



General Provider Training

Eva Szollosy
Provider Engagement

May 19, 2026



Agenda

Regional Florida Territories/LOB
Provider Engagement & Support
Network and Contracting
Specialty Products (SMI/HIV)
Continuity of Care (COC)
Availity Provider Portal
Claims Resources
Prior Authorization
Access and Appointment Availability
Grievance and Appeals
ProgenyHealth
Pharmacy
Provider Website & Resources
Q & A Session



Serving Regions

Regional Florida Territories/Line Of Business (LOB)



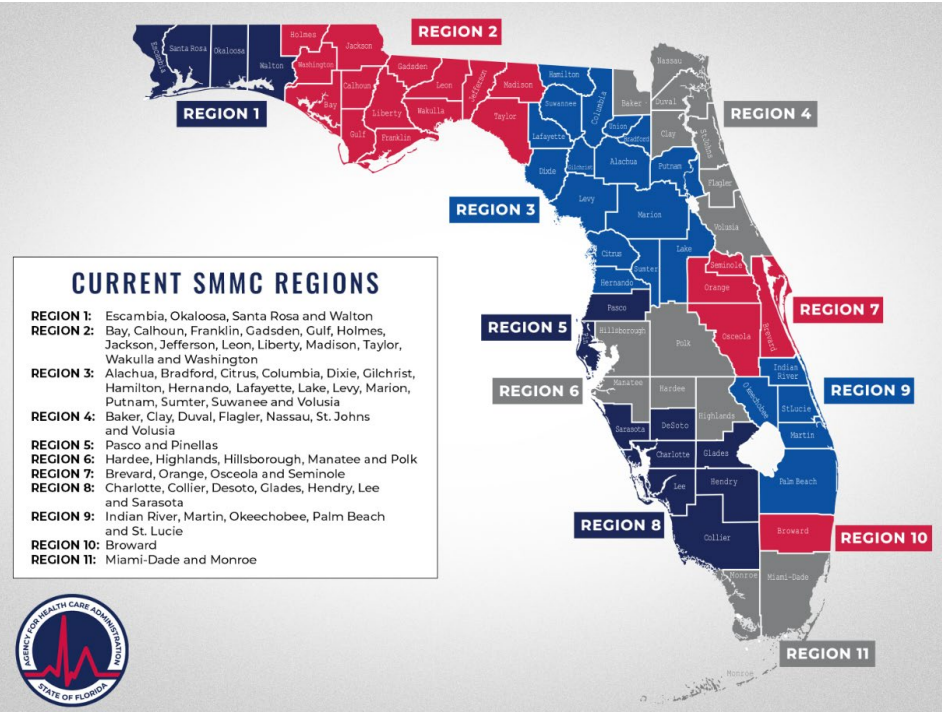
ABH-FL – was operating in:

- **Comprehensive (MMA/LTC)**
 - ✓ Regions 6, 7, and 11

ABH-FL – Effective 02/01/2025

- **Comprehensive (MMA/LTC)**
 - ✓ Regions D(6), E(7), and I(11)
- **Serious Mental Illness (SMI) Specialty Service**
 - ✓ Regions D(6), E(7), and I(11)
- **HIV/AIDS Specialty Service**
 - ✓ Regions D(6), E(7), and I(11)
- **Florida Healthy Kids (CHIP) is statewide**
 - ✓ All 67 Counties

Regional Florida Territories/Line Of Business (LOB)

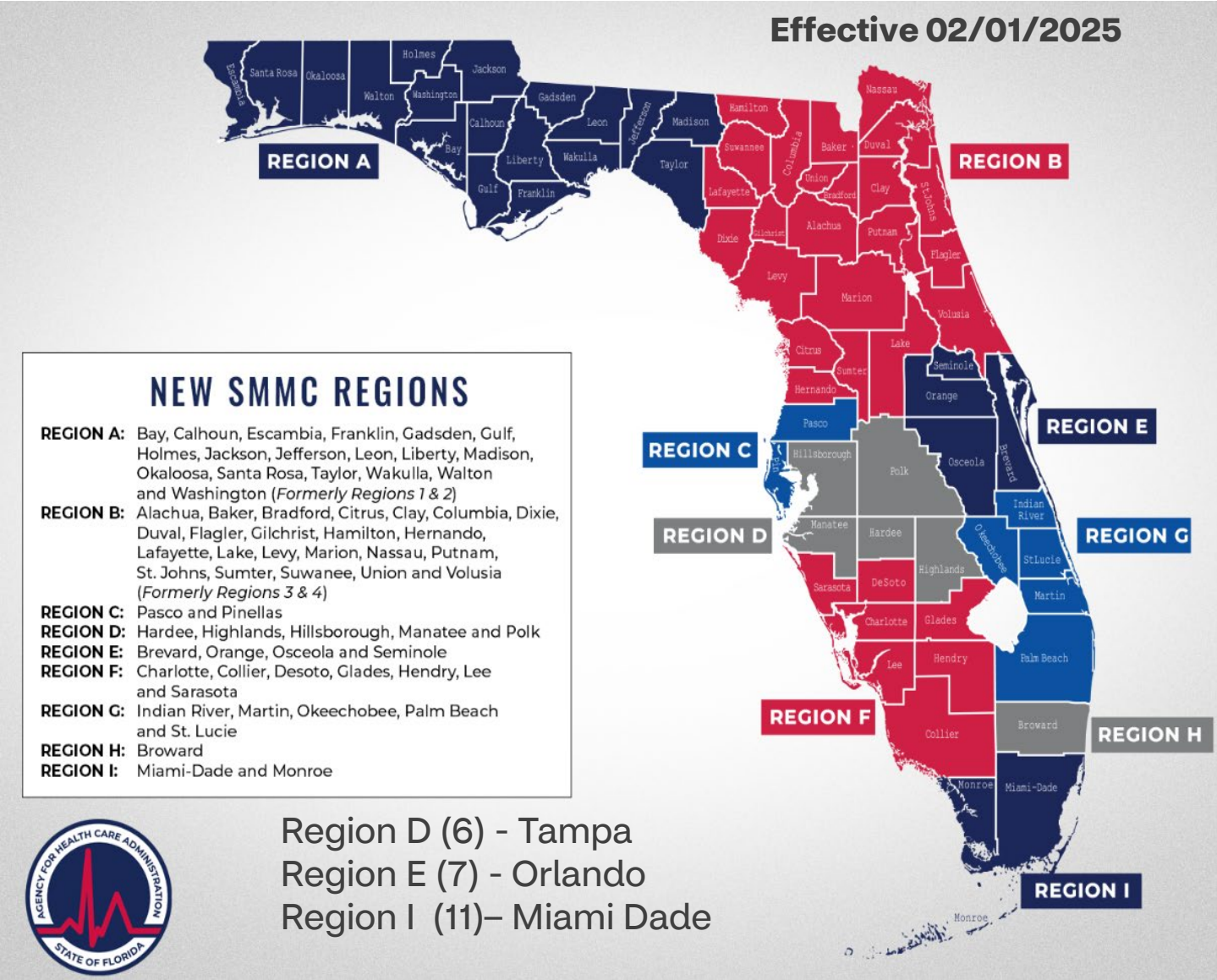


- CURRENT SMMC REGIONS**
- REGION 1:** Escambia, Okaloosa, Santa Rosa and Walton Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
 - REGION 2:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwanee and Volusia
 - REGION 3:** Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
 - REGION 4:** Pasco and Pinellas
 - REGION 5:** Hardee, Highlands, Hillsborough, Manatee and Polk
 - REGION 6:** Brevard, Orange, Osceola and Seminole
 - REGION 7:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
 - REGION 8:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
 - REGION 9:** Broward
 - REGION 10:** Miami-Dade and Monroe
 - REGION 11:** Broward



Aetna Better Health of Florida operates in: Medicaid former regions 6, 7, 11 -- new regions D, E, I .

