



## FAX

To: All Aetna Better Health of Louisiana Providers

Date: September 23, 2016

# Newsletter: Provider Relations Newsletter Third Quarter—Fall 2016.

## 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**.

## The 3 P's of flu prevention

Even in a relatively mild season, the flu results in numerous hospitalizations, emergency and office visits, and missed school and work. Over the past 35 years, annual flu-related deaths have reached as high as 50,000 in a single season. Healthy kids and adults may be far less likely to suffer the more catastrophic consequences of the flu. However, it poses a risk to the very young, old and chronically ill in our households, schools and workplaces.

As health care professionals, we play a pivotal role in lessening the burden of flu-related suffering. With flu season rapidly approaching, it's time to think about the **three P's: *Prepare, Prod and Prevent.***

### Prepare:

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

- Become knowledgeable about current ACIP recommendations for this winter:  
**[www.cdc.gov/flu/professionals/acip](http://www.cdc.gov/flu/professionals/acip)**
- Order your vaccine stock early.
- If possible, create a separate nurse appointment list for patients only seeking flu and pneumonia vaccines.
  - Allow nurses to administer these vaccines without a doctor visit.
- Create a list of alternative sites where flu and pneumonia vaccines are available for your patients (i.e. retail clinics in drug stores, supermarkets and other local options).
- Review current testing and treatment recommendations:  
**[www.cdc.gov/flu/professionals/diagnosis](http://www.cdc.gov/flu/professionals/diagnosis)**  
**[www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)**

**Prod:**

- Include a flu prevention statement in every patient contact.
  - You can suggest your office staff end every phone conversation with, “Just a reminder, we have flu shots available and strongly encourage that you protect yourself and your family.”
- Display flu prevention material prominently in your office and waiting area.
- Set an example by being the first in your office to be vaccinated.
  - See that your office/practice achieves 100 percent immunization of staff and family members as soon as possible.
- Identify and actively reach out to high-risk patients.

**Prevent:**

- Use every patient encounter as an opportunity to immunize (i.e. wellness exams, sports physicals, acute and chronic illness follow-up visits).
- Emphasize to patients the importance of basic infection-control measures (thorough and frequent hand-washing).
- Check to be sure children under five years old and eligible adults have received their pneumonia shots (pneumonia is the leading cause of flu-related deaths).
- Be sure all your patients in long-term care facilities, as well as their family members, are vaccinated.

We thank you for joining us in our mission to promote optimal health for each and every one of our members.

## **MCG Behavioral Health Guidelines Implementation**

Aetna Better Health of Louisiana will be implementing Milliman Care Guidelines Behavioral Health Guidelines (MCG BHG) as the primary medical necessity criteria for behavioral health, effective September 1, 2016.

Our move to MCG BHG is part of the Aetna Medicaid Standard Operating Model, and will continue to facilitate the appropriate level of care, accurately manage episodes of care and enhance the discharge planning process for our health plan members.

MCG BHG are nationally recognized, evidence-based clinical guidelines used for determining medical necessity, appropriate levels of care, managing episodes of care and the discharge planning process for our health plan members with behavioral health needs.

[www.mcg.com/content/behavioral-health-care](http://www.mcg.com/content/behavioral-health-care).

## **Performance Improvement Project Updates**

### **ADHD**

In June of 2016, ABHLA in collaboration with the Louisiana Department of Health (LDH) distributed a provider survey aimed at gaining a better understanding of ADHD diagnosis and management in children. Outreach efforts, in the form of fax-blasts, mail, and telephone calls, have been completed. The State is aggregating the responses across the Medicaid plans. ABHLA will share those results with providers. We would like to thank the providers and their staff who participated in completing the surveys. The data you provided will inform and improve the care of these children.

### **Premature Birth Reduction**

Aetna Better Health of Louisiana is reducing premature birth rates through a performance improvement project in collaboration with the State of Louisiana's Department of Health and other Healthy Louisiana Managed Care Organizations. The State aims to reduce the premature birth rate among Healthy Louisiana Plans by 5% in 2017. ABHLA's goal is to reduce the health plan's baseline rate by 5% fourth quarter 2017. The collaborative is aimed at reducing the premature birth rate by (1) increasing the use of progesterone therapy to reduce recurrent preterm births in accordance with ACOG recommendations; 2) ensuring STI screening among pregnant women; (3) engaging members in postpartum care; and 4) facilitating uptake of postpartum contraception.

### **Three of the Plan's most immediate objectives are to improve:**

1. Early notification of pregnancy (NOP) to increase early intervention and access to care;
2. Improve member and provider compliance to evidence based guidelines, e.g. 17P administration for pregnant members who are at risk for premature births, postpartum visits to support birth spacing and long acting reversible contraception(LARC); and
3. Improve the effectiveness of care management interventions to increase appropriate coordination of care.

