Aetna Better Health® of Illinois Provider E-newsletter

Summer 2026

Upcoming changes to Medicaid

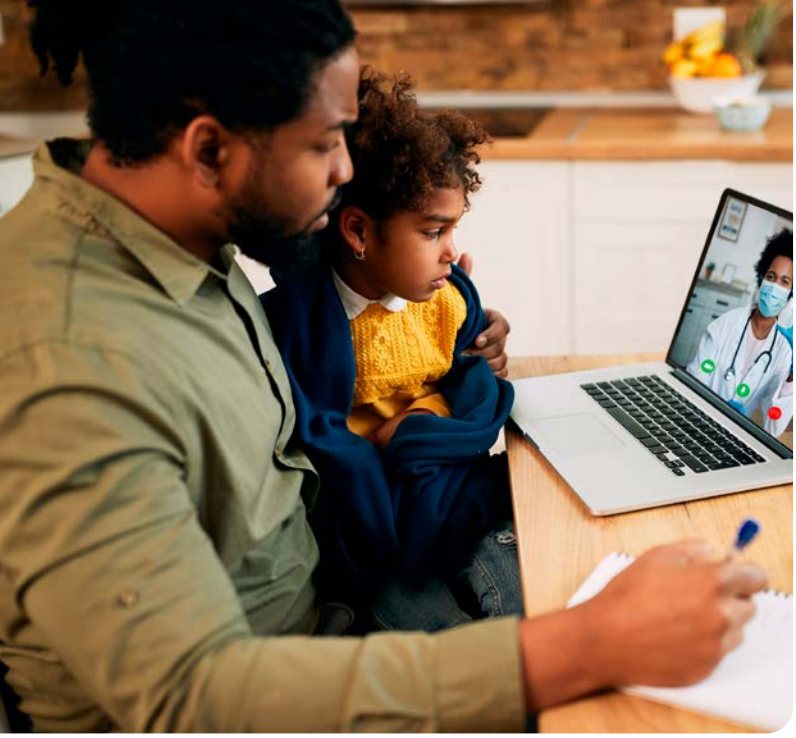
Starting January 2027, the federal government is making changes that may affect some Medicaid customers. Many customers will not be affected. Illinois Medicaid will contact impacted customers before they need to act.

Encourage members to update their contact info

The most important step members can take right now is to make sure their contact information is up to date. This helps ensure members receive important notices about coverage. Encourage members to ensure their mailing address, phone number, and email are current.

Members can update contact information by:

- Visiting **ABE.Illinois.gov** and click "Manage My Case." Members can view notices, check coverage, update contact information and more – all in one place.
- Calling **877-805-5312**.



Expanding member access through telehealth

Aetna Better Health® of Illinois continues to expand telehealth access across our network to help improve timely access to care and support the evolving needs of our members.

Telehealth remains an important care delivery option, particularly when in-person appointment availability is limited. To support continuity of care, reduce appointment delays, decrease avoidable emergency department utilization and improve member experience, we are actively promoting participating providers that offer telehealth to our members and internal referral teams, when clinically appropriate.

Providers offering telehealth services help support:

- Faster access to care for members
- Improved continuity of care and follow-up services
- Reduced travel and access barriers
- Increased scheduling flexibility for patients
- Enhanced member satisfaction and engagement
- Appropriate utilization of healthcare resources

Telehealth services may support a variety of care needs, including behavioral health services, specialty consultations, chronic condition management and follow-up appointments.

Providers are encouraged to:

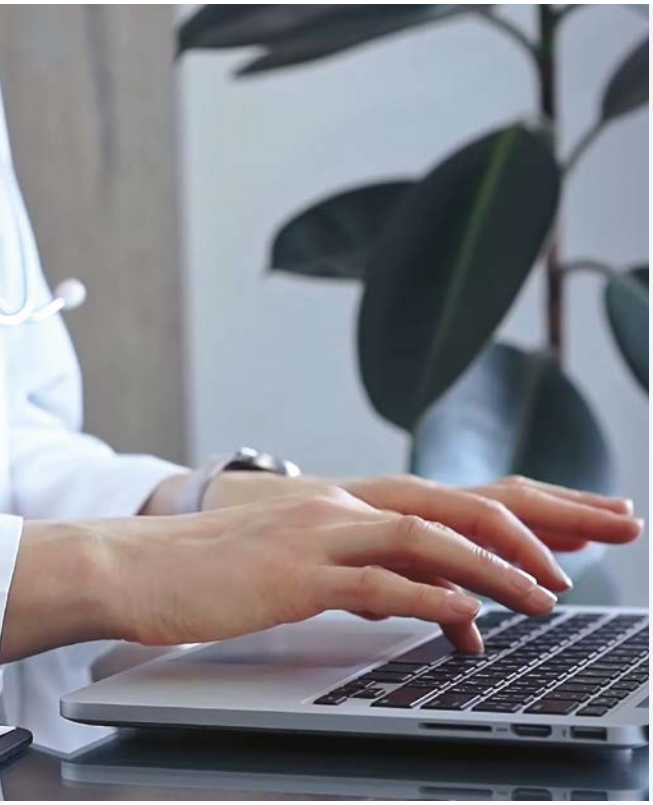
1. Continue accepting telehealth referrals when clinically appropriate.
2. Inform the health plan of any telehealth capacity limitations or scheduling considerations.
3. Ensure office staff and referral teams are aware of available virtual care options and referral pathways.

