



Aetna Behavioral Health Insights™

Behavioral Health Newsletter

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Aetna completes purchase of Horizon Behavioral Services

Aetna has acquired Horizon Behavioral Services, LLC (doing business as Horizon Health EAP Services), a leading provider of Employee Assistance Programs (EAP) to many mid-sized and large employers.

Horizon Health EAP Services provides EAP services to approximately 1,400 customers with more than 15 million members in 50 states and around the world. In addition, Horizon Health EAP Services maintains a nationally contracted network of more than 14,000 providers and specialists.

Network integration

With the acquisition complete, we are moving to integrate Aetna's and

Horizon Behavioral Services' behavioral health and EAP networks. We expect to complete the integration sometime in 2010.

Horizon Health EAP Services is one of the few U.S.-based EAP providers to offer a full spectrum of EAP services to the employer-sponsored market. Programs offered include:

- Work/life services
- Legal and financial counseling
- A continuum of wellness, return-to-work, and condition management programs.

Aetna Behavioral Health Insights™ now all-electronic

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

We want you to stay connected and keep receiving the critical information the newsletter offers. If you'd like to keep getting the newsletter, we need to have your most current email address.

- Physicians and behavioral health care providers: Sign up at <https://aetna.providerpreference.com>.

- Hospitals and facilities: Sign up at <https://aetna.providerpreference.com/facilities.php>.

Don't forget 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.





Evidence-based treatment for bipolar manic/mixed state

We urge all prescribers to be aware that current evidence does not support treating manic or mixed bipolar episodes with antidepressant medications, even in combination with mood stabilizers or antipsychotics.

Our claims data show that more than 50% of adult individuals in treatment for a bipolar manic or mixed episode are prescribed an antidepressant. These individuals have a higher rate of hospital readmission than individuals treated with mood stabilizers and/or antipsychotics alone.

Guideline recommendations

According to five major practice guidelines, antidepressant medication – even in combination with a mood stabilizer or antipsychotic -- is not recommended for the treatment of manic or mixed bipolar episodes. These guidelines recommend prescribing either

lithium, valproate, carbamazepine and/or antipsychotic medications singly or in various combinations.

These practice guidelines include the following information regarding the use of antidepressants:

- 1) *The American Psychiatric Association Practice Guideline for the Treatment of Patients with Bipolar Disorder* 2002/2005 recommends: “weaning and discontinuing antidepressants during the manic and mixed phases of bipolar disorder.”
- 2) *The T.I.M.A. Guideline* 2005 does not recommend antidepressants at any stage of treatment for bipolar manic/mixed episodes.
- 3) *The National Institute for Health and Clinical Excellence Clinical Guideline on Bipolar Disorder* 2006 recommends: “Prescribers should consider treating patients with an acute mixed episode as if they had an acute manic episode, and avoid prescribing an antidepressant.” Further, “If a patient is taking an antidepressant at the onset of an acute manic episode, the antidepressant should be stopped.”
- 4) *The Expert Consensus Guidelines Treatment of Bipolar Disorder* 2004 Keck, PE, Jr., Perlis RH, Postgrad Med Special Report. 2004 (December): 1-120 does not recommend antidepressants at any stage of treatment for manic/mixed episodes.
- 5) *Canadian Network for Mood and Anxiety Treatments (CANMAT) Guideline* 2007 recommends that “Antidepressants should be discontinued.”

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.”

Office Tools

Get your claims paid faster with EFT

We know you want to get paid quickly for the services you deliver. That's why Electronic Funds Transfer (EFT) may be the answer for you.

Instead of sending paper checks, we'll send payments to you via EFT – a secure, free, online capability.

In a recent survey, providers told us they like EFT because they:

- Receive prompt electronic payments directly to their bank account(s) up to one week faster than with paper checks.
- Eliminate the need for trips to the bank, as well as reduce handling time by staff.
- Save paper and manage their business more effectively with a convenient audit trail.

Enroll today by following these steps:

- Fill out the EFT enrollment form at www.aetna.com/provider/data/ERA_EFT_Enrollment_Form.pdf and attach a voided check or letter from your banking institution.
- Fax the completed form to our secure enrollment desk at 860-754-9122. You'll begin receiving EFT payments directly to your bank account within 10-15 days after enrollment is completed.



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



Focus On Quality

Updates to Aetna Behavioral Health's prevention programs

Substance abuse prevention for adolescents

Aetna Behavioral Health's Substance Abuse Screening for Depressed Adolescents prevention program targets depressed adolescents in higher levels of care who also have comorbid substance use.

Upon identification and screening, Aetna Behavioral Health care management helps ensure that comprehensive treatment and discharge plans are in place, and that they address the complexity of the mental health diagnosis and substance use. The program also includes an annual informational mailing for outpatient practitioners treating these adolescents.

