

Doula Provider Event

Region D only

June 24, 2025

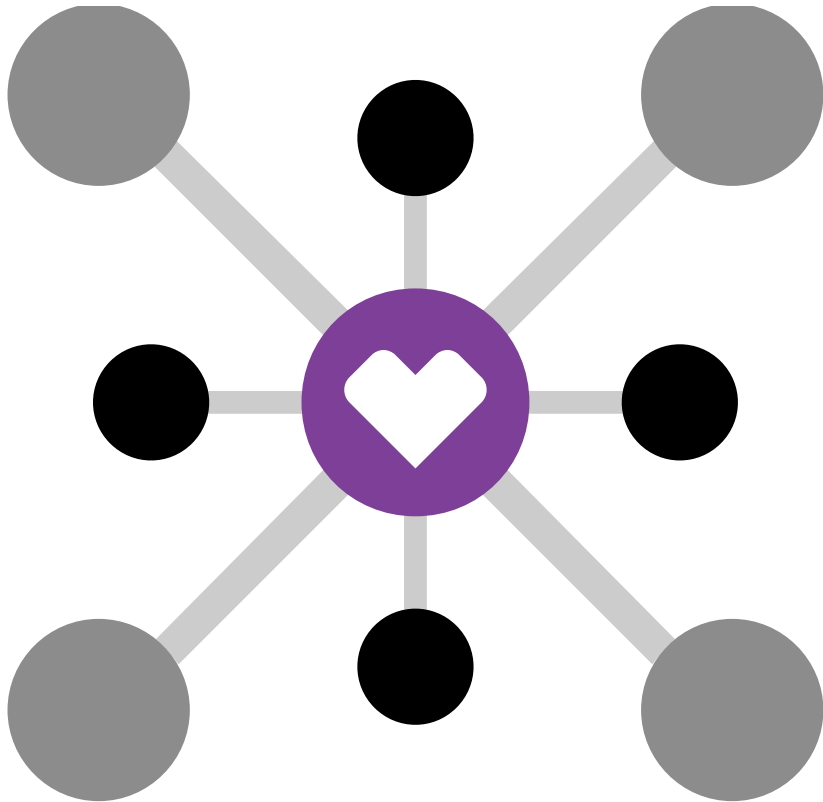




Agenda

- Introduction
- Regional Florida Territories/LOB
- Doulas in FL
- Provider Medicaid ID Enrollment
- Network Contracting
- Provider Engagement
- Billing and Services Codes
- Continuity of Care (COC)
- Connect with us
- ABHFL Provider Website & Helpful Links
- Q & A Session

Intro



- ❖ **Elba Tapanes** – *Network Director*
- ❖ **Denise Castro** – *Provider Relations/Engagement Director*
- ❖ **Yudi Perez** – *Provider Relations/Engagement Manager*
- ❖ **Marcela Vila** – *Provider Relations/Engagement PM*
- ❖ **Paola Soto** – *Maternal Health Community Outreach/Doulas*
- ❖ **Kristina Bobe** – *Sr. Contracting Network Manager*
- ❖ **Patrice Green Ewart** – *Manager, Network Relations*

Aetna Better Health of Florida Plan - Introduction

Aetna Better Health of Florida (ABHFL) is looking forward to serving Floridians and partnering with health systems, providers, Doulas, Federally Qualified Health Centers (FQHCs) and community resources to bring quality healthcare to the state through our experience and dedication in serving Medicaid populations.

Our Plan is led by our CEO, Jennifer A. Sweet. Members of the Aetna Better of Florida team will be based within the state to better serve the healthcare community and its members.

Aetna Better Health of Florida will support our healthcare partners through interactive onboarding, virtual and in-person ongoing education, value based contracting opportunities, enhanced secure provider portal, and claims management assistance. Additionally, we will provide useful resources and tools to help ease the administrative burden.

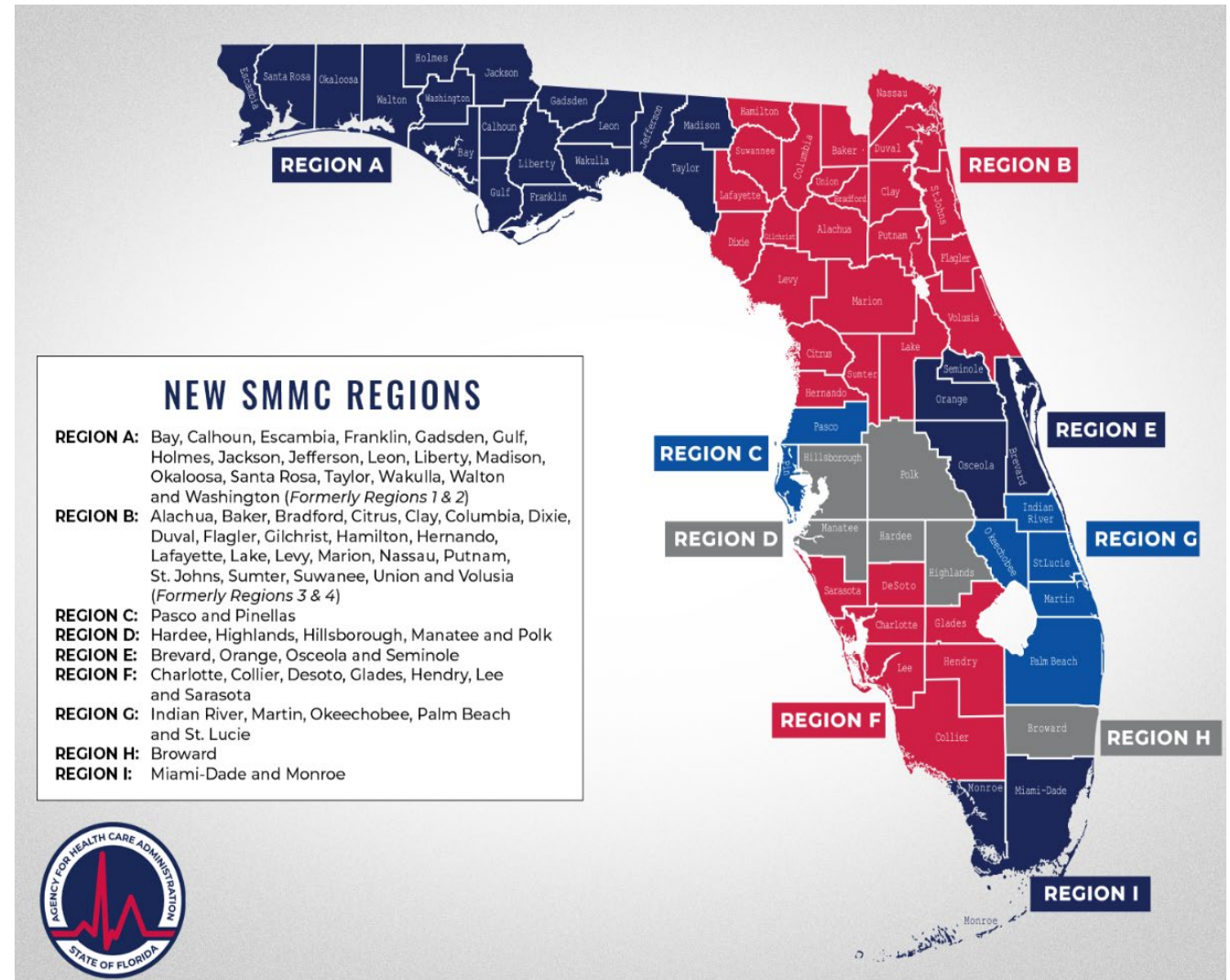
Together, we will collaborate on a healthier future for your patients, our members.

Regional Florida Territories/ Line Of Business (LOB)

Regional Florida Territories/Line Of Business (LOB)

Effective 2/1/2025 - Aetna Better Health of Florida operates in: Medicaid former regions 6, 7, 11 -- new regions D, E, I .

- **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



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



Doulas in Florida

Doula in Florida



Doula Professional:

A non-medical professional:

- who is trained to support mothers and families with continuous physical, emotional and informational support to the mother.
- To provide education during pregnancy and shortly after childbirth.

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

Doula in Florida



Covered Services

Infant feeding

Relaxation and massage techniques to implement during labor

High-risk pregnancies

Communicating with medical employees like midwives

Early-life child-rearing

Physical changes that postpartum parents experience

Stages of labor

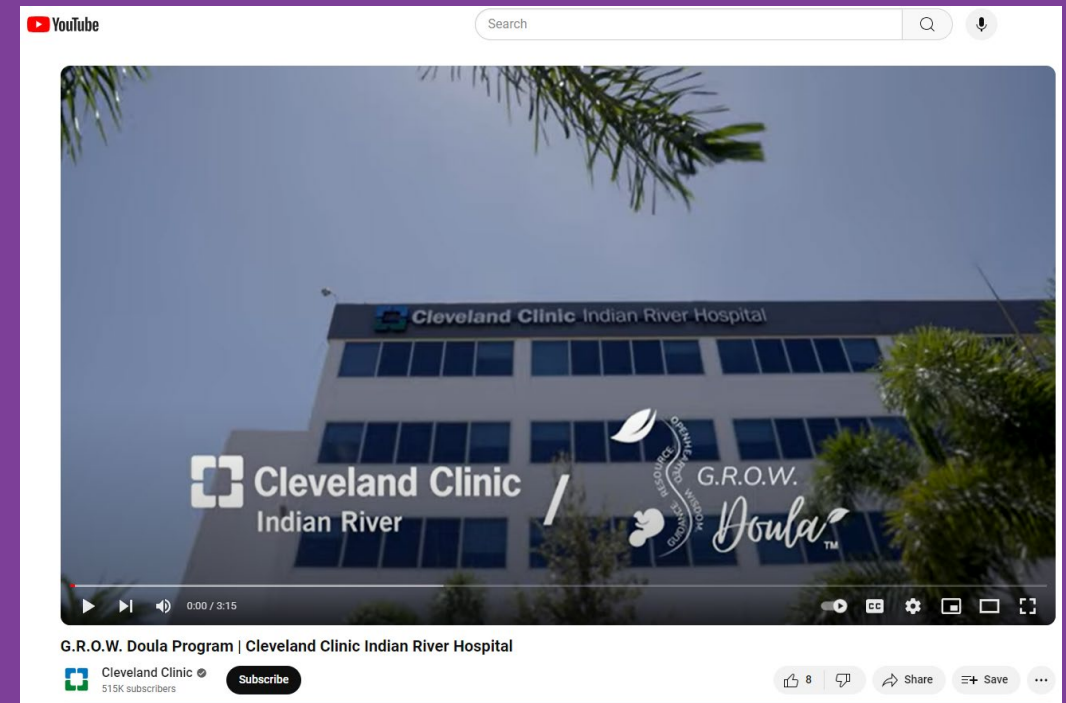
Doula in Florida

Healthy Start Coalitions

- The Florida Association of Healthy Start Coalitions (FAHSC) and Aetna Better Health of Florida (ABHFL) are committed to improving maternal health outcomes through proven methods.
- Our partnership on the G.R.O.W. Doula Program is one example of how we have supported these efforts in our communities by expanding Doula trainings
- The Healthy Start [GROW Doula video](#), features Cleveland Clinic hospital representative testimonials on:
 - the value of doulas as part of the care team
 - the great outcomes that can be achieved

Doula video:

- <https://www.youtube.com/watch?v=CahfV76x2II>



The background of the slide is a solid purple color with a repeating pattern of white-outlined document icons. Each icon consists of a rectangle with a smaller rectangle in the top right corner, representing a folded document or a page.

