



Maternity Provider Training

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Provider Engagement Manager

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Continuity of Care

Continuity of Care in Enrollment

Aetna Better Health of Florida is responsible for coordination of care for new members transitioning into the Plan. In the event a new member is receiving a prior authorized, ongoing course of treatment for a covered service with any provider, the Plan is responsible for the costs of continuation of such course of treatment without regard to whether such services are being provided by participating or non-participating providers.

For Medicaid members, Aetna Better Health will honor any written documentation of prior authorization of ongoing covered services for a period of **UP TO** one hundred twenty (120) days after the effective date of enrollment **OR** until the member's PCP or behavioral health provider has reviewed the treatment plan, whichever comes first

Prenatal and postpartum care may extend beyond the one hundred twenty (120) day continuity of care period, and Aetna Better Health will continue the entire course of treatment with the recipient's current provider regardless of the trimester in which care was started, pregnant members who have begun a course of prenatal care may continue to receive care from a terminated provider throughout the completion of pregnancy and postpartum period (6 weeks after birth).

Continuity of care requests should be submitted to the Utilization Management Department. You can contact our Member Services department at **1-800-441-5501** (MMA) for any questions or submissions.





**Obstetrical (OB)
Care Management Program**

Obstetrical (OB) Care Management Program

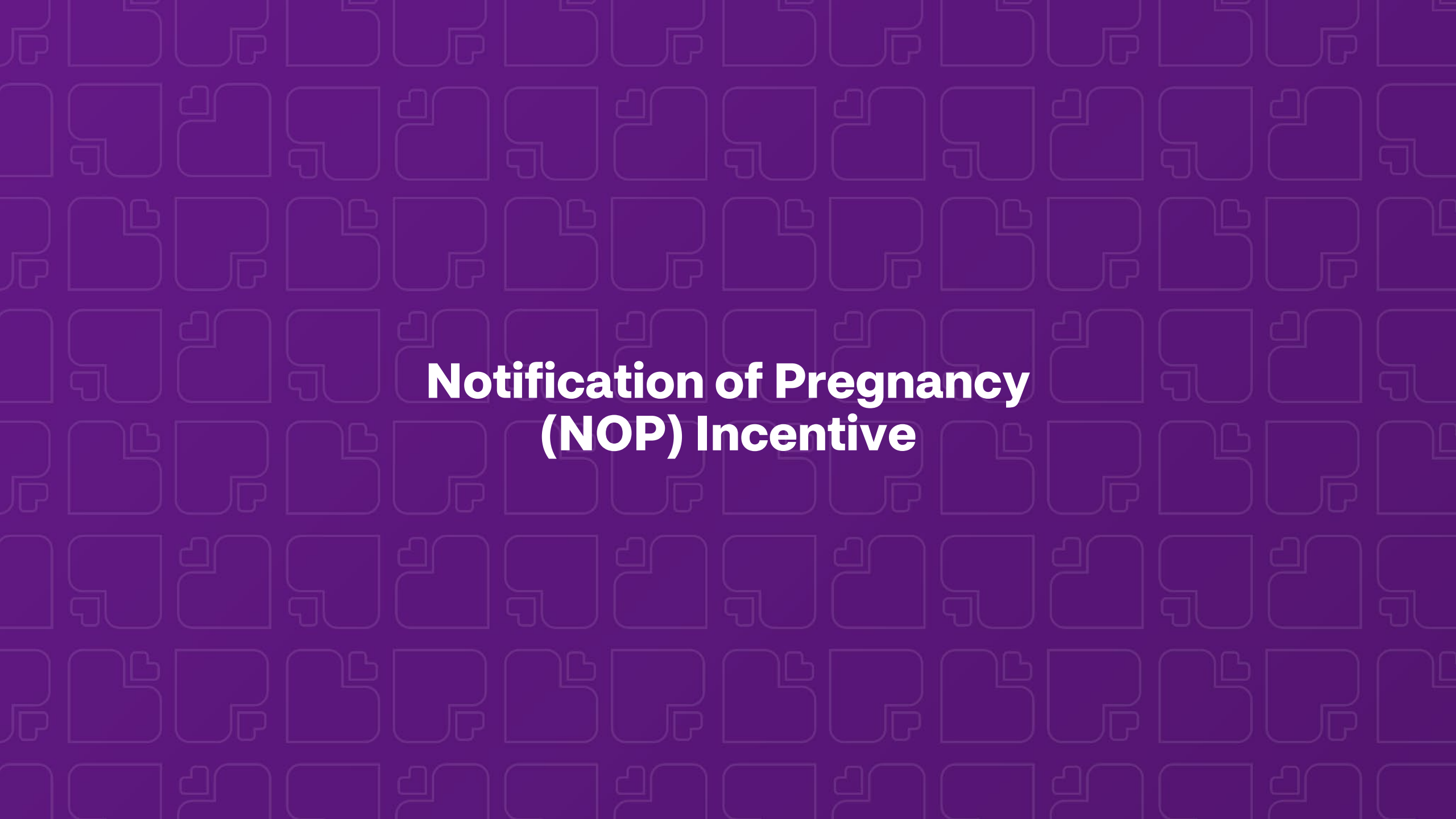
An obstetrical nurse works with Obstetricians and Perinatologists to help coordinate services during pregnancy for members with high-risk conditions.

The care manager also monitors the mother and newborn progress through the sixth week postpartum follow-up visit.

Call Member Services at 1-800-441-5501 and ask to speak to someone on our Care Management team to enroll a patient.

Members can choose to join or leave the program at any time.





