Quick Reference

Aetna Better Health® of New Jersey Provider Guide

aetna®

AetnaBetterHealth.com/newjersey

NJ-23-04-04 Updated 6/24

Aetna Better Health® of New Jersey

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This guide is intended to be used for quick reference and may not contain all of the necessary information. For more information, refer to our Provider Manual online at **AetnaBetterHealth.com/find-provider**

Contact Information

Provider Relations & Network Management

Shanise Williams, Director, Provider Relations
Office: 609-282-8226
Cell: 908-645-4194
WilliamsS1e291@Aetna.com

Angelica Miranda, Manager, Network Relations
Cell: 609-515-4817
MirandaA2@Aetna.com

Hospitals: Atlantic Health System, Hackensack Meridian Health System, Hunterdon Medical Center, Prime Healthcare, Saint Peter's University Hospital, St. Joseph's Healthcare System, St. Mary's General Hospital

Counties: Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Warren

FQHC: Central Jersey Medical Center (Formerly Jewish Renaissance Medical Center), Chemed - Center for Health Education Medicine & Dentistry, Monmouth Family Health Center, Cean Health Initiative, Aterson Community Health Center, Rutgers Eric B. Chandler Health Center, Isiting Nurse Association of Central Jersey, Zfall Health Center

William Mitchell, Senior Analyst, Network Relations
Cell: 732-401-7264
MitchellW2@Aetna.com

Internal Support Counties: Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren

Dina Acampora, Senior Analyst, Network Relations
Cell: 609-664-7145
AcamporaD@Aetna.com

Internal Support Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean, Salem

Ashley Lampley, Manager, Network Relations
Cell: 609-480-7979
AxLampley@Aetna.com

Servicing Program: MLTSS, Nursing Facility, Assisted Living, Hospice, Chore Services, Home and Community Based, EVV billing issues (Additional resources on pg 8)

Hospitals: AtlantiCare Health System, Cape Regional Health System, Capital Health System, Cooper Health Care, Inspira Health Network, Deborah Heart and Lung Center, Shore Medical Center, St. Francis Medical Center, Virtua Health System, Weisman Children's Hospital

Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem

FQHC: AtlantiCare Health Services: Mission Health, Camcare Health Corporation, Henry J. Austin Health Center, Osborn Family Health Center, Project Hope, Shore Quality Partners (+CompleteCare), Southern Jersey Family Medical Center, St. James Health Center

Liarra Sanchez, Manager, Network Relations
Cell: 609-455-8997
SanchezL7@Aetna.com

Servicing Program: Statewide Behavioral Health, OBAT, AUTISM, Doula Services

Hospitals: CarePoint Health, RWJ Barnabas Health System, East Orange General Hospital, Englewood Hospital and Med Center, Healthsouth Hospital of Tinton Falls, Healthsouth Rehabilitation Hospital of Toms River, Healthsouth Rehabilitation Hospital of Vineland, Holy Name Medical Center, Hudson Regional, New Bridge Medical Center, Ramapo Ridge Psychiatric Hospital, Summit Oaks Hospital Inc., University Hospital

Counties: Bergen, Essex, Hudson, Union

FQHC: Horizon Health Center (Alliance Community Health Center), Metropolitian Health Ctr, Neighborhood Health Services Corp., Newark Community Health Center, Newark Dept. of Health and Community Wellness, North Hudson Community Action Corp. Health Center

DME Requests: Contact the Provider Relations Representative for your servicing county

Contact Information

Network Contracting • Interested Providers (Provider Enrollment)

If you are interested in applying for participation in our Aetna Better Health® of New Jersey network, please contact one of our Network Managers according to county assignment.

Please note this is for all medical type of providers (including HCBS, MLTSS, Ancillary, Hospital etc.). Please contact LIBERTY Dental Plan if you are a dental provider and are interested in becoming part of their network. See page 12 for LIBERTY Dental Plan contact information.

Kimberly Lees, Network Manager
Servicing: SUD, BH, ABA, OBAT Doula & Autism
Cell: 856-271-7446
LeesK1@Aetna.com

Contracting Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem

June-Delina Parkes, Network Manager
Cell: 845-427-1261
ParkesJ@Aetna.com

Contracting Counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Somerset, Sussex, Passaic, Union, Warren

Paula Trowers, Regional Lead Director of Contracting
Servicing: SUD, BH, ABA, OBAT Doula & Autism
Cell: 410-507-3693
TrowersP@Aetna.com

Case Management /MCO Care Coordination Contact

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 Manager of Clinical Health Services
Office: 304-953-0765
Haneys1@Aetna.com
CM Manager, Special Needs, Maternity Contact, Pediatric Contact and Care Coordination
Obstetric/Midwifery Care, Centering Pregnancy, Childbirth Education, Doula, Labor and Delivery, Breastfeeding, Newborn Child Coverage, Conception

Contact Information

Managed Long Term Services and Support

Danielle Almero Rodriguez
Supervisor, Health Services, MLTSS Members
Office: 860-900-8592
almerorodriguezd@Aetna.com
NF that has a resident that elects Hospice

Jacqueline Alvarez, RN
Plan A Members
Phone: 609-955-8199
Fax: 959-888-4158
AlvarezJ5@Aetna.com
Assessment Team Supervisor, Interim MLTSS Supervisor, Authorization Processor-ICM

