



Spring 2016

## Are you moving? Have a new phone number?

We want to stay connected with you. In order for our team to support you and your health, remember to keep your information current. Below are important steps to take if you have moved or if you have a new phone number.

### Contact Department of Human Services (DHS): 1-800-843-6154

DHS is the office that keeps needed information such as your address and your phone number. Aetna Better Health receives this information from DHS. When you have a new address or a new phone number, be sure to contact DHS. You can call DHS at **1-800-843-6154**. Or you can go to a local DHS office. You can also go on the DHS website at **www.dhs.state.il.us**. Go to “for Customers” in the upper right of the screen and, listed under “Most Requested Services,” select “Change of Address, Income or Assets.”

### Call us

You can call Aetna Better Health with this information. However, you must notify DHS of the change. Aetna Better Health is unable to change the information in the system for you. If you have questions or would like help, you can call Aetna Better Health at **1-866-999-600-2139**.

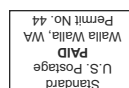
## What you need to know about your membership

Knowing about your healthcare is the first step to a healthier you. We want to help you stay informed. This means that we have given information to you about the health plan. These topics include:

- How to use your Member Handbook
- Information about Prior Authorization (and what it is)
- How to find out information about providers
- Information about Care Management
- Information about Disease Management (and what it is)
- Your right to privacy
- How we make sure you get the right care

You can find this information on our website **www.aetnabetterhealth.com/illinois** in the “What’s New” section on the right. If you would like a copy, you can call Member Services or your Care Manager at **1-866-600-2139**. You can also ask for this information in a different language or an alternative format.

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# Your Primary Care Provider and You

Thanks for choosing Aetna Better Health. Your health is important to us. Your first step is to select a Primary Care Provider (PCP), and this is your Medical Home. Your PCP will work with you to manage your healthcare. A PCP includes family doctors and specialists. A PCP will help you get all the covered services you need.

The name of your PCP can be found on the front of your ID card. An example of an ID card is found below. It is a good idea to work with your PCP. It will help you get to know your PCP and your health needs.

If you need to change your PCP, please contact Member Services at **1-866-600-2139**. This number is on the back of your ID card. Representatives are available 24 hours a day, 7 days a week to help you.

Please schedule an appointment as soon as possible with your PCP. Call ahead to ensure you get in as soon as possible. Please arrive 30 minutes early to fill out paperwork about your health. Make sure you bring all medication with you to show your PCP what you are taking.

## Example of your member ID card



## Need to see a specialist?

You do not need a referral to a specialist as long as the specialist is in the Aetna Better Health of Illinois provider network. This means that you can see any specialist who is contracted with Aetna Better Health.

As part of your healthcare team, it's a good idea to let your PCP know if you visit a specialist. This is so they can help you with your care. If you need help finding a specialist, your PCP or Member Services can help you.

If a provider you want to see is not in our network, your PCP must request service from us in order for you to see the out-of-network provider. Only your PCP can make this request. It is not something you can do yourself.

There are some services from a specialist that do not require your doctor's approval. These are called self-referral services. Some examples of self-referral services are family planning services and behavioral health services. You can call Member Services or your Care Manager to find out more about these types of services.

## Next steps

In an earlier member newsletter, we gave helpful hints for talking with your doctor. Below are some questions to help you choose a PCP or specialist that is best for you, and tips for making an appointment.

## Questions you can ask your PCP:

- What are the office hours?
- Do you see patients on nights or weekends?
- How long do I have to wait for an appointment?

## Quick tips about appointments:

- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, arrive at least 30 minutes early so you can give them information about your health history.

- Let the office know when you arrive. Check in at the front desk.
- If you need a ride to your appointment, call Medical Transportation Management (MTM) at **1-888-513-1612**. You must call at least 3 days in advance to set up your ride.
- If you cannot go to your appointment, please call your PCP's office *before* the appointment time to cancel. If you also have an appointment with the transportation company to pick you up, be sure to call them before the appointment to cancel your ride.

## Need a ride?

Transportation is of no cost to you, and you can use it for all medical appointments. If you need transportation to medical appointments, contact MTM at least 3 days prior to your appointment. Let MTM know if you need a family member or personal care attendant to go with you.

If you have a medical emergency, dial 911. Use of emergency transportation must be for emergencies only.

MTM is open 24 hours and 7 days a week, so you can schedule rides to your medical appointments. The number for MTM is **1-888-513-1612**. It is right on the back of your ID card.

You can receive mileage reimbursement if you use your car or get a ride from someone to your medical visits. You must call MTM 7 days after your appointment to ask for mileage reimbursement. Contact MTM at **1-888-513-1612** about mileage reimbursement. MTM will explain mileage reimbursement and answer your questions.

# Understanding your Benefits

## Coverage from head to toe

Looking to live a healthier life? Our benefits and programs are designed to help you do just that.

This coverage includes preventive services like doctor’s visits, lab testing, X-rays and more. Plus, we can help with serious health concerns. These may be chronic diseases or mental health issues. We also can connect you with resources in your community for extra help.

You can learn more about your benefits in any of the following ways:

1. Review your Evidence of Coverage—also known as a Member Handbook.

You can also find this Evidence of Coverage on our website: [www.aetnabetterhealth.com/illinois/assets/pdf/members/2016\\_Handbook\\_Eng1.pdf](http://www.aetnabetterhealth.com/illinois/assets/pdf/members/2016_Handbook_Eng1.pdf).

