Blood lead screening requirement

Lead exposure and lead poisoning are a significant public health concern in New Jersey. Lead screening remains a frequently discussed topic in the media.

Aetna Better Health of New Jersey providers are required to ensure **80 percent or more of your assigned members get a blood lead screening**.

All children with a routine risk for lead exposure should have blood lead screening as follows:

- Once between 9 and 18 months, preferably at 12 months,
- Once between 18 and 26 months, preferably at 24 months, and
- For any child between 27 and 72 months not previously tested.

In addition, every health maintenance visit should include a verbal lead risk assessment for members between the ages of 6 months and 6 years to help identify any infant or child who has higher risk and should have immediate screening by blood lead level.

We contract with all three major laboratories operating in New Jersey: Bioreference, Quest Diagnostics and LabCorp, the latter including Medtox filter paper screening.

If testing is ordered at a laboratory, the provider’s office should follow-up to ensure the testing was completed. Many practices are using Medtox to ensure the testing is completed while the family is in the office.

We monitor lead screening records and will contact providers not meeting the 80 percent requirement. Thank you for your partnership in keeping our youngest members healthy.
Immunization guidelines and requirements

Your patients should be vaccinated to protect against serious, sometimes deadly, diseases. The CDC Advisory Committee on Immunization Practices (ACIP) recommends specific vaccines by age group. There are vaccines recommended for every age, including infants, children, teens, young adults, all other adults and the elderly. You can review ACIP recommendations at cdc.gov/vaccines/schedules/hcp/index.html.

New Jersey public schools require all children have current immunizations before the start of each school year. In addition, everyone should get a flu shot every year, including teenagers and young adults.

Pregnancy
Before pregnancy, all women should have the recommended routine adult vaccines. If any were missed, some vaccines can be given during pregnancy. A mother’s immunity passes on to her baby during pregnancy, protecting the infant during the first few months of life.

Babies, toddlers and young children
All children under the age of two should get their first series of shots. The ACIP website includes both the recommended schedule and additional resources for providers regarding immunizations. Vaccines for all infants, children and teens (up to age 21) in FamilyCare Plan A should be obtained from the Vaccines for Children Program. Information is available at cdc.gov/vaccines/programs/vfc/index.html.

Your office can also print a vaccine schedule that shows the recommended immunizations for children from birth through 6 years old at cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.

Back to school
Help your patients stay on schedule with their children’s vaccines to be sure they’re protected from the spread of disease. Pre-teens between the ages of 11 and 12 should get the HPV vaccine and Tdap, a booster vaccine to protect against tetanus, diphtheria and pertussis (whooping cough). Young adults who are going to live in a group setting, such as a college dormitory, should get a meningitis vaccine. The CDC schedule for 7 to 18 years old is available at cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html.

Learn more about vaccines and the diseases they prevent by visiting cdc.gov/vaccines/index.html.

Breast cancer screening guidelines

Breast cancer is the second most common cancer among women, occurring in up to one in every nine women. Early diagnosis is key to improving outcomes, including survival.

All women ages 18 and older should have breast exams. All women ages 40 to 44 (depending on their risk) should be given the choice to begin yearly mammograms to help prevent breast cancer.

Women ages 50 to 54 should get mammograms annually, and women ages 55 and older should have a mammogram at least every two years.

Certain individuals are at higher risk for breast cancer and may be recommended for a mammogram annually and, if indicated, an MRI. These include women with prior breast cancer diagnosis, genetic variants such as BRCA 1 or 2 gene mutation or suggestive family history (close relatives with early onset cancers of the breast or fallopian tubes). Screening guidelines are available at cdc.gov/cancer/breast/pdf/breastcancerscreeningguidelines.pdf.

Learn more about vaccines and the diseases they prevent by visiting cdc.gov/vaccines/index.html.

Types of breast exams/screenings

- **Clinical breast exam:** This type of exam should be completed annually by a physician and documented in the patient’s record.
- **Self-breast exam:** Providers should recommend women conduct self-exams to get to know how their breasts normally look and feel.
- **Mammogram:** A mammogram can show small lumps or growths that you or your patient may not be able to feel during a clinical or self-breast examination. A mammogram is the best way to check for breast cancer. Women should get their first mammogram between the ages of 35 and 39, then once every year. Authorization is not required to send your patient

Clinical Practice Guidelines

To help provide our members with consistent, high-quality care that uses services and resources effectively, we have chosen certain clinical guidelines to help our providers. These include treatment protocols for specific conditions, as well as preventive health measures.

These guidelines are intended to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member’s individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided
- For more information and to review specific guidelines visit aetnabetterhealth.com/newjersey/providers/guidelines.
Formulary drug list update

The Formulary is a list of drugs chosen by Aetna Better Health of New Jersey and a team of doctors and pharmacists. Visit our formulary webpage page monthly to review updates and changes: aetnabetterhealth.com/newjersey/providers/pharmacy.

