

# Connect



[AetnaBetterHealth.com/Florida](https://www.aetna.com/betterhealth/florida)

Aetna Better Health® of Florida

## Member website.

Need help? Turn to our website.

You can go to the member home page of our plan website, **AetnaBetterHealth.com/Florida**, to learn more about the following topics. You'll find information on:

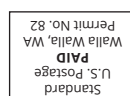
- Submitting a claim form for covered services
- Finding a network health care professional and information about that person
- Benefit restrictions and getting care when you're outside the system or service area
- Obtaining care after normal office hours or emergency care
- Receiving primary care, including points of access and pharmacy procedures
- Reviewing the prescription drug formulary

- Filing a complaint or appeal, including your right to an independent review of an appeal
- Information about our case management and disease management programs
- Member rights and responsibilities
- Notices of Privacy Practices
- What utilization management is and how decisions are made, including financial compensation policy
- Standards our network providers must meet
- Our quality improvement program, including goals and outcomes
- Evaluation of our new medical technology
- Obtaining specialty, behavioral health or hospital care
- Benefits and services included in and excluded from coverage
- Copayments and other charges for which members are responsible
- Preventive care guidelines, health appraisals and self-management tools

M

Fall 2020

86.22.330.0-FA  
F/K6.5



Aetna Better Health® of Florida  
261 N. University Blvd.  
Plantation, FL 33324

## A portal to a world of information.

Aetna Better Health of Florida members are able to use a secure online web portal to access health management tools, submit questions and obtain information about benefits. The web portal can be accessed on our website. It requires you to register and create a log-in.

Some of the services offered on the portal are:

- **Access to educational resources and programs** — self-help tools for topics like breaking the smoking habit and weight management.
- **View the status of claims** — view your claims from start to finish.
- **Access to pharmacy benefit services** — view information on costs for drugs. Request an exception for a drug not covered by your plan. Locate a pharmacy. Obtain information on medications from a pharmacist.
- **Access personalized information on health plan services** — request an ID card and change your PCP. Get information on referrals and authorizations.



- **Access to innovative services** — complete an online personal health record and complete a screening to see if you are eligible for disease management or wellness programs.
- **Access to a health information line** — ability to send a question to a nurse about a health issue. Receive a response within 24 hours.

For information, visit our website at **AetnaBetterHealth.com/Florida** via either computer or your mobile smartphone. You can also contact Member Services at **1-800-441-5501 (TTY/TDD: 711)** and we will be happy to assist you.

---

## Out-of-network services when in-network not available.

If you need care from a doctor that is not in our network, it must first be approved by us. We may cover services provided by a doctor outside of our network at no cost to you:

- If no doctor is available in-network

- In order to make sure that your care is not interrupted (for example, new members who are pregnant at the time of enrollment)

Services received outside the network must be approved by the plan.

## Women's care.

One of the best ways you can stay healthy is to schedule a yearly well-woman checkup. These visits are covered by your benefits as an Aetna Better Health member.

During this checkup, your provider will do a:

- Cervical cancer screening (Pap test)

- Breast exam
- Test to check for chlamydia

You may not have any signs or symptoms of these problems. Getting a well-woman checkup each year can help catch problems early, before they become difficult to treat. A woman's health can change quickly. That's why it's important to schedule a well-woman checkup each year.

Being active and eating well is important to staying healthy. It will help to control your blood pressure, blood sugar and cholesterol.

You can call your primary care provider (PCP) to schedule a well-woman checkup, or you may call an OB/GYN. You don't need a referral. We have both male and female OB/GYNs available.

## Take your Health Risk Assessment.

Every new Aetna Better Health member will get a health survey call from Aetna Better Health. The name on your caller ID may show as "Aetna Medicaid."

During this call you will be asked health questions. These questions will help us better serve you. Your answers are private. Our nurses use this information to provide you with health-related education. This educational material may be mailed to you about a specific condition you have.

