



PROVIDER BULLETIN

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| Date: | June 07, 2019 |
| Purpose: | Reminder to Complete Provider Training and Attest |
| Subject: | Abuse, Neglect, and Exploitation Provider Training (ANE) |
| Products: | Long-Term Care |
| From: | Provider Relations - Medicaid |

Dear Provider,

As an Aetna Better Health of Florida network care provider, you are considered a “mandatory reporter,” and it is important you review this training on abuse, neglect and exploitation and your obligations to help keep your patients who are our members safe. As a mandatory reporter, you are required to report when you suspect abuse, neglect and/or exploitation of any dependent adults you see as part of your role as an Aetna Better Health of Florida care provider.

If you have not completed your training, please review the guide available on the following website: <https://www.aetnabetterhealth.com/florida/providers/education/> and ensure you have completed the **state-required training**. To confirm that you have completed the Abuse, Neglect, and Exploitation Provider Training (ANE) please **submit the attestation page to us as soon as possible**.

- o Fax #: 844-235-1340 or
- o Email: FLMedicaidProviderRelations@Aetna.com

The Abuse, Neglect, and Exploitation Provider Training (ANE) is provided during the Initial Provider Orientation and it is also available on our website on the Provider Manual and under the Provider Education sections. To speak to a Provider Relations Representative please call (LTC) 1-844-645-7371. We are also available via e-mail FLMedicaidProviderRelations@aetna.com.

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.

[aetnabetterhealth.com/florida](https://www.aetnabetterhealth.com/florida)

FL-19-03-04

Aetna Better Health of Florida

Abuse, Neglect, and Exploitation Training



Abuse, Neglect, and Exploitation Training Attestation

Please complete the following information which is required for tracking purposes:

Entity Name OR Provider Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Provider Medicaid Number: _____ **NPI Number:** _____

Tax ID Number: _____ **License Number:** _____

I attest that the employee Abuse, Neglect, and Exploitation training was reviewed and completed on the following date (MM/DD/YYYY) _____.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____