



Aetna Better Health® of Florida



Healthy family

Fall 2019

Get care anywhere

Visit with a doctor from your computer, tablet or MDLIVE app on your phone

We want you and your family to be healthy wherever you are. We know that when you do not feel well, getting to a doctor is not always easy. You are very busy and it can be hard to get an appointment. That is why we offer MDLIVE telemedicine services to our members. MDLIVE provides quick access to board-certified primary care doctors and pediatricians.

Doctors are available for video chat 7 a.m. to 9 p.m. or by availability 7 days a week, 365 days a year anywhere — at home, work, or on the road. And MDLIVE is available to our members at no cost.

It is easy to sign up:

- 1. Register.**
 - Go online to mdlive.com/aetnamedicaidfl.
 - Call MDLIVE at **1-866-276-9381**.
 - Download the MDLIVE mobile app from Google Play Store or Apple iTunes Store.
- 2. Create an account.**

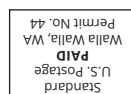
Complete your profile, medical history, and add eligible family members.

Secure and confidential health care by:

- **Video.** See a doctor using your computer or tablet webcam via the Internet.
- **Download the MDLIVE mobile app.** Video chat through your smart phone.
- **Have questions after your video chat?** Leave a private message for your doctor at the Message Center.

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Aetna Better Health® of Florida
261 N. University Blvd.
Plantation, FL 33324

Get care anywhere

— Continued from front page

Common medical conditions treated:

- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Ear infections
- Fever
- Pediatric care
- Rashes
- Respiratory infections
- Sinus infections
- Sore throat
- Urinary tract infections

When to use MDLIVE:

- For non-emergency medical issues
- If your doctor or pediatrician is not available

- If you are traveling and need medical care
- Video consults are 7 a.m. to 9 p.m., 7 days a week, or by availability

Making an appointment with a doctor is just a video chat away:

- Visit **mdlive.com/aetnamedicaidfl**
- Use **MDLIVE mobile app**

Questions? Call MDLIVE at **1-866-276-9381** 24/7.

MDLIVE doctors provide convenient access to health care for our members. They are U.S. board-certified doctors who can diagnose non-emergency health issues and recommend treatment. Doctors can also call in a prescription to your local pharmacy, if needed.

MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a

*prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE interactive audio consultations with store and forward technology are available 24/7/365, while video consultations are available during the hours of 7 a.m. to 9 p.m., 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use, visit **mdlive.com/pages/terms.html**.*

Healthy you

Check up on your health

Preventive care is one of the best ways to keep you and your family healthy. It's easy to get started with preventive care. Just get your wellness exam. It can give you peace of mind and help your PCP find any health problems early, when they are most treatable.

Be proactive with your health by following these steps:

1. Choose your PCP. You can search for a PCP at **aetnabetterhealth.com/florida/find-provider**, or just call **1-800-441-5501 (TTY: 711)** anytime. Be sure to ask about earning rewards for health screenings.
2. Call your PCP, make an appointment and get your wellness exam.
3. Get a ride to your wellness exam or doctor visits. You can get a ride — it's covered. Just call **1-866-799-4463**. Be sure to call at least three days before you need a ride.





Disease management

As a member of Aetna Better Health of Florida, you can have a disease care manager, which we call a care coordinator. They help you take care of yourself if you have diabetes, asthma or other conditions. This is part of our care coordination program. The program is voluntary, which means you can decide to participate or not. You will get information in the mail to help you take care of yourself.

Your care coordinator is here to help you find the care and services you need. Your disease care coordinator works with you, your doctors and other providers to make sure you get the right care and services. Our goal is to help you live a healthier life.

If you have a special condition, you are eligible for the program if:

- You're going to the emergency room a lot

- You're having trouble getting things your doctor has ordered
- Your doctor just told you that you have a disease such as heart failure or diabetes and you'd like to know more about the illness or the treatment
- You need services to help you at home
- Your doctor wants you to see a specialist but you don't know what to do

Do you have questions for a care coordinator, or are you interested in participating? If so, please call Member Services at **1-800-441-5501**.

If you would no longer like to receive Disease Management mailings and want to opt out of the program, please call Member Services at **1-800-441-5501** and ask for the care coordination department.

