

Aetna Better Health of New York

aetnaSM

FIDA Provider Training



Aetna's Experience

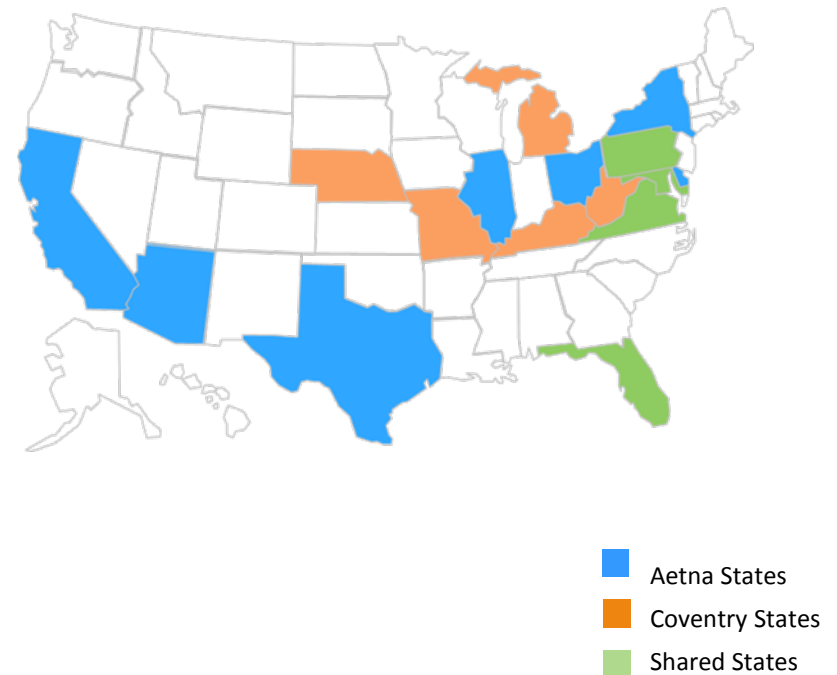
Aetna is a leader in managing medically complex populations at the local, community-based level by integrating physical health, behavioral health and social economic status of members

Post Coventry acquisition we serve 2.9 million people in the Medicaid population across 16 states.

Populations Served

- TANF: Temporary Assistance for Needy Families
- CHIP: Children's Health Insurance Program
- DD: Developmentally Disabled
- ABD: Aged Blind Disabled
- LTSS: Long Term Services and Supports
- Duals: Members eligible for both Medicaid and Medicare
- Behavioral Health/ Seriously Mentally Ill *(as well as recently-awarded Arizona contract)*

Aetna and Coventry Existing Medicaid Markets



Aetna Better Health of New York Overview

Aetna Better Health business unit operates in the following areas:





Aetna Better Health of New York Counties

The FIDA Program is offered in the following counties:

