



# Aetna Behavioral Health Insights™

## Behavioral Health Newsletter

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## Introducing Aetna Resources for Living<sup>SM</sup>

We understand that members need emotional and physical support to lead healthier, more productive lives. To help expand and enhance the way we connect with members, Aetna Behavioral Health has developed a new approach that brings together all of our Employee Assistance (EAP) products and tools.

Beginning January 1, 2012, **Aetna Resources for Living** will be the new name that you and our members will see on EAP authorizations, websites and materials provided for most of our EAP products and tools. **Please note:** This change is to our brand name; it does not change the way you do business with us.

Building on the traditional EAP platform, Aetna Resources For Living focuses on all aspects of a member's life: health, career and lifestyle priorities. The program is designed to engage people in addressing lifestyle issues and workplace stresses. It also allows employers to more efficiently manage health care cost by helping their employees improve overall well-being.

"By bringing all our EAP products under the name "Resources For Living" we are acknowledging that EAP programs have evolved significantly to cover a much broader range of services," said Dr. Hyong Un, Chief Psychiatric Officer and head of Aetna EAP.

### Helping members improve their lives

Aetna Resources For Living provides a comfortable and safe environment for people to get the services that best fit their unique needs. It is supported by a robust website, a 24/7 call center, one of the largest national face-to-face provider networks and online educational materials.

Our new approach to engage members in their physical and emotional health applies innovative and evidence-based strategies that provide appropriate solutions to help resolve inevitable circumstances.



## Help close the communication gap between treating practitioners

Primary care physicians (PCPs) indicate through surveys that they are least satisfied with the communication they are receiving from behavioral health (BH) practitioners, facilities, skilled nursing facilities and surgical centers.

PCPs report their office receives patient-specific communication from BH specialists only about 33 percent of the time, yet BH specialists report that they communicate or discuss communication with their patients about 75 percent of the time. Reviews of BH treatment records suggest that actual communication occurs somewhere in the middle.

### Share patient information

Comprehensive patient care includes communication with your patients' other treating physicians and health care professionals. These tools can help, and are available on [our secure provider website](#).

- The Physician Communication Form and the Specialist Consultation Form
- The Behavioral Health/Medical Provider Communication Form
- Specialist Consultation Report

Once logged in, select "Aetna Support Center," "Forms Library" and "Provider Communication Forms."

Research indicates\* that increased treatment compliance, improved patient safety and improved outcomes may be attributable, in part, to collaboration between providers.

\*Aetna annually conducts physician practice surveys to assess primary care practices' attitudes and perceptions on key interactions with us. The surveys, which are administered by a third-party vendor (The Center for the Study of Services), are performed at the National Committee for Quality Assurance (NCQA)-accredited market level for practices contracted for all Aetna products.

## How you can encourage medication adherence

### What is medication adherence?

Medication adherence is defined as the extent to which patients take medications as prescribed by their health care provider. Healthy medication adherence is not dependent on educational level, gender, age, geographical location, or socioeconomic status.

Medication adherence is affected by a patient's understanding of his or her illness, perceived benefits of taking prescribed medications, financial status, understanding of the prescription benefit plan and their relationship with the treating provider. Despite a traditional view to the contrary, current research shows that a non-adherent personality does not exist.

Patients can have different adherence levels to multiple medications.

### Three common poor adherence scenarios:

- The patient who accepts a prescription from a treating provider, but never actually fills it at a pharmacy. Research demonstrates that approximately 15 percent of prescriptions are written, but never filled, and about 80 percent of non-adherence is intentional. As such, providers should consider non-adherence a rule-out diagnosis for all patients.
- The patient who begins taking a medication as prescribed, but then stops

taking the medication without consulting the treating provider. Studies demonstrate that about 50 percent of patients stop medication therapy in the first six months.

- The patient who often takes a different dose than prescribed, takes it intermittently, or takes medication incorrectly, such as with grapefruit juice. About 20 percent of patients exhibit unintentional non-adherence due to difficulty understanding instructions, problems reading, or following dosing guidelines.

### What can you do to help increase adherence?

- **Provide medication education.** Research has demonstrated that patients want to receive information about their prescription medications and feel frustrated that their prescriber does not offer enough information at the time the prescription is written.
- **Discuss the treatment plan.** Patients want to know the duration of taking the medication, how the medication works, benefits, efficacy, side effects and alternate therapies. This level of education can motivate patients to follow treatment recommendations and feel a sense of partnership with you.
- **Provide illness education.** Non-adherence is rational behavior driven by patient beliefs about treatment, disease

and prognosis, as well as personal experiences. Providing information to patients is essential in their understanding of the illness and aiding them in understanding the benefits of medication adherence.

