Office manual for health care professionals
Mid-America Regional Section
Welcome to Aetna’s office manual for participating physicians, facilities and office staff.

Aetna Performance Network ........................................................................................................... 3
Contacts ........................................................................................................................................ 5
Illinois provider vs. member appeals ............................................................................................ 7
Hospitalist programs in Kansas City and St. Louis ........................................................................ 8
Radiology accreditation requirements ............................................................................................... 8
Primary care physician (PCP) initial lab designation and change request forms ................................ 8
Specialist as Principal Physician Direct Access program (Oklahoma) .................................................. 9
Utilization review policies ................................................................................................................. 9
Case management referral ............................................................................................................... 10
Provider vs. Member Appeals ........................................................................................................... 10

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).
Employers and employees look to us for options to help better control costs. That’s why we created the Aetna Performance Network.

When a member needs a procedure that requires a hospital visit, research shows that most members choose the doctor before they choose the hospital. And they choose the hospital based on where their doctor has privileges. The Aetna Performance Network tightly aligns 20 specialties that drive medical costs to top-performing hospitals.

To create the network:

- We evaluated our participating hospitals based on certain cost and quality criteria. In some cases, we applied other business considerations.
- We looked at specialists in 20 categories that frequently use those hospitals. Specifically on their usage of tier 1 hospitals. In some markets, we also reviewed 12 out of 20 specialties on additional measures for clinical quality and cost.

Our members pay a lower percentage of their medical costs when they use these Aetna Performance Network doctors and hospitals.

Specialties evaluated for the Aetna Performance Network:

- Allergy/immunology
- Cardiology
- Cardiothoracic surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General surgery
- Infectious disease
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/gynecology
• Ophthalmology
• Orthopedics
• Otolaryngology (ENT)
• Plastic surgery
• Pulmonary critical care
• Rheumatology
• Urology
• Vascular surgery

Specialties designated based on Aexcel® network criteria in Aexcel market locations and further refined by their utilization of Aetna Performance Network hospitals.

Where it’s currently available:
• Arizona
• California (Central Valley, Los Angeles, northern California, Orange/Inland, San Diego)
• Connecticut
• District of Columbia (Washington, DC)
• Florida (Brevard County, northern Florida, southern Florida — Palm Beach and Broward counties, Tampa)
• Georgia (Augusta, Savannah)
• Illinois (Chicago)
• Indiana (Indianapolis)
• Kentucky (Louisville)
• Maine
• Massachusetts
• Nevada (Las Vegas)
• New Hampshire
• New Jersey (northern, southern)
• New York (metropolitan New York City, upstate)
• North Carolina (Charlotte, Raleigh–Coastal–Greenville, Winston–Salem)
• Ohio (Cincinnati, Cleveland, Toledo)
• Oklahoma (Oklahoma City, Tulsa)
• Pennsylvania (northeast — Scranton, southeast — Philadelphia)
• South Carolina
• Tennessee (Chattanooga, Nashville)
• Texas (Austin, Houston, San Antonio)
• Virginia (Hampton Roads, Richmond, Roanoke)
• West Virginia
• Wisconsin (southeastern)

To find a doctor or hospital in the Aetna Performance Network, visit our DocFind® online provider directory.

Savings Plus network
We created Savings Plus to help employers and employees better control costs. Savings Plus also tightly aligns specialties that drive medical costs to top-performing hospitals.

To create the network:
• We evaluated our participating hospitals based on certain cost and quality criteria. In some cases, we applied other business considerations.
• We looked at providers in up to 22 specialty categories who frequently use those hospitals. This included primary care in certain markets.

Our members get the highest level of benefits when they use these Savings Plus doctors and hospitals.

Specialties evaluated for Savings Plus:
• Allergy/immunology
• Cardiology
• Cardiothoracic surgery
• Dermatology
• Endocrinology
• Gastroenterology
• General surgery
• Hematology/oncology
• Infectious disease
• Nephrology
• Neurology
• Neurosurgery
• Obstetrics/gynecology
• Ophthalmology
• Orthopedics
• Otolaryngology
• Plastic surgery
• Primary care
• Pulmonary critical care
• Rheumatology
• Urology
• Vascular surgery

Where it’s currently available:
• Arizona (Maricopa, Pima, Pinal)
• Illinois (Chicago area, Lake County, northwest Indiana)
• Florida (Brevard County, Tampa)
• Ohio (Lake County area)
• Oklahoma (Oklahoma City, Tulsa)
• Texas (Austin, Houston, San Antonio)

To find a doctor or hospital in Savings Plus, visit DocFind, our online provider directory. Choose the Savings Plus plan in your search selections.
Contacts

Allergy extract vendor  Nelco Lab  
Phone: 1-800-541-0790

Complaints and appeals address  Aetna Complaints and Appeals  
PO Box 14020  
Lexington, KY 40512

Dental  
Visit DocFind, our online provider directory.

Durable medical equipment  
Visit DocFind, our online provider directory.

Enhanced Clinical Review Program  
Preauthorization is required for the following procedures:

• Elective outpatient magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA), nuclear cardiology, positron emission tomography (PET) scans, computed tomography (CT)/computed tomography angiography (CTA)
• Facility-based sleep studies
• Elective outpatient stress echocardiography and diagnostic left and right heart catheterization
• Elective inpatient and outpatient cardiac rhythm implant devices
• Elective inpatient and outpatient hip & knee arthroplasties
• Pain management

Preauthorization is required for all Aetna members enrolled in our commercial and Medicare Advantage benefits plans in the following areas:

• Iowa
• Illinois
• Indiana
• Kansas
• Kentucky
• Michigan
• Missouri
• Ohio
• Oklahoma
• South Dakota
• Wisconsin

Preauthorization requests should be made by contacting MedSolutions dba eviCore healthcare at:

• Phone: 1-888-693-3211
• Fax: 1-844-822-3862

Home health  CSI Network Services  
Phone: 1-888-873-7888

• Michigan
• Ohio

All other markets: Visit DocFind, our online provider directory.
<table>
<thead>
<tr>
<th>Service</th>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home infusion</strong></td>
<td>CSI Network Services&lt;br&gt;Phone: 1-888-873-7888&lt;br&gt;• Michigan&lt;br&gt;• Ohio&lt;br&gt;<strong>All other markets:</strong> Visit <a href="#">DocFind</a>, our online provider directory.</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>CSI Network Services&lt;br&gt;Phone: 1-888-873-7888&lt;br&gt;• Michigan&lt;br&gt;• Ohio&lt;br&gt;<strong>All other markets:</strong> Visit <a href="#">DocFind</a>, our online provider directory.</td>
</tr>
<tr>
<td><strong>Laboratory</strong></td>
<td>Aetna’s network offers your patients access to a nationally contracted, full-service laboratory. It has conveniently located patient service centers. &lt;br&gt;<strong>Quest Diagnostics</strong> is our national preferred laboratory. It provides tests and services to all Aetna members. &lt;br&gt;Find a convenient location, schedule an appointment and get testing reminders by visiting <a href="#">Quest Diagnostics</a> or calling 1-888-277-8772. &lt;br&gt;Your market may also have contracted with local laboratory providers. &lt;br&gt;For a complete list of participating labs available in your area, visit <a href="#">DocFind</a>, our online provider directory.</td>
</tr>
<tr>
<td><strong>Nonparticipating provider and special services request</strong></td>
<td>For HMO-based products: 1-800-624-0756 &lt;br&gt;For PPO-based products: 1-888-MD-Aetna (1-888-632-3862)</td>
</tr>
<tr>
<td><strong>Paper claims address</strong></td>
<td>Aetna&lt;br&gt;PO Box 981106&lt;br&gt;El Paso, TX 79998-1106</td>
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<tr>
<td><strong>Physical therapy and occupational therapy (PT/OT)</strong></td>
<td>American Therapy Administrators&lt;br&gt;Phone: 1-888-560-6855&lt;br&gt;• Kansas and portions of Missouri (HMO only)&lt;br&gt;• Oklahoma (Oklahoma City, Tulsa)&lt;br&gt;<strong>Rehab Provider Network (RPN)</strong>&lt;br&gt;Phone: 1-888-256-2248&lt;br&gt;• Ohio only&lt;br&gt;<strong>All other markets:</strong> Visit <a href="#">DocFind</a>, our online provider directory.</td>
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<tr>
<td><strong>Radiology</strong></td>
<td>Visit <a href="#">DocFind</a>, our online provider directory.</td>
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<tr>
<td><strong>Respiratory therapy</strong></td>
<td>Visit <a href="#">DocFind</a>, our online provider directory.</td>
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**Skilled nursing facility networks**

For all Mid-America markets:

**Management Network Services (MNS)**
Phone: **1-800-949-2159**

For additional participating providers, visit [DocFind](#), our online provider directory.

**Speech therapy**

**American Therapy Administrators**
Phone: **1-888-560-6855**

- Kansas and portions of Missouri (HMO only)
- Oklahoma (Oklahoma City, Tulsa)

**Rehab Provider Network (RPN)**
Phone: **1-888-256-2248**

- Ohio only

**All other markets:** Visit [DocFind](#), our online provider directory.

**Vision networks**

**EyeMed**
Phone: **1-888-581-3648**

For participating providers, visit [DocFind](#), our online provider directory.

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**Illinois provider vs. member appeals**

In order to file a provider appeal, you must complete our Practitioner and Provider Complaint and Appeal Request form and submit your appeal to us in writing with any supporting documentation you wish to provide, such as medical records.

If you file an appeal for a denial of services that require prior authorization and have yet to be rendered to your patient — in other words, pre-service — that appeal will be treated as a member appeal in all instances. No member authorization form is required.

If you wish to file an appeal on behalf of your patient for a denial of services that have already been rendered — in other words, post-service — you should use our Member Complaint and Appeal form. You must clearly indicate you are acting for the member in your request, and also include a signed written authorization from the member in order for it to be processed as a member appeal. Failure to provide a signed written authorization form from the member will result in processing post-service appeals as a provider appeal.
Hospitalist programs in Kansas City and St. Louis

Hospitalists can act as referring physicians for the coordination of adult medical and surgical inpatient services. They may admit members, evaluate members in the emergency room and coordinate all clinical services that members require.

They also work closely with our Case Management department to help with continuity of care on discharge or transfer to an alternate level of care.

As part of their obligation to you and our members, hospitalists will provide notification and written documentation of your patient’s status on admission, during the stay and upon discharge. They will also contact members upon discharge to assess their post-discharge progress. And they will assess if the member is receiving appropriate follow-up care.

The use of any participating hospitalist physician’s services is strictly voluntary, and in any circumstance where a member objects to the hospitalist attending to his or her care, the PCP will be informed so that they can resume direction of the patient’s care.

Radiology accreditation requirements

Aetna has radiology accreditation requirements for our commercial and Medicare Advantage business.

To be eligible for reimbursement for the technical part of advanced diagnostic imaging procedures, the following types of providers must be accredited by the American College of Radiology (ACR) and/or the Intersocietal Accreditation Commission (IAC):

- Freestanding imaging centers
- Independent diagnostic testing facilities
- Nonphysician practitioners
- Office-based imaging facilities
- Physicians
- Suppliers of advanced diagnostic imaging procedures

This accreditation requirement applies to the technical part of advanced diagnostic imaging procedures. For these purposes, advanced diagnostic imaging procedures exclude X-ray, ultrasound, fluoroscopy and mammography.

Included are:

- MRI
- MRA
- CT
- Echocardiograms
- Nuclear medicine imaging, such as PET
- Single photon emission computed tomography (SPECT)

Note:

- This requirement will not apply to patients who are in the hospital or in hospital emergency departments.
- This policy will not apply to hospitals, unless they own one of the above listed providers.
- The accreditation process can take 9 to 12 months.

PCP initial lab designation and change request forms

Refer to the forms library for the Initial Lab Designation and Change Request Forms for Oklahoma. Log in to our secure provider website. Once there, go to Plan Central > Aetna Health Plan > Aetna Support Center > Forms Library > Lab Selection Forms.

Note:

- Providers not accredited by the ACR or IAC by January 1, 2012, will not be eligible for payment for advanced diagnostic imaging services.
Specialist as Principal Physician Direct Access program (Oklahoma)

The voluntary Specialist as Principal Physician Direct Access (SPPDA) program provides eligible members suffering from serious or complex medical conditions with direct access to covered specialty care.

Program details
HMO-based members with serious or complex medical conditions who require ongoing specialty care are eligible for participation in the program. “Serious or complex medical conditions” are medical conditions or diseases that are:

- Life-threatening
- Degenerative
- Disabling

Examples include: acquired immune deficiency syndrome (AIDS), cancer, chronic and persistent asthma, diabetes with target organ involvement, emphysema and organ failure that may require transplant.

To help promote continuity of care for members participating in the SPPDA program, these members’ PCPs will continue to play an active role in coordinating their care. PCPs will:

- Help, where appropriate, in drafting any necessary treatment plans
- Treat problems unrelated to those that caused the member to enroll in the program
- Receive periodic updates concerning the care their patients have received through the program

Utilization review policies
Aetna has a utilization review/patient management program for determining what health care services are covered and payable under the health plan and the extent of such coverage and payments. The program helps members:

- Receive appropriate health care
- Maximize coverage for those health care services

You can find more information on our utilization review policies, including precertification, concurrent review and discharge planning, and retrospective review on our public website.

Aetna does not reward physicians or other individuals who conduct utilization reviews for issuing denials of coverage or for creating barriers to care or service. Financial incentives for utilization management decision makers do not encourage denials of coverage or service. Rather, we encourage the delivery of appropriate health care services. In addition, we train utilization review staff to focus on the risks of underutilization and overutilization of services. Aetna does not encourage utilization-related decisions that result in underutilization.

The SPPDA program is in addition to existing programs by which eligible members may directly access covered obstetric/gynecologic, mental health, substance abuse or routine vision services or treatment. The program is not available to members suffering from conditions that are not serious or complex. Members with such conditions may, however, request limited standing referrals from their PCPs.

The member must meet specific medical criteria for chronicity and severity of a chronic condition as defined below:

- The PCP must have seen the patient within three months prior to requesting the direct access authorization.
- The primary diagnosis is based on a chronic disease.
- There may or may not be a secondary diagnosis (comorbidity).
- The patient has evidence of severe disease or progression in spite of treatment.

For help, call Patient Management at the number on the member’s ID card.
Reconsideration of adverse determination (peer-to-peer) review timelines (Missouri only)
Providers may request reconsideration (peer-to-peer review) of an adverse determination of a request for authorization. This does not include reconsideration of appeals. Timelines for submitting peer-to-peer review requests are shown below.

**Timeline to request peer-to-peer review:**
Within 14 calendar days of the denial letter date.

**Time frame to expect a response to request:**
Within one business day of the request.

**NOTE:** If the provider is not available for the peer-to-peer review within the one business day time frame, we will accommodate the provider’s schedule to allow for review of the request.

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Refer patients to our complex case management program
Patients with complex cases often need extra help understanding their health care choices and benefits. They may also need support navigating the community services and resources available to them. Our complex case management program is a collaborative process that involves the member, their provider and Aetna. It aims to produce better health outcomes while efficiently managing health care costs.

A provider referral is one way members can gain access to the program. To make a referral, call the phone number on the member’s ID card. Our case management staff will call the member, explain the program to them and request their permission for enrollment.

www.aetna.com
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