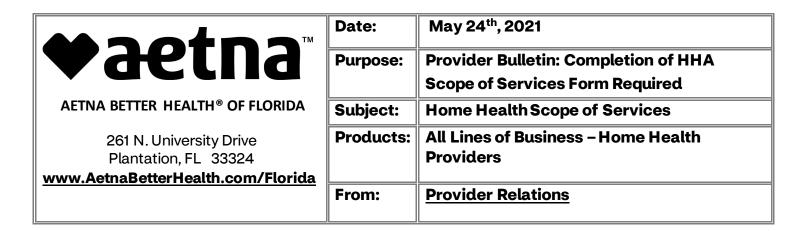
PROVIDER BULLETIN



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

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