Provider newsletter

Summer 2026

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AetnaBetterHealth.com/Florida

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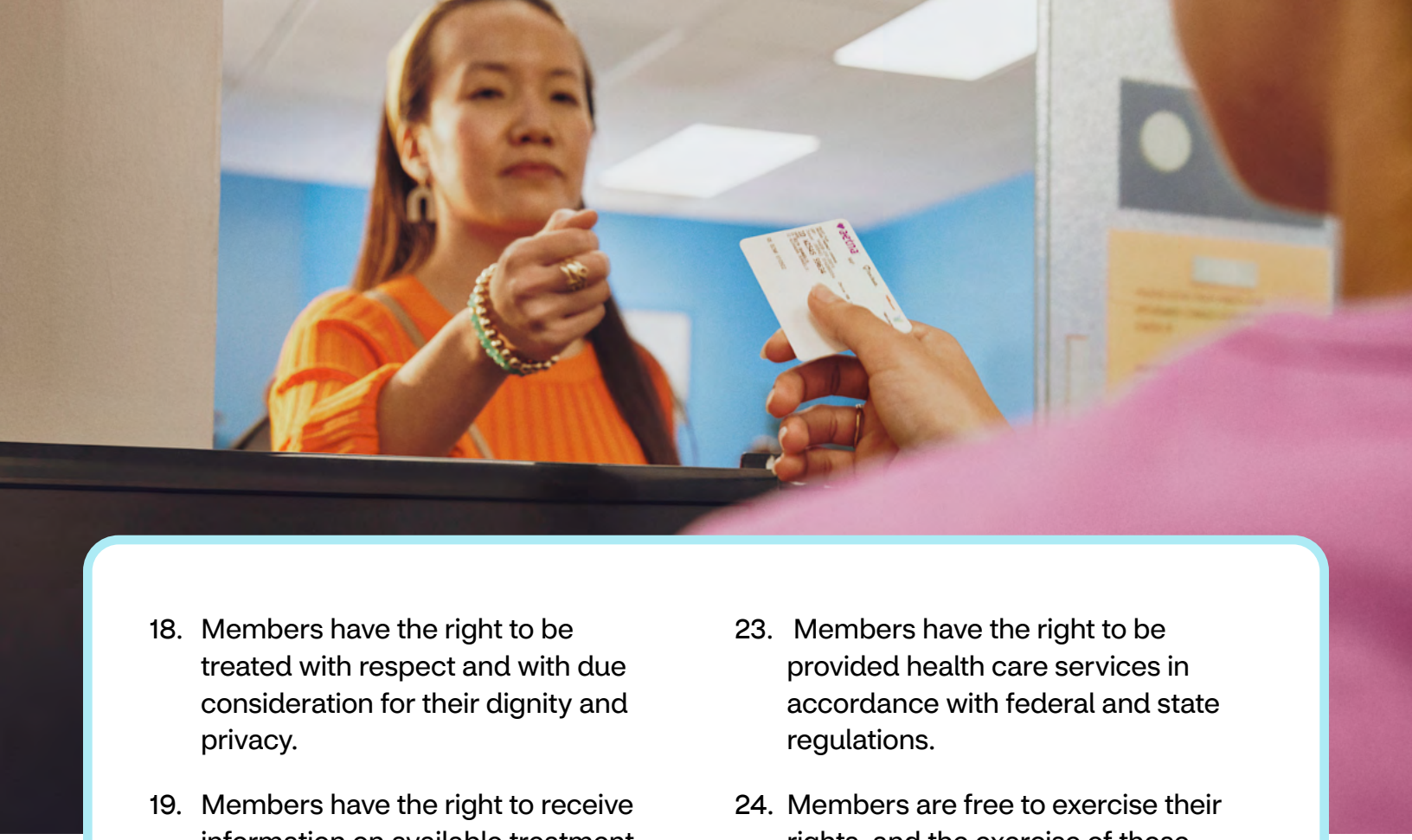
Aetna Better Health® of Florida

Member rights & responsibilities

We have adopted the Florida Member's Bill of Rights and Responsibilities. Members can request a copy of it from their doctor or from Member Services.

Member rights

1. Members have the right to have their privacy protected.
2. Members have the right to a response to questions and requests.
3. Members have the right to know who is providing services to them.
4. Members have the right to know the services that are available, including an interpreter if they don't speak English.
5. Members have the right to know the rules and regulations about their conduct.
6. Members have the right to be given information about their health.
7. Members have the right to get service from out-of-network providers for emergency services.
8. Members have the right to get family planning services from any participating Medicaid provider without prior authorization.
9. Members have the right to be given information and counseling on the financial resources for their care.
10. Members have the right to know if the provider or facility accepts the assignment rate.
11. Members have the right to receive an estimate of charges for their care.
12. Members have the right to receive a bill and to have the charges explained.
13. Members have the right to be treated regardless of race, national origin, religion, handicap, or source of payment
14. Members have the right to be treated in an emergency.
15. Members have the right to know if medical treatment is for purposes of experimental research and to give their consent or refusal to participate in such research.
16. Members have the right to file a grievance if they think your rights have been violated.
17. Members have the right to information about our doctors.



18. Members have the right to be treated with respect and with due consideration for their dignity and privacy.
19. Members have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to their condition and ability to understand.
20. Members have the right to participate in decisions regarding their health care, including the right to refuse treatment.
21. Members have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
22. Members have the right to request and receive a copy of their medical records and request that they be amended or corrected.
23. Members have the right to be provided health care services in accordance with federal and state regulations.
24. Members are free to exercise their rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat them.
25. Members have the right to make a complaint about the health plan or the care it provides.
26. Members have the right to file a grievance about any matter other than an adverse benefit determination.
27. Members have the right to appeal a decision the health plan makes.
28. Members have the right to make a recommendation regarding the health plan's member rights and responsibilities.