Ashley Lampley
Manager, Network Relations
Cell: 609-480-7979
axlampley@Aetna.com
MLTSS, Nursing Facility, Assisted Living, Hospice, Chore Services, Home, Community Based, DME

MLTSS Case Management
Case Management Associate Line
833-346-0122
Fax: 855-444-8694

Nursing Facility Specialty Care Nursing Facility Contact
MLTSS Care Management Line
833-346-0122

Participant Direction and Personal Preference Program (PPP)
Margareta Plotka
PPP Program Coordinator
Office: 959-299-7910
Fax: 959-888-4143

Non MLTSS Outpatient Hospice Request
Fax: 844-737-7601

Behavioral Health/Mental Health/ SUD

Liarra Sanchez
Manager, Network Relations
Cell: 609-455-8997
SanchezL7@Aetna.com
BH, ABA, Doula, Autism, Hearing Services

Maressa Nordstrom, LCSW, LCADC
Behavioral Health Administrator (Clinical Liaison)
Office: 959-230-9944
NordstromM1@Aetna.com
SUD, BH Discharge Planning, Care Coordination and BH Case Management

Customer Service

Website: AetnaBetterHealth.com/NewJersey

- Claim Status
- Eligibility
- Transportation
- Authorization
- Interpretation

Claims Questions: 1-855-232-3596
Press * for healthcare provider. Follow prompts for customer service needs.

Eligibility Verification

To obtain online eligibility information, providers can access the Eligibility Verification System (EMEVS) to access eligibility data visit www.njmmis.com.

Important Contact Information

Member Services & Provider Relations
1-855-232-3596 (TTY: 711)

Aetna Better Health® of New Jersey
3 Independence Way, Suite 104
Princeton, NJ 08540-6626

Behavioral Health After Hours
1-855-232-3596 (TTY: 711)

Commercial Coverage
1-888-MDAETNA

Compliance Hotline Fraud, Waste or Abuse
1-855-282-8272 (24/7 Voicemail)

EVV Aggregator
- NJ Client Support Phone Number
  866-245-8337
- NJ Client Support Email Mailbox
  NJSupport@hhaexchange.com
- Providers Using a Third Party EVV Vendor
  EDIsupport@hhaexchange.com
- Billing questions for services requiring EVV
  AetnaBetterHealth-NJ-ProviderServices@Aetna.com

Electronic Visit Verification (EVV) Contacts
- Provider standard inquiries
  AetnaEVVCompliance@Aetna.com
- Medicaid
  Tahnee Garay, Director of Regulatory Affairs
  GarayT@Aetna.com
- FIDE
  Constance Offer, Lead Director,
  NJ DSNP Program Mgmt
  OfferC@Aetna.com
- EVV Prior Authorization
  AetnaEVVCompliance@Aetna.com
  1-855-232-3596
- ABHNJ MLTSS
  Danielle Almero Rodriguez, Care Mgmt Associate
  AlmeroRodriguezD@Aetna.com
- ABHNJ Medicaid Non MLTSS
  Jacqueline Alvarez, Supervisor of Health Services
  AlvarezJ5@Aetna.com
- ABHNJ Acute Care
  Natasha Sealey, Manager Clinical Health Services
  SealeyN@CVSHealth.com
- FIDE/SNP
  Ashley Eith, Supervisor Clinical Health Services
  EithA@CVSHealth.com

HHAeXchange Contacts
- NJ Client Support
  866-245-8337
- NJ Client Support Email
  NJSupport@hhaexchange.com
- Providers Using a Third Party EVV Vendor
  EDIsupport@hhaexchange.com

Special Investigations Unit (SIU)
Report Fraud, Waste or Abuse 24/7
1-800-338-6361

Vendors

Pharmacy CVS Caremark
Claims submission issues
1-855-391-6286

CVS Mail Order
1-855-271-6603
8 AM – 8 PM, Monday – Friday

Pharmacy Clinical
Prior Authorizations Aetna Help Desk
1-855-232-3596
Follow prompts for Provider and Pharmacy
Fax: 1-844-219-0223

Radiology
Please call us at 1-855-232-3596 **(TTY:** 711**)**
Aetna Better Health® of New Jersey currently does not use a third-party vendor for radiology authorizations.

Durable Medical Equipment (DME)
View our online provider search tool for details on our DME providers.

LIBERTY Dental Plan
1-888-352-7924
8 AM – 8 PM, Monday – Friday

MARCH Vision
Vision services
1-844-686-2724 **(TTY:** 1-877-627-2456**)**

Modivcare
Transportation services
1-866-527-9933 **(TTY:** 1-866-288-3133**)**

Tools & Resources

Visit our website at AetnaBetterHealth.com/newjersey

- Provider Manual
- Member Handbook
- 24/7 secure web portal
- Clinical guidelines
- Provider forms
- Provider education
- WebEx provider training dates
- Newsletters
- Dental services
- Authorization forms
- Gaps in care reports

Availity

The Availity Provider Portal gives you the info, tools and resources you need to support the day-to-day needs of your patients and office.