You may also get a call from an Aetna Better Health nurse. The goal of these materials and calls is to help you stay healthy. If you do not want a telephone health survey, call Member Services at **1-800-441-5501 (TTY/TDD: 711)**.



## Helping you live well.

If you have asthma, diabetes, heart problems or COPD (lung disease), we have help for you. Members with these types of problems are placed in our disease management program.

In this program, you may get mailings, reminders and telephone calls from one of our health coaches. Participating in this program is important for your health. If you do not want to be in the program, you can opt out by calling **1-800-441-5501 (TTY/TDD: 711)**.

We also help our members who have serious or long-term medical needs. One way we do this is through our case management programs. Case managers are registered nurses who work for us. They are here to help members manage their care. They can help you make appointments and discuss your care with your doctor.

## Advance directives help doctors know what you want.

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

You'll get medical care even if you don't have advance directives. You have the right to make your own medical decisions. You can refuse care. Advance directives help providers know what you want when you can't tell them.

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

An advance directive is a written or spoken statement about how you want medical decisions made if you can't make them yourself. Some people make advance directives when they get very sick or are

at the end of their lives. Other people make advance directives when they are healthy.

You can change your mind and these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.

You can download an Advanced Directives form from our website, **[AetnaBetterHealth.com/Florida](https://www.aetna.com/betterhealth/florida)**.

If your provider is not following your advance directive, you can file a complaint with Member Services at **1-800-441-5501 (TTY/TDD: 711)**.



### Get answers with the Nurse Helpline.

It's best to work with your primary care physician for your health care needs. But if you have a medical question and don't know what to do, call our 24-hour Nurse Helpline.

The Nurse Helpline can answer your health questions. They can help you decide what to do when you need health care. They can tell you if you should call your primary care physician, make an appointment or go immediately to the emergency room. The toll-free number for the Nurse Helpline is **1-800-441-5501 (TTY/TDD: 711)**. This number is on the back of your ID card.

Make sure that someone — like your PCP, lawyer, family member or case manager — knows that you have advance directives and where they are located. If you have advance directives:

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

If there are any changes in the law about advance directives, we will let you know within 90 days. You don't have to have an advance directive if you do not want one.

## Second opinion.

Aetna Better Health of Florida provides for a second opinion from an in-network provider or arranges for the member to obtain a second opinion outside the network.

### Your right to a second opinion

As a member of Aetna Better Health, you have the

right to get a second opinion from a qualified health care professional. This is at no cost to you.

You may want to confirm you're getting the right treatment for an illness. Or you may want to ask about surgery your provider says you need. To ask about getting a second opinion, just call Member Services at **1-800-441-5501 (TTY/TDD: 711)**.

There's no extra cost to you for a second opinion from a provider in our network. For a second opinion from an out-of-network provider, you'll need approval from us. If there isn't a network provider available, we'll help you get a second opinion from an out-of-network provider. This is still at no cost to you.

## Do I need a referral (authorization)?

Sometimes, you may need to see a provider other than your PCP for medical problems like special conditions, injuries or illnesses. Talk to your PCP first. Your PCP will refer you to a specialist. A specialist is a provider who works in one health care area.

### Prior authorization: Some health care services need to be approved

Aetna Better Health must preapprove some services before you can get them. We call this prior authorization. This means that your providers must get approval from us to provide certain services. Your provider knows how to do this. We'll work together to make sure the service is what you need.

Except for family planning and emergency care, all out-of-network services require preapproval. You may have



to pay for your services if you don't get preapproval for services that:

- Are given by an out-of-network provider
- Require preapproval
- Are not covered by Aetna Better Health of Florida

All services by providers that are not in our network need preapproval.

### The following are the steps for preapproval:

1. Your provider gives Aetna Better Health of Florida information about the services he or she thinks you need.
2. Aetna Better Health of Florida reviews the information.
3. Your provider will get a written notification once we have approved or denied a service.
4. If we deny your request, we will explain our reasons in a letter that is sent to you and your provider.
5. If we deny a service, you — or your provider with your written permission — can file an appeal.

