



Aetna Better Health[®] of Illinois

All Provider Forum



Agenda

Speakers:

Theodore Dixon
Chief Network Officer

Fallon Moore
Sr. Director, Provider Experience

Shatina Jackson
Manager, Provider Relations

Agenda Items:

- Housekeeping
- Introductions
- Who We Are
- Integration/Migration Timeline
- Provider Overview
 - Contracts, Partnerships, Claims/Billing, Prior Authorization, Pharmacy, Provider Portal
- Member Overview
 - ID Cards, Eligibility, Value-added Benefits, Member Services
- Summary & Next Steps

Introductions



Kim Foltz
Chief Executive Officer



Fallon Moore
Sr. Director, Provider Experience



Rushil Desai
Chief Operating Officer



Keive Dixon
Sr. Director, Claims Operations



Orin McIntosh
Chief Financial Officer



Scott Keefer
Sr. Director, Strategic Provider Partnerships



Dr. Lakshmi Emory
Chief Medical Officer



Dr. Thomas McGill
Medical Director



Theodore Dixon
Chief Network Officer



Mary Cooley
Executive Director, Medical Management



Melanie Fernando
Executive Director,
Strategic Business Operations



Steven Sproat
Director of Pharmacy



Tangela Feemster
Sr. Director of State Government Affairs

Who We Are



- Aetna Better Health of Illinois, a CVS Health company.
- Our mission: **Helping people on their path to better health**
- Taking care of the whole person—body, mind and spirit.
- Creating unmatched human connections to transform the health care experience

Our Footprint

- As of 1/23, Aetna acquired IlliniCare Health's Medicaid (HealthChoiceIllinois) and Medicare Advantage products
- Centene retained ownership of the Marketplace (Ambetter), MMAI and YouthCare products
- ABH MMAI Premier Plan will remain a separate entity



**3200 Highland Avenue
Downers Grove, IL 60515**

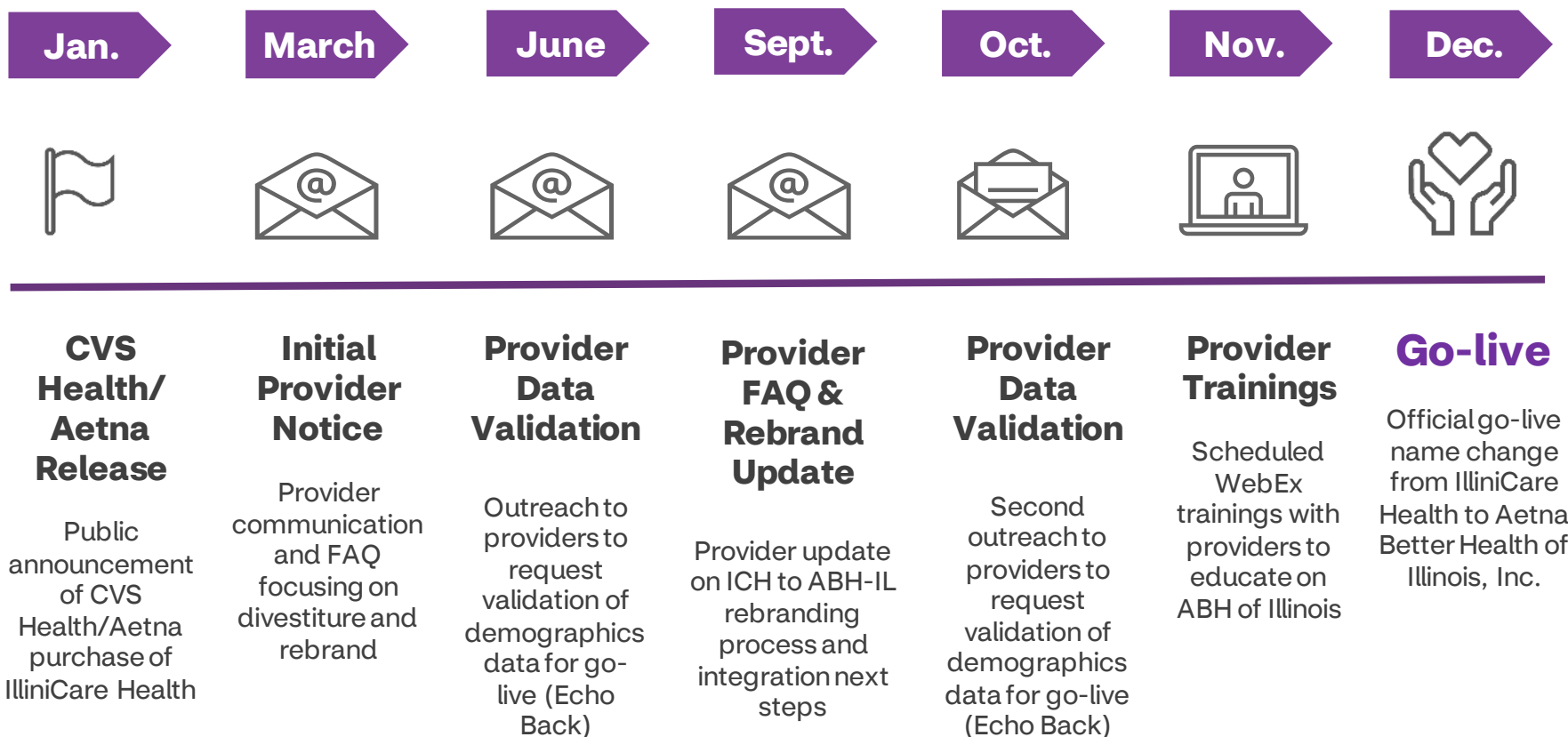
**333 W. Wacker Drive
Chicago, IL 60606**

