



Aetna Better Health® of Illinois Provider E-newsletter

Spring 2024

Listening to our members

The 2024 CAHPS member survey launched in February and continues through May. It asks Aetna Better Health® of Illinois members to reflect on their health care experiences from the last six months, including:

- ✓ How well their doctors communicate
- ✓ Rating their personal doctor
- ✓ Getting care they needed and how quickly care was provided
- ✓ Doctors speaking to tobacco users about quitting

Members are also asked to share how their doctor and office staff could have improved the care they received. **The engagement our members have with their primary care providers (PCPs) and specialists directly influences their overall experience and survey responses.**

Takeaways from the 2023 survey

Feedback our members shared in the 2023 survey highlighted providers as the key factor in their health care experience. Some takeaways included:

- Members value providers who listen, answer questions and take their time during visits — and seek those qualities when looking for a provider
- A trusting relationship between member and physician is essential to positive health outcomes
- Those who regularly see a PCP felt their PCP listened and genuinely cared
- One of the most common barriers to scheduling preventive or follow-up appointments was lack of availability
- Members who used telehealth to meet with their mental health professionals were generally satisfied with their care
- Members agreed that race, ethnicity and gender is important in several ways including empathy for cultural norms and respect

How you can help

Please encourage members to watch their mail for a blue envelope with the 2024 CAHPS survey form. They can return by mail or complete online using a QR code.

Update on Change Healthcare outage

We've been working to restore services impacted recently by the Change Healthcare service interruption. We want to continue supporting providers during this time and provide updates to help minimize impacts to your work.

Below are some updates to support your work. Please refer to our [provider website](#) for the most current information.

Medicaid claims payments

Aetna has implemented an alternative payment solution, ECHO Health, Inc, and has resumed issuance of Medicaid claims payments.

ECHO Health will distribute Electronic Remittance Advice (ERA) files for the Medicaid claims payment issued. Providers who have enrolled with ECHO Health for ERA will receive ERA files based on the information provided upon registration, and those who are not enrolled will default to receiving paper remittance files.

Providers can enroll with ECHO Health at <https://enrollments.echohealthinc.com/EFTERADirect/AetnaBetterHealth>

Prior authorization

For Medicaid claims, providers should use [Availity](#) to submit electronic prior authorization requests. Many of our network providers are already registered for Availity but may not currently use the portal. If you need assistance with Availity, please reach out to your Provider Relations representative.

Member eligibility and benefits

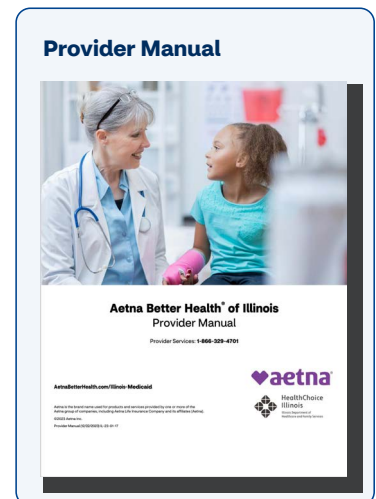
Providers should use Availity to submit electronic member eligibility and benefits checks for Aetna Medicaid members.

Claims

Change Healthcare made a portion of their claim intake services available as of April 2, and Aetna® has restored our connection to their system.

For claims submission to Aetna Medicaid plans, providers who want to submit claims via Change Healthcare should work with their direct claims vendor to validate they are ready to do so. Providers may also continue to use [Office Ally](#) for electronic claims submissions.

If you have additional questions, please contact our health plan at [1-866-329-4701 \(TTY: 711\)](tel:1-866-329-4701) or contact our Provider Relations team at ABHILProviderRelations@aetna.com.



[Learn more here](#)

Redetermination claims guidance

Aetna Better Health® of Illinois wants to support providers with claims-related issues during the redetermination process. We're offering some tips about submitting claims for members who are in their redetermination window.

Before providing service

Medicaid eligibility should always be confirmed at the time of service in the [HFS MEDI platform \(Recipient Eligibility Verification System\)](#). This platform is the most current source for member coverage status. If a member is assigned to a managed care organization (MCO), the name of the MCO and eligibility dates used during the search will be listed in the "Managed Care Section." If a member has been removed from Medicaid eligibility, MEDI will not show an MCO assignment.

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).

[Get more details](#)

Availity reports on demand

More than 20 reports are available in the [Availity portal](#) to support providers in their work. We're enhancing the reports and adding new ones.

The **Group Level P4Q Performance** report has been updated. You'll now find measures, targets, progress and earnings for our 2024 Pay-for-Performance program. You can still get your 2023 group- and PCP-level data on separate tabs of the report.

