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Aetna Better Health® of New Jersey

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# Provider Newsletter

Spring 2022

## Member Advisory Committee

We value your opinion and the opinion of our members, your patients. We want to hear your ideas that could be helpful to all of our members. We take your feedback seriously.

We have a group that is made up our members, their caregivers, and providers, just like you. This group is called the Member Advisory Committee (MAC). They meet quarterly to review member materials, member feedback, changes, and new programs. They tell us how we can improve our services.

All Plan members, including those eligible for MLTSS and FIDE-SNP benefits, or legal guardians of members, advocates, and community stakeholders are welcome to join. Committee members can also be family members and providers. We ask that you please remind your patients of the MAC and how they can share their opinion. Participants are automatically entered into a raffle and have the chance to win a prize for attending.

If you want to know more about the MAC, call Member Services at **1-855-232-3596** (TTY: 711). You can also learn more and register for upcoming MAC meetings by visiting our website.

The next MAC meeting is scheduled for Thursday, March, 17th.

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# 21st Century Cures Act

**Compliance is mandatory. Failure to comply may result in a provider's contract with an MCO being terminated.**

Managed Care network providers under contract with NJ FamilyCare Medicaid managed care organizations (MCOs) are required to enroll with the NJFC Medicaid fee-for-service (FFS) program in accordance with 21st Century Cures Act requirements. Network providers are those providers enrolled in any or all of the 5 NJFC Medicaid MCOs. MCO providers currently enrolled in the NJFC Medicaid FFS program need not take any action.

- Network providers are required to submit a completed 21st Century Cures Act application to DXC Technology.
- 7 out of 10 network providers have successfully enrolled in the FFS program.
- Providers under contract with multiple MCOs are only required to submit a single 21st Century Cures Act application to DXC Technology.
- **To download a 21st Century Cures Act application:**
  - Go to www.njmmis.com
  - Select "Provider Enrollment Applications"
  - Then select "21st Century Cures Act Application" as the "Provider Type."
- NJFC MCO providers who are eligible to serve **FFS beneficiaries** and wish to do so must complete a full NJFC FFS enrollment application in order to be enrolled as a FFS Medicaid Provider.
  - This application can be found at www.njmmis.com under "Provider Enrollment Application."
  - Please note there are some Provider Types that are not eligible to enroll in FFS Medicaid.
- Providers who choose to serve only **Medicaid MCO beneficiaries** are referred to as 21st Century Cures registered or ROPA (referring, ordering, prescribing or attending) providers in the NJFC FFS program.
  - 21st Century Cures registered providers are **not eligible** to receive NJFC FFS payments.
  - 21st Century Cures registered providers are not required to provide services to NJFC FFS beneficiaries.
  - 21st Century Cures providers shall not be listed in the NJFC FFS Provider Directory and will not be assigned a FFS Medicaid ID number.

How to submit the 21st Century Cures application and credentials:

**Mail**
DXC Technology Provider Enrollment Unit
P.O. Box 4804
Trenton, NJ 08650

**Fax**
609-584-1192

Call for more info
**609-588-6036**

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# Blood Lead Screening Requirements

## Every child enrolled in the NJ FamilyCare program (Medicaid), 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 µg/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.

### Here's a HEDIS Lead Screening Tip!

Blood lead screenings should be completed **on or before child's second birthday**! Any blood lead test **after the age of 2** is considered **late** in HEDIS reporting.

**Lead Test CPT Code: 83655**

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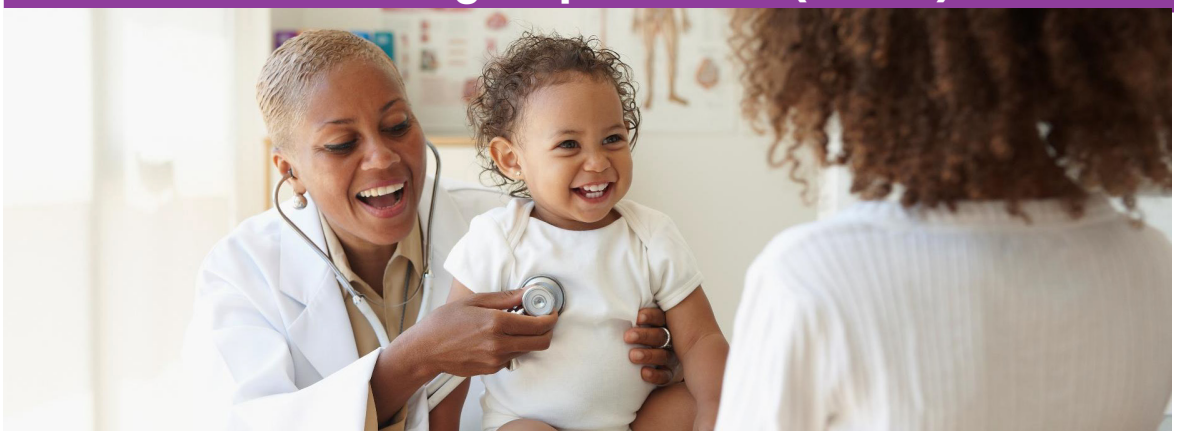
# Blood Lead Screening Requirements (cont'd)



## Verbal Risk Assessment

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. This should be documented as part of the patient's medical records.

