



Aetna Behavioral Health Insights™

Your behavioral health newsletter

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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 Employee Assistance Program (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.

Stay in the know about COVID-19

We want to support you as you care for your patients through this challenging time. Find timely information on telemedicine, testing, COVID-19-related coding and other resources that we're sharing to help you during this pandemic.

- [COVID-19 Provider FAQs and Resources](#)
- [Telemedicine](#)
- [Provider resources](#)
- [Billing and coding FAQs](#)
- [Patient coverage FAQs](#)
- [Flattening the second curve](#)
- [Emotional well-being resources](#)

The nine dimensions of well-being

Due to the COVID-19 global outbreak, it's likely to be a stressful time for those who work on the front lines of health care. Now more than ever, it's important for health care workers and organizations to create an infrastructure and provide resources to support practitioners, physicians, nurses and care team members. Taking time each day to monitor and attend to your own well-being. Doing so can have multiple rewards for you and your staff — from physical, to emotional, to financial health — all of which can lead to improved sense of well-being for everyone.

We want to help you and your team start on your journeys toward states of optimal well-being. Each dimension of wellness is vital and interconnected. Just as we are told by a flight attendant to place an oxygen mask on ourselves before we put one on a child, you cannot take good care of your family, your staff, or your patients unless you first prioritize your own health and mental well-being by engaging in good self-care.



Using The Ohio State University’s “Nine Dimensions of Wellness”¹ as our main reference, we’ve also incorporated guidance from additional resources² to create these nine dimensions of well-being:

1. **Vocational wellness** — satisfaction from employment including the maintenance of balance with other parts of your life
2. **Cultural wellness** — understanding and appreciating the benefits from diversity in racial and ethnic backgrounds, religion, gender, sexual orientation, age groups, disabilities, and socioeconomic backgrounds
3. **Emotional wellness** — understanding self and challenges; sharing of feelings
4. **Environmental wellness** — taking responsibility for the impact we have on the air, water and land
5. **Financial wellness** — integration of mental, spiritual, and physical aspects of income; Planning for your financial future and for monetary emergencies; avoid scams, balance checking account; have extra money in your past
6. **Intellectual wellness** — engaging in opportunities that open your mind to new ideas and apply to your own choices, interaction with others, and improvement of the community
7. **Physical wellness** — improving your body so that you can endure stress and fatigue; awareness of that our behaviors can affect our lives if we do not adopt healthy habits (seeing your doctor, eating healthy, exercise); avoid destructive habits (drugs, alcohol, smoking etc.)
8. **Relational wellness** — connecting with others, building healthy relationships based on trust and respect, being aware of the feelings of others, close communication
9. **Spiritual wellness** — finding peace and harmony in your life through purpose with meditation, prayer, affirmations, or any spiritual practice that assist in making a connection with a higher power

Want to learn more? Check out these links:

- [What Aetna is doing to address mental well-being during COVID-19](#)
- The American Medical Association’s [“Caring for healthcare workers during crisis”](#) publication³

¹ Ohio State University. Wellness Assessment 2017–2018: a look at the nine dimensions of wellness. September 2018. Available at: [CSSL.OSU.edu/posts/632320bc-704d-4eef-8bcb-87c83019f2e9/documents/wellness-assessment-a-look-at-the-nine-dimensions-of-wellness.pdf](https://cssl.osu.edu/posts/632320bc-704d-4eef-8bcb-87c83019f2e9/documents/wellness-assessment-a-look-at-the-nine-dimensions-of-wellness.pdf). Accessed August 8, 2020.

² The Centers for Disease Control and Prevention. Preventing adverse childhood experiences (ACEs): leveraging the best available evidence. Available at: [CDC.gov/violenceprevention/pdf/preventingACES.pdf](https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf). 2019. Accessed August 5, 2020.

