

Aetna Behavioral Health Quality Management Bulletin



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Earn 20 CME/CEU credits from McLean Hospital, an affiliate of Harvard Medical School at a significant discount



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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 October 31, 2011. 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 best practices in 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 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.

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What is Flexible CBT?

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

- depression
- anxiety
- personality disorders, and
- stress



Cont. from page 1

Learn more about CBT technique and skills:

Identifying problems and solutions

Collaborative psychoeducation

Don't believe everything you think

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*

Our Quality Management Program

We are committed to a continuous quality improvement program and encourage health care professional involvement through committee participation. The Aetna Quality Management Program includes:

- Quality improvement activities
- Prevention programs
- Utilization management program
- Disease management programs
- Outcome studies
- Treatment record review programs
- Oversight of availability and access to care
- Member safety
- Complaints, non-authorizations and appeal processes

Participating behavioral health care professionals are required to support our Behavioral Health Quality Management Program, be familiar with our guidelines and standards, and apply them in their clinical work.

Specifically, behavioral health care professionals are expected to:

- Adhere to all Aetna policies and procedures, including those outlined in the Aetna Behavioral Health Provider Manual
- Communicate with the member's primary care physician as warranted (after obtaining a signed release)

- Comply with treatment record standards, as outlined in our provider manual
- Respond to inquiries by our behavioral health staff in a timely manner
- Cooperate with our complaint process
- Follow continuity-of-care and transition-of-care standards when the member's benefits are exhausted or if you leave the network
- Support on-site audits or requests for treatment records
- Complete and return annual provider satisfaction surveys when requested
- Participate in treatment plan reviews or send in necessary requests for treatment in a timely fashion
- Submit claims with all requested information completed
- Adhere to patient safety principles
- Comply with state and federal laws, including confidentiality standards
- Cooperate with quality improvement activities

If you have questions about our Quality Management Program, or would like to receive a copy of the program description or Annual Quality Management Evaluation results, contact Jennifer Eissfeldt at **215-766-7045** or **EissfeldtJ@aetna.com**.



How we determine coverage decisions

Our care management staff uses evidence-based clinical guidelines from nationally recognized authorities, as well as internally derived/developed criteria sets based on guidelines from nationally recognized authorities, to guide utilization management (UM) decisions. These decisions may involve precertification*, inpatient review, discharge planning and retrospective review.

Specifically, with the information collected regarding the specific member's clinical condition, Aetna staff uses the following criteria as guides in making coverage determinations:

- Level of Care Assessment Tool (LOCAT)
- American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, (Second Edition – Revised: (ASAM PPC-2R) (Chevy Chase, MD: American Society of Addiction Medicine)
- Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCD)
- Aetna Applied Behavioral Analysis (ABA) Medical Necessity Guideline©
- Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers (28 TAC §§3.8001-3.8030) (formerly known as TCADA) are utilized in place of ASAM for treatment provided in Texas

We provide participating providers with the criteria upon receipt of a written or phone request. Call **1-888-632-3862** for that information.

We make coverage determinations based on the appropriateness of care and service. We review requests for coverage to determine if the service requested is a covered benefit under the terms of the member's plan and is being delivered consistent with established guidelines.

Complaints and appeals

If a request for coverage is denied, the member (or a provider acting on behalf of the member) may appeal this decision through the complaint and appeal process. In addition, depending on the specific circumstances, the member or provider may appeal to a government agency, the plan sponsor or an external utilization review organization that uses independent physician reviewers, as applicable.

Aetna does not reward physicians or other individuals conducting utilization review for issuing denials of coverage or creating barriers to care or service. Financial incentives for utilization management decision makers do not encourage denials of coverage or service and are designed to encourage the delivery of appropriate health care services. In addition, our utilization review staff is trained to focus on the risks of under and over utilization of services.

Role of medical directors

Aetna Behavioral Health medical directors make all final coverage** denial determinations involving clinical issues. If a treating provider does not agree with a decision regarding coverage or would like to discuss an individual member's case, Aetna Behavioral Health medical directors and physician reviewers are available 24 hours a day, 7 days a week, to discuss specific concerns and provide additional information.

If you have questions about coverage decisions for one of your Aetna Behavioral Health patients, call **1-888-632-3862**.

*The term precertification means the utilization review process to determine whether the requested service or procedure meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

**For these purposes, "coverage" means either the determination of (i) whether or not the particular service or treatment is a covered benefit under the terms of the particular member's benefits plan, or (ii) where a physician or health care professional is required to comply with Aetna's patient management programs, whether or not the particular service or treatment is payable under the terms of the provider agreement.



2010 Quality Management Program evaluation

Aetna Behavioral Health annually evaluates our Quality Management Program and addresses key area findings, such as:

- QM committee structure
- Annual policy review
- Patient safety
- Availability and accessibility
- Complaints and appeals (incorporated into “Member Services” section)
- Member satisfaction and provider satisfaction
- Clinical Practice and Preventive Health Guidelines
- Continuity and coordination of behavioral health care
- Continuity and coordination of medical and behavioral health care
- Provider treatment record review
- Case manager and customer service representative quality review audits
- Utilization management criteria and decision turnaround time

- Prevention programs
- Clinical specialty programs
- Quality improvement initiatives
- Delegation
- Medicare over/under utilization monitoring
- Streamlined UM program
- HEDIS® measures

For additional information on our 2011 Quality Management Program, or the results of our 2010 evaluation, log in to our secure provider website and select Aetna Support Center, Doing Business with Aetna, Aetna Benefit Products, then Aetna Behavioral Health and Employee Assistance Program. If you do not have Internet access, contact Jennifer Eissfeldt at **215-766-7045** or **EissfeldtJ@aetna.com**.

HEDIS refers to the Healthcare Effectiveness Data and Information Set; HEDIS is a registered trademark of the National Committee for Quality Assurance.

Member Rights and Responsibilities available online

Our Member Rights and Responsibilities are available online in 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 and Responsibilities Statement, call **1-888-632-3862**.



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 under “Clinical Resources” and on the Aetna Behavioral Health and Employee Assistance Program page.

- Helping Patients Who Drink Too Much Updated 3/10
- Treating Patients With Major Depressive Disorder Updated 3/10

To get a hard copy of a specific CPG, call our Provider Service Center at **1-888-632-3862**.

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
- 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 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 – requires corrective action plan with written response addressing the areas noted as opportunities for improvement identified in the review
- 69–below Serious deficiencies – requires corrective action plan that contains the specific actions to be taken to correct the deficiencies and re-audit within six months

Delegated providers

Additionally, Aetna conducts treatment record reviews for delegated providers.

Treatment Record Standards

For a description of our Practitioner Treatment Record standards, refer to our *Behavioral Health Manual* on the Aetna Behavioral Health and Employee Assistance Program page of our secure provider website. We also post Treatment Record Review Best Practices on our secure provider website under “Focus on Quality” on the Behavioral Health page.



2011 Treatment Record Review Results

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

TRR Scoring Process

Non-MD Providers

- Treatment record-keeping practices – weight 20 percent
- Assessment and treatment plan – weight 60 percent
- Documentation and practitioner communication – weight 20 percent

MD Providers

- Treatment record-keeping practices – weight 15 percent
- Assessment and treatment plan – weight 50 percent
- Documentation and practitioner communication – weight 15 percent
- Psychiatrists Only questions – weight 20 percent

Regional results

In 2011, the Aetna Behavioral Health Blue Bell and Utah Care Management Centers

conducted TRR audits on a total of 98 records from across the nation. All regions met target with scores over 80 percent. The 2011 average score was 90 percent, which was the same average score achieved in 2010.

In terms of overall TRR results, the following questions fell below the 80 percent target for both Non-MD and MD providers:

1. For suicidal and homicidal patients, or patients who are otherwise at risk, are risk assessments provided at every session? (78 percent)
2. Is there documentation to reflect that the provider requested patient's permission to communicate with the primary medical practitioner? (57 percent)
3. If the patient did grant permission, is there documentation that the provider communicated with the primary medical practitioner? (44 percent)
4. If there is documentation about other behavioral health specialists or consultants treating the patient, is there documentation to reflect the provider requested the patient's permission to communicate with the other behavioral health specialist or consultant? (63 percent)
5. Does the documentation include a discharge plan? (65 percent)

6. For psychiatrists only: Is there documentation of member education on medications and member's understanding of information? (69 percent)

What the results mean; next steps

- One out of compliance area in 2011 is regarding ongoing risk assessments for suicidal or homicidal patients or patients who are otherwise at risk at 78 percent. Providers generally identify any safety risk issues in their initial assessment under the mental status exam. If a member is identified as having suicidal or homicidal thoughts, thoughts to self-harm, etc., auditors will look for follow up in the progress notes. For high risk members, there should be risk assessments at every session. If the member's condition is deteriorating, the record should indicate that an evaluation for a more intense level of care have been arranged; for example, IOP, partial, detox, residential or inpatient BH care.
- In the "Psychiatrists only" section, the overall documentation of providing member education and understanding of medications demonstrated a significant decrease from 85 percent in 2010 to below the compliance threshold at 69 percent in 2011. Education could include a progress note that the risks and benefits of medications were discussed, a discussion of side effects, or could include a medication information sheet provided to the member where the member signs acknowledgement of the information sheet.



- Several areas that continue to be below threshold are providers requesting patient permission to speak to the primary medical care provider (57 percent), and then making contact once patient permission is granted (44 percent). Another area of deficiency is regarding evidence that the provider communicated with other behavioral health specialists or consultants after receiving written permission. This question was identified as a deficiency at 63 percent. Aetna strongly encourages collaboration between primary medical providers and BH providers.
- Discharge planning continues to be below threshold at 65 percent. Auditors review the chart for notes that treatment ended, whether through a no-show or as a final session. A discharge plan after outpatient services could include outreach documentation, provision of crisis numbers/resources, and/or an opportunity to return to the provider in the future.

- In June 2011, Quality Management will follow up by sending results letters to the providers participating in the 2011 TRR process. All providers will be informed of their scores, provided with their overall peer group scores, and will also be notified if their overall scores were below 80 percent. We will also work to create ongoing interventions for provider collaboration, risk assessment, communication, and discharge planning.
- In addition, all audited providers will also be given sample forms including a Treatment Plan Template, an Initial Evaluation Template, and a Discharge Summary that may be utilized by BH providers. Quality Management has also provided the Make the Connection Flyer and the Behavioral Health/Medical Provider Communication Form.

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. Also available on the secure provider website are sample document templates that may serve as a resource



Updates to Aetna Behavioral Health's prevention programs

Substance abuse prevention for adolescents with major depression, other mood disorders

Aetna Behavioral Health's *Substance Abuse Screening for Adolescents with Depression and/or Anxiety (SASADA)* 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 2010, the program diagnoses expanded to include anxiety. In 2011, we updated the program participation criteria to include members 12 and up to, but not including, 18 years of age.

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 (formerly the Moms-to-Babies® Maternity Management 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.

Recent 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

How to contact us

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**.



