

# Aetna Office Updates™ Link

VOLUME 4, ISSUE 2

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## Share your NPI now

Time is running out to share your National Provider Identifier (NPI) with us before the May 23, 2007, compliance date.

If you’ve obtained your NPI, we’re ready to collect it through our secure provider website or through file transfer using a pre-defined formatted spreadsheet.

Don’t have an NPI? Don’t procrastinate; if you transmit standard electronic transactions, you must have an NPI to be compliant with this HIPAA regulation.

### Share your NPI in one of two ways

- **Our secure provider website:** Enter your NPI and update other demographic information at the same time. This self-service option is ideal for smaller, less complex providers sharing one or two

NPIs. Once logged in to the website, select “Update Profiles,” then “Add/Update National Provider Identifier (NPI).”

- **Bulk file transfer by spreadsheet:** Larger, more complex physician groups, hospitals and IPAs that are sharing multiple NPIs should use the Excel spreadsheet specially formatted for that purpose. The spreadsheet allows for the submission of individual, entity and subpart NPIs in one file. It is based on the format designed by the industry Workgroup for Electronic Data Interchange (WEDI).

Request this spreadsheet through the Aetna website. Select “for Health Care Professionals,” Services and Tools,”

“Medical Resources,” then “National Provider Identifier” under the subhead Doing Business with Aetna. Within 24 hours, you’ll receive a secure email with the spreadsheet file attached, along with instructions on how to complete and return it via secure email.

If you are enrolled in ERA/EFT, please let us know which NPI we should use when issuing an ERA to identify the person or organization being paid. This can be done by requesting the bulk file transfer spreadsheet referenced above and completing the ERA-specific fields.

If you don’t provide us with an organizational or individual NPI by May 23, 2007, we may not be able to issue an ERA after this date.

## Get to know the Aetna Specialty Pharmacy® advantage

Did you know that Aetna Specialty Pharmacy is more than just a place to order specialty and injectable medications?

Besides providing you and your patients with a variety of injectables, infused and some oral medications, Aetna Specialty Pharmacy offers comprehensive clinical support services geared toward helping your patients manage their conditions more effectively.

Here’s what Aetna Specialty Pharmacy can do for you and your patients. We can:

- Eliminate the need to purchase and bill for specialty drugs, reducing financial and administrative inconvenience.

- Coordinate all insurance billing and claims filing through our reimbursement specialists.
- Offer patients comprehensive case management, home health care services, therapy education, injection training and compliance monitoring through a team of registered nurses, pharmacists, and patient care coordinators.
- Provide access to certain specialty medications that are in limited distribution and may not be available from other specialty providers.
- Ensure convenient, free and fast delivery to the patient’s home, your

office, or location of choice through our in-house compounding and distribution services.

### Use Specialty Pharmacy for all your patients

Aetna Specialty Pharmacy is not just available to Aetna members – you can use it for all your patients who need injectable medications. Learn more at [www.aetnaspecialtypharmacy.com](http://www.aetnaspecialtypharmacy.com) or by calling 1-866-353-1892.





# Policy & Practice Updates

## Clinical, payment and coding policy changes

We regularly adjust our clinical, payment and coding policy positions as part of our on-going policy review process. 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.

This chart lists recent coding and policy changes:

Code(s) Impacted	Procedure	What's Changed	Date Implemented
Q9945-Q9951	Low osmolar contrast codes	In the October 2006 newsletter, we reported that effective January 1, 2007, we would no longer allow payment for low osmolar contrast codes (Q9945-Q9951) when billed at non-facility locations. Based on feedback from the provider community and supporting documentation, we have reconsidered our original decision and will continue to allow payment when these codes are billed at non-facility locations.	N/A
J7340 and J7342	Apligraf and Dermagraft	We will reimburse Apligraf, reported under HCPCS code J7340, only for the treatment of diabetic ulcers and venous stasis ulcers. We will reimburse Dermagraft, reported under HCPCS code J7342, only for the treatment of diabetic ulcers and dystrophic epidermolysis bullosa.	July 1, 2007

## Experimental, investigational lab tests may not be covered

Certain laboratory tests are considered experimental or investigational and are, therefore, excluded from coverage under the terms of most Aetna plans. Your patients may be responsible for the cost of these laboratory tests.

