

Provider Relations Newsletter

Spring 2019



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DME Date Span Billing Clarification

Aetna Better Health is committed to partnering with providers to ensure they are educated on proper billing practices, claims adjudication, and reimbursement. Our reimbursement policies provide a reference for claims filing, coding, and documentation guidelines, but also ensure we are in compliance with the guidelines of Louisiana Department of Health and Hospitals.

Date span must match units billed on professional claims. If the date span does not match the units billed, the claim should not pay. If the same from and thru date is used, this encounter rule does not apply. For example, it is acceptable for a claim to be billed with D.O.S 01-01-2019 thru 01-01-2019 for 30 units. Providers are encouraged to use the same from and thru date on professional claims submitted on CMS-1500, where applicable.

Please reach out to your area Provider Relations Liaison if you have any questions about the correct way to bill DME claims relative to date span/unit codes.

Aetna Better Health[®] of Louisiana



aetnabetterhealth.com/louisiana

Model of Care

Integrated Care Management

Aetna Better Health of Louisiana's Integrated Care Management (ICM) Program uses a Bio-Psycho-Social (BPS) model to identify and reach our most vulnerable members. The approach matches members with the resources they need to improve their health status and to sustain those improvements over time. We use evidence-based practices to identify members at highest risk of not doing well over the next twelve (12) months, and offer them intensive care management services built upon a collaborative relationship with a single clinical Case Manager, their caregivers and their Primary Care Provider (PCP). This relationship continues throughout the care management engagement. We offer members who are at lower risk supportive care management services. These include standard clinical care management and service coordination and support.

Disease management is part of all care management services that we offer. Aetna Better Health also accepts referrals (by mail, fax, phone, email) for care management from practitioners, providers, members, caregivers, health information lines, facility discharge planners, and plan staff such as those from Member Services, Care Management and Utilization Management.

You may have concerns about one of your patients. We can help coordinate many needed services. You may call **1-855-242-0802** and ask for the **case management department**. You can refer your patients to our Care Management department via email at **Aetnabetterhealthofla-CMReferral@aetna.com**.

HEDIS and Performance Measures

Aetna Better Health of Louisiana collects data for care through claims and other administrative data, as well as a medical record and review. Claims are the fastest and easiest way to collect HEDIS data, so correct coding is extremely important. Correct coding allows the health plan to collect administrative data and decreases the need for medical record review. Please reach out to your area Provider Relations Liaison indicated on the last page of this newsletter, if you would like education of appropriate claims filing procedures.

Has your information changed?

Aetna Better Health of Louisiana is committed to having the most accurate and up-to-date information in our system for you and your group. Please contact our Provider Relations Department with **updates to your phone or fax numbers, physical or mailing address, and to add your email address** to our system.

For updates or changes to your demographic information, contact our Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** or send your update via email at **LAProvider@aetna.com**.

Initiation and Engagement of Alcohol and Other Drug Abuse Treatment (IET)

The Initiation and Engagement of Alcohol and Other Drug Abuse Treatment (IET) is a performance measure we use that looks at the percentage of adolescent and adult enrollees with a new episode of alcohol or other drug abuse (AODA) who receive the following:

- **Initiation of AODA Treatment:** The percentage of individuals who initiate treatment through an inpatient AODA admission, outpatient visit, telehealth or medication treatment within 14 days of the diagnosis.
- **Engagement of AODA Treatment:** The percentage of individuals who initiated treatment and who had two or more additional services with a diagnosis of AODA within 30 days of the initiation visit.

Here's how you can help. Learn about Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Screen for substance abuse.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Coding for Screening and Brief Intervention Reimbursement

Reimbursement for screening and brief intervention is available through Medicaid.

Medicaid	Description	Billing Code
	Alcohol and/or drug screening	H0049
	Alcohol and/or drug screening, brief intervention, per 15 minutes	H0050

Follow Up. When substance abuse is identified, schedule appropriate follow-up treatment. Newly diagnosed patients: Schedule 3 follow up appointments within the first 30 days. Frequent contact early on will help to keep the patient connected and motivated for treatment.

Educate your patients on effects of alcohol or substance abuse. Educate during each visit, ensuring your patients understand the treatment options available to them.

For additional information: To learn more about SBIRT, go to the SAMSA website at www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

For a free SBIRT white paper copy please call the Aetna's Quality Department at **504-667-4500** Monday through Friday, 8 a.m. to 5 p.m. and we will email you a copy. For a list of available treatment service options, call our Provider Relations Department at **1-855-242-0802** (TTY: **711**), 24 hours a day, 7 days a week.

