Welcome to Aetna Better Health[®] of Illinois

Winter 2022



New partnership with MXOtech

Aetna Better Health of Illinois is excited to partner with MXOtech for Electronic Data Exchange set up. HEDIS season is here, and what better way to ensure providers receive credit for HEDIS services performed than through a Supplemental Data Exchange (SDS) feed with a great partner such as MXOtech. SDS is a standardized data feed used to capture data in a flat file format. You can set up a supplemental data source with Aetna Better Health of Illinois via MXOtech to simplify the data sharing processes for your office and meet your pay-for-performance (P4P) goals.

Aetna Better Health of Illinois has created a flexible and easy-to-use channel for submission of HEDIS supplemental data.

Here's how it works:

- Aetna will send a patient list to health care provider groups.
- For members on this patient list, Aetna asks that providers supply care data for those patients.
- A representative from MXOtech may contact you to help with the SDS set up.
- The first 20 providers who set up an eligible active SDS feed through MCO will get a \$3000 bonus from Aetna Better Health of Illinois.



For more information, email ABHILQualityOutreach@aetna.com or call 1-833-216-7279 (TTY: 711).



CAHPS is underway

The 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey is under way and will run through May. The CAHPS process measures overall member experience, access to care and customer satisfaction from the previous six months. The results from the survey contribute to our health plan's overall Star Rating.

Last year, our response rate for the Child and Adult surveys was 15.09%. Our goal for this year is a response rate of at least 18%.

Quality Performance Improvement Strategies: What providers can do to help

One way to look at the CAHPS survey questions is how they fit within your broader attempt to create an overall experience of caring that will translate into better responses on the individual assessment questions due to a positive "halo effect." The halo effect is the tendency of people — including patients and their loved ones — to cut you slack when they have a generally positive impression of you. It's how a positive experience with you will spread in their minds (and in their survey responses) and translate to positive responses.



Ways to promote the halo effect

Build trust by using multi-channel strategies to communicate and educate.

Avoid patient dissatisfaction — be careful of giving off cues of indifference and uncaring.

Strive to experience your care the way that your patients do.

Apologize for service lapses pointed out by a patient.

Educate employees — every single one — on how to handle complaints or concerns from patients or family members.

Understand that improving patient satisfaction is about systems just as much as it is about smiles.



It's that time again — HEDIS Hybrid season

Providers can request medical records from Aetna Better Health of Illinois to help with administrative responsibilities, such as HEDIS Hybrid season audits. Watch for the request for records via fax, email or mail starting in February 2022 through May 2022.

Most HEDIS measures require services be completed in 2021, but a few measures may have look-back periods beyond the 2021 calendar year. A guide will be provided in the medical record request for your reference. The retrospective

review of services is used to document labs, vaccines, visits, screenings and tests provided to our mutual members with the purpose of yearly audit reporting to both NCQA and the State of Illinois.

Providers must respond promptly within 14 days of the request. Medical records must be made available upon request and free of charge.

If you have any questions, please call the Quality Team at 1-833-216-7279 (TTY: 711).



We heard you

Aetna Better Health of Illinois appreciates your feedback on retiring the Medicaid Web Portal. After careful consideration, the secure web portal will remain available until further notice. We value our providers and are dedicated to making this a seamless transition experience for you. Our teams will continue working to ensure that all existing functionality is present on Availity Essentials.

Availity Essentials remains our preferred provider portal. We encourage all providers to begin and continue using the essential tools shown below:

Claim Submissions	Appeals & Grievance Appeals	Prior Authorization Submission
Claim Status Inquiries	Appeals & Grievance Status	Prior Authorization Status
Payer Space	Panel Rosters	Eligibility and Benefits
Contact Us Messaging	Reports/PDM	

If you're new to Availity, there are many resources to help guide providers on how to navigate the site. Availity is free for all providers and offers a single sign on for Aetna Better Health of Illinois participating payers.

Bookmark these resources for easy access:

- Availity.com/Essentials 24/7 access to training resources and recorded webinars to view at your leisure
- **Aetna Crosswalk** Aetna Better Health tools and resources



Get to know Availity

Availity is your trusted source for payer information, so you can focus on patient care. If your organization isn't registered with Availity, get started today at

<u>Availity.com/provider-portal-registration</u>.

Live webinars for Availity portal users

Once you're registered, sign in at <u>Apps.availity.</u> <u>com/availity/web/public.elegant.login</u>. The Availity Learning Team offers regularly scheduled live webinars on a variety of topics including:

- Prior authorization submission and follow-up training
- Navigating the attachments dashboard and workflow options
- Resources and tips for new administrators on Availity
- Use Availity portal to submit professional claims
- Availity claim status

Tips for finding live webinars

- In the Availity Portal, select Help & Training > Get Trained to open your ALC catalog in a new browser tab.
- In the ALC catalog > Sessions tab, browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using Your Calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable iCal options.

Can't make a live session?

The ALC catalog includes lots of on-demand options, too. In the ALC Catalog, look for courses with a title that ends in Recorded Webinar, for example, Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar.



EPSDT (Early and Periodic Screening, Diagnostic and Treatment)

EPSDT screenings are **required** for children from birth to age 21 enrolled in Illinois' Medicaid program. The Aetna Better Health of Illinois EPSDT program promotes health and wellness and helps make sure children are growing, healthy and safe.





EARLY:

Treating problems soon



PERIODIC:

Setting up regular appointments



SCREENING:

Checking for medical problems



DIAGNOSIS:

Finding medical problems



TREATMENT:

Caring for problems

Why are EPSDT screenings important?

Early intervention can change a child's future. Children can often look and feel well but still have a health problem. EPSDT screening can identify developmental delays or behavioral problems, such as learning disabilities, speech or language problems, autism, intellectual disabilities, emotional/behavioral conditions, hearing or vision impairment, or attention deficit hyperactivity disorder (ADHD). Fewer than half of these problems are identified before the child reaches school age, meaning the problems may have worsened and critical intervention opportunities have been missed during the preschool years.

During well-child visits, providers should check:

- Growth
- Development
- Learning
- Ears and eyes
- Diet
- Immunizations
- Test records

Tips to stay on track with EPSDT

- Complete the EPSDT forms at every EPSDT/ well-child visit.
- Complete all age-appropriate screenings in accordance with the Bright Futures' EPSDT Periodicity Schedule.
- Use the appropriate preventive medicine CPT code, diagnosis codes and EPSDT modifiers to identify an EPSDT-related claim.

You can find Bright Futures' EPSDT Periodicity Schedule at downloads.aap.org/AAP/PDF/periodicity_schedule.pdf





Click here for a list of available Provider trainings.



2022 Pay-for-Performance (P4P) program

The Aetna Better Health® of Illinois 2022 Pay-for-Performance (P4P) Program, rewards providers for providing high-quality care for Aetna Better Health® of Illinois members. The goal of the P4P program is to enhance the quality of care for our members with a focus on preventative and screening services. The NCQA (National Committee for Quality Assurance) and HFS (Illinois Department of Healthcare and Family Services) determines the Healthcare Effectiveness Data and Information Set (HEDIS®) measures and P4P measures that must be reported.

Providers will continue to receive financial incentives for completing services on several HEDIS measures. Incentives will be retrospective for services beginning **January 1, 2022**. Details will be released after the official HFS P4P guidelines are presented to the health plan in late March or early April 2022.



Paper claims and correspondence vendor change

Effective March 15, 2022. Conduent will replace Change Healthcare as our vendor for services related to the receipt and imaging of paper claims.

The new address for paper claims and correspondence is:

Aetna Better Health of Illinois

P.O. Box 982970 El Paso, TX 79998-2970



Extra benefit for members



\$25 per month for CVS over-the-counter (OTC) products

Aetna Better Health of Illinois is excited to announce an expanded product list for 2022 to include over 375 products. Members will receive a \$25 monthly allowance per household to spend on CVS-brand OTC products with no prescription required. Products range from first-aid items, non-prescription pain medication — even an option for a once-yearly purchase of a scale or blood pressure monitor.

Here's an overview:

- Orders can be placed through the call center, online or in stores (where available)
- Member can't exceed the benefit amount when placing order through home delivery (call center or online)
- This is a "use it or lose it" benefit the unused benefit amount doesn't carry over to the following month
- No returns or exchanges are allowed
- In-store products have blue tags for easy identification, or a store associate can help

OTC Health Solutions makes it easy

- In-house fulfillment center
- No cost to member
- · No prescription required
- No additional ID
- Nationwide mail service capability
- Member doesn't pay shipping
- Customer service in English or Spanish
- Translation line available

Members can place their order by calling OTC Health Solutions at 1-888-628-2770 (TTY: 1-877-672-2688), Monday through Friday, 9 AM-8 PM ET. Or online at CVS.com/otchs/abhilmedicaid.

March Vision

Most Ophthalmology services are managed by Aetna Better Health of Illinois, but most Optometry services are managed by March Vision. If the service is managed by March Vision, please direct requests/inquiries related to prior authorization to March Vision at MarchVisionCare.com or call **1-844-456-2724.**

You can find a current list of the services that require authorization is available on the Provider Portal, through our **Provider Prior Authorization Tool** (ProPAT).





Licensed Clinical Professional Counseling (LCPC) and Licensed Marriage and Family Therapist (LMFT) services

Aetna Better Health of Illinois recognizes the value of Licensed Marriage and Family Therapist (LMFT) and Licensed Clinical Professional Counseling (LCPC) services for our members. We're grateful to partner with you to achieve the best results for the members we both serve

Join more than 40,000 providers across Illinois and the surrounding states who have partnered with Aetna Better Health of Illinois to provide quality care to our communities. To get started, submit your LMFT or LCPC via IMPACT at Illinois.gov/hfs/impact/Pages/default.aspx. Then email the Contracting Department at ABHILContracting@aetna.com or call 1-866-329-4701 (TTY: 711) for next steps.



Pay-for-quality (P4Q) and value-based contracting (VBC)



Supplemental payment models reward providers for high-quality care.

Pay-for-quality (P4Q) rewards providers who provide high-quality care for Aetna Better Health of Illinois Medicaid members. Providers receive financial incentives for completing services on several Healthcare Effectiveness Data and Information Set (HEDIS) measures. Reach out to ABH-ILQualityManagement@aetna.com for more information.

Value-based contracting (VBC) creates greater earning opportunities for effective population management. Value-based care aligns member, provider and health plan goals. It provides financial incentives for high-quality outcomes and emphasizes the use of preventative services and reduction of avoidable healthcare costs.

Reach out to <u>ABHILProviderPartnerships@aetna.com</u> for more information.

