AETNA BETTER HEALTH® OF NEW JERSEY

Quick Reference Guide

Participating Provider Quick Reference Guide
This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the Aetna Better Health of New Jersey Provider Manual located at:
www.aetnabetterhealth.com/newjersey

Eligibility Verification

Please contact us at 1-**855-232-3596** or log into our Secure Web Portal to verify eligibility.

Tools & Resources

Website
- Provider Manual
- Member Handbook
- 24/7 Secure Web Portal (See below for full details)
- Clinical Guidelines
- Forms
- Provider Education

Secure Web Portal (24/7)
The Secure Web Portal allows participating providers to perform a variety of tasks such as:
- Verifying eligibility
- Download various forms used to submit authorization requests
- Submission and verification of prior authorization requests, including status checks
- Review prior authorization requirement search tool
- Checking claims status
- Pull PCP roster of assigned members

Participating providers must complete our user agreement in order to access the Secure Web Portal.

Claims

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

Claims & 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.

Please note :
- 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.

Paper Claims Submissions and or Resubmissions
Please use the following address when submitting claims to Aetna Better Health of New Jersey:

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

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

Online Claim status through Aetna Better Health of New Jersey's Secure Web Portal
Aetna Better Health of New Jersey encourages providers to take advantage of using our online Secure Provider 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 Provider Web Portal is located on the website. Providers must register to use our portal. Please see Chapter 4 for additional details surrounding the Secure Provider Web Portal.

Claim 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.

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Claim Resubmission Cont.
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.

Please note: 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, which can be found on the following website: **www.aetnabetterhealth.com/newjersey.**

Prior Authorizations

How to request Prior Authorizations
A prior authorization request may be submitted by:

- Submitting the request through the 24/7 Secure Provider Web Portal located on the Aetna Better Health of New Jersey's website at **www.aetnabetterhealth.com/newjersey**, or
- Fax the request form to 1-844-797-7601 (form is available on our website). Please use a cover sheet with the practice's correct phone and fax numbers to safeguard the protected health information and facilitate processing, or
- Through our toll-free number at **1-855-232-3596**

To check the status of a prior authorization you submitted or to confirm that we received the request, please visit the Secure Provider Web Portal at **www.aetnabetterhealth.com/newjersey**, or call us at **1-855-232-3596**. The portal will allow you to check status, view history, and or email a Case Manager for further clarification if needed.

For further information about the Secure Provider Web Portal, please review Chapter 4 of the Provider Manual. If response for non-emergency prior authorization is not received within 15 days, please contact us at **1-855-232-3596**.

Requesting Prior Authorization
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
- Date(s) of service (DOS)

Important Note:

- Emergency services do not require prior authorization; however, notification is required the same day.
- For post stabilization services, hospitals may request prior authorization by calling **1-855-232-3596**.

Online Provider & Pharmacy Search Tool
For a list of participating providers, including behavioral health, please access our online search tool located on our website at:
www.aetnabetterhealth.com/newjersey

Please note: Laboratories and radiology participating providers are included in the online search tool.

Requesting Prior Authorization Cont.
Important Note:

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

Decision/Notification Requirements

Decision	Decision/notification timeframe
Urgent pre-service approval	Within twenty four (24) hours of receipt of necessary information, but no later than 72 hours from receipt of request
Urgent pre-service denial	Within twenty four (24) hours of receipt of necessary information, but no later than 72 hours from receipt of request
Non-urgent pre-service approval	Within fourteen (14) calendar days (or sooner as required by the needs of the member) of receipt of necessary information sufficient to make an informed decision
Non-urgent pre-service denial	Within fourteen (14) calendar days (or sooner as required by the needs of the member) of receipt of necessary information sufficient to make an informed decision
Continued / extended services approval (non-ED/acute inpatient)	Within one (1) business day of receipt of necessary information
Continued / extended service denial (non-ED/acute inpatient)	Within one (1) business day of receipt of necessary information
Post-service approval of a service for which no pre-service request was received.	Within thirty (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

Interested Providers

If you are interested in applying for participation in our Aetna Better Health of New Jersey network, please visit our website at **www.aetnabetterhealth.com/newjersey,** and complete the provider application forms (directions will be 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**. 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 DentaQuest 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.

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Provider Inquires

Providers may contact us at **1-855-232-3596** between the hours of 8 a.m. and 5 p.m., Monday through Friday, or email us AetnaBetterHealth-NJ-ProviderServices@AETNA.com for any and all questions including checking on the status of an inquiry, complaint, grievance, and or appeal. Our Provider Services Staff will respond within 48 business hours.