**1175 E. Main Street
Carbondale, IL 62901**

Our Local

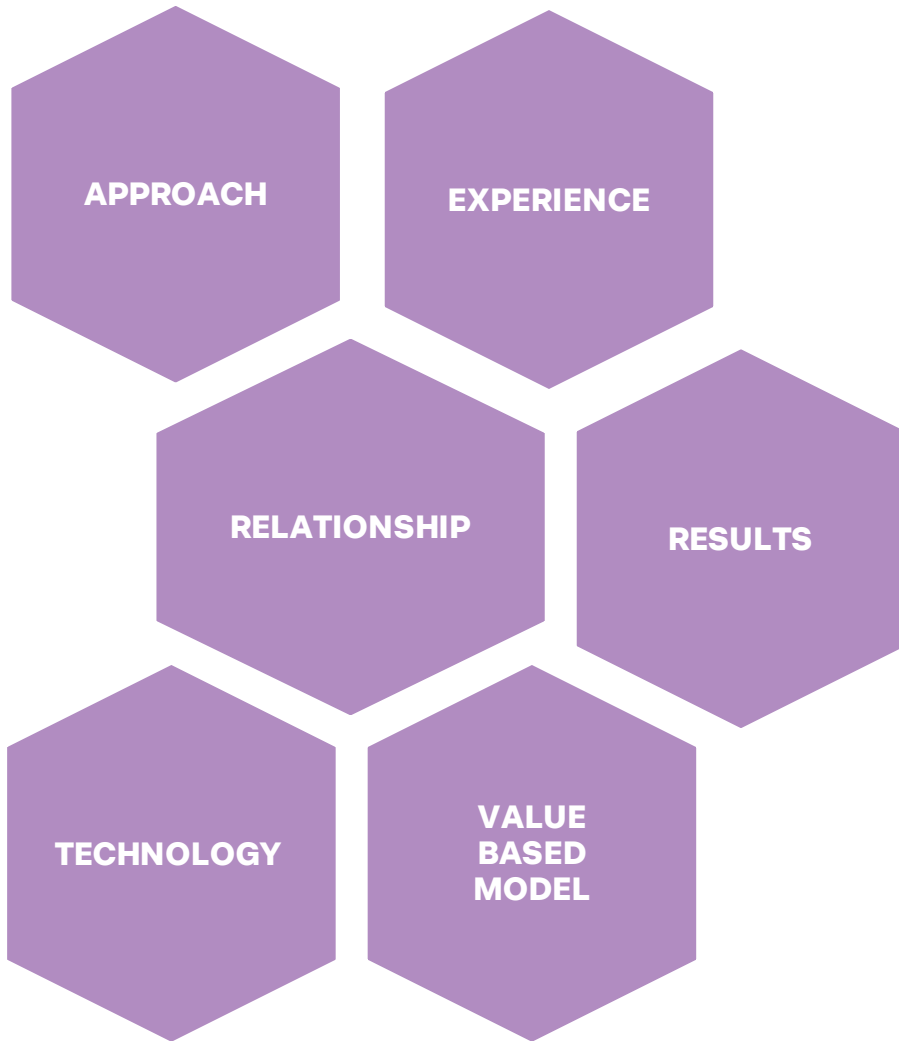
- **Illinois-based staff for local member and provider servicing**
- **Over 900 Illinois-based employees**
- **Currently serving approximately 390,000 Medicaid members in the state of Illinois**
- **Network of more than 16,000 providers statewide**
- **Dedicated, local contracting and provider relations staff, with Illinois-based executive leadership**

