



Aetna Better Health® of Illinois Provider E-newsletter

Spring 2025

Revalidation reminder for all Medicaid providers

The Centers for Medicare & Medicaid Services (CMS) requires all actively enrolled providers to revalidate or renew their Medicaid provider agreement at least every five years. The Illinois Department of Healthcare and Family Services (HFS) issued notices on [August 5, 2024](#), and [August 28, 2024](#), to inform providers of the revalidation process.

Why it's important

If revalidation isn't submitted before the end of your cycle, you will be disenrolled — creating a break in enrollment that will impact payments. Reactivation of your enrollment cannot be retroactive in accordance with federal regulations.

What you should do

Providers should review their [IMPACT](#) enrollment information page and ensure their

contact email is current. Notices will be sent to the email address(es) on file.

Providers with multiple service locations must revalidate enrollment of each service location. They will receive separate notification for each service location.

When did you last log into IMPACT?

If you haven't logged into IMPACT since March 2022, you must migrate your account through a multi-factor verification process. Follow these [step-by-step instructions](#).

More info about revalidation is available from HFS at HFS.Illinois.gov/Impact. Providers who need support may call HFS Provider Enrollment at [1-877-782-5565](tel:1-877-782-5565).

2025 Pay-for-Performance Program

Our 2025 Pay-for-Performance (P4P) Program rewards providers for high-quality care given to our members.

Assigned PCPs, pediatricians, behavioral health providers and OB/GYNs can earn incentives for closing certain HEDIS® care gaps in eligible members during the measurement year.

[See 2025 P4P program details](#)



Enrolling in EFT/ERA services

Aetna Better Health® works with ECHO Health, Inc., for electronic funds transfer (EFT)/electronic remittance advice (ERA) registration services. Providers can enroll in EFT/ERA services on the [Aetna Better Health/ECHO Provider EFT/ERA Enrollment Portal](#).

If you have questions about creating your account, updating your info or viewing your payments on the Aetna Better Health/ECHO portal, review the [User Guide](#). You can also contact ECHO directly at [1-800-830-5831](tel:1-800-830-5831).

Meeting with you in person

Our Provider Relations team is working to schedule onsite meetings with providers. Meeting in person allows us to build stronger relationships, get feedback and better support providers in delivering quality care.

Reach out to your assigned [Provider Relations representative](#) to schedule an onsite visit.

Provider Manual



Behavioral health in focus

Delivering comfort and calm

Aetna Better Health® of Illinois wants to support members in their mental health journey. One way we do this is through the delivery of Calming Comfort kits directly to a member's door.

These special kits include items that may be helpful in bringing about a sense of calm and supporting better sleep. Options include kits for:

- Aromatherapy
- Improved sleep
- Light therapy
- Sound therapy

Members can request a box by speaking with their care manager, or by calling Member Services at **1-866-329-4701 (TTY: 711)**. The kit will be shipped to the address we have on file. Please encourage your patients to reach out if they may benefit from one of these kits.

Certified Community Behavioral Health Clinic claims

Certified Community Behavioral Health Clinic (CCBHC) providers are reminded of a few points about CCBHC billing:

- ✓ Please ensure the encounter code T1040 is on the first line of the claim with your facility rate on that line.
- ✓ All additional services rendered on the same day must be listed on the subsequent claim lines.
- ✓ T1040 will be paid under the Medicaid benefit.

CCBHC school-based setting

When submitting claims for CCBHC services in a school-based setting, be sure to use place of service 03 on the detail line. This detail line should always reflect your actual place of service (POS).

Service line 1 should still be billed T1040 with POS 99. **This is essential for proper processing and reimbursement of your CCBHC school-based related claims.**

HEDIS® focus

Aetna Better Health® of Illinois uses HEDIS® ratings to assess our performance in providing timely, quality health care services to members. Quality of care increases patient satisfaction and potential [pay-for-performance incentives](#) a provider can earn from our health plan.

Controlling High Blood Pressure (CBP) is the HEDIS® measure that represents members ages 18-85 with a diagnosis of hypertension and adequately controlled blood pressure (<140/90 mm HG) for the measurement year.

[Get our HEDIS reference tool](#)

Provider Summits

We offer quarterly Provider Summits to keep you updated on working with our health plan. [Register for an upcoming Summit here.](#)

Recommending HPV vaccination

Human papillomavirus (HPV) is a common virus that can cause cancers later in life. According to the CDC, about 13 million Americans, including teens, become infected each year. The CDC recommends two doses of HPV vaccine at ages 11–12. HPV vaccination can be started at 9 years old. Children who get the first dose before their 15th birthday need only two doses. Teens who get the first dose on or after their 15th birthday need three doses.



Make HPV vaccine a key part of your immunization focus for adolescents. **The CDC encourages health care professionals to recommend it in the same way and on the same day as other vaccines for adolescents.**

HPV vaccination is part of the Immunizations for Adolescents (IMA) HEDIS® measure, which includes completing the HPV vaccine series between the 9th and 13th birthdays. Note: If two doses are given, there must be 146 days between the first and second dose of the HPV vaccine.

Appointment standards

Our Provider Manual defines appointment and availability standards for each type of care and specialty. Providers who cannot offer an appointment within the specified timeframes should refer the member to our Member Services team at [1-866-329-4701 \(TTY 711\)](tel:1-866-329-4701).