### Check code status online

An online reference tool listing laboratory tests that are excluded from coverage or may be conditionally covered is available on our secure provider website. On the website, go to the Claims page, choose "CPT/HCPC Coding Tools," then "Clinical Policy Code Lookup" under "Step 1." Then, use the "Select a code by category" drop-down menu.

You can also view our corresponding Clinical Policy Bulletins, which are posted alongside the CPT code descriptions.

### Provide a waiver for hospital lab work

If you refer your Aetna patients to a network hospital for laboratory tests, your patient will need to sign a document acknowledging the patient's financial responsibility for the tests or, at a minimum inform the patient as to which services will not be covered.

## Experience the ease of E

Want to receive OfficeLinks electronically? It's easy – sign up today at <https://aetna.providerpreference.com> and begin receiving this newsletter and other important communications by email.

You'll receive an email notice when your newsletter or other communications are ready to view online.

# Aetna's Education Site for Health Care Professionals

LEARNING OPPORTUNITIES FROM AETNA...DEVELOPED WITH YOU IN MIND

## Access CME programs, information on Aetna's education site

Did you know we offer simple, fast access to critical information and learning tools at your convenience on our Education Site for Health Care Professionals? Read on to learn how this one-stop information resource can make your life a little easier.

### Stay informed through education and news

The site contains a range of education and CME programs tailored to physicians and office staff, covering subjects like diversity in health care and consumerism. It also features monthly "hot topic" news on subjects affecting your office and the health care industry. In addition, you'll find links to critical features within the Education website:

- **Physician Focus** – our chief medical officer, Troyen A. Brennan, M.D., M.P.H., speaks directly to our participating physicians, exploring ways in which we're working with physicians to improve the quality of health care for our members, such as in the area of health care disparities and through our depression management program.
- **OfficeWise** – contains articles of interest for office managers and staff, like updates on working electronically with us, credentialing/CAQH and new products.
- **Let's Talk About** – delves into a single health care-related topic, touching on everything from patient safety to multi-lingual diversity.

### Explore reference tools that can streamline your day

We're also committed to developing tools and resources that simplify your day-to-day interactions with us and with your patients and connect directly with our educational offerings. Tools posted on the site run the gamut from claims submission tips to coding tools quick reference to pandemic flu planning tools.

### How to get started

- Log in to our secure provider website.
- Choose the "Education" link on the top navigation bar, then "Main Page" to reach the Education home page.
- Select "Enter" to enter the Education site.
- The first time you access the site, you'll be asked to complete a one-time registration. Once your information is verified, select the Course Catalog on the left navigation bar to find courses, or access our Video Tour on the home page to learn more about the site. Locate Features along the right navigation bar and Reference Tools along the top.

We update the site regularly, so make us a favorite on your Web browser and visit often to see what's new.



Check out our free CME Quality Interactions® courses, which present a patient-based approach to cross-cultural care. These courses, specifically designed for physicians and nurses, offer interactive case studies with patients in a clinical setting and teach skills for administering more effective cross-cultural care.

#### Texas only

*The Quality Interactions for Physicians course is approved and meets state-mandated CME requirements for ethics/professional responsibility.*

#### New Jersey only

*The Quality Interactions for Physicians course is an AMA PRA Category 1 Cultural Competency course and meets state-mandated CME requirements for cultural competence.*



# Plan Facts & Features

## How to keep track of Medicare drug list changes

The Aetna Medicare Preferred Drug List is updated throughout the year. Because the list will change periodically, it's important for prescribing physicians to know what medications are covered.

For the most up-to-date information on the Aetna Medicare Preferred Drug List, go to [www.aetnamedicare.com](http://www.aetnamedicare.com) and choose "Individual Aetna Medicare Plans," then "Member Assistance" from the top navigation bar.

We inform Aetna Medicare members who may be affected by a change at least 60 days prior to that change. Reasons for changes in the list may include:

- As brand-name medications lose their patents and generic versions become

available, the brand-name medication may be covered at a higher copayment.

- A medication is taken off the market or becomes available without a prescription.
- If the Food and Drug Administration (FDA) judges a drug on the list to be unsafe or if the drug's manufacturer removes the drug from the market, we will immediately remove it from the Aetna list.
- Drugs are determined to no longer be Part D covered drugs by the FDA or the Centers for Medicare and Medicaid Services (CMS).

You can help your Medicare patients control out-of-pocket costs by prescribing generics whenever possible.

