



Provider Education Bulletin

Summer 2024 edition, day 1 of 2

Supporting you — our trusted providers — and your Aetna® patients on their path to better health is always our top priority. And our quarterly provider education bulletin helps make working with us simpler. We send useful information, tools, tips and resources straight to your inbox. So, you can spend more time focusing on your patients' health.

Stay in the know: We're making cultural competency and health equity a priority

Understanding the importance of cultural competency and health equity in health care can help improve your patients' overall health care experience and drive positive health outcomes. So, we've updated our cultural competency training video and included information about how you can access free online educational resources to help improve your communication and service-delivery strategies.

You can watch the video on [Aetna.com](#).

Feedback and questions

As always, we continually welcome your feedback. Just send us your questions, comments and ideas for future articles to

NewProviderTraining@Aetna.com.

Thank you for being a part of our network.

Today's news

We're sharing how our new Availity® enhancements will make doing business with us a breeze.*

Tomorrow's news

We're highlighting updates to our behavioral health medical record documentation standards.

Our new Availity® enhancements will make doing business with us a breeze*

We're now accepting electronic attachments. You can send them via Jopari and PNT Data. If you work with another vendor, reach out to them to see when they'll be able to send attachments to us.

Why switch to electronic claim attachments?

You can:

- Get paid faster
- Get claims processed more efficiently
- Track claims easily
- Better safeguard Protected Health Information (PHI)
- Reduce the cost of administrative work
- Save money on mailing and printing

We're also accepting unsolicited attachments

Review our [vendor list](#) to see which vendors are working with us. Under the "Transactions Available" section, look for "Claim Attachments." If your vendor isn't currently offering this option, check back periodically. We update the list every time a new vendor is ready.

Are you interested in digital prior authorizations?

If you'd like to get prior authorization notices online, contact your vendor. We'll let you know when this transaction option becomes available.

Questions?

For questions regarding electronic claim attachments, please contact your clearinghouse. You can also connect with us on [Aetna.com](#).

Our new "Is Authorization Required (IAR)" feature is live on Availity® and the Aetna® Virtual Assistant*

One big reason why providers call us is to check authorization requirements, so we've created a new self-service inquiry feature. You can find it on the Availity provider portal or the Aetna Virtual Assistant.

Using the Availity provider portal

Start your Authorization Add request on Availity as you normally would. Add provider and patient information, diagnosis and procedure codes, place and date of service, and quantity. In step 3 of the request process, we'll check whether the requested service(s) requires authorization. You'll see one of the following responses:

- **No authorization required:** That means you're done. You can print a copy of the response for your records and move on with your day.
- **Authorization required:** That means we require authorization on at least one of the requested services. Press the "Next" button to finish and submit your request on Availity.
- **Undetermined:** That means the inquiry function is unable to determine whether authorization is required. That might be because the patient's plan has special conditions. Treat this response the same as "authorization required" and continue with your request as usual.

We'll even tell you when services are handled by another entity

When another entity handles authorization, we'll tell you the name of the entity and how to contact them. When EviCore handles services, you'll also see a "Take me to EviCore" button. Use it to go directly into EviCore's portal to complete your request.

Register for and learn how to use Availity

If you're not already using Availity, you can [register](#) today. Look for the "Get Started" link in the upper-right corner of your screen. There's no cost to use Availity Essentials.

We offer free webinars every month on how to use Availity to submit your authorization requests and more. Go to our [webinar page](#) and register for the next "Authorizations on Availity" webinar or any of the others listed.

Using the Aetna® Virtual Assistant

If you're not an Availity user, you can check authorization requirements through the Aetna Virtual Assistant. Just call any Provider Services telephone number you already use. Say "precert," then "check if precertification is required" when asked. The virtual assistant will ask you:

- For the patient's ID number and date of birth
- Whether the service will be performed in an outpatient setting
- The National Provider Identifiers (NPIs) of the servicing provider and facility (if applicable)
- The expected date of service (if known)
- Procedure and diagnosis codes (if known)

Because you're inquiring about services for a specific patient, our virtual assistant will tell you whether precertification is required according to that patient's plan. It'll even tell you whether services are handled by another organization and give you their telephone number. And you can check whether precertification is required for multiple patients in the same call.

Whether you go online or use our phone system, you can check authorization requirements at any time, at your convenience.

For answers to additional questions regarding our precertification requirements, please connect with us on [Aetna.com](#).

We're here for you.

Learn how to do business with us simpler and quicker.

Just attend our **Doing Business with Aetna** webinar on the [second Tuesday](#) or [third Wednesday](#) of each month from 1:00 PM to 2:15 PM ET. Ask questions and get answers on the spot.

We'll show you how to:

- Locate provider manuals, clinical policy bulletins and payment policies
- Access online transactions such as those related to eligibility, benefits, precertification, and claim status/disputes
- Register for live instruction webinars
- Access our online forms
- Navigate to our provider referral directory and Medicare directory
- Update your provider data, and much more

*Availity® is available only to providers in the U.S. and its territories.

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Provider Education Bulletin

Summer 2024 edition, day 2 of 2

This is day two of our provider education summer series. Today's edition focuses on our updated behavioral health medical record documentation standards.

We're committed to bringing useful information straight to your inbox. The goal is to help you — our trusted health care providers and staff — stay in the know about processes, guidelines and workflows to better serve our members and get paid faster.

You and your team can stay informed by joining our OfficeLink Updates™ (OLU) provider newsletter distribution list. Simply complete our new [online form](#). You'll receive the monthly and quarterly editions of OLU, the provider education bulletin and other educational content directly in your inbox.

As always, if there are any specific topics that you would like us to consider for future articles, just send your suggestions and ideas to NewProviderTraining@Aetna.com.

Today's news

Today's edition highlights our updated behavioral health medical record documentation standards.

Updated behavioral health medical record documentation standards

We want to ensure that our members' care is appropriately documented. We also must show compliance with state documentation regulations. For those reasons, we maintain specific documentation standards. In some cases, we are required to audit treatment records.

It is important that you understand and apply these standards.

We've updated the standards for 2024 and published them in the provider manual. The updates, among others, included adding the following required documentation elements:

- Documentation of the application of a standard assessment tool(s) (examples include PHQ-9, GAD-7)
- Documentation of a detailed safety plan (for members who have a history of suicidal thoughts/actions)
- Documentation of substance use history details, as applicable
- Documentation of behavioral health treatment history details, or documentation that the member has no treatment history
- Documentation of a complete treatment plan, which includes objective and measurable goals and criteria used to evaluate member's readiness for discharge
 - Each goal relates to the presenting problem(s)/diagnosis(es) and includes specific steps or activities.
 - Goals include a time frame for evaluating progress, and there is documentation indicating assessment of progress within those time frames.
- Prescribing practitioners only: Documentation of past psychotropic medication trials and efficacy of those trials, or documentation that the member has not previously been prescribed psychotropic medication
- Prescribing practitioners only: Documentation indicating that the practitioner reviewed the state prescription database to assess the member's past prescriptions for controlled substances, as applicable

To review the complete list of the 2024 behavioral health medical record documentation standards updates, please see the new [Office Manual for Health Care Professionals](#), which now includes information for behavioral health providers. You can find information related to our documentation standards in the Quality Programs section. Appendix A lists the specific criteria we use when auditing treatment records.

Thank you for your efforts to maintain detailed, comprehensive and organized treatment records. For questions regarding our medical record documentation standards, you can connect with us on [Aetna.com](https://www.aetna.com).


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