

Aetna Better Health[®] of Louisiana

Member Handbook for Integrated Health Services

Effective January 1, 2025

MMEM2025-128

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week
[AetnaBetterHealth.com/Louisiana](https://www.AetnaBetterHealth.com/Louisiana)

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Important Numbers

Service	Phone, Fax, Email, Website	Address
Aetna Better Health of Louisiana Member Services Services for the Hearing Impaired:	1-855-242-0802 (TTY: 711) Fax: 1-855-853-4936 (24 hours a day, 7 days a week) AetnaBetterHealth.com/Louisiana 711	Aetna Better Health of Attn: Member Services 2400 Veterans Memorial Suite 200 Kenner, LA 70062
Behavioral Health Crisis	1-833-491-1094 (TTY: 711) 24 hours a day, 7 days a week	
Dental services (for details Covered Services section): DentaQuest MCNA Dental	1-800-685-0143 TTY: 711 Monday – Friday 7 AM –7 PM www.DentaQuest.com 1-855-702-6262 TTY: 1-800-955-8771 Monday - Friday 7 AM - 7 PM www.mcnala.net	
For eligibility questions: Louisiana Medicaid Hotline	1-888-342-6207 www.ldh.la.gov/Medicaid	Louisiana Department of Health P.O. Box 629 Baton Rouge, LA 70821-0629
To enroll or disenroll: Healthy Louisiana	1-855-229-6848 TTY: 1-855-LAMed4Me 1-855-526-3346 MyPlan.healthy.la.gov	
Emergency transportation	911	

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Fraud and Abuse Hotline	Aetna Better Health of Louisiana Compliance: 1-855-725-0288 Louisiana Dept. of Health http://new.LDH.louisiana.gov/index.cfm/page/219 1-800-488-2917 (Provider) 1-888-342-6207 (Member)	ATTENTION: Compliance Unit Louisiana Department of Health and Hospitals P.O. Box 91030 Baton Rouge, LA 70821-9030 You can report anonymously.
Grievance and Appeals	Phone: 1-855-242-0802 Fax: 1-860-607-7657	Aetna Better Health of Louisiana Attn: Grievance & Appeals PO Box 81139 5801 Postal Rd Cleveland, OH 44181
Language Interpretation Services Call Aetna Better Health of Louisiana Member Services	1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week	
Rides to Non-Emergency Medical Services	Provided by transportation Reservations (call 48 hours ahead of time): 1-877-917-4150 Monday – Friday 7 AM – 7 PM 24-hour Ride Assistance: 1-877-917-4151 TTY: 1-866-288-3133	
Nurse Advice Line	1-855-242-0802 , select the option for nurse line 24 hours a day, 7 days a week	
Pharmacy Services Call Prime Therapeutics Medicaid Administration	1-800-424-1664 (TTY: 711)	

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<p>Specialized Behavioral Health Services Call Aetna Better Health of Louisiana Member Services (for details see Behavioral Health Services section)</p>	<p>1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week</p>	
<p>Vision Services (for details see Covered Services section) Provided by EyeMed</p>	<p>1-888-747-0449 (TTY: 711) Monday–Saturday 7 AM – 1 AM, Sunday 10 AM - 7 PM (Apr-Sep), 7 AM - 1 AM (Oct-Mar)</p>	

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Welcome

Thank you for partnering with Aetna Better Health of Louisiana for your Healthy Louisiana Plan. Aetna has been providing health care to families for over 150 years. Aetna has been doing business in Louisiana since 1899 when Aetna Life Insurance Company began working in the state.

We are joining you through your health care journey. We have many providers ready to help keep you and your family well. We also have caring Member Services and Care Management staff ready to serve your health care needs.

This member handbook tells you about our plan. It is a good idea to take time to read it. Most of what you need to know about getting care is covered in this handbook. It will tell you about:

- Your primary care provider (PCP)
- What benefits are covered
- What to do in an emergency
- Your rights and responsibilities as a member

Aetna Better Health of Louisiana is a health plan that the Louisiana Department of Health (LDH) works with to provide services to Healthy Louisiana members. We have a network of providers available for you to choose from. This means providers have agreed to see our members and will bill us for the covered services you receive. We are part of your community with our office located in Kenner, Louisiana. We look forward to partnering with you and your health care providers to make sure you have the care you need.

If you have questions or problems getting services, we are here to help you. We are here 24 hours a day, 7 days a week. Our toll-free phone number is **1-855-242-0802 (TTY: 711)**. To view this handbook, find information about our programs and services, or to look for a provider, go to our website at **[AetnaBetterHealth.com/Louisiana](https://www.AetnaBetterHealth.com/Louisiana)**.

We look forward to providing you with your health care benefits.

Your Member Handbook

This is your member handbook. This is a guide to help you understand your health plan and benefits. Throughout the handbook, we will refer to “the Plan”. When we do, we are referring to Aetna Better Health of Louisiana. Please take time to read your member handbook. It tells you how to get services and your rights and responsibilities as a member. Here is what you will find in this handbook:

- Benefits and services with Aetna Better Health of Louisiana
- How to get health care services
- The role of your primary care provider (PCP)
- How to get help with appointments
- What to do in an emergency or urgent situation
- Services that are covered and not covered
- How to file a grievance or appeal
- Case management and other health related programs

We will update this member handbook at least once a year. We will also make changes when information changes or if LDH tells us to. A current copy of this handbook is always available on our website at **[AetnaBetterHealth.com/Louisiana](https://www.aetnabetterhealth.com/Louisiana)**. 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.

Identification Card

Your identification card (ID card) lists the date your health care benefits start. This is the date that you can start getting services as a member of the Aetna Better Health of Louisiana plan. The ID card lists:

- Your name
- Your Aetna Better Health of Louisiana ID number
- Your PCP’s name, address, and telephone number
- Other important information like what you should do in an emergency

You must use your Aetna Better Health of Louisiana ID card and your Louisiana Medicaid ID card when you go to appointments, get prescriptions, and get any health care services.

Showing your ID cards will make sure that you do not get billed for your services. The ID cards let the provider or pharmacy know that Aetna Better Health of Louisiana or Louisiana Medicaid should be billed for the services you receive.

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Front of ID card:

Aetna Better Health® of Louisiana
Healthy Louisiana


Member ID# HPZZ0000002262 **Effective Date** 08/01/2016


Member KELLY, SARBINA

PCP SMITH, CHERYL A

Address 3018 TYRONE DR, Baton Rouge, LA, 70808

PCP Phone/24 Hours 1-318-212-7520

 Pharmacy Copay \$0 - \$3
RxBIN:025986 RxPCN:1214172240
RxGRP:LAMCOPBM
Pharmacy Services:1-800-424-1664
www.lamcopbmpharmacy.com



THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MELA1

Back of ID card:

AetnaBetterHealth.com/Louisiana
2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062

Members
Member Services & Filing Grievance 24/7 1-855-242-0802, TTY 711
Behavioral Health Crisis Line 24/7 1-833-491-1094
Nurse Line 24/7 1-855-242-0802 Pharmacy 1-800-424-1664
Fraud & Abuse Hotline 1-855-725-0288 Report Medicaid Fraud 1-800-488-2917
Non-Emergency Medical Transportation 1-877-917-4150

Emergency care: If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Send medical/behavioral health claims to: Provider Services and Prior Authorizations
Aetna Better Health of Louisiana 1-855-242-0802
PO Box 982962 1-800-424-1664 (Pharmacy Services)
El Paso, TX 79998-2962

Send pharmacy paper claims to: Prime Therapeutics
ATTN: GV - 4102
PO Box 84811
St. Paul, MN 55164-0811

Medical Electronic Claims
Payer ID 128LA

MMEM2023-1586 LA1

Your ID card is for your use only - do not let anyone else use it. Letting someone else use your card is considered fraud. You can lose your Medicaid eligibility if you let someone else use your card. There could also be legal action taken against you.

Please look at your card to make sure your name, address, and date of birth are correct. If any information is wrong, if you did not receive the card, or if the card is lost or stolen, please contact us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Member Services

Member Services is here to help you. We are available 24 hours a day, 7 days a week. Our toll-free phone number is **1-855-242-0802 (TTY: 711)**. You can call this number from anywhere, even if you are out of town.

Call us if you have questions about being a Plan member, what kind of care you can get, or how to get care. Member Services can:

- Help you choose or change a PCP
- Teach you and your family about managed care including the services available to you and the role your PCP has in managing your health
- Explain your rights and responsibilities as a Plan member
- Help you get services, answer your questions, or solve any problem you may have with your care
- Tell you about your benefits and services (what is covered and not covered)
- Assist you with making appointments
- Tell you about fraud, waste and abuse policies and procedures and help you report fraud, waste, and abuse

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

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Member Advisory Committee. This committee gathers feedback from members on ways we can improve our benefits and services. See the section “We Want to Hear From You” for more information. If you have questions or want to share your ideas, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Or write to:

Aetna Better Health of Louisiana Attention:

Member Services

2400 Veterans Memorial Blvd., Suite 200

Kenner, LA 70062

Fax: **1-855-853-4936**

If you’d like to send Member Services an email, go to our website

AetnaBetterHealth.com/Louisiana. Click on the Contact Us link. Complete the form and click submit. A Member Services representative will respond to your message.

Website Information

Our website is **AetnaBetterHealth.com/Louisiana**. It gives you easy access to:

- Finding a PCP or specialist in your area
- Sending us questions through e-mail
- Learning about your benefits and health information
- Viewing your member handbook
- Learning about your rights and responsibilities

Online Member Portal

An easy-to-use wellness tool for a healthier you

You deserve to lead a healthy life. And we can help. We offer a health application that is an easy way to take charge of your health. So, you can feel better - for good. And as a member of the Aetna health plan, you’ll get this health application at no cost to you.

Getting started is easy. And it just takes a few simple steps. First, sign into the “Member Portal” section of our website at **AetnaBetterHealth.com/Louisiana**. Once you’re signed in, go to “Tasks” and choose “Manage My Health.” From this page, you’ll be able to access the health application tools and sign up for a new account.

It has all the resources and support you need to meet your health goals. Once you have an account, you’ll get secure access to all the health application services. You’ll find:

- **Health surveys and records** - Keep track of your medical history. Get healthy living suggestions based on your lifestyle. This information can be used to improve your overall health.

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- **Videos and podcasts** - Learn more about your health and other wellness topics. Get information about the resources offered by your health plan.
- **Healthy lifestyle programs** - Get the help you need to meet your goals. Programs include: quitting smoking, healthy eating, managing stress, and more.

Questions? We're here to help.

This health application is a simple way to lead a healthy life. To learn more, just call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Mobile App

We have a mobile application (app) that you can download to your smart phone or tablet. The app lets you access your information and contact us. You can get on demand access to the tools you need to stay healthy. It's easy. Just download the app to your mobile device or tablet.

Mobile App Features:

- Find a provider
- Request your Member ID card
- Change your PCP
- View your claims and prescriptions
- Message Member Services for questions or support
- Update your phone number, address, and other important member details

Download the App

To get the mobile app, you can download it from Apple's App Store or the Google Play Store. Search for Aetna Better Health in the app store. It is free to download and to use. This application is available on certain devices and operating systems (OS).

Language Services

Please call **1-855-242-0802 (TTY: 711)** if you need help in another language including American Sign Language. We will get you an interpreter in your language. This service is available at no cost to you. You can get this handbook in Spanish. It is available on our website **AetnaBetterHealth.com/Louisiana**. If you want a copy mailed or emailed to you, call us at **1-855-242-0802 (TTY: 711)**.

Other Ways to Get Information

If you are deaf or hard of hearing, please call the Louisiana Relay at **TTY: 711**. They can help you call our Member Services at **1-855-242-0802**. If you have a hard time seeing or hearing, or you do not read English, you can call Member Services to get this information in

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other formats such as large print, Braille, or audio.

Nurse Advice Line

Another way you can take charge of your health care is by using Aetna Better Health of Louisiana's nurse advice line. Nurses are available 24 hours a day, 7 days a week to answer your health care questions. The nurse line does not take the place of your PCP. But, if it's late at night or you can't reach your PCP, our nurses can help you decide what to do. The nurses can also give you helpful hints on how to help you feel better and stay healthy. Call us at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Eligibility and Enrollment

The Louisiana Department of Health, also known as LDH, determines if you are eligible. If you need to make any name, address, or phone number changes or report the birth of a child, you must contact the Medicaid Hotline at **1-888-342-6207**.

Once LDH determines you're eligible, you will get information about the health plans you can choose from. If you did not pick a health plan on your Medicaid application, Healthy Louisiana chose one for you.

You have 90 days to change plans. After 90 days, you will stay with Aetna Better Health until the next open enrollment period if you are eligible for Medicaid. For more about Open Enrollment section.

Service Area

We offer services statewide in all Louisiana parishes.

Who is eligible for the Healthy Louisiana program?

Healthy Louisiana is a program for adults and children who meet the following criteria:

Mandatory Populations

Some people who are eligible for Medicaid must pick a Healthy Louisiana plan. These mandatory populations include:

- Children under nineteen (19) years of age including those who are eligible under Section 1931 poverty-level related groups and optional groups of older children in the following categories:
 - TANF - Individuals and families receiving cash assistance through FITAP (Families in Temporary Need of Assistance)
 - CHAMP - Child Program
 - Deemed Eligible Child Program
 - Youth Aging Out of Foster Care

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- Former Foster Care Children
- Regular Medically Needy Program
- LaCHIP Program
- Children who are eligible for Medicaid due to blindness or disability
- Children receiving foster care or adoption assistance, in foster care, or in an out of home placement
- Children with Special Health Care Needs
- Parents and Caretaker Relatives eligible under Section 1931 of the Social Security Act including:
 - Parents and Caretaker Relatives Program
 - TANF (FITAP) Program
 - Regular Medically Needy Program
- Pregnant Women - Individuals whose basis of eligibility is pregnancy, who are eligible only for pregnancy related services [42 CFR§440.210(2)] including:
 - LaMOMS (CHAMP-Pregnant Women)
 - LaCHIP Phase IV Program
- Breast and Cervical Cancer (BCC) Program
- Aged, Blind and Disabled Adults (ABD) - Individuals who do not meet any of the conditions for mandatory enrollment in a managed care organization for specialized behavioral health only
- Continued Medicaid Program
- Individuals receiving Tuberculosis (TB) related services through the TB Infected Individual Program

Mandatory Populations for Behavioral Health Only

Some people are only eligible for behavioral health services (mental health and substance use treatment) and must pick a Healthy Louisiana plan. These members will only get specialized behavioral health services from a Healthy Louisiana Plan. The mandatory populations include:

- Individuals residing in Nursing Facilities (NF)
- Individuals under the age of 21 residing in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)

Mandatory Populations for Behavioral Health and Non-Emergent Medical Transportation Services Only

Members who receive both Medicaid and Medicare (Medicaid dual eligible) must pick a Healthy Louisiana plan. This does not include those members who reside in a nursing facility or ICF/DD. Medicaid dual eligible are only able to receive behavioral health and NEMT services from us.

We have a different member handbook for members who are enrolled for behavioral Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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health only or behavioral health and NEMT. All handbooks are available online or by calling Member Services.

Voluntary Opt-In Populations

Members who must enroll in a Healthy Louisiana plan for behavioral health and non-emergency medical transportation (NEMT) services can choose to also enroll in the Healthy Louisiana Plan for their other covered Medicaid services. You can change your mind and return to legacy Medicaid for your other covered Medicaid services at any time, but you will have to stay with your Healthy Louisiana Plan for behavioral health and NEMT services. If you choose to leave Healthy Louisiana for your other Medicaid services, you have to wait until the next annual open enrollment to enroll again.

