

Provider Relations Newsletter

Winter 2019



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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**.

Unlicensed Behavioral Health Provider Requirements

Act 582: Providers of Community Psychiatric Support and Treatment (CPST) or Psychosocial Rehabilitation (PSR) Services Louisiana Department of Health Informational Bulletin 18-4

In order to be eligible to receive Medicaid reimbursement, BHSPs must ensure each individual staff rendering CPST or PSR services for the licensed and accredited provider agency meets specific educational qualifications.

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Unlicensed Behavioral Health Provider Requirements

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Effective Jan. 1, 2019, individuals rendering CPST or PSR services must meet the following educational requirements.

1. Have a National Provider Identification number (NPI)
Effective for services rendered on or after January 1, 2019, the individual rendering the PSR or CPST services must have an individual NPI number, and that number must be included on any PSR or CPST claim as the rendering provider submitted by the BHSP for Medicaid reimbursement (in addition to the agency NPI number as the billing provider).
2. Have a bachelor's degree to provide PSR services
Individuals rendering PSR services for a licensed and accredited agency must have a minimum of bachelor's degree from an accredited university or college in the specific field of counseling, social work, psychology, or sociology.
Grandfather clause: Individuals who do not possess the minimum bachelor's degree required per Act 582, but who met all other provider qualifications and requirements in

effect prior to January 1, 2019, may continue to provide PSR services for the same provider agency, where they were employed prior to January 1, 2019.

However, before the individual may render PSR services for a different provider agency, he/she must comply with the degree requirements established by Act 582.

3. Have a bachelor's degree to provide CPST services
Individuals rendering CPST services must have a minimum of a bachelor's degree in the specific field of counseling, social work, psychology, or sociology.
There is no grandfather provision for individuals providing CPST services.

Questions?

For questions on the unlicensed behavioral health provider requirements, please call Aetna Better Health® of Louisiana at **1-855-242-0802** and follow the prompts; Monday–Friday, 7 a.m. – 7 p.m. CT or visit us online at aetnabetterhealth.com/louisiana.

Credentialing Changes

We are in the middle stages of implementing some changes to our credentialing process. These changes are to ensure our members are receiving quality care from our providers. And to ensure our providers are properly credentialed and receiving the benefits of being contracted and credentialed with Aetna Better Health of Louisiana in a timely manner. Our changes are as follows and applicable to new provider credentialing and recredentialing:

CAQH: Please complete your Credentialing Council for Affordable Quality Health Care (CAQH®) application and re-attest at least every 90 days. The credentialing process is easier and faster when a complete application (including initial attestation or reattestation) is available on the CAQH® web portal.

OIG Form: Aetna Better Health of Louisiana *Provider & Subcontractor Disclosure of Ownership & Controlling Interest Worksheet*. To comply with Federal law (42 CFR 455.100-106), health plans with Medicaid business must obtain certain information about the ownership and control of entities with which the health plan contracts for services for which payment is made under the Medicaid program.

Questions?

For questions on the unlicensed behavioral health provider requirements, please call Aetna Better Health of Louisiana at **1-855-242-0802** and follow the prompts; Monday-Friday, 7 a.m. - 7 p.m. CT or visit us online at aetnabetterhealth.com/louisiana.

Medical Necessity Criteria

To support prior authorization decisions, Aetna Better Health of Louisiana uses nationally recognized, and community developed, evidence-based criteria, which are applied based on the needs of individual members and characteristics of the local delivery system. Prior authorization staff members that make medical necessity determinations are trained on the criteria and the criteria is established and reviewed according to Aetna Better Health of Louisiana policies and procedures.

Clinical medical necessity determinations are based only on the appropriateness of care and service and the existence of coverage. Aetna Better Health of Louisiana does not specifically reward practitioners or other individuals for issuing denials of coverage or care, or provide financial incentives of any kind to individuals to encourage decisions that result in underutilization.

