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Aetna OfficeLink Updates

Mid-America Region

Inside this issue

Options to reach us

- Select **Health Care Professionals**
- Select "Log In/Register"

If you have questions after viewing the information online, call us:

- **1-800-624-0756** for HMO-based and Medicare Advantage plans
- 1-888-MDAetna (**1-888-632-3862**) for all other benefits plans

Updates to our National Precertification List

These changes to Aetna's National Precertification List (NPL) will take effect on July 1, 2015:

Observation stays greater than 24 hours will require precertification. Observation stays greater than 24 hours are considered an inpatient stay and are subject to all inpatient policies, including the timely notification requirement. Admission notification later than 5 p.m. (local time) on the business day following the admission is subject to the late notification and/or non-notification penalty for your facility.

These drugs/medical injectables will require precertification:

- Fusilev (levoleucovorin)
- Granulocyte-colony stimulating factor drugs/medical injectables
- Ilaris (canakinumab)
- Myalept (metreleptin)

Reminders

These new-to-market drugs require precertification (effective date noted):

- HyQvia (immune globulin) effective December 12, 2014
- Viekira Pak (pariteprevir/ritonavir/ombitasvir/dasabuvir) and Obizur (anti-hemophilic factor [recombinant], porcine sequence) effective December 21, 2014
- Mircera (epoetin beta) effective January 1, 2015
- Lemtrada (alemtuzumab) effective February 10, 2015

You can find more information about **precertification** under the "General information" section of the **NPL**.

Office Manual available on our public website

Aetna's Office Manual for Health Care Professionals is available on our **public website**. You no longer have to log in to our secure site to read it.

The manual, formerly called the Healthcare Professional Toolkit, has the information your office staff needs for day-to-day work. Topics range from how to get your claims paid faster to information about Aetna policies, procedures and contact information.

Policy and coding 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 advises us on issues of importance to physicians. The chart below outlines coding and policy changes:

Procedure	Effective date	What's changed
Billing of trauma response team services	June 1, 2015	HCPCS code G0390 will deny when billed by a facility if CPT code 99291 is not present on the claim. In order to bill G0390, 99291 must be on the claim.
Unusual procedural services (Modifier 22)	June 1, 2015	Payment is calculated at 120 percent; this will decrease to 115 percent of either the Reasonable & Customary fee allowance (100 percent of Reasonable & Customary plus an additional 15 percent), or the contracted fee for the procedure(s) performed. This policy does not apply to facility claims.
Return to operating room for related procedure during post-op period (Modifier 78)	June 1, 2015	Payment is calculated at 75 percent; this will decrease to 70 percent of either the negotiated rate or recognized charge without review for a procedure billed with Modifier 78.
Inappropriate billing or coding	Informational	We make code adjustments for inappropriate billing or coding. Examples of these adjustments include rebundling of services that are considered part of, incidental to, or inclusive to the primary procedure, as well as adjustments for mutually exclusive procedures.
Vitamin D deficiency screening	Informational	The United States Preventive Services Task Force (USPSTF) recently determined there is insufficient evidence to assess the balance of benefits and harms of screening asymptomatic adults for Vitamin D deficiency. Screening otherwise healthy adults is not supported by the USPSTF. The Final Recommendation Statement on Vitamin D Deficiency Screening can be accessed through the **USPSTF website**.

Office News

Member ID card on smartphone is valid

If our members show you their ID cards using the Aetna Mobile app on their smartphone, you should accept that as valid proof of insurance coverage.

Aetna Mobile shows an electronic version of a member's real ID card. It has the same information and is proof of coverage.

You can easily view their ID card and get all of the information you need.

Quest Diagnostics® offers prescription drug monitoring services

Periodic testing for prescribed pain medications can help you confirm your patients are keeping up with their treatment plans. It can also help you identify issues or concerns. Quest Diagnostics (our preferred national lab provider) offers services to:

• Monitor patient treatment plans
• Detect other non-prescribed drugs
• Manage pain therapy safety

What Quest Diagnostics offers
Quest provides a full range of prescription drug monitoring services, including:

• A range of **available tests** designed for prescription drug monitoring.
• medMATCH®, an optional report feature that shows if the patient's results are consistent with the prescribed drug.
• **Pharmacogenetic testing** to identify a patient's rate and extent of drug metabolism. This can help you choose the most suitable medications. And, it can help you adjust standard dosage recommendations if needed.

