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FAX

To: All Network Providers **Fax:** <<location fax>>
From: CoventryCares of Kentucky Provider Relations **Date:** January 7, 2016
Re: Aetna Better Health Provider Portal Registration Information **Pages:** 2 pages with Cover
DMS Universal PA Forms

CC:

- Urgent For Review Please Comment Please Reply Please Recycle

Notes:

We appreciate your participation in the CoventryCares of Kentucky provider network and hope you find this information helpful.

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To: CoventryCares of Kentucky Providers
From: CoventryCares of Kentucky Provider Relations
Date: January 7, 2015
RE: Aetna Better Health Provider Portal Registration
DMS Universal Prior Authorization Form

1. We have an important reminder for you

All CoventryCares of Kentucky providers need to register to use the Aetna Better Health provider web portal. It's important that you **register by January 22, 2016**. Each TIN will need to have one account, with a primary representative.

Registration is easy. You can access the form on our website, www.coventrycaresky.com, click on "For Providers", to "Document Library"; the form is located under Provider Document Library and is titled **Aetna Better Health Provider Portal Registration Form**. You can return it to us by:

E-mail KYProviderRelations@aetna.com
Fax **1-855-454-5584**

Make sure we have your correct e-mail address, so you can receive your password information. It's also important you give the name of your primary representative.

Once you've registered, you'll receive e-mails on how to access the provider portal at <http://aetnabetterhealth-kentucky.aetna.com>.

The Aetna Better Health® of Kentucky website will not be available until January 30, 2016, until that time, continue to use the CoventryCares website.

2. The Commonwealth of Kentucky has implemented a universal Prior Authorization Request form to be used by all Kentucky Medicaid providers, effective January 1, 2016. You can find this form on our website, www.coventrycaresky.com. You will find the form under For Providers, Document Library, to DMS Universal Forms.

Please contact your Provider Relations Representative if you have any questions, **1-855-454-0061**.