



## NETWORK NOTICE

**Date: February 27, 2020**

**To: Network Providers**

**From: Provider Experience**

**RE: Provider Survey (IPRO)**

---

Aetna Better Health of Kentucky values the feedback we receive from our providers. Your input lets us know how we are doing and where we have opportunities to improve our performance. Selected providers will begin receiving this week by mail a provider satisfaction survey from IPRO, Medicaid Compliance Audit Services.

We are asking that you take a few minutes to complete and return the survey. Your participation in the survey is completely voluntary. The survey is anonymous, and your responses will be kept confidential.

If you have questions, please contact your Network Manager.

### Questions?

Simply contact your Network Relations Manager. Our most current list can be found on our website at: [www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), click on “For Providers”, you will find the link titled “Who is My Network Relations Manager?”

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may fax the opt-out request to 1-888-263-9488, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@aetna.com](mailto:do_not_call@aetna.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.