Aetna Better Health® of New Jersey

## Contents


Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# Provider Newsletter

Fall 2023

## Availity Demographics

**I have two questions for you today:**

1. Does Aetna Better Health® of New Jersey have your demographic information correct?
2. Does Aetna Better Health of New Jersey have all providers within your group credentialed and linked to your group affiliation?

If the answer is no to either of these questions, this will cause claim denials and underpayment issues. In addition, the data we house on your practice is used to generate our online provider directories, which helps Members find your office information for appointments. Let's confirm this information is accurate.

Please feel free to review all your demographic detail on our website.

Contact us by registering through Availity, our secure Provider Portal. The Availity Provider Portal gives you the information, tools, and resources you need to support the day-to-day needs of your patients and office.

You can now return your demographic updates from the Availity provider portal!

- Log on to Availity
- Select the Aetna Better Health payer space
- Click on the *Medicaid Contact Us Application*

Aetna Better Health®
of New Jersey

## Contents


Availity
Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)


# Telephone Accessibility Standards

Providers have the responsibility to make arrangements for after-hours coverage in accordance with applicable state and federal regulations. They can do this 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 or determining the need for emergency and other after-hours services. This includes 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 of whether 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 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 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 whereby 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 afterhours access to care to determine if a PCP is failing to comply on a frequent basis.

**Providers must comply with telephone protocols for all of the following situations:**

- Answering 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.
- Triage for medical and dental conditions and special behavioral needs of noncompliant individuals who have intellectual disability or dementia.
- Response time for telephone call-back waiting times:
  - Crisis situations: 15 minutes
  - After-hours telephone care for non-emergent, symptomatic issues: within 30 to 45 minutes
  - Non-symptomatic concerns: same day
- Scheduling continuous availability and accessibility of professional, allied and supportive medical/dental personnel to provide covered services within normal working hours. Protocols shall be in place to provide coverage in the event of a provider's absence.

Aetna Better Health®
of New Jersey

## Contents

Availity
Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# Telephone Accessibility Standards (continued)

A telephone response should be considered acceptable/unacceptable based on the following criteria:

**Acceptable – an active provider response, such as:**

- Telephone is answered by provider, office staff, answering service, or voice mail.
- The answering service either:
  - Connects the caller directly to the provider;
  - Contacts the provider on behalf of the caller and the provider returns the call; or
  - Provides a telephone number where the provider/covering provider can be reached.
- The provider's answering machine message provides a telephone number to contact the provider/covering provider.

**Unacceptable:**

- The answering service:
  - Leaves a message for the provider on the PCP/covering provider's answering machine; or
  - Responds in an unprofessional manner.
- The provider's answering machine message:
  - Instructs the caller to go to the emergency room for care, regardless of the exigencies of the situation, without enabling the caller to speak with the provider for non-emergent situations.
  - Instructs the caller to leave a message for the provider.
- Calls receive no answer;
- Listed number is no longer in service;
- Provider is no longer participating in the contractor's network;
- Caller is on hold for longer than 5 minutes;
- Answering service refuses to provide information for survey;
- Telephone lines are persistently busy despite multiple attempts to contact the provider.

Providers must make certain that their hours of operation are convenient to, and do not discriminate against, members. This includes offering hours of operation that are no fewer than those for non-members, commercially insured or public fee-for-service individuals.

In the event that a PCP fails to meet telephone accessibility standards, a Provider Relations representative will contact the provider to inform them of the deficiency and educate the provider.

Aetna Better Health®
of New Jersey

## Contents

Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# Reminder: 21st Century Cures Act

**Effective January 1, 2018, the 21st Century Cures Act P.L. 114 - 255, required all Medicaid managed care network providers to register with the state Medicaid program or risk being removed from the Aetna Better Health provider network. Registration does not require you to provide service to NJ FamilyCare Fee for Service beneficiaries.**

If you are already enrolled or registered with the state Medicaid program then no action is needed. If you are not, then to safeguard your status in the Aetna Better Health of New Jersey provider network, you must register in the state Medicaid program. The 21st Century Cures Act Enrollment Application should be submitted to Molina Medicaid Solutions (which manages provider enrollment) as soon as possible. Providers can continue to provide services to NJ FamilyCare members while the application to register is processed by Molina.