This applies to members who are in one of these groups:

- Members who do not have Medicare and who receive services through any of the following 1915(c) Home and Community-Based Waivers:
 - Adult Day Health Care (ADHC) - Direct care in a licensed adult day health care facility for those individuals who would otherwise require nursing facility services;
 - New Opportunities Waiver (NOW) - Services to individuals who would otherwise require ICF/DD services
 - Children’s Choice (CC) - Supplemental support services to disabled children under age 18 on the NOW waiver registry
 - Residential Options Waiver (ROW) - Services to individuals living in the community who would otherwise require ICF/DD services
 - Supports Waiver - Services to individuals 18 years and older with mental retardation or a developmental disability which manifested prior to age 22
 - Community Choices Waiver (CCW) - Services to persons aged 65 and older or, persons with adult-onset disabilities age 22 or older, who would otherwise require nursing facility services
- Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the Office for Citizens with Developmental Disabilities’ (OCDD’s) Request for Services Registry who are Chisholm Class Members.

Excluded Populations

Individuals in an “excluded population” may not enroll in the Healthy Louisiana Program.

“Excluded populations include:

- Adults aged 21 and older residing in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)
- Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE), a community-based alternative to placement in a nursing facility that includes a complete “managed care” type benefit combining medical, social, and long-term care services

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- Individuals with a limited eligibility period including:
 - Spend-down Medically Needy Program - An individual or family who has income in excess of the prescribed income standard can reduce excess income by incurring medical and/or remedial care expenses to establish a temporary period of Medicaid coverage (up to 3 months)
 - Emergency Services Only - Emergency services for aliens who do not meet Medicaid citizenship/ 5-year residency requirements
 - Greater New Orleans Community Health Connection (GNOCHC) Program

If you are already enrolled in Medicaid and want to pick or change your Healthy Louisiana plan, call Healthy Louisiana at **1-855-229-6848**, TTY **1-855-526-3346**. Their website is **www.myplan.healthy.la.gov**.

If you want to apply for Medicaid, call LDH's Medicaid Hotline at **1-888-342-6207 (TTY: 711)**, apply online at **MyMedicaid.la.gov** or go to your local Medicaid office. Local offices can be found at **www.ldh.la.gov/MedicaidOffices**.

Open Enrollment

If you are new to Aetna Better Health of Louisiana, you will have 90 days from the date you first enrolled to try the health plan. During the first 90 days, you can change health plans for any reason. After the first 90 days, if you are still eligible for the Healthy Louisiana program, you will stay enrolled in Aetna Better Health of Louisiana until the next open enrollment period if you remain eligible for Medicaid.

Once a year, you will get a letter from Healthy Louisiana. The letter will say that you can change health plans if you want to. The letter will give you the dates that you can make the change. You will have 60 days to change. This 60-day period is called "open enrollment." Every year you can change health plans during the 60-day open enrollment period.

You do not have to change health plans, but you can if you want to. If you choose to change plans during open enrollment, you will be a member in the new plan at the beginning of the next enrollment year. Whether you pick a new plan or stay with Aetna Better Health of Louisiana, you will stay enrolled with that plan until the next annual open enrollment period unless you have cause to change. Cause can be you want to be in the same Healthy Louisiana plan as your family members.

If you are not able to get the services we cover, this can also be considered cause to disenroll. For more about disenrolling for cause see page 79.

Staying Eligible

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You will get a Medicaid renewal notice when it's time for you to renew. Follow the instructions in the notice. Your local LDH office can answer your questions about renewing your eligibility. For more information contact the Medicaid Hotline at **1-888-342-6207**.

If You Have Life Changes

If you need to make any name, address, or phone number changes, or report the birth of a child or change in the size of your household or if you start a job, start making more money or stop working, you need to call the Medicaid Customer Service Hotline at **1-888-342-6207** or go online to **MyMedicaid.la.gov** to let the state know.

Reinstatement

If you lose eligibility for a period of two months or less and then become eligible again, you will be re-enrolled with Aetna Better Health of Louisiana. We will assign you to the same PCP you had before becoming ineligible if they are still accepting patients.

Member Confidentiality and Privacy

We include a Notice of Privacy Practices in your welcome packet and send a copy to you annually. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of, or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out. For more information or if you have questions, call us at **1-855-242-0802 (TTY: 711)**. You can also visit our website at **AetnaBetterHealth.com/Louisiana**.

Your Rights and Responsibilities

As a plan member, you have rights and responsibilities. If you need help understanding your rights and responsibilities, call Member Services.

Your Rights

As a member or the parent or guardian of a member, you have the right to:

- Be treated with respect and with consideration for your dignity and privacy.
- Participate with provider in making decisions regarding your health care, including the right to refuse treatment for religious reasons or for any other reason.
- Talk about appropriate or medically necessary treatment options for your conditions. This should happen even if it's not a covered benefit and no matter how much it costs.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be able to request and receive a copy of your medical records, (one copy free of

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charge) and request that they be amended or corrected.

- Receive health care services that are accessible, are comparable in amount, duration, and scope to those provided under Medicaid Fee-For-Service, and are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- Receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- Receive all information in a manner and format that you can understand.
Receive assistance from both LDH and Healthy Louisiana in understanding the requirements and benefits of Aetna Better Health of Louisiana.
- Receive oral interpretation services free of charge for all non-English languages.
- Be notified that oral interpretation is available to you free of charge and how to access those services.
- As a potential member, to receive information about the Healthy Louisiana program, which populations may or may not enroll in the program, and Aetna Better Health of Louisiana's responsibilities.
- To receive information on Aetna Better Health of Louisiana's services, such as:
 - Benefits covered;
 - What to do to get benefits, including any authorization requirements;
 - Any amounts you must pay (co-pays);
 - Service area;
 - Names, locations, telephone numbers of and non-English language spoken by current contracted providers;
 - How and when you can change PCPs or see other providers;
 - Providers not accepting new patients; and
 - Benefits not offered by Aetna Better Health of Louisiana but that you can get under Medicaid.
- Receive information about your disenrollment rights at least annually.
- Receive notice of any changes in your benefits and services. You will be informed at least 30 days before the change takes place.
- Receive information on grievance, appeal, and State Fair Hearing procedures.
- Voice complaints, grievances, or file appeals about Aetna Better Health of Louisiana or the care you get.
- Receive information on emergency and after-hours coverage, such as:
 - What is an emergency medical condition, emergency services, and post-stabilization services;
 - That emergency services do not require prior authorization;
 - The process and procedures for obtaining emergency services; The locations of any emergency settings and other locations where providers and hospitals provide emergency services and post-stabilization services covered under the contract;

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- Your right to use any hospital or other setting for emergency care; and
 - Post-stabilization care services rules.
- Receive our policy on referrals for specialty care and other benefits not provided by your PCP.
- Tell us what you think about our rights and responsibilities policy. You have the right to receive this information from us upon request.
- Have your privacy protected.
- Exercise these rights without being treated negatively by Aetna Better Health of Louisiana, our providers, or LDH.

Your Responsibilities

- Use your ID cards when you go to health care appointments or get services and do not let anyone else use your cards. Let us know if you lose your ID card or if it is stolen.
- Know the name of your PCP and your case manager if you have one.
- Know about your health care and the steps to take to get care.
- Do not utilize Emergency Room for non-emergent services.
- Tell us when you make changes to your address or telephone number.
- Tell LDH when there are changes in your family size or income.
- Understand your health problems and participate in setting your health goals with your provider.
- Let your providers know if your health changes.
- Be respectful to the health care providers who are giving you care.
- Schedule your appointments during office hours when you can. Be on time. Call if you are going to be late to or miss your appointment.
- Give your health care providers all the information they need.
- Tell the Plan and LDH about your concerns, questions, or problems.
- Ask for more information if you do not understand your care or health condition.
- Talk to your providers about the care you need. Ask if there are other options and how they can help. Ask about risks and costs of other options.
- Follow your provider's advice. If you do not want to, let your provider know why.
- Tell us about any other insurance you have. Tell us if you are applying for any new benefits.
- Give your doctor a copy of your living will or advance directive.
- Get all the preventive care you need to stay healthy. Live a healthy lifestyle. Avoid unhealthy activities
- If you don't agree with a provider and want to complain, follow the steps to file a grievance.

Our Affirmative Statement About Incentives

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We want you to feel sure that you're getting the health care and services you need. To that end, we have policies our providers must follow to ensure that you get the right health care.

Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an "affirmative statement."

We do not reward or pay extra money to health care providers, staff, or other people to:

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary

All of our members should receive the right health care. If you want more information on this, call us at **1-855-242-0802 (TTY: 711)**.

If You Get a Bill or Statement

You should not get a bill from a provider for the covered services you receive (including emergency and post-stabilization services). If Aetna Better Health of Louisiana does not pay a provider for services you receive, you DO NOT have to pay. If we do not pay for all or part of a covered service, the provider is NOT allowed to bill you for what we did not pay.

If you get a bill for covered services, please call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Utilization Management

We want to ensure that our members are getting the services or benefits they need to get or stay healthy. This is called "utilization management" (UM). Our UM staff uses clinical criteria, guidelines, and written policies to make UM decisions. They check that requested services are:

- Needed to keep or get you healthy
- Covered by Aetna Better Health of Louisiana

Our UM procedures include, but are not limited to:

- Review for medical need before receiving a service
- Review for medical need for your hospital stay
- Review for medical need for a service you have already received
- Filing an appeal

You or your provider can get a copy of the guidelines we use to approve or deny services. Our criteria and guidelines are available on our website at

AetnaBetterHealth.com/Louisiana and you can call Member Services at

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1-855-242-0802 (TTY: 711), 24 hours a day, 7 day a week with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you.

We're Here to Help You with Any UM Issues

For help if you have vision and/or hearing problems, call the Telecommunications Relay Service (TRS) **1-800-242-0802** or **TTY 711** (toll-free). For help with language or translation services, call Member Services at **1-800-242-0802**.

New Technology for Medical Procedures

We're always looking at new medical procedures and methods to make sure our members get safe, up-to-date, quality medical care. We have a team of doctors who review new health care technologies. They decide if the procedures should become covered services. (We don't cover investigational technologies, methods, and treatments still under research.)

To decide if a new technology will become a covered service, we will:

- Study the purpose of each technology
- Review medical literature
- Look at the impact and benefits a new technology could have
- Develop guidelines on how and when to use the technology

Provider Directory

Our provider directory is available online at **AetnaBetterHealth.com/Louisiana/find-provider**. You can also find a provider using our Aetna Better Health mobile app. See the Mobile App section for more. You may request a paper copy of our provider directory by calling Member Services. It lists health care providers and hospitals in our network. The directory has the names of PCPs, medical and behavioral health specialists, and other health care providers in your area. You can also search online to find a pharmacy or vision care provider.

If you would like help finding an Aetna Better Health of Louisiana provider, call Member Services. We will be glad to help you. Let us know if you want a provider to be added to our network. We will try to make that happen.

Getting Care

Aetna Better Health of Louisiana members must use in-network providers to obtain health care services. If you want to see a provider who is not in our network, the provider must get prior authorization from us first.

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For some services, your provider will have to get prior authorization from us before you receive the service. The provider will know how to do this.

The Provider's Office

To be better prepared to get health care services, ask your provider and the office staff these questions.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of basic behavioral health services do you provide?
- What kinds of special help do you offer people with disabilities?
- Will you talk about problems with me over the phone?
- Who should I contact after hours if I have an urgent situation?
- How long do I have to wait for an appointment?

Other Questions to Ask

Use the questions below when you talk to your provider or pharmacist. These questions may help you stay well or get better. Write down the answers to the questions and always follow your provider's directions.

- What is my main problem?
- What do I need to?
- Why is it important for me to do this?

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 Louisiana ID card and Louisiana 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.

Don't Be a No Show. It is important to show up for your appointments. Not showing up for your scheduled appointments causes problems. If you can't go to your appointment, you must call your provider's office 24 hours before the appointment time to cancel. If you need help with appointments, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Your Primary Care Provider (PCP)

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You will often hear the term PCP. Your PCP is a medical provider who manages your health care. They will help you get all the covered services you need.

You should make an appointment to see your PCP when you join Aetna Better Health of Louisiana. If you need help scheduling appointments, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Your PCP helps you get care from other providers. Your PCP is responsible for coordinating your health care by:

- Learning your health history
- Keeping good health records
- Providing regular care
- Answering your questions
- Giving you advice about healthy eating
- Giving you needed shots and tests
- Getting you other types of care
- Sending you to a provider that has special training for your special health care needs

Types of Primary Care Providers

The following are the types of primary care providers you can choose:

- Family Practice
- General Practice
- Internal Medicine
- Pediatricians - providers who treat children from birth to age 18
- Certified Nurse Practitioners
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHC)
- OB/GYN
- Patient-Centered Medical Home (PCMH)

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.

How Do I Pick My PCP?

When you first enroll in our Plan, you have the option to tell Healthy Louisiana the name of the PCP you would like. Healthy Louisiana will have a list of the PCPs that work with our Plan. We will do our best to make sure you get to keep the PCP you picked.

Sometimes we cannot assign you to the PCP you picked. When this happens, we will pick

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a PCP for you. The PCP's name and phone number will be on your ID card. You can call us at any time to change PCPs. We might pick a PCP for you if:

- You didn't tell Healthy Louisiana the name of the PCP you wanted when you enrolled
- The PCP you picked isn't taking new members
- The PCP you picked only sees certain members, such as pediatricians who only see children

If we have to pick a PCP for you, we will try to find the PCP that is close to you and best fits your needs. We look for:

- Your most recent PCP
- Your family member's PCP
- Your zip code
- Your age
- Your gender

How Do I Change My PCP?

Your PCP is an important part of your health care team. We want you and your doctor to work together. You may want to change your PCP at any time for any reason. Some reasons might be:

- You want a male or a female doctor
- You want a doctor that speaks your language

If you see a specialist for special health care needs and you want the specialist to be your PCP, we can help. The specialist will have to agree to be your PCP. Then, we will work with the specialist to make sure you get the primary care services you need. Call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week, for more information.

You can find a list of our PCPs on our website at **AetnaBetterHealth.com/Louisiana**. If you want to choose or change your PCP to another doctor in our provider network, call Member Services toll-free at **1-855-242-0802 (TTY: 711)**.

To change your PCP, you can:

- Call Member Services at **1-855-242-0802 (TTY: 711)**.
- Visit our website **AetnaBetterHealth.com/Louisiana**. There you can log in to the member portal and send us a request to change PCPs.
- Use our mobile app to send a request from your smart phone or tablet. For more information see our mobile app section.

In most cases, the PCP change will happen on the same day as your request. Any time you change PCPs, we will send you a new ID card. It will list the new PCP's name and phone

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number.

Getting Specialist Care

Sometimes you may need care from a specialist. Specialists are providers who treat special types of conditions. For example, a cardiologist treats heart conditions. A pulmonologist treats lung conditions like asthma. A psychiatrist or licensed mental health professional treats mental health and substance use conditions. Your PCP can recommend a specialist to you. You can look in the online provider directory at **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. We will help you find a specialist near you.

The specialist might have to contact us to get approval to see you. This is called prior authorization. The specialists will know what to do.

Getting a Second Opinion

When a PCP or a specialist says you need surgery or other treatment, you have the right to check with another provider. This is called a second opinion. A second opinion is available at no charge to you. Your PCP can recommend a provider, or you can call Member Services.

Cost for Services

You do not pay anything to get services we cover. If a provider bills you, do not pay it and call us right away.

Non-Covered Services

There are some services that Aetna Better Health of Louisiana and Medicaid do not cover. These include:

- Services or items used only for cosmetic purposes
- Elective abortions
- Treatment for infertility
- Experimental/Investigational procedures drugs and equipment

Getting Prior Authorization for Services

We must authorize some services before you can get them. We call this prior authorization. This means that your providers must get permission from us to provide certain services. They will know how to do this. We will work together to make sure the service is what you need.

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Except for family planning and emergency care, all out-of-network services require prior authorization. You may have to pay for your services if you do not get prior authorization for services that are:

- Provided by an out-of-network provider
- That are not covered by us

If the prior authorization for your services is denied, you can file an appeal about the decision. Please see the Appeals section for details.

You do not need prior authorization for:

- Emergency services
- Post stabilization services
- Urgent care
- Family planning services

Prior Authorization Steps

The steps for prior authorization are:

1. Your provider gives us the information about the services they think you need.
2. We review the information.
3. You and your provider will get a letter when a service is approved or denied. If your request is denied, the letter will tell you why.
4. If a service is denied, you, or your provider with your written permission, can file an appeal. See the Appeals section for details.