If your practice already uses Availity, simply contact your administrator to request a username. If you don't know who your administrator is, call Availity at **1-800-282-4528** for help.

https://apps.availity.com/availity/web/public.elegant.login?goto=https%3A%2F%2Fapps.availity.com%2Favaility%2FDemos%2FLP_AP_GetStarted%2Findex.html%23%2F

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

Change Healthcare Support Team at **1-800-956-5190** Monday through Thursday from 8 AM to 5 PM CST.

https://payerenrollservices.com/

Claims

Claim Inquiries

Participating providers may confirm receipt and confirm adjudication status of a claim by checking the Secure Provider Web Portal located on our website https://apps.availity.com/availity/web/public.elegant.login. You can also call our Claims Investigation and Research Department (CICR) at 1-855-232-3596.

The CICR team can assist you with claim related questions and concerns. They enhanced their broad service model to include calls related to claims status, as well as inquiries. The CICR staff is available to assist from 8 AM to 5 PM Monday through Friday.

Claims and Resubmissions

Aetna Better Health® of New Jersey requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure

Participating providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member's condition or service(s) rendered.

- Claims must be submitted within 180 calendar days from the date of services. The claim will be denied if not received within the required timeframes.
- Corrected claims must be submitted within 365 days from the date of service.
- Coordination of Benefits (COB) claims must be submitted within 60 days from the date of primary insurer's Explanation of Benefits (EOB) or 180 days from the dates of services, whichever is later.

Electronic Claims Submission

Aetna Better Health® of New Jersey encourages participating providers to electronically submit claims through Emdeon. Please use the following Payer ID when submitting claims to Aetna Better Health® of New Jersey:

- Payer ID# **46320**
- For electronic resubmissions, participating providers must submit a frequency code of **7** or **8**. Any claims with a frequency code of **5** will not be paid.

CORRECTED CLAIMS

Resubmitted Claims with Corrections or Missing information should be submitted to:

For resubmissions, please stamp or write one of the following on the paper claims: Resubmission, Rebill, Corrected Bill, Corrected or Rebilling.

Aetna Better Health® of New Jersey
Claims and Resubmissions
PO Box 61925
Phoenix, AZ 85082-1925

Claims Resubmission

Providers may resubmit a claim that:

- Was originally denied because of missing documentation, incorrect coding, etc.
- Was incorrectly paid or denied because of processing errors.

Include the following information when filing a resubmission:

- Use the resubmission form located on our website.
- An updated copy of the claim. All lines must be rebilled. A copy of the original claim (reprint or copy is acceptable).
- A copy of the remittance advice on which the claim was denied or incorrectly paid.
- Any additional documentation required.
- A brief note describing requested correction.
- Clearly label as "Resubmission" at the top of the claim in black ink and mail to appropriate claims address.

Resubmissions may not be submitted electronically. Failure to mail and accurately label the resubmission to the correct address will cause the claim to be denied as a duplicate.

Providers will receive an EOB when their disputed claim has been processed. Providers may call our CICR Department during regular office hours to speak with a representative about their claim dispute. The CICR Department will be able to verbally acknowledge receipt of the resubmission, reconsideration and or the claim dispute. Our staff will be able to discuss, answer questions, and provide details about status. Providers can review our Secure Provider Web Portal to check the status of a resubmitted/reprocessed and or adjusted claim.

These claims will be noted as "Paid" in the portal. To view our portal, please click on the portal tab, which is located under the provider page online at AetnaBetterHealth.com/newjersey.

Claim Appeals

Participating and Non-Participating Providers have the right to appeal ABHNJ claims determination(s) and also an apparent lack of activity on a claim. To appeal ABHNJ claims determination(s), provider must utilize the Health Care Provider Application to Appeal a Claims Determination that is posted on the ABHNJ website.

Submit it to the following address:

Aetna Better Health® of New Jersey
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

Dental Vendor: LIBERTY Dental Plan

Dental benefits are administered by LIBERTY Dental Plan, which manages the dental network and does utilization management for all services covered under the dental benefit. LIBERTY has a Provider Reference Guide that describes expectations and requirements for dental providers in their network. This is available on their website below.

LIBERTY Contact Information

Provider Services
888-352-7924

Claims Questions
888-352-7924, Option 2

Payor ID – CX083

Credentialing Hotline
1-888-352-7924
PRInquiries@LibertyDentalPlan.com

Authorizations, Claims
LIBERTY Dental Plan
ATTN: Claims Department
PO Box 401086
Las Vegas, NV 89140
Claims@LibertyDentalPlan.com

Dental services provided through the dental benefit are managed by Aetna Better Health's dental vendor, LIBERTY. Utilization management is among the services they provide. Criteria established for dental benefits are described in their Provider Reference Guide and available on their website at www.LibertyDentalPlan.com

In situations where a complex treatment plan is being considered, the provider may sequentially submit several prior authorization requests, one for each of the various stages of the treatment. Proposed treatment plans are reviewed through the prior authorization process to assure that all services are medically necessary and within the benefit.

Provider Reference Guide
LIBERTY Dental Plan
Provider Reference Guide Member Services
1-888-352-7924

Eligibility or Benefit Questions 888-352-7924, Option 1

Credentialing
LIBERTY Dental Plan
ATTN: Professional Relations
P.O. Box 26110 Santa Ana, CA 92799-6110

Website
www.LibertyDentalPlan.com

Emergency Service Authorization
1-888-352-7924

Dental providers are required to follow the dental appointment standards established by DMAHS. The standards are as follows: Emergency dental treatment to members no later than forty-eight (48) hours or earlier as the condition warrants, urgent dental care appointments within three days of referral, and routine nonsymptomatic dental care appointments within thirty (30) days of referral. If a member calls when the dentist's office is closed, the member should be given information for a covering emergency provider by an answering service or telephone message. If the dentist is not able to see the member or is unavailable the member can also call LIBERTY at 888-352-7924 for help in scheduling an

appointment or finding another dentist or visit the member portal at LIBERTY Dental Plan's website. Members always have the option to call Aetna Better Health® of New Jersey Member Services at 1-855-352-7924, which is available 24 hours a day. If the member is out of town and in need of emergency dental care, he/she can go to any dentist for care or call LIBERTY Dental Plan for help to find a dentist. Members do not need a referral or Aetna Better Health® of New Jersey's prior approval before receiving emergency dental care.

