



Aetna Better Health[®] of Florida

Behavioral Health Provider Training



March 27, 2024

Agenda

ABHFL Behavioral Health Website

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ABHFL Behavioral Health Website

ABHFL Behavioral Health Website

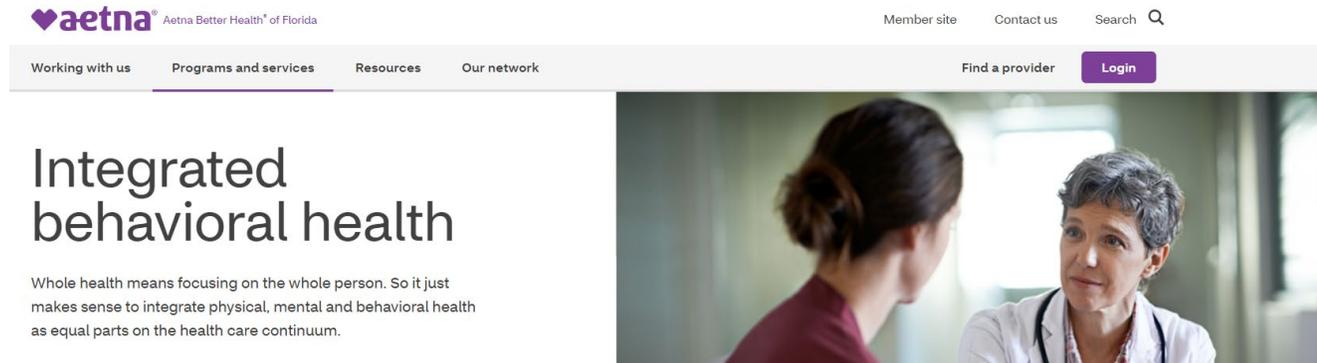
Our ABHFL Provider site offers a variety of information to support our providers.

Helpful Links:

- [Materials and forms](#)
- [Provider Portal](#)
- [Provider surveys](#)
- [Notices and newsletters](#)

BEHAVIORAL HEALTH LINK:

<https://www.aetnabetterhealth.com/florida/providers/behavioral-health.html>



We also have a dedicated Behavioral Health provider page located under “Programs and Services” tab, [Behavioral Health](#) to assist you with:

- BH Coverage
- Treating a member in crisis
- Coordination of care
- And much more...

Contact US

Direct Link:

<https://medicaidportal.aetna.com/mcainteractiveforms/ProviderForms/ProviderRequestForm.aspx?p=FL>

NEW – Contact US page

- **Claims Inquiry or Disputes**
- **Grievances & Appeals**
- **Delegated Group Updates**
- **New Contract Request**
- **Provider Enrollment or Adds to an Existing Par Group**
- **Provider Demographic Data Update**
- **Provider Terms, Leaving Practice, Retiring, Closing Practice**
- **Status Inquiry of previous email submission**
- **Other**

***Attachments availability (up to 5 images)**

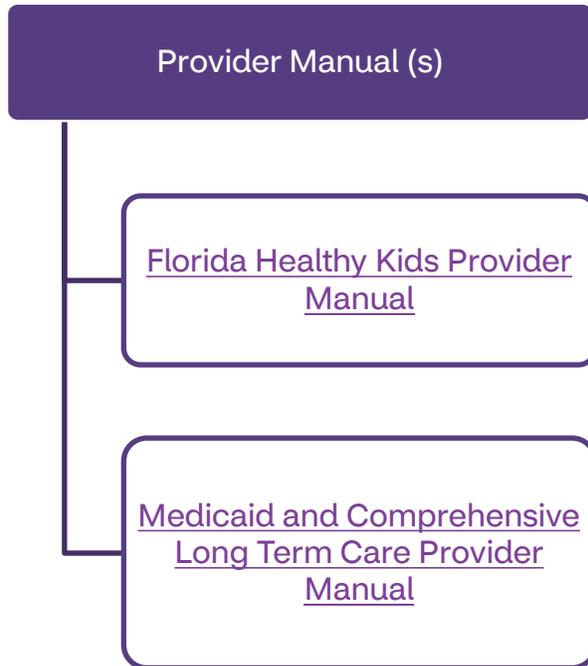
The screenshot shows the Aetna 'Contact Us' form. At the top left is the Aetna logo with the tagline 'Aetna Better Health®'. The main heading is 'Contact Us'. Below this is a paragraph of instructions: 'Use this form to ask about enrollment, claims and more. Need to check patient eligibility and benefits, submit and check status on prior authorizations or grievances and appeals? Use [Avality](#). Need to set up electronic funds transfer (EFT) and electronic remittance advice (ERA)? Visit the [Change Health payer enrollment services website](#). You can also call Provider Relations and/or email contracting for new contract requests or credentialing questions.' The form is divided into two main sections: 'Inquiry information' and 'Requester information (at provider's office)'. The 'Inquiry information' section contains two dropdown menus: '*THE REASON FOR YOUR INQUIRY IS' with the placeholder 'Choose one option' and '*STATE' with 'Florida' selected. The 'Requester information' section contains two text input fields: '*NAME' and '*TITLE' with the example text 'For example, Office Manager'.

