



Aetna Behavioral Health Insights™

Behavioral Health Newsletter

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Updated Behavioral Health Provider Manual now available

We developed the *Behavioral Health Provider Manual* to give you what you need to work with us while easing your administrative burdens – all in one, easy-to-read document.

Recently we updated the manual, which is now available online. It includes information about:

- Network participation
- Credentialing/recredentialing
- Site visits and monitoring
- Contact information/how to reach us
- Specialty programs
- Working with us electronically
- Clinical practice guidelines
- Authorization processes
- Member and provider denials and appeals

- Case management
- Quality programs – including Level of Care Assessment Tool Summary and Treatment Record Review Criteria and Best Practices

Access the updated manual online through our secure provider website via NaviNet®:

- Once logged in, choose “Aetna Support Center.”
- Select “Doing Business with Aetna” followed by “Aetna Benefit Products.”
- Choose the “Aetna Behavioral Health and Employee Assistance Program” link.

If you would like a paper copy of this manual and do not have Internet access, call our Provider Service Center at the numbers shown on the last page of this newsletter.

Outpatient care management program can result in more successful patient outcomes

Aetna’s outpatient care management program is designed to support providers and improve outcomes of members with particularly complex cases. Members are identified through a screening process that involves the evaluation of behavioral, medical and pharmacy data.

Using American Psychiatric Association Practice Guidelines and the latest evidence-based approaches, our multi-disciplinary team of health care professionals works with you to enhance patient outcomes.

While precertification of outpatient psychotherapy is still not required (as referenced in the current *Aetna Behavioral Health Provider Manual*),

we expect you to provide outpatient care in accordance with generally accepted standards of medical practice. Treatment that is inconsistent with such an approach may be subject to concurrent review, consistent with provider agreements, member contracts and all applicable state and federal laws and regulations.

See pages 7 and 8 of the *Behavioral Health Provider Manual* (June 2010) for more details. Concurrent utilization review may be based on Aetna’s established medical necessity criteria, LOCAT, ASAM and TCADA. (The manual covers how to obtain these medical necessity criteria.)



Communication form simplifies sharing information with your patients' PCPs

We want to help you quickly and easily communicate patient information to primary care physicians (PCPs)*. So we've created the **Behavioral Health/Medical Provider Communication Form** to share pertinent treatment details with your patient's PCP, including: diagnosis, medications, risks and concerns.

Find the form online on our secure provider website in the Forms Library.

Regular communication may increase referrals

Communicating treatment information to your patient's PCP may increase referrals to your office. Surveys show that primary physicians:

- Limit the size of their referral network,
- Tend to include specialty providers who communicate back on a regular basis,¹ and
- Rate themselves as significantly more satisfied when they get *any* type of feedback from specialists.²

"Providers who communicate effectively to me make my job the easiest. That translates into the best patient care. I encourage patients to visit providers who value my role as a family physician enough to take the time to keep me in the loop."

**—Richard Hays, MD
Family physician
Wellington, FL**

We have received similar feedback from network physicians participating on our Quality Advisory committees. Another survey found that the majority of patients choose a particular specialist based on PCP referral.³

Keeping patients informed

We encourage you to share a flyer with your Aetna patients to help them understand how better communication can improve care. Access the *Make the Connection* flyer on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website. You can find the link under "Focus on Quality."

1. O'Malley, AS, Tynan, A., Cohen, GR, Kemper, NM, Davis, MM. Coordination of Care by Primary Care Practices: Strategies, Lessons and Implications. Research Brief No. 12. April 2009.
2. Forrest, CB, Glade, GB, Baker, AE, Bocian, A., Von Schrader, S., Starfield, B. Coordination of Specialty Referrals and Physician Satisfaction With Referral Care. Arch Pediatr Adolesc Med. 2000. 154:499-506.
3. Tu, Ha T., Lauer, Johanna R. Word of Mouth and Physician Referrals Still Drive Health. Care Provider Choice. Research Brief No. 9. December 2008.

*With appropriate signed patient consent and authorization for release of information.

Reminder: Change to behavioral health precert list

Applied Behavioral Analysis (ABA) requires precertification. (ABA is used in the treatment of Autism Spectrum Disorders). This change became effective April 1, 2010.

Go online to view a copy of our current Aetna Behavioral Health precertification list posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website.



Visit us online

To learn more, go to www.aetna.com and select "Health Care Professionals" for up-to-date information.

What's new with the Aetna and Horizon Behavioral Services integration

We are making strong progress integrating much of the Horizon Behavioral Services, LLC (Horizon) Employee Assistance Program (EAP) provider network with the Aetna network. Aetna acquired Horizon in November 2009.

The goals of this integration are to expand the network for our plan sponsors and members, and to add opportunities for providers to receive referrals from the combined Aetna/Horizon membership.

Wide-ranging programs

Our programs now serve more than 21 million members in 50 states and around the world. We provide a full range of EAP,

Management Assistance Program and Student Assistance Program services, including:

- Assessment and referral
- Brief, solution-focused intervention
- Organizational services, including workplace seminars/trainings, Critical Incident Stress Management, Department of Transportation, and management consultation services
- Work/Life services
- Legal and financial counseling

Aetna-CVS arrangement will benefit you and your patients with Aetna pharmacy benefits

Aetna and CVS Caremark announced a 12-year strategic agreement that will result in enhanced value to customers and members.

Under the agreement, Aetna will retain and operate its mail-order and specialty pharmacy businesses, with CVS Caremark providing the administration of selected functions for Aetna's retail pharmacy network contracting and claims administration, as well as mail-order fulfillment and customer service, specialty pharmacy order fulfillment and inventory purchasing and management.

Be assured that you should continue to work with us as you have previously.

Specifically:

- This will not affect our members' benefits plans or copay requirements.
- Refer to the Aetna Preferred Drug List (formulary) at www.aetna.com/formulary or https://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.
- Adhere to Aetna's precertification, step-therapy and other utilization management programs.
- For questions about member benefits, step-therapy edits and precertification for medications, continue to refer to Aetna websites and call the telephone numbers listed on the member's ID card.



Pre-discharge planning intervention pilot underway

Aetna Behavioral Health in April 2010 launched a 12-month pilot program to test the effectiveness of a pre-discharge planning intervention. The intervention is designed to improve discharge preparedness by reducing readmission rates and enhancing member outcomes.

Three high-volume Aetna network facilities are participating in the pilot, which uses a prospective observational study design. Outpatient practitioners are reimbursed for in-person or telephonic participation in the discharge planning conferences.

How the pre-discharge is structured

The pilot offers a structured, pre-discharge planning conference for the hospitalized member, their designated support person(s), facility treatment providers, outpatient treatment providers and Aetna clinical care management staff. At the session, participants can review a discharge planning risk tool pre-populated by the patient and facility patient care staff.

The tool includes key continuing care planning items such as:

- follow-up appointments,

- patient understanding of aftercare plan and medication,
- recommended resources based on patient need, and
- management of any co-morbid medical conditions.

Facilities: recommend practitioners

We invite Aetna in-network facilities to recommend practitioners to join our network, which will increase patient options for access to follow-up care. Facilities can notify either their Aetna network or patient management contact.

Learn more about ADHD treatment by taking the NCQA CME program

A new performance improvement/CME activity from the National Committee for Quality Assurance (NCQA) helps providers with prescribing authority and an active pediatric attention deficit hyperactivity disorder (ADHD) caseload assess how well they're treating patients with ADHD.

Using a HIPAA-compliant, confidential platform, you'll be able to evaluate how well your practice manages pediatric ADHD patients, and then access resources that can help you identify common barriers to ADHD treatment. In addition, this activity can help you:

- Understand the optimal care for ADHD patients

- Identify and narrow professional practice gaps
- Involve your staff in online learning and continuing education for ADHD care
- Understand how your treatment of children with ADHD compares with that of your peers
- Obtain a minimum of 20 AMA PRA Category 1 credits toward licensure renewal

This activity has been reviewed and is acceptable for up to 20 Prescribed credits by the American Academy of Family Physicians (AAFP). AAFP accreditation began May 8, 2009. The term of approval is for two years from this date.

To access this free performance improvement/CME activity, go to www.ncqaconnection.org. You'll find additional resources on Aetna's website at www.aetna.com/plans-services-health-insurance/detail/disability-insurance/add_adhd.html.

National Committee for Quality Assurance (NCQA) is a private, nonprofit organization that accredits and certifies a wide range of health care organizations and recognizes physicians in key clinical areas.

Office Tools

Payment Estimator helps you determine patients' out-of-pocket costs

Aetna's Payment Estimator for providers, available through our secure provider website, supplies an estimate of what we will pay a participating provider, as well as an estimate of the amount the patient will owe.

