DECEMBER 2008
VOLUME 5, ISSUE 6

We want you to know®

Aetna®

Aetna OfficeLink Updates™

Northeast Region

Inside This Issue

OfficeWise 2-3
Policy and Practice Updates . . . 4
Aetna's Education Site for Health Care Professionals 5
Prescription Medications & Pharmacy Management 6-7
Physician Focus 8
Northeast News 9-10

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

Coverage information for influenza vaccines

With the influenza season upon us, we want to remind you of our coverage policies for influenza vaccines.

- We consider standard or preservative-free injectable influenza vaccine a medically necessary preventive service for members when influenza immunization is recommended by the member's doctor.
- We consider intranasally administered influenza vaccine (FluMist) a medically necessary alternative to injectable influenza vaccine for immunocompetent healthy persons 2 to 49 years of age.

To review coverage details, refer to **Clinical Policy Bulletin #0035**, Influenza Vaccine, by going to **www.aetna.com** and choosing "Health Care Professionals," then "Medical."

Note: While the vast majority of Aetna plans include coverage for influenza vaccination, some plans exclude coverage of preventive services. Please check benefits plan descriptions for details.

Copayment information for influenza vaccines:

If the influenza vaccine is…	Then….
Received at the physician office and billed as an office visit (additional services received)	Collect the physician office visit copayment.
Received at the physician office and not billed as an office visit (no additional services were received)	No copayment should be collected.
Received by an Aetna Medicare member, (note that all Aetna Medicare members have direct access to any in-network provider for an influenza shot or pneumococcal vaccine)	No copayment should be collected if the Aetna Medicare member receives only the vaccine.
Received by an Aetna Medicare member who, under their Medicare plan, is permitted to receive the influenza shot or pneumococcal vaccine from an out-of-network provider	Collect applicable out-of-network coinsurance.

Save time and money by sending claims electronically

It doesn't matter how many paper claims you submit each month, or what types of Aetna benefits plans your patients have. *Every* office can take advantage of electronic claims submission.

Benefits of electronic submission

Added convenience, increased efficiency and fewer administrative hassles can be yours when you go electronic. You'll also:

- Get paid faster – Get your claims payments quicker.
- Save time – No more getting your claims ready manually. No more mailing delays.
- Save money – Going electronic can be less expensive as you don't incur costs for postage or paper.
- Have peace of mind – We acknowledge electronic claims immediately upon receipt.
- Feel secure – Claims go directly from your office to our system, safely and securely.

Switch from paper to electronic

We offer many vendors and methods for submitting claims electronically.

- Pick a vendor by going to **www.aetna.com/provider/medical** and selecting "Service Solutions" and "Electronic Connectivity."
- Send professional claims free of charge from our secure provider website via NaviNet®.
- For the technically savvy, submit professional and institutional claims directly to us free of charge via **www.aetnaedi.com**.

23.22.807.1-NE (12/08)

OfficeWise

Introducing our new Aexcel® clinical performance evaluation standards

We are expanding our Aexcel clinical performance criteria, giving physicians more opportunities to meet the clinical performance requirement. This change is the result of input from NCQA, an independent organization that monitors our Aexcel program in Metro New York.

We will re-evaluate physicians in all Aexcel markets with the new clinical performance criteria in early 2009 for the 2010 Aexcel designation cycle. These changes are already in effect for Metro New York.

Fulfilling the clinical performance requirement

Now, specialists must fulfill **at least one** of the following clinical performance criteria to be considered for Aexcel designation:

- Meet the established threshold for clinical performance on claims-based measures recognized by respected professional organizations, such as the American College of Cardiology.
- At least 75% of specialists in the group are recognized by either Bridges to Excellence or National Committee for Quality Assurance through their recognition programs in the areas of diabetes, cardiac/stroke or low back/spine.
- At least 75% of specialists in the group maintain current, active Board Certification by an ABMS or AOA recognized Board in their Aexcel specialty. Note: board eligible status does not meet this requirement
- The physician or group has earned the Physician Office Link designation or, upon reconsideration, informs us of the use of health information technology which applies National Quality Forum-endorsed measures.
- The physician maintains an active medical staff appointment at an Aetna Institutes of Quality (IOQ) facility and his/her primary specialty is the specialty for which the facility is recognized for IOQ. IOQ is a designation for facilities that have demonstrated quality care based on measures of clinical performance, access and efficiency.

