



What you need to know about your benefits

Combined Evidence of Coverage (EOC) and Disclosure Form 2020



[AetnaBetterHealth.com/California](https://www.aetna.com/betterhealth/california)

86.07.313.0-CA

Aetna Better Health[®] of California

Helpful Information

Aetna Better Health® of California

Member Services

1-855-772-9076 (toll-free) 24 hours a day, 7 days a week

Services for hearing and speech-impaired (TTY)

Call **711**

Interpreter service and alternative formats

Call **1-855-772-9076**, TTY **711** if you need help in another language or format. We'll get you an interpreter in your language. You can ask for a verbal or sign language interpreter if you need help talking to your doctor during your visit. You won't need to pay for these services.

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

Emergency (24 hours)

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

Mailing address

10260 Meanley Drive
San Diego, CA 92131

Medi-Cal Member Helpline

1-800-541-5555, M-F, 8 AM - 5 PM

To report fraud or abuse

1-855-772-9076 (toll-free)

Nurse Line

1-855-772-9076 (toll-free)

24 hours a day, 7 days a week

Personal Information

My member ID number

My PCP (primary care provider)

My PCP's phone number

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call **1-855-772-9076 (TTY: 711)**. The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call **1-855-772-9076 (TTY: 711)**. The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at [AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California).

week, or to get this handbook in a different language, call **1-855-772-9076 (TTY: 711)**. The call is toll free.

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)**。

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)**.

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)**.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.aetna.com/betterhealth/california)**.

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.

ARMENIAN: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք ձեր ID քարտի հետևի մասում գտնվող հեռախոսահամարով կամ **1-800-385-4104** (TTY (հեռատիպ)՝ **711**):

توجه: اگر به زبان فارسی صحبت می کنید، سرویس های

PERSIAN:

دستیار زبان به صورت رایگان در دسترس شما هستند. با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

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

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



Call Member Services at **1-855-772-9076** (TTY: **711**). Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at [AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California).

ARABIC: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم **1-800-385-4104** (الصم البكم: 711).

PUNJABI: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਨੰਬਰ ਜਾਂ **1-800-385-4104** (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

MON KHMER: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ ទៅលេខនៅខាងក្រោយនៃ អត្តសញ្ញាណប័ណ្ណ (ID Card) របស់អ្នក ឬ **1-800-385-4104** (TTY: 711)។

HMONG: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau tus nab npawb xov tooj nyob rau sab qab ntawm koj daim ID lossis **1-800-385-4104** (TTY: 711).

HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि: शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: 711) पर कॉल करें।

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



Call Member Services at **1-855-772-9076** (TTY: 711). Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at AetnaBetterHealth.com/California.

LAOTIAN: ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ,
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ,
ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ໂທຫາເບີໂທທີ່ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື **1-800-385-4104** (TTY: **711**).



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Notice of non-discrimination

Discrimination is against the law. Aetna Better Health of California follows state and federal civil rights laws. Aetna Better Health of California does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

Aetna Better Health of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)**. We are open 24 hours a day, 7 days a week.

If you believe that Aetna Better Health of California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with Aetna Better Health of California's Civil Rights Coordinator. You can file a grievance in person, in writing, by phone or by email:



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Notice of non-discrimination

Aetna Better Health
Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Phone: **1-888-234-7358 (TTY: 711)**
E-mail: MedicaidCRCoridnator@Aetna.Com

If you need help filing a grievance, Aetna Better Health of California Member Services can help you.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
916-440-7370 (TTY: 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Welcome to Aetna Better Health of California!

Thank you for joining Aetna Better Health of California. Aetna Better Health of California is a health plan for people who have Medi-Cal. Aetna Better Health of California works with the State of California to help you get the health care you need. Aetna Better Health of California provides a network of providers for you to use to get your health care services. Sometimes Aetna Better Health of California contracts directly with providers, and sometimes we work with Independent Physician Associations (IPA's). More information on IPA's can be found under the IPA section.

Member Handbook

This Member Handbook tells you about your coverage under Aetna Better Health of California. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Aetna Better Health of California. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Aetna Better Health of California rules and policies and based on the contract between Aetna Better Health of California and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from Member Services.

Call **1-855-772-9076 (TTY: 711)** to ask for a copy of the contract between Aetna Better Health of California and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the Aetna Better Health of California website at **AetnaBetterHealth.com/California** to view the Member Handbook.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

You may also request, at no cost, a copy of the Aetna Better Health of California non-proprietary clinical and administrative policies and procedures, or how to access this information on the Aetna Better Health of California website.

Contact us

Aetna Better Health of California is here to help. If you have questions, call **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free.

You can also visit online at any time at **AetnaBetterHealth.com/California**.

Thank you,

Aetna Better Health of California
10260 Meanley Drive
San Diego, CA 92131



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

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1. Getting started as a member

How to get help

Aetna Better Health of California wants you to be happy with your health care. If you have any questions or concerns about your care, Aetna Better Health of California wants to hear from you!

Member services

Aetna Better Health of California member services is here to help you. Aetna Better Health of California can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats
- Assist with access and questions on our web portal

If you need help, call **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free.

You can also visit online at any time at **[AetnaBetterHealth.com/California](https://www.aetna.com/betterhealth/california)**.

Who can become a member

You qualify for Aetna Better Health of California because you qualify for Medi-Cal and live in San Diego or Sacramento Counties. You may also qualify for Medi-Cal through Social Security.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.aetna.com/betterhealth/california)**.

For questions about enrollment, call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**). Or visit www.healthcareoptions.dhcs.ca.gov.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medicaid/Pages/CountyOffices.aspx or call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**).

