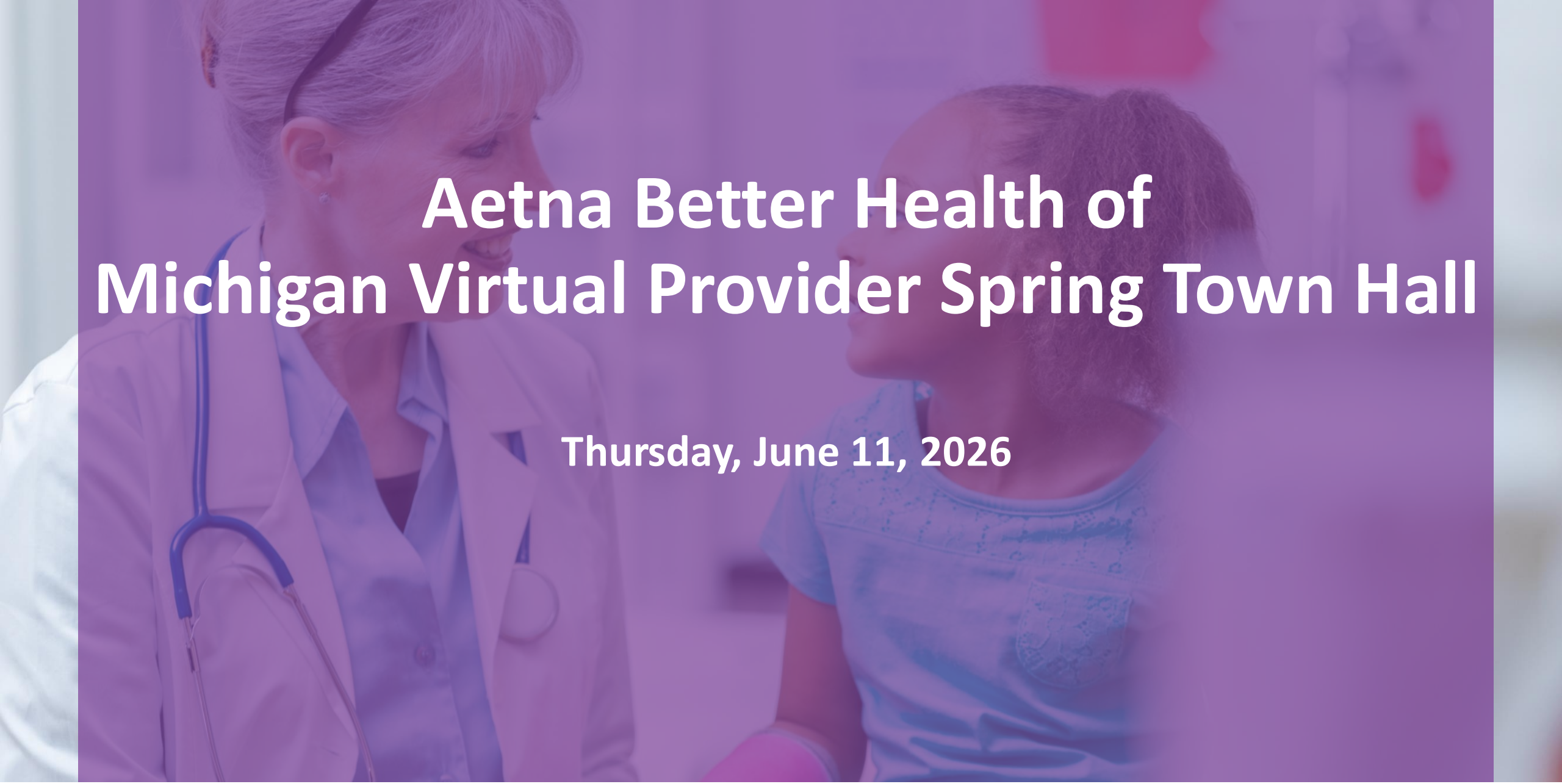


Aetna Better Health of Michigan Virtual Provider Spring Town Hall

Thursday, June 11, 2026

Aetna Better Health of Michigan Provider Experience Team

Teressa D. Smith, MBA
Chief Executive Officer

Kenyata Rogers
Chief Operating Officer

Shelonda Dobson,
Executive Director

Lawrence Hayes
Lead Director

Nehya Ahmed
Manager, Network Relations
AhmedN2@aetna.com

Rachel Blumberg,
Manager, Network Relations
Blumbergr@aetna.com

Kiki Dasher
Manager, Network Relations
DasherK@aetna.com

Sharon Hamilton Griffin
Manager, Network Relations
HamiltonGriffinS@aetna.com

Sherell Lewis
Manager, Network Relations
LewisS21@aetna.com

Elicia LaGrone
Senior Analyst, Network Relations Representative
Elicia.LaGrone@aetna.com

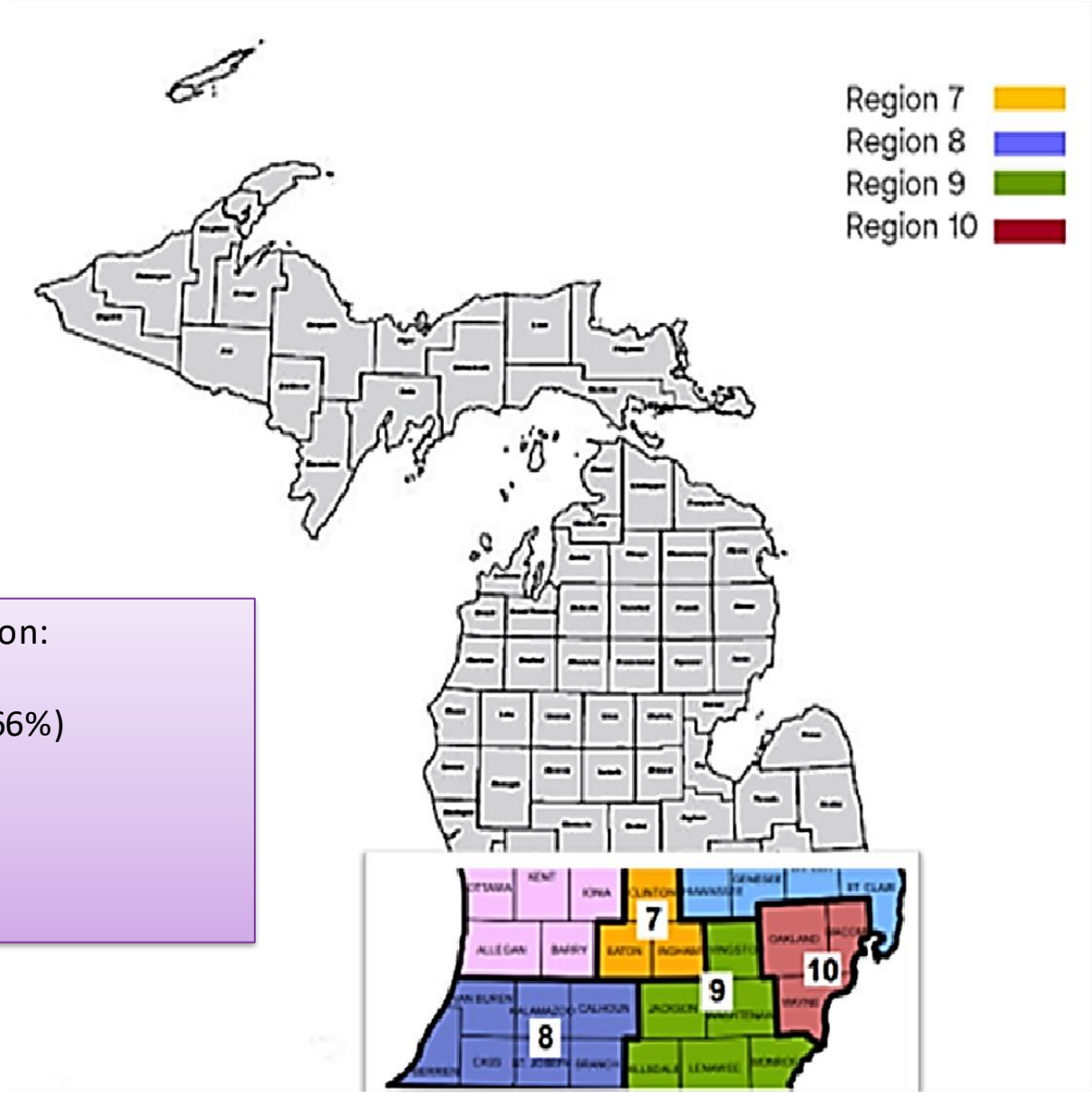
Branden Scott
Manager, Network Relations
Branden.Scott@aetna.com

Patti Pogodzinski
Manager, Network Relations
PogodzinskiP@aetna.com

Agenda

Topic		Presenter
Welcome and Introduction	5 Min	Teressa Smith, Plan CEO (AM) ABH Kenyata Rogers, Plan COO (PM) ABH Lawrence Hayes, Lead Director, Provider Experience ABH
Medicaid Eligibility Updates	10 Min	Angela Stempky, Lead Director of Regulatory Affairs and Medicaid Liaison
Billing & Claim Disputes (Availity)	10 Min	Sherell Lewis, Manager Network Relations
Mental Health Framework	10 Min Afternoon Session	Regina Bell, LCPC, Sr. BH Clinical Strategist
Health Promotion/Disease Prevention	15 Min	Dangtoy Fitzgerald-Lewis LMSW, Population Health Director
Care Management	10 Min	Tabatha Vinson, RN, Clinical Strategist
ILOS	10 Min	Angela Addo, Manager Product Mgt
Quality Management Topics	25 Min	Jonathan Gardner, Lead Director Quality Mgt Rena Scarletto, Senior Manager Health Care Quality Mikki Seigo, Practice Transformation
Open Discussion / Questions		Open

Aetna Better Health of Michigan
Where We Serve… Medicaid



May 2026 Membership Information:

- Medicaid Population: 1.7M
- Aetna Market Share: 46K (2.66%)
  - TANF: 24K
  - ABD: 6K
  - HMP: 16K
- 19/83 counties for all groups

- **Region 7**
  - Clinton
  - Eaton
  - Ingham
- **Region 8**
  - Berrien
  - Branch
  - Calhoun
  - Cass
  - Kalamazoo
  - St. Joseph
  - Van Buren
- **Region 9**
  - Hillsdale
  - Jackson
  - Lenawee
  - Livingston
  - Monroe
  - Washtenaw
- **Region 10**
  - Wayne
  - Oakland
  - Macomb

4

Medicaid Eligibility Updates

Angela Stempky

Medicaid Eligibility Policy Changes

Work is underway on three different, but related eligibility changes stemming from H.R.1.

Work Requirements

MDHHS will refer to these changes as “work requirements” stemming from HR 1 of 2025; CMS will use “community engagement.”

CMS final guidance was shared with states in early June. MDHHS now must implement. MDHHS must launch by January 2027 launch. No waivers expected.

The department will need to develop self attestation concepts, medical frailty criteria etc. based on the CMS guidance. Beneficiary toolkits underway.

As it stands right now:

- Beneficiary awareness letters and SMS campaign planned early summer 2026
- CMS-required formal notice starting in September 2026.
- Multi-modality outreach begins January 2027.

Six Month Redeterminations

All Healthy Michigan Plan members must renew every six months with no exceptions, including those EXEMPT from work requirements.

MDHHS selected the option to transition members to six-month renewals after completing their first renewal in 2027.

MDHHS is developing a beneficiary calendar and working on self attestation concepts, MI Bridges enhancements, and medical frailty criteria.

As it stands right now:

- If someone applies for Medicaid and qualifies for Healthy Michigan in January 2027 the 6-month redetermination begins immediately.
- For those with active coverage, the March cohort is when the process will begin. For example, if someone already has coverage and renewed in June 2026, their next renewal date is June 2027 and that is when the 6-month redetermination process will begin. They will be renewed in June 2027 and December 2027.

Limits on Non-Citizen Eligibility

Effective 10/1/26, certain lawfully present noncitizens will move to ESO coverage only, no federal match available.

MDHHS will attempt verification via databases; unverified individuals will receive paperwork with a 90-day response window.

Over the past few months, the department has been working with CMS and various other databases to see what could be done to verify eligibility.

As it stands right now:

- So far, the department has been able to reduce the number of potential individuals down from 57,000 to 6,000.
- The next phase will be the working with the Economic Stability Administration to continue working the 6K cases.

Member Education is Paramount

Provider offices are trusted sources of information. Your support is critical in helping ensure members are aware of these changes to prevent gaps in coverage

Provider Action

Once defined by MDHHS, medical frailty criteria will be important for providers to be aware of to ensure diagnoses are properly coded so the department can make determinations for this group without them losing coverage.

As MDHHS releases communication plans related to these policy changes, consider displaying them in a visible area within your office for members while they wait.

When members are in the office, consider reminding them of the changes and direct them to MI Bridges and/or their local MDHHS office if assistance with paperwork is needed.

Be aware that there may be an increase in eligibility-related claims issues as members learn and adjust to the new processes once policy changes go into effect.

Availity Introduction Overview
Sherell Lewis

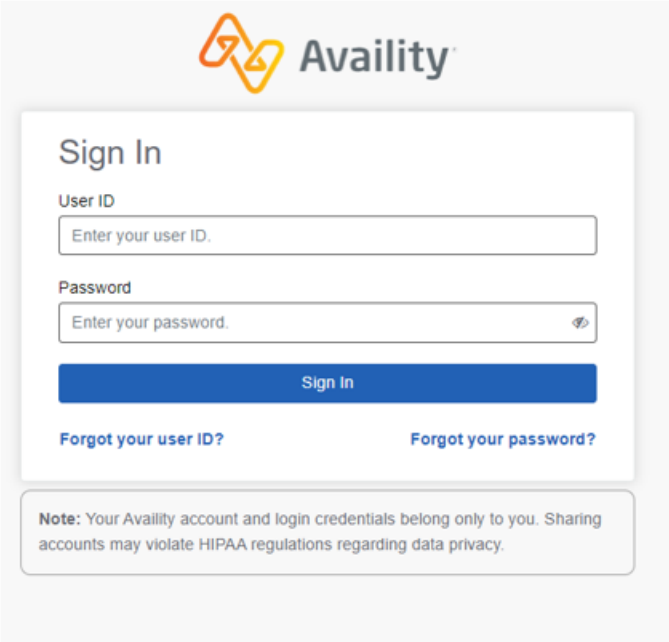
Table of Contents

1. Log On Screen

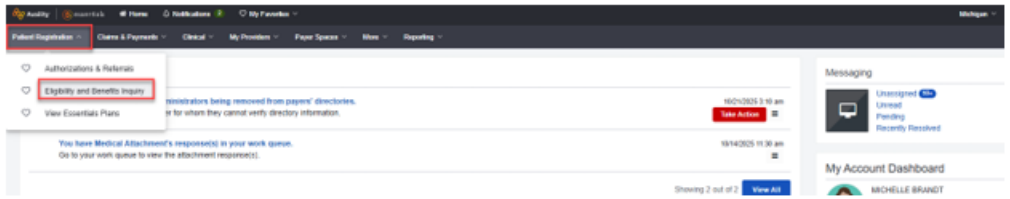
Once your Availity account is created you will receive 2 separate emails, one with your User ID and one with a temporary password.

You will use that to login and get your account set up.

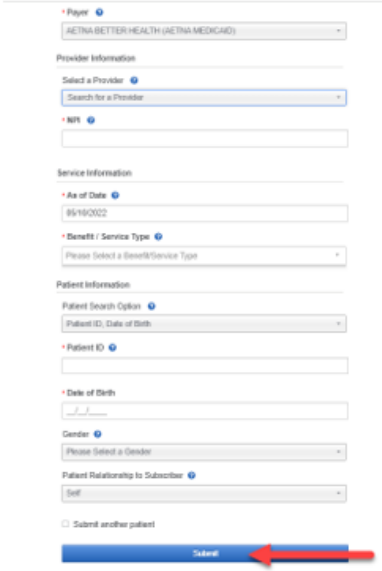
Once set up you will utilize the User ID and password you chose to login.



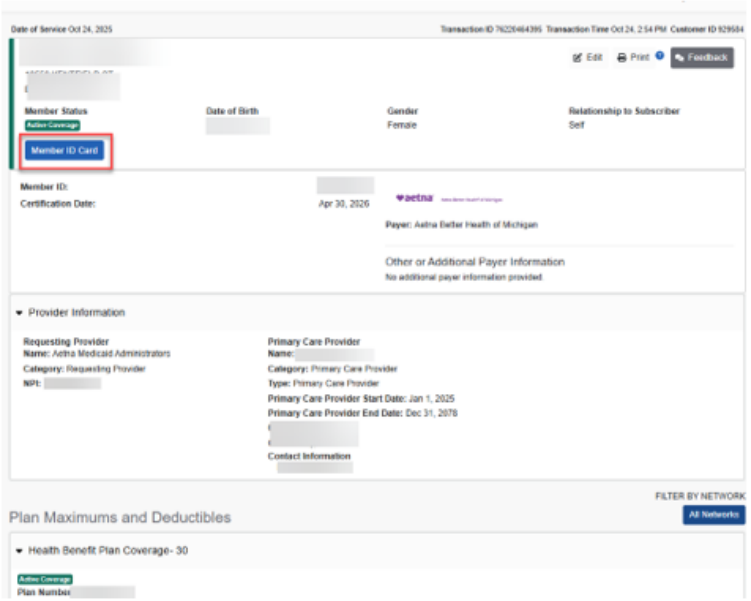
2. Eligibility & Benefits



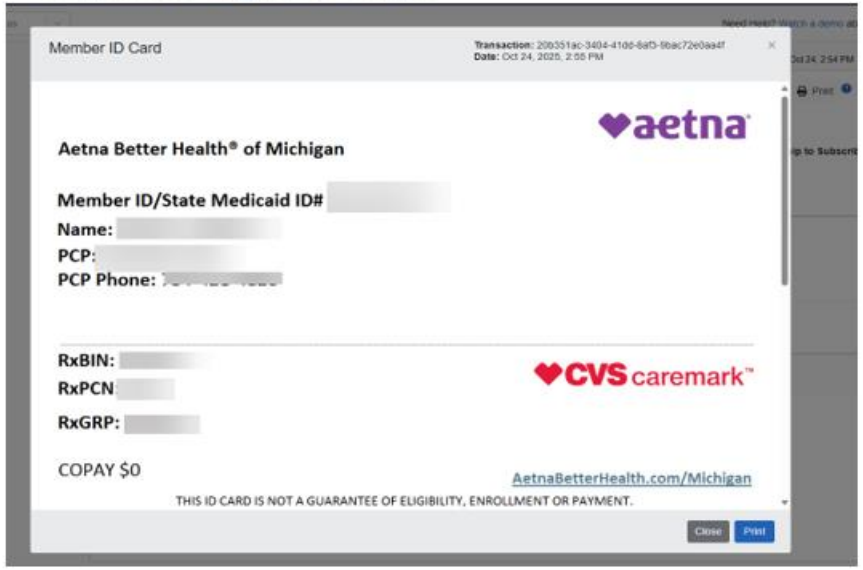
The provider will then need to complete the member/provider details and submit.



