

# Aetna Better Health® of Illinois Provider E-newsletter

## Winter 2024

### Redetermination reports

Redetermination for Medicaid eligibility continues in Illinois. Aetna Better Health® of Illinois has created member-level reports to assist providers during redetermination. These reports are housed in the Availity portal and updated each month with info for your assigned members.

The report includes redetermination dates and Form A/B distinction for:

- ✓ All assigned members
- ✓ Members whose redeterminations haven't been received by the 20th of the month it's due
- ✓ Members whose cases require follow-up because HFS hasn't received redetermination info from member, **or** the member was determined to be ineligible for over-income

[Get redetermination reports](#)

If a patient needs to find new coverage, you can direct them to [GetCoveredIllinois.gov](https://www.getcoveredillinois.gov).

Remind members to beware of scams. Illinois will never ask members for money to renew or apply for Medicaid. Report scams to the [fraud report website](#) or the Medicaid fraud hotline at [1-844-453-7286](tel:1-844-453-7286) or [1-844-ILFRAUD](tel:1-844-ILFRAUD).

### Provider Manual



**Aetna Better Health® of Illinois**  
Provider Manual

Provider Services: 1-866-329-4701

[AetnaBetterHealth.com/Illinois-Medicaid](https://AetnaBetterHealth.com/Illinois-Medicaid)

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Provider Manual 10/20/2023, L-03-01-17



## Helping members get the most from their plan

Our members are eligible to receive value-added benefits when they complete their annual wellness visit and other healthy activities. Our value-added benefits for 2024 include:



Baby essentials, including monthly diaper benefit



Weight management membership



School clothing



Behavioral health app membership



Gym membership



Educational support



Meal delivery with qualifying diagnosis

[Learn more about value-added benefits](#)



## Monthly OTC benefits

Our members get a \$25 monthly allowance to spend on over-the-counter (OTC) health care products. Members can use each month's allowance toward OTC items such as:

- Baby care items
- Pain relievers
- Cold, cough and allergy remedies
- Vitamins and minerals

Members can pick up their OTC items at a CVS Pharmacy® or order online or by phone.

[Learn more about OTC benefits](#)

## 2024 Pay for Performance incentives

We're pleased to introduce our 2024 Pay for Performance (P4P) Program. P4P rewards participating primary care providers (PCPs), pediatricians, behavioral health providers and OB-GYNs who perform recommended services for key HEDIS® measures.

### What's new with P4P?

In 2024, participating providers with a member panel of 100 or greater are eligible. The requirement to see 50% of the member panel has been retired, in lieu of the minimum percentile payment threshold at the 33rd percentile.

Measure incentives increase as performance improves at three distinct tiers: 33rd percentile, 50th percentile and 75th percentile.

Three estimated payments will be issued for 2024 gap closures:

**Payment 1:** August 2024 for all gaps closed by claims through 6/30/2024

**Payment 2:** February 2025 reconciliation on all gaps closed by claims through 12/31/2024

**Payment 3:** Expected in Q1 2026 - Final reconciliation 45 days after HFS payout of the 2024 program

You can use reports in the Availity portal to see your P4P progress throughout the year.

[See 2024 P4P incentives](#)

### Why is HEDIS important?

Aetna Better Health® of Illinois uses HEDIS® ratings to assess our performance in providing timely, quality health care services to members. Quality of care increases patient satisfaction and potential pay for performance (P4P) incentives a provider can earn from our health plan.

**Follow-up after hospitalization for mental illness (FUH)** is the HEDIS® measure that represents the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

[Get our tip sheet on FUH](#)

### Dental care while pregnant

Good oral health is important for expectant mothers as well as their babies. We're sharing tips on good dental health with our members and providers.

[Get the info here](#)

## Become a Health Equity Care Champion

As part of our commitment to health equity, we're launching a [new clinical education hub](#) for health care professionals. The hub includes courses to help care teams reduce the barriers that underserved and marginalized patients experience. We hope this training can empower you with the skills, knowledge and tools you need for everyday interactions with patients.