- <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-regions>



- NEW SMMC REGIONS**
- REGION A:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, and Washington (Formerly Regions 1 & 2)
 - REGION B:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwanee, Union and Volusia (Formerly Regions 3 & 4)
 - REGION C:** Pasco and Pinellas
 - REGION D:** Hardee, Highlands, Hillsborough, Manatee and Polk
 - REGION E:** Brevard, Orange, Osceola and Seminole
 - REGION F:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
 - REGION G:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
 - REGION H:** Broward
 - REGION I:** Miami-Dade and Monroe

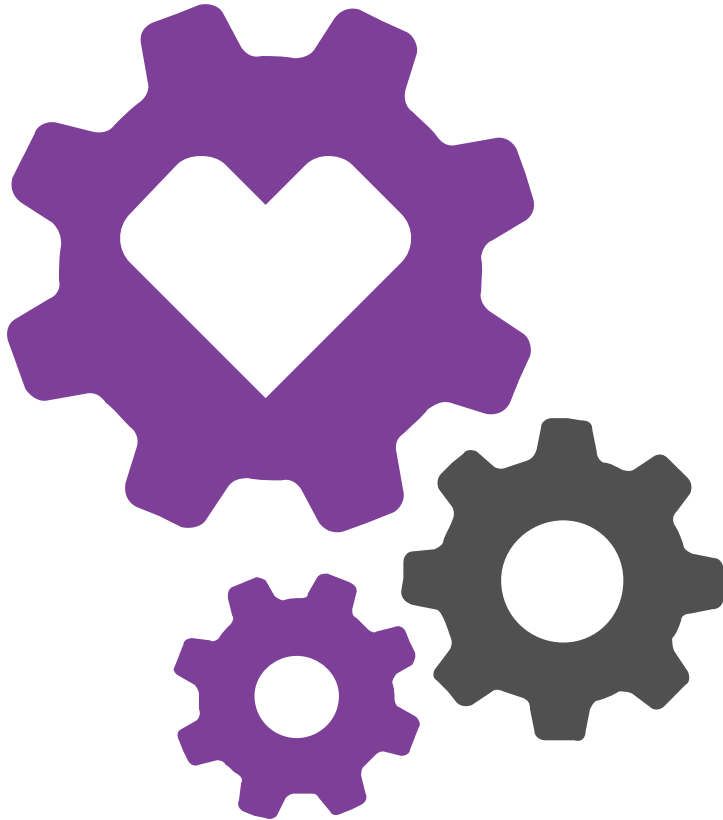


Region D (6) - Tampa
 Region E (7) - Orlando
 Region I (11) - Miami Dade



Provider Engagement & Support

Provider Engagement



Provider Engagement Team

Dedicated to Provider needs including but not limited to:

- Onboarding process
- Orientation Portal registration guidance
- Website and forms
- Educational materials
- Provider complaints and resolutions

Our Provider Engagement team can be contacted via email at:

- FLProviderEngagement@aetna.com

Provider Support - Connect with Us

You can call OR email our Provider Engagement Team with any questions/inquiries regarding enrollment, joining our network/credentialing, claims, PA and many more.



Phone

MMA:

1-800-441-5501 TTY (711)

LTC:

1-844-645-7371 TTY (711)

FHK:

1-844-528-5815 TTY (711)



Email



FLProviderEngagement@aetna.com



Mail



Aetna Better Health of Florida
ATTN: Provider Relations
261 N University Drive
Plantation, FL 33324

Provider Support - Connect with Us

Still need support?

If you've already tried contacting us using one of the phone, email and mail options with no resolution to your question or issue contact us through our ABHFL website by providing us with specific information when completing the online form.



Online Form

Direct Link:

- <https://medicaidportal.aetna.com/mcainteractiveforms/ProviderForms/ProviderRequestForm.aspx?p=FL>

The contact us form allows you to add the proper/required information from the start, so you don't have to spend valuable time tracking down the help you need.

As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department depending the reason of the inquiry.

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

Provider Engagement - Key Contact Info

Provider Engagement – Contact Guide

Regions	Servicing Counties, Specialties and Line(s) of Business	Contact Name	Phone #	Email
Region A	Florida Healthy Kids - (Escambia, Okaloosa, Santa Rosa, Walton, Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington)	Eva Szollosy	(407) 212-1418	SzollosyE@aetna.com
Region B	Florida Healthy Kids - (Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia))	Bridgett Allen	(407) 341-7389	AllenB2@aetna.com
Region C	Florida Healthy Kids - (Pasco and Pinellas)	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Region D	Medicaid, Florida Healthy Kids - (Hardee, Highlands, Hillsborough, Manatee, Polk), EIS, Behavioral Health	Patrice Green-Ewart	(863) 632-0743	Green-Ewartp@aetna.com
Region D	Long-Term Care- Not including ALFs	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com

Provider Engagement - Key Contact Info

Provider Engagement – Contact Guide

Regions	Servicing Counties, Specialties and Line(s) of Business	Contact Name	Phone #	Email
Region E	Medicaid, Florida Healthy Kids - (Brevard and Seminole County), EIS	Eva Szollosy	(407) 212-1418	SzollosyE@aetna.com
Region E	Medicaid, Florida Healthy Kids - (Orange, Osceola County)	Bridgett Allen	(407) 341-7389	AllenB2@aetna.com
Region E	Long-Term Care- Not including ALFs	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Region F	Florida Healthy Kids - (Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota)	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Region G	Florida Healthy Kids - (Palm Beach County, Indian River, Martin, Okeechobee, St. Lucie))	Christian Perez	(786) 570-2701	Christian.perez5@aetna.com
Region H	Florida Healthy Kids - (Broward)	Leysbely Sardinias	(645) 217-0519	Leysbely.Sardinias@aetna.com
Region I	Medicaid, Florida Healthy Kids - (Miami-Dade South, Monroe), EIS	Leysbely Sardinias	(645) 217-0519	Leysbely.Sardinias@aetna.com
Region I	Medicaid, Florida Healthy Kids - (Miami-Dade North), EIS, Behavioral Health	Christian Perez	(786) 570-2701	Christian.perez5@aetna.com
Region I	Long-Term Care	Laura Montano	(786) 578-7275	MontanoL@aetna.com

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Region E	Medicaid, Florida Healthy Kids - (Brevard and Seminole County), EIS	Eva Szollosy	(407) 212-1418	SzollosyE@aetna.com
Region E	Medicaid, Florida Healthy Kids - (Orange, Osceola County)	Bridgett Allen	(407) 341-7389	AllenB2@aetna.com
Region E	Long-Term Care- Not including ALFs	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Region F	Florida Healthy Kids - (Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota)	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Region G	Florida Healthy Kids - (Palm Beach County, Indian River, Martin, Okeechobee, St. Lucie))	Christian Perez	(786) 570-2701	Christian.perez5@aetna.com
Region H	Florida Healthy Kids - (Broward)	Leysbely Sardinas	(645) 217-0519	Leysbely.Sardinas@aetna.com
Region I	Medicaid, Florida Healthy Kids - (Miami-Dade South, Monroe), EIS	Leysbely Sardinas	(645) 217-0519	Leysbely.Sardinas@aetna.com
Region I	Medicaid, Florida Healthy Kids - (Miami-Dade North), EIS, Behavioral Health	Christian Perez	(786) 570-2701	Christian.perez5@aetna.com
Region I	Long-Term Care	Laura Montano	(786) 578-7275	MontanoL@aetna.com

