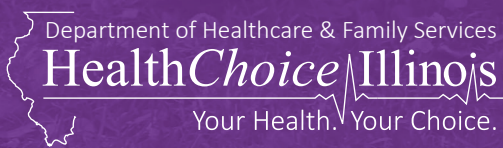




Count on us

2021 Member Handbook for HealthChoice Illinois



AetnaBetterHealth.com/Illinois-Medicaid

86.07.333.1-IL (8/21)



Aetna Better Health® of Illinois



Helpful Information

Aetna Better Health® of Illinois

Member Services

1-866-329-4701 (TTY: 711) (toll-free)

Monday–Friday, 8:30 AM–5 PM CT

Services for Hearing and Speech-Impaired (TTY)

Call **711**

Interpreter service and alternative formats

Call **866-329-4701 (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 care in the hospital.

Mailing address

3200 Highland Avenue, MC F648
Downers Grove, IL 60515

Behavioral Health Crisis Line

1-866-329-4701 (TTY: 711) (toll-free)

24 hours a day, 7 days a week

Vision

1-866-329-4701 (TTY: 711) (toll-free)

To report fraud or abuse

1-866-536-0542 (toll-free)

24-Hour Nurse Line

1-866-329-4701 (TTY: 711) (toll-free)

24 hours a day, 7 days a week

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

Personal information

My member ID number

My PCP's phone number

My PCP (Primary Care Provider)

Welcome to Aetna Better Health of Illinois!

Welcome to your new HealthChoice Illinois Medicaid plan. We are happy to be on this journey to better health with you. This is your member handbook. It is a guide to help you understand your health plan and benefits. It's a good idea to take time to read it. Everything you need to know about getting care is covered in this handbook. It will tell you about:

- Your health care team, including your primary care provider (PCP)
- Benefits and services with Aetna Better Health of Illinois
- How to get health care services
- How to get help with appointments
- What to do in an emergency
- Services that are covered and not covered
- The Aetna Better Care rewards program
- Added value benefits
- How to file a grievance or appeal
- Case management and other health related programs
- Your rights and responsibilities as a member

We will update this member handbook at least once a year. We will also make updates when information changes. A current copy of this handbook is always available on our website at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid). You can also call Member Services if you'd like a new copy mailed to you or if you need a copy in a different language.

Aetna Better Health also provides the following to our members:

- Free services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats)
- Free language services to people who do not speak or read English, such as qualified interpreters and information written in other languages

If you need these services, contact Aetna Better Health at **1-866-329-4701 (TTY: 711)**.

Please read everything in this handbook. Write down any questions you might have. If you have questions or problems getting services, we are here to help you. You can call us at **1-866-329-4701 (TTY: 711)** with your questions. To view this handbook, find information about our programs and services, or to find a provider, go to our website at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid). Better health. Better life.

Important phone numbers & contacts

Contact Aetna Better Health of Illinois using the information below.

Member Services	1-866-329-4701 (toll free)
TTY (Illinois Relay Services)	711
24/7 Nurse Advice Line	1-866-329-4701
Transportation	1-866-329-4701
Emergency	911
Interpreter Services	1-866-329-4701
Behavioral Health Crisis Line	1-866-329-4701
Fraud and Abuse Hotline	1-866-536-0542 (toll-free)
Aetna Better Health of Illinois website	AetnaBetterHealth.com/Illinois-Medicaid
Mailing Address	3200 Highland Avenue, MC F648 Downers Grove, IL 60515

Aetna Better Health's business hours are 8:30 AM-5 PM (CT), Monday through Friday. The Nurse Advice Line is available 24 hours a day, 7 days a week.

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HealthChoice Illinois Overview

What is Medicaid

Medicaid is health insurance from the state and Federal government that pays for medical assistance services. Medicaid pays for medical assistance for the following who qualify as low income:

- Eligible children
- Parents and caretakers of children
- Pregnant women
- Persons who are disabled, blind or 65 years of age or older
- Those who were formerly in foster care services
- Adults ages 19-64 who are not receiving Medicare coverage and who are not the parent or caretaker relative of a minor child

Primary services funded through Medicaid are physician, hospital and long term care. Additional coverage includes prescription medicine, medical equipment, transportation, family planning, laboratory tests, x-rays and other medical services.

What is HealthChoice Illinois

HealthChoice Illinois is the expanded Medicaid managed care program. The HealthChoice Illinois Program provides health care to most Illinois Medicaid participants. HealthChoice members must enroll in a Managed Care Organization (MCO) or health plan. Members get to choose their MCO as well as a doctor, or primary care provider (PCP). The PCP will oversee and coordinate your medical care.

How to Renew Medicaid Coverage

To keep getting care through HealthChoice Illinois, you are asked to renew your Medicaid coverage every year. It is a simple process just to make sure you are still qualified to get benefits. You may also know this annual renewal as “redetermination.”

Watch your mailbox. When it’s your time for your renewal, the Department of Healthcare and Family Services (HFS) will be sending you a letter with details. Or you can automatically renew at that point if you’re signed up with Manage My Case.

If it is time for you to renew, please don’t delay. If you do not respond, your coverage will automatically end. And all the benefits you’re getting through Aetna Better Health of Illinois will be lost. You can call Member Services if you need help at **1-866-329-4701 (TTY: 711)**.

Member Services

Our Member Services department is ready to help you get the most from Aetna Better Health of Illinois. You can reach us at **1-866-329-4701 (TTY: 711)**. Hours are from 8:30 AM – 5:00 PM (CT), Monday through Friday. Aetna Better Health wants you to have all the information you need about your health plan. We can:

- Answer questions about your benefits
- Help you choose or change your PCP
- Assist you in making appointments
- Explain how to receive health care services
- Help with authorizations needed for any health care services
- Explain how to receive emergency services
- Explain your rights and responsibilities as an Aetna Better Health of Illinois member
- Explain how to submit a grievance and an appeal
- Help you file a complaint
- Explain the fair hearing procedures
- Provide you with Aetna Better Health's web address and the basic information included online
- Provide our Certificate of Coverage, which explains that we are contracted by the State of Illinois
- Help you 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 will notify you every year of your right to receive this basic information.

