Every body + mind matters newsletter

Spring 2025

Aetna Better Health (ABHLA) takes a whole-person approach to Medicaid, bringing together what matters most to health. Through expert care and easier access to services and support, we help our members live their healthiest 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 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**.

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Provider bulletin

Provider acknowledgement

Each month the Medical Record Review Department within Quality Management would like to show our appreciation for those providers and/or facilities that score 100% on their Medical Record Review Audit. We would like to thank you for working with us to give our members the best possible care possible. Your work has NOT gone unnoticed, and we appreciate ALL that you do!

This month we would like to acknowledge:

- Professional Hospitalist of LA
- OLPG Shreveport Faculty Group
- Mitchell Pediatrics LLC

Provider resources

Highlights of Drug Utilization Review (DUR) board March 2025 implementations.

Point of sale behavioral health clinical authorization requirement.

Pharmacy claims for the following agents require a behavioral health clinical authorization for recipients younger than 7 years old.

- Clonidine ER Oral Suspension (Onyda™ XR)
- Paliperidone Palmitate (Erzofri™)
- Xanomeline Tartrate/Trospium Chloride (Cobenfy™)

Point of sale clinical authorization requirement.

Pharmacy claims for the following select agents require clinical authorization.

- Arimoclomol (Miplyffa™)
- Colchicine (Lodoco®)
- Givinostat (Duvyzat™)
- Lebrikizumab-lbkz (Ebglyss™)
- Levacetylleucine (Aqneursa™)
- Nemolizumab-ilto (Nemluvio®)
- Ocrelizumab and Hyaluronidase-ocsq (Ocrevus Zunovo™)

Louisiana Medicaid pharmacy point of sale clinical authorization and updates – effective March 1, 2025

Age limit edit for phenobarbital sodium (Sezaby®).

Incoming pharmacy claims for phenobarbital sodium (Sezaby®) will deny when the recipient is one year of age or older on the date of service with:

Prior drug use requirement for paliperidone palmitate (Erzofri™).

An incoming pharmacy claim for paliperidone palmitate (Erzofri™) will deny if there is no evidence in paid claims of at least one claim of an oral or injectable paliperidone or risperidone product in the previous 365 days. If there is no evidence of paid claim(s) for an oral or injectable paliperidone or risperidone product in the previous 365 days, the incoming claim will deny with:

Louisiana Medicaid pharmacy point of sale age limit and prior drug use edits – effective March 1, 2025

See more notices of DUR board changes.

Louisiana Medicaid pharmacy point of sale therapeutic duplication – effective March 1, 2025

Louisiana Medicaid pharmacy point of sale maximum daily dose andquantity limits - effective March 1, 2025

Provider monitoring

Behavioral health clinical practice guidelines quarterly feature.

For the remainder of 2025 we will be featuring ABHLA's clinical practice guidelines (CPGs) for frequently diagnosed and treated mental health disorders. CPGs are evidence-based guidelines designed to assist providers in making informed decisions about member care. Evidence suggests that utilizing CPGs can improve treatment outcomes. Providers should consider the individuals needs of each member when utilizing CPGs. Providers' incorporation of CPGs into their practice are reviewed as part of ABHLA's Behavioral Health Provider Monitoring Quality reviews.

Major Depressive Disorder clinical practice guidelines
Sufficient evidence to support the diagnosis of Major Depressive Disorder must be found. Medical conditions that might cause depression or complicate treatment should be ruled out.
Education about Major Depressive Disorder and its treatment should be delivered to the member, and if appropriate, to their family.
If psychotic features are found, the treatment plan should include the use of either antipsychotic medication or ECT, or it should be clearly documentation why not.
If Major Depressive Disorder is of moderate severity or above, the treatment plan should use a combination of psychotherapy and antidepressant medication, or clearly documentation why not.
The psychiatrist should deliver education about prescribed medication, including signs of new or worsening suicidality, and the high-risk times for this side effect, if applicable to the medication prescribed.
If provider id not a medical doctor, there is documentation of a referral for a medical/psychiatric evaluation if any of the following are present: psychotic features, complicating medical/psychiatric conditions, severity level of moderate or above.

