



Aetna Better Health® of Kentucky

NETWORK NOTICE

Date:	12/06/2021
To:	All Network Providers
From:	Provider Experience
Subject:	New P.O. Box Address and Vendor for Paper Claim and Claim Correspondence
	Aetna-798

PLEASE NOTE ADDRESS CHANGE BELOW

Aetna will be replacing the current vendor, Change Healthcare (CHC), with Conduent for services related to the receipt and imaging of all paper claim and claim correspondence. The change in vendor requires a change in the P.O. Box number and physical location to which any Aetna Medicaid paper claim and correspondence are currently sent, specifically from P.O. Box #65195 in Phoenix, AZ to P.O. Box #982969 in El Paso, TX.

P.O. Box #65195 Will No Longer Be Valid Starting December 15th, 2021.

A key factor in getting claims processed in a timely manner is correct claims submission, and ABH provides multiple options for you to choose from, including the sending of paper claims through the mail. We are making you aware that the new P.O. box, #982969, will be live and reflected electronically anywhere the P.O. box address is currently listed on December 15, 2021. Once the new P.O. Box is live, mail must be sent to the following address:

**New P.O. Box
Aetna Better Health of Kentucky
P.O. Box 982969
El Paso, TX 79998-2969**

Mail will be forwarded from the old P.O. Box to the new P.O. Box for 12 months after 12/15/2021.

To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible. Additional details can be found in the sections below.

If you have any questions about our claim submission process you can contact our Provider Relations Department by calling 1-855-300-5528.

Additional Provider Education Regarding Change

Aetna Better Health uses the TriZetto QNXT® system to process and adjudicate claims. Both electronic and paper claims submissions are accepted. To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible.

How to File a Claim

Source: ABHKY Provider Manual

Authorization and Claim Submission

Dates of service on the claim should fall within the pre-authorized service date range, if authorization is required.

Authorization does not guarantee payment. Issues related to billing errors and member eligibility may cause a claim and/or claim line to adjudicate with a non-payment status.

Claim Submission Address for Paper Claims

All paper claims for initial and corrected submissions must be submitted directly to Aetna Better Health at the following address:

CURRENT MAILBOX:

Aetna Better Health of Kentucky
P.O. Box 65195
Phoenix, AZ 85082-5195

NEW MAILBOX (Effective 11/15/2021)

Aetna Better Health of Kentucky
P.O. Box 982969
El Paso, TX 79998-2969

Each CMS 1500 corrected claim must clearly indicate “corrected” or “resubmittal,” and the UB-04 corrected claims must use the appropriate type of bill to indicate a correction. All claim lines must be submitted on corrected claims.

Electronic Claim Submission (EDI)

Aetna Better Health encourages all participating providers to submit electronic claims whenever possible. Aetna Better Health can receive initial and corrected claim submissions for both professional and facility claims. EDI claims are NOT considered received until claims have passed clearinghouse edits and are accepted into the Aetna Better Health system. Providers must review all reject reports from the clearinghouse to verify acceptance, and payments are always subject to member eligibility on the date of service.

Aetna Better Health has partnered with Change Healthcare to provide electronic services to our providers. Aetna Better Health has implemented electronic claim filing in order to meet the Health Insurance Portability and Accountability Act (HIPAA) compliance standards. Additional electronic claim submission information is available online at <https://www.aetnabetterhealth.com/kentucky>. Please verify with your practice management vendor regarding file formatting and information on how to submit claims.

Please see below for a communication shared with Providers in March of 2021 regarding the switch from Emdeon Office to ConnectCenter.

The Aetna Better Health Plan of Kentucky Portal is Getting an Upgrade!

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health. Within the next two months, ConnectCenter will replace Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you. Get started TODAY! Go here to get started right now.

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility. Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page:

<https://physician.connectcenter.changehealthcare.com/#/site/home?payer=214559>.

