Aetna Better Health® of Florida

Provider General Monthly Training

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November 30, 2023

Agenda

- ABHFL Website - Provider Site
- Website Resources
- Contact Us
- Provider Manual Newsletters and Notifications
- Provider Surveys
- Availity Provider Portal
- ProgenyHealth
- EFT/ERA
- Prior Authorization
- Timely Filing Requirements
- Grievance & Appeals
- Monthly Provider Trainings

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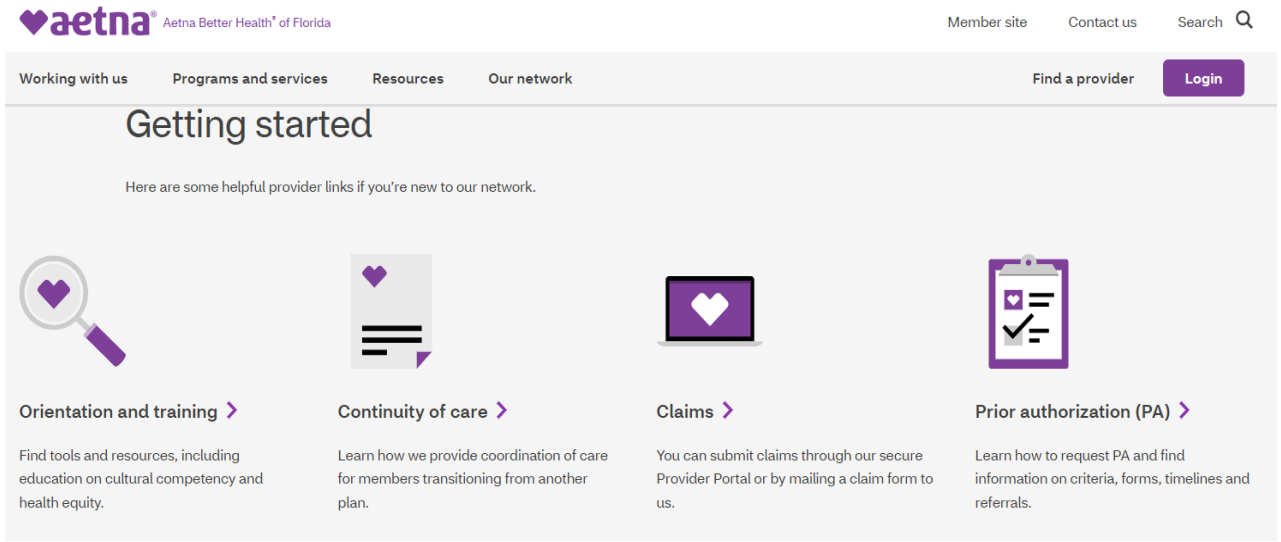
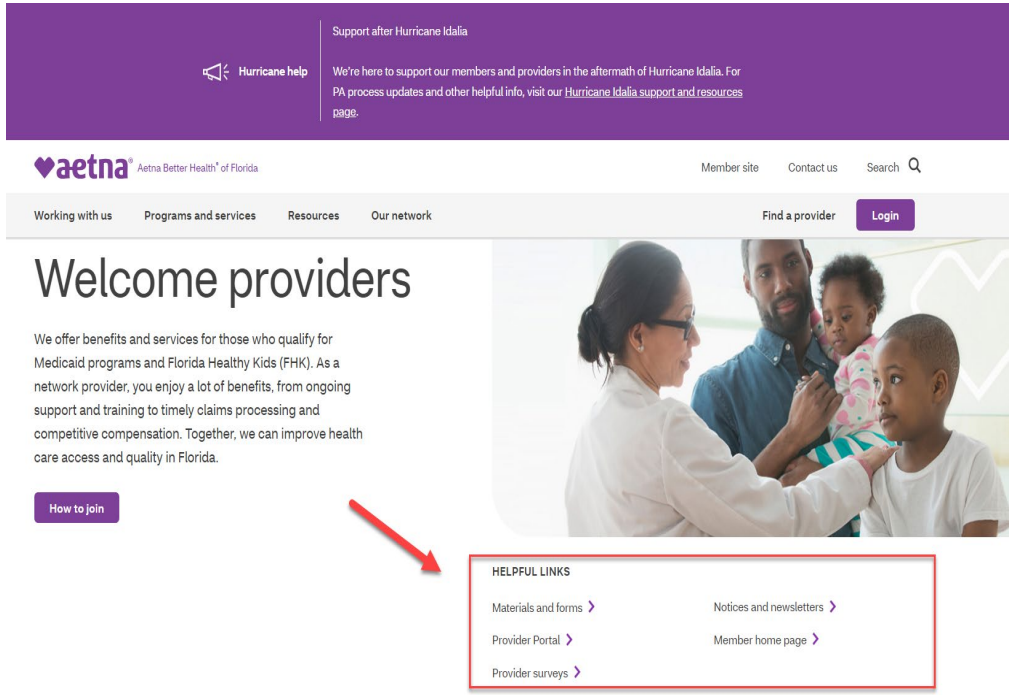
ABHFL Website
Provider Site

Provider Site

- The ABHFL website has been redesigned this year
- It is now more user friendly to our members/providers
- Information can be located with fewer clicks
- Helpful Links are available on the provider main page





https://www.aetnabetterhealth.com/florida/providers/index.html

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Website Resources

Website Provider Resources

HEDIS Resources

- HEDIS stands for Healthcare Effectiveness Data and Information Set. We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and our members. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent further complications.

- https://www.aetnabetterhealth.com/florida/providers/hedis.html

Clinical Guidelines

- Respected professional and public health organizations create clinical practice guidelines that document best practices and recommendations for care. We've chosen certain clinical guidelines to help our providers give members high-quality, consistent care with effective use of services and resources. These include treatment protocols for specific conditions, as well as preventive health measures.

- https://www.aetnabetterhealth.com/florida/providers/clinical-guidelines-policy-bulletins.html

Health Equity

- Everyone should have a fair and just opportunity to be as healthy as they can be. Some obstacles to this goal include poverty and discrimination, as well as their consequences, like lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.[1,2] Health equity and justice are goals that drive our decisions and all that we do.