Upon submission the member's eligibility and benefits will return. Note the user can access the member id card digitally from here.

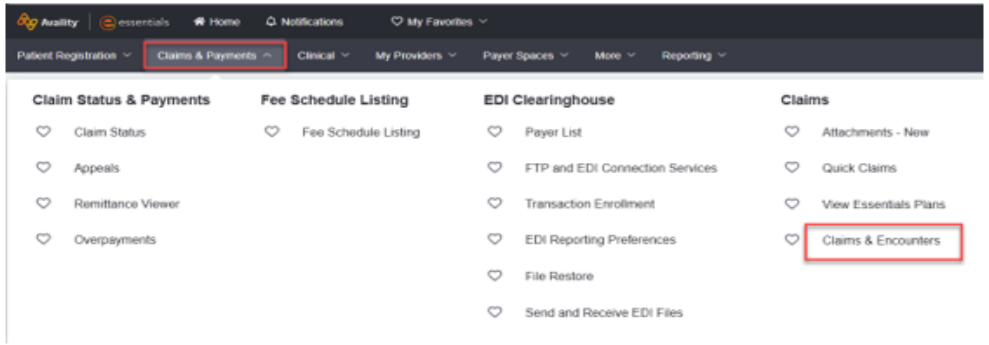


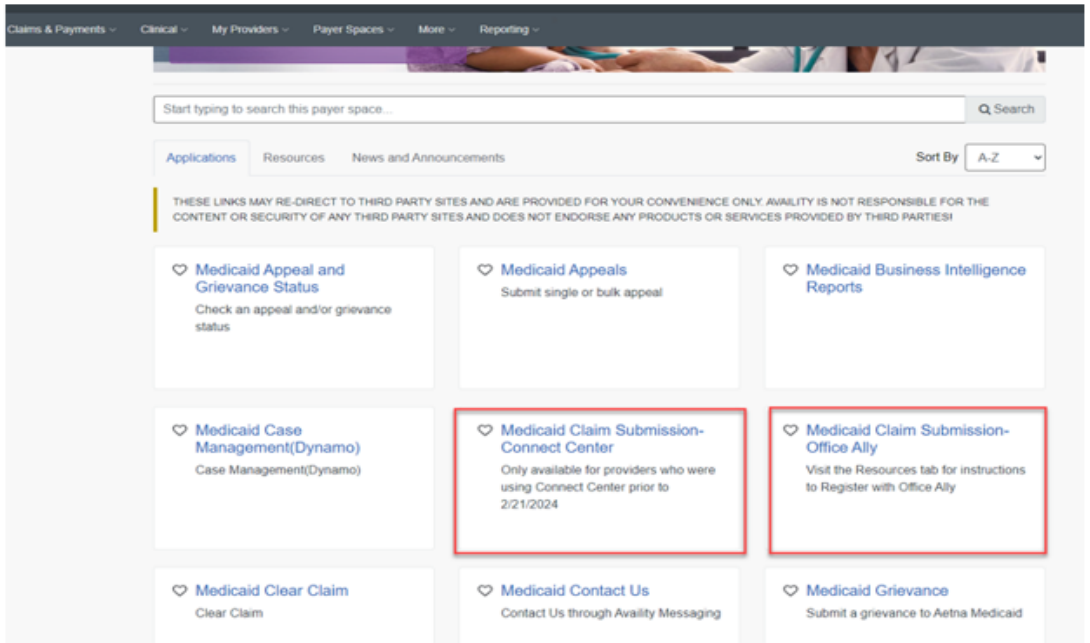
3. Member Digital ID Cards:

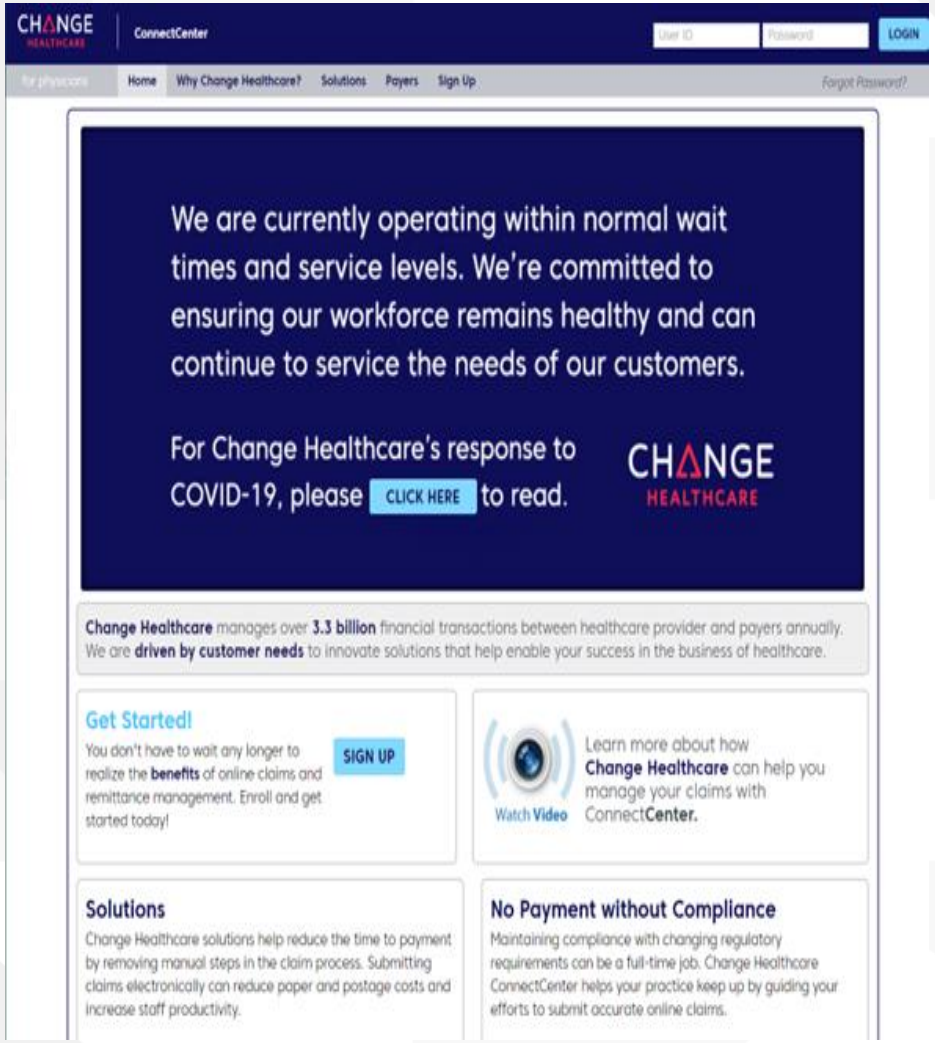


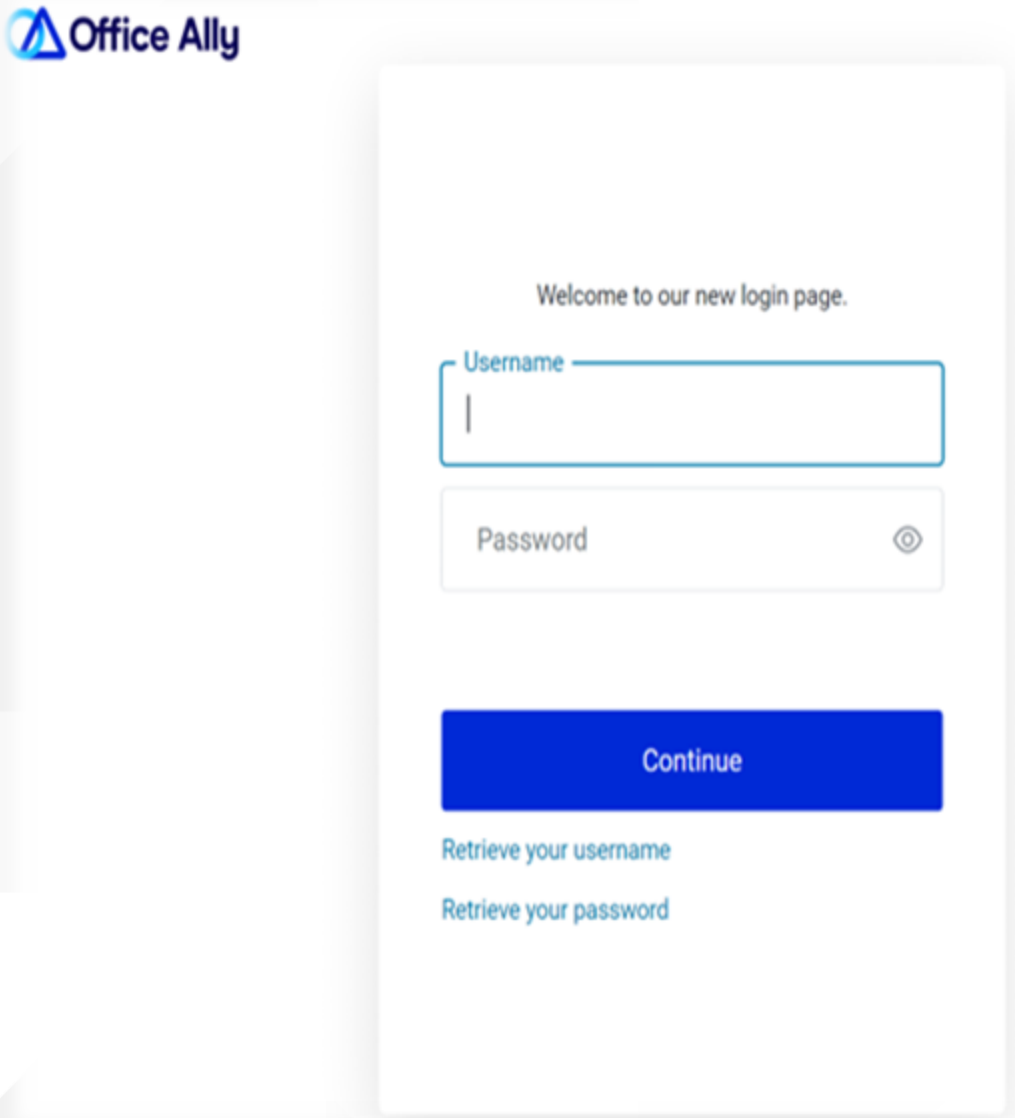
4. Claim Submission – Claims & Encounters/Connect Center/Office Ally

The user will access the Claim Submission – Can submit through Claims & Encounters or go to link for Connect Center or Office Ally through the payer space applications.





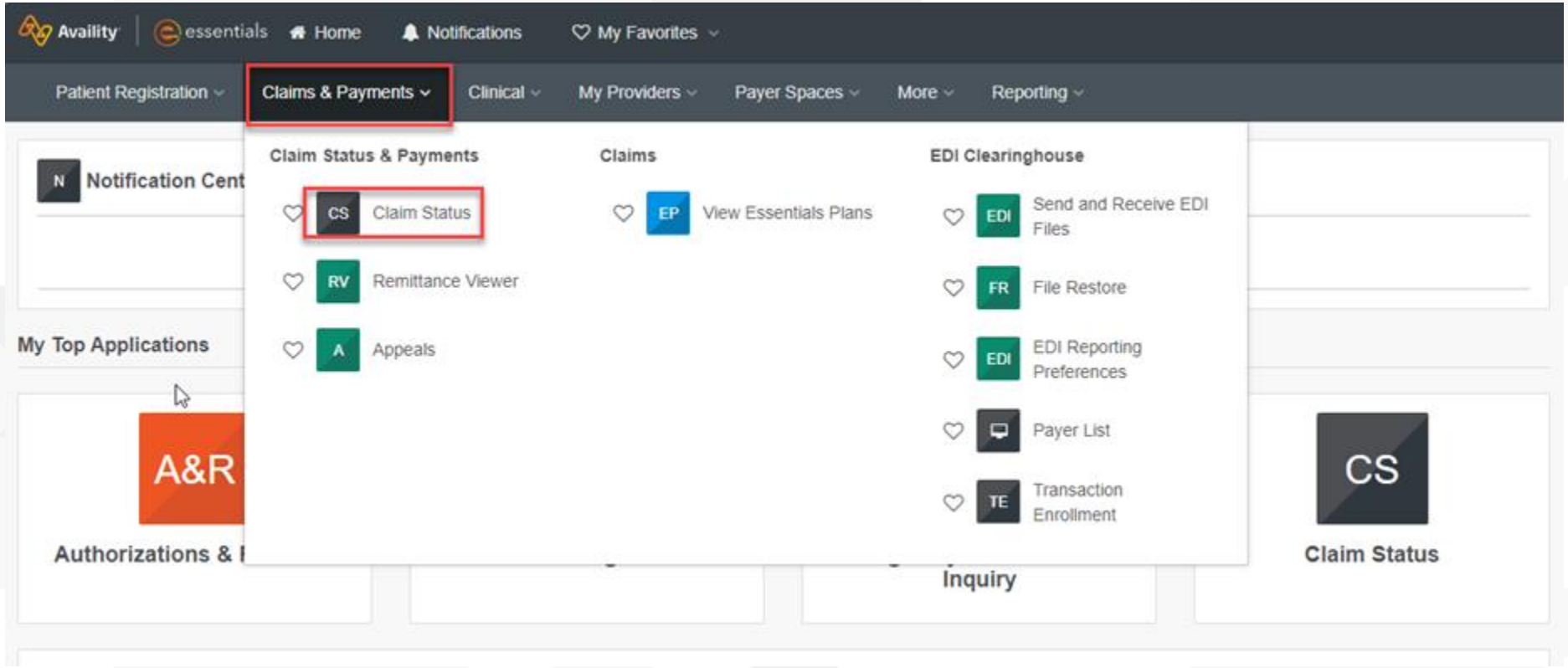




* Please note Connect Center is only available for providers who were using Connect Center prior to 2/21/2024

5. Claim Status

Providers can look up the status of a previously submitted and now finalized claim within “Claim Status Inquiry”. User will access the Claim Status by using the Claim Status multi-payer application.



Organization

Aetna Medicaid Administrators

Payer

AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP

HIPAA Standard

Fields marked with an asterisk * are required.

Provider Information

* Is the provider the same as the organization name?

Yes No

Select a Provider

Select...

* Provider NPI

Provider Tax ID

Patient Information

Select a Patient

Select...

clear

* Member ID

* Patient Last Name

* Patient First Name

* Patient Date of Birth

MM/DD/YYYY

Patient Gender

Select...

Patient Account Number

Patient's Relationship to Subscriber

Self

Claim Information

* Service Dates

From Date - To Date

Claim Number

Claim Amount

Institutional Bill Type

Submit Clear Form

Claim Status

Give Feedback

Customer ID 279100 Exchange Date August 12, 2024 10:18 AM
Transaction ID dbf69295-f9bb-466e-92c0-bd474cada280

Export to CSV | Print this Page | Return to Results | New Search | Edit Search

aetna

Verify Eligibility | Send Attachments | Dispute Claim

Patient Information

Patient		Member ID	
DOB		Patient Account Number	

Claim Information

Claim Number		Claim Status	PAID
Received Date		Billed Amount	
Service Dates	02/10/2024 - 02/10/2024	Paid Amount	
		Category/Status Codes	

Payment Information

Check Number	NONPAYMENT	Provider	AETNA MEDICAID ADMINISTRATORS
Check Date		Provider ID	

Line Level Information

Status	Service Dates	Rev	Proc	Qty	Modifier	Billed	Paid
PAID	02/10/2024 02/10/2024		99212	1	TH	$100.00	$0.00
PAID	02/10/2024 02/10/2024		81003	1	QW	$8.00	$0.00

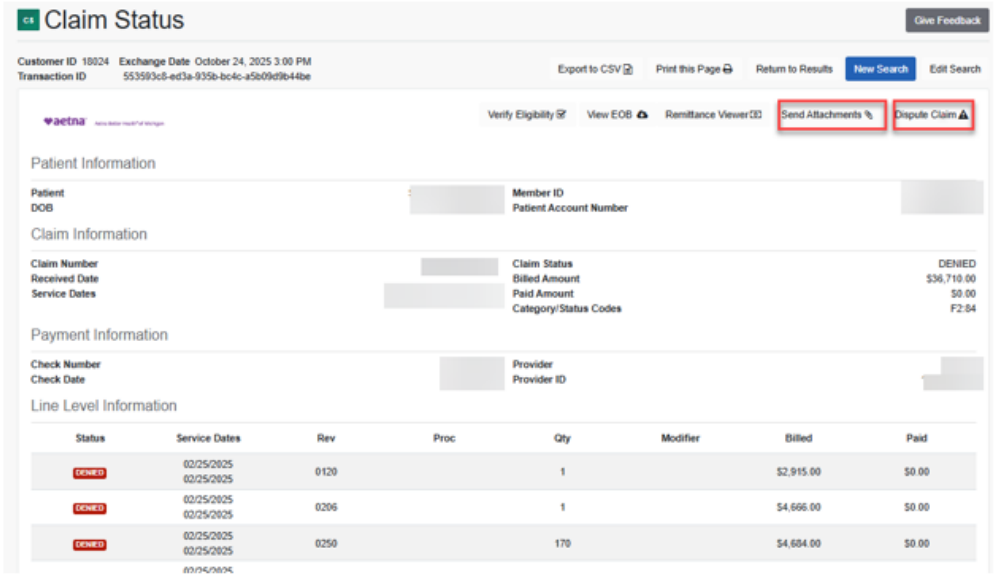
Codes

Type	Code	Description
Category	F1	Finalized/Payment-The claim/line has been paid.
Status	65	Claim/Line has been paid.