The link for the 21st Century Cures Act registration process can be accessed directly by using the following link: www.njmmis.com.

The application can be downloaded and forwarded to the NJ Medicaid Provider Enrollment office (through Molina) for processing. If you have questions about the 21st Century Cures Act Registration process for NJ FamilyCare, please contact the NJMMIS provider enrollment unit at **609-588-6036**.

The mailing address to submit the application and credentials is:

Molina Medicaid Solutions Provider Enrollment
P.O. Box 4804
Trenton, NJ 08650

If you receive this information from multiple managed care plans, you only need to submit a single NJ Medicaid registration form. You may be asked to provide evidence to us of your submission, so you are encouraged to keep a copy of your application. If you have any additional questions regarding how or why you were identified as a provider who needs to register with in the NJ FamilyCare Program, please contact Provider Services at Aetna Better Health of New Jersey **1-855-232-3596**.

Aetna Better Health®
of New Jersey

## Contents

Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# How to Refer Members to Our Care Management Program

## Do you have a patient in need of care management?

**We can help your patients (who have the conditions below) enhance their self-management skills:**

- Behavioral health and substance abuse
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary artery disease
- Diabetes
- Other conditions
- Pregnancy outreach and high-risk obstetrics (OB)
- Special health care needs

Care managers educate members about their condition and how to prevent worsening of their illness or any complications. The goal is to maintain, promote or improve their health status.

**To create a quality-focused, cost-effective care plan, care managers collaborate with:**

- The member
- Member's family
- PCP
- Psychiatrist
- Substance abuse counselor
- Other health care team members

**To identify members that are the right fit for care management, we may use referrals from:**

- Our health information or special needs lines
- Members
- Caregivers
- Providers
- Practitioners

**Integrated care management means your patient only has one care manager, even if they also take part in:**

- Care Management
- Condition Management

To refer your patients, our members to Care Management, you can call or email the Care Management Team:

Jennifer Coleman, RN
Health Services Manager
Concurrent Review
Office: **863-221-6010**
ColemanJ2@CVSHealth.com

Natasha Sealey, RN
Health Services Manager
Prior Authorization
Office: **954-858-3374**
SealeyN@CVSHealth.com

Stephanie Haney
Senior Manger
Clinical Health Services
Office: **304-953-0765**
HaneyS1@Aetna.com

Aetna Better Health®
of New Jersey

## Contents

Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# 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.

# Hysterectomy and Sterilization Requests

Hysterectomy is a covered service if the primary medical indication for the hysterectomy is other than sterilization. Specific Medicaid requirements must be met and documented on the Hysterectomy Receipt of Information form (FD 189). A copy of the form is available at on our website. You must attach it to the claim prior to submission. Claims for hysterectomy and sterilization must be sent by mail/paper and cannot be electronic.

We require providers to submit a properly completed FD-189 form with the request for precertification for all non-emergent hysterectomies.

**Claim payment for a hysterectomy that lacks a copy of the Hysterectomy Receipt of Information form may only be made if the physician performing the hysterectomy certifies that:**

- The woman was already sterile and the cause of sterility is stated
- The hysterectomy was required because of a life-threatening emergency and a description of the emergency is stated.

Specific Medicaid requirements must be met and documented on the HHS 687 Consent for Sterilization form. The form must be completed and signed by the member at least 30 days in advance of both female and male sterilization procedures.

If the procedure is performed less than 30 days from the consent form execution date due to a premature birth, the expected date of birth must be noted in the consent form. A copy of the form is on our website. The form must be attached to the claim prior to submission. The individual who has given voluntary consent for a sterilization procedure must be at least 21 years old at the time the consent is obtained and must be a mentally competent person.

