



Aetna Better Health[®] of Kansas

Transition of Care Authorizations Extended through October 31, 2019

To ensure all provider contracting and credentialing have been completed, Aetna Better Health of Kansas is extending the **Transition of Care period for prior authorizations through October 31, 2019**. Aetna Better Health of Kansas will process all claims with dates of service through October 31, 2019 for services requiring prior authorizations as if they are from participating providers. The member must be enrolled and eligible on each date of service.

- Providers eligible to participate in Kansas Medicaid and not yet contracted with Aetna Better Health of Kansas will be paid as “in network” at 100 percent of the Medicaid Fee-For-Service (FFS) rate through October 31, 2019.
- Providers not yet contracted or credentialed with Aetna Better Health of Kansas do not need to prior authorize every service until November 1, 2019. Until November 1, participating and nonparticipating providers alike should follow the plan's service prior authorization/notification policies for participating providers. Beginning November 1, noncontracted providers must follow Aetna Better Health's regular noncontracted provider service authorization procedures.

Providers can visit the Aetna Better Health of Kansas Secure Web Portal located on our website (aetnabetterhealth.com/kansas) to access our Provider PA Tool to search multiple codes simultaneously for prior authorization requirements.

Treatment of claims previously denied due to contracting and credentialing issues will be addressed in a subsequent bulletin.

Questions?

If you have questions about this communication, please contact Aetna Better Health of Kansas Provider Experience Department at **1-855-221-5656**.