



Aetna Premier Care Network and Aetna Premier Care Plus Network

Provider guide



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What is the Aetna Premier Care Network?

Aetna Premier Care Network is a national network with a concentric plan design that combines current performance networks, plus the standard broad networks in the remaining markets.

A concentric plan design means that there are only two levels of benefits:

1. In network/maximum savings/best for your plan: This benefit applies when a member gets care from a participating Aetna Premier Care Network provider. We pay claims at the highest benefit level.
2. Out of network: This benefit applies to out-of-network facilities/physicians and non-designated physicians/hospitals. Non-designated providers can be participating in the regular broad network, but non-participating in an Aetna Premier Care Network. Depending on the provider's contract, the claim may be paid at the preferred provider organization (PPO) contracted rate. The rate is applied to the member's out-of-network benefit, if applicable.

The Aetna Premier Care Network is:

- Built using performance networks with either 12 or 20 designated specialties that will result in the best medical cost savings in each market
- Designed to appear as one plan with one network, the Aetna Premier Care Network
- Seen by members as Aetna Premier Care Network on their card and in the provider search tool, regardless of the networks used in their market
- Based on where they live — members may have a broad or a narrow network, but by using the provider search tool on the member website, they'll only see the providers that will give them the maximum savings

What is the Aetna Premier Care Network?

The base medical plans available with the Aetna Premier Care Network are:

- Choice POS II (self-funded in all markets and fully insured in some markets)
- Open Access Aetna SelectSM plans (self-funded only)

There are two types of providers used for in-network benefits under the:

- Aetna Health Plan network (AHP/Broad/Direct)
- Aetna Premier Care Network performance network

Networks are based on one of the following designation configurations:

- 12 specialties designated
- 20 specialties designated and hospitals tiered
- Primary care providers (PCP) designated, 20 specialties designated, hospitals tiered (Nashville, TN market only)

Note: The Aetna Premier Care Network can have all types of providers (PCPs, specialists, hospitals, etc.) **or** only include 12 specialties or 20 specialties and hospitals. This is because in some geographies, the full network of providers is offered (the AHP broad network). And in other geographies, there is a smaller performance network offering. The performance networks have fewer providers in network than the full AHP network.

What is the Aetna Premier Care Network Plus?

The Aetna Premier Care Network Plus differs from the Aetna Premier Care Network in that it can be based on an accountable care organization (ACO) or joint venture (JV) network. When based on an ACO or JV, the Aetna Premier Care Network Plus is an exact copy of that network.

In markets where there are no ACO or JVs, the Aetna Premier Care Network Plus is built using performance networks with either 12 or 20 designated specialties. This results in the best medical cost savings in each market.

Aetna Premier Care Network Plus is a program that can be added to the Choice POS II and/or Open Access Aetna Select products. For members to get the highest benefits, they must use providers contracted as an Aetna Premier Care Network Plus provider (this is designated on their plan's network ID).

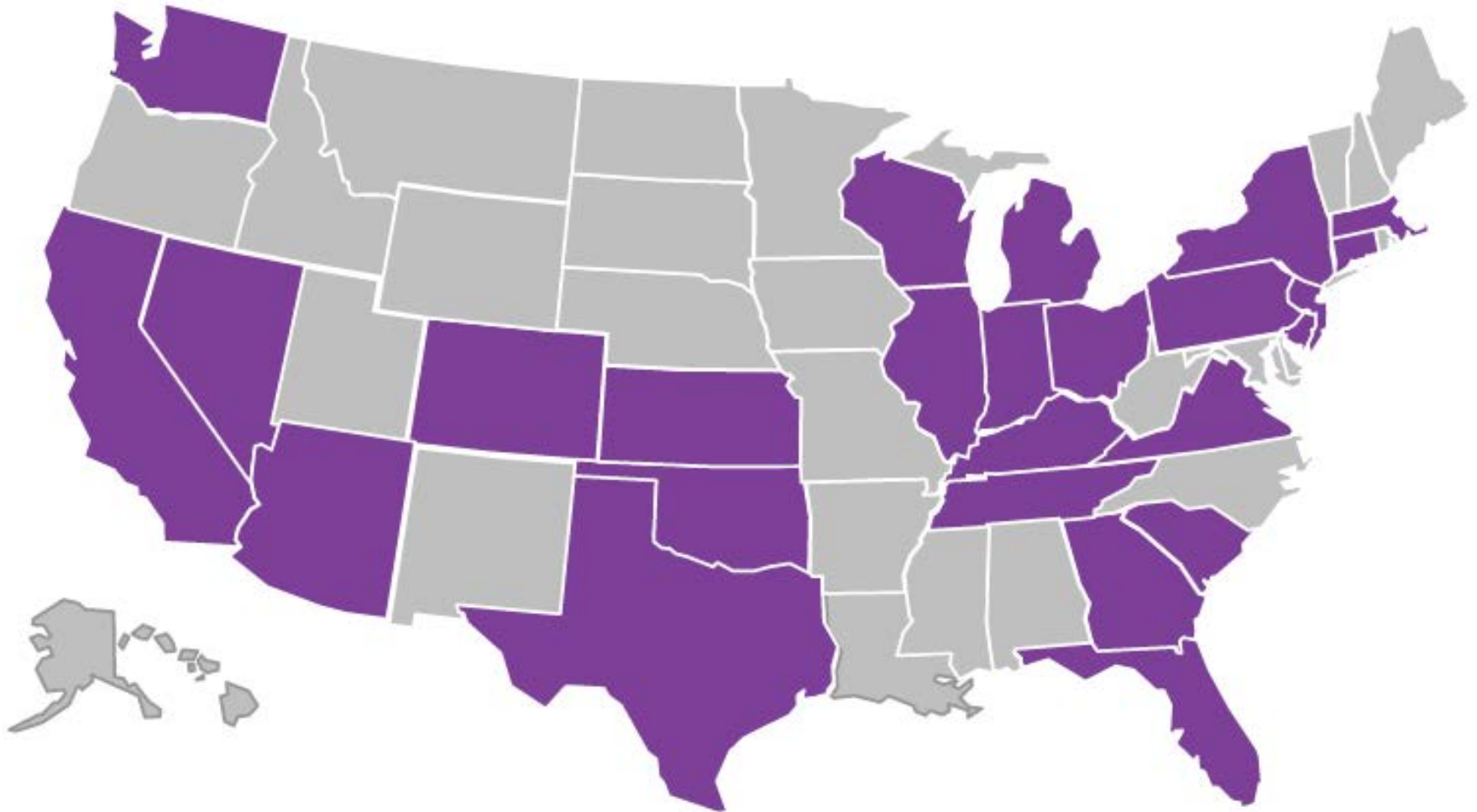
Aetna Premier Care Network Plus has three ways for a member to access their in-network benefits:

- ACO or JV providers
- Aetna Premier Care Network Plus performance network
- Aetna Health Plan network (AHP/Broad/Direct)

Based on the member's home ZIP code, one of the following market configurations will apply:

- ACO or JV (e.g. Seton Health ACO, Innovation Health JV) access
- Concentric plan with in-network and out-of-network benefits (Choice POS II only)
- Concentric plan with in-network benefits only (Open Access Aetna Select only)

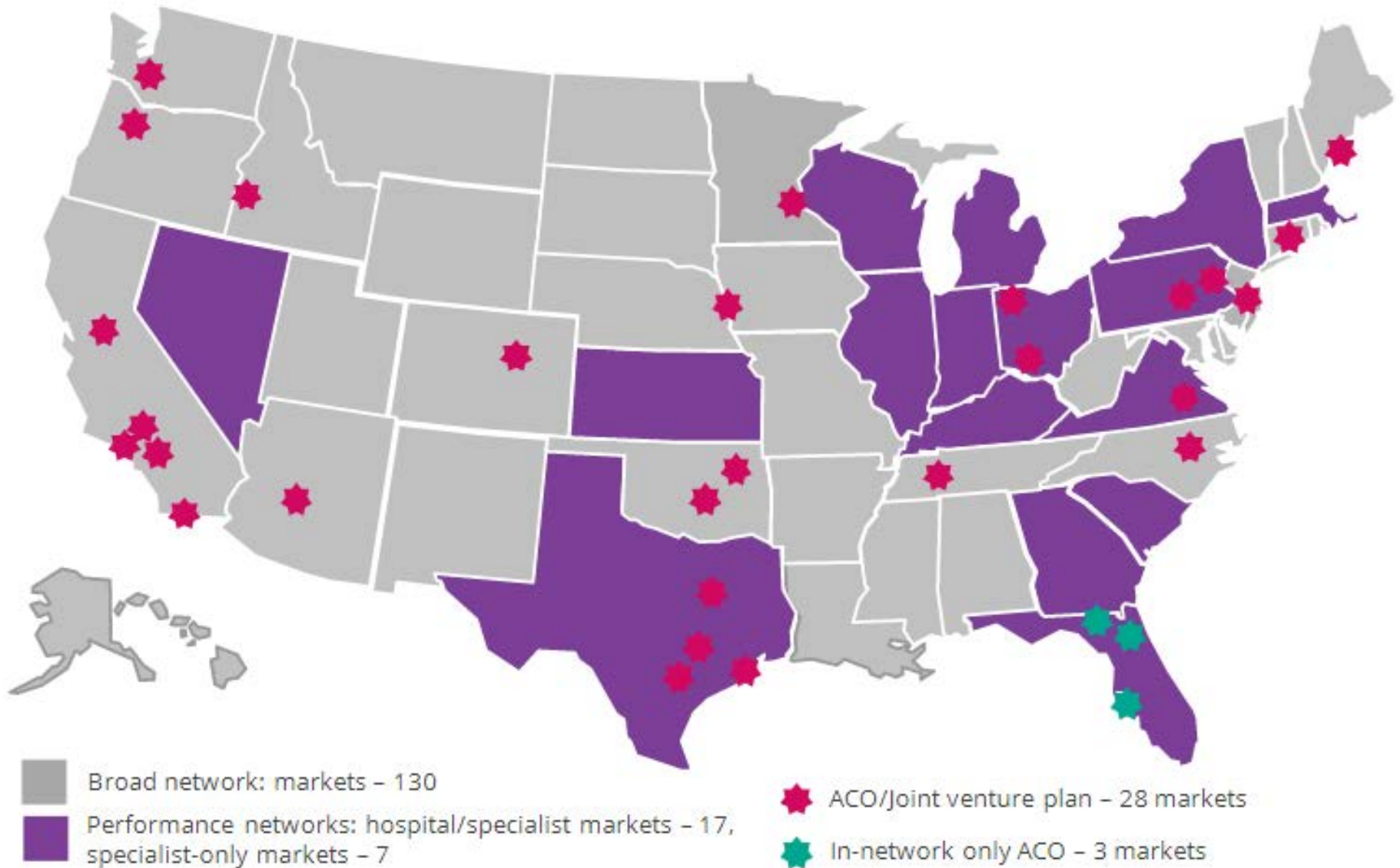
2020 Aetna Premier Care Network markets



■ Broad network: markets - 125

■ Performance networks: hospital/specialist markets - 26
Specialist only markets - 16

2020 Aetna Premier Care Network Plus markets



Designated specialty types

Markets with 12 designated specialties:

- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- OB/GYN
- Orthopedics
- Otolaryngology
- Neurology
- Neurosurgery
- Plastic surgery
- Urology
- Vascular surgery

Markets with 20 designated specialties include original 12 and the following 8 additional specialties:

- Allergy
- Dermatology
- Endocrinology
- Infectious disease
- Nephrology
- Ophthalmology
- Pulmonary
- Rheumatology

Please note that all other provider specialty types will automatically “default” into Aetna Premier Care Network or Aetna Premier Care Network Plus as a preferred provider since they do not require designation.

Specialist designation cycle and criteria

Method 1

Markets with 12 specialties based on the following criteria:

- Case volume
- Clinical performance
- Efficiency
- Network adequacy
- Use of Tier 1 hospitals 50% or more of the time
- Specialists with little (less than \$1,000) or no hospital spend

Method 2

Markets with providers in 12 specialties already designated via Method 1 and 8 additional specialties based on:

- Groups that use Tier 1 hospitals 50% or more of the time
- Groups that have little (less than \$1,000) or no hospital spend

Method 2

Markets with providers in all 20 specialties based on:

- Physicians who use Tier 1 hospitals 50% or more of the time
- Groups that have little (less than \$1,000) or no hospital spend

Note: No clinical quality or cost-efficiency data is used to make selections using this method.

Providers will be notified by email or letter before any change in designation status.

Tier 1 hospital designation criteria

Aetna Premier Care Network and Aetna Premier Care Network Plus may include separate tiers of network hospitals within markets. Network hospitals are evaluated on cost-efficiency of inpatient and outpatient cases, and that cost-efficiency is compared to the other hospitals in that market. To evaluate hospital inpatient and outpatient cost, the Aetna “medical case” information for both acute inpatient, inpatient non-acute and outpatient procedures are used.

Only those claims in the medical case that were billed by the facility are used in evaluating hospital cost-efficiency. Place of service categories of emergency room or outpatient procedure non-facility are not used in determining cost-efficiency measure of hospitals.

What is medical case?

A medical case summarizes clinical events by linking or associating all of the claims submitted for a member during the same treatment episode. Aetna Informatics case logic defines clinical events based on contiguous claims for five places of service:

1. Inpatient acute
2. Inpatient non-acute
3. Emergency room
4. Outpatient procedure facility
5. Outpatient procedure non-facility

All specialist and ancillary claims that are within the starting and ending dates of service for these cases are attached to the case. For the hospital cost-efficiency measure, only those claims for services billed for by the facility are used for analysis.

Aetna Premier Care Network reciprocity

For a member to receive maximum savings when seeking provider services outside of their home network (reciprocity), the following guidelines on provider selection apply:

AETNA PREMIER CARE NETWORK RECIPROACITY

Aetna Premier Care Network (Non-ACO)

Member type	Travel to any Aetna Premier Care Network performance network	Travel to broad network
Aetna Premier Care Network performance network member	Aetna Premier Care Network performance network where available	Access to broad network
Broad network home member	Access to broad network	Access to broad network

Updated: 2/25/2020

Aetna Premier Care Network Plus reciprocity

For a member to receive maximum savings when seeking provider services outside of their home network (reciprocity), the following guidelines on provider selection apply:

AETNA PREMIER CARE NETWORK PLUS RECIPROACITY

Aetna Premier Care Network Plus

Member type	Travel outside home network area but within market*	Travel to Aetna Premier Care Network-ACO network	Travel to Aetna Premier Care Network performance network	Travel to broad network
Aetna Premier Care Network Plus performance network home member	Access to broad network	Access to broad network	Aetna Premier Care Network performance network where available	Access to broad network
Broad network home member	N/A	Access to broad network	Access to broad network	Access to broad network
Aetna Premier Care Network Plus-ACO network home member	ER care: in-network benefits/Non-ER care: out-of-network benefits	Access to broad network	Access to broad network	

Note: Network reciprocity rule for Aetna Premier Care Network Plus-ACO/JV member will be to standard AHP networks. If plan sponsor opts out of any Aetna Premier Care Network Plus-ACO/JV market for an approved reason; the opt-out network is replaced with broad network.

*This applies to markets where the ACO/JV network has a more narrow service area than the AHP network in the geography. For example, the New Jersey statewide ACO covers 19 counties but the AHP network covers 21 counties. When an Aetna Premier Care Network Plus member leaves the 19 counties and travels into the other 2 for non-ER care, out-of-network benefits apply.

Updated: 2/25/2020

Frequently asked questions and answers

Question: Can a provider be “recommended” for designation in Aetna Premier Care Network and/or Aetna Premier Care Network Plus from an outside source?

Answer: No. A provider can only be participating in Aetna Premier Care Network if all qualifications are met during the designation process.

Question: How will I know if I have been designated as an Aetna Premier Care Network/ Aetna Premier Care Network Plus participating provider?

Answer: A designation cycle is completed once every two years. All providers being newly designated will receive an email/letter advising them of their new participating status. Any provider who does not pass the designation requirements during a subsequent cycle will be notified by email/letter of their designation status change.

Question: Will all providers in a group be either designated or non-designated?

Answer: Due to multi-specialty groups, it is possible for a group to have some designated and some non-designated providers.

Question: If providers are referring a member to another provider specialty, should the Aetna Premier Care Network/Aetna Premier Care Network Plus status of that provider be checked?

Answer: Yes, the status of the provider the member is being referred to should be checked to make sure they are also in network for Aetna Premier Care Network/Aetna Premier Care Network Plus.

Question: If an Aetna member calls and asks if the provider is participating with Aetna, should additional information be obtained before the provider answers?

Answer: The provider should ask for more details on the type of Aetna plan. While a provider may be participating with Aetna’s broad network, they may or may not be participating in the Aetna Premier Care Network or Aetna Premier Care Network Plus performance network.

Identifying Aetna Premier Care Network Plus members

aetna[®] NAP

Aetna Premier Care
Network Plus
Sutter Health/Aetna

PLAN SPONSOR NAME LINE ONE
PLAN SPONSOR NAME LINE TWO
GRP: 111111-011-00101
Issuer (80840) 9140860054

Choice POS II

ID
NAME

01 JONATHAN Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
02 JOCELYN Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
03 JACKSON Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
04 GRAYSON Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
05 DANIELLE Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE

RX BIN# 610502

PCP \$\$\$\$\$
SPC \$\$\$\$\$

www.aetna.com PAYER NUMBER 60054 000

Use www.AetnaNavigator.com to choose providers in your plan. You do not have to choose a primary care doctor. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. For mental health or substance abuse pre-approval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Legal Entity Prints Here
P.O. Box 981106
El Paso, TX 79998-1106

MEMBER SERVICES 888-888-8888

RX MEMBER SERVICES 1-888-792-3862

A1010

aetna[®] NAP

Aetna Premier Care
Network Plus
Aetna Whole HealthSM
Maine

PLAN SPONSOR NAME LINE ONE
PLAN SPONSOR NAME LINE TWO
GRP: 111111-011-00101
Issuer (80840) 9140860054

Choice POS II

ID
NAME

01 JONATHAN Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
02 JOCELYN Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
03 JACKSON Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
04 GRAYSON Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE
05 DANIELLE Q SAMPLE-TESTCARD	PCP: ABC	FAMILY PRACTICE

RX BIN# 610502

PCP /\$\$\$\$
SPC /\$\$\$\$

www.aetna.com PAYER NUMBER 60054 NNNN

Use www.AetnaNavigator.com to choose providers in your plan. You do not have to choose a primary care doctor. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. For mental health or substance abuse pre-approval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Legal Entity Prints Here
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES 1-888-888-8888

PROVIDERS CALL 1-888-632-3862

RX MEMBER SERVICES 1-888-792-3862

A1010

Identifying Aetna Premier Care Network members

aetna[®] **Aetna Premier Care Network**

PLAN SPONSOR NAME LINE ONE
PLAN SPONSOR NAME LINE TWO
GRP: 111111-011-00101
Issuer (80840) 9140860054

Choice POS II

ID

NAME
01 JONATHAN Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE
02 JOCELYN Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE
03 JACKSON Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE
04 GRAYSON Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE
05 DANIELLE Q SAMPLE-TESTCARD PCP: ABC FAMILY PRACTICE

RX BIN# 610502 PCP \$\$\$\$\$
SPC \$\$\$\$\$

www.aetna.com PAYER NUMBER 60054 NNNN

Use www.AetnaNavigator.com to choose providers in your plan. You do not have to choose a primary care doctor. Referrals are not required. However, some services may also require precertification. Without pre-approval, you may pay more or even full price. For mental health or substance abuse pre-approval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

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MEMBER SERVICES 1-855-856-9742
PROVIDERS CALL 1-888-632-3862
RX MEMBER SERVICES 1-888-792-3862

AT0810

Member eligibility and benefits can be viewed through the Availity online tool by visiting [Availity.com/AetnaProviders](https://www.availity.com/AetnaProviders).

Important resources

- The Aetna website can be used to check a provider's participating status for Aetna Premier Care Network and/or Aetna Premier Care Network Plus: **[Aetna.com/health-care-professionals.html](https://www.aetna.com/health-care-professionals.html)**
- The Aetna OfficeLink Updates™ newsletter includes valuable information on Aetna Premier Care Network and Aetna Premier Care Network Plus: **[Aetna.com/health-care-professionals/newsletters-news/office-link-updates.html](https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates.html)**
- Contact the Provider Service Center with any questions: **1-888-MD-AETNA (1-888-632-3862)**

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