AETNA BETTER HEALTH[®] OF NEW JERSEY Member Care Information Portal User Guide

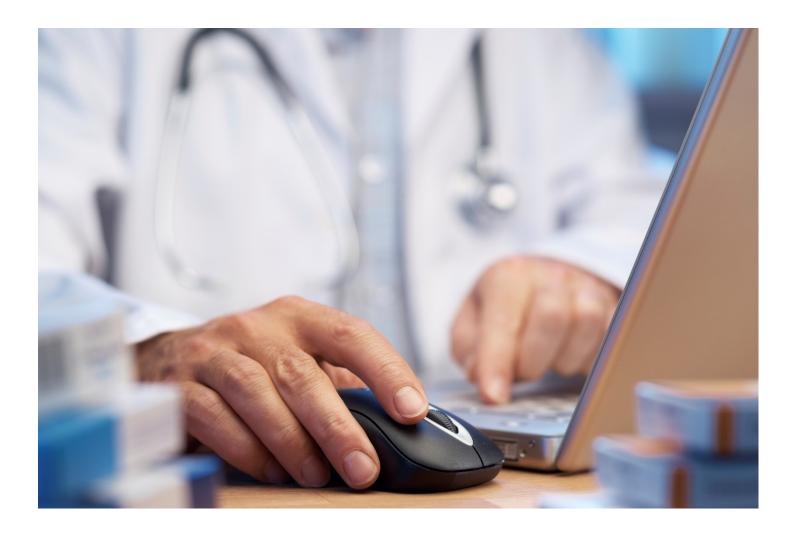


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Summary

Providers can access the web-based application CaseTrakker[™] Dynamo, (aka Member Portal) to view their member's relevant clinical data, and securely interact with case management staff for optimal quality care.

You can:

- View and manage your individual patients
- View your patient's profile which contains:
 - o Demographic information
 - o Critical caregivers' names/relationship
 - o Utilization during the last year for: hospital stays, ER visits, PCP visits, and specialist visits
 - o Self-reported conditions and medications (including OTC, herbals and supplements)
 - o Medications reported through claims
- View and send non-urgent messages about your patients to the patient case manager
- Identify gaps in care and other alerts
- View and update my practice's demographic data and contact information

System Requirements

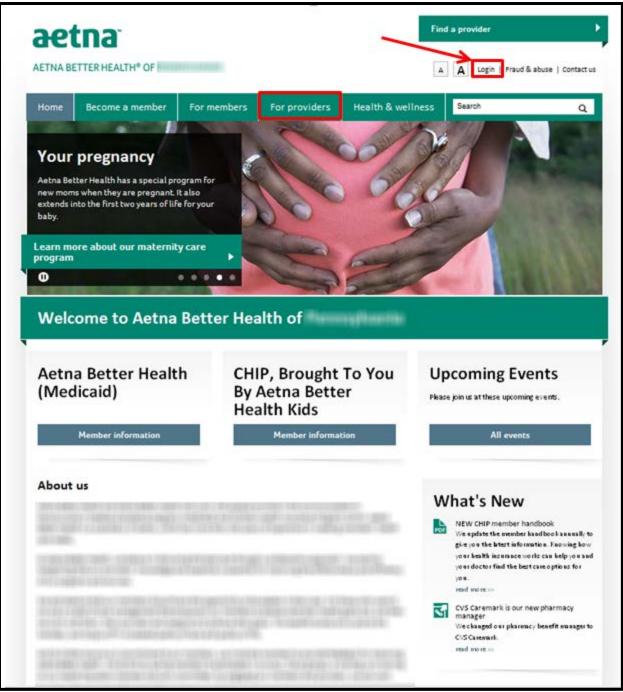
This portal will perform correctly when used with most major operating systems and Internet Browsers, except for Internet Explorer 6. Additionally, it does not display correctly on mobile devices.





Aetna Better Health Home Page

From the Aetna Better Health[®] home page, you can reach the portal in two ways.



*The State Health Plan website may look a little different.

To Find the Portal

Homepage – Click the "log in" link at the top right section of the homepage.

