

 <b>Aetna Better Health® of Kentucky</b> Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	<b>Date</b>	December 23, 2025
	<b>To</b>	All Network Providers
	<b>From</b>	Provider Engagement
	<b>Subject</b>	Best Practice for Provider Data Submission
	<b>Document number</b>	Aetna-2383

As a reminder, to help ensure faster loading times and reduce confusion, please follow these best practices when submitting provider data for loading, updates, or terminations:

#### Where to Send:

- For **non-delegated groups**, email: [KYProviderUpdates@aetna.com](mailto:KYProviderUpdates@aetna.com)
- For **delegated groups**, email: [AetnaMedicaidRoster@aetna.com](mailto:AetnaMedicaidRoster@aetna.com)

#### Email Submission Tips:

- Include **“KY”** in the subject line. Our data center supports multiple health plans, and this helps ensure correct routing.
- Also in the subject line, include the **group name**, **Tax ID number**, and **NPI** if applicable.

#### Example:

KY – ABC Family Practice TIN:123456789 NPI:0987654321 - MULTIPLE PROVS – Add Providers

- Please **avoid replying all** with messages such as “thank you.” This can create duplicate tickets and may cause delays.
- Once your request is received, you will receive a **ticket number within 24 hours**. Please use this number for any future correspondence regarding the request.

**Credentialing Forms:** Please ensure you are using the most current versions of the following forms, available on our website:

- KHA Practitioner Application for Participation
- KHA Facility Application for Participation
- Provider Change/Updates Form

Thank you for your attention to these details and for your continued partnership.

As always, do not hesitate to contact your Network Manager with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health of Kentucky Members.