Understanding Your Service Approval or Denial

We use certain guidelines to approve or deny services. We call these “clinical practice” guidelines. These guidelines are used by other health plans across the country. They help us make the best decision we can about your care. You or your provider can get a copy of the guidelines we use to approve or deny services.

If you do not agree with the denial of your services, please call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week to file an appeal.

Definition of “Medically Necessary Services”

Aetna Better Health of Louisiana uses guidelines to offer services that meet your health care needs. Services or benefits that are needed to take care of you are called “medically necessary”. A service or benefit that is medically necessary and is covered by Aetna Better Health of Louisiana if it:

- Is covered under the Healthy Louisiana program
- Is reasonably expected to prevent the beginning of an illness, condition, or disability

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- Is reasonably expected to reduce or maintain the physical, mental, or developmental effects of an illness, condition, injury, or disability
Will assist you in being able to improve or maintain performing your daily activities based on your condition, abilities, and age
- There is not another service that is less risky and less costly that would give you the same results

Self-Referral

You can get some services without needing the Plan's prior approval. We call this self-referral. It is best to make sure your PCP knows about any care you get. You can self-refer to the following services:

- Unlimited visits to your PCP
- Specialists in the Aetna Better Health of Louisiana network
- Specialized behavioral health services providers in the Aetna Better Health of Louisiana network
- Emergency care
- Basic behavioral health services from your PCP
- Vision exams
- Adult dental care from a network dentist
- Routine care from an OB/GYN
- Routine family planning services
- Mammograms and prostate/colon cancer screenings

Apart from family planning and emergency services, you must go to one of our network providers for your service to be covered. To find a provider, look in the provider directory or online at **AetnaBetterHealth.com/Louisiana**. You can also call Member Services for help at **1-855-242-0802 (TTY: 711)**.

Out-of-Service Area Coverage

There are times when you may be away from home and you or your child needs care. When you are out of our service area, you are only covered for some services.

- Emergencies: If you need emergency services and you are out of state, go to the nearest emergency room or call **911**. If you can, take your Aetna Better Health of Louisiana ID card with you. If you get admitted to the hospital, ask the hospital to call us.
- Urgent care: If you need urgent care, call your PCP's office. Even if it's after hours, they should call you back within 30 minutes. Tell your PCP your symptoms. Follow your PCP's directions. Your PCP might tell you to go to a nearby urgent care center. If so, we will cover the urgent care visit.

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- Routine care out of the service area is not covered.

If you are out of the service area and you need health care services, call your PCP. They will tell you what to do. If you need help when you are out of state, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Aetna Better Health of Louisiana does not cover any services when you are outside of the United States.

Covered Services

Services covered by Aetna Better Health of Louisiana are listed below. Some limitations and prior authorization requirements may apply. You will see in the table that for some benefits the Limits column says, “prior authorization may be required.” This means that some services do not require prior authorization while others do. You or your provider can call us with the service codes to find out if prior authorization is needed.

All services must be medically necessary unless they are part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT is a program for members under 21. If you have questions about covered services, call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Aetna Better Health of Louisiana also covers behavioral health services. Different members may be covered for different services. Below is a list of services that may be covered. For more information, talk to your case manager if you have one. You can also call Member Services at **1-855-242-0802 (TTY: 711)**. To learn more about behavioral health, see the Behavioral Health section.

Nurse Line

Access to a nurse is available 24-hours a day, 7 days a week to answer your health care questions. The nurse line does not take the place of your PCP. But, if it’s late at night or you can’t reach your PCP, the nurses can help you decide what to do. The nurses can also give you helpful hints on how to help you feel better and stay healthy.

Mental Health Intensive Outpatient Services (MH IOP)

For ages 12 and over, Aetna Better Health of Louisiana covers Mental Health Intensive Outpatient (MH IOP) services, which are mental health intensive outpatient services provided for at least 6 hours a week for adolescents and 9 hours a week for adults in a hospital setting. MH IOP includes therapy groups of 10 members for every one group leader and the treatment team will have a licensed mental health provider (LMHP),

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psychiatrist, and nurse on staff. You will see the LMHP or psychiatrist at least once a month but can see them more if you need to for medication changes or increased problems. Prior authorization is required and services can be approved for up to 30 days at a time.

Staff working with adolescent members (ages 12-17) are trained to work with that age group, use family therapy and appropriate evidence-based practices, and allow members to participate in school.

List of Covered Services

Service/Benefit	Covered Service/Benefit	Limits
Applied Behavior Analysis (ABA)	Behavior analysis is based on a scientific study of how people learn. By doing research, techniques have been developed that increase useful behavior (including communication) and reduce harmful behavior.	Covered for members from age 0-20. Prior authorization is required.
Assertive Community Treatment (ACT) – Adults	Intervention care for people with major mental illness or addiction disorder. ACT focuses on independence and recovery. It is for those most at-risk of psychiatric crisis and hospitalization.	Covered for members age 18 and older. Prior authorization is required.
Basic Behavioral Health Services	Services are provided in a primary care clinic and include screening for mental health and substance use issues, prevention, early intervention, medication management, treatment, and referral to specialty services.	
Community Brief Crisis Support (CBCS)	Ongoing, face-to-face treatment for a psychiatric crisis. CBCS is offered until a crisis is resolved and the member returns to regular psychiatric treatment. CBCS is available 24/7.	Covered for members from age 21 and older. Prior authorization required.

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Service/Benefit	Covered Service/Benefit	Limits
Community Psychiatric Support and Treatment (CPST)	Treatment to reduce functional disabilities resulting from mental illness. CPST focuses on developing skills for daily living.	Prior authorization is required.
Crisis Intervention (CI)	Short-term care for members having a psychiatric crisis. CI is immediate care to help members avoid more restrictive mental health treatment.	No prior authorization required.
Crisis Response Services for Adults	Crisis resolution and support provided in the community available right away, 24 hours a day, 7 days a week. Includes Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), and Community Brief Crisis Support (CBCS).	Covered for members from age 21 and over. Prior authorization required for Community Brief Crisis Support (CBCS).
Crisis Stabilization	Short term, intensive, bed-based crisis support	Prior authorization is required.
Dental	See Dental section for more information.	
Durable Medical Equipment	Medical equipment, appliances, and supplies such as wheelchairs, bed rails, walkers, crutches, and incontinence supplies.	Prior authorization is required.
Early Periodic Screening, Diagnostic, and Treatment (EPSDT)/Well-Child Checkups	<ul style="list-style-type: none"> • Medical screenings • Developmental screenings • Vision screenings • Hearing screenings • Dental screenings • Periodic and inter-periodic screenings • Autism screening • Perinatal depression screening 	Covered for members from age 0-20.
Emergency Medical Services	ER (Emergency Room) services	

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Service/Benefit	Covered Service/Benefit	Limits
Emergency Medical Transportation	Ambulance and helicopter.	
End Stage Renal Disease Services (Dialysis)	Dialysis treatment (including routine laboratory services), medically necessary non-routine lab services and medically necessary injections.	
Family Planning Services	May obtain services in or out of network (no cost for out of network family planning).	Elective abortions are not covered.
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)	Professional medical, dental and basic behavioral health services furnished by doctors (Primary Care Providers), nurse practitioners, physician assistants, LPC, nurse midwives, clinical social workers, clinical psychologists, and dentists.	
Functional Family Therapy (FFT)	In-home family counseling. FFT aims to reduce disruptive behavior in youths. It also aims to improve family communication and problem-solving skills.	For families with children (10 to 18 years). Prior authorization is required.
Hearing Aids	Hearing aids and related supplies such as earpieces and batteries.	Covered for members from age 0-20.
Homebuilders®	In-home program for families with children aged 0-18 years who are at risk of out-of-home placement. Homebuilders is also for families with children being reunified from placement. The program includes crisis intervention, counseling, and life-skills building.	For families with children (birth to 18 years). Prior authorization is required.

Service/Benefit	Covered Service/Benefit	Limits
Home Health Services	<ul style="list-style-type: none"> • Skilled nursing services • Home health aide • Physical, occupational or speech therapy • Home infusion • Wound therapy 	Prior authorization is required.
Hospice	Care provided by a certified hospice agency for terminally ill members.	Prior authorization is required.
Immunizations		Covered
Individual Placement and Support (IPS)	Supported employment services for members with mental illness.	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Inpatient Hospital Services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide.	Prior authorization is required.
Intensive Outpatient Treatment (IOP)	Mental health and substance use treatment and recovery services provided in a community setting.	Prior authorization is required.
Lab Tests and X-rays	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Licensed Mental Health Professionals (LMHP) LMHPs are licensed by the State of Louisiana. They can be: <ul style="list-style-type: none"> • Licensed 	Outpatient counseling for mental health and substance use treatment. Includes telemedicine for behavioral health services as an alternative to clinic visits in areas	

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Service/Benefit	Covered Service/Benefit	Limits
Psychologists <ul style="list-style-type: none"> • Medical Psychologists • Professional Counselors • Clinical Social Workers • Addiction Counselors • Marriage and Family Therapists • Advanced Practice Registered Nurses (psychiatric specialists) 	that have limited access to behavioral health services. Meet with your behavioral health providers from a computer.	
Maternity Care Services	Prenatal through postpartum	
Mental Health Home and Community Based Services - Adults	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR)	Covered for members eligible for adult mental health rehabilitation services. Prior authorization is required with the exception of emergency crisis intervention (CI).
Mental Health Home and Community Based Services - Children and Adolescents	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Functional Family Therapy (FFT), Homebuilders®, Multi-systemic Therapy (MST), Community Psychiatric Support and Treatment (CPST), and	Covered for members from age 0-20. Age for specific services varies. Prior authorization is required with the exception of emergency crisis intervention (CI).

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Service/Benefit	Covered Service/Benefit	Limits
	Psychosocial Rehabilitation (PSR).	
Mental Health Inpatient Hospital Services	Mental health services provided in the hospital.	Prior authorization may be required.
Mobile Crisis Response (MCR) - Adults	Emergency face-to-face service for members having a psychiatric crisis. MCR helps a member receive care while remaining in the community. MCR is provided until the member is out of crisis and can return to regular psychiatric care.	Covered for members from age 21 and over. No prior authorization required.
Multi-Systemic Therapy (MST)	For families of youths at risk of out-of-home placement or who are returning from out-of-home placement. MST is an intensive family-focused therapy.	Covered for members ages 20 and over. Prior authorization is required.
Nutritional/Dietician Consult Services	Nutritional consultation	Prior authorization is required. Not covered for members over age 21.
Organ Transplant and Related Services	Evaluation, transplant, and facility costs are covered.	Donor costs are not covered. Prior authorization is required.

Service/Benefit	Covered Service/Benefit	Limits
Outpatient Services	Diagnostic and therapeutic outpatient services including outpatient surgery and rehabilitation services, therapeutic and diagnostic radiology services, chemotherapy, and hemodialysis.	Prior authorization may be required.
Pediatric Day Healthcare Services	Services include nursing care, respiratory care, physical therapy, speech therapy, occupational therapy, assistance with aids of daily living, transportation services, and education and training.	Covered for members from age 0-20. Prior authorization is required.
Peer Support Services (PSS)	Support from a peer who has been successful in recovery from mental illness and/or substance use	Prior authorization is required.
Personal Care Services (PCS) - Behavioral Health	Assistance and supervision for members with mental illness to allow them to complete activities of daily living and live independently.	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Pharmacy Services	Pharmacy services are covered by Prime Therapeutics Medicaid Administration. Covered medications can be found on the Covered Drug List (CDL), provided by LDH. The Single preferred Drug List (SPDL) is part of the CDL and shows the preferred and non-preferred status of covered drugs.	Quantity limits, step therapy, and prior authorization may be required.

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Service/Benefit	Covered Service/Benefit	Limits
Physician/ Professional Services	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists or physician assistant.	Prior authorization may be required.
Podiatrist Services	Office visits, certain radiology and lab procedures and other diagnostic procedures.	Prior authorization may be required.
Psychiatric Residential Treatment Facilities	Allows youth to live in a treatment facility to get the behavioral health care needed.	Covered for members from age 0-20. Prior authorization is required.
Psychiatrist Visits	Visits with a licensed psychiatrist. A psychiatric nurse practitioner is also able to provide this service.	
Radiology Services	Most diagnostic testing and radiological services ordered by the attending or consulting physician.	Prior authorization may be required.
Rehabilitation Services	Short term stays in a long-term care nursing facility for the purposes of rehabilitation.	Prior authorization is required.
Rehabilitation Substance Use	Outpatient and residential counseling and treatment for substance use conditions.	Prior authorization may be required.
Rides to Medical Services (non-emergency medical transportation)	Transportation to and from appointments for Medicaid covered services appointments and to extra services we offer such as adult dental care and pharmacy	
Sexually Transmitted Disease (STD) Services	Testing, counseling and treatment of all STDs and confidential HIV testing.	
Telemedicine for Physical Health Services	The use of a computer to meet with your doctor to receive physical health services when you and your doctor are not in the	

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Service/Benefit	Covered Service/Benefit	Limits
	same location.	
Therapeutic Group Homes	Allows youth to live in a home-like setting with a small group of other youth to get the services needed.	Covered for members from age 0-20. Prior authorization is required.
Therapy Services	Occupational, physical, speech and language.	Prior authorization is required.
Vision Services	<p>For members 20 and under, the following services are covered:</p> <ul style="list-style-type: none"> • A comprehensive eye exam interpreted by a licensed network optometrist or ophthalmologist • A preventative vision screening performed by trained staff under the supervision of a licensed network vision provider • Medically necessary screening, diagnosis, and treatment of eye and/or visual conditions • Three pairs of eyeglasses per calendar year with no review required by the health plan • Contact lenses deemed medically necessary when no other method can restore vision 	Prior authorization may be required.

Extra Benefits for Our Members

Because you are an Aetna Better Health of Louisiana member, you have additional benefits. If you are not enrolled in Aetna Better Health for ALL your Medicaid covered services, these extra benefits are not available to you. Show your Aetna Better Health of Louisiana ID card when you get these benefits. To claim your earned rewards card, call **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week and speak with a Member Services Representative to process your request.

Your extra benefits include:

Aetna Better Care™ Program

As a part of our efforts to empower self-care, members have access to our Aetna Better Care program. We provide a physical reloadable card that holds all rewards dollars they earn. These cards let you spend funds online or at various local stores. You can choose a wide array of goods and over-the-counter supplies that promote healthy living, self-care, and overall wellness. Members can view their card balance and through our web portal or by calling Member Services.

Members ages 0-15 months	\$120 after completing all 6 well-child visit within the first 15 months of life
Members ages 16-30 months	\$40 for completing 2 well visits, ages 16-30 months
Members ages 3-20	\$25 child and adolescent yearly well-care visit
Members ages 21+	\$35 for completing an adult wellness visit
Members ages 21+	\$10 for a high blood pressure medication refill
Members ages 6-12	\$10 for members who attend their medical appointment(s) and fill/refill their ADHD medication
Members 6+	Members ages 6+ with a principal diagnosis of mental illness or intentional self-harm may receive \$25 for follow-up with a provider within 30 days after being discharged from a facility (ED or hospital) for a mental health diagnosis.
Members ages 18+	\$10 for antipsychotic medication refill
Members ages 2+	\$25 for receiving annual flu shot
Members ages 16+	\$35 for completing all STI screenings (chlamydia, gonorrhea, and HIV).
Members ages 50-74	\$50 for completing breast cancer screening
Members ages 21-64	\$50 for completing a cervical cancer screening
Members 18-75	\$25 for completing a diabetic retinal eye exam.
Members ages 21+ with diabetes	\$25 for receiving a blood sugar test with an HbA1c result less than 8%

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Members ages 45+	\$50 for completing a colon cancer screening
All members	Members may receive \$25 for completing a health needs assessment within 30 days of enrollment or \$15 within 90 days of enrollment.

