Aetna Better Health® of Florida

Provider Monthly Training – General

♥ aetna®

Agenda

Provider Support – Connect with us

ABHFL Website - Provider Main Site & Provider Helpful Links

Provider Manual Newsletters and Notifications

ProgenyHealth

Availity Provider Portal

EFT/ERA

Claim Submissions

Medicaid Fees Schedule & Reimbursement

Verifying Eligibility & Benefits

Prior Authorization

Timely Filing Requirements

Grievance & Appeals

Monthly Provider Trainings

♥aetna

Best Ways to
Connect with Us

Provider Support - Connect with Us

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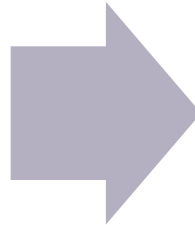
HOW IT WORKS ! Start by selecting the reason for your inquiry, then share the appropriate contact at your practice, and add essential information like your Tax ID, NPI and more.

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

To access the form visit "Contact Us" provider web form.

❤aetna

Provider Support - Connect with Us

To access the form visit "Contact Us" provider web form.

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!

♥aetna®

Provider Support -Connect with Us

Provider Relations/Engagement Team Email Address UPDATE

As we continue to grow and make enhancements in our provider engagement department, our current provider relations email address will be sunset soon! (no date set at this time)

- Current email address
  FLProviderRelations@aetna.com

- **NEW** email address
  FLProviderEngagement@aetna.com

NOTE: New email address is currently fully functional and we ask all providers to start using the NEW email address going forward (FLProviderEngagement@aetna.com).

By using this new email address we will be able to track all incoming emails, provide you with a tracking number and make sure that your email is routed to the correct department for review, timely resolution, and faster responses.

©2020 Aetna Inc.

Provider Support - Connect with Us

As always, if you have any questions, inquiries, issues or need to speak to one of our aetna experts call us at:

MMA: 1-800-441-5501 TTY (711)	→	LTC: 1-844-645-7371 TTY (711)	→	FHK: 1-844-528-5815 TTY (711)
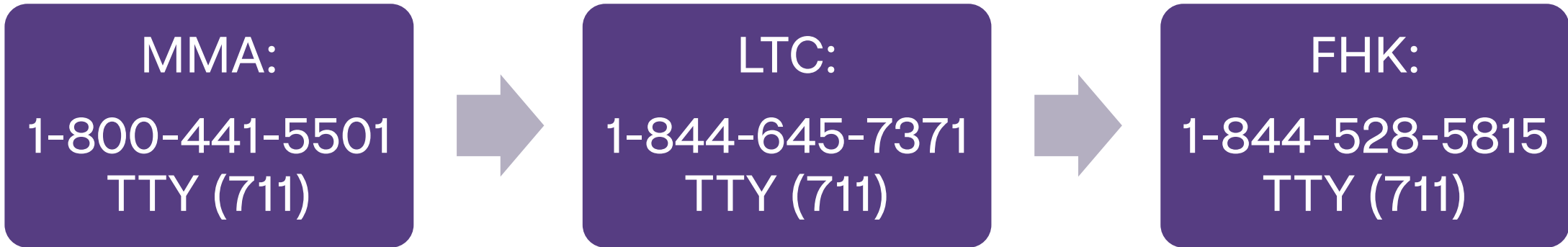
Our preferred and fastest contact method is the
"Contact Us" provider web form.

©2020 Aetna Inc.

♥aetna

ABHFL Website
Provider & Helpful Links

Provider Main Site

Our ABHFL website

ABHFL Provider Site Direct Link:

- https://www.aetnabetterhealth.com/florida/providers/index.html

Our Provider Site Main Page contains "Helpful Links":

