



Aetna OfficeLink Updates™

Southwest Region

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Options to reach us

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

It's easy to respond to electronic clinical alerts

Evidence-based clinical alerts – also known as Care Considerations – are sent to you electronically through our secure provider website via NaviNet®.

Clinical alerts reflect information about which you might not otherwise be aware, especially if a patient sees multiple physicians. These alerts may help you identify clinical interventions that are appropriate for your patients.

When your office receives an online clinical alert, we encourage you to respond to them via our secure provider website.

Where to find clinical alerts

You can find clinical alerts in your NaviNet "Action Items." They will be "from" ActiveHealth, an Aetna subsidiary. An orange flag will appear in the NaviNet toolbar when you have new Action Items.

Only your practice's NaviNet security officer initially has access to clinical alerts. That individual must give others access to this information by enabling "Patient Care Reminders" in the Transaction Management menu.

In addition to appearing as "Action Items," when checking eligibility, staff who are allowed to view Care Considerations will get a pop-up notice when a clinical alert is available. Also, if new clinical alerts have been delivered, these individuals will receive pop-up alerts upon login to our secure provider website.

You have the option to "view" or "dismiss" these pop-up alerts. If you are unable to review the clinical information when it first appears, please encourage your staff to review and respond at a more convenient time.

Claims without NPI will be rejected starting in March 2009

Beginning March 16, 2009, to comply with HIPAA regulations, we will reject electronic claims and encounters submitted without a billing provider NPI. If a "pay to" provider is identified on a claim, the NPI for that provider must also be included.

Rejected transactions can result in more work and irritation for staff and may interrupt your office's cash flow.

No NPI? No ERA

Beginning March 30, 2009, we will only generate ERAs that are NPI compliant. This means that if you send in paper claims without NPIs, you may not receive an ERA. Instead, you may receive a paper or online Explanation of Benefits.

Don't submit legacy identifiers

Health care professionals covered by the HIPAA regulations should submit standard electronic transactions with NPIs and stop using legacy identifiers (PIN, PVN, UPIN) as soon as possible.

New year brings renewed commitment to physicians

The start of the year is when many of us review the past and make resolutions for the future. Aetna is proud of the progress we've made to strengthen our relationship with the physician community. As we begin 2009, we think it's the perfect time to reaffirm our commitment to you.

What you can expect from us

Our Guiding Principles for Physician Relations direct how we interact with you every day. As we continue to work together in a collaborative manner, here's what you can expect from us. We will:

- **Build effective relationships:** We will support the physician-patient relationship. We will strive to understand your medical practice so that our products and processes won't

interfere with patient care or require you to change how you operate your practice.

- **Improve health care quality:** Top-quality care and improved patient safety are goals we share. Therefore, we will expand our online tools that offer integrated information and support real-time decision making, so you and your patients can make better health care decisions together.
- **Simplify interactions:** We can best serve our members by working closely with you to build a better health insurance system with fewer hassles, leaving you more time to care for patients. To that end, we will continue to invest in technology that makes it easier to do business with us.

You already have easy access to information through our telephone and Web-based self-service options. We will continue to operate a full-service, professionally staffed Provider Service Center where you can resolve your practice and payment issues quickly and easily.

- **Invite respectful dialogue:** Your opinion matters, and there are many ways to share your feedback with us. We will continue to solicit your insight about our plans and policies through the Physician Advisory Board, satisfaction surveys and medical society liaisons so that we are sure that we take into account your concerns when making decisions.

Dr. Lonny Reisman: Aetna's new chief medical officer

Lonny Reisman, M.D., is Aetna's new chief medical officer.

In his previous role, Dr. Reisman was the chief executive officer (CEO) and co-founder of ActiveHealth Management, an Aetna subsidiary. There, he led development of the CareEngine® System, which is ActiveHealth's patented, clinical decision-support technology.

"Dr. Reisman assumes the role of chief medical officer at a pivotal time for Aetna," said Ronald A. Williams, Aetna chairman and CEO. "Our clinical strategy seeks to help improve the quality of health care for our members, in part by providing a health information technology platform that brings patients, physicians and the health plan into closer communication. Dr. Reisman's visionary leadership in health information technology, patient safety and evidence-based medicine will help us advance our strategy."

Before joining Aetna, Dr. Reisman was a principal in the Managed Care Group at William M. Mercer, where he led numerous consulting engagements with Fortune 500 corporations, health care providers, suppliers and payers. He was an attending physician at New York Hospital and St. Luke's Roosevelt Hospital Center, and was a consultant on the corporate medical staff to Merrill Lynch.

He was also a cardiology fellow at the University of Chicago, and an intern and resident at St. Luke's Roosevelt Medical Center in New York. Dr. Reisman has been published in numerous medical journals.

Notify us in advance if you're leaving the network

If you plan to leave the Aetna network or are moving to another state or practice, please let us know well in advance whenever possible.

We are required to notify members 30 days in advance if a physician is leaving the network and will no longer be able to care for them. Giving us advance notice allows us to notify Aetna members whom you have treated that they will have to find another participating physician for their care.

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
66985, 66999, C1780, V2630, V2631, V2632, V2702 and V2797	Intraocular lenses (IOL)	Aetna considers standard fixed monofocal posterior chamber intraocular lenses (IOL) medically necessary for aphakia and covered only following cataract surgery. Non-standard lenses are considered convenience items (see Clinical Policy Bulletin #0508).	May 1, 2009
90801/90802	Psychiatric diagnostic interview examinations	Repeat psychiatric examinations billed by the same doctor or group practice will be reimbursed at the rate of the appropriate individual psychotherapy code when billed within a 365 day period.	May 18, 2009
59430	Postpartum care	When billed within 45 days after the delivery, postpartum care (59430) is not reimbursed separately as it is considered part of the global maternity code (59410, 59515, 59400, 59510, 59610, 59614, 59618 or 59622).	May 18, 2009
92506, 97001, 97002, 97003, 97004 and 92610	Problem-focused Evaluation and Management (E&M) and consultation codes	92506, 97001, 97002, 97003, 97004 and 92610 will not be allowed when billed with problem-focused E&M and E&M consultation codes unless appended with Modifier 25 or 59.	May 18, 2009
96110	Developmental testing billed with preventive Evaluation and Management (E&M) services	96110 will be payable when billed with preventive E&M codes but will only be allowed 5 times within the first 36 months of life. The change from 3 to 5 tests supports the recommendations of the American Academy of Pediatrics for periodic, formal screening via the general developmental surveillance and screening test, as well as the M-CHAT autism-specific screening questionnaire. While developmental surveillance should occur at every well-child visit, reimbursement is intended for use of any of a variety of standardized developmental tools, the results of which should be documented in the medical record.	November 17, 2008

Policy and Practice Updates

HEDIS® 2009 data collection under way

Beginning in February and continuing into early May, Aetna staff or our contracted representatives may contact your office to collect medical record information for our annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting.

What we may need from you

We analyze administrative data, such as medical and pharmacy claims and laboratory data, for the majority of HEDIS reporting. When we are unable to get information from administrative data – such as a blood pressure reading or lab test result – we may ask your office to help us get the necessary information directly from a patient’s medical record.

In collecting this information, we may ask you to send certain information to us, or our representative may schedule

an in-office appointment to photocopy medical record information.

Meeting HIPAA guidelines

Providing medical record information for HEDIS data collection complies with HIPAA regulations. We handle all information confidentially and use it only in the aggregate. HIPAA Privacy Rules permit the use and disclosure of protected health information without a member’s authorization if the use or disclosure falls within the defined scope of payment, treatment or health care operations, including accreditation activities (for example, HEDIS data collection).

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

Physician Toolkit updated with practice information

We’ve updated our Health Care Professional Toolkit with two pieces of information noteworthy to physician practices.

Member Rights, Discrimination

The Toolkit now includes information on member rights and responsibilities regarding discrimination. All participating physicians should have a documented policy regarding non-discrimination.

Federal and state laws prohibit discrimination in the treatment of patients on the basis of race, ethnicity, national

origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.

All participating physicians or health care professionals may also be obligated under the federal Americans with Disabilities Act to provide physical access to their offices and reasonable accommodations for patients and employees with disabilities.

Specialist accessibility standards

We’ve also added information about specialist accessibility standards. These standards are specific to your state and specialty; please refer to your contract. The toolkit also has accessibility standards for primary care physicians.

