Every Body + Mind Matters Newsletter

Winter 2024

While Aetna Better Health of Louisiana demonstrated progress in 2023 in creating a world of health around every consumer, 2024 will be our time to remain focused on our mission in improving the health in millions of Americans. From impressive performance in our pharmacy services business to expanding our digital capabilities to simplify our customers' experiences, we will continue to empower individuals to lead their healthiest possible lives.

This newsletter is specifically dedicated for our providers with updates, resources, and articles. This newsletter, as well as previous newsletters, can be found on **here on our website**. If you are interested in contributing to the newsletter, have ideas or suggestions, or you and your organization are interested in partnering with primary care organizations to integrate behavioral and physical health to treat the person as a whole, please contact Brian Guess at **GuessB@aetna.com**.

In this newsletter

BEHAVIORAL HEALTH

New treatment for postpartum depression offers hope, but the stigma attached to the condition still lingers

By Nicole Lynch and Shannon Pickett

Many – if not most – women experience the "baby blues," or generalized feelings of sadness, worry, unhappiness and exhaustion, in the initial days after giving birth. In most cases, these mood changes are resolved in the first two weeks after having a baby. In contrast, the symptoms of postpartum depression endure for more extended periods, sometimes lingering for up to three years.

The symptoms can also start during pregnancy. Research shows that more than half of women who experience depression symptoms during pregnancy will develop postpartum depression too. Following pregnancy, many women experience normal changes that can mimic symptoms of depression, such as sadness, worry and exhaustion. The transition to motherhood, particularly with a new baby in the home, can be overwhelming. However, it's essential to distinguish between common adjustments and more concerning signs of depression.

- Lack of bonding and feeling disconnected from the baby or experiencing a lack of interest in them.
- Restlessness or moodiness and feeling unusually agitated or irritable.
- Persistent feelings of sadness, hopelessness or being overwhelmed.
- Experiencing physical symptoms such as persistent headaches, other body aches and pains or digestive issues that don't resolve.
- A profound lack of energy or motivation, making daily tasks feel daunting.
- Disturbed sleep patterns, such as sleeping too much or too little, even when given the opportunity to rest.
- Significant changes in appetite and eating too little or too much.
- Difficulty concentrating or making decisions, or experiencing memory problems.
- Overwhelming feelings of guilt, worthlessness or inadequacy as a mother.
- A notable decline in interest or pleasure in activities previously enjoyed.
- Isolating from friends and family, avoiding social interactions.
- Thoughts of harming the baby or themselves. These should be taken extremely seriously and warrant immediate attention.

You can read this article in its entirety **here**.

PROVIDER RESOURCES

2024 Training Schedules

At the recommendation of Louisiana Department of Health, the six managed care organizations (MCOs) have developed an updated and standardized Provider Quality Monitoring Tool. This unified approach will ensure elements required from providers are universal among the MCOs. It is vital for providers to be informed of the updates and revisions made in the Provider Quality Monitoring Tool. To ensure this, all MCOs will be offering training sessions based on specific provider types. During the training sessions you will have the opportunity to ask questions about the updates and revisions. Although the training sessions will be offered by different MCOs, the information provided will be applicable to all MCOs. You do not have to be contracted with the hosting MCO to attend the training.

The training calendars for all of the MCOs can be found on our provider website **here**. Simply scroll down to find "Training and Resources," where you will find the most recent list of trainings under the "Behavioral health training" and "ABA training" tabs.

Magellan provider help desk

Magellan Medicaid Administration is now the sole Pharmacy Benefits Manager for all Louisiana Medicaid plans. For any questions relating to pharmacy, prescriptions, or the PBM transition, please contact Magellan's 24/7 Help Desk at **1-800-424-1664 (TTY: 711)** or visit **www.lamcopbmpharmacy.com**.

PHYSICAL HEALTH

When doctors don't talk to each other

By Stephanie Garcia, M.D.

As more options become available for where and how patients receive care and treatment, it's never been more important to have clear communication between primary and specialty care providers. Unfortunately, open, timely communication does not always happen due to busy schedules, overworked practice staff, and a lack of established communication protocols.