To receive rewards, contact member services or sign up through the mobile app.

Adult Dental Benefits

Members aged 21 and older who do not have other dental benefits may self-refer to network providers for an exam and cleaning twice a year, x-rays once a year, plus fillings and extractions, up to a total value of \$750.

Aetna Better Health of Louisiana uses DentaQuest dental services. You can call DentaQuest at **1-800-385-0143 (TTY: 711)**, Monday - Friday from 7 AM to 7 PM. You do not need a referral to see a network dental provider. You can find a dental provider in the provider directory online at **AetnaBetterHealth.com/Louisiana**.

Adult Vision Benefits

We offer members 21 and older vision benefits. Your covered services include a free annual eye exam and \$150 toward eyewear (frames, glass or contact lenses). You do not need a referral to see an in-network vision provider. You can find a vision provider in the provider directory online at **AetnaBetterHealth.com/Louisiana**.

Alternative to Opioids

Alternative pain management options for adults with chronic pain diagnosis. Covers \$500/year for members ages 16+ with a chronic pain diagnosis toward the following services: Acupuncture, Yoga, Dry Needling and Massage Therapy.

Asthma Benefits

Members diagnosed with asthma can receive an asthma kit that includes a peak flow meter and tools to reduce asthma triggers in the home, including hypo-allergenic pillow, standard pillowcases, and mattress covers.

Blood Pressure Monitor

We offer all members one monitor per household per year. You can receive additional electronic monitors with a prescription from you provider if you meet one of the following criteria:

- Receive hemodialysis in the home setting
- Are pregnant with a diagnosis of chronic hypertension

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- Are under the age of 21 and have been diagnosed with hypertension or hypotension

Cell Service at No Cost to You

See if you're eligible for Assurance Wireless Lifeline cell service plus an Android™ Smartphone. We know how important it is to stay connected to healthcare, jobs, emergency services, and family. That's why Aetna Better Health of Louisiana is partnering with Assurance Wireless Lifeline service.

Eligible Assurance Wireless customers receive, 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/Louisiana**. For questions call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Aetna Better Health of Louisiana Mobile App Incentive

\$5 for downloading the Aetna Better Health of Louisiana mobile app.

Adolescent Immunization

\$50 for completing adolescent immunizations. 1 per 12 months; Immunizations must be completed before the child's 13th birthday.

Childhood Immunization

\$50 reward for completing the full series of childhood immunizations on or before their 2nd birthday. Members who turn 2 years of age during the calendar year. 1 per lifetime.

Healthy at Home

Members that are eligible and deemed qualified by housing specialist may receive \$500. The funds support members experiencing homelessness or at risk of eviction and may be used for housing assistance such as housing application fees, security or move-in deposits, first month's rent, utility payment, eviction prevention payment, or minor home repair/weatherization. The benefit is paid once per lifetime per household.

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Help to Stop Smoking

Members ages 18 and older (member under 18 require parental consent) who smoke, vape, or use e-cigarettes may be eligible for a 6-month tobacco cessation program. It offers activities and one-on-one support from a certified tobacco cessation coach to help members quit.

Home Delivered Meals

Members in the SSI population can have 2 meals a day delivered to their homes for up to 14 days after discharge from a hospital.

Job Skills Training and HiSET Certification

Members 16 and older can attend courses that provide a fundamental understanding of workplace expectations with skills in problem-solving, communication, and professionalism. Members without a secondary education credential can participate in the HiSET (High School Equivalency Test) practice test to receive their HiSET Certification.

Maternity Matters Reward Program

Our Maternity Matters Program helps you learn how to take care of yourself and your baby. You'll get support and help throughout your pregnancy. The more visits you make to your doctor during your pregnancy, the more rewards you can get. You can get:

- Pregnancy test for members ages 15-49
- \$35 gift card for completing Notice of Pregnancy form in the first trimester and completing first prenatal visit
- \$10 gift card for each additional prenatal visit, up to 10 visits
- \$50 gift card for postpartum visit (within 7 to 84 days after delivery)
- Pregnant members 18+ can earn a \$20 gift card for each dental visit during pregnancy, Limit 2.

New Mom Welcome Kit includes a diaper bag, pack of diapers and other baby related items, as well as pregnancy materials regarding baby care and healthy pregnancy resources that promote the safety, health, and well-being of babies and mothers

Baby Bundle for newborn members includes a case (200) of diapers following live birth.

High-risk pregnant members can receive \$100 per quarter (3 months) to pay for child care so mom can go to doctor appointments.

Newborn Circumcision

We will cover the cost of a circumcision for a newborn male.

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To claim your Maternity Matters rewards and gift cards, just call **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week after your baby is born.

Nurses, Behavioral Health Professionals, and Community Health Workers

You have access to nurses, behavioral health professionals, and community health workers to help you manage your health and get access to the care you need. We have nurses, social workers, and community health workers on staff who are ready to help you. We also have a 24-hour nurse line if you need medical advice. For more information call Member Services at **1-855-242-0802 (TTY: 711)**.

Over-the-Counter Products

Aetna Better Health of Louisiana offers each household \$25 per quarter worth of certain over-the-counter (OTC) vitamins and health products mailed right to your home.

You can find our OTC Catalog and order form on our website **AetnaBetterHealth.com/Louisiana**. You can place an order online, by phone, by mail, or by fax. You will need your member ID number to place an order.

- **Ordering online:** Visit **cvs.com/otchs.aetnala** and create an account
- **Ordering by phone:** Call **1-888-628-2770** from 8 AM to 4 PM Monday through Friday.
- **Ordering by mail:** Find the OTC Catalog on **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. Follow the instructions to complete the order form. Mail it to the address listed on the form.
- **Ordering by fax:** Find the OTC Catalog on **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)**. Follow the instructions to complete the order form. Fax completed form to **1-866-682-6733**.

Pyx Health

Members 18 and over can access a separate mobile platform focusing on helping members who are experiencing loneliness and social isolation.

Respite Care for the Homeless

Members may receive up to 30 days of respite care with healthcare and social services, for members experiencing homelessness post-discharge from an ED or hospital, ages 18+, if qualified.

Routine Transportation

Rides to all your planned health care visits are covered. Just call MediTrans, our

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transportation vendor, at **1-877-917-4150 (TTY: 1-866-288-3133)**, Mon.-Fri., 7 AM to 7 PM. Be sure to call 48 hours before you need a ride. If you have an urgent need or need help with a ride you have already scheduled, you can call “Where’s my ride” at **1-877-917-4151, 24/7**.

In addition, members 18 and older can receive non-medical transportation for activities such as job interviews, job training, trips to grocery stores or food banks, faith-based events, and to all applicable value-added services offered. Limit: 10 round trips (20 one-way trips) up to 60 miles total per round trip.

Safe Home Support

Members 18 and over who are members can receive up to \$1000 for remediation of identified housing risks, includes legal services for housing matters.

Sickle Cell Benefit

Members diagnosed with sickle cell anemia can earn \$50 for attending an appointment with either a PCP or hematologist; \$10 for attending second appointment; and \$10 for filling a sickle cell-related medication.

Transportation

If you have an emergency and have no way to get to the hospital, call **911** for an ambulance. We cover ambulance rides in a medical emergency for all members.

Non-Emergency Transportation (NEMT)

If you don’t have transportation, we will cover transportation to services covered by Aetna Better Health of Louisiana. We will also cover transportation to Medicaid covered services such as dental care.

We use MediTrans, a transportation vendor, for your transportation needs. You can get a ride to your provider visit and to the pharmacy, if you go to the pharmacy immediately following the appointment.

To schedule a ride, call MediTrans at **1-877-917-4150**, option 2, **TTY: 1-866-288-3133**. Please do not call your provider for transportation. There is no limit on the number of trips you can take. You can call Monday through Friday 7AM to 7 PM. If you have an urgent need, need help with a ride that you already scheduled, or your driver does not show up, you can call the “Where’s my ride” toll free number, 24 hours a day, 7 days a week, 365 days a year, at **1-877-917-4151**.

NEMT appointments should be scheduled 48 hours in advance. You may make your Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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reservation up to thirty (30) days in advance. MediTrans will assist with ongoing transportation needs for services such as dialysis or other re-occurring treatments.

When making your reservations, keep in mind that you should not arrive more than two hours before your scheduled appointment. However, you should be ready to leave two hours before your scheduled appointment as the driver may arrive early. Your driver is unable to drop you off before the building or facility opens.

Women ages 16 and under do not require an attendant with transportation if it is for prenatal or postpartum appointments. Otherwise all members under the age of 17 must have a parent or guardian with them on the ride.

Please have these details ready when you call our transportation vendor:

- Name of the provider
- Provider's address
- Provider's telephone number
- Time of appointment
- Type of transportation needed (e.g., regular car, wheelchair-accessible van)

Long distance trips

Meals and lodging are available for long distance trips that total more than 12 hours to and from the appointment, including appointment time. This will require approval. Call MediTrans at **1-844-917-4150** or Member Services at **1-855-242-0802**.

Medicaid Covered Services

There are some services that are covered by Medicaid but not by Aetna Better Health of Louisiana. Since these services are not covered by our Plan, you do not have to use our network providers to obtain these services.

Service	How to access
Coordinated System of Care (CSoC). This is a program for youth in out-of-home placement or at-risk of out-of-home placement. These services are covered by Prime Therapeutics.	Contact Prime Therapeutics at 1-800-424-4489
Dental services	MCNA Dental 1-855-702-6262 TTY: 1-800-846-5277 Available Monday - Friday, 7 AM – 7 PM DentaQuest 1-800-685-0143 TTY: 1-800-466-7566 Available Monday – Friday, 7 AM – 7 PM
Medical Dental with the exception of the EPSDT varnishes provided in a primary care setting	MCNA Dental 1-855-702-6262 TTY: 1-800-846-5277 Available Monday - Friday, 7 AM – 7 PM DentaQuest 1-800-685-0143 TTY: 1-800-466-7566 Available Monday – Friday, 7 AM – 7 PM
Long Term Nursing facility services	Contact Louisiana Options in Long Term Care at 1-877-456-1146
Personal care services for members 21 and older	Contact Louisiana Options in Long Term Care at 1-877-456-1146
ICF/DD Services for members 21 and older	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Home & Community-Based Waiver Services (except 1915(b) mandatory enrollment waiver, 1915(c) SED waivers, and 1915(i) SPA services)	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Targeted Case Management Services	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Services provided through LDH's Early-Steps Program (Individuals with Disabilities Education Act (IDEA) Part C Program Services)	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Individualized Education Plan (IEP) services provided by a school district	

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Behavioral Health

Aetna Better Health of Louisiana offers Healthy Louisiana members mental health services and substance use treatment services. Together, these kinds of services are called behavioral health services. Behavioral health services help people think, feel and act, in healthy ways. You can find a list of services available in the Covered Services section.

Behavioral Health Crisis

If you are thinking about hurting yourself or someone else, or if you have an urgent behavioral health emergency, call **911** or go to the closest hospital. You can use any hospital for emergency care even if it is not in our network. Show your Aetna Better Health of Louisiana ID card. We also have a **behavioral health crisis line** that is available 24 hours a day, 7 days a week at **1-833-491-1094 (TTY: 711)**

When Can I Access Behavioral Health Services?

You can start getting services on the day your coverage starts. This date is printed on your Aetna Better Health of Louisiana ID card.

Who Can Help Me with Behavioral Health Services?

Soon after your coverage starts, you will get a welcome call from Aetna Better Health of Louisiana. During the welcome call you will be asked questions about your health. Based on how you answer, you may be transferred to speak to our staff about our Case Management program. Case Management services are available to you if you choose to use them. If you choose to use these services, you will have a Case Management team.

The team will then work with you on your goals, do ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you and who you want as part of your team. Teams can include family members, guardians, friends, clergy, and other supportive people from the community. Many times, the assessment that is done at the first appointment will not be complete. You will be working with members of your team to continue that assessment process. This allows you and your team to repeatedly review progress and needs so that you get the best care.

You and your provider may not agree about the services you need. If you feel you need a service, but your provider does not, contact your case manager. If you do not have a case manager call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Applied Behavior Analysis

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Behavior analysis is based on a scientific study of how people learn. By doing research, techniques have been developed that increase useful behavior (including communication) and reduce harmful behavior. Applied behavior analysis (ABA) therapy uses these techniques. ABA is helpful in treating autism spectrum disorders.

Who is eligible?

1. Be from birth up to 21 years of age;
2. Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, etc.);
3. Be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder;
4. Have a comprehensive diagnostic evaluation by a qualified health care professional; and have a prescription for ABA-based therapy services ordered by a qualified health care professional.

All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization. If you have any questions, please contact Aetna Better Health of Louisiana 24 hours a day/7 days a week at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Behavioral Health “Best Practices”

Aetna Better Health of Louisiana creates and supports “best practices” in behavioral health care. Best practices are ways of delivering services to you that have been shown to be helpful, based on research and evaluation of these practices.

Our vision for the delivery of behavioral health services

Aetna Better Health of Louisiana supports a behavioral health delivery system that includes:

- Easy access to care
- Member and family member involvement
- Collaboration with the community
- Effective innovation
- Expectation for improvement
- Cultural competency

Our principles for the delivery of behavioral health services to children are:

1. *Collaboration with the child and family*
 - We respect and work with the child and parents. This is key to positive behavioral

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health outcomes.

- Parents and children are treated as partners in the assessment process and the planning, delivery, and evaluation of behavioral health services. Their preferences are taken seriously.

2. *Functional outcomes*

- Behavioral health services are designed and used to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- Use of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. *Collaboration with others*

- When children have multi agency, multi system involvement, a case management joint report is made and behavioral health services plan is made and used by all partners.
- Member-centered case management teams plan and arrange for the delivery of services.
- The case manager:
 - Develops a common assessment of the child's and family's strengths and needs
 - Develops an individualized service plan of care
 - Monitors implementation of the plan
 - Makes adjustments in the plan if it is failing

4. *Accessible services*

- Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need.
- Case management is provided as needed.
- Service plans identify transportation the parents and child need to access services, and how transportation assistance will be provided.
- Behavioral health services are adapted or created when they are needed but not available.

5. *Best practices*

- Behavioral health services are delivered in accordance with guidelines that incorporate evidence based "best practice."
- Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances. The service plan also identifies and addresses substance use problems, the specialized behavioral health needs of children who are developmentally disabled, show maladaptive sexual behavior including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members' lives, especially class members in foster care.

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- Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. *Most appropriate setting*

- Children are provided behavioral health services in their home and community to the extent possible.
- Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home like setting that is appropriate to the child's needs.

7. *Timeliness*

- Children identified as needing behavioral health services are assessed and served promptly.

8. *Services tailored to the child and family*

- The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided.
- Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. *Stability*

- Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize disruptions, and avoid the inappropriate use of the police and the criminal justice system.
- Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. *Respect for the child's and family's unique cultural heritage*

- Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.

11. *Independence*

- Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. *Connection to natural supports*

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- The behavioral health system identifies and appropriately utilizes natural supports available from the child’s and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Our values for delivery of behavioral health services to adults:

1. *Respect*
 - Meeting our members where they are without judgment, with great patience and compassion.
2. *Member focused*
 - Members are the experts on themselves, defining their own goals and desired outcomes. Members choose their services and are included in program decisions and program development efforts.
3. *Best practices*
 - Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practice.”
4. *Confidentiality*
 - Behavioral health information is private and protected. A member must give written consent to share protected health information even for the purposes of treatment, payment, or health care operations. The disclosure of information under certain circumstances is permitted without consent during a medical emergency or in other limited situations.
5. *Cultural awareness*
 - Members can expect flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values.
6. *Recovery*
 - When services focus on recovery, members benefit from an improved sense of wellbeing, integration into the community, and greater self-determination.
7. *Resilience*
 - A member is the source of his/her own strength and resiliency. Those who serve as providers, supports, and facilitators identify, explore, and serve to raise our members’ proven strengths.

Our principles for healing-centered care for children and adult behavioral health services and systems:

1. *Safety*
 - Our members’ safety is the most important part of getting care. We respond to safety needs right away. Because trauma can be a physical or emotional issue, it’s important that services and supports be available right away. We will make sure you get the care you need. We may give you a referral to other community

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agencies and providers when needed.

