

October 27, 2023

Aetna Better Health® of Illinois

Hospice nursing home room and board adjustments and repayment sunset

Aetna Better Health® of Illinois followed the guidance of the [HFS notice](#) regarding hospice nursing home room and board adjustments and repayments.

Provider Notice Issued 08/29/2022

[HFS](#) > [Medical Providers](#) > [Notices](#) > [Provider Notice Issued 08/29/2022](#)

Date: August 29, 2022

To: Enrolled Hospice Agencies

Re: Hospice Nursing Home Room and Board Adjustments and Repayment

This notice is a follow-up to the May 28, 2021 [provider notice](#) regarding hospice patient claims for nursing home room and board charges that providers erroneously billed to the Department of Healthcare and Family Services (HFS) instead of the customer's [HealthChoice Illinois](#) (HCI) managed care organization (MCO) plan or the Managed Long Term Services and Supports (MLTSS) program.

HFS has recently voided the inappropriate hospice nursing home room and board payments. Providers will receive Remittance Advices identifying those adjustments to void (21C Adjustment Type). **However, please be aware that the Adjustment Reason Code and message applied to the voids is incorrect; it is misidentified as 5018 - EAPG Paid at Zero.**

HFS is providing data to the HCI MCO plans to expedite plan payments to providers based on the recoupments. Hospices are asked to work with the appropriate plan regarding any payments due.

Questions regarding this notice may be directed to the applicable HCI MCO plan.

On October 12, 2022, we posted an [informational notice](#) advising providers of next steps in receiving payments specific to the HFS notification.

We are now sunsetting these repayments. If you have not received your payment for services rendered **1/1/2018-11/30/2020**, contact our PHI mailbox at ABHILHIPAA@AETNA.com.

Please submit your request for review by end of business on 12/8/23. No requests for Hospice Nursing Home Room and Board Adjustments and Repayment will be processed after that date. To expedite the processing of manual payments for these services, please respond as quickly as possible.

If additional payment is required, a manual payment will be issued, please provide the below documents to receive payment:

- 2018 W9
- Payment mailing address
- Response to the report of claims we provided with your agreement/disagreement of payment amount

After completion of a comprehensive claims analysis, qualifying services will be reimbursed in the form of a manual check.

For HFS recouped claims having a date of service after 12/1/2020, you should file claims using your standard process and submit these claims to our health plan by EOD 12/8/23. After that date, claims will deny for timely submission.

If you have any questions, please contact your Provider Experience representative with any Thank you for your continued partnership.

Sincerely,

Aetna Better Health of Illinois