

Agenda

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Availity Provider Portal

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Claim Submissions

Medicaid Fees Schedule & Reimbursement

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Verifying Eligibility & Benefits

Prior Authorization

Timely Filing Requirements

Grievance & Appeals

Monthly Provider Trainings

Best Ways to Connect with Us

Best Ways to Connect with Us

PROVIDER SUPPORT

Use our new provider contact us form to tell us more about your specific request or inquiry.

This form allows you to share the right information from the start, so you don't have to spend valuable time tracking down the help you need.

Using this form will ensure that your request is routed to the correct department for faster and accurate assistance.

HOW IT WORKS !

To access the form visit "[Contact Us](#)" [provider web form](#).

Start by selecting the reason for your inquiry, then share the appropriate contact at your practice, and add essential information like your Tax ID, NPI and more.

You can also include up to 5 files with your inquiry if needed.

Best Ways to Connect with Us



Contact Us

Use this form to ask about enrollment, claims and more. Need to check patient eligibility and benefits, submit and check status on prior authorizations or grievances and appeals? Use [Availity](#). Need to set up electronic funds transfer (EFT) and electronic remittance advice (ERA)? Visit the [Change Health payer enrollment services website](#). You can also call Provider Relations and/or email contracting for new contract requests or credentialing questions.

Inquiry information

***THE REASON FOR YOUR INQUIRY IS**
Choose one option

***STATE**
Florida

Requester information (at provider's office)

***NAME**

***TITLE**
For example, Office Manager

NOTE: Please make sure that you have your provider's office information handy while submitting the request as there are required fields to submit the inquiry/request. (Requestor's name, title, email, phone, provider's name, TIN, NPI)

Contact Us

Inquiry Reason - Options

- ✓ 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

**Additional options will be added as we work through this new process!*



ABHFL Website Provider & Helpful Links

Provider Site

ABHFL Provider Site Direct Link:

- <https://www.aetnabetterhealth.com/florida/providers/index.html>

Our Provider Site Main Page contains “Helpful Links”:

- [Materials and forms](#)
- [Provider Portal](#)
- [Provider surveys](#)
- [Notices and newsletters](#)
- [Member home page](#)

Hurricane help

Support after Hurricane Idalia

We're here to support our members and providers in the aftermath of Hurricane Idalia. For PA process updates and other helpful info, visit our [Hurricane Idalia support and resources page](#).

aetna Aetna Better Health® of Florida

Member site Contact us Search

Working with us Programs and services Resources Our network Find a provider Login

Welcome providers

We offer benefits and services for those who qualify for Medicaid programs and Florida Healthy Kids (FHK). As a network provider, you enjoy a lot of benefits, from ongoing support and training to timely claims processing and competitive compensation. Together, we can improve health care access and quality in Florida.

[How to join](#)

HELPFUL LINKS

- [Materials and forms >](#)
- [Provider Portal >](#)
- [Provider surveys >](#)
- [Notices and newsletters >](#)
- [Member home page >](#)

Website Provider Helpful Links

Materials and Forms

- Under materials and forms you will find helpful information that includes:
 - [Behavioral Health Services](#)
 - [In-Network Relations Representatives](#)
 - [ABHFL Resource Guide](#)
 - [ABHFL Vendor List](#)
 - [And much more!](#)
- <https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Provider Portal

- Quick access to connect with us via Aetna Better Health of Florida Portal or Availity Portal.
 - [Availity](#)
 - [ABHFL Portal](#)
- <https://www.aetnabetterhealth.com/florida/providers/portal.html>

Provider Surveys

- Multiple provider surveys are available and can be used to update information.
 - [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](#)
- <https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>

Notices & Newsletters

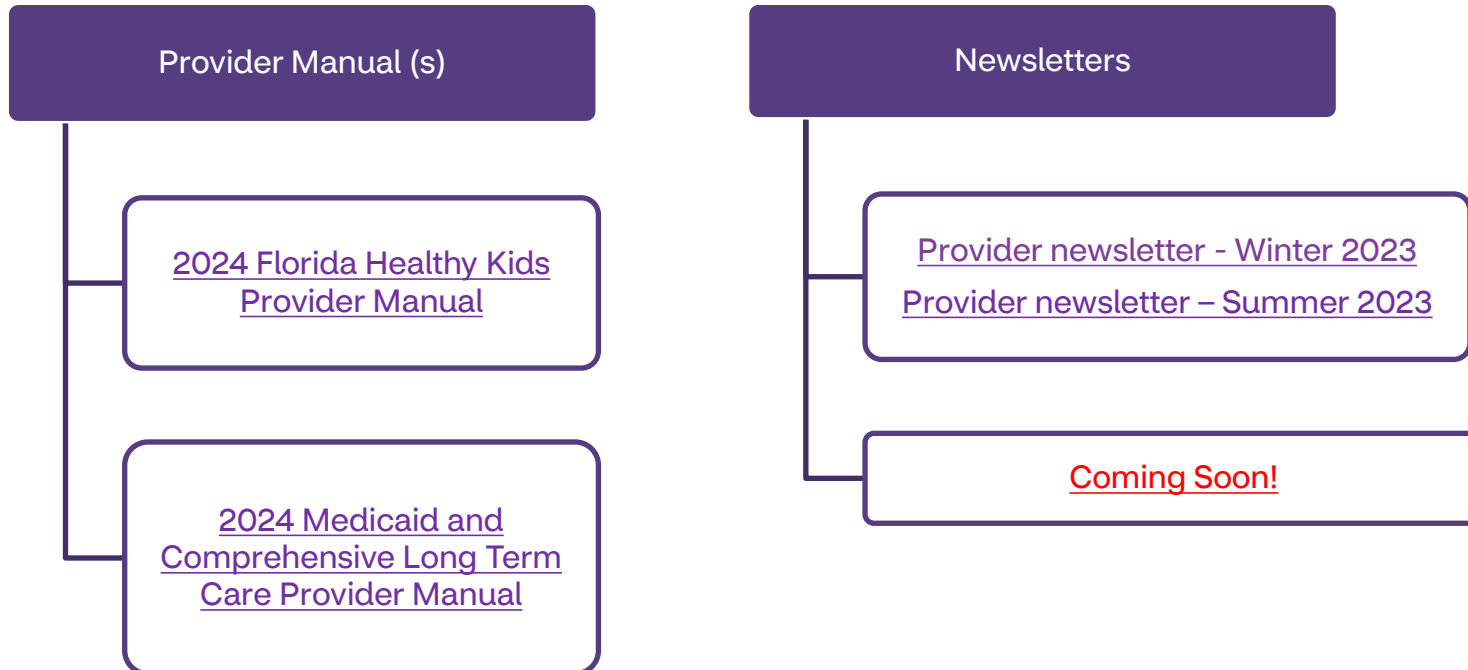
- Important updates and most recent information is in this section.
 - [Policy Updates](#)
 - [Pharmacy updates](#)
 - [Billing policy reminders](#)
 - [PopHealth Newsletters](#)
 - [Provider Notifications](#)
 - [Newsletters](#)
- <https://www.aetnabetterhealth.com/florida/providers/notifications-newsletters.html>