- **Foster a relationship of trust.** There is a link between a patient's relationship with the treating provider and subsequent levels of medication adherence. One thing is certain: the better the relationship, the better the medication adherence.

These provider and patient resources are available on [our secure provider website](#) under Clinical Resources:

Medication Adherence Assessment Form – Taking your medicines as prescribed is important

Fact Sheet – Helping your patients overcome barriers to medication adherence

Tip Sheet – Tips to help remind you to take your medicine

McHorney CA, Gadkari AS. Individual patients hold different beliefs to prescription medications to which they persist vs. nonpersist and persist vs. nonfulfill. Patient Prefer Adherence. 2010; 4:187–195.

McHorney CA. The Adherence Estimator: a brief proximal screener for patient propensity to adhere to prescription medications for chronic disease. Curr Med Res Opin. 2009;25:215–238.



## Precertification requirements for psychological and neuropsychological testing

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

Testing requests will be administratively denied if they are:

- court ordered, but do not meet medical necessity requirements
- not a covered benefit by the member's plan sponsor
- for child custody cases
- for educational testing only

We no longer accept testing requests through a written form. We now require a live review on all requests, partly due to some states requiring live reviews.

If the testing request is for less than eight hours, we streamline the live review, requesting only the number of hours, CPT code and reason for the testing.

Precertification 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).

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.

## Identify yourself when calling about rates

When calling to request rates, we ask that you tell us right away what type of practitioner you are.

For instance, if you're a clinical psychologist, clinical social worker, licensed professional counselor, marriage and family therapist, psychiatric nurse or any other licensed behavioral health practitioner, let us know that immediately. Then we can provide you the rates appropriate to your practitioner type.

### Other ways to get rates

Non-MD/DOs can also fax fee schedule requests to our Provider Service Center at **1-859-455-8650**. Include the correct PIN and TIN, the desired CPT code(s) and whether you're a medical or behavioral health practitioner.

MD/DOs can view rates on **our secure provider website** under Claims.



## “Give an Hour” to help our troops

We invite you as a behavioral health practitioner in the Aetna network to use your expertise to help to the men and women who serve our country, as well as their families, loved ones, and communities.

Give an Hour, a non-profit organization founded by Dr. Barbara Van Dahlen, a psychologist practicing in Washington, D.C. has created a national network of mental health professionals who are providing free mental health services to the U.S. troops and their families affected by the current military conflicts in Afghanistan and Iraq.

### An hour a week is all it takes

We encourage you to join the more than 5,200 behavioral health clinical professionals who have registered to give an hour of their time each week to offer mental health services to these veterans and their families

To participate in the Give an Hour provider network or to learn more, visit <http://www.giveanhour.org/>.



## Primary care based behavioral health support programs now online

Primary care physicians (PCPs) play a key role in diagnosing and treating behavioral health conditions. In many cases, PCPs also work together with behavioral health practitioners to treat patients.

Aetna Behavioral Health offers four clinical programs, with tools and resources to assist physicians in providing members access to needed mental health care:

- **Depression in Primary Care**
- **Alcohol Screening, Brief Intervention, Referral to Treatment**
- **Pediatric Behavioral Health Management**
- **Integrated Primary Care Behavioral Health**

Learn more about these programs on our [\*\*website\*\*](#).

## PTSD courses for practitioners

The National Center for Posttraumatic Stress Disorder (PTSD) offers continuing education (CE) courses and resources for behavioral health practitioners. The CE courses cover assessment and treatment of PTSD. [\*\*Click here\*\*](#) to learn more.



# Get connected

## Go paperless with Electronic Funds Transfer (EFT)

When you choose free online electronic delivery of your claims payments by EFT you:

- Get payments transmitted directly into your bank account(s) up to **one week faster than with paper EOBs and checks**
- **Reduce mail**, and eliminate trips to the bank, while providing a convenient audit trail

- **Verify payments** by matching them to your electronic remittance advice (ERA) or online EOBs from **our secure provider website**.

EFT is a secure time-tested electronic solution that allows you to maintain your current payment schedule. Instead of sending paper checks, we'll send payments to you via EFT.

### How to enroll

Access the "**ERA/EFT Enrollment Form**" in the Document & Forms Library from the Health Care Professionals page on **www.aetna.com**.

Fax the completed form to our secure enrollment desk at the number listed on the form.

More doctors and hospitals we do business with are choosing to receive claims payments quickly and securely via EFT. Why not make your office the next to sign up?

