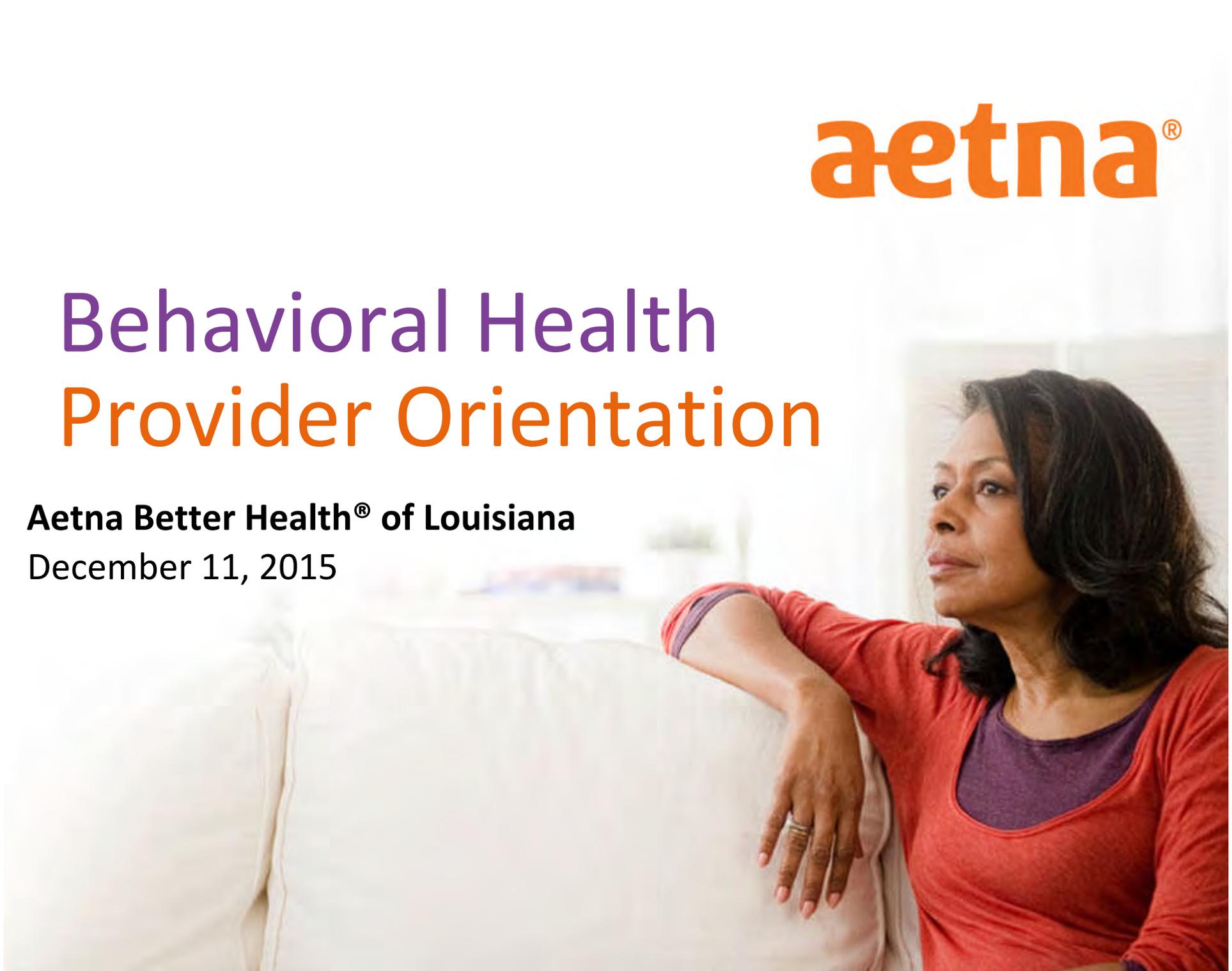




Behavioral Health Provider Orientation

Aetna Better Health® of Louisiana
December 11, 2015



Aetna's Values



AETNA BETTER HEALTH OF LOUISIANA (ABHLA)

Agenda

- Aetna Better Health
- Provider Relations
- Claims Process
- Pharmacy
- Membership
- Member Services
- Medical Management
- Quality Management
- Grievances and Appeals
- FAQs
- Demo of ABHLA Website

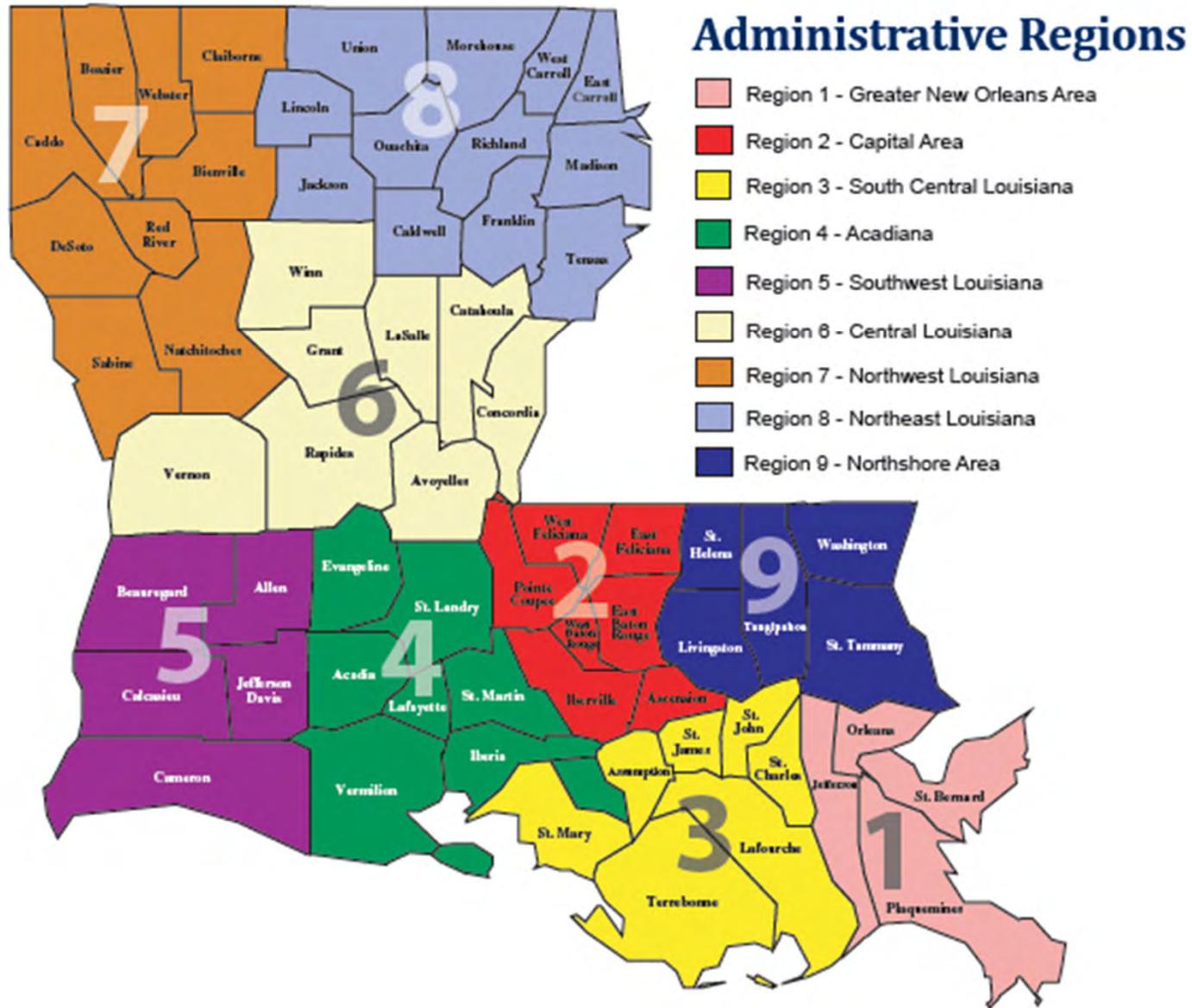


Aetna Better Health of Louisiana

Philosophy of CEO, Salli Duncan

- Focus on Quality of Care
- Our Business is....Compliance
- No Silos – “Our Health Plan”
- Growth through Preferred Plan Initiatives
 - Long-Term Support Services
 - Medicaid Expansion
- Empowering Members’ recovery to achieve their health and wellness goals in partnership with their provider

