



# Every body + mind matters newsletter

Summer 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](mailto:GuessB@aetna.com).

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## CMO corner

### Summer is upon us and, with it: the unbearable Louisiana heat that we all tolerate for the next few months.

As such, please remind your patients about proper hydration, heat exposure precautions, sunscreen, and water safety. Our children will be in summer camps and swimming, so water safety is a priority. Children can drown in two inches of water if left unattended; teenagers and adults can get caught in riptides while enjoying the beaches. About 100,000 people will drown unintentionally in Louisiana in 2025. These deaths are preventable; please have these conversations.

While you are conversing, it's a great time to speak to your parents and grandparents about the pneumococcal vaccine, the shingles vaccine, and a pertussis booster. If they are reluctant to do it for themselves, talk to them about doing it for their loved ones.

For those caring for children, please have the vaccine talk! There is so much misinformation about vaccines out there; they need to hear the truth from you. Measles and pertussis are back with a vengeance, and no one wants that!

On the LDH front, the Prime therapeutics contract is ending, and the pharmacy benefit is being given back to the managed care organizations. Hold tight, we think this is a good thing! Now each MCO will be handling the initial review, the appeals, and the state fair hearings, if needed. There will still be one preferred drug list, and we will all follow LDH step therapy in the same manner, but the MCOs will manage the initial prior authorizations as we did prior to October 2023. The providers should see no disruption; it will provide more visibility for the MCOs. Though no definite date, we anticipate this change in the fourth quarter of 2025.

ABHLA is here to be a support for you in the care of your patients. Stay well!

*Ann Kay C. Logarbo, MD*





## 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 95-100% 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:

- Capital City Family Health Center, INC
- LSU Healthcare Network

## Provider resources

### Free continuing education through TPN.health

Free continuing education can be earned for counselors, addiction counselors, licensed marriage and family therapists, social workers, psychologists, physicians and nurses. Join our **provider education network** and never miss a free training! You can also connect with other clinicians, use the CE tracker and engage in the community feed.



# Doulas Do It: Improving Perinatal Mental Health Through Sankofa

*Learn the midwifery model of care, the differences between midwives and doulas, and how Black doulas integrate cultural wisdom, historical practices, and evidence-based strategies to support families to minimize birth trauma, minimize disparities, and reduce perinatal mood disorders.*

PROUDLY POWERED BY



**aetna**<sup>SM</sup>



**Nicole Deggins**  
**CNM, MSN, MPH**



**June 25, 2025**



**11:00 AM - 12:30 PM CDT**



**Virtual**



**1.5 CE Credit**



**REGISTER FOR FREE AT [TPN.HEALTH](https://www.tpn.health)**

# Effective Telehealth Practices

This essential two-hour training transforms behavioral health providers into confident telehealth practitioners with the skills to deliver quality virtual peer support. You'll master digital rapport-building, navigate privacy and HIPAA requirements, and learn proven strategies for overcoming technical challenges while fostering meaningful client engagement online.



**Melissa Dittberner**  
**PhD, CPS, PS, LMT**



**July 10, 2025**



**6:00 PM - 7:00 PM CDT**



**Virtual**



**1 CE Hour**

REGISTER NOW AT **[TPN.HEALTH](https://tpn.health)**

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## Provider monitoring

### Behavioral health member survey

Did you know ABHLA members have the opportunity to document and rate their experiences and satisfaction with behavioral health services they receive from ABHLA and network providers? Members are invited to complete a survey if they received behavioral health services. The surveys are done annually from June to September for members in these lines of business: Aged, Blind or Disabled (ABD); Specialized Behavioral Health (BH Only); Children's Health Insurance Program (CHIP); Developmental Disabilities (DD); Expansion; and Temporary Assistance for Needy Families (TANF). A third-party vendor administers this survey, Press Ganey, and member responses are anonymous. Results are used to evaluate staff performance, as well as to identify gaps in service and the key items that are causing dissatisfaction so that action can be taken to improve member experiences.

