you at the hearing.

If you filled out a consent form for the appeal, they'll be able to speak for you. If you didn't, you can still call us to get one for the State Fair Hearing.

To request a State Fair Hearing, you should send your letter to:
Office of the Ombudsman and Administrative Review
Attn: Medicaid Appeals and Reconsiderations
275 East Main Street, 2E-O
Frankfort, KY 40621

You can request the State Fair Hearing or you can ask someone to do it for you. You can choose anyone you want, including a friend, your doctor, a legal guardian, a relative or an attorney to speak for you. If you pick a person to do the State Fair Hearing for you, that person is your Authorized Representative. If you didn't already do so during the appeal, you must fill out a consent form to let someone else speak for you.

Part 3 – Other Advance Directives

You have the right to make decisions about your medical care. An advance directive documents your health care decisions when you cannot speak for yourself. It tells your provider what future health care wishes you have if you are too sick to tell anyone yourself. This is the only time the advance directive is used. Your provider has the responsibility to discuss Advance Medical Directives with you at the first medical appointment and document that discussion in your medical record.

Advance directives can include a living will or durable power of attorney for health care. Your advance directive is included in your medical records. You should tell your provider if you have certain moral and/or religious beliefs that would stop you from making advance directives.

Your doctor or other health care provider should write down your objections to making advance directives and make this a part of your medical records.

Members should do the following when preparing an advance directive:

- Sign and date your advance directive
- Obtain signatures of two (2) witnesses, in accordance with state law
- Give a copy of the advance directive to your doctor so it can be put in your medical record
- Keep a copy for yourself
- Take a copy with you when going to the hospital or ER

Aetna Better Health will tell you within 90 days if rules about advance directives change. You, or your authorized representative, may file a complaint if your advance directive is not followed. You may send your complaint to the:

Director, Division of Health Care Cabinet for Health and
Family Services
275 East Main Street, 5 E-A
Frankfort, KY 40621-0001
or
Inspector General
Cabinet for Health and Family
Services 275 East Main Street,
5 E-A Frankfort, KY 40621-0001

Fraud, Waste and Abuse

Member fraud and abuse

Medicaid fraud can be:

- Lying or holding back information when you sign up to be a member of Kentucky Medicaid or KCHIP
- Letting someone else use your Aetna Better Health Member ID card
- Not telling the Social Security Administration (SSA) or the Department for Community Based Services (DCBS) about changes in income and family status
- Not telling Kentucky Medicaid that you have other insurance

Medicaid abuse can be:

- Too many emergency room visits for conditions that are not emergencies
- Using pain medicines that you do not need
- Getting prescriptions that you do not need

If you commit Medicaid fraud, you:

- Must pay back any money Medicaid paid for you to get services
- Could be prosecuted for a crime and go to jail
- Could lose your Kentucky Medicaid benefits for up to a year

Provider fraud

Providers can commit fraud many different ways. Provider fraud, like member fraud, takes money from those who need it. Because of this fraud, there is less money to treat members who need medical help. You can help stop provider fraud. Keep a record of:

- Medical services you get
- When and where the service takes place
- Name of the person who takes care of you
- Any other services ordered by the provider
- Some examples of provider fraud are:
    - Billing for services that you did not get
    - Making an appointment for a return office visit when you do not need one
    - Taking X-rays, doing blood work, etc. that you do not need
    - Billing for services that someone else in the office actually performed (charging you too much for those services)
    - Billing for more time than the service took
    - Adding extra names to your bill (for example, a family member) and billing for those
    - Taking money from another provider to refer you to him/her

Reporting Medicaid fraud

If you think someone has committed Medicaid fraud or abuse, call Medicaid's Fraud and Abuse Hotline at **1-800-372-2970** or Member Services at **1-855-300-5528** .
Everything you say is private.

Third Party Liability (TPL)

We need to know if you have other health insurance along with Medicaid. Contact Aetna Better Health of Kentucky if you have other insurance coverage or lose insurance coverage from another plan. Call Aetna Better Health of Kentucky's Member Services Department at **1-855-300-5528** .