For prior authorization of elective inpatient and outpatient medical services, Aetna Better Health of Louisiana uses the following medical review criteria. Criteria sets are reviewed annually for appropriateness to the Aetna Better Health of Louisiana's population needs and updated as applicable when nationally or community-based clinical practice guidelines are updated. The annual review process involves appropriate providers in developing, adopting, or reviewing criteria. The criteria are consistently applied, consider the needs of the members, and allow for consultations with requesting providers when appropriate. Providers may obtain a copy of the utilization criteria upon request by contacting an Aetna Better Health of Louisiana provider relations representative. These are to be consulted in the order listed:

- Criteria required by applicable State or federal regulatory agency
- Applicable Milliman Care Guidelines (MCG) as the primary decision support for most medical diagnoses and conditions
- Aetna Better Health of Louisiana Clinical Policy Bulletins (CPBs)
- Aetna Better Health of Louisiana Policy Council Review

If MCG state "current role remains uncertain" for the requested service, the next criteria in the hierarchy, Aetna Better Health of Louisiana CPBs, should be consulted and utilized.

For prior authorization of outpatient and inpatient services, Aetna Better Health of Louisiana uses:

- Criteria required by applicable State or federal regulatory agency
- LOCUS/CASII Guidelines/American Society of Addiction Medicine (ASAM)
- Aetna Better Health of Louisiana Clinical Policy Bulletins (CPB's)
- Aetna Better Health of Louisiana Clinical Policy Council Review

Medical, dental, and behavioral health management criteria and practice guidelines are disseminated to all affected providers upon request and, upon request, to members and potential members.

Clinical Practice Guidelines

Aetna Better Health of Louisiana adopts clinical practice guidelines to help our practitioners make decisions about appropriate health care for specific clinical circumstances and behavioral healthcare services.

These guidelines are based on the health needs of our membership and on opportunities for improvement identified as part of the quality improvement (QI) program. Our clinical guidelines represent current professional standards, supported by scientific evidence and research. Guidelines are available for preventive services, as well as for the management of chronic diseases, including behavioral health conditions, to assist in developing treatment plans for members and to assist our members with their healthcare decisions. Our guidelines are reviewed and approved by the Chief Medical Officer (CMO), Quality Management/Utilization Management (QM/UM) Committee and, if necessary, external consultants. All guidelines, preventive, physical and behavioral, are reviewed at least every two (2) years, or as often as new information is available. We will also evaluate providers' adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

For the most up-to-date version of our preventive and clinical practice guidelines, go to aetnabetterhealth.com/louisiana, click on **providers**, and find the "**guidelines tab**", or call **1-855-242-0802** and our **Medical Management** or **Quality Management** department will assist you.



AAP ADHD Provider Toolkit (Louisiana Chapter)

Toolkit:

Caring for Children With ADHD: A Resource Toolkit for Clinicians brings AAP recommendations to your practice. It provides a full set of ready-to-use tools many in Spanish and English for:

- Assessment and diagnosis including the Vanderbilt Assessment Scales
- Treatment and medication
- Monitoring and follow-up
- Parent education and support
- Coding and payment

Other features of the toolkit:

- Resources cover an age range of 4 to 18 years
- Focus on comorbid conditions—tools are included for identification, assessment, diagnosis, and management of common mental health symptoms, inattention, impulsivity, and more

- Monitoring and follow-up tools—includes resources to assist with medication management and treatment
- ADHD care process algorithm
- Parent resources—for behavioral therapies and complementary and alternative medicine approaches

Accessing the toolkit

First time users: Visit www.laaap.org/adhd-reg.

There, users will be asked to create a username (their NPI number), create a password and enter an email address. Once all information is entered, the user will be brought to the toolkit.

Returning users: Visit www.laaap.org/adhd-toolkit.

There returning users will enter their log-in information and will be logged in to the toolkit.

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. For a complete list of drugs listed within the therapeutic classes, please visit our website at aetnabetterhealth.com/louisiana, under provider, then pharmacy.