Provider Implementation Timeline



Provider Contracts

- ❑ Any active and existing IlliniCare Health Medicaid agreements will be transitioned to Aetna Better Health of Illinois
- ❑ Value-based partnerships will continue
- ❑ Commitment toward pay-for-performance
- ❑ Same expansive Medicaid network
- ❑ Aetna will follow the State's new Provider Credentialing Process implemented on 1/1/2019



Provider Experience Team

Network Relations Consultants are available to assist with:

- Claims questions, inquiries and reconsiderations
- Finding a participating provider or specialist
- Change request for provider demographics
- Navigating or access requests for our secure web portal
- Scheduling trainings/site visits and meetings

Network Development and Contracting are available to assist with:

- Providers interested in joining the ABH of Illinois network and requirements for participation
- Questions related to contractual language or terms
- Designated team members by region and provider type for local assistance

Vendors and Partners

Aetna Better Health of Illinois will follow and utilize the following:

- Dental, Vision and NEMT will be subcontracted
 - **DentaQuest** for Dental
 - *DentaQuest contacts:*
 - *Krista.Smothers@dentaquest.com (Central and Southern Illinois)*
 - *LaDessa.Cobb@dentaquest.com (Northern Chicago)*
 - *Michelle.ONail@dentaquest.com (Southern Greater Chicago)*
 - **March Vision** for Vision
 - *Providers can start the process on our website at: <https://marchvisioncare.com/becomeprovider.aspx>. Providers can also call us toll-free at (844) 456-2724.*
 - **LogistiCare** for Non-emergency Medical Transportation (NEMT)
 - **EviCore** for utilization management of advanced imaging/cardiology and interventional musculoskeletal pain management
 - **Eviti** is a decision support platform for oncology; it covers all medical and radiation oncology treatment plans for members age 18 and older
 - Our provider facing Support Team is available 8 AM – 8 PM ET by phone at 888-482-8057 or email at ClientSupport@NantHealth.com

Billing & Claims Payment

For claim submission, as of 12/1/2020

Electronic claims submission through clearinghouse:

- **NEW** Payer ID: **68024** (Claim Submission)
 - Old Payer ID: **68069**

Submit paper claims to:

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



Timely filing:

- Submit original and corrected claims 180 days from the date of service

ERA:

- For claims with DOS on or after 12/1/20, remittance advices will be available within the new provider portal.
- Electronic 835's and ERA will now come from Change Healthcare

Billing & Claims Payment

Claims Payments DOS Pre-12/1/20

Electronic Remittances

- Claims and remit information will remain available on the old IlliniCare Health provider portal or via PaySpan

Reconsiderations

- Reconsiderations should be submitted via the old IlliniCare Health provider portal

Claims Payments DOS On or After 12/1/20

Electronic Remittances

- For claims with dates of service on or after 12/1/20, remittance advice will be available within the new provider portal
- Electronic 835's and ERAs will now come from Change Healthcare in a new format still including all key data elements

Reconsiderations

- Reconsiderations should be submitted via the new Aetna provider portal or instructions available on the remit

- ****Professional claims (837P or HCFA 1500) spanning dates of service prior to 12/1/20 and dates of service on/after 12/1/20 must be separated into 2 separate claims: one for dates of service prior to 12/1 submitted, and one for dates of service on/after 12/1/20. Both claims should be submitted to payer ID: 68024.**

**** Only applies to providers that submit 8370P or HCFA 1500 claims. Please disregard if not applicable to your claims**

UB-04 Claims – Inpatient



Claims Submitted To
Payer ID 68024



Claims Clearinghouse checks
Date Of Service



<12/1/2020

If Date of Service is
Prior to 12/1/20,
Then Claim is Routed to the
Centene Claims System for
Adjudication

CENTENE[®]
Corporation



= or >12/1/2020

If Date of Service is
12/1/20 or beyond,
Then Claim is Routed to the
Aetna Claims System for
Adjudication

 **aetna**[®]

HCFA form (1500) Claims – Outpatient



SCENARIO:

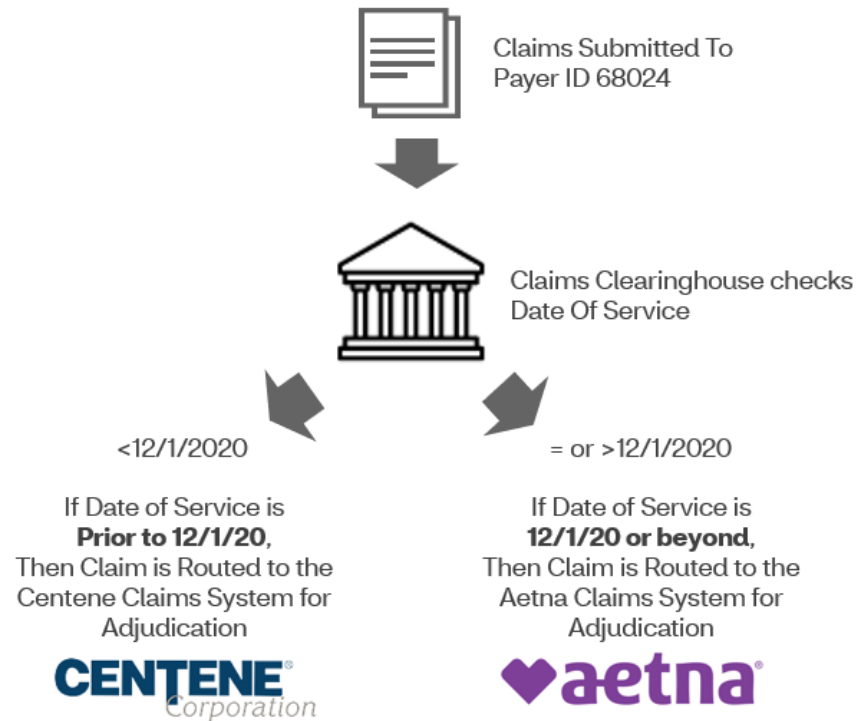
- For Professional Services spanning both before and after 12/1/2020, Claims must be split:
 - for Dates of Service Prior to 12/1/2020 and
 - for Dates of Service 12/1/2020 and beyond.
- The reason for this split is that the Member's Eligibility ends 11/30/2020 in the Centene system and the Member's Eligibility starts 12/1/2020 in the Aetna system.



Member's Eligibility Ends 11/30/2020 in the Centene Claims System



Member's Eligibility Starts 12/1/2020 in the Aetna Claims System



Medical/BH Authorization Notification

There will be no changes to Authorization Notification on 12/1/20

You will continue to be able to submit prior authorization requests to us 24-hours-a-day, 7-days-a-week, through one of the options below:

- Secure Web Portal (For In-network Providers)
- Medical Phone (866) 329-4701
- Behavioral Health Phone (866) 329-4701
- Medical Prior Auth Fax (877) 779-5234
- Medical Concurrent Review Fax (877) 668-2074
- Behavioral Health Fax (844) 528-3453
- To request Peer to Peer consult, call the Main Member Services Number (866) 329-4701 or (833) 491-1090

Please submit the following with each authorization request:

- No changes to PA form (other than rebranding)
- Member information, e.g., correct and legible spelling of name, ID number, date of birth, etc.
- Diagnosis code(s)
- Treatment or procedure codes
- Anticipated start and end dates of service(s), if known
- All supporting relevant clinical documentation to support the medical necessity
- Include an office/department contact name, telephone and fax number

Authorization Guidelines

NOTIFICATION

- No changes to notification requirements
- 7 days prior to elective procedures
- Within 24 hours of urgent/emergent admissions
- Authorization spanning the 12/1 transition date will NOT need any additional provider intervention
- Authorization will have the prefix TRU, indicating that the authorization dates spanned pre and post 12/1/20

PRIOR AUTH GUIDELINES

- On 12/1, ABH of IL will begin making our clinical determinations utilizing Milliman Care Guidelines (MCG)
 - ✓ Behavioral Health will continue to use ASAM criteria for Substance Use admissions
- Standard authorization determinations will be turned around in 4 calendar days from receipt of request. Urgent authorization determinations will be turned around in 48 hours from receipt of request

CONTACT INFORMATION

- Phone, Fax, and Peer to Peer Line
 - ✓ No changes to contact information
- Web
 - ✓ Access our new website on 12/1 at <https://www.aetnabetterhealth.com/Illinois-Medicaid>
 - ✓ Click on Providers/Resources/Authorizations for authorization look-up tool
 - ✓ Click on Providers/Portal for Authorization Submission:
 - ✓ /Register (first time)
 - ✓ /Log-in (ongoing)

ABH-IL Medical Management Innovation

Meeting our members and providers where they are

On-Site Presence

- Pre-COVID (and will resume post-COVID), ABH-IL had onsite partnerships with 33 hospitals statewide, representing 30% of our medical admissions and 40% of our behavioral health admissions
- Receiving clinical information in real time stimulates clinical appropriateness conversations (peer to peer) while member is inpatient
- This results in reduction of denials and relieves administrative burden of facility

Post Discharge Follow-Up

- All members are outreached for post discharge follow-up; to augment our telephonic and onsite presence, our CHW 'boots on the ground' presence helps with meaningful engagement
- On-site partnership with 16 outpatient providers for post discharge and longitudinal care management activities



“IlliniCare’s onsite model is GREAT and provides real time support”

—Streamwood Hospital Staff

Pharmacy Claims

Aetna Better Health works with CVS/Caremark to administer the pharmacy benefit.

