Aetna Better Health of Florida

Monthly Claims Training- October

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Learning objectives

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

- Review extension of waived copayments for Florida Healthy Kids
- Explain DME/HME services rendered- survey monkey
- Discuss coordination of benefits (COB)
- Review Timely Filing Requirements
- Educate on how to report change of ownership (CHOW)
- Discuss cultural competency

Florida Health Kids Copayments

Waived Copayments

As a result of COVID-19, Aetna Better Health of Florida (ABHFL) will continue to waive copayments requirements through December 31, 2020 for Florida Health Kids.

Copayments for Florida Health Kids will resume on January 1, 2021.

For any questions regarding billing COVID-19 ICD-10, please refer to official diagnosis coding guidelines that have been published by the Centers for Disease Control (CDC).

https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advicecoronavirus-feb-20-2020.pd

DME/HME Services

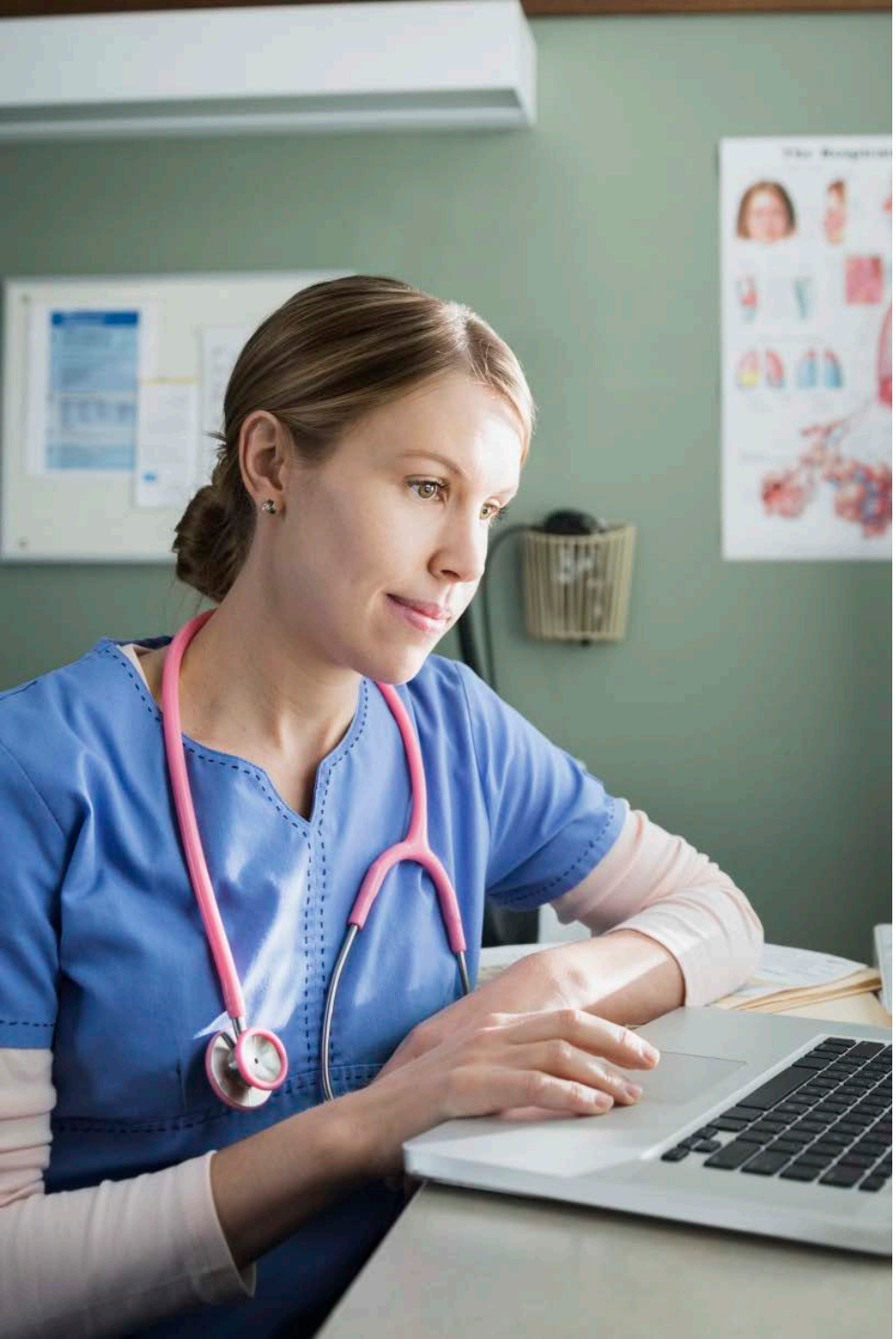
DME/HME Scope of Services

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 and complete the Aetna Better Health of Florida DME/HME Services Rendered Form.

- One Form is required for each provider Tax ID/NPI combination indicating all the scope of services.
- For example, if you have one (1) Tax ID with multiple NPIs, you will need to fill out this form for each combination.

