

About Aetna Medicare HIDE (HMO D-SNP)

Aetna Medicare HIDE (HMO D-SNP) is a type of Medicare Advantage Plan that provides both Medicare and Medicaid health benefits to Michigan Members who qualify for Medicare and (Medicaid services) and live in the following counties (for 2026): Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Wayne, and Van Buren. In 2028, these additional counties will be included in the plans participation: Oakland, Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Genessee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola, Clinton, Eaton, Ingham, Hillsdale, Jackson, Lenawee, Livingston, Monroe, Washtenaw

1) Am I in the Aetna Medicare HIDE's Network?

If you are an Aetna Medicare Advantage contracted provider, you participate in Aetna Medicare HIDE (HMO D-SNP) Network and should accept members for the provision of Medicare services.

If you are an Aetna Better Health Premier Plan (Medicare-Medicaid Plan) provider, you may participate in the Aetna Medicare HIDE (HMO D-SNP) Network if you received a notice adding the product to your agreement.

To check your participation status, please visit the [Availity provider portal](#) or call provider services at **1-855-676-5772**.

2) Can I balance bill a member?

No. Providers may not bill members for any Medicare or Medicaid covered services. Members are not responsible for Medicare cost sharing under CMS regulations. Medicare cost sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

3) Should I bill Medicare or Medicaid?

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

Participating Medicare providers will be compensated in accordance with their executed contract terms and conditions that you will find in the Medicare service and compensation schedule.

Aetna Medicare HIDE (HMO D-SNP) is also responsible for the management and payment of Michigan Medicaid benefits. Medicaid-only covered services will be reimbursed according to existing Medicaid rates.

For Medicare covered services, Aetna will reimburse providers for Medicare primary payment (up to the existing Medicare Advantage contracted rates) and then adjudicate for Medicaid secondary payment (up to the Medicaid allowable rates). If the claim is eligible for both Medicare and Medicaid reimbursement, payment for the Aetna Medicare HIDE (HMO D-SNP) plan will be made on separate checks: one check from Medicare and one check from Medicaid.

4) What If I'm Not a Medicaid Participating Provider?

Providers who are billing Medicare covered codes will receive both the primary Medicare payment and then secondary Medicaid payment if applicable. If you are billing Medicare covered services as primary, there is nothing to do. You do not need to have a Medicaid contract to receive primary Medicare cost sharing.

If you are billing services that are primary to Medicaid (i.e., services that are not Medicare eligible), the Michigan Department of Health and Human Services (MDHHS) requires registration through Community Health Automated Medicaid Processing System (CHAMPS) to receive payment. If you already have an Active Medicaid ID with CHAMPS, there is no action needed to receive Medicaid payment. If you need a Medicaid ID, please visit the [registration site](#). Either registering or obtaining an Active Medicaid ID is sufficient to receive a Medicaid payment for Medicaid primary services.

5) How do I submit claims?

Using the member's ID number from the plan ID card, you'll only need to submit one claim. Your claims will automatically process first through Medicare benefits and then through Medicaid benefits. You'll receive two provider remittance advices (PRAs), one for Medicare and one for Medicaid. There's no need to submit a secondary claim to Aetna.

There are three avenues to submitting claims:

- We encourage participating providers to electronically submit claims through ECHO Health, Inc. Use submitter ID **#128MI** when submitting claims to Aetna Medicare HIDE (HMO D-SNP).
- When using Availity, providers must select Aetna Better Health All Plans And NJ-VA MAPD-DSNP as the Payor due to Aetna's claims administration system for this plan.
- For paper claims submissions, please use submitter ID **#128MI** when submitting claims to Aetna Medicare HIDE (HMO D-SNP). Paper claims should be sent to the following address:

Aetna Medicare HIDE (HMO D-SNP)

PO Box 982963

El Paso, TX 79998-2967

6) Am I Required to See Aetna Medicare HIDE (HMO D-SNP) Members?

Yes, as a contracted provider to service Aetna Medicare Advantage members, you are required to see these Members. Aetna Medicare HIDE (HMO-DSNP) is a Medicare Advantage plan and is included in the Aetna Medicare participation agreement.

Policies and Procedures

1) How Do I Access the Provider Portal?

If you're new to Availity, you can register with Availity for free by clicking [here](#). You can utilize all Availity's features and access trainings once you log in.

