

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

For your doctor

Provider instructions for your Aetna MedicareSM Plan (PPO)

Give this important flyer to your doctor



Keeping your doctors

With the Aetna Medicare Advantage PPO plan, **you get the freedom** to see any licensed provider, as long as they are eligible to receive Medicare payment and accept your plan. But you won't pay more to see an out-of-network provider for medical services.

If you need help finding out if your doctor accepts the plan, just call us at **1-800-307-4830 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET. We'll contact your provider and confirm, or we can help you find other nearby providers to meet your needs.

Dear provider,

Your patient is a member of the Aetna MedicareSM Plan (PPO)—also known as the Aetna Medicare Advantage PPO plan.

Aetna[®] is a retiree benefits health plan partner. This unique, customized group plan is only available to members and their dependents whose former employer sponsors this plan.

You can see Aetna Medicare Advantage PPO plan members even if you're not part of our network.

Just read this information sheet to learn how Aetna Medicare makes it easy for your patients to continue seeing you under our plan, regardless of whether you are in our network.



Provider—Keep this with your patient's file

What you need to know

- If you already participate with Aetna[®], the terms of your agreement apply.
- If you **don't currently participate with Aetna, no contract** is required to see patients enrolled in the group Medicare Advantage plan.
- We encourage you to join our network; you'll find it's **easy to work with us**. Visit aetna.com/joinAetna today.
- This plan covers **the same benefits as Original Medicare and more**, including many preventive services.
- Referrals are **not** required.
- Precertification is **recommended**, but not required.
- You should collect the copayment for covered services as shown on your patient's Aetna ID card.
- Billing is simplified. Submit one bill to Aetna and receive one remittance.
- Reimbursement is simple and easy.
- The Medicare fee schedule and Medicare limiting charges will apply.

What we pay you

- **Medicare-allowable rates** for clean claims on covered services under your patient's plan
- **Minus the patient cost share** (copayment) under your patient's plan

How to submit claims

Include the patient-paid amount on claims submitted to us. Claims will be processed based on:

- Original Medicare billing rules
- Medicare fee schedule and Medicare limiting charges
- All prospective payment system requirements
- Local coverage determinations
- The patient's plan documents, including their Evidence of Coverage

With respect to bundling/unbundling logic, we use the National Correct Coding Initiative (NCCI). The link to NCCI on the Centers for Medicare & Medicaid Services (CMS) website is **CMS.gov/nationalcorrectcoding/**

Electronic claims submission

Use our electronic payer ID #60054.

Paper claims submission

Submit all paper claims for covered services using an Aetna claim form or by using the standard CMS-1500 or UB-04 form and send to:

Aetna
PO Box 981106
El Paso, TX 79998-1106

If you have questions, you may contact Provider Services at **1-800-624-0756**, Monday–Friday, 8 AM–5 PM local time.

Here's the Aetna medical ID card your patient will have:

