## **Provider Migration Messaging**

Topic	Question	Answer
MIGRATION	Why is IlliniCare Health becoming Aetna Better Health of Illinois Inc.?	We've been working hard since CVS Health/Aetna's acquisition of IlliniCare Health in January 2020 to integrate our business. We're almost there, and that's why IlliniCare Health is changing its name to Aetna Better Health® of Illinois on 12/01/20. Together, we are combining our strengths to best serve our provider partners and members.
	When will the change happen?	As of 12/01/20, our company's new name will be Aetna Better Health of Illinois, Inc. Our phone number will not be changing, you can continue to contact us at <b>1-866-329-4701</b> with any questions regarding our members' benefits. Our goal is to have a smooth transition and to provide you the same great service.
	What and when will information be provided?	Throughout this process, we will keep you up to date with any information that will affect you and your patients. You will get most of this information by email and fax. Prior to the transition, you'll continue to get communications from IlliniCare Health. After 12/01/20, materials will come from Aetna Better Health of Illinois, Inc. The materials that you will receive on or before 12/01/20 will include: <ul> <li>Digital Provider forums</li> <li>Portal registration information</li> <li>Member ID card examples</li> <li>Claims updates</li> </ul> Please be sure to open all communications received by either health plan.
	Do I need to re-enroll or do anything in IMPACT?	No, you do not need to do anything in IMPACT.
	Prior to migration who will I contact?	Before and after 12/01/20, you can continue to contact IlliniCare Health with any plan-related questions. You can reach Provider Services at <b>1-866-329-4701</b> .
	What action is required of me?	During this transition, it will be important that you watch for any new communications from us.  These communications will include actions you will need to take as we get closer to 12/01/20.
		One important action item for you will be registering for the provider portal. We'll send you all the information you need to register and log in.
		All open Inpatient and Outpatient authorizations on the date of the cutover strategy,12/1/20, will not need any additional provider intervention, as these authorizations will automatically carry over.

PRIOR AUTHORIZA- TION	Can I expect a change to prior authorization numbers received before 12/01/20?	Yes. All converted authorizations (referrals) will contain a suffix, following the original IDX authorization number. Example: 97263NECV. Those that span the cutover date will have a prefix of TRU (i.e. services that begin on 11/15 and are authorized through 12/15).
		A newly generated referral number in the Aetna system is 12 digits in length.
	How can I locate the new authorization numbers?	Providers will be able to search and initiate authorizations (CareWebQI) through the provider portal. Providers also can contact Pre-Authorization at <b>1-866-329-4701</b> .
CLAIM NUMBERS RESUBMIS- SIONS	How will I be able to locate the new claim #s for historical claims?	Aetna Better Health of Illinois will automatically convert all claim numbers or original claim numbers from IlliniCare Health.
	Is there any impact on EDI claim submissions?	Yes, effective 12/1/2020 the Aetna Better Health of Illinois payer ID will change to 68024 as of 12/1/2020 and applies to all claims being submitted with both pre and post DOS 12/1/2020.
	Will members need the new Member ID number?	Members' Membership ID number will continue to be the same as their State Medicaid ID number.
	What is the mailing address for submitting claims with DOS 12/01/20 forward?	Aetna Better Health of Illinois, Inc. PO Box 66545 Phoenix, AZ 85082-6545
	What is the claims timely filing requirement?	Providers have 180 days from the date of service to submit and initial claim or a corrected claim.
	Where should I submit claims with dates of service prior to 12/01/20, post 12/01/20, and dates of service spanning pre and post 12/01/20?	As of 12/01/20, all claims can be submitted to payer ID 68024 regardless of dates of service <b>except for the following</b> : Professional claims (8370P or HCFA 1500) with dates of service prior to 12/01/20 and dates of service on/after 12/01/20 need to be separated into 2 separate claims: one for dates of service prior to 12/01/20 submitted and one for dates of service on/after 12/01/20. Both claims should be submitted to payer ID 68024.
REMITTANCE ADVICE	Will remits still be available on the provider portal?	For claims with dates of service on or after 12/01/20, remittance advice will be available within the new provider portal: AetnaBetterHealth.com/Illinois-Medicaid. Historical claims and remit information will remain available on the old IlliniCare provider portal or via PaySpan. Please note:

		your electronic 835's and ERA will now come from Change Health for claims with dates of service 12/01/20 and later.
	Are there any changes with the remittance advice?	Yes. The format of the Aetna Better Health of Illinois remittance advice has changed slightly, but still contains all of the key data elements.
PROVIDER PORTAL CHANGES	Is there any change in how providers access the provider portal after 12/01/20?	Providers must register for the Aetna Better Health provider web portal. Each TIN will have one account, with a primary representative. Please go to the Aetna Better Health of Illinois, Inc. website and complete a provider registration form. Be sure to supply the e-mail address where you want your password information to be sent along with your primary representative. There is a demonstration of provider portal capabilities available on the Aetna Better Health of Illinois, Inc. website. Once you register you will receive e-mails on how to access the provider portal at <a href="AetnaBetterHealth.com/Illinois-Medicaid">AetnaBetterHealth.com/Illinois-Medicaid</a> .
	What will be different about the Aetna Better Health of IL provider portal?	Providers will be able to:  Search member eligibility and verify enrollment Search and initiate authorizations (CareWebQI) Search claim status View claim details, explanation of benefits and remittance advice View provider lists and the panel roster Upload attachments / documents for claim reconsiderations
		Contact the health plan via secure messaging.
BENEFITS	Will pharmacy benefits remain the same?	Starting 12/01/20, Walgreens will no longer participate in the pharmacy network, however, members will receive additional pharmacy benefits, including:  • ScriptPath – comprehensive adherence and medication management program available to members.  • Multi-dose Packaging available at CVS pharmacies.  • Specialty Connect – Specialty medication support and pickup from retail pharmacy locations or delivered to a doctor's office or member's home.  • HealthTag – enhanced pharmacy messaging and counseling delivered in person to members picking up prescriptions (ex: immunization, adherence, follow-up PCP visits)  If members have questions about their pharmacy benefits, we are here to help. Please direct them to call us at 1-866- 329-4701 (TTY: 711).  The list of in-network pharmacies is available on our website at IlliniCare.com, or after 12/01/20, visit us at <a href="www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> to review their pharmacy benefits.

	Will vision benefits remain the same?	There are no changes in member's vision benefits. They will stay the same. Their vision benefits will now be provided by March Vision. You can direct them to IlliniCare.com, or after 12/01/20, to visit us at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> to review their vision benefits.
	Will dental benefits remain the same?	There are no changes to member's dental benefits. They will stay the same. Their dental benefits will now be provided by DentaQuest. You can direct them to IlliniCare.com, and after 12/01/20, to visit us at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> to review their dental benefits.
	Will mental health benefits remain the same?	There are no changes to member's mental health benefits. They will stay the same. You can direct them to visit IlliniCare.com or after 12/01/20, to visit us at AetnaBetterHealth.com/Illinois-Medicaid to review their mental health benefits.
	Will transportation benefits remain the same?	Transportation benefits are staying the same. Our transportation vendor is LogistiCare. You can direct member's to visit IlliniCare.com or after 12/01/20, to visit us at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> to review their transportation benefits.
	Is there a different website members and provider should use?	The new website is AetnaBetterHealth.com/Illinois-Medicaid.  Here members and providers will find:  Provider Manual  Online provider portal access Important plan notices  Claims information
	Member/provider service phone number stays the same	The current Provider Services phone line will still be our toll-free number 1-866-329-4701.
MEMBER ID CARDS AND ID NUMBER	Is the new Member ID# required to check member eligibility?	Providers can continue to leverage MEDI as a primary source for verifying member eligibility, and can also submit member eligibility inquiries via the provider web portal using the Member ID # off of the member's ID card as they do today.
	Why did members get a new ID card in the mail? What do they do with the old ID card?	Members will receive new ID cards to identify them as Aetna Better Health of Illinois, Inc. members. Their new ID cards will continue to match their State Medicaid numbers. If they are still using their IlliniCare Health cards, please direct them to the <a href="Medicaid">AetnaBetterHealth.com/Illinois</a> -  Medicaid to request their Aetna Better Health of Illinois, Inc. ID cards.
	When will new ID cards be issued?	Patients with IlliniCare Health coverage will begin receiving new ID cards starting mid-November. If after this time they are still using the IlliniCare Health member ID cards, please direct them to <a href="AetnaBetterHealth.com/Illinois-Medicaid">AetnaBetterHealth.com/Illinois-Medicaid</a> where they are to request new Aetna Better Health ID cards.

	Are there any differences on the new ID card?	Members will still receive both an Aetna Better Health of Illinois, Inc. ID card and Illinois ID card. The member number will remain unchanged. Although you will notice that we have a new look, the Aetna Better Health of Illinois, Inc. name.
MY HEALTH PAYS &AETNA BETTER CARE INCENTIVE PROGRAM	Will the My Health Pays program change?	Yes, starting 12/01/20, the My Health Pays incentive program will change to the Aetna Better Care incentive program. Members will be able to earn the same dollars for completing important activities to better their health. Please direct them to visit our website at IlliniCare.com, or after 12/01/20 at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> for a full listing of their incentive activities.
	Will members get a new debit card? And will their money move to this new card?	Members will receive a new incentive card for the Aetna Better Care program when they complete a qualifying health activity on or after 12/01/20.
	How long do members have to use their incentive dollars on their My Health Pays debit card?	Members existing My Health Pays funds will expire 90 days after the program ends on 12/01/20 or on March 1, 2021. After their funds expire, their My Health Pays card will no longer be active.
	When do member's Aetna Better Care rewards expire?	Members Aetna Better Care funds expire 90 days after they leave Aetna Better Health of Illinois, Inc. or one year after the reward is loaded onto their card.
	How do they check their card balance?	They can check their card balance by logging into the incentive member portal at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> .
	How do members activate their Aetna Better Care card?	Members can activate their card by calling 1-855-256-4620.
	Who can members contact with additional questions?	Members can contact Member Services at 1-866-329-4701 (TTY: 711) with any additional questions.
	What activities can members earn reward dollars for?	A couple of examples of qualifying activities are completing their health risk screening, getting a flu shot, or seeing their PCP for an annual visit. For a complete list of qualifying activities please direct them to IlliniCare.com or after 12/01/20 visit us at <a href="https://www.HealthyBenefitsPlus.com/ABHIL.com">www.HealthyBenefitsPlus.com/ABHIL.com</a> .
	How do members know if they're eligible for this program?	Once they complete a health activity, they will be enrolled in the Aetna Better Care program and will receive the incentives.