



**Stay in the know**

**Aetna Behavioral Health Insights™**  
Behavioral health newsletter



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



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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.

# FDR attestation “to do” for network status

Are you a participating provider (individual, group, facility or ancillary, etc.) in our Medicare plans and/or our Medicare-Medicaid plans (MMPs)? If yes, then you must:

- Meet the Centers for Medicare & Medicaid Services (CMS) compliance program requirements for first-tier, downstream and related (FDR) entities
- Confirm your compliance with these requirements through an annual attestation

You'll find the training resources to ensure your compliance on the **Medicare Compliance FDR Attestation page** of **aetna.com**. Once on the page, see the links under “Need more information on the Medicare FDR program?”:

- See our Medicare compliance FDR program guide
- FDR frequently asked questions
- See our office manual

Once you review the information and ensure you've met the requirements, complete the Medicare FDR attestation. Simply click the link on the left side of the page.

A single annual attestation meets all your Medicare contract compliance obligations for Aetna, Coventry, MMP or delegation. To receive credit, include the required demographic information, including your federal tax ID (EIN/SSN).

**Note:** The Council for Affordable Quality Healthcare (CAQH) attestation does not meet these requirements.



## Questions or more information

First, see the resources on the **Medicare Compliance FDR Attestation page** of **aetna.com**.

Still have questions about compliance or completing your attestation?

Just email **[fdrattestation@aetna.com](mailto:fdrattestation@aetna.com)**.

If you're an MMP-only provider,  
you can email **[medicaidmmpfdr@aetna.com](mailto:medicaidmmpfdr@aetna.com)**.

You'll find more information in our quarterly  
**FDR Compliance Newsletter**, too.



## Care coordination — the right information at the right time

Take time to share the right information at the right time using teamwork and **health information technology**. You can help improve patient care by partnering with patients to better manage their health conditions.

### Communication benefits everyone

In a 2018 audit of our behavioral health practitioner treatment records, review results showed:

- Only 1 in 10 cases had communication with the primary care physician (PCP).
- Forty-three percent documented a request to communicate with a PCP.
- Of those providers who documented a request, only 59 percent followed through on communicating with the PCP.

Our 2018 provider experience survey results also showed room for improvement:

- Fifty-seven percent of practitioners requested permission from the patient to communicate with their PCP.
- When permission was given, practitioners communicated with PCPs only 66 percent of the time.

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

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

### Tools and resources

For more helpful information, check out:

- **[Aetna's Behavioral Health/Medical Provider Communication Form](#)**
- **[Behavioral health sample forms](#)**
- **[National Quality Forum: Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination](#)**
- **[Aetna Integrated Primary Care Behavioral Health Program flyer](#)**





# Depression screening for women during and after pregnancy

Aetna® Medical Management helps identify depression in pregnant women and helps get those members behavioral health support. Our Aetna Maternity Program also provides educational support to both members and providers. It helps members reach their goal of a healthy, full-term delivery and postpartum bonding.



## How the program works

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



## Get in touch

- Members and providers can call **1-800-272-3531 (TTY: 711)** weekdays from 8 a.m. to 7 p.m. ET to verify eligibility or register for the Aetna Maternity Program. Members can complete enrollment with a representative at this number.
- Members can also enroll and access the program through their member website. They can find trusted, reliable information at any stage, whether they're planning for a family, pregnant or have already delivered their baby.

# Screening, Brief Intervention and Referral to Treatment (SBIRT)

Aetna will reimburse you when you screen your patients for alcohol and substance use, provide brief intervention, and refer them to treatment.

SBIRT is an evidence-based practice that supports health care professionals. Overall, the practice aims to improve:

- The quality of care for patients with alcohol and substance use disorders
- Outcomes for patients, families and communities

## Screen and refer your patients

The Institute of Medicine recommendation that calls for community-based screening for health risk behaviors, including alcohol and substance use, supports the SBIRT model.

