

September 2014 • Volume 11, Issue 3

Aetna OfficeLink Updates™

Mid-America Region



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Options to reach us

- Select [Health Care Professionals](#)
- Select "Medical Professionals Log In"

If you have more 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

The following changes to Aetna's National Precertification List (NPL) will take effect on January 1, 2015:

- Chemical peels, injection of filling material and cognitive skills development will not require precertification
- The following drugs/services will require precertification: Fusilev®, Ilaris® and Myalept™

Reminders

- Precertification is required for nonparticipating, freestanding ambulatory surgical facility services when referred by a participating provider. Failure to obtain this precertification may result in denial of the participating provider claim effective January 1, 2015.

- Effective June 2, 2014 precertification is not required for Medicare Part B home hospice and home health care for Medicare Advantage members.
 - This change does not impact precertification requirements for:
 - Home uterine activity monitoring or maternity management; private duty nursing
 - Psychiatric home care services following the Behavioral Health Precertification List
 - Home infusion/injection codes requested with drugs/medical injectables that require precertification

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CMS required compliance program – complete your Aetna attestation

The Centers for Medicare & Medicaid Services (CMS) requires any Aetna First Tier, Downstream or Related Entity (FDR), such as a provider organization, to complete certain Compliance Program requirements for Aetna. These include:

- General Compliance and FWA* training
- Code of Conduct/Compliance Policies Dissemination

- Exclusion List Screenings
- Ensure Reporting Mechanisms for Potential FWA and Compliance Issues
- Offshore PHI Operation Reporting
- Downstream Entity Oversight

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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 provides advice to us on issues of importance to physicians. The chart below outlines coding and policy changes.

Procedure	Implementation date	What's changed
Currently, we allow CPT codes 81400 - 81408 when billed with Cardiac/Pain/Genetic Panel Tests (81291, 81241, 81225, 81226, 81227, 81355, 81479).	12/1/2014	<p>No edits exist when molecular pathology codes are billed with non-covered genetic tests.</p> <p>If any code within the cardiac pain genetic panel is denied on a claim, we should also deny the associated molecular pathology code.</p> <p>Related service denial will be limited to same day/ same provider; modifiers will not override denial.</p>
Colorado-based mid-level providers	12/1/2014	<p>Aetna pays mid-level practitioners at 85 percent of the recognized charge or contracted rates for covered professional services. This policy applies to nurse practitioners, physician assistants, certified nurse midwives and clinical nurse specialists.</p> <p>When a mid-level practitioner performs more than one eligible surgical procedure on the same patient on the same date of service, the allowable benefit is calculated as follows:</p> <p>85 percent for the first procedure with highest RVU+ 42.5 percent for the first procedure with the second highest RVU+ 21.25 percent for each subsequent procedure.</p> <p>Note: This update is for HMO claims. The policy currently applies to Traditional claims.</p>

Benefits limits claims reminder

We will deny claims when members reach the benefit limits in their plans. This includes any visit, day or dollar limits on services. We apply the visit limits based on the primary service billed for each visit.

OrthoNet: tips to remember

OrthoNet is our prepay audit vendor and reviews our members' medical records before we can pay certain claims. OrthoNet compares the clinical coding to the corresponding clinical services provided. When we select claims for OrthoNet review, we will ask you for copies of the necessary medical records. This affects the following specialties:

- Orthopedic surgery
- Neurosurgery
- Hand surgery
- Podiatry
- Plastic surgery
- ENT
- Neurology
- Physiatry
- Sports medicine
- Pain management
- Dermatology
- Urology

When faxing or mailing records to us:

- Include a coversheet with "CODE: ONET" added to the top of the page.
- Include: 1) Aetna member ID; 2) date of service; 3) servicing provider name, and; 4) servicing provider Tax ID number and/or Aetna provider ID #.

When your office gets a provider explanation of benefits (EOB) or provider explanation of payment (EPP) asking you to send us records:

- Fax the records to **1-859-455-8650**.*
- Or, mail to us at PO Box 14079, Lexington, KY 40512-4079.

If you are faxing multiple member records at a time, fill out a separate fax cover sheet (with requested information) for each member. Then, place it between each member's records. This will help ensure that we can properly group and quickly match the information.

*As of December 30, 2014, fax number **860-754-1550** won't be valid.

