



Aetna OfficeLink Updates™

Southeast Region

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Options to reach us

- Go to www.aetna.com
 - Select “Health Care Professionals”
 - Select “Medical Professionals Log In”
- Or call our Provider Service Center:
- 1-800-624-0756 for HMO-based benefits plans, Medicare Advantage plans and WA Primary Choice plan
 - 1-888-MDAetna (1-888-632-3862) or all other plans

Reducing non-emergency use of the ER

We have taken a multi-faceted approach to decreasing emergency room (ER) use by Aetna members when urgent care (UC) services would be an appropriate option instead.

To address this issue, we are:

- Asking employers to educate their employees on urgencies, out-of-pocket expenses and appropriate use of the ER vs. UC
- Providing case management services to members who frequent the ER for non-ER services
- Directing members to find the appropriate urgent care center in DocFind®, our online provider directory, and through Informed Health® Line, Aetna’s 24-hour nurse line

What you can do

To help your patients access after-hours care, we ask that you consider modifying your outgoing phone message to offer options, including “911, urgent care or speaking with the on-call doctor.” We also hope that you will take some time to talk with your patients about the advantages of using UC centers and walk-in clinics for non-emergent care.

Benefits of UC services include:

- Members may have the same or even a lower copay or coinsurance
- Waiting times are often much shorter than in the ER
- Often the same level of care



Why we need your e-mail address

Time is running out to make sure that you can get *Aetna OfficeLink Updates* by e-mail once we go paperless with the September issue.

To submit your e-mail address – or to make sure one you gave us previously is up-to-date – go to:

- <https://aetna.providerpreference.com> (physicians/office staff)
- <https://aetna.providerpreference.com/facilities.php> (hospital or facility administrative staff)

Offices or facilities that don’t have e-mail or internet access will have the option to get a printed version upon request.

More information is available on the special postcard insert in this issue.



Policy and Practice Updates

Clinical payment, coding and policy changes

We regularly adjust our clinical, payment and coding policy positions as part of our ongoing policy review processes. In developing our policies, we may consult with external professional organizations, medical societies and the independent Physician Advisory Board, which provides advice to us on issues of importance to physicians. The accompanying chart outlines coding and policy changes:

Procedure	Implementation Date	What's changed
Therapeutic, prophylactic, or diagnostic injection billed with sedation	9/1/2010	Effective September 1, 2010, 96374 will be denied as incidental to when billed with D9220, D9221, D9241, and D9242.
Oxygen contents	9/1/2010	Aetna, similar to Medicare, considers oxygen a rented service. When the oxygen delivery systems are rented by the member, oxygen contents are included in the rental rate for the equipment. Effective September 1, 2010, Aetna will no longer pay for oxygen contents in addition to rental payments for oxygen equipment. If the member owns the oxygen equipment, oxygen contents may be payable separately.
Emergency room level of care	11/15/2010	Effective November 15, 2010, payment for facility emergency department services will be based on the level of severity determined by the treating emergency physician. The emergency service evaluation and management (E&M) code billed by the physician will be applied to the corresponding facility bill to determine the appropriate level of payment. Emergency department service evaluation and management codes are represented by the code range of 99281-99285. This policy will not apply to emergency room services that result in inpatient admissions.
Therapeutic radiology simulation-aided field setting; three-dimensional	11/15/2010	Effective November 15, 2010, 77295 will be allowed twice per course of treatment for head and neck diagnoses and once per course of treatment for all other indications. We define a course of radiation therapy treatment as eight (8) weeks, which is in alignment with CMS (Medicare).
Multiple procedure reductions for CT scans, MRIs or ultrasounds	11/15/2010	Effective November 15, 2010, multiple procedure reductions to certain diagnostic imaging services will apply to facility claims. This is an update to an existing payment policy to pay an initial CT scan, MRI or ultrasound at 100 percent, and subsequent scans performed on the same day at 75 percent. This policy is based on the Centers for Medicare & Medicaid Services' (CMS) multiple procedure reduction policy for certain diagnostic imaging procedures.
Procedure codes requiring precertification	Reminder	Claims submitted with procedure codes listed on the National Participating Provider Precertification List (NPL) are reviewed to verify the provider's participation status and to determine if a precertification is required for the specific code billed. Failure to contact Aetna for precertification will relieve Aetna or plan sponsors and members from any financial liability for the applicable services. For a list of procedure codes requiring precertification, refer to http://www.aetna.com/provider/medical/resource_med/coverage_med/precertification_policy_att_a12-12.html
Facet joint injections	Reminder	Aetna allows two (2) sets of facet joint injections per region once every three (3) years – (two (2) cervical or thoracic and two (2) lumbar or sacral). A set is considered six (6) injections. Refer to CPB #0016 (Back Pain – Invasive Procedures).
CRNA and medical direction/supervising anesthesia modifiers	Reminder	When a Certified Registered Nurse Anesthetist (CRNA) is recognized as an eligible provider of anesthesia care, Aetna allows modifier QX at 50 percent of the calculated anesthesia rate. If a bill is submitted for the physician/anesthesiologist with any supervising modifier, Aetna allows up to 50 percent of the calculated anesthesia rate. Aetna allows a maximum payment at 50 percent each of the calculated anesthesia rate for CRNA and supervising physician.

