



## Facility Application for Participation

<p><b>STEP 1 (Page 2)</b></p>	<p>Application Submission</p>	<p>Choose either option:</p> <ol style="list-style-type: none"> <li>1. Submit a letter or file containing all requested information on page 2 of this packet. Email to <a href="mailto:KYProviderUpdates@Aetna.com">KYProviderUpdates@Aetna.com</a> or fax to 855-454-5584.</li> <li>2. Complete the form on page 2 in its entirety and email to <a href="mailto:KYProviderUpdates@Aetna.com">KYProviderUpdates@Aetna.com</a> or fax to 855-454-5584.</li> </ol>
<p><b>STEP 2 (Page 3)</b></p>	<p>Aperture Credentialing Requirements</p>	<p>Aetna Better Health of KY utilizes Aperture Health for credentialing of all network providers &amp; facilities. Information from this information packet is forwarded to Aperture to initiate the credentialing process.</p> <p>Should the facility require credentialing for participation, please refer to page 3 for a list of required supporting documentation. Depending on the facility type, this list outlines all documentation required to complete the application for participation and initiate credentialing. Failure to submit the required items may result in the application being deemed incomplete. This may also result in a delay in the effective date for participation.</p> <p><b>You may receive a letter or phone call directly from Aperture if there is additional information needed.</b></p>
<p><b>STEP 3</b></p>	<p>Kentucky Medicaid Provider ID Number</p>	<p>Providers who wish to participate in the Aetna Better Health of KY network, must first be enrolled in Kentucky Medicaid. Please follow the link below to Kentucky's Department for Medicaid Services website for instructions to enroll as a new Kentucky Medicaid provider:</p> <p><a href="https://chfs.ky.gov/agencies/dms/provider/Pages/providerenroll.aspx">https://chfs.ky.gov/agencies/dms/provider/Pages/providerenroll.aspx</a></p>
<p><b>STEP 5 (Page 4)</b></p>	<p>Completed W-9 Form</p>	<p>A W-9 form is required to prevent delays in reimbursement. See page 6 for instructions.</p>

Should you have any questions, please reach out to [KYProviderUpdates@Aetna.com](mailto:KYProviderUpdates@Aetna.com).



**IMPORTANT NOTES**

- This list has been prepared to assist you in providing the most commonly required documentation needed for credentialing.
- Failure to submit the required items may result in the facility's application being deemed incomplete, and potentially a delay in the effective date for participation.

<b>ITEM</b>	<b>ADDITIONAL INFORMATION</b>
<b>STATE LICENSURE</b>	<ul style="list-style-type: none"> <li>• A current copy of valid license in the state of practice is required. License must be issued by state of the location applying for credentialing/participation.</li> <li>• Effective July 15, 2018, licensure is no longer required in Kentucky for outpatient rehabilitation services, primary care centers, and rural health clinics.</li> </ul>
<b>CLIA CERTIFICATE</b>	<ul style="list-style-type: none"> <li>• If the facility performs and bills for lab services, a copy of the CLIA Certificate or Waiver is required.</li> </ul>
<b>ACCREDITATION LETTER/CERTIFICATE</b>	<ul style="list-style-type: none"> <li>• A copy of accreditation report, certificate, or decision letter is required.</li> <li>• If non-accredited, a CMS certification status/site assessment report is acceptable.</li> </ul>
<b>CERTIFICATE OF INSURANCE</b>	<ul style="list-style-type: none"> <li>• A current copy of the Certificate of Insurance that reflects malpractice limits of \$1M/\$3M, name, and expiration date are required.</li> </ul>
<b>SANCTIONS</b>	<ul style="list-style-type: none"> <li>• Please provide an explanation for any sanctions, disciplinary actions, legal restraints, etc.</li> </ul>
<b>W-9 FORM</b>	<ul style="list-style-type: none"> <li>• A W-9 form is required to prevent delays in reimbursement, and to ensure accurate loading.</li> <li>• Form submitted must be the most recent version offered by the IRS.</li> <li>• Form must be signed and dated.</li> </ul>

## W-9 HELPFUL GUIDELINES

**The W-9 must be the most current form version available from the IRS.** Please note the following to ensure your W-9 is accurate:

1. The purpose of a W-9 is to inform Payers of the name and address the TIN is registered under with the IRS. If you are not sure what this is, please reference a recent document sent to you by the IRS.
2. When completing your W-9 Form:
  - a. Line 1 of the W-9 is Mandatory.
  - b. Line 2 of the W-9 is Optional (DBA).
  - c. The address on the W-9 can, but is NOT required, to match the billing address. Again, **the W-9 address should be what the IRS has on file for the TIN**, which may or may not be the same as your billing address.
  - d. Please ensure your W-9 matches EXACTLY the way the IRS has your name and address listed, including abbreviations (St vs. Saint, Rd vs. Road, Ste vs. Suite, etc.).
  - e. The W-9 must be signed and dated.
3. Should your W-9 name or address change, please submit an updated W-9 along with the names of all affected providers to be updated.

**Please ensure your W-9 accurately reflects the information the IRS has on file for your TIN to prevent reimbursement delays.**