Working with your providers

You should get most of your care from doctors and providers in our network. You can look at the Aetna® Medicare HIDE (HMO D-SNP) provider directory online. You can also call Member Services if you need help finding a provider or want a printed copy mailed to you.

Sometimes, you may need care but can't access a network provider. If this happens, you may be able to see a provider outside the network.

Out-of-network care

If there are no network providers near you or you can't get an appointment with one, we can help you get a referral to a provider outside the network. You will not pay more when we help set up this care for you. The service will be covered while it's not available within the network.

We won't make the appointment for you. Your care manager can explain how to get out-of-network care. They can also help you understand how to make the appointment.

Getting care from your providers

Your primary care provider is also called your PCP. Your PCP is usually the first person you call for most health care needs. Sometimes, you may need to see a specialist. A specialist is a doctor who treats certain health problems.

Your PCP can help you choose a specialist. Your PCP can also give you a referral if you need one. You do not need a referral or approval to see most specialists in the network.

Check your member handbook to learn more about getting care, including:

- Primary care
- Specialty care
- Behavioral health care
- Emergency care

Some members have special health care needs. Some may need long-term services and supports, also called LTSS. These members may be able to see specialists in our network without a referral or approval first. This depends on their health needs.

Care Management will review members' health needs to help find out who may need this type of care. Direct access means you can see a specialist in our network without getting a referral or approval first. We may still ask the specialist to share information with us about your care.

Getting a second opinion

You may not always agree with your doctor's care plan. If this happens, you can ask another provider for a second opinion. You will not pay extra if you get a second opinion from a network provider. You don't need approval first.

What to know about provider payments

Some providers may get added payments for how they help manage care. These payments are called physician incentive plans. These plans are meant to help providers help keep members healthy. They can also help them avoid care that may not be needed and help manage health care costs.

You may have questions about whether these payments affect your care. You can ask us for information about these payment plans.

Call the Member Services number on your member ID card if you have questions about your plan or need help with your care choices.

The provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.