Reminder: Reimbursement change for mid-level practitioners

In the March 2010 issue, we noted that beginning June 1, 2010 Aetna will pay mid-level practitioners at 85 percent* of the contracted rates for covered professional services. This is consistent with the Centers for Medicare & Medicaid Services payment policy.

Under this policy, Aetna will allow payment at the full contracted rate for services that are provided in accordance with the Medicare definition of “incident to” and are properly documented in the patient’s chart.

*This policy does not apply in the states of Alaska, Kansas, Maine, Michigan and Missouri.

Aetna members are now using our cost estimator tool

As part of Aetna's commitment to transparency, which includes giving both members and providers access to helpful decision-making tools, we are introducing a cost-estimating tool for our members.

We recently launched the Payment Estimator for providers. The new member tool can work in tandem with the provider tool to establish a total "picture" for our members. To help support your financial discussions with patients, note some of the key differences between the tools:

Members request estimates differently

- Because most members are not familiar with medical coding, they will select simplified descriptions of services or procedures (instead of actual procedure or revenue codes).

How estimates are calculated

- For office-based services, the member tool provides estimates based on your fee schedule and "service bundle" technology. Aetna members will select "service bundles" which represent the most likely group of services that will be performed together.

For example, a preventive office visit would be selected based on age and gender. The estimate may include the office visit, "expected" immunizations and routine lab and radiology charges. Your office may or may not perform all of the procedures included in the estimate.

- For hospital-based services, the member tool also uses "service bundle" technology. Estimates include the facility's contracted rate, as well as physician/surgical fees,

anesthesia and associated lab, radiology and pathology fees. Some fees may be based on historical data, as well as negotiated fees that differ from your specific contracted amounts.

Through FAQs and website disclaimers, we are reminding members that actual services performed by their health care providers may vary from the services included in their "service bundle" estimate.

For more information

Check out the "Information for your Patients" section of our Payment Estimator website for resources that may help your office when discussing payment responsibility with patients. You can also visit www.AetnaEducation.com to enroll in our Aetna Payment Estimator for providers online tutorial.

Did you get a different version of this newsletter?

Some of you may have noticed that with this issue of *Aetna OfficeLink Updates*, you received a different regional version than what you've been getting in the past.

We've reorganized our geographic alignment and now have four business regions instead of six. This change is designed to help us more effectively concentrate on supporting our business efforts at the local level.

It will not affect how your office works with Aetna and your Aetna patients on a day-to-day basis.

The changes are:

- Pennsylvania, Delaware and Southern New Jersey are now in the **Northeast Region**.
- Virginia, West Virginia, Maryland and Washington, D.C., are now in the **Southeast Region**.

- Colorado is now in the **West Region**.
- Texas and Oklahoma join what is now called the **Mid America Region**. This region was formerly the North Central.
- There is no longer a Southwest Region or a Mid-Atlantic Region.

If your state is not mentioned above, then you remain in the same region and nothing has changed.