Provider Engagement - Key Contact Info

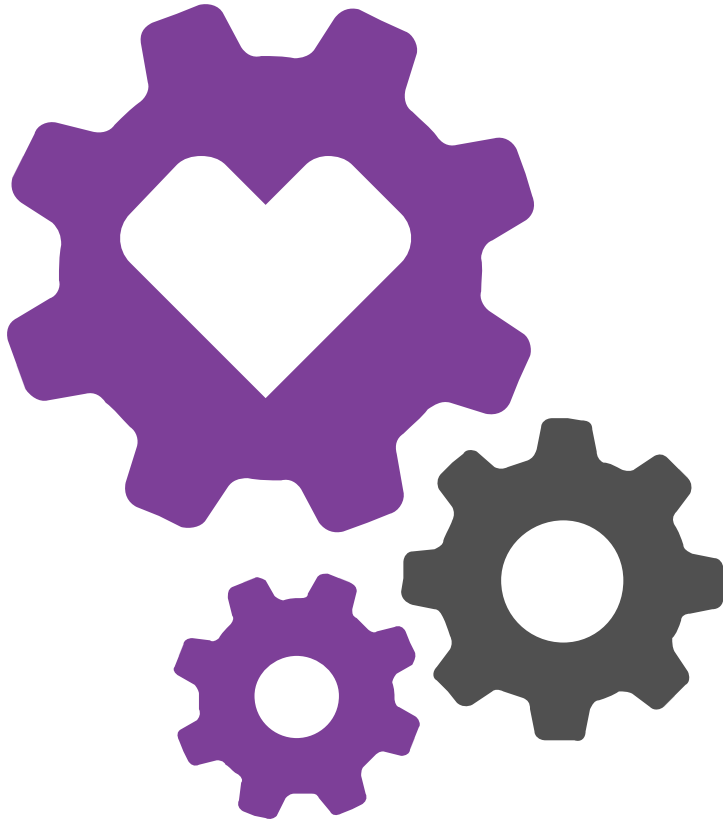
Provider Engagement – Contact Guide

Regions	Servicing Counties, Specialties and Line(s) of Business	Contact Name	Phone #	Email
Region D, E, I	Long Term Care -Assisted Living Facilities (ALF)	Laura Montano	(786) 578-7275	<u>MontanoL@aetna.com</u>
Region D,E,I	Medical Foster Child	Eva Szollosy	(407) 212-1418	<u>SzollosyE@aetna.com</u>
Statewide	Florida Healthy Kids, Medicaid, Hospital and Hospital owned physician groups + ancillary, EIS	Yolanda Rivera	(954) 290-1847	<u>Yxriveracole@aetna.com</u>
Statewide- FHK MMA-Region E	Behavioral Health	Yolaine Joseph-Doralus	(352) 460-2548	<u>Joseph-DoralusY@aetna.com</u>



Network and Contracting

Network Contracting



Network Contracting Team

Dedicated to Provider needs including but not limited to:

- Provider Recruitment
- Contract Initiation
- Initial Site Visit
- Credentialing Submission + Re-Credentialing
- Change of Ownerships (CHOWs)

Our Provider Contracting team can be contacted via email at:

- FLMedicaidContracting@aetna.com

Network Contracting- Key Contact Info

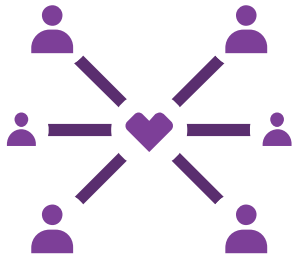
Regions	Service	Contact Name	Email
Region A (01)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Damaris Abad	<u>Abadd2@aetna.com</u>
Region A (02)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Damaris Abad	<u>Abadd2@aetna.com</u>
Region B (03)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Damaris Abad	<u>Abadd2@aetna.com</u>
Region B (04)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS.)	Nazdar Shwani	<u>Shwanin@aetna.com</u>
Region C (05)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Kristina Bobe	<u>Bobek1@aetna.com</u>
Region D (06)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Kristina Bobe	<u>Bobek1@aetna.com</u>

Network Contracting- Key Contact Info

Regions	Service	Contact Name	Email
Region E (07)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Nazdar Shwani	<u>Shwanin@aetna.com</u>
Region E (08)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Kristina Bobe	<u>Bobek1@aetna.com</u>
Region G (09)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Yezenia Sardinas	<u>Yezenia.sardinas@aetna.com</u>
Region H (10)	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Yezenia Sardinas	<u>Yezenia.sardinas@aetna.com</u>
Region I (11)- South of Flagler St	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Yezenia Sardinas	<u>Yezenia.sardinas@aetna.com</u>
Region I (11)- North of Flagler St	All Contracts including Florida Healthy Kids (FHK), Medicaid (MMA), Long Term Care (LTC), and Early Intervention Services (EIS).	Damaris Abad	<u>Abadd2@aetna.com</u>

Network Contracting- Key Contact Info

Regions	Service	Contact Name	Email
Statewide (SW)	Support All Provider Network Staff	Melbie Ramos	<u>Garciam8@aetna.com</u>
Statewide (SW)	Sr. Project Manager, Support All Provider Network Staff	Marcela Vila	<u>Vilam@aetna.com</u>
Statewide (SW)	Network Director	Elba Tapanes	<u>Tapanese@aetna.com</u>



Questions? [Email us today!](mailto:FLMedicaidContracting@aetna.com)
FLMedicaidContracting@aetna.com

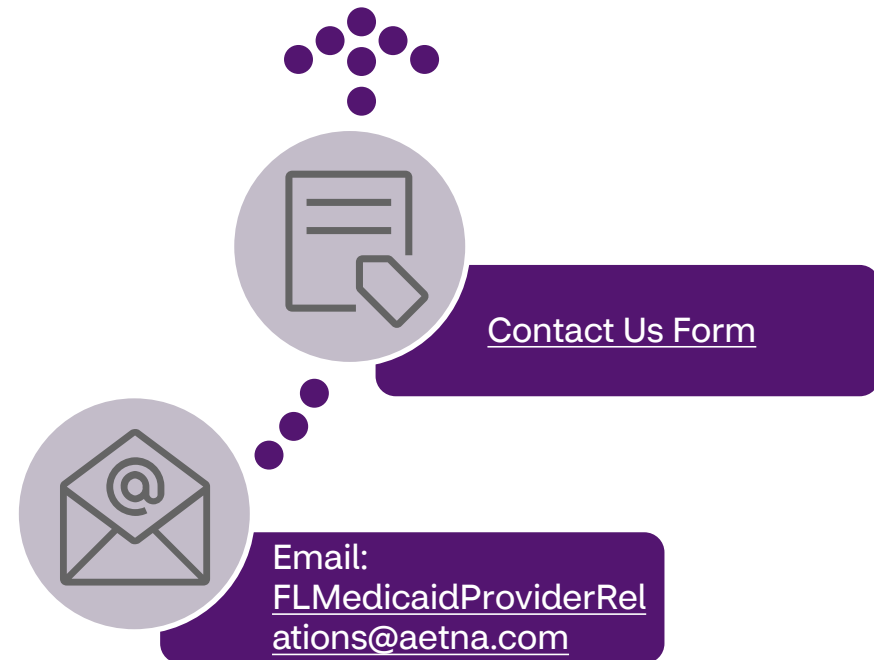
Network Contracting

To determine if Aetna Better Health of Florida is accepting new providers in a specific region, please contact our Provider Services Department at:

- 1-800-441-5501 (MMA)
- 1-844-645-7371 (LTC)



Completed initial credentialing applications, contracts and network forms can be submitted in multiple ways:



Fee Schedule

For provider network agreements relying on fee-for-service fee schedules, Aetna Better Health will program the new or updated codes in its claim processing systems based upon the effective date of the code change as posted on the Agency's website.

