

WELCOME TO THE

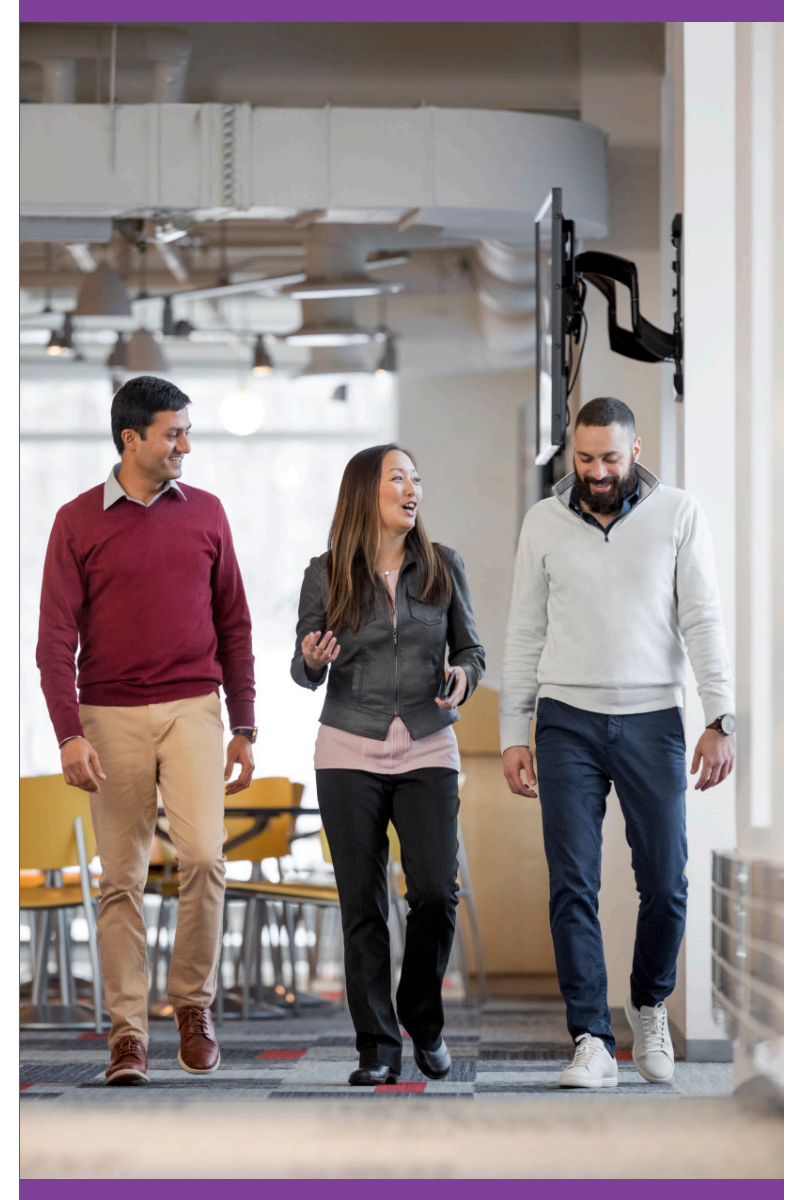
Aetna Better Health Premier Plan MMAI

Illinois Provider Overview

Aetna Better Health Premier Plan MMAI Overview for Providers

Agenda

- Aetna Better Health Premier Plan MMAI Overview
- Enrollment & Eligibility
- Member Benefits
- Claims Submissions
- Secure Provider Portal
- Provider Resources





Aetna Better Health Premier Plan MMAI Overview

Medicare and Medicaid Alignment Initiative (MMAI)

- Integrated plan for people who are eligible for Medicare and full Medicaid medical benefits (known as full benefit duals)
- Aetna Better Health Premier Plan MMAI provides both Medicare and Medicaid benefits to enrollees
- Care coordination without the barriers that exists between the two programs in order to improve the quality of care for our members

Enrollment options for individuals who qualify for MMAI

- Select and enroll with the MCO of their choice
- If selection is not made by the individual, they will be passively enrolled and assigned to an MCO
- Ability to “opt out” of the program

Aetna Better Health Premier Plan MMAI members can change MCOs or may opt out on a monthly basis. This is unlike the ICP program where members may only change MCOs within the first 90 days and are then locked into the plan until the anniversary date.