When you have other health insurance, your provider should always bill that health insurance first. Medicaid always pays last. This is called Third Party Liability (TPL). If Aetna Better Health of Kentucky pays the bill when you have other health insurance, your other health insurance will have to pay the money back.

If you file a lawsuit or otherwise recover expenses from any other source, you or your attorney must notify Aetna Better Health of Kentucky. For questions about TPL, call **1-855-300-5528** .

Examples of other insurance are:

- Personal health insurance
- Veteran's coverage
- Worker's compensation
- Auto insurance to cover injury due to an auto accident
- Recover expenses from a lawsuit or from any other source due to an injury, disease or disability
- Insurance that pays you if you have cancer, heart disease and other disabilities
- Student health insurance policies
- Sports health insurance policies
- Medicare

Reporting accidents

You must also report if you get hurt at your job or have an accident. Call Aetna Better Health's Member Services at **1-855-300-5528 (TTY 711),** Monday through Friday, 7 AM to 7 PM ET.

Important Phone Numbers and Websites

Agency	Web Address
kynect	**1-844-407-8398** **https://kynect.ky.gov/**
MedImpact Call Center (Pharmacy)	**1-800-210-7628**
Department for Medicaid Services (DMS)	**1-800-635-2570** **https://chfs.ky.gov/ agencies/dms/Pages/ default.aspx**
Kentucky Attorney General Office of Medicaid Fraud and Abuse	**https://ag.ky.gov/about/branches/OMFA**
Department for Medicaid Services (DMS) Fraud and Abuse	**1-800-372-2970** **https://chfs.ky.gov/agencies/dms/dpi/Pages/fraud-abuse.aspx**
Kentucky Department for Community Based Services (DCBS)	**1-855-306-8959** **Fax: 502-573-2007** **https://prdweb.chfs.ky.gov/Office_Phone/ index.aspx**
Kentucky Children's Health Insurance Plan (KCHIP)	**1-877-524-4718** **1-800-662-5397 en Espanol** **https://kidshealth.ky.gov/Pages/index.aspx**
Social Security	**1-800-772-1213** **http://www.ssa .gov**
Office of the Medicaid Ombudsman	**1-866-KYOMBUD (596-5283) or 866-596-6283** **https://chfs .ky .gov/agencies/os/omb/Pages/ default.aspx**
Child and Adult Abuse	**1-800-752-6200**
National Domestic Violence Hotline	**1-800-799-SAFE (7233)**

Medicaid Managed Care Ombudsman Program

The Commonwealth Office of the Ombudsman

The Ombudsman Program ensures people who use various public services are treated fairly. The Office of the Ombudsman answers questions looks into complaints and works to settle them. For more information or to get help, please contact the Office of the Ombudsman at **1-866-KYOMBUD (596-5283) or 866-596-6283.** You can also write to the Ombudsman at the address below:

The Office of the Ombudsman
Commonwealth Office of the
Ombudsman
209 St. Clair Street, Frankfort,
Kentucky 40601

Health Insurance Portability and Accountability Act (HIPAA)

Your health information is personal. HIPAA rules give you the right to control your personal health information (PHI). Any health information that can be used to identify you is protected health information.

Anyone who takes part in your medical care can see your PHI. Everyone who handles your health information is legally required to protect the privacy of your PHI. Anyone who uses your PHI in a wrong way is responsible for that. PHI can be legally used in certain ways. A provider who is treating you can see your PHI as a part of your care and treatment.

You can decide to let people use your PHI if you think it is necessary. If you decide to let someone else use your PHI, you need to write a detailed letter stating that person is allowed to use it. A person has to have a written statement to ask for your PHI, even if that person is a spouse or a family member.

Where do I send questions?

