



# Aetna Behavioral Health Insights™

## Behavioral Health Newsletter

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### Precertification requirements for psychological and neuropsychological testing

Keep the following in mind when requesting precertification and/or submitting claims for psychological and neuropsychological testing:

- Precertification (where permitted or approved) is required when neuropsychological or psychological testing is a covered benefit and is requested for the evaluation of a mental health diagnosis (for example, serious psychiatric illness).
- Precertification is not required when neuropsychological or psychological testing is a covered benefit and is requested for the evaluation of a medical diagnosis (for example, traumatic brain injury, stroke,

differentiation of brain damage from a depressive disorder, epilepsy, hydrocephalus, Alzheimer's disease, Parkinson's disease, multiple sclerosis or AIDS). Please check to be sure the member does not have a medical precertification requirement which may necessitate a referral.

- Pre-surgical clearance: An evaluation by a psychologist or psychiatrist (CPT 90801) is sometimes required for pre-operative clearance (such as for obesity surgery). A psychological or psychiatric evaluation (as opposed to psychological testing) is a routine outpatient procedure and does not require precertification.

### Applied Behavior Analysis to require precertification

Beginning April 1, 2010, **Applied Behavior Analysis (ABA) requires precertification** (where permitted or approved). (ABA is used in the treatment of Autism Spectrum Disorders.)

Go online to our secure provider website via NaviNet® to view a copy of our current Aetna Behavioral Health precertification list, which includes full details and exclusions.

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

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





## Autism and Applied Behavior Analysis

Autism is considered to be a spectrum of disorders with variable presentations and severities, leading to the preferred use of the term Autism Spectrum Disorders (ASD).

Among other factors, the increasing awareness of ASD has resulted in earlier and more frequent recognition of the condition, so that when broad diagnostic criteria are used, the incidence of newly identified children with ASD may be as high as 6 per 1,000. Despite much research into the causes, treatments and outcomes, there is no single and correct approach that universally works best in all circumstances.

### Being part of the solution

There is clearly a need for commercial health insurance to be part of the solution. Aetna Behavioral Health's resources, including specialized networks, data analytics, integrated medical and behavioral health systems, resource and utilization management capabilities, enable us to play an active role in coordinating and helping to manage the health care needs of this population.

Since most state autism mandates do not apply to self-funded plans, it is up to the plan sponsor to decide whether they will elect to cover autism. The self-insured plan sponsor also decides whether to retain the exclusions for educational

services in their plan documents (most do), thereby eliminating coverage for Applied Behavior Analysis (ABA), which Aetna considers to be educational (as supported in the position papers of the American Academy of Pediatrics and the National Academy of the Sciences). Self-funded plan sponsors may choose to retain the exclusion for educational services for fear that coverage of ABA will result in an unlimited benefit due to the Federal Mental Health Parity Act.

This Act requires group health plans (self-funded or fully-insured) and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. Therefore, if a plan contains coverage for ABA, such benefits cannot be any more limited than the medical/surgical benefits. Most Aetna benefits plans have few, if any, limits on the medical/surgical side, resulting in unlimited ABA (absent the educational exclusion). For fully-insured plans, we exclude ABA if there is an educational exclusion in the plan documents and if the plan is not subject to a state mandate.

### Our stance on mandated coverage

Several state mandates require health insurance carriers to recognize and reimburse certified or licensed providers. Our benefits plans typically require that services be provided by licensed clinicians. In the ASD field, there are practitioners with credentials indicating competency (ABA certification) who would not qualify for independent licensure in the jurisdiction in which they work. These individuals can now become in-network providers with Aetna Behavioral Health, as well as with other carriers.

While Aetna does not support a mandate for autism coverage, we do support review of proposed benefits mandates by an independent body to assess their medical and financial impact. This is especially true given that the efficacy of ABA may be limited to only a subset of children with ASD.

