About Aetna Assure Premier Plus (HMO D-SNP)

Aetna Assure Premier Plus (HMO D-SNP) is a type of Medicare Advantage Plan that provides both Medicare and Medicaid health benefits to New Jersey Members who qualify for Medicare and NJ FamilyCare (Medicaid services) and live in New Jersey.

Provider Participation and Reimbursement

1) Am I in Aetna Assure Premier Plus's Network?

If you are an Aetna Medicare Advantage contracted provider, you participate in Aetna's Assure Premier Plus Network and should accept members for the provision of Medicare services.

If you are an Aetna Better Health of New Jersey (Medicaid) provider, you may participate in the Aetna Assure Premier Plus Network if you received a notice adding the product to your agreement.

To check your participation status, please visit the **Availity provider portal** or call provider services at **1-844-362-0934.**

2) Can I balance bill a member?

Providers may not bill members for any Medicare or Medicaid covered services. Members are not responsible for Medicare cost sharing under CMS regulations. Medicare cost sharing includes the deductibles, coinsurance and copays included as part of Medicare Advantage benefit plans.

3) Should I bill Medicare or Medicaid?

Providers should only bill Aetna Assure Premier Plus for amounts due for any services covered under the member's plan. As a Medicare Advantage plan, Aetna Assure Premier Plus is responsible for providing payment for Medicare covered services (up to existing Medicare reimbursement rates).

Participating Medicare providers will be compensated in accordance with their executed contract terms and conditions that you will find in the Medicare service and compensation schedule.

Aetna Assure Premier Plus is also responsible for the management and payment of New Jersey Medicaid benefits. Medicaid-only covered services will be reimbursed according to existing Medicaid rates.

For Medicare covered services, Aetna will reimburse providers for Medicare primary payment (up to the existing Medicare Advantage contracted rates) and then adjudicate for Medicaid secondary payment (up to the Medicaid allowable rates). You do not need to have a New Jersey Medicaid ID from the state to receive Medicaid cost sharing. If the claim is eligible for both Medicare and Medicaid reimbursement, payment for the Aetna Assure Premier Plus (HMO D-SNP) plan will be made on separate checks: one check from Medicare and one check from Medicaid.

4) What If I'm Not a Medicaid Participating Provider?

Providers who are billing Medicare covered codes will receive both the primary Medicare payment and then secondary Medicaid payment if applicable. If you are billing Medicare covered services as primary, there is nothing to do. You do not need to have a Medicaid contract to receive primary Medicare cost sharing.

If you are billing services that are primary to Medicaid (i.e., services that are not Medicare eligible), the New Jersey Division of Medical Assistance & Health Services requires registration to receive payment. If you already have an Active Medicaid ID with New Jersey, there is no action needed to receive Medicaid payment. If you need a Medicaid ID, please visit the registration site at **njmmis.com/providerRegistration.aspx**. Either registering or obtaining an Active Medicaid ID is sufficient to receive a Medicaid payment for Medicaid primary services.

5) How do I submit claims?

Using the member's ID number from the plan ID card, you'll only need to submit one claim. Your claims will automatically process first through Medicare benefits and then through Medicaid benefits. You'll receive two provider remittance advices (PRAs), one for Medicare and one for Medicaid. There's no need to submit a secondary claim to Aetna.

There are three avenues to submitting claims:

- We encourage participating providers to electronically submit claims through ECHO Health, Inc. Use submitter ID **#46320** when submitting claims to Aetna Assure Premier Plus (HMO D-SNP).
- When using Availity, providers must select Aetna Better Health and NJ-VA MAP D- SNP as the Payor due to Aetna's claims administration system for this plan.
- For paper claims submissions, please use submitter ID **#46320** when submitting claims to Aetna Assure Premier Plus (HMO D-SNP). Paper claims should be sent to the following address:
  PO Box 982967
  El Paso, TX 79998-2967

6) Am I Required to See Aetna Assure Premier Plus (HMO D-SNP) Members?

As a contracted provider to service Aetna Medicare Advantage members, you are required to see these Members. Aetna Assure Premier Plus (HMO-DSNP) is a Medicare Advantage plan and is included in the Aetna Medicare participation agreement.

Policies and Procedures

1) How Do I Access the Provider Portal?

If you're new to Availity, you can register with Availity for free by clicking **here**. You can utilize all Availity's features and access trainings once you log in.