Identification (ID) cards

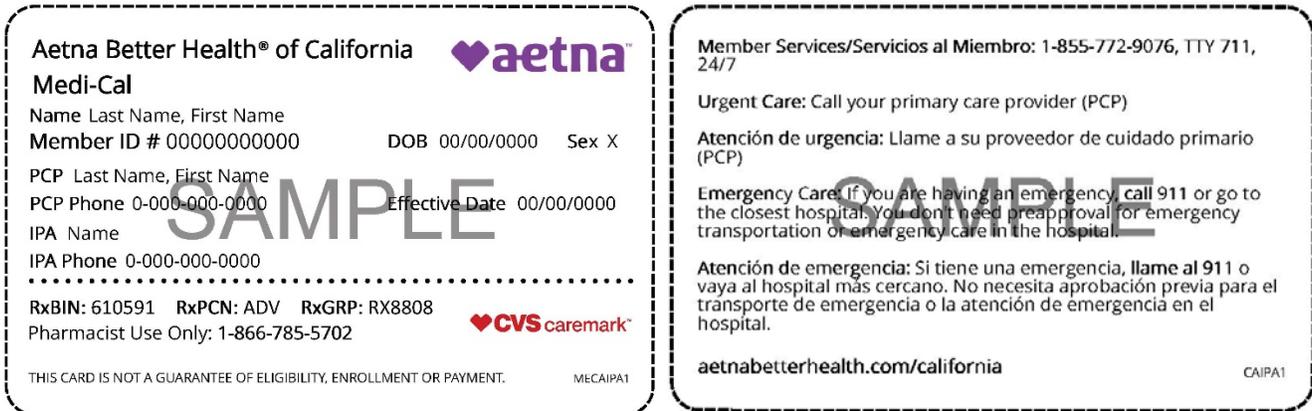
As a member of Aetna Better Health of California, you will get an Aetna Better Health of California ID card. You must show your Aetna Better Health of California ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample Aetna Better Health of California ID card to show you what yours will look like:

<p>Aetna Better Health® of California </p> <p>Medi-Cal</p> <p>Name Last Name, First Name</p> <p>Member ID # 00000000000 DOB 00/00/0000 Sex X</p> <p>PCP Last Name, First Name</p> <p>PCP Phone 0-000-000-0000 Effective Date 00/00/0000</p> <hr/> <p>RxBIN: 610591 RxPCN: ADV RxGRP: RX8808</p> <p>Pharmacist Use Only: 1-866-785-5702 </p> <p>aetnabetterhealth.com/california</p> <p><small>THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MECAMED1</small></p>	<p>Member Services/Servicios al Miembro: 1-855-772-9076, TTY 711, 24/7</p> <p>Urgent Care: Call your primary care provider (PCP)</p> <p>Atención de urgencia: Llame a su proveedor de cuidado primario (PCP)</p> <p>Emergency Care: If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.</p> <p>Atención de emergencia: Si tiene una emergencia, llame al 911 o vaya al hospital más cercano. No necesita aprobación previa para el transporte de emergencia o la atención de emergencia en el hospital.</p> <p>Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call 1-855-772-9076.</p> <p>Se requiere autorización previa para todas las admisiones de internación y para ciertos servicios ambulatorios. Para notificar una admisión, llame al 1-855-772-9076.</p> <p>Send medical claims to: Aetna Better Health of California P.O. Box 66125 Phoenix, AZ 85082-6125</p> <p>To verify member eligibility: 1-855-772-9076 EDI Payor ID: 128CA</p> <p><small>CAMED1</small></p>
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If your provider is part of an Independent Physician Association, (IPA) your ID card will display the IPA name and phone number:



Aetna Better Health of California members can view member ID cards via our secure web portal. To register and access our portal, visit our website at **AetnaBetterHealth.com/California**.

If you do not get your Aetna Better Health of California ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call member services right away. Aetna Better Health of California will send you a new card for free. Call **1-855-772-9076 (TTY: 711)**.

Ways to get involved as a member

Aetna Better Health of California wants to hear from you. Each quarter, Aetna Better Health of California has meetings to talk about what is working well and how Aetna Better Health of California can improve. Members are invited to attend. Come to a meeting!

Member Advisory Committee

Aetna Better Health of California has a group called Member Advisory Committee. This group is made up of Aetna Better Health of California staff, members,



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individuals and providers with knowledge of and experience with serving elderly people and people with disabilities, representatives from community agencies and community advocates. Joining this group is voluntary. The group talks about how to improve Aetna Better Health of California policies and is responsible for:

- Providing input on cultural and linguistic needs
- Reviewing and making recommendations to improve plan performance
- Providing feedback on member materials so they are more effective and more user-friendly
- Suggesting ways to contact hard to reach members
- Suggesting ways to improve telephone services so that they are more user-friendly
- Suggesting ways to better communicate proper emergency room usage and use of transportation services

If you would like to be a part of this group, call **1-855-772-9076 (TTY: 711)**.



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2. About your health plan

Health Plan Overview

Aetna Better Health of California is a health plan for people who have Medi-Cal in these service areas: Sacramento and San Diego. Aetna Better Health of California works with the State of California to help you get the health care you need.

You may talk with one of the Aetna Better Health of California member services representatives to learn more about the health plan and how to make it work for you. Call **1-855-772-9076 (TTY: 711)**.

When your coverage starts and ends

When you enroll in Aetna Better Health of California, you should receive an Aetna Better Health of California member ID card within two weeks of enrollment. Please show this card every time you go for any service under the Aetna Better Health of California plan.

Your ID card tells you when your membership starts and the name of your primary care provider. Check your ID card right away. Call us at **1-855-772-9076 (TTY: 711)** if:

- You did not get an ID card from us
- Your name is not correct on the ID card
- The name of your PCP or any information on the card is not correct

If you have questions or problems getting services, we are here to help you. We are here to take calls 24 hours a day, 7 days a week. Our toll-free phone number is **1-855-772-9076 (TTY: 711)**. To view this handbook, find information about our programs and services, or to look for a provider, go to our website at **AetnaBetterHealth/California**.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

You may ask to end your Aetna Better Health of California coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at **1-800-430-4263 (TTY: 1-800-430-7077)**. Or visit

www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes Aetna Better Health of California can no longer serve you. Aetna Better Health of California must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)
- You are in a long-term care facility in excess of two months (Sacramento county members only)

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from Aetna Better Health of California while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at **916-930-3927** or visit the Indian Health Services website at **www.ihs.gov**.

How your plan works

Aetna Better Health of California is a health plan contracted with DHCS. Aetna Better Health of California is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. Aetna Better Health of California works with doctors, hospitals, pharmacies and other health care providers in the Aetna Better Health of California service area to give health care to you, the member.

