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Provider Newsletter

Spring 2025

Provider Manual & Quick Reference Guide

You can view the 2025 Provider Manual and Quick Reference Guide 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.

New Jersey Head Start Program

New Jersey Head Start Programs offer comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families. These federally funded programs are designed to prepare children from birth to age five for school by enhancing their cognitive, social, and emotional development. Head Start programs in New Jersey provide a variety of services, including educational activities, medical and dental care, healthy meals and snacks, and opportunities for indoor and outdoor play. Additionally, they offer support for children with disabilities and educate parents on making healthy choices for their families. With centers located across all 21 counties, New Jersey Head Start Programs ensure that children from diverse backgrounds receive the support they need to succeed in school and beyond. The impact of these programs on the community is profound. By providing early childhood education and essential services, Head Start programs help break the cycle of poverty, giving children a strong foundation for future academic and personal success. This approach not only benefits individual families but also strengthens the community by fostering a more educated, healthy, and resilient population.



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Depression Screening

Don't forget to screen your patients, our members for depression.

A depression screening is used to:

- Help diagnose depression
- Understand how severe depression may be
- Help figure out what type of depression you have

There are different types of depression. The most common types are:

- Major depression, also called major depressive disorder
 - The symptoms typically make it difficult to work, sleep, study and eat. With major depression, you have symptoms most of the time for at least two weeks.
- Persistent depressive disorder, also called dysthymia
 - The symptoms are less severe than major depression, but they last much longer, usually for at least two years.
- Seasonal affective disorder (SAD)
 - This form of depression usually happens in winter when there's less sunlight. Most people with SAD tend to feel better in the spring and summer.
- Postpartum depression
 - This is major depression that happens after giving birth. It's more severe and lasts longer than mild unhappiness and other mood changes that are often called the "baby blues."
- Major depression may also begin during pregnancy.
 - Depression that happens during or shortly after pregnancy is called "perinatal depression." Medical experts recommend routine depression screening during pregnancy and after birth.

Use of Imaging Studies for Low Back Pain (LBP)

Aetna Better Health of New Jersey offers a variety of toolkits and provider resources related to HEDIS and CAHPS. To access these valuable tools, please visit our [Resources Page](#). Our website also features Clinical Practice Guidelines that are easy to review, helping providers deliver high-quality, consistent care while effectively utilizing services and resources. These guidelines include treatment protocols for specific conditions and preventive health measures.

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

Appropriate Testing for Pharyngitis (CWP)

Most cases of pharyngitis are caused by viral infections, and physical examination alone cannot reliably distinguish between viral and streptococcal pharyngitis. Consequently, many children receive unnecessary antibiotics for presumed strep infections. However, a simple lab test available in the office can determine if strep pharyngitis is present. The Rapid Antigen Detection Test (RADT), commonly known as the "rapid strep test," helps avoid the prescription of unnecessary antibiotics. The HEDIS measure evaluates the percentage of children who underwent a rapid strep test before being prescribed antibiotics for pharyngitis.



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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 ¹	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**

Provider Satisfaction Survey

As your partner, we want to ensure that your experience with us is positive and rewarding. You are essential to providing the highest quality health care possible for our members, and your satisfaction is important to us.

We conduct an annual provider satisfaction survey to gauge our performance and obtain provider feedback. The results of the survey helps us identify key opportunities for improving the experience of providers. The purpose of this survey is to assess overall provider satisfaction and identify specific key areas of satisfaction around finance, utilization and quality management, network coordination of care, pharmacy, health plan call center, and provider relations. Our goal is for providers to be highly satisfied and consider our plan Well Above Average.

Your feedback is crucial to delivering excellent provider experience. Satisfaction surveys for 2025 will be sent out starting in May. If you receive a survey, please be sure to complete.



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Behavioral Health Integration

At Aetna Better Health[®] of New Jersey, we focus on the whole health of our members and encourage our providers to collaborate across disciplines. The continuity and coordination of care between behavioral health and physical health providers is of the utmost importance. The collaboration and timely exchange of information facilitates accurate and prompt diagnosis, treatment and referral for behavioral disorders. It ensures the appropriate use of psychotropic medications, especially where there is the management of coexisting medical and behavioral concerns. Lastly, it ensures that the special healthcare needs of those members experiencing severe and persistent mental illness are being met.

Starting on **January 1, 2025**, most outpatient behavioral health services for traditional NJ FamilyCare Plans will be managed by Aetna Better Health of New Jersey. This means our members will call us to find mental health and substance use providers that are in our network. Up until now, Medicaid fee-for-service has provided the network and payment for these services. Our network team is working with all providers to minimize impacts to our members, but it is important to be having these discussions with members in advance of the change.

If your Aetna Better Health of New Jersey, patients are currently in outpatient behavioral health services, it is important to discuss how this change may impact their ongoing treatment and how it may impact your collaboration with other providers. If our member is having difficulty locating or continuing their care, we encourage that they call our Member Services at [1-855-232-3596 \(TTY 711\)](tel:1-855-232-3596) and request care management.

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 Care Management.



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Role of Primary Care Providers (PCPs) in Dental Care

Primary Care Providers (PCPs) are essential in promoting dental health. They perform basic oral screenings, remind members of the need for two annual preventive dental visits, and conduct yearly cavity assessments for children up to age twenty. PCPs should refer children to a dentist by age one or soon after their first primary tooth erupts. Coordination between behavioral and physical health providers is crucial for accurate diagnosis and treatment of behavioral disorders, ensuring appropriate use of psychotropic medications.

PCPs are encouraged to apply fluoride varnish, perform dental assessments, and promote routine oral health visits. These services can be billed up to four times a year with a CPT code, separate from dental services.

After medical visits, PCPs should refer patients to their dental home, listed on their Aetna Better Health® of New Jersey dental ID card.

NJ FamilyCare Behavioral Health Integration, Extension of 90-Day Transition Policies

Please be informed of an important update regarding the NJ FamilyCare Behavioral Health Integration transition-period policies. In response to ongoing needs within our provider community, we are extending the following policies for an additional 90 days beyond the original expiration date of March 31, 2025. These policies will now remain in effect through June 30, 2025:

- **Payment of valid claims:** All out-of-network providers will continue to receive payment of clean claims based on the NJ Medicaid Fee-for-Service (FFS) rates. We encourage you to contact us to join our network.
- **Auto-Approval of Prior Authorizations:** All Phase 1 Behavioral Health services that require prior authorization will continue to be auto-approved through June 30, 2025.

These extensions will provide continued support to you, our valued provider partners and ensure that our members and your patients receive the necessary care without interruption.

Thank you for your ongoing commitment to serving our Aetna Better Health of New Jersey members. If you have any questions or require further clarification regarding these policies, please do not hesitate to reach out to our Provider Services team.



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Clinical Education Hub

We've created a **clinical educational hub** for you that features courses on health equity and related topics. The hub provides resources and activities to empower you with the knowledge and tools you need for everyday interactions with your patients. You can access these free accredited courses on demand to earn digital badges in:

- Culturally Responsive Care
- LGBTQ+ Responsive Care
- Culturally Responsive Behavioral Health Care
- Person-Centered Care Champion
- Healthy Aging Care Champion
- Women's Health Care Champion

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.