

Agenda

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EFT/ERA Change Health Care

Verifying Eligibility & Benefits

Prior Authorization

Timely Filing Requirements

Grievance & Appeals

Monthly Provider Trainings

Best Ways to Connect with Us

Best Ways to Connect with Us

We want to make doing business with Aetna as easy as possible, and that includes getting in touch with us when you need support.



Leverage the ***Aetna Better Health of Florida provider website*** for manuals and quick links.

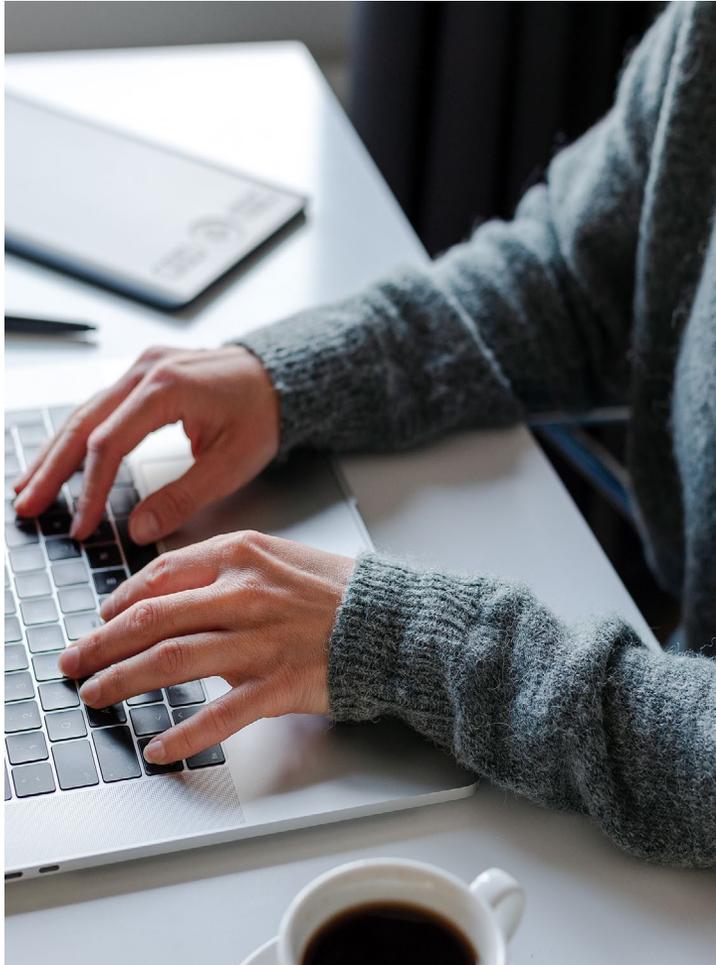


Visit ***Availity*** for real time enrollment, any claim related reviews, eligibility, prior-authorization, grievance & appeals and questions or inquiries.



Visit the ***Change Health payer enrollment services website*** for help with electronic funds transfer (EFT) and Electronic remittance (ERA) set up.

Best Ways to Connect with Us



Still Need Support?

Use our new provider contact us form to tell us more about your specific request or inquiry.

This form allows you to share the right information from the start, so you don't have to spend valuable time tracking down the help you need.

As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department.

HOW IT WORKS!

To access the form visit ["Contact Us" provider web form.](#)

Start by selecting the reason for your inquiry, then share the appropriate contact at your practice, and add essential information like your Tax ID, NPI and more.

You can also include up to 5 files with your inquiry if needed.

Best Ways to Connect with Us



Contact Us

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 [Availity](#). 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.

Inquiry information

***THE REASON FOR YOUR INQUIRY IS**
Choose one option

***STATE**
Florida

Requester information (at provider's office)

***NAME**

***TITLE**
For example, Office Manager

NOTE: Please make sure that you have your provider's office information handy while submitting the request as there are required fields to submit the inquiry/request. (Requestor's name, title, email, phone, provider's name, TIN, NPI)

Contact Us

Inquiry Reason - Options

- ✓ 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

**Additional options will be added as we work through this new process!*

**ABHFL Website
Provider Main Site**

Provider Site

- The ABHFL website was redesigned in 2023
- It is now more user friendly to our members/providers
- Information can be located with fewer clicks
- Helpful Links are available on the provider main page

The screenshot shows the Aetna Provider Site. At the top, there is a navigation bar with the Aetna logo, 'Aetna Better Health of Florida', and links for 'Member site', 'Contact us', and 'Search'. Below this is a secondary navigation bar with 'Working with us', 'Programs and services', 'Resources', and 'Our network'. A 'Find a provider' button and a 'Login' button are also present. The main heading is 'Getting started', followed by the text 'Here are some helpful provider links if you're new to our network.' Below this are four cards, each with an icon and a title: 'Orientation and training' (magnifying glass icon), 'Continuity of care' (heart icon), 'Claims' (heart icon on a laptop), and 'Prior authorization (PA)' (clipboard icon). Each card has a brief description of the service.

The screenshot shows the Aetna Provider Site 'Welcome providers' page. At the top, there is a purple banner with a speaker icon and the text 'Hurricane help' and 'Support after Hurricane Idalia'. Below this is the Aetna logo and 'Aetna Better Health of Florida', along with 'Member site', 'Contact us', and 'Search' links. The main heading is 'Welcome providers', followed by a paragraph of text: '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.' Below this is a 'How to join' button. To the right is a large image of a doctor examining a child. A red arrow points from the 'How to join' button to a 'HELPFUL LINKS' box containing: 'Materials and forms', 'Provider Portal', 'Provider surveys', 'Notices and newsletters', and 'Member home page'.

<https://www.aetnabetterhealth.com/florida/providers/index.html>

Provider Site

Working with us



Working with us

Programs and services

Claims >

Grievances and appeals

Prior authorization >

Continuity of care

Durable medical equipment and supplies



Programs and services



Working with us

Programs and services

Behavioral health

Medical management

Pharmacy >

Maternity Care Management



Provider Site

Resources



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

Tools and materials >

News and announcements >

Policies and guidelines >

Education >

Materials and forms

Provider Portal



Our network



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

How to join

Provider data



Website Provider Helpful Links

Website Provider Helpful Links

Materials and Forms

- Under materials and forms you will find helpful information that includes:
 - [Behavioral Health Services](#)
 - [In-Network Relations Representatives](#)
 - [ABHFL Resource Guide](#)
 - [ABHFL Vendor List](#)
 - [And much more!](#)
- <https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Provider Portal

- Quick access to connect with us via Aetna Better Health of Florida Portal or Availity Portal.
 - [Availity](#)
 - [ABHFL Portal](#)
- <https://www.aetnabetterhealth.com/florida/providers/portal.html>

Provider Surveys

- Multiple provider surveys are available and can be used to update information.
 - [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](#)
- <https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Notices and newsletters

