WELCOME TO THE

Aetna Assure Premier Plus (HMO-DSNP)

NJ Aetna Assure Premier Plus
Long Term Services Supports (LTSS) and Waiver Provider Overview

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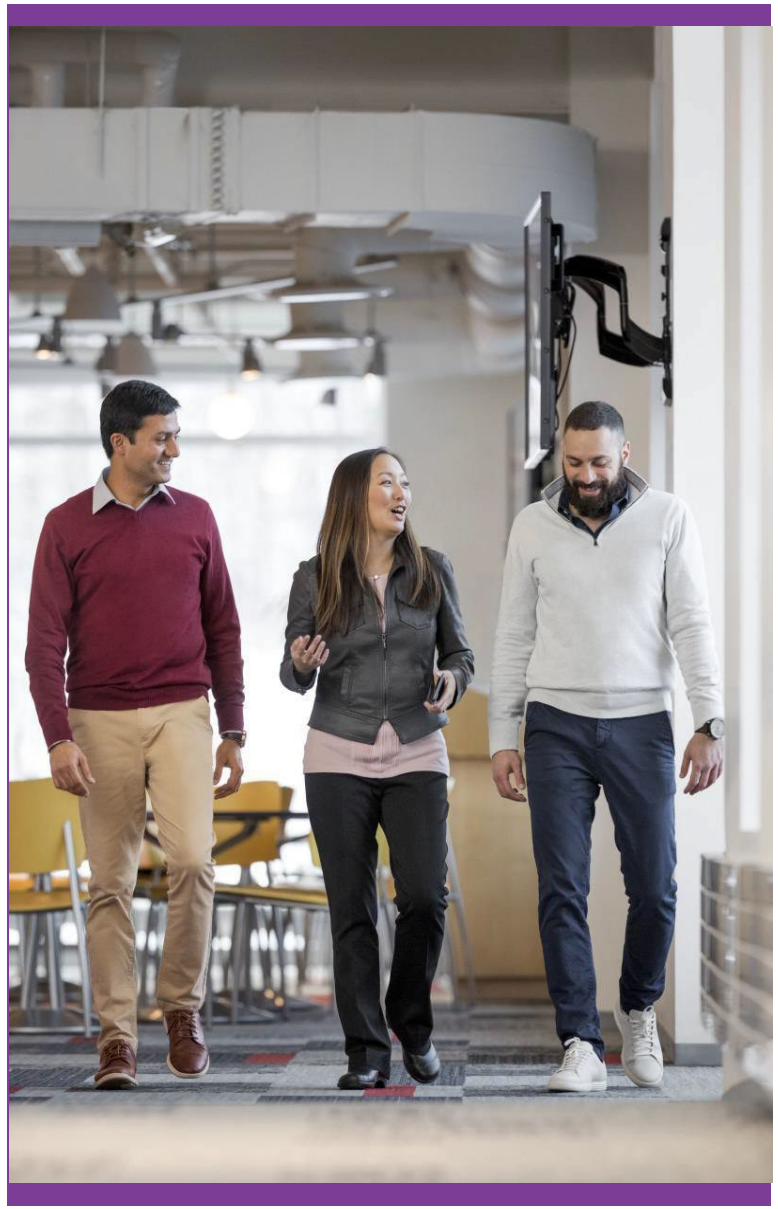
Aetna Assure Premier Plus Overview for LTSS-Waiver Providers

Agenda

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



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Comparing LTSS Models

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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

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Enrollment Qualifications

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan available statewide. 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 the state of New Jersey.

Aetna Assure Premier Plus (HMO D-SNP) covers all 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 Aetna Assure Premier Plus?

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

To qualify for LTSS, members must also be financially eligible and either require nursing level care (deficient in 3 Activities of Daily Living or ADLs) or have functional or developmental delays needing nursing care

What Care Management Services do our Members Receive?

