



# Aetna Better Health<sup>®</sup> of Florida

Behavioral Health Provider Training



September 29, 2023

# Agenda

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## **ABHFL Behavioral Health Website**

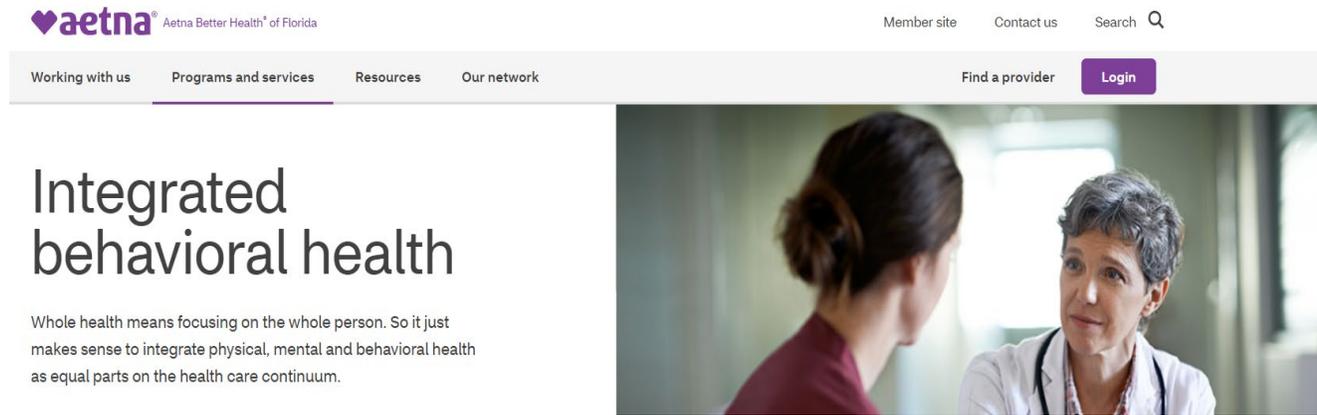
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# ABHFL Behavioral Health Website

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](#)



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...

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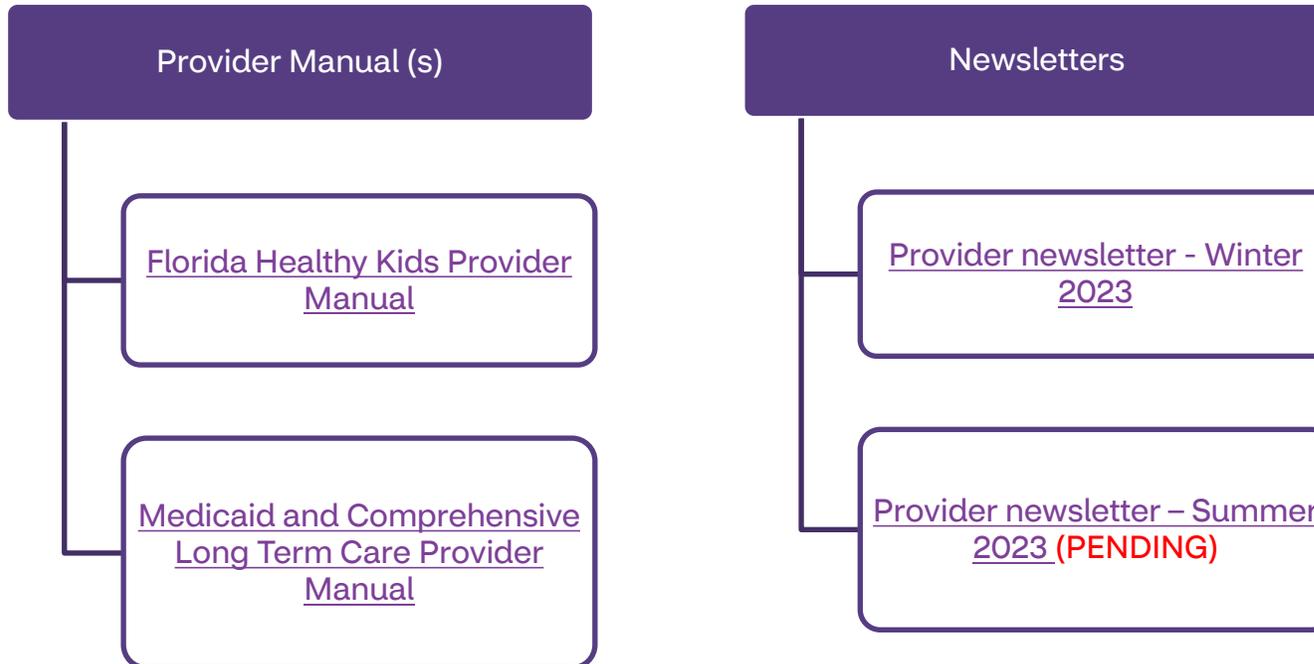
**Provider Manual  
Newsletters and Notifications**