Adding autism coverage would have a significant financial impact on many policyholders. Therefore, if a state is considering the passage of mandated autism coverage, we would like to see the following features included in the mandate:

- Treatment must be provided by licensed or BACB-certified ABA providers located in the insured's state
- Application of the mandate to large group and public plans only
- Standard utilization review according to policy terms
- Coverage required for evidence-based treatment only
- Enhancement and not replacement of existing educational services

### Fast facts on ASD/ABA

- Not every child will respond to early intensive behavioral interventions, regardless of how much is provided.
- If the benefits plan covers ABA and the plan is subject to the Federal Mental Health Parity Act, the plan cannot subject ABA to limits that are more restrictive than the limits that exist for medical benefits. (Note: Most Aetna benefits plans have few, if any, limits on medical benefits, resulting in unlimited ABA coverage.)

### Aetna BH Insights available online

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

## Reminder: *Aetna Behavioral Health Insights* now all-electronic

Beginning with our last issue, the *Aetna Behavioral Health Insights* newsletter is only available to you through email. We no longer produce paper copies.

We want you to stay connected and keep receiving the critical information this newsletter offers. To help ensure you continue to get the newsletter, we need to have your most current email address.

If your email 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>

## Visit our behavioral health page for tools, resources

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.

Visit us often – we're always posting new information and tools.



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

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



## Don't forget about *OfficeLink*

As a reminder, *Aetna OfficeLink Updates*<sup>™</sup> — our quarterly newsletter for medical providers and other health care professionals— may also contain information useful to behavioral health practitioners. You can access issues of this publication at: [http://www.aetna.com/healthcare-professionals/news/regional\\_hcp\\_newsletters.html](http://www.aetna.com/healthcare-professionals/news/regional_hcp_newsletters.html).

# Office Tools

## New tool helps you determine patients' out-of-pocket costs

High-deductible health plans can make it more difficult to calculate how much a patient will owe. How would you like a convenient online tool that will estimate out-of-pocket costs for your Aetna patients **before** services are rendered?

Allow us to introduce **Aetna's new Payment Estimator** for providers, available soon through our secure provider website. The Payment Estimator supplies an estimate of what we will pay a participating provider, as well as an estimate of the amount the patient will owe.

### How the Payment Estimator 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

### Phased roll-out for provider tool

Check to see if your office has access:

- 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](http://www.AetnaEducation.com) to enroll in our Payment Estimator for providers online tutorial, available in April.

## FACILITIES

### Moving locations? Let us know in advance

It is important that inpatient, intensive outpatient, partial hospitalization or any other group organizations contact us prior to moving.

Notifying us in advance will help ensure that your claims are paid in a timely manner. It will also allow us to begin any necessary recredentialing at your new location so that there is no disruption to your network participation status.

### Updated EAP Billing Form available online

We recently updated the EAP Provider Billing Form. To access a copy, go to the Aetna Behavioral Health and Employee Assistance Program page or the Forms Library on our secure provider website.



## HIPAA and communication between treating providers

Concerns about Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule violations are occasionally raised as a reason why providers are hesitant to share patient treatment information with other health care professionals. HIPAA was created to protect people's protected health information (PHI), not to act as a barrier to the communication between treating providers.

To help maintain HIPAA compliance, here are some tips when sending confidential PHI:

### By mail

1. When mailing paper PHI, place the records in an inner envelope and seal the envelope. Mark the inner envelope CONFIDENTIAL.
2. Place a shipping label on the inner envelope.
3. Place the first envelope within a second envelope or box.
4. Place a DUPLICATE shipping label on the external envelope or box.
5. Confirm package has been received.

## Provider contracting is easier with new electronic system

Aetna is the first insurance care company to introduce electronic provider contracting. Providers will now be able to receive and sign provider agreements via email, making the contracting process faster and more reliable. With this system, providers will enjoy ease of administration, reduced paper clutter and cost savings on postage.

We are working with EchoSign as our eSignature vendor. EchoSign's software conforms to compliance, legal and security requirements. To learn more about EchoSign and their eSignature solution, visit [www.EchoSign.com](http://www.EchoSign.com).

So be sure to check your inbox – an electronic provider contract for new associates in your practice may be arriving soon.

If we do not have your office email address, you can submit it to us:

Physicians: <https://aetna.providerpreference.com/>

Facilities: <https://aetna.providerpreference.com/facilities.php>

### By fax

1. Before faxing any PHI, call to confirm the appropriate fax number.
2. Always use a cover sheet marked CONFIDENTIAL with your name and telephone number as the contact information.
3. Confirm fax has been received by the intended recipient.

