

Aetna Better Health of Kansas

Close Out Plan
12/31/2024



Exiting the Market

What happens next?

Effective January 1, 2025, Aetna Better Health of Kansas (Aetna) will no longer provide services to members as a KanCare managed care organization (MCO). As a result, the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS), together known as KanCare, will work with Aetna and other MCOs to transition members to their choice for their new MCO.

Aetna is committed to a smooth transition for our members and will be sending out communication to let your patients who are currently Aetna Better Health of Kansas members know about this change. We are working directly with KDHE and other MCOs to provide them with information regarding continuity of care and current member treatment plans, for distribution to the members new MCO.

Please continue to verify member eligibility and health plan effective dates to help your office determine if a member has already chosen another health plan.

Aetna Better Health of Kansas Provider Website

**Our Provider Website will still be available through 2025
The following slides will provide tips on navigating the website**



Welcome providers

Aetna Better Health[®] of Kansas is a health plan that offers KanCare (Medicaid) services statewide. As a network provider, you enjoy a lot of benefits, from ongoing support and training to timely claims processing and competitive compensation. Together, we can improve health care access and quality in Kansas.

[How to join](#)



HELPFUL LINKS

[Provider manual \(PDF\)](#)

[Notices and newsletters >](#)

[Provider Portal >](#)

[Guidelines and policy bulletins >](#)

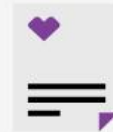
Getting started

Here are some helpful provider links if you're new to our network.



[Orientation and training >](#)

Find tools and resources, including education on cultural competency and health equity.



[Claims >](#)

You can submit claims through our secure Provider Portal or by mailing a claim form to us.



[Prior authorization \(PA\) >](#)

Learn how to request PA and find information on criteria, forms, timelines and referrals.



[Provider forms, materials and helpful links >](#)

You can find all the forms you need right here.

Provider Manual

**The 2024 Aetna Provider manuals will remain available to access
on our Provider Website throughout 2025**

Provider Manuals

Provider manuals

- [↓ Provider manual \(PDF\)](#)
- [↓ Access2Care manual \(PDF\)](#)
- [↓ SKYGEN dental manual \(PDF\)](#)
- [↓ SKYGEN ocular manual \(PDF\)](#)

Reconsiderations, Grievances and Appeals

Provider Reconsideration

Provider Reconsiderations

A provider may request a claim reconsideration if they would like us to review the claim decision. Claim reconsideration is available to providers prior to submitting an appeal. Reconsideration requests must be submitted within 120 calendar days (an additional 3 calendar days is allowed for mailing time) from the date of the notice of the claim denial.

We acknowledge provider reconsiderations in writing within 10 calendar days of receipt. Aetna Better Health will review reconsideration requests and provide a written response within 30 calendar days of receipt.

Aetna Better Health of Kansas
PO Box 81040
5801 Postal Rd
Cleveland, OH 44181

Or by email at: KSAppealandGrievance@AETNA.com

Provider Grievance

Provider Grievance

Both network and out-of-network providers may file a grievance verbally or in writing directly with us regarding our policies, procedures, or any aspect of our administrative functions including dissatisfaction with the resolution of a dispute within 180 calendar days from the incident being grieved.

Aetna Better Health of Kansas
PO Box 81040
5801 Postal Rd
Cleveland, OH 44181
855-221-5656

Or by email at: KSAppealandGrievance@AETNA.com

Provider Appeal

Provider Appeal

A provider may file an appeal in writing, if they are not satisfied with the outcome of the reconsideration determination or if they wish to bypass the reconsideration process. A provider may file an appeal within 60 calendar days (an additional 3 calendar days is allowed for mailing time) from the date of the notice of adverse action, if no reconsideration was requested. If reconsideration was requested, providers have 60 calendar days (an additional 3 calendar days for mailing time) from the date of the reconsideration resolution letter to file an appeal. Post service items or services are standard appeal and are not eligible for expedited processing.

Aetna Better Health of Kansas

**PO Box 81040
5801 Postal Rd
Cleveland, OH 44181
Fax: 1-833-857-7050**

Or by email at: KSAppealandGrievance@AETNA.com

State Fair Hearing

Provider State Fair Hearing

Providers may request a State Fair Hearing through the Office of Administrative Hearings after the appeal with Aetna Better Health. This request must be completed within 120 calendar days (an additional 3 calendar days for mailing time), from the date of the appeal resolution letter. Information on how to submit a State Fair Hearing request is included in Appeal Resolution Letter.

Providers may request a State Fair Hearing for a denial of payment for covered services. Providers may also request a State Fair Hearing regarding an incorrect payment by Aetna Better Health or a notice from Aetna Better Health regarding an overpayment.