Medication-Assisted Treatment (MAT) for Opioid Use Disorders

The opioid-related overdose death rate in Louisiana has more than doubled over the past five years, from 3.7 per 100,000 persons in 2012 to 7.7 in 2016 (NIH, 2018). Our goal is to increase patient initiation and continuing engagement in alcohol and/or substance abuse treatment, including medication to assist them in achieving and maintaining sobriety.

Aetna strongly encourages treating physicians to obtain eight hours of training and apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder.

Waiver Training for Physicians

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.¹

FREE - Online 8 hour Online MAT Waiver Training Available

For prescribers who wish to prescribe buprenorphine. It is available at the Providers Clinical Support System (PCSS) website at: <https://learning.pcssnow.org/p/onlinematwaiver>.

PCSS also offers additional training options, to include:

- **In-Person Training:** 4 hour live training with second portion being an online self-study portion
- **Half and Half (Webinar):** 4 hour virtual webinar taught by a clinical expert with second half of the course - a 4-hour online self-study portion.
- **8-hour Full Day Training:** full day live training led by a clinical expert in your area. View the calendar of events on the PCSS website.

Additional Information

For more information about other medication-assisted treatment (MAT) or the certification of opioid treatment programs (OTPs), contact the SAMHSA Division of Pharmacologic Therapies at **240-276-2700** or email **SAMHSA at OTP-Help@jbsinternational.com**.

¹<https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>



Tribal Alcohol and Substance Abuse Treatment

Alcoholism and substance use continues to impact American Indians, a coordinated effort is needed to combat alcohol and substance use among our tribal members. Our goal is to work collaboratively with Tribes, Federally Qualified Health Centers, and our doctors in the prevention of abuse or misuse of drugs or alcohol, and the initiation of treatment and ongoing management of alcohol and abuse disorders.

We want to ensure our tribal members receive treatment services and the medication they need to achieve and maintain sobriety.

Treatment Services by Phone

Many tribal members live in rural communities with limited access to behavioral or physical health medicine. We have Treatment Specialists available by phone that can help. They can call Breakthrough, an MD Live company, at **1-888-977-5703**, Monday through Friday, 7 a.m. to 6 p.m. to speak to a behavioral health or substance abuse specialist directly.

Aetna can help

We can help your patient find the right services to support their needs. Benefits include office visits, medications and treatment programs. Call our provider services or our case management team today for assistance at **1-855-242-0802**, TTY **711**.

We're open 24 hours a day, 7 days a week.

- Counseling
- Peer Groups
- Medication Management
- Medication Assisted Treatment
- 12 step fellowships
- Telemedicine/Tele-therapy
- Inpatient Treatment
- Detox Centers
- Residential Treatment
- Outpatient Treatment
- Outpatient Therapy
- Recovery Support Services
- Transportation

If your patient doesn't know how to get to their appointment, we provide free transportation services. Our transportation vendor is available Monday through Friday, 8 a.m. to 5 p.m. at **1-877-917-4150**, to schedule the pick-up or visit **www.logisticare.com** to schedule an online appointment.

Additional Information

For more information about any other Aetna programs available, or a list of available treatment service options, call our Provider Relations Department at **1-855-242-0802** (TTY: **711**), 24 hours a day, 7 days a week.

Single Preferred Drug List (PDL) Implementation

On May 1, 2019, Aetna Better Health of Louisiana along with other contracted MCOs has implemented the State Single PDL. This means we follow the same formulary rules and guidelines as the Louisiana Department of Health (LDH) Medicaid pharmacy program. Many drugs that required Prior Authorization (PA) may no longer require PA. The PDL and guidelines can be found at the following link: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

Aetna Better Health will be allowed to continue utilization edits, such as, quantity limits and age limits which are based on Food and Drug Administration (FDA) guidance. There are a group of drugs that are outside of LDH Single PDL process. These drugs

typically do not require a prior authorization. Generic substitution is mandated by the state unless a drug is on the preferred drug list as a Brand Name product.

Notifications were mailed to members and providers 60 days prior to implementation for members that experienced a negative change. Members were also provided 60 days of continuous care from the time of the notification and instructed to contact their providers to discuss these changes. Some Prior Authorizations were given an extension to decrease disruption for our members. If you feel, it is medically necessary for your patient to continue a medication, please submit a prior authorization.

Aetna Better Health is committed to the best care of our members. For questions, call **1-855-242-0802**.