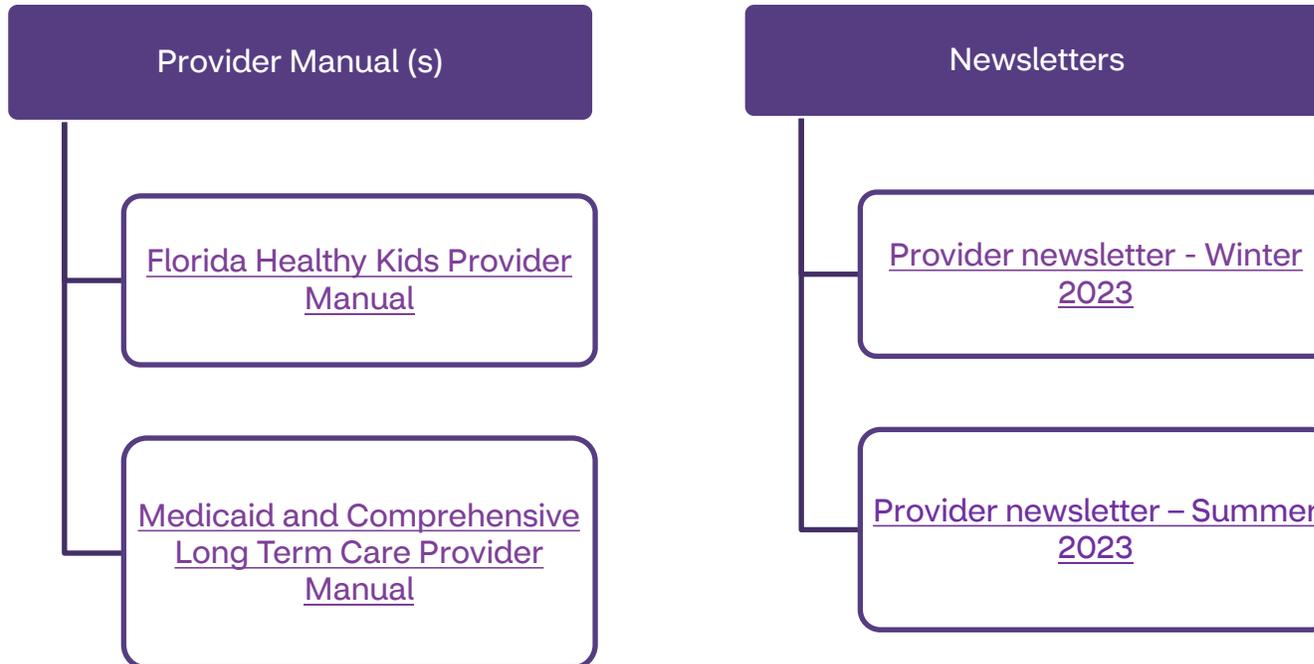
- Important updates and most recent information is in this section.
 - [Policy Updates](#)
 - [Pharmacy updates](#)
 - [Billing policy reminders](#)
 - [PopHealth Newsletters](#)
 - [Provider Notifications](#)
 - [Newsletters](#)
- <https://www.aetnabetterhealth.com/florida/providers/notifications-newsletters.html>

**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). **Upcoming 2024 Newsletter will be available in February!**

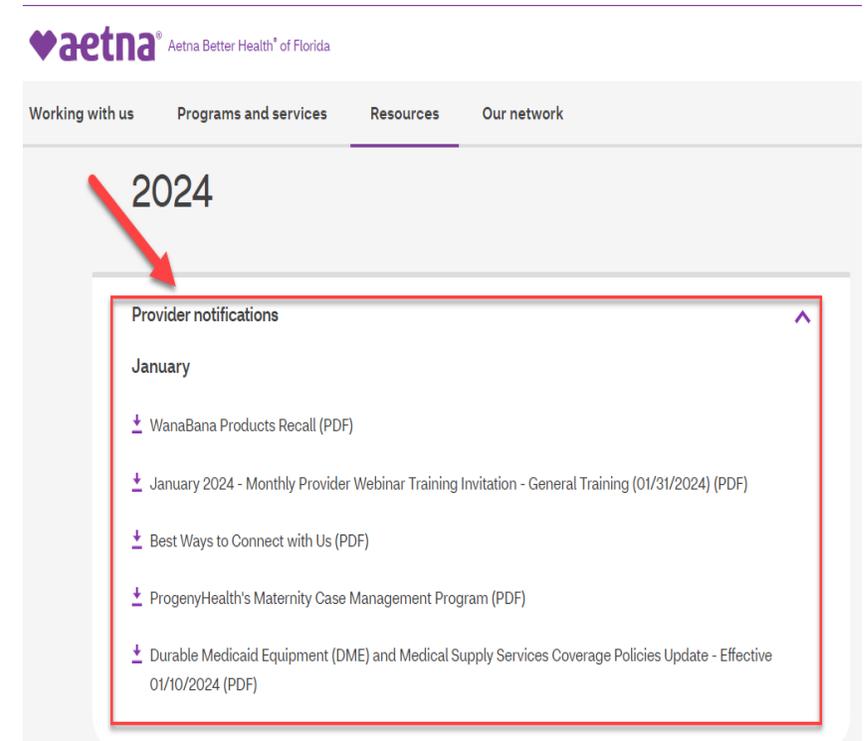


Provider Notifications (Fax blasts)

