

MFC Provider Billing and Reimbursement

Authorization Requirements:

Authorization is not required for Medical Foster Care. The Health plan will participate in the CMAT staffing that determines the level of care (LOC) being reimbursed to the Medical Foster Care parent. To bill for MFC services, the MFC provider must bill with the following codes according to the Level: Level I S5145 with modifier HA; Level II S5145 with modifier TF; and Level III S5145 with modifier TG. All Medical Foster Children will be assigned a Case Manager to assist with coordination of services.

Reimbursement Process:

MFC services will be reimbursed at the current Medicaid rate. MFC providers must have an active Medicaid ID and National Provider Identifier (NPI, and they must be linked). **For more information on how to link the Medicaid number to the NPI click on link:**

http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabId/58/Default.aspx

Single Case Agreements (SCAs):

Aetna Better Health will enter into single case agreements with existing providers to honor continuity of care requirements for any MFC member who was receiving MFC at the time of transition. A single case agreement is a contract between the health plan and an out-of-network provider for a specific service or patient, to ensure services are continued.

Ensuring Continuity of Care (COC):

Aetna Better Health will honor any ongoing treatment that was authorized prior to the recipient’s enrollment into the plan for up to **60 days** after the roll-out date in each region. After the COC period the provider will be reimbursed at the current Medicaid rate and will not require prior authorization.

Claim Related Provider Complaints:

Claim related or non-claim related complaints may be escalated to the MFC contact person. If reaching out through email, please include “MFC Complaint” on the subject line and provide a brief description of the complaint and contact information where to be reached.

Contact Information	Claims/billing Address
<p>Aetna Better Health of Florida - Medicaid 1340 Concord Terrace Sunrise, FL 33323 Hours: Monday – Friday, 8 a.m. – 7 p.m. ET Toll Free Number: 1-800-441-5501 Provider Services Fax: 1-844-235-1340 Prior Authorizations Fax: 1-860-607-8056 Provider Services Email Address: FLMedicaidProviderRelations@aetna.com</p> <p>MFC Contact Person: Jennifer Morla Email: morlaj@aetna.com Phone: 954-858-3314</p>	<p>Claim Form: CMS1500 Paper Claims: Processed within 15-30 days of receipt. Aetna Better Health of Florida P.O. Box 63578 Phoenix, AZ 85082-1925 System Requirements: Screen Resolution (1020X768), Operating System (Windows Vista), Browser (Internet Explorer v7.0/v.80). Electronic Claims (EDI): Processed within 2-15 days of receipt. Payor ID: 128FL WebConnect is our free provider claims submission portal via Change Healthcare (Emdeon) found at https://office.emdeon.com/vendorfiles/AetnaFL.html. Change Healthcare is a contracted vendor used by ABH for electronic claim submission, processing and support. Additional training materials can be found on our website at: aetnabetterhealth.com/florida</p>