News today

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

If you are a participating provider in our Medicare plans and/or our Medicare-Medicaid plans (MMPs), you must meet the Centers for Medicare & Medicaid Services (CMS) 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 by December 31, 2019.

How to complete your attestation

You’ll find the resources you need to ensure your compliance on the Medicare Compliance FDR Attestation page of aetna.com.

1. Once on the page, click “See our Medicare compliance FDR program guide” or “See our office manual” under “Need more information on the Medicare FDR program?”

2. Once you review and ensure you’ve met the requirements, you’re ready to complete your attestation. Simply click the 2019 Medicare Compliance FDR Attestation link on the page and follow the instructions.

A single annual attestation meets all of your Aetna, Coventry and/or MMP compliance obligations.

Where to get more information

If you have attestation completion or compliance-related questions not addressed in the FDR program guide or the FDR frequently asked questions document, just email us at fdrattestation@aetna.com.

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.
Expansion of Aetna® Medicare Advantage (MA) plans

We’re expanding our MA plans to almost 350 counties for 2019. Depending on your contract and Medicare-eligible status, you may be listed as a participating provider in our MA networks.* View our 2019 expansion counties on aetna.com. If you’re not currently contracted for our MA plans and you are eligible to participate in Medicare, please call our Provider Service Center at 1-800-624-0756 (TTY: 711) for network contracting information.

Learn more about our MA products

You can view a summary of our Aetna Medicare Advantage plans in our March 2018 Aetna OfficeLink Updates™ newsletter. Or visit our Providers section on aetna.com to:

• View Aetna at a glance — a reference guide for you
• Check out our digital ID card help guide

For 2019, our overall enrollment-weighted rating is 4 out of 5 stars. These ratings reflect the care you give to your patients.

*Not all plans are offered in all service areas.
Expansion of Dual Eligible Special Needs Plans (D-SNPs)

We've expanded our 2019 Dual Eligible Special Needs Medicare Advantage HMO plans. These plans are available to individuals who are dual eligible for Medicare and Medicaid coverage and live within a D-SNP county.

Since the D-SNP network is available in a limited number of counties, check your participation status using the provider search tool on either the Aetna or Coventry website.

D-SNP members should show the following cards to your office staff:
- D-SNP member ID card
- State-issued Medicaid (or Medicare Savings Program) card (varies by state and month of eligibility)

Prior authorizations
Participating providers can submit preauthorization requests through our provider portal, by fax or by calling our Provider Service Center.

Other important information
- Primary care physician selection is required for all members.
- Pharmacy Part D coverage is included for D-SNPs.
- No out-of-network benefits exist for these plans unless the member follows the approval process by contacting Member Services directly.

View our D-SNP information by checking our provider manual on aetna.com.

Questions and/or to verify eligibility
To verify member and provider eligibility, view claims submission information, and access our websites, view our 2019 Dual Eligible Special Needs Medicare Advantage HMO plans. You can also use the phone number listed there to speak to a representative.
Discussion of plan benefits with members

The Centers for Medicare & Medicaid Services (CMS) made updates to section 60 of the Medicare Communications and Marketing Guidelines. CMS now allows pharmacists and providers to talk about plan benefits with patients.

This update changes how you can interact with members. You can now discuss plan benefits with members in a health care setting, such as your office. But the discussion must be:

- Requested by the member
- Part of a course of treatment

For more details, please see section 60 of the Medicare Communications and Marketing Guidelines.

We'll update your provider agreement

You must comply with the Medicare Communications and Marketing Guidelines, as noted in your provider agreement. We're updating your provider agreement to include neutrality, as well. Neutrality means you can't promote one plan over another.

We're here to help

If you have any questions about this new guidance, just call 1-800-624-0756 (TTY: 711).
2019 changes to Medicare Part D opioid program

Following recommendations in the 2019 CMS Call Letter, we’re implementing a drug management plan to help better manage the use of opioids. This includes point-of-sale (POS) safety edits and increased access to medication-assisted therapy and opiate overdose reversal agents.

Safety reviews of opioid prescriptions at POS

For 2019, several edits will trigger a safety alert for the pharmacist to review. Most times, the pharmacist can contact us for an override or enter an override themselves if the patient has a history of opioid prescriptions or a diagnosis of cancer. This allows the prescription to process. In some cases, the pharmacy may need to contact you for clarification. You’ll want to respond to these requests to determine whether the prescription can be filled.

How you can help manage opioid use

For opiate-naïve patients, limit prescriptions to less than seven days.

Encourage your patients to get their opioid prescriptions from one provider.

Remember to use caution with multiple opioids. And avoid the use of benzodiazepines or buprenorphine with opioids.

Please respond when pharmacies ask for clarification and guidance. We rely on your input.
Resources for better health

We offer several online tools to help your patients feel better and be more productive.

**MindCheck® tool:**
Getting a quick read on emotional health and learning the five signs of suffering is easy. Patients can also download the app at no cost. It’s available for Android™ and iPhone® mobile devices.*

**Patient care programs and quality assurance:**
These programs and care services support total health — mind, body and spirit.

**Assess Wellbeing website:**
Patients can take short depression and anxiety self-assessments. Quick tips can also help to boost their mood.

*Android is a registered trademark of Google LLC. Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries.
Coordination of care is reimbursable

As of January 1, 2019, coordination of care is reimbursable, with no cost share to the member. Coordination of care among providers has several benefits. It can enhance the timeliness of care, decrease member risk and improve treatment outcomes. Such communication can also strengthen professional alliances.

With a behavioral health diagnosis (required), coordination of care can include communication between:

- Behavioral health providers themselves (such as a therapist and a psychiatrist)
- Behavioral health and medical providers (such as a psychiatrist and a primary care physician)

This change is in effect for all plans with these exceptions: all Medicare plans and any high-deductible health plan with a health savings account (HSA), until the deductible for that plan has been met. The CPT codes for collaboration include: 99484, 99492, 99493 and 99494. For more information, contact the Provider Service Center:

- HMO: 1-800-624-0756 (TTY: 711)
- PPO and indemnity: 1-888-632-3862 (TTY: 711)
HEDIS® highlight*: antidepressant medicine adherence

When patients take medicine correctly, 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 key topics for antidepressant use:**

- Effects on the body and how the medicine works
- Benefits of treatment
- Expectations about symptom remission
- Length of treatment time
- Side effects and how to cope with them
- Perceived stigma about having to take medicine

**Encourage your patients to:**

- Tell you about their medical conditions and all the medicines they’re taking, including over-the-counter medicines, herbs and supplements
- Talk with 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
- Understand 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 to take the “medpledge,” sign up for reminders and learn more about managing their medicine
- Use technology, such as smartphone apps, to help them remember to take and refill their medicine

**How we monitor adherence**

The National Committee for Quality Assurance (NCQA) has established two measures to monitor adherence to medicine1:

1. The percentage of patients who stay on their antidepressant medicine for at least three months
2. The percentage of patients who stay on their antidepressant medicine for at least six months

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*Healthcare 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).

For California: Use our interpretation service at no cost

Need help giving care to non-English-speaking Aetna members? Just use our Language Assistance Program (LAP). There is no charge for this interpretation service.

You can call 1-800-525-3148 (TTY: 711) to reach a qualified interpreter directly.

Members can also request interpretation services from our LAP by calling the number on their ID card. They can contact our LAP for general questions, to file a grievance or to get a grievance form.

Questions?
Get help from your state. Just call the:

• CA Department of Insurance Hotline at 1-800-927-4357 for traditional plans
• CA Department of Managed Health Care Help Center at 1-888-466-2219 (TDD: 1-877-688-9891) for HMO and DMO plans

You can reach the CA Department of Managed Health Care Help Center 24/7.

It provides written translation of independent medical review and complaint forms in Spanish and Chinese, as well as other languages. You can also get paper copies of the forms by submitting a written request to:

Help Center
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Make member grievance forms available at your office

California regulations require providers to make member grievance forms for health plans available at all office or facility locations.

Just visit Complaints, Grievances & Appeals to download the CA HMO and CA DMO grievance forms in English or Spanish, including the member’s rights and responsibilities.
Online
Access our provider website on NaviNet® through our public website. Once there, select “Login,” then “Register here.” Already registered? Go to 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
• For general questions about Aetna Behavioral Health, call 1-888-632-3862 (TTY: 711).
• For HMO-based and Medicare Advantage plan claims, benefits, eligibility, precertification, case management or demographic changes, call 1-800-624-0756 (TTY: 711).
• For all other plan claims, benefits, eligibility, precertification, case management or demographic changes, call 1-888-MDAetna (1-888-632-3862) (TTY: 711).
• If you have questions about joining our Aetna Behavioral Health network, call 1-800-999-5698 (TTY: 711).
• For the employee assistance program call center, call 1-888-238-6232 (TTY: 711).

By mail
Aetna Behavioral Health
1425 Union Meeting Road
PO Box 5
Blue Bell, PA 19422

Learn more about our behavioral health programs today.
Or call us at 1-888-632-3862 (TTY: 711).

This material is for informational purposes only and is not medical advice. Health benefits and health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.