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Live reviews are back

As of April 3, 2017, the way we deliver services to our members has changed. Precertification for behavioral health services is once again fully queue-based. A live care manager will handle precertification for all services when you call in, except for Applied Behavior Analysis (ABA). The new process involves calls for authorization being warm transferred live to a care manager. They will be ready to take clinical information over the phone. For outpatient services, such as transcranial magnetic stimulation (TMS), and psychological testing, if you’re not ready to provide clinical information over the phone, we can still provide a fax-back form.

How does it work?

• Call in to make your request using the number on your patient's ID card.
• Have your clinical information handy to review with a clinician live; visit aetna.com to view the list of clinical information.
• Talk with a live clinician and complete the precertification review.

Care coordination and support for your patients

Do you have patients who need more support or help coordinating their care? We offer our members case management services to:

• Get the care or services they need
• Help them actively participate in their own health care plan
• Help meet their health care goals

You can help

If you have patients who can benefit from these services, just give us a call at 1-800-424-4660. It’s easy to refer them to our program. Learn more about behavioral health condition management.

Our Provider Manual keeps you informed

Aetna’s Behavioral Health Provider Manual is available on our website. The manual has information to help you serve your patients efficiently and accurately, including:

• Clinical practice guidelines, which are also on our secure provider website.
• Our behavioral health screening, condition management and utilization management programs.
• Member rights and responsibilities. These and other member resources are also on our website.
• How our Quality Management program can help you and your patients. We integrate quality management and metrics into all that we do. You can find details on the program goals and how we’re progressing toward those goals.

If you don’t have Internet access, call our Provider Service Center at 1-800-624-0756 for a paper copy.
Resources for better health

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

- **MindCheck™**: 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 to their Android™ and iPhone® mobile digital devices.
- **It only takes a minute**: Short, inspiring videos show how real people help themselves or others through real-life situations and stay mentally healthy.
- **Assess Wellbeing**: Patients can take short depression and anxiety self-assessments. Quick tips can also help to boost their mood.

Coverage determinations and Utilization Management (UM)

We use evidence-based clinical guidelines from nationally recognized authorities to make UM decisions. Specifically, we review any request for coverage to determine if members are eligible for benefits and whether the service they request is a covered benefit under their plan. We also determine if the service delivered is consistent with established guidelines. The member, member's representative or a provider acting on the member’s behalf may appeal this decision if we deny a coverage request. Members can do this through our complaint and appeal process.

Our UM staff helps members access services covered by their benefits plans. We don't make employment decisions or reward physicians or individuals who conduct UM reviews for creating barriers to care or for issuing coverage denials. We base our decisions on the right type of care and service and the terms of coverage, using nationally recognized guidelines and resources. We don’t pay or reward practitioners, employees or other individuals for denying coverage or care. We train our utilization review staff to focus on the risks of members not using certain services.

Our medical directors and staff are available to speak with you about specific UM issues. Behavioral health care professionals can call our UM and precertification staff 24 hours a day, 7 days a week at the number on the member’s ID card. If the card only shows a Member Services number, we’ll direct you through a phone prompt or a Member Services representative.

Clinical criteria

We use the following criteria as guidelines in making coverage decisions. The information is based on the specific member’s clinical condition:

- **Aetna’s Clinical Policy Bulletins**
- **Guidelines for determination of coverage**
  - For substance abuse treatment in Texas, the Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers (28 TAC §§3.8001-3.8030) (formerly known as TCADA) is used in place of ASAM. You can find these standards online.
  - For substance abuse care in New York State, the Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) is used. You can find these standards online.

Where to learn more

Call our Provider Service Center at **1-888-632-3862** if you want a paper copy or need a copy of the criteria upon which we base a specific determination.
Consult behavioral health clinical practice guidelines

We adopt evidence-based clinical practice guidelines from nationally recognized sources. You can access them on our secure provider website. Once on the site, go to My Health Plans > Aetna Health Plan > Support Center > Clinical Resources. Or you can just click on the links below.

### ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents
Adopted 3/2016

### Helping Patients Who Drink Too Much
Adopted 3/2016

### Practice Guideline for the Treatment of Patients with Major Depressive Disorder
Adopted 3/2016

For a hard copy of a specific clinical practice guideline, call our Provider Service Center at 1-888-632-3862.

