



# On your side



**MyCareOhio**  
Connecting Medicare + Medicaid

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

[AetnaBetterHealth.com/Ohio](https://AetnaBetterHealth.com/Ohio)

## Combine your Medicare and Medicaid benefits with Aetna Better Health today

Did you know that we can also cover your Medicare benefits under one plan **at no cost to you**? Because you have Medicare and Medicaid, you can choose Aetna to cover all of your **medical, pharmacy and dental services** and get **extra benefits** like:

- One care manager to help you with all of your care needs for both Medicare and Medicaid
- One health plan to call if you have questions about your coverage
- One member ID card for both your Medicare and Medicaid services
- \$105 **per quarter** to spend on over-the-counter products.

- 30 round-trip transportation trips to health-related locations per year
- Membership with the SilverSneakers fitness program
- Free calls to Member Services if you qualify
- Routine foot care visits
- Extra dental visits

And if you need help staying in your home, Aetna covers personal care aides, emergency

response systems, home-delivered meals and more!

Interested? Just call the Medicaid Consumer Hotline at **1-800-324-8680**. Tell them you are ready for Aetna to provide your Medicare and Medicaid coverage.

Don't miss out any longer. Let us be the one health plan to cover all of your needs at no cost to you. For more information, visit **[AetnaBetterHealth.com/Ohio/members](https://AetnaBetterHealth.com/Ohio/members)** or call **1-855-364-0974 (TTY: 711)**.

**Spring 2023**

OH-23-05-01

H7172\_23MBRNWLTR SPR APPROVED

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

# Population Health programs offered to keep you healthy

We have valued programs to help members be as healthy as possible. Every member is on their own personal health care journey. We can guide you in managing and improving your health. For most programs, we will automatically put you into the program, if you are eligible. You can choose to join or leave the program at any time. Call us if you do not want to be part of a program. To learn more about how we can help you with your health care, call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

As a member of Aetna Better Health of Ohio you will have your own care manager, who can help you find the right care and services. Your care manager will contact you soon after you are enrolled with Aetna Better Health of Ohio.

A care manager will work with you, your doctors and other providers to make sure you receive the right care and services with your needs in mind. The goal is to build a care plan just for you to help you live a healthier life. Your care manager will meet with you by phone or where you live as often as needed.

Below are some of the programs we offer to keep you healthy. You can learn more about these programs on our website at **[AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio)**.

## Keeping members healthy

Along with your we will partner with you to get the best care and stay healthy. We want you to visit your doctor each year and get tests or vaccines, like:

- Breast cancer screening
- Colorectal cancer screening
- Flu shot
- Eye exam

## Managing emerging risks for members

If you have diabetes or high blood pressure, we will teach you how to take care of yourself. You will learn:

- How to take care of your diabetes or high blood pressure conditions
- How to watch your blood sugar or blood pressure
- Healthy habits that will make you feel better



## Patient safety and outcomes across settings

We want you to be informed about the different medicines you may need to take. We can help you with questions you should ask your doctor, like:

- Why am I taking this medicine?
- How should the medicine be taken?
- Are there any side effects or possible allergic reactions to this medicine?

## Managing multiple chronic conditions

A care manager will work with you, your doctors and other providers to make sure you receive the right care and services with your needs in mind. Your care manager will help you if:

- You are going to the emergency room a lot
- You are having trouble getting things your doctor has ordered
- You need information about a disease or treatment
- You need help with activities of daily living
- You have been recently hospitalized and need help getting all of your discharge needs met

At times, you may not need much assistance from a care manager, but conditions can change and be overwhelming. To offer you support, your doctor, hospital discharge planner or other provider may refer you to Care Management. Or a nurse on our health information line may refer you. If you need help, do not wait for a referral. You can self-refer by calling us at **1-855-364-0974 (TTY: 711)** and asking for Care Management.

We want to help you stay healthy and make sure that you are getting the care and service you deserve. To learn more about how we can help you, call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.



## Help plan the future of member care

### Join the Aetna Member Advisory Committee (MAC)

Our committee members can receive:

- Free transportation to each meeting
- Free lunch and refreshments
- Gift cards for attendance

The committee goal is to:

- Share ideas
- Meet other members with similar experiences
- Learn about resources that can improve member health and overall well-being
- Provide feedback around health plan policies, initiatives and communication

### Who can join the committee?

- Current members of the plan
- Family and providers of plan members
- Community advocacy groups

For more information about the committee, please call Member Services at **1-855-364-0974 (TTY: 711)** 24 hours a day, 7 days a week.

## Manage your rides online!

An easier way to manage your rides is here: MTM Link!

This new tool lets you book new rides, review existing rides, make changes to rides and cancel rides from your computer or mobile device. Here's a sneak peek at MTM Link, which gives you more control over your rides.