Customer ID 279100 Exchange Date August 12, 2024 10:18 AM
Transaction ID dbf69295-f9bb-466e-92c0-bd474cada280
Claim Status Version 2.0

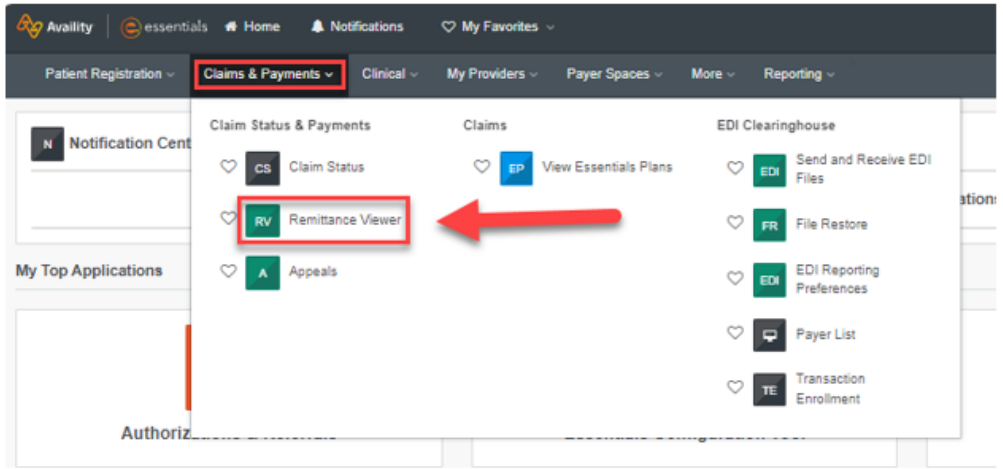
Export to CSV | Print this Page | Return to Results | New Search | Edit Search

To submit and appeal/dispute, users can click the Dispute Claim button. For corrected claims/reconsiderations users can click send attachments.

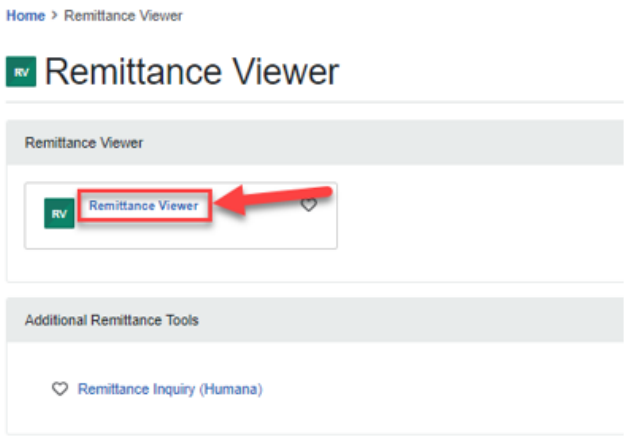


6. Remittance Viewer:

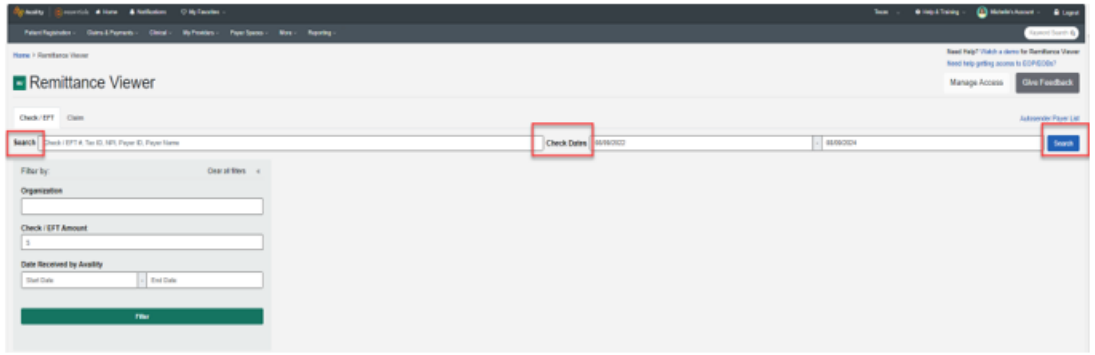
When a provider does not have claim information, they can go to remittance viewer to pull the 835 file and/or EOB.



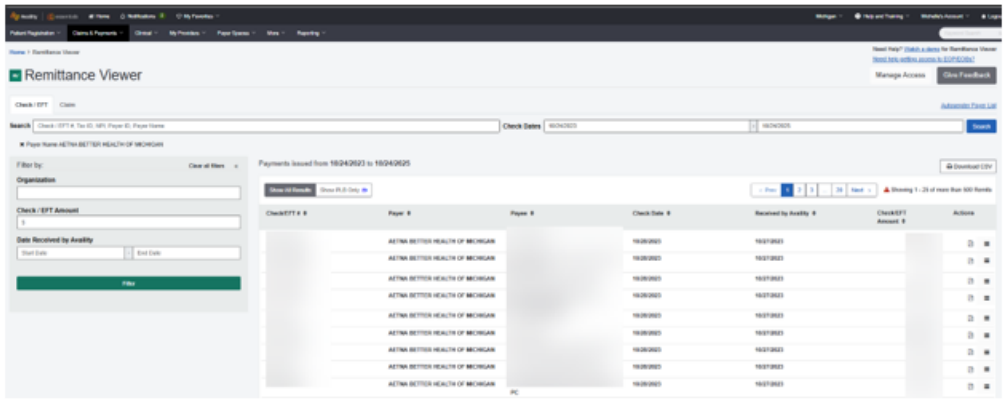
Next select remittance viewer.



Once selected, provider can enter TIN/NPI or check info they may have and/or check date range then search.

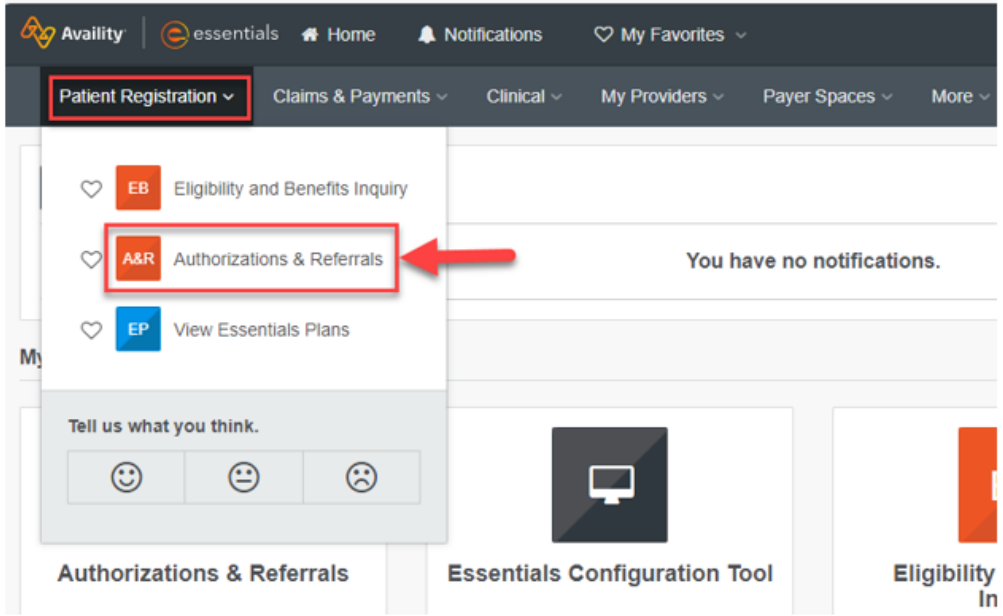


Once entered if there are any remits for the provider, results will populate.

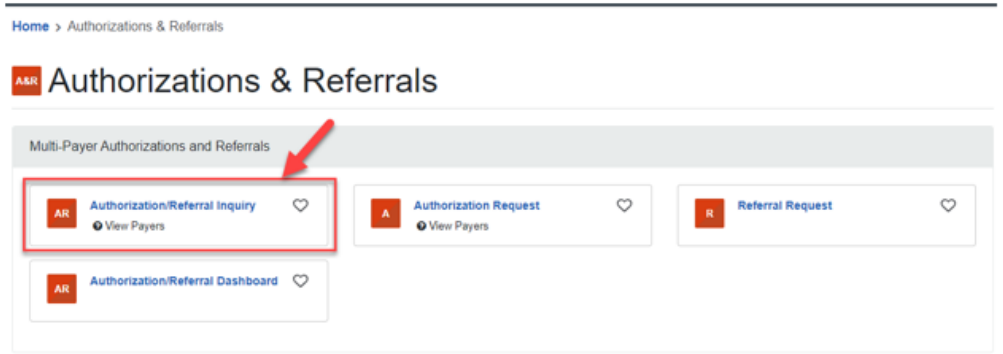


7. Prior Auth Inquiry:

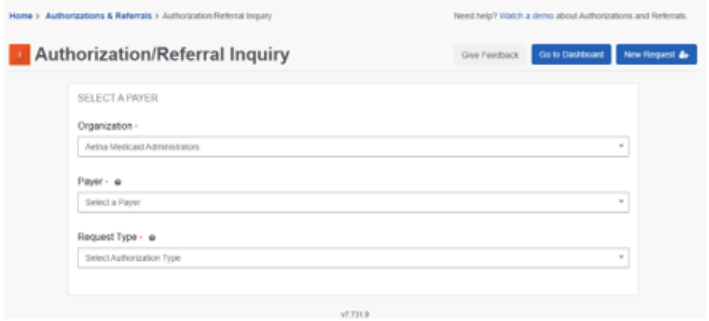
Using the Authorization and Referrals multi-payer application



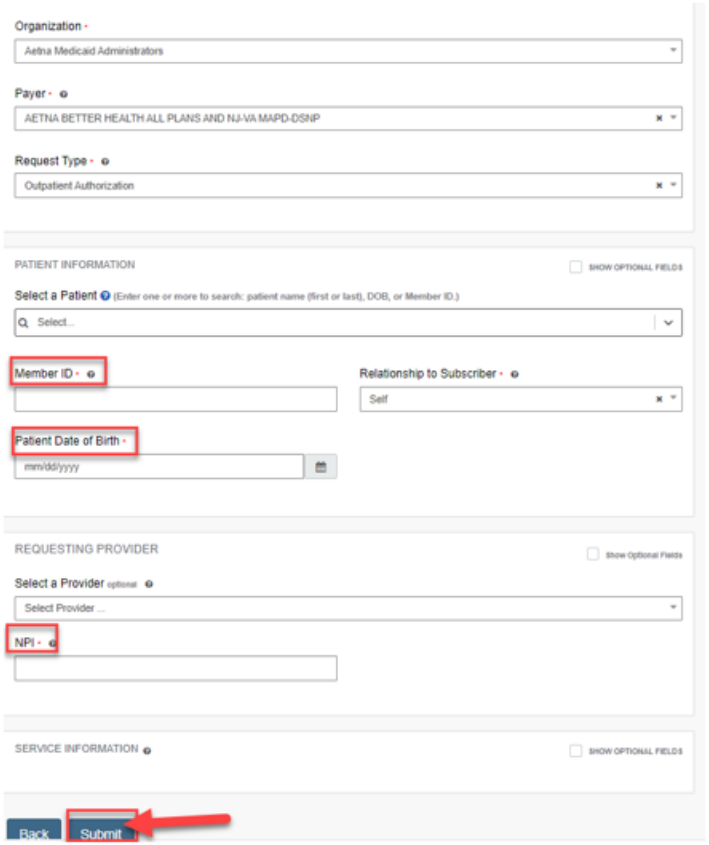
The user will navigate to the Auth/Referral Inquiry



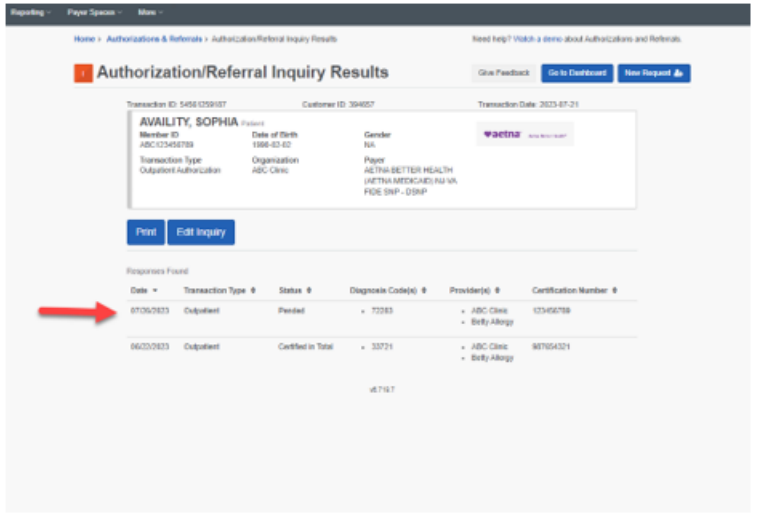
From there the user will begin entering payer/request details



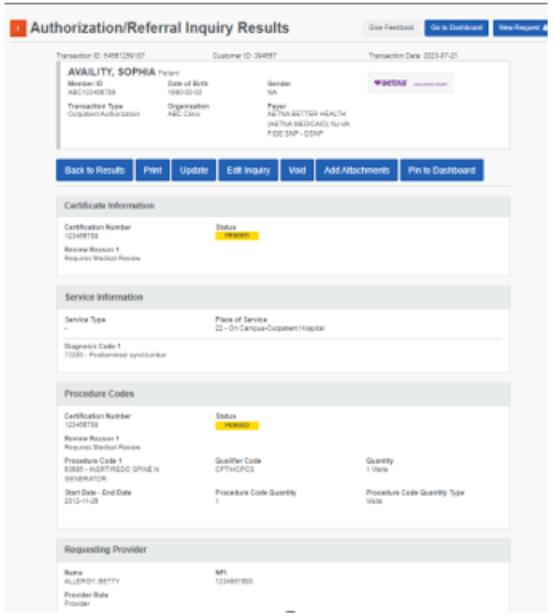
Finally, the user will complete the questionnaire and submit.



From there the past 5 authorizations for the specific provider and member will return

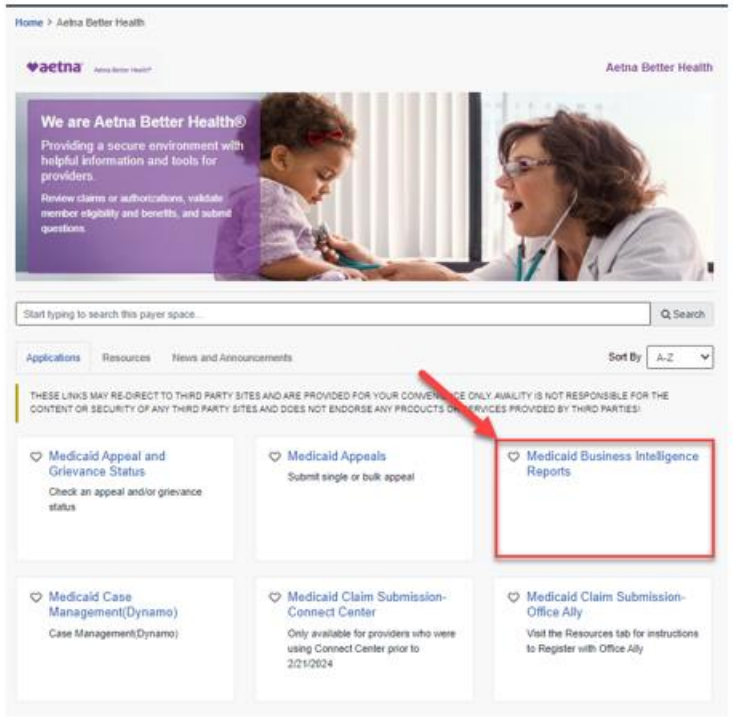


Select the auth you are looking for and details will populate.

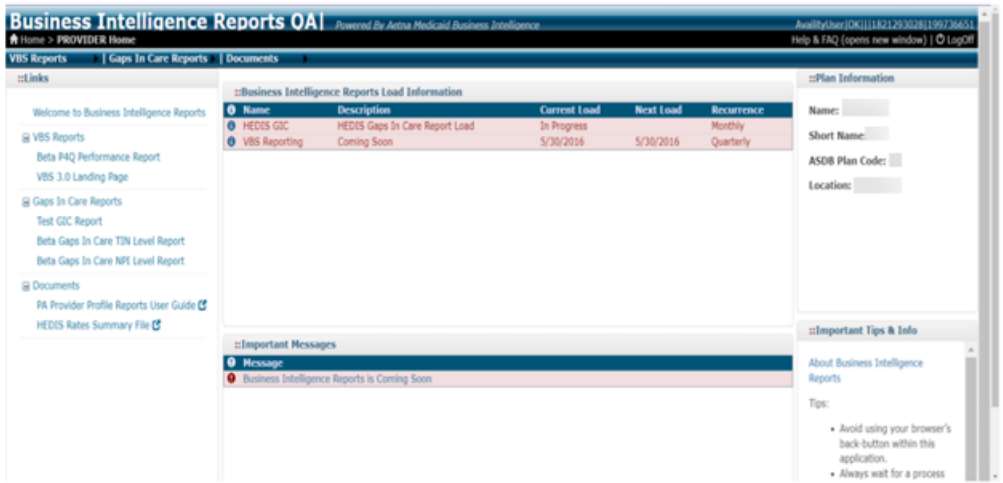


8. Business Intelligence Report

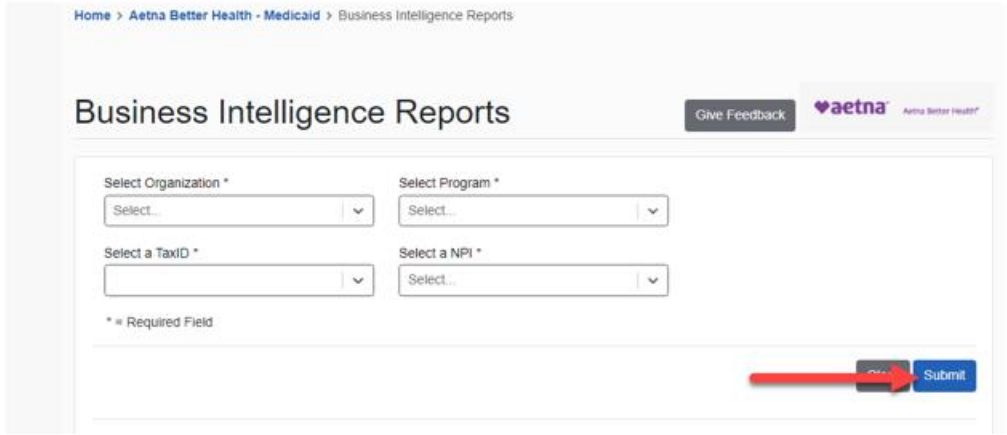
The user will access the Business Intelligence Report through the payer space applications.