For providers - Click the "For Providers" link on the homepage. From the "For Provider" page, click the "Portal" on the left hand side navigation.

| aetna* | H* OF | | Fin | d a provider |
|-------------------------|-----------------|--|---------------------------------|---|
| Home Becom Memb | | | Health & Wellness | Search Q |
| For Providers | | For providers | | |
| Join Our Network | | Together, we can imp | ove health care o | quality |
| Manual | | At Aetna Better Health of Pennsylvania care for our members and guide them | | ers. We want to make it easy for you to |
| Pharmacy | | Please start by reading our provider m | anual. If you aren't yet a cont | racted provider, learn more about joining |
| Guidelines | | our network. We also have information as the latest provider news and notices | | f the forms and resources you need, as well |
| Special Needs Unit | | | | ers in the delivery of high-quality health care cessful partnership. Please take a minute to |
| | | review our Medicaid guick reference p | | |
| Notices | | | | |
| Forms | | | | |
| Newsletters | | | | |
| Portal | | | | |
| Quick Links | | | | |
| Servider portal | | | | |
| S Provider manual | | | | |
| Secome a provider | | | | |
| Prior authorization req | uest form | | | |
| | | | | |
| Home | Become a member | For members | For providers | Health & wellness |
| Log in | Medicaid | Medicaid | Join our network | Health resources |
| Contact us | CHIP | CHIP | Manual | Your child's health |
| Adobe Reader download | | information | Pharmacy | Women's health |
| | | Pharmacy | Forms | Men's health |
| | | Newsletters | Notices | |
| | | Portal | Newsletters | |

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Registration

To register for the Provider Portal, you can download the form from the Portal information page and fax it to Provider Relations number located on the form. Providers who submit a registration form will receive a letter with their login and password.

| AETNA BETTER HEALTH® OF | Find a provider A A English Español Log in Fraud & abuse Contact us | | | |
|----------------------------------|--|--|--|--|
| Home Become A Member | For Members For Providers Health & Wellness Search Q | | | |
| For Providers | Portal | | | |
| Join Our Network | Secure web portal | | | |
| Manual | We're dedicated to providing great service to our providers and members. That's why our HIPAA-compliant web portal is available 24 hours a day. If you sign up for the portal, you can: | | | |
| Pharmacy | Submit and verify prior authorizations Verify enrollment | | | |
| Guidelines | Look up claims status Find providers or specialists | | | |
| Special Needs Unit | Get information on covered health services | | | |
| Notices | Access and print member panel rosters View a searchable version of the formulary | | | |
| Forms | All providers must register for the provider web portal prior to use by completing and submitting our <u>web portal</u> registration. See our provider web portal navigation guide to learn more about the provider web portal. | | | |
| Newsletters | If you are already registered, you can log in here. | | | |
| • Portal | Member Care Information portal | | | |
| | You can connect to your patients and their care teams with Member Care Information. This secure, online portal gives you the ability to complete the ONAF online. You can also access: | | | |
| Quick Links | A real-time listing of your patients | | | |
| Novider portal | Information on your practice Email capability with Care Managers | | | |
| S Provider manual | Email capability with Care Managers Already registered? Log in to Member Care Information Portal. | | | |
| Secome a provider | Need to register? Register today by completing this short registration form. | | | |
| Prior authorization request form | For more information, contact your Provider Services representative at 1-866-638-1232(2). | | | |
| | | | | |

Login

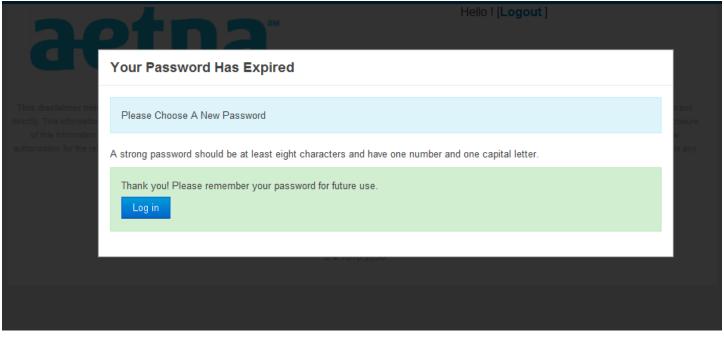
Once you are registered, you can enter through the Portal login site.