Provider Medicaid ID Enrollment

Doula –Medicaid ID Enrollment

ABHFL Requirements

Having a **Medicaid ID** is a **requirement** in order to enroll with Aetna Better Health of Florida

The Medicaid ID for any provider specialty must be **Limited** or **Fully Enrolled** to participate in Florida Medicaid and Health Plan's Network.



Additional Resources:

Review the [Provider Enrollment Policy](#), Chapter 2, for general enrollment requirements.

Doula –Medicaid ID Enrollment

No Medicaid ID



Step 1: Complete the online application- **Florida Medicaid Provider Registration via Medicaid wizard**

Step 2: Once the Medicaid ID is active you will need to contact our Network Contracting department via email at FLMedicaidContracting@aetna.com to let us know that you are ready to contract with Aetna Better Health. Please include TIN, MCD ID and request to join the network. Please use our Letter of Interest form (LOI). [LOI for groups of providers \(PDF\)](#)

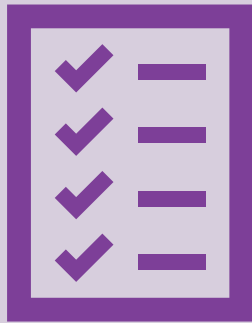
Step 3: A Network Manager will contact you and provide the credentialing and contracting documents to complete.

Step 4: Once the completed documents are returned to the Network Manager, the documents will be reviewed and submitted to the operations team for processing.

Step 5: When the credentialing and contracting processes have been finalized, a copy of the executed agreement will be sent to you, and a request will be forwarded to the Provider Engagement Team to schedule a new provider orientation meeting.

Doula –Medicaid ID Enrollment

Required Enrollment Type & Specialty



What you will need for the Registration Process

Choose enrollment Type and Specialty

- Provider Type **97 – Managed Care Treating Provider-Non- Medicaid**
- Primary Specialty type **974 – SMMC Typical – No site visit**
- Taxonomy – **374J00000X**

Limited Registration required: Doulas are NOT able to bill directly to the State for Fee For Service (FFS)

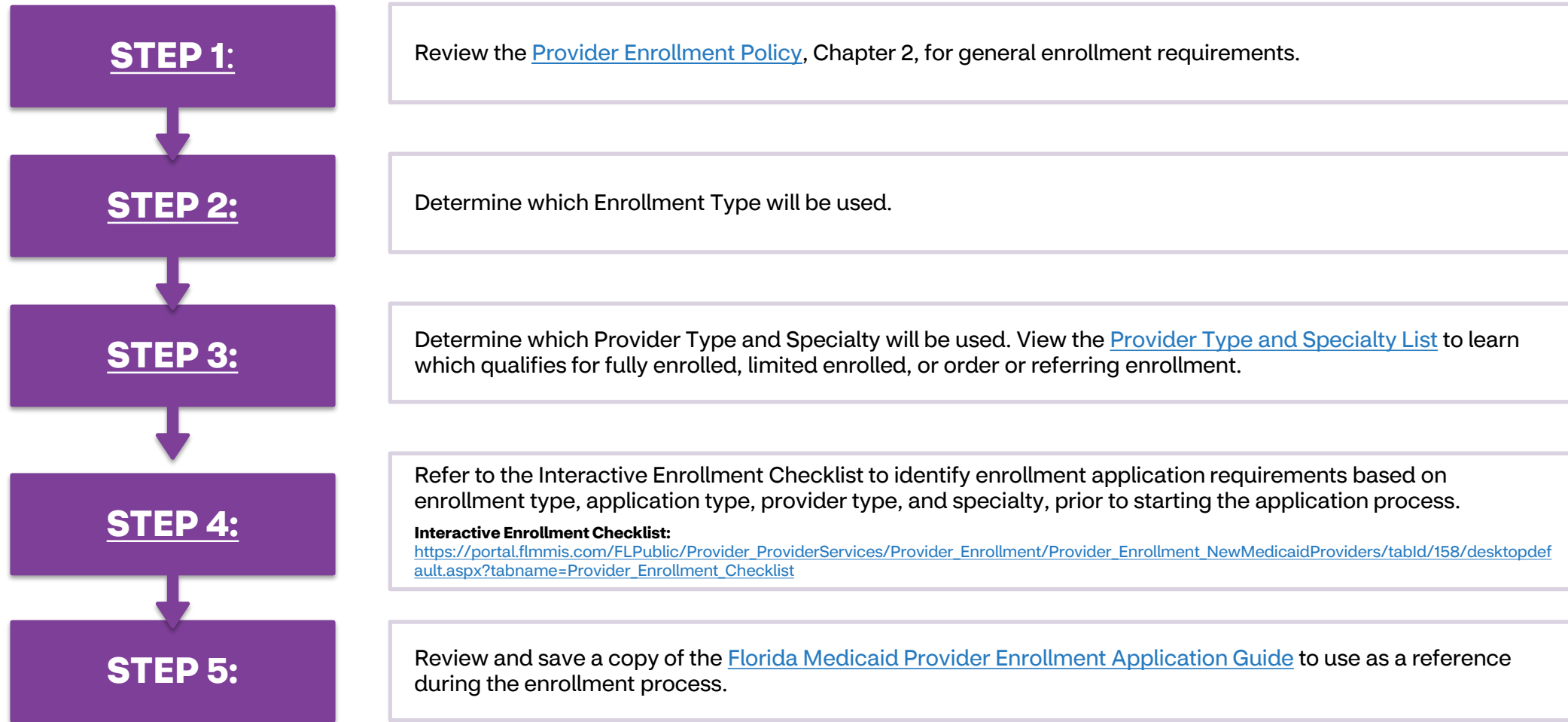
Doula –Medicaid ID Enrollment

Required Documents

Before you begin, you may want to gather the following documents or information:

- ☐ Name, date of birth, Social Security Number, and home address of each person with ownership or control interest in the provider.
- ☐ Name, Federal Employer Identification Number, and applicable addresses for each entity with ownership or control interest in the provider.
- ☐ Internal Revenue Service (IRS) document showing the provider's name and tax identification number.
- ☐ Professional or facility license number, as appropriate.
- ☐ National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES), as appropriate.
- ☐ Documentation of any adverse actions involving:
 - Criminal History,
 - Disciplinary action against any license,
 - Denial, termination, exclusion, suspended payments, or unpaid fines from Medicare or Medicaid in this or any state.
- ☐ Letter from the depository bank, or a voided check, verifying account information, if you will receive payment directly from Medicaid.
- ☐ Medicaid provider ID of any employer to whom you are reassigning payments, if you will not receive payment directly from Medicaid.

Doula - Medicaid Enrollment Quick Steps



Doula –Medicaid ID Enrollment Registration Process

Visit the AHCA FLORIDA MEDICAID WEB PORTAL

https://portal.flmmis.com/FLPublic/Provider_ManagedCare/Provider_ManagedCare_Registration/tabId/77/Default.aspx?linkid=massreg

Click on the "Provider Enrollment Wizard"



Providers IDs and Information for Medicaid Health Plans

Provider Medicaid IDs

Providers included on any encounter transaction must have a Medicaid ID.

Providers who do not currently hold a Medicaid ID have three (3) options for requesting one (1). They can register through a plan, apply directly to Medicaid via the online enrollment wizard for Limited Enrollment, or apply directly to Medicaid via the online enrollment wizard for Full Enrollment. Any of these three (3) options would result in assignment of a Medicaid ID which can be used by the plans to submit encounter data.

To apply directly to Medicaid, providers can submit either a Limited Enrollment or a Full Enrollment application via the online **Provider Enrollment Wizard**. NOTE: Full Enrollment is required if the provider is to bill Medicaid as fee-for-service.

The Provider Registration option is only available to health plan providers furnishing services that are not covered by Medicaid. This includes out-of-state provider type (PT) 16 – Residential and Freestanding Psychiatric Facility. All other provider types are required to enroll as Limited, Full, or Referring, Ordering, Prescribing and Attending (ROPA) through the [Online Enrollment Wizard](#).

Health plan providers that are eligible for the registration option to obtain a Medicaid ID can do so by downloading and completing the [Florida Medicaid Provider Registration Form](#). Completed forms must be submitted to a Medicaid health plan prior to submission to Medicaid. See the [Florida Medicaid Provider Registration Guide](#) for directions for successfully completing the form.

Doula –Medicaid ID Enrollment Registration Process

Click on “New Application” (bottom right corner)

Choose enrollment type: To participate in the network of a Medicaid health plan

- Enrollment Type (ONLY)**

- Limited Enrolled** allows providers to:

- Participate in the network of a Medicaid health plan.

Enrollment Application

If you have questions about completing the online provider enrollment application, please review the [Florida Medicaid Provider Enrollment Application Guide](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-289-7799, Option 4.

For more information on the Limited Enrollment option, please click [here](#).

Please note: Gainwell cannot provide information regarding applications that are under review by the Agency.

[\[Refresh session \]](#) You have approximately 59 minutes until your session will expire.

[Welcome Statement](#) > Enrollment Type Determination

Enrollment Type Determination ?

Select the option from below that best fits the reason you are applying to be a provider in Medicaid.

- ☐ To participate in the network of a Medicaid health plan.
- ☐ To bill for services and receive payment directly from Medicaid.
- ☐ To participate in both the network of a Medicaid health plan, as well as to bill for services and receive payment directly from Medicaid.
- ☐ To participate solely as a physician, or other professional practitioner, as a referring, ordering, certifying, or prescribing provider of items or services for Medicaid recipients.

[previous](#) [save & continue](#) [exit](#)

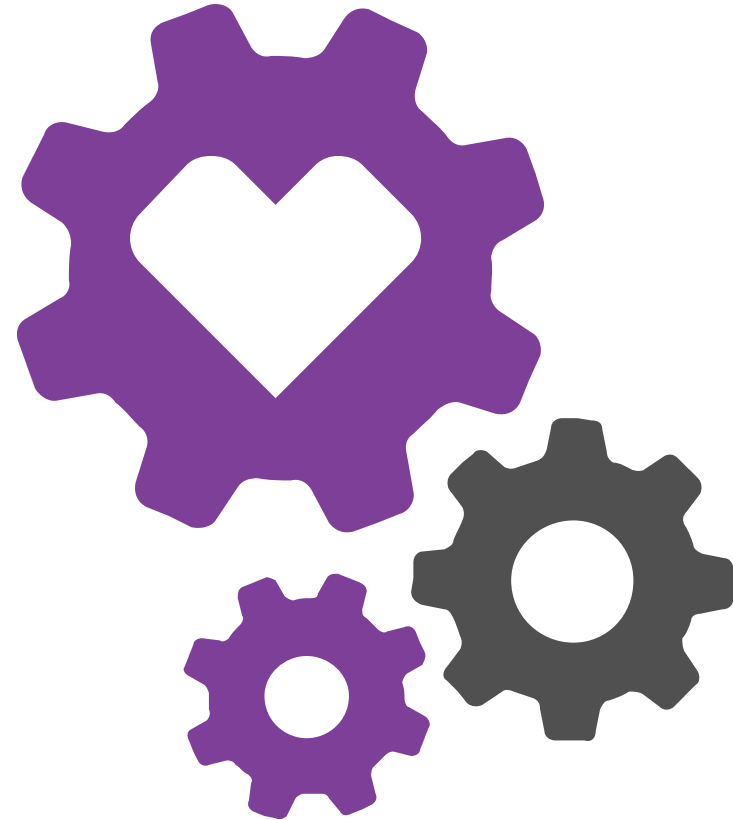


Helpful Provider Links for AHCA Web Portal

- **Florida Medicaid Web Portal (AHCA):** <https://portal.flmmis.com/flpublic/>
- **Expanded Benefits Information:** <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/idd-expanded-benefits-professional-and-home-care-services>
- **Provider Enrollment Policy:** [Microsoft Word - Florida Medicaid Provider Enrollment Policy January 2022.docx \(myflorida.com\)](#)
- **New Medicaid Providers:** [New Medicaid Providers | Florida Medicaid Web Portal \(flmmis.com\)](#)
- **Provider On-Line Enrollment:** [On-Line Enrollment Wizard FAQs.pdf \(flmmis.com\)](#)
- **Application Guide:** [Florida Medicaid Provider Enrollment Application Guide](#)
- **Web Based Training:** [Limited Enrollment Web Based Training](#)
- **Online Enrollment Wizard FAQs:** [Online Enrollment Wizard Frequently Asked Questions](#)
- **ROPA Provider Enrollment:** [ROPA Provider Enrollment Overview Quick Reference Guide](#)
- **Credentialing:** [Streamlined Credentialing \(Limited Enrollment\) Presentation](#)
- **Taxonomy Master List:** [Taxonomy Master List \(TML\)](#)

Network 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

Why our network?

We will work with you to understand your business and meet your needs.

When you take part in our network, you benefit from:

**Competitive
compensation**



**Ongoing
support and
learning
opportunities**

**Timely and
efficient
claims
processing**



**Advanced
technology to
help enhance
patient care**

**Dedicated
support from
us**

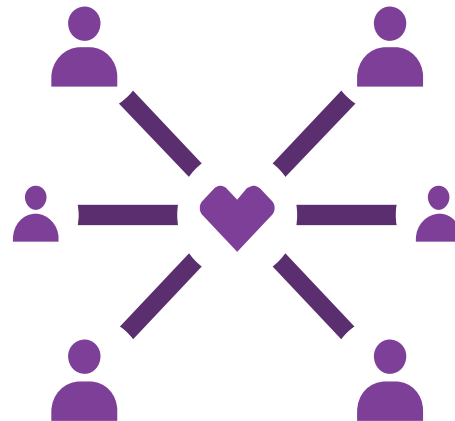


Network Contracting

JOINING OUR ABHFL NETWORK

Here's how to start the process of joining our network of participating providers:

- 1.** Email a letter of intent to the Network Manager (Region D = Kristina Bobe). Include the Provider name, Tax ID and Medicaid ID number.
- 2.** Look out for an email with the agreement and other supporting documents.
- 3.** Sign and complete the agreement and supporting documents received in the email.

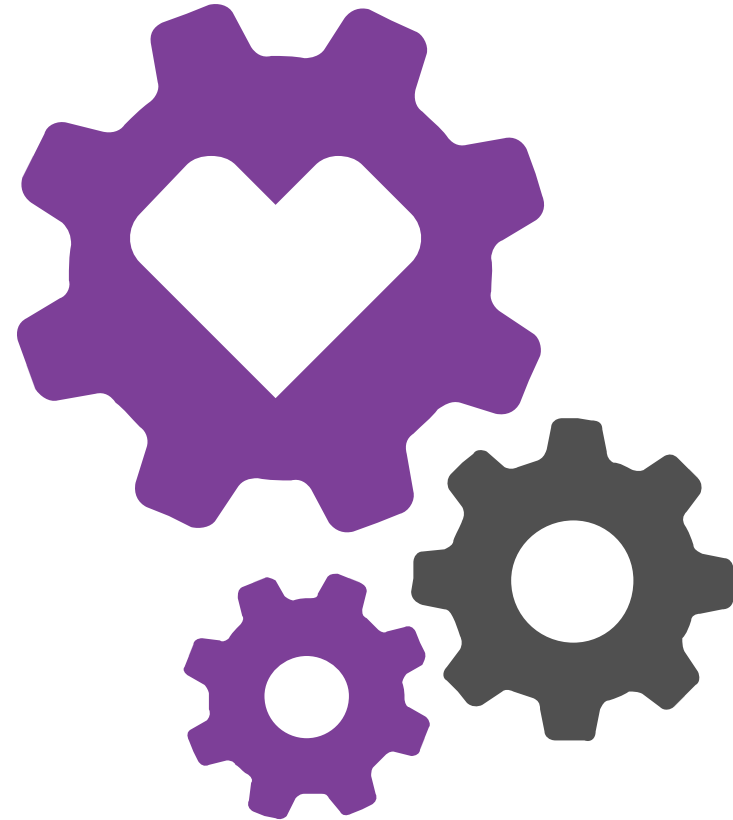


- 5.** We'll send you a welcome letter and a copy of the executed agreement once the enrollment process is complete.
- 6.** We'll add your name to our provider directory.

