AETNA BETTER HEALTH® OF NEW JERSEY
Provider quick reference guide

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

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Contact Information

Provider Relations and Network Management

Shanise Williams
Director Network Management
Office: 609-282-8226
Cell: 908-645-4194
Email: WilliamsS1e291@aetna.com

Towanna Richardson
Network Relations Consultant
Cell: 609-240-3354
Fax: 959-282-8644
Email: RichardsonT3@aetna.com

Hospital and FQHC Assignment:

Dana Pizzi
Network Relations Manager
Assignment: FQHC Accounts
Hospital Health Systems: Trinitas Regional Medical Center, Englewood Hospital and Atlantic Health System
Cell: 609-751-6243
Email: EllisD@aetna.com

Mary Pagano
Network Relations Manager
Hospital Health Systems: Cooper University Health Care, Hunterdon Medical Center, RWJ Barnabas Health, Holy Name Medical Center, Prime HealthCare, East Orange General Hospital, Memorial Hospital of Salem County, Virtua, St. Joseph's Healthcare System
Cell: 609-578-0562
Email: PaganoM@aetna.com

Kimberly Chou
Network Relations Manager
Hospital Health Systems: Capital Health System, CarePoint Health System, Hudson Regional Hospital, AtlantiCare, Hackensack Meridian Health System, Inspira Health Network, Cape Regional Health System, Deborah Heart and Lung Center, Shore Medical Center, CentraState Healthcare System, University Hospital
Cell: 856-515-1830
Email: ChouK@aetna.com

Liarra Sanchez
Network Relations Consultant
Hospital Health Systems: Summit Oaks Hospital, Hampton Behavioral Health, Health South Health System, Weisman Children's Hospital, New Bridge Medical Center (Bergen Regional Hospital)
Cell: 609-455-8997
Fax: 959-333-2851
Email: SanchezL7@aetna.com
### Network Contracting

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Perez</td>
<td>Senior Network Manager</td>
<td>609-664-8248</td>
<td><a href="mailto:PerezJ8@aetna.com">PerezJ8@aetna.com</a></td>
</tr>
<tr>
<td>June-Delina Parkes</td>
<td>Network Manager</td>
<td>845-427-1261</td>
<td><a href="mailto:ParkesJ@aetna.com">ParkesJ@aetna.com</a></td>
</tr>
</tbody>
</table>

### Case Management /MCO Care Coordination Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malvina Williams, RN</td>
<td>Manager, Clinical Management CM Manager, Discharge Planning, Care Coordination, Special Needs, Dental</td>
<td>609-282-8236</td>
<td><a href="mailto:WilliamsM5@aetna.com">WilliamsM5@aetna.com</a></td>
</tr>
<tr>
<td>Jennifer Coleman, RN</td>
<td>Health Services Manager, Concurrent Review</td>
<td>863-221-6010</td>
<td><a href="mailto:ColemanJ2@CVShealth.com">ColemanJ2@CVShealth.com</a></td>
</tr>
<tr>
<td>Ann Marie McGinnis, RN</td>
<td>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</td>
<td>609-282-8183</td>
<td><a href="mailto:McGinnisA@aetna.com">McGinnisA@aetna.com</a></td>
</tr>
<tr>
<td>Natasha Sealey, RN</td>
<td>Health Services Manager, Prior Authorization</td>
<td>954-858-3374</td>
<td><a href="mailto:SealeyN@cvshealth.com">SealeyN@cvshealth.com</a></td>
</tr>
</tbody>
</table>
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  
**Email:** axlampley@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  
**Email:** SanchezL7@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  
**Email:** alvarezj5@aetna.com

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

aetnabetterhealth.com/nj  
Update 10/2/2021
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 (EMEVSS) to access eligibility data visit www.njmmis.com/login.aspx.