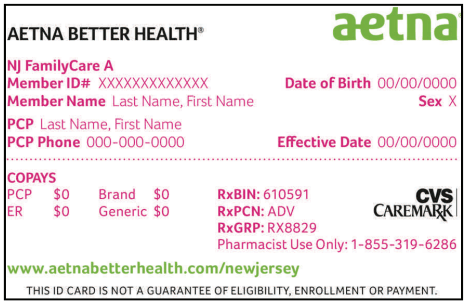
Contact Information

(For a complete list of contact information, please review the Provider Manual)

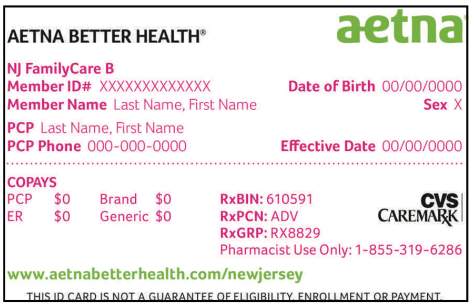
Aetna Better Health of New Jersey	1-855-232-3596, TTY 711 (follow the prompts in order to reach the appropriate departments ie., Care Management, Member Services, Provider Services, Behavioral Health/Mental Health etc.)
Aetna Better Health of New Jersey Compliance Hotline (Reporting Fraud, Waste or Abuse)	1-855-282-8272 (24 hours / 7 days per week through Voice Mail inbox)
Aetna Better Health of New Jersey Special Investigations Unit (SIU) (Reporting Fraud, Waste or Abuse)	1-800-338-6361 **(**24 hours / 7 days per week)
DentaQuest- Dental Vendor	1-855-225-1727
March Vision- Vision Vendor	1-888-493-4070, TTY 1-877-627-2456
CVS Caremark—Pharmacy Vendor For prior authorizations, pharmacies will call our health plan directly at 1-855-232-3596 and follow the prompts.	1-855-232-3596, TTY 711 (Aetna Better Health of New Jersey) 8 a.m.-5 p.m. EST Monday-Friday
Radiology- N/A	Aetna Better Health of New Jersey currently does not use third-party vendors for radiology authorizations. Please contact our health plan directly at 1-855-232-3596, TTY 711 and follow the prompts for more information.
Durable Medical Equipment- DME	Please see our online provider search tool for details surrounding DME providers. www.aetnabetterhealth.com/newjersey
Lab – Quest Diagnostics www.questdiagnostics.com/home.html	Please visit the website for additional information.

Sample ID Cards (Front & Back):

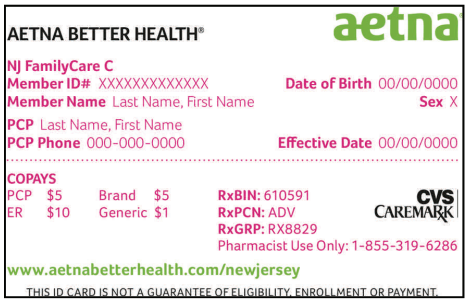
Front of "A"


AETNA BETTER HEALTH®
NJ FamilyCare A
Member ID# XXXXXXXXXXXX
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000
Date of Birth 00/00/0000
Sex X
Effective Date 00/00/0000
COPAYS
PCP $0 Brand $0
ER $0 Generic $0
RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: 1-855-319-6286
www.aetnabetterhealth.com/newjersey
THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

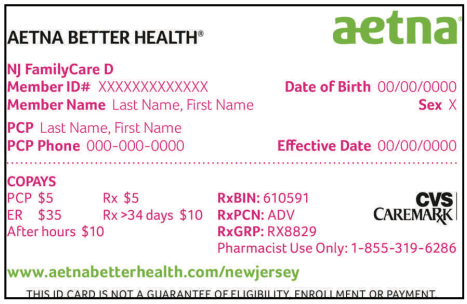
Front of "B"


AETNA BETTER HEALTH®
NJ FamilyCare B
Member ID# XXXXXXXXXXXX
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000
Date of Birth 00/00/0000
Sex X
Effective Date 00/00/0000
COPAYS
PCP $0 Brand $0
ER $0 Generic $0
RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: 1-855-319-6286
www.aetnabetterhealth.com/newjersey
THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

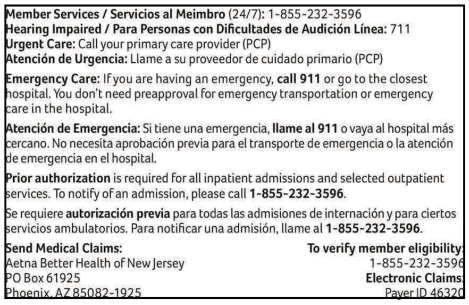
Front of "C"


AETNA BETTER HEALTH®
NJ FamilyCare C
Member ID# XXXXXXXXXXXX
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000
Date of Birth 00/00/0000
Sex X
Effective Date 00/00/0000
COPAYS
PCP $5 Brand $5
ER $10 Generic $1
RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: 1-855-319-6286
www.aetnabetterhealth.com/newjersey
THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Front of "D"


AETNA BETTER HEALTH®
NJ FamilyCare D
Member ID# XXXXXXXXXXXX
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000
Date of Birth 00/00/0000
Sex X
Effective Date 00/00/0000
COPAYS
PCP $5 Rx $5
ER $35 Rx >34 days $10
After hours $10
RxBIN: 610591
RxPCN: ADV
RxGRP: RX8829
Pharmacist Use Only: 1-855-319-6286
www.aetnabetterhealth.com/newjersey
THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Back of ALL


Member Services / Servicios al Meimbro (24/7): 1-855-232-3596
Hearing Impaired / Para Personas con Dificultades de Audición Línea: 711
Urgent Care: Call your primary care provider (PCP)
Atención de Urgencia: Llame a su proveedor de cuidado primario (PCP)
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