Aetna Better Health® of New Jersey

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Provider Newsletter

Spring 2023

Cultural Competency

Cultural competency is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

Members are to receive covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay or ability to speak English. Aetna Better Health® of New Jersey expects providers to treat all members with dignity and respect as required by federal law including honoring member's beliefs, being sensitive to cultural diversity, and fostering respect for member's cultural backgrounds. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance, such as Medicaid.

Aetna Better Health® of New Jersey has developed effective provider education programs that encourage respect for diversity, foster skills to facilitate communication within different cultural groups and explain the relationship between cultural competency and health outcomes. These programs provide information on our members' diverse backgrounds, including the various cultural, racial, and linguistic challenges that members encounter. We develop and implement proven methods for responding to these challenges in all of our programs and policies.

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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.

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.

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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NJ Covers All Kids!

All children can apply for NJ FamilyCare, regardless of their immigration status.

With NJ FamilyCare, income-eligible children under 19 years old can receive:

- Primary and specialty care, including checkups and other visits
- Eye Glasses
- Hospitalization (both inpatient and outpatient)
- Lab tests/x-rays
- Prescriptions
- Dental Services
- Preventive Screenings
- Vaccinations
- Mental Health Care
- Substance Use Testing and Treatment
- Vision Services
- Hearing Services
- Lead Screening
- Family Planning
- Other medically necessary services
- Your patients can visit nj.gov/CoverAllKids to learn more and apply, or call **1-800-701-0710 (TTY: 711)** with questions or to apply by phone.

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.

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.

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Appointment Accessibility Standards

Waiting Time Standards

The waiting time standards for Aetna Better Health® of New Jersey require that members,on average, should not wait at a PCP's office for more than forty-five (45) minutes for an appointment for routine care. On rare occasions, if a PCP encounters an unanticipated urgent visit or is treating a member with a difficult medical need, the waiting time may be expanded to one hour. The above access and appointment standards are provider contractual requirements. Aetna Better Health® of New Jersey monitors compliance with appointment and waiting time standards and works with providers to assist them in meeting these standards.

Acceptable Appointment Wait Time Standards

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

Provider Type	Emergency Services	Urgent Care	Non Urgent	Preventative & Routine Care	Wait Time in Office Standard
Primary Care Provider (PCP)	Same day	Within 24 hours	Within 72 hours	Within 28 days [1]	No more than 45 minutes
Specialty Referral	Within 24 hours	Within 24 hours of referral	Within 72 hours	Within 4 weeks	No more than 45 minutes
Dental Care	Within 48) hours2	Within 3 days of referral	N/A	Within 30 days of referral	No more than 45 minutes
Mental Health/ Substance Abuse (MH/ SA)	Same day	Within 24 hours	N/A	Within 10 days	No more than 45 minutes
Lab and Radiology Services	N/A		N/A	Within 3 weeks	N/A
Lab and Radiology Services	N/A	Within forty-eight (48) hours	N/A	Within three (3) weeks	N/A

1 Non-symptomatic office visits include, but are not limited to, well/preventive care appointments such as annual gynecological examinations or pediatric and adult immunization visits.

2 Emergency dental treatment no later than forty-eight (48) hours or earlier, as the condition warrants, of injury to sound natural teeth and surrounding tissue and follow-up treatment by a dental provider.

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Appointment Accessibility Standards (continued)

Physicals

Physicals	Emergency Services
Baseline Physicals for New Adult Members	Within one hundred-eighty (180) calendar days of initial enrollment.
Baseline Physicals for New Child Members and Adult Clients of DDD	Within ninety (90) days of initial enrollment, or in accordance with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.
Routine Physicals	Within four (4) weeks for routine physicals needed for school, camp, work, or similar.

Prenatal Care

Members shall be seen within the following timeframes:

- 3 weeks of a positive pregnancy test (home or laboratory)
- 3 days of identification of high-risk
- 7 days of request in first and second trimester
- 3 days of first request in third trimester.

Initial Appointment

Provider Type	Emergency Services
Initial Pediatric Appointments	Within three (3) months of enrollment
Aged, Blind & Disabled Members	Each new member will be contacted within forty-five (45) days of enrollment and offered an appointment date according to the needs of the member, except that each member who has been identified through the enrollment process as having special needs will be contacted within ten (10) business days of enrollment and offered an expedited appointment.

Maximum Number of Intermediate/Limited Patient Encounters

- 4 per hour for adults
- 4 per hour for children.

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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 Statues 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**.h

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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.

Balance Billing is Prohibited

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

Providers who balance bill members could face the following consequences:

- Termination from the ABHNJ 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).

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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 Care Management.

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Dental Visits and Role of PCP

Primary Care Physicians play an important role in our young members oral health. PCPs can counsel members and guardians on appropriate oral habits, dental emergencies, where to get care and provide dental screening and fluoride varnish.

Services for Young Members

We encourage medical providers to apply fluoride varnish to children's teeth, perform dental assessments and promote routine oral heath visits for our young members.

For children up to age 6, nondental providers can offer:

- Fluoride varnish application (with proof of training)
- Caries risk assessment
- Referral to a dentist that treats children under the age of 6 (during regular well child visits for children 72 months or younger).

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.

Fluoride Varnish

PCPs and their staff who get training can provide fluoride varnish to the teeth of children as a preventive measure against caries. PCPs (pediatricians or physicians seeing pediatric enrollees), physician assistants, and nurse practitioners can receive this training.

Caries Risk Assessment

Primary Care Dentists (PCD) can also provide the caries risk assessment service and bill with a CDT procedure code. Reimbursement is the same, no matter what the risk level. The risk assessment:

- Must be provided at least once a year, along with an oral evaluation service by a PCD
- Is linked to the provider, not the member
- May be provided a second time with prior authorization (PA) and documentation of medical necessity.

Program Guidelines for Reimbursement

- 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 in the office.
- We'll reimburse pediatricians $15 for each varnish application every three months on members up to age 6.
- We can only reimburse trained providers. One provider per facility needs to complete the online training at SmilesforLifeOralHealth.org. Then, they can train their colleagues. Choose Course 6: Caries Risk Assessment, Fluoride Counseling in the right column.
- You'll need to enter CPT code 99188 and ICD-10 diagnosis code Z00.12X or Z76.2 on the claim form when billing Aetna Better Health®.
- Providers who have completed the training must sign an attestation form at: AetnaBetterHealth.com/content/dam/aetna/medicaid/newjersey/providers/pdf/NJ-attestation-Form.pdf. Then, fax the form to Aetna at 860-607-8842.

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EFT/ERA Registration Services

Effective March 13, 2023 Aetna Better Health® is partnering with Change Healthcare to introduce the new EFT/ERA Registration Services (EERS), a better and more streamlined way for our providers to access payment services.

What is EERS?

EERS will offer providers a standardized method of electronic payment and remittance while also expediting the payee enrollment and verification process. Providers will be able to use the Change Healthcare tool to manage EFT and ERA enrollments with multiple payers on a single platform.

How does it work?

EERS will give payees multiple ways to set up EFT and ERA in order to receive transactions from multiple payers. If a provider's tax identification number (TIN) is active in multiple states, a single registration will auto-enroll the payee for multiple payers. Registration can also be completed using a national provider identifier (NPI) for payment across multiple accounts.

Providers who currently use Change Healthcare as a clearinghouse will still need to complete EERS enrollment, but providers who currently have an application pending with Change Healthcare will not need to resubmit. Once enrolled, payees will have access to the Change Healthcare user guide to aid in navigation of the new system.

How and when do I enroll?

All Aetna Better Health® plans will migrate payee enrollment and verification to EERS. To enroll in EERS, please visit https://payerenrollservices.com/.

For questions or concerns, please reach out to your Aetna Provider Network team or visit the Change Healthcare FAQ page.

EVV Phase 2

Aetna Better Health® of New Jersey values our partnership with your practice to serve the people in the state of New Jersey by providing quality health care and accessible medically-necessary services. Our providers are one of the most critical components of our service delivery approach and we are grateful for your participation. Providers delivering services in the home must meet EVV Phase 2 (Skilled Nursing and Therapy Services) compliance requirements by **July 1, 2023**. If you are experiencing challenges, or have questions, please email AetnaEVVCompliance@Aetna.com. We want to keep you informed and up-to-date on all pertinent information.

For more information, review newsletter 32-28 located on the State's NJMMIS website.

