



Thank you for your continued partnership and collaboration.  
This bulletin keeps you informed of MDX Hawaii's current initiatives and program announcements

## MDX Hawaii New Edit Alert:

### CADX (Chemotherapy Administration Diagnosis Policy) Edit:

**Effective Date:** Process Date 06/01/2023

**Edit Summary:** CADX edit will be applied and deny chemotherapy administration procedures when a valid Primary, First-Listed, or Principal diagnosis is not reported. CADX will **NOT** apply if the diagnosis code indicates the patient is receiving chemotherapy for a non-neoplastic condition or part of immunotherapy.

**Claims that qualify for CADX edit:** Will be denied using the following adjudication code for UB04 and CMS-1500:

- XD124 – Denied – Chemotherapy administration service procedure code was not submitted with the appropriate primary or principal diagnosis code.

#### To prevent claim denials:

- **Example:** if code 96401 is reported on a claim line and the primary diagnosis on the line is reported as C50 (Malignant neoplasm of breast).

**Additional References:** ICD-10-CM Manual

### CODX (Chemotherapy Only Diagnosis Edit) Edit:

**Effective Date:** Process Date 06/01/2023

**Edit Summary:** CODX edit will be applied and deny procedures when the only diagnosis code on the line is a related 'Z' code. The malignancy for which the therapy is being administered should be assigned as the secondary diagnosis.

**Claims that qualify for CODX edit:** Will be denied using the following adjudication code for UB04 and CMS-1500:

- XD125 – Denied – Procedure code was submitted with an encounter for antineoplastic chemotherapy or antineoplastic immunotherapy code as the only diagnosis on the line.

#### To prevent claim denials:

- **Example:** If code 85025 is reported on a claim line and reported **ONLY** with Z51.23 and no other diagnosis on the line, denial edit will be applied to 85025.

**Additional References:** ICD-10-CM Manual

### DXSQ (Sequela Diagnosis Edit) Edit:

**Effective Date:** Process Date 06/01/2023

**Edit Summary:** DXSQ edit will be applied according to the ICD-10-CM manual guidelines Sequela (7<sup>th</sup> character "S") codes cannot be listed as the Primary, First-Listed, or Principal diagnosis on a claim. Coding of a sequela requires reporting of the condition or nature of the sequela sequenced first, followed by the sequela (7<sup>th</sup> character "S") code. The sequela Diagnosis (DXSQ) edit will deny claim line(s) when the Primary, First-Listed, Principal, or Only diagnosis code is a Sequela diagnosis code (7<sup>th</sup> character "S").

**Claims that qualify for DXSQ edit:** Will be denied using the following adjudication code for UB04 and CMS-1500:

- XD126 – Denied – Procedure code was submitted with a sequela diagnosis code as the only, primary or principal.

#### To prevent claim denials:

- **Example:** If code 99234 is reported on a claim line and the only diagnosis reported is V00.131S (Fall from skateboard, sequela).

**Additional References:** ICD-10-CM Manual

### MADX (Manifestation Diagnosis Code) Edit:

**Effective Date:** Process Date 06/01/2023

**Edit Summary:** MADX edit identifies when any procedure or service is billed and the Primary, First-Listed, Principal, or Only Diagnosis is a manifestation diagnosis code. The procedure code is denied because a manifestation diagnosis code is a diagnosis of some other underlying disease, not the etiology of the disease itself. The MADX edit will be applied to the procedure or service with the reason Primary, First-Listed, Principal, or Only Diagnosis inappropriately coded.

**Claims that qualify for MADX edit:** Will be denied using the following adjudication code for UB04 and CMS-1500:

- XD127 – Denied – Procedure code was submitted with a manifestation diagnosis code as the only, primary or principal.

#### To prevent claim denials:

- **Example:** The claim has a manifestation diagnosis code as the Primary, First-Listed, Principal, or Only Diagnosis on the claim.

**Additional References:** ICD-10-CM Manual **OR** OCE Data Files



## LADX (Laterality Policy Diagnosis to Diagnosis) Edit:

**Effective Date:** Process Date 06/01/2023

**Edit Summary:** LADX edit will apply when a procedure code is reported, and the associated diagnosis code(s) are mismatched per ICD-10 guidelines.