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# Provider Manual and Newsletters

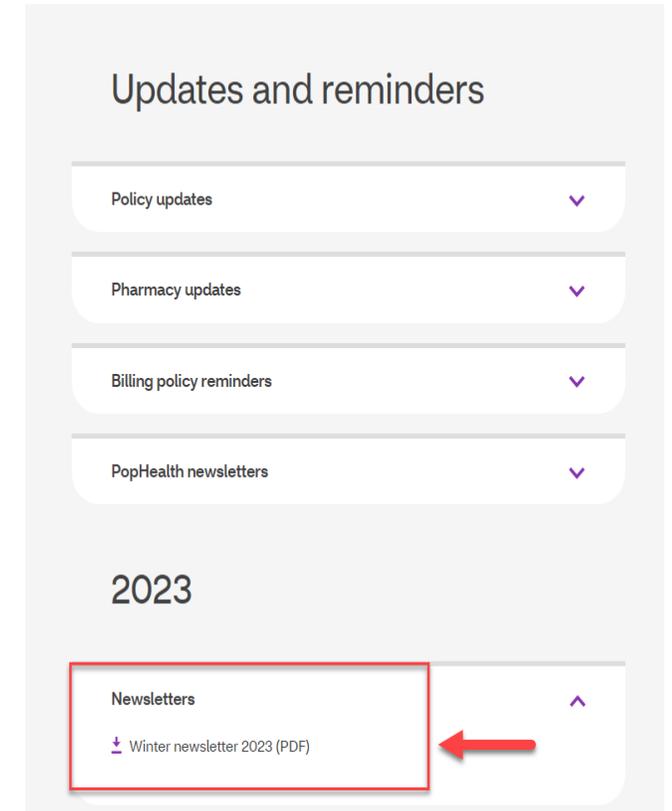
ABHFL regularly updates and uploads **Provider Bulletins, Provider Manual and Provider Newsletters** on our ABHFL website for easy access.

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).

Stay up to date on the latest provider news and helpful information.



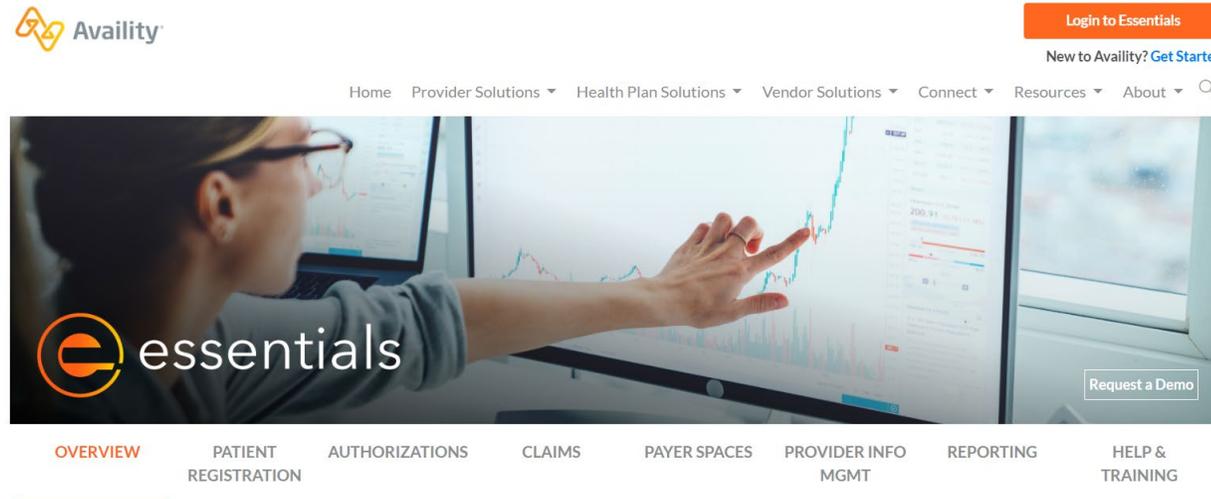
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# Availity Provider Portal