DocFind, Aetna Navigator accessible on mobile devices

You may begin seeing patients who access DocFind and/or Aetna Navigator® from their cell phone or handheld Internet device. Some may even show their member ID card to office staff on their mobile device, rather than in physical card format.

That's because Aetna members can now download the new "Aetna mobile" application onto their cell phone or smart

phone (iPhone and Blackberry). This application enables members to find a doctor, view their ID card, check claims, access their Personal Health Record and more – all while on the go.

Remember to verify patient eligibility and benefits – log in to our secure provider website via NaviNet and select "Eligibility" then "Eligibility and Benefits Inquiry."

For more information

Visit www.aetna.com and click on "Aetna Mobile" at the bottom of the page.

Requirements for completing electronic patient referrals

On electronic referral submissions, we will no longer accept a procedure code for a service that requires precertification.

We will return these requests as “Not certified – Requires medical review,” and ask you to resubmit the code(s) using the precertification process. In some instances, we will grant a “modified” response where Consult Treat (C&T) code 99499 replaces the rejected procedure code.

Review the precert list

Refer to the Aetna Participating Provider Precertification List for procedures that require precertification. Visit www.aetna.com, select “Health Care Professionals,” “Policies & Guidelines” then “Medical Precertification” and “Aetna Participating Provider Precertification List.”

Our referral system recognizes when a specialty capitation arrangement may apply. As appropriate, we will substitute the “Referred to” provider with a provider who is aligned to the capitation arrangement of the requesting provider. In these situations, we will issue a “Modified” response.

Exact procedure code vs. C&T

As a reminder, Aetna’s guidelines for patient referrals allow us to authorize:

- Exact procedure code referrals – submitted with code(s) other than 99499. Primary care physicians (PCPs) should use these referrals when a member needs care for a specific health reason.

- * Beginning September 1, 2010, we will only reimburse for the procedure code(s) that match the code(s) on the referral.

- C&T referrals – submitted with code 99499. In most areas, C&T referrals do not need to include the specialists’ procedures. We will reimburse specialists for performing associated covered services in an office setting, in accordance with current claims processing guidelines.

Referrals submitted without a procedure code will default to a C&T referral (99499). Authorized procedures are subject to the number of visits on the referral.

Visit www.aetna.com for more information on referrals -- click on “Health Care Professionals” then “Claims & Administration.”

How you can help ensure correct payment for immunizations

A review of submitted claims indicates that some offices are not properly coding and billing for immunization services. For example, some practices are billing for office visits but not for the vaccine, while others bill for the vaccine but not for the administration.

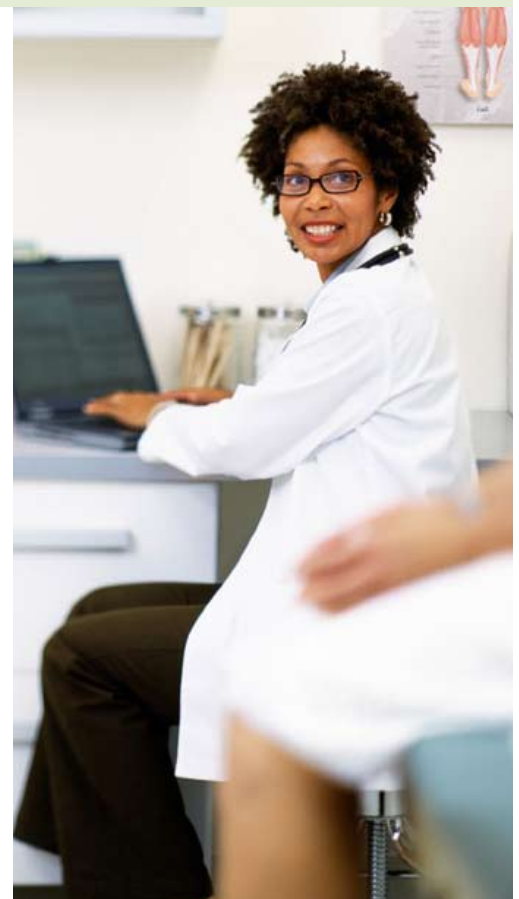
To promote more accurate submission and payment, we encourage you to review Aetna’s immunization and coding guidelines through these resources:

▪ Immunization Billing Reminder:

This flyer is posted on our secure provider website via NaviNet® under “Aetna Support Center.” Select “Clinical Resources” then “Immunization Resource Center.”