## RelayHealth® offers convenient online communication, clinical services

RelayHealth, a secure, easy to use web-based service, can assist provider offices to achieve clinical integration. The RelayPlatform can help your practice:

- improve patient satisfaction and office workflow save money
- qualify for incentive programs, like American Recovery and Reinvestment Act (ARRA) Meaningful Use

### Online services include:

- An online service offering your patients an alternative to phone calls and office visits. RelayClinical webVisits® are reimbursable, structured online encounters – ideal for non-urgent or chronic medical problems.
- A secure, electronic health record for your patients.

- Connections to hospitals and labs to receive electronic results.
- An easy to use electronic prescribing tool.
- All the components required to help you meet Stage 1 Meaningful Use for Eligible Providers.
- The ability to connect and participate in local and state health information exchanges.
- RelayHealth is available to Aetna members in all states where Aetna participating doctors are also enrolled in the RelayHealth service.

### To register or learn more:

- Call **1-866-RELAY-ME (1-866-735-2963)**, Option 2.
- Visit **http://www.relayhealth.com**. Click on the "Providers" tab, followed by "Online Services."
- To learn more, click **here**.



## Provider contracting is easier with new electronic system

Aetna was the first health care company to introduce electronic provider contracting. You are now able to receive and sign provider agreements via email, making the contracting process faster and more reliable. With this system, enjoy ease of administration, reduced paper clutter and cost savings on postage.

requirements. To learn more about EchoSign and their eSignature solution, visit **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 e-mail address, you can submit it to us:

Physicians:

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

Facilities:

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

We are working with EchoSign™ as our eSignature vendor. EchoSign's software conforms to compliance, legal and security



## Understanding drivers of high quality of care

Research into the factors associated with driving quality care has shown that using validated tools for screenings or tracking can have positive results for behavioral health patient care.

A patient evaluation that includes a screening questionnaire is generally more complete and often produces an improved assessment of the patient's needs. Many patients are also more comfortable and self-disclosing when answering questions as part of a self-assessment.

Another key aspect of validated tools is they can assist with monitoring the patient's progress and symptom severity. This kind of monitoring allows practitioners to measure progress and current status, and modify treatment as needed.

<http://www.ahrq.gov/qual/menttoolria/menttoolria.htm>

Mental Health Screening in Primary Care: A comparison of 3 Brief Measures of Psychological Distress; Cano et. al; Primary Care Companion J Clin Psychiatry 2001; 3: 201-210.

## 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)

We strive to provide our members access to the highest available quality of care. One way we do this is to encourage all providers to use evidence-based tools and track which providers already use these higher standards.

### Submit CPT Incidental Codes

As part of an initiative to drive evidence-based practices, **we are asking all providers who use patient screening tools to submit a CPT® Incidental Code (in addition to charges for covered expenses) on their claims.** Examples of Incidental Codes include:

- 1040F: DSM-IV Criteria for major depressive disorder documented (MDD)
- 3085F: Suicide risk assessed
- 3093F: Documentation of new diagnosis of initial or recurrent episode of major depressive disorder

- 3351F: Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool
- 3354F: Clinically significant depressive symptoms as categorized by using a standardized depression screening
- 3700F: Psychiatric disorders or disturbances assessed
- 3720F: Cognitive impairment or dysfunction assessed

Note: including the CPT Incidental Code will not impact the processing of your claims.

## Don't forget to read OfficeLink

As a reminder, *Aetna OfficeLink Updates™* – 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)

# State highlights

## NY providers: Updated Regulatory Amendment available online

We have posted a Regulatory Amendment to New York provider agreements online. Review this Amendment and keep a copy with your provider agreement.

### More about the Amendment

This Amendment updates the existing New York Department of Health's Appendix A – the New York State Department of

Health Standard Clauses for Managed Care Provider/IPA Contracts (the "Standard Clauses") that were effective March 1, 2011. The updated Standard Clauses includes Appendix B – Certification Regarding Lobbying (the "Lobbying Certification") as referenced in Section B. 9. g. of the Standard Clauses.

To download a copy, [click here](#). If you don't have Internet access, call our Provider Service Center to request a paper copy.

## CT providers: Access your Aetna Market Fee Schedule online

You can always view your current fee schedule online by visiting [www.aetna.com](http://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**.

## TX providers: Aetna Better Health to manage behavioral health services

Effective March 1, 2012, Aetna Better Health will begin managing behavioral health care services in the Bexar and Tarrant service delivery areas for the CHIP and Star Medicaid Program Membership.

All providers must be credentialed by Aetna. In addition, providers must sign an Aetna Better Health contract to continue to provide behavioral health services to Aetna Medicaid members.

### What do I need to do?

To request a contract, contact us at [AetnaBHMedicaid@aetna.com](mailto:AetnaBHMedicaid@aetna.com).

If you are currently participating with Aetna Behavioral Health for commercial or Medicare products, no additional credentialing is necessary.

If you are not currently participating with Aetna Behavioral Health for commercial or Medicare products, you will need to be credentialed.

To apply, visit [https://www.aetna.com/about-aetna-insurance/contact-us/forms/doctors\\_hospitals/bh\\_form.html](https://www.aetna.com/about-aetna-insurance/contact-us/forms/doctors_hospitals/bh_form.html) and complete the Behavioral Health Professionals Application Request.

- As a participant in the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource®, we use the CAQH application for our credentialing process.

### Contact us with questions

We're available if you have questions regarding the Aetna Better Health credentialing or contracting process. Contact us at [AetnaBHMedicaid@aetna.com](mailto:AetnaBHMedicaid@aetna.com).

Magellan Behavioral Health will continue to maintain the behavioral health network until February 28, 2012. Direct your questions before and after this transition to **1-800-248-7767**, option #2 (Bexar county), or **1-800-306-8612**, option #2 (Tarrant county).



## What is Flexible CBT?

Flexible CBT is appropriate for a wide range of patients suffering from:

- depression
- anxiety
- personality disorders, and
- stress

## Earn 20 CME/CEU credits from McLean Hospital/Harvard Medical School at a significant discount

Aetna Behavioral Health, in partnership with Atheneum Learning, is proud to present a limited-time offer for network providers who sign up to participate in the Flexible Cognitive Behavioral Therapy (CBT) learning program before March 31, 2012. You will receive a special Aetna discount. To enroll, go to <http://www.atheneumlearning.com/network/aetna> and use the discount code *AetnaCBT*.

Flexible CBT is a signature e-learning course, based on Dr. Edmund Neuhaus' two decades of clinical care, teaching and research at McLean Hospital/Harvard Medical School. In this course, Dr. Neuhaus translates the best of cognitive behavioral therapy into pragmatic methods for real world application with patients. In 2006, this program earned the Association of Psychology Post-Doctoral and Internship Centers (APPIC) Award for Excellence.

### Flexible CBT e-learning offers practical tools

Flexible CBT is interactive and compelling, using learning games to refine your skills



**Mark Friedlander, MD**  
Chief Medical Officer  
Aetna Behavioral Health

and keep your interest. Enhanced by flash video segments, this new e-learning will help you quickly grasp:

- The core concepts of CBT,
- How to assess, screen and plan treatment, and
- How to apply CBT skill-training and psycho-education in patient sessions.

The course and CME/CEU credits are certified for all states, and all mental health practitioners, including prescribers, psychologists, and therapists.

Questions? Contact John Robison, Aetna Behavioral Health Quality Manager at **310-838-3127** or [RobisonJ@aetna.com](mailto:RobisonJ@aetna.com).

### Learn more about CBT technique and skills:

#### Identifying problems and solutions

#### Collaborative psychoeducation

#### Don't believe everything you think



**Edmund Neuhaus, PhD, ABPP**  
Founder & CEO, Atheneum Learning;  
Assistant Clinical Professor, Harvard Medical School;  
Co-Director of Psychology, McLean Hospital

## What experts are saying about Flexible CBT

"The Flexible CBT Approach is an advanced educational tool that helps trainees and clinicians acquire state of the art competency in CBT...Novices and seasoned clinicians alike will surely benefit."

– Phil Levendusky, PhD, ABPP,  
Associate Professor, Harvard Medical School

"There has long been a need for widely-available, standardized, dynamic teaching of cognitive behavioral treatment that moves beyond the scripted, problem-specific manual. In Dr. Neuhaus' online training in the Flexible CBT approach, it has arrived."

– Kathryn Henderson, PhD,  
Clinical Director, Yale Center for Eating Disorders



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

### Online

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

Access our secure provider website, 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!"

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-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.

### EAP Call Center

**1-888-238-6232**

### By mail

Aetna Behavioral Health  
930 Harvest Drive  
Mail Stop U34S  
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 Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, and Strategic Resource Company. The EAP is administered by Aetna Behavioral Health, LLC, Aetna Health of California Inc., and Aetna Life Insurance Company. (Aetna) Aetna Behavioral Health refers to an internal business unit of Aetna.

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