

Aetna Better Health® of Illinois Provider E-Newsletter

Summer 2022



Provider feedback survey

Dear Valued Provider,

We want to ensure our providers find value in their interactions with our Medicaid health plan. We're seeking your feedback about your experience to help us enhance our partnership. Scan the code to take a brief survey or [use this link](#).

Thank you for your time.

Sincerely,

Fallon C. Moore-Huff
Chief Network Officer



Do we have your latest W-9?

We're required to collect a W-9 for every Tax Identification Number (TIN) in our network. It must be the most current form version available from the IRS. Upload your updated W-9 electronically on our [provider website](#). Email our team at ABHILProviderRelations@aetna.com with questions.



Aetna Better Health® of Illinois

is committed to developing positive, long-term relationships with the members, providers and communities we serve. Like you, we're focused on member outcomes, quality of care and keeping the cost of health care down. Think of us as an extension of your team.

Our Provider Experience leadership team



Fallon Moore-Huff
Chief Network Officer



Brandi Williams
Senior Director,
Provider Experience



Steve Inzerello
Senior Director,
Provider Experience



Anxhela Mile
Manager,
Provider Relations



Angelique Momon
Manager,
Provider Relations

What's new?

COVID-19 vaccines for children

COVID-19 vaccination is now available for children ages 6 months and older. We encourage pediatric providers to offer COVID-19 vaccines in their offices.

[Learn more](#)

In-person visits

Our Provider Relations team has resumed in-person visits. We look forward to connecting with you.

[Schedule a visit with your representative](#)

Daily census available

We've added the Admission Discharge and Transfer (ADT) daily census to the Provider Portal. The census is updated four times each day. Data includes emergency department visits, observations and inpatient admissions.

[Visit the portal](#)

Provider reminders

Orientation for new providers

Our goal is to make sure all new providers have the tools and resources they need for seamless navigation. [Register here](#) for orientation on one of these dates:

- August 17
- August 31
- September 14
- September 28

New email address for roster submissions

Our new email inbox at ABHILProviderUpdateRequests@AETNA.com is specifically for in-network providers to submit rosters, demographic updates and other information. Use the updated [Universal IAMHP Roster Template](#) provided by the Illinois Association of Medicaid Health Plans (IAMHP).

Reach out to your assigned network relations analyst or email ABHILProviderRelations@AETNA.com with questions.

Provider disputes and reconsiderations

In-network providers have the right to file a reconsideration related to a claim denial or claim payment. A reconsideration can be submitted if a claim doesn't require any changes, but the provider wishes to dispute the original outcome. Providers have 90 calendar days from the denial date to submit a reconsideration either electronically or in writing. Visit our [provider website](#) for additional guidance and supporting documentation.

Increasing HPV vaccination rates

As students come in for their summer checkups, make the **human papillomavirus (HPV)** a key part of your immunization focus. The CDC estimates that HPV vaccination could prevent more than 90% of cancers caused by the virus from developing. They encourage health care professionals to recommend it in the same way and on the same day as other vaccines for adolescents.

[Learn more from the CDC](#)

Cervical cancer screenings

Cervical cancer screenings for women ages 21-64 is one of the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures that ensure our members receive timely and quality care. For 2022, cervical cancer screenings are measured with these criteria:

- Women age 21-64 who had cervical cytology performed within the last three years
- Women ages 30-64 who had cervical high-risk HPV testing within the last five years
- Women ages 30-64 who had cervical cytology and HPV co-testing within the last five years

Members who receive these screenings are eligible for incentives through the Aetna® Better Care Rewards program and providers are eligible for incentives through the Pay for Performance (P4P) program.

[Get details on P4P incentives](#)

Provider notices

Stay up to date with the latest news and other important information from Aetna Better Health® of Illinois. Get these notices and more on our [provider website](#):

- Provider Education: Coding Validation
- FAQ for SNIP Level 3 and 4 Edits
- Itemized Bill (I-Bill) Submission Process
- Untimely submissions and mailing address
- Clinical, payment and coding policy changes

**The Aetna Better Health® of Illinois 2022
Pay-for-Performance (P4P) Program rewards
providers for delivering high-quality care to
our members.**

[Learn more about P4P](#)

Submitting pharmacy prior authorizations

Pharmacy prior authorizations can be submitted electronically via CoverMyMeds® and Surescripts, in addition to phone or fax. Electronic submissions are updated with the latest criteria necessary for approval.