Member responsibilities

Aetna Better Health of Florida members, their families, or guardians are responsible for:

1. Members should provide accurate and complete information about their health.
2. Members should report unexpected changes in their condition.
3. Members should report that you understand your care and what is expected of them.
4. Members should follow the recommended treatment plan.
5. Members should keep appointments.
6. Members should follow their doctor's instructions.
7. Members should make sure their healthcare bills are paid.
8. Members should follow health care facility rules and regulations.
9. Members should understand their health problems and participate in starting equally agreed- upon treatment goals.

Utilization management (UM) criteria, availability, decisions

Utilization management (UM) criteria and availability/UM decisions is a system for reviewing eligibility for benefits for the care that has been or will be provided to patients. The UM department includes:

- Preauthorization
- Concurrent review
- Case management tool

Medical necessity is based upon clinical standards and guidelines as well as clinical judgment. All clinical standards and guidelines used in the UM program have been reviewed and approved by practicing, participating physicians in our network. You can receive a copy of our clinical standards and guidelines by calling us at **1-800-441-5501**, 8 AM to 7 PM ET.

The medical director makes all final decisions regarding the denial of coverage for services when the services are reviewed via our UM program. The provider is advised that the decision is a payment decision and not a denial of care. The responsibility for treatment remains with the attending physicians. The medical director is available to discuss denials with attending physicians and other providers during the decision process. Notification includes the criteria used and the clinical reason(s) for the adverse decision. It includes instructions on how to request reconsideration as well as a contact person's name, address, and phone number.

The policy on payment for services helps ensure that the UM decision-making process is based on consistent application of appropriate criteria and policies rather than financial incentives.

- UM decisions are based only on appropriateness of care and service and the existence of coverage.
- We do not reward practitioners, providers or other individuals conducting utilization review for issuing denials of coverage or service care.
- The compensation that we pay to practitioners, providers and staff assisting in utilization related decisions does not encourage decisions that result in underutilization or barriers to care or service.

The UM staff is available to discuss specific cases or UM questions by phone by calling **1-800-441-5501** (Medicaid), **1-844-645-7371** (Comprehensive Long-term Care) or **1-844-528-5815** (Florida Healthy Kids); **(TTY: 711)**, from 8 AM to 7 PM ET. UM staff is available on holidays and weekends by voice mail and fax.

Referrals

The primary care provider (PCP) is responsible for coordinating the provision of specialist services. The specialist and PCP work together to coordinate medical care for the member.

Why are referrals important?

- Support coordination of care between PCP and specialist
- Promote the right care at the right time
- Ensure enrollees receive preventive, primary care services, not just specialty care

No PCP referral is required for the following direct-access services: chiropractic, dermatology (five visits/year), routine podiatric care, optometry, behavioral health, and OB/GYN. PCP referrals are required for all other specialist services.

Referrals can be done electronically via our secure portal at: **AetnaBetterHealth.com/Florida/providers/provider-portal**.

If a paper version is preferred, it can be downloaded and printed from our website under Authorizations at: **AetnaBetterHealth.com/florida/providers/materials-forms.html**.

Specialists will coordinate the provision of specialist services with the PCP in a prompt and efficient manner and furnish a written report within 10 business days of the specialist services. Specialists will refer the member back to the PCP if they determine the member needs the services of another specialist.