| Action - Provide | er log in |
|---|--|
| | User name |
| | VBALDINO5666 |
| | Password |
| | ••••• |
| | Log in |
| | |
| | |
| • The u | user name or password provided is incorrect. |
| directly. This information has been disclosed to you from records prot of this information unless further disclosure is expressly permitte | idual may or may not have a substance use disorder. We recommend you explore these issues with the person tected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure ted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general utificient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. |
| | Copyright © 2013 Aetna Better Health |
| This website may not be available | e between 11PM and 5AM. Please call Provider Services for immediate help. |

Creating a New Password

Use the username and password in the letter (email) you received from Provider Relations to create a new password.

| Action - Provi | |
|---|--|
| | User name |
| | VBALDINO5666 |
| | Password |
| | •••••• |
| | Log in |
| | |
| | |
| • Th | e user name or password provided is incorrect. |
| directly. This information has been disclosed to you from records of this information unless further disclosure is expressly per | dividual may or may not have a substance use disorder. We recommend you explore these issues with the person protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure mitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general OT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. |
| | Copyright © 2013 Aetna Better Health |
| This website may not be availe | able between 11PM and 5AM. Please call Provider Services for immediate help. |



| Your Password Has Expired | | |
|---|-------------------------|--|
| Please Choose A New Password | | |
| A strong password should be at least eight characters and have one number and letter. | one capital | |
| New Password | A strong pas letter. | ssword should be at least eight characters and have one number and one capital |
| Repeat New Password | | |
| Change P | assword | |
| | | |

When saved successfully, choosing "BACK" will bring the provider to the "My patients" page.

| 96 | etr | 13 | SM | Hello RAP |
|-----------|-----------------|----------|-------------------|-------------------------|
| Home page | My patients | Messages | Gaps in care | My practice information |
| Save | ed successfully | | | |
| Back | | Copyrigh | t © 2011 Schaller | Anderson, Incorporated |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*The State Health Plan website may look a little different.

Creating a New Password - errors

-Username and password are incorrect.

-The pa

| assword chosen is not strong enough. | |
|--------------------------------------|--|

Resetting Password

Contact Provider Relations to reset your password

Forgetting User Name

Contact Provider Relations to confirm your username

| User name | |
|--------------------------------|--------------------|
| Llones9033 | |
| Password | |
| | |
| Log in | |
| | |
| | |
| The user name or password prov | ided is incorrect. |

| Your Password Has Expired |
|--|
| Please Choose A New Password |
| A strong password should be at least eight characters and have one number and one capital letter. |
| Sorry, your password is not strict enough. Your new password must: • Not match any of your previous 10 passwords • Be at least 8 characters long • Include at least 3 of the following - Upper Case Character, Lower Case Character, Number, Non-AphaNumeric Character |
| New Password |
| Repeat New Password |
| Change Password |
| |

Welcome Page

The welcome page allows you to choose what type of information you are interested in for your session.

| aetna | Hello VIN([Logout] |
|--|---|
| Home page My patients My information | |
| Welcome VI | |
| My patients Manage my patients | |
| My information View and update my practice's demographic data and contact in | nformation |
| This disclaimer neither confirms nor denies that this individual may or may not ha directly. This information has been disclosed to you from records protected by Federal confider of this information unless further disclosure is expressly permitted by the written consent sufhorization for the release of medical or other isformation is NOT sufficient for this purpose. T alcohol or drug | tiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general the Federal rules restrict any use of the information to criminally investigate or prosecute any |
| Copyright © 2013 A | etna Better Health |
| This website may not be available between 11PM and 5 | AM. Please call Provider Services for immediate help. |
| 5.4.161 | 5.2890 |

My Patient List

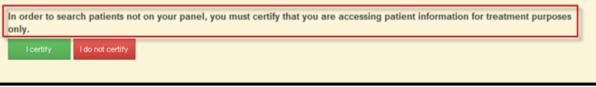
From the Home page, if you select the "My patients" tab, you will be able to view your member panel. You also can filter by patient name.

| aet | tna | | Hello VI [Logout] |
|---|----------------|------|--------------------|
| Home page My (My patients Filter res | My information | | |
| Patient name | Patient ID | DOB | Care managed |
| ABDI, M | 26 | 1975 | No |
| ABDI, S | 21 | 1997 | No |
| ACEBC | 44 | 1972 | No |
| AHLGR | 8: | 1950 | No |
| AKUNA | 24 | 1984 | No |
| ALA, CI | 41 | 1954 | No |
| AMEZG | 3! | 1982 | No |
| AMARCH | 71 | 1987 | No |
| AREVA | 1- | 1976 | No |
| ARNET | 41 | 1981 | No |
| ASEN, | 61 | 1998 | No |
| BADDE | 2: | 2007 | No |
| BADDE | 21 | 2000 | No |
| BANCC | 3; | 1992 | No |

*The State Health Plan website may look a little different.