New claims-based measures added for 2010

We are also adding five new claims-based measures to the Aexcel program for the 2010 Aexcel designation cycle:

- For orthopedists, osteoporosis management following a fracture
- For neurologists, anticonvulsant therapy monitoring
- For cardiologists, ACE inhibitor/ARB, digoxin and diuretic monitoring

In addition, we are removing the following claims-based measure:

- For Ob/Gyns, HIV testing for pregnant patients

Clarification: Coverage for HPV testing

We want to clarify an article about coverage for human papillomavirus (HPV) testing that ran in the August 2008 issue of *Aetna OfficeLink Updates*.

HPV testing is covered for women under age 30 when ordered as a reflex to an abnormal Pap test. It is also covered for women age 30 and over when ordered with a Pap test. If both the Pap and HPV are normal, current literature indicates that the tests do not need to be repeated for three years.

In certain cases, we consider HPV testing experimental or investigational. HPV is not covered when ordered on women under 30, unless the Pap test is abnormal. For more information, refer to Clinical Policy Bulletin #0443 at **www.aetna.com** and choosing "Health Care Professionals," then "Medical."

Submit CPT Category II codes

So we can better serve your patients, we are requesting CPT Category II codes on all claims generated by face-to-face patient visits.

CPT Category II codes give us more detailed clinical information than we would get from CPT-4 codes. This additional information can impact Care Consideration alerts, as well as our disease and quality management efforts.

OfficeWise

How to check eligibility and benefits

You can verify eligibility and benefits through our secure provider website via NaviNet or through Aetna Voice Advantage®, our interactive telephone self-service system. These tools also provide information on patient cost sharing, including deductibles, copays, and specific plan or annual benefits maximums.

To facilitate payment accuracy, we encourage physician offices to verify eligibility and benefits information before billing patients. This is especially important given the variety of plan designs we offer to meet your patients' wide-ranging needs.

What's new on our secure provider website

We're continually refreshing our secure provider website via NaviNet to give you access to the latest tools and resources for doing business with us. Highlights of recent site content updates include:

AETNA SUPPORT CENTER UPDATES:

Doing Business With Aetna

- Added *Aetna OfficeLink Updates*™ – October 2008 issue
- Updated Health Care Professional Toolkit
- Updated Employee Assistance Program (EAP) links to forms
- Updated *Aetna Behavioral Health Provider Manual*
- Updated Aetna Depression Management Program PCP flyer
- Under Network-Based Medicare Advantage Plans, added new link for Texas dual eligible program
- Under Non-Network Based Medicare Advantage Plans, updated information and links for Aetna Medicare Open℠ Plan (PFFS)

Pharmacy

- Added new link under Aetna Specialty Pharmacy® Self-Injectable Medications section for Xolair® (Omalizumab) Injectable Medication Precertification Request for Subcutaneous Use form

Clinical Resources

- Updated information on Preventive Services Guidelines page for colorectal cancer screening

Forms Library

- Updated EAP forms and descriptions for:
  - EAP Provider Billing Form
  - Case Activity Form – EAP Provider
  - Case Activity Form – EAP Participant
  - Consent for Release of Information to Employer
  - Consent for Release of Information
  - Statement of Understanding
- Added Xolair® (Omalizumab) Injectable Medication Precertification Request for Subcutaneous Use form
- Added Fall Assessment Charting Tool and Physician Communication Post-Fragility Fracture Care form

EDUCATION:

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

HEDIS® 2008 results available

Thanks for your help with our HEDIS[1] 2008 data collection efforts. We have submitted our data in accordance with NCQA[2] reporting requirements. You can view our 2008 HEDIS results at **www.aetna.com/members/health_wellness/support_tools/quality_report_cards.html**.

We annually collect HEDIS data from claims, encounters and other administrative data, as well as from chart reviews for certain clinical measures. We may conduct chart reviews for HEDIS measures such as **Controlling High Blood Pressure and Cholesterol Management After Acute Cardiovascular Events** (LDL-C control component).

We analyze these results to:

- Examine the underlying causes for suboptimal performance.
- Identify opportunities for improvement.
- Design and implement quality improvement activities.

[1] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA) that stands for Healthcare Evaluation Data and Information Set.

[2] NCQA is a registered trademark of the National Committee for Quality Assurance.

Policy and Practice Updates

Clinical, payment and coding policy changes

We regularly adjust our clinical, payment and coding policy positions as part of our ongoing policy review processes. 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:

Code(s) Impacted	Procedure	What's Changed	Implementation Date
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation, with manipulation, requiring more than local anesthesia	Pelvis will be added to the list of body joint disorders that are considered experimental for manipulation under anesthesia (MUA) in Clinical Policy Bulletin #0204.	March 1, 2009
N/A	Calculation of anesthesia time units	Anesthesia time units will be calculated to the nearest tenth (for example, 2.6) rather than the nearest whole number for traditional products. This change provides consistency in anesthesia time unit calculations for our HMO and traditional products.	March 1, 2009
Modifier 59 restrictions	Specific ambulance and ECG codes	Aetna considers 93000-93010 and 93040-93042 (ECG codes) incidental to A0225, A0426-A0431 and A0433-A0434 (ambulance codes). Modifier 59 will not override these code combinations when billed.	May 4, 2009
S9083	Global fee urgent care centers	All CPT and HCPCS codes will be denied as incidental when billed with S9083. Modifier 59 will be restricted to not override the incidental edit.	May 4, 2009
	Preventive medicine counseling	99401-99404 will be denied when billed with 99381-99397. 99401–99404 will be allowed when billed with 99201–99215, but only when appended with Modifier 25.	May 4, 2009
Correct Coding Initiative (CCI) edits restricting Modifier 59 – Correction		In the October 2008 edition of OfficeLink Updates, we communicated CMS CCI edits that will restrict the use of Modifier 59. The following code combinations will not be included in this policy change as previously indicated: 90471 + 90467 and 90473 + 90465	N/A

Provider office site visit policy changes

NCQA no longer requires us to conduct initial office assessments of primary care physicians and Ob/Gyns who are interested in joining the Aetna network.

We will only conduct office site visits and audits of physician practices to follow up on service-related complaints from members. These complaints can pertain to:

- Access and accessibility issues
- Unsanitary or unsafe office conditions
- Privacy or confidentiality concerns
- Medical record-keeping practices

Steps for BRCA testing approval

BRCA genetic tests are authorized through our Women's Health department, with the help of Myriad Genetics.

To request approval for a BRCA test for a female patient, our Women's Health department must authorize this test.

Please do not send a request for approval through another electronic payer.

Our Women's Health department will coordinate this for you by working with Myriad Genetics – simply call our Women's Health BRCA line at 1-877-794-8720.

Check our Medicare formulary for updates

The Aetna Medicare Preferred Drug List, also known as our formulary, has changed for 2009. For comprehensive information, effective January 1, 2009, please visit **https://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp**. For a paper copy of our formulary guide, please call 1-800-AetnaRx (1-800-238-6279).

Aetna's Education Site for Health Care Professionals

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

New and updated courses for physicians, nurses and office staff

- **Office Administration**
  NEW Orientation: Getting started with Aetna… A guided orientation
  NEW Electronic Connectivity: EDI Calculator
- **Recorded Events** Electronic EOB Tool recorded webinar
- **Reference Tools**
  NEW Consumer-Directed Health Plans (CDHPs) reference tool

We also offer Aetna in-service, face-to-face sessions and live webinars. For upcoming events, see our calendar on the Education Site. To get started, visit our secure provider website via NaviNet and click on the Education link from the Aetna Plan Central home page.

Download our new course catalog

It's easier than ever to find courses with our new downloadable, printable course catalog. Explore our wide range of courses at http://aetnaofficelink.providerpreference.com/files/Education_Catalog.pdf.

"Stepping It Up" at the Annual 2008 MGMA Conference

Thank you for stopping by our booth at October's Medical Group Management Association (MGMA) 2008 Annual Conference at the San Diego Convention Center. We look forward to opportunities for face-to-face time with physicians and their office staff.

This year's booth focused on enhancements to our secure provider website – specifically your ability to electronically access clinical alerts and your patients' personal health records.

It wasn't all work for us at the conference. As part of our "Step It Up" contest, we issued free pedometers to over 300 of you who stopped by our booth on the first day. The contest's goal was simple: to let you take advantage of all that walking at the conference and win a fabulous prize just for staying fit.

The four contest participants who walked the most steps each won an Aetna Touch iPod. Congratulations to: Lisa Reich with Avera St. Luke's Clinic Division in Aberdeen, SD; Jacques Wehbe with Caritas Physician Network in Norwood, MA; Terri Clement with Ear, Nose and Throat Specialists of Tulsa, L.L.P. in Tulsa, OK; and Bruce William Thompson with NorthEast Orthopedics, P.A. in Concord, NC. They each walked over 40,000 steps!

See you in Denver, CO at next year's conference.

Go electronic and save

Looking for ways to reduce your practice's expenses? Consider doing business with us electronically.

Our updated, easy-to-use EDI Savings Calculator shows your potential monthly and annual savings by submitting these transactions electronically:

- Eligibility and benefits inquiry
- Precertification request
- Claims submission
- Claim status inquiry
- Electronic remittance advice

You can input your office's actual costs for staff salary, benefits, payroll taxes, postage and envelopes, or let the program estimate them.

Hispanic calendar features "My Grandmother's Recipes"

Now is the time to order our 2008/2009 Hispanic calendar. The calendar celebrates the importance of food in the Hispanic culture and provides tips about preparing healthy, traditional dishes derived from Hispanic family recipes. Recipes include: Picadillo (a hearty meat dish), Las Lentejas de Mami (my mother's lentils), Calabacitas con Carne de Cerdo (squash with pork), as well as other main dishes, vegetables and desserts.

How to order

These calendars are our gift to you. Just visit the Education site on the secure provider website via NaviNet to order your copy (limit three copies per office, while supplies last).

Prescription Medications & Pharmacy Management

Fill specialty medications through Aetna Specialty Pharmacy®

Beginning January 1, 2009, specialty medications available through Aetna Rx Home Delivery, our mail-order pharmacy, will transition to be filled through Aetna Specialty Pharmacy.

If you have patients who use Aetna Rx Home Delivery for their specialty medications, those prescriptions with refills remaining will automatically transition to Aetna Specialty Pharmacy, our in-network provider of specialty medications and support for Aetna members. This change will give you and your patients access to enhanced clinical support and special attention.

Some drugs no longer available

Examples of medications that will no longer be available through Aetna Rx Home Delivery include Humira, an injectable most commonly used to treat rheumatoid arthritis; Remicade, a medication given by IV infusion to treat Crohn's disease; and Synagis, an injectable used to prevent respiratory syncytial virus (RSV).

Aetna Rx Home Delivery will no longer stock specialty medications, but will continue to provide your Aetna patients with the maintenance medications they need.

How to order specialty medications

Send all new requests for specialty medications to Aetna Specialty Pharmacy by:

- Printing a Medication Request Form from **www.AetnaSpecialtyPharmacy.com**.
- Faxing to 1-866-FAX-ASRX (1-866-329-2779), or
- Mailing to Aetna Specialty Pharmacy, 503 Sunport Lane, Orlando, FL 32809.

Aetna Specialty Pharmacy bebefits

- Pharmacist and nurse support, therapy education, and compliance monitoring is available 24 hours a day, 7 days a week.
- Aetna Specialty Pharmacy performs multiple quality checks before releasing all orders.
- Patients are offered training to help promote safe, consistent therapy.
- Prescriptions are proactively refilled and delivered quickly and safely.
- Aetna Specialty Pharmacy handles purchasing and billing.

For more information, visit **www.AetnaSpecialtyPharmacy.com** or call 1-866-353-1892.

Reminder: Use our formulary

We annually review and update our commercial (non-Medicare) Preferred Drug List (also called a formulary). The list shows many of the drugs covered by Aetna members' plans. The 2009 version of this list is available online.

We update the formulary regularly, based on the latest medical findings, information from the Food and Drug Administration (FDA) and drug manufacturers, and cost arrangements (which include manufacturer rebates).

While coverage is not limited to medications on the Preferred Drug List, you can help many of your patients lower their costs by prescribing drugs on the list, when appropriate. To learn more, and to view the 2009 Aetna formulary, visit **www.aetna.com/formulary**.

Note: We notified physicians and pharmacies about changes to the 2009 Preferred Drug List in August 2008.

Updates to Aetna's formulary (Commercial and Medicare)

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

Changes not applicable are marked with an asterisk (*).

Drug	COMMERCIAL HMO and PPO				MEDICARE Part D			
	Coverage Update	Precertification (PR)	Step-Therapy (ST)	Quantity Limits (QL)	Coverage Update	PR	ST	QL
FORMULARY ADDITIONS								
acetic acid-antipyrine-benzocaine-polycosanol	Preferred (P)				*	*	*	*
Avodart (dutasteride)	P	X			*	*	*	*
Controlrx pst 1.1%	*	*	*	*	Covered (C)			
divalproex sodium -- delayed release	P				C			
eplerenone	P				C			
foltabs pak plus dha	*	*	*	*	C			
Fusilev (levoleucovorin calcium) inj	*	*	*	*	Specialty (Sp)			
galantamine	P				C			
Lovaza (was Omacor) (omega-3-acid ethyl esters)	P				*	*	*	*
nisoldipine	P			X	C			X
NPlate (romiplostim)	*	*	*	*	Sp	X		
Olux-Olux E Complete Pack (clobetasol prop foam/emul foam)	P				*	*	*	*
oxycodone er	*	*	*	*	C			X
Pristiq (desvenlafaxine)	P	X	X	X	*	*	*	*
pruet DHA EC Mis	*	*	*	*	C			
Stavzor (valproic acid -- delayed release)	*	*	*	*	C		X	
Renate	*	*	*	*	C			
Veramyst (fluticasone fumarate)	P				*	*	*	*
FORMULARY REMOVALS								
Lamictal (lamotrigine)	Formulary Excluded (FE)		X		*	*	*	*
Requip (ropinirole)	*	*	*	*	Not Covered (NC)			
Risperdal (risperidone)	*	*	*	*	NC		X	X
Sonata (zaleplon)	*	*	*	*	NC		X	X
NEW DRUGS – Nonpreferred (NP) or FE								
Alvesco (ciclesonide)	FE				NC			
Brevoxyl Kit Complete (benzoyl peroxide creamy wash and benzoyl peroxide bar kit)	FE				*	*	*	*
Duet DHA MIS	*	*	*	*	NC			
Gesticare	*	*	*	*	NC			
Gesticare Pak DHA	*	*	*	*	NC			
Rowasa Kit (mesalamine rectal enema and cleanser wipe kit)	FE				*	*	*	*
Stavzor (valproic acid delayed release)	FE				*	*	*	*
Zamicet (hydrocodone-APAP soln)	*	*	*	*	NC			

The Preferred Drug, Precertification, Step-Therapy and Quantity Limits lists are subject to change.

Visit **www.aetna.com/formulary** for current information. Many medications on the Aetna commercial and Medicare Preferred Drug Lists are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Some programs, such as step-therapy, precertification and quantity limits, are not available in all service areas. Precertification programs do not apply to commercial members in Indiana. Step-therapy does not apply to fully insured commercial members in Indiana and New Jersey.

Commercial California members: In accordance with state law, California HMO members who are receiving coverage for medications added to the formulary exclusions, precertification or step-therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

Commercial Texas members: In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefits 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. This material is provided for informational purposes only and is not intended to direct your treatment decisions. You should exercise your own clinical judgment regarding the appropriate treatment of any individual patient.

Physician Focus™

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

Increasing the quality of genetic diagnosis and treatment of breast cancer

Approximately 20 percent of people with breast cancer have tumor types with increased levels of the HER2 protein. To determine the right treatment, it is vital that test results for this tumor marker or protein are accurate. Inaccurate test results can expose patients to the side effects of a drug they may not need, or cause them to miss an opportunity to treat their condition with effective medications.

Enhancing awareness: our multi-faceted approach

Outreach to physicians

Currently, there is no publicly available information source that identifies which labs meet quality standards. Along those lines, we want to educate physicians on the quality issues about testing and encourage them to use high-volume labs that meet guidelines from the American Society for Clinical Oncology/College of American Pathologists (ASCO/CAP). An ASCO/CAP review of HER2 test accuracy found that up to 20 percent of tests may be falsely positive, and up to 10 percent may be falsely negative. With this in mind, we have written to medical and surgical oncologists about the ASCO/CAP guidelines and about the importance of using labs that meet established criteria.

Aetna network labs meet testing guidelines

Aetna's contracted labs, Genzyme Genetics, and Quest Diagnostics, meet ASCO/CAP guidelines. Both labs have been conducting HER2 testing since 1998.

Genzyme and Aetna are collaborating to encourage compliance with the ASCO/CAP guidelines and advance the quality of genetic laboratory tests. Genzyme's contract with Aetna includes quality standards that tie reimbursement to specific targets of quality, testing volume and turnaround time.

Flexible reimbursement policy for repeat HER2 tests

We also cover repeat HER2 test performed at Quest Diagnostics or Genzyme Genetics if the accuracy of the original test result is uncertain and repeat testing will influence treatment decisions.

Working with researchers and supporting patients

In addition, Aetna is supporting research to understand better how doctors use genetic lab tests to influence their treatment recommendations for women with breast cancer. Specifically, the Aetna Foundation is funding research at the University of California, San Francisco and Brigham and Women's Hospital in Boston to evaluate whether these patients are offered genetic tests that help physicians individualize patient treatment. The results of this research will help guide the future development of educational interventions and decision-support tools for patients and clinicians.

These efforts build on previous work we developed to provide our members with telephone-based cancer genetic counseling (performed through our vendor, Informed Medical Decisions).

Building on Aetna's industry leadership in genetic medicine

I am confident that engaging the medical community into our comprehensive approach is a step in the right direction. Directing physicians and members to qualified labs that meet externally validated criteria, developing policies to promote the evidence-based use of genetic services and funding medical research are all critical components. These initiatives, along with offering member support, can help your patients access effective genetic services during each phase of their care.

Sincerely,

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

Northeast News

Aetna Medicare Advantage plans available in new service areas

Beginning January 1, 2009, the following Medicare Advantage plans will expand into these new service areas:

Aetna Golden Choice™ Plan (PPO)
Albany, Monroe, Ontario, and Rensselaer Counties, New York

General Aetna Medicare Advantage HMO and PPO plan information

- Member ID numbers will start with the letters "ME."
- "Zero copayments" **may** apply for many covered preventive services.

Providers can obtain precertification for Aetna Medicare Advantage HMO and PPO plans online. Providers are required to obtain precertification for certain covered services.

You may access Medicare Advantage plan information, including information about our Aetna Golden Medicare Plan (HMO), Aetna Golden Medicare Open Access Plan (also a Medicare Advantage HMO plan), Aetna Golden Choice Plan (PPO) and our Aetna Medicare Open℠ Plan (a Medicare Advantage private fee-for-service plan), online through our secure provider website via NaviNet.

Once logged in, under "Plan Central," select "Aetna Health Plan," then "Aetna Support Center" from the menu bar on the left, then "Doing Business with Aetna" then "Aetna Benefit Products" then select "Aetna Medicare."

VERMONT

Accessing our claims software

Vermont House Bill 887 requires us to provide Vermont physicians with information about how to access our commercially available claims software, as well as any significant additions or deletions we may make to it. This legislation became effective June 10, 2008.