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

- Does your child live in or regularly visit a house built before 1978? Does the house have chipping or peeling paint?
- 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?
- Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovations or remodeling?
- Have any of your children or their playmates had lead poisoning?
- Does your child frequently come in contact with an adult who works with lead? Examples of professions that have lead exposures are construction, welding, pottery, or other trades practiced in your community.
- Do you give your child home or folk remedies that contain lead?

***Medicaid health plans are required to contact providers with lead screening rates of less than eighty (80) percent for two (2) or more consecutive six (6) month periods.**

**Providers will be placed on Corrective Action if demonstratable improvement is not achieved and additional action may be implemented, which may include reassignment of at-risk children to another primary care provider.**

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

**NO** 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.

**YES** 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.

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# Provider Incentive: Lead Test

## Earn $100 per completed lead test

We are offering a special incentive to providers for in-office collection of blood for lead screenings and blood lead tests completed in your office for our members!

## Updated incentive guidelines

- **$100 incentive** for in-office collection of blood for lead screenings and blood lead tests completed in your office **5/1/2021–6/30/2022**
- Blood lead screenings may be preformed by either a **capillary or venous sample**
- Any member **9 months to 72 months** of age
- One blood lead test per member per year.

To help you complete testing on our members, we have contracted with **LabCorp, MedTox, Bio Reference & Quest**.

## Incentive payment process

*Claims processing can take up to 90-days.

## Lead screening and EPSDT performance CPT codes

Please reference the below Lead Screening and EPSDT related procedure codes to assist you in performing lead screenings. 83655 refers to analysis for lead level. Modifier 59 indicates distinct procedural service separate from a visit. 52 modifier is used when there is a reduced service.

- **83655 52** - Lead Test (52 Modifier is used when there is a reduced service)
- **36405 59** - Venipuncture for children under 3 years of age, scalp vein (59 Modifier- distinct procedural service)
- **36406 59** - Venipuncture for children under 3 years of age, other vein (59 Modifier- distinct procedural service)
- **36410 59** - Venipuncture for children 3 years and older, non-routine (59 Modifier- distinct procedural service)
- **36415 59** - Venipuncture for children 3 years and older, routine (59 Modifier- distinct procedural service)
- **36416 59**- Collection of capillary blood specimen (finger, heel, and ear stick) (59 Modifier- distinct procedural service)
- **83655** - Lead test

## Questions?

Contact Samar Mehany at **609-608-8179** or email MehanyS1@Aetna.com.

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# Balance Billing

### Providers may not bill ABHNJ members for any services that are covered by NJ Medicaid and/or Aetna Better Health of NJ

- 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.

## Consequences you may face if you balance bill members

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 ABHNJ member accounts.

**Providers who balance bill ABHNJ 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)

To learn more about balance billing, register for one of our upcoming provider trainings taking place on March 8th and again on April 5th. Visit our website to register.

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# Maternal Health Services and Benefits

**Sometimes women are ready for motherhood. And sometimes a baby is a surprise. Whatever a mom is feeling, we are here to help our members have a healthy pregnancy and baby.**

**We deliver:**

- A dedicated care management team
- No-cost breast pump
- No-cost welcome baby bag
- Doula services
- Rides to doctor visits
- Gift card for completing visits
- Access to a large network of providers Includes Ob/Gyns, pediatricians, and all top hospitals. Specialist referrals not required.

## Members can earn a $15 gift card

Members who meet requirements for doctor checkups after delivering baby, may receive a $15 gift card. Our care management team can help.

## Remind your patients to enroll baby in a health plan

- Within 60 days of birth, enroll your baby in NJ FamilyCare. Call NJ FamilyCare directly at **1-800-701-0710 (TTY: 1-800-701-0720)**. You can choose Aetna Better Health® of New Jersey.
- If you need help enrolling your baby, we can help. Call our Healthcare Central Store at **959-299-3102 (TTY: 711),** Monday–Friday 10 AM–6 PM.

