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# Louisiana Provider Guideline Overview

GUIDANCE FOR AMERICAN RESCUE PLAN ACT OF 2021 INCENTIVES

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Aetna Better Health® of Louisiana



# LMMA Health Plans

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Aetna Better Health® of Louisiana



# Louisiana Provider Guideline Overview

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- The Centers for Medicare and Medicaid Services (CMS) has approved Louisiana's submission of a State Directed Payment request to utilize funding from the American Rescue Plan Act of 2021 to incentive evidence-based practitioners (EBP) and licensed mental health professionals/psychiatrists who meet state criteria under Medicaid managed care plan contracts.
- Louisiana will use funding in part to incentivize specific evidence-based practice providers and LMHPs/psychiatrists who provide services in-home and community-based settings. Funding is available from 7/1/2023-6/30/2024, or until the funds are exhausted.
- The incentive payments and guidelines are thoroughly explained in the following slides.

# MCO & PROVIDER TIMELINE

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# EBP Provider Recruitment Eligibility Criteria

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1. EBP providers who have completed EBP certification/qualification as defined in the LA Medicaid BHS Provider Manual Appendices E-5 through E-10 in the applicable EBP any time on or after January 1, 2021, and enrolled in the MCO network.
2. Each MCO requires submission of proof and approval of EBP certification/qualification per EBP.
3. To be eligible for the maximum training payment, providers must be credentialed with all 6 MCOs. Providers are eligible for multiple recruitment payments and retention payments.
4. A provider may earn a recruitment bonus, retention payment, and LMHP/Psychiatrist payment in the same performance year if the criteria is met for each category.

# EBP Provider Retention Eligibility Criteria

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1. EBP providers who
  - a) Have been enrolled in the MCO network for at least 6 consecutive months prior to or during the period July 1, 2023, through June 30, 2024 and
  - b) Provided one eligible member EBP service during the performance period (July 1, 2023 – June 30, 2024) including successful submission of a claim using the applicable tracking code. Each MCO requires submission of proof of EBP certification/qualification per EBP.
2. To be eligible for the maximum training payment, providers must be credentialed with all 6 MCOs. Providers are eligible for multiple recruitment payments and retention payments.
3. A provider may earn a recruitment bonus, retention payment, and LMHP/Psychiatrist payment in the same performance year if the criteria is met for each category.

# LMHPs and Psychiatrists Eligibility Criteria

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1. Eligible LMHPs and psychiatrists who:
  - a) Have been enrolled in the MCO network for at least 6 consecutive months prior to or during the period July 1, 2023, through June 30, 2024 and
  - b) Provided at least one paid home and community-based service during the performance period (July 1, 2023 – June 30, 2024)
2. A provider may earn a recruitment bonus, retention payment, and LMHP/Psychiatrist payment in the same performance year if the criteria is met for each category.

# Recruitment Payment for Specific EBP Services

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- Includes recruitment payment for newly enrolled EBP providers who are trained to provide:
  - Child Parent Psychotherapy
  - Trauma-Focused Cognitive Behavioral Therapy
  - Parent-Child Interaction Therapy
  - Preschool PTSD Treatment
  - Youth PTSD Treatment
  - Triple P (Positive Parenting Program) Standard Level 4
  - Eye Movement Desensitization and Reprocessing (for Adolescents)
- Payments range from \$2,916 to \$6,250 per MCO that the provider is credentialed with and depending on the specific EBP and training funding source.



# Recruitment Payment for Specific EBP Providers

Recruitment Bonus (EBP providers who have completed EBP certification/qualification (as defined in the LA Medicaid BS Provider Manual Appendices E-5 through E-10) in the applicable EBP any time on or after January 1, 2021, and enrolled in the MCO network) Each MCO requires submission of proof of certification per EBP. To be eligible for the maximum training payment, providers must be credentialed with all 6 MCOs

	With Training Cost (the amount each MCO would pay if the criteria are met)	Without Training Cost (the amount each MCO would pay if the criteria are met)
Evidence-Based Practice		
Child Parent Psychotherapy	\$6,250.00	\$4,083.33
Trauma-Focused Cognitive Behavioral Therapy	\$3,083.33	\$2,916.67
Parent-Child Interaction Therapy	\$3,916.67	\$3,416.67
Preschool PTSD Treatment	\$3,833.33	\$3,500.00
Youth PTSD Treatment	\$3,833.33	\$3,500.00
Triple P (Positive Parenting Program) Standard Level 4	\$4,333.33	\$3,666.67
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adolescents)	\$3,500.00	\$3,083.33

# Recruitment Payment for Specific EBP Providers

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## With Training Cost

Amount to be paid if the practitioner provides documentation to the MCO of their own payment to an EBP training organization for completion of the EBP training program. i.e. a cancelled check (a check that has cleared the bank), receipt from certification body with header, bank statement, etc.

