

PROVIDER BULLETIN



AETNA BETTER HEALTH® OF FLORIDA

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www.AetnaBetterHealth.com/Florida

Date:	January 11th, 2021
Purpose:	Provider Bulletin: Alert providers on Availity transition and obtain email addresses for smooth transition
Subject:	Aetna Provider Portal transitioning to Availity – Email Request
Products:	MMA, LTC, FHK
From:	Provider Relations

Let's Get Moving! Coming Soon-We are Joining Availity

As we previously announced, we will be transitioning from our current provider portal to Availity in early 2021. We are excited about the increase in online interactions available to support you as you provide services to our members. Our communications will be transitioning from fax blast to via email in the near future. Keeping our providers informed is our priority. ***If you have not yet reached out to us to ensure we have your most recent email address, we ask that you do so now!***

How to submit your most updated email address to us?

It's simple, just follow one of these steps:

1. Complete the following survey monkey: <https://www.surveymonkey.com/r/W8QDMS7>
2. Send us an Email at: FLMedicaidProviderRelations@Aetna.com

Your email subject line should include the title and + NPI #. Example (Email Address Update + 12345678).

Be on the lookout over the next few months for co-branded emails directly from Availity as new products roll out and training plans are developed.

If you have any questions please feel free to contact us via e-mail:

FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you,
Aetna Better Health of Florida
Provider Relations Department

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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