What is an Aetna HealthFund®
Health Reimbursement Arrangement?

Quick Overview

Aetna HealthFund (AHF) Health Reimbursement Arrangement (HRA) combines the comprehensive coverage of a deductible-based health plan with a health reimbursement fund that helps the patient pay for medical expenses — with no referrals or copays.

Patients use their reimbursement fund to pay their medical expenses, until there is no longer money available to use. You will receive payment directly from Aetna.

Once the patient’s deductible is met, generally the medical benefits plan begins to cover the medical expenses, with either the patient or the fund (if funds are still available) paying any coinsurance amount.

Patient responsibility may vary depending upon where the patient receives care. Please discuss provider options and preference with your patients.

What are the key features I need to know for my office?

Primary care physician (PCP) selection
Although it is recommended, patients are not required to select a PCP.

Referrals
No referrals are required. However, patients are encouraged to seek care from in-network physicians to stretch their fund dollars. Please discuss provider options and preference with your patients.

Precertification
Ordering physicians precertify care for patients and use the same precertification list used with other Aetna plans. View the list online — visit www.aetna.com, select “Health Care Professionals,” “Policies & Guidelines” then “Precertification.”

Copayments
Copays do not generally apply. Exceptions are indicated during the online eligibility/benefits inquiry.

Aetna’s Payment Estimator for providers
You can use Aetna’s Payment Estimator for providers. The Payment Estimator will:
• Supply your office with an estimated Aetna payment amount
• Give your office reliable estimates of patient copayments, coinsurance and deductibles
• Reduce, and potentially eliminate, after-the-fact financial surprises for you and your patients

Submitting claims
The process you use for submitting claims is the same as with all other Aetna health plans:
• You bill Aetna.
• Aetna processes the claim.
• Aetna sends you an Explanation of Benefits (EOB).
• The EOB indicates your payment and what the patient owes.
• You bill the patient (if applicable).

Use proper coding on claims for each diagnosis and service.

Preventive care
For AHF HRA patients, preventive care claims are generally paid at 100 percent.
**Aetna HealthFund Health Reimbursement Arrangement**

**Recognizing the AHF HRA ID**

![Aetna HealthFund ID Card](aetna.com)  

**Identifying patients enrolled in AHF HRA plans**
- “AHF” is listed on the upper right corner of the card.
- Under “AHF,” you’ll see the name of the underlying medical plan, which may be Aetna Choice® POS II, Open Access Aetna SelectSM, Open Access Managed Choice®, Health Network Only, Health Network Option, or PPO.
- There is no copay or PCP reference because neither is required, but PCP selection is recommended.
- Referrals are not required. For services that require precertification, call the number on the patient’s member ID card.

**Before patient arrives, check patient eligibility/benefits**

Use Aetna’s electronic solutions:
- Go to [www.aetna.com](http://www.aetna.com), select “Health Care Professionals,” then select “Medical Professionals Log In.” Enter your user name and password to log in to our secure provider website. Next, select “Eligibility,” then select “Eligibility and Benefits Inquiry.”

**OR**

- From the secure provider website, you can also use Aetna’s Payment Estimator for providers. Log in to our secure provider website, and look for Payment Estimator in your Aetna transactions menu.

**OR**

- Call the Aetna Voice Advantage® system at 1-888-MD-AETNA (1-888-632-3862) and respond to the voice prompt by saying “medical provider.”

Aetna Voice Advantage will provide the:
- Beginning fund amount
- Remaining fund amount
- Fund status
- Fund integration information

**Coding preventive care for AHF HRA patients**

When treating AHF HRA patients for prevention and wellness, submit claims with “routine” or “prevention and wellness” coding, instead of a medical diagnosis. Coding these correctly helps us to reimburse you in an accurate and timely manner. It also ensures members receive maximum benefits for preventive care.
- To encourage patients to stay healthy, annual physicals, well-child care and other preventive services are generally covered at 100 percent, up to the annual preventive care allowance.

**For more information**

**Learn more about the AHF HRA plan:**
- Simply log in to [www.aetnaeducation.com](http://www.aetnaeducation.com) by entering your user name and password.
- Select “Course Catalog.” The course “Aetna HealthFund HRA” is listed under “Office Administration” under “Products, Programs and Plans.”

This brief course explains what’s administratively different when working with patients enrolled in AHF HRA plans. It includes key features, how to handle administration and billing, and provides resources and tools for future reference.