SEPTEMBER 2010
VOLUME 7, ISSUE 3

Aetna OfficeLink Updates™

Southeast Region

Inside This Issue

Options to reach us

- Go to **www.aetna.com**
- Select "Health Care Professionals"
- Select "Medical Professionals Log In"

Or call our Provider Service Center:

- 1-800-624-0756 for HMO-based benefits plans, Medicare Advantage plans and WA Primary Choice plan
- 1-888-MDAetna (1-888-632-3862) or all other plans

Plan ahead: 5010 and ICD-10 updates are coming soon

We want to be sure you are aware of and prepared for the upcoming compliance dates for two important, new rules adopted by the Department of Health and Human Services:

- New standards for electronic health care and pharmacy transactions (version 5010/D.0). Aetna will be ready to exchange these new versions by December 2010. Health care providers should begin their transition to these new versions of Health Insurance Portability and Accountability Act (HIPAA) transaction standards as soon as possible, and must be completely transitioned by December 31, 2011.
- New diagnosis and procedure coding standards – ICD-10-Clinical Modification (CM) and ICD-10-Procedure Coding System (PCS). The effective date for the new codes is October 1, 2013.

Who must comply

All health care providers who use standard electronic transactions, and all health plans and clearinghouses must comply with the new transaction and coding standards. We plan to meet all applicable timeframes for compliance and will work closely with you, as well.

Although these dates may seem far away, plan now to meet the compliance dates. Begin by evaluating the impacts to your clinical processes, systems and business practices. Also, contact your billing or software vendors to learn about their conversion and testing plans.

To learn more and stay updated, visit **www.aetna.com**. Select "Health Care Professionals," then "Policies & Guidelines" and "5010, ICD-10 and NPI."

Revised out-of-network benefit means member referrals are even more important

Beginning on October 1, 2010, the out-of-network benefit for some of your Aetna patients will be based on a percentage of the Medicare fee schedule for the service.

This benefit change will take effect for a number of new and renewing plans as of October 1, 2010. Over time it will become Aetna's new standard out-of-network benefit, replacing the current benefit of many plans that is based on "reasonable" or "prevailing" charges.

Keeping care in-network

As a result of this change, your Aetna patients may see a significant increase in their out-of-pocket costs when care is directed to out-of-network providers. To help keep these costs down, remember to direct your Aetna patients to in-network facilities and providers.

This new benefit structure does not apply to emergency services or other benefits considered at the in-network benefits level of a patient's medical plan.

Policy and Practice 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 accompanying chart outlines coding and policy changes:

Procedure	Implementation Date	What's changed
Behavioral health assessment codes billed with an autism diagnosis	11/13/2009	The following per day limits apply to the following behavioral health assessment codes when billed with an autism diagnosis (299-299.91): ■ 40 units/10 hours per date of service are allowed for the following codes: 96150, 96151, 96152, 96154, 96155, H2021 and S5110 ■ 16 units/4 hours per date of service is allowed for the following code: H2019 ■ 10 hours per date of service are allowed for the following code: H2012
Diabetes outpatient self-management training services, individual and group, per 30 minutes (G0108 & G0109)	6/20/2010	Diabetes outpatient self-management training services (individual and group) is allowed up to five (5) hours per day for a maximum of ten (10) hours per year.
Multiple gestation	6/20/2010	CPT codes 59015, 59020, 76942, 76945 and 76946, when billed with modifier 59, are allowed three (3) times per date of service for diagnosis codes 651.00-651.93, 652.60-652.63, 660.50-66053 and 678.10-678.13.
Drugs and supplies billed with an anesthesia service (ASA code)	Reminder	Drugs and supplies are not separately payable with an anesthesia service (ASA code) unless the service is for mobile anesthesia performed in a physician's office. Refer to the Mobile Anesthesia Charges payment policy for more information.
Muscle testing billed with an evaluation and management code	12/1/2010	Effective December 1, 2010, modifier 25 will no longer override the incidental denial of CPT codes 95831-95834 when billed with an evaluation and management code.