Oral-facial trauma General dentists and specialists performing emergency services who are in network, out of network or out of state are not required to obtain pre-authorization for performing emergency services through stabilization. In order to facilitate payment, it is recommended that out of network or out of state providers call Liberty at 1-888-352-7924 after rendering emergency services. Providers should submit claims with the authorization number, x-rays and any other supporting documentation to Liberty using paper or electronic submission. Additional information can be found in the Aetna/Liberty provider manual available at Liberty's website www.LibertyDental.com.

Directory of Network General Dentists and Specialists

Provider Directory

(https://www.libertydentalplan.com/New-Jersey/New-Jersey-Dentist-Search.aspx)

Directory of Dentists Treating Children Under the Age of Six

(https://client.libertydentalplan.com/Content/documents/aetnabetterhealth/AETNA%20NJ%20The%20NJFC%20Directory%20of%20Dentists%20Treating%20Children%20under%20the%20Age%20of%206.pdf)

Directory of Dentists Treating Adults with Intellectual and Developmental Disabilities

(www.aetnabetterhealth.com/content/dam/aetna/medicaid/new-jersey-medicaid/provider/pdf/NJ%20Aetna%20Medicaid%20DDD%20Adult%20Provider%20Directory%202021.10.01.pdf)

Directory of Dentists Treating Children with Intellectual and Developmental Disabilities

(www.aetnabetterhealth.com/content/dam/aetna/medicaid/new-jersey-medicaid/provider/pdf/NJ%20Aetna%20Medicaid%20DDD%20Child%20Provider%20Directory%202021.10.01.pdf)

Balance Billing

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

Any member copayments you must collect are included in the AetnaBetterHealth.com/NewJersey/whats-covered.html benefit listing. Please note that copayments are not considered balance billing.

Per your contract with us, when a provider receives a Medicaid/NJ FamilyCare, Fee-For-Service or managed care payment, the provider must accept this payment as payment in full and must 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 Aetna Better Health of New Jersey member accounts.

Providers who balance bill Aetna Better Health of New Jersey members could face the following consequences:

- Termination from the Aetna Better Health of New Jersey 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, U.S. Office of Inspector General (HHS-OIG)

Prior Authorizations

How to request prior authorization

- Fax prior authorization request to: 1-844-797-7601
- Confirm status of prior authorization, call: 1-855-232-3596, prompt 6 and 5.
- Find forms online: AetnaBetterHealth.com/newjersey/providers/materials-forms.html
- Under Resources, click Prior Authorization
- Fax UM prior authorization IP/CCR: 959-333-2850
- Submit through the Availity Portal: https://apps.availity.com/availity/web/public.elegant.login

All provider types including BH, MH, and SUD will utilize these numbers for non-emergency and emergency authorization submission, and authorization status.

Please submit the following with each authorization request:

- Member Information (correct and legible spelling of name, ID number, date of birth, etc.)
- Diagnosis Code(s)
- Treatment or Procedure Codes-Number of Units being requested
- Requesting and Servicing Provider Information-Including NPI Numbers, Addresses and Fax Numbers which correspondence(s) regarding authorization request can be sent
- Include an office/department contact name and telephone number
- Anticipated start and end dates of service(s) if known
- Description of the service requested and reason for request
- All supporting relevant clinical documentation to support the medical necessity in legible format

If a provider has written member consent, the provider may file a formal appeal on behalf of a member in writing, with Aetna Better Health® of New Jersey within sixty (60) calendar days from the Aetna Better Health® of New Jersey Notice of Action. The expiration date to file an appeal is included in the Notice of Action. .

All written appeals should be sent to the following address:

Aetna Better Health® of New Jersey
P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

Request on Prior Authorization

All out of network services must be authorized. Unauthorized services will not be reimbursed, and authorizations are not a guarantee of payment.

DECISION	DECISION/NOTIFICATION TIMEFRAME
Urgent pre-service approval	Within 24 hours of receipt of necessary information, but no later than 72 hours from
Urgent pre-service denial	Within 24 hours of receipt of necessary information, but no later than 72 hours from
Non-urgent pre-service approval	Within 14 calendar days (or sooner as required by the needs of the member) of receipt of necessary information sufficient to make an informed
Continued / extended services approval (non-ED/acute inpatient)	Within one business day of receipt of necessary information
Continued / extended service denial (non-ED/acute inpatient)	Within one business day of receipt of necessary information
Post-service approval of a service for which no pre- service request was received	Within 30 calendar days from receipt of the necessary information
Post-service denial of a service for which no pre-service request was received	Within 30 calendar days from receipt of the necessary information

Emergency Services

Emergency medical services are permitted to be delivered in or out of network without obtaining prior authorization if the member was seen for the treatment of an emergency medical condition. Aetna Better Health® of New Jersey will not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms. Payment will not be withheld from providers in or out of network. However, notification is encouraged for appropriate coordination of care and discharge planning.