**Provider Manual
Newsletters and Notifications**

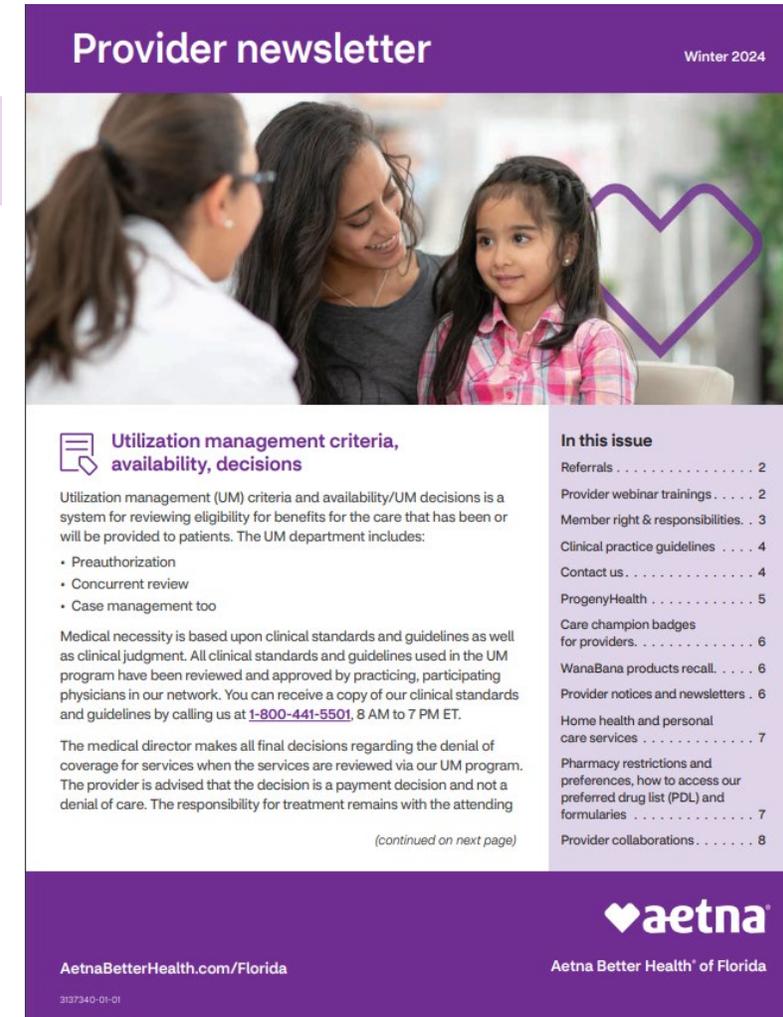
Provider Manual and Newsletters

ABHFL regularly updates and uploads Provider Bulletins, Provider Manual and Provider Newsletters on our ABHFL website for easy access.

To stay informed with the most updated information please visit our ABHFL under the provider tab: [ABHFL Provider Page](#)



Note: Provider Newsletters are issued 2 times a year. (Summer & Winter).



Provider Notifications (Fax blasts)

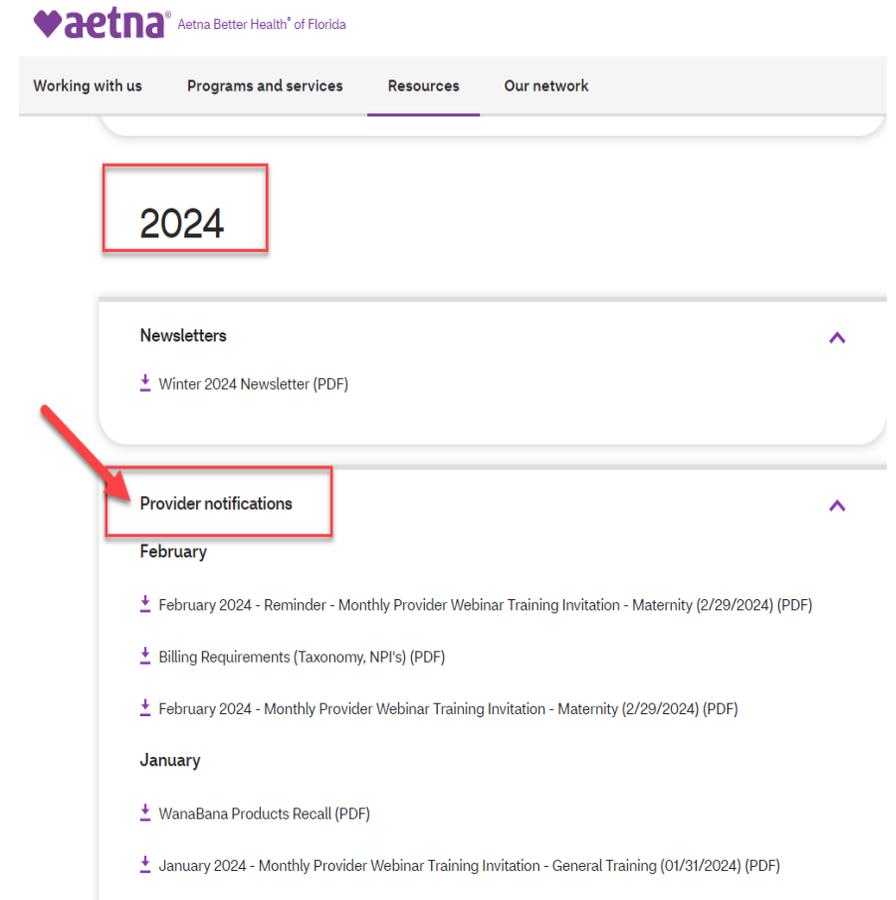
To stay informed with the most updated information please visit our ABHFL under the provider tab: [ABHFL Provider Page](#)

January 2024

- [WanaBana Products Recall \(PDF\)](#)
- [January 2024 - Monthly Provider Webinar Training Invitation - General Training \(01/31/2024\) \(PDF\)](#)
- [Best Ways to Connect with Us \(PDF\)](#)
- [ProgenyHealth's Maternity Case Management Program \(PDF\)](#)
- [Durable Medicaid Equipment \(DME\) and Medical Supply Services Coverage Policies Update - Effective 01/10/2024 \(PDF\)](#)

February 2024

- [February 2024 - Reminder - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)
- [Billing Requirements \(Taxonomy, NPI's\) \(PDF\)](#)
- [February 2024 - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)



♥ aetna Aetna Better Health[®] of Florida

Working with us Programs and services **Resources** Our network

2024

Newsletters ^

- [Winter 2024 Newsletter \(PDF\)](#)

Provider notifications ^

February

- [February 2024 - Reminder - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)
- [Billing Requirements \(Taxonomy, NPI's\) \(PDF\)](#)
- [February 2024 - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)

January

- [WanaBana Products Recall \(PDF\)](#)
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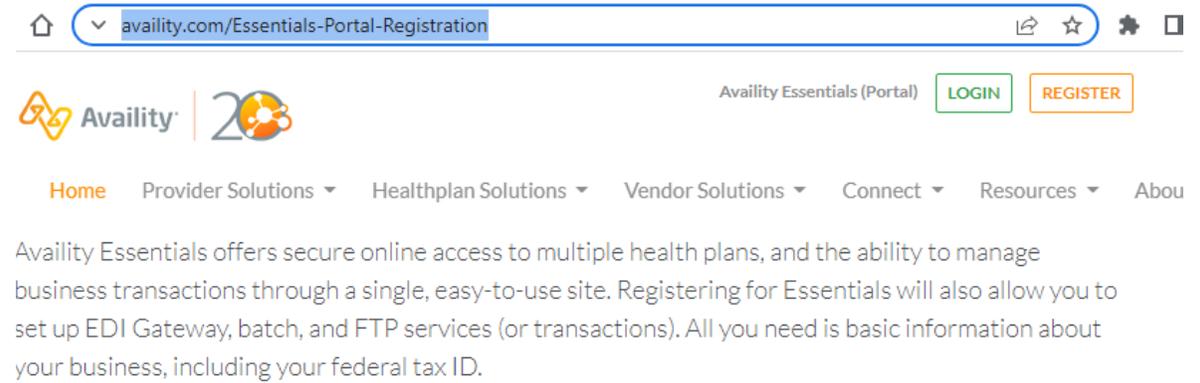
Availity Provider Portal

