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# Provider Newsletter

Spring 2024

## Provider Manual

You can view the provider manual by visiting [our website](#).

## Contraceptive Care for Members Who Had a Live Birth

**Members do not need a referral to get family planning services. They can go to any family planning provider or clinic whether it is in our network or not.**

Family planning services include: birth control pills, long-acting reversible contraception (LARC), condoms and tubal ligation.

## Help Members Stay Covered

Please remind your patients, our members, to renew their NJ FamilyCare/Medicaid coverage by:

- Updating their contact information with NJ FamilyCare by calling **1-800-701-0710 (TTY 711)**
- **Checking their mail:** NJ FamilyCare will send them a letter about their coverage. It will let them know if they need to complete a renewal form
- Completing their renewal form.

For more information, review the [Stay Covered NJ Toolkit](#).



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## Balance Billing is Prohibited

### Providers may not bill Aetna Better Health<sup>®</sup> of New Jersey members for any services that are covered by NJ Medicaid and/or Aetna Better Health<sup>®</sup> of New Jersey.

- Any member copayments you must collect are included in the benefit listing on our website. Please note that copayments are not considered balance billing.
- Per your contract with us, when a provider receives a Medicaid/NJFC FFS or managed care payment, the provider shall accept this payment as payment in full and shall not bill the beneficiary or anyone on the beneficiary's behalf for any additional charges.

**NOTE:** Providers can make payment arrangements with a member for services that are not covered by NJ Medicaid and Aetna Better Health<sup>®</sup> of New Jersey only when they notify the member in writing in advance of providing the service(s), and the member agrees. We want to make sure you are aware of these requirements because we value your partnership with us.

Federal and State laws are clear that providers are prohibited from balance billing Medicaid beneficiaries (42 USC 1395w-4(g)(3)(A), 42 USC 1395cc(a)(1)(A), 42 USC 1396a(n), 42 U.S.C. § 1396u-2(b)(6), 42 CFR 438.106, NJAC 11:24-9.1(d)9 and/or 15.2(b)7ii.

Before you decide to send accounts to any collection agency you may be using, it is critical that you **NOT** include Aetna Better Health<sup>®</sup> of New Jersey member accounts.

#### Providers who balance bill members could face the following consequences:

- Termination from the ABH NJ network
- Referral to the NJ Medicaid Fraud Division to open an investigation into the provider's action
- Referral to the Federal Department of Health & Human Services, US Office of Inspector General (HHS-OIG).

## Use of Imaging Studies for Low Back Pain (LBP)

The LBP HEDIS measure analyzes the percentage of patients (18-50 years of age) with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The purpose of the measure is to determine whether imaging studies are overused for evaluating members with a diagnosis of low back pain.

To support decreasing unnecessary imaging study for low back pain within the first six weeks of the condition presentation when other complications or concerns are not present, use alternative treatment options (acetaminophen, nonsteroidal anti-inflammatory drugs, heat therapy, physical therapy).

Visit our [Resources Page](#) to access some helpful links to support your practice.



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# Updates to the Appointment Availability Standards

The table below shows updates to the standard appointment wait times for primary and specialty care. The table also reflects the standard for acceptable wait time in the office when a member has a scheduled appointment.

Provider Type	Emergency Services	Urgent Care	After-hours care	Regular & Routine Care	Wait Time in Office Standard
Primary Care Provider (PCP)	Within twenty-four (24) hours	Within twenty-four (24) hours	Within forty-eight (48) hours	Within twenty-eight (28) days <sup>1</sup>	No more than forty-five (45) minutes
Obstetrics / Gynecology and other High-Volume Specialist	Within twenty-four (24) hours	Within forty-eight (48) hours	Return call within forty-five (45) mins of member contact	Within twenty-eight (28) days	No more than forty-five (45) minutes
Oncologist and other High Impact Specialist	Within twenty-four (24) hours	Within forty-eight (48) hours	Return call with one (1) hour of member contact	Within thirty (30) days of referral	No more than forty-five (45) minutes

**Prenatal Care: Members shall be seen within the following timeframes:**

First Trimester – within seven (7) calendar days of request

Provider Type	Emergency Services	Non-Life-Threatening Urgent Care	Urgent — no immediate danger	Initial Visit for Routine Care	Wait Time in Office Standard
Behavioral Health	Immediately	Within six (6) hours	Within forty-eight (48) hours	Initial visit: Within ten (10) business days of original request	No more than forty-five (45) minutes

- Non-life-threatening urgent: There is no immediate danger to self or others and/or if the situation is not addressed within six (6) hours, it may escalate resulting in a risk to self or others:
  - Extreme anxiety
  - Parent child issues
  - Passive suicidal ideation
  - Excess drug or alcohol usage
- Urgent – no immediate danger: There is no immediate danger to self or others and/or if the situation is not addressed within forty-eight (48) hours, it may escalate resulting in a risk to self or others:
  - Follow-up to a crisis stabilization
  - Escalating depression
  - Escalating anxiety
  - Escalating drug/alcohol usage
  - Escalating behavioral issues in children
  - Additionally, behavioral health providers are contractually required to offer:

Provider Type	Follow-up BH Medication Mgt.	Follow-up BH Therapy	Next Follow-up BH Therapy
Behavioral Health (prescribers)	Within three (3) months of first appointment	Within ten (10) business days of first appointment	Within thirty (30) business days of first appointment

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## Abuse and Neglect

We want to work with you to ensure the safety of your patients, our members. As mandated by New Jersey Administrative Code and New Jersey Statutes Annotated (N.J.A.C. 8:43G-12.10(b), & N.J.S.A. 52:27D-409), all providers who work or have any contact with an Aetna Better Health® of New Jersey member are required as “mandated reporters” to report any suspected incidences of physical abuse (domestic violence), neglect, mistreatment, financial exploitation, and any other form of maltreatment of a member to the appropriate state agency. A full version of the New Jersey Administrative Code can be found on the [State of New Jersey Office of Administrative Law’s website](#).

You must also report suspected or known child abuse and/or neglect to the Division of Child Protection and Permanency (DCP&P) and, if relevant, the law enforcement agency where the child resides. Critical incidents must be reported if the:

- Alleged perpetrator is a parent, guardian, foster parent, relative caregiver, paramour, any individual residing in the same home, any person responsible for the child’s welfare at the time of the alleged abuse or neglect, OR
- Any person who came to know the child through an official capacity or position of trust (for example: health care professionals, educational personnel, recreational supervisors, members of the clergy, volunteers or support personnel) in settings where children may be subject to abuse and neglect

For more information on Abuse and Neglect, review Chapter 22 of our [Provider Manual](#).

If the child is in immediate danger, call one of these resources:

- **911**
- **1-877 NJ ABUSE (1-877-652-2873)**
- The Division of Child Protection and Permanency (DCP&P) **1-800-792-8610**



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## Appropriate Testing for Pharyngitis (CWP)

Most cases of pharyngitis are due to viral infections. Physical examination is unreliable in distinguishing streptococcal pharyngitis from viral pharyngitis. As a result, many children are given unnecessary antibiotics for presumed strep infection. A simple lab test available in the office can detect whether there is strep pharyngitis. Rapid antigen detection test (RADT), also referred to as a “rapid strep test,” can help you to avoid prescribing unnecessary antibiotics.

This HEDIS measure looks at the percentage of children who had a rapid strep test prior to prescription for antibiotics for pharyngitis. [Review the complete description of the CWP Measure.](#)

## Importance of Submitting Medical Records for HEDIS

### What is HEDIS®?

HEDIS stands for Healthcare Effectiveness Data and Information Set. We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and for our members. You can use HEDIS scores to monitor your patients’ health, identify developing issues and prevent further complications.

### What is HEDIS used for?

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and scorekeeping. The Centers for Medicare & Medicaid Services (CMS) uses HEDIS scores to monitor a health plan’s performance. HEDIS scores are used by more than 90% of American health plans to compare how well the plan performs in areas like:

- Quality of care
- Access to care
- Member satisfaction with the plan and providers.

To meet these HEDIS scores, it is important to submit and have your medical records up to date. Your medical records will verify that your patient, our member, has met the HEDIS measure.

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

APM assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.

Antipsychotic prescribing for children and adolescents has increased rapidly over the year. These medications can elevate a child’s risk for developing serious metabolic health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

For more information, visit the [NCQA website.](#)





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## Blood Lead Screening Requirements

**Every child enrolled in NJ FamilyCare program, must be given a blood lead test at the following ages:**

- Complete a blood lead test at 12 months of age (between 9-18 months)
- AND again at 24 months of age (between 18-26 month)
- Children between 26 and 72 months of age who have NOT previously had a blood lead test should be tested immediately.

Capillary (finger-stick) specimen, such as LabCorp's MedTox filter paper and venous specimen testing are both acceptable. Venous specimen testing must be completed at a NJ licensed commercial lab. Children with elevated blood lead levels (5 ug/dl or greater) should be reported to the health plan and referred to the plan's Lead Case Management Program. Our Program emphasizes prevention, continuity of care, coordination of care, and links members to services as necessary across providers and settings.

## At-Home Lead Testing

We have partnered with **LabCorp & Professional Technicians, Inc. (PTI)**, a reliable mobile laboratory, to complete lab collection services for lead testing in our member's home. Testing will be performed by a trained technician with just two drops of blood from the child's finger. This is a covered service at no cost to the member.

To order at-home lead testing, fax the doctor's order for a lead test directly to the mobile laboratory, PTI, at **1-215-364-0459**.

### Be sure to include:

- Your LabCorp Client Account number, if applicable
- Diagnosis codes
- And patient demographic information (name/DOB/address/phone/gender).

PTI will contact the patient to schedule a home visit for lab collection and results will be sent directly to your office once processed.