Services Requiring Prior Authorization

Our Secure Web Portal located on our website lists the services that require prior authorization, consistent with Aetna Better Health® of New Jersey's policies and governing regulations. The list is updated at least annually and updated periodically as appropriate. All out of network services must be authorized except for emergency services.

Provider Inquiries

Providers may contact us at 1-855-232-3596 from 8 AM and 5 PM, Monday through Friday. You can also email AetnaBetterHealth-NJ-ProviderServices@Aetna.com for any and all questions including checking on the status of an inquiry, complaint, grievance, and or appeal that has been field on behalf of a member. Our Provider Services Staff will respond within 48 business hours.

No-Cost Breast Pump for Members

Pregnant moms can receive a no-cost breast pump up to two weeks before the birth of their baby.

To obtain a breast pump, members do not need prior authorization, they can call 1-855-232-3596 (TTY: 711) to get their no-cost breast pump. Or they can order a breast pump online at **breastpumpsmedline.com** and they should select Aetna Better Health of New Jersey as their health provider in the drop-down menu.

Sample ID Cards

MLTSS FRONT

Aetna Better Health® of New Jersey

NJ FamilyCare Managed Long Term Services and Support (MLTSS)
Member ID# 555555555555 **Date of Birth** 01/01/1901
Member Name SMITH, JOHN **Sex** M
PCP DOE, JANE
PCP Phone 1-777-777-7777 **Effective Date** 04/01/2022
Issue Date 10/16/2023

CO-PAYS
PCP $0 Brand $0
ER $0 Generic $0
Dental $0

RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: **1-855-319-6286**

AetnaBetterHealth.com/NewJersey
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
MENJMED1

A FRONT

Aetna Better Health® of New Jersey

NJ FamilyCare A
Member ID# 111111111111 **Date of Birth** 01/01/1901
Member Name SMITH, JOHN **Sex** M
PCP DOE, JANE
PCP Phone 1-777-777-7777 **Effective Date** 05/21/2023
Issue Date 10/16/2023

CO-PAYS
PCP $0 Brand $0
ER $0 Generic $0
Dental $0

RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: **1-855-319-6286**

AetnaBetterHealth.com/NewJersey
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
MENJMEDA1

B FRONT

Aetna Better Health® of New Jersey

NJ FamilyCare B
Member ID# 222222222222 **Date of Birth** 01/01/1901
Member Name SMITH, JOHN **Sex** M
PCP DOE, JANE
PCP Phone 1-777-777-7777 **Effective Date** 04/01/2023
Issue Date 10/16/2023

CO-PAYS
PCP $0 Brand $0
ER $0 Generic $0
Dental $0

RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: **1-855-319-6286**

AetnaBetterHealth.com/NewJersey
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
MENJMEDB1

C FRONT

Aetna Better Health® of New Jersey

NJ FamilyCare C
Member ID# 333333333333 **Date of Birth** 01/01/1901
Member Name SMITH, JOHN **Sex** M
PCP DOE, JANE
PCP Phone 1-777-777-7777 **Effective Date** 04/01/2023
Issue Date 10/16/2023

CO-PAYS
PCP $5 Brand $5
ER $10 Generic $1
Dental $5

RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: **1-855-319-6286**

AetnaBetterHealth.com/NewJersey
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
MENJMEDC1

D FRONT

Aetna Better Health® of New Jersey

NJ FamilyCare D
Member ID# 444444444444 **Date of Birth** 01/01/1901
Member Name SMITH, JOHN **Sex** M
PCP DOE, JANE
PCP Phone 1-777-777-7777 **Effective Date** 06/01/2023
Issue Date 10/16/2023

CO-PAYS
PCP $5 Rx $5
ER $35 Rx>34 days $10
Dental $5
After hours $10

RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: **1-855-319-6286**

AetnaBetterHealth.com/NewJersey
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
MENJMEDD1

BACK

Member Services / Servicios al Meimbro (24/7): 1-855-232-3596, TTY 711, 24/7
Urgent Care: Call your primary care provider (PCP)
Atención de Urgencia: Llame a su proveedor de cuidado primario (PCP)
LIBERTY Dental Plan Dental Services / Servicios de Dental: 1-855-225-1727

Emergency Care: If you are having an emergency, **call 911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Atención de Emergencia: Si tiene una emergencia, **llame al 911** o vaya al hospital más cercano. No necesita aprobación previa para el transporte de emergencia o la atención de emergencia en el hospital.

Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call **1-855-232-3596**.

Se requiere **autorización previa** para todas las admisiones de internación y para ciertos servicios ambulatorios. Para notificar una admisión, llame al **1-855-232-3596**.