A new **Ambulatory Care Sensitive Conditions** (ASC) report — coming to Availity in early Q2 — will provide data on hospital admissions for medical issues that are potentially avoidable with effective management in the outpatient setting. This report includes summary data and member-level detail to support clinical strategies, outreach and follow up.

Contact your Network Relations Manager to learn how to access reports or for info about registering for Availity.

[Get Availity reports](#)

2024 Pay for Performance incentives

Our health plan 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.

Our 2024 P4P Program rewards participating PCPs, pediatricians, behavioral health providers and OB-GYNs who perform recommended services for key HEDIS® measures. The performance measures focus on preventive services, prenatal care, postpartum care, management of chronic diseases and follow-up care after hospitalizations.



[See 2024 P4P incentives](#)

HEDIS® focus

Pharmacotherapy for Opioid Use Disorder (POD) is the HEDIS measure related to OUD pharmacotherapy event means the date of an OUD dispensing event or OUD medication administration event with a period of 31 days prior when the member was not already receiving OUD pharmacotherapy. Treatment period of 180 days begins on the new OUD pharmacotherapy event date through 179 days without a gap in treatment of 8 or more consecutive days (Total of 180 days).

[Get our POD tip sheet](#)



Provider Summits

We hope you were able to attend one of our 2024 Provider Summits. If you weren't able to join a session — or want to review the info we covered — we've posted the presentation on our provider website.

[2024 Provider Summits presentation](#)



Advancing maternal health

Aetna Better Health® of Illinois is working to advance maternal health outcomes in Illinois. We offer members access to extra support during pregnancy and following delivery.

Maven

We team up with Maven Clinic to support members who are pregnant and who've recently had a baby. Maven helps members prepare for birth and provides support for three months after delivery

Members can connect with providers such as doulas, mental health specialists and lactation consultants. They can choose providers to

match their unique needs, including those who are of a specific race or gender. To sign up for Maven, members can visit MavenClinic.com/join/ABHIL.

Extra benefits for pregnancy

Our health plan offers extra support for pregnant members who qualify. Pregnant members can receive a car seat or highchair or play yard, plus a diaper bag. They need to complete their health risk screening and one prenatal appointment within the first four months of pregnancy; or for new enrollees, one prenatal visit within the first 42 days of enrollment.

Members can also receive up to \$45 a month in diapers for each child ages 30 months and under. To qualify for the diaper benefits, members need to complete their health risk screening, complete an annual wellness visit and be up-to-date on all immunizations.

Our Member Services team can support members in enrolling with extra benefits. The phone number is on the back of the member ID card.

Read more about our efforts

An article in [Health News Illinois](#) recently highlighted some of the work our health plan is doing around maternal health.



Behavioral health in focus

Did you know there are more ways to support delivery of mental health services for our members?

One way is to educate members on the state-funded [Family Support Program \(FSP\)](#). FSP assists Medicaid enrollees with getting access to community-based services including therapeutic support services and family support services.

Another way is to encourage our members to attend our Family Leadership Council (FLC). FLC provides a venue for young adults and guardians of children with behavioral health concerns to share direct feedback with our health plan. Participants of FLC can advocate for themselves and their family members about our behavioral health policies, provider network and goals. If you or members are interested in participating or would like more info, a list of upcoming meeting dates is available on our [News and Events](#) page.



Measles resources

Public health agencies are monitoring cases of measles in Illinois and we've put together some resources to support providers. Consult local health departments for the most current recommendations.

[CDC](#)

[Illinois Department of Public Health](#)

[Chicago Department of Public Health](#)

[Cook County Department of Public Health](#)

HBIA/HBIS members

We're now serving members in the Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) populations.

HBIS and HBIA members will be included in our existing Medicaid plan and will have a Medicaid ID card. These members will have a co-pay for certain services. There will be no changes to our processes for submitting claims or appeals for HBIA/HBIS members.

[Learn more](#)

OTC program to include food items

We're excited to share that our monthly over-the-counter (OTC) benefit for members is expanding to include some food items.

Each month, our members get up to \$25 to use on approved OTC items in CVS Health® stores or online. We've recently added more than 200 food items that members can purchase with their OTC benefit. These include certain shelf-stable items, such as crackers, nuts, granola bars and peanut butter, as well as milk, eggs and fruit juice.

Members can learn more and view the catalog of available items on our website.

[Learn more](#)



We're in the community

Each month, our community outreach team hosts events in neighborhoods across Illinois.

This spring, we're hosting health and resource fairs across the state. We'll also be offering pop-up farmers market events to provide fresh produce to community members.

Get the schedule of events on our [News & Events](#) page. If you're interested in working with our community outreach team on events to support members with health information and services, please send an email to ABHILCommunity@aetna.com.

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 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

New providers can 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



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

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