Updates to our behavioral health screening programs

Our screening program aims to reduce opioid overdose risks

Our clinicians screen behavioral health cases to identify patients at risk of death from opioid overdose. We consider any patient with a diagnosis of opioid dependence to be at risk. Learn more about the [opioid problem](#).

How you can help

Consider naloxone as part of the treatment plan for patients at risk of an opioid overdose. Naloxone reverses the effects of an opioid overdose. Giving naloxone kits to laypeople reduces overdose deaths,¹ is safe² and is cost-effective.³ Other elements supporting this potentially life-saving intervention include telling patients and their family/support network about signs of overdose and administering medication.

Resources to check out

- [SAMHSA: Opioid overdose toolkit — 2016](#)
- Aetna adopted the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) in January 2017
- [How Aetna can help](#)
- [Overcoming Addiction — new Aetna video](#)


Depression screening for pregnant and postpartum women

We work with Aetna Medical Management to assist in identifying depression in and behavioral health support for pregnant women. Aetna’s Beginning Right® maternity program provides educational support to members and providers. They help them reach their goal of a healthy, full-term delivery.

Program elements

• The clinical case management process focuses on members holistically. This includes behavioral health and comorbidity assessment, case formulation, care planning, and focused follow-ups.
• Beginning Right refers members with positive depression or general behavioral health screens to Behavioral Health Condition Management if they have the benefit and meet the program criteria.
• A behavioral health specialist supports the Beginning Right team. They help enhance effective engagement and identify members with behavioral health concerns.
• Beginning Right nurses reach out to members who have lost their babies. They offer condolences and behavioral health resources.

How to contact us

• Members and providers can call 1-800-CRADLE-1 (1-800-272-3531) to verify eligibility or register for the program. Members can complete enrollment with a representative at this number.
• Members can also enroll online through their member website.
Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) program

Our SBIRT program supports mental health professionals. The program screens patients for alcohol abuse, provides brief intervention and refers individuals to treatment. The program aims to improve the quality of care for patients with substance abuse conditions. It also focuses on outcomes for patients, families and communities.

Our goal is to help increase the adoption of alcohol screening, brief intervention and the referral to treatment process in mental health care. The program includes evidence-based protocol from the National Institute on Alcohol Abuse and Alcoholism. We reimburse you for screening and brief intervention. This program is open to our participating mental health care professionals treating any patient who is 18 years of age or older and has Aetna medical benefits. [Click here](#) to get started.

**HEDIS® highlights**

**What is HEDIS?**

The Healthcare Effectiveness Data and Information Set (HEDIS) are standardized health care performance measures. They're designed and maintained by the National Committee for Quality Assurance (NCQA).* HEDIS allows performance comparisons among health care plans on the quality of patient care and service.

HEDIS reports on a range of health issues like cancer, heart disease, smoking, depression and diabetes.

**HEDIS performance in 2016**

NCQA publishes the results for the HEDIS measures in its [State of Health Care Quality (SOHCOQ)](#) report each year. The 2016 report said that across health plans, one measure showed sustained and statistically significant improvement over three to five years. That was the [Follow-up care for children prescribed ADHD medication (Initiation)](#) measure. However, other areas showed declines. Those were:

- [Follow-up after hospitalization for mental illness](#)
- [Initiation and engagement of alcohol and other drug dependence treatment](#)

Our behavioral health plan had similar results in these areas. We work to improve our HEDIS rates. We need your feedback on what we can do to improve these measures. Just email our [Quality Improvement department](#).

**Patient and practitioner resources**

- [Aetna HEDIS measurements](#) and report cards
- [Aetna mental and behavioral health conditions](#)
- [NCQA](#)

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*NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA’s HEDIS is the most widely used performance measurement tool in health care.*
Behavioral health care provider access to care standards

All of our members have the right to receive timely access to medically necessary behavioral health care services. Our network providers and practitioners are accountable for upholding the Aetna Behavioral Health member access-to-services standards. The standards* are:

<table>
<thead>
<tr>
<th>Service</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-life-threatening emergency needs</td>
<td>Within 6 hours</td>
</tr>
<tr>
<td>Urgent needs</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Routine office visits</td>
<td>Within 10 working days</td>
</tr>
<tr>
<td>Follow-up routine mental health care</td>
<td>Within 5 weeks for behavioral health practitioners who prescribe medications; within 3 weeks for behavioral health practitioners who do not prescribe medications</td>
</tr>
<tr>
<td>Following hospital discharge for a behavioral health condition</td>
<td>Within 7 days</td>
</tr>
</tbody>
</table>

**After-hours care**

Behavioral health care professionals must have a reliable 24-hour-a-day, 7-day-a-week answering service or machine with a beeper or paging system. This should include a message to the member that if they feel they have a serious medical condition, they should seek immediate attention by calling 911 or go to the nearest emergency room.