Aetna Better Health will pay claims correctly based upon the code effective date to ensure there are no gaps in covered services or payment.

tate fee schedule(s) and/or published rate methodology(ies), shall be programmed for claims processing within ninety (90) days following rule promulgation and/or publication by the Agency of revised rate methodologies.





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Specialty Products

SMI/HIV

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Specialty Products – Eligibility Requirements

Aetna Better Health of Florida is proud to offer an enhanced program for individuals living with a Serious Mental Illness and/or HIV/AIDS.

This product requires that members who fit this criteria opt-in to this program by contacting Choice Counselors at 1-877-711-3662 (TDD: 1-866-467-4970) or by visiting flmedicaidmanagedcare.com.

Eligibility Requirements for SMI and HIV/AIDS Specialty Products

SMI:

At least six (6) years or older

Diagnosed with a serious mental illness, which typically includes one or more of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder.

HIV/AIDS:

Diagnosed with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

Specialty Products – Training Requirements

Treating members in our SMI and HIV/AIDS Specialty Product requires specialized training to enable our providers to deliver high quality, integrated and patient-centered care.

Training Requirements for Providers

- ABHFL offers training opportunities to our Specialty Product providers to ensure professional development and compliance with regulatory changes.
- ABHFL will offer trainings in-person or via webinar and such topics will include: the use of assessment tools, assessment instruments and identification of individuals with unmet health needs and are evidenced based.
- ABHFL will also educate providers on training opportunities in the community as they are available.
- **Formal trainings or verification of trainings are required for all providers who are providing care to our specialty product members.**

Continuity of Care (COC)

COC Requirements

Continuity of Care Requirements ensure that when enrollees transition from one health plan to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition.

Continued of care requests should be submitted to the Utilization Management (UM) Department.



You can contact our Member Services department at: **1-800-441-5501** (MMA) or **1-844-645-7371** (LTC) for any questions or submissions

COC Provisions

Effective 02/01/2025 ABHFL will follow the COC provisions that the Agency has instituted:

Health care providers should not cancel appointments with current patients.

Providers will be paid by the enrollee's new managed care plan.

Providers will be paid promptly by the enrollee's new managed care plan.

Prescriptions will be honored by the enrollee's new managed care plan.

- For additional questions regarding COC requirements, please reach out to your health or dental plan directly. Program requirements, such as COC are available on the Agency's SMMC website here: ahca.myflorida.com/Medicaid/statewide-medicaid-managed-care/new-smmc-program.

COC Period

ABHFL COC period is 120 days.

Participating providers:

Claims received during the Continuity of Care period will receive an auto-override to authorization requirement (Edit 205).

Non-Participating Providers

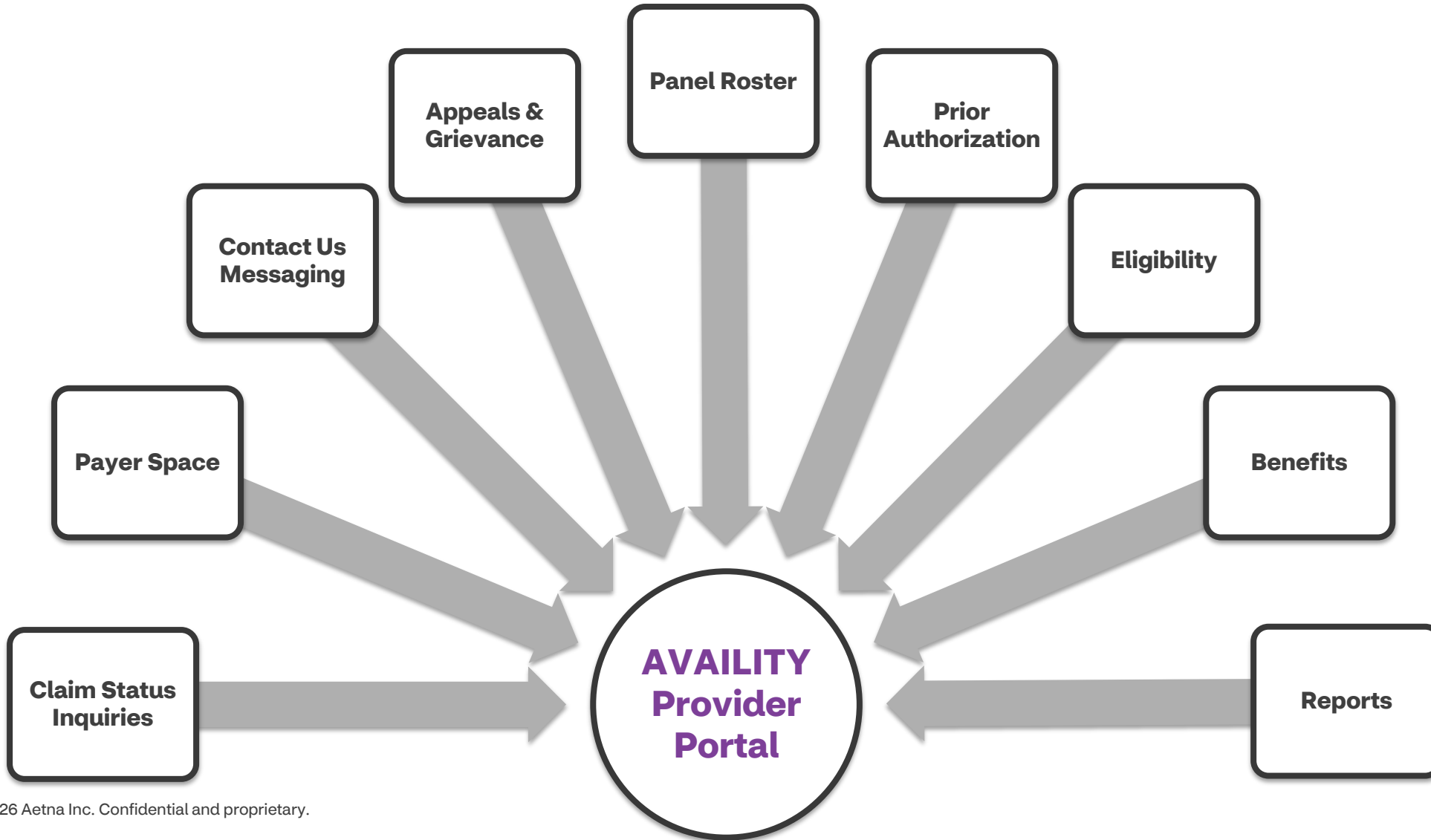
Claims received during the Continuity of Care period will stop for manual review due to authorization requirements for non-participating provider. During the review process the authorization requirement is overridden (Edit 205).