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# Diabetic Ketoacidosis and SGLT2 Inhibitors

## Rare but significant risk of Diabetic Ketoacidosis associated with SGLT2 inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors are a newer class of medications for Type 2 diabetes (T2D) for which the US Food and Drug Administration (FDA) warned about possible “atypical” presentation of diabetic ketoacidosis (DKA) as early as May 2015. Case studies showed SGLT2 treated diabetics were at greater risk of DKA. Two things complicate this scenario, the possible atypical presentation of DKA, delaying its diagnosis and treatment, and identifying the SGLT2 therapy as a possible contributing factor.

**Atypical DKA presentation may include:**

- Euglycemia or only slightly elevated blood glucose levels
- Protracted hyperglycosuria, even after the discontinuation of the SGLT2 inhibitor.

**Who is most at risk?**

- Those undergoing surgery or are dehydrated, fasting, or reducing insulin doses.

**How can I reduce the risk of this complication?**

- Encourage proper hydration
- Stop SGLT2 therapy 3 days before surgery (4 if using ertugliflozin) and do not restart until oral intake has returned to normal.

**How should I educate members about this potential side effect?**

- Tell patients that ketoacidosis can occur with normal to slightly elevated blood glucose. As such blood glucose or urine ketone testing may not rule it out
- Report any signs of vomiting, fatigue or trouble breathing
- Dehydration increases risk, so staying hydrated is important.

DKA has been observed in T2D patients taking Glucagon-Like Peptide 1 Receptor (GLP-1) agonists and DPP-4 inhibitors. However, the risk of DKA with SGLT2i is two to three times more than other oral T2D medications. The increased risk of DKA with SGLT2 inhibitors is among the factors to be considered at the time of prescribing and throughout therapy if patients present with symptoms suggestive of DKA regardless of blood glucose levels.

References:

1. Diabetes Care 2020 Jan; 43(Supplement 1): S98-S110. https://doi.org/10.2337/dc20-S009

2. Douros A, Lix LM, Fralick M, et al. Sodium-glucose cotransporter-2 inhibitors and the risk for diabetic ketoacidosis. Ann Intern Med. Published online July 27, 2020. doi:10.7326/M20-0289

3. New England Journal of Medicine 2017; 376:2300-2302. DOI: 10.1056/NEJMc1701990

4. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2020. DOI: 10.2337/dc20-ad08a

5. Article, Educate About Serious SGLT2 Inhibitor Risks, Pharmacist’s Letter, May 2020

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# Provider Toolkit

### Find information about immunizations, well-care visits, and a link to HEDIS education materials

Aetna Better Health of New Jersey provides several toolkits and provider resources related to HEDIS and CAHPS. Please visit our Aetna Resources Page to access some helpful links to support your practice.

# Using Ivermectin for COVID-19

There have been many reports recently about oral ivermectin treating COVID 19 infections, reducing mortality, speeding recovery and possibly preventing infections after exposure to the COVID-19 virus. Ivermectin is a Food and Drug Administration (FDA)-approved antiparasitic drug that is used to treat several neglected tropical diseases, including onchocerciasis and helminthiases. Oral Ivermectin is well-tolerated when used as directed for its approved indication, strongyloidiasis an infection caused by roundworm or off-label for lice and scabies. Adverse effects include nausea, diarrhea, dizziness, itching.[1]

In vitro studies of Ivermectin has been shown to inhibit the replication of SARS-CoV-2 virus in cell cultures.[2] However pharmacokinetic and pharmacodynamic studies show achieving this level for its antiviral effect would require doses up to 100-fold higher than those approved in humans.[3] Overdose, can cause vomiting, hypotension, ataxia, seizures, coma, and death.

Several meta-analyses have highlighted that the effect of ivermectin in patients with COVID-19 remains uncertain because of a lack of high-quality data. The studies could not find benefit for mortality, recovery, or viral clearance or as prophylaxis.[4,5]

The American Medical Association, American Society of Health-System Pharmacists, and the American Pharmacists Association oppose ivermectin use for COVID-19 except in a clinical trial. The National Institute of Health (NIH) guidance recommends neither for nor against ivermectin for COVID-19 treatment due to insufficient evidence.[1]

Aetna Medicaid covers Ivermectin in doses and durations consistent with FDA-approved indications. Uses that are not approved, i.e. off-label and that are not supported in standard reference compendia as accepted safe and effective treatments are considered experimental and/or investigational. Such therapies are not a covered benefit.

References


1. NIH. Coronavirus disease 2019 (COVID-19). Treatment guidelines. Last updated October 27, 2021. https://covid19treatmentguidelines.nih.gov/. (Accessed November 13, 2021)

2. Caly L, Druce JD, Catton MG, Jans DA, Wagstaff KM. The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro. Antiviral Res. 2020;178:104787. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32251768.

3. Guzzo CA, Furtek CI, Porras AG, et al. Safety, tolerability, and pharmacokinetics of escalating high doses ofivermectin in healthy adult subjects. J Clin Pharmacol. 2002;42(10):1122-1133. Available at: https://www.ncbi.nlm.nih.gov/pubmed/12362927.

