



Aetna OfficeLink Updates™

Northeast Region

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Options to reach us

- Go to www.aetna.com
- Select "Health Care Professionals"
- Select "Medical"
- Select "Log In" or "Register Now!"

Or call our Provider Service Center:

- 1-800-624-0756 for HMO-based benefits plans, Medicare Advantage plans and WA Primary Choice plan
- 1-888-632-3862 (1-888-MDAetna) for all other plans

Five reasons to check out our enhanced Education Site

www.AetnaEducation.com is here!

You told us that easy access to training and resources is important. As a result, you can now enjoy new, dynamic features on Aetna's Education Site for Health Care Professionals. See what the "buzz" is all about – log in today.

Here are five reasons you'll want to add www.AetnaEducation.com to your list of most frequently used websites:

1. Easy to log in and navigate
2. Simple course enrollment
3. Intuitive search functionality
4. New podcast structure
5. Effortless "Share this site with a colleague" functionality

Rest assured that although you'll see new features, you'll still be able to enjoy the ones to which you've grown accustomed, including:

- Free CME courses
- Office staff courses that help improve ease of administration
- Our calendar of live, online webinars
- Recorded events
- Valuable reference tools that make your job easier, such as "How to read a member ID card"

Be sure to check the site often, as we're continually updating our educational offerings to meet your needs. So don't delay – start learning with us today.

View our course catalog at http://aetnaofficelink.providerpreference.com/files/Education_Catalog.pdf.

Win an Apple® iPod touch®

Visit our site and you'll have the opportunity to be automatically entered into a contest to win* an Apple iPod touch mobile digital device. We will give away one iPod touch each week, beginning August 25, 2009, through October 13, 2009. We will automatically enter you into the contest, based on whether you are a new registrant to the site or a current user who received a new ID and password.

*See applicable rules at www.AetnaEducation.com.



Policy and Practice Updates

Clinical payment, coding and 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:

Procedure	Implementation Date	What's changed
Nerve conduction velocity	New effective date: 11/15/2009	In the May 2009 newsletter, we reported 8/17/09 as the effective date for this policy. The new effective date is 11/15/2009. Nerve conduction velocity studies are considered experimental and investigational if performed without a concurrent or prior needle electromyography study (excluding carpal tunnel syndrome and Lambert-Eaton Myasthenic Syndrome diagnoses). Refer to Clinical Policy Bulletin #0502 for additional information.
Breast reconstruction	11/15/2009	19340 will be allowed when billed with 19380.
Rounding policy	11/15/2009	As a result of consolidating our calculations for assistant surgeon pricing into one system, you may see an additional one cent payment for claims with dates of service after 11/15/2009 due to our ability to round to the third digit.
Echocardiography	12/01/2009	When code 93307 is billed with either or both 93320 and 93325, these codes will be re-bundled into 93306, which is inclusive of these procedures. When code 93306 is billed with either or both 93320 and 93325, both 93320 and 93325 will not be paid because those services are included in the payment of 93306.
Polymerase chain reaction testing – Clinical Policy Bulletin #0650	12/01/2009	CPT code 87801 is reported for infectious agent detection of multiple organisms by nucleic acid (DNA or RNA), using techniques such as polymerase chain reaction (PCR). Aetna considers this test conditionally eligible for specific diagnoses outlined in Clinical Policy Bulletin #0650 – Polymerase Chain Reaction Testing.
Prolonged services (99354, 99355, 99356, 99357, 99358, 99359)	N/A – policy clarification	Prolonged services codes are allowed when billed with appropriate E&M codes per CPT guidelines. These services will be allowed even if there are other E&M codes, not defined by CPT, billed with the prolonged services codes 99354-99359.

Help ensure accurate reimbursement for immunizations

A review of submitted claims indicates that many offices are not properly coding and billing for immunization services. For example, some practices are billing for office visits but not for the vaccine, while others bill for the vaccine but not for the administration.

To promote more accurate submission and payment, we encourage you to review Aetna's immunization and coding guidelines through these resources:

- **Immunization Billing Reminder:** This flyer is posted on our secure provider website via NaviNet® under "Aetna Support Center." Select "Clinical Resources" then "Immunization Resource Center."

- **Best Coding Practices for Immunization Services*:** This recorded event offers a comprehensive review of coding for immunizations and immunization services. It also includes suggestions for developing a best practices clinical/business model for the primary care practice. Log in to Aetna's Education Site for Health Care Professionals at www.AetnaEducation.com. Select "Course Catalog," then "Recorded Events."

*This event is presented by Joel F. Bradley, M.D., F.A.A.P., and sponsored by Sanofi Pasteur.

Policy and Practice Updates

Court ruling may impact drug and injectable reimbursements

The reimbursement levels for some drugs and injectables you administer may change.

These changes result from a recent court-approved settlement of a lawsuit filed against First DataBank and will take place in the timeframes outlined below. Because we contract with First DataBank for average wholesale price (AWP) information of certain drugs and injectables, the reimbursement amounts for some drugs and injectables you administer may change.

How this change will affect payments

First DataBank will reduce the AWP of approximately 1,400 National Drug Codes (NDCs) to a new rate of 1.2 times the wholesale acquisition cost. The company also will adjust the AWP of other drugs not specifically addressed in the settlement to 1.2 times the wholesale acquisition cost.

Your average reimbursement for these codes may decrease as a result of the new pricing. However, it is not possible to estimate the potential impact of this new pricing calculation because the revised pricing will depend on the manufacturer's wholesale acquisition cost when First DataBank performs the calculation.

First DataBank's revised AWP prices will impact claims processed using:

- NDCs for dates of service on or after September 26, 2009
- CPT4 and /or HCPCS codes beginning in the first quarter of 2010 and in conjunction with your standard fee schedule update

Fee schedules using other pricing sources, such as Medicare ASP and acquisition-based pricing, will not be impacted by this change for the services priced using these sources.

Find more information about the settlement at www.firstdatabank.com.

Coverage determinations and utilization management

Evidence-based clinical guidelines from nationally recognized authorities are the guide we use for 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 delivered is consistent with established guidelines. The member (or a physician acting on his/her behalf) may appeal this decision through our complaint and appeal process if a coverage request is denied.

Our UM staff help our members access services covered under their benefits plans. We do not reward physicians or individuals who conduct utilization reviews for creating barriers to care or for issuing coverage denials.



Changes to 2010 National Precertification List

The following additions, modifications and deletions to Aetna's National Precertification List will take effect on January 1, 2010:

Additions:

- Acthar Gel* (CPB #0762)
- Erbitux* (CPB #0748)
- Vectibux* (CPB #0684)
- Rituxan* (CPB #0314 – excluding approved Oncology indications – V42.0, 200.00 – 200.88, 201.00 – 201.78, 202.00 – 202.88, 204.10 – 204.12, 238.77, 273.3, 283.0, 287.31, and 694.4)

- Spinal Fusion: Add on code 22632

*To precertify these drugs, call 1-866-503-0857, or fax the corresponding Medication Request Form to 1-888-267-3277. Forms are available by logging into our secure provider website via NaviNet. Visit www.aetna.com to log in, then select “Aetna Support Center” from the Aetna Plan Central home page and choose “Forms Library” then “Pharmacy Forms.”

Modifications:

- Growth Hormone precertification
 - Step-therapy edit for Genotropin – trial of any 2 of 3 preferred growth hormone injectables including Humatrope, Nutropin or Tev-Tropin is required prior to use of Genotropin.

- Step-therapy edit for Norditropin – trial of any 2 of 3 preferred growth hormone injectables including Humatrope, Nutropin or Tev-Tropin is required prior to use of Norditropin.

