



Aetna Better Health[®] of Florida

Provider General Monthly Training



July 31, 2023

Agenda

ProgenyHealth

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Availity Provider Portal

Provider Manual Newsletters and Notifications

EFT/ERA

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Grievance & Appeals

Monthly Provider Trainings

ProgenyHealth

Supporting Your OB/GYN Patients & You

Effective 08/01/2023 - Aetna Better Health® of Florida and ProgenyHealth® have teamed up to offer a Maternity Care Management program that:

Supports your patients between office visits with on-call Nurse Case Managers

Informs you if your patient reports concerning signs or symptoms

Reduces office phone calls with ongoing education through our Maternity App

Improves appointment adherence by keeping patients on schedule

Connects your patients to non-clinical resources and benefits when needed

To learn more about the ProgenyHealth Maternity Care Management Program, call **1-855-231-4730**, Monday - Friday, 8:30 AM - 5:00 PM ET, or email maternity@progenyhealth.com



Provider Surveys

Provider Surveys

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 Surveys

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.

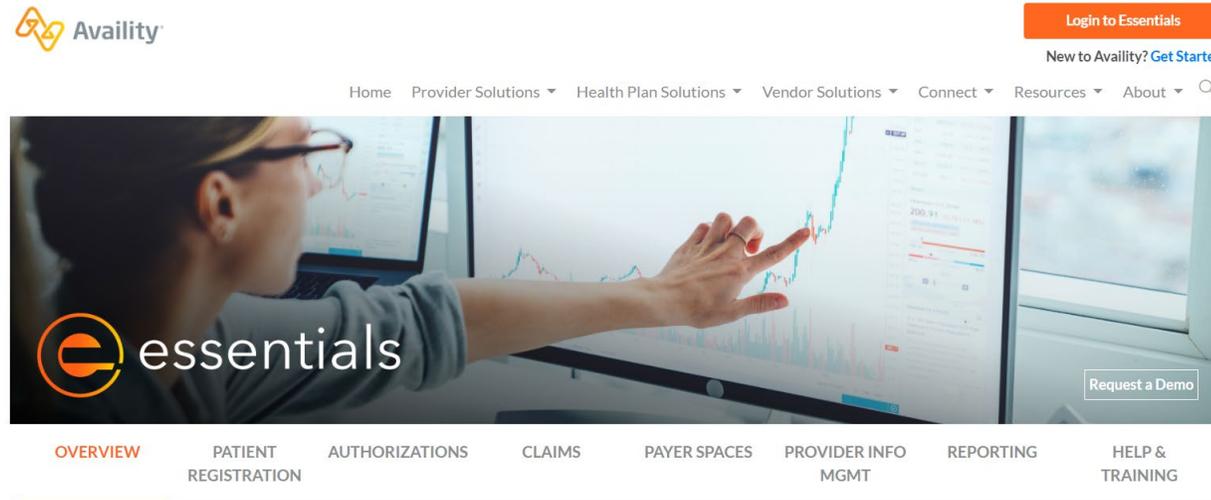
ABH FL After Hours & Telemedicine

- 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.

Availity

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

Availity Provider Portal



Did You Know

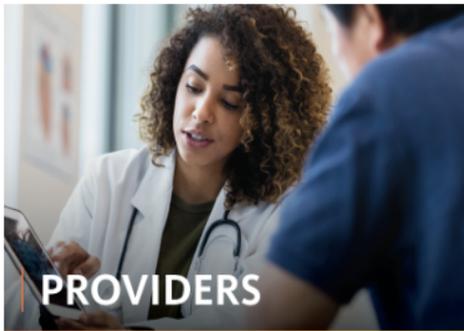
Availity Essentials provider portal provides access to a robust self-service and online tools to allow more independent and remote providers to easily navigate Aetna's policies, procedures, and requirements. Availity allows providers to directly communicate with Aetna's clinical and administrative staff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

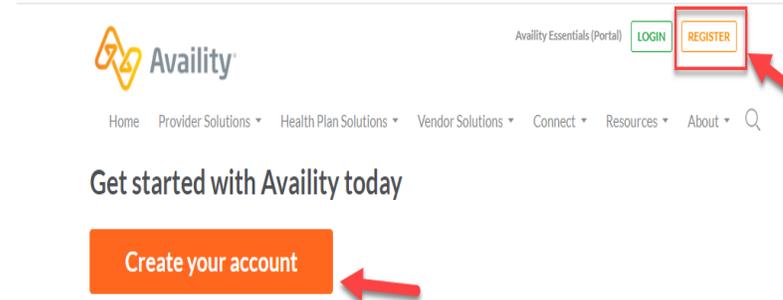
To register, select your organization type below



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:

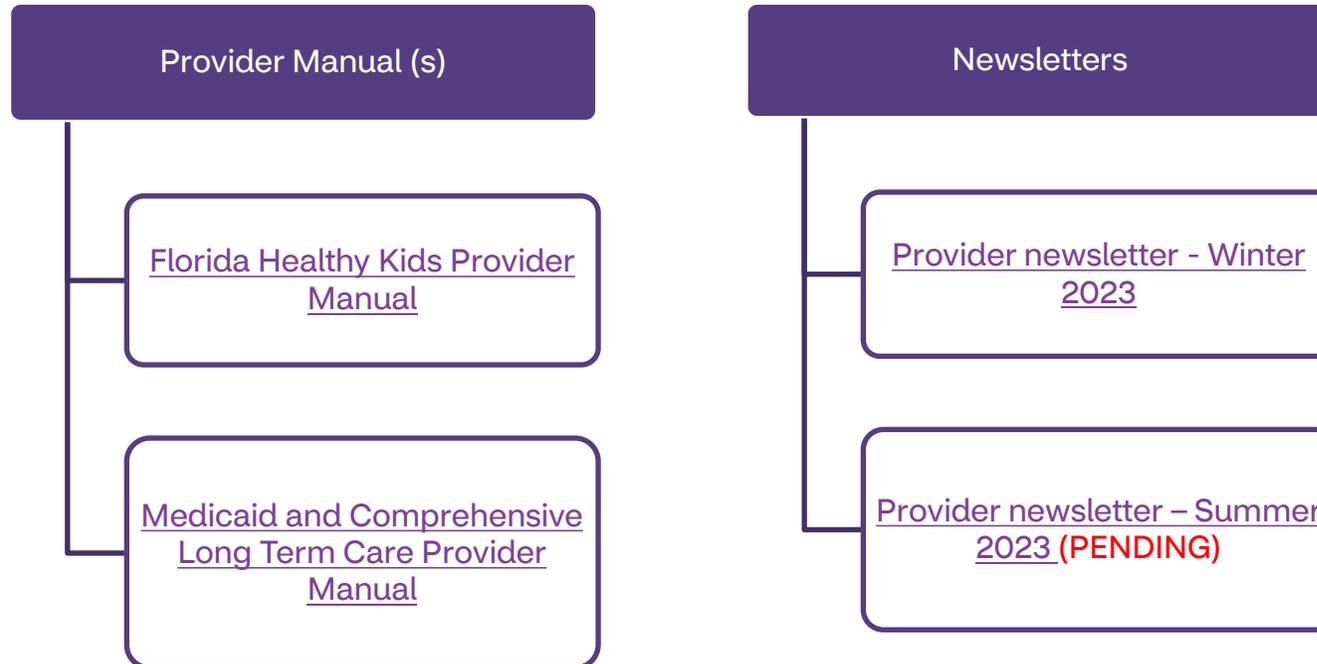
- <https://availity.com/Essentials> — 24/7 access to training resources and recorded webinars to view at your leisure

**Provider Manual
Newsletters and Notifications**

Provider Manual and Newsletters

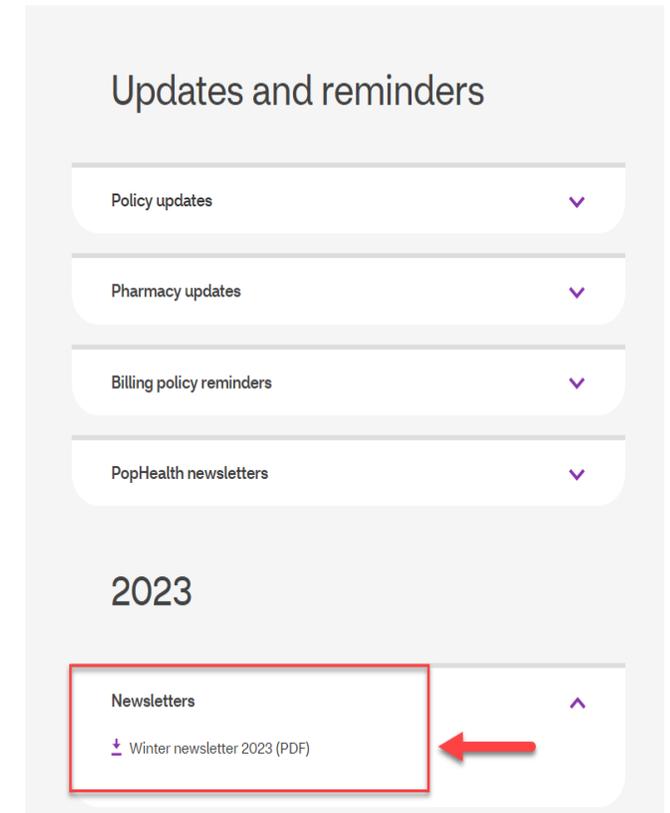
ABHFL regularly updates and uploads **Provider Bulletins, Provider Manual and Provider Newsletters** on our ABHFL website for easy access.

