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# Aetna OfficeLink Updates

Mid-America Region



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## 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 **January 1, 2016**:

The following services/procedures will require precertification:

- Hip surgery to repair impingement syndrome
- In addition to the precertification of immunoglobulins and Soliris, we’ll review medical necessity of the site of care. Precertification for your patients who receive outpatient facility infusion services for these drugs will be required. Based on the outcome of that review, you may be required to switch patients to an alternate site of care for continuation of benefit coverage.

These drugs/medical injectables will require precertification:

- Cyramza (ramucirumab)
- Granulocyte-colony stimulating factor drugs/medical injectables
- Temodar (temozolomide)
- Xeloda (capecitabine)

These procedures will not require precertification:

- Sclerotherapy and venous ligation using stab phlebectomy technique
- Upper limb prosthetics
- Inpatient hospice

## Reminders and updates

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

- Ixinity (coagulation factor IX [recombinant]) and Glatopa (glatiramer acetate injection) – effective August 4, 2015
- Oncotype DX Breast Assay no longer requires precertification.

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

# Policy and coding updates

## Submit appropriate procedure and diagnosis codes for preventive care

The Affordable Care Act requires most health plans to provide coverage for certain preventive care. Submit the appropriate procedure and diagnosis codes for these services to help ensure claims are processed correctly.

We cover these services at 100 percent with no out-of-pocket cost to our members when they are received from a network provider. Preventive services include, but aren't limited to:

- Routine screenings and checkups
- Immunizations
- Lab testing
- Cancer screenings

Other services include counseling to prevent illness, disease or other health problems. We follow the recommendations of national medical societies about how often children and adults need these services.

When scheduling their appointments, we encourage our members to mention the visit is for a preventive exam. You can help by confirming these benefits are available.

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## Participation criteria are now online

To reduce the amount of paper in your contracts, we've moved our **provider participation criteria** documents to our website.

The actual criteria aren't changing. But, it's now easy to find them online and your actual contract will have less paper.



# Office News

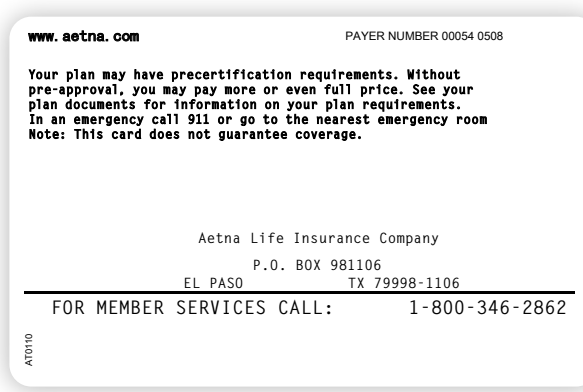
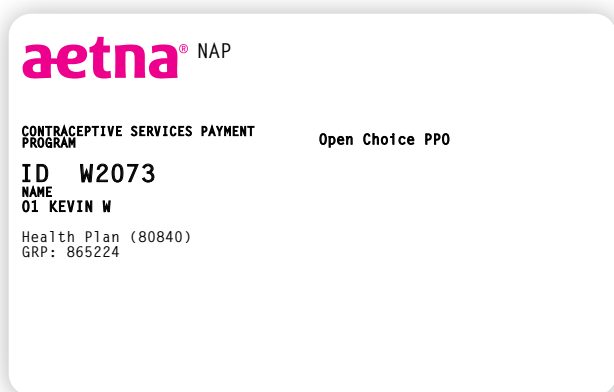
## New ID cards for members with contraceptive benefits

You may see some of our members with a new Contraceptive Services Payment Program ID card. This program is only for members of reproductive age, covered by the qualifying group health plan or student health insurance coverage. This includes any female dependents also covered under the medical plan.

Using this new ID card will help ensure that we correctly process claims for covered contraceptive services.

### How to identify these members

Look for “Contraceptive Services Payment Program” on the top front of the card:



## Use secure site to update data about your office

To update your office’s demographic information — new e-mail addresses, mailing address, phone or fax numbers, and if your office is accepting new patients — use our **secure provider website**. If your name changes due to marriage or another life event you should update that too.