If you have questions about HIPAA and your PHI, please contact the Aetna Better Health of Kentucky Privacy Officer, in writing. The address is:

Aetna Better Health of Kentucky
Attn: Privacy Officer
9900 Corporate Campus Dr.
Suite 1000
Louisville, KY 40223

Complaints:

If you think your PHI has been used incorrectly, you can make a complaint. The address is:

Centralized Case Management
Operations U.S. Department of
Health and Human Services
200 Independence Avenue,
S.W. Room 509F HHH Bldg.
Washington, D.C. 20201

You can call the U.S. Department of Health and Human Services at 1-877-696-6775. You can also call the United States Office of Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or 1-866-788-4989 (TTY).

To file a complaint electronically, please visit: **https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html**

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice was effective as of February 1, 2016.

What do we mean when we use the words "health information"[1]

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

- Your name
- Your date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

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

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you don't want us to give out your health information, call us.

If you're under eighteen and don't want us to give your health information to your parents,

call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.
Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:
Health promotion
Care management
Quality improvement
Fraud prevention
Disease prevention
Legal matters

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

Sharing with other businesses

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

Other reasons we might share your health information

We also may share your health information for these reasons:

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

Race/Ethnicity, Language, Sexual Orientation and Gender Identify Data

We may get information related to your race, ethnicity, language, sexual orientation, and gender identity. We protect this information as described in this notice. We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create health education information
- Let the doctors know about your language needs
- Address health care disparities
- Let member facing staff and doctors know about your pronouns
- We do not use this information to:
- Determine benefits
- Pay claims
- Determine your cost or eligibility for benefits
- Discriminate against members for any reason
- Determine health care or administrative service availability or access

Reasons that we'll need your written okay

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

- For marketing reasons that have nothing to do with your health plan
- Before sharing any psychotherapy notes
- For the sale of your health information
- For other reasons as required by law
- You can cancel your okay at any time. To cancel your okay, write to us. We can't use or share your genetic information when we make the decision to provide you health care insurance.

What are your rights?

- You have the right to look at your health information.
- You can ask us for a copy.
- You can ask for your medical records.
- Call your doctor's office or the place where you were treated.
- You have the right to ask us to change your health information.
- You can ask us to change your health information if you think it's not right.
- If we don't agree with the change you asked for, ask us to file a written statement of disagreement.
- You have the right to get a list of people or groups that we have shared your health information with.
- You have the right to ask for a private way to be in touch with you.
- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.
- You have the right to ask for special care in how we use or share your health information.
- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree but we'll think about it carefully.
- You have the right to know if your health information was shared without your okay.
- We'll tell you if we do this in a letter.

Call us toll free at **1-855-300-5528** to:

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

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

Aetna Better Health
Attention: Complaint and Appeal
Department 9900 Corporate Campus Dr, Ste
1000 Louisville, KY 40223

You also can file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address.

If you're unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We won't use your complaint against you. We'll never punish or discriminate against you or your provider or take any negative action against you because you filed any kind of appeal, State Fair Hearing, or complaint.

Protecting your information

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

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

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

If we change this notice

By law, we must keep your health information private. We must follow what we say in this notice.

We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our web site at **AetnaBetterHealth.com/Kentucky**.

Discrimination is Against the Law

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

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

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

Aetna Better Heath of Kentucky also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the EEO/Civil Rights Compliance Branch. If you believe that **Aetna Better Heath of Kentucky** 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:

EEO/Civil Rights Compliance Branch

Cabinet for Health and Family
Services Office of Human
Resource Management
275 E. Main St, Mail Stop 5C-D
Frankfort, KY 40621
Telephone: **502-564-7770**
Fax: **502-564-3129**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the EEO/Civil Rights Compliance Branch 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 or by mail or phone at:

U .S . Department of Health and Human Services

Centralized Case Management Operations U.S. Department of Health and Human Services

200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html**.

This handbook is subject to change based on information deemed mandatory by the Department for Medicaid Services. For the most up-to-date version of this Handbook, please visit: **https://www.aetnabetterhealth.com/Kentucky**

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**)。

GERMAN: ACHTUNG: Wenn Sie Deutsch 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

VIETNAMESE: CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số có ở mặt sau thẻ ID của quý vị hoặc **1-800-385-4104** (TTY: **711**).