Member Services will tell you how Aetna Better Health of California works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

To learn more, call **1-855-772-9076 (TTY: 711)**. You can also find member service information online at **AetnaBetterHealth.com/California**.

Changing health plans

You may leave Aetna Better Health of California and join another health plan at any time. Call Health Care Options at **1-800-430-4263 (TTY: 1-800-430-7077)** to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit **www.healthcareoptions.dhcs.ca.gov**.

It takes one month to process your request to leave Aetna Better Health of California. To find out when Health Care Options has approved your request, call **1-800-430-4263 (TTY: 1-800-430-7077)**.

If you want to leave Aetna Better Health of California sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs; members with special health care needs, including, but not limited to major organ transplants; and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

You may ask to leave Aetna Better Health of California in person at your local county health and human services office. Find your local office at **www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx**. Or call Health Care Options at **1-800-430-4263 (TTY: 1-800-430-7077)**.

College students who move to a new county

If you move to a new county in California to attend college, Aetna Better Health of California will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If Aetna Better Health of California does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at **1-800-430-4263 (TTY: 1-800-430-7077)**.

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the Aetna Better Health of California regular network of providers located in the head of the household's county of residence.

Continuity of care

If you now go to providers who are not in the Aetna Better Health of California network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the Aetna Better Health of California network by the end of 12 months, you will need to switch to providers in the Aetna Better Health of California network.

Providers who leave Aetna Better Health of California

If your provider stops working with Aetna Better Health of California, you may be able to keep getting services from that provider. This is another form of continuity of care. Aetna Better Health of California provides continuity of care services for:

- Members who transition from Medi-Cal Fee-for-Service to Aetna Better Health
- Members transferring into Aetna Better Health During a member choice period or open enrollment
- Members transferring out of Aetna Better Health during member's choice period or open enrollment



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

- Members transferring within the Aetna Better Health network from one (1) practitioner or provider to another (because of a change in a practitioner/provider's contract status or location)

Aetna Better Health of California provides continuity of care services for certain eligibility groups like State Children's Health Insurance Program (SCHIP), Seniors and Persons with Disabilities (SPD) and Low Income Health Program (LIHP) members.

Aetna Better Health of California does **not** provide continuity of care services if members are not in a current course of treatment by a non-participating provider and have been seen at least once within the last twelve (12) months prior to the effective date of plan enrollment to be considered for continuity of care. Aetna Better Health sees that appropriate care and services are made available to the member while maintaining the member's privacy.

To learn more about continuity of care and eligibility qualifications, call Member Services at **1-855-772-9076 (TTY: 711)**.

Costs

Member costs

Aetna Better Health of California serves people who qualify for Medi-Cal. Aetna Better Health of California members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by Aetna Better Health of California for that month. You will not be covered by Aetna Better Health of California until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any Aetna Better Health of California doctor. If you are a member with a share of cost, you do not need to choose a PCP.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

How a provider gets paid

Aetna Better Health of California pays providers in these ways:

- Capitation payments
 - Aetna Better Health of California pays some providers a set amount of money every month for each Aetna Better Health of California member. This is called a capitation payment. Aetna Better Health of California and providers work together to decide on the payment amount.
- Fee-for-service payments
 - Some providers give care to Aetna Better Health of California members and then send Aetna Better Health of California a bill for the services they provided. This is called a fee-for-service payment. Aetna Better Health of California and providers work together to decide how much each service costs.

To learn more about how Aetna Better Health of California pays providers, call **1-855-772-9076 (TTY: 711)**.

Asking Aetna Better Health of California to pay a bill

If you get a bill for a covered service, call Member Services right away at **1-855-772-9076 (TTY: 711)**.

If you pay for a service that you think Aetna Better Health of California should cover, you can file a reimbursement request. Use a reimbursement request form and tell Aetna Better Health of California in writing why you had to pay. Call **1-855-772-9076 (TTY: 711)** to ask for a reimbursement request form. Aetna Better Health of California will review your claim to decide if you can get money back.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your Aetna Better Health of California ID card and Medi-Cal BIC card with you. Never let anyone else use your Aetna Better Health of California ID card or BIC card.

New members must choose a primary care provider (PCP) in the Aetna Better Health of California network. The Aetna Better Health of California network is a group of doctors, hospitals and other providers who work with Aetna Better Health of California. You must choose a PCP within 30 days from the time you become a member in Aetna Better Health of California. If you do not choose a PCP, Aetna Better Health of California will choose one for you.

You may choose the same PCP or different PCPs for all family members in Aetna Better Health of California.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the Aetna Better Health of California network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call **1-855-772-9076 (TTY: 711)**. You can also find the Provider Directory on the Aetna Better Health of California website at **AetnaBetterHealth.com/California**.

If you cannot get the care you need from a participating provider in the Aetna Better Health of California network, your PCP must ask Aetna Better Health of California for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Initial health assessment (IHA)

Aetna Better Health of California recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of Aetna Better Health of California. Give your Aetna Better Health of California ID number.

Take your BIC card and your Aetna Better Health of California ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. Aetna Better Health of California covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside Aetna Better Health of California's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call **1-855-772-9076 (TTY: 711)** and follow the prompts to the nurse line. Nurse line staff is available 24 hours a day, 7 days a week.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). If you need mental health urgent care, call the county Mental Health Plan at **916-875-1055** for Sacramento County and **1-888-724-7240** for San Diego County that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MentalHealthPrograms-Ind.aspx.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from Aetna Better Health of California.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

Do not go to the ER for routine care. You should get routine care from your PCP,



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who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 nurse line at **1-855-772-9076**.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the Aetna Better Health of California network. If you go to an ER, ask them to call Aetna Better Health of California. You or the hospital to which you were admitted should call Aetna Better Health of California within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, Aetna Better Health of California will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or Aetna Better Health of California first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call Aetna Better Health of California.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic does not have to be part of the Aetna Better Health of California network and you do not need a referral from your PCP to get these services. For



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help finding a doctor or clinic giving these services, or for help getting to these services, you can call **1-855-772-9076 (TTY: 711)**. You may also call the 24/7 nurse line at the same number, option 4 following the prompts.

