

## AETNA BETTER HEALTH® OF FLORIDA

1340 Concord Terrace  
Sunrise FL, 33323



[www.aetnabetterhealth.com/florida](http://www.aetnabetterhealth.com/florida)

## Provider Bulletin

**Subject:** Agency Transmittal Notice Hurricane Michael Grace Period for Services and Payment  
Products: Medicaid – MMA and LTSS

**Date:** October 10, 2018

Dear Provider,

The Agency for Health Care Administration (AHCA) released a policy transmittal pertaining to the services provided during the Hurricane Michael grace period from 10/7/18 to 10/21/18.

Aetna Better Health of Florida is grateful for the assistance, care and service that our community providers are rendering to our enrollees before and during Hurricane Michael; our intent is to be able to reimburse for these services with minimal administrative burden.

Aetna Better Health of Florida will institute a claims exception and expedited authorization process as mandated by the Agency. These processes apply to covered services provided during and outside of the grace period for services provided as a part of pre-storm evacuation and post-storm recovery. The implementation of the expedited authorization process outside of the disaster grace period are also applicable to durable medical equipment, home health services, and early medication refills. The claims exception and expedited process are applicable to participating and non-participating providers. In order for non-participating and participating providers to get reimbursed for services provided during this period the following steps are required:

### Participating Providers

- Services normally not requiring an authorization should be billed following the standard claims submission process, there is no additional information required to process these claims
- Services requiring prior-authorization will not be denied solely on the basis of not obtaining a prior authorization; in order for an authorization of payment to be provided, providers should submit their request to utilization management.
- In the request, please provide a point of contact in order to provide expedited authorization information
- Claims should be submitted through the regular claims submission process once the authorization number is provided; claims submitted without a billing number are subject to delayed processing
- Services must be covered benefits and appropriate billing and coding requirements continue to be applicable
- Our claims system requires a billing number and basic provider information in order to pay non-participating provider claims

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## Non-Participating Providers

- Services that typically do not require a prior authorization for participating providers will only require notification and formal written request with essential clinical information.
- The formal credentialing process will be waived for non-participating providers; however, the provider must send the following information as part of the request:  
Contact information, Tax Identification Number, NPI Number, Service address, Medicaid number
- If you have questions regarding what services require prior authorization, please contact our Provider Relations Department through the number provided below
- For non-participating providers who are not registered with the state of Florida or out-of-state providers who have provided services to our displaced members during the grace period, should be registered with Medicaid. The Agency has provided instructions on the expedited process for providers to enroll through their portal:  
[http://portal.flmmis.com/FLPublic/Provider\\_AgencyInitiatives/Provider\\_UrgentInfo/tabId/146/De](http://portal.flmmis.com/FLPublic/Provider_AgencyInitiatives/Provider_UrgentInfo/tabId/146/De)
- Providers may also contact our provider relations department for guidance and direction on how to begin the registration process
- Services that typically require an prior authorization will require the submission of a medical record along with the essential administrative information noted above
- Once an authorization number is issued the claims must be submitted to the following address:

Aetna Better Health of  
Florida PO BOX 63578  
Phoenix, AZ 85082-  
1925 128FL

When applicable, participating and non-participating Providers must submit medical records as described above to the following address:

Aetna Better Health of  
Florida  
Attention: Medicaid Utilization Management  
Administration Hurricane Michael Expedited Records  
1340 Concord Terrace  
Sunrise FL, 33323

Should you have questions or require additional information, please contact Provider Relations at 800-441-5501, email: [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com) or fax 844-235-1340.

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

**NOTICE TO RECIPIENT(S) OF INFORMATION:**

Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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