Aetna Better Health of Florida

February Monthly Training –Behavioral Health

aetna®

February 23, 2022

Learning Objectives

- Introduce Behavioral Health Integration Information
- Discuss Authorizations
- Inform on HEDIS
- Explain Timely Filing Guidelines
- Review Appeals & Disputes submissions
- Review Communication
- Introduce Availity
- Review Connect Center
- Review EFT/ERA
- Introduce BSN Provider Portal –Demo
- Q&A

Behavioral Health Integration Information

Important Behavioral Health Integration Information

Effective March 1, 2022, ABH-FL will no longer contract with Beacon Health Options for the management of ABH-FL members' behavioral health services

We will be transitioning to a fully integrated medical and behavioral management model

Continuity of Care (COC)

- Providers should continue to provide care during the transition period.
- Enrollees will not experience an interruption in service(s) or care coordination
- Aetna Better Health of Florida will honor any ongoing treatment that is currently being provided or that was previously authorized by Beacon for the duration of the authorization or up to 60 days, whichever is first, following the transition on March 1, 2022.
- Continuity of care applies to Aetna Better Health of Florida participating and non-participating providers.

For PCP's and Medical Specialists

- To access our contracted behavioral health providers please
  - Visit our website: https://www.aetnabetterhealth.com/florida/
  - Contact Provider Services:
    - Email: FLMedicaidProviderRelations@aetna.com
    - Phone:
      - MMA 1-800-441-5501
      - LTC 1-844-645-7371
      - FHK 1-844-528-5815

Behavioral Health Authorizations

Transition Authorization Information

For Contracted Behavioral Health Specialists

Authorization Requests prior to March 1, 2022:

- For requests prior to March 1, 2022, Beacon will continue to process authorizations. Please continue to submit your authorization requests to Beacon.

Authorization Requests on or after March 1, 2022:

- As of March 1, 2022, all behavioral health services that require prior authorization for ABH-FL members must be submitted to ABH-FL.
- ***Please Note****: Prior authorization requirements and criteria may change. It is important to review our ProPat Auth Lookup Tool*

General Information about Authorizations

Please remember that *emergencies do not require prior authorization*

- Urgent/expedited requests should be indicated on the Prior Authorization Form

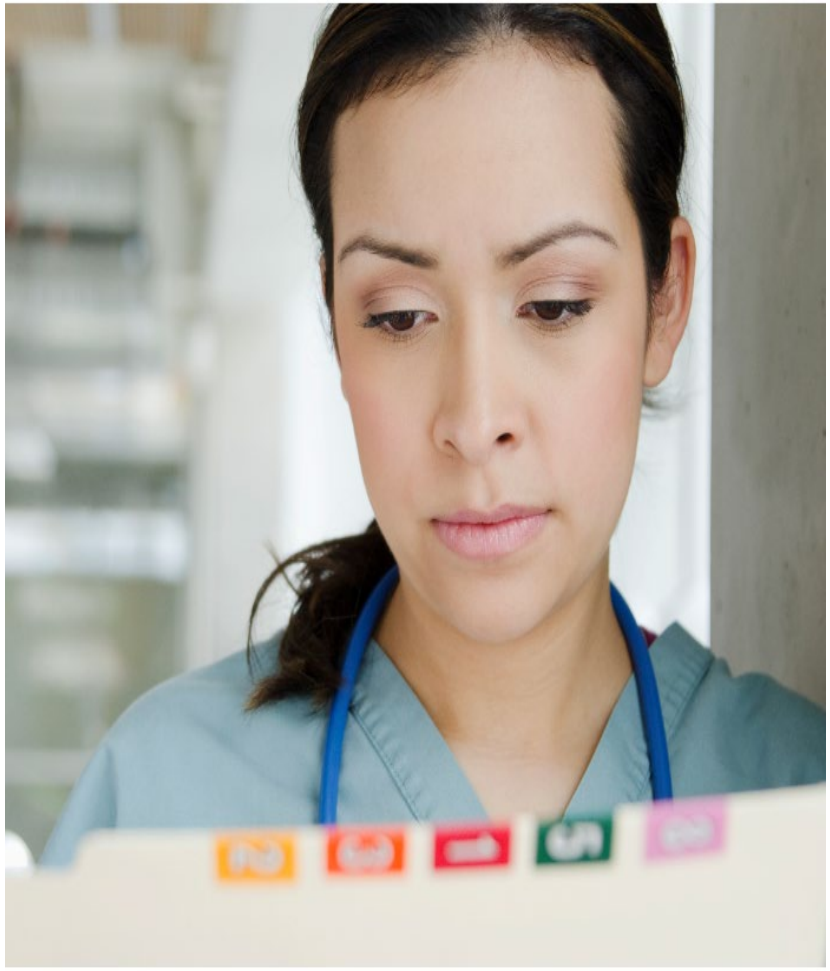
- Turn around time for processing requests are as follows:

  FHK
  - ✓ Standard: 14 calendar days
  - ✓ Urgent: 72 hours

  MMA/Comprehensive
  - ✓ Standard: 7 calendar days
  - ✓ Urgent: 2 calendar days

- To determine which services require prior authorization use our ProPat Auth Lookup Tool: https://medicaidportal.aetna.com/sso/propat/Default.aspx

- Medical Necessity Criteria (MNC) used:
  - MCG: Milliman Clinical Guidelines
  - ASAM: American Society of Addiction Medicine
  - Clinical Policy Bulletins (CBPs)



Prior Authorization Requirements

Providers can request prior authorizations for services for medically necessary services for members in the following ways:

Acute Inpatient Hospitalization and Substance Abuse Residential Treatment:

- Phone
- Availity

All other requests:

- Fax
- Availity

Behavioral Health Prior Authorization Fax Numbers:

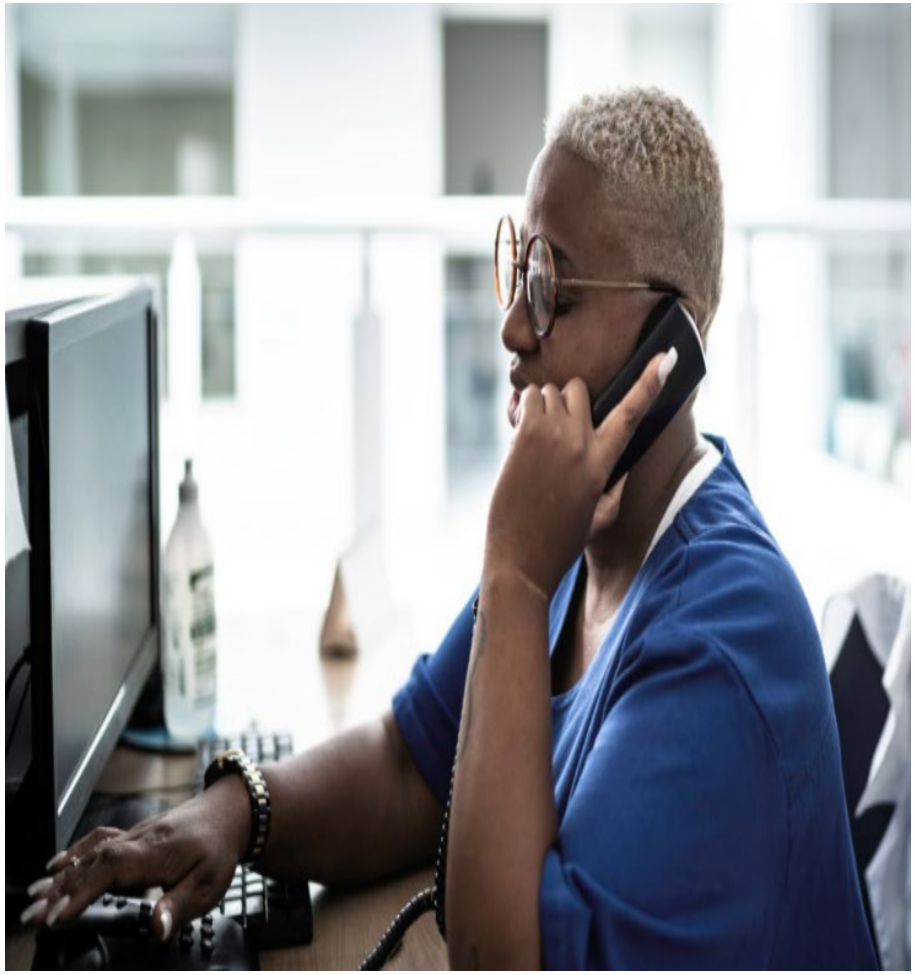
- MMA 1-833-365-2474
- FHK 1-833-365-2493