2. *Create trust*

- Trauma impacts a person's ability to trust. Trust comes from making sure our members know how we can help. It also comes from doing what we say we will when we say we are going to do it. We work with our members and make sure everything we do is with the member's permission.

3. *Offer choice*

- We makes sure member choices are the biggest part of planning services and supports.

4. *Collaboration*

- We work with members and their families to set shared goals. We ask what has happened versus what is wrong.

5. *Empowerment*

- We know the importance for families and youth to gain skills and use these skills.

6. *Language access & cultural competence*

- It is important that a member's language and culture is included in planning care. We work to make sure that members and their families understand and agree to the care they get.

Confidentiality of Substance Use Treatment Services

There are laws about who can see your behavioral health information with or without your permission. Some information cannot be shared with others without your written permission. This includes:

- Substance use treatment
- Communicable disease information (such as HIV/AIDS)

To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services
- Your medical primary care provider
- Certain state agencies and schools following the law, involved in your care and treatment, as needed
- Members of the clinical team involved in your care

At other times, it may be helpful to share your behavioral health information with other agencies, such as schools. Your written permission may be required before your information is shared.

There may be times that you want to share your behavioral health information with other

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agencies or certain individuals who may be assisting you. In these cases, you can sign an **Authorization for the Release PHI Form**. This form states that your medical records, or certain limited sections of your medical records, may be released to the individuals or agencies that you name on the form. You can find this form on our website **AetnaBetterHealth.com/Louisiana**. You can also call Member Services for a copy at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Exceptions

There are times when we can't keep information confidential. The following information is not protected by the law:

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.
- If you are going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
- We must report suspected child abuse to local authorities.
- If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (such as hospitals and other counselors) to protect you. Only necessary information to keep you safe is shared.

What Is Consent to Treatment?

You have the right to accept or refuse behavioral health services. If you want to get the behavioral health services offered, you or your legal guardian must sign a "Consent to Treatment" form giving your or your legal guardian's permission for you to get behavioral health services. When you sign a "Consent to Treatment" form, you are also giving the Louisiana Department of Health and Hospitals permission to access your records.

Informed Consent

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. You will be given information about the service so you can decide if you want that service or not. This is called *informed consent*. An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or do not understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

Age of Consent

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Most of the time members have to be 18 years old to get health care by themselves. There are times that members younger than 18 can get care without a parent's consent. This includes drug or alcohol treatment.

Problem Gambling Treatment

Call or text Louisiana problem gambling helpline at **1-844-770-STOP (7867)**. Help is available 24 hours a day, 7 days a week. The number is toll-free, and all calls are confidential. You can also visit the website at **ldh.la.gov/ProblemGambling**.

Dental Services

The health of your mouth and teeth can affect your whole body. That's why we want you to have a dental exam as soon as you join Aetna Better Health of Louisiana. After your first visit, you should see your dentist every six months.

DentaQuest **1-800-685-0143** TTY: **1-800-466-7566**. Available Monday – Friday, 7 AM – 7 PM, **www.DentaQuest.com**

MCNA Dental **1-855-702-6262** TTY: **1-800-846-5277** Available Monday - Friday, 7 AM – 7 PM, **www.mcnala.net**

Remember to take your Aetna Better Health of Louisiana ID cards when you go to your appointments.

Pharmacy Services

If you need medicine, you will need a written prescription from your provider. LDH uses a Covered Drugs List with many of the covered drugs. However, there are some drugs that are preferred, and others are non-preferred. This list is called the Single Preferred Drug List.

Sometimes your provider will want to give you a drug that is not preferred on the Single Preferred Drug List. If the medicine the provider feels you need is not preferred and the provider does not think you can take any other drugs for your condition, the provider can request approval for the medication. The provider knows how to do this.

All of your prescriptions will need to be taken to one of the pharmacies available through Prime Therapeutics Medicaid Administrators.

Prescriptions

Your provider may give you a prescription for medicine. Be sure and let them know about

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all the medications you are taking or have gotten from any other providers. You also need to tell them about any non-prescription or medications or herbal treatments that you take. Before you leave the provider's office, ask these questions about your prescription:

- Why am I taking this medicine?
- What is it supposed to do for me?
- How should the medicine be taken?
- When should I start the medication and for how long should I take it?
- What are the side effects or allergic reactions of the medicine?
- What should I do if a side effect happens?
- What will happen if I don't take this medicine?

Carefully read the drug information the pharmacy will give you when you fill your prescription. It will explain what you should and should not do and possible side effects.

Prescription Copays

There are some medicines that are available at no cost to you, but some medicines filled by your pharmacy require you to pay a low price. This is called your copay. Your cost for this medicine should not be more than \$3 for each medicine. Your total copays for the month depend on your household's income each month. If the state shows you have paid five percent (5%) of your monthly income on copays, your medicine will be available at no cost to you for the rest of that month.

<i>Pharmacy cost</i>	<i>Your copay</i>
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

There are no copays for the following pharmacy services:

- Services given to pregnant women
- Emergency services
- Family planning services
- Certain preventive medications

The following members do not have copays:

- Members under 21 years of age
- Members living in a long-term care facility
- Members receiving hospice care
- Native Americans
- Alaskan Eskimos
- Home- and Community-Based Waiver recipients
- Women whose basis of Medicaid eligibility is breast or cervical cancer

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Prescription Refills

The label on your medicine bottle tells you how many refills your provider has ordered. If the provider has ordered refills, you may only get one refill at a time. If the provider has not ordered refills, you may call him or her at least five (5) days before your medication runs out. Talk to them about getting a refill. The provider may want to see you before giving you a refill. You can also ask your pharmacy to call your provider for refills.

Quick Tips About Pharmacy Services

Ask if your prescription is covered by Prime Therapeutics Medicaid Administration before leaving your provider's office. Take your prescription to a pharmacy in the Prime Therapeutics Medicaid Administration network to get it filled.

If the provider has not ordered refills, call them at least five (5) days before you need a refill. You can get a list of covered drugs by calling Prime Therapeutics Medicaid Administration at **1-800-424-1664 (TTY: 711)**.

Family Planning Services

All members, including adolescents have access to family planning services. You do not need a referral or prior authorization to get family planning services. You can go to your PCP or any family planning provider or clinic whether it is in Aetna Better Health of Louisiana's network or not. Even though you can see providers outside the network, you may want to use our network providers. This way we can make sure all your care is coordinated. You must show your Aetna Better Health of Louisiana and Louisiana Medicaid ID cards when you go for your appointments.

Family planning services are available to help prevent unplanned or unintended pregnancies. Aetna Better Health of Louisiana covers the following family planning services:

- Medical history and physical exams and assessments
- Traditional contraceptive devices
- Laboratory tests routinely performed as part of an initial or regular follow-up visit/exam for family planning purposes (PAP smear; Gonorrhea and Chlamydia testing, syphilis serology, HIV testing and rubella titer)
- Client education on reproductive anatomy and physiology, fertility regulation, and Sexually Transmitted Disease (STD) prevention
- Counseling to assist clients in reaching an informed decision
- Method counseling for results of history and physical exam, mechanism of action, side effects and possible complications

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- Special counseling (when indicated) on pregnancy planning and management, sterilization, genetics, and nutrition
- Pregnancy diagnosis, counseling, and referral
- Care for members wanting to get pregnant or who are already pregnant.

For more information, call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Pregnancy Care

Pregnant women need special care. Call Member Services if you are pregnant. We can help you with the following.

- Choosing a PCP or OB/GYN for your pregnancy (prenatal) care.
- Getting you into special programs for pregnant members, such as childbirth classes, or help getting healthy food through the Women Infants and Children (WIC) program.
- If you are not sure you are pregnant, make an appointment with your provider for a pregnancy test.

Here are some important reminders about pregnancy care:

- If you are pregnant and have chosen your pregnancy provider, make an appointment to see him or her.
- If you need help finding a provider, call Member Services at **1-855-242-0802 (TTY: 711)**.
- Your provider must set up a visit for you within 14 days of your call.
- Your provider will tell you about the schedule for pregnancy visits. Keep all these appointments.
- If you had a baby in the last two months and need a post-delivery checkup, call your provider's office.
- Early and regular care is very important for your health and your baby's health.

Your PCP or OB/GYN will tell you about the following:

- Regular pregnancy care and services.
- Special classes for moms-to-be, such as childbirth or parenting classes.
- What to expect during your pregnancy.
- Information about good nutrition, exercise, and other helpful advice.
- Family planning services, including birth control pills, condoms, Long-Acting Reversible Contraception (LARC) (like an IUD) and tubal ligation (getting your tubes tied) after your baby is born.

Prenatal Appointments

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Regular visits with your doctor will help keep your pregnancy on track. Along with the care you'll receive, your doctor can also help you learn more about your pregnancy. You can get counseling and support as needed. So be sure to follow your doctor's advice about how often you should be seen. A common schedule is:

Length of Pregnancy	Common visit schedule
Weeks 4-28	1 visit at least every 4 weeks
Weeks 29-36	1 visit at least every 2 weeks
Weeks 37-40	1 visit at least every week

Healthy Pregnancy Tips

- During your pregnancy, your provider will tell you when you need to come back for a visit. It is important for your health and your baby's health to keep all your appointments with your provider while you are pregnant.
- Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to you. Ask your provider about the classes and how you can sign up for them.
- Pregnancy duration of 40 weeks is optimal for your baby's well-being.
- Please discuss any history of early labor with your provider as soon as possible in your pregnancy. There are covered medications available to avoid early labor and delivery.
- High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, talk to your provider to see if you may have been exposed to lead.
- If you are pregnant, it is important that you do not smoke, drink alcohol, or take illegal drugs because they will harm you and your baby.

After You Have Your Baby

You should see your own PCP or OB/GYN within 3-8 weeks after your baby is born. You will get a well-woman checkup to make sure you are healthy. Your PCP will also talk with you about family planning.

Women, Infants, and Children (WIC)

Here are some of the services the Women, Infants, and Children (WIC) program gives you at no cost to you:

- Help with breastfeeding questions
- Referrals to agencies
- Healthy food
- Healthy eating tips

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- Fresh fruits and vegetables

If you need information about WIC, you can call Member Services. You can also call LA WIC directly at **1-800-251-BABY (2229)** to see if you and your child are eligible.

Maternity Matters Program

You can join our Maternity Matters program to earn rewards. For more on this program see the section titled “Extra Benefits for Our Members.”

Getting Care for Your Newborn

It is important to make sure your baby has coverage. Your newborn is automatically an Aetna Better Health of Louisiana member at birth. You should choose a PCP for your baby from our provider directory before your baby is born. A PCP will be selected for your newborn within 14 days if one is not selected.

If you have questions or need help, call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Well Baby and Well Child

Children should have regular checkups even when they seem healthy. It is important to find problems early so your child can get the care needed to prevent serious illness and stay healthy. Your child’s PCP will give the care they need to stay healthy and treat serious illnesses early. These services are called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) preventive services, or well visits. Below is more information on these services. You’ll also find schedules for checkups and shots. For more details, visit our website **AetnaBetterHealth.com/Louisiana**.

Well visits may include:

- Vaccines (shots) to help protect your child from serious illnesses
- Complete checkups
- Information about your child’s health and development
- Growth measurements
- Lab tests
- Screening for lead poisoning
- A check of the foods your child needs and advice about the right kind of diet for your child
- Checking for behavioral health and substance use problems
- Developmental screenings
 - Physical, occupational and speech therapy, if needed
 - Eye tests and glasses, if needed

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- Hearing tests and hearing aids, if needed
- Autism screenings
- Perinatal depression screenings

We have PCPs who are specially trained to care for members under age 21. Call us if you need help picking the right PCP for your child.

Infancy	Under 6 weeks	2 months	4 months	6 months	9 months	12 months
Early childhood	15 months	18 months	2 years			
Early childhood - Adolescence	Annually age 3 through age 20					

Immunization (Shot) Schedule

The chart below summarizes the Centers for Disease Control and Prevention’s (CDC) recommended immunizations. You can get this information on their website at www.cdc.gov/vaccines/schedules/easy-to-read/index.html.

Age	Immunization
Birth	HepB (hepatitis B)
1-2 months	HepB
2 months	RV (Rotavirus) DTaP (diphtheria, tetanus, and pertussis), IPV (polio), Hib (Hemophilus influenza type b), PCV (pneumococcal)
4 months	RV, DtaP, IPV, Hib, PCV
6 months	RV, DtaP, Hib, PCV
6-18 months	HepB, IPV, influenza (every year)
12-15 months	Hib, MMR (measles, mumps, and rubella), PCV, Varicella (chicken pox)
12-23 months	HepA (Hepatitis A)
15-18 months	DTaP
4-6 years	MMR, DTaP, IPV, Varicella
11-12 years	Tdap (Tetanus, Diphtheria, Pertussis) HPV (Human Papillomavirus) MCV4 (Meningococcal Conjugate) If your child is catching-up on missed vaccines he/she may need: MMR Varicella HepB IPV
13-18 years	If your child is catching-up on missed vaccines he/she may need: Tdap HPV MCV4
16 years	Booster
Every year starting at 6 months of age	Influenza

Sterilizations

We will cover sterilizations if the following requirements are met:

- The individual is at least 21 years of age at the time the consent is obtained;
- The individual is not a mentally incompetent individual;
- The individual has voluntarily given informed consent in accordance with all federal requirements; and
- At least 30 days, but no more than 180 days, have passed between the date of the Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since a member gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

We will not cover hysterectomies performed solely for the purpose of terminating reproductive capability (sterilization).

We direct providers to use the **current sterilization consent forms** (HHS-687 available in English and HHS-687-1 available in Spanish) from the U.S. Department of Health and Human Services website.

We require the consent form to be signed and dated by:

- The individual to be sterilized;
- The interpreter if one was provided;
- The person who obtained the consent; and
- The physician performing the sterilization procedure.

NOTE: If the physician who performed the sterilization procedure is the one who obtained the consent, the physician must sign both statements.

The physician who obtains the consent must share the consent form with all providers involved in that member's care (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon).

Members who undergo a covered hysterectomy must complete a hysterectomy consent form but are not required to complete a sterilization consent form. Refer to the Hysterectomies section of this Manual for additional information.

Case Management

Some members have special health care needs and medical conditions. Our Case Management Unit will help you get the services and the care that you need. They can help you learn more about your condition. They will work with you and your provider to make a care plan that is right for you.

Aetna Better Health of Louisiana involves our member, your family members, and others in your circle of support in a joint relationship. This is the basis for all your future work. Our

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goal is for you to lower severe symptoms and achieve your best level of overall health. We focus on recovery and preventing illness. We do this by improving your conditions and helping as your needs change. This includes items like good social supports, meaningful activity, and self-care activities.

Our case management unit has nurses, licensed social workers, and licensed mental health professionals that can help you:

- Get services you need including information on how to get care at special facilities for highly specialized care
- Work with health care providers, agencies, and organizations
- Learn more about your condition
- Make a care plan that is right for you
- Access services after hours for crisis situations
- Arrange services for children with special health care needs such as well-child care, health promotion, disease prevention, and specialty care services
- Make sure members with special behavioral healthcare needs are transition without gaps in care or service
- Fill out needed paperwork to help you find affordable housing and assist if you are disabled to maintain stable housing
- Connect to specialized behavioral health services for admission to a Nursing Home Facility if they are contacted within 30 days of identification

If you need this kind of help from your Case Management Unit, please call Member Services. We can help you with member or caregiver referrals or provider referrals.

If it is in your best interest, you may have a specialist as your PCP. If you want a specialist to be your PCP, talk to the specialist about it. If one of our case managers has already talked with you about your special needs, he or she can help you make this change if the specialist agrees. If you have special needs and you have not talked with one of our case managers yet, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week and ask to be transferred to a case manager.

You may have special needs and have an existing relationship with an out-of-network provider. Sometimes you can continue to see that provider if it is in your best interest. Your provider must first get approval from us. If you have questions about case management, call your case manager or Member Services.

