



Aetna Better Health of Florida

December Monthly Claims Training

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December 15, 2021

Learning objectives

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

- Discuss Fetal Aneuploidy Testing
- Review SNF Prior Auth Update
- Review SBIRT CME Opportunity
- Discuss Availity- Provider Web Portal
- Discuss Appeals Process
- Explain Timely Filing Guidelines
- Inform the importance of EFT/ERA Registration

Fetal Aneuploidy

Fetal Prenatal Genetic Testing

Aetna Better Health of Florida regularly augment clinical, payment and coding policy positions as part of our ongoing policy review processes.

Effective for dates of service beginning 12/29/2021:

Obstetrics and Gynecology-Fetal Prenatal Genetic Testing-

According to our policy, which is based on American College of Obstetrics and Gynecology, nuchal ultrasound translucency testing and non-invasive prenatal genetic laboratory testing are considered redundant when reported within a 3-month timeframe of each other.

This policy update will be applied when billing the following CPT codes:

Noninvasive Prenatal Testing (NIPT)

Code	Description
81420	Fetal Chromosomal Aneuploidy
81507	Unlisted Molecular Pathology Procedure
0168U	Under Proprietary Laboratory Analyses

Nuchal Translucency Scan (NT)

Code	Description
76813	Under Diagnostic Ultrasound Procedures of the Pelvis Obstetrical
76814	Under Diagnostic Ultrasound Procedures of the Pelvis Obstetrical

SNF Prior Auth Update

SNF Prior Authorization Update

Effective October 20, 2021, Aetna Better Health of Florida (ABHFL) is removing the Skilled Nursing Facility Waiver previously instituted on August 1, 2021, as a result of the rising COVID-19 cases in Florida.

Prior Authorization (PA) for the following services are reinstated:

- **Skilled nursing facility admissions**
- **Durable Medical Equipment (DME)/Home Health Aid (HHA) resulting from a discharge from an acute care facility.**

We appreciate the excellent care you provide to our members. If you have any questions, please reach out to your Network Consultant or our Provider Relations email: FLMedicaidProviderRelations@Aetna.com or call us through our Provider Relations telephone line: 1-844-528-5815

SBIRT CME Opportunity

SBIRT CME Opportunity

Aetna Better Health of Florida (ABHFL) would like to inform all providers that the Agency for Health Care Administration (AHCA) announced a great opportunity for Providers to Continue Medical Education (CME).

The purpose is to reduce the impact of substance use disorders in Florida by increasing the capacity of health care providers to screen, briefly intervene, and refer to treatment (SBIRT) individuals with substance use disorder. In this online CME program, providers will learn how to use SBIRT in their daily practices. This learning event particularly emphasizes SBIRT practice tips in the evaluation and management of pregnant women.

At the conclusion of the CME program, participants will be able to:

- Perform SBIRT in their daily practice
- Recognize appropriate circumstances to conduct SBIRT
- Select screening tools suitable to the provider's practice
- Recommend appropriate treatment options
- Apply reimbursement opportunities

The Agency invites all physicians and physician extenders to participate in the training. In particular, obstetricians, family physicians, internal medicine physicians, primary care providers, and hospital physicians are encouraged to participate given their front-line service in health care. The CME is available to providers online from the University of Florida at the following link: <https://protect-us.mimecast.com/s/Po3fCKrv6xCD7D2MEhQUc8Q?domain=gcc02.safelinks.protection.outlook.com>



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.

Appeals

Appeals & Disputes

- Effective March 1, 2022, ABH will no longer accept Provider Mail that is directed to our 261 N. University Dr. Plantation, FL 33324 office.
- If you are submitting appeals for multiple claims in one mailing you must use physical barriers (elastic, paper clip, binder clip etc.) for each claim in the submission.

Claim Resubmission for Reconsideration

If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

Aetna Better Health of Florida Claims and Resubmissions

PO Box 63578

Phoenix, AZ 85082-1925

Resubmissions, Reconsiderations and Disputes should be clearly marked on the envelope and the first page of the request.

Appeals, Complaints and Grievances

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances: <https://apps.availity.com/availity/web/public.elegant.login> or you may submit by fax to: 1-860-607-7894.

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

Timely Filing 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.

**Questions? We've got answers.
Just call our Provider Services Department
at 1-844-528-5815 .**