Chiropractic services in Georgia

American Specialty Health Group, Inc. (ASH) administers certain components of the network chiropractic benefits for all Aetna® commercial and Aetna Medicare Advantage products. You should refer Aetna members enrolled in these plans to participating ASH chiropractors. For a list of participating ASH chiropractors, visit our online provider directory.

ASH handles benefits administration for chiropractic services provided to these members, including:

- Claims administration
- Network management and contract administration
- Utilization management

Referral process for primary care physicians (PCPs)

If the member’s plan requires a referral, you should submit an electronic referral to ASH prior to the member’s visit to the chiropractor.

You can use ASH’s existing electronic data interchange vendor or our provider website. Include the appropriate ASH provider ID on your referral:

Georgia: 9210671

You should contact ASH with questions about referral status.

Contact ASH at 1-800-972-4226.
Chiropractic services in North Carolina and South Carolina

OptumHealth administers components of the network chiropractic benefits to all Aetna products (including Aetna Medicare Advantage) except:

- Aetna Signature Administrators® plans
- Cofinity® plans
- Coventry Workers’ Compensation Network
- Aetna Coventry plans
- Meritain Health® plans
- Traditional Choice® plans

You should refer Aetna members enrolled in these plans to participating OptumHealth chiropractors. For a list of participating OptumHealth chiropractors, visit our online provider directory.

OptumHealth’s responsibilities include:

- Network management and contract administration
- Utilization management
- Claims administration

Referral process for PCPs

If the member’s plan requires a referral, they can access participating chiropractors after you submit an electronic referral. OptumHealth will then coordinate utilization management directly with the chiropractor.

You can submit your referral electronically using OptumHealth’s existing electronic data interchange vendor or our provider website. Include the appropriate OptumHealth provider ID on your referral:

- North Carolina: 9024979
- South Carolina: 9064980

You should contact OptumHealth with questions about referral status after the initial visit and once you have sent in the patient summary form.

Contact OptumHealth at 1-800-344-4584.
Enhanced clinical review program

You must obtain preauthorization for the following procedures:

• Elective outpatient stress echocardiography and diagnostic left and right heart catheterization
• Elective outpatient magnetic resonance imaging (MRI)/magnetic resonance angiogram (MRA), positron emission tomography (PET) scans, computed tomography (CT)/computed tomography angiogram (CTA) and nuclear cardiology
• Facility-based sleep studies
• Elective inpatient and outpatient cardiac rhythm implant devices
• Elective inpatient and outpatient hip and knee arthroplasties
• Interventional pain management
• Nuclear cardiology
• Radiation therapy: complex and 3D conformal, stereotactic radiosurgery (SRS)/stereotactic body radiation therapy (SBRT), brachytherapy, hyperthermia, intensity-modulated radiation therapy (IMRT)/image-guided radiation therapy (IGRT), proton beam, neutron beam therapy and radiopharmaceuticals

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

• Florida
• Georgia
• Maryland
• North Carolina
• South Carolina
• Tennessee
• Virginia
• Washington, DC

Preauthorization requests should be made by contacting MedSolutions doing business as eviCore healthcare at:

• Phone: **1-888-693-3211 (TTY: 711)** 7 a.m. to 8 p.m. CT, Monday through Friday. For radiation therapy: call CareCore National d/b/a eviCore healthcare at **1-888-622-7329 (TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m. CT.

• Fax: **1-844-822-3862**; For radiation therapy: **1-888-693-3210**.

• Go to [eviCore](https://www.evicorehealthcare.com). For radiation therapy: from there, select the CareCore National tab.
**Laboratories**

Aetna’s network offers your patients access to nationally contracted, full-service laboratories. We have conveniently located patient service centers.

**Quest Diagnostics** and **LabCorp** are our national preferred laboratories. They provide tests and services to all Aetna members.

To get started, visit [questdiagnostics.com](http://questdiagnostics.com) or [labcorp.com](http://labcorp.com). There, you can:

- Get requisitions/schedule lab appointments for your patients
- Schedule specimen pickup/set up patient results delivery
- Order supplies
- Find a patient service center

Your market may also have contracted with local laboratory providers.

For a complete list of participating labs available in your area, visit our online [provider directory](http://providerdirectory).