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage plans and Qualified Health Plans (QHPs) to maintain accurate directories. Having your up-to-date information allows us to do that.

If you’ve been calling our Provider Service Center for demographic changes, we ask that you use the secure site instead. The site lets you confirm the information you submit. It prevents unauthorized individuals from submitting wrong information about your office or facility.

### Electronic transactions

You also can do most electronic 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 as appropriate. To use the secure website you must **register** first.

## Do you know your NaviNet Security Officer?

The NaviNet Security Officer is your primary contact with NaviNet, our **secure provider website**. Your office must have at least one officer. That individual is responsible for creating new users, setting users’ permissions and managing log in credentials.

### The Officer:

- Ensures that everyone who has access to NaviNet has a unique password
- Resets passwords
- Sets transaction permissions
- Makes sure the office/staff is set up with the correct/appropriate access

**Learn more** about the roles and responsibilities.

## Programs to reduce risks for heart disease and stroke

We offer programs and resources that can help your Aetna members reduce their risk of heart disease and stroke:

- Aetna Health Connections<sup>SM</sup> disease management program can help them learn to manage chronic health conditions.
- Aetna Health Connections<sup>SM</sup> case management program assigns a nurse case manager to work with you and your patient to help them get well and stay healthy.
- Numbers To Know<sup>®</sup> promotes the benefits of blood pressure and cholesterol monitoring. Members diagnosed with high blood pressure are sent reminders, as well as a wallet card to help them track blood pressure, cholesterol, medication and dosage information.

Aetna supports the **Million Hearts<sup>®</sup>** initiative, sponsored by the U.S. Department of Health and Human Services. The goal of the program is to prevent one million heart attacks and strokes by 2017. The Million Hearts website offers free tools, videos and educational materials you can use to help your patients:

- Manage their high blood pressure and cholesterol
- Control their risk factors for heart disease and stroke
- Lead heart-healthy lives

## Help patients adhere to antidepressant medication treatment

Depression in adults is the most treatable behavioral health condition when patients follow their medication program. Behavioral health providers can help increase adherence by educating patients at the start of treatment about:

- How antidepressants work
- Benefits of antidepressant treatment
- Expectations about symptom remission
- How long medications should be used
- Coping with medication side effects

Remind your patients to:

- Talk to you about any medication side effects.
- Tell you about their current medical conditions and the medications they're taking, including over-the-counter drugs, herbs and supplements. This can help identify potential drug interactions.

- Schedule regular follow-up appointments to see if the medication is working.
- Expect that they may need to try several different medications before finding the one that works best.
- Keep taking their medication as prescribed for at least six months after they feel better.

### Monitoring adherence

The National Committee for Quality Assurance has established two measures to monitor patients' adherence to their medications. You should monitor the percentage of patients who stay on their antidepressant medication for at least three months and for at least six months.

## Training about ADHD available at no charge

Free training is available from the National Association of Continuing Education (NACE) to help you treat patients with attention-deficit/hyperactivity disorder (ADHD).

NACE developed "Getting with the Guideline" to help pediatricians and other health care providers implement procedures outlined in the American Academy of Pediatrics 2011 ADHD guideline.

The course meets the American Board of Pediatrics Performance in Practice (Part 4) of Maintenance of Certification 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. Check out these other ADHD resources:

- **[Managing Pediatric ADHD in Your Primary Care Practice](#)**
- **[MY ADHD Care Team Resources](#)**

## Changing the story of mental health in America

As part of Aetna's ongoing collaboration with the non-profit organization, Give an Hour, we're now supporting The Campaign to Change Direction ignited by Give an Hour. The Campaign urges Americans to learn the five signs that someone may be struggling with mental health concerns:

- Their personality changes
- They seem uncharacteristically angry, agitated or moody
- They withdraw from others
- They stop taking care of themselves
- They seem overcome with hopelessness

### How you can help

As a medical practitioner, you can:

- Share the five signs through your practice
- **Take the pledge** to increase mental health awareness
- Visit the **Change Direction** website to learn about more the campaign

### Eradicate mental health stigma

We're proud to be a founding member of this national movement designed to change the story of mental health in America.