- **Best Coding Practices for Immunization Services***: This recorded event offers a comprehensive review of coding for immunizations and immunization services. It also includes suggestions for developing a best practices clinical/business model for the primary care practice. Log in to Aetna’s Education Site for Health Care Professionals at www.AetnaEducation.com. Select “Course Catalog,” then “Recorded Events.”

* This event is presented by Joel F. Bradley, M.D., F.A.A.P., and sponsored by Sanofi Pasteur.



Preauthorization for certain cardiac imaging services now required

As of May 15, 2010, we require preauthorization for Aetna members for non-emergent stress echocardiography and diagnostic left and right heart catheterization. Authorization is not required for patients who are hospital inpatients or in hospital emergency departments.

As a reminder, in February, we notified providers that we are expanding our current radiology imaging preauthorization program to include select cardiac imaging services.

To request preauthorization, contact MedSolutions:

- Online at www.medsolutionsonline.com
- By phone at 1-888-693-3211
- By fax at 1-888-693-3210

For providers in **New York and New Jersey**, contact CareCore National:

- Online at www.carecorenational.com
- By phone at 1-888-622-7329 in New York or 1-888-647-5940 in New Jersey
- By fax at 1-888-444-1562

Other key program facts

This change includes Aetna patients who already require preauthorization through our current high-tech radiology imaging preauthorization program, and includes all markets where the program exists.

MedSolutions offers a pre-recorded webinar on their preauthorization process. You may review the webinar at www.medsolutions.com/implementation.

Automated phone system offers fast customer service

It's hard to think of a customer-oriented business that hasn't made the switch from live operators to an interactive voice response (IVR) system. You may even use one in your office.

If you haven't yet met "Ava," chances are you will – she answers phones for Aetna Customer Service and is the name of our IVR system ("Ava," or AVA, stands for Aetna Voice Advantage®).

When you need to reach us, our secure provider website via NaviNet is a great resource. You can check claims status, verify member benefits and eligibility, and submit precertification requests 24 hours a day, 7 days a week.

But for those instances when you need to call us, give Ava a try. Ava will guide you through various menu options, using speech-recognition software.

If you would like to share feedback on your experience with Ava, contact Tina Dyal at 904-351-3013 or e-mail dyaltm@aetna.com.

New PO boxes for student health/appeals

The Aetna Student Health Claims PO box is now:

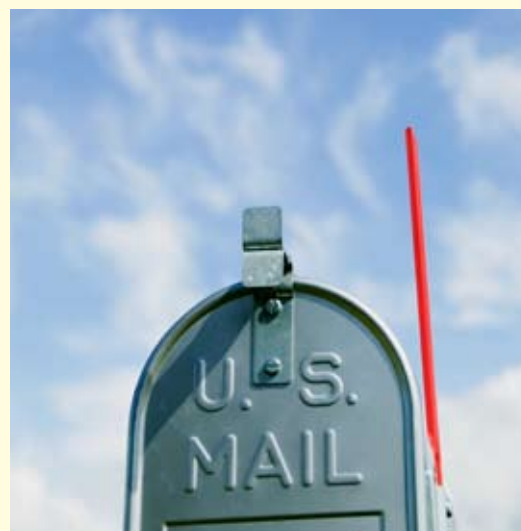
Aetna
PO Box 981106
El Paso, TX 79998

The Aetna Student Health Appeals PO box is now:

Aetna
PO Box 14464
Lexington, KY 40512

The Aetna Student Health Travel Insurance-EF (Erika Insurance) PO box is now:

Aetna
PO Box 14101
Lexington, KY 40512



Closing the communication gap between treating practitioners

Results from Aetna's 2009 Physician Practice Survey continues to highlight concerns from primary care physicians (PCPs) that they are not receiving regular reports about their patients' evaluation and care from other practitioners and facilities.

