

Provider Relations Newsletter

Summer 2017



Table of Contents

Has your information changed?.....	1
Credentialing Changes	1
HEDIS and Performance Measures	2
Immunizations and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).....	2
Resources for infant, child and adolescent EPSDT or comprehensive wellness visits and Immunizations...	6
Important Family Planning Services PCPs and OB/GYNs	7
Quality is in all we do at Aetna Better Health!.....	7
Integrated Care Management	8
Care management & disease management services	9
How we identify members for care management and disease management.....	10
Medical Necessity Criteria.....	10
Educating members on their own health care.....	10
Pharmacy Management Overview	11
Prescription Monitoring Program	11
Prescriptions, Drug Formulary and Specialty Injectables.....	11
Prior Authorization Process.....	12
Step Therapy and Quantity Limits.....	12
Health Guidelines.....	13
Provider Relations Liaisons	14

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.

Continued on page 2

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Credentialing Changes *Continued from page 1*

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**.

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.

Immunizations and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), synonymous with Well-Child Checkups/Comprehensive Wellness Exams include:

- Medical screenings
- Developmental screenings
- Vision screenings
- Hearing screenings
- Dental screenings
- Periodic and inter-periodic screenings

For dental screenings, our members should contact MCNA at **1-855-702-6262**, TTY: **1-800-955-8771** with the exception of the EPSDT varnishes provided in a primary care setting.

All members 3 -21 years of age should receive a yearly comprehensive wellness exam. Members 0-15 months of age should receive a minimum of six comprehensive well child visits before turning 15 months of age. For recommendations for preventive health care for members 0-21 years of age, refer to the Bright Futures periodicity chart at www.aap.org/en-us/Documents/periodicity_schedule.pdf. For recommendations for immunizations, refer to www.cdc.gov/vaccines/acip/index.html.

HEDIS for EPSDT and Immunization Services

HEDIS Measure Definitions	What You Can Do	Coding/Tips
<p>W15 - Well Child 15 months</p> <p>Members 0-15 months of age with 6 comprehensive well child visits.</p> <p>Minimum of 6 well visits required before 15 months old</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL three criteria: health education/guidance, physical exam, developmental health and history (physical and mental).</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10 CM Codes: Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9</p> <p>Procedure Codes: 99381, 99382, 99391, 99392, 99461</p> <p>HCPCS:G0438, G0439</p>
<p>W34 - Well Child 3-6 years</p> <p>Members 3-6 years of age with at least 1 comprehensive well child visits annually.</p> <p>Minimum of 1 visit required annually</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL three criteria: health and developmental history, physical exam, health education/guidance.</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10CM Codes:Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9</p> <p>CPT Codes:99382, 99383, 99392, 99393</p> <p>HCPCS:G0438, G0439</p>
<p>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents</p> <p>Children age 3-17 years of age who had a visit with a PCP or OB/ GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI percentile.</p> <p>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</p>	<p>BMI ICD-10 CM Codes: Z68.51-Z68.54</p> <p>Nutrition Counseling ICD-10 CM Code: Z71.3CPT Codes: 97802-97804HCPCS: G0447, G0270, G0271, S9449, S9452, S9470</p> <p>Physical Activity Counseling HCPCS: G0447 (face to face behavioral counseling for obesity—15 minutes), S9451 (Exercise classes- non-physician provider)</p> <p>ICD-10 CM Code: Z02.5 (Sports physical)</p>

HEDIS Measure Definitions	What You Can Do	Coding/Tips
<p>AWC - Adolescent Well Care Visits</p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p>Minimum of 1 Required</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well visit exam.</p> <p>Documentation MUST include ALL 3 criteria: health and developmental history, physical exam, health education/guidance.</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10 CM Codes: Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9</p> <p>HCPCS G0438, G0439</p> <p>CPT Codes: 99383-99385, 99393-99395</p>
<p>IMA - Immunizations in Adolescents</p> <p>Members age 13 years of age who received: 1 Tdap vaccine between the 10th and 13th birthday, 1 Meningococcal Conjugate vaccine between the 11th and 13th birthday and 3 doses of HPV vaccine between the 9th and 13th birthday.</p> <p>Individual rates and 2 combinations are reported:</p> <p>Tdap and Meningococcal conjugate</p> <p>Tdap, Meningococcal conjugate and HPV</p>	<p>Educate staff to schedule PRIOR to 13th birth-day. Document and submit timely with correct code.</p> <p>HPV rates are now reported for both females and males. Educate families on the importance of these immunizations.</p> <p>Give call reminders for series vaccines</p>	<p>Tdap CPT Code:90715 CVX Code:115</p> <p>Meningococcal CPT Codes:90644 90734 CVX Codes:114, 136, 148</p> <p>HPV CPT Codes: 90649, 90650, 90651 CVX Codes:62, 118, 165</p>



