

AETNA

ABH FLORIDA

TAPE: FL MMA/LTSS NEW PROVIDER ORIENTATION PART 1

- Female Narrator: [00:00:02] Welcome to the Aetna Better Health of Florida MMA and LTSS New Provider Orientation. We want to begin by thanking you for joining our provider community. For your convenience, this orientation will be presented in three parts. Part one, introduction, eligibility and benefits. Part two, prior authorization and referrals and claims. Part three, quality management and compliance, cultural competence and mandated reporting. Providers are required to view all three parts and upon completion, print, and sign, and submit the attestation form found under the For Providers tab on our website.
- [00:00:42] During this orientation, we'll introduce you to online tools and resources to make doing business with Aetna simple and quick. We'll also review tasks like how to properly submit claims, referrals, and prior authorizations. And we'll discuss our quality management and compliance programs, cultural competence, and the role of the provider as a mandated reporter.
- [00:01:05] So, let's get started. At Aetna Better Health of Florida, our members are at the center of what we do. By partnering with providers like you, we ensure they have access to timely, safe, and effective healthcare.
- [00:01:20] The Medicaid and Comprehensive Long-Term Care programs commonly referred to as MMA and LTSS are offered in specific regions throughout the state. To help make doing business with Aetna simple and quick, we would like to introduce you to our provider website, [AetnaBetterHealth.com forward slash Florida](http://AetnaBetterHealth.com/Florida). There you'll find electronic tools and important resources to complete your day-to-day tasks with Aetna.
- [00:01:50] To access our full suite of electronic transactions, you'll need to register on our secure provider portal on Availity. To do so, please go to the For Providers tab of our website and follow the on-screen prompts. If you are already registered on Availity, you will simply select Aetna Better Health from your list of payers to begin accessing our portal.

- [00:02:09] Once logged into the secure provider portal on Availity, you'll be able to access our claims and payment transactions, check the status of an authorization, and much more. Please take note of the following. For access to our eligibility and benefits and panel roster features, you will continue to use the Aetna Better Health of Florida provider portal until the transition dates listed on-screen.
- [00:02:33] Next, we'd like to introduce you to our provider manual. In it, you'll find policies, procedures, and general information, including minimum standards of care that are required of plan providers. You can access the provider manual on our website under the For Providers tab or request a paper copy by email or mail.
- [00:02:52] Understanding members' rights and responsibilities is vital to helping patients and their families make informed healthcare decisions. We've provided a few examples for you here. To review the full list, please refer to the member's rights and responsibilities section of the provider manual.
- [00:03:09] Do your patients need language assistance? We've got you covered. We offer members no-cost translation and interpretation services. For more information regarding these services, simply contact member services for assistance.
- [00:03:23] We are also committed to offering ongoing training and education to our network providers. You can view available educational content as well as a schedule of upcoming webinars on our website under the Provider Education tab.
- [00:03:37] To learn more about the credentialing process, please refer to the Join our Network tab on our website. There you will find a list of our network vendors for specialty services, areas, and products. Existing contracted facilities that wish to initiate credentialing of a new provider should contact the Provider Relationships department by using the Provider Nomination form found on our website.
- [00:04:00] Good communication among our providers and our plan administrators is key to the delivery of quality healthcare services to our members. Our outreach team works in the community to ensure we meet the needs of our providers and the members we serve.
- [00:04:17] In this next section, we'll review eligibility and benefits. Aetna Better Health of Florida is responsible for coordinating care for

new enrollees transitioning into the plan. All providers should continue to provide care during the transition period. We will honor documents and authorization of ongoing coverage services for a period of 60 days after the effective date of enrollment. Please take note of the billing instructions provided on-screen. For more information on our continuity of care policies, please refer to our provider manual.

- [00:04:51] To become an Aetna Better Health of Florida member, a member must first be eligible for the Florida MMA and LTSS programs. The eligibility requirements and enrollment instructions are provided here. For general information about our MMA and LTSS plans, please contact our Member Services department.
- [00:05:13] We strongly encourage all providers, participating and non-participating, to verify member eligibility before rendering services. Providers will not be reimbursed for services rendered to members who are no longer eligible. To determine member eligibility and benefits, please access our secure provider portal or contact Member Services.
- [00:05:35] Each member is issued a member ID card, please look for the applicable plan description as shown on the examples provided here.
- [00:05:44] The MMA covered services summary provides a breakdown of the plan's coverage services and member copayments. As an extra benefit to our members, we offer MMA expanded benefits to provide our members with the best healthcare experience possible. Expanded benefits are extra goods or services we provide at no extra cost to the member. An example of these MMA expanded benefits is shown here. For more information on member benefits and MMA expanded benefits, please refer to our provider manual.
- [00:06:19] The LTSS covered services summary provides a breakdown of the plan's covered services and prior authorization requirements. We also offer LTSS expanded benefits at no extra cost to the member. An example of these LTSS expanded benefits is shown here. For more information on member benefits and LTSS expanded services, please refer to our provider manual.
- [00:06:47] The mixed services shown here are covered by both the LTSS and MMA programs. When a member has dual eligibility, these specific services are the responsibility of the LTSS plan.

- [00:06:59] PCPs must provide all covered immunizations to members. PCPs need to be registered with the Vaccines for Children's program. The VFC program supplies providers with vaccines for children ages zero through eighteen at no charge. We will reimburse providers for the administrative fee for these vaccines. For more information on immunizations, visit the Immunization section under the Health and Wellness tab of our website, or refer to the provider manual.
- [00:07:28] Pharmacy coverage and benefits are available to all members. We ask providers to review the MMA formulary before prescribing a medication. Providers can access our searchable formulary in the Pharmacy section under the For Providers tab of our website. For questions regarding prescription coverage or our formulary, please contact Member Services.
- [00:07:53] Child health checkup screenings are a regularly scheduled comprehensive preventative health screening service for children from birth through age 21. This screening generally includes a series of assessments as shown here. For more information on child health checkup screenings, visit the Health and Wellness section of our website under the For Providers tab or refer to the provider manual.
- [00:08:17] Members have the option to choose any primary care physician who is participating in the Aetna Better Health of Florida network. If a member does not choose a PCP, the plan will assign one. PCP change requests can be requested by calling Member Services.
- [00:08:33] Providers are contractually required to meet standards of timely access to care as illustrated here. For more information regarding timely access standards, please refer to the provider manual.
- [00:08:46] This concludes part one of your new provider orientation. Please proceed to part two, prior authorization and referrals and claims.
- [00:08:56] [End of tape]