



**Aetna Assure Premier Plus
(HMO D-SNP)**

Provider Orientation



Agenda

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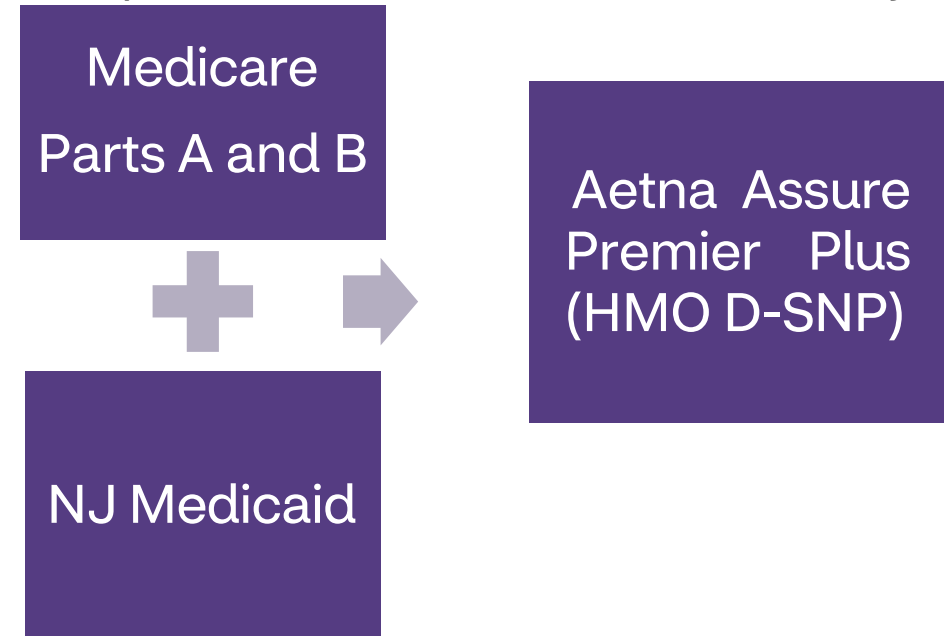
Overview and Member Eligibility

Aetna Assure Premier Plus (HMO D-SNP) Overview

Aetna Assure Premier Plus (HMO D-SNP) is a Medicare Advantage plan which includes a fully integrated Special Needs Plan for dual eligible members provided through Aetna. It covers all Medicare and Medicaid services including prescriptions drugs, behavioral health, Managed Long Term Services and Supports (MLTSS) and additional supplemental benefits at \$0 cost sharing for all members. This plan serves all 21 counties in New Jersey.

Plan Features

- Coverage of all Medicare and Medicaid benefits including prescription drugs, behavioral health and Managed Long-Term Care Services and Supports (if applicable)
- Additional enhanced benefits including an Extra Benefits Card with a \$240/monthly benefit for members with a qualifying chronic condition to be used for over-the-counter items, healthy foods, transportation (including gas at the pump and ride share services such as Lyft/Uber), personal care supplies, and utilities. Members without a qualifying chronic condition can use the monthly allowance to purchase only over-the-counter (OTC) items.
- \$150 annual allowance to purchase approved home and bathroom safety products online or by phone.
- SilverSneakers® gives members access to a large network of fitness centers, community classes, on-demand videos and at-home fitness kits.
- Personal emergency response system (PERS) LifeStation® is a medical alert system that provides users with 24/7 access to help in the event of a fall or other emergency. Includes GPS and fall detection at no additional cost.
- Members can receive 14 meals over 7 days after an inpatient hospital discharge or skilled nursing stay.



- \$0 cost sharing for all covered services and prescription drugs
- All members have access to a dedicated Aetna care manager
- No referrals for specialists
- In-network primary care provider selection required

The Member Rights and Responsibilities

1. A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
2. A right to be treated with respect and recognition of their dignity and their right to privacy.
3. A right to participate with practitioners in making decisions about their health
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about the organization or the care it provides
6. A right to make recommendations regarding the organizations member rights and responsibilities policy
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Shared decision-making aids offer healthcare providers the opportunity to leverage best practice tools tailored to their specific medical specialties. These aids cover a diverse array of medical scenarios, providing specialized information on topics such as diabetes, cardiovascular, wellness screening, flu prevention and more. By incorporating these decision aids into their practice, healthcare providers can enhance the collaborative decision-making process. You can access the aids under on [website](#).