Poor communication between primary and specialty care has been an ongoing problem. According to a 2022 study, physicians "do not consistently communicate with each other about the patients they share...despite the availability of technology to aid communication and despite incentives to improve care coordination." The study goes on to say that nearly a quarter (22%) of primary care physicians (PCP) "sometimes" or "seldom or never" sent clinical information to specialists at the time of referral, and more than one-third (35%) "sometimes" or "seldom or never" received information back from specialists after consultations.

Why is effective, timely communication between primary and specialty care essential?

When communication between the PCP and specialist is absent, risks arise. For example, insufficient communication increases the chances of duplicative care, such as when the primary and specialty care provider orders the same tests or treatments instead of reviewing the ones that have already been ordered. Mistakes like this can negatively affect clinical, financial, and operational outcomes.

Similarly, communication shortfalls can delay diagnosis. This could happen when the two physicians pursue different courses of treatment, don't share information about what's been tried and ruled out, and fail to reach consensus on the correct path forward. Ultimately, if not resolved, communication deficits can lead to inappropriate, contradictory or insufficient care. Which of course, is ultimately detrimental to the patient's health.

With just a few intentional actions, listed below, primary and specialty care providers can open lines of communication to help prevent the negative ramifications discussed above. However, it should be noted that asynchronous care is only achievable, when both primary and specialty care parties are willing to participate. To ensure effective communication it's important to:

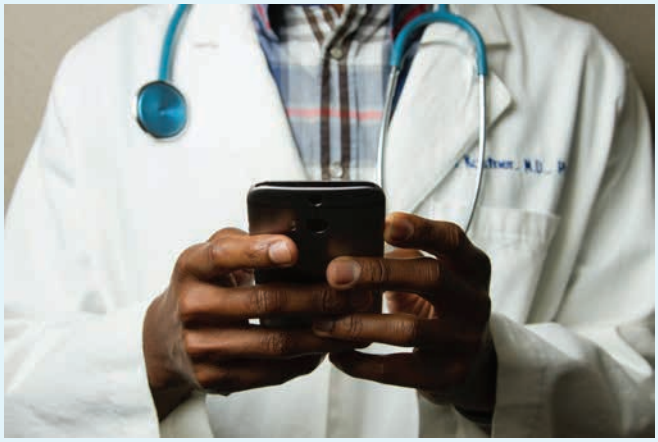
- **Establish relationships with other providers.** Although it may seem obvious, making connections with other physician practices is probably the best way to ensure effective communication. Both primary and specialty care practices should make sure they have a designated contact with whom they can connect quickly if rapid information exchange is necessary.
- **Own the communication.** Primary care doctors are often the chief drivers of communication; however, specialty care providers can also own this work. Each party should assume the responsibility of sharing what the other party needs. For instance, primary care physicians should provide specialists with pertinent information about the patient's condition and why there is a need for a consultation.
- **Don't let poor communication become an acceptable reality.** Despite best efforts, it still may be a struggle to communicate with other providers effectively. It's important not to lose heart and accept that poor communication is a norm that can't be changed.

You can read this article in its entirety **here**.

Five podcasts for behavior analysts

By Kelsey King

With the holiday season in full swing, you may find yourself with more opportunities to listen to the latest podcasts. Whether traveling by car or plane, decorating the house, or spending some extra time in the kitchen, pop in some headphones and further your knowledge by listening to one of these great podcasts.



1. ABA Inside Track

On this podcast, hosts Robert Parry-Cruwys, Diana Parry-Cruwys, and Jackie MacDonald discuss a wide range of topics and the research behind them. Their guest interviews leave you gaining knowledge from leading researchers and practitioners in applied behavior analysis. Not only will this podcast leave you entertained, but you can also earn CEUs for listening. Visit their website at **www.abainsidetrack.com** for more information on obtaining CEUs. Average episode ~1 hour 15 minutes.

2. The Behavioral Observations Podcast

Hosted by Matt Cicoria this casual but informative podcast uses expert interviews to cover topics such as autism, functional behavioral assessment, ACT, verbal behavior, and more. Previous guests include experts such as Dr. Greg Hanley and Dr. Pat McGreevey. CEUs are also available for listening to some episodes on their website at **https://behavioralobservations.com**. Episodes range ~1 to 2 hours.

