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AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

To:	All Network Providers	Fax:	< <location_fax>></location_fax>
From:	Provider Relations	Date:	February 5, 2016
Re:	Medical/Pharmacy Prior Authorization Update Provider Portal Reminder Claims Mailing Address HEDIS [®] Update	Pages:	3 including cover

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Our best regards,

Aetna Better Health® of Kentucky

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

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To: All Network Providers
From: Provider Relations
Date: February 3, 2016
RE: Prior Authorization Process for Medical and Pharmacy
Provider Portal Reminder
Claims Mailing Address Update
HEDIS[®] Member approved medical release of information for quality assurance purposes

1. **Prior Authorization Process for Medical and Pharmacy**: Effective **2/1/16** requests for services and/or medications that require prior authorization can be submitted by phone or fax to the health plan departments:

Medical Prior Authorization:

- Call 1-855-300-5528, option # 4, option # 3, option # 5
- Fax **1-855-454-5579**
- Medical PA request form is located at

www.aetnabetterhealth.com/kentucky/providers/library

- This includes medications for inpatient, outpatient facility, and physician 'buy and bill'

Pharmacy Prior Authorization:

- Call 1-855-300-5528, option # 4, option # 3, option # 1
- Fax 1-855-799-2550
- This includes medications requiring PA including specialty pharmacy; to identified drugs requiring PA use our on-line formulary tool
 www.aetnabetterhealth.com/kentucky/providers/pharmacy
- Provider Portal Reminder: The provider portal registration forms are located on our website at www.aetnabetterhealth.com/Kentucky. Go to "For Providers" and click on "Document Library", you will find the forms there under "Provider Forms".

As an additional reminder, you can fax your completed form to us via fax at 1-855-454-5584.

Once your registration is received and processed there will be two emails generated.

- The first email confirms that your registration has been received and is in process.
- The second email will be generated within 24 hours and will confirm access information.

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3. Claims Mailing Address Update: Below is the correct address to mail paper claims: Aetna Better Health of Kentucky Attn: Claims P O Box 65195 Phoenix, AZ 85082-5195

4. HEDIS[®] Member approved medical release of information for quality assurance purposes:

Because we recognize the value of monitoring our performance as a health plan and ensuring the quality of care our members receive, Aetna Better health of Kentucky participates annually in reporting for the Healthcare Effectiveness Data and Information Set (HEDIS[®]). HEDIS[®] is a nation-wide collaborative effort developed between employers, health plans, and physicians to compare health plan performance as specified by the National Committee for Quality Assurance (NCQA).

<u>All Aetna Better Health of Kentucky members have authorized the release of medical information for</u> <u>guality assurance activities when they accepted coverage</u>. The information received through projects such as this is handled confidentially and utilized in aggregate only.

Your participation in this project is vital to measuring Aetna Better Health of Kentucky's performance in providing preventive health services. We greatly appreciate your assistance in the care of our members, your patients.