

Behavior Analysis (BA) Frequently Asked Questions (FAQ)

- 1. Do I need a Medicaid ID to enroll as a provider with Aetna Better Health of Florida (ABH-FL)?**

Yes. Having a Medicaid ID is a requirement to enroll with Aetna Better Health of Florida as a provider.
- 2. How do I get contracted and credentialed with ABH-FL?**

Behavioral Services Network (BSN) completes our Behavioral Analysis provider contracting and credentialing. Interested providers may apply on the BSN website: <https://providers.bsnnet.com/auth/register>
- 3. Is the ABH-FL network closed for BA providers?**

No, our network is not closed. We are evaluating all applications as they are submitted per our credentialing standards.
- 4. If we are contracted and credentialed on the Aetna Commercial plans, will ABH-FL automatically credential us for Medicaid?**

No. Providers must have a Florida Medicaid ID to request participation in the network and will be evaluated for participation in the Medicaid network. It is a separate credentialing application that is submitted through BSN.
- 5. Do I need a Medicaid contract if my agency already has a contract with Medicare and Commercial?**

Yes, a Medicaid contract is required.
- 6. How long does it take to complete contracting and credentialing?**

Within 60 days from contract execution and submission of a completed credentialing application, providers will be loaded in our system. If the credentialing application is incomplete, the timeline does not begin until all documents needed are submitted.
- 7. How will BA providers be notified of the result of their credentialing packet and whether they were accepted into the network?**

Decisions about credentialing are sent to providers in writing with information on appeal rights for any denied application.
- 8. Will ABH-FL require that Registered Behavior Technicians (RBT) be credentialed?**

Registered Behavior Technicians (RBTs) are not required to be credentialed by us; however, they must be credentialed by the Behavior Analyst Certification Board® and have a valid Medicaid ID.

Note: A roster of RBT's and their Medicaid ID will be required for credentialing.

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9. What is the 90-day continuity of care (COC) period for BA?

For BA, ABH-FL will honor any prior authorizations for behavior analysis (BA) services for the entirety of the continuity of care period of 90 days. ABH-FL will extend any existing prior authorizations that may expire during the initial continuity of care period for the remainder of the continuity of care period. For enrollees that change plans during the initial continuity of care period, ABH-FL will coordinate with the previous plan to ensure existing prior authorizations will be honored.

10. How long does it take for claims to get paid?

ABH-FL currently issues payments to providers three (3) days per week. Electronically submitted **clean claims** are paid or denied no later than 15 days after submission. Non-electronically submitted **clean claims** are paid or denied no later than 20 days after submission.

11. Can out-of-network (OON) providers sign up for electronic funds transfer (EFT)?

Non-Par providers otherwise known as “OON” providers can request payment through EFT. To sign up for EFT, you’ll need to provide an ECHO payment draft number and payment amount for security reasons as part of the enrollment authentication. Find the ECHO draft number on all provider Explanation of Provider Payments (EPP), typically above your first claim on the EPP.

Note: If you have not received a payment from ECHO before, you will receive a paper check with a draft number you can use to register after receiving your first payment.

12. Will prior authorization (PA) be required for BA services?

Yes, prior authorization will be required for BA services. To check whether a service requires prior authorization, you can visit ProPAT, our prior authorization requirement search tool: <https://medicaidportal.aetna.com/propat/Default.aspx>

13. What criteria will ABH-FL follow for prior authorizations and medical necessity?

We will follow the most current AHCA Behavior Analysis Medicaid Services Coverage Policy.

14. What is the timeframe that behavior analysis services will be authorized for?

All prior authorizations received are reviewed for medical necessity. Prior authorizations for initial evaluations will be authorized for up to three (3) months and each subsequent prior authorization treatment request may be authorized for up to six (6) months. Providers must request a new authorization if clinical conditions require a new assessment.

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15. In which regions/areas can I provide BA services if I become part of the ABH-FL network?

Region D (6): Hardee, Highlands, Hillsborough, Manatee and Polk

Region E (7): Brevard, Orange, Osceola, and Seminole

Region I (11): Miami-Dade and Monroe

16. Will ABH-FL provide any trainings for BA providers?

Yes, all provider trainings are located on our ABH-FL provider website:

<https://www.aetnabetterhealth.com/florida/providers/training-orientation.html>

17. Where can I find all this information and any additional information that might help me as a new provider?

The ABH-FL provider website has a wealth of information which includes provider orientation, provider newsletters, trainings, and our Medicaid Provider Manual

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