State of Kansas Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612-1327

For additional details around Provider Disputes, Grievances & Appeals, please see Chapter 18 of the Aetna Better Health of Kansas Provider Manual.

Availity

Availity will remain available to access through 2025

Availity Secure Web Portal

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

If you are new to Availity and want to register your provider organization, you'll begin by creating your Availity user account. Create your user account at: **Availity Essentials Portal Registration**

There are many free on-demand and live training events in the Availity Learning Center (ALC).

To access these webinars and training opportunities, once logged in select **Help & Training > Get Trained** to search the ALC catalog. For trainings applicable to Aetna Better Health, use keyword search “**ABHMC**” in the Availity Learning Center.

Billing and Claims Submission in 2025 for dates of service in 2024

Claim Submission

Timely Filing of Claim:

Please continue to submit claims for dates of service up to and including December 31, 2024 within your contracted timely filing timeframe. Aetna Better Health of Kansas Plan will remain responsible for all authorized (if applicable) medically necessary services rendered to our members through December 31 at 11:59 p.m CST. We will also remain responsible for all authorized medically necessary hospital inpatient services rendered to our members hospitalized as of December 31 for the first 15 days in 2025 or discharge; whichever is sooner. . Aetna Better Health of Kansas Plan will reject all claims with dates of service on or after January 1, 2025, with the exception of authorized medically necessary inpatient services, as mentioned above.

Please adhere to the following time frame for claims submission:

New Day Claims	180 days from the DOS or discharge date
Corrected Claims	365 days from the date of service
Claims with TPL (COB)	180 days from primary insurer’s EOB date or 180 days from date of service, whichever is later

Claim Submission

Aetna Medicaid Web Portal

Medicaid -Aetna

This will allow you to see current claims that have been received by ABH of KS and the status of those claims. This will also show you any authorizations that you have for your members.

Office Ally Inc. - www.officeally.com

Log or create an account where you will be able to create new claims or submit a corrected claim.

Payer ID: 128KS

Paper Claims Mail to:

Aetna Better Health of Kansas
P.O. Box 982961
El Paso, TX 79998-2961

KMAP Portal

Electronically through KMAP front end billing -

<https://portal.kmap-state-ks.us/PublicPage/Public/Login>

Office Ally Inc. - www.officeally.com

Except Claims where Medicaid is the third payer (tertiary claims)

Payer ID: 128KS

Note: Before submitting a claim through your clearinghouse, please verify that your clearinghouse is compatible with Office Ally Inc.

Claim Submission - Vendor Submissions

Vendor claims can be filed electronically, unless Medicaid is the third payer (tertiary claims). Those must be filed as a paper submission.

Dental

Electronic Submissions

- Through [SkyGen's Provider Portal](#)
- Through Change Healthcare or DentalXChange:
 - *Payer ID: SCION*

Paper Submissions:

Aetna Better Health of Kansas -
Claims
P.O. Box 359
Milwaukee, WI 53201

Transportation

Electronic Submissions:

Through [Access2Care](#)

Paper Submissions:

Access2Care, LLC
6363 Fiddler's Green Circle, Ste. #1400
Greenwood Village, CO 80111

Vision

Electronic Submissions:

- Through [SkyGen's Provider Portal](#)
- Through Availity, ZirMed, or Change Healthcare:
 - Payer ID: L0140

Paper Submissions:

Aetna Better Health of Kansas -
Claims
P.O. Box 1607
Milwaukee WI 53201

ECHO

**The ECHO application will be accessible
throughout 2025**

ECHO

ECHO Health will continue to distribute Electronic Remittance Advice (ERA) files for the Medicaid claims payment issued. Providers will continue to receive ERA files based on the information on file.

ECHO will continue to provide ERA, EFT as well as paper remits will still be available to download.

Check run will continue to happen 3 times per week.

Providers that want to update their payment/ERA distribution preferences for Medicaid claims payment may continue to do so at [ECHO Health \(echohealthinc.com\)](https://echohealthinc.com)

Provider Experience Representatives
You will continue to have support from an Aetna PE
Representative

Contacting Provider Experience Representatives

To help make this transition easier for you, our Provider Experience staff, and our Claims Investigation and Claims Research (CICR) provider call center will continue to be available after December 31, 2024, to address questions or concerns in 2025.

Additionally, you can continue to access [AetnaBetterHealth.com/Kansas](https://www.aetna.com/betterhealth/kansas) for resources, information, and support. In addition to our PE staff, our provider toll free call center will be available for your assistance in 2025.

If you have questions or concerns, please contact Provider Relations at:

ProviderExperience_KS@Aetna.com. Providers can also outreach to the CICR (Claims Investigation & Claims Research) for claim questions or any concerns regarding this communication at 855-221-5656; Option 2.