### By email

1. Confirm that your computer can send an encrypted document.
2. All PHI must be sent in an encrypted format. Never include identifying information in the subject line.
3. Confirm the recipient's email address prior to sending PHI.
4. Verify receipt of encrypted email.

### By telephone

1. You may leave messages on a patient's answering machine, though care should be taken to limit the amount of information disclosed.

2. You may leave a message with a family member or other person who answers the phone when the patient is not home, though professional judgment should be used to ensure that such disclosures are limited and in the best interest of the patient.
3. Reasonable requests from a patient to communicate in a confidential manner, such as at a different number, should be accommodated.

For more information, refer to the U.S. Department of Health and Human Services website at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/index.html>

We ask that you share this information with your staff.

## Update your profile, 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.

Update your profile online at:

[https://www.aetna.com/provider/bh\\_profile\\_update.html](https://www.aetna.com/provider/bh_profile_update.html)

# Focus On Quality

## About our Quality Management Program

We are committed to a continuous quality improvement program and encourage health care professional involvement through committee participation. The Aetna Quality Management Program includes:

- Quality improvement activities
- Prevention programs
- Utilization management program
- Disease management programs
- Outcome studies
- Treatment record review programs
- Oversight of availability and access to care
- Member safety
- Complaints, non-authorizations and appeal processes

Participating behavioral health care professionals are required to support our Behavioral Health Quality Management Program, be familiar with our guidelines and standards, and apply them in their clinical work. Specifically, behavioral health care professionals are expected to:

- Adhere to all Aetna policies and procedures, including those outlined in the *Aetna Behavioral Health Provider Manual*
- Communicate with the member's primary care physician as warranted (after obtaining a signed release)
- Comply with treatment record standards, as outlined in our provider manual
- Respond to inquiries by our behavioral health staff in a timely manner
- Cooperate with our complaint process
- Follow continuity-of-care and transition-of-care standards when the member's benefits are exhausted or if you leave the network
- Support on-site audits or requests for treatment records
- Complete and return annual provider satisfaction surveys when requested
- Participate in treatment plan reviews or send in necessary requests for treatment in a timely fashion
- Submit claims with all requested information completed
- Adhere to patient safety principles
- Comply with state and federal laws, including confidentiality standards
- Cooperate with quality improvement activities

If you have questions about our Quality Management Program, or would like to receive a copy of the program description or Annual Quality Management Evaluation results, contact Jennifer Eissfeldt at 215-766-7045 or [EissfeldtJ@aetna.com](mailto:EissfeldtJ@aetna.com).



## How we determine coverage decisions

Our care management staff uses evidence-based clinical guidelines from nationally recognized authorities, as well as internally derived/developed criteria sets based on guidelines from nationally recognized authorities, to guide utilization management (UM) decisions. These decisions may involve precertification, inpatient review, discharge planning and retrospective review.

Specifically, with the information collected regarding the specific member's clinical condition, Aetna staff uses the following criteria as guides in making coverage determinations:

- American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC-2R) – *For individuals with substance-related disorders*
- Aetna Level of Care Assessment Tool<sup>®</sup> (LOCAT)
- Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers (formerly TCADA) – *For individuals with substance-related disorders treated in Texas*

We provide participating providers with the criteria upon receipt of a written or phone request. Call 1-888-632-3862 for that information.

We make coverage determinations based on the appropriateness of care and service. We review requests for coverage to determine if the service requested is a covered benefit under the terms of the member's plan and is being delivered consistent with established guidelines.

### Complaints and appeals

If a request for coverage is denied, the member (or a provider acting on behalf of the member) may appeal this decision through the complaint and appeal process. In addition, depending on the specific circumstances, the member or provider may appeal to a government agency, the plan sponsor or an external utilization review organization that uses independent physician reviewers, as applicable.

Aetna does not reward physicians or other individuals conducting utilization review for issuing denials of coverage or creating barriers to care or service. Financial incentives for utilization management decision makers do not encourage denials of coverage or service and are designed to encourage the delivery of appropriate health care services. In addition, our utilization review staff is trained to focus on the risks of under and over utilization of services.