Medicare Medicaid Alignment Initiative



As an Integrated Care Management model, Aetna Better Health Premier Plan MMAI is designed to address enrollees'

- Physical Health
- Behavioral Health
- Long-term Care
- Social Supports



Enrollment & Eligibility

Enrollment Qualifications

This expansion will assist nearly 300,000 individuals with complex care needs through an integrated delivery model across the full continuum of care. This includes individuals who are...

- Age 21 and older
- Entitled to benefits under Medicare Part A, enrolled under Medicare Parts B and D, and receive full Medicaid benefits
- Enrolled in the Medicaid Aid to the Aged, Blind and Disabled (AABD) assistance

Are in the following Medicaid waiver...

- Elderly
- Persons with disabilities
- Persons with HIV/AIDS
- Persons with brain injury
- Persons residing in Supportive Living Facilities (SLFs)
- Individuals with End Stage Renal Disease (ESRD)

ID Cards

Members have only one ID card for Medicare, Medicaid and Pharmacy benefits

**This is a sample version of the ID card

The image shows the front of an Aetna Better Health Premier Plan ID card. The card is white with a black border. In the top right corner is the Aetna logo. Below it, the text reads "AETNA BETTER HEALTH® Premier Plan". The card lists several fields: "Member Name Last Name, First Name", "Member/RX ID# 000000000-00", "Date of Birth 00/00/0000", "Sex X", "Health Plan (80840) info to come", "PCP Last Name, First Name", "PCP Phone 000-000-0000", "Effective Date 00/00/0000", and "No Copay". A yellow box highlights "CMS - H2506.001". On the right side, there is a vertical dotted line, and to its right is the CVS Caremark MedicareRx logo with the tagline "Prescriptions. Strong Coverage. X". Below the logo, it lists "RxBIN 610591", "RxPCN MEDDADV", and "RxGRP RX8815". At the bottom right, it says "CMS APPROVED".

The image shows the back of the Aetna Better Health Premier Plan ID card. It contains a notice: "Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call Member Services." Below this, it lists contact information for "Member Services" (Call 24 hours/7 days, Phone 1-866-600-2139) and "Hearing Impaired" (Illinois Relay 7-1-1). A yellow box highlights the instruction: "Call Member Services to verify member eligibility and for all questions related to member services, provider claims, behavioral health, and pharmacy." It also lists phone numbers for "Dental Services" (1-800-416-9185), "Transportation Services" (1-888-513-1612), and "Vision Services" (1-888-493-4070). A yellow box highlights "CVS Caremark Pharmacy Help Desk (Pharmacist Only) 1-855-364-2974". The website "www.aetnabetterhealth.com/illinois" is listed. At the bottom left, it says "Send Medical Claims To Aetna Better Health PO Box 66545 Phoenix, AZ 85082-6545". At the bottom right, it says "Emdeon Payer ID 26337" and "CMS APPROVED".



Covered Benefits

Basic Aetna Better Health Premier Plan MMAI Benefits

- 24/7 nurse line
- Behavioral health services
- Doctor services
- Eyecare services
- Hearing services
- Home health care
- Hospital services
- Lab tests and x-rays
- Medical supplies
- Prescriptions
- Therapy
- Transportation to medically necessary appointments

Aetna Better Health Premier Plan MMAI Benefits

Value Added Benefits

- \$20 OTC pharmacy benefit
 - Per month, per member, no rollover
 - Some restrictions on use
- Dental: Preventive, 2 visits per year
- Expanded Podiatry
- Health Education and Nutrition
- Smoking cessation

Copays

- No copays for any benefits, including pharmacy

Transition of Care

Transition of care coverage allows the member to continue to receive services for specified medical and/or behavioral health conditions for a defined period of time with designated health care professionals.

- 180 days TOC begins for first time members that enroll in a Medicare-Medicaid plan
- 90 days TOC for members that change to Aetna Better Health Premier Plan MMAI from a different Medicare-Medicaid plan



Primary Care Physician (PCP)

- All members are required to have a PCP
- PCPs may participate only with the Aetna Better Health Premier Plan MMAI
- Find a Provider tool on Aetna Better Health Premier Plan MMAI website
 - Search by Premier Plan/Medicaid-Medicare
- Members may change PCPs once per calendar month
- PCP changes are effective immediately



Provider Appointment & Access Standards

Provider Appointment Standards

Aetna Better Health Premier Plan MMAI monitors provider compliance to the Illinois Integrated Care Program appointment availability standards

- Routine, preventive care available within 5 weeks from request
- Urgent care appointments, not deemed an emergency medical condition, triaged, and if deemed necessary, provided within 24 hours
- Appointment not deemed serious (non-urgent complaints) within 3 weeks
- Post-hospitalization or emergency department visits within 7 days of discharge

