Aetna Better Health® of Illinois Provider E-newsletter

Winter 2026

The importance of Integrated Assessment and Treatment Planning tool

According to the Community-Based Behavioral Services (CBS) Provider Handbook and 89 III. Admin. Code 140, The Department of Healthcare and Family Services (HFS) requires providers to complete and update the approved Integrated Assessment and Treatment Planning (IATP) tool, IM+CANS, every 180 days.

The IM+CANS doesn't just document a client's needs; it also helps establish medical necessity for many services outlined in the CBS Provider Handbook and Rule 140, such as Community Support Teams and Assertive Community Treatment Teams. As providers, you already understand how important it is to regularly assess and re-assess a client's needs, preferences, and progress toward their goals. But keeping the IM+CANS current can also open doors to less common supports, including Psychiatric Rehabilitation Treatment Facilities through the Family Support Program, Interim Relief and even specialized opportunities like Pathways to Success.

In short, maintaining an up-to-date IM+CANS not only strengthens clinical care — it can be the key to unlocking vital services for the individuals and families you serve.

Learn more

Monthly OTC benefits

Our members receive a $25 monthly allowance to use over-the-counter (OTC) health care products and food essentials.

Every month, each household can use their allowance on eligible items such as:

- Baby care products
- Pain relievers
- Cold, cough and allergy medications
- Vitamins and minerals
- Select food staple items

Members can purchase OTC items in person at a CVS Pharmacy® or place an order online or by phone.

To learn more about OTC benefits, **click here**.

Updated Regulatory Compliance Addendum (RCA)

Aetna Better Health® of Illinois providers should be aware of recent updates to the Illinois State Regulatory Compliance Addendum. These updates include changes to Program Integrity requirements and new Electronic Visit Verification (EVV) requirements for certain Medicaid services.

Providers are required to review the **Provider Bulletin** which contains detailed information regarding these changes, including updated reporting expectations, compliance responsibilities, and EVV requirements that apply to specific services.

Please be sure to share this information with administrative, compliance, billing and operations staff and update internal policies, procedures and workflows as needed.

Elektra Health

Elektra Health — a virtual care and education platform specializing in peri/postmenopause — has recently become a participating provider group with Aetna Better Health® of Illinois.

Learn more

Expanded guidance now available in Bill-IQ: Your AI-powered Medicaid billing assistant

We're excited to share a new enhancement to Bill-IQ, your AI-powered Medicaid billing assistant.

What's new?

- Bill-IQ now integrates HEDIS Measures
- HEDIS guides & tip sheets: Supplement official NCQA specifications with practical guidance
- Natural language queries: Ask questions to understand how to improve performance on specific HEDIS quality measures
- Comprehensive measure insights: Get detailed information on measure definitions, eligible populations, exclusions and coding guidance with common codes
- Enhanced keyword search: Quickly find measure-related and policy-specific content with improved search capabilities

How to access

Bill-IQ can be accessed directly via the QR code at the bottom of the page.

Bill-IQ is also accessible via the Aetna Better Health of Illinois **"Availity Provider Portal"** as well as through the Aetna Better Health of Illinois website in the "Resources" menu under **"Tools and Materials"**.

Provider Summits

We host quarterly Provider Summits to keep you informed and engaged with our health plan. Upcoming sessions will be held on the following dates:

Thursday, February 12 10:00 AM-12:00 PM

Thursday, February 26 1:00-3:00 PM

Register for an upcoming Provider Summit

New inquiry feature within Availity

We've added a new inquiry feature within the Authorization Add request on the **Availity® provider portal**. The feature is called "Is Authorization Required." With it, you can now check Aetna® authorization requirements without having to submit a request.

Here's how it works

Start your Authorization Add request on Availity as normal. Add provider and patient information, diagnosis and procedure codes, place and date of service, and quantity. In step three of the request process, we'll check whether the requested service(s) require authorization.

