# AETNA BETTER HEALTH® OF KENTUCKY

## Quick reference guide - Effective 02/01/2016

| Category | Key contact information |
|---|---|
| **Member Services**<br>• Member Eligibility<br>• PCP assignment changes<br>• Interpreter requests<br><br>**Behavioral Health** | **1-855-300-5528**<br><br>Secure provider web portal:<br>**http://aetnabetterhealth-kentucky.aetna.com/**<br><br>**1-888-604-6106** |
| **Cabinet of Health and Family Services eligibility verification** | **https://sso.kymmis.com** |
| **Claims Inquiry/Claims Research Department (CICR)**<br>• Claims questions inquires and reconsiderations<br>• Remittance advice questions<br>• Recent update questions | **1-855-300-5528** |
| **Claim Submission Information** | EDI Payor ID (Claim) : **128KY**<br>P.O. Box 65195<br>Phoenix, AZ 85082-5195 |
| **Prior Authorizations** | Medical<br>Phone: **1-888-725-4969**<br>Fax: **1-855-454-5579**<br>Behavioral Health<br>Phone: **1-888-604-6106**<br>Fax: **1-855-301-1564** |
| **Case and Disease Management referrals** | **1-888-470-0550** |
| **Complaints and Appeals** | Aetna Better Health of Kentucky<br>Attn: Appeals Department<br>9900 Corporate Campus Drive, Ste. 1000<br>Louisville, KY 40223<br>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 (CVS)** | **1-855-300-5528** |
| **Pain Management (eviCore/Triad)** | **1-888-584-8742** |
| **Reporting Fraud and Abuse** | **1-855-300-5528**<br>**www.aetnabetterhealth.com/kentucky** |
| **Provider Relations** | **1-855-454-0061**<br>Fax: **1-855-454-5584**<br>E-mail:<br>**KYProviderRelations@aetna.com**<br><br>Aetna Better Health of Kentucky<br>9900 Corporate Campus Drive, Ste. 1000<br>Louisville, KY 40223 |
| **HEDIS® Department** | **1-855-737-0872**<br>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/**<br>• Claim Status<br>• Remittance advice<br>• View PCP roster of assigned members<br>• Verify member eligibility<br>• Lock-In Status & assignments |

## 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 **www.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**
- Submit through our 24/7 Secure Provider Web Portal **www.aetnabetterhealth-kentucky.aetna.com/**
- Fax the request form to:
  Medical **1-855-454-5579**
  Behavioral Health **1-855-301-1564**

(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.

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 **www.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.