

Member ID Cards

The member ID card contains the following information:

- * Member name
- * Member ID number
- * Date of birth of member
- * Member's gender
- * PCP name
- * PCP phone number
- * Effective date of eligibility
- * Claims address
- * Emergency contact information for member
- * Health plan name - Aetna Better Health
- * Aetna Better Health logo
- * Aetna Better Health's website address
- * Carrier Group Number
- * RX Bin Number
- * RX PCN Number
- * RX Group Number
- * CVS Caremark Number (For Pharmacists use only)

Sample ID Card

Member Services/Servicios al Miembro: 1-855-772-9076, TTY 711, 24/7
Urgent care: Call your primary care provider (PCP)
Atención de urgencia: Llame a su proveedor de cuidado primario (PCP)

Emergency ca
You don't need
Atención de e
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Prior authoriz
services. To n
Se requiere a
servicios amb
Send medical
Aetna Better
P.O. Box 6612
Phoenix, AZ 8

AETNA BETTER HEALTH®
Medicaid

Name Last Name, First Name
Member ID # 00000000000 **DOB** 00/00/0000 **Sex** X
PCP Last Name, First Name
PCP Phone 0-000-000-0000 **Effective Date** 00/00/0000

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RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8808
Pharmacist Use Only: 1-866-785-5702

aetna
CVS caremark™

aetnabetterhealth.com
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.



Billing & Claims Payment

Timely filing:

- Submit original claims 180 days from the date of service
- Submit corrected claims 365 days from the date of service
- Submit COB claims 365 days from the date of the primary insurer's EOB or from the date of service, whichever is later

Submit Paper Claims To:

Claims Correspondence
Aetna Better Health of Kansas
P.O. Box 61838
Phoenix, AZ 85082-7540

Electronic Claims Submission Through Clearinghouse:

- Payer ID's: 128KS (Claim Submission)
- ABHKS (Real-Time)

Note: Before submitting a claim through your clearinghouse, please verify that your clearinghouse is compatible with *Change Healthcare*