Find the toolkit online

You can find the Health Care Professional Toolkit on our secure provider website via NaviNet. Practices without Internet access can request a paper copy by calling our Provider Service Center.

Bill Aetna when you see “ME” on ID cards

Submit electronic claims to Aetna for payment – not to Medicare carriers – when you see “ME” on our members’ ID cards.

If an “ME” is on your patient’s Aetna ID card, the patient is enrolled in an Aetna Medicare Advantage plan. Submitting these claims electronically to Aetna will expedite payment, and may be more efficient for your office.

When presented with an Aetna member identification number beginning with “ME,” set the patient up as an Aetna patient and submit claims to Aetna/60054 electronically.



Policy and Practice Updates

Find Institutes of Quality® for Bariatric Surgery on DocFind®

Aetna recently launched a national network of participating facilities that are designated as demonstrating certain levels of clinical performance, access and efficiency for bariatric surgery.

These Institutes of Quality (IOQ) were established to help you and your patients identify and choose facilities for care, as appropriate. All designated facilities:

- Demonstrate minimum annual case volume in bariatric services
- Provide comprehensive, quality bariatric services
- Meet our standards for clinical outcomes

- Adhere to our contracting standards
- Show better value in their geographic areas

We plan to expand the IOQ designation to other specialties in the future.

To identify IOQs on DocFind, use the “General Search” option and select “Institutes of Excellence™/Institutes of Quality®” in the “Provider Category.” Then, select “Institutes of Quality® for Bariatric Surgery” as the “Provider Type.”

IOE, IOQ education course coming

This spring, we will introduce a course on our Institutes of Excellence (IOE) and IOQ programs. The course will outline the advantages of using a designated provider and how these institutes can help physicians in their treatment of patients for various types of care, including transplants and bariatric surgery.

New providers: take our online orientation

We are pleased to announce our new “Getting started with Aetna... A guided orientation.”

Using feedback from providers and office staff, we’ve built an online orientation that meets your desire for convenient access to information about doing business with us.

Get up to speed with Aetna

This interactive course takes users through essential processes and provides important information to make the first few weeks of working with Aetna as smooth as possible. Even seasoned participating offices may learn something new after taking the orientation.

Orientation topics include:

- The various **options you have to contact us**, including the self-service options.
- **Aetna Benefits Products booklet**, which has information about our plans and requirements.

- Accessing our **online provider office manual**, which contains information to help you facilitate patient care.
- An introduction to **electronic transactions and tools** that can simplify your office administration tasks.
- Other tools and resources for your daily interactions with us, such as the **procedure/diagnosis codes inquiry tool**, instructions on how to **receive correspondence electronically and our forms library**.

The course is flexible and allows you to access each topic individually at anytime. We’ve also listed the time each topic should take to complete.

How to access the orientation

Log in to our secure provider website via NaviNet. Click on the “Education” button to access our Education Site. Choose “Office Staff Courses” from the top menu, then “View” for the Orientation catalog.

Updated materials make office administration easier

We’ve updated our tools that make it easier for you to do business with us. These tools include the Aetna Benefits Products (ABP) booklet and the online office manual – Health Care Professional Toolkit.

Key changes:

- We streamlined the ABP booklet into a four-page quick reference guide. We took your feedback to provide important product overview information that is now easier to read and access.
- The Health Care Professional Toolkit has routine annual updates to help ensure the information your office needs is up to date.

To access these tools, visit our secure provider website via NaviNet through www.aetna.com.

Policy and Practice Updates

Oncotype DX® test requires precertification

Effective January 1, 2009, coverage for the Oncotype DX test requires precertification. To request coverage, call Aetna's precertification department at:

- Traditional plans: 1-888-632-3862
- HMO plans: 1-800-624-0756

Aetna Clinical Policy Bulletin (CPB) #0352 describes the clinical circumstances

when this testing is considered medically necessary. When requesting the precertification, be prepared to provide the clinical information (including the results of the tumor staging work up and estrogen receptor status and HER2 receptor status) needed to determine coverage.

We will require an acknowledgement that you have discussed the potential results of

the test and agree to use the results to guide therapy (i.e., member will forgo adjuvant chemotherapy if Oncotype Dx score is low).

You can find CPB #0352 at www.aetna.com. Choose "Health Care Professionals," "Medical," then "Clinical Policy Bulletins" under "Shortcuts."

