



February 26, 2019

Dear Provider:

Provider Data Validation

Ensuring that we have current information about our network providers' practice is key to our members locating the right practitioner of care as quickly as possible. To that end, you are receiving this letter to assist Aetna Better Health[®] of Maryland by providing all your current office locations and list of providers.

Do we have the correct data?

Please email us at marylandproviderrelationsdepartment@aetna.com with the following information:

- Name of your group practice
- Group Tax identification number (TIN)
- Names and NPIs of all providers in your practice treating Medicaid enrollees
- List of all practice locations, phone and fax numbers
- Service locations, including suite numbers (*This information goes into our directory*)
- Practice mailing address (*Address to receive correspondence*)

In addition, please include answers to the following questions in your email to us:

Yes	No	Question/Request for Information
<input type="checkbox"/>	<input type="checkbox"/>	Is your practice currently accepting new Medicaid patients?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Approach/Entrance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Parking/Drop-Areas?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Directional Signage?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Elevators/Lifts?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Waiting Room Seats, Tables/Counters?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Restrooms?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Drinking Fountains?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have Accessible Emergency Regress/Evacuation Plan?

Please check the ages your practice serves (check all that apply): 0 – 18 years 18– 62 years Above 62 years

In addition to validating and updating your information, **we also request that you provide us the name, telephone number and email address to your office manager or designee.** It is more efficient to email information to our providers.

If you have questions, please contact us at **1-866-827-2710** and select option 2.

Sincerely,
Provider Experience Department
Aetna Better Health of Maryland

©2019 Aetna Inc.
Network Provider Data Validation Letter
02/26/2019