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 \(PDF\)](#)



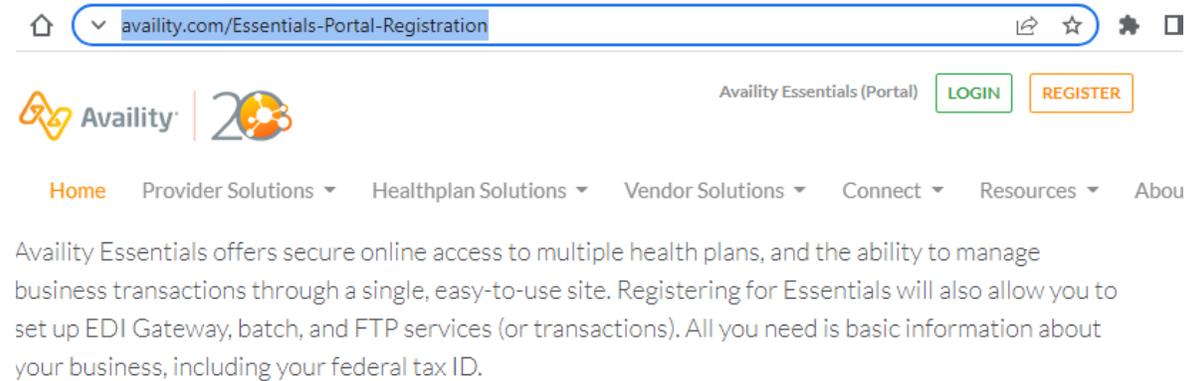
Availity

Availity Provider Portal

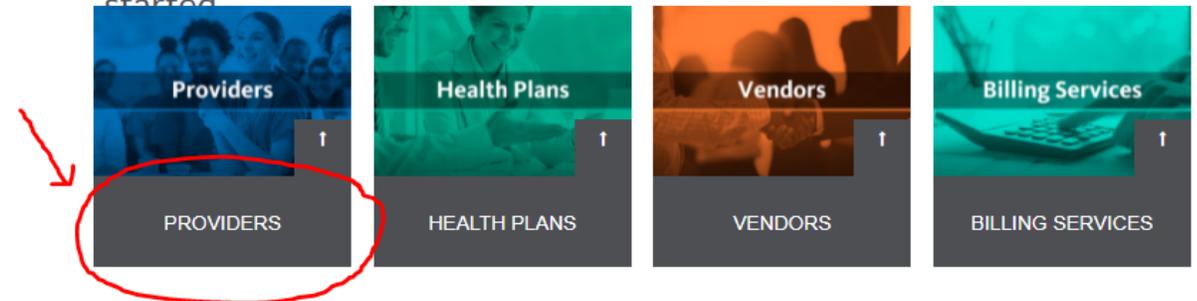


- [Availity Essentials](https://avality.com/Essentials-Portal-Registration), is our preferred and trusted source for payer information.
- If your organization isn't registered with Availity, we strongly recommend that you get started today at:
- <https://avality.com/Essentials-Portal-Registration>

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



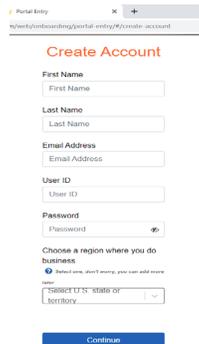
Locate your organization type below, then click the arrow to get started



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**.

