

WELCOME TO THE

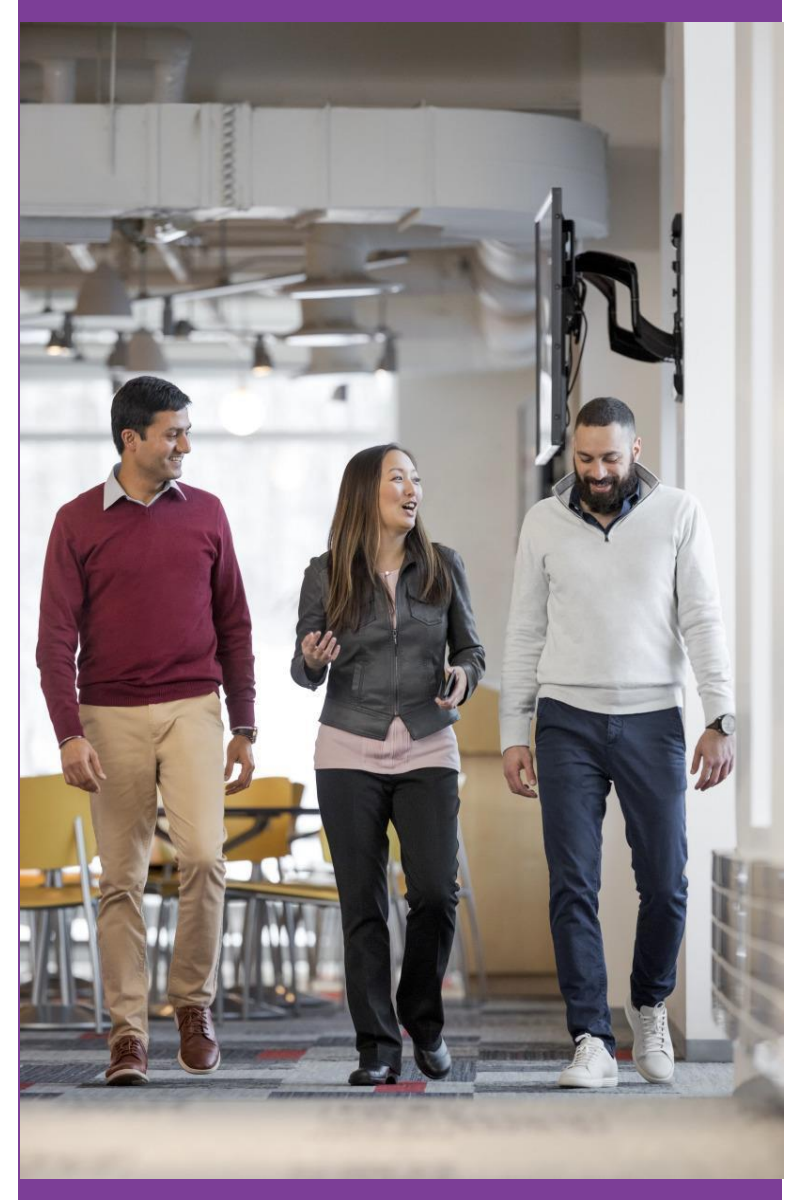
Aetna Assure Premier Plus (HMO-DSNP)

NJ FIDE LTSS and Waiver Provider Overview

Aetna Assure Premier Plus Overview for LTSS-Waiver Providers

Agenda

- Comparing Models
- Member Enrollment & Eligibility
- Provider Roles & Responsibilities
- Claims, Billing & Authorizations
- Secure Provider Portal
- Provider Resources



A photograph of two women walking down a set of stairs. The woman on the left is older, with short brown hair, wearing a red and white plaid button-down shirt. The woman on the right is younger, with long brown hair, wearing a purple polo shirt and a lanyard. Both are smiling and looking at each other. They are carrying several brown paper shopping bags. The background is a blurred outdoor setting with trees and a building.

Comparing LTSS Models

Comparing LTSS Models—What's the Difference?

	Home- and Community-Based Care	Facility-Based Care
What LTSS services can be provided?	Medical and personal services to help with daily living tasks	Medical and personal services to help with daily living tasks
Where does the patient live?	In their own home, or with a family member	In a facility designed to provide LTSS to patients who live there
Where are the services provided?	By caregivers who visit the home, or by going out to visit providers in the community	Many services are provided by onsite caregivers who work at the facility
Who are the paid or reimbursable caregivers?	Family members can sometimes be certified as live-in or visiting caregivers, depending on the state's requirements. Other care can be provided by medical providers in the community	Caregivers are the professional medical staff who work at or visit the facility



Member Enrollment & Eligibility

Enrollment Qualifications

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan. It is a special type of Medicare Advantage Plan that provides both Medicare and Medicaid health benefits to New Jersey Members who qualify for Medicare and NJ FamilyCare (Medicaid services) and who live in our plan's service area.