Minors can talk to a representative in private about their health concerns by calling the 24/7 nurse line at **1-855-772-9076**.

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the Aetna Better Health of California network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call **1-855-772-9076 (TTY: 711)**. You may also call the 24/7 nurse line at the same number, option 4 following the prompts.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. Aetna Better Health of California will tell you about changes to the state law no longer than 90 days after the change.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.aetna.com/California)**.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the nurse line at **1-855-772-9076 (TTY: 711)**.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Moral objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services. Aetna Better Health of California can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services you or your family member might need may be covered under your plan contract:

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call Aetna Better Health of California at **1-855-772-9076** to make sure you can get the health care services you need.

Provider Directory

The Aetna Better Health of California Provider Directory lists providers that participate in the Aetna Better Health of California network. The network is the



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group of providers that work with Aetna Better Health of California.

The Aetna Better Health of California Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Indian Health Service Facilities (IHF) and Rural Health Clinics (RHCs).

The Provider Directory has Aetna Better Health of California network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at **[AetnaBetterHealth.com/California](https://www.aetna.com/betterhealth/california)**.

If you need a printed Provider Directory, call **1-855-772-9076 (TTY: 711)**.

Provider network

The provider network is the group of doctors, hospitals and other providers that work with Aetna Better Health of California. You will get your covered services through the Aetna Better Health of California network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call **1-855-772-9076 (TTY: 711)**. Go to page 26 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. Aetna Better Health of California can also work with you to find a provider.

In network

You will use providers in the Aetna Better Health of California network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the Aetna Better Health of California network.

To get a Provider Directory of network providers, call **1-855-772-9076 (TTY: 711)**.



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You can also find the Provider Directory online at **AetnaBetterHealth.com/California**.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network or Out-of-service area

Out-of-network providers are those that do not have an agreement to work with Aetna Better Health of California. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call **1-855-772-9076 (TTY: 711)**.

If you are outside of the Aetna Better Health of California service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call **1-855-772-9076 (TTY: 711)**.

For emergency care, call **911** or go to the nearest emergency room. Aetna Better Health of California covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, Aetna Better Health of California will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, Aetna Better Health of California will **not** cover your care.

If you have questions about out-of-network or out-of-service area care, call **1-855-772-9076 (TTY: 711)**. If the office is closed and you want help from a representative, call nurse line at **1-855-772-9076 (TTY: 711)**.

Independent Physician Association (IPA)

Aetna Better Health of California does not always contract directly with providers. Managed Care means that Aetna Better Health works with your PCP, who may also work with an IPA. We will work together to ensure that you get the care that you need. Aetna Better Health will also work with hospitals, specialists, and other providers of healthcare service to coordinate all of your medical needs, which may also include referrals for x-rays and laboratory test.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Doctors

You will choose your doctor or a primary care provider (PCP) from the Aetna Better Health of California Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the Aetna Better Health of California network. To get a copy of the Aetna Better Health of California Provider Directory, call **1-855-772-9076 (TTY: 711)**. Or find it online at **AetnaBetterHealth.com/California**.

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you had a doctor before you were a member of Aetna Better Health of California, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1-855-775-9076 (TTY: 711)**.

If you need a specialist, your PCP will refer you to a specialist in the Aetna Better Health of California network.

Remember, if you do not choose a PCP, Aetna Better Health of California will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the Aetna Better Health of California Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1-855-775-9076 (TTY: 711)**.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the Aetna Better Health of California network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary care provider (PCP)

You must choose a PCP at the time of enrolling in Aetna Better Health of California. Depending on your age and sex, you may choose a general practitioner, OB/GYN,



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family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can also choose an Indian Health Service Facility (IHF), Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of Aetna Better Health of California.

If you do not choose a PCP at time of enrollment, Aetna Better Health of California will assign you to a PCP. If you are assigned to a PCP and want to change, call **1-855-772-9076 (TTY: 711)**. The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the Aetna Better Health of California network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with Aetna Better Health of California.

You can find the Aetna Better Health of California Provider Directory online at **AetnaBetterHealth.com/California**. Or you can request a Provider Directory to be mailed to you by calling **1-855-772-9076 (TTY: 711)**. You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the Aetna Better Health of California provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call **1-855-772-9076 (TTY: 711)**.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Aetna Better Health of California may ask you to change your PCP if the PCP is not taking new patients, has left the Aetna Better Health of California network or does not give care to patients your age. Aetna Better Health of California or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If Aetna Better Health of California needs to change your PCP, Aetna Better Health of California will tell you in writing.

If you change PCPs, you will get a new Aetna Better Health of California member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card.

Appointments

When you need health care:

- Call your PCP
- Have your Aetna Better Health of California ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and Aetna Better Health of California ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call **1-855-772-9076 (TTY: 711)**. Tell Aetna Better Health of California the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by Aetna Better Health of California for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need



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covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a reimbursement request form with Aetna Better Health of California. You will need to tell Aetna Better Health of California in writing why you had to pay for the item or service. Aetna Better Health of California will read your reimbursement request and decide if you can get money back. For questions or to ask for a reimbursement request form, call **1-855-772-9076 (TTY: 711)**.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that may require a referral include in-office procedures, X-rays, lab work and Mental Health and substance use services.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the Aetna Better Health of California referral policy, call **1-855-776-9076 (TTY: 711)**.

You do not need a referral for:

- PCP visits
- OB/GYN visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at **1-800-942-1054**)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture (the first two services per month; additional appointments will



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- need a referral)
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Eligible dental services
- Initial mental health assessment

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care
- Drug and alcohol abuse treatment

Pre-approval

For some types of care, your PCP or specialist will need to ask Aetna Better Health of California for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that Aetna Better Health of California must make sure that the care is medically necessary or needed.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the Aetna Better Health of California network:

- Hospitalization, if not an emergency
- Services out of the Aetna Better Health of California service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), Aetna Better Health of California will decide routine pre-approvals within 5 working days of when Aetna Better Health of California gets the information reasonably needed to decide.