2. Review Summary of Benefits. You can also find this on our website: [www.aetnabetterhealth.com/illinois/assets/pdf/members/2016\\_SummaryofBenefits\\_Eng.pdf](http://www.aetnabetterhealth.com/illinois/assets/pdf/members/2016_SummaryofBenefits_Eng.pdf).
3. Contact Member Services at **1-866-600-2139**.
4. Contact your Care Manager at **1-866-600-2139**.

### Extra, extra!

Read all about your extra benefits:

As an Aetna Better Health Premier Plan member, you have the following additional covered services. These benefits are at no cost to you!

Added Benefit	Benefit Description
Cell phone benefit	Cell phone benefit is covered for free calls to the Plan’s Member Services preprogrammed number, free health-related texts and texts from the health plan for members who qualify for the federal free cell phone program.
Health education	Wide array of health and education tools and programs that is available to members at no additional cost
Meal benefit (expanded benefit)	Prior authorization is required. 10 home-delivered nutritional meals after in-patient hospitalization or nursing home stay
Nursing Hotline	Access to a registered nurse 24 hours a day, 7 days a week, 365 days a year
Over-the-counter drugs	\$10 per month through mail order catalog service; no carry-overs
Podiatry (expanded benefit)	Prior authorization is required. Limit of up to 3 visits per year for routine foot care
Preventive dental—oral exams, prophylaxis (cleaning), fluoride and dental x-ray	1 every six (6) months
Respite care (expanded benefit)	16 hours per month of in-home care
Smoking cessation (expanded benefit)	Medically necessary cessation counseling sessions (up to 50 per year), nicotine patches, gum, and lozenges, as well as certain pharmacy medications without needing prior authorization
Transportation (expanded benefit)	To plan-approved locations
Weight management (adult)—(expanded benefit)	Includes health coaching

Did you know...?

## Disability Rights and Emergency Preparedness Planning

In an earlier newsletter, we discussed the Disability Rights Advocacy initiative at Aetna Better Health. This means that each month an email on a topic of disability rights is sent out to our Care Management staff. These emails are sent by Prerak Mehta, the Community Liaison Peer Advocate. Prerak was introduced in an earlier newsletter. As someone with a disability, Prerak can talk with members about recovery and discuss living with a disability. Below is an email sent to Care Managers in January on Inclusive Emergency Preparation Management.

In 2010, the Federal Emergency Management Agency (FEMA) developed the Office of Disability Integration. The purpose of the office is to provide information and education about inclusive environments for those with disabilities in the event of an emergency. This means that during an emergency, everyone has the right to a plan on how to stay safe in the community. Each individual can work to develop a plan on how they will know there is an emergency. The plan can also include what steps to take. The goal is for the plan to focus on the member's needs. It is also helpful to focus on

the member's strengths. Below are three important parts of the plan:

- Including the member in the plan.
- Identifying different ways to notify an individual of an emergency. This can be a horn, bells or whistles, or blinking lights in a home.
- Identifying community or internal resources that can help an individual. Examples include: a social-support system as well as community and federal agencies that can provide shelter or emergency-response services.

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Articles in our newsletter are for many different people. We write articles about different kinds of medical problems that people are interested in learning about. These articles may not be about medical problems that you have.

Aetna Better Health<sup>SM</sup> Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. You can get this document in Spanish, or speak with someone about this information in other languages for free. Call Member Services at **1-866-600-2139** and TTY/TDD is **711**, 24 hours a day, 7 days a week. The call is free.

The benefit information provided is a brief summary, not a complete description of benefits. Limitations and restrictions may apply. For more information, call Aetna Better Health<sup>SM</sup> Premier Plan Member Services at **1-866-600-2139** or read the Aetna Better Health<sup>SM</sup> Premier Plan Member Handbook. Benefits, List of Covered Drugs, pharmacy and provider networks may change from time to time throughout the year and on Jan. 1 of each year.

### Contact us

Aetna Better Health<sup>SM</sup> Premier Plan, 333 W. Wacker Drive, Suite 2100, MC F646, Chicago, IL 60606.

24 hours a day  
Member Services: **1-866-600-2139**  
[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)

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## Use your voice in your healthcare! Join the Member Advisory Council

You are one of the experts in your own healthcare. Together, you work with your healthcare team that is made up of your doctor, specialist, Aetna Better Health Care Manager, and other supports (like your family and friends). You are an empowered member of this team. This means you can take an active role in healthcare decisions.

Being empowered can mean that you are stronger and more confident. It can also mean that you know your rights. In earlier newsletters, we talked about many different ways to be empowered. Today we're going to discuss one way to use your voice through Aetna Better Health's Member Advisory Council (MAC). The MAC is a group of members, family members and providers that meet to:

- Share ideas
- Give examples of what is working well
- Discuss what can be improved

During the last few MAC meetings, we discussed ways in which being a part of council *empowers* you. One member fully embraces this concept. This means that she believes that being on the MAC can make a difference. Below is some information she would like to share about what it means to have a voice in her own healthcare. She also discusses how she feels this committee has empowered her to have that voice.

As a part of the MAC:

- You are able to "show interest to cause major and minor changes in healthcare."
- The MAC is "an active motion," and it comes "from the drive of each MAC member."
- The MAC is a way to show your "positive belief in participation."

### Do you want your voice to be heard?

For more information on how to join the MAC, please contact Member Services at **1-866-600-2139** or your Care Manager.