Dear Provider,

The purpose of this notice is to inform you about the Continuity of Care (COC) requirements and responsibilities.

Please review the attached document which includes all the details.

We appreciate your continued service to our members. Please feel free to contact us via e-mail FLMedicaidProviderRelations@aetna.com, fax 1-844-235-1340 or speak to a Provider Relations Representative: (MMA) 1-800-441-5501, (LTC) 1-844-645-7371, or (FKH) 1-844-528-5815.

Sincerely, Provider

Relations

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 of 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

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Dear Aetna Provider,

Continuity of Care (COC) requirements ensure that when members transition from one health plan to another, one service provider to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition. The Agency for Healthcare Administration (AHCA) has instituted the following COC requirements and responsibilities:

**Providers should not cancel appointments with current patients.** Aetna Better Health will honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to 60 days after the roll-out date in each region.

**Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Aetna Better Health will pay for previously authorized services for up to 60 days after the roll-out date in each region and will pay providers at the rate previously received for up to 30 days.

**Providers will be paid promptly.** During the continuity of care period, Aetna Better Health will follow all timely claims payment contractual requirements.

**Prescriptions will be honored.** Aetna Better Health will allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after the roll-out date in each region, until their prescriptions can be transferred to a provider in the plan's network.

**Aetna Better Health's responsibilities.** If member was receiving a service prior to moving to Aetna Better Health, including those services previously authorized under the fee-for-service delivery system, Aetna Better Health will continue to provide that service for up to 60 days after enrollment or until the following occurs:

**Managed Medical Assistance (MMA)**

The member's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.

**Long-Term Care (LTC)**

The member receives a comprehensive assessment, a plan of care is developed, and services are authorized and arranged as required to address the LTC needs of the enrollee.

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There are services that may extend beyond the 60-day COC period. These services include:

- Prenatal and postpartum care for the entire course of pregnancy including postpartum care (six weeks after birth).

- Transplant Services for one-year post-transplant.

- Oncology services including radiation and/or chemotherapy services for the duration of the current round of treatment.

- Full course of treatment of therapy for Hepatitis C treatment drugs.

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