If you are not the patient's Primary Care Physician (PCP)

If you are not the patient's PCP you'll need to complete an attestation. Click on the green "I Certify" button at the bottom of the page.



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Certifying My Patient

If you select "I Certify" to view a member that is not on your panel, you'll need to have the patient's last name, first name, DOB and patient ID (number on the member Medicaid card). This process will have to be repeated each time you close out of the patient's file.

| Patient last name Waș | Patient f | irst name | DOB //1985 | |
|----------------------------------|--------------------|-------------|---------------------|--|
| Patient ID 889 | | | | |
| Search | | | | |
| Filter results | | | | |
| Patient name VAGNER, JENNIFER | Patient ID 8898 | DOB 1985 | Care managed Yes | |
| | | | | |

*The State Health Plan website may look a little different.

Patient Contact Information

Here you can view the patient contact information.

| aetna | Hello | [Logout] |
|---|---|-----------------------------------|
| Home page My patients My information | | |
| Patient contact information Assessments | | |
| Patient contact information for Ms.JENNIFER L W | AGNER | |
| Patient: Ms.JENNIFER L WA ID number: 8898 | | Gender: Female |
| Main phone 282- | Second phone | |
| Cell phone | E-mail address none@aol.com | |
| Home address 177 EDGEWOOD AVE SAINT THOMAS, PA 17252 | Mailing address 177 EDGEWOOD AVE SAINT THOMAS, PA 17252 | |
| This disclaimer neither confirms nor denies that this individual may or may not h rectly. This information has been disclosed to you from records protected by Federal confide | | |
| of this information unless further disclosure is expressly permitted by the written consen | | 장애가 아이들은 것을 걸려야 한 번째의 한 사람이 들었다. |
| uthorization for the release of medical or other information is NOT sufficient for this purpose | The Federal rules restrict any use of the information to crimin | ally investigate or prosecute any |

*The State Health Plan website may look a little different.

ONAF & Assessments

This tab allows you to review the assessments for the patient and submit the electronic "Obstetrical Needs Assessment Form" (ONAF).

| aetna | Helio [Logout] |
|--|--|
| Home page My patients My information | |
| Patient contact information Assessments | |
| Assessments for Ms.JENN A new ONAF is required for each pregnancy. | |
| Create New ONAF | |
| View Existing ONAFs | |
| | |
| This disclaimer neither confirma nor denies that this individual may or may not have a substi- directly. This information has been disclosed to you from records protected by Federal confidentiality rules of this information unless further disclosure is expressly permitted by the written consent of the perso authorization for the release of medical or other information is NQT sufficient for this purpose. The Federal alcohol or drug abuse patient | (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure in to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general rules restrict any use of the information to criminally investigate or prosecute any |
| Copyright © 2013 Aetna Bette | r Health |

*The State Health Plan website may look a little different.

Obstetrical Needs Assessment Form (ONAF)

Here you can complete a previously submitted ONAF, based on the status section.

