

WINTER 2020

# Provider Newsletter



Aetna Better Health® of New Jersey



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## Provider Telehealth Survey

Aetna Better Health® of New Jersey (ABHNJ) is seeking feedback from our provider network on the use of, interest in, and desire for support with telehealth services. Your feedback will help ABHNJ understand how best to support you and our members.

Please take a few moments to visit <https://conta.cc/313H20B> and complete this survey online. If you have questions or wished to have the survey emailed to you, please email [Deborah Levine](mailto:Deborah.Levine@abhnj.com).



## Limitations regarding the billing of Medicaid/NJ FamilyCare (NJFC) beneficiaries

The practice of balance billing Medicaid/NJFC beneficiaries, whether eligible for FFS benefits or enrolled in managed care, is prohibited under both federal and State law. These prohibitions apply to both Medicaid/NJFC only beneficiaries, as well as those who also have Medicare coverage or other insurance.

A provider enrolled in the Medicaid/NJFC FFS program or in managed care is required to accept as payment in full the reimbursement rate established by the FFS program or managed care plan.

All costs related to the delivery of health care benefits to a Medicaid/NJFC eligible beneficiary, other than

authorized cost sharing, are the responsibility of the FFS program, the managed care plan, Medicare (if applicable) and/or a third party payer (if applicable).

Further, please be aware that it is a violation of state and federal law to accept a Qualified Medicare Beneficiary as “private pay,” in order to bill the patient directly, and that in these cases, a provider may be subject to sanctions.

To learn more about limitations regarding balance billing, visit [www.msnj.org/d/do/1071](http://www.msnj.org/d/do/1071).

Source: The New Jersey Division of Medical Assistance and Health Services and the New Jersey Department of Health

## Important information on the 2019 Novel Coronavirus (COVID-19)

The CDC and WHO are actively monitoring the outbreak of a new coronavirus strain called COVID-19, which causes respiratory illness. The virus, which has infected thousands of people worldwide and caused deaths, originated in Wuhan City, China. Additional cases have now been reported in the United States.

Human coronaviruses are usually spread from an infected person to others through the air by coughing and sneezing and through close personal contact, such as touching or shaking hands. Anyone who is living in or traveling to an area where the 2019 novel coronavirus is found may be at risk of being infected, along with anyone who comes into contact with such a person.

**Ask your patients if they have recently traveled and check for symptoms of COVID-19.** Common signs of

infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure, and even death. **Laboratory tests on respiratory specimens and serum are the only way to detect COVID-19.**

**Help educate your patients on ways to reduce their risk of infection by doing the following:**

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

## Important Notice: HCPCS Code J3145 Injection testosterone undecanoate, 1 mg (Aveed®)

Effective March 1, 2020 Aetna Better Health of New Jersey will change the way HCPCS Code J3145 Injection, testosterone undecanoate, 1 mg (Aveed®) is reviewed and paid, requiring prior authorization and documented trial and failure of two preferred agents in addition to meeting clinical criteria in order to be considered for coverage.



# Cannabinoid oil and drug interactions

## Cannabis plant:

The Cannabis plant has roughly 100 known cannabinoids, the two primary being Tetrahydrocannabinol (THC) and Cannabidiol (CBD). THC is known for exerting psychoactive properties and is used as a measure of cannabis potency unlike CBD which does not carry psychoactive characteristics.

## What is CBD oil?

Cannabidiol oil is extracted from cannabis flowers or leaves (usually from the C.Sativa variation) and dissolved in an edible oil. CBD oil may vary from “Hemp oil” which is usually derived from the seeds of C.Sativa (low to no THC levels) and “Cannabis oil” which carries the highest THC level and is derived from the more potent C.indica plant. Terminology, however, has become interchangeable and differentiation based upon THC levels is opaque. CBD oil can be administered orally or sublingually with dosing dependent on indication and patient response.

