Aetna Better Health of Florida

August Monthly Claims Training

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Learning objectives

As part of your Aetna Better Health of Florida's monthly claims training, we will

- Discuss Covid-19 Liberation Policy Updates
- Review New HCPC Codes for Depression Screening Reminder
- Discuss Change Healthcare Web Connect Tool
- Discuss Availity- Provider Web Portal
- Explain Timely Filling Guidelines
- Inform the importance of EFT/ERA Registration

Covid-19 Liberalization Policy Updates

ABH Liberalization Policy Update

Effective August 1, 2021, The SNF Waiver was instituted for Aetna Better Health of Florida in response to the rising COVID-19 cases in Florida.

Included below is the SNF Waiver summary:

• Initial Precertification/Prior Authorization for admission from acute care hospitals to Skilled Nursing Facilities (SNF) are waived for ABH Florida Medicaid and Healthy Kids plans.

• The SNFs will be required to notify Aetna of admissions within 48 hours. Providers may submit their request electronically though our provider portal on Availity or using the existing Precertification Request transaction. Providers can also submit their request by calling Aetna directly (refer to the back of the member's ID cards for the correct telephone number).

• The Post-Acute care facility would also be required to send medical records for concurrent review within three days of the initial admission. Medical records can be uploaded directly through Aetna's provider portal on Availity or sent to Aetna by fax to 1-860-607-8056.

Please include the patient's name and Member ID# on the cover sheet.

Liberalization Policy Update

Aetna requires:

➢ Hospital history and last two to three days of progress notes.

➢ Any information that demonstrates a need for Post-Acute care.

➢ Anticipated Discharge Plan with estimated length of stay.

• This change does not apply to transfer between facilities or level of care changes within a SNF.

• Any DME or HHA requested from an acute care facility as part of physician discharge orders will be approved without clinical review.

• Aetna plans to continue regular process for all other Home Health precertification requests not related to an acute facility discharge request.

• Long-Term Care Hospital Admissions (LTACH) and Inpatient Acute Rehabilitation admissions still require a prior authorization for admission unless prohibited by state regulation. If a prior authorization is not completed, the admission will be reviewed retrospectively at claims submission.

We will provide 14 calendar days' notice to all providers regarding any change to the tentative end date of these flexibilities.

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HCPC Codes for Depression Screening

Codes for Depression Screening

Aetna Better Health of Florida (ABHFL) has adopted nationally accepted evidence-based preventive services guidelines (PSG) from the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention (CDC). We did this to help improve health care.

These guidelines are not meant to direct coverage or benefits determinations or treatment decisions. Screening for depression is recommended in healthy children12-17 year of age with normal risks.

ABHFL has added two new HCPCS Codes to report Depression Screening in order to comply with the Florida Healthy Kids (FHK) depression screening measurement requirements. Please reference the chart below when billing for routine preventive depressive screening for children ages 12-17 year of age

HCPCS Codes	Description	Reimbursement
G8431	Screening for depression is documented as being positive and a follow-up plan documented	$18
G8510	Screening for depression is documented as negative, a follow-up plan is not required	$18

Change Healthcare Web Connect Tool

Web Connect Tool

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health.

Sign up and get started TODAY!

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility.

Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page: https://physician.connectcenter.changehealthcare.com/#/site/home?payer=214558

Link: https://physician.connectcenter.changehealthcare.com/#/register/step1/PQCGR5mGCwgELkrDndrXQaA6NIakfqyNVLp3Qt-1Q-sI6IP6mLTz8Qf_jaeJUM9-

Availity

Availity Provider Portal- Live 1/19/2021

Current Functionalities

- ✓ Payer Spaces
- ✓ Claim Submission Links (CHC)
- ✓ Contact Us messaging
- ✓ Claim Status Inquiry
- ✓ Appeal & Grievance Submissions
- ✓ Reports (Ambient)
- ✓ Prior Authorization – Submission and Status Lookup

Future Functionality Releases

Q2 2021
- Eligibility and Benefits

Q3 2021
- Remit PDF
- Enhanced Panel Roster
- Enhanced G&A Tool

Our communications will be transitioning from fax blast to via email in the near future. Keeping our providers informed is our priority. If you have not yet reached out to us to ensure we have your most recent email address, we ask that you do so now!

How to submit your most updated email address to us?

It's simple, just follow one of these steps:

1. Complete the following survey monkey: https://www.surveymonkey.com/r/W8QDMS7
2. Send us an Email at: FLMedicaidProviderRelations@Aetna.com
    - Your email subject line should include the title and + NPI #. Example (Email Address Update + 12345678).

Be on the lookout over the next few months for co-branded emails directly from Availity as new products roll out and training plans are developed.

Timely Filling Guidelines

Timely Filing Requirements

Providers should submit timely, complete, and accurate claims to the Aetna Better Health of Florida. Untimely claims will be denied when they are submitted past the timely filing deadline. Unless otherwise stated in the provider agreement, the following guidelines apply.

Provider / Claim Type	Guideline
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)

EFT/ERA Registration

EFT and ERA Registration

Aetna Better Health provider portal has moved into the Availity system effective January 2021.

Providers will be taken to our health plan website where the EFT and ERA forms are housed when clicking on the EFT and ERA applications.

Why should Providers Register?

- Save time and money with these electronic tools
- Electronic remittance advice (ERA) provides claims payment explanations in HIPM· compliant files.
- Electronic funds transfer (EFT) puts payment right into your account.
- Explanations of Benefits (EOBs) are on our secure provider website. Patient cost estimator is available on our provider portal on Availity.

We highly encourage providers to register for EFT and ERA. Please call our Provider Services Department at 1-844-528-5815 for assistance or your assigned Network Consultant.

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Questions? We've got answers.

Just call our Provider Services Department at 1-844-528-5815 .

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