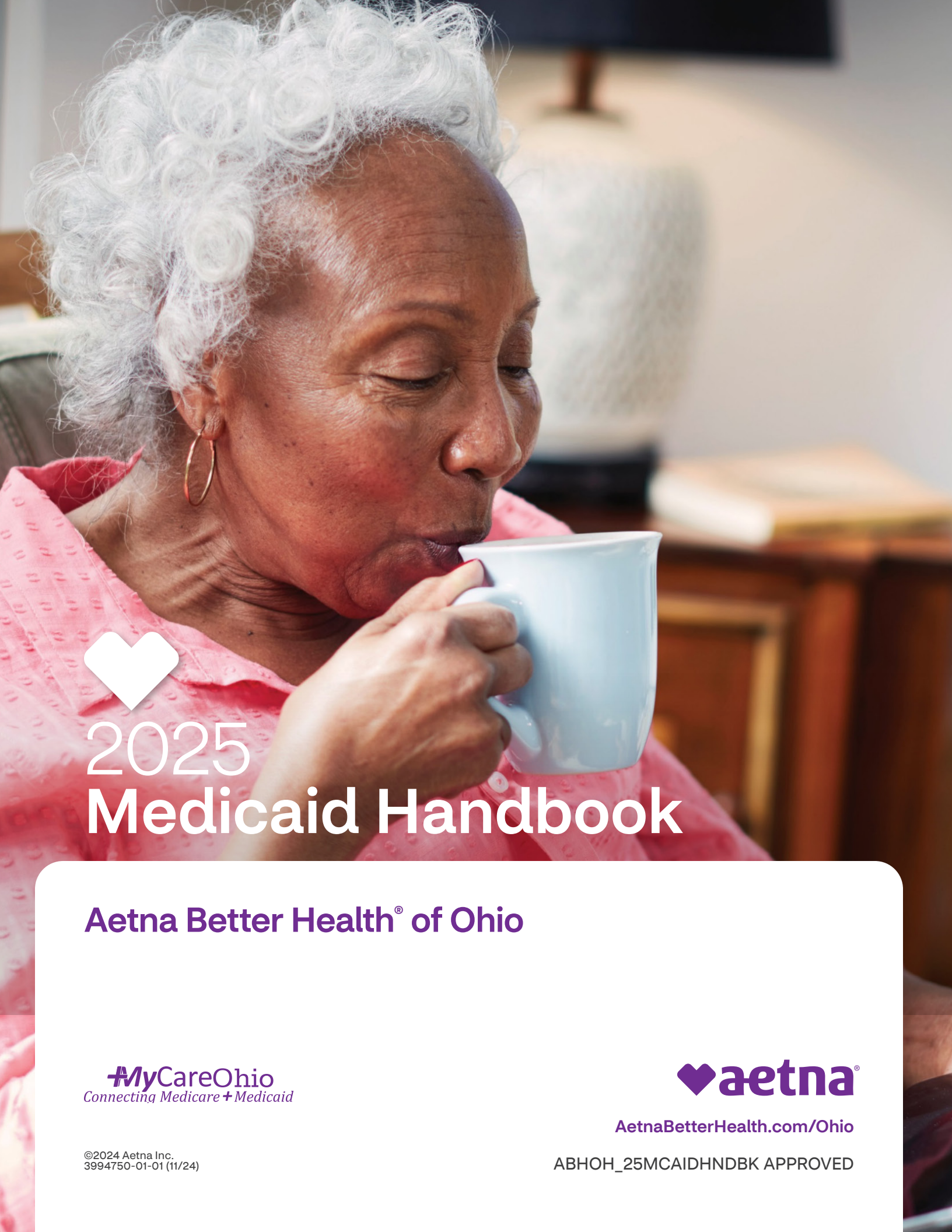

2025 Medicaid Handbook

Aetna Better Health® of Ohio

MyCareOhio
Connecting Medicare + Medicaid

aetna®

AetnaBetterHealth.com/Ohio

3994750-01-01 (11/24)

ABHOH_25MCAIDHNDBK APPROVED

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ATTENTION: If you do not speak English, language services, free of charge, are available to you. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si no habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. La llamada es gratuita.

OGAYSIIN: Haddii aanad ku hadlin Ingiriisu, adeegyada luqada, bilaash ah, ayaa kuu diyaar ah. Wac **1-855-364-0974 (TTY: 711)**, 24 saac maalintii, 7 maalmood todobaadkii. Wicidda waa lacag la'aan.

If you have any problem reading or understanding this information or any other Aetna Better Health of Ohio information, please contact our Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week for help at no cost to you. We can explain this information in English or in your primary language. You can get this document for free in other formats, such as a large print, braille, or audio. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. This call is free.

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Si tiene problemas para leer o comprender esta u otra información de Aetna Better Health of Ohio, llame al Departamento de Servicios para Miembros al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana, y obtenga ayuda sin costo. Podemos explicarle esta información en inglés o en su lengua materna. Para obtener este documento de forma gratuita en otros formatos, como tamaño de letra grande, braille o audio. Llame al **1-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Esta llamada es gratuita.

Haddii aad dhibaato kala kulanto akhriska ama fahamka macluumaadkan ama macluumaadka kale ee Aetna Better Health of Ohio, fadlan kala xidhiidh Adeegyada Xubinta **1-855-364-0974 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood usbuucii si aad gargaar u hesho. lacag la'aan ah adiga kuu ah. Waxaan ku sharixi karnaa macluumaadkan Ingiriisi ama luqadaada koowaad. Waxaad ku heli kartaa dhokumentigan bilaash isagoo qaabab kale ah, sida farta waa wayn, farta qoraalka indhoolaha, ama maqalka. Wac **1-855-364-0974 (TTY: 711)**, 24 saac maalintii, 7 maalmood todobaadkii. Wicitaanku waa bilaash.

Disclaimers

- Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-800-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish and Somali can help you. This is a free service.

- Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-800-855-364-0974 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

- Waxaanu haynaa adeegyada turjumaada oo bilaash ah si looga jawaabo su'aalo kasta oo aad ka qabto wax ku saabsan caafimaadkayaga ama qorshaha dawada. Si loo helo turjubaan soo wac lambarka **1-855-364-0974 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood todobaadkii. Qof ku hadla Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.

- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-364-0974 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

- Coverage under Aetna Better Health of Ohio is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information on the individual shared responsibility requirement.

Welcome to Aetna Better Health® of Ohio

Welcome to Aetna Better Health of Ohio. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). An MCOP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. Aetna Better Health of Ohio provides health care services to Ohio residents who are eligible.

Who is eligible to enroll in a MyCare Ohio plan?