Pharmacy Management Overview

Aetna Better Health of Louisiana covers prescription medications and certain over-the-counter medicines when you write a prescription for members enrolled in the Louisiana Family Cares program. Pharmacy is administered through CVS Caremark. CVS Caremark is responsible for pharmacy network contracting, mail order delivery, and network Point-of-Sale (POS) claim processing. Aetna Better Health of Louisiana is responsible for formulary development, drug utilization review, and prior authorization. There are no copayments for any of the medications ordered. For a complete list of drugs listed within the therapeutic classes, please visit our website at aetnabetterhealth.com/louisiana, under provider, then pharmacy.

Prescription Monitoring Program

Aetna Better Health of Louisiana requires network prescribers to utilize and conduct patient specific queries in the Prescription Monitoring Program (PMP) for behavioral health patients upon writing the first prescription for a controlled substance, then annually. The physician will print the PMP query and file it as part of the recipient's record. Aetna Better Health of Louisiana will conduct sample audits to verify compliance. Additional PMP queries are encouraged to be conducted at the prescriber's discretion.

All prescribers and dispensers are encouraged to register for and use the Louisiana Board of Pharmacy Prescription Monitoring Program (PMP) at www.labppmp.com.

Prescriptions, Drug Formulary and Specialty Injectables

Check the current Aetna Better Health of Louisiana formulary before writing a prescription for either prescription or over-the-counter drugs. If the drug is not listed, a Pharmacy Prior Authorization Request form must be completed before the drug will be considered. Please also include any supporting medical records that will assist with the review of the prior authorization request. Pharmacy Prior Authorization forms are available on our website and requests may be made telephonically (**1-855-242-0802**) or via fax (**1-844-699-2889**). Note: Aetna Better Health of Louisiana will cover non-formulary non-excluded medications for members new to the plan for the first 60 days of enrollment.

Aetna Better Health of Louisiana members must have their prescriptions filled at a network pharmacy to have their prescriptions covered at no cost to them.

Prior Authorization Process

Aetna Better Health of Louisiana's pharmacy Prior Authorization (PA) processes are designed to approve only the dispensing of medications deemed medically necessary and appropriate. Our pharmacy PA process will support the most effective medication choices by addressing drug safety concerns, encouraging proper administration of the pharmacy benefit, and determining medical necessity.

Typically, we require providers to obtain PA prior to prescribing or dispensing the following:

- Injectables dispensed by a pharmacy provider
- Non-formulary drugs that are not excluded under a State's Medicaid program
- Prescriptions that do not conform to Aetna Better Health of Louisiana's evidence-based utilization practices (e.g., quantity level limits, age restrictions or step therapy)
- Brand name drug requests, when a "A" rated generic equivalent is available

Aetna Better Health of Louisiana's Medical Director is in charge of generating adverse decisions, including a complete denial or approval of a different medication. Using specific, evidence-based PA pharmacy review guidelines Aetna Better Health of Louisiana's Medical Director may require additional information prior to making a determination as to the medical necessity of the drug requested.

This information may include, but is not limited to, evidence indicating:

- Formulary alternatives have been tried and failed or cannot be tolerated (i.e., step therapy)
- There are no therapeutic alternatives listed in the formulary
- There is no clinical evidence that the proposed treatment is contraindicated (i.e., correctly indicated as established by the Federal Drug Administration (FDA) or as accepted by established drug compendia)
- For brand name drug requests, a completed FDA MedWatch form documenting failure or intolerance to the generic equivalents is required

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Pharmacy Management Overview *Continued from page 6*

The prescribing provider and member will be appropriately notified of all decisions in accordance with regulatory requirements. Prior to making a final decision, our Medical Director may contact the prescriber to discuss the case or consult with a board-certified physician from an appropriate specialty area such as a psychiatrist.

Aetna Better Health of Louisiana will fill prescriptions for a 72-hour supply if the member's prescription has not been filled due to a pending PA decision

Step Therapy and Quantity Limits

The step therapy program requires certain first-line drugs, such as generic drugs or formulary brand drugs, to be prescribed prior to approval of specific

second-line drugs. Drugs having step therapy are identified on the formulary with "STEP".

Certain drugs on the Aetna Better Health of Louisiana formulary have quantity limits and are identified on the formulary with "QLL" The QLLs are established based on FDA-approved dosing levels and on national established/recognized guidelines pertaining to the treatment and management of the diagnosis it is being used to treat.

To request an override for the step therapy and quantity limit, please fax a **Pharmacy Prior Authorization Request** form and any supporting medical records that will assist with the review of the request to **1-844-699-2889**.