<table>
<thead>
<tr>
<th>Nonparticipating provider and special services requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For HMO-based/Medicare Advantage plans: 1-800-624-0756 (TTY: 711)</td>
</tr>
<tr>
<td>• For all other benefits plans: 1-888-MDAetna (1-888-632-3862) (TTY: 711)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paper claims addresses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland, Virginia and Washington, DC:</td>
</tr>
<tr>
<td>Aetna</td>
</tr>
<tr>
<td>PO Box 981106</td>
</tr>
<tr>
<td>El Paso, TX 79998-1106</td>
</tr>
<tr>
<td>Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee:</td>
</tr>
<tr>
<td>Aetna</td>
</tr>
<tr>
<td>PO Box 14079</td>
</tr>
<tr>
<td>Lexington, KY 40512-4079</td>
</tr>
</tbody>
</table>

**Physical therapy (PT) and occupational therapy (OT) in the Florida counties of:**

- Charlotte
- Citrus
- Collier
- Hernando
- Highlands
- Hillsborough
- Lee
- Manatee
- Pasco
- Pinellas
- Polk
- Sarasota

**American Therapy Administrators (ATA)** administers components of the in-network freestanding facilities for PT/OT benefits to all Aetna products, including Aetna Medicare Advantage.

You can submit claims electronically to ATA. If you’re unable to submit claims electronically, send your claims to:

American Therapy Administrators of Florida
PO Box 2278
Hallandale, FL 33008-2278

Contact American Therapy Administrators of Florida at 1-888-550-8800.
**PT/OT in North Carolina, South Carolina, Virginia and Washington, DC**

**OptumHealth** administers components of the in-network freestanding facilities for PT/OT benefits to all Aetna products (including Aetna Medicare Advantage) except:

- Aetna Signature Administrators plans
- Cofinity plans
- Aetna Coventry plans
- Indemnity (traditional) plans
- Meritain Health plans
- Strategic Resource Company (SRC An Aetna Company) plans
- Coventry Workers’ Compensation Network plans

You should refer Aetna members enrolled in these plans to participating OptumHealth PT/OT providers. For a list of participating OptumHealth PT/OT providers, visit our online [provider directory](#).

OptumHealth’s responsibilities include:

- Network management and contract administration
- Utilization management
- Claims administration

**Referral process for PCPs**

Members can access OptumHealth PT/OT providers without an electronic referral by their PCP. However, a script from the referring provider is required. The initial visit does not require a referral. OptumHealth will receive the information needed for visits after the first one from the PT/OT provider.

You should contact OptumHealth with questions about referral status after the initial visit and once you have sent in the patient summary form.

Contact OptumHealth at **1-800-344-4584**.

**Note:** Bill all speech therapy claims directly to Aetna. We will process these claims.
Maryland provider terminations (quarterly report)
To comply with Maryland Insurance Code 15-112 — provider panels, we’re providing you with access to the Maryland provider terminations (quarterly report). This report lists specialists in HMO-based plans that have terminated their participation in our network during the specified time frame.

Maryland Uniform Consultation Referral Form
To comply with Maryland Insurance Code 31.10.12.06, we’re providing you with the Maryland Uniform Consultation Referral Form for use by PCPs.

North Carolina specialist care
In-network specialist care
For members with serious or chronic degenerative, disabling or life-threatening diseases or conditions requiring long-term specialist care, the PCP may submit a referral request to Provider Services for multiple visits for up to 12 months.

Out-of-network specialist care
For members with serious or chronic degenerative, disabling or life-threatening diseases or conditions requiring long-term specialist care, the PCP may submit a referral request for multiple visits for up to 12 months. Out-of-network standing referrals follow standard out-of-network approval processes.

Requests for a specialist as the PCP for members with serious or chronic degenerative, disabling or life-threatening diseases or conditions requiring specialized medical care may be submitted. If approved, the specialty referral will be consistent with the treatment plan agreed to by the member’s PCP, the specialist, the member or the member’s designee and Aetna.

