



# Certificate of Coverage

**Aetna Better Health® of Illinois**  
Managed Long Term Support and Services

## Certificate of Coverage

This certificate of coverage represents that you are covered under all product lines through Aetna Better Health of Illinois. Aetna Better Health of Illinois shall provide to and/or arrange for your covered health care services in accordance with the provisions of the agreement between Aetna Better Health of Illinois and the Illinois Department of Healthcare and Family Services. A description of covered health care services is detailed in the member handbook. This document constitutes the entire agreement between you and Aetna Better Health of Illinois. Member handbooks are delivered to the address of record prior to the first effective date of coverage and annually thereafter. Members can access more information by contacting us at **1-844-316-7562 (TTY: 711)**.

### Aetna Better Health of Illinois:

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

If you need these services, contact Aetna Better Health of Illinois at **1-844-316-7562 (TTY: 711)**.

### Important Phone Numbers & Contacts

Contact Aetna Better Health of Illinois through the following methods:

Member Services	<b>1-844-316-7562</b> (toll-free)
TTY (Illinois Relay Services)	<b>711</b>
24/7 Nurse Advice Line	<b>1-866-329-4701</b>
Transportation	<b>1-866-329-4701</b>
Emergency	<b>911</b>
Website	<a href="http://AetnaBetterHealth.com/Illinois-Medicaid">AetnaBetterHealth.com/Illinois-Medicaid</a>
Mailing Address	3200 Highland Avenue, MC F661 Downers Grove, IL 60515

Aetna Better Health of Illinois' business hours are 8:30 AM – 5 PM (CT) Monday through Friday.

## Member Services

Welcome to Aetna Better Health of Illinois. Our Member Services department is ready to help you get the most from Aetna Better Health of Illinois. Call **1-844-316-7562 (TTY: 711)**. Hours are from 8:30 AM – 5 PM (CT) Monday through Friday.

Aetna Better Health of Illinois wants you to have all the information you need about your health plan. You can contact us to find out the following information:

- Any questions you may have
- Benefits
- How to receive health care services
- Authorizations needed for any health care services
- How to receive emergency services
- How to receive post-stabilization services
- Rights and responsibilities as an Aetna Better Health of Illinois member
- How to submit a grievance and an appeal
- File a complaint
- Fair hearing procedures
- Aetna Better Health of Illinois' web address and the basic information included online
- Our contracted providers
- How to obtain information

Most of this information can be found in this handbook. Additional information can be found on our website, [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid). Aetna Better Health of Illinois will notify you every year of your right to receive this basic information.

### 24/7 Nurse Advice Line

We also have a toll-free 24/7 Nurse Advice Line. Everyone has questions about their health care. If you have a question, please call our 24/7 Nurse Advice Line at **1-866-329-4701 (TTY: 711)**. Callers will

**[AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid)**

receive medical advice from registered nurses. The nurses can also confirm your eligibility for benefits. The line is open 24 hours a day, every day of the year.

## Provider Network

Aetna Better Health of Illinois partners with a wide range of providers, including primary care providers (PCPs), specialists, hospitals, nursing and senior living facilities, community mental health centers, and other medical and behavioral health providers and facilities. Members do not need referrals to see specialists; however, you may want to see your PCP first.

You must use providers in the Aetna Better Health of Illinois network for all your health care needs. You must have our approval prior to using an out-of-network provider. *The only exceptions are for emergency medical care in the United States and for care at Indian Health Care Providers (IHCPs).*

To search for providers in the Aetna Better Health of Illinois network, visit [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid) and click "Find a Provider".

## Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury, or illness.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty in breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services
- Call 911
- Call an ambulance if no 911 service in area
- No referral is needed
- Prior authorization is not needed, but you should call us within 48 hours of your emergency care

## Covered Services

All services must be medically necessary. Some services require prior authorization. Your provider will submit any needed prior authorizations. Members do not need to contact us to request a prior authorization. Prior authorization is not required for approved waiver services for the following waiver recipients: persons with disability, elderly, supportive living facility, brain injury, and HIV/AIDS waiver members.

Members do not need referrals to see specialists; however, you may want to see your PCP first. Your PCP can help coordinate referrals to specialists, hospitals, and other providers. You do not need a referral for behavioral health or substance use treatment.

Aetna Better Health of Illinois covers your long term support and services. For medical and prescription drug coverage, please contact your Medicare or Medicare Advantage Plan, Medicaid, or your Prescription Drug (Medicare Part-D) plan.