| Home page My patients My information Patient contact information Assessments Assessments for Ms.JUL Assessments A new ONAF is required for each pregnancy. Image: Complete prior to opening a new one. ONAF Instructions Image: Complete prior to opening a new one. Existing ONAFs Image: Complete prior to opening a new one. Date Status 12/10/2013 Open View ONAF Assessment 11/04/2013 Complete View ONAF Assessment | Patient contact information Assessments Assessments for Ms.JU! Anew ONAF is required for each pregnancy. Anew ONAF is required for each pregnancy. Image: Contact information is required for each pregnancy. ONAF Instructions Image: Contact information is required for to opening a new one. Existing ONAF must be completed prior to opening a new one. Image: Contact information is required for each pregnancy. Date Status 12/10/2013 Open View ONAF Assessment | ae 1 | na | Hello | [Logout] |
|---|--|--------------------------|--|----------------------|------------|
| Assessments for Ms.JU A new ONAF is required for each pregnancy. ONAF Instructions Existing ONAF must be completed prior to opening a new one. View Existing ONAFs Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | Assessments for Ms.JU A new ONAF is required for each pregnancy. DNAF Instructions Existing ONAF must be completed prior to opening a new one. View Existing ONAFs Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | Home page My pa | t <mark>tients</mark> My information | | |
| A new ONAF is required for each pregnancy. NAF Instructions Existing ONAF must be completed prior to opening a new one. View Existing ONAFs Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | A new ONAF is required for each pregnancy. | Patient contac | t information Assessments | | |
| Existing ONAF must be completed prior to opening a new one. Ariew Existing ONAFs Date 12/10/2013 Open View ONAF Assessment Print ONAF | Existing ONAF must be completed prior to opening a new one. | | the second s | | |
| View Existing ONAFs Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | View Existing ONAFs Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | | _ | | |
| Date Status 12/10/2013 Open View ONAF Assessment. Print ONAF | Date Status 12/10/2013 Open View ONAF Assessment Print ONAF | xisting ONAF must be con | npleted prior to opening a new one. | - | |
| 12/10/2013 Open View ONAF Assessment Print ONAF | 12/10/2013 Open View ONAF Assessment Print ONAF | /iew Existing ONAFs | ← | | |
| | | Dete | Status | | |
| 11/04/2013 Complete View ONAF Assessment Print ONAF | 11/04/2013 Complete View ONAF Assessment Print ONAF | Date | Open | View ONAF Assessment | Print ONAF |
| | | | | | |

*The State Health Plan website may look a little different.

Obstetrical Needs Assessment Form (ONAF) - Continued

Here is what the ONAF looks like through the portal. The star (*) indicates a required field.

| Home page My patie | | rmation | | | | | | |
|---------------------------------------|--------------|--------------|--------------------|--------------------|---------------|-----|------------------------------------|-----|
| ONAF for Ms.ISA | | | Date and T 2013 | ime 10:40:25 AM | | | * Status © Open @ Complete | P |
| OB/Gyn Office Inform Practice Name | nation: | | * Phone | | • Fax | | * MAID | |
| Provider Practice | | | (999) 999-999 |) | (999) 999-999 | 99 | 9999999999 | |
| Date Initially Entered | 28-32 Weeks | Date Entered | Po | stpartum Date | Entered | | Completed By a Saunders | |
| Member's Infomation | n: Last M | lame | | DOB | | Age | | |
| ISABELLE | BEIU | | | | 1978 | | | |
| Mem.ID/MAID# | Member's H | ealth Plan | Healt | hy Beginning | Plus Member | - H | lome Phone | |
| 0000094680 | ABH - Penn | | C Ye C No | | | | 99) 999-9999 | |
| Alternate Phone | Langu | age(s) | | Hospital | for Delivery | | * 1st Prenatal Visit 11/14/2013 | |
| EDC by | * Date | * by | Date | GA at 1s | t Visit | • | Gravida | |
| 03/10/2014 P LMP | 05/28/2013 | ₽ US | 11/14/2013 | | | 2 | 1 | |
| Full Term | * Pre-Term | | • AB | | • SAB | | TAB | |
| 1 | 0 | | 0 | | 0 | | 0 | |
| Living | Height | | Weight | | BMI | | * Date/Last | РАР |

*The State Health Plan website may look a little different.

My Information

Here you can update your contact information.

| ætn | a | Hello [Logout] |
|--|--|--|
| lome page My patients M | y information | |
| My contact information | | |
| Any updates made here will not affect c payment or if you have any questions. | laims payment. Please contact Provider Serv | ices at (866) 638-1232@ to update information for claims |
| Main phone 215 | Main fax 2157261257 | Secondary phone No phone entered |
| Mailing address 5737 Chester Ave Philadelphia , PA 19143 | Physical address 5737 Chester Ave Philadelphia, PA 19143 | |
| You can add/edit an additional fax numl | ber and edit your e-mail address below. | |
| Provider identified fax | E-mail ad | dress |

*The State Health Plan website may look a little different.

End of Guide