Aetna Better Health of Louisiana Service Area



OVERVIEW

PROVIDER INFORMATION

Provider Relations Liaisons

Region	PR Rep Assignment	PR Rep Email Address	Phone numbers
1	Brandy Wilson	WilsonB8@aetna.com	504-264-4016
2	Aieta Davis	DavisA12@aetna.com	225-316-3106
3	Brandy Wilson	WilsonB8@aetna.com	504-264-4016
4	Clarence Grant	Grantjrc@aetna.com	504-220-1367
5	Clarence Grant	Grantjrc@aetna.com	504-220-1367
6	Clarence Grant	Grantjrc@aetna.com	504-220-1367
7	Da'Vida Armstrong	ArmstrongD@aetna.com	504-218-9063
8	Da'Vida Armstrong	ArmstrongD@aetna.com	504-218-9063
9	Aieta Davis	DavisA12@aetna.com	225-316-3106

Provider Information

Eligibility Verification

Please contact us at **1-855-242-0802** or log into our Secure Web Portal to verify a member's eligibility.

Online Provider & Pharmacy Search Tool

For a list of participating providers, including behavioral health, please access our online search tool located on **www.aetnabetterhealth.com/louisiana**

Tools & Resources

Website

- Provider Manual
- Member Handbook
- 24/7 Secure Web Portal
- Clinical Guidelines Forms
- Provider Education

Provider Information Contracting

Home	Become A Member	For Members	For Providers	Health & Wellness	About Us	Search <input type="text"/>
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For Providers	Behavioral health
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Join Our Network	Aetna Better Health of Louisiana covers behavioral health services. These services include specialized behavioral health services provided by psychiatrists, psychologists, licensed clinical social workers, licensed professional counselors, mental health clinics, and mental health rehabilitation service providers (public or private). We also cover inpatient hospital services for acute medical detoxification.
Manual	
Pharmacy	
Appeals & Grievances	
• Behavioral Health	If you are interested in being part of our Behavioral Health provider network, complete our Behavioral Health Contracting and Credentialing Packets .
Guidelines	Aetna Better Health of Louisiana is committed to having an integrated care model that looks at all that affects a person – physical, emotional, lifestyle, beliefs and values. We treat behavioral and physical health together.
ICD 10	
Medical Management	
Newsletters	
Provider Marketing	
Provider Portal	
Resources	
Training	

We work with members and providers to focus on prevention and wellness:

- Screening for issues that could lead to illness and treating them early with whole-person approach
- Providing classes and services with providers and others to help members learn to better manage their own care

Basic behavioral health
Specialized behavioral health
Claims for FQHC & RHC
Pharmacy
Behavioral health prior authorization

Provider Information Credentialing

Adding a new provider to existing practice (Physician/Mid-Levels)

- Each new provider must be credentialed before he/she can render care to a Member
- Utilize CAQH for credentialing or the Louisiana Standardized Credentialing Application
- Contact Provider Relations with the applicable CAQH number

Provider Claims Information

Claim Inquires

Participating providers may review the status of a claim by checking the Secure Provider Web Portal located on our website or by calling our Claims Investigation and Research Department (CICR) at **1-855-242-0802**

Claims & Resubmissions

Aetna Better Health of Louisiana requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure code

Provider Claims Information cont.

Please Note

New Claim Submission

Claims must be submitted within 365 calendar days from the date of services (per HCAPPA) were performed, unless there is a contractual exception. For hospitals inpatient claims, date of service means the date of discharge of the member.

For our FQHC and RHC providers, you will need to list the rendering provider on your claims.

Claim Resubmission

Claim resubmissions must be filed within 90 days from the date of adverse determination of a claim.

Providers may resubmit a claim that

Was originally denied because of missing documentation, incorrect coding, or was incorrectly paid or denied because of processing errors

Provider Claims Information cont.

Electronic Claims Submission

Providers who are contracted with us can use electronic billing software. Emdeon is the EDI vendor we use. Emdeon has the ability to connect with other clearinghouses such as Relay Health. To establish connectivity with Emdeon call **1-800-845-6592** (Please run a test claim prior to submitting batches)

Paper Claims Submissions and/or Resubmissions

Please use the following address when submitting claims to Aetna Better Health of Louisiana

Aetna Better Health of Louisiana

P.O. Box 61808

Phoenix, AZ 85082-1808

For resubmissions, please stamp or write one of the following on the paper claims **AND** on the envelope:

- Resubmission, Rebill, Corrected Bill, Corrected or Rebilling

90% of clean EDI claims adjudicated within 30 days of receipt

99% of clean paper claims adjudicated within 90 days of receipt

Pharmacy

Online Pharmacy Tools

- **Pharmacy Authorization Guidelines**
 - ADD/ADHD Clinical Guidelines
- **Pharmacy Prior Authorization Forms**
- **Specialty Medications**
- **Step Therapy and Quantity Limits**
- **Formulary search and download links**

Pharmacy

Online Pharmacy Formulary Search Tool

- **For our fully integrated members:**
 - Please review our formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of Louisiana patient.

Aetna Better Health of Louisiana pharmacy online search tool is located at <http://www.aetnabetterhealth.com/louisiana/providers/pharmacy>

- Formulary drugs are generally covered under the plan as long as they are medically necessary.
- Members must fill their prescriptions at an Aetna Better Health of Louisiana network pharmacy and follow other plan rules.

Behavioral Health Pharmacy

Discharge Notification

- Inpatient facilities must notify Aetna Better Health of all discharge medications **PRIOR** to a member's planned discharge from all Inpatient stays
 - IP MH
 - IP Detox
 - Residential
- When properly notified, we will allow all behavioral health discharge medications to be dispensed by overriding prior authorization restrictions for a ninety (90) day period.

Behavioral Health Pharmacy

All of our prescribers and dispensers of medicines for members with substance use disorders are encouraged to register for and use the Louisiana Board of Pharmacy [Prescription Monitoring Program \(PMP\)](#). Depending on the specific member's medical history and diagnosis, other PMP queries should be conducted at the prescriber's discretion, or at the request of DHH (e.g., for DCFS involved members).

Behavioral Health Pharmacy Cont.

ABHLA is not responsible for covering member medications if they are a **Behavioral Health only member**. These medications are covered by the member's medical carrier.

For fully integrated members: Providers, you must be part of the DHH FFS Network or when the member presents the prescription at retail or the claim will deny.