Upon submission, the user will see the Business Intelligence Report.



The user will complete the initial entry access page and submit.



Behavioral Health Townhall Updates

Regina Bell, MA, LPC
Senior Clinical Strategist, BH

June 2026

What's New

The Mental Health Framework, or MHF, is designed to improve how mental health care is delivered for individuals enrolled in the Comprehensive Health Care Program, or CHCP

At its core, the goal is to create a more person-centered experience, where care is easier to access, better coordinated, and focused on the needs of the individual

Why Now

MDHHS is pursuing the MHF because the current system can be difficult to navigate

Enrollees must navigate two separate systems for mental health care:

- MHP Administered System
- PIHP Administered System

This can create confusion and makes it harder for enrollees and their families to get the care they need

Key Changes Starting in FY 2026

October 1, 2025, some new requirements took effect:

Stronger Care Coordination, inclusion of Certified Community Behavioral Health Clinics

Standardized Referral Process in Care Connect 360

Providers will use state-approved tools, such as the MichiCANS and LOCUS, to assess mental health needs.

Providers are required to complete training in order to administer and bill for administering the assessments

Training Requirements

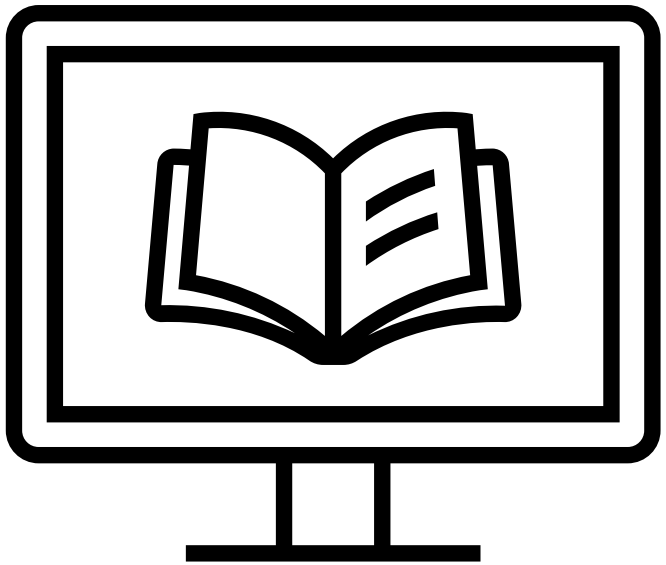
Providers must complete training before using either tool

MichiCANS training includes required modules that are scheduled and instructor led

LOCUS training is completed online at your own pace

All providers must complete refresher training each year

Training is provided at no cost

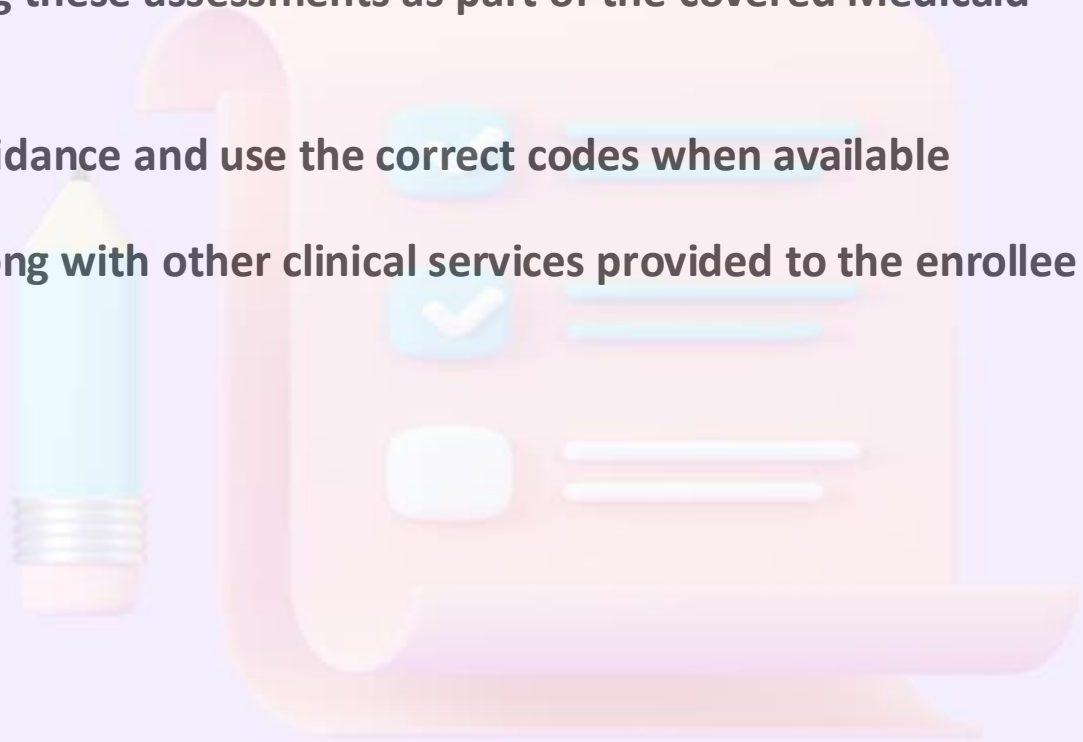


Billing for Assessments

Providers can bill for completing these assessments as part of the covered Medicaid services

Should follow current billing guidance and use the correct codes when available

These services can be billed along with other clinical services provided to the enrollee



How Coverage Will Work

Members **not** assigned to BH Cover- The Medicaid Health Plan will cover a broader range of services, which brings more care under one plan

For Members assigned to BH Cover- The PIHP will cover mental health services, while the MHP will cover physical Health and social needs.

This structure is intended to help clarify roles and improve coordination

The Ultimate Goals

To provide more person-centered mental health care for CHCP enrollees

Strengthen care coordination across systems

Clarify roles between MHPs and PIHPs

Align financial incentives across plans

Improve access to mental health services

MHF 101- Mental Health Framework

Supporting Mental Health Services from your Office

RubiconMD- eConsult's provides behavioral health specialist expertise in primary care setting

BH Specialties available: Addiction Medicine, Pain Medicine, and Psychiatry (Adult and Pediatric)

Board certified Specialist provides expert insight within hours

Allows PCPs to proceed with optimized, evidence based care plan

All ABHMI providers are eligible to use RubiconMD eConsult's for ABHMI members

Health Promotion/Disease Prevention

Dangtoy Fitzgerald-Lewis, LMSW

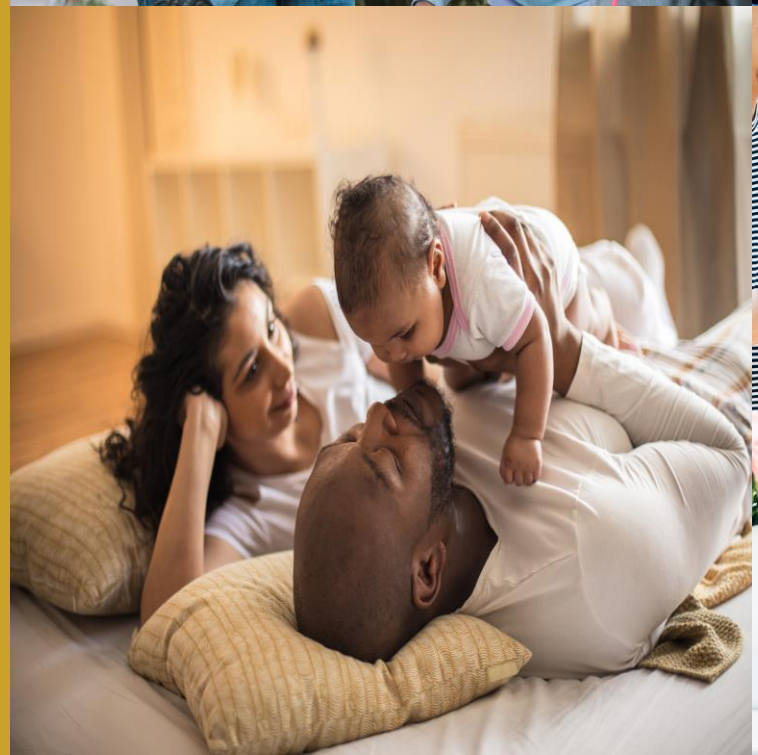
AETNA BETTER HEALTH OF MICHIGAN • PROVIDER PARTNERSHIP

Partnering on Population Health

A partnership conversation with our provider network

Aetna Better Health of Michigan Population Health Management

Hep C & HIV • Maternal Health • Sickle Cell • Diabetes • Behavioral Health • Pediatric Prevention • Care Management



Agenda — what we'll cover

1

I–III • Population snapshot & health equity

Top conditions across our members and where race-stratified burden lands — with tailored screening priorities.

2

IV–VI • Hep C, HIV & Maternal Health

Universal HCV and HIV screening, MAVYRET and PrEP without prior auth, and lifelong prenatal, perinatal, and women's preventive care.

3

VII • Sickle Cell Disease across the lifespan

Pediatric TCD and hydroxyurea, plus the two adult actions that move outcomes most — hematology and hydroxyurea.

4

VIII–IX • Diabetes & Behavioral Health

MiDPP, DSMES, and CGM for diabetes management; PHQ-9/GAD-7/C-SSRS at every visit, MAT and naloxone for OUD.

5

X–XI • Pediatric care & Care Management partnership

EPSDT, foster-care touchpoints, and blood lead screening, plus how to refer to Care Management at 1-866-316-3784.

Top conditions that impact our members

Our population health data shows where the burden is highest. These are the conditions where your screening, referrals, and follow-through have the greatest reach.

7,737 members — **Obesity**

HOW YOU HELP: Counsel on diet & activity; refer to nutrition, MiDPP, or Healthy Home Visits.

6,679 members — **Anxiety**

HOW YOU HELP: Screen with GAD-7; warm-hand off to behavioral health and Pyx Health support.

6,381 members — **Hypertension**

HOW YOU HELP: Check BP every visit; titrate to goal; address cardiovascular risk early.

4,565 members — **Depression**

HOW YOU HELP: Screen with PHQ-9 at every well visit; refer to BH and confirm follow-through.

3,234 members — **Asthma / COPD**

HOW YOU HELP: Confirm controller meds, inhaler technique, and an up-to-date action plan.

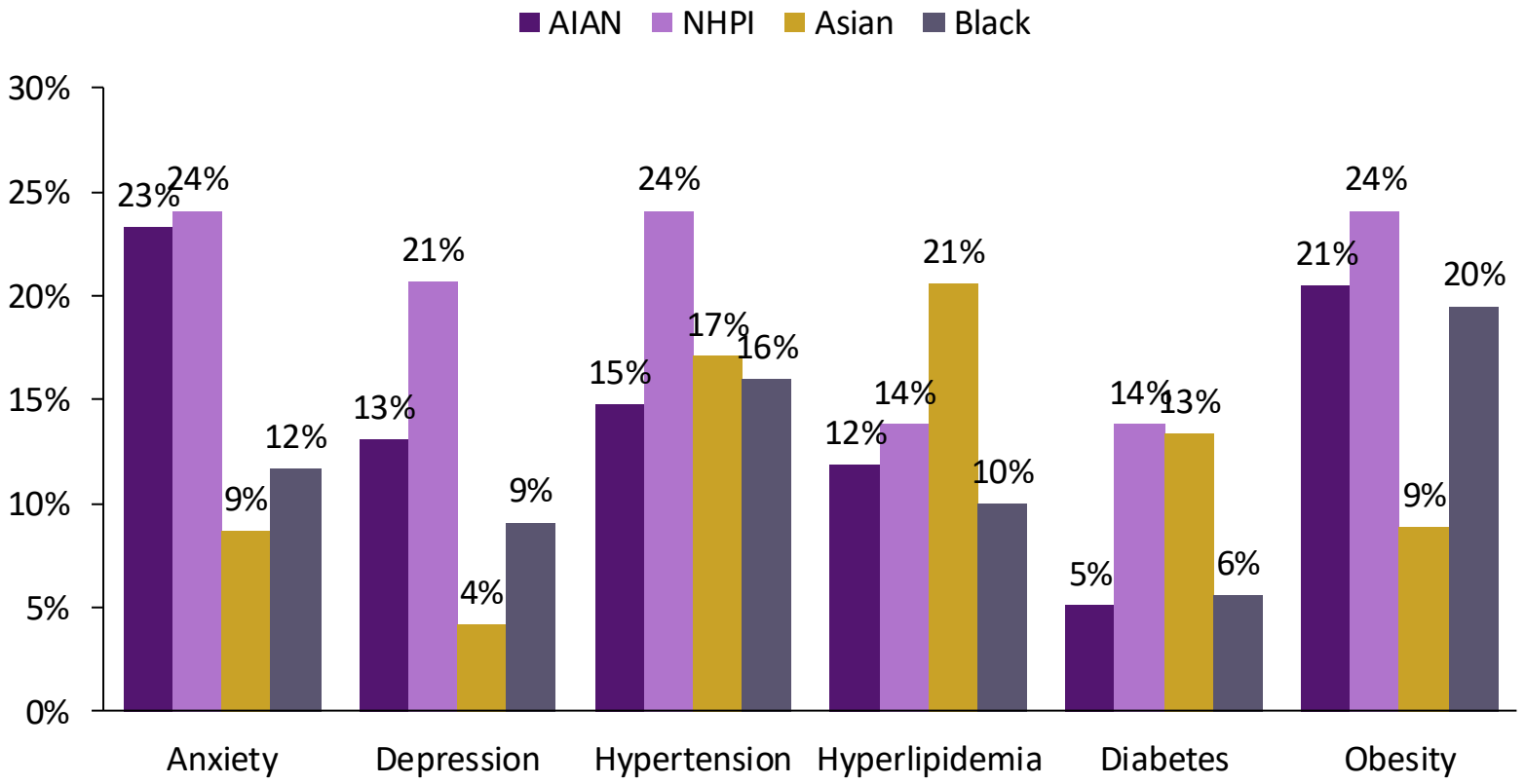
2,408 members — **Diabetes**

HOW YOU HELP: A1C every 3–6 months; DSMES referral; statin and BP optimization.

EQUITY FOCUS: NHPI and AIAN members carry the widest disparities — including a 4.9x gap in depression and 4.1x in tobacco use. Ask, screen, and refer with extra intention.

How condition burden varies by race

Prevalence (% of population) across six high-impact conditions. NHPI and AIAN members carry the heaviest behavioral-health and obesity burden; Asian members spike on cardiometabolic risk.



WHAT TO DO ABOUT IT

AIAN & NHPI — raise the intensity of PHQ-9, GAD-7, tobacco, and obesity screening at every visit.

Asian — do not under-screen cardiometabolic risk: lipid panel, BP, and A1C every visit.

Black — continue hypertension, obesity, asthma, and sickle cell focus; largest absolute burden.

White — do not skip BH screening — highest ADHD, SMI, OUD; offer MAT + naloxone and screen for Hep C.

Source: Aetna Better Health of Michigan population health data, % of race-cohort population.

Where you help — by race

Equity-informed screening priorities for the five largest cohorts. These are additive to your standard preventive care.

American Indian / Alaska Native

BH • SUD • OBESITY

- Anxiety 23.3%, Depression 13.1%, OUD 4.0%
- PHQ-9 / GAD-7 every visit; warm BH hand-off
- Screen tobacco, alcohol, OUD; offer MAT
- Refer to MiDPP / nutrition for obesity

Native Hawaiian / Pacific Islander

BH • OBESITY • HTN • DM

- 24% anxiety, HTN, obesity; depression 20.7%
- A1C annually; MiDPP for pre-diabetic members
- PHQ-9 every visit; depression 2x average
- Culturally informed materials, language help

Asian

CARDIOMETABOLIC RISK

- Hyperlipidemia 21%, HTN 17%, DM 13%
- Lower BMI threshold (≥ 23) for DM screen
- Annual lipid + BP; statin / antiHTN as needed
- Language-concordant DSMES referrals

Black or African American

LARGEST ABSOLUTE • CHRONIC + SCD

- HTN 16%, Obesity 19.5%, Asthma 7.1%
- SCD: annual hematology, hydroxyurea, TCD
- Asthma action plans; verify controllers
- MiDPP / DSMES at DM diagnosis

White

BH • ADHD • OUD • HEP C

- Anxiety 20.8%, ADHD 8.6%, SMI 4.4% — lead deck
- Highest OUD (2.9%); offer MAT and naloxone
- Largest HCV count (107) — screen + MAVYRET
- Vanderbilt for ADHD at well-child visits

THE BOTTOM LINE

Screen every member, then **raise the intensity** where the data points.

BH burden is broad — AIAN, NHPI, and White all carry meaningful load.

One call to Aetna Care Management activates medical, BH, and SDOH/HRSN support.

From population insight to point-of-care action

1

Hepatitis C

Universal screening, treat with MAVYRET, and document SVR12 cure — no prior authorization.

2

HIV / PrEP / SHOARS

Opt-out HIV screening for ages 13–64, daily or injectable PrEP, and SHOARS reporting and linkage.

3

Sickle Cell Disease

Annual hematology and hydroxyurea for every eligible member — pediatric prevention carried through adulthood.

4

Diabetes prevention & management

MiDPP for pre-diabetes, DSMES at diagnosis or change in care, paired with CGM when covered.

5

Pediatric preventive care

EPSDT, blood lead screening, and foster-care touchpoints — the foundation of child Medicaid.

Hepatitis C — test, treat, and finish with MAVYRET

Aetna Better Health of Michigan encourages every provider to follow CDC universal HCV testing, treat eligible members with MAVYRET, and close the loop on adherence. Prior authorization for MAVYRET has been removed — there is nothing standing between your patient and cure.