Aetna Assure Premier Plus (HMO D-SNP) covers all of the Member's Medicare, NJ FamilyCare (Medicaid), Managed Long Term Services and Supports, and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one identification card, and no deductibles, coinsurance, or copays for plan-covered services or prescription drugs.

Member Eligibility and Benefits

Who is eligible for NJ FIDE-SNP?

- Eligible for Medicare; entitled to Medicare Parts A and B;
- Eligible for NJ FamilyCare (Medicaid);
- Have QMB+ or FBDE (Full Benefit Dual Eligible) status; and
- Reside anywhere in the state of NJ

What Care Management Services do FIDE-SNP Members Receive?

- Members enrolled in a FIDE-SNP plan have a dedicated care manager who will serve as their main point of the contact with the plan. The Care Manager will lead an Interdisciplinary Care Team (ICT) that works together to help each Member receive the most appropriate, highest quality of care. Each Member has an Individualized Care Plan (ICP) based on the results of their comprehensive Health Risk Assessment (HRA).

When can a Member enroll in a FIDE-SNP?

- FIDE-SNP Members have Special Enrollment Periods (SEP) which allow them to enroll, disenroll or switch plans once a quarter for the first three quarters of the year. Enrollment changes become effective the first day of the following month. *Please note:* Members may move from a standalone Medicaid Plan to FIDE SNP Plan, therefore Providers may have new enrollees throughout the year.

What if a Member loses Eligibility?

- If a Member loses their Medicaid eligibility, our plan will continue to cover the Member's Medicare benefits for a period of deemed eligibility for six (6) months. The plan will also continue to cover Medicare cost-sharing during this time, however, during this period, Medicaid-only benefits may not be covered by our plan. To find out if a benefit is Medicaid only, or to find out if it will be covered, you can call **1-844-362-0934**

ID Cards & Enrollment

Members should present their Aetna Assure Premier Plus (HMO D-SNP) ID card at the time of service. Providers should always confirm eligibility prior to rendering services. The Member ID card contains the following information:

- Member Name, MMIS ID Number
- Health Plan ID Number
- PCP Name, PCP Phone Number
- Claims address
- Emergency Contact Information for Member
- Health Plan Name
- Aetna Assure Premier Plus (HMO D-SNP) Logo, Aetna Assure Premier Plus (HMO D-SNP) Website
- RX Bin Number, RX PCN Number, RX Group Number

No out-of-network benefits exist for these plans unless the member follows the approval process by contacting Member Services directly. Members do not need referrals to see in-network providers

Sample ID Card

Front:

Aetna Assure Premier Plus
(HMO D-SNP)



Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>
Issue Date: <Issue Date>

PCP: \$0 Copay
Specialist: \$0 Copay
Emergency Room: \$0 Copay
Urgent Care: \$0 Copay
Dental: \$0 Copay

Issuer: 80840
RxBIN: 61052
RxPCN: MEDDAET
RxGrp: RXAETD

MedicareRx
Prescription Drug Coverage 
H6399-001

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

Back:

Important Information: In case of an emergency, call 911 or go to the nearest emergency room (ER). Prior authorization is not required for emergency services.

For Members

Member Services: **1-844-362-0934 (TTY: 711)**
Behavioral Health Crisis: **1-844-362-0934 (TTY: 711)**
Care Management: **1-844-362-0934 (TTY: 711)**
24-Hour Nurse Advice: **1-844-362-0934 (TTY: 711)**
Dental Services: **1-844-362-0934 (TTY: 711)**
Website: AetnaBetterHealth.com/New-Jersey-hmosnp

For Providers

Medical	Pharmacy
Eligibility Verification: 1-844-362-0934 (TTY: 711)	Pharmacy Help Desk: 1-800-238-6279 (TTY: 711)
Prior Authorization: 1-844-362-0934 (TTY: 711)	Claim Inquiry: 1-844-362-0934 (TTY: 711)

Submit claims to:
Aetna Assure Premier Plus (HMO D-SNP)
P.O. Box 61925
Phoenix, AZ 85082-1925



A healthcare provider in blue scrubs with an ID badge is talking to an elderly woman on a staircase. The woman is wearing a striped shirt and a cardigan. The scene is overlaid with a purple tint.

