

MEMORANDUM

DATE: 06/28/2023

TO: Aetna Network Provider

FROM: Aetna Better Health of Louisiana

SUBJECT: American Rescue Plan Act of 2021 (ARPA) Provider Incentives

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 incentivize evidence-based practice (EBP) practitioners and licensed mental health professionals/psychiatrists who meet state criteria under Medicaid managed care plan contracts. Services must be rendered per the requirements outlined by the Louisiana Department of Health (LDH) and Louisiana Medicaid as detailed in the [Behavioral Health Services Provider Manual](#) and any [Informational Bulletins](#) active on the service date.

The Healthy Louisiana Medicaid 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 in evidence-based practices to ensure that plan members get access to quality evidence-based services.

The incentive payments are summarized below by service, and are in effect for the period **July 1, 2023 through June 30, 2024, or until funds are exhausted, whichever comes first.**

Providers are eligible to receive recruitment and retention payments from all MCOs with which they are credentialed when the criteria specified below is met.

Providers are eligible for multiple recruitment payments if trained and certified in more than one EBP on or after 1/1/2021.

A. Recruitment Bonus – Applicable for Evidence-Based (EB) providers who have completed EBP qualification as defined in the Louisiana Medicaid BHS Provider Manual Appendices E-5 through E-10 in any applicable EBP and enrolled in the MCO network. Each MCO requires submission of proof of certification per EBP. Providers are eligible for a payment from each MCO with which the provider is credentialed.

With Training Cost: Amount should 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. The MCO shall pay the amount indicated from the "With Training Cost" column.

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.

| Evidence-Based Practice | 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) |
|--|---|--|
| 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 |

B. Retention Payment – For EBP providers who have been enrolled in the MCO network for at least 6 consecutive months and provided a paid EBP service to at least one eligible member between 7/1/23 – 6/30/24 using the applicable EBP tracking codes.

| Evidence-Based Practice | Retention Payment (the amount each MCO would pay if the criteria are met) |
|--|--|
| 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 |

C. LMHP/Psychiatrists who provided at least one paid home and community-based service (see Attachment 1) during the performance period (7/1/23-6/30/24) and who are enrolled in the MCO network for at least 6 consecutive months. Please note that POS 09,14, 21-24, 31-33, 51, 52, 54, 55, 56, 61 are excluded as these services cannot be provided in an inpatient facility, institutional setting, residential facility or emergency department.

| | |
|-------------------|---|
| LMHP/Psychiatrist | \$321.31 (one-time payment per MCO when criteria are met) |
|-------------------|---|

***Applicable CPT/HCPCS codes are identified in Attachment 1.**

Providers may earn multiple payments from a single MCO, if the criteria are met.

1. An EBP practitioner may earn a recruitment payment for every applicable EBP training in which they earned certification from 1/1/2021 (training date) from every MCO with which they are credentialed.
2. An EBP practitioner may earn retention payment(s) for every applicable EBP in which they are certified from each MCO with which they are credentialed.
3. Any LMHP/psychiatrist including an EBP practitioner may earn a retention payment for providing one HCBS during the performance period.

***** Providers must meet criteria that is listed above to receive payments. *****

*****MCOs reserve the right to recoup any incentive and/or retention amounts paid to provider, if warranted.*****

*****Providers must be in network to receive the incentive and retention payment. The MCOs reserve the right to update this information, as may be required.*****

***** Note that these are gross amounts. Payments are subject to payroll and mandatory federal and state taxes. *****

Attachment 1

Below is a list of procedure codes included in the HCBS Incentive Payment Initiative. Services must be rendered by a qualified LMHP or psychiatrist for inclusion in this initiative. Rendering providers are responsible for ensuring compliance with requirements outlined by LDH as detailed in the Behavioral Health Services Provider Manual and all Informational Bulletins active on the service date. Services rendered in non-home and community-based settings including but not limited to emergency department, nursing facility, IMD, inpatient facility, are not eligible for the incentive payment. These include services provided using place of service: 09,14, 21-24, 31-33, 51, 52, 54, 55, 56, 61.

Evidence-Based Practice Codes

| 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 |

Psychiatrist/LMHP Codes

| CPT/HCPCS | Description |
|-----------|---|
| 90791 | Psychiatric Diagnostic Evaluation |
| 90792 | Psychiatric Diagnostic Evaluation With Medical Services |
| 90832 | Psychotherapy, 30 Minutes With Patient Present |
| 90834 | Psychotherapy, 45 Minutes With Patient Present |
| 90837 | Psychotherapy, 60 Minutes With Patient Present |
| 90839 | Psychotherapy For Crisis; First 60 Minutes |
| 90845 | Medical Psychoanalysis |
| 90846 | Family Psychotherapy Without Patient Present |
| 90847 | Family Psychotherapy With Patient Present |
| 90849 | Multiple Family Group Psychotherapy |
| 90853 | Group Psychotherapy |
| 90870 | Electroconvulsive Therapy |
| 90875 | Psychophysiological Therapy With Biofeedback 20–30 Minutes |
| 90876 | Psychophysiological Therapy With Biofeedback 45–50 Minutes |
| 90880 | Medical Hypnotherapy |
| 96105 | Assessment Of Aphasia |
| 96116 | Neurobehavioral Status Examination, First Hour |
| 96130 | Psychological Testing Evaluation Services By Physician/QHP, First Hour |
| 96132 | Neuropsychological Testing Evaluation Services By Physician/QHP, First Hour |
| 96136 | Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, First 30 Minutes |
| 96138 | Psychological Or Neuropsych Test Admin And Scoring By Technician, First 30 Minutes |
| 96146 | Neuropsychological Or Neuropsychological Test Admin With 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 With 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) |

| CPT/HCPCS | Description |
|-----------|---|
| 99214 | Established Patient Office Outpatient – Detailed (30–39 Min) |
| 99215 | Established Patient Office Outpatient – Comprehensive High Complexity (40–54 Min) |
| 96136 | Psychological Or Neuropsych Test Admin/Scoring By Physician/QHP, 2 Or More Tests, First 30 Minutes (Neuropsych) |
| 96138 | Psychological Or Neuropsych Test Admin And Scoring By Technician, First 30 Minutes (Neuropsych) |
| 96146 | Psychological Or Neuropsych Test Admin With Single Automated Instrument, Automated Results Only (Neuropsych) |
| H0049 | Alcohol and/or Drug Screening |
| H0050 | Alcohol and/or Drug Services, Brief (Per 15 Min) |
| H0001 | Alcohol and/or Drug Assessment |
| H0004 | Alcohol and/or Drug Services – Individual |
| H0005 | Alcohol and/or Drug Services – Group (Per Person) |
| H0005 | Alcohol and/or Drug Services – Family (Per Family Member) |
| H0015 | Alcohol and/or Drug Services – Intensive Outpatient 2.1 Group |