Aetna Better Health®
of New Jersey

## Contents

Availity
Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# 2023 CAHPS Survey Results

| | Measure | NJ 2023 CAHPS Results Summaries | 2023 CSS Medicaid Avg. | 2022 NCQA QC National Avg. Medicaid HMO |
|---|---|---|---|---|
| Adult CAHPS Survey | Rating of Personal Doctor | 66.22% | 66.82% | 68.30% |
| | Rating of Specialist Seen Most Often | 62.70% | 64.49% | 68.34% |
| | Rating of All Health Care | 52.60% | 54.26% | 56.46% |
| | Rating of Health Plan | 56.57% | 58.44% | 61.99% |
| | Getting Needed Care | 79.33% | 79.43% | 81.86% |
| | Getting Care Quickly | 73.91% | 79.38% | 80.22% |
| | How Well Doctors Communicate | 94.94% | 92.29% | 92.51% |
| | Customer Service | 90.11% | 89.96% | 88.91% |
| | Coordination of Care | 88.12% | 82.32% | 83.96% |
| Child CAHPS Survey | Rating of Personal Doctor | 71.70% | 74.73% | 77.15% |
| | Rating of Specialist Seen Most Often | 63.28% | 71.43% | 73.04% |
| | Rating of All Health Care | 62.92% | 67.99% | 70.77% |
| | Rating of Health Plan | 61.05% | 70.15% | 71.99% |
| | Getting Needed Care | 77.32% | 83.30% | 84.19% |
| | Getting Care Quickly | 84.01% | 85.40% | 86.74% |
| | How Well Doctors Communicate | 93.55% | 93.19% | 94.18% |
| | Customer Service | 88.79% | 87.43% | 88.06% |
| | Coordination of Care | 80.36% | 81.72% | 84.71% |

Note: For 2023 CAHPS, NCQA will be releasing 2023 Health Plan Ratings in the fall of 2023.

The results presented in this report use the 2022 benchmarks released by NCQA to estimate the 2023 Health Plan ratings; therefore the Health Plan Ratings scores presented in this report should be treated as estimates. Results are presented for NCQA's top-box rates (% 9+10 or % Usually+Always). At least 100 valid responses must be collected for a measure to be reportable by NCQA. A lighter display is used to indicate that a result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results only for internal plan reporting. NCQA retired Rating of Specialist Seen Most Often (% 9 or 10) and Coordination of Care from HPR 2023. Rating of All Health Care (% 9 or 10) was moved to the Satisfaction With Plan and Plan Services sub-composite.

Aetna Better Health®
of New Jersey

## Contents


Availity
Demographics

Telephone
Accessibility
Standards

Reminder: 21st
Century Cures Act

How to Refer
Members to Our
Care Management
Program

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

Hysterectomy and
Sterilization Requests

2023 CAHPS
Survey Results

Health Equity
Accreditation
Evidence

Cover All Kids

Member Language
Profile: Understanding
Our Member'
Communication
Needs

Doula Services Are
Covered for Members

HEDIS Measures

Help Member Stay
Covered

Bright Futures/
American Academy
of Pediatrics (AAP)


# Health Equity Accreditation Evidence

## What is National Committee for Quality Assurance (NCQA)Health Equity accreditation?

Health Equity Accreditation adds new requirements to NCQA's Multicultural Health Care standards that focus on organizational diversity, equity, inclusion and reducing bias; collecting gender identity and sexual orientation data; and reporting race/ethnicity stratified HEDIS measures.

Aetna Better Health of New Jersey currently holds the following accreditations:

# Cover All Kids

All children can apply for NJ FamilyCare, regardless of their immigration status. With NJ FamilyCare, income-eligible children under 19 years old can receive:

- Primary and specialty care, including checkups and other visits
- Eye glasses
- Hospitalization (both inpatient and outpatient)
- Lab tests/x-rays
- Prescriptions
- Dental services
- Preventive screenings
- Vaccinations
- Mental health care
- Substance use testing and treatment
- Vision services
- Hearing services
- Lead screening
- Family planning
- Other medically necessary services

Your patients can visit nj.gov/CoverAllKids to learn more and apply, or call **1-800-701-0710 (TTY: 711)** with questions or to apply by phone.

## Contents

Availity
Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# Member Language Profile: Understanding Our Members' Communication Needs

Communication and language barriers are associated with inadequate quality of care and poor clinical outcomes, such as higher hospital readmission rates and reduced medication adherence. People with limited English proficiency or those who experience limited vision or hearing may need an interpreter, and those with vision impairment may need materials presented in alternative formats while receiving care in order to ensure equitable care.