PCPs indicate that they are least satisfied with communication they receive from behavioral health practitioners and facilities, followed by that from skilled nursing facilities and surgical centers. Over the last two years, survey results regarding communication from these specialty areas declined in most cases.¹

These results are of concern as recent research indicates that increased treatment compliance, improved patient safety and better outcomes may be attributed, in part, to collaboration between providers.

Sharing patient information

To this end, we encourage you to send progress notes and discharge summaries to your patients' other treating practitioners. The following tools can be used to share information and are available on our secure provider website via NaviNet. Once logged in, select "Aetna Support Center," "Forms Library," then "Provider Communication Forms."

- Physician Communication Form
- Behavioral Health/Medical Provider Communication Form
- Specialist Consultation Report

In addition, our "Make the Connection" flyer outlines how members can participate in the communication process and the benefits of sharing health information with their medical and

behavioral health providers. The flyer is located on our secure provider website under Aetna Behavioral Health and Employee Assistance Program.

¹Aetna annually conducts physician practice surveys to assess primary care practices' attitudes and perceptions on key interactions with us. The surveys, which are administered by a third-party vendor (Center for the Study of Services), are faxed and/or e-mailed to select practices with 30 or more Aetna patients. The surveys are performed at the National Committee for Quality Assurance (NCQA)-accredited market level for practices contracted for all Aetna products. Surveys are conducted at the regional level for practices participating in Aetna PPO-based plans only.

Creating value, shaping the future

We invite you to read Aetna's 2009 Annual Report.

In this year's report, we asked some of the people who use our services – including a physician, a Medicare Advantage member, employers and a community-based non-profit organization – to share their opinions about Aetna. They say it best, and we want to share with you their comments about how Aetna is creating value and shaping the future for them.

Aetna helps millions of people manage one of the most important things they possess – their health. Our success in helping members and employers is rooted in our ability to create value for those we serve. For physicians, creating value includes providing information and developing technologies in support of clinical decisions and working to forge strong, trusting relationships.

To view the report, visit www.aetna.com/2009annualreport.

Important: AWCA providers

Update your demographic information with us. This will help facilitate accurate claims pricing, payment and servicing. Our provider directories for injured workers will also reflect your most current information. Send us a postcard, or submit changes via e-mail to AWCAProviderDemographicUpdates@aetna.com.

Aetna's Education Site for Health Care Professionals

Learning Opportunities From Aetna...Developed With You In Mind

New and updated courses for physicians, nurses and office staff

Aetna Welcomes You (course catalog)

- Getting started with Aetna...A guided orientation
- Member ID Card Education Tool
- NaviNet Basics – Aetna's Secure Provider Website Transactions
- Welcome to Aetna Tools (including ease of administration resources and live, interactive webinars)

Continuing Education

Quality Interactions® Introductory Course for Nurses


Office Administration

Electronic Connectivity: Aetna Payment Estimator

Updated Coding: Best Coding Practices for Immunization Services

Updated Workers' Compensation: Workers' Comp 101

Reference Tools

 Pandemic Flu Resources: Vaccination Recommendations for Health Care Professionals

Updated ID Cards: How to read a member ID card

Updated Provider Manuals: Aetna at a Glance

Updated Products, Programs and Plans: Aetna Medicare Open Plan quick reference guide

Live, interactive learning at your fingertips

In addition to the many courses, podcasts and reference tools on the Education Site, did you know that you can also register for and participate in live, interactive webinars?

With our Aetna In-Service Update and topical webinars, you'll join other office managers, referral specialists and billing administrators to learn how to:

- Administer Aetna benefits plans, including consumer-directed health plans
- Use our secure provider website more effectively
- Take steps to save time and get your claims paid faster
- Locate policy, payment and procedure updates

- Get an overview of claims and account management tools

- Access all of Aetna's coding tools

You're also able to ask us questions during these discussions. For upcoming events, go to www.AetnaEducation.com and select the "Webinars" link on the top navigation bar.

Spread the word about this website

Why not let your colleagues know about the great benefits and dynamic features of the Education Site?