- https://www.aetnabetterhealth.com/florida/providers/health-equity.html

Risk Management

- Providers shall participate in and cooperate with the Plan risk management program. The Managed Care Plan shall require participating and direct service provider to report adverse incidents to the Managed Care Plans within twenty-four (24) hours of the incident. The Plan will ensure that all participating and direct service providers are required to report adverse incidents to the Agency immediately but not more than twenty-four (24) hours of the incident.

- https://www.aetnabetterhealth.com/florida/providers/risk-management.html

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Contact Us

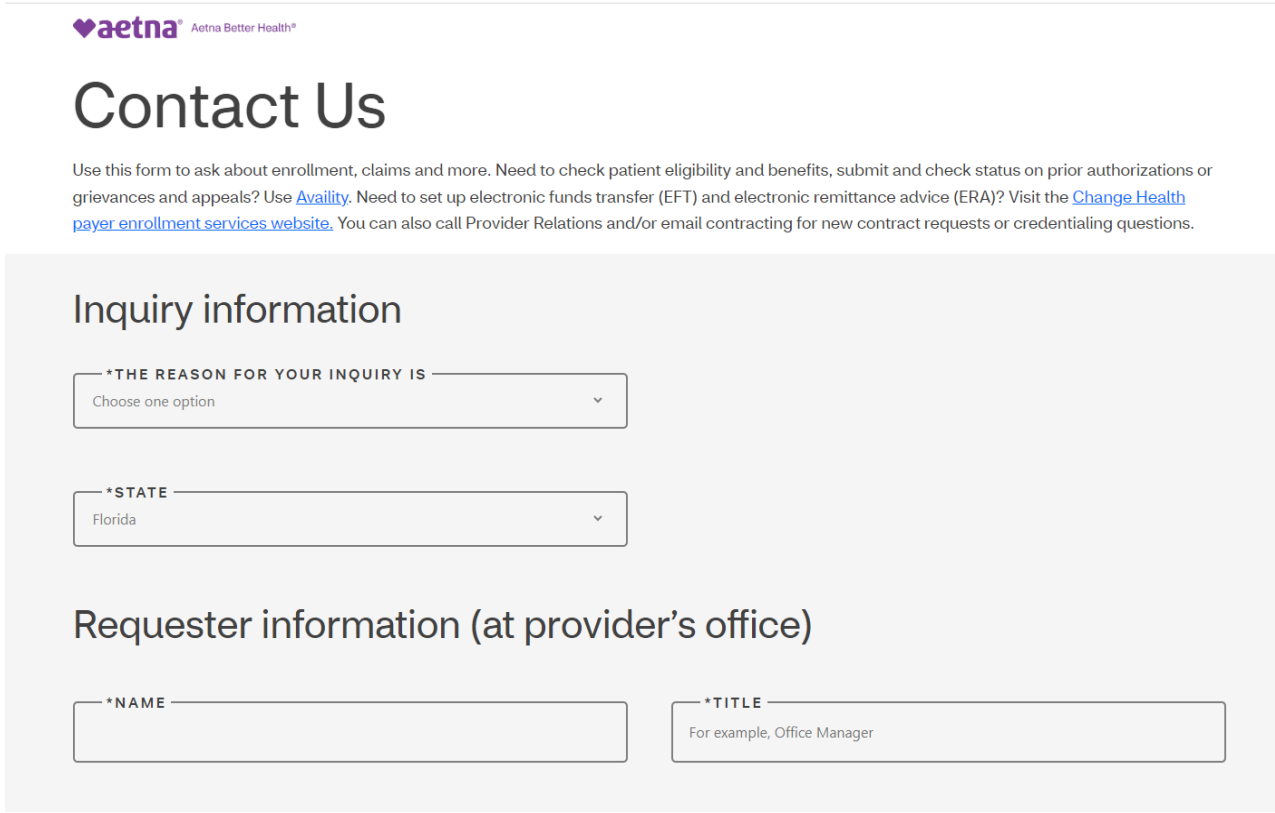
Contact US

Direct Link:
https://medicaidportal.aetna.com/mcainteractiveforms/ProviderForms/ProviderRequestForm.aspx?p=FL

NEW – Contact US page

- **Claims Inquiry or Disputes**
- **Grievances & Appeals**
- **Delegated Group Updates**
- **New Contract Request**
- **Provider Enrollment or Adds to an Existing Par Group**
- **Provider Demographic Data Update**
- **Provider Terms, Leaving Practice, Retiring, Closing Practice**
- **Status Inquiry of previous email submission**
- **Other**

***Attachments availability (up to 5 images)**



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Provider Manual
Newsletters and Notifications

Provider Manual and Newsletters

ABHFL regularly updates and uploads Provider Bulletins, Provider Manual and Provider Newsletters on our ABHFL website for easy access.

To stay informed with the most updated information please visit our ABHFL under the provider tab: ABHFL Provider Page

Provider Manual (s)

- Florida Healthy Kids Provider Manual
- Medicaid and Comprehensive Long Term Care Provider Manual

Newsletters

- Provider newsletter - Winter 2023
- Provider newsletter – Summer 2023

Note: Provider Newsletters are issued 2 times a year. (Summer & Winter).

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Provider Notifications (Fax blasts)

To stay informed with the most updated information please visit our ABHFL under the provider tab: ABHFL Provider Page