Members have a dedicated care manager who will serve as their point of the contact with the plan. The Care Manager will lead an Interdisciplinary Care Team (ICT) that works to help each Member receive the 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?

Members have a 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 Aetna Assure Premier Plus, 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 three (3) months. The plan will continue to cover Medicare cost-sharing during this time; however, Medicaid-only benefits may not be covered.

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

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Member Name:
Member ID:
Effective Date:
Issued Date:

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

PCP Name:

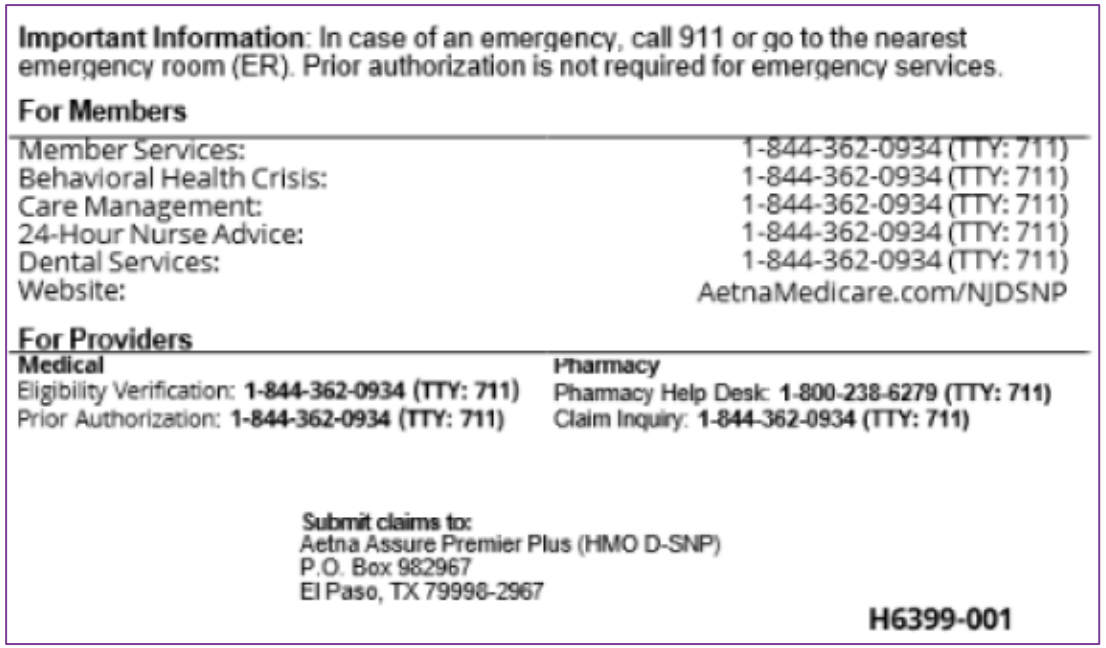
PCP Phone:

Dental Provider: LIBERTY Dental

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

MedicareRx
Prescription Drug Coverage

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
Eligibility Verification: **1-844-362-0934 (TTY: 711)**
Prior Authorization: **1-844-362-0934 (TTY: 711)**

Pharmacy
Pharmacy Help Desk: **1-800-238-6279 (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.

Provider Roles & Responsibilities

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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 by calling Provider Services at **1-844-362-0934** or by emailing at **COEProviderServices@AETNA.com** if you have any changes like address, telephone number, or other demographic information as soon as possible.

Provider Training Requirements

All dual-eligible 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

Claims, Billing & Authorizations

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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 may be assisting a member and 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.

- For providers who are initiating an authorization or submitting for a continuation, submission can be completed by sending in the appropriate forms to the corresponding fax line. Authorizations can also be submitted through the Availity Provider Portal. Submitting authorizations will be covered on the next slide.

- We may also 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.