- Materials and forms

- Provider Portal

- Notices and newsletters

- Member home page

©2020 Aetna Inc.
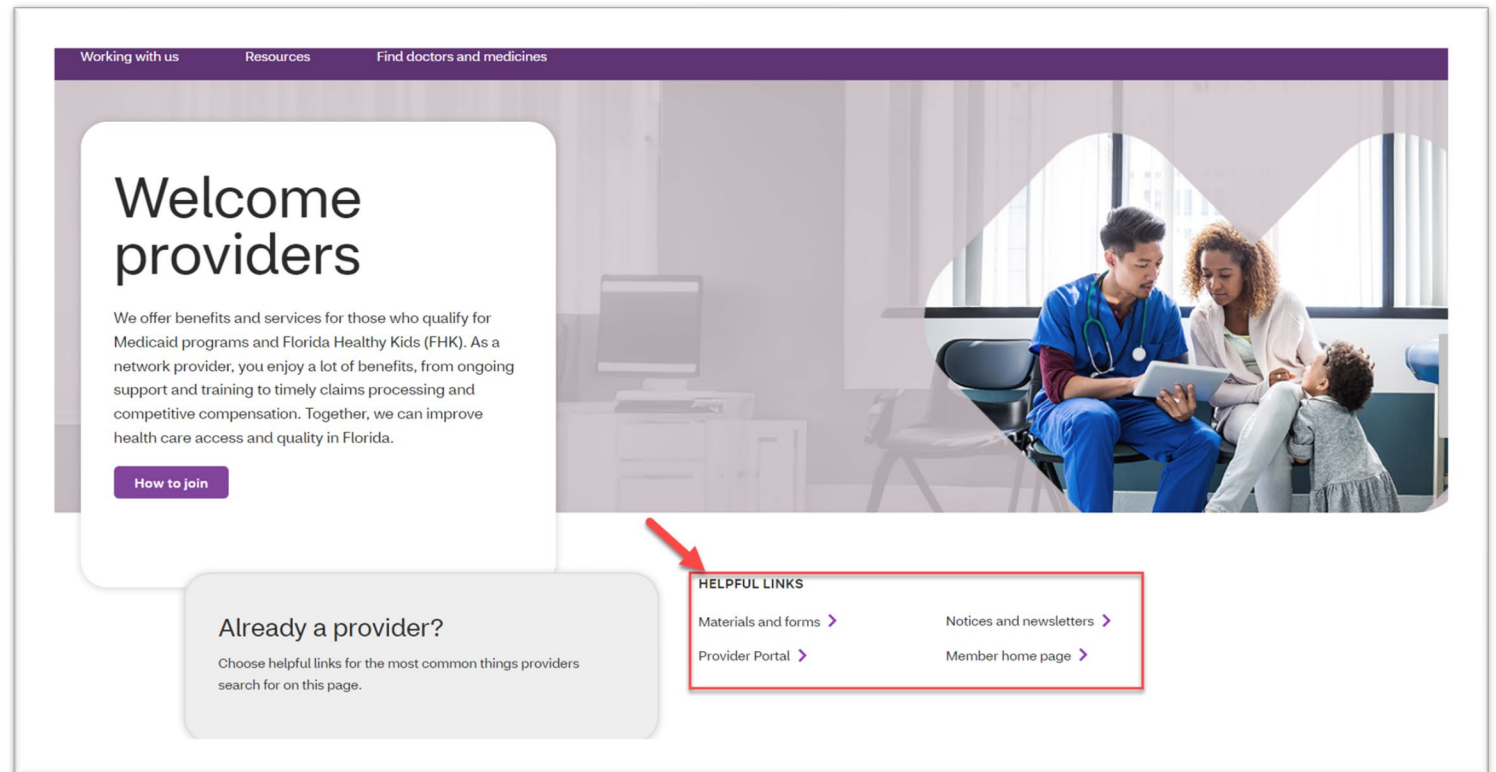
Provider Main Site

Getting started - Here are some helpful provider links if you're new to our network.
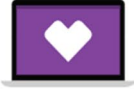
- [Orientation and training](#)

- [Continuity of care](#)

- [Claims](#)

- [Prior authorization](#)