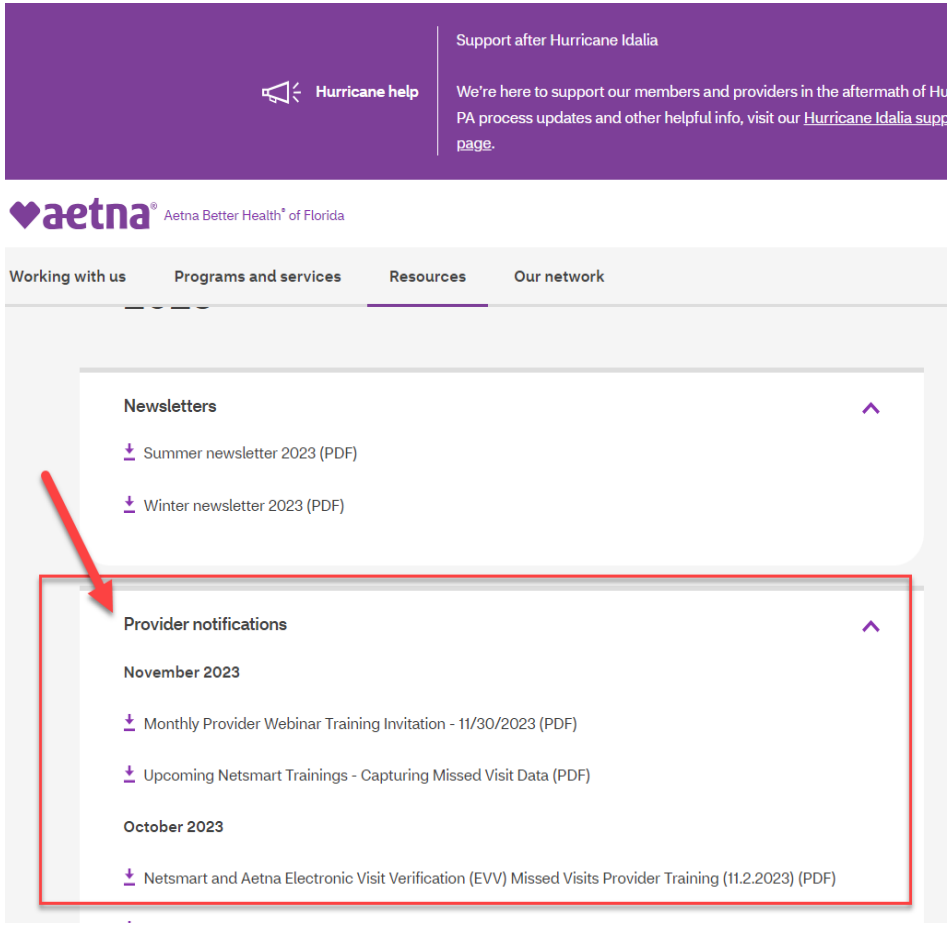
August 2023

ProgenyHealth Maternity Care Management (PDF)

SBIRT Training Cancelled and Re-Scheduled (PDF)

AHCA Workshop - Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table (08/03/2023) (PDF)

Provider SBIRT Webinar Training Invitation - August 8, 2023 (PDF)



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Provider Notifications (Fax blasts)

September 2023

SBIRT Provider Training Opportunity Notification Reminder (PDF)

Behavioral Health Monthly Provider Training Invitation (09/29/2023) (PDF)

Behavioral Health and Primary Care Provider Collaboration Survey (PDF)

Primary Care and Behavioral Health Provider Collaboration Survey (PDF)

Redetermination Notice (PDF)

SBIRT Webinar Training Provider Invitation (10.4.2023) (PDF)

Humatrope Added to FHK Preferred Drug List (PDF)

SBIRT Training Opportunity - 10/04/2023 (PDF)

HCPCS Codes for Depression Screening (PDF)

Hurricane Idalia Important Information (PDF)

October 2023

Netsmart and Aetna Electronic Visit Verification (EVV) Missed Visits Provider Training (11.2.2023) (PDF)

Upcoming changes to EVV requirements - Capturing missed visit data (PDF)

Monthly Provider Webinar Training Invitation - Maternity (10.26.2023) (PDF)

Provider Town Hall Invitation for MMA Providers in Region 6 - Tampa (PDF)

Provider Town Hall Invitation for LTC Providers in Region 6 - Tampa (PDF)

Provider Town Hall Invitation for MMA Providers in Region 7 - Orlando (PDF)

Provider Town Hall Invitation for LTC Providers in Region 7 - Orlando (PDF)

Provider Town Hall Invitation for MMA Providers in Region 11-Miami (PDF)

Skilled Nursing Facilities (SNF) Billing - Value Codes (PDF)

Provider Town Hall Invitation for LTC Providers in Region 11-Miami (PDF)

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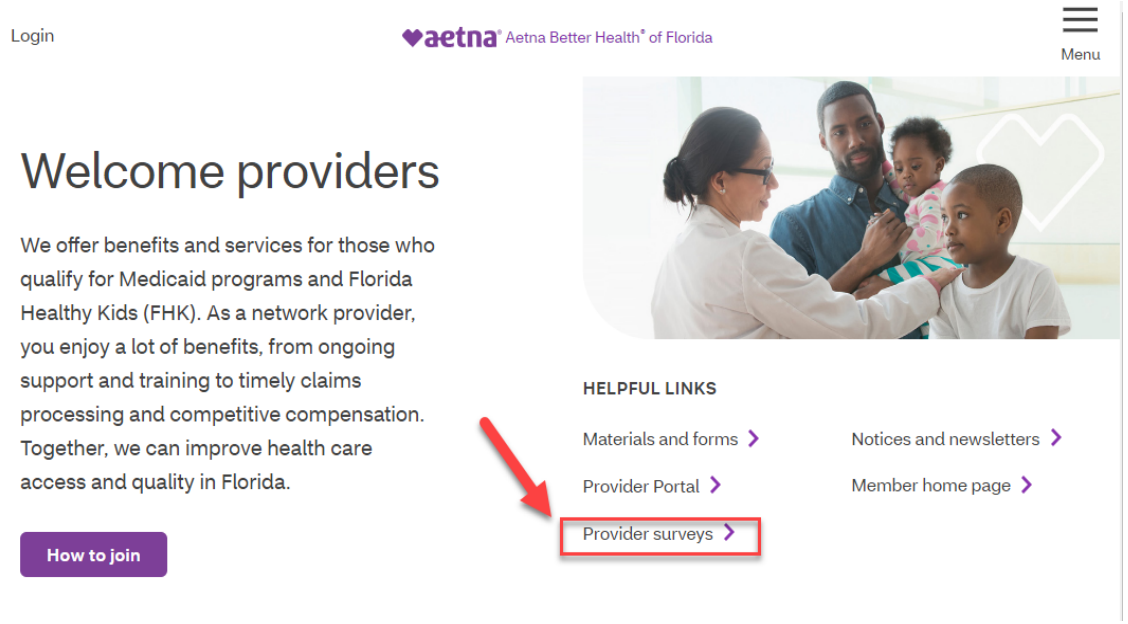
Provider Surveys

Provider Surveys

Ongoing surveys are posted on our ABHFL website as we are continuously working in obtaining the most updated information to improve services to our members and provider directory.