**Pharmacy claims may be submitted to
CVS/Caremark via the latest NCPDP
D.0 communication standards**



**BIN: 610591
PCN: Rx881A
Group: ADV**

Helpful resources can be found by visiting the ABH-IL website, including:

- Access to the most up to date ABH-IL Formulary
- Customized specialty prior authorization forms
- Full Prior Authorization criteria
- Important forms, and other pharmacy documents

Prior Authorizations may be submitted electronically via CoverMyMeds and SureScripts, or via fax 844-802-1412 or phone 800-600-2139.

For a full list of in-network Aetna Better Health of Illinois pharmacies please visit:
illinicare.com/providers/pharmacy.html.

Pharmacy Benefits

Members and providers will enjoy numerous benefits with Aetna Better Health.

Over 1,500 In-Network Pharmacies throughout Illinois

- \$0 Copays for all covered prescriptions
- Broad vaccine coverage for members provided by pharmacists
- 90-day prescriptions for maintenance medication

383 CVS Pharmacy locations throughout Illinois

- **Script Path** – provides an intuitive, easy to read visual representation of dosing schedules across patients' regimens.
- **Health Tag** – personalized health information delivered to members by pharmacy staff during medication pickup for gap closure.
- **OTC Health Solutions** – access to select OTC products at no charge to members.
- **Multi-Dose Packets** – convenience packaging to simplify medication therapy, available in store or at your local CVS pharmacy.
- **Specialty Connect** – 24/7 education and support for patients taking specialty medications, with the ability to pick up in-store or via mail.
- **ExtraCare Value Card** – provides members extra savings on products not covered with traditional Medicaid benefits.

Additional Information on PBM Changes can be found here:

<https://www.illinicare.com/content/dam/centene/IlliniCare%20Health/provider/pdfs/IlliniCare%20Pharmacy%20Network%20Updates.pdf>

Medicaid Provider Web Portal and Provider Manual

Aetna Medicaid Provider Web Portal

- Go-Live on 12/1/2020
- Web Portal will provide web self-service capability for Providers, Members and Health Plan users
- In addition, the portal has single sign-on (SSO) capabilities to other Aetna applications
- The portal will be Section 508 (Americans with Disabilities Act) compliant and will be supported on mobile devices (Android and iOS)
- Utilized for communication, claims research and member eligibility
- IlliniCare Web Portal will continue to be available to submit claims DOS pre 12/1

Aetna Medicaid Provider Manual

In addition to policies and procedures, this resource includes:

- Important contact information
- Provider rights and responsibilities
- Member eligibility and enrollment
- Billing and claims
- Reconsiderations, appeals and complaints
- Utilization management program and requirements
- Quality Improvement program
- Covered services

New Member and Provider Materials



Health Benefits and Forms

Use this booklet to help you understand your new health plan and benefits. And focus on being healthy.

Look inside to find:

-  Health Care Services
-  How to earn dollar rewards
-  Where to go for care
-  Important health forms
-  How to find a provider

QUESTIONS? Call 1-866-329-4701 (TTY: 711) or visit AetnaBetterHealth.com/Illinois-Medicaid.
06.03.2017-14



Aetna Better Health[®] of Illinois



Fresh start

Spring into a healthy lifestyle.

Let us help you stay healthy — complete your health risk screening. We want to help you keep your mind and body healthy. And give you the tools and information you need to be your best. That's why it's important for us to know about your health, including any changes you've had.

\$10 Why fill out a health risk screening? Well, it helps us give you the right services. And the specific help you may need. And as a bonus, you can earn \$10 just for completing it!

Share info these ways:

-  Visit IllinoisMedicaid.com
-  Call (TTY) 1-866-329-4701
-  Fill out Just for You!

Tell us about your health. It helps us know how to help you.

