

Behavior Analysis (BA) Frequently Asked Questions (FAQ)

I. Continuity of Care

What is the 90-day continuity of care (COC) period for BA?

For BA, ABH-FL will honor any prior authorizations for behavior analysis (BA) services for the entirety of the continuity of care period of 90 days. ABH-FL will extend any existing prior authorizations that may expire during the initial continuity of care period for the remainder of the continuity of care period. For enrollees that change plans during the initial continuity of care period, ABH-FL will coordinate with the previous plan to ensure existing prior authorizations will be honored. BA Providers will be paid at the rate they were previously paid for 90 days.

When does COC end?

The COC period ends on May 2, 2025.

Do any members require a prior authorization during COC?

Any member who had not previously received BA services requires a prior authorization before initiating services.

After the COC period are BA providers required to complete another initial assessment?

No, please submit your original initial assessment with your continuation of services prior authorization request.

II. Contracting & Credentialing

Do I need a Medicaid ID to enroll as a provider with Aetna Better Health of Florida (ABHFL)?

Yes. Having a Medicaid ID is a requirement to enroll with Aetna Better Health of Florida as a provider.

How do I get contracted and credentialed with ABHFL?

Behavioral Services Network (BSN) completes our Behavioral Analysis provider contracting and credentialing. Interested providers may apply on the BSN website: <https://providers.bsnnet.com/auth/register>

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Is the ABH-FL network closed for BA providers?

No, our network is not closed. We are evaluating all applications as they are submitted per our credentialing standards.

If we are contracted and credentialed on the Aetna Commercial plans, will ABHFL automatically credential us for Medicaid?

No. Providers must have a Florida Medicaid ID to request participation in the network and will be evaluated for participation in the Medicaid network. It is a separate credentialing application that is submitted through BSN.

Do I need a Medicaid contract if my agency already has a contract with Aetna Medicare and Aetna Commercial?

Yes, a Medicaid contract is required.

How long does it take to complete contracting and credentialing?

Within 60 days from contract execution and submission of a completed credentialing application, providers will be loaded in our system. If the credentialing application is incomplete, the timeline does not begin until all documents needed are submitted.

How will BA providers be notified of the result of their credentialing packet and whether they were accepted into the network?

Decisions about credentialing are sent to providers in writing with information on appeal rights for any denied application.

What can I do if I am denied from the network?

You may appeal the decision directly to BSN via the Appeals Department, appeals@bsnnet.com. Appeals will be reviewed within 60 days.

Will ABH-FL require that Registered Behavior Technicians (RBT) be credentialed?

Registered Behavior Technicians (RBTs) are not required to be credentialed by us; however, they must be credentialed by the Behavior Analyst Certification Board® and have a valid Medicaid ID.

Note: A roster of RBT's and their Medicaid ID will be required for credentialing.

What BA providers are required to be credentialed?

BCBA's and BCaBA's

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III. Claims and Payment

How long does it take for claims to get paid?

ABH-FL currently issues payments to providers three (3) days per week.

Electronically submitted **clean claims** are paid or denied no later than 15 days after submission. Non- electronically submitted **clean claims** are paid or denied no later than 20 days after submission.

Why are my claims pending?

When ABH-FL receives a claim from a non-participating provider, we need to load your information to pay the claim. Your claim will pend temporarily until we load you in our system. You may see your claim go through other statuses such as PAY or DENY. These statuses are non-final, and your claim is not finalized until the status is PAID or DENIED. We are carefully monitoring claims and will reprocess any claims that we incorrectly deny.

Can out-of-network (OON) providers sign up for electronic funds transfer (EFT)?

Non-Par providers otherwise known as “OON” providers can request payment through EFT. To sign up for EFT, you’ll need to provide an ECHO payment draft number and payment amount for security reasons as part of the enrollment authentication. Find the ECHO draft number on all provider Explanation of Provider Payments (EPP), typically above your first claim on the EPP.

Note: If you have not received a payment from ECHO before, you will receive a paper check with a draft number you can use to register after receiving your first payment.

Where and how can we track claims that have been submitted?

Claims can be tracked in Availity if you are a participating provider with ABHFL. You can also check claim status in your clearinghouse, such as Office Ally.

When submitting claims during COC do we need to include the previous prior authorization number given to us when it was managed under fee for service?

No.

Can we use other clearinghouses when submitting claims?

Yes, you can use your clearing house and it will transmit to ours, but you will need to use our payer ID, 128FL.

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How do I add Aetna Better Health of FL as a payer in Availity?

Please call Availity support at (800) 282-4548 to add Aetna Better Health. If you have Aetna Commercial, you will need to register and add Aetna Better Health for the Medicaid line of business.

IV. Utilization Management and Prior Authorization

Will prior authorization (PA) be required for BA services?

Yes, prior authorization will be required for BA services. To check whether a service requires prior authorization, you can visit ProPAT, our prior authorization requirement search tool: <https://medicaidportal.aetna.com/propat/Default.aspx>

What criteria will ABH-FL follow for prior authorizations and medical necessity?

We will follow the most current AHCA Behavior Analysis Medicaid Services Coverage Policy.

What is the timeframe that behavior analysis services will be authorized for?

All prior authorizations received are reviewed for medical necessity. Prior authorizations for initial evaluations will be authorized for up to three (3) months and each subsequent prior authorization treatment request may be authorized for up to six (6) months. Providers must request a new authorization if clinical conditions require a new assessment.

When can we start to submit prior authorizations for dates of service after COC (5/2/2025)?

We encourage providers to begin sending prior authorization requests for dates of services from 5/2/2025 and beyond, 30 days prior to COC ending.

V. General Questions

Who can I call at Aetna if I have questions regarding BA?

Call 1-800-441-5501 (TTY: 711). We're here for you 8 AM to 7 PM, Monday through Friday. You can also visit our Provider Website:

<https://www.aetnabetterhealth.com/florida/providers/index.html>

Is BA covered for Florida Healthy Kids (FHK)?

No, BA is only covered for Medicaid.

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In which regions/areas can I provide BA services if I become part of the ABH-FL network?

Region D (6): Hardee, Highlands, Hillsborough, Manatee and Polk

Region E (7): Brevard, Orange, Osceola, and Seminole

Region I (11): Miami-Dade and Monroe

Where can I locate all the BA provider resources?

Our resources for providers related to BA can be located on our provider facing website: <https://www.aetnabetterhealth.com/florida/providers/index.html>

Pathway to get to the resources: ABHFL provider website→Resources→Materials and Forms→Behavioral Analysis

Where can I find all this information and any additional information that might help me as a new provider?

The ABH-FL provider website has a wealth of information which includes provider orientation, provider newsletters, trainings, and our Medicaid Provider Manual <https://www.aetnabetterhealth.com/florida/providers/index.html>.