Calculate potential savings of going electronic

In these challenging economic times, physician offices can see more green each month by taking advantage of electronic tools offered by Aetna.

Our collection of eSolutions for billing and administrative tasks can help practices save time and money. To see how much, use our new EDI Savings Calculator to help you calculate your potential savings using information you input, specific to your practice.

What is the EDI Savings Calculator?

It is an interactive tool that calculates a practice's potential savings when moving from paper-based billing and administrative tasks (eligibility, precertification, claims, claim status, ERA/EFT) to electronic.

Access it today

The EDI Savings Calculator is available at www.aetna.com/EDIsavingscalculator.

Once you make the switch to electronic, we hope you'll take advantage of our suite of administrative and billing tools offered through our secure provider website via NaviNet.

Connect directly and submit transactions at no cost

You can save time and money by submitting electronic transactions directly to us via the Aetna EDI ConnectSM website.

Aetna EDI Connect simplifies the way you do business with us. Instead of submitting electronic transactions one at a time for individual patients, you can submit all your transactions in a single file.

What's more, if your office's practice management system software supports files conforming to ASC X12 standards

and HIPAA requirements, you can upload or download files directly to us without a clearinghouse or third-party vendor. This can lead to reduced costs for your practice.

Review the Companion Guide

To see if Aetna EDI Connect is right for you, you or a member of your information technology staff should review the Aetna EDI Connect Companion Guide at www.aetnaedi.com.

It's easy to register

To register, go to www.aetnaedi.com, select "Register for an account." You'll receive a temporary password and instructions for you to log in. After you have logged in, you are ready to begin submitting test files prior to moving into "live" production.


*Aetna EDI Connect should not be confused with our secure provider website via NaviNet, which is a completely different Aetna website.

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


■ CMEs

 Colorectal Cancer Screening for Primary Care Clinicians


■ Live Learning Events

 Provider Orientation webinars

■ Changing Health Care Marketplace

 50-64 Life Stage Case Study

■ Office Administration

 Electronic Connectivity: Aetna's Online Account Management Tool (AMT)

UPDATED Products, Programs and Plans: Aetna Medicare OpenSM Plan (PFFS)

■ Reference Tools

UPDATED Claims/Coding: CPT/HCPCS Coding Tools Quick Tips

UPDATED Products, Programs and Plans: Aetna Signature Administrators[®] Quick Overview

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.

CME covers approaches to colorectal cancer screening

March is National Colorectal Cancer Awareness Month. To assist you, we've launched a new CME course on our Education Site on colorectal cancer screening.

Primary care physicians are critical at every stage of colorectal cancer screening, from recommending an appropriate test to patients, to providing necessary follow-up of an abnormal test result.

The Colorectal Cancer Screening in the Primary Care Setting CME is brought to you in joint sponsorship with Jefferson Medical College of Thomas Jefferson University. The CME will help you compare your approach to colorectal cancer screening with current recommendations and best practices. You'll also learn techniques to help

facilitate your patients' decision making on screening and to track your at-risk patients throughout their life cycle.

Affecting patient behavior

Most patients will follow their physicians' recommendations for cancer screening. To help your patients, we suggest you:

- Recommend screening for age-appropriate patients. (Aetna covers routine preventive care and recommended cancer screenings, including colorectal cancer screening, at 100 percent under nearly all our standard benefits plans.)
- Take the CME course to ensure you are familiar with screening guidelines and are prepared to talk with your patients about screening options.

New provider orientation: live webinar or self-paced course

To help new providers get on track when first doing business with us, we offer our provider orientation in two ways:

- Live orientation webinar offered monthly. View the calendar on the Education Site to see upcoming webinars.

- *Getting started with Aetna...A guided orientation* online, self-paced tutorial. View the course under Office Staff Courses on the Education Site. (See article on page 5 for more details.)

Earn free CME credits

Jefferson Medical College designates this education activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Physicians should claim credit commensurate only with the extent of their participation in the activity.

To access the CME, log in to our Education Site. From the Education home page, select "CME Courses" from the top menu bar, followed by "Colorectal Cancer Screening for Primary Care Clinicians CME."

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians.

This activity is supported by an unrestricted educational grant from Quest Diagnostics MI2083

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.