Gray K, M.Ed., ATC/L and Stoner MC, MSPH. HOYA wellness wheel & resources. Available at: [StudentHealth.Georgetown.edu/hoya-wellness-wheel/](https://studenthealth.georgetown.edu/hoya-wellness-wheel/). 2020. Accessed August 5, 2020.

Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine. June 1, 2019; volume 56, issue 6, 774–786. Available at: [AJPMonline.org/article/S0749-3797\(19\)30143-6/fulltext](https://ajpmonline.org/article/S0749-3797(19)30143-6/fulltext). Accessed August 5, 2020.

Stoewen DL. Dimensions of wellness: Change your habits, change your life. The Canadian Veterinary Journal. August 2017; 58(8). Available at: [NCBI.NLM.NIH.gov/pmc/articles/PMC5508938/](https://pubmed.ncbi.nlm.nih.gov/31508938/). Accessed August 5, 2020.

³Shanafelt TD, MD; Ripp J, MD; Brown M, MD; et al. Caring for health care workers during crisis: creating a resilient organization. American Medical Association. May 8, 2020. Available at: [AMA-ASSN.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf](https://www.ama-assn.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf). Accessed August 5, 2020.

Get your payment faster by using our secure electronic tools

During this challenging time, we remain committed to getting your payment to you faster for employee assistance program (EAP) services. We know that you count on Aetna Resources for LivingSM EAP to deliver on this commitment.

Like all businesses, we are adjusting how we can continue to serve your needs. To help us in this effort, we are asking that you start using our electronic tools as soon as possible.

It's easy to enroll in electronic funds transfer (EFT).

We teamed up with Citi[®] Payment Exchange to offer EFT. With EFT, your EAP claim payment will be directly deposited into your bank account. It's a simple and secure way to get your payment faster. Sign up at Citi Payment Exchange and create a profile to get started.

- Go to CitiPaymentExchange.Citi.com/aetna/portal.
- Use GYD2W8 as the activation code.

After your Citi Payment Exchange profile is activated, you'll be notified by email before each payment is deposited. You can also access your payment details online. You can download them in PDF format or as an electronic remittance advice (ERA) file.

Here's how to submit electronic claims

We offer two ways for you to submit your EAP claims electronically:

1. Use the Availity[®] provider portal. Visit Availity.com/AetnaProviders to register for an Availity account.

Then go to Aetna.com and complete an Employee Assistance Program Electronic Claim Submission Application. You can find the form by going to "Providers," "Find a form," and then "Employee Assistance Program."

2. Use PNTData, our clearinghouse partner. Visit PNTData.com to learn about submitting a professional 837 claim file.
 - Be sure to use EAP20 as the payer ID.
 - Include the EAP authorization numbers.

We value your business

We appreciate your continued support. And we're working to improve your customer experience.



Have you completed your annual required Medicare compliance training?

Don't let your network status change — complete your required Medicare compliance training to comply with the Centers for Medicare & Medicaid Services (CMS) requirements.

If you are a participating provider (a provider can be an individual, group, facility, or ancillary service) in our Aetna Medicare Advantage (MA), Medicare-Medicaid (MMP), and/or Dual-Eligible Special Needs (DSNP) plans, you must meet the Centers for Medicare & Medicaid Services (CMS) compliance program requirements for first-tier, downstream, and related (FDR) entities and/or the DSNP Model of Care (MOC) training, and attest to it by December 31, 2020.

How to complete your attestation

On [Aetna.com](https://www.aetna.com), you'll find the training resources you need now to ensure your compliance. Under the "Need More Information on the Medicare FDR Program" section, review the "[FDR Program Guide](#)" and "[FDR frequently asked questions](#)."

For dually contracted MA and DSNP providers, we will combine the D-SNP MOC and FDR attestations, requiring only one to be completed. Visit [Dual Eligible Special Needs Plans \(D-SNPs\) Model of Care \(MOC\) training](#).

