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Provider Newsletter

Winter 2022

Help Your Patients Stay Insured!



As a valued provider, we are grateful for the services you provide to our members. With Federal approval, New Jersey has

maintained Medicaid eligibility for members throughout the COVID-19 Public Health Emergency (PHE). When the PHE ends, NJ FamilyCare/Medicaid will need to resume making standard eligibility decisions.

This means some of our members, your patients, could lose their insurance coverage if they:

- Do not return their NJ FamilyCare renewal packet. *(Please encourage your patients to respond to any mail they receive from NJ FamilyCare).*
- Are no longer Medicaid-eligible because their income or assets may have increased.

To prepare for upcoming renewals, please collaborate with us by verifying your patient's, our member's, contact information. If their current contact information does not match your records, please update your system and remind them to call one of the numbers below to update their information.

NJ FamilyCare

800-701-0710 (TTY 711)

Monday & Thursday: 8 AM – 8 PM

Tuesday, Wednesday & Friday: 8 AM – 5 PM

Aetna Better Health® of New Jersey

Member Services

1-855-232-3596 (TTY: 711)

24 hours a day, 7 days a week

Visit nj.gov/humanservices/dmahs/staycoverednj/toolkit for resources on NJ FamilyCare renewal.

Thank you for your support and helping your patients, our members, remain insured and maintain their access to better health.

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Advance Directives

Please remind your patients to create an advance directive for you to have in the medical record.

There are two types of advance directives in New Jersey:

1. Proxy directive
2. Living will (also known as an instruction directive)

Your patients, our members can decide whether they want to have one of these or both.

If the member already has an advance directive, we suggest you remind them to:

- Sign and date it
- Keep a copy for yourself
- Give a copy to your health care surrogate
- Give a copy to all your providers
- Take a copy with you if you go to the hospital or emergency room
- Keep a copy in your car (if you have one).

Learn more on the [State of New Jersey](#) site.

Breast Cancer Prevention

Many factors over the course of a lifetime can influence your patient's breast cancer risk.

Please remind your patients, our members they can help lower their risk of breast cancer by taking care of their health in the following ways:

- Keep a healthy weight
- Be physically active
- Choose not to drink alcohol, or drink alcohol in moderation
- If they are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask their doctor about the risks and find out if it is right for them
- Breastfeed their children, if possible
- Talk to you if they have a family history of breast cancer or inherited changes in their BRCA1 and BRCA2 genes.

Source: Centers for Disease Control & Prevention





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Cervical Cancer Prevention

To prevent cervical cancer, remind your patients, our member to get vaccinated early and have regular screening tests.

The HPV vaccine protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers.

Two screening tests that can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

Source: Centers for Disease Control & Prevention

Vaccine Reminder

Members staying up-to-date on their immunizations is important now more than ever. As an accessible health care professional, you are afforded the ideal opportunity to remind patients to get their immunizations.

Flu: Everyone 6 months & older should receive a yearly flu vaccine.

COVID-19: CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone 5 years and older, if eligible.

Pneumococcal:

CDC recommends PCV13 or PCV15 for:

- All children younger than 5 years old
- Children 5 through 18 years old with certain medical conditions that increase their risk of pneumococcal disease.

For those who have never received any pneumococcal conjugate vaccine, CDC recommends PCV15 or PCV20 for:

- Adults 65 years or older
- Adults 19 through 64 years old with certain medical conditions or other risk factors
- CDC recommends PPSV23 for children 2 through 18 years old with certain medical conditions that increase their risk of pneumococcal disease
- Adults 19 years or older who receive PCV15.

Source: cdc.gov

Please remind your patients, our members to stay up to date on their influenza (flu) vaccine, COVID-19 vaccine, and pneumococcal vaccine.



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Extra Help During Pregnancy



Is any parent ever prepared enough for a new baby? If you have patients, our members that feel overwhelmed, we can help them stay healthy through their pregnancy and get the care they need.

