



Aetna OfficeLink Updates™

Mid-Atlantic Region

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Options to reach us

- Go to www.aetna.com
 - Select "for Health Care Professionals"
 - Select "Medical"
 - Select "Log In" or "Register Now!"
- Or call our Provider Service Center:
- For indemnity and PPO-based benefits plans call 1-888-MDAetna (1-888-632-3862)
 - 1-800-624-0756 for calls related to HMO-based benefits plans and WA Primary Choice plan



It's here! Access to Personal Health Records on NaviNet®

Providers who have registered for NaviNet can access Personal Health Record (PHR) information for their Aetna patients starting in late June. Please note that an Aetna member must first give their permission for their physician to view the PHR through NaviNet.

How to view a PHR

There are two ways you can access a PHR:

- Once logged in to NaviNet, click on "Aetna Health Plan" from the "Health Plans" list on the left. Then, to search for your patients' PHR information, select the "View Personal Health Records" button on Aetna's Plan Central page. Once there, you can enter search criteria to narrow your search by patient. Or,
- While performing an eligibility transaction, if a PHR was made available to the requesting provider for viewing, an "alert" will appear in the eligibility response.

Initially, only physicians whom the member designates will be able to access the PHR.

Benefits of accessing a PHR

Aetna's PHR provides a comprehensive view of a patient's health care treatment and health history. It contains up to 24 months of health information derived from medical claims, pharmacy claims, laboratory results and self-reported information that patients can share with their doctors.

By accessing this information, physicians can see which prescriptions were filled and when, whether diagnostic studies were performed and which specialists a patient may have seen. We encourage you to ask your Aetna patients to authorize you for online access to their PHR.

To learn more

If you have questions, contact NaviNet Customer Care at 1-888-482-8057. Or, send an email by selecting "Contact Us" from the "Customer Service" section at the top of the screen.

Take our Toolkit survey – we'll enter you in gift card drawing

We need your help.

Let us know if the Health Care Professional Toolkit, our online provider manual, meets your needs.

Please take a minute to tell us if the toolkit makes it easier for you to work with us by completing our brief online survey at <https://navinet.navimedix.com/Main.asp>. Once logged in, select

"Aetna Support Center" then "Doing Business with Aetna" and "Health Care Professional Toolkit."

The survey is available from June 4 through August 29. Your completed survey automatically enters you in our drawing to win one of three \$50 American Express gift cards. We will notify winners in September.

Go totally electronic: Send us your COB claims

Stop submitting coordination of benefits (COB) claims on paper. Start sending them to us electronically.

When you submit COB claims electronically, you can edit them and monitor their status online. You can also:

- Receive quicker payments than through the mail.
- Spend less time and money on administrative tasks.
- Know your claims transactions are secure and protected.

Additional resources to help you

We can accept your COB (secondary) claims electronically, provided your practice management system can create or forward claims that include

necessary COB data. However, if your billing system can't send this data electronically, we have other resources to help you.

- Log in to our secure provider website and use our free "Claims Submission" feature. Claims submission materials are available in the "Aetna User Guides" section of NaviNet Customer Care.
- Contact your claims vendor or clearinghouse for assistance.
- Submit claims directly to us at no cost via Aetna EDI ConnectSM (www.aetnaedi.com). This option is best for technically savvy submitters.

Why not go totally electronic today?



eEOB tool offers many benefits

The electronic Explanation of Benefits (eEOB) tool on our secure provider website is now accessible to all provider offices.

With this tool, you can turn off paper EOBs and enroll in electronic funds transfer (EFT), a fast, secure method of receiving claims payments. You can also take advantage of the many eEOB features listed below.

Advantages of eEOB

Start enjoying the benefits of using this time- and money-saving tool. You can:

- Access your EOBs 24/7
- Receive reimbursement up to one week faster by using EFT instead of getting your checks through the mail
- Organize records electronically
- Eliminate administrative costs associated with retrieving paper EOB files
- Search by claim, patient, payment or provider

- Access claims detail pages and statements for finalized claims
- Review real-time claims status
- Submit claims reconsiderations online

Win a gift certificate

What's more, by suppressing paper EOBs or enrolling in EFT, you'll have an opportunity to win a \$2,500 DellTM gift certificate.

To access the tool on our secure provider website, select "Claim EOB Tool" from the "Aetna Plan Central" home page. Then select "Paper Shut Off" or "EFT Enrollment," respectively, and the online forms will appear. If you don't see "Claim EOB Tool" on the home page, contact your office's NaviNet security officer to obtain access.

Facilities: Open the door to electronic communications

Are you a participating facility or hospital that wants to say "goodbye" to paper correspondence and clutter? If so, go to <https://aetna.providerpreference.com/facilities.php> and register to receive electronic communications from us.

Receiving electronic communications means you can quickly and efficiently have critical information from us at your fingertips – and at your convenience. Don't wait for paper correspondence...sign up today.

What's new on our secure provider website

We're continually refreshing our secure provider website to give you access to the latest tools and resources for doing business with us. Content updates include:

Doing Business with Aetna

- Added Aetna Benefits Products Addendum – new products as of 2008
- Added Aetna at a Glance – New Provider Welcome Kits under Mailings
- Replaced Medicare “Zero” Copayments for Preventive Services and updated Medicare Vaccine Information for all Aetna Medicare Advantage Plans
- Added new patient safety flyer, *Making health care safer for everyone*, to Behavioral Health page

Claims

- Updated Aetna Enhanced Group Information for 2008

Get drug safety alerts online

Physicians can now receive important, time-urgent drug safety alerts online instead of through the mail.

The Health Care Notification Network (HCNN) is free to physicians and includes no advertisements or marketing materials. Once you sign up, HCNN will email you alerts about significant drug-label changes, warnings and recalls. For more information or to enroll, go to www.hcnn.net

Keep track of Medicare formulary changes

We update the Aetna Medicare Preferred Drug List, also known as our formulary, from time to time during the year. As a result, it's important for prescribing physicians to reference the Medicare Preferred Drug List to confirm which prescription drugs are covered under our Medicare plans.

For the most up-to-date information on the Aetna Medicare Preferred Drug List, go to: http://www.aetna.com/members/individuals/medicare/member_assistance/changes.html

Clinical Resources

- Updated Preventive Services Guidelines page
- Updated Clinical Practice Guideline for Antidepressant Prescribing Guide for Use in Primary Care

Forms Library

- Updated charting aids for Medical History, Physical Examination, Patient Progress Notes, Diabetic Foot Health Screen and Adult Health Maintenance
- Updated ERA/EFT Enrollment Packet

Education

- Please see the feature article in this issue for recent updates to our Education Site for Health Care Professionals

Members may consult you after using our hospital comparison tool

The Aetna Navigator® Hospital Comparison Tool will be available to you through our secure provider website in early June.

This interactive tool enables users to compare hospitals on certain procedures and diagnoses. It is already available to Aetna members through Aetna Navigator, our secure member website.

We encourage members to review our health-related information, tools and resources, and share their findings with their practitioners. After using this tool, your Aetna patients may want to discuss options for hospital referrals for specific procedures.

View tool on secure website

Once you are on “Aetna Plan Central,” select “Clinical Resources” under “Aetna Support Center” and link directly to the Hospital Comparison Tool. You can search more than 150 diagnoses and procedures to compare over 6,000 hospitals nationwide. Users can print a report that compares hospitals on four inpatient measures:

- The number of patients treated per year
- Complication rates
- Mortality rates
- Average lengths of stay

The report also includes results from The Leapfrog Group Hospital Quality and Safety Survey and data published by the Centers for Medicare & Medicaid Services.

We contract with WebMD Health Services to make the Hospital Comparison Tool available.

Policy and Practice Updates

Clinical, payment and coding policy changes

As part of our ongoing policy review process, we regularly adjust our clinical, payment and coding policy positions. 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:



CODES IMPACTED	PROCEDURE	WHAT'S CHANGED	IMPLEMENTATION DATE
706.0 and 706.1	Chemical peels, epidermal	We are changing diagnosis codes 706.0 and 706.1 from covered to not covered in CPB 251 for chemical peels and epidermal.	September 1, 2008

Oncotype DX® test requires pre-claim review

For an Oncotype DX test to be covered, you must follow a pre-claim review process. This will help determine if the patient meets the clinical criteria outlined in our Clinical Policy Bulletin (CPB) #0352.

As a reminder, please discuss with your patient the potential test results prior to testing and agree that the results will be used to guide therapy.

To start the pre-claim review process, call Genomic Health at 1-866-662-6897. Genomic Health will send you a form to complete and fax back to them.

The patient must meet all conditions listed on the form to be approved for the test, as stated in our CPB.

You can find the necessary criteria for coverage in Clinical Policy Bulletin #0352 at www.aetna.com.



Artificial disc surgeries need precertification

Aetna's Precertification List now includes a requirement for all artificial disc surgeries. This provision is in keeping with our policy that all inpatient admissions be precertified.

Precertification approvals are valid for six months from the date of issue, unless stated otherwise.

Precertification requirements apply to all Aetna plans, except Traditional Choice® and the Aetna Medicare OpenSM Plan, our Medicare Private Fee-for-Service plan.

To view the precertification list, go to www.aetna.com, select "for Health Care Professionals" then "Medical."

How we're reducing your volume of mail

The next time you get mail from us, it might look a little different. And, you may have less mail to open. Maybe you've already noticed the change.

We're combining all your provider claims checks, letters and Explanation of Benefits (EOB) statements, where appropriate, so your office receives fewer packages from us. And, in response to your requests, we've reformatted some of our provider EOBs

and claims letters to make them easier to read.

These changes began in mid-May, and are being implemented for all providers by the end of June.

Convenient information

For easier viewing of the contents, we're grouping similar items together and putting the most important materials on top.

In this order, you'll find:

- Checks and remittances
- EOBs
- Claims letters

If you have questions, email us by clicking the "Contact Aetna" icon on our secure provider website.

Aetna's Education Site for Health Care Professionals

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

Free webinars are now available

More than 85 percent of health care professionals responding to our last annual survey said it would be valuable if we offered virtual training seminars. Busy health care professionals often can't get away to an in-person educational seminar, which is why we've implemented a series of ongoing virtual seminars – "webinars."

We use your feedback to design our learning opportunities for health care professionals. Thanks to a dedicated group of volunteer educators in several practices and facilities around the country, we successfully piloted and introduced a series of new webinars. We also offer select recorded webinars on our Education Site.

Live and recorded webinars your peers helped design include:

- **Aetna Coding Tool Training**
 - This 30-minute recorded webinar offers information on handling coding practices. You'll learn tools and tips for accurate and appropriate coding practices with us.
- **Aetna In-Service Updates** (Office administrative updates on key information available via a live webinar.)
 - This 1-hour webinar helps you understand our consumer-driven benefits plans and how to administer them using our secure provider website, supported by NaviNet. The webinar also focuses on specifics about our coding policies and procedures.

What is a webinar?

A webinar is a virtual educational seminar offered through the Internet via your personal computer and phone line. You can attend our live or recorded webinars free of charge at a time that's convenient for you from your own office.

How to enroll in a live or recorded webinar

- Log in to our secure provider website and select Education.
- To enroll in a "live" webinar event – click on the calendar to see upcoming events.
- To view a recorded webinar event – search for titles via the Recorded Events course catalog

New online course offerings

Continuing Education

Quality Interactions® for New Jersey physicians (6 CME credits)

Quality Interactions Refresher Course (Adolescent Health Case)

Office Administration

Tour Aetna's Secure Provider Website via NaviNet

Recorded Events

Coding Tool Training recorded webinar

In addition to online courses, we offer Aetna in-service, face-to-face sessions and webinars. For upcoming events, see our online calendar on the Education Site by visiting our secure provider website and clicking on the Education link.

Interested in joining our panel of educators?

This group gives us feedback on our educational offerings and helps us create new, relevant courses. If you would like to help us continue to shape education with you in mind, email us with the items below to AetnaEducationSite@aetna.com:

- Practice name
- Attention
- Street address
- City, state and zip
- Phone number
- Email address

Aetna at Pri-Med

Supporting the doctor-patient relationship

Pri-Med is a national network of continuing medical education programs that offers practicing clinicians world-class education where you live and work. If you've attended these events, you may have noticed Aetna's participation, supplying attendees with free patient education materials that support the doctor-patient relationship.

We've handed out materials on subjects ranging from diabetes and asthma to cardiovascular health – information that often reinforces topics covered in the Pri-Med curriculum.

Getting active in Houston

We also like to add an element of fun. Recently, at the Houston Pri-Med, we got attendees up and walking – literally – by giving out pedometers. At the end of the

conference, the highest steppers won prizes in our "Step It Up" contest. Our physician winner walked off with a fleece jacket after totaling over 22,000 steps.

Visit our booth at upcoming Pri-Meds

For upcoming Pri-Med events in your area, see the calendar on the home page of our Education Site.

Prescription Medications & Pharmacy Management

Updates to the Aetna Commercial Preferred Drug List

We periodically review the Aetna Preferred Drug List (formulary) to make sure it meets established criteria for safety, effectiveness and overall value. Recent changes and updates to our formulary are listed below. To view the complete Aetna Preferred Drug List, go to www.aetna.com/formulary.

DRUG	COVERAGE UPDATE	PRECERTIFICATION	STEP-THERAPY	QUANTITY LIMITS
FORMULARY ADDITIONS				
Renvela Tab® (sevelamer carbonate)	Preferred (P)			
Tekturna HCT® (aliskerin hydrochlorothiazide)	P			X
Alendronate	P			X
Olux-Olux E® Complete Pack (clobetasol prop foam and clobetasol emul foam pack)	P			
Humira® Kit 20 mg/0.4 ml (adalimumab inj kite 20 mg/0.4 ml)	Preferred Pharmacy Managed Self-Injectable (P-PMSI)			
FORMULARY REMOVALS				
Fosamax® (alendronate)	Formulary Excluded (FE)		X	
NEW DRUGS – NONPREFERRED (NP) OR FE				
lbudone™ (hydrocodone/ibuprofen)	FE		X	
Lidamantle HC Pad® (lidocaine/hydrocortisone acetate pad 2-2%)	NP			
Intelence™(etravirine)	NP			
Allegra® ODT (fexofenadine)	FE	X		X
Luvox® CR (fluvoxamine maleate SR)	FE		X	X
Dazidox™ (oxycodone hcl)	NP			
Fenoglide™ (fenofibrate)	FE			
Simcor® (niacin/simvastatin)	FE		X	X
Evamist™ (estradiol transdermal spray)	FE			
Lamisil® granules (terbinafine oral granules)	FE	X	X	

Medications may be covered at a higher copayment or removed from our formulary after appropriate notification to providers and affected members.

As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment and/or may be added to the Formulary Exclusions List for commercial closed formulary plans.

The Aetna Preferred Drug List may change because the Food and Drug Administration approves many new medications throughout the year, or medications may be withdrawn from the market or become available without a prescription. When an over-the-counter equivalent becomes available, the prescription medication may no longer be covered under many of Aetna's commercial pharmacy benefits plans.

California HMO members receiving coverage for medications added to the Formulary Exclusions, Precertification or Step-Therapy lists will continue to have those medications covered, as long as the treating physician continues prescribing them, provided that the drug is considered safe and effective for treating the member's medical condition.

Texas members: if currently covered, full-risk members will continue to have medications that are removed from the Preferred Drug List covered at the same benefit level until their plan's renewal date. The term "precertification" does not mean a reliable representation of payment of care or services to fully insured HMO and PPO members.

Some programs, such as step-therapy, precertification and quantity limits are not available in all service areas. Precertification programs do not apply in Indiana. Step-therapy does not apply to fully insured members in Indiana and New Jersey. Members should refer to their plan documents or call the Member Services number on their ID card.

New billing requirement for Ceftriaxone

Beginning September 1, 2008, Aetna will no longer routinely pay Ceftriaxone claims that fall above these dosing levels:

- Adults: Total daily dose should not exceed 4 grams (16 units). Daily dose is usually 1 to 2 grams given once a day (or in equally divided doses twice a day), depending on the type and severity of infection.

- Children (age 12 and under): Total daily dose should not exceed 2 grams (8 units). Total daily dose is usually 50 to 75 mg/kg given once a day (or in equally divided doses twice a day).

You should bill for Ceftriaxone using code J0696 with a unit of 1 for each 250 mg of Ceftriaxone administered.

This billing change results from a claims review where we found some instances of incorrect billing for single doses that are substantially above levels recommended by the FDA-approved product labeling. These amounts are recommended by the United States Pharmacopoeia Dispensing Information (USPDI) and the American Society of Health-System Pharmacists (ASHP) (drug information).

2008 and Beyond: Aetna's Commitment to Physician Relations

The Physicians Settlement Agreement with Aetna ends this June. But the agreement's formal expiration has no impact on the way we will continue working with physicians. All of the changes Aetna made as part of the settlement agreement are embedded in our business model. They are in our DNA and serve as a foundation for what we anticipate will be future collaborations with the medical community to make health care safer and more effective.