## Is CBD oil legal?

As of December 20, 2018 the Agriculture Improvement Act of 2018 was signed into law which redefined the legality of certain cannabis products. Hemp, defined as cannabis (Cannabis sativa L.) was removed from the Controlled Substance Act along with cannabis derivatives with extremely low (less than 0.3 percent on a dry weight basis) THC content, deeming these substances now legal under federal law.

## What are potential drug interactions?

The THC component of cannabis is primarily metabolized by the hepatic CYP-450 enzymes, CYP3A4 and CYP2C9, while CBD is metabolized by CYP3A4 and CYP2C19. Medications that process through these pathways have the potential to interact. Route of cannabis administration (i.e. inhaled vs. oral) may affect extent of interaction.

Interaction Type*	THC	CBD
Major Metabolic Pathway (CYP-450)	CYP3A4 and CYP2C9	CYP3A4 and CYP2C19
Affected Metabolic Enzymes/ Drug Transporters	<ul style="list-style-type: none"> <li>• Potential to inhibit CYP2C8, CYP2C9, and CYP2C19</li> <li>• May induce or inhibit CYP1A2 and CYP2B6</li> <li>• Inhibits UGT1A9 and UGT2B7</li> </ul>	
Potential Drug Interactions (CYP-450 Substrates)	<ul style="list-style-type: none"> <li>• Anesthetics</li> <li>• Angiotension II blockers</li> <li>• Antiarrythmics</li> <li>• Antibiotics</li> <li>• Antidepressants</li> <li>• Anti-epileptics</li> <li>• Antihistamines</li> <li>• Antipsychotics</li> <li>• Benzodiazepines</li> <li>• Beta blockers</li> <li>• Calcium channel blockers</li> <li>• HIV antivirals</li> <li>• HMG CoA reductase inhibitors</li> <li>• Immune modulators</li> <li>• NSAIDs</li> <li>• Oral hypoglycemic agents</li> <li>• PPIs</li> <li>• Sulfonylureas</li> <li>• Steroids</li> </ul>	
*List is not comprehensive of all of the potential medications impacted by cannabidiol nor will each medication necessarily cause an interaction.		

### References:

1. U.S. Food and Drug Administration. (2018). Statement from FDA Commissioner Scott Gottlieb, M.D., on signing of the Agriculture Improvement Act and the agency’s regulation of products containing cannabis and cannabis-derived compounds. Retrieved from <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm628988.htm>
2. Gorelick, David A. (2018). Cannabis Use and Disorder. Hermann R, ed. UpToDate. Retrieved from <https://www.uptodate.com/contents/cannabis-use-and-disorder>
3. Natural Medicines Comprehensive Database Consumer Version [Internet]. Stockton (CA): Therapeutic Research Faculty; ©1995-Cannabidiol. Clove; [reviewed 2018 Oct 29; cited 2019 Jan 2]; Available from: <https://medlineplus.gov/druginfo/natural/1439.html>
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. URL: <http://www.clinicalpharmacology.com>. Updated August 2018.

# Lead exposure and lead poisoning

Lead exposure and lead poisoning are a significant public health concern in New Jersey. We know that protecting the health of your patients, our members, is important to you. Aetna Better Health is committed to addressing this public health issue together with our providers.

Screening for the presence of lead toxicity in children consists of two components: **a Verbal Risk Assessment questionnaire and blood lead testing.** A Verbal Risk Assessment questionnaire for lead toxicity should be performed at every periodic visit to children at least six (6) months and less than seventy-two (72) months of age.

## All children should be screened:

- Once between 9 and 18 months, preferably at 12 months, and
- Once between 18 and 26 months, preferably at 24 months
- For any child up to 72 months of age NOT tested at 12 months and again at 24 months should be tested immediately.

All children determined to be at high risk for lead exposure should have a screening blood test performed at the time the child is determined to be a high risk, regardless of previous blood lead testing history.

