Document ID: AETAMA - 075847	**Title: Aetna Medicaid Administrators LLC (AMA) 7200.05 Concurrent Review - Observation Care - Louisiana Amendment**	
Parent Documents: AETAMA-074443		
Effective Date: See Document Information Page	**Last Review Date: See Review and Revision History Section**	**Business Process Owner (BPO): Ld Dir, Business Consulting, CS Utilization Management Ops**
Exhibit(s): N/A		
Document Type: Tool		

This Amendment is written to meet regulatory and legislative requirements under Louisiana law/regulation that impact AMA 7200.05 Concurrent Review/Observation Care. This amendment will be used in conjunction with AMA 7200.05 to comply with Louisiana requirements.

SCOPE

Applies to Department:	**☐ Care Management**	**☐ Precertification (including NME, SCPU, Specialty Medical Precert)**	**☐ NME Case Management**	**☐ Aetna Maternity Program**
	☐ SCPU Case Management	**☐ 24-Hour Nurse Line**	**☐ DM**	**☐ BH**
	■ Medical Management – Concurrent Review	**☐ Medical Management – Prior Authorization**	**☐ Medical Management – Utilization Management**	**☐ Medical Management**
	☐ Medical Management – Medical Claims Review			

Product:	**☐ HMO**	**☐ EPO**	**☐ PPO**	**☐ MC/POS**	**☐ TC**	**☐ JV**
	■ Medicaid					

These requirements apply when the Controlling State is Louisiana.

POLICY *Observation (Physical and Behavioral Health)*

Legislation	Policy/Procedure Language Change:
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section	

2.12.8.3 **The Contractor shall utilize a common hospital observation policy that is developed and maintained collectively by the MCOs with approval by LDH in writing. Any revisions shall be reviewed and approved by LDH in writing at least thirty (30) Calendar Days prior to implementation.**	**The health plan will utilize a common hospital observation policy that is developed and maintained collectively by the MCOs with approval by LDH in writing. Any revisions shall be reviewed and approved by LDH in writing at least thirty (30) calendar days prior to implementation.**

Inpatient Admissions (Physical and Behavioral Health)
Acute Inpatient

Legislation	Policy/Procedure Language Change:
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section **2.12.8.4** **The Contractor shall perform Prior Authorization and concurrent utilization review for admissions to inpatient general hospitals and concurrent utilization review for psychiatric admissions to inpatient general hospitals, specialty psychiatric hospitals in Louisiana or out-of-state, or state mental hospitals.**	**The health plan will perform prior authorization and concurrent utilization review for admissions to inpatient general hospitals and concurrent utilization review for psychiatric admissions to inpatient general hospitals, specialty psychiatric hospitals in Louisiana or out-of-state, or state mental hospitals.**

Medical Necessity Criteria (Physical and Behavioral Health)

Legislation	Policy/Procedure Language Change:
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section **2.12.3.6.1.1** **The Contractor is responsible for eliciting pertinent health record information from the treating health care provider(s), as needed and/or as requested by LDH, for**	**The health plan will request pertinent medical record information from the treating health care provider(s), as needed and/or as requested by LDH, for purposes**

purposes of making Service Authorization determinations.	of making medical necessity determinations.
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.12.3.4.1 When the provider fails to provide requested medical information, the Contractor may at its discretion, or shall as directed by LDH, impose financial penalties against the provider as appropriate.	Providers who do not provide requested medical information for purposes of making medical necessity determinations, for a particular item or service, are not entitled to payment for the provision of such item or service.
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.12.3.4.1 When the provider fails to provide requested medical information, the Contractor may at its discretion, or shall as directed by LDH, impose financial penalties against the provider as appropriate.	Should a provider fail or refuse to respond to the health plan's request for medical record information, at the health plan's discretion or directive by LDH (Louisiana Department of Health), the health plan will, at a minimum, impose financial penalties against the provider as appropriate.
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.4.1.5 The Contractor shall provide MCO Covered Services in accordance with LDH's definition of medically necessary services (see Glossary), including quantitative and non-quantitative treatment limits, as indicated in State statutes and regulations, the State Plan, and the MCO Manual. [42 CFR §438.210(a)(5)(i)] 2.4.1.2 MCO Covered Services shall be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to	No medically necessary service limitation can be more restrictive than those that currently exist under the Louisiana Medicaid State Plan including quantitative and non-quantitative treatment limits. The health plan covered services will be furnished in amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to Beneficiaries under FFS, as set forth in 42 CFR §440.230, and for Enrollees under

Beneficiaries under FFS, as set forth in 42 CFR §440.230, and for Enrollees under the age of twenty-one (21), as set forth in 42 CFR Part 441, Subpart B. [42 CFR §438.210(a)(2)]	**the age of twenty-one (21), as set forth in 42 CFR Part 441, Subpart B. [42 CFR §438.210(a)(2)]**

PROCEDURE
N/A

DEFINITIONS:

Legislation	Policy/Procedure Language Change:
2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Part 1: Glossary and Acronyms **Glossary** **** Denotes terms for which the Contractor must use the State-developed definition.*** **Medically Necessary Services* – Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the Beneficiary. Any such services must be individualized, specific and consistent with symptoms or confirmed**	**Medically Necessary Services:** **Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the Beneficiary. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program. Services that are experimental, non-FDA approved,**

diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program. Services that are experimental, non-FDA approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."	**investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."**

REVIEW AND APPROVALS

Jess R. Hall, Chief Executive Officer — **Date**

Antoinette K. Logarbo, Chief Medical Officer — **Date**

EXHIBIT(S): N/A

Jared J. Wakeman, MD, Behavioral Health Medical Director

Date