• Access to a toxicologist for questions or concerns.
• Optional Mass Spectrometry analysis to automatically confirm presumptive positive results.

Learn more at **www.QuestDiagnostics.com/PDM** or access other participating labs through our provider online referral directory. If you're not already a Quest Diagnostics client, set up an account by calling **1-866-MYQUEST (1-866-697-8378)**. Select 1 then 8.

Program can help members with safe transition back home

We want to help make members' transition to home successful after leaving your facility. Our Readmission Risk Reduction Program identifies members who are at high risk for readmission, and can help prevent avoidable readmissions.

How the program works
An Aetna case manager works with the member in the hospital and for up to 30 days after discharge from your facility. Our case manager will:

- Inform the member while they're in the hospital that we want to help with a smooth transition home or to a lower level of care.
- Consult with the member's post-discharge treating provider about the treatment plan and follow-up appointments.

- Review discharge and medication treatment instructions to facilitate case management.
- Encourage follow-up doctor appointments when appropriate, and help schedule visits from a home health care provider.
- Continue case management for members with complex needs.

Help patients save: Use new Aetna Premier Care Network

Your patients in the Aetna Premier Care Network have a limited network of providers in certain areas for specific types of care.

It's important for these patients to stay in network. If not, they may pay more. You can identify these patients by their member ID cards, which will state "Aetna Premier Care Network."

When you issue referrals or recommend a consult/procedure, refer to these Premier Care Network providers by:

- Going to our **provider online referral directory**.
- Selecting "Aetna Premier Care" in the "Select a Plan" dropdown list.

Use our secure site to update demographic data

To update your office's demographic information — new e-mail addresses, mailing address, phone or fax numbers — use our **secure provider website**. Also update a name change due to marriage or another life event.

We ask that you use our secure site instead of calling our Provider Service Center for these changes. The site lets you confirm the information you submit. It also prevents unauthorized individuals from submitting wrong information about your office or facility.

Electronic transactions
You also can do most transactions through this website. This includes submitting claims, checking patient benefits and eligibility, and requesting precertifications.

NaviNet Security Officers have access to Aetna's "Update Provider Profiles" function, through which they can submit demographic changes. They also can authorize other users' access to this feature. To use the secure website you first have to **register**.

Coverage determinations and utilization management

We use evidence-based clinical guidelines from nationally recognized authorities to make utilization management (UM) decisions.

Specifically, we review any request for coverage to determine if members are eligible for benefits, and if the service they request is a covered benefit under their plan. We also determine if the service delivered is consistent with established guidelines. The member, member's representative or a provider acting on the member's behalf may appeal this decision if we deny a coverage request. Members can do this through our complaint and appeal process.

Our UM staff helps members access services covered by their benefits plans. We don't make employment decisions or reward physicians or individuals who conduct UM reviews for creating barriers to care or for issuing coverage denials.

Our medical directors are available 24 hours a day for specific UM issues. Physicians can contact patient management and precertification staff at the phone number on the member's ID card. When the card only shows a Member Services number, we'll direct you through a phone prompt or a Member Services representative.

CPBs and Pharmacy Clinical Criteria

Clinical Policy Bulletins (CPBs) and Pharmacy Clinical Criteria explain and guide our determination of whether certain services, medications or supplies are medically necessary, experimental and investigational or cosmetic. CPBs and Pharmacy Clinical Criteria can help you assess whether patients meet our clinical criteria for coverage. They can also help you plan a course of treatment before calling for precertification, if required.

Where to learn more

More information about our UM criteria, CPBs and Pharmacy Clinical Criteria is on our **website**. Call our Provider Service Center if you don't have Internet access and want a paper copy, or need a copy of the criteria upon which we base a specific determination.

Review our non-discrimination policy and accessibility standards

Our Office Manual for Health Care Professionals includes important information on all member rights and responsibilities, including those about discrimination. The Manual also has information about accessibility standards.

