


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	August 28, 2020
	Purpose:	Provider Bulletin: Invite providers to survey monkey FL Special Training Form
	Subject:	ABHFL Providers Special Trainings
	Products:	All Lines of Business - MMA, LTC, FHK
	From:	<u>Provider Relations</u>

Dear Provider,

As an Aetna Better Health of Florida (ABHFL) provider you render a wide-range of services. To better serve our members we require specific information about the special training(s) you have received. Therefore; we have created a quick survey monkey “[Special Training Form](#)” to capture any Special Trainings information that was not previously provided to us.

Please visit <https://www.surveymonkey.com/r/9GHJG3T> in order to complete the ABHFL Special Training Form for each provider Tax ID/NPI combination indicating all the services you provide. For example, if you have one (1) Tax ID with multiple NPIs, you will need to fill out this form for each combination.

We appreciate the excellent care you provide to our members and helping us keep the most updated information in our Provider Directories for our members. If you have any questions about this Form or how to complete the Form, the contracting team is available to answer your questions by reaching them via email at: FLMedicaidContracting@aetna.com

Thank you

Provider Relations Contracting Department
Aetna Better Health of Florida

Telephone: 1-844-528-5815

Fax: 1-844-235-1340

E-mail: FLMedicaidContracting@aetna.com

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

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FL-20-08-06

Proprietary