Clinical practice guidelines

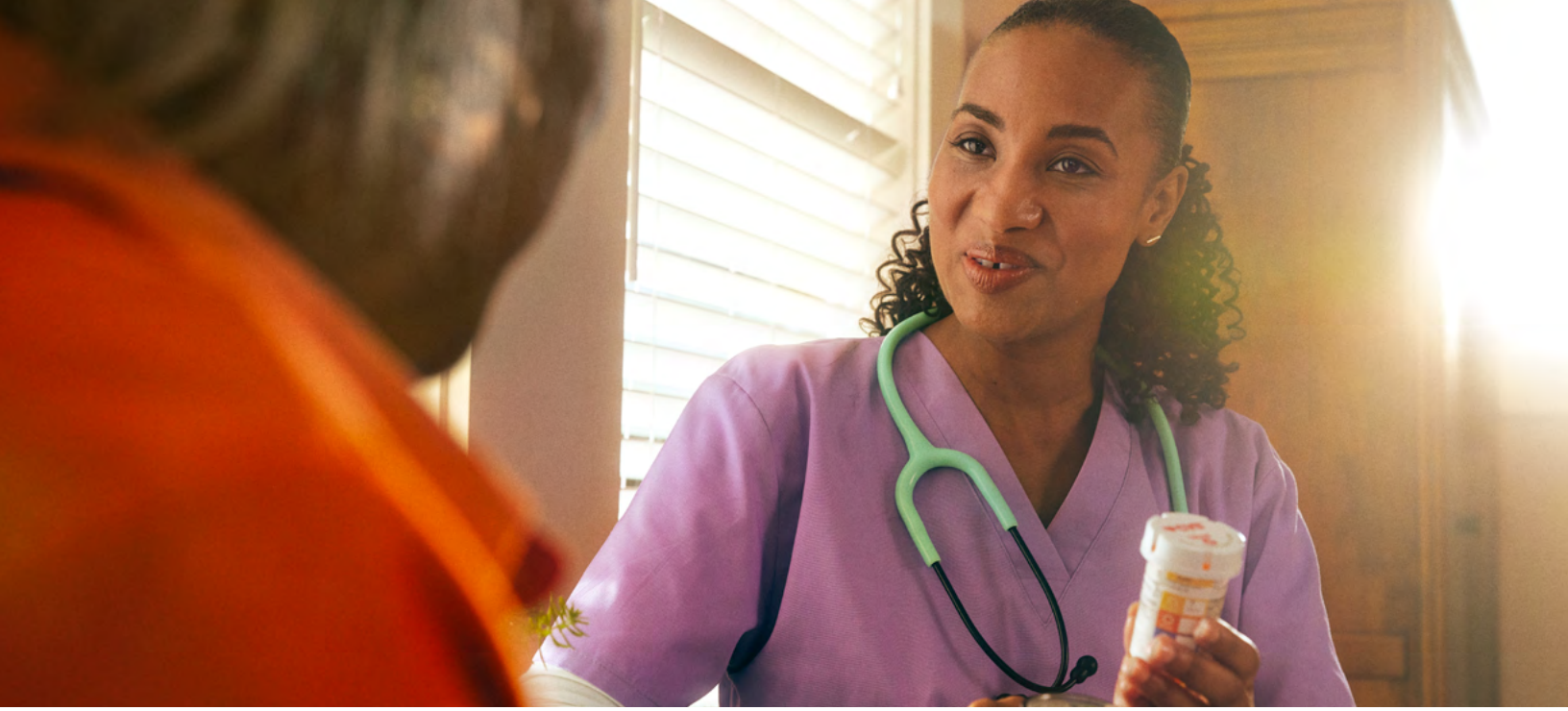
Aetna Better Health of Florida makes clinical decisions regarding members' health based on the most appropriate care and service available. We make these decisions based on appropriate clinical criteria. The criteria used in the decision-making process is provided upon request by calling Member Services at the number listed on the back of the member's ID card.

Criteria may be viewed on **AetnaBetterHealth.com/Florida** or a hard copy may be requested. We adopt evidence based clinical practice guidelines (CPG) from national recognized sources. These guidelines have been adopted to promote consistent application of evidence-based treatment methodologies and made available to practitioners to facilitate improvement of health care and reduce unnecessary variations in care.

Aetna Better Health reviews the CPGs every two years or more frequently if national guidelines change within the two-year period. CPGs that have been formally adopted can be found at **AetnaBetterHealth.com/Florida**. The CPGs are provided for informational purposes only and are not intended to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgment regarding the appropriate treatment of a patient in any given case.

Aetna Better of Florida continues to require notification of admission/prior authorization for all inpatient hospital confinements. This requirement is inclusive of all maternity-related inpatient confinements.

Please make sure that ALL inpatient confinements including short stays (1-2 days) have the required authorization or they will be subject to claims denial.



Pharmacy restrictions and preferences, how to access our Preferred Drug List (PDL) and Formularies

You can access our Preferred Drug List and Formularies at **AetnaBetterHealth.com/Florida**. Information on the PDL and formularies can be found under the *"For Providers"* tab, *"Pharmacy"* subtab, *"Preferred Drug List & Formulary"* drop-down.

Direct link: **AetnaBetterHealth.com/florida/providers/pharmacy.html**.

This will provide you access to the Florida Medicaid Preferred Drug List (PDL) and the Florida Healthy Kids formulary search tool and formulary document.

Please note, the formulary can change at any time, due to the ever-changing world of medicine.

If you have any questions regarding the formulary, contact us at the toll-free numbers below or visit our website.

- Medicaid / LTSS Provider Relations: **1-800-441-5501**
- Florida Healthy Kids Provider Relations: **1-844-528-5815**

SimpliFed overview

SimpliFed is a maternal care-at-home provider that focuses on breastfeeding and baby feeding. Our dedicated team works with parents from pregnancy through postpartum to help prepare for delivery and early feedings, troubleshoot latching or pain, and even work through transitions like going back to work, creating pump schedules, and more!

We partner with your clinic to make referrals seamless, reduce staff workload, and improve outcomes.

Why refer to SimpliFed:

- Refer directly through fax or your preferred EHR
- Feeding agnostic support including breastfeeding, bottle feeding, or a combination
- Help with breast pump prescriptions and help patients set up and properly use pumps
- Free for patients with insurance and no cost to your clinic
- PMAD screenings completed at every visit

All appointments are done virtually with providers via our HIPAA compliant platform.

Care is offered in multiple languages with in-the-moment support via our care navigators or “allies.”

ProgenyHealth

Supporting your maternity patients between office visits

Aetna Better Health of Florida® has teamed up with ProgenyHealth®, a leading expert in Maternity & NICU Care Management, to provide continuous support for your maternity patients between prenatal and postpartum appointments. Our collaborative program ensures ongoing monitoring, early risk identification, complex case management, and care coordination from notification of pregnancy through 12 months postpartum.