Member Services needs your help too. We value your ideas and suggestions to change and improve the services we offer to you. Do you have an idea on how we can better serve you? Call us to tell us your ideas. We also have a committee you can join called the Member Advisory Committee. This committee gathers feedback from members on ways we can improve our benefits and services. If you have questions or want to share your ideas, call Member Services at **1-866-329-4701**

(TTY: 711). If you'd like to send Member Services an email, go to our website [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetnabetterhealth.com/illinois-medicaid). Click on the Contact us link at the bottom of the page. Complete the form and click submit. A Member Services representative will respond to your message.

Website Information

Our website is [AetnaBetterHealth.com/Illinois-Medicaid](https://www.AetnaBetterHealth.com/Illinois-Medicaid). It gives you easy access to:

- Finding a PCP or specialist in your area
- Sending us questions through our “Contact Us” page
- Learning about your benefits and health information
- Patient health education on more than 5,000 topics
- Viewing your member handbook
- Learning about your rights and responsibilities

Secure Member Portal

Aetna Better Health’s secure member portal is where you can:

- Change your PCP
- Complete your health risk screening (HRS)
- Print a temporary ID card and request a new ID card
- Update your personal information
- Send and receive secure messages to and from Aetna Better Health

In order to sign up for our secure member portal, go to www.AetnaBetterHealth.com/Illinois-Medicaid. At the top of the tool bar click “Member Login”. From here, you will be able to set up your secure member portal account. All you need is your Member ID number, which is found on your Aetna Better Health of Illinois member ID card. You can also call Member Services if you need help at **1-866-329-4701 (TTY: 711)**.

Mobile Application

The Aetna Better Health of Illinois mobile app is FREE and gives you access to your member benefits and personal health information – anytime, anywhere! The Aetna Better Health mobile app puts these tools at your fingertips:

- Your ID Card
- Aetna Better Care Rewards
- Find a Provider
- PCP contact information
- Aetna Better Health contact information
- Benefit information

Download the FREE Aetna Better Health app to your cell phone on the App Store® or on Google Play™. For more information about downloading and using the app, call Member Services at **1-866-329-4701 (TTY: 711)**.

Language Services

Please call **1-866-329-4701 (TTY: 711)** if you need help in another language. We will get you an interpreter in your language. This service is available at no cost to you. You can get any information you need in your preferred language. You can also get this handbook in Spanish or another language. It is available on our website at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/betterhealth/illinois-medicaid). If you want a copy mailed or emailed to you, call us at **1-866-329-4701 (TTY: 711)**.


Member Identification (ID) Card

You will receive a Member ID Card within 5 days of initial enrollment. You should always carry your card with you. It has important phone numbers. You will need to show it when you get any services too.

Information on your Member ID Card:


- Member Name
- IL Medicaid ID #
- Plan Name
- Effective Date
- PCP Information (name & phone number)
- Pharmacy Information: RxPCN, RxBIN, RxGroup
- Member Services Phone Number (includes behavioral health, dental, vision, and transportation)
- 24/7 Nurse Advice Line
- Aetna Better Health of Illinois Mailing Address and Website
- Important Provider Phone Numbers
- Claim Submission Information (paper claims and payer ID #)

Aetna Better Health of Illinois
HealthChoice Illinois



Name: Last Name, First Name
 Member ID #: 0000000000 DOB: 00/00/0000 Sex: X

PCP: Last Name, First Name PCP
 Phone: 000-000-0000 Effective Date: 00/00/0000

RxBIN: 610591 RxPCN: ADV RxGRP: RX881A  **CVS caremark™**

Pharmacist Use Only: 1-888-964-0172

MCL1

Aetna Better Health of Illinois
 3200 Highland Avenue, MC F648, Downers Grove, IL 60515
 AetnaBetterHealth.com/Illinois-Medicaid

Important number for members
 Member Services, Behavioral Health, Dental, Transportation, 24-Hour Nurse
 Line 1-866-329-4701 (TTY: 711)

Important number for providers
 24/7 Eligibility and Prior Auth Check 1-866-329-4701

Submit medical claims to:
 Aetna Better Health of Illinois
 PO Box 66545
 Phoenix, AZ 85082-6545

Payer ID: 68024
 Claim and EFT/ERA information on
 AetnaBetterHealth.com/Illinois-Medicaid

MCL1

Open Enrollment

Once each year, you can change health plans during a specific time called “Open Enrollment”. You do not have to change health plans, but you can if you want to. Client Enrollment Services (CES) will send you an open enrollment letter 60 days before your anniversary date. You will have 60 days during your open enrollment to change plans by calling CES at **1-877-912-8880**. You can only do this once. After the 60 days has ended, whether you changed plans or not, you will have to stay with that plan for 12 months. If you have questions about your enrollment or disenrollment with Aetna Better Health of Illinois, please contact the Client Enrollment Service (CES) at **1-877-912-8880**.

Provider Network

You must use providers in the Aetna Better Health network for all your health care needs. 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, we encourage you to work with your PCP to coordinate any care you may need. 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).*

Provider Directory

To search for providers in the Aetna Better Health network, **visit [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/illinois-medicaid)** and click “Find a Provider” on the top of the page. You can search for a provider by putting in your address or by pressing the “Use My Location” button. If you don’t have internet access, please call Member Services at **1- 866-329-4701 (TTY: 711)** and we will assist you in finding a provider.

Primary Care Provider (PCP)

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With Aetna Better Health, you can pick your PCP. You can have one PCP for your whole family. Or you can choose other PCPs for each family member. We believe that the PCP is one of the most important parts of your health care. That is why we support you in choosing your PCP. You must be assigned to a PCP that is in our network.