We have worked hard to strengthen physician relations. Over the last few years, we have established a level of trust with health care professionals and expect to build on that in the years ahead. We want to continue to be a high-integrity business partner with the medical community. We also understand that we must demonstrate that commitment not only through words, but actions.

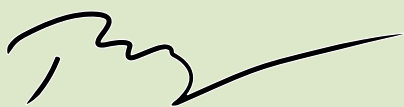
With the settlement agreement about to end, Aetna proactively reached out to state medical societies to share our commitment to continuing virtually all of the provisions contained in the settlement. The only provisions we are not continuing are a few administrative details that have outlived their usefulness. For example, the annual compliance report has become obsolete, since we now address and resolve issues face to face with the medical societies.

We also have established Guiding Principles for Physician Relations that formally define Aetna's genuine desire to building the best possible relationships with the medical community. The document identifies specific behaviors and business actions that govern Aetna in its interactions with health care professionals. It also outlines business practices we will maintain including simplified business transactions, increased transparency of policies and processes, and working with the medical community to encourage adherence to evidence-based guidelines in medicine. These Guiding Principles clearly demonstrate, in writing, that we are serious about making it even easier to do business with us and moving forward with the medical community with a shared focus – improving outcomes for patients.

For a copy of Aetna's Guiding Principles for Physician Relations, go to our public website at http://www.aetna.com/provider/medical/join_med/advantages_med/advantage.html.

Aetna also will continue the Physician Advisory Board, and will consult with the Physicians Advocacy Institute, the organization funded by the medical societies to ensure that payers are behaving reasonably.

Sincerely,



Troyen A. Brennan, M.D.
Senior Vice President and
Chief Medical Officer

A message from
Troyen A. Brennan, M.D.,
Aetna Chief Medical Officer



“We want to continue to be a high-integrity business partner with the medical community.”

Plan Facts and Features

Plain language materials help members with asthma

Aetna last year began a study to see if clearer, simpler health information could help members with asthma understand and better manage their disease. Preliminary results indicate that easier-to-read health information can improve patients' knowledge about asthma and how to control it.

How we conducted the study

Members were placed in either a control or outreach group. We then measured each group's baseline knowledge of asthma. The outreach group received information about asthma written in updated "plain language" while the control group received standard materials. The materials written in "plain language" have shorter sentences and words that are familiar to people without medical training.

Preliminary results and next steps

At one-month follow-up, members who received the "plain language" asthma materials scored higher on the knowledge survey than those in the control group.

Follow-up studies will determine if members retain long term the information they learned about asthma care and control. We'll also look at whether improved knowledge results in better medication compliance and health outcomes.

An award-winning study

The Institute for Healthcare Advancement (IHA) recognized our efforts to promote health literacy and better health outcomes. The asthma health literacy study was selected as the winner in the Research Category in the IHA's Health Literacy Awards competition.

Benefits of immunization registries

Immunization registries are confidential, computerized databases used to maintain immunization records on a statewide basis.

Participating in an immunization registry can help your office by:

- Providing a reliable immunization history about your patients, helping to eliminate duplicate immunizations if patients previously saw other providers.
- Improving office efficiency by consolidating immunization information in one source.
- Simplifying completing the proof-of-immunization paperwork for your patients' school, camp and daycare admission requirements.
- Enhancing quality of care by generating appointment reminders for immunizations that are due or overdue.
- Automatically recording vaccine manufacturer and lot number for each patient, which can help identify patients for revaccination in cases of recalled vaccine lots.
- Reducing the need for your office to obtain documentation during HEDIS data collection.
- Providing safe storage of data in case of an office disaster or lost records.

Go to www.cdc.gov/vaccines/programs/iis/default.htm to locate your state's immunization registry and for information on how you can participate.

Aetna's depression screening program

The Aetna Depression Management Program provides resources for primary care physicians (PCPs) to help diagnose and treat patients with depression. We also offer PCP offices participating in this program additional compensation for screening Aetna members for depression.

To learn more or to participate, call 1-888-812-3862 or email us at depression@aetna.com. You can go to www.aetnadepressionmanagement.com to register for the program, tour program highlights and find printable office tools.

We've simplified our Aexcel® efficiency methodology

We continue to improve and strengthen our Aexcel designation process to make it more understandable for members and physicians. Beginning this year, physicians in Aexcel specialties will be evaluated for efficiency using one methodology – the Symmetry Episode Treatment Groups®. We previously used two methodologies when evaluating a physician's efficiency of care.

