



Aetna Better Health[®] of Illinois Provider E-newsletter

Spring 2026

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 add eligible dependents to their accounts to manage their families' health all in one place.

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](#)



More for Moms™ maternal health initiatives

The Aetna Better Health® of Illinois More for Moms™ program supports healthier pregnancies and improves outcomes for our pregnant and postpartum members. This program advances evidence-based care while leveraging and strengthening our provider partnerships to better support our members. In 2026, there are three key initiatives we are focusing on.

Preeclampsia and preterm birth reduction.

Reduce preeclampsia and subsequent preterm birth by increasing appropriate use of low-dose aspirin (LDA) among pregnant members at elevated risk for preeclampsia.

Gestational Diabetes Mellitus (GDM) management. Improve screening for GDM, increase glycemic control for those diagnosed with GDM, and promote positive maternal-infant outcomes.

Hear Her – Urgent maternal warning signs. Collaborate with providers to improve timely detection and response to maternal warning signs, reinforcing our shared commitment to reducing preventable maternal morbidity and mortality.

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 success story

A fresh start through steady support

Kevin* was determined to maintain his sobriety and rebuild his life after completing residential treatment and transitioning into sober. While committed to his recovery, he faced several challenges, including limited access to primary care, dental services, transportation and ongoing support resources. Without these essential connections, maintaining stability felt overwhelming.

Maria*, a behavioral health case manager, worked closely with Kevin to understand his needs and develop a plan for long-term success. She helped connect him to a primary care provider (PCP) and dental services, ensuring he received the medical care he had been postponing. With Maria's guidance, Kevin completed his dental treatment and established consistent care with his PCP. He also received referrals to dermatology and physical therapy to further support his health.

Recognizing the importance of emotional and community support in recovery, Maria connected Kevin with Affect Therapeutics. Through this partnership, he found encouragement and accountability as he continued working toward his sobriety goals. The additional support strengthened Kevin's confidence and reinforced his commitment to recovery.



As Kevin's stability improved, he was able to return to work and begin earning income. Although this initially affected his Medicaid eligibility, Maria supported him through the reapplication process when his income fluctuated. Once coverage was reinstated, Kevin was able to re-enroll in case management and continue receiving the services he relied on.

With consistent support and guidance, Kevin has maintained his sobriety since discharge and remains actively engaged in his care. He continues working with Affect Therapeutics and accessing community resources that help him stay focused on his health and future.

Reflecting on his journey, Kevin shared his gratitude for the support he received, expressing how instrumental it was in helping him rebuild his life and make informed decisions about his health.

**Names changed to protect privacy.*

New Medicaid Preventive Care and Education Organization program launched

The Illinois Department of Healthcare and Family Services (HFS) has kicked off their Medicaid Preventive Care and Education Organization (MPCEO) program to increase preventive care services and health education for Medicaid members with identified gaps in care in historically underserved communities.

HFS has contracted *BigHeart Health* to be the statewide MPCEO and will perform outreach to members with care gaps. They will coordinate scheduling annual wellness visits and other preventive services. *BigHeart Health* will also work to enroll these members in health education on their **My Health. My Power.** online platform.

MPCEO efforts will focus on members in South Suburban Cook County, Will County, and several other areas in Central and Southern Illinois.

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.



Upcoming provider education

Provider Summits

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

Thursday, May 7, 10 AM - 12 PM

Thursday, May 21, 1 - 3 PM

[Register for an upcoming Provider Summit](#)

Lunch & Learns

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

Waiver Training

Thursday, June 16, 12 - 1 PM

Maternal Health Training

Thursday, July 16, 12 - 1 PM

[Register for an upcoming Lunch & Learn](#)

Dental care

Aetna Better Health of Illinois covers dental care for our members via DentaQuest.