For requests in which a provider indicates or Aetna Better Health of California determines that following the standard timeframe could seriously jeopardize your



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life or health or ability to attain, maintain, or regain maximum function, Aetna Better Health of California will make an expedited (fast) pre-approval decision. Aetna Better Health of California will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

Aetna Better Health of California does **not** pay the reviewers to deny coverage or services. If Aetna Better Health of California does not approve the request, Aetna Better Health of California will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

Aetna Better Health of California will contact you if Aetna Better Health of California needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call **1-855-772-9076 (TTY: 711)**.

Aetna Better Health of California will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from Aetna Better Health of California to get a second opinion from a network provider.

If there is no provider in the Aetna Better Health of California network to give you a second opinion, Aetna Better Health of California will pay for a second opinion from an out-of-network provider. Aetna Better Health of California will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, Aetna Better Health of California will decide within 72 hours.

If Aetna Better Health of California denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 69 in this handbook.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

Women's health specialists

You may go to a women's health specialist within Aetna Better Health of California network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call **1-855-772-9076 (TTY: 711)**. You may also call the 24/7 nurse line at **1-855-772-9076** and follow the prompts to the nurse line.

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage - 24/7 services	24/7 services - No more than 30 minutes
Initial pre-natal care	10 business days



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Travel time and distance to care

Aetna Better Health must follow travel time and distance standards for your care. Those standards help to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If Aetna Better Health is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see Aetna Better Health time and distance standards for where you live, please, visit aetnabetterhealth.com or call **1-855-772-9076 (TTY: 711)**.

If you need care from a specialist and that provider is located far from where you live, you can call Member Services **1-855-772-9076 (TTY: 711)** to get help finding care with a specialist located closer to you. If Aetna Better Health cannot find care for you with a closer specialist, you can request Aetna Better Health arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the Aetna Better Health travel time and distance standards for your county, regardless of any alternative access standard Aetna Better Health may use for your ZIP Code.



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4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of Aetna Better Health of California. Your covered services are free as long as they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask Aetna Better Health of California for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

Aetna Better Health of California offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS) for San Diego Only

Read each of the sections below to learn more about the services you can get.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 Hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult Immunizations**

- You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. Aetna Better Health of California covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care**

- Aetna Better Health of California covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services**

- Aetna Better Health of California covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services**

- Aetna Better Health of California covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy, and speech therapy services. Aetna Better Health may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility;



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Or

- All members when services are provided at hospital outpatient departments, FQHC or RHC

- ***Dialysis/hemodialysis services***
 - Aetna Better Health of California covers dialysis treatments. Aetna Better Health of California also covers hemodialysis (chronic dialysis) services if your PCP and Aetna Better Health of California approve it.

- ***Outpatient surgery***
 - Aetna Better Health of California covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

- ***Physician services***
 - Aetna Better Health of California covers physician services that are medically necessary.

- ***Podiatry (foot) services***
 - Aetna Better Health covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- ***Treatment therapies***
 - Aetna Better Health of California covers different treatment therapies, including:
 - Chemotherapy
 - Radiation therapy

Mental health services

- ***Outpatient mental health services***



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- The Aetna Better Health of California covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the Aetna Better Health of California network without a referral.
- Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the Aetna Better Health of California network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, Aetna Better Health of California can provide mental health services for you. Aetna Better Health of California covers these mental health services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Development of cognitive skills to improve attention, memory and problem solving
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by Aetna Better Health of California, call **1-855-772-9076 (TTY: 711)**.
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, read *"What your health plan does not cover"* on page 50.

Emergency services

- ***Inpatient and outpatient services needed to treat a medical emergency***

Aetna Better Health of California covers all services that are needed to treat a



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medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; **or**
 - Serious harm to bodily functions; **or**
 - Serious dysfunction of any bodily organ or part; **or**
 - In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.
- ***Emergency transportation services***

Aetna Better Health of California covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

Aetna Better Health of California covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances



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- Drugs and biological services
- Counseling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

- ***Anesthesiologist services***

Aetna Better Health of California covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- ***Inpatient hospital services***

Aetna Better Health of California covers medically necessary inpatient hospital care when you are admitted to the hospital.

- ***Surgical services***

Aetna Better Health of California covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

Aetna Better Health of California covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Birthing center services



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- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the Aetna Better Health of California preferred drug list (PDL), subject to exclusions and limitations. The Aetna Better Health of California preferred drug list (PDL) is sometimes called a formulary. Drugs on the PDL are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call Aetna Better Health of California to ask for pre-approval before you get the drug.

To find out if a drug is on the Aetna Better Health of California preferred drug list (PDL) or to get a copy of the PDL, call **1-855-772-9076 (TTY: 711)**. You may also find the PDL at **[AetnaBetterHealth.com/California/members/pharmacy](https://www.aetna.com/members/pharmacy)**.

Sometimes Aetna Better Health of California needs to approve a drug before a provider can prescribe it. Aetna Better Health of California will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. Aetna Better Health of California will pay for the emergency supply.
- If Aetna Better Health of California says no to the request, Aetna Better Health of California will send you a letter that lets you know why and what other drugs or treatments you can try.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Aetna Better Health of California. You can find a list of pharmacies that work with Aetna Better Health of California in the Aetna Better Health of California Provider Directory at **[AetnaBetterHealth.com/California/find-provider](https://www.aetna.com/California/find-provider)**. You can also find a pharmacy near you by calling **1-855-772-9076 (TTY:**



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711).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Aetna Better Health of California ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Rehabilitative and habilitative services and devices

The plan covers:

- **Acupuncture**

Aetna Better Health covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy, and speech therapy services. Aetna Better Health may pre-approve (prior authorization) additional services as medically necessary.

- **Audiology (hearing)**

Aetna Better Health covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. Aetna Better Health may pre-approve (prior authorization) additional services as medically necessary.

- **Behavioral health treatments**

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral



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analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

- ***Cancer clinical trials***

Aetna Better Health of California covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- ***Cardiac rehabilitation***

Aetna Better Health of California covers inpatient and outpatient cardiac rehabilitative services.

- ***Cosmetic Surgery***

Aetna Better Health of California does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

- ***Durable medical equipment (DME)***

Aetna Better Health of California covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. Aetna Better Health of California does not cover comfort, convenience or luxury equipment, features and supplies.