3. The Autism Helper Podcast

Founded by Sasha Long, The Autism Helper is dedicated to empowering those who support individual with autism by providing resources, tools, and training. Part of this includes a podcast with over 250 episodes that cover a variety of topics with a strong focus on supporting people with autism in the school environment. To access all their resources including the podcast, visit their website here: **https://theautismhelper.com**. The average episode is ~30 minutes.

4. All Things Sensory

Although not specific to ABA, this podcast, hosted by two Certified Occupational Therapy Assistants Rachel Harrington and Jessica Hill, provides content on all things sensory. This podcast provides tips and tricks that are easy to implement and can be a valuable resource to anyone working with those that have special needs. They also provide free handouts and activities on their website at **https://thesensoryproject.com/pages/podcast**. Episodes range from ~15 minutes to 1 hour.

5. How to ABA

This podcast, hosted by BCBAs Shira Karpel and Shayna Grant, is great for when you do you only have a short amount of time and are relatively new to the field. Episodes typically last less than a half hour and offer practical advice for those working in the field, a great resource for those RBTs interested in gaining more knowledge. Visit their website at **https://howtoaba.com/podcast**. Episodes range from ~15 to 30 minutes.

PROVIDER MONITORING

How your work makes a difference to our Medicaid members

Aetna Better Health of Louisiana uses many resources to influence healthcare outcomes and help make people healthier. One of these resources is or Consumer Assessment of Healthcare Providers and Systems (CAHPS).

CAHPS is a survey tool for collecting standardized information that demonstrates how well our health plan meets our members' needs. Members report their satisfaction with their health care and services, including their experience with providers, specialists, and our health plan. Overall, it tells us how members rate the quality of health care they receive.

A high CAHPS result will allow members to compare one health plan to another. Currently, we have a 3.5 start rating comparable with all other plans providing services in Louisiana and the only plan to increase their rating in 2022.

CAHPS survey objectives

We have a strong commitment to providing quality care and services. We use CAHPS results in many ways to improve the member's experience. After analyzing CAHPS results, cross-functional teams develop initiatives to improve different areas.

CAHPS helps us:

- Capture member-reported experiences with the health plan, healthcare services and providers
- Measure how well the health plan is meeting members' expectations and goals
- Determine which areas of service have the greatest effect on members' overall satisfaction
- Identify the strengths and weaknesses of our health plan and target areas for improvement
- Meet our contractual requirements
- Maintain NCQA accreditation
- Continue to put the member at the center of all we do

CAHPS process

The CAHPS survey is conducted annually from February through May. Both adult and child surveys are administered; however, only the child survey is submitted for accreditation.

CAHPS measures

There are 9 CAHPS measures, with two or more questions applying to each measure. Any remaining questions are supplemental (additional information), state required or administrative.

Composite measures include member's ease of getting care.

- Getting needed care
- Getting care quickly
- Coordination of care
- Customer service
- How well doctors communicate

(continued on next page)

How your work makes a difference to our Medicaid members *(continued from previous page)*

Rating measures - In the rating measures, they rate their health plan, health care, personal doctor and specialist on a scale of 0–10.

- Health plan
- Health care
- Personal doctor
- Specialist seen most often

Effectiveness of care measures specific programs, such as vaccinations and tobacco cessation.

- Flu vaccinations (Adults 18 – 64)
- Advising smokers/tobacco users to quit
- Discussing cessation medications
- Discussion cessation strategies

Factors impacting CAHPS outcomes

Different factors can affect member experience and CAHPS scores. For example:

- Formulary and tier changes
- Office staff experience
- Provider network changes and plan changes

Consider the question: "How often was it easy to get the care, tests and treatment." Responses used to answer the question – Never, Sometimes, Usually and Always. A respondent could reflect:

- Medical experiences with Aetna Better Health network
- PCPs, specialists and facilities
- Any perceived barriers to getting their lab tests, dialysis treatment or drug treatments
- The personal definition of what consists of care, tests or treatment will vary from person to person

Who uses CAHPS?

NCQA accreditation and rating

- NCQA calculates Aetna's accreditation level each year. Until 2020, NCQA used a points system to determine the accreditation level, ranking plans as being excellent, commendable, accredited, provisional, or denied.
- Now, health plans are rated with 0 to 5 stars based exclusively on HEDIS (Healthcare Effectiveness Data and Information) and CAHPS scores. Note that this star rating is completely unrelated to the star rating used for Medicare programs.
- Aetna Better Health accreditation status and star rating are public information and found on the internet.

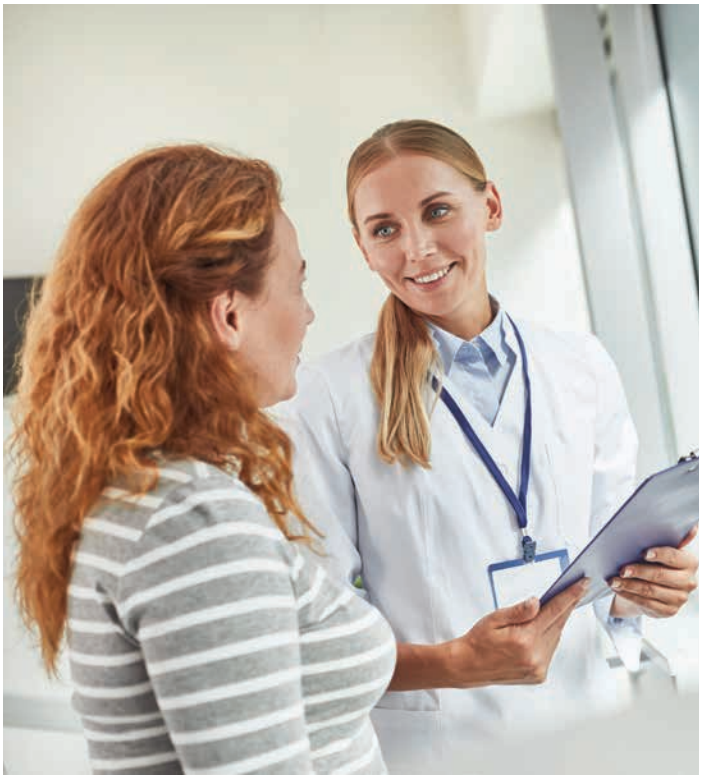
Members

CAHPS supports members in assessing health plans and choosing the plan that best meets their needs. This information is available:

- On the internet
- Provided in open enrollment materials
- The survey gives Aetna Better Health members to:
  - Express their satisfaction with the health plan, and
  - Identifying areas that need improvement

Providers

- Providers use reported scores to assess the overall performance of all health plans.
- This assists in decisions regarding which health plans to contract with. CAHPS results are available to providers on the internet.



Updates to the preferred drug list (PDL), updated October 28, 2023

Aetna Better Health of Lousiana follows the Louisiana Department of Health (LDH) preferred and non-preferred drug list. The list below indicates either a new addition or change in status. All non-preferred drugs require a prior authorization approval and criteria for authorization can be found at the included link, **Healthy LA PDL**.