## Using in-network providers maximizes patients' benefits

When caring for your Aetna patients, we strongly encourage you to refer them to participating providers. Doing so will help ensure the following:

- They get the appropriate level of benefits available to them.
- Their claims won't be denied due to not having a precertification on file.

In the rare situation where a certain medical service is not available in the Aetna network and you must refer an Aetna patient to a nonparticipating provider, be sure to follow the precertification process. To find more details on our precertification process, go to our secure provider website and select "Transactions," then "Precertification."

## Help ensure accurate claims payments for self-injectables

If you purchase and submit claims for pharmacy managed self-injectable (PMSI) drugs or any other self-injectable, and it is covered under your Aetna patient's pharmacy benefit:

- Provide the patient with a prescription to obtain the covered self-injectable drug.
- Be aware that some patients have plan designs with customized PMSI drug lists that include more or fewer drugs to be

covered and payable under the pharmacy benefit.

- Do not submit the claim under the medical benefits, unless the claim matches appropriately to the place of service code or if the injectable use was for an emergency situation.

As an example, injectables that are often billed incorrectly under the medical benefit include blood-clotting factors and those

## Octotype DX coverage based on medical necessity

Aetna covers the Oncotype DX breast cancer diagnosis test only when all the medical necessity criteria have been met. This change became effective December 1, 2006.

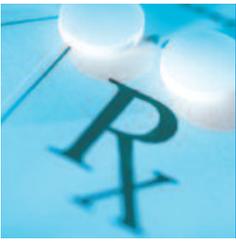
You can find details about the medical necessity criteria in our Clinical Policy Bulletin #352 entitled "Tumor Markers." On the Aetna website, choose "for Health Care Professionals," "Clinical Policy Bulletins," "Medical" and then search by policy number.

Once you determine whether your patient meets medical necessity criteria for coverage of this test, contact Genomic Health of Redwood City, CA, (the sole provider of this service) at 866-662-6897 to start the coverage predetermination process. Genomic Health will send you a form to complete and fax back to them at 650-556-1073.

Our Provider Service Center is unable to supply you with the form at this time.

used in the treatment of multiple sclerosis (Avonex or Rebif). Submitting claims appropriately can help avoid duplicate payments to pharmacy providers and medical providers for the same injection and prevent claim denials.

To learn more, visit [www.aetnaspecialtypharmacy.com](http://www.aetnaspecialtypharmacy.com). If you have questions about claim submission or need to verify benefits, please call our Provider Service Center.



# Prescription Medications & Pharmacy Management

## Additions to precertification, quantity limit and step-therapy programs\*

Beginning July 1, 2007, the following drugs will be added to our Pharmacy Management precertification, quantity limit and step-therapy programs:

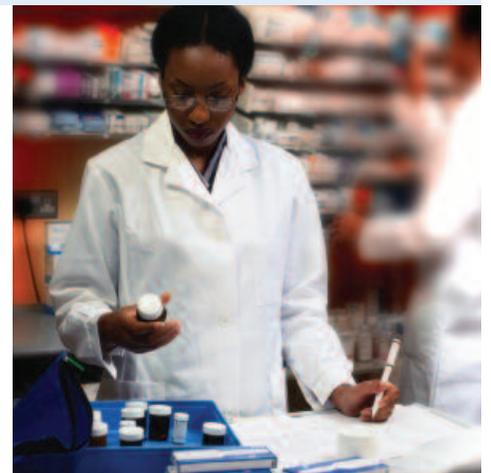
Drug	Program Edit
ACTIQ <i>fentanyl lozenges</i> FENTORA	Precertification required for patients without a cancer diagnosis
AMERGE	Quantity limit - all strengths combined = 9 tablets/30 day supply
AXERT	Quantity limit - all strengths combined = 6 tablets/30 day supply
FROVA	Quantity limit - 9 tablets/30 day supply
IMITREX tablets	Quantity limit - all strengths combined = 18 tablets/30 day supply
IMITREX Injection Kits	Quantity limit - all strengths combined = 4 kits/30 day supply
MAXALT tablets and MLT	Quantity limit - all strengths and dosage forms combined = 12 tablets/30 days supply
RELPAK	Quantity limit - all strengths combined = 6 tablets/30 day supply
ZOMIG tablets and ZMT	Quantity limit - all strengths and dosage forms combined = 6 tablets/30 supply
<i>finasteride</i> PROSCAR	Precertification required for patients < 50 yrs. old
ZIANA Gel	Precertification required for patients > 35 yrs. old
BONIVA tablet	Step Therapy - must try FOSAMAX or FOSAMAX PLUS-D and ACTONEL or ACTONEL with calcium first

### About these programs

Drugs on the precertification list require prior authorization before they are covered under your patients' pharmacy benefits. In cases where you believe it is medically necessary, patients can obtain coverage for drugs on the step-therapy list without trying the prerequisite drug first, if you submit a medical exception request. Similarly, a medical exception is necessary for patients to receive coverage for amounts in excess of the indicated quantity limits for drugs on the quantity limit list.

