

Aetna Better Health® of Florida Therapy Approval Process

Dear Provider,

This letter is to clarify the therapy approval process for members of Aetna Better Health of Florida who are either enrolled, or seeking services through the Early Steps program.

Early Steps – Early Steps is Florida's early intervention program that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop and beginning December 1, 2018 as a Statewide Medicaid Managed Care (SMMC) plan Aetna Better Health will be covering these services for its covered members. For more information related to Florida's Early Steps program, please visit www.cmskidsproviders.com/eis/PublicSearch.aspx.

Aetna Better Health of Florida **does not** require an authorization for the evaluation and management of therapies provided under the Early Steps program by approved providers participating in the program. We will accept the Individual Family Support Plan (IFSP) for ongoing therapies. There are specific modifiers that are required when billing for services through this program. These modifiers are:

- GN-Outpatient Speech Language Therapy
- GO-Outpatient Occupational Therapy
- GP-Outpatient Physical Therapy

Aetna Better Health of Florida values the quality care that health care providers give to our members, and it is our goal to provide prompt reimbursement for those services. Providers should bill Aetna Better Health of Florida directly and we will process claims accordingly. Please see additional information on billing below.

A key factor in getting claims processed in a timely manner is correct claims submission. Submitting a claim correctly the first time increases the cash flow to your practice, prevents costly follow-up time by your office or billing staff, and reduces the uncertainty members feel with an unresolved claim. To support that effort, Aetna Better Health of Florida has multiple options available for our providers to choose from, including our secure provider portal.

WebConnect is our free provider claims submission portal via Change Healthcare (Emdeon). Change Healthcare is a contracted vendor used by Aetna Better Health of Florida for electronic claim submission, processing and support. Below is information about how to submit claims for the above mentioned services directly to Aetna Better Health of Florida.

Electronic Clearing House

- Providers who are contracted with Aetna Better Health can use electronic billing software. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim sent, and minimizes clerical data entry errors. Additionally, a Level Two report is provided to your vendor, which is the only accepted proof of timely filing for electronic claims.
- Change Healthcare (Emdeon) is the EDI vendor we utilize.
- Contact your software vendor directly for further questions about your electronic billing.
- Contact our Provider Relations department at **1-800-441-5501** for more information about electronic billing.
- All electronic submissions will be submitted in compliance with applicable laws including HIPAA regulations and Aetna Better Health of Florida policies and procedures.

By mail (First Time Claims, Corrected Claims and Requests for Reconsiderations):

Aetna Better Health of Florida
P.O. Box 63578
Phoenix, AZ 85082-1925

If you have any questions regarding claims and claims submissions, please visit **aetnabetterhealth.com/florida**. The website contains our electronic Billing Manual, which offers detailed information regarding claims billing instructions. You

may also reach out to our Provider Services Department by phone at **1-800-441-5501** (8 a.m. to 5:30 p.m. ET, Monday – Friday).

Under our new SMMC contract we are required to process all provider applications for participation within 60 days of receipt. This time-frame includes credentialing, provider configuration, inclusion of EIS providers in our provider directory, and in the Agency's Provider Network File (PNV). Our goal is to have all provider applications processed without delay to ensure a smooth on-boarding and prompt claims payments.

***Please contact us immediately by calling Jennifer Morla at morlaj@aetna.com or 954-858-3314 if you have not yet received or submitted your contacting application for participation with Aetna Better Health.**

Sincerely,