You are eligible for membership in our MyCare Ohio plan as long as you:

- Live in our service area; **and**
- Have Medicare Parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio managed care plan if you:

- Do not have full Medicaid benefits and Medicare Parts A, B and D;
- Are younger than age 18;
- Have any private credible medical insurance, including retiree benefits, other than a Medicare Advantage plan; or
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID); or
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly).

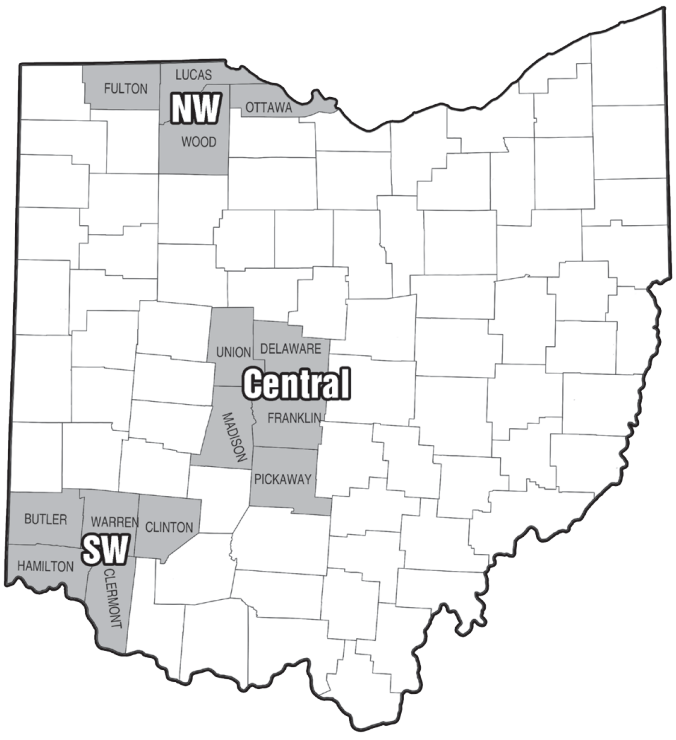
Additionally, you have the option not to be a member of a MyCare Ohio managed care plan if:

- You are a member of a federally recognized Indian tribe, regardless of your age.
- You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services for assistance.

Aetna Better Health of Ohio is available only to people who live in our service area. Our service area includes:

Central Region (Columbus area)	Northwest Region (Toledo area)	Southwest Region (Cincinnati area)
Delaware County	Fulton County	Butler County
Franklin County	Lucas County	Clermont County
Madison County	Ottawa County	Clinton County
Pickaway County	Wood County	Hamilton County
Union County		Warren County



If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to Aetna Better Health of Ohio.

New member information

This handbook tells you about your coverage under Aetna Better Health of Ohio. It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community-based waiver services, also called long-term care services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital. You will also find additional information such as: providers that you can use to receive care (also known as network providers), member rights, additional benefits, and steps you can take if you are unhappy or disagree with something.

You can request a printed Provider directory by calling the Member Services department or by following the instructions in the letter you received with your new member letter and member identification (ID) card. The Provider Directory lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at **AetnaBetterHealth.com/Ohio** to view up to date provider panel information or call Member Services at **1-855-364-0974 (TTY: 711)** 24 hours a day, 7 days a week for assistance.

Panel providers are MCOP's contracted providers available to the MCOP's general membership. Non-panel providers are non-contracted providers available to the MCOP's general membership.

While Aetna Better Health of Ohio is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio MCOP, see page 29 for more information.

Network providers

It is important to understand that members must receive Medicaid services from facilities and/or providers in Aetna Better Health of Ohio's provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full. Network providers include but are not limited to: nursing facilities, home health agencies, medical equipment suppliers, and others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for or an out-of-network provider of Medicaid services that Aetna Better Health of Ohio has approved you to see during or after your transition of care time period.

- For a specified time after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not an Aetna Better Health of Ohio panel provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. **Please note**, the transition periods start on the first day you are effective with **any** MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over. The *New Member Letter* in your welcome packet has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so Aetna Better Health of Ohio can arrange the services and avoid any billing issues.

You can find out which providers are in our network by calling Member Services at **1-855-364-0974 (TTY: 711)** or on our website at **AetnaBetterHealth.com/Ohio**. You can also contact the Medicaid Hotline at **1-800-324-8680**, TTY users should call Ohio Relay at **7-1-1**, or on the Medicaid Hotline website at **www.Ohiomh.com** .

You can request a printed *Provider and Pharmacy Directory* at any time by calling Member Services at **1-855-364-0974 (TTY: 711)**. Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

You can get information about network practitioners, such as name, address, telephone numbers, professional qualifications, specialty, medical school attended, residency completion, and board certification status by calling Member Services at **1-855-364-0974 (TTY: 711)**.
If you require a necessary and covered service and there is no provider in network to provide the service, you may access the service out of network at no cost to you.

Getting pre-approval

Aetna Better Health of Ohio must pre-approve some Medicaid services before you 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. Our decisions are made based only on appropriateness of care and service and benefit coverage. We do not reward staff for issuing denials of coverage. In addition, there are no financial incentives for clinical decision makers. Prior authorization staff is available during normal business

hours and can receive collect or toll-free calls. You can also call and leave a message after normal business hours. Calls are returned the next business day. TTY and language assistance are available for those who need them.

All out-of-network services require pre-approval. See page 8. You may have to pay for your services if you do not get pre-approval for services:

- Provided by an out-of-network provider
- That are not covered by Aetna Better Health of Ohio

If the pre-approval for your services is denied, you can file an appeal. Please see page 25 for more information on Appeals.

Pre-approval steps

Some services need pre-approval before you can get them. All services by providers that are not in our network need pre-approval. Following are the steps for pre-approval:

- Your provider gives Aetna Better Health of Ohio information about the services he or she thinks you need.
- We review the information.
- If the request cannot be approved, a different Aetna Better Health of Ohio provider will review the request.
- You and your provider will get a letter when a service is denied.
- If the request is denied, the letter will say why.
- If a service is denied, you, or someone you authorize including your provider, can file an appeal or state hearing.

Please see page 25 for more information on Appeals.

Understanding your service approval or denial

We use certain guidelines to approve or deny services. We call these guidelines “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 want a copy of the guidelines, please call Member Services at **1-855-364-0974 (TTY: 711)**. Services or benefits that are needed to take care of you are called “medically necessary”.

Self-referrals

Aetna Better Health of Ohio allows direct access to in-network health providers. You do not need a referral from your PCP for Medicaid services. You should still let your PCP know about all the services you get so your PCP can make sure your services are coordinated. Some services require prior authorization. See page 8 for more information.

Members may self-refer to any health specialist within the provider network for covered care. If you need help, call your care manager or Member Services at **1-855-364-0974 (TTY: 711)**.

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. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. 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 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.

