



**Aetna Assure Premier Plus
(HMO D-SNP)**

2023-2024 Provider Orientation



Agenda

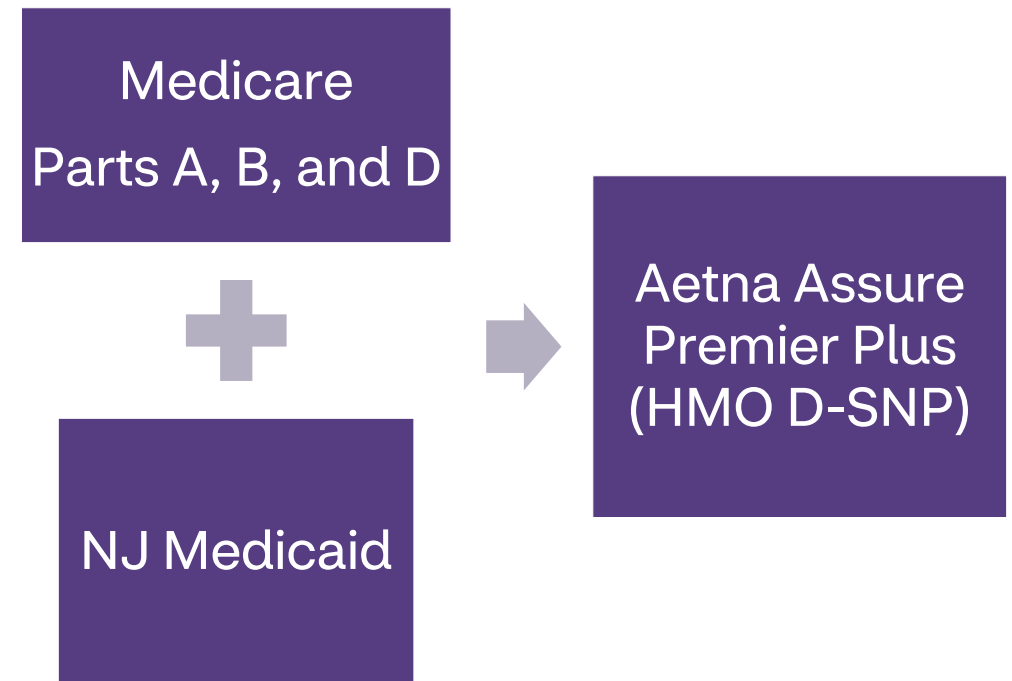
- **Overview**
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Aetna Assure Premier Plus (HMO D-SNP) Overview

Aetna Assure Premier Plus (HMO D-SNP) is a Medicare Advantage plan that covers all Medicare and Medicaid services including prescription drugs, behavioral health, Managed Long Term Services and Supports (MLTSS) and additional supplemental benefits at \$0 cost sharing for all members. This plan serves all 21 counties in New Jersey.

Plan Features

- Coverage of all Medicare and Medicaid benefits including prescription drugs, behavioral health and Managed Long-Term Care Services and Supports (if applicable)
- For Additional enhanced benefits including an Extra Benefits Card with a \$305/monthly benefit for groceries, over-the-counter items, utilities, and rent, a fitness program, PERs, \$150 annual allowance for fall prevention items and Meals after discharge
- \$0 cost sharing for all covered services and prescription drugs
- All members have access to a dedicated Aetna care manager
- No referrals for specialists
- In-network primary care provider selection required