**Provider Manual
Newsletters and Notifications**

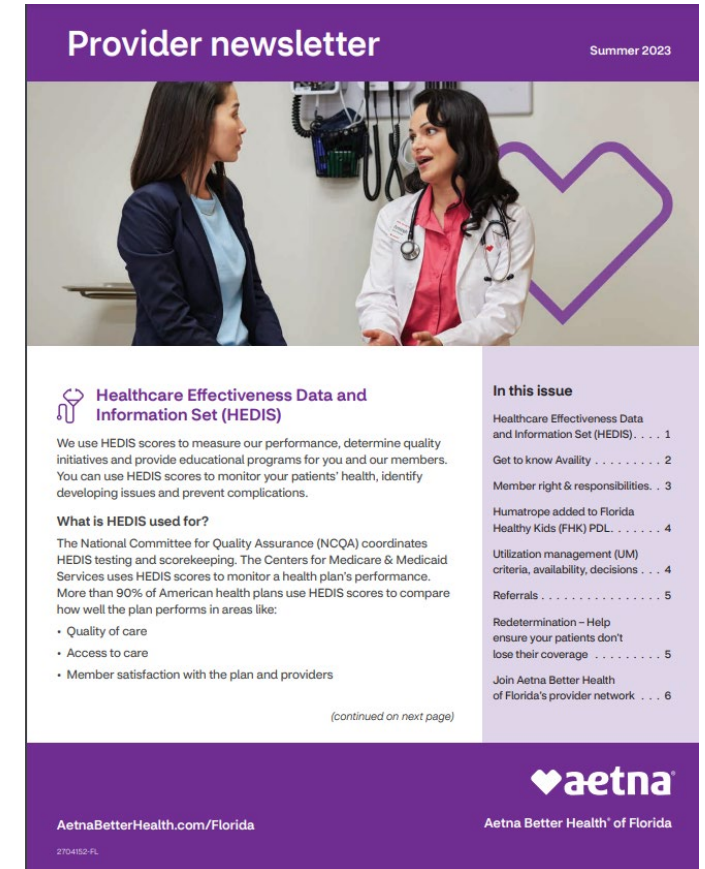
Provider Manual and Newsletters

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](#)



Note: Provider Newsletters are issued 2 times a year. (Summer & Winter). **Upcoming 2024 Newsletter will be available in June!**



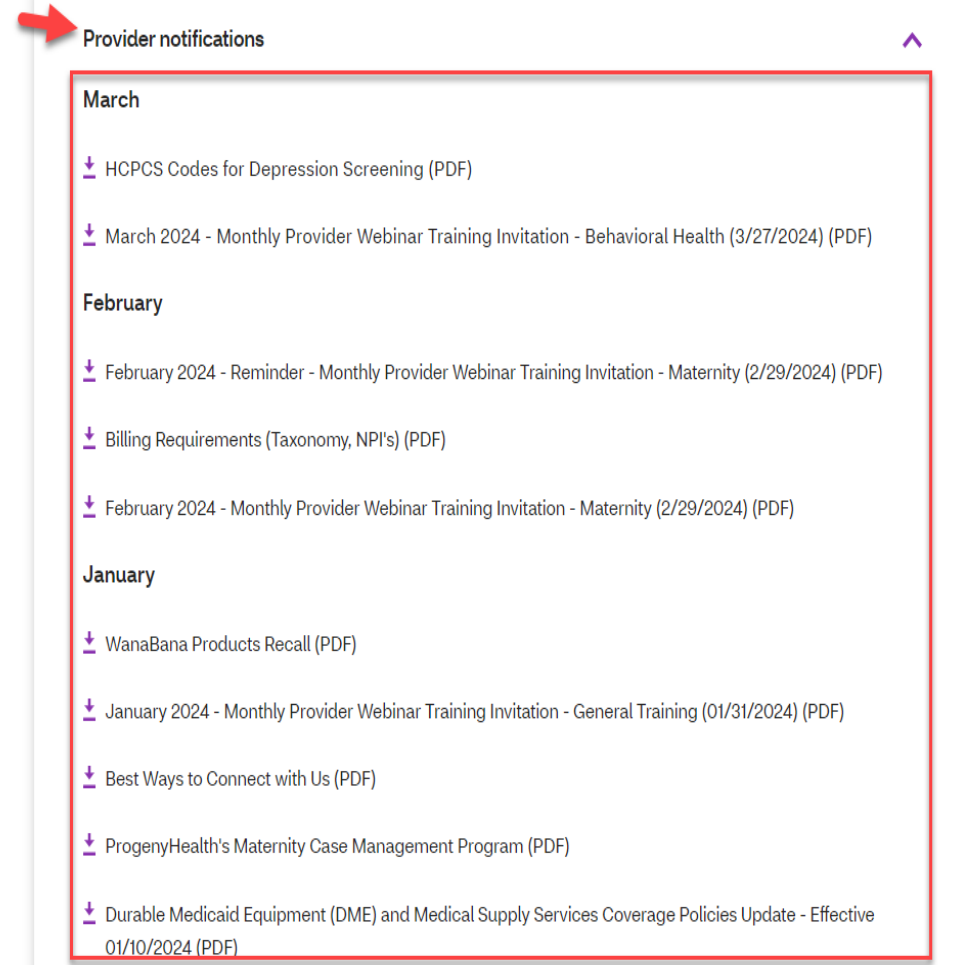
Provider Notifications (Fax blasts)