Disease Management

We have a disease management program to help if you have certain conditions. We have programs for:

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- Asthma
- Bipolar Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Depression
- Diabetes
- HIV/AIDS
- Obesity
- Schizophrenia/Schizoaffective Disorder
- Sickle Cell Anemia
- Hepatitis C

Call us at **1-855-242-0802 (TTY: 711)** for help in managing your disease. We can help you or your child learn to manage these chronic conditions and lead a healthier life. You can learn about these programs in your member handbook and online at **AetnaBetterHealth.com/Louisiana**.

As a member you are eligible to participate

If you are diagnosed with any of these chronic conditions, or at risk for them, you may be enrolled in our disease management program. You can also ask your provider to request a referral. Call us if you want to know more about our disease management programs.

I do not want to participate

You have the right to make decisions about your health care. If we contact you to join one of our programs, you may refuse. If you are already in one of our programs, you may choose to stop at any time by contacting us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week. You will continue to get all of your covered benefits even if you do not want to participate in our programs.

New Medical Treatments

We are always considering new medical treatments. We want you to get safe, up-to-date, and high-quality medical care. We have team of providers review new health care methods. They decide if the methods should become covered services. Services and treatments that are being researched and studied are not covered services.

We take these steps to decide if new treatments will be a covered benefit or service:

- Study the purpose of each new treatment
 - Review medical studies and reports
 - Determine the impact of a new treatment
 - Develop guidelines on how and when to use the new treatment
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Types of Care

Routine care is health care that you need to keep you healthy or prevent illness. This includes shots/immunizations and well-checks. It's very important to see your doctor often for routine care. To schedule routine care, please call your PCP's telephone number that is on your ID card. If you need help scheduling an appointment with your PCP, please call Member Services at **1-855-242-0802 (TTY: 711)**.

The chart below gives you examples of each type of care and what you should do. Always check with your PCP if you have questions about your care. If you have an emergency, call **911** or go to the nearest emergency room.

Type of care	What to do
<p>Preventive – This is regular care to keep your child healthy. For example:</p> <ul style="list-style-type: none"> • Checkups • Yearly exams • Shots/immunizations 	<p>Call your provider to make an appointment for preventive care. You can expect to be seen within six (6) weeks.</p>
<p>Urgent/sick visit – This is when you need care right away but are not in danger of lasting harm or of losing life. For example:</p> <ul style="list-style-type: none"> • Sore throat • Flu • Migraines <p>You should NOT go to the emergency room for urgent/sick care.</p>	<p>Call your PCP. Even if it's late at night or on the weekends, your PCP has an answering service that will take your message. Someone will call you back and tell you what to do.</p> <p>You can also go to an urgent care center if you have an urgent problem and your provider cannot see you right away. Find an urgent care center in the provider directory or online at AetnaBetterHealth.com/Louisiana or call Member Services.</p> <p>You can expect to be seen by the provider:</p> <ul style="list-style-type: none"> • Within 72 hours or sooner for non-urgent sick visits • Within 24 hours when you need immediate attention, but your symptoms are not life-threatening.

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<p>Non-urgent behavioral health – This is when you need to be seen about a behavioral health issue, but it is not urgent.</p>	<p>You can expect to be seen by the provider:</p> <ul style="list-style-type: none">• Within 14 days
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Emergency – This is when one or more of the following is happening:

- In danger of lasting harm or the loss of life if you do not get help right away.
- You are pregnant and you or your unborn child is in danger of lasting harm or loss of life.
- Bodily functions are seriously impaired.
- You have a serious problem with any bodily organ or body part.

For example:

- Poisoning
- Sudden chest pains - heart attack
- Other types of severe pain
- Car accident
- Seizures
- Very bad bleeding, especially if you are pregnant
- Broken bones
- Serious burns
- Trouble breathing
- Overdose

Call 911 or go to the nearest emergency room. You can go to any hospital or facility that provides emergency services and post-stabilization services. Emergency services treat severe conditions that threaten the loss of life or limb. Emergency services are used to stabilize the condition. You do not need an appointment ahead of time.

You DO NOT have to call anyone at the health plan or call your provider before you go to an emergency room. You can go to ANY emergency room during an emergency – or for post-stabilization services.

If you can, show the facility your Aetna Better Health of Louisiana ID and ask the staff to call your provider.

You must be allowed to remain at the hospital, even if the hospital is not part of our provider network (in other words, not an Aetna Better Health of Louisiana hospital) until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.

A list of facilities that provide emergency and post-stabilization services is available in the provider directory at **AetnaBetterHealth.com/Louisiana**.

You can also call Member Services toll free at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week and ask for the name and location of a facility that provides emergency services and post-stabilization services.

<p>What is not an emergency? Some medical conditions that are NOT usually emergencies:</p> <ul style="list-style-type: none"> • Flu, colds, sore throats, earaches • Urinary tract infections • Prescription refills or requests • Health conditions that you have had for a long time • Back strain 	
<p>What are post-stabilization services? These are services related to an emergency medical condition. They are provided after your immediate medical problems are stabilized. They may be used to improve or resolve your condition.</p>	<p>Post-stabilization care – is care related to an emergency medical condition that is provided after a member is stabilized in order to maintain the stabilized condition. Aetna Better Health of Louisiana covers post-stabilization care.</p> <p>Always call your PCP when you leave the hospital after an emergency.</p> <p>Do not go back to the Emergency Room for follow-up care or treatment unless your PCP tells you to.</p>
<p>Prenatal care for pregnant women</p>	<p>Prenatal care is very important. Call your doctor right away to schedule prenatal appointments. You can expect to get an appointment within:</p> <ul style="list-style-type: none"> • Fourteen (14) days of a positive pregnancy test (home or laboratory), in the first trimester • Three (3) days of identification of high-risk • Seven (7) days second trimester • Three (3) days of first request in third trimester • Immediately in an emergency

<p>Specialist care A visit with a medical specialist that is required by your medical condition as determined by your PCP.</p>	<p>At times you may need to see a specialist. You can expect to get an appointment within 1 month from the day you or your PCP calls the specialist for an appointment, sooner if medically necessary.</p>
<p>Lab and X-ray services</p>	<p>Your doctor may send you to get labs or X-ray services. You can expect to get an appointment within:</p> <ul style="list-style-type: none"> • Three (3) weeks for routine appointments • 48 hours or sooner if medically necessary for urgent care appointments

Emergency Care

An emergency can be medical or behavioral health related. Call **911** or go to the closest hospital if:

- You are thinking about hurting yourself or someone else.
- You have an urgent physical or behavioral health emergency.

You can use any hospital for emergency care even if the hospital is not in our network.

A medical emergency is severe symptoms including pain. These symptoms are so serious that:

- It would put your health in serious risk if you didn't get care.
 - For pregnant women, this could be the mother or unborn child's health.
- You are not able to move or function normally.
- Any body part or organ is not working normally.

Emergency conditions include:

- A woman in labor
- Bleeding that won't stop
- Broken bones
- Chest pains
- Choking
- Danger of losing limb or life
- Hard to breathe
- Medicine or drug overdose
- Not able to move
- Passing out (blackouts)
- Poisoning

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- Seizures
- Severe burns
- Suicide attempts
- Throwing up blood
- Urinating Blood

Emergency services are available 24 hours a day, 7 days a week. **If you are having an emergency, call 911 or go to the closest hospital.** Even if you are out of the area, go to the closest hospital or call 911. The hospital does not have to be in our network for you to get care. If you need transportation to the hospital, call 911. You don't need preapproval for emergency transportation or emergency care in the hospital.

If you feel like your life is in danger or your health is at serious risk, get medical help immediately. You do not need preapproval for emergency services including screenings.

IMPORTANT: Only use the emergency room when you have a true emergency. If you have an emergency, call **911** or go to the hospital. If you need urgent or routine care, please call the PCP's number that is on your ID card. We will pay for the emergency care including screenings when your condition seems to fit the meaning of an emergency to a prudent layperson. We'll pay even if it's later found not to be an emergency. A prudent layperson is a person who knows what an average person knows about health and medicine. The person could expect if he or she did not get medical care right away, the health of the person would be in serious trouble.

Follow-up After an Emergency

After an emergency, you may need follow-up care. Call your PCP for follow-up care after you go to the emergency room. Do not go back to the emergency room for your follow-up care. Only go back to the emergency room if the PCP tells you to. Follow-up care in the emergency room may not be covered.

Urgent Care

Urgent care is treatment for serious medical conditions that are not emergencies. The conditions in the list below are not usually emergencies. They may need urgent care. Go to an urgent care center or call your PCP if you have any of these:

- Bruise
- Cold
- Diarrhea
- Earache
- Rash
- Sore throat

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- Sprain
- Stomachache (may need urgent care; not usually emergencies)
- Vomiting

How To Get Urgent Care

Your provider must give you an appointment within 24 hours if you need urgent care. Do not use an emergency room for urgent care. Call your PCP's telephone number that is on your ID card.

Day or night, your PCP or on-call provider will tell you what to do. If your PCP is not in the office, leave a message with the answering service and a PCP will return your call within 30 minutes.

24-Hour Nurse Line

Aetna Better Health of Louisiana has a nurse line available to help answer your medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. Please call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week and listen for the option for the nurse line.

After Hours Care

Except in an emergency, if you get sick after your PCP's office is closed, or on a weekend, call the office anyway. An answering service will make sure your PCP gets your message. A PCP will call you back to tell you what to do. Be sure your phone accepts calls from unlisted or unknown numbers. Otherwise, your PCP may not be able to reach you.

You can even call your PCP in the middle of the night. You might have to leave a message with the answering service. It may take a while, but your PCP or a provider on call will call you back to tell you what to do.

If you are having an emergency, you should ALWAYS call **911** or go to the nearest emergency room.

Health Tips

How You Can Stay Healthy

It is important to see your PCP for preventive care. Talk to your providers. You can improve your health by eating right, exercising, and getting regular checkups. Regular well-visits may also help you stay healthy.

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Guidelines for Good Health

Here are some ways you can work to keep healthy:

- Be sure to read the newsletters we will send you from time to time in the mail.
- Be sure to read the special mailings we will send you when we need to tell you something important about your health care.
- Talk to your providers and ask questions about your health care.
- If you have a case manager, talk to them and ask questions about your health care.
- Come to our community events.
- Visit our website at **AetnaBetterHealth.com/Louisiana**.

Quality Improvement Programs

Our quality improvement program watches and checks the quality of care you receive. We want to make sure you have:

- Easy contact to quality medical and behavioral health care
- Health management programs that meet your needs
- Help with any chronic conditions or illness you have
- Support when you need it the most, like after hospital stays or when you are sick

We also want to make sure you are happy with your health care providers and with the health plan. Some of our quality improvement programs include:

- Calling you to remind you to take your child for a well-care checkup
- Sending you helpful postcards and newsletters
- Reviewing the quality of our services
- Reminding you and your provider about preventive health care
- Measuring how long it takes to get an appointment
- Monitoring phone calls to make sure your call is answered as quickly as possible and that you get the correct information
- Working with your PCP to get them all the information to provide the care needed

This list does not include all of our quality programs. You can call us to learn more about our quality improvement programs. We can tell you what we do to improve your care. You can request hard copies of information about our programs.

We Want to Hear From You

Your opinion is important to Aetna Better Health of Louisiana. We want to hear your ideas about adding or changing policies or procedures that would be helpful to all our members. We take your feedback seriously.

Member Advisory Committee

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Aetna Better Health of Louisiana also has a group that is made up of people who are Aetna Better Health of Louisiana members and their caregivers, just like you. This group is called the Member Advisory Committee. They meet during the year to review member materials, member feedback, changes, and new programs. They tell us how we can improve our services.

If you want to know more about the Member Advisory Committee, please call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Other Information for You

Aetna Better Health of Louisiana will provide information about our company structure and our operations upon your request. We can share information about our policies around rules for getting services. If you have any questions about Aetna Better Health of Louisiana, our network providers and how we work with LDH and other organizations, please call Member Services at **1-855-242-0802 (TTY: 711)** for more information.

Physician Incentive Plan

We do not reward providers for denying, limiting, or delaying coverage of health care services. We also do not give monetary incentives to our staff that make medical necessity decisions to provide less health care coverage or services.

Different providers in our network have agreed to be paid in different ways by us. Your provider may be paid:

- Each time he or she treats you (“fee for service”)
- A set fee each month for each member whether or not the member receives services (“capitation”)
- A salary

These payment methods may include financial incentive agreements to pay some providers more (“bonuses”) or less (“withholds”) based on many factors: member satisfaction, quality of care, and control of costs and use of services among them. If you want additional information about how our primary care physicians or any other providers in our network are compensated, call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week or write to:

Aetna Better Health of Louisiana
Attention: Member Services
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

AetnaBetterHealth.com/Louisiana

Your Information

It is very important for us to have the most up to date information about you. If we do not have your information up to date, you may not get important messages from Aetna Better Health of Louisiana. If you change your address or phone number, you must call Member Services toll free at **1-855-242-0802 (TTY: 711)**.

You should also report these changes to Medicaid. You can do this by:

- Calling the Medicaid Customer Services Unit at **1-888-342-6207**
- Going online at **MyMedicaid.la.gov**
- Going to your local Medicaid eligibility office, Find the office nearest you at www.ldh.la.gov/MedicaidOffices

Losing Your Benefits and Services

If you did not give truthful or accurate information when you applied for Healthy Louisiana benefits, LDH can remove you from the program. This means you will lose health benefits from Aetna Better Health of Louisiana and the Healthy Louisiana program. If this happens, you may have to repay certain payments that were made on your behalf.

You can also lose Aetna Better Health of Louisiana benefits and services for the following reasons:

- You are no longer eligible for Healthy Louisiana
- Your benefits change
- You choose another health plan
- You move out of state
- You commit medical fraud or misconduct such as sharing your Member ID card

Other Insurance

Let us know right away if you have other insurance. This could be through Medicare, employment, or a family member's employment.

Call Member Services right away if you have:

- A Worker's Compensation claim
- A pending personal injury or medical malpractice lawsuit
- Been involved in an auto accident

Grievances and Appeals

At Aetna Better Health of Louisiana, we try our best to deal with your concerns or issues quickly and in a way that best serves your needs. Sometimes you may disagree with our decisions. If you do, you may use our grievance process or our appeal process. It depends on what kind of problem you have.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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There will be no change to your service if you file a grievance or an appeal. Aetna Better Health of Louisiana staff or a health care provider will not treat you differently. We will maintain your privacy. We can help you file a grievance or appeal. This includes providing you with interpreter services or help if you have vision and/or hearing problems. You may also choose someone like a relative, friend, or provider to represent you.

To file a grievance or to appeal a plan action, call **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week, send us a fax at **1-844-410-8655**, or write to:

Aetna Better Health of Louisiana Grievance and Appeals
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

You will need to give us your name, address, telephone number, and the details of the problem.

Appeals

When To File an Appeal?

An adverse benefit determination is when we do not approve a service your provider recommends. It can be when we say we will not pay for services. An adverse benefit determination can also be when we do not provide you services in a timely manner. If you do not agree with an adverse benefit determination that we have taken, you can appeal.

When you file an appeal, it means that we must look again at the reason for our adverse benefit determination to decide if we were correct. An appeal is a way for you to ask for someone to review our adverse benefit determinations. The list below includes examples of when you might want to file an appeal:

- Not approving a service your provider asks for
- Stopping a service that was approved before
- Not paying for a service your PCP or other provider asked for
- Not giving you the service in a timely manner
- Not answering your appeal in a timely manner
- Not approving a service for you because it was not in our network

How To File an Appeal

- Call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week. If you do not speak English, we can provide an interpreter at no cost to you. OR
- Send us a fax at **1-844-410-8655**
- Write to us at:

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

AetnaBetterHealth.com/Louisiana

Aetna Better Health of Louisiana
Grievance and Appeals
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

You can have someone represent you when you file your appeal, such as a family member, friend, or provider. You must agree to this in writing. Send us a letter telling us that you want someone else to represent you and file an appeal for you. This is called a *member representative*. Include your name, member ID number from your ID card, the name of the person you want to represent you, and what adverse benefit determination you are appealing. When we get the letter from you, the person you picked can represent you. If someone else files an appeal for you, you cannot file one yourself for that adverse benefit determination.