Availity Provider Portal

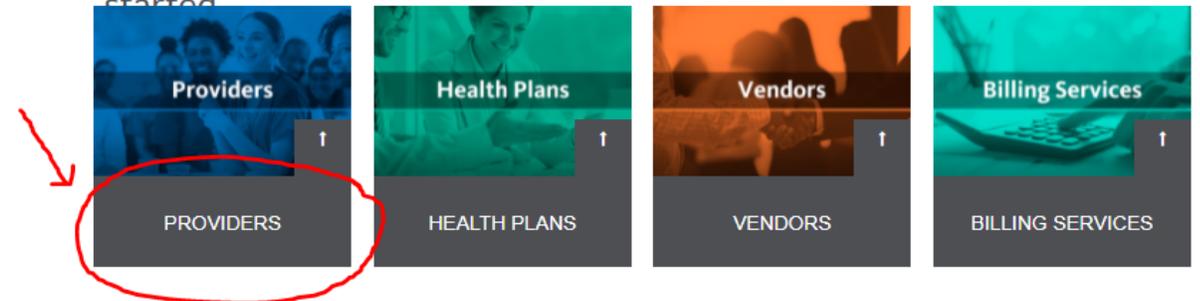


- [Availity Essentials](https://availability.com/Essentials-Portal-Registration), is our preferred and trusted source for payer information.
- If your organization isn't registered with Availity, we strongly recommend that you get started today at:
- <https://availability.com/Essentials-Portal-Registration>

Click on the **Providers** button as indicated below in red to get stated.



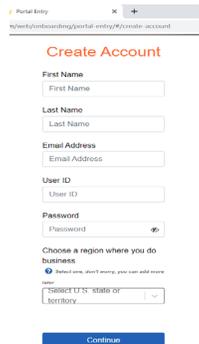
Locate your organization type below, then click the arrow to get started



Availity Provider Portal

Create Account

- [Click here to get started in creating an account](#)
- Fill out all required fields



Check your email

- You will receive a verification email.
- Open email and click the link provided to verify the account.



Please check your inbox and confirm your email address.

A verification email has been sent to your inbox. Please locate this email and verify your email address to create your Availity account.



Login

- Now you will need to login using the username/password created.
- Set up your 2-step authentication



Why is Availity making this change?

Availity takes privacy and information security very seriously. We are continually working to enhance the service and security we provide our customers and their patients.

Start

Protect your account with 2-step authentication

Why am I being asked to do this?

It has always been our priority to protect your patient's protected health information (PHI). This new level of security provides another checkpoint to make sure the person logging in is actually you.

Continue

Note: For registration, login or technical issues please contact Availity Client Services at 1-800-282-4548

Availity Provider Portal

In order to start using Availity tools and applications you must first **register your organization**.

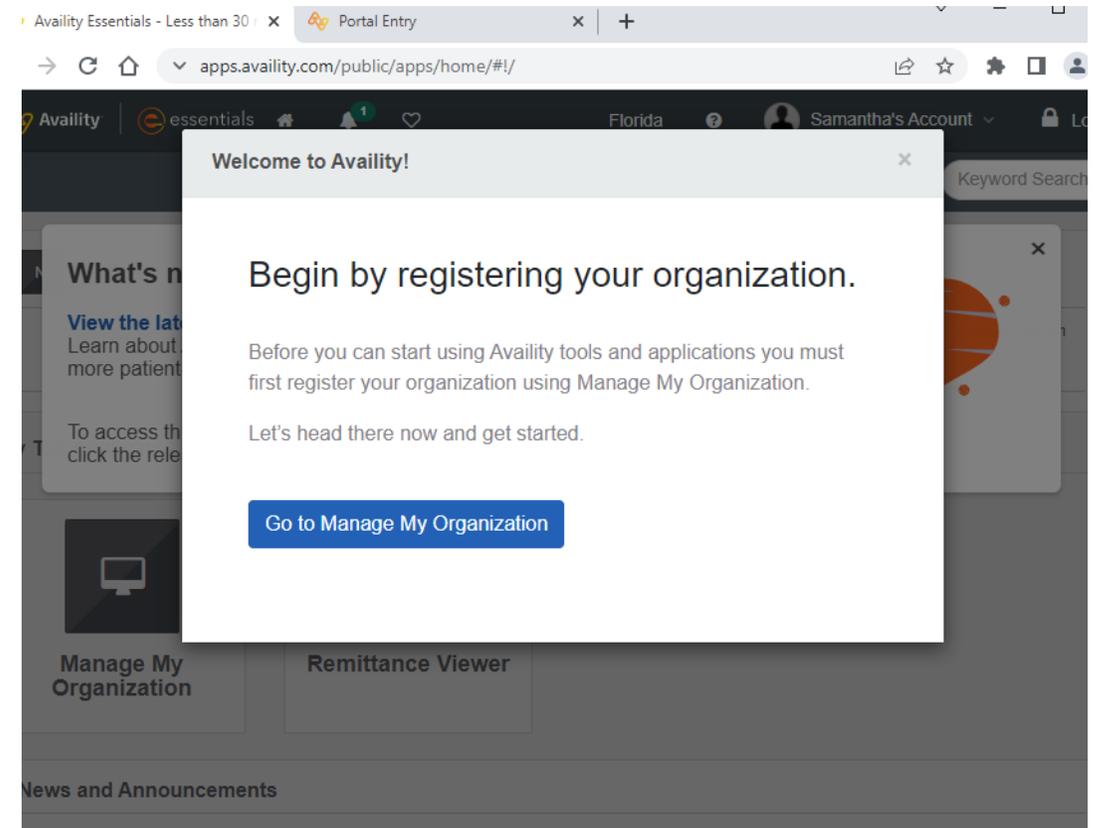
Additional Availity Essentials Resources

The resources below will take you to guides that will visually walk you through the steps needed to complete the registration process.

- [Infographic for New Users Who Register with Availity\(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process and Your Data Privacy\(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process for Primary Admins](#)



Click the button “**Go to Manage My Organization**” and follow the prompts to complete the process.



Availity Provider Portal

Providers support capabilities offered through Availity include the ability for providers to:

- **Claim Submissions**
- **Claim Status Inquiries**
- **Payer Space**
- **Contact Us Messaging**
- **Appeals & Grievance**
- **Appeals & Grievance Status**
- **Panel Rosters**
- **Specialty Pharmacy Prior Authorization**
- **Prior Authorization Submission**
- **Prior Authorization Status**
- **Eligibility and Benefits**
- **Reports & PDM**

Availity allows providers to directly communicate with Aetna's clinical and administrative staff through the Contact Us application.