How our Case Management Program benefits your pregnant patients:

- **Ongoing monitoring:** We screen members early and often to identify any changes throughout their pregnancy and the postpartum period that might indicate rising risk due to clinical factors, mental health issues, or social determinants of health. Our Nurse Case Managers and Social Workers provide personalized support to women with high and medium risk factors.
- **Care navigation:** ProgenyHealth's specialized team supports your patients by navigating health plan benefits, connecting them with providers or specialists, and providing a mobile app for care right at their fingertips.
  - **Health plan benefits:** Assistance in helping pregnant individuals access programs already covered under their health insurance plan, such as mental health resources, coverage for durable medical equipment, or finding in-network providers and specialists.
  - **Mobile app:** Your patients have access to curated articles on pregnancy and postpartum, parenting tips, and a checklist of important to-do list items for each trimester.
  - **NICU case management:** In the event of a NICU admission after birth, ProgenyHealth provides specialized NICU case management to help educate and empower families.
- **Solving for social issues:** ProgenyHealth connects patients to trusted community-based programs that focus on maternal and infant health. We assist patients who are experiencing food and housing insecurity, support health literacy by offering prenatal and postpartum education, and help with any roadblocks families face with access to care.

ProgenyHealth serves a broad range of women, infants, families, and physician teams to drive positive outcomes related to maternal and infant health before, during, and after pregnancy.

Referring your patients is simple:

- **Review the program:** Learn more about the ProgenyHealth Maternity Program.
- **Encourage patient engagement:** Hand out our flyer to your patients and encourage them to download the app.
- **Submit the Florida Medicaid Pregnancy Notification Form:** send a completed Florida Medicaid Pregnancy Notification Form via Fax to **1-860-607-8726.**
- Give us a call at **1-855-231-4730** or send an email to **maternity@progenyhealth.com**

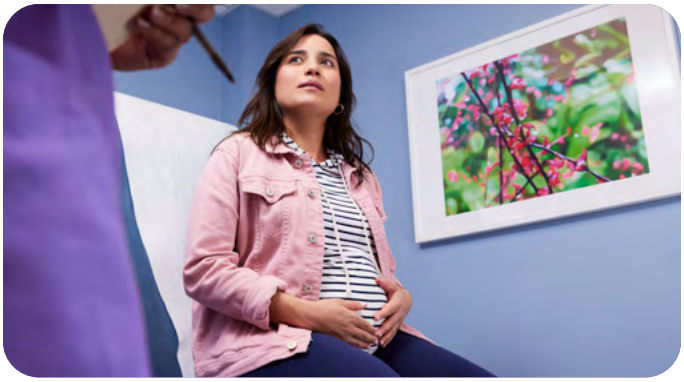
Together, we can provide exceptional care and support for expectant mothers throughout their pregnancy and postpartum journey.

Doula services

Supporting healthy births: Doula services for ABHFL Medicaid members

At Aetna Better Health of Florida (ABHFL), we are proud to offer ***Doula services*** **[Pregnancy & Newborn Services | Aetna Medicaid Florida]** as part of our efforts to support healthy pregnancies and positive birth experiences for our Medicaid members.

Doulas are trained professionals, who provide non-clinical, one-on-one support to expectant mothers before, during, and shortly after childbirth. Their role complements the medical care provided b OB/GYNs, midwives, and hospitals by offering practical guidance, comfort, and encouragement throughout the maternity journey.



What Doulas do

Doulas work closely with expectant mothers to:

- Help them prepare for labor and delivery
- Provide physical and emotional support during childbirth
- Assist with postpartum recovery and newborn care navigation

Benefits for members and providers

Research shows that having a Doula present during childbirth can lead to:

- Shorter labor times
- Fewer interventions such as C-sections or epidurals
- Better outcomes for both mothers and babies
- Improved confidence and satisfaction with the birth experience

By offering access to Doula services to our members, we are helping support our provider network in ensuring that patients receive well-rounded care, especially during such a critical time in their lives. Doulas can also assist in reinforcing provider guidance and helping members feel more informed and engaged.

ABHFL is working to expand access to certified Doulas across the state. Providers can support this effort by informing pregnant members about this benefit, referring interested individuals to participating Doulas, and collaboration with Doulas as part of the member's broader care team. For more information or referral support, please contact us at: **1-800-441-5501 (TTY: 711).**

Access to care and service standards

Providers are required to schedule appointments for eligible members in accordance with the minimum appointment availability standards and based on the acuity and severity of the presenting condition, in conjunction with the member's past and current medical history.

Our Provider Relations Department will routinely monitor compliance and seek corrective action plans (CAP), such as panel or referral restrictions, from providers that do not meet accessibility standard.

Providers are contractually required to meet standards for timely access to care and services, considering the urgency of and the need for the services.

Providers shall offer appointments and access to members within the specified guidelines.

Review your provider manual for details online at **AetnaBetterHealth.com/florida/providers/materials-forms.html**.

Access to Care Management

Members with complex health conditions may benefit from our Care Management program. Care Management offers personalized support through dedicated case managers who work directly with members to help them better manage their health, coordinate care, and access needed services and community resources.

Our case managers are experienced nurses and social workers who partner with providers and members to support treatment plans, improve health outcomes, address barriers to care, and promote member engagement in their healthcare journey.

To learn more, just **contact us** and ask to talk to a case manager. Or learn more about our **health programs (PDF)**.

For more information on Care Management, health programs, eligibility, and services please visit our Aetna Better Health of Florida website:
Care Management | Aetna Medicaid Florida

Population Health Management Programs

Population Health Management Programs are available for members to help answer questions about overall health and conditions. Case managers can work with members to meet health goals. Interactive Programs include:

Program Name	Target Population
Maternal Health Program Pregnancy & Newborn Services | Aetna Medicaid Florida	All pregnant members for whom preventive screening are recommended
Living with Diabetes Program Disease Management | Aetna Medicaid Florida	Adult Members with Diabetes
Member Behavioral Health Transition Program	Target 100% of members who have been discharged from the ED or Hospital for mental illness and does not have a Case Manager
Readmission Prevention Program	Members who are at risk (with a RAP score 20% or higher for inpatient readmission)
Chronic Condition Management Programs Disease Management | Aetna Medicaid Florida	Members with: Diabetes, CHF, CAD, depression, asthma, COPD, HTN

Participation for these programs is voluntary and a member can opt in or out by contacting us. If you have questions or have a member who would like to join any of these programs, call Member Services at **1-800-441-5501 (TTY: 711)**.

