



**Aetna Better Health<sup>®</sup>  
of Kentucky**

# PROVIDER NEWSLETTER

1st Quarter 2026



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## It's ALL ABOUT YOU!!!!

At ABHKY, we're committed to keeping you informed with the right information at the right time—tailored to your needs.

To help us serve you better, please take a moment to review and update the contact information for yourself and your organization by clicking the link below.

Thank you for helping us stay connected!

[CLICK HERE](#)

# QUESTIONS??? We've Got Your Back

Our Network Relations  
help center is always available at  
1-855-300-5528 (TTY: 711).

To ensure continued access to care and compliance with regulatory standards, it is essential that all provider terms are submitted to the health plan in a timely manner. Timely updates help us maintain accurate provider directories and ensure network adequacy for our members.

Please submit all provider terms to [KYProviderUpdates@aetna.com](mailto:KYProviderUpdates@aetna.com) using our [Provider Change or Update Form \(Form 100121\)](#).

Thank you for your partnership in supporting quality care and access for our members.



**As our Network Relations Department resumes in-field operations, we encourage you to use the contact options below to ensure timely resolution of your inquiries.**

## Aetna Better Health of Kentucky Online Resources

### Provider Website:

- Manuals, quick links, and more  
[aetnabetterhealth.com/kentucky/providers](https://aetnabetterhealth.com/kentucky/providers)

### Availity Portal:

- Real-time enrollment, claims, eligibility, prior authorizations, grievances, and appeals  
[apps.availity.com](https://apps.availity.com)

### ECHO Health:

- EFT/ERA setup  
[enrollments.echohealthinc.com](https://enrollments.echohealthinc.com)

### Credentialing & Updates

- Email for applications, updates, terminations:  
[KyProviderUpdates@aetna.com](mailto:KyProviderUpdates@aetna.com)

### Contact Us Web Form

- Use for: Demographic changes, provider adds/terms, W-9s, etc.  
[Contact Us for Providers | Aetna Medicaid Kentucky](#)  
You will receive a confirmation email + case number within 48 hours

### Phone Support

- Call: 1-855-300-5528
  - Press \* for Healthcare Provider
  - Choose: Claims, Appeals, Eligibility, Authorizations, or More Options

- “More Options” includes: Fraud, Pharmacy Help Desk, Provider Services



## PROVIDER PALOOZA IS BACK!!!!

### Our Signature In-Person Events

Don't miss our premier provider conferences of the year!

Provider Palooza brings together providers and health plan leadership for:

- Updates directly from Executive leadership
- Educational breakout sessions
- Meaningful networking with peers and plan partners

**Lexington:** May 27 – William T. Young Center 361 N. Broadway

**Louisville:** May 28 – UL Shelby 440 N. Whittington Pkwy

9am to 2pm EST

[REGISTER HERE](#)



## KENTUCKY HEALTH ALLIANCE INDIVIDUAL PRACTITIONER CREDENTIALING FORM UPDATE

**Aetna Better Health of Kentucky** would like to inform all providers that the **Kentucky Health Alliance Credentialing Form for Providers has been updated.**

**Please note:**

- We strongly recommend using the official link to access the form rather than saving a copy to your hard drive, as updates occur frequently. This form is always available on our website for convenience.

**Action Required:**

- Ensure you are using the most current version of the form before submitting credentialing requests.

**Access form here:**

[KHA PRACTITIONER CREDENTIALING APPLICATION](#)

## BILLING and CLAIMS

### Your Guide to a Corrected Claims Submission

ABHKY values the strong partnership we have with our providers and is committed to supporting accurate and efficient claims processing. To help ensure timely reimbursement and compliance with billing standards, we would like to share the following important information regarding the submission of corrected claims. These guidelines outline the proper steps and requirements for submitting corrected claims through paper or electronic channels.

A corrected claim needs to be submitted when incorrect coding or missing information prevents Aetna Better Health of KY from correctly processing the claim.

**Corrected Claim Submission Guidelines**

Providers have the option to rectify any necessary information on the CMS-1500 (Professional) and UB-04 (Institutional) claim forms. Corrected claims are treated as new claims for processing purposes. Corrected claims must include all original claim lines, including those previously paid

correctly. Resubmitted claims without all original claim lines may result in the recoupment of correct payments.