HEDIS Measure Definitions	What You Can Do	Coding/Tips
<p>CIS/LCS - Childhood Immunization Status and Lead Screening in Children</p> <p>Children who received recommended vaccinations prior to second birthday.</p> <p>Children who had one or more lead blood test for lead poisoning by their second birthday.</p> <p>*Document parental refusal.*</p>	<p>Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind with their immunizations.</p> <p>Any vaccines after the age of 2 are considered late in HEDIS reporting.</p> <p>Educate parents/guardians regarding the importance of having their child immunized and keeping appointments.</p> <p>Immunizations recommended: 4 DTaP/DT, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines.</p> <p>Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.</p> <p>Lead screening test should be completed on all children by their second birthday</p>	<p>Vaccine Codes</p> <p>TaP CPT Codes: 90698, 90700, 90721, 90723 CVX Codes: 20, 50, 106, 110, 120 IPV CPT Codes: 90698, 90713, 90723 CVX Codes: 10, 110, 120</p> <p>HiB CPT Codes: 90644-90648, 90698, 90721, 90748 CVX Codes: 46 -51, 120, 148</p> <p>Hep B CPT Codes: 90723, 90740, 90744, 90747, 90748 CVX Codes: 08, 44, 51, 110 HCPCS: G0010 ICD-10 PCS: 3E0234Z PCV CPT Codes: 90669, 90670 CVX Codes: 100, 133 HCPCS: G0009 VZV CPT Codes: 90710, 90716 CVX Codes: 21, 94</p> <p>MMR CPT Codes: 90707, 90710 CVX Codes: 03, 94 Measles CPT Code: 90705 CVX Code: 05</p> <p>Measles/Rubella CPT Code: 90708 CVX Code: 04</p> <p>Mumps CPT Code: 90704 CVX Code: 07</p> <p>Rubella CPT Code: 90706 CVX Code: 06</p> <p>Rotavirus 2 dose CPT Code: 90681 CVX Code: 119</p> <p>Rotavirus 3 dose CPT Code: 90680 CVX Code: 116</p> <p>HepA CPT Code: 90633 CVX Code: 83</p> <p>Flu CPT Code: 90655, 90657, 90661, 90662, 90673, 90685, 90687 CVX Codes: 135, 140, 141, 153, 155, 158, 161 HCPCS: G0008</p> <p>Lead CPT Code: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7</p>



Tips for Improving HEDIS Measures

- Make sure you are coding correctly for all the services you provide. Reference the HEDIS Measures Tip Sheet and Gaps in Care Billing Guide.
- Use CPT II billing codes to help increase scores for BMI's, BMI percentiles, labs, etc.
- Patients 20 years old and younger must have a BMI Percentile documented in the chart. Document percentile, %, or plot BMI on CDC Growth for BMI Percentiles Chart.
- For annual wellness visits, document health history, mental and physical health development, physical exam, anticipatory guidance/health education.
- Conduct and bill a well visit with a sick visit for a member who has not had his/her annual physical. Anticipatory guidance may not be related to the sick visit.
- Expand a basic *sports physical* to include *counseling for nutrition and physical activity, education and anticipatory guidance*. Including these components will increase the Adolescent Well Visit and Well child rates.
- Access your Gaps in Care Report through the portal. Contact members that are delinquent in needed care and schedule services.
- Make sure that follow-up instructions are clear (ex: for future appointments and what to do).
- Schedule the next appointment before the patient leaves the office. If needed, have member arrange LogistiCare Transportation before member leaves the office.
- Collaborate with the health plan on medical record reviews, programs and interventions.
- Post partum visits are conducted on or between 21 and 56 days after delivery. A C-section check does not count as a postpartum visit. A postpartum visit is a separate visit.

Resources for infant, child and adolescent EPSDT or comprehensive wellness visits and Immunizations

You can visit *Bright Futures* to access *Guidelines for Health Supervision of Infants, Children, and Adolescents* located at: brightfutures.aap.org/Pages/default.aspx. Here, you may download the periodicity chart and other helpful resources and materials that will assist with EPSDT/wellness visits.

Providers use vaccines available without a fee to members under the Vaccine for Children (VFC) Program for Medicaid children. Providers are encouraged to give immunizations in conjunction with EPSDT/Well Child visits or when other appropriate opportunities exist. Visit www.vaccines.gov/more_info/features/vcf-program.html or www.cdc.gov/vaccines/programs/vfc/index.html to learn more about the Vaccine for Children Program (VFC). Providers are encouraged to give all members under twenty-one (21) years of age all vaccines and immunizations in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines. Visit www.cdc.gov/vaccines/acip/index.html to learn more.

Providers are encouraged to report immunization data into the Louisiana Immunization Network for Kids (LINKS). Visit linksweb.oph.dhh.louisiana.gov/linksweb/main.jsp to add and edit immunization and vaccination records.

You may also refer to your provider manual at aetnabetterhealth.com/louisiana/providers/manual for information on EPSDT and immunizations.



Important Family Planning Services PCPs and OB/GYNs

Members may self-refer/directly access family planning services without an authorization from their PCP. Members also have direct access to Women's Health Care Provider (WHCP) services. Members have the right to select their own WHCP, including nurse midwives who participate in Aetna Better Health of Louisiana's network, and can obtain maternity and gynecological care without prior approval from a PCP.

Family Planning Services include:

- Seven evaluation and management office visits per year for physical examinations for both males and females as it relates to family planning or family planning-related services;
- Contraceptive counseling (including natural family planning), education, follow-ups, and referrals;
- Laboratory procedures for the purposes of family planning and management of sexual health;
- Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration; and
- Male and female sterilization procedures and follow up tests.

For fertile women of reproductive age and on an annual basis during routine gynecological care, providers are encouraged to discuss preconception planning, interconception planning, and pregnancy prevention options. Providers are encouraged to provide special counseling on pregnancy prevention options for adolescent members of reproductive age during routine gynecological care and wellness visits.

Aetna Better Health of Louisiana believes women's and men's health is important and promotes a life course approach. Appropriate family planning services are based on the member's reproductive life plan. Providers can download the toolkit for addressing preconception and interconception health services at every visit. Visit aetnabetterhealth.com/louisiana/providers/resources/toolkits to download. At this link, you may also download the long acting reversible contraceptives and the progesterone ordering and billing guides. Providers may also refer to the provider manual at aetnabetterhealth.com/louisiana/providers/manual for information on family planning services.

Quality is in all we do at Aetna Better Health!

Our Quality program focuses on improving medical care and the delivery of services to our members. We do this by using a formal process to monitor and evaluate the quality, appropriateness, safety and effectiveness of care and services provided by our organization. With this structure in place, ABHLA is able to focus on opportunities for improving processes as well as health outcomes and the satisfaction of members and providers.

Our quality department tracks our physicians' activities, and ensure members are provided safe care and services through prevention and wellness outreach, quality improvement projects (i.e. prematurity, HIV, ADHD), quality audits, and HEDIS.

Our goal is to provide more ways for our members to get care, start new programs to educate members with health information, and make sure members can get the care they need for better health.

We will keep you updated on information about our Quality management program through newsletters and by updating our website. For more information about our programs call us toll free **1-855-242-0802**, TTY **711**. You can also ask for a written description of our Quality Management Program.

Resources for Monitoring Gaps and Coding and Billing

You can visit Aetna Better Health of Louisiana's website and download our HEDIS Tip Sheets. You may access HEDIS Tip Sheets at: aetnabetterhealth.com/louisiana/providers/.

Provider Gaps in Care Billing Guide; document is located within the Provider Portal, just log in to the Provider Portal and download.

In the Provider Portal, you may also access your Gaps in Care Reports on a monthly basis to close Gaps in

Care related to EPSDT or wellness visits. You may access the portal at: aetnabetterhealth.com/louisiana/providers/.

For further assistance accessing these resources, please contact your Provider Relations Liaison Provider Relations Liaison by emailing **LouisianaProviderRelationsDepartment@aetna.com** or calling **1-855-242-0802**, and selecting **option 2** then **option 6**.

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.*

The ICM Interventions and Services are detailed below:

ICM Interventions and Services	
ICM Service Level	Care Management Interventions
Intensive: Complex Case Management and Chronic Condition Management (Disease Management)	<ul style="list-style-type: none">• Outreach/Enrollment• Welcome Letter• Face to face visits• PCP notification of enrollment, education about the program and services and how they can best support their patient• Encouraging members to communicate with their care and service providers• Comprehensive bio-psychosocial assessment including behavioral health and substance abuse screening• Condition specific assessments for physical and behavioral health• Case Formulation/Synthesis (summary of the member's story)• Integrated plan of care and service plans (if member is LTSS eligible)• Chronic condition management• Member education and coaching to self-manage their conditions and issues• Monthly (minimum) care plan updates based on progress toward goals• Member contacts as clinically indicated and face to face if indicated• Complex care coordination with both internal and the member's multi-disciplinary care team which includes the member's identified support system• Case rounds• Integrated care team meetings (duals & LTSS)• Bi-annual Newsletter for primary chronic condition• Krames educational sheets

