



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](https://www.aetna.com/better-health/florida/provider-manual).

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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 at **1-800-441-5501** (Medicaid), **1-844-645-7371** (Comprehensive Long-term Care) or **1-844-528-5815** (Florida Healthy Kids); (TTY: 711), 8 AM to 7 PM ET. UM staff is available on holidays and weekends by voicemail and fax.



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**



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.

Our member rights

- Be treated with courtesy and respect.
- Always have your dignity and privacy considered and respected.
- Receive a quick and useful response to your questions and requests.
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and laws apply to your conduct.
- Be given easy to follow information about your diagnosis, and openly discuss the treatment you need, choices of treatments and alternatives, risks, and how these treatments will help you.
- Participate in making choices with your provider about your health care, including the right to say no to any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your health care.
- Know if the provider or facility accepts the Medicare assignment rate.
- To be told prior to getting a service how much it may cost you.
- Get a copy of a bill and have the charges explained to you.
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any health emergency that will get worse if you do not get treatment.
- Know if medical treatment is for experimental research and to say yes or no to participating in such research.
- Make a complaint when your rights are not respected.
- Ask for another doctor when you do not agree with your doctor (second medical opinion).
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed.
- Have your medical records kept private and shared only when required by law or with your approval.
- Decide how you want medical decisions made if you can't make them yourself (advanced directive).
- To file a grievance about any matter other than a plan's decision about your services.

- To appeal a plan's decision about your services.
- Receive services from a provider that is not part of our plan (out-of-network) if we cannot find a provider for you that is part of our plan.
- Speak freely about your health care and concerns without any bad results.
- Freely exercise your rights without the plan or its network providers treating you badly.
- Get care without fear of any form of restraint or seclusion being used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of your medical records and ask that they be amended or corrected.
- Receive information on member's rights and responsibilities.
- To voice a complaint about care the organization provides.
- To make recommendations regarding the organization's member rights and responsibilities policy.

Our member responsibilities

Aetna Better Health of Florida members, their families, or guardians are responsible for:

- Give accurate information about your health to your plan and providers.
- Tell your provider about unexpected changes in your health condition.
- Talk to your provider to make sure you understand a course of action and what is expected of you.
- Listen to your provider, ask questions and follow instructions for care you have agreed to with your practitioner.
- Keep your appointments and notify your provider if you will not be able to keep an appointment.
- Be responsible for your actions if treatment is refused or if you do not follow the health care provider's instructions.
- Make sure payment is made for non-covered services you receive.
- Follow health care facility conduct rules & regulations.
- Treat health care staff & case manager with respect.
- Tell us if you have problems with any health care staff.
- Use the emergency room only for real emergencies.
- Notify your case manager if you have a change in information (address, phone number, etc.).
- Have a plan for emergencies and access this plan if necessary for your safety.
- Report fraud, abuse and overpayment.



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 the PCP and the 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](https://www.aetna.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](https://www.aetna.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.



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 filing that contain 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 on our website [AetnaBetterHealth.com/Florida](https://www.aetna.com/Florida) where you can fill them out electronically. They are located under the "For Providers" main tab, "Resources" and "Claims information".

Clinical practice guidelines (CPGs)

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](https://www.aetna.com/betterhealth/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. The CPGs that have been formally adopted can be found at [AetnaBetterHealth.com/Florida](https://www.aetna.com/betterhealth/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 (one to two days) have the required authorization or they will be subject to claims denial.

Managed medicaid expanded benefits – doulas

Doulas are trained professionals who provide continuous physical, emotional, and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible. They're trained, non-clinical partners, often supplementing care from doctors and midwives.

Using doula services is an expanded benefit provided to Medicaid members free of charge.

Credentialing is not required if the doula is not a registered nurse/midwife or has a master's level certification. Prior authorization is required for doula services.

Services offered include:

- Attention to physical comfort through techniques such as touch and massage and assistance with breathing
- Emotional reassurance, comfort and encouragement

- Information about what's happening during labor and the postpartum period, including explanations of procedures
- Help with facilitating communication between the member and the hospital staff
- Guidance and support for loved ones
- Assistance with breast-feeding





ProgenyHealth neonatal care management

Aetna Better Health of Florida has partnered with ProgenyHealth, a company that specializes in neonatal care management services. This is an exciting opportunity. ProgenyHealth’s care management program enhances services to our members and support our mission to make a lasting difference in our members’ lives by improving their health and well-being.

Under this agreement, ProgenyHealth’s neonatologists, pediatricians and neonatal nurse care managers will work closely with our members, as well as attending physicians and nurses, to promote healthy outcomes for Aetna Better Health of Florida’s premature and medically complex newborns.

The benefits of this partnership to you:

- The support of a team who understands the complexity and stress of managing infants in the NICU and will work with you to achieve the best possible outcomes.
- A collaborative and proactive approach to care management that supports timely and safe discharge to home.

- A company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation.

Families will have a dedicated case manager who will give support and education to members in the program. Also, they will be able to access an extensive online library and an “on-call” staff member available 24/7. For our hospitals, ProgenyHealth will serve as a liaison for Aetna Better Health of Florida providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

Please notify ProgenyHealth directly of admissions via Sfax at **1-877-855-2431** and their clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

If you wish to learn more about ProgenyHealth’s programs and services, call **1-888-832-2006** or visit progenyhealth.com. Thank you for your partnership in caring for Aetna Better Health of Florida members.



Join Aetna Better Health of Florida’s provider network

We are looking to expand and grow our network for long-term and community-based providers. Join our network and become a participating provider for Aetna Better Health of Florida in your service area.

Providers are the cornerstone of our service delivery approach and the ability to serve our members well is dependent upon the quality of our network, which consists of physicians and physician assistants, hospitals, pharmacies, and providers of long-term and community-based services and supports.

We look forward to working with you to provide our members with quality health care services. Should you have any questions, contact our Contracting Department at **1-800-441-5501** (MMA) or **1-844-645-7371** (LTC) or email us at FLMedicaidContracting@aetna.com.





Community health workers (CHWs)

Community health workers support member health care needs by facilitating access to services and improving member quality of life and overall health. CHWs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

- Referrals to community resources
- Emergency shelter
- Food security
- Support groups
- Transportation
- Family and social support
- Smoking cessation and weight management healthy behaviors programs
- Other identified needs

Ongoing member support

- Face-to-face visits with members
- Assistance coordinating primary care visits

- Support reducing barriers to care accessibility
- Servicing members in Orlando, Miami, and Tampa

One of the most important roles of CHWs is to increase patient confidence in the services or program to support their wellness. Because many individuals may have experienced repeated traumatic experiences, including discriminatory behavior from service providers, they may be afraid of going to the doctor or seeking out support. CHWs engage with members in a nonjudgmental and culturally attuned matter that builds trust. Members are identified by their treating physician for engagement. The CHW will contact the member to assess their needs, provide referrals to community resources and continual support to coordinate care and reduce barriers to accessibility.

If you have any questions, contact us via e-mail at FLMedicaidProviderRelations@aetna.com. You can also fax us at **1-844-235-1340** or call Provider Relations at **1-844-528-5815**.



Social determinants of health (SDoH)

Aetna Better Health of Florida covers medically necessary benefits that support member social determinants of health. When our members receive the support they need for transportation, housing, and other much needed services, they can better focus on managing their health.

- Assistance reapplying for Medicaid benefits
- Transportation: ModivCare
- Cleaning: pest control, carpet cleaning, house cleaning
- Housing specialist: assist with housing searches, voucher applications, transitioning from institution to community
- Member advocates: assist with coordinating and access to community resources
- In-office care management support for provider or specialist visits
- Peer support specialist
- Disease management education
- Smoking cessation support services
- Assistance finding food, housing, goods, transportation, legal assistance, education, work, and more using FindHelp, a web-based tool
- References to local community support programs
- Caregiver support toolkits

We are committed to reducing health inequities. As part of this commitment, we encourage the use of Z codes to document SDoH, including access to food, access to transportation, literacy issues, and other social and economic issues.

For the complete list of Z codes to document SDoH, visit [AetnaBetterHealth.com/Florida/providers/announcements](https://www.aetna.com/better-health/florida/providers/announcements).



Housing Assistance Pilot Program

Aetna Better Health of Florida participates in the Housing Assistance Pilot for Region 7 that include Seminole, Orange, Osceola, and Brevard counties. This program assists our Aetna Medicaid and Long-Term Care members, aged 21 and older, with serious mental illness (SMI), substance use disorder (SUD) or SMI with cooccurring SUD that are homeless or at risk of homelessness. The services provided to members in this program are supplemental to their current ABHFL benefits.

Goals of the program

- Build multi-sector collaborations and implement evidence-based strategies promoting housing stability, assistance with transitions, crisis intervention services, tenancy support and education, and peer support by partnering with community providers who have current relationships with homeless coalitions in the areas served.
- Provide services and support for members who are the most vulnerable while ensuring that they have a stable home and access to health care and community services.
- Provide true service integration by connecting behavioral health case management services with physical health case management.
- Leverage the capabilities and experience of our behavioral health providers in conjunction with our case management team to transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Aetna Better Health of Florida will be providing the following services:

- **Transitional housing services:** Services that support an individual to prepare for and transition into housing, tenant screening and housing assessment, individualized housing support plan, assist with search for housing and application process, identify resources to pay for ongoing expenses like rent, ensure living environment is safe and ready to move-in, cover one-time incidentals such as assistance with deposits up to \$500.
- **Tenancy sustaining services:** Early intervention for behaviors that might jeopardize housing, education/training in roles, rights and responsibilities between tenant and landlord, coaching on developing/maintaining relationships with property managers, assist with resolving disputes, reduce risk of eviction, advocacy and linkage with community resources, assistance with community recertification process, review, coordinate and modify housing support and crisis plans.
- **Mobile Crisis Management:** Delivery of immediate de-escalation services for emotional symptoms and/or behaviors at the location in which the crisis occurs, behavioral health crisis team available 24/7/365, prevent loss of housing or emergency inpatient behavioral health admission when possible.
- **Self-Help/Peer Support:** Person-centered services promoting skills for coping with and managing symptoms, utilizing natural resources and preservation, or enhancing community living skills with the assistance of a peer support specialist.

To make a referral for the Housing Assistance Pilot call **1-800-441-5501** or email **abhfl-specialtycm@aetna.com**. If making a referral through email, please include “Housing Program Referral” on the subject line of the email.



Telehealth

Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. By increasing access to physicians and specialists, telehealth helps ensure patients receive the right care, at the right place, at the right time. This modality type increases access to healthcare for patients who face barriers such as distance (especially those in rural areas), transportation, or caretaker availability.

Aetna Better Health of Florida has targeted member campaigns in place that includes:

- Engaging case management and member services to promote telehealth for members who have difficulty accessing care or with chronic conditions
- Promoting store and forward and remote patient monitoring programs
- Improving care access in areas where transportation may be an issue or specialists are not located nearby
- Tying into the our PCP-at-Home program, developed for members with no PCP claims, to encourage telemedicine between care visits by the community-based providers

As a participating Aetna Better Health of Florida provider offering telehealth, you must meet the following requirements:

- Ensure the services provided are medically necessary and performed in accordance with the applicable Medicaid service policy.
- Ensure the patient and parent or guardian, as applicable, are present for the duration of the service provided using telemedicine except when using store and forward modalities.
- Ensure telehealth is not used if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient.

- Include documentation regarding the use of telehealth in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as described in the coverage policy.
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) when providing services; all equipment and means of communication transmission must be HIPAA compliant.
- Ensure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video. Telephone or electronic-based contact with a Florida Medicaid recipient without a video component is not permitted.
- Have fraud, waste and abuse policies and procedures specific to telemedicine that address:
 - Authentication and authorization of users
 - Authentication of the origin of the information
 - The prevention of unauthorized access to the system or information
 - System security, including the integrity of information that is collected, program integrity and system integrity
 - Maintenance of documentation about system and information usage
- Have available audio/video equipment (real-time two-way audio/video live communication only).
- Ensure equipment and operations comply with technical safeguards in 45 CFR 164.312.
- Provide training to clinical personnel on telehealth requirements.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.

Providers are required to sign an attestation indicating all telehealth requirements have been met. The telehealth requirements can be found in the provider manual at [AetnaBetterHealth.com/Florida/providers/provider-manual](https://www.aetna.com/better-health/florida/providers/provider-manual).



Pharmacy restrictions and preferences, how to access our Preferred Drug List (PDL) and Formularies

You can access the our Preferred Drug List and Formularies at [AetnaBetterHealth.com/Florida](https://www.aetnabetterhealth.com/Florida). Information on the PDL and formularies can be found under the “For Providers” tab, “Pharmacy” subtab, “Preferred Drug List & Formulary” drop-down.

Direct link: www.aetnabetterhealth.com/florida/providers/provider-pharmacy/drug-list. This will provide you access to 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.

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

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