We added a new helpful link



https://www.aetnabetterhealth.com/florida/providers/materials-forms.html

Provider surveys

- ABH FL Provider Data Validation
- ABH FL Provider Data Change Form
- ABHFL Provider OB/GYN Survey (PDF)
- Aetna Better Health of Florida Behavioral Health and Primary Care Provider Collaboration
- Aetna Better Health of Florida Primary Care and Behavioral Health Provider Collaboration
- ABH FL Provider Office Hours & Telemedicine Services Survey

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Provider Surveys

ABH FL Provider Data Validation

- Direct Link: https://www.surveymonkey.com/r/AETPDV
- In support of NCQA, federal, and CMS regulations and standards, Aetna Better Health of Florida requires participating providers to visit our Provider Online Directory at https://www.aetnabetterhealth.com/florida/find-provider each calendar quarter to validate the accuracy of your practice information.

ABH FL Provider Data Change Form

- Direct Link: https://www.surveymonkey.com/r/AETPDCF
- Keeping your practice data up to date through Aetna Better Health of Florida's online Provider Data Change Form is essential to ensuring member satisfaction, appropriate referrals, appointment availability, and accurate and timely claims processing.

ABH FL Behavioral Health & Primary Care Provider Collaboration

- Direct Link: https://www.surveymonkey.com/r/AETBHPCP
- Aetna Better Heath would like to understand how well primary care and behavioral health providers communicate and coordinate care. By completing this survey and sharing your feedback ABHFL will measure how well we are meeting the expectations and needs of our network providers and practitioners.

ABH FL After Hours & Telemedicine

- Direct Link: https://www.surveymonkey.com/r/ABHHRTEL
- In order to keep the provider directory up to date, Aetna Better Health of Florida would like to obtain more information regarding the practice's after-hours availability and Telemedicine services provided.

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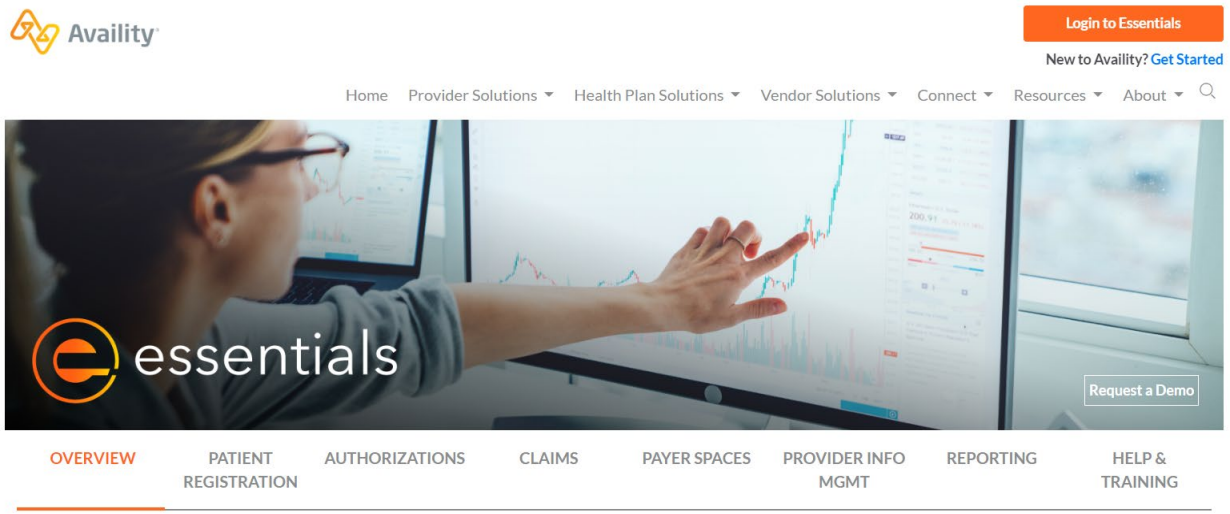
Availity

Availity Provider Portal

Aetna Better Health of Florida (ABHFL) would like to remind you that with Availity Essentials, you can enjoy real-time information exchange. Availity is your trusted source for payer information, so you can focus on patient care.



- **Provider Communication**
  https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/abhfl_availity_provider_communication_05.05.2023.pdf

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Availity Provider Portal

Did You Know

Availity Essentials provider portal provides access to a robust self-service and online tools to allow more independent and remote providers to easily navigate Aetna's policies, procedures, and requirements. Availity allows providers to directly communicate with Aetna's clinical and administrative staff through the Contact Us application. Providers support capabilities offered through Availity include the ability for providers to:

- **Claim Submissions**
- **Claim Status Inquiries**
- **Payer Space**
- **Contact Us Messaging**
- **Appeals & Grievance**
- **Appeals & Grievance Status**
- **Panel Rosters**
- **Specialty Pharmacy Prior Authorization**
- **Prior Authorization Submission**
- **Prior Authorization Status**
- **Eligibility and Benefits**
- **Reports & PDM**

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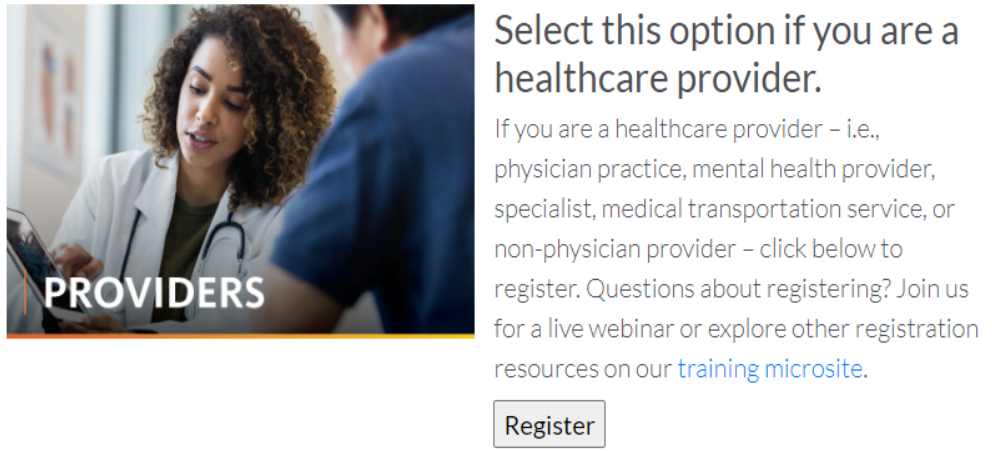
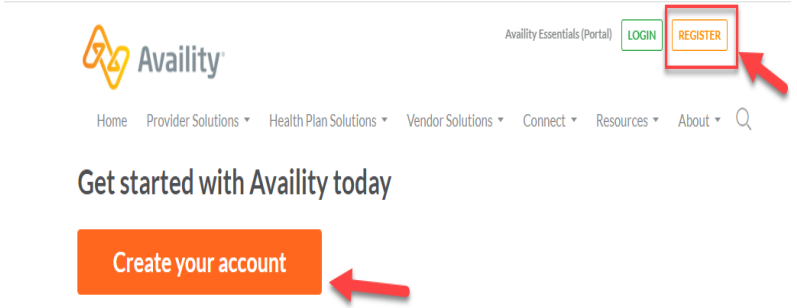
Availity Provider Portal