## Without Training Cost

In cases where the practitioner did not self-finance their own training (i.e., the practitioner received the EBP training at no cost to the practitioner, by enrolling in a training program sponsored by an MCO or by the Center for Evidence to Practice), the MCO shall pay the amount indicated from the “Without Training Cost” column.

# Retention Payment for Specific EBP Services

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- Includes retention payment for existing EBP providers who have been enrolled in the MCO network for at least 6 months prior to or during the period July 1, 2023, through June 30, 2024 and provided one of the following services during the performance period:
  - Child Parent Psychotherapy
  - Trauma-Focused Cognitive Behavioral Therapy
  - Parent-Child Interaction Therapy
  - Preschool PTSD Treatment
  - Youth PTSD Treatment
  - Triple P (Positive Parenting Program) Standard Level 4
  - Eye Movement Desensitization and Reprocessing (for Adolescents)
- Payments range from \$1,416 to \$1,916 per MCO the provider is credentialed with and depending on the specific EBP provided..

# Retention Payment for Specific EBP Providers

Retention Payment (for EBP providers who are currently enrolled in the MCO network for at least 6 consecutive months and provided one eligible member EBP service and successful submission of a claim using the applicable tracking code.

\* Each MCO requires submission of proof of certification per EBP. \*

Evidence-Based Practice	
Child Parent Psychotherapy	\$1,916.67
Trauma-Focused Cognitive Behavioral Therapy	\$1,416.67
Parent-Child Interaction Therapy	\$1,583.33
Preschool PTSD Treatment	\$1,667.67
Youth PTSD Treatment	\$1,667.67
Triple P (Positive Parenting Program) Standard Level 4	\$1,833.33
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adolescents)	\$1,416.67

# Incentive Payment for LMHPs & Psychiatrists

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- Includes incentive payment to eligible LMHPs and psychiatrists who provide services in home and community-based settings (e.g., not in an institution, hospital, or residential facility), have been enrolled in the MCO network for at least 6 months, and provided services to at least one member during the performance period.
- \$321.31 gross payment to provider when the criteria are met per MCO.

# EBP Providers – Recruitment and Retention Payments

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- EBP practitioners may receive payment from each MCO, so that each provider must join all networks in order to receive the maximum incentive payment.

## Recruitment Payments:

- The MCO must ensure the EBP Provider has received certification/qualification in the applicable EBP anytime ON OR AFTER January 1, 2021, and has enrolled in the network.
- Certification/Qualification documentation must be submitted in order to receive payment.
- Provider enrollment must be successfully completed in order to receive payment.

## EBP Providers – Recruitment and Retention Payments

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### Retention Payments:

- The MCO must ensure the EBP Provider has been consecutively enrolled for a minimum of (6) six months prior to or during the period July 1, 2023, through June 30, 2024 .
- The MCO must ensure the EBP Provider has provided at least (1) one home or community-based service between dates of service from **July 1, 2023 – June 30, 2024**.
- Certification and training documentation must have been submitted, reviewed, and approved in order for the provider to receive payments.
- Provider enrollment must have been successfully completed at least (6) six consecutive months prior, in order for the provider to receive payment.
- The MCO must have received and paid at least (1) one eligible claim with the correct tracking code for a delivered EBP service, in order for the provider to receive payment.

# PROCEDURE CODES AND MODIFIERS

## Evidence-Based Practice Codes

*\*Services rendered in an inpatient facility, or Place of Service 21 or 51 are not eligible for the incentive payment.*

Evidence-Based Practice	EBP Tracking Code	CPT/HCPCS Codes
Child-Parent Psychotherapy (CPP)	EB02	90832, 90834, 90837, 90846, 90847
Parent-Child Interaction Therapy (PCIT)	EB03	90832, 90834, 90837, 90846, 90847
Youth PTSD Treatment (YPT)	EB04	90832, 90834, 90837, 90846, 90847
Preschool PTSD Treatment (PPT)	EB05	90832, 90834, 90837, 90846, 90847
Triple P- Standard Level 4	EB06	90832, 90834, 90837, 90846, 90847
TF-Cognitive Behavioral Therapy	EB07	90832, 90834, 90837, 90846, 90847
EMDR Therapy - Eye Movement Desensitization and Reprocessing	EB08	90832, 90834, 90837, 90846, 90847



# PROCEDURE CODES AND MODIFIERS

## Psychiatrist/LMHP Codes

CPT/HCPCS Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation <u>With</u> Medical Services
90832	Psychotherapy, 30 Minutes <u>With</u> Patient Present
90834	Psychotherapy, 45 Minutes <u>With</u> Patient Present
90837	Psychotherapy, 60 Minutes <u>With</u> Patient Present
90839	Psychotherapy For Crisis; First 60 Minutes
90845	Medical Psychoanalysis
90846	Family Psychotherapy Without Patient Present
90847	Family Psychotherapy <u>With</u> Patient Present
90849	Multiple Family Group Psychotherapy
90853	Group Psychotherapy
90870	Electroconvulsive Therapy
90875	Psychophysiological Therapy <u>With</u> Biofeedback 20–30 Minutes
90876	Psychophysiological Therapy <u>With</u> Biofeedback 45–50 Minutes
90880	Medical Hypnotherapy
96105	Assessment Of Aphasia
96116	Neurobehavioral Status Examination, First Hour

# PROCEDURE CODES AND MODIFIERS

## Psychiatrist/LMHP Codes

96130	Psychological Testing Evaluation Services <u>By</u> Physician/QHP, First Hour
96132	Neuropsychological Testing Evaluation Services <u>By</u> Physician/QHP, First Hour
96136	Psychological Or <del>Neuropsych</del> Test Admin/Scoring <u>By</u> Physician/QHP, 2 Or More Tests, First 30 Minutes
96138	Psychological Or <del>Neuropsych</del> Test Admin <u>And</u> Scoring By Technician, First 30 Minutes
96146	Neuropsychological Or Neuropsychological Test Admin <u>With</u> Single Automated Instrument, Auto Results Only
96156	Health Behavior Assessment/Reassessment
96158	Health Behavior Intervention, Individual, Face-To-Face; First 30 Minutes
96164	Health Behavior Intervention, Group, Face-To-Face; First 30 Minutes
96167	Health Behavior Intervention, Family <u>With</u> Patient Present, Face-To-Face; First 30 Minutes
96170	Health Behavior Intervention, Family Without Patient Present, Face-To-Face; First 30 Minutes
99202	New Patient Office Outpatient – Expanded Problem Focused (15–29 Min)
99203	New Patient Office Outpatient – Detailed (30–44 Min)
99204	New Patient Office Outpatient – Comprehensive Moderate Complexity (45–59 Min)
99205	New Patient Office Outpatient – Comprehensive High Complexity (60–74 Min)
99211	Established Patient Office Outpatient – Minimal Problems
99212	Established Patient Office Outpatient – Problem Focused (10 –19 Min)
99213	Established Patient Office Outpatient – Expanded Problem Focused (20–29 Min)

# Psychiatrists and LMHPs – Incentive Payments

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- The MCO must ensure the MD/LMHP provided at least (1) one home or community-based service between dates of service July 1, 2023 – June 30, 2024.
- The MCO must have received and paid at least (1) one eligible claim for a delivered home or community-based service, in order for the provider to receive payment.
- The MCO will reimburse the LMHPs a one-time payment of \$321.31 if they are enrolled and providing treatment services to enrolled Medicaid members.

# Reconciliation of Directed Payments

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- In accordance with Federal regulations, directed payments must be based on actual utilization and delivery of services. As such, within six (6) months of the end of FY 2024, the Contractor will perform a reconciliation and provide to LDH, a reconciliation report utilizing a mutually agreeable template, containing any adjustments to be made based upon the initial lump-sum payment.
- Providers must meet criteria that are listed above to receive payments.
- MCOs reserve the right to recoup any bonus amounts paid to provider, if warranted.

