



2023 Member Handbook for Mental Health and Substance Use Treatment Services

AetnaBetterHealth.com/Louisiana

Date of revision: 6/2023

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Aetna Better Health® of Louisiana

Helpful Information

Aetna Better Health® of Louisiana

Member Services

1-855-242-0802 (toll free)

24 hours a day, 7 days a week

Services for hearing and speech-impaired (TTY) Call 711

Interpreter service and alternative formats

Call **1-855-242-0802 (TTY: 711)** if you need help in another language or format. We'll get you an interpreter in your language. You can ask for a verbal or sign language interpreter if you need help talking to your doctor during your visit. You won't need to pay for these services.

If you have a hard time seeing, or you don't read English, you can get information in other formats such as large print or audio. These services are at no cost to you.

Emergency (24 hours)

When you need emergency care, call 911 or go to the closest hospital. The hospital DOES NOT need to be in our network. You don't need preapproval for emergency transportation or emergency care in the hospital.

Mailing address

2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

LA Medicaid

1-888-342-6207

Healthy Louisiana

1-855-229-6848

www.healthy.la.gov

Behavioral Health Crisis Line

1-833-491-1094 (toll-free)

24 hours a day, 7 days a week

To report fraud or abuse

1-855-725-0288 (toll-free)

Nurse Line

1-855-242-0802 (toll-free)

24 hours a day, 7 days a week

Personal Information

My member ID number

My provider's phone number

My Behavioral Health provider

Aetna Better Health[®] of Louisiana

Member Handbook for Mental Health and Substance Use Treatment Services

Effective January 1, 2023
Revised June 2023

MMEM2023-992

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

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

Important numbers

Service	Phone, Fax, Email, Website	Address
<p>Aetna Better Health of Louisiana Member Services</p> <p>Services for the Hearing Impaired:</p>	<p>1-855-242-0802 (TTY: 711) Fax: 1-855-853-4936 24 hours a day, 7 days a week</p> <p>AetnaBetterHealth.com/Louisiana</p> <p>711</p>	<p>Aetna Better Health of Louisiana Attn: Member Services 2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062</p>
<p>Behavioral Health Crisis</p>	<p>1-833-491-1094 (TTY: 711) 24 hours a day, 7 days a week</p>	
<p>For eligibility questions: Louisiana Medicaid Hotline</p>	<p>1-888-342-6207</p> <p>ldh.la.gov/Medicaid</p>	<p>Louisiana Department of Health P.O. Box 629 Baton Rouge, LA 70821-0629</p>
<p>To enroll or disenroll: Healthy Louisiana</p>	<p>1-855-229-6848</p> <p>TTY: 1-855-LAMed4Me (1-855-526-3346)</p> <p>MyPlan.healthy.la.gov</p>	
<p>Emergency Transportation</p>	<p>911</p>	
<p>Fraud and Abuse Hotline</p>	<p>Aetna Better Health of Louisiana Compliance: 1-855-725-0288 Louisiana Dept. of Health http://new.LDH.louisiana.gov/index.cfm/page/219 1-800-488-2917 (Provider) 1-888-342-6207 (Member)</p>	<p>ATTN: Compliance Unit Louisiana Department of Health P.O. Box 91030 Baton Rouge, LA 70821-9030</p> <p>You can report anonymously</p>

Member Services **1-855-242-0802 (TTY: 711)** available 24 hours a day/7 days a week
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Grievance and Appeals	Phone: 1-855-242-0802 (TTY: 711) Fax: 1-860-607-7657	Aetna Better Health of Louisiana Attn: Grievances & Appeals PO Box 81139 5801 Postal Rd Cleveland, OH 44181
Language Interpretation Services Call Aetna Better Health of Louisiana Member Services	1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week	
Rides to Medical Services (transportation to and from appointments for covered services)	For reservations call 48 hours ahead of time 1-877-917-4150 Monday – Friday 7 AM – 7 PM 24-Hours Ride Assistance 1-877-917-4151 TTY: 1-866-288-3133	
Nurse Advice Line	1-855-242-0802 (TTY: 711) , select the option for nurse line 24 hours a day, 7 days a week	
National Suicide Prevention Lifeline	988	

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WELCOME

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

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

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

- What benefits are covered
- What to do in an emergency
- Your rights and responsibilities as a member

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

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

We look forward to providing your health care benefits.

Your member handbook

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

- Benefits and services with Aetna Better Health of Louisiana
- How to get health care services
- How to get help with appointments
- What to do in an emergency or urgent situation
- Services that are covered and not covered
- How to file a grievance or appeal
- Case management programs and more

We will update this member handbook at least once a year. We will also make changes when information changes or when required by LDH. We may also make changes if LDH tells us to. A current copy of this handbook is always available on our website at **AetnaBetterHealth.com/Louisiana**. You can also call Member Services if you’d like a new copy mailed to you or if you need a copy in a different language.

Member Services

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

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

Member Services can:

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

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Member Services needs your help too. We value your ideas and suggestions to change and improve the service we offer to you. Do you have an idea on how we can better serve you? Call us to tell us your ideas. We also have a committee you can join called the Member Advisory Committee. This committee tells us how we can improve our services. See the section “We Want to Hear From You” on page 49 for more information. If you have questions or want to share your ideas, call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Or write to:

Aetna Better Health of Louisiana
Attention: Member Services
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062
Fax: **1-855-853-4936**

If you would like to send Member Services an email, go to our website **AetnaBetterHealth.com/Louisiana**. Click on the *Contact us* link. Complete the form and click submit. A Member Services representative will respond to your message.

Website Information

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

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

Mobile app

We now have a mobile application (app) that you can download to your smart phone or tablet. The app lets you access your information and contact us. For more information about **downloading and using** the app see page 36.

Language services

Please call **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week if you need help in another language. We will get you an interpreter in your language including American Sign Language. This service is available at no cost to you. You can get this handbook in Spanish. They are available on our website **AetnaBetterHealth.com/Louisiana**. If you want a copy mailed or emailed to you, call us at **1-855-242-0802 (TTY: 711)**.

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AetnaBetterHealth.com/Louisiana

Other ways to get information

If you are deaf or hard of hearing, please call the Louisiana Relay at TTY **711**. They can help you call our Member Services at **1-855-242-0802**.

If you have a hard time seeing or hearing, or you do not read English, you can call Member Services to get this information in other formats such as large print, Braille, or audio.

Should I go to the emergency room?

If you are having an emergency, call 911 or go to ANY emergency room. You DO NOT need to go to a hospital in our network. You DO NOT need to get approval from us.

For more about emergencies, see page 43.