Plan Facts & Features

Information about Aexcel® available online

To help keep participating physicians informed about our Aexcel program, the following resources are available online:

- **A Physician’s Guide to Aexcel** contains important information about our evaluation process, our data and our reconsideration process for physicians who do not meet the Aexcel selection criteria.
- **Aexcel Methodology** paper includes a full description of the program mechanics, including explanations of provider attribution, risk adjustments,

statistical significance and other technical information.

- **Clinical Performance** flyer features upcoming enhancements to the criteria for the 2010 designation cycle. These changes are already in effect in Metro NY.
- Directions to the NCQA website, which allows you to compare how reviewed health plans in New York State comply with the provisions of the New York Attorney General agreement

You can find these documents at www.aetna.com. Under “Shortcuts,” select “Plans & Products.” From the top tool bar, choose “Health” then “Medical.” You’ll find the documents under “Performance Networks.”

Give us your suggestions about Aexcel. Visit www.aetna.com and select “Contact Us” on the bottom of the page. Select “Doctors & Hospitals,” then “Provide feedback on Aexcel.”

Understanding Aetna Medicare Advantage product names

We have several health care products under our Medicare Advantage (MA) umbrella. To help you better understand what type of product corresponds to each product name, this chart lists the MA product names reflected on our member ID cards:

Product	Aetna Product Name	Name on Member ID Card
Medicare Advantage HMO	Aetna Golden Medicare Plan®	<ul style="list-style-type: none"> ▪ HMO (for traditional MA HMO) ▪ Open Access HMO (for open access MA HMO)
Medicare Advantage PPO	Aetna Golden Choice™ Plan	<ul style="list-style-type: none"> ▪ PPO (for local MA PPO) ▪ RPPO (for regional MA PPO)
Medicare Advantage Private Fee-for-Service (PFFS)	Aetna Medicare Open SM Plan	PFFS

Within each Medicare Advantage product, Aetna uses various plan names, such as Value, Basic and Premier. You should use the Aetna Product Name (not the “plan name”) to identify if the Aetna member is enrolled in an Aetna Medicare Advantage plan that is an HMO, PPO or PFFS plan. For example:

- Aetna Golden Medicare Value Plan is an MA HMO plan
- Aetna Golden Choice Value Plan is an MA PPO plan
- Aetna Medicare Open Plan is a PFFS plan

You can find more details about our various MA plans on our secure provider website via NaviNet.

Benefits of our disease management program

Many of our benefits plans include the Aetna Health ConnectionsSM Disease Management Program. The program provides educational materials, as well as access to a nurse who can assist participants in adhering to their treatment.

Program components

Your Aetna members may talk with you about the program, which includes:

- The opportunity to work one-on-one over the phone with an Aetna nurse, who acts as the member’s personal health coach
- Educational information about medical conditions, treatment options and medications
- Help in preparing for upcoming health care visits, including questions to ask about their condition, treatment plan or diagnostic tests
- Support for improved adherence to medication regimens
- Support in making lifestyle changes to achieve and maintain optimal health

New ID cards for Bank of America patients

You may recently have noticed new ID cards for your Aetna patients employed by Bank of America (BAC) – cards that differ from other Aetna ID cards.

This sample card is for a BAC employee covered under both Aetna medical and dental benefits.



What's different on the card

1. “Comprehensive Traditional” is the name BAC has given its primary health plan. This name is included for the patient’s information only and should not be confused with the actual Aetna benefits plan name. (There is also a “Comprehensive High Deductible” plan, but with much smaller participation.)
2. BAC member ID numbers consist only of numerals. Typically, Aetna member ID numbers also include an alpha prefix.
3. BAC cards list pharmacy identifying information. Caremark is the BAC pharmacy vendor, and member Rx information is contained on every BAC medical card.

4. We added logos of our rental network or National Advantage™ Program (NAP) vendors to ID cards for plans using NAP, to comply with state laws. This information is not applicable to providers who hold direct contracts with Aetna.
5. The ID card identifies the Aetna benefits plan to which the member is assigned (in the above example, Choice POS II is the member’s selected benefits plan).

For more information on ID cards, go to our secure provider website via NaviNet and click on the “Education” tab to enter our Education Site for Health Care Professionals.

New methodology for ASP immunization rates

Beginning January 1, 2009, we are using a new methodology when applying immunization rates to all Aetna medical plans.

