Aetna Better Health of New York

Provider Orientation - 2024

aetna™

Aetna Better Health of New York's Mission

WELCOME

Aetna Better Health of New York (ABHNY) is looking forward to serving New Yorker and partnering with providers and community resources to bring quality healthcare to the state through our experience and dedication in serving Medicaid populations.

Our Plan is led by our CEO, Kevin Nelson. Members of the Aetna Better of New York team will be based within the state to better serve the healthcare community and its members. Aetna Better Health of New York will support our healthcare partners through interactive onboarding, virtual and in-person ongoing education, enhanced secure provider portal, and claims management assistance. Additionally, we will provide useful resources and tools to help ease the administrative burden.

Together, we will collaborate on a healthier future for your patients, our members.

Aetna Better Health of New York

- Aetna Better Health of New York is a Managed Long Term Care Plan (MLTCP) and a subsidiary of Aetna, Inc.

- T*ogether, Aetna and its affiliates have more than 150 years of experience in meeting members' health care needs with 25 years of experience in Medicaid* managed care.

Aetna Better Health of New York's Service Area

- *Manhattan*
- *Brooklyn*
- *Queens*
- *Nassau County*
- *Suffolk County*
- *Bronx*

Aetna Better Health of New York's covered benefits

- Adult Day Health Care
- Attendant Care
- Audiology and Hearing Aids
- Care Management
- Dentistry
- Dietary Supplements and Nutritional Counseling
- Durable Medical Equipment
- Home Care
- Home-Delivered or Congregate Meals
- Home Health Aide
- Medical Social Services
- Medical Supplies
- Non-Emergency Transportation
- Nursing
- Nursing Home Care
- Occupational Therapy
- Personal Care
- Personal Emergency Response System
- Physical Therapy
- Podiatry
- Private Duty Nursing
- Prosthetics and Orthotics
- Respiratory Therapy
- Social and Environment Supports
- Social Day Care
- Speech Therapy
- Vision

Orientation Objectives

As a result of this training session, you will be able to:

- Describe features and services offered to Aetna Better Health Managed Long Term Care (“MLTC”) members.
- Describe the eligibility and enrollment process.
- Understand the Care Manager’s relationship between the member and the provider.
- Understand your role as the provider.
- Locate additional information regarding Aetna Better Health online.

How we connect with our Members

What is health equity?

Our health equity definition:

Everyone has a fair and just opportunity to be as healthy as possible.

We must remember that achieving health equity means understanding the root causes of inequities.

Fair and just

Regardless of race, ethnicity, gender, sexual orientation, gender identity, preferred language, religion, geography, income or disability status.

Healthy

A complete state of physical, mental and social well-being that is impacted by clinical and non-clinical drivers of health, including access to quality health care, education, housing, transportation and jobs.

Recognition of Racism and Discrimination

Key drivers of health outcomes, and the importance of working with communities to remove barriers to health.

Health Equity & Social Determinants of Health

Health Equity is the Goal

Everyone has a fair and just opportunity to be as healthy as possible.

Social Determinants of Health are Contributing Factors

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Health Equity & SDoH are closely related concepts, but they are not the same. Health Equity is the goal, and SDoH are factors that influence whether we achieve that goal.

Member REACH Team

The Member REACH (Real Engagement And Community Help) team is here to support Aetna Better Health of New York members by addressing their social care needs so they can focus on their overall health and wellbeing.

Aetna's REACH Team is dedicated to understanding and assisting member's individual needs and can connect them to local community programs that may be able to offer financial assistance, food assistance, educational services, housing assistance, legal services, employment services, support groups, baby supplies, clothing, and more.

Member REACH Team
Real Engagement and Community Help

Let's make healthier happen together.

Aetna's REACH Team is dedicated to understanding and assisting with your needs. We can connect you to programs that may be able to offer:

- Financial assistance
- Food assistance
- Educational services
- Housing assistance
- Legal services
- Employment services
- Support groups
- Baby supplies
- Clothing

Call us anytime.
833-316-7010

2458552-04-01

aetna®
Aetna Better Health®

Member REACH Team
Real Engagement and Community Help

Anti-Discrimination Policy and Americans with Disabilities Act (ADA)

It is our policy not to discriminate against members based on:

- Race
- National Origin
- Creed
- Color
- Age
- Gender/Gender Identity
- Sexual Preference
- Religion
- Health Status
  - Physical/Mental Disability
- Other Basis Prohibited by Law

Please ensure that your staff is aware of these requirements and the importance of treating members with respect and dignity.

If we are made aware of an issue with a member not receiving the rights as identified above, we will initiate an investigation into the matter and report the findings to the Quality Management Committee and further action may be taken.

The **ADA** gives civil rights protections to individuals with disabilities like those provided to individuals based on:

- Race
- National Origin
- Creed
- Sexual Preference
- Religion
- Age
- Physical/Mental Disability
- Color
- Gender/Gender Identity

The ADA guarantees equal opportunity for individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public.

aetna™

Medical Management: Care Management

Care Management Team (CMT)

- Aetna Better Health members' are each assigned to an Aetna Better Health Care Management Team (CMT).
  - ✓ Every CMT is comprised of a registered nurse (RN), social worker (SW), and care management associate (CMA).
  - ✓ The CMT works closely with members to facilitate and communicate the delivery of physical health, behavioral health and substance abuse services/treatment.
- The CMTs are responsible for reaching out and communicating with the member's community based service provider(s) in an effort to promote continuity of care and to avoid duplication of services.
  - ✓ Upon enrollment, the CMT will send the member's PCP a notice of the members enrollment in Aetna Better Health Care Management. The member's Care Manager will be identified in the notice
- Providers can refer member's for ad hoc care management support by contacting the member's CMT or the Care Coordination Department directly

Member Eligibility

Populations We Serve:

- Long Term Services and Supports (LTSS)

Member Rights and Responsibilities:

To be provided with information about the State and its services, including Covered Services.