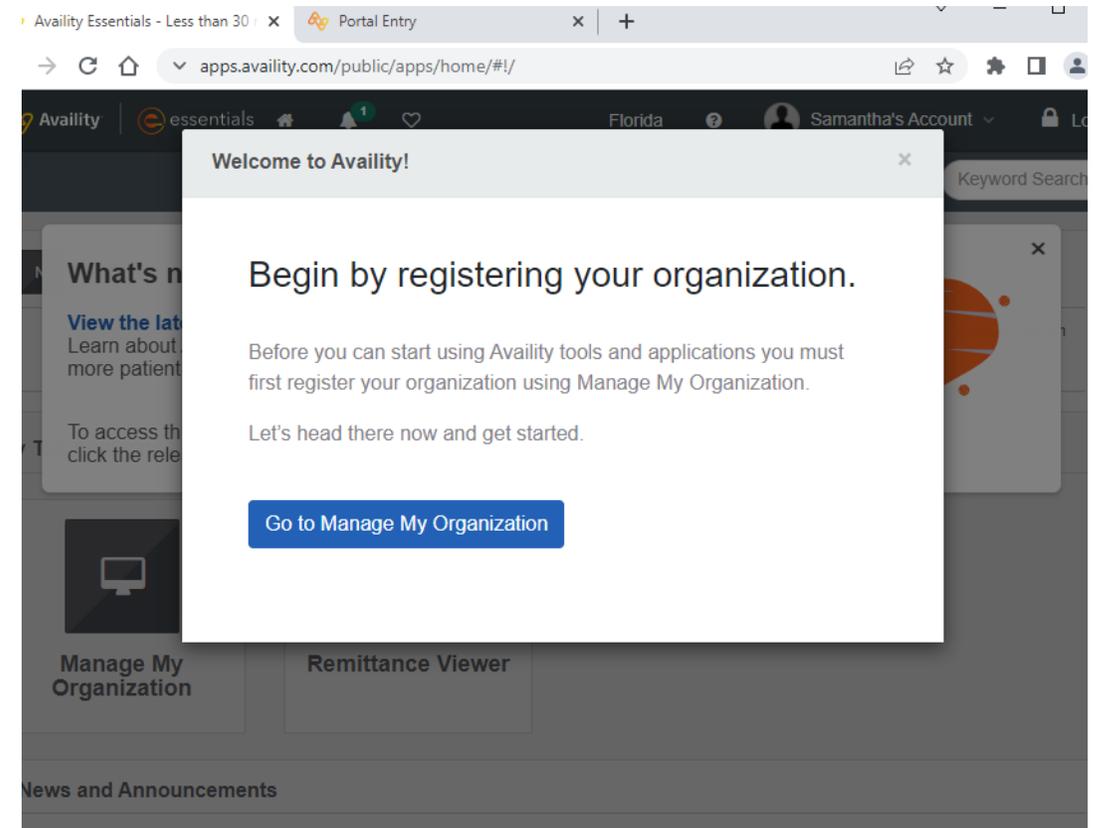
Additional Availity Essentials Resources

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



ProgenyHealth

Who is ProgenyHealth®

- ProgenyHealth® is a care management company with more than 20 years of experience helping infants, women, caregivers, and families.
- ProgenyHealth provides a network of support from prenatal health, through a healthy delivery or a NICU admission, and all the way to one full year of life.



Program Overview

- ProgenyHealth and Aetna Better Health® of Florida have teamed up to offer an innovative care management program to support healthier pregnancies.
- The program offers educational resources, support programs, case management, and a maternity app to guide woman through a healthy pregnancy, postpartum, parenting, and return to work.
- ProgenyHealth's team of experts help identify women with risk factors and then provide the support they need for a happier, healthier outcome.

