



May 1, 2015

TO: All Hospitals, Hospital based Ambulatory VP's, Directors, Billing Supervisors and others
as appropriate

Please be advised that Effective May 1, 2015, Aetna Better Health will require all Non-APL Claim's to be submitted on a professional form (either a 1500 claim paper form or preferably, electronically through an 837p format.) The State of Illinois Department for Health & Family Services is requiring this process so that our encounter submissions will be accepted. Conversely, all outpatient APL services must be billed on an institutional claim form (UB-04 or 837i). These services must contain only one date of service per claim with the exception of series billable and ER/Observation services. Again, any date of service that does **not** have an APL service **MUST** be billed on a professional form. These requirements were effective 7/1/2014.

For Non-APL claims submitted AND adjudicated prior to 5/1/2015 on the wrong format (institutional forms), you do not need to do anything. Aetna will try to convert these to the proper format without involving the hospital. If we are forced to pursue a different strategy, you will be notified.

Aetna Better Health has a standard "timely filing" contract provision that requires claims to be filed timely from the date of service. Due to the uncertainty surrounding the submission of Non-APL claims on the professional form, Aetna Better Health will waive this timely filing requirement for any **Non-APL claim only with dates of service from 7/1/2014 through 5/1/2015**. This timely filing waiver will remain in effect for one month only and **will end on 6/1/2015**. This waiver **ONLY** applies to Non-APL claims.

Should you have any questions, please call your assigned Provider Relations Representative or our Provider Services line at (866) 212-2851 and press 2 for provider.

Sincerely,

Lawrence Kissner
Chief Executive Officer
Aetna Better Health of Illinois