Availity Provider Portal

Availity Provider Portal

Providers support capabilities offered through Availity include the ability for providers to:



Availity Provider Portal



The Availity Provider Portal gives you the info, tools and resources you need to support the day-to-day needs of your patients and office.

To access the Provider Portal visit: <https://www.aetnabetterhealth.com/florida/providers/portal.html>

Availity Essentials, is our preferred and trusted source for payer information.

HOW TO REGISTER

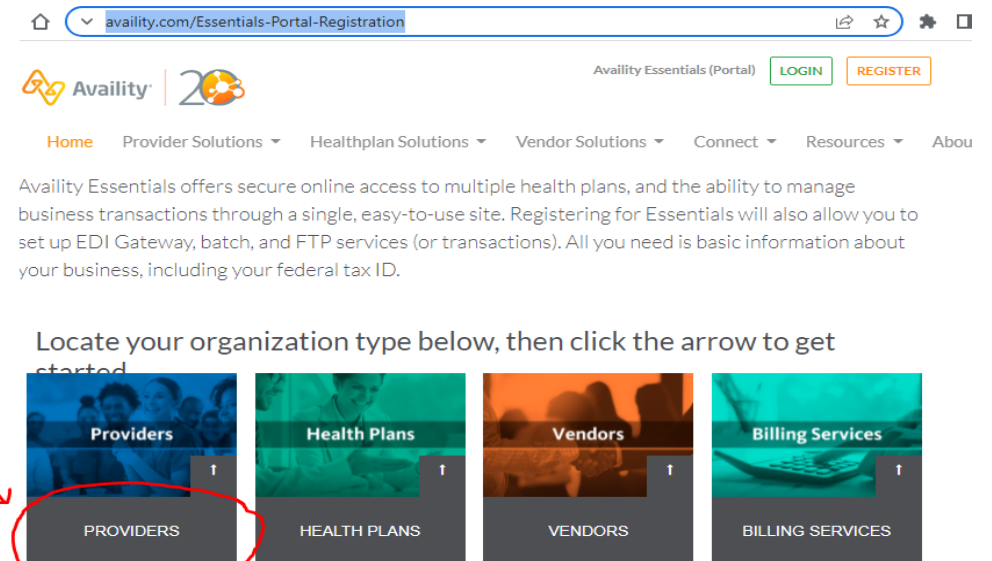
If your organization isn't registered with Availity, we strongly recommend that you get started today by:

1. Visit the portal registration page:

- <https://availity.com/Essentials-Portal-Registration>

2. Call Availity for assistance at:

- 1-800-282-4548



You can still access the old Medicaid Web Portal (MWP) too. If you need help, [email Provider Relations](#).

Availity Provider Portal



Help is available! Any issues related to Availity 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

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



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](#)

The background of the page is a repeating pattern of light gray document icons. Each icon consists of a rounded rectangle with a small tab on the top right corner, representing a document or file. The icons are arranged in a grid that covers the entire page.

Claims Resources

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. (SMMC Contract) (Section VII) (D).
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 VII.) (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 VII) (D)(2).
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 VII) (E) (1)(k).
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(3)(c)(2) and (4)(c)(2).

EFT/ERA Registration Services (EERS)

EERS offers our providers a more streamlined way to access payment services. It gives you a standardized method of electronic payment and remittance while also expediting the payee enrollment and verification process.

EFT makes it possible for us to deposit electronic payments directly into your bank account. Some benefits of setting up an EFT include:

- Improved payment consistency
- Fast, accurate and secure transactions

ERA is an electronic file that contains claim payment and remittance info sent to your office. The benefits of an ERA include:

- Reduced manual posting of claim payment info, which saves you time and money, while improving efficiency
- No need for paper Explanation of Benefits (EOB) statements

Electronic Funds Transfers (EFT) Electronic Remittance Advice (ERA)

ECHO FILLABLE EFT/ERA FORMS



INSTRUCTIONS

- This is a fillable form. Type your information into the form on your screen, or print the form and fill in the information.
 - Complete all sections that apply to your enrollment choice (EFT, ERA, or both EFT and ERA).
 - Enrollments are handled at the TAX ID level. All NPIs associated with the specified TIN will be automatically enrolled.
 - If your TAX ID would like to receive payments via more than one bank account, please contact EDI@EchoHealthinc.com.
 - Be sure to sign the form. Postal mail or email the completed form (secure email recommended). Postal mail: ECHO Health, Inc., 810 Sharon Drive, Westlake, Ohio 44145. Email: EDI@EchoHealthinc.com.
 - For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.895.3511 or EDI@EchoHealthinc.com.
- You will need to contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation.

Payer / Insurance Company Name: _____
(Please specify only one Payer per form)

For security purposes, please apply an ECHO Draft Number and matching Draft Amount to validate against your Tax ID. The Draft Number will be a 9-digit payment number beginning with a 1 or a 9. NOTE: For ERA only, Draft Number and Draft Amount are not required.

ECHO Draft Number _____ ECHO Draft Amount \$ _____

1-Form Select (Required)

EFT & ERA EFT Only ERA Only

2-Provider Information (Required)

Provider Name: _____
(Complete legal name of institution, corporate entity, practice or individual provider)

Street: _____
(The number and street name where a person or organization can be found)

City: _____ State/Province: _____ ZIP Code/Postal Code: _____
(City associated with provider address field) (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country) (System of postal-zone codes (29) stands for "zone improvement plan" introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.)

3-Provider Identifiers Information (Required)

Provider Identifiers

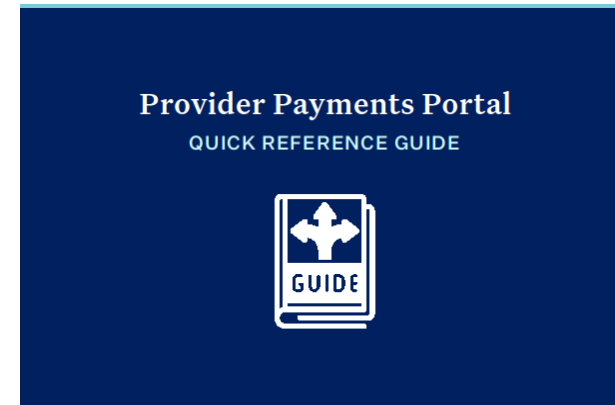
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____
(A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity)

Does provider have a National Provider Identifier (NPI) Number? Yes No

If "Yes," enter NPI, National Provider Identifier (NPI): _____

(A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.)

ECHO PROVIDER QUICK REFERENCE GUIDE



ECHO Health, Inc. • 810 Sharon Drive • Westlake, Ohio 44145 • 800.895.0621
www.echohealthinc.com



Electronic Funds Transfers (EFT) Electronic Remittance Advice (ERA)

Support Team

ECHO Health, Inc

If you need assistance, contact ECHO Health at:

- allpayer@echohealthinc.com
- 1-888-834-3511

WEBSITE:

- [ECHO Health Provider Login](#)

EFT/ERA ENROLLMENT:

- [ECHO Health](#)



ECHO Health: Payments *Simplified*

ARE YOU A PROVIDER INTERESTED
IN THE FOLLOWING:



This website stores cookies on your computer. These cookies are used to collect information about how you interact with our website and allow us to remember you. We use this information in order to improve and customize your browsing experience and for analytics and metrics about our visitors both on this website and other media. To find out more about the cookies we use, see our Privacy Policy

The background of the slide is a repeating pattern of light gray document icons, each consisting of a rounded rectangle with a folded top-right corner and a small tab on the left side. The icons are arranged in a grid that covers the entire slide area.