Get the Member Handbook online

We review and update your Member Handbook each year and post it on our website so you can access it any time. The Member Handbook can help you be an active and informed member. It can help when making your or your child's health care choices.

Your Member Handbook includes:

- Your rights and responsibilities
- How to access care and services, including when authorizations or referrals are needed
- Information about our quality and case management programs
- Pharmacy benefits
- Privacy information
- How to choose a primary care provider (PCP) and specialist
- How to report fraud and abuse

The Member Handbook is available online. Visit **aetnabetterhealth.com/florida**. You can call Member Services if you need a Member Handbook mailed to you. Call **1-800-441-5501** or **TTY: 711**. You can also request the handbook in another language or format.

Take advantage of free health programs

Whether you want to improve your health or stay healthy, Aetna Better Health of Florida offers programs just for you. We're here to help you achieve your health goals by offering the following programs to you at no cost.

- **Weight Management Healthy Behaviors Program.**

All members who are overweight (BMI of 25–29.9) or obese (BMI of 30 or more) are eligible to participate and can earn a fitness tracking device valued at \$25 in Calendar Year 2019 for three months of participation and a reward for meeting their weight-loss goals at six months.

- **Tobacco Cessation Healthy Behaviors Program.** All members who use tobacco and want to quit are eligible to receive support and rewards if they complete three months and six months of tobacco cessation.

- **Substance Use Healthy Behaviors Program.** Any member who uses drugs or alcohol and wants to quit is eligible to participate and can receive rewards if they complete three months and six months of the program.

- **Prenatal and Postpartum Healthy Behaviors Program.**

All pregnant members are eligible to enroll and can earn two boxes of home-delivered diapers valued at \$50 for getting recommended care.



- **Neonatal Abstinence Program.** Pregnant members who use opiate drugs are eligible to receive personal case management services to support the delivery of a healthy baby.

- **Flu Vaccination Program.** All members are encouraged to receive free flu vaccinations during flu season.

- **Diabetes Management Program.** All members diagnosed with diabetes are eligible to receive specialized support to learn about diabetes and how to manage the serious condition.

- **Hepatitis C Program.** Any member diagnosed with hepatitis C is eligible to receive personal case management services to learn about living

with the condition and to get help coordinating their care.

- **Chronic Condition Management Program (Integrated Care Management).** Any member who needs or requests help with managing their chronic conditions can receive it. Different levels of help are available depending on the need.

Our health programs continue to change based on the needs of our members, so check our website for current program information at any time, including how you become eligible, how to use program services, and how to opt in or opt out of the programs.



We hope you will participate in any program that can help you live your healthiest life. For more information about any of these programs, call Member Services at **1-800-441-5501**.

Take your best shot

It's not too late to get the flu vaccine

Even though this year's flu season is in full swing, you can still help protect yourself from the flu if you get the vaccine now. As always, your best defense against the flu is to get a flu shot.

Who needs it?

The Centers for Disease Control and Prevention recommends that everyone 6 months and older be vaccinated against the flu.

It's especially important that people at high risk for getting complications from the flu — such as pneumonia — get the vaccine.

That group includes kids younger than 5 years old; adults 65 and older; pregnant women; and people who have chronic health conditions, such as asthma, diabetes or heart disease. Anyone who lives with or is in close contact with someone on that list should also make getting the vaccine a priority.

And there's good news for people who previously could not get a flu shot because they're allergic to eggs, which are used to manufacture vaccines. A flu vaccine called Flublok, which is made without using eggs, has been approved by the U.S. Food and Drug Administration for adults 18 and older.

It takes several weeks for the flu vaccine to take effect. And since flu season can continue until May, the sooner you get your shot the better.



What else can you do?

Even if you've had your flu shot, you should take these steps to avoid the flu virus:

- Wash your hands often with soap and water, or use an alcohol-based hand cleaner.
- Try not to touch your eyes, nose or mouth.
- Stay away from sick people.

It's also important to minimize the spread of germs to others. Cover your nose and mouth with a tissue when you cough or sneeze, and throw the tissue away. If you get sick with a flu-like illness, stay home until your fever has been gone for 24 hours without taking a fever-reducing medicine.