You or your representative must start an appeal within 60 calendar days of the date on our notice of adverse benefit determination letter. Your provider can be your representative. We can help you write your appeal, if needed.

The person who receives your appeal will record it. The appropriate staff will oversee the review of the appeal. We will send a letter telling you that we received your appeal. It will tell you how we will handle it. Your appeal will be reviewed by knowledgeable clinical staff. The staff who reviews your appeal is not involved in our initial decision or adverse benefit determination that you are appealing.

What If I Still Need the Service That Is Being Appealed?

You may want your services to continue while your appeal is reviewed. Services that can be continued must be services that you are already receiving. They are services that are being reduced, put on hold, or ended. We will continue services if you request an appeal within 10 days from our notice of adverse benefit determination letter. We will also continue services if you request an appeal before the date that we told you they would be reduced, put on hold, or ended, whichever is later. Our notice will tell you if we decided to reduce, suspend, or terminate your service. It will have the effective date of our adverse benefit determination. It will state the original authorization period and when it ends.

Your services will continue until the original authorization period for your services has ended, until 10 days after we mail the appeal decision, or if you withdraw your appeal. If the appeal was denied and you requested a Louisiana State Medicaid Fair Hearing with continuation of services, your services will continue during State Fair Hearing. (See the State Fair Hearing section below.)

You may request services while your appeal is under review. However, if we decide that we

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agree with our first decision to deny your service, we may require you to pay for these services. This is because you asked to continue to receive services while your appeal was being reviewed.

The Appeal Process

- We will send you a letter within 5 business days saying we got your appeal. We will tell you if we need more information.
- We will tell you how to give us more information in person or in writing, if needed.
- You provide more information about your appeal, if needed.
- You can see your appeal file.
- The Appeals Committee will review your appeal. You can be there when the Appeals Committee reviews your appeal. They will let you know if they need more information and will make a decision within 30 calendar days. If your appeal requires a fast decision, we will call you to tell you the decision.
- A provider with the same or like 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.
- The provider who reviews your appeal will not report to the provider who made the original decision about your case.
- We can extend the time for making a decision about your appeal by up to 14 days. We may extend the time to get more information. If we do this, we will send you a letter explaining the delay.
- You can also ask for an extension if you need more time.
- For all appeals, we will send the results to you in writing. The decision letter will tell you what we will do and why.

If the Appeals Committee agrees with the original adverse benefit determination, you may have to pay for services you got during the review. If the Appeal Committee does not agree with the notice of action, we will let your services start right away.

How Long Does an Appeal Take?

Unless you ask for an expedited review, we will review your appeal as a standard appeal. We will send you a written decision as quickly as your health condition requires. It will be no later than 30 days from the day we receive an appeal. The review period can be increased up to 14 days if:

- You request an extension
- We need more information
- The delay is in your interest and approved by LDH

During our review, you will have a limited time to present your case in person or in writing. You will also have the chance to look at any of your records that are part of the appeal

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review, free of charge. We will send a notice about the decision we made about your appeal. It will identify the decision and date that we reached that decision.

We will provide you with the disputed services as quickly as your health condition requires if:

- We reverse our decision to deny or limit requested services
- We reduce, suspend, or terminate services
- Services were not furnished while your appeal was pending

In some cases, you may request an “expedited” appeal. (See the *Expedited Appeal Process Section*.)

Expedited Appeal Process

You may ask for a fast appeal review if waiting the normal appeal time could harm your health. A fast appeal is also called an expedited appeal. We will respond to you with our decision within 72 hours. Then we will send a letter with our decision within two (2) business days. The review period can be increased up to 14 days. You can increase the review period if you need more time. We can increase the review period if we need more time. We can only request more time if it is in your best interest.

If we do not agree with your request for a fast appeal decision, we will make our best efforts to contact you. We will let you know that we have denied your request for an expedited appeal. If we deny your request for a fast decision, we will give you a decision in the normal time. Also, we will send you a written notice of our decision to deny your request for an expedited appeal. We will send it within two (2) days of receiving your request.

What Can I Do If My Appeal Is Denied?

We will send an appeal decision letter. If our decision does not fully approve your appeal, the letter will explain additional appeal rights. You will have the right to ask for a State Fair Hearing from Louisiana Department of Health. The letter will tell you who can appear at the Hearing on your behalf. It will also tell you if you can continue to receive services during the appeal process.

State Fair Hearing

You may ask for a State Fair Hearing from Louisiana Department of Health (LDH) within 120 days of the date we sent your appeal decision letter. The Louisiana Division of Administrative Law makes a recommendation about your hearing to the Secretary of LDH. The Secretary of LDH makes the final decision about your appeal.

You can file a State Fair Hearing request by phone, fax, mail or on the web.

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AetnaBetterHealth.com/Louisiana

Mail: P.O. Box 4189
Baton Rouge, Louisiana 70821-4189
Fax: **225-219-9823**
Phone: **225-342-5800**
Web: **www.adminlaw.state.la.us/HH.htm**

If your appeal involved reduced, on hold, or stopped services, you may ask to continue to get these services while you wait for the State Fair Hearing decision. If you used the Fair Hearing form to ask for a hearing, you must check the box on the Fair Hearing form that says you want to continue services. State Fair Hearings and request for services to be continued can also be requested by phone or online.

Your request to continue the services must be made within 10 days of the date of our appeal decision letter. If you do not request a State Fair Hearing within the 10 days, your services will be reduced, put on hold, or stopped by the effective date, whichever is later. Your services will continue until the original authorization period for your services has ended or you withdraw the appeal the State Fair Hearing Officer denies your request, whichever happens first.

If the State Fair Hearing Officer reverses our decision, we must make sure that you receive the disputed services right away and as soon as your health condition requires. If you received the disputed services while your appeal was pending, we will pay for the covered services ordered by the State Fair Hearing Officer.

You may ask to continue services while you are waiting for your State Fair Hearing decision. If your Hearing is not decided in your favor, you may be responsible for paying for services that were the subject of the Hearing.

Grievances

When to File a Grievance

A grievance is any message by you to us of being unhappy about the care and treatment you receive. It can be about our staff or providers including vision, transportation, and adult dental services. For example, if someone was rude to you or you do not like the quality of care or services you have received, you can file a grievance with us.

Aetna Better Health 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 the quality of care or services you have received, let us know right away. We have special procedures in place to help members file grievances. We will do our best to answer your questions. We want to take care of your concern. Filing a grievance will not affect your health care services or your benefits coverage.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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

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

How to File a Grievance

You can make your grievance on the phone or in writing. You can call Member Services for help at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week. You can also send or fax a letter to **1-844-410-8655** telling us about your grievance to:

Aetna Better Health of Louisiana
Grievance and Appeals
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

In your letter, give us as much information as you can. For example, include the date 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. If you do not speak English, we can provide an interpreter at no cost to you.

You can have someone represent you such as a family member, friend, or provider. You must agree to this in writing. Send us a letter telling us that you want someone else to represent you and file a grievance for you. Include your name, member ID number from your ID card, the name of the person you want to represent you, and what your grievance is about. When we get the letter from you, the person you picked can represent you. If someone else files a grievance for you, you cannot file one yourself about the same issue.

The Grievance Process

You may file a grievance verbally or in writing with us at any time. The person who receives your grievance will record it. The appropriate plan staff will oversee the review of the grievance. We will send you a letter telling you that we received your grievance. The letter will give you a description of our review process. We will review your grievance and give you an answer.

How Long Does a Grievance Take?

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The time for us to answer is based on the following:

- If your grievance is the result of us denying your request for a fast decision on an authorization or an appeal, we will decide within 72 hours after receipt.
- If your grievance is the result of us taking an extension on the time to give you a decision on your request for an authorization or an appeal, we will decide within 72 hours after receipt.
- For all other types of grievances, we will decide within 90 days after the receipt.

Our decision letter will describe what we found when we reviewed your grievance. It will tell you our decision about your grievance.

Fraud and Abuse

Sometimes our members, providers and Aetna Better Health of Louisiana employees may choose to do dishonest acts. These dishonest acts are called fraud and abuse. The following acts are the most common types of fraud and abuse:

- Members selling or lending their ID card to someone else
- Members trying to get drugs or services they do not need
- Members forging or altering prescriptions they receive from their providers
- Providers billing for services they didn't give
- Providers giving services members do not need
- Verbal, physical, mental, or sexual abuse by providers

You can report fraud confidentially, and we do not need to know who you are. You may report fraud or abuse any one of these ways:

- Call our fraud and abuse hotline at **1-855-725-0288**
- Visit our website at **AetnaBetterHealth.com/Louisiana**
- Call the Louisiana Medicaid Fraud and Abuse Hotline at **1-800-488-2917**
- Visit the State website at **www.ldh.la.gov/ReportProviderFraud** or www.ldh.la.gov/ReportRecipientFraud

Report Marketing Violations

LDH has marketing rules for all Healthy Louisiana Plans and everyone that works for the Healthy Louisiana Plans. There are also some rules for Healthy Louisiana providers (like clinics, doctors' offices, and pharmacies). These rules tell us what we can and can't do when we talk to people who may be in Healthy Louisiana. These are some of the things Health Plans and providers can't do:

- Healthy Louisiana Plans MAY NOT say bad things about other Healthy Louisiana Plans.
- Healthy Louisiana Plans MAY NOT tell you that the only way to keep your Medicaid benefits is to be a part of their Plan.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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- Providers MAY NOT tell you one Health Plan is better than another Health Plan. They can't give you a gift or better treatment to get you to choose one Health Plan over another.

If you know someone who has not followed proper marketing guidelines, you must report the incident to LDH by completing the LDH Louisiana Healthy Louisiana Marketing Complaint Form. You can complete a form online at www.ldh.la.gov/HealthyLaMarketingComplaint, or request one be sent to you by contacting the Louisiana Medicaid Hotline at **1-888-342-6207**.

Disenrollment

We hope that you are happy with Aetna Better Health of Louisiana. If you are thinking about leaving, call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week to see if we can help resolve any issues you are having.

You have the right to disenroll from Aetna Better Health of Louisiana. If you want to disenroll, call Healthy Louisiana at **1-855-229-6848** to request to disenroll from the Plan.

Reasons to Disenroll

Members may request disenrollment if:

- You are a new member. You can switch health plans any time you want to.
- You are part of the Voluntary opt-in populations, you may disenroll from Healthy Louisiana at any time. Your disenrollment will be effective the earliest possible month that the action can be administratively taken.
- You are part of the Voluntary opt-out population, you may voluntarily disenroll within ninety (90) days of initial enrollment and during the annual open enrollment.
- When LDH has imposed sanctions on the Plan. You can disenroll at any time for good cause.

Good cause for disenrollment means:

- We do not, because of moral or religious objections, cover the service you need. If this happens you can call Healthy Louisiana to find out how you can get those services
- You want to be in the same Healthy Louisiana plan as your family members
- Your need to get certain services at the same time but we are not able to provide all the services. Your PCP or another provider must say that your health will be at risk if you can't get the services at the same time
- Our contract with LDH is terminated
- You get poor quality of care from Aetna Better Health of Louisiana
- You are not able to get the services we cover

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- You need specialized care and we don't have providers in our network that can give you the care
- You are unable to access a provider experienced in dealing with your specific needs
- Your active specialized behavioral health provider no longer contracts with the Plan
- You move out of our service area
- Any other reason that LDH says counts as cause

LDH will decide if you can disenroll. If you'd like to disenroll from the Plan, call Healthy Louisiana at **1-855-229-6848**. They will tell you when you will be effective with your new health plan. You must keep using our providers until you are no longer a member with us.

Disenrollment Caused By a Change in Status

If your status changes, you may no longer be eligible for Aetna Better Health of Louisiana. LDH decides if you are still eligible.

You may be disenrolled if:

- You move out of state
- You become Medicare eligible
- You move to a long-term care facility
- You give untrue information or commit fraud on purpose
- You misuse or loan your ID card to another person to get services
- Your behavior is disruptive, unruly, abusive, or uncooperative and keeps us from giving you or other members the services you need

If this happens, you will get a letter explaining the disenrollment process. The letter will let you know that Aetna Better Health of Louisiana has proposed disenrollment.

Advance Directives

Your provider may ask if you have an advance directive. These are instructions about your medical care including behavioral health treatment. They are used when you can't say what you want or speak for yourself due to an accident or illness. Advance directives help providers know what you want when you can't tell them. It is your right to create advance directives, but you are not required to do so. You will get medical and behavioral health care even if you don't have an advance directive. You have the right to make your health care decisions. You can refuse care.

Written medical advance directives in Louisiana fall into two main groups. There is also a separate mental health advance directive. It is up to you whether you want to have all or just one. In Louisiana, emancipated minors and members over 18 years old have rights under advance directive law. If the laws about advance directives change, we will let you

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know as soon as possible but no later than 90 calendar days after the change take place

Living Will

To make sure you get the kind of care you want if you are too sick to decide for yourself, you can sign a living will. A living will is a form that says you may not want medical care if you have a serious illness or injury and may not get better. It tells your provider and your family what kinds of care you do not want if you are seriously ill or injured. If you wish to sign a living will, you can:

- Ask your PCP for help filling out a living will form.
- Fill out the form by yourself.
- Give the completed form to your PCP, specialist, or hospital. This lets them know what kind of care you want to get.

You can change your mind any time after you have signed a living will. Call your PCP or specialist to remove the living will from your medical record. You can also make and sign a new form if you want to make changes in your living will.

Durable Power of Attorney

A durable power of attorney is a document that you can fill out and sign. It lets you name a person to make decisions for you when you cannot make them yourself. Ask your PCP or specialist about these forms. A health care power of attorney does not cover mental health. If you want to list someone to make mental health care decisions for you when you cannot make them, you will also need a mental health advance directive.

Mental Health Advance Directives

An Advanced Directive for Mental Health Treatment is a document that lets you make decisions about mental health treatment. It tells your providers and your family what kinds of mental health care you want if you are not able to make your wishes known in the future. You can also pick someone to make mental health care decisions for you if you cannot make them yourself.

Some examples of mental health treatment are:

- Medicine to treat behavioral health conditions
- Short-term stays in a mental health treatment facility
- Electroconvulsive therapy

You can get help with making a mental health advance directive. You can call the Mental Health Advocacy Service at **1-800-428-5432**.

If you have an advance directive:

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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- Keep a copy of your advance directive for yourself.
- Also give a copy to the person you choose to be your medical power of attorney.
- Give a copy to each one of your providers.
- Take a copy with you if you have to go to the hospital or the emergency room.
- Keep a copy in your car if you have one.

You can also talk to your provider if you need help or have questions. If needed, we will help you find a provider that will carry out your advance directive instructions. If your advance directives are not followed, you can file a complaint with the Office of Health Standards (Louisiana's Survey and Certification agency). Call them at **225-342-0138**.

Resources

Below is a list of state and local resources. This is not a complete list. If you have a case manager, talk to him or her about your needs. Additional resources can be found by contacting Louisiana 211. Call 211 to be connected or visit www.louisiana211.org. You can also call Member Services at 1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week, for help.

State Agencies

Adult Protective Services (APS)

Office of Aging and Adult Services
Department of Health and Hospitals
People can report abuse and neglect of adults who can't protect themselves.