**Claims that qualify for LADX edit:** Will be denied using the following adjudication code for UB04 and CMS-1500:

- XD128 – Denied – Procedure code was denied because two or more diagnosis codes associated are mismatched per the ICD-10 Official Guidelines for Coding and Reporting.

### To prevent claim denials:

- **Example:** A claim is not submitted with the most appropriate ICD-10 diagnosis code specificity reported.

**Additional References:** ICD-10-CM Manual

## Focus on Monitoring Urinary Incontinence (Bladder Control)

An area where we can focus on improvement for this year is Doctor-Patient conversation on Bladder Control. In the U.S., 51% of women and 14% of men experience urinary incontinence. Those who do report poorer physical health, mental health, and quality of life. For older adults, it can potentially reduce the ability to socialize and be independent. Discussing this clinical indicator with patients can build trust and improve their overall well-being.

Bladder Control is part of the Health Outcomes Survey (HOS) that Centers for Medicare and Medicaid (CMS) administers to Medicare Advantage patients from August to November. Eligible patients are 65 years and older who have experienced a urine leakage problem in the past 6 months and have discussed treatment options with their doctor. Patients are randomly selected and will be surveyed twice over a two-year period. HOS comprises a total of 13% of the STAR Ratings result in 2022.

The following questions are part of the CMS Health Outcomes Survey for bladder control sent to your patients:

- In the past 6 months, have you experienced leaking of urine?
- How much did leaking of urine make you change your daily activities or interfere with your sleep?
- Have you discussed treatment options with your doctor or other healthcare provider?

MDX received the scores for Bladder Management from both Health Plans as they conducted the Patient Experience

survey with your patients who are Medicare Advantage members. We share these results with you to help understand which areas need more attention. Humana showed that it is at 40.53% and United Health Care is at 53%. (See attached pdf files.)

### How you can help:

1. Screen regularly and ask your patients to complete a bladder control assessment/checklist in person or prior to the visit.
2. Discuss with patients if they are having difficulty with urine leakage.
3. Ask patients to keep a daily diary tracking when they urinate and when they experience urine leakage.
4. Determine if exercise or other treatment options, such as medications or surgery, may help.
5. If surgery is needed, refer patient to a specialist to follow through on the care plan.
6. Consider using screen savers or display posters in waiting or exam rooms. We have flyers, posters, waiting room slides, and waiting room questionnaires available. Please let us know if you want any materials.

We value your partnership in taking care of our members!

If you have questions or would like more support or resources, please contact the Quality Team at [QualityAnalysts@mdxhawaii.com](mailto:QualityAnalysts@mdxhawaii.com) or fax us at (808)-451-2201.

## CAHPS and HOS Surveys

Patient interaction plays an important role in your patient's overall health. The CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey and HOS (Health Outcomes Survey) conducted by CMS provide important feedback on your patient's experience. For 2023, 41% of the Health Plan's CMS STAR Ratings will come for CAHPS (38%) and HOS (3%).

The CAHPS survey is sent out annually between February and June to a random sample of Medicare Advantage members. The results reflect how your patients perceive their healthcare experience. The HOS is sent out annually between August and November and aims to provide a deeper understanding of mental and physical health outcomes. Both survey results aim to identify areas of improvement that would help increase quality of care and better patient experience.

UnitedHealthcare offers monthly Lunch n' Learn sessions to discuss strategies for improving patients' perception of care. See the flyer below for more info, and/or click [here](#) to join. Each month will focus on a different topic.



## May 2023 PX Lunch n' Learn



Guest presenter:  
Tina Armstrong and Kirstin Sellers from  
UW Valley Renton.

### Discussing Market Proven Provider Recognition Program

Thursday, May 25th  
12:00-1pm (PST)

[\(Click here to join the meeting\)](#)

Join us for a high-level overview on the importance of follow up on test results for patients.

**United Healthcare Facilitators:**  
Ashley Egan, Patient Experience Program Manager  
WA  
William 'Bill' Banash, Patient Experience Program  
Manager WA, OR, HI

Why you should attend:  
•STARs ratings are focusing more on Patient Experience each year  
•Patient Experience touches on ALL things in healthcare, including Quality measures  
•Access to Px resources, support and Px experts to help you in your work

What you will learn:  
•What patients are thinking, saying and feeling regarding Px  
•What you can do to improve your groups biggest Px areas of opportunity  
•Market proven ideas, concepts and standardized Px best practices

Microsoft Teams meeting  
**Join on your computer or mobile app**  
[Click here to join the meeting](#)  
**Or join by entering a meeting ID**  
Meeting ID: 217 677 713 887  
Passcode: Fe4QMP  
**Join with a video conferencing device**  
[425899727@uplcmx.com](mailto:425899727@uplcmx.com)  
Video Conference ID: 111 285 244 13

We also offer toolkits that can be used in-office to remind patients to talk to you about urinary incontinence and other triggers that can improve CAHPS and HOS results. Ask your Provider Engagement representative if you would like to take advantage of this free resource!

## 2023 Patient Experience

Finally, the new [2023 Patient Experience Guidebook](#) is now available! We especially recommend page 8 (excerpted below), which features quick tips on preparing for positive patient experiences. Check it out—and thank you for partnering with us and taking care of our members!

### Preparing for positive patient experiences

We encourage you to use this checklist as you plan for delivering excellent patient experiences. Taking these steps may help you receive high patient experience scores in post-visit surveys.

#### Pre-visit

##### 1. Gather information and let patients know what to expect

- Provide alternate appointment options (e.g., telehealth, before/after hours or wait list) if it helps them get the care they need, when they need it
- Request patients bring in a list of specialists they're seeing and any prescription or over-the-counter medications they're taking
- Send preappointment reminders by email or phone
- Offer checklists to complete before visit (medical history)
- Set expectations of office waiting time

##### 2. Establish a care coordination process

- Obtain and/or order medical records and review them (e.g., lab test results, specialist records and preventive screening results)
- Send medical records to referring health care professionals

##### 3. Prepare for scheduled patients

- Review the next day's appointment at the end of every day, or every morning
- Create patient chart
- Document patient's preferred communication method

##### 4. Use data to help drive the visit

- Incorporate patient information from UnitedHealthcare data platforms into your visit (e.g., Patient Care Opportunity Review (PCOR), PreCheck MyScript® (PCMS) and Practice Assist)

#### During the visit

##### 1. Provide care

- Review medications
- Review specialist visits
- Provide follow-up lab or test information
- Assess changes in balance, physical activity and bladder control
- Remind patients that they may receive a patient experience survey by automated call after their visit

##### 2. Complete administrative tasks

- Request prior authorizations
- Schedule appointments for specialists or tests and create patient reminders

#### Post-visit

##### 1. Follow up with patient

- Give patients a post-visit summary to reference
- Communicate delivery method and timing of lab or test results
- Remind the patient they may receive a post-visit follow-up survey
- Schedule any additional specialist visits, labs or tests

##### 2. Post-discharge follow-up

- Call patients after hospitalization to follow up on their medications, reconcile their medications and schedule follow-up appointments

##### 3. Review patient survey results and plan for next visit

- Use the patient experience post-visit survey to help inform areas you could improve

## Commercial Network Alert (Cigna)

### Reimbursement Policy Update — Evaluation and management codes billed with modifier 25 and minor procedures

Cigna will require the submission of office notes with claims submitted with evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed. The effective date is based on date of service, and varies based on state-regulated notice requirements:

- **Colorado, Kentucky, Ohio, and Texas:** June 11
- **All other states:** May 25

The E&M line will be denied if Cigna does not receive documentation that supports that a significant and separately identifiable service was performed. Denials will include administrative appeal rights.

Cigna will update Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service (M25) reimbursement policy to reflect this change. Affected providers will be notified by March 10.

### Reimbursement policy update – Revenue codes 270–279 billed without a procedure code

Cigna will implement a new reimbursement policy, Revenue Code Billing Requirements (R41), to administratively deny revenue codes 270–279 when billed without a procedure code. Revenue codes 270–279 are used to bill for medical and surgical supplies and devices, including prosthetics and orthotics, pacemaker supplies, and implants. The effective date is based on date of service and varies based on state-regulated notice requirements:

- **Colorado, Kentucky, Ohio, and Texas:** June 1
- **All other states:** May 1

Denials will include administrative appeal rights. Affected providers will be notified by March 1.