Joining the Pharmacy Network

A Network Enrollment Form is required for pharmacies to join our network.

- If you are a chain store, please work with your HQ to participate in this network.
- If you are contracted with CVS/Caremark via a PSAO (Pharmacy Services Administrative Organization)/affiliation, please work with your PSAO to participate in this network.
- If you are an independent provider, not being represented by a PSAO please contact the following number to request a Network Enrollment form: Network Services at **1-866-488-4708**.

How long will it take to become a member of this network?

If you are an existing contracted provider with Caremark's for any of their other networks (e.g. National Networks; Med D etc.) then once a completed Network Enrollment Form has been signed by the designated signatory for the pharmacy, you will be eligible to join the network.

This application **can take up to 15 business days (Monday - Friday)** to be processed and the pharmacy added to the Aetna Better Health of Louisiana network.

If you are not a contracted provider and wish to join Caremark and be considered for membership of this network, please start the process by:

- Chain pharmacies, please contact your Head Quarters for their assistance.
- Independent Pharmacies will need to complete the on-line Pharmacy Pre-Enrollment Questionnaire posted on our portal **www.caremark.com** and select the "For Pharmacists and Medical Professionals" tab at the bottom of the page. Applications have to be complete, all required paperwork provided, no grounds for exclusion found and all credentialing checks successfully passed and then you will added to our networks. **This process can take several business weeks to complete** once the all the required information and supporting paperwork has been submitted.

Pharmacy Copay Threshold

According to C.F.R. 447.56(f)(1), Medicaid cost sharing incurred by all individuals in a Medicaid household may not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

CMS has approved the following two-fold plan for Louisiana:

1. Zero copay tier (April 2019 - December 2019): Based on Medicaid historical data, it was determined that most individuals at risk of exceeding the 5 percent threshold have a household income equal to or less than \$800 per month. To eliminate this risk in the short term, a \$0 drug copay tier for enrollees with monthly household income from \$0 - \$800 shall be established. DXC will transmit a monthly file (prior to the morning of the first day of each month) to the managed care organizations (MCO) that contains enrollees who will not be subject to copay. All current copay exemptions shall continue to be applied.
 - a. File will exclude children under 21 years of age on the first day of the month.
 - b. File will include persons with a household income equal to or less than \$800.
 - c. File will exclude persons linked to the plan with a B linkage on the first day of the month.
 - d. File will contain these data elements: original enrollee ID, current enrollee ID and household income amount for members linked to the plan with a P linkage at the beginning of the month.

DXC will generate work day incremental enrollee files (Tuesday, Wednesday, Thursday, Friday and Saturday mornings) that contain new enrollees who are not present on the baseline file but are added to the plan (P-linkage) retrospectively to the beginning of the month. Work day files may not have any records but will be sent every work day. MCOs shall introduce this file into their Pharmacy Benefit Manager/Point of Sale systems and apply the existing copay exemptions. If an enrollee is on the file, they should not be charged a copay.

DXC sent the files to the MCOs on February 14, 2019 to begin testing.

From April 1, 2019 - Dec. 31, 2019, LDH will post notifications to alert enrollees of the 5 percent copay threshold. If an enrollee notifies LDH or their MCO that copayment amounts have exceeded the threshold, LDH will reimburse the recipient the amount exceeding 5 percent of the household income.

2. Point of Sale edit (effective Jan. 1, 2020): MCOs will implement a Point of Sale edit that will apply a per-enrollee maximum monthly copayment and turn off cost sharing when maximum copayments are met.

All current copay exemptions shall still be applied. DXC will add a field to the file with the per-enrollee maximum monthly copayment. This will eliminate all of the risk for enrollees to exceed the 5 percent aggregate family limit.



Aetna Better Health Mobile App

Our members can get on demand access to tools they need to stay healthy with the Aetna Better Health Mobile Application. Members can find a doctor, view or request a Member ID card, change their Primary Care Physician (PCP), see their medical and pharmacy claims, view the member handbook, send us secure messages—and more—at any time, from anywhere.

The mobile app uses the same login ID and password as our website's secure Member Portal. There's no cost for the app and it's easy to use. Members can download the app to their smart phone or tablet from the **Apple App Store** or **Google Play Store**.

RSV Testing Policy

Aetna Better Health of Louisiana’s current policy around RSV testing is as follows:

1. The in-office rapid test for RSV does not require a PA (code 87807).
2. The PCR-lab based test does require a PA (code 87634); the provider will need a CLIA-certified lab to bill.
 - Our policy to require a PA for RSV lab-based testing is in alignment with our corporate policy.
 - *Standard* time to obtain a PA is up to 2 business days.
 - The provider should use their judgement on whether or not this timeframe is reasonable for their particular situation.
 - *Expedited* time to obtain a PA is up to 72 total hours (not business hours).
 - The provider should use their judgement on whether or not this timeframe is reasonable for their particular situation.