## Earn \$25 per completed lead test results

Providers who send us a completed lead test result will earn \$25 per lead test (one per member per year) for members 9 months to 72 months of age.

## Fax completed lead tests directly to 1-959-282-1622.

Include your provider or practice NPI and TIN with all submissions.

## Use MedTox for less-invasive testing in-office

For ease of testing, we encourage you to test patients in your office using the less-invasive filter paper fingerstick method, MedTox.

Contact MedTox Representative, Joe Huffer, at 1-877-725-7241 or [hufferj@labcorp.com](mailto:hufferj@labcorp.com) to get your account set up today!

## Refer members to the Lead Case Management Program

Children with elevated blood lead levels of 5 or greater should be 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.

You can refer children to the Plan by (1) calling provider services at 1-855-232-3596 or (2) by faxing the completed lead test(s) to the plan directly at 1-959-282-1622. Please include a note indicating that you are referring the member for Lead Case Management.

Remember health maintenance visits should include a Verbal Risk Assessment for every member between the ages of 6 months and 72 months to help identify any infant or child who has higher risk and should have immediate testing by blood lead level.

## HEDIS tip

A capillary or venous blood lead test should be completed on ALL children before their second birthday. A Verbal Lead Risk Assessment does not count as testing.

Remember to send a claim using the Lead Screening CPT Code: 83655.



## Electronic claims submission

Aetna Better Health of New Jersey encourages participating providers to electronically submit claims through Emdeon. Please use the following Payer ID when submitting claims to Aetna Better Health of New Jersey: Payer ID# **46320**.

- For electronic resubmissions, participating providers must submit a frequency code of **7** or **8**. Any claims with a frequency code of **5** will not be paid.
- Sterilization and hysterectomy claims must be sent by paper with consent form.

## Using the correct claims and appeals mailing addresses

We would like to remind all providers of the correct mailing addresses and fax numbers for claims and provider appeals. To avoid processing delays, please check your records to ensure you are only using the addresses below.

### Claims and Corrected Claims Address

Claims and Corrected Claims should be mailed to the following. All submission to the claims department must include a claim form.

Aetna Better Health of New Jersey  
Claims and Resubmissions  
PO Box 61925  
Phoenix, AZ 85082-1925

### Provider Appeals Address

Provider Appeals should be mailed or faxed to the following. All appeals must include a letter or appeal form describing the reason for the appeal.

Aetna Better Health of New Jersey  
Provider Services  
3 Independence Way, Suite 400  
Princeton, NJ 08540-6626

## Provider relations email communications

It is important that you stay up to date with all that's going on with Aetna Better Health. To help foster communication, we will soon be launching a new provider email communications platform to help keep you in the loop about changes that affect your practice.

We will be emailing you updates when timely communication is necessary. So, look in your inbox soon for provider relations updates about DMAHS or State of NJ notices, Network updates, Quality HEDIS guidance, case management or utilization management changes.

### Coming soon

Visit our website at [AetnaBetterHealth.com/newjersey/providers/enews](https://www.AetnaBetterHealth.com/newjersey/providers/enews) for an easy way for providers to sign up for provider relations email communications.

Until then, you can email our distribution list, or email [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com) to have your provider relations representative add your name to the list.

## NJ FamilyCare coverage of smoking cessation products

The Division of Medical Assistance and Health Services (DMAHS) has recently clarified that over the counter smoking cessation products are included in the benefit under NJ FamilyCare. Aetna Better Health of New Jersey covers a full range of products for smoking cessation, as per the table below:

Product	Drug Class	Prior Authorization Required
Nicotine gum	OTC	Not needed
Nicotine Lozenge	OTC	Not needed
Nicotine Patch	OTC	Not needed
Nicotine Nasal Spray	Rx	Yes
Nicotine Oral Inhaler	Rx	Yes
Bupropion	Rx	Not needed
Varenecline	Rx	Yes

There are eligible generic products of each type available for members. Pharmacies have been instructed as to which manufacturers' products are eligible for coverage under NJ Medicaid (and Aetna Better Health of New Jersey).