If you are already using Availity, simply **log in** to your Availity profile and choose "Aetna Better Health NJ – VA MAP D-SNP" from your list of payers for viewing Aetna Assure Premier Plus. This allows you to start using the Aetna-specific features. The portal tools inside make all your admin work as easy as possible.

"Aetna Better Health" Availity profile should be used for Aetna Assure Premier Plus. "Aetna Medicare" Availity profile should be used for other Medicare Advantage business.

2) What are Availity's Features?

Through the Availity portal, you can:

- Conduct claim inquiries
- Verify member eligibility and benefits
- Update provider rosters and demographic information
- Review authorizations, resubmissions, and appeals

3) Do I have to take any Training?

All Special Needs Plans are required to have an approved Model of Care. Providers must take a mandatory Model of Care Training required by CMS each year. A simple Attestation Statement is provided within this training document as well to make it easy for you to get credit for completing the course. You can take the training and record your attestation on the **Provider Training** page.

All providers and office staff who interact with Members are required to complete this training.

4) What other Claims and Patient Information do I have to Submit?

To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. Requirements: Advanced Care Planning (CPTII: 1157F, 1158F), Functional Status Assessment (CPTII: 1170F), Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day), Pain Screening (CPTII: 1125F, 1126F).

Member Eligibility and Benefits

1) Who is eligible for Aetna Assure Premier Plus (HMO D-SNP)?

Enrollees must be:

- Eligible for Medicare; entitled to Medicare Parts A and B
- Eligible for NJ FamilyCare (Medicaid)
- Live in the state of New Jersey

2) When and How Can Members Enroll?

Members have Special Enrollment Periods (SEP) which allow them to enroll, disenroll or switch plans once a quarter for the first three quarters of the year. Enrollment changes become effective the first day of the following month. Providers may have new enrollees throughout the year. Prospective enrollees can learn more about the plan by visiting the **member website** or speaking to a licensed sales agent. They can call **1-833-874-8529 (TTY: 711)** to enroll.

3) What Care Management Services Do Members Receive?

Members enrolled in the plan have a dedicated care manager who will serve as their main point of contact with the plan. The Care Manager will lead an **Interdisciplinary Care Team (ICT)** that works together to help each Member receive the most appropriate, highest quality of care. Each Member has an **Individualized Care Plan (ICP)** based on the results of their comprehensive **Health Risk Assessment (HRA)**. Care Managers can be reached by phone at **1-844-362-0934** or by email at **NJ_FIDE_SNP_CM@Aetna.com**.

4) What If a Member Loses Eligibility?

If a member loses their Medicaid eligibility, our plan will continue to cover the Member's Medicare benefits for a period of eligibility of three (3) months. The plan will also continue to cover Medicare cost- sharing during this time, however, during this period Medicaid-only benefits will not be covered by our plan. To find out if a benefit is Medicaid only, or to find out if it will be covered, you can call Provider Services at 1-844-362-0934. This period of eligibility begins the first day of the month after Aetna Assure Premier Plus learns of the loss of Medicaid eligibility. If at the end of the three (3) month period of eligibility, the Member's Medicaid eligibility has not been regained and the member has not enrolled in a different plan, Aetna Assure Premier Plus will disenroll the member from the plan and the member will be enrolled back into Original Medicare. ***Note: During this period, members are NOT liable for cost-share (premiums, copayments, coinsurance, or deductibles) of any kind for Medicare covered services and should not be balance billed. During this period, Medicaid services will not be covered during this time.***

5) Will members have Aetna D-SNP AND a Separate Medicaid plan?

No. Aetna Assure Premier Plus (HMO D-SNP) is a special kind of Medicare Advantage plan that offers all services covered by original Medicare and a prescription drug plan, along with all of New Jersey FamilyCare's (Medicaid) services. Members will receive both their Medicare and Medicaid services from Aetna.

6) What Services and Benefits Are Covered in Our Plan?

Aetna Assure Premier Plus (HMO D-SNP) covers all the Member's Medicare, NJ FamilyCare (Medicaid), Managed Long Term Services and Supports, and prescription drug benefits (including Medicare Part D) at $0 cost sharing for all members. This includes their medical, behavioral health, medication, and extra benefits all in one health plan, with one identification card, and no deductibles, coinsurance, or copays for plan-covered services or prescription drugs.

