## **PROVIDER BULLETIN**

aetna®	Date:	January 24, 2019
	Purpose:	Provider Bulletin: Billing Requirements
AETNA BETTER HEALTH® OF FLORIDA		Reminder
	Subject:	NPI Medicaid ID Billing Requirements
1340 Concord Terrace		
Sunrise FL, 33323	Products:	MMA/LTC/FHK
<u>aetnabetterhealth.com/florida</u>	From:	Provider Relations - Medicaid

Dear Provider,

The purpose of this notice is to remind you that a valid NPI and nine-digit Medicaid ID number is required for submission of claims and encounters to Aetna Better Health of Florida.

Providers who do not have a valid NPI and/or an active Medicaid ID number can register directly with the Agency for Health Care Administration at:

http://portal.flmmis.com/flpublic/Provider\_ProviderServices/Provider\_Enrollment/Provider\_Enroll ment\_EnrollmentForms/tabid/58/Default.aspx?desktopdefault=%20

Providers can submit either a Limited Enrollment or a Full Enrollment application via the online Provider Enrollment Wizard. If provider is to bill Medicaid as fee-for-service, full enrollment is required.

Enrollment status can be verified utilizing the enrollment tracking search tool at: <u>https://portal.flmmis.com/FLPublic/Provider\_ProviderServices/Provider\_Enrollment/Provider\_EnrollmentStatus/tabld/57/Default.aspx</u>

Aetna Better Health of Florida is required to process claims in accordance with Medicare and Medicaid claim payment rules and regulations. Our claims application system has a series of active edits to determine if the appropriate claim fields contain the required values. We deny, completely or in part, claims submitted without required information or with invalid information. Aetna Better Health<sup>®</sup> of Florida 1340 Concord Terrace Sunrise, FL 33323



All claims submitted to Aetna Better Health of Florida MUST include NPI and a valid Medicaid ID number. If NPI or Medicaid ID numbers are not valid or included in your claim submission, your claim is subject for denial.

We appreciate your continued service to our members. Please feel free to contact us via e-mail <u>FLMedicaidProviderRelations@aetna.com</u>, fax 1-844-235-1340 or speak to a Provider Relations Representative: (MMA) 1-800-441-5501, (LTC) 1-844-645-7371, or (FHK) 1-844-528-5815.

Sincerely,

**Provider Relations** 

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient