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What is APCN?

Aetna Premier Care Network (APCN) is a national network offering 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 APCN provider. Aetna pays 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 APCN. 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 twelve or twenty designated specialties that will result in the best medical cost savings in each market
• Designed to appear as one plan, APCN, with one network, the APCN 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 network or a narrow network, but by using the provider search tool through the member website, members will only see the providers that will give them the maximum savings
The base medical plans available with the Aetna Premier Care Network are:
• Choice POS II (self-funded only)
• Open Access Aetna Select (self-funded only)

APCN has two types of providers used for in-network benefits under the:
• Aetna Health Plan network (AHP/Broad/Direct)
• APCN performance network

APCN networks are based on one of the following designation configurations:
• 12 specialties designated
• 20 specialties designated and hospitals tiered
• Primary Care Providers (PCP) designated, 12 or 20 specialties designated, hospitals tiered (Nashville, TN only at this time)

Note: The APCN networks can have all types of providers (PCPs, specialists, hospital, etc.) or only include 12 specialties or 20 specialties and hospitals. This is because in some APCN 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.
APCN Plus networks differ from APCN networks in that they can be based upon an accountable care organization (ACO) or Joint Venture (JV) network. When based on an ACO or JV, the APCN Plus network is an exact copy of that network.

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

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

APCN Plus has 3 ways for a member to access their in-network benefits:
• ACO or JV providers
• APCN Plus Performance network
• Aetna Health Plan network (AHP/Broad/Direct)

Based upon 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)
2019 APCN markets

Broad network: markets – 125
Performance networks: hospital/specialist markets – 26
Specialist only markets – 15
2019 APCN Plus markets

- Broad network: markets – 130
- Performance networks: hospital/specialist markets – 16
- Specialist only markets – 7
- ACO/Joint venture plan – 26 markets
- In-network only (Open Access Aetna Select product) ACO – 3 markets
## Designated specialty types

### Markets with 12 Designated Specialties:
- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- OBGYN
- 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 an APCN or APCN Plus network as a preferred provider since they do not require designation.*
Specialist designation cycle and criteria

The APCN designation cycle occurs every two years.

Physicians are reviewed for designation using one of the three methodologies listed below:

**Method 1**
Markets with 12 specialties based on the following criteria:
- Case volume
- Clinical performance
- Efficiency
- Network adequacy
- Use of Tier 1 hospitals 50 percent of the time or more
- Specialists with little (less than $1000) 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 percent of the time or more
- Groups that have little (less than $1,000) or no hospital spend

**Method 3**
Markets with providers in all 20 specialties based on:
- Physicians who use Tier 1 hospitals 50 percent of the time or more
- 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 in advance of any change in designation status.
Tier 1 hospital designation criteria

APCN and APCN 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.
# 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 Reciprocity

<table>
<thead>
<tr>
<th>APCN (Non-ACO)</th>
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<tbody>
<tr>
<td><strong>Member type</strong></td>
<td><strong>Travel to any APCN performance network</strong></td>
<td><strong>Travel to Broad network</strong></td>
</tr>
<tr>
<td>APCN Performance network home member</td>
<td>APCN performance network where available</td>
<td>Access to Broad network</td>
</tr>
<tr>
<td>Broad network home member</td>
<td>Access to Broad network</td>
<td>Access to Broad network</td>
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## Aetna Premier Care Network Plus Reciprocity

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<tr>
<th>APCN Plus</th>
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<tr>
<td><strong>Member type</strong></td>
<td><strong>Travel outside home service area but within market</strong></td>
<td><strong>Travel to APCN-ACO network</strong></td>
<td><strong>Travel To APCN performance network</strong></td>
</tr>
<tr>
<td>APCN Plus performance network home member</td>
<td>Access to Broad Network</td>
<td>Access to Broad network</td>
<td>APCN performance network where available</td>
</tr>
<tr>
<td>Broad network home member</td>
<td>n/a</td>
<td>Access to Broad network</td>
<td>Access to Broad network</td>
</tr>
<tr>
<td>APCN Plus - ACO network home member</td>
<td>ER Care: in network benefits Non-ER Care: out of network benefits</td>
<td>Access to Broad network</td>
<td>Access to Broad network</td>
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For a member to receive maximum savings when seeking provider services outside of their home network (reciprocity), the following guidelines on provider selection apply:
Frequently asked questions and answers

Question: Can a provider be “recommended” for designation in APCN and/or APCN Plus from an outside source?
Answer: No. A provider can only be participating in APCN if all qualifications are met during the designation process.

Question: How will I know if I have been designated as an APCN/APCN 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 APCN/APCN Plus status of that provider be checked?
Answer: Yes, the APCN/APCN Plus status of the provider the member is being referred to should be checked to make sure they are also in network for APCN/APCN 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 APCN or APCN Plus performance network.
Identifying APCN Plus members
Identifying APCN members

Member eligibility and benefits can be viewed through the Navinet online tool by visiting the link below:

Important resources

• The Aetna website can be used to check a provider’s participating status for APCN and/or APCN Plus:
  https://www.aetna.com/health-care-professionals.html

• OfficeLink Updates include valuable information on APCN and APCN Plus:

• Contact the Provider Service Center with any questions
  1-888-MD-AETNA (1-888-632-3862)

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