24/7 Hotline: **1-800-898-4910**

www.oaas.LDH.louisiana.gov

Child Protection Investigation, Child Welfare

Department of Children and Family Services
The Child Protective Services program investigates reports of child abuse and neglect. The program provides helpful services to children and families. Hotline:

1-855-4LA-KIDS (1-855-452-5437)

www.dss.louisiana.gov

Louisiana Commission on Human Rights

Phone: **225-342-6969 / TDD**

1-888-248-0859

Behavioral Health Regional Offices

Acadiana Area Human Services District

302 Dulles Dr, Lafayette, LA 70506-3008

Phone: **337-262-4190**

Capital Area Human Services District

4615 Government St, Building 2 Baton

Rouge, LA 70806

Phone: **225-922-2700**

Central Louisiana Human Services

District 401 Rainbow Dr, #35, Pineville, LA 71360

Phone: **318-487-5191**

Florida Parishes Human Services Authority (FPHSA)

835 Pride Dr, Suite B, Hammond, LA 70401

Phone: **985-543-4333**

Imperial Calcasieu Human Services Authority

3505 Fifth Ave, Suite B Lake Charles, LA 70607

Phone: **337-475-3100**

Jefferson Parish Human Services Authority

3616 South I-10 Service Road West Metairie, LA 70001

Phone: **504-838-5215**

Metropolitan Human Services District

1010 Common St, Suite 600 New Orleans, LA 70112

Phone: **504-568-3130**

Northeast Delta Human Services Authority

2513 Ferrand St, Monroe, LA 71201

Phone: **318-362-3270**

Northwest Louisiana Human Services District

2924 Knight St, Suite 350, Shreveport, LA 71105

Phone: **318-862-3085**

South Central Louisiana Human Services Authority

521 Legion Ave, Houma, LA 70364

Phone: **985-858-2931**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Getting Help with Jobs

Louisiana Workforce Commission

1001 N. 23rd St Baton Rouge, LA 70802
Phone: **225-342-3111** www.laworks.net

Career Solutions Center Locations

This is not a complete list. For more locations, visit www.laworks.net

New Orleans Region

East Jefferson Business & Career Solutions Center

1801 Airline Dr, Suite A Metairie, LA 70001
Phone: **504-838-5678**

East Bank Orleans Career Solutions Center - Job 1

3400 Tulane Ave, 2nd Floor, New Orleans, LA 70119
Phone: **504-658-4500**

Baton Rouge Region

East Baton Rouge North Career Solutions Center

4523 Plank Rd, Baton Rouge, LA 70805
Phone: **225-358-4579**

East Baton Rouge South Career Solutions Center

1991 Wooddale Blvd, Baton Rouge, LA 70806
Phone: **225-925-4312**

Houma Region

Terrebonne Business & Career Solutions Center

807 Barrow St, Houma, LA 70360
Phone: **985-876-8990**

Assumption Business & Career Solutions Center

205 Hwy 1008, Napoleonville, LA 70390
Phone: **985-369-1810**

Lafayette Region

Vermilion Business & Career Solutions Center

1301 Clover St, Abbeville, LA 70510
Phone: **337-893-1986**

Lafayette Business & Career Solutions Center

706 East Vermilion St, Lafayette, LA 70501
Phone: **337-262-5601**

Beauregard Business & Career Solutions Center

1102 West First St, DeRidder, LA 70634
Phone: **337-462-5838**

Calcasieu Business & Career Solutions Center

2424 Third St, Lake Charles, LA 70601
Phone: **337-721-4010**

Alexandria Region

Rapides Business & Career Solutions Center

5610-B Coliseum Blvd. Alexandria, LA 71303
Phone: **318-767-6030**

Grant Business & Career Solutions Center

205 Main St, Colfax, LA 71417
Phone: **318-627-3754**

Shreveport Region

Arcadia Business & Career Solutions Center

1119 South R Ave, Arcadia Town Hall, Arcadia, LA 71001
Phone: **318-263-8456**

Caddo Business & Career Solutions Center

2900 Dowdell St, Shreveport, LA 71103
Phone: **318-676-7788**

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Monroe Region

Morehouse Business & Career Solutions Center

250 Holt Dr, Bastrop, LA 71270

Phone: **318-283-0849**

Ouachita Business & Career Solutions Center

1162 Oliver Rd., Suite 9, Monroe, LA 71201

Phone: **318-362-3058**

United Houma Nation

991 Grand Caillou, Building 2

Phone: **985-223-3093**

www.unitedhoumanation.org/vocational-rehabilitation

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Behavioral Health Resources

Louisiana Federation of Families for Children's Mental Health

The Louisiana Federation of Families for Children's Mental Health helps families of children and youth with mental health needs. They show families how to help themselves.

5627 Superior Dr, Suite A-2

Baton Rouge, LA 70816

Phone: **225-293-3508** or **1-800-224-4010**

www.laffcmh.org

NAMI Louisiana (National Alliance on Mental Illness)

NAMI Louisiana helps people get services. They have information on self-help groups in the state. They help people of all ages.

Phone: **225-291-6262** or **1-866-851-6264**

www.namilouisiana.org

Depression and Bipolar Support Alliance (DBSA)

Baton Rouge

DBSA Open Arms

Phone: **225-275-2778**

Metairie

DBSA New Orleans (adults)

Phone: **504-286-1916** or **985-871-4360**

www.dbsaneworleans.org

Monroe

DBSA Northeast Louisiana

Phone: **318-542-4154** or **318-388-6088**

www.dbsalliance.org/northeastlouisiana

Families Helping Families

Region 1 (Southeast)

Families Helping Families of Southeast Louisiana, Inc.

Serving: Orleans, Plaquemines, St. Bernard

Phone: **504-943-0343** or **1-877-243-7352**

www.fhfsela.org

Region 2 (Greater Baton Rouge)

Families Helping Families of Greater Baton Rouge, Inc.

Serving: East & West Baton Rouge, East & West Feliciana, Iberville, Pointe Coupee & Ascension

Phone: **225-216-7474** or **1-866-216-7474**

www.fhfgbr.org

Region 3 (South Central area)

Bayou Land Families Helping Families, Inc.

Serving: Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary & Terrebonne Family Resource Center

286 Hwy. 3185, Thibodaux, LA 70301 Phone:

985-447-4461 or **1-800-331-5570**

www.blfhf.org

Region 4 (Acadiana area)

Families Helping Families of Acadiana

Serving: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion

510 West University Ave, Lafayette, LA 70506

Phone: **337-984-3458** or **1-800-378-9854**

www.fhfacadiana.org

Region 5 (Southwest area)

Families Helping Families of Southwest Louisiana

Serving: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis

2927 Hodges St, Lake Charles, LA 70601

Phone: **337-436-2570** or **1-800-894-6558**

www.fhfswla.org

Region 6 (Central LA area)

Families Helping Families

Serving: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn

2840 Military Hwy, Pineville, LA 71360

Phone: **318-641-7373** or **1-800-259-7200**

www.familieshelpingfamilies.net

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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Region 7 (Northwest area)

Families Helping Families

Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine, and Webster

2620 Centenary Boulevard, Building 2,
Suite 250, Shreveport, LA 71104

Phone: **318-226-4541** or **1-877-226-4541**

www.fhfregion7.com

Region 8 (Northeast area)

Families Helping Families of Northeast Louisiana, Inc.

5200 Northeast Rd, Monroe, LA 71203

Phone: **318-361-0487** or **1-888-300-1320**

Region 9 (Florida Parishes area)

Northshore Families Helping Families

Serving St. Tammany, Washington, Tangipahoa, St. Helena, and Livingston

204 West 21st Ave, Covington, LA 70433

Phone: **985-875-0511** or **1-800-383-8700**

www.fhfnorthshore.org

Region 10 (Jefferson)

Families Helping Families of Jefferson, Inc.

Serving: Jefferson

Phone: **504-888-9111** or **1-800-766-7736**

www.fhfjefferson.org

Glossary

The list below includes definitions for health care terms:

APPEAL: A step you can take to ask Medicaid or your Plan to change its mind when it decides it will not pay for care you need.

BEHAVIORAL HEALTH SERVICES: Health care for emotional, psychological, substance use, and psychiatric problems. It is part of your health plan.

CO-PAYMENT: Money you have to pay out of your pocket before you can see a health provider.

CONTINUITY OF CARE: If your primary care provider sends you to a specialist, your primary care provider will stay involved and keep up with all your medical/dental treatments.

CARE COORDINATION: Your primary care provider works with you and other providers to make sure that all your providers know about your health problems.

DURABLE MEDICAL EQUIPMENT: Equipment ordered by your physician that helps you at home. This includes wheelchairs, hospital beds, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, etc.

EMERGENCY MEDICAL CONDITION: A health problem that needs immediate medical/dental attention. An example includes a health problem that can cause you (or your unborn child if you are pregnant) serious harm, such as chest pain.

EMERGENCY DENTAL CONDITION: A health problem that needs immediate dental attention. An example includes a dental problem that can cause you serious harm.

EMERGENCY MEDICAL TRANSPORTATION: Ambulance rides.

EMERGENCY ROOM CARE: Care for an emergency medical or dental condition that is too serious to be treated in a clinic or urgent care center.

EMERGENCY SERVICES: Inpatient and outpatient medical or dental care by a healthcare provider to screen, evaluate, and/or stabilize your emergency medical or dental condition.

EXCLUDED SERVICES: Care that is not paid for by Medicaid.

GRIEVANCE: A report that you can make if you are not happy with the quality of care you got or if you think a provider or someone at the clinic was rude or denied you access to the care you needed.

HABILITATION SERVICES AND DEVICES: Health care services that help you 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.

HEALTH INSURANCE: A plan that helps you pay for health care visits, procedures, hospital stays, and preventive care. It will pay for the high-cost expenses and routine screenings that it says are covered.

HEALTH PLAN: A group of doctors, hospitals and other providers who work together to help you get the health care services you need. They may provide physical health services like doctor visits, hospital and emergency room visits, x-rays, prescriptions, and non-emergency medical transportation. They may also provide mental health or substance use disorder services, like psychotherapy or crisis intervention.

HEALTH RISK ASSESSMENT: A form you fill out to tell about your health and health behavior. Health providers use the information to figure out whether you are at risk of getting certain diseases or medical or dental conditions.

HOME HEALTH CARE: A wide range of health care given in your home to treat an illness or injury. Examples include care for a wound, patient education, checking your blood pressure and breathing, or checking on you after you get out of the hospital.

HOSPICE SERVICES: Hospice is to keep you comfortable and as free as possible from pain and symptoms when you have a terminal illness. Hospice helps you have a good quality of life for time remaining. Most hospice care happens at home or it can be given in hospital or special facility. Hospice is for patients likely to die within six months if their disease runs its normal course.

HOSPITALIZATION: When you are checked into a hospital for care.

HOSPITAL OUTPATIENT CARE: Care given at a hospital that your doctor does not expect will need an overnight stay. In some cases you may stay overnight without

being registered as an in-patient. Examples include same-day surgery and blood transfusions.

MEDICALLY NECESSARY: Medical or dental care or supplies your provider says are needed to prevent, diagnose, or treat your illness, injury, or disease. To be medically necessary, the care or supplies must be clinically appropriate and meet accepted standards of medicine. Medicaid does NOT pay for treatments that are experimental, non-FDA approved, investigational, or cosmetic.

NETWORK OR PROVIDER NETWORK: The group of providers linked to your health plan who provide primary, specialist, and acute health care.

NON-PARTICIPATING PROVIDER: A physician that is not part of your provider network.

PHYSICIAN SERVICES: Care provided by a physician.

PLAN: See Health Plan.

PREAUTHORIZATION or PRIOR AUTHORIZATION: Getting permission for specific health or dental services before you receive them so that Medicaid will pay for the care.

PARTICIPATING PROVIDER: A provider who works for your health plan or is linked to your health plan.

PREMIUM: The amount of money you must pay for your health care plan.

PRESCRIPTION DRUG COVERAGE: The medicines your plan will pay for that your provider prescribes that have to be filled by a pharmacy.

PRESCRIPTION DRUGS: These are medicines your provider prescribes that have to be filled by a pharmacy.

PRIMARY CARE PHYSICIAN: The doctor who is responsible for your health care. This doctor may also refer you to a specialist or admit you to a hospital.

PRIMARY CARE PROVIDER: A physician, nurse practitioner, or physician assistant who manages your health care needs. This includes preventive care and care when you are sick. The primary care provider may treat you, refer you to a specialist, or admit you to a hospital.

PRIMARY DENTAL PROVIDER: The dentist who is responsible for your dental care. This dentist may also refer you to a specialist.

PROVIDER: An individual, clinic, hospital or other caregiver approved by Medicaid to provide health care.

REHABILITATION SERVICES AND DEVICES: Care and items that help restore your health and functions. Examples include cardiac rehab (for your heart), pulmonary rehab (to help you breathe better), and physical or speech therapy. These include exercise, education, and counseling. These are usually provided in a hospital outpatient setting but can be offered in a skilled nursing facility.

SKILLED NURSING CARE: A high level of nursing care. Nurses help to manage, observe, and evaluate your care.

SPECIALIST: A health professional who is educated and trained to have in-depth knowledge of how to care for certain medical or dental problems. Physician specialist examples include cardiologist (heart doctor), pulmonologist (lung doctor), nephrologist (kidney doctor) and surgeon.

URGENT CARE: Medical care to treat an illness or injury that needs quick attention but that is not a medical emergency. Examples include stomach pain, dizziness that will not go away, or a suspected broken bone. Urgent care requires face-to-face medical attention within 24 hours of noticing the urgent problem.

Frequently Asked Questions

Frequently Asked Questions asked by members are already answered in your member handbook. You can also call Member Services at **1-855-242-0802 (TTY: 711)** 24/7.

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Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week
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Frequently asked questions asked by members are already answered in your member handbook. You can also call Member Services at **1-855-242-0802 (TTY: 711) 24/7**.

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Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate based on 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, sex, sexual orientation, or gender identity.

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 based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
PO Box 818001
Cleveland, OH 44181-8001
Telephone: **1-888-234-7358 (TTY: 711)**
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person, by mail, or by 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>.

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Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

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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.

This notice takes effect on February 1, 2015.

We are required to give you this notice, so you understand the legal duties and privacy practices we have to protect your health information.

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 check-ups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. If you are no longer with our plan, with your okay, we will give your health information to your new doctor.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us. If you are under eighteen and don't want us to give your health information to your parents. Call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use

¹ For purposes of this notice, “Aetna” and the pronouns “we,” “us” and “our” refer to all the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

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information to look at the care your doctor gives you. We can also check your use of health services.

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 matters

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.

Race/Ethnicity, Language, Sexual Orientation and Gender Identity Data

We may get information related to your race, ethnicity, language, sexual orientation, and gender identity. We protect this information as described in this notice. We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create health education information
- Let the doctors know about your language needs
- Address health care disparities
- Let member facing staff and doctors know about your pronouns

We do not use this information to:

- Determine benefits
- Pay claims
- Determine your cost or eligibility for benefits
- Discriminate against members for any reason
- Determine health care or administrative service availability or access

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 or 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 groups.
- Legal actions – To courts for a lawsuit or legal matter.

Reasons 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 ask for 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 with 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 for free. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change you asked for, ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree, but we will think about it carefully.

You have the right to know if your health information was shared without your okay.

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

Call us toll free at **1-855-242-0802 (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, send a fax to **859-280-1272** or write to us at:

Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079

You also can file a complaint with regard to your privacy with the U.S. Department of Health and Human Services, Office for Civil Rights. Call us to get the address at **1-855-242-0802 (TTY: 711)**.

If you are unhappy and tell the Office for 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, verbal, 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.

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week

AetnaBetterHealth.com/Louisiana

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. We will send you a copy of the new notice, or you can get a copy of the most recent notice on our website at **AetnaBetterHealth.com/Louisiana**.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: 711).

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : 711).

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: 711).

CHINESE: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: 711)。

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: 711) 번으로 연락해 주십시오.

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número que se encontra na parte de trás do seu cartão de identificação ou **1-800-385-4104** (TTY: 711).

LAOTIAN: ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຫາເບີໂທທີ່ຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື **1-800-385-4104** (TTY: 711).

JAPANESE: 注意事項: 日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または**1-800-385-4104** (TTY: 711)までご連絡ください。

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

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: 711) an.

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: 711) تماس بگیرید.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: 711).

THAI: ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: 711).

Member Services **1-855-242-0802** (TTY: 711) available 24 hours a day/7 days a week

[AetnaBetterHealth.com/Louisiana](https://www.AetnaBetterHealth.com/Louisiana)