If your organization isn't registered with Availity, we strongly recommend that you get started today at Availity.com/provider-portal-registration.





Availity & Helpful Links:

- Availity Main Page
- Availity Provider Portal
- Availity Portal-Registration
- Availity Get Started
- Availity Log In
- Availity Training-and-Education

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Availity Provider Portal

Live webinars are available for Availity portal users
Once you're registered, sign in at **Apps.availity. com/availity/web/public.elegant.login**. The Availity Learning Team offers regularly scheduled live webinars on a variety of topics.

Tips for finding live webinars

- ✓ In the Availity Portal, select Help & Training > Get Trained to open your ALC catalog in a new browser tab.
- ✓ In the ALC catalog > Sessions tab, browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using Your Calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable iCal options.

Can't make a live session?

The ALC catalog includes lots of on-demand options, too. In the ALC Catalog, look for courses with a title that ends in Recorded Webinar, for example, Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar

Bookmark this resource for easy access:

- https://availity.com/Essentials — 24/7 access to training resources and recorded webinars to view at your leisure

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ProgenyHealth

Who is ProgenyHealth®

- ProgenyHealth® is a care management company with more than 20 years of experience helping infants, women, caregivers, and families.
- ProgenyHealth providers a network of support from prenatal health, through a healthy delivery or a NICU admission, and all the way to one full year of life.

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Progeny HEALTH®

Program Overview

- ProgenyHealth and Aetna Better Health® of Florida have teamed up to offer an innovative care management program to support healthier pregnancies.
- The program offers educational resources, support programs, case management, and a maternity app to guide woman through a healthy pregnancy, postpartum, parenting, and return to work.
- ProgenyHealth's team of experts help identify women with risk factors and then provide the support they need for a happier, healthier outcome.

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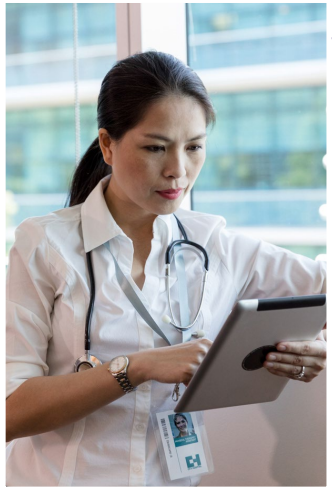
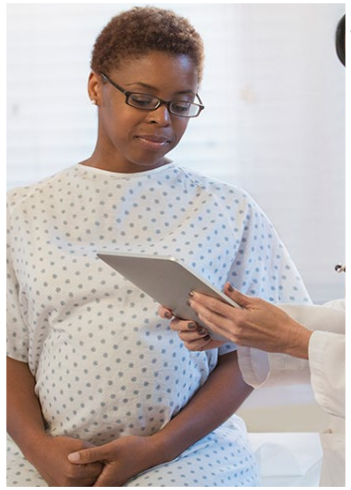
ProgenyHealth® Services



NICU Program

- Aetna Better Health of Florida has engaged ProgenyHealth to conduct claim reviews for NICU services

- This process will ensure that services billed are consistent with:
  - ✓medical record documentation
  - ✓authorizations
  - ✓regulatory and health plan policies
  - ✓correct coding guidelines



Maternity Care Management Program

- We are excited to introduce ProgenyHealth's Maternity Care Management program, as it is designed to support your patients and ease your workload.

- Case Mangers will help your patients by:
  - ✓Providing on-going education and support
  - ✓Setting up doctor visits
  - ✓Making care plans
  - ✓Finding free or low-cost items

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Supporting Your OB/GYN Patients & You

Effective 08/01/2023 - Aetna Better Health® of Florida and ProgenyHealth® have teamed up to offer a Maternity Care Management program that:

- **Supports** your patients between office visits with on-call Nurse Case Managers
- **Informs** you if your patient reports concerning signs or symptoms
- **Reduces** office phone calls with ongoing education through our Maternity App
- **Improves** appointment adherence by keeping patients on schedule
- **Connects** your patients to non-clinical resources and benefits when needed

To learn more about the ProgenyHealth Maternity Care Management Program, call **1-855-231-4730**, Monday - Friday, 8:30 AM - 5:00 PM ET, or email **maternity@progenyhealth.com**

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ProgenyHealth® Maternity Success Stories

Cherice / 17 years old

- Referred at 32 weeks gestation
- History of Depression and Anxiety
- Pregnancy labeled high-risk
- MFM consultation was recommended

ProgenyHealth's Case Manager

- Provided education on postpartum depression and breastfeeding
- Cherice agreed to schedule a consultation after the CM helped her understand her anatomy ultrasound results
- Provided ongoing support and education throughout her pregnancy

Maya / 31 years old

- Pregnant with her third child
- OB identified her as anemic
- Struggling financially and reported food insecurity

ProgenyHealth's Case Manager

- Provided education on iron supplements and dietary options to combat anemia
- Connected Maya with WIC and local food pantries to secure healthy food options
- On a follow-up call with her CM, Maya reported she was getting healthier foods and saw an increase in Hemoglobin levels

Monique / 37 years old

- Pregnant with second child
- Struggling with intense morning sickness
- Multiple visits to the ER for dehydration

ProgenyHealth's Case Manager

- Connected her with a home health company covered by her insurance
- Coordinated a request for a Zofran pump with her physician
- 4 days after referral to ProgenyHealth, Monique received her Zofran pump to help manage her symptoms

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Electronic Funds Transfers (EFT)
Electronic Remittance Advice (ERA)

Electronic Funds Transfers (EFT)
Electronic Remittance Advice (ERA)

Effective February 1, 2023, all ABHFL EFT/ERA Registration Services (EERS) are managed by Change Healthcare. EERS gives payees multiple ways to set up EFT and ERA in order to receive transactions from multiple payers.