Provider Information

ICD-10

The screenshot shows a website navigation bar with the following items: Home, Become A Member, For Members, For Providers (highlighted), Health & Wellness, About Us, and a Search box. Below the navigation bar is a 'For Providers' sidebar menu with the following items: Join Our Network, Manual, Pharmacy, Appeals & Grievances, Behavioral Health, Guidelines, ICD 10 (highlighted), Medical Management, Newsletters, Provider Marketing, Provider Portal, Resources, and Training. The main content area is titled 'Internal Classification of Diseases, 10th revision (ICD-10)' and contains a list of links: Provider Resources, Road to 10, Quick Start Guide, and CMS ICD-10 Industry Email Updates. Below this is a section for 'ICD-9 to ICD-10 Translator' with a paragraph of text and a 'Please Note' section. Further down is an 'ICD-10 Code Translator' section with a form titled 'ICD-10 CODE CONVERSION' that has two radio buttons: 'ICD-9 to ICD-10' (selected) and 'ICD-10 to ICD-9', a text input field, and a 'GO' button. At the bottom of the content area are two links: 'Emergency Room Sudden and Serious List' and 'ICD-10 Emergency Room Sudden and Serious List'.

Home | Become A Member | For Members | **For Providers** | Health & Wellness | About Us | Search

For Providers

- Join Our Network
- Manual
- Pharmacy
- Appeals & Grievances
- Behavioral Health
- Guidelines
- ICD 10**
- Medical Management
- Newsletters
- Provider Marketing
- Provider Portal
- Resources
- Training

Internal Classification of Diseases, 10th revision (ICD-10)

- [Provider Resources](#)
- [Road to 10](#)
- [Quick Start Guide](#)
- [CMS ICD-10 Industry Email Updates](#)

ICD-9 to ICD-10 Translator

This tool comes from AAPC, a nationally recognized coding organization, and is based on the General Equivalency Mapping (GEM) files published by CMS. It is not intended to be used as an ICD-10 conversion, ICD-10 mapping, or ICD-9 to ICD-10 crosswalk tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.

Please Note: The online translator tool only converts to ICD-10-CM codes. It does not convert to ICD-10-PCS.

ICD-10 Code Translator

ICD-10 CODE CONVERSION

ICD-9 to ICD-10
 ICD-10 to ICD-9

Emergency Room Sudden and Serious List

[ICD-10 Emergency Room Sudden and Serious List](#)

Behavioral Health Provider Forms

- **Aetna Better Health of Louisiana will accept your behavioral health assessments, LOCUS Score Sheet, Plan of Care documentation, if appropriate, in whatever format you choose to use**
- **For your convenience, we are adding the Bayou Health Behavioral Health Assessment to our website**
- **Our Prior Authorization form, <http://www.aetnabetterhealth.com/louisiana/providers/priorauth>, is used for both adults and children**

Behavioral Health Provider Forms

The screenshot shows a website navigation bar with the following items: Home, Become A Member, For Members, For Providers (highlighted), Health & Wellness, About Us, and a search box. Below the navigation bar is a sidebar menu for 'For Providers' with the following items: Join Our Network, Manual, Pharmacy, Appeals & Grievances, Behavioral Health (highlighted), Guidelines, ICD 10, Medical Management, Newsletters, Provider Marketing, Provider Portal, Resources, and Training. The main content area is titled 'Behavioral health' and contains the following text: 'Aetna Better Health of Louisiana covers behavioral health services. These services include specialized behavioral health services provided by psychiatrists, psychologists, licensed clinical social workers, licensed professional counselors, mental health clinics, and mental health rehabilitation service providers (public or private). We also cover inpatient hospital services for acute medical detoxification.' Below this is a link: 'If you are interested in being part of our Behavioral Health provider network, complete our [Behavioral Health Contracting and Credentialing Packets](#).' Further down is another paragraph: 'Aetna Better Health of Louisiana is committed to having an integrated care model that looks at all that affects a person – physical, emotional, lifestyle, beliefs and values. We treat behavioral and physical health together.' This is followed by a section titled 'We work with members and providers to focus on prevention and wellness:' with a bulleted list: '• Screening for issues that could lead to illness and treating them early with whole-person approach' and '• Providing classes and services with providers and others to help members learn to better manage their own care'. At the bottom of the main content area is a vertical list of links: Basic behavioral health, Specialized behavioral health, Claims for FQHC & RHC, Pharmacy, Behavioral health prior authorization, Training for behavioral health providers, and Forms.

Home | Become A Member | For Members | **For Providers** | Health & Wellness | About Us | Search

For Providers

- Join Our Network
- Manual
- Pharmacy
- Appeals & Grievances
- Behavioral Health**
- Guidelines
- ICD 10
- Medical Management
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Behavioral health

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If you are interested in being part of our Behavioral Health provider network, complete our [Behavioral Health Contracting and Credentialing Packets](#).

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We work with members and providers to focus on prevention and wellness:

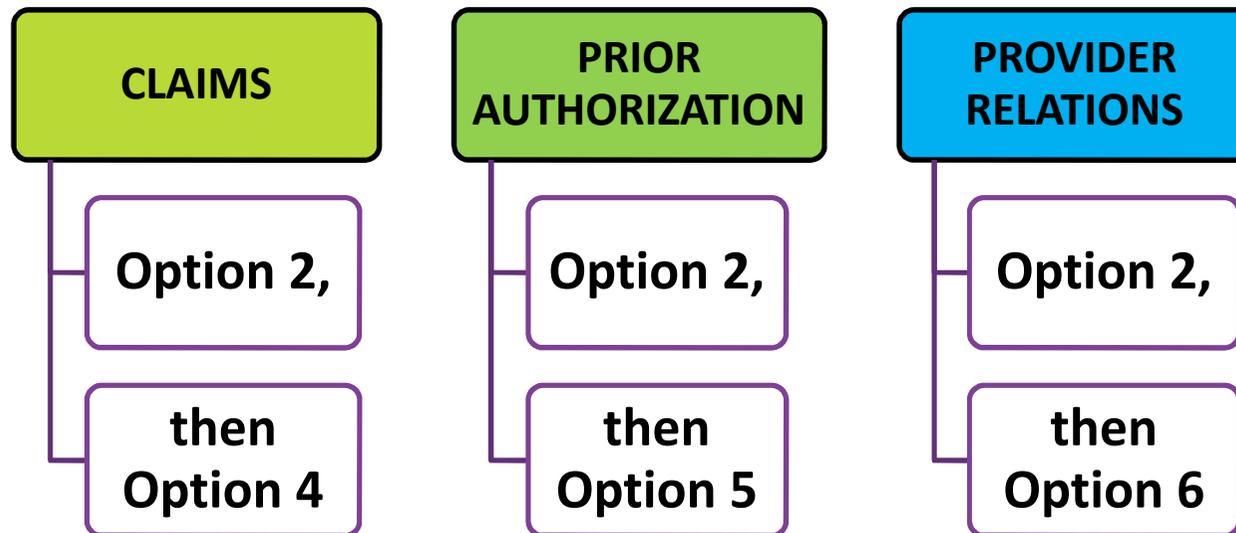
- Screening for issues that could lead to illness and treating them early with whole-person approach
- Providing classes and services with providers and others to help members learn to better manage their own care

- Basic behavioral health
- Specialized behavioral health
- Claims for FQHC & RHC
- Pharmacy
- Behavioral health prior authorization
- Training for behavioral health providers
- Forms

Provider Relations Department

E-Mail: LouisianaProviderRelationsDepartment@aetna.com

Contact Us: 1-855-242-0802



OVERVIEW OF THE PROVIDER PORTALS

Aetna Better Health[®] of Louisiana

Provider portals

On the Provider portal you can

- Access ProPAT directly to see if a service code requires authorization
- View panel roster, claims & member eligibility information
- Send & receive secure messages
- Submit authorization requests
- View remittance advice status
- Sign up to receive electronic funds transfer and remittance advices