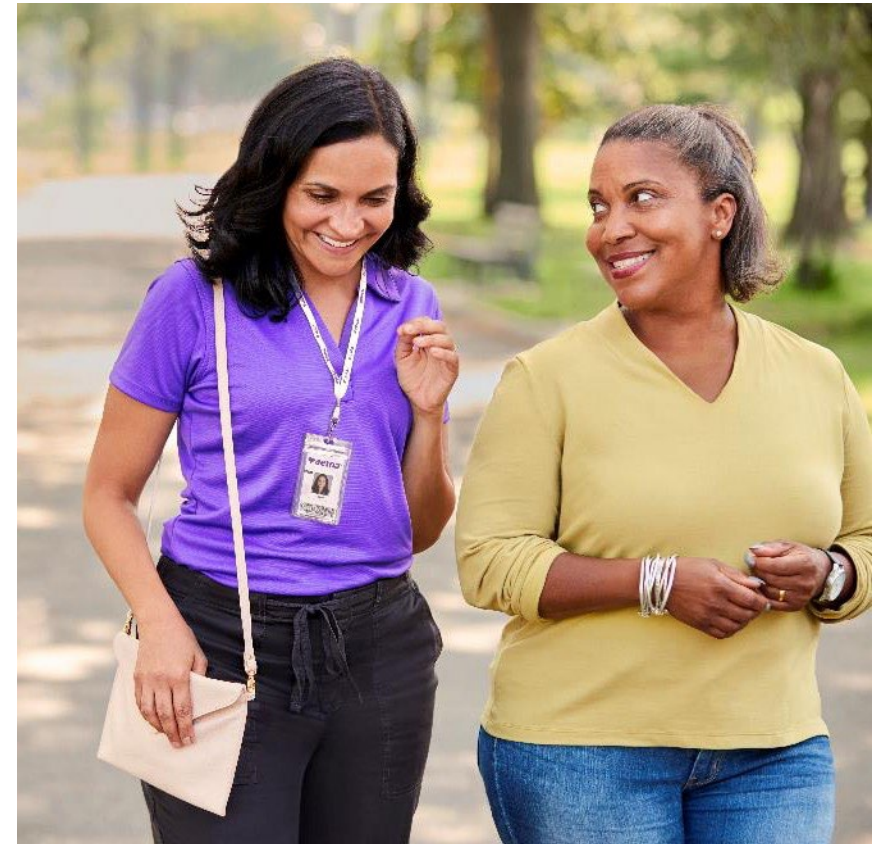


Member Eligibility to join HMO D-SNP

To join the NJ HMO D-SNP the member must:

- Have Medicare Parts A and B
- Have full NJ Medicaid benefits
- Be a full-time New Jersey resident and live in the plan's service area
- Not be enrolled in a PACE program

When a member enrolls in an HMO D- SNP, he or she will be automatically disenrolled from original Medicare or any Medicare Advantage plan in which they may be enrolled, their NJ FamilyCare (Medicaid) plan, their Part D prescription drug plan, and all their Medicare and Medicaid benefits will be covered by the HMO D-SNP.



Member ID Card

The Aetna Assure Premier Plus (HMO D-SNP) member card represents coverage for both Medicare and/NJ Medicaid, which may include MLTSS (if applicable)

Aetna Assure Premier Plus (HMO D-SNP) – An Aetna Medicare Plan



Member Name: PCP: \$0 Copay
Member ID: Specialist: \$0 Copay
Effective Date: Emergency Room: \$0 Copay
Issued Date: Urgent Care: \$0 Copay
Dental: \$0 Copay

Issuer: 80840
Rx Bin: 610502
PCN: MEDDAET
Rx Grp: RXAETD

PCP Name:
PCP Phone:

Dental Provider: LIBERTY Dental



H6399-001

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:	AetnaMedicare.com/NJDSNP

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 982967
El Paso, TX 79998-2967

H6399-001

Use the member ID number on the Aetna Assure Premier Plus (HMO D-SNP) when submitting claims for reimbursement. One phone number for member services, care management, provider services and other key plan contacts.



Large and Trusted Network

- The Aetna Assure Premier Plus (HMO D-SNP) Network closely mirrors, but is not the same as, Aetna Medicare Network. Members can utilize the plan-specific [provider directory](#).
- The network consists of Aetna NJ Medicare and Medicaid providers statewide.
- Includes over 56,000 in-network providers across the New Jersey tri-state area.
- 31 CVS HealthHUBs® and over 37 CVS MinuteClinics® providing general medicine, urgent care and telehealth services in New Jersey.
- A Dental Network through Liberty Dental with access to over 1,000 providers available throughout New Jersey.
- A Vision Network through March Vision with access to 100 providers in New Jersey.
- A Laboratory Network, including independent labs, Lab Corp, and Quest Labs, are in-network.
- Access to over 67,000 in-network pharmacy locations in our national pharmacy network.



Network Participation

- Aetna Medicare Advantage contracted providers participate in Aetna's Assure Premier Plus Network and should accept members for the provision of Medicare services.
- Aetna Better Health of New Jersey (Medicaid) providers, may participate in the Aetna Assure Premier Plus Network if a notice is received adding the product to your agreement.
- To check your participation status, please visit the Availity provider portal or call provider services at **1-844-362-0934**.

Model of Care

Provider partners are an invaluable part of the interdisciplinary care team. Our HMO D-SNP Model of Care (MOC) offers an opportunity for us to work together for the benefit of our member, your patient, by:

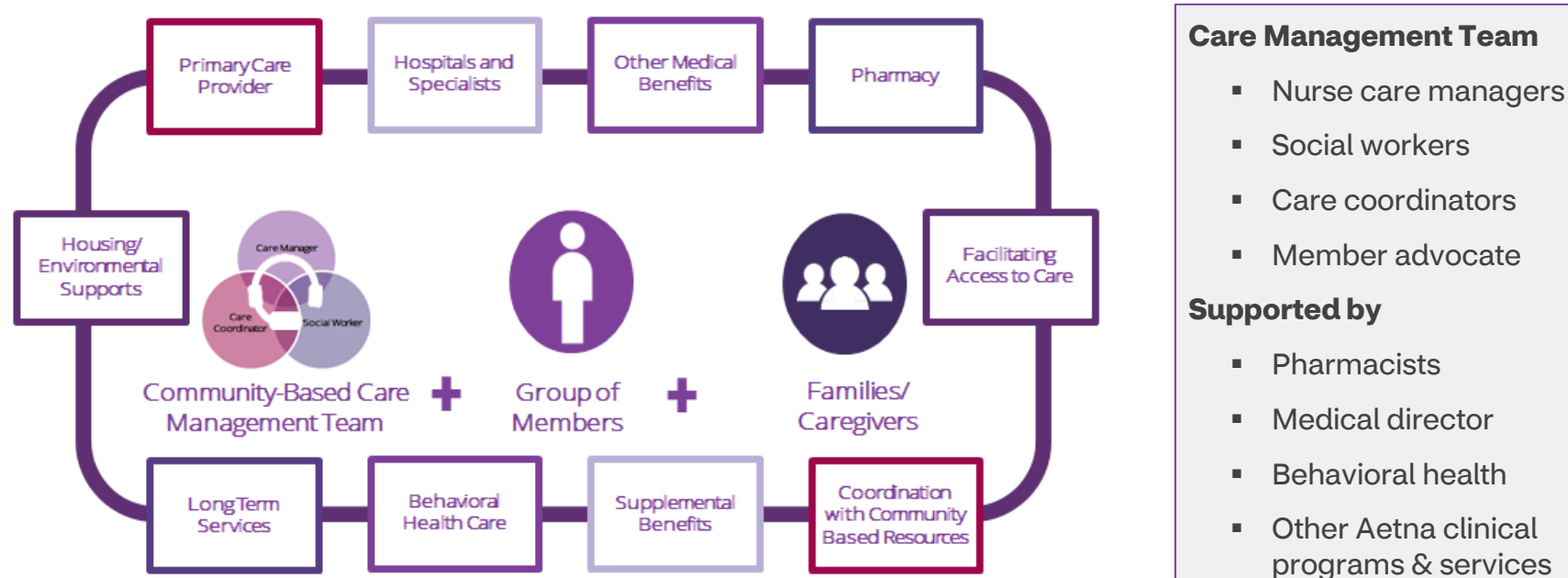
- Completing the Health Risk Assessment annually
- Enhancing communication
- Focusing on each individual member's special needs
- Delivering care management programs to help with the patient's medical and non-medical needs
- Supporting the member's plan of care

The training can be downloaded [here](#).

