



Aetna Better Health® of Florida



At your side

Summer 2019

Integrated care management

We have an integrated care management program that supports people with special health care needs.

This program can help you to get the care you need. This includes:

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

We are here to help as much or as little as you would like. If you are enrolled in the program, your team may include the following people:

- A care manager
- A care management associate

Your team members are here to help you. They will work with

you and your providers. They will help you meet the health goals that are important to you. They will provide information about the program that includes:

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

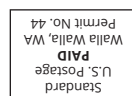
They will also:

- Provide you with resources

- Provide educational handouts
- Help with access to other services

If you are our member and you would like to participate in this program, then you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at the number below and ask for care management: **1-844-528-5815**.

HK



What's up, doc? Communication is key

Do you sometimes feel as though you and your doctor aren't connecting?

Having a doctor who understands you is important. And you need to be able to communicate well with your doctor too. That's the person you see for many of your health care needs, so it's best when you are both on the same page.

Doctors and patients can have problems talking with each other for a variety of reasons. If that happens to you, here are some things that might help:

Overcome a language barrier.

Is English your second language? If you aren't comfortable speaking to your doctor in English, bring an interpreter with you or ask about translation services the doctor's office can provide. This is true if you're deaf and need a sign language interpreter too.

Choose a provider who fits you.

It's important to find a provider with whom you feel at ease. Do you share similar values? Do you trust your provider? These things can be important to your relationship.



Speak your mind. Talk is a two-way street. If you don't understand something, let your provider know. Ask him or her to explain it to you as many times as it takes until you are clear. Remember to be open and honest about your health and any symptoms you're having.

How can we help?

If you run into problems talking with your provider, let your health plan know. And if you don't have a doctor, we can help you find the right one.

Sources: American Academy of Family Physicians; National Institutes of Health

Continuity of care

If you are a new member who is at this time in active care with a doctor and getting a covered service, we will help you with your coordination of care without requiring additional permission.

We will continue to pay for the care you are receiving for 60 days from your enrollment date with no cost to you. Please call us at **1-844-528-5815 (TTY/TDD: 711 Relay)**, from 8 a.m. to 7 p.m., for more information.

How to choose your primary care provider (PCP)

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

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

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

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

All our members should receive the right health care. If you want more information on this, call us at **1-844-528-5815**.

How do I pick my PCP?

When you first enroll in our Plan, you have the option to tell Aetna Better Health of Florida the name of the PCP

you would like. Aetna Better Health of Florida will have a list of the PCPs that work with our Plan. We will do our best to make sure you get to keep the PCP you picked. Sometimes we cannot assign you to the PCP you picked.

When this happens, we will pick a PCP for you. The PCP's name and phone number will be on your ID card. You can call us at any time to change PCPs. We might pick a PCP for you if:

- You didn't tell us the name of the PCP you wanted when you enrolled.
- The PCP you picked isn't taking new members.
- The PCP you picked only sees certain members, such as pediatricians who only see children.

If we have to pick a PCP for you, we will try to find the PCP that is close to you and best fits your needs. We look for:

- Your recent PCP
- Your family member's PCP
- Your ZIP code



- Your age
- Your gender

How do I change my PCP?

Your PCP is an important part of your health care team. We want you and your doctor to work together. You may want to change your PCP at any time for any reason. Some reasons might be:

- You want a male or a female doctor.
- You want a doctor that speaks your language.

You can find a list of our PCPs on our website at **aetnabetterhealth.com/florida**. If you want to choose or change your PCP to another doctor in our provider network, call Member Services toll-free at **1-844-528-5815 (TTY: 711)**.

Benefits and copayments questions

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

Costs you may need to pay

As an Aetna Better Health of Florida member, you are generally not responsible for paying for covered health care services. There are some exceptions though. For example, if you receive a service and your provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it.

If you get a bill from your doctor for a covered health care service, call us.



Members.” Click on “Pharmacy Benefits.” Then click on “Formulary drug list.”

Sometimes your provider will want to give you a drug that is not on our list. If the medicine the provider feels you need is not on our list and you can't take any other drugs except the one prescribed, the provider can request approval from us. The provider knows how to do this. An updated formulary is posted to our website monthly and can be found at **aetnabetterhealth.com/florida**.

All of your prescriptions will need to be taken to one of the pharmacies listed in the provider directory or online at **aetnabetterhealth.com/florida**.

Pharmacy services

If you need medicine, your provider will choose one from our list of covered drugs and write a prescription. Ask your provider to make sure that the drug he or she is prescribing is on our list of covered drugs.

