

General Provider Training

All Line of Business

Marcela Vila - Medicaid Project Manager

March 26, 2025





Agenda

- Regional Florida Territories/LOB
- Provider Engagement & Support
- Connect with us
- Network Contracting
- Prior Authorization
- Continuity of Care (COC)
- Timely Filing Requirements
- Grievance & Appeals
- Billing and Claims
- Behavioral Analysis
- EFT/ERA
- Availity
- ProgenyHealth
- Provider Manual, Newsletters and Notifications
- Provider Website & Helpful Links
- Q & A Session

Serving Regions

Regional Florida Territories/Line Of Business (LOB)



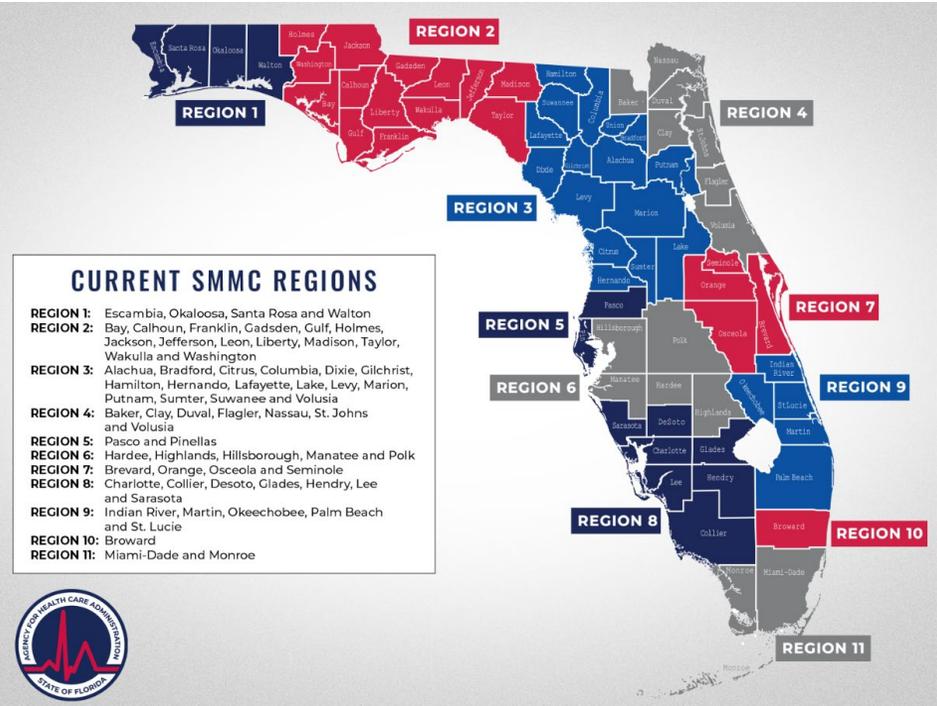
ABH-FL – was operating in:

- **Comprehensive (MMA/LTC)**
 - ✓ Regions 6, 7, and 11

ABH-FL – Effective 02/01/2025

- **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

Regional Florida Territories/Line Of Business (LOB)

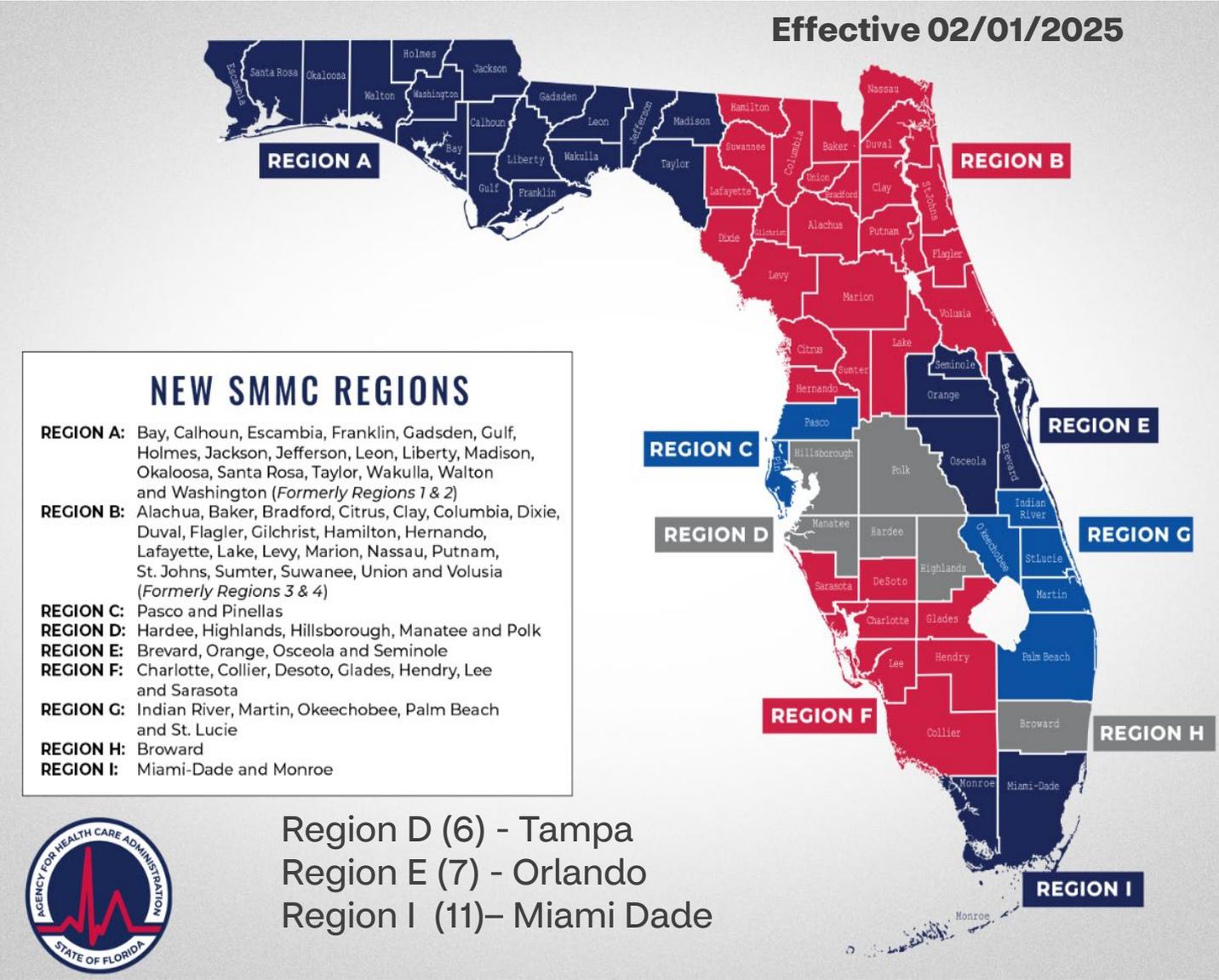


- CURRENT SMMC REGIONS**
- REGION 1:** Escambia, Okaloosa, Santa Rosa and Walton
 - REGION 2:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
 - REGION 3:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Volusia
 - REGION 4:** Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia
 - REGION 5:** Pasco and Pinellas
 - REGION 6:** Hardee, Highlands, Hillsborough, Manatee and Polk
 - REGION 7:** Brevard, Orange, Osceola and Seminole
 - REGION 8:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
 - REGION 9:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
 - REGION 10:** Broward
 - REGION 11:** Miami-Dade and Monroe



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

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

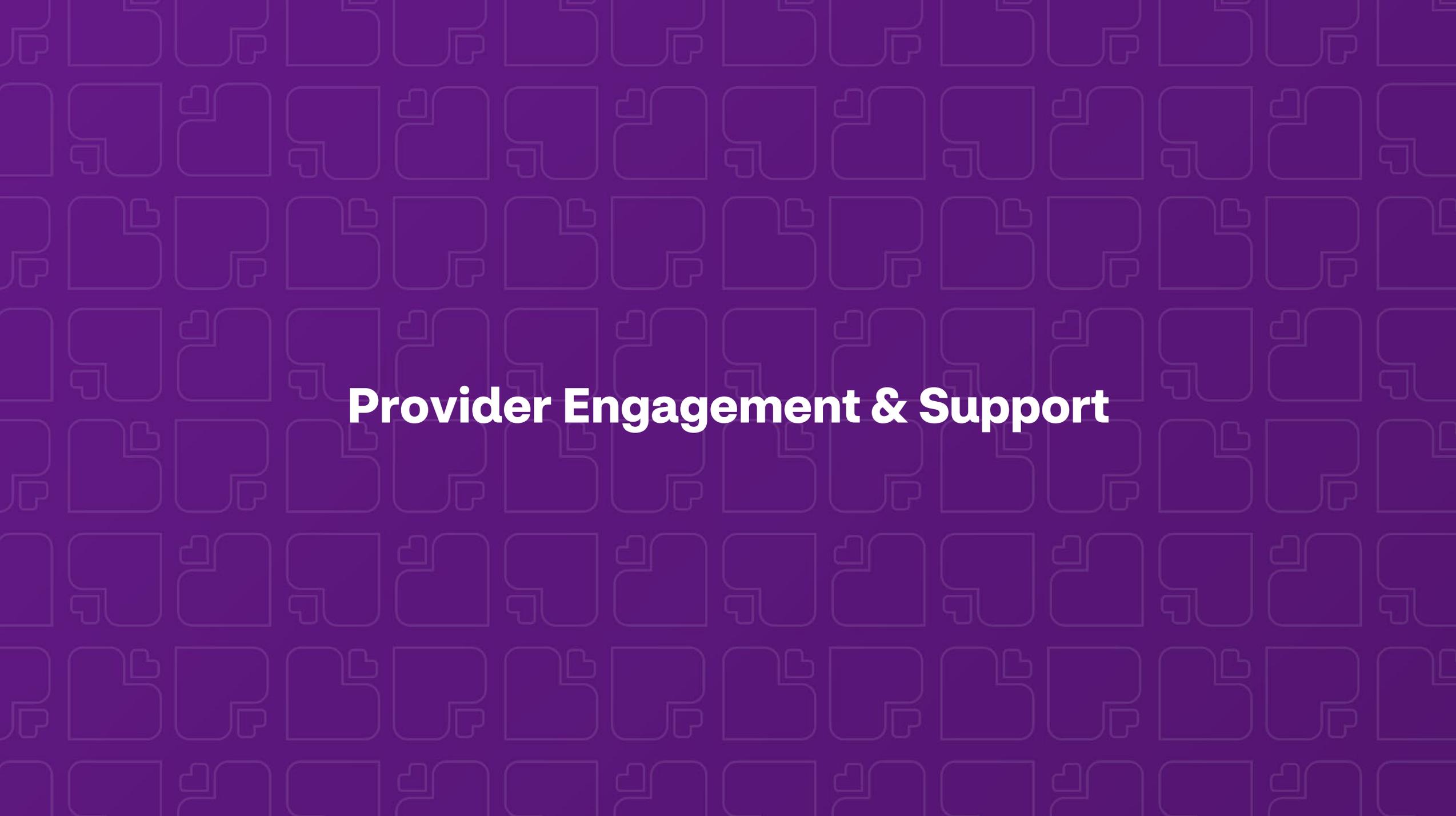


- NEW SMMC REGIONS**
- REGION A:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, and Washington (Formerly Regions 1 & 2)
 - REGION B:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia (Formerly Regions 3 & 4)
 - REGION C:** Pasco and Pinellas
 - REGION D:** Hardee, Highlands, Hillsborough, Manatee and Polk
 - REGION E:** Brevard, Orange, Osceola and Seminole
 - REGION F:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
 - REGION G:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
 - REGION H:** Broward
 - REGION I:** Miami-Dade and Monroe



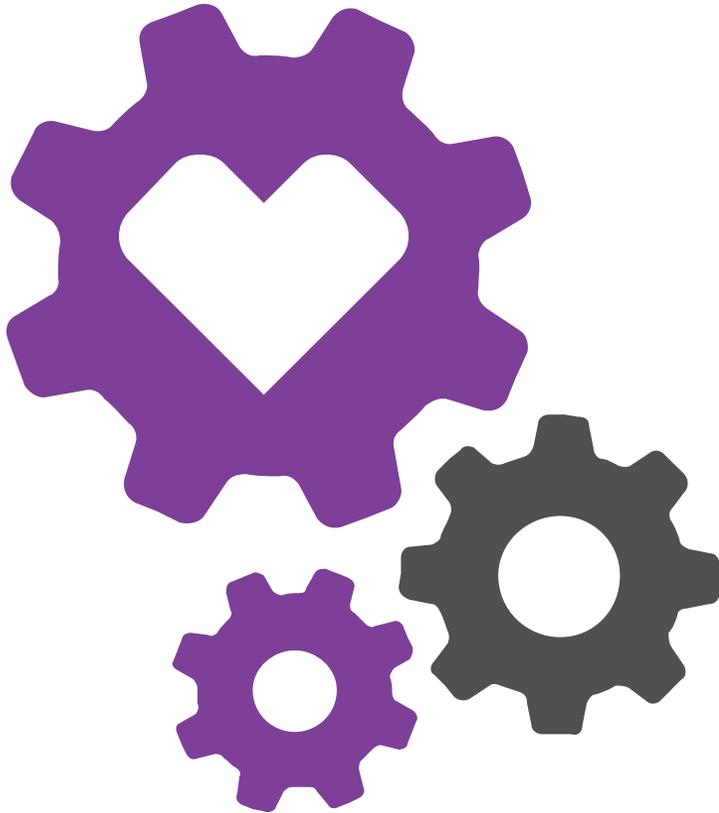
Region D (6) - Tampa
 Region E (7) - Orlando
 Region I (11) - Miami Dade





Provider Engagement & Support

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**

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.

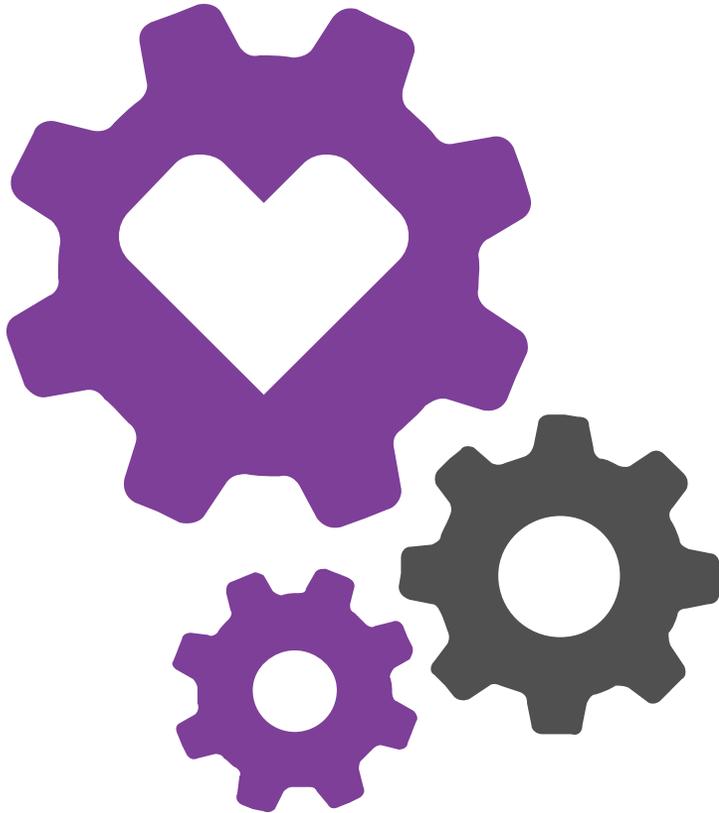
Provider Engagement - Key Contact Info

Provider Engagement – Contact Guide

Service	Contact Name	Phone #	Email
Florida Healthy Kids - (Escambia, Okaloosa, Santa Rosa, Walton)	Eva Szollosy	(407) 212-1418	SzollosyE@aetna.com
Florida Healthy Kids - (Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington)	Bridgett Allen	(407) 341-7389	AllenB2@aetna.com
Florida Healthy Kids - (Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union)	Patrice Green-Ewart	(863) 632-0743	Green-Ewartp@aetna.com
Florida Healthy Kids - (Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia)	Kimberley Falaro	(561) 517-7591	BygraveK@aetna.com
Florida Healthy Kids - (Pasco and Pinellas)	Patrice Green-Ewart	(863) 632-0743	Green-Ewartp@aetna.com
Medicaid, Florida Healthy Kids - (Hardee, Highlands, Hillsborough, Manatee, Polk)	Patrice Green-Ewart	(863) 632-0743	Green-Ewartp@aetna.com
Medicaid, Florida Healthy Kids - (Brevard and Seminole County)	Eva Szollosy	(407) 212-1418	SzollosyE@aetna.com
Medicaid, Florida Healthy Kids - (Orange, Osceola County)	Bridgett Allen	(407) 341-7389	AllenB2@aetna.com
Florida Healthy Kids - (Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota)	Kimberley Falaro	(561) 517-7591	BygraveK@aetna.com
Florida Healthy Kids - (Palm Beach County)	Kerene Robinson	(561) 607-7080	Robinsonk7@aetna.com
Florida Healthy Kids - (Indian River, Martin, Okeechobee, St. Lucie)	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Florida Healthy Kids - (Broward)	Kerene Robinson	(561) 607-7080	Robinsonk7@aetna.com
Medicaid, Florida Healthy Kids - (Miami-Dade South)	Michelle Daniels	(305) 389-7084	DanielsM@aetna.com
Medicaid, Florida Healthy Kids - (Miami-Dade North)	Kerene Robinson	(561) 607-7080	Robinsonk7@aetna.com
Medicaid, Florida Healthy Kids - (Monroe)	Kimberley Falaro	(561) 517-7591	BygraveK@aetna.com
Long Term Care	Laura Montano	(786) 578-7275	MontanoL@aetna.com
EIS, MFC	Kimberley Falaro	(561) 517-7591	BygraveK@aetna.com
Hospital and Hospital owned physician groups + ancillary	Yolanda Rivera	(954) 290-1847	Yxriveracole@aetna.com
Behavioral Health	Yolaine Joseph-Doralus	(352) 460-2548	Joseph-DoralusY@aetna.com

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

To determine if Aetna Better Health of Florida is accepting new providers in a specific region, please contact our Provider Services Department at:

- 1-800-441-5501 (MMA)
- 1-844-645-7371 (LTC)



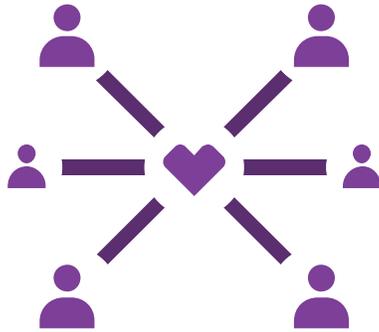
Completed initial credentialing applications, contracts and network forms can be submitted in multiple ways:

- FAX: 1-860-262-9414
- EMAIL: FLMedicaidContracting@aetna.com
- MAIL:
Aetna Better Health of Florida ATTN
Aetna Network Team PO BOX 818043
Cleveland, OH 44181-8043

Fee Schedule

- For provider network agreements relying on fee-for-service fee schedules, Aetna Better Health will program the new or updated codes in its claim processing systems based upon the effective date of the code change as posted on the Agency's website.
- Aetna Better Health will pay claims correctly based upon the code effective date to ensure there are no gaps in covered services or payment.
- State fee schedule(s) and/or published rate methodology(ies), shall be programmed for claims processing within ninety (90) days following rule promulgation and/or publication by the Agency of revised rate methodologies.

Network Contracting- Key Contact Info



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

Service	Contact Name	Email
Network Director	Elba Tapanes	Tapanese@aetna.com
Network Relations Specialist	Melbie Ramos Garcia	Garciam8@aetna.com
MMA, LTC, FHK Contracts	Ilyasah (Malika) Brown-Patterson	Impatterson@aetna.com
MMA, LTC, FHK Contracts	Kristina Bobe	Bobek1@aetna.com
MMA, LTC, FHK Contracts	Nazdar Shwani	Shwanin@aetna.com
Hospital Contracts	Donald Clark	Clarkd10@aetna.com



Specialty Products
SMI/HIV

Specialty Products – Eligibility Requirements

Aetna Better Health of Florida is proud to offer an enhanced program for individuals living with a Serious Mental Illness and/or HIV/AIDS.

This product requires that members who fit this criteria opt-in to this program by contacting Choice Counselors at 1-877-711-3662 (TDD: 1-866-467-4970) or by visiting flmedicaidmanagedcare.com.

Eligibility Requirements for SMI and HIV/AIDS Specialty Products

SMI:

At least six (6) years or older

Diagnosed with a serious mental illness, which typically includes one or more of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder.

HIV/AIDS:

Diagnosed with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

Specialty Products – Training Requirements

Treating members in our SMI and HIV/AIDS Specialty Product requires specialized training to enable our providers to deliver high quality, integrated and patient-centered care.

Training Requirements for Providers

- ABHFL offers training opportunities to our Specialty Product providers to ensure professional development and compliance with regulatory changes.
- ABHFL will offer trainings in-person or via webinar and such topics will include: the use of assessment tools, assessment instruments and identification of individuals with unmet health needs and are evidenced based.
- ABHFL will also educate providers on training opportunities in the community as they are available.
- **Formal trainings or verification of trainings are required for all providers who are providing care to our specialty product members.**

Continuity of Care (COC)

COC Requirements

Continuity of Care Requirements ensure that when enrollees transition from one health plan to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition.

Continued of care requests should be submitted to the Utilization Management (UM) Department.



You can contact our Member Services department at: **1-800-441-5501** (MMA) or **1-844-645-7371** (LTC) for any questions or submissions

COC Provisions

Effective 02/01/2025 ABHFL will follow the COC provisions that the Agency has instituted:

Health care providers should not cancel appointments with current patients.

Providers will be paid by the enrollee's new managed care plan.

Providers will be paid promptly by the enrollee's new managed care plan.

Prescriptions will be honored by the enrollee's new managed care plan.

- For additional questions regarding COC requirements, please reach out to your health or dental plan directly. Program requirements, such as COC are available on the Agency's SMMC website here: ahca.myflorida.com/Medicaid/statewide-medicaid-managed-care/new-smmc-program.

COC Period

ABHFL COC period is 90 days.

Participating providers:

Claims received during the Continuity of Care period will receive an auto-override to authorization requirement (Edit 205).

Non-Participating Providers

Claims received during the Continuity of Care period will stop for manual review due to authorization requirements for non-participating provider. During the review process the authorization requirement is overridden (Edit 205).

Timely Filing Requirements

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. (SMMC Contract) (Section VII) (D).
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 VII.) (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 VII) (D)(2).
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 VII) (E) (1)(k).
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(3)(c)(2) and (4)(c)(2).

Grievance & Appeals

Appeals Submissions

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.

Appeals, Complaints and Grievances

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**
- Email: FLAppealsandGrievances@AETNA.com

2. TELEPHONE: You can also call us with your complaint or appeal:

- Medicaid Managed Medical Assistance: [1-800-441-5501](tel:1-800-441-5501) (TTY: [711](tel:711))
- Long-Term Care: [1-844-645-7371](tel:1-844-645-7371) (TTY: [711](tel:711))
- Florida Healthy Kids: [1-844-528-5815](tel:1-844-528-5815) (TTY: [711](tel: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

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



Behavioral Analysis

Behavioral Analysis

BA COC

- In addition to the standard Continuity of Care (COC) requirement, there is a 90 day COC period for Behavior Analysis (BA) services for all members regardless of enrollment date.
- No auth is required for 90 days beginning 2/1/2025 for BA services

Behavioral Analysis (BA) services are now covered by ABHFL effective 02/01/2025.

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.

Behavioral Analysis

Coverage Policy

For information on who can receive, and provide BA services please visit the BA Coverage policy located on the website link:

- <https://ahca.myflorida.com/content/download/25728/file/Florida%20Medicaid%20Behavior%20Analysis%20Services%20Coverage%20Policy.pdf>

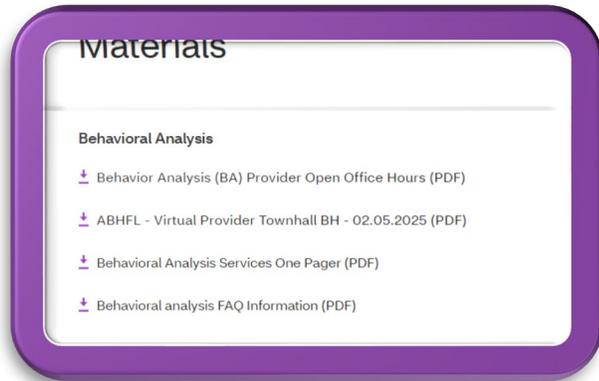
BA Fee Schedule

For information on BA service codes and limits visit the BA Fee Schedule on the AHCA website link:

- <https://ahca.myflorida.com/content/download/25137/file/Behavior%20Analysis%20Fee%20Schedule%20October%2001,%202024.pdf>

Behavioral Analysis

Materials and Forms for Providers | Aetna Medicaid Florida



Materials:

- [Behavior Analysis \(BA\) Provider Open Office Hours \(PDF\)](#)
- [ABHFL - Virtual Provider Townhall BH - 02.05.2025 \(PDF\)](#)
- [Behavioral Analysis Services One Pager \(PDF\)](#)
- [Behavioral analysis FAQ Information \(PDF\)](#)

Prior Authorization

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.

Propat Link: [Search ProPAT](#)

Login

 Aetna Better Health® of Florida


Menu

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](#)



Prior Authorization

Timeframes

Service Authorization Decision Timeframes	Turnaround Times
MMA Urgent	2 calendar days
MMA Elective	7 calendar days

Documentation requirements for authorization request:

- Member Information
- Diagnosis Code(s)
- Treatment or Procedure Code(s)
- Anticipated Start and End Dates of Service(s)
- All Supporting Clinical Documentation to Support Medical Necessity
- Include:
 - Office/Department Contact Name
 - Telephone
 - Fax Number

Tips for requesting PA



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 REQUEST FORMS

These forms apply to all plans.

[Physical health PA request form \(PDF\)](#)

[Behavioral health PA request form \(PDF\)](#)

[Obstetrical notification form \(PDF\)](#)



MORE HELPFUL 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)

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
Payments Simplified

ONLINE
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 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 9. NOTE: For ERA only, Draft Number and 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 file) (ISO-3166-2 Two Character Code associated with the State/Province/Region of the applicable Country) (System of postal-zone codes (ZIP) stands for "zone improvement plan" introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.)

3-Provider Identifiers Information (Required)

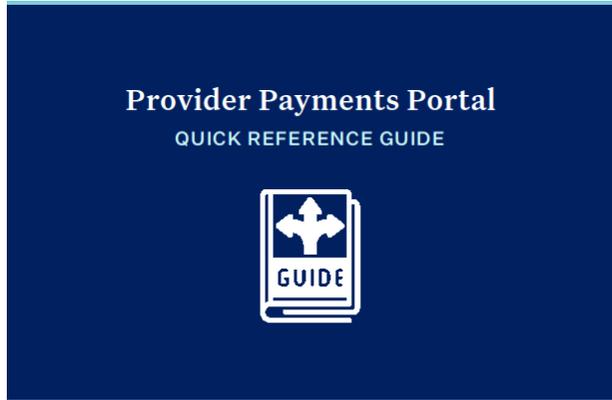
Provider Identifiers

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:

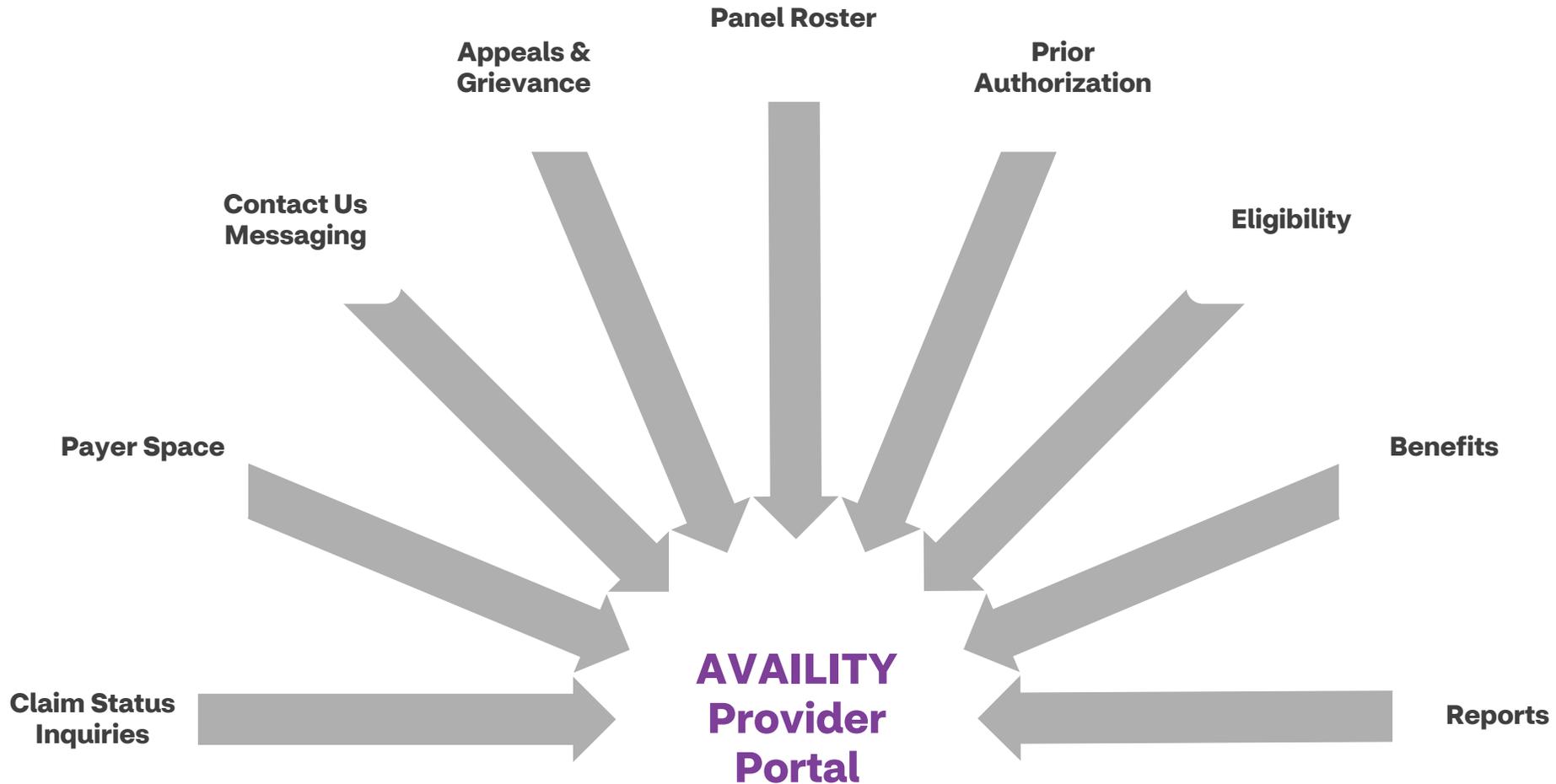


This website stores cookies on your computer. These cookies are used to collect information about how you interact with our website and allow us to remember you. We use this information in order to improve and customize your browsing experience and for analytics and metrics about our visitors both on this website and other media. To find out more about the cookies we use, see our Privacy Policy

Availity

Availity Provider Portal

Providers support capabilities offered through Availity include the ability for providers to:



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.

To access the Provider Portal visit: <https://www.aetnabetterhealth.com/florida/providers/portal.html>

Availity Essentials, is our preferred and trusted source for payer information.

HOW TO REGISTER

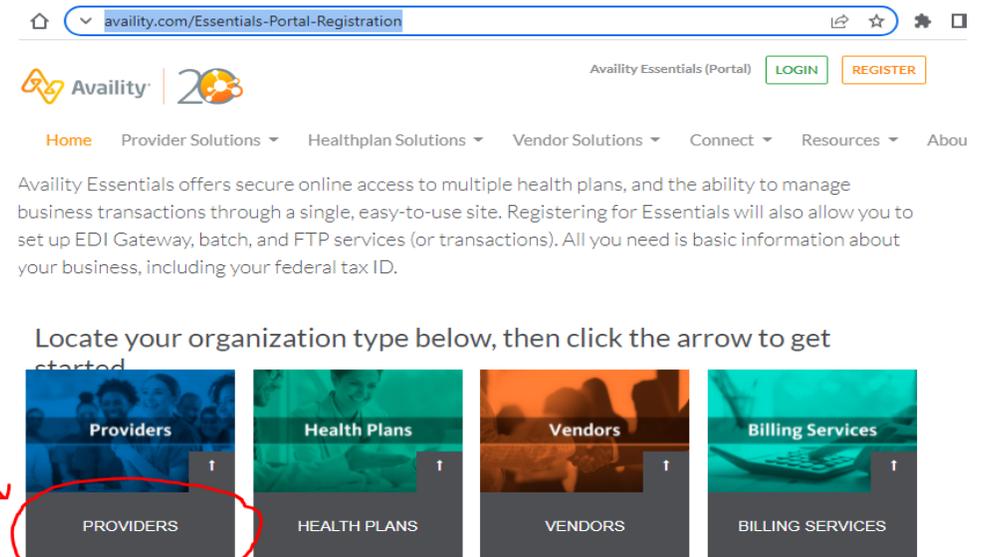
If your organization isn't registered with Availity, we strongly recommend that you get started today by:

1. Visit the portal registration page:

- <https://availity.com/Essentials-Portal-Registration>

2. Call Availity for assistance at:

- 1-800-282-4548



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

Availity Provider Portal



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

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.

Contact Us

<https://availity.com/Contact-Us>

Contact a Sales Associate



Speak with one of our knowledgeable sales associates to help you find the right solution for your organization.

Submit Request

Contact Customer Support



Are you a current Availity customer in need of Assistance? Contact customer support below. Get help with Availity Essentials, Essentials Plus, or EDI Clearinghouse.

Submit Request

Become a Vendor or Partner



Are you a developer or vendor looking for API capabilities? Or are you looking to become a reseller? Contact our Trading Partner and Channel team below.

Submit Request



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. 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](#)

Availity & Helpful Links:

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

Claims

Claims and Claims Submission

Clearinghouse & Clean Claims

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

- **Payer ID: 128FL**

EDI claims received directly from Office Ally through Availity & processed through pre-import edits to:

- Evaluate Data Validity
- Ensure HIPAA Compliance
- Validate Member Enrollment
- Facilitate Daily Upload to ABHFL System

Claims Submissions

ABHFL requires clean claims submissions for processing. 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

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

How to Submit a Claim:

Mail

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

Phone

1-800-282-4548

**Online
Availity**



ProgenyHealth

Who is ProgenyHealth®



ProgenyHealth® is a Maternity Case Management and NICU 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.



Aetna Better Health®
of Florida



Program Overview

- ProgenyHealth and Aetna Better Health® of Florida have teamed up to offer an innovative Maternity Case Management and NICU Care Management Program to support healthier pregnancies for your patients.
- The Programs offer educational resources, support from dedicated Case Managers, and a mobile app to help guide women through a healthy pregnancy, postpartum, and parenting journey.
- ProgenyHealth's team of experts help identify women with risk factors and then provide the support they need for a happier, healthier outcome.



ProgenyHealth® Services



Maternity Case Management Program

The Maternity case management program is designed to support your patients and ease your workload.

Case Managers will help your patients by:

- ✓ Providing on-going education and support for mothers and families
- ✓ Setting up doctor visits and helping with transportation needs
- ✓ Making care plans in coordination with providers
- ✓ Finding free or low-cost baby items and services within the community



NICU Care Management Program

ProgenyHealth provides NICU Utilization and Case Management:

- ✓ Improved Outcomes: Promoting evidence based best practices through NICU Utilization so infants receive quality health care in the hospital and come home sooner.
- ✓ Provider Collaboration: Trusted, timely provider interactions advance our shared goals to optimize NICU infant health outcomes and educate families in NICU care through personalized Case Management.

Supporting Your OB/GYN Patients & You

How Aetna Better Health® of Florida and ProgenyHealth® support your patients between office visits:

Assigns a Case Manager based on the results of a full health risk assessment

Reduces office phone calls with ongoing education through a Maternity Mobile app

Informs you and your team if your patient reports concerning signs or symptoms

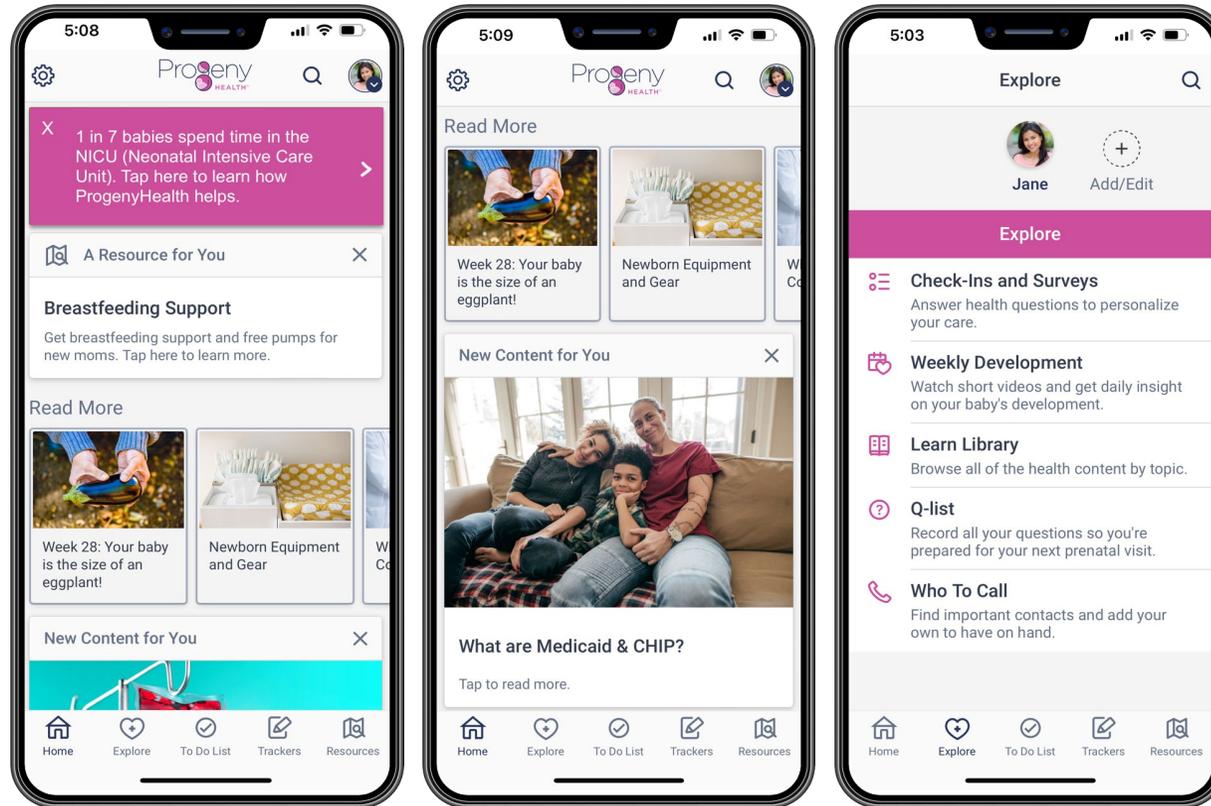
Connects your patients to non-clinical resources and benefits when needed

Supports your patients throughout pregnancy and through the postpartum period and/or if a NICU admission occurs

To learn more about the ProgenyHealth Maternity Case Management Program, call **1-855-231-4730**, Monday - Friday, 8:30 AM - 5:00 PM ET, or email maternity@progenyhealth.com



ProgenyHealth Mobile App Experience



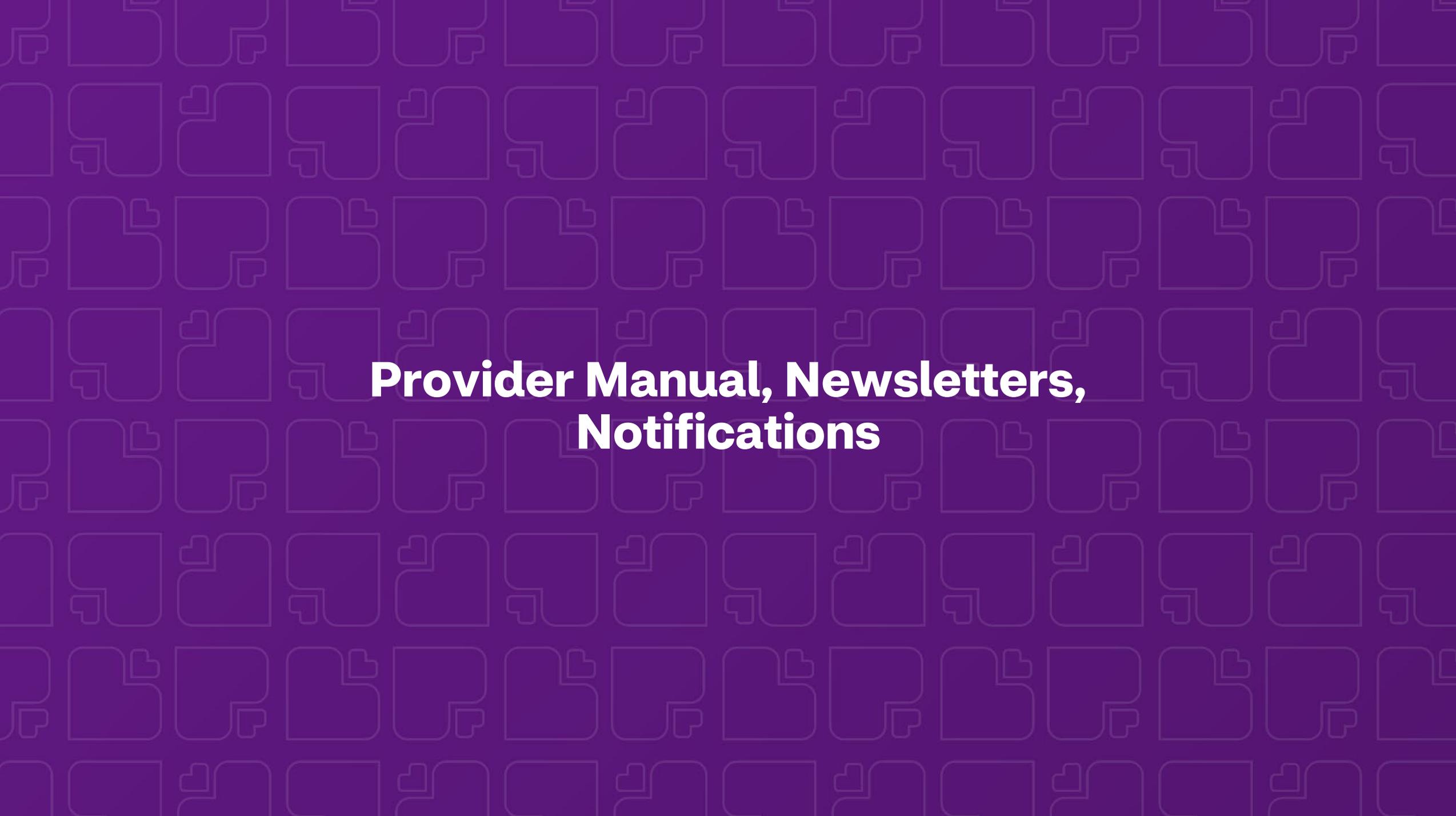
A mobile app that delivers a dynamic, personalized experience tailored to each user's health journey based on the information entered by the members into the app.