If you are already using Availity, simply [log in](#) to your Availity profile and choose "Aetna Better Health All Plans And NJ-VA MAPD-DSNP" from your list of payers for viewing Aetna Medicare HIDE (HMO D-SNP). This allows you to start using the Aetna-specific features. The portal tools inside make all your admin work as easy as possible. "Aetna Medicare" Availity profile should be used for other Medicare Advantage business.

2) What are Availity's Features?

Through the Availity portal, you can:

- Conduct claim inquiries
- Verify member eligibility and benefits
- Update provider rosters and demographic information
- Review authorizations and resubmissions

3) Do I have to take any Training?

All Special Needs 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 on the [Provider Training](#) page.

All providers and office staff who interact with Members are required to complete this training.

4) What other Claims and Patient Information do I have to Submit?

To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. Requirements: Advanced Care Planning (CPTII: 1157F, 1158F), Functional Status Assessment (CPTII: 1170F), Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day), Pain Screening (CPTII: 1125F, 1126F).

Member Eligibility and Benefits

1) Who is eligible for Aetna Medicare HIDE (HMO D-SNP)?

Enrollees must be:

- Eligible for Medicare; entitled to Medicare Parts A and B
- Live in one of the following counties (2026): Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Wayne, and Van Buren
 - **Please note:** In 2027, the following counties will be added to the network: Oakland, Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Genessee, Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola, Clinton, Eaton, Ingham, Hillsdale, Jackson, Lenawee, Livingston, Monroe, Washtenaw
- Have FBDE (Full Benefit Dual Eligible) status
Age 21 or older at the time of enrollment including individuals age 21 and older served by the Children's Specialized Health Care Services (CSHCS) program

2) When and How Can Members Enroll?

Members have Special Enrollment Periods (SEP) which allow them to enroll, disenroll or switch plans throughout the month all year round. Enrollment changes become effective the first day of the following month. Providers may have new enrollees throughout the year. Prospective enrollees can learn more about the plan by visiting the [member website](#) or speaking to a licensed sales agent. They can call **1-855-676-5772 (TTY: 711)** to enroll.

3) What Care Management Services Do Members Receive?

Members enrolled in the plan have a dedicated care manager who will serve as their main point of contact with the plan. The Care Manager will lead an **Interdisciplinary Care Team (ICT)** that works together to help each Member receive the most appropriate, highest quality of care. Each Member has an **Individualized Care Plan (ICP)** based on the results of their comprehensive **Health Risk Assessment (HRA)**. Care Managers can be reached by phone at **1-855-676-5772** or by email at MIDualsCMLTSS@aetna.com.

4) 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 eligibility of three (3) months. The plan will also continue to cover Medicare cost-sharing during this time. To find out if a benefit is Medicaid only, or to find out if it will be covered, you can call Provider Services at **1-855-676-5772**. This period of eligibility begins the first day of the month after Aetna Medicare HIDE (HMO D-SNP) learns of the loss of Medicaid eligibility. If at the end of the three (3) month period of eligibility, the Member's Medicaid eligibility has not been regained and the member has not enrolled in a different plan, Aetna Medicare HIDE (HMO D-

SNP) will disenroll the member from the plan and the member will be enrolled back into Original Medicare.

Note: During this period, members are NOT liable for cost-share (premiums, copayments, coinsurance, or deductibles) of any kind for Medicare covered services and should not be balance billed. During this period, Medicaid services will not be covered during this time.

5) Will members have Aetna D-SNP AND a Separate Medicaid plan?

No. Aetna Medicare HIDE (HMO D-SNP) is a special kind of Medicare Advantage plan that offers all services covered by original Medicare and a prescription drug plan, along with all of Medicaid services. Members will receive both their Medicare and Medicaid services from Aetna.

6) What Services and Benefits Are Covered in Our Plan?

Aetna Medicare HIDE (HMO D-SNP) covers all the Member's Medicare, Medicaid, Managed Long Term Services and Supports, and prescription drug benefits (including Medicare Part D) for all members. This includes their medical, behavioral health, medication, and extra benefits all in one health plan, and no deductibles, coinsurance, or copays for plan-covered services or prescription drugs.