Where to get more information

If you have attestation-completion or compliance-related questions, please review all the information published in the links in this article. Or just email us at FDRAttestation@Aetna.com if you don't find the answers you need. You'll find more information in our quarterly [FDR Compliance Newsletter](#), too.

Integrating medical and behavioral health care

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Evidence has been available for some time demonstrating that behavioral interventions can be productive in caring for patients with a host of medical disorders, yet the boundary between medical and behavioral remains largely impermeable. A large factor for this division emanates from parochial training models, and the structural organization of the healthcare delivery system. Not only is it rare to find behavioral clinicians integrated into medical settings, payors who now recognize the value of such integration still largely silo their behavioral and medical operations separately.

But we know that for many disorders, educating patients about their conditions and helping change their attitudes, and subsequent behaviors, can be accomplished to produce multiple benefits, including improvement in health status and reductions in cost for care. Indeed, estimates from a [2017 Milliman research report](#) place potential savings in the range of \$38–\$68 billion dollars annually.⁴ And managing the emotional components of a medical disorder can relieve overburdened primary and specialty care physicians of the issues posed by 'difficult' patients. Integrated, collaborative relationships among providers brings a wider repertoire of resources to total patient care.

While cost savings are a clear benefit to patients and payors, fee-for-service models disincentivize medical practitioners from integration implementation. So, reimbursement mechanisms need to adjust to reward the savings produced through integration.

⁴ Melek, S.P., Norris, D.R., et al. Potential economic impact of integrated medical-behavioral healthcare, updated projections for 2017. Milliman Research Report. January 2018.

Value-based contracting and reimbursement for care coordination, which Aetna® presently provides, are steps in the right direction, but building compensation models that reward health status improvement while lowering cost of care is complicated. It is here where payors, with an actuarial advantage, need to lead the way to proposals that aim at a win-win with providers. Or, where possible, foster the integration of service delivery systems.

For now, be you on either side of the medical behavior divide, practice in a manner that straddles both to raise the quality of your patients' outcomes. It just makes sense.

Aetna resources

- [Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#)
- [Integration Primary Behavioral Health Program](#)
- [Value-based care](#)

Applied behavior analysis (ABA) provider frequently asked questions (FAQs)

1. Does ABA require precertification?

Yes, ABA is on the Aetna precertification list for behavioral health services.

2. Whom can I contact with benefits and claims questions?

Use the [Aetna contact list](#), or just call the number on the member's ID card.

3. How do I get services precertified?

You can call the toll-free phone number on the member's ID card and speak to a Customer Service representative. Or read about [precertification](#). When applicable, you may use the [ABA Treatment Request form](#).

4. Where can I find the Aetna medical necessity guidelines for ABA?

See the [Applied Behavior Analysis Medical Necessity Guide](#).

5. Where can I find an Aetna clinical policy bulletin on autism spectrum disorders?

See [Autism Spectrum Disorders](#) and [Applied Behavior Analysis](#).

6. What procedure codes does Aetna use for ABA?

Aetna continues to use the American Medical Association's CPT®* (Current Procedural Terminology) codes for adaptive behavior treatment. The American Medical Association replaced or revised the following codes, effective January 1, 2019:

- Eight new Category I codes for adaptive behavior assessments (97151 and 97152) and adaptive behavior treatments (97153–97158) were added.
- Fourteen associated Category III codes (0359T, 0360T, 0361T, 0363T–0372T and 0374T) have been deleted.
- Two Category III codes (0362T and 0373T) have been revised and maintained.

7. How do I join the Aetna network?

See our information about [joining the Aetna network](#).

*Aetna will reimburse you when you screen your patients for risky substance and alcohol use.

Care coordination is reimbursable

Did you know care coordination is reimbursable, with no cost share to members? With the required behavioral health diagnosis, care coordination includes communication among:

- Behavioral health providers (such as a therapist and a psychiatrist)
- Behavioral health and medical providers (such as a psychiatrist and a PCP)

Exceptions

Care coordination is not reimbursable for all Medicare plans and any high-deductible health plan with a health savings account (HSA), until members meet the deductible.