Provider Roles & Responsibilities

Provider Roles & Responsibilities

- Aetna Assure Premier Plus (HMO-DSNP) participating providers are contractually obligated to comply with all guidelines and laws outlined in their Contract and in their Provider manual.
- The quality of our network and the ability to provide excellent service is dependent on having accurate provider data. Please update us if you have any change of address, telephone number, or other demographic information as soon as possible.



Provider Training Requirements

All FIDE-SNP plans are required to have an approved Model of Care. Providers must take a mandatory Model of Care Training required by CMS each year. A simple Attestation Statement is provided within this training document as well to make it easy for you to get credit for completing the course.

You can take the training and record your attestation here on our website: [Welcome Providers](#)

Additional training, resources and information can also be located on our website. Including:

- Provider News
- Memos / notices
- Quarterly provider newsletter
- Clinical guidelines
- Fraud, Waste & Abuse education



A woman with long brown hair, wearing a pink sweater, is sitting at a wooden desk. She is smiling and looking at a small black and white dog sitting on her lap. Her right hand is on the laptop keyboard, and her left hand is petting the dog. On the desk, there is a white mug and a laptop. In the background, there is a large window with a view of green trees. The text "Claims, Billing & Authorizations" is overlaid in white, bold, serif font across the middle of the image.

Claims, Billing & Authorizations

Understanding Authorizations

- Waiver services are only paid if there is a current authorization in place in the name of the rendering provider.
- A Care Manager will reach out to you directly to provide authorization for a member needing personal care services. Authorizations for personal care services generally last for 6 months.
- We will send a fax out to providers in the area to bid on chore services. Responses are required within 3 business days. If your bid is approved, an authorization for chore services will be issued. These authorizations generally last for 12 months.
- Should a member require additional services, and an authorization is nearing its end date, please reach out to the assigned care manager for additional authorization. Please note that authorization dates can not overlap.

If you have general questions or are unable to reach a care manager directly, you may e-mail the general case management mailbox at NJ_FIDE_SNP_CM@Aetna.com

Tips for Submitting Claims

- Bill only for the procedure codes and diagnosis codes that are included on your authorization. Do not submit an invoice, but please save them in case of a future audit.
- Include your authorization number in Box 23
- Places of service that are acceptable are 11 (office), 12 (home) or 99 (other)
- It is highly recommended that you obtain an NPI number (National Provider ID number) to ensure seamless billing and faster claims processing and payment.
- An NPI number will make electronic claims easier to submit and speed up payment. To request an NPI, [Click Here for NPI](#)
- Please note, that MMP members do not have a copayment and can not be balance billed. Should you have any questions about claims payment, you may e-mail Case Management directly at NJ_FIDE_SNP_CM@Aetna.com

Claim Submission

Both electronic and manual claim submissions are accepted. To assist us in processing and paying claims efficiently, accurately and timely, we encourage Providers to submit claims electronically.

To facilitate electronic claims submissions, we have developed a business relationship with Change Healthcare. Aetna Assure Premier Plus (HMO D-SNP) receives Electronic Data Interchange (EDI) claims directly from this clearinghouse, processes them through pre- import edits to maintain the validity of the data, HIPAA compliance and Member enrollment, and then uploads them into our business application system each business day.

Within twenty-four (24) hours of file receipt, we provide production reports and control totals to trading partners to validate successful transactions and identify errors for correction and resubmission.

Check Claim Status: You can contact Claims Inquiry/Claims Research Phone: **1-844-362-0934** or you may use the [Availity Provider Portal](#).

Connect Center: A Free Online Claims Clearinghouse.



To streamline and refine claims processing and improve claims payment turnaround time, we encourage Providers to electronically submit claims, through Change Healthcare using the WebConnect tool which can be found on our website: [Welcome Providers](#)

Please use the following Submitter (Payer) ID when submitting claims to us for both CMS 1500 and UB-04/1450 forms. You can submit claims via WebConnect by visiting the Claims Submission portal at <https://www.changehealthcare.com/>. Before submitting a claim through your clearinghouse, please make certain that your clearinghouse is compatible with Change Healthcare.

➤ Submitter (Payer) ID# **46320**

Paper Claims Submission Providers can submit hard copy CM 1500 or UB-04/1450 claims directly to us via mail at the following address:

Aetna Assure Premier Plus (HMO D-SNP)

PO Box 61925

Phoenix, AZ 85082

What is a “Clean Claim”?