Prior Authorization Telephone Numbers:

- MMA 1-800-441-5501
- FHK 1-844-528-5815

Behavioral Health Prior Authorization form can be accessed by visiting our website:
https://www.aetnabetterhealth.com/florida/providers/

Availity
https://apps.availity.com/availity/web/public.elegant.login



HEDIS

Quality Management & Performance Improvement

Aetna Better Health of Florida (ABHFL) aims to enhance the quality of care, emphasize, and improve the quality of patient outcomes. This is accomplished through our Quality Improvement (QI) Program. We use various measurements and quality indicators to evaluate the services rendered to our members against accreditation (NCQA) standards and regulatory requirements (AHCA, FHKC).

ABHFL's Behavioral Health Liaisons play a vital role in maximizing performance with Behavioral Health measures by:

- Creating research-based targeted interventions and action plans to improve behavioral health (BH) measures reported through HEDIS
- Bridging members to BH providers and coordinating care
- Linking the member, the provider and the health plan

Meet our BH Liaisons:

Isaac Sochaczewski, LMHC
T) 954-858-3370
Sochaczewskii@aetna.com

Monique Forsythe, LCSW, CCM
T) 954-858-3353
ForsytheM@aetna.com

VACANT
3rd BH Liaison to join the team in March 2022

Please contact our BHL's directly regarding care coordination.

aetna

What is HEDIS?

HEDIS = Healthcare Effectiveness Data and Information Set

The National Committee for Quality Assurance (NCQA) defines HEDIS as, "a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans."

NCQA and AHCA requires health plans to report on 6 behavioral health (BH) measures.

ABHFL's Behavioral Health Liaisons are currently involved in the rate improvement of 3 of those BH measures:

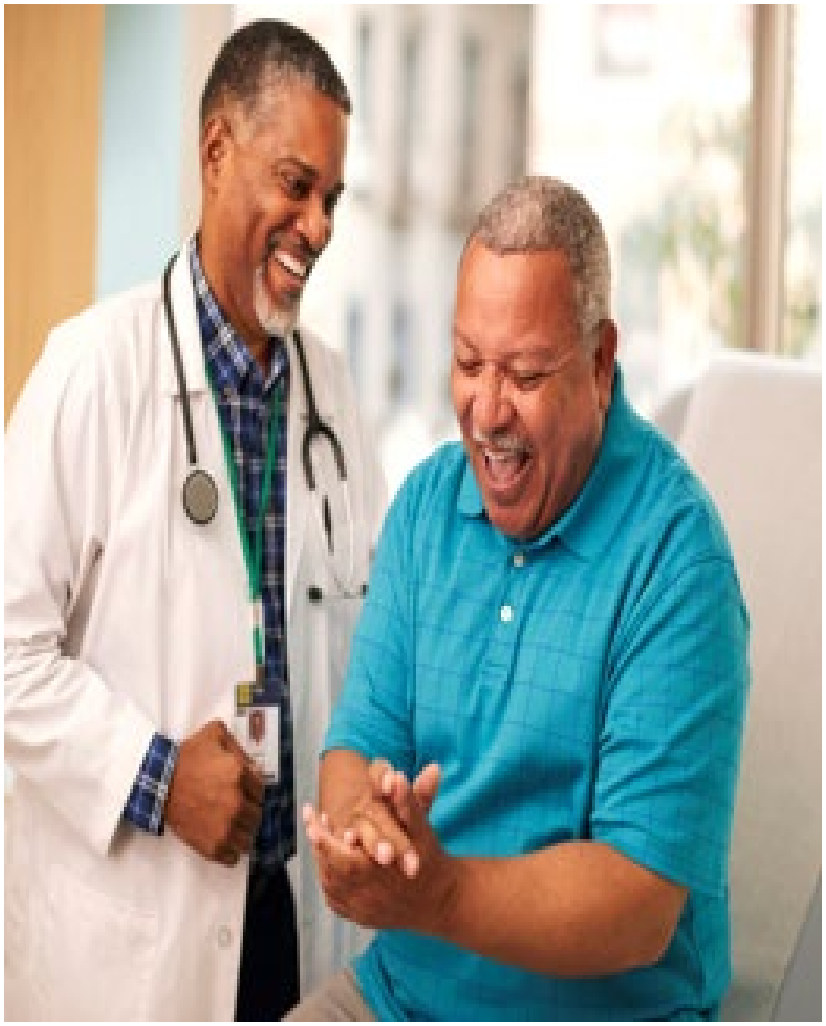
- **Follow-Up After Hospitalization for Mental Illness (FUH)**
- **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**
- **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**