Members aged 21 and over:

- Teeth cleanings (1 each year)
- Periodic oral exams (1 each year)
- Restorations
- Complete dentures
- Crowns
- Extractions
- Sedation

Members under age 21:

- Teeth cleanings (1 every 6 months)
- Dental services provided in school dental programs
- Oral exams (1 every 12 months)



- Fluoride treatments (1 every 6 months, ages 3 to 20)
- Oral surgery

Pregnant women:

- Teeth cleaning (1 every 6 months)
- Periodic oral exams (1 every 6 months)
- Periodontal work (care of the gums and bone supporting your teeth)

For questions about dental services, visit [DentaQuest.com](https://www.dentaquest.com) or call [1-800-508-6780](tel:1-800-508-6780).

Behavioral telehealth services for members



Our health plan covers treatment for behavioral health and substance use disorders. Members can get care from any provider in our network and don't need a primary care provider (PCP) referral. They can even connect with a provider by phone or computer using our new behavioral telehealth guide.

Low to moderate acuity members benefit from behavioral telehealth in the following ways:

1. Increases access to behavioral health care
2. Helps to reduce the provider shortage
3. Increases coordination of care
4. Reduces the need for travel and finding childcare
5. Improves access to specialists
6. Increases access to timely care
7. Integrates behavioral health care into primary care

Key considerations for behavioral telehealth providers:

Decide which telehealth services you will provide or refer out for. Remember that telehealth may not be ideal for certain behavioral or mental health approaches. Common behavioral telehealth services include psychiatric assessments, individual counseling, group therapy and treatment for substance use disorders.

Understand the community you serve. Think about which services your patients need and define the common behavioral health issues in your community. Decide which telehealth services and approaches best match these needs.

Determine your technology needs. Consider whether your practice requires changes or upgrades to the telehealth platform, investments in new technology, or resources to support ongoing maintenance and tech support.

Take time for staff training. Spend time to make sure your staff have the skills to do their job well. Help your staff better understand and support your patients with training on the basics of telehealth and behavioral, addiction and mental health disorders. Include cultural sensitivity and accessibility requirements as part of your regular skills training.

Tip: Make sure your patients have access to high-speed internet. This is essential to use video-based telehealth services.

[Telehealth Guide](#)

Revalidation reminder

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.

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.

Take action now

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 notifications for each service location.

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).

Updated IAMHP roster

The updated version of the Illinois Association for Medicaid Health Plans (IAMHP) roster went live on **February 1, 2026**.

Providers are requested to submit **monthly rosters** for additions and terminations, as well as **quarterly comprehensive rosters**. All rosters should be submitted to the Provider Update Requests mailbox at ABHILProviderUpdateRequests@AETNA.com.

[Learn more](#)

Population health programs

Population health programs are available to help support members in their health care journey. We have special programs available for members who are managing conditions or just trying to stay healthy. Our programs are designed to complement the care you provide and support members by addressing preventive care, chronic conditions, maternal health and complex clinical needs. Providers can support population health program outreach by validating member status, encouraging engagement and coordinating with the member's care team as needed. Call us at [1-866-329-4701 \(TTY: 711\)](tel:1-866-329-4701) to refer members to population health programs.

[Learn more](#)

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](#)

2026 Provider satisfaction survey

Aetna Better Health® of Illinois values the opinion of providers who serve our members. We're currently working with Press Ganey, an independent research firm, to conduct a provider satisfaction survey. **Our 2026 Provider Satisfaction Survey will be conducted May 1 – July 16, 2026.**

Your office may receive a survey in the mail from Press Ganey. When you're contacted, we encourage you to complete the survey — either online using your unique log-in credentials or by filling out the form and returning it in a postage-paid envelope.

Your valuable feedback helps our health plan expand on what we're doing well and find opportunities to improve. Thank you for partnering with us to improve the health of our members.



Peer-to-Peer (P2P) portal relaunched

The Peer-to-Peer (P2P) portal within Availity® was relaunched on February 2, 2026. Use this tool to submit P2P requests electronically. Log in to Availity to start using the P2P portal.

[Availity portal](#)



Complex case management

Members can be referred to the complex case management program from a variety of sources, including our medical management programs, discharge planners, members, caregivers and providers. To refer a member into case management, call **[1-866-329-4701](tel:1-866-329-4701)** (TTY: 711).

[Learn more](#)

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

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



Online

AetnaBetterHealth.com/Illinois-Medicaid/Providers

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