

June 2, 2022

Aetna Better Health® of Illinois

Dear Valued Provider,

Due to several inquiries from providers on the itemized bill (I-Bill) submission process, Aetna Better Health of Illinois is issuing this communication to clarify the process for I-Bill submissions for ABH-IL Medicaid claims with dates of services on or after 12/01/2020.

Please ensure that any claim with an expected reimbursement of \$25,000.00 or greater is accompanied by an itemized bill to ensure timely adjudication of the claim. Remit code N26 indicates additional information/itemized bill is required. A complete listing of remit codes remains available within the claims link page on our Provider Web Portal.

Providers can follow the below process to submit itemized bills:

1. **Recommended Primary Method:** Providers submit claims qualifying for outlier payment and can include itemized bill with claim submission through Availity. Providers can pull a report of all claims for a specific Tax ID pending submission of an itemized bill within the Availity Reporting Suite.
2. Secondary Method: If itemized bill is not submitted with the claim, providers can submit itemized bills via:
 - i. The electronic claims dispute/reconsideration process OR,
 - ii. Paper submission, including copy of claim form, within 90 days from the Original Claim Paid Date to:

Aetna Better Health of Illinois
PO Box 982970
El Paso, TX 79998-2970

The claim reconsideration/dispute process is outlined in Aetna Better Health of Illinois [Provider Manual](#) and can also be located via the dispute quick reference guide locate [HERE](#). **Please do not submit your itemized bills directly to Optum. Itemized bills submitted directly to Optum will not be processed or returned.**

For additional questions on the process, please reach out to your assigned Provider Relations Consultant. A listing of assigned Provider Relations Consultants can be located [HERE](#). You may

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

also reach us by email via our Provider Relations Mailbox at ABHILProviderRelations@aetna.com

The most current updates and notices can always be accessed via the ABH of Illinois Provider Website. Resources > Provider News -> Notice page on
Aetna Better Health® of Illinois
3200 Highland Avenue, MC F648
<https://www.aetnabetterhealth.com/illinois-medicaid/providers>
Downers Grove, IL 60515



Sincerely,
Aetna Better Health of Illinois

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY: 711)**

Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-385-4104 (TTY: 711).

Aetna Better Health of Illinois

3200 Highland Avenue, MC F648

Spanish: ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-385-4104 (TTY: 711).



Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-385-4104 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-385-4104 (TTY: 711)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-385-4104 (TTY: 711) 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-385-4104 (TTY: 711).

(711). إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Arabic: 1-800-385-4104

(رقم هاتف الصم والبكم: ملحوظة:

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-385-4104 (телетайп: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શુ & ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-385-4104 (TTY: 711).

کریں اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

Urdu:

1-800-385-4104 (TTY:711) خیردار:

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-385-4104 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-385-4104 (TTY: 711).

Hindi: धय न द: यद आप ह द ब लत ह त आपक लए मफत म भ ष सह यत सव ए उपलबध ह। 1-800-385-4104 (TTY: 711) पर क ल कर।

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-385-4104 (ATS: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-385-4104 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-385-4104 (TTY: 711).