Send Medical Claims:
Aetna Better Health of New Jersey
P.O. Box 982967, El Paso, TX 79998-2967

To verify member eligibility:
1-855-232-3596
Electronic Claims: Payer ID 46320

Members shall not be billed or charged for any Medicaid covered benefits provided to Member by Provider.
NJMED1

DENTAL ID CARD FRONT

LIBERTY DENTAL PLAN. aetna™

(855) 225-1727 (TTY 711)

NAME First Name, Last Name
ID# Subscriber Number **EFFEC** 00/00/0000
GRP# [GroupNumber] GroupName NJ FamilyCare
PLAN A, B, ABP, FIDE-SNP, MLTSS
PRV# [OfficeNumber] OfficeName
Copay: $0 OfficeAddress1 OfficeAddress2
OfficeCity, OfficeState OfficeZip
ContactPhone

BACK

NOTICE TO MEMBER

If you have an urgent dental need, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

EDI Payer ID: CX083

Member Service/Grievance & Appeals: (855) 225-1727
TTY: 711
Normal Business Hours:
Monday – Friday 8:00 a.m. – 8:00 p.m. Eastern time
To report suspected Fraud, Waste or Abuse: (888) 704-9833

THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Coordination of Benefits (COB) Frequently Asked Questions

What is the contact information for questions related to COB?

Providers can call us at 1-855-232-3596 between 8 AM and 5 PM, Monday through Friday. You can also e-mail us at: AetnaBetterHealth-NJ-ProviderServices@Aetna.com.

If a member is dually eligible or has a TPL policy how often does the provider have to submit a denial from Medicare and/or the TPL insurer?

Aetna Better Health® of New Jersey is the payer of last resort. We require an annual EOB from MLTSS members for services not covered by the primary insurer Medicare Advantage. A new EOB will not be required for subsequent claims during the year from the same payer, provider, member, and service code. Services paid by TPL, which have been exhausted should be submitted with an EOB stating the benefit is exhausted before Aetna Better Health® of NJ will pay for the service.

Does the provider submit the denial from the Medicare and/or Commercial Insurance provider electronically or hard copy?

Sumit a hard copy, along with a copy of explanation of payment from primary carrier.

If the EOB denial can be submitted in hard copy what is the address for submission?

Please use the following address when submitting claims:

Aetna Better Health® of New Jersey
P.O. Box 982967
El Paso, TX 79998-2967

How do providers track progress of paper copies of the EOB for individual members?

Participating providers may review the status of a claim by checking the Secure Provider Web Portal located on our website or by calling our Claims Investigation and Research Department (CICR) at 1-855-232-3596.

What is required for providers to submit to the Managed Care Plan if member has Medicare and/or Commercial Insurance and the provider does not participate in the Medicare and/or Commercial Network?

The NJ FamilyCare MCO should require an EOB annually. When an EOB is received that indicates that the service is not covered by the primary insurer, the NJ FamilyCare MCO will pay for the service as the primary payer. A new EOB should not be required for subsequent claims during the calendar year for the same payer, provider, member, and service code. Services paid by a third party carrier may become a non-paid service if the member's benefits are exhausted. If this is the case, the provider should submit an EOB stating the benefit is exhausted before the managed care organization pays for the service. When a NJ FamilyCare member has TPL through a commercial carrier, it may be necessary for Health Plan staff to investigate and verify third party coverage eligibility and/or benefits on behalf of the member.

Who do providers contact for technical assistance regarding claims submission and coordination of benefits for dually eligible members and members with Commercial Insurance?

Claims Investigation and Research Department (CICR) at 1-855-232-3596.

Who do providers contact regarding Electronic Funds Transfer (EFT) and Electronic Remittance Advices (ERA/835 files)?

Call us at 1-855-232-3596, 8 AM and 5 PM, Monday through Friday. You can also email AetnaBetterHealth-NJ-ProviderServices@Aetna.com.

Aetna Assure Premier Plus (HMO D-SNP)

Provider Services

Call Aetna Assure Premier Plus main provider services number for any provider services including care management, utilization management, claims research and billing, and more.

1-844-362-0934 (TTY: 711)
8 AM to 5 PM Monday to Friday
(except major holidays).

For detailed information, please refer to the Aetna Assure Premier Plus Provider Manual located on the provider website found at AetnaMedicare.com/NJDSNP.

Eligibility Verification

Please contact us at **1-844-362-0934** or log into our Availity Web Portal to verify eligibility.

Provider Website

- Provider Manual
- Availity Provider Portal
- Clinical Guidelines
- Forms
- Provider education and training
- Model of care training
- Notices and Newsletters

Availity Provider Portal

The Availity portal can be found at **apps.availity.com**, and it provides participating providers tools, resources, and the ability to perform tasks such as:

- Eligibility verification
- Access to prior authorization forms
- Submission and verification of prior authorization requests, including status checks
- Prior authorization requirement search tool
- Claims status checks
- PCP roster of assigned members
- Review of claim payments and access the Explanation of Benefits (EOB)

Participating providers can register for Availity at **Availity Registration** or, if already a user, add "Aetna Better Health" to your list of payers at **Availity**. More information can be found on the **provider portal page**. While using the Availity Provider Portal, providers seeking either Aetna Better Health of New Jersey or Aetna Assure Premier Plus (HMO D-SNP) can access plan resources by selecting the "Aetna Better Health" from the plan drop down. **NOTE: Do not select "Aetna Medicare and Commercial."**

Claim Inquiries

Participating providers may review the status of a claim by checking the Availity provider portal or calling our Claims Investigation and Research Department at **1-844-362-0934**.

Claim Status through the Portal

Aetna encourages providers to take advantage of the Availity provider portal, as it is quick, convenient and can be used to determine status (and receipt of claims) of paper and electronic claims. The portal can be accessed on the **provider website** or **directly**. Providers must register to use our portal.