Supplemental benefits include:

- A fitness program through SilverSneakers
- Home delivered meals following an in-patient or skilled nursing stay. Members can receive 14 meals over 7 days after an inpatient hospital discharge or skilled nursing stay.
- Extra Benefits card with $240 monthly allowance for over-the-counter items, healthy foods, transportation (including gas at the pump and ride share services such as Lyft/Uber), personal care supplies, utilities and rend/mortgage assistance
- Personal Emergency System
- Annual allowance wigs for member undergoing chemotherapy
- Aetna 24-hour Nurse Line
- Annual $150 allowance to purchase approved home and bathroom safety products online or by phone for fall prevention.

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

7) Things to Remember:

- Always verify member eligibility every time prior to rendering services
  - Members should show their member ID each time before completing a visit to a provider
  - You can call provider services at **1-844-362-0934**
  - You can verify member's eligibility in the **provider portal**
- Members must select a primary care physician to coordinate their care.
- Members may only see providers in the Aetna Assure Premier Plus (HMO D-SNP) network, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Aetna Assure Premier Plus (HMO D-SNP) provides a prior authorization for out-of-network care.
- Members do not need referrals to see in-network providers.

More information

1) Where can I find the provider newsletter and updates on policy information?

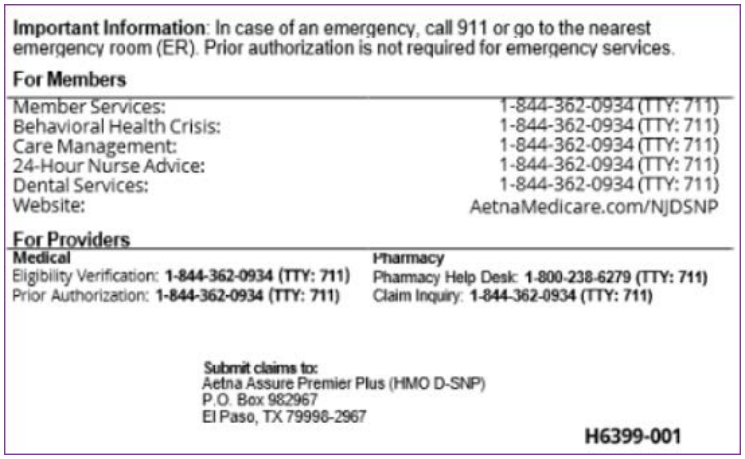
Our provider newsletters and any news and notices and can be found **here**.

2) Where can I find the Aetna Assure Premier Plus (HMO D-SNP) provider manual?

The Provider Manual is accessible on our **Provider Website** under the 'Resources' link or can be downloaded directly **here**

3) What does an Aetna Assure Premier Plus (HMO D-SNP) Member ID card look like?

A sample Member ID is presented below:



4) How do I contact Aetna?

For Aetna Assure Premier Plus (HMO D-SNP) call **1-844-362-0934** to address:

- Provider needs
- Claim payment statuses
- Discuss prior authorization for services
- Discuss Case Management needs

You may also email the care management department at **NJ_FIDE_SNP_CM@Aetna.com** if you have any authorization forms to transmit or escalated issues, and you can reach the provider credentialing team at **COEProviderServices@AETNA.com** when you have any roster forms or recredentialing/W-9 forms.

You can also address many provider issues such as member eligibility verification, claim submission and disputes, submitting appeals and grievances, and updating rosters at the provider portal found **here**.

Expanded Links:
Availity: **apps.availity.com/**
Availity Registration: **availity.com/provider-portal-registration**
Member Website: **aetnabetterhealth.com/new-jersey-hmosnp/index.html**
New Jersey's Medicaid Registration Page: **njmmis.com/providerRegistration.aspx**
Provider Directory: **aetnamedicare.com/NJDSNP-find-provider**
Provider Manual: **aetnabetterhealth.com/content/dam/aetna/medicaid/new-jersey-hmosnp/providers/pdf/abhnjhmosnp_provider_manual.pdf**
Provider Newsletters: **aetnabetterhealth.com/new-jersey-hmosnp/providers/newsletters.html**
Provider Portal: **aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html**
Provider Training and Orientation: **aetnabetterhealth.com/new-jersey-hmosnp/providers/provider-training-orientation.html**
Provider Website: **aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html**