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Availity Provider Portal Update

Good News — No More Faxing

Use the Availity provider portal for submitting prior authorizations

Still faxing your prior authorizations, medical records, or additional information forms for your requests? There's a better way: Submit your prior authorization and upload your supporting documentation electronically through our provider portal on Availity. Log in at www.availity.com. If you are not already registered, that's okay, you can get registered at www.availity.com/provider-portal-registration.

Here's how it works

On Availity, submit a prior authorization or prior auth inquiry transaction and upload your documentation. Or view the status to retrieve the event, then upload the documentation. Didn't use Availity for the initial request? That's OK. You can still use Availity to upload your documentation. Do a prior authorization inquiry, then follow the status in your Availity authorization/referral dashboard to upload your document.

Use a current form when needed

No matter what you upload, it's best to include a current form with your initial request. You don't have to wait for us to ask you for it. Get our forms on our website at AetnaBetterHealth.com/newjersey/providers/prior-authorization.html and complete it online and save it to your computer to use during your prior auth request. Download a new form each time you need it, so you'll always have the most current one.

Give us an hour — we'll teach you how to use Availity

Availity offers free live webinars to show you it works. For help and training, log in at www.availity.com and then select Help & Training > Get Trained and search for the Authorization Submissions and follow-up training for Aetna Better Health® and Mercy Care Providers – Recorded Webinar.

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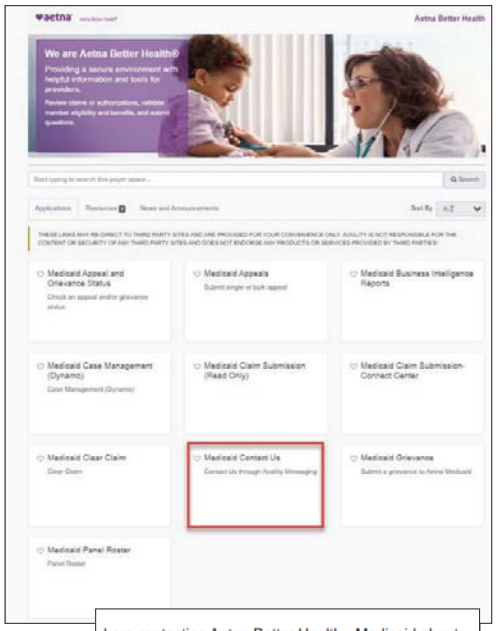
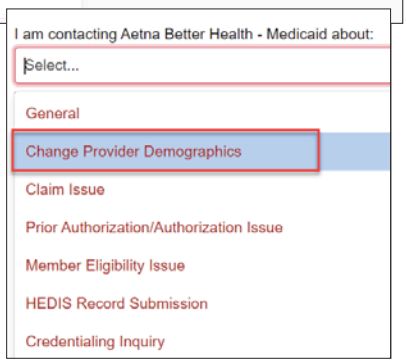
Availity Provider Portal Update (continued)



You can now return your demographic updates through the Availity Provider Portal!

- Log on to Availity
- Select the *Aetna Better Health®* payer space
- Click on *Medicaid Contact Us*
- Fill out the form
- For the *I am contacting Aetna Better Health® - Medicaid about* section- **Select** *Change Provider Demographics*
- In the Your message field, you must **only** type: **NJ PCP Directory Survey**
- Select *Add File*
- Insert the file from your computer
- Submit.



Available Tools on Availity

- **Claims Status Search**
  Search for provider claims by member, provider, claim number, or service dates. Only claims associated with the user's account provider ID will be displayed.
- **View Remit/EOB**
  From Claim status inquiry, providers can view individual PDF remits/EOBs by claim number. Only remits associated with the user's account provider ID will be displayed. This requires you to know provider, claim, and member details.
- **Authorization List**
  Search for provider authorizations by member, provider, authorization data, or submission/service dates. Only authorizations associated with the user's account provider ID will be displayed.
- **Submit Authorizations**
  Submit an authorization request on-line.
- **Healthcare Effectiveness Data and Information Set (HEDIS)**
  Check the status of the member's compliance with reported HEDIS measures. Indicators identify if each member has any gaps in care. A "Yes" means the enrollee has measures that they are not compliant with; a "No" means that the Member has met the requirements.
- **Important Numbers**
  Availity Client Services (ACS) **1-800-AVAILITY (1-800-282-4589)**
- **Important Website**
  Availity.com