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Aetna Better Health® of New Jersey

New Jersey Hospital Association

MLTSS Provider Update

Tuesday March 6, 2018

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Meet Our Team

Glenn A. MacFarlane

Chief Executive Officer



Glenn A. MacFarlane was appointed Chief Executive Officer of Aetna Better Health of New Jersey on June 27, 2016. The Plan was launched on January 1, 2015 and currently has approximately 40,000 members and \$300 million in Premium and went Statewide 8/28/17. Lines of business include Medicaid, Managed Long-Term Services Supports (MLTSS) and Children's Health Insurance Program (CHIP).

Prior to joining Aetna, Mr. MacFarlane was the President and Chief Executive Officer at Affinity Health Plan, one of the largest managed care plans in New York City. Mr. MacFarlane joined Affinity in November 2012 as Senior Vice President, Strategy, Business & Product Development, and then assumed the additional role of Chief Financial Officer on January 2014. He became the Chief Executive Officer on January 1, 2015. He also spent 12 years at TIAA-CREF, the Fortune 100 financial services firm based in New York City, where he held numerous senior finance roles in product, asset management and operations.

Mr. MacFarlane began his career at Coopers & Lybrand, one of the then "Big 8" consulting firms, focused on the health care industry. He later held senior finance roles for several years at the Health Insurance Plan of Greater New York (HIP), one of EmblemHealth's legacy companies, and at a national physical therapy company. He also served as Chief Financial Officer at Horizon Mercy, a joint Medicaid managed care program between Mercy Health Plan of Pennsylvania and Blue Cross/Blue Shield of New Jersey.

Mr. MacFarlane earned a B.A. in business administration from Iona College. He also completed the executive program in managed care at the University of Missouri.

Glenn A. MacFarlane
Chief Executive Officer
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Dr. Cheryl Reid, M.D. FAAP, FACMG

Medical Director



Dr. Reid is the Medical Director for Aetna Better Health of New Jersey. She is responsible for the clinical and medical management of the health plan's Medicaid, FamilyCare and MLTSS populations. Prior to Aetna, Dr. Reid served as a Medical Director for Horizon NJ Health. She also has 24 years clinical practice experience focused on birth defects, hereditary conditions, special needs and developmental disabilities. Dr. Reid received her medical degree from Rutgers Medical School. She is board certified in both pediatrics and clinical genetics.



Dr. Cheryl Reid, M.D. FAAP, FACMG

Medical Director

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Pam Persichilli, RN, CPUM, CMCN

Vice President Medical Management



Ms. Persichilli is vice president of Medical Management for Aetna Better Health of New Jersey. She is responsible for leading, developing and implementing clinical staff and programs involved in the areas of long-term care, integrated care management, utilization management and quality reporting.

Ms. Persichilli has an extensive career in clinical care management and operations for a number of managed care organizations including Blue Cross Blue Shield and Horizon New Jersey Health. She is a registered nurse, earning her nursing degree from St. Francis Medical Center School of Nursing, New Jersey.



Pam Persichilli
Vice President Medical Management
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Emma Rivera

Director of Network and Provider Experience



Ms. Rivera is the Director of Network and Provider Experience for Aetna Better Health of New Jersey. She is responsible for leading and developing the health plans network contracting efforts and enhancing relationships with facilities, physicians and ancillary providers which serve as contractual networks responsible for the care of our membership.

Ms. Rivera has extensive experience in all aspects of contracting, network operations, provider relations, and provider engagement and collaboration strategies. Before joining Aetna, Ms. Rivera served in a variety of network management and provider relations positions with Medicaid and Medicare managed care organizations in both the New Jersey and New York marketplace.



Emma Rivera

Director of Network and Provider Experience

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RiveraE5@aetna.com

Shanise Williams

Provider Relations Manager



Ms. Williams is Provider Relations Manager for Aetna Better Health of New Jersey. She is responsible for leading the provider relations team and providing them with strategic direction to achieve performance objectives. In her role, she is also responsible for provider retention, contract compliance, Aetna's provider education program, and is accountable for ensuring provider reimbursement methodologies and provisions are administered.

Ms. Williams is a highly organized health care professional with more 19 years of experience with a specialty in provider relations and network management. She's held various leadership positions with other health care organizations in New Jersey. Her higher education background includes a focus on Medical Terminology and Billing, and Office Technology.