Sometimes you want care right away but you are not having an emergency. Or you might not be sure if you should go to an urgent care center or wait. You have several choices when this happens.

Call your provider

Your provider will tell you what you should do. The office will let you know if you need to make an appointment. If you call after hours, your doctor or a backup doctor will call you back.

Behavioral Health Crisis line

If you are in crisis or are not sure what to do, you can call our 24-hour behavioral health crisis line. Call **1-833-481-1094 (TTY: 711)**. You can be connected to licensed mental health professionals. They can help you decide what to do next.

National Suicide Prevention Lifeline

Call **988**.

Go to urgent care

If you need care right away and it is not an emergency, you can call your PCP or go to an urgent care center. Find an urgent care center in the provider directory or online at **AetnaBetterHealth.com/Louisiana** or call Member Services at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

Nurse advice line

Another way you can take charge of your health care is by using Aetna Better Health of Louisiana's nurse advice line. Nurses are available 24 hours a day, 7 days a week to answer your health care questions. The nurse line does not take the place of your provider. But, if it's late at night or you can't reach your provider, the nurses can help you decide what to do.

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AetnaBetterHealth.com/Louisiana

The nurses can also give you helpful hints on how to help you feel better and stay healthy. Call us at **1-855-242-0802 (TTY: 711)**.

Service area

We offer services statewide, in all Louisiana parishes.

Eligibility and enrollment

The Louisiana Department of Health, also known as LDH, determines if you are eligible. Once LDH determines you're eligible, you will get information about the health plans you can choose from. If you did not pick a health plan on your Medicaid application, Healthy Louisiana chose one for you.

Who is eligible for the Healthy Louisiana program?

Healthy Louisiana is a program for adults and children who meet certain criteria. This handbook covers information for members who are eligible for specialized behavioral health services.

Mandatory populations for specialized behavioral health only

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

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

Mandatory populations for specialized behavioral health and Non-Emergent Medical Transportation services (NEMT) only

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

Voluntary opt-in populations

Members who must enroll in a Healthy Louisiana plan for specialized behavioral health and non-emergency medical transportation (NEMT) services can choose to also enroll in a Healthy Louisiana plan for their other covered Medicaid services. You can change your mind and return to legacy Medicaid for your other covered Medicaid services at any time,

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but you will have to stay with your Healthy Louisiana Plan for specialized behavioral health services. If you choose to leave Healthy Louisiana for your other Medicaid services you have to wait until the next annual open enrollment to enroll again.

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

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

Excluded populations

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

- Adults aged 21 and older residing in Intermediate Care Facilities for people with Developmental Disabilities (ICF/DD)
- Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE), a community-based alternative to placement in a nursing facility that includes a complete “managed care” type benefit combining medical, social and long-term care services
- Individuals with a limited eligibility period including:
 - Spend-down Medically Needy Program – An individual or family who has income in excess of the prescribed income standard can reduce excess income by incurring medical and/or remedial care expenses to establish a temporary period

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of Medicaid coverage (up to 3 months)

- Emergency Services Only - Emergency services for aliens who do not meet Medicaid citizenship/ 5-year residency requirements

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

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

If you have life changes

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

Open enrollment

If you are new to Aetna Better Health of Louisiana, you will have until March 31, 2023 to try the health plan. During this time you can change health plans for any reason. After that date, if you are still eligible for the Healthy Louisiana program, you will stay enrolled in Aetna Better Health of Louisiana until the next open enrollment period as long as you remain eligible for Medicaid.

Once a year, you will get a letter from Healthy Louisiana. The letter will say that you can change health plans if you want to. The letter will give you the dates that you can change your plan. You do not have to change health plans, but you can if you want to you need to call Healthy Louisiana at **1-855-229-6848** or go to **myplan.healthy.la.gov**.

Staying eligible

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

Reinstatement

If you lose eligibility for a period of two months or less and then become eligible again, you will be re-enrolled with Aetna Better Health of Louisiana.

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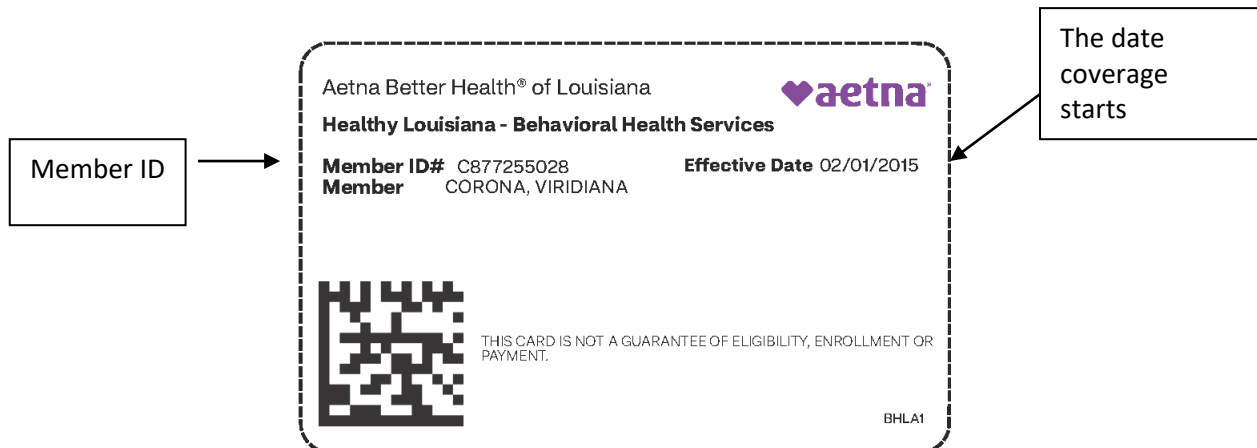
Identification card

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

- Your name
- Your Aetna Better Health of Louisiana ID number
- Other important information like what you should do in an emergency

You must use your Aetna Better Health of Louisiana ID card and your Louisiana Medicaid ID card when get any behavioral health care services. Showing your ID cards will make sure that you do not get billed for your services. The ID cards let the provider know that Aetna Better Health of Louisiana or Louisiana Medicaid should be billed for the services you receive.

ID card:



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AetnaBetterHealth.com/Louisiana

2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062

Members

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

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

Providers

Provider Services and Prior Authorization	1-855-242-0802
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Send medical / behavioral health claims to
Aetna Better Health
P.O. Box 982962
El Paso, TX 79998-2962

Electronic Claims Payer ID 128LA

LABH1

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

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

Member confidentiality and privacy

We include a Notice of Privacy Practices in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out. For more information or if you have questions, call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week. You can also visit our website at **AetnaBetterHealth.com/Louisiana**.

Your rights and responsibilities

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

Your rights

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

- Be treated with respect and with consideration for your dignity and privacy.
- Participate in decisions regarding your health care, including the right to refuse treatment for religious reasons or for any other reason.
- Talk about appropriate or medically necessary treatment options for your conditions. This should happen even if it is not a covered benefit and no matter how

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much it costs.

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

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- That emergency services do not require prior authorization
- The process and procedures for obtaining emergency services
- The locations of any emergency settings and other locations where providers and hospitals provide emergency services and post-stabilization services covered under the contract
- Your right to use any hospital or other setting for emergency care
- Post-stabilization care services rules
- Receive our policy on referrals for specialty care and other benefits not provided by your PCP.
- Tell us what you think about our rights and responsibilities policy.
- Have your privacy protected.
- Exercise these rights without being treated negatively by Aetna Better Health of Louisiana, our providers, or LDH.

Your responsibilities

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

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Utilization management

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

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

Our UM procedures include, but are not limited to:

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

You or your provider can get a copy of the guidelines we use to approve or deny services. Our criteria and guidelines are available on our website at **AetnaBetterHealth.com/Louisiana** and you can call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 day a week with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you.

We’re here to help you with any UM issues

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

Our affirmative statement about incentives

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

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

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

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

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

Getting care

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

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

The provider's office

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

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of 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

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

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

Quick tips about appointments

- Call your provider early in the day to make an appointment. Let them know if you need special help.
- Take your Aetna Better Health of Louisiana ID card and Louisiana Medicaid ID card with you.
- If you're a new patient, go to your first appointment at least 30 minutes early so you can give them information about you and your health history.

Let the office know when you arrive. Check in at the front desk.

Don't be a No Show. It is important to show up for your appointments. Not showing up for

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your scheduled appointments causes problems. If you can't go to your appointment, you must call your provider's office 24 hours before the appointment time to cancel. If you need help with appointments, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Getting a second opinion

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

Provider directory

Our provider directory is available online at **AetnaBetterHealth.com/Louisiana**. You can also find a provider using our Aetna Better Health mobile app. See page 36 for more about the app. You may request a paper copy of our provider directory by calling Member Services. It lists health care providers and hospitals in our network.

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

Transportation

If you have an emergency and have no way to get to the hospital, call **911** for an ambulance.

Unless you live in a nursing facility or an Intermediate Care Facilities for people with Developmental Disabilities (ICF/DD), we will cover nonemergency medical transportation (NEMT). This section applies to those members who are covered for NEMT. If you are not sure, call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Rides to Medical Services

If you don't have transportation, we will cover transportation to services covered by Aetna Better Health of Louisiana.

You can get a ride to your provider visit and to the pharmacy if you go to the pharmacy immediately following the appointment. To schedule a ride, call at **1-877-917-4150, TTY: 1-866-288-3133**. There is no limit on the number of trips provided. You can call Monday through Friday 7 AM to 7 PM.

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If you have an urgent need or need help with a ride that you already scheduled, you can call **1-877-917-4151**, 24 hours a day, 7 days a week.

Transportation appointments must be scheduled 48 hours in advance. You may make your reservation up to thirty (30) days in advance. We will assist with ongoing transportation needs for re-occurring treatments.

When making your reservations, keep in mind that you should not arrive more than two hours before your scheduled appointment.

Please have these details ready when you call for a ride:

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

Behavioral health

Aetna Better Health of Louisiana offers Healthy Louisiana members mental health services and substance use treatment services. Together, these kinds of services are called behavioral health services. You can find a list of services available on page 28. Behavioral health services help people think, feel and act in healthy ways. There are services for mental health problems and there are services for substance use disorders.

What happens after I am enrolled with Aetna Better Health of Louisiana for behavioral health?

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

Some members with behavioral health conditions will have a Case Management team. The team will then work with you on your goals, do ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you and who you want as part of your team. Teams can include family members, guardians, friends, clergy, and other supportive people from the community. Many times

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the assessment that is done at the first appointment will not be complete. You will be working with members of your team to continue that assessment process. This allows you and your team to repeatedly review progress and needs so that you get the best care.

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

What are “best practices” in behavioral health, and how do best practices affect the services I receive?

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

Our vision for the delivery of behavioral health services

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

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

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

1. *Collaboration with the child and family*
 - We respect and work with the child and parents. This is key to positive behavioral health outcomes.
 - Parents and children are treated as partners in the assessment process and the planning, delivery, and evaluation of behavioral health services. Their preferences are taken seriously.
2. *Functional outcomes*
 - Behavioral health services are designed and used to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
 - Use of the behavioral health services plan stabilizes the child’s condition and minimizes safety risks.
3. *Collaboration with others*
 - When children have multi agency, multi system involvement, a case

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management joint report is made and behavioral health services plan is made and used by all partners.

- Member centered case management teams plan and arrange for the delivery of services.
- The case manager:
 - Develops a common assessment of the child’s and family’s strengths and needs
 - Develops an individualized service plan of care
 - Monitors implementation of the plan
 - Makes adjustments in the plan if it is failing

4. *Accessible services*

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

5. *Best practices*

- Behavioral health services are delivered in accordance with guidelines that incorporate evidence based “best practice.”
- Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance use problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care.
- Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. *Most appropriate setting*

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

7. *Timeliness*

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

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8. *Services tailored to the child and family*

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

9. *Stability*

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

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

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

11. *Independence*

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

12. *Connection to natural supports*

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

Our values for delivery of behavioral health services to adults:

1. *Respect*

- Meeting our members where they are without judgment, with great patience and compassion.

2. *Member focused*

- Members are the experts on themselves, defining their own goals and desired

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outcomes. Members choose their services and are included in program decisions and program development efforts.

3. *Best practices*

- Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practice.”

4. *Confidentiality*

- Behavioral health information is private and protected. A member must give written consent to share protected health information even for the purposes of treatment, payment, or health care operations. The disclosure of information under certain circumstances is permitted without consent during a medical emergency or in other limited situations.

5. *Cultural awareness*

- Members can expect flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values.

6. *Recovery*

- When services focus on recovery, members benefit from an improved sense of wellbeing, integration into the community, and greater self-determination.

7. *Resilience*

- A member is the source of his/her own strength and resiliency. Those who serve as providers, supports and facilitators identify, explore, and serve to raise our members’ proven strengths.

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

1. *Safety*

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

2. *Create trust*

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

3. *Offer choice*

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

4. *Collaboration*

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

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happened versus what is wrong.

5. *Empowerment*

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

6. *Language access & cultural competence*

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

Confidentiality of substance use treatment services

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

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

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

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

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

There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release PHI Form. This form states that your medical records, or certain limited sections of your medical records, may be released to the individuals or agencies that you name on the form. You can find this form on our website

AetnaBetterHealth.com/Louisiana. You can also call Member Services for a copy at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Exceptions

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

- If you commit a crime or threaten to commit a crime at the program or against any person who works at the program, we must call the police.

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

What is consent to treatment?

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

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

You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

Age of consent

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

Problem gambling treatment

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

Covered services

Services covered by Aetna Better Health of Louisiana are listed below. Some limitations and prior authorization requirements may apply. You will see in the table that, for some

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benefits, the Limits column says “prior authorization may be required”. This means that some services do not require prior authorization while others do. You or your provider can call us with the service codes to find out if prior authorization is needed.

All services must be medically necessary. If you have questions about covered services, talk to your case manager or call Member Services at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week.

Mental Health Intensive Outpatient Services (MH IOP)

For ages 12 and over, Aetna Better Health of Louisiana covers Mental Health Intensive Outpatient (MH IOP) services, which are mental health intensive outpatient services provided for at least 6 hours a week for adolescents and 9 hours a week for adults in a hospital setting. MH IOP includes therapy groups of 10 members for every one group leader and the treatment team will have a licensed mental health provider (LMHP), psychiatrist, and nurse on staff. You will see the LMHP or psychiatrist at least once a month but can see them more if you need to for medication changes or increased problems. Prior authorization is required and services can be approved for up to 30 days at a time. Staff working with adolescent members (ages 12-17) are trained to work with that age group, use family therapy and appropriate evidence based practices, and allow members to participate in school.

Behavioral Health Crisis

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

Service/Benefit	Covered Service/Benefit	Limits
Mental Health Home and Community Based Services - Adults	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR).	Covered for members eligible for adult mental health rehabilitation services. Prior authorization is required with the exception of emergency crisis intervention (CI).
Mental Health Home and Community Based Services – Children and Adolescents	Assistance and support provided at home, school, or work. Additional services may be available for members with special mental health care needs. Includes Assertive Community Treatment (ACT), Crisis Intervention (CI), Functional Family Therapy (FFT), Homebuilders®, Multi-systemic Therapy (MST), Community Psychiatric Support and Treatment (CPST), and Psychosocial Rehabilitation (PSR).	Covered for members from age 0-20. Age for specific services may vary. Prior authorization is required with the exception of emergency crisis intervention (CI).

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Service/Benefit	Covered Service/Benefit	Limits
Assertive Community Treatment (ACT) – Adults	Intervention care for people with major mental illness or addiction disorder. ACT focuses on independence and recovery. It is for those most at-risk of psychiatric crisis and hospitalization.	Covered for members age 18 and older. Prior authorization is required.
Behavioral Health Crisis Care (BHCC)	Emergency response for psychiatric crisis. BHCC centers are open 24/7 for walk-in care during a short-term mental health crisis. *(move 23 hrs/visit to coverage limitation)	Covered for members from age 21 and up. No prior authorization required.
Community Brief Crisis Support (CBCS)	Ongoing, face-to-face treatment for a psychiatric crisis. CBCS is offered until a crisis is resolved and the member returns to regular psychiatric treatment. CBCS is available 24/7.	Covered for members from age 21 and up. Prior authorization required.
Community Psychiatric Support and Treatment (CPST)	Treatment to reduce functional disabilities resulting from mental illness. CPST focuses on developing skills for daily living.	Prior authorization is required.

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Service/Benefit	Covered Service/Benefit	Limits
Crisis Intervention (CI)	Short-term care for members having a psychiatric crisis. CI is immediate care to help members avoid more restrictive mental health treatment.	No prior authorization required.
Crisis Response Services for Adults	Crisis resolution and support provided in the community available right away, twenty-four hours a day, seven days a week. Includes Mobile Crisis Response (MCR), Behavioral Health Crisis Care (BHCC), and Community Brief Crisis Support (CBCS).	Covered for members from age 21 and up. Prior authorization required for Community Brief Crisis Support (CBCS).
Crisis Stabilization	Short term, intensive, bed based crisis support	Prior authorization is required.
Functional Family Therapy (FFT)	In-home family counseling. FFT aims to reduce disruptive behavior in youths. It also aims to improve family communication and problem-solving skills.	For families with children (10 to 20years). Prior authorization is required.

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Service/Benefit	Covered Service/Benefit	Limits
Homebuilders®	In-home program for families with children aged 0-18 years who are at risk of out-of-home placement. Homebuilders is also for families with children being reunified from placement. The program includes crisis intervention, counseling, and life-skills building.	PagePrior authorization is required.
Individual Placement and Support (IPS)	Supported employment services for members with mental illness	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Inpatient hospital services	Mental health services provided in the hospital.	Prior authorization may be required.
Intensive Outpatient Treatment (IOP)	Mental health and substance use treatment and recovery services provided in a community setting.	Prior authorization is required.

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Service/Benefit	Covered Service/Benefit	Limits
<p>Licensed Mental Health Professionals (LMHP) LMHPs are licensed by the State of Louisiana. They can be:</p> <ul style="list-style-type: none"> • Licensed Psychologists • Medical Psychologists • Professional Counselors • Clinical Social Workers • Addiction Counselors • Marriage and Family Therapists • Advanced Practice Registered Nurses (psychiatric specialists) 	<p>Outpatient counseling for mental health and substance use treatment.</p>	
<p>Mobile Crisis Response (MCR) - Adults</p>	<p>Emergency face-to-face service for members having a psychiatric crisis. MCR helps a member receive care while remaining in the community. MCR is provided until the member is out of crisis and can return to regular psychiatric care.</p>	<p>Covered for members from age 21 and up. No prior authorization required.</p>

Service/Benefit	Covered Service/Benefit	Limits
Multi-systemic Therapy (MST)	For families of youths at risk of out-of-home placement or who are returning from out-of-home placement. MST is an intensive family-focused therapy.	Covered for members age 20 and older. Prior authorization is required.
Personal Care Services (PCS)- Behavioral Health	Assistance and supervision for members with mental illness to allow them to complete activities of daily living and live independently.	Covered for members transitioned or diverted from nursing facility level of care through the My Choice Louisiana program. Prior authorization is required.
Psychiatric residential treatment facilities	Allows youth to live in a treatment facility to get the behavioral health care needed.	Covered for members age 0-20. Prior authorization is required.
Psychiatrist visits	Visits with a licensed psychiatrist. A psychiatric nurse practitioner is also able to provide this service.	
Psychosocial Rehabilitation (PSR)	Services to help you feel healthy and more comfortable with other people. This counseling can include family members and other helpers.	Covered for members from age 0-20 and members eligible for adult mental health rehabilitation services. Prior authorization is required.

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Service/Benefit	Covered Service/Benefit	Limits
Rehabilitation substance use	Outpatient and residential counseling and treatment for substance use conditions.	Prior authorization may be required.
Therapeutic group homes	Allows youth to live in a home-like setting with a small group of other youth to get the services needed.	Covered for members age 0-20. Prior authorization is required.

Extra benefits for our members

Because you are an Aetna Better Health of Louisiana member, you have additional benefits. Your extra benefits include:

Free smartphones

Get a free cell phone, free minutes and unlimited texting. We want you to be safe and keep well. Now you can stay connected with those who care about you. Call your doctor, your family and your friends. Call them anytime, 24 hours a day.

- Unlimited texts
- Voice minutes each month
- PLUS an Android Smartphone

Extra Aetna Better Health of Louisiana benefits include:

- Health tips and reminders by text
- Calls to Member Services that won't count against your monthly minutes
- One-on-one texting with your healthcare team

If you have any questions call Member Service at **1-855-242-0802 (TTY: 711)**.

Nurse line

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

Mobile app

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With the Aetna Better Health application, you can get on demand access to the tools you need to stay healthy. Find a doctor or request a Member ID card at any time, from anywhere. It's easy. Just download the app to your mobile device or tablet.

Mobile app features

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

Download app

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

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

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

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

All the resources and support you need to meet your health goals

Once you have an account, you'll get secure access to all the health application services. You'll find:

- **Health surveys and records** – Keep track of your medical history. You'll get healthy living suggestions based upon your answers. And this information can be used to improve your overall health.
- **Videos and podcasts** – Learn more about your health and other wellness topics. And get information about the resources offered by your health plan.
- **Healthy lifestyle programs** – Get the help you need to meet your goals. Programs include: Quitting smoking, healthy eating, managing stress and more.

Questions? We're here to help.

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

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Nurses, behavioral health professionals, and community health workers

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

Medicaid covered services

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

Service	How to access
Coordinated System of Care (CSoC). This is a program for youth in out-of-home placement or at-risk of out-of-home placement. These services are covered by Magellan.	Contact Magellan at 1-800-424-4489 .
Children's dental services	Contact MCNA Dental at 1-855-702-6262 TTY: 1-800-955-8771 www.mcnala.net Contact DentaQuest at 1-800-685-0143 TTY: 711 www.DentaQuest.com
Long Term Nursing facility services	Contact Louisiana Options in Long Term Care at 1-877-456-1146
Personal care services for members 21 and older	Contact Louisiana Options in Long Term Care at 1-877-456-1146
ICF/DD Services for members 21 and older	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Home & Community-Based Waiver Services (except 1915(b) mandatory enrollment waiver, 1915(c) SED waiver, and 1915(i) SPA services)	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553

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Targeted Case Management Services	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Services provided through LDH's Early-Steps Program (Individuals with Disabilities Education Act (IDEA) Part C Program Services)	Contact the Office for Citizens with Developmental Disabilities at 1-866-783-5553
Individualized Education Plan (IEP) services provided by a school district	Contact the Louisiana Department of Education at 1-877-453-2721
Medical dental with the exception of the EPSDT varnishes provided in a primary care setting	Contact MCNA at 1-855-702-6262 TTY: 1-800-955-8771 www.mcnala.net Contact DentaQuest at 1-800-685-0143 TTY: 711 www.DentaQuest.com

Cost for services

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

Non-covered services

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

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

Getting prior authorization for services

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

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

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

If the prior authorization for your services is denied, you can file an appeal about the decision. Please see page 51 for more information on appeals.

You do not need prior authorization for:

- Emergency services
- Post stabilization services

Prior authorization steps

Following are the steps for prior authorization:

- You or your provider gives us the information about the services they think you need.
- We review the information.
- You and your provider will get a letter when a service is approved or denied.
- If your request is denied, the letter will tell you why.
- If a service is denied, you or your provider, with your written permission, can file an appeal.

Please see page 51 for more information on appeals.

Understanding your service approval or denial

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

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

Please see page 51 for more information on appeals.

Definition of “Medically necessary services”

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

- Covered under the Healthy Louisiana program.
- Is reasonably expected to prevent the beginning of an illness, condition or disability.
- Is reasonably expected to reduce or maintain the physical, mental or developmental

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effects of an illness, condition, injury or disability.

- Will assist you in being able to improve or maintain performing your daily activities based on your condition, abilities and age.
- There is not another service that is less risky and less costly that would give you the same results.

Case management

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

Aetna Better Health of Louisiana involves the member, their family members and others in the member's circle of support in a joint relationship. This is the basis for all future work with the member. The goal is that the member will have decreased severe symptoms and achieve his or her best level of overall health. We focus on recovery and preventing illness. We do this by improving the conditions that will help members as their needs change over time. This includes items like good social supports, meaningful activity, and self-care activities.

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

- Get services and care you need including information on how to get care at special care facilities for highly specialized care.
- Work with health care providers, agencies, and organizations.
- Learn more about your condition.
- Make a care plan that is right for you.
- Access services after hours for crisis situations.
- Arrange services for children with special health care needs such as well-child care, health promotion, disease prevention and specialty care services.
- Make sure members with special behavioral healthcare needs are transition without gaps in care or service.
- Assist members with Permanent and Supportive Housing needs. They can help with filling out needed paper work. They can also help find affordable housing that assist members with disabilities to be successful tenants and maintain stable housing.
- Make sure members in need of specialized behavioral health services for admission to a Nursing Home Facility are contacted within 30 days of identification.

If you need this kind of help from the Case Management Unit, please call Member Services

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at **1-855-242-0802 (TTY: 711)** 24 hours a day, 7 days a week.

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

Additional support for depression

We have an optional program for people with depression. Depression takes a toll. Sometimes depression can result from dealing with other health conditions. And depression can hurt your health even more. You may not eat well or exercise. You may not have the energy to care for yourself—or take steps to control your disease.

Are you depressed? Watch out for depression's warning signs. You might:

- Feel hopeless, very sad, anxious or irritable
- No longer enjoy things you once did
- Sleep too much or too little
- Lose your appetite or overeat
- Have thoughts of hurting yourself

If there's any chance you're depressed, tell your doctor right away. Treatment can help.

As a member you are eligible to participate

If you are diagnosed with depression or at risk for it, you may be enrolled in our disease management program. You can also ask your provider to request a referral. Call us at **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week if you want to know more about our depression management program.

I do not want to participate

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

New medical treatments

We are always considering new medical treatments. We want you to get safe, up-to-date and high-quality medical care. A team of providers reviews new health care methods. They decide if they should become covered services. Services and treatments that are

being researched and studied are not covered services.

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

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

Emergency care

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

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

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

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

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

Emergency conditions include:

- Suicide attempts or thoughts
- Attempts, threats, or thoughts of hurting others
- Hurting yourself on purpose
- Being severely impaired by drugs or alcohol
- Acting in a very unusual way
- A woman in labor
- Bleeding that won't stop
- Broken bones
- Chest pains
- Choking
- Danger of losing limb or life
- Hard to breathe
- Medicine or drug overdose
- Not able to move

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- Passing out (blackouts)
- Poisoning
- Seizures
- Severe burns
- Throwing up blood

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

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

IMPORTANT: Only use the emergency room when you have a true emergency. If you have an emergency, call **911** or go to the hospital. If you need urgent or routine care, please call your PCP.

Types of care

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

Type of care	What to do
<p>Non-urgent behavioral health - This is when you need to be seen about a behavioral health issue but it is not urgent.</p>	<p>You can expect to be seen by the provider within 14 days.</p>

Type of care	What to do
<p>Urgent visit – This is when you need care right away, but are not in danger of lasting harm or of losing life.</p> <p>You should NOT go to the emergency room for urgent/sick care.</p> <p>Urgent care may be:</p> <ul style="list-style-type: none"> • A mild side effect of your medicine that is not life threatening • Feeling pain and discomfort from drug withdrawals • Not being able to do normal activities such as sleeping and eating because of stress • Running out of your medicine on a weekend or holiday. 	<p>Call your behavioral health provider. Even if it is late at night or on the weekends, the provider has an answering service that will take your message. Your provider will call you back and tell you what to do.</p> <p>You can expect to be seen by a provider:</p> <ul style="list-style-type: none"> • Within 72 hours or sooner for non-urgent visits • Within 24 hours when you need immediate attention but your symptoms are not life-threatening.
<p>Emergency – This is when one or more of the following is happening:</p> <ul style="list-style-type: none"> • In danger of lasting harm or the loss of life if you do not get help right away. This includes thoughts of suicide or hurting yourself. • For a pregnant woman, she or her unborn child is in danger of lasting harm or losing their life. • Bodily functions are seriously impaired. • Have a serious problem with any bodily organ or body part including the way you are thinking or feeling. • Being severely impaired by drugs or alcohol. 	<p>Call 911 or go to the nearest emergency room.</p> <p>You can go to any hospital or facility that provides emergency services and post-stabilization services. Emergency services treat severe conditions that threaten the loss of life or limb. Emergency services are used to stabilize the condition.</p> <p>You do not need an appointment ahead of time.</p> <p>You DO NOT have to call anyone at the health plan or call your provider before you go to an emergency room. You can go to ANY emergency room during an emergency – or for post-stabilization services.</p>

Type of care	What to do
<p>What is not an emergency? Some medical conditions that are NOT usually a:</p> <ul style="list-style-type: none"> • Flu, colds, sore throats, earaches • Urinary tract infections • Prescription refills or requests • Conditions that you have had for a long time that have not changed • Back strain • Migraine headaches • A mild side effect of your medicine that is not life threatening • Feeling pain and discomfort from drug withdrawals • Not being able to do normal activities such as sleeping and eating because of stress • Running out of your medicine on a weekend or holiday. 	<p>If you can, show the facility your Aetna Better Health of Louisiana ID and ask the staff to call your provider.</p> <p>You must be allowed to remain at the hospital, even if the hospital is not part of our provider network (in other words, not an Aetna Better Health of Louisiana hospital), until the hospital physician says your condition is stable and you can safely be transferred to a hospital within our network.</p> <p>A list of facilities that provide emergency and post-stabilization services is available in the provider directory at AetnaBetterHealth.com/Louisiana.</p> <p>You can also call Member Services toll free at 1-855-242-0802 (TTY: 711) 24 hours a day, 7 days a week and ask for the name and location of a facility that provides emergency services.</p>
<p>What are post-stabilization services?</p> <p>These are services related to an emergency medical condition. They are provided after the person's immediate medical problems are stabilized. They may be used to improve or resolve the person's condition.</p>	<p>Post-stabilization care – is care related to an emergency medical condition that is provided after a member is stabilized in order to maintain the stabilized condition. Aetna Better Health of Louisiana covers post-stabilization care.</p> <p>Always call your provider when you leave the hospital after an emergency.</p> <p>Do not go back to the Emergency Room for follow-up care or treatment unless your PCP refers you.</p>

After hours care

Except in an emergency, if you need to reach your provider after the office is closed, or on a weekend, call the office anyway. An answering service will make sure your provider gets your message. A provider will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, your provider may not be able to reach you.

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

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

We also have a nurse line available to help answer your medical questions. This number is available 24 hours a day, 7 days a week. It is staffed by medical professionals. Call **1-855-242-0802 (TTY: 711)**, 24 hours a day, 7 days a week and listen for the option for the nurse line.

Self-referral

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

- Behavioral health providers in the Aetna Better Health of Louisiana network
- Specialized behavioral health services providers in the Aetna Better Health of Louisiana network
- Emergency care

Apart from emergency services, you must go to one of our network providers for your service to be covered. To find a provider, look in the provider directory or online at **AetnaBetterHealth.com/Louisiana**.

You can also call Member Services for help at **1-855-242-0802 (TTY: 711)**.

Out-of-service area coverage

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

- Emergencies: If you need emergency services and you are out of state, go to the

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nearest emergency room or call **911**. If you can, take your Aetna Better Health of Louisiana ID card with you. If you get admitted to the hospital, ask the hospital to call us.

- Routine care out of the service area is not covered. If you are out of the service area and you need health care services, call the provider you see most often. They will tell you what to do.

If you need help when you are out of state, call Member Services at **1-855-242-0802 (TTY: 711)**.

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

Health tips

How you can stay healthy

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

Guidelines for good health

Here are some ways you can work to keep healthy:

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

If you get a bill or statement

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

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

Quality improvement programs

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

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

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

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

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

We want to hear from you

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

Member Advisory Committee

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

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

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Other information for you

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

Physician incentive plan

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

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

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

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

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

Your information

It is very important for us to have your right information. If we do not have your information up to date, you may not get important messages from Aetna Better Health of Louisiana.

If you change your address or phone number, you must call Member Services toll free at **1-855-242-0802 (TTY: 711)**.

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

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

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

Losing your benefits and services

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

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

Other insurance

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

Call Member Services right away if you have:

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

Grievances and appeals

Aetna Better Health of Louisiana will try its best to deal with your concerns or issues quickly and to your satisfaction. You may use our grievance process or our appeal process. It depends on what kind of problem you have.