You may choose a specialist as a PCP if you have chronic health conditions, disabilities, or special health care needs. In the event you would like to choose a specialist as your PCP, that specialist would need to agree to completing all of the requirements of a primary care provider, such as General or Family provider or a PCP.

If you are an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization, or Urban Indian Organization provider in and outside of the State of Illinois.

If you need help finding or changing your PCP, please contact Member Services at **1-866-329-4701 (TTY: 711)**. Hours are 8:30 AM- 5:00 PM, Monday through Friday. You can also visit [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/illinois-medicaid) and click “Find a Provider.”

How to Change PCPs

You can change your PCP at any time. Please contact Member Services at **1-866-329-4701 (TTY: 711)**. Hours are 8:30 AM- 5:00 PM, Monday through Friday. You can also change your PCP in your secure member portal account by visiting [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/betterhealth/illinois-medicaid) and clicking “Login”. Or complete the PCP change form located in your member Benefits and Forms Book.

Women’s Health Care Provider (WHCP)

As a woman with Aetna Better Health coverage, you have the right to select a Women’s Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology or family medicine.

Family Planning

Aetna Better Health has a network of family planning providers where you can get family planning services; however, you may choose to get family planning services and supplies from any out of network provider without a referral and it will be covered.

Specialty Care

A specialist is a doctor who cares for you for a certain health condition. An example of a specialist is Cardiologist (heart health) and Orthopedics (bones and joints). If your PCP thinks you need a specialist, he or she will work with you to choose one. Your PCP will arrange your specialty care. With Aetna Better Health, you do not need a referral to see a specialist if they are an in-network provider.

Behavioral Health Services

Aetna Better Health coordinates behavioral health and substance use services. We want to help you get healthy and stay healthy. Our staff will work with you to take care of your mental health, substance use, and physical health needs. We can also assist you in coordinating your care. If you have a life-threatening emergency, please call **911** or go to the nearest hospital emergency department. We can help you with:

- Anxiety
- Bipolar disorder
- Depression
- Eating disorders (such as anorexia or bulimia)

- Obsessive-compulsive disorders
- Schizophrenia
- Substance use (such as drug and/or alcohol problems)
- Other mental or behavioral health conditions

Behavioral health services that are covered by Aetna Better Health include but are not limited to:

- Hospital stays
- Detoxification services
- Stabilization services when in crisis
- Observation
- Medication monitoring and management
- Mental health assessments
- Care management
- Individual, group, and family therapy
- Treatment plan development
- Community support
- Residential rehab
- Day treatment
- Mobile crisis response services

If you need help finding an in-network behavioral health provider, please contact Member Services at **1-866-329-4701 (TTY: 711)**. You can also visit [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid) and click “Find a Provider”.

Mobile Crisis Response Services

Aetna Better Health members can use the 24 hour Crisis and Referral Entry Services (CARES) line to talk to a behavioral health professional. You can call if you or your child are a risk to you or others, having a mental health crisis, or if you would like a referral to services. Call the CARES line at **1-800-345-9049 (TTY: 1-773-523-4504)**.

Scheduling Appointments

It is very important that you keep all appointments you make for doctor visits, lab tests, or x-rays. Please call your PCP at least one day ahead of time if you cannot keep an appointment. If you need help in making an appointment, please contact Members Services at **1-866-329-4701 (TTY: 711)**. Hours are 8:30 AM- 5:00 PM, Monday through Friday.

Quick tips about appointments

Call your provider early in the day to make an appointment. Let them know if you need special help.

- Tell the staff person your symptoms.
- Take your Aetna Better Health of Illinois ID card and Illinois Medicaid ID card with you.
- If you're a new patient, go to your first appointment at least 30 minutes early so you can give them information about you and your health history.
- Let the office know when you arrive. Check in at the front desk.

After Hours Care

If you need care after regular office hours, our PCPs have 24-hour answering services or they have a telephone recording. This recording will tell you how to receive care after regular office hours. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the 24/7 Nurse Advice Line at **1-866-329-4701 (TTY: 711)** to speak to a nurse. If you have an emergency, call **911** or go to the nearest emergency department (ED).

Access to Care

Aetna Better Health works to provide you with timely access to health care. We have worked with our providers to follow certain quality standards. Providers are expected to see members within a reasonable amount of time. Network providers will be open at reasonable times. You will get an appointment based on your medical needs. You should be given an appointment within the following time frames:

Appointment type:	Access standard:
Routine Visit	Within five (5) weeks For infants under age 6 months: within two (2) weeks
Non-Urgent Visit	Within three (3) calendar days
Urgent Visit	Within one (1) business day
Emergency Visit	Immediately (24 hours a day, 7 days a week and without prior authorization)
Pregnant Women	
1 st Trimester	Every two (2) weeks
2 nd Trimester	Every week
3 rd Trimester	Three (3) days
After Hours coverage	24 hours a day, 7 days a week
Office Wait Times	Within one (1) hour of scheduled appointment

Note: All services other than well visits, preventive services, immunizations, emergency services, urgent care services, minor consent services (sexual assault care, pregnancy care, family planning, and sexually transmitted disease services), HIV testing, and abortion must be obtained through Aetna Better Health network providers or pre-approved for out of network providers.

Important: If you cannot keep an appointment, please call the provider's office to cancel at least 24 hours in advance. If you need to change an appointment, call the provider's office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Member Services at **1-866-329-4701 (TTY) 711**.

Urgent Care

Urgent care is an issue that needs care right away but is not life threatening. Some examples of urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Ear ache

Call your PCP for urgent care or you can call Aetna Better Health Member Services at **1-866-329-4701 (TTY: 711)**. Hours are 8:30 AM - 5:00 PM, Monday through Friday.

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 is in the area

No referral is needed for emergency care. Prior authorization is not needed, but you should call us within 48 hours of your emergency care.

Hospital Care

If you need to go to the hospital for an emergency, you do not need any prior authorization. Other hospital services you may need to receive will require prior authorization to determine if it's medically necessary. You do not need to contact us to request a prior authorization. The hospital will submit any prior authorization that is needed.