01 • Screen Universally

- Order HCV antibody at routine primary care for every adult ≥ 18
- Reflex any positive to HCV PCR / viral detection
- Screen every pregnancy
- Use 211 to reach OUD, transient, and high-prevalence panels

02 • Treat with MAVYRET

No prior authorization required

- Dispense MAVYRET as an 8-week supply (12 weeks when clinically appropriate)
- Enroll patients in the MAVYRET Nurse Ambassador program
- Reference MI Medicaid Maintenance Drug List

03 • Finish & Follow Up

- Confirm adherence at each touchpoint — refills, side effects, missed doses
- Order SVR12 PCR 12 weeks after the last dose
- Document diagnosis & treatment in the chart for closed-loop reporting
- Target: treatment within 12 months of diagnosis

PROVIDER ACTION • GET CONNECTED

Use the We Treat Hep C resources — and call us for hard-to-reach members

Find clinician toolkits, member letters, and the MAVYRET Nurse Ambassador enrollment form at **Michigan.gov/WeTreatHepC**. For homeless, transient, or hard-to-reach members, sign your practice up as a 211 referral partner at **mi211.org/partners** — or dial 2-1-1 — to connect them with CHWs, CBOs, housing, and transportation that keep HCV treatment on track. In addition to calling 211, members can be referred to Aetna Member Services at 1-866-316-3784 (TTY 711) to speak directly with a Care Manager and/or CHW who can address any physical, mental health, SDoH or HRSN related needs.

QUALITY FOCUS: EQUITY STAT: White members lead our panel on HCV case count (107) — and OUD-affected and transient members face the largest screening gaps. Aetna asks that every diagnosed member begin treatment within 12 months. We track HCV screening rates in adults ≥ 18 and pregnant members throughout the year and share panel-level reports with your practice.

HIV — screen, prevent with PrEP, and connect through SHOARS

Aetna Better Health of Michigan encourages every provider to follow CDC opt-out HIV screening for ages 13–64, offer PrEP to every at-risk member, and link positives to care. Prior authorization for PrEP has been removed — SHOARS (STI/HIV Operations and Resources System) is the centralized hub for tools, reporting, and public-health coordination.

01 • Screen for HIV & STIs

- Opt-out HIV screen for every patient ages 13–64 at routine primary care
- Rescreen at least annually for sexually active, OUD, or PrEP-eligible members
- Screen every pregnancy in the first and third trimester
- Bundle syphilis, gonorrhea, chlamydia, and HCV at the same draw

02 • Prevent with PrEP

No prior authorization required

- Offer oral daily PrEP (TDF/FTC or TAF/FTC) or injectable cabotegravir every 2 months
- Baseline HIV, HBV, renal function, and STI panel; document negative HIV status
- Consider nPEP within 72 hours of exposure; transition to PrEP at day 28

03 • Link & Follow Up

- Recheck HIV, STIs, and renal function every 3 months on PrEP — confirm adherence at every visit
- Link every new HIV-positive member to Ryan White or HIV specialty care within 7 days
- Report new HIV and STI diagnoses through SHOARS for closed-loop public-health follow-up
- Target: HIV viral suppression within 6 months of diagnosis

PROVIDER ACTION • GET CONNECTED

Use SHOARS — the STI/HIV Operations and Resources System — for tools, reporting, and support

SHOARS is the centralized platform for sexual-health and HIV-prevention work — streamlined reporting, clinician resources, and coordination with public-health initiatives. Access PrEP toolkits, partner-services referrals, and surveillance dashboards through your local health department's SHOARS portal or your regional public-health liaison at **Michigan.gov/SHOARS**. For partner notification, linkage, and DIS support, request a regional public-health liaison at **Michigan.gov/HIVSTI** — or call Aetna Member Services at 1-866-316-3784 (TTY 711) to connect members to Care Management for CHWs, transportation, and confidential STI/HIV services that keep PrEP and HIV care on track.

QUALITY FOCUS: EQUITY STAT: MDHHS surveillance shows Black members are disproportionately represented in new HIV diagnoses, while AIAN and NHPI members face the largest PrEP-uptake gaps — verify current rates at Michigan.gov/HIVSTI before sharing. Aetna's goal: HIV-positive members linked to care within 7 days and virally suppressed within 6 months. We track HIV screening, PrEP uptake, and STI testing through SHOARS surveillance and share results back with your practice.

Women's & Maternal Health — prenatal, postpartum, and lifelong preventive care

Aetna Better Health of Michigan partners with providers to deliver prenatal care, perinatal screening, and lifelong women's preventive care. Equity gap: Michigan's Black members face the highest maternal mortality — our shared goal is to close that gap one closed-loop visit at a time.

01 • Prenatal & Postpartum

- First prenatal visit in the first trimester; HRA & depression screen at entry
- ACOG visit schedule; check BP and weight at every visit
- Tdap 27–36 wks; influenza and RSV vaccines per ACIP
- Comprehensive postpartum visit by 12 weeks — BP, mood, contraception

02 • Perinatal Screening

Bundle these at every pregnancy

- EPDS or PHQ-9 at intake, 28 weeks, and postpartum — refer positives same-day
- HIV, HCV, syphilis, GC/CT first and third trimester; HBsAg at first visit
- Gestational diabetes 24–28 wks; preeclampsia BP monitoring through 6 wks postpartum

03 • Women's Preventive Care

- Cervical Pap with HPV co-test ages 30–65 every 5 years; HPV vaccine through age 26
- Mammography every 1–2 years starting at age 40 (earlier for higher-risk members)
- LARC counseling at the postpartum visit; same-day placement when possible
- Refer high-risk pregnancies to Aetna Care Management for outreach & transportation

PROVIDER ACTION • GET CONNECTED

Refer high-risk pregnancies and postpartum gaps to Care Management

Aetna Care Management coordinates high-risk obstetric outreach, transportation to prenatal appointments, lactation support, and postpartum behavioral-health navigation. Call Member Services at 1-866-316-3784 (TTY 711) or use the provider portal at **AetnaBetterHealth.com/Michigan/providers** to submit a Care Management referral. For SDOH supports — housing, food, transportation — call 2-1-1 or sign up as a 211 partner at **mi211.org/partners**. Call Member Services at 1-866-316-3784 (TTY 711) to be connected to a Care Manager or Community Health Worker. Closed-loop SDOH and behavioral-health referrals close the equity gap on maternal outcomes.

QUALITY FOCUS: EQUITY STAT: Michigan's Black members face a maternal mortality rate roughly 3x higher than White members. Aetna's goal: every pregnant member enters prenatal care in the first trimester, completes the postpartum visit by 12 weeks, and receives a perinatal depression screen. We track timeliness of prenatal and postpartum care, perinatal HCV/HIV/syphilis screening, and well-woman preventive measures.

Across the lifespan — pediatric and adult

Sickle Cell Disease is a lifelong condition. Preventive care that begins in childhood must continue into adulthood — and our adult members deserve the same intensity of hematology connection and disease-modifying therapy as our pediatric members.

PEDIATRIC FOCUS

- Annual transcranial Doppler (TCD) ages 2–16 — stroke prevention
- Daily antibiotic prophylaxis ages 3 mo–5 yr — infection prevention
- Hydroxyurea ages 1–18 — reduce pain crises and end-organ damage
- Routine hematology visits and immunizations on schedule

ADULT FOCUS

- At least one hematology visit per year — for every adult with SCD
- Hydroxyurea offered to every adult with SCD unless contraindicated
- Annual labs, transition planning, and pneumococcal vaccination
- Pain management plan and clear escalation path to avoid the ED

Adult members — two things that change outcomes

Two clinical actions move adult SCD outcomes more than any others. We're asking every provider caring for an adult with SCD to commit to both.

01

Connect every adult with SCD to a hematologist — at least once a year

If you have an adult patient with SCD who hasn't been seen by hematology in the last 12 months, place the referral today. Annual specialty connection is the single strongest predictor of preventive-care follow-through — TCD scheduling, medication management, and pain planning all flow from it.

ACTION: *If hematology access is the barrier, contact our case management team and we'll help schedule and arrange transportation.*

02

Prescribe hydroxyurea for every eligible adult with SCD

Hydroxyurea is the disease-modifying therapy of choice — proven to reduce pain crises, hospitalizations, transfusion need, and mortality. NHLBI and ASH guidelines recommend offering it to every adult with HbSS or HbSβ^0 thalassemia regardless of severity, and to those with HbSC or HbSβ^+ with recurrent crises.

ACTION: *At minimum, ensure adult SCD members are on hydroxyurea or have a documented reason they're not.*

MiDPP — preventing type 2 diabetes in at-risk adults

Michigan Diabetes Prevention Program

CDC-recognized, evidence-based Medicaid preventive benefit

Eligibility

- Age 18 or older
- Not pregnant
- At risk for type 2 diabetes (A1C, BMI, family hx)

Program focus

- Healthy eating
- Physical activity
- Stress management
- Problem-solving skills

How members can attend

In person • Distance learning • Online asynchronous

PROVIDER ACTION: Identify at-risk adults and refer to a Michigan DPP delivery organization (see Resources).

AT A GLANCE

A year-long, evidence-based lifestyle program targeting 5–7% body-weight reduction.

Trained lifestyle coaches deliver the curriculum. Members receive ongoing support through year one.

DSMES — support for members already diagnosed

Diabetes Self-Management Education and Support empowers members to take control of their condition. A referral from the managing clinician is required — that's where you come in.

Delivered by qualified clinicians

Registered Dietitians

Nutrition planning

Registered Nurses

Care coordination

Pharmacists

Diabetes-trained

Where members can be referred

- Medicaid-enrolled outpatient hospitals
- Local health departments
- Diabetes-trained pharmacists and certified diabetes educators
- **Continuous Glucose Monitors (CGM)** — Medicaid covers CGMs for members on insulin or with hypoglycemia history; pair with DSMES for the strongest A1C impact.

PROVIDER ACTION: Place a DSMES referral at diagnosis, after a hospitalization, or when treatment changes.

Behavioral Health — screen, treat, and connect through Care Management

Anxiety, depression, ADHD, SMI, and opioid use disorder cut across every cohort in our population. AIAN, NHPI, and White members carry the heaviest behavioral-health load. Aetna Better Health of Michigan encourages every provider to screen at every visit, warm-hand off to BH, and refer to Care Management when the plan needs more than the practice can deliver alone.

01 • Universal BH Screening

- PHQ-9 and GAD-7 at every adult visit — annually at minimum
- C-SSRS for any PHQ-9 ≥ 10 or expressed suicidality; safety plan and warm transfer
- SBIRT for alcohol and substance use; Vanderbilt for ADHD at well-child visits
- EPDS at intake, 28 wks, and postpartum for perinatal depression

02 • Treat & Refer

No prior authorization for BH outpatient

- Initiate SSRI/SNRI per Collaborative Care or Measurement-Based Care guidelines
- Warm hand-off to BH provider, Pyx Health, and the Aetna 24/7 nurse line
- Offer MAT for OUD (buprenorphine, naltrexone) and prescribe naloxone for every OUD or chronic-opioid member

03 • Close the Loop

- Confirm the BH appointment was kept and the member is engaged in care — every touchpoint
- Re-screen with PHQ-9/GAD-7 to track measurement-based care response
- Document the screen, the referral, and the response for closed-loop quality reporting
- Refer to Aetna Care Management for SMI co-management or BH crisis follow-up

PROVIDER ACTION • GET CONNECTED

Refer behavioral health needs to Care Management — one call, full team

Aetna Care Management activates BH navigation, Pyx Health peer support, SDOH supports, and crisis follow-through. Call Member Services at 1-866-316-3784 (TTY 711), submit a referral through the provider portal at **AetnaBetterHealth.com/Michigan/providers**, or send a secure fax with the Care Management referral form. For SDOH supports — housing, food, transportation — call 2-1-1 or sign up as a 211 partner at **mi211.org/partners**. 988 is available 24/7 for any member in suicidal or emotional crisis.

QUALITY FOCUS: EQUITY STAT: AIAN anxiety 23%, NHPI depression 21%, White ADHD 8.6% and SMI 4.4% — BH burden is heaviest in these cohorts but spans every group. Aetna's goal: every adult screened with PHQ-9 and GAD-7 annually, every positive screen referred and confirmed, and every OUD member offered MAT and naloxone. We track screening, follow-up, and 7- and 30-day BH follow-up after ED or inpatient stays.

Well-child visits, EPSDT, and foster care

EPSDT — Early & Periodic Screening, Diagnostic, and Treatment — is the cornerstone of Medicaid pediatric preventive care. Well-child visits are how those screenings get delivered.

EPSDT screening components

- Comprehensive health & developmental history
- Unclothed physical exam
- Immunizations per ACIP schedule
- Lab tests — including blood lead screening
- Vision, hearing, and dental screening
- Health education & anticipatory guidance

CHILDREN IN FOSTER CARE

A higher-touch EPSDT schedule

Initial health screening within **30 days** of placement

- Comprehensive medical, dental, and behavioral assessment
- Trauma-informed developmental & mental-health screening
- Care coordination across placements and providers
- Psychotropic medication monitoring

Blood lead screening — provider quick reference

Medicaid requires testing at **12 and 24 months.** Children 36–72 months not previously tested must be tested at least once.

BLL (µg/dL)	Confirm	Follow-up & retest	Action
< 3.5	—	Retest in 6–12 mo if high risk; 3–6 mo if tested before 12 mo	Educate family on nutrition and lead exposure prevention
3.5 – 14	Venous confirm	Venous retest 1–3 mo; if stable/decreasing, retest in 3 mo	Environmental history • iron status • dev screen • refer to local health dept
15 – 44	Venous confirm	Venous retest 2–4 weeks; repeat every 1–3 mo until < 3.5	Consider abdominal x-ray if ingestion suspected
45+	Venous within 48 hr	Per expert direction	Consult MI Poison Control 800-222-1222 • consider hospitalization/chelation

RISK FLAGS: pre-1978 housing • sibling with elevated BLL • parental occupational exposure • imported remedies • foster, refugee, or adopted children

Five clinical actions that move the needle

1

Connect every adult with SCD to hematology

Annual hematology visit at minimum. Refer if it's been more than 12 months.

2

Prescribe hydroxyurea for eligible adults and children with SCD

Disease-modifying therapy for HbSS / HbSβ^0 — and HbSC / HbSβ^+ with recurrent crises.

3

Order TCDs and prophylactic antibiotics for children with SCA

Annual TCD ages 2–16. Antibiotic prophylaxis ages 3 months–5 years.

4

Refer to MiDPP and DSMES

Identify at-risk adults for MiDPP. Place DSMES referrals at diagnosis or after any care change.

5

Screen every Medicaid child for blood lead at 12 and 24 months

Catch-up testing for children 36–72 months who were not previously tested.

Care Management is the engine — Population Health feeds it the risk signals, Quality measures the close, and your visit is what makes it land

1

Population Health surfaces who needs us

We mine claims, gaps, ED and admit signals, and SDOH data across your panel to flag members before they show up in crisis — then route them to the right team.

2

Care Management owns the outreach

Care managers run the medical, behavioral, and SDOH playbook — transportation, CHW outreach, BH navigation, medication adherence, and closed-loop follow-through reported back to your office.

3

Quality measures the close

HEDIS, Star, and state measures are tracked alongside CM outreach so a clinical gap closed at the visit also lands as a counted, reportable measure — not just an undocumented good deed.

4

One panel, three lenses

Pop Health sees the population, Care Management sees the member, Quality sees the measure — your clinical context at the visit is the thread that connects all three.

5

Up next — Care Management, then Quality

Care Management is up to walk through referrals, escalation, and co-management. Quality will close us out on measures, gap reporting, and how performance ties back to the panel.

What to take back when you return to your office

1

Screen universally for medical, behavioral, and maternal health

PHQ-9/GAD-7 plus C-SSRS at every adult visit, EPDS at perinatal touchpoints, cardiometabolic labs at lower thresholds for Asian members, and BH/SUD focus for AIAN, NHPI, and White cohorts.

2

Close the loop on Hep C and HIV

Universal HCV screening with MAVYRET to SVR12; opt-out HIV screening, PrEP without PA, and SHOARS reporting.

3

Hematology and hydroxyurea for every adult with SCD

Annual specialty connection plus disease-modifying therapy beat every other intervention.

4

Refer to MiDPP and DSMES at every diabetes touchpoint

Pre-diabetes goes to MiDPP; diagnosis, hospitalization, or care change triggers DSMES — pair with CGM when indicated.

5

Pediatric prevention and maternal care — non-negotiable for moms and kids

EPSDT, blood lead 12 and 24 mo, foster-care 30-day window; first-trimester prenatal entry, EPDS at intake/28 wks/postpartum, and 12-week postpartum visit.

Partnership is how we close the gaps.

Sickle Cell resources

- Sickle Cell Disease Association of MI — scdaami.org
- P-SCIP measure pages — pscip.medicine.umich.edu
- NHLBI / ASH hydroxyurea guidance for adults & children
- Live Unlimited • Sickle Cell 101 • Sick Cells

Diabetes • Pediatric resources

- MDHHS DPP Delivery Organizations — michigan.gov/mdhhs
- Michigan Diabetes Prevention Network — midiabetesprevention.org
- MI Lead Safe — michigan.gov/MiLeadSafe • 517-335-8885
- Aetna Care Management — Member Services 1-866-316-3784 (TTY 711)

Questions, referrals, or barriers? Call Aetna Better Health of Michigan Member Services at 1-866-316-3784 (TTY 711) to connect to our Care Management team — one call activates referrals, transportation, CHW outreach, and closed-loop follow-through.

Care Management

Tabatha Vinson

Refer to Care Management — one call activates the whole team

1

Who to refer

Members with unmanaged chronic conditions, a recent ED visit or admit, complex SDOH needs, or behavioral-health co-morbidity — anyone whose plan you can't fully execute alone.

2

How to refer

Phone: Member Services 1-866-316-3784 (TTY 711) for a warm transfer. • Portal: AetnaBetterHealth.com/Michigan/providers — submit the Care Management referral form. • Secure fax: 1-866-889-7572

3

What Care Management does

Care coordination, transportation, CHW outreach, behavioral-health navigation, medication adherence support, and closed-loop follow-through reported back to your office.

4

Members already in Care Management

Co-manage with the assigned care manager — request panel updates, share visit notes, and align on the next clinical step so we are not duplicating outreach.

5

When to escalate — call Member Services today

Member Services: 1-866-316-3784 (TTY 711) — for high-risk pregnancies, rising-risk chronic disease, BH crisis pathways, or any barrier you cannot solve at the visit.

Care Management & Community Health Workers

Care Management Team

Comprehensive Assessments

HRSN screenings across food, housing, transportation, and interpersonal safety

Individualized Care Plans

Integrating clinical and social service goals to close gaps in care

Community Referrals

Coordinating with community-based organizations; 30-day follow-up on all referrals

HEDIS SNS-E Compliance

Documenting screenings and interventions in member records for providers

Community Health Workers (CHWs)

Community Liaisons

Connecting members to food banks, housing assistance, and transportation services

Trauma-Informed Engagement

Motivational interviewing to engage members who may be reluctant to share needs

In-Home Visits

Facilitating warm handoffs to providers and navigating community services

Reducing Barriers

Addressing social determinants of health to improve engagement and quality outcomes

Provider Role: Completing HRSN Screenings via LOINC Codes

Key LOINC Codes

96777-8 – Full Panel

All 5 core HRSN domains

71802-3 – Housing

Living situation assessment

88122-7 – Food Insecurity

Food access and availability

93030-5 – Transportation

Access to medical appointments

96779-4 – Utility Needs

Utility shutoff risk assessment

95618-5 – Interpersonal Safety

Physical safety screening

Why This Matters for Providers

HEDIS SNS-E Compliance

LOINC codes support food, housing, and transportation measures

Validated Instruments Required

AHC HRSN Tool with proper LOINC documentation in EHR

30-Day Intervention Window

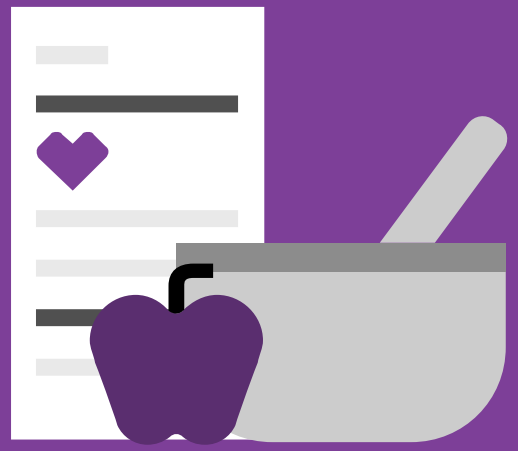
Positive screens require timely referral or resources

Applicable Billing Codes

CPT 96156, 96160; SDOH G0136 for MY 2026

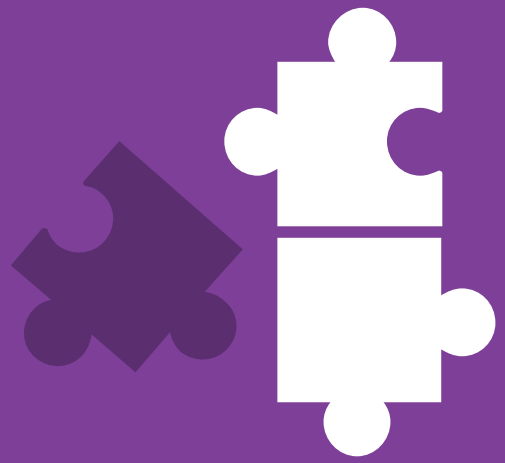
Community CARES
In-Lieu of Services (ILOS)
Angela Addo

What exactly is In Lieu Of Services, or ILOS?



- Initiative by Michigan Department of Health and Human Services to address health-related social needs of Medicaid Enrollees.
- Allows Medicaid Health Plans to pay for alternative services that are medically appropriate and cost-effective as designated by MDHHS as substitutes under the Michigan Medicaid State Plan (42 CFR 438.3(e)(2)).
- The offerings are optional; however, the Medicaid Auto-Assignment Algorithm began dedicating extra points to plans offering ILOS services.
- ILOS is different than a value-added benefit (VAB) in that the health plan does not have the same level of discretion; ILOS Policy is issued by MDHHS (and CMS).
- Food and Nutrition Service Programs | Aetna Medicaid Michigan

What are the goals for ILOS?



- Deliver equitable, coordinated, and person-centered care to Michigan residents.
- Improve health outcomes and manage healthcare utilization.
- Support local organizations to become ILOS Providers.
- Ensure ILOS are cost-effective substitutes for covered services.
- Foster shared learning among stakeholders.

MDHHS-Approved ILOS

Food insecurity was identified as the priority this year.

- Medically Tailored Home Delivered Meal
- Healthy Home Delivered Meal
- Healthy Food Pack
- Produce Prescription

All four programs are offered across all Medicaid regions where Aetna Better Health of Michigan provides coverage (Regions 7, 8, 9, and 10)

Nourish Mi Pantry Pack Program

A healthy grocery program to address health-related social needs offered statewide by the Food Bank Council of Michigan (FBCM)

Registered Atypical Provider of Medicaid In Lieu of Services (ILOS) Healthy Food Pack

NOURISH MI PANTRY

How it Works

- Health plan referrals are securely sent to FBCM's Lansing office, where Helpline staff securely route referrals to community food partners and contact the enrollee by phone to enroll them in their local program.
- FBCM administers this program on behalf of our local food partners.

About the Food Pack Program

- Bi-weekly food packs are home delivered or picked up at local pantries for six months (with option to renew).
- Packs include 16+ pounds of nutrient-dense, low-sodium foods meeting USDA guidelines—fresh/frozen produce, lean proteins, dairy, shelf-stable items, and a QR code for recipes and preparation tips. A selection of dietary needs and preferences are accommodated.
- Coming soon (11/25): optional nutrition and healthy lifestyles coaching by phone for enrollees.

Want More Information?

- FBCM currently offers this program statewide through Aetna and other Medicaid Health Plans.
- Contact Dawn Opel, Chief Innovation Officer, dopel@fbcmich.org.

food BANK COUNCIL OF MICHIGAN

GA Food's *Sunmeadow Meals* ILOS Home Delivered Meal Program

Participants can receive up to 6 months of meals

- The health plan will make the referral on behalf of member to GA Foods
- Promotes behavior modification & sustainable long-term independent self management

Meal Type Options

- Healthy Home Delivered Meals
- Medically Tailored Meals
- Healthy Food Pack

Healthy Home Delivered Meals

- Heart-healthy frozen meals for supporting overall wellness
- Variety of themed meal boxes available
- View menu at: www.gafoods.com
- Comes with extra snacks & loaf of nutrient-dense bread

Medically Tailored Meals

- Specially designed frozen meals to meet the needs of Chronic conditions
- Nutrition counseling with a Registered Dietician is included

Healthy Food Pack

- Variety of assorted fresh produce
- Suggested recipes included
- Promotes the inclusion of fresh produce in meal preparation

We Deliver Support

- Dedicated customer Care Team for all your meal needs throughout the state of Michigan
- Monday – Friday, 8:00 a.m. – 8:00 p.m. EST
- 866-575-2772

INCOMM healthcare

OUR DUAL NETWORK BENEFIT CARD™ simplifies the member experience by combining all benefits and information on a single card—leading to improved member satisfaction.

- Supports both product and flex category restrictions
- Provides the largest proprietary retail network to support product level restrictions—74,000+ retail locations and multiple online options
- Personalized web and mobile app experience that combines all benefits and incentives
- Unlimited configurability to align with your plan's benefit programs
- One connection to streamline benefit provider management, minimizing out-of-pocket reimbursements

Simple. Flexible. Dual Network. To learn more, visit www.incomm.com/healthcare

INCOMM IMPACT:

$3.5B+
Program Dollars

10M+
OTC Network® Cardholders

74K+
Retailers in Network

1,200+
Health & Wellness Programs

80%
Top Medicare Advantage Payers are our Customers

Jewish Family Services - JFS Nourish Nutrition Services

We are a **community-based non-profit** founded in 1993 rooted and respected where your members live.

Provide both HHDM and MTM to regions 7, 9, and 10.

We have been **feeding the local community for 30+ years** and we know the local nutrition landscape.

We support **local economy and local human services.**

Our services are **best-in-class, evidence-based, inclusive,** culturally-informed and linguistically accessible.

Our **scratch-made meals** feature locally sourced foods and look and taste great! A meal is only helpful if consumed.

We are a trusted partner to 20+ health promoting organizations, both providers and payers.

MEALS on WHEELS WESTERN MICHIGAN

About Meals of Wheels of Western Michigan

Meals on Wheels Western Michigan (MOWWM) provides meal and nutrition services that support senior independence. Our volunteers and staff deliver balanced dishes, perform safety checks, provide access to groceries, and greet our clients with a smile. We're working hard to serve nearly 6,000 homebound seniors with upwards of 650,000 meals and 1 million pounds of groceries every year.

Service Provided

- Medically Tailored Home Delivered Meals
- Healthy Home Delivered Meals

Geographic Service Area for Aetna Better Health of Michigan

Medicaid Region 8

- Branch
- Berrien
- Cass
- Calhoun
- Kalamazoo
- St. Joseph
- Van Buren

aetna

MOM'S MEALS

A leading food as medicine provider

Improving life through better nutrition at home

Founded in 1999, HQ in Ankeny, Iowa

2,300+ employees, all based in U.S

Providing individuals the choice of every meal, every delivery

PRESENCE IN MICHIGAN

- Serving Michigan with medically tailored and healthy home delivered meals, healthy food packs and nutritional counseling
- 14,000 clients served (in a 12-month period)
- Over 1.2 million medically tailored meals delivered (in a 12-month period)
- $4.1 million locally sourced ingredients
- 12 employees and 1 location in Detroit, Michigan help us deliver to every zip code

Trinity Health

The Farm at Trinity Health

The Farm at Trinity Health provides community-centered food programs designed to improve health equity while investing in the local food system. The Farm is a part of a larger Trinity Health Food is Medicine initiative to address nutrition insecurity while improving health equity in our communities.

Service Provided

- Healthy Food Packs
- Produce Prescriptions

Geographic Service Area for Aetna Better Health of Michigan

Medicaid Regions 9 and 10

Region 9

- Hillsdale
- Jackson
- Lenawee
- Livingston
- Monroe
- Washtenaw

Region 10

- Macomb
- Oakland
- Wayne

aetna


aetna®

Quality Management

*Jonathan Gardner – Ld. Quality Director
*Rena Scarletto – Sr. Manager Health Care Quality
*Mikki Seigo – Practice Transformation Advisor

Quality Management Topics:

1. Consumer Assessment of Healthcare Provider Systems Survey (CAHPS)

2. Aetna Better Care Member Rewards Program & other benefits

3. Member Access to Blood Pressure Monitors

4. Clinical Practice Guidelines (CPGs)

5. HEDIS – Measures that Matter the Most

6. Dental Programs and Covered Services

7. Vaccines for Children Program (VFC)

Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Member Satisfaction Survey's

What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems Member Survey

This survey is sent out in February and March to a sample of Aetna members. This is conducted annually to assess members' experience with their health plan and health care.

The goal of the survey is to provide actionable performance feedback to help improve our member experience.

How can we work together to improve the Patient Experience?

1. Ensure your practice is compliant with Aetna's Network Access and Availability standards

- Familiarize yourself with the your ABH plan's Provider Manual
- Provide timely updates to Aetna on any changes in contact or location information, or roster or practices updates (i.e. if the practice is not accepting new patients)

2. Engage with provider resources for quality improvement monitoring and support

- Routinely access your data through Availity (e.g., P4Q reporting and gaps in care).
- Attend quality team meetings with the Practice Transformation Team to receive actionable insights and understand your strengths and opportunities for improvement.

3. Be aware of your ABH plan's Member Resources

Our members can contact us through their state-specific **Member Services site** or phone number (M-F 8:30 AM to 5:00 PM).

Members also have access to:

- **Care Management**
- **24-hour nurse line**
- **SSDOH Resources**
- **Telehealth and free life resources**
- **Appointment transportation**

4. Engage staff in training on equitable care delivery across populations

As part of our commitment to health equity, we offer a clinical education hub for health care professionals. You can get on-demand, free, accredited courses to earn digital Care Champion badges for your provider profile in three clinical areas of focus:

- Culturally responsive care
- LGBTQ+ responsive care
- Culturally responsive PCP behavioral health care

CAHPS 2025 Analysis MI
Adult results reported to NCQA

Key Observations

- Rating of Health Plan (2025 – 58%) observed a decline in results -4pts in comparison to pervious years results (62% - 2024) and is projected to lose a star.
- Rating of All Health Care (2025 – 52%) observed a decline in results -3pts in comparison to pervious years results (55% - 2024) and is projected to lose a star.
- Rating of Personal Doctor and Getting Care Quickly observed slight improvements and are projected to maintain current star ratings (3).
- Getting Needed Care observed a slight drop, but is also expected to maintain current star rating (3)
- CAHPS Core Composite Scores are important as they impact our Apple Consumer Guide and NCQA rankings as a Plan.
- NCQA National Benchmarks will be released in the official 2025 Quality Compass in September 2025.

Composite/Rating Area-ADULT	2025	2024	2023	2022	Variance	2025 Star Rating	2024 Star Rating
Rating of Personal Doctor	*68.11%*	68.34%	68.00%	67.14%	-0.23	3	3
Getting Care Quickly	*81.58%*	80.76%	77.26%	84.43%	+0.82	3	3
Getting Needed Care	*82.76%*	83.26%	83.11%	83.36%	-0.50	3	3
Rating of Health Plan	*58.64%*	62.12%	62.62%	63.81%	-3.48	2	3
Rating of All Health Care	*52.38%*	55.97%	54.19%	51.61%	-3.62	2	3

Plan/Survey	Response Rate 2025	Response Rate 2024	Response Rate 2023	Response Rate 2022
MI Adult	19.40%	18.76%	18.21%	13.7%
MI Child	11.27%	9.94	13.2%	7.9%

Plan/Survey	Sample Size (100% oversample)	Completes	Ineligibles	Response Rate
MI Adult	2700	503	66	19.40%

CAHPS 2025 Analysis MI
Child results reported to NCQA

Key Observations

- Rating of the Health Plan saw no statistical change YoY and is predicted to maintain its current star rating (1).
- Rating of All Health Care (-2 pts) and Getting Care Quickly (-1pts) observed declines in results in comparison to the previous year's results and are both projected to lose a star.
- Getting Needed Care observed the most significant decline (-5pts) and is projected to lose a star (2).
- Rating of a Personal Doctor observed a slight improvement (+2pts) and is expected to gain a star (2).
- CAHPS Core Composite Scores are important as they impact our Apple Consumer Guide and NCQA rankings as a Plan.
- NCQA National Benchmarks will be released in the official 2025 Quality Compass in September 2025.

Composite/Rating Area- CHILD	2025	2024	2023	Variance	2025 Star Rating	2024 Star Rating
Rating of Personal Doctor	***75.47%***	72.86%	74.72%	**+2.61**	**2**	**1**
Getting Care Quickly	***89.34%****	90.23%	85.03%	**-0.89**	**3**	**4**
Getting Needed Care	***80.74%****	86.10%	82.12%	**-5.36**	**2**	**3**
Rating of Health Plan	***66.10%***	66.05%	66.67%	**+0.05**	**1**	**1**
Rating of All Health Care	***65.45%***	67.44%	67.54%	**-1.99**	**1**	**2**

**Annotates that the measure received less than 100 responses and was therefore unreportable.*

Plan/Survey	Response Rate 2025	Response Rate 2024	Response Rate 2023	Response Rate 2022
MI Child	11.27%	9.94%	13.2%	7.9%

Plan/Survey	Sample Size (100% oversample)	Completes	Ineligibles	Response Rate
MI Child	1,650	185	8	11.27%

Priorities for Improvement – How Priorities Can Improve the Overall Rating of the Health Plan

- Improving Health Plan Provider Network (highly-rated personal doctors, highly-rated specialists, having a personal doctor)
- Improving Customer Service

(Hold messages, knowledge of member incentives and current gaps in care)

- Improving Member Access to Care (Ease of getting needed care, tests, or treatment; Getting specialty care)

Table 11. 2025 ABH MI Adult Medicaid CAHPS Survey: Key Areas and Priorities for Improvement

Current Key Driver Performance		Room for Improvement on Key Driver	Overall Improvement Opportunity
Your Organization's 2025 Rate		Percentage Point Difference Between Current Key Driver Rate and Best Practice Rate*	Expected Percentage Point **Improvement** in **Rating of Health Plan** (percent *9* or *10*) if Key Driver Performs at Best Practice Level
Q18. Rating of Personal Doctor (percent *9* or *10*)	68.11%	+8.70% → 76.81%	+2.44%
Q9. Ease of getting needed care, tests, or treatment (percent *Usually* or *Always*)	86.08%	+4.58% → 90.65%	+2.14%
Q19. Made specialist appointments (percent *Yes*)	44.47%	+9.21% → 53.68%	+1.38%
Q22. Rating of Specialist Seen Most Often (percent *9* or *10*)	68.08%	+6.92% → 75.00%	+0.86%
Q10. Has a personal doctor (percent *Yes*)	81.53%	+5.06% → 86.58%	+0.76%

* Best result among all plans included in the 2025 CSS Adult Medicaid Average

4023000

CAHPS Performance Improvement Strategy

Action Item	CAHPS Target Areas	Measurement Tool	Resources/Action Plan
Staff CAHPS Training and Education	Getting Care Quickly Getting Needed Care Rating of Health Plan Rating of All Health Care	• Off-Cycle CAHPS (Quarterly) • Medicaid MEDS (Monthly) • Pre-CAHPS Survey (Annually) • Post Service Surveys	Listening Channels, Member Disenrollment reasons, Member Experience, Vendor Monitoring, CAHPS Health Tags, Member Complaints, Member Post Service survey analysis (i.e., language line and other venders)
Provider CAHPS Training and Education	Getting Care Quickly Getting Needed Care Rating of Health Plan Rating of All Health Care	• Off-Cycle CAHPS (Quarterly) • Medicaid MEDS (Monthly) • Pre-CAHPS Survey (Annually) • Complaints/G&A	New Provider Orientations, Provider Manual, Provider Website, Provider Newsletter, Provider Bulletins, Provider Surveys, Provider Scorecards and complaint monitoring and evaluation of member feedback to identify trends
Member CAHPS Education and Awareness	Getting Care Quickly Getting Needed Care Rating of Health Plan Rating of All Health Care	• Off-Cycle CAHPS (Quarterly) • Medicaid MEDS (Monthly) • Pre-CAHPS Survey (Annually) • Complaints/G&A	Pre CAHPS Education Mailer, SMS/Text Messages, IVR calls, Website Education, Member Newsletter Education, Member Magazine Education, Colored Envelopes, Analysis of response methods, QR codes, Potential Pre CAHPS participation drawing
Timely review of CAHPS Survey Data/Feedback	Getting Care Quickly Getting Needed Care Rating of Health Plan Rating of All Health Care	• Off-Cycle CAHPS (Quarterly) • Medicaid MEDS (Monthly) • Pre-CAHPS Survey (Annually) • Complaints/G&A	ABHMI Sr. Management Meetings, QMUM, QMOC, Delegation, SIC, G&A Committee, Network Committee and other Workgroups/Committees

* Aetna Better Care Member Rewards Program

*OTC Extra Benefits For Members

* Health Innovation Platform (HIP)

aetna®

Aetna Better Care® Rewards

2026 | Program Guide

2026 Aetna Better Care Member Rewards Program

Welcome to
2026 Aetna Better Care® Rewards

Earn
You earn reward points for completing certain healthy activities. You can then spend your points on fun, healthy items in the online store.