Our participating practitioners who treat patients with Aetna medical benefits can provide this service and get reimbursement. **Get started now.**

## There's an app for that

The SBIRT app is available as a **free download** on the App Store®.\* The app provides:



- Questions to screen for alcohol, drug and tobacco use
- A screening tool to further evaluate the specific substance use
- Steps for a brief intervention and/or referral to treatment, based on motivational interviewing

\*Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

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# Opioid overdose risk screening program

Our behavioral health clinicians screen members to identify patients at risk for an opioid overdose. Any patient receiving a diagnosis of opioid dependence may be at risk. Learn more about the **opioid epidemic.**

## How you can help

Consider naloxone for patients at risk for an opioid overdose. Naloxone reverses the effects of an opioid overdose. Giving naloxone kits to at-risk patients is safe, cost-effective and reduces overdose deaths. You can also tell patients and their family members or support network about signs of overdose and administering medication.

Coverage of naloxone varies by individual plans. Call the number on the member's ID card for more information on coverage. We waive copays for the naloxone rescue medication NARCAN®\*\* for fully insured commercial members.

## Resources for you and your patients



- **Aetna opioid resources**
- **Centers for Disease Control and Prevention: Opioid overdose prevention programs providing naloxone to laypersons**
- **SAMHSA: Opioid overdose prevention toolkit**
- **Seeking treatment for opioid use disorder — Aetna video**

\*\*NARCAN is a registered trademark of ADAPT Pharma Operations Limited.





# Applied behavior analysis (ABA) provider FAQs

## 1. Does ABA require precertification?

Yes, ABA is on Aetna's precertification list for behavioral health services.

## 2. How do I get services precertified?

You can call the number on the back of the member's ID card and speak to a customer service representative. Here's more information on [precertification](#).

## 3. Where can I find Aetna's medical necessity guidelines for ABA?

See the [Applied Behavior Analysis Medical Necessity Guide](#) and [ABA Treatment Request form](#).

## 4. Where can I find Aetna's clinical policy bulletin on autism spectrum disorders?

See [Autism Spectrum Disorders](#) and [Applied Behavior Analysis](#).

## 5. What procedure codes does Aetna use for ABA?

Aetna continues to use the American Medical Association (AMA) CPT®\* (Current Procedural Terminology) codes for adaptive behavior treatment. The AMA replaced or revised the following codes effective January 1, 2019:

- Eight new Category I codes for adaptive behavior assessments (97151 and 97152) and adaptive behavior treatments (97153 – 97158) were added.
- Fourteen associated Category III codes (0359T, 0360T, 0361T, 0363T – 0372T and 0374T) have been deleted.
- Two Category III codes (0362T and 0373T) have been revised and maintained.

## 6. How do I join the Aetna network?

See more information about [joining the Aetna network](#).

\*CPT is a registered trademark of the American Medical Association.



## HEDIS® highlight: follow-up after hospitalization for mental illness

We strive to provide access to quality health care for our members. And we monitor our quality outcomes through the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures.

The National Committee for Quality Assurance (NCQA) developed these measures, which allow direct, objective comparison of quality across health plans. NCQA publishes the results for the HEDIS measures in its **State of Health Care Quality (SOHCQ) Report** each year.

The 2018 report showed a continued downward trend in the **Follow-Up After Hospitalization for Mental Illness measure**. Our behavioral health plan had similar results in this area. Your feedback can help improve these measures. Just email your comments and suggestions to [qualityimprovement2@aetna.com](mailto:qualityimprovement2@aetna.com).

### Patient and provider resources

1.

[Aetna HEDIS measurements and report cards](#)

2.

[National Institute of Mental Health website](#)

3.

[NCQA website](#)





# Treatment for mental illness



Mental illness is a common condition.<sup>1</sup> Nearly one in five adults in the United States has a mental health condition.<sup>1</sup> But only 41 percent of adults with a mental health condition received mental health services in the past year.<sup>2</sup>

Patients who are hospitalized for mental health issues are vulnerable after discharge. Trained mental health providers need to follow up with these patients to help ensure their health and well-being.

**Follow-Up After Hospitalization for Mental Illness** is a HEDIS measure that looks at the percentage of members hospitalized for treatment of mental health disorders who had outpatient, intensive outpatient or partial hospitalization follow-up care within 7 days and again within 30 days of their discharge.

## You can help with follow-up care

- Make sure patients have follow-up visits scheduled before discharge.
- At discharge, provide patients with detailed information about the follow-up visit, including the provider and practice name, physical address, phone number, and website and/or email address.
- Address patient barriers for the follow-up visit in advance, such as transportation concerns.
- Ensure follow-up care practitioner has detailed information about the patient, including alternative phone numbers or contacts.
- Consider reminder systems for patient notification of follow-up visits and outreach after missed appointments.

<sup>1</sup>National Institute of Mental Health. **Mental illness**. February 2019. Accessed May 13, 2019.

<sup>2</sup>Substance Abuse and Mental Health Services Administration. **Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health**. September 2015. Accessed May 13, 2019.

# Is suicide preventable?



Suicide is a leading cause of death in the United States.<sup>3</sup> From 1999 – 2016, suicide rates have risen in nearly every state, with about 45,000 lives lost in 2016 alone.<sup>3</sup> According to **Zero Suicide**, it may be possible to prevent suicide deaths of people in the care of health and behavioral health systems.<sup>4</sup> We're committed to working with you toward this goal.

## Minimum risk assessments for all patients

Identifying suicide risk plays a significant role in suicide reduction. **Suicide assessment tools**<sup>4</sup> can help, and the greatest impact may result from screening patients who don't present with obvious risk.

Why screen more widely? The Centers for Disease Control and Prevention reports that over half the people who have died by suicide didn't have a known mental health condition.<sup>3</sup> Consider a minimum risk assessment for all patients, whether there is a clear risk of self-harm or not. The **Patient Safety Screener** is a brief tool you can add to a standard exam.<sup>5</sup>

## Suicide prevention plans

Another key is helping patients at risk make a prevention plan. Consider completing the **Patient Safety Plan Template** with the patient.<sup>6</sup> Making this plan together engages and empowers patients by giving them responsibility for prevention.

## Outreach may prevent suicidal behaviors

A review of several studies suggests that **outreach** to patients after a suicide attempt or ideation may prevent those behaviors in the future.<sup>7</sup> The days after discharge from an inpatient psychiatric unit or emergency department can be a time of increased risk and repeat attempts. But fewer than half of these patients typically receive aftercare.<sup>7</sup>

Some studies in the review used personal calls, letters, postcards, in-person contacts, emails and texts. The authors suggested that multiple contacts with patients can<sup>7</sup>:

- Show them someone cares
- Remind them of their access to mental health care
- Provide information about how to get this care
- Empower them to get treatment

## Engagement of support systems

**Support systems** in the form of caregivers, family members and friends of patients at risk can also have a major impact on suicide prevention. They can provide<sup>8</sup>:

- Help developing life skills and supportive relationships
- Encouragement to get treatment and stick with it
- Support and safety during times of crisis

## Resources to share with patients

- National Suicide Prevention Lifeline **(1-800-273-TALK (1-800-273-8255))**
- Crisis Text Line (text **TALK** to **741741**)

<sup>3</sup>Centers for Disease Control and Prevention. **Suicide rising across the U.S.** June 7, 2018. Accessed May 10, 2019.

<sup>4</sup>**Zero Suicide.** Accessed May 10, 2019.

<sup>5</sup>Suicide Prevention Resource Center. **The Patient Safety Screener (PSS-3): a brief tool to detect suicide risk in acute care settings.** Accessed May 10, 2019.

<sup>6</sup>Stanley B, Brown GK. **Patient Safety Plan Template.** Accessed May 10, 2019.

<sup>7</sup>Suicide Prevention Resource Center. **Post-discharge follow-up as suicide prevention.** June 20, 2014. Accessed June 13, 2019.

<sup>8</sup>Suicide Prevention Resource Center. **Family members and caregivers.** Accessed June 13, 2019.



# HEDIS highlight: follow-up care for children prescribed ADHD medication

## How we monitor practitioner outcomes<sup>9</sup>

Children (ages 6 – 12) prescribed a medication for attention-deficit/hyperactivity disorder (ADHD) should attend at least 3 follow-up visits within a 10-month period (one visit within 30 days of when medication was dispensed). Two rates of this measure assess follow-up care:

- Initiation Phase: A follow-up visit with a practitioner who has prescribing authority during the 30-day Initiation Phase
- Continuation Phase: Children who remained on the ADHD medication for at least 210 days and had at least 2 follow-up visits (in addition to the Initiation Phase visit) with a practitioner within 270 days (9 months) after the Initiation Phase ended