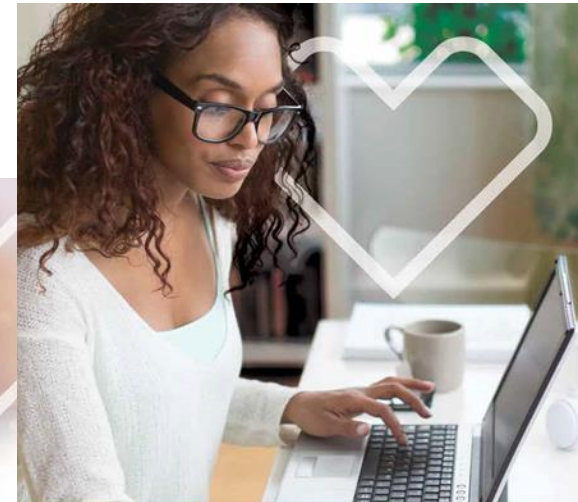
AetnaBetterHealth.com/Illinois-Medicaid
06.03.2017-14 11/2017



Early and Periodic Screening, Diagnostic and Treatment

Reference guide

AetnaBetterHealth.com/Illinois-Medicaid
06.03.2017-14 10/2017



What to know about fraud and abuse

AetnaBetterHealth.com/Illinois-Medicaid
06.03.2017-14 03/2017



Aetna Better Health[®] of Illinois



Aetna Better Health[®] of Illinois

Aetna Better Health Program Overview

We understand our member population and their needs. To appreciate how best to care for those with complex medical needs, we look beyond just health facilities settings to deliver person-centered care via our innovative integrated services coordination model.



Fully integrated care addressing physical health, behavioral health and social determinants of health of our members



Strong provider partnerships and alliances with community-based organizations



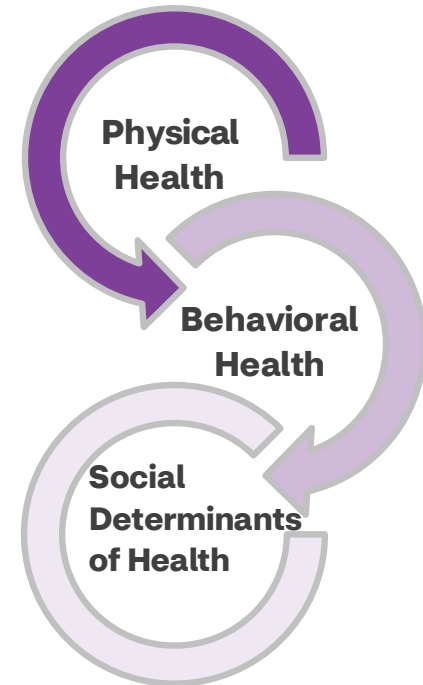
Interdisciplinary care teams that include the member, family, and providers



Leveraging technology, including telehealth, to ensure **care team has a view of the whole person**



Comprehensive pharmacy program that combines drug coverage **with innovative solutions and additional member benefits**



Member ID Cards

The member ID card contains the following information:

- Member name, ID, DOB & Gender
- Aetna Better Health of Illinois Logo / Website
- PCP name and Phone Number
- Effective date of eligibility
- Payer ID and claims address
- Rx Bin Number & PCN Number
- CVS Caremark Number (for pharmacists use only)

Presentation of an Aetna Better Health of Illinois ID card is not a guarantee of eligibility or reimbursement.

Aetna Better Health[®] of Illinois
HealthChoice Illinois



Name:
Member ID#:

PCP:
Phone:

DOB:

Sex:

Effective Date:

IHH Name:
IHH Phone:

RxBIN: 610591 RxCN: ADV RxGRP: RX881A **CVS caremark[®]**
Pharmacist Use Only: 1-888-964-0172

MELI

Aetna Better Health[®] of Illinois
3200 Highland Avenue, MC F648, Downers Grove, IL 60515
AetnaBetterHealth.com/Illinois-Medicaid

Important number for members
Member Services, Behavioral Health, Dental, Transportation,
24-Hour Nurse Line 1-866-329-4701 (TTY: 711)

Important number for providers
24/7 Eligibility and Prior Auth Check 1-866-329-4701

Submit medical claims to:
Aetna Better Health of Illinois
PO Box 66545
Phoenix, AZ 85082-6545

Payer ID: 68024
Claim and EFT/ERA information on
AetnaBetterHealth.com/Illinois-Medicaid

MEL

Member Eligibility

- Presentation of an Aetna Better Health of Illinois ID card is not a guarantee of eligibility or reimbursement.
- Providers should continue to utilize the State eligibility site (MEDI) to verify member eligibility.
- Providers can also verify member eligibility online through the secure Web portal at AetnaBetterHealth.com/Illinois-Medicaid or by calling Member Services at 1-866-329-4701.
- **Key Dates:**
 - Week of November 15th: All member IDs & welcome packets will be shipped



Member Incentive and Value Added Benefits

The incentive program My Health Pays will change on 12/1/20 to **Aetna Better Care**.