Availity Provider Portal

Live webinars are available for Availity portal users!

Once you're registered, sign in at Apps.availity.com/availity/web/public.elegant.login. The Availity Learning Team offers regularly scheduled live webinars on a variety of topics.

Explore the training site to register for a live webinar session, review recording, and access additional resources.

[Availity Essentials – Live Webinars](#)

Availity & Helpful Links:

- [Availity Main Page](#)
- [Availity Provider Portal](#)
- [Availity Portal-Registration](#)
- [Availity Get Started](#)
- [Availity Log In](#)
- [Availity Training-and-Education](#)

Availity Provider Portal



Help is available! Any issues related to Availity you can contact them directly via the [Contact-Us](#) button on the website or by calling one of the phone numbers below depending on your question/inquiry/issue.

Availity Essentials, Essentials Plus, or EDI Clearinghouse Customers:

If you have an Availity Essentials, Essentials Plus, or EDI Clearinghouse account and cannot log in to submit a ticket, call **1-800-282-4548** for support.

Availity Essentials PRO (RCM) Customers:

If you have an **Availity Essentials Pro** account and cannot log in to submit a ticket, call **1-877-927-8000** for support.

Contact Us

<https://availity.com/Contact-Us>

Contact a Sales Associate



Speak with one of our knowledgeable sales associates to help you find the right solution for your organization.

Submit Request

Contact Customer Support



Are you a current Availity customer in need of Assistance? Contact customer support below. Get help with Availity Essentials, Essentials Plus, or EDI Clearinghouse.

Submit Request

Become a Vendor or Partner



Are you a developer or vendor looking for API capabilities? Or are you looking to become a reseller? Contact our Trading Partner and Channel team below.

Submit Request



**Electronic Funds Transfers (EFT)
Electronic Remittance Advice (ERA)**

Electronic Funds Transfers (EFT) Electronic Remittance Advice (ERA)



How to enroll

To enroll in EFT/ERA Registration Services (EERS) visit [Change Health payer enrollment services website](#)

- Create your enrollment by filling out the Provider Information, Contact Information, Bank Information (only if adding EFT enrollment(s)), and Enrollment Information.
- Submit your enrollment(s) and you will receive an email notification confirming submission to Change Healthcare.
- Log in to the Provider Portal to check the status of your enrollment(s).

Electronic Funds Transfers (EFT) Electronic Remittance Advice (ERA)

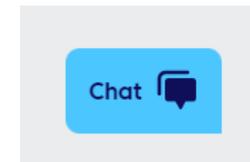


Change Healthcare's Payer Enrollment Services FAQ's

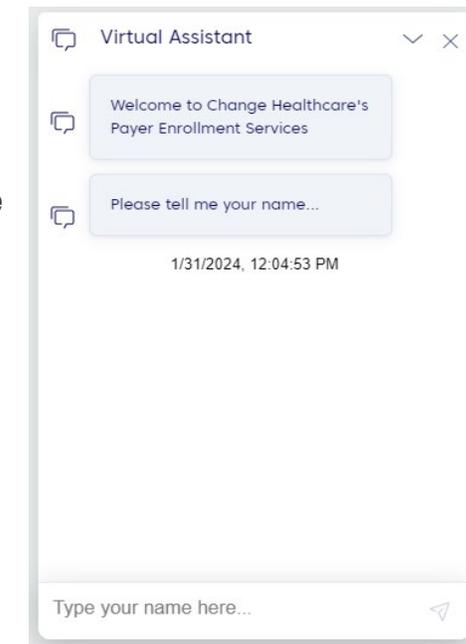
- ▶ What is Payer Enrollment Services (PES)?
- ▶ How do I log in?
- ▶ How do I submit an enrollment?
- ▶ How do I check the status of the enrollments that I submitted?
- ▶ How do I know when my enrollment(s) were successfully approved by the payer?
- ▶ Where can I submit new enrollments?
- ▶ How do I withdraw an enrollment?
- ▶ Who can I contact for help?
- ▶ What do the statuses in Provider Portal mean?
- ▶ Which payer(s) can I submit EFT and/or ERA enrollments to using PES?

Support Team

Change Healthcare Support Team can be contacted at **1-800-956-5190** Monday through Friday 8:00AM – 5:00PM CST



Virtual Assistance is also available!



Prior Authorization

Prior Authorization

Prior authorization (PA) is required for some out-of-network providers, outpatient care and planned hospital admissions.

We don't require PA for emergency care. You can find a current list of the services that need PA on the [Provider Portal](#).

You can also find out if a service needs PA by using ProPAT, our online prior authorization search tool.

Propat Link: [Search ProPAT](#)



Login

 Aetna Better Health[®] of Florida

Menu

Prior authorization

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[Search ProPAT](#)

Prior Authorization

ProPAT is ABHFL Participating Provider Prior Authorization Requirement Search Tool.

We highly recommend that you **READ** all the exception details that are outlined on this page. It contains very important information regarding your PA.



Participating Providers: To determine if prior authorization (PA) is required, enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH. Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
- EXPIRED - CPT or HCPCS code entered is no longer valid for use by health plan providers.

Exception Detail, Svc Partner Detail - When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

General Information/Code Search:

- The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage [click here](#) or call your provider services representative for Aetna Better Health of Florida at 1-844-645-7371, TTY 711, for Comprehensive, 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health of Florida in writing and on the home page of Aetna Better Health of Florida's secure web portal.

For Aetna Better Health of Florida - Comprehensive

- If you have any questions about authorization requirements or need help with the search tool, please contact Aetna Better Health of Florida - Comprehensive Provider Relations at 1-844-645-7371, TTY 711.
- Emergent and Urgent Care services do not require PA.
- Search results are not a guarantee of claim payment.

For Aetna Better Health of Florida for Medicaid and Florida Healthy Kids

Exception Detail, Svc Partner Detail - When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Florida Provider Relations at 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- For Dental benefits and prior authorization, please contact the member's Dental vendor.
- All inpatient hospital confinements require PA.
- Effective 4/1/2020, all Observation Level of Care authorizations will be waived. ABHFL will pay a maximum of 48 hours of Observation.
- Effective 4/1/2022, Outpatient Hospital Services rendered in place of service 19/22 or with Bill Type 130-138 require authorization based on the procedure code billed. Authorization requirements can be found in the code lookup tool.
- Usually ALL services provided by non-participating providers require PA except Professional Component (i.e.: RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY, and LABORATORY) of Facility (hospital) based services, Urgent Care Services, and Emergency Ambulance Service.
- Home health, infusion, and enteral feeding services require prior authorization.
- All wound care requires prior authorization.
- The following DME, Medical Supplies, Prosthetics & Orthotics require authorization:
 - Any item listed on the fee schedule greater than \$500 allowable
 - Any item not on the DME fee schedule
 - All DME rentals
 - DME items listed as requiring authorization.
- Transplant services (including evaluation) require prior authorization.
- Hospice services require prior authorization.
- All laboratory services related to genetic testing, regardless of place of service, require prior authorization.
- Search results, as well as authorization, are not a guarantee of claim payment.
- eviCore (formerly MedSolutions) performs Utilization Management services on behalf of Aetna Better Health of Florida for High Tech Imaging and Interventional Pain Management. Please submit your prior authorization request directly to evicore at www.evicore.com or you may call 1-888-693-3211 or fax 1-888-693-3210
- The following ancillary providers perform clinical review services on behalf of Aetna Better Health of Florida. Please contact these providers for clinical review and benefit information:

Prior Authorization

The ProPAT tool allows providers to:

- Enter CPT or HCPCS Code(s)
- Select Plan
- Search if PA is required or not for service(s)
- Review “Variance Detail” tab

*This tab provides additional detailed information related to the code that was searched. (ex: lab or path service to be sent to Quest or Labcorp).

The screenshot shows the ProPAT tool interface. On the left, there is a section titled "Enter CPT or HCPCS Code(s)" with a red box around the input field containing "85025". To the right, there is an "OR" section with "Select CPT Group:" and a dropdown menu. Below that, "Select Plan:" is set to "ABH of Florida MMA/FHK". A checkbox labeled "Include only CPT or HCPCS codes where PA is required?" is present. A "NOTE" explains that when selecting by CPT group, results include both PA required and not required codes, and that the checkbox can be used to filter for only those requiring PA. At the bottom, there are "Search", "Clear", and "Export" buttons. A red arrow points from the "Search" button to a table below.

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
85025	COMPLETE CBC W/AUTO DIFF WBC	PATH & LAB - HEMATOLOGY AND CO	NO		

Tips for requesting PA

A request for PA doesn't guarantee payment

We can't reimburse you for unauthorized services. You can make requesting PA easier with these tips:

Register for Availity if you haven't already.

Verify member eligibility before providing services.

Based on the type of request, complete and submit the PA request form.

Attach supporting documents when you submit the form.

TYPES OF PA REQUEST FORMS

These forms apply to all plans.

Physical health PA request form (PDF)

Behavioral health PA request form (PDF)

Obstetrical notification form (PDF)

MORE HELPFUL RESOURCES

Prior authorization rules for Medicaid and Florida Healthy Kids (PDF)

Quick reference guide — vendor list (PDF)

How to request PA



Online

Ask for PA through our Provider Portal.

[Visit the Provider Portal](#)



By phone

Ask for PA by calling us:

- Medicaid Managed Medical Assistance:

[1-800-441-5501](tel:1-800-441-5501) (TTY: [711](tel:711))

- Florida Healthy Kids:

[1-844-528-5815](tel:1-844-528-5815) (TTY: [711](tel:711))



By Fax

Download and complete the PA request form based on the type of request. Add any supporting materials for the review. Then, fax it to us.

Fax numbers for PA request forms

- Physical health PA request form fax: [1-860-607-8056](tel:1-860-607-8056)
- Behavioral health PA request form fax (Medicaid Managed Medical Assistance): [1-833-365-2474](tel:1-833-365-2474)
- Behavioral health PA request form fax (Florida Healthy Kids): [1-833-365-2493](tel:1-833-365-2493)

Provider Information

Provider Information

Ongoing surveys are posted on our ABHFL website as we are continuously working in obtaining the most updated information to improve services to our members and provider directory.



Welcome providers

We offer benefits and services for those who qualify for Medicaid programs and Florida Healthy Kids (FHK). As a network provider, you enjoy a lot of benefits, from ongoing support and training to timely claims processing and competitive compensation. Together, we can improve health care access and quality in Florida.

[How to join](#)



HELPFUL LINKS

- [Materials and forms >](#)
- [Provider Portal >](#)
- [Provider surveys >](#)
- [Notices and newsletters >](#)
- [Member home page >](#)



<https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Provider surveys

- [ABH FL Provider Data Validation >](#)
- [ABH FL Provider Data Change Form >](#)
- [ABHFL Provider OB/GYN Survey \(PDF\) >](#)
- [Aetna Better Health of Florida Behavioral Health and Primary Care Provider Collaboration >](#)
- [Aetna Better Health of Florida Primary Care and Behavioral Health Provider Collaboration >](#)
- [ABH FL Provider Office Hours & Telemedicine Services Survey >](#)

Provider Information

ABH FL Provider Data Validation

- Direct Link: <https://www.surveymonkey.com/r/AETPDV>
- In support of NCQA, federal, and CMS regulations and standards, Aetna Better Health of Florida requires participating providers to visit our Provider Online Directory at <https://www.aetnabetterhealth.com/florida/find-provider> each calendar quarter to validate the accuracy of your practice information.

ABH FL Provider Data Change Form

- Direct Link: <https://www.surveymonkey.com/r/AETPDCF>
- Keeping your practice data up to date through Aetna Better Health of Florida's online Provider Data Change Form is essential to ensuring member satisfaction, appropriate referrals, appointment availability, and accurate and timely claims processing.

ABH FL Behavioral Health & Primary Care Provider Collaboration

- Direct Link: <https://www.surveymonkey.com/r/AETBHPCP>
- Aetna Better Health would like to understand how well primary care and behavioral health providers communicate and coordinate care. By completing this survey and sharing your feedback ABHFL will measure how well we are meeting the expectations and needs of our network providers and practitioners.

ABH FL After Hours & Telemedicine

- Direct Link: <https://www.surveymonkey.com/r/ABHHRTEL>
- In order to keep the provider directory up to date, Aetna Better Health of Florida would like to obtain more information regarding the practice's after-hours availability and Telemedicine services provided.



Appointment Access Guidelines



Appointment Access Guidelines

Provider Requirements

Providers are required to schedule appointments for eligible members in accordance with:

1. minimum appointment availability standards
2. based on the acuity and severity of the presenting condition,
3. in conjunction with the member's past and current medical history.

Compliance Monitoring

- Provider Relations Department will routinely monitor compliance and seek Corrective Action Plans (CAP), such as panel or referral restrictions, from providers that do not meet accessibility standard.
- Providers are contractually required to meet standards for timely access to care and services, considering the urgency of and the need for the services.

