# Aetna Assure Premier Plus (HMO D-SNP)

# Agenda

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# Overview and Member Eligibility

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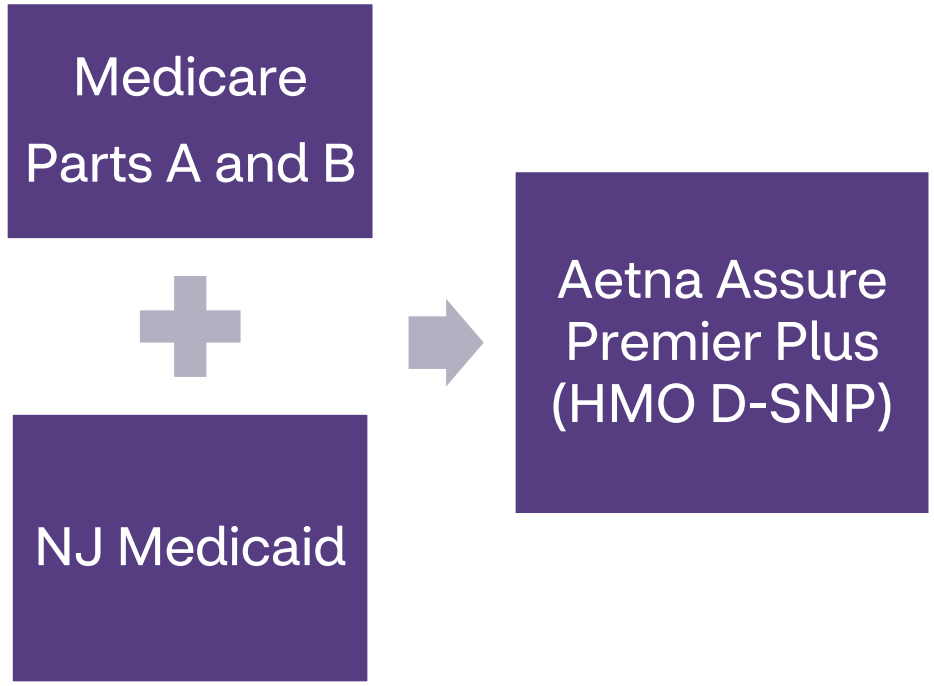
# Aetna Assure Premier Plus (HMO D-SNP) Overview

**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)
- For Additional enhanced benefits including an Extra Benefits Card with a $305/monthly benefit for groceries, over-the-counter items, utilities, and rent, a fitness program, PERs, $150 annual allowance for fall prevention items and Meals after discharge
- $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



# 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.



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# 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

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Member Name:
Member ID:
Effective Date:
Issued Date:

**Issuer:** 80840
**Rx Bin:** 610502
**PCN:** MEDDAET
**Rx Grp:** RXAETD

PCP Name:

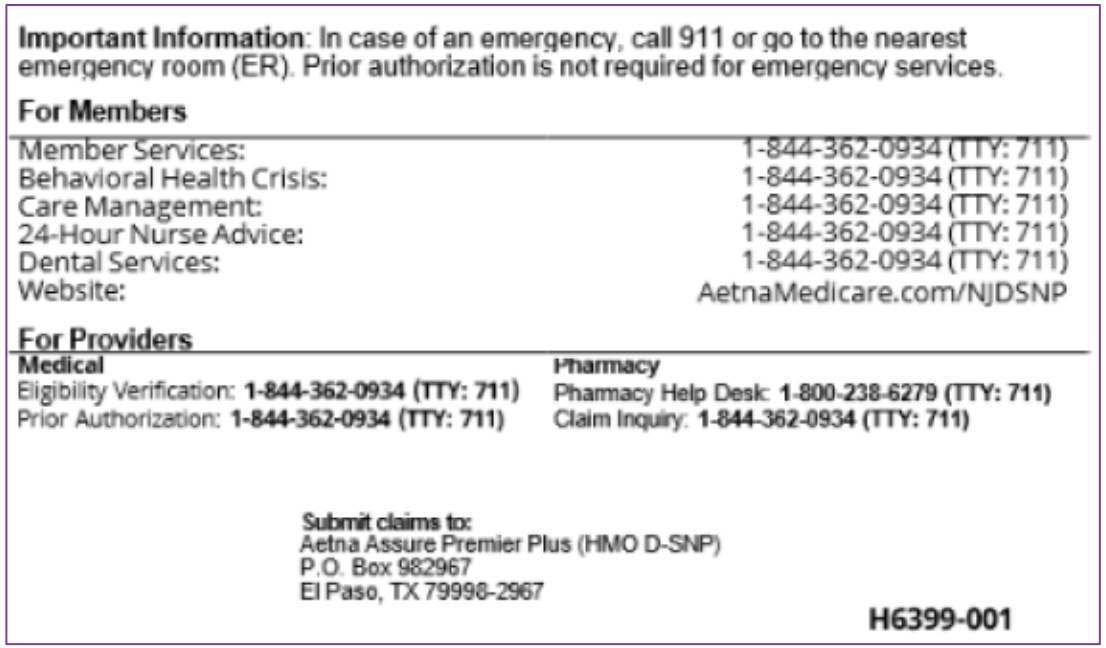
PCP Phone:

**Dental Provider:** LIBERTY Dental

| | |
|---|---|
| PCP: | $0 Copay |
| Specialist: | $0 Copay |
| Emergency Room: | $0 Copay |
| Urgent Care: | $0 Copay |
| Dental: | $0 Copay |

MedicareRx

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**
Eligibility Verification: **1-844-362-0934 (TTY: 711)**
Prior Authorization: **1-844-362-0934 (TTY: 711)**

**Pharmacy**
Pharmacy Help Desk: **1-800-238-6279 (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.



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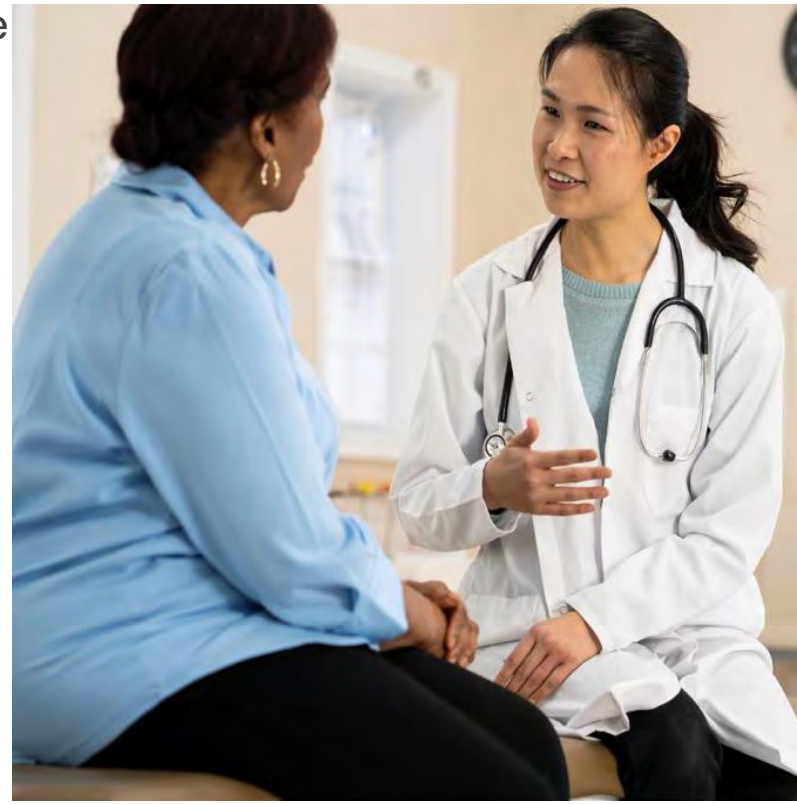
# Large and Trusted Network

- 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.





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# 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**.