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 & Newsletters

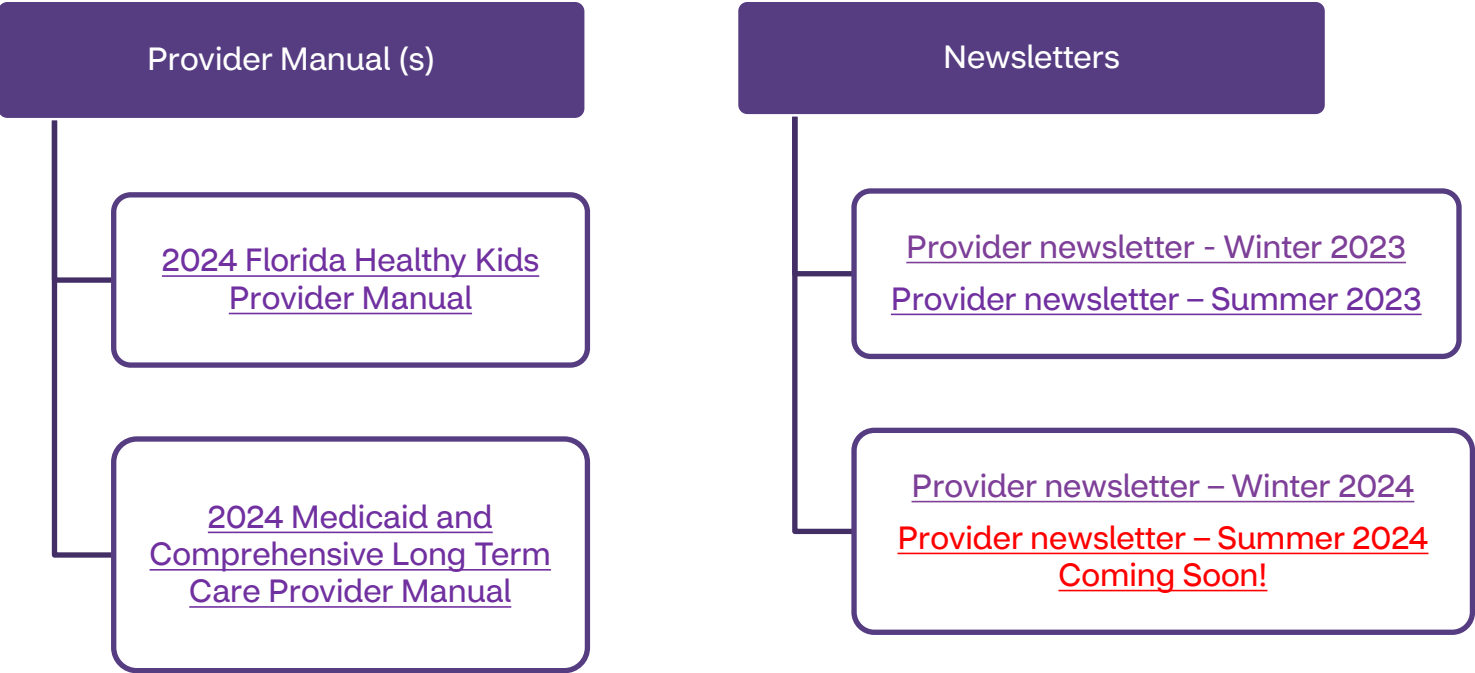- Important updates and most recent information is in this section.

  ➤ Policy Updates

  ➤ Pharmacy updates

  ➤ Billing policy reminders

  ➤ PopHealth Newsletters

  ➤ Provider Notifications

  ➤ Newsletters

- **https://www.aetnabetterhealth.com/florida/providers/notices-newsletters.html**

♥aetna®

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

Provider Manual (s)	Newsletters
2024 Florida Healthy Kids Provider Manual	Provider newsletter - Winter 2023 Provider newsletter – Summer 2023
2024 Medicaid and Comprehensive Long Term Care Provider Manual	Provider newsletter – Winter 2024 Provider newsletter – Summer 2024 Coming Soon!

Note: Provider Newsletters are issued 2 times a year. (Summer & Winter). **Upcoming Summer 2024 Newsletter will be available the first week of August!**

Provider newsletter
Summer 2023

Healthcare Effectiveness Data and Information Set (HEDIS)

We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and our members. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent complications.

What is HEDIS used for?

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and scorekeeping. The Centers for Medicare & Medicaid Services uses HEDIS scores to monitor a health plan's performance. More than 90% of American health plans use HEDIS scores to compare how well the plan performs in areas like:

- Quality of care
- Access to care
- Member satisfaction with the plan and providers

(continued on next page)

In this issue

Healthcare Effectiveness Data and Information Set (HEDIS). 1
Get to know Availity 2
Member right & responsibilities. . 3
Humatrope added to Florida Healthy Kids (FHK) PDL. 4
Utilization management (UM) criteria, availability, decisions . . . 4
Referrals 5
Redetermination – Help ensure your patients don't lose their coverage 5
Join Aetna Better Health of Florida's provider network . . . 6

AetnaBetterHealth.com/Florida

aetna
Aetna Better Health® of Florida

2704152-FL

Provider Notifications (Fax blasts)

To stay informed with the most updated information please visit our ABHFL under the provider tab: ABHFL Provider Page

January 2024

- WanaBana Products Recall (PDF)

- January 2024 - Monthly Provider Webinar Training Invitation - General Training (01/31/2024) (PDF)

- Best Ways to Connect with Us (PDF)

- ProgenyHealth's Maternity Case Management Program (PDF)

- Durable Medicaid Equipment (DME) and Medical Supply Services Coverage Policies Update - Effective 01/10/2024 (PDF)

February 2024

- February 2024 - Reminder - Monthly Provider Webinar Training Invitation - Maternity (2/29/2024) (PDF)

- Billing Requirements (Taxonomy, NPI's) (PDF)

