


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	August 3, 2022
	<b>Purpose:</b>	Educate providers on our Administrative Denials Process
	<b>Subject:</b>	Administrative Denials
	<b>Products:</b>	MMA, LTC, FHK
	<b>From:</b>	<u>Provider Relations</u>

## Aetna Better Health® of Florida Administrative Denials

Dear Providers,

Aetna Better Health of Florida (ABHFL) would like to remind you that Providers are responsible for obtaining an approved prior authorization (PA) request prior to rendering services or in the case of an emergency within one business day of the admission date.

If a provider knowingly submits a claim with no authorization, it is not eligible for retro authorization review by the ABHFL Plan. **Please be advised that effective immediately, no additional payment/adjustment(s) will be made.**

### Prior Authorization Process

Requesting providers, including outpatient hospitals, must complete and fax the Prior Authorization Request Form found in the Forms section of the [provider manual](#).

- Prior Authorization Telephone-MMA: 1-800-441-5501
- Prior Authorization Telephone-FHK: 1-844-528-5815
- Physical Health Prior Authorization Fax: 1-860-607-8056
- Obstetrics Prior Authorization and Notification Fax: 1-860-607-8726
- Behavioral Health Prior Authorization Fax-MMA:1-833-365-2474
- Behavioral Health Prior Authorization Fax-FHK: 1-833-365-2493
- Pharmacy Management Prior Authorization: 1-866-847-8279

**Availity:** <https://apps.availity.com/availity/web/public.elegant.login>

\*\* Inpatient hospitalizations requests can be submitted through Availity or called in.

Thank you for your continued participation in the Aetna Better Health of Florida network. Please contact our Provider Services line should you have any questions at:

[www.AetnaBetterHealth.com/Florida](http://www.AetnaBetterHealth.com/Florida)

FL-22-08-02

Proprietary

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**Phone:** MMA: 1-800-441-5501

LTC: 1-844-645-7371

FHK: 1-844-528-5815

**Email:** [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com)

Thank you,

**Aetna Better Health of Florida**

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

**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 or 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