Precert required for sipuleucel-T (Provenge®) cancer treatments

Our policy on sipuleucel-T is as follows:

- Aetna considers sipuleucel-T medically necessary for the treatment of adults with metastatic castrate-resistant prostate cancer who are asymptomatic or minimally symptomatic with Eastern College Oncology Group performance status 0-1, and who have no visceral (liver, lung, or brain) metastases and a life expectancy of greater than six months.
- Aetna considers sipuleucel-T experimental and investigational for other indications (for example, prevention of prostate cancer and treatment of localized prostate cancer).

Precertification of sipuleucel-T is required for all Aetna plans, excluding Traditional Choice® and the Aetna Medicare Open℠ Plan, which is our Medicare Private Fee-for-Service (PFFS) plan.

How to precertify

To precertify sipuleucel-T, call **1-866-503-0857** or fax the Sipuleucel-T Injection Medication Precertification Request form to **1-866-267-3277**. The form is located on our secure provider website via NaviNet®. Once logged in, select "Aetna Support Center" then "Forms Library."

For additional information on sipuleucel-T, see Aetna Clinical Policy Bulletin # 0802.

Changes to 2011 National Precertification List

The following changes to Aetna's National Precertification List will take effect on January 1, 2011:

Additions:

- Negative pressure wound therapy
- Infertility drugs*
- Hereditary angioedema drugs*
- Enzyme replacement drugs*
- Pulmonary arterial hypertension drugs*
- Osteoporosis drugs* –
  - > Boniva®, Miacalcin® and Reclast®
  - > Zometa®, Prolia® and pamidronate (for osteoporosis indications only)

*To precertify these drugs, call **1-866-503-0857**, or fax the corresponding Medication Request Form to **1-888-267-3277**. Forms are available by logging in to our secure provider website via NaviNet. Visit **www.aetna.com** to log in, then select "Aetna Support Center" from the Aetna Plan Central home page, then "Forms Library" and "Pharmacy Forms."

Newly approved drugs administered by injection or infusion may be subject to precertification review.

Modifications:

- Medical injectables
  - > Immunoglobulins – parenteral administration (intravenous (IV), subcutaneous (SubQ) and\or intramuscular (IM))

Deletions (including associated codes):

- Somatosensory evoked potential studies (95925, 95926, 95927)
- Other lab studies (0085T)
- Hair transplant (15775, 15776)
- Adrenal tissue transplant (S2103)

Precertification is the process of collecting information **before** elective inpatient admissions and/or selected ambulatory procedures and services take place. Therefore, requests for precertification must be received before rendering services. Failure to contact Aetna for precertification will relieve Aetna or employers and members from any financial liability for the applicable service(s), if those services are rendered.

Precertification approvals are valid for 6 months from the date of issue, unless stated otherwise at the time of precertification. For the 4 drug classes with an asterisk under "Additions," approvals are valid for 12 months from the date of issue.

Precertification requirements apply to all Aetna plans, except for Traditional Choice. We will update the precertification list online before January 1, 2011.

Precertification and step-therapy programs are not available in all service areas. For example, precertification programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured members in Indiana and New Jersey. California HMO members who are receiving coverage for medications added to the Precertification or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. The term "precertification" does not mean a reliable representation of payment of care or services to fully insured HMO and PPO members. This material is provided for informational purposes only and is not intended to direct treatment decisions.

Clinical trials find no major benefits to vertebroplasty

Two randomized, controlled clinical trials published in the *New England Journal of Medicine* found no significant benefit with vertebroplasty. We encourage providers to review the published results of these clinical trials:

- **Kallmes DF, Comstock BA, Heagerty PJ, et al. A randomized trial of vertebroplasty for osteoporotic spinal fractures. N Engl J Med 2009**
- **Buchbinder R, Osborne RH, Ebeling PR, et al. A randomized trial of vertebroplasty for painful osteoporotic vertebral fractures. N Engl J Med 2009**

Aetna's policy on vertebroplasty can be found in Clinical Policy Bulletin #0016, Back Pain – Invasive Procedures (under XI).