Deletions (including associated codes):

- Intensity-modulated radiation therapy (IMRT) (77301, 77371, 77372, 77373, 77418, 77432, 77435)
- Supplies associated with hospital beds (E0265, E0266, E0270, E0296, E0297, E0339)
- Lab test (83003)
- Breast reconstruction (19361, 19364, 19366, 19367, 19368, 19369, S2068)
- Intersex surgery (57335)
- Upper limb prosthetics (L6646, L6647, L6648)
- Negative pressure wound therapy (97605, 97606, E2402)
- Spinal fusion (22614)

Aetna's precert policy

Precertification approvals are valid for six months from the date of issue, unless stated otherwise at the time. For the four drugs under “Additions” with an asterisk, approvals are valid for 12 months from the date of issue.

Precertification requirements apply to all Aetna plans, except for Traditional Choice® and the Aetna Medicare OpenSM Plan, which is our Medicare Private Fee-for-Service plan. We will update the precertification list online before January 1, 2010.

Precert Code Search Tool

You can also use our Precertification Code Search Tool to determine if a specific code needs precertification by entering a valid five-digit CPT code. Access the tool via www.aetna.com – choose “Health Care Professionals,” then “Medical” and then “Precertification List.”

Precertification and step-therapy programs are not available in all service areas. For example, 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. California HMO members who are receiving coverage for medications added to the 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. 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 treatment decisions.

How to bill for Gardasil®

Proper billing for the vaccine Gardasil will help you get faster and more accurate reimbursement.

When Gardasil is administered at the time of a routine gynecologic exam, report the following codes:

- Preventive gyn exam codes (99381-97)
- Administration of the vaccine (90471)
- The Gardasil vaccine (90649)

If you encounter a problem during the preventive exam that requires significant extra work, report the E&M code billed with Modifier 25.

Striving for Quality Excellence

Wanted: better communication between treating practitioners

Primary care physicians continue to be concerned that they do not regularly receive reports about their patients' ongoing evaluation and care from other practitioners and facilities, according to the results of a recent physician survey.¹

The increased focus on patient safety in the medical community also underscores the critical nature of improving collaboration.

Sharing patient information

We offer several tools to help you share progress notes and discharge summaries

with other treating practitioners. These forms, which can help you share information about a patient's diagnosis, medications or status, include:

- Physician Communication Form
- Specialist Consultation Report
- Behavioral Health/Medical Provider Communication Form

You can find these forms on our secure provider website via NaviNet by choosing

“Aetna Support Center,” “Forms Library,” then “Provider Communications Forms.”

Collaboration improves outcomes

Increased treatment compliance and improved outcomes have been attributed, in part, to collaboration between providers.² In addition, primary care physicians rate the quality of communication as an important factor when choosing a specialist to whom they can refer their patients.³

¹ Aetna annually conducts physician practice surveys to assess primary care practices' attitudes and perceptions on key interactions with us. The surveys, which are administered by a third-party vendor (The Center for the Study of Services), are faxed and/or emailed to select practices with 30 or more Aetna patients. The surveys are performed at the National Committee for Quality Assurance (NCQA)-accredited market level for practices contracted for all Aetna products. Surveys are conducted at the regional level for practices participating in Aetna PPO-based plans only.

² Grey N, Maljanian R, Staff I, Cruzmarino de Aponte M. Improving care of diabetic patients through a collaborative care model. *Conn Med*, January 2002, 66(1), 7-11.

Felker BL, Chaney E, Rubenstein LV, Bonner LM, Yano EM, Parker LE, Worley LL, Sherman SE, Ober S. Developing effective collaboration between primary care and mental health providers. *Prim. Care Companion J Clin Psychiatry*, 2006, 8(1), 12-16.

³ Dawson S. Interprofessional working: communication, collaboration... perspiration! *Int J Palliat Nurs.*; October 2007, 13(10), 502-5.

HEDIS® 2009 results available

Thank you for your help with our Healthcare Effectiveness Data and Information Set* (HEDIS) 2009 data collection efforts.

We have submitted our data in accordance with National Committee for Quality Assurance (NCQA) reporting requirements. View our 2009 HEDIS results at: www.aetna.com/members/health_wellness/support_tools/quality_report_cards.html.

Aetna annually collects HEDIS data from claims, encounters and other administrative data, as well as from chart reviews for certain clinical measures. We analyze these results to identify opportunities for improvement, so we can design and implement quality improvement activities accordingly.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.



Plan Facts & Features

PCPs like Aetna's depression program

The Aetna Depression Management Program provides primary care physicians (PCPs) with a one-stop resource to help diagnose and treat your Aetna patients with depression age 19 years and older.

This program promotes collaboration among PCPs, mental health professionals and Aetna's care management team. Its focus is on proactive assessment and early intervention, with the goals of improving patients' quality of life and treatment outcomes.

What the program offers

- Reimbursement for depression screenings using billing combination V79.0/99420
- Assistance with behavioral health referrals
- The option to refer eligible patients to Aetna's Depression in Primary Care program by telephone

We've received a good deal of positive feedback from PCPs about the program. For example, Dr. Thomas Giesecke, a Washington state PCP, said: "Depression is an easily overlooked concomitant or underlying diagnosis in patients,

particularly those with multiple complaints or medical problems."

It's "easy and standardized"

Dr. Giesecke described the ease of using the PHQ-9 form for diagnosis and follow-up of depression prior to starting the program. He also praised the program's telephonic patient support and physician feedback components. "The paperwork process is easy and standardized," he said.

To learn more, visit www.aetnadepressionmanagement.com or email us at depression@aetna.com.

Help for patients with alcohol abuse issues

The Aetna Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) Program is designed to help primary care physicians screen for alcohol abuse, providing brief intervention and referring individuals to treatment.

The program incorporates the evidence-based protocol established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). It is open to participating PCPs treating any Aetna medical plan member age 18 years and older.

Program reimbursement

The initial screening and brief intervention service is eligible for payment for members enrolled in Aetna commercial (not Medicare) plans for whom your office does not receive primary care capitation payments. PCP offices can bill for each screen by submitting CPT codes 99408 or 99409.

Getting started

- Follow the steps in the NIAAA Helping Patients Who Drink Too Much Clinician's Guide, 2005 edition, at:

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm.

- For more program details, contact Aetna Behavioral Health at 1-800-424-4660.
- You can also visit the Behavioral Health page of our secure provider website via NaviNet. From the Aetna Plan Central home page choose "Aetna Support Center," then "Doing Business With Aetna," "Aetna Benefits Products" and "Behavioral Health."

New names for our Medicare Advantage plans

Most of our Aetna Medicare Advantage (MA) plans will have new names effective January 1, 2010.

The new names will include a plan label such as (HMO), as this information is now required by the Centers for Medicare & Medicaid Services (CMS). We are also removing the words "Golden" and "Golden Choice" from our plan names. For example, the Aetna Golden Choice™ Plan will now be called the Aetna MedicareSM Plan (PPO).

Listed below are a few samples of the names that will be used for our MA plans beginning on January 1, 2010. You may need to update your billing systems with the new MA plan names.

2009 MA Plan Name	MA Product Type	New 2010 MA Plan Name
Aetna Golden Medicare Plan®	HMO	Aetna Medicare SM Plan (HMO)
Aetna Golden Choice Plan	LPPO	Aetna Medicare Plan (PPO)
Aetna Medicare Open Plan	PFFS	Aetna Medicare Open SM Plan (PFFS)

What you need to know about Aetna Signature Administrators®

Through Aetna Signature Administrators (ASA), we work with a small number of national third-party administrators (TPAs) that perform certain claims and customer service administrative functions for our mutual customers. These TPAs are required to meet specific standards and requirements and agree to follow appropriate policies and procedures.

Current ASA TPAs include:

- CoreSource/Trustmark
- UMR
- Principal
- Meritain Health
- Allied Benefits

Updated: Aetna at a Glance

We recently updated Aetna at a Glance (AAG), our guide for physicians, hospitals and other health care professionals. This new version is intended to ease the administrative challenges that may arise for newly contracted health care providers.

AAG highlights:

- Tools, programs and resources available through our secure provider website via NaviNet
- Information on how to access our secure provider website
- Aetna contact information
- Regional and local network information

AAG is available in six regional versions and can be ordered online through our secure provider website. Once logged in, select “Aetna Health Plan” from the Plan Central home page, then “Communications” and “Mailings” (and search by state).

