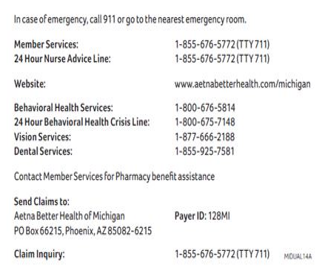
ID Card: Front of card ID Card: Back of card

* **Aetna Better Health of Michigan home page website:** <https://www.aetnabetterhealth.com/michigan>
* **Aetna Better Health of Michigan Provider Resources**: <https://www.aetnabetterhealth.com/michigan/providers/>
  + Join Our Network, Prior Authorization, Provider Manual, Case/Disease Management, Clinical Practice Guidelines, Provider Portal, Forms, News & Notices, Newsletters, Claims, Training, Resources
* **Availity home page web Portal**: [**www.availity.com**](http://www.availity.com)
  + **Log in to Essentials or call** 1-800-282-4528
* **Availity Portal Tools & Resources:**
  + Eligibility, Claims, Prior Authorizations, PAR Provider Disputes, Grievance and Appeals, Panel Roster and more
* **How to verify member eligibility, PCP assignment, benefits, co-pays/deductibles:** 
  + - State CHAMPS website:[**www.michigan.gov**](http://www.michigan.gov)
    - ABH Provider Portal:[**https://www.aetnabetterhealth.com/michigan/find-provider**](https://www.aetnabetterhealth.com/michigan/find-provider)
    - Availity Secure Portal: [**www.availity.com**](http://www.availity.com)
* **How to File a Claim:**
  + **Electronic Claims Submission (EDI)**
    - Electronic Claims Submission: Change Health (Emdeon) is the EDI vendor we use Medicare and Medicaid <https://www.changehealthcare.com/>
    - Payer ID: 128MI
  + **Paper Claims:** 
    - Aetna Better Health OF Michigan PO Box 982963 El Paso, TX 79998-2963
* **Claims Timely Filing:**
  + New Claim: within 365 days from Date of Service
  + COB Claim: within 365 from the date of the COB remittance advice
  + Claim Resubmission: within 180 days from the date of payment or denial
  + Appeals and reconsiderations: 180 days from the original denial for appeal and reconsiderations
* Prior **Authorization online tool:** <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization>
  + Select Prior Authorizations to determine if prior authorization (PA) is required
    - Enter CPT or HCPCS Code (s) up to six can be entered
    - Select Plan
      * ABH of Michigan – MMP Duals (Medicare/Medicaid)
      * Michigan Medicaid-Medicaid/Healthy MI
    - Phone: 1-855-676-5772 Fax: 1-844-241-2495
* **Provider Appeal**:
  + Phone: 866-316-3784 Fax: 866-889-7517
  + Mail: Aetna Better Health of Michigan Attn: Provider Grievance
    - PO Box 818070 5801 Postal Road Cleveland, OH 44181-0040
  + Email: [MIAppealsandGrievances@aetna.com](mailto:MIAppealsandGrievances@aetna.com)
  + Secure Portal: <https://www.aetnabetterhealth.com/michigan/providers/portal>
* **Claims Inquiry Claims Research (CICR) Department:** benefits, eligibility, claim status, appeal status, check tracers, remits, COB, Billing and Coding
  + MI Duals: 1-855-676-5772 Medicaid/Healthy MI: 1-866-316-3784
* **Vendors:**
  + CVS Health Pharmacy Benefits Manager: 1-800-552-8159
  + DentaQuest Dental Benefits Manager: 1-866-316-3784
  + VSP Vision Benefits Manager: 1-800-877-7195
  + Medical Transportation Management: 1-844-549-8347
  + eviCore Health Radiology Benefits Manager: 1-888-693-3211
* **Provider Representatives:** 
  + Patti Pogodzinski: [pogodzinskipatti@aetna.com](mailto:pogodzinskipatti@aetna.com)