In the Investigational Vertebroplasty Safety and Efficacy Trial (INVEST), Kallmes et al (2009) reported that pain and disability outcomes at one month in a group of patients who underwent vertebroplasty were similar to those of a control group that underwent a sham procedure.[1]

In the other trial, Buchbinder et al (2009) measured pain, quality of life and functional status at one week and at one, three and six months after sham and active vertebroplasty and found there were no significant between-group differences at any time point.[2] As with the INVEST study, patients in these vertebroplasty and sham study groups had some improvement in pain.

[1] Kallmes DF, Comstock BA, Heagerty PJ, et al. A randomized trial of vertebroplasty for osteoporotic spinal fractures. New England Journal of Medicine. 2009; 361:569-79.

[2] Buchbinder R, Osborne RH, Ebeling PR, et al. A randomized trial of vertebroplasty for painful osteoporotic vertebral fractures. New England Journal of Medicine. 2009; 361:557-68.

Proposed updates to 2012 Aexcel program

As part of our annual assessment and as a result of feedback we receive from our participating physicians, members and employers, we're considering the following changes to our Aexcel program:

- Board certification would no longer be a clinical performance measure. Instead, we would add performance improvement module (PIM) activity in conjunction with maintenance of certification (MOC).
- Adding claims-based measures, expanding the current measures across more specialties and adjusting the volume criteria associated with these measures.
- Expanding the Use of Technology measure to include the use of Certification Commission for Health Information Technology (CCHIT)-endorsed ePrescribing.
- Adding new Bridges to Excellence (BTE)/National Committee for Quality Assurance (NCQA) recognition programs as one of the clinical performance measures.
- Introducing new clinical performance criteria to align with Aetna's expansion of Institutes of Quality® (IOQ) to cardiac and orthopedic specialties.
- Narrowing the efficiency criteria and adjusting the process to meet network adequacy.

As a reminder, physicians need to meet only one of the clinical performance measures to be evaluated for efficiency and considered for Aexcel designation.

We want your feedback

For additional details of the proposed updates, visit **www.aetna.com** and enter "performance networks" or "Aexcel" into the search box. Tell us what you think by:

- Visiting **www.aetna.com** and selecting "About Us" then "Contact Us." Next, select "Health Care Professionals" and "Provide Feedback on Aexcel."
- Contacting your network representative by telephone.

Get a head start

If you believe your practice meets the criteria for Aexcel's Use of Technology and/or PIM activities, send supporting documentation to the **AexcelProviderFeedback@aetna.com** mailbox. Visit the performance network website for details on the necessary documentation, or to review the criteria and measures of the current program.

Looking forward

To address employers' requests, we may offer alternative networks that will include a subset of Aexcel designated specialists, and narrow them based on a physician's usage of a selected hospital and/or efficient resource utilization.

Go paperless with Electronic Funds Transfer (EFT)

When you choose free online electronic delivery of your claims payments by EFT you:

- Get payments transmitted directly into your bank account(s) up to one week faster than with paper EOBs and checks.
- Reduce mail, and eliminate trips to the bank, while providing a convenient audit trail.
- Verify payments by matching them to your electronic remittance advice (ERA) or online EOBs from our secure provider website.

EFT is a secure time-tested electronic solution that allows you to maintain your current payment schedule. Instead of sending paper checks, we'll send payments to you via EFT.

How to enroll

1. Access the **ERA/EFT Enrollment Form** in the Document & Form Library from the Health Care Professionals page on **www.aetna.com**.
2. Fax the completed form to our secure enrollment desk at the number listed on the form.

More doctors and hospitals are choosing to receive claims payments quickly and securely via EFT. Why not make your office the next to sign up?

Ancillaries: include date ranges when submitting claims

When submitting claims, you must include the date range for which services or products were intended, or the number of units used. If this information is missing, the claim will not be processed, resulting in delayed payment.

As a reminder, we want to emphasize the following billing requirements:

- If the services or products are designated for more than one date of service, properly indicate the date range (Service Begin Date and Service End Date) for which services or products are intended. This information will help us evaluate the members' benefit and adjudicate the claim.
- Bill the appropriate number of units as described by the code and/or your contract.
- For services or products that have limits, refer to the Aetna Clinical Policy Bulletins at **Clinical Policy Bulletins**.

How to submit the names of your mid-level practitioners

Here's an easy way for physician practices that have mid-level practitioners to submit their names and demographic data to us. This includes nurse practitioners, physician assistants, certified nurse midwives and clinical nurse specialists.

Go to **www.aetna.com**, click on "Health Care Professionals," "Join the Network," "How to Apply" and then follow the directions.

Submitting this information is necessary so the mid-level practitioners will be listed in our systems as participating providers and claims can be processed properly.

Try our new, improved Account Management tools

Recently, we updated the Account Management tools on our secure provider website via NaviNet. Enhancements include:

- New data elements on the Claim History Report, including additional Medicare pricing data.
- Claim History Reports are now generated multiple times daily.
- Joint Claim Administration (JCA) claims are now treated the same as all other Aetna claims in the 'Reconsider Claim' Action Link from the Claim List View of the eEOB Tool and in the 'Multiple Claim Reconsiderations' function.
- Training on these updated Account Management Tools will be available on **www.AetnaEducation.com** in October 2010.

We encourage you to use the self-service Account Management Tools often. Access the tools today on our secure provider website available through **www.aetna.com**.

Get ready for radiology accreditation requirements

Beginning January 1, 2012, the Centers for Medicare & Medicaid Services (CMS) will require that all independent diagnostic testing facilities, freestanding imaging centers, office-based imaging facilities, physicians, non-physician practitioners and other suppliers of advanced diagnostic imaging procedures be accredited to be eligible for reimbursement from Medicare.

CMS has approved the following national organizations – the American College of Radiology, The Joint Commission or the Intersocietal Accreditation Commission – to provide accreditation services.

What's included

The CMS definition of advanced diagnostic imaging includes, but is not limited to: magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging such as positron emission tomography (PET).

The accreditation process can take 9 to 12 months for those not currently accredited. For additional information, see **Advanced Diagnostic Imaging Accreditation** on the CMS website.

Consolidation of overpayment notices helps ease office administration

We know that requests for reimbursement of overpaid claims are never good news. But we're making them easier to process, track and manage by changing how and when we send them to your office.

Beginning soon, our overpayment request communications are getting a new look and feel. We will consolidate most requests, and send them to your office on a weekly basis. This means your office will receive fewer mailings, and may receive different kinds and types of overpayment requests in one envelope.

We hope you find that our new consolidated communications help your office have a better understanding of the total amount of overpayment requested, and are easier and more efficient for your office to administer.

Reminder: Update your demographic information

It is essential that our members have accurate information about your practice's participation and location(s). We appreciate your diligence in helping us keep our records up to date.

To update your demographic information, visit our secure provider website via NaviNet. On the Aetna Plan Central home page, choose "Update Aetna Provider Profile."

If, after accessing the website, you have questions about updating your information, call our Provider Service Center.

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

Aetna Welcomes You

- NEW Orientation Live Webinar Registration
- **Updated** Welcome to Aetna Tools – Regional Aetna-at-a-Glance

Genetics Catalog

- NEW Genetics in Health Care Video

Medicare Advantage Plans

- NEW 2010 Medicare Compliance Program
- **Updated** 2010 Medicare Fraud, Waste and Abuse (FWA)

Both of the above Medicare courses are required annually per the Centers for Medicare & Medicaid Services (CMS).