If you need clinical advice, call our 24/7 Nurse Advice Line. It is staffed with registered nurses ready to answer your health questions 24 hours a day – every day of the year. Call **1-866-329-4701 (TTY: 711)**.

## Managed Long Term Support & Services (MLTSS) Covered Services

### Eligibility for MLTSS

The Managed Long Term Support and Services (MLTSS) program is available to dual eligible individuals receiving full Medicare and Medicaid benefits who are not members of the Medicare-Medicaid Alignment Initiative (MMAI) and live in a nursing facility or receive one of the following Home and Community Based Services (HCBS) waivers:

- Persons with Disabilities
- Persons with Brain Injury
- Persons who are Elderly
- Persons with HIV/AIDS
- Supportive Living Facility

Eligibility for HCBS Waivers are determined by your Determination of Need (DON) score. You must have a DON score of 29 or higher. A care manager from a State of Illinois agency will conduct the DON in your home. Aetna Better Health of Illinois will work with the State for your annual reassessment, or whenever there is a change in your condition or needs.

### MLTSS Services

Some services are covered by Medicaid, Medicare, and Aetna Better Health of Illinois.

Aetna Better Health of Illinois is your long term support & services provider. We will work with you to help coordinate your care. You will have a care coordinator who will help you navigate the health system, find a primary care provider (PCP), show you how to obtain pharmacy benefits, access Medicaid covered services, and even help you file complaints with the Ombudsman & SHIP counselors if needed.

You must qualify for Home and Community Based Services (HCBS) waivers to be eligible for certain services, and each waiver has its own set of eligible services.

Services listed below are covered by Aetna Better Health of Illinois through the MLTSS program:

- Behavioral Health Services, including:
  - Mental health assessment and/or psychological evaluation
  - Medication management
  - Family, group, & individual therapy
  - Community based services
- Nursing Care Services
- Nursing Facility Services
- Substance Use Services
- Non-Emergency Transportation Services
- HCBS Waiver Services

## **Covered Home and Community Based Services (Waiver clients only)**

Here is a list of some of the medical services and benefits that Aetna Better Health of Illinois covers for members who are in a Home and Community Based Service waiver.

### **Department on Aging (DoA), *Persons who are Elderly:***

- Adult Day Service
- Adult Day Service Transportation

- Homemaker
- Personal Emergency Response System (PERS)

### **Department of Rehabilitative Services (DRS), *Persons with Disabilities, HIV/AIDS:***

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Home Health Aide
- Nursing, Intermittent
- Skilled Nursing (RN and LPN)
- Occupational Therapy
- Home Health Aide
- Physical Therapy
- Speech Therapy
- Homemaker
- Home Delivered Meals
- Personal Assistant
- Personal Emergency Response System (PERS)
- Respite
- Specialized Medical Equipment and Supplies

### **Department of Rehabilitative Services (DRS), *Persons with Brain Injury:***

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Supported Employment
- Home Health Aide
- Nursing, Intermittent
- Skilled Nursing (RN and LPN)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Prevocational Services
- Habilitation-Day
- Homemaker
- Home Delivered Meals
- Personal Assistant
- Personal Emergency Response System (PERS)
- Respite

- Specialized Medical Equipment and Supplies
- Behavioral Services (M.A. and PH.D.)

**HealthCare and Family Services (HFS),  
Supportive Living Facility:**

- Assisted Living

**Non-Covered Services**

Here is a list of some of the medical services and benefits that Aetna Better Health of Illinois' MLTSS plan does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by an out-of-network provider and not authorized by Aetna Better Health of Illinois
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any services that is not medically necessary
- Audiology services
- Chiropractor services
- Dental services
- Diagnostic and therapeutic radiology
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Family planning services
- Laboratory and x-ray services
- Medical equipment and supplies
- Pharmacy services
- Podiatry services
- Transplants
- Vision services

*Note: This is not a full list of services not covered.*

For additional information on services, please contact Member Services at **1-844-316-7562 (TTY: 711)**. Hours are 8:30 AM – 5 PM, Monday through Friday.

**AetnaBetterHealth.com/Illinois-Medicaid**

**Transportation Services**

If you need transportation to or from an appointment please call us at least two (2) business days in advance and we will schedule transportation for you. You can bring a guest if needed. Call Aetna Better Health of Illinois at **1-866-329-4701 (TTY: 711)**.