Useful Links:

NCQA/ HEDIS: https://www.ncqa.org/

ABHFL: https://www.aetnabetterhealth.com/florida

ABHFL's Provider Directory: https://www.aetnabetterhealth.com/florida/members/provider-directory



Behavioral Health- HEDIS Measures

1. **FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)**

Population: Members 6 years of age and older discharged after hospitalization for treatment of selected mental illness diagnoses or self-harm who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Components reported (2)*:*

Members who received a follow-up visit within **7 days** after discharge, not counting the day of discharge.
Members who received a follow-up visit within **30 days** after discharge, not counting the day of discharge.

Expectations*:* Member follow-up within **7 days** after date of inpatient discharge with a mental health practitioner including: Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW), Licensed Marital and Family Therapist (LMFT) or Physician Assistant certified to practice psychiatry, and an authorized Certified Community Mental Health Center (CMHC).

2. **FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)**

Population: Members 6 years of age and older with an Emergency Department (ED) visit with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Components reported (2):

Members who had a follow-up visit within **7 days** of ED visit, not counting day of discharge (8 total days).
Members who had a follow-up visit within **30 days** of ED visit, not counting day of discharge (31 total days).

Expectations*:* Member follow-up within **7 days** after date of ED visit (8 total days) with any practitioner, with a principal diagnosis of a mental health disorder or intentional self-harm and any diagnosis of a mental health disorder.

3. **FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)**

Population: Members 13 years of age and older with an Emergency Department (ED) visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence diagnoses and who had a follow-up AOD visit.

Components reported (2):

Members who had a follow-up visit within **7 days** of ED visit, not counting day of discharge (8 total days).
Members who had a follow-up visit within **30 days** of ED visit, not counting day of discharge (31 total days).

Expectations: Member follow-up within **7 days** after date of ED visit (8 total days) with any practitioner and must list a primary diagnosis of alcohol or other drug abuse or dependence (AOD).

aetna

Best Practices

Consider the following tips to improve the HEDIS rates for BH Measures:

- Reserve and allow **appointment availability** for members with recent inpatient discharge and ED visits to be seen within 7 days
- Offer afternoon/evening or weekend appointments
- Offer **telehealth** services
- **Educate** members about the importance of following up with treatment
- Call and text **appointment reminder** one day before appointment
- **Reach out** to members that cancel appointment and reschedule as soon as possible
- **Communicate** with hospital to obtain discharge reports for better care coordination
- **Coordinate** care between behavioral health and primary care physicians
- **Collaborate** with case management regarding Social Determinants of Health (SDOH)
- **Code** for services correctly (we can help with coding/billing information)
- **Confirm** primary diagnosis: For members who were in ED for alcohol or other drugs (AOD)-related conditions, primary diagnosis **must be** for AOD

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)

Appeals & Disputes Submissions

Provider Appeals Submissions

As of March 1, 2022, Aetna Better Health will no longer accept Provider mail that is directed to our office at:

261 N. University Dr.
Plantation, FL 33324

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.