Members who have primary Medicare coverage along with Aetna Better Health of New Jersey are covered under their Medicaid benefit for these products.

Aetna Better Health of New Jersey encourages providers to discuss smoking cessation with their patients and to provide support and tools, as needed to succeed. You should provide your patient with a prescription, even for OTC products, to assure that the product will be covered.

*Smoking Deterrents		
Bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		AL (Min 18 years)
Chantix continuing month pak oral tablet 1 mg		QLL (2 ea per 1 day); AL (Min 18 years)
Chantix oral tablet 0.5 mg, 1 mg		QLL (2 ea per 1 day); AL (Min 18 years)
Chantix starting month pak oral tablet 0.5 mg x 11 & 1 mg x 42		AL (Min 18 years)
Nicotine polacrilex mouth/throat lozenge 2 mg	KLS Quit2	OTC; AL (Min 18 years)
Nicotine polacrilex mouth/throat lozenge 4 mg	KLS Quit4	OTC; AL (Min 18 years)
Nicotine step 1 transdermal patch 24 hour 21 mg/24 hr	Nicoderm CQ	OTC; AL (Min 18 years)
Nicotine step 2 transdermal patch 24 hour 14 mg/24 hr	Nicoderm CQ	OTC; AL (Min 18 years)
Nicotine step 3 transdermal patch 24 hour 7 mg/24 hr	Nicoderm CQ	OTC; AL (Min 18 years)
Nicotine transdermal kit 21-14-7 mg/24 hr		OTC; AL (Min 18 years)
Nicotrol inhalation inhaler 10 mg		AL (Min 18 years)
Nicotrol NS nasal solution 10 mg/mL		AL (Min 18 years)



## CAHPS® and member satisfaction

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey is a measure of member satisfaction that examines the percentage of members “satisfied” with the health plan. It empowers prospective members to benefit from the experience of others. Overall levels of satisfaction provide an indication of whether a health plan is meeting member expectations. Aetna Better Health of New Jersey uses the NCQA HEDIS CAHPS 5.0H Membership Satisfaction Survey to assess member satisfaction. Members surveyed are selected from a random sample of all eligible members.

### **As participating providers, the care you give our members impacts their satisfaction with Aetna Better Health of New Jersey.**

The following physician related measures provide opportunities for future improvement:

- Personal MD Overall
- Specialist MD Overall
- Getting Care Quickly
- Getting Needed Care
- Health Care Overall

### **The number one driver behind member satisfaction is access to physician care.**

The following physician-related measures provide future opportunities for Improving member access to care:

- Ease of getting needed care, tests, or treatment
- Scheduling appointments for routine care
- Scheduling appointments for urgent care

Call 1-855-232-3596 and select option \* for provider relations.

### **Here are a few tips that may enhance your time with Aetna Better Health of New Jersey members and help to improve their healthcare experience:**

- Be an active listener
- Ask the member to repeat in their own words what instructions were given to them
- Rephrase instructions in simpler terms if needed
- Clarify words that may have multiple meanings to the member
- Limit use of medical jargon
- Be aware of situations where there may be cultural or language barriers.

The 2020 CAHPS® survey will begin in January of 2020, with mailers and telephone calls to our members. Aetna Better Health of New Jersey continuously works to improve member satisfaction with our health plan and with the health care our members receive. To help you take care of our members, we have several resources:

- Case managers are available to assist you in arranging timely care/services for our members. You can call us at 1-855-232-3596 and ask to be transferred to a case manager.
- Member service representatives are available to assist with general member issues including claims and billing questions. You can reach member services at 1-855-232-3596.
- Your provider relations representative is available to assist you with any questions or issues.