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until 5/30/2021. After that date, most of your Emdeon Office account will be deactivated. However we will provide continued access to old claims by allowing you to log in directly to the Reporting & Analytics feature, within Emdeon Office. In order to ensure that you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately. User guides and similar materials are attached below to help answer any questions you might have.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted
- Institutional claims are supported
- Claims created online are fully validated in real-time so that you can correct them in real-time
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up
- Dashboard and work list views makes managing your billing to-do list a snap
- On-shore customer support available through online chat (as well as by phone)

RESOURCES

- [Signing Up](#)
- [Getting Started With Claims](#)
- [Uploading 837 Claims](#)
- [Keying a Professional \(CMS1500\) Claim Online](#)
- [Keying an Institutional \(UB04\) Claim Online](#)
- [Getting Started With Eligibility](#)
- [Getting Started With Claim Status](#)
- [Getting Started with Provider Management](#)

*Tip: To save any of these guides for later use, right click on the link to the guide and choose an option such as "Save Link As." (The name of the download command varies between different browsers.) Once the "Save As" popup window opens, be sure to note where the guideline is being saved. The default directory is often (but not always) your Downloads folder.

How to Ensure Long Term Access to Old Claims

If you wish to retain access to old claims after May 30th, please take the following steps to establish a Reporting & Analytics account that can be accessed independently of Emdeon Office.

1. Begin by going to <https://access.emdeon.com> and select the [Forgot Password](#) link.
2. Provide your email address and the same Username you use to access the Emdeon Office Aetna Better Health portal.
3. Once your new password is emailed to you, please make note of the Username, Password and access.emdeon.com URL for use in future access to Reporting & Analytics.

If you are unable to obtain a new password as described above, please contact customer support for assistance at (877) 667-1512, option 2.

Whether you login to Reporting & Analytics via access.emdeon.com or access it by choosing Reporting & Analytics from the Claims menu in the old portal, the functionality will be the same. You will be able to view details and track the status of claims submitted

in Emdeon Office. Rejected claims can be corrected and resubmitted from within Reporting & Analytics. Although all claims in Reporting & Analytics remain accessible for 15 months from the date of claim submission, **you will not be able to get to these claims after May 30th unless you follow the steps above** to create a user account on access.emdeon.com.

Frequently Asked Questions

Q. When will I receive my new password?

A. Your password will be emailed to you within a few hours of the time that you sign up for ConnectCenter. You will likely receive a **separate** welcome email prior to receiving your new password. If you are eager to get started and don't want to wait for your password to be delivered, you can use the *Forgot Password?* link on the ConnectCenter login page to choose a new password. Do keep in mind, however, that you must wait one business day after your account is created before you may submit claims.

Q. What is my Vendor Code?

A. If you access the ConnectCenter sign-up screen from the ConnectCenter login page, rather than from the link included above, you will be required to enter a vendor code before you can sign up. The vendor code that you should enter is **214559**. For your convenience, this code will be automatically supplied when you access the Sign Up process from [here](#), or from the button provided on the Office login page. FYI, the vendor code **214559** will also be referred to in ConnectCenter as your biller code. This identifier indicates that your account is sponsored by Aetna Better Health Plan.

Q. Why doesn't the Next button work when I try to Sign Up? What do I do when I get the error: "You must select a feature before continuing"?

A. On the first page of the Sign Up screen, please be sure to select the radio buttons next to "\$0.00 per Transaction" in each row. Do not select the circles next to NA as doing so would prevent you from obtaining access to corresponding feature.

Q. How do I associate the providers in my office to my new account.

A. You should add your providers by logging into ConnectCenter and then choosing Admin, and then Provider Management from the ConnectCenter main menu. For more details see [Getting Started with Provider Management](#). Note, that the first time you access Provider Management to add providers, you should click "search" on the opening page without entering ANY data in any of the fields provided. This tip and additional instructions are available in the Getting Started guide.

Q. How do I use Provider Management if I am an atypical provider and do not have an NPI

A. When creating or editing a provider, atypical providers should change the ID Type field from NPI to API, and then enter the atypical provider identifier into the ID field. In some cases the atypical ID may be your Tax ID. Whether your atypical provider ID and tax ID are the same or different, you have the option to also enter your Tax ID in a separate Tax ID field. When performing an eligibility inquiry, provider information will use an NPI if you have one, followed by a Tax ID if there is no NPI. Atypical ID will be selected only for provider records that do not contain NPI or Tax ID. When using the provider directory to help create a claim, only NPI is currently retrieved

Q. What is a submitter ID? Or a biller ID?

A. ConnectCenter assigns an ID called a submitter ID to each provider office or provider organization. This arbitrary 6 digit number will be displayed next to the name of your practice at the top of the ConnectCenter window. While you don't need to memorize the number, it will be included on most reports and also in service interactions with our customer support team. The billing ID identifies your account as sponsored by Aetna Better Health Plan and will be shared by your account and all other accounts also sponsored by Aetna Better Health.