Member Access to Physical Health Care

Re: Patient Calls During and After Normal Business Hours

Aetna Better Health of Louisiana is required to meet the Louisiana Department of Health and Health Plan contractual requirements ensuring our patients have access to a Primary Care Physicians and/or Specialists during and after normal business hours.

Requirements

Appointment availability

Practitioners and providers must adhere to State of Louisiana and Health Plan requirements regarding timely access to care. This means that there are limits on how long a patient may have to wait to get appointments and telephone advice.

Appointment time frames

Aetna Better Health of Louisiana contractually requires its practitioners and providers to comply with the following appointment access standards:

- Appointment for emergency services are made available immediately upon member's request.
- Appointment for an urgent medical condition are made within forty-eight (48) hours of the member's request.
- Appointments for routine care are made within 6 weeks of the member's request. This standard does not apply to appointments for routine physical examinations, nor for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 6 weeks.

Appointment time frames

Preventive, Non-Urgent, & Routine Care	Wait Time in Office Standard	Urgent Care	Non-Urgent Sick Care
Within 6 weeks for routine, non-routine	No more than 45 minutes A new appointment offered if wait time greater than 90 minutes	Urgent care within 24 hours. Appointment within 48 hours of request. 24 hours/7 days per week	Within 72 hours or sooner if the medical condition warrants
Emergency Services	Follow-up ED visits	After-Hours	Non-Urgent Walk-ins
Immediately upon presentation at the service delivery site. Appointment within 1 hour of request	According to ED attending provider discharge instructions	Within 1 hour of member contact	Seen if possible or scheduled for an appointment consistent with written scheduling procedures

Specialty Care Consultation

Specialists' consultation appointments must be scheduled within 1 month of referral or as clinically indicated.

Maternity Appointment Timeframes

In addition, Obstetrical providers must comply with the following prenatal care appointment access standards:

- First Trimester - within fourteen (14) calendar days of request
- Second Trimester - within seven (7) calendar days of request
- Third Trimester - within three (3) business days of request
- High risk pregnancies within (3) days of identification of high risk by the health Plan or maternity care provider, or immediately if an emergency exists.

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Member Access to Physical Health Care *Continued from page 4*

Triage &/or Screening

Practitioners and providers must also provide or arrange for the provision of 24/7 triage or screening services by telephone. Telephone triage or screening services must be provided in a timely manner appropriate for the patient's condition, and the triage or screening wait time does not exceed 30 minutes.

At a minimum maintain a procedure for triaging or screening patient telephone calls includes the **24/7 employment of a telephone answering machine/ service/or office staff** that will inform the caller:

- Regarding the **length of wait for a return call** from the provider (not to exceed 30 minutes); and
- **How the caller may obtain urgent or emergency care** including, when applicable, how to contact another provider who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.

Aetna Better Health of Louisiana's Provider Relations and Quality Management departments will be

monitoring practitioners and providers during and after hour availability to ensure they, and their employees, adhere to State of Louisiana and Health Plan requirements.

We appreciate your cooperation regarding this matter. If you would like additional information or have any questions regarding the Provider Access requirements, please contact your Provider Relations representative.

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.





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**.