Claims Submissions

Aetna Assure Premier Plus requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure

Participating providers are required to submit valid, current HIPAA compliant codes that most accurately identify the member's condition or service(s) rendered.

Please note:

- Claims must be submitted within 180 calendar days from the Date of Service (DOS). The claim will be denied if not received within the required timeframes.
- Corrected claims must be submitted within 365 days from the DOS.
- Coordination of Benefits (COB) claims must be submitted within 60 days from the date of primary payer's EOB or 180 days from the DOS, whichever is later.

Electronic Claims Submission

Aetna Assure Premier Plus encourages participating providers to electronically submit claims through Change Healthcare. Please use the following Payer ID when submitting claims: **Payer ID# 46320**

Paper Claims Submissions and or Resubmissions

Please use the following address when submitting claims:

Aetna Assure Premier Plus (HMO-DSNP)
Claims and Resubmissions
PO Box 982967
El Paso, TX 79998-2967

To differentiate for resubmissions, please stamp or write one of the following on the paper claims: "Resubmission," "Rebill," "Corrected Bill," "Corrected," or "Rebilling."

Claim Resubmission

Participating providers may dispute a claim that:

- Was originally denied because of missing documentation, incorrect coding, etc.
- Was incorrectly paid or denied because of processing errors

Include the following information when filing a dispute:

- Use the Dispute Form located on our **website**.
- An updated copy of the claim. All lines must be rebilled.
- A copy of the original claim (reprint or copy is acceptable).
- A copy of the remittance advice on which the claim was denied or incorrectly paid.
- Any additional documentation required.
- A brief note describing requested correction.
- Clearly label "Dispute" at the top of the claim in black ink and mail to appropriate claims address.

Failure to mail and accurately label the resubmission to the correct address will cause the claim to be denied as a duplicate.

Please note: Providers will receive an EOB (Explanation of Benefits) when their disputed claim has been processed. Providers may call to speak with a representative about their claim dispute. Provider Services will be able to verbally acknowledge receipt of the resubmission, reconsideration and or the claim dispute. Our staff will be able to discuss and provide details about claim status. Providers can review our provider portal to check the status of a resubmitted, reprocessed, and/or adjusted claim. These claims will be noted as "Paid" in the portal. To view information on our portal, please visit the **provider portal page**.

Care Management

The Care Management Department is equipped to work with members to facilitate multi-faceted services for our members. To reach the Care Management Department, contact us at **1-844-362-0934**. The Care Management Department can be reached at NJ_FIDE_SNP_CM@Aetna.com.

Case Management Referral Form

Aetna Better Health® of New Jersey
3 Independence Way, Suite 104
Princeton, NJ 08540-6626
1-855-232-3596

Patient name	Date of birth	Referral date
Insurance plan		Member ID number
COB ☐ **Yes** ☐ **No**	Member's current phone number	
POA/guardian name/phone		Member aware of referral ☐ **Yes** ☐ **No**
Referred by (Name(s) of referral source)	☐ MS ☐ PA ☐ Medical Director ☐ Member Advocate ☐ Provider ☐ BH UM ☐ Medical UM ☐ Medical CM ☐ BH CM ☐ Other	
Referred to (Name(s) of referral to)	☐ Adult Team – CM ☐ Peds Team – CM ☐ Perinatal CM ☐ Disease Management	

Concerns leading to referral: (check all that apply)

☐ Transplants	☐ Respiratory failure/complications	☐ Eating disorder with medical complications
☐ Chronic Pain	☐ Dementia with current complications	☐ Complex medical treatment
☐ Cancer (new Dx or treatment)	☐ Pregnancy	☐ Medical trauma/burns
☐ Complex/multiple surgery	☐ Diabetic	☐ Hepatitis
☐ HIV/Aids	☐ Child w/ special needs – specify _____	☐ Pervasive Developmental Disorders
☐ Lead Exposure	☐ Anxiety Disorders	☐ Domestic Abuse
☐ Sickle Cell Anemia	☐ Member transitioning onto/off of the plan (transition of care)	☐ Substance Abuse
☐ Children in Foster Care or on foster or adoption subsidy	☐ Serious Mentally Ill Diagnosis	☐ Mental Health/Substance Abuse
☐ Suicidal/Homicidal ideation/Hx of attempts	☐ Lack of support and/or Resources	☐ Repeated non-compliance with Meds or Tx Plan
☐ Unable to Navigate System on own	☐ Eating Disorder	☐ 2 or more IP admits within 6 months
☐ Court Ordered Tx	☐ AMA Discharge	☐ Excessive ER use
☐ Pregnancy with Serious Mental Illness/Substance Abuse	☐ Kidney/liver medical complications	☐ Postpartum Depression
☐ Cardiovascular/Stroke complications	☐ TBI/Seizure disorder	

Indicate any treatment barriers:
☐ Housing ☐ No Phone ☐ Transportation ☐ Financial
☐ Provider availability ☐ Lack of Support ☐ Physical Limitations ☐ Other

Current diagnosis if known
Current medications if known
Important case details
Discharge plan if inpatient

Current PCP/phone number	Current specialist/phone number
Referral ☐ Accepted ☐ Denied	Date and CM assigned
Decision and date of notification to referral source	

How to Request Prior Authorizations

A prior authorization request may be submitted by:

- Submitting the request through Availity
- Fax the Prior Authorization Request Form to **1-833-322-0034**. Please use a cover sheet with the practice's correct phone and fax numbers to safeguard the protected health information and facilitate processing
- Through our toll-free number at **1-844-362-0934**

To check the status of a prior authorization you submitted or to confirm that we received the request, please visit the Availity, or call us at **1-844-362-0934**.