CPT codes for collaboration	More information
99484, 99492, 99493, and 99494	Health maintenance organization (HMO) plans: 1-800-624-0756 (TTY: 711) Preferred provider organization (PPO) and indemnity plans: 1-888-632-3862 (TTY: 711)

The right information at the right time

Take time to share important clinical information at the right time. You can help improve your patient's care and safety by partnering with their other providers to better manage their health conditions.

In a 2019 audit of our treatment records, we found that behavioral health providers communicate with PCPs and other behavioral health providers.

- 41% of behavioral health (BH) providers documented a request to communicate with a PCP
 - Of those, 60% communicated with PCPs
- 58% of practitioners requested consent to communicate with another behavioral health provider
 - Of those, 67% communicated with the other provider

Communication benefits everyone

PCPs are often unaware when their patients are getting behavioral health treatment.

Communication can:

- Improve overall patient care, via information regarding medication or other treatment effectiveness
- Enhance patient safety and more timely and positive patient outcomes
- Help develop professional relationships that may provide a network of referral sources, as well as collaboration
- Ask your patients to sign a release to permit these communications

Check out these resources

- [The National Quality Forum Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination](#)
- [The Aetna Integrated Primary Care Behavioral Health Program](#)

Complex case management referrals

Extra help for complex conditions

Complex case management is for members with complex conditions who need extra help understanding their health care needs and benefits. We also help them access community services and other resources. The program offers an inclusive process for the member, the caregiver, the providers and Aetna.

Program goals

We want to help produce better health outcomes while managing health care costs. Let's work together to meet these goals.

Program referrals

Know a member who could use the extra help? Program referrals are welcome from many sources, including:

- Primary care physicians
- Specialists
- Facility discharge planners
- Family members
- Internal departments
- The member's employer

Make a referral

- Call:
1-800-424-4660 (TTY: 711)
- Email:
AetnaBehavioralHealthReferrals@Aetna.com

Coverage determinations and utilization management (UM)

Our UM staff helps members access services the benefits that their plans cover. We base our decisions entirely on appropriateness of care and service, as well as on the existence of coverage. Aetna uses **evidence-based clinical guidelines** from nationally recognized authorities to guide our UM decisions.

We review requests for coverage to see if members are eligible for certain benefits under their plan. If we deny a coverage request, those who can appeal the decision include:

- The member
- The member's representative
- A provider acting on the member's behalf

We don't pay or reward practitioners for denying coverage or care. Our review staff focuses on the risks of underutilization and overutilization of services.



Make sure your patients get the help they need

According to The Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Drug Abuse (NIDA):⁵

- Alcohol and other drug (AOD) dependence is common across many age groups and can cause morbidity, mortality and decreased productivity.
- Strong evidence shows that treatment for AOD dependence can improve health, productivity and social outcomes.
- It can also save millions of dollars in health care and related costs.

We monitor the number of patients who engage in AOD use disorder treatment by **National Committee for Quality Assurance HEDIS^{®6} measure, “Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)”**.⁷

This measure looks at the percentage of members with a new diagnosis of AOD use disorder who began treatment within 14 days of their diagnosis and continue care by attending two additional AOD services within 34 days.

Studies show that individuals who have experienced childhood trauma are more likely to have medical issues and misuse of drugs and alcohol.⁸ They are more likely to have medical/behavioral health issues such as heart disease, depression, cancer, diabetes, and suicide.