Refer patients to in-network labs

Our members usually pay much more to use out-of-network providers. You can help your patients save money by referring them to in-network laboratories.

Quest Diagnostics® is our preferred independent laboratory provider. They offer over 3,000 tests, including routine and complex specialty testing. To set up an account:

- Call toll-free **1-866-MYQUEST (1-866-697-8378)**.
- Sign up through Quest Diagnostic's [Care360 registration page](#)

Our website has our [national list of participating laboratories](#).

More about Quest Diagnostics

Quest Diagnostics' services range from routine blood tests to complex specialized testing. They offer common tests such as total cholesterol, Pap testing and white blood cell count.

Their affiliates include BerkleyHeart Lab, Athena Diagnostics®, AmeriPath®, Dermpath Diagnostics® and the Quest Diagnostics Nichols Institute. Together, they provide complex, gene-based and molecular testing and have specialized expertise in cancer, cardiovascular diseases, infectious diseases and neurology. Visit the [Quest Diagnostics website](#) to learn more.

Updates to the National Precert list (Cont. from page 1)

- The following new to market drugs require precertification (effective date noted):
- Tretten® and Alprolix™ (May 20, 2014); Otezla® (June 10, 2014); Orenitram™ and Monovisc® (July 11, 2014); and, Entyvio™ (July 18, 2014).

View more information about **precertification** on the Participating Provider Precertification List ("General information").

Office News

Update on ICD-10 testing

We're now well underway with targeted ICD-10 external testing, which will continue into 2015. We selected external testing partners based on several factors, including a provider's contract payment methodology. We're including institutional, professional and outpatient claims in our testing.

We haven't experienced any issues with our testing partners or their clearinghouses when exchanging ICD-10 claim transactions (837 files). Electronic submissions have successfully moved from the provider's office through the clearinghouse, to Aetna and then back to the provider via a standard remittance. As the results of our testing activities come in, we'll share them with you throughout the implementation testing phase.

Compliance date delayed

As you may know, the government delayed the ICD-10 compliance date. It proposed October 1, 2015 as the new date.

We can't test with every provider, so we encourage you to:

- Work with your vendors to ensure they are preparing to be ICD-10 ready
- Ensure that you update all internal processes and systems to support ICD-10
- Test with your clearinghouses to ensure they can successfully receive and validate your ICD-10 transactions

For more information go to our [FAQ page](#).

Office Manual is on our public website

Aetna's Office Manual for Health Care Professionals is now available for our [public website](#). You no longer have to log in to our secure site to access it.

The newly redesigned 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 claims paid faster to learning how to reduce administrative burdens.

Reminder: fax number for expedited Medicare precerts

We have a dedicated fax number if you are faxing expedited (or urgent) requests for precertification of medical services. These are also known as expedited organization determinations (EODs).

The dedicated fax number for EODs is **1-860-754-5468**. Use this number for EODs, but not for standard requests or requests for Part B injectables.

Open enrollment on Exchanges: what we learned

From its rocky launch last October to the huge enrollment surge at the end of March, the first open enrollment period on public exchanges was a learning experience. We now better understand how consumers are shopping for and using their health benefits in this new marketplace.

What we're seeing

- Consumers gravitated to products they thought offered them the combination of benefits and cost savings that worked best for them, which often meant a lower monthly premium but higher deductibles.
- Consumers didn't always realize exchange plans often have unique networks.
- Many consumers don't understand insurance basics.
- Deadline extensions complicated the member experience, delaying the delivery of premium statements and ID cards.

We're using this experience to more effectively support our members, including our customer service and online resources. You can learn more about resources to support your patients on our [Health Reform Connection](#) website.

The grace period: what it means for you

One area where we're seeing questions from providers and office staff is the grace period that applies to subsidized exchange members. We've added additional information to our Exchanges overview page for physicians and health care professionals on our [Health Reform Connection](#) website. This new information is designed to help answer some of the most common questions about the [grace period](#) and how it works.

The Health Section: new way to share news and opinion

We invite you to visit [The Health Section](#). It's a new Aetna website that gives you timely news and analysis from internal and external experts about issues, innovations and ideas that are shaping health care.

You can access [The Health Section](#) from any device – desktop, laptop, mobile device or tablet. In addition, you can sign up for an [RSS feed](#), which gives you access to frequently updated website content.