Important Contact Information

Member Services & Provider Relations
1-855-232-3596, TTY 711

Compliance Hotline Fraud, Waste or Abuse
1-855-282-8272 24/7 voicemail box

Aetna Better Health of New Jersey
3 Independence Way, Suite 400
Princeton, NJ 08540-6626

Special Investigations Unit (SIU)
Reporting Fraud, Waste or Abuse
Call 1-800-338-6361 24/7

Behavioral Health After Hours
1-855-232-3596, TTY 711

aetnabetterhealth.com/nj
## Vendors

<table>
<thead>
<tr>
<th>Pharmacy CVS Caremark</th>
<th>Radiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims submission issues</td>
<td>Aetna Better Health of New Jersey currently</td>
</tr>
<tr>
<td><strong>1-855-391-6286</strong></td>
<td>does not use a third-party vendor for</td>
</tr>
<tr>
<td></td>
<td>radiology authorizations.</td>
</tr>
<tr>
<td></td>
<td>Please call us at <strong>1-855-232-3596</strong>, TTY <strong>711</strong></td>
</tr>
<tr>
<td>CVS Mail Order</td>
<td>Durable Medical Equipment (DME)</td>
</tr>
<tr>
<td><strong>1-855-271-6603</strong></td>
<td>View our online provider search tool for</td>
</tr>
<tr>
<td></td>
<td>details on our DME providers</td>
</tr>
<tr>
<td></td>
<td><strong>LIBERTY Dental Plan</strong></td>
</tr>
<tr>
<td>Pharmacy Clinical</td>
<td><strong>1-855-225-1727</strong></td>
</tr>
<tr>
<td>Prior Authorizations Aetna Help Desk</td>
<td>Monday to Friday, from 8 AM to 8 PM</td>
</tr>
<tr>
<td>Phone <strong>1-855-232-3596</strong>. Follow prompts for</td>
<td></td>
</tr>
<tr>
<td>Provider and Pharmacy</td>
<td></td>
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<tr>
<td>Fax <strong>1-844-219-0223</strong></td>
<td></td>
</tr>
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## FIDE SNP

<table>
<thead>
<tr>
<th>General Provider Services Number</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
</tr>
<tr>
<td>Monday to Friday, 8 AM to 5 PM</td>
<td></td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Dental (LIBERTY Dental)</td>
</tr>
<tr>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
</tr>
<tr>
<td>Hearing Services</td>
<td>Hospice</td>
</tr>
<tr>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
</tr>
<tr>
<td>MLTSS</td>
<td>Pharmacy/DME</td>
</tr>
<tr>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
</tr>
<tr>
<td>Vision Services (MARCH Vision)</td>
<td></td>
</tr>
<tr>
<td><strong>1-844-362-0934</strong> (TTY: <strong>711</strong>)</td>
<td></td>
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[aetnabetterhealth.com/nj](http://aetnabetterhealth.com/nj)

Update 10/2/2021
**Tools & resources**

Visit our website at 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 located on our website https://apps.availity.com/availity/web/public.elegant.login or by calling 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 a.m. to 5 p.m. 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.
- 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.

*CORRECTED CLAIMS* - Resubmitted Claims with Corrections or Missing information should be submitted to:

**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 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

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Update 10/2/2021
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 ABHNJ claims determination(s) and also an apparent lack of activity on a claim. To appeal ABHNJ claims determination(s), provider must utilize the Health Care Provider Application to Appeal a Claims Determination that is posted on the ABHNJ website and submit it to the following address:

**Aetna Better Health of New Jersey**

P.O. Box 81040
5801 Postal Road
Cleveland, OH 44181

aetnabetterhealth.com/nj

Update 10/2/2021
Dental benefits are administered by LIBERTY Dental Plan “LIBERTY”, 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**
Hotline 888.352.7924
Email: PRinquiries@libertydentalplan.com

**Authorization, Claims**
LIBERTY Dental Plan
ATTN: Professional Relations
P.O. Box 26110 Santa Ana, CA 92799-6110
claims@libertydentalplan.com

**Website**
www.libertydentalplan.com

**Emergency Service Authorization**
888-352-7924

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.
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

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)

Prior authorizations

How to request Prior authorization

- A prior authorization request may be submitted by faxing at 1-844-797-7601
- To confirm status of prior authorization please call 1-855-232-3596 prompt 6 and 5.
- All provider types including BH, MH, and SUD will utilize these numbers for non-emergency and emergency authorization submission, and authorization status
  Forms available online at aetnabetterhealth.com/newjersey/provider under Resources click Prior Authorization page

UM prior authorization IP/CCR fax line 959-333-2850

Authorizations can also be submitted utilizing Availity Portal
https://apps.availity.com/availity/web/public.elegant.login

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
PO Box 81139
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.