Track
Visit **AetnaBetterCareRewards.com/MI** to check your reward points balance and track the healthy activities you have completed.

Shop
You can spend your reward points online or by calling us. All Aetna Better Care Rewards orders ship free, right to your door!

Learn
For more information, visit **AetnaBetterCareRewards.com/MI** or call **1-877-473-5147 (TTY: 1-844-200-2094)**.

Get healthy. Earn rewards.

Reward your healthy choices
As a member of Aetna Better Health® of Michigan, you are automatically enrolled in Aetna Better Care® Rewards. You can earn reward points for making certain healthy choices. For example, members age 20+ can earn **500 points** ($50 value) for completing an annual wellness checkup with a primary care provider.

Enjoy the rewards of better health
The Aetna Better Care Rewards program is more than just rewards. Completing healthy activities can help you improve your health and well-being. Visit **AetnaBetterCareRewards.com/MI** for healthy tips, tools, and resources.

Earn reward points and go shopping
Check out pages 2-3 of this booklet to learn about all the ways you can earn reward points. Use your points to shop for fun, healthy items in the Aetna Better Care Rewards online store.

Sample reward categories and items

Athletics

Wilson® NCAA® Basketball
WBB_200

Education & Creativity

Deluxe Art Set
DAS_600

Kitchen & Nutrition

Cookware Set, 7-Piece
CSC_150

Shop online
AetnaBetterCareRewards.com/MI
All items ship free!

Shop by phone
1-877-473-5147 (TTY: 1-844-200-2094)
8 AM to 5 PM ET, Mon.–Fri.

aetna®

2026 Aetna Better Care Member Rewards Program

2026 | Aetna Better Care® Rewards Program

Wellness Rewards

Health-Related Social Needs (HRSN) Screening (newly eligible members, ages 19-64) Complete Aetna Better Health® of Michigan's HRSN Screening within 90 days of enrollment	**500 points** ($50 value)
Step-Up Challenge (age 10+) Complete the 3-week walking challenge	**250 points** ($25 value)
Adult Dental Visit (age 21+) Complete an annual visit with your dental provider	**500 points** ($50 value)

Prevention and Screening Rewards

Adult PCP Checkup (age 20+) Complete a checkup with your primary care provider (PCP)	**500 points** ($50 value)
Breast Cancer Screening (women, ages 40-74) Complete a mammogram	**500 points** ($50 value)
Cervical Cancer Screening (ages 21-64) • Ages 21-64, complete a Pap test • Ages 30-64 and high-risk, complete a human papillomavirus (HPV) test • Ages 30-64 and high-risk, complete Pap+HPV cotest	**500 points** ($50 value)
Diabetes Testing (ages 18-75) Diagnosis of type 1 or 2 diabetes Complete an HbA1c test and a diabetic eye exam	**250 points** ($25 value)
Diabetes Kidney Health Evaluation (ages 18-85) Diagnosis of type 1 or 2 diabetes Complete a qualified kidney health evaluation	**250 points** ($25 value)
New Member PCP Visit* (age 20+) Complete a PCP visit within 60 days of enrollment	**500 points** ($50 value)

Maternal Care and Baby Rewards

Prenatal Checkup (age 18+) Complete a prenatal care visit in the first trimester or within 42 days of plan enrollment	**500 points** ($50 value)
Postpartum Checkup (age 18+) Complete a postpartum care visit 7-84 days after delivery	**500 points** ($50 value)
Well-Baby Checkups (ages 0-15 months)	
Complete 3 well-baby visits in the first 6 months	**250 points** ($25 value)
Complete 3 well-baby visits between 6 and 15 months	**250 points** ($25 value)
Childhood Immunization Series (ages 0-2) Complete childhood vaccination series against DTap, HiB, polio, HepB, chicken pox, PCV, MMR, HepA, and rotavirus	**250 points** ($25 value)
Child Flu Shot (ages 0-2) Complete two flu vaccines by your child's second birthday	
Complete the first dose of the flu shot	**150 points** ($15 value)
Complete the second dose of the flu shot	**150 points** ($15 value)
Lead Screenings (ages 0-2)	
Complete a blood lead screening between 0 and 12 months	**250 points** ($25 value)
Complete a blood lead screening between 13 and 24 months	**250 points** ($25 value)

Well-Child and Well-Adolescent Reward Activities

Well-Child/Adolescent Checkups* (ages 3-21) Complete an annual well-care visit with a PCP or an OB/GYN	**500 points** ($50 value)
Adolescent Immunizations (age 13 and under) Complete all required adolescent immunizations by your child's 13th birthday	**250 points** ($25 value)
HPV Vaccines (age 13 and under) Complete two or three doses of the HPV vaccine series by your child's 13th birthday	**250 points** ($25 value)
Pediatric Sickle Cell Screening (ages 2-16) Diagnosis of sickle cell anemia Complete at least one transcranial doppler ultrasound (TCD) screening per year	**500 points** ($50 value)

aetna®

New Member Rewards for 2026

Pediatric Sickle Cell Screening (ages 2-16)
Complete at least one transcranial doppler ultrasound (TCD) screening per year

500 points ($50 value)

Lead Screenings (ages 0-2)
Complete a blood test for lead poisoning in the first 12 months of your child's life. Complete a second screening between 13 and 24 months

Up to 500 points ($50 value)
250 points ($25 value) per blood test

Adult Dental Visit (age 21+)
Complete an annual dental visit with your dental provider

500 points ($50 value)

Child Flu Shot (ages 0-2)
Complete two separate doses of flu vaccine before the child's 2nd birthday

Up to 300 points ($30 value)
150 points ($15 value) per flu shot

HPV Vaccines (age 13 and under)
Complete two or three doses of the HPV vaccine series by your child's 13th birthday

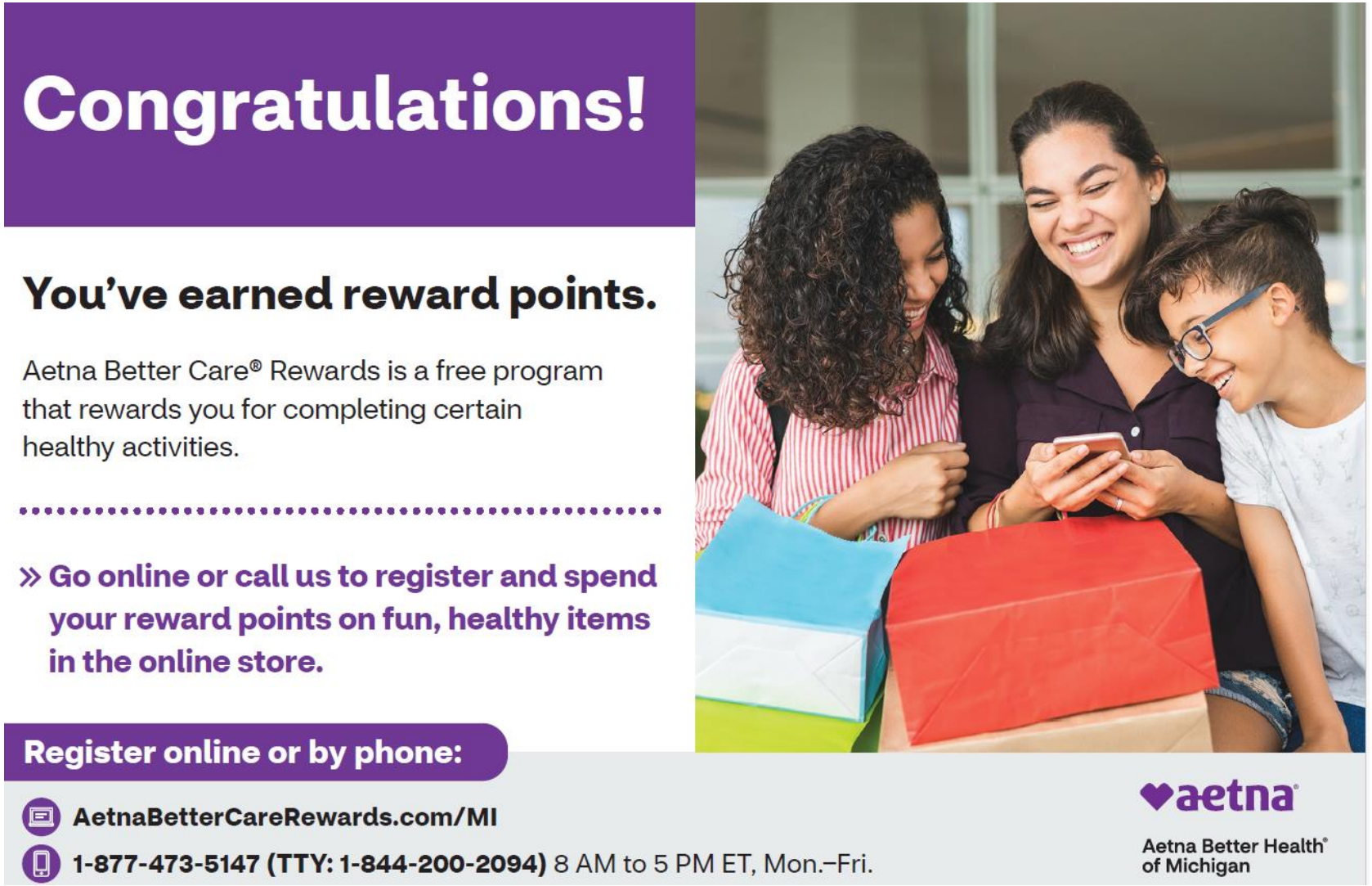
500 points ($50 value)

HRSN Screening (newly eligible members, ages 18-64)
Complete Aetna Better Health of Michigan's Health-Related Social Needs (HRSN) Screening within 90 days of enrollment

500 points ($50 value)

6 New Member Incentives Added in 2026

Member Communications and Notifications



Mobile App and Text Alerts

aetna

Aetna Better Health® of Michigan

Aetna Better Care® Rewards
2026 Push Notifications

Well-Care Visits & Immunizations
[Client Icon] [Title] Schedule your child's next checkup. [calendar emoji]
<Aetna Better Care Rewards> members can earn rewards for taking their children to get checkups and vaccinations. Call your provider today to schedule!

Women's Health Screenings
[Client Icon] [Title] Schedule your women's health screenings. [checkmark emoji]
Members of <Aetna Better Care Rewards> earn reward points for getting breast and cervical cancer screenings. Call and schedule your screenings today!

Diabetes Rewards
[Client Icon] [Title] Earn rewards for diabetes care! [red cross emoji]
<Aetna Better Care Rewards> members can earn reward points for getting tests to manage diabetes. Visit <AetnaBetterCareRewards.com/MI> for more info.

Adult Dental
[Client Icon] [Title] Schedule your next dental visit! [calendar emoji]
Members age <21+> can earn <500 points ($50 value)> for completing an annual dental visit. Call your dentist today to schedule your next visit.

Adult PCP
[Client Icon] [Title] Schedule your next checkup! [calendar emoji]
<Aetna Better Care Rewards> members age <21+> earn <500 reward points ($50 value)> for completing an annual checkup. Schedule your next appointment today.

aetna

2026 Aetna Better Care Member Rewards Program

BabySmart

BabySmart is offered to all pregnant women and new parents. The BabySmart program provides important pregnancy and new parent resources, support, tools, and rewards. BabySmart members can enroll in health coaching. Health coaches meet with members virtually to provide personalized support. Members who join BabySmart will also get a welcome gift just for joining!

DiabetesSmart

DiabetesSmart is available to members with risk factors for diabetes (including a body mass index of 25 or higher) as well as members who have been diagnosed with type 1 or type 2 diabetes. The DiabetesSmart program provides members with resources, tools, and support to help them improve their health. Members with a diagnosis of type 1 or type 2 diabetes can also participate in health coaching and earn rewards. DiabetesSmart health coaches meet with members virtually to provide personalized health education, help them set health goals, and share resources and support. Members with type 1 or type 2 diabetes will also get a welcome gift just for joining DiabetesSmart!

Members can visit **AetnaBetterCareRewards.com/MI** or call **1-877-473-5147 (TTY: 1-844-200-2094)** to get started today!

Aetna OTC Extra Benefits

Medicaid OTC Benefits | Aetna Better Health of Michigan

Your $25 monthly benefit

You should have everything you need to help you feel your best. That's why we're working with CVS Health® to give you $25 of over-the-counter (OTC) health supplies and products. And we'll send it to you every month at no extra cost. Ready to order? Just visit OTC Health Solutions®, create an account or sign in and start shopping. You can also order by phone or in store.

Shop now

As a CVS Health company, we're offering you this $25 OTC benefit as part of your Aetna Better Health® benefits. You can use the money to spend on a variety of health products, like:

Personal care

Oral care, hand sanitizer, lotion, facial tissues, maxi pads and more.

First aid care

First aid kit, bandages, disinfectant, disposable gloves and more.

Baby care

Diaper rash ointment, unscented cleansing wipes and more.

Cold remedies

Cough drops, sore throat spray, digital thermometer and more.

Aetna OTC Extra Benefits

Ways to shop

For complete instructions, see our OTC Item Catalog (PDF).

Online

- Visit the OTC Health Solutions website and create an account or sign in with your member ID and password.
- Browse eligible health items and add them to your cart.
- Place your order and we'll send your items to you at no extra cost.

In store

- Download the OTC Health Solutions app for iPhone® or Android™ and create an account or sign in.
- Visit a CVS Pharmacy® store and use your smartphone to scan shelves for eligible items.
- Have the cashier at checkout scan your digital bar code on the app.

By phone

- Review the OTC Item Catalog (PDF) and make note of which eligible items you'd like to order.
- Call OTC Health Solutions at 1-888-628-2770 **(TTY: 711)** any time Monday through Friday, 9 AM to 8 PM.
- Place your order and we'll send your items to you at no extra cost.

Health Innovation Platform (HIP) Application

https://www.Aetna.com or via apps store

***For some Incentives, Members may need to be enrolled in Care Management Program**

Asthma Remediation *Member must be enrolled in CM	Members with an asthma diagnosis can receive one set of hypoallergenic bedding, and a $400 stipend toward mold remediation, deep carpet cleaning and pest control services annually.	**$400**	**Incomm/CVS**
Career & Life Skills Training & GED Support *Member must be enrolled in CM	Members ages 18+ and older will gain access to a complimentary job skills training platform and can discover near career paths, earn credentials and certifications, and highlight skills to local employers. In addition, trade skill development and General Equivalency Diploma (GED) Certifications are available. After passing the GED online prep course, member will receive a voucher to pay for the GED exam fee.	**N/A**	**Campus Ed**
Career & Life Skills Training & GED Support *Member must be enrolled in CM	Members ages 16-17 will gain access to a complimentary job skills training platform and can discover near career paths, earn credentials and certifications, and highlight skills to local employers. In addition, trade skill development and General Equivalency Diploma (GED) Certifications are available. After passing the GED online prep course, member will receive a voucher to pay for the GED exam fee.	**N/A**	**Campus Ed**
Legal Supports and Services *Member must be enrolled in CM	Members will receive a $500 stipend to apply towards legal services for consumer, family and criminal law.	**$500**	**Incomm**
Healthy Food Card *Member must be enrolled in CM	Members who are aging out of child welfare will receive $50/month up to 1 yr to support aging out of child welfare	**$50**	**Incomm**
Active and Fit Gym Membership	A membership at participating fitness centers, to help members meet their fitness and health needs.	**N/A**	**Member Benefit through Website**
Pyx Health	24/7 digital companionship and support intervention, via mobile platform to address members who screen as lonely, depressed, anxious or indicate social needs.	**N/A**	**Member Benefit through Website**

Signify/Healthy Home Visits (HHV) Program

HHV incentive Customer Services number at **1-866-799-5789** to verify that the member earned the incentive.

FAQs for Healthy Home Visit (HHV) Member Incentive

For our Medicaid members, the Medicaid Risk Adjustment team is deploying a member incentive beginning in May 2024 in select markets that will be rolled out to other markets based on the table below. Members have the ability to earn a reward based on completing a Healthy Home Visit (HHV) with a Signify Health clinician. This is market specific, please reference the table below.

Q: Who can earn the incentive?

A: Signify Health® outreaches eligible members to schedule them for a HHV. Member must be part of the targeted list for a HHV, schedule the visit, and complete the HHV with a Signify Health clinician in order to earn the incentive. **(A1C, Eye Exams, Blood Pressure)**

Q: Does the member have to do anything to receive the incentive?

A: No, our data team will see when the member completes the visit and will automatically send their name to the vendor. The member will receive a letter in the mail with their gift card approximately 4-6 weeks from their visit date. The member will have to activate their gift card (instructions are on the letter).

Q: How much is the incentive worth to the member?

A: The table below lists the incentive amount by market and when the incentive is active.

Approved Markets		
2024 Market Implementation	Incentive Amount	Go Live Date
MI	$50	10/7/24

Signify/Healthy Home Visits (HHV) Program

At Aetna Better Health, we are focused on helping you get the care and support you need.

Thank you for completing your healthy home visit. It provides valuable health information to help you and your doctor make informed decisions.

Now choose how to activate your card to enjoy your reward:

- Call **[XXX-XXX-XXXX (TTY: XXX)]** any time
- Get our OTC (over-the-counter) Health Solutions app from your mobile phone app store, OR
- Visit **CVS.com/benefits** or scan this code

Card Number: xxxx xxxx xxxx xxxx xxx

Keep this card. You can reload it when you earn more rewards.

Use your reward in thousands of stores*

*And online at **CVS.com** and **Walmart.com**.

CVS pharmacy · DOLLAR GENERAL · FAMILY DOLLAR · SAFEWAY · Kroger · Albertsons

Common questions

Why did I receive this card?
You earned this reward because you completed a healthy home visit with Signify Health®.

Is this part of my plan's OTC benefit?
No, this is a separate reward for a healthy action you have taken. An OTC Benefit provides you with dollar amounts to spend on over-the-counter wellness items at participating stores or online*.