Visit [www.aetna.com](http://www.aetna.com) for the complete list of drugs requiring precertification or a medical exception.

\*Step-therapy does not apply in New Jersey and Indiana.





# Working Together

## Use your state's vaccine purchase program

If your state offers an immunization/vaccine purchase program, we encourage you to use this program to the fullest extent possible. This can help reduce the cost to your Aetna patients.

When billing for a state-supplied immunization/vaccine, use the SL modifier to indicate the immunization/vaccine was received from a state purchase program.



## Options to reach us

- Go to [www.aetna.com](http://www.aetna.com)
- Select “for Health Care Professionals”
- Select “Physician Self-Service” and “Log In”

Or call our Provider Service Center:

- For indemnity and PPO-based benefits plans call 1-888-MDAetna (1-888-632-3862)
- For HMO-based benefits plans calls 1-800-624-0756

## Patient information available through personal health records

Aetna's Personal Health Record (PHR) is a new way for patients to share personal health care information with their doctors.

The companies listed below are the first to have access to this comprehensive new tool, and some of their employees may already have brought copies of their information to an office visit:

- |                     |            |
|---------------------|------------|
| ▪ Aetna             | ▪ Praxair  |
| ▪ Applied Materials | ▪ REI      |
| ▪ Costco            | ▪ SAP      |
| ▪ Dow Chemical      | ▪ Symantec |
| ▪ Hannaford         | ▪ Unisys   |
| ▪ Owens Corning     | ▪ UPS*     |
| ▪ Paychex           | ▪ Vanguard |

Aetna's PHR offers patients one secure, online place to store information about their health history. It includes information from two sources:

- Insurance claims, such as office visits, hospital stays, laboratory tests, and filled prescriptions.
- Self-reported from the member, such as family health history, over-the-counter medications used, and allergic reactions.

Earlier in 2007, all Aetna members received online access to our Health History Report through our Aetna Navigator™ member website. The PHR will be more widely available later this year.

We encourage you and your staff to remind your Aetna patients to bring their health records to their next office visit.

\* Some UPS employees who do not have Aetna benefits will be able to access the PHR, so it is possible that you will see these individuals in your office.





## Covering the uninsured: we all play a vital role

Current estimates show that one in every six Americans lacks health insurance. The ranks of the uninsured in our nation have swelled to 47 million people, and will soon top 50 million.

Over the last several months, improving the uninsured's access to affordable, quality health care has emerged as national priority. It has been placed at the top of the agenda by state leaders in California, Massachusetts, and Pennsylvania, among other states. President Bush, in his State of the Union address, also highlighted the importance of finding a lasting solution.

### The impact of the insured

Those who are insured may not recognize the vast impact that the uninsured have on our health care system. As physicians, we see the effect every day. Most of us are well aware of the robust body of research showing that uninsured individuals obtain less care, use fewer preventive services, and too often fail to adhere to recommended treatments.

We also recognize the critical financial implications associated with this issue. Billions of dollars are spent annually treating those with no health insurance — often in emergency room settings for illnesses or chronic conditions that could have been prevented or treated earlier if they were part of a course of care associated with having health insurance.

Spending on the uninsured also places enormous stress on federal and state budgets, hampers the economy, and results in higher premiums for employers and insured Americans. In short, no person or organization is exempt from the negative health and financial consequences of the uninsured.

### Aetna advocates coverage for everyone

At Aetna, we support an individual insurance requirement as a viable, common-sense solution for putting America on the path toward universal health insurance coverage. Such a requirement, coupled with government assistance for those who cannot afford health insurance, could dramatically reduce the ranks of the uninsured while preserving consumer choice and the employer-based health care system.

America will need to make tough choices about the best way to finance policy solutions because we cannot insure everyone without substantial investment. Simultaneously, we must make a parallel and significant effort to remove unnecessary costs from the system, in part through the elimination of waste. Aetna is committed to that effort, and all responsible participants in this debate should be as well. Difficult decisions will also be needed to resolve the tension between affordability and richness of benefits. This strain frequently derails well-intentioned efforts to expand health insurance to the uninsured, the majority of who come from lower-income households.

