



All providers must enroll in Louisiana Medicaid's enrollment portal

All providers that file claims with Louisiana Medicaid must enroll in Medicaid's new web-based provider enrollment portal at [LAMedicaid.com](https://lamedicaid.com). Federal laws enforced by CMS, including the Affordable Care Act and the 21st Century Cures Act, require states to screen and enroll all providers. The new Medicaid provider enrollment portal will bring Louisiana into compliance with these requirements.

The enrollment portal **must be used by all Medicaid providers**. The original deadline for provider enrollment was March 31, 2022. The Louisiana Department of Health (LDH) has requested a deadline extension from CMS. The proposed deadline is **June 30, 2022**, pending approval from CMS.

LDH Healthy Louisiana providers are encouraged to take action to complete enrollment. Any existing Medicaid provider that does not complete the enrollment and screening process through the new portal will have their claims denied.

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All providers must enroll in Louisiana Medicaid's enrollment portal *(continued from previous page)*

Medicaid sent all current providers a letter explaining the process for enrollment with instructions. Providers will need several data elements from this letter to complete their enrollment, including: Louisiana provider ID, NPI, city, state and zip code. If a provider does not have this letter or this information, they can email louisianaprovenroll@gainwelltechnologies.com to request a reprinted letter be mailed. Email requests must include the provider name and the NPI. Providers may send multiple provider requests in a single email.

For more information about this requirement visit <https://ldh.la.gov/page/4125>.



Referral portal for mental health medication management

One Telemed, LLC has made their referral process much easier. If you are a provider in need of referring a patient for Mental Health Medication Management services, simply access the scheduling portal by logging onto www.onetelemed.com. Click on:

- Make an appointment
- Select the provider
- Select your service type
- Select the day and time
- Create portal profile
- Complete client demographic form
- Click submit

A One Telemed's care team specialists will contact your patient within 24 hours to conduct an initial assessment and confirm the requested appointment. If you have any questions or concerns, feel free to contact One Telemed at **337-565-0843**.



Social determinants of health (SDoH)

How do healthcare providers and administrators begin to address social determinants of health?

Today, Louisianans are again facing crisis, including both a record-breaking hurricane season and the ongoing Covid-19 outbreak. Once again the communities that were already struggling before disaster struck have been hardest hit. Chronic conditions are closely tied to social determinants of health, including geographic location and employment status.

Most people are aware and want help, but few patients have the self-efficacy to seek out community support. Patients who do need social supports are primarily turning to the internet and their family and friends for information. Most agree doctors and health insurance plans should be leading the charge in this arena.

There are five social determinants of health domains, according to the Office of Disease Prevention and Health Promotion (ODPHP) Healthy People 2030 [website](#).

For instance, social determinants, such as transportation access, housing security, and socio-emotional health, play a critical role in access to care and the ability to sustain engagement with recommended treatment plans.

Nationally, patients have stated they would feel more supported by their providers if their providers asked about SDOH. Only a small percentage believe these questions would be annoying or make patients feel nervous. While some patients will be receptive to educational strategies, others will need more nudging.

Aetna Better Health of Louisiana believes awareness is key. We want to create a more comprehensive approach with our providers and enrollees. The success of social supports and community programs hinges on our collective ability to identify patients who would benefit from them. Without a sound SDOH screening process, efforts to address the patients' needs will be for naught.

One example from the CDC states that 1 in 4 adults with advanced chronic kidney disease (CKD) are food insecure – food insecure without hunger, food insecure with moderate hunger and food insecure

with severe hunger. Raising awareness of food insecurities, asking, documenting, coding, and reporting may help to target interventions to improve the health of people with CKD.

We are working with various community-based connecting platforms such as Unite Us¹, FindHelp.org², and Pyx Health³ to connect people in need to social services. Are you ready to help drive awareness of the social determinants of health by incorporating them into your delivery of care model? If yes, we are here as your partners.

All Aetna Better Health of Louisiana enrollees who are screened and whose SDOH needs are identified can be referred to one of our resources and/or linked to a care team member who can support the enrollee in finding and accessing resources.

We would love your feedback and insight on your organization's experience with SDOH initiatives. If you are interested in exploring SDOH collaboration opportunities with Aetna Better Health of Louisiana, please contact Angie Lockwood, Manager, Healthcare Quality Project Management at lockwooda@aetna.com.

April is National Minority Health Month (NMHM)

- SDOH contribute to wide health disparities and inequities
- Understand how people's personal experiences and backgrounds shape their interactions with healthcare

¹Unite Louisiana is a coordinated care network of health and social care providers. <https://louisiana.uniteus.com/>

²Findhelp.org (formerly Aunt Bertha) is the largest closed-loop referral network for social services in the U.S. <https://www.findhelp.org/>

³Pyx Health is a scalable, 24/7 technology platform that reduces loneliness and social isolation by connecting with your members outside of the traditional care setting. <https://pyxhealth.com/>



Support for patients who cite safety for COVID-19 vaccines because “it was rushed”

The Food and Drug Administration (FDA) and the accelerated approval process:

The U.S. FDA’s accelerated approval process for medications has generated a great deal of public interest. How the accelerated approval process works, the evidentiary standards being applied, and how clinical research studies are evaluated are all key points of consideration. But what else can be done to address public concerns and enhance the transparency of the overall process?