**Notification of Pregnancy
(NOP) Incentive**

Provider Notification of Pregnancy (NOP) Incentive

How does the OB Provider Incentive work

- \$100 incentive for providers that submit a completed Obstetrical Form notification for members that are in their first trimester of pregnancy
- \$50 incentive for providers that submit a completed Obstetrical Form notification for members that are in their second or third trimester of pregnancy



How to submit the form

- Visit the ABHFL website <https://www.aetnabetterhealth.com/florida>
- Select Providers, authorizations and then Obstetrical Notification Form
- Enter the required information
- Fax the completed form to us at 1-860-607-8726



Receiving payment

- Providers will submit a claim with the CPT code along with appropriate modifier based on pregnant member's trimester as follows:
 - 1st Trimester: CPT Code 99199 with modifier U1, rate is \$100
 - 2nd and 3rd Trimester: CPT Code 99199 with modifier U2, rate is \$50



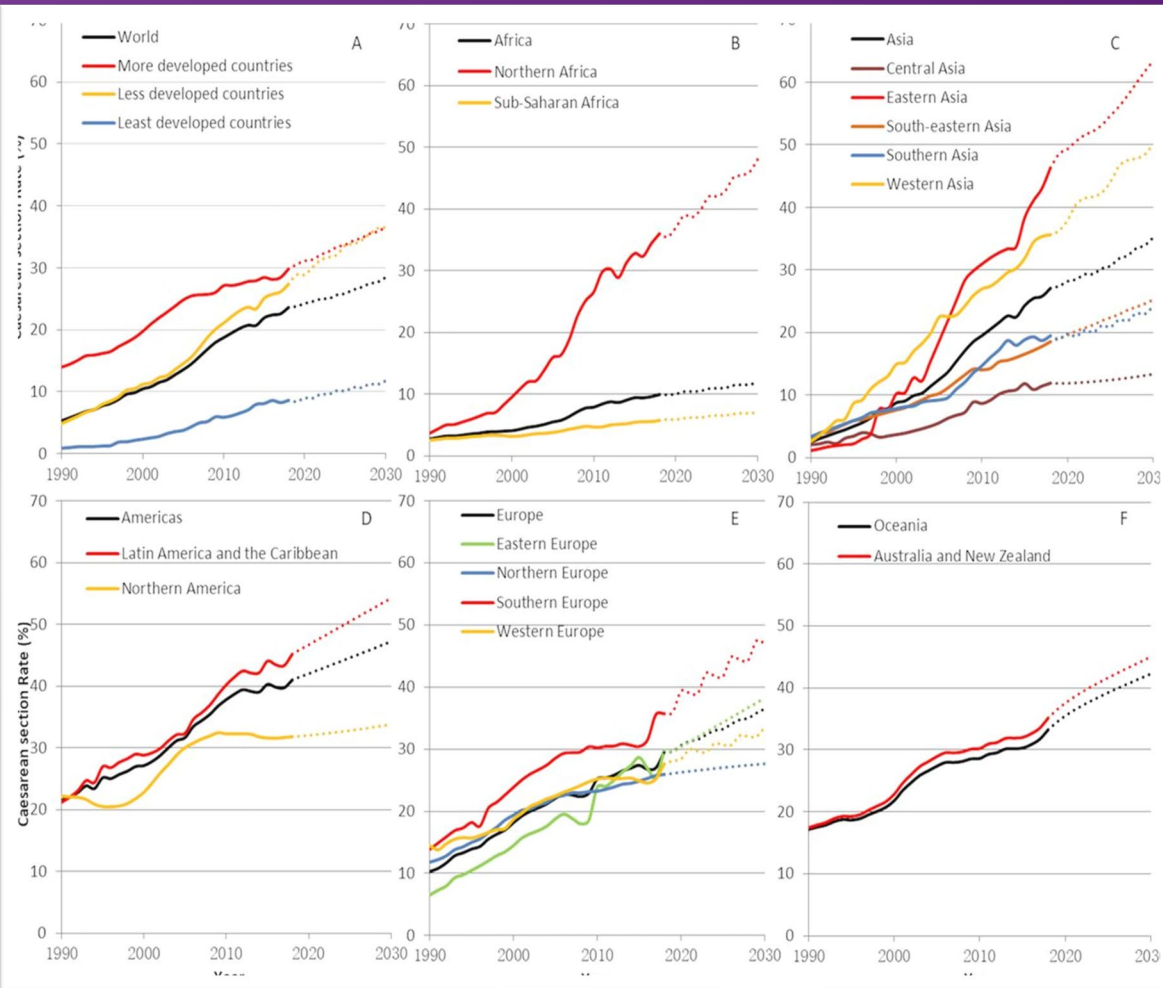
Member benefits

- Helps ABHFL to outreach members timely to offer care management services
- Ensures timely prenatal and postpartum care

The background of the slide features a repeating pattern of a stylized baby icon, rendered in a light purple color. The icon is a simple outline of a baby's head and shoulders, facing right. The pattern is arranged in a grid that covers the entire slide.

Cesarean Deliveries

Cesarean Section Rates Increasing Worldwide



- The optimal cesarean section rate is unknown, but it varies between facilities because of differences in the obstetric populations attended.
- Over the last decades birth by cesarean section has increased in a sustainable and continuous manner to unprecedented levels worldwide
- Governments and clinicians have expressed concern about the rise in the numbers of cesarean section births and the potential negative consequences for maternal and infant health.
- Target Goal <23.6% (Healthy people 2030 goal)



Reducing Cesarean Deliveries

- More than half of cesarean deliveries are founded on abnormal labor and abnormal or indeterminate fetal heart rate (FHR) tracings.
- The variation in rates of nulliparous, term, singleton and vertex cesarean births suggest that clinical practice patterns influence the number of cesarean deliveries done.

Most
common
indications
in order of
occurrence

- ✓ Labor dystocia
- ✓ Abnormal or indeterminate (formerly non-reassuring) FHR tracing
- ✓ Fetal malpresentation
- ✓ Multiple gestations
- ✓ Suspected fetal macrosomia

Progeny

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



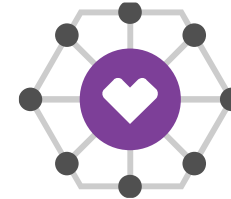
Informs you if your patient reports concerning signs or symptoms



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



SimpliFed



SimpliFed

Virtual breastfeeding
& baby feeding support



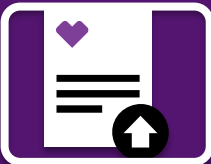
SimpliFed

SimpliFed, a leader in virtual breastfeeding and baby feeding support is now in network for all Aetna Better Health MMA Medicaid patients.