Care Management Program

The Aetna DSNP Care Management Program extends beyond traditional case and disease management programs, offering personal, comprehensive support for 100 percent of DSNP members by offering:

- An integrated team-based care management model with a personal touch
- A Balanced clinical approach that integrates medical, functional, environmental, behavioral health and psycho-social needs through a core care management team



Member Care Team

Our personalized, holistic and local care management strategy

Every member is supported by a dedicated DSNP Care Team by offering:

- A Comprehensive health risk assessment
- An Individualized and personalized care plan
- Transitional care if discharged from the hospital
- Assistance with accessing community resources and support
- Help navigating the health care system
- Provide Long Term Services and Supports to members that qualify

Our care team



Registered nurse

Assesses member needs and risk levels; develops and oversees care plan



Social worker

Identifies and addresses social determinants of health



Care coordinator

Completes initial outreach, Health Risk Assessment and assists with benefit navigation and appointment scheduling



Member advocate

Assists member with Medicaid recertification and accessing benefits



Provider Role In The Care Management Program

- Communicate with D-SNP care managers, ICT members, members and caregivers
- Collaborate with our organization on the ICP
- Review and respond to patient-specific communication
- Maintain ICP in member's medical record
- Participate in the ICT
- Remind the member of the importance of the HRA, which is essential in the development of the ICP
- Encourage the member to work with their care management team
- Complete MOC training upon onboarding and again annually. MOC training can be downloaded [here](#)



One Plan, One Card, Complete Coverage

Aetna Assure Premier Plus (HMO D-SNP) members show one card to receive all services covered by the plan

Medicare Parts A, B, and D	Aetna Assure Premier Plus Medicare Supplemental	Medicaid	Medicaid MLTSS (if applicable)
<ul style="list-style-type: none"> • PCP visits • Specialist visits • Inpatient/outpatient hospital • Emergency & urgent care • X-rays and diagnostic radiology • Lab services • Ambulance • Therapy (PT/OT/ST) • Prescription coverage 	<ul style="list-style-type: none"> • \$305/monthly Extra Benefits card for food, over-the-counter items, rent, transportation, personal care supplies, and utilities • \$150 Fall prevention annual allowance • Wigs reimbursement, up to \$400 • Virtual medical visits – members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic® video visit. • Fitness program • Personal emergency response – medical alert system • Meals at home • 24-hour nurse line • Annual routine physical exam • Worldwide emergency and urgent coverage 	<ul style="list-style-type: none"> • Medicare cost share covered for all members, including Part D copays • Additional coverage beyond Medicare limits • Preventive and comprehensive dental • Hearing services • Vision services • Podiatry (routine) • Chiropractic care • Behavioral health services • Acupuncture • Transportation • Medical day care • Personal care assistance • Additional pharmacy covered items 	<ul style="list-style-type: none"> • Assisted living services and programs • Caregiver/participant training • Chore services • Community residential services • Community transition services • Home-based supportive care • Home delivered meals • Medication dispensing device • Residential modifications • Respite care • Social adult day care • Structured day program • Supported day services • TBI behavioral management • Non-medical transportation • Vehicle modifications

Members will also receive a dental ID card with their assigned Primary Care Dentist (PCD). Members can change their PCD at any time. This card is for reference of the PCD and dental information. Members can use their plan ID card to receive any care, dental or otherwise.



Benefits in New Jersey

Additional benefits for Aetna Assure Premier Plus (HMO D-SNP) enrollees:

Extra Benefits Card

Members will receive an Extra Benefits Card in the mail that can be used to buy healthy foods and over-the-counter (OTC) items, rent, transportation, personal care supplies, and utilities. Member will receive:

- \$305 every month for eligible OTC items

Fall Prevention

\$150 annual allowance to purchase approved home and bathroom safety products online or by phone.

Virtual medical visits

Members can schedule a Teladoc appointment at [Teladoc.com/Aetna](https://teladoc.com/Aetna) or by calling 1-855-TELADOC (1-855-835-2362) (TTY: 711) or MinuteClinic® Video Visit which is available 24/7 via the CVS app or at by visiting the [Minute Clinic Website](#).*

Fitness programs

SilverSneakers® gives members access to a large network of fitness centers, community classes, on-demand videos and at-home fitness kits.

