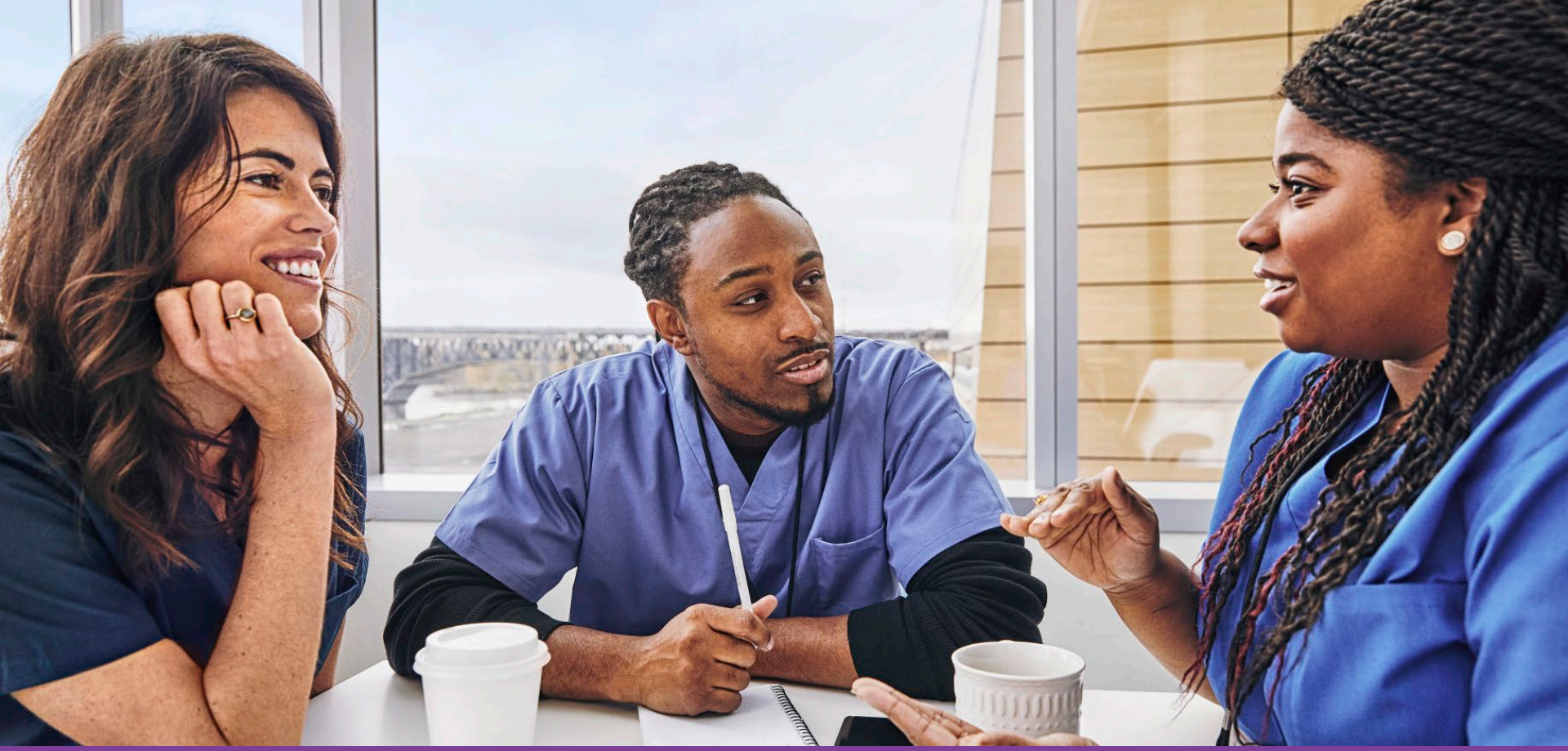

Aetna Better Health of Florida

Monthly Claims Training-DME March 2021

Denise E. Castro

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March 31, 2021

Learning objectives

As part of your Aetna Better Health of Florida's monthly claims training, we will be reviewing the following topics

- Discuss DME/HME Scope of Services
- Review DME Coding and Limits
- Explain Update on SCA and Medical Necessity Units
- Discuss Glove Rates Update
- Discuss Change Healthcare Web Connect Tool
- Introduce Availity- New Provider Web Portal
- Explain Timely Filling Guidelines
- Inform the importance of EFT/ERA Registration