### Role of medical directors

Aetna Behavioral Health medical directors make all final coverage\* denial determinations involving clinical issues. If a treating provider does not agree with a decision regarding coverage or would like to discuss an individual member's case, Aetna Behavioral Health medical directors and physician reviewers are available 24 hours a day, 7 days a week, to discuss specific concerns and provide additional information.

If you have questions about coverage decisions for one of your Aetna Behavioral Health patients, call 1-888-632-3862.

\*For these purposes, "coverage" means either the determination of (i) whether or not the particular service or treatment is a covered benefit under the terms of the particular member's benefits plan, or (ii) where a physician or health care professional is required to comply with Aetna's patient management programs, whether or not the particular service or treatment is payable under the terms of the provider agreement.

## 2009 Quality Management Program evaluation

Aetna Behavioral Health annually evaluates our Quality Management Program and addresses key area findings, such as:

- QM committee structure
- Annual policy review
- Patient safety
- Availability and accessibility
- Complaints and appeals (incorporated into “Member Services” section)
- Member satisfaction and provider satisfaction
- Clinical Practice and Preventive Health Guidelines
- Continuity and coordination of behavioral health care
- Continuity and coordination of medical and behavioral health care
- Provider treatment record review
- Case manager and customer service representative quality review audits
- Utilization management criteria and decision turnaround time
- Prevention programs
- Clinical specialty programs
- Quality improvement initiatives
- Delegation
- Medicare over/under utilization monitoring

- Streamlined UM program

- HEDIS® measures

For additional information on our 2010 Quality Management Program or the results of our 2009 evaluation, log in to our secure provider website and select Aetna Support Center, Doing Business with Aetna, Aetna Benefit Products, then Aetna Behavioral Health and Employee Assistance Program. If you do not have Internet access, contact Jennifer Eissfeldt at 215-766-7045 or EissfeldtJ@aetna.com.

HEDIS refers to the Healthcare Effectiveness Data and Information Set; HEDIS is a registered trademark of the National Committee for Quality Assurance.



## Member Rights and Responsibilities available online

Our Member Rights and Responsibilities are available online in the *Aetna Behavioral Health Provider Manual* posted on our secure provider website:

- On the home page, select “Doing Business with Aetna.”
- Choose “Aetna Benefit Products.”
- Scroll down to “Behavioral Health and Employee Assistance Program.”

If you would like a copy of *Aetna’s Member Rights and Responsibilities Statement*, call 1-888-632-3862.

## Practitioner Treatment Record Criteria

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

Participating practitioners must treat the following as confidential – information that:

- Identifies a member
- Specifies the relationship of the member with Aetna
- Addresses physical or mental health status or condition, provisions of health care, and payment for the provision of health care to the member as confidential in accordance with their Aetna contract and applicable laws

### Maintaining records

Participating practitioners also 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.

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

To assess the quality of treatment record-keeping practices, we will maintain a performance goal, assess for opportunities to improve treatment record keeping and implement actions to improve medical record-keeping practices. 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, Aetna conducts treatment record reviews for delegated providers.

### Treatment Record Standards

For a description of our Practitioner Treatment Record standards, refer to our *Behavioral Health Manual* on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website. We also post Treatment Record Review Best Practices on our secure provider website under “Focus on Quality” on the Behavioral Health page



## Consult Behavioral Health Clinical Practice Guidelines

The following Behavioral Health Clinical Practice Guidelines (CPGs) are based on nationally recognized recommendations and peer-reviewed medical literature. They are posted on our secure provider website under “Clinical Resources” and on the Aetna Behavioral Health and Employee Assistance Program page. Updated CPGs will be posted in April.

- Helping Patients Who Drink Too Much Updated 3/10
- Treating Patients With Major Depressive Disorder Updated 3/10

To get a hard copy of a specific CPG, call our Provider Service Center.

## For additional information or when you need to contact us

### Online

[www.aetna.com](http://www.aetna.com)

Access our secure provider website via NaviNet, available through

[www.aetna.com](http://www.aetna.com).

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

### 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-MD AETNA (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-MD AETNA (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-MD AETNA (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](mailto: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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Behavioral Health refers to an internal business unit of Aetna. EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna)

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