



For your doctor

Provider instructions for your Aetna MedicareSM Plan PPO ESA

4335602-01-01 (12/24)



Give this important flyer to your doctor



Flexibility and confidence to choose your doctors

The Aetna Medicare Advantage for MHBP Standard Option plan is a PPO ESA plan. It allows you to see any provider nationwide (whether in the network or not), and you have the same \$0 copay or coinsurance 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®

It also covers you nationally when travelling and you have worldwide coverage for emergency and urgent care.

Dear provider,

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

Aetna is a retiree benefits health plan partner. This unique, customized Aetna Medicare Advantage plan is only available to MHBP Standard Option plan members and their dependents.

You can see Aetna Medicare Advantage for MHBP Standard Option 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.

1.1M+
Providers in the Aetna national network*

4,300+
hospitals in the Aetna national network



*Aetna Medicare Advantage PPO network as of July, 2024.

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 Aetna Medicare Advantage for MHBP Standard Option plan.
- We encourage you to join our network; you'll find it's **easy to work with us**. Visit [aet.na/joinAetna](https://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.
- There is no copayment to collect. Aetna Medicare Advantage for MHBP Standard Option plan members have a \$0 copay or coinsurance.
- 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.

How to submit claims

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/nationalcorrectcodinitd](https://cms.gov/nationalcorrectcodinitd)**

Electronic claims submission

Use our electronic payer ID #60054.

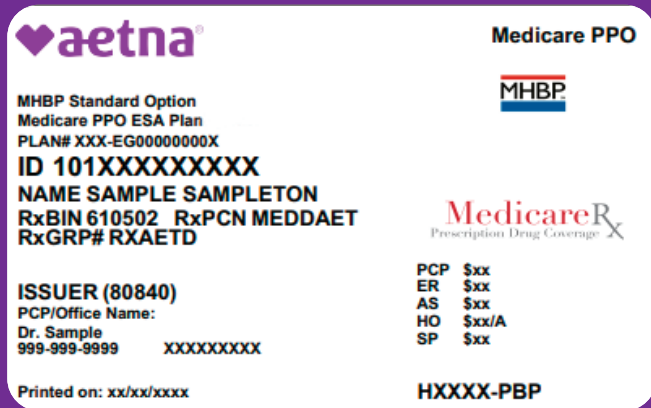
Paper claims submission

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® member ID card your patient will have:



Participating 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.

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