Aetna Better Health of Ohio also has a Nurse Advice 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 Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)** and say "nurse line".

Out-of-area care

There are times when you may be away from home and need care. Aetna Better Health of Ohio provides services in only certain counties in Ohio. When you are out of our service area, you are only covered for emergency services for your Medicaid benefits.

Routine care out of the service area or out of the country is not covered for your Medicaid benefits.

If you are out of the service area and need health care services, call Member Services at **1-855-364-0974 (TTY: 711)** or call your PCP.

If you are out of the service area and you are having an emergency, call **911** or go to the closest emergency room. Make sure you have your Aetna Better Health of Ohio ID card and any other health care ID cards. If you get services in the emergency room and you are admitted to the hospital while you are away from home, have the hospital call Member Services at **1-855-364-0974 (TTY: 711)**.

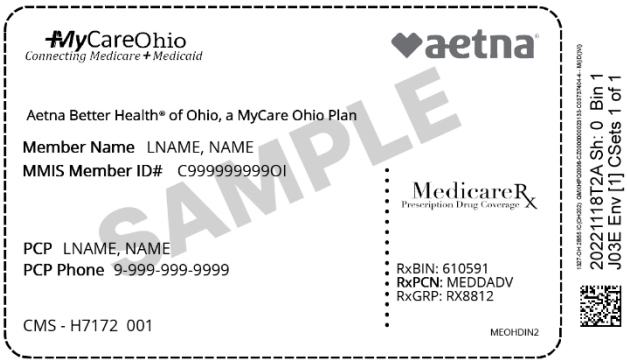
Copays

Aetna Better Health of Ohio members do not pay copays for covered services. Be sure to show your ID card whenever you get services.

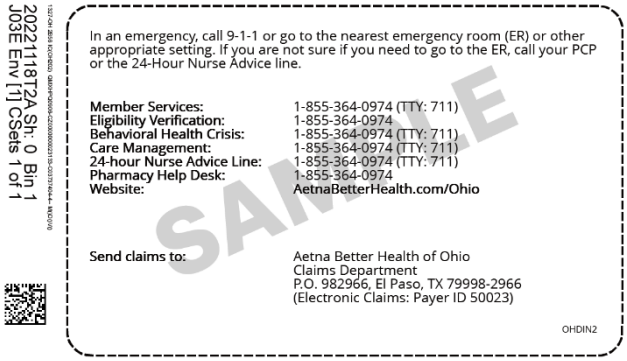
Identification (ID) cards

You should have received an Aetna Better Health of Ohio member ID card. Each member of your family who has joined Aetna Better Health of Ohio will receive their own card. These cards replace your Medicaid card. Each card is good for as long as the person is a member of Aetna Better Health of Ohio. You will receive your card after enrollment. It is important to note that this card will only work for Medicaid- covered services. Any medical services covered by Medicare or a selected Medicare Advantage plan will require a different card for those benefits If you have a separate Medicare Part D plan, please provide your Part D card to your pharmacy for prescription drugs.

Front of card:



Back of card:



Always keep your ID card(s) with you

You must show your Aetna Better Health of Ohio member ID card and your Medicare ID card when you get any medical services or prescriptions for any of the following services:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Go to a pharmacy
- Go to labs or imaging providers
- Go to nursing facilities
- Receive waiver service or start with a new waiver provider
- Get medical supplies
- Get a prescription
- Have medical tests
- See dentists and vision providers

Call Aetna Better Health of Ohio Member Services as soon as possible at **1-855-364-0974 (TTY: 711)** if:

- You have not received your card(s) yet
- any of the information on the card(s) is wrong
- Your card is damaged, lost or stolen
- You have a baby

Primary Care Providers

You can continue to get Medicare services from your doctors and other Medicare providers. Your PCP is an individual physician or physician group practice trained in obstetrics/ gynecology (OB/GYN), family medicine (general practice), internal medicine, or pediatrics. Your PCP will be the first point of contact for all of your health needs and will work with you to direct your health care. Your PCP should work with your Aetna Better Health of Ohio care manager to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

It is important to contact your PCP before you see a specialist or after you have an urgent care or emergency department visit. This allows your PCP to manage your care for the best outcomes. You must choose a primary care provider (PCP) from the Aetna Better Health of Ohio provider directory.

Changing your PCP

If for any reason you want to change your PCP, you must first call Member Services to ask for the change. At a minimum, you are allowed to change your PCP on a monthly basis by contacting Member Services and requesting the change any time after your first initial month of membership.

Aetna Better Health of Ohio will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.

For the names of the PCPs in Aetna Better Health of Ohio, you may look in your provider directory if you requested a printed copy, on our website at **AetnaBetterHealth.com/Ohio**, or you can call Aetna Better Health of Ohio Member Services at **1-855-364-0974 (TTY: 711)** for help.

Your provider's office

When you see your provider, ask him or her, and the office staff, these questions. By knowing the answers, you will be better prepared for getting health care services.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of special help do you offer for 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 your PCP

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 do?
- Why is it important for me to do this?

PCP appointments

Call your PCP's office when you need to make an appointment. Tell them why you need to see the doctor and they will schedule an appointment for you based on your need. If you need help with appointments call Member Services at **1-855-364-0974 (TTY:711)**.

Quick tips about appointments

- Call your provider early in the day to make an appointment. Let them know if you need special help like an interpreter.
- Tell the staff person your symptoms.
- Take your Aetna Better Health of Ohio ID card and your Medicare ID card with you.
- If you are 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.

You may be eligible for transportation assistance to and from your provider's office. Please see page 15 of this handbook to learn about transportation benefits.

If you cannot go to your appointment, please call your provider's office 24 hours before the appointment time to cancel. If you also have an appointment for transportation to pick you up, be sure to cancel the transportation before the appointment.

Member services

Our Member Services Department is here to help you. We are open 24 hours a day, 7 days a week. Call **1-855-364-0974 (TTY: 711)**. Below is a list of some of the things we can help you with:

- Understanding what services are covered including Medicare/Medicaid benefits
- Understanding how to access services
- Prior authorization requirements (Prior approval)
- Finding a provider
- Filing a complaint about Aetna Better Health of Ohio, our providers or about discrimination
- Filing appeals, including expedited appeals
- Changing your PCP
- Accessing free language assistance
- Understanding this member handbook
- Making an address, telephone or email address change
- Making a change to your demographic information
- Making a change to your designated responsible party such as a caregiver
- What to do if you have other health insurance coverage
- What to do if you are admitted to a nursing home or hospital
- What to do for care when you are out of the service area
- What to do if you have already received care at a hospital or emergency room outside of the service area
- Getting pregnancy care

- Your rights and responsibilities
- Making an appointment with your PCP
- Getting information in other ways, like in large print

Care Management

Aetna Better Health of Ohio offers care management services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date, depending on your health status. A member of our Care Management Team will contact you and conduct a health care needs assessment over the phone and/or schedule a face to face visit with you if needed.