Help us help you

If you receive a survey, please take time to fill it out and mail it back to us. Some surveys are done by phone. Take a few minutes to talk to us. Your answers will let us know if your needs are being met. Your answers will help us serve you better.

Your answers are private. Your doctors will not see your answers.

We look forward to your input. Thanks in advance for your help!

If you go to the emergency room for any treatment, be sure to let your doctor (PCP) know on your next visit. Always give the emergency room the name of your doctor. The hospital and doctor will work together to make sure you get the right care.

Prior authorization helps you get the right care at the right time

One of our most important goals is helping you get the care you need, when you need it. To meet this goal, we work with your doctors in advance to make sure some services are medically necessary and received at the right time and in the right place. This is done through the prior authorization process, which is part of our Utilization Management program.

When prior authorization is needed for a service, your doctor will send us a coverage request with your medical information

and we will review it against evidence-based criteria to see if the care is right for you. If coverage is not approved for any reason, we will let you know the reason why and how you can appeal the decision. We are also available to help you and your doctor find other covered options for your care.

Important notes about prior authorization (Utilization Management) decisions:

- Our decisions are based only on appropriateness of care and service and the existence of coverage.

- We do not reward practitioners, employees, or other individuals for denying coverage.
- Financial incentives do not encourage decisions that result in under-utilization of services.
- Check your Member Handbook, available online or upon request, to see if a service requires prior authorization. Contact us if you have questions.

For some care, you may need to get a referral from your primary doctor, which is different than an authorization. Getting a referral keeps your doctor involved in your care and makes sure you see the right specialist at the right time. If you don't get a referral when you need one, you will have to pay for the visit. A referral is needed for you to see any specialist except for mental health or a women's health practitioner for routine care or family planning services. Emergency services and post-stabilization care do not require a referral. Routine out-of-network services require prior authorization to be considered for coverage.



Member grievance and appeal process

Members have the right to file a complaint (grievance) or dispute an adverse determination (appeal). Members can file a complaint when they are unhappy. Members can also file an appeal when a decision was made about benefits or other issues they don't agree with. The health plan asks that all providers follow Aetna, Medicaid and/or CMS requirements needed to complete member complaints and appeals. This includes providing information within the requested time frame. For more information on the member grievance and appeal process, please call Member Services at **1-800-441-5501**.



Outgrowing pediatrics

When your child is ready for adult health care

You've seen your child pass many milestones. Now he or she is nearing adulthood. And there's a milestone coming up you may not have thought about.

Your child will need to switch from pediatric to adult care — and may need to find a new doctor.

This change should occur between the ages of 18 and 21. You can help your child prepare by making sure he or she knows the answers to these questions:

- What kind of health insurance do I have?
- Do I know my medical history?
- What medicines do I take, and why?
- Am I allergic to any medicines?

Make sure your child knows how to talk to a doctor without you being in the room. Talk with your son or daughter about what it means to be in charge of one's own health. And ask your pediatric doctor for help in making this change. You can also contact us for help with the transition at **1-800-441-5501**.

Source: The National Alliance to Advance Adolescent Health



You can find more information at gottransition.org.

Filing an appeal

A plan appeal is a formal request from an enrollee to seek a review of an action taken by the Managed Care Plan. A plan appeal must be filed within sixty (60) calendar days of receiving the Notice of Adverse Benefit Determination (Denial Letter). If the plan appeal is filed orally (except for an expedited appeal), it must be followed up with a written notice within ten (10) calendar days of calling in the plan appeal.

A Medicaid member may file a plan appeal, or a provider acting on the Medicaid member's behalf with written authorization may file a plan appeal. To file a plan appeal, call Member Services at **1-800-441-5501**, Monday through Friday, 8 a.m. to 7 p.m. Eastern time, **TTY: 711**. Or you can write to:

Aetna Better Health of Florida

Grievance & Appeals Department
261 N. University Blvd.
Plantation, FL 33324
Fax: **860-607-7894**

What if I don't agree with the plan appeal outcome?

