

AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

Find a PDF copy of this fax blast on our website at:
www.aetnabetterhealth.com/kentucky/providers/news

To: Network Providers	Fax: <<location_fax>>
From: Provider Relations	Date: July 08, 2016
Re: Claim Reconsideration form update Provider Quick Reference Guide	Pages: 3 pages with cover

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Thank you for being part of the Aetna Better Health of Kentucky network.

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

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Aetna Better Health® of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223



To: Network Providers
From: Provider Relations
Date: July 08, 2016
RE: Claims Reconsideration Reminder
Provider Quick Reference Guide Update

1. We would like to remind you that we have updated our Claim Reconsideration Form. A copy can be found on our website. Be sure to use the updated form when submitting claims for reconsideration. To download a copy of the updated form, simply visit our website, at **www.aetnabetterhealth.com/kentucky**, go to “For Providers” and click on “Document Library”.
2. Attached is an updated Provider Quick Reference Guide. You will also find a copy of the guide on our website, got to **www.aetnabetterhealth.com/Kentucky**, click on For Providers and then Document Library.

AETNA BETTER HEALTH® OF KENTUCKY

Quick reference guide - Effective 02/01/2016



Category	Key contact information
Member Services <ul style="list-style-type: none"> Member Eligibility PCP assignment changes Interpreter requests 	1-855-300-5528 Secure provider web portal: http://aetnabetterhealth-kentucky.aetna.com/
Behavioral Health * * Behavioral Health Providers will contact members who have missed an appointment within 24 hours to reschedule the appointment.	1-888-604-6106
Cabinet of Health and Family Services eligibility verification	https://public.kymmis.com
Claims Inquiry/Claims Research Department (CICR) <ul style="list-style-type: none"> Claims questions inquiries and reconsiderations Remittance advice questions Recent update questions 	1-855-300-5528, Options # 4 (Providers), #4 (Other Inquiry), and # 4 (CICR)
Claim Submission Information	EDI Payor ID (Claim) : 128KY P.O. Box 65195 Phoenix, AZ 85082-5195
Prior Authorizations	Medical Phone: 1-888-725-4969 Fax: 1-855-454-5579 Behavioral Health Phone: 1-888-604-6106 Fax: 1-855-301-1564 Pharmacy Phone: 1-855-300-5528 Fax: 1-855-799-2550
Complaints and Appeals	Aetna Better Health of Kentucky Attn: Appeals Department 9900 Corporate Campus Drive, Ste. 1000 Louisville, KY 40223 Fax: 1-855-454-5585

Category	Key contact information
Dental (Avesis)	1-855-214-6776
Vision (Avesis)	1-855-214-6776
Radiology (eviCore)	1-888-693-3211
Pharmacy	1-855-300-5528
Pain Management (eviCore/Triad)	1-888-584-8742
Case/Disease Management referrals	1-888-470-0550
Reporting Fraud and Abuse	1-855-300-5528 www.aetnabetterhealth.com/kentucky
Provider Relations	1-855-454-0061 Fax: 1-855-454-5584 E-mail: KYProviderRelations@aetna.com Aetna Better Health of Kentucky 9900 Corporate Campus Drive, Ste. 1000 Louisville, KY 40223
HEDIS[®] Department	1-855-737-0872 Fax: 1-855-415-1215
EFT/ERA Set up	Complete the EFT or ERA form on www.aetnabetterhealth.com/kentucky
Website	www.aetnabetterhealth.com/kentucky
Secure Provider Portal and Login Page	http://aetnabetterhealth-kentucky.aetna.com/ <ul style="list-style-type: none"> Claim Status Remittance advice View PCP roster of assigned members Verify member eligibility Lock-In Status & assignments

www.aetnabetterhealth.com/kentucky
 KY-15-11-24

AEPR00004
 v. 07.08.16

Claims

Claims & Resubmissions

Aetna Better Health of Kentucky requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure

Participating providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member's condition or service(s) rendered.

Timely Filing Requirement

- Initial Claims: 365 days from date of service or discharge
- Corrected Claims: 24 months from the date of the first remittance advice (RA)

Electronic Claims Submission

Aetna Better Health of Kentucky
Emdeon Payor ID (837 Claim): 128KY

All electronic submission shall be submitted in compliance with applicable law including HIPAA regulations and Aetna Better Health of Kentucky policies and procedures.

Paper Claims Submissions and/or Resubmissions

For resubmissions, please stamp or write one of the following on the paper claims:

- Resubmission, Rebill, Corrected Bill, Corrected or Rebilling in black ink.

Include the following information when filing a resubmission:

- Use the **Reconsideration Form** on our website.
- An updated copy of the claim. All lines must be rebilled. A copy of the original claim (reprint or copy is acceptable).

Continued in next column

- A copy of the remittance advice on which the claim was denied or incorrectly paid.
- Resubmissions may be submitted electronically. Failure to mail and accurately label the resubmission to the correct address will cause the claim to be denied as a duplicate. Please note: Providers will receive an RA when their disputed claim has been processed.
- Contact Claims Inquiry Claim Research **1-855-300-5528** during regular office hours to discuss claim disputes and re-submissions.
- Providers can review our Secure Provider Web Portal to check the status of a resubmitted/reprocessed and or adjusted claim. These claims will be noted as "Paid" in the portal.
- View our portal at <http://aetnabetterhealth-kentucky.aetna.com/>. Click on the portal tab under the provider page.

Prior Authorizations

How to request Prior Authorizations

To submit a prior authorization request, you can:

- Call us toll free:
 - Medical: **1-888-725-4969**
 - Behavioral Health: **1-888-604-6106**
 - Pharmacy: **1-855-300-5528**
- Submit through our 24/7 Secure Provider Web Portal <http://aetnabetterhealth-kentucky.aetna.com/>
- Fax the request form to:
 - Medical **1-855-454-5579**
 - Behavioral Health **1-855-301-1564**
 - Pharmacy: **1-855-799-2550**

(form is available on our website). Please use a cover sheet with the practice's correct phone and fax numbers to safeguard the protected health information and facilitate processing

All out of network services require prior authorization.

KY-15-12-04

To check the status of a prior authorization or to confirm that we received the request, just login to our Secure Provider Web Portal at <http://aetnabetterhealth-kentucky.aetna.com/> or call us at **1-855-300-5528**.

The portal will allow you to check status, view history, and or email a Case Manager for further clarification if needed.

You can find more information about our Secure Provider Web Portal in the Provider Manual. If response for non-emergency prior authorization is not received within 2 business days, please contact us at **1-855-300-5528**.

Failure to obtain prior authorization will result in claim denials. See Medical Management section of the online Provider Manual for a full description of authorization requirements.

Requesting Prior Authorization

When requesting prior authorization, please include:

- Member's name and Date of Birth
 - Member's identification number, Aetna Better Health and/or Kentucky Medicaid Number
 - Demographic information
 - Requesting provider contact information
 - Clinical notes/explanation of medical necessity
 - Other treatments that have been tried
 - Diagnosis and procedure codes
 - Date(s) of service
 - Name of provider/facility rendering service
- Emergency services do not require prior authorization; however, notification is required within 24 hours or the next business day following an emergency admission, service or procedure.

AEP00004