Need Help?

- Call (800) 527-8133, option 2 for questions about:
 - submitting NEW claims
 - eligibility
 - claim status
- Call (877) 667-1512, option 2 for questions about:
 - the status of OLD claims
 - access to Reporting & Analytics

Questions?

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

NETWORK RELATIONS COVERAGE AND CONTACT INFORMATION

Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology, and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all our partners.

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. This team is dedicated to meeting the needs of you, our providers. We are subject matter experts and are available to providers for education, training, and support. We assign every participating provider a Network Manager.

Aetna Better Health of Kentucky offers a provider services line which can be reached by calling 1-855-300-5528 - Monday through Friday 7 AM-7 PM.

Credentialing applications, forms, and updates along with any demographic updates and terminations should be sent directly to: KyProviderUpdates@aetna.com

General forms, ERA enrollments, or general questions can be sent to KYProviderRelations@aetna.com



Dustin Johnson
SKY Network Manager
Supporting Kentucky Youth



Michelle Marrs
Network Relations Manager,
SKY Liaison



Holly Smith
Network Relations Manager
815-641-7411

502-648-6526

Johnsond38@Aetna.com

Behavioral Health Providers
Region 3
Region 4

All Regions - Community
Mental Health Centers



Becky Marcum

Network Relations Manager
(606) 350-0579
marcumr@aetna.com

Association of Primary Care
Physicians
Community of Health
Partners
Cooperative Care Network
Ephraim McDowell
Kentucky Primary Care
Association
The Physicians Network

859-221-4737

MarrsM@Aetna.com

Supporting Kentucky Youth,
SKY Liaison Statewide



Trista Gibson

Network Manager
606-305-2705
GibsonT1@Aetna.com

Baptist Health System
King's Daughters Medical
System
LifePoint Health System
Norton Healthcare System
St. Claire Medical Center
University of Kentucky
System University of
Louisville System

Smith3@Aetna.com

Behavioral Health Providers
Region 5
Region 6
Region 7
Region 8



Gina Gullo

Network Relations Manager
502-612-9958
Rlgullo@Aetna.com

Region 1

Ballard, Caldwell, Calloway,
Carlisle, Crittenden, Fulton,
Graves, Hickman, Livingston,
Lyon, McCracken

Region 2

Christian, Daviess, Hancock,
Henderson, Hopkins,
McLean, Muhlenberg, Ohio,
Todd, Trigg, Union, Webster

Providers in the state of
Indiana



OPEN

Please send all inquiries to
KYProviderRelations@aetna.com

Region 3

Breckinridge, Bullitt, Carroll,
Grayson, Hardin, Henry,
Jefferson, Larue, Marion,
Meade, Nelson, Oldham,
Shelby, Spencer, Trimble,
Washington

OPEN

Please send all inquiries to
KYProviderRelations@aetna.com

Region 4

Adair, Allen, Barren, Butler,
Casey, Clinton, Cumberland,
Edmonson, Green, Hart,
Logan, McCreary, Metcalfe,
Monroe, Pulaski, Russell,
Simpson, Taylor, Warren,
Wayne

Providers in the state of

Becky Bowman

Network Relations
Manager
502-214-0399
BowmanB@Aetna.com

Region 5

Anderson, Bourbon, Boyle,
Clark, Estill, Fayette,
Franklin, Garrard, Harrison,
Jackson, Jessamine,
Lincoln, Madison, Mercer,
Montgomery, Nicholas,
Owen, Powell, Rockcastle,
Scott, Woodford

Tennessee

All other states excluding:
IN, OH, TN, VA, & WV



Jacquelyne Pack

Network Manager
606-331-1075
Jmpack@Aetna.com

Region 6

Boone, Campbell, Gallatin,
Grant, Kenton, Pendleton
CHI Saint Joseph Medical
Group (Kentucky One)
Vanderbilt