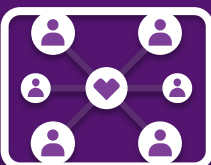
Starting during pregnancy and continuing up to a year postpartum, SimpliFed's team of consultants and providers meet with families to discuss early feeding difficulties, maternal well-being, returning to work and much more.

Patients can be easily referred electronically, at no extra cost to providers or clinics.

If you're interested in referring your patients to SimpliFed, please contact Suzy Goldenkranz at suzy@simplified.com



An easy referral process with clear, step-by-step directions and automation.



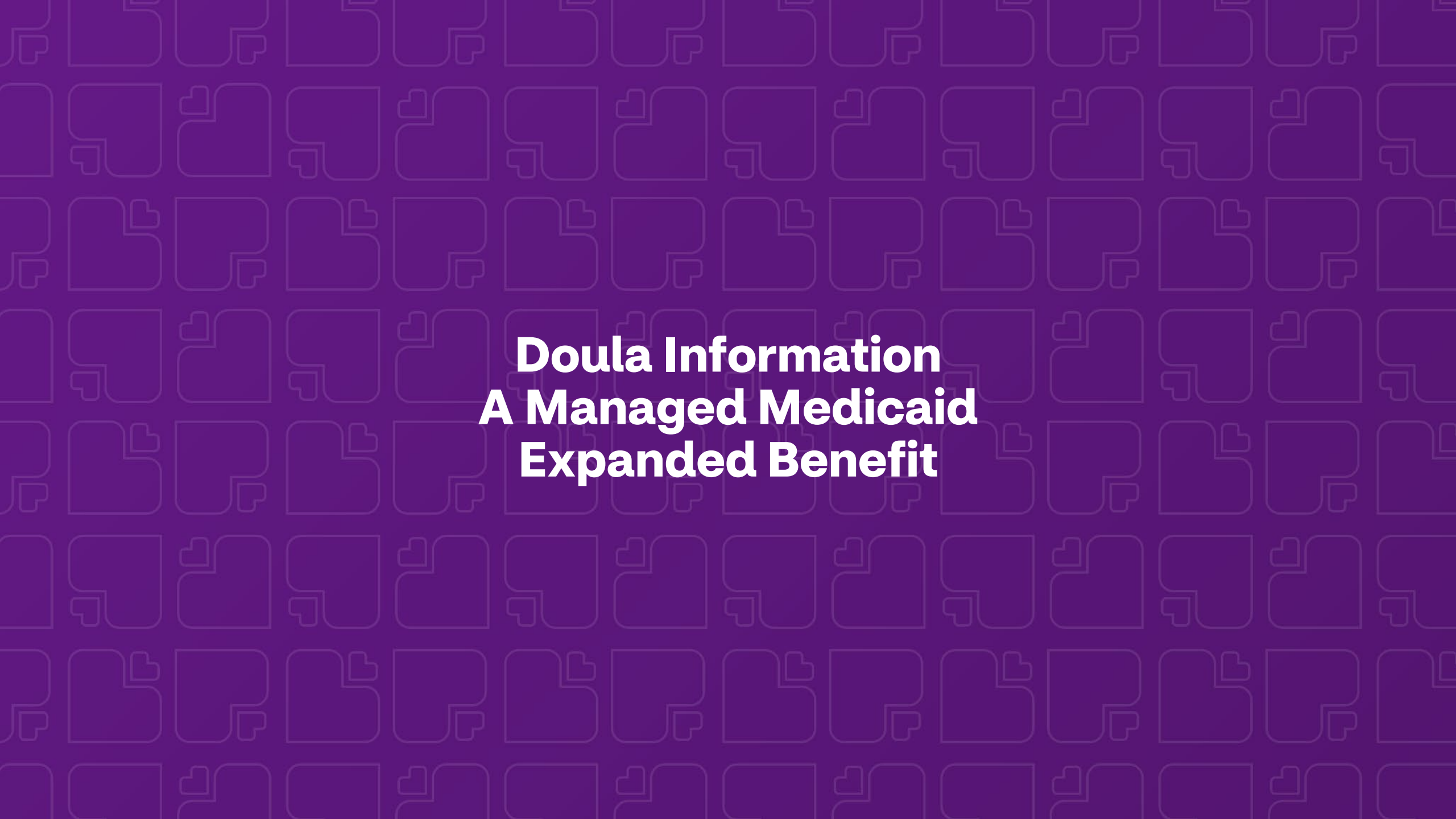
Customizable workflows that integrate into your clinic's 28-week order set.



Bi-directional communication with EMR systems to ensure you're always in the loop.



Improved patient adherence and outcomes that contribute to meeting clinical quality measures.



**Doula Information
A Managed Medicaid
Expanded Benefit**

Doula Professional



A non-medical professional who is trained to support mothers and families with continuous physical, emotional and informational support to the mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.

ABHFL supports Doulas Services through Expanded benefits to members at no charge.



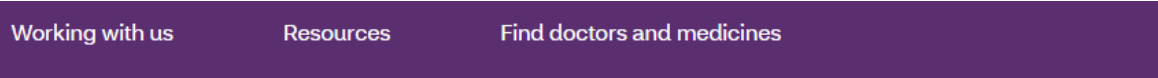
Availity Provider Portal



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.

You can access Availity through our provider portal and create a free account if not yet registered : <https://www.aetnabetterhealth.com/florida/providers/portal.html>

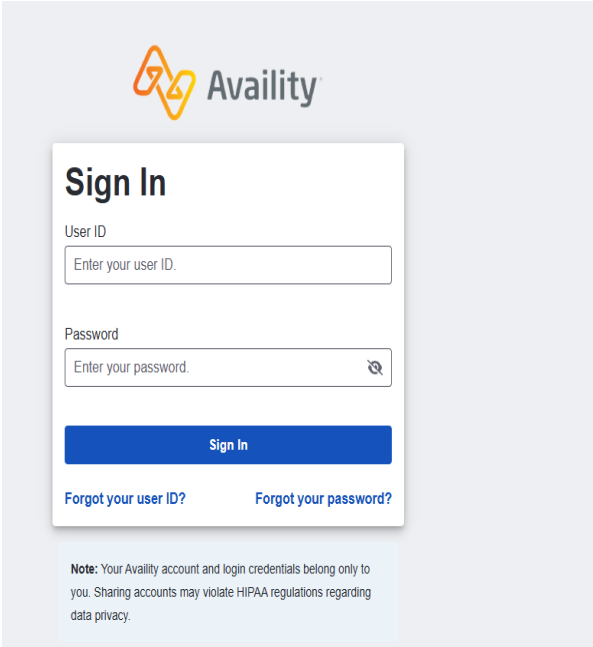


It's easy to work with us on Availity®

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

[Log in to Availity](#)

[Log in to MWP](#)



New to Availity?