When the Medicare ASP rate is higher than the rate from the current process, we will substitute the Medicare ASP rate in our pricing.

Where to find formulary updates

The most up-to-date versions of Aetna’s preferred drug lists (commercial and Medicare) can be found at www.aetna.com/formulary.

Help patients optimize their Aetna Medicare Part D coverage

For patients enrolled in our individual, standalone Medicare Prescription Drug Plans (PDPs) or our individual Medicare Advantage plans with Medicare prescription drug coverage (MA-PD plans), these features may help save them money and promote medication compliance:

- Aetna individual PDPs and MA-PD plans cover **all** Medicare Part D drugs, unlike other individual, standalone PDPs, which typically cover a subset of Medicare Part D drugs in a closed or restrictive formulary arrangement.
- Preferred and nonpreferred generic drugs are not subject to a deductible, so individual PDP and MA-PD plan members receive first-dollar coverage for prescription drugs in these categories. In addition, with most of our individual PDPs, members have \$0 cost sharing for preferred generic drugs.
- Aetna Rx Home Delivery®, our prescription drug mail-order service, is a convenient option for individual PDP and MA-PD plan members to receive

maintenance medications. Members can save up to one full copay on a 90-day supply of prescriptions ordered through Aetna Rx Home Delivery.

- Gap coverage is included under many of our individual PDPs, providing preferred generic or preferred generic/nonpreferred generic prescription medications for modest member cost-sharing amounts.
- Aetna Specialty Pharmacy® provides mail-order services for medications that require special handling, storage or shipping. These drugs are not always available at retail pharmacies.

Benefits and coverage under Aetna’s group PDPs and MA-PD plans may vary from the individual PDP and MA-PD plan features described above. For more on Aetna’s Medicare PDPs, visit our secure provider website via NaviNet.

View formulary information quickly and conveniently

We have teamed up with Epocrates to provide access to our Preferred Drug Lists (formularies) and other useful clinical information at the point of care.

By having Aetna formularies at your fingertips, you can reduce the number of pharmacy call-backs. It has also been reported that using Epocrates helps reduce medical errors, improve patient care and increase productivity.¹

Epocrates software is available for Palm, Windows Mobile, iPhone and Blackberry devices. If you don't own a mobile device, you can access the information online through your computer. The clinical content is developed by an Epocrates team of practicing physicians and pharmacists, and the content is continually updated.

Enjoy these Epocrates benefits

Epocrates Rx[®] – www.epocrates.com/products/rx/ – is free and includes:

- Aetna formulary
- 3,300+ branded and generic drugs
- Dosing, contraindications and adverse reactions
- Drug-to-drug interaction checker – enter up to 30 medications and check potential interactions among them
- Pill ID and pill pictures (available on iPhone and Blackberry, or online)

More support is available with Epocrates premium products, including disease and diagnostic information, infectious disease treatment guide, alternative (herbal) medicines, lab interpretation and ICD-9/CPT codes.

Start using Epocrates today

Visit www.epocrates.com to get started. There, you can download Epocrates Rx at no cost, or purchase any of their premium products.

¹Source: www.epocrates.com

Additions to Aetna Specialty CareRxSM drug list

We annually review our Aetna Specialty CareRx List (previously known as the Aetna Pharmacy Managed Self-Injectable List) and are adding the following new drugs to the list effective April 1, 2009.

- ARANESP
- EPOGEN
- NEULASTA
- NEUMEGA
- NEUPOGEN
- *octreotide*
- PROCIT
- SANDOSTATIN
- SANDOSTATIN LAR
- SOMATULINE

Policy for supplying, administering self-injectables

Your Aetna patients may have coverage for the new drug additions on the Aetna Specialty CareRx List under their **medical** or **pharmacy** benefits. If you supply and administer these new drug additions in your office, you may continue to do so. These patients will have coverage under their medical plan benefits.

If patients have coverage for these new drug additions under their pharmacy benefit, they can choose to purchase them for self-injection or to be administered in your office. In that case, prescriptions may be filled through Aetna Specialty Pharmacy[®] or another participating specialty pharmacy. The

prescription may then be covered under their pharmacy benefits plan, and a copayment may apply.