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).

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



Provider Notifications (Fax blasts)

Provider Notifications

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

July 2023

- [COVID-19 Vaccine Non-Covered Procedure Codes Update](#)

June 2023

- [SBIRT CME Provider Opportunity Reminder](#)
- [Telemedicine Services Update -Effective July 1, 2023](#)
- [Coordination of Care and Chronic Care Management](#)
- [HCPCS Codes for Depression Screening \(FHK\)](#)
- [2023 Provider Satisfaction Surveys](#)
- [Behavioral Health and Primary Care Provider Collaboration Survey](#)
- [Primary Care Provider and Behavioral Health Collaboration Survey](#)

May 2023

- [2023 Provider Satisfaction Surveys](#)
- [Office Hours and Telemedicine Services Survey](#)
- [Provider Taxonomy Requirements on Claims – Reminder](#)
- [OB/GYN Survey](#)
- [COVID-19 Public Health Emergency Flexibilities Ending](#)
- [Availity](#)



Working with us Programs and services Resources Our network

Provider notifications

July 2023

↓ [COVID-19 Vaccine Non-Covered Procedure Codes Update \(PDF\)](#)

June 2023

↓ [HCPCS Codes for Depression Screening \(PDF\)](#)

↓ [Coordination of Care and Chronic Care Management \(PDF\)](#)

↓ [Telemedicine Services Update - Effective July 1, 2023 \(PDF\)](#)

↓ [American Rescue Plan Act - Provider Payment \(PDF\)](#)

↓ [Monthly Provider Webinar Training - Behavioral Health \(PDF\)](#)

↓ [SBIRT CME Providers Opportunity Reminder \(PDF\)](#)

↓ [Behavioral Health and Primary Care Provider Collaboration Survey \(PDF\)](#)

↓ [Primary Care Provider and Behavioral Health Collaboration Survey \(PDF\)](#)

May 2023

↓ [HCPCS Codes for Depression Screening \(PDF\)](#)

↓ [2023 Provider Satisfaction Surveys \(PDF\)](#)

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

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

Effective February 1, 2023, 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

For more information, visit our ABHFL website provider bulletin distributed on 01/30/2023:

- https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_ef_t_era_registration_services_eers_provider_communication.pdf

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).

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

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)

Timely Filing Requirements

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 (see guideline chart on your right).

For more information visit our [ABHFL Complaints and appeals](#) page.

Provider / Claim Type	Guideline
Plan Participating Providers	Provider shall mail or electronically transfer (submit) the claim within 180 days after the date of service or discharge from an inpatient admission. (F.S. 641.3155)
Non-Participating Providers	Provider shall mail or electronically transfer (submit) the claim within 365 days after the date of service or discharge from an inpatient admission. (SMMC Contract) (Section VIII.D)(E)(2)
Plan as Secondary Payor	When the Managed Care Plan is the secondary payer, the provider must submit the claim within ninety (90) calendar days after the final determination of the primary payer. (SMMC Contract) (Section VIII)(E)(1)(h)
Medicare Crossover	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 36 months of the original submission to Medicare. (SMMC Contract) (Section VIII)(E)(2)(d)(2)
Corrected Claims	Provider shall mail or electronically transfer (submit) the corrected claim within 180 days from the date of service or discharge from an inpatient admission. (F.S. 641.3155)
Return of requested additional information (itemized bill, ER records, med records, attachments)	A provider must submit any additional information or documentation as specified, within thirty-five (35) days 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)

Grievance & Appeals

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



Monthly Provider Trainings

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)