### **How May Providers Contribute?**

1. Providers can submit a Notification of Pregnancy form during the first pre-natal visit. NOP's can be submitted electronically at [www.aetnabetterhealth.com/louisiana/assets/pdf/providers/LANoticeofPregnancy.pdf](http://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/LANoticeofPregnancy.pdf) or via fax: (866)-776-2813. Remember there is not a need to wait on filing a claim before submitting the NOP.
2. Providers can initiate 17P administration for at risk mom's in weeks 16-24. ABHLA is now contracted with Alere 17P in home administration. Check box "Makena At Home By Optum Home Nursing" under Step 4-Preferred Injection Setting on Makena prescription form: <http://www.makena.com/pdf/makena-prescription-form.pdf>
3. Providers can initiate referrals to the ABHLA OB Care Management Team via email at [Aetnabetterhealthofla-CMReferral@aetna.com](mailto:Aetnabetterhealthofla-CMReferral@aetna.com) or fax referral to (844-634-1109); the Care Manager will reach out to the member for continued care coordination.

## Diabetes support in the community

It is well noted that Louisiana has a Diabetes crisis and the public health and financial implications to the health care system are severe. According to reports from Louisiana Department of Health, Louisiana's death rate from diabetes is the highest in the country at 32.5 per 100,000 (national death rate 18.5 per 100,000.) Aside from the nearly 10% prevalence of diabetes among the adult population, disparities persist along racial and socio economic lines. For example, those making less \$25,000 have a prevalence of over 30% whereas those making over \$50,000 come in just over 6% (1).

As of early August 2016, under the Health Care Equity Program and in collaboration with both Medical Management and Community Development teams, Aetna Better Health of Louisiana launched the Community Health Worker/Diabetes Pilot Program. This program focuses on Adult members living the Orleans and Plaquemines Parishes with a diagnosis of Diabetes Mellitus. Individuals were also stratified by a co-occurring behavioral health diagnosis.

CHWs are individuals who are intimately involved with populations who may experience and/or at risk of health disparities. The CHW's key role is to serve as a liaison between our members and the overall health system and support Integrated Care Management. Georgette Albert-Giles, our CHW is both a certified CHW as well as a certified Diabetes Educator. She was born and raised in the Greater New Orleans area and has long standing relationships in the community. As part of the program, she will conduct face to face visits with the members who enroll. Georgette will assist members with diabetes self-management coaching sessions including portion control, improved eating and exercise habits, transportation, improved utilization of PCP, and referrals to community based services/organizations. Coaching session topics and informational resources used to guide and assist the members enrolled in this program are from the American Diabetes Association as well as the CDC's Road to Health Tool Kit. Additionally, members are referred to and/or reengaged in the Integrated Care Management program as needed.

For further information regarding this initiative, please contact Health Care Equity Director Arianna Baseman: [basemana@aetna.com](mailto:basemana@aetna.com), 504-667-4539.

For referral and/or questions regarding Care Management, please contact Aetna Better of Louisiana at **1-855-242-0802** or email [aetnabetterhealthofla-cmreferral@aetna.com](mailto:aetnabetterhealthofla-cmreferral@aetna.com).

Visit the Aetna Better Health of Louisiana website for clinical practice guidelines for Diabetes care at <https://www.aetnabetterhealth.com/louisiana/providers/guidelines>

And refer to the following resources for additional support:

- [http://dhh.louisiana.gov/assets/oph/pcrh/diabetes/2012\\_Louisiana\\_Diabetes\\_Fact\\_sheet.pdf](http://dhh.louisiana.gov/assets/oph/pcrh/diabetes/2012_Louisiana_Diabetes_Fact_sheet.pdf)
- <http://www.cdc.gov/diabetes/ndep/toolkits/road-to-health.html>
- <http://www.diabetes.org>

## Credentialing Changes

We are in the middle stages of implementing some changes to our credentialing process. These changes are to ensure our members are receiving quality care from our providers. And to ensure our providers are properly credentialed and receiving the benefits of being contracted and credentialed with Aetna Better Health of Louisiana in a timely manner. Our changes are as follows and applicable to new provider credentialing and recredentialing:

1. CAQH: Please complete your Credentialing Council for Affordable Quality Health Care (CAQH®) application and reattest 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**.

## Children's Health

### Why Body Mass Index (BMI) documentation is important

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. Health plans and providers alike can use HEDIS results to see where they need to focus their improvement efforts.\*

HEDIS 2016 measures display continued monitoring of childhood weight and Body Mass Index (BMI) percentiles. It also focuses on nutrition and physical activity counseling for children and adolescents.

### **HEDIS requirements**

To be compliant with the HEDIS measure, you must document the following for all children from birth to 17 years old at least annually:

- Height and weight
- BMI percentile (not BMI value)
- Nutritional and physical activity counseling

### **BMI Percentiles**

According to the CDC, the BMI-for-age cutoffs below the 5th percentile or above the 85th percentile may indicate a health risk. In these cases, further health screening and assessment (including nutrition, physical activity, and laboratory tests) is recommended.

Providers must document BMI percentiles on all members two years of age and older, regardless of BMI results or whether the child appears over or under weight. You can measure a BMI percentile at any well-child or sick visit, but you must complete it and submit diagnosis codes at least annually.