Non-discrimination policy

As a network provider, you should have a documented non-discrimination policy. Federal and state laws prohibit discrimination in the treatment of patients based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information or source of payment.

Under the federal Americans with Disabilities Act, you may also have to give physical access to your office and reasonable accommodations for patients and employees with disabilities.

Accessibility standards

The Manual outlines accessibility standards for primary care physicians. Accessibility standards for specialists are specific to your state and specialty. Refer to the Manual or your provider contract for details.

Accessing the Manual

- Aetna version: Visit our website's **Provider Manuals** section. You no longer have to log onto our secure provider website to access the Manual.
- Innovation Health version: Visit our website's **Practices Resources** section.

The Manual also contains important information about our case management and disease management programs.

If you don't have Internet access, call our Provider Service Center for a paper copy.

Information about our quality management program

Our Quality Management Program helps improve the quality and safety of the health care your patients receive.

Details on the program, its goals and our progress toward those goals are on the Quality Improvement Strategy pages of the **Aetna** and **Innovation Health** websites. Select "Individuals & Families." Then type "quality improvement strategy" in the search box. If you don't have Internet access, call our Provider Service Center for a paper copy.

Help us collect HEDIS®* data

Our staff or our contracted representatives from HealthPort or MedSave may soon contact you to collect medical record information for your patients who are Aetna members. You'll also receive a separate medical information request for Coventry members.

Why this is necessary

Healthcare Effectiveness Data and Information Set (HEDIS) data collection is a nationwide, joint effort among employers, health plans and doctors. The goal is to monitor and compare health plan performance as specified by the National Committee for Quality Assurance (NCQA).

We have to regularly send health care quality data to the Centers for Medicare & Medicaid Services. We collect most of this data from claims and encounters. But we also gather data on provided services and health status from our members' medical records.

What we may need from you

If we contact you, we ask that you provide timely access to our members' medical records. Our contracted representatives will work with you and give you options for sending the medical records.

Meeting HIPAA guidelines

Our representatives serve us in a role that the Health Insurance Portability and Accountability Act (HIPAA) defines and covers. As HIPAA defines, Aetna is a "Covered Entity" and our representative's role is that of a "Business Associate of a Covered Entity." Giving medical record information to us or our contracted representatives meets HIPAA regulations.

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

Improving the quality of ADHD care

The **American Academy of Pediatrics** (AAP) recommends the use of Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition (DSM-IV) criteria to diagnose ADHD. The AAP also stresses the importance of gathering information about the child's symptoms in more than one setting, notably in schools.

But in a new *Pediatrics* journal study, pediatricians in Ohio used DSM-IV criteria with only about two-thirds of their patients. And they used parent and teacher rating scales with only about half of them.[1]

Clinical practice guideline

In February 2014, we adopted the **AAP clinical practice guideline** for the diagnosis, evaluation and treatment of ADHD in children and adolescents. It states that children who are treated with medication for ADHD should have at least one follow-up visit with the prescribing provider within 30 days of the initial prescription fill and every quarter thereafter.

Monitoring adherence

You're encouraged to use AAP guidelines to ensure effective, appropriate, quality care for our members. We monitor provider adherence to these guidelines through Healthcare Effectiveness Data and Information Set (HEDIS®) data collection and review.

Free CME: Pediatric ADHD

A **free CME course** is available to help you evaluate your practice's performance in this area. The portal used in the course is certified for 20 AMA PRA Category 1 Credits™. It also meets the ABP Performance in Practice (Part 4) of Maintenance of Certification (MOC) requirements for pediatricians.

[1]Epstein JN et al. Variability in ADHD care in community-based pediatrics. *Pediatrics 2014 Nov 3; (http://dx.doi.org/10.1542/peds. 2014-1500).*

Learning Opportunities

Visit www.AetnaEducation.com. Log in or registration may be required for some content.

