



Aetna Better Health® of Illinois

Provider Quick Reference Guide

Aetna Better Health® of Illinois partners with health care providers across Illinois to make a difference in the way our members get care.

This Quick Reference Guide has some of the most frequently used tools and resources to support providers who work with our health plan.

Thank you for being by our side in supporting our members on their journey toward better health.

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Connect with us online

Our provider website has resources for physicians, administrators, office staff and health care professionals who are part of our network.

You'll find many tools and resources on our website, including:

- Provider manual
- Forms
- Notices and newsletters
- Orientation and training
- Info about prior authorization and claims processes
- Grievance and appeals info
- Quality and HEDIS® info
- And much more



Scan here to access the provider website

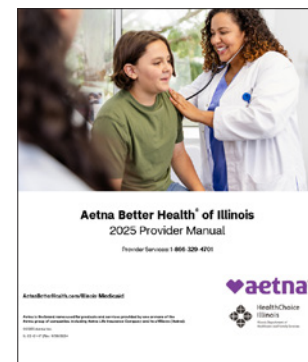
Visit AetnaBetterHealth.com/Illinois-Medicaid/providers to get started.

Provider Manual

The Aetna Better Health of Illinois Provider Manual is the guide for providers who work with our plan.

You'll find the manual on our provider website at AetnaBetterHealth.com/Illinois-Medicaid/providers.

[Get our provider manual](#)



Supporting the provider experience

Our Provider Experience team works closely with providers and their staff members to understand your work and meet your needs — no matter what services you offer or where you offer them.

Each network provider has a dedicated representative to support you in caring for our members.

[Find your provider rep](#)

Availity

The Availity Provider Portal gives you the reports tools and resources to support the day-to-day needs of your office.

Verify member eligibility, view gaps in care, manage prior authorizations and more from your Availity account.

[Get started with Availity](#)

Orientation and training

Our Provider Relations team offers training opportunities throughout the year to make sure providers are up to date on the latest from our health plan.

These virtual sessions include:

- New provider orientation
- Provider Summits

[Find training opportunities](#)

General resources

Tools for working with our health plan and resources for supporting our members are available on our provider website. You'll also find helpful links to decision-making aids and HFS materials.

[Find more resources](#)



Forms

We house many of the forms needed to work with our plan on our provider website.

You'll find forms for processes such as:

- Prior authorization
- Behavioral health notifications and treatment request
- Claim reconsideration
- Notification of pregnancy
- Community health referral

Find important forms

Claims

You can file claims electronically or through the mail. We work to streamline the way claims are processed and to improve payment turnaround time — so you can save time and effort.

Online: [Avality](#)

Mail: Aetna Better Health of Illinois
Claims and Resubmissions
PO Box 982970
El Paso, TX 79998

Please note, a claim will be considered for payment only if it's received by Aetna Better Health® of Illinois no later than 180 days from the date on which services or items are provided.

Get more info about claim submission and processing

Helpful resources from IAMHP

The Illinois Association of Medicaid Health Plans (IAMHP) has resources to support providers who work with Illinois Medicaid health plans. **These include:**

- Universal IAMHP Roster Template
- IAMHP Billing Guidance
- Health-specific toolkits

Get resources from IAMHP

EFT/ERA Registration Services (EERS)

EFT/ERA Registration Services (EERS) offers providers a streamlined way to access payment services. This standardized method of electronic payment and remittance also expedites the payee enrollment and verification process.

With EFT, we can deposit electronic payments directly into your bank account.

ERA is an electronic file that contains claim payment and remittance info sent to your office.

[Learn more about EFT and ERA](#)

Prior authorization

Aetna Better Health of Illinois requires prior authorization for select acute outpatient services and planned hospital admissions, but not for emergency services. A current list of the services that require authorization is available through our Provider Prior Authorization Tool (ProPAT).

Request prior authorization via:

- **Online:** [Availity portal](#)
- **Phone:** **1-866-329-4701 (TTY: 711)**
- **Fax:**
Physical Health: **1-877-779-5234**
Behavioral Health: **1-844-528-3453**

[Prior authorization info](#)

Pharmacy prior authorization

When a medication isn't listed on our preferred drug list, or has a utilization management requirement, you'll need to request a pharmacy prior authorization.

[Prior authorization for medication](#)



Care management

Nurses, social workers and licensed counselors work as care managers to support our members — helping them understand their health and connecting them with the care they need.

Care managers help members:

- Schedule doctors' visits
- Find specialists and behavioral health care services
- Get rides to the doctor, hospital or drug store
- Get medical and dental services, supplies and equipment
- Connect with community resources
- Support a healthy pregnancy
- Manage chronic conditions

Connect members to care management by calling Provider Services at **1-866-329-4701** and asking to be connected to the Care Coordination department.

HEDIS®

Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA). NCQA uses HEDIS measures to compare Aetna Better Health® of Illinois to other health plans. It also holds us accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc.) delivered to our diverse membership

[Get HEDIS resources](#)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

Pay-for-Performance

The Aetna Better Health of Illinois Pay-for-Performance (P4P) Program rewards providers for high-quality care given to our members. Financial incentives are based on completing services on several Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

[Learn more about performance-related incentives](#)

Value-based care

We offer value-based care payment models for providers to promote excellent health outcomes while achieving additional earnings. Providers can earn incentives for providing high-quality, efficient care and even share financial risk in some

Learn about opportunities for value-based care

Quality

Our Quality Improvement (QI) program is designed to address both the quality and safety of care and services provided to our members.

Get info on our quality and safety focus

Member satisfaction

Each year, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys our members to gauge their satisfaction with physicians, specialists, communications and services provided.

We use the survey results and feedback to understand what we do well and how we can work with providers to improve care and services for our members.

Learn how to support member satisfaction

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Grievances and appeals

You can file an appeal or grievance verbally or in writing. We may ask that you submit any verbal appeals or grievances in writing, too.

Aetna Better Health
Appeal and Grievance Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

- **Fax: 1-844-951-2143**
- **Email: ILAppealandGrievance@Aetna.com**
- **Phone: 1-866-329-4701 (TTY: 711)**

[Learn more about the process](#)

Notices, newsletters and events

We share important notices and updates regarding our health plan on a regular basis. You'll find the latest news, events and other timely info on our website.

[Stay up-to-date](#)

Joining our network

Our provider network is growing to serve Medicaid members in Illinois.

Visit our provider website and complete an intake form so we can understand your practice and how it may fit into the work we do.

[Connect with us](#)





Contact us

Phone

You can call Provider Relations at **1-866-329-4701 (TTY: 711)**, Monday to Friday, 8:30 AM to 5:00 PM.

Mail

Aetna Better Health® of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181-8031

Provider Request Form

Complete and submit this form and a member of our team will be in touch.

Fax

1-877-779-5234: Use only to start a medical inpatient (IP) or medical outpatient (OP) authorization.

1-877-668-2074: Use only to send clinical documentation for a medical IP or medical OP authorization you already started.

1-844-528-3453: Send clinical documentation for a behavioral health authorization you already started.

[Find the forms you need.](#)

[AetnaBetterHealth.com/Illinois-Medicaid/providers](https://www.AetnaBetterHealth.com/Illinois-Medicaid/providers)

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