Aetna Better Health of Louisiana is currently reviewing this policy relative to code 87634. We appreciate the challenges experienced by some of our providers and members. We will communicate as soon as a final decision is reached on whether or not we will continue to require a prior authorization for this code.

Changes to Behavioral Health HCPCS Payments

Effective July 1, 2019, claims for the following HCPCS will deny when billed with the SE modifier.

- H0011 • H2034
- H0012 • H2036
- H0019

Should you receive denials for this reason, you may rebill your denied claim(s) as corrected without the modifier for Aetna to reprocess and pay the claim(s).

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** and following the prompts.

Increase in Louisiana Check Runs

Aetna Better Health of Louisiana is pleased to announce effective May 13, 2019, we increased our check payment days for our providers from two (2) days per week to three (3) days per week.

Aetna Better Health of Louisiana Check Run Day	Payment Process Day
Monday	Wednesday
Wednesday	Saturday
Friday	Tuesday

Any questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and following the prompts.



Aetna Better Health of Louisiana System of Care (SoC) Team Contacts

Team Member	Position/Title	Email/Phone	General Role Information
Foley L. Nash LPC-S, LMFT-BAS	Director of Behavioral Health, & Supervisor, System of Care team	NashF@aetna.com Office: 504-667-4610 Cell: 504-417-0136	Serves as BH consultant to Aetna's various departments. Supervises SoC team activity with internal departments, and with stakeholders, both internal and external.
Tamala Edwards LPC, LAC	Adult System Administrator	EdwardsT5@aetna.com Office: 504-667-4661	Supports Aetna activity that relates to adult members and services in Aetna's various departments, and with stakeholders (internal and external). Also serves as the Addiction Services Manager, and the Tribal Liaison for the Plan.
Dana Garrison LPC-S, LMFT	Children's System Administrator	GarrisonD@aetna.com Office: 504-667-4566	Supports Aetna activity that relates to child members and children's services in Aetna's various departments, and with stakeholders (internal and external), including child-serving state agencies.
Carla Neely, PRSS	Recovery & Resiliency Administrator	NeelyC1@aetna.com Office: 504-667-4458	Supports Recovery, Resiliency, Advocacy, Person-centered, and Peer Support activity and services in Aetna's various departments, and with stakeholders (internal and external).
Michelle Lafitte, LPC-S	Crisis System Administrator	LafitteM@aetna.com Office: 959-299-6481 Cell: 224-326-2124	Supports Aetna activity that relates to crisis management activity and services in Aetna's various departments, and with stakeholders (internal and external).

A System of Care team works to:

1. Build external relationships to engage the full range of formal and informal resources available – Liaison with relevant departments/agencies of state/local government, Stakeholder engagement (providers/ groups, advocacy & consumer-run organizations, community-based organizations, other stakeholders)
2. Identify opportunities for delivery system change (gaps in the system, anticipated future challenges/ opportunities)
3. Drive system change at the front-line operational level (the point of service) – Collaboration on: Complex needs cases, multi-agency involvement, person-centered care, overlapping/mixed services, risk issues, funding streams, conflicting priorities, barriers of different types, etc.
4. Collaborate with Care Management to serve individual members

Provider Relations Liaisons

If you have any issues or concerns, please contact your Aetna Better Health of Louisiana Provider Relations Liaison; listed below by their regional assignment.

Aetna Better Health of Louisiana Program Service Area

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson DickersonK2@aetna.com	504-462-9986
Jefferson Parish	Adrian Lozano LozanoA@aetna.com	504-402-3417
2	Aieta Davis DavisA12@aetna.com	225-316-3106
3	Adrian Lozano LozanoA@aetna.com	504-402-3417
4	Brandy Wilson WilsonB8@aetna.com	504-264-4016
5	Eve Serbert SerbertE@aetna.com	504-220-1413
6	Jennifer Thurman ThurmanJ@aetna.com	318-413-0725
7	Chemeka Turner TurnerC7@aetna.com	318-349-6493
8	Jennifer Thurman ThurmanJ@aetna.com	318-413-0725
9	Marion Dunn DunnM7@aetna.com	504-444-6569

For any questions or to contact your Provider Relations Liaison, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** and selecting **option 2** then **option 6**.