Post-Stabilization Care

Post-stabilization services is care given to a member once the member is stabilized following an emergency medical condition. Aetna Better Health covers these services. These services may be provided in the hospital or in an office setting. For a list of providers or facilities providing these services, call Member Services at **1-866-329-4701 (TTY: 711)**.

Covered Services

Services covered by Aetna Better Health of Illinois are listed below. We want to make sure you get the right care and services. All services you receive must be medically necessary. Our Utilization Management (UM) Department checks to see if the service you need is a covered benefit. If it is a covered benefit, the UM nurses will review it to see if the service requested meets medical necessity criteria. They do this by reviewing the medical notes and talking with your doctor.

- Aetna Better Health does not reward providers for reducing care or services.
- Aetna Better Health does not reward anyone for issuing denials of service.
- Aetna Better Health does not provide incentives for our decision makers that result in under-use of services.

Some services require prior authorization. Your provider will submit any needed prior authorizations. You do not need to contact us to request a prior authorization. Emergency care, behavioral health and substance use services **DO NOT** require 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.

You 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. Our Medical Directors continually review newly discovered drugs, devices, and services to include as covered benefits.

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)**.

Covered Medical Services

Here is a list of some of the medical services and benefits that Aetna Better Health of Illinois covers:

- Abortion services are covered by Medicaid (not your MCO) by using your HFS Medical card
- Advanced Practice Nurse services
- Ambulatory Surgical Treatment Center services
- Assistive/Augmentative communication devices
- Audiology services
- Blood, blood components and the administration thereof
- Chiropractic services for members under age twenty-one (21)
- Dental services, including oral surgeons
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age twenty-one (21)
- Family planning services and supplies
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), and other encounter rate clinic visits
- Home health agency visits
- Hospital Emergency Department visits
- Hospital inpatient services
- Hospital ambulatory services
- Laboratory and x-ray services
- Medical supplies, equipment, prostheses and orthoses
- Mental health services
- Nursing care

- Nursing Facility services
- Optical services and supplies
- Optometrist services
- Palliative and Hospice services
- Pharmacy services
- Physical, Occupational and Speech Therapy services
- Physician services
- Podiatric services
- Post-Stabilization services
- Renal Dialysis services
- Respiratory equipment and supplies
- Services to prevent illness and promote health
- Subacute alcoholism and substance use service
- Transplants
- Transportation to secure covered services

Each time you receive medical services, the details of how the claim was paid are available on your secure member portal. The details explain which procedures and services were given, how much they cost and how much Aetna Better Health pays. The information can also be printed if you would like to have a copy. If there are services you believe you did not receive, please call Member Services at **1-866-329-4701 (TTY:711)**.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT Program)

EPSDT is a preventive health program for all members under 21 years of age. The EPSDT program covers complete preventive health wellness checkups at no cost to you. In addition, the program covers the cost of treating any problems found during a wellness checkup. EPSDT also allows for the early detection and treatment of possible health problems that may arise.

EPSDT Definition

Early: Getting a child's health checked early so that potential health problems can be detected and treated.

Periodic: Making sure to check a child's health at regular intervals so a child can continue to be healthy. This includes exams, screenings, and vaccinations at the right ages.

Screening: Medical, dental, vision, and hearing screenings are covered under this program.

Treatment: Services that will control, correct, or improve any health problems found.

Diagnosis: evaluation is needed if a screening or exam finds any issues with your child's health.

EPSDT covers the following:

- Medical checkups
- A general physical exam and assessment of your child's growth and development
- An assessment of your child's mental / behavioral health
- An assessment of your child's nutrition
- Lab tests, including testing for lead
- Vaccines when they are needed
- Vision screenings, diagnosis and treatment for defects in vision, including eyeglasses.
- Hearing screenings and hearing services including diagnosis and treatment for defects in hearing, including hearing aids.
- Referrals for other medically necessary services. You do not need an OK from us to receive these services.
- Dental services to include relief of pain and infections, restoration of teeth, and maintenance of dental health.
- Medically necessary treatment to treat any problems found during a well child visit. Some of these services may require prior authorization.

How often should my child receive wellness checks and other screenings?

Children and young adults should have their exams completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits will happen. Infants and toddlers will need several visits per year, while children between the ages of 3 to 20 will need just 1 visit per year.

Recommended Screening Schedule

Your child should be seen at these recommended ages:

Less than 1 year old	1 to 3 years old
Within 24 hours of birth in the hospital	12 months
3 to 5 days of life	15 months
1 month	18 months
2 months	24 months

4 months	30 months
6 months	3 to 20 years old
9 months	Annually

What will the doctor do during the EPSDT exam?

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following are some of the services that may be performed during an exam, depending on the child's age and needs:

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening



EPSDT periodicity schedule screenings

Age in months	Well child	Immunizations	Hearing screening	Vision screening*	Oral screening **	Lead screening
1	●	●				
2	●	●				
4	●	●				
6	●	●			●	●
9	●	●			●	●
12	●	●				●
15	●	●			●	●
18	●	●			●	●
24	●				●	●
30	●				●	

● ● The City of Chicago requires a blood test to be performed at 6, 18 and 36 months of age. Or at 9, 15 and 36 months of age, in addition to the standard 12 and 24 months of age lead screening.

*It's recommended that all children have a formal vision screening as part of their health supervision visits at 3 to 6 years and then 8, 10, 12, 15 years of age.

**Although physicians should refer children to a dental home for routine and periodic preventive dental care, the American Academy of Pediatrics' Bright Future initiative recommends oral health assessments begin at 6 months and continue at well-child visits at 9, 12, 18, 24, 30 and 36 months and 6 years of age.