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# Availity Provider Portal

Aetna Better Health of Florida (ABHFL) would like to remind you that with [Availity Essentials](#), you can enjoy real-time information exchange. Availity is your trusted source for payer information, so you can focus on patient care.



- **Provider Communication**

[https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl\\_availity\\_provider\\_communication\\_05.05.2023.pdf](https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_availity_provider_communication_05.05.2023.pdf)

# Availity Provider Portal



## Did You Know

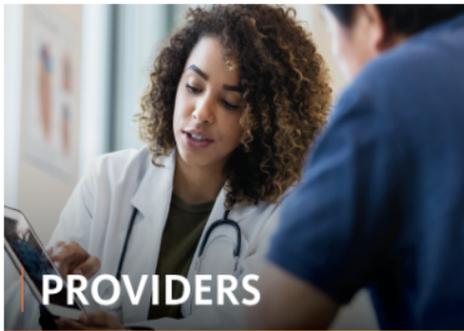
Availity Essentials provider portal provides access to a robust self-service and online tools to allow more independent and remote providers to easily navigate Aetna's policies, procedures, and requirements. Availity allows providers to directly communicate with Aetna's clinical and administrative staff through the Contact Us application. 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 Provider Portal

If your organization isn't registered with Availity, we strongly recommend that you get started today at [Availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration).

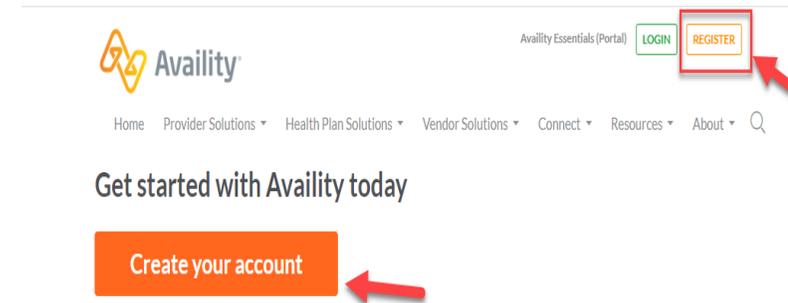
To register, select your organization type below



Select this option if you are a healthcare provider.

If you are a healthcare provider – i.e., physician practice, mental health provider, specialist, medical transportation service, or non-physician provider – click below to register. Questions about registering? Join us for a live webinar or explore other registration resources on our [training microsite](#).

Register



## 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



## Live webinars are available for Availity portal users

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

## Tips for finding live webinars

- ✓ In the Availity Portal, select Help & Training > Get Trained to open your ALC catalog in a new browser tab.
- ✓ In the ALC catalog > Sessions tab, browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using Your Calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable iCal options.

## Can't make a live session?

The ALC catalog includes lots of on-demand options, too. In the ALC Catalog, look for courses with a title that ends in Recorded Webinar, for example, Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar

## Bookmark this resource for easy access:

- <https://availity.com/Essentials> — 24/7 access to training resources and recorded webinars to view at your leisure

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

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

All ABHFL EFT/ERA Registration Services (EERS) are managed by Change Healthcare. EERS gives payees multiple ways to set up EFT and ERA in order to receive transactions from multiple payers.