ARABIC: ملاحظة: إذا كنت تتحدث اللغة العربية، ستكون خدمات المساعدة اللغوية متوفرة لك مجانًا.

اتصل بالرقم الموجود في ظهر بطاقة التعريف أو **1-800-385-4104** (TTY: **711**).

SERBO-CROATIAN: OBAVEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite broj na poleđini vaše identifikacione kartice ili broj **1-800-385-4104** (TTY: **711**).

JAPANESE: 注意事項：日本語を話せる方は、無料の言語支援サービスをご利用いただけます。IDカード裏面に記載されている電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

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** (TTY: **711**).

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

KY-24-01-01 EN (rev 11/24)
GR-69746-15 (07-26)

PENN DUTCH: GEB ACHT: Wann du Deitsch Pennsilfaanisch Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Nummer uff, ass hinne uff dei ID card iss, odder ruf 1-800-385-4104 (TTY: 711).

NEPAL: कृपया ध्यान दिनुहोस् : यदि तपाईं नेपाली बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन् । तपाईंको परिचय-पत्रको पछाडि रहेको नम्बरमा वा 1-800-385-4104 (TTY: 711) मा कल गर्नुहोस् ।

OROMO (CUSHITE): HUBADHAA: Yoo Afaan Oromoo (Cushite) dubbattu taataniif deeggarsi afaanii bilisaa isiniif qophaa'eera. Gara lakkoofsa bilbilaa dudduuba Eenyummeessaa keessan irra jiruutti yookiin 1-800-385-4104 (TTY: 711) tti bilbilaa.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, отличном от английского, вам доступны бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карты, или по номеру 1-800-385-4104 (TTY: 711).

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

KIRUNDI (BANTU): ICITONDERWA: Namba uvuga Ikirundi, serivisi zigufasha kugusigurira ururimi, ku buntu, ziraboneka ushobora kuzironswa. Hamagara inomero iri inyuma ku gakarata k'akarangamuntu kawe canke iyi nomero 1-800-385-4104 (TTY: 711).

Key words/Definitions

- **Appeal** - An appeal is a complaint you make when you want us to change a decision we made
about your care.
- **Child** - A member who is age younger than 18.
- **Copayment** - An amount of money to be paid by a member for a provider visit, service or drug prescription. Also called a copay.
- **Durable Medical Equipment** - This describes any equipment that provides a medical benefit and serves a medical purpose, is prescribed by your provider, and can be used in the home. It includes such items as: wheelchairs, hospital beds, bedside commodes, canes, crutches, walkers, portable oxygen, monitors, nebulizers, bili blankets and/or bili lights.
- **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)** - This program is for preventive health care and well-child checkups for children under the age of 21. EPSDT well- child checkups include screenings, shots and referrals, as needed.
- **Emergency Medical Condition** - Serious symptoms that are severe enough (including pain) that someone without medical training (a prudent layperson) knowing an average amount about health and medicine, could expect that if you didn't get immediate medical care any of the following may happen:
  - The health of the person (or, if a pregnant woman, the health of the woman or her unborn child) would be placed in serious danger
  - Serious injury to bodily functions
  - Serious injury to any bodily organ or part
- With respect to a pregnant woman having contractions:
  - There'sinadequatetimetosafelytransfertoanotherhospitalbeforedeliveryorthat transfer may pose a threat to the health or safety of the woman or unborn child

- **Emergency Medical Transportation** - Call 911 in the case of an emergency.
- **Emergency Room Care** - Care provided in the emergency room when you have an injury, sudden illness or an illness that quickly gets worse.
- **Emergency Services** - This includes all tests, labs or services that occur during care received in the Emergency Room.
- **Excluded Services** - Health care services that are not covered by Aetna Better Health of Kentucky.
- **Family planning care** - This program offers information on birth control methods. This helps you plan your family size.