Office Administration

- NEW Health Literacy: Health Literacy Check Up
- NEW Electronic Connectivity: Rejected/Returned Claim Tool
- **Updated** Electronic Connectivity: Claim eEOB and Electronic Funds Transfer

Reference Tools

- NEW Aetna at a Glance category
- NEW Claims/Coding: Rejected/Returned Claim Resolution Tips
- **Updated** Products, Programs and Plans: Aetna HealthFund® Health Reimbursement Arrangement overview
- **Updated** Products, Programs and Plans: Aexcel® reference tool
- **Updated** Provider Manuals: Behavioral Health Provider Manual

We'll make your "back to school" season sweeter

Back-to-school is a busy time of year, but Aetna's Education Site can make it easier.

We have several educational courses to help, and we're providing a great incentive to learn with us – you could win a $75 Harry & David gift card. Harry & David offers a variety of fresh fruit, in addition to plants, flowers and home décor.

If you are an Aetna network provider or have billed us in the past, you are eligible for this contest. Simply log in to the Education Site at **www.AetnaEducation.com** and follow the contest eligibility requirements. You could be enjoying an indulgent treat very soon.

Top 3 advantages of attending a live webinar

1. You'll join your peers (office managers, referral specialists and billing administrators) for an interactive, valuable session.
2. You'll get great tips on how to save time and get your claims paid faster.
3. You'll have a chance to ask us the questions on your mind.

For upcoming events, go to **www.AetnaEducation.com** and select the "Webinars" link on the top navigation bar. We offer different sessions several times per month, so you can attend at your convenience.

Visit Aetna at the MGMA conference

We're looking forward to seeing you at this year's Medical Group Management Association (MGMA) conference, which will be held in New Orleans, LA from October 24-27, 2010.

Visit booth 1457 to learn about Aetna's new Payment Estimator online tools. These easy-to-use tools are designed to give you – physicians and health care professionals – the information you need to determine accurate estimates of your patient's financial responsibility. The tools for our members help them determine out-of-pocket cost estimates before the point of care.

Download our course catalog

Explore our wide range of courses at **http://aetnaofficelink.providerpreference.com/files/Education_Catalog.pdf**.

Striving for Quality Excellence

Learn about our depression prevention program for pregnant women

Aetna Behavioral Health collaborates with Aetna National Care Management to facilitate depression prevention and screening for pregnant women.

This includes at-risk and high-risk program members during the postpartum period. The Beginning Right® Maternity Program assists members and providers to help ensure a healthy, term delivery.

Depression screening is a key element of the program and is offered to all women who enroll in the program and complete the Pregnancy Risk Survey. Women who screen positive for depression are encouraged to access their behavioral health benefits. They may also be eligible for Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program.

Program enhancements include:

- Administration of the Patient Health Questionnaire (PHQ-9) at enrollment, at each follow-up, and at discharge from the Medical Psychiatric High-Risk Case Management Program.
- Enhanced member engagement through an evidenced-based, guided self-management tool.
- Member follow-ups at least monthly to track treatment progress and adherence.
- Collaboration with treating providers and Beginning Right nurses.
- Assessing the effectiveness of current care if in treatment and, if appropriate, recommending a different level of care or type of treatment.
- Annual training for Aetna staff on the use of psychotropic medications during pregnancy and on Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program.

How to contact us

Maternity members who wish to enroll in the Beginning Right Maternity Program, or providers wanting to enroll a maternity member, can call **1-800-CRADLE-1 (1-800-272-3531)**.

Members and providers who want to speak to an Aetna Behavioral Health specialty program representative about depression and pregnancy can call Aetna Behavioral Health's Specialty Program line at **1-800-424-4660**.

AWCA providers

Guidelines for managing patient narcotic use

Patient narcotic use and misuse is a daily issue facing health care professionals in the outpatient setting.

The use of controlled substances in the treatment of work-related injuries and illnesses has received considerable attention recently. It contributes significantly to pharmacy costs. Narcotic use also complicates the decision around return to work, especially for patients in safety-sensitive occupations.

Numerous guidelines have been published over the past decade to help health care professionals negotiate this issue. Many state medical boards have adopted policies, rules, regulations or statutes reflecting the Federation of State Medical Boards' *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain.* At least two states have formally endorsed these guidelines.

The *Model Guidelines* offer a concise, methodical approach that physicians can use to treat patients who require the use of controlled substances. The guidelines address patient evaluation, treatment plan, informed consent and screening (drug testing), periodic review, medical records and compliance with state and federal laws.

We encourage you to become familiar with these guidelines and consider integrating them into your practice. Access them at: **http://www.painpolicy.wisc.edu/domestic/model04.pdf**.

Tiered networks for hospitals can help patients maximize benefits and manage costs

Health care costs continue to rise and employees are shouldering more and more of the financial responsibility for coverage. Both employers and employees are looking to Aetna and the medical community for affordable, quality benefit plans. In response, Aetna is introducing a value network with plan designs that create a new option for patients who want more control over their health care budgets. It will be available in limited markets and to select members in 2011.

A new take on tiers

The new benefit design separates participating hospitals into a two-tier network. The tiers are defined by demonstrated patterns of providing services at more affordable costs and recognized measures for clinical quality and efficiencies. It is also important that we maintain sufficient access to our hospital network in a given geographical area.

Information when patients need it

Patients will need to be more knowledgeable about their care and benefits plans. Aetna is offering members enhanced transparency tools and member service support, as well as new, comprehensive communications.

Support for providers

We also know that you will want to be prepared to help meet your patients' needs. We will keep you informed about our new value network, the tiering process and how you can help your patients select affordable, high-quality care.

If your geographical area and facility are impacted, we will communicate with you directly later this year.

HEDIS® 2010 results available

Thank you for your help with our Healthcare Effectiveness Data and Information Set* (HEDIS) 2010 data collection efforts.

We have submitted our data in accordance with National Committee for Quality Assurance (NCQA) reporting requirements. View our 2010 HEDIS results at **http://www.aetna.com/individuals-families-health-insurance/member-guidelines/quality-report-cards.html**.

Annually, we collect HEDIS data from claims, encounters and other administrative data, as well as from chart reviews for certain clinical measures. We analyze these results to identify opportunities for improvement and to design and implement quality improvement activities.

*HEDIS is a registered trademark of NCQA.

Review our Medicare and Non-Medicare formularies

We update the Aetna Medicare and Non-Medicare Preferred Drug Lists, also known as our formularies, at least annually and from time to time throughout the year.

For up-to-date Medicare formulary information, visit: **http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp**.

For up-to-date Non-Medicare formulary information, visit: **http://www.aetna.com/FSE/planType.do?businessSectorCode=CM**.

For a paper copy of our formulary guide, call 1-800-AetnaRx (**1-800-238-6279**).

Order free "Navigating Your Health Benefits for Dummies" guides

As part of our Maximize Your Benefits Campaign, we're making limited quantities of the guide "Navigating Your Health Benefits For Dummies" available at no cost to you to give to your patients.

