



July 22, 2021

Dear Valued Aetna Better Health of Illinois Provider,

This provider bulletin serves as notice that the deadline for filing claims status inquiries, corrections, and/or reconsiderations/disputes for services with dates of service (DOS) prior to 12/01/2020 delivered to ABH IL Medicaid (formerly IlliniCare) members may have already passed or is fast approaching.

We are releasing this notice to ensure providers have adequate time to submit any remaining open items ahead of the 12/01/21 deadline, as communicated at the July 12, 2021 state monthly meeting and approved by HFS, when the window to dispute or inquire about pre-12/01/2020 DOS claims will close.

It is very important that you contact ABHIL Medicaid via the Secure Claims inquiry mailbox ABHILHIPAA@aetna.com **prior to 12/01/2021** to allow time for your open items to be addressed before the deadline. All submissions must be made using the [IAMHP template](#) to be accepted, and may include any of the following:

- Questions about status of pre- 12/01/2020 DOS claims:
 - Status of Claim Payment Reconsiderations or Resubmissions on pre-12/01/2020 DOS claims.
 - Disputes (formal or informal) of claims payment and any other decisions on any pre-12/01/2020 DOS claims.
 - Status of Recovery Appeals on pre-12/01/2020 DOS claims.
 - Status of formal prior authorization related appeals for pre- 12/01/2020 DOS claims.

As a *reminder*, the following timeframe restrictions apply to all inquiries outlined above:

- First time claims must be received by ABH of IL no later than 180 days from the date of service.
 - Corrected claims must be received by Aetna no later than 180 days from the date on which services or items are provided.
- Requests for Claim Reconsideration must be submitted within 90 calendar days of the original determination or Explanation of Payment (EOP).
- Claim disputes must be received within 90 days of the reconsideration response date, not to exceed 1 year from the date of service (“DOS”). Additionally, a request for reconsideration must be submitted before a claim dispute.
- Recovery appeals must be submitted within 60 days of recoupment request letter.
- Retro-Authorization Appeals must be submitted within 30 days of the date of service.

In addition to claims inquiries, we also welcome any feedback you have on your experience with the Aetna system thus far. You may complete a brief survey by accessing the following link or via the QR code at the bottom of the notice <https://www.surveymonkey.com/r/ABHILPrvSurvey>.

If you have any questions regarding your assigned Network Relations Consultant (NRC), you may access your assigned NRC via our Provider Resources page [HERE](#) or outreach directly with any questions via our Aetna Better Health of Illinois Provider Experience mailbox at ABHILProviderRelations@aetna.com.

Thank you for your service to Aetna’s Medicaid members!

Sincerely,
Aetna Better Health of Illinois (formerly IlliniCare Health)

Scan to take our survey!



NOTE: For Ambulance Providers, please only share emergency trip claim concerns and continue to work through the ABH of IL vendor ModivCare (formerly LogistiCare) for all non-emergency trip claim concerns