



Availity 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.

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- 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

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all of the above features. If you are not registered, we recommend that you do so immediately.

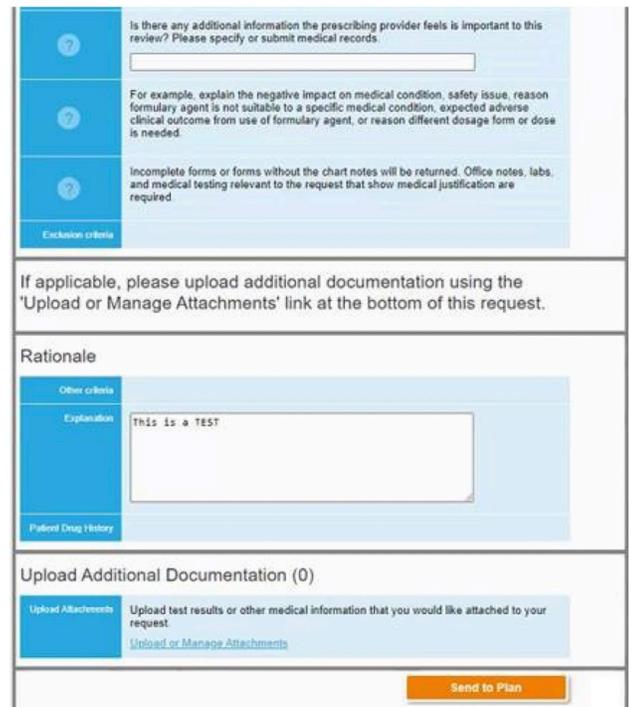
- For registration assistance, please call Availity Client Services at **1-800-282-4548**, Monday-Friday, 8 AM to 8 PM ET, (excluding holidays)
- Login: **apps.availity.com/availity/web/public.elegant.login**
- Learn more about Availity Portal Registration: **www.availity.com/provider-portal-registration**

Member Consent

Members can have someone represent them when they file an appeal, such as a family member, friend or a provider such as yourself. The member must send us a letter telling us that they want someone else to represent them and file an appeal for them. This person will be his or her member representative. Members need to include their name, member ID number, the name of the person they want to represent them and what adverse benefit determination they are appealing. When we get the letter or Personal Appeal Representative from them, the person they picked can represent them.

Electronic Prior Authorizations Submitted via Covermymeds

When submitting electronic prior authorization requests for medication via “Covermymeds,” be sure to upload additional documentation, so that your request may be appropriately reviewed. The additional documents allow the medical directors to review your requests, against the criteria, and could increase your chance of approval when submitted. The option to upload additional documentation appears once you are completing the criteria form. Please review the screenshot to the right.



The screenshot shows a multi-step form interface. The first section, titled 'Exclusion criteria', contains three numbered questions: 1. 'Is there any additional information the prescribing provider feels is important to this review? Please specify or submit medical records.' with a text input field below it. 2. 'For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.' with a text input field below it. 3. 'Incomplete forms or forms without the chart notes will be returned. Office notes, labs, and medical testing relevant to the request that show medical justification are required.' with a text input field below it. Below these questions is a section for 'Rationale' with a sub-section 'Other criteria' containing an 'Explanation' field with the text 'This is a TEST'. Below the rationale is a section for 'Upload Additional Documentation (0)' with an 'Upload Attachments' field and a link 'Upload or Manage Attachments'. At the bottom right is a 'Send to Plan' button.



Clinical Inertia in Patients with Type 2 Diabetes

A prolonged delay to intensify therapy is known as clinical inertia. Studies have shown that the median time to intensifying therapy in patients with Type 2 diabetes is longer than one year.

Type 2 diabetes is complex disease that requires individualized treatment plans based on patient characteristics to reach A1c goals; and today there are more therapeutic options available to help patients with Type 2 diabetes reach A1c goal.

Early intervention to set and attain A1c goals has many clinical advantages:

- Can help preserve beta cell function
- Extend time to treatment failure.
- Reduce the risk of diabetes related complications

However, it is estimated that up to half of patients with Type 2 diabetes are not reaching their targeted A1c goals.

There are many challenges when trying to intensify therapy in Type 2 diabetics, and patient barriers may account for up to 30 percent of the factors contributing to clinical inertia.

Common barriers and strategies to overcome clinical inertia in Type 2 diabetes

Barrier	Strategy
Belief disease has worsened	Discuss progressive nature of type 2 diabetes
Injection related anxiety	Demonstrate the needles and injection devices that will be used, provide instruction on needle injection, allow supervised injection rehearsals
Perception that insulin is ineffective	Assure patients that therapy will improve symptoms
Fear of weight gain	Use once daily insulin analogues to minimize weight gain, use insulin in combination with metformin, discuss benefits of other diabetes medication related to weight loss
Fear of hypoglycemia	Use once daily insulin analogues to minimize hypoglycemia risk, use diabetes medications with low risk of hypoglycemia
Fear of injection-related pain	Identify patient experience and perceptions related to injections, encourage deep breathing or forceful exhalation during injection

Discussing resistance to insulin therapy

Open ended questions can help explore patient concerns related to intensifying therapy. Many patients with Type 2 diabetes are particularly hesitant to initiate therapy with insulin. Here are some questions that may facilitate a conversation around initiating insulin therapy:

- How do you think insulin can help with your diabetes?
- Who do you know who has used insulin, and what was their experience?
- What is your greatest concern about using insulin?
- How confident are you that you can inject insulin on a regular basis?
- What information or support do you need to be willing to take insulin injections?

The progressive nature of Type 2 diabetes requires intensifying therapy over time. Identifying patient concerns and barriers towards insulin and intensifying treatment can help reduce the time to reach A1c goals.

References:

1. Pantalone K, Misra-Hebert A, Hobbs T, et al. Clinical Inertia in Type 2 Diabetes Management: Evidence from a large, real world data set. *Diabetes Care* 2018;41:e113–e114
2. Cavaiola TS, Kiriakov Y, Reid T. Primary care management of patients with type 2 diabetes: overcoming inertia and advancing therapy with the use of injectables. *Clin Ther.* 2019;41:352e367



Claims

Aetna Better Health of Louisiana encourages providers to submit claims electronically through Change Healthcare, formerly Emdeon. When submitting claims to our plan, use the provider ID number 128LA for both CMS 1500 and UB 04 forms. If you have any questions on electronic billing, just call Provider Services at **1-855-242-0802**.

You can also mail hard copy claims or resubmissions to:

Aetna Better Health of Louisiana, P.O. Box 61808, Phoenix, AZ 85082-1808

Resubmitted claims should be clearly marked “Resubmission” on the envelope.

Claims for retro members (members who are made retroactively eligible with Aetna Better Health of Louisiana) can be submitted through your normal claims submission process.



Louisiana Developmental Screening Guidelines

The Louisiana Department of Health (LDH) has modified the fee schedule as of January 1, 2021. Healthy Louisiana providers who use CPT code 96110 will be reimbursed for global developmental screening using standardized tools.

Developmental screening is supported at 9, 18, and 30 months for the early detection of developmental concerns requiring specialty medical care. The Louisiana Department of Health (LDH) and American Association of Pediatrics (AAP) have identified recommended tools below:

Chart Documentation Requirements

A note indicating the date on which the test was performed, evidence of a screening result or screening score, and the standardized tool used

Standardized tools used to screen for specific disorders (e.g., Modified Checklist for Autism in Toddlers M-CHAT) do not meet the numerator requirement for a standardized global developmental screening tool

Any validated global developmental screening tool supported by AAP/Bright Futures:
screeningtime.org/star-center/#/screening-tools

LDH developmental screening guidance and resources by Region: **ldh.la.gov/index.cfm/page/3974**

Standardized Global Developmental Tools cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening)

Ages and Stages Questionnaire (ASQ) – 2 months to age 5

Ages and Stages Questionnaire – 3rd Edition (ASQ-3)

Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months

Bayley Infant Neurodevelopmental Screen (BINS) – 3 months to age 2

Brigance Screens-II – Birth to 90 months

Child Development Inventory (CDI) – 18 months to age 6

Infant Development Inventory – Birth to 18 months

Parents’ Evaluation of Developmental Status (PEDS) – Birth to age 8

Parents’ Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)



Preferred Drug List Updates

Brand Name Preferred on Winter 2021

Advair Diskus	Depakote Sprinkle (oral)	Tegretol XR
Afinitor	Elidel	Tobradex Suspension (ophthal)
Alphagan P 0.15%	Felbatol tab (oral)	Travatan Z
Carbatrol (oral)	Focalin XR	Trileptal Suspension
Catapres-TTS (Transderm)	Sabril	
Ciprodex	Symbicort	

Added Therapeutic Class to Preferred Drug List on January 1, 2021

Anti-allergens	Enzyme replacement agents	Methotrexate
Anthelmintic	Idiopathic pulmonary fibrosis	Movement disorders
Anticonvulsants	Immune globulins	Sickle cell anemia
Botulinum toxins	Immunomodulators, asthma	Thrombopoiesis stimulating agents

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 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 you can call **1-855-242-0802** and our Medical Management or Quality Management department will assist you.

Updated Hepatitis C Guidelines

Did you know the CDC updated the hepatitis C guidelines in April of 2020?

The CDC now recommends hepatitis C screening of all adults aged ≥ 18 years once in their lifetimes, and screening of all pregnant women (regardless of age) during each pregnancy. The recommendation for testing of persons with risk factors remains unchanged; those with ongoing risk factors should be tested regardless of age or setting prevalence, including continued periodic testing as long as risks persist. These recommendations can be used by health care professionals, public health officials, and organizations involved in the development, implementation, delivery, and evaluation of clinical and preventive services.

Reference: CDC-MMWR, April 10, 2020, Vol 69, No 2



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 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.



March is Colorectal Cancer Awareness Month

It's a great time to remind patients about life-saving screenings

Louisiana has the fourth highest colorectal cancer death rate in the United States, yet if detected early with appropriate screening, colorectal cancer can often be prevented. Three out of 10 Louisianans between 50 and 65 years of age are not up to date with screening. Since March is colorectal cancer month, this is a great time to remind your patients to get screened for colorectal cancer.

By assessing your patients need for colorectal cancer screening and recommending a test that they are likely to complete, you increase the likelihood of them completing screening. Two important ways you can encourage your patients to get screened are to recommend colorectal cancer screening to them and give them a choice of screening methods. Talk to your patients about colonoscopy, sigmoidoscopy or fecal occult blood test for colorectal cancer screening when they turn 50 years old or sooner if they are at high risk.



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 Provider Relations 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 information, call Provider Relations at **1-855-242-0802** or send your update via email at **LAProvider@aetna.com**.



Affirmative Statement About Incentives

Aetna Better Health of Louisiana makes Utilization Management (UM) decisions based only on the 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.



Tobacco Cessation Healthcare Provider Resources

Brief Tobacco Intervention Online Provider Training: This training prepares healthcare providers to effectively intervene with patients who use tobacco by delivering the Brief Tobacco Intervention, a counseling element that offers providers step by step instructions to determine a patient's readiness to quit tobacco while also connecting patients to available cessation resources. The training will also provide continuing medical education credits. The training is available at www.quitwithusla.org and www.wellaheadla.com.

Become a Fax-To-Quit Provider: This provides an easy and seamless counseling component to patients who are ready to quit tobacco. To become a certified Fax-To-Quit provider, simply complete the training module found at www.quitwithusla.org. The training takes about 15 minutes and is followed by a short quiz. This allows you to take the first step in making a quit attempt with patients. Once you fax in the referral form, the Louisiana Tobacco Quitline (1-800-QUIT-NOW) will reach out to the patient to begin the proactive phone counseling sessions.

QuitWithUsLA: The website, www.quitwithusla.org, provides links for healthcare providers to access the benefits of quitting, web enrollment into the Louisiana Quitline, and the support line numbers for both the Louisiana Quitline and the Smoking Cessation Trust. Providers can also access promotional materials related to cessation such as, downloadable fact sheets, handouts, and videos to be played in clinic waiting rooms.



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.

Name	Phone	Email	Region(s)	Provider Groups/Hospitals
Kellie Hebert	985-348-5763	HebertK@aetna.com	statewide	Ochsner Health System, LSU, state complaints/inquiries, appeals
Marion Dunn	504-444-6569	DunnM7@aetna.com	1	St. Thomas, Access Health, Med Data, Daughters of Charity
Adrian Lozano	504-402-3417	LozanoA@aetna.com	3 & 4	Healthlink, Children's International, Pediatric Group of Acadiana
Tyeasha Matthews	504-252-7624	MatthewsT1@aetna.com	5	Quynh Mai Clinic, LLC/LCMC, East Jefferson Hospital
Eve Serbert	504-220-1413	SerbertE@aetna.com	2	Verity, Volunteers of America, FMOL
Jennifer Thurman	318-413-0725	ThurmanJ@aetna.com	8	Christus, Health Services of N. Louisiana
Chemeka Turner	318-349-6493	TurnerC7@aetna.com	7	Willis Knighton
Kathleen Dickerson	504-462-9986	DickersonK2@aetna.com	9	
Brandy Wilson	504-264-4016	WilsonB8@aetna.com	6	

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



Questions?

For questions, please call Aetna Better Health of Louisiana at **1-855-242-0802**, Monday–Friday, 7 AM – 7 PM CT or send an email to LAProvider@aetna.com.