Virtually no party to the health care system can afford to remain silent in this debate. Many have already spoken out in favor of health care reform, including health insurers, the American Medical Association, and other state medical societies. Solving the problem of the uninsured is an enormous challenge, but it is one we must address to help ensure the future health and well-being of all Americans.

I urge you to participate in any way you can, to encourage thoughtful, yet pragmatic, policy approaches that can improve the health of all Americans.

– Troy

A handwritten signature in black ink, appearing to read 'Troyen A. Brennan'.

Sincerely,  
Troyen A. Brennan, M.D.  
Senior Vice President and Chief Medical Officer

“Solving the problem of the uninsured is one we must address to help ensure the future health and well-being of all Americans.”

## Health care transparency: what it is, how it will affect physicians

Change is stirring in the health care industry. Patients are becoming more engaged in health care decision making and are paying greater attention to the financial aspects of their care.

To be better prepared, consumers are asking for physicians' cost and clinical quality data to help them in the decision-making process. Making this information available or "transparent" to consumers is transforming the way physicians do business. As Aetna expands our health care transparency initiative (which includes clinical quality, efficiency and unit price detail) to additional markets in 2007 (see accompanying box), we want to prepare participating physicians for when transparency comes to their area.

### The growth of transparency: creating educated consumers

There is broad agreement among clinicians, payers and employers that our current health care system needs improving. Along with affordability concerns, there are health care inefficiencies and quality gaps in care delivery. Recognizing that patients are becoming responsible, informed, engaged consumers of health care services, it's important to provide them with clear, easy-to-understand information to help bridge these gaps.

As important as transparency is in helping patients make informed decisions, its impact on the medical community cannot be overlooked. After receiving input from physicians

and practice administrators on our initial transparency program design, in August 2005, we launched our unit price transparency program in the greater Cincinnati area. Aetna members, via our secure member website, can see the actual rates physicians have accepted from Aetna for common services.

### The next step: expanding transparency beyond unit price

From that effort, members and physicians asked for more information beyond unit price. In August 2006, in select markets, we unveiled the enhanced combination of clinical quality and efficiency data (for specialists within 12 Aexcel<sup>®</sup> specialties) and physician-specific cost data as the next step in helping consumers make informed health care decisions. This data was made available via our secure provider and member websites, and collectively is what Aetna means by health care transparency.

As important as transparency is in helping patients make informed decisions, its impact on the medical community cannot be overlooked.

The physician-specific information is taken from data used to make Aexcel designation decisions. We introduced Aexcel in 2003 to provide consumers with access to independent, objective information to help them in selecting specialists and to help mitigate increases in medical costs. Specialists in the Aexcel specialty categories are evaluated on their delivery of care based on measures of clinical quality and efficiency, including prevalence of complications and repeat procedures. Aexcel specialties are:

cardiology, cardiothoracic surgery, gastroenterology, general surgery, neurology, neurosurgery, obstetrics/gynecology, orthopedics, otolaryngology, plastic surgery, urology, vascular surgery.

### What information your patients see

Members can access unit price, clinical quality and efficiency information through our secure member website.

- Members in all transparency markets who view unit price will see the actual rates for up to 30 of the most widely accessed services, including office visits, diagnostic tests, and major and minor procedures performed by primary care and specialty physicians.
- In addition, members in Aexcel markets interested in clinical quality and efficiency can see whether the specialty physician is Aexcel designated. Also included is whether the specialist meets Aexcel criteria for volume, clinical quality and efficiency in use of medical services.

In addition to existing markets, as of April 2007, health care transparency markets are:

- Atlanta
- Houston
- Maine
- Oklahoma City
- Richmond
- Tulsa (Northeastern OK)

### Unit price transparency

- Utah

### How to access your price information

Physicians in all transparency markets have access to their own price information through our secure provider website. Select "Transactions," then "Fee Schedules." Physicians can obtain their rate information for up to 25 CPT codes at once.

Specialty physicians in the Aexcel specialty categories in the existing and new health

care transparency markets can view their own clinical quality and efficiency information through our secure provider website. Select "Update Profiles." Under "Aexcel Information," select "Aexcel Quality and Efficiency Detail Information."