The Member Rights and Responsibilities can be found in the provider manual available [here](#)



| Member Eligibility to join HMO D-SNP

To join the NJ HMO D-SNP the member must:

- Have Medicare Parts A and B
- Have full NJ Medicaid benefits
- Be a full-time New Jersey resident and live in the plan's service area
- Not be enrolled in a PACE program

When a member enrolls in an HMO D- SNP, he or she will be automatically disenrolled from original Medicare or any Medicare Advantage plan in which they may be enrolled, their NJ FamilyCare (Medicaid) plan, their Part D prescription drug plan, and all their Medicare and Medicaid benefits will be covered by the HMO D-SNP.



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**

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:

Specialist:

Emergency Room:

Urgent Care:

Dental:

\$0 Copay

\$0 Copay

\$0 Copay

\$0 Copay

\$0 Copay





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	Pharmacy
Eligibility Verification: 1-844-362-0934 (TTY: 711)	Pharmacy Help Desk: 1-800-238-6279 (TTY: 711)
Prior Authorization: 1-844-362-0934 (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.





| Large and Trusted Network

- The Aetna Assure Premier Plus (HMO D-SNP) Network closely mirrors, but is not the same as, Aetna Medicare Network. Members can utilize the plan-specific [provider directory](#).
- The network consists of Aetna NJ Medicare and Medicaid providers statewide.
- Includes over 56,000 in-network providers across the New Jersey tri-state area.
- 31 CVS HealthHUBs® and over 37 CVS MinuteClinics® providing general medicine, urgent care and telehealth services in New Jersey.
- A Dental Network through Liberty Dental with access to over 1,000 providers available throughout New Jersey.
- A Vision Network through March Vision with access to 100 providers in New Jersey.
- A Laboratory Network, including independent labs, Lab Corp, and Quest Labs, are in-network.
- Access to over 67,000 in-network pharmacy locations in our national pharmacy network.



Providers Working with Aetna

Provider partners are an invaluable part of the interdisciplinary care team. Our HMO D-SNP Model of Care (MOC) offers an opportunity for us to work together for the benefit of our member, your patient, by:

- Completing the Health Risk Assessment annually
- Enhancing communication
- Focusing on each individual member's special needs
- Delivering care management programs to help with the patient's medical and non-medical needs
- Supporting the member's plan of care

The training can be found [here](#).

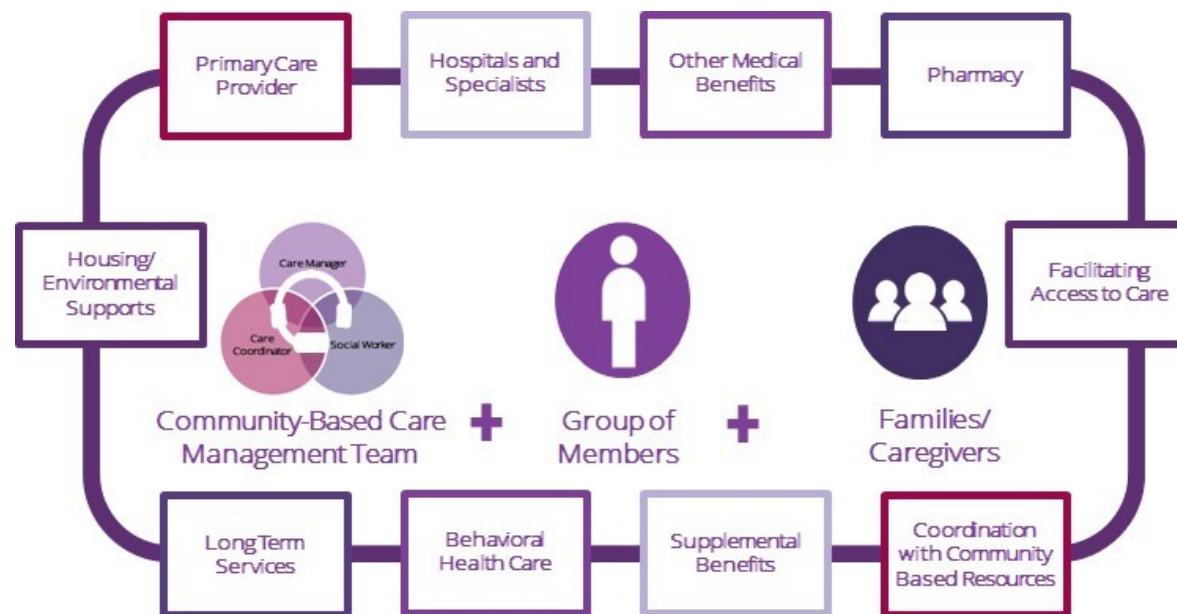
A healthcare professional in blue scrubs with an ID badge is talking to an elderly woman on a modern glass staircase. The woman is wearing a striped shirt and a cardigan. The scene is overlaid with a purple tint.

Care Management Program

Care Management Program

The Aetna DSNP Care Management Program extends beyond traditional case and disease management programs, offering personal, comprehensive support for 100 percent of DSNP members by offering:

- An integrated team-based care management model with a personal touch
- A Balanced clinical approach that integrates medical, functional, environmental, behavioral health and psycho-social needs through a core care management team



Care Management Team

- Nurse care managers
- Social workers
- Care coordinators
- Member advocate

Supported by

- Pharmacists
- Medical director
- Behavioral health
- Other Aetna clinical programs & services

Member Care Team

Our personalized, holistic and local care management strategy

Every member is supported by a dedicated DSNP Care Team by offering:

- A Comprehensive health risk assessment
- An Individualized and personalized care plan
- Transitional care if discharged from the hospital
- Assistance with accessing community resources and support
- Help navigating the health care system
- Provide Long Term Services and Supports to members that qualify

Our care team



Registered nurse

Assesses member needs and risk levels; develops and oversees care plan



Social worker

Identifies and addresses social determinants of health



Care coordinator

Completes initial outreach, Health Risk Assessment and assists with benefit navigation and appointment scheduling



Member advocate

Assists member with Medicaid recertification and accessing benefits



Provider Role In The Care Management Program

- Communicate with D-SNP care managers, ICT members, members and caregivers
- Collaborate with our organization on the ICP
- Review and respond to patient-specific communication
- Maintain ICP in member's medical record
- Participate in the ICT
- Remind the member of the importance of the HRA, which is essential in the development of the ICP
- Encourage the member to work with their care management team
- Complete MOC training upon onboarding and again annually. MOC training can be found [here](#)



One Plan, One Card, Complete Coverage

Aetna Assure Premier Plus (HMO D-SNP) members show one card to receive all services covered by the plan

Medicare Parts A, B, and D	Medicaid	Medicaid MLTSS (if applicable)
<ul style="list-style-type: none">• PCP visits• Specialist visits• Inpatient/outpatient hospital• Emergency & urgent care• X-rays and diagnostic radiology• Lab services• Ambulance• Therapy (PT/OT/ST)• Prescription coverage	<ul style="list-style-type: none">• Medicare cost share covered for all members, including Part D copays• Additional coverage beyond Medicare limits• Preventive and comprehensive dental• Hearing services• Vision services• Podiatry (routine)• Chiropractic care• Behavioral health services• Acupuncture• Transportation• Medical day care• Personal care assistance• Additional pharmacy covered items	<ul style="list-style-type: none">• Assisted living services and programs• Caregiver/participant training• Chore services• Community residential services• Community transition services• Home-based supportive care• Home delivered meals• Medication dispensing device• Residential modifications• Respite care• Social adult day care• Structured day program• Supported day services• TBI behavioral management• Non-medical transportation• Vehicle modifications

Members will also receive a dental ID card with their assigned Primary Care Dentist (PCD). Members can change their PCD at any time. This card is for reference of the PCD and dental information. Members can use their plan ID card to receive any care, dental or otherwise.

Verifying Member Enrollment

To see if the patient is enrolled and to check their eligibility dates you may do one of the following:

Verify by Phone

Call our Provider Services team at **844-362-0934**. Please provide the following information:

- Your National Provider Identifier (NPI) or Tax ID number
- Name of care provider practice or facility
- Member ID number, if you have it
- Member name
- Member date of birth

Verifying through Availity

Register for our Availity (our secure portal) which features an eligibility lookup tool. Providers will need to fill out and submit the [portal registration form](#).