Childhood trauma is also known as Adverse Childhood Experiences (ACE). Working together, especially

during this pandemic, we can reduce ACE and provide the opportunity for every child to thrive. According to the **National Center for Injury Prevention and Control**, Division of Violence Prevention, the three domains of childhood trauma include:⁹

1. Abuse (physical, sexual, or emotional)
2. Neglect (physical and emotional)
3. Household challenges (parent(s) dealing with their own mental illness, substance abuse, domestic violence, divorce or incarceration)

How to help your patients

- **Screen for alcohol and other drug use (AOD)***
- **Evaluate social determinants of health (SDOH)**
- **Assess for Adverse Childhood Experiences (ACE)**
- Educate patients on the effects of childhood trauma
- Refer to **Alcoholics Anonymous** (AA) or **Narcotics Anonymous** (NA)
- Schedule follow-up visits before patients leave the office or facility
- Set up **appointment reminders** (by texting or calling)
- Reschedule with patients who don't keep appointments

Need our help?

Call our case management staff to help support members in keeping their appointments by calling the number on the member's ID card.

Learn more about screening, brief intervention and referral to treatment.

⁵Substance Abuse and Mental Health Services Administration (SAMSHA). Key substance use and mental health indicators in the United States: results from the 2016 national survey on drug use and health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD. 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available on: [SAMHSA.gov/data/](https://www.samhsa.gov/data/). Accessed August 13, 2020.

Substance Abuse and Mental Health Services Administration (SAMSHA). 2020. Medication Assisted Treatment (MAT). Available on: [Integration.SAMHSA.gov/clinical-practice/mat/mat-overview](https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview). Accessed August 13, 2020.

National Institute on Drug Abuse (NIDA). Cost effectiveness of drug treatment. 2016. Available on: [DrugAbuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment](https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment). Accessed August 13, 2020.

National Institute on Drug Abuse (NIDA). How effective is drug addiction treatment? 2018. Available on: [DrugAbuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment). Accessed August 13, 2020.

⁶HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁷National Committee for Quality Assurance (NCQA). Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). 2020. Available at: [NCQA.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/](https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/). Accessed August 13, 2020.

⁸Khoury L, Tang YL, et al. Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population. *Depress Anxiety*. 2010;27(12):1077–1086. doi:10.1002/da.20751

⁹National Center for Injury Prevention and Control. 2019. Preventing adverse childhood experiences (ACEs): leveraging the best available evidence. 2019. Available on: [CDC.gov/violenceprevention/pdf/preventingACES.pdf](https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf). Accessed September 16, 2020.

HEDIS[®] highlight

We strive to provide access to quality health care for our members. And we monitor our quality outcomes through the Healthcare Effectiveness Data and Information Set (HEDIS[®])⁶ performance measures. The National Committee for Quality Assurance (NCQA) developed these measures, which allow direct, objective comparison of quality among health plans. NCQA publishes the results for the HEDIS measures in its State of Health Care Quality (SOHCQ) Report¹⁰ each year.

The 2019 report showed a continued upward trend in the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)¹ measure. Our behavioral health plan had similar results in this area. Your feedback can help improve these measures. Email us at QualityImprovement2@Aetna.com to share your comments and suggestions.

HEDIS APM measure description

The percentage of children and adolescents 1 through 17 years of age who had two or more antipsychotic prescriptions and had at least one blood glucose test and at least one cholesterol test in the measurement year:

- Take either a blood glucose test or an HBA1c test
- Take either an LCL-C test or a cholesterol test

Eligible population ages: 1 through 17 years of age, as of December 31 of the measurement year.

Strategies for improvement

- Use NCQA coding tips to actively reflect care rendered. Routinely refer members on an antipsychotic medication out to have their blood glucose or HbA1c, LDL-C or cholesterol drawn at least annually.
- Follow up with the patient's parents to discuss and educate on lab results.
- Coordinate care with the patient's treating behavioral health specialists.

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the APM measure. The following are just a few of the approved codes. For a complete list, visit the [NCQA website](#).

Blood

CPT 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

LDL-C

CPT 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F

Cholesterol other than LDL

CPT 82465, 83718, 84478

HbA1C

CPT 83036, 83037, 3044F, 3045F, 3046F

Strategies for improvement: outpatient precertification planning

Most outpatient services don't require precertification. For those nonurgent authorizations that do, such as applied behavior analysis and transcranial magnetic stimulation, it can take up to 15 days to finalize. Plan to call promptly for any nonurgent service requiring precertification.

