

We want you to know[®]



Aetna OfficeLink Updates[™]

Southeast 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

Addressing health care disparities through health literacy

We continue to develop and participate in programs aimed at reducing disparities in health care. As part of these efforts, we want to work with participating physicians and their staffs to offer culturally sensitive, innovative and cost-effective health-related solutions.

Aetna is involved in a number of activities both nationally and in local communities. These include:

- Partnering with the Gay and Lesbian Medical Association (GLMA) as a Diamond Sponsor for the 26th Annual GLMA Conference, October 22-25, 2008, in Seattle, WA. This conference kicks off the new alliance between Aetna and GLMA. To find out more about the conference, go to www.glma.org.
- Launching the NYC Community PlanSM, which covers the five boroughs of New York City.
- Developing member and provider educational materials that promote insight about health literacy, wellness and health disparities, as part of Aetna's alliance with Magic Johnson Enterprises.

"Closing the Health Care Gap" video

Visit our education portal for more information on these topics. There, you can view our video, *Closing the Health Care Gap – Aetna's Call to Action*, which focuses on cultural competency, examines disparities in health care, and recounts our efforts and goals in addressing these issues. To access the video from the education portal, select "Course Catalog," then "Diversity in Health Care," then "Closing the Health Care Gap Video."

CMEs, CEUs on cross-cultural care

You can earn CME credits by taking our free cross-cultural CME and CEU courses, offered in conjunction with the Manhattan Cross Cultural Group. To access our Education Site for Health Care Professionals, choose the "Education" link from the home page of our provider website.

We encourage you to look for opportunities to reach out in your community to help reduce health disparities and increase health literacy.



Policy & Practice Updates

Experimental, investigational lab tests are not covered

We periodically hear from members who unexpectedly had to pay for lab tests they believed were covered services. Although these tests were ordered by their physicians, these procedures are considered experimental or investigational based upon evidence-based standards and, therefore, not covered under the terms of the member's health plan.

As a reminder, Aetna plans do not cover laboratory tests that are considered experimental or investigational, even when these studies are ordered by a participating physician. The chart below lists some of the most commonly ordered lab tests that are considered experimental or investigational.

LAB TEST	AETNA CLINICAL POLICY BULLETIN
Homocysteine cardiovascular test (83090)	0381, 0562
Lipoprotein (A) (83695)	0381
Immunoassay for tumor antigen, quantitative CA 19-9 (86301)	0352
Infectious agent detection by nucleic acid (DNA or RNA); Papillomavirus, human, amplified probe technique (87621)	0443
PCR test for Lyme disease (87476)	0215/0650
VAP cholesterol test (83701)	0381

Because these tests are not covered, we will reject claims submitted for them, and the member will be financially responsible for these services. It is important that your Aetna patients are aware of our position and that they will be responsible for payment.

If you have questions about these procedures, refer to the corresponding Aetna Clinical Policy Bulletin for a review of the medical evidence on which our position is based.

How to verify if a lab test is covered

We provide an online reference tool listing laboratory tests that are excluded from coverage or that may be conditionally covered. You'll find this tool on our secure provider website by selecting "Claims" from the drop-down menu and "Clinical & Payment Policy Code Lookup." Then, use the "Select a code by category" drop-down menu.

Coverage for HPV testing

HPV testing is considered as experimental or investigational by Aetna. Please be aware of our coverage guidelines for HPV testing:

- HPV testing is only covered for women under 30 when ordered as a reflex to an abnormal Pap test.
- HPV testing is covered for women 30 and over when ordered with a Pap test.

If the Pap and HPV are normal, the test does not need to be repeated for three years.

Waiver needed for hospital lab work

You should refer your Aetna patients to participating laboratories for testing services. If you refer Aetna patients to a network hospital for a laboratory test, you should ask them to sign a document acknowledging their financial responsibility for the test.

Home sleep-monitoring policy for obstructive sleep apnea

We consider unattended home sleep monitoring using a Type II, III or IV device (only IV devices with three or more channels) as medically necessary to diagnose obstructive sleep apnea (OSA) in adults with symptoms of the condition. This is in addition to our policy that facility-based testing using a Type 1 device (full-channel nocturnal polysomnography, or NPSG) is medically necessary for diagnosing OSA.

Refer to CPB #0004

Our policy on diagnosis of OSA in adults is outlined in Clinical Policy Bulletin (CPB) #0004, Obstructive Sleep Apnea in Adults. Our policy is supported by guidelines from the Centers for Medicare & Medicaid Services.

To view CPB #0004, log in to our secure provider website through NaviNet, and select "Clinical Policy Bulletins" under "Resources."

Home sleep monitoring benefits

There are several benefits of home sleep monitoring. These include portable equipment, patient convenience, shorter wait time to obtain the study and an accuracy rate comparable to that of facility-based studies.¹ Please note that the choice of setting for any sleep study is entirely left to the professional discretion of the ordering physician.

For a list of providers that offer this service, visit DocFind, our online provider directory.

¹ Trikalinos TA, Lau J. Obstructive sleep apnea-hypopnea syndrome: Modeling different diagnostic strategies. Technology Assessment. Prepared for Agency for Healthcare Research and Quality (AHRQ) by the Tufts-New England Medical Center Evidence-based Practice Center. Rockville, MD: Agency for Healthcare Research and Quality; December 4, 2007.

Use your network account manager to help resolve business issues

Your Aetna representative – more commonly known as a “provider relations liaison” – has a new title: “network account manager” (NAM).

New name brings expanded role

This title change better reflects the more strategic nature of this role and the more collaborative working relationship we expect you will have with your NAM. Your network account manager brings to the table a broad set of skills and abilities, including consultative and problem-solving

skills. He/she will work to understand the needs of your office or facility, help you identify and address key business issues, and act upon your concerns.

For instance, your NAM will:

- Consult with you and provide appropriate resources to find the right solution for your business issue.
- Provide clarification and guidance on various Aetna policies and procedures.

Use our website, or Service Center

You should keep using our secure provider website via NaviNet® for important information and to conduct electronic transactions. And our Provider Service Center will continue to handle your day-to-day claims and procedural questions.

Capturing hospital lab test results may help enhance members' overall care

We want to work collaboratively with participating hospitals to gain a more comprehensive view of our members' laboratory test results. This information will be useful in many ways; specifically, it may help improve patient care by providing additional data to both members and physicians.

Over the coming months, our network staff will work with hospitals to incorporate new, standard language into the hospital service and compensation schedule. This language will detail the necessity of, and method for, submitting hospital lab results to us. The effective date will vary by hospital contract.

Effectively using test results

Although submitting hospital laboratory test results to us will now be a contractual requirement, it will also benefit patients and physicians. Having a patient's complete lab data can help us:

- Enhance patient safety programs. We may use this information in pay-for-performance programs and network selection.
- Integrate with Aetna care management initiatives and physician outreach programs. This allows us to provide members and their physicians with care considerations, or opportunities to enhance care.

- Help Aetna Pharmacy Management evaluate the impact of drug therapy and measure medication compliance.
- Populate the member's Personal Health Record with more data.

Some participating labs already submit test results to us. However, to capture comprehensive data, we encourage physicians to ask the facilities where they send Aetna members for laboratory tests to do the same.

Dialysis services provider adds more locations

You and your patients in all Aetna benefits plans now have more choice and convenience for dialysis services. A new, national facility agreement with Fresenius Medical Care (FMC) became effective April 15, 2008.*

We previously had contracts with FMC in some locations in PA, NJ, ME, RI, CT, NH, MA and NY. We have now added new locations in these states, as well as sites in TX, VA, GA, DE, MD and Washington, DC. There are 500 FMC

locations from which to choose – 320 of which are new to the Aetna network.

Find FMC locations in DocFind®

FMC operates under multiple legal entity names. When searching in DocFind, our online provider directory, also consider the following:

- RCG
- Bio-Medical Applications
- Renex Dialysis

- Renal Institute
- RCC
- National Medical Care

For more information, visit www.fmc-ag.com.

* Effective dates are July 1, 2008, for Virginia and October 1, 2008, for Texas PPO based plans.

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. Highlights of recent site content updates include:

Aetna Plan Central home page

- Added Aetna's Guiding Principles for Physician Relations link

Claims

- AMA/CMS Reimbursement Code Updates, including:
 - Aetna Enhanced Grouper Summary
 - Aetna Enhanced Grouper Information
 - Aetna Enhanced Grouper Default Surgery Codes Not Assigned to an AEG Category

Education

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

DocFind search feature includes NPI

Do you need another provider's National Provider Identifier (NPI) to complete a transaction, such as a referral or precertification request? Now, you can search DocFind, our online provider referral directory, for this information.*

Or, if you have a provider's NPI, you can search DocFind for more information on that provider, such as address or phone number.

How to access DocFind

DocFind is available through our secure provider website via NaviNet. Register or log in to NaviNet at <https://navinet.navimedix.com/Main.asp>.

* As long as the provider has shared his/her NPI with us and it is in our database. NPIs are not available through our DocFind directory on Aetna's public website.

Doing Business with Aetna

- Updated Aetna Health Care Transparency page, including A physician's guide to Aexcel®
- Added *Aetna OfficeLink Updates*™ – June 2008 issue
- Added *Aetna Behavioral Health Insights*™ – Spring 2008 issue
- Updated Health Care Professional Toolkit with survey
- Added Select List mailings in FL, GA, TN and TX
- On Behavioral Health and Employee Assistance Program page:
 - Updated Behavioral Health Level of Care Guidelines
 - Updated Quality Management Program Descriptions and Evaluations for HMO and PPO

Get claims processed faster

Here are two ways to help ensure your claims are processed and paid quickly:

- Send all your claims electronically. You'll save time and money by going electronic. It's easy to do. Learn how by visiting our "Service Solutions" section at www.aetna.com/provider/medical/index.html.
- It's preferable that you do not send attachments. Claims with attachments must be manually reviewed. This step adds more time to the approval and payment processes, and could mean extra work for you. We will contact you if we need more information.

Clinical Resources

- Updated Clinical Practice Guidelines for:
 - Treating Patients With Asthma
 - Treating Patients With Chronic Heart Failure
 - Treating Patients With Coronary Artery Disease
- Added link "Your Patients Online" to information about RelayHealth

Forms Library

- Updated Electronic Remittance Advice & Electronic Funds Transfer Enrollment Form
- Updated Erythropoietin Injectable Medication Precertification Request Form
- Updated all Precertification Additional Information Request Forms
- Added new Precertification forms for Reduction Mammoplasty, Spinal Surgery and Uvulopalatopharyngoplasty (UPPP)

Facilities: Open the door to electronic communications

Are you a participating facility or hospital that would like to say "goodbye" to paper correspondence and clutter? If so, visit <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.

Plan Facts and Features

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 that participate in the program additional compensation for positive depression screenings for Aetna members.

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.

AutoDebitSM function now standard with HSA plans

Your office may see some Aetna members who are enrolled in Aetna AutoDebit – a new, standard feature of plans with a Health Savings Account (HSA).

For these members, the amount they owe is automatically deducted from their HSA fund and then paid directly to the provider once the claim is processed. Your office can bill the member for the remaining balance not covered by the HSA.

Tips for accurate reimbursement

- Submit claims for HSA members the same way you do for members in other Aetna plans. You'll receive an explanation of benefits (EOB) or electronic remittance advice (ERA) that details the cost of the visit,

any Aetna payments, the member's responsibility and any amount paid from the member's HSA fund.

- Accurately code all services related to preventive care. This is important because more employers are selecting health plans that offer their employees incentives for preventive care screenings. When claims are coded accurately, members can receive their maximum benefits with lower out-of-pocket expenses.
- Preventive care is generally covered at 100 percent.

Use our secure provider website

Log in to our secure provider website where you can verify member benefits, check claims status, view payment and billing policies, enter precertifications and referrals, and much more.

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[®]



Plan Facts and Features

Aetna expands the workers' compensation network

Aetna Workers' Comp Access® (AWCA) is expanding into an additional 10 states* in 2008, with the intent of having a full national network by the end of 2009. If you don't already participate with us as an AWCA provider, we invite you to be part of this network expansion.

AWCA was established in 2004 and currently has 205,000 participating physicians in 17 states that serve more than 50 major workers' compensation carriers and their clients.

What to expect from AWCA

- Provider services are paid by the workers' compensation carrier or their designee (payers), not by AWCA. There are no copayments, coinsurance or deductibles for covered workers' compensation services.

- Patient referrals to physicians come from workers' compensation case managers, primary care physicians and occupational medicine centers, even though a referral is not required to treat claimants.
- Providers can choose to join the AWCA network. Participation in the AWCA network is voluntary.

Resources for injured workers

Whether or not you are new to caring for injured workers, we can offer you tools and resources to make the process easier. Go to our website at awca.aetna.com for more information on this product, including:

- Frequently asked questions about the AWCA product, reimbursement and network participation

- "Ask an Expert" mailbox to which you can send questions
- Link to AWCA DocFind®, our online directory
- Interactive map allowing you to see where AWCA is available
- Glossary of terms

Our dedicated customer service staff is ready to answer your questions or give you information on joining the AWCA network at 1-800-238-6206.

*Alabama, Arkansas, Illinois, Mississippi, Nevada, New York, Oklahoma, South Carolina, Utah and Wisconsin

Check our Medicare formulary for updates

The Aetna Medicare Preferred Drug List, also known as our formulary, is updated from time to time and may change during the calendar year.

For up-to-date Medicare formulary information, please visit:

www.aetna.com/members/individuals/medicare/member_assistance/changes.html



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

Putting evidence in action: Oral-systemic health

There were several reasons for my move from an academic medical center to Aetna. Some of the most compelling were the company's commitment to basing clinical decisions on evidence, and new opportunities to build on existing research with Aetna data to create programs that can positively influence health outcomes for those who need it most. An example of this process at work is Aetna's approach to improving oral-systemic health.

Understanding and building on the evidence

Recent studies indicate an association between periodontitis and certain systemic diseases, such as stroke, diabetes, and heart. Periodontal disease also has been associated with premature births in pregnant women.

Aetna was well positioned to determine how to influence people to seek necessary dental care. Together with Columbia University College of Dental Medicine, we conducted and analyzed a preventive dental intervention pilot. Using our comprehensive medical and dental claims data we built a picture of a member's claim history and identified at-risk members with the greatest need for preventive care.

Our pilot resulted from two analyses: an assessment of emerging research related to potential connections between periodontal disease and several systemic diseases; and a retrospective study of individuals who had medical and dental coverage with Aetna. We encouraged 500,000 Aetna members who were either pregnant or had diabetes or CAD to seek dental care as a way to improve overall health. Member education materials identified the connections between periodontal disease and these systemic conditions.

Approximately 63 percent of those at-risk members who had not been to the dentist in 12 months sought dental care. We saw a significant reduction in risk scores for individuals with coronary artery disease and diabetes who also received treatment for periodontal disease. It also showed a reduction in per-member per-month medical costs for those who received earlier periodontal treatment.¹ We are reviewing the causal attribution in these associations, but the results are very provocative.

Next step: engaging members and health care professionals

Based on these findings, Aetna collaborated with health care professionals to create new programs that engage high-risk members to use the most effective health care.

Last year, we began offering our Aetna Dental/Medical Integration program for employers with Aetna dental and medical coverage. Members who are pregnant or have coronary artery disease or diabetes qualify for an additional cleaning and certain periodontal services covered at 100 percent. The program includes outreach to members who currently are not receiving dental care.

Our national director of dental clinical operations recently joined medical and dental experts to discuss possible guidelines for physicians and dentists, including: physicians screening for and advising patients that periodontal disease has been associated with poor metabolic control and complications like diabetes, coronary artery disease, and stroke; physicians and dentists communicating more closely and referring patients identified at risk to each other; and increasing dentists' awareness of screening criteria for diabetes and other conditions such as coronary vascular disease.

Aetna also supported a medical-dental dialogue on the relationship between Periodontal Disease and Systemic Health at the New York Academy of Sciences. The conference gave dentists and physicians as well as basic and translational investigators, health care organization administrators and other health care professionals the opportunity to discuss the oral-systemic links in cardiac disease, renal disease, and during pregnancy.

Sincerely,



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



¹ An Examination of Periodontal Treatment and Per Member Per Month (PMPM) Medical Costs in an Insured Population, BMC Health Services Research, August 16, 2006.

Prescription Medications & Pharmacy Management

Addressing drug interactions in members with kidney failure

We've started a program designed to identify potential drug-to-disease interactions in members with kidney failure who may be taking two particular medications.

Using pharmacy and medical claims data, our pharmacy claims system will notify pharmacists at the point of sale of a potentially dangerous drug-to-disease interaction in members with kidney failure for these medications:

- Metformin, a medication for type 2 diabetes (brand name Glucophage)
- Extended release sotalol, a heart medication (brand name Betapace AF)

If we identify a potential interaction, we will not process the claim for these prescriptions unless the pharmacist takes appropriate action. This includes determining that the medication is necessary and notifying us of the action taken.

Reducing drug-induced complications

By implementing a drug-to-disease interaction program at the point of sale, we can help pharmacists identify potential interactions before the member obtains the medication, possibly avoiding the risk of adverse outcome.

Use of metformin in patients with kidney failure may lead to lactic acidosis, which can be fatal.¹ In addition, extended release forms of sotalol should not be used due to the risk of elevated drug levels, which can lead to life-threatening cardiac arrhythmias, according to the product package inserts.

¹ Lactic Acidosis in Patients with Diabetes Treated with Metformin. New England Journal of Medicine. January 22, 1998; Volume: 338, Number 4. Pages 265-266.



Precert list clarification: ESA drugs

In our October 2007 newsletter, the 2008 precertification list included Epogen. We want to clarify that Epogen is just one of several drugs that represent erythropoiesis-stimulating agents (ESAs). Other ESA drugs include darbepoetin alpha (Aranesp), epoetin alpha (Epogen and Procrit), and epoetin beta (Micera). Please note that all ESA drugs require precertification.

Updates to the Aetna Preferred Drug Lists (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 to our formularies are listed below. To view the complete Aetna Preferred Drug Lists, go to www.aetna.com/formulary.

DRUG	COMMERCIAL HMO AND PPO (Precertification is not required for these drugs)			MEDICARE PART D			
	COVERAGE UPDATE	STEP THERAPY (ST)	QUANTITY LIMITS (QL)	COVERAGE UPDATE	PRECERT.	ST	QL
FORMULARY ADDITIONS							
Acarbose	Preferred (P)			Covered (C)			
Calcipotriene	P			C			
estradiol/norethindrone acetate	P			C			
Granisol (granisetron soln)	P			C	X		X
Ropinirole	P			C			
Zaleplon	P			C			X
NEW DRUGS – NONPREFERRED (NP) OR FE OR FORMULARY EXCLUDED (FE)							
Breze kit (benzoyl peroxide pad and concealer kit)	NP			Non-Part D (NPD)			
Cleanse/treat pad (salicylic acid pad and benzoyl peroxide pad)	FE			NPD			
Desowen kit (desonide lotion w/moisturizing cream kit)	FE			NPD			
Elite OB w/DHA, Duovit DHA, Vitaphil	NP			Not Covered (NC)			
Luvox CR (fluvoxamine er)	FE	X	X	NC		X	X
Olux-Olux E® complete pack (clobetasol prop foam and clobetasol emul foam pack)	FE			NC			
Omnaris (ciclesonide)	FE	X		NC			
Patanase spr (olopatadine HCl nasal soln)	FE			NC			
Pristiq (desvenlafaxine SR)	FE	X	X	NC		X	X
Rosanil kit (sulfacetamide sod-sulfur emul and skin cleanser kit)	FE			NPD			
Treximet (sumatriptan-naproxen sodium tab)	NP		X	NC			X
Ultravate kit (halobetasol prop oint and ammonium lactate lot kit)	FE			NC			
Voltaren gel (diclofenac sodium topical gel)	NP	X		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.

Aetna's Education Site for Health Care Professionals

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

NJ, TX physicians: Meet state-mandated CME requirements

To help you more effectively care for patients of various ethnic and minority groups, we offer free access to continuing medical education (CME) and continuing education unit (CEU) courses developed by the Manhattan Cross Cultural Group (MCCG).

New Jersey physicians choose from the following Quality Interactions courses. Complete 6 hours to fulfill NJ state requirements by completing:

- Quality Interactions for New Jersey Physicians course (6 CME credits).
- Other Quality Interactions CME courses that can add up to the required 6 hours of cultural competency credits; visit our Continuing Education catalog to view all of the Quality Interactions courses.

Quality Interactions courses for Texas physicians:

- Quality Interactions for Physicians (2.5 CME credits). This Quality Interactions for Physicians course meets Texas state-mandated CME requirements for ethics/professional responsibility.
- Quality Interactions Refresher Courses: Adolescent Health and Congestive Heart Failure (1 CME credit each).

We encourage you to combine these refresher courses to meet Texas state-mandated CME requirements for ethics/professional responsibility.

