



# PROVIDER BULLETIN

<b>Date:</b>	<b>October 24, 2019</b>
<b>Subject:</b>	Prior Authorization Form
<b>Products:</b>	Florida Healthy Kids, MMA, Comprehensive, LTC
<b>From:</b>	<b><u>Provider Relations - Medicaid</u></b>

Dear Providers,

This communication is to inform you that Aetna Better Health of Florida has updated the Prior Authorization Form. Please note that you will only need to submit one form for all lines of business. The updated form is available on our Aetna Better Health of Florida website:

[New Prior Authorization Form](#)

Aetna Better Health of Florida Medicaid requires that you complete the Prior Authorization form in its entirety to avoid delays in the authorization process. Fields marked with an asterisk (\*) indicate required fields to process the request. Please include pertinent clinical notes and prescriptions to expedite requests and **fax your request to the fax number listed on the form for each line of business:**

**MMA/FHK Fax: 1-860-607-8056**

**Obstetrical (OB) Fax: 1-860-607-8726**

**Comprehensive/Long Term Care Fax: 1-844-404-5455**

Should you have questions or require additional information, please contact Provider Relations at 1-844-528-5815, email [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com), or fax 1-844-235-1340.

We thank you for your continued service and dedication to our members.

Aetna Better Health of Florida

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