For your doctor

Provider instructions for your Aetna Medicare℠ PPO ESA Plan

AetnaRetireePlans.com

❤aetna®

AetnaRetireePlans.com
2535850-01-01 (08/23)

❤aetna®

Flexibility and confidence to choose your doctors

The Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans.

It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is:

- Eligible to receive payment under Medicare
- Willing to bill & accept payment from Aetna

Dear provider,

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

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 **aet.na/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/nationalcorrectcodinited/**

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:

aetna® — Medicare PPO

PLAN SPONSOR NAME
HRP Plan Name
PLAN# XXX-EG00000000X
ID 101XXXXXXXXX
NAME SAMPLE SAMPLETON
RxBIN 610502   RxPCN MEDDAET
RxGRP# RXAETD

MedicareRx
Prescription Drug Coverage

ISSUER (80840)
PCP/Office Name:
Dr. Sample
999-999-9999   XXXXXXXXX

PCP	$xx
ER	$xx
AS	$xx
HO	$xx/A
SP	$xx

Printed on: xx/xx/xxxx   **HXXXX-PBP**

AetnaRetireePlans.com

Customer Service	1-8xx-xxx-xxxx
Prescription Drug	1-8xx-xxx-xxxx
24 Hour Nurse Line	1-8xx-xxx-xxxx
Provider Services	1-8xx-xxx-xxxx
TDD/TTY	711

Send claims to:
Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106
          This card does not guarantee coverage.

Payer ID# 60054