

**MFC Provider Billing and Reimbursement**

**Authorization Requirements:**

Authorization is not required for Medical Foster Care. The Health plan will participate in the CMAT staffing that determines the level of care (LOC) being reimbursed to the Medical Foster Care parent. If additional services (DME, HH, PT, HHA etc.) are required for the child the prior authorization form can be found on the Aetna Better Health of Florida (ABH) website: <https://www.aetnabetterhealth.com/florida/providers/provider-auth>. The form can be faxed to **1-860-607-8056**. If you need to contact the prior authorization department, please call **1-800-441-5501**. All Medical Foster Children will be assigned a Case Manager to assist with coordination of services.

**Reimbursement Process:**

MFC services will be reimbursed at the current Medicaid rate. Non-participating providers will be reimbursed at the rate they received for services rendered to the member immediately prior to the member transitioning to the plan for a minimum of 30 days. MFC providers must have an active Medicaid ID and National Provider Identifier (NPI), and they must be linked. **For more information on how to link the Medicaid number to the NPI click on link:** <http://portal.flmmis.com/FLPublic/Provider ProviderServices/Provider Enrollment/Provider Enrollment EnrollmentForms/t/bld/58/Default.aspx>

**Single Case Agreements (SCAs):**

Aetna Better Health will enter into single case agreements with existing providers to honor continuity of care requirements for any MFC member who was receiving MFC at the time of transition. A single case agreement is a contract between the health plan and an out-of-network provider for a specific service or patient, to ensure services are continued.

**Ensuring Continuity of Care:**

Aetna Better Health will honor any ongoing treatment that was authorized prior to the recipient’s enrollment into the plan for up to **60 days** after the roll-out date in each region and will pay providers at the rate previously received for up to 30 days.

**Claim Related Provider Complaints:**

Claim related or non-claim related complaints may be escalated to the MFC contact person. If reaching out through email, please include “MFC Complaint” on the subject line and provide a brief description of the complaint and contact information where to be reached.

Contact Information	Claims/billing Address
<p><b>Aetna Better Health of Florida - Medicaid</b>                      1340 Concord Terrace                      Sunrise, FL 33323  <b>Hours:</b> Monday – Friday, 8 a.m. – 7 p.m. ET  <b>Toll Free Number:</b> 1-800-441-5501  <b>Provider Services Fax:</b> 1-844-235-1340  <b>Prior Authorizations Fax:</b> 1-860-607-8056  <b>Provider Services Email Address:</b>  <a href="mailto:FLMedicaidProviderRelations@aetna.com">FLMedicaidProviderRelations@aetna.com</a></p> <p><b>MFC Contact Person:</b>                      Kimberley Bygrave                      Email: <a href="mailto:Bygravek@aetna.com">Bygravek@aetna.com</a>                      Office: 954-858-3312                      Mobile: 561-517-7591</p>	<p><b>Claim Form:</b> CMS1500  <b>Paper Claims:</b> Processed within 15-30 days of receipt.                      Aetna Better Health of Florida                      P.O. Box 982960                      El Paso, TX 79998-2960  <b>System Requirements:</b> Screen Resolution(1020X768), Operating System (Windows Vista), Browser (Internet Explorer v7.0/v.80).  <b>Electronic Claims (EDI):</b> Processed within 2-15 days of receipt.  <b>Payor ID:</b> 128FL  <b>WebConnect</b> is our free provider claims submission portal via Change Healthcare (Emdeon) found at <a href="https://office.emdeon.com/vendorfiles/AetnaFL.html">https://office.emdeon.com/vendorfiles/AetnaFL.html</a>. Change Healthcare is a contracted vendor used by ABH for electronic claim submission, processing and support. Additional training materials can be found on our website at: <a href="https://www.aetnabetterhealth.com/florida">aetnabetterhealth.com/florida</a></p>