New and updated courses for physicians, nurses and office staff

Courses:
- **NEW** — 2015 live webinar calendar
  - Account Management Tool live webinar
  - Precertification live webinar
  - NaviNet® Basics live webinar
  - Doing Business with Aetna live webinar
  - Aetna Voice Advantage® live webinar
  - Claim eEOB and EFT live webinar
- **NEW** — ICD-10 collaborative testing results

Reference Tools:
- **NEW** — Aetna Whole Health member ID card tool
- **NEW** — Aetna Medicare Prime Plans
- **UPDATED** — Standard member ID card tool
- **UPDATED** — Specialized member ID card tool
- **UPDATED** — Benefit Products Guide
- **UPDATED** — Aetna At a Glance
- **UPDATED** — Behavioral Health Manual
- **UPDATED** — Employee Assistance Program (EAP) Manual

New ID cards for accountable care plans

We're introducing a new "gold" ID card for Aetna Whole Health℠ medical plan members. This card will help you spot Aetna Whole Health members, and reinforce that Aetna Whole Health is a new and different way of looking at health care.

We began issuing the new gold cards in November 2014, but the move to the new cards will roll out over time.

To identify Aetna Whole Health members:
- Look for your network name on the top front of the card
- Check the first line on the back of the card for the Aetna Whole Health plan name

ID card reference tool

We've created the "Aetna Whole Health member ID card tool" to help your office find information on the new cards. Visit our **Education Site** for Health Care Professionals. On the home page type "Gold" in the search box and click "Go."
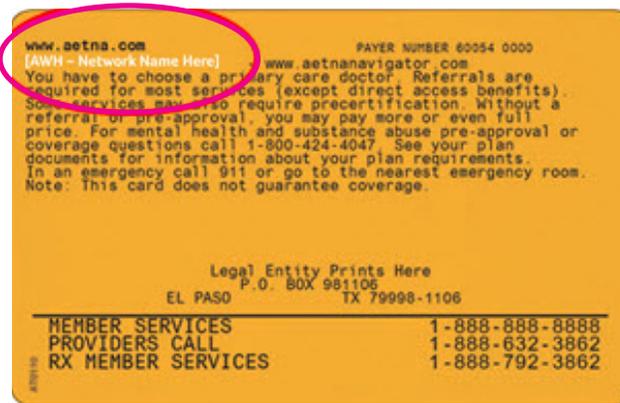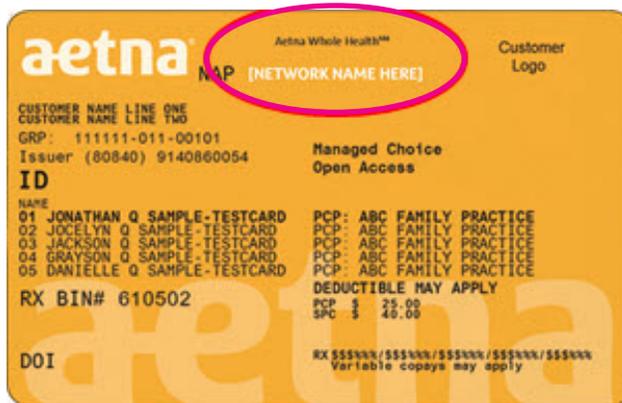
ICD-10 testing results available

We've completed most of our targeted ICD-10 external testing. And, we want to share our results with you.

We created four, brief recorded webinars on our **Education Site**. This is a great opportunity for you to learn from our results, and review your own practices.

1. Go to **www.AetnaEducation.com**
2. Type "Collaborative" and click "Go"
3. Click "ICD-10 collaborative testing results"

What you'll learn

The webinars cover:
- Aetna's approach to ICD-10 collaborative testing
- Aetna's ICD-10 collaborative inpatient testing results overview
- Aetna's ICD-10 collaborative inpatient testing results details
- Aetna's ICD-10 collaborative outpatient/professional testing results overview

We'll keep you informed of our future testing results.

Medicare

At-home bone density scan offered to Medicare patients

Do you have a home-bound female Medicare patient between 67 and 85 who has had a fracture in the last six months?

One of our nurses may have already called her to offer a bone mineral density (BMD) scan in her home.

The patient has no copay. And, the services are covered as a preventive benefit. We send test results to the member and to her primary care physician. You can also refer your female patients if they are:

• Homebound or have limited mobility
• In a skilled nursing facility
• Facing transportation issues
• Unwilling to go get the test at a facility and who are within 60 days of the fracture date

We contract the service through MedXM. For more information about a test or to refer a member, contact MedXM's Rosa Lemus at **714-460-7545**.