ICM Interventions and Services

ICM Service Level

Care Management Interventions

Supportive:

Supportive
Standard Care
Management and
Chronic Condition
Management
(Disease
Management)

- Outreach/Enrollment
- Welcome Letter
- Face to face visits (LTSS only)
- PCP notification of enrollment, education about the program and services and how they can best support their patient
- Condition specific assessments for conditions of focus
- Bio-psychosocial care plan which includes activities for chronic conditions and service plans
- Chronic condition management
- Coaching on the management of conditions and issues and self-care
- Encouraging members to communicate with their care and service providers
- Education on disease process, self-management skills, and adherence to recommended testing and treatment
- Quarterly (minimum) care plan updates
- Member contacts as clinically indicated
- Care team coordination
- Case rounds
- Integrated care team meetings (duals & LTSS)
- Bi-annual Newsletter for primary chronic condition
- Krames educational sheets

Population Health

Monitoring, follow
up and education
for low risk
members

- Low/No Risk pregnant members: Quarterly screening to identify risk factors
- Dually enrolled Medicare-Medicaid: Annual HRQ, low risk care plans, Krames materials
- Welcome letter and bi-annual newsletter for low risk chronic condition management
- Special populations: monitoring/tracking per state requirements
- PCP notification of enrollment, education about the program and services and how they can best support their patient
- Not applicable for LTSS



Care management & disease management services

You can refer your Aetna Better Health patients for care management or disease management services by calling **1-866-638-1232**. You can also contact the Aetna Better Health inpatient concurrent review nurse for patients residing in an inpatient facility.

How we identify members for care management and disease management

Aetna Better Health uses the following sources to identify members for care management and disease management:

- Enrollment data from the state
- Predictive modeling tools
- Claim/ encounter information including pharmacy data if available
- Data collected through the utilization management processes
- Laboratory results
- Hospital or facility admissions and discharges
- Health risk appraisal tools
- Data from health management, wellness, or health coaching programs

We may also use referrals from our health information or special needs lines, members, caregivers, providers, or practitioners to identify members appropriate for care management and stratification levels for case-managed members.

For more information about our care management and disease management programs, visit our website at aetnabetterhealth.com/louisiana/providers/medmgmt, or email our Care management team at Aetnabetterhealthofla-CMReferral@aetna.com.

Medical Necessity Criteria

Medical necessity is defined as a service, supply or medicine that is appropriate and meets the standards of good medical practice in the medical community, as determined by the provider and in accordance with Aetna Better Health of Louisiana's guidelines for the diagnosis or treatment of a covered illness or injury, for the prevention of future disease, to assist in the member's ability to attain, maintain, or regain functional capacity, or to achieve age-appropriate growth.

Any such services must be clinically appropriate, individualized, specific, and consistent with the symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the recipient requires at that specific point in time. Services that are experimental, non-Demonstration approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary".

Determination of medical necessity for covered care and services, whether made on a prior authorization, concurrent review, retrospective review, or on an exception basis, must be documented in writing. The determination is based on medical information provided by the member, the member's family/caregiver and the PCP, as well as any other providers, programs, agencies that have evaluated the member. Medical necessity determinations must be made by qualified and trained health care providers.

Educating members on their own health care

Aetna Better Health of Louisiana does not prohibit providers from acting within the lawful scope of their practice and encourages them to advocate on behalf of a member and to advise them on:

- The member's health status, medical care or treatment options, including any alternative treatment that may be self-administered;
- Any information the member needs in order to decide among all relevant treatment options;
- The risks, benefits, and consequences of treatment or non-treatment; and

- The member's right to participate in decisions regarding his or her behavioral health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

All providers may freely communicate with patients about their treatment, regardless of benefit coverage limitations.



Pharmacy Management Overview

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

Prescription Monitoring Program

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

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

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

Prescriptions, Drug Formulary and Specialty Injectables

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

Note: Aetna Better Health of Louisiana will cover

non-formulary non-excluded medications for members new to the plan for the first 60 days of enrollment.

Aetna Better Health of Louisiana members must have their prescriptions filled at a network pharmacy to have their prescriptions covered at no cost to them. For a complete list of drugs listed within the therapeutic classes, please visit our website at aetnabetterhealth.com/louisiana, under provider, then pharmacy for detailed information on pharmacy.

Prior Authorization Process

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

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

Aetna Better Health of Louisiana's Medical Director is in charge of generating adverse decisions, including a complete denial or approval of a different medication. Using specific, evidence-based PA pharmacy review guidelines Aetna Better Health of Louisiana's Medical Director may require additional information prior to making a determination as to the medical necessity of the drug requested. This information may include, but is not limited to, evidence indicating:

- Formulary alternatives have been tried and failed or cannot be tolerated (i.e., step therapy)

- There are no therapeutic alternatives listed in the formulary
- There is no clinical evidence that the proposed treatment is contraindicated (i.e., correctly indicated as established by the Federal Drug Administration (FDA) or as accepted by established drug compendia)
- For brand name drug requests, a completed FDA MedWatch form documenting failure or intolerance to the generic equivalents is required

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

Aetna Better Health of Louisiana will fill prescriptions for a 72-hour supply if the member's prescription has not been filled due to a pending PA decision. Aetna Better Health of Louisiana members must have their prescriptions filled at a network pharmacy to have their prescriptions covered at no cost to them. For a complete list of drugs listed within the therapeutic classes, please visit our website at aetnabetterhealth.com/louisiana, under provider, then pharmacy for detailed information on pharmacy.

Step Therapy and Quantity Limits

The step therapy program requires certain first-line drugs, such as generic drugs or formulary brand drugs, to be prescribed prior to approval of specific second-line drugs. Drugs having step therapy are identified on the formulary with "STEP".

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

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

Aetna Better Health of Louisiana members must have their prescriptions filled at a network pharmacy to have their prescriptions covered at no cost to them. For a complete list of drugs listed within the therapeutic classes, please visit our website at aetnabetterhealth.com/louisiana, under provider, then pharmacy for detailed information on pharmacy.

Health Guidelines

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. These include treatment protocols for specific conditions, as well as preventive health measures.

These guidelines are intended to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided
- To access and review our guidelines visit aetnabetterhealth.com/louisiana. The guidelines are listed in the "For Providers" section on our website under "Guidelines."

You can find Preventive Health Guidelines specifically for:

• Asthma	• National Heart, Lung and Blood Institute (NHLBI) - Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full report (2007).
• Attention - Deficit/ Hyperactivity Disorder	• American Academy of Pediatrics (AAP): Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents (2011).
• Bipolar Disorder	• American Psychiatric Association Practice Guidelines – Practice Guidelines (2002) – Guideline Watch (2005) – Quick Reference Guide
• Chronic Kidney Disease	• Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (2012).
• Chronic Obstructive Pulmonary Disease	• Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) (2014).
• Coronary Artery Disease	• American Heart Association/American College of Cardiology Foundation (AHA/ACCF) Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular disease (2011).
• Crohns	• Management of Crohn's Disease in Adults, Gary R. Lichtenstein MD, Stephen B. Hanauer MD, William J Sandborn MD and The Practice Parameters Committee of the American College of Gastroenterology.
• Diabetes	• American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2014).
• Eating Disorder	• American Psychiatric Association Practice Guidelines – Practice Guidelines (2006) – Guideline Watch (2012) – Quick Reference Guide
• Heart Failure	• ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure (2013).
• Hemophilia	• Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders.
• HIV/AIDS	• Primary Care Guidelines for the Management of Persons Infected With HIV. Update by the HIV Medicine Association of the Infectious Diseases Society of America (2013).
• Low Back Pain	• Institute for Systems Clinical Improvement, Executive Summary: Adult Low Back Pain (2012).

- **Major Depressive Disorder** • American Psychiatric Association (APA) Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition.
- **Multiple Sclerosis** • Disease Modifying Therapies in Multiple Sclerosis: Report of the Therapeutics and Technology Assessment.
- **Obsessive-Compulsive Disorder** • American Psychiatric Association Practice Guidelines
 - Practice Guidelines (2007)
 - Guideline Watch (2013)
 - Quick Reference Guide
- **Panic Disorder** • American Psychiatric Association Practice Guidelines
 - Practice Guidelines (2009)
 - Quick Reference Guide
- **Schizophrenia** • American Psychiatric Association Practice Guidelines
 - Practice Guidelines (2004)
 - Guideline Watch (2009)
 - Quick Reference Guide
- **Substance Use Disorder** • American Psychiatric Association Practice Guidelines
 - Practice Guidelines (2006)
 - Guideline Watch (2007)
 - Quick Reference Guide
- **Suicidal Behaviors** • American Psychiatric Association Practice Guidelines
 - Practice Guidelines (2003)
 - Quick Reference Guide

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	Adrian Lozano LozanoA@aetna.com	504-402-3417
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