- 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 cannot 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**

Prior Authorizations

An authorization maybe be necessary before care or services are covered. When prior authorizations are required to initiate services or extend services, providers may send the corresponding authorizations and supporting evidence to the following addresses and faxes:

Pharmacy

Address: Aetna Assure Premier Plus

Part D Coverage Determinations Dept.

4750 S. 44th Place, Suite 150

Phoenix, AZ 85040 -4015

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

Authorizations may also be submitted through the Availity Provider Portal

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.

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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 of the **CMS-1500 Form** (your claim form)
- 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 health plan 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. Please use Submitter (Payer) ID# **46320** when submitting electronic or manual claims.

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)

P.O. Box 982967

EL Paso, TX 79998-2967

To facilitate electronic claims submissions, we have developed a business relationship with ECHO Health, Inc. 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**.

EFT/ERA Registration

Aetna Assure Premier Plus is partnering with ECHO Health, Inc. to introduce the new EFT/ ERA Registration Services (EERS), a better and more streamlined way for our providers to access payment services.

What is EERS?
EERS will offer providers a standardized method of electronic payment and remittance while also expediting the payee enrollment and verification process. Providers will be able to use the ECHO Health, Inc. tool to manage ETF and ERA enrollments with multiple payers on a single platform.

How does it work?
Please complete the ERA/EFT **enrollment form**. Upon submission, paperwork outlining the terms and conditions will be emailed to you directly along with additional instructions for setup. ECHO Health, Inc. supports both NPI and TIN level enrollment. You will be prompted to select the option that you would like to use during the enrollment process. If you need assistance, contact ECHO Health at allpayer@echohealthinc.com or 888.834.3511

How and when do I enroll?
All Aetna Better Health plans will migrate payee enrollment and verification to EERS. To enroll in EERS, please visit ECHO Health, Inc. **Portal Guide**

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 at **1-844-721-0622**.

Or email **COEProviderServices@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.

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.

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

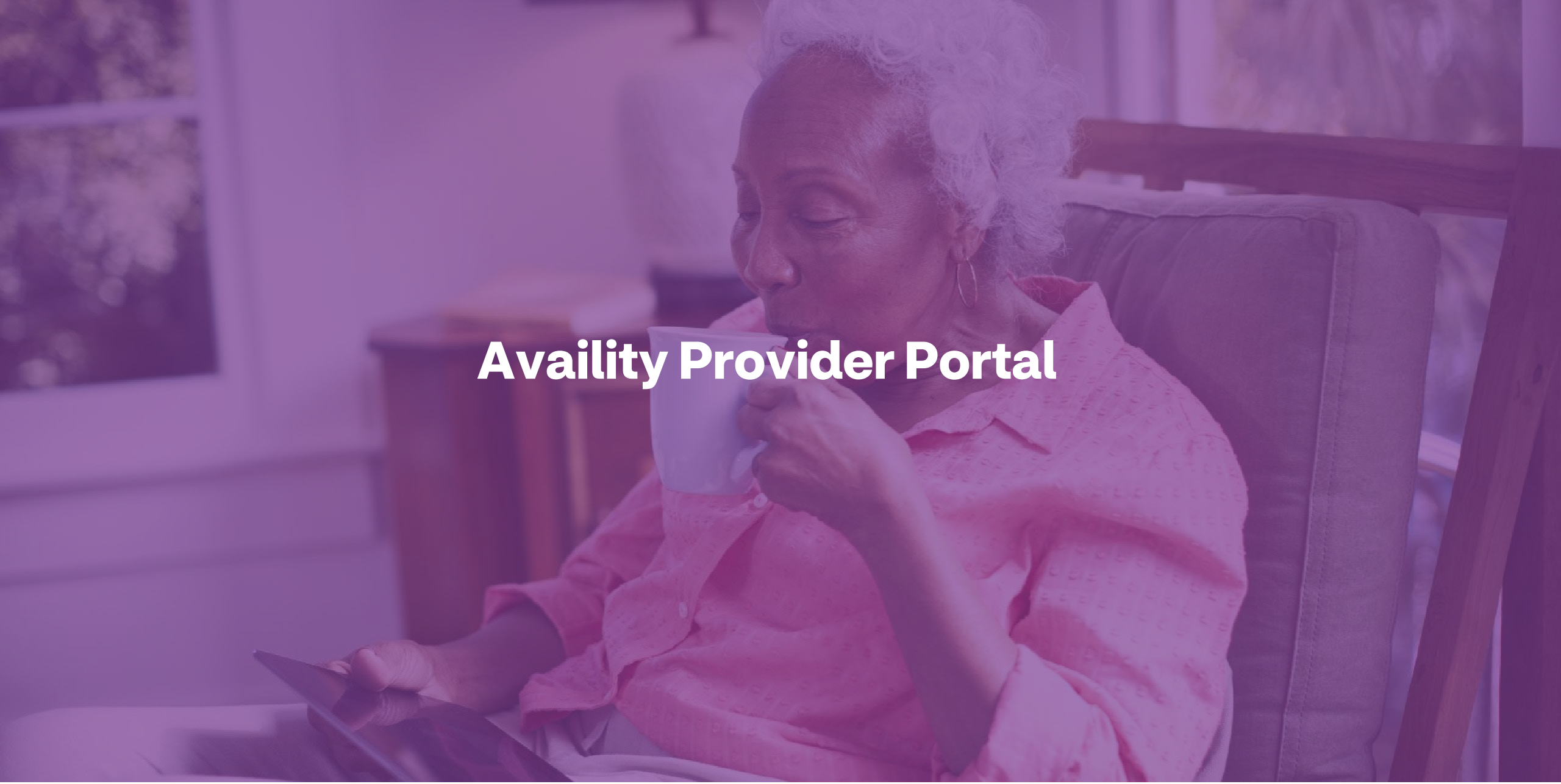
Electronic Visit Verification (EVV)