## Electronic funds transfer (EFT)

EFT makes it possible for us to deposit electronic payments directly into your bank account. Some benefits of setting up an EFT include:

- Improved payment consistency
- Fast, accurate and secure transactions

## Electronic remittance advice (ERA)

ERA is an electronic file that contains claim payment and remittance info sent to your office. The benefits of an ERA include:

- Reduced manual posting of claim payment info, which saves you time and money, while improving efficiency
- No need for paper Explanation of Benefits (EOB) statements

# 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).

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## Prior Authorization

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# 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<sup>®</sup> of Florida

  
Menu

## 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.



[Search ProPAT](#)



# 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)

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## **Timely Filing Requirements**

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# Timely Filing Requirements

Providers should submit timely, complete, and accurate claims to the Aetna Better Health of Florida.

Untimely claims will be denied when they are submitted past the timely filing deadline.

Unless otherwise stated in the provider agreement, the following guidelines apply.

Provider / Claim Type	Guideline
<b>Plan Participating Providers</b>	Provider shall mail or electronically transfer (submit) the claim within <b>180 days</b> after the date of service or discharge from an inpatient admission. (F.S. 641.3155)
<b>Non-Participating Providers</b>	Provider shall mail or electronically transfer (submit) the claim within <b>365 days</b> after the date of service or discharge from an inpatient admission. (SMMC Contract) (Section VIII.D)(E)(2)
<b>Plan as Secondary Payor</b>	When the Managed Care Plan is the secondary payer, the provider must submit the claim within <b>ninety (90) calendar days</b> after the final determination of the primary payer. (SMMC Contract) (Section VIII)( E)(1)(h)
<b>Medicare Crossover</b>	When the Managed Care Plan is the secondary payer to Medicare, and the claim is a Medicare cross over claim, these must be submitted within <b>36 months</b> of the original submission to Medicare. (SMMC Contract) (Section VIII)( E)(2)(d)(2)
<b>Corrected Claims</b>	Provider shall mail or electronically transfer (submit) the corrected claim within <b>180 days</b> from the date of service or discharge from an inpatient admission. (F.S. 641.3155)
<b>Return of requested additional information (itemized bill, ER records, med records, attachments)</b>	A provider must submit any additional information or documentation as specified, within <b>thirty-five (35) days</b> after receipt of the notification. Additional information is considered received on the date it is electronically transferred or mailed. Aetna Better Health cannot request duplicate documents. (F.S. 641.3155(2)(c)(2)

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## Grievance & Appeals

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# Grievance & Appeals Summary

**Provider Appeals** = Request to review the denial of or payment on a claim

- **NOTE:** When submitting pre-service requests on behalf of a member you must have written consent. These requests are processed as a member appeals and subject to member appeal timeframes and processes.

**Complaints/Grievances** = Dissatisfaction with anything else not related to a claim

## Interfiling vs. Bundling

- **Interfiled** = submitting multiple unrelated claim denials for appeal in one packet.
- **Bundling** = a submission of multiple claims with the same denial reason as one appeal. For example, code XXXX denies every time you submit a claim, or all claims for Jane Doe are denied.

## Claim Resubmissions

- Resubmitted claims = claims that are being resubmitted for reprocessing, including but not limited to corrected claims, hard copy claims that were denied due to missing information

# Appeals Submissions

If you are submitting an interfiled appeal request (multiple unrelated claims) in one mailing you must use physical barriers (elastic, paper clip, binder clip, blank sheet of colored paper etc.) for each claim in the submission.

## **Appeals, Complaints and Grievances**

Whenever possible please submit your appeal, complaint or grievance electronically.

- It is preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances: [Availity Provider Portal](#)
- You may submit by fax to **1-860-607-7894**

You can also call us with your complaint or appeal:

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

If you prefer to mail hard copy requests for an appeal, complaint or grievance, they must be sent to:

**Aetna Better Health of Florida**  
**PO Box 81040**  
**5801 Postal Road**  
**Cleveland, OH 44181**

**Complaints/Grievances may be submitted at any time.**

**Medical necessity claim appeals must be submitted within sixty (60) calendar days from the claim denial or the resubmission denial**



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## Provider Information

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# 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 >



Provider surveys >

<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.