Schizophrenia clinical practice guidelines
Assessment for other psychiatric disorders and medical conditions that may cause symptoms and/or complicate treatment must be completed.
Education must be delivered regarding schizophrenia and its treatment to the member and the family.
If significant risk is found, the provider must implement a plan to manage the risk, including a plan for diminishing access to weapons/lethal means.
If provider is a not a medical doctor, documentation of a referral for a psychiatric evaluation must be included in the member record.
If a psychiatric referral was made, the provider must document the results of that evaluation and make any relevant adjustments to the treatment plan.
If provider is a medical doctor, and there are several unsuccessful medication trials and/or severe suicidality, then the member should be considered for ECT and/or Clozapine.

ADHD clinical practice guidelines
Member diagnosis should be determined based on input/rating scales from family members/caregivers, teachers, and other adults in the member's life.
Medical evaluation should be reviewed to rule out medical causes for the signs and symptoms.
Psychoeducation should be delivered to all members with ADHD and in the case of minors, to the parents/caregivers.
The treatment plan and rationale as well as available treatments, including medications and their benefits, risks, side effects, should be discussed with the member and the parent/caregiver in the case of minors.
If the member is a minor, family interventions that coach parents on contingency management methods should be used.
A comprehensive assessment for comorbid psychiatric disorders should be conducted.

Changes in the CDC's guidelines around STI prevention and treatment:

The CDC has a campaign called 'Talk:Test:Treat' to help stamp out many of the STI's that are treatable and often curable. ABHLA is committed to the overall health of our members and is doing regular campaigns to improve the screening and treatment of many STI's that are on the rise in Louisiana. In some cases, our rates are 3 to 5 times those of the national average; so learning more about your patients will help keep them healthy.

Talk: It all begins with talking to patients about sexual health. Taking a sexual history should be part of routine care. Talking about sexual health can be challenging, but studies show that patients want to be asked about sex. The following tips can help to ensure the most productive conversations with your patients:

- Help foster trust with your patient before their visit even starts by creating a welcoming and inclusive clinic or office environment. For example, you can use these tips to make your office teen-friendly.
- Make sure your patients are comfortable and in a private space, especially before asking sensitive questions; this includes assuring patients their confidentiality is being protected by everyone in your office.
- Help normalize sexual health questions and STI/HIV testing recommendations by letting your patients know you ask these questions and offer these services to all patients, as sexual health is a normal part of a person's overall health and well-being.
- Avoid making assumptions about your patients; asking is the only way to know for sure. Standardize sexual orientation/gender identity (SOGI) questions and use open-ended questions when taking a sexual history.
- If your patient is hesitant to answer a question, try rephrasing it or briefly explain why you are asking it.
- Ensure that you and your patient share an understanding of the terms being used to avoid confusion.

Understanding changes in CDC guidelines will also help open the conversation with patients, especially minors. In 2022 the CDC lowered the HIV screening age from 15 to 13 based on data collected. In Louisiana, the 13-24 have the highest rate of confirmed HIV than any other age group.

Due to the rapid increase in cases of Congenital Syphilis, the American College of Obstetricians and Gynecologists (ACOG) edited syphilis screening during pregnancy guidelines to include ***repeat testing for all pregnant women*** during the third trimester and at time of delivery. This change was brought about based on the 755% increase in cases of Congenital Syphilis in the U.S. from 2012-2021. In 2023, Louisiana was ranked 7th in the country for cases of Congenital Syphilis. According to the CDC, 88% of congenital syphilis cases can be prevented with timely screening and treatment. Visit Screening for Syphilis in Pregnancy | ACOG to learn more.