Get your requests processed faster

We often get requests for coverage determinations or pre-service approvals. We find that providers generally remember to include the name of the drug or service being requested.

Also remember to include:

• Aetna member ID
• Member service date
• Provider's callback number

Including this information will help us process your request faster.

ASA partner is participating on certain state exchanges

Assurant and Aetna Signature Administrators® (ASA) have serviced and insured members of individual and small group health plans since 2012. As of **January 1, 2015**, Assurant is distributing Aetna's Open Choice PPO network on public exchanges in these states:

• Arizona	• Indiana	• New Hampshire	• Pennsylvania
• Florida	• Michigan	• Nevada	• South Carolina
• Georgia	• Montana	• Ohio	• Tennessee
• Illinois	• Nebraska	• Oklahoma	• Texas

Assurant is selling the same products on exchanges as it sells off exchanges. Assurant will continue to use the same Aetna Open Choice PPO network that it currently uses.

Services ASA provides for Assurant members include medical management, network management, risk bearing and pharmacy benefit management. All plans offered through Assurant using the ASA PPO network will have at least a 20 percent benefit differential to steer to participating providers. Assurant will offer a range of metallic plans in these markets.

Member ID cards have the ASA logo. Call the Provider Services number on the Assurant ID card with questions.

Pharmacy

Changes to pharmacy precert for certain specialty drugs

Starting **January 1, 2015**, the Aetna Pharmacy Management Precertification Unit now administers precertification for certain specialty drugs on the **National Precertification List** (NPL).

This change applies only to members enrolled in individual plans.

What's changed?
We only changed where we administer precertification for the affected drugs. These drugs are marked with an asterisk on the **NPL**. Pharmacy point-of-service messaging will direct you to the Aetna Pharmacy Management Precertification Unit for precertification requests for these drugs.

What form should I use?
To request precertification for these drugs, go to our **Health Care Professional Forms** page and click on the "Specialty Pharmacy Precertification (Individual Plans)" section. Then, choose the appropriate drug request form labeled "Individual Plan." If there's no "Individual Plan" form, submit the drug-specific specialty precertification form in the Specialty Pharmacy Precertification section. Remember to check the member's plan type and eligibility before sending.

You can also submit a request for these drugs by calling the Pharmacy Management Precertification Unit at **1-800-414-2386**.

Precert for other specialty drugs
Call in requests for the following specialty drugs to Aetna Specialty Precertification at **1-866-503-0857**, or fax them to **1-888-267-3277**:

- Specialty drugs on the NPL that aren't on the impacted drug list
- All Specialty drugs in buy-and-bill scenarios
- Specialty drugs for non-individual plan members

Questions?
Call the Aetna Pharmacy Management Provider Help Line at **1-800-AETNA RX (1-800-238-6279)**.

Note these changes to our commercial drug lists

On **July 1, 2015**, we'll make changes to our preferred drug lists (formulary). You can view these changes by using our **Medication Search** tool starting **April 1, 2015**.

These changes may affect our:

- Pharmacy Management drug lists
- Precertification program
- Quantity limits program
- Step-therapy program

Precertify certain drugs
To precertify a drug, you can:

- Call **1-800-414-2386**
- Or, fax the correct **medication request form** to **1-800-408-2386**

Questions?
Call the Aetna Pharmacy Management Provider Help Line at **1-800-AETNA RX (1-800-238-6279)**.

Where to find our Medicare and commercial formularies

At least annually, and from time to time throughout the year, we update the Aetna Medicare and Commercial (non-Medicare) Preferred Drug Lists. These drug lists are also known as our formularies.

To find:

- Go to our **Medicare Preferred Drug Lists**
- Go to our **Medication Search page** for the Commercial Preferred Drug Lists

For a paper copy of these lists, call the Aetna Pharmacy Management Provider Help Line at **1-800-AETNA RX (1-800-238-6279)**.

Mid-America News

Notice of Material Amendment to Contract

For important information that may affect your payment, compensation or administrative procedures, see the following article in this newsletter:

- **Clinical payment, coding and policy changes** — page 2

Contact us at: OfficeLinkUpdates@aetna.com