Find drug approval guidelines

Online pharmacy resources

Aetna Better Health® of Illinois offers online pharmacy resources for members and providers including:

- Preferred drug lists
- Resources on ordering specialty medications
- Forms
- Available programs

Connect to pharmacy resources

Quality is here to help

Our Quality Department is focused on improving the quality of service to our providers through incentive programs, [HEDIS gap closure and reporting](#), and Supplemental Data Exchange (SDS) standardized flat file data feeds.

Reach out to our Quality team at ABHILQualityOutreach@AETNA.com.

Tips for more accurate coding

Here are a few tips to help practices improve coding accuracy for optimal reimbursement outcomes:

Documentation is one of the easiest ways to improve medical coding accuracy. The more detail, the higher the reimbursement. Keep in mind that reimbursement is based on what exists in the medical record.

Coding quality audits are essential to coding improvement strategy. Audit findings can guide practices on improving coding quality and accuracy. Consider contracting with a consulting or auditing organization.

Diagnosis codes (ICD-10) are key to describing a patient's condition or injury, as well as social determinants of health and other characteristics.

Procedure codes complement diagnosis codes with details of a visit. Current Procedural Terminology (CPT) codes and the Healthcare Common Procedure Coding System (HCPCS) make up the procedure coding system.

Modifiers are used with certain CPT and HCPCS codes to help tell the full story of an encounter. Using the appropriate CPT modifiers helps ensure providers receive accurate reimbursement for all services.

Get a reference guide for HEDIS coding

Using telehealth to close care gaps for adults

Adult Access to Preventive Care (AAP) visits are an opportunity to address acute health issues or [manage chronic conditions](#) for adult members ages 20 and older. It's also a great time to deliver preventive care or ambulatory services and counseling on topics such as diet and exercise.

Services provided during any of the following types of visits meet criteria for the measure:

- Telehealth or telephone visit
- Online assessment
- Virtual check-in
- E-visit

Be sure to document all elements of the visit and use the appropriate telehealth codes. Keep in mind that some codes may not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.

Codes for AAP

Ambulatory visits CPT codes	Evaluation and management codes: 99201-99205, 99211-99215, 99241-99245 Preventive service codes: 99381-99387, 99391-99397
Online assessment	CPT codes: 98969-98972, 99421-99423, 99444, 99457 HCPCS codes: G0071, G2010, G2061-G2063
Telephone visit	98966-98968 (non-physicians) 99441-99443 (physicians, NP and PAs)
Telehealth modifier	95, GT
Telehealth POS	02
Virtual check in	G2012

Support for members

CVS HealthTag® campaign reaches members

HealthTag is a CVS Health® messaging program to engage members who use a CVS Pharmacy® for prescriptions. Messages on prescription packaging address health and wellness topics and help close care gaps for members by:

- Informing them about their plan benefits
- Providing ways to help them manage chronic health conditions
- Reminding about preventive services such as screenings and immunizations

Recommending cancer screenings

Encourage members to take charge of their health by getting their recommended cancer screenings. Annual wellness visits are an ideal time to remind members to schedule their:

- Colorectal cancer screening
- Mammogram
- Pap smear

Members who complete breast, cervical and colorectal cancer screenings are eligible for rewards through the Aetna® Better Care Rewards program. Our Pay for Performance (P4P) program offers incentives to providers for helping close certain HEDIS gaps.

We're here to help

Contact Aetna Better Health® of Illinois Provider Services if you need assistance.



Email

ABHILContactUsProv@Aetna.com



Phone

1-866-329-4701 (TTY: 711)

Monday to Friday

8:30 AM to 5:00 PM



Online

AetnaBetterHealth.com/Illinois-Medicaid/providers