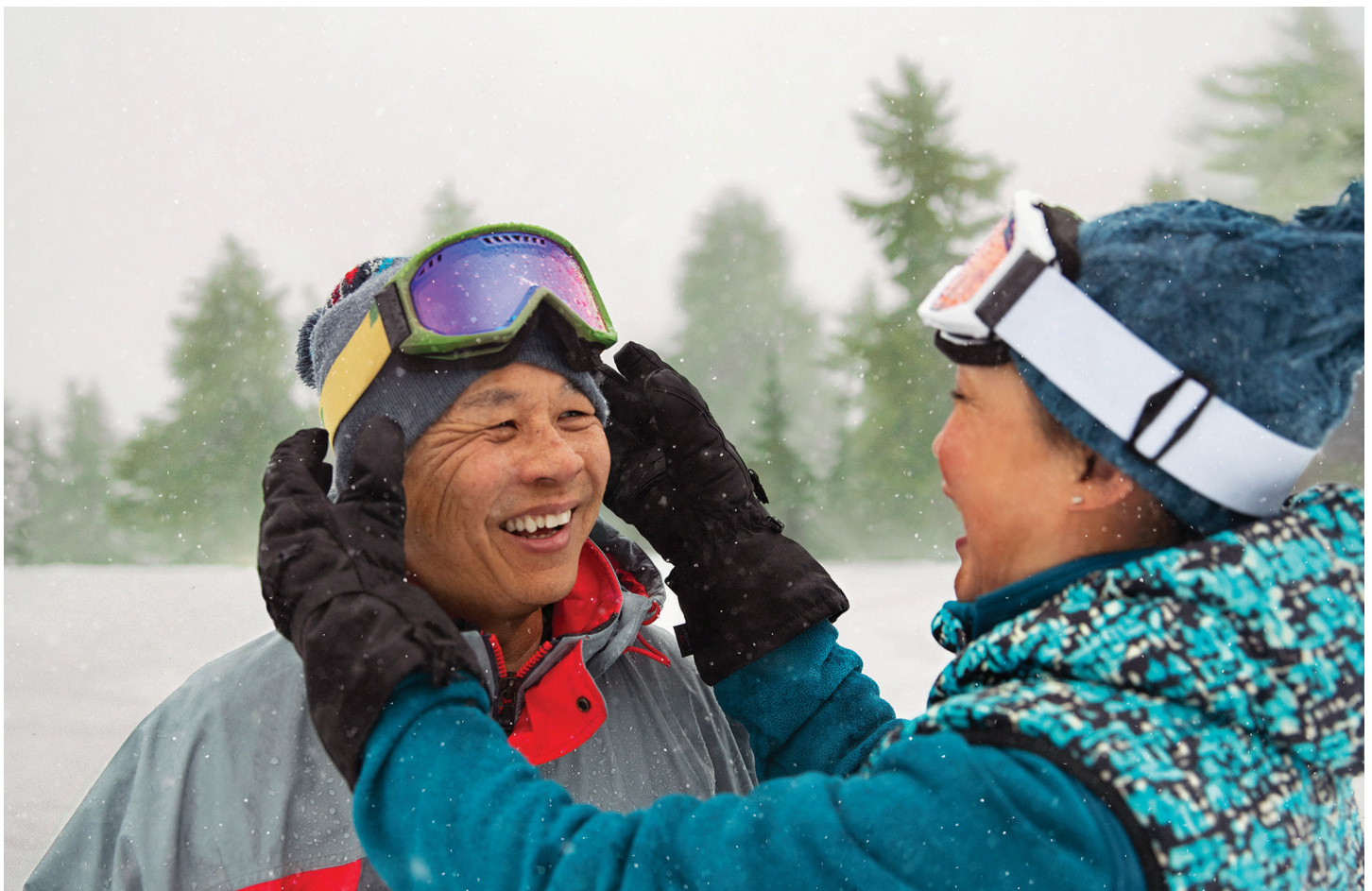
Affirmative Statement about Incentives

Aetna Better Health of Louisiana makes Utilization Management (UM) decisions based only on appropriateness of care and service and existence of coverage. We do not reward practitioners, employees, or other individuals for issuing denials of coverage. Any financial incentives Aetna Better Health of Louisiana may provide to UM decision makers do not encourage them to make decisions that result in underutilization of services. We also do not use

employee incentives or disincentives to encourage barriers to care and service.

Questions?