- ***Enteral and parenteral nutrition***

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Aetna Better Health of California covers enteral and parenteral nutrition products when medically necessary.



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- **Hearing aids**

Aetna Better Health of California covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. Aetna Better Health of California may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

- **Home health services**

Aetna Better Health of California covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- **Medical supplies, equipment and appliances**

Aetna Better Health of California covers medical supplies that are prescribed by a doctor.

- **Occupational therapy**

Aetna Better Health covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic, and speech therapy services. Aetna may pre-approve (prior authorization) additional service as medically necessary.

- **Orthotics/prostheses**

Aetna Better Health of California covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- **Ostomy and urological supplies**

Aetna Better Health of California covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

- ***Physical therapy***

Aetna Better Health of California covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

- ***Pulmonary rehabilitation***

Aetna Better Health of California covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive Services***

Aetna Better Health of California covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- ***Skilled nursing facility services***

Aetna Better Health of California covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- ***Speech therapy***

Aetna Better Health covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy. Aetna Better Health may pre-approve (prior authorization) additional services as medically necessary.

- ***Transgender Services***

Aetna Better Health of California covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.



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Laboratory and radiology services

Aetna Better Health of California covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. Aetna Better Health of California's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with Aetna Better Health of California without having to get pre-approval from Aetna Better Health of California. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call **1-855-772-9076 (TTY: 711)**.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals



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- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call Aetna Better Health of California to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, Aetna Better Health of California covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
 - Aetna Better Health of California will make appointments and provide transportation to help children get the care they need.
 - Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. Aetna Better Health of California covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. Aetna Better Health of California must make sure that all enrolled children get needed shots at the time of any health care visit.
 - When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and Aetna Better Health of California is responsible for paying for the care, then Aetna Better Health of California covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy



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- Physical, speech/language, and occupational therapies
- Home health services, which could be medical equipment, supplies, and appliances
- Treatment for vision and hearing, which could be eyeglasses and hearing aids
- Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
- Case management, targeted case management, and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- If the care is medically necessary and Aetna Better Health of California is not responsible for paying for the care, then Aetna Better Health of California will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services

Vision services

The plan covers:

- Routine eye exam once every 24 months; Aetna Better Health may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of



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transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. Aetna Better Health of California allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, Aetna Better Health of California will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by Aetna Better Health of California with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call Aetna Better Health of California at **1-855-772-9076** or the Aetna Better Health of California transportation provider, Access2Care at **1-888-334-8352** at least three (3) business days (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under Aetna Better Health of California when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.



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Cost to member

There is no cost when transportation is authorized by Aetna Better Health of California.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions and medical supplies.

Aetna Better Health of California allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. Aetna Better Health of California provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to Aetna Better Health of California by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. Aetna Better Health of California allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, call Aetna Better Health of California at **1-855-772-9076** or our transportation provider Access2Care at **1-888-334-8352** at least three (3) business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.



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- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by Aetna Better Health of California.

Long-term services and supports (LTSS)

Aetna Better Health of California covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by Aetna Better Health of California
- Home and Community Based Services as approved by Aetna Better Health of California

What your health plan does not cover

Other services you can get through Fee-For-Service (FFS) Medi-Cal

Sometimes Aetna Better Health of California does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call **1-855-772-9076 (TTY: 711)**.

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services



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- Crisis stabilization services
- Targeted case management services
- Therapeutic behavioral services
- Intensive care coordination (ICC)
- Intensive home-based services (IHBS)
- Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MentalHealthPrograms-Ind.aspx.

Substance use disorder services

The plan covers:

- Outpatient substance use disorder services, including residential treatment services

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify



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If you have questions or want to learn more about dental services, call Denti-Cal at **1-800-322-6384 (TTY: 1-800-735-2922)**. You may also visit the Denti-Cal website at denti-cal.ca.gov.

Institutional long-term care

Aetna Better Health of California covers long-term care for the month you enter a facility and the month after that. Aetna Better Health of California does **not** cover long-term care if you stay longer.

Regular Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call **1-855-772-9076 (TTY: 711)**.

Services you cannot get through Aetna Better Health or Medi-Cal

There are some services that neither Aetna Better Health of California nor Medi-Cal will cover, including:

- California Children's Services (CCS)

Read each of the sections below to learn more. Or call **1-855-772-9076 (TTY: 711)**.

California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If Aetna Better Health of California or your PCP believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. Aetna Better Health of California will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

Aetna Better Health of California does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that



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physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

The State pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from Aetna Better Health of California.

To learn more about CCS, call **1-855-772-9076 (TTY: 711)**.

Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Organ and tissue donation
- Diabetes Prevention Program (DPP)



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- Health Homes Program (HHP)

Read each of the sections below to learn more about other programs and services for people with Medi-Cal.

Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at organdonor.gov.

Health Homes Program

Aetna Better Health of California covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call Aetna Better Health of California, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call Aetna Better Health of California to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.



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Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. Aetna Better Health of California provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.

Care coordination

Aetna Better Health of California offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call **1-855-772-9076 (TTY: 711)**.

You may be referred to our Care Management department by a health care provider or family member. You can also request to work with a Care Manager directly at any time by calling our Member Services Department at **1-855-772-9076 (TTY: 711)**. Once you are referred, a Care Manager will reach out to you directly.

A Care Manager can work with you on improving any health issues you may have. They can help you identify your personal health care goals, help you develop a plan to achieve these goals, and provide you support along the way to achieving these goals.

The Care Manager is familiar with community resources available in your service area and can guide you in accessing these resources. They may also work with your health care provider to better assist you. The Care Manager will be able to answer any questions; provide you information on providers, benefits, and resources; and provide education on your specific health care needs.



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Chronic Condition Management

Available to enrolled members with any of the following conditions:

- Diabetes
- Heart failure
- Coronary artery disease
- Depression
- Asthma
- Chronic obstructive pulmonary disease
- Hypertension

Aetna Better Health's Care Management team provides activities and services based on the identified needs of the member which are designed to support the highest degree of member's self-management.

Members become eligible for Chronic Condition Management through many activities including member self-reporting of diagnoses through health appraisals, questionnaires, assessments and referrals.