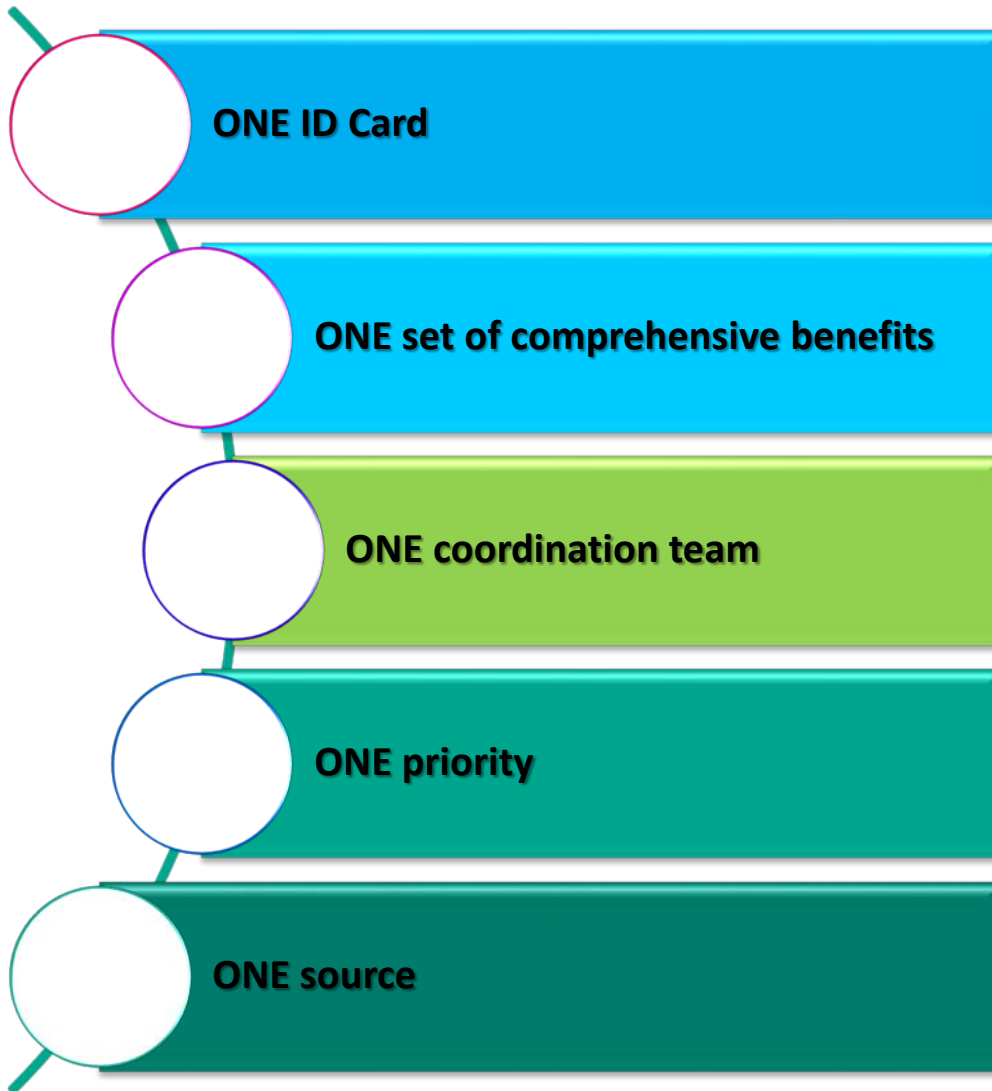
- Kings
- Nassau
- Suffolk
- New York
- Queen



Aetna Commercial and Aetna Medicaid contracts are separate. Credentialing may already be completed for existing Commercial providers.



Aetna's Commitment



Benefits Overview

Benefit Package includes:

- All traditional Medicare benefits (including hospice services)
- All traditional Medicaid benefits
- Long Term Services and Supports
- Behavioral Health Services

Aetna Better Health of New York offers additional benefits:

- Comprehensive dental services
- Over-the-counter supplies
- Hearing Services
- Routine podiatry care
- Smoking Cessation
- Weight management program

Vendors:

- Dental – Scion Dental
- Vision - VSP
- Pharmacy - CVS Caremark
- Transportation - MTM





FIDA ID Cards

Front →

AETNA BETTER HEALTH FIDA PLAN **aetna**

Participant Name: Last Name, First Name
Participant ID: 000000000000
Health Plan (80840): info to come
Effective Date: 000000

PCP: Last Name, First Name
PCP Phone: 000-000-0000

Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0

CMS - H8056 001

MedicareRx
Prescription Drug Coverage

RxBIN: 610591
RxPCN: MEDDADV
RxGRP: RX8823

In an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your Care Manager or the 24-Hour Nurse Advice line.

Participant Services: 1-855-494-9945 (TTY: 711)
24-Hour Nurse Advice: 1-855-494-9945 (TTY: 711)
Care Management: 1-855-494-9945
Pharmacy Help Desk: 1-855-364-2979

Website: www.aetnabetterhealth.com/newyork
Send claims to: Aetna Better Health FIDA Plan
P.O. Box 63848, Phoenix, AZ 85082

← Back



Pharmacy Coverage



Pharmacies are required to follow federal and state guidelines surrounding dispensing emergency medications.