Aetna Better Health[®] of Louisiana Provider portal

Home | Become A Member | For Members | **For Providers** | Health & Wellness | About Us | Search

For Providers

- Join Our Network
- Manual
- Pharmacy
- Appeals & Grievances
- Behavioral Health
- Guidelines
- ICD 10
- Medical Management
- Newsletters
- Provider Marketing
- Provider Portal**
- Resources
- Training

Provider portal

Our enhanced, secure and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day. And it supports the functions and access to information that you need to take care of your patients. Popular features include:

- *Single sign-on* – One login and password allows you to move smoothly through various systems.
- *Mobile interface* – Enjoy the additional convenience of access through your mobile device.
- *Personalized content and services* – After log-in, you will find a landing page customized for you.
- *Real-time data access* – View updates as soon as they are posted.
- *Better tracking* – Know immediately the status of each claim submission and medical PA request.
- *eReferrals* – Go paperless. Refer patients to registered specialists electronically and communicate securely with the provider.
- *Auto-Auths* – Depending on the auth type and service location, it is possible to receive an auto-approval on your request.
- *Detailed summaries* – Find easy access to details about denied PA requests or claims.
- *Enhanced information* – Analyze, track and improve services and processes.
- *Access to Member Care* – You can connect to your patients and their care teams. You can access:
 - A real-time listing of your patients
 - Information on your practice
 - Email capability with care managers

[SECURE PORTAL LOGIN](#)

Sign up today. It's easy.
Provider groups must first register a principal user known as the "Provider Representative." Once registered, the "Provider Representative" can add authorized users within each entity or practice. *To get started*, you can call Provider Services at **1-855-242-0802** to sign up over the phone. You can also submit your registration via fax. Just [download the form](#) or request a copy from Provider Services. Remember, internet access with a valid e-mail is required for registration.

Aetna Better Health[®] of Louisiana Medicaid Provider portal

Help

The screenshot shows the login interface for the Aetna Better Health of Louisiana Medicaid Provider portal. On the left is the Aetna logo. The central area contains a login form with fields for 'User Name' and 'Password', each with a 'I have forgotten my [username/password]' link below it. A blue 'Sign In' button is positioned below the password field. To the right, a section titled 'Why register for this secure web portal?' provides information for providers, with a specific instruction for providers highlighted in an orange box. Below this box is a green button labeled 'Register now as MEMBER'.

aetna
AETNA BETTER HEALTH[®] OF LOUISIANA

User Name

[I have forgotten my user name](#)

Password

[I have forgotten my password](#)

[Sign In](#)

Why register for this secure web portal?

Whether you are a member or provider, you will find helpful information and resources with this secure section of our website. Providers can review their claims or previously submitted authorizations, validate member eligibility, and lookup prior authorizations. If you are a member, please click on the "Register now as MEMBER" link below.

If you are a provider, please register for access with our Provider Services Department by calling 1-855-242-0802 (TTY:711).

[Register now as MEMBER](#)

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Welcome Note Message

This site can help you get the information and support you need to stay healthy.

Health News

You have no new updates.

Highlights

- You have [4 Message\(s\)](#) in your Inbox.
- You have [0 Post\(s\)](#) through Posts and Notifications.

Health Plan Contacts

For any questions, please contact

Provider or Member Services at (855) 242-0802 (TTY:711).

Providers may also email Provider Services at LouisianaProviderRelationsDepartment@Aetna.com

OR

Contact us through e-mail by click the following link

[Contact Health Plan](#)

Useful Links

[Provider Documents](#)

Download the latest version of Adobe Acrobat Reader [here](#)

My Account

- My User Details
- Provider Details
- Change Password
- Change Security Question
- Inbox
- Post and Notification

Tasks

- Search Authorizations
- Search Claims
- Search Remittances
- Search Members
- Panel Roster
- Search Providers

Administration

- User List
- Add Users

Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management
- Register for EFT
- Register for ERA

Important Links

- Authorization Submission
- User Guide
- FAQ
- Disclaimer
- Sitemap

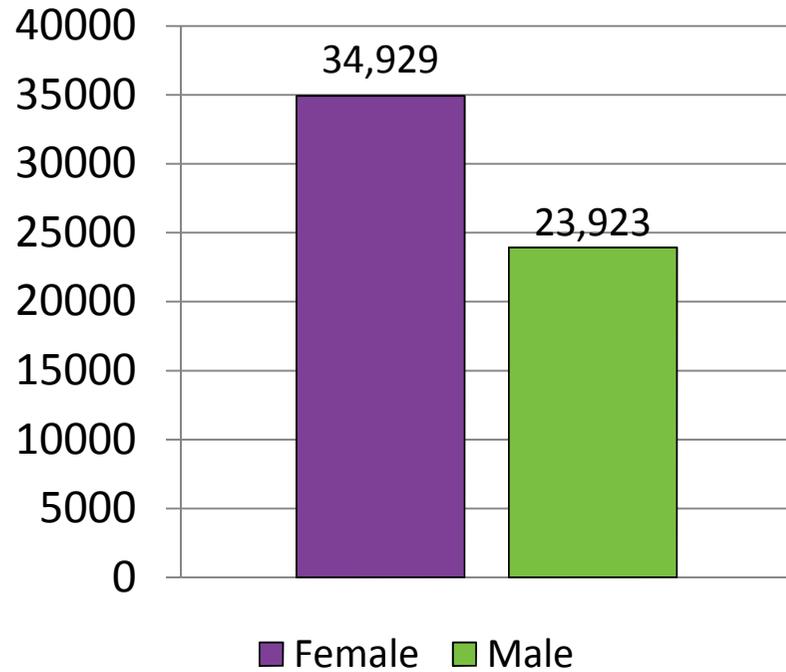
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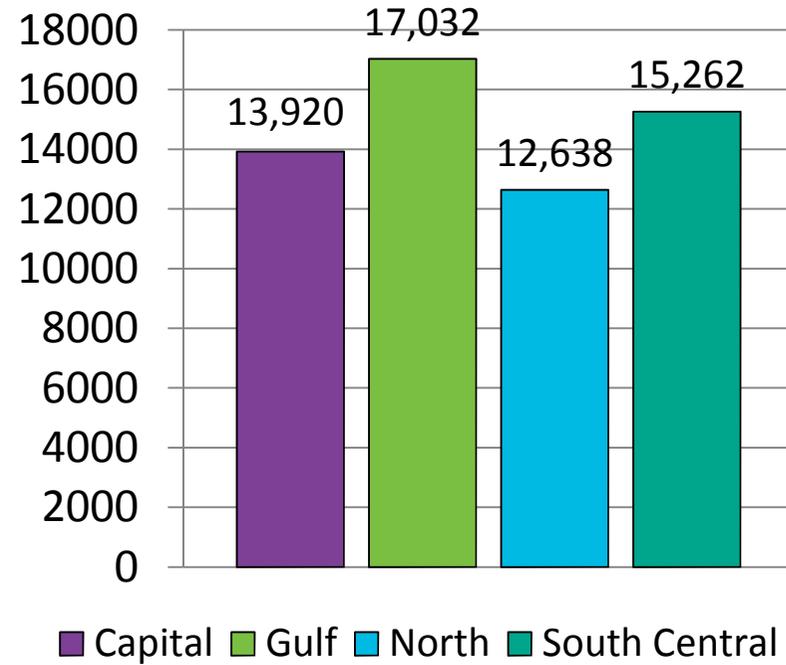
OVERVIEW OF MEMBERSHIP

ABH LA Membership

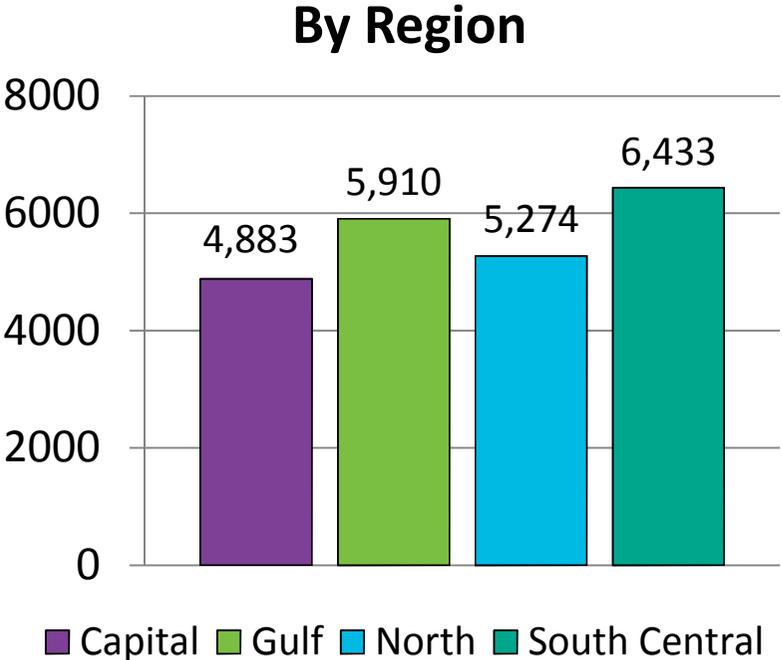
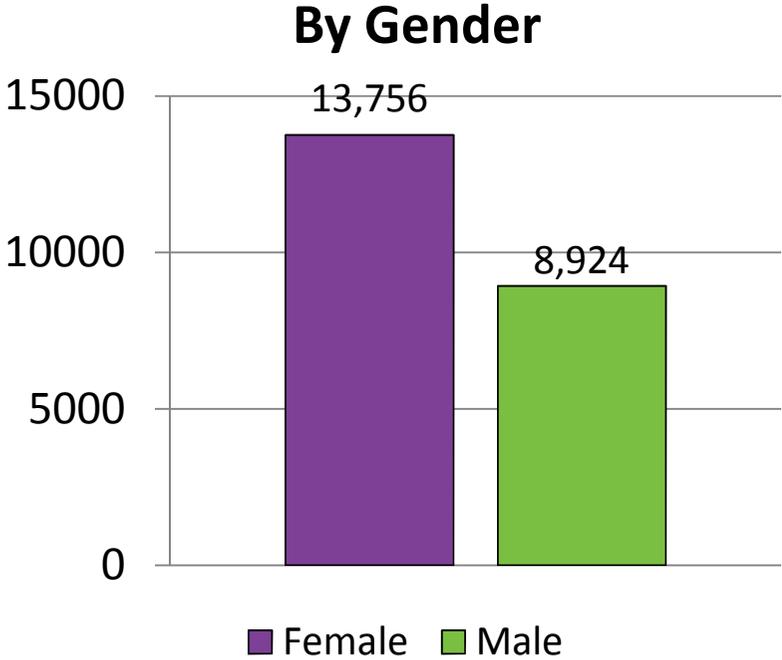
By Gender



By Region



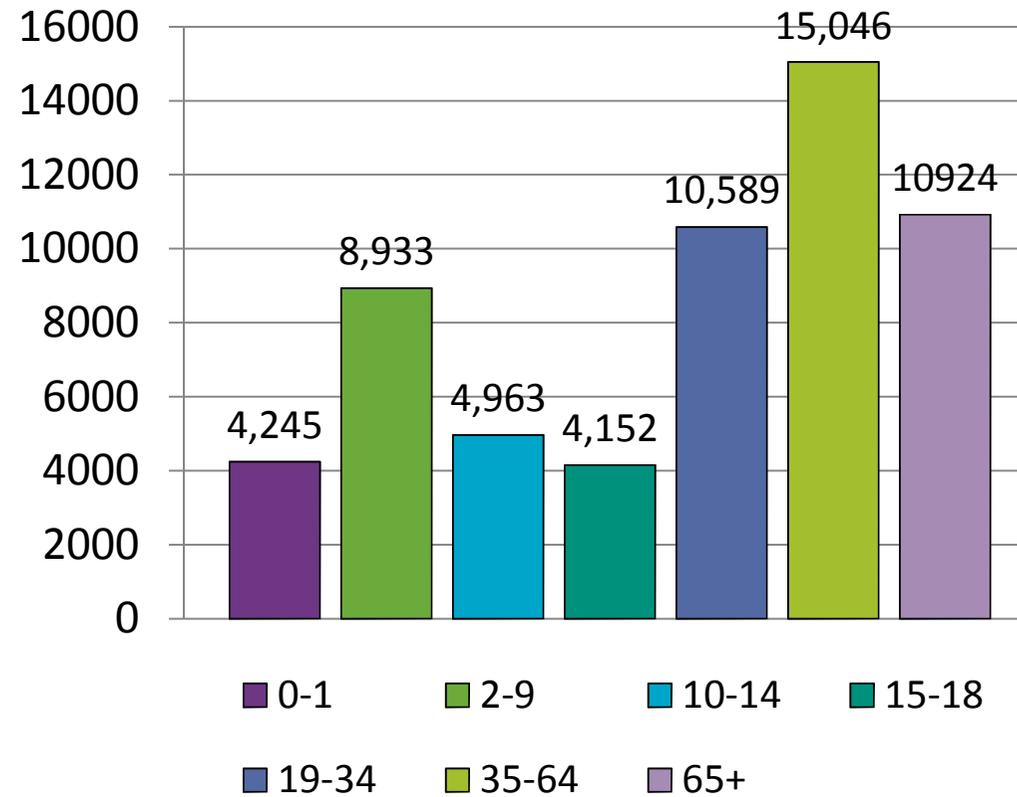
ABH LA BH Only Membership



Data as of 12/01/2015

ABHLA Membership

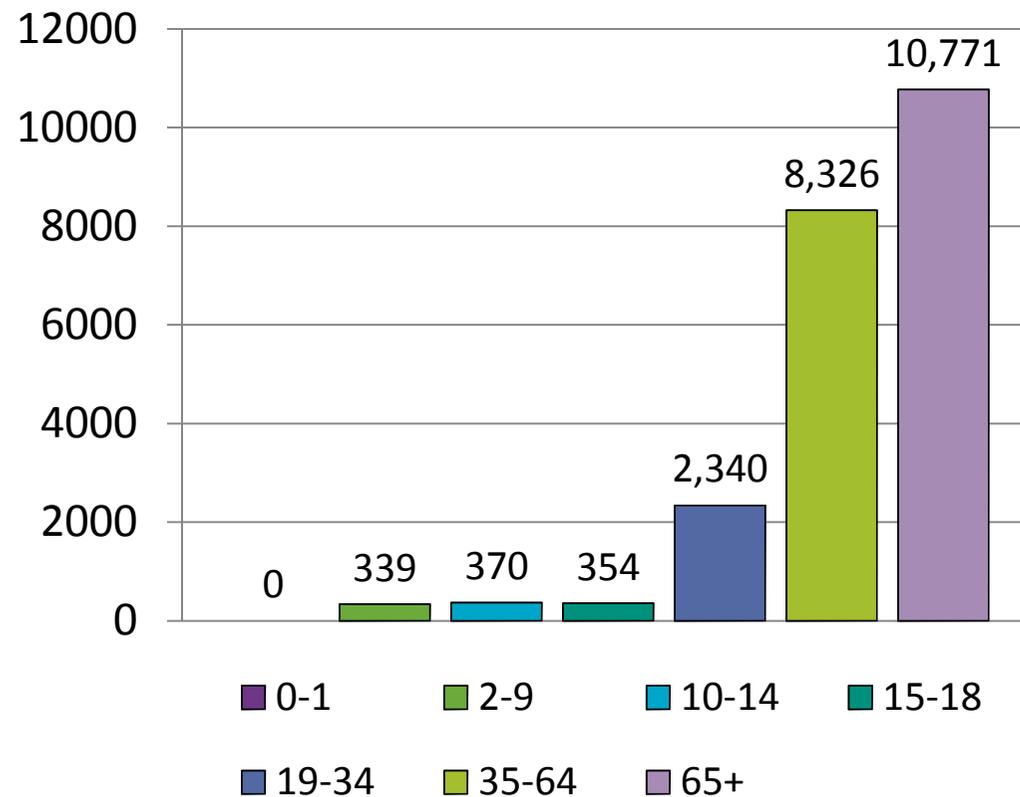
Age



Data as of 12/01/2015

ABHLA BH Only Membership

Age



Data as of 12/01/2015

OVERVIEW OF MEMBER SERVICES

Member ID Cards

AETNA BETTER HEALTH® 

Bayou Health
Member ID# 000000000-00 **Date of Birth** 00/00/0000
Member Name Last Name, First Name **Sex** X

PCP Last Name, First Name
PCP Phone/24 Hours 000-000-0000 **Effective Date** 00/00/0000

.....

RxBIN: 610591 **RxPCN:** ADV **RxGRP:** RX8834
Pharmacist Use Only: 1-855-364-2977

www.aetnabetterhealth.com/louisiana

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

front


back


Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

Members
Member Services & Filing Grievance 24/7 **1-855-242-0802**, TTY 711
Fraud & Abuse Hotline **1-855-725-0288** Report Medicaid Fraud **1-800-488-2917**
Nurse Line 24/7 **1-855-242-0802** Pharmacy **1-855-242-0802**
Behavioral Health Crisis Line 24/7 **1-855-242-0802**

Emergency care: If you are having an emergency, call **911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Providers
Provider Services and Prior Authorization **1-855-242-0802**

Send medical and behavioral health claims to: **Electronic claims**
Aetna Better Health Payer ID 128LA
P.O. Box 61808
Phoenix, AZ 85082-1808

Member Eligibility

For eligibility issues members should contact the Bayou Health Member Hotline:

1-855-229-6848

Aetna Better Health[®] of Louisiana

Member portal

For Members

- Handbook
- Benefits
- Appeals & Grievances
- Fraud & Abuse
- Member Portal
- Newsletters
- Provider Directory
- Resources & Services

Member portal

Track your personal health care with My Care Information

Did you know that you can set up your own personal health care website? You can, and it's easy. It's called My Care Information.

First, you need to register. You need your [Medicaid ID number to register](#). If you're already registered, just [log in](#).

My Care Information can help you manage your health care. It allows you to:

- See your health record
- View your conditions and medications
- Track your health care visits
- See information on your health care providers
- Update your profile

Plus, if you're in care management, you can:

- View your care plan
- Connect with your case manager and care team

Your information is safe

You create your own protected account and choose your own password. Only Aetna Better Health of Louisiana providers and people you choose can see your information.

Talk to your case manager or call Member Services **1-855-242-0802**, TTY 711, if you have questions.

Aetna Better Health[®] of Louisiana Member portal

Help



aetna
AETNA BETTER HEALTH[®] OF LOUISIANA

User Name

[I have forgotten my user name](#)

Password

[I have forgotten my password](#)

Why register for this secure web portal?

Whether you are a member or provider, you will find helpful information and resources with this secure section of our website. Providers can review their claims or previously submitted authorizations, validate member eligibility, and lookup prior authorizations. If you are a member, please click on the "Register now as MEMBER" link below.

If you are a provider, please register for access with our Provider Services Department by calling 1-855-242-0802 (TTY:711).

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Aetna Better Health[®] of Louisiana Member portal

The screenshot displays the Aetna Better Health of Louisiana Member portal. At the top, a navigation bar includes a greeting "Hello [Member Name] (Member)" and links for "Home | Help | FAQ | Sign Out". Below this is a secondary navigation bar with "Home | My Account | Tasks". The main content area features the Aetna logo and a "Tasks" sidebar with options like "Search Authorizations" and "Search Claims". The "Search Authorizations" section includes an "About Authorization Search" box with explanatory text, a "Search Authorizations" form with fields for "Authorization Status" and "Authorization Date Range" (with "Date From" and "Date To" sub-fields), and "Search" and "Cancel" buttons. Below the form are sections for "Search Results" and "Search Tips".

Aetna Better Health[®] of Louisiana

Member Services

- Provides New Member Orientation
- Assists members in the resolution of grievances and appeals, or billing
- Serves as an advocate for members

Available 24 Hours/7 Days

1-855-242-0802

711 TTY

OVERVIEW OF MEDICAL MANAGEMENT for Behavioral Health

Behavioral Health

Aetna Better Health of Louisiana has two (2) forms of Behavioral Health Services

- Basic Behavioral Health
- Specialized Behavioral Health

Behavioral Health

Basic Covered Services

Basic Behavioral Health Services

- Are provided in medical clinics, such as primary care or OB/GYN clinics, by medical professionals or behavioral health consultants. Non-specialized behavioral health providers will be covered by the member's medical carrier.
- Common basic services include
 - screening for common mental health conditions,
 - screening for alcohol or substance use issues,
 - medication management,
 - coordination of referrals to specialized behavioral health services.

Behavioral Health

Specialized Behavioral Health

Specialized Behavioral Health Services are provided by licensed mental health or addiction professionals in a setting that is most suitable to the individual and family members' need. Non-emergent services may be provided in outpatient clinics or in intensive treatment programs. Some members may also be eligible for Home and Community Based Services. Crisis intervention services are available to all members, including inpatient hospital treatment for the most serious cases.

**Our Behavioral Health Crisis Line is available at
1-855-242-0802, 24/7**

Behavioral Health

Specialized Covered Services

Specialized Behavioral Health Services

- Crisis intervention services do not require PA
- **Special Health Care Needs** members are eligible for services formerly known as 1915(i) SPA
- Levels of behavioral health care range from home and outpatient clinics to residential and inpatient acute care as determined by medical necessity criteria.

**Our Behavioral Health Crisis Line is available at
1-855-242-0802, 24/7**

Behavioral Health

Medical Management Services

Medical Management services ensure that quality healthcare services are provided to our members when and where they need them.

Services include:

- Integrated Care Management (includes disease management)
 - Intensive
 - Supportive
- Utilization management
 - Prior authorizations, Concurrent reviews, Retro Reviews
 - Discharge Planning
- Transition of care from Magellan Behavioral Health
- Systems of Care for Adults and Children

Behavioral Health

Medical Management Services

- Special Health Care Needs Determination (formerly known as 1915(i) SPA eligibility)
- Screening and Referral of Members to the Coordinated System of Care (CSoC) managed by Magellan
- Permanent Supportive Housing application assistance and coordinate the support services
- Pre-admission Screening and Resident Reviews (PASRR) Level II for nursing facility and special healthcare needs

Behavioral Health

Special Health Care Needs

Special Health Care Needs (SHCN) members are individuals of any age with mental disability, physical disability, or other circumstances that place their health and ability to fully function in society at risk, requiring individualized health care approaches.

