Provider newsletter

Summer 2021

Pharmacy restrictions and preferences, how to access our drug formularies

You can access the Aetna Better Health of Florida formularies at **AetnaBetterHealth.com/Florida**. The formularies can be found under the "For Providers" tab, "Pharmacy" and "Formulary/Preferred Drug List" areas. This will provide you to access the Florida Medicaid preferred drug list (PDL) and the Florida Healthy Kids formulary search tool and formulary document.

Please note, the formulary can change at any time, due to the ever-changing world of medicine. You can find the list of formulary changes on our website under the "For Providers" tab, "Pharmacy" then click on the "Preferred Drug List & Formulary Updates" tab.

If you have any questions regarding the formulary, contact us at the toll-free numbers below or visit our website.

- Medicaid Provider Relations: **1-800-441-5501**
- Florida Healthy Kids Provider Relations: **1-844-528-5815**

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Florida Healthy Kids (FHK) pharmacy changes

Effective 8/1/2021, certain drugs on the FHK formulary have new limitations put in place or require prior authorization (PA) to be filled moving forward. These changes are limited only to Florida Healthy Kids and does not apply to the general Medicaid (MMA) population that utilizes the FL Medicaid AHCA formulary.

The table below provides a summary of the seven formulary changes for FHK:

Drugs impacted	Description of change	Suggested alternatives	Go-live date
Vyvanse	Removed from FHK formulary	Amphetamine/ dextroamphetamine ER, methylphenidate ER	8/1/2021 *Note: current utilizers of these drugs will be able to continue filling until 9/1/2021*
Lantus, Levemir	Removed from FHK formulary	Basaglar KwikPen	8/1/2021 *Note: current utilizers of these drugs will be able to continue filling until 9/1/2021*
Lo Loestrin Fe	Removed from FHK formulary	Norethindrone/ethinyl estradiol products (e.g., Junel Fe, Blisovi Fe, Microgestin Fe)	8/1/2021
Loratadine syrup and solution	Removed from FHK formulary	Cetirizine oral solution	8/1/2021
Flovent HFA	Max age limit of 12 years; Arnuity Ellipta added to FHK formulary	Flovent HFA for ages under 12, Arnuity Ellipta	8/1/2021
Adapalene	Removed Adapalene 0.1% cream and lotion from FHK formulary	Adapalene 0.1% OTC gel (Differin), Tretinoin products	8/1/2021
Epinephrine auto-injectors	Removed epinephrine auto-injectors manufactured by Teva from FHK formulary	Epinephrine auto-injectors manufactured by Mylan and Amneal	8/1/2021

Access to care and service standards

Providers are required to schedule appointments for eligible members in accordance with the minimum appointment availability standards and based on the acuity and severity of the presenting condition, in conjunction with the member's past and current medical history. Our Provider Relations Department will routinely monitor compliance and seek corrective action plans (CAP), such as panel or referral restrictions, from providers that do not meet accessibility standard.

Providers are contractually required to meet standards for timely access to care and services, considering the urgency of and the need for the services.

Providers shall offer appointments and access to members within the specified guidelines. You can review your provider manual for details online at **AetnaBetterHealth.com/Florida/provider-manual**.

Utilization management (UM) criteria, availability, decisions

Utilization management (UM) criteria and availability/UM decisions is a system for reviewing eligibility for benefits for the care that has been or will be provided to patients. The UM department includes:

- Preauthorization
- Concurrent review
- Case management

Medical necessity is based upon clinical standards and guidelines as well as clinical judgment. All clinical standards and guidelines used in the UM program have been reviewed and approved by practicing, participating physicians in our network. You can receive a copy of our clinical standards and guidelines by calling us at **1-800-441-5501**, 8 AM to 7 PM ET

The medical director makes all final decisions regarding the denial of coverage for services when the services are reviewed via our UM program. The provider is advised that the decision is a payment decision and not a denial of care. The responsibility for treatment remains with the attending physicians. The medical director is available to discuss denials with attending physicians and other providers during the decision process. Notification includes the criteria used and the clinical reason(s) for the adverse decision. It includes instructions on how to request reconsideration as well as a contact person's name, address and phone number

The policy on payment for services helps ensure that the UM decision-making process is based on consistent application of appropriate criteria and policies rather than financial incentives.

- UM decisions are based only on appropriateness of care and service and the existence of coverage
- We do not reward practitioners, providers or other individuals conducting utilization review for issuing denials of coverage or service care.
- The compensation that we pay to practitioners, providers and staff assisting in utilization related decisions does not encourage decisions that result in underutilization or barriers to care or service.

The UM staff is available to discuss specific cases or UM questions by phone by calling **1-800-441-5501** (Medicaid), **1-844-645-7371** (Comprehensive Long-Term Care) or **1-844-528-5815** (Florida Healthy Kids); **TTY**: **711**, from 8 AM to 7 PM ET. UM staff is available on holidays and weekends by voice mail and fax.

Referrals

The primary care provider (PCP) is responsible for coordinating the provision of specialist services. The specialist and PCP work together to coordinate medical care for the member

Why are referrals important?

- Support coordination of care between PCP and specialist
- Promote the right care at the right time
- Ensure enrollees receive preventive, primary care services, not just specialty care

No PCP referral is required for the following direct-access services: chiropractic, dermatology (five visits/year), routine podiatric care, optometry, behavioral health, and OB/GYN. PCP referrals are required for all other specialist services.

Referrals can be done electronically via our secure portal at **AetnaBetterHealth.com/Florida/providers/provider-portal**. If a paper version is preferred, it can be downloaded and printed from our website under Authorizations at **AetnaBetterHealth.com/Florida/providers/provider-auth**.

Specialists will coordinate the provision of specialist services with the PCP in a prompt and efficient manner and furnish a written report within 10 business days of the specialist services. Specialists will refer the member back to the PCP if they determine the member needs the services of another specialist.

Member rights & responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. Members can request a copy of it from their doctor or from Member Services.

Rights:

- You have the right to be treated with courtesy and respect.
- You have the right to have your privacy protected.
- You have the right to a response to questions and requests.
- You have the right to know who is providing services to you.
- You have the right to know the services that are available, including an interpreter if you don't speak English.
- You have the right to know the rules and regulations about your conduct.
- You have the right to be given information about your health.
- You have the right to refuse any treatment, except as otherwise provided by law.
- You have the right to get service from out-of-network providers.
- You have the right to get family planning services without prior authorization.
- You have the right to be given information and counseling on the financial resources for your care.
- You have the right to know if the provider or facility accepts the assignment rate.
- You have the right to receive an estimate of charges for your care.
- You have the right to receive a bill and to have the charges explained.
- You have the right to be treated regardless of race, national origin, religion, handicap, or source of payment.
- You have the right to be treated in an emergency.
- You have the right to participate in experimental research.
- You have the right to file a grievance if you think your rights have been violated.
- You have the right to information about our doctors.
- You have the right to be treated with respect and with due consideration for your dignity and privacy.
- You have the right to receive information on available treatment options and alternatives presented in a manner appropriate to your condition and ability to understand.
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- You have the right to request and receive a copy of your medical records and request that they be amended or corrected.
- You have the right to be furnished health care services in accordance with federal and state regulations.
- You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the state agency treat you.

Responsibilities

- You should provide accurate and complete information about your health.
- You should report unexpected changes in your condition.
- You should report that you understand your care and what is expected of you.
- You should follow the treatment plan recommended.
- You should keep appointments.
- You should follow your doctor's instructions.
- You should make sure your health care bills are paid.
- You should follow health care facility rules and regulations.

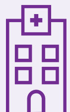
Clinical practice guidelines

Aetna Better Health of Florida makes clinical decisions regarding members' health based on the most appropriate care and service available. We make these decisions based on appropriate clinical criteria. The criteria used in the decision-making process is provided upon request by calling Member Services at the number listed on the back of the member's ID card.

Criteria may be viewed on **AetnaBetterHealth.com/Florida** or a hard copy may be requested. We adopt evidence-based clinical practice guidelines (CPG) from national recognized sources. These guidelines have been adopted to promote consistent application of evidence-based treatment methodologies and made available to practitioners to facilitate improvement of health care and reduce unnecessary variations in care.

Aetna Better Health reviews the CPGs every two years or more frequently if national guidelines change within the two-year period. CPGs that have been formally adopted can be found at **AetnaBetterHealth.com/Florida**. The CPGs are provided for informational purposes only and are not intended to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgment regarding the appropriate treatment of a patient in any given case.

Aetna Better of Florida continues to require notification of admission/prior authorization for all inpatient hospital confinements. This requirement is inclusive of all maternity-related inpatient confinements. Please make sure that ALL inpatient confinements including short stays (1-2 days) have the required authorization or they will be subject to claims denial.



Aetna Better Health of Florida Rural Health Clinic Grant

Aetna Better Health of Florida's Rural Health Clinic Grant (RHC) funding is to assist providers in covering fees or consultations needed in order to adopt or expand the use of electronic health records system, connectivity to the state Health Information Exchange and other community providers. Any funds issued by Aetna Better Health of Florida will be used exclusively to promote enhancements of EMR system.

If your rural health clinic is interested in this grant, please complete the Rural Health Clinic Grant electronic health records (EHR) questionnaire located at **AetnaBetterHealth.com/Florida/providers** and email to Provider Relations at **FLMedicaidProviderRelations@aetna.com**.

EFT/ERA

Not yet enrolled in EFT and ERA with us? Let's get you started!

Aetna Better Health of Florida values the quality care that health care providers give to our members, and it's our goal to provide prompt reimbursement for those services. In order to help you get reimbursed faster, we would like to encourage you to sign up for electronic funds transfers (EFTs) and electronic remittance advices (ERAs). This service is provided at no cost to providers and includes numerous benefits.

EFT offers electronic payments deposited directly into providers' bank accounts. Benefits include:

- Elimination of paper checks
- Faster payment
- Improve payment consistency
- Accurate and secure transactions
- Send payment directly into your bank account
- Electronic traceability
- Reduces risk of lost or misrouted checks to the wrong address

Ready to get your direct payments?

Fill out the electronic fund transfer (EFT) form and email it to us at **FLFinanceEFTEnrollment@aetna.com**. All information is confidential.

ERA offers electronic file that contains claim payment and remittance information sent to your office. Benefits include:

- Convenient payment and retrieval remittance information
- Match payments to advice quickly
- Eliminates the need for paper explanation of benefits (EOBs)

Ready to sign up for electronic remittances?

Fill out the Electronic Remittance Advice (ERA) form and email it to us at **FLMedicaidProviderRelations@aetna.com** when completed.

For your convenience, we also added the EFT and ERA forms online at **AetnaBetterHealth.com/Florida/providers/claims** where you can fill them out electronically.

Keeping directory information up to date

Help us keep your practice information updated in the directory. Having a correct listing is a prerequisite for proper handling of your claims and is important in ensuring uninterrupted care for our members. The following elements are critical to the accuracy of your listing:

- Street address
- Phone number
- TTY number
- Website
- Email address
- Languages spoken
- Board certified
- Ability to accept new patients
- Ages of patients seen
- Hospital affiliations
- Handicap accommodations (parking, restroom, exam room and equipment)
- Close to public transportation
- Office hours
- Special training like cultural competency

If you have any changes/updates let us know by:

Mail:

Aetna Better Health of Florida
Network Operations
261 N University Drive
Plantation, FL 33324

Call: **1-800-441-5501**
Fax: **1-844-235-1340**
Email: **FLMedicaidProviderRelations@Aetna.com**

ConnectCenter has replaced Emdeon Office for claim submissions

Our provider portal is getting an upgrade!

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health. ConnectCenter has replaced Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you. Go to **physician.connectcenter.changehealthcare.com/#/register** to get started today.

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility. Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page.

Most of your Emdeon Office account will be deactivated after April 30, 2021. However, we will provide continued access to old claims by allowing you to log in directly to the Reporting & Analytics feature within Emdeon Office. In order to ensure that you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported.
- Claims created online are fully validated in real-time so that you can correct them in real-time.
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up.
- Dashboard and work list views makes managing your billing to-do list a snap.
- On-shore customer support available through online chat (as well as by phone).

How to ensure long-term access to old claims

If you wish to retain access to old claims after April 30, please take the following steps to establish a Reporting & Analytics account that can be accessed independently of Emdeon Office.

- Begin at **access.emdeon.com** and select the Forgot Password link.
- Provide your email address and the username you use to access the Emdeon Office Aetna Better Health portal.
- Once your new password is emailed to you, please make note of the username, password and **access.emdeon.com** URL for use in future access to Reporting & Analytics.

If you are unable to obtain a new password as described above, please contact customer support for assistance at **1-877-667-1512**, option 2.

Whether you log in to Reporting & Analytics via **access.emdeon.com** or access it by choosing Reporting & Analytics from the Claims menu in the old portal, the functionality will be the same. You will be able to view details and track the status of claims submitted in Emdeon Office. Rejected claims can be corrected and resubmitted from within Reporting & Analytics. Although all claims in Reporting & Analytics remain accessible for 15 months from the date of claim submission, you will not be able to get to these claims after April 30 unless you follow the steps above to create a user account on **access.emdeon.com**.

Need help?

- Call **1-800-527-8133**, option 2, for questions about:
  — Submitting NEW claims
  — Eligibility
  — Claim status
- Call **1-877-667-1512**, option 2 for questions about:
  — The status of OLD claims
  — Access to Reporting & Analytics

You can also email our Florida Medicaid Provider Relations department at **FLMedicaidProviderRelations@Aetna.com**, fax us at **1-844-235-1340** or call Provider Relations at **1-844-528-5815**.

Did you know Availity is live?

Availity is the new destination where health plans connect with their providers for meaningful collaboration. Availity is now live for Aetna Better Health of Florida and has replaced the Medicaid Web Portal. More features are being added throughout the year.

Through a sophisticated multi-payer portal and Intelligent Gateway solution, Availity simplifies complex provider engagement processes like HIPAA transactions, provider demographic data management, clinical data exchange and much more. Built on a powerful, intelligent platform, Availity puts data to work through business solutions that strengthen communications, improve financial performance, and simplify processes and systems.

If you are new to Availity and want to register your provider organization, you'll begin by creating your Availity user account. You'll start by clicking "Register on the Availity" home page to create your user account at **www.availity.com/provider-portal-registration**.