



New P.O. Box Address and Vendor for Paper Claim and Claim Correspondence – Effective 1/1/2023

P.O. Box **#61925** Will No Longer Be Valid Starting **January 1st, 2023**.

A key factor in getting claims processed in a timely manner is correct claims submission, and Aetna provides multiple options for you to choose from, including the sending of paper claims through the mail.

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 paper claim and correspondence are currently sent, specifically from **P.O. Box #61925 in Phoenix, AZ** to **P.O. Box #982967 in El Paso, TX**.

We are making you aware that the new P.O. box, **#982967**, will be live and reflected electronically anywhere the P.O. box address is currently listed on **January 1st, 2023**. Once the new P.O. Box is live, mail must be sent to the following address:

New P.O. Box

Aetna Assure Premier Plus
P.O. Box 982967
El Paso, TX 79998-2967

Mail will be forwarded from the old P.O. Box to the new P.O. Box for 12 months after **1/1/2023**. 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 Services Department at 1-844-362-0934.

Thank you,
Aetna Assure Premier Plus



Additional Provider Education Regarding Change

Important Plan Details - Submissions

Focus	Physical Address	Phone Number	Electronic / Notes
CLAIMS & CLAIMS CORRESPONDENCE		MAIL TO → EL PASO, TEXAS	
Paper Claims & Correspondence	Aetna Assure Premier Plus (HMO D-SNP) P.O. Box 982967 EL Paso, TX 79998-2967	N/A	Payer ID #46320 for both CMS-1500 (PDF) and UB-04 (PDF) forms.
Resubmissions Corrected the claim and chosen "Corrected" as the Bill Type code	Aetna Assure Premier Plus (HMO D-SNP) P.O. Box 982967 EL Paso, TX 79998-2967	N/A	Write "RESUBMISSION" across the top of your paper claim resubmission.
Reconsiderations Participating Providers (DISPUTE)	Aetna Assure Premier Plus (HMO D-SNP) P.O. Box 982967 EL Paso, TX 79998-2967	N/A	Electronic Submission via the Provider Portal . Mail submission requires the PAR Provider Dispute Form (PDF).
GRIEVANCES & APPEALS		MAIL TO → CLEVELAND, OHIO	
Reconsiderations Non-PAR Providers (APPEAL)	Aetna Assure Premier Plus (HMO D-SNP) Attn: Grievances & Appeals P.O. Box 818070 Cleveland, OH 44181	N/A	Mail submission requires the non-PAR Provider Appeal Form (PDF).
Grievances & Appeals Both in-network and out-of-network providers	Aetna Assure Premier Plus (HMO D-SNP) Attn: Grievances & Appeals P.O. Box 818070 Cleveland, OH 44181	Verbal Grievances: 1-844-362-0934 (TTY: 711)	Fax #: 1-844-721-0622