Supplemental benefits include:

- A fitness program through SilverSneakers
- Home delivered meals following an in-patient or skilled nursing stay. Members can receive 28 meals over 14 days after an inpatient hospital discharge or skilled nursing stay.
- Members get an Over-the-Counter (OTC) Wallet with a \$225 monthly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card to help pay for approved OTC products (including allergy medicine, pain relievers, first aid supplies, and more)
 - Members who have a qualifying chronic condition may qualify for additional spending categories on the Extra Benefits Card such as healthy foods, personal care, transportation, utilities.
 - Annual allowance wigs for member undergoing chemotherapy
- Personal Emergency Response System
- Aetna 24-hour Nurse Line
- Members can schedule a Teladoc appointment at Teladoc.com/Aetna or by calling **1-855-TELADOC (1-855-835-2362)** (TTY: 711) or MinuteClinic® Video Visit which is available 24/7 via the CVS app or at by visiting the [Minute Clinic Website](#). Available for select conditions. Other restrictions apply. To receive these services, you will be connected to a trusted third-party provider.

7) Things to Remember:

- Always verify member eligibility every time prior to rendering services

- Members should show their member ID each time before completing a visit to a provider
- You can call provider services at **1-855-676-5772**
- You can verify member’s eligibility in the [provider portal](#)
- Members must select a primary care physician to coordinate their care.
- Members may only see providers in the Aetna Medicare HIDE (HMO D-SNP) network, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Aetna Medicare HIDE (HMO D-SNP) provides a prior authorization for out-of-network care.
- Members do not need referrals to see in-network providers.

More information

1) Where can I find the provider newsletter and updates on policy information?

Our provider newsletters and any news and notices and can be found [here](#).

2) Where can I find the Aetna Medicare HIDE (HMO D-SNP) provider manual?

The Provider Manual is accessible on our [Provider Website](#) under the ‘Resources’ link or can be downloaded directly [here](#)

3) What does an Aetna Medicare HIDE (HMO D-SNP) Member ID card look like?

A sample Member ID is presented below:

Aetna Medicare HIDE (HMO D-SNP)
Aetna Medicare HIDE (HMO D-SNP) is a plan that contracts with both Medicare and Michigan Medicaid.



MedicareRx
Prescription Drug Coverage

<p>Member Name:</p> <p>Member ID:</p> <p>Care Management: 1-855-676-5772 (TTY 711)</p> <p>PCP Group/Name:</p> <p>PCP Phone: 586-574-0630</p> <p>MEMBER CANNOT BE CHARGED Copays: PCP/Specialist: \$0 ER: \$0</p> <p>H9314-001</p>	<p>RxBIN: 610502</p> <p>RxPCN: MEDDAET</p> <p>RxGRP: RXAETD</p>
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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.

Member Services:	1-855-676-5772 (TTY: 711)
Behavioral Health:	1-855-676-5772 (TTY: 711)
Pharmacy Help Desk:	1-800-238-6279
24 Hr Behavioral Health Crisis Line:	1-866-827-8704
24-Hour Nurse Advice:	1-855-676-5772 (TTY: 711)
Dental Provider: DentaQuest:	1-855-676-5772 (TTY: 711)
Transportation:	1-844-549-8347 (TTY: 711)
Mental Health Crisis:	988
Website:	AetnaMedicare.com/MichDSNP

Send Claims To: Aetna Medicare HIDE (HMO D-SNP)
P.O. Box 982963, El Paso, TX 79998-2963

Claim Inquiry: 1-855-676-5772 (TTY 711)

4) How do I contact Aetna?

For Aetna Medicare HIDE (HMO D-SNP) call **1-855-676-5772** to address:

- Provider needs
- Claim payment statuses
- Discuss prior authorization for services
- Discuss Case Management needs

You may also email the care management department at MIDualsCMLTSS@aetna.com if you have any authorization forms to transmit or escalated issues, and you can reach the provider credentialing team at COEProviderServices@AETNA.com when you have any roster forms or recredentialing/W-9 forms.

You can also address many provider issues such as member eligibility verification, claim submission and disputes, submitting appeals and grievances, and updating rosters at the provider portal found [here](#).

Expanded Links:

Availity: apps.availity.com/

Availity Registration: apps.availity.com/provider-portal-registration

Member Website: <https://www.aetnabetterhealth.com/michigan-mmp/members/>

Michigan's Medicaid Registration Page: <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/champs-a>

Provider Directory: <https://www.aetnabetterhealth.com/michigan-mmp/find-provider>

Provider Manual:

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/michigan/provider/pdf/abhmi_mmp_provider_manual.pdf

Provider Newsletters: <https://www.aetnabetterhealth.com/michigan/providers/notices-newsletters.html>

Provider Portal: <https://www.aetnabetterhealth.com/michigan/providers/portal.html>

Provider Training and Orientation: <https://www.aetnabetterhealth.com/michigan/providers/training-orientation.html>

Provider Website: <https://www.aetnabetterhealth.com/michigan/providers/index.html>