Our team can help our members:

- Learn more about your pregnancy
- Make a care plan that's right for them
- Get services and care
- Work with health care providers, agencies and groups
- Get services after hours in a crisis
- Arrange services for children with special health care needs

Just call Member Services at **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 Provider Services
1-855-232-3596 (TTY: 711)



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.

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 months)
- 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.



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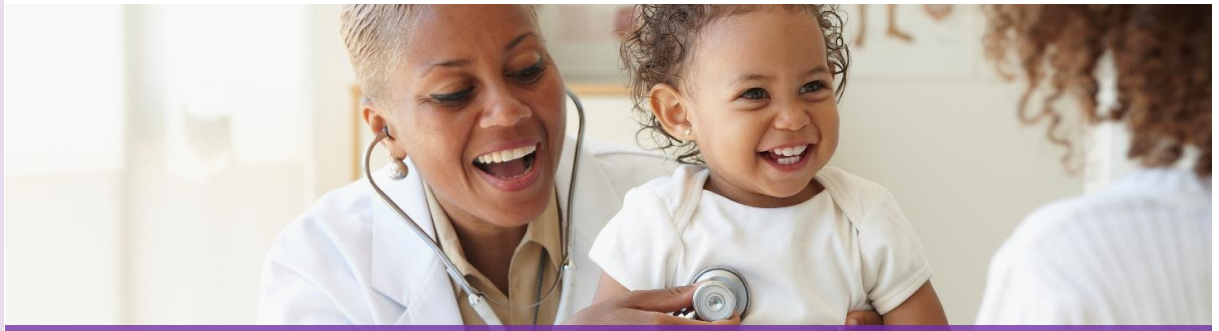
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Verbal Risk Assessment Requirements for Lead Screening in Children

The Verbal Risk Assessment must be asked at every visit with children who are between six (6) months of age and seventy-two (72) months of age and should be documented as part of the patient's medical records.

The assessment should include, at minimum, the following types of questions:

1. Does your child live in or regularly visit a house built before 1978? Does the house have chipping or peeling paint?
2. Was your child's day care center/preschool/ babysitter's home built before 1978? Does that day care center/preschool/babysitter's house have chipping or peeling paint?
3. Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovations or remodeling?
4. Have any of your children or their playmates had lead poisoning?
5. Does your child frequently come in contact with an adult who works with lead? Examples include construction, welding, pottery, or other trades practiced in your community.
6. Do you give your child home or folk remedies that contain lead?

Verbal Risk Assessment Results:

A child's level of risk for exposure to lead depends upon the answers to the questions listed.

If all answers are negative, risk is considered low for high exposure. All children at low risk need blood lead testing completed at 12 months of age and again at 24 months of age.

If any answer is yes or 'I don't know', risk is considered high. All children at high risk need a blood lead test immediately, even if younger than 6 months of age

***The questions must be asked at every subsequent visit since risk can change and should be documented in the child's office visit note.

Member Acuity and Risk Adjustment (Long Term Institutionalization)

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Aetna Better Health® of New Jersey's members have a broad distribution of health status, ranging from good health to multiple chronic illnesses. Collectively, the sickest members of any health plan require the most attention and care; they also drive the highest cost of care. To address this, New Jersey Medicaid funds Medicaid Managed Care plans based on a complex calculation that includes members' degree of morbidity (referred to as acuity) through the State's Risk Adjustment Payment Model. In this model, the more a plan's members have certain chronic conditions, the higher the Risk Score the State assigns to the plan. Accurate Risk Scoring requires that members with these conditions have all of their chronic conditions addressed at least yearly, recorded in medical records and documented in claims. Reporting on member acuity starts and ends with the provider.

Diagnosis coding in claims

Encounters are electronic documents created in the claims process and reported to the State of New Jersey, showing each service provided to members. The diagnosis codes in each encounter drive the calculation of each plan's Risk Score. Each time a member with a chronic condition has that condition addressed at a visit, the diagnosis should appear on the claim. It is critical that providers document all chronic illness diagnosis codes on every applicable claim. Evaluation of the codes and subsequent Risk Adjustment analysis is done by the State on a bi-annual basis. Thus, providers should include the diagnosis code on every patient claim at every visit when it was addressed to ensure that the diagnosis is captured and utilized in the most current encounter analysis.

Acute visits

Members with chronic conditions who may not have seen their provider for periodic checkups may still present for episodic or acute conditions. These visits are opportunities to address their chronic conditions. If your member visits you for an episodic or acute condition and a chronic condition is currently present and addressed during the visit, the chronic condition diagnosis should be coded and included on the claim.

For example, a member with type 2 diabetes presents to the office with bronchitis. During the visit, along with treatment of bronchitis, you also provide reminders on the management of diabetes and the risk of elevated blood-glucose levels related to the acute bronchitis. The claim should include both the diagnosis of acute bronchitis and the diagnosis of diabetes.

Our partnership

Aetna Better Health® of New Jersey is your partner in caring for all of our members, including our highest acuity members. We offer Integrated Care Management and our Quality program mails visit reminders and calls members, all in an effort to get them the care that they need.



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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**

Clinical Practice Guidelines Location

Respected professional and public health organizations create clinical practice guidelines that document best practices and recommendations for care. We’ve chosen certain clinical guidelines 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.

The intention of these guidelines is to clarify standards and expectations.

They should not:

- Take precedence over your responsibility to provide treatment based on the member’s needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

Please review our [Clinical Practice Guidelines](#) for more information.



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Pharmacy Guidelines

Aetna Better Health® of New Jersey’s pharmacy prior authorization (PA) processes are designed to approve only the dispensing of medications deemed medically necessary and appropriate.

Our pharmacy PA process will support the most effective medication choices by addressing drug safety concerns, encouraging proper administration of the pharmacy benefit, and determining medical necessity. Typically, we require providers to obtain PA prior to prescribing or dispensing the following:

- Injectables dispensed by a pharmacy provider
- Non-formulary drugs that are not excluded under a State’s Medicaid program
- Prescriptions that do not conform to Aetna Better Health® of New Jersey’s evidence-based utilization practices (e.g., quantity level limits, age restrictions or step therapy)
- Brand name drug requests, when an “A” rated generic equivalent is available

[Pharmacy authorization guidelines](#) and PA forms are available on our website.

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 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.

Accessibility Access Survey

Reminder:

Our Accessibility Access Survey has begun. This survey is by phone. Please make sure your practice is meeting our accessibility standards.



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A Critical Incident is an occurrence involving the care, supervision, or actions involving a member that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the member or others. Critical incidents also include situations occurring with staff or individuals or affecting the operations of a facility/institution/school.

Critical Incidents are defined as:

1. Unexpected death of a member
2. Media involvement or the potential for media involvement
3. Physical abuse (including seclusion and restraints both physical and chemical)
4. Psychological/verbal abuse
5. Sexual abuse and/or suspected sexual abuse
6. Fall resulting in the need for medical treatment
7. Medical emergency resulting in need for medical treatment
8. Medication error resulting in serious consequences
9. Psychiatric emergency resulting in the need for medical treatment
10. Severe injury resulting in the need from medical treatment
11. Suicide attempt resulting in need for medical attention
12. Neglect mistreatment, caregiver (paid or unpaid)
13. Neglect/mistreatment, self
14. Neglect mistreatment, other
15. Exploitation, financial
16. Exploitation, theft
17. Exploitation, destruction of property
18. Exploitation, other
19. Theft with law enforcement involvement
20. Failure of member's back up plan
21. Elopement/wandering from home or facility
22. Inaccessible for initial/on-site meeting
23. Unable to contact
24. Inappropriate or unprofessional conduct by a provider involving member
25. Cancellation of utilities
26. Eviction/loss of home
27. Facility closure, with direct impact to member's health and welfare
28. Natural disaster, with direct impact to member's health and welfare
29. Operational breakdown
30. Other

To report a Critical Incident, please complete the [Critical Incident Form](#).