



Welcome to OhioRISE, specialized behavioral health care from Aetna Better Health[®] of Ohio

Quick Reference Guide

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AetnaBetterHealth.com/OhioRISE



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Welcome to OhioRISE

This quick reference guide offers helpful information to get you started on your new Medicaid behavioral health benefits.

Important Phone Numbers

OhioRISE Plan Member Services	1-833-711-0773 (TTY: 711) Representatives available from 7 a.m. to 8 p.m. Monday through Friday.
24-hour Nurse Line for members enrolled in a managed care organization	Contact your Medicaid managed care organization, their 24/7 nurse line phone number is on your ID card. If you need help getting this information, you can call OhioRISE Member Services toll free at 1-833-711-0773 (TTY: 711) .
Prior Authorization	1-833-711-0773 (TTY: 711)
Language Services	1-833-711-0773 (TTY: 711) Representatives available from 7 a.m. to 8 p.m. Monday through Friday.
Appeals and Grievances	1-833-711-0773 (TTY: 711)
Medicaid Consumer Hotline	1-800-324-8680 (TTY: 711)
Crisis Behavioral Hotline (Ohio Care Line) and Mobile Response Support Services (MRSS)	1-888-418-MRSS (6777)



Welcome

Welcome to the OhioRISE Plan (OhioRISE) by Aetna Better Health of Ohio. OhioRISE is a specialized Medicaid health plan for children and youth with complex behavioral health needs. This program provides behavioral healthcare services to eligible children and youth. Children and youth who are eligible for OhioRISE enrollment are under the age of 21 and demonstrate the need for additional behavioral health care as identified through the Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient admission for mental health or substance use disorder services. OhioRISE expands access to in-home and community-based services to ensure eligible children and youth and their families have the tools and supports they need to grow and thrive.

Identification (ID) Cards

If you are enrolled in a managed care organization (MCO), you should have received a member ID card from your MCO that shows your OhioRISE enrollment. You will use this card for physical and behavioral health services. This card is good as long as you are a member of OhioRISE. Please contact your MCO if:

- You have not received your card yet.
- Any of the information on the card is wrong.
- You lose your card.

Ohio Medicaid managed care organizations (MCOs) can be contacted at:

Managed Care Organization	Phone Number	Website
AmeriHealth Caritas	1-833-764-7700	www.amerihealthcaritasoh.com
Anthem BCBS*	1-800-462-3589	www.anthem.com/oh
Buckeye	1-866-246-4358	www.buckeyehealthplan.com/
CareSource	1-800-488-0134	www.caresource.com/
Humana	1-877-856-5702	Humana.com/HealthyOhio
Molina	1-800-642-4168	www.molinahealthcare.com/
UnitedHealthcare	1-800-895-2017	www.uhccommunityplan.com

If you are enrolled in fee-for-service (FFS) Medicaid, you should have received a member ID card from the Ohio Department of Medicaid (ODM) that shows your OhioRISE enrollment. You will use this card for your behavioral health services. This card is good as long as you are a member of OhioRISE. You will continue to use your fee-for-service (FFS) card for physical health services. Please contact the Medicaid Consumer Hotline at **1-800-324-8680 (TTY: 711)** if:

- You have not received your card yet.
- Any of the information on the card is wrong.
- You lose your card.

Always Keep Your ID Card(s) with You

You will need your card(s) when you:

- See a provider for counseling.
- Get psychological testing.
- Go to a hospital for inpatient psychiatric services.
- Get crisis intervention services.

Physical Healthcare

Your physical healthcare needs will be covered by your managed care organization (MCO) or fee-for-service Medicaid. These services include dental services, vision services, shots (immunizations), and visits to your primary care physician.

If you are a member of an MCO, refer to your member handbook or contact your MCO for information. If you are not a member of an MCO, contact the Medicaid Consumer Hotline at **1-800-324-8680 (TTY: 711)** for information.



Member Services

OhioRISE Member Services is here to help you. We are here from 7 a.m. to 8 p.m. Monday through Friday. Our toll-free phone number is **1-833-711-0773 (TTY: 711)**.

Member Services can:

- Help you get services, find a provider, answer your questions, or solve a problem you may have with your care.
- Help with getting documents in other formats or languages.
- Update your personal information.
- Tell you about your benefits and services (what is covered and not covered).
- Help you with filing a complaint about your health plan, providers, etc.
- Help you in making appointments or arranging for transportation.

Finding a Provider

It is important to remember that you must receive services covered by OhioRISE from facilities and providers in the OhioRISE network. Providers in the OhioRISE network agree to work with your behavioral plan to give you needed care.

The only time you can use providers that are not in the OhioRISE network is for:

- Emergency services.
- Federally qualified health centers (FQHC)/ rural health clinics (RHC).
- An out of network provider that OhioRISE has approved you to see.

The Provider Directory lists all our network providers you can use to receive services. You can request a printed Provider Directory by calling Member Services at **1-833-711-0773 (TTY: 711)** or by returning the flyer you received with your new member materials. You also can visit our website at **AetnaBetterHealth.com/OhioRISE** to view up-to-date provider network information. If you need help, call Member Services at **1-833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday.



Care Coordination Services

OhioRISE offers care coordination services. Our care coordinators are experienced in working with children and youth and their families to improve member health. You will be assigned a care coordinator who knows what services are available through the OhioRISE program and your Medicaid managed care plan or fee-for-service Medicaid. Your care coordinator will also know about the services and programs offered in your local community. Your care coordinator will provide you and your family with information on how to take care of yourself and how to get services. They also will work with your managed care organization, providers, and community organizations. You or your family can call OhioRISE if you have questions or want to speak with your care coordinator. Please contact Member Services at **1-833-711-0773 (TTY: 711)** for help.

Care Coordination Tier Assignment

OhioRISE offers care coordination at a few levels called tiers. These tiers line up with your strengths and needs when you enroll in the OhioRISE program and they can be updated as your situation changes. You will be assigned an initial tier for care coordination based on your results from the **Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS)**.

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OhioRISE's care coordination tiers:

- Tier 3 – Intensive Care Coordination for children and youth with high behavioral health needs.
- Tier 2 – Moderate Care Coordination for children and youth with more moderate behavioral health needs.
- Tier 1 – Limited Care Coordination for children and youth who have lower behavioral health needs.

If you are placed in Tier 2 (moderate) or Tier 3 (intensive), your care coordination services will be provided by a Care Management Entity (CME). Care Management Entities (CMEs) are regional providers contracted with Aetna Better Health of Ohio to deliver care coordination. CMEs and their care coordinators are in the area where you live and know what services are available to you right in your community and throughout the state. They have experience working with child-serving agencies and will be your partner in care decisions to improve your health outcomes. If you are assigned to Tier 1 (limited), your care coordination will be provided directly by an Aetna Better Health of Ohio care coordinator.

Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS)

The Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) is a tool used to determine your eligibility for OhioRISE and to help with your care coordination. It gathers you and your family's story to understand your needs and strengths, and to help us determine the best ways to provide help. Your Ohio Children's Initiative CANS assessment is updated regularly to aid with your ongoing care planning.

Roles of your Managed Care Organization (MCO)

If you are a member of a managed care organization (MCO), your physical health benefits are covered under that plan. This includes things like rides to healthcare visits and other general physical health benefits. Contact your MCO for questions about this coverage.

Your MCO will:

- Provide all non-behavioral healthcare to members (e.g., physical health, dental).
- Help with referrals, transitions of care, and care coordination.

The MCO care coordinators will:

- Be part of or provide information to the Child and Family Team (CFT) for care.
- Work with your care coordinator at Aetna Better Health of Ohio or the Care Management Entity (CME) to help with coordination efforts, such as arranging for physical health services and rides for healthcare visits.
- Participate in sharing information that supports care coordination activities.

If you are not a member of an MCO, contact the Ohio Medicaid Consumer Hotline for information on your other health benefits. Just call **1-800-324-8680 (TTY 711)**. You can get help Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m. Your Aetna Better Health of Ohio care coordinator will work with your Medicaid providers to make sure that you receive the care and services that are right for you.

Services Covered by OhioRISE

As an OhioRISE member, you will receive medically necessary Medicaid-covered behavioral health services at no cost to you. OhioRISE provides access to all of the inpatient and outpatient behavioral healthcare services you get through Ohio Medicaid today, and also offers you access to new and improved behavioral health services:

- Intensive and Moderate Care Coordination
- Enhanced Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT)
- In-state Psychiatric Residential Treatment Facilities (PRTFs) – Available in 2023
- Behavioral Health Respite
- Primary Flex Funds
- Mobile Response and Stabilization Service (MRSS)

Some behavioral healthcare is covered only when it is prior approved (prior authorization). You don't need to get approval or prior authorization for emergency services. If you have a question about whether a service is covered, please call Member Services at **1-833-711-0773 (TTY: 711)**, Representatives are available from 7 a.m. to 8 p.m. Monday through Friday.

Behavioral health services covered by OhioRISE:

Service	Coverage/ Limitations*	Prior Approval
Assertive Community Treatment for Adults	Covered	No prior approval needed for first 180 days
Behavioral Health Emergency Services provided in an emergency room	Covered by your physical health benefit	No prior approval needed
Behavioral Health Services provided through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)	Covered	No prior approval needed
Care Coordination	Covered	No prior approval needed
Community Psychiatric Supportive Treatment	Covered	No prior approval needed
Crisis Services	Covered	No prior approval needed
Diagnostic Evaluation and Assessment	Covered/ 1 per year for certain evaluations	No prior approval needed unless limitation met
Drug Testing and Other Select Laboratory Services	Covered	No prior approval needed
Electroconvulsive therapy	Covered	Prior approval needed
Health Behavior Assessment and Intervention	Covered	No prior approval needed
Home Visits with Behavioral Health Providers	Covered	No prior approval needed
Inpatient Hospital Substance Use Disorder Services	Covered	Prior approval needed
Inpatient Hospital Psychiatric Services	Covered	Prior approval needed
Intensive Home-Based Treatment for Children/Adolescents	Covered	No prior approval needed for first 180 days
Medication-Assisted Treatment for Addiction	Covered	No prior approval needed
Mobile Response Stabilization Services	Covered	Prior approval is needed beyond six weeks
Behavioral Health Nursing Services	Covered	No prior approval needed
Office Visits with Behavioral Health Providers	Covered	No prior approval needed
Opioid Treatment Program (OTP) Services	Covered	No prior approval needed
Physician or Pharmacist Administered Drugs	Covered	No prior approval needed

Behavioral health services covered by OhioRISE:

Service	Coverage/ Limitations*	Prior Approval
Psychiatric Residential Treatment Facility (PRTF) Services	Coverage available out of state now and in Ohio in 2023	Prior approval needed
Psychological Testing	Covered 20 visits per calendar year	No prior approval needed for first 20 visits per year
Psychosocial Rehabilitation	Covered	No prior approval needed
Psychotherapy and Counseling	Covered	No prior approval needed
Psychiatry Services	Covered	No prior approval needed
Behavioral Health Respite Services	Covered	Prior approval needed only after first 50 days
Screening Brief Intervention and Referral to Treatment (SBIRT)	Covered/ 1 of each screening type per year	No prior approval needed unless limit is met
Smoking and Tobacco Use Cessation	Covered	No prior approval needed
Substance Use Assessment	Covered/ 2 assessments per year	No prior approval needed unless limit is met
Substance Use Case Management	Covered	No prior approval needed
Substance Use Intensive Outpatient	Covered	No prior approval needed
Substance Use Partial Hospitalization	Covered	Prior approval needed
Substance Use Peer Recovery Support	Covered/Up to 4 hours per day	No prior approval needed unless limit is met
Substance Use Residential Treatment	Covered/Up to 30 consecutive days for the first 2 stays	No prior approval needed unless limit is met
Substance Use Therapy	Covered	No prior approval needed
Substance Use Withdrawal Management	Covered	No prior approval needed
Telehealth Services for Behavioral Health	Covered	No prior approval needed
Therapeutic Behavioral Service	Covered	No prior approval needed
Primary Flex Funds	Covered	Primary flex funds will need prior approval through the Child and Family Care Plan Review process

Pharmacy Services (Prescription Drugs)

OhioRISE covers medications your doctor gives you in the office to treat mental health and substance use disorders. If you are an OhioRISE member, all other pharmacy services and benefits are provided through Gainwell Technologies. Their member support line is **1-833-491-0344 (TTY: 1-833-655-2437)**.

Emergency Services

It is important to remember that you must receive services covered by OhioRISE from facilities and/or providers in the Aetna network. The only time you can use a provider not in our network is if you have an emergency.

If you have an emergency that requires you to go to an emergency room (ER), call 911 or go to the nearest ER or other appropriate care setting.

If you think you may need emergency services and want advice on your situation, you have the following options:

- Call your doctor.
- Contact your Medicaid managed care organization's 24-hour nurse line. Your MCO's nurse line is available to help answer your medical questions. This number is available 24 hours a day, 7 days a week and is staffed by medical professionals. Please look on your Medicaid ID card for the number of your Medicaid managed care organization's nurse line. If you need help getting this information, you can call OhioRISE Member Services toll free at **1-833-711-0773 (TTY: 711)**.

- Call the **Ohio CareLine State Behavioral Health Crisis Hotline** at **1-800-720-9616**. They can talk to you about your medical problem and give you advice on what you should do.
- Reach the **Mobile Response and Stabilization Services (MRSS)** at **1-888-418-MRSS (6777)** in your region. MRSS services can come to you wherever you are located.

Transportation

If you **must** travel 30 miles or more from your home to receive covered healthcare services and you need help getting to your appointment, your managed care organization (MCO) can provide transportation to and from the provider's office. Call your MCO for more information and to schedule a ride.

If you are not enrolled in an MCO, the County Department of Job and Family Services (CDJFS) can provide transportation through the Non-Emergency Transportation (NET) program. Call your CDJFS for more information and to schedule a ride.

Your OhioRISE care coordinator can help with transportation issues, like scheduling a ride. Please contact OhioRISE Member Services at **1-833-711-0773 (TTY: 711)** for assistance.



Appeals and Grievances

If you are unhappy with OhioRISE or our providers, or do not agree with a decision we made, contact us as soon as possible.

- If you do not agree with the decision or action, you can contact us **within 60 calendar days** to ask that we change our decision or action. This is called an **appeal**.
- If you are unhappy with OhioRISE or our providers, this is called a **grievance**.

You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. OhioRISE wants to help.

To contact us, you can:

- Call Member Services at **1-833-711-0773 (TTY: 711)**.
- Fill out and submit the appeal form at **AetnaBetterHealth.com/OhioRISE**.
- Call Member Services to ask for a printed copy of the standard appeal form to complete and return.
- Visit our website.
- Write a letter telling us what you are unhappy about. Please include your first and last name,

the number from the front of your member ID card, your address, and your telephone number. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Aetna Better Health of Ohio
c/o OhioRISE Plan
Appeal and Grievance Department
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
Fax: **1-833-928-1259**

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

Ohio Department of Medicaid
Bureau of Managed Care Compliance
and Oversight
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680 (TTY: 711)

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

State Hearings

A state hearing is a meeting with you or someone you want to speak on your behalf along with representatives from the County Department of Job and Family Services, OhioRISE, and the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think OhioRISE did not make the right decision and OhioRISE will explain the reasons for making its decision. The hearing officer will listen and then make a decision based on the rules and the information given.

Before requesting a hearing, you must complete the OhioRISE appeal process. To request a hearing:

- You can sign and return the state hearing form to the address or fax number listed on the form.
- Call the Bureau of State Hearings at **1-866-635-3748**.
- Submit your request via e-mail at **bsh@jfs.ohio.gov**.
- Submit your request through to the Bureau of State Hearings SHARE Portal at **<https://hearings.jfs.ohio.gov/SHARE>**. (Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request.)

If you need legal assistance, you can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by calling **1-866-LAW-OHIO (1-866-529-6446)** or by searching the Legal Aid directory at **<http://www.ohiolegalhelp.org/find-legal-help>** on the internet.

OhioRISE Waiver

The OhioRISE program includes a 1915(c) home-and community-based services waiver. The waiver aims to reduce risks and prevent negative health and life outcomes for children with serious emotional disturbances and functional impairments.

If you are enrolled onto the OhioRISE 1915(c) Waiver, you are eligible to receive additional waiver services in addition to the rest of the OhioRISE plan services you need. You can review the waiver services in the OhioRISE 1915(c) Waiver Member Handbook. Your care coordinator will help you plan for and access waiver services.

Aetna Better Health® of Ohio follows state and federal civil rights laws that protect you from discrimination or unfair treatment. We do not treat people unfairly because of a person's age, race, color, national origin, religion, sex, gender identity, sexual orientation, religion, marital status, mental or physical disability, medical history, health status, genetic information, evidence of insurability, or geographic location. If you would like to file a complaint, please contact Aetna Better Health by mail, phone, or email at:

Aetna Better Health
7400 W Campus Rd, Suite 200
New Albany, OH 43054
Phone: **1-833-711-0773 (TTY: 711)**
Email: MedicaidCRCoordinator@aetna.com

If you would like to file a complaint with Health and Human Services Office for Civil Rights, please go to <https://ocrportal.hhs.gov/ocrsmartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-800-368-1019, TDD: 1-800-537-7697

ENGLISH: To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to, oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Aetna Better Health Member Services at **1-833-711-0773 (TTY: 711)**.

