

Welcome to Aetna Better Health[®] of Illinois

Fall 2021



HEDIS Season is approaching! We'll be outreaching soon to collaborate.

Thank you for your continued support and care of our most important asset, the health and well-being of our members.

During HEDIS (Healthcare Effectiveness Data and Information Set) Hybrid Season, Aetna Better Health[®] of Illinois's Quality team will send out requests to our network providers for access to members' medical records for services that haven't been captured in claims.

In anticipation of HEDIS Hybrid season, a Quality representative will contact your organization in the next

couple of weeks to update our provider demographic information. The representative will ask for information such as the organization's street address, phone number, fax number, email address, contact person for medical records, venter information, and preferred request mode (fax, email, or mail).

Our goal is to capture all performed services with 100% accuracy.

ABHIL appreciates your cooperation and ongoing collaboration.

Aetna Better Health of Illinois is part of the CVS Health[®] family of companies.

AetnaBetterHealth.com/Illinois-Medicaid



Aetna Better Health[®] of Illinois

Closing Care Gaps One Prescription at a Time | CVS HealthTag Program

CVS's HealthTag is an enterprise-wide messaging program that Aetna uses to reach out to members who use a CVS pharmacy to refill prescriptions. Our goal is to communicate messages about health and wellness and close gaps in care.

Different message-delivery methods can be used, including

- printed messages on the prescription label.
- printed label plus spoken reinforcement by the pharmacy technician at pick-up.
- printed label plus spoken reinforcement by the pharmacist.

The messages aim to influence quality measures by

- promoting condition management, preventative services, and plan benefit awareness.
- providing important reminders to members with a gap in care, reminders that can lead to behavioral change and better health outcomes.



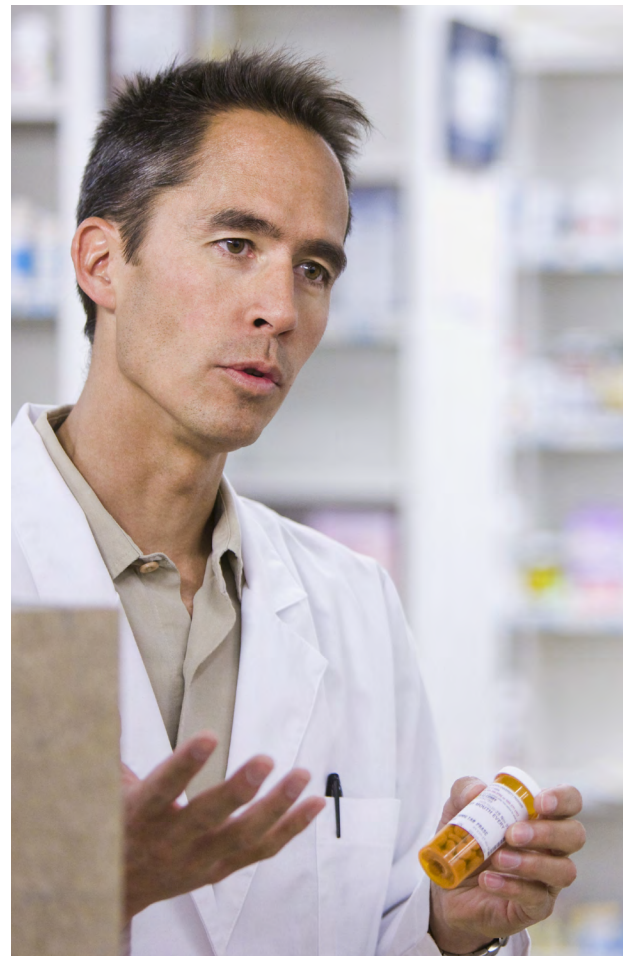
November Campaigns

Blood Glucose test supplies available at No Charge (CDC)

Importance of A1c checks for Diabetics (CDC-A1c)

Cervical Cancer Screening Reminder (CCS)

Colon Cancer Screening Reminder (COL)





Aetna Better Health of Illinois – Promoting Member Satisfaction and Improved Health Outcomes

About CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program aims to advance our scientific understanding of patients' experience with health care. CAHPS surveys assess patients' experience with health care services delivered in different settings and for specific conditions.