<table>
<thead>
<tr>
<th>Decision</th>
<th>Decision/notification timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent pre-service approval</td>
<td>Within 24 hours of receipt of necessary information, but no later than 72 hours from</td>
</tr>
<tr>
<td>Urgent pre-service denial</td>
<td>Within 24 hours of receipt of necessary information, but no later than 72 hours from</td>
</tr>
<tr>
<td>Non-urgent pre-service approval</td>
<td>Within 14 calendar days (or sooner as required by the needs of the member) of receipt of necessary information sufficient to make an informed decision</td>
</tr>
<tr>
<td>Non-urgent pre-service denial</td>
<td>Within 14 calendar days (or sooner as required by the needs of the member) of receipt of necessary information sufficient to make an informed decision</td>
</tr>
<tr>
<td>Continued / extended services approval (non-ED/acute inpatient)</td>
<td>Within one business day of receipt of necessary information</td>
</tr>
<tr>
<td>Continued / extended service denial (non-ED/acute)</td>
<td>Within one business day of receipt of necessary information</td>
</tr>
<tr>
<td>Post-service approval of a service for which no pre-service request was</td>
<td>Within 30 calendar days from receipt of the necessary information</td>
</tr>
<tr>
<td>Post-service denial of a service for which no pre-service request was</td>
<td>Within 30 calendar days from receipt of the necessary information</td>
</tr>
</tbody>
</table>

aetnabetterhealth.com/nj  
Update 10/2/2021
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 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 that has been field on behalf of a member. Our Provider Services Staff will respond within 48 business hours.

aetnabetterhealth.com/nj
Sample ID Cards

MLTSS FRONT

Aetna Better Health® of New Jersey
NJ FamilyCare Managed Long Term Services and Support (MLTSS)
Member ID # XXXXXXXXXX Date of Birth 00/00/0000
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit
CO-PAYS
PDP $0 Brand $0
ER $0 Generic $0
RxBIN: 610591 CVS caremark
RxPCN: ADV RxGRP: R98829
Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NJ
This card is not a guarantee of eligibility, enrollment or payment.

A FRONT

Aetna Better Health® of New Jersey
NJ FamilyCare A
Member ID # XXXXXXXXXX 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
PDP $0 Brand $0
ER $0 Generic $0
RxBIN: 610591 CVS caremark
RxPCN: ADV RxGRP: R98829
Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NJ
This card is not a guarantee of eligibility, enrollment or payment.

B FRONT

Aetna Better Health® of New Jersey
NJ FamilyCare B
Member ID # XXXXXXXXXX Date of Birth 00/00/0000
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit
CO-PAYS
PDP $0 Brand $0
ER $0 Generic $0
RxBIN: 610591 CVS caremark
RxPCN: ADV RxGRP: R98829
Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NJ
This card is not a guarantee of eligibility, enrollment or payment.

C FRONT

Aetna Better Health® of New Jersey
NJ FamilyCare C
Member ID # XXXXXXXXXX Date of Birth 00/00/0000
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit
CO-PAYS
PDP $5 Brand $5
ER $10 Generic $1
RxBIN: 610591 CVS caremark
RxPCN: ADV RxGRP: R98829
Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NJ
This card is not a guarantee of eligibility, enrollment or payment.

D FRONT

Aetna Better Health® of New Jersey
NJ FamilyCare D
Member ID # XXXXXXXXXX Date of Birth 00/00/0000
Member Name Last Name, First Name
PCP Last Name, First Name
PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit
CO-PAYS
PDP $5 Rx: $5
ER $35 RxPCN: ADV RxGRP: R98829
After hours $10
Pharmacist Use Only: 1-855-319-6286

AetnaBetterHealth.com/NJ
This card is not a guarantee of eligibility, enrollment or payment.

BACK

Member Services / Servicios al Miembro (24/7): 1-855-232-3596, TTY 711, 24/7 Urgent Care: Call your primary care provider (PCP)
*LIBERTY Dental Plan Dental Services / Servicios de Dental 1-855-225-1727
Emergencies Care: If you are having an emergency, call 911 or go to the nearest hospital. You don't need preapproval for emergency transportation or emergency care at the hospital.

Aetna Better Health 2021 member benefits. For more information, call 1-855-232-3596.

aetnabetterhealth.com/nj

Update 10/2/2021
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 the hours of 8 a.m. and 5 p.m., Monday through Friday, or 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?
Hard copy 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 from 8 a.m. and 5 p.m., Monday through Friday, or e-mail us at AetnaBetterHealth-NJ-ProviderServices@aetna.com.