- February 2024 - Monthly Provider Webinar Training Invitation - Maternity (2/29/2024) (PDF)
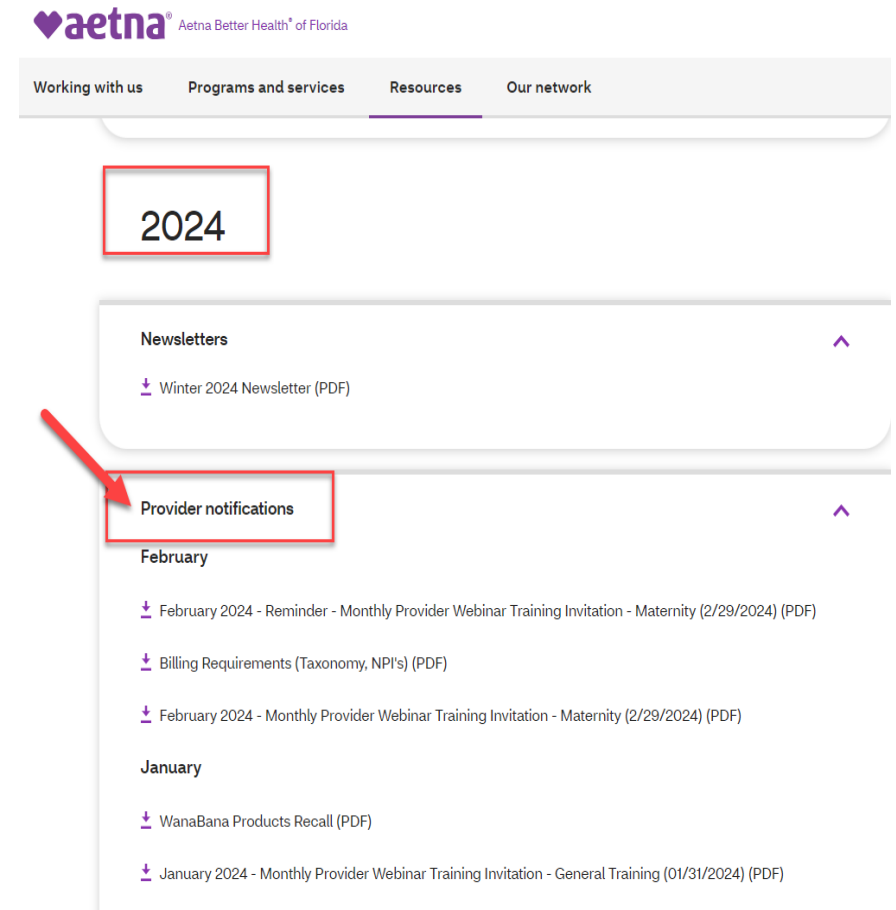
Provider Notifications (Fax blasts)

To stay informed with the most updated information please visit our ABHFL under the provider tab: ABHFL Provider Page

March 2024

- HCPCS Codes for Depression Screening (PDF)

- March 2024 - Monthly Provider Webinar Training Invitation - Behavioral Health (3/27/2024) (PDF)

April 2024

- April 2024- Monthly Provider Training - Maternity (PDF)

- April 2024 - Monthly Provider Training - General Training (PDF)

May 2024

- iBudget Waiver Program (PDF)

- May 2024 - Monthly Provider Training - Behavioral Health (05/24/2024) (PDF)

June 2024

- Hadlima added to Medicaid PDL (PDF)

- Screen Time and Social Media Usage Questionnaire (PDF)

- Letter of Intent (LOI) vs Add Provider to Existing Participating Group (PDF)

- Members Eligibility Changes and Claims Submission - Updated Process (PDF)

- June 2024 - Monthly Provider Training - LTC Training (06/28//2024) (PDF)

♥aetna®

ProgenyHealth

ProgenyHealth®

Supporting Your Maternity Patients Between Office Visits

Clinical, behavioral, and social issues often arise between routine prenatal and postpartum appointments.

That's why Aetna Better Health of Florida® has teamed up with ProgenyHealth®, a leading expert in Maternity & NICU Care Management, to deliver continuous support for your maternity patients.

.

Our program ensures ongoing monitoring, risk identification, and care coordination to bridge the gaps between visits and keep you informed of significant developments

ProgenyHealth®

How Our Program Benefits Your Pregnant Patients:

Nurse & Social Worker Support: Our dedicated case managers provide personalized support between appointments.

Real-time Updates: We promptly notify you of any concerning changes reported by your patients.

Educational Resources: Our Maternity App offers ongoing education, reducing unnecessary phone calls.

Appointment Adherence: By keeping patients informed and supported, we improve appointment adherence.

Access to Resources: We connect patients with non-clinical resources and benefits as 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**

♥aetna®

ProgenyHealth®

Referring Your Patients is Simple:

- **Review the Program:** Learn more about the ProgenyHealth Maternity Program.

- **Submit the Florida Medicaid Pregnancy Notification Form:** Refer your patients with ease.

- **Encourage Patient Engagement:** Hand out member flyers, encouraging them to download our mobile app using the QR code for immediate support.

You can also refer patients by sending a completed Florida Medicaid Pregnancy Notification Form via sFax to 1-860-607-8726.

Together, we can provide exceptional care and support for expectant mothers throughout their pregnancy and postpartum journey.

♥aetna®

Availity

Availity Provider Portal

- [Availity Essentials](#), 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://availity.com/Essentials-Portal-Registration**

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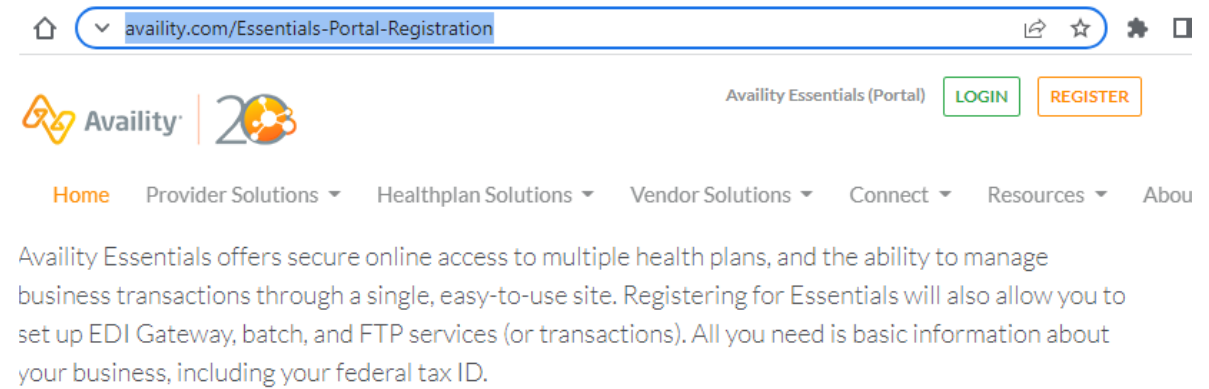
Availity Provider Portal

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.

aetna

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](#)

©2020 Aetna Inc.

♥aetna®

Availity Provider Portal

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

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

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

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

Contact a Sales Associate

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

Submit Request

Contact Customer Support

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

Submit Request

Become a Vendor or Partner

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

Submit Request

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

EFT/ERA

As we are all aware, Change HealthCare went through a Cyber Attack and many of the accounts were affected.

- If you were enrolled with EFT/ERA with Change HealthCare **prior** to the Cyber attack and you are able to log in to your account with no problems, you are okay and will continue EFT/ERA with Change HealthCare. **No changes for you.**

- If your account was affected during the cyber attack, we have been advising all providers to sign up for EFT/ERA using ECHO Health.

Website: echohealthinc.com

All fillable forms are available in availity portal

Under provider form, EFT/ERA.

We also have a Provider Payments portal guide available that includes all the instructions.

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?

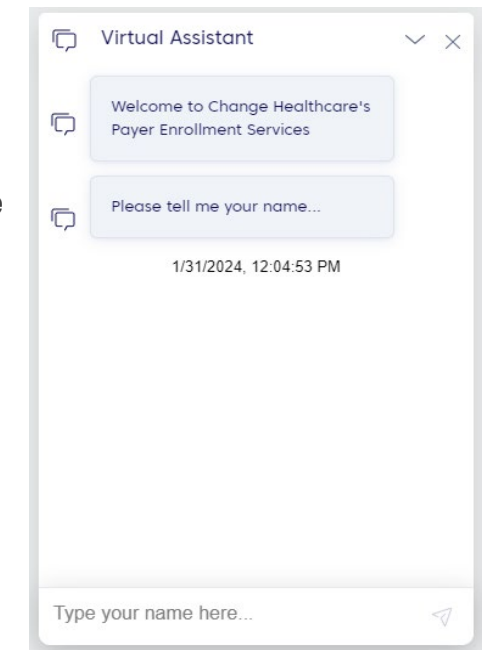▸ Which payer(s) can I submit EFT and/or ERA enrollments to using PES?

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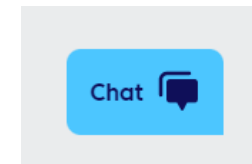
Virtual Assistance is also available!

♥aetna®

Claim Submissions

Claim Submissions

Claims Submission- For Medicaid please submit claims through Office Ally

- **Providers can register at https://cms.officeally.com/**
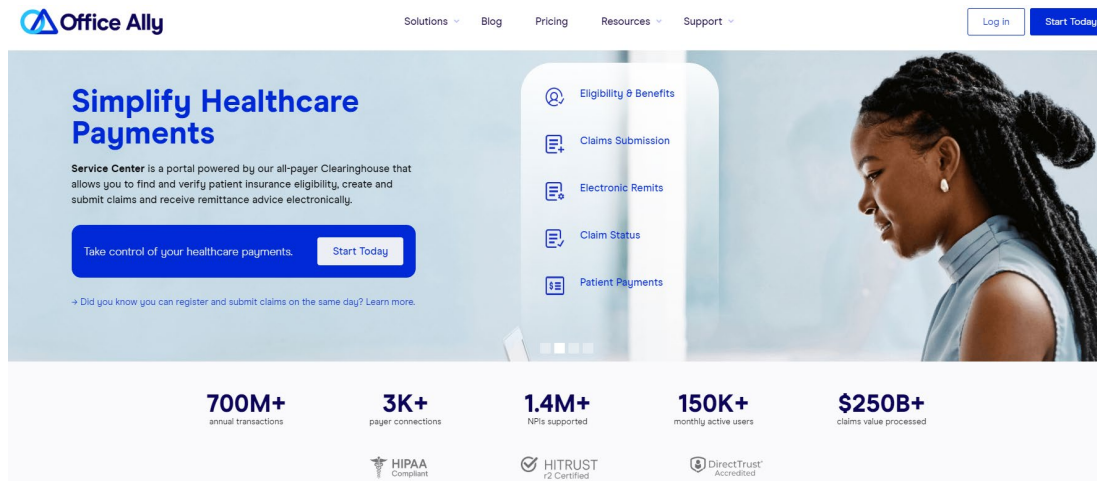
REJECTED CLAIMS

- If claims are being rejected, please verify that claims submitted are matching the Taxonomy listed from the Medicaid portal.

- Below is the link of notification sent to providers on the Taxonomy updates. https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/ABHFL_Claims_and_Encounters_Front_End_Taxonomy_Edits_Reminder_02.26.2024_v1.pdf

Importance of providing primary insurance EOB/EOP when filing claims as a secondary payer

Coordination of Benefits ("COB") provision applies when a member has health care coverage under more than one plan.

In the event that the Plan is the secondary payer, coordination of benefit claims must be submitted within ninety (90) days after final determination by the primary organization as evidenced by the primary carrier's Explanation of Payment (EOP) or Explanation of Benefits (EOB) as required under applicable law and regulation. (See Florida Statute 641.3155(2)).

All explanations of payment or denials from the member's primary carrier must be provided with the claim.

Information should be sent to:

- **Aetna Better Health of Florida**
   P.O. Box 982960
   El Paso, TX 79998-2960

For more information please visit the Florida Statute for COB: Statutes & Constitution :View Statutes : Online Sunshine (state.fl.us) or refer to our Aetna Better Health of Florida Provider Manual https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_fhk_provider_manual.pdf

♥aetna®

Corrected or voided claims – REMINDER!

IMPORTANT REMINDER

Please utilize the reference "7" to avoid new claims or denials of duplicate claims.

For Institutional claims, provider must include the original Aetna Better Health of Florida claim number and bill frequency code per billing standards.

Examples:

- Box 4 – Type of Bill: the third character represents the "Frequency Code":

3a PAT. CNTL #			4 TYPE OF BILL
b. MED. REC. #			117
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH		7

- Box 64 – Place the Claim number of the Prior Claim in Box 64:

64 DOCUMENT CONTROL NUMBER
1234E567891

Corrected or voided claims – REMINDER!

For Professional claims, provider must include the original Aetna Better Health of Florida claim number and bill frequency code per billing standards. When submitting a Corrected or Voided claim, enter the appropriate bill frequency code left justified in the left-hand side of Box 22.

Example:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	1234E567891

Any missing, incomplete, or invalid information in any field may cause the claim to be rejected.

Please Note: If the provider handwrites, stamps, or types "Corrected Claim" on the claim form without entering the appropriate Frequency Code (7 or 8) along with the Original Reference Number as indicated above, the claim will be considered a first-time claim submission.

When processing a Corrected or Voided Claim, a Payment Reversal may be generated which may produce a negative amount, which will be seen on a later Remittance Advice than the Remittance Advice that is sent for the newly submitted corrected claim.

♥aetna

Corrected or voided claims – REMINDER!

Corrected or voided EDI claims
Corrected and/or Voided Claims are subject to Timely Claims Submission (i.e., Timely Filing) guidelines.

To submit a Corrected or Voided Claim electronically:
- Loop 2300 Segment CLM composite element CLM05-3 should be '7' or '8' – indicating to replace '7' or void '8'
- Loop 2300 Segment REF element REF01 should be 'F8' indicating the following number is the control number assigned to the original bill (original claim reference number)
- Loop 2300 Segment REF element REF02 should be 'the original claim number' – the control number assigned to the original bill (original claim reference number for the claim to be replaced.)
- Example: REF✳F8✳Aetna Better Health of Florida Claim number here~
- These codes are not intended for use for original claim submission or rejected claims.

For more information please refer to our Provider Manual

♥aetna

Medicaid Fee Schedule
& Reimbursement

Medicaid Fee Schedule & Reimbursement

Billing codes you need for specific services in the fee schedules can be located on our ABHFL website:

Fee Schedule

- Doula provider billing guide (PDF)
- Provider reimbursement fee schedule
- Durable medical equipment and supplies fee schedule

Florida Medicaid Program Rules and Reimbursement Schedules can be located on the Florida Agency for Health Care Administration (AHCA) page.

- **https://ahca.myflorida.com/medicaid/rules**

—

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**.

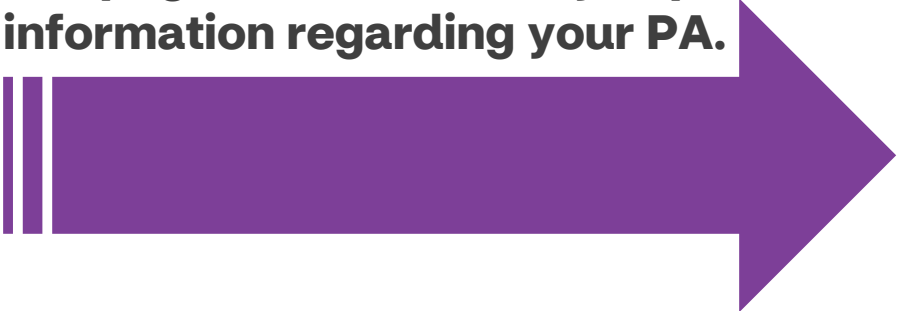You can also find out if a service needs PA by using ProPAT, our online prior authorization search tool.

Propat Link: **Search ProPAT**

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:

©2020 Aetna Inc.

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).

♥aetna®

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)**

♥aetna®

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 (TTY: **711**)

- Florida Healthy Kids:

    1-844-528-5815 (TTY: **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**

- Behavioral health PA request form fax (Medicaid Managed Medical Assistance): **1-833-365-2474**

- Behavioral health PA request form fax (Florida Healthy Kids): **1-833-365-2493**

♥aetna

—

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)

♥aetna®

Grievance & Appeals

Appeals Submissions

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

<u>Appeals, Complaints and Grievances</u>

1. <u>**ELECTRONIC:**</u> 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. <u>**TELEPHONE:**</u> 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. <u>**MAIL:**</u> If you prefer to mail hard copy requests for an appeal, complaint or grievance, they must be ser
   Aetna Better Health of Florida
   PO Box 81040
   5801 Postal Road
   Cleveland, OH 44181

Complaints/Grievances may be submitted at <u>any time</u>.

Medical necessity claim appeals <u>must</u> be submitted within sixty (60) calendar days from the claim denial or the resubmission denial

♥aetna
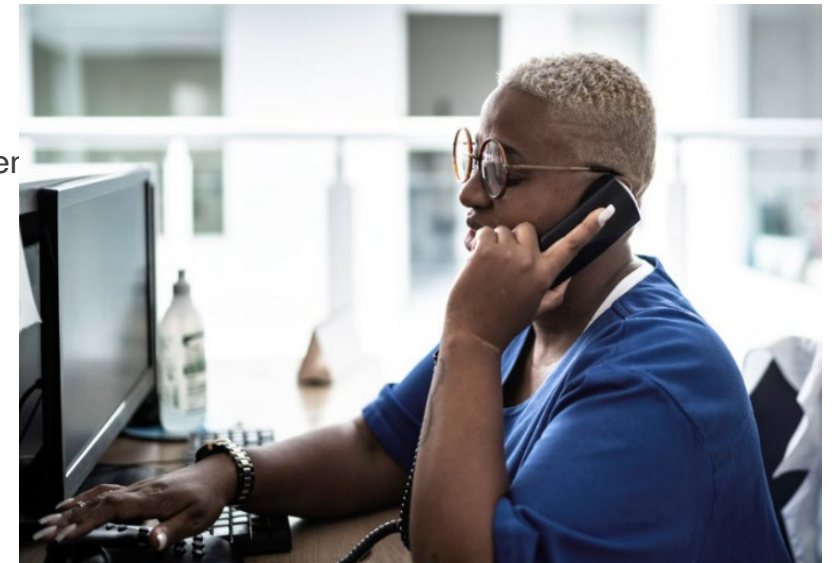
Monthly Provider Trainings

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)

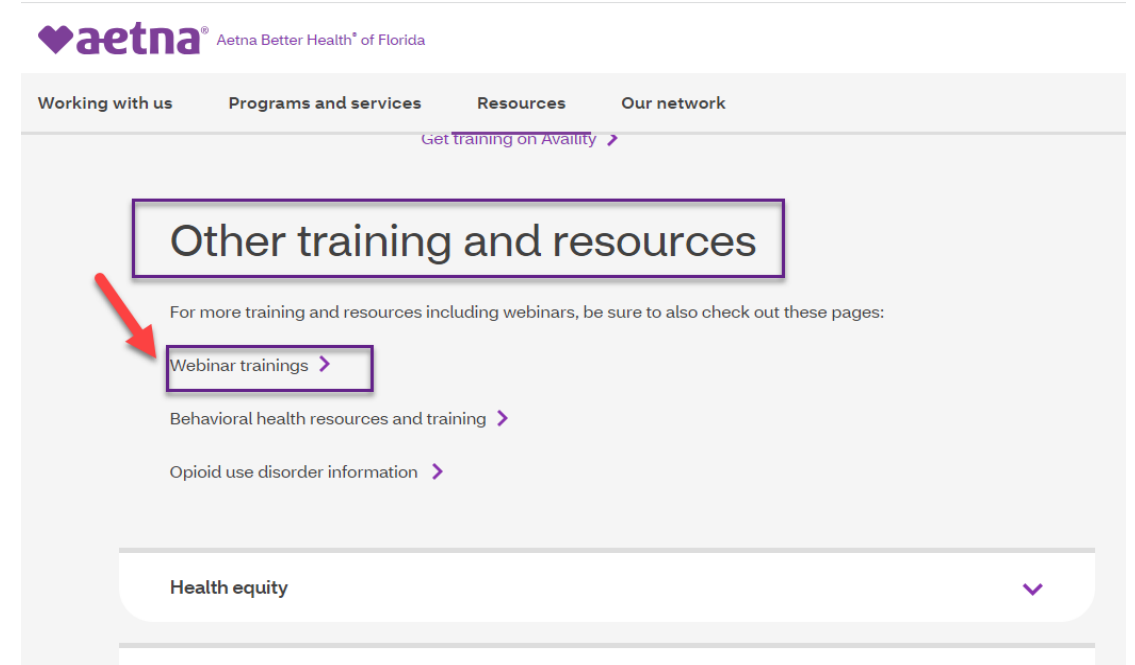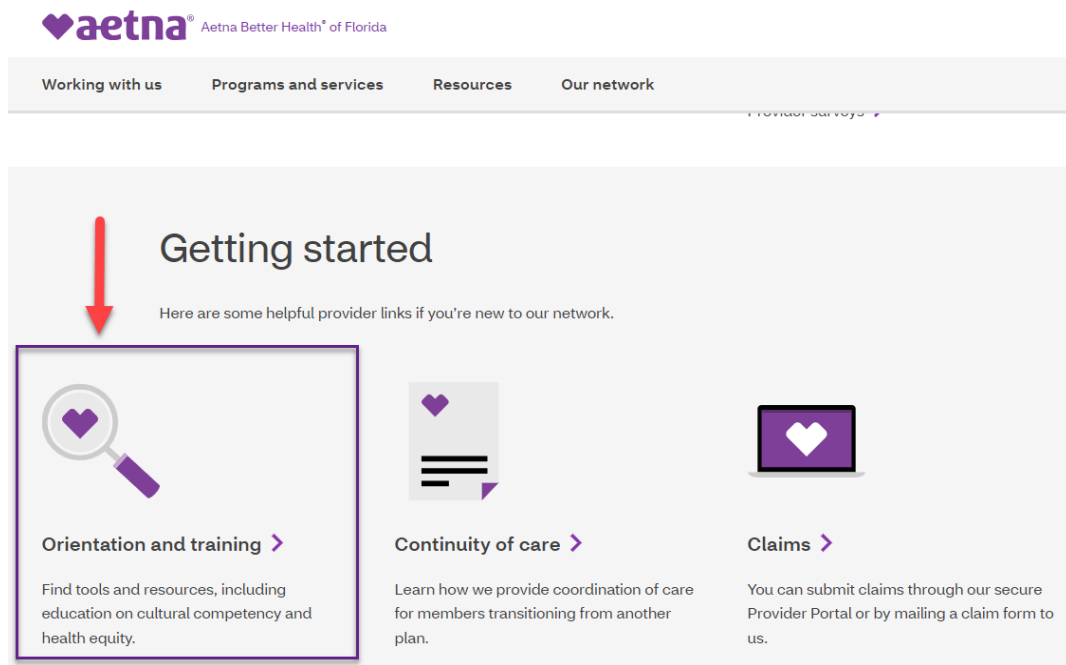   - FHK: 1-844-528-5815 TTY (711)

♥aetna

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**

©2020 Aetna Inc.

Monthly Provider Trainings

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

©2020 Aetna Inc.

Questions?

We have answers!

Contact our Provider Services Department

Phone: 1-844-528-5815 (TTY: 711)
Email: FLProviderEngagement@aetna.com

♥aetna®