The acceptable answering options for members to receive when contacting you after hours include reaching:

- The practitioner or a person with the ability to patch the call through to the practitioner (for example, answering service)
- A voice mail system with a message that the caller will be contacted within 1 – 2 hours
- A voice mail system directing members on how to speak with a licensed professional after hours if they need emergent or urgent care

*Unless state standards are more stringent.
Sharing is caring

Take time to share the right information at the right time using teamwork, health information technology and care management methods.

Communication benefits everyone

Our 2016 provider experience survey results show room for improvement. A recent audit of treatment records shows that:

• Only 43 percent documented a request to communicate with a primary care physician (PCP)
• Of those providers who documented a request, 80 percent followed through with communicating with the PCP

Care coordination allows patients to feel validated and can reduce unnecessary medical interventions. PCPs are often unaware when their patients are getting behavioral health treatment. Communication can:

• Improve overall member care
• Enhance patient outcomes
• Help develop a professional relationship that may provide a network of referral sources

We encourage you to share patient information with all treating medical and behavioral health providers and promote complete patient care.

Tools and resources

For more helpful information, check out these links:

• Aetna’s Behavioral Health/Medical Provider Communication Form
• Behavioral health sample forms
• Practitioner communication — make the connection provider flyer
• Agency for Healthcare Research and Quality (AHRQ)

Patient rights

Our Office Manual for Health Care Professionals and our Behavioral Health Provider Manual are available on our public website at aetna.com. They include information on member rights and responsibilities and nondiscrimination.

All participating physicians and behavioral health practitioners should have a documented nondiscrimination policy. Federal and state laws prohibit discrimination in the treatment of patients on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information or source of payment.

Patient rights under ADA

All participating physicians, behavioral health practitioners and health care professionals may also have an obligation under the federal Americans with Disabilities Act (ADA). They must provide physical access to their offices and reasonable accommodations for patients and employees with disabilities.
Evaluation and Management (E&M) services billed by nonphysician providers

Currently, we don't pay E&M codes (99201 – 99499) for certain provider types. We’re expanding this list to include more nonphysician provider types.

Policy change

Effective November 1, 2017, we will no longer reimburse E&M services billed by the following specialties:

- Alcohol and drug counselor
- Behavioral analyst
- Crisis diversion
- Employee assistance program (EAP) counselor
- Licensed professional counselor
- Marriage and family social worker
- Marriage/family therapy
- Other mental health counselor
- Registered social worker
- Substance abuse services, alcohol and drug

These professionals should review the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) national code sets to select a more accurate code that describes the services they’re providing.

We’ll continue to reimburse for the following codes

- **99408**: Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 – 30 minutes
- **99409**: Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

Updated Regulatory Amendment agreement for Connecticut available online

You’ll see an updated Regulatory Amendment to Connecticut participating provider agreements on our site.

Learn more about the amendment

This amendment requires providers to agree that the insolvency or cessation of operation provision in your agreement will survive after expiration or termination of the agreement and supersedes any oral or written contrary agreement or waiver now existing or hereafter entered into between provider and members or persons acting on their behalf.

The Connecticut Department of Insurance now requires all existing provider contracts to include this provision. This amendment will automatically become part of your participating provider agreement with us.

Check out our resources for a copy

Go on [aetna.com](http://aetna.com) to download a copy of the [Connecticut amendment](http://aetna.com). You can also call our Provider Service Center at **1-800-624-0756** to request a paper copy.
For more information or if you need to contact us

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

To access the Aetna Behavioral Health and EAP page:
• Log in to NaviNet
• Choose “Aetna Support Center” from the upper-left menu
• Select “Doing Business with Aetna” followed by “Aetna Benefit Products”

By phone

Aetna Behavioral Health/Quality
• For general questions about Aetna Behavioral Health, call 1-888-632-3862.
• For health maintenance organization (HMO)-based and Medicare Advantage plans claims, benefits, eligibility, precertification, case management or demographic changes, call 1-800-624-0756.
• For all other plans 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.
• EAP call center: 1-888-238-6232
• For information on our provider quality efforts, email our Quality Management staff at qualityimprovement2@aetna.com.

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**.