### Self-service options

In addition to our mobile-friendly portal and app, MTM Link offers other convenient self-service options too! Manage your trips quickly on your own time with these options:


- Automated voice prompts when you call our toll-free scheduling line, which allow you to book rides over the phone without waiting to speak with a representative
- Web chat available at **memberportal.net**, where you can chat with a representative online instead of over the phone
- Reminder calls and text messages that confirm your ride details the day before your trip and allow you to confirm or cancel your ride using automated prompts



Book your next ride online:  
**mtm.mtmlink.net.**

Need help using MTM  
Link? Call our Navigator  
Line: **1-888-597-1189.**

## Finding helpful information

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

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

- How to get specialty care, behavioral health care and hospital services
- How to get care after normal business hours
- How to get emergency care, including when to go to the emergency room or use **911** services
- How to get care and coverage outside of Aetna's service area
- How to submit a complaint
- How to appeal a decision
- How Aetna evaluates new technology to include in coverage

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

## Getting a ride to the doctor: 5 things you should know!

Did you know your health plan provides rides to your doctor? You may be eligible for a ride to your Medicaid-covered health care service if you have no other way to get there.

Here are five things you should know about Aetna's transportation benefit:

1. Aetna has partnered with MTM, effective January 1, 2023, to provide transportation services.
2. When you call MTM to schedule a ride, they will assign it to a local transportation company. Your assigned driver will pick you up before your appointment and return to take you home when your appointment is over.
3. Have your own car? Or a friend or family member who drives you? You may qualify for gas mileage reimbursement! Call MTM for a trip number before your appointment.


You will complete a trip log with all of your appointment information. Once complete, you will send it to MTM. MTM will reimburse you \$0.625 per mile.

4. Bus passes are new for 2023! If you are close to a transit line and prefer to use public transportation, you can request a bus pass for a single trip or multiple trips. MTM can set a daily, weekly or monthly pass depending on the number of appointments required.
5. Prefer self-service options? MTM has a mobile app that makes it easy for you to book your rides! The MTM Link app can be used on any mobile device. Using the app, you can schedule, cancel, modify and review your trips 24/7, including gas mileage reimbursement, without calling to speak to a representative.

Not sure if you qualify for a ride? Want to learn more? Call MTM at **1-888-889-0094**.

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## Working with you to get the right care

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

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

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





## Understanding your pharmacy benefits

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

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

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

The Drug List will tell you if there are any special rules or restrictions on any drugs covered by Aetna Better Health of Ohio. The rules or restrictions are listed under "Necessary actions, restrictions or limits on use." In these cases, you or your doctor or other prescriber must ask the plan to cover a drug by submitting required medical information before the plan will pay for the requested drug.

### **Types of rules or limits:**

- **Prior approval (or prior authorization).** You or your doctor or other prescriber

must ask for approval from Aetna Better Health of Ohio by submitting required medical information before you fill your prescription. Aetna Better Health of Ohio may not cover the drug if you do not get approval.

- **Quantity limits.** Sometimes Aetna Better Health of Ohio limits the amount of a drug you can get. You or your doctor or other prescriber must get approval from Aetna Better Health of Ohio by submitting required medical information for you to get a higher quantity. Aetna Better Health of Ohio may not cover the drug if you do not get approval.
- **Step therapy.** This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before

we will cover another drug or if your doctor thinks the first drug doesn't work for you, then you or your doctor or other prescriber must ask for approval from Aetna Better Health of Ohio by submitting required medical information before you fill your prescription.

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

Better Health of Ohio may not cover the drug if you do not get approval.

To ask for approval of drugs with special rules or restrictions, call Member Services at **1-855-364-0974 (TTY: 711)**. A Member Services representative will work with you and your provider to help you ask for a drug with special rules or restrictions or for drugs that are not listed on the Drug List.

As an Aetna Better Health of Ohio member, you have no copays for prescription and OTC drugs if you follow Aetna

Better Health of Ohio rules and fill the drug at a participating pharmacy.

Tiers are groups of drugs on our Drug List.

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

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## Quality Management program

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

Our Quality Management program includes:

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

Each year, our quality improvement activities include:

- Contacting you to remind you to get care
- Sending you postcards or newsletters about health topics
- Reviewing the number, quality and kinds of services you receive
- Reminding your doctors and you about preventive health care
- Making sure you are continuing to get the care you need
- Meeting the cultural, ethnic and language needs of our members
- Checking that your calls are answered quickly and that you get the right information
- Taking action when we identify issues with the

- quality of care being provided
- Evaluating our programs and data trends of how our members receive health care and preventive care services — we compare our findings to national practice guidelines and will share this information with you

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

## Know your rights and responsibilities

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

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

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

necessary treatment options for your conditions, regardless of cost or benefit coverage

- Voice complaints or appeals about Aetna or the care we provide
- Make recommendations regarding Aetna's member rights and responsibilities policy

You also have a responsibility to:

- Supply information (to the extent possible) that Aetna and our practitioners and providers need in order to provide care
- Follow plans and instructions for care that you have agreed to with your practitioners
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible



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

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### Contact us



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

**1-855-364-0974 (TTY: 711)**  
**AetnaBetterHealth.com/Ohio**

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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. This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Aetna Better Health® of Ohio Member Handbook. This newsletter contains general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

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

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