Brand name preferred changes July 1, 2023

- Tazarotene Gel (Generic for Tazorac)
- Dextroamphetamine Transdermal (Xelstrym)
- Lurasidone Tablet (Generic and Latuda)
- Pegfilgrastim-pbbk Syringe (Fylnetra)
- Pegfilgrastim-fpgk Syringe (Stimufend)
- Eflapegrastim-xnst Syringe (Rolvedon)
- Dextromethorphan/Bupropion Tablet (Auvelity)
- Insulin Aspart Protamine/Aspart Vial (Novolog Mis 70/30)
- Insulin Glargine Pen, Vial (Generic and Apidra Solostar; Apidra)
- Insulin Glargine U-100 (Basaglar Tempo Pen)
- Insulin Degludec Pen, Vial (Generic)
- Insulin Lispro Pen (Humalog Tempo Pen)
- Insulin Lispro-aabc Pen (Lyumjev Tempo Pen)
- Aprepitant Vial (Aponvie)
- Dexlansoprazole (AG; Generic)
- Omeprazole/Sodium Bicarbonate for Oral Suspension (Konvomep)
- Mesalamine ER Capsule (Generic)
- Methylnaltrexone Syringe, Vial (Relistor)
- Dabigatran Capsule (Generic)
- Dabigatran Pellet Pack (Pradaxa)
- Aspirin/Omeprazole (AG)
- Enalapril Solution (AG)
- Nebivolol (Bystolic)
- Levamlodipine Maleate (AG)
- Alirocumab Subcutaneous Pen (Praluent)
- Tadalafil Suspension (Tadliq)
- Titration Kit (Orenitram Month 1/2/3)
- Isosorbide Dinitrate/Hydralazine Tablet (AG; Generic)
- Etranacogene Dezaparvovec-drlb (Hemgenix)
- Lanadelumab-flyo Subcutaneous Syringe
- Cyclosporine Softgel – MODIFIED 50mg (Generic)
- Erythromycin Base DR Capsule
- Doxycycline Monohydrate Capsule 150 mg (AG)
- Posaconazole Suspension, Suspension Packet
- Fingolimod Capsule (Generic for Gilenya)
- Fingolimod Capsule (Gilenya)
- Ublituximab-xiiy Vial (Briumvi)
- Olutasidenib Capsule (Rezlidhia)
- Futibatinib Tablet Therapy Pack (Lytgobi)
- Buprenorphine Syringe (Sublocade)
- Naltrexone Extended-Release Suspension Vial (Vivitrol)
- Diclofenac Potassium Oral Powder Packet (AG; Generic for Cambia)
- Adalimumab-atto Autoinjector HC, Autoinjector LC, Syringe (Amjevita)
- Deucravacitnib Tablet (Sotyktu)
- Spesolimab-sbzo Vial (Spevigo)
- Oxycodone/Acetaminophen Solution
- Oxycodone Myristate Capsule (Xtampza ER)
- Baclofen Solution (AG)
- Baclofen Suspension (Fleqsuvy)
- Leuprolide Acetate (Lupron Depot-Ped)
- Leuprolide Acetate (AG)
- Sodium Zirconium Cyclosilicate (Lokelma)
- Finasteride/Tadalafil (Entadfi)
- Fesoterodine Fumarate ER Tablet (Generic)
- Mirabegron ER Tablet (Myrbetriq)

Changes to additional agents that have point-of-sale (POS) requirement(s)

- Abilify Asimtufii (Aripiprazole)
  - BH Clinical Auth for Children Younger than 7, Diagnosis Code Required, Prior Use of other Medication is required, Quantity Limit, Therapeutic Duplication, Prior Authorization
- Altuviio (Antihemophilic Factor [Recombinant] Fc-VWF-XTEN Fusion Protein-ehtl)
  - Diagnosis Code Required
- Austedo XR (Deutetrabenazine)
  - Additional Clinical Information is Required
- Joenja (Leniolisib Phosphate)
  - Diagnosis Code Required
- Lamzede (Velmanase alfa-tycv)
  - Diagnosis Code Required
- Leqembi (Lecanemab-irmb)
  - Additional Clinical Information is Required
- Liqrev (Sildenafil)
  - Drug-Drug Interaction, Diagnosis Code Requirement, Quantity Limit, Prior Authorization
- Qalsody (Tofersen)
  - Diagnosis Code Required
- Relyvrio (Sodium Phenylbutyrate/Taurursodiol
  - Diagnosis Code Required
- Sogroya (Somapacitan-beco)
  - Additional Clinical Information is Required
- Daybue (Trofinetide)
  - Diagnosis Code Required
- Elfabrio (Pegunigalsidase alf-iwxj
  - Diagnosis Code Required
- Tzield (Teplizumab-mzwv)
  - Additional Clinical Information is Required
- Uzedy (Risperidone)
  - BH Clinical Auth for Children Younger than 7, Diagnosis Code Required, Prior Use of other Medication is required, Quantity Limit, Therapeutic Duplication, Prior Authorization
- Vowst (Fecal Microbiota Spores, Live-brpk)
  - Additional Clinical Information is Required

Medical necessity criteria

To support prior authorization decisions, Aetna Better Health 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 our policies and procedures.

Clinical medical necessity determinations are based only on the appropriateness of care and service and the existence of coverage. We do 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, we use the following medical review criteria. Criteria sets are reviewed annually for appropriateness to the our 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 Clinical Policy Bulletins (CPBs)
- Aetna Better Health Policy Council Review If MCG state "current role remains uncertain" for the requested service, the next criteria in the hierarchy, our CPBs, should be consulted and utilized.