Aetna Better Health of Illinois will provide transportation including:

- Public transportation
- Door-to-door service
- Americans with Disabilities Act (ADA) paratransit
- Transportation for dependents
  - You can arrange transportation for your dependents but you must travel with them. They cannot travel alone.

We will select the best transportation method for your needs. This will be based on the distance from your home to the provider's office, accessibility needs, and cost effectiveness. We will ask you a series of questions to determine the best transportation option for you. These questions include:

- Do you own and drive a working car?
- Do you have a friend or family member who is able to transport you?
- Are you able to take public transportation?
- Are you able to walk from your door to the vehicle with little or no assistance?
- Do you use any devices, such as a walker, cane, wheelchair, etc.?
- Are you able to step into the vehicle, or do you require a lift?
- Do you normally travel alone, or do you require an attendant?

Once your transportation is scheduled, you will receive a follow up call the day before your appointment. We will confirm all the

details of your transportation. This includes time of pickup, the name and location of your doctor, type of transportation, and the name of transport provider.

## Added Benefits

### Cell phone service

See if you're eligible for Assurance Wireless Lifeline cell service plus an Android™ Smartphone.

We know how important it is to stay connected to health care, jobs, emergency services and family. That's why Aetna Better Health of Illinois is partnering with Assurance Wireless Lifeline service.

Each month eligible Assurance Wireless customers receive, at no cost:

- Data
- Unlimited texts
- Voice minutes

### Plus an Android Smartphone

You may qualify for Assurance Wireless Lifeline service if you are on certain public assistance programs, like Medicaid or Supplemental Nutrition Assistance Program (SNAP). To apply or learn more visit [AetnaBetterHealth.com/Illinois-Medicaid](http://AetnaBetterHealth.com/Illinois-Medicaid) Questions call Member Services at **1-866-3294701 (TTY: 711)**.

## Grievance & Appeals

We want you to be happy with services you get from Aetna Better Health of Illinois and our providers. If you are not happy, you can file a grievance or appeal.

### Grievances

A grievance is a complaint about any matter other than a denied, reduced, or terminated service or item.

Aetna Better Health of Illinois takes member grievances very seriously. We want to know

**[AetnaBetterHealth.com/Illinois-Medicaid](http://AetnaBetterHealth.com/Illinois-Medicaid)**

what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. Aetna Better Health of Illinois has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHSORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

These are examples of when you might want to file a grievance:

- Your provider or an Aetna Better Health of Illinois staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or an Aetna Better Health of Illinois staff member was rude to you.
- Your provider or an Aetna Better Health of Illinois staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Aetna Better Health of Illinois at **1-866-329-4701 (TTY: 711)**. You can also file your grievance in writing via mail or fax at:

Aetna Better Health of Illinois  
Attn: Grievance and Appeals Dept.  
PO Box 81139  
5801 Postal Rd  
Cleveland, OH 44181  
Fax: **1-844-951-2143**

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling **1-866-329-4701 (TTY: 711)**.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform Aetna Better Health of Illinois in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

## Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it

- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may not agree with a decision or an action made by Aetna Better Health of Illinois about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on the Notice of Action letter. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

## Here are two ways to file an appeal

1. Call Member Services at **1-866-329-4701 (TTY: 711)**. If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:  
Aetna Better Health of Illinois  
Attn: Grievance and Appeals Dept.  
PO Box 81139  
5801 Postal Rd  
Cleveland, OH 44818  
Fax: **1-844-951-2143**

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your

appeal. If you are hearing impaired, call the Illinois Relay at 711.

### **Can someone help with the appeal process?**

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your primary care provider (PCP) or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) fill out the Authorized Representative Appeals form. You may find this form on our website at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/illinois-medicaid).

### **Appeal Process**

We will send you an acknowledgment letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

Aetna Better Health of Illinois will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Aetna Better Health of Illinois may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

[AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/illinois-medicaid)

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We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Aetna Better Health of Illinois' decision agrees with the Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If Aetna Better Health of Illinois' decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Aetna Better Health of Illinois reviews your appeal.

### **How can you expedite your appeal?**

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

### **How can you withdraw an appeal?**

You have the right to withdraw your appeal for any reason, at any time, during the

appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Aetna Better Health of Illinois will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Aetna Better Health of Illinois at **1-866-329-4701 (TTY: 711)**.