You'll see one of the following responses:

- **No authorization required:** That means you're done. You can print a copy of the response for your records and move on with your day.
- **Authorization required:** That means we require authorization on at least one of the requested services. Press the "Next" button to finish and submit your request on Availity.
- **Undetermined:** That means the inquiry function is unable to determine whether authorization is required. That might be because the patient's plan has special conditions. Treat this response the same as "authorization required" and continue with your request as usual.

We'll even tell you when services are handled by another entity

When another entity handles authorization, we'll tell you the name of the entity and how to contact them.

How to register for Availity

If you're not already using Availity, you can **register**. Look for the "Get Started" link in the upper right corner. There's no cost to use Availity Essentials.

Attend a free webinar to learn more about authorizations on Availity.

We offer free webinars every month on how to use Availity to submit your authorization requests and more. Go to **our webinar page** and register for the next "Authorizations on Availity" webinar or any of the others listed.

Meeting members where they are: Tips for engaging the unengaged

Engaging members who have disengaged from care begins with understanding the barriers that keep them from returning. Members navigating challenges like limited transportation, financial strain, low health literacy or difficulty communicating in their preferred language often require a more thoughtful and individualized approach. Addressing these challenges through clear, culturally relevant education and communication can help to rebuild trust and make care plans easier to follow. Using simple communication that avoids medical jargon, provides actionable instructions and incorporates visuals when helpful, can reduce confusion and make next steps easier to follow.

Identifying the communication channel that works best for your population is essential. Some members respond best to text messages, patient portal outreach, social media or email, while others may be more receptive to phone calls, mailed materials or in person outreach through community-based settings. Partnering with trusted community and faith-based organizations can help build trust and make messages feel more relevant. The goal is to meet members where they are and use a combination of outreach methods that make it as simple as possible for them to reconnect with care.

To further support this work, providers can leverage the **Availity Provider Portal**, which offers access to key tools, resources and panel insights designed to help identify members overdue for care and guide targeted, timely outreach. By pairing thoughtful communication with the right data and resources, practices can make meaningful progress in re-establishing care for even the hardest-to-reach populations.

Aetna Better Health® of Illinois Utilization Management changes to align with new legislation

Healthcare Protection Act (HPA) as amended in Public Act 104-0028 (2025): 104-0028, establishes new requirements regarding utilization management and notification of behavioral health treatment.

This provision became **effective January 1, 2026**, and applies to services provided to Aetna Better Health® of Illinois members.

Authorization is still required for claims payment purposes.

Please **check here** for notification requirements and additional changes.

Getting ready for the 2026 CAHPS Survey: Every interaction matters

The 2026 CAHPS® Survey will run February 10 – May 12, 2026, and your partnership plays a critical role in shaping how members rate their care experience. Members are asked to reflect on the past six months, making every touchpoint — from appointment scheduling to follow-up care — important.

What CAHPS measures

CAHPS focuses on several key areas strongly influenced by provider interactions:

- ***Getting care***
  Members report how easy it was to get needed care, tests, and appointments quickly.
- ***Rating of physician***
  Members rate their provider (0–10) based on communication, listening, clarity of explanations, respect and time spent.
- ***Overall health care & health plan rating***
  Members rate their overall health care experience and Aetna's health plan — both shaped by how smoothly their care is coordinated.

Your impact

Strong CAHPS scores come from consistent, positive experiences, especially responses of "Always" and ratings of "9" or "10." You can drive those outcomes by:

- Ensuring timely access to care
- Communicating clearly and respectfully
- Keeping member information and practice details up to date
- Encouraging use of Aetna resources such as Care Management, the 24/7 Nurse Line, SDOH supports and transportation

Why it matters

High-quality interactions build trust, strengthen adherence, reduce grievances, improve health outcomes and contribute to stronger NCQA Star Ratings.

Thank you for the exceptional experiences you create for our members — every day, in every interaction.