During 2009, we began planning for the expansion of the program diagnoses to include anxiety. This expansion is scheduled for implementation in 2010.

Members and providers who wish to speak to an Aetna Behavioral Health representative about depression and substance use in adolescence should call the phone number on the back of the member's ID card and ask to speak with a care manager.

Depression prevention for pregnant women

Aetna Behavioral Health collaborates with Aetna National Care Management to facilitate depression prevention and screening for pregnant women.

This includes at-risk and high-risk program members during the postpartum period. The Beginning Right® Maternity Program assists members and providers to help ensure a healthy, term delivery. Depression screening is a key element of the program.

The depression screening is offered to all women who enroll in the program and complete the Pregnancy Risk Survey. Women who screen positive for depression are encouraged to access their behavioral health benefits. They may also be eligible for Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program.

Program enhancements

2009 program enhancements include:

- Administration of the Patient Health Questionnaire (PHQ-9) at enrollment, at each follow-up, and at discharge from the Medical Psychiatric High-Risk Case Management Program

- Enhanced member engagement through an evidenced-based, guided self-management tool
- At minimum, monthly member follow-ups to track treatment progress and adherence
- Collaboration with treating providers and Beginning Right nurses
- Assessment of effectiveness of current care, if in treatment, and recommendations for a different level of care or type of treatment, if appropriate
- Annual training for Aetna staff on the use of psychotropic medications during pregnancy and on Aetna Behavioral Health's Medical Psychiatric High-Risk Case Management Program

For more information

Maternity members who wish to enroll in the Beginning Right Maternity Program, or providers who wish to enroll a maternity member, can call 1-800-CRADLE-1 (1-800-272-3531).

Members and providers who want to speak to an Aetna Behavioral Health specialty program representative about depression and pregnancy can call Aetna Behavioral Health's Specialty Program line at 1-800-424-4660.

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 via NaviNet under "Clinical Resources."

- | | |
|--|--------------|
| ▪ Antidepressant Prescribing Guide for Use in Primary Care | Updated 1/08 |
| ▪ Helping Patients Who Drink Too Much | Updated 4/08 |
| ▪ Treating Patients With Bipolar Disorder | Updated 4/08 |
| ▪ Treating Patients With Major Depressive Disorder | Updated 4/08 |

To get a paper copy of a specific Clinical Practice Guideline, call our Provider Service Center.

Tools to enhance physician-patient communication

Two tools are available to help improve continuity and coordination of care through better communication.

Behavioral Health form

The Behavioral Health/Medical Provider Communication form makes it easier for medical providers to share information about a patient's treatment plan with behavioral health providers, and vice versa.

Providers can use the form to pass on detailed information about a patient's diagnosis, medications and risks/concerns. You can find the form on our secure provider website in the Forms Library.

Member communications flyer

The "Make the Connection" flyer encourages members to share their health information with their medical and behavioral health providers. It outlines the specific steps members can take to become more active participants in the communication process.

The flyer is posted on our secure provider website on the Aetna Behavioral Health page. We encourage you to make copies of this flyer to share with your patients.

Provider accessibility standards available online

All network providers are accountable for upholding the Aetna Behavioral Health member access-to-services standards. The standards are posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website in the Aetna Behavioral Health Provider Manual.

The standards are:

- 10 business days for routine appointments
- 48 hours for urgent appointments
- 6 hours for non-life-threatening emergency appointments

TRR best practices

Aetna Behavioral Health Treatment Record Review Criteria and Best Practices are posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website under "Focus on Quality." The Best Practices Instructions in this document will assist you by giving a more detailed explanation of our criteria for each standard.



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, or
- 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

EAP Provider accessibility standards available online

All network EAP providers are accountable for upholding the Aetna Behavioral Health Employee Assistance Program (EAP) member access-to-services standards. The standards are posted on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website in the Aetna Behavioral Health Employee Assistance Program Provider Manual.

The standards are:

- Five business days for routine requests
- Within 24 hours for urgent situations
- Same day for emergencies (or where medical or law enforcement intervention is required)

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. For a description of our new Practitioner Treatment Record Criteria, refer to our Behavioral Health Manual on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website. You can also access the manual on www.aetnabehavioralhealth.com on the Health Care Professionals page.

Where to find Member Rights and Responsibilities

Our Member Rights and Responsibilities are available online in “Attachment B” of 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 & Responsibilities Statement, call 1-888-632-3862.

2009 Treatment Record Review results

We perform the annual Treatment Record Review (TRR) to provide feedback about outpatient behavioral health practitioner performance in treatment record criteria and documentation standards. We also use the review to facilitate communication, coordination and continuity of care, while promoting effective and confidential member care and quality review.