- Members may self-identify that they have SHCNs
- Licensed mental health providers and primary care providers should refer members that meet SHCN criteria to ABHLA
- Aetna Better Health Medical Management will use claims data and case managers to identify members with SHCNs

Behavioral Health

Specific Medical Management Services

Changes to Special Health Care Needs process for behavioral health

- Independent assessments are no longer required for adult rehabilitation services, but an assessment and LOCUS must be done by an LMHP who has been certified in the use of the LOCUS
- Providers must use the Bayou Health Behavioral Health Assessment form developed by DHH to request SHCN eligibility for adults (formerly known as 1915(i) SPA)
- Providers must submit applicable LOCUS or ASAM assessment score sheet with the assessment
- Submit the required documents by FAX or Provider portal

Medical Management

Behavioral Health Transition of Care

Transition of Care for Integration of Specialized Behavioral Health – Prior services authorized by Magellan

- **For adult and youth rehabilitation services and EBPs:**
 - For the period December 1, 2015 through February 29, 2016 ABHLA will honor all Magellan authorization decisions at the level of service and duration approved prior to December 1, 2015.
- For services, if any, that were approved by Magellan beyond February 29, 2016 ABH will conduct a review for authorization of services beyond that date with notice of determination provided to the member and the provider no later than February 14, 2016. Otherwise, ABHLA must continue to honor existing Magellan authorizations beyond February 29, 2016 until such time as a determination for continued services is complete and the member and provider have been timely notified. These requirements apply to all prior approvals regardless of the provider's status as a contracted or noncontracted provider.

Medical Management

Behavioral Health Transition of Care cont.

Level of Care	Authorization Transition of Care Period
Substance Use Residential (ASAM Levels 3.1, 3.3, 3.5, 3.7, 3.7D, Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH)	14 days (extend to next business day if the grace period ends on a weekend or holiday)
Specialized Behavioral Health Outpatient Services to include Community Psychiatric Support and Treatment (CPST) and subcategories: Homebuilders, Assertive Community Treatment (ACT-18 years and older) and Psychosocial Rehabilitation (PSR)	<p>Aetna will begin proactive outreach for reauthorization beginning 2/14/2016.</p> <p>Any Magellan approved services dated beyond 12/1/2015 will be authorized and proactive outreach for reauthorization should begin 2 weeks prior to expiration. Approvals will be granted by medical director based on medical necessity. These approvals will be up to 30 day increments.</p> <p>ACT authorizations should be in 6 month intervals</p>

Behavioral Health Prior Authorizations

If you are a behavioral health provider, you may fax your [behavioral health prior authorization requests](#), assessments, and LOCUS, CASII (CALOCUS), ASAM summaries to us at

1-844-634-1109

Behavioral Health Only Prior Authorizations Fax Line

Prior Authorizations must be submitted using ICD-10 codes vs. DSM-5 codes. Coding with DSM-5, will delay or deny your prior authorization request.

Medical Management

Behavioral Health Prior Authorizations

How to request Behavioral Health Prior Authorizations

A prior authorization request may be submitted by:

- Submitting the request through the 24/7 Secure Provider Web Portal located on the Aetna Better Health of Louisiana's website
- Fax the request form to **1-844-634-1109** (form is available on our website). Please use a cover sheet with the practice's correct phone and fax numbers to safeguard the protected health information and facilitate processing, or
- Through our toll-free number at **1-855-242-0802**

To check the status of a prior authorization or confirm receipt, please visit the Secure Provider Web Portal at **www.aetnabetterhealth.com/louisiana**, or call us at **1-855-242-0802**. The portal will allow you to check status, view history, and/or email a Case Manager for further clarification if needed.

Medical Management

Behavioral Health Prior Authorization cont.

Requesting Prior Authorization

When requesting prior authorization, please provide the following:

- Member's identification number
- Demographic information
- Requesting provider contact information
- Clinical notes/explanation of medical necessity
- Other treatments that have been tried
- ICD 10 Diagnosis
- CPT procedure codes
- Date(s) of service (DOS) Important

Please Note: Emergency services do not require prior authorization. For post stabilization services, hospitals may request prior authorization by calling **1-855-242-0802**

Medical Management

Behavioral Health Prior Authorization

Determination Times

- **Urgent Pre-service:** 72 hours of receipt of request
- **Non-urgent Pre-service:** Standard requests with appropriate medical information submitted will be processed within 2 business days; requests with insufficient clinical information will be processed no later than 14 days from the receipt of the request

Behavioral Health

Services that require Prior Authorization

- Residential
- IOP (Substance Abuse and Mental Health)
- ACT
- ECT
- PRTF
- Substance Use and Psychiatric Inpatient
- Therapeutic Group Homes

Per our list, some of the other additional intensive services will require authorization

Medical Management

Concurrent Review Process

- 95% of concurrent review determinations within (1) business day
- 99.5% of concurrent review determinations within (2) business days of obtaining the appropriate medical information

Rehabilitation Facilities

- Concurrent reviews will be conducted on a schedule-dictated by the member's diagnosis and condition either by phone, fax or onsite

Skilled Nursing Facilities

- Concurrent reviews will be conducted either by phone, fax or onsite, dictated by the member's diagnosis and condition

Behavioral Health

CSoC

- **Magellan is keeping all of the current CSoC services and members with the exception of Residential and/or inpatient hospitals:**
 - PRTF
 - Substance Use and psychiatric inpatient
 - Therapeutic Group Homes
- **If you have a member who is new and needs an assessment completed you will contact ABHLA**
- **We are only doing prior authorizations for the residential and/or inpatient hospitals:**
 - PRTF
 - Substance Use and psychiatric inpatient
 - Therapeutic Group Homes

OVERVIEW OF QUALITY MANAGEMENT

Quality Management

How is data collected for HEDIS reporting?

- **Administrative** measures use **claims/encounters** for hospitalizations, medical office visits and procedures or pharmacy data only
- **Hybrid data** collection measures use **data obtained directly from the member's medical record** in addition to administrative data.

The Ultimate Goal

- The ultimate goal is for providers to submit claims/encounters with coding that administratively captures all required HEDIS data via claims. This decreases or removes the need for medical record (hybrid) review.

Quality Management

DHH Performance Measures

1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Engagement of AOD Treatment Rate only)
2. Follow-Up for Children Prescribed ADHD Medication (Both Rates)
3. Follow-Up After Hospitalization for Mental Illness (7-Day Rate only)
4. Antidepressant Medication Management (Both Rates)
5. Diabetes monitoring for people with Diabetes and Schizophrenia
6. Cardiovascular monitoring for people with Cardiovascular Disease and Schizophrenia

Quality Management

Behavioral Health HEDIS Measures

1. Use of multiple concurrent antipsychotics in children and adults
2. Metabolic monitoring for children and adolescents on antipsychotics
3. Use of first-line psychosocial care for children and adults on antipsychotics
4. Identification of alcohol and other drug services
5. Mental health utilization

Quality Management

Monitoring and quality improvement

- Treatment record reviews
- HEDIS and DHH Performance measures (HEDIS and DHH)
- Adoption of clinical practice guidelines
- Fidelity to evidence-based practices
- Provider utilization and quality profiling
- Performance improvement projects
- Adverse incident reporting
- Monitoring over and under utilization
- Addressing health disparities
- Member and provider satisfaction surveys
- Monitoring member access to services

