


# 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>	<b>May 12, 2023</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Keeping detailed information up to date in our directories to help our members find the right information about your practice.</b>
	<b>Subject:</b>	<b>Office Hours and Telemedicine Services Survey</b>
	<b>Products:</b>	<b>MMA, FHK, LTC</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

## **Aetna Better Health® of Florida** **Office Hours and Telemedicine Services Survey**

Dear Provider,

Aetna Better Health of Florida understands that keeping your details up to date in our directories helps members find the right information about you and your practice.

Please take a moment to answer a few questions about your office hours and telemedicine services. Taking the survey is easy!

**Please visit:** <https://www.surveymonkey.com/r/ABHHRTEL>

We appreciate the excellent care you provide to our members. Thank you for your continued participation in the Aetna Better Health of Florida network. 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,

**Aetna Better Health of Florida**

[www.aetnabetterhealth.com/florida](http://www.aetnabetterhealth.com/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.

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

FL-23-05-05

Proprietary