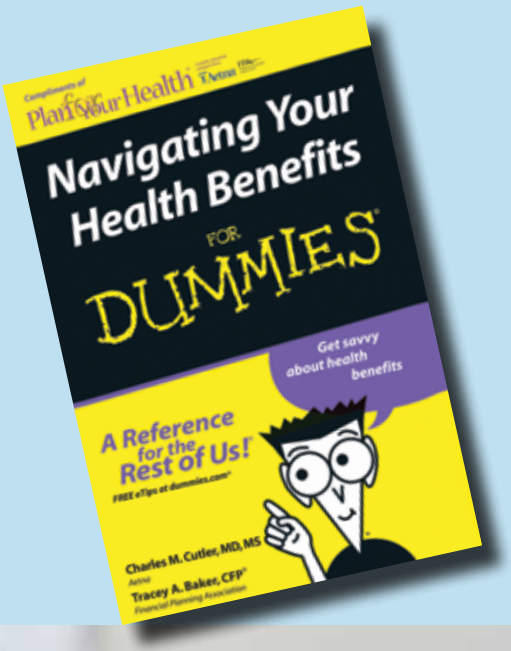
The 64-page book (English version only) provides information about health benefits, including:

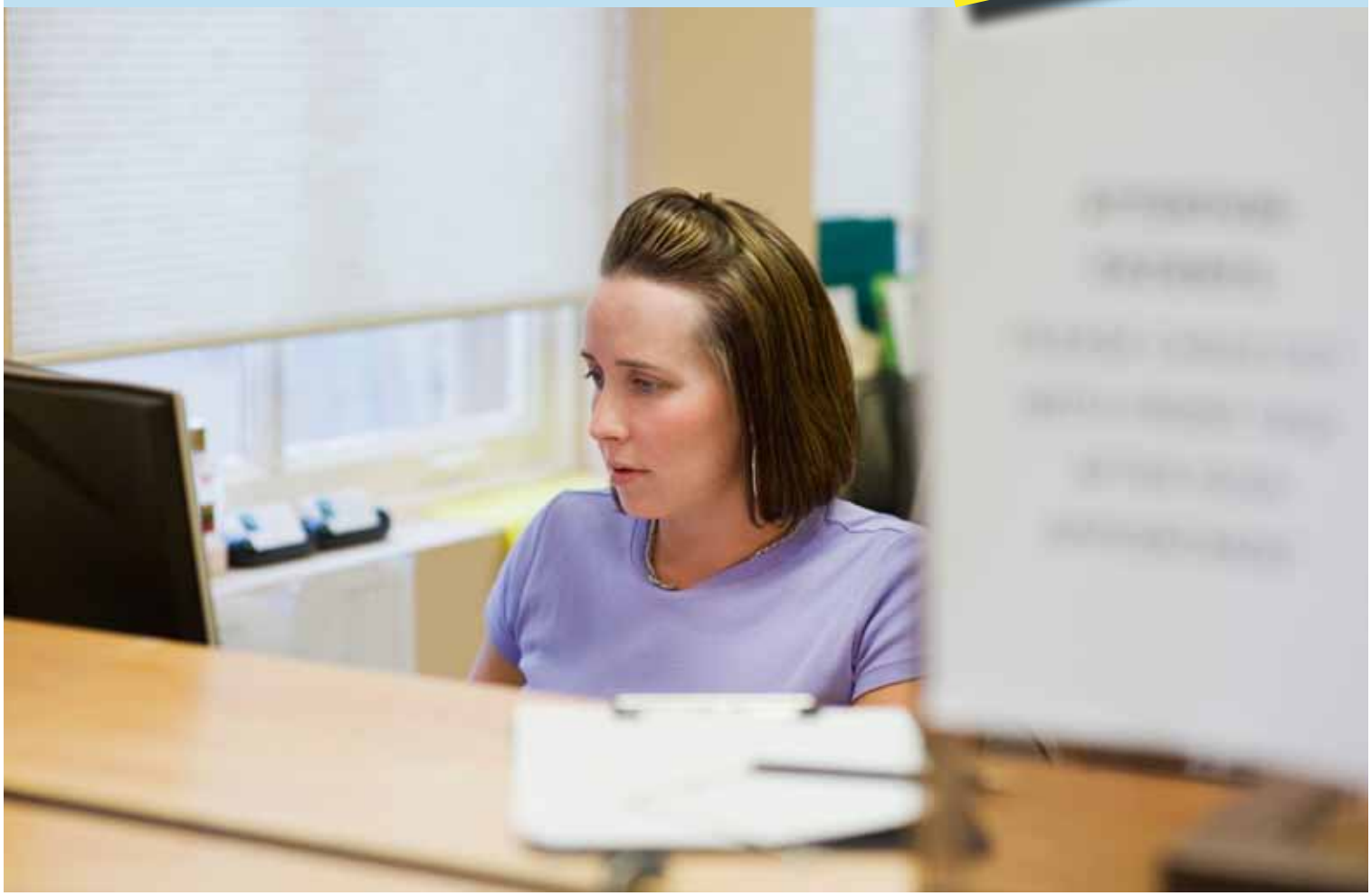
- Choosing a health plan that fits an individual's needs
- Making decisions that support what's happening in one's life
- Taking advantage of all a plan has to offer