A link to Availity is also located on our at [Provider Portal Website](#).





Claims, Billing & Authorizations

Claims Submission

Aetna Assure Premier Plus (HMO D-SNP) members should NOT be balanced billed for any covered benefit.

We have an automated system for processing claims for members enrolled in Aetna Assure Premier Plus (HMO D-SNP).

- Using the member's ID number from the plan ID card, you'll only need to submit **one claim**. Your claims will automatically be processed first against the Medicare benefits and then against the Medicaid benefits.
- You'll receive two provider remittance advices (PRAs), one for Medicare and one for Medicaid. There's no need to resubmit a secondary claim to Aetna.
- We encourage participating providers to electronically submit claims through ECHO. Use submitter ID **#46320** when submitting claims to Aetna Assure Premier Plus (HMO D-SNP).

Claim Submission

Electronic claims can be submitted three ways:

- **Your own claim clearinghouse**
 - Ensure that your clearinghouse is compatible with ECHO using the 837 file format.
 - Please use Submitter ID **#46320** when submitting electronic claims
- **Availity**
 - Information on Availity can be found at the [Provider Portal Website](#)
- **Paper Claims**
 - Please use Submitter ID **#46320** when submitting paper claims
 - **Aetna Assure Premier Plus (HMO D-SNP)**

PO Box 982967

El Paso, TX 79998-2967

Tips for Submitting Claims

- Confirm member's eligibility before rendering services.
- 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
 - It 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 claims adjudicated within 30 days of receipt
 - 90% of clean paper claims adjudicated within 90 days of receipt
- If providers have an approved authorization for a claim, include the authorization number on all claim lines pertaining to the authorization.

EFT and ERA Setup

Aetna Assure Premier Plus (HMO D-SNP) is partnering with ECHO to introduce the new EFT/ERA Registration Services (EERS), a streamlined way for our providers to access payment services.

What is EERS?

EERS offers providers a standardized method of electronic payment and remittance. Providers will be able to use the ECHO 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 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.

To validate your account, please make sure you have an ECHO Health draft number and payment amount so they can validate your enrollment request. A draft number is listed as the EPC draft # on ECHO Health explanation of payments. If you do not have an ECHO draft number available please dial 888.834.3511.

How do I enroll?

To enroll in EERS, please visit [ECHO Portal Guide](#).

Timely Filing

In accordance with contractual obligations, claims for services provided to an enrollee must be received in a timely manner. Our timely filing limitations are as follows:

New claim submissions – Claims must be filed on a valid claim form within your contracted timely filing timeframe. This is from the date services were performed, unless there is a contractual exception. For hospital inpatient claims, date of service means the date of discharge of the enrollee.

Claim Resubmission – Claim resubmissions must be filed within your contracted timely filing period. The only exception to this is if a claim is recouped, the provider is given an additional contracted days from the recoupment date to resubmit a claim. Please submit any additional documentation that may effectuate a different outcome or decision.



Prior Authorizations

In certain instances, an authorization may be necessary before care or services are covered. When prior authorizations are required, providers may send the corresponding authorizations and supporting evidence to the following addresses:

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**](#)

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.

Provider Disputes

If you are a Contracted Provider, you may use the [Dispute Form](#) found online to have your claim reconsidered. You may submit through the **portal** or by **mail**. For faster processing, you may also submit a dispute through Availity.

Please fill the form out completely and accurately for proper handling of your Dispute. Disputes can be sent by mail to:

Aetna Assure Premier Plus (HMO D-SNP)

P.O. Box 982967

EL Paso, TX 79998-2967

Incomplete or missing information may cause the decision to be upheld or returned to Provider. Common mistakes include:

- Incorrect Denial of Claim or Claim Line(s)
- Incorrect Denial of Authorization Code or Modifier Issue
- Medical Necessity
- Incorrect Rate Payment

Your Dispute must include:

- The completed form
- Factual or legal basis for appeal statement
- Copy of the original claim
- Copy of the remit notice showing the claim denial
- Any additional information (clinical records, required documentation) or Medicaid references as needed