### **BMI Percentile Codes**

<b>Assessment</b>	<b>Range</b>	<b>Code</b>
<b>Underweight</b>	<5th percentile	<b>Z68.51</b>
<b>Normal range</b>	5th to <85th percentile	<b>Z68.52</b>
<b>At risk for overweight</b>	85th to <95th percentile	<b>Z68.53</b>
<b>Overweight</b>	≥95th percentile for age	<b>Z68.54</b>

### **Bright Futures requirements**

Beginning at two years of age, each child must have documentation of weight, height, and BMI plotted on the appropriate growth chart at every EPSDT visit.

*There is a slight difference in the CDC Bright Futures requirement vs. the BMI percentile requirement for HEDIS. Please note: If you document both the BMI percentile and the BMI, in addition to the member's height and weight, you can cover both HEDIS and Bright Futures requirements.*

### **Nutritional Counseling**

HEDIS requires that you must provide nutritional counseling at least annually. You can do it at any well or sick visit. Remember to submit diagnosis code Z71.3 to acknowledge that

nutrition counseling was completed. (Unfortunately, documenting “well nourished” is not acceptable.) Acceptable documentation includes:

- Discussion of current nutrition habits
- Referral for nutrition education or obesity education
- Documentation that the member received educational materials on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition or a checklist indicating nutrition

### **Physical Activity Counseling**

Again, HEDIS requires that you must provide physical activity counseling at least annually. You can do it at any well or sick visit. Documenting developmental milestones, notations of “cleared for gym,” discussing screen time, or providing guidance related solely to safety (e.g. wearing a helmet or water safety) is not sufficient. Acceptable documentation includes:

- Discussion of current physical activity behaviors
- Weight or obesity counseling
- Referral for physical activity
- Anticipatory guidance for physical activity or a checklist indicating physical activity

Make sure you include a notation of the educational materials given to members (parents/guardians) during a face-to-face visit.

Currently there is no ICD-10 specific to physical activity counseling, but we encourage you to use ICD-10 code Z02.5 as applicable for sports physical exams.

Thank you for everything you do to keep our youngest members well.

**\*<http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures.aspx>**

### **Notification of Pregnancy Form**

Aetna Better Health of Louisiana has a new and updated notification of pregnancy form. The completion of this form as early as possible allows us to best service your patients to achieve healthy pregnancy outcomes. This new NOP form is an online fillable form and upon submittal it directly reaches our care management team in an expedited manner. The completion of this form will help to identify high-risk pregnancies and assist in linking these members to case management enrollment. This form is located on the Aetna Better Health of Louisiana website under For Provider; Resources; then Forms.

To download our Notification of Pregnancy form, visit

**[www.aetnabetterhealth.com/louisiana/assets/pdf/providers/LA-NoticeofPregnancy.pdf](http://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/LA-NoticeofPregnancy.pdf)**

For any questions regarding the Notification of Pregnancy Form, please contact Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

## Clinical Practice 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

Visit our website at [www.aetnabetterhealth.com/louisiana/providers/guidelines](http://www.aetnabetterhealth.com/louisiana/providers/guidelines), where you will find guidelines on the following:

- Asthma
- Acute Stress Disorder & Posttraumatic Stress Disorder
- Attention - Deficit/Hyperactivity Disorder
- Bipolar Disorder
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Crohns
- Diabetes
- Eating Disorder
- Heart Failure
- Hemophilia
- HIV/AIDS
- Low Back Pain
- Major Depressive Disorder
- Multiple Sclerosis
- Obsessive-Compulsive Disorder
- Panic Disorder
- Schizophrenia
- Substance Use Disorder
- Suicidal Behaviors

## 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.

Region	Provider Relations Liaison and Email Address	Phone number
1	Kathleen Dickerson <a href="mailto:DickersonK2@aetna.com">DickersonK2@aetna.com</a>	504-462-9986
2	Aieta Davis <a href="mailto:DavisA12@aetna.com">DavisA12@aetna.com</a>	225-316-3106
3	Eve Serbert <a href="mailto:SerbertE@aetna.com">SerbertE@aetna.com</a>	504-220-1413
4	Clarence Grant <a href="mailto:GrantJrC@aetna.com">GrantJrC@aetna.com</a>	504-220-1367
5	Adrian Lozano <a href="mailto:LozanoA@aetna.com">LozanoA@aetna.com</a>	504-402-3417
6	Eve Serbert <a href="mailto:SerbertE@aetna.com">SerbertE@aetna.com</a>	504-220-1413
7	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
8	Chemeka Turner <a href="mailto:TurnerC7@aetna.com">TurnerC7@aetna.com</a>	318-349-6493
9	Marion Dunn <a href="mailto:DunnM7@aetna.com">DunnM7@aetna.com</a>	504-444-6569
<b>Regions 1-9</b>	<b>Behavioral Health Provider Relations Liaison</b> Brandy Wilson <a href="mailto:WilsonB8@aetna.com">WilsonB8@aetna.com</a>	504-264-4016



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