How to learn more

To view the updated Aetna Specialty CareRx List (after January 1, 2009), go to www.aetna.com/members/pharmacy/contentMgtAssets/documents/34585.pdf.

For up-to-date preferred drug, precertification, quantity limits or step-therapy information, go to www.aetna.com/formulary.

For questions about the Aetna Specialty CareRx List or pharmacy benefits plans, contact the Aetna Pharmacy Management Provider Help Line at 1-800-238-6279.

Changes to Aetna's Medicare formulary

Aetna's Medicare prescription drug individual benefits design changed effective January 1, 2009. This includes our standalone Prescription Drug Plan (PDP) and our integrated Medicare Advantage Prescription Drug Plan (MAPD).

The new benefits design consists of a five-tier formulary:

- Tier 1 – Preferred generic
- Tier 2 – Nonpreferred generic
- Tier 3 – Preferred brand
- Tier 4 – Nonpreferred brand
- Tier 5 – Specialty tier

Some plan designs will cover Tier 1 (preferred generics) medications during the coverage gap. You can reduce patient calls to your office by prescribing medications with lower out-of-pocket costs.

The Aetna Medicare Preferred Drug List may change during the calendar year, but you can always find the current version at: https://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.

Southwest News

Using select facilities helps keep patient out-of-pocket costs down

Cost differences among in-network facilities performing outpatient procedures can have a dramatic effect on a patient's out-of-pocket costs for certain services. Depending on patient benefits plans, patient out-of-pocket amounts vary. Performing like services at higher cost facilities contribute to rising health care costs. Using select facilities can help control patient costs.*

To this end, we provide Select Lists for the following ambulatory procedures**:

- Ambulatory surgery
- Radiology
- Sleep study
- Dialysis

We updated our Select Lists for January 2009. We sent the updated lists to offices that order or direct patients for these services. In February 2009, we will begin recognizing Select List providers for outpatient surgery in DocFind® at www.aetna.com/docfind.

For a complete Select List directory, log in to our secure provider website via NaviNet and select "Communications" then "Mailings."

* Patient care and related decisions are solely the physician's responsibility. This information should not dictate or control physicians' clinical judgment regarding the appropriate treatment of any patient. Aetna's goal is to make physicians aware of choices available to their Aetna patients.

**Select Lists are also provided for urgent care centers.

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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:

Codes(s) Impacted	Procedure	What's Changed	Implementation Date
	Multiple surgery reductions	Multiple surgery reductions apply to codes that meet Aetna's definition of surgery. Reductions will not apply to surgery codes designated by CMS as exempt from such adjustments (for example, Modifier 51 exempt).	May 1, 2009





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Recognition of ABIM Practice Improvement Modules on DocFind

To acknowledge your commitment to quality improvement, Aetna and the American Board of Internal Medicine (ABIM) are recognizing physicians who have completed ABIM PIMSM Practice Improvement Modules.

Beginning in February 2009, we are distinguishing physicians on DocFind who complete a PIM. Their DocFind listing will be accompanied by a flag that states “Improving Practice Performance.”

PIMs are part of ABIM’s Maintenance of Certification Program.¹ And, this recognition effort is part of our Provider Quality Performance Recognition program.

James Coates, M.D., Aetna senior medical director, states, “Our relationship with ABIM is extremely valuable. This is a critical step in supporting our members by providing them with the tools and

resources necessary to make informed decisions about their health care providers. By recognizing externally validated measures, our members will have more education and information at their fingertips.”

Christine K. Cassel, M.D., president and chief executive officer of ABIM, adds, “We are pleased that Aetna is recognizing ABIM’s Practice Improvement Modules as an important marker of physician quality. We are also pleased to provide additional value to our diplomates and reduce redundancy for physicians who are reporting on quality improvement initiatives to multiple health care stakeholders.”

Physicians who maintain their ABIM board certification via PIMs demonstrate a commitment to providing the high-

quality medical care every patient deserves. Physicians who regularly complete PIMs are making a promise to themselves and to their patients that they will take the important steps necessary to continuously improve the care they provide.

Have you completed an ABIM PIM?

For more information on how to submit verification of completed PIMs to us, visit www.abim.org. We will recognize all available PIMs completed and third-party permissions given since January 1, 2008. We will update this information in DocFind every 90 days and will post this recognition with the physician’s name for two years.

¹ www.abim.org

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