After logging in at www.AetnaEducation.com, click "Share this site with a colleague" on the top navigation bar. It is pre-populated with a brief, explanatory message. Let others know what you've already discovered – that www.AetnaEducation.com has many valuable tools to help with administrative tasks, as well as clinical and patient outcomes.

CME targets treatment of pediatric ADHD

A new performance improvement/CME activity from the National Committee for Quality Assurance (NCQA) helps providers with the care they are providing to pediatric patients with attention deficit hyperactivity disorder (ADHD).

Using a HIPAA-compliant, confidential platform, you can evaluate how well your practice manages pediatric ADHD patients, and access resources that can help identify common barriers to ADHD treatment.

This activity can help you:

- Identify the optimal care for ADHD patients
- Identify and reduce practice gaps
- Involve your staff in online learning and continuing education for ADHD care
- Understand how your treatment of children with ADHD compares with that of your peers
- Obtain a minimum of 20 AMA PRA Category 1 Credits toward licensure renewal

Download our course catalog

Explore our wide range of courses at http://aetnaofficelink.providerpreference.com/files/Education_Catalog.pdf.

Additionally, this activity is acceptable for up to 20 Prescribed Credits by the American Academy of Family Physicians (AAFP). AAFP accreditation began May 8, 2009.

To access this free activity, go to www.ncqaconnection.org. There are additional ADHD resources at www.aetna.com/plans-services-health-insurance/detail/disability-insurance/add_adhd.html.

Striving for Quality Excellence

Consult Clinical Practice Guidelines as you care for patients

The National Committee for Quality Assurance (NCQA) requires health plans to regularly inform providers about the availability of Clinical Practice Guidelines (CPGs).

Our CPGs and Preventive Service Guidelines are based on nationally recognized recommendations and peer-reviewed medical literature. They are located on our secure provider website via NaviNet under “Aetna Support Center,” then “Clinical Resources.”

Preventive Service Guidelines	Adopted 1/10
Preventive Service Guidelines Updates	
<ul style="list-style-type: none"> ■ Screening for Obesity in Children (USPSTF¹) ■ Seasonal Influenza (CDC²) ■ HPV for Males ■ Breast Cancer Screening (NCI³) 	<p>Adopted 3/10</p> <p>Adopted 3/10</p> <p>Adopted 1/10</p> <p>Adopted 1/10</p>
Clinical Practice Guidelines	
Asthma	
<ul style="list-style-type: none"> ■ Treating Patients With Asthma 	Retired 3/10
Behavioral Health	
<ul style="list-style-type: none"> ■ Antidepressant Prescribing Guide for Use in Primary Care ■ Helping Patients Who Drink Too Much ■ Treating Patients With Bipolar Disorder ■ Treating Patients With Major Depressive Disorder 	<p>Retired 3/10</p> <p>Adopted 3/10</p> <p>Retired 3/10</p> <p>Adopted 3/10</p>
Diabetes	
<ul style="list-style-type: none"> ■ Treating Patients With Diabetes 	Adopted 3/10
Heart Disease	
<ul style="list-style-type: none"> ■ Treating Patients With Chronic Heart Failure ■ Treating Patients With Coronary Artery Disease ■ Treating Patients With Hypercholesterolemia ■ Treating Patients With Hypertension 	<p>Retired 3/10</p> <p>Adopted 9/08</p> <p>Retired 3/10</p> <p>Retired 3/10</p>

For a hard copy of our Preventive Service Guidelines, or a specific CPG, call our Provider Service Center.

¹U.S. Preventive Services Task Force ²Centers for Disease Control and Prevention ³National Cancer Institute

Coverage determinations and utilization management

Evidence-based clinical guidelines from nationally recognized authorities are the guide we use for utilization management (UM) decisions.

Specifically, we review any request for coverage to determine if the member is eligible for benefits, if the service requested is a covered benefit under the member’s plan and if the service delivered is consistent with established guidelines. The member (or a physician acting on his/her behalf) may appeal this decision through our complaint and appeal process if a coverage request is denied.

Our UM staff help our members access services covered under their benefits plans. We do not reward physicians or individuals who conduct utilization reviews for creating barriers to care or for issuing coverage denials.