- **Formulary -** A list of certain drugs that are approved for use and covered by a health plan.
- **Formulary Exclusion** – A drug that is not covered by a health plan
- **Grievance** - A grievance is when you write or call to complain about a provider, the plan and/or service. A grievance is also known as a complaint.
- **Habilitation Services and Devices** - Services or therapy that help a person with disabilities keep, learn or improve skills and functioning for daily living. These services can be delivered in either inpatient or outpatient settings.
- **Health Insurance** - A program that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly and people with disabilities.
- **Home Health Care** - Health care services in your home.
- **Hospice Services** - Services that provide comfort and support for persons in the last stages of a terminal illness and their families.
- **Hospitalizations** - 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 doesn't require an overnight stay.
- **Immunization** – See "Vaccine"
- **Managed Care Organization** – An insurance company that provides health services on a pre paid basis through a network of providers
- **Medicaid** – A joint federal and state program that helps with medical costs for some people with low incomes and limited resources
- **Medically needed/medically necessary** - Services or supplies to diagnose, treat, correct, or prevent a member's illness or injury. Aetna Better Health must agree the care meets all of the following:
  - Care is correct for the symptoms, diagnosis and treatment of the condition
  - Follows standards of good medical practice
  - Not be solely for the convenience of the member, PCP, hospital, other health care provider or caregiver
  - Correct supply or level of service that can be safely and effectively provided, for members in the hospital, it also means their symptoms can't be diagnosed or treated safely outside the hospital
  - Must meet national standards, if applicable
- **Network** - A complete list of all health care providers actively participating with Aetna Better Health. The provider directory is created from this list.
- **Non-participating provider** - A doctor, hospital or other licensed facility or health care provider, who hasn't signed a contract with Aetna Better Health, to give services to members.
- **Pharmacy Benefit Manager** – An organization that is responsible for managing pharmacy services and benefits for a payer.

- **Physician services** - Health care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
- **Plan** - A benefit your employer, union or other group sponsor provides to you to pay for your health care services.
- **Participating provider** - A doctor, hospital or other licensed facility or health care provider, who has signed a contract with Aetna Better Health, agreeing to give services to members.
- **Preauthorization** - Your health care provider must ask Aetna Better Health to approve certain services before they give you the care. Also called prior authorization.
- **Preferred drug** – A drug that has been identified by a health plan or PBM as preferred because it is both clinically and cost effective; preferred drugs typically cost the beneficiary and health plan less than other drugs in the same therapeutic class
- **Preferred Drug List (PDL) –** A list of the preferred drugs that are covered by the health plan or PBM.
- **Prescription drug coverage** - Health insurance or plan that helps pay for prescription drugs and medications.
- **Prescription drugs** - Drugs and medications that, by law, require a prescription.
- **Primary Care Provider(PCP)** - Your PCP is your medical home. The Aetna Better Health provider you select for your primary health care is your PCP. Your PCP arranges for most of the care you need. PCPs specialize in general practice, family practice, internal medicine or pediatrics. Female members age 13 or older may select an OB/GYN for their PCP to arrange for most care they need.
- **Prior Authorization –** A process to approve items or service before a plan will pay a provider; medications may require prior authorization when they are not on a Plan formulary.
- **Provider -** A physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides health care services to patients.
- **Rehabilitation services and devices -** Health care services 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. These services may include physical and occupational therapy, speech language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.
- **Skilled nursing care** - Services from licensed nurses in your home or in a nursing home.
- **Specialist** - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

- **Step Therapy (ST)** - Some drugs aren't approved unless another drug has been tried first. ST coverage requires that a trial of another drug be used before a requested drug is covered.
- **24-Hour Informed Health Line** - Can answer specific health questions or give advice on what to do when you need health care. The 24-hour Informed Health Line is available 24 hours a day, 7 days a week at **1-855- 620-3924** .
- **Urgent Care -** This is medically needed care for an unexpected illness or injury that you need sooner than a routine visit with your PCP.

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