Personal emergency response system (PERS)

LifeStation® is a medical alert system that provides users with 24/7 access to help in the event of a fall or other emergency. Includes GPS and fall detection at no additional cost.

Meals at Home

Members can receive 28 meals over 14 days after an inpatient hospital discharge or skilled nursing stay.

Aetna 24-Hour Nurse Line

Member can get guidance and support on your basic health care questions, 24 hours a day, 7 days a week.

Worldwide urgent and emergency coverage

*Available in New Jersey for select conditions. Other restrictions apply. To receive these services, you will be connected to a trusted third-party provider.

Verifying Member Enrollment

To see if the patient is enrolled and to check their eligibility dates you may do one of the following:

Verify by Phone

Call our Provider Services team at **844-362-0934**. Please provide the following information:

- Your National Provider Identifier (NPI) or Tax ID number
- Name of care provider practice or facility
- Member ID number, if you have it
- Member name
- Member date of birth

Verifying through Availity

Register for our Availity (our secure portal) which features an eligibility lookup tool. Providers will need to fill out and submit the [portal registration form](#).

A link to Availity is also located on our [Provider Portal Website](#).



Claims Submission

We have an automated system for processing claims for members enrolled in Aetna Assure Premier Plus (HMO D-SNP).

- Using the member's ID number from the plan ID card, you'll only need to submit **one claim**. Your claims will automatically be processed first against the Medicare benefits and then against the Medicaid benefits.
- You'll receive two provider remittance advices (PRAs), one for Medicare and one for Medicaid. There's no need to resubmit a secondary claim to Aetna.
- We encourage participating providers to electronically submit claims through Change Healthcare. Use submitter ID **#46320** when submitting claims to Aetna Assure Premier Plus (HMO D-SNP).

Claims can be submitted three ways:

- **Your own claim clearinghouse**
 - Ensure that your clearinghouse is compatible with Change HealthCare using the 837 file format.
 - Please use Submitter ID **#46320** when submitting electronic claims
- **Availity**
 - Information on Availity can be found at the [Provider Portal Website](#)
- **Paper Claims**
 - Please use Submitter ID **#46320** when submitting paper claims
 - **Aetna Assure Premier Plus (HMO D-SNP)**
PO Box 982967
El Paso, TX 79998-2967

Tips for Submitting Claims

- Confirm member's eligibility before rendering services.
- 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
 - It 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 claims adjudicated within 30 days of receipt
 - 90% of clean paper claims adjudicated within 90 days of receipt
- If providers have an approved authorization for a claim, include the authorization number on all claim lines pertaining to the authorization.

Billing Medicare vs Medicaid

Providers should only bill Aetna Assure Premier Plus for amounts due for any services covered under the member's plan. As a Medicare Advantage plan, Aetna Assure Premier Plus is responsible for providing payment for Medicare covered services (up to existing Medicare reimbursement rates).

- Participating Medicare providers will be compensated in accordance with their executed contract terms and conditions that you will find in the Medicare service and compensation schedule.
- Aetna Assure Premier Plus provides payment for Medicare services up to existing Medicare reimbursement rates.
- Aetna Assure Premier Plus is also responsible for payment of New Jersey Medicaid benefits. Medicaid-only covered services will be reimbursed according to existing Medicaid rates.
- For Medicare covered services, Aetna will reimburse providers for Medicare primary payment (up to the existing Medicare Advantage contracted rates) and then adjudicate for Medicaid secondary payment (up to the Medicaid allowable rates). Providers do NOT need to have a NJ Medicaid ID from the state to receive Medicaid cost sharing.
- If the claim is eligible for both Medicare and Medicaid reimbursement, payment for the Aetna Assure Premier Plus (HMO D-SNP) plan will be made on separate checks: one check from Medicare and one check from Medicaid.

Non-Medicaid Participating Providers

- If you are billing Medicare covered services as primary, there is nothing to do.
 - You do not need to have a Medicaid contract to receive primary Medicare cost sharing.
 - You do not need to have a New Jersey Medicaid ID from the state to receive Medicaid cost sharing.
- If you are billing services that are primary to Medicaid (i.e., services that are not Medicare eligible), registration is required to receive payment. Either registering or obtaining an Active Medicaid ID is sufficient to receive a Medicaid payment for Medicaid primary services.
 - If you already have an Active Medicaid ID with New Jersey, there is no action needed to receive Medicaid payment.
 - If you need a Medicaid ID, please visit the registration site at njmmis.com/providerRegistration.aspx.

