

What Health Care Providers Need to Know About Private Fee-for-Service Plans

Aetna Medicare Open Plan is a Medicare Advantage private fee-for-service (PFFS) plan authorized by the Centers for Medicare & Medicaid Services (CMS). A PFFS plan is different than an HMO, PPO, or Medicare supplement plan.

A beneficiary who enrolls in a Medicare Advantage PFFS plan is free to use any provider willing to treat the enrollee and accept our plan's terms and conditions of payment. You can view our terms and conditions of payment by visiting our website at http://www.aetna.com/members/medicare/data/terms_conditions.pdf and if you have questions, then you can call us at 1-800-624-0756. Enrollees must inform you, before obtaining services from you, that they have purchased Aetna Medicare Open Plan for their Medicare coverage. This gives you the right to choose to accept Aetna Medicare Open Plan enrollees. You have a right to make that choice each time service is needed by an Aetna Medicare Open Plan enrollee. You do not have to sign a contract to see Aetna Medicare Open Plan enrollees.

If You Decide to Accept Aetna Medicare Open Plan Terms and Conditions of Payment

Your agreement to our plan's terms and conditions of payment is inherent in your decision to treat an Aetna Medicare Open Plan enrollee. If you decide to treat an Aetna Medicare Open Plan enrollee, you will be subject to our plan's terms and conditions of payment and must bill Aetna Medicare Open Plan for covered services. However, you have the right to decide, on a patient-by-patient and visit-by-visit basis, whether to treat Aetna Medicare Open Plan enrollees. You may learn our terms and conditions of payment and other information about our plan on the Health Care Professionals section of our website at www.aetna.com or by calling us at 1-800-624-0756, Monday through Friday, 8 am to 5 pm.

If You Decide Not to Accept Aetna Medicare Open Plan Terms and Conditions of Payment

If you decide not to treat an Aetna Medicare Open Plan enrollee, you should not provide services to the enrollee, except for emergencies.

If you choose to provide services, then you have by default agreed to our terms and conditions of payment and you must bill Aetna Medicare Open Plan for covered health care services. You must collect from the enrollee only the appropriate Aetna Medicare Open Plan copays or coinsurance at the time of service. You may at any time, on a patient-by-patient and visit-by-visit basis, decide that you do not want to treat an Aetna Medicare Open Plan enrollee.

We will follow CMS requirements for timely payment of claims. You may learn our billing requirements on the Health Care Professionals section of our website at www.aetna.com or by calling us at 1-800-624-0756, Monday through Friday, 8 am to 5 pm.

For more information about PFFS plans see Provider Qs & As at CMS's web site <http://www.cms.hhs.gov/PrivateFeeforServicePlans/>. If you have questions about Aetna Medicare Open Plan, please call Aetna Provider Services at 1-800-624-0756.

Benefits coverage is provided by Aetna Life Insurance Company, a Medicare Advantage organization with a Medicare contract.