Shanise Williams
Provider Relations Manager
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Kate Andujar, MSN RN

Manager, Clinical Health Services - MLTSS



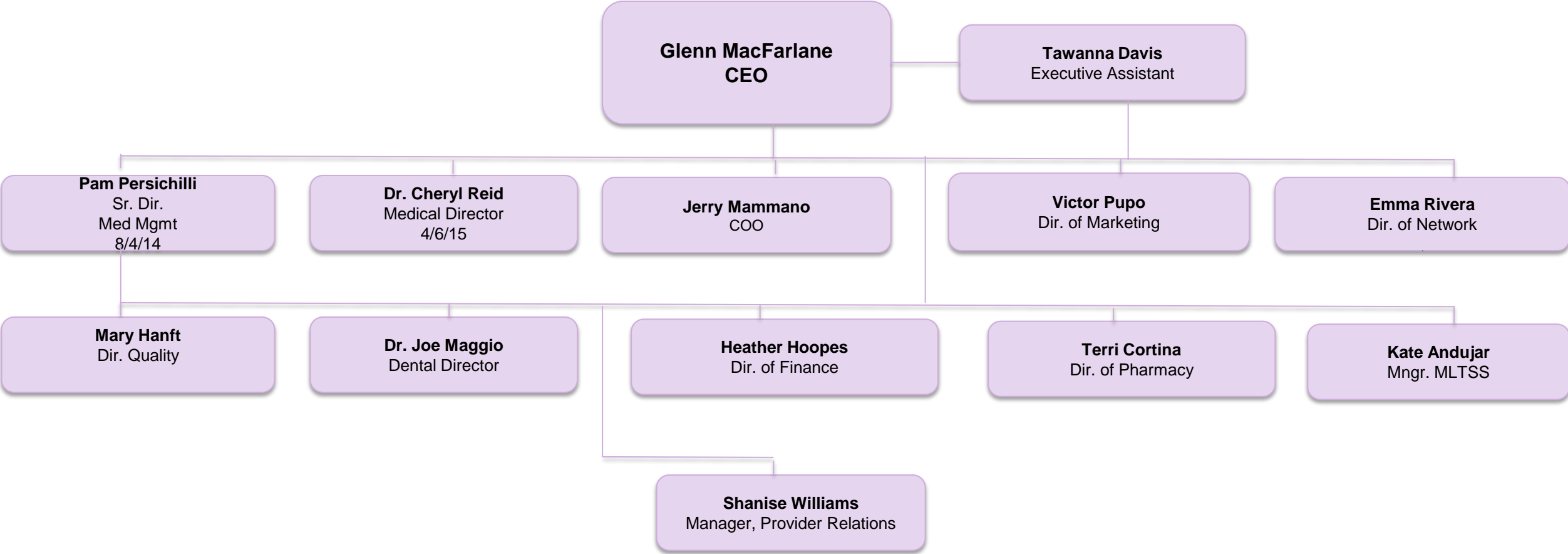
Ms. Andujar serves as the Manager for the Managed Long Term Services and Supports Department for Aetna Better Health of New Jersey. In her role she leads a care management team composed of clinical and non-clinical staff. She is directly responsible for the daily MLTSS departmental operations statewide. She has more than 10 years of healthcare experience. Prior to joining Aetna, she held multiple leadership position in various healthcare organizations throughout southern New Jersey.

Ms. Andujar received her Master's Degree in Executive Nursing Leadership and a Bachelor's Degree of Science in Nursing from Chamberlain University.



Kate Andujar, MSN RN
Manager, Clinical Health Services, Managed Long Term Services & Supports
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Aetna Better Health of New Jersey (ABH NJ) Leadership Team



Nationally Recognized, Locally Focused



30 years of Medicaid and MLTSS experience



Expertise in serving complex, high-risk populations



Integrated, member-centric care model



Local, community-based plan



Focus on quality outcome improvement



Value-based provider payment alignment



Commitment to health care transformation and technology

2016
8 counties



Passaic
Bergen
Essex
Union
Hudson
Somerset
Middlesex
Camden

8/28/2017
Statewide



Now serving NJ
FamilyCare
members
Statewide

Growing our provider network

2017 – added



2018 – total



33 hospitals



69 hospitals



1,000+ PCPs



3900+ PCPs



1,500+ Specialists



12,500+ Specialists

Utilization Management

Utilization Management

- Discharge planning begins on first day of hospitalization to ensure a timely and appropriate discharge plan
- Utilization Management and Case Management staff partner with hospital discharge planners and work together to resolve difficult placement issues
- Acute hospitals are assigned a designated ABH NJ nurse to collaborate with and facilitate post discharge care



Medical Prior Authorization

You may submit prior authorization requests to us 24-hours-a-day, 7-days-a-week through one of the options below:

- Secure Web Portal (Only for In-Network Providers)
- Fax **1-844-797-7601**
- Phone **1-855-232-3596** Option 6 then Option 5
- Prior authorization forms can be located on our website

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
- Anticipated start and end dates of service(s) if known
- All supporting relevant clinical documentation to support the medical necessity in legible format
- Include an office/department contact name, telephone and fax number

Prior Authorization Decision Timeframes

Decision	Decision/ notification timeframe	Notification to	Notification method
Urgent pre-service approval	Within 24 hours of receipt of necessary information, but no later than 72 hours from receipt of request	Practitioner/Provider	Telephone and in writing
Non-urgent pre-service approval	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	Practitioner/Provider	Telephone and in writing
Continued / extended services approval (non-ED/acute inpatient)	1 business day of receipt of necessary information	Practitioner/Provider	Telephone and in writing
Post-service approval of a service for which no pre-service request was received	30 calendar days from receipt of the necessary information	Practitioner/Provider	Telephone and in writing



MLTSS Care Management

MLTSS Care Management

- All members are assigned a care manager
- Individualized care plans developed
- Care plans reviewed every 90 days or when member's condition changes
- If you have a member who might be eligible call Member Services at **1-855-232-3596**.