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# **MCO Invoice: American Rescue Plan Act of 2021 (ARPA) Provider Incentives**

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INVOICE SECTIONS AND INSTRUCTIONS

# Invoice Sections

<b>MCO:</b>		Use Drop-Down Box
Invoice Submission Date:		Date Invoice Submitted
Date Qualification/Certification Obtained:		Date Rendering Provider Received Qualification/Certification as specified in the Medicaid BH Services Provider Manual. Note: This field is only applicable for the EBP recruitment/retention
EBP Certified/Qualified Provider:		Name of Certified/Qualified Provider
EBP Certified/Qualified Provider Individual NPI:		NPI of Certified/Qualified Provider
Agency Name:		Name of Agency
Agency Tax ID:		Agency Tax ID #
Agency NPI:		Agency NPI #
Agency Mailing Address:		Full Mailing Address
LMHP/Psychiatrist Practitioner Name:		Name of Individual Clinician
Practitioner NPI:		NPI # of the Individual Clinician
Funder of EBP Training for EBP Recruitment Providers Only:		Name of Provider/Agency that Paid for EBP Training

# Invoice Sections (continued)

<b>Recruitment: Evidence Based Practice</b>	<b>With Training Costs*</b>	<b>Without Training Costs*</b>
Child Parent Psychotherapy		
Trauma-Focused Cognitive Behavioral Therapy		
Parent-Child Interaction Therapy		
Preschool PTSD Treatment		
Youth PTSD Treatment		
Triple P (Positive Parenting Program) Standard Level 4		
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adolescents)		

Place "X" In the Appropriate Box

# Invoice Sections (continued)

<b><i>Retention: Evidence-Based Practice</i></b>	<b><i>Without Training Costs*</i></b>	<b><i>Date of Eligible Claim</i></b>	<b><i>Claim number</i></b>
Child Parent Psychotherapy			
Trauma-Focused Cognitive Behavioral Therapy			
Parent-Child Interaction Therapy			
Preschool PTSD Treatment			
Youth PTSD Treatment			
Triple P (Positive Parenting Program) Standard Level 4			
Eye Movement Desensitization & Reprocessing (EMDR) Therapy (for adole			

Place "X" In the Appropriate Box for the EBP Being Invoiced  
Date of Eligible EBP Claim  
Date of Eligible EBP Claim Number



# Invoice Sections (continued)

<b>LMHP/Psychiatrist</b>			
	<i>Select License Level</i>	<i>Date of Eligible Claim</i>	<i>Claim number</i>
Advanced Practice Registered Nurses (APRN)			
Licensed Addiction Counselors (LACs)			
Licensed Clinical Social Workers (LCSWs)			
Licensed Marriage and Family Therapists (LMFTs)			
Licensed Professional Counselors (LPCs)			
Licensed Psychologists			
Medical Psychologists			
Physician Assistant			
Psychiatrists			

Place "X" In the Appropriate License Level Box  
 Date of Eligible EBP Claim  
 Date of Eligible EBP Claim Number

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# With and Without Training Costs Defined

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## **\*With Training Cost**

Amount to be paid if the practitioner provides documentation to the MCO of their own payment to an EBP training organization for completion of the EBP training program. i.e., a cancelled check (a check that has cleared the bank), receipt from certification body with header, bank statement, etc.

## **\*Without Training Cost**

In cases where the practitioner did not self-finance their own training (i.e., the practitioner received the EBP training at no cost to the practitioner, by enrolling in a training program sponsored by an MCO or by the Center for Evidence to Practice), the MCO shall pay the amount indicated from the “Without Training Cost” column.

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# Attestation Section

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*I attest that, to the best of my knowledge, the information above is true and accurate.*

**Name:** (Please Type Name of Person Submitting the Form)

**Title:** (Please Type Title of Person Submitting the Form)

# Required Documentation

<b>** Include:</b>	<b>Include the Following Documentation with Submitted Form</b>
1.	<i>Electronic Funds Transfer (EFT) Form</i>
2.	<i>W-9 (Include Voided Check with W-9)</i>
3.	<i>For EBP Recruitment or Retention Payments: Proof of EBP Certification/Qualification</i>
4.	<i>If you are requesting reimbursement for training costs related to EBP Recruitment payment the following documents are needed: cancelled check, bank statement, invoice.</i>
5.	<i>For EBP retention payment: Claim number for service including EBP tracking code</i>
6.	<i>For LMHP/Psychiatrist payment: Claim number for service</i>