To stay informed with the most updated information please visit our ABHFL under the provider tab: [ABHFL Provider Page](#)

January 2024

- [WanaBana Products Recall \(PDF\)](#)
- [January 2024 - Monthly Provider Webinar Training Invitation - General Training \(01/31/2024\) \(PDF\)](#)
- [Best Ways to Connect with Us \(PDF\)](#)
- [ProgenyHealth's Maternity Case Management Program \(PDF\)](#)
- [Durable Medicaid Equipment \(DME\) and Medical Supply Services Coverage Policies Update - Effective 01/10/2024 \(PDF\)](#)

Working with us Programs and services Resources Our network



Provider notifications

March

- ↓ [HCPCS Codes for Depression Screening \(PDF\)](#)
- ↓ [March 2024 - Monthly Provider Webinar Training Invitation - Behavioral Health \(3/27/2024\) \(PDF\)](#)

February

- ↓ [February 2024 - Reminder - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)
- ↓ [Billing Requirements \(Taxonomy, NPI's\) \(PDF\)](#)
- ↓ [February 2024 - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)

January

- ↓ [WanaBana Products Recall \(PDF\)](#)
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Provider Notifications (Fax blasts)

February 2024

- [February 2024 - Reminder - Monthly Provider Webinar Training Invitation - Maternity \(2/29/2024\) \(PDF\)](#)
- [Billing Requirements \(Taxonomy, NPI's\) \(PDF\)](#)
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March 2024

- [HCPCS Codes for Depression Screening \(PDF\)](#)
- [March 2024 - Monthly Provider Webinar Training Invitation - Behavioral Health \(3/27/2024\) \(PDF\)](#)

ProgenyHealth

Who is ProgenyHealth®

- ProgenyHealth® is a care management company with more than 20 years of experience helping infants, women, caregivers, and families.
- ProgenyHealth provides 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.



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.

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



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. of
- experienced Maternity Case Managers
- 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

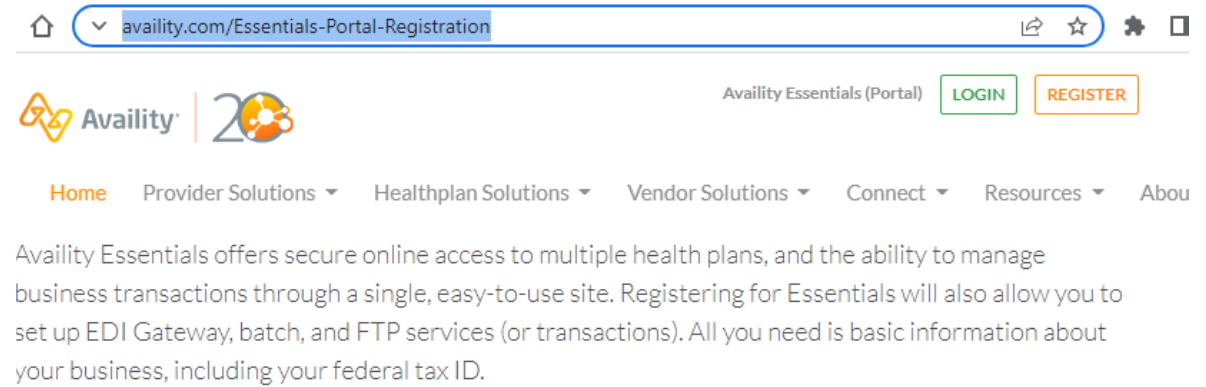
Availity

Availity Provider Portal



- [Availity Essentials](https://availability.com/Essentials-Portal-Registration), is our preferred and trusted source for payer information.
- If your organization isn't registered with Availity, we strongly recommend that you get started today at:
- <https://availability.com/Essentials-Portal-Registration>

Click on the **Providers** button as indicated below in red to get stated.



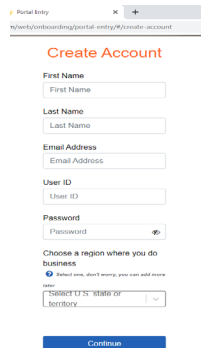
Locate your organization type below, then click the arrow to get started



Availity Provider Portal

Create Account

- [Click here to get started in creating an account](#)
- Fill out all required fields



Check your email

- You will receive a verification email.
- Open email and click the link provided to verify the account.



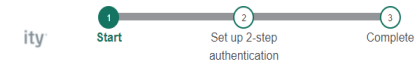
Please check your inbox and confirm your email address.

A verification email has been sent to your inbox. Please locate this email and verify your email address to create your Availity account.



Login

- Now you will need to login using the username/password created.
- Set up your 2-step authentication



Why is Availity making this change?

Availity takes privacy and information security very seriously. We are continually working to enhance the service and security we provide our customers and their patients.

Start

Protect your account with 2-step authentication

Why am I being asked to do this?

It has always been our priority to protect your patient's protected health information (PHI). This new level of security provides another checkpoint to make sure the person logging in is actually you.

Continue

Note: For registration, login or technical issues please contact Availity Client Services at 1-800-282-4548

Availity Provider Portal

In order to start using Availity tools and applications you must first **register your organization**.

