

AETNA BETTER HEALTH
Medicaid Contract Summary
2014/15

AETNA	AETNA BETTER HEALTH - FAMILY HEALTH PLAN	AETNA BETTER HEALTH - INTEGRATED CARE PROGRAM	AETNA BETTER HEALTH - PREMIER PLAN (MMAI)
AIMMC Designated Contact	Lawrence Underwood PH:630-737-6464 E-Mail: UnderwoodL2@AETNA.com	Lawrence Underwood PH:630-737-6464 E-Mail: UnderwoodL2@AETNA.com	Lawrence Underwood PH:630-737-6464 E-Mail: UnderwoodL2@AETNA.com
GENERAL			
Product Type	Medicaid	Medicaid- Disabled	Medicare/Medicaid
Term	12 month; auto renewal	12 month; auto renewal	12 month; auto renewal
Termination	90 days	90 days	90 days
Credentialing	CAQH	CAQH	CAQH
Claims Submission	Aetna Better Health P.O. Box 66545 Phoenix, AZ 85082 Emdeon Payer ID 26337	Aetna Better Health P.O. Box 66545 Phoenix, AZ 85082 Emdeon Payer ID 26337	Aetna Better Health P.O. Box 66545 Phoenix, AZ 85082 Emdeon Payer ID 26337
Timely Filing Limits	120 days	120 days	120 days
Timely Payment	90% of clean claims within 30 days	90% of clean claims within 30 days	90% of clean claims within 30 days
Panel Info	Cannot close panel immediately; OB/GYN and specialists may act as PCP if meet criteria; 90 days to close panel	Cannot close panel immediately; OB/GYN and specialists may act as PCP if meet criteria; 90 days to close panel	Cannot close panel immediately; OB/GYN and specialists may act as PCP if meet criteria' 90 days to close panel
Reimbursement Terms			
- General	100% of Aetna Medicaid schedule	100% of Aetna Medicaid schedule	100% of Medicare/100% of Aetna Medicaid schedule
- PCP Specific Reimbursement Programs	**Medical Home Designation payment; if meet criteria	**Medical Home Designation payment; if meet criteria	n/a
- Care Coordination Fee (PCMH) - MONTHLY			
- QI Program			
- Patient Care Plan (ANNUAL)			
Health Assessment (ANNUAL)			
Continuity of Care/Out of Network			
REFERRALS			
Referral Process	Providers do not need to obtain referrals to in-network specialist	Providers do not need to obtain referrals to in-network specialist	Providers do not need to obtain referrals to in-network specialist
PRIOR AUTH LIST	http://www.aetnabetterhealth.com/illinois/providers/resources/priorauth	http://www.aetnabetterhealth.com/illinois/providers/resources/priorauth	http://www.aetnabetterhealth.com/illinois/providers/resources/priorauth
	Including but not limited to:	Including but not limited to:	Including but not limited to:
	Acute Inpatient Admission	Acute Inpatient Admission	Acute Inpatient Admission
	Inpatient Hospitalization	Inpatient Hospitalization	Inpatient Hospitalization
	Long term services/support	Long term services/support	Long term services/support
	Labs not performed by Quest	Labs not performed by Quest	Labs not performed by Quest
	Home Health	Home Health	Home Health
	High Tech Radiology	High Tech Radiology	High Tech Radiology
	Outpatient Services (i.e. dialysis, chemotherapy, genetic testing, radiation therapy, infusion therapy)	Outpatient Services (i.e. dialysis, chemotherapy, genetic testing, radiation therapy, infusion therapy)	Outpatient Services (i.e. dialysis, chemotherapy, genetic testing, radiation therapy, infusion therapy)
	Durable Medical Equipment	Durable Medical Equipment	Durable Medical Equipment
	Out of Network Providers	Out of Network Providers	Out of Network Providers
	Behavioral Health - inpatient and alternative levels of care/certain outpatient procedures	Behavioral Health - inpatient and alternative levels of care/certain outpatient procedures	Behavioral Health - inpatient and alternative levels of care/certain outpatient procedures
NETWORK/CARVEOUTS			
Network Lab	Quest	Quest	Quest
KEY PHONE NUMBERS & WEBSITES			
Eligibility/Benefits	866-212-2851	866-212-2851	866-600-2139
Provider Services	866-212-2851	866-212-2851	866-600-2139
Prior Auth/Referrals	866-212-2851	866-212-2851	866-600-2139
Medical Management	866-212-2851	866-212-2851	866-600-2139
Quality Management	866-212-2851	866-212-2851	866-600-2139
Pharmacy (CVS Caremark)	855-271-6603	855-271-6603	855-582-2021
Member Services	866-212-2851	866-212-2851	866-600-2139
Transportation - Non Emergent (MTM)	866-212-2851	866-212-2851	866-600-2139
Behavioral Health	866-212-2851	866-212-2851	866-600-2139
Language Interpreter/TTY	866-212-2851	866-212-2851	866-600-2139

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Provider Handbook	http://www.aetnabetterhealth.com/illinois/providers/premier/handbook	http://www.aetnabetterhealth.com/illinois/providers/premier/handbook	http://www.aetnabetterhealth.com/illinois/providers/premier/handbook
Formulary	http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%208.1.2014.pdf	http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%208.1.2014.pdf	http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%208.1.2014.pdf
ACCESS REQUIREMENTS			
Medical:			
Preventative/Routine	5 weeks	5 weeks	5 weeks
Non Urgent/Symptomatic	3 weeks	3 weeks	3 weeks
Urgent	24 hours	24 hours	24 hours
Emergent	Immediate	Immediate	Immediate
Initial Prenatal	Within two weeks in the 1st trimester; one week in the 2nd trimester; three days in the 3rd trimester	Within two weeks in the 1st trimester; one week in the 2nd trimester; three days in the 3rd trimester	Within two weeks in the 1st trimester; one week in the 2nd trimester; three days in the 3rd trimester
Behavioral Health:			
Preventative/Routine	7 calendar days	7 calendar days	7 calendar days
Non-Life Threatening Emergency	6 hours	6 hours	6 hours
Life-Threatening Emergency	Immediate	Immediate	Immediate