4. Roman YM, Burela PA, Pasupuleti V, et al. Ivermectin for the treatment of COVID-19: a systematic review and meta-analysis of randomized controlled trials. Clin Infect Dis 2021 Jun 28. doi: 10.1093/cid/ciab591.

5.Popp M, Stegemann M, Metzendorf MI. et al. Ivermectin for preventing and treating COVID-19. Cochrane Database Syst Rev 2021;(7):CD015017.

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# HEDIS Measure Guidance

## Appropriate Testing for Pharyngitis (CWP)

**HEDIS measure description:** 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. Download a complete description of the CWP Measure from our website.

# 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.
- Tips to support decreasing unnecessary imaging study for low back pain within the first six weeks of the condition presentation, unless other complications or concerns are present:
  - Use of alternative treatment options (acetaminophen, nonsteroidal anti-inflammatory drugs, heat therapy, physical therapy)
- Visit our Aetna Resources Page to access some helpful links to support your practice.

# Free COVID-19 Tests

## Members can now receive FREE over-the-counter at-home COVID-19 tests

The Federal government has launched a national website to distribute tests.

Each household can visit covidtests.gov to order a one-time shipment of four (4) free Over-the-Counter (OTC) at-home COVID-19 tests. Orders are shipped directly from the website.

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# Refer Members to a Dentist

### Primary Care Providers can play an important role in their patient's dental health by referring them to their dental home and dentist after they are seen for a medical visit

Each member is assigned to a Dental Home/Primary Care Dentist (PCD) who will be the provider of all dental care not requiring a specialist.

**Our dental benefit is comprehensive and includes:**

- Two annual preventive dental visits for all members of any age that include an oral evaluation, necessary x-rays, prophylaxis and fluoride application
- All medically necessary dental services
- Members with special health care needs may receive four preventive visits in a 12-month period

Primary care providers (PCP) should perform basic oral screening for all members, remind them of the need for twice annual preventive dental visits and perform yearly caries assessments on all children through age of twenty (20). Members should be referred to a dentist by age one.

Through the NJ Smiles Program, primary care providers who access the appropriate training can provide fluoride varnish to the teeth of children through the age of five as a preventive measure against dental caries. Details are available on our website.

# Upcoming Provider Trainings

### You're Invited!

As a participating provider with Aetna Better Health of New Jersey, we would like to invite you and your office staff to join us for a very important training session about our programs and services.

Please visit our website to choose a date and time that works best for your practice. Scroll to the bottom of the page for topics and meeting time options. Click on the link to register.

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. We look forward to speaking with you.

**Webinars will provide valuable information on the following:**

- Authorization
- Claim processing
- Cultural competency
- Credentialing
- Nursing
- Assisted living
- Other important topics.

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# Incomplete Pharmacy Claims

## Incomplete pharmacy claim will result in denial within 24-hours of submission

Aetna Better Health of New Jersey covers prescription medications and certain over-the-counter medicines when you write a prescription for members enrolled in the New Jersey FamilyCare program. Pharmacy is administered through CVS Caremark. CVS Caremark is responsible for pharmacy network contracting, mail order delivery and network Point-of-Sale (POS) claim processing. Aetna Better Health of New Jersey is responsible for formulary development, drug utilization review, and prior authorization.

Check the current Aetna Better Health of New Jersey formulary before writing a prescription for either prescription or over-the- counter drugs. If the drug is not listed or lists Prior Authorization (PA) as part of its approval conditions, a Pharmacy Prior Authorization Request form must be completed before the drug will be considered. Please also include any supporting medical records that will assist with the review of the prior authorization request.

Pharmacy Prior Authorization forms can be found on our website.

- **Aetna is contractually required to close out a claim within 24 hours of initial submission**
  If the provider cannot be reached for additional information within that 24 hour period, the claim is denied as criteria has not been met.
- **Peer to peer meeting request**
  Prior to requesting an appeal, if you feel it is worthwhile to discuss the denied claim with a Medical Director Reviewer, you can request a peer-to-peer meeting by calling the Pharmacy Help Desk at **1-855-232-3596** (TTY: 711).

To prevent claims from being denied, please be sure to include all required information before submitting a claim. For more information on all required items, please reference the Aetna Better Health of New Jersey formulary.

# Healthcare Central: NJ FamilyCare Guidance Center

If you have a patient in need of insurance in the Newark area, direct them to Healthcare Central for help finding coverage.


- Sign up for NJ FamilyCare
- Understand the renewal process for NJ FamilyCare
- Get assistance with finding a provider
- Understand your Aetna Better Health® benefits

Monday–Friday, 10 AM–6 PM
**959-299-3102** (TTY: 711)