Encourage Your Patients to Self-Enroll: by scanning the QR code found on this member flyer: [English \(PDF\)](#) | [Spanish \(PDF\)](#).

Submit the Florida Medicaid Pregnancy Notification Form: Via sFax to 1-860-607-8726.

You or your patient can call us at: **1-855-231-4730**, Monday - Friday, 8:30 AM - 5:00 PM ET or email us at: maternity@progenyhealth.com



**Provider Manual, Newsletters,
Notifications**

Monthly Provider Trainings

Monthly 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 Monthly Provider Trainings and all of our communications timely.

Need to update your information?

1. Contact our provider relations department via email FLProviderEngagement@aetna.com
2. Complete the ABHFL Provider Data Change Form : <https://www.surveymonkey.com/r/AETPDCF>
3. Call us!
 - MMA: 1-800-441-5501 TTY (711)
 - LTC: 1-844-645-7371 TTY (711)
 - FHK: 1-844-528-5815 TTY (711)

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 Florida

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



Provider Notifications

To stay informed with the most updated information please visit our ABHFL under the provider tab: [ABHFL Provider Page](#)

Provider Notices & Newsletters | Aetna Medicaid Florida

2025

Provider notifications 

January

- [Behavior Analysis \(BA\) Provider Open Office Hours \(PDF\)](#)
- [ABHFL - Virtual Provider Townhall LTC/HH/ALF - 02.06.2025 \(PDF\)](#)
- [ABHFL - Virtual Provider Townhall BH- 02.05.2025 \(PDF\)](#)
- [ABFHL - Virtual Provider Townhall MMA - 02.04.2025 \(PDF\)](#)
- [Psychosocial Rehab/Clubhouse Services - Prior Authorization Requirement Update - Effective 2/15/2025 \(PDF\)](#)
- [Enhancing claims intake editing for SNIP Types 1-4 through a software change \(PDF\)](#)

January

- [Behavior Analysis \(BA\) Provider Open Office Hours \(PDF\)](#)
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Provider Notifications

To stay informed with the most updated information please visit our ABHFL under the provider tab: [ABHFL Provider Page](#)

Provider Notices & Newsletters | Aetna Medicaid Florida

February

- [Prior Authorization Requirements Update -Effective 04/01/2025 \(PDF\)](#)
- [Behavioral Health Provider Open Office Hours - Extended through March \(PDF\)](#)
- [Nurse Practitioner Credentialing Process \(PDF\)](#)
- [Welcome Behavior Analysis \(BA\) Providers \(PDF\)](#)



Pharmacy

Pharmacy

- Aetna Better Health of Florida covers prescription medications and certain over-the-counter medicines when you write a prescription for a member.
- We use CVS/Caremark for pharmacy benefit management services.
- Online formulary search tool includes formulary status and indicates whether a drug requires step therapy (ST), has a quantity limit (QLL) or requires Prior Authorization (PA)
- CVS Caremark Mail Order Pharmacy

Pharmacy PA:

- Submit PA by telephone 1-800-441-5501 (TTY 711), fax 1-855-799-2554 or online.
- Through a direct link on our website, you can view:
 - PA criteria
 - PA forms

Electronic PA:

Use Provider Portal® to:

- Submit prior authorization (PA)
- Check member eligibility and coverage status
- Check medication history, and formulary information

[Visit our provider page for more information at:](https://www.aetnabetterhealth.com/florida/providers/pharmacy-prior-authorization.html)

<https://www.aetnabetterhealth.com/florida/providers/pharmacy-prior-authorization.html>

Preferred Drug List (PDL)



[Member site](#) [Contact us](#)

 [Log in](#)

[Working with us](#) [Resources](#) [Find doctors and medicines](#)

Doctors or hospitals

[Use our provider search tool](#)

Medicines

[Check our preferred drug list](#)



Pharmacies

[Find a pharmacy](#)

Other care providers

[Find a dental provider](#)

[Find lab testing \(Labcorp\)](#)

[Find lab testing \(Quest Diagnostics\)](#)

 Close

Your plan's PDL

Medications covered link:

<https://www.aetnabetterhealth.com/florida/drug-formulary.html>

Florida Medicaid Preferred Drug List (PDL):

<https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicaid-preferred-drug-list-pdl>



Medicaid

Medicaid plans use the [Florida Medicaid PDL](#). You can check the PDL to see if we cover your medication. You can also check a list of recent updates to the PDL on their site.



Provider Links

Helpful Provider Links

- **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