How it works

Before or on the day of a patient's visit or procedure, your office enters basic member information, diagnosis and procedure codes, and clicks "submit."

The Payment Estimator will:

- Confirm eligibility and verify behavioral health benefits

- Supply your office with an estimated Aetna payment amount
- Give reliable estimates of patient copayments, coinsurance, deductibles, etc.
- Provide printable information to help you initiate financial discussions with patients prior to, or at time of, care
- Reduce and potentially eliminate after-the-fact financial surprises for you and your patients

Accessing the Payment Estimator

- Log in to NaviNet, and look for Payment Estimator in your Aetna transaction menu.
- Visit the **Aetna Payment Estimator website** and select *Workflow Integration* to learn more. Be sure to check out the *Information for your Patients* section for tips on providing estimate information to your patients.

Take our online course

Visit www.AetnaEducation.com to enroll in our Payment Estimator for providers online tutorial.

How to more effectively use our Provider Service Center

Our Provider Service Center (PSC) assists both medical and behavioral health care professional callers from across the country. To better assist you and ensure you get the information you're looking for, we ask that you make your requests as direct and specific as possible.

For example, if you are requesting eligibility information for a patient with autism, ask for autism eligibility information, rather than behavioral health benefits. If you are trying to determine if precertification is required for neuropsych testing, you should indicate right away if it is for a medical or behavioral health diagnosis.

When you give this kind of detailed information up front, our PSC representatives can then assist you more quickly and accurately.

Do not send attachments with your claims

Want to ensure your claims are processed and paid quickly?

- Don't send attachments. We will contact you if we need more information.
- Send all your claims electronically. You'll save time and money by going electronic.

Claims with attachments must be manually reviewed. This step adds more time to the approval and payment processes, and could mean extra work for you.

It's easy to go electronic. Learn how by visiting our Health Care Professionals "Claims and Administration" section at www.aetna.com.

Save even more by going all electronic. Check out our EDI savings calculator at www.aetna.com/EDIsavingscalculator to learn how much.

Update profiles, including languages spoken

We want to be sure our members have access to your most up-to-date information in our provider directory, including details such as specialty focuses, office locations and languages spoken. You can do this at:

https://www.aetna.com/provider/bh_profile_update.html

Reminder: this newsletter is all-electronic

As you know, the Aetna Behavioral Health Insights newsletter is only available to you through e-mail. We no longer produce paper copies.

To help ensure you continue to get the newsletter, we need to have your most current e-mail address.

If your e-mail address has changed recently, make sure you update it at the following addresses:

- Physicians and behavioral health care providers:
<https://aetna.providerpreference.com>
- Hospitals and facilities: <https://aetna.providerpreference.com/facilities.php>

Access this month's newsletter, as well as past issues, on our secure provider website. Search for back issues under "Communications."

Don't forget about OfficeLink

As a reminder, *Aetna OfficeLink Updates*[™] – our quarterly newsletter for medical providers and other health care professionals -- also contains information useful to behavioral health practitioners. You can access issues at: http://www.aetna.com/healthcare-professionals/news/regional_hcp_newsletters.html.

Visit our BH web page

We maintain a comprehensive Aetna Behavioral Health and Employee Assistance Program page on our secure provider website designed to make working with us easier. This dedicated page offers information, tools and resources for behavioral health professionals.

FL, PA and TX

Some patients' ID cards have a new look

Offices in Florida, Pennsylvania and Texas may soon begin to see patient ID cards that look different.

Aetna patients enrolled in HMO and Quality Point-of-Service[®] (QPOS) plans may have "W" ID numbers listed on their cards. We are making administrative and system changes and eventually, all Aetna benefits plans will be identified by a "W" member ID number.

This is not a change in payment reimbursement to you. The indemnity or PPO-based EOBs will now also include HMO and QPOS members with "W" ID numbers. The product name associated with each member will be reflected on the EOB.

What this means to you

- Continue to follow the same process you do today for managing patients enrolled in HMO and QPOS plans.
- Continue to access patient eligibility, benefits and claims information through our secure provider website – remember to use the patient's "W" member ID number.
- If you need to contact the Provider Service Center (PSC), call the **1-888-632-3862 (1-888-MDAetna)** PSC telephone number any time you see a "W" ID number on an HMO and QPOS member ID card.

CT Providers: Access your Aetna Market Fee Schedule online

You can always view your current fee schedule online by visiting www.aetna.com and logging in to our secure provider website*. Once logged in, select "Claims," then "Fee Schedule."

