Know more

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.
More facilities added to the Institutes of Quality® (IOQ) program

Aetna Behavioral Health has designated seven substance abuse facilities as IOQs. These are the first behavioral health facilities to receive this designation.

The facilities include:

• Penn Foundation (Pennsylvania)
• Livengrin Foundation (Pennsylvania)
• Gateway Rehabilitation (Pennsylvania)
• Cumberland Heights Foundation (Tennessee)
• Grapevine Valley Hope (Texas)
• Chandler Valley Hope (Arizona)
• La Hacienda Treatment Center (Texas)

To receive this designation, facilities must:

• Fulfill the American Society of Addiction Medicine criteria
• Administer medication-assisted treatment
• Use evidence-based practice assessments and tools
• Provide a full physical and biopsychosocial evaluation by a licensed or certified professional upon admission
• Offer daily access to medical care
• Involve family and significant others during the treatment
• Track data to measure treatment progress and outcomes
• Have procedures for individual discharge planning and transferring of care
• Gather routine patient satisfaction surveys to review feedback
• Retain full accreditation from an accrediting body

Aetna Behavioral Health IOQ facilities show excellence in care and a commitment to improvement. We list these facilities in our online provider directory. This helps members choose facilities that consistently offer high-quality care.
HEDIS® highlight¹: Antidepressant medicine adherence

When patients follow their medicine program, depression is a very treatable condition. You can help increase adherence by educating your patients as soon as treatment starts.

**Talk with your patients about:**

- How antidepressants work
- Benefits of antidepressant treatment
- Expectations about symptom remission
- How long antidepressants should be used
- Coping with side effects

**Ask your patients to:**

- Tell you about their medical conditions and the medicines they’re taking, including over-the-counter drugs, herbs and supplements
- Talk to you about any side effects or about how the medicine makes them feel
- Schedule regular follow-up visits to see if the medicine is working
- Expect that they may need to try different medicines before finding which one works best
- Keep taking their medicine as prescribed for at least six months after they feel better
- Go to [scriptyourfuture.com](http://scriptyourfuture.com) to take the “medpledge,” sign up for reminders and learn more about managing their medicine

Learn more about [depression](#).

**How to monitor adherence**

The NCQA² has established two measures to monitor patients’ adherence to their medicines: check the percentage of patients who stay on their antidepressant medicine for at least three months and again at six months.

¹Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized set of health care performance measures designed and maintained by the National Committee for Quality Assurance (NCQA).

²The National Committee for Quality Assurance (NCQA) is a private nonprofit organization dedicated to improving health care quality. Learn more at ncqa.org.
Aetna Medicare Advantage plans summary — PCP selections and out-of-network benefits

Aetna Medicare℠ Plan (HMO) and Aetna Medicare Prime Plan (HMO)

- Patients must choose and use a participating Primary Care Physician (PCP).
- We don’t require referrals.
- We don’t cover services received from out-of-network providers, except emergency/out-of-area urgent care or out-of-area renal dialysis, unless approved by Aetna in advance of receiving services.

Aetna Medicare℠ Plan (HMO) Open Access

- Patients are encouraged, but not required, to choose and use a participating PCP.
- We don’t require referrals.
- We don’t cover services received from out-of-network providers, except emergency/out-of-area urgent care or out-of-area renal dialysis, unless approved by Aetna in advance of receiving services.

Aetna Medicare℠ Plan (PPO) and Aetna Medicare Prime Plan (PPO)

- Patients are encouraged, but not required, to choose and use a participating PCP.
- We don’t require referrals.
- Patients receiving covered services from a nonparticipating provider are subject to out-of-network deductibles, coinsurance and potential balance billing.

View Provider Education & Manuals for more information. If you need provider services, call 1-800-624-0756.

Contracted Medicare providers must complete an annual Medicare Compliance Attestation by December 31 of each year.
Online tool helps check emotional health

We continue to create and offer digital tools to support mental health and well-being. Recently, our MindCheckSM online tool received an innovation award that recognizes our commitment to help remove the stigma attached to mental health.

Awareness is key to better health

The goal of MindCheck is to get people to think about their emotional health and do something about it if they need help. Our simple online tool asks four core questions. The responses give an instant color-coded result that represents levels of distress. With the tool, users can:

• Get a quick read on their emotional health
• Learn the five signs of emotional suffering
• View a history of their results to see how they’re doing
• Read articles on topics like self-improvement, and more

A new resource for your patients

As a health care practitioner, you know that the more your patients understand the importance of their emotional well-being, the healthier and more productive they can be. The MindCheck online tool can help them know how they’re doing right now. That way, they can start feeling better overall.

Encourage your patients to register at mindchecktoday.com for this one-of-a-kind resource.

Don’t let your network status change — complete your FDR attestation today

If you provide services to our Medicare and/or Medicare-Medicaid plan (MMP) members, you must meet the Centers for Medicare & Medicaid Services compliance program requirements for first tier, downstream and related (FDR) entities. You also have to confirm your compliance with these requirements through an annual attestation.

How to complete your attestation

You’ll find the resources you need to ensure your compliance on the Medicare Compliance Attestation page of aetna.com. Once on the page, click “See our Medicare compliance program guide” or “See our office manual” under “Need more information?”

Once you review and ensure you’ve met the requirements, you’re ready to complete your attestation. Simply click the link on the Medicare Compliance Attestation page that corresponds to your contracting status. A single annual attestation meets all your Aetna, Coventry and/or MMP compliance obligations.

Where to get more information

If you have compliance-related questions not addressed in our guide, just call us at 1-800-624-0756. If you’re an MMP-only provider, you can email us at medicaidmmpfdr@aetna.com. You’ll find more information in our quarterly FDR Compliance Newsletter, too.
Remember to examine patients case by case

As medicine becomes more complex, providers may tend to depend on laboratory tests and diagnostic categories to find treatment options. However, you must always be mindful that patient responses can vary. This is especially true when treating mental illnesses.

All patients are different

You should view every treatment intervention as an experiment. There's no clear guide to what will be the most effective treatment in a given individual.

Practices to remember

For every patient, you should record the symptoms you're trying to relieve. Then, make an intervention and test to see if the symptoms are better, worse or unchanged.

You'll also need to evaluate the patient for side effects or complications. If there are downsides to the intervention, you must decide if they outweigh the benefits. And if you cannot show a clear improvement from the intervention, you should make changes or stop it altogether.

Go through all steps

Before prescribing, be sure to consider the following:

• Talk with the patient about reasonable treatment options
• Discuss all medicines that the patient is taking
  - Consider speaking with the patient’s other providers
  - Consider contacting the patient’s pharmacy
  - Access the state’s prescription database

When renewing prescriptions, determine if the medicine is still effective and, if it is, consider changing the dose.
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 Benefits 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).
- If you have 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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