#### **This survey assesses the following areas:**

- Access to and timeliness of behavioral health care
- Perceived outcome of behavioral health care
- Communication with clinicians
- Patient rights
- Member services and assistance
- Overall rating of the behavioral health care provider (BHCP)

## Results:

- More than eight in 10 are pleased with the services they receive from their behavioral health care provider (BHCP) and roughly nine in 10 would tell others to use the plan.
  - 85% of members are pleased with the services they receive.
  - 89% would tell others to use the health plan.
  - The overall average satisfaction score is 85%.
- The average is similar between Adult and Child members (85% and 87%, respectively).
  - However, the average differs by line of business and is higher among CHIP members than among ABD, TANF, BH Only and Expansion members (97% vs. 89%, 88%, 84% and 83%, respectively).

- Increase
  - Provider listens **(+4%)**
  - Understandable explanations (+2%)
  - Culturally sensitive (+2%)
  - Health Plan helps to get care (+1%)
  - Tell others to use Aetna **(+5%)**
- Decrease
  - Overall rating (-2%)
  - Location (-1%)
  - Getting appointment **(-5%)**
  - Treated with respect (-1%)
  - Seen by PCP and BHCP at same location **(-9%)**
  - PCP and BHCP share information **(-10%)**
  - BHCP discusses medication and risk (-3%)
  - Do better in daily activities **(-6%)**
  - Feel better (-4%)
  - Pleased with services (-2%)
  - Plan staff were friendly and helpful **(-14%)**



## HEALTH CARE SERVICES SURVEY

We want to hear from you about the behavioral health care services we offer to you. Behavioral health care includes therapy and treatment for mental and emotional health. This also includes therapy and treatment for drug or alcohol use.

A Behavioral Health Care Doctor or Provider (**BHCP**) can be a Counselor, Therapist, Psychologist, Psychiatrist, or Nurse Practitioner.

Please mark an answer for each question. If the question doesn't apply to you, mark it N/A.

### YOUR HEALTH CARE

	Strongly Agree	I am Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I have a Behavioral Health Care Provider ( <b>BHCP</b> ) in a good location for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can get an appointment as soon as I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My BHCP listens to me and understands what I say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My BHCP explains things in a way that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My BHCP treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My BHCP is sensitive to who I am – including my race, religion, ethnicity, gender identification, language, or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I see my BHCP and Primary Care Provider (PCP) at the same location.						
<input type="checkbox"/> Yes	<input type="checkbox"/> No					

	Strongly Agree	I am Agree	Neutral	Disagree	Strongly Disagree	N/A
8. My BHCP and PCP share info about my health and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My BHCP helps me with other self-help support and community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The office staff is polite and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My BHCP works on my treatment plan with my family, my care team and me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My BHCP talks to me about medicines, and the risks they might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My BHCP helps me get along better with family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My BHCP helps me do better in school, work or other daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My BHCP helps me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Behavioral health clinical practice guidelines

For the remainder of 2025 we will be featuring ABHLA's clinical practice guidelines (CPGs) for frequently diagnosed and treated mental health conditions. 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.

### Substance use disorder CPGs

Education about substance use disorder should be delivered to the member.

A plan for maintaining sobriety, including strategies to address triggers should be developed, and the role of substance use in increasing suicide risk must be discussed.

The treatment plan should include a referral to self-help groups such as AA, Al-Anon, and NA.

Evaluation should include the consideration of appropriate psychopharmacotherapy

If provider is a medical provider, abstinence-aiding medications should be considered.

If provider is not a medical provider, a referral for abstinence-aiding medication or a diagnostic consultation should be considered.

### Bipolar CPGs

Member's diagnosis should be documented by type (acute manic, hypomania, mixed, or acute depressive episode).

A complete psychological assessment should take place. First-line treatment that includes psychotherapy using trauma-focused therapy or stress management and/or pharmacotherapy should be used.

Psychoeducation, psychotherapy, and family intervention should be provided as indicated.

Medication monitoring and managing of adverse effects must take place if provider is a medical provider.

## Post traumatic stress disorder CPGs

Member's diagnosis should be based on DSM-5-TR criteria.

A comprehensive assessment for comorbid diagnoses must be conducted.

Education must be delivered about Post Traumatic Stress Disorder, its treatment, and benefits/risks associated with trauma related treatment interventions

If provider is a prescriber, an SSRI should be considered as first line treatment.