If you have questions after reviewing the information available online, or if you are unable to access the fee schedule online, contact our Provider Service Center.

*If you are not an M.D./D.O. (or do not have Internet access), you will be unable to access your fee schedule online. Fax your request, along with the desired CPT codes, to our Provider Service Center at **859-455-8650**.



Focus On Quality

Learn more about Aetna Behavioral Health's prevention programs

Depression prevention for pregnant women

Aetna Behavioral Health collaborates with Aetna National Care Management to facilitate depression prevention and screening for pregnant women.

This includes at-risk and high-risk program members during the postpartum period. The Beginning Right® Maternity Program assists members and providers to help ensure a healthy, term delivery. Depression screening is a key element of the program.

The depression screening is offered to all women who enroll in the program and complete the Pregnancy Risk Survey. Women who screen positive for depression are encouraged to access their behavioral health benefits. They may also be eligible for Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program.

Program enhancements include:

- Administration of the Patient Health Questionnaire (PHQ-9) at enrollment, at each follow-up, and at discharge from the Medical Psychiatric High-Risk Case Management Program
- Enhanced member engagement through an evidenced-based, guided self-management tool
- At minimum, monthly member follow-ups to track treatment progress and adherence
- Collaboration with treating providers and Beginning Right nurses
- Assessment of effectiveness of current care, if in treatment, and recommendations for a different level of care or type of treatment, if appropriate

- Annual training for Aetna staff on the use of psychotropic medications during pregnancy and on Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program

How to contact us

Maternity members who wish to enroll in the Beginning Right Maternity Program, or providers who wish to enroll a maternity member, can call **1-800-CRADLE-1 (1-800-272-3531)**.

Members and providers who want to speak to an Aetna Behavioral Health specialty program representative about depression and pregnancy can call Aetna Behavioral Health's Specialty Program line at **1-800-424-4660**.

Substance abuse prevention for adolescents with depression, anxiety

Aetna Behavioral Health's *Substance Abuse Screening for Adolescents with Depression and/or Anxiety* prevention program targets depressed adolescents in higher levels of care who also have comorbid substance use.

Upon identification and screening, Aetna Behavioral Health care management helps ensure that comprehensive treatment and discharge plans are in place, and that they address the complexity of the mental health diagnosis and substance use. The program also includes an annual informational mailing for outpatient practitioners treating these adolescents.

During 2010, the program diagnoses expanded to include anxiety.

Members and providers interested in talking to an Aetna Behavioral Health representative about depression and substance use in adolescence should call the phone number on the back of the member's ID card and ask to speak with a care manager.



Practitioner Treatment Record Criteria

Maintaining records

Participating practitioners must maintain treatment records in a current, detailed, organized and comprehensive manner in accordance with customary clinical practice, applicable laws and accreditation standards. This requirement survives the termination of the contract, regardless of the cause for termination.

Aetna requires participating behavioral health practitioners to maintain administrative, technical and physical safeguards to protect the privacy of members' protected health information.

Further, Aetna will have access to treatment records, including confidential member information, for the purpose of claims payment; assessing quality of care,

including medical evaluations and audits; and performing utilization management functions.

Performance assessment goals

Each record must be measured against these performance ranges:

- 90–100 Performance goal
- 80–89 Minimal deficiencies
- 70–79 Moderate deficiencies – corrective action plan
- 69–below Serious deficiencies – corrective action plan, re-audit within six months

Delegated providers

Additionally, we conduct treatment record reviews for delegated providers. For a description of our new Practitioner Treatment Record Criteria, refer to our *Behavioral Health Provider Manual* on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website.

Provider accessibility standards available in provider manual

All network providers are accountable for upholding the Aetna Behavioral Health member access-to-services standards. The standards are posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website in the *Aetna Behavioral Health Provider Manual*.

The standards* are:

- 10 business days for routine appointments
- 48 hours for urgent appointments
- 6 hours for non-life-threatening emergency appointments

*Unless state requirements are more stringent.

Member satisfaction results on provider accessibility

Aetna Behavioral Health measures accessibility to provider offices on an annual basis through analysis of the Aetna Behavioral Health Member Satisfaction Survey results and access related complaints. The most recent member satisfaction survey results showed:

- 86 percent satisfaction with obtaining a routine appointment within 10 business days
- 83 percent satisfaction with obtaining an urgent appointment within 48 hours
- 82 percent satisfaction with obtaining a non-life-threatening emergency appointment within 6 hours



Results of 2010 Treatment Record Review

We perform the annual Treatment Record Review (TRR) to provide feedback about outpatient behavioral health practitioner performance in adhering to treatment record criteria and documentation standards. We also use the TRR review to facilitate communication, coordination and continuity of care, while promoting effective and confidential member care and quality review.