Members received a letter in early October letting them know the incentive program is changing on 12/1/20, and they have **90 days** from 12/1/20 to use their My Health Pays incentive dollars.

Members will receive a new incentive card for the **Aetna Better Care** program when they complete a qualifying healthy activity on or after 12/1/20.

Examples of qualifying activities include completing their health risk screening, getting a flu shot, or seeing their PCP for an annual visit.



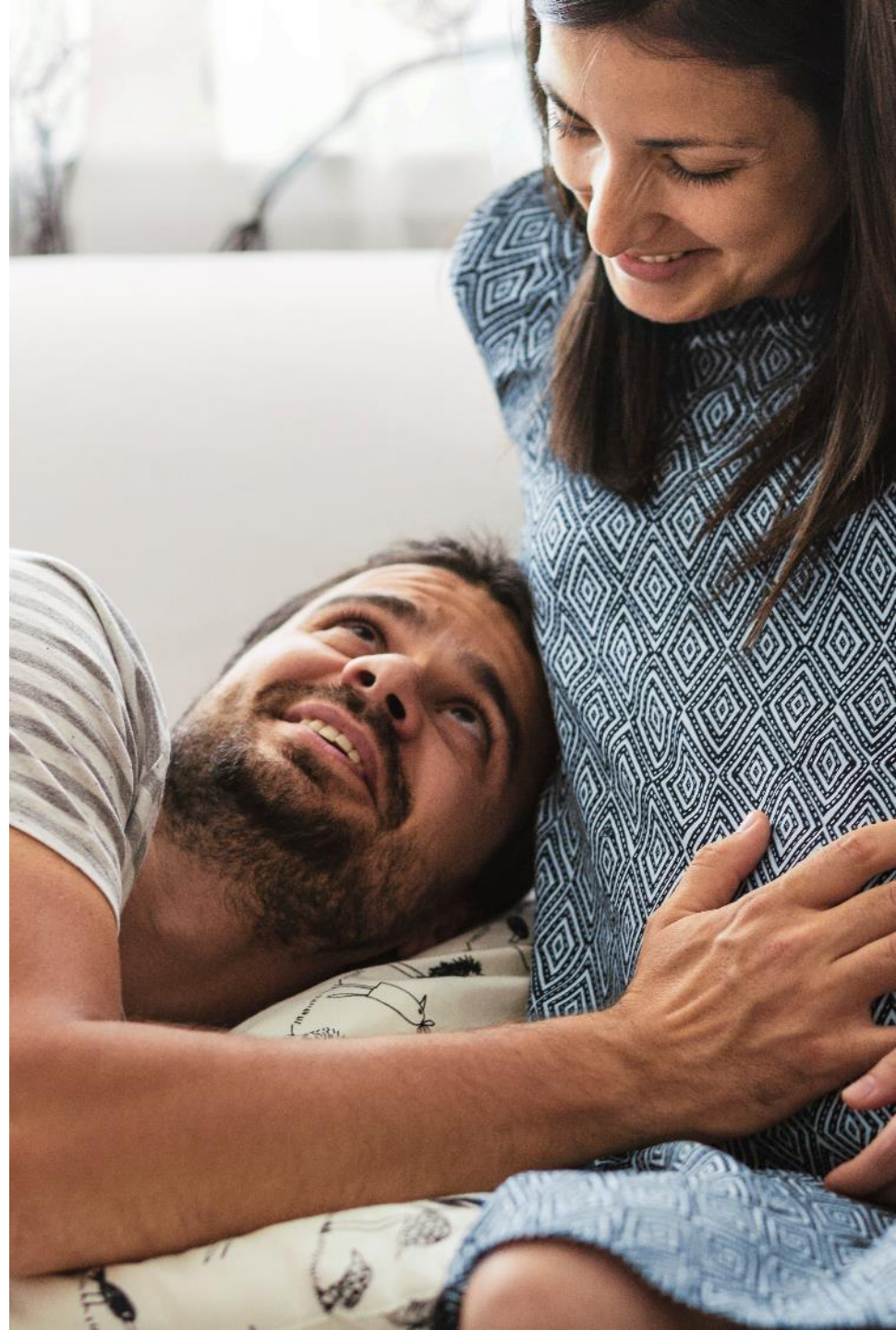
Added value benefits — like free gym memberships, school uniforms and after school care — will **stay the same**.