For questions regarding lead screening services through PTI, contact PTI directly by calling **1-215-364-4911** or contact **Provider Services 1-855-232-3596 (TTY: 711)**.

## Lead Case Management

Members have access to this program at no extra cost. If a child has elevated blood lead levels of 5 ug/dL or greater, you'll want to refer them to this program. Our team will coordinate care with the local health departments to identify environmental hazards. We'll talk with the member's family about their health concerns and goals. And they'll get a personalized care plan to help guide them every step of the way.

### To refer a child to our Lead Care Management Program:

- Call Member Service at **1-855-232-3596**
- Fax the completed lead test(s) to us directly: **959-282-1622**.

Be sure to include a note that says you're referring the member for Lead Case Management.





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## Role of Primary Care Providers (PCPs) in Dental Care

Primary Care Providers (PCPS) must perform basic oral screening for all members, remind them of the need for two annual preventive dental visits and perform yearly cavity assessments on all children through age twenty (20). A referral to a dentist by one year of age or soon after the of eruption the first primary tooth is recommended.

We encourage medical providers to apply fluoride varnish to children's teeth, perform dental assessments and promote routine oral health visits for our young members. These services combine for reimbursement as an all-inclusive service and bill with a CPT code. They can be provided up to four times a year. This frequency is separate from services a dentist provides. We can reimburse participating pediatricians, nurse practitioners and physician assistants for the application of fluoride varnish if they've completed an online training curriculum or received training from a trained provider. We'll reimburse pediatricians \$25 for each varnish application every three months on members up to age 20. Addition information about the program is available at [our website](#).

PCPs play a critical role in their patient's dental health by referring them to their dental home and dentist after they are seen for a medical visit. The member's dental home is listed on the front of their Aetna Better Health of New Jersey dental ID card. The member can also call Liberty Dental Plan at **1-855-225-1727** to find at dentist or to answer any questions they may have.





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## New Jersey Head Start Program

Aetna Better Health® of New Jersey values the importance of working relationships with Early Intervention and Head Start programs in the coordination of health care services for children.

The New Jersey Early Head Start and Head Start programs work together to ensure families receive high quality, comprehensive early education services that address education, health, oral health, mental health, disabilities, nutrition, social services, family engagement, and parent leadership.

To learn more or refer a member to the Head Start Program, visit the website:

[New Jersey Head Start Association](#)

## Provider Toolkit Information & Clinical Practice Guidelines

Aetna Better Health of New Jersey provides several toolkits and provider resources related to HEDIS and CAHPS. Please visit our [Resources Page](#) to access some helpful links to support your practice. Our website also provides helpful Clinical Practice Guidelines for easy review to help our providers give members high-quality, consistent care with effective use of services and resources. These include treatment protocols for specific conditions, as well as preventive health measures. Please visit our Clinical Guidelines and policy bulletins for quick access to these guidelines and policies.

## Cultural Competency Resources and Training

**Culture is a major factor in how people respond to health services.**

**It affects their approach to:**

- Coping with illness
- Accessing care
- Taking steps to get well

**Patient satisfaction and even positive health outcomes are directly related to good communication between a member and his or her provider.**

A culturally competent provider effectively communicates with patients and understands their individual concerns. It is important to make sure patients understand their care regimen. Each segment of our population requires special sensitivities and strategies to embrace cultural differences.

**Training resources for you**

As part of our cultural competency program, we encourage you to access information on culturally competent care through the Office of Minority Health's web based program: A Physician's Guide to Culturally Competent Care. You can access this program and other cultural competency resources in the [Cultural competency](#) section of our website.

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## Pediatric ADHD HEDIS Follow Up and Tips

All children who are prescribed medications to treat attention-deficit/hyperactivity disorder (ADHD) need follow-up care to assure that the response to medication and dosage is appropriate. Please review the ADHD HEDIS measure information below and tips on how to meet the measure.

### HEDIS measure: ADD–Follow Up Care for Children Prescribed ADHD Medication

**Measure definition:** Children 6–12 years of age, newly prescribed with ADHD medication, who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the ADHD medication was dispensed.

#### Two rates are reported:

- **Initiation Phase:** A follow up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation Phase:** Children that remained on the ADHD medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

#### Tips:

1. When prescribing a new ADHD medication for a patient, schedule the initial follow up appointment before the patient leaves the office.
2. Only prescribe 14-21 days worth of the medication when starting or changing prescription.
3. Schedule the initial follow up for the 2-3 week period corresponding to the prescription.
4. Explain to the parent the importance of follow up care with the provider who prescribed the medication and who will evaluate the medication.
5. Provide no refills unless the child has the initial follow up visit.
6. After the initial follow up visit, schedule at least 2 more visits over the next 9 months to check the child's progress.
7. Encourage parents/caregivers to ask questions about their child's ADHD symptoms.
8. Always coordinate care between all clinicians in your patient's treatment team.