Eligible members will be notified of their eligibility for the program and provided information of available services to promote improved self-management of their chronic condition. Members may decline participation at any time. For more information please call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)**.

Evaluating New Technology

Aetna Better Health of California is committed to ensuring members have access to the most up to date medical services and technology. Aetna Better Health of California works with Health and Clinical Services teams to develop policies regarding the experimental, investigational, and medical need of medical technologies such as:

- Medical and surgical procedures
- Devices
- Drugs
- Behavioral health services
- Organizational and supportive systems

These medical technologies are evaluated by peer-reviews, published medical journals, technology assessments, health care providers, nationally recognized professional healthcare organizations, and government public health agencies.



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Many things are considered before moving forward with something new, such as:

- Will this improve the health of our members?
- Has the government given final approval on this new medical service?

Plans to use new technology or service are reviewed and approved by The Clinical Policy Council, made up of Aetna pharmacists and medical directors from the National Medical Policy and Operations Department, National Accounts Department, Behavioral Health Department, Clinical Pharmacy Department and Health Care Delivery. The new medical technology or service is then made available to you as needed as part of your covered benefits.



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5. Rights and responsibilities

As a member of Aetna Better Health of California, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of Aetna Better Health of California.

Your rights

Aetna Better Health of California members have these rights:

- Know the cost to you if you choose to get a service that Aetna Better Health does not cover.
- Receive information about how to submit a complaint, grievance, appeal, or request for a hearing, including information on the circumstances under which an expedited state hearing is possible, about Aetna Better Health or the care received.
- Use the methods described in this handbook to share questions and concerns about your health care or about Aetna Better Health.
- Tell us about ways to improve our policies and procedures, including the member rights and responsibilities.
- Receive treatment and information that is sensitive to your cultural or ethnic background.
- Get interpretation services if you do not speak English or have a hearing impairment to help you get the medical services you need.
- Receive information about advance directives or a living will, which tell how to have medical decisions made for you if you are not able to make them for yourself.
- Know how Aetna Better Health pays providers, controls costs and uses services.



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- Get emergency health care services without the approval of your primary care provider (PCP) or Aetna Better Health when you have a true medical emergency.
- Be told in writing by Aetna Better Health when any of your health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.
- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the network practitioners and providers, the plan and its services, including Covered Services.
- To be able to choose a primary care provider within Aetna Better Health of California's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct your Medical Record.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.



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- To receive and discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by Aetna Better Health of California, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside Aetna Better Health of California's network pursuant to the federal law.

Your responsibilities

Aetna Better Health of California members have these responsibilities:

- Read this Evidence of Coverage. It tells you about our services, and how to file a grievance or appeal.
- Follow Aetna Better Health rules.
- Use your ID cards when you go to health care appointments or get services and do not let anyone else use your cards.
- Make and keep appointments with doctors. If you need to cancel an appointment, it must be done at least twenty-four (24) hours before your scheduled visit.
- Treat the doctors, staff and people providing services to you with respect.
- Know the name of your PCP and your care manager if you have one.
- Know about your health care and the rules for getting care.
- Tell the Plan and DHCS when you make changes to your address, telephone number, family size, moving out of state, employment change and other information that might affect enrollment.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be respectful to the health care providers who are giving you care.
- Schedule your appointments, be on time, and call if you are going to be late or miss your appointment. If you need to cancel an appointment, it must be done at least twenty-four (24) hours before your scheduled visit.



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- Use the emergency room for true emergencies only.
- Give all information about your health to Aetna Better Health and your doctor. This includes immunization records for members under age twenty-one (21).
- Tell your doctor if you do not understand what they tell you about your health so that you and your doctor can make plans together about your care.
- Tell the Plan and DHCS about your concerns, questions or problems.
- Ask for more information if you do not understand your care or health condition.
- Follow what you and your doctor agree to do. Make follow-up appointments. Take medicines and follow your doctor's care instructions.
- Schedule wellness check-ups. Members under twenty-one (21) years of age need to follow the Early Periodic Screening Diagnosis and Treatment (EPSDT) schedule.
- Get care as soon as you know you are pregnant. Keep all prenatal appointments.
- Tell Aetna Better Health and the DHCS when your address changes. Tell them about family changes that might affect eligibility or enrollment. Some examples are change in family size, employment and moving out of the state/region of CA.
- Tell us about any other insurance you have.
- Tell us if you are applying for or get any other health care benefits.
- Bring shot records to all appointments for children under 18 years old.
- Give your doctor a copy of your living will or advance directive.
- Keep track of the cost-sharing amounts you pay.

Notice of privacy practices

A STATEMENT DESCRIBING AETNA BETTER HEALTH OF CALIFORNIA POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This notice takes effect on January 1, 2018.

Please review it carefully.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

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
- 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 check-ups 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 are no longer with our plan, with your okay, we will 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 do not want us to give out your health information, call us.

If you are 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.

¹For purposes of this notice, “Aetna” and the pronouns “we,” “us” and “our” refer to all the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity for federal privacy purposes.



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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
- Case management
- Quality improvement
- Fraud prevention
- Disease prevention
- Legal matters

A case 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 will 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.

Reasons that we will need your written okay

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



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- 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 cannot 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 of it.
- 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 is 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 will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.



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Call us toll free at **1-855-772-9076, (TTY: 711)**, 24 hours a day, 7 days a week 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 of California
Attn: Privacy Officer
10260 Meanley Drive
San Diego, CA 92131

You can send privacy complaints to the California Department of Health Care Services:

DHCS Privacy Officer
c/o: Office of HIPAA Compliance, Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Telephone: **916-445-4646**
Fax: **916-440-7680**

You also can file a complaint with regard to your privacy with the U.S. Department of Health and Human Services, Office for Civil Rights. Call us toll free at **1-855-772-9076 (TTY: 711)** to get the address.

If you are unhappy and tell the Office for Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

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



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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.

Will 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/California**.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services Aetna Better Health of California provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

Personal Injury Program at **<http://dhcs.ca.gov/PI>**

Workers Compensation Recovery Program at **<http://dhcs.ca.gov/WC>**

To learn more, call **916-445-9891**.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. Aetna



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Better Health of California will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call **916-650-0490**. Or get legal advice.