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



ProgenyHealth® Services



NICU Program

- Aetna Better Health of Florida has engaged ProgenyHealth to conduct claim reviews for NICU services
- This process will ensure that services billed are consistent with:
 - ✓ medical record documentation
 - ✓ authorizations
 - ✓ regulatory and health plan policies
 - ✓ correct coding guidelines



Maternity Care Management Program

- We are excited to introduce ProgenyHealth's Maternity Care Management program, as it is designed to support your patients and ease your workload. of
- experienced Maternity Case Managers
- Case Mangers will help your patients by:
 - ✓ Providing on-going education and support
 - ✓ Setting up doctor visits
 - ✓ Making care plans
 - ✓ Finding free or low-cost items

**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).

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

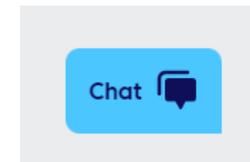


Change Healthcare's Payer Enrollment Services FAQ's

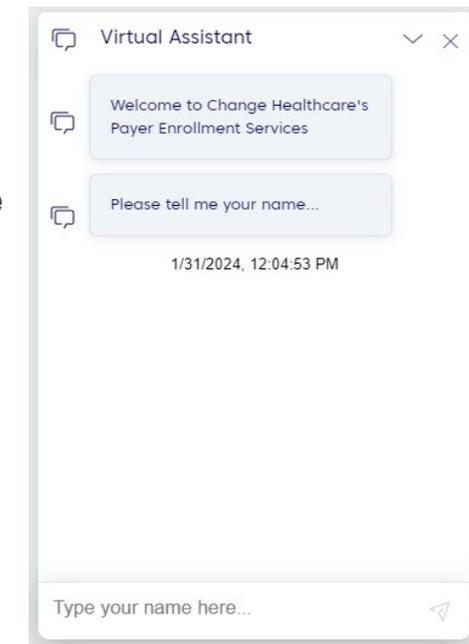
- ▶ What is Payer Enrollment Services (PES)?
- ▶ How do I log in?
- ▶ How do I submit an enrollment?
- ▶ How do I check the status of the enrollments that I submitted?
- ▶ How do I know when my enrollment(s) were successfully approved by the payer?
- ▶ Where can I submit new enrollments?
- ▶ How do I 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!



Verifying Eligibility & Benefits

Verifying Eligibility & Benefits

Insurance
Verification

✓ Eligibility

✓ Benefits

Eligibility: Presentation of an Aetna ID card is not a guarantee of eligibility. The Provider is responsible for verifying a member's current enrollment status before providing care.

Benefits: Benefits vary. Prior to rendering service, verify that the service is a covered benefit under the member's plan.

Member Eligibility and Benefits can be verified two ways:

Online

Through the **Availity**
Web Portal at

<https://apps.availity.com/availability/web/public.elegant.login>

Telephone

Call the **Member Services** department at

1-800-441-5501

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.



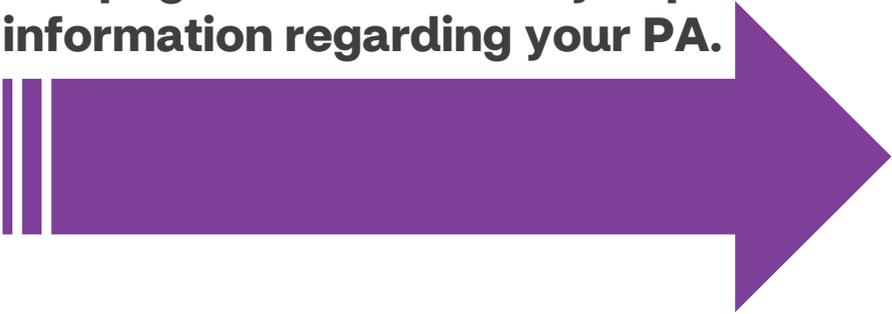
[Search ProPAT](#)



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 a "Select CPT Group:" dropdown menu and a "Select Plan:" dropdown menu containing "ABH of Florida MMA/FHK". A checkbox labeled "Include only CPT or HCPCS codes where PA is required?" is also present. Below these options is a "NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled 'Include only CPT or HCPCS codes where PA is required?'." 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)

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.