The list of covered drugs (also called the formulary) is

reviewed by a team of doctors and pharmacists. The list could change at least every three (3) months. Medications may be added or removed throughout the year. You can view the formulary on our website at **aetnabetterhealth.com/florida**. Click on “For

24-hour nurse line

Aetna Better Health of Florida has a nurse line to help answer your medical questions. This number is available 24 hours a day, 7 days a week. Just call us at **1-844-528-5815 (TTY: 711)** and listen for the nurse line option.

Prescriptions

Your provider may give you a prescription for medicine. Be sure and let him or her know about all the medications you are taking or have gotten from any other providers. You also need to tell them about any non-prescription medications or herbal treatments that you take.

Before you leave the provider's office, ask these questions about your prescription:

- Why am I taking this medicine?
- What is it supposed to do for me?
- How should the medicine be taken?
- When should I start the medication and for how long should I take it?
- What are the side effects or allergic reactions of the medicine?

- What should I do if a side effect happens?
- What will happen if I don't take this medicine?

Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what you should and should not do and possible side effects.

Do I need a referral (authorization)?

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

Prior authorization: Some health care services need to be approved

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

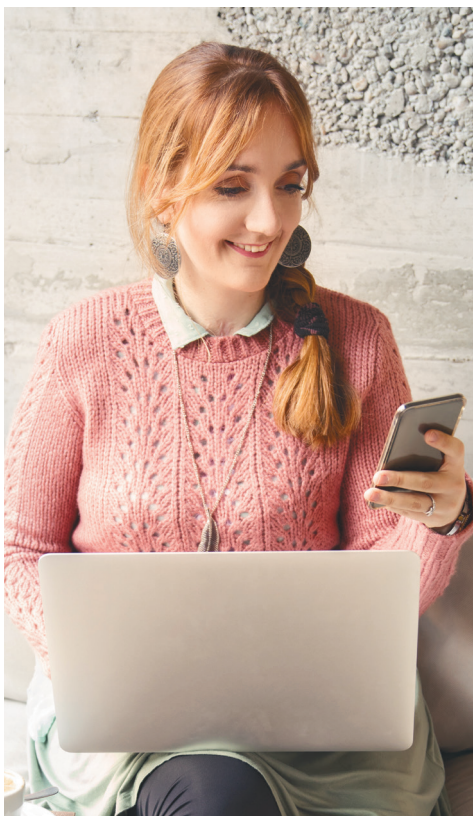
Except for family planning and emergency care, all out-of-network services require pre-approval. You may have to pay for your services if you don't get pre-approval for services that:

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

All services by providers that are not in our network need pre-approval.

The following are the steps for pre-approval:

1. Your provider gives Aetna Better Health of Florida information about the services he or she thinks you need.



2. Aetna Better Health of Florida reviews the information.
3. If your provider does not think we should approve the request, a different Aetna Better Health of Florida provider will review the information.
4. You and your provider will get a letter once we have approved or denied a service.
5. If we deny your request, we will explain our reasons in the letter.
6. If we deny a service, you, or your provider with your written permission, can file an appeal.

Member portal

Get the most out of your health plan. Sign up for our personalized, secure member website. You can use the site to manage your plan benefits and meet your health goals. The site lets you:

- Change your doctor
- Update your contact information
- Find forms or get new member ID cards
- View your personal health history
- Track your health goals
- See the status of your claim
- Get personalized health information
- Research prescription drugs
- Find support

Sign up today. It's easy.

If you're ready to start using this secure online tool, you can register online. Or you can sign up over the phone by calling Member Services at **1-844-528-5815**.

Keep in mind that you'll need your health plan member ID and a current email address to create an account.

Vaccines children and teens need (birth to 18 years)

Immunization schedule

These are general recommendations.

Talk with your doctor about what is right for your child.

DTaP = diphtheria, tetanus, pertussis (whooping cough)

Flu = influenza

HepA = hepatitis A

HepB = hepatitis B

Hib = *Haemophilus influenzae* type b

HPV = human papillomavirus

IPV = polio

MenACWY (series) = meningococcal A, C, W, Y

MenB = meningococcal B

MMR = measles, mumps, rubella

PCV13 = pneumococcal

PPSV23 = pneumococcal

RV = rotavirus

Tdap = tetanus, diphtheria, pertussis

VAR = varicella (chickenpox)

***Needed in some cases**

Range of routinely recommended ages
Range for catch-up immunizations

Range for certain high-risk groups
Range for non-high-risk groups subject to doctor's advice

