



# Provider newsletter

## Winter 2026



### Table of contents

Member right & responsibilities.....	2	ProgenyHealth.....	10
Utilization management (UM) criteria, availability, decisions.....	5	Doula.....	12
Referrals.....	6	Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT).....	14
Clinical practice guidelines.....	7	Care Management.....	16
Pharmacy restrictions and preferences, how to access our Preferred Drug List (PDL) and Formularies.....	8		
SimpliFed Overview.....	9		

# Member rights & responsibilities

## Member rights

**As a recipient of Medicaid and a member in a Plan, members have certain rights. Members have the right to:**

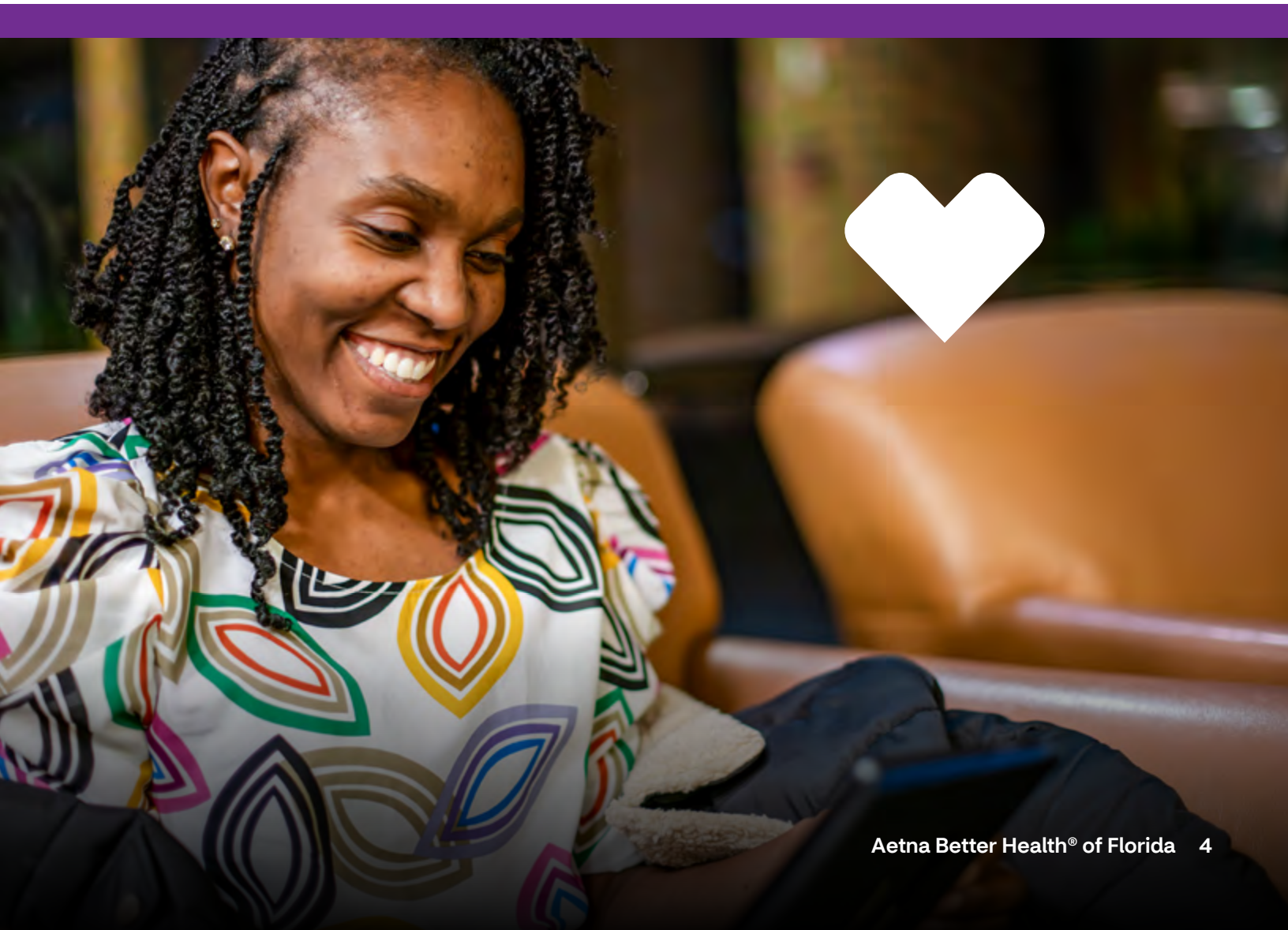
- Be treated with courtesy and respect.
- Always have your dignity and privacy considered and respected.
- Receive a quick and useful response to your questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what member services are available, including whether an interpreter is available if you do not speak English.
- Know what rules and laws apply to your conduct.
- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- Be given easy to follow information about your diagnosis, and openly discuss the treatment you need, choices of treatments and alternatives, risks, and how these treatments will help you.
- Participate in making choices with your provider about your health care, including the right to say no to any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Know if the provider or facility accepts the Medicare assignment rate.
- To be told prior to getting a service how much it may cost you.
- Get a copy of a bill and have the charges explained to you.

- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any health emergency that will get worse if you do not get treatment.
- Know if medical treatment is for experimental research and to say yes or no to participating in such research.
- Make a complaint when your rights are not respected.
- Ask for another doctor when you do not agree with your doctor (second medical opinion).
- Get a copy of your medical record and ask to have information added or corrected in your record, if needed.
- Have your medical records kept private and shared only when required by law or with your approval.
- Decide how you want medical decisions made if you can't make them yourself (advanced directive).
- To file a grievance about any matter other than a Plan's decision about your services.
- To appeal a Plan's decision about your services.
- Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan.
- Speak freely about your health care and concerns without any bad results.
- Freely exercise your rights without the Plan or its network providers treating you badly.
- Get care without fear of any form of restraint or seclusion being used as a means of coercion, discipline, convenience or retaliation.
- Receive information on beneficiary and plan information.
- Obtain available and accessible services covered under the Plan (includes In Lieu of Services (ILOS)). A right to make recommendations regarding the organization's member rights and responsibilities policy.

## Member responsibilities

**Aetna Better Health of Florida members, their families, or guardians are responsible for:**

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive services in a home-like environment regardless where you live.
- Receive information about being involved in your community, setting personal goals and how you can participate in that process.
- Be told where, when and how to get the services you need.
- To be able to take part in decisions about your health care.
- To talk openly about the treatment options for your conditions, regardless of cost or benefit.
- To choose the programs you participate in and the providers that give you care.



# Utilization management (UM) criteria, availability, decisions

Utilization management (UM) criteria and availability/UM decisions is a system for reviewing eligibility for benefits for the care that has been or will be provided to patients. The UM department includes:

- Preauthorization
- Concurrent review

Medical necessity is based upon clinical standards and guidelines as well as clinical judgment. All clinical standards and guidelines used in the UM program have been reviewed and approved by practicing, participating physicians in our network. You can receive a copy of our clinical standards and guidelines by calling us at **1-800-441-5501**, 8 AM to 7 PM ET.

The medical director makes all final decisions regarding the denial of coverage for services when the services are reviewed via our UM program. The provider is advised that the decision is a payment decision and not a denial of care. The responsibility for treatment remains with the attending physicians. The medical director is available to discuss denials with attending physicians and other providers during the decision process. Notification includes the criteria used and the clinical reason(s) for the adverse decision. It includes instructions on how to request reconsideration as well as a contact person's name, address, and phone number.

**The policy on payment for services helps ensure that the UM decision-making process is based on consistent application of appropriate criteria and policies rather than financial incentives.**

- UM decisions are based only on appropriateness of care and service and the existence of coverage.
- We do not reward practitioners, providers or other individuals conducting utilization review for issuing denials of coverage or service care.
- The compensation that we pay to practitioners, providers and staff assisting in utilization related decisions does not encourage decisions that result in underutilization or barriers to care or service.

The UM staff is available to discuss specific cases or UM questions by phone by calling **1-800-441-5501 (Medicaid)**, **1-844-645-7371 (Comprehensive Long-term Care)** or **1-844-528-5815 (Florida Healthy Kids)**; **(TTY: 711)**, from 8 AM to 7 PM ET. UM staff is available on holidays and weekends by voice mail and fax.