Age in years	Well child	Immunizations	Hearing screening	Vision screening*	Oral screening **	Lead screening
3 (36 months)	●			●	●	● ●
4	●	●	●	●		
5	●	●	●	●		
6	●	●	●	●	●	
7	●					
8	●		●	●		
9	●					
10	●		●	●		
11	●	●	●			
12	●	●	●	●		
13	●	●	●			
14	●		●			
15	●		●	●		
16	●	●	●			
17	●		●			
18	●		●			
19	●					
20	●					
21	●		●			

● ● The City of Chicago requires a blood test to be performed at 6, 18 and 36 months of age. Or at 9, 15 and 36 months of age, in addition to the standard 12 and 24 months of age lead screening.

●—● Screen at least once during time period indicated.

*It's recommended that all children have a formal vision screening as part of their health supervision visits at 3 to 6 years and then 8, 10, 12, 15 years of age.

**Although physicians should refer children to a dental home for routine and periodic preventive dental care, the American Academy of Pediatrics' Bright Future initiative recommends oral health assessments begin at 6 months and continue at well-child visits at 9, 12, 18, 24, 30 and 36 months and 6 years of age.

How to get a medical card and primary care provider (PCP) for your baby

Do you have a medical card?	
YES	NO
<p>Illinois Department of Healthcare and Family Services (HFS) recommends that you add your baby to your medical card within 45 days of birth. To do this, you can:</p> <ul style="list-style-type: none"> • Ask the hospital to add them • Or call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404) • Or go to your local Family and Community Resource Center (FCRC) <p>Keep in mind: HFS can't pay your baby's medical bills until you've added them to your medical card.</p>	<p>Illinois Department of Healthcare and Family Services (HFS) recommends that you apply for a medical card for your baby within 45 days of birth. To do this, you can:</p> <ul style="list-style-type: none"> • Ask the hospital to add them • Or call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404) • Or go to your local Family and Community Resource Center (FCRC) <p>It's best to apply for a medical card for your baby within 45 days of birth.</p>

Once your baby has a medical card, your baby will automatically be enrolled into your health care plan. After your baby has been enrolled into a health care plan, your health plan will send you a member handbook. This will explain how to get services for your baby, change their plan and choose a PCP or pediatrician.

If you need help, you can call Member Services at **1-866-329-4701 (TTY: 711)** or visit our website at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/betterhealth/illinois-medicaid).

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 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)
- Automatic Medication Dispenser (AMD)

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
- 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

Managed Long Term Support & Services (MLTSS) Covered Services

MLTSS Covered Services include:

- Mental health services like group and individual therapy, counseling, community treatment, medication monitoring and more
- Alcohol and substance use services like group and individual therapy, counseling, rehabilitation, methadone services, medication monitoring and more
- Some transportation services to appointments
- Long Term Care services in skilled and intermediate facilities
- All Home and Community Based Waiver Services like the ones listed above under 'Covered Home and Community Based Services' if you qualify

For help and questions, MLTSS members can call Member Services at **1-844-316-7562**.

Limited Covered Services

- Aetna Better Health may cover sterilization services only as allowed by state and federal law.
- If Aetna Better Health covers a hysterectomy, we shall complete HFS Form 1977 and file the completed form in the member's medical record.

Non-Covered Services

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

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by your health plan
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies

For additional information on services, please contact Member Services at **1-866-329-4701 (TTY: 711)**. Hours are 8:30 AM – 5:00 PM, Monday through Friday.

Dental Services

Members under the age of 21 are covered for the following dental services:

- Teeth cleanings (2 times per year)
- Dental services provided in school dental programs
- Oral exams (1 every 6 months)
- Fluoride treatments (1 every 6 months, ages 3-20)
- Oral surgery

Members age 21 and over are covered for the following dental services:

- Teeth cleanings (1 time per year)
- Periodic oral exams (1 per year)
- Restorations
- Complete dentures
- Extractions
- Sedation

Eligible pregnant women can get these additional dental services PRIOR to the birth of their babies:

- Teeth cleaning (1 every 6 months)
- Periodic oral exams (1 every 6 months)
- Periodontal work

All members are covered for emergency dental services. All dental services must be medically necessary. Prior authorization may be required for dental services. You must go to an in-network dentist. You can find a dentist on our website, [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid). Or call Member Services at **1-866-329-4701 (TTY: 711)**.

Vision Services

Members are allowed the following vision services:

- **Vision Exam:** One (1) comprehensive vision exam from our network of optometrists and ophthalmologists per year.
- **Frames:** Members can get new eyeglasses every two (2) years. You can:
 - Choose standard frames from Aetna Better Health at no cost
 - Use a \$100 allowance toward eyeglasses at a retail store. If the eyeglasses you choose are more than \$100, members must pay the remaining balance out of pocket. *Members can choose glasses or contacts.*
- **Lenses:** If certain prescription requirements are met, single vision and bifocal lenses are fully covered.
- **Contact Lenses:** The fitting fee is fully covered, and members have \$80 toward the cost of contact lenses every two years. If the lenses you choose are more than \$80, members must pay the remaining balance out of pocket. *Members can choose glasses or contacts.*
- Vision services are covered for children who are enrolled and get assistance from Chicago Public Schools (CPS) and their vendors.

You must use an in-network vision provider for vision services. To find an in-network vision provider, call Aetna Better Health Member Services at **1-866-329-4701 (TTY: 711)**. Or check “Find a Provider” online at [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid).

Pharmacy Services

Aetna Better Health covers a range of prescription medications. We have a list of medications we cover too. This list is called a Preferred Drug List (PDL), designed in partnership with the Illinois Department of Healthcare and Family Services (HFS).

You can find the PDL on our website, [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid). If you don't have internet access, please call Member Services at **1-866-329-4701 (TTY: 711)** and we will mail you a paper copy. The list of covered drugs may change from time to time, but we will let you know if you are affected by the changes. If you need a medication that does not appear on the PDL, your provider may ask for a review.