Electronic funds transfer (EFT)

EFT makes it possible for us to deposit electronic payments directly into your bank account. Some benefits of setting up an EFT include:

- Improved payment consistency
- Fast, accurate and secure transactions

Electronic remittance advice (ERA)

ERA is an electronic file that contains claim payment and remittance info sent to your office. The benefits of an ERA include:

- Reduced manual posting of claim payment info, which saves you time and money, while improving efficiency
- No need for paper Explanation of Benefits (EOB) statements

For more information, visit our ABHFL website provider bulletin distributed on 01/30/2023:

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

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Electronic Funds Transfers (EFT)
Electronic Remittance Advice (ERA)

How to enroll

To enroll in EFT/ERA Registration Services (EERS) visit
Change Health payer enrollment services website

- Create your enrollment by filling out the Provider Information, Contact Information, Bank Information (only if adding EFT enrollment(s)), and Enrollment Information.
- Submit your enrollment(s) and you will receive an email notification confirming submission to Change Healthcare.
- Log in to the Provider Portal to check the status of your enrollment(s).

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Prior Authorization

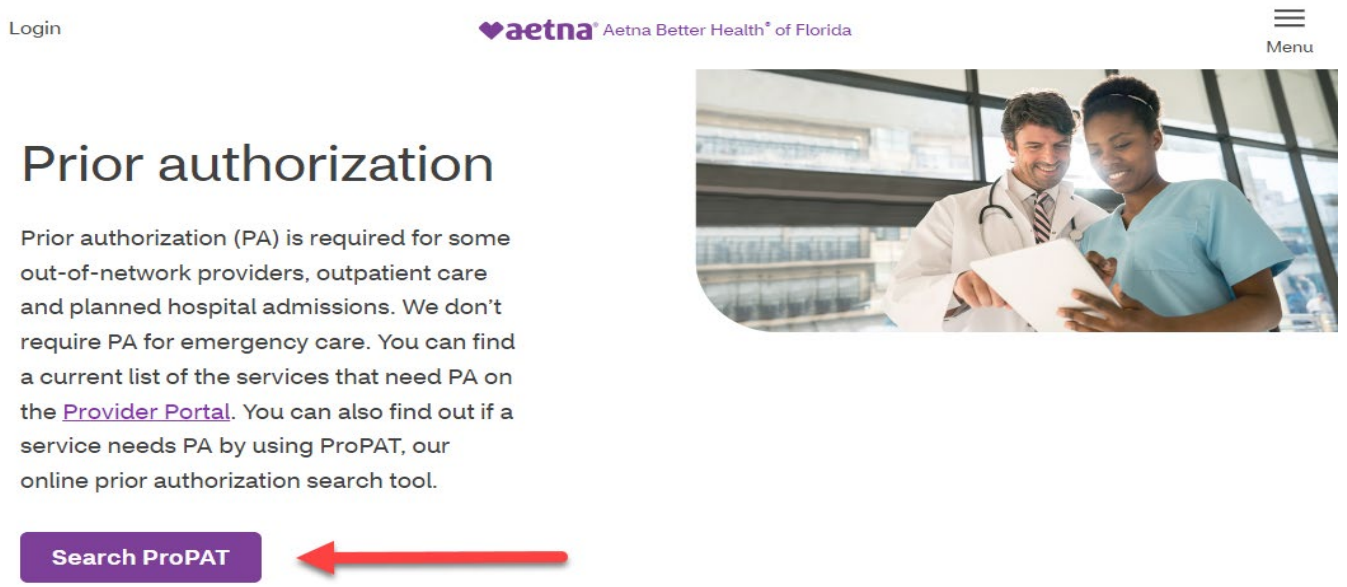
Prior Authorization

Prior authorization (PA) is required for some out-of-network providers, outpatient care and planned hospital admissions.

We don't require PA for emergency care. You can find a current list of the services that need PA on the Provider Portal.

You can also find out if a service needs PA by using ProPAT, our online prior authorization search tool.

Propat Link: **Search ProPAT**



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Tips for requesting PA

A request for PA doesn't guarantee payment

- We can't reimburse you for unauthorized services. You can make requesting PA easier with these tips:
- Register for Availity if you haven't already.
- Verify member eligibility before providing services.
- Based on the type of request, complete and submit the PA request form.
- Attach supporting documents when you submit the form.

TYPES OF PA REQUEST FORMS

These forms apply to all plans.

- Physical health PA request form (PDF)
- Behavioral health PA request form (PDF)
- Obstetrical notification form (PDF)

MORE HELPFUL RESOURCES

- Prior authorization rules for Medicaid and Florida Healthy Kids (PDF)
- Quick reference guide — vendor list (PDF)

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How to request PA

Online

Ask for PA through our Provider Portal.

Visit the Provider Portal

By phone

Ask for PA by calling us:

- Medicaid Managed Medical Assistance:

  1-800-441-5501 (TTY: 711)

- Florida Healthy Kids:

  1-844-528-5815 (TTY: 711)

By Fax

Download and complete the PA request form based on the type of request. Add any supporting materials for the review. Then, fax it to us.

Fax numbers for PA request forms

- Physical health PA request form fax: 1-860-607-8056
- Behavioral health PA request form fax (Medicaid Managed Medical Assistance): 1-833-365-2474
- Behavioral health PA request form fax (Florida Healthy Kids): 1-833-365-2493

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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 (see guideline chart on your right).

For more information visit our ABHFL Complaints and appeals page.

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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Grievance & Appeals

Grievance & Appeals Summary

Provider Appeals = Request to review the denial of or payment on a claim

- NOTE: When submitting pre-service requests on behalf of a member you must have written consent. These requests are processed as a member appeals and subject to member appeal timeframes and processes.

