


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	August 31, 2022
	Purpose:	Educate providers on Claims and Encounters Front End Edits
	Subject:	Claims and Encounters Front End Edits
	Products:	MMA, LTC, FHK
	From:	<u>Provider Relations</u>

Aetna Better Health® of Florida Claims and Encounters Front End Edits

The State of Florida Agency for Health Care Administration (“AHCA”) is required by the United States Code of Federal Regulations 42 CFR § 438 Subpart H to verify that all providers, provider groups, and affiliations who wish to provide services to Medicaid participants have their enrollment verified for the service date. This mandate applies to contracted Managed Care Organizations (MCOs), as well [438.6 (b)(1) and 438.6(b)(2)]. Florida’s AHCA requires contracted MCOs to verify that all providers, provider groups, and their affiliates who wish to provide services to Medicaid participants have their provider network enrollment completed and verified prior to rendering date(s) of service.

Active enrollment on the AHCA Provider Enrollment Portal will be enforced by Aetna Better Health® of Florida (“the Health Plan”), **effective October 21, 2022**. In accordance with State rules and edits, the Health Plan will begin rejecting claim submissions when a unique and effective Medicaid ID for the billing provider and/or rendering provider cannot be found on the State’s provider enrollment portal.

Providers of Aetna Better Health® of Florida Medicaid patients must be registered with Florida’s AHCA using their National Provider Identifier (NPI), Taxonomy Code and Billing address. Registration must occur prior to rendering services to the plan’s membership. **Atypical providers are not required to have a National Provider ID (NPI)**. The Health Plan will perform edits based on the Medicaid ID submitted using the G2 qualifier in the rendering and/or billing loops.

For each denied claim, Aetna Better Health® of Florida will send a remittance advice via paper or an 835 electronic remit indicating the reason the claim was denied. To avoid claim delays or denials providers should compare the identification values on the claim to the information registered with State of Florida for accuracy, such as:

- Billing: NPI, Taxonomy, Billing Address (ZIP -5 or ZIP -9), Practice Type
- Rendering: NPI, Taxonomy (if Rendering is different from Billing Provider), Practice Type and Practice Affiliations to Billing Provider NPI’s
- If Atypical, ensure the Medicaid ID is registered and effective for the date of service, Billing Address (ZIP -5 or ZIP -9), Practice Type.

Here is the link and contact information to the State of Florida Agency for Health Care Administration Provider Enrollment Medicaid Web Portal - [Enrollment | Florida Medicaid Web Portal \(flmmis.com\)](http://Enrollment | Florida Medicaid Web Portal (flmmis.com)). Or we encourage providers to call the Agency at 1-800-289-7799, Option 4 for additional information.

www.AetnaBetterHealth.com/Florida

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In addition, Aetna Better Health® of Florida will require a taxonomy code on each claim submitted with Billing, Rendering, Referring or Attending providers having NPI's. Please follow the billing guidelines outlined in:

www.wpc-edi.com when submitting EDI 837I/837P Claims

www.nucc.org when submitting Professional CMS-1500 Claim Forms

www.nubc.org when submitting Institutional UB-04 Claim Forms

Thank you for your continued participation in the Aetna Better Health of Florida network. Please contact our Provider Services line should you have any questions at:

Phone: MMA: 1-800-441-5501

LTC: 1-844-645-7371

FHK: 1-844-528-5815

Email: FLMedicaidProviderRelations@aetna.com

Thank you,

Aetna Better Health of Florida

www.aetnabetterhealth.com/florida

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