We also hope you'll contribute to the section by sharing your opinions through social media apps such as Facebook and Twitter, and as well as ideas for articles through Aetna's [media relations](#).



ADHD training available at no cost

Free training is available from the National Association of Continuing Education (NACE) to help you treat your patients with attention-deficit/hyperactivity disorder (ADHD). NACE developed “Getting with the Guideline” to address the needs of pediatricians and primary care providers as they work to implement procedures outlined by the American Academy of Pediatrics.

The course meets the ABP Performance in Practice (Part 4) of Maintenance of Certification (MOC) requirements for pediatricians. Providers can get a performance improvement CME certificate upon course completion.

To learn more or to register online, visit the [NACE website](#).

View our 2014 HEDIS® results

We annually collect Healthcare Effectiveness Data and Information Set (HEDIS)¹ data from claims, encounters and other administrative data. We also collect data from chart reviews for certain clinical measures. We analyze these results to find opportunities for improvement, and design and implement quality improvement activities.

We submitted our data for 2014 according to National Committee for Quality Assurance (NCQA)² reporting requirements.

View our [2014 HEDIS results](#).

¹HEDIS is a registered trademark of NCQA.

²NCQA is the National Committee for Quality Assurance.

Help improve communication between treating physicians

Primary care physicians (PCPs) continue to be concerned they don’t regularly receive reports about their patients’ ongoing evaluation and care from other practitioners and facilities, according to the results of a recent physician survey.*

The failure to communicate poses a threat to quality patient care. We recognize the providers’ challenges to coordinate care with many types of physicians and facilities, and appreciate your efforts to improve communications.

Sharing information

Comprehensive patient care includes communication with your patients’ other treating physicians and health care professionals. To promote collaboration and comprehensive patient care, it’s critical that PCPs and specialists talk openly.

The following forms are available on the [Health Care Professional Forms](#) section of our website:

- Behavioral Health/Medical Provider Communication Form
- Eye Examination Report Form
- Physician Communication Form
- Physician Communication Post-Fragility Fracture Care Form
- Specialist Consultation Report

*We annually conduct physician practice surveys to assess primary care practices’ attitudes and perceptions on key interactions with us. The surveys, which a third-party vendor (Center for the Study of Services) administers, are performed at the National Committee for Quality Assurance (NCQA) accredited market level for practices contracted for all Aetna products. Surveys are conducted at the regional level for practices participating in Aetna PPO-based plans only.

Learning Opportunities

Log in or register at AetnaEducation.com

“Step into Fall” contest—you could win a \$100 gift card

It can be challenging to find time to exercise, stay fit and enhance your professional skills. We'll make it easy to do all three. Here's how to get started:

1. Log in or register at www.AetnaEducation.com
2. Type “cultural” in the search field
3. Complete just one Quality Interactions® course by October 15, 2014. Try:
 - Quality Interactions® for Nurses & Case Managers
 - Quality Interactions® for Health Care Employees
 - Quality Interactions® for Physicians
 - Quality Interactions® for Oncologists

Or, take any of our refresher courses if you already completed one of the above. We'll automatically enter you into the “Step into Fall” contest to win a \$100 gift card.

Sports Authority® gift card

If you meet the contest criteria rules, you'll be eligible to win a \$100 gift card to Sports Authority. We're giving away 30 gift cards. So take a valuable course and learn with us.

With our redesigned **Education Site**, you can search faster than ever. Based on your feedback, we redesigned the site, starting with an easy-to-use search box on the home page.

NO PURCHASE NECESSARY.

Sponsor: Aetna Life Insurance Company, 151 Farmington Avenue, RSAA, Hartford, CT 06156. Odds of winning: depends on the amount of eligible entries; odds of winning do not increase by making purchase. Rules: Please visit **AetnaEducation** for a complete set of rules. Prizes: 30 winners will receive a \$100 Sports Authority® gift card. Winners will be notified by e-mail on or before November 15, 2014 and prizes awarded on or before December 15, 2014. Recipients of this material can write to Sponsor to have their name removed from further distributions. The Sports Authority, Inc., is registered in the U.S. and other countries. The Sports Authority, Inc. is not a participant in or a sponsor of this promotion.

CMS required compliance program – complete your Aetna attestation (*Cont. from page 1*)

Your organization must ensure that your employees (e.g., providers, administrative staff, etc.), and any downstream subcontractors that you use for our Medicare products, take specific actions (e.g., training, code of conduct reviews, etc.). Also, specific processes must be in place within your organization (e.g., monthly sanction screening, etc.). Once you complete these actions, you'll need to submit an attestation to us as confirmation of completion.

How to get started

Go to www.AetnaEducation.com. You'll get detailed information and can confirm your training completion by submitting an attestation annually.

An authorized representative of your provider organization must access the 2014 Medicare Compliance Attestation.

Attestation completions by an authorized representative are an annual requirement.

1. Go to www.AetnaEducation.com.
2. Type Attestation in the Search field and click Go.
3. Select the 2014 Aetna Medicare Attestation (login will be required).

Aetna Medicare Compliance

We take Medicare compliance seriously. For questions about our Medicare Advantage and/or Prescription Drug Plans, call us at **1-800-624-0756**.

*FDRs who have met the FWA certification requirements through enrollment in Parts A or B of the Medicare program, or through accreditation as a supplier of point-of-sale Durable Medical Equipment, Prosthetics, Orthotics, or Supplies (DMEPOS), are deemed to have met the FWA training requirements. However, they are not deemed from any of the other Medicare Compliance Program requirements, and must still complete Aetna's attestation.

Consult Clinical Practice Guidelines as you care for patients

The National Committee for Quality Assurance (NCQA) requires health plans to regularly let providers know about the availability of Clinical Practice Guidelines (CPGs). Our CPGs and Preventive Service Guidelines (PSGs) are based on nationally recognized recommendations and peer-reviewed medical literature. They are on our **secure provider website**. Look under “Aetna Support Center” then “Clinical Resources.”

Preventive Service Guidelines (PGS)	
• USPSTF* and CDC** biennial source review	Adopted 2/14
• NCI*** recommendation for screening mammogram every 1 to 2 years for women over 40	Adopted 2/14
• USPSTF screening recommendation for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation	Adopted 2/14
• USPSTF recommendation for prevention of the initiation of tobacco use among school-aged children and adolescents	Adopted 12/13
Behavioral Health	
• Helping Patients Who Drink Too Much	Adopted 2/14
• Treating Patients With Major Depressive Disorder	Adopted 2/14
• ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents	Adopted 2/14
Diabetes	
• Treating Patients With Diabetes	Adopted 2/14
Heart Disease	
• Treating Patients With Coronary Artery Disease	Adopted 2/14

For a paper copy of PSGs, or a specific CPG, call our Provider Service Center.

*U.S. Preventive Services Task Force

**Centers for Disease Control and Prevention

***National Cancer Institute



Pharmacy

2015 changes to Aetna's preferred drug lists

We annually review our preferred drug lists (formulary). These lists show many of the drugs covered by your Aetna patients' plans.

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

As of October 1, 2014, you can view Aetna's 2015 **formulary information**

While coverage is not limited to medications on these lists, you can help your patients lower their out-of-pocket costs by prescribing preferred drugs, when appropriate. Talk to your patients about treatment options.

For more information call
1-800-AETNA RX (1-800-238-6279).

Introducing our oncology split fill program

We're changing the way we fill prescriptions and bill for copays for the oncology drugs listed below.

Effective October 1, 2014, we'll implement a "split fill" dispensing provision for certain oral oncology drugs. Split fill means that the member will get an initial 15-day supply, followed by a second 15-day supply within a 30-day period (one month) for the duration of their therapy. Partial copayment will coincide with each dispense.

Nurse management

Our Specialty Health Care Management nurse team manages these oral oncology drugs, and will support members throughout the course of therapy. Split filling will allow monitoring of the member's response to therapy and any potential reactions or side effects.

The new program includes these drugs:

- Nexavar (sorafenib)
- Votrient (pazopanib)
- Afinitor (everolimus)
- Inlyta (axitinib)
- Jakafi (ruxolitinib)
- Sprycel (dasatinib)
- Tarceva (erlotinib)
- Zelboraf (vemurafinib)
- Sutent (sunitinib)

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 view them, go to our:

- **Medicare Preferred Drug Lists**
- **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

Use preferred vendors for ancillary services

We work with a variety of ancillary service providers to help you coordinate patient care. These companies provide such services as:

- Home health
- Infusion
- Hospice
- Skilled nursing facilities (SNF)
- Transportation
- Physical, occupational and speech therapy

These in-network providers can save your patients money. Members who receive care from out-of-network providers usually pay a lot more.

For home health, infusion or hospice services in **Ohio and Michigan**, call CSI Network Services at **1-888-873-7888**.

For skilled nursing facilities in **Ohio, Michigan, Illinois, Indiana, Kentucky, Kansas, Missouri, Oklahoma, South Dakota, and Wisconsin** call Management and Network Services at **1-800-949-2159**.

For ground and wheelchair transportation in **Ohio**, call Cooperative Health Partners at **1-800-547-2642**. Referrals should be faxed to **1-937-325-9522**.

For physical, occupational or speech therapy in **Ohio**, call Rehab Provider Network at **1-888-256-2248**.

For physical, occupational or speech therapy in **Kansas and some areas of Missouri** (HMO only), call American Therapy Administrators at **1-888-560-6855**.

For physical, occupational or speech therapy in **Oklahoma**, call American Therapy Administrators at **1-888-560-6855**.

Transferring members directly to a SNF

When medically necessary, your facility can transfer Aetna Medicare Advantage (MA) or commercial plan members directly to a skilled nursing facility (SNF) from your office, or from your hospital's ER or observation unit. A hospital stay is not required in these situations, but the member must meet SNF admission qualifications.

SNF transfer processes

Members can choose the participating SNF they'd like to go to, provided the SNF has beds available. The transfer process is similar for Management and Network Services (MNS) and Genesis SNFs.

Transfer criteria

Prior-authorization is not required when admitting to a MNS or Genesis skilled nursing facility (SNF). All other participating SNFs will need prior authorization.

MA* or commercial plan members that meet daily skilled needs criteria based on Centers for Medicare & Medicaid Services (CMS) and/or Milliman Recovery Facility guidelines can be transferred directly to a MNS or Genesis SNF.

Authorization process

- The hospital calls MNS at **1-800-949-2159** or Genesis at **1-866-745-CARE (2273)**.
- MNS/Genesis verifies member benefits and reviews case for medical necessity.
- MNS/Genesis gives the hospital an authorization number for transfer to the closest Genesis SNF that meets the patient's needs.
- MNS/Genesis notifies Aetna that the transfer has taken place and provides member and facility names.
- Aetna nurse reviewer calls MNS/Genesis the next business day for clinical information and to provide coverage determinations.

Questions? Call your network representative at **1-800-624-0756**.

*Aetna Medicare Advantage members don't need a prior 3-day hospital stay to be eligible for coverage at a Medicare-certified SNF.

SecureCare to manage chiropractic services

Beginning July 1, 2014, SecureCare, Inc. (SCC) is administering certain chiropractic services for our commercial and Medicare members in the Mid-America region.

SecureCare is a third-party management company. Your provider contract with us will not change. SecureCare will handle:

- Credentialing and re-credentialing
- Provider relations and education
- Communications
- Peer assessment and best practices

We recently sent implementation packets to providers. It included information about SCC and the services they provide, participation requirements, credentialing instructions and a SCC participating provider agreement. After you complete the credentialing process and sign a participation agreement with SCC, you'll be considered an in-network provider through SCC.

This program is optional - you're not required to sign up with SCC. If you choose not to participate, we'll continue to provide you with credentialing services. However, we plan to have SCC manage and credential all chiropractors in the future.

If you have questions call Andrea Holland at **1-614-933-7085** or go to the **[SecureCare website](#)** for more information.



Contact us at: OfficeLinkUpdates@aetna.com

Route this publication to:

- Office Manager
- Referral and Precertification Staff
- Business Staff
- Front Desk Staff
- Medical Records/Medical Assistants
- Primary Care Physicians
- Specialists
- Physician Assistants/Clinical
Nurse Specialists
- Nurses

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Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health, including precertification.

The information and/or programs described in this newsletter may not necessarily apply to all services in this region. Contact your Aetna network representative to find out what is available in your local network. Application of copayments and/or coinsurance may vary by plan design. This newsletter is provided solely for your information and is not intended as legal advice. If you have any questions concerning the application or interpretation of any law mentioned in this newsletter, please contact your attorney.

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48.22.808.1-Q3-MA (9/14)