At the launch on March 4, 2015, First Lady Michelle Obama delivered the keynote address about the importance of changing the story on mental health. Louise Murphy, Head of Aetna Behavioral Health, was a panelist at this event.



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## Our Office Manual keeps you informed

Aetna's **Office Manual for Health Care Professionals** (Manual) is available on our website.

The Manual has information to help you serve your patients efficiently and accurately, including:

- Clinical Practice and Preventive Service guidelines.
- Policies and procedures.
- Patient management and acute care.
- Case management and disease management programs.
- Special member programs/resources, including the **Aetna Women's Health<sup>SM</sup>** Program, **Aetna Compassionate Care<sup>SM</sup>** and others.
- Member rights and responsibilities.
- What utilization management is and how decisions are made, including our policy against financial compensation.
- How our Quality Management program can help you and your patients. We integrate quality management and metrics into all that we do. You can find details on the program goals and how we're progressing toward those goals.

To access the **Innovation Health** Manual, once on the website select "Physicians & Providers," then "Practice Resources."

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

## Consult CPGs and PSGs as you care for patients

We adopt evidence-based Clinical Practice Guidelines (CPGs) and Preventive Services Guidelines (PSGs) from nationally recognized sources. You'll find them on our [secure provider website](#). On the site, go to My Health Plans → Aetna Health Plan → Support Center → Clinical Resources. For a paper copy, call our Provider Service Center.

Clinical Practice Guidelines	Adopted
<b>Behavioral Health</b>	
• Diagnosis, Evaluation and Treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents	February 2014
• Helping Patients Who Drink Too Much	February 2014
• Treatment of Patients With Major Depressive Disorder	February 2014
<b>Diabetes</b>	
• Standards of Medical Care in Diabetes	April 2015
<b>Heart Disease</b>	
• Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease	February 2014

Preventive Service Guidelines	Adopted
• Gestational Diabetes Mellitus (GDM) in Asymptomatic Pregnant Women After 24 Weeks of Gestation*	February 2014
• Mammogram Screening for Women Over 40**	February 2014
• Prevention of the Initiation of Tobacco Use Among School-aged Children and Adolescents*	February 2014

\*U.S. Preventive Services Task Force  
 \*\*National Cancer Institute

## View our 2015 HEDIS® results

We annually collect Healthcare Effectiveness Data and Information Set (HEDIS)\* 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.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).  
 \*\*NCQA is the National Committee for Quality Assurance.

We submitted our data for 2015 according to National Committee for Quality Assurance (NCQA)\*\* reporting requirements. View our 2015 [HEDIS results](#).

## Updates to our Utilization Management (UM) policy

We recently updated our UM policy.

To make UM decisions, we use evidence-based clinical guidelines from nationally recognized authorities. 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.

We don't reward practitioners or employees for issuing denials of coverage or creating barriers to care or service. Financial incentives for UM decision makers don't encourage decisions that result in underutilization.

# Learning opportunities

Visit [www.aetnaeducation.com](http://www.aetnaeducation.com). Log in or registration may be required for some content.

## New and updated courses for physicians, nurses and office staff

### Reference Tools:

**New** – Adjustment codes and Coordination of Benefits (COB)

**New** – First Health Network quick overview

**Updated** – Aetna at a Glance

**Updated** – Aetna Signature Administrators®

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## 2015 Centers for Medicare & Medicaid Services (CMS) compliance requirements

Through your Aetna and/or Coventry provider contract, you must meet CMS compliance requirements for First Tier, Downstream and Related Entities (FDRs) annually. These program compliance requirements include:

- General compliance and fraud, waste and abuse (FWA)\* training
- Code of conduct/compliance policies dissemination
- Exclusion list screenings
- Reporting mechanisms for potential FWA and compliance issues
- Offshore protected health information operation reporting
- Downstream entity oversight

### Complete attestation by December 31, 2015

To avoid changes in participation status, an authorized representative of your organization must complete and submit your 2015 Medicare Attestation. You can submit your attestation within the Aetna Provider Education Portal by following these steps:

1. Log In or register at [www.aetnaeducation.com](http://www.aetnaeducation.com).
2. Type “attestation”\*\*\* in the search field and click “go.”
3. Select the “2015 Aetna Medicare Attestation” (required log in).