What can and can't I buy?
You can use your card to buy food, household goods, health and wellness items and more. You can't use it to buy alcohol, tobacco, firearms, lottery tickets and some other items. Go to **CVS.com/benefits** for a full list.

How do I pay with this card?
Just swipe your card when paying at participating stores. All eligible items, up to your available balance amount, will be covered.

Does my rewards card expire?
Yes. Check your account to find out when your card expires.

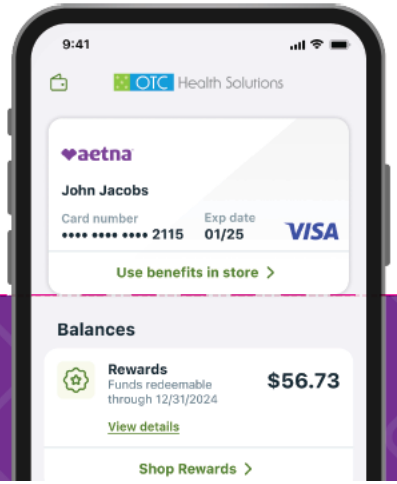
Where can I shop?
Find out which stores take your card by going to **CVS.com/benefits** or downloading our OTC Health Solutions app.

How do I find out how much money is left?
View your balance on your OTC Health Solutions app or call **[XXX-XXX-XXXX]**.

How often can I shop?
You can use your card as often as you like while your balance lasts.

What if I need to return something I bought with the card?
You can return it according to the store's rules. Please have your card and receipt handy. Returns can't be made for cash.

Download the OTC Health Solutions app.



Support Your Patients with Home Blood Pressure Monitoring

- **BP monitors are covered as a plan benefit and are available at no cost to eligible members**
- **A prescription/order from the provider is required for members to receive a covered BP monitor through the pharmacy or approved supplier**

Home BP monitoring helps:

- **Improve blood pressure control and medication adherence**
- **Support early identification of uncontrolled hypertension**
- **Enhance care management and reduce risk of complications (e.g., heart disease, stroke)**

Providers are encouraged to:

- **Order BP monitors for members with uncontrolled hypertension or compliance gaps**
- **Educate members on proper use and frequency of BP monitoring**
- **Incorporate BP readings into routine care management and follow-up visits**
- List of covered Blood Pressure monitors: **https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/michigan/pdf/ABHMI_BP_Monitors%2005142025.remediated.pdf**

Clinical Practice Guidelines (CPG's)

aetna®

Clinical Practice Guidelines Overview

Respected medical professional and public health organizations create clinical practice guidelines that document best practices and recommendations for care. We've chosen certain clinical guidelines to help our providers give members high-quality, consistent care with effective use of services and resources. These include treatment protocols for specific conditions, as well as preventive health measures to promote guidelines that support the overall physical and mental health of our members.

The intention of these guidelines is to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

Below is a list of Aetna Better Health recommended clinical practice guidelines by topic. These guidelines originated from the ***Michigan Quality Improvement Consortium (MQIC)*** and the ***Aetna Medicaid Medical Policy Committee (MMPC)***. MQIC and MMPC participants include physicians and other personnel representing the Michigan Medicaid Health Plans (MMHPs). The Michigan Association of Health Plans and the Aetna Medicaid Medical Committee recognize the expertise and evidence-based knowledge these guidelines represent and encourage the use of accepted standards of care to promote quality care and better health outcomes for our members.

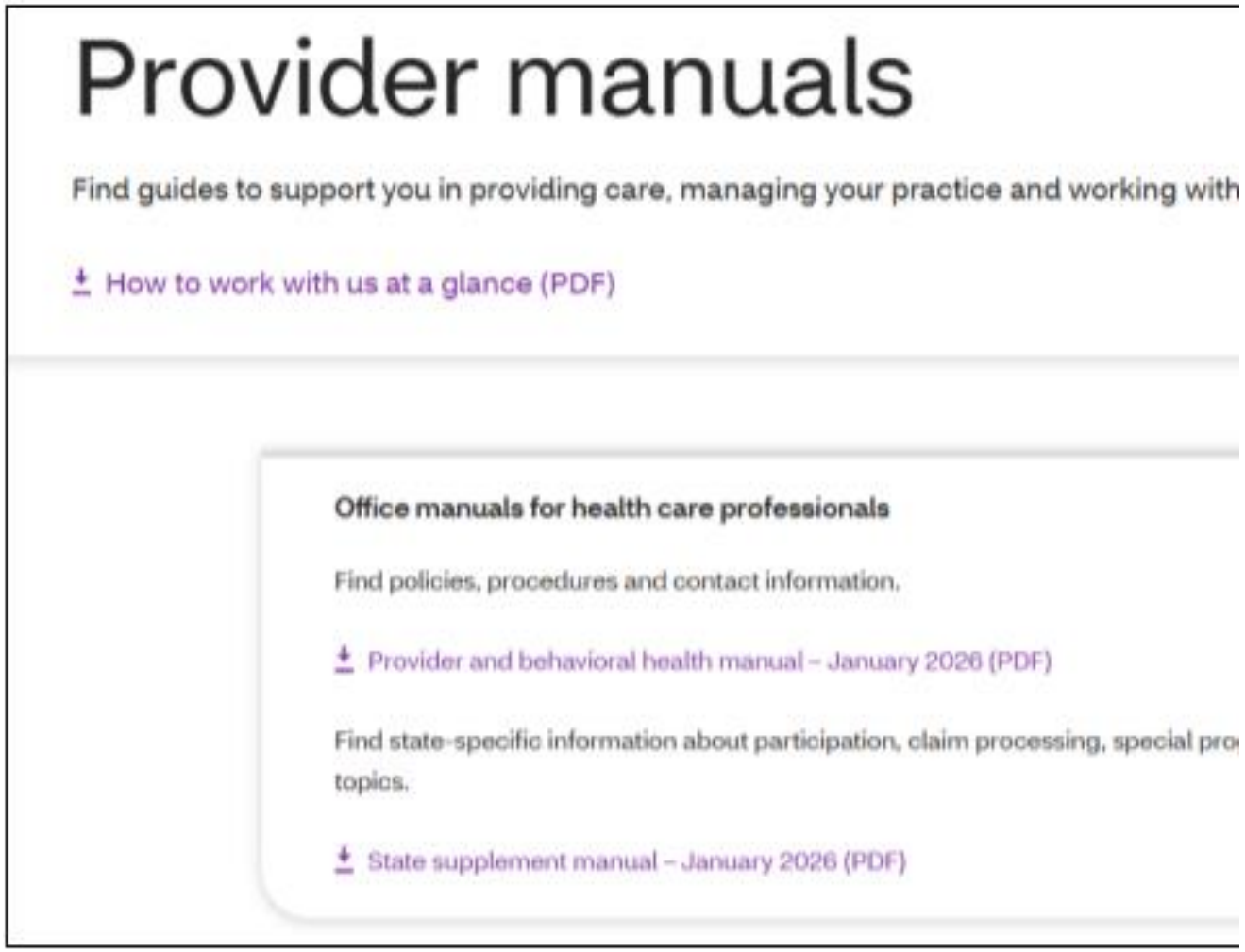
aetna®

Medicaid Provider Manual Accessibility to Clinical Practice Guidelines (CPGs)

Clinical Practice Guidelines can be located via the Aetna Better Health of Michigan Website, as well as via the Provider Manual (pages 30-31) · Link to Provider Manuals: **2026 Aetna Better Health of Michigan Provider Manual**

· Link to Clinical Practice Guidelines:

Clinical Guidelines & Policy Bulletins | Aetna Medicaid & DSNP Michigan



CPG's can be found in the Provider Portal & Newsletters

[Clinical Guidelines & Policy Bulletins | Aetna Medicaid & DSNP Michigan]

Clinical practice guidelines

Physical health

Behavioral and mental health

Clinical policy bulletins

These bulletins state our policy about the medical necessity or investigational status of medical technologies and other services to help with coverage decisions. A national review team creates the bulletins and bases them on:

- Published medical literature
- Formal technology assessments
- Structured evidence reviews
- Evidence-based consensus statements
- Expert opinions
- Evidence-based guidelines from professional and public health entities

and more

Aetna clinical policy bulletins

Aetna clinical policy bulletins (CPBs) are internally developed policies that we use as a guide for determining health care coverage for our members. Our CPBs are written on selected clinical issues, especially addressing new medical technologies such as devices, drugs, procedures, and techniques. CPBs apply to all Aetna medical benefit plans and are used in conjunction with the terms of the member's benefit plan and other Aetna-recognized criteria to determine health care coverage for our members. Our benefit plans generally exclude from coverage medical technologies that are considered experimental and investigational, cosmetic and/or not medically necessary.

CPBs are continually reviewed and updated to reflect current information.

We review new medical technologies and new technology applications regularly. We determine whether and how such technologies will be considered medically necessary and/or not experimental/investigational under our benefits plans.

Our process of assessing technologies begins with a complete review of the peer-reviewed medical literature and other recognized references concerning the safety and effectiveness of the technology. This evaluation involves analyzing the results of studies published in peer-reviewed

services guidelines from nationally recognized sources promote consistent application of evidence-based treatment methodologies. This helps to provide the right care at the right time. For this reason, we make these guidelines available to our network providers to help improve health care.

These guidelines are provided for informational purposes only. They aren't meant to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines don't dictate or control a provider's clinical judgment regarding the appropriate treatment of a patient in any given case.

Evidence-based guidelines can be found on various nationally recognized sources. Here are links to some of those sources.

Clinical practice guidelines

- American College of Cardiology Guidelines
- American Diabetes Association (ADA): Standards of Medical Care in Diabetes
- Centers for Disease Control and Prevention Opioid Prescribing Guideline

Please see the most updated list of clinical practice guidelines in Aetna Payer Spaces on Availity in the Resources section.

Please see the Behavioral Health section at the end of this manual for behavioral health-specific clinical practice guidelines.

HEDIS
MEASURES THAT MATTER MOST MY2026

HEDIS + PMR: What Providers Need to Know

HEDIS + PMR: What Providers Need to Know

- **HEDIS** = National quality measures that track the care you provide
- **PMR (Performance Monitoring Report)** = How Michigan **scores and monitors that care**

👉 Together, they measure:

- ➢ Quality of care
- ➢ Access to care
- ➢ Patient outcomes

🎯 **Why This Matters to Providers**

- Your documentation and care directly impact:
- HEDIS rates
- State PMR scoring
- The State sets **minimum performance thresholds** plans must meet Results drive:
- Payment incentives and program performance
- Required improvement plans if targets are not met
- State oversight and compliance

Michigan's Measures that Matters Most for MY2026

Chronic Conditions

- Hypertension (CBP)*
- Diabetes measures (GSD*, KED, EED, BPD*)

Women's Health

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Prenatal/Postpartum Care (PPC) & Prenatal Immunizations Status (PRS-E)
- Chlamydia Screening (CHL)

Child & Preventive Care

- Childhood Immunizations (CIS-Combo 10*, CIS Combo 3)
- Well-Child Visits (WCV)
- W30 (0-15 months)
- Lead Screening (LSC)
- Adolescent Immunizations (IMA 2)*

Behavioral Health

- Follow-Up After Hospitalization (FUH)
- Follow-Up After ED Visit (FUA)

Preventive / Adult Care

- Adult Immunizations (AIS / Flu, etc.)
- Preventive care visits (AAP)
- Hepatitis C Screening

Dental Measures

- Preventative Dental Services
- Adults: Any Dental Visits
- Preventative Dental Visits in Pregnancy
- Diabetic Preventative Dental Visits

Triple Weighted Measures (*)

Aetna Better Health® Supplemental Data Source Feeds

Aetna Better Health of Michigan is pursuing supplemental data source (SDS) feeds as an alternative method of data capture for key HEDIS and performance measures. Through SDS, we have that ability to capture services not always coded on claims, such as CTPII codes for Hemoglobin A1c labs or blood pressure readings.

What is SDS?

- A process where healthcare services provided to members are communicated to the health plan via a standardized file format
- Allows Aetna Better Health providers to submit additional clinical information on our members needed to close HEDIS Care Gaps and increase quality scores.
- Can be used in instances where recommended codes are not built into your billing system or when resubmission of claims is not possible.
- Secure transfer of member PHI between the health plan and provider through a secure file transfer protocol (sFTP).
  - sFTP is more secure than transmitting medical records to close gaps through email or fax

SDS Feed Goals

- Improve patient health outcomes
- Increase HEDIS scores
- Improved health plan and provider incentive earnings

SDS Benefits

- Ensures timely capture of care
- Decreases the need for claims resubmissions
- Reduces cost and the burden of HEDIS medical record review
- Can be considered administrative capture required to obtain incentives under the following programs:
  - Pay for Quality Programs
  - Patient Centered Medical Home Value Based Programs

SDS Setup

•Medicaid Provider Readiness Form completed by PTA to determine if Provider ready to onboard

•If ready, HHRS ticket completed and DI Analyst will review + schedule Implementation call

•Two forms will need to be filled out by the healthcare provider interested in implementing a SDS Feed. A) Secure File Transfer File Form (sFTP) – Used to build an sFTP to safely transfer PHI on this feed. B) Medicaid Supplemental Data Intake Assessment Form (HEDIS Questionnaire)

Aetna Better Health's Medicaid Supplemental Data Team is here to assist in getting an SDS implemented for your group. Please work with your Quality Liaison to initiate the process.

HEDIS UPCOMING CHANGES

Planned timeline to transition hybrid reporting

Measure	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children (LSC)		•			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			•		
Prenatal and Postpartum Care (PPC)				•	
Controlling High Blood Pressure (CBP)	+ECDS			•	
Blood Pressure Control for Patients with Diabetes (BPD)		+ECDS		•	
Glycemic Status Assessment for Patients With Diabetes (GSD) (formerly Hemoglobin A1c Control for Patients With Diabetes)			+ECDS		•
Transitions of Care (TRC)			+ECDS		•
Care for Older Adults (COA)			+ECDS		•

• = *Removal of the hybrid reporting method only.*

Goal: *Hybrid* measure specification and reporting method removed from HEDIS by *MY2029*

aetna

DENTAL SERVICES

Dental Care Coverage

Why Dental Care Matters

Why Dental Care Matters

- Oral health is an important part of overall health
- Preventive dental care supports:
  - Early detection and treatment
  - Reduced complications and pain
  - Improved member outcomes

Who Has Dental Coverage

- Adults (ages 21+) enrolled in Medicaid have dental coverage
- Members age 19+ enrolled in Healthy Michigan Plan also have dental benefits
- Children (through age 21) receive dental services through Healthy Kids Dental

Dental Program Information and Resources

We've got you covered

Aetna Better Health of Michigan cares about your oral health. Great health is about a bright smile and a healthy body. See your dentist today.

Dental services can include:

- *Diagnostic and preventive* - x-rays, sealants, fluoride treatments and cleaning
- Two routine/preventive visits each year
- *Restorative* - includes white and metal filings, crowns
- *Endodontic* - includes root canal treatments and tooth restoration
- *Periodontal* - includes treatment of gum disease
- *Oral Surgery* - includes extractions
- *Prosthodontics* - include bridges, partials and complete dentures
- *Orthodontics* - up to the age of 21 years when certain criteria is met
- *Implants* - covered only to help hold full dentures to jaw
- No referral needed to see a network dental provider

If you need a ride to your appointment, call Member Services at 1-866-316-3784 (TTY: 711), Monday to Friday 8 AM to 5 PM.

Helpful tips on brushing

- Use a soft-bristled brush.
- Gently brush your teeth, brushing too hard can cause gum damage.
- Be sure your brush is the right size (smaller is better).
- Tilt the bristles at a 45 degree angle to your gums. Gently move the brush back and forth in short (tooth-wide) strokes.
- Be sure to brush all sides of your teeth, outside, tongue side, and your chewing surfaces. Brush the outer surfaces, the inner surfaces, and the chewing surfaces of the teeth.
- To prevent plaque damage, be sure to brush at least once a day.
- Don't rush your brush, brushing should take at least 2 minutes.
- Replace your toothbrush when the bristles begin to spread. A worn toothbrush will not clean your teeth as well as a new toothbrush.

Find the right dental provider near you

Children

Children through age 21 access dental services through Healthy Kids Dental Coverage. Call 1-800-482-8915 to find a Healthy Kids Dental provider in your area.

Pregnant women

Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can lead them to bleed. This is gingivitis (inflammation of the gums). If gingivitis is not treated it may lead to more serious periodontal (gum) disease. Care should start within the first 12 weeks of pregnancy.

Questions?

To learn more about the covered dental services or to locate a Dental Provider in your area, call 1-844-870-3976.

All other adult members

Dental care is important. We offer dental coverage to all beneficiaries ages 19 and above enrolled in Healthy Michigan Plan, as well as all enrollees ages 21 and older, enrolled in Medicaid. We are contracted with DentaQuest to provide your dental benefits. If you have any questions about your dental services, please contact DentaQuest at **1-844-870-3976 (TTY: 711).**

Visit michigan.gov/mdhhs/0,5885,7-339-71547_2943_52115-203754--,00.html to find a dentist that accepts Michigan Medicaid in your area.

aetna

Provider Role in Supporting Dental Care

Providers can help by:

- Encouraging routine dental visits, especially preventive care
- Reinforcing the connection between oral health and overall health
- Reminding members that:
  - Dental benefits are available
  - Dental incentives are available ($50 value)
  - No referral is needed for in-network dental providers
- Directing members to Member Services for:
  - Help finding a dentist
  - Transportation assistance if needed

Vaccines for Children (VFC) Program

Vaccines For Children (VFC) Program

What is VFC?

- Federally funded program (CDC) providing free vaccines for eligible children (birth–18 years)
- Supports physicians in delivering routine immunizations at little to no cost
- Providers must confirm eligibility through the State of Michigan

Aetna Better Health of Michigan Role

- Reimburses providers for vaccine administration fees
- Ensures proper payment for VFC-covered immunizations
- Supports access to vaccines within the patient's medical home

Why Participation is Recommended

- Promotes one-stop care—vaccines delivered during well-child visits
- Aligns with pediatric best practices and improves continuity of care

Benefits of Being a VFC Provider

- ✓ No upfront vaccine purchase costs
- ✓ Administration fee reimbursement
- ✓ Covers all ACIP-recommended vaccines
- ✓ Improves EPSDT compliance & access to care
- ✓ Eliminates referrals to public health for vaccines
- ✓ Supports practice growth & patient retention
- ✓ Enables documentation via MCIR (Michigan Care Improvement Registry)

Open Discussions Questions