Improve efficiency with Claim History Report tool

If your office is looking to be more efficient and save time, we have just the thing for you. Our Claim History Report tool is a self-service account management function that lets you request a downloadable history of claims processed within the last year.

To help staff get started with this tool, we've created the Online Claim History Report course. This course walks you through a step-by-step demonstration on how to request, review and interpret a report, and how to integrate the information into your office's account reconciliation process.

New online course offerings for physicians, nurses and office staff

Continuing Education: Pandemic Flu: Aware and Prepared CME

Office Administration: Online Claim History Report

Recorded Events: Aetna In-Service Updates (office administrative updates)

We also offer Aetna in-service, face-to-face sessions and webinars. For upcoming events, see our online 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.

CME helps you prepare for any pandemic event

Our new CME course provides information and resources to help you prepare your patients and office staff for the flu: seasonal, avian and pandemic. Your office will be a main contact point and information source for patients during an outbreak of pandemic flu or other communicable diseases.

Our new one-hour CME, "Pandemic Flu: Aware and Prepared," can help you:

- Articulate the most appropriate practices for mitigating the impact of a flu outbreak.
- Develop a strategy for preparing your staff and patients for a potential pandemic flu outbreak.
- Access resources to assist you in determining your office's readiness for a pandemic flu outbreak.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through a joint sponsorship of Trinity Healthforce

Learning and Aetna Incorporated. Trinity Healthforce Learning is accredited by the ACCME to provide continuing medical education for physicians.

Trinity Healthforce Learning designates this education activity for a maximum of one Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Coming soon: new downloadable course catalog

We're planning to make it easier for you to find courses with our new, printable course catalog. Soon, you can explore our wide range of courses online...stay tuned!

Online pricing information tools coming to select markets

This month, we're introducing two new tools in select markets that enable members to better assess health care costs before receiving care. These tools, available on our secure member website, are the medical procedure by facility cost tool and the unit price transparency tool.

Medical procedure by facility cost tool expands into four markets

Our medical procedure by facility cost tool lets members review and compare health care costs for a specific procedure, based on the type of setting in which the procedure is performed. We are introducing the tool in these markets: North Florida, Fort Myers, Raleigh/Durham North Carolina and Central North Carolina.

With this tool, members can see cost ranges for more than 30 common medical 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 data for the past two years.

Cost ranges that will display include 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.

Unit price transparency tool expands into three markets

This month, we're also introducing our unit price transparency tool in these markets: Fort Myers, Raleigh/Durham North Carolina and Central North Carolina.

With this tool, members can view Aetna-contracted rates for participating primary care or specialty physicians for up to 30 of the most common services provided by those physicians. Rate information is also available on other health care professionals, including physical and occupational therapists, speech therapists and pathologists, chiropractors, podiatrists, audiologists and optometrists.

The rates are specific to the member's health benefits plan. Services members can get rate information on include office visits; diagnostic tests; and major, minor and other procedures.





CPE RS51
151 Farmington Ave.
Hartford, CT 06156

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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 and Strategic Resource Company. (Aetna)

Closing the communication gap between treating practitioners

Results from our 2007 Physician Practice Survey show that primary care physicians are concerned about not receiving regular reports about patients' ongoing evaluation and care from other practitioners or facilities. These include specialists, skilled nursing facilities, home health agencies and surgical centers.

Other results from this survey, and from our Behavioral Health Treatment Record Audit, indicate there are opportunities to improve communication between behavioral health and medical practitioners.

Sharing patient information

Increased treatment compliance and improved clinical outcomes have been attributed, in part, to collaboration between providers.¹

To this end, we strongly encourage you to send progress notes and discharge summaries to your patients' referring practitioners. Forms are available on our secure provider website and include the following:

- The Physician Communication Form and the Specialist Consultation Form can be used to share information between primary care and specialty physicians to document a patient's diagnosis, procedures and status.
- The Behavioral Health/Medical Provider Communication Form helps behavioral health providers share information about a patient's treatment plan with primary care physicians. Providers can use the form

to pass on detailed information about a patient's diagnosis, medications and risks/concerns.

Accessing communications forms

To access these forms, log in to our secure provider website and select "Aetna Support Center," "Forms Library," then "Provider Communications Forms."

¹ Grey N, Maljanian R, Staff I, Cruzmarino de Aponte M. Improving care of diabetic patients through a collaborative care model. *Conn Med.* 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.

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