

**FIRST AMENDMENT TO THE
MEDICAID PHYSICIAN AGREEMENT**

THIS AMENDMENT is dated July 01, 2019, and is between Aetna Better Health, Inc., a New Jersey corporation, on behalf of itself and its Affiliates (“Company”) and _____ (“Provider”).

WHEREAS, Company and Provider entered into a Medicaid Physician Agreement effective _____ (“Agreement”) for the provision of health care services to Members;

WHEREAS, Company and Provider desire to amend their Agreement as listed below in Compensation section, effective, July 01, 2019.

NOW, THEREFORE, in consideration of the mutual covenants and promises stated herein and in the Agreement, and other good and valuable consideration, Company and Provider agree as follows:

1. Section 1.0 (Compensation) of the Services and Compensation Schedule of the Agreement is hereby to include the following:

1.0 COMPENSATION:

New Jersey Medicaid and CHIP Plans:

The Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Division of Mental Health and Addiction Services, have developed a new program to cover and support Medication Assisted Treatment (MAT) – the Office Based Addictions Treatment (OBAT) program. The OBAT program is designed to enhance access and improve utilization of non-methadone MAT services for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for physicians providing these addiction services.

CPT Code	Description	Rate
90792 HF	Intake- One time per patient. Providers cannot bill for the enhanced E/M rate and 90792 HF for the same visit	\$438.17
99211 HF	May be billed during all stages from Initiation to maintenance only after intake (90792 HF) and not together	\$16.00
99212 HF	May be billed during all stages from Initiation to maintenance only after intake (90792 HF) and not together	\$49.06
99213 HF	May be billed during all stages from Initiation to maintenance only after intake (90792 HF) and not together	\$81.60
99214 HF	May be billed during all stages from Initiation to maintenance only after intake (90792 HF) and not together	\$119.85
99215 HF	May be billed during all stages from Initiation to maintenance only after intake (90792 HF) and not together	\$161.06
H0006 HFHG	Navigator - Intake - One time per patient	\$152.00
H0006 HFSU	Navigator - May be billed a week after Initiation phase. May be billed once per week (does not have to be consecutive) for a maximum of 6 weeks or until the next phase is billed	\$76.00
H0006 HF	May be billed 1st calendar month following final H0006 HF SU & each subsequent calendar month thereafter for as long as issues identified on the treatment plan remain unresolved.	\$76.00

2. All other terms and provisions of the Agreement not amended herein shall remain in full force and effect, without modification.
3. The Parties ratify and affirm the Agreement, and agree that it is in full force and effect as amended herein. In the event of any inconsistency between the terms of this Amendment and the Agreement, the terms of this Amendment shall govern and control.

Signatures on the following page

IN WITNESS WHEREOF, the Parties have caused this Amendment to be signed by their duly authorized officers as of the date indicated in the introductory clause.

“Navigator” services, an essential component of OBAT, were designed to reimburse PCP practices for addressing the patient’s psychosocial concerns and coordination of care. Navigator services are considered necessary to ensure successful treatment outcomes.

OBAT providers must employ Navigators (RN, LPN, SW, Baccalaureate degree with 2 years lived experience or an Associate degree with 4 years lived experience).

Facility

Aetna Better Health of New Jersey

By: _____

By: _____

Printed Name _____

Printed Name: Joseph W. Manger

Title: _____

Title: Chief Operating Officer

Date: _____

Date: _____

TIN: _____

NPI #: _____

Medicaid #: _____

Medicare #: _____