Guidelines Chart

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

1. ELECTRONIC: 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**

2. TELEPHONE: 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](#))

3. MAIL: 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 FLProviderEngagement@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 >

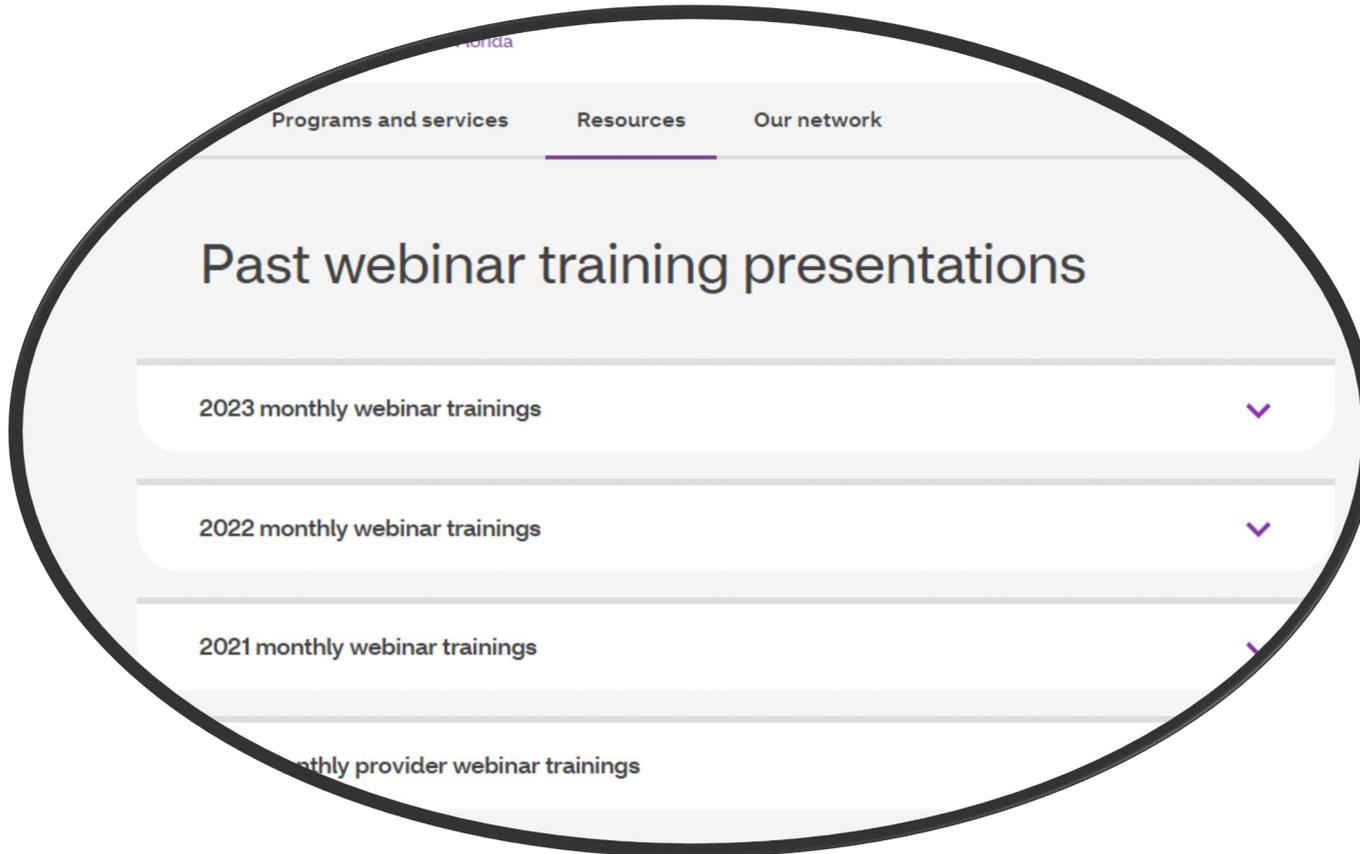
Behavioral health resources and training >

Opioid use disorder information >

Health equity v

Monthly Provider Trainings

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





Questions?

We have answers!

Contact our Provider Services Department

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

Email: FLProviderEngagement@aetna.com

