Stay equipped

Aetna Behavioral Health Insights™
Behavioral health newsletter
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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). Aetna Behavioral Health refers to an internal business unit of Aetna. The EAP is administered by Aetna Behavioral Health, LLC. In California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.
Applied Behavior Analysis (ABA) provider FAQs

1. Does ABA require precertification?
   Yes, ABA is on Aetna’s precertification list for behavioral health services.

2. How do I get services precertified?
   You can call the number on the back of the member’s ID card and speak to a customer service representative. For more information on precertification, click here.

3. Where can I find Aetna’s medical necessity guidelines for ABA?
   Visit: Applied Behavior Analysis Medical Necessity Guide

4. Where can I find Aetna’s Clinical Policy Bulletin on Autism Spectrum disorders?
   Visit: Autism Spectrum Disorders

5. What procedure codes (CPT® codes) does Aetna use for ABA?
   We’ve been using the American Medical Association (AMA) Category III CPT codes for Adaptive Behavior Treatment since July 1, 2014 (CPT 0359T – 0374T).

6. How do I join the Aetna network?
   You can visit our website here: Join the Aetna Network

Improving patient care coordination

Coordination of care among providers creates the most clinically effective, timely and cost-effective outcomes for the patient. Patients often depend on their health care providers and insurance plan to know how to share the right information at the right time. Behavioral health patients need your guidance to create an effective exchange of information.

There are still barriers to coordination of care. It takes a little extra time, and in some cases it is not reimbursable (although we are working on that). But it clearly creates better outcomes for the patient. Care collaboration helps to improve professional relationships between providers and patients.

How you can help

Start a standard practice of engaging and educating your patients about the benefits of coordination of care. This can become a part of your initial intake visit. Many members are willing to sign a release of information. This will allow you to communicate with their other providers. Just use our form.

We suggest that counseling, psychiatry and primary care providers look for opportunities to coordinate care with each other. Information to exchange may include:

- Treatment goals
- Safety plans
- Response to medicine or medicine changes
- Other pertinent observations

Your communication and collaboration with other health care providers can make a real difference in your patients’ health and well-being. You can find more resources here.
### 2017 Behavioral Health Summit — Parity: fulfilling the promise

On October 12, 2017, we held our seventh annual summit, which focused on parity. Our expert speakers shared engaging and relevant information on parity in health care.

<table>
<thead>
<tr>
<th>Speaker and position</th>
<th>Discussion points</th>
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<tbody>
<tr>
<td><strong>Paul Gionfriddo</strong>, president and chief executive officer of Mental Health America and author of <em>Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia.</em></td>
<td>• The need for full mental health parity</td>
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<td><strong>Richard G. Frank</strong>, PhD, professor of health economics in the Department of Health Care Policy at Harvard Medical School.</td>
<td>• What still needs to be done</td>
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<tr>
<td><strong>Susan Busch</strong>, PhD, department chair and professor of public health; professor in the Institution for Social and Policy Studies; and chair, health policy and management, at the Yale School of Public Health.</td>
<td>• Parity in a changed reimbursement ecosystem</td>
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<td><strong>Mark Friedlander</strong>, MD, MBA, chief medical officer of Aetna Behavioral Health; and <strong>Lawrence J. Nardozzi</strong>, MMM, MD, CPE, DFAPA senior medical director.</td>
<td>• The flaws in the concept of parity</td>
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2017 Treatment Record Review (TRR) results

Aetna Quality Management performs the annual TRR to provide feedback about outpatient behavioral health practitioner performance. We also use the TRR process as a quality review. Our goal is to help facilitate practitioner communication, collaboration and education.

National results decrease from last year

In 2017, we conducted TRR audits on 66 records from across the country. Our target in 2017 was 85 percent. This year, the average score was 84 percent — three percentage points below the 87 percent average score in 2016.

Results show room for improvement

In 2017, the following questions fell below the 85 percent target:

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<tr>
<th>Audit question</th>
<th>Result</th>
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<td>1. Is there behavioral health treatment history documented?</td>
<td>83%</td>
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<td>2. Is the treatment plan documentation thorough and complete? Are the treatment plan and goals consistent with assessment and diagnosis? Does each goal have an estimated time frame?</td>
<td>83%</td>
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<td>3. Is there documentation to reflect that the provider requested member permission to communicate with the primary medical practitioner?</td>
<td>22%</td>
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<td>4. If the member did grant permission, is there documentation that the provider communicated with the primary medical practitioner?</td>
<td>57%</td>
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<td>5. If there is documentation about other behavioral health specialists or consultants treating the patient, is there documentation to reflect that the provider requested patient permission to communicate with the other behavioral health specialist or consultant?</td>
<td>33%</td>
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<td>6. Does the documentation include a discharge plan?</td>
<td>66%</td>
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<td>7. Is there documentation indicating patient preferred language? (CA practitioners only)</td>
<td>33%</td>
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<td>8. Prescribing-practitioner-only question: Is there documentation of member education regarding the risks and benefits of the prescribed medicine(s) and member understanding of information?</td>
<td>77%</td>
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<td>9. Prescribing-practitioner-only question: If a member is prescribed BH medicine(s), is there documentation to indicate that the member was asked whether medicine was being taken as prescribed?</td>
<td>60%</td>
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<td>10. Prescribing-practitioner-only question: If a member is prescribed BH medicine(s), is there documentation showing that any barriers or challenges with adherence were discussed?</td>
<td>68%</td>
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Next steps

We sent result letters in August 2017 to the providers participating in the TRR process.

Check out our TRR best practices

Review the Behavioral Health Provider Manual for TTR best practices. Or request a provider sample form via email at QualityImprovement2@aetna.com.
HEDIS® highlight: Alcohol and Other Drug Dependence Treatment

We’re highlighting various Healthcare Effectiveness Data and Information Set (HEDIS)* quality-of-care behavioral health measures. This month we’re focusing on the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measure.

The IET measure monitors whether adolescents and adults with an episode of alcohol and other drug dependence had:

- Inpatient or outpatient treatment within 14 days of their initial diagnosis
- Two more treatment visits within 30 days of their first visit

How you can help

If you have a patient with a diagnosis of alcohol or other drug dependence, be sure to set up follow-up visits over the next four to six weeks. Best practices:

- Each time a patient receives a primary or secondary diagnosis showing abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.
- During the second visit, schedule two more visits and/or schedule the patient to see a substance abuse treatment specialist within the next 14 days.
- Schedule two more follow-up visits within 30 days after a hospital discharge for a patient with an alcohol or other drug dependence diagnosis.
- Involve others who support the patient to increase participation in treatment.
- Listen for and work with existing motivation in your patients.

Resources for you and your patients

Alcohol Screening, Brief Intervention and Referral to Treatment Program

Alcohol Clinical Practice Guideline

Opioid overdose risk screening program: Our clinical team works with providers to screen those at risk for opioid addiction. They promote education and treatment and recommend naloxone to prevent death due to overdose.

Aetna Opioid FAQs and Resources

*The Healthcare Effectiveness Data and Information Set is a set of standardized performance measures designed to provide purchasers and consumers with the information they need to reliably compare the performance of health plans.
New fraud prevention initiative to stop identify theft

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. This is why the Centers for Medicare & Medicaid Services (CMS) is starting a fraud prevention initiative that removes Social Security numbers from Medicare cards. The aim is to help combat identity theft and safeguard taxpayer dollars.

CMS will mail new Medicare ID cards starting in April 2018

Starting April 2018, CMS will begin mailing new Medicare cards that include a new Medicare number. The mailings will be staggered throughout the year, with completion expected by April 2019. The new Medicare number will take the place of the HICN on Medicare cards. The new Medicare numbers won’t change Medicare benefits. Once Medicare members get the new card, they should destroy their old card and start using the new card right away.

Where to find more information

You can find more information on the CMS site. Please take a minute to familiarize yourself with the upcoming new Medicare card changes. We’re asking you to help prepare people with Medicare for this change.

Electronic payment offering from Aetna RFL EAP providers

We’re working to improve provider satisfaction and speed up the claims payment process. That’s why Aetna Resources For Living™ Employee Assistance Program (RFL EAP) partnered with Citi Payment Exchange to offer electronic payments (Electronic Funds Transfer/ Electronic Remittance Advice). By changing to electronic payments, you’ll receive your EAP claim payment faster and more efficiently. Simply click here to set up your profile and begin receiving electronic payments.

Go to: Citi Payment Exchange
Use the activation code: GYD2W8
For more information or if you need to contact us

Online
Access our secure provider website NaviNet® through our public website. Once there, select “Health Care Professionals,” then “Log In/Register.” Already registered? Go to https://connect.navinet.net.

To access the Aetna Behavioral Health and employee assistance program page:
• Log in to NaviNet®.
• Go to “Workflows” in the upper-left menu and select a health plan.
• Select “Doing Business with Aetna” followed by “Aetna Benefit Products.”

By phone
Aetna Behavioral Health
• For general questions about Aetna Behavioral Health, call 1-888-632-3862.
• For HMO-based and Medicare Advantage plan claims, benefits, eligibility, precertification, case management or demographic changes, call 1-800-624-0756.
• For all other plan claims, benefits, eligibility, precertification, case management or demographic changes, call 1-888-MDAETNA (1-888-632-3862).
• For questions about joining our Aetna Behavioral Health network, call 1-800-999-5698.
• Employee assistance program call center: 1-888-238-6232.

By mail
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Learn more about our behavioral health programs today.
Or call us at 1-888-632-3862.

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