Servicing to an ASA member

- The ASA member ID card looks different from the ID card of someone enrolled in an Aetna health plan. The ID card includes the ASA logo and lists the administrator’s contact numbers for questions regarding eligibility, claims payment and claims status. The Explanation of Benefits statement also references ASA.
- Claims are processed and paid by the TPA. If you request a claim be re-evaluated due to a conflict in the contractual payment, the TPA will work with Aetna to resolve the issue.

- Many of Aetna’s policies and procedures – such as Clinical Policy Bulletins, reimbursement policies and precertification requirements – apply to ASA.
- Claims turnaround time standards are the same as for those claims directly processed by Aetna.

You can find more information about ASA on www.AetnaEducation.com. Refer to the “Products, Programs and Plans” subcategory of “Reference Tools.”



Aetna to purchase Horizon Behavioral Services

Aetna has entered into an agreement to acquire Horizon Behavioral Services, LLC, a leading provider of Employee Assistance Programs (EAP) to many mid-sized and large employers.

Horizon Behavioral Services is the third-largest domestic provider of EAP services by membership with approximately 1,400 contracted employer clients representing over 13 million covered members in all 50 states and countries around the globe, and will be integrated into Aetna’s EAP business. Aetna will acquire Horizon Behavioral Services from its parent company, Psychiatric Solutions, Inc., the nation’s largest operator of owned or leased freestanding psychiatric inpatient facilities.

Horizon Behavioral Services provides unlimited 24/7 confidential telephonic consultation, comprehensive online employee assistance program and work/life resources and access to a referral network of more than 14,000 licensed clinicians.

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

★ **Updated** Electronic Connectivity: Tour Aetna's Secure Provider Website via NaviNet

Recorded Events

★ **NEW** Aetna Golden Medicare Dual Advantage Plans recorded webinar

Reference Tools

★ **NEW** Products, Programs and Plans: Aetna Affordable Health Choices® limited benefits insurance plan

★ **NEW** Products, Programs and Plans: PIMs and Aetna's Provider Quality Performance Recognition

★ **NEW** Provider Manuals (five new tools)

★ **Updated** Claims/Coding: National Provider Identifier (NPI)

★ **Updated** Products, Programs and Plans: Consumer-Directed Health Plan Quick Overview



Live, interactive learning at your fingertips

Did you know that through our Education Site, you can register for and participate in live, interactive webinars?

With our Aetna In-Service Update webinars, you'll join other office managers, referral specialists and billing administrators to learn how to:

- Administer Aetna benefits plans, including consumer-directed health plans
- Use our secure provider website via NaviNet more effectively

- Take steps to save time and get your claims paid faster
- Locate policy, payment and procedure updates
- Get an overview of claims and account management tools

You'll also be able to ask us questions during these discussions. For upcoming events, log into our Education Site at www.AetnaEducation.com and select the "Webinars" link at the top menu bar.

Understanding consumer-directed health plans just got easier

Enrollment in consumer-directed health plans (CDHPs) has grown 45 percent annually, so there's no better time to make sure your office is knowledgeable and up to date on what can be a confusing topic.

Visit the Changing Health Care Marketplace course catalog on the Education Site to take the Consumer-Directed Health Plans course. In addition, the Consumer-Directed Health Plan

Quick Overview reference tool is one of the most popular downloads on our Education Site.

Both the course and reference tool can help your office better understand and more efficiently administer these plans. They will also help familiarize you with important plan components, including primary care physician selection, referrals, precertification, copayments, claims and preventive care.

Don't forget to visit our redesigned Education Site at www.AetnaEducation.com. It's full of dynamic features that make it easier than ever to use. Use the available tools to help with administrative tasks, as well as clinical and patient outcomes.