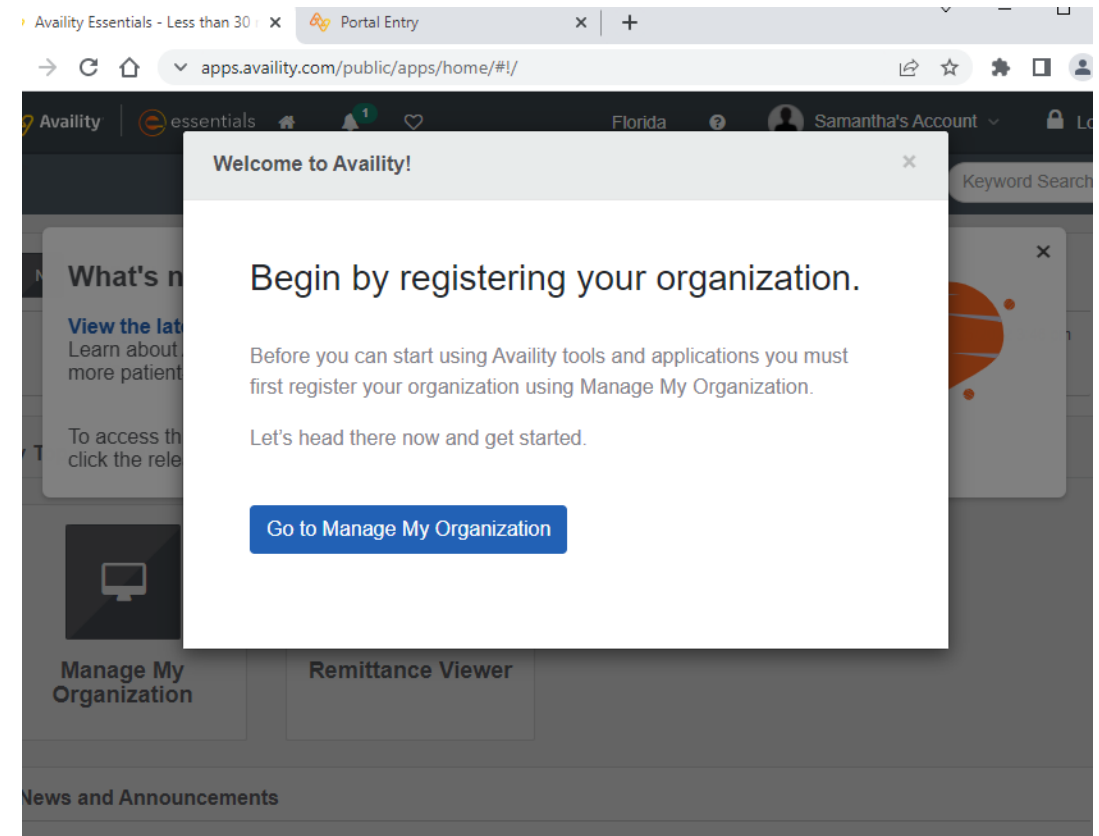
Additional Availity Essentials Resources

The resources below will take you to guides that will visually walk you through the steps needed to complete the registration process.

- [Infographic for New Users Who Register with Availity\(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process and Your Data Privacy\(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process for Primary Admins](#)



Click the button “**Go to Manage My Organization**” and follow the prompts to complete the process.



Availity Provider Portal

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**

Availity allows providers to directly communicate with Aetna's clinical and administrative staff through the Contact Us application.

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.

Explore the training site to register for a live webinar session, review recording, and access additional resources.

[Availity Essentials – Live Webinars](#)

Availity & Helpful Links:

- [Availity Main Page](#)
- [Availity Provider Portal](#)
- [Availity Portal-Registration](#)
- [Availity Get Started](#)
- [Availity Log In](#)
- [Availity Training-and-Education](#)

Availity Provider Portal



Help is available! Any issues related to Availity you can contact them directly via the [Contact-Us](#) button on the website or by calling one of the phone numbers below depending on your question/inquiry/issue.

Availity Essentials, Essentials Plus, or EDI Clearinghouse Customers:

If you have an Availity Essentials, Essentials Plus, or EDI Clearinghouse account and cannot log in to submit a ticket, call **1-800-282-4548** for support.

Availity Essentials PRO (RCM) Customers:

If you have an **Availity Essentials Pro** account and cannot log in to submit a ticket, call **1-877-927-8000** for support.

Contact Us

<https://availity.com/Contact-Us>

Contact a Sales Associate



Speak with one of our knowledgeable sales associates to help you find the right solution for your organization.

Submit Request

Contact Customer Support



Are you a current Availity customer in need of Assistance? Contact customer support below. Get help with Availity Essentials, Essentials Plus, or EDI Clearinghouse.

Submit Request

Become a Vendor or Partner



Are you a developer or vendor looking for API capabilities? Or are you looking to become a reseller? Contact our Trading Partner and Channel team below.

Submit Request



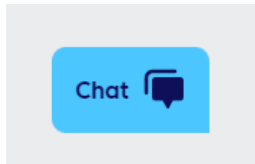
**Change Health Care & Echo Updates
EFT/ERA EOBs**

Change Health Care & Echo Updates EFT/ERA EOBs

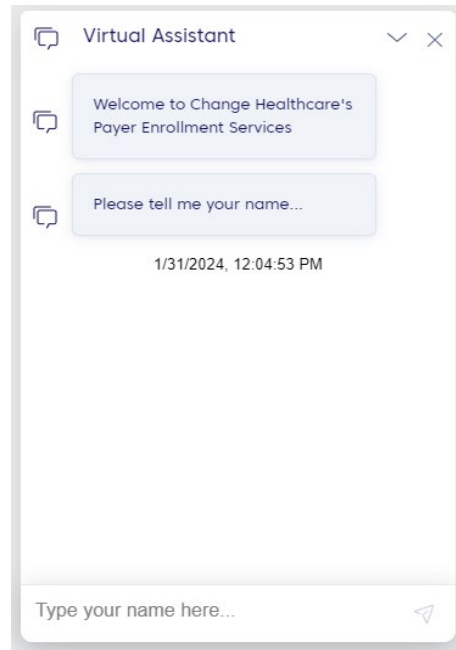


Support Team

Change Healthcare (CHC) Support Team can be contacted at [1-800-956-5190](tel:1-800-956-5190)
Monday through Friday 8:00AM – 5:00PM CST



**Virtual Assistance
is also available!**



Change Health Care & Echo Updates

EFT/ERA EOBs

IMPORTANT UPDATE:

Availity typically calls out to Change HealthCare to obtain the details that are used to populate remits. However; due to the Change HealthCare system issue, ABHFL is currently unable to display remits.