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# Care Management Program

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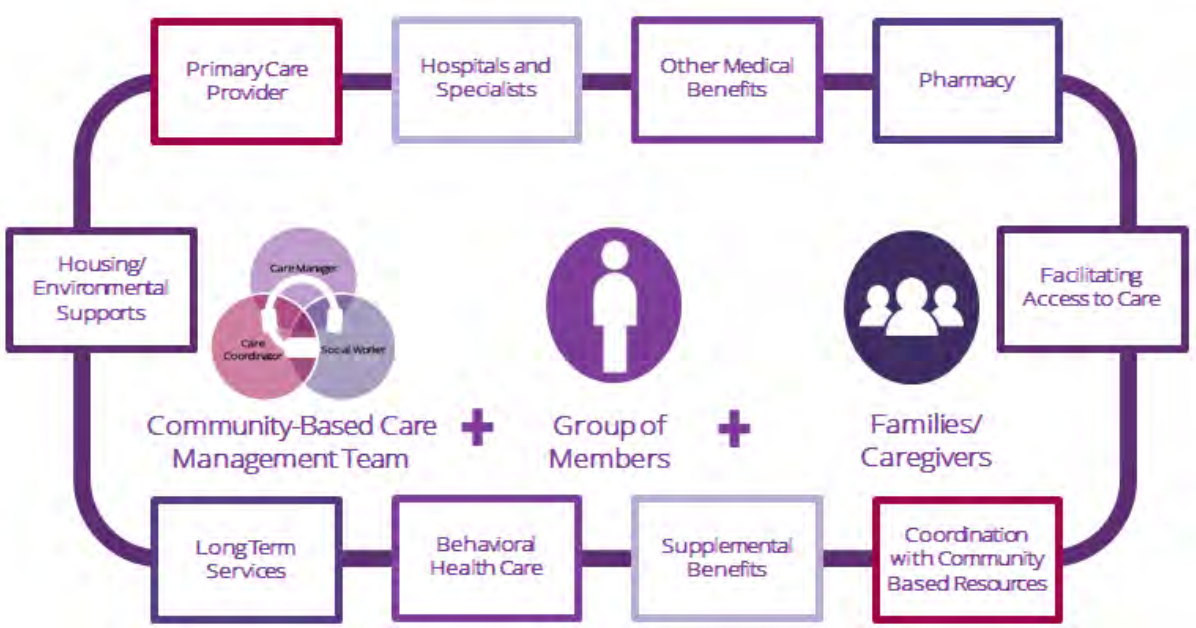
# Care Management Program

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



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# 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



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# 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 | Aetna Assure Premier Plus Medicare Supplemental | Medicaid | Medicaid MLTSS (if applicable) |
|---|---|---|---|
| • PCP visits<br>• Specialist visits<br>• Inpatient/outpatient hospital<br>• Emergency & urgent care<br>• X-rays and diagnostic radiology<br>• Lab services<br>• Ambulance<br>• Therapy (PT/OT/ST)<br>• Prescription coverage | • $305/monthly Extra Benefits card for food, over-the-counter items, rent, and utilities<br>• $150 Fall prevention annual allowance<br>• Virtual medical visits – members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic® video visit.<br>• Fitness program<br>• Personal emergency response – medical alert system<br>• Meals at home<br>• 24-hour nurse line<br>• Annual routine physical exam<br>• Worldwide emergency and urgent coverage | • Medicare cost share covered for all members, including Part D copays<br>• Additional coverage beyond Medicare limits<br>• Preventive and comprehensive dental<br>• Hearing services<br>• Vision services<br>• Podiatry (routine)<br>• Chiropractic care<br>• Behavioral health services<br>• Acupuncture<br>• Transportation<br>• Medical day care<br>• Personal care assistance<br>• Additional pharmacy covered items | • Assisted living services and programs<br>• Caregiver/participant training<br>• Chore services<br>• Community residential services<br>• Community transition services<br>• Home-based supportive care<br>• Home delivered meals<br>• Medication dispensing device<br>• Residential modifications<br>• Respite care<br>• Social adult day care<br>• Structured day program<br>• Supported day services<br>• TBI behavioral management<br>• Non-medical transportation<br>• 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.



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# Benefits in New Jersey

Additional benefits for Aetna Assure Premier Plus (HMO D-SNP) enrollees:

## Extra Benefits Card

Members will receive an Extra Benefits Card in the mail that can be used to buy healthy foods and over-the-counter (OTC) items, rent, and utilities. Member will receive:

- $305 every month for eligible OTC items

## Fall Prevention

$150 annual allowance to purchase approved home and bathroom safety products online or by phone.