Survey season will be starting in late February and closing in May.

Aetna engages the vendor Center for the Study of Services, CSS, to facilitate the CAHPS surveys.

The CAHPS presurvey events and overall activities include an initial survey package, initial reminder/thank-you postcard, replacement survey package, second reminder/thank-you postcard, and telephone follow-up phase targeting non-respondents.

ABHIL will follow the same approach for the 2022 CAHPS survey.

2021 Survey Completion Rate & Demographics

- In 2021, 3% more members responded compared to 2020.
- The gender breakdown is 43.5% male and 56.5% female.
- The race* breakdown is 59.5% Caucasian, 25.3% Black or African American, 15.7% Hispanic or Latino, 8.2% Asian, 3.9% American Indian or Alaskan Native, 0.5% native Hawaiian or other Pacific Islander, and 11.1% other.

*Members can identify as more than 1 race



High level trends & Next Steps

- 2021 CAHPS improvement drivers and our focus for the 2022 CAHPS Improvement Action Plan:

Top Priorities for Quality Improvement

1. Improving health-plan provider network (highly-rated personal doctors)
 2. Improving member access to care (ease of getting needed care, tests, or treatment)
 3. Improving the ability of the health-plan customer service to provide necessary information or help
 4. Improving health-plan provider network (highly-rated specialists)
- The detailed CAHPS results will be shared with our provider groups in the 4th Quarter JOCs and provider engagement forums.

What Providers Can Do to Help: Quality Performance Improvement Strategies

We want our members to feel comfortable visiting their providers. Making patients feel comfortable and understood improves their overall health by increasing their willingness to schedule visits.

Here are some things you can do to improve members' experience and overall satisfaction:

- Introduce all people on the team and in the appointment.
- Sit at eye level to the member or parent when communicating.
- Position your EMR screen so that you can still easily make eye contact with the member.
- Ask members if all of their questions have been answered.
- Summarize the discussion and ask the member to confirm understanding of the plan, including the next steps.
- Provide a visit summary.
- Provide same-day appointment scheduling.
- Improve referral communication: the coordination of care between primary and specialist providers can be a challenge and may affect patients' perceptions of their specialist care.



Letter to Providers

New P.O. Box Address and Vendor for Paper Claim and Claim Correspondence

Correspondence – Effective 3/15/2022

Submitting claims correctly results in faster payments. To assist us in processing and paying claims efficiently, accurately, and promptly, we highly encourage practitioners and providers to submit claims electronically whenever possible.

ABH offers multiple submission options for you to choose from, including sending paper claims through the mail. In 2022, Aetna Better Health will be replacing the current vendor, Change Healthcare (CHC), with Conduent for services related to the receipt and imaging of paper claims and claim correspondence.

As a result, beginning March 15, 2022, P.O. Box 66545 will no longer be valid. Paper submissions should be mailed instead to the address below:

Aetna Better Health of Illinois
P.O. Box 982970
El Paso, TX 79998-2970

Mail will be forwarded from the old address (P.O. Box 66545 in Phoenix, AZ) to the new address (P.O. Box 982970 in El Paso, TX) for 12 months after March 15th, 2022.



Please Note:

- Additional information related to filing claims is available by consulting your ABHIL Provider Manual.
- You can find resources related to submitting claims by accessing the Claims Overview, available via the ABHIL Provider site.
- Please review the March 2021 communication discussing the transition to ConnectCenter: The Aetna Better Health Plan of Illinois Portal is Getting an Upgrade!
- If you have any questions about our claim submission process, please contact our Provider Services Department at 1-866-329-4701.

Applied Behavioral Analysis (ABA) Services

Aetna Better Health® of Illinois recognizes the importance of behavioral-health services in maximizing outcomes for our members and the critically important role providers play. We seek a direct relationship with you and other behavioral-health providers and wish to collaborate with you in achieving the best results for the lives we both serve.