Create a free account and discover all the benefits of using Availity.

- ✓ Free, real-time access to hundreds of payers
- ✓ Check eligibility, submit claims, collect patient payments and track ERAs
- ✓ Update your provider profiles
- ✓ Manage quality-of-care paperwork

[Create a Free Account](#)

Call Availity for registration assistance at:

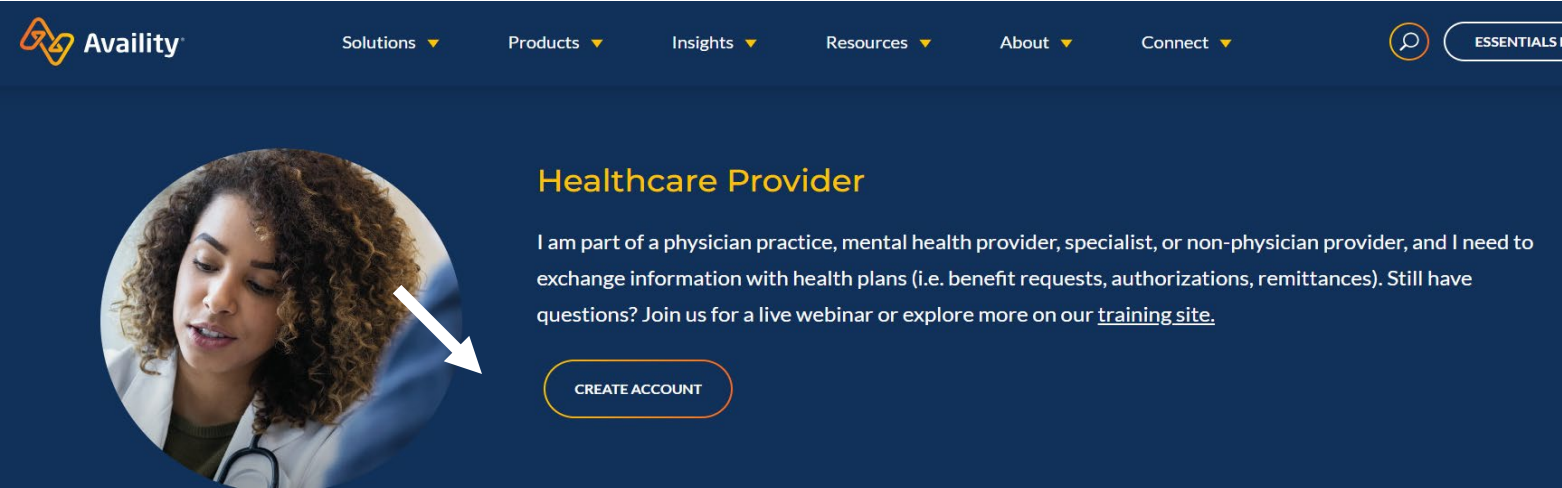
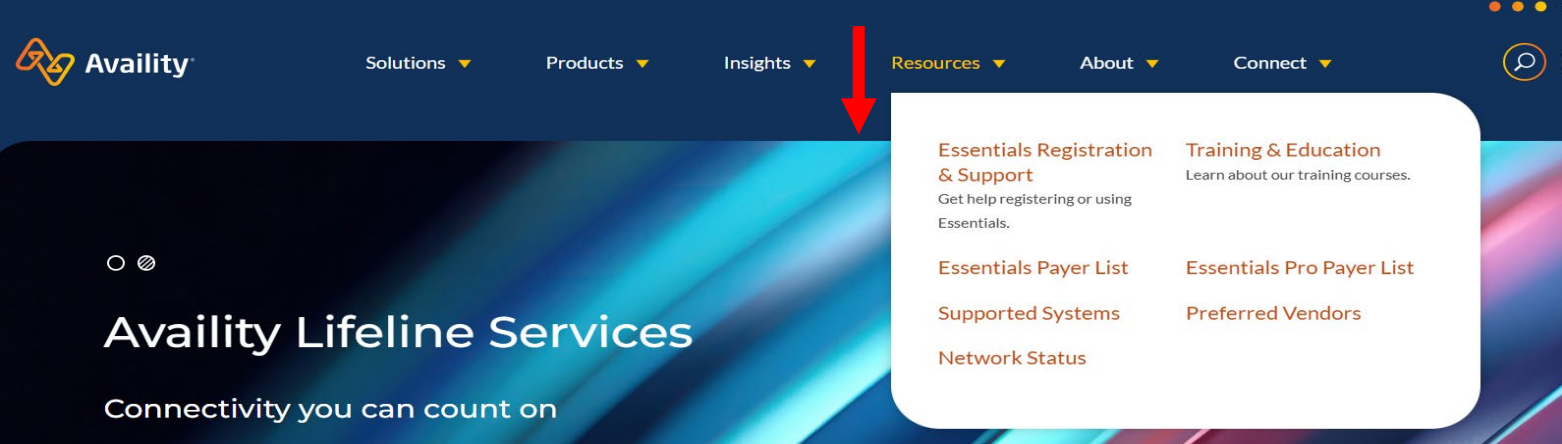
• **1-800-282-4548**





Availity Provider Portal

You can also create a new account directly from Availity website if you are not yet registered :
[Essentials Registration & Support | Availity](#)



See next slide for step-by-step instructions



Availity Provider Portal



Create Account

- **Click here to get started in creating an account**
- Fill out all required fields

Check your email

- You will receive a verification email.
- Open email and click the link provided to verify the account.