Member satisfaction results for provider accessibility

Aetna Behavioral Health measures accessibility to provider offices on an annual basis through analysis of the Aetna Behavioral Health Member Satisfaction Survey results and access related complaints. The most recent member satisfaction survey results showed:

- 86.6 percent satisfaction with obtaining a non-life-threatening emergency appointment within 6 hours
- 87.8 percent satisfaction with obtaining an urgent appointment within 48 hours
- 87.2 percent satisfaction with obtaining a routine appointment within 10 business days

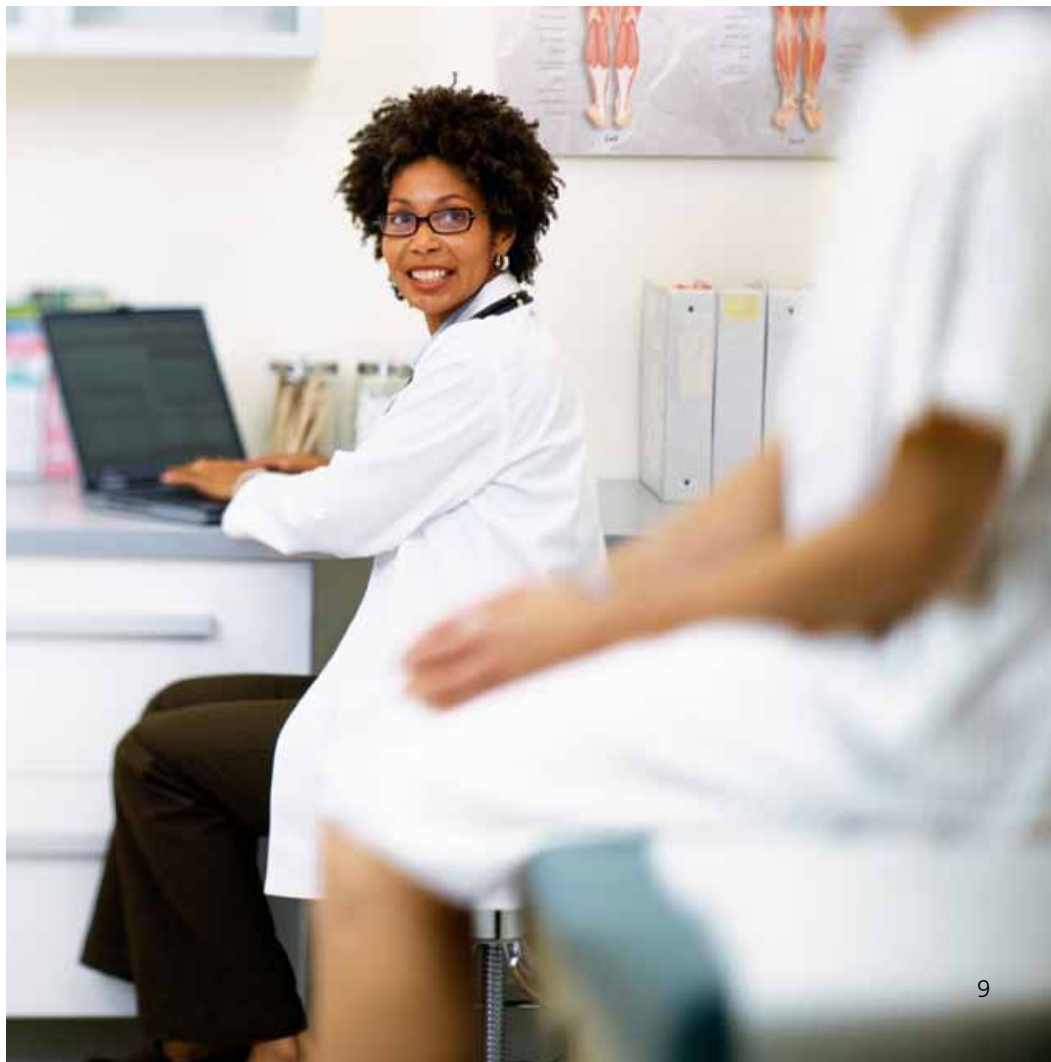
Provider accessibility standards available online

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

*Unless state requirements are more stringent.



For additional information or when you need to contact us

Online

www.aetna.com

Access our secure provider website available through www.aetna.com.

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

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
1425 Union Meeting Road
Mail Stop U23N
Blue Bell, PA 19422

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