The following document are available online:

- Preferred Drug List (PDL)
- Over-the-Counter Drug List
- Prior Authorization Form
- Mail Order Form

Behavioral Health Services

Providers are expected to:



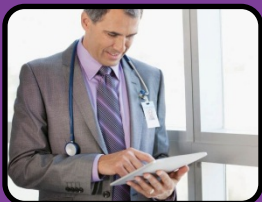
Screen, evaluate, treat and/or refer (as medically appropriate) any behavioral health problem/disorder



Treat mental health and/or substance abuse disorders within the primary care provider's scope of practice



Inform enrollees how and where to obtain behavioral health services



Understand that enrollees may self-refer to a behavioral healthcare provider without a referral from the enrollee's PCP

Integrated Care Management

- ❑ We offer fully-integrated care encompassing the physical health, behavioral health, and socio-economic status of our enrollees.
- ❑ We foster strong provider partnerships and alliances with community-based organizations.
- ❑ We identify enrollees who are at a high risk to receive intensive care management services.
- ❑ We offer enrollees who are at **lower risk** supportive care management services..

Please note that our clinical guidelines are located on our website.





Interdisciplinary Team (IDT) Training

Providers (e.g., Primary Care Provider (PCP), behavioral health professional, home care aid, nursing facility staff) who are a part of an Interdisciplinary Team need to understand the following:

- **Coordinating with behavioral health and LTSS providers**
- **Information about accessing LTSS**
- **Information on community support available for enrollees**
- **The person-centered planning processes**
- **Cultural competence**
- **Accessibility and accommodations**
- **Independent living and recovery**
- **Wellness principles and philosophies**
- **Other required training, as specified by the State, which will include *ADA / Olmstead* requirements**

Please speak with the patients Interdisciplinary Team (IDT) for questions surrounding these services

Care Coordination

❑ Interdisciplinary Team (IDT)

- ✓ PCP
- ✓ Specialists / other providers
- ✓ Enrollee, Care Giver / Family Member
- ✓ Care Manager



Community & Facility Based LTSS Services

The following Waiver services are available, as applicable to the enrollees needs:

- Adaptive Medical Equipment and Supplies
- Adult Day Program
- Assistive Technology
- Chore Services
- Community Transition Services
- Environmental Modifications
- Expanded Community Living Supports (ECLS)
- Fiscal Intermediary (FI)
- Home Delivered Meals Supports
- Non Medical Transportation
- Personal Emergency Response System
- Preventive Nursing Services
- Private Duty Nursing (PDN) Services
- Respite Care





Medical Prior Authorization



A current list of services which require prior authorization can be found online at <http://aetnabetterhealth.com/newyork>.



Service/Prior Authorization Decision Timeframes

Decision	Decision/notification timeframe	Notification to	Notification method
Expedited / Prior Authorization	Seventy-two (72) hours days from request for service	Enrollee - Practitioner/Provider if indicated -	-Telephonic and Written -Electronic/Written
Standard Prior Authorization	Within three (3) business days of receipt of necessary information, but no more than four-teen (14) days of receipt of request for services	Enrollee - Practitioner/Provider if indicated -	-Telephonic and Written -Electronic/Written
Standard Concurrent Review	Within one (1) business day of receipt of necessary information, but no more than fourteen (14) days of receipt of request for services	Enrollee - Practitioner/Provider if indicated -	-Telephonic and Written -Electronic/Written

For a complete list, please review the FIDA Provider Manual.



Clearinghouse & Clean Claims

- ❑ **We accept both paper and electronic claims**
- ❑ **Emdeon is the preferred clearinghouse for electronic claims**
- ❑ **We process clean claims according to the following timeframes:**
 - 90% of clean EDI claims adjudicated within 30 days of receipt
 - 99% of clean paper claims adjudicated within 90 days of receipt
- ❑ **A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party.**





Claim Submission

Electronic Claims:

- Aetna Better Health encourages participating providers to electronically submit claims through Emdeon at <http://www.emdeon.com/>.
- Please use **Payor ID #34734** when submitting electronic claims.
- Emdeon Office WebConnect will be offered at no charge.

Paper Claims:

Aetna Better Health of New York
P.O. Box 63848
Phoenix, AZ 85082

How to fill out a CMS 1500 Form:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>

Sample CMS 1500 Form:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1500805.pdf>

How to fill out a CMS UB-04/1450 Form:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>

Sample Authorization



September 28, 2012
Member ID: 976545290
Member Name: Amanda Jackson17
Address: 88 North St
Anytown, IL 60606
Phone: 123-123-1234
Date of Birth: 05/03/1969

Servicing Provider: AGE WITH GRACE
Address: 555 MAIN STREET
SUITE 5
ANYTOWN, NY 98789
Phone: (555) 111-2233