For prior authorization of outpatient and inpatient services, Aetna Better Health uses:

- Criteria required by applicable State or federal regulatory agency
- LOCUS/CASII Guidelines/American Society of Addiction Medicine (ASAM)
- Aetna Better Health Clinical Policy Bulletins (CPBs)
- Aetna Better Health 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.

Clinical practice guidelines

Aetna Better Health 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**, 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 rights and responsibilities

Our members have both rights and responsibilities NCQA and contractual requirements require MCOs to provide these to our providers.

Member rights

- Be treated with respect and with consideration for your dignity and privacy.
- Participate with provider in making decisions regarding your health care, including the right to refuse treatment for religious reasons or for any other reason.
- Talk about appropriate or medically necessary treatment options for your conditions. This should happen even if it's not a covered benefit and no matter how much it costs.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Be able to request and receive a copy of your medical records, (one copy free of charge) and request that they be amended or corrected.
- Receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee For Service, and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- Receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- Receive all information in a manner and format that you can understand.
- Receive assistance from both LDH and Healthy Louisiana in understanding the requirements and benefits of Aetna Better Health of Louisiana
- Receive oral interpretation services free of charge for all non English languages.
- Be notified that oral interpretation is available to you free of charge and how to access those services.
- As a potential member, to receive information about the Healthy Louisiana program, which populations may or may not enroll in the program, and Aetna Better Health's responsibilities.
- To receive information on Aetna Better Health of Louisiana's services, such as:
  - Benefits covered
  - What to do to get benefits, including any authorization requirements
  - Any amounts you must pay (copays)
  - Service area
  - Names, locations, telephone numbers of and non English language spoken by current contracted providers
  - How and when you can change PCPs or see other providers
  - Providers not accepting new patients
  - Benefits not offered by Aetna Better Health but that you can get under Medicaid.
- Receive information about your disenrollment rights at least annually.
- Receive notice of any changes in your benefits and services. You will be informed at least 30 days before the change takes place.
- Receive information on grievance, appeal, and State Fair Hearing procedures.
- Voice complaints, grievances, or file appeals about Aetna Better Health of Louisiana or the care you get.
- Receive information on emergency and after hours coverage, such as:
  - What is an emergency medical condition, emergency services, and post stabilization services
  - That emergency services do not require prior authorization
  - The process and procedures for obtaining emergency services; The locations of any emergency settings and other locations where providers and hospitals provide emergency services and post stabilization services covered under the contract
  - Your right to use any hospital or other setting for emergency care
  - Post stabilization care services rules
- Receive our policy on referrals for specialty care and other benefits not provided by your PCP.
- Tell us what you think about our rights and responsibilities policy. You have the right to receive this information from us upon request.
- Have your privacy protected.
- Exercise these rights without being treating negatively by Aetna Better Health, our providers, or LDH.

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Member rights and responsibilities *(continued from next page)*

Member responsibilities

- Use your ID cards when you go to health care appointments or get services and do not let anyone else use your cards. Let us know if you lose your ID card or if it is stolen.
- Know the name of your PCP and your case manager if you have one.
- Know about your health care and the steps to take to get care.
- Do not utilize Emergency Room for non emergent services.
- Tell us when you make changes to your address or telephone number.
- Tell LDH when there are changes in your family size or income.
- Understand your health problems and participate in setting your health goals with your provider.
- Let your providers know if your health changes.
- Be respectful to the health care providers who are giving you care.
- Schedule your appointments during office hours when you can. Be on time. Call if you are going to be late to or miss your appointment.
- Give your health care providers all the information they need.
- Tell the Plan and LDH about your concerns, questions, or problems.
- Ask for more information if you do not understand your care or health condition.
- Talk to your providers about the care you need. Ask if there are other options and how they can help. Ask about risks and costs of other options.
- Follow your provider's advice. If you do not want to, let your provider know why.
- Tell us about any other insurance you have. Tell us if you are applying for any new benefits.
- Give your doctor a copy of your living will or advance directive.
- Get all the preventive care you need to stay healthy. Live a healthy lifestyle. Avoid unhealthy activities
- If you don't agree with a provider and want to complain, follow the steps to file a grievance.