Information about these updates will also be included in the second quarter 2023 issue of *Network News* and posted at [CignaforHCP.cigna.com](http://CignaforHCP.cigna.com).





## Your Aetna® provider newsletter is here

Dear health care professionals and staff members,

Thank you for being a part of the Aetna® network. Here is the latest edition of the OfficeLink Updates™ (OLU) newsletter, which keeps you updated on important policy changes and other essential news.

If you missed the latest [Provider Education Week emails](#), you can read them now. Send topic suggestions to [New Provider Training](#) anytime.



Featured this quarter

### Your provider profile is powerful — make essential updates today

*Doing so is a quick and easy way to help patients find you, create trust and remain compliant*

When patients search for you, they first need to know whether you are in network, where you practice and how to contact you. Many also want to know if you offer virtual visits.

Your provider profile is powerful, and when updated on a regular basis, it helps patients and your practice.

**Find out how** or get started by following the steps shown in our new **quick reference guide**, which you can use to make these essential updates in our [Availity provider portal](#).\*

\*Availity® is available only to U.S. providers and its territories.

### Changes coming with the June 2023 quarterly newsletter

*Survey feedback helped us revisit how you experience OLU!*

Here's what's changing:



## The email

What you receive will be much shorter.

- The email message will not list the articles, and you will not be able to click on them as you have been.
- Instead, you will be able to go to a single web page that will allow you to easily find what you need to read.

## The OLU website

This website will now be a single web page. It will show all our usual categories and list all the articles.

- The state-specific section is now the second section, since many of you stated that you mainly read articles that are specific to your state.
- Once you decide what you need to read, you can jump to the PDF table of contents.

## The PDF

The PDF will now have a detailed table of contents, and every article will be bookmarked.

## The monthly OLU email and the provider education bulletin emails

Both of these emails will soon have a new look that will help you with readability and scanning.

You will likely see these changes with the April OLU monthly email and with the Q2 provider

Have a topic you'd like addressed in the OLU newsletter? We welcome your feedback.

[Send us your questions and comments.](#)

Do you know someone who would like to receive the OLU newsletter?

[Send an email message](#) that includes the person's name, role, email address, and NPI and/or TIN.

Please note that the OLU inbox is for OLU-related inquiries only.

If you have other questions, you can go to our [Contact Aetna](#) page or use the "Contact Us" form located on [Availity](#).



## 90-DAY NOTICES

We're required to notify you of any change that could affect you either financially or administratively at least 90 days before the effective date of the change. These changes might not be considered material changes in all states. Unless otherwise stated, policy changes apply to both Commercial and Medicare lines of business.

[Claims edits for home health care during inpatient stays](#)

[Changes to commercial drug lists begin on July 1](#)

[Claim and Code Review Program \(CCRP\) update](#)

[Important pharmacy updates](#)

## IMPORTANT REMINDERS

Stay current on updates published in past editions.

[Our office manual keeps you informed](#)

[Keep your data updated in NPPES](#)

[Cultural competency can help your practice](#)

[Improving the patient experience: tips for your practice](#)

## NEWS FOR YOU

You'll find information — new services, tools, and reminders — to help your office comply with regulations and administer plans.

[New onboarding webinar for providers and their staff](#)

[Female infertility procedure prior authorization \(PA\) requests now include associated drugs](#)

[The Chronic Condition Improvement Program \(CCIP\)](#)

[Sickle cell disease and who should get tested](#)

[Affirmative statement for financial incentives](#)

[Your provider profile is powerful — make essential updates today](#)

## BEHAVIORAL HEALTH UPDATES

Stay informed about behavioral health coverage updates so you can deliver the best possible treatment to your patients.

