

# Aetna Better Health® of Illinois Provider E-newsletter

**Winter 2025** 

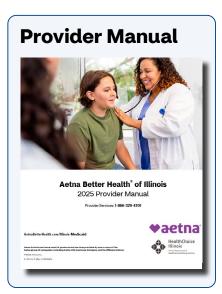
# Medicaid providers must revalidate their enrollment

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to revalidate all actively enrolled Medicaid providers at least every five years, based on their enrollment date. All providers must complete the IMPACT revalidation process to remain enrolled in Medicaid.

Providers are encouraged to watch for an email with revalidation instructions. Currently enrolled Medicaid providers will receive email notifications 90 days and 30 days before their revalidation due date.

Failure to revalidate will result in a provider being removed from Medicaid. When removed, providers will not be able to bill for some of their most vulnerable patients and clients.

Get more info about revalidation from HFS at <u>HFS.Illinois.</u> gov/Impact. Providers who need assistance may call HFS Provider Enrollment at <u>1-877-782-5565</u>.





#### **Electronic payments via ECHO Health**

Our health plan offers multiple ways for providers to receive electronic payments. We work with ECHO Health to offer electronic payment options such as virtual credit card (VCC), Automated Clearing House (ACH)/Electronic Funds Transfer (EFT), MPX e-check or paper check.

**Learn more** 

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**.

## Become a health equity champion

Earn a Care Champion badge with free health equity courses. Visit our <u>Health Equity</u> Clinical Education Hub.

Your digital Care Champion badge will appear on your profile in our provider directories.

#### **Listening to our members**

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

- How well their doctors communicate (doctor showed respect, listened carefully, explained things well and spent enough time)
- Rating their personal doctor
- Getting care quickly (ease of getting a check-up or routine care)
- Getting care they needed and how quickly care was provided
- · Doctors speaking to tobacco users about quitting

Members will also be asked 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.





# Twentyeight Health: Expanding reproductive health care

Aetna Better Health® of Illinois is working with Twentyeight Health to expand access to comprehensive reproductive and sexual health care through telemedicine and medication delivery. This helps reach members who may face barriers to in-person care, particularly younger patients, those in rural areas and underserved communities.

The platform serves members assigned female at birth of reproductive age. Services include family planning and contraceptive care, prenatal/postpartum care, STI treatment and sexual health support.

To get started, members can visit <u>Twentyeighthealth.com/partnerships/home</u>, send a text to <u>929-352-0060</u> or email <u>Contact@TwentyEightHealth.com</u>.

#### Doula program supports maternal health

Mae is a digital health solution that offers pregnancy and postpartum support, tailored to the needs of Black women. Mae supports our members with doula services during labor, delivery and the postpartum period. Mae's doulas work alongside the member's OB/GYN, midwife or primary care provider. They provide general education and guidance including:

- Birth plan creation
- Breastfeeding guidance
- Emotional support
- Fitness and nutrition advice
- Labor and delivery options

Members can get started with Mae at **JoinMae.MeetMae.com**.





## **Behavioral health in focus**

#### Helping members connect to care quickly

Aetna Better Health® of Illinois members have access to behavioral health care services. Members seeking mental health care can go to any behavioral health provider in our network.

Many of our behavioral health providers offer ways to provide services through telehealth. That means members can meet with a provider from where they are — using a phone, tablet or computer.

Our Behavioral Health Team has put together some information to help members easily connect with behavioral health via telehealth. We encourage you to share these resources with members, to support their behavioral health care.

Learn more about telehealth options here.

### **Provider Satisfaction Survey**

The feedback of our providers is key to helping our health plan continually improve. We appreciate your participation in our most recent Provider Satisfaction Survey. Your responses help us understand your experiences, needs and expectations.

We take your feedback seriously and use it to improve our services and support systems. Together, we can build a more efficient and supportive environment for our providers and members. Thank you!

## **Pay-for-Performance incentives**

Our Pay-for-Performance (P4P) Program rewards participating primary care providers (PCPs), pediatricians, behavioral health providers and OB-GYNs who perform recommended services for key HEDIS® measures.