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

Provider Engagement

Provider Engagement



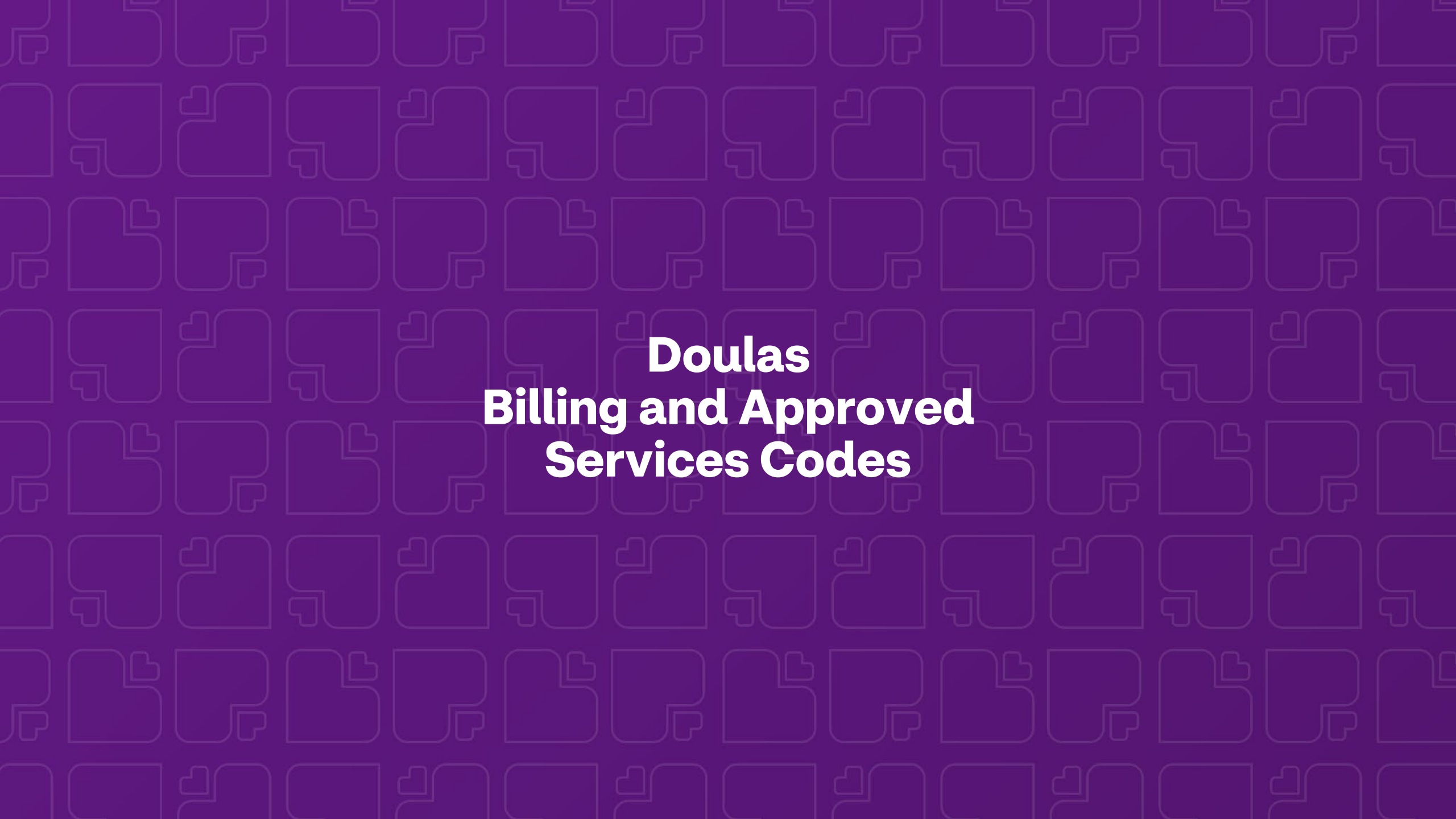
Provider Engagement Team

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**



Doulas Billing and Approved Services Codes

Approved Doula Service Codes and Diagnosis

Codes	Modifier	Description
S9442		Birth classes, non-physician provider, per session
S9443		Lactation classes, non-physician provider, per session
S9444		Parenting classes, non-physician provider, per session
S9445		Prenatal education (patient education non classified, non-physician)
S9445	TS	Postpartum education (patient education non classified, non-physician)
S9446		Prenatal patient education, not otherwise classified, non-physician provider, group, per session
S9446	TS	Postpartum patient education, not otherwise classified, non-physician provider, group, per session
59400	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	XU	Doula support for vaginal delivery only
59510	XU	Standard doula benefit with support at cesarean delivery; Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum
59514	XU	Doula support during Cesarean delivery only. 1 per delivery
59610	XU	Standard doula benefit with support at VBAC delivery; Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery Codes Used
59612	XU	Doula support for VBAC delivery only, with or without episiotomy and/or forceps
59618	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after failed attempt at vaginal delivery after cesarean.
59620	XU	Doula support for Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Billing Doula



Credentialing

Credentialing is **NOT** required if the Doula is not a registered nurse/midwife or has a masters level certification.



Prior Authorization

Prior Authorization (PA) is **NOT** required for participating Doulas providers rendering services.

Out of network providers require Prior Authorization (PA) for all Doulas rendering services.