Pharmacy.

## Find important prescription drug information on our website.

You can find the formulary on our website at **AetnaBetterHealth.com/Florida**. Select "For Members." Choose "Pharmacy Benefits." Click "Formulary Drug List," then "Preferred Drug List."

Updates are made regularly to the formulary and Agency for Health Care Administration Preferred Drug List (PDL). You can find these changes on our website at **AetnaBetterHealth.com/Florida**. Select "For Members." Choose "Pharmacy Benefits." Click "Medicaid Formulary Updates" and then "Updates."

Aetna Better Health of Florida also covers drugs and products that are not on the AHCA PDL. This list is called the supplemental formulary.

You can find this list and updates to the list on our website at **AetnaBetterHealth.com/Florida**. Select "For Members." Choose "Pharmacy Benefits." Click "Formulary Drug List."



## Your member rights.

As a recipient of Medicaid and a member in a Plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given information about your diagnosis, the treatment you need, choices of treatments, risks and how these treatments will help you
- Say no to any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- Be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
- Make a complaint when your rights are not respected
- Ask for another doctor when you do not agree with your doctor (second medical opinion)
- Get a copy of your medical record and ask to have information added or



## Interpreter services.

If you need an interpreter, please call Member Services toll-free at **1-800-441-5501**.

This service is free of charge for all languages. You can call Member Services from 8 AM to 7 PM EST, Monday through Friday.

If you have trouble hearing or speaking, use your TTY or dial **711** on your phone. You will be transferred to a service operator.

## Information about incentives.

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

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

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

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

All our members should receive the right health care. If you want more information on this, call us at **1-800-441-5501 (TTY/TDD: 711)**.

corrected in your record, if needed

- Have your medical records kept private and shared only when required by law or with your approval
- Decide how you want medical decisions made if you can't make them yourself (advance directive)
- File a grievance about any matter other than a Plan's decision about your services
- Appeal a Plan's decision about your services
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan

## Your member responsibilities.

As a recipient of Medicaid and a member in a Plan, you also have certain responsibilities.

You have the responsibility to:

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions and ask questions
- Keep your appointments or notify your provider if you will not be able to keep an appointment

- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions
- Make sure payment is made for non-covered services you receive
- Follow health care facility conduct rules and regulations
- Treat health care staff with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse and overpayment

## Care Management.

Let us help you get the care you need!

We have an Integrated Care Management program that supports people with special health care needs. This includes:

- Needs when you are pregnant
- Behavioral health needs, such as for depression or anxiety
- Long-term illness, such as diabetes
- Other health care needs

We are here to help as much or as little as you would like.

If you are enrolled in the program, your team may include the following people:

- A care manager
- A care management associate

Your team members are here to help you. They will work with you and your providers. They will help you meet the health goals that are important to you. They will provide information about the program that includes:

- How to use the services
- How to be eligible to participate
- How to opt in or opt out

They will also:

- Provide you with resources
- Provide educational handouts
- Help with access to other services



If you are our member and you would like to participate in this program, then you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at **1-800-441-5501 (TTY/TDD: 711)** and ask for Care Management.

## Understanding benefit coverage.

Benefits and copayments questions.

You can find a list of covered and noncovered benefits and services in your Member Handbook and on our website. Your Member Handbook also discusses some costs that may be your responsibility.

### Costs you may need to pay

As an Aetna Better Health of Florida member, you are generally not responsible for paying for covered health care services. There are some

exceptions though. For example, if you receive a service and your provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it. If you get a bill from your doctor for a covered health care service, call us.



## Your privacy matters.

Aetna Better Health of Florida works hard to keep members' personal and health information secure and private. We need information about you to help you receive your benefits. We collect your information from many places.

Keeping your information safe is one of our most important jobs. We make sure that only people who need to use your information have access to it. We may use and share your information for:

- Treatment
- Payment
- Health care operations

These uses are covered under state and federal laws. Our policies will follow these laws to protect your information.