### Questions?

For more details on the FDR program compliance requirements, visit [www.aetnaeducation.com](http://www.aetnaeducation.com). Then search “attestation.” Or, you can call our Provider Service Center at **1-800-624-0756**.

\*Failure to meet the FDR Compliance requirements by December 31, 2015 may impact your participation status.

\*\*You only need to complete one attestation to meet both Aetna and Coventry compliance obligations.

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## Learning opportunities on our education site

Our education site for health care professionals is [www.aetnaeducation.com](http://www.aetnaeducation.com). It's the no cost single source of learning opportunities for health care providers, including behavioral health care professionals. The site offers:

- User-friendly navigation and search
- Free continuing medical education/continuing education courses (CME/CE) for participating providers
- A variety of office staff courses to help ease administration
- Effortless “share with a colleague” functionality
- Online, live webinars and recorded events
- Reference tools to make your job easier, and much more

### Coming in 2015

Look for behavioral health continuing education programs available at [www.aetnaeducation.com](http://www.aetnaeducation.com) later this year.

# Medicare

## Advance Beneficiary Notices apply only to Original Medicare members

Can a provider hold a Medicare Advantage (MA) member responsible for payment of a service not covered under their MA plan?

This can happen only when the member has a pre-service organization determination (OD) notice of denial from their insurer. Make sure that MA members request an OD, so that you can bill them for non-covered services if appropriate.

An OD is not required for non-covered services that are listed as exclusions in the Medicare member's Evidence of Coverage or in other plan documents.

If you believe the member's MA plan item or service may not be covered, you should advise the member to ask for a pre-service OD. Or, you can request it on their behalf. Contact the Provider Services number on the member ID card with questions.

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## Reminder about Medicare rates increase

Under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, Medicare Physician Fee Schedule rates will go up 0.5 percent each year through 2019 starting July 1, 2015.

President Obama signed MACRA of 2015 into law on April 16, 2015. The law extends the current 2015 fee schedule rates, in effect since January 1, 2015 through June 30, 2015. It also permanently eliminates the Sustainable Growth Rate formula. This prevents a 21 percent payment cut to the Medicare Physician Fee Schedule that was scheduled to take effect on April 1, 2015.





# Pharmacy

## Updates to our preferred drug lists

Starting **October 1, 2015**, you can view our 2016 preferred drug list (formulary) by using our **Medication Search Tool**.

Coverage isn't limited to drugs on these lists. But, you can help your patients lower their out-of-pocket costs by prescribing preferred drugs, when appropriate. Talk to your patients about treatment options.

We updated our lists based on the:

- Latest medical findings
- Information from the Food and Drug Administration (FDA) and drug manufacturers
- Cost arrangements (which include manufacturer rebates)

### Questions?

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

## Changes to HIV drug coverage

In June, we made changes to our formularies for HIV drug coverage in our individual plans.

Effective **June 1, 2015**, most HIV drugs moved from the specialty tiers to non-specialty tiers on our individual plan formularies. This means members will pay lower costs for most HIV medications.

As we previously communicated, we decided not to add certain HIV drugs to our Specialty Drug List on **January 1, 2015** for our commercial group members. Coverage of HIV drugs remains the same as previously covered, as indicated in currently published commercial group formularies.

## 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 them:

- 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)**.



### Confidentiality procedures for domestic violence victims

The State of Illinois requires that health insurance companies take certain privacy measures for victims of domestic violence or endangered individuals.

More information about this **requirement** is available on our public website.







Contact us at: [OfficeLinkUpdates@aetna.com](mailto: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

## Improving 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 challenges faced by providers to coordinate care with many types of physicians and facilities, and appreciate your efforts to improve communications.

### It's important to share 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.

\* 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.

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

- [Behavioral Health/Medical Provider Communication Form](#)
- [Behavioral Health Sample Initial Evaluation Form](#)
- [Eye Examination Report Form](#)
- [Physician Communication Form](#)
- [Physician Communication Post-Fragility Fracture Care Form](#)
- [Specialist Consultation Report](#)

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