In this new white paper, MCG Associate Managing Editor, Chris Kurtz, MD, and Physician Editor, Megan McCarville, MD, MPH, explore:

- The background of the FDA accelerated approval pathway
- An overview of the drug development process
- Aspects of the FDA’s accelerated pathway that make it unique
- Potential reforms that would support transparency across the medical community as well as inform decisions around potential treatments

[Download the white paper](#)



Focus on fluoride varnish

Fluoride varnish can be applied by pediatricians and physicians during an annual wellness check. By using **CPT code 91188**, any provider can get reimbursed for Fluoride varnish applied to children age 6 months to 5 years old.

Dental caries disease is preventable, yet it is the most common chronic childhood disease in the U.S. (Clark et al., 2020). Fluoride varnish application for the prevention of dental caries in children is the standard of care in pediatric primary care practice (Clark et al., 2020). Guidelines from the American Academy of Pediatrics (Clark et al., 2020) and the U.S. Preventive Services Task Force (USPSTF, 2021) recommend that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

The Louisiana Department of Health (LDH) has initiated a process improvement program for all MCOs to work with PCPs, to improve the percentage of enrollees age 6 months through 5 years who received one or more fluoride varnish applications to a primary tooth by their PCP.

Below are some educational information and links that have been provided by LDH:

- (a) LDH Informational Bulletin 16-7, Revised June 27, 2017: Professional Services Fluoride Varnish Program Policy. Educate PCPs about how physicians, nurse practitioners and physician assistants can qualify for reimbursement for fluoride varnish services by reviewing the “Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling Module” and successfully passing the post assessment: www.smilesforlifeoralhealth.org, Course No. 6: Caries Risk Assessment, Fluoride Varnish & Counseling.
- (b) Well-Ahead Louisiana resources on preventive oral health: <https://wellaheadla.com/prevention/oral-health/>
- (c) Well-Ahead resources for fluoride varnish applications by PCPs: <https://wellaheadla.com/prevention/oral-health/>



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 (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

National Comprehensive Cancer Network (NCCN) guidelines used by Eviti for consultation for medical necessity 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.



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.



Tobacco cessation counseling for pregnant members

On March 24, 2022, the Louisiana Department of Health (LDH) updated Informational Bulletin 21-13 covering tobacco cessation counseling for pregnant beneficiaries. This update extends the coverage period for tobacco cessation counseling and pharmacotherapy to 12 months postpartum (from the previous 60 days).

Effective for dates of service on or after December 1, 2020, ABHLA covers up to eight tobacco cessation counseling sessions per calendar year for pregnant members.

- Tobacco cessation counseling is covered for pregnant members when:
 - Provided by the member's primary care provider (PCP) or obstetrical (OB) provider or,
 - By other appropriate healthcare professionals upon referral from the member's PCP or OB provider, but all care must be coordinated.
- Counseling is limited to the following during the prenatal period through 12 months postpartum:
 - Up to four tobacco cessation counseling sessions per attempt to quit tobacco use are covered.
 - Up to two attempts to quit tobacco use per calendar year are covered, for a maximum of eight counseling sessions per calendar year.
- The above limits may be exceeded if deemed medically necessary.
- Tobacco cessation counseling will be reimbursed as a flat fee based on the appropriate CPT code.

Claims submission

- All claims must be supported by appropriate documentation.
- Claims for tobacco cessation counseling within the prenatal period must include modifier -TH.
- Claims for tobacco cessation counseling within the postpartum period should not include modifier -TH.
- If tobacco cessation counseling is provided as a significant and separately identifiable service on the same day as an evaluation & management (E/M) visit, and is supported by clinical documentation, a modifier to indicate a separate service can be used where applicable.



LGBTQIA+ health education

The National LGBTQIA+ Health Education Center has created a series of interactive learning modules on providing quality/affirming care to LGBTQIA+ patients to be accessed on demand. These learning modules are eligible for CME and HEI credit. You can access the learning modules [here](#).

The National LGBTQIA+ Health Education Center aims:

- To advance health equity for LGBTQIA+ people and the populations which may intersect with the LGBTQIA+ community
- To address and eliminate health disparities for the LGBTQIA+ community
- To optimize access to cost-effective healthcare for the LGBTQIA+ community
- To improve the quality of care for LGBTQIA+ people by providing training and technical assistance to healthcare providers and staff across the globe

For questions, please contact D’Andra Odom by phone at **504-667-4533** or by email at OdomD2@aetna.com.



Provider Relations Liaisons

Our Provider Services Department serves as a liaison between the health plan and the provider community. Each Louisiana Department of Health Region in the state has one or more regional representatives.

Name	Phone/Email	Region(s)	Parishes	Provider Groups/Hospitals
Kellie Hebert	985-348-5763 HebertK@aetna.com			Ochsner Health System – statewide, LSU statewide complaints/inquiries, appeals
Kathryn Kuntz	985-201-4093 Kuntzk1@aetna.com	1		
Adrian Lozano	504-402-3417 LozanoA@aetna.com	2 & 4		
Jennifer Thurman	318-413-0725 ThurmanJ@aetna.com	6 & 8 (north)	East/West Carroll, Jackson, Lincoln, Morehouse, Union	
Keiwana Hymel	504-264-8445 HymelK@aetna.com	3 & 5		
Brandy Wilson	504-264-4016 WilsonB8@aetna.com	9		
Christine Duke	318-207-8827 DukeC2@aetna.com	7 & 8 (south)	Caldwell, Franklin, Madison, Ouachita, Richland, Tensas	
Marion Dunn	504-444-6569 Dunnm7@aetna Provider Relations Manager			

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**.

Provider Relations mailbox/general inquiries: laprovider@aetna.com