## Your follow-up care can help

- Explain the need for follow-up care to the parent or guardian and encourage questions about ADHD.
- Schedule the initial follow-up visit before the patient leaves the office for two to three weeks after starting the medication.
- Don't provide refills unless the child attends the initial follow-up visit.
- Schedule at least two more visits over the next nine months to check the child's progress after the initial follow-up visit.
- Complete one follow-up visit in the Continuation Phase via telephone, if needed:
  - Telephone visit CPT codes: 98966 – 98968, 99441 – 99443
  - Telehealth modifier: 95, GT
  - Telehealth POS: 2

<sup>9</sup>National Committee for Quality Assurance. [Follow-up care for children prescribed ADHD medication](#). Accessed May 13, 2019.

## Coverage determinations and utilization management (UM)



Our UM staff helps members access services their benefits plans cover. We base our decisions entirely on appropriateness of care and service, as well as on the existence of coverage. **Evidence-based clinical guidelines** from nationally recognized authorities guide our UM decisions.

We review requests for coverage to see if members are eligible for certain benefits under their plan. If we deny a coverage request, those who can **appeal** the decision include:

- The member
- The member's representative
- A provider acting on the member's behalf

We don't pay or reward practitioners for denying coverage or care. Our review staff focuses on the risks of underutilization and overutilization of services.

# Clinical practice guidelines and criteria

We adopt evidence-based clinical practice guidelines from nationally recognized sources. Just click on the links below to see them.

Guideline	Adoption date
<a href="#"><u><b>American Academy of Pediatrics (AAP): ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents</b></u></a>	February 2018
<a href="#"><u><b>Centers for Disease Control and Prevention (CDC): Guideline for prescribing opioids for chronic pain</b></u></a>	February 2018
<a href="#"><u><b>National Institute on Alcohol Abuse and Alcoholism (NIAAA): Helping patients who drink too much — a clinician's guide</b></u></a>	February 2018
<a href="#"><u><b>American Psychiatric Association (APA): Practice guideline for the treatment of patients with major depressive disorder</b></u></a>	February 2018



**Click on these links to learn more about our clinical criteria:**

- [\*\*Aetna's Clinical Policy Bulletins\*\*](#)
- [\*\*Guidelines for coverage determination\*\*](#)
- For substance abuse treatment in Texas, we use the [\*\*Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers\*\*](#) (28 TAC §§3.8001-3.8030) in place of American Society of Addiction Medicine (ASAM) criteria.
- For substance abuse care in New York (state), we use the [\*\*Level of Care for Alcohol and Drug Treatment Referral\*\*](#) (LOCADTR).

## **Hard copies**

Need hard copies of a specific clinical practice guideline or criteria for a specific determination? We're here to help. Just call our Provider Service Center at **1-888-632-3862 (TTY: 711)**.



# Your information may need an update



## Help us help members

It's important that we have an up-to-date record for you, so we can give accurate information to our members. Have you recently moved your office or changed your phone number, email address or any other demographic information? If so, simply update your profile within seven days of the change on one of these websites:

- [aetna.com](https://www.aetna.com)
- [caqh.org](https://www.caqh.org)
- [availity.com](https://www.availity.com)

\*NaviNet is a registered trademark of NaviNet, Inc.

## Help us stay in compliance

The Centers for Medicare & Medicaid Services (CMS) also requires that Medicare Advantage (MA) organizations ensure the validity of provider demographic information. We take this compliance obligation seriously and need your help to fulfill it.

If you're not a Medicare provider, or if you have not received vendor communications, you can always visit our provider website at [navinet.navimedix.com](https://navinet.navimedix.com). NaviNet®\* users have access to Aetna's "Update Provider Demographics" function, where it's easy to edit your information.

# Outpatient precertification planning



Most outpatient services don't require precertification. For those non-urgent authorizations that do, such as applied behavior analysis and transcranial magnetic stimulation, it can take up to 15 days to finalize.

Plan to call promptly for any non-urgent service requiring precertification.

## More information and updates

- [Behavioral health services requiring precertification](#)
- [Electronic precertification](#)

# Provider manual keeps you informed



You can stay "in the know" by referring to our [\*\*Behavioral Health Provider Manual\*\*](#). The manual has information to help you serve your patients efficiently and accurately with topics like:

- Programs for behavioral health screening, condition management and utilization management
- Member rights and responsibilities
- [\*\*Quality management\*\*](#) and how our program can help you and your patients

# Access-to-care standards for behavioral health care providers

If you're a network provider or practitioner, you'll want to adhere to these access-to-care standards for Aetna Behavioral Health members. Please help us ensure they receive timely access to medically necessary behavioral health care services.

