Welcome to Aetna’s office manual for participating physicians, facilities and office staff.

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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).
Aetna Performance Network

Employers and employees look to us for options to help better control costs. That’s why we created the Aetna Performance Network.

When a member needs a procedure that requires a hospital visit, research shows that most members choose the doctor before they choose the hospital. And they choose the hospital based on where their doctor has privileges. The Aetna Performance Network tightly aligns 20 specialties that drive medical costs to top-performing hospitals.

To create the network:

• We evaluated our participating hospitals based on certain cost and quality criteria. In some cases, we applied other business considerations.
• We looked at specialists in 20 categories that frequently use those hospitals. Specifically on their usage of tier 1 hospitals. In some markets, we also reviewed 12 out of 20 specialties on additional measures for clinical quality and cost.

Our members pay a lower percentage of their medical costs when they use these Aetna Performance Network doctors and hospitals.

Specialties evaluated for the Aetna Performance Network:

• Allergy/immunology
• Cardiology
• Cardiothoracic surgery
• Dermatology
• Endocrinology
• Gastroenterology
• General surgery
• Infectious disease
• Nephrology
• Neurology
• Neurosurgery
• Obstetrics/gynecology
• Ophthalmology
Orthopedics
Otolaryngology (ENT)
Plastic surgery
Pulmonary critical care
Rheumatology
Urology
Vascular surgery

Specialties designated based on Aexcel® network criteria in Aexcel market locations and further refined by their utilization of Aetna Performance Network hospitals.

Where it’s currently available
- Arizona
- California (Central Valley, Los Angeles, northern California, Orange/Inland, San Diego)
- Connecticut
- District of Columbia (Washington, DC)
- Florida (Brevard County, northern Florida, southern Florida — Palm Beach and Broward counties, Tampa)
- Georgia (Augusta, Savannah)
- Illinois (Chicago)
- Indiana (Indianapolis)
- Kentucky (Louisville)
- Maine
- Massachusetts
- Nevada (Las Vegas)
- New Hampshire
- New Jersey (northern, southern)
- New York (metropolitan New York City, upstate)
- North Carolina (Charlotte, Raleigh–Coastal–Greenville, Winston–Salem)
- Ohio (Cincinnati, Cleveland, Toledo)
- Oklahoma (Oklahoma City, Tulsa)
- Pennsylvania (northeast — Scranton, southeast — Philadelphia)
- South Carolina
- Tennessee (Chattanooga, Nashville)
- Texas (Austin, Houston, San Antonio)
- Virginia (Hampton Roads, Richmond, Roanoke)
- West Virginia
- Wisconsin (southeastern)

To find a doctor or hospital in the Aetna Performance Network, visit our DocFind® online provider directory.

**Savings Plus**

We created Savings Plus to help employers and employees better control costs. Savings Plus also tightly aligns specialties that drive medical costs to top-performing hospitals.

To create the network:
- We evaluated our participating hospitals based on certain cost and quality criteria. In some cases, we applied other business considerations.
- We looked at providers in up to 22 specialty categories who frequently use those hospitals. This included primary care in certain markets.

Our members get the highest level of benefits when they use these Savings Plus doctors and hospitals.

Specialties evaluated for Savings Plus:
- Allergy/immunology
- Cardiology
- Cardiothoracic surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General surgery
- Hematology/oncology
- Infectious disease
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Plastic surgery
- Primary care
- Pulmonary critical care
- Rheumatology
- Urology
- Vascular surgery

Where it’s currently available
- Arizona (Maricopa, Pima, Pinal)
- Illinois (Chicago area, Lake County, northwest Indiana)
- Ohio (Lake County area)
- Oklahoma (Oklahoma City, Tulsa)
- Texas (Austin, Houston, San Antonio)

To find a doctor or hospital in Savings Plus, visit DocFind®, our online provider directory. Choose the Savings Plus plan in your search selections.
## Contacts

| Allergy extract vendor | **Nelco Lab**  
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<tr>
<td></td>
<td>Phone: <strong>1-800-541-0790</strong></td>
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| Complaints and appeals address | **Aetna Complaints and Appeals**  
|--------------------------------|----------------------------------|
|                                | PO Box 14020  
|                                | Lexington, KY 40512               |

| Dental | **Visit [DocFind](#)**, our online provider directory. |

| Durable medical equipment | **Visit [DocFind](#)**, our online provider directory. |

| Enhanced Clinical Review Program | Preauthorization is required for the following procedures:  
|----------------------------------|----------------------------------------------------------|
|                                  | • Elective outpatient magnetic resonance imaging (MRI)/  
|                                  | magnetic resonance angiography (MRA), nuclear cardiology,  
|                                  | positron emission tomography (PET) scans, computed  
|                                  | tomography (CT)/computed tomography angiography (CTA)  
|                                  | • Facility-based sleep studies  
|                                  | • Elective outpatient stress echocardiography and diagnostic  
|                                  | left and right heart catheterization  
|                                  | • Elective inpatient and outpatient cardiac rhythm implant  
|                                  | devices  
|                                  | Preauthorization is required for all Aetna members enrolled in  
|                                  | our commercial and Medicare Advantage benefits plans in  
|                                  | the following areas:  
|                                  | • Illinois  
|                                  | • Indiana  
|                                  | • Kansas  
|                                  | • Kentucky  
|                                  | • Michigan  
|                                  | • Missouri  
|                                  | • Ohio  
|                                  | • Oklahoma  
|                                  | • Wisconsin  
|                                  | Preauthorization requests should be made by contacting  
|                                  | **MedSolutions** at:  
|                                  | • Phone: **1-888-693-3211**  
|                                  | • Fax: **1-888-693-3210**  

| Home health | **CSI Network Services**  
|-------------|-----------------------------------------------------------------|
|             | Phone: **1-888-873-7888**  
|             | • Michgan  
|             | • Ohio  
|             | **All other markets:** Visit [DocFind](#), our online provider directory. |
Home infusion

CSI Network Services
Phone: 1-888-873-7888

- Michigan
- Ohio

All other markets: Visit DocFind, our online provider directory.

Hospice

CSI Network Services
Phone: 1-888-873-7888

- Michigan
- Ohio

All other markets: Visit DocFind, our online provider directory.

Laboratory

Aetna’s network offers your patients access to a nationally contracted, full-service laboratory. It has conveniently located patient service centers.

Quest Diagnostics® is our national preferred laboratory. It provides tests and services to all Aetna members.

Find a convenient location, schedule an appointment and get testing reminders by visiting Quest Diagnostics or calling 1-888-277-8772.

Your market may also have contracted with local laboratory providers.

For a complete list of participating labs available in your area, visit DocFind, our online provider directory.

Nonparticipating provider and special services request

For HMO-based products:
1-800-624-0756

For PPO-based products:
1-888-MD-Aetna (1-888-632-3862)

Paper claims address

Aetna
PO Box 981106
El Paso, TX 79998-1106

Physical therapy and occupational therapy (PT/OT)

American Therapy Administrators
Phone: 1-888-560-6855

- Kansas and portions of Missouri (HMO only)
- Oklahoma (Oklahoma City, Tulsa)

Rehab Provider Network (RPN)
Phone: 1-888-256-2248

- Ohio only

All other markets: Visit DocFind, our online provider directory.

Radiology

Visit DocFind, our online provider directory.

Respiratory therapy

Visit DocFind, our online provider directory.
### Skilled nursing facility networks

For all Mid-America markets:

**Management Network Services (MNS)**  
Phone: 1-800-949-2159

For additional participating providers, visit [DocFind](#), our online provider directory.

### Speech therapy

**American Therapy Administrators**  
Phone: 1-888-560-6855

- Kansas and portions of Missouri (HMO only)  
- Oklahoma (Oklahoma City, Tulsa)

**Rehab Provider Network (RPN)**  
Phone: 1-888-256-2248

- Ohio only

**All other markets:** Visit [DocFind](#), our online provider directory.

### Vision networks

**EyeMed**  
Phone: 1-888-581-3648

For participating providers, visit [DocFind](#), our online provider directory.
Hospitalist programs in Kansas City and St. Louis

Hospitalists can act as referring physicians for the coordination of adult medical and surgical inpatient services. They may admit members, evaluate members in the emergency room and coordinate all clinical services that members require.

They also work closely with our Case Management department to help with continuity of care on discharge or transfer to an alternate level of care.

As part of their obligation to you and our members, hospitalists will provide notification and written documentation of your patient’s status on admission, during the stay and upon discharge. They will also contact members upon discharge to assess their post-discharge progress. And they will assess if the member is receiving appropriate follow-up care.

The use of any participating hospitalist physician’s services is strictly voluntary, and in any circumstance where a member objects to the hospitalist attending to his or her care, the PCP will be informed so that he or she can reassume direction of the patient’s care.

Radiology accreditation requirements

Aetna has radiology accreditation requirements for our commercial and Medicare Advantage business.

To be eligible for reimbursement for the technical part of advanced diagnostic imaging procedures, the following types of providers must be accredited by the American College of Radiology (ACR) and/or the Intersocietal Accreditation Commission (IAC):

- Freestanding imaging centers
- Independent diagnostic testing facilities
- Nonphysician practitioners
- Office-based imaging facilities
- Physicians
- Suppliers of advanced diagnostic imaging procedures

This accreditation requirement applies to the technical part of advanced diagnostic imaging procedures. For these purposes, advanced diagnostic imaging procedures exclude X-ray, ultrasound, fluoroscopy and mammography.

Included are:
- MRI
- MRA
- CT
- Echocardiograms
- Nuclear medicine imaging, such as PET
- Single photon emission computed tomography (SPECT)

Note:
- This requirement will not apply to patients who are in the hospital or in hospital emergency departments.
- This policy will not apply to hospitals, unless they own one of the above listed providers.
- The accreditation process can take 9 to 12 months.

PCP initial lab designation and change request forms

Refer to the forms library for the Initial Lab Designation and Change Request Forms for Oklahoma. Log in to our secure provider website. Once there, go to Plan Central > Aetna Health Plan > Aetna Support Center > Forms Library > Lab Selection Forms.

Note:
- Providers not accredited by the ACR or IAC by January 1, 2012, will not be eligible for payment for advanced diagnostic imaging services.
The voluntary Specialist as Principal Physician Direct Access (SPPDA) program provides eligible members suffering from serious or complex medical conditions with direct access to covered specialty care.

**Program details**

HMO-based members with serious or complex medical conditions who require ongoing specialty care are eligible for participation in the program. “Serious or complex medical conditions” are medical conditions or diseases that are:

- Life-threatening
- Degenerative
- Disabling

Examples include: acquired immune deficiency syndrome (AIDS), cancer, chronic and persistent asthma, diabetes with target organ involvement, emphysema and organ failure that may require transplant.

To help promote continuity of care for members participating in the SPPDA program, these members’ PCPs will continue to play an active role in coordinating their care. PCPs will:

- Help, where appropriate, in drafting any necessary treatment plans
- Treat problems unrelated to those that caused the member to enroll in the program
- Receive periodic updates concerning the care their patients have received through the program

The SPPDA program is in addition to existing programs by which eligible members may directly access covered obstetric/gynecologic, mental health, substance abuse or routine vision services or treatment. The program is not available to members suffering from conditions that are not serious or complex. Members with such conditions may, however, request limited standing referrals from their PCPs.

The member must meet specific medical criteria for chronicity and severity of a chronic condition as defined below:

- The PCP must have seen the patient within three months prior to requesting the direct access authorization.
- The primary diagnosis is based on a chronic disease.
- There may or may not be a secondary diagnosis (comorbidity).
- The patient has evidence of severe disease or progression in spite of treatment.

For help, call Patient Management at the number on the member’s ID card.

**Utilization review policies**

Aetna has a utilization review/patient management program for determining what health care services are covered and payable under the health plan and the extent of such coverage and payments. The program helps members:

- Receive appropriate health care
- Maximize coverage for those health care services

You can find more information on our utilization review policies, including precertification, concurrent review and discharge planning, and retrospective review on our public website.

www.aetna.com

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23.20.803.1 A (11/14)