



Aetna Better Health of New York
101 Park Ave, 15th Fl, New York, NY 10178
1-855-456-9126

[Enrollee/Designee Full Name]

[Address]

[City, State Zip]

ELECTRONIC NOTICE OPTION LETTER

[Date]

Dear [First Name]:

This is an important letter about notices you *get or* will get from Aetna Better health of New York. Please read it carefully.

Why am I getting this letter?

You are getting this letter because you can now ask Aetna Better Health of New York to send you certain notices electronically.

What notices can I get electronically?

Notices about:

- Services you asked for
- Services you are getting
- Plan appeals
- Complaints; and
- Complaint appeals

Other communications about:

- Your member handbook
- Our provider directory
- Changes to your Medicaid managed long term care benefits;

These notices have important information about your services and rights.

Who gets these notices?

You and your provider get these notices about your services and plan appeals. You can also choose someone to represent you, like a family member, friend, or lawyer. The person you choose will be able to file a complaint, plan appeal or fair hearing for you. We also send them a copy of your notices.

If you told us before that someone may represent you, we will send that person a letter like this one. If you want someone new to represent you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Electronic Notice Request Form.

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The person you choose can get copies of your notices electronically if they ask. We will send their notices as required by law.

If you have any questions about choosing someone to act for you, call us at: 1-855-456-9126. TTY users call 711.

What ways can these notices be sent?

Aetna Better Health of New York and our vendors can send these notices to you by email.

If you choose to use **email** as the method to receive your electronic notices, you must have an electronic device such as a smartphone, laptop, tablet, or desktop. You must have a working email address to be able to receive and view your electronic notices. If you would like to save your electronic notices to be viewed at a later time, you must save them on your electronic device. Software such as Adobe Acrobat Reader, is available for download free of charge at <https://get.adobe.com/reader/>.

If you need additional help or require technical assistance, you may contact member services at 1-855-456-9126. TTY users call 711.

How do I ask for electronic notices?

You can contact us by phone, email or mail:

Phone..... 1-855-456-9126

Email..... AetnaBetterHealthNY@Aetna.com

Mail..... PO Box 818089, Cleveland, OH 44181-8089

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

If you contact us by phone, let the member service representative or your case manager know your full name, Medicaid number, and your preferred method to receive notifications.

If you contact us by email, include in the email your full name, Medicaid number, callback number and your preferred method to receive the notifications. The subject of the email should be "Electronic Notice Option". You may also email us a copy of the Electronic Notice Request Form. The Electronic Notice Request form is a part of this notice and can also be found on our website at <https://www.aetnabetterhealth.com/ny>.

If you contact us by mail, include in the mail your full name, Medicaid number, callback number and your preferred method to receive the notifications. You may also mail us a copy of the Electronic Notice Request Form but it is not required. The Electronic Notice Request form is a part of this notice and can also be found on our website at <https://www.aetnabetterhealth.com/ny>.

[aetnabetterhealth.com/newyork](https://www.aetnabetterhealth.com/newyork)

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If your contact information changes, you must let us know. To change your information, contact us at the phone number, email address, or mailing address listed above.

What happens next?

Aetna Better Health of New York will let you know by mail that you have asked to get notices electronically.

If you ask to get your notices electronically:

- We will send you the notice in a way that lets you save and print the notice.
- You can still ask us to send any of your notices by mail.
 - We will send your notice by mail within **two (2) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals.
 - We will send your notice by mail within **five (5) working days** from the date you asked if the notice is about other communications.
- You can still ask us to send any of your notices in an alternate format to accommodate a disability or language need.
 - We will send your notice within **five (5) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals. In some cases, it may take us up to **thirty (30) days** from the date of your request. In those cases, we will call you to help.
 - We will send your notice within **fifteen (15) working days** from the day you asked if the notice is about other communications. In some cases, it may take us up to 60 days from the date of your request. In those cases, we will call you to help.

If you ask to get your notices electronically and we believe your electronic notice did not go through, we will then send it by mail and we may also call you by phone, as required by law.

Can I change the way I get these notices later?

You can change the way you get your notices at any time. To change the way you get notices, you can contact us at the phone number, email address, or mailing address listed in the *How do I ask for electronic notices* section above.

If you ask for a change by phone, email, we have **five (5) working days** from the date we got your request to make the change. If you ask for a change by mail, we have **ten (10) working days** from the date we got your letter to make the change.

What If I don't want electronic notices?

You will keep getting these notices by mail and we may also call you by phone. We will not send these notices electronically unless you ask.

You can still ask us to send these notices in a different way because of a disability or language need.

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Aetna Better Health of New York will not treat you differently if you do not want to get these notices electronically.

Other help:

You can call Aetna Better Health of New York at 1-855-456-9126 if you have any questions about this notice.

Sincerely,

Aetna Better Health of New York

Enclosure(s): Electronic Notice Request Form
Electronic Notice Request Return Envelope

AETNA BETTER HEALTH OF NEW YORK ELECTRONIC NOTICE REQUEST FORM

Mail this form to:

Aetna Better Health of New York
PO Box 818089
Cleveland, OH 44181-8089

Email to: AetnaBetterHealthNY@Aetna.com

Enrollee:

Name:

Enrollee Number:

Instructions: Complete this form to ask Aetna Better Health of New York to send your notices electronically.

1. Instead of getting a notice by mail, I want Aetna Better Health of New York to send me these notices by:

☐ Email

2. Instead of getting a notice by phone call, I want Aetna Better Health of New York to send me these notices by:

☐ Email

3. Instead of getting communications about my member handbook, my plan's provider directory, and changes to my Medicaid managed care benefits by mail, I want Aetna Better Health of New York to send me these notices by:

☐ Email

Contact Information: Enter your contact information for your choices above.

Phone #: () Fax #: ()

E- mail:

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with Aetna Better Health of New York before?

☐ YES ☐ NO

- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing?
You can let us know if change your mind.

YES ☐ NO ☐

Designee Information (person you want to represent you)

Name: E- mail:

Address:

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City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Fax #: (_____) _____

Designee Signature: _____ **Date:** _____]

Enrollee Signature: _____ **Date:** _____