Balance Billing

Providers should only bill Aetna Assure Premier Plus for amounts due for any services covered under the member's plan. As a Medicare Advantage plan, Aetna Assure Premier Plus is responsible for providing payment for Medicare covered services (up to existing Medicare reimbursement rates).

- Providers may not bill members for any Medicare or Medicaid covered services.
- Members are not responsible for Medicare cost sharing under CMS regulations.
- Medicare cost sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

EFT and ERA Setup

Aetna Assure Premier Plus is partnering with Change Healthcare to introduce the new EFT/ERA Registration Services (EERS), a streamlined way for our providers to access payment services.

What is EERS?

EERS offers providers a standardized method of electronic payment and remittance. Providers will be able to use the Change Healthcare tool to manage ETF and ERA enrollments with multiple payers on a single platform.

How does it work?

If a provider's tax identification number (TIN) is active in multiple states, a single registration will auto-enroll the payee for multiple payers. Registration can also be completed using a national provider identifier (NPI) for payment across multiple accounts. Providers with pending applications will not need to resubmit.

Current users of Change Healthcare as a "clearinghouse" will still need to complete EERS enrollment. Once enrolled, payees will have access to the Change Healthcare user guide to aid in navigation of the new system.

How do I enroll?

To enroll in EERS, please visit [Change's Payer Enrollment Services](#)

Timely Filing

In accordance with contractual obligations, claims for services provided to an enrollee must be received in a timely manner. Our timely filing limitations are as follows:

New claim submissions – Claims must be filed on a valid claim form within your contracted timely filing timeframe. This is from the date services were performed, unless there is a contractual exception. For hospital inpatient claims, date of service means the date of discharge of the enrollee.

Claim Resubmission – Claim resubmissions must be filed within your contracted timely filing period. The only exception to this is if a claim is recouped, the provider is given an additional contracted days from the recoupment date to resubmit a claim. Please submit any additional documentation that may effectuate a different outcome or decision.



Prior Authorizations

In certain instances, an authorization may be necessary before care or services are covered. When prior authorizations are required, providers may send the corresponding authorizations and supporting evidence to the following addresses:

Pharmacy

Address: Aetna Assure Premier Plus
Part D Coverage Determinations Dept.
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
Phone: 1-844-362-0934
Fax Number: 1-844-814-2260

[Part D Authorization Form](#)

Medical Authorization

Phone: 1-844-362-0934
Fax Number: 1-833-322-0034

[Medical Authorization Form](#)

Home Health Authorization

Phone: 1-844-362-0934
Fax Number: 1-844-814-2260

[Home Health Authorization Form](#)

For preliminary information on whether a service is covered with or without authorization, utilize the [ProPat system](#) to enter services codes and see whether authorization is needed.

Provider Disputes

If you are a Contracted Provider, you may use the [Dispute Form](#) found online to have your claim reconsidered. You may submit through the **portal** or by **mail**. For faster processing, you may also submit a dispute through Availity.

Please fill the form out completely and accurately for proper handling of your Dispute. Disputes can be sent by mail to:

Aetna Assure Premier Plus (HMO D-SNP)

P.O. Box 982967

EL Paso, TX 79998-2967

Incomplete or missing information may cause decisions to be upheld or returned. Common mistakes include:

- Incorrect Denial of Claim or Claim Line(s)
- Incorrect Denial of Authorization Code or Modifier Issue
- Medical Necessity
- Incorrect Rate Payment

Your Dispute must include:

- The completed form
- Factual or legal basis for appeal statement
- Copy of the original claim
- Copy of the remit notice showing the claim denial
- Any additional information (clinical records, required documentation) or Medicaid references as needed