Florida Healthy Kids member ID cards

Aetna Better Health® of Florida will issue member ID cards to all Florida Healthy Kids enrollees for effect on October 1, 2026. The new cards will reflect unique pharmacy BIN, PCN, and Group numbers used to process and bill prescriptions.

Please note these changes do not impact medical claims processing or provider workflows. Physicians and provider offices do not need to take any action.

Members will begin receiving their new ID cards by mail in August/September. To avoid confusion and delays in pharmacy processing, members will be instructed to destroy their previous ID cards on or after October 1, 2026.

If you have any questions, please contact Provider Engagement at **FLProviderEngagement@aetna.com**.

Daily check run

Effective May 20, 2026, Aetna Better Health of Florida is implementing an enhancement to the payment processing schedule to better support our provider community.

What's changing:

- Payment check runs will increase from three (3) to five (5) days a week
- Check runs will occur every business day (Monday through Friday)
- Weekends and designated holidays are excluded

What this means for providers:

- More frequent payment processing
- Improved payment consistency
- Timelier reconciliation of processed claims

There is no action required from providers at this time. Claims will continue to be processed in accordance with standard adjudication and payment timelines.

For questions or assistance, please contact Provider Engagement Representative or email us at: **FLProviderEngagement@aetna.com** or reach out to Provider Services:

- **MMA: 1-800-441-5501 TTY (711)**
- **FHK: 1-844-528-5815 TTY (711)**
- **LTSS: 1-844-645-7371 TTY (711)**

Balance billing compliance reminder:

Florida Statute 641.3154

As a reminder, Florida Statute 641.3154 strictly prohibits balance billing of Aetna Better Health of Florida member's when the Plan is liable for services. When you follow proper authorization procedures and receive approval for covered services, Aetna Better Health of Florida assumes full payment liability—and you cannot collect from, sue, or report members to credit agencies for these amounts during claim processing or dispute periods. This protection applies to both contracted and non-contracted providers. To ensure compliance, always verify authorization status before services, document all approvals, and direct any payment disputes to Aetna Better Health of Florida's Provider Services department, never to the member.

Questions about balance billing requirements?

Contact our Provider Engagement team for guidance at:

FLProviderEngagement@aetna.com

MMA: 1-800-441-5501 TTY (711)

FHK: 1-844-528-5815 TTY (711)

LTSS: 1-844-645-7371 TTY (711)

Oral health in pregnancy:
What providers need to know

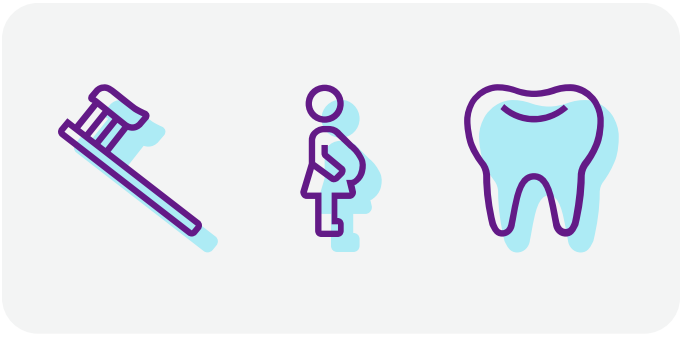
Oral health plays a critical role in overall maternal health and pregnancy outcomes. Hormonal changes during pregnancy can increase susceptibility to oral health conditions, making preventive care and early intervention essential.

Key considerations:

- Hormonal fluctuations can increase gum inflammation, leading to higher risk of gingivitis.
- Morning sickness may expose teeth to stomach acids, contributing to enamel erosion.
- Dietary cravings and increased sugar intake can elevate the risk of dental caries.

Prevalence highlights:

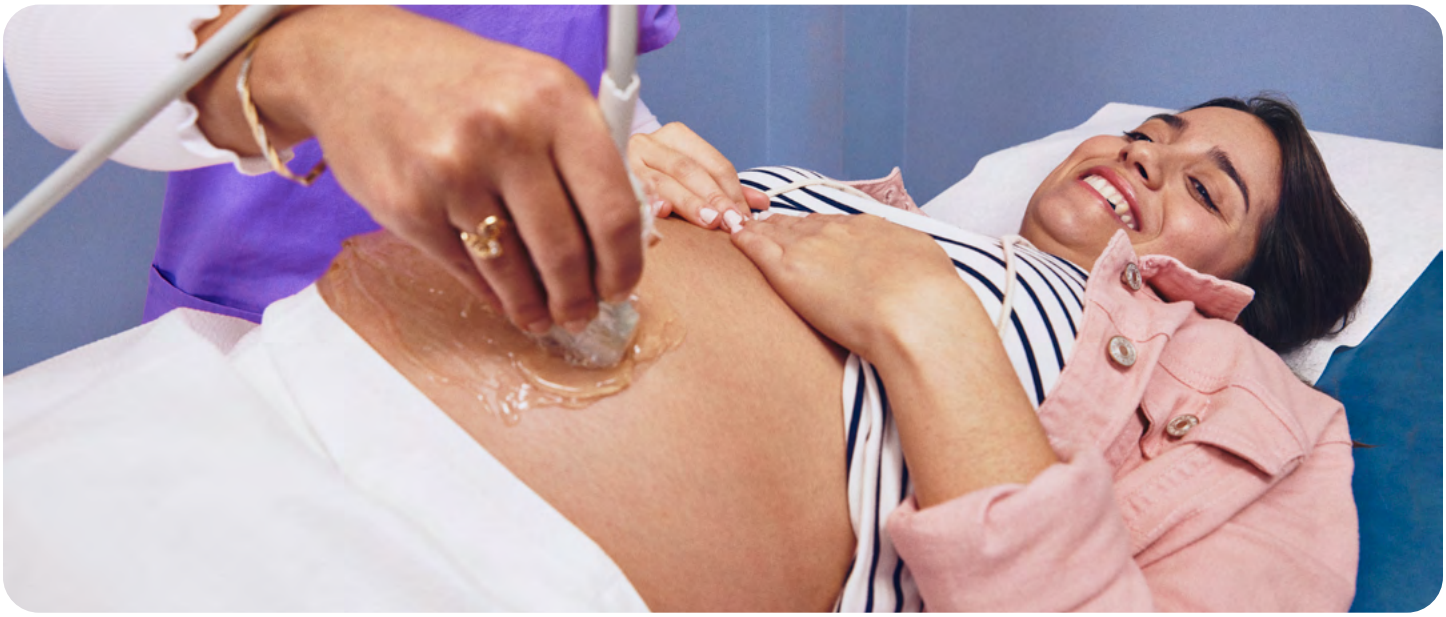
- Approximately ***1 in 4 women of childbearing age*** has untreated dental decay.
- Nearly ***40% of pregnant women*** develop periodontal disease.
- An estimated ***60–75%*** *experience gingivitis* during pregnancy.



Provider action steps:

- Encourage routine dental visits as part of prenatal care.
- Reinforce proper oral hygiene practices, including brushing twice daily with fluoride toothpaste and daily flossing.
- Advise patients to rinse with water or a fluoride mouthwash after episodes of vomiting to help protect enamel.
- Collaborate with dental providers to support early identification and management of oral health concerns.

Promoting oral health during pregnancy supports healthier outcomes for both mother and baby and is an important component of comprehensive care.



CPT II incentive opportunity: Prenatal & postpartum care

Aetna Better Health® of Florida offers providers the opportunity to earn an additional **$25 incentive** by reporting specific **CPT® II codes** on claims related to prenatal and postpartum care. These codes support accurate HEDIS® measure reporting while reducing the need for medical record requests.

Why it matters: Submitting CPT® II codes helps capture key care activities that contribute to improved quality outcomes and closure of gaps in care (GIC), particularly for prenatal and postpartum services.

Eligible measures:

- Timeliness of Prenatal care
- Postpartum care

Applicable CPT® II codes:

- **Prenatal visit:** 0500F, 0501F, 0502F
- **Postpartum visit:** 0503F

Measure criteria overview:

- **Prenatal care:** A prenatal visit must occur in the first trimester or within 42 days of enrollment.
- **Postpartum care:** A visit must occur between 7 and 84 days after delivery.

Important reminder:

- Submit claims for prenatal and postpartum visits ***even when using global billing***, as CPT® II codes are required for incentive eligibility.

Incentive payments are issued when applicable CPT® II codes are submitted correctly and align with HEDIS® specifications.

Provider Notification of Pregnancy (NOP) incentive

Aetna Better Health® of Florida (ABHFL) has implemented an enhanced Obstetrical (OB) Provider Incentive Program to support timely maternal care and improve outcomes for pregnant members.

Incentive overview

Providers can earn **$50–$100** per completed Obstetrical Notification Form submitted for eligible members:

- **$100 incentive** for submissions during the first trimester
- **$50 incentive** for submissions during the second or third trimester

How to participate

1. Visit **AetnaBetterHealth.com/Florida**
2. Select ***Providers*** > ***Authorizations*** > ***Obstetrical Notification Form***
3. Complete and submit the required information
4. Fax the completed form to **1-860-607-8726**

Billing & payment details

Submit a claim using the following CPT code and modifier based on trimester:

- CPT Code: 99199
- Modifier U1: first trimester **($100)**
- Modifier U2: second & third trimester **($50)**

Program benefits

- Supports timely outreach and care management for pregnant members
- Promotes timely prenatal and postpartum care delivery

For questions or assistance, providers may contact Provider Services at **1-800-441-5501** or email **FLProviderEngagement@aetna.com.**

Chronic Disease Management programs

Supporting providers. Improving outcomes. Enhancing quality of life.

Overview

Aetna Better Health of Florida (ABHFL) offers Chronic Disease Management (CDM) programs designed to support members living with long-term health conditions. These programs focus on improving health outcomes, promoting self-management, and reducing preventable hospitalizations through coordinated, proactive care in partnership with our provider network.

Focus areas

ABHFL CDM programs support members with conditions including diabetes, hypertension, depression, cancer, HIV/AIDS, and chronic kidney disease.

Key program components

- Care coordination with interdisciplinary teams
- Member education and self-management support
- Data-driven risk identification and targeted outreach
- Interactive engagement via telephonic, in-person, and virtual methods
- Care transition support following inpatient and emergency visits
- Medication adherence and pharmacy collaboration

Measuring success

CDM programs are evaluated through quality and utilization measures including medication adherence, preventive visit completion, reduced emergency department visits, reduced hospital admissions, and improved condition-specific clinical outcomes.

Provider partnership

Providers play a critical role by encouraging program participation, coordinating care with ABHFL teams, reinforcing treatment plans, and supporting ongoing member education.

Our commitment

Aetna Better Health of Florida is committed to collaborating with our provider partners to improve care quality and outcomes for members with chronic conditions across Florida communities.

For additional information you may call our case managers at **1-800-441-5501**, 8 AM to 7 PM ET.

Peer Support Specialists

Aetna Better Health of Florida (ABHFL) has a dedicated team of Peer Support Specialists (PSS) that are certified by the Florida Certification Board (FCB), to provide support, advocacy, accountability and a listening ear from the lived experience perspective. We have been there. We aren't necessarily here to tell anyone how to recover. We are here to share from our wealth of knowledge, resources, and experience - making the recovery journey easier to navigate with more confidence each step of the way.

Our internal PSS team is a wonderful added benefit that ABHFL is proud to provide. Our team is a true market differentiator that avails members of opportunities to begin a recovery pathway right where they are at, in their homes, right in the communities they live in. We provide member facing community-based support in Orlando, Tampa, and the surrounding area. We provide telehealth statewide to any adult ABHFL Medicaid member self-identifying as having a behavioral health concern they would like support in navigating. We assist the "recovery curious" at any stage of change, whether having identified goals or just knowing they would like to forge a more comfortable path ahead.

Some of the ways members utilize PSS:

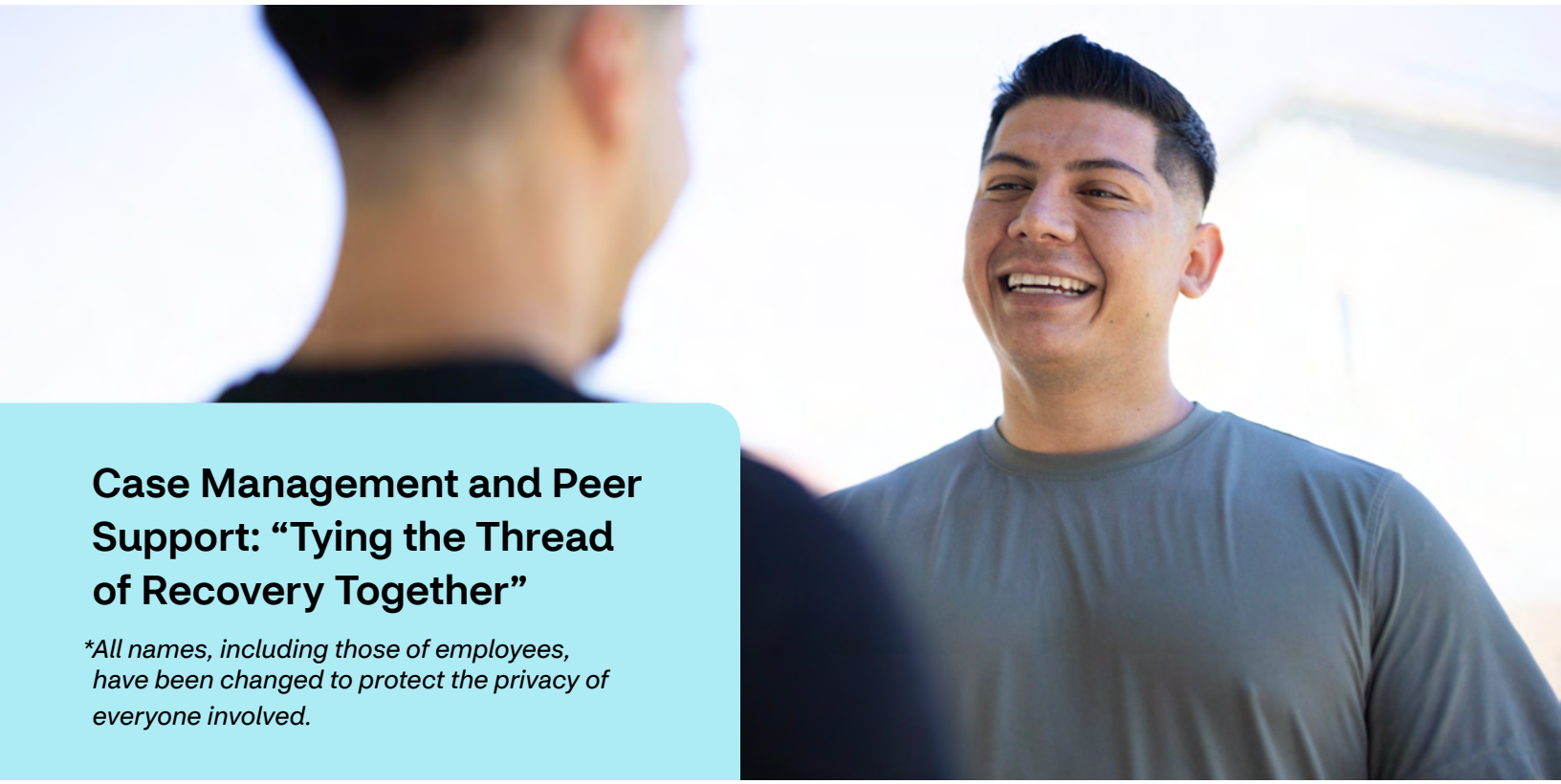
- Support in prioritization of goals and needs
- Assisting in establishing services with community-based providers
- Share coping strategies
- Share recovery wellness tools
- Reduce unnecessary hospitalizations
- Our team advocates and teaches self-advocacy skills
- Culturally inclusive care
- Inspire hope that recovery is possible

To connect patients with Peer Support, providers can call Provider Services and ask for "Peer Support" or encourage members to self-refer by calling Member Services at **1-800-441-5501**.