- To best ensure timely and accurate payment of your claim, submit a “clean claim”
- A “clean claim” is defined as one that can be processed (adjudicated) without obtaining additional information from the service provider or from a third party.
- This does not include claims submitted by providers under investigation for fraud or abuse or for claims that are under review for medical necessity.
- Clean claims are processed according to the following timeframes:
 - 90% of clean EDI (electronic) claims adjudicated within 30 days of receipt
 - 90% of clean paper claims adjudicated within 90 days of receipt

Corrected Claims & Claim Resubmissions

- Corrected claims require a resubmission code of “7” in Box 22, along with the original claim reference number.
- Failure to submit a corrected claim will result in a duplicate claim denial.
- Corrected claims must include all lines from the original claim, not just the line item(s) to be corrected.
- Corrections must be made within 120 days from the date of service.



EFT (Electronic Funds Transfer) Payments

For faster payment with direct deposit into your bank account, we recommend that you sign up for electronic payments (EFTs).

The form can be found [HERE](#) on our website.

Please fax the form to Aetna Assure Premier Plus finance @ **1-844-721-0622**

Or email NJ_FIDESNP_Providers@aetna.com

Providers who do not sign up for EFT payment may receive payment by VCC (Virtual Credit Card) as we transition away from paper checks.

These VCCs will be included with your explanation of payment. They will need to be manually keyed into a credit card machine for you to get access to your funds. Any applicable credit card fees will apply.

Provider Dispute Process

What is a Provider Dispute?

A Provider Dispute is a request to review a denied service. Providers can dispute our decision if service was denied or reduced. Provider disputes must be received via Mail or Availity Web Portal within ninety (90) days of the action taken by Aetna Assure Premier Plus, giving rise to the appeal. The dispute form can be found on our website [HERE](#).

Response Time?

- Disputes: average 30 business days
- Disputes are reviewed by a party not involved in original decision and not subordinate to the original decision maker

Please go through the dispute process first, before reaching out to your assigned Provider Representative for assistance.

Disputes can be sent by mail to:

Aetna Assure Premier Plus (HMO D-SNP)

P.O. BOX 61925

Phoenix, AZ 85082



Availity Provider Portal

Availity Secure Provider Portal

- If you are already registered with Availity, you will simply select Aetna Assure Premier Plus Plan from your list of payers to begin accessing the portal and all the features
- If you are not registered, we recommend that you do so immediately under “Providers” at the link below:
<https://www.availity.com/Essentials-Portal-Registration>
- For registration assistance, please call Availity Client Services at **1-800-282-4548** between the hours of 8:00am and 8:00pm Eastern, Monday – Friday (excluding holidays)

The Availity Secure Provider Portal allows providers to:

- Request portal access
- Verify member eligibility
- Check claim status
- File a dispute / submit supporting documentation

A photograph of two women walking down a set of stairs. The woman on the right is wearing a purple polo shirt with an Aetna logo and a lanyard, and is holding a brown paper bag. The woman on the left is wearing a red plaid shirt and is also holding a brown paper bag. They are both smiling and looking at each other. The background is a blurred outdoor setting with a tree and a building.

Provider Resources

Provider Relations

Our provider Relations staff is available to you Monday - Friday 8 AM - 5 PM to assist you on any facets of your relationship with Aetna Assure Premier Plus Plan.

You can reach Provider Relations via:



Provider Services Phone Number: **1-844-362-0934**



Email: NJ_FIDESNP_Providers@aetna.com



Each participating provider group is also assigned a Provider Relations Liaison who can assist with any escalated claim questions or other concerns.

Visit Our Website

Providers can access the Aetna Assure Premier Plus website at <https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html>

There you'll find tools and resources to make doing business with us quick and simple.

We've listed a few of the tools found on the "Resources" tab below:

- Provider Portal
- Provider Manual
- Notifications and Newsletters
- Document Library
- Provider Education
- Clinical Guidelines
- Forms

Welcome providers

At Aetna Assure Premier Plus (HMO D-SNP), we're changing the way people in New Jersey get health care. We bring our national health care experience to our members' communities. On this page, you'll find resources for providers, administrators and health care professionals.

[Join our network](#)

Provider Manual

The provider manual contains plan policies, procedures and benefits. You'll also find general reference information such as the minimum standards of care required of Plan providers.

The most current version of the provider manual is available [HERE](#) on our website.

To request a copy of the provider manual by email, USPS mail or for general questions, simply contact our Provider Relations Department.

Email: NJ_FIDESNP_Providers@aetna.com



Aetna Assure Premier Plus
(HMO D-SNP)

2022-2023 New Jersey Provider Manual



Additional NJ Department of Human Services Resources:

- Website: [Website](#)
- Programs/Services: [Programs/Services](#)
- NJ Family Care: [NJ Family Care](#)

Thank You



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