When you meet your care manager, he or she will give you his or her contact information. You can also call our 24-hour Care Management line at **1-855-364-0974 (TTY: 711)** and say "case management" when prompted.

What is a Care Manager?

An Aetna Better Health of Ohio care manager is a nurse, a social worker or other health care professional. They will work with you to coordinate your care and help you get covered services and other special services you may need. For example, if you have a disability, your care manager can help you get access to the equipment you may need, such as a wheelchair, walker or oxygen tank. Care managers can also help by coordinating special services, such as meal deliveries or home attendant care. A care manager can help you manage diseases such as congestive heart failure (CHF), diabetes, asthma, chronic obstructive pulmonary disease (COPD), or depression. Your care manager may be contacting you about additional health programs for which you may qualify including flu vaccination, hepatitis C management and transitioning from the hospital or rehabilitation facility. Your care manager may also help you with life planning and other needed services.

Aetna Better Health of Ohio staff, including nurses, care managers, and outreach workers may contact you if we feel that care management services would be helpful to you. Your care team includes you, your family, caregivers, care manager, PCP, specialists, any other health or service providers who you actively work with and anyone else you want included. Everyone on the care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

Your care manager works with your care team to make sure you get the care you need. Your care team may ask you questions to learn about your condition. They will give you information to help you understand how to care for yourself. They will let you know how to access services we cover and those offered by other local resources. We will invite you, your PCP, and your care manager to an annual conference call to discuss your care. Your care manager can arrange other conference calls between you and your PCP if they feel that a conference call is needed, or if you or your PCP request one.

You will get a personalized care plan that is created to address your health care needs, the way you want. Your care team will also get a copy of your care plan to make sure you get the care you need.

How members can change their care manager

You can change your care manager by calling our 24-hour Care Management line at **1-855-364-0974 (TTY: 711)** and say "case management" when prompted.

For more information contact your care manager at **1-855-364-0974 (TTY: 711)**.

Services covered by Aetna Better Health of Ohio

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based "waiver" services and assisted living services and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through Aetna Better Health of Ohio so all of your services can be coordinated. Please see page Other health insurance (coordination of benefits - COB)29 for more information on how you can make this choice.

As a Aetna Better Health of Ohio member, you will continue to receive all medically necessary Medicaid-covered services at no cost to you. Some limitations and prior authorization requirements may apply. Aetna Better Health of Ohio must pre-approve some services before you 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. All services must be medically necessary.

If you have questions about covered services or prior authorization, call your care manager or Member Services at **1-855-364-0974 (TTY: 711)**. You can also find this information on our website at **AetnaBetterHealth.com/Ohio**.

Medicaid benefit	Prior authorization required?
Acupuncture - for pain management of migraine and lower back pain	Yes
Ambulance and wheelchair van transportation	Yes
Chiropractic services	Yes
Dental services	Some services may require prior authorization
Durable medical equipment	Some services may require prior authorization
Federally Qualified Health Center or Rural Health Clinic services	No
Home health services	Yes

Behavioral Health Service (including mental health and substance use disorder treatment) Call our Behavioral Health Crisis Line at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week if you need immediate care for a mental health, alcohol or drug addiction crisis. See page 30.	No
Nursing facility services The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community and resolve problems between providers and members or their families. They can also help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call **1-800-282-1206**. See page 20.	Yes
Home and community-based waiver services	Yes
Prescription drugs (certain drugs not covered by Medicare Part D) While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You can view our plan's List of Covered Drugs on our website at **AetnaBetterHealth.com/Ohio** Drugs with an * are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You do not have any copays for Medicaid drugs covered by our plan. See page 20.	Some services may require prior authorization
Respite services Short-term relief for caregivers of eligible Aetna Better Health of Ohio members, including eligible members who are under the age of 21 and have LTC or BH needs	Yes
Speech and hearing services, including hearing aids	Yes
Telehealth You have the option of receiving services are delivered using electronic communications, information technology or other communication devices. See page 22.	No
Vision care (optical) services, including eyeglasses	No

If you must travel 30 miles or more from your home to receive covered health care services, Aetna Better Health of Ohio will provide transportation to and from the provider's office. Please contact Member Services at **1-855-364-0974 (TTY: 711)** at least 2 days before your appointment for assistance. When you call to schedule your ride be sure to mention what type of transportation or special equipment you require, if anyone will be traveling with you, any special assistance you may need, and if you have a preferred transportation provider you wish to use.

In addition to the transportation assistance that Aetna Better Health of Ohio provides, members can still receive assistance with transportation for certain services through the local county department of job and family services non-emergency transportation (NET) program. Call your county department of job and family services for questions or assistance with NET services.

If you are determined eligible and enrolled in a home- and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

Additional services/benefits

Aetna Better Health of Ohio also offers the following extra services and/or benefits to their members.

Extra Benefit	Who can get this benefit	Details
Dental Services	All Aetna Better Health of Ohio members	An additional oral exam, cleaning, fluoride treatment and X-rays per year for members 21 and older. This lets you get these services every 6 months instead of once per year. To access these services, go to a dentist in the Aetna Better Health of Ohio network and show your Aetna Better Health of Ohio ID card. If you have questions or need help finding a dentist call Member Services.
24-Hour Nurse Advice Line		Access to a Nurse Advice line available 24 hours a day, 7 days a week, that offers immediate assistance with your questions and concerns.
24-Hour Care Management Line		Access to a Care Management Support Line available 24 hours a day, 7 days a week that is staffed by appropriately trained and qualified health professionals who can help you with your immediate care management needs. You will also have your care manager's cell phone number.

Services not covered by Aetna Better Health of Ohio

Aetna Better Health of Ohio will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, seven days a week.

Aetna Better Health of Ohio will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Paternity testing
- Services to find cause of death (autopsy) or services related to forensic studies
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

Services not covered by Aetna Better Health of Ohio unless medical necessary

Aetna Better Health of Ohio will review applicable OAC rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.

Aetna Better Health of Ohio will not pay for the following services that are not covered by Medicaid **unless determined medically necessary**:

- Abortions except in the case of a reported rape, incest or save the life of the mother
- Biofeedback services
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Plastic or cosmetic surgery
- Services for the treatment of obesity
- Services determined by Medicare or another third-party payer
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.