Drugs on this list are generally covered under the plan as long as they are medically necessary. Members must fill their prescriptions at an Aetna Better Health of New Jersey network pharmacy, and follow other plan rules.

Please review the Formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of New Jersey member.

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’s incumbent on providers 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 our providers

As part of our cultural competency program, we encourage our providers 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. To access the program, visit thinkculturalhealth.hhs.gov/.

The American Medical Association, American Academy of Family Physicians and the American College of Physicians endorse this program, which provides up to 9.0 hours of category 1 AMA credits at no cost.

In addition, as an Aetna Better Health of New Jersey physician, you have access to free online education modules provided by Aetna. Earn CMEs through courses on topics such as “Closing the Healthcare Gap and Quality Interactions.” To view the catalog of courses, visit aetnaeducation.com/ihtml/application/student/interface.NewAetna/index2.ihtml.

Member Rights and Responsibilities

It is our policy that no provider unfairly discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, or any other basis that is prohibited by law. Please refer to the member Rights and Responsibilities Section of our Provider Manual and ensure your staff members are aware of these requirements and the importance of treating members with respect and dignity.

In the event that we receive information that a member is not being treated in accordance to our policy, we will initiate an investigation and report the finding to the Quality Management Committee. Further action may be taken by us if deemed necessary.
Appointment availability standards

The Table below shows 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.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Services</th>
<th>Urgent care</th>
<th>Non-urgent care</th>
<th>Preventative and routine care</th>
<th>Wait time in office standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider (PCP)</td>
<td>Same day</td>
<td>Within 24 hours</td>
<td>Within 72 hours</td>
<td>Within 28 days¹</td>
<td>No more than 45 minutes</td>
</tr>
<tr>
<td>Specialty Referral</td>
<td>Within 24 hours</td>
<td>Within 24 hours of referral</td>
<td>Within 72 hours</td>
<td>Within 4 weeks</td>
<td>No more than 45 minutes</td>
</tr>
<tr>
<td>Dental Care</td>
<td>Within 48 hours²</td>
<td>Within 3 days of referral</td>
<td>N/A</td>
<td>Within 30 days of referral</td>
<td>No more than 45 minutes</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse (MH/SA)</td>
<td>Same day</td>
<td>Within 24 hours</td>
<td>N/A</td>
<td>Within 10 days</td>
<td>No more than 45 minutes</td>
</tr>
<tr>
<td>Lab and Radiology Services</td>
<td>N/A</td>
<td>Within 48 hours</td>
<td>N/A</td>
<td>Within 3 weeks</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹ Non-symptomatic office visits will include but will not be 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.

<table>
<thead>
<tr>
<th>Physicals</th>
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<tbody>
<tr>
<td>Baseline Physicals for New Adult Members</td>
</tr>
<tr>
<td>Baseline Physicals for New Children Members and Adult Clients of DDD</td>
</tr>
<tr>
<td>Routine Physicals</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td>Initial Pediatric Appointments</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI) and New Jersey Care (ABD &amp; Disabled Members)</td>
</tr>
</tbody>
</table>

Maximum number of Intermediate/Limited Patient Encounters:
- 4 per hour for adults
- 4 per hour for children

Aetna Better Health of New Jersey’s waiting time standards require that members, on average, should not wait at a PCP’s office for more than 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.
Telephone accessibility standards

Providers have the responsibility to make arrangements for after-hours coverage in accordance with applicable state and federal regulations, either by being available or having on-call arrangements in place with other qualified participating Aetna Better Health of New Jersey Providers for the purpose of rendering medical advice, determining the need for emergency and other after-hours services including, authorizing care, and verifying member enrollment with us.

It is our policy that network providers cannot substitute an answering service as a replacement for establishing appropriate on call coverage. On-call coverage response for routine, urgent, and/or emergent health care issues are held to the same accessibility standards regardless if after hours coverage is managed by the PCP, current service provider, or the on-call provider.

All Providers must have a published after hours telephone number and maintain a system that will provide access to primary care 24 hours a day, 7 days a week. In addition, we will encourage our providers to offer open access scheduling, expanded hours and alternative options for communication (e.g., scheduling appointments via the web, communication via e-mail) between members, their PCPs, and practice staff. We will routinely measure the PCP’s compliance with these standards as follows:
• Our medical and provider management teams will continually evaluate emergency room data to determine if there is a pattern where a PCP fails to comply with after-hours access or if a member may need care management intervention.
• Our compliance and provider management teams will evaluate member, caregiver, and provider grievances regarding after hour access to care to determine if a PCP is failing to comply on a monthly basis.
• Providers must comply with telephone protocols for all of the following situations:
  – Answering the member telephone inquiries on a timely basis.
  – Prioritizing appointments
  – Scheduling a series of appointments and follow-up appointments as needed by a member.
  – Identifying and rescheduling broken and no-show appointments.
  – Identifying special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs).