Aetna Better Health of Florida

Monthly Training-EVV Requirements and Submissions

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Learning objectives

As part of your Aetna Better Health of Florida's monthly training, we will

- Discuss EVV (electronic visit verification) submissions

- Review Tellus Training Resources

- Explain how to submit a ticket

- Discuss Billing

- Review Web Connect Tool

- Introduce Availity- New Provider Web Portal

- Explain Timely Filling Guidelines

- Inform the importance of EFT/ERA Registration

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EVV- Electronic Visit Verification

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EVV - Electronic Visit Verification

Aetna Better Health of Florida is currently live with Tellus for EVV, and many providers are submitting claims to us via the Tellus Claims Portal.

Providers (Home Health Care) are required to verify delivery of services using EVV system (i.e., by having caregivers logging visits with EVV app). This will ensure that your claims will be paid accurately and on time.

As a provider, it is your responsibility to be compliant with the EVV mandate by AHCA, State Agency.

Need Help?

If you have any Tellus EVV system questions or concerns, please contact Tellus at 833-483-5587 or support@4tellus.com.

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EVV - Claim Submissions

Aetna Better Health of Florida (ABHFL) would like to inform all Home Health and Personal Care Services Providers of the new requirements by the federal 21st Century Cures Act and the State Medicaid Managed Care (SMMC)

Effective for dates of service beginning June 21, 2021, Medicaid Home Health and Personal Care Services claims must be submitted through Tellus, our Electronic Visit Verification (EVV) vendor. Please be advised that Aetna Better Health of Florida will deny any claims that are submitted outside of Tellus Electronic Visit Verification (EVV) system.

Claims for personal care services and home health services may be processed outside of the managed care plan's EVV vendor system on a **case-by-case** basis where there is a documented plan vendor system issue that prevents the provider from billing through the plan's EVV vendor

As a provider, it is your responsibility to be compliant with the EVV mandate.

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Tellus- EVV Portal Training Resources

Accessing Tellus EVV Training Resources - Video Tutorials

Tellus EVV Client Portal

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TELLUS

English   TELLUS DEMO ▾   Provider ▾

Dashboard
Schedule
Visits
Work List
Claim Review
Prior Authorizations
Reports
Users
Recipients
Provider
Training
Settings

Go to Training

Step 2:
Click Go to Training link

Step 1:
Click Training

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TRAINING RESOURCES

GETTING STARTED

LEARN HOW TO USE TELLUS EVV

We Look Forward To Helping You Get Started With Tellus EVV.

Our comprehensive, cloud-based solutions work to simplify, streamline and quickly and easily verify care delivery tasks and process claim data right at the point of care. That means agencies, caregivers and patients can focus their time and attention on what matters most — improved care delivery with better outcomes, greater efficiency and cost reduction.

EVV TRAINING

TOOLS FOR YOUR **SUCCESS**

User Guides VIEW	Video Tutorials VIEW	FAQ Knowledge Base COMING SOON
Recorded Webinars COMING SOON	Training Webinars VIEW	Support Desk VIEW

Tellus EVV Client Portal

Step 3

▪Select training resource.

User Guides

▪View, print, download and search PDF files.

Video Tutorials

View short on-demand video snippets.

Training Webinars

▪View and register for upcoming training webinars.

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Tellus EVV Video Tutorials

VIDEO TUTORIALS

GET HELP

CONTINUE **LEARNING**

We look forward to helping you get started with Tellus EVV. Select your preferred training session below.

If you are trying to register for AHCA Behavior Analysis Training, visit 4tellus.com/ahca-ba and select the Training & Resources tab.

Admin Console
VIEW VIDEOS

Claims Console
VIEW VIDEOS

Mobile Application
VIEW VIDEOS

Special Topics
VIEW VIDEOS

Step 4: Scroll Down

Admin Console

Getting Started - Admin Console

Demonstrates the functions and features of the Tellus EVV Administrator Console.

WATCH VIDEO
14m 36 seconds

Set Up: Add Users

Demonstrates how to manually upload, edit, and interact with a user in the Tellus system.

WATCH VIDEO
12min 30 seconds

Video Category Tiles:
Click on a tile to navigate to the section.

Step 5:
Click the Link labeled **Click here to watch Video** to view videos.

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Questions?

We're Here to Help!

support@4tellus.com

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Follow Tellus, LLC

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Creating a Ticket

How to Create a Help Desk Ticket

Tickets must contain the following information

- ✓ Name and Address of Agency
- ✓ NPI and EIN of Agency
- ✓ Best Contact Phone Number and Email
- ✓ A Detailed Explanation of the Issue
- ✓ Screenshots of the Issue
- ✓ Medicaid ID
- ✓ Payer/Provider ID
- ✓ List Payer you are Experiencing Issue(s) With
- ✓ Send Email to support@4tellus.com

Please encrypt any screenshots with PHI or protected information
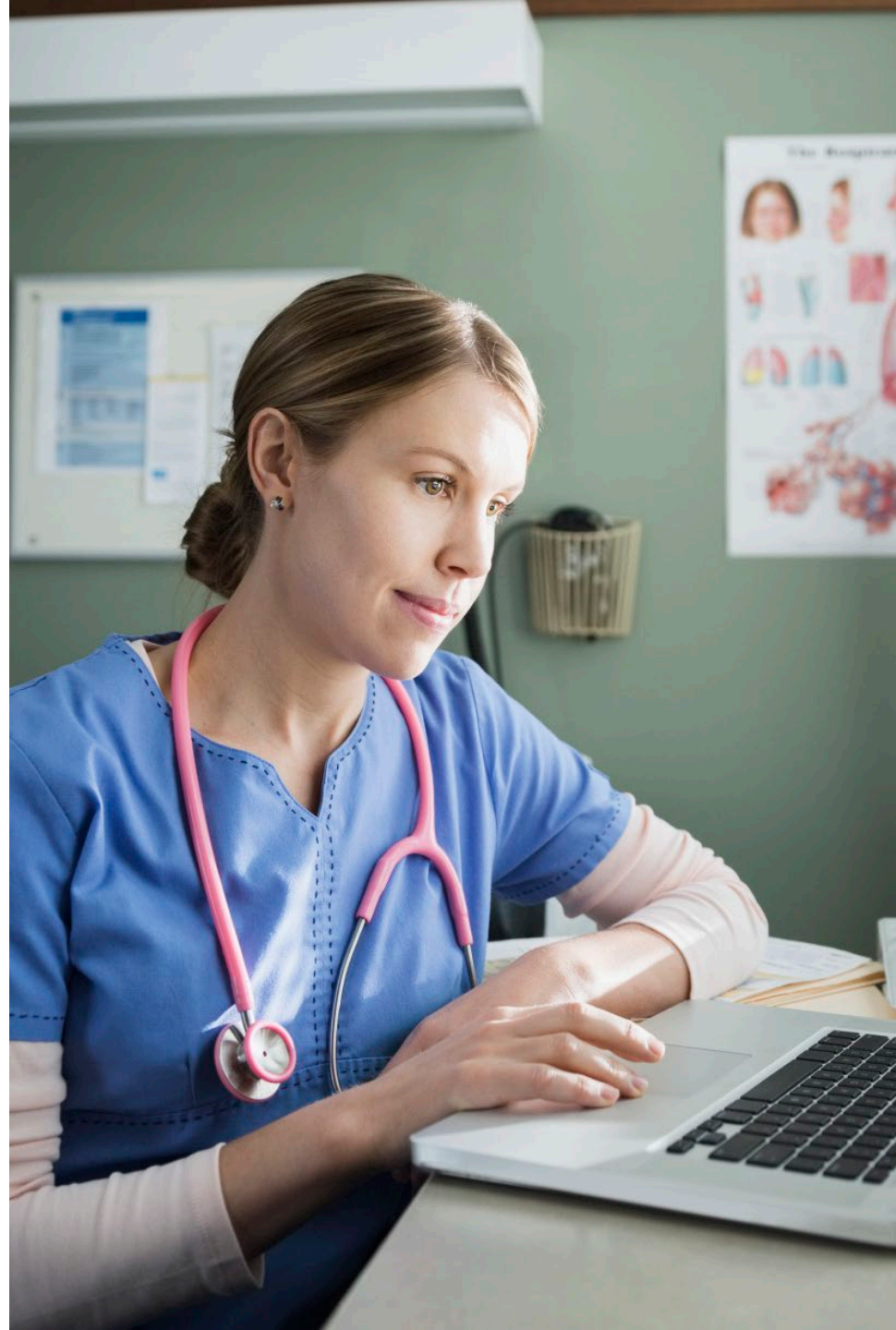
Billing

CPT codes –EVV Billing

CODE	DESCRIPTION
S9122	Personal care by a home health service provider
T1030	Registered Nurse (RN) visit
T1031	Licensed Practical Nurse (LPN)Visit
T1021	Home Health Aide (HHA) Visit
S9123	Private duty nursing rendered by an RN
S9124	Private duty nursing rendered by an LPN
S5135	Companion Care, Adult per 15 min
S5136	Companion Care Adult per diem
S5130	Home Maker Services per 15 min
T1019	Personal Care

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Change Healthcare Web Connect Tool

Web Connect Tool

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health.

Within the next month, ConnectCenter will replace Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you. Get started TODAY!

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until 5/31/2021.

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:
https://physician.connectcenter.changehealthcare.com/#/site/home?payer=214558

Link:
https://physician.connectcenter.changehealthcare.com/#/register/step1/PQCGR5mGCwgELkrDndrXQaA6NIakfqyNVLp3Qt-1Q-sI6IP6mLTz8Qf_jaeJUM9-

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Availity

Availity Provider Portal- Live 1/19/2021

Current Functionalities

- ✓ Payer Spaces
- ✓ Claim Submission Links (CHC)
- ✓ Contact Us messaging
- ✓ Claim Status Inquiry
- ✓ Appeal & Grievance Submissions
- ✓ Reports (Ambient)
- ✓ Prior Authorization – Submission and Status Lookup

Future Functionality Releases

Q2 2021
- Eligibility and Benefits

Q3 2021
- Remit PDF
- Enhanced Panel Roster
- Enhanced G&A Tool

Our communications will be transitioning from fax blast to via email in the near future. Keeping our providers informed is our priority. If you have not yet reached out to us to ensure we have your most recent email address, we ask that you do so now!

How to submit your most updated email address to us?

It's simple, just follow one of these steps:
1. Complete the following survey monkey: https://www.surveymonkey.com/r/W8QDMS7
2. Send us an Email at: FLMedicaidProviderRelations@Aetna.com
   - Your email subject line should include the title and + NPI #. Example (Email Address Update + 12345678).

Be on the lookout over the next few months for co-branded emails directly from Availity as new products roll out and training plans are developed.

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Timely Filling Guidelines

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.

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. (F.S. 641.3155)
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 VIII.D)(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 VIII)(E)(1)(h)
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 VIII)(E)(2)(d)(2)
Corrected Claims	Provider shall mail or electronically transfer (submit) the corrected claim within **180 days** from the date of service or discharge from an inpatient admission. (F.S. 641.3155)
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(2)(c)(2)

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EFT/ERA Registration

EFT and ERA Registration

Aetna Better Health provider portal has moved into the Availity system effective January 2021.

Providers will be taken to our health plan website where the EFT and ERA forms are housed when clicking on the EFT and ERA applications.

Why should Providers Register?

- Save time and money with these electronic tools

- Electronic remittance advice (ERA) provides claims payment explanations in HIPM· compliant files.

- Electronic funds transfer (EFT} puts payment right into your account.

- Explanations of Benefits (EOBs) are on our secure provider website. Patient cost estimator is available on our provider portal on Availity.

We highly encourage providers to register for EFT and ERA. Please call our Provider Services Department at 1-844-528-5815 for assistance or your assigned Network Consultant.

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**Questions? We've got answers.
Just call our Provider Services Department
at 1-844-528-5815 .**