



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 ABH 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 Medicaid 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 Better Health of New Jersey
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 Relations Department at 1-855-232-3596.

Thank you,
Aetna Better Health of New Jersey



Additional Provider Education Regarding Change

Important Plan Details

Focus	Physical Address	Phone Number	Electronic / Notes
CLAIMS & CLAIMS CORRESPONDENCE		MAIL TO → EL PASO, TEXAS	
Paper Claims & Resubmissions	Aetna Better Health of New Jersey P.O. Box 982967 EL Paso, TX 79998-2967	N/A	Online via WebConnect Provider ID: 46320 <i>If you resubmit through mail, mark mail clearly with "resubmission" to avoid denial as a duplicate.</i> <i>If you resubmit through the WebConnect portal, you'll need to mark your resubmission with a "7" in the indicator field.</i>
GRIEVANCES & APPEALS		MAIL TO → CLEVELAND, OHIO	
Appeals & Grievances Both in-network & out-of-network providers	Aetna Better Health of New Jersey P.O. Box 81040 5801 Postal Road Cleveland, OH 44181	Verbal Appeals & Grievances: 1-855-232-3596 (TTY: 711)	For an Appeal: <i>Providers must utilize the Health Care Provider Application to Appeal a Claims Determination.</i>
FINANCE		MAIL TO → PHOENIX, ARIZONA	
Returned Checks and Refunds, Claim Overpayment	Aetna Better Health of New Jersey Attn: Finance 4500 E. Cotton Center Blvd. Phoenix, AZ 85040	Provider Services: 1-855-232-3596 (TTY: 711)	<i>Please send details of the overpayment, including claim ID(s), along with payment.</i>