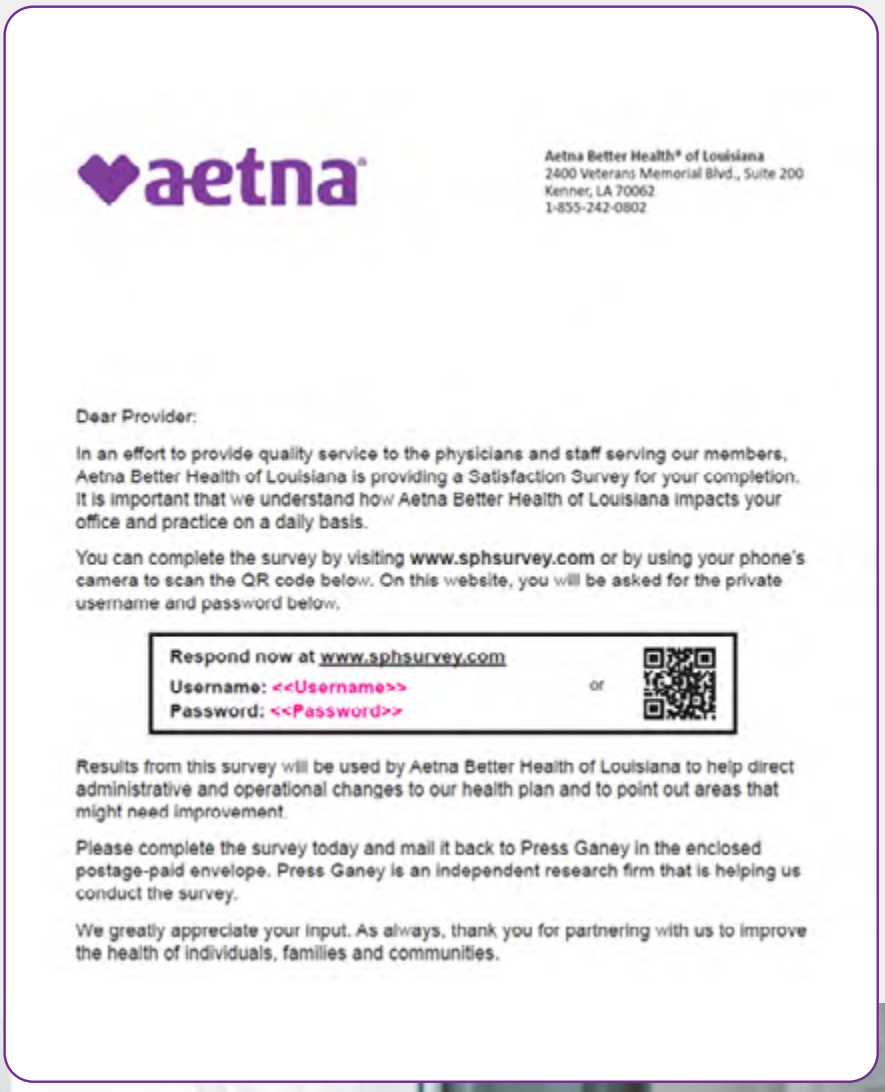
Changes in testing and or treatment is also a good reference point for opening the conversation. There are many 'self' test options- so even if the patient isn't ready to test today, they can access their Medicaid Plan's page and find resources or access the Louisiana Health Hub to explore options for themselves.

If you want to learn more, the Provider portal on the CDC site is a great resource.

Provider satisfaction surveys

In an effort to better serve our network, ABHLA will be sending provider satisfaction surveys to selected network providers. The first round of surveys will be mailed on May 15th with addition surveys being sent on June 9th. Not all providers will receive a survey. If you do receive a survey in the mail, we ask that you please take the time to complete it so that we can continue to improve our services. An example of the communication you might receive is below.

Surveys are due July 14th. Thank you in advance for your cooperation and for being an indispensable member of the Aetna family.