Remittance through Availity

If you are trying to access remittance through Availity -Remittance Viewer, ONLY claims paid between **1/16/2024** when we started getting the full 835 data from CHC and **2/20/2024** when Change Health Care (CHC) went down will populate.

For all other paid dates, unfortunately, there is not a way to access remits at this time.

NEW Process Until the portal is available

For EOBs to be downloaded , you can now have access from the **Echo** provider portal.

Below is the link with additional information.

URL for providers to enroll for **Echo EFT/ERA**:

- <https://enrollments.echohealthinc.com/EFTERADirect/AetnaBetterHealth>

Echo provider portal

- www.providerpayments.com

Our staff and provider relations is also unable to access the system and unable to provide EOB information.

Claim Submissions

Claim Submissions

Claims Submission- For Medicaid please submit claims through **Office Ally**

- Providers can register at <https://cms.officeally.com/>

Office Ally

Solutions | Blog | Pricing | Resources | Support

Log in | Start Today

Simplify Healthcare Payments

Service Center is a portal powered by our all-payer Clearinghouse that allows you to find and verify patient insurance eligibility, create and submit claims and receive remittance advice electronically.

Take control of your healthcare payments. [Start Today](#)

→ Did you know you can register and submit claims on the same day? [Learn more.](#)

- Eligibility & Benefits
- Claims Submission
- Electronic Remits
- Claim Status
- Patient Payments

700M+ annual transactions

3K+ pager connections

1.4M+ NPIs supported

150K+ monthly active users

\$250B+ claims value processed

HIPAA Compliant | HITRUST R2 Certified | DirectTrust Accredited

REJECTED CLAIMS

- If claims are being rejected, please verify that claims submitted are matching the Taxonomy listed from the Medicaid portal.
- Below is the link of notification sent to providers on the Taxonomy updates. https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/ABHFL_Claims_and_Encounters_Front_End_Taxonomy_Edits_Reminder_02.26.2024_v1.pdf

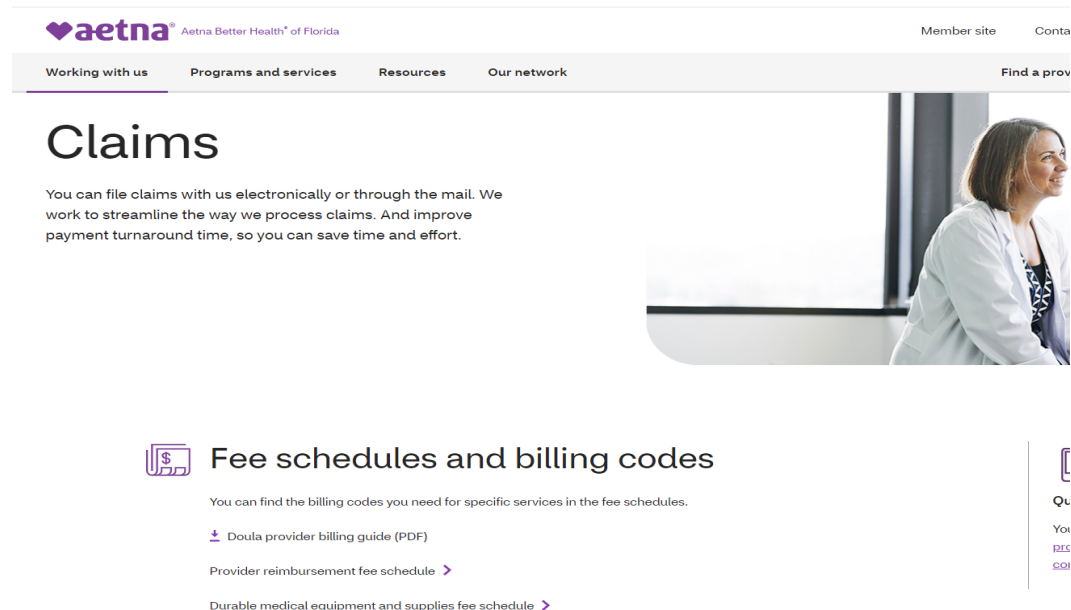
Medicaid Fee Schedule & Reimbursement

Medicaid Fee Schedule & Reimbursement

Billing codes you need for specific services in the fee schedules can be located on our ABHFL website:

Fee Schedule

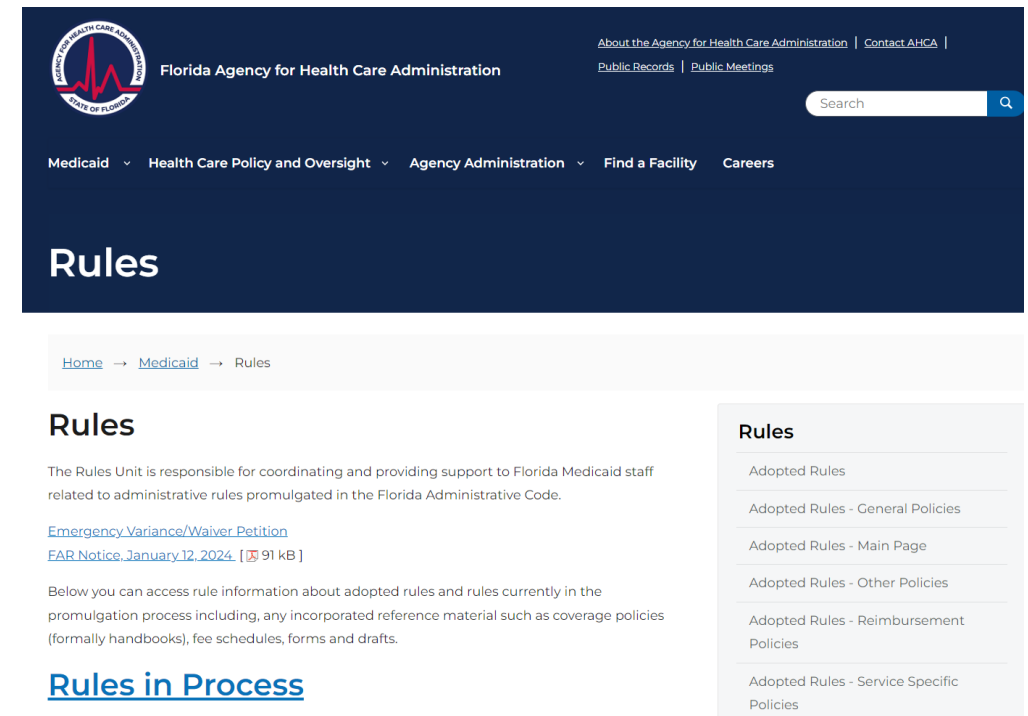
- [Doula provider billing guide \(PDF\)](#)
- [Provider reimbursement fee schedule](#)
- [Durable medical equipment and supplies fee schedule](#)