To review, here are the standards:

Service	Time period
<b>Non-life-threatening emergency needs</b>	Within 6 hours
<b>Urgent needs</b>	Within 48 hours
<b>Routine office visits</b>	Within 10 working days
<b>Follow-up routine mental health care</b>	<ul style="list-style-type: none"><li>• Within 5 weeks for behavioral health practitioners who prescribe medications</li><li>• Within 3 weeks for behavioral health practitioners who do not prescribe medications</li></ul>
<b>Following hospital discharge for a behavioral health condition</b>	Within 7 days
<b>After-hours care</b>	Behavioral health practitioners must have a reliable live answering service or voice mail system (24 hours a day, 7 days a week). <b>Requirements:</b> <ul style="list-style-type: none"><li>• <b>MDs</b> must have a notification system for callbacks or provide a designated practitioner backup.</li><li>• <b>Non-MDs</b> must have a message system that provides 24-hour contact information to a licensed behavioral health care professional (at a minimum).</li></ul>

## Quality Management program helps improve health care



- We integrate quality management and metrics into all that we do to improve health care. Find out more about our annual **quality management and improvement efforts**. You can also learn about our program goals and how we're progressing toward those goals.
- If you'd like a hard copy of our Quality Management program evaluation, call:
  - **1-800-624-0756 (TTY: 711)** for HMO-based and Medicare Advantage plans
  - **1-888-MDAetna (1-888-632-3862) (TTY: 711)** for all other plans

Ask to speak with someone in Aetna Behavioral Health Quality Management.



# Patient and member rights

## Patient rights and responsibilities

Need information on patient rights and responsibilities or nondiscrimination? Check our [Office manual for health care professionals](#) and our [Behavioral Health Provider Manual](#) at [aetna.com](#).

Are you a participating physician or behavioral health practitioner? If yes, then you need to have a documented policy about nondiscrimination.

Remember, federal and state laws prohibit discrimination in the treatment of patients based on:

- Race
- Age
- Medical history
- Ethnicity
- Mental or physical disability
- Evidence of insurability (including conditions rising out of acts of domestic violence)
- National origin
- Medical condition
- Genetic information
- Religion
- Sexual orientation
- Source of payment
- Sex
- Claims experience

## Commercial and Medicare member rights and responsibilities

You can find our commercial and Medicare member rights and responsibilities statements at [aetna.com](#) in the “Individuals” section under [Rights & resources](#). The language may vary depending on the state law tied to each plan.

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# Americans with Disabilities Act (ADA) requirements

**For all participating physicians, behavioral health practitioners and health care professionals:** Under the federal [ADA](#), you must provide physical access to your office and reasonable accommodations for patients and employees with disabilities.

**For all participating physicians or behavioral health care professionals:** If you are a covered entity under the Section 1557 Nondiscrimination in Health Programs and Activities Final Rule, you must also provide access to medical services.

This includes diagnostic services for someone with a disability. You may use different types of medical diagnostic equipment. Just ensure you have enough staff to help transfer the patient.

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# Complex case management referrals

## Extra help for complex conditions

Complex case management is for members with complex conditions who need extra help understanding their health care needs and benefits. We also help them access community services and other resources. The program offers an inclusive process for the member, the caregiver, the providers and Aetna.

## Program goals

We want to help produce better health outcomes while managing health care costs. Let's work together to meet these goals.

## Program referrals

Know a member who could use the extra help? Program referrals are welcome from many sources, including:

- Primary care physicians
- Specialists
- Facility discharge planners
- Family members
- Internal departments
- The member's employer

Just call **1-800-424-4660 (TTY: 711)** to submit a referral.

# Contacts and connections

## Visit our secure provider website

- Visit our secure provider website on NaviNet through our public [website](#).
- Once there, click on “Providers,” then “Aetna secure provider website.”
- Already registered? Go to [connect.navinet.net](https://connect.navinet.net).

## Visit 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.”

## Get in touch 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)**.

## Send us 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)**.

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