Complaints/Grievances = Dissatisfaction with anything else not related to a claim

Interfiling vs. Bundling

- **Interfiled** = submitting multiple unrelated claim denials for appeal in one packet.
- **Bundling** = a submission of multiple claims with the same denial reason as one appeal. For example, code XXXX denies every time you submit a claim, or all claims for Jane Doe are denied.

Claim Resubmissions

- Resubmitted claims = claims that are being resubmitted for reprocessing, including but not limited to corrected claims, hard copy claims that were denied due to missing information

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Appeals Submissions

If you are submitting an interfiled appeal request (multiple unrelated claims) in one mailing you must use physical barriers (elastic, paper clip, binder clip, blank sheet of colored paper etc.) for each claim in the submission.

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: **Availity Provider Portal**
- You may submit by fax to **1-860-607-7894**

You can also call us with your complaint or appeal:

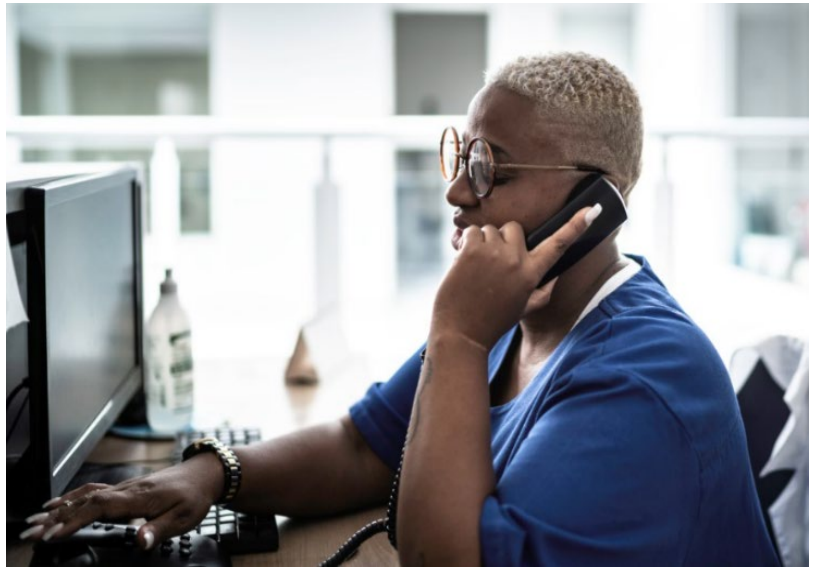
- Medicaid Managed Medical Assistance: 1-800-441-5501 (TTY: 711)
- Long-Term Care: 1-844-645-7371 (TTY: 711)
- Florida Healthy Kids: 1-844-528-5815 (TTY: 711)

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

Complaints/Grievances may be submitted at any time.

Medical necessity claim appeals must be submitted within sixty (60) calendar days from the claim denial or the resubmission denial



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Monthly Provider Trainings

Monthly Provider Trainings

Monthly Provider Training Invitations are sent to providers via fax and via email. We also upload the invitation on our ABHFL website for your convenience.

It is important that we have your most updated fax and email information on file in order for you to receive Monthly Provider Trainings and all of our communications timely.

Need to update your information?

1. Contact our provider relations department via email FLMedicaidProviderRelations@aetna.com
2. Complete the ABHFL Provider Data Change Form : https://www.surveymonkey.com/r/AETPDCF
3. Call us!
   - MMA: 1-800-441-5501 TTY (711)
   - LTC: 1-844-645-7371 TTY (711)
   - FHK: 1-844-528-5815 TTY (711)

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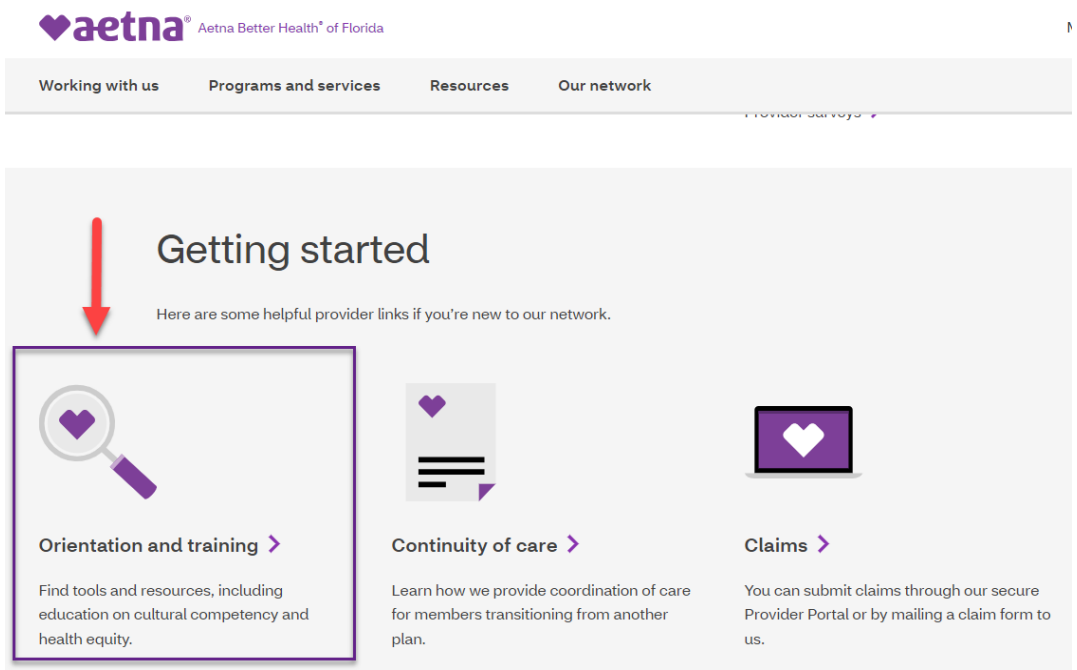
Monthly Provider Trainings

