



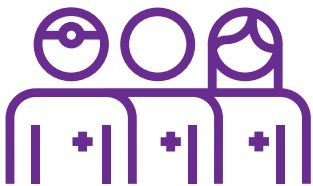
# For your doctor

Provider — Keep this flyer with your patient's file

## Dear Provider,

Your patient is a member of the Aetna Medicare<sup>SM</sup> Plan (PPO) with Extended Service Area (ESA) – also known as the Aetna Medicare Advantage plan.

Aetna is a retiree benefits health plan partner. This retiree will be a member of the Aetna Medicare Advantage PPO ESA. This unique, customized group plan is only available to members whose former employer sponsors these plans.



You can see Aetna Medicare Advantage 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.

If you have questions after using the resources, just call **1-800-624-0756**, Monday–Friday, 8 AM–5 PM local time.



# 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**.
- This plan covers all **Original Medicare benefits and more**, including many preventive services.
- Referrals are **not** required.
- Precertification is recommended, but **not** required.
- You should collect the copayment, coinsurance and/or deductible for covered services as shown on your patient's Aetna Medicare Advantage 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
- **Less the patient cost share** (copayment, coinsurance and/or deductible) under your patient's plan



# How to bill Aetna



## 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 [www.cms.gov/nationalcorrectcodinitied/](http://www.cms.gov/nationalcorrectcodinitied/).



## Electronic claims submission

Use our electronic payer **ID #60054**.

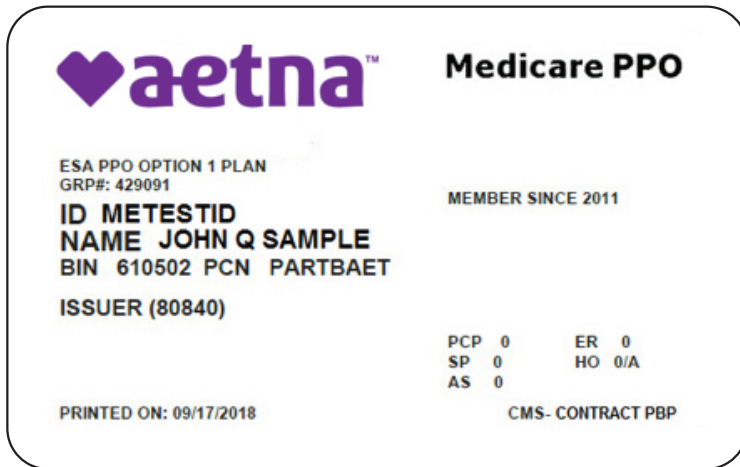


## Paper claims submission

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

# Here's the Aetna ID card your patient should have



Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

[AetnaRetireePlans.com](http://AetnaRetireePlans.com)

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