## HEDIS Tips in Caring for People Diagnosed with a Serious Mental Health Issue

### HEDIS measure:

SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

### Measure definition:

Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test annually.

### Tips:

1. Encourage members to share contact information among all Medical, Behavioral/Mental Health or Substance Use Disorder Providers.
2. Facilitate coordination of care between Medical and Behavioral/Mental Health and Substance Use Disorder Providers to ensure tests are administered and results shared in a timely manner.
3. Engage members in treatment discussions explaining the importance of having these tests administered.
4. Create an HbA1c and LDL-C testing reminder in your EHR for each member who is taking antipsychotic medications, regardless of known diabetes diagnosis.



## HEDIS Measure: SMD– Diabetes Monitoring for People Diagnosed with Diabetes and Schizophrenia

### Measure definition:

Patients 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test annually.

### Tips:

1. Stress the importance that these tests be completed.
2. You may be the only provider this patient sees; order these tests and have results also sent to PCP.
3. Order at every visit until the patient completes the test.

For additional tips on coding, you can reference our “HEDIS Billing Guide and Tips,” which can be found on the ABH NJ web page in the Provider Section under Quality.



# HEDIS Measure: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Aetna Better Health® of New Jersey values the care you provide to our members. We know that providing medical care to patients diagnosed with a serious mental illness can be challenging. There is a Health Effectiveness and Data Information Set (HEDIS) measure that addresses one component of this care. To support you in your care, we will send you a letter with the measure name, the criteria, why it matters and a list of your relevant patients.

## **HEDIS measure:**

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

## **Measure definition:**

This measure assesses the percentage of members aged 18-64 years with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C Test and an HBA1C test during the measurement year.

## **Why it matters:**

Heart disease is the leading cause of death in the United States and diabetes is of high prevalence as well. People with schizophrenia are more likely than others to develop heart disease and diabetes. The use of antipsychotics increases risk further. Screening and monitoring for these diseases are strongly recommended to improve health outcomes for this population.

## **How can I improve my HEDIS scores?**

- Member must have both tests to meet this measure. Use appropriate documentation and correct coding.
- Teach the patient about the need for follow up appointments to empower shared decision-making between the provider and the patient.
- Ensure quality communication between behavioral and physical health providers in the coordination of care.
- Maintain appointment availability for patients with immediate concern.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinants of health.

Thank you for the excellent care that you provide to our members. We look forward to working with you in the upcoming year.



# HEDIS Measure: Diabetes Monitoring for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Aetna Better Health® of New Jersey values the care you provide to our members. We know that providing medical care to patients diagnosed with a serious mental illness can be challenging. There is a Health Effectiveness and Data Information Set (HEDIS) measure that addresses one component of this care. To support you in your care, we will send you a letter with the measure name, the criteria, why it matters and a list of your relevant patients.

## **HEDIS measure:**

Diabetes Monitoring for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

## **Measure definition:**

The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

## **Why it matters:**

Atypical antipsychotic medications can cause major weight gain and changes in a person's metabolism. This may increase a person's risk of developing diabetes and high cholesterol. A health care provider should monitor weight, glucose levels, and lipid levels regularly while the individual is taking an atypical antipsychotic medication. Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring for these conditions is important.

## **How can I improve my HEDIS scores?**

1. Encourage members to share contact information among all Medical, Behavioral/Mental Health, and Substance Use Disorder Providers.
2. Facilitate coordination of care between Medical and Behavioral/Mental Health and Substance Use Disorder Providers to ensure tests are administered and results shared in a timely manner.
3. Engage members in treatment discussions explaining the importance of having these tests administered.
4. Create an HbA1c and LDL-C testing reminder in your EHR for each member who is taking antipsychotic medications, regardless of whether they are known to have diabetes.

# Pediatric ADHD HEDIS Tips

All children who are prescribed medications to treat ADHD need follow-up care to assure that the response to medication and dosage is appropriate.

## **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.