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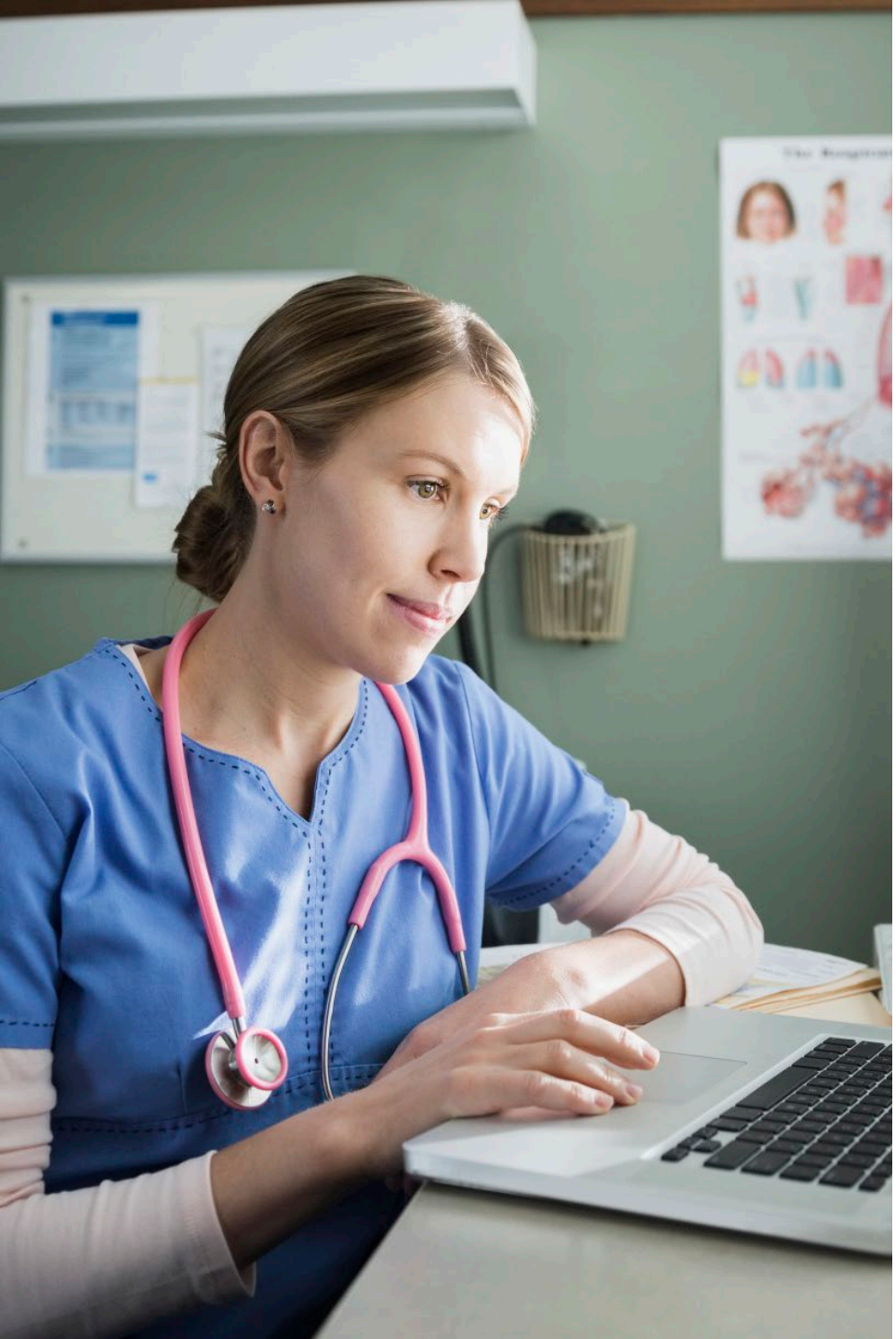
DME/HME Scope of Services



DME/HME Scope of Services

As a Durable Medical Equipment/Home Medical Equipment provider you provide a wide-range of services.

To better serve our members we require specific information about the services you render.

Please visit https://www.surveymonkey.com/r/QCTHPCB in order to complete a Aetna Better Health of Florida DME/HME Services Rendered Form.

DME Providers will need to complete a Form for each provider Tax ID/NPI combination indicating all the services you provide.

For example, if you have one (1) Tax ID with multiple NPIs, you will need to fill out this form for each combination.

If you have any questions about this Form or how to complete the Form, the contracting team is available to answer your questions by reaching them via email at: FLMedicaidContracting@aetna.com

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DME Coding and Limits

DME Coding and Limits

Aetna Better Health of Florida has the flexibility to exceed posted procedure codes and limits detailed on the Florida Medicaid DME fee schedule when medically necessary.

DME/HME providers should request prior authorization with the applicable HCPC code(s) and the additional units requested that are medically necessary

DME/HME suppliers must use the Correct coding, when available for a specific item, service or device.

Miscellaneous procedure codes (e.g., E1399 or A0990) may only be used if the specific item, service or device does not have an existing HCPC code. Miscellaneous codes should not be used for pricing or additional units requests.

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SCA and Medical Necessity-Units

Single Case Agreements and Medically Necessary Units

ABHFL is no longer requiring Since Case Agreements (SCAs) for additional units that have exceeded the approved units or policy limitations.

DME providers should request prior authorization with the applicable HCPC code(s) and the additional units requested that are medically necessary.

ABHFL's clinical team will review the prior authorization request for medical necessity. If the amount of units are approved, the DME provider can bill with the existing HCPC code and the additional approved units.

Please make sure to submit the prior authorization request to:

- MMA and FHK Fax: (860) 607-8056
- Comprehensive/Long Term Care Fax: (844) 404-5455

Glove Rates- Update

Glove Rates During the COVID-19

Aetna Better Health of Florida remains committed to ensuring Florida Medicaid recipients receive medically necessary care to prevent and treat the 2019 novel coronavirus (COVID-19).

In response to increased demand for personal protective equipment (PPE) due to the pandemic, ABHFL with the Agency's guideline is implementing the below temporary rate increases for sterile and non-sterile gloves (procedure codes A4930 and A4927) covered under the Durable Medical Equipment (DME) benefit.

Procedure Code	Description	Temporary Rate
A4927	**Gloves, non-sterile, per 100**	**$5.75 per unit**
A4930	**Gloves, sterile, per pair**	**$1.20 per unit**

These increases apply only to gloves billed in accordance with the DME fee schedule under the fee-for-service delivery system and will remain in effect until the end of the COVID-19 state of emergency.

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.

Within the next two months, ConnectCenter will replace Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you. You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until 4/30/2021.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported
- Claims created online are fully validated in real-time so that you can correct them in real-time
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up
- Dashboard and work list views makes managing your billing to-do list a snap
- On-shore customer support available through online chat (as well as by phone)

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

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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)

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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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