Non- Urgent Appointments

- Within seven (7) days post discharge from an inpatient behavioral health admission for follow-up behavioral health treatment
- Within fourteen (14) days for initial outpatient behavioral health treatment

Appointment Access Guidelines

Timely access-standards for hours of operations for PCPs: General appointment accessibility – 20 hours per week per practice location

Practitioner Type	Appointment Type	Accessibility Standards
Behavioral Health/Substance Abuse	Preventive care & routine (non-urgent)	Within seven (7) days post discharge from an inpatient behavioral health admission for follow-up behavioral health treatment. OR Within fourteen (14) days for initial outpatient behavioral health treatment.
	Routine/follow-up (non-urgent, symptomatic conditions)	Within seven (7) days post discharge from an inpatient behavioral health admission for follow-up behavioral health treatment. OR Within fourteen (14) days for initial outpatient behavioral health treatment.
	Urgent care	Within forty-eight (48) hours do not require prior authorization. OR Within ninety-six (96) hours that do require prior authorization.
	Emergency Services-non life threatening	Within forty-eight (48) hours that do not require prior authorization. OR Within ninety-six (96) hours that do require prior authorization

Treating Members in Crisis

Treating a member in crisis?

We have multiple options to assist members:

Option 1

Call [911](#) or send the member to the nearest hospital if:

- They have thoughts of harming themselves or someone else
- They have an emergency and need help right now

Members can use any hospital for emergency care, even if it isn't in our network. They just need to show their member ID card.

Option 2

The [National Suicide Prevention Lifeline](#) has counselors that will talk or chat with members 24 hours a day, 7 days a week. Members can:

- Call [1-800-273-TALK \(8255\)](#)
- Text “HELLO” to [741741](#)

Option 3

You can also call our behavioral health hotline by calling Member Services and choosing the crisis option. We're here to help 24 hours a day, 7 days a week, and can link you to the right resources. Members can call, too.

Member Services:

- Medicaid Managed Medical Assistance: [1-800-441-5501](#) (TTY: 711)
- Florida Healthy Kids: [1-844-528-5815](#) (TTY: 711)
- Long-Term Care: [1-844-645-7371](#) (TTY: 711)

Behavioral Health Expanded Benefits

BH Expanded Benefits

Service	Description	Coverage/Limitations	Prior Authorization
Behavioral Health Assessment / Evaluation Services	Services used to detect or diagnose mental illnesses and behavioral health disorders	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Behavioral Health Day Services / Day Treatment	Intensive therapeutic treatment used to stabilize symptoms of a behavioral health disorder	Covered as medically necessary. No limit for members 21 and older	Yes
Behavioral Health Medical Services	Medication management, drug screening, etc	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Computerized Cognitive Behavioral Therapy	Standardized cognitive performance testing	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Group Therapy (Behavioral Health)	Services for a group of people to have therapy sessions with a mental health professional	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Individual / Family Therapy	Services for people to have one-to-one or family therapy sessions with a mental health professional	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met

BH Expanded Benefits

Service	Description	Coverage/Limitations	Prior Authorization
Intensive Outpatient Services (mental health and substance use)	Delivers focused, specialized behavioral health treatment in an outpatient setting	Covered as medically necessary. No limit for members 21 and older	Yes
Medication Assisted Treatment (MAT)	Medications given to help with drug or alcohol withdrawal	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Mental Health Targeted Case Management	Services to help get medical and behavioral health care for people with mental illnesses	Covered as medically necessary. 344 units per month for each member 21 and older	Yes
Psychosocial Rehabilitation	Therapy that helps restore function and well being	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
Substance Use Treatment or Detoxification Services	Outpatient services for substance use or detoxification	Covered as medically necessary. No limit for members 21 and older	Yes

In Lieu of Services Resource

In Lieu of Services Resource Guide

For our Aetna Medicaid members there are behavioral health treatment options. They are considered in lieu of services that may be medically appropriate alternate treatments for our members.

Members have the choice to receive the Medicaid covered service or an in lieu of service. We ask that providers document in the enrollee record the members choice in the members' record.

For the services outlined below, medical necessity applies.

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Crisis Stabilization Unit (CSU)	Inpatient Psychiatric Hospital Care	129		Notification is required within 24 hours of admission. Authorization is provided for the first 3 days of an emergency involuntary (Baker Act) admission. Prior authorization is required for continued stay.	No limits
Addiction Receiving Facilities	Inpatient Detoxification Hospital Care	169		Yes	No limits

In Lieu of Services Resource Guide

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Intensive Outpatient (IOP)- Substance use disorder (SUD)	Inpatient Detoxification Hospital Care	906 H0015		Yes	No limits
Intensive Outpatient (IOP)-Mental Health (MH)	Inpatient Hospital	905 S9480		Yes	No limits
Partial Hospitalization Program (PHP)	Inpatient Psychiatric Hospital Care	Half Day 912 Full Day 913		Yes	No limits
Ambulatory Detox- Substance use disorder (SUD)	Inpatient Detoxification Hospital Care	944		Yes	No limits
Ambulatory Detox-Alcohol	Inpatient Detoxification Hospital Care	945		Yes	No limits
Ambulatory Detox	Inpatient Detoxification Hospital Care	S9475 H0014		Yes	No limits
Substance Abuse Short-Term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	H0018		Yes	No limits
Self-Help/Peer Support	Psychosocial Rehabilitation	H0038		No	Up to 4 hours (16 units) per day
Community-Based Wrap Around Services	Therapeutic Group Care services or Statewide Inpatient Psychiatric Program (SIPP) services	H2022		Yes	No limits
Drop-In Center	Clubhouse Services	S5102	HE	No	Up to 20 days per year
Mobile Crisis Assessment and Intervention	Emergency Behavioral Health Care	S9484 H2011		No	S9484: Up to 2 hours per day (32 units) H2011: No limits

In Lieu of Services Resource Guide

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Infant Mental Health Pre & Post Testing Services	Psychological Testing services	T1023	HA	Yes	No limits
Family Training/Counseling for Child Development	Therapeutic Behavioral On-Site Services	T1027		No	Up to 9 hours (36 units) per month
Behavioral Health Services-Child Welfare	Therapeutic Group Care services or Statewide Inpatient Psychiatric Program services	T2023	HA	Yes	No limits
Nursing Facility Services	Inpatient Hospital Services	0101 0190 0191 0192 0193 0194 0199 0655 0658		Yes	No limits

