Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

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Aetna Better Health Illinois

TOWN HALL MEETING ON MEDICAID MANAGED CARE

February 8, 2013

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AETNA BETTER HEALTH®

Doing the right thing for the right reason

Overview and Experience

- Aetna Better Health
  - Subsidiary of Aetna
  - 20 years of Medicaid programs experience
  - Seniors and Persons with Disabilities, Long Term Care and Dual experience
  - Expanding into Duals in IL (MMAI)
  - Local Executive Leadership and staff
- Long Term Services and Supports
  - Experience in Long Term Services and Supports for 12+ years
  - Operate programs in other states – Arizona, Delaware and New York
  - Leveraging Arizona experience and model for Illinois LTSS Program
  - Staffed and ready to go on February 1

Aetna Better Health Philosophy

- Person Centered – Recognize the unique needs of each individual
- Model of Care – The Integrated Care Team consists of care managers, providers and community supports that leverages technology and collective expertise to support member needs
- Integration - Managing all of a patient's needs across providers and settings
- Acute Care and psychosocial supports – Full compliment of services looking at the whole person
- Independence – Want to serve members in the community while balancing individual situations

Improved physical and mental health = wellness

Long Term Services and Supports

Case Management

- Each member will be assigned a Case Manager
- Each facility will be assigned a Case Manager
- Caseloads will be driven by member and acuity and will be in adherence to contract and waiver requirements
- Prepare Assessments and Service Plans; Provide Care Coordination, Prior Authorizations
- LTSS Case Managers have been creating authorizations for LTSS services
- Providers will be billing Aetna Better Health for LTSS services beginning February 1

Long Term Services and Supports - Team

Case Studies

JB - 47 y.o. Male

- Diabetes, Heart Failure, Renal Failure
- Lives alone
- Engaged in CM
- Telemonitoring: Glucose levels, weight
- Assessments at Transplant clinic and in home indicated need for additional support
- Home Health authorized
- Arranged evaluation through DRS to get homemaker service arranged
- CM will coordinate all activities

MK – 55 y.o. Male

- Multiple Sclerosis
- Non-English speaking
- Brother has medical power of attorney
- Admitted to NH after hospitalization related to complications
- CM engaged brother and arranged services to get member transitioned to home
  - Home Health
  - Home Physician visits
  - Home Physical Therapy
  - Re-engaged with specialty physicians at local academic medical centers for OP care
  - Transitioned care to a culturally sensitive Primary Care Provider
  - Arranged respite care

Our Responsibilities To You

- Integration of medical/acute, behavioral, LTSS and other services and supports (covered and non-covered)
- Integrated person-centered case management
- Member and family support
- Develop and maintain adequate network
- Active monitoring and oversight
- Quality and medical management
- Pay provider claims and resolve disputes timely
- Address and resolve member grievances and appeals timely