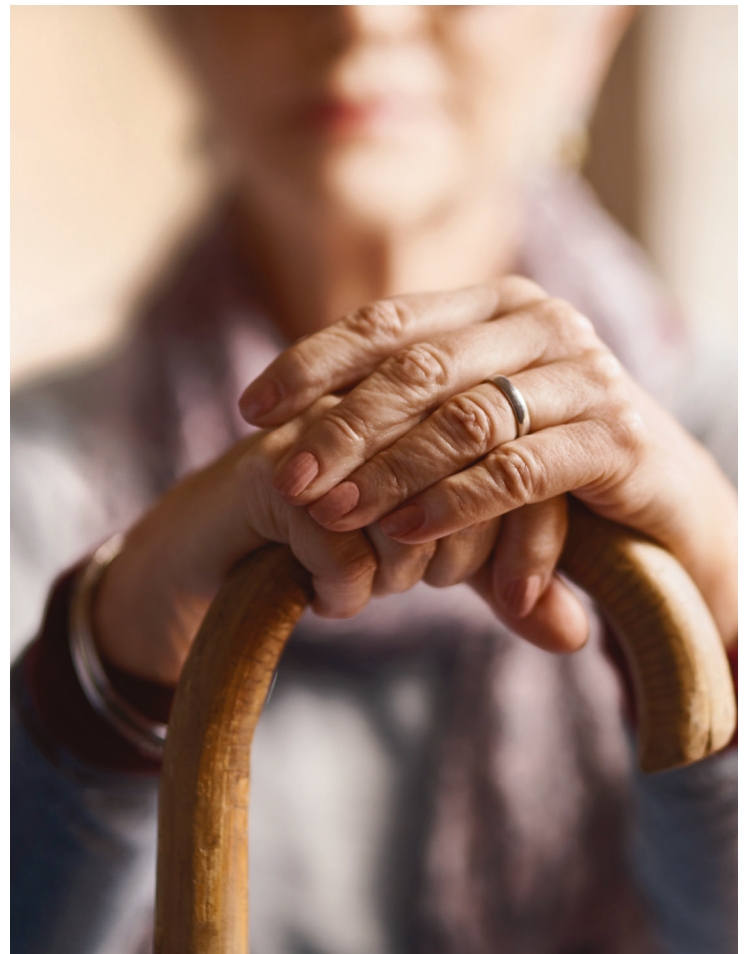
If you would like to receive a detailed copy of our privacy practices, please call Member Services at **1-800-441-5501 (TTY/TDD: 711)**.

## Making sure you get the right care.

Our utilization management (UM) program ensures you get the right care when you need it. UM staff can help you and your doctors make decisions about your health care. Our UM program helps make sure you get the right services at the right place. When we make decisions, it's important for you to remember the following:

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

You can speak to a person to ask questions about UM by calling Member Services at **1-800-441-5501 (TTY/TDD: 711)**.



This newsletter is published as a community service for the friends and members of Aetna Better Health® of Florida. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations. Aetna Better Health® of Florida is a Managed Care Plan with a Florida Medicaid Contract. Health and wellness or prevention information.

2020 © Coffey Communications, Inc. All rights reserved.

# AETNA BETTER HEALTH® OF FLORIDA

## Nondiscrimination Notice

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

Aetna:

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

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

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

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

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

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

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

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

FL-16-07-19

## Multi-language Interpreter Services

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

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

**FRENCH CREOLE: ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang ou pale a ki disponib gratis pou ou. Rele nan nimewo ki sou do kat Idantifikasyon (ID) w la oswa rele nan **1-800-385-4104** (TTY: **711**).

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

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

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

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

**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**).

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

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

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

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

**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.

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod number **1-800-385-4104** (TTY: **711**).

**GUJARATI: ધ્યાન આપો:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર અથવા **1-800-385-4104** પર કોલ કરો (TTY: **711**).

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