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

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

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

Aetna Better Health of Louisiana
Grievance and Appeals Dept.
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: **1-860-607-7657**

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

How do I file an appeal of an action?

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

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

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

To file an appeal:

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

Write to us at:
Aetna Better Health of Louisiana
Grievance and Appeals Dept.
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: **1-844-410-8655**

You can have someone represent you when you file your appeal, such as a family member, friend or provider. You must agree to this in writing. Send us a letter telling us that you want

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someone else to represent you and file an appeal for you. This is called a *member representative*. Include your name, member ID number from your ID card, the name of the person you want to represent you and what action you are appealing. When we get the letter from you, the person you picked can represent you. If someone else files an appeal for you, you cannot file one yourself for that adverse benefit determination.

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

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

For some adverse benefit determination, you may request to continue service during the appeal process

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

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

You may request services while your appeal is under review. However, if we decide that we agree with our first decision to deny your service, we may require you to pay for these services. This is because you asked to continue to receive services while your appeal was being reviewed.

What happens next?

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

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

How long will it take Aetna Better Health to decide my appeal of an action?

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

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

During our review, you will have a limited time to present your case in person or in writing. You will also have the chance to look at any of your records that are part of the appeal review free of charge. We will send a notice about the decision we made about your

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appeal. It will identify the decision and date that we reached that decision.

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

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

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

Expedited appeal process

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

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

If Aetna Better Health denies my appeal, what can I do?

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

State Fair Hearing

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

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

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

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

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

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

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

What is a grievance?

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

Aetna Better Health takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or the quality of care or services you have received, let us know right away. We have special procedures in place to help members file grievances. We will do our best to answer your questions. We want to take care of your concern. Filing a grievance will not affect your health care services or your benefits coverage.

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

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

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

Aetna Better Health of Louisiana
Grievance and Appeals Dept.
PO Box 81139
5801 Postal Rd
Cleveland, OH 44181
Fax: **1-860-607-7657**

In your letter, give us as much information as you can. For example, include the date the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance. If you do not speak English, we can provide an interpreter at no cost to you.

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

The grievance process

You may file a grievance orally or in writing with us. The person who receives your grievance will record it. The appropriate plan staff will oversee the review of the grievance. We will send you a letter telling you that we received your grievance. The letter will give you a description of our review process. We will review your grievance and give you an answer. The time for us to answer is based on the following:

- If your grievance is the result of us denying your request for a fast decision on an authorization or an appeal, we will decide within 72 hours after receipt.

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- If your grievance is the result of us taking an extension on the time to give you a decision on your request for an authorization or an appeal, we will decide within 72 hours after receipt.
- For all other types of grievances, we will decide within 90 days after the receipt. The review period can be increased up to 14 days. You can increase the review period if you need more time. We can increase the review period if we need more time. We can only request more time if it is in your best interest.
- Our decision letter will describe what we found when we reviewed your grievance. It will tell you our decision about your grievance.

Fraud and abuse

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

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

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

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

Report Marketing Violations

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

- Healthy Louisiana Plans MAY NOT say bad things about other Healthy Louisiana Plans.
- Healthy Louisiana Plans MAY NOT tell you that the only way to keep your Medicaid

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AetnaBetterHealth.com/Louisiana

benefits is to be a part of their Plan.

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

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

Disenrollment

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

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

Disenroll from Aetna Better Health of Louisiana

Members may request disenrollment if:

- You are a new member you can switch health plans during your first 90 days of enrollment. After the first 90 days you are "locked in" as a Plan member unless there is good cause to disenroll.
- During your annual open enrollment period. You have 60 days from when you get your open enrollment information to change plans. If you don't pick a new plan, you will stay enrolled in your current Healthy Louisiana plan until the next open enrollment period.
- You are part of the **voluntary opt-in** populations, you may disenroll from Healthy Louisiana at any time. Your disenrollment will be effective the earliest possible month that the action can be administratively taken.
- You are part of the **voluntary opt-out** population, you may voluntarily disenroll within ninety (90) days of initial enrollment and during the annual open enrollment.
- At any time for good cause.

Good cause for disenrollment means:

- We do not, because of moral or religious objections, cover the service you need. If this happens you can call Healthy Louisiana to find out how you can get those services.
- You want to be in the same Healthy Louisiana plan as your family members.

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- Your need to get certain services at the same time but we are not able to provide all the services. Your PCP or another provider must say that your health will be at risk if you can't get the services at the same time.
- Our contract with LDH is terminated.
- You get poor quality of care from Aetna Better Health of Louisiana.
- You are not able to get the services we cover.
- You need specialized care and we don't have providers in our network that can give you the care.
- You move out of our service area.
- Any other reason that LDH says counts as cause.

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

Disenrollment caused by a change in status

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

You may be disenrolled if:

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

If this happens, you will get a letter explaining the disenrollment process.

Advance directives

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

Written medical advance directives in Louisiana fall into two main groups. There is also a separate mental health advance directive. It is up to you whether you want to have all or just one. In Louisiana, emancipated minors and members over 18 years old have rights under advance directive law. If the laws about advance directives change, we will let you know as soon as possible but no later than 90 calendar days after the change take place.

Living Will

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

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

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

Durable Power of Attorney

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

Mental Health Advance Directives

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

Some examples of mental health treatment are:

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

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

If you have an advance directive:

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

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

Resources

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

State Agencies

Adult Protective Services (APS)

*Office of Aging and Adult Services
Department of Health*

People can report abuse and neglect of adults who can't protect themselves.

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

www.oaas.LDH.louisiana.gov

Child Protection Investigation, Child Welfare

Department of Children and Family Services

The Child Protective Services program looks into reports of child abuse and neglect. The program provides helpful services to children and families.