To order copies while supplies last, email the following information to **AetnaEducationSite@aetna.com**

- Practice name
- Your first and last name
- Street address
- City, state and zip
- Phone number
- Quantity (25-copy maximum per practice)

To learn more about our Maximize Your Benefits campaign, visit **www.aetna.com/healthysavings**.





Southeast News

Some patients' ID cards have a new look

You may soon begin to see patient ID cards that look different. Aetna patients enrolled in HMO and Quality Point-of-Service® (QPOS) plans may have "W" ID numbers listed on their cards. We are making administrative and system changes and eventually, all Aetna benefits plans will be identified by a "W" member ID number.

Note: This is not a change in payment reimbursement to you. The indemnity or PPO-based EOBs will now also include HMO and QPOS members with "W" ID numbers. The product name associated with each member will be reflected on the EOB.

What this means to you

- Continue to follow the same process you do today for managing patients enrolled in HMO and QPOS plans.
- Continue to access patient eligibility, benefits and claims information through our secure provider website via NaviNet – remember to use the patient's "W" member ID number.
- If you need to contact the Provider Service Center (PSC), call the **1-888-MDAetna (1-888-632-3862)** PSC telephone number any time you see a "W" ID number on an HMO and QPOS member ID card.

Important notice for AWCA providers

Please update your demographic information with us. This will help facilitate accurate claims pricing, payment and servicing. Our provider directories for injured workers will also reflect your most current information. Send us a postcard, or submit changes via e-mail to: **AWCAProviderDemographicUpdates@aetna.com**.

CPE RW3H
151 Farmington Ave.
Hartford, CT 06156

PRSRT STD
U.S. POSTAGE
PAID
PERMIT NO. 12
ENFIELD, CT

Contact us at: **OfficeLinkUpdates@aetna.com**

Route this publication to:

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

New arrangement will benefit you and your patients with Aetna pharmacy benefits

Aetna and CVS Caremark announced a 12-year strategic agreement that will result in enhanced value to customers and members.

Under the agreement, Aetna will retain and operate its mail-order and specialty pharmacy businesses, with CVS Caremark providing the administration of selected functions for Aetna's retail pharmacy network contracting and claims administration, as well as mail-order fulfillment and customer service, specialty pharmacy order fulfillment and inventory purchasing and management.

Keep working with us as you have been

Specifically:

- This arrangement will not affect those medications or vaccines that you administer in your office and bill as a medical benefit, along with your services. We will continue to work with you and your patients to provide medical benefits and services as we have previously.
- This will not affect your patients' benefits plans or copay requirements.
- Refer to the Aetna Preferred Drug List (formulary) at **www.aetna.com/formulary** or **https://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp**.
- Adhere to Aetna's precertification, step-therapy and other utilization management programs.
- For questions about benefits, step-therapy edits and precertification for medications, continue to refer to Aetna websites and call the telephone numbers listed on the patient's member ID card.

Visit us online at **www.aetna.com** and select "Health Care Professionals" for up-to-date information.

23.22.807.1-SE (9/10)