

PROVIDER BULLETIN



AETNA BETTER HEALTH® OF FLORIDA

261 N. University Drive
Plantation, FL 33324

www.AetnaBetterHealth.com/Florida

Date:	November 24, 2020
Purpose:	Provider Bulletin: Alert providers on Electronic Visit Verification (EVV) Requirements
Subject:	Electronic Visit Verification (EVV) Requirements
Products:	MMA, LTC
From:	<u>Provider Relations</u>

Dear Provider,

Aetna Better Health of Florida (ABHFL) would like to inform all Home Health and Personal Care Service Providers of the new Electronic Visit Verification (EVV) Requirements based on State Medicaid Managed Care (SMMC) [Policy Transmittal: 2020-62](#).

As an interim step towards full compliance with the 21st Century Cures Act, **effective for dates of service beginning December 4, 2020**, Aetna Better Health of Florida will require claims for Personal Care Services and Home Health Services to be submitted through Tellus, our EVV vendor. Provider claims for Home Health and Personal Care Services may be processed outside of Tellus EVV system for dates of service through December 3, 2020.

Please be advised that Aetna Better Health of Florida will deny any claims with dates of service on or after December 4, 2020, that are submitted to us outside of the Tellus EVV system by providers who are submitting less than 25 percent of Personal Care Services or Home Health Services claims through the Tellus EVV system.

The minimum compliance thresholds listed in [Policy Transmittal 2020-47](#) are still in effect. As a provider, it is your responsibility to be compliant with the EVV mandate. We appreciate your continuous efforts and compliance as we improve the EVV processes. If you have any Tellus EVV system questions or concerns, please contact Tellus at 1-833-483-5587 or support@4tellus.com.

We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-800-441-5501.

Thank you,

Aetna Better Health of Florida
Provider Relations Department

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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Proprietary