Getting ready for HEDIS Hybrid

HEDIS Hybrid project: What providers need to know

Aetna Better Health® of Illinois (ABHIL) conducts annual HEDIS Hybrid reviews to ensure the care you provide is accurately reflected in quality reporting. The HEDIS Hybrid process combines claims data with medical record review to capture services that may not appear in claims alone. This helps improve overall quality scores and member health outcomes for measures such as diabetes care, blood pressure control and prenatal/postpartum care.

Providers may be contacted to:

- Submit medical records (progress notes, lab results, etc.)
- Allow EMR access or EMR-based record pulls
- Respond to requests from authorized copy vendors

Why this matters

Members may appear on outreach lists even when care was provided if documentation is not fully captured in claims. Timely record submission helps reduce duplicate requests and unnecessary member outreach, ensuring accurate reporting and better member experience.

Timing

Chart requests for the HEDIS Hybrid project will **begin in January 2026. Early submission is strongly encouraged** to support timely review and reduce repeat outreach.

Documentation tips

- Include numerical values (e.g., A1c results, blood pressure readings)
- Add dates of service and provider signatures
- Ensure records are legible and complete

If you would like to provide EMR access to streamline record retrieval, please reach out to our Quality team for assistance.

Your participation in this process helps improve care quality and may impact performance incentives.

Questions?

Contact ABHIL Quality Management at **ABHILQualityOutreach@aetna.com.**

How providers can help with redetermination

Remind Medicaid members to keep their mailing address updated with HFS

Members can update their mailing address with HFS via:

- Calling 1-877-805-5312 (TTY: 1-877-204-1012)
- Visiting hfs.illinois.gov

Let Medicaid members know that the Medicaid Benefits Renewal form from HFS will be mailed 30 days prior to their redetermination date

Members can confirm their redetermination date or ask questions via the Application for Benefits Eligibility (ABE) hotline:

- By calling 1-800-843-6154 (TTY: 1-866-324-5553)
- By visiting ABE.illinois.gov
- Available in Availity

Get your patients' redetermination date

Member-level Redetermination Report includes:

- Demographic information
- Redetermination date
- Form A/B distinction for all members

Why it's important

Helping members complete redetermination ensures that they can continue to get the care and services they need through Medicaid.

Timely renewal can help prevent claim denials due to eligibility discrepancies and keeps patients panels accurate.

Provider Orientations

Aetna Better Health® of Illinois Medicaid Provider Orientation Trainings:

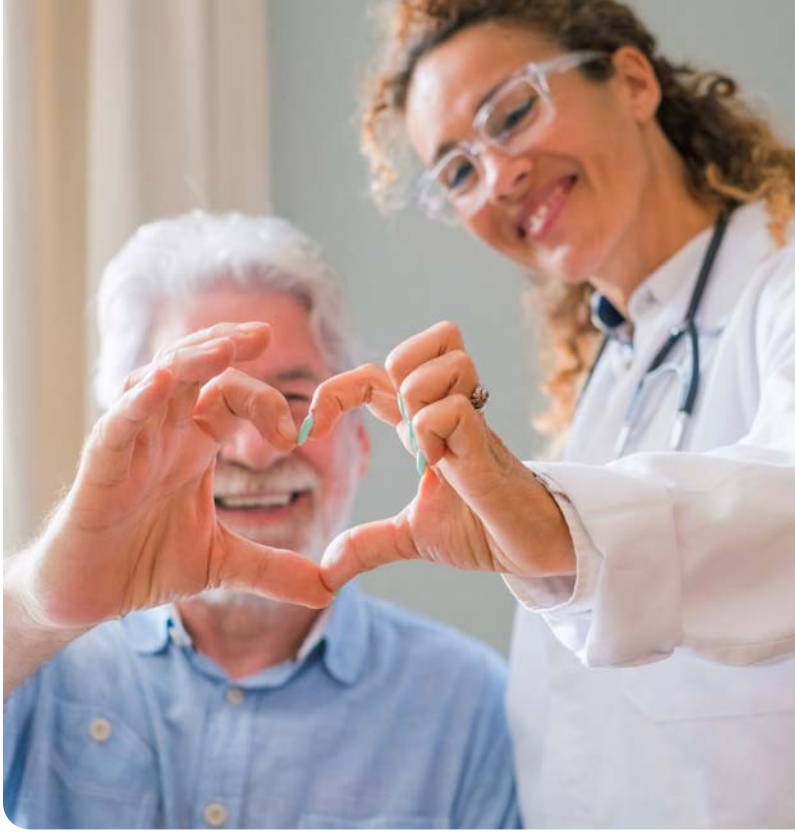
Wednesday, February 4 12:00-1:00 PM

Wednesday, February 18 12:00-1:00 PM

Register for an upcoming session

MyActiveHealth

Aetna Better Health of Illinois offers a comprehensive suite of digital tools and resources designed to deliver evidence-based support for lifestyle management through the MyActiveHealth digital portal. Members can access a customized wellness experience to support lifestyle management and healthy behaviors. The platform leverages health risk assessments and self-reported member data and is available to all members. Members can register for and access the MyActiveHealth portal via the **member portal**.



We are also piloting Active Health Care Considerations for the Aged, Blind and Disabled (AABD) population. These are evidence-based care recommendations that are sent to attributed providers via EMRs and e-fax to support condition management and drive better health outcomes. The clinical analytics engine analyzes medical claims, pharmacy claims data and lab results to identify health opportunities and clinical risks. This program is developed and managed by a team of board-certified physicians, pharmacists and nurses using evidence-based clinical guidelines, and updated as needed to align with the latest clinical guidelines.

Electronic claims submission update

Effective February 1, 2026, Office Ally will no longer be a cost-free option for claims submissions using payor ID 68024. Aetna Better Health of Illinois previously partnered with Office Ally's claim submission services at no charge to providers due to the Change Healthcare outage, we are now sunsetting allowing the service at no cost. This change only applies to current Office Ally users who submit claims for payor ID 68024.

Provider's may register and submit claims directly via **Connect Center** or **Availity**.

Should providers continue using Office Ally on or after February 1, 2026, any expenses incurred will be the responsibility of the provider. If you need any assistance, please contact your Provider Experience representative.

Fruit Street Health

We recently partnered with **Fruit Street Health** on a virtual Diabetes Prevention Program to engage more members in the prevention of Type 2 diabetes. This collaboration expands access to evidence-based diabetes prevention services for Illinois residents while supporting the national goal of improving nutrition, reducing chronic disease and promoting health equity. Eligible members can receive live virtual group learning sessions, health coaching and digital tool integration to track progress using wireless scales and activity tracking devices. The partnership emphasizes culturally tailored outreach to support diverse and historically underserved communities across Illinois.

Aetna Better Health of Illinois members who meet the following criteria are eligible for this program.

- Adults with Medicaid coverage between the ages of 18 and 64
- Be overweight or obese (Body Mass Index (BMI) of > 25 kg/m2 (> 23 kg/m2 if Asian)
- Have elevated blood glucose level or history of gestational diabetes mellitus (GDM), meaning the member has one of the following:
    - Fasting glucose of 100 to 125 mg
    - Plasma glucose measured 2 hours after a 75-gm glucose load of 140 to 198 mg/dl
    - A1C level of 5.7 to 6.4
    - Clinically diagnosed GDM during a previous pregnancy

Learn more

Lunch & Learns

Maternal Health: **Thursday, January 29**
12:00-1:00 PM

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

Provider Prior Authorization Tool (ProPAT)

The number one issue that providers call with questions about are authorization requirements. A current list of the services that require authorization is available on the Provider Portal, through our **Provider Prior Authorization Tool (ProPAT)**.

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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