



September 29, 2017

Dear Provider:

Aetna Better Health of Kansas, Inc. ("Aetna Better Health") is planning on being a respondent to the upcoming rebid for the KanCare program. The Request for Proposal ("RFP") is anticipated to be released during the 4<sup>th</sup> Quarter, 2017. As part of the response Aetna Better Health must demonstrate an adequate network.

Due to the tight-time frame for our RFP response, Aetna Better Health desires to demonstrate your participation through the Agreement your entity had with Children's Mercy Family Health Partners ("CMFHP"). Aetna Better Health is able to access the CMFHP agreement through your entity's assignment made at the time of the purchase agreement between Coventry Healthcare and CMFHP effective January 3, 2012; and then by virtue of the acquisition of Coventry Healthcare by Aetna on May 7, 2013.

If you have a concern with Aetna Better Health showing you as a participating provider for the KanCare RFP response, please provide written notice no later than October 31, 2017 to the following address with your reasoning for opting out of the network:

Aetna Better Health  
Attn: National Configuration Team  
4500 E Cotton Center Blvd.  
Phoenix, AZ 85040

This only applies to your participation in the KanCare Program; there are no changes to your participation in any Aetna commercial products. If you have any questions, please do not hesitate to contact Mike McClure, Director Network Development, 816-410-9760 or [mkmclure@aetna.com](mailto:mkmclure@aetna.com)

Our goal is to ensure all correct and current provider data is captured and applied to the necessary Aetna systems, allowing members access to your full roster of services immediately upon the contract effective date.

Please provide the following information regarding your Reimbursement Address, Geographical Service Location, and Provider Name, Provider Degree Code and Provider Specialty in the attached form. Please return the completed form to the same address listed above.

An updated Kansas Regulatory Addendum will be sent to you upon notification of the KanCare contract awards.

Thank you for your cooperation in allowing us to indicate your organization as a participating provider in KanCare Program RFP Response.

Sincerely,

A handwritten signature in black ink that reads "Kim Glenn". The signature is written in a cursive, flowing style.

Kim Glenn  
Sr. Director  
Network Management

## AETNA BETTER HEALTH - KANSAS

*Data Needed	*Provider
TIN	
Group NPI	
Group Name	
TIN Owner Name	
DBA Name	
Reimbursement address	
Reimbursement address2	
Reimbursement city	
Reimbursement state	
Reimbursement zip	
Contact Name	
Contact phone number	
Contact email	
NPI	
Last Name	
First Name	
Degree Code	
DOB	
PCP yes/no	
Specialty	
Accepting new members	
License #	
Expiration date:	
Service location address	
Service location address 2	
Service location city	
Service location state	
Service location zip	
Service location phone	
Service location zip	
Service location phone	
Service location fax	
CAQH #	

Operating Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Open</b>							
<b>Close</b>							

\*Please attach a list of providers if this is a group practice. Each provider can fill out the information above if applicable.