Appeals, Complaints and Grievances

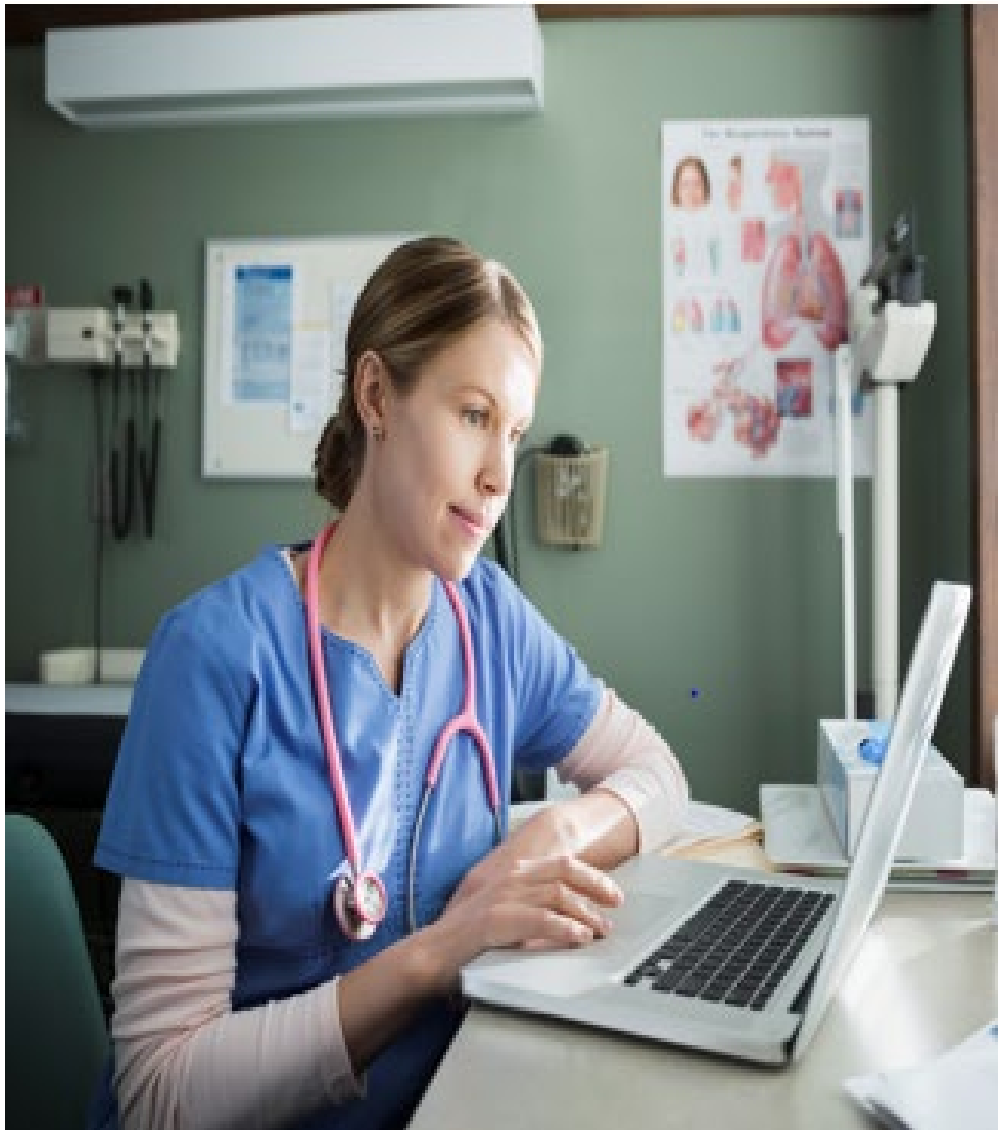
- Prior-Authorization Appeal Level of Care Appeal Medical Necessity Appeal Payment Dispute Claim/Coding Edit Appeal Other Appeal Request

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**

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

Claim Resubmission for Reconsideration (Disputes):



Effective 2/14/2022, if you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

Aetna Better Health of Florida
P.O. Box 982960
El Paso, TX 79998-2960

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

Form:

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

Availity Link:
https://apps.availity.com/availity/web/public.elegant.login

Provider Communication

Provider Information

Our communications will be transitioning from fax blast to via email in the near future. Keeping our providers informed is our priority.

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 number.

Example (Email Address Update + 12345678).

Please call our Provider Services Department at 1-844-528-5815 or email us at lease ensure you reach out to us to record your most recent email address at

aetna

Availity

Availity Provider Portal

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).

https://apps.availity.com/availity/web/public.elegant.login

aetna

Web Connect Center

Web Connect Center

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

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

Vendor Code: 214558

Electronic Claim submission as of 3/1/2022
Payer EDI: 128FL
Real Time Payer ID: ABHFL

Sign up and get started TODAY!

aetna

EFT/ERA Registration

EFT and ERA Registration

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.

https://www.aetnabetterhealth.com/florida/assets/pdf/provider/ABHFL_Electronic_Remittance_Advise_EFT_%20Enrollment_Form_10.2020.pdf

aetna

BSN Portal Demo
By: Jonas Eddy

Questions? We have answers!

Call our Provider Services Department at 1-844-528-5815