Provider Access Standards

- Aetna Better Health Premier Plan MMAI members require access to their medical home/PCP, including after hours and on weekends (“live person” and no answering machines)
- Aetna Better Health Premier Plan MMAI will monitor the availability of 24/7 access and the processes that support after hours availability and response
- Providers are encouraged to use alternative options for communication, such as scheduling appointments via the web, communicating via secure email and expanded office hours or open access scheduling
- This membership necessitates that providers make their practices accessible to accommodate the full range of disabilities that may exist with the population

Pharmacy

- CVS Caremark is the Pharmacy Benefit Manager (PBM)
- Formulary/Preferred Drug List
 - Indications for Medicare drugs
- Additional information is available on the Aetna Better Health Premier Plan MMAI website under Quick Links

<https://www.aetnabetterhealth.com/illinois/providers/resources/services>



Aetna Better Health Premier Plan MMAI Vendors

- Pharmacy: CVS Caremark
 - Pharmacy network contracting and network point-of-sale (POS) claim processing and mail order delivery
 - Call Aetna Better Health Premier Plan MMAI Pharmacy Services at 1-866-212-2851
- Dental – DentaQuest
 - Coverage for routine and specialty dental services
 - 1-800-416-9185
 - 8:00am – 6:00pm CST, Monday – Friday
 - Website: <https://dentaquest.com/state-plans/regions/illinois/>

Aetna Better Health Premier Plan MMAI Vendors

- Vision: March Vision Care
 - Coverage for routine eye exams, prescription frames and lenses
 - 1-888-493-4070
 - 8:00am – 5:00pm CST, Monday – Friday
 - Website: www.marchvisioncare.com
- Transportation: Ride Right (MTM)
 - Three days advance notice required for non-emergent transportation – including non-emergent ambulance transportation
 - 1-888-513-1612
 - 8:00am to 5:00pm CST, Monday – Saturday
 - Website: <https://www.mtm-inc.net/ride-right-is-now-mtm-transit/>
- Interpreter Services: Akorbi

A woman with long brown hair, wearing a light-colored sweater, is sitting at a wooden desk. She is looking at a laptop screen while holding a small black and white dog. A white mug is on the desk next to the laptop. The background shows a window with a view of trees. The entire image has a purple tint.

Provider Contracts



Provider Contracts

Providers were deemed in network with Aetna Better Health Premier Plan MMAI in one of two ways...

- Providers active in the Aetna Medicare Network
- Providers active in the IlliniCare network (Medicaid)

If you wish to join the network, please contact our Provider Services department to request a contract packet

- 1-866-600-2139
- ILProviderUpdates@aetna.com

A woman with long brown hair, wearing a pink sweater, is sitting at a dark wooden desk. She is smiling and looking at a small black and white dog sitting on her lap. Her right hand is on the laptop keyboard, and her left hand is resting on the dog's head. On the desk, there is a silver laptop and a white mug. In the background, there is a large window with white frames, showing green foliage outside. The word "Claims" is written in a large, white, serif font across the center of the image.

Claims

Claim Submission

Electronic claims through Provider's own clearinghouse

- Before submitting a claim through your clearinghouse, please ensure that your clearinghouse is compatible with Change HealthCare using the 837 file format
- Please use Submitted ID #26337 when submitting electronic claims

Electronic claims through Aetna Better Health Premier Plan MMAI Provider Portal

- We encourage participating providers to electronically submit claims through our portal at <https://www.aetnabetterhealth.com/illinois/>. Select "For Providers" then the "Claims" tab and finally, click the link to "WebConnect"

Paper Claims

- Aetna Better Health Premier Plan MMAI
PO Box 66545
Phoenix, AZ 85082

Tips for Submitting Claims

- To best ensure timely and accurate payment of your claim, submit a “clean claim”
- A “clean claim” is defined as one that can be processed (adjudicated) without obtaining additional information from the service provider or from a third party
 - It does not include claims submitted by providers under investigation for fraud or abuse or for claims that are under review for medical necessity
- Clean claims are processed according to the following timeframes:
 - 90% of clean EDI claims adjudicated within 30 days of receipt
 - 90% of clean paper claims adjudicated within 90 days of receipt



Secure Provider Portal

Secure Provider Portal

The HIPAA – compliant web portal is available 24 hours a day. The portal supports the following functions...