Home Delivered Meal Site: 88 North St
Anytown, IL 60606
Phone: 123-123-1234
PCP Name: Walter Wolf
PCP Phone: (555) 111-2365

Case Manager: Mary Smith
Phone: (555) 555-5555

Diagnosis: 344.9 - UNSPECIFIED PARALYSIS
Service Code: S5170 Home Delivered Meals
Billing Modifier: None
Units: 5
Frequency: Weekly

Service Start Date: 12/01/2012
Service End Date: 02/28/2013
Member Service Preference Level: 4-Can wait until next scheduled visit
Authorization Number: 123456789098

Notice to Community Agencies

Community Agencies should not bill for any days that fall between the admission date and the discharge date of a member's hospitalization, and should never bill on any day during which services were not provided. If any hours are submitted when a member has been hospitalized for the full 24 hours, or it is discovered through audit that services were not provided, the agency will be required to pay back any monies paid by the Plan.

Claims Submission Tips

Important Documentation Requirements

Personal Emergency Response System

- Documents do not need to be sent in with your claim
- Continue to send documentation to the Care Manager at the Plan
- The Care Managers name will be on the Service Authorization Letter

Home Health Agencies

- Documents do not need to be sent in with your claim
- Continue to send documentation to the Care Manager at the Plan
- The Care Managers name will be on the Service Authorization Letter



Member Care Secure Web Portal

Provider View

aetnaSM Hello **RANDY SUGARMAN!** [\[Logout\]](#)

[Home page](#) [My patients](#) [Messages](#) [Gaps in care](#) [My practice information](#)

Welcome RANDY SUGARMAN

My patients
Manage my patients

Messages
View and send non-urgent messages about my patients

Gaps in care
Identify gaps in care and other alerts

My practice information
View and update my practice's demographic data and contact information

Copyright © 2011 Schaller Anderson, Incorporated



Provider Secure Web Portal

The screenshot displays the Aetna Provider Secure Web Portal. At the top center is the Aetna logo in blue, with a black rectangular redaction box positioned directly below it. The page is organized into several sections:

- Health News:** Located on the left, it features a sub-header "Health News" and a main heading "Welcome to Medicaid Portal ...". Below this heading is a large, empty light-blue box. To the right of this box is a link labeled "Update News".
- Highlights:** Located in the middle, it has a sub-header "Highlights" and a single bullet point: "You have [0 Message\(s\)](#) in your Inbox."
- Welcome Note Message:** Located on the right, it has a sub-header "Welcome Note Message" and a message: "Welcome to the Aetna Better Health of Ohio provider and member web portal! If you have questions about this portal or how to use it, please contact us at 1-855-364-0974 TTY 711". Below the message is a link labeled "Update Message".
- Useful Links:** Located on the right, below the message, it has a sub-header "Useful Links" and a list of links: "Aetna Better Health of Ohio", "Ohio Provider Directory", "Pharmacies", "Ohio Department of Medicaid", and "Centers for Medicare and Medicaid Services".
- Adobe Acrobat Reader:** Located at the bottom right, it features the Adobe logo and the text "Download the latest version of Adobe Acrobat Reader here".



Medical Records - Standards

- ❑ A period of ten (10) years from the end of the Provider Agreement with Aetna Better Health of New York;
- ❑ The date the NYSDOH or their designees complete an audit; or
- ❑ The period required under applicable laws, rules, and regulations.



Provider Grievances & Appeals

Provider	Timeframe to Request	Acknowledgment Letter: Timeframe to send and inclusions	Processing Time	Decision Letter: Timeframe to send	Decision Letter inclusion(s)
Provider Appeal (For plan untimely decision making)	Within 30 calendar days from the remittance advice or the postmark on the NOA.	Within 3 business days	Within 45 calendar days of receipt	Within 2 business days of decision (Notification may be via telephone, email, fax, or in writing)	NA

Provider Grievances & Appeals

Provider	Timeframe to Request	Acknowledgment Letter: Timeframe to send and inclusions	Processing Time	Decision Letter: Timeframe to send	Decision Letter inclusion(s)
<p>Non-Participating Provider Claim Appeals</p> <p>(Appeal to review a denied claim)</p> <p>(For items/services that are covered by Medicare only OR by Medicare and Medicaid)</p>	<p>Within 60 days of remittance advice</p> <p>(Denied claim only, provider must complete a Waiver of Liability (WOL) form before the appeal becomes active.)</p>	<p>Within 3 business days</p>	<p>Within 60 days of receipt of WOL</p>	<p>Same day as decision if on day 60, otherwise within 60 days from receipt of the WOL</p>	<p>IRE Information is included in the letter if the decision is upheld (denied payment)</p>