Billing Doula

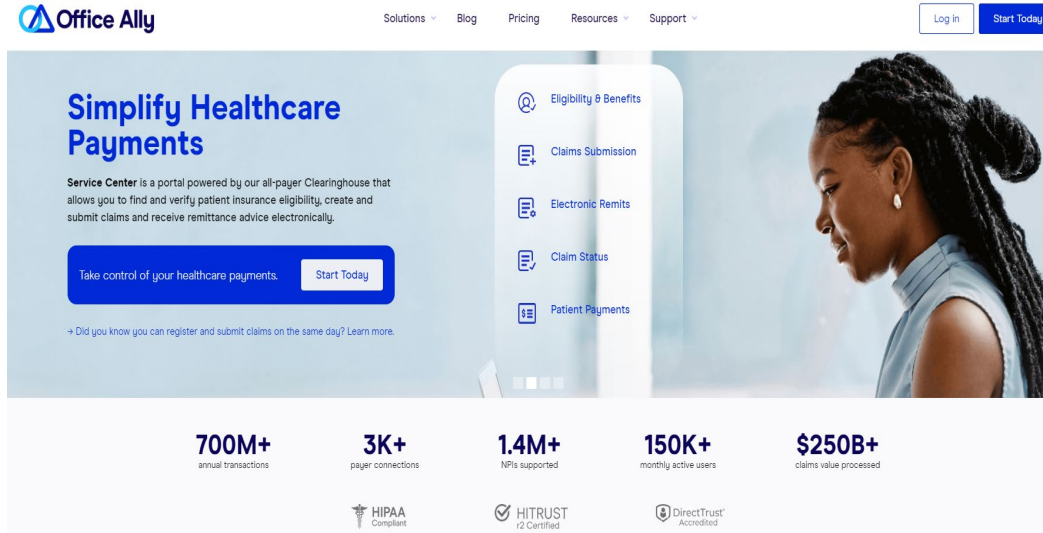
Claims Submission

Medicaid claims are to be submitted through

- **Office Ally**
- **Availity portal**

Office Ally Registration

- <https://cms.officeally.com/>



Rejected Claims

- If claims are being rejected, please verify that claims submitted are matching the Taxonomy listed from the Medicaid portal.
- Below is the link of notification sent to providers on the **Taxonomy updates**. https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/ABHFL_Claims_and_Encounters_Front_End_Taxonomy_Edits_Reminder_02.26.2024_v1.pdf

Billing Doula

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)



Continuity of Care

Continuity of Care



The Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) requirements for COC for new members mandate that we pay for COC services rendered to new enrollees transitioning to Aetna Better Health of Florida.



In the event a new Aetna Better Health of Florida member is receiving prior authorized, ongoing treatment with any provider, including services previously authorized under the fee-for-service delivery system or by the enrollee's previous managed care plan, Aetna Better Health of Florida is responsible for the costs of continuation of such treatment.



This responsibility stands without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers for 120 days after the effective date of enrollment.



EFT/ERA

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



ECHO Health
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@EchoHealth.com.
- Be sure to sign the form. Postal mail or email the completed form (secure email recommended). Postal mail: ECHO Health, Inc., 810 Shuren Drive, Westlake, OH 44145. Email: EDI@EchoHealth.com.
- For information about the status of your enrollment, or for any other questions, please contact ECHO at 440.835.3511 or EDI@EchoHealth.com.

You will need to contact your financial institution to arrange for the delivery of the CORE-required Minimum CDD+ Data Elements necessary for successful reconciliation.

Payer / Insurance Company Name: _____

(Please specify only one Payer per form)

For security purposes, please supply 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 3. 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
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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:
(City associated with provider address field)

State Province:
(ISO-3166-2 Two Character Code associated with the state/Province/Region of the applicable Country.)

ZIP Code/Postal Code:
(System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and expedient 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 health care providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use NPIs in the administrative and financial transactions distributed under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit specialty). This means that the NPI must 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.)

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EFT/ERA Filable - 14-Mar-2011 to 01-June-2011

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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



Connect with Us

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.

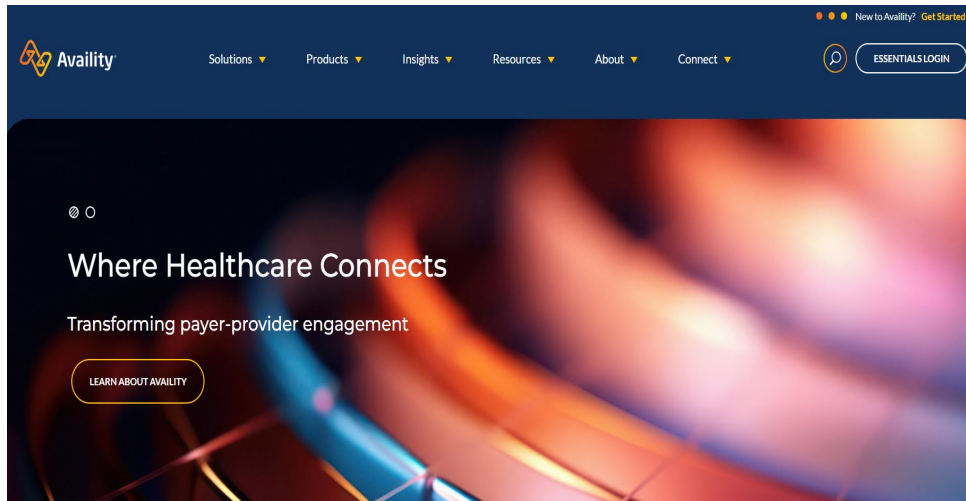
As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department depending the reason of the inquiry.

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

Availity Portal

We offer our Availity Portal to all of our providers at no cost. You will need to register before you can start using its many features.

- Eligibility & Coverage, Benefits,
- Claim & Claim Status, appeals
- Authorizations, reports, and much more.