Emergency care	Immediately
Urgent care	Within 24 hours
Routine preventive care	Within 5 weeks; For infants under 6 months: within 2 weeks
Maternity	1st trimester: 2 weeks 2nd trimester: 1 week 3rd trimester: 3 days
Behavioral health	Non-life threatening: within 6 hours Urgent: within 48 hours Routine care: within 10 business days
Post-discharge follow up	Within 7 days
Office wait times	Not to exceed 45 minutes
After hours	24/7 coverage*

*The following are not compliant for after-hours requirement:

- No answer
- Listed number not in service
- On-hold time exceeds 5 minutes
- Instructing caller to leave message
- Instructing caller to go to ER regardless of situation, without allowing caller to speak with a provider

**Get the Appointments and
Availability Standards**

HBIA program to end July 1, 2025

The Illinois Department of Healthcare and Family Services (HFS) will end the Health Benefits for Immigrant Adults (HBIA) program for ages 42-64 on July 1, 2025.

The last date of medical coverage through the HBIA program will be June 30, 2025. Providers should continue to provide care for HBIA members through that date.

Note: the Health Benefits for Immigrant Seniors (HBIS) program for ages 65 and older will continue. Benefits for HBIS members will not change.

Learn more here

Listening to our members

The 2025 CAHPS member survey continues through May. It asks Aetna Better Health® of Illinois members to reflect on their health care experiences from the last six months, including:

- How well their doctors communicate
- Rating their personal doctor
- Getting care they needed and how quickly care was provided
- Doctors speaking to tobacco users about quitting

Members are also asked to share how their doctor and office staff could have improved the care they received. **The engagement our members have with their PCPs and specialists directly influences their overall experience and survey responses.**

How you can help

Please encourage members to watch their mail for a blue envelope with the survey form. They can return by mail or complete online using a QR code.

Pharmacy prior authorizations made easier

Our Pharmacy team is continually working to streamline the prior authorization process for prescribing providers. We've developed a new customized report to support prescribing providers who are experiencing high rates of denials.

This tool is designed to enhance the understanding of our formulary and prior authorization outcomes, tailored to each provider's specific prescribing practices. It's also aligned with best practice guidelines in prior authorization requests.

When a high rate of denials is identified, our team will contact the provider's office and review their custom report, which can be provided via email or fax.

Providers who review their report with one of our team members can see a reduced number of denials — and up to a 40% reduction in total PA submissions. To request your customized review, please contact us via [email here](#).

If you experience issues with prior authorization, please reach out to our team.

[Learn more here](#)



Guidance for doula and lactation consultants

Services provided by doula and lactation consultants are covered under the Medicaid fee-for-service (FFS) program and *HealthChoice Illinois* managed care organizations.

We're sharing info to support these providers with certification, enrollment and billing requirements as Medicaid providers in Department of Healthcare and Family Services (HFS) Medical Programs. Please consult the [HFS website](#) for current information.

[Get information here](#)

Peer-to-peer review requests

Providers who would like to request peer-to-peer review may now do so with an online form. Use the form to tell us about the request and we'll get in touch with you to schedule.

[Find the form here](#)

Quick Reference Guide

Aetna Better Health® of Illinois has a Quick Reference Guide with some of the most frequently used tools and resources to support providers who work with our health plan.

[Get the guide](#)

Use the Availity portal

The Availity portal is a one-stop platform for providers who work with our health plan and others. If you have questions, contact Availity at [1-800-282-4548](tel:1-800-282-4548).

[Log into Availity](#)

Get our latest notices

Do we have your latest W-9?

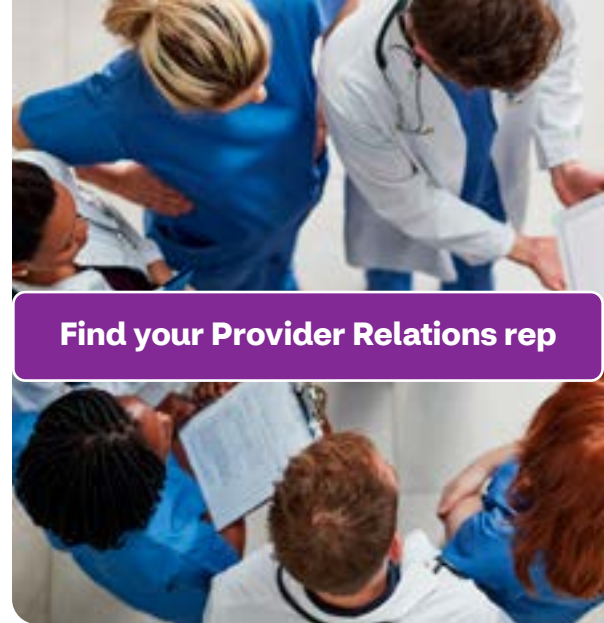
We're required to collect a W-9 for every Tax Identification Number (TIN) in our network. [Complete your updated W-9 electronically here.](#)

Submitting your rosters

In-network providers can submit rosters, demographic updates and other info to ABHILProviderUpdateRequests@AETNA.com. Use the updated Universal IAMHP Roster Template provided by the Illinois Association of Medicaid Health Plans.

Orientation for new providers

Help new providers get the resources they need to work with our plan. Join an upcoming orientation session. [Find orientation dates.](#)



Find your Provider Relations rep

We're here to help



Email

ABHILProviderRelations@aetna.com



Online

AetnaBetterHealth.com/Illinois-Medicaid/Providers



Phone

[1-866-329-4701 \(TTY: 711\)](tel:1-866-329-4701)

Monday through Friday
8:30 AM to 5:00 PM

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