Prior Authorization

Prior Authorization Requirements



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**



ProPAT – Prior Authorization Tool

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.



Working with us Resources Find doctors and medicines

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



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 code 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.

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.
- Emergency 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

- 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.
- 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:
 - Ophthalmology/Optomety Services - iCare
1-855-373-7627 prompt 3, [www.mvicanhealth.com](#)
- Oncology treatment plans must be submitted to NantHealth via their web portal, Evit Connect, which will expedite clinical review of any chemotherapy, radiation therapy, or supportive medications that require prior authorization. Please contact Evit Connect at [https://connect.eviti.com](#) - 1-888-492-8037
- For all NICU admissions, please fax admission notification and clinical with identifying information to 877-855-2431. Hospitals may also reach Progeny Health UM department by phone at 888-832-2056. Please follow the prompts and select option 3. Include the following information in all NICU admissions to Progeny:
 - Name: Mom and baby
 - DOB: Mom and baby
 - Requested LOC
 - ID information: for Mom and or baby if they have it
 - Demographics
 - Facility and attending provider NPI number
- Pharmacy Prior Authorization Phone number: 1-800-441-5501
- Pharmacy Prior Authorization Fax numbers: 1-855-799-2554
- Claims mailing address: Aetna Better Health of Florida
PO Box 63578
Phoenix, AZ 85082-1925
- Member appeals mailing address:
Aetna Better Health of Florida
Attn: Florida Medicaid Grievance and Appeals Department
261 N University Drive
Plantation, FL 33324
- Phone numbers and fax numbers:
Medicaid Provider Line: 1-800-441-5501 Fax: 1-844-235-1340
Florida Healthy Kids Provider Line: 1-844-528-5815 Fax: 1-844-235-1340
Prior Authorization Line: 1-800-441-5501 Fax: 1-860-607-8056
Obstetrics Prior Auth: 1-800-441-5501 Fax: 1-860-607-8726
- Acute Behavioral Health Inpatient Authorizations and Substance Abuse Residential must be called in or submitted through Availity:
 - FKH Telephone: 1-844-528-5815
 - MMA/LTC Telephone: 1-800-441-5501
- All other behavioral health/substance abuse requests can be faxed or submitted through Availity:
 - FKH Fax: 833-365-2493
 - MMA/LTC Fax: 833-365-2474
- Aetna Better Health of Florida Website: <https://www.aetnabetterhealth.com/florida/>
- Other Reference Links:
Aetna's Clinical Policy Bulletins: <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>
Florida Medicaid Preferred Drug List (PDL): http://www.fdhc.state.fl.us/medicaid/crscribed_drug/eharm_there/fmedis.html
Aetna Better Health of Florida Healthy Kids Handbook: <https://www.aetnabetterhealth.com/florida/providers/provider-manual>
Aetna Better Health of Florida Healthy Kids Formulary or Preferred Drug List (PDL): <https://www.aetnabetterhealth.com/florida/providers/provider-eharmacy/>

Enter CPT or HCPCS Code(s) OR Select CPT Group:

Include only CPT or HCPCS codes where PA is required?

Select Plan:

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?".

Search Clear Export

ProPAT Search Criteria



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).

Enter CPT or HCPCS Code(s)

85025

OR

Select CPT Group:

Select Plan: ABH of Florida MMA/FHK

Include only CPT or HCPCS codes where PA is required?

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?".

Search Clear Export

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		

Prior Authorization Timeframes

Timeframes

Service Authorization Decision Timeframes	Turnaround Times
MMA Urgent	2 calendar days
MMA Elective	7 calendar days

Documentation requirements for authorization request:

- Member Information
- Diagnosis Code(s)
- Treatment or Procedure Code(s)
- Anticipated Start and End Dates of Service(s)
- All Supporting Clinical Documentation to Support Medical Necessity
- Include:
 - Office/Department Contact Name
 - Telephone
 - Fax Number



Requesting PA Tips

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 Forms

These forms apply to all plans.

- **Physical health PA request form (PDF)**
- **Behavioral health PA request form (PDF)**
- **Obstetrical notification form (PDF)**

Help 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)

Access and Appointment Availability

Access and Appointment Availability Standards

Practitioner Type	Appointment Type			
	Emergency Services (non-life-threatening)	Urgent Care	Non-Urgent Care	Preventive & Routine Care (non-urgent)
Primary Care Practitioner (PCP)	Same Day	Within 48 Hours that do not require prior authorization Or Within 96 Hours that do require prior authorization	Within 30 Days of a request	Within 30 Days of a request
Specialist (SCP) High-Volume & High-Impact	Within 24 Hours	Within 48 Hours that do not require prior authorization Or Within 96 Hours that do require prior authorization	Within 30 Days of a request after the appropriate referral is received by SPC	Within 60 Days of a request after the appropriate referral is received by SPC
Behavioral Health (Prescribers & Non-Prescribers)	Within 6 Hours	Within 48 Hours	Within 7 days post discharge from an inpatient behavioral health admission for follow-up behavioral health treatment. Or Within 10 days for initial outpatient behavioral health treatment	Within 7 days post discharge from an inpatient behavioral health admission for follow-up behavioral health treatment. Or Within 10 days for initial outpatient behavioral health treatment

Wait time in the office should not be more than 45 minutes.



Access and Appointment Availability Standards – Prenatal Care

Prenatal Care Members will need to be seen within the following timeframes:

First trimester visit within 14 calendar days

Second trimester visit within 7 calendar days

Third trimester visit within 3 business days

High-Risk Pregnancy

• Within three (3) business days of identification of high-risk to ABHFL or maternity provider or immediately if an emergency exists.



Grievance and Appeals

G&A Submissions

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**

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](#))

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

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.

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



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

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



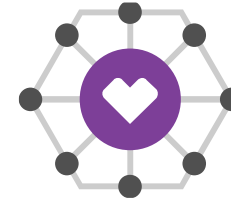
Informs you if your patient reports concerning signs or symptoms