Providers in the state of Ohio
and West Virginia



Krystal Risner

Network Manager
606-687-0310
Risnerk@Aetna.com

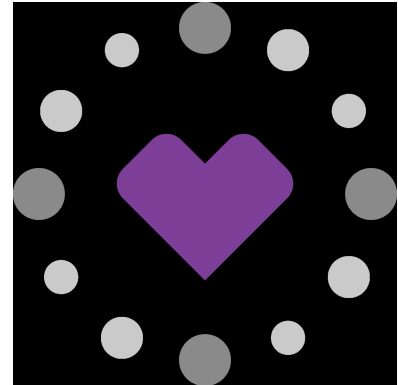
Region 7

Bath, Boyd, Bracken, Carter,
Elliot, Fleming, Greenup,
Lawrence, Lewis, Mason,
Menifee, Morgan, Robertson,
Rowan

Region 8

Bell, Breathitt, Clay, Floyd,
Harlan, Johnson, Knott,
Knox, Laurel, Lee, Leslie,
Letcher, Magoffin, Martin,
Morgan, Owsley, Perry, Pike,
Whitley, Wolfe

Providers in the state of
Virginia



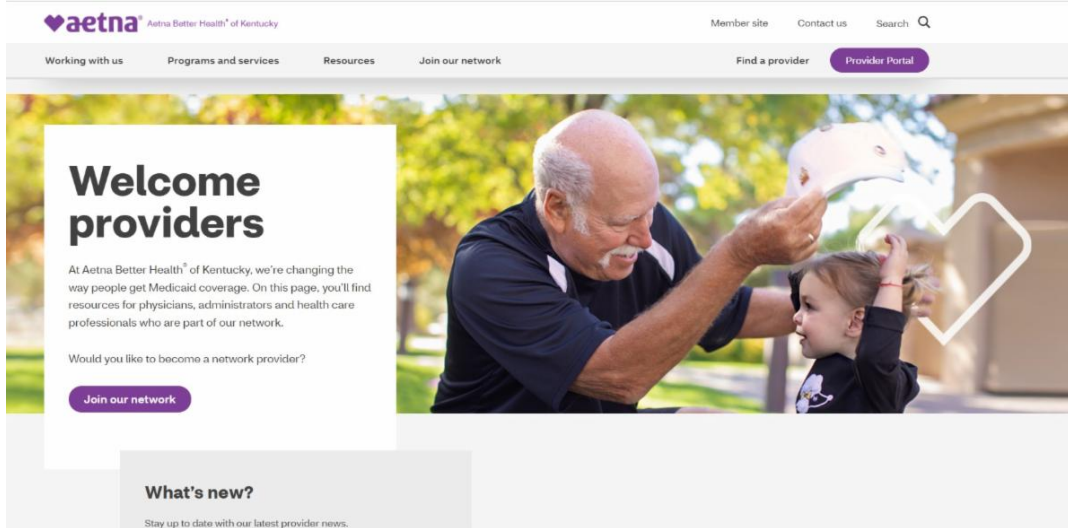
Save time by accessing our online resources.

Be sure to check out our convenient web tools, available 24/7.

Health Plan Website

The health plan website is a resource for members and providers. Providers will find information such as the member handbook, provider manual and the formulary on the health plan website

Visit the Website at: AetnaBetterHealth.com/Kentucky



Availity

Aetna Better Health of Kentucky is excited to have transitioned from our Provider Portal to Availity. This transition allows for an increase in digital interactions available to support you as you provide services for our members.

Functionality examples include:

- Eligibility and member benefits look up -
- EFT registration -
- Claim status look up -
- Online claim submission
- PA submission and look up
- Grievance and appeals submission

Visit Availity at: [AVAILITY](#)



Visit us at [Aetna Better Health of Kentucky](#) | [Contact Us](#) | [FAQs](#) | [Privacy Policy](#)

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

[Unsubscribe marstonj@aetna.com](#)

[Update Profile](#) | [About Constant Contact](#)

Sent by [marrsm@aetna.com](#) in collaboration with



Try email marketing for free today!