

To: AmeriHealth Caritas Louisiana Providers

Date: July 5, 2023

Subject: Informational Bulletin: American Rescue Plan Act of 2021 (ARPA) Provider Incentives

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

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.

AmeriHealth Caritas Louisiana 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	\$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	\$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)
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***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. *****

*****AmeriHealth Caritas Louisiana reserves 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 Code	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
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

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Services Department can be reached between 7:00 am - 7:00 pm daily.

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You can always find a complete listing of provider alerts on the [Newsletters and Updates](#) page of our website.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com