If response for non- emergency prior authorization is not received within 15 days, please contact us at **1-844-362-0934**.

When requesting prior authorization, please provide the following:

- Member's identification number
- Demographic information
- Requesting provider contact information
- Clinical notes/explanation of medical necessity
- Other treatments that have been tried
- Diagnosis and procedure codes
- DOS

Important Note:

- Emergency services do not require prior authorization; however, notification is required the same day.
- All out of network services must be authorized.
- Unauthorized services will not be reimbursed, and authorizations are not a guarantee of payment.
- If providers do not receive outreach or response to non-emergency authorizations, please reach out to provider services at **1-844-362-0934**.
- For post stabilization services, hospitals may request prior authorization by calling **1-844-362-0934**.

Decision and Notification Requirements

Decision	Decision/notification timeframe
Urgent pre-service approval	Within seventy two (72) hours of receipt of request
Urgent pre-service denial	Within seventy two (72) hours of receipt of request
Non-urgent pre-service approval	Within fourteen (14) calendar days of receipt of request
Non-urgent pre-service denial	Within fourteen (14) calendar days of request
Post-service approval	Within thirty (30) calendar days of receipt of request
Post-service denial	Within thirty (30) calendar days of receipt of request

Electronic Visit Verification (EVV)

All claims submitted for designated home health services must have supporting EVV data and license/certification numbers included on applicable claims. Failure to comply may result in limiting referrals or transition of existing members to providers who have achieved compliance. Providers can submit the EVV authorization form to the Care Management Department by faxing to **1-860-907-4598**.

If you have questions regarding EVV integration requirements, please contact HHAeXchange Support or contact the NJ specific Support Line at **(866) 245-8337**. You may also inform Aetna of your status with this requirement by emailing AetnaEVVCompliance@Aetna.com.

Provider and Pharmacy Search Tool

For a list of participating providers, including behavioral health, please access our online search tool located on our website at AetnaMedicare.com/NJDSNP-find-provider.

Please note: Laboratories and radiology participating providers are included in the online search tool. Check the coverage for prescription drugs on the 2023 prescription drug search tool or the 2024 Prescription drug search tool or by looking at the List of Covered Drugs (Formulary).

Payer Order, Coordination, and Third Party Liability

Aetna is managing both the member's Medicaid and Medicare services under the Aetna Assure Premier Plus (HMO SNP) plan. Providers won't have to submit the claim twice as a participating provider. Aetna's internal process will settle the secondary Medicaid claim up to allowable rates once the Medicare claim is processed. Providers do not need to be on Aetna Better Health of NJ (Medicaid) network nor be registered with Medicaid to receive Medicaid cost share.

For providers who are billing services that are primary to Medicaid (i.e., services that are not covered under Medicare), New Jersey state requires registration to receive payment. Please visit New Jersey's Medicaid Registration page.

Medicaid is the payer of last resort. Medicare-covered services will pay with Medicare as primary payer. If a third-party payer should be primary, claims should be sent to the third-party payer before submitting to Aetna under "Medicare Secondary Payer" rules. Providers with questions related to claim payment can contact the Claims Investigation and Research Department (CICR) at **1-844-362-0934**.

Provider Registrations

Providers that provide Medicaid-covered services to our members do not have to have a Medicaid ID but must be registered. Registering will not create an active Medicaid ID number but allows payment of Medicaid-services. For providers that already have a Medicaid ID with New Jersey, no action is needed to receive Medicaid payment. Either registering or obtaining a Medicaid ID is sufficient to receive a Medicaid-as-primary payment.

Joining the Provider Networks

- If you are already participating with the Medicare Advantage program, there is no need to sign up as you will automatically be placed in our system.
- If you are interested in applying for participation in our Medicare network, you can visit the Aetna website and complete the provider online request form. If you would like to speak to a representative, just call **1-800-624-0756**.
- If you would like more information about joining our Medicaid network, call us at **1-855-232-3596** or send us an email.
- Please contact Liberty Dental if you are a dental provider and are interested in becoming part of their network).

Applications will be reviewed and responded to within 45 days. We currently service members in all New Jersey counties. The enrollment resources listed above are applicable to all provider types including but not limited to assisted living, behavioral health, HCBS and MLTSS, hearing, hospice, maternity (including doulas), and skilled nursing facilities.

Provider Inquires and Contacts

Aetna Assure Premier Plus Member and Provider Services	**1-844-362-0934**
Aetna Assure Premier Plus Credentialing and Escalation Email	nj_fidesnp_providers@aetna.com
Aetna Assure Premier Plus Compliance Hotline	**1-855-282-8272** (24/7 through Voice Mail inbox)
(Reporting Fraud, Waste or Abuse)	
For Dental Providers: Liberty Dental	**1-888-352-7924** www.libertydentalplan.com/Providers/Providers
For Vision Providers: March Vision	**1-888-493-4070** marchvisioncare.com/doctors.aspx
Durable Medical Equipment	Please see provider search tool for details surrounding DME providers. www.aetnamedicare.com/NJDSNP-find-provider
Quest Diagnostics	www.questdiagnostics.com/home.html

Sample ID Cards