Behavioral Health Services

Mental health and substance use disorder treatment services are available through the plan. These services include:

- Diagnostic Evaluation and Assessment
- Psychological Testing
- Psychotherapy and Counseling
- Crisis Intervention and Mobile Response Stabilization Service
- Mental Health Services including Therapeutic Behavioral Service, Psychosocial Rehabilitation, Community Psychiatric Supportive Treatment and Assertive Community Treatment for Adults
- Substance Use Disorder Treatment Services including Case Management, Peer Recovery Support, Intensive Outpatient, Partial Hospitalization, Residential Treatment, and Withdrawal Management
- Medication-Assisted Treatment for Addiction
- Opioid Treatment Program Services
- Medical Services
- Behavioral Health Nursing Services
- Peer Support Services

If you need mental health and/or substance use treatment services, you can make a self-referral with a behavioral health provider and schedule an appointment, talk to your PCP or care manager, or call Member Services at **1-855-364-0974 (TTY: 711)**.

You may also visit our website at **AetnaBetterHealth.com/Ohio** to see an up- to-date listing of mental health providers who participate in our network near you. Be sure to show your Aetna Better Health of Ohio ID card when you get care.

You can find providers in the provider directory, or on our online directory at **AetnaBetterHealth.com/Ohio**. You can also call Member Services at **1-855-364-0974 (TTY: 711)**.

We also offer a Behavioral Health Crisis Line. If you need immediate behavioral health care and do not know who to call, you can call our Behavioral Health Crisis Line 24 hours a day, 7 days a week at **1-855-364-0974 (TTY: 711)**. It is staffed by medical professionals who can help you get the care you need when you require immediate help for a mental health, alcohol, or drug addiction crisis.

Waiver Services

MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home- and Community-Based Services Waiver member handbook for waiver services information.

Nursing facility/Long-term care services and supports

You may be able to get nursing facility or long-term services and supports (LTSS) such as home health care, adult day services and specialized medical equipment as an Aetna Better Health of Ohio member. Long-term services and supports give assistance to help you stay at home instead of going to a nursing home or hospital. If you have questions about LTSS or to see if you qualify, call your care manager.

The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community and resolve problems between providers and members or their families. They also can help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call **1-800-282-1206** Monday through Friday 8 AM to 5 PM Calls to this number are free.

You can submit an online complaint at**:** **http://aging.ohio.gov/contact/** or you can send a letter to:

Ohio Department of Aging: MyCare Ohio Ombudsman
246 N. High St., 1st Fl.
Columbus, Ohio 43215-2406

Prescription drugs – not covered by Medicare Part D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You can view our plan's *List of Covered Drugs* on our website at **AetnaBetterHealth.com/Ohio**

Drugs with a (*) are not covered by Medicare Part D but are covered by Aetna Better Health of Ohio. You do not have any co-pays for drugs covered by our plan.

We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.
- Some drugs may have quantity (amount) limits.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at **AetnaBetterHealth.com/Ohio**. Make sure you are only looking at the drugs with a (*) to see if they require prior authorization. Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.

Healthchek (well child exams)

Healthchek is Ohio's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for young adults under the age of 21.
- Healthchek screenings:
    - Medical exams (physical and development screenings)
    - Vision exams
    - Dental exams
    - Hearing exams
    - Nutrition checks
    - Developmental exams
    - Lead testing
- Laboratory tests (age and sex appropriate exams)
- Immunizations
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
    - visits with a primary care provider, specialist, dentist, optometrist and other Aetna Better Health of Ohio providers to diagnose and treat problems or issues
    - inpatient or outpatient hospital care
    - clinic visits
    - prescription drugs
- Health education

It is very important to get preventive checkups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. *Remember: Some services may require a referral from your PCP or prior authorization by* Aetna Better Health of Ohio. Also, for some EPSDT items or services, your provider may request prior authorization for Aetna Better Health of Ohio to cover things that have limits or are not covered for members over age 20. Please see page 15 to see what services require a referral and/or prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page 14 to learn more about the care management services offered by Aetna Better Health of Ohio.

How to get Healthchek services

You can call your Medicare provider and Aetna Better Health dentist to make appointments for regular checkups. When you call make sure to ask for a Healthchek exam.
If you need help or have any questions, contact your care manager or call Member Services at **1-855-364-0974 (TTY: 711)**. We can help you:Find an in-network provider

- Make an appointment
- Get transportation
- Understand how to get care
- Understand what services are covered and if prior approval is needed
- Make a referral for the following programs:
    - Woman, Infants and Children (WIC)
    - Help Me Grow
    - Bureau for Children with Medical Handicaps (BCMH)
    - Head Start
    - Community services such as food assistance, heating assistance, etc.

Emergency Services

Emergency services are covered by Medicare. If you have an emergency, call 911, or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your primary care provider or the 24-Hour Nurse Advice Line at **1-855-364-0974 (TTY: 711)**. Your PCP or the 24-Hour Nurse Advice Line can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your Aetna Better Health of Ohio member ID card and your Medicare ID card.
- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call Aetna Better Health of Ohio.
- As soon as possible, make sure that you tell our plan about your emergency. We need to follow up on your emergency care. You or someone else should call to tell us about your emergency care, usually within 48 hours.
- If the hospital has you stay, please make sure that our plan is called within 24 hours.

Telehealth

Telehealth is the direct delivery of health care to a patient via audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for Medicaid members to use telehealth and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s).

Check with your Medicare insurance plan for providers who offer telehealth services.

Additional benefits or services

Aetna Better Health of Ohio also offers the following extra services and/or benefits to their members.

Extra Benefit	Who can get this benefit	Details
Dental Services	All Aetna Better Health of Ohio members	An additional oral exam, cleaning, fluoride treatment and X-rays per year for members 21 and older. This lets you get these services every 6 months instead of once per year. To access these services, go to a dentist in the Aetna Better Health of Ohio network and show your Aetna Better Health of Ohio ID card. If you have questions or need help finding a dentist call Member Services.
24-Hour Nurse Advice Line		Access to a Nurse Advice line available 24 hours a day, 7 days a week, that offers immediate assistance with your questions and concerns.
24-Hour Care Management Line		Access to a Care Management Support Line available 24 hours a day, 7 days a week that is staffed by appropriately trained and qualified health professionals who can help you with your immediate care management needs. You will also have your care manager's cell phone number.

Member rights & responsibilities

As an Aetna Better Health of Ohio member, you have rights and responsibilities in your health care. If you need help understanding your rights and responsibilities, please call Member Services at **1-855-364-0974 (TTY: 711)**.

Member Rights

As a member of our health plan you have the following rights:

- To receive all information and services that our plan must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your healthcare. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To request, and receive a copy of your medical records, and to be able to ask that a record be changed or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing about the organization or the care it provides. See page 26 of this handbook for information.
- To be able to get all MCOP-written member information from our plan:
    - at no cost to you;
    - in the prevalent non-English languages of members in the MCOP's service area;
    - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help, free of charge, with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will).
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCOP, the MCOP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.

- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network.
- To get information about Aetna Better Health of Ohio from us.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709
E-mail: ODM_EmployeeRelations@medicaid.ohio.gov
Fax: **(614) 644-1434**

Office for Civil Rights
United States Department of Health and Human Services
233 N. Michigan Ave. – Suite 240
Chicago, Illinois 60601
312-886-2359 | 312-353-5693 TTY

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see page 34.

Member Responsibilities

- Use your ID card when you go to health care appointments or get services. Do not let anyone else use your card.
- Know the name of your PCP and your care manager.
- Know about your health care and the rules for getting care.
- Tell us and your county caseworker when you make changes to your address, telephone number, family size, and other information.

- Be respectful to the health care providers who are giving you care.
- Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.
- Supply information, to the extent possible, that Aetna Better Health of Ohio and its practitioners, and providers need in order to provide care.
- Give your health care providers all the information they need.

- Tell us about your concerns, questions or problems.
- Ask for more information if you do not understand your care or health condition.
- Follow plans and instructions for care that you have agreed to with your health care provider.
- Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
- Ask questions and talk to your provider about your health if you can.
- Tell us about any other insurance you have.
- Tell us if you are applying for or get any other health care benefits.
- Bring shot records to all appointments for members under 21 years old.
- Give your doctor a copy of your advance directive.

How to let Aetna Better Health of Ohio know if you are unhappy or do not agree with a decision we made - appeals and grievances

If you are unhappy with anything about our plan or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. Aetna Better Health of Ohio wants you to contact us so we can help you.

To contact us, you can:

- Call the Member Services Department at **1-855-364-0974 (TTY: 711)**,
- Fill out the form in your member handbook (see page 34), or
- Call the Member Services Department to request they mail you a form
- Visit our website at AetnaBetterHealth.com/Ohio, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Aetna Better Health of Ohio member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Aetna Better Health of Ohio
Manager, Grievances and Appeals
P.O. Box 818070
Cleveland, Ohio 44181

Aetna Better Health of Ohio will send you something in writing if we make a decision to:

- deny a request to cover a service for you;
- reduce, suspend or stop services before you receive all of the services that were approved; or
- deny payment for a service you received that is not covered by Aetna Better Health of Ohio.

We will also send you something in writing if, by the date we should have, we did not:

- make a decision on whether to cover a service requested for you, or
- give you an answer to something you told us you were unhappy about.

If you do not agree with the decision or action listed in the letter, and you contact us **within 60 calendar days** of getting our letter to ask that we change our decision or action, this is called an **appeal**. The 60-calendar day period begins on the day after the mailing date on the letter. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through Aetna Better Health of Ohio appeal process.**

If you contact us because you are unhappy with something about Aetna Better Health of Ohio or one of our providers, this is called a **grievance**. Aetna Better Health of Ohio will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- two working days for grievances about not being able to get medical care
- thirty calendar days for all other grievances.

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care Compliance and Oversight
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-605-3040 or **1-800-324-8680**
TTY: **1-800-292-3572**

Ohio Department of Insurance
50 W. Town Street 3rd Floor - Suite 300
Columbus, OH 43215
1-800-686-1526

State Hearings

A state hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from Aetna Better Health of Ohio, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think Aetna Better Health of Ohio did not make the right decision and Aetna Better Health of Ohio will explain the reasons for making our decision. The hearing officer will listen and make a decision based on the rules and the information given by you and Aetna Better Health of Ohio.

Aetna Better Health of Ohio will notify you of your right to request a state hearing if we do not change our decision or action as a result of your appeal.

If you want a state hearing, you or your authorized representative must request a hearing **within 90 calendar days**. The 90-calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

You may only request a state hearing after you have gone through Aetna Better Health of Ohio's appeal process.

To request a hearing:

- you can sign and return the state hearing form to the address or fax number listed on the form,
- call the Bureau of State Hearings at **1-866-635-3748**,
- submit your request online at **https://hearings.jfs.ohio.gov/apps/SHARE/#_frmlogin**
- submit your request via e-mail at bsh@jfs.ohio.gov.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at **1-800-589-5888**.

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

Accidental injury or illness (subrogation)

If you must see a doctor for an injury or illness that was caused by another person or business, you must call the member services department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor's and/or hospital's bill. When you call be prepared to share the name of the person at fault, their insurance company and the name(s) of any attorney(s) involved.

Other health insurance (coordination of benefits - COB)

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is very important that you call the member services department and your county caseworker about the insurance. It is also important to call member services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with payment of potential medical bills.

Loss of insurance notice (certificate of creditable)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

Loss of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member and you would no longer be covered.

Automatic Renewal of MCOP membership coverage

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically be re-enrolled in Aetna Better Health of Ohio.

Ending your MCOP membership

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 10. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to receive your Medicaid benefits through Aetna Better Health of Ohio, you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment period. The Ohio Department of Medicaid will notify you by mail when it is your annual open enrollment period. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership, or during open enrollment period, you can call the Medicaid Hotline at **1-800-324-8680**. **TTY** users should call Ohio Relay at **7-1-1**. You can also submit a request on-line to the Medicaid Hotline website at **www.Ohiomh.com**. Most of the time, if you call before the last 10 days of the month, your membership ends the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing a new plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices, especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has

written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining, or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at **1-800-324-8680**. **TTY** users should call Ohio Relay at **7-1-1**. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at **www.Ohiomh.com**.

Choosing to receive both your Medicare and Medicaid benefits from a MyCare Ohio plan

You can request to receive both your Medicare and Medicaid benefits from Aetna Better Health of Ohio and allow us to serve as your single point of contact for all of your Medicare and Medicaid services. If you would like more information or to request this change you can contact the Medicaid Hotline at **1-800-324-8680**. **TTY** users should call Ohio Relay at **7-1-1**.

Just cause membership termination

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination. Before you can ask for a just cause membership termination you must first call your MyCare Ohio plan and give them a chance to resolve the issue. Requesting a just cause membership termination will not return you to the Medicaid Fee-For-Service (FFS) program, but it may allow you to change your health plan outside of the open enrollment period. If your MyCare Ohio plan cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live, and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all the services aren't available on your MCOP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCOP's panel and he/she was the only PCP on your MCOP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at **1-800-324-8680**. **TTY** users should call Ohio Relay at **7-1-1**. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause

request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Aetna Better Health of Ohio doctors and other providers until the day you are a member of your new health plan, unless you are still in your transition period.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's member services department. If they are unable to help you, call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio relay at 7-1-1.
- If you have chosen a new health plan and have any Medicaid services scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you are getting home health, private duty nursing, mental health, substance use, dental, vision and waiver services.

Can Aetna Better Health of Ohio end my membership?

Aetna Better Health of Ohio may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

- For fraud or for misuse of your member ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCOP's ability to provide services to you or other members.

