

# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	August 16, 2022
	<b>Purpose:</b>	Provider Bulletin: Remind providers where to send Claims Correspondence and requests for Appeal, Complaints, and Grievance.
	<b>Subject:</b>	Claims Correspondence and requests for Appeal, Complaints and Grievance Reminder
	<b>Products:</b>	MMA, LTC, FHK
	<b>From:</b>	<u>Provider Relations</u>

## Aetna Better Health® of Florida

**Reminder:** Where to send Claims Correspondence and requests for Appeal, Complaints and Grievance.

Dear Providers,

This communication is to advise you that Aetna Better Health of Florida is no longer accepting Provider Mail that is directed to our 261 N. University Dr. Plantation, FL 33324 office since **March 1, 2022**. If you are still submitting appeals for multiple claims in one mailing you must use physical barriers (elastic, paper clip, binder clip etc.) for each claim in the submission to maintain the original received date. Otherwise, your request may be returned.

### **Claim Resubmission for Reconsideration**

If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

- **Aetna Better Health of Florida**  
Claims and Resubmissions  
PO Box 63578  
Phoenix, AZ 85082-1925

Resubmissions, Reconsiderations and Disputes should be clearly marked on the envelope and the first page of the request.

### **Appeals, Complaints and Grievances**

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances: <https://apps.availity.com/availity/web/public.elegant.login> or you may submit by fax to: 1-860-607-7894.

[www.AetnaBetterHealth.com/Florida](http://www.AetnaBetterHealth.com/Florida)

FL-21-12-01

Proprietary

If you prefer to mail hard copy requests for an appeal, complaint or grievance, they must be sent to:

- **Aetna Better Health of Florida**  
PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

We appreciate the excellent care you provide to our members. Please contact our Provider Services line should you have any questions at:

Phone: MMA: 1-800-441-5501

LTC: 1-844-645-7371

FHK: 1-844-528-5815

Email: [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com)

Thank you

Provider Relations Department  
**Aetna Better Health of Florida**

**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