Login

- Now you will need to login using the username/password created.
- Set up your 2-step authentication

Create User Account

Your First Name
First Name

Your Last Name
Last Name

Your Email Address
Email Address

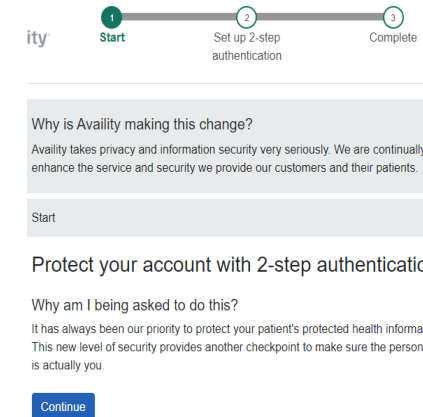
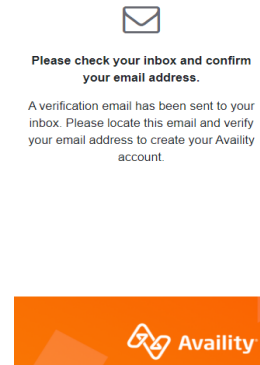
User ID
User ID

Password
Password

Choose a region where you do business
Select one, don't worry, you can add more later
Select U.S. state or territory

Continue

Already have an account?
Log In



Availity Provider Portal



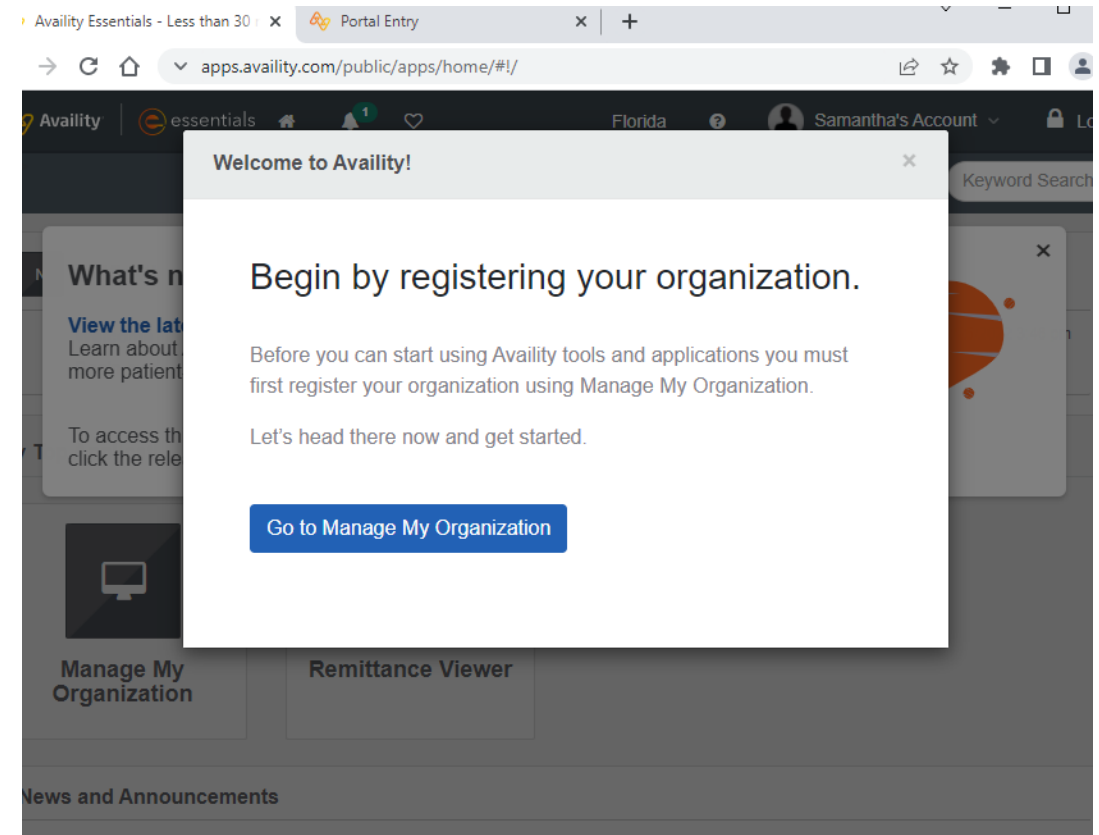
In order to start using Availity tools and applications you must first **register your organization**.

Additional Availity Essentials Resources

The resources below will take you to guides that will visually walk you through the steps needed to complete the registration process.

- [Infographic for New Users Who Register with Availity](#)
- [Infographic for Availity Essentials Login Process for Primary Admins](#)

Click the button [“Go to Manage My Organization”](#) and follow the prompts to complete the process.



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](https://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



Helpful Availity Links:

- [Availity Main Page](#)
- [Availity Provider Portal](#)
- [Availity Portal-Registration](#)
- [Availity Get Started](#)
- [Availity Log In](#)
- [Availity Training-and-Education](#)

Availity Provider Portal



Help is available! Any issues related to Availity contact them directly via the connect with us button on the website or by calling one of the phone numbers below depending on your question/inquiry/issue.

When contacting Availity, please get a reference # for any escalations.

