



Quick Reference

Aetna Better Health[®] of New Jersey
Provider Guide



[AetnaBetterHealth.com/newjersey](https://www.aetna.com/betterhealth/newjersey)

NJ-22-11-03 11/22

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.html](https://www.aetna.com/provider/FindProvider.html)

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Contact Information

Provider Relations and Network Management

Shanise Williams

Director Network Management

Office: 609-282-8226

Cell: 908-645-4194

WilliamsS1e291@Aetna.com

Dina Acampora

Network Relations Consultant

Hospital Assignment: Holy Name Medical Center, Englewood Hospital and Medical Center, University Hospital

County Assignment: Bergen, Essex, Salem, Sussex, Union

Cell: (609) 664-7145

acamporad@Aetna.com

Dana Ellis

Network Relations Manager

Hospital Assignment: Atlantic Health System, RWJ Barnabas Health, St. Joseph's Health Care

County Assignment: Atlantic, Burlington, Camden, Cumberland, Morris, Ocean, Passaic, Somerset

Cell: 609-751-6243

EllisD@Aetna.com

Ashley Lampley

Senior Analyst, Network Relations

Servicing Program: MLTSS, Nursing Facility, Assisted Living, Hospice, Chore Services, Home and Community Based, DME

County Assignment: Gloucester, Mercer

Cell: (609) 480-7979

axlampley@Aetna.com

Angelica Miranda

Manager, Network Relations

Hospital Assignment: AtlantiCare, Capital Health System, CarePoint Health System, Hackensack Meridian Health System, Hunterdon Medical Center

County Assignment: Cape May, Hunterdon, Middlesex, Monmouth

Cell: (609) 515-4817

mirandaa2@Aetna.com

Aetna Better Health® of New Jersey
Medicaid

Kimberly Chou

Sr. Manager Network Management

Cell: 856-515-1830

chouk@Aetna.com

Liarra Sanchez

Senior Analyst, Network Relations

Servicing Program: Statewide Behavioral Health, OBAT, AUTISM, Statewide and Hearing Services

Hospital Health Systems: Summit Oaks Hospital, Hampton Behavioral Health, Health South Health System, Weisman Children's Hospital, New Bridge Medical Center (Bergen Regional Hospital)

County Assignment: Hudson, Warren

Cell: 609-455-8997

Fax: 959-333-2851

sanchezL7@Aetna.com

Kimberly Chou

Manager, Network Relations

Hospital Assignment: Cape Regional Health System, CentraState Healthcare System, Cooper University Health Care, Prime HealthCare, East Orange General Hospital, Saint Peter's, Virtua Health System

Kimberly Chou

Senior Analyst, Network Relations

Hospital Assignment: Deborah Heart and Lung Center, Inspira Health Network, Memorial Hospital of Salem County, Shore Medical Center

Network Contracting

Join The Network Request

Contact our Network Management Team

Kimberly Lees

Network Manager

Servicing: BH, ABA, Doula & Autism

Cell: **856-271-7446**

Leesk1@Aetna.com

June-Delina Parkes

Network Manager

Cell: **845-427-1261**

ParkesJ@Aetna.com

Contact Information

Case Management /MCO Care Coordination Contact

Malvina Williams, RN

Manager, Clinical Management
CM Manager, Discharge Planning, Care
Coordination, Special Needs, Dental
Office: **609-282-8236**
WilliamsM5@Aetna.com

Jennifer Coleman, RN

Health Services Manager, Concurrent Review
Office: **863-221-6010**
ColemanJ2@CVShealth.com

Ann Marie McGinnis, RN

ICM Clinical Manager, Clinical Health Services
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
Office: **609-282-8183**
McGinnisA@Aetna.com

Natasha Sealey, RN

Health Services Manager, Prior Authorization
Office: **954-858-3374**
SealeyN@cvshealth.com

Managed Long Term Services and Support

Ashley Lampley

Supervisor, Health Services, MLTSS Members
NF that has a resident that elects Hospice
Office: **609-282-8206**
Cell: **609-480-7979**
Fax: 860-607-8812
AxLampley@Aetna.com

Jacqueline Alvarez, RN

Plan A Members
Assessment Team Supervisor, Interim MLTSS
Supervisor, Authorization Processor-ICM
Phone: **609-651-0095**
Fax: 959-888-4158
AlvarezJ5@Aetna.com

Liarra Sanchez

Network Relations Consultant
Service Area: MLTSS, BH, ABA, Doula, Autism,
Nursing Facility, Assisted Living, Hospice,
Chore Services, Home, Community Based,
DME, and Hearing Services
Cell: **609-455-8997**
Fax: 959-333-2851
SanchezL7@Aetna.com

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

Network Relations Consultant

Service Area: BH, ABA, Doula, Autism, Hearing Services

Cell: **609-455-8997**

Fax: 959-333-2851

Maressa Nordstrom, LCSW, LCADC

Behavioral Health Administrator (Clinical Liaison)

Service Area: SUD, BH Discharge Planning, Care Coordination and BH Case Management

Office: **959-230-9944**

NordstromM1@Aetna.com

Customer Service

Website: AetnaBetterHealth.com/NewJersey

Claims Questions: **855-232-3596**.

Press * for healthcare provider. Follow prompts for customer service needs.