Provider Grievances & Appeals

Provider	Timeframe to Request	Acknowledgment Letter: Timeframe to send and inclusions	Processing Time	Decision Letter: Timeframe to send	Decision Letter inclusion(s)
<p>Non-Participating Provider Payment Dispute</p> <p>(Appeal to review any payment made on submitted claim)</p> <p>(For items/services that are covered by Medicare only OR by Medicare and Medicaid)</p>	<p>Within 60 days of remittance advice. Provider submits documentation indicating they should receive a different payment under Original Medicare than the amount paid by the plan.</p>	<p>Within 3 business days</p>	<p>Within 30 days of receipt</p>	<p>Same day as decision if on day 30, otherwise within 30 days from receipt of request</p>	<p>IRE Information is included in the letter if the decision is upheld (denied payment)</p>

Provider Grievances & Appeals

Provider	Timeframe to Request	Acknowledgment Letter: Timeframe to send and inclusions	Processing Time	Decision Letter: Timeframe to send	Decision Letter inclusion(s)
Independent Review Entity (IRE) - CMS (For items/services that are covered by Medicare only OR by Medicare and Medicaid)	Upon completion of the plan's Provider Payment Dispute process and within 180 days of the original determination date (remittance advice) the non-participating provider can request an IRE review	IRE Process IRE will submit a notification letter to the plan when it receives a dispute from a provider Plan to send notification to the IRE within 5 business days if the provider is determined to be participating	IRE Process - Within 60 days of receiving the request Plan to submit files or documentation to the IRE for review as requested	IRE Process IRE sends written notification of the decision to all parties If overturned then services must be effectuated within 30 days of IRE decision	IRE Process Plan to send "Payment Dispute Resolution Confirmation" to the IRE within 7 days of effectuation

Provider Grievances & Appeals

Provider	Timeframe to Request	Acknowledgment Letter: Timeframe to send and inclusions	Processing Time	Decision Letter: Timeframe to send	Decision Letter inclusion(s)
Grievance (Sometimes called complaints or disputes. In NY it is typically the formal process after an informal dispute.)	NA	Within 3 business days	Within 45 calendar days of receipt	Within 10 calendar days of decision	NA



Enrollee Rights & Responsibilities / Americans with Disabilities Act (ADA)



<http://www.ada.gov/reg3a.html>

Olmstead Decision



On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified institutional segregation of persons with disabilities is discrimination and a violation of Title II of the Americans with Disabilities Act.¹

The U.S. Supreme Court held that public entities must provide community-based services to persons with disabilities when:²

- Community-based services are appropriate;
- Affected persons do not oppose community-based treatment; and
- Community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

Cultural Competency

Please pull out your hand-out. (or our website)

CULTURAL COMPETENCY

To improve patient health and build health communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse patients and communities.

Aetna Better Health of New York promotes cultural competency and offers sensitivity education and training in an effort to help eliminate health care inequalities. We offer free online cultural competency courses that health care providers and their staff can take advantage of to help with daily interactions with patients.

To access Aetna Better Health's online cultural competency courses, please visit: <http://www.aetna.com/healthcare-professionals/training-education/cultural-competency-course.html>

need for health care systems to accommodate increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern. To train health care providers to care for diverse populations, the U.S. Department





Fraud, Waste, & Abuse

Please pull out your hand-out. (or our website)