Provider Portal

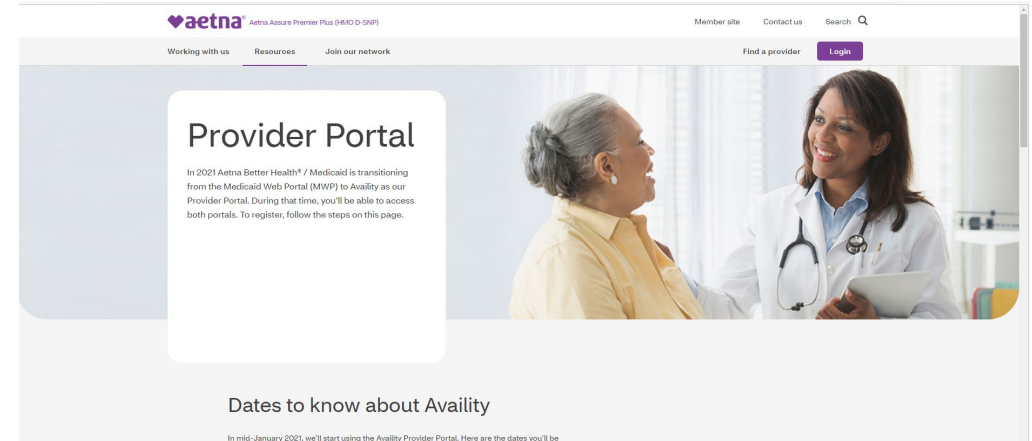
If you are already registered in Availity, you will simply select **Aetna Better Health** for Aetna Assure Premier Plus (HMO D-SNP) from your list of payers to begin accessing the portal and all of the features. When using Availity services, be sure to select **Aetna Better Health** in any payer dropdown

Find out more at the [Aetna Assure Premier Plus \(HMO D-SNP\) Provider Portal Website](#)

If you are not registered, we recommend that you do so immediately by going to the above portal location.

Providers can:

- Verify member eligibility
- Review Claims
- Access Gaps-In-Care Reports
- Update provider panels
- Submit and review Appeals
- Update provider demographics
- Submit disputes



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](#) or on our [Forms and Resources Page](#).

To request a copy of the provider manual by email, USPS mail or for general questions, simply contact our Provider Relations Department at **844-362-0934** or by email at NJ_FIDESNP_Providers@aetna.com.



Aetna Assure Premier Plus
(HMO D-SNP)

2023-2024 New Jersey Provider Manual



Provider Responsibilities

- **Enrollee Privacy Rights**
- **Enrollee Privacy Requests**
- **Advanced Directives**
- **Provider Marketing**
- **Cultural Competency**
- **Health Literacy**
- **Alternative Formats**
- **Americans with Disabilities Act**
- **Abuse and Neglect**
- **Roster Updates**
- **Fraud, Waste, and Abuse**

Provider Responsibilities (continued)

Enrollee Privacy Rights and Requests

- Uphold the privacy requirements of HIPAA when members exercise privacy requests.
- Make information available about the Aetna Assure Premier Plus (HMO D-SNP) practices regarding their PHI.
- Maintain a process to request access, change, or restrict disclosure of PHI.
- Consistently respond to privacy requests within required time standards.
- Document requests and actions taken.

Advanced Directives

The advance directive must be prominently displayed in medical records. Must include:

- Providing written information on individual's rights under state law to make medical decisions.
- Written policies about advance directives (including conscientious objections).
- Documenting whether member's advance directive has been executed.
- Members may not be discriminated against due to advance directive decisions and providing unconditional care.

Provider Responsibilities (continued)

Provider Marketing

- Aetna may not conduct sales activities in healthcare settings.
- Providers may discuss NJ Medicaid plans in response to an inquiry.
- Providers are encouraged to display enrollee materials of participating plans.
- Refer patients to 1-800-MEDICARE, Enrollment Broker, or CMS's website

Providers may:

- Educate on plan benefits and policies
- Refer to sources within Aetna
- Discuss participating status

Providers may not:

- Accept applications
- Induce enrollments
- Accept direct marketing compensation

Provider Responsibilities (continued)

Cultural Competency and Health Literacy

- Care without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay or ability to speak English.
- Treat all enrollees with dignity and respect.
- Participating providers are required to identify language needs and provide translation, oral or sign language interpretation.

Aetna makes its language interpretation and sign language services available for free. Contact **844-362-0934** to access those services.

- Culturally and Linguistically Appropriate Services (CLAS) available at the [Think Cultural Health](#) site

Alternative Formats

- Large print, Braille, and alternative media for plan materials
- Contact Provider Services at **844-362-0934** or by email at NJ_FIDESNP_Providers@aetna.com

Provider Responsibilities (continued)

Americans with Disabilities Act

- Obligation to provide reasonable accommodations to those with hearing, vision, cognitive, and psychiatric disabilities
- Waiting room and exam room furniture meets needs of all enrollees, including those with disabilities.
- Accessibility by public transportation routes
- Clear signage
- Appropriate accommodations such as large print materials
- Additional Resources at the [Americans With Disability](#) website

Updating Provider Panels

- Providers may not close their panels immediately upon contracting with Aetna Assure Premier Plus (HMO D-SNP).
- If the PCP office employs Certified Registered Nurse Practitioners/Provider Assistants, then the Provider site will be permitted to add an additional number of members to the panel.
- Providers should update panels regularly through the Provider Experience department or through the [Provider Portal](#)

Provider Appointment & Access Standards

Provider Appointment Standards

Aetna Assure Premier Plus monitors provider compliance to appointment availability standards

- Routine, preventive care available within 28 days for most providers from request
- Urgent care appointments, not deemed an emergency medical condition, triaged, and if deemed necessary, provided within 24 hours
- Appointment not deemed serious (non-urgent complaints) within 28 days
- Post-hospitalization or emergency department visits within 7 days of discharge

Provider Access Standards

- Aetna Assure Premier Plus members require access to their medical home/PCP, including after hours and on weekends (“live person” and no answering machines). Provider voicemail messages should direct members to the emergency room in cases of emergency
- Aetna Assure Premier Plus will monitor the availability of 24/7 access and the processes that support after hours availability and response
- Providers are encouraged to use alternative options for communication, such as scheduling appointments via the web, communicating via secure email and expanded office hours or open access scheduling
- This membership necessitates that providers make their practices accessible to accommodate the full range of disabilities that may exist with the population

Provider Type	Emergency Appointment	Urgent Appointment	Routine Appointment	Wait Time in the Office
Primary Care	Immediate	Within 24 Hours	Within 28 Days	No more than 45 minutes, except when the provider is unavailable due to an emergency
Specialist	Immediate	Within 24 Hours Of Referral	Within 28 Days	No more than 45 minutes, except when the provider is unavailable due to an emergency
OB/GYN	Immediate	Within 24 Hours	1 st Trimester: Within 3 Weeks 2 nd Trimester: Within 7 Calendar Days 3 rd Trimester: Within 3 Calendar Days High Risk: Within 3 Calendar Days Routine Care: Within 3 Weeks Postpartum: Within 6weeks	No more than 45 minutes, except when the provider is unavailable due to an emergency
Behavioral Health	Immediate	Within 24 Hours	Within 10 Days	No more than 45 minutes, except when the provider is unavailable due to an emergency

In addition to the standards above, Behavioral Health providers are contractually required to offer:

- Follow-up Behavioral Health Medical Management within 3 months of the first appointment
- Follow-up Behavioral Health Therapy within 10 business days of the first appointment
- Next Follow-up Behavioral Health Therapy within 30 business days of the first appointment

Key Contacts

For member services, provider services and prior authorization for Aetna Assure Premier Plus (HMO D-SNP) call **1-844-362-0934**

[Aetna Assure Premier Plus Home Page](#)

[Aetna Assure Premier Plus Provider Site](#)

[Aetna Assure Premier Plus \(HMO D-SNP\) Provider Manual](#)

[Provider Relations Email](#)

Questions?



Aetna policy statement

All Aetna presentation materials are confidential and proprietary and may not be copied, distributed, captured, printed or transmitted (in any form) without the written consent/authorization of Aetna, Inc.

Thank You