What is EVV?
Section 12006 of the 21st Century Cures Act required states to implement an EVV system for Medicaid funded Personal Care Services (PCS) by January 1, 2021, and for Home Health Care Services (HHCS) by January 1, 2023. The EVV program currently pertains to Private Duty Nursing, Home Health, and Home-based Therapies. Providers must complete the EVV scheduling and visit verification process for all required codes.

Providers should follow the authorization process outlined earlier. Once the service is authorized, the provider can schedule visits, complete EVV documentation for every visit, and create invoices to be paid through the EVV Vendor. Invoicing claims occurs within the EVV Portal.

Important Resources:
HHA Portal can be accessed **here**.
For information about the state's EVV program, please visit the **New Jersey EVV website**.
Dedicated EVV Authorization Form

For any questions, authorizations, or escalations, please email Aetna at **AetnaEVVCompliance@aetna.com**. The EVV mailbox can be used for issues for both Aetna Better Health of New Jersey and Aetna Assure Premier Plus' D-SNP.



Availity Provider Portal

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Availity Secure Provider Portal

- If you are already registered with Availity, you will simply select Aetna Better Health and NJ-VA MAP D- SNP 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

Provider Resources

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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: **COEProviderServices@AETNA.com**

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

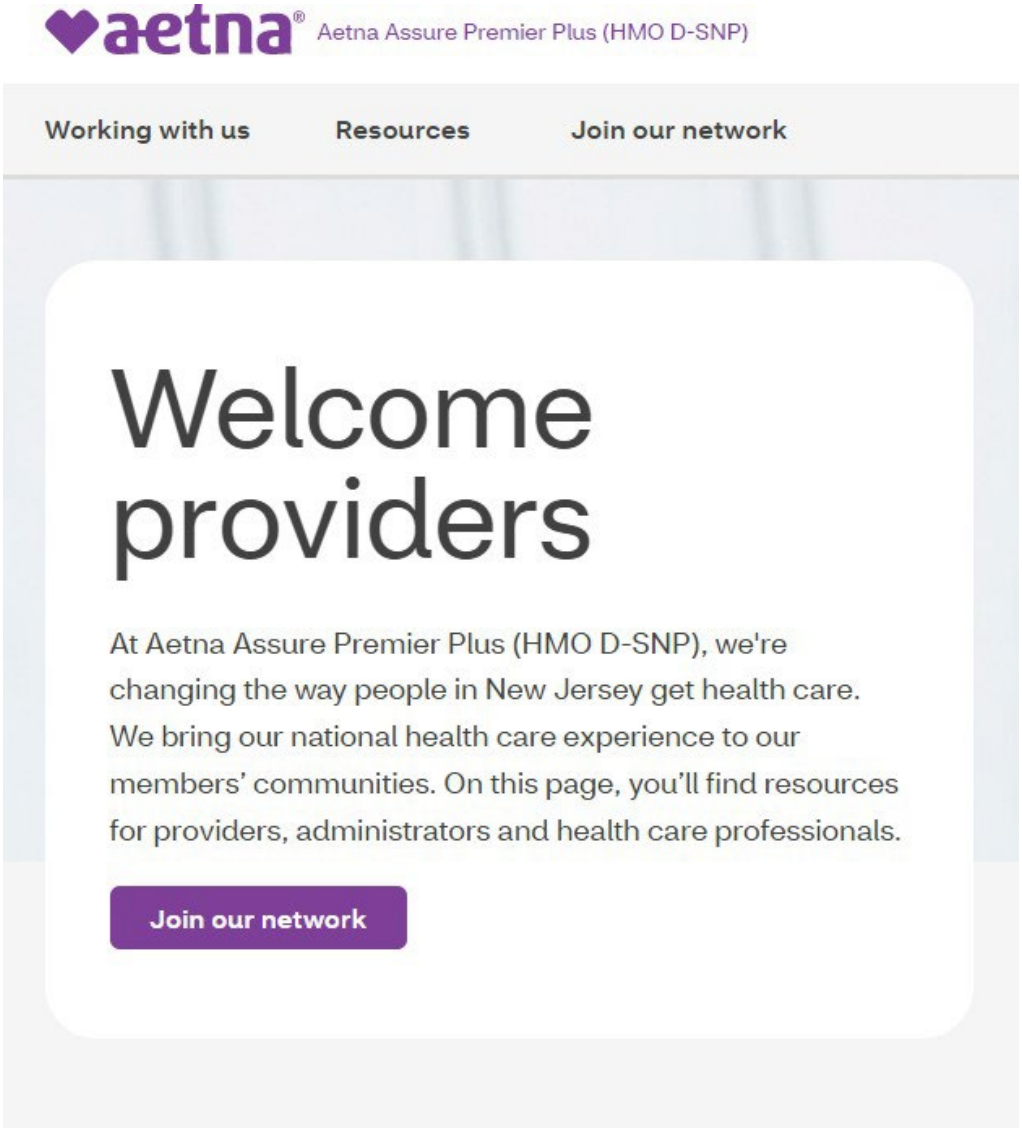
Visit Our Website

Providers can access the Aetna Assure Premier Plus **here**

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



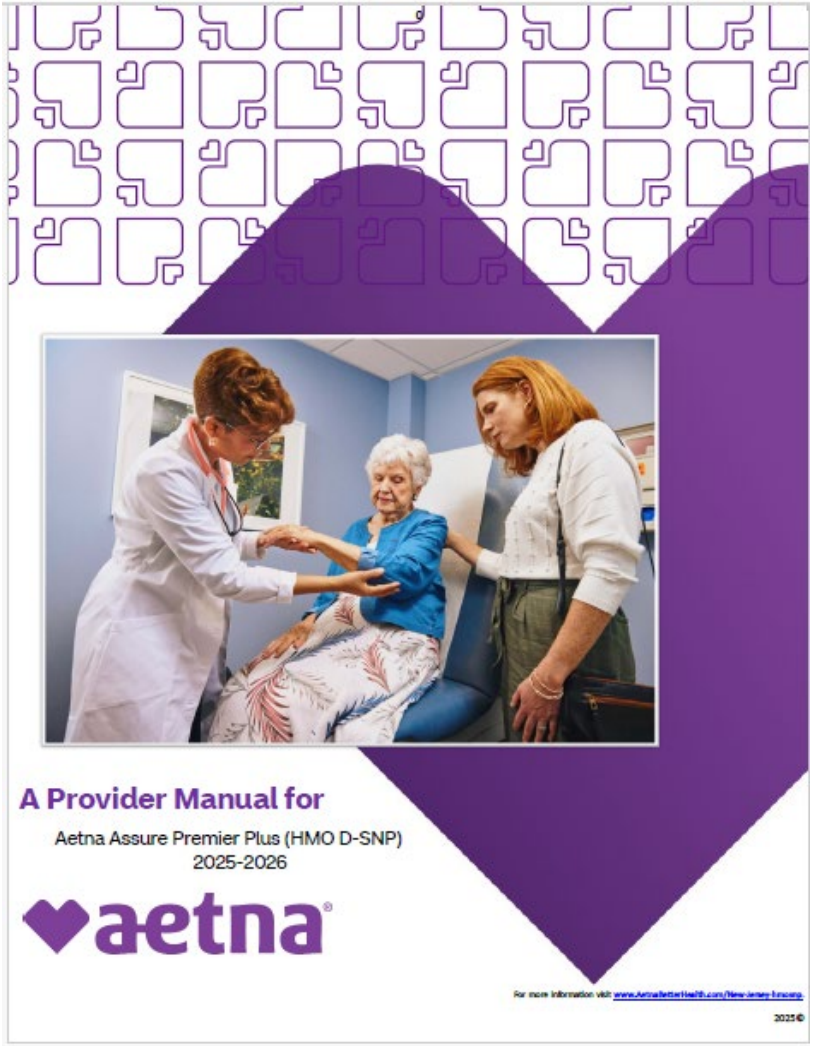
Provider Manual

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: **COEProviderServices@AETNA.com**

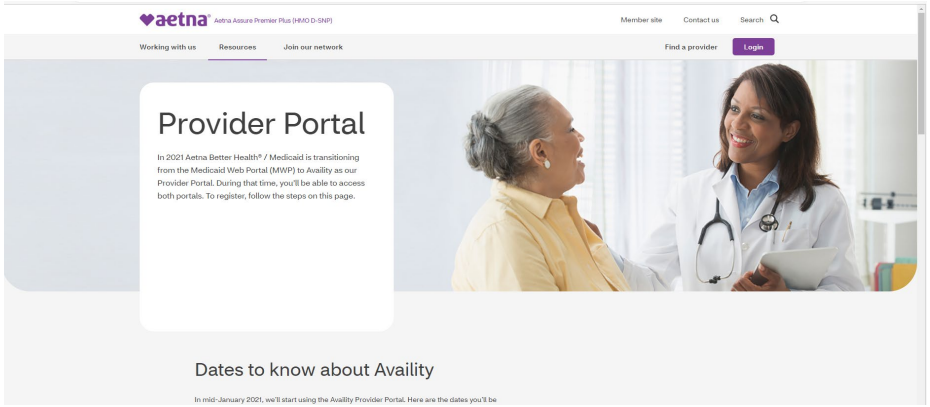


Provider Portal

If you are already registered in Availity, you will simply select Aetna Better Health and NJ-VA MAP D-SNP 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

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Additional NJ Department of Human Services Resources

- General Website: **Website**
- Programs/Services: **Programs/Services**
- NJ Family Care: **NJ Family Care**

Aetna policy statement


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