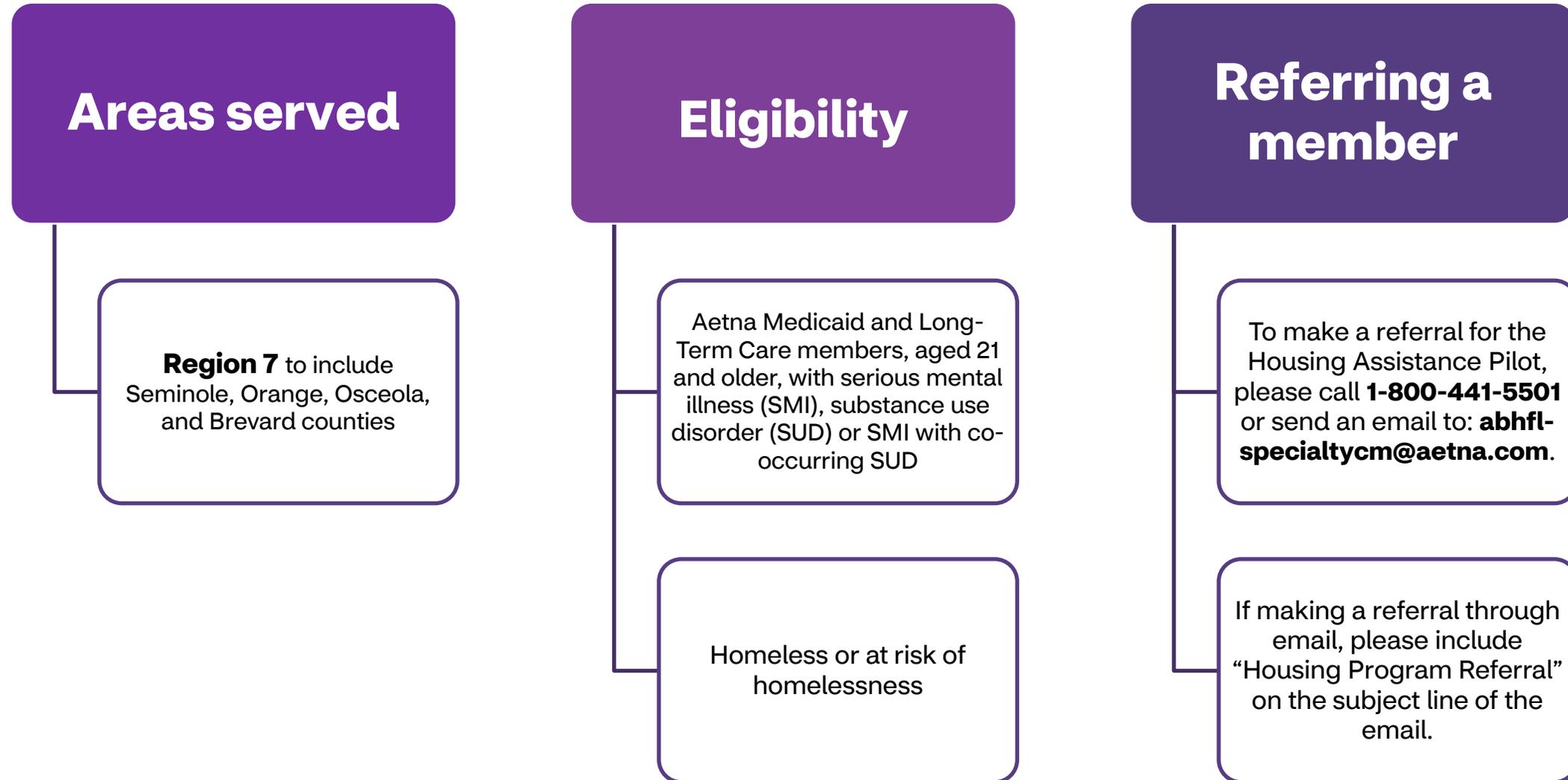
Housing Pilot Program

Housing Pilot Program

Goals of the program

- Build multi-sector collaborations and implement evidence-based strategies promoting housing stability, assistance with transitions, crisis intervention services, tenancy support and education, and peer support by partnering with community providers who have current relationships with homeless coalitions in the areas served.
- Provide services and support for members who are the most vulnerable while ensuring that they have a stable home and access to health care and community services.
- Provide true service integration by connecting behavioral health case management services with physical health case management.
- Leverage the capabilities and experience of our behavioral health providers in conjunction with our case management team to transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Housing Pilot Program



Housing Pilot Program



Transitional housing services:

Services that support an individual to prepare for and transition into housing, tenant screening and housing assessment, individualized housing support plan, assist with search for housing and application process, identify resources to pay for ongoing expenses like rent, ensure living environment is safe and ready to move-in, cover one-time incidentals such as assistance with deposits up to \$500



Tenancy sustaining services:

Early intervention for behaviors that might jeopardize housing, education/training in roles, rights & responsibilities between tenant and landlord, coaching on developing/maintaining relationships with property managers, assist with resolving disputes, reduce risk of eviction, advocacy and linkage with community resources, assistance with community recertification process, review, coordinate and modify housing support and crisis plans



Mobile Crisis Management:

Delivery of immediate de-escalation services for emotional symptoms and/or behaviors at the location in which the crisis occurs, behavioral health crisis team available 24/7/365, prevent loss of housing or emergency inpatient behavioral health admission when possible



Self-Help/Peer Support:

Person-centered services promoting skills for coping with and managing symptoms, utilizing natural resources and preservation or enhancing community living skills with the assistance of a peer support specialist

Behavioral Health Programs

Behavioral Health Programs



GUARDIAN ANGEL

Members who have experienced an overdose are outreached within 48 hours of the referral. The Case Management (CM) and/or Peer Support Specialists speaks to the member in a warm, non-judgmental way about safety, Narcan, and treatment options.

Referral for CM services also offered.

OPIOID

Members are identified via the monthly OUD report who may be abusing or misusing Opioids.

Members will be staffed during monthly rounds.

We attempt to engage the members in CM and assess for safety and ensure they know how to access Narcan and other opioid antagonist resources.

LOCK IN

This program identifies members who may be misusing, abusing, and/or diverting controlled substances to limit their access to these medications.

These members are staffed in monthly Lock In Rounds with the CM team, Medical and Pharmacy Directors. If the team agrees that the member meets the criteria for lock in, we lock them into a designated pharmacy for 1 year.

CRISIS CALLS

Members who are posing an imminent safety risk (SI, HI, acute psychosis) are warm transferred to licensed BH clinicians from the CM team.

The BH CM will assess member's safety and attempt to de-escalate. Mobile crisis or local police will be called if member is in danger to themselves or others.

CM will follow up with member or supports post crisis to ensure that they are connected to appropriate resources.

HOUSING

Members must have either a substance abuse and/or SMI diagnosis to be eligible.

This pilot program is currently being offered in Region 7.

More information on the housing pilot program in next slides.