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Dear Provider:

In an effort to provide quality service to the physicians and staff serving our members, Aetna Better Health of Louisiana is providing a Satisfaction Survey for your completion. It is important that we understand how Aetna Better Health of Louisiana impacts your office and practice on a daily basis.

You can complete the survey by visiting **www.sphsurvey.com** or by using your phone's camera to scan the QR code below. On this website, you will be asked for the private username and password below.

Respond now at www.sphsurvey.com
Username: <<Username>>
Password: <<Password>>
or

Results from this survey will be used by Aetna Better Health of Louisiana to help direct administrative and operational changes to our health plan and to point out areas that might need improvement.

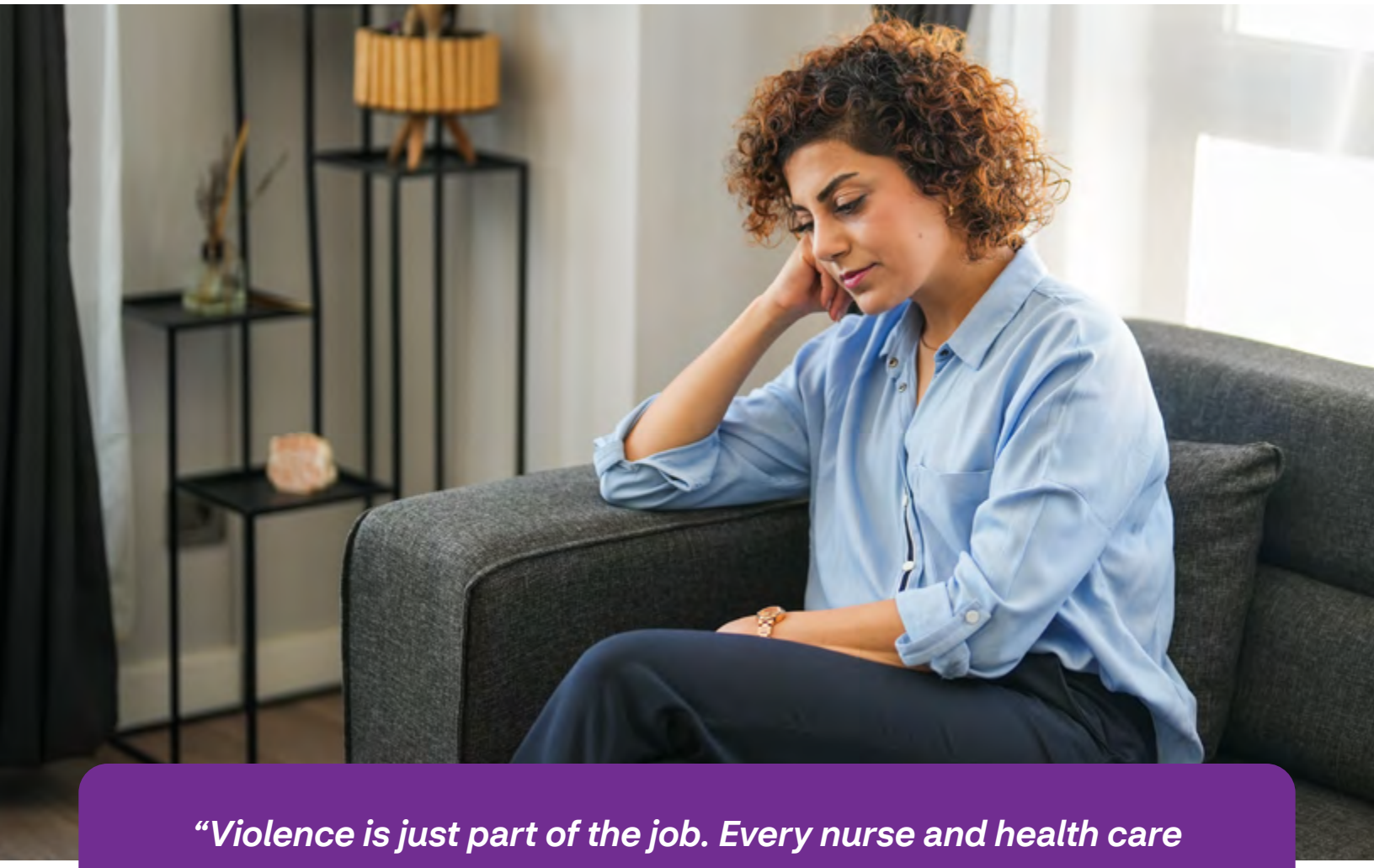
Please complete the survey today and mail it back to Press Ganey in the enclosed postage-paid envelope. Press Ganey is an independent research firm that is helping us conduct the survey.

We greatly appreciate your input. As always, thank you for partnering with us to improve the health of individuals, families and communities.

Physical health

How the hidden epidemic of violence against nurses affects health care

- by Jason Blomquist



“Violence is just part of the job. Every nurse and health care worker experiences it at some point.”

Sentiments like this echo across American hospitals and health care facilities, capturing a disturbing and growing reality. Though Americans think of nursing as the most trusted profession, we often fail to see that it’s also one of the most dangerous.

An alarming 8 in 10 nurses face violence at work. As a result, health care workers are more than four times as likely to be injured by workplace violence than workers in all other industries combined.

Despite these staggering numbers, the full extent of this epidemic may not be fully understood because nurses and other health care workers chronically underreport violent encounters. The American Nurses Association estimates that only 20% to 60% of incidents are accounted for. Additionally, there is no agreed-upon definition for workplace violence or clear way of tracking it on a national level.

Workplace violence in all its forms contributes to anxiety, depression or PTSD, as well as job dissatisfaction. Dangerous workplace violence trends are a contributing factor in 55% of health care workers feeling burned out and 18% of newly licensed registered nurses leaving the profession within the first year.

That is a huge problem, considering that the United States is projected to have 193,100 nursing job openings per year until 2032, yet will produce only roughly 177,400 new nurses in that time frame. This also has vast repercussions for patient care.

These invisible precautions reflect the far-reaching effects of health care violence. When nurses are hypervigilant about their safety, they have less emotional energy for patient care. When they're rushing between rooms due to short staffing caused by violence-related turnover, they have less time for each patient. When they are worried about what the next patient encounter may bring, they are increasing their anxiety, fear and stress rather than focusing on delivering quality care.

You can read this article in its entirety here.

Behavioral health

Poor sleep and addiction go hand in hand – understanding how it could lead to new treatments for opioid use disorder

- by Dr. Ryan Logan and Mackenzie Gamble

A good night's sleep often sets the stage for a positive day. But for the nearly quarter of American adults struggling with mental illness, a good night's rest is often elusive.

For patients with psychiatric conditions from addiction to mood disorders such as depression, disrupted sleep can often exacerbate symptoms and make it harder to stay on treatment.

Sleep and addictive drugs have an entangled relationship. Most addictive drugs can alter sleep-wake cycles, and sleep disorders in people using drugs are linked to addiction severity and relapse. While this poses a classic "chicken-or-egg" dilemma, it also presents an opportunity to understand how the sleep-addiction connection could unlock new treatments.

People addicted to opioids often experience disruptions to circadian rhythms, such as in their sleep and their levels of corticotropin, a key hormone that regulates stress. These disruptions are associated with many negative health consequences. In the short term, these disruptions can impair cognitive functions such as attention and increase negative emotions. Over time this can worsen mental and physical health.

Importantly, poor sleep is common throughout a person's experience with opioid use disorder, from actively using to withdrawal from opioids, and even while on treatment. This complication can have profound consequences. Studies have linked sleep disruption to a 2.5-fold increased risk of relapse among those undergoing treatment.

You can read this article in its entirety here.