Additionally, Aetna Better Health of Illinois has developed an integrated model that more effectively bridges the gaps between behavioral health and other types of service, making it easier for providers to communicate and coordinate with one another. This will enable them to provide members with more holistic care and services. Knowing that your providers have much to contribute, we want to work with you as partners in a shared mission to integrate the worlds of behavioral and medical health care.

Perks of becoming a participating ABA provider with ABHIL:

- Our negotiated rates are competitive, and we provide additional incentive opportunities for our contracted providers and caregivers.
- We've streamlined our process to make it easier for you to do business with Aetna Better Health of Illinois. Our online tools make the billing process easier for you and your staff.
- We depend on your capabilities to deliver the right care in the right place and have developed utilization management services that require less red tape in navigating care administration.
- Our Provider Experience and Care Management teams are local and organized in a way that facilitates faster responses to inquiries and concerns.

To join more than 40,000 providers across Illinois and the surrounding states who already participate and provide integrated care to our communities, follow these steps:

Step 1. Ensure you have been approved as an ABA provider and credentialed as such via IMPACT: <https://www.illinois.gov/hfs/impact/Pages/default.aspx>.

Step 2. Carefully review the Participating Provider Agreement (PPA) included in the packet.

Step 3. Sign and date the Participating Provider Agreement (PPA) in the designated areas.

Step 4. Return the signed PPA, W-9, and provider demographic data using the IAMHP roster and the Disclosure of Ownership (DOO) form. This information is critical for ensuring we have the most current and accurate data for your providers in our system.

We look forward to your participation. If you have any questions, please feel free to reach out to us via phone at **1-866-329-4701** or email to ABHILContracting@aetna.com.

To learn more about the coverage for ABA services under HFS, please visit:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn201030c.aspx>.

Prior Authorization Reform Act (HB0711) - Public Act 102-0409

The Prior Authorization Reform Act (HB0711) takes effect January 1, 2022. This Act provides requirements related to disclosure and review of prior authorization requirements, implementation of prior authorization processes, and denial of claims/coverage by utilization review organizations. All managed care organizations are required to comply with the requirements of the Prior Authorization Reform Act.

[Public Act 102-0409](#) is available for review via the [Illinois General Assembly website](#).



Claims Corner

Itemized Bill Process

Certain high-dollar inpatient DRG claims with an expected reimbursement of \$25K or more may require an Itemized Bill.

Please submit your documentation to OPTUM through the reconsideration process by email, fax, or mail within 180 calendar days from the date of service.

Email: MCA@Optum.com
Fax: 800-435-2049
Mail: 600 12th St. Suite 300
Golden, CO 80401

We are looking to enhance our self-service reporting capabilities in 2022 to allow providers to access the report of claims requiring itemized bills for this organization. You may also request a listing of claims in which an itemized bill is required by submitting a request to your assigned Network Relations Consultant in the interim.

Claim Submission

Please ensure electronic claims are submitted using the appropriate payer ID for each plan. Below are the payer IDs for each plan.

Health Plan	Payer ID
Aetna Better Health of IL Medicaid	68024
Aetna Better Health Premier (MMAI)	26337

Where to Submit Claims and Supporting Documentation

Submit original copies of claims through the mail (do NOT fax). To provide supporting documentation, such as member's medical records, clearly label and include with submission. Send to the address below:

Aetna Better Health of Illinois
P.O. Box 66545
Phoenix, AZ 85082-6545

EFT and ERA Enrollment Forms Submission

To ensure your EFT and ERA enrollment forms are processed correctly, you will need to submit them using the correct plan fax number or email address. If a form is submitted using the incorrect plan fax or email, it will not be processed.

Health Plan	EFT/ERA Submission Pathway
Aetna Better Health of IL Medicaid	Fax: 855-254-1793 or email: ABHILProviderRelations@aetna.com
Aetna Better Health Premier (MMAI)	Fax: 855-408-0291 or email: ERA: ILProviderUpdates@aetna.com EFT: BHILFinance@AETNA.com

continued on next page



Claims Corner continued

EMR (Electronic Medical Records)

Aetna Better Health maintains all inpatient records in electronic form, including MD orders, medication lists, diagnostic procedures, imaging, surgical services/procedures, history and physical, daily progress notes, specialist notes, and plans of care.

