



In it together



MyCareOhio
Connecting Medicare + Medicaid

[AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio)

Aetna Better Health® of Ohio, a MyCare Ohio (Medicare-Medicaid Plan)

Time for a flu shot

Now that fall is settling in, we want you to be prepared for the cold and flu season.

Influenza, which is often just called the flu, describes several contagious flu viruses that are spread by air droplets. That means that the flu is spread from one person to another through the respiratory droplets of an infected person. This can happen through sneezing, coughing, or touching the mouth and nose with contaminated hands.

Flu viruses are more commonly spread during the fall and winter months, although it is

possible to get the flu any time of year.

Flu symptoms can include fever, body aches, runny nose, cough and sore throat. But the flu is more than just a common cold. According to the Centers for Disease Control and Prevention, people over 65 are at an increased risk of developing serious complications from the flu. This is true because as we age, our immune system

weakens. In addition, the flu can worsen symptoms of chronic conditions, such as diabetes, heart disease, breathing problems and kidney disease. For people with chronic conditions, getting the flu can even result in the need for hospitalization.

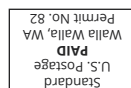
The best way to protect yourself from the flu is to get a flu shot

Continued on next page

Fall 2022

OH-22-07-05

H7172_22FLNWS APPROVED



Aetna Better Health® of Ohio
7400 W. Campus Road
New Albany, OH 43054

Time for a flu shot

Continued from front page

as early as possible in the cold and flu season. Aetna Better Health of Ohio covers the flu vaccination, and you can get it at your local pharmacy or from your primary care doctor. If you need help locating a place to get your flu shot, please call Member Services or talk to your care manager.

Source: [cdc.gov/flu/index.htm](https://www.cdc.gov/flu/index.htm)




Working to help you get the right care

Our utilization management (UM) program ensures that you get the right care in the right setting when you need it. UM staff can help you and your doctors make decisions about your health care. Our UM program helps make sure you get the right services at the right place.

When we make decisions, it's important for you to remember the following:

- We make UM decisions by looking at your benefits and clinical guidelines for the most appropriate care and service. We consider your needs, evidence-based practice and availability of care. You also must have active coverage.
- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you get.

 If you have questions about UM, you can speak to someone by calling Member Services toll-free at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need language translation or assistance, you can contact Member Services toll-free at **1-855-364-0974 (TTY: 711)**.


Member incentive program: Get a \$25 gift card

If you are enrolled with Aetna Better Health of Ohio, you may be eligible to receive a \$25 gift card for completing the following services between January 1, 2022, and December 31, 2022 (gift cards will be automatically mailed out to the member after the claim has been processed).


- Breast cancer screening (\$25)
 - Women 52 to 74 years old who need a mammogram
 - Can earn this incentive one time per year
- Diabetes screenings
 - HbA1c testing (\$25)
 - Members 18 to 75 years old with diabetes who need an A1c blood test completed
 - Can earn this incentive two times per year
 - Eye exam (\$25)
 - Members 18 to 75 years old with diabetes who need a diabetic retinal eye exam completed
 - Can earn this incentive one time per year
- Flu shot (\$25)
 - Members 19 and older who are eligible for a flu shot
 - Can earn this incentive one time per year

Value-added benefits for Aetna Better Health members


Cellphone program

 Aetna Better Health of Ohio members *who qualify* are eligible to receive unlimited no-cost calls to the toll-free Member Services number that do not apply to their monthly minute allotment.

Dental


 All members are eligible for one oral exam, cleaning, fluoride treatment and x-rays twice per year.

Fitness

 Members must have Aetna Better Health of Ohio for both Medicare and Medicaid:


- SilverSneakers membership — **SilverSneakers.com**
- Access to thousands of participating fitness locations

Over-the-counter (OTC) allowance

 Members must have Aetna Better Health of Ohio for both Medicare and Medicaid:


- \$50 monthly allowance.
- You can order by phone or online from OTC Health Solutions — call **1-888-628-2770** or visit **CVS.com/otchs/AetnaOH**.