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## **Appointment Access Guidelines**

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# Appointment Access Guidelines

## Provider Requirements

Providers are required to schedule appointments for eligible members in accordance with the minimum appointment availability standards and based on the acuity and severity of the presenting condition, 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.

# 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
<b>Behavioral Health/Substance Abuse</b>	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

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## **Behavioral Health Expanded Benefits**

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# BH Expanded Benefits

Service	Description	Coverage/Limitations	Prior Authorization
<b>Behavioral Health Assessment / Evaluation Services</b>	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
<b>Behavioral Health Day Services / Day Treatment</b>	Intensive therapeutic treatment used to stabilize symptoms of a behavioral health disorder	Covered as medically necessary. No limit for members 21 and older	Yes
<b>Behavioral Health Medical Services</b>	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
<b>Computerized Cognitive Behavioral Therapy</b>	Standardized cognitive performance testing	Covered as medically necessary. No limit for members 21 and older	Prior authorization required once Medicaid coverage/limitations are met
<b>Group Therapy (Behavioral Health)</b>	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
<b>Individual / Family Therapy</b>	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
<b>Intensive Outpatient Services (mental health and substance use)</b>	Delivers focused, specialized behavioral health treatment in an outpatient setting	Covered as medically necessary. No limit for members 21 and older	Yes
<b>Medication Assisted Treatment (MAT)</b>	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
<b>Mental Health Targeted Case Management</b>	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
<b>Psychosocial Rehabilitation</b>	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
<b>Substance Use Treatment or Detoxification Services</b>	Outpatient services for substance use or detoxification	Covered as medically necessary. No limit for members 21 and older	Yes

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**In Lieu of Services Resource**

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# 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

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# Housing Pilot Program

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# 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

## Areas served

Region 7 to include Seminole, Orange, Osceola, and Brevard counties

## Eligibility

Aetna Medicaid and Long-Term Care members, aged 21 and older, with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD

Homeless or at risk of homelessness

## Referring a member

To make a referral for the Housing Assistance Pilot, please call **1-800-441-5501** or send an email to: **abhfl-specialtycm@aetna.com**.

If making a referral through email, please include "Housing Program Referral" on the subject line of the email.

# 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

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## **BH Service Resources**

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# BH Service Resources

## 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](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

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# **SBIRT Provider Training**

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# SBIRT Training

**SBIRT** – **S**creening, **B**rief **I**ntervention, **R**eferral to **T**reatment

## Aetna Better Health of Florida is offering a SBIRT Training Opportunity to all providers!

### This training will cover:

- What is SBIRT? Review of the framework and rationale for SBIRT.
- Screening Tools and Assessment
- SBIRT Intervention Pathways - Brief counseling / Motivational Interviewing & Referral to Treatment
- Medication Management Overview for Obstetric Clinicians
- Billing Codes for SBIRT

#### WHEN

- Wednesday October 4<sup>th</sup>, 2023

#### TIME

- 9:00am-10:00am EST

#### SIGN UP

- Please visit:  
<https://www.eventbrite.com/e/florida-bh-impact-sbirt-training-tickets-708536881887?aff=oddtcreator>

# SBIRT Invitations

SBIRT Webinar Provider Training Invitations/Bulletins faxed/emailed to notify providers of the upcoming training.

## SBIRT Webinar Provider Training Invitation

# You're invited

## SBIRT Webinar Training

ABHFL encourages our providers to complete SBIRT with our members to ensure that they are actively being screened for substance use and being referred to treatment. SBIRT is an evidence-based approach to identify members who are using alcohol and other drugs at risky levels and connect them with resources, services and supports.



**Date:** Wednesday October 4<sup>th</sup>, 2023

**Time:** 9:00AM-10:00AM (EST)

**Location:** Web Seminar (Webinar)

**Host:** Kay Roussos-Ross, MD

**How to Sign Up?**

> Please visit Eventbrite  
<https://www.eventbrite.com/e/florida-bh-impact-sbirt-training-tickets-708536881887?aff=oddtcreator>

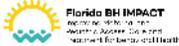
**This training will cover:**

- What is SBIRT?
  - Screening, Brief Intervention, Referral to Treatment Training Opportunity
- Review of the framework and ration for SBIRT.
  - Screening Tools and Assessment
  - SBIRT Intervention Pathways - Brief counseling / Motivational Interviewing & Referral to Treatment
  - Medication Management Overview for Obstetric Clinicians
  - Billing Codes for SBIRT




Florida BH IMPACT website: <https://fbhimpact.org/> ABHFL: <https://www.aetnabetterhealth.com/florida/index.html>

## SBIRT Training Opportunity Provider Bulletin




AETNA BETTER HEALTH® OF FLORIDA

261 N. University Drive  
Plantation, FL 33324  
[www.AetnaBetterHealth.com/Florida](http://www.AetnaBetterHealth.com/Florida)

### PROVIDER BULLETIN

<b>Date:</b>	September 8, 2023
<b>Purpose:</b>	To inform providers of upcoming training opportunity for SBIRT (Screening, brief intervention, and referral to treatment)
<b>Subject:</b>	SBIRT Training Opportunity
<b>Products:</b>	MMA, LTC, FHK
<b>From:</b>	Provider Relations

### Aetna Better Health® of Florida SBIRT-Screening, Brief Intervention, Referral to Treatment Training Opportunity – October 4<sup>th</sup>, 2023

Dear Providers,

Aetna Better Health of Florida would like to inform our providers of a training opportunity in partnership with Florida BH IMPACT.

ABHFL encourages our providers to complete SBIRT with our members to ensure that they are actively being screened for substance use and being referred to treatment. SBIRT is an evidence-based approach to identify members who are using alcohol and other drugs at risky levels and connect them with resources, services and supports. This training will cover:

- What is SBIRT? Review of the framework and rationale for SBIRT.
- Screening Tools and Assessment
- SBIRT Intervention Pathways - Brief counseling / Motivational Interviewing & Referral to Treatment
- Medication Management Overview for Obstetric Clinicians
- Billing Codes for SBIRT

**When:** Wednesday October 4<sup>th</sup>, 2023

**Time:** 9:00 am-10:00 am EST

**How to sign up:** please visit Eventbrite  
<https://www.eventbrite.com/e/florida-bh-impact-sbirt-training-tickets-708536881887?aff=oddtcreator>

Thank you for your continued participation in the Aetna Better Health of Florida network and providing care to our members. Please contact our Provider Services line should you have any questions at:

**Phone:** MMA: 1-800-441-5501 (TTY: 711), LTC: 1-844-645-7371 (TTY: 711), FHK: 1-844-528-5815 (TTY: 711)

**Email:** [FL.MedicaidProviderRelations@aetna.com](mailto:FL.MedicaidProviderRelations@aetna.com)

**Florida BH IMPACT website:** <https://fbhimpact.org/>

Thank you,

Aetna Better Health of Florida  
[www.aetnabetterhealth.com/florida](http://www.aetnabetterhealth.com/florida)

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 RECIPIENTS OF INFORMATION: Information disclosed in 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 to you without express and prior consent of the person to whom it pertains of an 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.

[www.AetnaBetterHealth.com/Florida](http://www.AetnaBetterHealth.com/Florida)

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Proprietary

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## Monthly Provider Trainings Information

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# 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](mailto: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)



# Questions? We have answers!

## **Provider Services Department**

- Phone: 1-844-528-5815
- Email: [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com)

## **Behavioral Health Network Relations Specialist**

- Name: Yolaine Joseph-Doralus
- Email: [Joseph-DoralusY@AETNA.com](mailto:Joseph-DoralusY@AETNA.com)

## **Contracting and Credentialing Information**

Behavioral Services Network, Inc

- Email: [info@bsnnet.com](mailto:info@bsnnet.com)
- Phone: 305-907-7470