SPANISH: Para ayudarle a entender este aviso, disponemos de asistencia lingüística, servicios de interpretación y ayudas y servicios auxiliares si los solicita, sin costo alguno para usted. Los servicios disponibles incluyen, entre otros, traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando al Departamento de Servicios para Miembros de Aetna Better Health al **1-833-711-0773 (TTY: 711)**.

NEPALI: यो सूचना तपाईंलाई बुझ्न सहायता गर्न तपाईंको निम्ति निःशुल्क रूपमा आग्रह गर्नुभए अनुसार भाषाको सहायता, अनुवादका सेवाहरू र थप सहायता र सेवाहरू उपलब्ध छन्। समावेश भएका सेवाहरू उपलब्ध छन् तर मौखिक अनुवाद, लिखित अनुवाद र थप सहायतामा सीमित छैनन् तपाईंले **1-833-711-0773 (TTY: 711)** मा Aetna Better Health सदस्य सेवाहरूमा फोन गरेर यी सेवाहरू र/वा थप सहायता आग्रह गर्न सक्नुहुन्छ।

ARABIC:

مساعدتك في فهم هذا الإخطار، تتوفر المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات والخدمات المعينة عند الطلب مجانًا. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر، الترجمة الشفوية والترجمة الكتابية والمساعدات المعينة. يمكنك طلب هذه الخدمات و/أو المساعدات الإضافية عن طريق الاتصال بخدمات أعضاء Aetna Better Health على الرقم **(TTY: 711) 1-833-711-0773**.

SOMALI: Si lagaaga caawiyo fahanka ogaysiiskan, kaalmada luqadda, adeegyada turjumaada hadalka ah, iyo qalabka kaalmada naafada iyo adeegyada waxaa la heli karaa marka la codsado iyagoon kharash kugu taagnayn adiga. Adeegyada la heli karo waxaa ku jira, laakiin kuma xadidna, turjumaada hadalka, turjumaada qoran, iyo qalabka kaalmada naafada. Waxaad codsan kartaa adeegyada iyo/ama qalabka kaalmada naafada addoo soo wacaya Adeegyada Xubinta Aetna Better Health lambarka **1-833-711-0773 (TTY: 711)**.

RUSSIAN: Если вам нужна помощь в понимании данного уведомления, вы можете обратиться за языковой поддержкой, услугами устного перевода, а также вспомогательными средствами и услугами, которые по запросу оказываются бесплатно. Доступные услуги включают, помимо прочего, устный перевод, письменный перевод и вспомогательные средства. Вы можете обратиться за данными услугами и/или вспомогательными средствами в отдел обслуживания участников Aetna Better Health по телефону **1-833-711-0773 (TTY: 711)**.

FRENCH: Pour vous aider à bien comprendre cet avis, vous pouvez faire appel à des services gratuits d'interprétation et d'aide auxiliaire. Par exemple, vous pouvez vous faire traduire un texte par oral ou par écrit, ou encore bénéficier d'autres services auxiliaires. Pour solliciter ces services et/ou une aide auxiliaire, appelez le service réservé aux membres Aetna Better Health au **1-833-711-0773 (TTY: 711)**.

VIETNAMESE: Để giúp quý vị hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ thông dịch, và các dịch vụ và hỗ trợ phụ trợ được cung cấp miễn phí theo yêu cầu cho quý vị. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn, dịch nói, dịch văn bản và các hỗ trợ phụ trợ. Quý vị có thể yêu cầu các dịch vụ này và/hoặc hỗ trợ phụ trợ bằng cách gọi cho Dịch vụ Hội viên của Aetna Better Health theo số **1-833-711-0773 (TTY: 711)**.

SWAHILI: Ili kukusaidia kuelewa ilani hii, usaidizi wa lugha, huduma za ukalimani na vifaa vya kusikia na huduma zinapatikana ukiomba bila malipo yoyote. Huduma hizi ni pamoja na, bila kuishia kwa hizi tu, tafsiri ya mdomo, tafsiri ya maandishi na vifaa vya kusikia. Unaweza kuomba huduma hizi na/au vifaa vya kusikia kwa kupigia simu Aetna Better Health Member Services kwa nambari **1-833-711-0773 (TTY: 711)**.