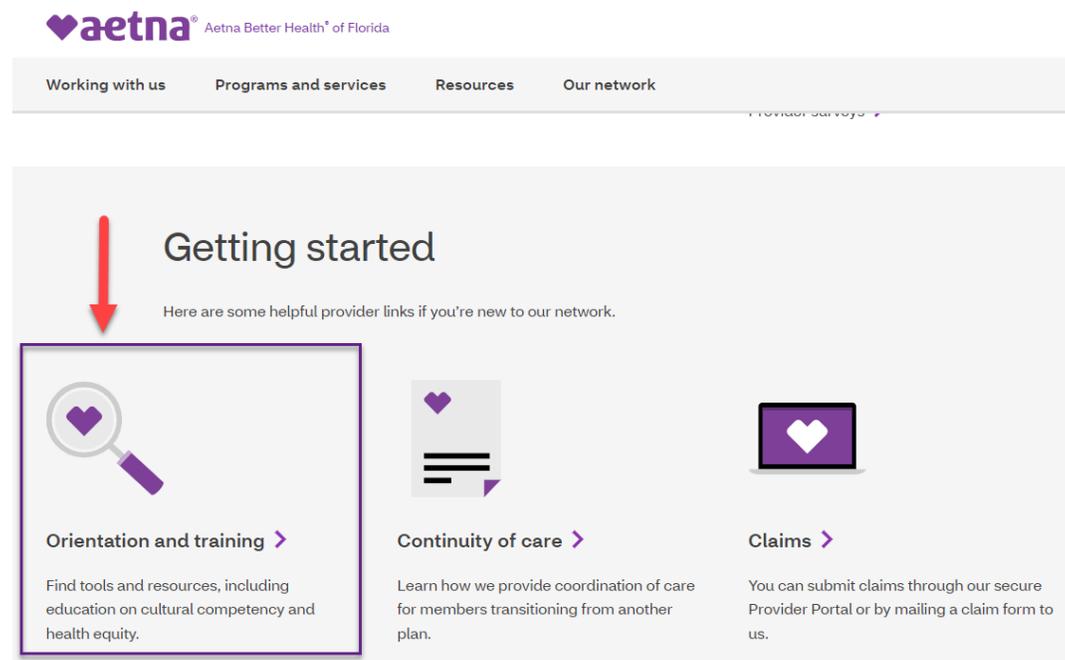
Monthly Provider Trainings

Missed a provider training? No problem!

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

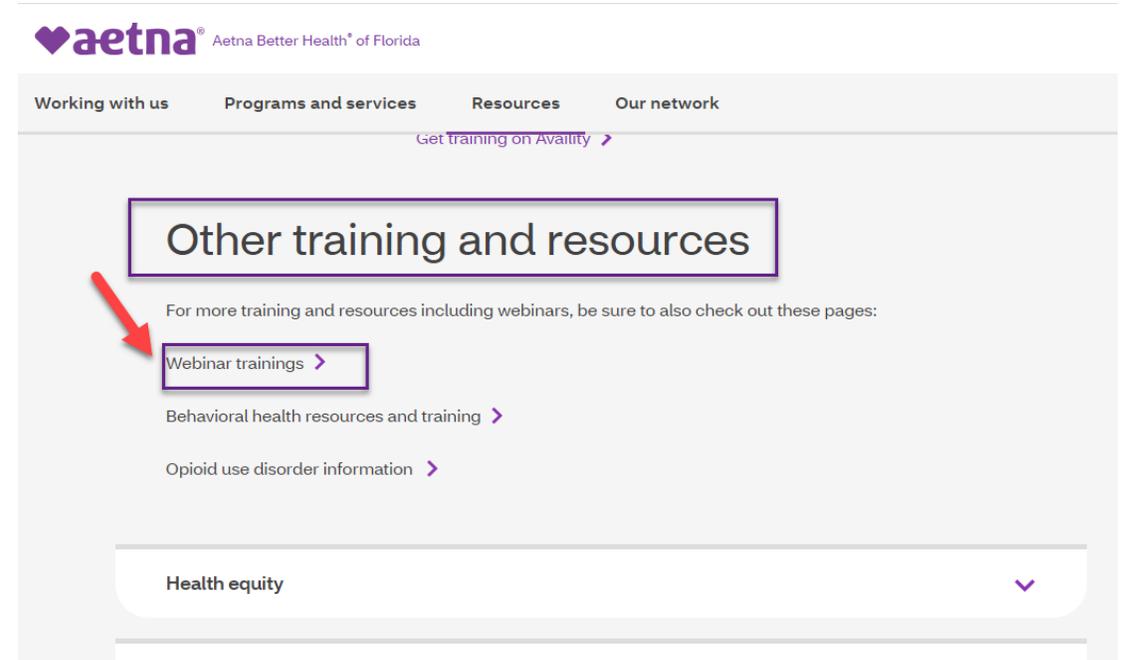
Visit our ABHFL website under the Provider Site and you will find all of our trainings!

- <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 v

Monthly Provider Trainings

Direct Link:

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

Past webinar training presentations

2023 monthly webinar trainings

 [June 2023 - Monthly Provider Training - Behavioral Health \(PDF\)](#)

 [May 2023 - Monthly Provider Training - Maternity \(PDF\)](#)

 [April 2023 - Monthly Provider Training - General Training \(PDF\)](#)

 [March 2023 - Monthly Provider Training - Behavioral Health \(PDF\)](#)

 [February 2023 - Monthly provider training - General Training \(PDF\)](#)

 [January 2023 - Monthly provider training - Maternity \(PDF\)](#)

2022 monthly webinar trainings



Questions?

We have answers!

Contact our Provider Services Department

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

Email: FLMedicaidProviderRelations@aetna.com