The performance measures focus on preventive services, prenatal care, postpartum care, management of chronic diseases and follow-up care after hospitalizations. **Watch for updates about our 2025 P4P program from your Quality Practice Liaison or Practice Transformation Advisor.** 

Learn about P4P



## **HEDIS®** focus: Adult and pediatric primary care

The primary care physician relationship is critical to managing chronic conditions, performing needed screenings, administering vaccinations and providing preventive services and counseling on topics such as diet and exercise.

We encourage providers to proactively outreach members on their panel early in the year to promote consistent, coordinated health care all year long.

Primary care HEDIS measures are:

- Adults' Access to Preventive/Ambulatory Health Services (AAP): Members ages 20 and older as of December 31 of the measurement year and who had an ambulatory or preventive care visit
- Well-Child Visits in the First 30 Months of Life (W30): Children who had the following number of well-child visits with a primary care physician (PCP) in measurement year:
  - Children who turned 15 months old during measurement year: 6 or more well-child visits
  - Children who turned 30 months old during measurement year: 2 or more well-child visits

Schedule the appropriate number of well-child visits **per child's age on different dates of service.** Best practice is to schedule well visits at least 14 days apart to be counted as distinct visits.

• Child and Adolescent Well Care Visits (WCV): Percentage of enrolled members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

**Get HEDIS resources** 

## Our provider network is growing!

We're always working to expand the services available to our members. We're pleased to welcome <u>Advocate Health</u> to the Aetna Better Health® of Illinois provider network, effective January 1, 2025, for all Illinois locations.

#### **Provider Summits**

We offer quarterly Provider Summits to keep you updated on working with our health plan.

Register for an upcoming Summit here.

**Get our latest Summit presentation** 



#### **BP: Check it twice**

We encourage providers and medical staff to check a member's BP twice.

- If a BP is elevated >140/90, please check it again.
- Take at least two readings, one to two minutes apart.
- Document exact reading, without rounding.



## **Connecting members with extra benefits**

Our members are eligible to receive value-added benefits when they complete certain healthy activities. Our value-added benefits for 2025 include:



Behavioral health app membership



Gym membership and weight management support



Diapers and other baby essentials



Nutrition counseling and grocery delivery app fees



Educational and career support



School clothing and healthy activities

Members qualify for these extra benefits when they complete a health risk screening, have wellness visits and prenatal care and take other healthy actions. We appreciate the support providers give our members in completing their qualifying activities.

Learn more about value-added benefits.

## **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 <u>1-800-282-4548</u> or online in the **Contact Us** section.



## **Monthly OTC benefits**

Our members get a \$25 monthly allowance to spend on over-the-counter (OTC) health care products and food essentials. Members can use each month's allowance toward OTC items such as:

- · Baby care items
- Pain relievers
- Cold, cough and allergy remedies
- Vitamins and minerals
- Certain food staple items

Members can pick up their OTC items at a CVS Pharmacy® or order online or by phone.

**Learn about OTC benefits** 

## **Appointment standards**

We want to make sure our members get the care they need when they need it. Our providers are expected to see members within a reasonable amount of time. Appointments should be scheduled within the following time frames:

Emergency care	Immediately
Urgent care	Within 24 hours
Non-urgent symptomatic	Within 3 weeks
Routine preventive care	Within 5 weeks for PCP: 3 weeks for specialty care
	For infants under 6 months: within 2 weeks
Pregnant woman visits	1st trimester: 2 weeks
	2nd trimester: 1 week
	3rd trimester: 3 days
Office wait times	Not to exceed 45 minutes
After hours	24/7 coverage (voicemail only not acceptable)
Behavioral health	Non-Life Threatening: within 6 hours
	Urgent: within 48 hours
	Routine Care: within 10 business days



#### Get our latest notices

#### 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.

## **Submitting your rosters**

In-network providers can use our email inbox <a href="mailto:ABHILProviderUpdateRequests@AETNA.com">ABHILProviderUpdateRequests@AETNA.com</a> to submit rosters, demographic updates and other info. 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**.

## 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

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