CHAMMPS

Monthly Rx report identifies children who are being prescribed at least 2 classes of psychotropic meds, lack of metabolic monitoring, any psychotropic use in children under age 5, lack of BH visits in the last 6 months or overprescribing of psychotropic medications. Monthly rounds held with BH CM Team, Pharmacy Director and BH Medical Director. Goal is to reduce the overprescribing of psychotropic meds and increase metabolic monitoring. Also, attempting to increase education and outreach on polypharmacy and medication management to family and providers

BH Service Resources/Friendly Reminder

Behavioral Health Resources and additional information

Updated Community Behavioral Health Fee Schedule

- New Community Behavioral Health fee schedule went into effect 10/1/2023
- If the Billed Amount is less than the new max fee, the Billed Amount(s) must be updated; otherwise, there is no action needed on the provider's part.

Opioid Resources:

- <https://www.aetnabetterhealth.com/florida/providers/opioid-use-disorder.html>

Clinical Practice Guidelines:

- <https://www.aetnabetterhealth.com/florida/providers/clinical-guidelines-policy-bulletins.html>

AHCA Resource Guide:

- https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_provider_resource_guide.pdf
 - Updated quarterly
 - Housed both on the ABHFL website and on AHCA website

Friendly Reminders

- Florida Healthy Kids Members/CPT Codes: reimbursement for FHK members is based only on CPT codes; we do not reimburse on HCPC codes for this population
- Providers can utilize FLMedicaid_INTERNALPR-Disputes@AETNA.com mailbox for issues pertaining to claims or recoupment for services



Monthly Provider Trainings Information

Monthly Provider Trainings

Monthly Provider Training Invitations are sent to providers via fax and via email. We also upload the invitation on our ABHFL website for your convenience.

It is important that we have your most updated fax and email information on file in order for you to receive Monthly Provider Trainings and all of our communications timely.

Need to update your information?

1. Contact our provider relations department via email FLMedicaidProviderRelations@aetna.com
2. Complete the ABHFL Provider Data Change Form : <https://www.surveymonkey.com/r/AETPDCF>
3. Call us!
 - MMA: 1-800-441-5501 TTY (711)
 - LTC: 1-844-645-7371 TTY (711)
 - FHK: 1-844-528-5815 TTY (711)

Monthly Provider Trainings

Missed a provider training? No problem!

Our provider trainings are uploaded on our website on a monthly basis.

Visit our ABHFL website under the Provider Site and you will find all of our trainings!

- <https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Getting started
Here are some helpful provider links if you're new to our network.

- Orientation and training >**
Find tools and resources, including education on cultural competency and health equity.
- Continuity of care >**
Learn how we provide coordination of care for members transitioning from another plan.
- Claims >**
You can submit claims through our secure Provider Portal or by mailing a claim form to us.

Other training and resources

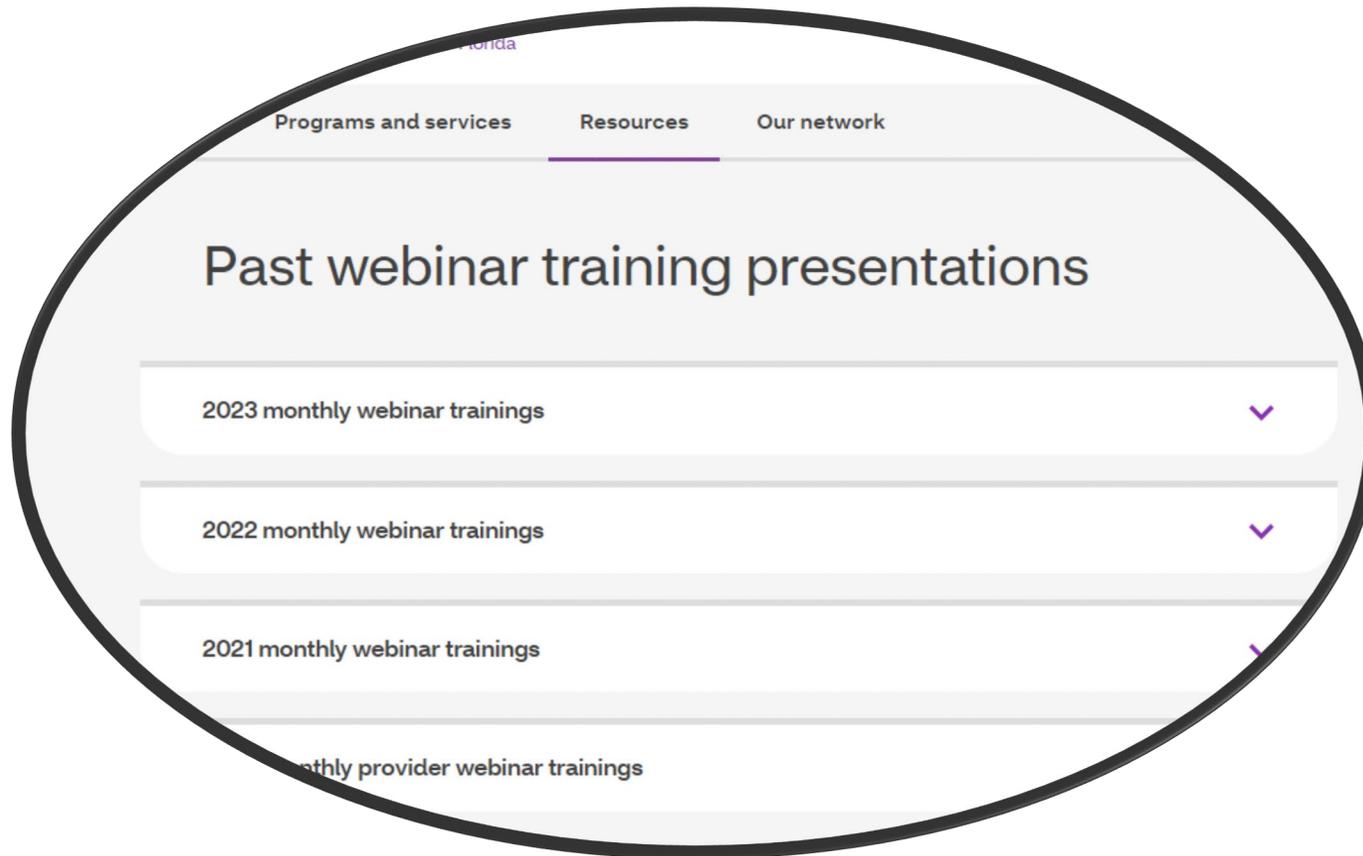
For more training and resources including webinars, be sure to also check out these pages:

- Webinar trainings >**
- Behavioral health resources and training >
- Opioid use disorder information >

Health equity ▾

Monthly Provider Trainings

<https://www.aetnabetterhealth.com/florida/providers/webinar-trainings.html>





Questions? We have answers!

Provider Services Department

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