



IMPORTANT
Aetna Better Health of Kansas Plan Exits
Effective January 1, 2025

Dear Provider Partner:

Effective January 1, 2025, the Aetna Better Health of Kansas Plan will no longer provide services to KanCare members. 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 transition all Aetna Better Health of Kansas members to their choice of a KanCare Managed Care Organization (MCO).

What happens next?

We're committed to a smooth transition for our Aetna Better Health of Kansas Plan members and are working directly with KDHE to provide information regarding continuity of care and current member treatment plans, to provide to the members new choice of 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.

How long can a provider file a 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, except for 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

Please continue to submit electronic claims via the below clearinghouses:

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)

Please continue to submit paper claims to the following address:

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

Can providers still send in grievance, appeal & reconsiderations?

Provider Grievance

Both in-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.

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.

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.

These can all be mailed to:

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

Or by email at: KSAppealandGrievance@AETNA.com

The Provider Manual also provides information regarding the process for submitting appeals and other requests on behalf of members. This information can be found in the Provider Manual, Chapter 18: Grievance & Appeals at the following link:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/kansas/providers/pdf/abhks_provider_manual.pdf

How long will Aetna Better Health of Kansas Plan Provider Experience be available?

To help make this transition easier for you, our Provider Experience staff will continue to be available after December 31, 2024, to address any questions or concerns in 2025. Additionally, you can continue to access [AetnaBetterHealth.com/Kansas](https://www.aetnabetterhealth.com/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.

Be well,

Aetna Better Health® of Kansas