# Referrals

The primary care provider (PCP) is responsible for coordinating the provision of specialist services. The specialist and PCP work together to coordinate medical care for the member.

## Why are referrals important?

- Support coordination of care between PCP and specialist
- Promote the right care at the right time
- Ensure enrollees receive preventive, primary care services, not just specialty care

No PCP referral is required for the following direct-access services: chiropractic, dermatology (five visits/year), routine podiatric care, optometry, behavioral health, and OB/GYN. PCP referrals are required for all other specialist services.

Referrals can be done electronically via our secure portal at: [AetnaBetterHealth.com/Florida/providers/provider-portal](https://www.aetna.com/betterhealth/florida/providers/provider-portal).

If a paper version is preferred, it can be downloaded and printed from our website under Authorizations at: [AetnaBetterHealth.com/Florida/providers/provider-auth](https://www.aetna.com/betterhealth/florida/providers/provider-auth).



Specialists will coordinate the provision of specialist services with the PCP in a prompt and efficient manner and furnish a written report within 10 business days of the specialist services. Specialists will refer the member back to the PCP if they determine the member needs the services of another specialist.

## Clinical practice guidelines

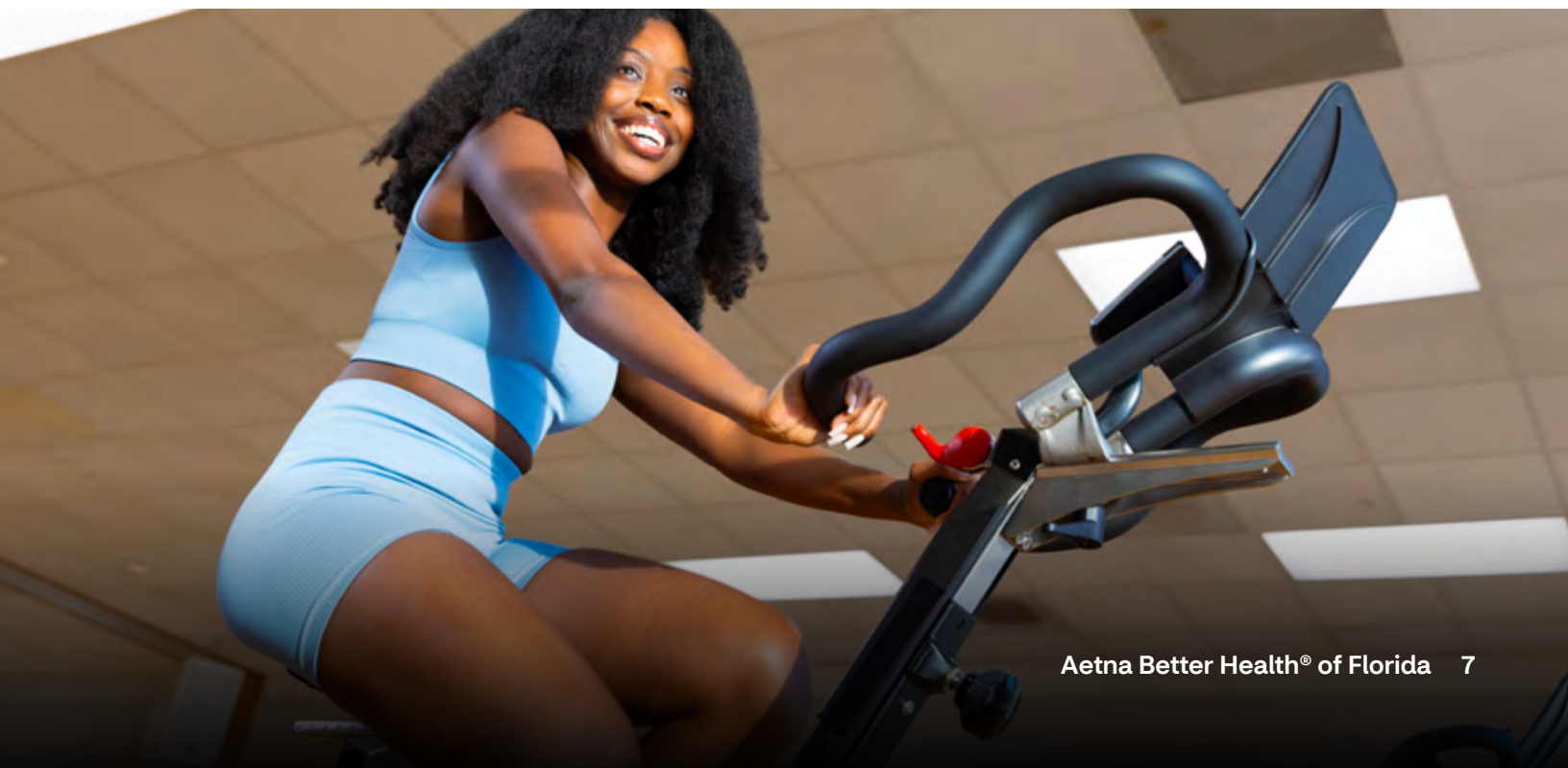
Aetna Better Health of Florida makes clinical decisions regarding members' health based on the most appropriate care and service available. We make these decisions based on appropriate clinical criteria. The criteria used in the decision-making process is provided upon request by calling Member Services at the number listed on the back of the member's ID card.

Criteria may be viewed on [AetnaBetterHealth.com/Florida](https://www.aetna.com/better-health/florida) or a hard copy may be requested. We adopt evidence based clinical practice guidelines (CPG) from national recognized sources. These guidelines have been adopted to promote consistent application of evidence-based treatment methodologies and made available to practitioners to facilitate improvement of health care and reduce unnecessary variations in care.



Aetna Better Health reviews the CPGs every two years or more frequently if national guidelines change within the two-year period. CPGs that have been formally adopted can be found at [AetnaBetterHealth.com/Florida](https://www.aetna.com/better-health/florida). The CPGs are provided for informational purposes only and are not intended to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgment regarding the appropriate treatment of a patient in any given case.

Aetna Better Health of Florida continues to require notification of admission/prior authorization for all inpatient hospital confinements. This requirement is inclusive of all maternity-related inpatient confinements. Please make sure that ALL inpatient confinements including short stays (1-2 days) have the required authorization or they will be subject to claims denial.





## Pharmacy restrictions and preferences, how to access our Preferred Drug List (PDL) and Formularies

You can access our Preferred Drug List and Formularies at [AetnaBetterHealth.com/Florida](https://www.aetnabetterhealth.com/Florida). Information on the PDL and formularies can be found under the “For Providers” tab, “Pharmacy” subtab, “Preferred Drug List & Formulary” drop-down.

Direct link: <https://www.aetnabetterhealth.com/florida/providers/pharmacy.html>. This will provide you access to the Florida Medicaid Preferred Drug List (PDL) and the Florida Healthy Kids formulary search tool and formulary document.

**Please note, the formulary can change at any time, due to the ever-changing world of medicine.**

If you have any questions regarding the formulary, contact us at the toll-free numbers below or visit our website.

- Medicaid / LTSS Provider Relations: **1-800-441-5501**
- Florida Healthy Kids Provider Relations: **1-844-528-5815**



## SimpliFed overview

SimpliFed is a maternal care-at-home provider that focuses on breastfeeding and baby feeding. Our dedicated team works with parents from pregnancy through postpartum to help prepare for delivery and early feedings, troubleshoot latching or pain, and even work through transitions like going back to work, creating pump schedules, and more!

We partner with your clinic to make referrals seamless, reduce staff workload, and improve outcomes.

### Why refer to SimpliFed:

- Refer directly through fax or your preferred HER
- Feeding agnostic support including breastfeeding, bottle feeding, or a combination
- Help with breast pump prescriptions and help patients set up and properly use pumps
- Free for patients with insurance and no cost to your clinic
- PMAD screenings completed at every visit

**All appointments are done virtually with providers via our HIPAA compliant platform.**

- Care is offered in multiple languages with in-the-moment support via our care navigators or “allies.”

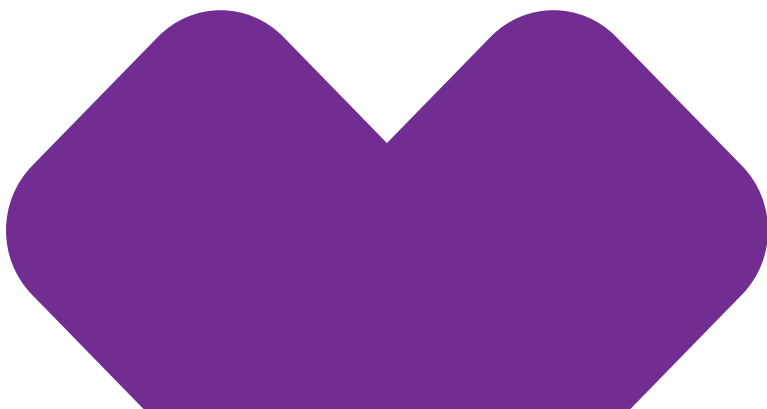
# ProgenyHealth

## Supporting your maternity patients between office visits

Aetna Better Health of Florida® has teamed up with ProgenyHealth®, a leading expert in Maternity & NICU Care Management, to provide continuous support for your maternity patients between prenatal and postpartum appointments. Our collaborative program ensures ongoing monitoring, early risk identification, complex case management, and care coordination from notification of pregnancy through 12 months postpartum.

### How our Case Management Program benefits your pregnant patients:

- **Ongoing monitoring:** We screen members early and often to identify any changes throughout their pregnancy and the postpartum period that might indicate rising risk due to clinical factors, mental health issues, or social determinants of health. Our Nurse Case Managers and Social Workers provide personalized support to women with high and medium risk factors.
- **Care navigation:** ProgenyHealth's specialized team supports your patients by navigating health plan benefits, connecting them with providers or specialists, and providing a mobile app for care right at their fingertips.
  - **Health plan benefits:** Assistance in helping pregnant individuals access programs already covered under their health insurance plan, such as mental health resources, coverage for durable medical equipment, or finding in-network providers and specialists.
  - **Mobile app:** Your patients have access to curated articles on pregnancy and postpartum, parenting tips, and a checklist of important to-do list items for each trimester.
  - **NICU case management:** In the event of a NICU admission after birth, ProgenyHealth provides specialized NICU case management to help educate and empower families.
- **Solving for social issues:** ProgenyHealth connects patients to trusted community-based programs that focus on maternal and infant health. We assist patients who are experiencing food and housing insecurity, support health literacy by offering prenatal and postpartum education, and help with any roadblocks families face with access to care.



ProgenyHealth serves a broad range of women, infants, families, and physician teams to drive positive outcomes related to maternal and infant health before, during, and after pregnancy.

**Referring your patients is simple:**

- [Review the program](#): Learn more about the ProgenyHealth Maternity Program.
- [Encourage patient engagement](#): Hand out our flyer to your patients and encourage them to download the app.
- [Submit the Florida Medicaid Pregnancy Notification Form](#): send a completed Florida Medicaid Pregnancy Notification Form via Fax to **1-860-607-8726**.
- Give us a call at **1-855-231-4730** or send an email to [maternity@progenyhealth.com](mailto:maternity@progenyhealth.com)

Thanks, Together, we can provide exceptional care and support for expectant mothers throughout their pregnancy and postpartum journey.





## Doula Services

### Supporting healthy births: Doula Services for ABHFL Medicaid members

At Aetna Better Health of Florida (ABHFL), we are proud to offer Doula services [\[Pregnancy & Newborn Services | Aetna Medicaid Florida\]](#) as part of our efforts to support healthy pregnancies and positive birth experiences for our Medicaid members.

Doulas are trained professionals, who provide non-clinical, one-on-one support to expectant mothers before, during, and shortly after childbirth. Their role complements the medical care provided by OB/GYNs, midwives, and hospitals by offering practical guidance, comfort, and encouragement throughout the maternity journey.