Hotline: **1-855-4LA-KIDS**

(1-855-452-5437)

www.dss.louisiana.gov

Louisiana Commission on Human Rights

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

TDD 1-888-248-0859

Behavioral Health Regional Offices

Acadiana Area Human Services District

302 Dulles Drive

Lafayette, LA 70506-3008

Phone: **337-262-4190**

Capital Area Human Services District

4615 Government Street, Building 2

Baton Rouge, LA 70806

Phone: **225-922-2700**

Central Louisiana Human Services District

401 Rainbow Drive, #35

Pineville, LA 71360

Phone: **318-487-5191**

Florida Parishes Human Services Authority (FPHSA)

835 Pride Drive, Suite B

Hammond, LA 70401

Phone: **985-543-4333**

Imperial Calcasieu Human Services Authority

3505 Fifth Avenue, Suite B

Lake Charles, LA 70607

Phone: **337-475-3100**

Jefferson Parish Human Services Authority

3616 South I-10 Service Road West

Metairie, LA 70001

Phone: **504-838-5215**

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Metropolitan Human Services District
1010 Common Street, Suite 600
New Orleans, LA 70112
Phone: **504-568-3130**

Northeast Delta Human Services Authority
2513 Ferrand Street
Monroe, LA 71201
Phone: **318-362-3270**

Northwest Louisiana Human Services District
2924 Knight Street, Suite 350
Shreveport, LA 71105
Phone: **318-862-3085**

South Central Louisiana Human Services Authority
521 Legion Avenue
Houma, LA 70364
Phone: **985-858-2931**

Getting Help with Jobs Louisiana Workforce Commission
1001 N. 23rd Street
Baton Rouge, LA 70802
Phone: **225-342-3111**
www.laworks.net

Career Solutions Center Locations
This is not a complete list. For more locations, visit **www.laworks.net**.

New Orleans Region East Jefferson Business & Career Solutions Center
1801 Airline Drive, Suite A
Metairie, LA 70001
Phone: **504-838-5678**

East Bank Orleans Career Solutions Center - Job 1
3400 Tulane Ave, 2nd Floor
New Orleans, LA 70119
Phone: **504-658-4500**

Baton Rouge Region East Baton Rouge North Career Solutions Center
4523 Plank Road
Baton Rouge, LA 70805
Phone: **225-358-4579**
East Baton Rouge South Career Solutions Center
1991 Wooddale Boulevard
Baton Rouge, LA 70806
Phone: **225-925-4312**

Houma Region Terrebonne Business & Career Solutions Center
807 Barrow Street
Houma, LA 70360
Phone: **985-876-8990**

Assumption Business & Career Solutions Center
205 Hwy 1008
Napoleonville, LA 70390
Phone: **985-369-1810**

Lafayette Region Vermilion Business and Career Solutions Center
1301 Clover Street
Abbeville, LA 70510
Phone: **337-893-1986**

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Lafayette Business & Career Solutions Center

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

Lake Charles Region

Beauregard Business & Career Solutions Center

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

Calcasieu Business & Career Solutions Center

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

Alexandria Region

Rapides Business and Career Solutions Center

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

Grant Business & Career Solutions Center

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

Shreveport Region

Arcadia Business and Career Solutions Center

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

Caddo Business & Career Solutions Center

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

Monroe Region

Morehouse Business & Career Solutions Center

250 Holt Drive
Bastrop, LA 71270
Phone: **318-283-0849**

Ouachita Business & Career Solutions Center

1162 Oliver Rd., Suite 9
Monroe, LA 71201
Phone: **318-362-3058**

United Houma Nation

991 Grand Caillou, Building 2
Phone: **985-223-3093**
www.unitedhoumanation.org/vocational-rehabilitation

Behavioral Health Resources

Depression and Bipolar Support Alliance (DBSA)

Baton Rouge
DBSA Open Arms
Phone: **225-275-2778**

Metairie

DBSA (New Orleans adults)
Phone: **504-286-1916** or
985-871-4360
www.dbsaneworleans.org

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Monroe

DBSA Northeast Louisiana

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

**www.dbsalliance.org/northeast
louisiana**

Families Helping Families

Region 1 (Southeast)

**Families Helping Families of Southeast
Louisiana, Inc.**

Serving: Orleans, Plaquemines, St.
Bernard

Phone: 504-943-0343 or

1-877-243-7352

www.fhfsela.org

Region 2 (Greater Baton Rouge)

**Families Helping Families of Greater
Baton Rouge, Inc.**

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

Coupee & Ascension

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

1-866-216-7474

www.fhfgbr.org

Region 3 (South Central area)

**Bayou Land Families Helping Families,
Inc.**

Serving: Assumption, Lafourche, St.
Charles, St. James, St. John, St. Mary &
Terrebonne parishes

Family Resource Center

286 Hwy. 3185, Thibodaux, LA 70301

Phone: **985-447-4461** or

1-800-331-5570

www.blfhf.org

Region 4 (Acadiana area)

Families Helping Families of Acadiana

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

510 West University Avenue

Lafayette, LA 70506

Phone: **337-984-3458** or

1-800-378-9854

www.fhfacadiana.org

Region 5 (Southwest area)

**Families Helping Families of Southwest
Louisiana**

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

2927 Hodges Street

Lake Charles, LA 70601

Phone: **337-436-2570** or

1-800-894-6558

www.fhfswla.org

Region 6 (Central LA area)

Families Helping Families

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

2840 Military Highway

Pineville, LA 71360

Phone: **318-641-7373** or

1-800-259-7200

www.familieshelpingfamilies.net

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Region 7 (Northwest area)

Families Helping Families

Serving Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine and Webster parishes
2620 Centenary Boulevard, Bldg 2,
Suite 250

Shreveport, LA 71104

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

1-877-226-4541

www.fhfregion7.com

Region 8 (Northeast area)

Families Helping Families of Northeast Louisiana, Inc.

5200 Northeast Road

Monroe, LA 71203

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

Region 9 (Florida Parishes area)

Northshore Families Helping Families

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

204 West 21st Avenue

Covington, LA 70433

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

www.fhfnorthshore.org

Region 10 (Jefferson)

Families Helping Families of Jefferson, Inc.

Serving: Jefferson

Phone: **504-888-9111** or

1-800-766-7736

www.fhfjefferson.org

Louisiana Federation of Families for Children's Mental Health

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

5627 Superior Drive, Suite A-2

Baton Rouge, LA 70816

Phone: **225-293-3508** or

1-800-224-4010

www.laffcmh.org

NAMI Louisiana (National Alliance on Mental Illness)

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

Phone: **1-225-291-6262** or

1-866-851-6264

www.namilouisiana.org

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Glossary

The list below includes definitions for health care terms:

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

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

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

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

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

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

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

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

EMERGENCY MEDICAL TRANSPORTATION: Ambulance.

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

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

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

GRIEVANCE: A report that you can make if you are not happy with the quality of care you

got or if you think a provider or someone at the clinic was rude or denied you access to the care you needed.

HABILITATION SERVICES AND DEVICES: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech language pathology, and other services for people with disabilities.

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

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

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

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

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

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

HOSPITAL OUTPATIENT CARE: Care given at a hospital that your doctor does not expect will need an overnight stay. In some cases you may stay overnight without being registered as an in-patient. Examples include same-day surgery and blood transfusions.

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

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FDA approved, investigational, or cosmetic.

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

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

PHYSICIAN SERVICES: Care provided by a physician.

PLAN: See Health Plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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

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

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

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

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

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Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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