More information

- [Behavioral health services requiring precertification](#)
- [Electronic precertification](#)

¹Ohio State University. Wellness Assessment 2017–2018: A Look at the Nine Dimensions of Wellness. September 2018. Available at [CSSL.OSU.edu/posts/632320bc-704d-4eef-8bcb-87c83019f2e9/documents/wellness-assessment-a-look-at-the-nine-dimensions-of-wellness.pdf](https://cssl.osu.edu/posts/632320bc-704d-4eef-8bcb-87c83019f2e9/documents/wellness-assessment-a-look-at-the-nine-dimensions-of-wellness.pdf). Accessed August 8, 2020.

⁶HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁰National Committee for Quality Assurance (NCQA). State of Health Care Quality. 2019. Available at: <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>.

¹¹National Committee for Quality Assurance (NCQA). Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Available at: [NCQA.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/](https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/). Accessed September 16, 2020.

Patient and member rights

Patient rights and responsibilities

Need information on patient rights and responsibilities or nondiscrimination? On [Aetna.com](https://www.aetna.com), check our **Provider Manual** and our **Behavioral Health Provider Manual**.

Are you a participating physician or behavioral health practitioner? If yes, then you need to have a documented policy about nondiscrimination. Remember, state and federal laws prohibit discrimination in the treatment of patients based on:

- Race
- National origin
- Religion
- Genetic information
- Source of payment
- Sex or sexual orientation
- Age
- Mental or physical disability
- Medical condition
- Claims experience
- Evidence of insurability (including conditions rising out of acts of domestic violence)

Commercial and Medicare member rights and responsibilities

You can find our commercial and Medicare member rights and responsibilities statements at [Aetna.com](https://www.aetna.com) in the “Member support” section under **Additional Resources**. The language may vary depending on the state law tied to each plan.

The Americans with Disabilities Act (ADA) requirements

Rules for all participating physicians, behavioral health practitioners and health care professionals

Under the federal ADA, you must provide physical access to your office and reasonable accommodations for patients and employees with disabilities.

Additional rules for participating physicians and behavioral health care professionals

If you are a covered entity under the Section 1557 Nondiscrimination in Health Programs and Activities Final Rule, you must also provide access to medical services.

This includes diagnostic services for someone with a disability. You may use different types of medical diagnostic equipment. Just ensure you have enough staff to help transfer the patient.

Quality management program helps improve health care

We integrate quality management and metrics into all that we do to improve health care. Find out more about our annual **quality management and improvement efforts**. You can also learn about our program goals and how we’re progressing toward those goals.

If you’d like a hard copy of our Quality Management program evaluation, call us at one of the numbers below and ask to speak with someone in Aetna Behavioral Health Quality Management.

- HMO-based and Aetna Medicare Advantage plans:
1-800-624-0756 (TTY: 711)
- All other plans:
**1-888-MD Aetna (TTY: 711) or
1-888-632-3862 (TTY: 711)**

Update your information

Help us help members. It's important that we have an up-to-date record for you, so we can give accurate information to our members. Have you recently moved your office or changed your phone number, email address or any other demographic information? If so, simply update your profile within seven days of the change on one of these websites:

- [Aetna.com](https://www.aetna.com)
- [CAQH.org](https://www.caqh.org)
- [Availity.com](https://www.availity.com)

Help us stay in compliance

The Centers for Medicare & Medicaid Services (CMS) also requires that Aetna Medicare Advantage organizations ensure the validity of provider demographic information.

We take this compliance obligation seriously and need your help to fulfill it. If you're not a Medicare provider, or if you have not received vendor communications, you can always visit [Availity.com](https://www.availity.com), our provider portal. Just go to "My Providers" and "Provider Data Management" to edit your information.



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 Aetna 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-MD Aetna (TTY: 711)** or **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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