Medical record audit criteria and charting resources

Every two years, we conduct an audit to assess how health care professionals are complying with our medical record documentation criteria. The next audit is scheduled for 2011.

Aetna's performance goal is 85 percent compliance. You can find our documentation criteria in our Health Care Professional Toolkit, located on our secure provider website via NaviNet. The following medical record documentation tools are available there:

- **Adult Health Maintenance Form** – includes a field to document allergies, problem list for medical and psychological illnesses, and a space to note discussion of advance directives

- **Medical History Form** – includes fields to document allergies, immunization history and living will information

- **Pediatric Health and Immunization Summary forms** – to document allergy and immunization information

Advance directive criteria

Your patients' charts should indicate whether a member has prepared an advance directive. Aetna Participating Practitioner Medical Record Criteria require that documentation about advance directives (whether executed or not) is in a prominent place in the patient's record (except for patients under age 18). For Medicare patients, such documentation is also required by the Centers for Medicare

& Medicaid Services, for which we must monitor participating physician compliance.

You'll find advance directive forms for specific states at www.aetnacompassionatecare.com.

If the state you practice in is not listed, go to www.uslivingwillregistry.com/forms.shtm for an advance directive form or for additional information.

Medical practices without Internet access can request a paper copy of the toolkit by calling our Provider Service Center.

Keeping you and your patients informed

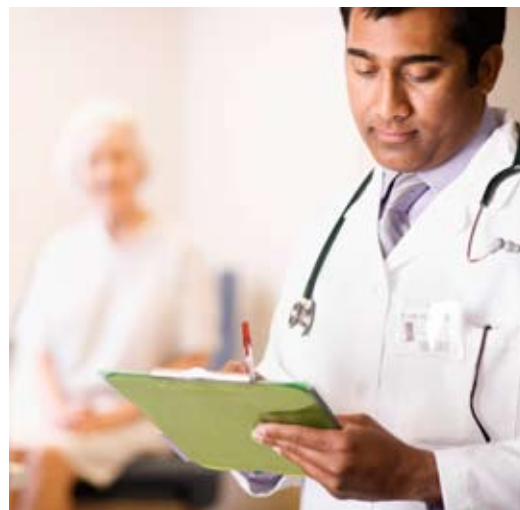
We want you to be aware of important program offerings that can help you and your patients. These include:

- **Quality Management program:** We integrate quality management and metrics into all we do. For details on our QM program, its goals and our progress toward those goals, log in to our secure provider website via NaviNet and select "Quality Management Program."

- **Case management and disease management programs:** Information for physicians and members about the various programs we offer and how to access them.

For more information

More information on these topics can be found in our Health Care Professional Toolkit, available on our secure provider website via NaviNet. Practices without Internet access can request a paper copy by calling our Provider Service Center.



Update your demographic and office information

Here's an easy way to submit demographic updates, make billing address changes, and to let us know about the National Provider Identifier (NPI) for providers in your office or facility:

While using our secure provider website via NaviNet, click "Update Aetna Provider Profiles" on the left navigation bar.

Prescription Medications & Pharmacy Management

New program promotes safety for patients using controlled substances

We want to make you aware of a new program designed to promote patient safety and decrease instances of opioid abuse.

Our “Aetna Rx Check Patient Safety” program uses a computer program to analyze member prescription drug claims data and identify potential opioid abusers. It is designed to recognize individuals who are obtaining medications for opioid addiction (for example, Suboxone and Subutex) yet continue to receive prescriptions for opioids (for example, OxyContin).

Your role is important

When we identify patients who are taking opioids along with medications for opioid addiction, Aetna Rx Check Patient Safety will send letters to the physician(s) who prescribed the medication(s). An Aetna pharmacist specializing in pain management and addiction treatment will then call the physician’s office to validate the claims data and discuss an action plan for the patient.

The pharmacist can work with the physician and the claims processing system to block future claims for opioids to help

prevent possible abuse by the patient. The pharmacist can also help the physician refer the patient to an appropriate Aetna Behavioral Health Specialty Program. These programs give patients the opportunity to obtain assistance from a behavioral health care expert.