Download our course catalog

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

Prescription Medications & Pharmacy Management

Precertification to be required for five drugs

Effective January 1, 2010, all commercial pharmacy plans (fully and self-insured) will require precertification and impose quantity limits* for the following potentially dangerous prescription drugs:

- Actiq/Fentora
- OxyContin/Oxycodone SR
- Duragesic/Fentanyl patch
- Combunox/oxycodone/ibu
- Butorphanol/Stadol NS

Currently, only fully insured commercial pharmacy plans require precertification and impose quantity limits on these drugs.

Together with the Food and Drug Administration (FDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), we are concerned about the rise of prescription painkiller use and increase in related hospital admissions.

To address this concern, we are taking steps to support safer and more appropriate drug therapy, including requiring precertification for the drugs listed above. The same clinical criteria will now apply for the self-insured plans, with the exception of the quantity limit for Actiq/Fentora. The quantity limit will be 120 units per 30 days, instead of 15 units per 30 days.

How to precertify and get more information

You can precertify these medications through our secure provider website via NaviNet or by calling the telephone number listed on the member's ID card.

To view Aetna's Clinical Policy Bulletins, visit www.aetna.com, select "Health Care Professionals" then "Medical," and "Clinical Policy Bulletins."

*Precertification and quantity limits may not apply in all service areas and are subject to change.

Get formulary information quickly and easily

We periodically update the Aetna Medicare and Commercial Preferred Drug Lists, also known as our formularies.

For up-to-date formulary information on Aetna's Medicare Advantage/Part D and Medicare Part D prescription drug plans, visit http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.

For up-to-date commercial formulary information, visit <http://www.aetna.com/FSE/planTypedo?businessSectorCode=CM>.



Do not collect copays from dual eligible members

Dual eligible members are not responsible for paying copays, deductibles or coinsurance for covered services owed under the Aetna Golden Medicare Dual Advantage Plan. However, a review of our records shows that some provider offices are billing our dual eligible members for these cost-sharing amounts in error.

Please note: If you provide covered services to a dual eligible member, you should bill the state Medicaid program for the applicable cost sharing.

The Aetna Golden Medicare Dual Advantage Plan is a Medicare Advantage Special Needs Plan (SNP) that is solely offered to Medicare beneficiaries who are eligible to enroll in both Medicare and a state Medicaid plan. You can check a patient's Medicaid enrollment status by contacting the state Medicaid program.

We've updated our SNP ID cards with the words "Request Medicaid Card" to help your office staff more easily identify dual eligible members. (See sample SNP ID card.)

You can learn more about this plan via a recorded webinar by going to www.AetnaEducation.com and searching for the Aetna Golden Medicare Dual Advantage Plan recorded webinar.



NEW YORK

Important: Update your demographic information

It is essential that we provide our members with accurate information about your practice's participation and location. We appreciate your diligence in helping us keep our records up to date.

To update your demographic information, visit our secure provider website via NaviNet. Once logged in, on the Aetna Plan Central home page, choose "Update Aetna Provider Profile."

If, after accessing the website, you have questions about updating your information, call our Provider Service Center at 1-800-624-0756 for HMO-based and Medicare Advantage plans, or 1-888-MD-Aetna (1-888-632-3862) for all other plans.



NEW YORK

Quit smoking resources for patients

You should be aware of these resources for your office to help your patients quit smoking:

- National, toll-free quit line: 1-800-QUIT-NOW offers assistance to patients trying to quit smoking
- Our secure provider website via NaviNet offers these tools in the Aetna Support Center on the Clinical Resources page:
 - Advising Smokers to Quit Physician Toolkit (patient fact sheet/action plan, resource sheet, prescription pad, poster, materials fax form)
 - Quit Tobacco Program information

Join us in supporting our members in their efforts to quit smoking.



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.



E-mail

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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 Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Management LLC and Strategic Resource Company. (Aetna)

How to get our communications by email

Many of you have told us that you'd rather get communications from us by email instead of through the mail. But to do so, we need your most current email address.

Even though we have a lot of email addresses in our files, many are either outdated or no longer in service. If you've changed your email address but haven't yet told us, we urge you to do so.

Give us your new or updated email address by visiting <https://aetna.providerpreference.com>.



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