

AETNA BETTER HEALTH® OF KENTUCKY

Please note our newly formatted fax blast – A copy of this communication is available on our website:
www.aetnabetterhealth.com/kentucky, go to Provider News

PROVIDER NEWSFLASH – FRIDAY, MARCH 24, 2017 – PAGE 1 OF 2

To: All Network Providers

Fax: <<location fax>>

In the News: 1. REMINDER - Claim Reconsideration Process Discontinued

This is simply a reminder that the following changes are effective immediately, regarding Aetna Better Health of Kentucky Appeal processes that affect our providers.

Aetna Better Health of Kentucky has discontinued the reconsideration process. This includes use of the claim reconsideration form. Please note the following related points which will help to direct your inquiries to the correct area and in many cases may help your case to be processed more quickly:

- Each CMS 1500 corrected claim must clearly indicate “corrected” or “resubmittal”. Corrected claims must use the appropriate type of bill to indicate a correction. All Claim lines must be submitted on corrected claims.
- In the future if you dispute a claim please call Claims Inquiry/Claim Reconsideration (CICR) at **1-855-300-5528** or your Provider Relations Representative to inquire about the dispute. If you still disagree with the outcome, an appeal is the way you can have the claim reviewed at a higher level. A provider appeal is an appeal about provider payment or a contractual issue. A provider appeal is the process that you should use if you have a dispute with a claim we failed to reimburse or reimbursed at less than the amount you expected.
- It is helpful to your case if you clearly explain that you are filing an appeal and provide supporting documentation. You should use facts to explain why we should make a decision in your favor.
- You must include a written letter that states you’re requesting an appeal.
- Appeals submissions are not only accepted but welcomed by both email and fax.
 - Fax: **1-855-454-5585**
 - Email: **KYAppealandGrievance@aetna.com**
- Provider appeals must be received in our offices within one year from the incident, remit date or date of our last denial letter. Any requests received outside this timeframe are considered untimely per Kentucky regulations, and cannot be processed.

Send your appeal and supporting information to the address below:

Aetna Better Health of Kentucky
Attn: Complaint & Appeals Department
9900 Corporate Campus Drive, Suite 100
Louisville, KY 40223

Aetna Better Health of Kentucky has a new email address for External Review request submissions.

- The current email address to use for submission of state external review requests for providers is:
AetnaExternalReview@aetna.com
- Requests are welcomed by email, fax and mail

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