

Examples of how our Continuity of Care program works:

Sharon talks to an Aetna nurse during annual enrollment regarding her upcoming surgery

73-years old ▶ Knee replacement surgery scheduled January 10, 2020, under her supplemental Medicare plan



- Sharon attends an annual enrollment meeting in October after having a recent knee replacement surgery. She is planning to have the other knee replaced after the holidays.
- She shares her concern with a nurse at a meeting that her procedure may be delayed with the change in her medical plan.



- During the conversation, the nurse explains the benefits of the plan and reassures Sharon by explaining our Continuity of Care program.
- The nurse flags Sharon in the database for a clinical call-back.



- In late November, a nurse contacts Sharon to gather information about her upcoming surgery and enters the approval in Aetna's Care Management Systems.
- We send a Continuity of Care Confirmation Letter validating the approval.

Jorge calls our member service team with concerns about his course of treatment for cancer

67-years old ▶ Recently diagnosed with cancer ▶ Surgery was recently completed to remove the cancer ▶ Chemotherapy started prior to hospital discharge



- Jorge is struggling with fatigue from chemotherapy and was unable to attend the annual enrollment meeting in his town.
- Since Jorge was could not attend, he called our member services, based on the information Aetna sent out in the meeting invitation.
- During the call, Jorge expresses concern regarding a disruption in his treatment because his provider is not currently in the Aetna network.



- Member services contacts Jorge's doctor while Jorge is on the line to ensure the doctor will accept the new plan.
- The Member Service Representative reassures Jorge that his care will continue by explaining Continuity of Care and offers to have a nurse contact him in mid-November.
- Jorge is flagged for a callback to follow up.



- As scheduled, a nurse contacts Jorge in November to gather information about his care, and enters any needed approvals into Aetna's Care Management Systems.
- Because of Jorge's complex needs, a nurse initiates the appropriate Care Management resources to work with Jorge and his doctor to finish treatment in February and develop a follow-up treatment plan.



Our members come first

Retiree Continuity of Care information for The University of Chicago

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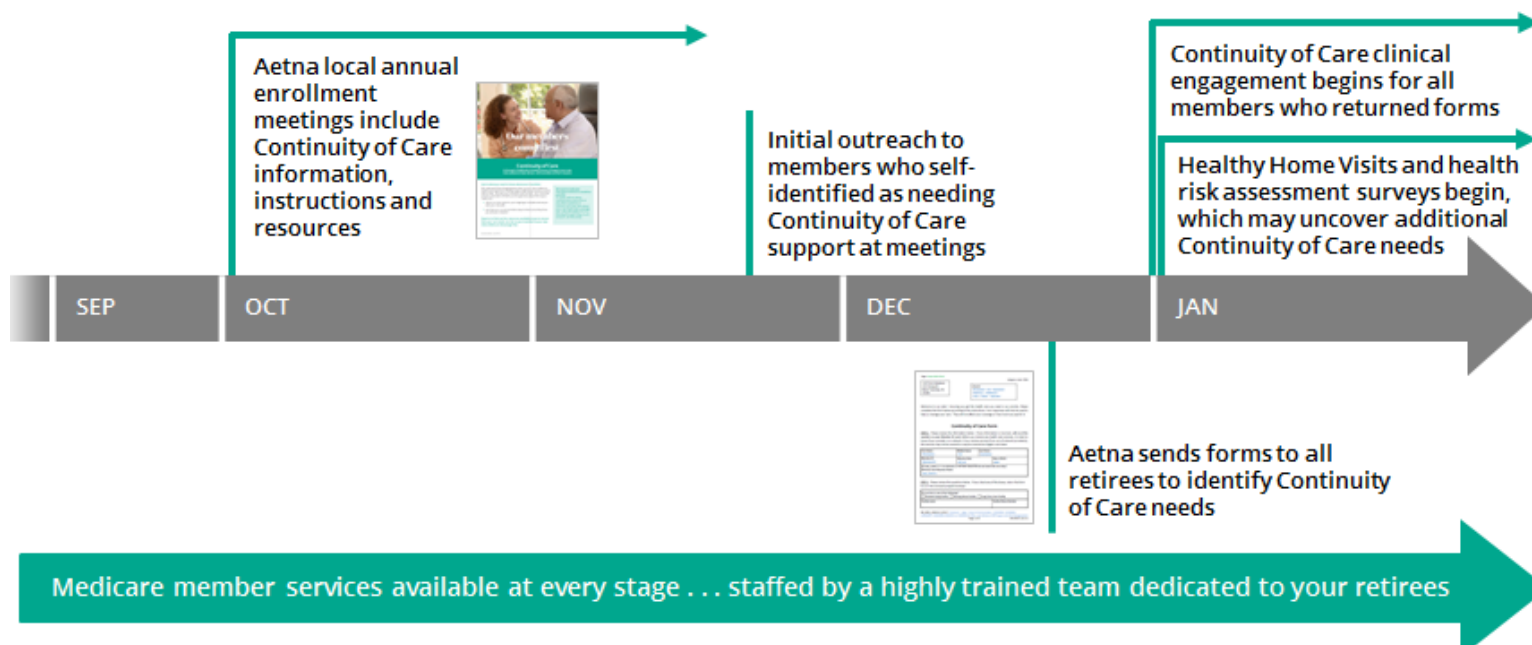
A change in health plan should not mean a change in care. Our Continuity of Care program will support the University of Chicago retirees in the midst of critical health issues and treatments

We'll ensure your retirees transition seamlessly to their new Medicare Advantage plan without any gaps in coverage or care. This includes members who are currently in treatment, have procedures scheduled or are engaged with a case manager. The University of Chicago retirees will feel confident as they transition to their Medicare Advantage plan, thanks to our multi-faceted Continuity of Care program. We recognize that it's important retirees remain with their current doctors for treatment, and we will ensure they receive uninterrupted care under the new Medicare Advantage plan.

Our efforts will focus on identifying and engaging your retirees who may need the most support, but may not know how to get it. We are committed to:

- **Supporting** members undergoing care for sensitive conditions - such as cancer, congestive heart failure and transplant situations - who are receiving care 45 days prior to January 1 (whether or not their providers are in the network)
- **Providing** the highest level of assistance if a member's provider is not in the plan's network
- **Designing** a comprehensive program to allow these members to continue receiving care from their provider and to ensure the provider will accept our plan in the future
- **Identifying** members for our program; this would include, but not be limited to: members with specific clinical episodes (e.g. cancer, transplants, etc.); members with high specialty pharmacy costs whose medications were prescribed by non-participating providers; members with the most severe and sensitive conditions, along with high total costs of care
- **Working** collaboratively with members who are engaged with their current health plan's case or disease management
- **Communicating** with members to reduce anxiety and concern, reassuring them that a change in their plan does not have to mean a change in their care

How we will communicate Continuity of Care support to the University of Chicago retirees



We'll include these key points to reassure and educate the University of Chicago retirees:

All communications and outreach will reassure retirees that they're being supported, ease any fears that this new plan will negatively impact their care and encourage them to contact us if they need additional support. This messaging will be used in communications received for all your retirees:

1. Changing to the Aetna plan doesn't mean changing your medical care

- Coverage and medical care will continue with the new plan if members have or expect to have a medical situation go beyond December 31, 2019
- Ongoing or complex care beyond December 31, 2019 will be uninterrupted, including the provider relationships that support these members' care

2. Aetna will offer retirees additional support they need for these Continuity of Care situations:

▪ Cancer	▪ Bipolar disorder	▪ Treatment after any major medical/surgical occurrence
▪ COPD	▪ Congestive heart failure	
▪ Stroke	▪ Chronic kidney disease without dialysis	▪ Planned hospital admission for surgery or a procedure scheduled in late 2019 or early 2020
▪ Diabetes	▪ Substance abuse	
▪ Pneumonia	▪ Major depression	

3. Everyone will be cared for, no matter their condition

- They'll still be accepted as a member of the Aetna plan
- Their condition won't make them pay higher premiums or higher cost share for medical

4. We're here to help

- A single call to us will get their support process moving
- They can attend an annual enrollment meeting to find out more or talk face-to-face with a nurse
- They can bring others (spouse and/or personal advisor(s)) to the meeting to help them understand what they need to do or to articulate their situation better
- We will ask the retiree if they need help determining if their provider is part of our network or will accept our plan
- We will ask the retiree if they have any health or wellness concerns
- We will clarify that we will get the process moving when support is needed

We understand the critical factors to ensure Continuity of Care success:

- **Member identification through clinical analysis** – Our clinical team will focus on triggers and utilization management criteria
- **Member identification through outreach and annual enrollment meetings** – triaging member care advocacy needs through personal interactions
- **Member experience** – including related communications in multiple formats that reach retirees impacted by the change in plan
- **Benefit administration** – handling of benefits in the first 90 days for members seeing non-participating providers
- **Aetna team resolution process** – working collaboratively across operations, network, account management and clinical to close all gaps and ensure smooth member transition