- For 2008, we will exclusively use the Symmetry methodology in markets that will introduce Aexcel in 2009 and in existing markets whose two-year Aexcel re-designation review occurs in 2008.
- For 2009, this change will apply to markets introducing Aexcel in 2010 and to the remaining existing markets whose Aexcel re-designation review occurs in 2009.

Why we use one methodology

Our experience shows that Symmetry produces more year-to-year consistency in determining which physicians are efficient, compared to using two methodologies. In addition, using one methodology simplifies review of performance measurement results for physicians and streamlines our evaluation process.

Symmetry is also integrated with our other provider performance initiatives, such as Provider Quality Performance ProgramSM (formally known as Pay-for-Performance). This helps ensure we are using a standard, consistent methodology when evaluating and measuring provider performance across all programs.

Striving for Quality Excellence

Keeping you informed: NCQA-required notification

The National Committee for Quality Assurance (NCQA) requires health plans to inform physicians of certain policies, standards and programs annually, including:

- Members' rights and responsibilities
- Case management and disease management programs and how members and providers can access them
- Information on advance directives

You'll find information on these and other topics in our Health Care Professional Toolkit, available online through our secure provider website. Medical practices without Internet access can request a paper copy by calling our Provider Service Center.

Advance directives

The Centers for Medicare & Medicaid Services requires that information on whether a member has prepared an advance directive be documented in your Medicare patients' charts. 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).

Advance directive forms for specific states are posted on www.aetnacompassionatecare.com. If the state you practice in is not listed, you or your patients can visit www.uslivingwillregistry.com/forms.shtm for an advance directive form or for additional information.

QI program information

If you want information on our Quality Improvement (QI) program goals, call our Provider Service Center. These goals include:

- Measuring, monitoring and achieving optimum performance of clinical and service quality.
- Implementing a program that is responsive to members' health care needs.
- Complying with requirements of benefits plans, plan sponsors, federal and state regulators, and appropriate accrediting bodies.

New HEDIS® documentation requirements for DTaP

HEDIS 2009 requires that for immunizations given in 2006, 2007 and 2008, health plans must now confirm in the medical record that members received the acellular pertussis (aP) vaccination, in addition to the diphtheria and tetanus (DT) vaccinations.

To help us with HEDIS reporting, we ask that the member's medical record clearly indicate that the DTaP vaccine was given and the date. Charting aids that display multiple vaccines together, such as DTaP/DTP/DT, are not acceptable. A Pediatric Vaccine Record form that meets HEDIS documentation standards is posted on our secure provider website.

If your patients got a DTaP vaccine in 2006 or 2007 and your office used a charting aid that grouped DTaP, DTP and DT together, please circle DTaP so we know that vaccine was administered.

Accessing the vaccine record form

To access the Pediatric Vaccine Record form from our secure provider website, select "Aetna Support Center," "Forms Library" and "Pediatric Vaccine Record" under "Member Health Information Forms/Charting Aids."

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Coverage determinations and utilization management

Aetna uses evidence-based clinical guidelines from nationally recognized authorities to guide 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 is delivered consistent with established guidelines. If a coverage request is denied, the member (or a physician acting on the member's behalf) may appeal this decision through our complaint and appeal process.

Staff conducting UM activities assist members in accessing services covered under their plans. We do not reward physicians or individuals who conduct utilization review for creating barriers to care or for issuing denials of coverage.

You can find more about our utilization review policies on our website.

Mid-Atlantic News

Online pricing information tools expand to West Virginia and Pittsburgh

Beginning in June, we'll introduce our unit price transparency tool in West Virginia. This tool is already available in Pittsburgh.

Through our secure member website, members will be able to view Aetna-contracted rates for participating primary care or specialty physicians for up to 30 of the most common services provided by those physicians. The rates are specific to the member's health benefits plan. Services for which our members can access rate information include office visits; diagnostic tests; and major, minor and other procedures.

Medical procedure by facility cost tool coming to Pittsburgh and West Virginia

Also in June, we're introducing a new tool in Pittsburgh and West Virginia that lets members review and compare rates for a specific procedure based on the type of setting in which the procedure is performed.

With the medical procedure by facility cost tool, members can access the cost ranges for more than 30 common procedures performed at hospitals and ambulatory surgery centers in their area. These procedures include common cardiac procedures, colonoscopy, hysterectomy and ear tube insertion.