Podiatry (routine care)

 Members must have Aetna Better Health of Ohio for both Medicare and Medicaid:


- Members have access to three routine foot care visits annually.

Smoking cessation counseling

 Members must have Aetna Better Health of Ohio for both Medicare and Medicaid:

- Members are eligible for 42 counseling sessions per year without prior authorization. This is in addition to the sessions covered by Medicare.

Transportation (non-emergency)

 Members must have Aetna Better Health of Ohio for both Medicare and Medicaid:

- Eligible for transportation to plan-approved locations, such as doctor appointments and the pharmacy —
 - Eligible members receive either 30 round trips or 60 one-way trips each contract year.
 - You must schedule three days in advance. There are no same-day appointments for this benefit.
- Call Member Services at **1-855-364-0974 (TTY: 711)** to schedule a ride.



Did you know that Diabetes Self-Management Education (DSME) is a covered benefit for Aetna Dual members?

Aetna Better Health of Ohio offers diabetes education to members at no cost.

This education will provide information on nutrition,

physical activity and medications in a one-on-one, group or virtual format.

Talk to your doctor about your interest in this education,

and they will refer you to the program that is best for you.

If you have any questions about the benefit, please contact your care manager.



Understanding your pharmacy benefits

Aetna Better Health of Ohio's List of Covered Drugs ("the Drug List" or the formulary) tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Better Health of Ohio at participating network pharmacies. A pharmacy is in our network if we have an agreement with them to work with us and provide you services.

The Drug List and the list of participating pharmacies are posted on the plan's website at **AetnaBetterHealth.com/Ohio**. The Drug List is updated monthly throughout the year, and you can find when it was updated on the front cover. Changes to the plan's Drug List are also posted on the plan's website.

Visit **AetnaBetterHealth.com/Ohio** for the updated Drug List and latest Member Handbook. For a printed copy of anything on our website, call Member Services toll-free at **1-855-364-0974 (TTY: 711)**.

The Drug List will tell you if there are any special rules or restrictions on any drugs covered by Aetna Better Health of Ohio. The rules or restrictions are listed under "Necessary actions, restrictions, or limits on use." In these cases,

you or your doctor or other prescriber must ask the plan to cover a drug by submitting required medical information before the plan will pay for the requested drug.

Types of rules or limits:

- **Prior approval (or prior authorization).** You or your doctor or other prescriber must ask for approval from Aetna Better Health of Ohio by submitting required medical information before you fill your prescription. Aetna Better Health of Ohio may not cover the drug if you do not get approval.
- **Quantity limits.** Sometimes Aetna Better Health of Ohio limits the amount of a drug you can get. You or your doctor or other prescriber must get approval from Aetna Better Health of Ohio by submitting required medical information for you to get a higher quantity. Aetna Better Health of Ohio may not cover the drug if you do not get approval.
- **Step therapy.** This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Or, if your doctor thinks the first drug doesn't work for you, then you or your doctor or other

prescriber must ask for approval from Aetna Better Health of Ohio by submitting required medical information before you fill your prescription.

- **If a medication is not on the Drug List (called a formulary exception).** You or your doctor or other prescriber must get approval from Aetna Better Health of Ohio by submitting required medical information before you fill your prescription. Aetna Better Health of Ohio may not cover the drug if you do not get approval.

To ask for approval of drugs with special rules or restrictions, call Member Services at **1-855-364-0974 (TTY: 711)**. A Member Services representative will work with you

and your provider to help you ask for a drug with special rules or restrictions or for drugs that are not listed on the Drug List.

As an Aetna Better Health of Ohio member, you have no copays for prescription and OTC drugs if you follow Aetna Better Health of Ohio's rules and fill the drug at a participating pharmacy.

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Medicare Part D prescription brand-name and generic drugs.
- Tier 2 drugs are Medicare Part D prescription brand-name and generic drugs.
- Tier 3 drugs are non-Medicare Part D prescription and over-the-counter drugs.