Value to Providers:

- A richer data set gives a holistic view of member health status that will allow Aetna to do a more comprehensive medical-necessity review.
- Our nurses can complete prior authorizations and/or claims reviews more quickly.
- Access to patients' records will reduce phone calls and fax requests from us for missing clinical information, reducing the administrative work needed for your team to respond.
- Fewer administrative denials from us for missing clinical information will occur.
- Aligning our nursing staff to your facility fosters seamless local collaboration, improving your facility's and Aetna's relationship.
- EMR reduces the chances of clinicals being sent to an incorrect or non-working fax number.
- Clinicals and medical records can be accessed on weekends, holidays, and during staff time off.

IAMHP Billing Manual for Claim Submission and Resource for Billing Issues

The IAMHP Comprehensive Billing Manual is designed to provide support and guidance to contracted Medicaid managed-care providers on Medicaid billing services. The manual is updated every quarter and more frequently if required. Providers are notified when the manual is updated. The full, updated manual and modification/update grid are posted on the website www.iamhp.net.

CLAIMS RUN-OUT UPDATE: December 1 Deadline is Approaching

As communicated in July, 2021, providers have until December 1, 2021, to submit any claim inquires for dates of service prior to December 1, 2020. A copy of this notice can be located [HERE](#).

For all filings related to dates of service (DOS) prior to December 1, 2020:

What: Claims Status Inquires
Corrected Claims
Reconsiderations/Disputes

Who/Where: Secure Claims Inquiry Mailbox: ABHILHIPAA@aetna.com

When:

DECEMBER 2021							
WK	SUN	MON	TUES	WED	THUR	FRI	SAT
49				1	2	3	4
50	5	6	7	8	9	10	11
51	12	13	14	15	16	17	18
52	19	20	21	22	23	24	25
1	26	27	28	29	30	31	



What's New in 2022

Aetna Better Health of Illinois wants to continue to grow and strengthen our relationships with our valued provider partners. We have heard your concerns and are finding new and innovative ways to keep you in the loop. You will receive monthly communications from your assigned Provider Experience representative with a wealth of information to support your relationship with our health plan.

In addition, our health plan is gearing up for some exciting and informative provider summits, both virtual and in-person, in 2022. Be on the lookout for our calendar of events and [click here](#) or scan the QR code to register to attend one of the upcoming sessions.



The Availity Provider Portal is live!

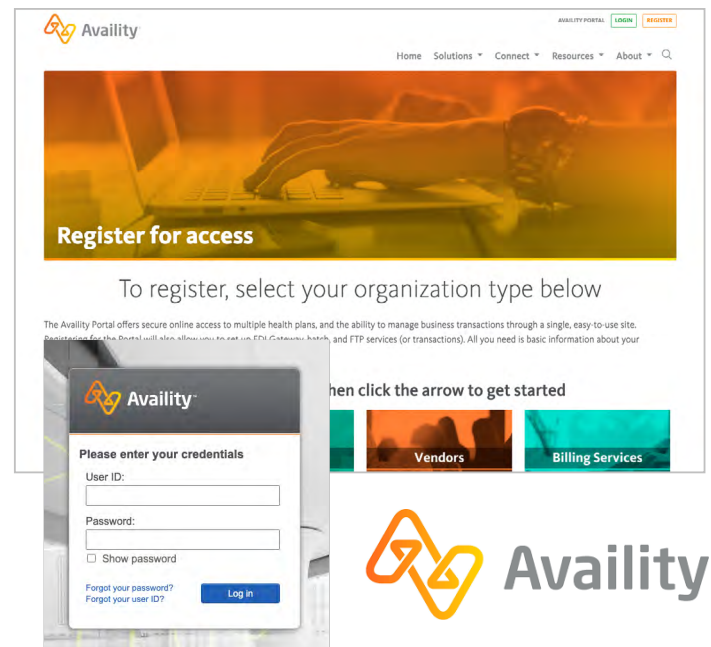
Join the crowd today and sign up!



Availity is the new destination where health plans connect with their providers for meaningful collaboration. Availity is live for all Aetna Medicaid plans. More features are being added throughout the year.