BIRTH	MONTHS									YEARS					
	0	1	2	4	6	9	12	15	18	19-23	2-3	4-6	7-10	11-12	13-18
HepB	HepB		HepB	HepB					HepB series						
		RV	RV	RV*									HPV	HPV	HPV series
		DTaP	DTaP	DTaP	DTaP		DTaP		DTaP	DTaP	Tdap	Tdap	Tdap	Tdap	Tdap
		Hib	Hib	Hib*	Hib	Hib*		Hib		Hib		Hib			
		PCV13	PCV13	PCV13	PCV13	PCV13		PCV13		PCV13		PCV13			
										PPSV23					
		IPV	IPV	IPV					IPV	IPV	IPV series				
				Flu, yearly (1 or 2 doses)									Flu, yearly		
				MMR		MMR	MMR		MMR	MMR	MMR series		MMR series		
						VAR		VAR		VAR	VAR series		VAR series		
				HepA series					HepA series						
		MenACWY												MenACWY	
														MenB	

Source: Centers for Disease Control and Prevention (2019)

Second opinions

Aetna Better Health of Florida provides for a second opinion from an in-network provider or arranges for the

member to obtain a second opinion outside the network.

Your right to a second opinion

As a member of Aetna Better Health, you have

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

You may want to confirm you're getting the right treatment for an illness. Or you

may want to ask about surgery your provider says you need. To ask about getting a second opinion, just call Member Services at **1-844-528-5815**.

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



Healthy Behaviors

We offer programs to our members who want to stop smoking, lose weight or address any substance use problems. We also offer prenatal and after-delivery programs. We reward members who join and meet certain goals with gift cards and other rewards.

You do not have to join the Healthy Behaviors program. The choice is yours to be a part of the program.

To learn more about the Healthy Behaviors program, call us toll-free at **1-844-528-5815**.

Take your health risk assessment

Every new Aetna Better Health member will get a health survey call from Aetna Better Health. The name on your caller ID may show as "Aetna Medicaid." During this call you will be asked health questions. These questions will help us better serve you. Your answers are private.

Our nurses use this information to provide you with health-related educational material. This educational material may be mailed to you about a specific condition you have. You may also get a call from an Aetna Better Health nurse. The goal of these materials and calls is to help you stay healthy.

If you do not want a telephone health survey, call Member Services at **1-844-528-5815 (TTY/TDD: 711)**.

Member rights and responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. You can request a copy of it from your doctor or from Member Services.

Member rights

- You have the right to be treated with courtesy and respect
- You have the right to have your privacy protected
- You have the right to a response to questions and requests
- You have the right to know who is providing services to you
- You have the right to know the services that are available, including an interpreter if you don't speak English
- You have the right to know the rules and regulations about your conduct
- You have the right to be given information about your health
- You have the right to refuse any treatment, except as otherwise provided by law
- You have the right to get service from out-of-network providers
- You have the right to get family planning services without prior authorization
- You have the right to be given information and counseling on the financial resources for your care
- You have the right to know if the provider or facility accepts the assignment rate
- You have the right to receive an estimate of charges for your care



- You have the right to receive a bill and to have the charges explained
- You have the right to be treated regardless of race, national origin, religion, handicap or source of payment
- You have the right to be treated in an emergency
- You have the right to participate in experimental research
- You have the right to file a grievance if you think your rights have been violated
- You have the right to information about our doctors
- You have the right to be treated with respect and with due consideration for your dignity and privacy
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- You have the right to request and receive a copy of your medical records and request that they be amended or corrected
- You have the right to be furnished health care services in accordance with federal and state regulations
- You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the state agency treat you

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Member rights and responsibilities

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Member responsibilities

- You should provide accurate and complete information about your health
- You should report unexpected changes in your condition
- You should report that you understand your care and what is expected of you
- You should follow the treatment plan recommended
- You should keep appointments
- You should follow your doctor's instructions
- You should make sure your health care bills are paid
- You should follow health care facility rules and regulations

Screening helps prevent cervical cancer

You don't usually think of cancer as something you can catch. But cervical cancer is nearly always caused by a virus.

Here's what happens: The human papillomavirus (HPV) is passed from person to person during sex. HPV causes cells on the cervix to change. They usually go back to normal on their own. But sometimes these cells turn into cancer.

That can take many years. In the meantime, women can protect themselves. Though there are no early symptoms of cervical cancer, these tests can find problems early:


- An HPV test checks for the virus. Your doctor may suggest this if you are over age 29.
- A Pap test checks for abnormal cells. You should begin having Pap tests at age 21.



Abnormal Pap test results don't usually mean cancer. But treating abnormal cells can put a stop to cancer before it starts.

Source: Centers for Disease Control and Prevention

HEALTH TIP: There are shots that can help protect against HPV. These are recommended for all kids ages 11 or 12. Women can get them through age 26, and they are available to young men through age 21.

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

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FL-19-06-02



AETNA BETTER HEALTH® OF FLORIDA

Nondiscrimination Notice

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

Aetna:

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

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

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

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

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

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

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

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

FL-16-07-19

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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