# Louisiana Healthcare Connections

Credentialing and Incentive Documentation Requirements



# Join Our Network



## Start the Process Online:

1. Visit our website  
<https://www.louisianahealthconnect.com/providers/become-a-provider.html>
2. Complete the Contract Request form  
<https://www.louisianahealthconnect.com/providers/become-a-provider/contract-request-form.html>



## Or Contact our Contracting Team:

- Adam Fruge: [afruge@louisianahealthconnect.com](mailto:afruge@louisianahealthconnect.com)
- Russell Politz: [rpoltz@louisianahealthconnect.com](mailto:rpoltz@louisianahealthconnect.com)

# Required Credentialing Documents

## New Contract or Practitioner add:

### PRACTITIONER LEVEL:

- Louisiana Standardized Credentialing Application (including supporting documentation) or
- CAQH (attested within the last six months)
- Ownership and Disclosure Form
- W-9
- Copy of current EBP certification

- ✓ Please send to: [Credentialing@louisianahealthconnect.com](mailto:Credentialing@louisianahealthconnect.com)
- ✓ Please allow up to sixty (60) calendar days from receipt of a completed application to finalize processing.

# Required Credentialing Documents

## FACILITY LEVEL:

- Facility Credentialing Application (including supporting documentation)
- Facility Specialty Profile
- BH Roster
- Ownership and Disclosure
- W-9
- Copy of current EBP certification

- ✓ Please send to: [LHC\\_BHPROV\\_Roster@louisianahealthconnect.com](mailto:LHC_BHPROV_Roster@louisianahealthconnect.com)
- ✓ Please allow up to sixty (60) calendar days from receipt of a completed application to finalize processing.



# Required Credentialing Documents

## Providers Already Contracted with Louisiana Healthcare Connections:

### PRACTITIONER LEVEL:

- Copy of current EBP certification
  - ✓ Please send a copy of the EBP certification to: [LHC\\_BHPROV\\_Roster@louisianahealthconnect.com](mailto:LHC_BHPROV_Roster@louisianahealthconnect.com)
  - ✓ Average turnaround time to complete update is 7-10 business days.

### FACILITY LEVEL:

- BH Roster
- Copy of current EBP certification
  - ✓ Please send an updated roster including individual NPIs and EBP certification to: [LHC\\_BHPROV\\_Roster@louisianahealthconnect.com](mailto:LHC_BHPROV_Roster@louisianahealthconnect.com)
  - ✓ Average turnaround time to complete update is 7-10 business days.

# Required Documentation for Incentive Reimbursement

- Providers are required to submit the completed American Rescue Plan Act (ARPA) invoice form for reimbursement.
- Separate invoices must be submitted for each provider.
- Please include the following documents along with the APRA invoice:
  - W-9
  - Current copy of EBP Certification
  - Voided check showing proof of payment for training
- Please submit the completed invoice and required documents to:  
[ARPA@louisianahealthconnect.com](mailto:ARPA@louisianahealthconnect.com)
  - Email Subject Line: *ARPA Incentive*
- Individual providers can only be accounted for by one agency. Duplicative provider incentives are not allowed by multiple agencies.



Note: Providers must be in good standing with Louisiana Healthcare Connections and meet the requirements outlined by the Louisiana Department of Health to receive American Rescue Plan Act (ARPA) incentives.



# Behavioral Health ARPA Provider Incentive Process

[Aetna Better Health of Louisiana Medicaid Plan](#)



# AETNA ARPA PROVIDER INCENTIVE PROCESS

## EFFECTIVE 07/01/2023-06/30/2024

**\*\*PROVIDERS MUST BE IN-NETWORK WITH AETNA BETTER HEALTH OF LOUISIANA TO RECEIVE AMERICAN RESCUE PLAN ACT (ARPA) INCENTIVES AND MEET ALL REQUIREMENTS OUTLINED BY THE LOUISIANA DEPARTMENT OF HEALTH\*\***

### **\*\*Join Our Network\*\***

**Out-of-Network Providers can apply for Aetna Network Participation at Aetna Better Health Of Louisiana\***

- Go to: <https://www.aetnabetterhealth.com/louisiana/providers/join-network.html>
- Fill out the Prospective Provider Form located on the site
- Email to: [LANetwork@aetna.com](mailto:LANetwork@aetna.com)
- Completed applications will be processed within 60 days.

