

Provider Relations Newsletter

Winter 2018



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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

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Medical Necessity Criteria *Continued from page 1*

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. All clinical information must be submitted with the original request. Medical management and behavioral health medical necessity criteria and practice guidelines are disseminated to all affected practitioners and or providers upon request. To request criteria, call **1-855-242-0802** and ask for the **case management department**.

Aetna Better Health Provider Manual

The Provider Manual serves as a resource and outlines operations for Aetna Better Health of Louisiana’s Healthy Louisiana program. Through the Provider Manual, providers should be able to identify information on the majority of issues that may affect working with Aetna Better Health of Louisiana. Medical, dental, and other procedures are clearly denoted within the manual.

Aetna Better Health of Louisiana is updated and made available to providers via the Aetna Better Health website at **aetnabetterhealth.com/louisiana**. Aetna Better Health of Louisiana annually notifies all new and existing participating providers in writing that the Provider Manual is available on the website. The Aetna Better Health of Louisiana Provider Manual is available in hard copy form or on CD-ROM at no charge by contacting our Provider Services

Department at **1-855-242-0802**. Otherwise, for your convenience Aetna Better Health of Louisiana will make the Provider Manual available on our website at **aetnabetterhealth.com/louisiana**.

The manual is intended to be used as an extension of the Participating Health Provider Agreement, a communication tool and reference guide for providers and their office staff.

For the purpose of the manual, “provider” refers to practitioners (licensed health care professionals who provide health care services) and providers (institutions or organizations that provide services) that have agreed to provide Covered Services to health plan members pursuant to a Participating Health Provider Agreement (“contract”).

Prescription monitoring program and CME requirements

Continuing Medical Education (CME) requirements for opioid treatment have been released. This is an excerpt from Louisiana State Medical Society (LSMS), "Per Act 76 passed in 2017, all practitioners with a Controlled Dangerous Substance (CDS) license in Louisiana are now required to complete three hours of LSBME-approved continuing medical education (CME) for the 2019 renewal year. An authorized prescriber renewing his/her license for the first time in 2019 may be excused from the CME requirement upon submission of a certification attesting that he/she has not prescribed, administered, or dispensed any CDS during the entire year covered by the prescribers' expiring license. The LSBME will verify this through the Louisiana Prescription Monitoring Program. An exempted licensee, who subsequently prescribes, administers, or dispenses a CDS shall satisfy the CME requirement as a condition to license renewal for the year immediately following that in which the CDS was prescribed, administered, or dispensed.

- Each prescriber must now complete three hours of education on drug diversion, prescribers' best practices, and addiction treatment.
- The required education must be completed before license renewal in 2019 or upon initial licensure.
- This new education requirement is included in the credit hours already required by the Louisiana State Board of Medical Examiners (LSBME), not in addition to the existing requirements.

LSMS, in partnership with LAMMICO, has developed a three-hour controlled substance course to meet the new Louisiana state requirements. The course for Louisiana providers is titled "Louisiana Act 76, Controlled Substances: Prescribing, Diversion Prevention, and Addiction Treatment." This course meets all subject requirements by Act 76 of the Louisiana Legislature and the LSBME's rules. To review Act 76 in full, please visit www.legis.la.gov/legis/ViewDocument.aspx?d=1051081.

Pharmacy Formulary Updates

You can find updated drug formulary, access to the on-line search tool and updates to PA Guidelines, by visiting our website at aetnabetterhealth.com/louisiana/providers/pharmacy. Please be advised, our latest update to formulary will be posted by end of April, 2018.

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.

Provider newsletters

We publish quarterly newsletters filled with the updates and information you need to care to our members. Our newsletters are posted on our website aetnabetterhealth.com/louisiana/providers/communications select the “Newsletters” section.

You can find:

- Affirmation Statement regarding the use of incentives
- Clinical health guidelines
- Updates to billing policies
- Support for HEDIS season
- Medically Necessary Criteria and how to obtain a copy
- Trainings

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**, and selecting **option 2** then **option 6** or send your update via email at **LouisianaProviderRelationsDepartment@aetna.com**.



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:

1. **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.

2. **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.

For any questions regarding changes to our credentialing requirements, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

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
2	Aieta Davis DavisA12@aetna.com	225-316-3106
3	Eve Serbert SerbertE@aetna.com	504-220-1413
4	Brandy Wilson WilsonB8@aetna.com	504-264-4016
5	Adrian Lozano LozanoA@aetna.com	504-402-3417
6	Jennifer Thurman ThurmanJ@aetna.com	318-413-0725
7	Chemeka Turner TurnerC7@aetna.com	318-349-6493
8	Chemeka Turner TurnerC7@aetna.com	318-349-6493
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**.

Thank you,

Aetna Better Health of Louisiana