We have many pharmacies in our provider network. You can fill your prescription at any pharmacy that is in our provider network. Make sure to bring your ID card with you to the pharmacy. You can pick up your medicine at one of our 1,900 pharmacies. Prescriptions from out-of-state pharmacies may not be covered. To find an in-network pharmacy, call Member Services at **1-866-329-4701 (TTY: 711)**. You can also find a pharmacy on our website by visiting [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid). Click on "Find a Provider", scroll to the bottom and click on "Find a Pharmacy Provider".

Specialty Pharmacy Information

Specialty medicines are used to treat a variety of conditions such as cancer, arthritis, and other diseases. Specialty medicines include injectable medicines that are given by shot at your home or in the doctor's office. Your doctor will tell you if you need specialty medicines which need prior approval by Aetna Better Health. You can have your prescription filled at CVS Specialty Pharmacy, or any one of our other in-network specialty pharmacies.

Maintenance Medicine

Aetna Better Health provides another option for you to receive your medication. This is our maintenance medication program. You can get a 90 day supply (three month supply) of the drugs you take every day at most in-network pharmacies or delivered directly to you. Please call Member Services at **1-866-329-4701 (TTY: 711)** to find out more, or to sign up for drug delivery.

Transportation Services

Aetna Better Health offers transportation to appointments and/or the pharmacy for free. 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 to appointments, if needed. Call Aetna Better Health at **1-866-329-4701 (TTY: 711)**.

Transportation benefits include:

- Public transportation
- Curb-to-curb service when needed
- Americans with Disabilities Act (ADA) Complaint Wheelchair transportation
- Mileage reimbursement
- Members traveling alone must be 16 years of age or older. If a member is at least 12 years of age, a parental waiver is required to travel alone
 - All members under the age of 12 must be accompanied by an adult at least 18 years of age or older

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. Examples of these questions are:

- Are you able to take public transportation?
- Are you able to walk from your door to the vehicle with little or no help?
- Do you use any devices, such as a walker, cane, wheelchair, etc.?
- Do you normally travel alone, or do you need someone to help you?

Added Benefits for Our Members

We understand many things can affect a person's health. Aetna Better Health of Illinois offers extra programs and services to help our members focus on their whole health.

Value added benefits

- **Free Gym Benefit**
 - Eligible members age 16 years and up can receive a voucher to cover monthly membership fees at participating locations. To qualify for the free gym membership, members must complete the following:
 1. Complete a health risk screening
 2. Complete an annual wellness visit (for members 18 years and older only)
 3. Go to the gym at least four (4) times a month

- **Free After School Care**
 - Eligible members ages 6-18 years of age can receive a voucher to assist with after school care at participating locations. To qualify for free after school care, members must complete the following:
 1. Complete a health risk screening
 2. Complete an annual well child visit

- **Free School Uniforms**
 - Eligible members in 1st through 5th grade can receive three uniforms (shirt, pants and sweater) annually. To qualify for free school uniforms, members must complete the following:
 1. Complete a health risk screening
 2. Complete an annual well child visit
 3. Have up-to-date vaccinations

Aetna Better Care Rewards Program

Aetna Better Care is a rewards program where you can earn dollar rewards for completing healthy activities. When you complete your first healthy activity, you will receive a card with your reward dollars already on there. New dollar rewards will be added to your card every time you complete a healthy activity.

The best part is that you can use your rewards card on utilities, transportation, telecommunications, child care, education and everyday items at Walmart. The money on your rewards card can also be used for health-related items, such as:

- Baby care items
- Diabetes care items
- First aid items
- Home health care items
- Over-the-counter medicine
- Personal care items

For a full list of items, please visit [AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/betterhealth/illinois-medicaid). To report a lost or stolen card, call **1-844-529-5876**.

You can earn dollar rewards when each of the following occurs:

Wellness Checks:

- \$20 when you go to your annual PCP visit (ages 20 and older)
- \$10 each time you complete an annual well visit for your infant between 0 to 30 months (\$60 max)

- \$10 when you complete a well visit for your child (ages 3 to 6 years old)
- \$25 when you follow up with a Behavioral Health provider within 7 days of being discharged from a Behavioral Health facility (ages 6 and older)

Health Risk Screening:

- \$10 when you complete a Health Risk Screening (paper, online, or via phone)

Annual Flu Shot:

- \$10 when you get a flu shot (18 years and older)

Cancer Screenings:

- \$15 when you complete an annual colorectal cancer screening (ages 50-75)
- \$15 when you complete an annual cervical cancer screening (ages 21-64)
- \$50 when you complete an annual breast cancer screening (ages 50-74)

Maternity Benefits:

- \$50 when you complete a notification of pregnancy form during your first trimester
- \$25 when you complete a notification of pregnancy form during your second trimester
- \$20 when you complete one postpartum visit (visit after you have the baby, 1-12 weeks after delivery)

Controlling Blood Pressure:

- \$25 when you receive a qualifying blood pressure reading , <140/90, during an outpatient visit (in office or telehealth) if previously diagnosed with hypertension (ages 18-85)

Comprehensive Diabetes Care:

- \$50 when you complete each annual Comprehensive Diabetes Care screenings (ages 18-54):
 - HbA1c test
 - Retinal eye exam
 - Kidney screening

Medications/Prescriptions

- \$10 when you fill a prescription for statin therapy. Statin therapy is cholesterol medication prescribed by your PCP (Males: ages 21-75; Females: ages 40-75)
- \$10 when you fill a prescription for ACE/ARB. ACE/ARB therapy is blood pressure medication prescribed by your PCP (ages 18-75)
- \$10 each time you get an antidepressant medication refill (Ages 18 and older; up to \$60 total)
- \$40 when you refill your antidepressant medication six times in a row (ages 18 and older)

Community Health Worker Program

The Community Health Worker Program is a team that provides education, coaching, and support to Aetna Better Health members in the community. They help you manage your health and get you access to the care you need. The team is staffed by trained representatives who provide face-to-face support. Our Community Health Workers can visit members in their homes, at a health care facility, or in the community.

They can help on a variety of topics such as: diabetes, preventing hospital readmissions, avoiding the emergency department, preparing for a doctor's appointment, and more. Some coaching topics only require one visit; however, coaching can occur weekly for a short period of time.

In addition, the team can help members find resources in their community such as housing, food, utilities, and transportation services. Community Health Workers will:

- Help you find a provider or PCP
- Assist you to schedule an appointment with your PCP, specialists, or behavioral health services
- Explain your health benefits and how to get care quickly
- Provide education and coaching to help you better communicate with your providers and understand your health
- Find support in your community, such as: food, shelter, transportation, and health programs
- Visit you at your home, a health care facility, or in the community
- Host member events to meet members face-to-face

For more information about the Community Health Workers Program, call Member Services at **1-866-329-4701 (TTY: 711)**.

Free Cell Service

We know how important it is to stay connected to health care, jobs, emergency services and family. That's why Aetna Better Health is partnering with Assurance Wireless Lifeline service. Each month, eligible members receive the following at no cost:

- Data
- Unlimited texts
- Voice minutes
- 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](https://www.aetna.com/betterhealth/illinois-medicaid). Questions? Call Member Services at **1-866-329-4701 (TTY: 711)**.

Cost Sharing

For the HealthChoice Illinois program, Aetna Better Health does not have cost sharing except for members who must spend down assets and excess income every month on qualified expenses to remain eligible for Medicaid. The State determines spend-down amounts based on income. Aetna Better Health deducts spend-down amounts from reimbursement.

Care Coordination

As an Aetna Better Health of Illinois member, you may work with a care coordinator to help manage your health care needs. If you qualify for care coordination and choose to stay in care coordination, a Care Coordinator will be assigned to you. This Care Coordinator will either be from your Integrated Health Home or the MCO. Your Care Coordinator will help you manage your care with:

- Frequent contact with you or your caregiver and health providers
- An assessment and evaluation of your conditions
- Setting up care plans, short and long-term goals
- Coordination of services to provide needed care

A Care Coordinator will also:

- Answer questions about your benefits and treatments you may need
- Help you meet your health needs by using their knowledge of the health care system
- Help with referrals for treatment at health care facilities

- Help connect you with community resources

The information obtained through our care coordination process is confidential. It is shared only when needed to help plan your care and to properly pay your claims. Aetna Better Health provides care coordination services in an ethical manner based on Commission for Case Management (CCMC) and Care Management Society of America's (CMSA) Statement on Ethics and Standards of Practice. Information on our policies and standards for ethics for care management is available. For more information about Aetna Better Health's care coordination program, or to request a care coordinator, call Member Services at **1-866-329-4701 (TTY: 711)**.

Disease/Health Education Management Programs

We know managing your health can come with extra challenges. If you have or are at risk of having one of the health conditions listed below, please call Aetna Better Health so we can enroll you in our disease or health management programs. These programs are free to our members.

Diabetes Program: We offer information, resources, and care management to help members control their condition.

Heart Disease Program: We offer care management and information to address heart-related issues.

Asthma Program: We provide care management services for asthma. We will help you develop a health care plan to help keep you healthy. Please contact us if you have asthma.

Other Healthcare Needs: Aetna Better Health has medical professionals who are trained to help our members with many other complex and/or special needs. Please call us if you would like help with your illness or condition.

Maternity Program: Aetna Better Health has a special program for women who are pregnant. Aetna Better Health wants to help you take care of yourself and your baby through the whole pregnancy. Information can be provided to you by mail, telephone, email and through our website. Our staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed. To enroll in the maternity program, fill out a Notice of Pregnancy form and talk to your case manager.

For more information about Aetna Better Health's disease management programs, call Member Services at **1-866-329-4701 (TTY: 711)**.

Recipient Restriction Program

Aetna Better Health, in partnership with the Department of Healthcare and Family Services (HFS), has a pharmacy lock-in program for members who qualify. This program helps members work with one pharmacy or provider for their medicine. Getting your medicine through one pharmacy or provider can help prevent duplicate prescriptions and catch any mistakes with your medicine. For more information about this program, call Member Services at **1-866-329-4701 (TTY: 711)**.

Quality Programs

Aetna Better Health wants our members to receive high quality health care. Aetna Better Health is accredited by the National Committee for Quality Assurance (NCQA) to make sure that our quality program continues to meet national standards. The Quality Program makes sure you are receiving safe and effective care and that your health care needs are being met. Some quality program services include:

- Telephone, text messaging, and email outreach to members who are due for preventive or chronic health care services
- Mailings about health screening reminders
- Population Health Management initiatives such as Childhood Immunization, Pregnancy, Diabetes and Behavioral Health programs that address the specific health needs of our members
- Investigating clinical cases to ensure member safety

We believe having programs like these will help you receive the best care you need to keep feeling good and being your best.

Member Satisfaction Surveys

Your satisfaction with Aetna Better Health is very important to us. You may receive a survey in the mail or by telephone asking questions about how happy or unhappy you are with the services you are getting. Please take the time to respond. We value your opinion. It will help Aetna Better Health to improve the service we provide.

Clinical Practice Guidelines

The Quality Program reviews the services provided to our members using national clinical practice guidelines. Clinical practice guidelines help doctors and members

make decisions about their health and treatment. If you would like a copy of these guidelines, call Member Services at **1-866-329-4701 (TTY: 711)**.

New Technology

Aetna Better Health has a team of doctors that review new treatments for people with certain illnesses using information from national scientific agencies. When new treatments become covered by Illinois Medicaid, this information is shared with our Provider network. This allows our doctors to provide you with the best and most current types of care. For more information about our Quality Program, please call Member Services at **1-866-329-4701 (TTY: 711)**.

Advance Directives

An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. In Illinois, there are four types of advance directives:

- **Healthcare Power of Attorney** - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.
- **Living Will** - This tells your doctor and other providers what type of care you want if you are terminally ill, which means you will not get better.
- **Mental Health Preference** - This lets you decide if you want to receive some types of mental health treatments that might be able to help you.
- **Do Not Resuscitate (DNR) order** - This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from Aetna Better Health or your doctor. If you are admitted to the hospital, they might ask you if you have an advance directive. You do not have to have one. You do not have to have one to get your medical care, but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want and you can cancel or change it at any time.