### **IN-NETWORK PROVIDERS:**

- Providers must provide certifications for incentives requiring an Evidenced-Based Practice (EBP) Certification. EBP qualifying certifications are CPP (EB02), PCIT (EB03), YPT (EB04), PPT (EB05), Trip P (EB06), TF-CBT (EB07), EMDR (EB08)
- If an In-Network Provider receives an EBP Certification, please email that certification to: [LABHPROVNET@aetna.com](mailto:LABHPROVNET@aetna.com). Please allow up to 60 days for certification to be added to your provider profile. Provider will be notified once their profile update is completed
- A Louisiana-licensed Mental Health Practitioner is defined as a Medical Psychologist, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marital and Family Therapist, Licensed Addictions Counselor, or Advanced Practice Registered Nurse, who is a nurse practitioner specialist in Adult Psychiatric and Mental Health, family Psychiatric and Mental Health, or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health

**\*\*Lower Licensed Providers are not eligible for ARPA Incentive\*\***

**AETNA ARPA PROVIDER INCENTIVE PROCESS  
EFFECTIVE 07/01/2023-06/30/2024**

**\*\*PROVIDERS MUST BE IN-NETWORK WITH AETNA BETTER HEALTH OF LOUISIANA TO RECEIVE AMERICAN RESCUE PLAN ACT (ARPA) INCENTIVES AND MEET ALL REQUIREMENTS OUTLINED BY THE LOUISIANA DEPARTMENT OF HEALTH\*\***

**PROVIDER PROCESS AND REQUIRED PROVIDER DOCUMENTATION TO RECEIVE INCENTIVE PAYMENT:**

- Aetna ARPA Incentive Payments for Behavioral Health Services Submission Form
- Providers must submit an Invoice with detailed description of Payment Type utilizing the MCO Collaborative ARPA Incentive Template. Each invoice can only contain one individual provider. Separate invoices must be submitted for each provider.
- Provider must submit a W-9: Payment will be sent to the provider and address listed on the W-9. If a provider prefers to sign up for Electronic Funds Transfer (EFT), the provider will need to fill out an EFT Application even if already enrolled in EFT for claims payment.
- Provider must submit a Current/Most Recent Copy of a qualifying EBP Certification, if applicable
- Provider must submit Invoice/Paid Bill for Training, if applicable
- Email the above documentation to: [LABHProviderNetwork@aetna.com](mailto:LABHProviderNetwork@aetna.com)
- Email Subject Line: ARPA Incentive
- Providers must submit invoices no later than 09/30/2024 for Incentive Payment
- Providers not in good standing with Aetna Better Health of Louisiana are not eligible for any incentive payments
- Individual Providers can only be accounted for by one agency. Duplicative provider incentives are not allowed by multiple agencies.
- Providers will receive payment within 60 days of all completed documentation received by ABHLA.
- ARPA Incentive Payments are available from 07/01/2023-06/30/2024 or until funds are exhausted.

**\*\*Providers must have completed credentialing and contracting process and be In-Network to be considered for incentive\*\***



# Claim Requirements for Specific Evidence- Based Practices Services

A Review of Claim Details for Specific Evidence-  
Based Practices Submitted by Eligible Contracted  
Behavioral Health Providers



# Credentialing Process for New Providers with EBP Certification

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- The individual Clinician credentialing process is used for clinicians who are individually contracted and for many Clinicians who are individually credentialed with us through a contracted group practice agreement. Optum credentials Clinicians according to rigorous criteria that reflect professional and community standards, as well as applicable laws and regulations.
- For new groups, completing the group with agency credentialed providers application (Rostered Clinicians), the agency would list the provider on the roster and submit a copy of the trained provider's EBP Certification.
- Optum will complete initial credentialing of a provider within 60 days of receipt of a completed credentialing application. **A completed credentialing application includes all necessary documentation, attachments, and a signed Agreement.**
- Please refer to the UnitedHealthcare Community Plan Louisiana Medicaid Behavioral Health Provider Manual for EBP Eligibility Criteria. For each EBP, the provider must submit all required documentation in order to be identified in provider systems, including the directory, as eligible to offer the EBP service. If the requirements are not met, then claims will deny.



# Process for Existing Par Providers to Add EBP Certification

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- Providers currently par with our network should outreach their assigned Provider Relations Adv. or email: [networkse@optum.com](mailto:networkse@optum.com) and provide a copy of their EBP Certification.
- Once certification is verified it will be requested for the EBP to be loaded to the provider's file as an expertise. Loading can take up to 30 days for completion.





