

December 19, 2025

Aetna Better Health® of Illinois

Illinois State Regulatory Compliance Addendum Updates (Effective January 1, 2026)

Here's a summary of the key updates and required actions for all network providers and subcontractors:

1. Program Integrity (d) Self-Disclosure

- Providers/Subcontractors must report any overpayment received from the Contractor.
- Overpayments must be returned within 60 days of identification, with written notice explaining the reason and how it was identified.
- Additional requirements include:

Written reporting of suspected Fraud, Waste, Abuse (FWA), or financial misconduct to the OIG within 3 days of first suspicion. Reporting suspected misconduct involving Contractor staff, Subcontractors, Department employees, or Department Contractors. Maintaining processes consistent with 42 CFR §455.13, §455.14, and §455.21. Full cooperation with investigations by authorized agencies. Providing access to records, documentation, business locations, employees, and consultants as required. Supplying requested data to support OIG audits, investigations, validation reviews, and verification activities.

2. New Requirement – Electronic Visit Verification (EVV)

- Providers and Subcontractors must comply with all State agency policies and CMS regulations regarding EVV for Medicaid personal care services (PCS) and home health care services (HHCS), as required by Section 12006(a) of the 21st Century Cures Act.
- PCS subject to EVV: Homemaker services.
- HHCS subject to EVV: HHA visits, CNA visits, LPN visits, RN visits, intermittent LPN/RN visits, RN assessment visits, speech therapy visits/evaluations, OT/OTA visits/evaluations, PT/PTA visits/evaluations.

Required Provider Action

- Review the revised Program Integrity and EVV requirements.
- Update internal policies, procedures, and operational workflows.
- Ensure staff are trained on the updated compliance obligations.