## Virtual medical visits

Members can schedule a Teladoc appointment at Teladoc.com/Aetna or by calling 1- 855-TELADOC (1-855-835-2362) (TTY: 711) or MinuteClinic® Video Visit which is available 24/7 via the CVS app or at by visiting the **Minute Clinic Website**.*

## Fitness programs

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.

## Meals at Home

Members can receive 28 meals over 14 days after an inpatient hospital discharge or skilled nursing stay.

## Aetna 24-Hour Nurse Line

Member can get guidance and support on your basic health care questions, 24 hours a day, 7 days a week.

## Worldwide urgent and emergency coverage

*Available in New Jersey for select conditions. Other restrictions apply. To receive these services, you will be connected to a trusted third-party provider.



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# 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**.




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# Claims, Billing & Authorizations

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# 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**



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# 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.



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# 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**.



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# 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 maybe 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.

4500 E. Cotton Center Blvd.

Phoenix, AZ 85040

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.



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# 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**

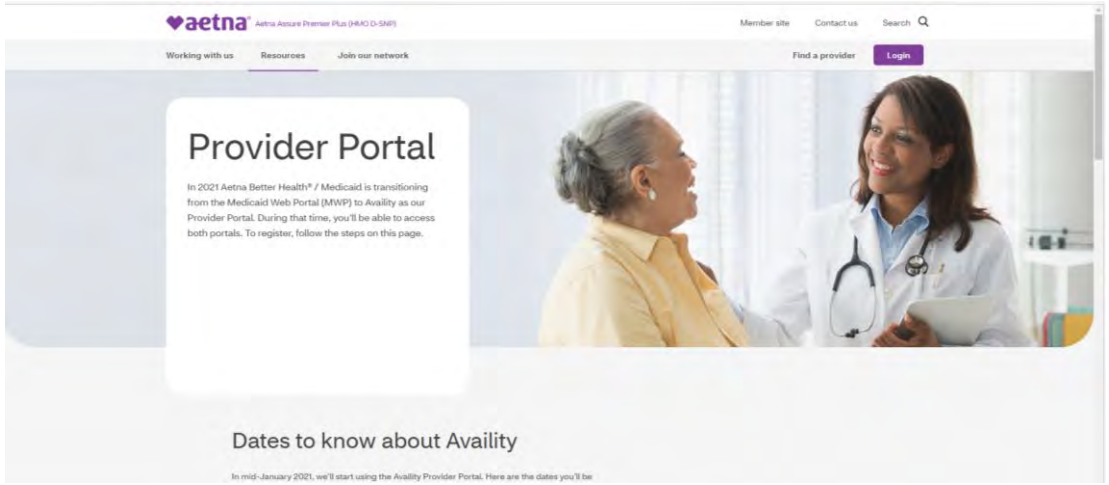
Incomplete or missing information may cause the decision to be upheld or returned to Provider. Common mistakes include:

- 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** 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.

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Providers can:

- Verify member eligibility
- Review Claims
- Access Gaps-In-Care Reports
- Update provider panels
- Submit and review Appeals
- Update provider demographics
- Submit disputes



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# 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 **NJ_FIDESNP_Providers@aetna.com**.

# Provider Roles & Responsibilities

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# 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.



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# 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



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# 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 **NJ_FIDESNP_Providers@aetna.com**



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# 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 am additional number of members to the panel.
- Providers should update panels regularly through the Provider Experience department or through the **Provider Portal**



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# 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



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| 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, except when the provider is unavailable due to an emergency |
| Specialist | Immediate | Within 24 Hours Of Referral | Within 28 Days | No more than 45 minutes, except when the provider is unavailable due to an emergency |
| OB/GYN | Immediate | Within 24 Hours | 1st Trimester: Within 3 Weeks<br>2nd Trimester: Within 7 Calendar Days<br>3rd Trimester: Within 3 Calendar Days<br>High Risk: Within 3 Calendar Days<br>Routine Care: Within 3 Weeks<br>Postpartum: Within 6weeks | No more than 45 minutes, except when the provider is unavailable due to an emergency |
| Behavioral Health | Immediate | Within 24 Hours | Within 10 Days | No more than 45 minutes, except when the provider is unavailable due to an emergency |

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



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# 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?



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# Aetna policy statement

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