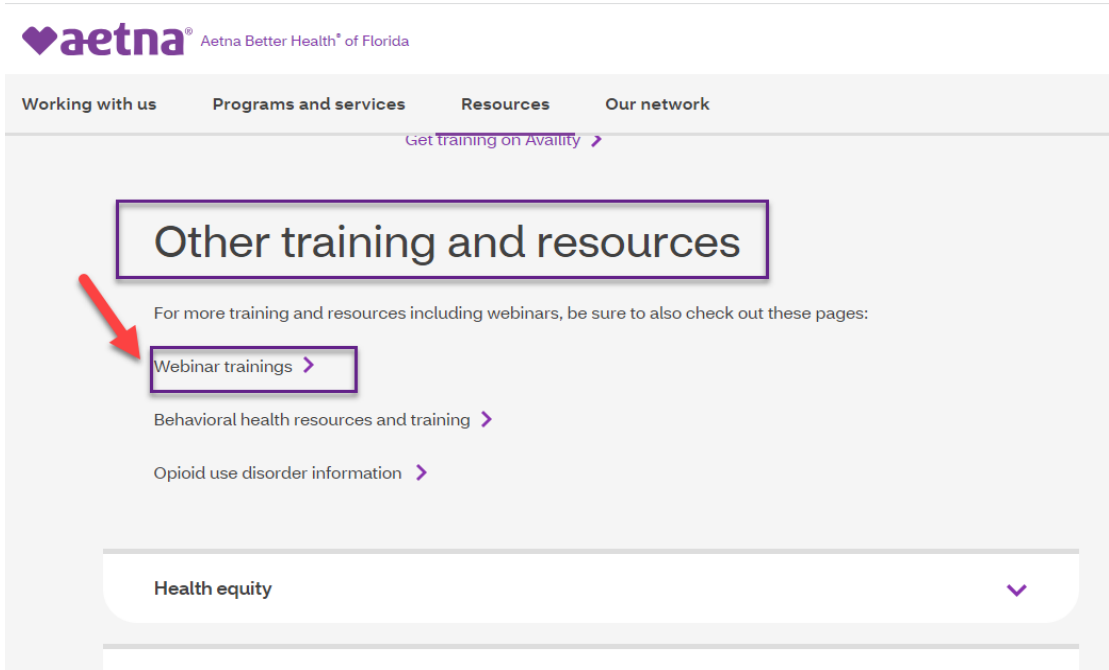
Missed a provider training? No problem!

Our provider trainings are uploaded on our website on a monthly basis.

Visit our ABHFL website under the Provider Site and you will find all of our trainings!

- https://www.aetnabetterhealth.com/florida/providers/materials-forms.html





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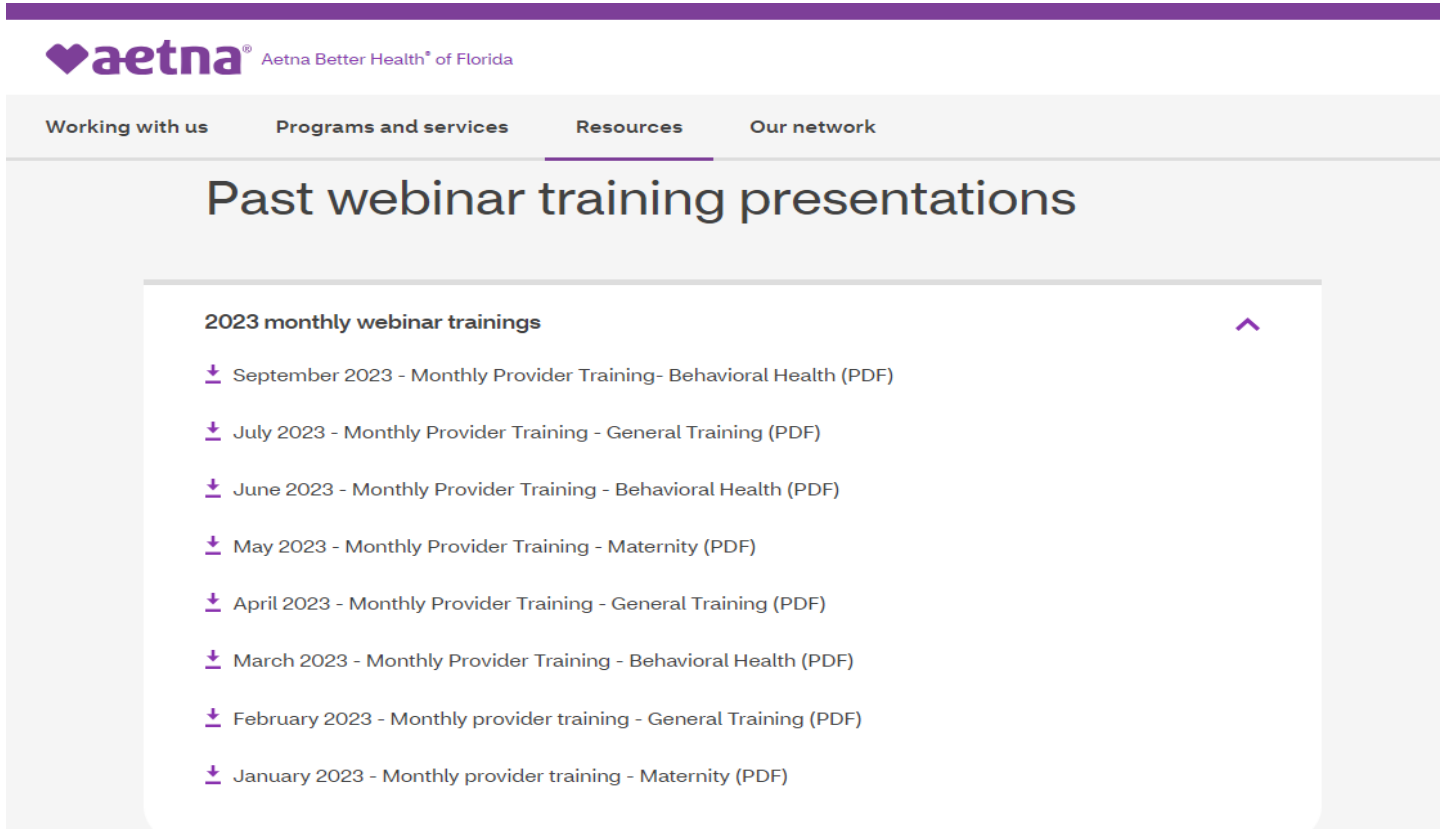
Monthly Provider Trainings

https://www.aetnabetterhealth.com/florida/providers/webinar-trainings.html



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Questions?

We have answers!

Contact our Provider Services Department

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