- Claim Status
- Eligibility
- Transportation
- Authorization
- Interpretation

Eligibility Verification



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

Important Contact Information

Member Services & Provider Relations

1-855-232-3596 (TTY: 711)

Aetna Better Health® of New Jersey

3 Independence Way, Suite 400
Princeton, NJ 08540-6626

Behavioral Health After Hours

1-855-232-3596 (TTY: 711)

Compliance Hotline Fraud, Waste or Abuse

1-855-282-8272 (24/7 Voicemail)

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

1-855-225-1727

8 AM – 8 PM, Monday – Friday

FIDE SNP

General Provider Services Number

1-844-362-0934 (TTY: 711)

8 AM – 5 PM, Monday – Friday

Care Coordination

1-844-362-0934 (TTY: 711)

Hearing Services

1-844-362-0934 (TTY: 711)

MLTSS

1-844-362-0934 (TTY: 711)

Vision Services (MARCH Vision)

1-844-362-0934 (TTY: 711)

Behavioral Health

1-844-362-0934 (TTY: 711)

Dental (LIBERTY Dental)

1-844-362-0934 (TTY: 711)

Hospice

1-844-362-0934 (TTY: 711)

Pharmacy/DME

1-844-362-0934 (TTY: 711)

Tools & Resources

Visit our website at

[AetnaBetterHealth.com/newjersey](https://www.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

Visit our secure web portal at

apps.availity.com/availity/web/public.elegant.login.

The secure web portal allows participating providers to perform a variety of tasks 24/7 including:

- Review prior authorization requirement search tool
- Checking claims status
- Pull provider roster of assigned members



Participating providers must complete our user agreement in order to access the secure web portal.

Claims

Claim Inquiries

Participating providers may confirm receipt and confirm adjudication status of a claim by checking the [Secure Provider Web Portal](https://apps.availity.com/availity/web/public.elegant.login) 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.

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 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.



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

P.O. Box 61925

Phoenix, AZ 85082-1925

Online Claim Status Through Secure Web Portal

We encourage providers to take advantage of using our online secure web portal, as it is quick, convenient and can be used to determine status (and receipt of claims) for multiple claims, paper and electronic. The secure web portal is located

on the website. Providers must register to use our portal. Please see Chapter 19 of our provider manual for additional details surrounding the secure web portal.

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 ABH NJ claims determination(s) and also an apparent lack of activity on a claim. To appeal ABH NJ claims determination(s), provider must utilize the Health Care Provider Application to Appeal a Claims Determination that is posted on the ABH NJ website and 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

888-352-7927

Claims Questions

888-352-7927, Option 2

Payor ID – CX083

Credentialing Hotline

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
855-225-1727

Eligibility or Benefit Questions

888-352-7927, 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

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 **888-352-7927** 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 **1-855-225-1727**, 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.

Dental emergencies include:

- Tooth fracture
- Loss of a permanent tooth
- Severe gingival, jaw or mouth pain and fever

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](https://www.aetna.com/better-health/new-jersey/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/provider](https://www.aetna.com/betterhealth/newjersey/provider)
- 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.

Interested Providers (Provider Enrollment)

If you are interested in applying for participation in our Aetna Better Health® of New Jersey network, please visit our website at aetnabetterhealth.com/nj and complete the provider application forms (directions available online).

If you would like to speak to a representative about the application process or the status of your application, please contact our Provider Services Department at **1-855-232-3596**, these inquiries will be routed to the Network team. To determine if Aetna Better Health® of New Jersey is accepting new providers in a specific region, please contact our Provider Services Department at the number located above.

If you would like to mail your application, please mail to:



Aetna Better Health® of New Jersey

Attention: Provider Services
3 Independence Way, Suite 400
Princeton, NJ 08540



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 9](#) for LIBERTY Dental Plan contact information.

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 filed 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

MTLSS FRONT

Aetna Better Health® of New Jersey 

NJ FamilyCare Managed Long Term Services and Support (MLTSS)

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000
 Member Name Last Name, First Name Sex X

PCP Last Name, First Name
 PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*
 CO-PAYS

PCP \$0	Brand \$0	RxBIN: 610591	
ER \$0	Generic \$0	RxPCN: ADJ RxGRP: R08R29	

Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. NYM01

A FRONT

Aetna Better Health® of New Jersey 

NJ FamilyCare A

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000
 Member Name Last Name, First Name Sex X

PCP Last Name, First Name
 PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*
 CO-PAYS

PCP \$0	Brand \$0	RxBIN: 610591	
ER \$0	Generic \$0	RxPCN: ADJ RxGRP: R08R29	

Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. NYM01

B FRONT

Aetna Better Health® of New Jersey 

NJ FamilyCare B

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000
 Member Name Last Name, First Name Sex X

PCP Last Name, First Name
 PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*
 CO-PAYS

PCP \$0	Brand \$0	RxBIN: 610591	
ER \$0	Generic \$0	RxPCN: ADJ RxGRP: R08R29	

Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. NYM02

C FRONT

Aetna Better Health® of New Jersey 

NJ FamilyCare C

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000
 Member Name Last Name, First Name Sex X

PCP Last Name, First Name
 PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*
 CO-PAYS

PCP \$5	Brand \$5	RxBIN: 610591	
ER \$10	Generic \$1	RxPCN: ADJ RxGRP: R08R29	

Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. NYM03

D FRONT

Aetna Better Health® of New Jersey 

NJ FamilyCare D

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000
 Member Name Last Name, First Name Sex X

PCP Last Name, First Name
 PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*
 CO-PAYS

PCP \$5	Rx \$5	RxBIN: 610591	
ER \$35	Ro-34 days \$10	RxPCN: ADJ RxGRP: R08R29	

After hours \$10 Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. NYM04

BACK

Member Services / Servicios al Miembro (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, PO Box 61925, Phoenix, AZ 85082-1925
 To verify member eligibility: 1-855-232-3596
 Electronic Claims: Payer ID 46320

NYM05

DENTAL ID CARD FRONT

 

(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) 704-8833

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?

Submit 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 to:



Aetna Better Health® of New Jersey
P.O. Box 61925
Phoenix, AZ 85082-1925

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.