



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 companies, including Aetna Life Insurance Company and its affiliates (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.

Aetna is part of the CVS Health family of companies.

Our new provider portal on Availity®

You told us you wanted one efficient workflow to communicate with payers. So we teamed up with Availity to streamline the process, and to give you some new tools.

Our transition to the new provider portal will be by state. You may have already heard from us. If not — no worries! We'll be in contact very soon. You'll also be hearing directly from Availity.

Want more information?

Visit the Aetna® landing page on [Availity](#). You can enroll in a free webinar, where we'll show you how to register, how to get started and best practices for optimizing the tools available.

Availity will become our sole provider portal on April 30, 2020

If you're already registered with Availity for another payer, you're all set. You can use your existing log-in credentials to get started with Aetna.

We look forward to working with you!

Centers for Medicare & Medicaid Services (CMS) 2019 guidelines

In July 2018, CMS released the new CY 2019 [Medicare Communications and Marketing Guidelines \(MCMG\)](#). Review section 60, "Activities in a Healthcare Setting," for complete details on provider-initiated activities.

Provider-initiated activities are those conducted by a health care professional at the request of the patient — or as a matter of a course of treatment when meeting with the patient as part of the professional relationship.

Permissible activities include:

- Distributing unaltered, printed materials created by CMS
- Providing the names of plans in which patients participate
- Answering questions or discussing the merits of a plan or plans, including cost sharing and benefits information (these discussions may occur in areas where care is delivered)
- Referring patients to other sources of information, such as:
 - State Health Insurance Assistance Program (SHIP)
 - Plan marketing representatives
 - Their state Medicaid or Social Security office
 - Medicare at [Medicare.gov](#) or **1-800-MEDICARE (1-800-633-4227)**
- Referring patients to plan marketing materials available in common areas
- Providing information and help applying for the low-income subsidy (LIS)

Contracted providers may:

- Make communication materials available, including in areas where care is delivered
- Make plan marketing materials and enrollment forms available outside of the areas where care is delivered (such as common entryways or conference rooms)

Distributing or making plan marketing materials available is allowed, as long as the provider does this for all plans in which they participate. Providers must remain neutral when helping beneficiaries with enrollment decisions.

Our updated telemedicine policy

We've introduced an updated policy that covers telemedicine services for members enrolled in all Aetna commercial plans. Under the policy, we'll reimburse for two-way, real-time, interactive audiovisual communication between the patient and the health care practitioner.

The interaction does not include direct, on-site patient contact. But the patient must be present and take part throughout the interaction. This updated policy is in effect as of January 1, 2020. You can review the payment policy and approved codes on our provider portal.

Billing

When billing for eligible services provided via telemedicine, as explained above, you must bill them using the correct telemedicine modifier for two-way, real-time, interactive audiovisual communication.



Annual Medicare compliance requirements for FDR providers

First Tier, Downstream and Related Entities (FDRs) include all providers participating in:

- Aetna Medicare Advantage (MA) plans
- Medicare-Medicaid plans (MMPs)
- Dual Eligible Special Needs Plans (D-SNPs)

All must meet the CMS compliance program requirements. This includes reviewing the training materials and confirming your compliance through an annual attestation by December 31, 2020.

To avoid network participation status changes, complete your attestation by year-end 2020

In the second quarter of 2020, we will release our training requirements and provide notices to providers participating in these plans. You'll find the resources you need to ensure your compliance on the [Medicare Compliance page](#) of our public website.

Once on the page, review our training materials posted at these links:

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

After reviewing the FDR materials, complete your Medicare FDR attestation by clicking the "2020 Medicare Compliance Attestation" link (when it is available).

Providers participating in D-SNP and MA plans

In the second quarter of 2020, we'll also release the D-SNP Model of Care (MOC) training and attestation notices to providers participating in these plans. If you participate in Aetna MA plans in a region/market/area where Aetna has a CMS-approved D-SNP program, you must meet both the FDR and D-SNP Medicare compliance requirements and complete an attestation.

To avoid having providers complete two attestations in 2020, we've combined the D-SNP MOC and FDR attestations. When the MOC training and attestation notices are released, you'll find them at:

[Aetna.com/healthcare-professionals/documents-forms/dsnps-model-of-care.pdf](https://www.aetna.com/healthcare-professionals/documents-forms/dsnps-model-of-care.pdf).

Where to get more information if not addressed in our training materials:

- Medicare Advantage
FDRAttestation@Aetna.com
- Dual Eligible Special Needs Plans (D-SNPs)
DSNPMOC@Aetna.com
- Medicare-Medicaid only
MedicaidMMPFDR@Aetna.com
- More information
Quarterly FDR Compliance Newsletter

Aetna Behavioral Health receives NCQA MBHO Accreditation

We are proud to announce that we have earned full National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organization (MBHO) Accreditation for our commercial and Medicare products. Our final score was 99.94 out of 100 points! This recognition comes after three years of planning and preparation. It affirms to our members that we deliver high-quality care and enforce important safeguards to protect the people we cover.

NCQA MBHO Accreditation is a nationally recognized, evidence-based program dedicated to quality improvement and measurement. It provides standards for a variety of organizations to align and improve operations in several key areas, including:

- Quality improvement
- Utilization management
- Member rights
- Complex case management
- Care coordination
- Credentialing/recredentialing

NCQA MBHO Accreditation demonstrates our commitment to following evidence-based practices to provide high-quality care. This impacts health plans, employers, regulators and consumers.

Earning NCQA Accreditation is important for several reasons. First, it provides a framework for implementing best practices in the areas noted above. It also helps us to meet state requirements (42 states require or use NCQA Accreditation) and employer preferences. More than three-fourths of all insured Americans are in health plans accredited by NCQA. [Learn more about NCQA.](#)

Depression screening for pregnant and postpartum women

Aetna Medical Management assists members by identifying depression and getting behavioral health support for pregnant women, as needed. In addition, our Aetna Maternity Program nurses provide educational and emotional support and case management to eligible members. They help them reach their goal of a healthy, full-term delivery.

Program elements

- The clinical case management process focuses on members holistically. This includes behavioral health and comorbidity assessment, case formulation, care planning and focused follow-ups.
- The Aetna Maternity Program nurses have high-risk maternity experience. They refer members with positive depression or general behavioral health screens to behavioral health condition management. To be eligible, the members need to have the benefit and meet the program criteria.
- A behavioral health specialist is part of the Aetna Maternity Program team. They help enhance effective engagement and identify members with behavioral health concerns.
- Aetna Maternity Program nurses reach out to members who have experienced a loss in their pregnancy, if appropriate. They offer condolences and behavioral health resources.

How to contact us

- Members and providers can call **1-800-272-3531 (TTY: 711)** to verify eligibility or register/enroll in the program.
- Members can also enroll in the Aetna Maternity Program online at **Aetna.com** through their member website under "Stay Healthy."

Attention deficit hyperactivity disorder clinical practice guidelines updated

The American Academy of Pediatrics (AAP) has updated its guidelines for the treatment and care of children with attention deficit hyperactivity disorder (ADHD or ADD). The guidelines now stress the need to identify comorbidities in children with ADHD. No major changes were made to how ADHD is managed. This is the first update to the clinical practice guidelines since 2011.

The changes highlight barriers to care and call on doctors to screen and begin treatment for comorbidities. The guidelines provide information on how to address conditions such as:

- Anxiety
- Depression
- Oppositional defiant disorder
- Autism spectrum disorders, and more

CVS Health® and Aetna adopted the updated guidelines in early 2020.

You can help improve the quality of care for children with ADHD. [Learn more about the updated ADHD guidelines.](#)

Behavioral health clinical practice guidelines

Evidence-based clinical practice guidelines from nationally recognized sources promote consistent application of evidence-based treatment methodologies. This helps to provide the right care at the right time.

For this reason, we make these guidelines available to our network providers. They are provided for informational purposes only. They aren't meant to direct individual treatment decisions.

Nor do they dictate or control a provider's clinical judgment on the appropriate treatment of a patient in any given case. All patient care and related decisions are the sole responsibility of providers.

Guidelines adopted by Aetna Behavioral Health:

- [American Academy of Pediatrics \(AAP\) Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents](#)
- [American Psychiatric Association \(APA\) Guideline for the Treatment of Patients with Major Depressive Disorder](#)
- [APA Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder](#)
- [APA Guideline for the Treatment of Patients with Substance Use Disorders](#)
- [Centers for Disease Control \(CDC\) Guideline for Prescribing Opioids for Chronic Pain](#)

Additional resources:

- [SAMHSA Treatment Improvement Protocols \(TIP\) Series](#)
 - [TIP 45: Detoxification and Substance Abuse Treatment](#)
- [ASAM Criteria](#)
- [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#)
- [National Institute on Drug Abuse \(NIDA\)](#)
 - [Medications to treat opioid use disorder](#)



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. You can learn more about the [opioid overdose 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 laypeople reduces overdose deaths, is safe and is cost-effective. You can also tell patients and their family/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

- [CVS and Aetna: Our Opioid Response](#)
- [HHS: Naloxone: The Opioid Reversal Drug that Saves Lives](#)
- [SAMHSA: Opioid Overdose Prevention Toolkit](#)
- [Seeking Treatment for Opioid Use Disorder — Aetna video](#)

Screening, Brief Intervention and Referral to Treatment

We will reimburse you when you screen your patients for alcohol and substance use, provide brief intervention, and refer them to treatment. Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice designed to support health care professionals.

SBIRT aims to improve:

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

Screen and refer your patients

The SBIRT model is encouraged by the Institute of Medicine recommendation. It calls for community-based screening for health risk behaviors, including alcohol and substance use. Our participating practitioners who treat patients with Aetna medical benefits can provide this service and be reimbursed.

Get started.

There's an app for that

The SBIRT for Health Professionals app is now available as a [free download from the App Store](#).*

The app provides questions to screen for alcohol, drug and tobacco use. A screening tool is provided to further evaluate the specific substance use. The app also provides steps to complete a brief intervention and/or referral to treatment for the patient, 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.

2019 Treatment Record Review results

Aetna Quality Management performs the annual Treatment Record Review (TRR) to provide feedback about outpatient behavioral health practitioner performance. We also use the TRR process as a quality review. Our goal is to help facilitate practitioner communication, collaboration and education.

National results improve from last year

In 2019, we conducted audits on 76 outpatient behavioral health records from across the nation. These records were from both counseling and prescribing providers. The audit average score was 90.2% — well above the 85% target. There continues to be an upward trend in our results over the past three years. The 2018 audit average score was 87%, and the 2017 audit average score was 84%.

One important trend noted is that there continues to be a low percentage of providers who communicated with other providers to coordinate patient care.

Care coordination truly represents a best-practice standard. Primary care providers (PCPs) are often unaware when their patients are getting behavioral health treatment. Such communication can:

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

Tools and resources

For more helpful information, visit:

- **[Behavioral health sample forms](#)**
- **[Agency for Healthcare Research and Quality: Care Coordination](#)**

Important update to presumptive or definitive drug test thresholds

We are updating our presumptive and definitive drug testing thresholds. We will require a medical necessity review of drug testing, reviewing clinical documentation to determine the member's specific plan of treatment and how the test results are used to guide clinical decision making. Please refer to **[Clinical Policy Bulletin #965](#)** for additional information and criteria.



Contacts and connections

Visit our provider portal

- Visit our provider portal on Availity through our public [website](#).
- Click “Login” to log in or register.

Aetna Behavioral Health Insights is going digital soon!

Please make sure your email address is up to date, so you don't miss an edition.

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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