[Behavioral health supervisory billing](#)

[Depression screening for pregnant and postpartum women](#)

[Refer patients to our Complex Case](#)



[Management \(CCM\) program](#)

[Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#)

[Depression in primary care](#)

[How we use Healthcare Effectiveness Data and Information Set \(HEDIS\) to improve patient outcomes](#)

## [PHARMACY](#)

Here you'll find pharmacy updates including changes to commercial drug lists and important formulary information.

[Changes to commercial drug lists begin on July 1](#)

[Important pharmacy updates](#)

## [MEDICARE UPDATES](#)

Get Medicare-related information, reminders, and guidelines.

[Ohio: You'll have a simplified claims process for supplemental chiropractic benefits in 2023](#)

[Advance Beneficiary Notice of Noncoverage \(ABN\) documents and the organization determination \(OD\) notice of denial](#)

[The truncation report and the importance of accurate coding](#)

[Insulin and vaccine cost-sharing for 2023](#)

[Complete your required Medicare compliance training by December 31, 2023](#)

[A friendly reminder: You can't balance bill Medicare beneficiaries who have extra benefits](#)

[Aetna HEDIS data collection is underway](#)

[Medicare Advantage — billing](#)

[Keep your data updated in NPPES](#)

[Hospitals: By April 27, you need to revise several beneficiary notices](#)

## [STATE-SPECIFIC UPDATES](#)

Here you'll find state-specific updates on programs, products, services, policies, and regulations.

[Alaska: State of Alaska AlaskaCare Retiree plans now cover preventive care](#)

[Ohio: You'll have a simplified claims process for supplemental chiropractic benefits in 2023](#)

[Colorado: The Cofinity network was discontinued on December 31, 2022](#)

[Pennsylvania and West Virginia: The Aetna Medicare Payment Card for the Keystone market](#)

[Colorado: Notice of material change to](#)



[contract](#)

[Texas: Aetna to enter the individual exchange market in additional counties](#)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

All registered company names, products and services are the property of their respective owners.

**Help/contact us:**

If you have any questions, please [contact us](#).

Want to stop receiving messages like these through email? [Unsubscribe](#) at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

[Privacy Statement](#) | [Terms of Use](#) | [Privacy Information](#)

©2023 Aetna Inc.  
1784800-01-01

Trouble viewing this? [Read this email online](#).



April 2023

## This month's 90-day notices and new reminders

We regularly review and adjust our clinical, payment and coding policies. Review our policies and claim edits on our Availity® provider portal.\* Just go to **Payer Space > Resources > Expanded Claim Edits**.

Or you may visit [Aetna.com](#) to see them.





## Changes to our National Precertification List (NPL)



This update applies to both our commercial and Medicare members.

Effective March 1, 2023, we will no longer require precertification for the site of service for vitrectomy procedures.

The following new-to-market drugs require precertification:

- Lutrate® (leuprolide acetate) — Precertification is required starting March 1, 2023. This drug is part of the Luteinizing hormone-releasing hormone (LHRH) agents category.
- Lanreotide (ciplā) — Precertification is required starting March 1, 2023. This drug is part of the somatostatin agents category.
- Bortezomib (Dr. Reddy's) — Precertification is required starting March 1, 2023.
- Bortezomib (Fresenius Kabi) — Precertification is required starting March 1, 2023.
- Bortezomib (Hospira) — Precertification is required starting March 1, 2023.
- Elahere™ (mirvetuximab soravtansine-gynx) — Precertification is required starting March 1, 2023.
- Imjudo® (tremelimumab) — Precertification is required starting March 1, 2023.
- Tziel™ (teplizumab-mzwv) — Precertification is required starting March 17, 2023.
- Vivimusta™ (bendamustine hydrochloride) — Precertification is required starting March 17, 2023.
- Hemgenix® (etranacogene dezaparvovec-drlb) — Precertification is required starting March 17, 2023. This drug is part of the blood clotting factors category.



The following drugs require precertification effective July 1, 2023:

- Prolia® (denosumab) — This drug is part of the osteoporosis drugs category.
- Stelara SC® (ustekinumab) — This drug is part of the immunologic agents category.
- Korsuva® (difelikefalin)
- Lutathera® (lutetium Lu 177 dotatate) — This drug is part of the radiopharmaceutical drugs category.
- Metastron (Strontium-89 Chloride injection) — This drug is part of the radiopharmaceutical drugs category.
- Pluvicto™ (Lutetium Lu 177 vipivotide tetraxetan) — This drug is part of the radiopharmaceutical drugs category.
- Zevalin (ibritumomab tiuxetan) — This drug is part of the radiopharmaceutical drugs category.

## Submitting precertification requests



Be sure to submit precertification requests at least two weeks in advance. To save time, request precertification online. Doing so is fast, secure, and simple.

You can submit most requests online through our [Availity provider portal](#).<sup>\*</sup> Or you can use your practice's Electronic Medical Record (EMR) system if it's set up for electronic precertification requests. Use our "Search by CPT code" search function on our [precertification lists](#) page to find out if the code requires precertification.

Learn more about [precertification](#).

Are you asking for precertification on a specialty drug for a commercial or Medicare member? Then submit your request through Novologix®, also available on Availity®.



Not registered for Availity? Go to [Availity](#) to register and learn more.



**You can always find this information  
on our Availity provider portal.\***

[Access Availity](#)

You can also use our Code Edit Lookup tools on Availity. Just go to **Payer Space > Applications > Code Edit Lookup Tools**.  
And keep your Aetna® provider ID number handy to access them.

\*Availity is available only to providers in the U.S. and its territories.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

All registered company names, products and services are the property of their respective owners.

**Help/contact us:** If you have any questions, please [contact us](#).

Want to stop receiving messages like these through email? [Unsubscribe](#) at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

[Privacy Statement](#) | [Terms of Use](#) | [Privacy Information](#)



May 2023

## This month's 90-day notices and related reminders

We regularly review and adjust our clinical, payment and coding policies. Review our policies and claim edits on our Availity® provider portal.\* Just go to **Payer Space > Resources > Expanded Claim Edits**. Or you may visit [Aetna.com](https://www.aetna.com) to see them.

### COVID-19 Public Health Emergency (PHE) transition

The U.S. Department of Health and Human Services announced in February 2023 that the COVID-19 PHE “emergency phase” would expire on May 11, 2023. This decision was based on COVID-19 trends.

To view the most current COVID-19 information, visit our [provider page](#). Scroll down to the COVID-19 Resources and Support section.

### Changes to our National Precertification List (NPL)

This update applies to both our commercial and Medicare members.

#### **New-to-market drugs that require precertification**

- Adstiladrin® (nadofaragene firadenovec-vncg) — Precertification is required effective March 28, 2023.



- Lunsumio™ (mosunetuzumab) — Precertification is required effective March 28, 2023.
- Leqembi™ (lecanemab-irmb) — Precertification is required for the drug and site of care effective April 5, 2023. This drug is part of the Alzheimer's Disease drugs category.
- Briumvi® (ublituximab) — Precertification is required effective April 11, 2023. This drug is part of the Multiple Sclerosis (MS) drugs category.

## Submitting precertification requests



Be sure to submit precertification requests at least two weeks in advance. To save time, request precertification online. Doing so is fast, secure, and simple.

You can submit most requests online through our [Availity provider portal](#).\* Or you can use your practice's Electronic Medical Record (EMR) system if it's set up for electronic precertification requests. Use our "Search by CPT code" search function on our [precertification lists](#) page to find out if the code requires precertification.

Learn more about [precertification](#).

Are you asking for precertification on a specialty drug for a commercial or Medicare member? Then submit your request through Novologix®, also available on Availity®.

Not registered for Availity? Go to [Availity](#) to register and learn more.



**You can always find this information  
on our Availity provider portal.\***

[Access Availity](#)



You can also use our Code Edit Lookup tools on Availity. Just go to **Payer Space > Applications > Code Edit Lookup Tools**. And keep your Aetna® provider ID number handy to access them.

\*Availity is available only to providers in the U.S. and its territories.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

All registered company names, products and services are the property of their respective owners.

**Help/contact us:** If you have any questions, please [contact us](#).

Want to stop receiving messages like these through email? [Unsubscribe](#) at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

[Privacy Statement](#) | [Terms of Use](#) | [Privacy Information](#)

©2023 Aetna Inc.  
2132206-01-01