System Features and Requirements

[Essentials Registration & Support | Availity](#)

- **Main Webpage:** <https://availability.com/>
- **Availity Essentials/EDI Clearing house:** 1-800-282-4548
- **Registration:** <https://availability.com/Essentials-PortalRegistration>
- **Training Resources: 24/7 access to training resources and recorded webinars:** <https://availability.com/Essentials>
- **Technical Issues Support:** 1-800-282-4548
- **Hours of Operation:** M-F 8AM-8PM EST (except holidays)



ABHFL Provider Website & Helpful Links

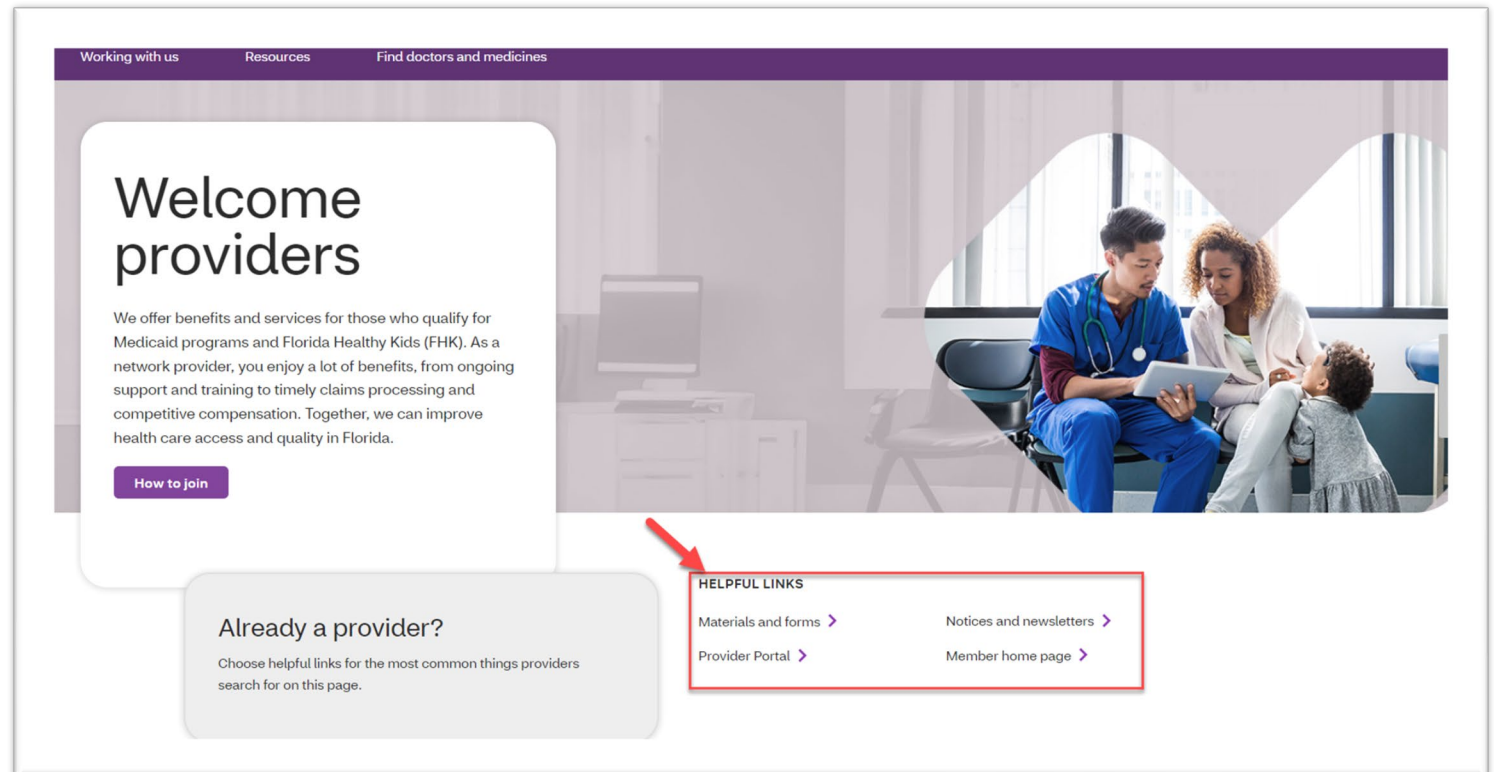
Provider Main Site

ABHFL Provider Site Direct Link:

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

Our Provider Site Main Page contains “Helpful Links”:

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



Provider Main Site

Getting started - Here are some helpful provider links if you're new to our network.

•[Orientation and training](#)


•[Continuity of care](#)

•[Claims](#)

•[Prior authorization](#)


Getting started

Here are some helpful provider links if you're new to our network.



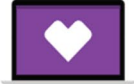
Orientation and training >

Find tools and resources, including education on cultural competency and health equity.




Continuity of care >

Learn how we provide coordination of care for members transitioning from another plan.



Claims >

You can submit claims through our secure Provider Portal or by mailing a claim form to us.



Prior authorization (PA) >

Learn how to request PA and find information on criteria, forms, timelines and referrals.

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](#)

[Materials and Forms for Providers | Aetna Medicaid](#) Materials

Behavioral Analysis

Helpful resources

Provider manuals

If you want to get a copy of a provider manual mailed to you, just [contact us](#). You can also download them here as PDFs.

Medicaid programs provider manual (PDF)

Florida Healthy Kids provider manual (PDF)

[Provider Notices & Newsletters | Aetna Medicaid Florida](#)

Updates and reminders

Policy updates

Pharmacy updates

Billing policy reminders

PopHealth newsletters

2025

Provider notifications

2024

Newsletters



Helpful Provider Links ABHFL website

- **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](#)

Q & A Session



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