A Fair Hearing can be requested any time up to 120 days from the date of the Notice of Adverse Benefit, or up to 120 days after getting our decision on the member's appeal. A Fair Hearing can be requested by calling **1-877-254-1055** or by writing to:

Agency for Health Care Administration

Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906
1-877-254-1055 (toll-free)
239-338-2642 (fax)
medicaidhearingunit@ahca.myflorida.com

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 health care, jobs, emergency services and family. That's why Aetna Better Health of Florida is partnering with Assurance Wireless Lifeline service.

Each month eligible Assurance Wireless customers receive, at no cost:

- Data
- Unlimited texts
- Voice minutes

Plus 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 now or learn more, visit aetnabetterhealth.com/florida.



Your advance directive: A crucial piece of paperwork

Imagine you're so sick or hurt that you can't speak for yourself. Your doctors may be unclear about the type of medical care you want.

That's why you need an advance directive. It's a legal document. And no matter how ill you are, it can spell out what care you want — and don't want. It can state your wishes about getting:

- CPR (if your heart stops beating or your breathing stops)
- Feedings through a tube
- Long-term care on a breathing machine
- Tests, medicine or surgeries
- Blood transfusions

There are two main types of these documents:

A living will. This gives legal instructions for your care. It's not the same as a will when a person dies.

A health care power of attorney.

This lets you name someone else to make health care decisions for you if you aren't able to do so. It doesn't give anyone the power to make other financial or legal decisions for you.

Advance directives aren't just for older adults. Serious medical problems can happen at any age.

Your doctor can tell you more about advance directives. Once you have one, be sure to give copies to your family, your doctor and the person you name as your health care agent.

You can change your decisions at any time. But if you make changes in an advance directive, be sure to tell your doctor and loved ones.

Source: National Institutes of Health

Our 2018 quality results

Aetna Better Health works hard to make sure you get the best health care and service. Each year we look at how well we are doing. We set goals for care and service. If we don't reach our goals, we make a plan to help us improve and reach our goals in the future.

We use HEDIS® (Healthcare Effectiveness Data and Information Set) to help us measure if our members are getting good health care. HEDIS® is used across the country to compare health plans. Here are some of the 2018 calendar year HEDIS results:

Areas where we met our goals:

- Well visits in the first 15 months of life
- Well visits for 3- to 6-year-olds
- Adolescent well care
- Childhood weight and nutritional counseling

- Childhood immunizations
- Lead screening
- Prenatal and postpartum care
- Management of chronic conditions, such as high blood pressure, diabetes and asthma
- Breast and cervical cancer screening

Areas where we did not meet our goals:

- Follow-up after hospitalization for mental illness
- Eye exams for members with diabetes
- Follow-up care for children prescribed ADHD medication

We also conduct a member satisfaction survey each year. The survey is called CAHPS®. The results from the survey help us:

- Get feedback from members
- Learn more about our members' needs

- Compare our service to other health care plans
- Find ways to improve

Here are some of the CAHPS survey results from the survey completed in 2018. We met **all** goals on the child survey. On the adult survey:

Areas where we met our goals:

- Rating of all health care
- Rating of specialist seen most often


- Rating of personal doctor
- How well doctors communicate

Areas where we did not meet our goals:

- Getting needed care
- Getting needed care quickly
- Customer service
- Rating of health plan

More information can be found on our website. We will continue to work hard to make sure you get the best health care and service!



 This newsletter is published as a community service for the friends and members of Aetna Better Health® of Florida. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations. Aetna Better Health® of Florida is a Managed Care Plan with a Florida Medicaid Contract. Health or wellness or prevention information.

AETNA BETTER HEALTH® OF FLORIDA

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040
Telephone: **1-888-234-7358 (TTY 711)**
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

FL-16-07-19

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 CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang ou pale a ki disponib gratis pou ou. Rele nan nimewo ki sou do kat Idantifikasyon (ID) w la oswa rele nan **1-800-385-4104** (TTY: **711**).

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

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**).

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**)。

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**).

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**).

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**).

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**).

ITALIAN: ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: **711**).

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.

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.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod number **1-800-385-4104** (TTY: **711**).

GUJARATI: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર અથવા **1-800-385-4104** પર કોલ કરો (TTY: **711**).

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