Aetna Better Health recommends all of our members take the time to provide their advance directive to their primary care provider (PCP). You can complete the Illinois Power of Attorney for Health Care form found on the Illinois Department on Aging website: www.illinois.gov/aging/AboutUs/Pages/legal_advdirectives.aspx. You can also call Aetna Better Health Member Services at **1-866-329-4701 (TTY:711)**.

Once you have completed your advance directive, ask your PCP to put the form in your file. You can also talk to your PCP about the decision making process of creating your living will or advance directive. Together, you can make decisions that will set your mind at ease. If you should ever need or want to, you can change your advance directive at any time. You should make sure others know you have an advance directive. You may also choose to designate a Medical Power of Attorney. That person should be made aware of your advance directive or living will as well. With an advance directive, you can be sure that you are cared for as you wish, at a time when you cannot give the information.

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 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, you should 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 DHS-ORS 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
Appeals and Grievances
PO Box 81139
5801 Postal Road
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 us at **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 an “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 our 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 our Adverse Benefit Determination 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
Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
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 you 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 Physician 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/betterhealth/illinois-medicaid).

Appeal Process

We will send you an acknowledgement 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.

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 Street, 4th Floor
Chicago, IL 60602
Fax: **1-312-793-2005**
Email: 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 Street, 4th Floor
Chicago, IL 60602
Fax: **1-312-793-8573**
Email: 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

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
Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
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
Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
Fax: **1-844-951-2143**

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.

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, presented in a manner appropriate to your condition and ability to understand.
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- 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 the Aetna Better Health of Illinois. You can change your PCP at any time.
- Be free from any form of restraint or seclusion used as a manner of coercion, discipline, convenience, or retaliation.
- Exercise your rights, with the assurance that the exercise of those rights will not adversely affect the way you're treated.
- Request and receive in a reasonable amount of time, information about your Health Plan, its providers and policies.

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 your health plan 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.

Fraud, Waste and Abuse

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

What can you do to help prevent, report, and stop Fraud, Waste, and Abuse? You can call the numbers below:

- Aetna Better Health Fraud and Abuse hotline: **1-866-536-0542**
- Office of Inspector General Hotline: **1-800-368-1463**

All information will be kept private. If you have questions, call Member Services at **1-866-329-4701 (TTY: 711)**.

Abuse, Neglect and Exploitation

Aetna Better Health knows that you rely on your doctor, caregiver and loved ones to help with your health care needs. You trust that your doctor, caregiver, or loved one will take care of you. You believe they will always have your best interests in mind. Sometimes, when someone helps take care of you, they can take advantage of you. It is important to recognize the signs of neglect, abuse, and exploitation. If this happens, it is important to report it. This allows you to be safe and still get the care you need.

Abuse: Mental, emotional, physical, or sexual injury. This can also be taking advantage of your financial resources. Here are some examples of abuse:

- Physical abuse is when you are harmed such as slapped, punched, pushed or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission.

- Sexual abuse is when someone is touching you inappropriately and without your permission.

Neglect: When someone fails to provide or withholds the necessities of life from you. This includes food, clothing, shelter, or medical care.

Exploitation: When someone misuses the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account and taking property and other resources. What can you do to help prevent, report, and stop abuse, neglect, and exploitation?

Call the following numbers:

- **9-1-1** for life-threatening or emergency situations
- Aetna Better Health Member Services at **1-866-329-4701 (TTY : 711)**
- Child Abuse Hotline for children under the age of 18: **1-800-252-2873 (TTY 1-800-358-5117)**
- Adult Protective Services for adults 60 or older and for adults with disabilities age 18-59: **1-866-800-1409**
- Nursing Home Hotline: **1-800-252-4343**
- Skilled Living Facility Hotline: **1-800-226-0768**
- Office of Inspector General Hotline: **1-800-368-1463**

All information will be kept private. If you have questions, call Member Services at **1-866-329-4701 (TTY : 711)**.

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”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 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, we will give your health information to your new doctor with your permission first.

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 18 years of age 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.

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 permission.

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

Call us toll free at **1-866-329-4701 (TTY: 711)** 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 F648
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.

Definitions

Appeal means a request for your health plan to review a decision again.

Co-payment means a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment means equipment and supplies ordered by a health care provider for everyday or extended use.

Emergency Medical Condition means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Services means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services means health care services that your health insurance or plan doesn't pay for or cover.

Grievance means a complaint that you communicate to your health plan.

Habilitation Services and Devices means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Home Health Care means health care services a person receives at home.

Hospice Services means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care means care in a hospital that usually doesn't require an overnight stay.

Medically Necessary means Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Out of Network means providing a beneficiary with the option to access plan services outside of the plan's contracted network of providers. In some cases, a beneficiary's out-of-pocket costs may be higher for an out-of-network benefit.

Prior Authorization means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Prescription Drug Coverage means health insurance or plan that helps pay for prescription drugs and medications.

Primary Care Provider means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Rehabilitation Services and Devices means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the State.

Specialist means a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

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

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

Polish: UWAGA: Jeżeli 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 **1-800-385-4104 (TTY: 711)**。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104 (TTY: 711)** 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104 (TTY: 711).**

Arabic: 1-800-385-4104 (711). إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-385-4104 (رقم هاتف الصم والبكم: ملحوظة:)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104 (телетайп: 711).**

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શબ્દો ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-385-4104 (TTY: 711).**

Urdu: کریں اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال
خبردار: 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. Gọi số **1-800-385-4104 (TTY: 711).**

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104 (TTY: 711).**

Hindi: धय न द: यद आप ह द ब लत ह त आपक लए मफत म भ ष सह यत सव ए उपलबध ह। **1-800-385-4104 (TTY: 711)** पर क ल कर।

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: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104 (TTY: 711).**

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