# Required Documentation for Reimbursement

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- Completed American Rescue Plan Act of 2021 (ARPA) Provider Incentives MCO Invoice Form
- Authorization Form for EFT Transfers (ACH)
- All forms are located here: [Welcome Louisiana \(providerexpress.com\)](https://www.providerexpress.com)
- Voided Check Showing Proof of Payment for Training
- Payment process will begin when all necessary documentation has been received.
- Submit all documentation to: [state\\_directed\\_payments@optum.com](mailto:state_directed_payments@optum.com)



# Thank you.

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UnitedHealthcare Community Plan  
Provider Call Center  
1-866-675-1607

or

[networkse@optum.com](mailto:networkse@optum.com)



# Healthy Blue Credentialing Process

- Healthy Blue requires the following:
  - A completed LSCA OR access to the provider's CAQH profile
  - A completed, valid Disclosure of Ownership
- Providers are strongly encouraged to utilize our Availity portal's Digital Provider Enrollment Process
  - Allows for fast, simple processing of provider applications.
  - Pulls in data directly from CAQH allowing for reduced administrative time.
  - Streamlines Provider Data Uploads and Credentialing to happen simultaneously.
- The Contractor shall completely process credentialing applications from all provider types within sixty (60) Calendar Days of receipt of a completed credentialing application, including all necessary documentation and attachments, and a signed Network Provider Agreement (if applicable).
- In accordance with Louisiana law, providers are granted a network effective date matching the date that all valid credentialing/enrollment materials are received. Providers are granted a temporary credentialing status until completed.

# Healthy Blue Invoice Protocol

## Highlights:

- Healthy Blue will require EBPs to complete the joint MCO EBP Invoice Form.
- A certificate of completion of the EBP training will be attached to invoice form.
- Payment will be made quarterly.
- Providers are to send proper documentation and invoice to [lainterpr@healthyblueela.com](mailto:lainterpr@healthyblueela.com) for processing and payment.

# State Incentive Payments



Delivering the Next  
**Generation**  
of Health Care

- You must submit proof of certification to Network, ACLA [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com)
  - Proof of certification must include:
    - Date
    - The word “completion” and/or verbiage stating you have completed all requirements to offer the service
    - EBP oversight agency and/or approved trainer who approved the certification
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- Please remember each EBP has its own requirements for completion of certification
    - Some require completion of training
    - Some require training plus delivery of service under supervision for a prescribed period of time
    - Please refer to the BH Services Manual for full details.
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- ACLA will review your submission of proof of certification to verify it meets the requirements of the identified EBP.
    - We will acknowledge receipt of your submission for proof of certification.
    - We will verify it meets the requirements or provide specific deficiencies which need to be addressed in order to meet full requirements.
  - If your proof of certification is verified, you may begin using the tracking code associated with the specific EBP.
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# Reimbursement

Providers are required to submit the American Rescue Plan ACT (ARPA) invoice form for reimbursement. The form can be found on our website at:

<https://www.amerihealthcaritasla.com/provider/resources/forms/index.aspx>

Attached the below required documents when submitting for reimbursement.

- Invoices for each provider
- Copy of current EBP Certificate
- W-9
- Proof of Payment

Submit required documentation to:

[Network@amerihealthcaritasla.com](mailto:Network@amerihealthcaritasla.com)

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# Providers (Physical Health & Behavioral Health)

AmeriHealth Caritas Louisiana (ACL) participates with the Council for Affordable Quality Healthcare ([CAQH](#)) to offer providers a Universal Provider Data source that simplifies and streamlines the data collection process for credentialing and re-credentialing.

Providers (Physical Health and Behavioral Health) may submit credentialing information to ACLA Network at: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com) or send to the [Account Executive](#).

- Complete the Provider Enrollment Form:
  - [PH Provider Enrollment Form](#)
  - [BH Provider Enrollment Form](#)
- Enable AmeriHealth Caritas LA to view your information by changing your settings in CAQH
- Ensure CAQH ID number is included on your Provider Enrollment Form
- Include completed W-9

**NOTE:** Completing and/or submitting an AmeriHealth Caritas LA credentialing application does not guarantee participation in the AmeriHealth Caritas LA provider network.