Healing Together

Healing Together is a new series from Aetna Better Health of Florida dedicated to reducing stigma and celebrating recovery. Each story highlights the real partnerships between members, Peer Support Specialists, and care teams, showing how compassion, collaboration, and understanding help make recovery possible.

This month's "Healing Together" story features a member's journey of healing made possible through the teamwork between Peer Support and Case Management. Together, they helped the member navigate challenges, build trust, and stay engaged in recovery, showing that when we work together, recovery is not only possible but sustainable.



Case Management and Peer Support: "Tying the Thread of Recovery Together"

**All names, including those of employees, have been changed to protect the privacy of everyone involved.*

Case Manager Sally and Peer Support Specialist John came alongside Don as he navigated grief, substance use, and mental health challenges after repeated hospital visits.

After an alcohol-related hospitalization, Sally connected him to Peer Support, and John began building trust through shared experience and steady encouragement.

Don entered treatment and quickly formed a connection with John, opening the door to ongoing support during a difficult time.

Even after setbacks, including housing instability and another ER visit, the team stayed with him and helped connect him to longer-term treatment.

As Don grew stronger in recovery, Sally and John helped him transition back into the community with support for treatment, housing, transportation, and daily stability.

Today, he is pursuing work, attending treatment, and bringing humor and heart to the recovery community around him.

Sally and John continue to support him as needed, showing how compassion, partnership, and lived experience can help recovery take root.

And in the small wins that matter most, Don has stayed out of the ER for nearly a year.

Providers are encouraged to join us in reducing stigma by sharing messages of recovery and connecting members to the support that can make a difference.

Do you know a story that embodies hope, recovery, or teamwork? Reach out to Yentl Lega, your Aetna Better Health of Florida SBIRT/MAT Liaison at **LegaY@aetna.com**, to be featured in an upcoming Healing Together spotlight.

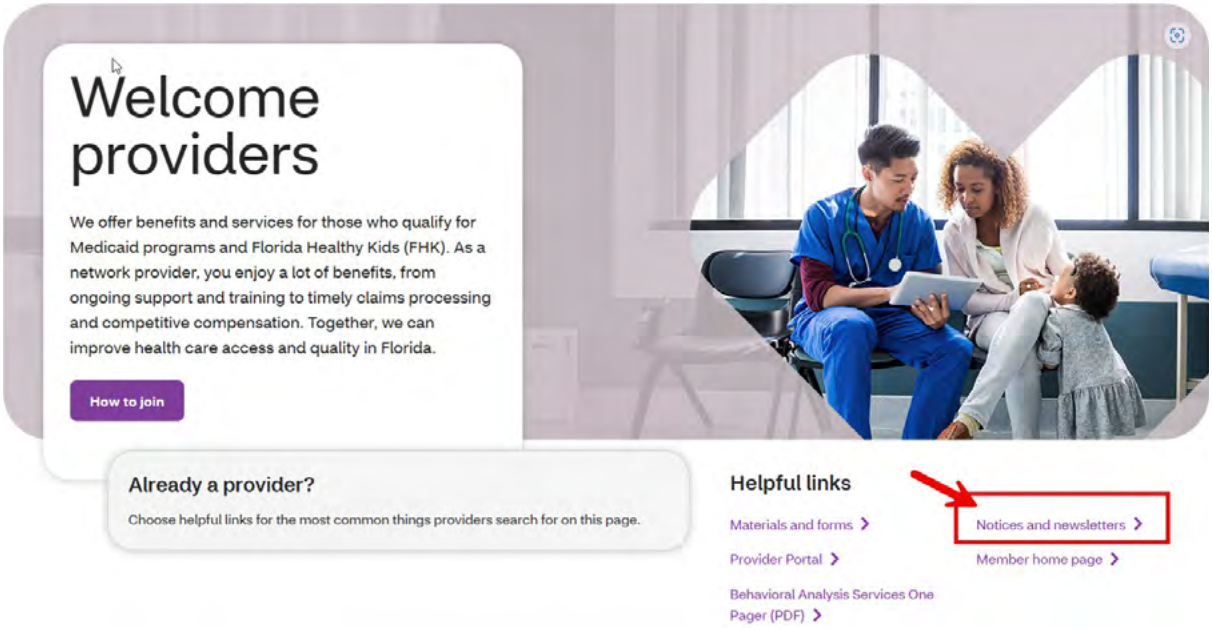
Together, we can continue to create a culture of compassion and understanding - one conversation, one connection, and one recovery story at a time.

Provider notices and newsletters

Receiving updates that impact you and our members is very important!

ABHFL regularly updates and uploads Provider Bulletins in order to keep all providers with the most updated information. Provider manuals are reviewed and updated on a quarterly basis. Newsletters are issued during Summer and Winter each year.

Provider notices, trainings, and newsletters are easy to access on our ABHFL website: **ABHFL Provider Page**



All communications are delivered to providers via fax and email. We also upload the invitation on our ABHFL website for your convenience.

It is important that we have your most updated fax and email information on file in order for you to receive all of our communications timely.

Need to update your information?

1. Contact our provider relations department via email: **FLProviderEngagement@aetna.com.**
2. Complete the ABHFL Provider Data Change Form: **https://www.surveymonkey.com/r/AETPDCF**
3. Call us!
   - MMA: **1-800-441-5501 TTY (711)**
   - LTC: **1-844-645-7371 TTY (711)**
   - FHK: **1-844-528-5815 TTY (711)**