



Pharmacy management overview

Aetna Better Health of Louisiana covers prescription medications and certain over-the-counter medicines when you write a prescription for members enrolled in the Louisiana Family Cares program. Pharmacy is administered through CVS Caremark. CVS Caremark is responsible for pharmacy network contracting, mail order delivery, and network point-of-sale (POS) claim processing. Aetna Better Health of Louisiana is responsible for formulary development, drug utilization review, and prior authorization. For a complete list of drugs listed within the therapeutic classes, please visit our website at [AetnaBetterHealth.com/Louisiana](https://www.aetna.com/better-health/louisiana), under provider, then pharmacy.

OTC benefit can now be used at CVS Pharmacies

Aetna Better Health of Louisiana members can still receive orders by mail, but now they can also use the OTC benefit at select CVS Pharmacy locations. All stores will have a dedicated section. Members can check out at any register using their health plan ID card. Members will need to verify their date of birth and address to process the order.

Members can access their benefit at select CVS Pharmacy stores. Once in the store, they can identify products with the blue sign in the OTC dedicated section. On pages 2-3 is a list of CVS Pharmacy locations you can share with members.

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Your OTC benefit can now be used at CVS Pharmacy®!

You can still receive your order by mail, but now you can also use your OTC benefit at these CVS Pharmacy locations:

¡Su beneficio OTC ahora se puede usar en CVS Pharmacy®!

Todavía puede recibir su pedido por correo, pero ahora también puede usar su beneficio OTC en estas ubicaciones de CVS Pharmacy:



721 Bolton Ave
Alexandria, LA 71301
Store #5276

4443 Jackson St
Alexandria, LA 71303
Store #5607

2850 Highway 90 West
Avondale, LA 70094
Store #5543

1214 Main St
Baker, LA 70714
Store #5321

5889 Airline Hwy
Baton Rouge, LA 70805
Store #5319

2520 Plank Rd
Baton Rouge, LA 70805
Store #5615

7411 Florida Blvd
Baton Rouge, LA 70806
Store #6124

5360 Highland Rd
Baton Rouge, LA 70808
Store #8309

7777 Bluebonnet Blvd, Suite 100
Baton Rouge, LA 70810
Store #1116

9006 Greenwell Springs Rd
Baton Rouge, LA 70814
Store #5318

11430 Florida Blvd
Baton Rouge, LA 70815
Store #5317

11705 Coursey Blvd
Baton Rouge, LA 70816
Store #5510

329 Superior Ave.
Bogalusa, LA 70427
Store #5277

3001 E Texas St
Bossier City, LA 71111
Store #5323

4870 Airline Dr
Bossier City, LA 71111
Store #10218

4890 Barksdale Blvd
Bossier City, LA 71112
Store #5396

2600 Paris Rd
Chalmette, LA 70043
Store #2597

627 W 21st Ave
Covington, LA 70433
Store #5614

2101 Collins Blvd
Covington, LA 70433
Store #5469

16804 W Main St
Cut Off, LA 70345
Store #5432

640 South Range Ave
Denham Springs, LA 70726
Store #5334

12589 Ailine Hwy
Destrehan, LA 70047
Store #5442

20 West Tenth St
Donaldsonville, LA 70346
Store #5278

1116 Washington St
Franklinton, LA 70438
Store #5451

1624 N Burnside
Gonzales, LA 70737
Store #5354

2300 West Thomas St
Hammond, LA 70401
Store #5280

1600 Lapalco Blvd
Harvey, LA 70058
Store #5599

998 Hwy 80
Haughton, LA 71037
Store #4068

7015 Park Ave
Houma, LA 70364
Store #5338

2242 Williams Blvd
Kenner, LA 70062
Store #5333



Aetna Better Health® of Louisiana

4406 Johnston St
Lafayette, LA 70503
Store #5283

705 Bertrand Dr
Lafayette, LA 70506
Store #5284

3754 Moss St
Lafayette, LA 70507
Store #5511

1920 Kaliste Saloom
Lafayette, LA 70508
Store #5443

5044 Ambassador Caffery Pkwy
Lafayette, LA 70508
Store #8958

2000 Ryan St
Lake Charles, LA 70601
Store #266

4828 Nelson Rd
Lake Charles, LA 70605
Store #1099

1695 Highway 59
Mandeville, LA 70448
Store #6360

4540 Highway 22
Mandeville, LA 70471
Store #7224

4301 Airline Dr
Metairie, LA 70001
Store #5441

1710 Louisville Ave
Monroe, LA 71201
Store #5513

2901 Sterlington Rd
Monroe, LA 71203
Store #5344

6502 Highway 182
Morgan City, LA 70380
Store #5289

5000 North Claiborne Ave
New Orleans, LA 70117
Store #10538

500 N Carrollton Ave
New Orleans, LA 70119
Store #10594

5902 Read Blvd
New Orleans, LA 70127
Store #10108

1013 East Landry St
Opelousas, LA 70570
Store #5292

100 Edgewood Dr
Pineville, LA 71360
Store #5544

17122 Airline Hwy
Prairieville, LA 70769
Store #1661

4572 Hwy 1
Raceland, LA 70394
Store #5304

3300 Youree Dr
Shreveport, LA 71105
Store #5329

7004 Youree Dr
Shreveport, LA 71105
Store #5331

9510 Ellerbe Rd
Shreveport, LA 71106
Store #4743

2755 Hollywood Ave
Shreveport, LA 71108
Store #5326

9194 Mansfield Rd
Shreveport, LA 71118
Store #5327

6935 Pines Rd
Shreveport, LA 71129
Store #5360

1305 Gause Blvd
Slidell, LA 70458
Store #5330

2103 Gause Blvd East
Slidell, LA 70461
Store #5473

201 N Canal Blvd
Thibodaux, LA 70301
Store #5297

5350 Cypress St
West Monroe, LA 71291
Store #10219

1203 Westbank Expressway
Westwego, LA 70094
Store #4752

20501 Old Scenic Highway
Zachary, LA 70791
Store #1924



Louisiana Department of Health Informational Bulletin 19-14

Act 370: Limitation on Hours of Community Psychiatric Support and Treatment and Psychosocial Rehabilitation Services

House Bill 211 was passed by the legislature and was signed by Gov. John Bel Edwards, becoming effective August 1, 2019 as Act 370.

This law affects behavioral health services providers (BHSP) who provide community psychiatric support and treatment (CPST) services or psychosocial rehabilitation (PSR) services to Medicaid enrollees. More specifically, it limits the number of reimbursable service hours per calendar day for providers of these two services and requires inclusion of certain information on claims for payment for behavioral health services.

LIMITS ON NUMBER OF REIMBURSABLE SERVICE HOURS PER DAY

Per Act 370, an individual behavioral health services provider rendering CPST services, PSR services, or both shall be limited to a maximum combined total of 12 reimbursable hours of CPST services and PSR services per rendering provider, per calendar day, regardless of the number of patients seen by the rendering provider, unless any of the following conditions are met:

- (a) The medical necessity of the services is documented for a Medicaid enrollee receiving more than 12 hours of CPST and PSR services per day, per rendering provider;
- (b) The services are billed for a group setting. However, the total hours worked by an individual rendering provider shall not exceed 12 reimbursable hours per calendar day; or
- (c) The services are billed for crisis intervention.*

*Crisis intervention services are **not** billed as part of CPST or PSR, and should be billed according to requirements established for crisis intervention mental health rehabilitation services.

Services subject to the 12-hour limitation include only CPST and PSR services rendered per individual national provider identifier at one or more outpatient behavioral health services provider facilities or agencies within a calendar day.

The 12-hour limitation shall not apply per individual behavioral health services provider agency.

Act 370 does not apply to evidence-based practices (EBP) including, but not limited to, assertive community treatment (ACT), multi-systemic therapy (MST), functional family therapy (FFT), Homebuilders® and permanent supportive housing (PSH).

No managed care organization shall accept for payment a claim from a provider of behavioral health services unless that claim includes all claim information required by R.S. 40:2162.

HEDIS and performance measures

Aetna Better Health of Louisiana collects data for care through claims and other administrative data, as well as a medical record and review. Claims are the fastest and easiest way to collect HEDIS data, so correct coding is extremely important! Correct coding allows the health plan to collect administrative data and decreases the need for medical record review. Please reach out to your area Provider Relations Liaison indicated on the last page of this newsletter, if you would like education of appropriate claims filing procedures.

Aetna Better Health mobile app

Our members can get on demand access to tools they need to stay healthy with the Aetna Better Health mobile application. Members can find a doctor, view or request a member ID card, change their primary care physician (PCP), see their medical and pharmacy claims, view the member handbook, and send us secure messages 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.

Medical necessity criteria

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

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

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

an Aetna Better Health of Louisiana Provider Relations representative. These are to be consulted in the order listed:

- Criteria required by applicable state or federal regulatory agency
- Applicable Milliman Care Guidelines (MCGs) 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 MCGs 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 (CPBs)
- 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.

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 demographic information, contact our Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802** or send your update via email at **LAProvider@aetna.com**.



Clinical practice guidelines

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

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

For the most up-to-date version of our preventive and clinical practice guidelines, go to **[AetnaBetterHealth.com/Louisiana](https://www.aetna.com/Louisiana)**, click on "providers", and find the "guidelines tab", or call **1-855-242-0802** and our Medical Management or Quality Management department will assist you.

Member access to physical health care

Patient calls during and after normal business hours

Aetna Better Health of Louisiana is required to meet the Louisiana Department of Health and health plan contractual requirements ensuring our patients have access to a primary care physicians and/or specialists during and after normal business hours.

Requirements

Appointment availability

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

Appointment time frames

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

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

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

Specialty care consultation

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

Maternity appointment time frames

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

- First trimester – within 14 calendar days of request
- Second trimester – within seven calendar days of request
- Third trimester – within three business days of request

- High-risk pregnancies within days of identification of high risk by the health plan or maternity care provider, or immediately if an emergency exists.

Triage and/or screening

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

At a minimum, maintain a procedure for triaging or screening patient telephone calls includes the 24/7

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employment of a telephone answering machine/ service/or office staff that will inform the caller:

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

Aetna Better Health of Louisiana’s Provider Relations and Quality Management departments will be monitoring practitioners and providers during and after hour availability to ensure they, and their employees, adhere to state of Louisiana and health plan requirements.

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

Affirmative statement about incentives

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

Questions?

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

Provider Relations liaisons

If you have any issues or concerns, please contact your Aetna Better Health of Louisiana Provider Relations liaison; listed by their regional assignment.

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**.

Region	Contact name	Email	Phone
1	Kathleen Dickerson	DickersonK2@aetna.com	504-462-9986
Jefferson Parish	Adrian Lozano	LozanoA@aetna.com	504-402-3417
2	Eve Serbert	SerbertE@aetna.com	504-220-1413
3	Adrian Lozano	LozanoA@aetna.com	504-402-3417
4	Brandy Wilson	WilsonB8@aetna.com	504-264-4016
5	Eve Serbert	SerbertE@aetna.com	504-220-1413
6	Jennifer Thurman	ThurmanJ@aetna.com	318-413-0725
7	Chemeka Turner	TurnerC7@aetna.com	318-349-6493
8	Jennifer Thurman	ThurmanJ@aetna.com	318-413-0725
9	Marion Dunn	DunnM7@aetna.com	504-444-6569