- Payer Spaces
- Claims Submission Link (Change HealthCare)
- Contact Us messaging
- Claim status inquiry
- Appeals and Grievances
- Grievance submissions
- Appeal submissions

- Grievance and appeal status
- Panel Roster – Panel Lookup
- Reports
- PDM/ProReports (Provider Deliverables Manager)
- Ambient (Business Intelligence Reporting)
- Prior Authorization – submission and status lookup
- Eligibility and Benefits

Features coming soon...

- Remit PDF
- Enhanced Panel Roster
- Enhanced Grievance and appeals

Secure Provider Portal

- If you are already registered with Availity, you will simply select Aetna Better Health Premier Plan MMAI from your list of payers to begin accessing the portal and all the features
- If you are not registered, we recommend that you do so immediately
- Please visit the “Portal” tab under the “For Providers” section of the Aetna Better Health Premier Plan MMAI website
 - <https://www.aetnabetterhealth.com/illinois/providers/portal>
- For registration assistance, please call Availity Client Services at 1-800-282-4548 between the hours of 8:00am and 8:00pm Eastern, Monday – Friday (excluding holidays)

A woman in a purple Aetna uniform is talking to an older woman on stairs. Both are smiling and holding brown paper bags filled with food. The background is a blurred outdoor setting with a railing.

Provider Resources

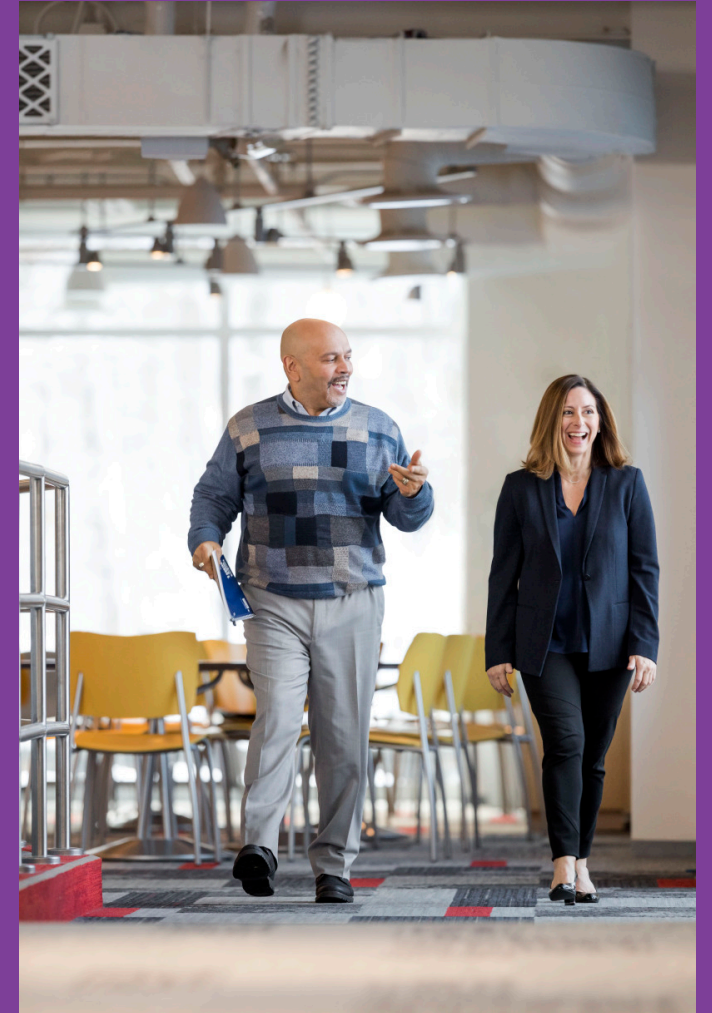
Provider Resources

Eligibility Verification Options

- Aetna Better Health Premier Plan MMAI's 24/7 options:
 - Call 1-866-600-2139, option 1
 - Secure Provider Portal at <https://www.aetnabetterhealth.com/illinois/providers/portal>
- Providers may continue to use the existing Medicaid eligibility verification methods set up by the State
 - MEDI information is available at www.myhfs.illinois.gov/
 - REV information is available at www.hfs.illinois.gov/rev/
 - The MEDI and REV systems are available 24 hours a day, 7 days a week
 - Providers may also call the AVRS system to check availability at 1-800-842-1461

Additional Provider Resources

- Aetna Better Health Premier Plan MMAI website:
<https://www.aetnabetterhealth.com/illinois>
- Provider Services Contact information
 - 1-866-600-2139
 - ILProviderUpdates@aetna.com
- Provider Handbook
- Provider Directory available on the website
- Interpreter and Language Services



Thank You



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