Through a sophisticated multi-payer portal and Intelligent Gateway solution, Availity simplifies complex provider engagement processes like HIPAA transactions, provider demographic-data management, clinical-data exchange, and much more. Built on a powerful, intelligent platform, Availity provides business solutions that strengthen communications, improve financial performance, and simplify processes and systems.

If you are new to Availity and want to register your provider organization, you should begin by creating your Availity user account. **Start by clicking Register on the [Availity home page](#).**



Spotlight: Your Provider Experience Team

Your ABH of Illinois Provider-Experience team is your one-stop shop for managing your relationship with Aetna Better Health of Illinois.

Here are the Top 10 Reasons you would want to connect with an ABH of Illinois Provider-Experience team member:

1. Claims questions, inquiries, and reconsiderations
2. Finding a participating provider or specialist for referral or member inquiry
3. Making a change request for provider demographics
4. Requesting access or getting help navigating our secure web portal
5. Scheduling trainings, site visits and other provider meetings
6. Getting information about joining the ABH of Illinois network and requirements for participation
7. Questions related to contractual language or terms
8. Clarifying updates on bulletin or policies
9. Escalating concerns related to claims, demographics, or authorizations
10. Requesting a copy of your Provider Data Setup and/or Participating Provider Agreement

Our Network Relations Consultants are locally based and can assist with any questions that arise. A wealth of valuable information is just a click away.

A listing of Assigned Network Relations Consultants can be located on our Provider Resources Page: [HERE](#)

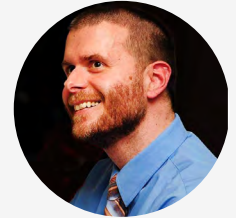
In the event your assigned consultant is unable to assist with your request, please feel free to connect with a leader within the ABHIL Provider Experience team.

Our Provider Home Page houses the most current information and forms. You may also request hard copies of documents by contacting your Network Relation Consultant, emailing our Provider Relations mailbox at ABHILProviderRelations@aetna.com, or calling our Provider Services Line at **1-866-329-4701**.

OUR PROVIDER EXPERIENCE TEAM LEADERS



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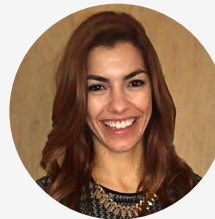
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1-866-329-4701



aetnabetterhealth.com/illinois-medicaid/providers/index.html



ABHILProviderRelations@aetna.com



REMINDER: IAMHP ROSTER TEMPLATE

Effective 10/01/2021, IAMHP has updated the required universal roster based on feedback from the provider and health-plan community. As a reminder, please note that the IAMHP universal roster is statutorily required to be accepted by all Medicaid Health Plans and to be completed by all providers seeking to participate in the Medicaid networks of Medicaid Health Plan. The most current FAQ and Template are available via the links below:

[IAMHP Roster Template Memo](#)

[IAMHP Roster Template FAQ](#)

Key Contact Information

Provider Service Phone: 866-329-4701 (TTY: 711)

Provider Website:

www.AetnaBetterHealth.com/Illinois-Medicaid

Network Relation Consultants:

<https://www.AetnaBetterHealth.com/illinois-medicaid/providers/provider-resources.html>

Provider Notices and Bulletins:

<https://www.aetnabetterhealth.com/illinois-medicaid/providers/newsletters.html>

Member Service Phone: 866-329-4701 (TTY: 711)

Member Benefits Website:

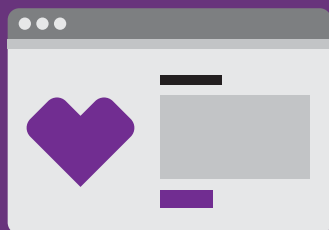
<http://www.healthybenefitsplus.com/ABHIL.com>

Availity: Karen Vick, Provider Engagement Trainer

Availity Learning

904-538-5814

Karen.Vick@availity.com



Provider Satisfaction Reminder & Return to Office Survey

Please share your thoughts with us as we look forward to 2022

<https://www.surveymonkey.com/r/ABHILR20>