Aetna Better Health of Ohio provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid, you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680 (Monday through Friday 7 AM to 8 PM and Saturday 8 AM to 5 PM)
TTY users should call Ohio Relay at **7-1-1**.

You can also visit the Ohio Department of Medicaid on the web at:
http://www.Medicaid.Ohio.gov/providers/managedcare/integratingMedicareandMedicaidbenefits.aspx.

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address or income or other insurance.

You can contact Aetna Better Health of Ohio to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the member services department at **1-855-364-0974 (TTY:711)**.

Key Terms

Advance directive	A document that tells your health care provider and family how you wish to be cared for. It is used to when you are too ill to make health care decisions for yourself.
Covered benefits	Health care services that are covered by Aetna Better Health of Ohio.
Appeal	A request that you, your provider or representative can make when you do not agree with Aetna Better Health of Ohio's decision to deny, reduce and/or end a covered benefit or service.
Durable medical equipment	Items such as wheelchairs and oxygen tanks.
Emergency	A serious medical condition that must be treated right away.
Grievances	When you let us know you are not satisfied with a provider, Aetna Better Health of Ohio or a benefit. You can do this in writing or tell us verbally. Someone you appoint can file a grievance for you.
Identification (ID) card	A card that shows you are an Aetna Better Health of Ohio member.
Managed care plan	A health plan like Aetna Better Health of Ohio that works with health care providers to keep you well.
Member	A person who has chosen Aetna Better Health of Ohio for their MyCare Ohio plan.
Prescription medicine	A drug for which your provider writes an order so you can get it filled at a pharmacy.
Primary care provider (PCP)	Your personal provider. He or she manages all your health care needs.
Prior authorization	When Aetna Better Health of Ohio needs to approve health care services or medicines requested by your provider before you can get them.
Provider	Doctors, nurse practitioners, dentists, hospitals, pharmacies and laboratories that work with Aetna Better Health of Ohio to provide you with health care services.

Common Questions

Q. What should I do if I lose my Member ID card? Or if I don't get one?

A. Call Member Services toll free at **1-855-364-0974 (TTY: 711)** to get a new ID card.

Q. Can I change my PCP if I need to?

A. Please call your Medicare plan to let them know you want to change PCPs. Then call Aetna Better Health of Ohio's Member Services toll free at **1-855-364-0974 (TTY: 711)** to let us know the name of your new PCP.

Q. How do I know which services are covered? Not covered?

A. List of covered services begins on page 21. These pages also list non-covered services. You can call your care manager or Member Services for help at **1-855-364-0974 (TTY: 711)**. You can also check our website at: **AetnaBetterHealth.com/Ohio**

Q. What should I do if I get a bill?

A. If you get a bill, call the provider's office because the office may not have your insurance information. Give the staff your Medicare and Aetna Better Health of Ohio information. If the provider's office has your insurance information and they are sending you a bill for Medicaid services, please call Member Services for help at **1-855-364-0974 (TTY:711)**.

Q. I need help getting to my appointments. What can I do?

A. If you are not able to find a ride, talk to your care manager. You can also call Member Services at **1-855-364-0974 (TTY: 711)** or MTM until 11/30/2024 – **1-888-889-0094** Access2Care beginning 12/1/2024 – **1-888-889-0094** at least three days in advance to set up your appointment.

Q. What is an emergency?

A. A sudden onset of a medical condition that you believe, if not treated right away, could result in death, permanently affect your bodily functions, cause loss of a limb, or in the case of a pregnant woman, cause serious harm to the health of the mother of fetus.

Aetna Better Health® of Ohio
A MyCare Ohio (Medicare-Medicaid Plan)
PO Box 818070
Cleveland, OH 44181

Submit a Grievance

To submit a grievance in writing send us a letter telling us the details of your complaint or you may complete this form. Send your written request or this form by mail or fax:

Address:
Aetna Better Health of Ohio
Grievance System Manager
PO Box 818070
Cleveland, OH 44181

Fax Number: 1-855-883-9555

You may also submit a grievance through our website at AetnaBetterHealth.com/Ohio. Grievance requests can also be made by phone at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

Who May Make a Request: You, or your authorized representative can submit a grievance. An authorized representative is someone you appoint to act on your behalf, such as a friend or family member. Contact us to learn how to name a representative.

Enrollee's Information

Enrollee's Name_____Date of Birth _____

Enrollee's Address _____
City_____State_____ Zip Code _____

Complete the following section ONLY if the person making this request is not the enrollee:

Phone _____

Enrollee's Plan ID Number _____

Requestor's Name _____
Requestor's Relationship to Enrollee _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Representation documentation for grievance requests made by someone other than enrollee (if applicable see above under Who May Make a Request):

Attach the Authorization of Representation Form CMS-1696, or written equivalent. This documentation shows you have the right to represent the member. If you have submitted this form within the past year it does not need to be submitted again. For more information on appointing a representative, contact your plan at 1-855-364-0974 (TTY: 711) 24 hours a day, 7 days a week, or 1-800-MEDICARE for Medicare issues.

Grievance Details

Date Grievance happened _____

Grievance Description:

_____

_____

_____

_____

_____

_____

_____

Important Note: Fast Decisions, also called Expedited Decisions

You have to right to an expedited grievance decision

- If you asked for a fast decision on a service or appeal and we decided to process it under our regular (non-expedited) time frame. If you have a supporting statement from your doctor, attach it to this request.
  If we took an extension to decide on your request for a service or an appeal.

☐ **CHECK THIS BOX IF YOU ARE REQUESTING AN EXPEDITED GRIEVANCE DECISION WITHIN 24 HOURS**

Signature of person requesting the grievance:

_____***Date:***_____

Aetna Better Health of Ohio is a health plan thatcontractswithbothMedicare and Ohio Medicaid to provide benefits of both program s to enrollees.

ATTENTION: If you speak Spanish or Somali, language services, free of charge, are available to you. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN:Si habla español osomalí, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-364-0974 (TTY: 711),** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

FIIRI: Haddii aad kuhadasho Isbaanish ama Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa laguuhelikaraaadiga.Wac**1-855-364-0974 (TTY: 711)**,24saacadoodmaalintii,7maalmood todobaadkii. Wicitaanku waa bilaash.

