



<b>Aetna Better Health® of Florida</b> 261 N. University Drive Plantation, FL 33324  <a href="http://aetnabetterhealth.com/florida">aetnabetterhealth.com/florida</a>	<b>Date:</b>	February 11, 2025
	<b>Purpose:</b>	Nurse Practitioners reminder on credentialing process
	<b>Subject:</b>	Nurse Practitioner Credentialing Process
	<b>Products:</b>	MMA, FHK
	<b>From:</b>	Provider Engagement

## Aetna Better Health® of Florida

### Nurse Practitioners – Credentialing process reminder

The purpose of this communication is to remind all Nurse Practitioners of our Aetna Better Health of Florida (ABHFL) credentialing process and requirements.

Florida Nurse Practitioners (NP) can engage in “autonomous practice” in primary care, including family medicine, general pediatrics, and general internal medicine, as defined by the Board of Nursing (BON), or, if the APRN is also certified by the American College of Nurse Midwives and as a certified nurse midwife, he or she may engage in the “autonomous practice” of midwifery. Please see below for additional requirements.

#### **CREDENTIALING**

Aetna Better Health of Florida requires ALL Nurse Practitioners to be credentialed. Physician Assistants are not required to be credentialed.

Our network includes many hospitals, physicians, surgery centers and ancillary providers throughout Florida. To join our network, providers must meet qualifications such as:

- Coverage 24 hours a day, 7 days a week.
- A current, valid state license to practice medicine.
- Staff privileges at a participating hospital.
- An active Drug Enforcement Agency (DEA) certificate (if applicable).
- Verification of medical school completion, residency training and fellowship.
- Verification of board certification (in specialty being practiced).
- Current professional liability insurance that meets state minimum requirements.
- Acceptable professional claims liability history, including the National Practitioners Data Bank (NPDB).

#### **ABOUT OUR APPLICATION**

The Health Care Credentials and Data Collection Act requires us to use uniform forms to collect your credentials data. We now accept provider credentialing applications through the Council for Affordable Quality Healthcare (CAQH) Universal Provider Datasource. This system is a national provider credentialing application database that streamlines the application process by reducing administrative costs and the need to submit multiple applications for different health plans.

# PROVIDER BULLETIN

## REGISTRATION REQUIREMENTS

Florida Board of Nursing – Autonomous Advanced Practice Registered Nurse

For Registration as an Autonomous Advanced Practice Registered Nurse, the requirements are as follows and can be found in Section 464.0123, F.S.

1. You must hold a Clear, Active, Florida APRN License.
2. You must have completed at least 3000 clinical hours under the supervision of an allopathic or osteopathic physician within the past 5 years. These hours may include clinical instructional hours. See 464.123(1)(c), F.S. for complete requirements.
3. You must submit proof of three graduate-level semester hours (or the equivalent) in differential diagnosis, and three graduate-level semester hours (or the equivalent) in pharmacology completed within the last five years. Please visit the **Florida Board of Nursing** for a full description of equivalent courses.
4. You must not have been subject to disciplinary action as specified in s. 456.072, F.S. or s. 464.018, F.S., or any similar disciplinary action in any state or jurisdiction within the past five years.

Applications are valid for 1 year. After that time, the application will be expired if not approved. Once an application is expired a new paper application may be submitted. PDF versions of applications can be found at **<https://floridasnursing.gov/resources/>**.

If you have questions or concerns, please contact provider engagement team and/or our contracting department at:

**Phone:** MMA: **1-800-441-5501**  
LTC: **1-844-645-7371**  
FHK: **1-844-528-5815**

**Email:** Provider Engagement: **[FLProviderEngagement@aetna.com](mailto:FLProviderEngagement@aetna.com)**  
Contract Department: **[FLMedicaidContracting@aetna.com](mailto:FLMedicaidContracting@aetna.com)**

Thank you,

**Aetna Better Health of Florida**

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