UKRANIAN: Щоб допомогти вам зрозуміти це повідомлення, за запитом вам безкоштовно може надаватися мовна допомога, послуги перекладу, а також допоміжні засоби й послуги. Такі послуги включають, крім іншого, усний переклад, письмовий переклад та допоміжні засоби. Ви можете замовити ці послуги та/або допоміжні засоби, зателефонувавши в службу підтримки учасників Aetna Better Health за номером **1-833-711-0773 (TTY: 711)**.

CHINESE (TRADITIONAL): 為幫助您理解本通知，我們可應您的要求免費提供語言協助、口譯服務以及輔助設備和服務。提供的服務包括但不限於口譯、筆譯以及輔助設備。您可致電 Aetna Better Health 會員服務部，要求獲得這些服務和/或輔助設備，電話號碼為：**1-833-711-0773 (TTY : 711)**。

KINYARWANDA: Kugira ngo ufashwe gusobanukirwa neza iri tangazo, ubufasha mu by'ururimi, serivisi z'ubusemuzi n'ibikoresho bifasha abafite ubumuga bwo kutumva na serivisi bijyanye biboneka bisabwe kandi nta mafaranga wishyuzwa. Serivisi ziboneka harimo, ariko ntabwo zigarukira gusa ku, busemuzi, ubusemuzi bw'inyandiko n'ibikoresho bifasha abafite ubumuga bwo kutumva. Ushobora gusaba izo serivisi cyangwa ibikoresho bifasha abafite ubumuga bwo kutumva uhamagaye Aetna Better Health Member Services kuri **1-833-711-0773 (TTY: 711)**.

CHINESE (SIMPLIFIED): 为帮助您理解本通知，我们可应您的请求免费提供语言援助、口译服务以及辅助设备和服务。提供的服务包括但不限于口译、笔译以及辅助设备。您可致电 Aetna Better Health 会员服务部，请求获得这些服务和/或辅助设备，电话号码为：**1-833-711-0773 (TTY: 711)**。

PASHTO: په دې خبرتيا د پوهيدو په برخه كې ستاسو سره د مرستې لپاره، د غوښتنې په صورت كې د ژبې اړوند مرسته، د ژباړې خدمتونه، او مرستندويه كومكونه او خدمتونه پرته له كوم لگښت څخه شتون لري. په شته خدمتونو كې شفاهي ژباړه، ليكلي ژباړه، او مرستندويه كومكونه شامل دي، خو تر دې پورې محدود ندي. تاسو كولى شئ د Aetna Better Health د غړو خدمات ته په **(TTY: 711) 1-833-711-0773** تليفون كولو سره د دې خدماتو او/يا فرعي مرستو غوښتنه وكړئ.

AMHARIC: ይህን ማሳሰቢያ እንዲረዱት ሊያገዝዎ የሚያስችሉ የቋንቋ እርዳታ፣ የትርጉም አገልግሎቶች፣ እና ተያያዥ ድጋፎች እና አገልግሎቶች ሲጠይቁ እርስዎ ምንም ወጪ ሳያወጡ ማግኘት ይችላሉ። ያሉት አገልግሎቶች የቃል ትርጉም፣ የጽሁፍ ትርጉም፣ እና ተያያዥ ድጋፎች እና ሌሎችን ይጨምራል። እነዚህን አገልግሎቶች እና/ወይም ተያያዥ ድጋፎችን ወደ Aetna Better Health የአባል አገልግሎቶች በ **1-833-711-0773 (TTY: 711)** በመደወል መጠየቅ ይችላሉ።

GUJARATI: આ સૂચનાને સમજવામાં તમારી મદદ કરવા માટે, ભાષા સહાય, દુભાષિયા સેવાઓ અને વધારાની સહાય અને સેવાઓ વિનંતી કરવા પર તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. ઉપલબ્ધ સેવાઓમાં મૌખિક અનુવાદ, લેખિત અનુવાદ અને વધારાની સહાયનો સમાવેશ થાય છે, પરંતુ સેવાઓ એટલા સુધી મર્યાદિત નથી. તમે Aetna Better Health Member Servicesને **1-833-711-0773 (TTY: 711)** પર કોલ કરીને આ સેવાઓ અને/અથવા વધારાની સહાયની વિનંતી કરી શકો છો.

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