PCP Initial Lab Designation and Change Request forms
Refer to the forms library on our provider website to access the Initial Lab Designation and Change Request forms for Florida, Georgia, North Carolina, South Carolina and Tennessee. Once logged in to the site, go to Plan Central > Aetna Health Plan > Aetna Support Center > Forms Library > Lab Selection Forms.
### Specialty programs

<table>
<thead>
<tr>
<th>Group name</th>
<th>Specialty</th>
<th>Participating counties</th>
<th>Benefits plans</th>
<th>Claims address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATA</td>
<td>Freestanding • PT • OT • Speech therapy</td>
<td>Florida counties of: • Charlotte • Citrus • Collier • Hernando • Highlands • Hillsborough • Lee • Manatee • Pasco • Pinellas • Polk • Sarasota</td>
<td>All benefits plans</td>
<td>Submit claims electronically to ATA. If you’re unable to submit claims electronically, send your claims to: ATA PO Box 2278 Hallandale, FL 33008-2278 Contact ATA at 1-888-550-8800</td>
</tr>
</tbody>
</table>

### Physician accessibility standards

**PCPs**
Aetna has established standards for member access to primary care services. Each PCP is required to have appointment availability within the following time frames:

- Routine care: within 7 calendar days
- Urgent complaint: same day or within 24 hours

In addition, all participating PCPs must have a reliable answering service or machine with a beeper or paging system 24 hours a day, 7 days a week. A recorded message or answering service that refers the member to the emergency room is not acceptable.

**Specialist physicians**
Aetna has established standards for member access to specialty care services. Each specialty care practitioner is required to have appointment availability within the following time frames:

- Routine care: within 30 calendar days
- Urgent complaint: same day or within 24 hours

In addition, all participating specialty care physicians must have an answering service or machine with a beeper or paging system 24 hours a day, 7 days a week.

A recorded message or answering service that refers the member to the emergency room is not acceptable.

For North Carolina, the previously mentioned standards, with the exception of after-hours care, also apply to the following non-physician providers:

- Audiologists
- Chiropractors
- Dietitians
- Midwives
- Occupational therapists
- Optometrists
- Physical therapists
- Podiatrists
- Respiratory therapists
- Speech therapists

For these North Carolina non-physician providers, a recorded message or answering service that refers the member to the emergency room is acceptable.

**Additional physician accessibility requirements**
In Tennessee, Aetna has established a goal for reasonable in-office wait time and after-hours telephone call-back response time of within 15 minutes.
Utilization review policies

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.

Case management referral

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.

Medicare Dual-Eligible Special Needs Plans (D-SNPs)

Offers Aetna– and Aetna Coventry–branded D-SNPs to Medicare beneficiaries who live within the program’s service area, as long as they meet dual-eligibility requirements.

These include:

- Eligibility to enroll in a federal Medicare plan based on age and/or disability status
- That members are potentially eligible for assistance from the state based on income and assets

All D-SNP members are automatically enrolled in Aetna’s D-SNP care management program.

Goals of this program

- Improving member health and quality of life through early intervention, education and use of preventive services
- Increasing access to care/essential services, including medical, behavioral health and social services
- Improving access to affordable care
- Integrating and coordinating care across specialties
- Encouraging appropriate use of services and cost effectiveness

The D-SNP care management program goes beyond traditional case and disease management programs. It provides care management, care coordination, health education and promotion, and nutrition education by phone. Plus the program gives useful information about coordinating community-based home services.

Health risk assessment and individualized care plan

We offer members:

- Health risk assessments (HRAs)
- Annual reassessments
- An individualized care plan (ICP) with documented problems, goals, interventions and follow-ups

The D-SNP care management team uses the ICP to address health outcomes and performance.

Interdisciplinary care team (ICT)

Each member enrolled in a D-SNP is assigned an ICT. This helps ensure that the member’s medical, functional, cognitive and psychosocial needs are considered in care planning. The team includes the member’s PCP, social services specialist, pharmacist, nurse care manager, care coordinator and behavioral health specialist. The ICT supports the member’s needs in a timely and cost-effective manner. The care manager acts as a health
coach and serves as a liaison between the member and the rest of their ICT. You can reach your patient's care manager by calling one of the numbers listed below.