For questions, please call Aetna Better Health of Louisiana at **1-855-242-0802** and follow the prompts; Monday-Friday, 7 a.m. – 7 p.m. CT or send an email to **LAProvider@aetna.com**

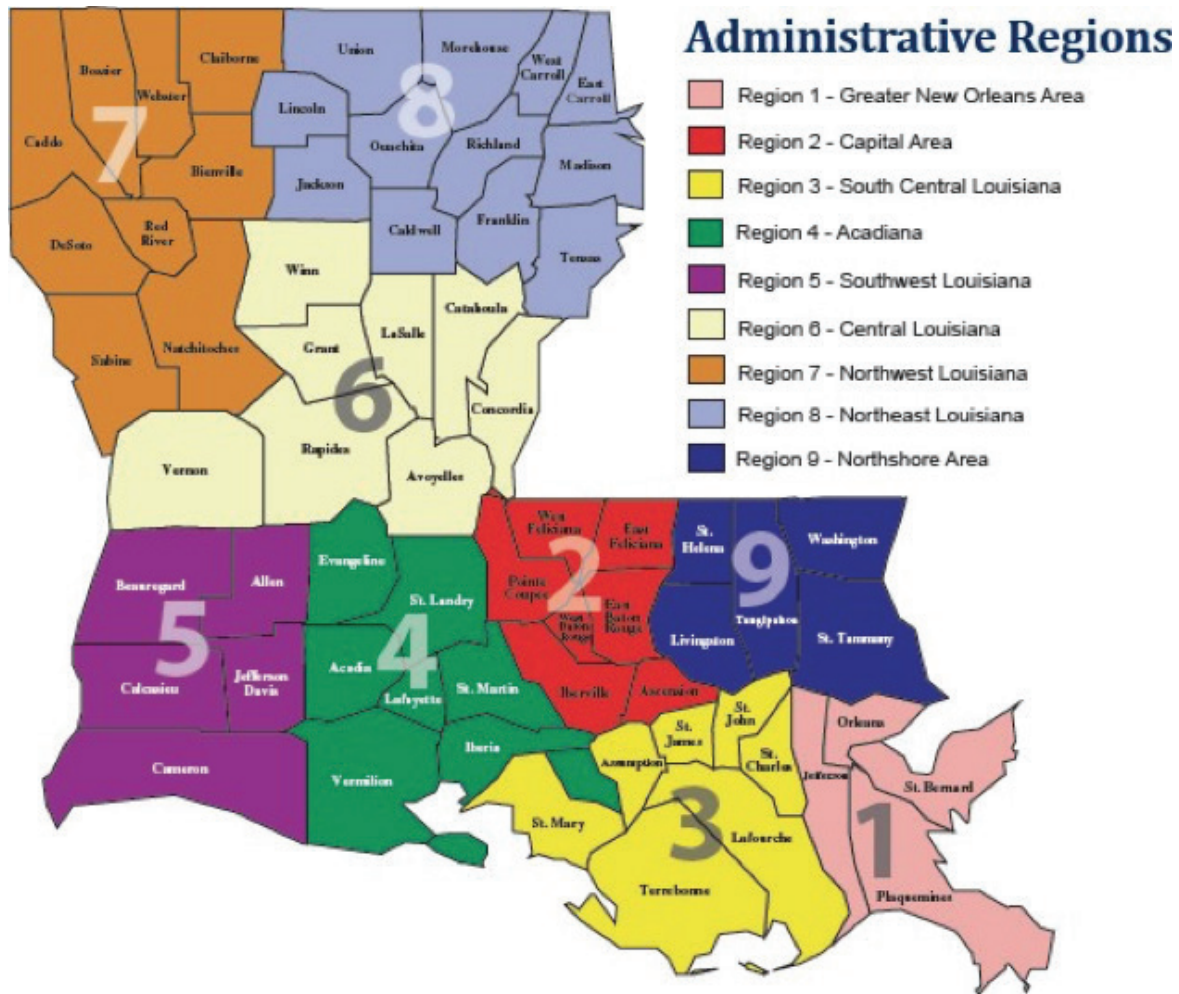


Provider Relations Liaisons

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**.