


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	May 24th, 2021
	Purpose:	Provider Bulletin: Completion of HHA Scope of Services Form Required
	Subject:	Home Health Scope of Services
	Products:	All Lines of Business – Home Health Providers
	From:	<u>Provider Relations</u>

Dear Provider,

As a Home Health provider, you provide a wide range of services. To better serve our members, we require specific information about the services your agency renders.

Please visit <https://www.surveymonkey.com/r/CMLHJZJ> and complete the Aetna Better Health of Florida HHA Scope of Services Form by June 30th, 2021. A form will need to be completed 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. Also, if services differ by location please complete one form for each service location.

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: 1-800-441-5501

Fax: 1-860-262-9414

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 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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