


PROVIDER BULLETIN

 <p>AETNA BETTER HEALTH® OF FLORIDA</p> <p>261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida</p>	Date:	May 4th, 2020
	Purpose:	Provider Bulletin: Inform Providers of extended Benefits
	Subject:	COVID-19 Extended Benefits Information
	Products:	All Lines of Business (MMA, LTC, FHK)
	From:	<u>Provider Relations</u>

Revised - 05/21/2020

Dear Providers,

Aetna Better Health of Florida (ABHFL) is committed in keeping all our providers informed with the most updated information during COVID-19 State of emergency.

We would like to inform you that Aetna Better Health of Florida will **extend all services while State of Emergency is in effect.**

This includes waving all of our member Co-Payment requirements for all services and waiving prior authorization for the following services for all enrollees: hospital services (including behavioral health and long-term care hospital services), skilled nursing facility services, physician services, advanced practice registered nursing services, physician assistant services, home health services, and durable medical equipment and supplies. In addition, Aetna Better Health of Florida will waive prior authorization **for all services for enrollees diagnosed with COVID-19.**

Aetna Better Health of Florida will NOT deny, delay, or recoup payment of clean claims* by implementing prepayment or post-payment review procedures for services in which prior authorization is waived, **except as follows:**

Aetna Better Health of Florida may:	
deny payment	<ul style="list-style-type: none"> When the service was not covered by the health plan. When the service was furnished by a provider prohibited by the contract from participation as a managed care plan provider as stipulated in the health plan's contract.
delay payment	<ul style="list-style-type: none"> When there is compelling suspicion that the service was fraudulently provided.

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Aetna Better Health of Florida may:	
and require proof of medical necessity	<ul style="list-style-type: none"> • When the service was provided in violation of Executive Order 20-72¹. • If a provider was previously placed on pre-payment review due to aberrant billing activity. • Related to durable medical equipment, when the item requires customization (e.g., customized wheelchairs)

ABHFL remains obligated under our contract with the Agency for Health Care Administration to prevent overpayment, fraud, waste and abuse and to ensure services provided are medically necessary covered services. In such circumstances, ABHFL may require additional information, including medical records, to process a claim.

We appreciate the excellent care you provide to our members. Thank you for your participation.

If you have any questions please feel free to contact us via e-mail:

FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Provider Relations Department

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