To access this claims software:

- Log in to our secure provider website via NaviNet.
- Select "Aetna Health Plans," then "Claims."
- On the "Claims" drop-down page, you can select from:
  - Claim Status Inquiry
  - Claim Status Report
  - Code Editing Tool
  - Clinical & Payment Policy Code Lookup
  - Policy Information
  - Payment Policies for Assistant Surgeons

Northeast News

UPSTATE NY AND NORTHERN NJ

Medical procedure by facility cost tool coming to New York and New Jersey

In January, we're introducing a new tool on our secure member website that lets members in upstate New York and Northern New Jersey review and compare actual health care costs for specific procedures. The cost information is based on the type of setting in which the procedure is performed.

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

Comprehensive cost data is displayed

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

Cost ranges that will display are comprehensive of all components from admission to discharge 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.

Secure member website adds detail on Northern NJ Aexcel® physicians

Aexcel is a designation that identifies physicians in 12 specialties who have met certain clinical performance and efficiency standards. On January 1, 2009, we are enhancing the information members have access to on Aexcel-designated physicians in the Northern NJ market.

Through our secure member website, members will be able to see the volume, clinical performance and efficiency standards we used to determine whether a physician is Aexcel designated. And, the detail on each physician shows which of these standards the physician met.

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.

We want you to know®

Aetna®

www.aetna.com

We want you to know®

Aetna®

PRSRT STD
U.S. POSTAGE
PAID
PERMIT NO. 12
ENFIELD, CT

CPE RS51
151 Farmington Ave.
Hartford, CT 06156

Contact us at: **OfficeLinkUpdates@aetna.com**

Please route this publication to:

- ❑ Office Manager
- ❑ Business Staff
- ❑ Front Desk Staff
- ❑ Medical Records/Medical Assistants
- ❑ Primary Care Physicians
- ❑ Specialists
- ❑ Physician Assistants/Clinical Nurse Specialists
- ❑ 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 Insurance Company, Aetna Life Insurance Company (Aetna) and Strategic Resource Company. (Aetna)

Personal Health Record adds new "tracking" feature

We recently updated our Personal Health Record (PHR) tool to include a "Health Tracker" feature.

What are Health Trackers?

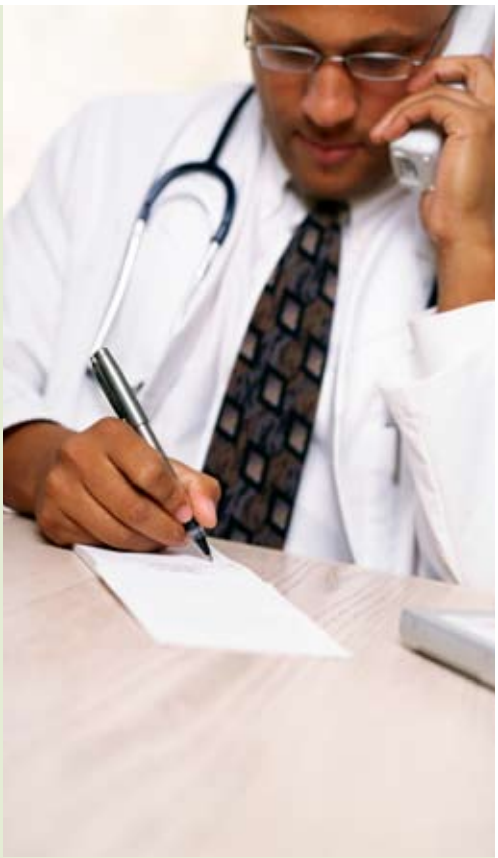
Health Trackers enable patients to more effectively monitor certain key biometrics. These entries can be compared over time to show progress. Health Trackers are available for:

- Asthma peak flow
- Blood glucose level
- Blood pressure
- Creatinine level
- HDL cholesterol
- Hemoglobin A1C
- LDL cholesterol
- Total cholesterol
- Triglyceride level
- Weight/BMI

The information that populates the Health Trackers is entered into the PHR either automatically from information made available to Aetna or self-reported by the patient. Detailed information included in these Health Trackers may help monitor health conditions and keep the patient more closely engaged with his/her health care.

Remind patients about PHR

You must be registered with NaviNet to view your patients' PHRs, and your patients must grant you access to view their PHRs. Talk to your patients about the benefits of using our PHR.



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.

23.22.807.1-NE (12/08)

©2008 Aetna Inc.