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



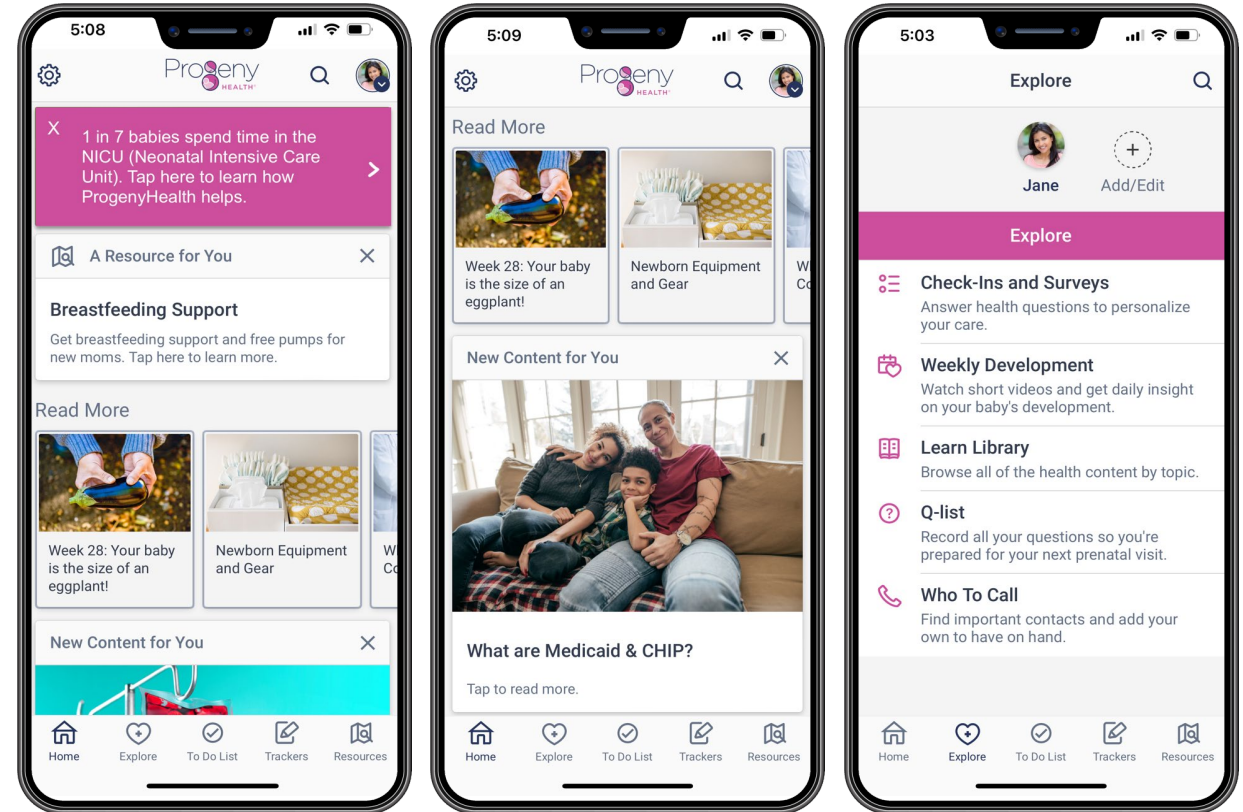
Maternity Care Management Program

- 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 Managers will help your patients by:
 - Providing on-going education and support
 - Setting up doctor visits
 - Making care plans
 - Finding free or low-cost items



ProgenyHealth Mobile App Experience

A mobile app that delivers a dynamic, personalized experience tailored to each user's health journey based on the information entered by the members into the app.



Encourage Your Patients to Self-Enroll: by scanning the QR code found on this member flyer: [English \(PDF\)](#) | [Spanish \(PDF\)](#).

[Submit the Florida Medicaid Pregnancy Notification Form:](#) Via Fax to 1-860-607-8726.

You or your patient can call us at: **1-855-231-4730**, Monday - Friday, 8:30 AM - 5:00 PM ET or email us at: maternity@progenyhealth.com



Pharmacy

Pharmacy

- Aetna Better Health of Florida covers prescription medications and certain over-the-counter medicines when you write a prescription for a member.
- We use CVS/Caremark for pharmacy benefit management services.
- Online formulary search tool includes formulary status and indicates whether a drug requires step therapy (ST), has a quantity limit (QLL) or requires Prior Authorization (PA)
- CVS Caremark Mail Order Pharmacy

Pharmacy PA:

- Submit PA by telephone 1-800-441-5501 (TTY 711), fax 1-855-799-2554 or online.
- Through a direct link on our website, you can view:
 - PA criteria
 - PA forms

Electronic PA:

Use Provider Portal® to:

- Submit prior authorization (PA)
- Check member eligibility and coverage status
- Check medication history, and formulary information

[Visit our provider page for more information at:](https://www.aetnabetterhealth.com/florida/providers/pharmacy-prior-authorization.html)

<https://www.aetnabetterhealth.com/florida/providers/pharmacy-prior-authorization.html>

Preferred Drug List (PDL)




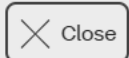
Member site

Contact us

 Log in

Working with us Resources **Find doctors and medicines**

Doctors or hospitals Use our provider search tool	Medicines Check our preferred drug list 	Pharmacies Find a pharmacy	Other care providers Find a dental provider Find lab testing (Labcorp) Find lab testing (Quest Diagnostics)
-------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------	-----------------------------------------------------------------------------------------------------------------------------



Your plan's PDL

Medications covered link:

<https://www.aetnabetterhealth.com/florida/drug-formulary.html>

Florida Medicaid Preferred Drug List (PDL):

<https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicaid-preferred-drug-list-pdl>



Medicaid

Medicaid plans use the [Florida Medicaid PDL](#). You can check the PDL to see if we cover your medication. You can also check a list of recent updates to the PDL on their site.





Provider Website & Resources

Provider Web Site

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 >](#)

Our Provider Site Main Page contains “Helpful Links”:

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

ABHFL Provider Site Direct Link

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

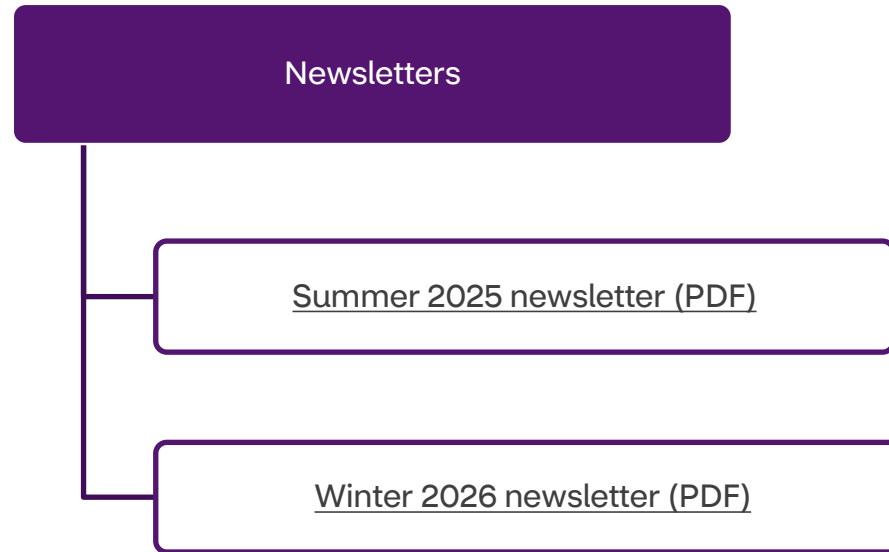
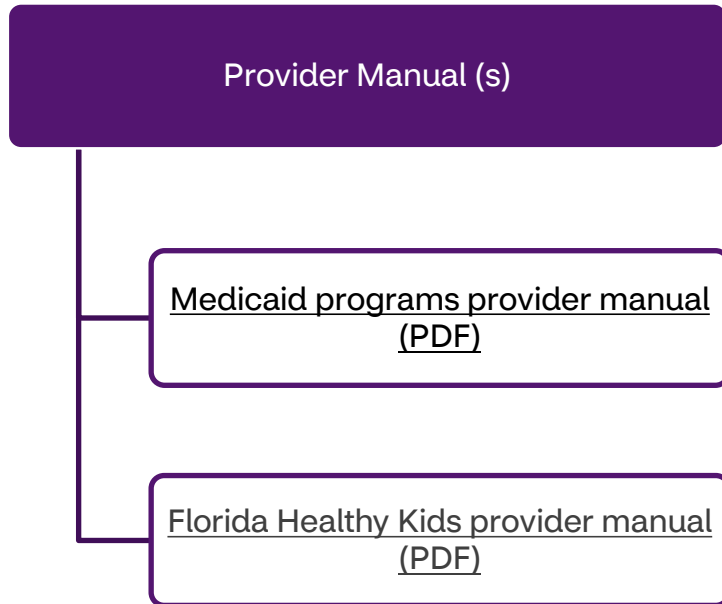
Integrated Behavioral Health

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

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).



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AetnaBetterHealth.com/Florida
5321700-07-01

Aetna Better Health[®] of Florida

Provider Notifications

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

March

[Clinical, Payment, Coding, and Policy Changes Effective for Dates of Service Beginning May 1, 2026 \(PDF\)](#)

[ProgenyHealth NICU Case Management \(PDF\)](#)

[Provider Type\(s\): 39 - Behavior Analysis Missing National Provider Identification \(NPI\) on Provider File Action Needed by 3/26/2026 \(PDF\)](#)

[Enhancement to the EviCore Prior Authorization Process \(PDF\)](#)

[Evicore Portal Migration Provider Notification \(PDF\)](#)

2026

Newsletters

- [Winter Newsletter \(PDF\)](#)

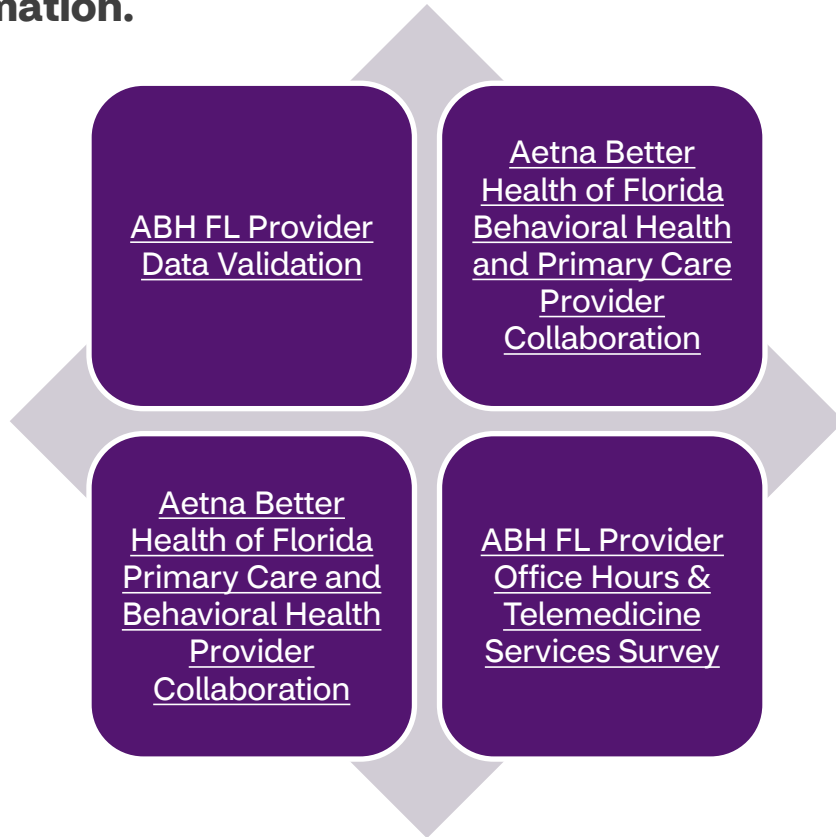
Provider notifications

March

- [Clinical, Payment, Coding, and Policy Changes Effective for Dates of Service Beginning May 1, 2026 \(PDF\)](#)
- [ProgenyHealth NICU Case Management \(PDF\)](#)
- [Provider Type\(s\): 39 - Behavior Analysis Missing National Provider Identification \(NPI\) on Provider File Action Needed by 3/26/2026 \(PDF\)](#)
- [Enhancement to the EviCore Prior Authorization Process \(PDF\)](#)
- [Evicore Portal Migration Provider Notification \(PDF\)](#)

Provider Surveys

Multiple provider surveys are available and can be used to update information.



Forms

Prior authorization (PA) forms ▾

Claim forms ▾

Pharmacy prior authorization forms ▾

Provider surveys ▲

- ABH FL Provider Data Validation >
- 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 >

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

Helpful Provider Links

- **ABHFL Provider Site:** [For Health Care Providers | Aetna Medicaid Florida](#)
- **Provider Manual:** [Materials and Forms for Providers | Aetna Medicaid Florida](#)
- **Provider Quick Reference:** [Quick Reference Guide](#)
- **ABHFL Teams Resource Guide:** [Aetna Better Health of Florida Resource Guide](#)
- **Provider Engagement Contact Guide:** [Provider Engagement – Contact Guide](#)
- **Provider Notices & Newsletters:** [Provider Notices & Newsletters | Aetna Medicaid Florida](#)
- **Provider Materials and Forms:** [Materials and Forms for Providers | Aetna Medicaid Florida](#)
- **Prior Authorization Forms:** [Materials and Forms for Providers | Aetna Medicaid Florida](#)
- **Availity Provider Portal:** [Provider Secure Web Portal | Aetna Medicaid Florida](#)
- **Claims:** [File or Submit a Claim | Aetna Medicaid Florida](#)
- **EFT/ERA echo:** [ECHO Health](#)
- **Preferred Drug List (PDL):** <https://www.aetnabetterhealth.com/florida/drug-formulary.html>
- **Provider Search Tool/Directory:** <https://www.aetnabetterhealth.com/florida/find-provider>
- **Training Resources:** [Provider Training & Orientation | Aetna Medicaid Florida](#)

Provider Trainings

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 Provider Trainings and all of our communications timely.

Need to update your information?

1. Contact our provider relations department via email FLMedicaidProviderRelations@aetna.com
2. Use our [Provider Contact Us Form](#) to tell us more about your specific request or inquiry.
3. Call us!
 - MMA: 1-800-441-5501 TTY (711)
 - LTC: 1-844-645-7371 TTY (711)
 - FHK: 1-844-528-5815 TTY (711)

Missed 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!

Provider webinars and training | Aetna Medicaid Florida

The screenshot shows the Aetna website interface. At the top left is the Aetna logo with the tagline 'Aetna Better Health® of Florida'. To the right are links for 'Member site', 'Contact us', and a 'Log in' button. A search bar is also present. Below the navigation bar, the 'Resources' menu is expanded, showing four main categories: 'Tools and materials', 'News and updates', 'Policies and guidelines', and 'Education'. Under 'Education', the 'Webinar trainings' link is highlighted with a purple arrow. Another purple arrow points to the 'Resources' menu item in the navigation bar. A 'Close' button is visible at the bottom of the expanded menu.

Contact Us Form

Use our 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.

As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department.

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.

**Claims Inquiry or Disputes
Grievances & Appeals
Delegated Group Updates
Directory Maintenance**

**New Contract Request
Provider Enrollment or Adds to an Existing Par Group
Provider Relations
Provider Demographic Data Update**

**Provider Terms, Leaving Practice, Retiring, Closing Practice
Status Inquiry of previous email submission
Other**

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

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](#). 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

***EMAIL**
Format as example@sample.com

***PHONE (10 DIGITS)**

Provider information

Individual Group or facility

***FIRST NAME**

***LAST NAME**

***TAX ID**
For example: 123456789

***NPI**
For example: 1234567890

COMMENTS

Complete all form fields before attaching files.

You may attach 5 image, text or PDF files up to 35 MB per submission.
(must be one of the following file types: .xls, .xlsx, .pdf, .tif, .jpg, .csv, .doc, .docx, .zip)



Choose the files to attach.

[Choose file](#)

[Send](#)

Q & A Session

“Coming together is a beginning. Keeping together is progress. Working together is success.” — Henry Ford



Thank you