Member Services

Member Services can help with:

- Eligibility and benefits
- Assisting members with translation services
- Assisting members with available programs and resources
- Assisting members in finding providers
- Assisting members in filing grievances or appeals

**Phone Number for Member Services:
1-866-329-4701**



Key Contact Information

- ❑ **Member Services Phone:** 1-866-329-4701 (TTY: 711)

- ❑ **Member Benefits:**
<http://www.healthybenefitsplus.com/ABHIL.com>

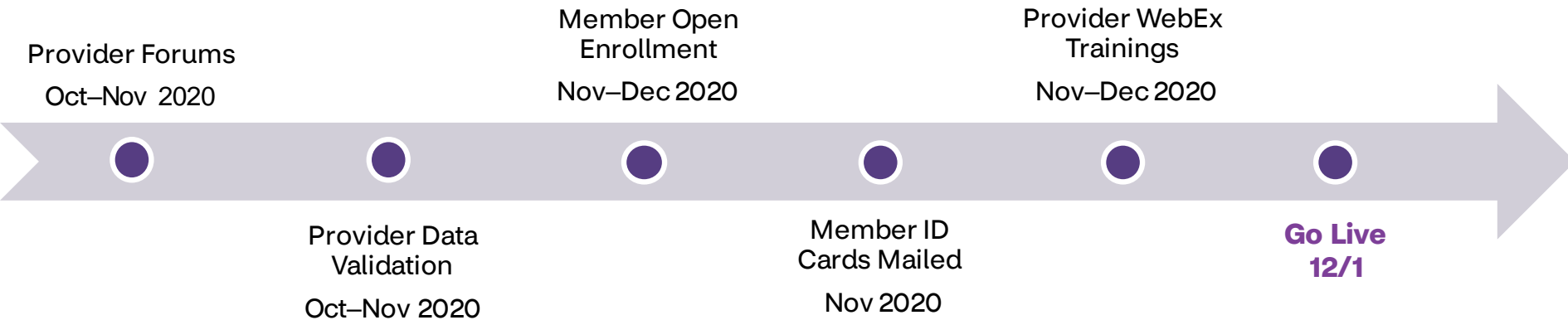
- ❑ **Provider Services Phone:** 1-866-329-4701

- ❑ **Provider Website:** www.AetnaBetterHealth.com/Illinois-Medicaid
 - Access listing of assigned Network Relation Consultants and provider manual
 - Communicate with PR team through Web portal messaging feature
 - Submit requests to join our network

- ❑ **ICH to ABH-IL Migration URL:** www.illinicare.com/providers/ich-to-abh-il-transition-information.html

Our Provider Portal will be Live on 12/1/2020

NEXT STEPS



Upcoming Provider Forum and Orientation Sessions:

- November 13th – Provider Overview Forum
 - Sign Up Here: <https://www.surveymonkey.com/r/ABHILForums>
- November 17th | November 18th | November 19th - Provider Orientation Trainings
 - Sign Up Here: <https://www.surveymonkey.com/r/ABHILTrainings>
- Offered weekly in the months of November - January – Provider Orientation & Training Sessions
- Network Relations Consultant will outreach with dates and webinar info
- Registration information will also be readily available via our website

A warm, multi-generational family is gathered around a birthday cake. In the center, a young woman in a pink shirt is blowing out candles on a baby who is wearing a colorful party hat. To the right, an older man with a white beard is blowing a blue and white striped party horn. Other family members, including a woman in a floral shirt and a man holding a child, are smiling and watching the celebration. The cake is decorated with white frosting, green icing, and colorful candles and balloons.

THANK YOU!

Appendix

Please visit:

illinicare.com/providers/ich-to-abh-il-transition-information.html

for all our latest migration information and communications that have been shared with you.

Provider Portal Enhanced Functionality

Member



- Search Claims
- Search Authorizations
- Change PCP
- Request ID Card
- Change Member Demographics

Provider and Provider Admin



- Search Claims
- Search Authorizations
- Member Eligibility Search
- Panel Roster
- Provider Search
- Remittance Search
- Change Provider Demographics
- Claim, Authorization and Member Eligibility Issues
- HEDIS Reporting

Health Plan users*



- Add Accounts
- Assign Inbox Roles
- Password Reset
- Enable Account
- Disable Account
- Search Claims
- Search Authorizations
- Member Eligibility Search
- Provider Search
- Remittance Search
- Panel Roster (View of Affiliations)

***Includes the following roles: Provider Relation Admin, Member Support Admin**

Public Website

Members and providers can access the Aetna Better Health of Illinois website at AetnaBetterHealth.com/Illinois-Medicaid.

When the full website is available on 12/1/2020, providers will be able to access:

- The secure provider web portal
- Our provider manual, communications, bulletins and notifications
- Important forms
- Clinical practice guidelines
- Member & provider materials
- Fraud & abuse information and reporting
- Information on reconsideration and provider appeals



Member Implementation Timeline