# Striving for Quality Excellence

## Hospitals: promote patient safety through survey participation

The Leapfrog Hospital Quality and Safety Survey gives hospitals the opportunity to update Leapfrog on their patient safety improvements and initiatives. Its goal is to assess hospital performance based on quality and safety practices that are proven to reduce preventable medical mistakes and are endorsed by the National Quality Forum (NQF).

### Survey feedback helps consumers

The information collected through the survey:

- Helps reduce medical errors by identifying areas for improvement and implementing patient safety practices.
- Provides consumers with information they need to make more informed health care choices and promotes transparency in health care.
- Demonstrates hospitals' continued commitment to patient safety.
- Helps The Leapfrog Group more effectively measure hospitals' progress in meeting patient safety practice standards.

### Take the survey online

You can access the Leapfrog Hospital Quality and Safety Survey at [www.leapfroggroup.org/for\\_hospitals](http://www.leapfroggroup.org/for_hospitals). We also provide a link to The Leapfrog Group website on the Aetna website via DocFind®, our online provider directory.

Additions to this year's survey that will make the data even more useful include:

- Collecting data about hospitals' experiences with bariatric surgery and aortic valve surgery, as well as about surgeon volume for high-risk procedures.
- Updating the Safe Practices measures to reflect changes made by NQF.
- Asking hospitals to acknowledge their support of the "Never Events" policy. "Never events" occur when a patient experiences a negative consequence of care that results in unintended injury, illness or death.



### For more information

- The Leapfrog Group at [www.leapfroggroup.org](http://www.leapfroggroup.org) or
- NQF at [www.qualityforum.org](http://www.qualityforum.org).

\*The Leapfrog Group is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded. Among other initiatives, Leapfrog works with its employer members to encourage transparency and easy access to health care information as well as rewards for hospitals that have a proven record of high quality care.

Source: The Leapfrog Group  
[www.leapfroggroup.org](http://www.leapfroggroup.org)

## Keeping you informed: NCQA required notification

The National Committee for Quality Assurance (NCQA) requires health plans to inform physicians of certain policies, standards and programs annually. These include:

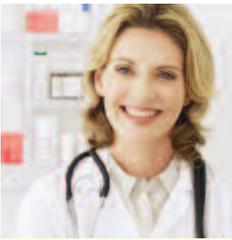
- Members' rights and responsibilities.
- Case management and disease management programs and how members and providers can access them.
- Information on advance directives.

For your reference, information on these topics is in the Health Care Professional Toolkit, accessible through our secure provider website.

### Learn more about advance directives online

As a reminder, the Centers for Medicare & Medicaid Services require that information on advance directives be documented in your Medicare patients' charts.

Advance directive forms for specific states are posted on [www.aetnacompassionatecare.com](http://www.aetnacompassionatecare.com). If the state you practice in is not listed, you or your patients can visit [www.uslivingwillregistry.com/forms.shtm](http://www.uslivingwillregistry.com/forms.shtm) for an advance directive form or for additional information.



# In Your Area

## Outpatient imaging precertification program – effective date changed

We changed the effective date of our outpatient imaging precertification program from March 1, 2007, to May 1, 2007, to ensure providers and their office staff are able to familiarize themselves with the new radiology precertification process.

### CONNECTICUT; MAINE; MASSACHUSETTS

MedSolutions will assume precertification responsibility for all high-tech outpatient diagnostic imaging procedures for all commercial and Medicare plans, except Traditional Choice® (indemnity) plans. This precertification applies to MRI/MRA, PET scan, CT/CTA and nuclear cardiology.

For Connecticut and Massachusetts, contact MedSolutions by calling 1-800-575-4417; for all other areas, call 1-888-693-3211. You can also reach MedSolutions by fax at 1-888-693-3210 or through their website at [www.medsolutionsonline.com](http://www.medsolutionsonline.com).