Critical Incident Reporting

Examples of a Critical Incident

- Severe injury or fall resulting in the need for medical treatment
- Suspected or evidence of physical or mental abuse, including self abuse and neglect
- Law enforcement contact
- Medication error
- Medical or psychiatric emergency
- Missing person or unable to contact



Critical Incident Reporting (continued)

- The initial report of a Critical Incident must be made within one business day and may be submitted verbally, but the verbal report must be followed up by a written report within two business days.
- Contracted providers must immediately (not to exceed one business day) take steps to prevent further harm to any and all members and respond to emergency needs of members.
- Providers with a Critical Incident are required to conduct an internal Critical Incident investigation and submit a report on the investigation within 15 calendar days
- Providers are still required to also report Critical Incidents to the state, as they do today
- Critical Incident Reporting forms can be found on the Aetna Better Health of New Jersey website



Critical Incident Reporting (continued)



Contact Information

MLTSS Member Services

1-855-232-3596

Provider Services

1-855-232-3596

Mail Report to

Aetna Better Health New Jersey
Attention: Quality Department
3 Independence Way, Suite 400
Princeton, NJ 08540

Claims



Claim Submission

Aetna Better Health encourages participating providers to electronically submit claims through Emdeon.

You can submit claims by visiting Emdeon at www.emdeon.com.

Before submitting a claim through your clearinghouse, please ensure that your clearinghouse is compatible with Emdeon. Please use the following Provider ID and Submitter ID when submitting claims to Aetna Better Health of New Jersey:

- **Payer ID# 46320**



Paper Claims:
Aetna Better Health of New Jersey
P.O. Box 61925
Phoenix, AZ 85082

Claims Resubmissions

- Providers have 365 days from the date of service to resubmit a revised version of a processed claim. The review and reprocessing of a claim does not constitute a reconsideration or claim dispute
- Electronic Resubmission:
 - Include the appropriate resubmission code “7” or “8”
 - Any claims with a frequency code of “5” will not be paid
- Include the following information when filing a resubmission:
 - 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) must be included
 - 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
 - Clear label as “Resubmission” at the top of the claim in black ink and mail to appropriate claims address



Claim Submission

Please note that we follow New Jersey's billing practices, (i.e., required diagnosis codes, CPT, HCPCs and associated modifiers), and New Jersey's fee schedule methodologies. We also follow New Jersey's timely filing requirements along with the claim dispute processes and timeframes.

Common Barriers:

- 5010 Requirements (Rendering NPI and pay-to NPI; Both are required)
- NDC Codes Missing or Incomplete
- Lack of Prior Authorization

Resubmissions:

- Electronic and paper resubmitted claims are accepted; however, we prefer electronic claims. Resubmitted claims must be labeled appropriately
- Our Provider Services staff, Manager or the Director of Operations are available for any escalated issue and/or concerns



Billing Hospice Services

- Hospice services billing T2042 and T2046 must bill on a HCFA 1500.
- When billing T2046 box 32 on the 1500 claim form must include the name, address and NPI of the service facility.
- The place of service code should reflect 31 for a skilled nursing facility or 32 for a nursing home facility
- Corrected claims must have the code 7 in box 22 and the original claim number.
- The claim should also indicate resubmission or corrected claim at the top of the claim form



Claim for Newborns

- All claims for a newborn birth admission must be bill under the mothers ID.
- Any subsequent services will be billed under the mothers ID for the first 60 days or until the child has received a permanent ID from the state.
- For our system to accept electronically submitted claims for newborns the claim must be billed with the mothers ID and last name.



Aetna Better Health of New Jersey Website

aetnabetterhealth.com/nj

Find the following important information:

- **Provider Resources** – forms, guidelines, processes and materials to assist provider interactions with Aetna Better Health
- **Provider Newsletters**, which can be viewed and downloaded
- **Searchable Provider Directory**
- **Provider Manual** and Provider Manual updates, which can be viewed and downloaded
- **Fraud, Waste and Abuse** information and reporting
- **Access for entry of Appeal** and Provider Disputes
- **Secure Web Portal Registration**
- **Member Rights and Responsibilities**

Thank you!

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