The screenshot shows the Aetna website interface. At the top, there is a navigation bar with the Aetna logo and the text 'Aetna Better Health* of Florida'. Below this, there are several menu items: 'Working with us', 'Programs and services', 'Resources', 'Our network', and 'Find a prov'. The main content area features a large heading 'Claims' and a sub-heading 'You can file claims with us electronically or through the mail. We work to streamline the way we process claims. And improve payment turnaround time, so you can save time and effort.' To the right of this text is a photograph of a woman in a white lab coat. Below the 'Claims' section, there is a link to 'Fee schedules and billing codes' with a sub-heading 'You can find the billing codes you need for specific services in the fee schedules.' and three sub-links: 'Doula provider billing guide (PDF)', 'Provider reimbursement fee schedule >', and 'Durable medical equipment and supplies fee schedule >'.

Florida Medicaid Program Rules and Reimbursement Schedules can be located on the Florida Agency for Health Care Administration (AHCA) page.

- <https://ahca.myflorida.com/medicaid/rules>



The screenshot shows the Florida Agency for Health Care Administration (AHCA) website. The top navigation bar includes the AHCA logo, the text 'Florida Agency for Health Care Administration', and links for 'About the Agency for Health Care Administration', 'Contact AHCA', 'Public Records', and 'Public Meetings'. A search bar is located on the right side of the navigation bar. Below the navigation bar, there are several menu items: 'Medicaid', 'Health Care Policy and Oversight', 'Agency Administration', 'Find a Facility', and 'Careers'. The main content area features a large heading 'Rules' and a sub-heading 'The Rules Unit is responsible for coordinating and providing support to Florida Medicaid staff related to administrative rules promulgated in the Florida Administrative Code.' Below this text, there are two links: 'Emergency Variance/Waiver Petition' and 'FAR Notice January 12, 2024 [PDF 91 kB]'. At the bottom of the page, there is a section titled 'Rules in Process'. On the right side of the page, there is a sidebar with a heading 'Rules' and a list of links: 'Adopted Rules', 'Adopted Rules - General Policies', 'Adopted Rules - Main Page', 'Adopted Rules - Other Policies', 'Adopted Rules - Reimbursement Policies', and 'Adopted Rules - Service Specific Policies'.

**Add Provider to
Existing Participating Group**

Add Provider to Existing Participating Group

How to add a new provider (individuals) to an existing participating group/facility? Just submit a add to group request through the "Contact Us" provider web form to the MPOS Department

What to send?

- If you are adding a new provider to your already contracted group, the practitioner must go through the Aetna Better Health of Florida credentialing/add to group process.

Delegated Entities

- Submit your delegated rosters through the ["Contact Us" provider web form](#)
- by selecting "Delegated Group Updates" drop down as the reason for your inquiry.

Non-Delegated Entities

- Reach out to our Provider Engagement team via email at FLProviderEngagement@aetna.com to obtain the most current credentialing application required on the Contact Us form submission.
- Submit non-delegated application through the ["Contact Us" provider web form](#) by selecting "Provider Enrollment or Adds to Existing Par Group" drop down as the reason for your inquiry.

—

Letter Of Intent (LOI)

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Letter of Intent (LOI)

What is a LOI? The LOI signals your serious interest in the position and initiates negotiations.

When is an LOI utilized?

An LOI is typically used at the early stages of the contracting process. It's a non-binding document that outlines your intention to join ABHFL's network of participating providers.

Who should complete an LOI?

The Letter of Intent (LOI) should be completed by non-Participating providers (group of providers/facilities) demonstrating an interest in joining the ABHFL network.

How to join our network?

Here's how to start the process of joining our network of participating providers:

1. Complete an LOI:
 - [LOI for facilities \(PDF\)](#)
 - [LOI for groups of providers \(PDF\)](#)
2. Sign, date and [email us](#) the LOI, along with the LOI information form.
3. Look out for our written agreement via email for your review.
4. Sign the agreement and follow instructions in the email.
5. We'll send you a welcome packet with a copy of our finalized contract.
6. We'll add your name to our provider directory.

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](#)

Login

 Aetna Better Health® of Florida


Menu

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.



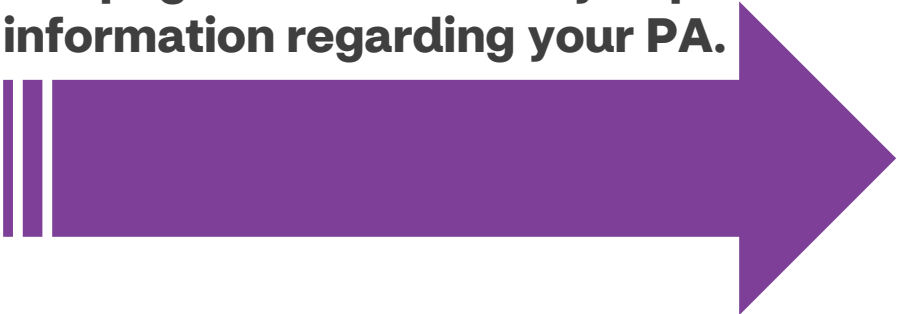
[Search ProPAT](#)



Prior Authorization


ProPAT is ABHFL Participating Provider Prior Authorization Requirement Search Tool.

We highly recommend that you **READ** all the exception details that are outlined on this page. It contains very important information regarding your PA.



Participating Providers: To determine if prior authorization (PA) is required, enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH. Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
- EXPIRED - CPT or HCPCS code entered is no longer valid for use by health plan providers.