Quality Management Specific to Behavioral Health

- To help provide our members with consistent, high-quality care that uses services and resources effectively, we have chosen certain clinical guidelines to help our providers.
- You will find clinical reference material covering behavioral health conditions on our Guidelines webpage located at <http://www.aetnabetterhealth.com/louisiana/providers/guidelines>

GENERAL MRR REQUIREMENTS	EXPLANATION
	The patient's name or ID number should be recorded on each page of the medical record (i.e. all notes, lab reports and consult reports).
Personal Data	Each record must contain appropriate biographical/personal data including age, sex, race, address, employer, home and work telephone numbers, ICE contact and marital status. All patients must have their own chart – no family charts. (Prenatal only) – An additional section in the medical record for the provision of prenatal care and services.
	The medical record should be complete and legible. Illegible medical record entries can lead to misunderstanding and serious patient injury.
Physician review of Lab or other study results	There is evidence of physician review of lab, x-ray, or biopsy results or other studies by either signing or initialing reports or documentation of the results in the progress notes. Abnormal lab and imaging study results have an explicit note regarding follow-up plans.
Treatment record reflects continuity and coordination of care.	
Documentation indicating the patient's preferred language.	
Signed and dated informed consent forms (i.e.; Release of Information forms per 42 CFR 431.306) or refusal documented.	
Evidence of provider request of consumer authorization or refusal of PCP communication.	
Documentation of offer of a qualified interpreter, and the member's refusal, if interpretation services are declined.	
Service plan development by mental health rehabilitation providers for member receiving adult mental health rehabilitation services adequately addresses the member's goals and social, behavioral, and health needs; provided in amount, type, duration and frequency.	

OVERVIEW OF GRIEVANCES AND APPEALS

Grievances and Appeals

Terminology

Action

The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service, the failure to provide services in a timely manner.

Appeal

A request for a review of an action.

Grievance

An expression of member/provider dissatisfaction about any matter other than an action, as action is defined. Examples of grievances include dissatisfaction with quality of care, quality of service, rudeness of a provider or a network employee, and network administration practices. Administrative grievances are generally those relating to dissatisfaction with the delivery of administrative services, coverage issues, and access to care issues.

Grievances and Appeals

Provider Grievances

Timeframes

- 30 calendar days to file
- Acknowledged within 3 business days
- Resolved no more than 90 calendar days from date of receipt

Grievances and Appeals

Provider Appeals

Timeframes

- 30 calendar days from date on Notice of Action letter
- Acknowledged within 3 business days
- Resolved no more than 30 calendar days from appeal receipt

Grievances and Appeals

Provider Appeal Requirements

- If the member has not already received the requested service an Authorized Representative Form will have to be signed by the member before the appeal can be filed
- Form must be received within the 30 calendar day timeframe

Grievances and Appeals

How to file a Grievance or Appeal

E-mail: LAAppealsandGrievances@aetna.com

Welcome to Aetna Better Health of Louisiana

Members
Get the most out of your health plan. Learn about your benefits. Download the member handbook. Find other helpful resources.
[Member information](#)

Providers
Our providers are our partners in delivering quality care to our members. Download the provider manual. Get updates on notices and guidelines.
[Provider information](#)

Added Benefits
Learn more about your extra benefits with Aetna Better Health of Louisiana.
[Benefit information](#)

At Aetna Better Health of Louisiana, we believe in improving every life we touch as good stewards to those we serve.

We believe that our members should have the opportunity to be leaders in their care. For those who choose it, we use a model of care management. This will empower our members to determine their health goals. We then work with them to achieve their goals. This benefit comes at no cost to the member. Plus it pays off in increased quality of care and quality of life.

And to ensure further our commitment to our members, we invite the members to provide feedback for improving Aetna Better Health of Louisiana. We do this by asking members to participate in surveys and focus groups. Or they can serve on our Member Advisory Committee. By engaging our members and providers, we can work toward making the Aetna Better Health of Louisiana experience even better.

Aetna Better Health of Louisiana- call 24 hours a day/7 days a week 1-855-242-0802, TTY 711

Grievances And Appeals
Are you looking for [grievance and appeal](#) forms or information?
- [Submit a grievance](#)
- [Request an appeal](#)

Events
[All Events](#)

Grievances and Appeals

How to file Grievance or Appeal?

Call

Aetna Better Health of Louisiana Provider Relations
1-855-242-0802

Email

LAAppealsandGrievances@aetna.com

Fax

1-855-853-4936

Write

Aetna Better Health of Louisiana
Grievance and Appeals Department
2400 Veterans Memorial Blvd., Suite 200
Kenner, LA 70062

FAQs

Behavioral Health

Frequently Asked Questions

Q1: Is a prior auth required for PSR, CPST, and psychotherapy?

A: **No PA required for PSR, CPST or Psychotherapy**

Q2: Is a clinical assessment required by a licensed mental health professional?

A: **Yes**

Q3: If so, what are the required parameters of that clinical assessment?

A: **Independent assessment and LOCUS/CASII (CALOCUS) score**

Q4: Is your agency using the DSM-5 for diagnostic purposes now?

A: **Yes; but not for prior authorizations, please use appropriate CPT and HCPCS codes when submitting prior authorizations**

Behavioral Health

Frequently Asked Questions

Q5: Do you require a written, formal treatment plan?

A: **No, but we do need a Plan of Care for members with Special Health Care Needs**

Q6: Is there a list of all codes with modifiers that I can send to them?

A: **Comprehensive documents are available on the Louisiana Behavioral Health Partnership website, <http://www.dhh.state.la.us/index.cfm/page/538/n/410>. Providers will find the LBHP Service Authorization Manual, Services Manual Codes and the Service Definition Manual.**

Q7: Does Aetna have their own specialized assessment tools?

A: **DHH OBH requires that all Bayou Health Plans use the standard adult assessment to determine eligibility for specialized behavioral health services. The LOCUS, CASII (CALOCUS) and ASAM tools are also required to determine medical necessity for levels of care (residential, inpatient, psychosocial rehab, etc.).**

Q8: What are the Peer support codes and fee schedule?

A: **Peer support services will be covered when they are part of ACT.**

Review of Aetna Better Health of Louisiana Website

Your Aetna Better Health of Louisiana Team

	Team Member
System of Care	<ul style="list-style-type: none">• Sarah Hoffpaur, Behavioral Health Director• Margaret Mitchell, Behavioral Health Recovery & Resiliency Administrator• Dana Garrison, Children’s Behavioral Health SOC Administrator
Medical Management	<ul style="list-style-type: none">• Sree Pulakhandam, Behavioral Health Medical Director• Lee Reilly, Interim Director Medical Management• Tricha Arabie, Prior Authorization Manager• A’Drain Bocage, Care Management Supervisor• Lance Miguez, Behavioral Health Care Management Supervisor• Valerie Perot, Behavioral Health Clinical Care Manager
Quality Management	<ul style="list-style-type: none">• Lee Reilly, Director Quality Management• Beverly Shields, EPSDT Coordinator• Frank Vanderstappen, HEDIS Manager

Your Aetna Better Health of Louisiana Team

	Team Member
Provider Relations	<ul style="list-style-type: none">• Candi Meredith, Provider Relations Manager• For your specific Provider Relations Liaison, please refer to slide 9
Network Development	<ul style="list-style-type: none">• Evon Roquemore, Director Network• Keela Dominick, Contract Negotiator
Member Services	<ul style="list-style-type: none">• Courtney Dyer, Interim Member Services Manager• David Daniels II, Member Advocate
Grievance and Appeals	<ul style="list-style-type: none">• Courtney Dyer, Grievances and Appeals Manager• Autumn Diaz, Grievances and Appeals Coordinator

Thank you

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