Aetna Better Health® of Ohio
a MyCare Ohio (Medicare-Medicaid Plan)
PO Box 818070
Cleveland, OH 44181

Request for Appeal

You have the right to ask us for an appeal when Aetna Better Health of Ohio denies your request for coverage of, or payment for, an item or service. To request an appeal, you have 60 days from the date of the postmark on the written notice of a decision that was sent to you. You may fill out this form or make your request in writing with the details of what you are appealing and why. Send your written request, or this form by mail or fax:

Address:
Aetna Better Health of Ohio
Grievance System Manager
PO Box 818070
Cleveland, OH 44181

Fax Number:
1-855-883-9555

You may also ask us for an appeal through our website at **AetnaBetterHealth.com/ohio**

Appeal requests can also be made by phone at **1-855- 364-0974** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

Who May Make a Request: You, or another individual (such as a family member or friend) that you want to act for you can request an appeal. If the appeal comes from someone besides you, your primary care practitioner, or the doctor that requested the service, we must receive your written permission before we can review the appeal. If you want someone to act for you they must be your representative. Contact us to learn how to name a representative.

Aetna Better Health® of Ohio
PO Box 818070
Cleveland, OH 44181

Enrollee's Information

Enrollee's Name_____Date of Birth_____

Enrollee's Address_____

City_____State_____ Zip Code_____

Phone_____

Enrollee's Plan ID Number_____

Complete the following section ONLY if the person making this request is not the enrollee:

Requestor's Name_____

Requestor's Relationship to Enrollee_____

Address_____

City_____State_____ Zip Code_____

Phone_____

Representation documentation for appeal requests made by someone other than enrollee (if applicable see above under Who May Make a Request):

Attach the Authorization of Representation Form CMS-1696, or written equivalent if it was not submitted at the coverage determination level. This documentation shows you have the right to represent the member. For more information on appointing a representative contact your plan at 1-855-364-0974 (TTY: 711) 24 hours a day, 7 days a week, or 1-800-MEDICARE for Medicare covered items orservices.

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PO Box 818070
Cleveland, OH 44181

Item or service being appealed

Description:_____

_____

_____

Dateof thenoticeof denialyou received _____ Did you receive the item pending appeal? Yes ☐ No ☐

If "Yes":
Date of service:_____Amountpaid: $_____(attach copy of receipt)

Important Note: Fast Decisions, also called Expedited Decisions
If you or your doctor believe that waiting 7 calendar days for Part D (drug) or 15 calendar days for all other standard decisions could seriously harm your life or health, you can ask for an expedited (fast) decision. If your doctor indicates that waiting the timeframe for a standard decision could seriously harm your life or health, we will automatically give you a fast decision within 72 hours. If you do not obtain your prescriber's support for an expedited appeal, we will decide if your case require s a fast decision. You cannot request an expedited appeal if you are asking for an appeal for medical care or an item you already received.

☐ **CHECK THIS BOX IF YOU BELIEVE YOU NEED AN EXPEDITED APPEAL DECISION WITHIN 72 HOURS**

If you have a supporting statement from your doctor, attach it to this request.

Please explain your reasons for appealing. Attach additional pages, if necessary . Attach any additional information you believe may help your case, such as a statement from your doctor and relevant medical records. You may want to refer to the explanation we provided in the denial notice.

_____
_____
_____
_____

Aetna Better Health® of Ohio
a MyCare Ohio (Medicare-Medicaid Plan)
PO Box 818070
Cleveland, OH 44181

Signature of person requesting the appeal:

_____ ***Date:***_____

Aetna Better Health® of Ohio is a health plan that contracts with bothMedicare and Ohio Medicaid to provide benefits of both program s to enrollees.

ATTENTION: If you speak Spanish or Somali, language services, free of charge, are available to you. Call 1-855-364-0974 (TTY: 711), 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español osomalí, tiene a su disposición servicios de idiomas gratuitos. Llame al 1-855-364-0974 (TTY: 711) las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

FIIRI: Haddii aad kuhadasho Isbaanish ama Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa laguuhelikaraaadiga.Wac1-855-364-0974 (TTY: 711),24saacadoodmaalintii,7 maalmood todobaadkii. Wicitaanku waa bilaash.

Nondiscrimination Notice

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

Aetna, Inc.:

- 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 these services, contact Aetna Medicaid Civil Rights Coordinator

If you believe that Aetna, Inc. 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: Aetna Medicaid Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid 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, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-364-0974 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-364-0974 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电**1-855-364-0974 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電**1-855-364-0974 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-364-0974 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-364-0974 (TTY: 711)**. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-855-364-0974 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-364-0974 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-364-0974 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-364-0974 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-364-0974 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-364-0974 (TTY: 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-364-0974 (TTY: 711)**. Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-364-0974 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-364-0974 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-364-0974 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-364-0974 (TTY: 711)**にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-855-364-0974 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

Amharic: የጤና ወይም የመድኃኒት ዕቅዳችንን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ **1-855-364-0974 (TTY: 711)**። እንግሊዘኛ/ ቋንቋ የሚናገር አንድ ሰው ሊረዳዎት ይችላሉ። ይህ ነፃ አገልግሎት ነው።

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા અમારી પાસે મફત દુભાષિયાની સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત **1-855-364-0974 (TTY: 711)** પર કોલ કરો. કોઈ વ્યક્તિ જે અંગ્રેજી/ભાષા બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Kenyarwanda: Dufite serivisi z’abasemuzi ku buntu kugira ngo dusubize ibibazo byose waba ufite ku byerekeye gahunda yacu y’ubuzima cyangwa y’ibiyobyabwenge. Kugira ngo ubone umusemuzi, duhamgare kuri **1-855-364-0974 (TTY: 711)**. Umuntu uvuga ururimi rw’Icyongereza ashobora kugufasha. Iyi ni serivisi y’ubuntu.

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग नि:शुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नुहोस् **1-855-364-0974 (TTY: 711)**। अंग्रेजी भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्छ। यो नि:शुल्क सेवा हो।

Afghani: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است در مورد طرح صحت ی داروی خود داشته باشید پاسخ دهیم. برای دریافت ترجمان، صرف با شماره **1-855-364-0974 (TTY: 711)** با ما تماس بگیرید. کسی که به زبان/انگلیسی صحبت می کند می تواند به شما کمک کند. این یک خدمت رایگان است.

Somali: Waxaanu haynaa adeegyadaa bilaashka ah turjubaanka si looga jawaabo wax su’aalo ah oo aad qabto oo ku saabsan caafimaadka ama qorshaha dagaalka. Si loo helo turjubaan, naga soo wac **1-855-364-0974 (TTY: 711)**. Qof ku hadla Ingiriiska/Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.

Swahili: Tuna huduma za mkalimani bila malipo kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu afya au mpango wetu wa dawa. Ili kupata mkalimani, tupigie simu kwa **1-855-364-0974 (TTY: 711)**. Mtu anayezungumza Kiingereza/Lugha anaweza kukusaidia. Huduma hii ni ya bila malipo.

Ukrainian: У нас є безкоштовні послуги перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або забезпечення ліками. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером **1-855-364-0974 (TTY: 711)**. Вам може допомогти людина, яка володіє англійською/мовою. Ця послуга є безкоштовною.

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