Finding helpful information

You can find the information below in your Member Handbook and on our website at **AetnaBetterHealth.com/Ohio**:

- Benefits and services included in your health plan as well as those not covered
- Pharmaceutical management procedures
- Copayments
- Benefit restrictions outside Aetna's service area
- How to get language assistance
- How to submit a claim
- How to get information about doctors in Aetna's network
- How to get primary care services
- How to get specialty care, behavioral health care and hospital services

- How to get care after normal business hours
- How to get emergency care, including when to go to the emergency room or use **911** services
- How to get care and coverage outside of Aetna's service area
- How to submit a complaint
- How to appeal a decision

- How Aetna evaluates new technology to include in coverage



For a printed copy of the above information on our website at **AetnaBetterHealth.com/Ohio**, call Member Services toll-free at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.





Quality Management program

It is important to us that you receive quality health care and customer service. At Aetna Better Health of Ohio, our Quality Management program ensures that our services meet high standards of quality and safety.

Our Quality Management program includes:

- Health management programs that work for you
- Easy access to quality medical and behavioral health care
- Help with any chronic conditions or illnesses
- High satisfaction with your doctors and with us

Each year, our quality improvement activities include:

- Contacting you to remind you to get care
- Sending you postcards or newsletters about health topics
- Reviewing the number, quality and kinds of services you receive
- Reminding your doctors and you about preventive health care
- Making sure you are continuing to get the care you need
- Meeting the cultural, ethnic and language needs of our members
- Checking that your calls are answered quickly and that you get the right information
- Taking action when we identify issues with the quality of care being provided
- Evaluating our programs and data trends of how our members receive health care and preventive care services. We compare our findings to national practice guidelines.



To learn more about our Quality Management program, visit our website at [AetnaBetterHealth.com/Ohio](https://www.aetna.com/better-health/ohio). You can call Member Services at **1-855-364-0974 (TTY: 711)** to request a copy of our Quality Management program and to learn more about what we are doing to improve your care.

Know your rights and responsibilities

We work with you to make sure you receive the best care available. You have certain rights and responsibilities. These help you receive the best service.

As an Aetna Better Health of Ohio member, you have a right to:

- Receive information about Aetna, our services, our practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of your dignity and your right to privacy
- Participate with practitioners in making decisions about your health care

- Have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Aetna or the care we provide
- Make recommendations regarding Aetna's member rights and responsibilities policy


You also have a responsibility to:

- Supply information (to the extent possible) that Aetna and our practitioners and providers need in order to provide care
- Follow plans and instructions for care that you have agreed to with your practitioners

- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

You will find these rights and responsibilities in the Member Handbook and on our website, [AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio). If you have any questions or would like a copy of your rights and responsibilities, call Member Services toll-free at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.



Contact us  Aetna Better Health® of Ohio
7400 W. Campus Road
New Albany, OH 43054

1-855-364-0974 (TTY: 711)
[AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio)

Aetna Better Health® of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. For more information, call Aetna Better Health® of Ohio Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week, or read the Aetna Better Health® of Ohio Member Handbook. This newsletter contains general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.

National Coverage Determinations: The Centers for Medicare & Medicaid Services (CMS) sometimes changes coverage rules for a benefit or service. When this happens, CMS issues a National Coverage Determination (NCD). NCDs tell us what's covered, what's changing and what Medicare pays. We post NCDs on our website at least 30 days prior to the effective date. To view them, visit [AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio). Then go to For Members > Aetna Better Health of Ohio (Medicare-Medicaid) > Member Materials and Benefits. You can also visit [CMS.gov](https://www.cms.gov) for more information. Once on the website, click on "Medicare," then type "National Coverage Determination" in the search box. Or call us at the number on your member ID card.

2022 © Coffey Communications, Inc. All rights reserved.



We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website at or call the phone number listed in this material.

In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number on your benefit ID card.

If you believe that we have 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 Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。