### **Key Requirements**

#### **Complete All Required Fields**

- Ensure all applicable fields on the 837I (Institutional) or 837P (Professional) transaction are completed.

#### **Correct Coding**

- Include accurate indicators:
  - For 837I: Specify if the claim is a replacement claim.
  - For 837P: Use the correct resubmission code.
- Claims without proper coding will be denied.

### **Paper Claim Requirements**

- Must be submitted on a standard UB-04 or CMS-1500 form.
- Insert the original claim number:
  - UB-04: Field 64
  - CMS-1500: Field 22
- Include the appropriate frequency/resubmission code:
  - UB-04: Field 4
  - CMS-1500: Field 22

### **Electronic Claim Requirements**

- Include the original claim number in the applicable 837 transaction loop.
- Apply the correct frequency/resubmission code per transaction standards.

### **Frequency Code**

This code tells whether the claim is new or a correction of a previously submitted and processed claim. Use one of the following codes:

- 1 — Original Claim: First-time submission of the claim.
- 7 — Replacement of Prior Claim: Corrected claim that replaces an earlier one.
- 8 — Void/Cancel Prior Claim: Used to cancel a previously submitted claim.

### **Important Considerations**

- **Timely Filing:** Corrected claims can be submitted up to 2 years from the original/first remittance date.
- **Wait for Processing:** Always wait for the original claim to be processed (paid or denied) before submitting the correction.

### **Reference**

- Frequency/resubmission codes can be found in:
  - NUCC Manual for CMS-1500 forms
  - UB Editor for UB-04 forms

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**The Avality Portal** offers secure online access to and the ability to manage business transactions through a single, easy to use site. Avality features include but are not limited to:

- Claim Submission and Status
- Eligibility and Benefits Search
- Authorization Request
- Case Management Link
- Grievance Submission
- Panel Roster



If your organization isn't registered with Avality, get started today at [avality.com/provider-portal-registration](https://www.avality.com/provider-portal-registration).

# ACCESS AND AVAILABILITY

The following access and availability standards must be provided by all our participating providers.

## PRIMARY CARE PHYSICIANS

Routine Care	Within 30 Days
Urgent Care	Within 48 Hours
Non-Urgent	Within 72 Hours
Return After-Hours Calls	Within 30 Minutes
Emergency Care	Same Day
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## PEDIATRICS

Urgent Care	Within 48 Hours
Sick Care	Within 30 Days
Return After-Hours Calls	Within 30 Minutes
Emergency Care	Same Day
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## SPECIALIST

Routine Care	Within 30 Days
Urgent Care	Within 48 Hours
Return After-Hours Calls	Within 30 Minutes
Emergency Care	Same Day
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## ONCOLOGY

Next Available Appointment	Within 30 Days
Urgent Care	Within 48 Hours
Return After-Hours Calls	Within 30 Minutes
Emergency Care	Same Day
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## OBGYN

Routine or Next Available Appointment	Within 30 Days
Urgent Care	Within 48 Hours
Initial Prenatal Visit for Pregnant Women in First Trimester	Within 14 Days
Initial Prenatal Visit for Pregnant Women in Second Trimester	Within 7 Days
Initial Prenatal Visit for Pregnant Women in Third Trimester	Within 3 Days
Initial Prenatal Visit for Pregnant Women with High-Risk Pregnancies	Within 3 Days
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## BEHAVIORAL HEALTH

Urgent Care	Within 48 Hours
Non-Life-Threatening Psychiatric Emergency	Within 6 Hours
inpatient Follow-Up	Within 7 Days
Initial Routine Care	Within 10 Business Days
Routine Care Follow-Up	Within 30 Days
Missed Inpatient Appointment Follow-Up	Within 24 Hours
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

## ALL

Urgent Care	Within 48 Hours
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## GENERAL DENTIST SERVICES

Regular Care	Within 3 Weeks
Urgent Care	Within 48 Hours

## GENERAL VISION, LAB AND X-RAY SERVICES

Regular Care	Within 30 Days
Urgent Care	Within 48 Hours

### Twenty-Four (24) Hour Access to Care

Providers are required to ensure access to care is provided **24 hours a day, 7 days a week**. Providers are required to arrange and maintain after-hours on-call coverage with participating providers. This involvement ensures the overall quality and continuity of care for the members.

Network Relations randomly selects and surveys providers after their normal business hours to monitor compliance. Providers who do not meet the criteria for after-hours access will be contacted by Network Relations. Continued non-compliance will result in formal corrective action.

### Management of After-Hours Access to Services

Provider after-hours on-call services: As stated above, providers are required to provide and maintain after-hours **on-call coverage** with participating providers **24 hours a day, 7 days a week**. Calls must be returned to a member within a maximum of thirty (30) minutes.

### Aetna Better Health 24-hour nurse line: 1-855-620-3924

The Aetna Better Health 24-hour nurse line is available to all members to assist with questions regarding medical concerns. The 24-hour nurse line will assist members in obtaining emergency services.

Aetna-1885

# HEDIS TOOLKIT

## Helping you to close your gaps in care.

## What is HEDIS®?

Healthcare Effectiveness Data and Information Set

We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and for our members. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent further complications.

### What is HEDIS® used for

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and score keeping HEDIS® includes more than 90 measures across 6 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

### Options for Submitting Supplemental Data

- Secure Provider Web Portal / Availability
- Fax: 855-415-1215
- Mail: Aetna Better Health of Kentucky 9900  
Corporate Campus Dr Ste 1000  
Louisville, KY 40223
- Email: send securely to  
[KentuckyAetnaBetterHealth\\_HedisFax@aetna.com](mailto:KentuckyAetnaBetterHealth_HedisFax@aetna.com)

Click below for best practice and easiest way to close gaps in care, please use NCQA approved claims coding found in your HEDIS toolkit measure sheets.

**HEDIS® Measurement Year 1 2026 HEDIS® Toolkit**

## Don't Forget....

You can stay up to date on the latest provider news and helpful info.



# Appeal and Grievance

## REMINDERS

### Where to send Claims Correspondence and requests for Appeal and Grievance.

#### **Claim Resubmissions for Correction or Reconsideration**

Resubmission of a corrected claim or resubmission of a claim with the missing documentation to meet clean claim criteria. If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

**Aetna Better Health of Kentucky**  
**Attn: Corrected Claims**  
PO Box 982969  
El Paso, TX 79998-2969

Claim resubmissions for correction or reconsideration should be clearly marked on the envelope and the first page of the request.

#### **Appeals and Grievances**

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit appeals through the Availity provider portal using the direct application:

<https://apps.availity.com/availity/web/public.elegant.login>

or you may submit by fax to: **855-454-5585**.

If you prefer to mail hard copy requests for appeal, complaint or grievance, they must be sent to

**Aetna Better Health of Kentucky**  
PO Box 81040  
5801 Postal Road

## ADDITIONAL A&G REMINDERS:

### Separate Request for Each Member

- Providers must submit an individual appeal or grievance for each member.

### Use the Correct Form

- Appeal and Grievance forms are available and should be used for each request.

### Clearly State the Request and Reason

- Include a detailed explanation of the dispute and the reasoning behind it.

### Include Claim Numbers

- List all claim numbers that need attention for the member.

### Attach Medical Records if Needed

- If medical records are required for review, they must be included with the request.

### Provide Contact Information

- Include:
  - Contact person's name
  - Phone number
  - Address for decision letter (if different from provider's address)



## PRIOR AUTHORIZATION REMINDERS AND CONTACT INFORMATION

Aetna Better Health of Kentucky requires PA for some outpatient care, as well as for planned hospital admissions. PA is not needed for emergency care. A current list of the services that require authorizations is available on ProPAT:

[ProPAT CPT Code Lookup : Aetna Better Health of Kentucky](#), our online prior authorization search tool.

### Services Requiring Prior Authorization:

- Inpatient admissions/services require authorization.
- Residential Substance Use Disorder treatment services.
- All non-behavioral health home-based services
- DME, Medical Supplies, Prosthetics & Orthotics billed greater than \$500
- **All DME rentals**
- Metabolic Foods
- All Enteral Feeds
- Transplant services (including evaluation)
- Dental Anesthesia (in an outpatient facility or mobile anesthesia in an office setting)
- Vision Anesthesia and facility charges
- Hospice services
- Air Ambulance (excluding Rotary wing billed with an SH modifier).
- Chiropractic services after 26<sup>th</sup> visit
- In Home sleep studies

- Non-Diabetic routine foot care

## Prior Authorization Update

Prior Authorization Resumed for Select Behavioral Health Services on June 25, 2025 - for more information, click [here](#).

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### Medical

Phone: 1-888-725-4969

Fax: 1-855-454-5579

**SKY Medical:** 1-833-689-1422

**SKY Concurrent Review:**1-833-689-1423

**SKY Behavioral Health:**1-833-689-1424

### Behavioral Health

Phone: 1-855-300-5528

Fax: 1-855-301-1564

**Psychological Testing:** 1-844-885-0699

### Retro Review

Phone: 1-888-470-0550, Opt. 8

Fax: 1-855-336-6054

### Pharmacy: MedImpact

Phone: 1-844-336-2676

Fax: 1-858-357-2412

### Vision (Avesis)

1-855-214-6777

### Concurrent Review Inpatient

#### Medical Requests -

Fax: 1-855-454-5043

Phone: 888-470-0550

*Submission also available through  
Availity*

### Dental (Skygen)

1-855-454-0061

### Radiology/Pain Management (eviCore)

1-888-693-3211

# Health and Care Management

### Aetna Cares:

Care Management ABH requires that all members who stratify as high risk for readmission be in an Intensive program level of ICM for 30 days post discharge. Long Term Services and Supports (LTSS) members may be managed at the Supportive program level by a CMC in consult with a CCM, however, contact must occur weekly or more often for 30 days post discharge regardless of assigned program level. Care management is provided by a CCM with a focus on the following member-centered interventions:

- Assist to obtain written discharge instructions.
- Provide education related to post discharge recommendations and assist to access services.
- Medication and service reconciliation.
- Encourage and assist with follow-up with Primary Care Provider (PCP)/specialists within 7 days following discharge.
- Encourage and assist with follow-up with BH provider within 7 days and again at 30 days after discharge from a BH admission (HEDIS measure).
- Provide education on medical/behavioral health condition and self-care to avoid hospitalization including warning signs of when to call the doctor.
- Determine if member has CM needs that extend beyond the 30-day post discharge period.

**Population health management** programs are available to help support members in their health care journey. We have special programs available for members who are managing conditions or just trying to stay healthy.

**Flu Vaccine:** ABHKY's Flu Vaccination Program focuses on the importance of flu vaccinations among members. ABH-KY encourages members to receive an annual flu vaccine unless they have certain medical conditions that prevent them from receiving a vaccination.

**Be Healthy:** This program aims to improve the evidence-based management and treatment of overweight and obesity among the high-risk SKY population through targeted interventions which will focus on increasing WCC rates and improving member access to needed resources.

**Lock-In:** The focus of the Lock-in program is to support members with biopsychosocial needs, who may be intentionally or unintentionally misusing Medicaid benefits, assist members to establish a medical home (PCP), adjust their pharmacy and benefit utilization as appropriate to their healthcare needs and coordinate care with members' primary care practitioners (PCP) and other practitioners/providers as needed.

**Next Best Action (NBA) Initiative:** The Medicaid NBA initiatives are a set of analytically driven, member facing, multi-channel educational campaigns structured around promoting behavioral changes that can assist and support members to avoid readmission. All members experiencing an inpatient admission receive these educational materials and personalized alerts. Low risk members, and high-risk members not reached for care management, receive outreach attempts and messaging by the NBA team after discharge to encourage them to keep follow-up appointments. The NBA team assists to schedule the appointments when needed. In addition, the NBA RAP provides text messaging and mailings to all members post discharge with information on self-care and warning signs that indicate a need to contact their provider.

**Remote Patient Monitoring Telemonitoring program** that provides our members living with diabetes, COPD, CHF, and/or hypertension access to education and self- management tools that can help keep your condition under control and promote your optimum health and wellness. This is a 9–12-month program that is one time offering per member.

