

About Aetna Medicare-Medicaid Alignment Initiative (MMAI) Program

Dear Provider,

Effective 7/1/21, the Medicare-Medicaid Alignment Initiative (MMAI) program will be expanding statewide. <u>https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn201216a.aspx</u>

Background

To obtain an adequate Statewide network for the MMAI Program of IL, the Plan is using Aetna's Medicare Statewide Provider Network that is already in place.

On 1/12/21, we sent notices to Aetna's Medicare Statewide Provider Network informing you that we are adding the Aetna Better Health Premier Plan MMAI (Duals MMP Plan) for Illinois to your existing Medicare contract that will begin on 7/1/21.

Unless you opt-out of the deeming, you will automatically be added to the MMAI Statewide Network.

CMS overview of the Medicare-Medicaid Alignment Initiative (MMAI) Program

https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/ILProviderFAQ.pdf

HFS Overview of the Medicare-Medicaid Alignment Initiative (MMAI) Program

Today, the MMAI program is in 13 counties in northern Illinois. Recently, the IL Department of Health and Family Services (HFS) announced plans to expand the program statewide to all 102 counties. This expansion will assist nearly 300,000 individuals with complex care needs through an integrated delivery model across the full continuum of care.

Overview

Aetna Better Health Premier Plan (MMAI) brings together Medicare, Medicaid, and prescription drug benefits into one health plan. Our MMAI health plan offers extra benefits, such as more dental care and lower prescription co-pays. All MMAI health plans have care coordination to manage all healthcare and long-term services and supports of enrollees.

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Member Eligibility and Benefits

Who is eligible for IL Duals MMP Plan?

- 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)

Care Management Services for MMAI Duals MMP Members

Comprehensive enrollee assessment, clinical review, proactive discharge planning, transition management, and education directed towards obtaining preventive care. These care management elements are intended to reduce avoidable hospitalization and nursing facility placements/stays by:

• Identification of individualized care needs and authorization of required home care services/assistive equipment when appropriate. This is intended to promote improved mobility and functional status, and allow enrollees to reside in the least restrictive environment possible.

• Assessments and care plans that identify an enrollee's personal needs, which are used to direct education efforts that prevent medical complications and promote active involvement in personal health management.

• Case Manager referrals and predictive modeling software that identify enrollees at increased risk for nursing home placement, functional decline, hospitalization, emergency department visits, and death. This information is used to intervene with the most vulnerable enrollees in a timely fashion.

When can a Member enroll in a MMAI Duals MMP?

Members can change MCOs or may opt out monthly. 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.

What if a Member loses Eligibility?

If an individual loses eligibility for the Aetna Better Health Premier Plan MMAI Program, Aetna Better Health is required to end their coverage under the Program.

What if I'm not a Medicaid Participating Provider?

Providers who provide services to Aetna Better Health Premier Plan MMAI enrollees must be enrolled as a Medicaid provider with the state of Illinois. The provider must be credentialed by Aetna Better Health Premier Plan MMAI before they can provide health care to our enrollees. To access enrollment forms and other information about how to register with the state of Illinois, please refer to the Department's website at www.hfs.illinois.gov/enrollment.

Am I Required to see MMAI Duals Members?

Yes, if your practice is open to new patients, you are required to see these Members.

What Services and Benefits are covered in our MMAI Duals Plan?

- 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

Things to Remember:

Duals MMP Members should show their Member ID card each time they visit their doctor or facility. Members must select a primary care physician to coordinate their care. Members may only see providers in the Aetna Better Health Premier Plan (Duals MMAI) network. No out-of-network benefits exist for these plans unless the member follows the approval process by contacting Member Services directly. Members do not need referrals to see in-network providers

Provider Claim Processing

Can I balance bill a member?

Providers may not bill members for any Medicare or Medicaid covered services.

What Number do I use to Submit Electronic Claims?

Please use Submitter ID # 26337 when submitting electronic claims.

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Policies and Procedures

Do I have to take any Training?

Yes, trainings will be offered to Providers starting in Q2 2021. In the meantime, please visit our Health Plan provider website to review the draft Aetna Better Health Premier Plan MMAI Introductory Information, FAQ's, Plan information, such as covered services, authorization requirements and the Provider Handbook. <u>https://www.aetnabetterhealth.com/illinois/providers/premier/handbook</u>

Where can I get my Patient's Health Information?

Providers can view and download their patients' HRAs and ICPs through our Secure Provider Portal. Instructions for registering and gaining access to the portal are located under 'Portal' on our Provider site located at <u>https://www.aetnabetterhealth.com/illinois/providers/portal</u>

What other Information do I have to Submit?

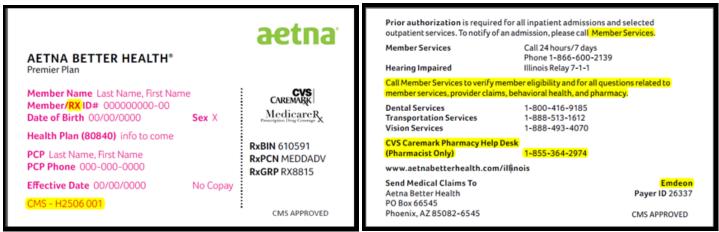
To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. Requirements: Advanced Care Planning (CPTII: 1157F, 1158F), Functional Status Assessment (CPTII: 1170F), Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day), Pain Screening (CPTII: 1125F, 1126F

More Information

Where can I find the Aetna Better Health Premier Plan (Duals MMAI) provider manual and newsletters?

Visit our provider website to review items such as the Aetna Better Health Premier Plan MMAI Provider Manual, Provider Newsletters, FAQs, and additional Resources https://www.aetnabetterhealth.com/illinois/providers/

What does a Duals MMAI member card look like?



Provider Resources

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Aetna Better Health Premier Plan (Duals MMAI) 24/7 options:

- Call 1-866-600-2139, option 1
- Secure Provider Portal at https://www.aetnabetterhealth.com/illinois/providers/portal

Upcoming Webinars

Informative webinars are available which will provide more information on the MMAI Program and allow providers to ask questions. To sign-up, please send an email to <u>ILMMAIExpansion@aetna.com</u>. with the date you wish to attend.

- Tuesday, June 22, 2021 1:00 p.m. 2:00 p.m.
- Tuesday, June 29, 2021 2:00 p.m. 3:00 p.m.
- Tuesday, July 13, 2021 1:00 p.m. 2:00 p.m.
- Wednesday, July 28, 2021 2:00 p.m. 3:00 p.m.
- Tuesday, August 10, 2021 1:00 p.m. 2:00 p.m.
- Thursday August 26, 2021 2:00 p.m. 3:00 p.m.
- Wednesday, September 14, 2021 1:00 p.m. 2:00 p.m.

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