# Quick reference guide - Effective 02/01/2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Key contact information</th>
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| **Member Services**  | 1-855-300-5528  
- Member Eligibility  
- PCP assignment changes  
- Interpreter requests  |
| **Behavioral Health** | 1-888-604-6106  
* Behavioral Health Providers will contact members who have missed an appointment within 24 hours to reschedule the appointment. |
| **Cabinet of Health and Family Services**  | https://public.kymmis.com  
eligibility verification |
| **Claims Inquiry/Claims Research Department (CICR)**  | 1-855-300-5528, Option #4, #4, #4  
- Claims questions inquiries  
- Remittance advice questions  
- Recent update questions |
| **Claim Submission Information**  | EDI Payor ID (Claim) : **128KY**  
P.O. Box 65195  
Phoenix, AZ  85082-5195 |
| **Prior Authorizations**  | Medical  
Phone: 1-888-725-4969  
Fax: 1-855-454-5579  
Behavioral Health  
Phone: 1-888-604-6106  
Fax: 1-855-301-1564  
Pharmacy  
Phone: 1-855-300-5528  
Fax: 1-855-799-2550 |
| **Complaints and Appeals**  | Aetna Better Health of Kentucky  
Attn: Appeals Department  
9900 Corporate Campus Drive, Ste. 1000  
Louisville, KY 40223  
Fax: 1-855-454-5585 |

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<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td><strong>Dental (Avesis)</strong></td>
<td>1-855-214-6776</td>
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<tr>
<td><strong>Vision (Avesis)</strong></td>
<td>1-855-214-6776</td>
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<tr>
<td><strong>Radiology (eviCore)</strong></td>
<td>1-888-693-3211</td>
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<td><strong>Pharmacy</strong></td>
<td>1-855-300-5528</td>
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<tr>
<td><strong>Pain Management (eviCore/Triad)</strong></td>
<td>1-888-584-8742</td>
</tr>
<tr>
<td><strong>Change Healthcare</strong></td>
<td>1-877-469-3263</td>
</tr>
<tr>
<td><strong>Case/Disease Management referrals</strong></td>
<td>1-888-470-0550</td>
</tr>
</tbody>
</table>
| **Reporting Fraud and Abuse**  | 1-855-300-5528  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky) |
| **Provider Relations**  | 1-855-300-5528, Option #4, #4, #5  
Fax: 1-855-454-5584  
E-mail: KYP?dp?ov?rer?la?tions@?aetna.com  
Aetna Better Health of Kentucky  
9900 Corporate Campus Drive, Ste. 1000  
Louisville, KY 40223 |
| **HEDIS® Department**  | 1-855-737-0872  
Fax: 1-855-415-1215 |
| **EFT/ERA Set up**  | Complete the EFT or ERA form on  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky) |
| **Website**  | [www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky) |
| **Secure Provider Portal and Login Page**  | [http://aetnabetterhealth-kentucky.aetna.com/](http://aetnabetterhealth-kentucky.aetna.com/)  
- Claim Status  
- Remittance advice  
- View PCP roster of assigned members  
- Verify member eligibility  
- Lock-In Status & assignments |
**Claims**

**Claims & Resubmissions**
Aetna Better Health of Kentucky requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member’s name
- Member’s date of birth
- Member’s identification number
- Service/admission date
- Location of treatment
- Service or procedure

Participating providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member’s condition or service(s) rendered.

**Timely Filing Requirement**
- Initial Claims: 365 days from date of service or discharge
- Corrected Claims: 24 months from the date of the first remittance advice (RA)

**Electronic Claims Submission**
Aetna Better Health of Kentucky
Emdeon Payor ID (837 Claim): 128KY

All electronic submission shall be submitted in compliance with applicable law including HIPAA regulations and Aetna Better Health of Kentucky policies and procedures.

**Paper Claims Submissions and/or Resubmissions**
For resubmissions, please stamp or write one of the following on the paper claims:
- Resubmission, Rebill, Corrected Bill, Corrected or Rebilling in black ink.

Include the following information when filing a resubmission:
- Use the **Reconsideration Form** on our website.
- An updated copy of the claim. All lines must be rebilled. A copy of the original claim (reprint or copy is acceptable).

Continued in next column

**Prior Authorizations**

**How to request Prior Authorizations**
To submit a prior authorization request, you can:

- Call us toll free:
  - Medical: 1-888-725-4969
  - Behavioral Health: 1-888-604-6106
  - Pharmacy: 1-855-300-5528
- Submit through our 24/7 Secure Provider Web Portal [http://aetnabetterhealth-kentucky.aetna.com/](http://aetnabetterhealth-kentucky.aetna.com/)
- Fax the request form to:
  - Medical 1-855-454-5579
  - Behavioral Health 1-855-301-1564
  - Pharmacy: 1-855-799-2550
(form is available on our website). Please use a cover sheet with the practice’s correct phone and fax numbers to safeguard the protected health information and facilitate processing

All out of network services require prior authorization.

To check the status of a prior authorization or to confirm that we received the request, just login to our Secure Provider Web Portal at [http://aetnabetterhealth-kentucky.aetna.com/](http://aetnabetterhealth-kentucky.aetna.com/) or call us at 1-855-300-5528.

The portal will allow you to check status, view history, and email a Case Manager for further clarification if needed.

You can find more information about our Secure Provider Web Portal in the Provider Manual. If response for non-emergency prior authorization is not received within 2 business days, please contact us at 1-855-300-5528.

Failure to obtain prior authorization will result in claim denials. See Medical Management section of the online Provider Manual for a full description of authorization requirements.

**Requesting Prior Authorization**
When requesting prior authorization, please include:

- Member’s name and Date of Birth
- Member’s identification number, Aetna Better Health and/or Kentucky Medicaid Number
- Demographic information
- Requesting provider contact information
- Clinical notes/explanation of medical necessity
- Other treatments that have been tried
- Diagnosis and procedure codes
- Date(s) of service
- Name of provider/facility rendering service

Emergency services do not require prior authorization; however, notification is required within 24 hours or the next business day following an emergency admission, service or procedure.