Primary language is reported by members upon enrollment. While most our members' primary languages are unknown (79.3%), nearly 13% are English-speaking, followed by Spanish at approximately 4%.

| | Language Reported at Enrollment | 2022 | |
|---|---|---|---|
| | | # | % of Membership |
| 1 | UNKNOWN | 110,988 | 79.3% |
| 2 | ENGLISH | 17,988 | 12.9% |
| 3 | SPANISH | 5,195 | 3.7% |
| 4 | No Language | 4,877 | 3.5% |
| 5 | RUSSIAN | 86 | 0.1% |
| 6 | MANDARIN | 76 | 0.1% |
| 7 | ARABIC | 63 | 0.0% |
| 8 | GUJARATI | 61 | 0.0% |
| 9 | PORTUGUESE | 53 | 0.0% |
| 10 | TURKISH | 51 | 0.0% |
| | Other Languages (57) | 454 | 0.3% |
| | Total | 139,892 | 100% |

To assist with translation and interpretation services, you or the member can call our Interpretation Services at **1-800-385-4104 (TTY: 711)**.

For more information on our member demographics, please see Aetna Better Health of New Jersey's 2023 Population Assessment found on Availity.

# Doula Services Are Covered for Members

A doula supports the pregnant mom through pregnancy and the postpartum period with education and emotional and physical support.

Please review the Medicaid Newsletter on the program and also the next steps if you are interested in offering Doula Services. Once a doula is enrolled in NJ Medicaid and has their Medicaid FFS identification number, please email Alexander Mclean, Chief Operating Officer. He will arrange for a contracting representative to reach out to you to walk you through our simplified enrollment process.

Aetna Better Health®
of New Jersey

## Contents

Availity
Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# HEDIS Measures

Please review the details for the following HEDIS measures.

### URI – Appropriate treatment for Upper Respiratory Infection

**Measure Definition:** Members with a diagnosis of upper respiratory infection who were not dispensed an antibiotic. For members 3 months of age and older.

**Measure Requirements:** Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics.

**Service Date Range:** July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.

**LOB:** Commercial, Medicaid and Medicare

### CBP – Controlling High Blood Pressure

**Measure Definition:** Members with a diagnosis of hypertension (HTN) and adequately controlled blood pressure (<140/90 mm HG) during the measurement year. For members 18 to 85 years of age.

**Measure Requirements:** Most recent systolic and diastolic blood pressure reading and service date or exclusion code.

**Service Date Range:** Measurement year

**LOB:** Commercial, Medicaid and Medicare

### SPC – Statin Therapy for Patients with Cardiovascular Disease

**Measure Definition:** Percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

1. Received statin therapy Members who were dispensed at least one high- intensity or moderate- intensity statin medication in the measurement year.
2. Statin adherence 80 percent Members who remained on a high-intensity or moderate- intensity statin medication for at least 80% of the treatment period.

For male members 21 to 75 years of age and female members 40 to 75 years of age.

**Measure Requirements:** No special requirements

**Service Date Range:** Measurement year

**LOB:** Commercial, Medicaid and Medicare

Aetna Better Health®
of New Jersey

## Contents

Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)

# HEDIS Measures (continued)

### HDO - Use of Opioids at High Dosage

**Measure Description:** The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

**Numerator Compliance:** Members whose average MME was ≥90 during the treatment period.

**LOB:** Commercial, Medicaid and Medicare

### DEV-CH - Developmental Screening in the First Three Years of Life

**Measure description:** For members 1-3 years of age, percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

Strategies for increasing developmental screening understanding and utilization

- Educate parents to monitor for developmental milestones such as taking a first step, smiling for the first time, waving "bye, bye" crawling, walking, etc.
- Educate on risk factors for developmental delays that include:
  - Preterm birth
  - Low birth weight
  - Lead exposure
  - Long lasting health problems or conditions.
- Advise parents that developmental screening tools will not provide a diagnosis but can assist in determining if a child is developing according to standard developmental milestones.

# Help Members Stay Covered

Please remind your patients, our members, to renew their NJ FamilyCare/Medicaid coverage by:

- Updating their contact information with NJ FamilyCare by calling **1-800-701-0710 (TTY 711)**
- Checking their mail: NJ FamilyCare will send them a letter about their coverage. It will let them know if they need to complete a renewal form
- Completing their renewal form.

For more information, visit NJ FamilyCare.

Availity Demographics

Telephone Accessibility Standards

Reminder: 21st Century Cures Act

How to Refer Members to Our Care Management Program

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

Hysterectomy and Sterilization Requests

2023 CAHPS Survey Results

Health Equity Accreditation Evidence

Cover All Kids

Member Language Profile: Understanding Our Member' Communication Needs

Doula Services Are Covered for Members

HEDIS Measures

Help Member Stay Covered

Bright Futures/ American Academy of Pediatrics (AAP)


# Bright Futures/American Academy of Pediatrics (AAP)

## Recommendations for Preventive Pediatric Health Care

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

For more information, or to download the periodicity schedule, please visit https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

| | INFANCY | | | | | | | | EARLY CHILDHOOD | | | | | | | MIDDLE CHILDHOOD | | | | | | ADOLESCENCE | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGE[1] | Prenatal[2] | Newborn[3] | 3-5 d[4] | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 y | 4 y | 5 y | 6 y | 7 y | 8 y | 9 y | 10 y | 11 y | 12 y | 13 y | 14 y | 15 y | 16 y | 17 y | 18 y | 19 y | 20 y | 21 y |
| **HISTORY** Initial/Interval | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **MEASUREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length/Height and Weight | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Head Circumference | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | |
| Weight for Length | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | |
| Body Mass Index[5] | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Blood Pressure[6] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **SENSORY SCREENING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision[7] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ● | ★ | ● | ★ | ● | ★ | ● | ★ | ★ | ● | ★ | ★ | ★ | ★ | ★ | ★ |
| Hearing | | ●[8] | ●[9] — | — | — | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ★ | ● | ★ | ● | — | — | ●[10] | — | — | ● | — | — | — | ● | — |
| **DEVELOPMENTAL/BEHAVIORAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental Screening[11] | | | | | | | | ● | | | ● | | ● | | | | | | | | | | | | | | | | | | | |
| Autism Spectrum Disorder Screening[12] | | | | | | | | | | | ● | ● | | | | | | | | | | | | | | | | | | | | |
| Developmental Surveillance | | ● | ● | ● | ● | ● | ● | | ● | ● | | ● | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Psychosocial/Behavioral Assessment[13] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Tobacco, Alcohol, or Drug Use Assessment[14] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Depression Screening[15] | | | | | | | | | | | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Maternal Depression Screening[16] | | | | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL EXAMINATION[17]** | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **PROCEDURES[18]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Blood | | ●[19] | ●[20] — | — | — | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Bilirubin[21] | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Critical Congenital Heart Defect[22] | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization[23] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Anemia[24] | | | | | | ★ | | | ● | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Lead[25] | | | | | | | ★ | ★ | ● or ★[26] | | ★ | ● or ★[26] | | ★ | ★ | ★ | ★ | | | | | | | | | | | | | | | |
| Tuberculosis[27] | | | | ★ | | | ★ | | ★ | | | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Dyslipidemia[28] | | | | | | | | | | | | ★ | | | ★ | | ★ | | ★ | — | ● | — | ★ | ★ | ★ | ★ | ★ | — | — | — | ● | — |
| Sexually Transmitted Infections[29] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| HIV[30] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | — | — | ● | — | ★ | ★ | ★ |
| Hepatitis C Virus Infection[31] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ● | — | — | — |
| Cervical Dysplasia[32] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ● |
| **ORAL HEALTH[33]** | | | | | | | ●[34] | ●[34] | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | | | | | | | | | | | | | | |
| Fluoride Varnish[35] | | | | | | | — | — | — | — | ● | — | — | — | — | — | | | | | | | | | | | | | | | | |
| Fluoride Supplementation[36] | | | | | | | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | | | | |
| **ANTICIPATORY GUIDANCE** | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←●→ = range during which a service may be provided

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