## Facilities and Hospitals

Facilities may submit credentialing information to ACLA Network at: [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com) or send to the [Account Executive](#).

Complete the AmeriHealth Caritas LA facility application form:

- [Facility Credentialing Application](#)
- Include completed W-9

**NOTE:** Completing and/or submitting an AmeriHealth Caritas LA credentialing application does not guarantee participation in the AmeriHealth Caritas LA provider network.

## Additional Documentation Required at the Time of Enrollment:

1. Current State licensure or Certification
2. Current insurance facesheet - \$1/3 Million Liability Coverage
3. Individual NPI Number
4. Group/Facility NPI Number
5. Current Board Certifications (If applicable)
6. Admitting Arrangements (If applicable)
7. Site Visit (If applicable)

\*Note: Depending on individual analysis of the file, additional documentation may be requested. Credentialing process will approximately 60 days to complete.

# Re-Credentialing

AmeriHealth Caritas LA's credentialing/re-credentialing criteria and standards are consistent with the State's requirements and National Committee for Quality Assurance (NCQA) requirements. Practitioners and facility/organizational providers are re-credentialed **at least every three years**.

The following information is requested in order to complete the re-credentialing process:

- Application CAQH Universal Provider Data Source
- Practitioner CAQH Reference Number;
- Credentialing Attestation and Release Form;
- Office Hours/Service Addresses;
- Supporting Documents – State Professional License, Federal DEA Registration, State-Controlled Substance Certificate, Malpractice Face Sheet and Clinical Laboratory Improvement Amendments (CLIA) Certificate (if applicable);

All applications and attestation/release forms must be signed and dated **120 days** prior to the Credentialing Committee or Medical Director decision date for initial credentialing and re-credentialing. Additionally, all supporting documents must be current at the time of the decision date.

# Reference Materials

- [Provider Handbook](#) (Credentialing pg. 156-163)
- [Provider Reference Guide](#)
- [CAQH](#)
- [Provider Enrollment Form](#)
- [Ownership Disclosure Form](#)
- [BH Provider Manual](#)

# Humana Healthy Horizons of Louisiana

## Claims Requirements for Evidence Based Practice Services

A review of the claims review details for specific evidence-based practices by eligible contracted behavioral health providers





# Credentialing Process

- Application is received
- Application is pre-assessed for application completeness
- Credentialing is processed using Primary Source Verifications
- Credentialing is approved, denied, or referred to credentialing committee
- Letters are mailed to provider with credentialing decision

# Required EBP Credentialing Documents – Practitioner

## Practitioner level:

- CAQH application – attested within 180 days or,
- Louisiana State Standardized Application with supporting documentation
- Current EBP certification
- Behavioral Health staff roster
- Agency license
- Agency accreditation
- W-9
- Certificate of EBP Training

- ❖ Recredentialing please send to: [LouisianaMedicaidCredentialing@humana.com](mailto:LouisianaMedicaidCredentialing@humana.com)
- ❖ Initial Credentialing please send to: [LABHMedicaid@Humana.com](mailto:LABHMedicaid@Humana.com)
- ❖ Average turnaround time for credentialing is less than 45 days.

# Required EBP Credentialing Documents – Facility

## Facility level:

- Facility credentialing application with supporting documentation
- Disclosure of Ownership
- Behavioral Health Attestation
- Behavioral Health staff roster
- Agency Profiling form
- W-9
- Certificate of EBP Training

- ❖ Average turnaround time for credentialing is less than 45 days.
- ❖ Re-credentialing please send to: [LouisianaMedicaidCredentialing@humana.com](mailto:LouisianaMedicaidCredentialing@humana.com)
- ❖ Initial Credentialing please send to: [LABHMedicaid@Humana.com](mailto:LABHMedicaid@Humana.com)

# Invoicing Process

## Highlights:

- Providers are required to complete the Joint MCO EBP Invoice Form
- A Certificate of Completion of the EBP shall be attached to the Invoice Form
- Payment shall be made quarterly
- Providers are to send proper documentation and invoice to [lamedicaidproviderrelations@humana.com](mailto:lamedicaidproviderrelations@humana.com)

# Our Thanks

Louisiana MCOs would like to thank the Office of Behavioral Health for the opportunity to recognize and reward Behavioral Health practitioners who have been trained and who will become trained to ensure that members get access to quality evidence-based services.

# Questions