### What Doulas Do

#### **Doulas work closely with expectant mothers to:**

- Help them prepare for labor and delivery
- Provide physical and emotional support during childbirth
- Assist with postpartum recovery and newborn care navigation

## Benefits for members and providers

### Research shows that having a Doula present during childbirth can lead to:

- Shorter labor times
- Fewer interventions such as C-sections or epidurals
- Better outcomes for both mothers and babies
- Improved confidence and satisfaction with the birth experience

By offering access to Doula services to our members, we are helping support our provider network in ensuring that patients receive well-rounded care, especially during such a critical time in their lives. Doulas can also assist in reinforcing provider guidance and helping members feel more informed and engaged.

ABHFL is working to expand access to certified Doulas across the state. Providers can support this effort by informing pregnant members about this benefit, referring interested individuals to participating Doulas, and collaboration with Doulas as part of the member's broader care team. For more information or referral support, please contact us at: **1-800-441-5501 (TTY: 711)**.



# Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT)

## Improving patient outcomes through integrated behavioral health support: SBIRT & MAT resources for providers

Aetna Better Health of Florida is committed to strengthening behavioral health and substance use care for all our members. As part of this effort, we continue to expand the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT) for Opioid Use Disorder across primary care, obstetrics/gynecology (OB/GYN), pediatrics, and behavioral health practices.

### Introducing your SBIRT/MAT liaison

My name is Yentl Lega, SBIRT/MAT Liaison for Aetna Better Health of Florida. I collaborate closely with our network providers to increase screening and early identification of substance use, support appropriate referrals to treatment, and strengthen care coordination for members with opioid use disorder.

I also work with internal teams and community partners, including the FL BH IMPACT team (<https://flbhimpact.org/>), to connect providers with training, tools, and evidence-based best practices that improve behavioral health outcomes across the lifespan.

If your practice is interested in enhancing SBIRT workflows, strengthening MAT engagement, or improving connection to treatment services, I am here to support you.

### SBIRT provider toolkit now available

We recently launched the SBIRT Provider Toolkit ([hyperlink to https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/ABHFL\\_SBIRT\\_Provider\\_Toolkit.pdf](https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/florida/provider/pdf/ABHFL_SBIRT_Provider_Toolkit.pdf)), designed to make SBIRT workflows easier to implement in busy clinical settings.

#### The toolkit includes:

- Recommended validated screening tools
- Brief intervention scripts and motivational interviewing prompts
- Billing guidance for SBIRT codes
- Referral pathways for substance use and MAT programs



Providers may access and download the toolkit through the Provider Materials and Forms page (<https://www.aetnabetterhealth.com/florida/providers/materials-forms.html>) under the Resources tab of our Provider Website:

- [SBIRT Provider Toolkit](#)
- [SBIRT Screening & Referral Flowchart \(PDF\)](#)

### Upcoming provider trainings

We invite all providers, care teams, and behavioral health partners to join our upcoming virtual trainings hosted by the FL BH IMPACT Team:

- **Psychotropic medications during pregnancy**  
Date & Time: February 17, 2026 at 12 PM EST  
[Register Here](#)
- **Perinatal depression**  
Date & Time: May 12, 2026 at 12 PM EST  
[Register Here](#)

### Let's work together

By strengthening screening, early intervention, and treatment access, we can support healthier and better long-term outcomes for members, families, and communities across Florida.

For questions, training requests, or SBIRT/MAT support, please contact:

**Yentl Lega, Sr. Manager,**  
Regulatory Behavioral Health  
Service & Utilization Requirements  
"SBIRT/MAT Liaison"  
Aetna Better Health of Florida  
T: **(954) 858-3201**  
[LegaY@aetna.com](mailto:LegaY@aetna.com)



## Care management

If you have a complex condition, care management can help. It gives you the personal support of a case manager and one-on-one health coaching. Case managers are nurses or social workers who understand your health conditions. To learn more, just contact us and ask to talk to a case manager. Or learn more about our health programs (PDF).

For more information on Care Management, health programs, eligibility, and services please visit our Aetna Better Health of Florida website: [Care Management | Aetna Medicaid Florida](#)

If you have any questions, please contact Patti Gardner at [GardnerP@aetna.com](mailto:GardnerP@aetna.com)

