



ATTESTATION OF NEW PROVIDER ORIENTATION - MMA & LTSS

I have received and completed Aetna Better Health of Florida's (ABHFL Self-Guided New Provider Orientation which covers the topics listed below:

- ✓ Language Assistance and Interpreter Services
- ✓ Care for Diverse Populations or Diverse Populations
- ✓ Policies and Procedures
- ✓ Communicating with Members
- ✓ Locating and referring to other ABHFL providers
- ✓ Navigating ABHFL Website
- ✓ MMA and LTSS Kids covered services
- ✓ Claims Payment Policies
- ✓ Referrals and Authorizations
- ✓ Case Management

I have been educated about these essential components of ABHFL's MMA and LTSS product and my responsibilities as a participating provider, including providing this orientation to new practitioners that join our practice.

Date	
Completed by / Title	
Group Name (Print)	
Group NPI	
Tax identification number (TIN)	
Telephone number	
Email address	
Signature	

Important:

ABHFL requires completion of this Attestation, in addition to a signed contract and credentialing, to complete the ABHFL provider enrollment process.

Note:

Failure to complete this Attestation may result in a delay of active status with ABHFL.

Return Signed Attestation via fax or Email

Fax: 1-844-235-1340

Email: FLMedicaidProviderRelations@aetna.com

Internal Use Only

Received by _____ Date _____

Active Status Date _____