Exception Detail, Svc Partner Detail - When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.


General Information/Code Search:

- The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage [click here](#) or call your provider services representative for Aetna Better Health of Florida at 1-844-645-7371, TTY 711, for Comprehensive, 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health of Florida in writing and on the home page of Aetna Better Health of Florida's secure web portal.

For Aetna Better Health of Florida - Comprehensive

- If you have any questions about authorization requirements or need help with the search tool, please contact Aetna Better Health of Florida - Comprehensive Provider Relations at 1-844-645-7371, TTY 711.
- Emergent and Urgent Care services do not require PA.
- Search results are not a guarantee of claim payment.

For Aetna Better Health of Florida for Medicaid and Florida Healthy Kids

Exception Detail, Svc Partner Detail - When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Florida Provider Relations at 1-800-441-5501 for Medicaid and 1-844-528-5815 for Florida Healthy Kids.
- For Dental benefits and prior authorization, please contact the member's Dental vendor.
- All inpatient hospital confinements require PA.
- Effective 4/1/2020, all Observation Level of Care authorizations will be waived. ABHFL will pay a maximum of 48 hours of Observation.
- Effective 4/1/2022, Outpatient Hospital Services rendered in place of service 19/22 or with Bill Type 130-138 require authorization based on the procedure code billed. Authorization requirements can be found in the code lookup tool.
- Usually ALL services provided by non-participating providers require PA except Professional Component (i.e.: RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY, and LABORATORY) of Facility (hospital) based services, Urgent Care Services, and Emergency Ambulance Service.
- Home health, infusion, and enteral feeding services require prior authorization.
- All wound care requires prior authorization.
- The following DME, Medical Supplies, Prosthetics & Orthotics require authorization:
 - Any item listed on the fee schedule greater than \$500 allowable
 - Any item not on the DME fee schedule
 - All DME rentals
 - DME items listed as requiring authorization.
- Transplant services (including evaluation) require prior authorization.
- Hospice services require prior authorization.
- All laboratory services related to genetic testing, regardless of place of service, require prior authorization.
- Search results, as well as authorization, are not a guarantee of claim payment.
- eviCore (formerly MedSolutions) performs Utilization Management services on behalf of Aetna Better Health of Florida for High Tech Imaging and Interventional Pain Management. Please submit your prior authorization request directly to evicore at www.evicore.com or you may call 1-888-693-3211 or fax 1-888-693-3210
- The following ancillary providers perform clinical review services on behalf of Aetna Better Health of Florida. Please contact these providers for clinical review and benefit information:

Prior Authorization

The ProPAT tool allows providers to:

- Enter CPT or HCPCS Code(s)
- Select Plan
- Search if PA is required or not for service(s)
- Review “Variance Detail” tab

*This tab provides additional detailed information related to the code that was searched. (ex: lab or path service to be sent to Quest or Labcorp).

The screenshot shows the ProPAT tool interface. On the left, there is a section titled "Enter CPT or HCPCS Code(s)" with a red box around the input field containing "85025". To the right, there is an "OR" section with "Select CPT Group:" and a dropdown menu. Below that, "Select Plan:" is set to "ABH of Florida MMA/FHK", also highlighted with a red box. A checkbox labeled "Include only CPT or HCPCS codes where PA is required?" is present. Below the search criteria, there is a "NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled 'Include only CPT or HCPCS codes where PA is required?'." Below the note are "Search", "Clear", and "Export" buttons. A red arrow points to the "Search" button. Below the buttons is a table with the following data:

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
85025	COMPLETE CBC W/AUTO DIFF WBC	PATH & LAB - HEMATOLOGY AND CO	NO		

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)

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](tel:1-800-441-5501) (TTY: [711](tel:711))

- Florida Healthy Kids:

[1-844-528-5815](tel:1-844-528-5815) (TTY: [711](tel: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](tel:1-860-607-8056)
- Behavioral health PA request form fax (Medicaid Managed Medical Assistance): [1-833-365-2474](tel:1-833-365-2474)
- Behavioral health PA request form fax (Florida Healthy Kids): [1-833-365-2493](tel:1-833-365-2493)

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.

Guidelines Chart

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)

Grievance & Appeals

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

1. ELECTRONIC: 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**

2. TELEPHONE: You can also call us with your complaint or appeal:

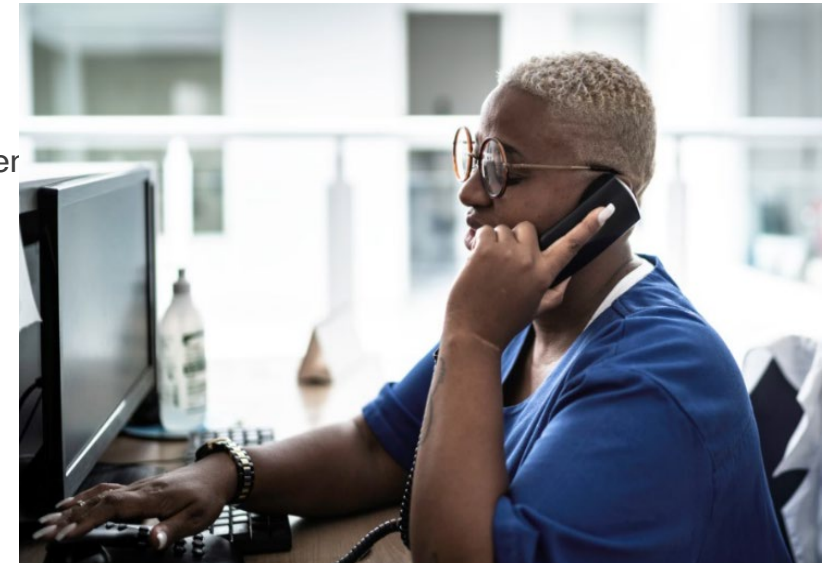
- Medicaid Managed Medical Assistance: [1-800-441-5501](#) (TTY: [711](#))
- Long-Term Care: [1-844-645-7371](#) (TTY: [711](#))
- Florida Healthy Kids: [1-844-528-5815](#) (TTY: [711](#))

3. MAIL: 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



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 FLProviderEngagement@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)

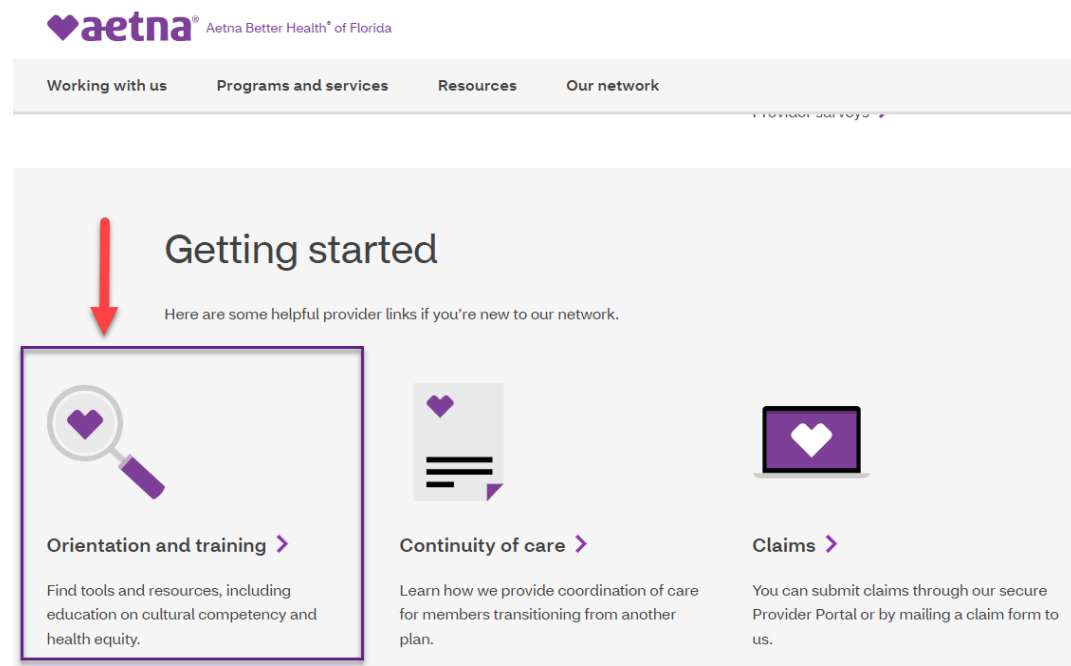
Monthly Provider Trainings

Missed a provider training? No problem!

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

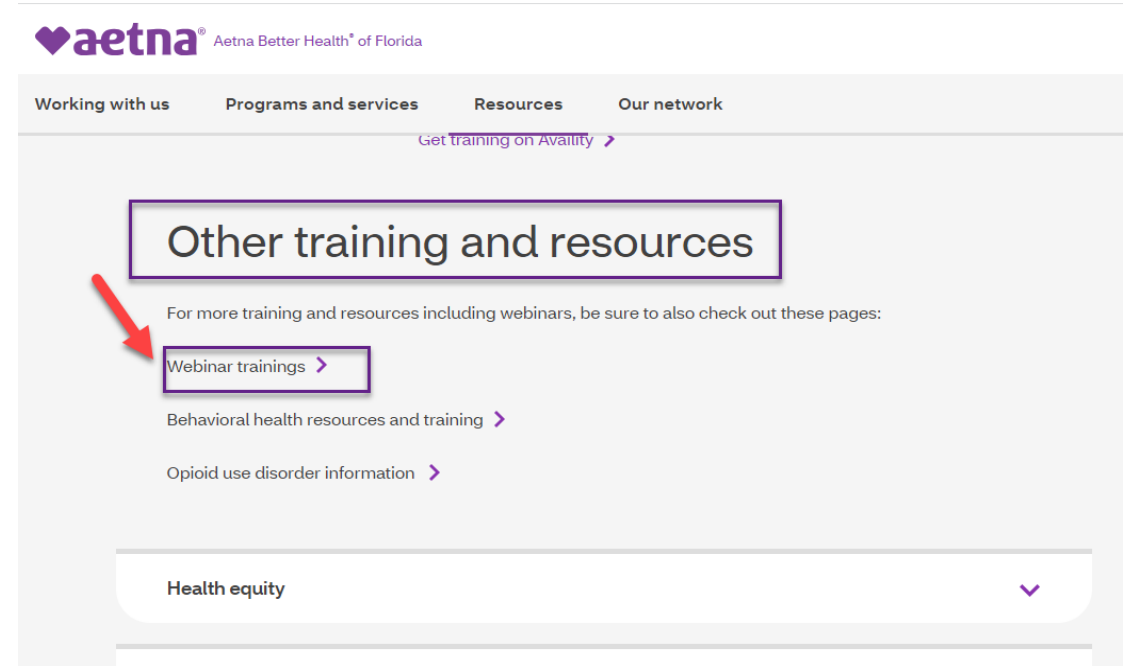
Visit our ABHFL website under the Provider Site and you will find all of our trainings!

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



Getting started
Here are some helpful provider links if you're new to our network.

- Orientation and training >**
Find tools and resources, including education on cultural competency and health equity.
- Continuity of care >**
Learn how we provide coordination of care for members transitioning from another plan.
- Claims >**
You can submit claims through our secure Provider Portal or by mailing a claim form to us.



Other training and resources

For more training and resources including webinars, be sure to also check out these pages:



- Webinar trainings >**
- Behavioral health resources and training >
- Opioid use disorder information >





Health equity ▾


Monthly Provider Trainings

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

Past webinar training presentations

2024 monthly provider webinar trainings  

-  March 2024 - Monthly Provider Training - Long Term Care (PDF)
-  March 2024 - Monthly Provider Training - Behavioral Health (PDF)
-  February 2024 - Monthly Provider Training - Maternity (PDF)
-  January 2024 - Monthly Provider Training - General Training (PDF)

2023 monthly webinar trainings 



Questions? We have answers!

Contact our Provider Services Department

Phone: [1-844-528-5815](tel:1-844-528-5815) (TTY: 711)

Email: FLProviderEngagement@aetna.com