If provider is not prescriber, a referral to a prescriber to evaluate for appropriateness of psychopharmacotherapy should take place.

If provider made referral to and/or member has established prescriber, coordination of care with member's prescriber should take place.



## CDC guidelines around STI prevention and treatment

The first message around this initiative was in the previous newsletter and focused on 'Talk' to your patients about STI's and that regular screening is part of being healthy. That article can be viewed [here](#).

The second part of the CDC campaign called 'Talk:Test:Treat' to help stamp out many of the STI's that are treatable and often curable is 'Test'. 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. Patients may not be comfortable discussing **all** aspects of their life even with a reassurance of privacy so be sure to share options for screening/testing through the links below and in some cases – self test kits.

**Test:** Test your patients for STIs as recommended. Use the sexual history to determine [which STIs you should test for](#) and the [anatomical sites](#) to test. STI [screening recommendations](#) for different patient populations are available.

Below is a brief overview:

- **All adults and adolescents from ages 13 to 64** should be tested at least once for HIV.
- **All sexually active women** younger than 25 years should be tested for gonorrhea and chlamydia every year. Women 25 years and older with risk factors such as new or multiple sex partners or a sex partner who has an STI should also be tested for gonorrhea and chlamydia every year.
- **Everyone who is pregnant** should be tested for syphilis, HIV, hepatitis B, and hepatitis C starting early in pregnancy. Repeat syphilis screening during the 3rd. trimester and at delivery is now recommended for all pregnancies to prevent congenital syphilis. Those at risk for infection should also be tested for chlamydia and gonorrhea starting early in pregnancy. Repeat testing may be needed in some cases.

- **All sexually active gay, bisexual, and other men who have sex with men should be tested:**

- At least once a year for syphilis, chlamydia, and gonorrhea. Those who have multiple or anonymous partners should be tested more frequently (e.g., every 3 to 6 months).
- At least once a year for HIV and may benefit from more frequent HIV testing (e.g., every 3 to 6 months).
- At least once a year for hepatitis C, if living with HIV.

- **Anyone who engages in sexual behaviors that could place them at risk for infection or shares injection drug equipment** should get tested for HIV at least once a year.

Keep in mind that screening recommendations are sources of clinical guidance, not prescriptive standards. Always consider a patient's sexual history and the burden of disease in their community.

Once a patient has been tested, ***make sure they know how they will get their test results.***

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.







## Behavioral health

### What causes ADHD? What we know, don't know and suspect

- by Alison Poulton

Attention-deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder. It affects around 8-10% of children and 2-5% of adults.

ADHD affects a person's efficiency at completing tasks (for example, because they get distracted) and their behavior (such as losing things or struggling to pay attention).

ADHD can affect all aspects of functioning including problems learning and maintaining friendships. If undiagnosed, the challenges are likely to persist and may lead to anxiety, depression and low self-esteem.

The diagnostic criteria include:

- difficulty concentrating (for example, trouble listening, poor attention to detail, not getting tasks finished)
- hyperactivity (including fidgeting, feeling restless and running around, constantly chatting)
- impulsivity (for example, interrupting conversations and games, difficulty waiting their turn).

Not everyone with ADHD is hyperactive. For people with inattentive-type ADHD, their main difficulty is inattention, for example, concentrating consistently on everyday tasks that are not particularly interesting.

If someone meets the criteria for hyperactivity-impulsivity and for inattention, they have combined-type ADHD.

**Read further on diagnosis reliability, gender differences, and more [here](#).**

# Physical health

## Just 3 nights of poor sleep may harm heart health

- by Erika Watts



While the Centers for Disease Control and Prevention recommend that adults get at least seven hours of sleep per night, this can sometimes be tough to achieve. Whether it is due to stress or underlying health issues, it is almost inevitable to get less than the recommended sleep at some point.

Not getting good sleep regularly can cause some health issues, such as worsening mental health or accelerated brain aging.

A new study examines how quickly the body can start reacting negatively to poor sleep. The results show that getting a bad night's sleep just three nights in a row can start affecting health... The results are not entirely surprising and noted that poor sleep can impact numerous health factors. In addition to cardiovascular health... sleep restriction can negatively impact endocrine and immune functioning.

**You can read this article in its entirety [here](#).**