### Start your training today

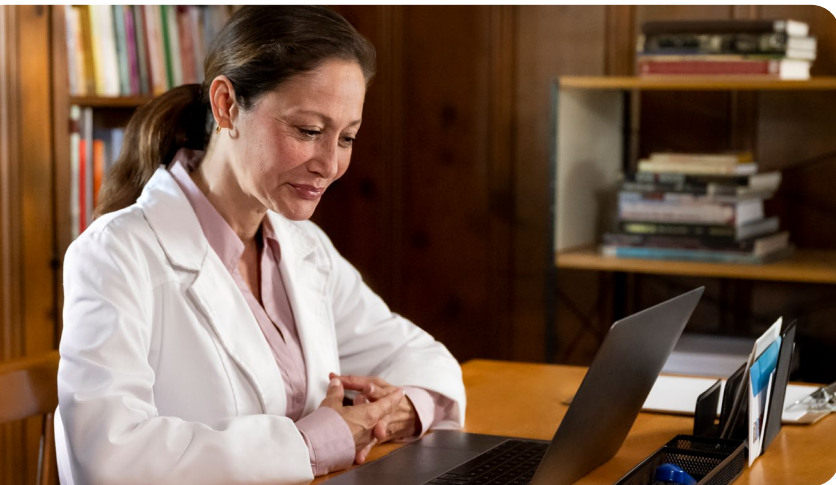
You can access on-demand, free, accredited courses to earn digital Care Champion badges for your provider profile in three clinical areas of focus.

- [Culturally Responsive Care](#)
- [LGBTQ+ Responsive Care](#)
- [Culturally Responsive PCP Behavioral Health Care](#)

To earn a badge, you'll need to:

- ✓ Complete the Foundational Activity course
- ✓ Complete a role-specific course
- ✓ Complete the therapeutic area-specific courses

Your digital Care Champion badge will be added to your profile and be visible to Aetna members in our provider directories.



### New rejection reports in Availity

You can now access your Encounter Rejections in the Availity portal. To view encounter rejections:

- ✓ [Log into Availity](#)
- ✓ Choose the Business Intelligence Reports tab
- ✓ Enter your organization's information and submit
- ✓ Select Reports
- ✓ Select Provider Encounter Rejections

This new report identifies errors and their descriptions for encounters that were rejected at the state level. Note that internal errors are included in the report if they relate to invalid errors or provider-specific errors.

The report has two tabs:

- Summary
- Rejections details

If you have questions, contact Availity at [1-800-282-4548](tel:1-800-282-4548) or online in the [Contact Us section](#).



Marilyn Griffin,  
MD, FAPA, DFAACAP

## Behavioral health in focus

As you may know, a federal waiver is no longer required to prescribe medications for treatment of Opioid Use Disorder. We're committed to helping providers understand what this change means for prescribers and patients.

We're currently gathering feedback from our provider partners about the use of Medication Assisted Treatment (MAT) for substance use disorders — specifically Opioid Use Disorder (OUD).

We invite you to complete a brief survey that will help identify success factors and potential barriers of treating substance use disorders

through MAT interventions. Your responses will inform how we can best support you. Scan the QR code or [take the survey here](#).



Your time, feedback and partnership are greatly appreciated as we work to improve the health and well-being of those we serve.

*Dr. Marilyn Griffin completed a combined residency program in General Pediatrics, Adult, Child and Adolescent Psychiatry.*



## HBIA/HBIS members transitioning to managed care

Our health plan serves the **Health Benefits for Immigrant Adults (HBIA)** and **Health Benefits for Immigrant Seniors (HBIS)** programs, effective January 1, 2024. Members of these programs are current Medicaid populations who are moving into managed care. The HBIS program provides health care coverage to qualifying individuals ages 65 and older while HBIA provides similar coverage for individuals ages 42 to 64.

HBIA and HBIS members will have a copay for certain services. Learn more about copays, covered and noncovered services and more on [our provider website](#) or [on the HFS website](#).

The HBIA and HBIS programs are closed and are not accepting new applications.

## We need your latest W-9

We're required to collect a W-9 for every Tax Identification Number (TIN) in our network. [Complete your updated W-9 electronically here.](#)

## Submitting your rosters

In-network providers can use our email inbox [ABHILProviderUpdateRequests@aetna.com](mailto:ABHILProviderUpdateRequests@aetna.com) to submit rosters, demographic updates and other info. Use the updated Universal IAMHP Roster Template provided by the Illinois Association of Medicaid Health Plans.

## Orientation for new providers

Help new providers get the resources they need to work with our plan. Join an upcoming orientation session. [Find orientation dates.](#)



## We're here to help



### Email

[ABHILProviderRelations@aetna.com](mailto:ABHILProviderRelations@aetna.com)



### Phone

[1-866-329-4701 \(TTY: 711\)](tel:1-866-329-4701)

Monday through Friday  
8:30 AM to 5:00 PM



### Online

[AetnaBetterHealth.com/Illinois-Medicaid/Providers](https://AetnaBetterHealth.com/Illinois-Medicaid/Providers)

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