After selecting a procedure, members will see a list of facilities in their area that perform that procedure, along with actual cost ranges. The cost ranges are based on claims paid for the past two years.

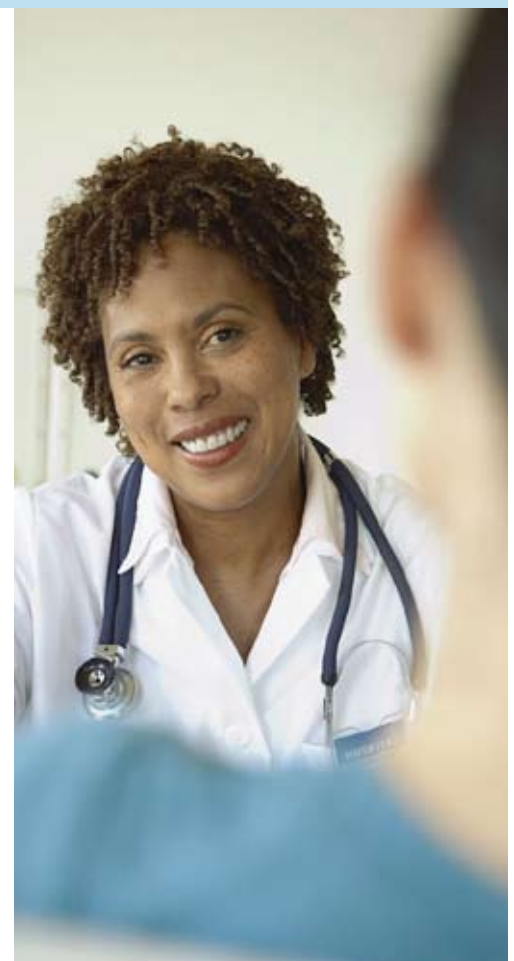
These costs include all components of the service or hospital stay and are broken down into two categories: managing physician charges and facility/other charges, which include the facility's charges plus any ancillary charges, such as anesthesia services.

Markets with price transparency tool will see enhancements

Along with pricing information for participating physicians, beginning in June our price transparency tool will now include pricing information for these specialists:

- Physical therapists
- Occupational therapists
- Speech therapists
- Speech pathologists
- Audiologists
- Chiropractors
- Podiatrists
- Optometrists

Members in areas where this tool is available, including West Virginia, will be able to view rates for office visits. Depending on the specialty, rate information may also be available for diagnostic tests; and major, minor and other procedures.



Don't just think outside the box.
Think outside the mailbox.

Close the mailbox and open your inbox.
Get information electronically from
Aetna through email instead of in a
paper format in your mailbox.

Visit <https://aetna.providerpreference.com>

Sign up today
for our
electronic
correspondence
option.

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- Nurses
- Referral and Precertification Staff

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and Corporate Health Insurance Company and Strategic Resource Company.

Register for NaviNet website to get clinical alerts

Our improved secure provider website via NaviNet has many new features and enhancements, including important “Care Considerations” for your Aetna patients. However, you can’t review online Care Considerations if you aren’t registered with NaviNet.

Supporting patient care

Care Considerations are clinical alerts based on a member’s claims history. MedQuery®, administered by our subsidiary ActiveHealth Management, compares a member’s pharmacy, laboratory and medical claims against clinical algorithms derived from published medical evidence and

guidelines recommended by professional organizations. Care Considerations identify potential gaps in care and bring these to the attention of the treating physician.

Most Care Considerations pertain to disease and drug interactions; tests, medications or monitoring a patient needs based on an existing health condition; and preventive care or screenings that are overdue. Physicians can use this information to adjust a treatment plan or suggest the patient schedule a recommended test or screening.

Receiving Care Considerations

Once you are registered, Care Considerations will display in your NaviNet Action Items and as an “alert” within an electronic eligibility response. Your office may want to establish a workflow to review and respond to online Care Considerations.

To register for NaviNet, go to www.aetna.com. Select “for Health Care Professionals,” “Medical,” then “Register Now!” from the “Provider Secure Website” box on the right.

The information and/or programs described in this newsletter may not necessarily apply to all services in this region. Please contact your Aetna network representative to find out what is available in your local network. Application of copayments and/or coinsurance may vary by plan design. This newsletter is provided solely for your information and is not intended as legal advice. If you have any questions concerning the application or interpretation of any law mentioned in this newsletter, please contact your attorney.