Availity Essentials, Essentials Plus, or EDI

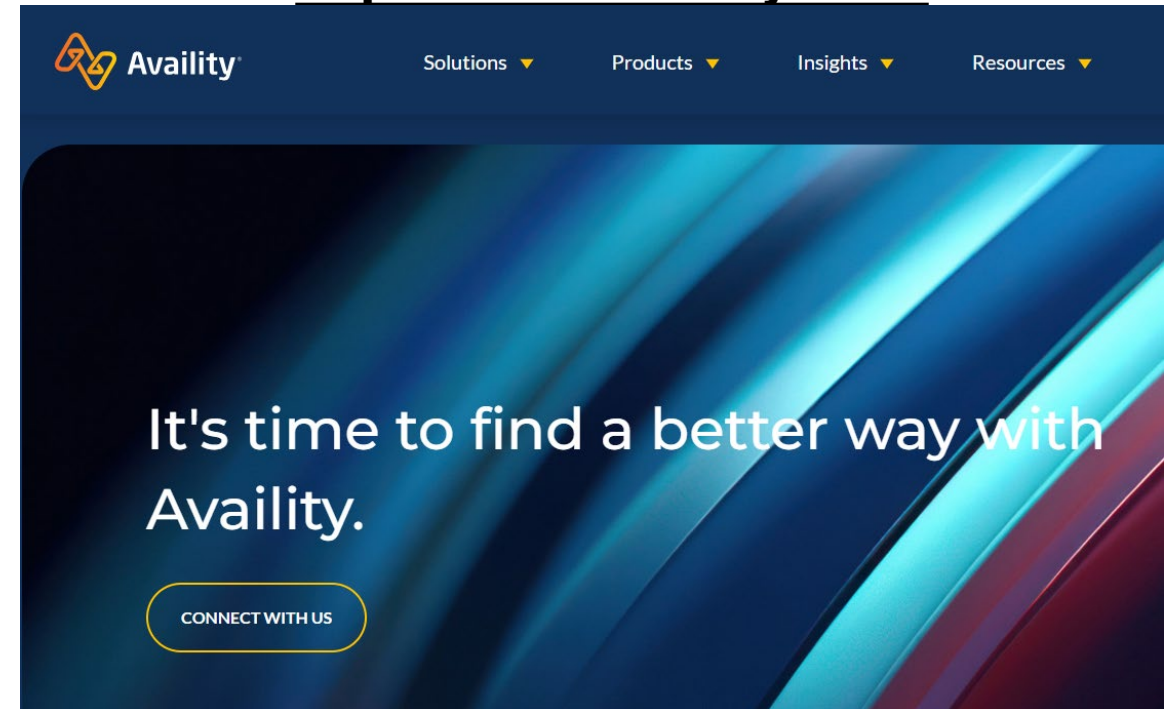
Clearinghouse Customers:

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.

<https://www.availity.com/>

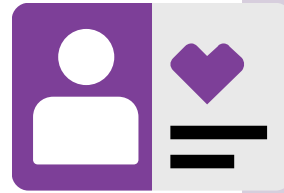


Verifying Eligibility & Benefits

Eligibility: Presentation of an Aetna ID card is not a guarantee of eligibility. The Provider is responsible for verifying a member's current enrollment status before providing care.

Benefits: Benefits vary. Prior to rendering service, verify that the service is a covered benefit under the member's plan.

Member Eligibility and Benefits can be verified two ways:



Online

Through the Availity Web Portal at

<https://apps.availity.com/availity/web/public.elegant.login>



Telephone

Call the Member Services department at

1-800-441-5501

Claims Resources

Claim Submissions

How to submit a claim

We accept both paper and electronic claims via [Availity](#) and is the preferred clearing house for electronic claims.

Online
Payer ID: 128FL
[Availity](#)

Mail
Aetna Better Health of Florida
Inc.
PO Box 982960
El Paso, TX 79998-2960

ABHFL requires clean claims submissions for processing.

Clean Claims

To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure code
- Provider information must align to the AHCA Provider Master List (PML). This includes, but is not limited to:
 - Medicaid ID
 - National Provider Identifier (NPI)
 - Tax Identification Number (TIN)
 - Provider Name
 - Service Address
 - Specialty
 - Taxonomy

New Claim Submissions

- Submitted within 180 calendar days from the date the service unless there is a contractual exception.
- For hospitals inpatient claims (date of service means the entire length of stay for the member).
- For FQHC and RHC providers, please list the rendering provider on your claims.