### What happens next?

After you receive the Aetna Better Health of Illinois appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

### State Fair Hearing

If you choose, you may ask for a State Fair Hearing Appeal within **one hundred-twenty (120) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the Aetna Better Health of Illinois Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us

that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:  
Illinois Department of Healthcare and Family Services  
Bureau of Administrative Hearings  
69 W. Washington St, 4th Floor  
Chicago, IL 60602  
Fax: 312-793-2005  
Email: [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)  
Or you may call **1-855-418-4421**,  
TTY: **1-800-526-5812**
- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:  
Illinois Department of Human Services

Bureau of Hearings  
69 W. Washington St, 4th Floor  
Chicago, IL 60602  
Fax: 312-793-8573  
Email:  
[DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)  
Or you may call **1-800-435-0774**,  
TTY: **1-877-734-7429**

### State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least three (3) business days before the hearing, you will receive information from Aetna Better Health of Illinois. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to Aetna Better Health of Illinois and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

### Continuance or postponement

[AetnaBetterHealth.com/Illinois-Medicaid](http://AetnaBetterHealth.com/Illinois-Medicaid)

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You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

### Failure to appear at the hearing

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

### The State Fair Hearing Decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This

Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

### **External Review (For Medical Services Only)**

Within **thirty (30) calendar days** after the date on the Aetna Better Health of Illinois appeal Decision Notice, you may choose to ask for a review by someone outside of Aetna Better Health of Illinois. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

**Your letter must ask for an external review of that action and should be sent to:**

Aetna Better Health of Illinois  
Attn: Grievance and Appeals Dept.  
PO Box 81139  
5801 Postal Rd  
Cleveland, OH 44818  
Fax: **1-844-951-2143**

### **What happens next?**

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a

letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.

- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Aetna Better Health of Illinois a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

### **Expedited External Review**

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at **1-866-329-4701 (TTY: 711)**. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Aetna Better Health of Illinois  
Attn: Grievance and Appeals Dept.  
PO Box 81139  
5801 Postal Rd  
Cleveland, OH 44818

### **What happens next?**

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.

- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Aetna Better Health of Illinois know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Aetna Better Health of Illinois with the decision within forty-eight (48) hours.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider (PCP) from Aetna Better Health of Illinois. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- Request and receive in a reasonable amount of time, information about Aetna Better Health of Illinois, its providers, and policies.

## **Rights & Responsibilities**

### **Your Rights:**

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private except where allowed by law.
- Be protected from discrimination.
- Receive information from Aetna Better Health of Illinois in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your health care treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.

### **Your Responsibilities:**

- Treat your doctor and the office staff with courtesy and respect.
- Carry your Aetna Better Health of Illinois ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell Aetna Better Health of Illinois and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.

# Notice of Privacy Practices

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

Effective October 1, 2020

## What do we mean when we use the words “health information”<sup>1</sup>

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 checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. If you 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.

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<sup>1</sup>For 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.

**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 matter

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:

- 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.

Call us toll free at **1-866-329-4701** 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 Illinois**  
Attention: Complaints and Appeals  
3200 Highland Avenue, MC F661  
Downers Grove, IL 60515

You also can file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address at **1-866-329-4701 (TTY: 711)**. If you are unhappy and tell the Office of 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 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 website at [AetnaBetterHealth.com/Illinois-Medicaid](https://AetnaBetterHealth.com/Illinois-Medicaid).

## Nondiscrimination Notice

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

Aetna:

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

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

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

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY: 711)**

Email: [MedicaidCRCoordinator@aetna.com](mailto:MedicaidCRCoordinator@aetna.com)

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

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

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

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104 (TTY: 711)**.

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame **1-800-385-4104 (TTY: 711)**.

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **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)**。

**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.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga librang serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **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 بطاقتك الشخصية أو على **1-800-385-4104 (للصم والبكم: 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)**.

**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 કૉલ કરો (TTY: 711).

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

**VIETNAMESE: CHÚ Ý:** nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104 (TTY: 711)**.

**ITALIAN: ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero **1-800-385-4104 (utenti 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।

**FRENCH: ATTENTION:** si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104 (ATS: 711)**.

**GREEK: ΠΡΟΣΟΧΗ:** Εάν μιλάτε Ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στο πίσω μέρος της ταυτότητάς σα ή στο **1-800-385-4104 (Λειτουργία TTY: 711)**.

**GERMAN: ACHTUNG:** Wenn Sie Deutschen sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer **1-800-385-4104 (TTY: 711)**.