PROVIDER FRAUD, WASTE, AND ABUSE TRAINING

<p>Welcome! We designed this training to assist you in helping Aetna Better Health of New York detect, report, and prevent fraud, waste, and abuse in the FIDA and MLTC Programs.</p> <p>The Centers for Medicare and Medicaid Services (CMS) has outlined requirements that must be followed by everyone who participates in any way with the Medicare-Medicaid Program.</p> <p>Following these requirements protects our enrollees from harm and helps to keep health care costs down.</p> <p>Definitions</p> <p><u>Fraud</u>: An intentional act of deception, misrepresentation, or concealment in order to gain something of value.</p> <p><u>Abuse</u>: Excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice.</p>	<p>Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.</p> <p>What are my responsibilities as provider?</p> <p>You are a vital part of an effort to prevent, detect, and report Medicare-Medicaid non-compliance as well as possible fraud, waste, and abuse.</p> <p>First you are required to comply with all applicable statutory, regulatory, and other CMS requirements, including adopting and implementing an effective compliance program.</p> <p>Second you have a duty to the Medicare-Medicaid Program to report any violations of laws that you may be aware of.</p> <p>Third you have a duty to follow your organization's Code of Conduct that articulates your and your organization's commitment to standards of conduct and ethical rules of</p>
--	---

Abuse, Neglect, Exploitation & Misappropriation of an Enrollee's Property

Please pull out your hand-out. (or our website)

IDENTIFYING & REPORTING ABUSE, NEGLECT, EXPLOITATION & MISAPPROPRIATION OF AN ENROLLEE'S PROPERTY

Aetna Better Health of New York's policy is to promote the education of network providers including long term care facilities on the identification and reporting of actual and suspected abuse, neglect, exploitations, and misappropriation of enrollee's property.

Definitions

Neglect means intentional or unintentional failure to fulfill a caregiver's obligation or duty to an elderly person. "Self neglect" can also occur when an elderly person is unable or unwilling to make provision for proper care for themselves.

Abuse constitutes the intentional infliction of physical harm, causing injury as a result of negligent acts or omissions, unreasonable confinement, sexual abuse, or sexual assault of an individual 18 years of age or older who is unable to protect himself or herself from abuse, neglect or exploitation by others because of a physical or mental im-

Neglect

Types of Neglect

- ◆ The intentional withholding of basic necessities and care
- ◆ Not providing basic necessities and care because of lack of experience, information, or ability

Signs of Neglect

- ◆ Malnutrition or dehydration
- ◆ Unkempt appearance; dirty or inadequate
- ◆ Untreated medical condition
- ◆ Unattended for long periods or having physical movements unduly restricted

Examples of Neglect

- ◆ Inadequate provision of food, clothing, or shelter
- ◆ Failure to attend health and personal care responsibilities, such as washing, dressing, and bodily functions

National Provider Identification (NPI)

Please pull out your hand-out. (or our website)

NATIONAL PROVIDER IDENTIFICATION (NPI) REQUIREMENTS

Welcome!

We designed this training to assist you with understanding how to use your NPI in HIPAA standard electronic transactions.

Federal regulations require you to submit HIPAA standard electronic transactions with only your NPI number. Additional information on this requirement follows.

General

Which HIPAA standard electronic transactions have to include the NPI?

- Claim
- Encounter
- Eligibility
- Claim Status Inquiry
- Electronic Remittance Advice (ERA)
- Precertification Add
- Referral Add

How do I use my NPI?

Health care providers must use their NPI in electronic transac-

Health provider ID numbers in our systems since they are needed for other processes not encompassed by the NPI regulation.

Are providers allowed to send other identification numbers, such as PIN, PVN and TIN, in electronic transactions?

To be compliant with the regulations, covered entities must use the NPI of any health care provider (or subpart) that has been assigned an NPI to identify that health care provider in HIPAA standard transactions. The use of other IDs is only permitted to identify:

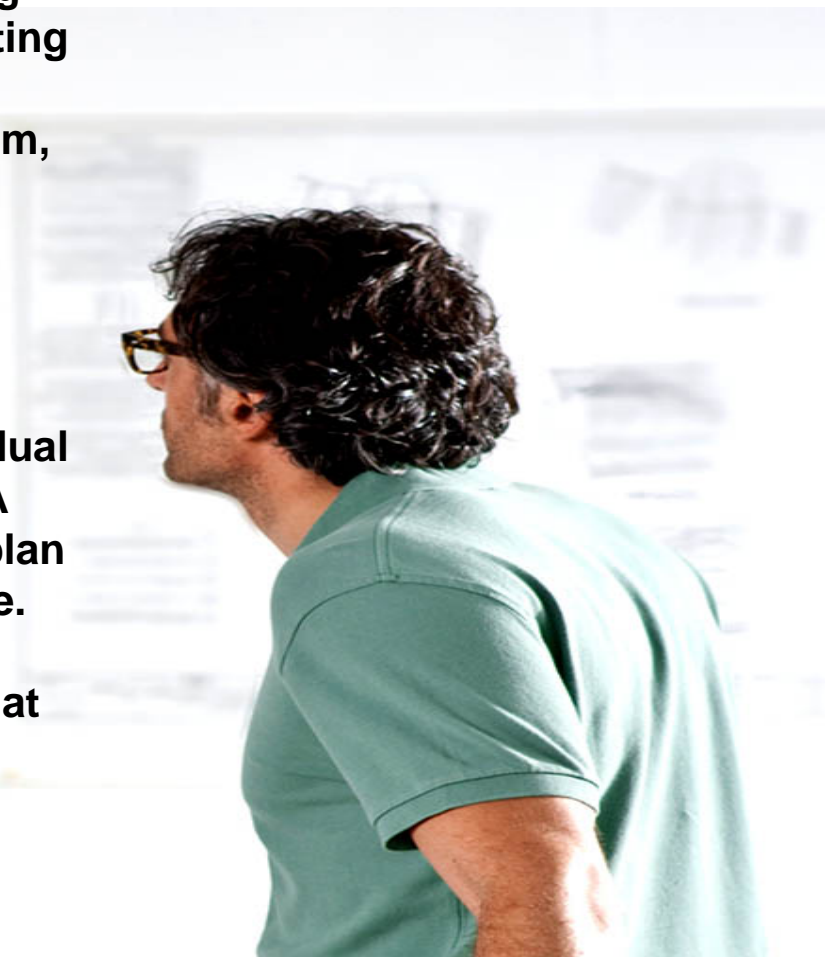
- An entity or individual "as a taxpayer" using the TIN (for example, Social Security number or employer identification number (EIN)). This exception only applies to billing providers in claims and payees in remittance advices. An NPI must also be used to identify covered health care providers "as providers" in these situations.
- Providers acting in a way that is not considered to be a "provider" role, such as information submitter or receiver or utilization management organization.
- Non-covered health care providers. For example, a referring provider who does not conduct any electronic transactions is a non-covered provider who may have chosen not to obtain an NPI.



Marketing Guidelines

Providers must adhere to all applicable Medicare laws, rules, and regulations relating to marketing guidelines. Per Medicare regulations, “marketing materials” include, but are not limited to, promoting the FIDA Program, informing enrollees that they may enroll or remain enrolled in the FIDA Program, explaining the benefits of enrollment in the FIDA Program or rules that apply to enrollees, or explaining how services are covered under the FIDA Program.

Providers may discuss, in response to an individual patient’s inquiry, the various benefits of the FIDA Program. Providers are encouraged to display plan materials for all plans with which they participate. Providers can also refer their patients to 1-800-MEDICARE, Enrollment Broker, or CMS’ website at www.medicare.gov for additional information.



Provider Appointment Standards

Provider Type	Emergency Appointment	Urgent Care Appointment	Non-Urgent "Sick" Visit	Preventative & Routine Care (Non-Urgent)
PCP	Same Day	Within twenty-four (24) hours	Within forty-eight (48) to seventy-two (72) hours as clinically indicated	Within four (4) weeks of request
Specialty Referrals	N/A	N/A	Within two (2) to four (4) weeks of request	N/A

Provider Type	MH/SA Follow-up w/PCP (ER or after Hospital Discharge)	MH/SA Follow-up w/PCP (Non-Urgent)	MH/SA Assessment (Enrollee's ability to perform work)
PCP	Within five (5) days of request, or as clinically indicated	Within two (2) weeks of request	Within ten (10) days of request



Additional Information & Important Requirements

How to obtain provider-based Health education for enrollees

Information about community supports

How to become a PCMH

Enrollee assessments and how they are required

**Providers may not refuse treatment to qualified individuals with disabilities.
Accommodating enrollees with special needs.**





Provider Communications

***Provider
Newsletters***



***Special Provider
Communications***



Provider Services Department

**Aetna Better Health of New York Toll Free #
1-855-494-9945**

****All Departments may be reached through this #**

E-Mail: NY_ProviderRelations@AETNA.com

www.aetnabetterhealth.com/newyork

For additional information about the FIDA program or additional training, please visit the following website:

<http://www.lewin.com/publications/publication/418/>

Thank you!

aetnaSM