Weighting for scoring process

Non-MD providers

- Treatment record-keeping practices – weight 20 percent
- Assessment and treatment plan – weight 60 percent
- Documentation and practitioner communication – weight 20 percent

MD providers

- Treatment record-keeping practices – weight 15 percent
- Assessment and treatment plan – weight 50 percent
- Documentation and practitioner communication – weight 15 percent
- Psychiatrists only questions – weight 20 percent

National TRR results

In 2010, the Aetna Behavioral Health Blue Bell and Utah Care Management Centers conducted TRR audits on 83 records from across the nation. The 2010 average score was 90 percent.

The following questions fell below the 80 percent target for both non-MD and MD providers:

1. For suicidal and homicidal patients, or patients who are otherwise at risk, are there risk assessments at every session? (70 percent)
2. Is there documentation to reflect that the provider requested patient's permission to communicate with the primary medical practitioner? (49 percent)
3. If the patient did grant permission, is there documentation that the provider communicated with the primary medical practitioner? (58 percent)
4. If there is documentation about other behavioral health specialists or consultants treating the patient, is there documentation to reflect the provider requested the patient's permission to

communicate with the other behavioral health specialist or consultant? (64 percent)

5. Does the documentation include a discharge plan? (70 percent)

Next steps

- Quality Management will follow up with providers whose overall scores were below 80 percent. We will also work to create ongoing interventions for provider collaboration, communication and discharge planning.
- Providers who participated in the 2010 audit will receive their results, the Physician Communication Form, the Behavioral Health/Medical Provider Communication Form, and the Make the Connection flyer.
- The 2011 TRR initial audit request letter will also include a newly developed Treatment Plan Template, an Initial Evaluation Template, and a Discharge Summary Template which may be used by providers as part of their documentation process if they choose.

Where to find TRR best practices

Aetna Behavioral Health Treatment Record Review Criteria and Best Practices are posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website under "Focus on Quality." The best practices instructions in this document will assist you by giving a more detailed explanation of our criteria for each standard.



For additional information or when you need to contact us

Online

www.aetna.com

Access **our secure provider website via NaviNet**, available through

www.aetna.com.

- Select "Health Care Professionals," then "Secure Site Log In."
- Under "Provider Secure Website," choose "Log In" or "Register Now!"

Already registered? Go to

<https://connect.navinet.net>

To access the Aetna Behavioral Health and Employee Assistance Program page:

- Log in to our secure provider website.
- Choose "Aetna Support Center" from the upper left menu.
- Select "Doing Business with Aetna" followed by "Aetna Benefit Products."

By phone

Aetna Behavioral Health

- For general questions about Aetna Behavioral Health – **1-888-632-3862**.
- For HMO-based and Medicare Advantage plans claims, benefits, eligibility or demographic changes – **1-800-624-0756**.
- For all other plans claims, benefits, eligibility or demographic changes – **1-888-MDAetna (1-888-632-3862)**.
- For all HMO-based and Medicare Advantage plans precertification or case management – **1-800-624-0756**.
- For all other plans precertification or case management – **1-888-MDAetna (1-888-632-3862)**.
- For questions about joining the Aetna Behavioral Health network – **1-800-999-5698**.

Aetna Behavioral Health – Quality

- For questions about our UM criteria or would like a copy, or
- Questions about a coverage decision for one of your Aetna Behavioral Health patients or need to speak with one of our clinical reviewers (24 hours a day, 7 days a week),

Contact us at **1-800-624-0756** for HMO-based and Medicare Advantage plans, or **1-888-MDAetna (1-888-632-3862)** for all other plans.

- For a paper copy of our Member Rights and Responsibilities, call **1-888-632-3862**.
- For a copy of our Quality Management Program Executive Summary, or
- If you have questions about the Aetna Behavioral Health Quality Management Program and/or results, please contact Jennifer Eissfeldt, clinical quality manager, at **215-766-7045** or EissfeldtJ@aetna.com.

EAP Call Center

1-888-238-6232

By mail

Aetna Behavioral Health
1425 Union Meeting Road
Mail Stop U23N
Blue Bell, PA 19422

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