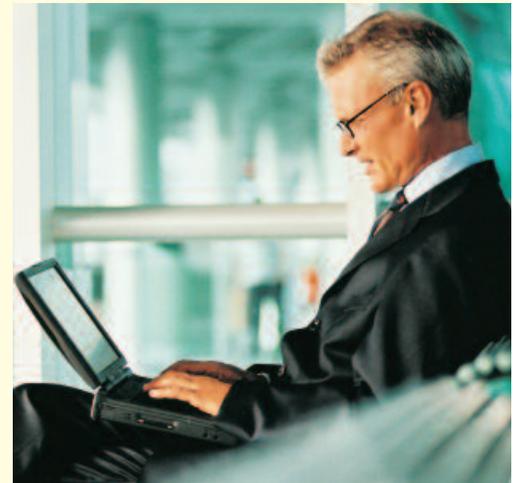
### METRO NEW YORK; NORTHERN NEW JERSEY

CareCore National will assume precertification responsibility for all high-tech outpatient diagnostic imaging procedures for all commercial and Medicare plans, except Traditional Choice® (indemnity) plans. This precertification applies to MRI/MRA, PET scan, CT/CTA and nuclear cardiology.

Metro New York counties include: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester. For Metro New York counties, contact CareCore

National by phone at 1-888-622-7329, by fax at 845-298-1490 or through their website at [www.carecorenational.com](http://www.carecorenational.com).

Northern New Jersey counties include: Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union and Warren. For Northern New Jersey counties, contact CareCore National by phone at 1-888-647-5940, by fax at 845-298-1490 or through their website at [www.carecorenational.com](http://www.carecorenational.com).



## Process changing for interim bills with DRG methodology

To provide more consistency in our claims payment procedures, we are changing our process for handling interim inpatient claims payable based on a DRG methodology for hospital admissions effective May 1, 2007.

This new policy, which affects very long-stay admissions, should reduce the reconciliation work for hospitals and other inpatient facilities.

### What this may mean for you

Currently, hospitals submit several bill types to us for longer inpatient confinements. These include interim bills (bill type 112 or 113), replacement bills (117) and final bills (114), for these inpatient confinements.

Because claims paid under a DRG methodology require the discharge DRG for accurate payment, we will not pay

hospitals when all interim bills are submitted. Instead, beginning May 1, we will pay the first interim bill (112 or 113) using the claims information to derive the appropriate DRG. We then will perform payment reconciliation upon receipt of the final bill or a replacement bill.

## Aetna OfficeLink Updates™ reader survey

Let us know if our newsletter is helpful. Your feedback helps us improve our efforts to provide meaningful information to you. Please take a moment to answer a few questions.

You may fax your responses to us at 860-273-0850 or mail them to:  
Aetna, CPE RS51, 151 Farmington Avenue, Hartford, CT 06156

### 1. What are the primary reasons you read Aetna OfficeLink Updates?

*(circle all that apply)*

- A. For policy, coding and reimbursement updates
- B. For electronic transactions and technology information
- C. For Aetna benefits plans and program updates
- D. For other information such as pharmacy updates and disease management programs

### 2. I am *(choose one)*:

- A. A physician
- B. A practice manager
- C. A nurse
- D. IPA/Administrative staff
- E. Other

### 3. Is the newsletter information helpful to you and easy to understand?

- A. Yes
- B. No

Why or why not? \_\_\_\_\_

### 4. How would you prefer to receive Aetna OfficeLink Updates?

- A. Paper copy via mail
- B. Electronic copy via email

If electronic, please sign up on <https://aetna.providerpreference.com> to begin receiving communications electronically:

### 5. What changes in the newsletter would you like to see? \_\_\_\_\_

We want you to know®



CPE RS51  
151 Farmington Ave.  
Hartford, CT 06156

Contact us at:

[OfficeLinkUpdates@aetna.com](mailto:OfficeLinkUpdates@aetna.com)

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- Primary Care Physicians
- Specialists
- Physician Assistants/Clinical  
Nurse Specialists
- Nurses
- Referral and Precertification Staff

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## New tools enhance communication between doctors and with patients

To help you and your patients improve continuity and coordination of care through better communication, we've created two new tools for providers and members.

### **Behavioral Health form makes physician communication easier**

The Behavioral Health/Medical Provider Communication form is designed to help primary care physicians or other medical providers share relevant information about a patient's treatment regimen with behavioral health providers, and vice

versa. The aim is to help improve continuity and coordination of care. The form allows you to share detailed information about the patient's diagnosis, medications, and risks/concerns. It is located on our secure provider website in the Forms Library.

### **Promote information sharing with Make the Connection flyer**

The Make the Connection flyer encourages members to share their medical information with both their medical provider and their behavioral

health provider. Under the banner "Better Communication Means Better Care," the flyer outlines specific steps members can take to become more active participants in the communication process. We've posted a copy on our secure provider website on the Aetna Behavioral Health page. We encourage you to make copies of this flyer to share with your patients.

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