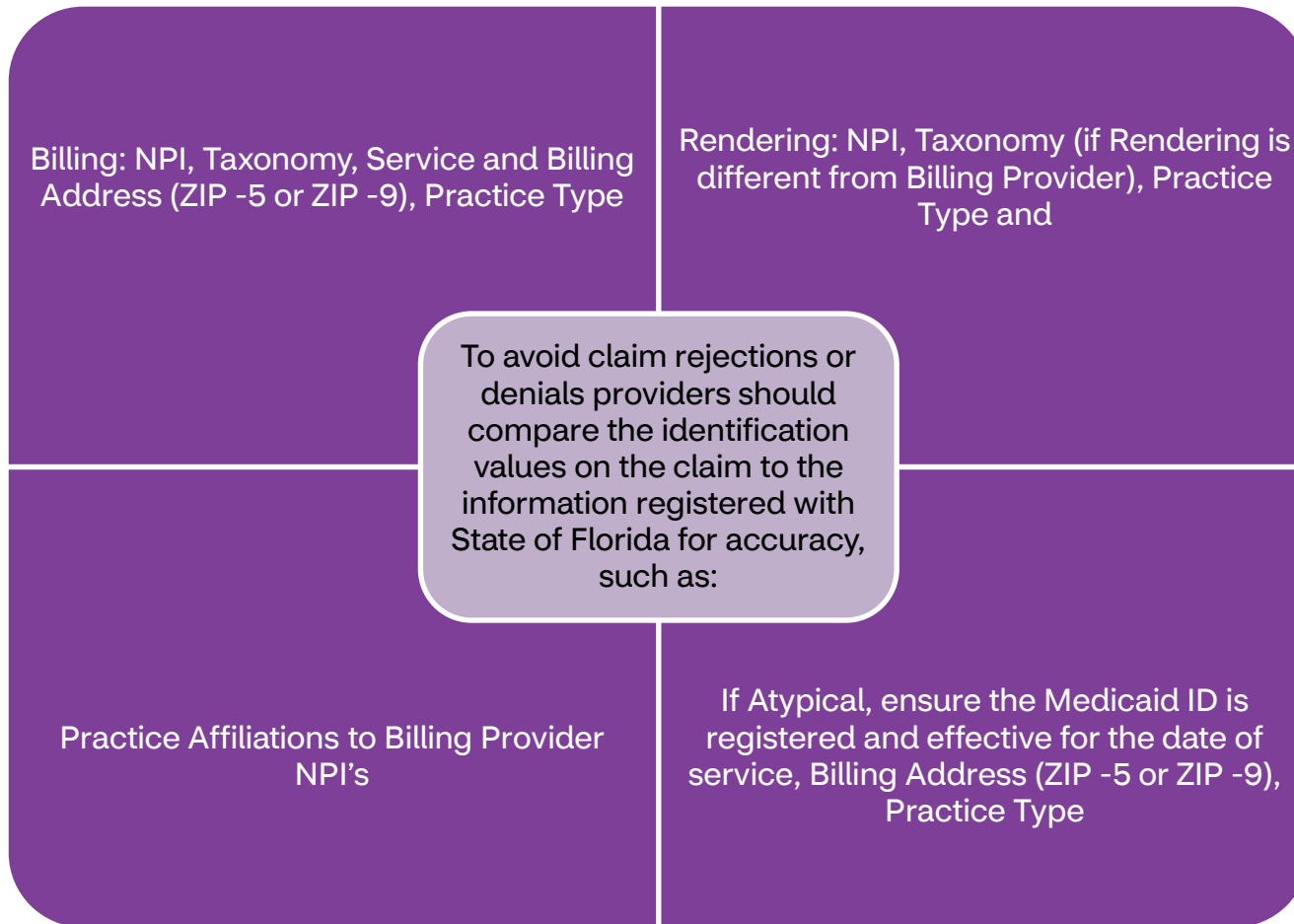


Claim Resubmission

- Corrected claims must be submitted within 180 days from the determination date.
- Providers may resubmit a claim that was originally denied because of:
 - Missing documentation
 - Incorrect Coding
 - Incorrectly Paid or Denied because of Processing Errors

Common Claim Errors – Claim Rejections

Rejections



Resources

[AHCA - Provider Master List Tip Sheet Effective 03012022](#)

AHCA Master List Tip Sheet

[Quick Reference Guides | Florida Medicaid Web Portal](#)

AHCA Self Service

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. (F.S. 641.3155) |
| 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 VIII.D)(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 VIII)(E)(1)(h) |
| 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 VIII)(E)(2)(d)(2) |
| Corrected Claims | Provider shall mail or electronically transfer (submit) the corrected claim within 180 days from the date of service or discharge from an inpatient admission. (F.S. 641.3155) |
| 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(2)(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

ONLINE

ECHO
Payments Simplified

**EFT (Electronic Funds Transfer) and
ERA (Electronic Remittance Advice) Enrollment Form**

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 1993 to improve mail delivery and exploit electronic reading and sorting capabilities.)

3-Provider Identifiers Information (Required)

Provider Identifiers

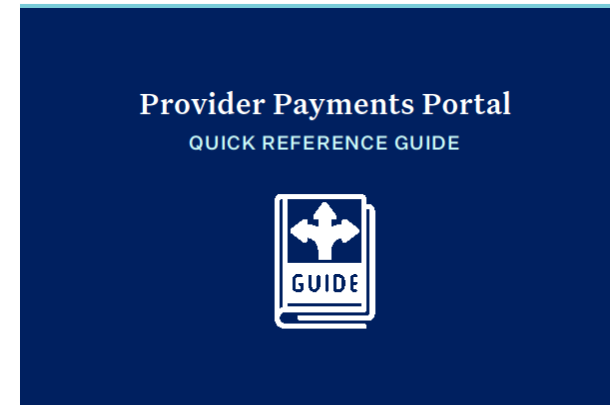
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____
(A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity)

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

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Prior Authorization

Prior Authorization Requirements



Prior authorization (PA) is required for some out-of-network providers, outpatient care and planned hospital admissions.



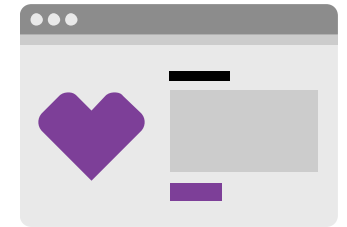
We don't require PA for emergency care. You can find a current list of the services that need PA on the **Provider Portal**.



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, Evli Connect, which will expedite clinical review of any chemotherapy, radiation therapy, or supportive medications that require prior authorization. Please contact Evli® Connect at [https://connect.evli.com](#) 1-888-462-8037

- 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:
 - FHK 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:
 - FHK 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): https://www.fdc.state.fl.us/medicaid/crscribed_drug/eharm_there/fmedis.html

- Aetna Better Health of Florida 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-eharmacv>

- Aetna Better Health of Florida Handbook: <https://www.aetnabetterhealth.com/florida/providers/provider-manual>

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- Aetna Better Health of Florida Handbook: <https://www.aetnabetterhealth.com/florida/providers/provider-manual>

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?".

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 | | |

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)**
- **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)

Grievance and Appeals

G&A Submissions

1. 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**

2. 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](#))

3. 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



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Access and Availability

Access and Appointment Availability Performance Standards

| Practitioner Type | Appointment Type | | | | |
|-------------------------------|---|--|---|---|-------------------------|
| | Emergency Services (non-life-threatening) | Urgent Care | Non-Urgent Care | Preventive & Routine Care (non-urgent) | Wait Time in Office |
| Obstetrics/Gynecology (OBGYN) | 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 | No more than 45 minutes |

***Prenatal Care -- Members will be seen within the following timeframes:**

- First trimester visit within 14 calendar days
- Within the second trimester within 7 calendar days
- Within their third trimester 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.

Please Note: Participating Providers are required to meet State standards for timely access to care and services, as specified in this Contract, taking into account the urgency of the need for services, in accordance with 42 C.F.R. § 438.206(c)(1)(i).



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](#)