We will notify your affected patients in advance of any changes in coverage and provide their options and rights.

Medication management support for Part D members

We participate in a Medicare Medication Therapy Management (MTM) Program as required by the Centers for Medicare & Medicaid Services (CMS). This program is available to eligible members with Part D prescription drug coverage.

The MTM program:

- Encourages the appropriate use of medications
- Promotes optimal therapeutic outcomes and better medication compliance
- Helps reduce the risk of adverse events

We choose members for the MTM program based on CMS parameters. These include people with multiple chronic conditions who have a certain yearly medication expenditure and those who are on up to eight or more covered medications.

Outreach to your patients

Under this program, a pharmacist may be calling some of your patients to discuss prescription drug safety. This outreach may include a discussion about the medication purpose, ways to manage side effects or other therapy-related issues.

The pharmacist will review non-prescription drugs and how they could interact with treatment. In addition, the pharmacist will mail patients a summary document that will include a Medication Action Plan, which patients can share with you.

Where to review our Medicare, Non-Medicare formularies

We update the Aetna Medicare and Non-Medicare Preferred Drug Lists, also known as our formularies, at least annually and from time to time throughout the year.

- For Medicare formulary information, visit: http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.
- For Non-Medicare formulary information, visit: <http://www.aetna.com/FSE/planType.do?businessSectorCode=CM>.

For a paper copy of our formulary guide, call 1-800-AetnaRx (1-800-238-6279).

Precertification required for sleep study management program

With the help of MedSolutions and Sleep Solutions, we're offering your patients a new sleep study management program.

Under this program, which begins July 15, 2010, we require precertification, through MedSolutions, for sleep studies performed in a hospital or free-standing facility for any Aetna patients enrolled in network-based HMO plans including Medicare Advantage plans. This excludes the Aetna Medicare OpenSM (PFFS) and Traditional Choice[®] plans.*

Precertification is not required for home sleep studies.

Update from previous communication

An earlier letter we sent misstated that precertification is not needed for patients under 18 years old. In fact, precertification is needed for all patients who undergo sleep studies in a facility or hospital – regardless of age.

About Sleep Solutions

Sleep Solutions is our preferred home sleep test vendor. It is approved by Medicare as an Independent Diagnostic Testing Facility (IDTF), and accredited by the Joint Commission as an ambulatory care sleep diagnostic center.

How to precertify

- Call MedSolutions: 1-888-693-3211
- Fax: 1-888-693-3210 (Monday through Friday)
- Online: www.MedSolutionsOnline.com

This program is available in:

- Washington D.C.
- Richmond, VA
- Northern VA
- Maryland

For more information

On our secure provider website via NaviNet, select “Communications,” “Mailings” and then your specific state. Call MedSolutions at 1-888-693-3211 with questions about this program, or Sleep Solutions at 1-877-753-3776 for questions about home sleep studies.

*As of July 15, 2010, if precertification is not obtained for sleep studies performed in a free-standing facility or hospital, payment will be denied, and the member will be held harmless for payment.



CPE RW3H
151 Farmington Ave.
Hartford, CT 06156

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How to help your patients better understand what you tell them

Up to 80 percent of patients forget what their doctor tells them as soon as they leave the office. In addition, 50 percent of what they do remember is recalled incorrectly.

Here are steps* physicians/staff can use to improve patient understanding:

- Create a safe office environment where patients feel comfortable talking openly with you and your staff.
- Minimize interruptions, such as phone calls, during patient consultations.
- Encourage patients to ask questions about their diagnosis and treatment during and after the office visit.
- Sit down, rather than stand, to achieve eye level with your patients.
- Speak slowly and maintain eye contact with patients when providing a diagnosis or treatment instructions.
- Use plain language instead of technical language or medical jargon when explaining the diagnosis to patients.
- Provide specific verbal and written instructions to patients related to their diagnosis.
- Explain to patients the importance of complying with treatment instructions and the consequences of non-compliance.
- Use visual models to illustrate a procedure or condition.
- Ask patients to “teach back” the care instructions given, to ensure they understand them.

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