- FL: 1-877-691-8138
- GA: 1-866-613-4977
- KS: 1-800-727-9712
- LA: 1-888-360-6626
- MO: 1-800-727-9712
- OH: 1-800-260-3166
- PA: 1-877-691-8138
- TX: 1-800-371-8614
- VA: 1-855-463-0933

Aetna has developed a model of care (MOC) to make sure D-SNP members receive comprehensive care management and care coordination. The Centers for Medicare & Medicaid Services (CMS) requires us to provide MOC-compliance training to providers who care for our D-SNP members. All network providers and all of their employees who serve members enrolled in an Aetna Medicare and/or Aetna Coventry Medicare D-SNP must complete this MOC-compliance training.

**Mandatory D-SNP Model of Care training**

**This training is mandatory.** All network providers and their employees who serve members of Coventry or Aetna Medicare D-SNPs must complete this training. CMS requires it. Training must be done:

- When a new provider or employee is hired
- Each calendar year (but no later than December 31)


**HRA and care plan**

Providers can view and download their patients’ HRAs and individualized care plans using the sites listed below.

- FL, GA, KS, LA and MO: careplanregistry.com
- OH: aetnabetterhealth.com/ohio/provider/portal
- TX: aetnabetterhealth.com/texas/login
- VA: aetnabetterhealth.com/virginia-hmosnp/providers/portal

If you need access to the site, have questions about the training or would like a printed copy of the training presentation, just contact us.

- FL, GA, KS, LA, MO and PA: 1-800-422-7335, ext. 3359 (TTY: 711) or MCRDSNP@aetna.com
- OH: 1-800-260-3166 (TTY: 711) or OH_CM_DSNP@aetna.com
- TX: 1-800-371-8614 (TTY: 711) or OH_CM_DSNP@aetna.com
- VA: 1-855-463-0933 (TTY: 711) or AetnaBetterHealthVA-CaseManagement@aetna.com

**HEDIS® Measures**

To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. That way, the supporting documentation for all D-SNP members ages 65 and older is in the member’s chart.

**Requirements**

- Advance Care Planning (CPTII: 1157F, 1158F)
- Functional Status Assessment (CPTII: 1170F)
- Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day)
- Pain Screening (CPTII: 1125F, 1126F)
District of Columbia supplement

In accordance with DC law, providers may submit claims to Aetna once they have completed credentialing. In order to ensure that claims are paid at the contracted rate during initial claim processing, we ask that providers hold claims until their contract with Aetna has been fully executed and our systems have been updated. Once the system is updated, Aetna will pay claims at your contracted rate, retroactive back to the date that we received your credentialing application from CAQH®. To verify participation status, providers should contact our Provider Service Center.

- HMO-based/Medicare Advantage plans: 1-800-624-0756 (TTY: 711)
- All other plans: 1-888-632-3862 (TTY: 711)
- Or just refer to our online provider directory

Maryland supplement

In accordance with Maryland law, providers may submit claims to Aetna once they have completed credentialing if the provider:

- Is employed by or a member of the group practice
- Has applied for acceptance on the carrier’s provider panel and the carrier has notified the provider of the carrier’s intent to continue to process the provider’s application to obtain necessary credentialing information
- Has a valid license issued by a health occupations board to practice in the state
- Is currently credentialed by an accredited hospital in the state or has professional liability insurance

In order to ensure that claims are paid at the contracted rate during initial claim processing, we ask that providers hold claims until their contract with Aetna has been fully executed and our systems have been updated. Once the system is updated, Aetna will pay claims at your contracted rate, retroactive back to the date that we received your credentialing application from CAQH. To verify participation status, providers should contact our Provider Service Center.

- HMO-based/Medicare Advantage plans: 1-800-624-0756 (TTY: 711)
- All other plans: 1-888-632-3862 (TTY: 711)
- Or just refer to our online provider directory

Virginia supplement

In accordance with Virginia law, providers may submit claims to Aetna once they have completed credentialing. In order to ensure that claims are paid at the contracted rate during initial claim processing, we ask that providers hold claims until their contract with Aetna has been fully executed and our systems have been updated.

Once the system is updated, Aetna will pay claims at your contracted rate, retroactive back to the date that we received your credentialing application from CAQH. To verify participation status, providers should contact our Provider Service Center.

- HMO-based/Medicare Advantage plans: 1-800-624-0756 (TTY: 711)
- All other plans: 1-888-632-3862 (TTY: 711)
- Or just refer to our online provider directory