**Home Delivered Meals** In partnership with GA Foods, an organization that cooks and delivers nutritious, medically appropriate meals to members with certain chronic conditions post-discharge from an inpatient hospital stay. We also offer members with customized nutritional counseling. This is a 4–12-week program with the goal of educating members on healthy eating, food preparation and more.

Additional information about PHM programs is available on the website [here](#).

You can learn about these programs online at [www.aetnabetterhealth.com](http://www.aetnabetterhealth.com) or in your provider handbook. You can also call 1-855-300-5528 (TTY: 711).

Members can be referred to the complex case management program from a variety of sources, including our medical management programs, discharge planners, members, caregivers, and providers.

If you would like to refer one of your patients into case management, call 1-855-300-5528 (TTY: 711) or visit our website at [www.aetnabetterhealth.com](http://www.aetnabetterhealth.com) for more information.

## SKY Interventions

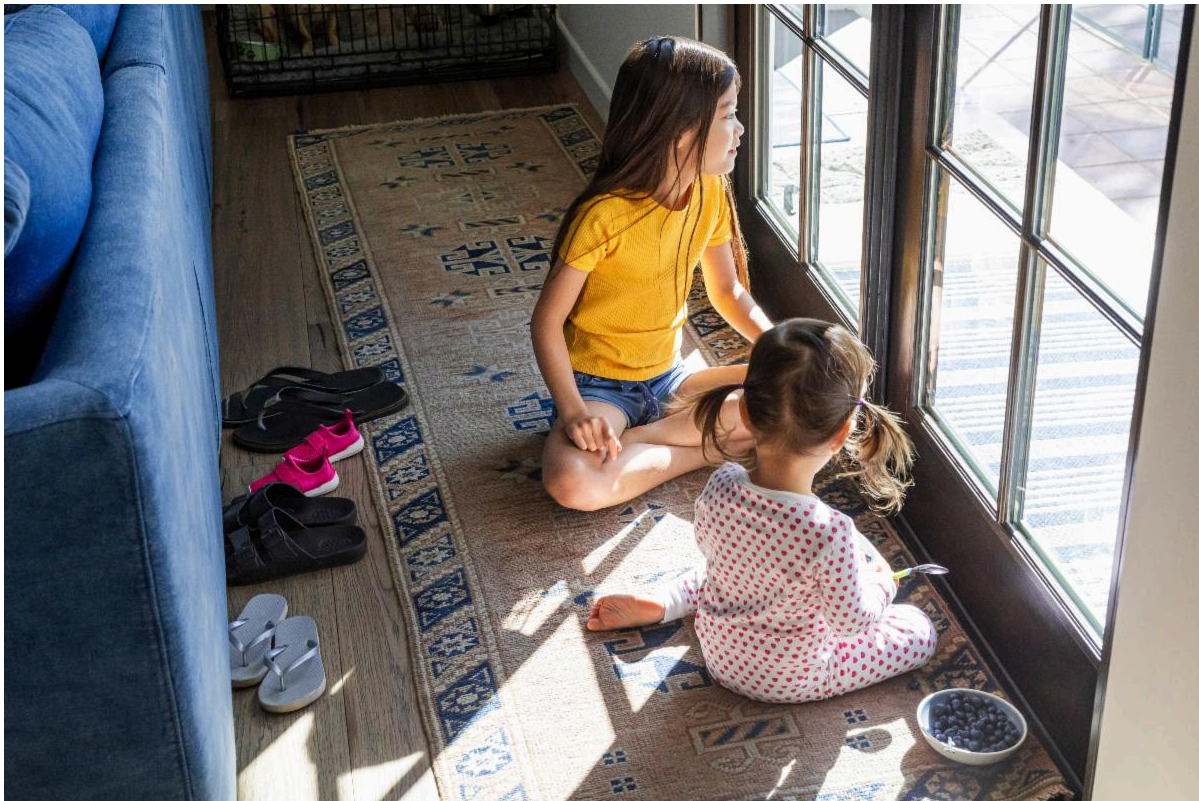
**All SKY members are enrolled in Care Management which assists in directing them to the multitude of available special programs such as:**