Coordination of Benefits (COB)



Coordination of Benefits (COB)

- Members may have more than one insurance plan. When this happens, the two insurance plans work together to pay claims for the same person. This process is called coordination of benefits.
- In the event that ABH is the secondary payer, COB claims must be submitted within ninety (90) days after final determination by the primary payer.

All explanations of payment or denials from the member's primary carrier must be submitted with the claim and should be sent to:

Aetna Better Health of Florida
P.O. Box 63578
Phoenix, AZ 85082-1925

NOTE: If Medicare is the primary payer, claims will automatically crossover to the plan once Medicare has processed it and made a determination.

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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.

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)

Change of Ownership (CHOW)

Change of Ownership

A Change of Ownership (CHOW) occurs when there is a change as follows:

- licensee sells or otherwise transfers its ownership to a different individual, or
- entity as evidenced by a change in federal employer identification number or taxpayer identification number, or
- fifty-one percent (51%) or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned.

A change of ownership application, fees, and all other required forms must be received by AHCA at least 60 days prior to the date of change of ownership. In order to start facilitating the change, please be sure to have already notified the State of the change of ownership and that the State has returned the CMS Change of Ownership Form (CHOW) to your facility.

Information that you will need to provide:

- A letter from the facility explaining the Change Of Ownership
- Change of Ownership Form (CHOW) –this form is inclusive of State rate structure
- Copy of State License
- New Medicaid ID Number
- W-9 Form

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Change of Ownership

Providers must notify Aetna Better Health of Florida at least sixty (60) days prior to the anticipated effective date of the CHOW using the ABHFL CHOW Form listed on our website.

There should be a CHOW Form completed for each separate TAX ID.

Providers may send the completed form to: FLMedicaidContracting@aetna.com or fax to 1-860-262-9414.

Failure to notify Aetna Better Health of Florida at least sixty (60) days prior to the effective date of the CHOW may result in claim payment delays.

Claims Processing

- Claims for dates of service by the provider on or after the CHOW must be filed using the NPI/Medicaid ID for the new owner.
- Claims for dates of service prior to the date of the CHOW will continue to be billed under the seller's NPI.

Cultural Competency

Cultural competency

Aetna Better Health of Florida promotes cultural competency and offers sensitivity education and training in an effort to help eliminate health care inequalities.

What is cultural competency?

The ability to effectively and respectfully bridge differences between one's own culture and the culture of others.

In this way, patients feel like they have been understood and that their beliefs, values, and behaviors are considered.

Why cultural competency?

To improve patient health and build healthy communities

To enhance health care interactions with people of different cultures

To help promote health equity and eliminate health disparities

To be aware of your own views about others and how that impacts your engagements with them

To comply with Federal rules and regulations as well as Aetna required provider standards

Cultural competency in health care

The ability to engage and offer services in ways that meets the social, cultural, and linguistic needs and preferences of patients

To provide quality care through the lens of cultural diversity

Cultural competency

Cultural impacts on healthcare

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- How treatment is sought
- Delivery of health care services by providers
- End of life care

Providers and their office staff are responsible for:

- Ensuring all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all patients
- Ensuring that patients are effectively receiving understandable, respectful and timely care compatible with their cultural health beliefs, practices and preferred languages from all staff members
- Honoring member's beliefs, be sensitive to cultural diversity, and foster respect for member's cultural backgrounds.

Providers are prohibited from segregating Medicaid patients from other persons receiving services

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Cultural competency

When treating a person with a disability, remember to:

- Talk to the patient, not someone who accompanies them
- Avoid making assumptions
- Ask, “How can I help you?” and respect the answer
- Ensure that educational materials are easily accessible
- Allow time for history taking and exam

When treating a person who is blind or visually impaired, provide written material:

- In an auditory format
- On computer disc
- In Braille
- In large print

When treating a person who is deaf or hard of hearing:

- Ask how to best communicate
- Provide written educational material
- Look at the person while speaking
- Avoid shouting
- Minimize background noise
- Provide an interpreter, if necessary, for effective communication
- Patients cannot be charged for interpretation
- Family members should NOT serve as interpreters

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Cultural competency

When treating a person who is a wheelchair user:

- Provide access to exam areas
- Provide assistance if necessary, for a full and complete exam, even if it requires more time or assistance
- Respect personal space, including wheelchairs and assistive devices
- Avoid propelling wheelchair unless asked
- Obtain adjustable exam tables for your facility, if possible

Tools for provider offices

- Interpreter services- Aetna Better Health of Florida offers twenty-four (24) hour interpreter access available through our call center to communicate with those members with communication-affecting disorders – available through member services

- State Relay systems- available by dialing 711

Aetna Better Health expects providers to treat all members with dignity and respect as required by federal law including honoring member's beliefs, be sensitive to cultural diversity, and foster respect for member's cultural backgrounds.

Questions? We've got answers.

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

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