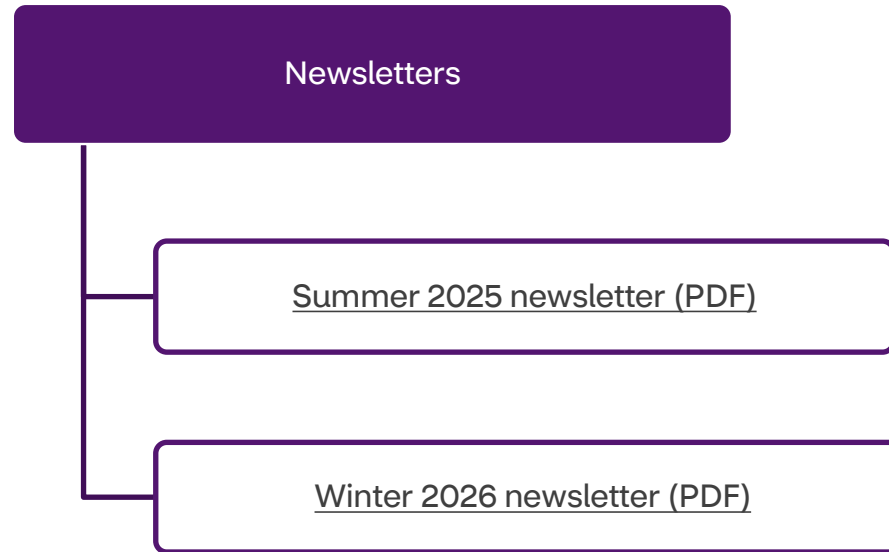
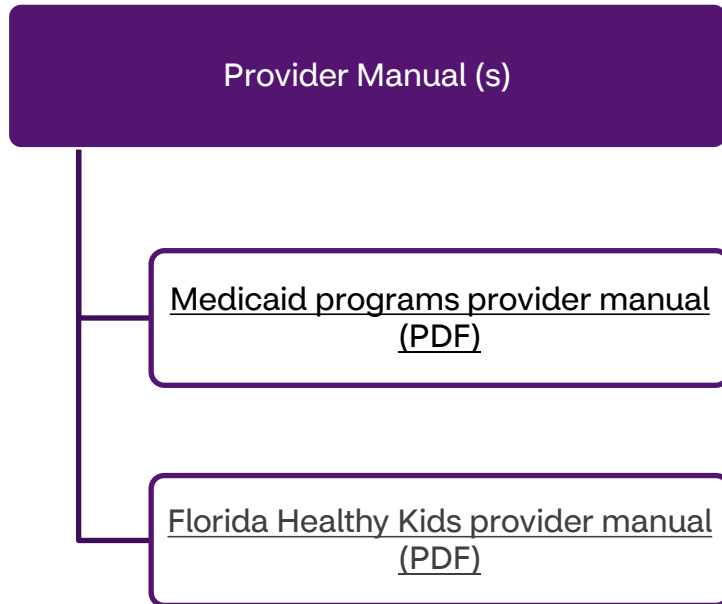
ABHFL Provider Site Direct Link

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

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

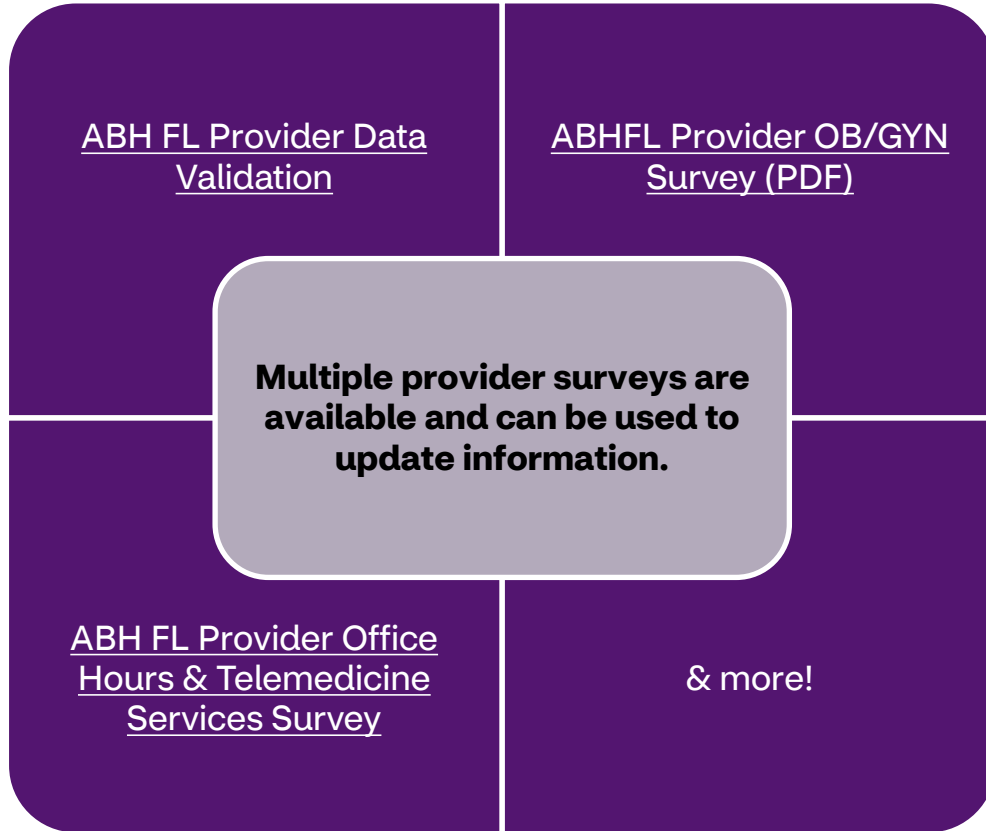
- [Winter Newsletter \(PDF\)](#)

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



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>

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Provider Training Information

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)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication-Assisted Treatment (MAT)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) implementation guidance and Medication-Assisted Treatment (MAT) referral support.

Deliver provider training on SBIRT/MAT best practices and workflow optimization, and partner with providers to increase SBIRT and MAT utilization across all populations, with a focus on maternity care.



Screening, Brief Intervention, and Referral to Treatment (SBIRT) Resources

- [SBIRT Provider Toolkit \(PDF\)](#)
- [SBIRT Screening & Referral Flowchart \(PDF\)](#)

**SBIRT/M
AT
Liaison**

- **Contact:** Yentl Lega
- **Phone:** 954-858-3201
- **Email:**
LegaY@aetna.com

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 header and a dropdown menu. The header includes the Aetna logo (Aetna Better Health of Florida), navigation links for 'Member site', 'Contact us', and 'Log in', and a search bar. The 'Resources' menu is expanded, showing four 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 header. A 'Close' button is visible at the bottom of the dropdown menu.

Connect with Us

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](#)

Questions? We have answers!

- **Provider Engagement Department**
 - **Phone:** 1-844-528-5815
- **Email:** FLProviderEngagement@aetna.com

- **Network Contracting Department**
 - **Phone:** 1-844-528-5815
- **Email:** FLMedicaidContracting@aetna.com





