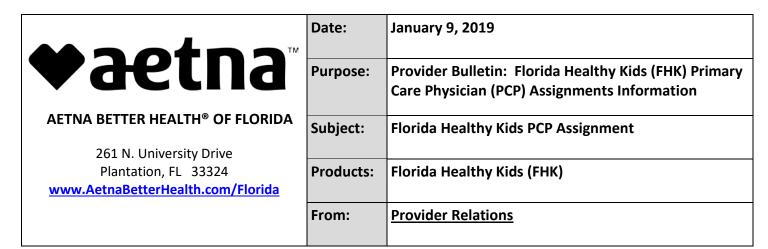
# PROVIDER BULLETIN



#### Dear Providers,

Aetna Better Health of Florida will expand its Florida Healthy Kids service area to include all counties statewide, effective January 1, 2020. Members transitioning from exiting Florida Healthy Kids plans may be enrolled in Aetna Better Health's Florida Healthy Kids product as a result of the expansion. As a valued provider of primary care services in Aetna Better Health's Florida Healthy Kids network, new members that have not selected a PCP during enrollment, may be assigned to your panel based on certain criteria including, but no limited to, your practice's proximity to the member, members' language preferences, and member's age.

# What you need to know:

- Members may choose any PCP that is participating in Aetna Better Health's Florida Health Kids network. If a member does not choose a PCP, one will be assigned accordingly.
- PCPs should provide services to Florida Healthy Kids members regardless of the PCP assigned. In the event a member is assigned to an incorrect PCP, care should not be denied, nor appointments cancelled.
- For PCP changes, providers should advise members to contact Member Services at 1-844-528-5815, Monday through Friday from 7:30 a.m. to 7:30 p.m.
  - PCP changes that occur on or before the 15th of the month will take effect right away.
  - PCP changes that occur after the 15th of the month will take effect on the first day of the next month.

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• For members that have an appointment or are already at the PCP office, the change will be made effective on the same day.

If you have any questions about this communication, please contact us at (844) 528-5815. Thank you for your partnership with Aetna Better Health.

Sincerely,

### **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 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 patient.

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