The TRR reviews the following:

- Treatment record-keeping practices – weight 20 percent
- Assessment and treatment plan – weight 60 percent
- Documentation and practitioner communication – weight 20 percent
- Psychiatrists-only questions (part of “documentation and practitioner communication” – not applicable to non-MDs)

Regional results

The Aetna Behavioral Health King of Prussia, PA, and Utah Care Management centers conducted 2009 TRRs on 87 records from across the nation. All regions met target (with scores over 80 percent)

except the Southwest (79%). The 2009 average score was 87%, compared with 89% in 2008.

In terms of overall TRR results, the following questions fell below target:

Non-MD and MD providers:

1. Is there a DSM IV diagnosis with all five axes completed? (79%)
2. For children and adolescents, is there a developmental history that could include prenatal events and prenatal, physical, psychological, social, intellectual, academic and educational history? (63%)
3. Is there documentation to reflect that the provider requested patient’s permission to communicate with the primary medical practitioner? (40%)
4. If the patient did grant permission, is there documentation that the provider communicated with the primary medical practitioner? (64%) – (This is an increase from 42% in 2008.)
5. Does the documentation include a discharge plan? (51%)

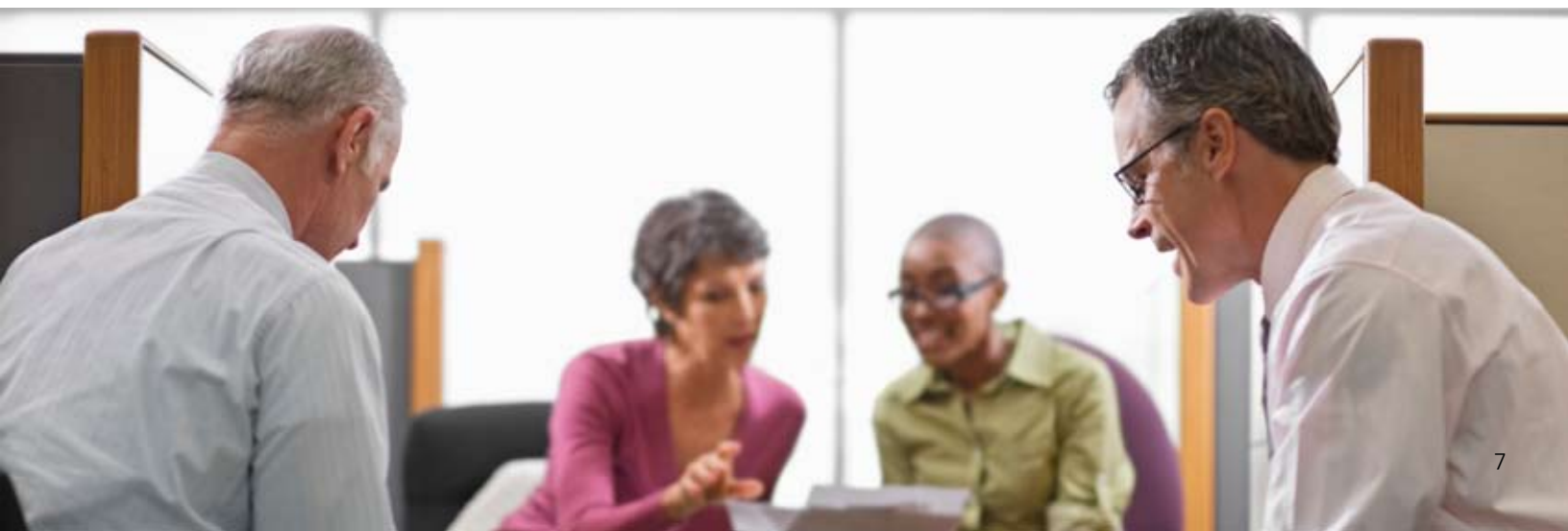
Psychiatrists only:

1. Is there documentation of member education on medications and member’s understanding of information? (73%)

Next steps

- Although psychiatrists scored 100 percent for documenting their prescribing data for medication and for the treatment being consistent with the assessment and diagnosis in the “Psychiatrists only” section, their overall documentation of providing member education and understanding was below the compliance threshold.
- One area of improvement since 2008 is evidence that the provider communicated with other behavioral health specialists or consultants after receiving written permission. This question was out of compliance in 2008 at 48%, but in compliance in 2009 at 82%.

We will follow up with providers whose overall scores were below 80 percent. We will also work to create ongoing interventions for provider collaboration, communication and discharge planning.



For additional information or when you need to contact us

Online

www.aetna.com

- Access our secure provider website via NaviNet, available through

www.aetna.com.

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

www.aetnabehavioralhealth.com

Click on the "Health Care Professionals" link to access benefits and product information, an online provider referral directory, and archived copies of *Behavioral Health Insights*.

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:

Contact Jennifer Eissfeldt, clinical quality manager, at 215-766-7045 or 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

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We want you to know[®]

