Aetna Better Health® of Florida

Maternity Provider Training

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February 29, 2024

Agenda

- Continuity of Care
- Managed Medicaid Expanded Benefits – Doulas
- Approved Doula Service Codes and Diagnosis
- Obstetrical (OB) Care Management Program
- OB Provider Incentive
- C-Section Deliveries and Rates
- Reducing Cesarean Deliveries
- Progeny
- Best Ways to Connect with Us
- Availity
- EFT/ERA
- Eligibility
- Prior Authorization
- Timely Filing Requirements
- Grievance & Appeals Summary
- Corrected or Voided Claims
- Provider Information (Manual, Newsletters, and Notifications)
- Monthly Provider Trainings

Continuity of Care

Continuity of Care

The Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) requirements for COC for new members mandate that we pay for COC services rendered to new enrollees transitioning to Aetna Better Health of Florida.

In the event a new Aetna Better Health of Florida member is receiving prior authorized, ongoing treatment with any provider, including services previously authorized under the fee-for service delivery system or by the enrollee's previous managed care plan, Aetna Better Health of Florida is responsible for the costs of continuation of such treatment.

This responsibility stands without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers for p to 60 days after the effective date of enrollment.

Managed Medicaid Expanded Benefit -Doula

Managed Medicaid Expanded Benefits- Doula

Doulas- are trained professionals who provide continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.

- Doula Services are expanded benefits provided to the member fee of charge.

Service	Description	Coverage/Limitations	Prior Authorization
Doula Services	Home visits for care before baby is born, care after baby is born, and newborn visit by Doula	No limit for pregnant female members 14 to 55 years of age	Yes

Credentialing

Credentialing is not required if the Doula is not a registered nurse/midwife or has a masters level certification.

- Prior Authorization is required for Doula Services.

Doula Provider Billing Guide:

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

Approved Doulas Services Codes and Diagnosis

Approved Doula Service Codes and Diagnosis

Codes	Modifier	Description
S9442		Birthing classes, non-physician provider, per session
S9443		Lactation classes, non-physician provider, per session
S9444		Parenting classes, non-physician provider, per session
S9445		Prenatal education (patient education non classified, non-physician)
S9445	TS	Postpartum education (patient education non classified, non-physician)
S9446		Prenatal patient education, not otherwise classified, non-physician provider, group, per session
S9446	TS	Postpartum patient education, not otherwise classified, non-physician provider, group, per session
59400	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	XU	Doula support for vaginal delivery only
59510	XU	Standard doula benefit with support at cesarean delivery; Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum
59514	XU	Doula support during Cesarean delivery only. 1 per delivery
59610	XU	Standard doula benefit with support at VBAC delivery; Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery Codes Used
59612	XU	Doula support for VBAC delivery only, with or without episiotomy and/or forceps
59618	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after failed attempt at vaginal delivery after cesarean.
59620	XU	Doula support for Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

OB Care Management Program

Obstetrical (OB) Care Management Program

- An obstetrical nurse works with Obstetricians and Perinatologists to help coordinate services during pregnancy for members with high-risk conditions.
- The care manager also monitors the mother and newborn progress through the sixth week postpartum follow-up visit.
- Call Member Services at 1-800-441-5501 and ask to speak to someone on our Care Management team to enroll a patient.
- Members can choose to join or leave the program at any time.

OB Provider Incentive

OB Provider Incentive

How does the OB Provider Incentive work?

ABHFL is offering $50-$100 to providers who submit a completed Obstetrical Form Notification

- $100 incentive for providers that submit a completed Obstetrical Form notification for members that are in their first trimester of pregnancy
- $50 incentive for providers that submit a completed Obstetrical Form notification for members that are in their second or third trimester of pregnancy

How to submit the form

- Visit the ABHFL website https://www.aetnabetterhealth.com/florida
- Select Providers, authorizations and then Obstetrical Notification Form
- Enter the required information
- Fax the completed form to us at 1-860-607-8726

Receiving payment

- OB forms received will be reviewed and paid on a quaterly basis through our Accounts Payable systems

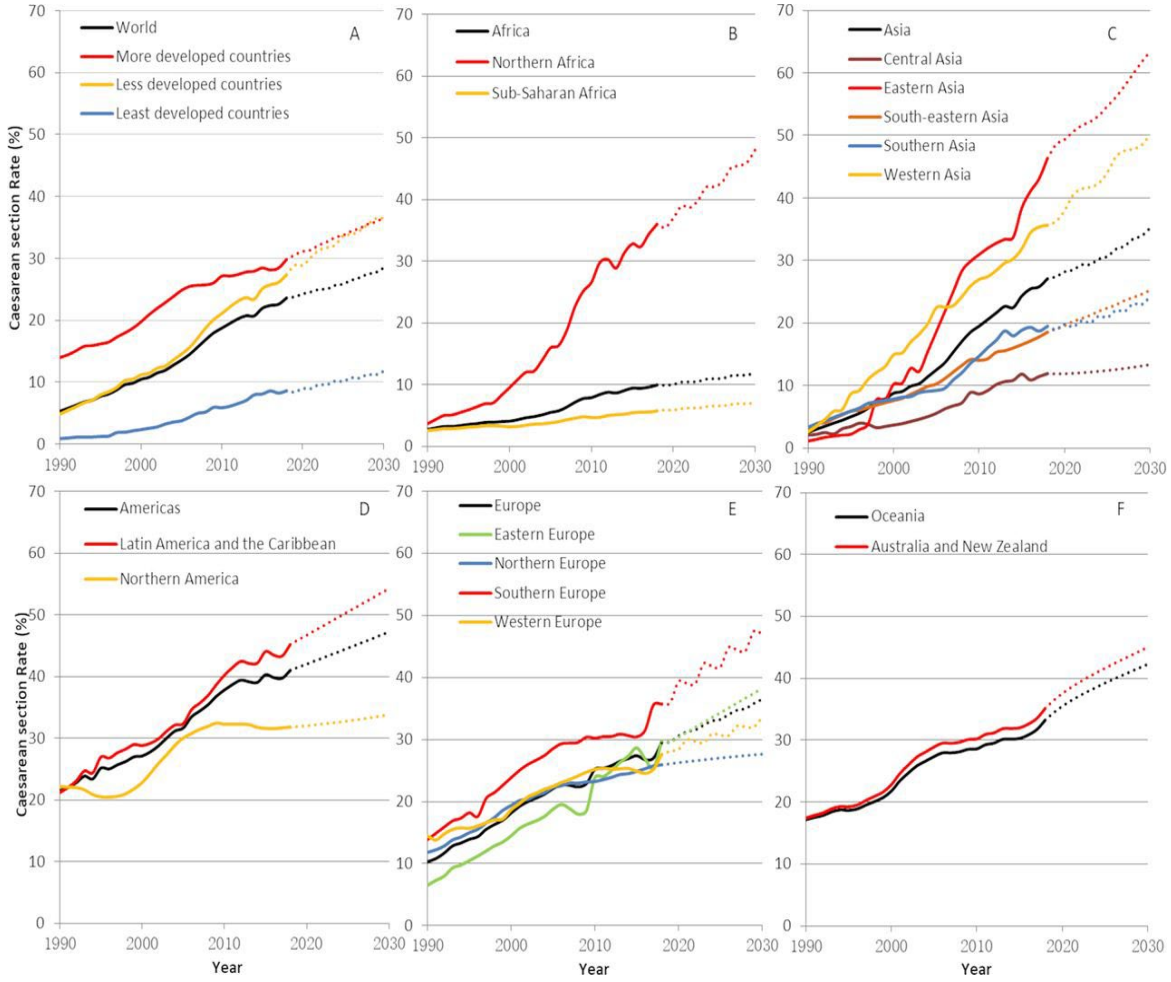
Member Benefits

- Helps ABHFL to outreach members timely to offer care management services
- Ensures timely prenatal and postpartum care

C-Section Deliveries and Rates

Cesarean Section Rates Increasing Worldwide

- The optimal caesarean section rate is unknown, but it varies between facilities because of differences in the obstetric populations attended.
- Over the last decades birth by caesarean section has increased in a sustainable and continuous manner to unprecedented levels worldwide
- Governments and clinicians have expressed concern about the rise in the numbers of caesarean section births and the potential negative consequences for maternal and infant health.
- Target Goal <23.6% (Healthy people 2030 goal)



Reducing Cesarean Deliveries

Reducing Cesarean Deliveries

- More than half of cesarean deliveries are founded on abnormal labor and abnormal or indeterminate fetal heart rate (FHR) tracings.
- The variation in rates of nulliparous, term, singleton and vertex cesarean births suggest that clinical practice patterns influence the number of cesarean deliveries done.

Below are the most common indications in order of occurrence are:

- ✓ Labor dystocia
- ✓ Abnormal or indeterminate (formerly non-reassuring) FHR tracing
- ✓ Fetal malpresentation
- ✓ Multiple gestations
- ✓ Suspected fetal macrosomia

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Progeny

Who is ProgenyHealth®

- ProgenyHealth® is a care management company with more than 20 years of experience helping infants, women, caregivers, and families.
- ProgenyHealth providers 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.

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Aetna Better Health® of Florida

Progeny HEALTH®

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.

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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

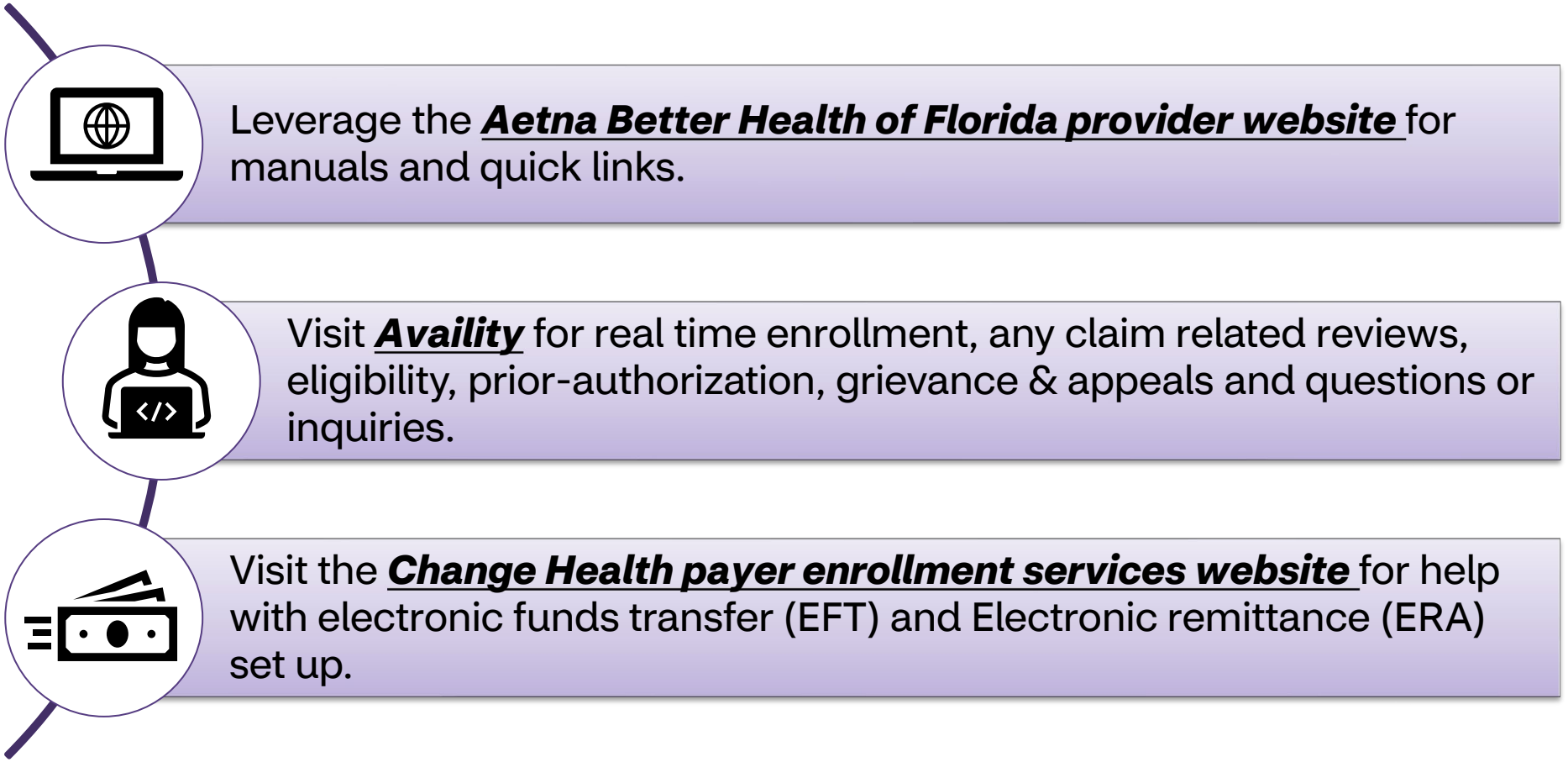
Maternity Care Management Program

- 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

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.

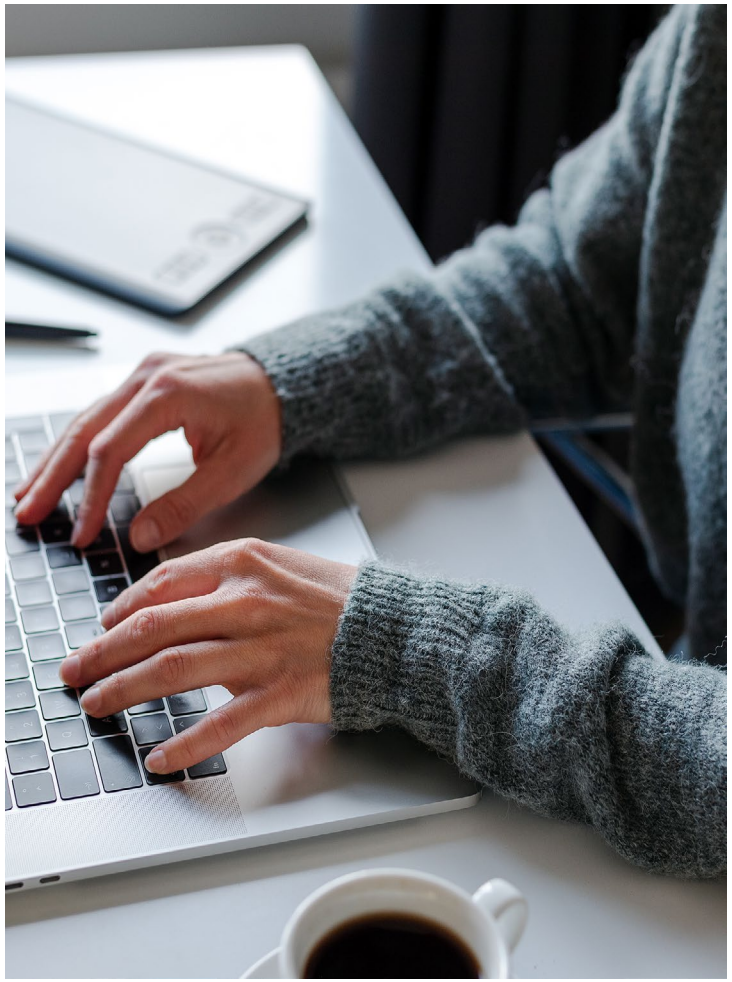


Leverage the ***Aetna Better Health of Florida provider website*** for manuals and quick links.

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.

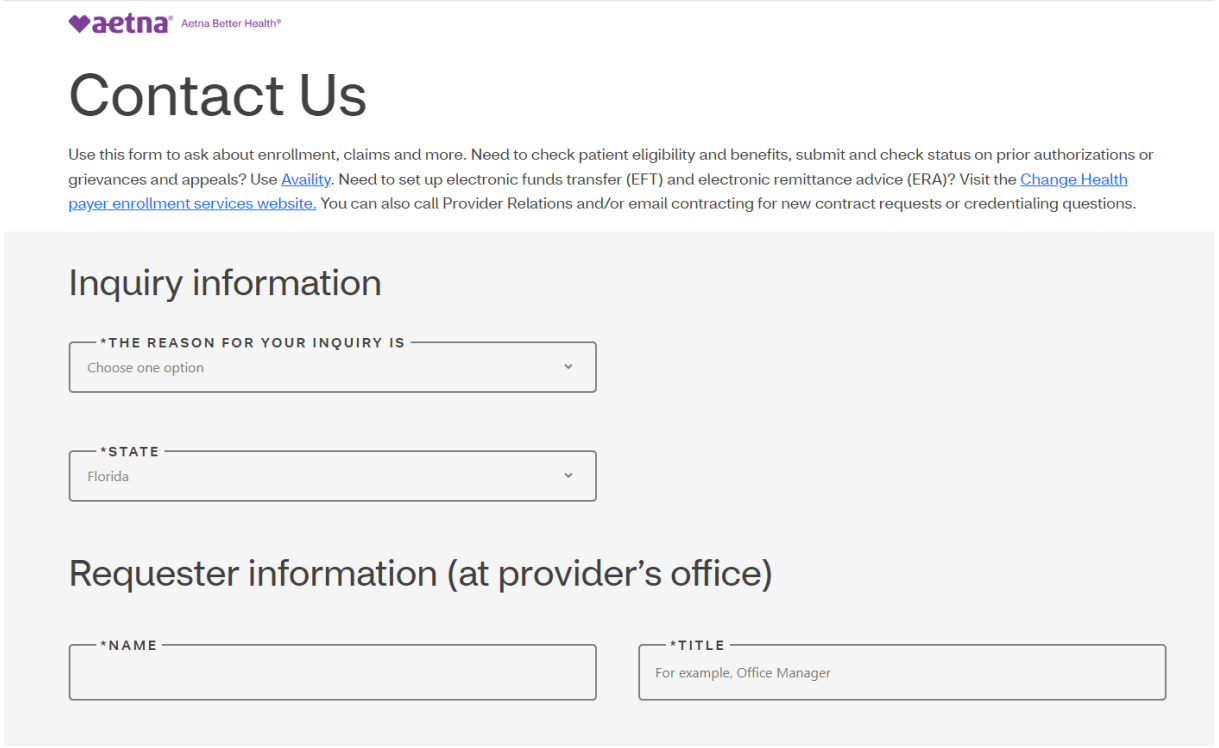
HOW IT WORKS !

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



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

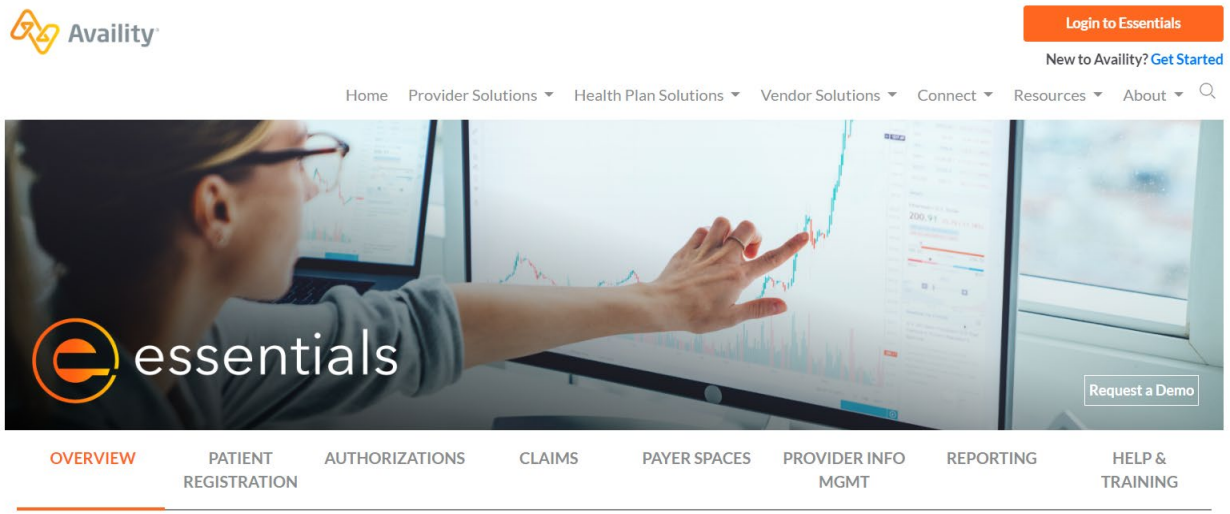
- ✓ Claims Inquiry or Disputes
- ✓ Grievances & Appeals
- ✓ Delegated Group Updates
- ✓ New Contract Request
- ✓ Provider Enrollment or Adds to an Existing Par Group
- ✓ Provider Demographic Data Update
- ✓ Provider Terms, Leaving Practice, Retiring, Closing Practice
- ✓ Status Inquiry of previous email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

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

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.



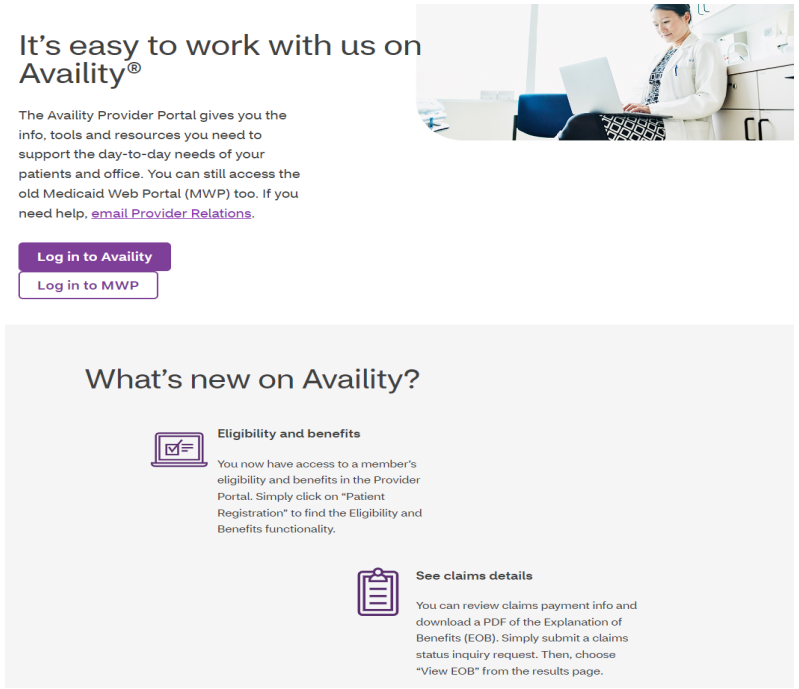
- **Provider Communication**
  https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_availity_provider_communication_05.05.2023.pdf

Availity Provider Portal & Functionalities

Current Functionalities

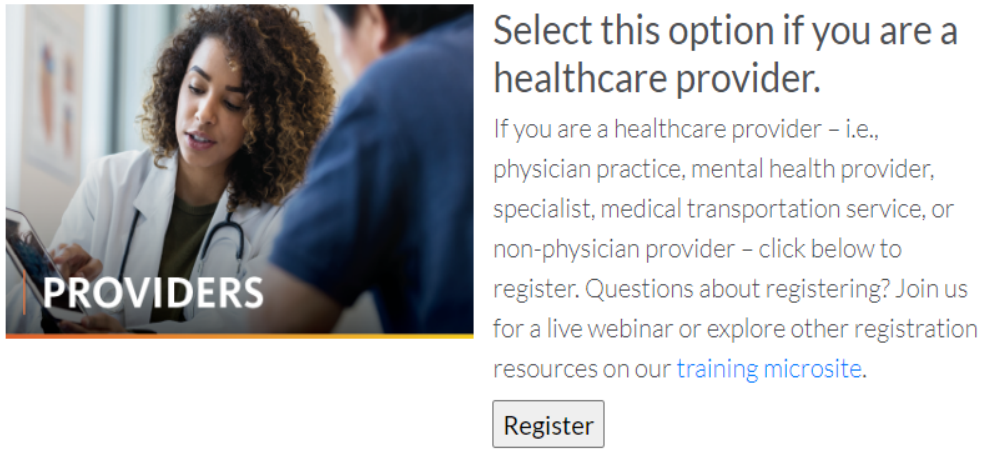
- **Claim Status Inquiry**
- **Eligibility and Benefits**
- **Payer Space**
  - **Claim Submission Link (Through Connect Center)**
  - **Contact Us Messaging for**
    - Changing Provider Demographics
    - Claim Issues
    - Prior Auth/Auth Issues
    - Member Eligibility Issues
    - HEDIS Record Submissions
    - Credentialing Inquiries
  - **Appeals and Grievances**
    - Grievance Submission
    - Appeal Submission
    - Grievance and Appeal Status Check
  - **Panel Roster- Panel Look Up**
  - **Reports**
    - PDM/ProReports (Provider Deliverables Manager)
    - Ambient (Business Intelligence Reporting)
  - **EFT/ERA Registration/Change Forms**
  - **Prior Authorization Requirements Look Up**
- **Prior Authorization**
  - Submission
  - Status

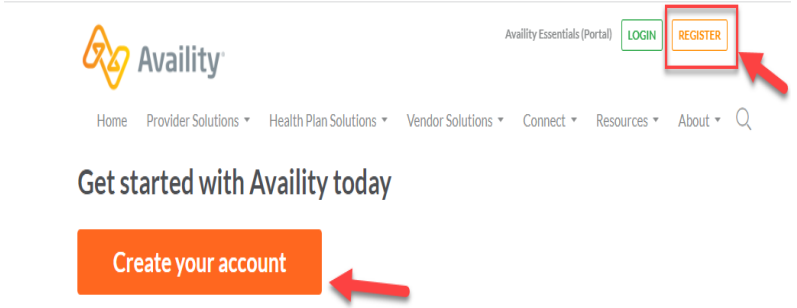
Note- For Registration/Login/or Technical Issues, please contact Availity Client Services at 1-800-282-4548
M-F 8am to 8pm eastern (except holidays).



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.





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**. 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

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_eft_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).

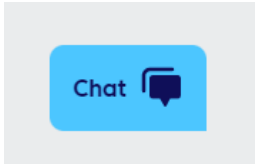
Electronic Funds Transfers (EFT) Electronic Remittance Advice (ERA)

Change Healthcare's Payer Enrollment Services FAQ's

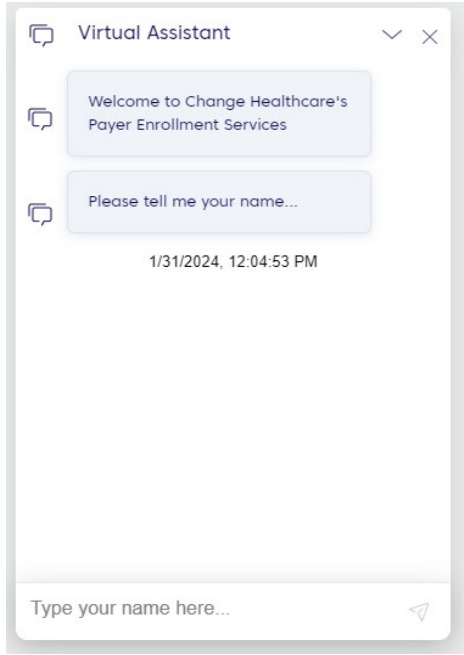
- What is Payer Enrollment Services (PES)?
- How do I log in?
- How do I submit an enrollment?
- How do I check the status of the enrollments that I submitted?
- How do I know when my enrollment(s) were successfully approved by the payer?
- Where can I submit new enrollments?
- How do I withdraw an enrollment?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

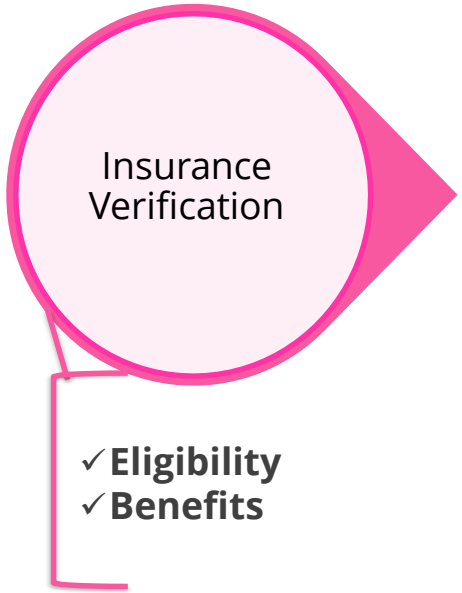


Virtual Assistance is also available!



Eligibility

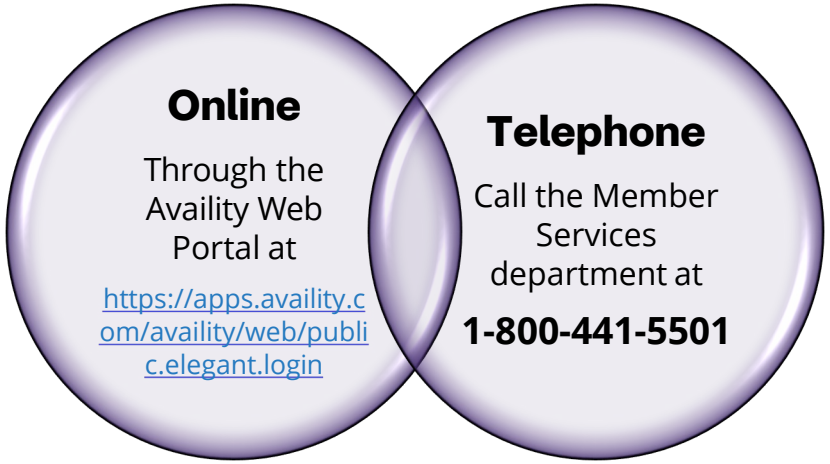
Verifying Eligibility & Benefits



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:



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Prior Authorization

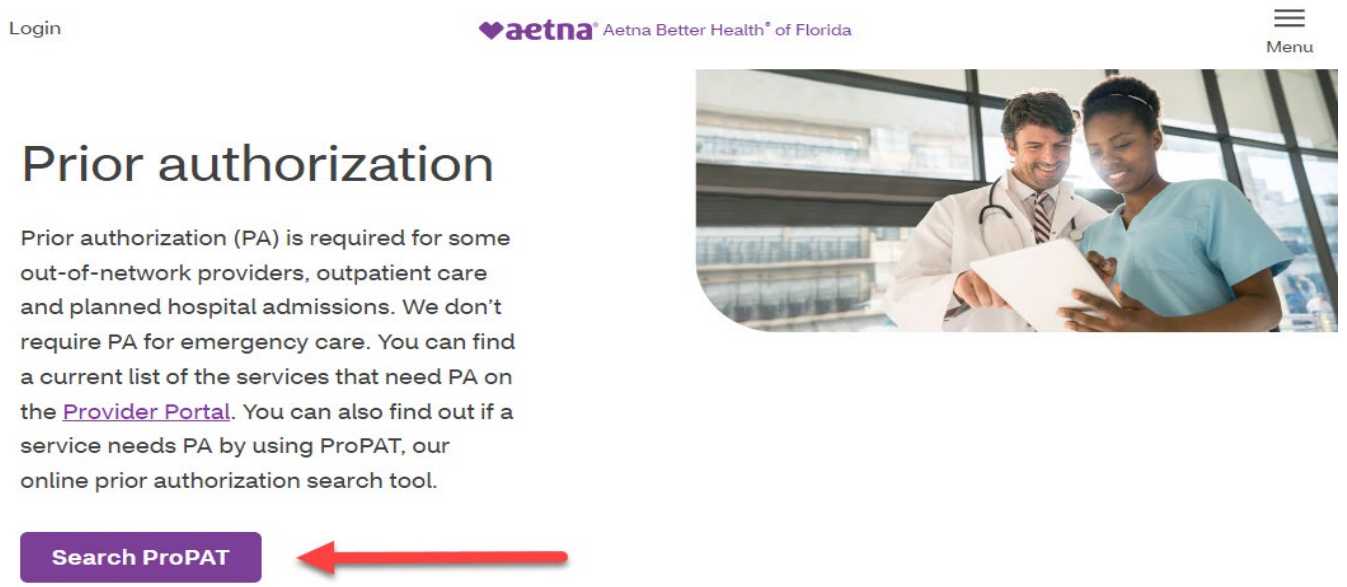
Prior Authorization

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.

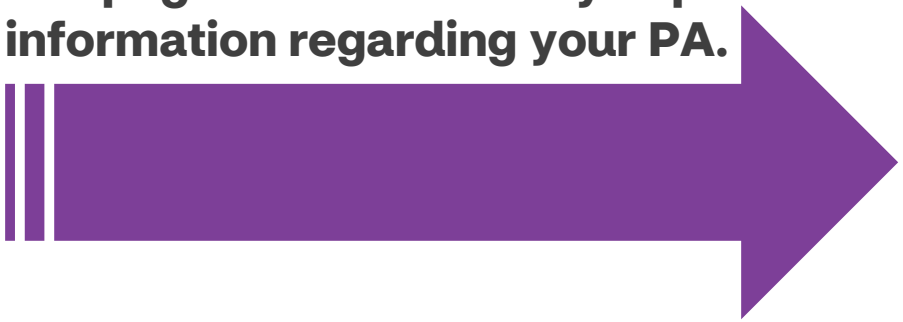
Propat Link: **Search ProPAT**



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.

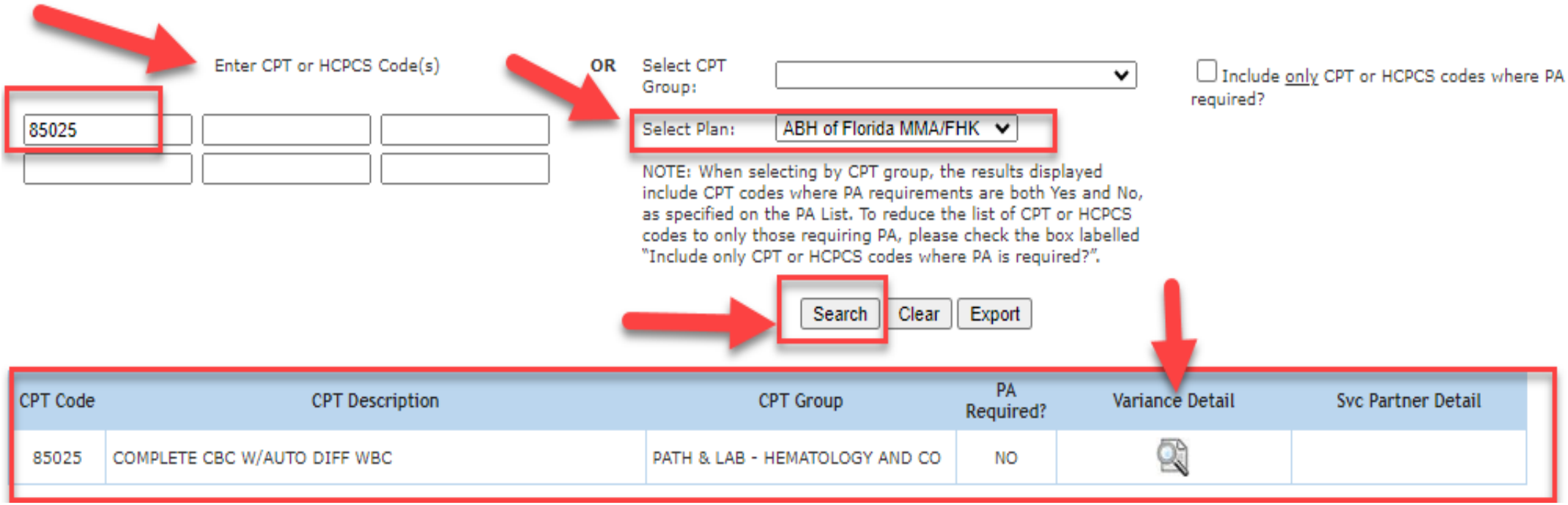
- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Florida Provider Relations at 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- For Dental benefits and prior authorization, please contact the member's 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:

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).



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 (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

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.

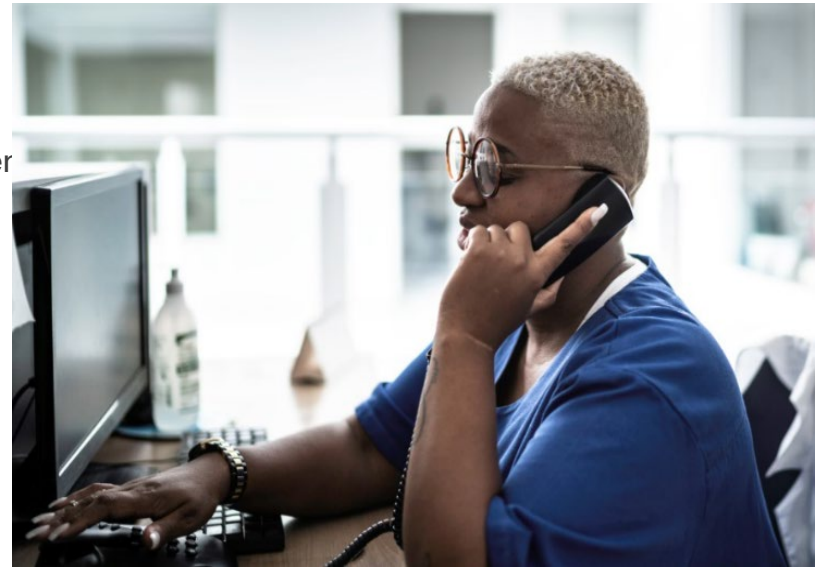
Appeals, Complaints and Grievances

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 ser

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

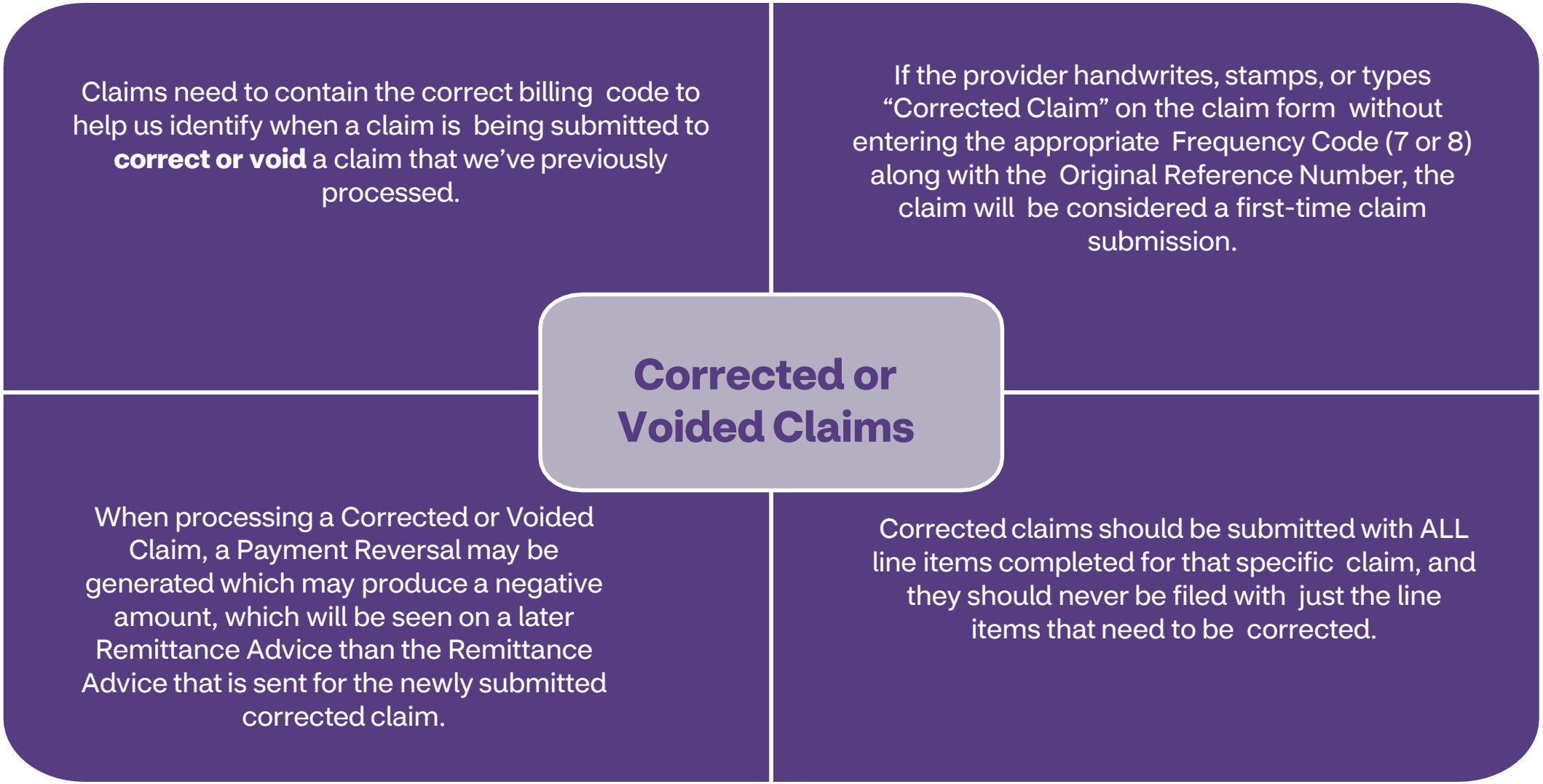


Complaints/Grievances may be submitted at any time.

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

Corrected or Voided Claims

Corrected or Voided Claims- Important Information



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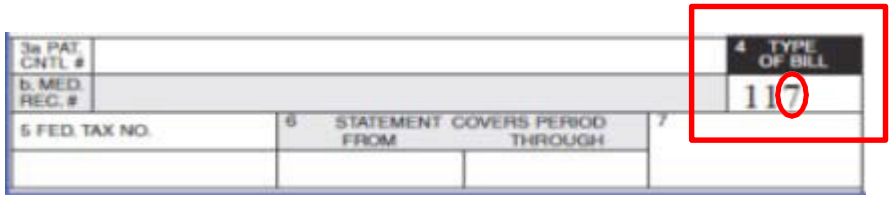
Submitting Corrected or Voided Claims – via Paper

Provider must include the original Aetna Better Health of Florida claim number and bill frequency code (7 for corrected, 8 for void) per billing standards.

Box 4 – Type of Bill: the third character represents the “Frequency Code”:

Institutional Claims



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

Professional Claims

Box 22 – Enter the appropriate bill frequency code (7 or 8) left adjusted in the left side of box and the original claim number on the right side.

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Submitting Corrected or Voided Claims – Electronically

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.)

Provider Information

Provider Manual and Newsletters

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

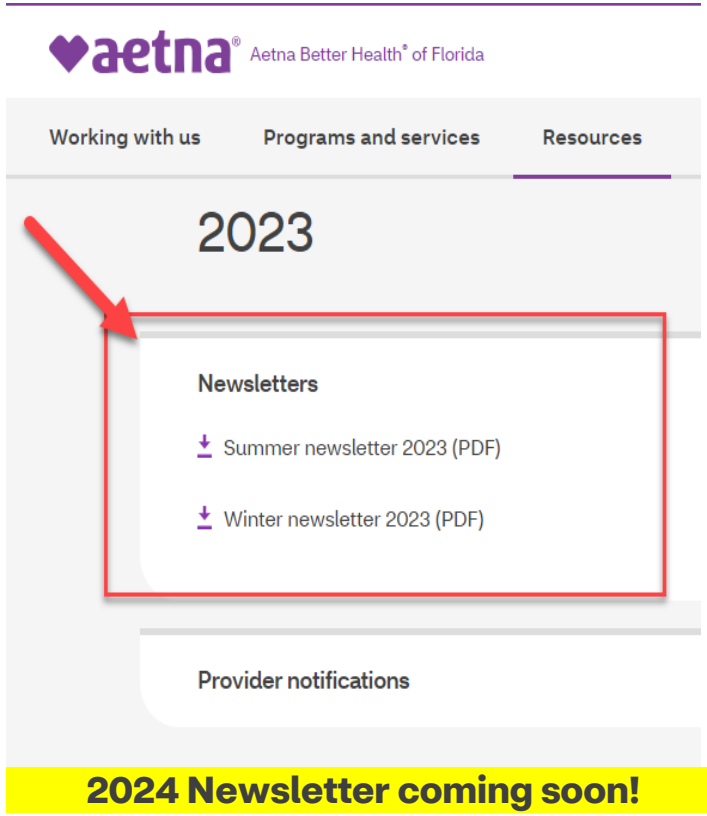
To stay informed with the most updated information please visit our ABHFL under the provider tab: ABHFL Provider Page

Provider Manual (s)

- Florida Healthy Kids Provider Manual
- Medicaid and Comprehensive Long Term Care Provider Manual

Newsletters

- Provider newsletter - Winter 2023
- Provider newsletter – Summer 2023



2024 Newsletter coming soon!

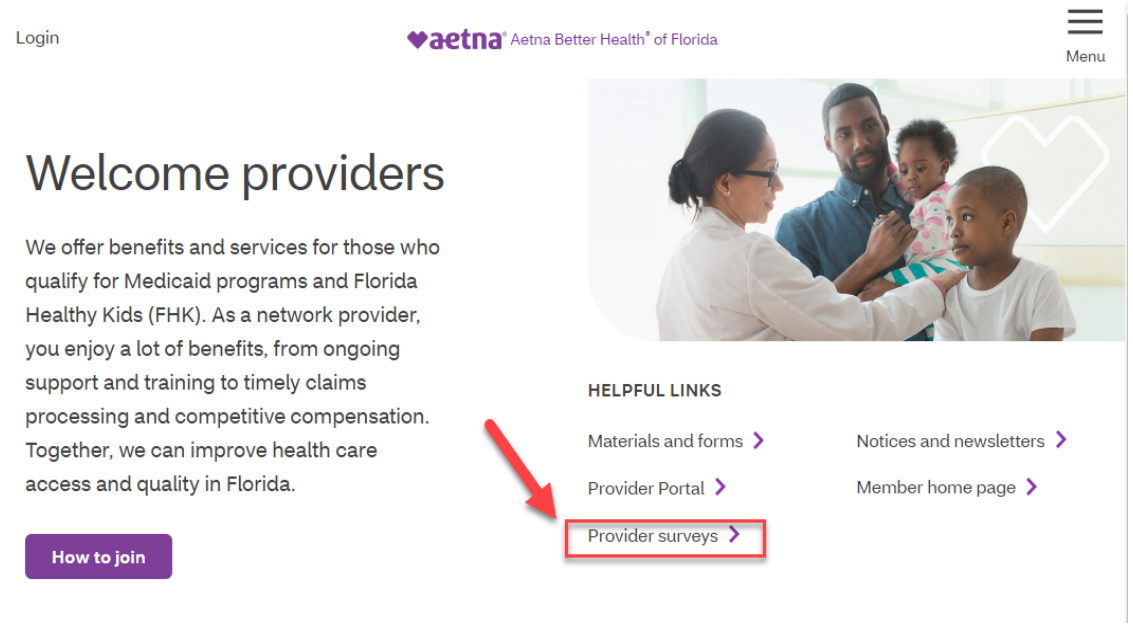
Note: Provider Newsletters are issued 2 times a year. (Summer & Winter).

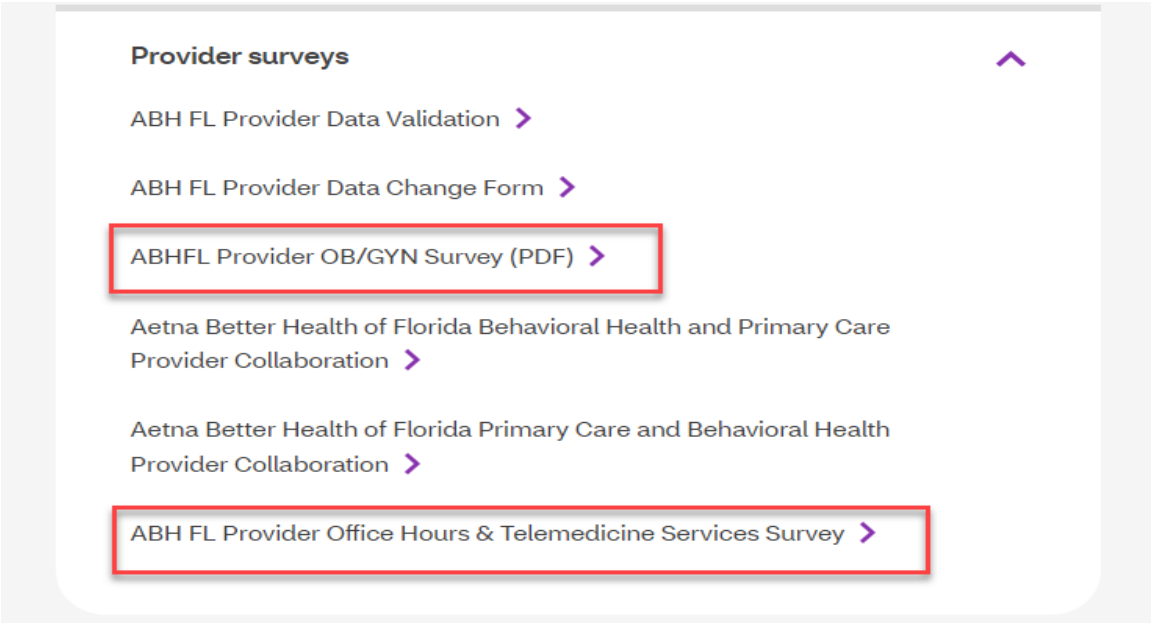
Provider Surveys

We have 2 surveys available on our ABHFL website as we are continuously working in obtaining the most updated information to improve services to our members and provider directory.

- **OB/GYN Survey**
  - https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_provider_obgyn_survey.pdf
  - Direct Link: https://www.surveymonkey.com/r/BIRTHOC

- **Office Hours and Telemedicine**
  - https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_provider_after_hours_telemedicine_survey_05.12.2023.pdf
  - Direct Link: https://www.surveymonkey.com/r/ABHHRTEL





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)

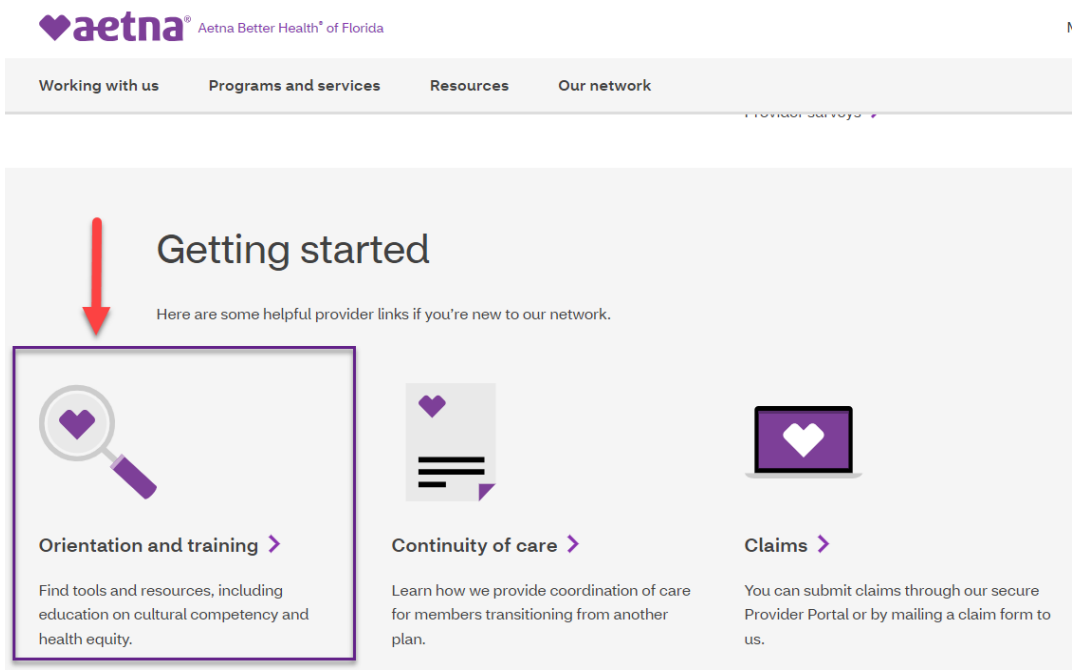
Monthly Provider Trainings

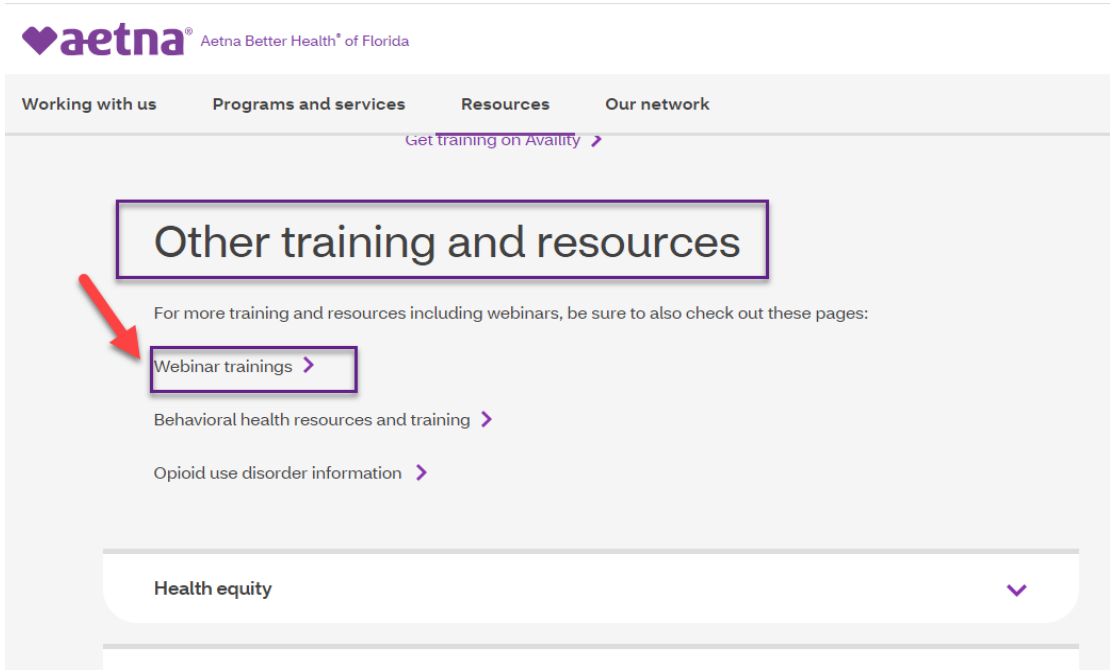
Missed a provider training? No problem!

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!

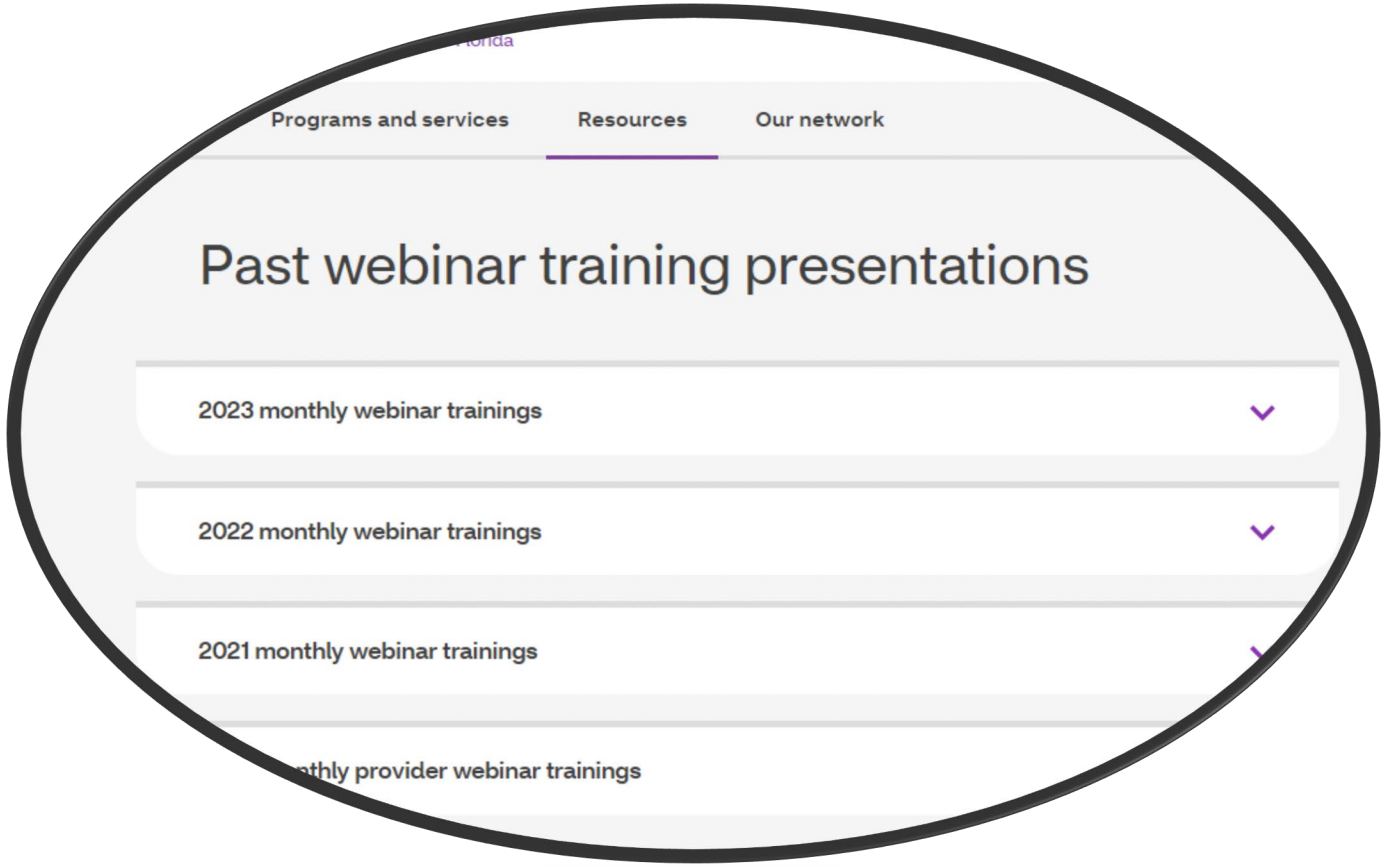
- https://www.aetnabetterhealth.com/florida/providers/materials-forms.html





Monthly Provider Trainings

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

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Questions?

We have answers!

Contact our Provider Services Department

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

Email: FLProviderEngagement@aetna.com

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