Notice of Action

Aetna Better Health of California will send you a Notice of Action (NOA) letter any time Aetna Better Health of California denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with Aetna Better Health of California.

Aetna Better Health sends out a statement to all members, Aetna employees, and all health care providers that explains the following:

- UM decision making is based only on the appropriateness of care and services, confirming current enrollment status of the member with the health plan, and reviewing the existence of coverage to make sure medical necessity is met for those requested services.
- Aetna Better Health does not reward any of our health care providers or other individuals for issuing any denials of coverage for those services.
- There are no financial rewards given for UM decision makers based on any denials or underutilization of those services requested.



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6. Reporting and solving problems

There are two kinds of problems that you may have with Aetna Better Health of California:

- A **complaint** (or **grievance**) is when you have a problem with Aetna Better Health of California or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with Aetna Better Health of California's decision not to cover or change your services

You can use the Aetna Better Health of California grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact Aetna Better Health of California first to let us know about your problem. Call us, we are here 24 hours a day, 7 days a week, at **1-855-772-9076 (TTY: 711)** to tell us about your problem. This will not take away any of your legal rights. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at **1-888-HMO-2219 (TTY: 1-877-688-9891)**.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8 a.m. and 5 p.m. at **1-888-452-8609**.



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You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call **1-855-772-9076 (TTY: 711)**.

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8 a.m. and 5 p.m. at **1-800-541-5555**.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from Aetna Better Health of California or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

By phone: Call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)** available 24 hours a day, 7 days a week. Give your health plan ID number, your name and the reason for your complaint.

- **By mail:** Call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)** and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Aetna Better Health of California
Appeal and Grievance Department
10260 Meanley Drive
San Diego, CA 92131

Your doctor's office will have complaint forms available.

Online: Visit the Aetna Better Health of California website. Go to **[AetnaBetterHealth.com/California/members/grievance](https://www.AetnaBetterHealth.com/California/members/grievance)**.

If you need help filing your complaint, we can help you. We can give you free language services. Call **1-855-772-9076 (TTY: 711)**.

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call Aetna Better Health of California about a



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grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at **1-855-772-9076 (TTY: 711)**. We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for Aetna Better Health of California to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date Aetna Better Health of California says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

You can file an appeal by phone, in writing or online:

By phone: Call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)** available 24 hours a day, 7 days a week. Give your name, health plan ID number and the service you are appealing.

By mail: Call Aetna Better Health of California at **1-855-772-9076 (TTY: 711)** and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Aetna Better Health of California
Appeal and Grievance Department
10260 Meanley Drive
San Diego, CA 92131



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

Your doctor's office will have appeal forms available.

Online: Visit the Aetna Better Health of California website. Go to **AetnaBetterHealth.com/California/members/grievance**.

If you need help filing your appeal, we can help you. We can give you free language services. Call **1-855-772-9076 (TTY: 711)**.

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1-855-772-9076 (TTY: 711)**. We will make a decision within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from Aetna Better Health of California telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of Aetna Better Health of California will review your case.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing or an IMR.



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **AetnaBetterHealth.com/California**.

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with Aetna Better Health of California. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals":

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-855-772-9076 (TTY: 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site **www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with Aetna Better Health of California and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days, and you have not



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requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

By phone: Call the DSS Public Response Unit at **1-800-952-5253** (TTY: **1-800-952-8349**).

By mail: Fill out the form provided with your appeals resolution notice. Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call **1-855-772-9076** (TTY: **711**).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. Aetna Better Health of California must follow what the judge decides.

If you want the DSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from Aetna Better Health of California.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given



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- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Aetna Better Health of California

Attn: Special Investigations Unit

10260 Meanley Drive

San Diego, CA 92131

Telephone: **1-855-321-3727 (TTY: 711)**



Call Member Services at **1-855-772-9076 (TTY: 711)**. Aetna Better Health of California is here 24 hours a day, 7 days a week. The call is toll free. Or call the California Relay Line at 711. Visit online at **[AetnaBetterHealth.com/California](https://www.AetnaBetterHealth.com/California)**.

7. Important numbers and words to know

Important phone numbers

- Aetna Better Health of California Member Services: **1-855-772-9076 (TTY: 711)**
 - Access 2 Care (Non Emergent) Transportation: **1-888-334-8352**
 - Interpreter and Translation Services – call Member Services - **1-855-772-9076 (TTY: 711)**
-

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for Aetna Better Health of California to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.



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Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about Aetna Better Health of California, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and Aetna Better Health of California agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of Aetna Better Health of California, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office



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that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. Aetna Better Health of California decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by Aetna Better Health of California; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does



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not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular doctor care to check a patient’s progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman’s residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member’s verbal or written expression of dissatisfaction about Aetna Better Health of California, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with Aetna Better Health of California or are in the Aetna Better Health of California network. Aetna Better Health of California network providers must have a license to practice in California and give you a service Aetna Better Health of California covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from Aetna Better Health of California before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care or sensitive services.



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Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (OB/GYN) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.



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Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. Aetna Better Health of California is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with Aetna Better Health of California who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.



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Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with Aetna Better Health of California to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that Aetna Better Health of California does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. Aetna Better Health of California pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in the Aetna Better Health of California network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the Aetna Better Health of California network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)



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- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with Aetna Better Health of California to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by Aetna Better Health of California's utilization review and quality assurance policies or Aetna Better Health of California's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with Aetna Better Health of California to offer covered services to members at the time a member receives care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior-authorization): Your PCP must get approval from Aetna Better Health of California before you get certain services. Aetna Better Health of California will only approve the services you need. Aetna Better Health of California will not approve services by non-participating providers if Aetna Better Health of California believes you can get comparable or more appropriate services through Aetna Better Health of California providers. A referral is not an approval. You must get approval from Aetna Better Health of California.

Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.



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Preferred drug list (PDL): A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.

Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need OB/GYN care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- FQHC or RHC
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the Aetna Better Health of California network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational



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- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management services
- Therapeutic behavioral services
- Intensive care coordination (ICC)
- Intensive home-based services (IHBS)
- Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.



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