- LACES - for members identified as deaf or hard of hearing offering supports to help improve members language acquisition and communication.
- Behavioral Health Discharge Program - Aetna has worked with the child/adolescent psychiatric hospitals to identify a single point of contact for in each of the facilities to streamline communications regarding transition of care planning.
- Psychotropic Polypharmacy Initiative

- Child & Adolescent Nutrition & Wellness
- Behavioral Health Liaison
- High Fidelity Wrap Around services
- Peer Support Services
- Coordinated care, including physical, behavioral, dental and social services
- 24/7 Nurse Hotline
- 24/7 Behavioral Health Hotlines
- Aetna Better Care Rewards Incentives require NO action on behalf of the member to receive these benefits. Aetna will automatically send the gift cards following doctor's appointments.
  - \$20 for Follow-Up Visit with Mental Health Practitioner
  - \$25 HRA Incentive
  - \$25 for completion of HPV vaccine series before 13<sup>th</sup> birthday
  - \$25 for completion of two infant flu vaccines
  - \$50 for completion of six well child visits before age 15 months
- Training and Education – Various trainings offered and given to providers, members, families and other stakeholders. Please visit our training calendar for more details. CEU's and foster parent credits available when applicable.

## How reach the ABHKY CM Team:

Contact Medicaid Member Services at **1-800-635-2570** and simply ask for Care Management or email: **CCofKYCaseMGMT@aetna.com**



# Bringing Support

## Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery.

For questions about how to access Aetna CHW services email us at [PHM\\_ABHKY@aetna.com](mailto:PHM_ABHKY@aetna.com).

## Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

## Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations
- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

**Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.**

- [Mayo Clinic | Care that fits](#)
- [Statin Choice | Mayo Clinic](#)
- [Depression Medication Choice | Mayo Clinic](#)
- [Cardiovascular Primary Prevention Choice | Mayo Clinic](#)
- [My Life My Healthcare Toolkit and Conversation Guide](#)



# SKY

## Supporting Kentucky's Youth

SKY members receive their coverage and extra benefits through Aetna Better Health of Kentucky. Our care management team includes nurses and social workers. We'll work with health care providers, agencies and others to get your child the services they need. We can help make appointments and discuss your child's care with their doctor. We can also help families find their way and make it easier to get the resources they need.

The SKY program serves children:

- In foster care, adopted from foster care or formerly in foster care
- Placed with fictive kin (person not related by blood but who has a meaningful and positive relationship with a child)
- Dually committed to the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ)
- DJJ youth eligible for Medicaid

We directly support members, foster parents, adoptive caregivers, community partners and workers from DCBS and DJJ.

DCBS approves eligibility for the SKY program. Not sure if you're eligible? Just call your local DCBS office at 1-855-306-8959. You can also find out if you qualify for programs like Medicaid or the Kentucky Children's Health Insurance Program (KCHIP).

Just visit the

**[Assistance and Support Programs for Kentuckians website.](#)**

## Trainings to support our Providers



The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, [marrsm@aetna.com](mailto:marrsm@aetna.com) for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

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## Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

*2nd Thursday each month 11am to 12pm EST*

## New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

*3rd Thursday each month 10:30am to 12pm EST*



Visit our News and Events page for registrations and links to Join.

[News and Events](#)

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## Cultural Competency Training

Recognizing that members have diverse views is critical to meeting their needs. The cultural factors that will likely impact your relationships with members include age, gender identity, language, religion, and values, to name a few. It's important to respect and respond to members' distinct values, beliefs, behaviors and needs when caring for them.



Cultural Competency Trainings are available quarterly or upon demand to any group that wants to schedule. Please visit the News and Events button above for scheduling.

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“All young people, regardless of what they look like, which religion they follow, who they love, or the

gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”  
— President Obama, National Foster Care Month 2015 Presidential Proclamation



[Learn More About SKY](#)



**CONNECT WITH US**  
AND JOIN THE CONVERSATION



### Don't Forget

Send any Provider Directory Updates to  
[kyproviderupdates@aetna.com](mailto:kyproviderupdates@aetna.com)

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.

Aetna Better Health of Kentucky | 9900 Corporate Campus Drive Suite 1000 | Louisville , KY 40223 US

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