Provider Portal

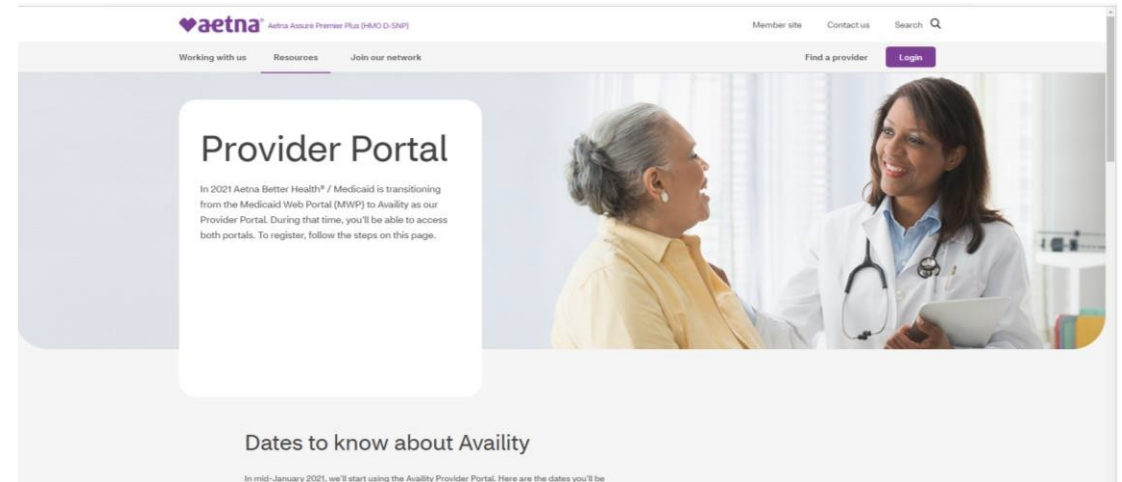
If you are already registered in Availity, you will simply select **Aetna Better Health NJ - VA MAP D SNP** for Aetna Assure Premier Plus (HMO D-SNP) from your list of payers to begin accessing the portal and all of the features. When using Availity services, be sure to select **Aetna Better Health** 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



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](#) or on our [Forms and Resources Page](#).

To request a copy of the provider manual by email, USPS mail or for general questions, simply contact our Provider Relations Department at **844-362-0934** or by email at COEProviderServices@AETNA.COM



Aetna Assure Premier Plus
(HMO D-SNP)

2022-2023 New Jersey Provider Manual





Provider Roles & Responsibilities

Provider Responsibilities

- **Enrollee Privacy Rights**
- **Enrollee Privacy Requests**
- **Advanced Directives**
- **Provider Marketing**
- **Cultural Competency**
- **Health Literacy**
- **Alternative Formats**
- **Americans with Disabilities Act**
- **Abuse and Neglect**
- **Roster Updates**
- **Fraud, Waste, and Abuse**

Provider Responsibilities (continued)

Enrollee Privacy Rights and Requests

- Uphold the privacy requirements of HIPAA when members exercise privacy requests.
- Make information available about the Aetna Assure Premier Plus (HMO D-SNP) practices regarding their PHI.
- Maintain a process to request access, change, or restrict disclosure of PHI.
- Consistently respond to privacy requests within required time standards.
- Document requests and actions taken.

Advanced Directives

The advance directive must be prominently displayed in medical records. Must include:

- Providing written information on individual's rights under state law to make medical decisions.
- Written policies about advance directives (including conscientious objections).
- Documenting whether member's advance directive has been executed.
- Members may not be discriminated against due to advance directive decisions and providing unconditional care.

Provider Responsibilities (continued)

Provider Marketing

- Aetna may not conduct sales activities in healthcare settings.
- Providers may discuss NJ Medicaid plans in response to an inquiry.
- Providers are encouraged to display enrollee materials of participating plans.
- Refer patients to 1-800-MEDICARE, Enrollment Broker, or CMS's website

Providers may:

- Educate on plan benefits and policies
- Refer to sources within Aetna
- Discuss participating status

Providers may not:

- Accept applications
- Induce enrollments
- Accept direct marketing compensation

Provider Responsibilities (continued)

Cultural Competency and Health Literacy

- Care without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay or ability to speak English.
- Treat all enrollees with dignity and respect.
- Participating providers are required to identify language needs and provide translation, oral or sign language interpretation.

Aetna makes its language interpretation and sign language services available for free. Contact **844-362-0934** to access those services.

- Culturally and Linguistically Appropriate Services (CLAS) available at the [Think Cultural Health](#) site

Alternative Formats

- Large print, Braille, and alternative media for plan materials
- Contact Provider Services at **844-362-0934** or by email at COEProviderServices@AETNA.com

Provider Responsibilities (continued)

Americans with Disabilities Act

- Obligation to provide reasonable accommodations to those with hearing, vision, cognitive, and psychiatric disabilities
- Waiting room and exam room furniture meets needs of all enrollees, including those with disabilities.
- Accessibility by public transportation routes
- Clear signage
- Appropriate accommodations such as large print materials
- Additional Resources at the [Americans With Disability](#) website

Updating Provider Panels

- Providers may not close their panels immediately upon contracting with Aetna Assure Premier Plus (HMO D-SNP).
- If the PCP office employs Certified Registered Nurse Practitioners/Provider Assistants, then the Provider site will be permitted to add an additional number of members to the panel.
- Providers should update panels regularly through the Provider Experience department or through the [Provider Portal](#)

Provider Appointment & Access Standards

Provider Appointment Standards

Aetna Assure Premier Plus monitors provider compliance to appointment availability standards

- Routine, preventive care available within 28 days for most providers from request
- Urgent care appointments, not deemed an emergency medical condition, triaged, and if deemed necessary, provided within 24 hours
- Appointment not deemed serious (non-urgent complaints) within 28 days
- Post-hospitalization or emergency department visits within 7 days of discharge

Provider Access Standards

- Aetna Assure Premier Plus members require access to their medical home/PCP, including after hours and on weekends (“live person” and no answering machines). Provider voicemail messages should direct members to the emergency room in cases of emergency
- Aetna Assure Premier Plus will monitor the availability of 24/7 access and the processes that support after hours availability and response
- Providers are encouraged to use alternative options for communication, such as scheduling appointments via the web, communicating via secure email and expanded office hours or open access scheduling
- This membership necessitates that providers make their practices accessible to accommodate the full range of disabilities that may exist with the population

Provider Type	Emergency Appointment	Urgent Appointment	Routine Appointment	Wait Time in the Office
Primary Care	Immediate	Within 24 Hours	Within 28 Days	No more than 45 minutes
Specialist	Immediate	Within 24 Hours Of Referral	Within 28 Days	No more than 45 minutes
OB/GYN	Immediate	Within 24 Hours	1 st Trimester: Within 3 Weeks 2 nd Trimester: Within 7 Calendar Days 3 rd Trimester: Within 3 Calendar Days High Risk: Within 3 Calendar Days Routine Care: Within 3 Weeks Postpartum: Within 6 weeks	No more than 45 minutes
Behavioral Health	Immediate	Within 24 Hours	Within 10 Days	No more than 45 minutes

In addition to the standards above, Behavioral Health providers are contractually required to offer:

- Follow-up Behavioral Health Medical Management within 3 months of the first appointment
- Follow-up Behavioral Health Therapy within 10 business days of the first appointment
- Next Follow-up Behavioral Health Therapy within 30 business days of the first appointment

Key Contacts

For member services, provider services and prior authorization for Aetna Assure Premier Plus (HMO D-SNP) call **1-844-362-0934**

[**Aetna Assure Premier Plus Home Page**](#)

[**Aetna Assure Premier Plus Provider Site**](#)

[**Aetna Assure Premier Plus \(HMO D-SNP\) Provider Manual**](#)

[**Provider Relations Email**](#)

Questions?



Aetna policy statement

All Aetna presentation materials are confidential and proprietary and may not be copied, distributed, captured, printed or transmitted (in any form) without the written consent/authorization of Aetna, Inc.

An elderly couple is walking a small, light-colored dog on a leash through a grassy park. The woman, on the left, has short blonde hair and is wearing a grey sweater under a dark blue vest and dark blue pants. She is holding a black walking stick. The man, on the right, has a white beard and is wearing a grey vest over a dark blue long-sleeved shirt and light blue jeans. He is wearing a brown fedora hat and holding a wooden walking stick. They are both smiling and looking at each other. The background features large trees and a winding path in a park setting.

**Thank
You**