



# PROVIDER BULLETIN

<b>Ohh hDate:</b>	April 9, 2019
<b>Purpose:</b>	Provider Bulletin: Refund Checks Reminder
<b>Subject:</b>	Refund Checks
<b>Products:</b>	MMA, FHK, LTSS
<b>From:</b>	<u>Provider Relations – Medicaid</u>

Dear Providers,

The purpose of this notice is to remind you that there are two different addresses for Aetna Better Health of Florida when submitting a provider refund and/or a returned check.

We ask that you please send your requests to the correct address to avoid any delays in your request and submissions. Below is a chart with the correct address for each request and examples as a guidance.

<b>PROVIDER REFUNDS</b> Checks that are issued by HealthCare Providers to ABHFL due to: <ul style="list-style-type: none"><li>• Overpayment</li><li>• Wrong TIN</li><li>• Incorrect rate</li><li>• Duplicate payment</li></ul>	<b>Provider refunds can be mailed to:</b> Aetna Better Health of Florida PO Box 842514 Dallas, TX 75284-842514
<b>RETURNED CHECKS</b> Checks that were initially issued by Aetna Better Health of Florida and provider did not: <ul style="list-style-type: none"><li>• Deposited check to any bank account</li><li>• Cashed the check</li></ul>	<b>Returned checks can be mailed to:</b> Aetna Better Health of Florida Attn: Finance 4500 E Cotton Center Blvd Phoenix, AZ 85040

**Aetna Better Health® of Florida**  
1340 Concord Terrace  
Sunrise, FL 33323



If you have any questions or urgent concerns, please contact your Network Relations Consultant or a Provider Relations representative for assistance in resolving any issues.

We appreciate your continued service to our members. Please feel free to contact us via e-mail [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com), fax 1-844-235-1340 or speak to a Provider Relations Representative: (MMA) 1-800-441-5501, (LTC) 1-844-645-7371, or (FHK) 1-844-528 5815.

Sincerely,

### Provider Relations

**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 of 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.