Availity® provider portal

The Availity provider portal offers secure online access to and the ability to manage business transactions through a single, easy to use site. Availity features include:

- Claim submission and status
- Eligibility and benefits search
- Authorization request
- Case management link
- Grievance submission
- Panel roster

Get started today



Provider education

Provider Summits

These quarterly meetings help keep you informed and engaged with our health plan.

Thursday, August 13: 10:00 AM – 12:00 PM CT
Thursday, August 27: 1:00 – 3:00 PM CT

Register for an upcoming Provider Summit

Lunch & Learns

These virtual sessions focus on certain topics that are important for our network.

- **Waivers** – Thursday, September 8: 12:00 – 1:00 PM CT

Early Periodic Screening, Diagnosis and Treatment

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health and specialty services.

Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems

Diagnostic: Performing diagnostic tests to follow up when a risk is identified

Treatment: Control, correct or reduce health problems found

Review EPSDT services

Bill-IQ: Your AI-powered Medicaid billing assistant

Bill-IQ is a Conversational AI Provider Support Agent. This innovative AI tool is designed to help health care providers navigate the complex landscape of Illinois Medicaid billing guidelines, leveraging the comprehensive Illinois Association of Medicaid Health Plans (IAMHP) billing manual. By reducing administrative burdens, Bill-IQ empowers providers to focus more on what matters most — member care.

Bill-IQ can be accessed directly via the QR code. Or, access the tool via the **Availity Provider Portal**, the Aetna Better Health of Illinois **website** and directly at the **Bill-IQ website**.

2026 Pay-for-Performance program

Our 2026 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.

2026 P4P program

Member rights and responsibilities

Members have the following rights:

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and their right to privacy.
- A right to participate with practitioners in making decisions about their health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization's member rights and responsibilities policy.

Members also have the following responsibilities:

- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

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

Plan extras for members

Aetna Better Health® of Illinois members get extra benefits and services to them reach their health goals. There are three programs that members can take advantage of:

Value-added benefits allows members to take advantage of no-cost programs and services when they qualify. Including baby essentials, vouchers for clothing, gym memberships and grocery delivery services.

$25 monthly OTC benefit for each household to order over-the-counter items online, by phone or at a CVS® store.

Aetna Better Care® rewards program lets members earn dollar rewards for completing healthy activities like wellness checks, immunizations, prenatal care and cancer screenings.

Members can call Member Services at **1-866-329-4701 (TTY: 711)** with questions and to claim their plan extras.

Aetna Medicaid 360

Aetna® Medicaid 360 is a no-cost app that helps Aetna Better Health® of Illinois members manage their health and find support. Members can:

- Easily find doctors, pharmacies or community resources.
- Keep track of Aetna Better Care® rewards and SNAP balance and transactions.
- Chat within the app to get health care questions answered 24/7.
- Explore rewards and extra benefits available to them.

Learn more

Appointment and availability 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).

Emergency care	Immediately
Urgent care	Within 24 hours
Routine preventive care	Within 5 weeks; For infants under 6 months: within 2 weeks
Maternity care	1st trimester: 2 weeks
	2nd trimester: 1 week
	3rd trimester: 3 days
Behavioral health care	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

We need 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.

Find your Provider Relations rep

Submitting your rosters

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

We're here to help

Email

ABHILProviderRelations@aetna.com

Phone

1-866-329-4701 (TTY: 711)
Monday through Friday
8:30 AM to 5:00 PM

Online

AetnaBetterHealth.com/Illinois-Medicaid/Providers