To be able to choose a Provider within Aetna's network.

To participate in decision making regarding their own health care, including the right to refuse treatment.

Give their health care provider all the information they need.

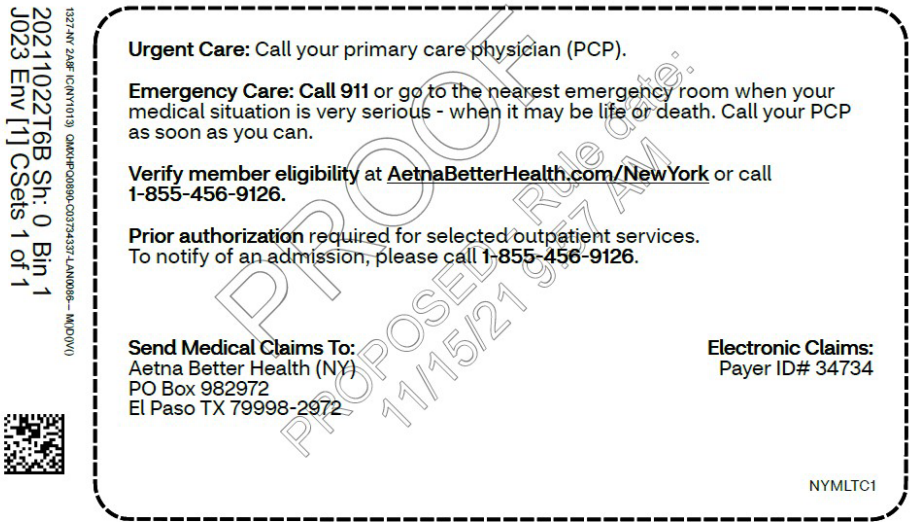
Ask for more information if they do not understand their care or health condition.

Tell their provider about any other insurance they have.

Physical Accessibility. Participating Providers are to provide physical access, reasonable accommodations, and accessible equipment for Enrollees with physical or mental disabilities, in accordance with 42 C.F.R. § 438.206(c)(3)

ABHNY Member ID Card

← Front



← Back

Member Services and Enrollment

Overview

- ABHNY Member Services Department is available to:
  - Answer questions about members health and covered services
  - Tell member where to get needed care
  - Offer interpreter services if primary language is not English
  - Offer information in other languages/formats

If you need help, call Aetna Better Health of New York (toll free) 24 hours a day, 7 days a week.

You can also visit us online any time at **https://www.aetnabetterhealth.com/ny**

How Can Members Enroll?

NY Medicaid Choice is responsible for determining eligibility and our intake team can also assist for enrollment:

Online	Phone
https://www.aetnabetterhealth.com/ny/become-a-member/	**1-855-456-9126**

aetna™

Enrollment

UASNY (Uniform Assessment System of New York)

- Once Aetna Better Health identifies a candidate or potential candidate for services, a clinically licensed and experienced Assessment Registered Nurse (RN) will conduct an initial face-to-face or virtual home visit to explain services in detail and obtain an Enrollment agreement and complete a comprehensive evaluation of the individual in the community using the state-mandated UASNY to determine eligibility
    - The Assessment RN completes a provisional service plan in collaboration with the candidate, his / her family, and caregivers.

- If the individual is determined eligible for the MLTC Program and is enrolled with Aetna Better Health, the Assessment RN meets with the Care Management team to transition into the member-centric care/service planning process. The member will be assigned to a Care Management team that will utilize communication techniques and assessment tools to gain a perspective of the member's status.

Online	Phone
https://www.aetnabetterhealth.com/ny/become-a-member/	**1-855-456-9126**

Language Services

Language Services can be accessed via Member Services at 1-855-456-9126

- **Interpretation (Face to Face)**
  - Nationwide network of qualified interpreters offering interpretation in 15+ languages, including American Sign Language (ASL)
- **Interpretation (Over the Phone)**
  - Access to interpreters supporting 200+ languages via telephone

Additional Resources:

Interpreter Quality Standards Guidance
https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Standards%20of%20Practic.pdf

Office for Civil Rights
https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

Additional Services Provided

Sentry and CTS	EyeQuest	Liberty Dental Plan
Transportation	Vision	Dental
please call us at least three days in advance of your scheduled appointment at **1-855-456-9126**	Available to members by calling **1-855-873-1282**	**(866) 674-0982** (TTY: 1-877-855-8039.) Monday through Friday from 8 a.m. to 8 p.m.

How we connect with Providers

Medical Prior Authorizations (PA)

You may submit PA Requests by:

Phone	Secure	Fax
1-855-456-9126	Availity	1-855-474-4978

Service Authorization Decision Timeframes	Turnaround Times
Termination, Suspension, or Reduction of Service Authorization	At least ten (10) Calendar Days before the date of the action.
Expedited Service Authorization	3 business days from request for service
Standard non-urgent pre-service approval	Within 3 business days of receipt of necessary information, but no more than 14 days of receipt of request for services
Expedited concurrent approval	Within 1 business day of receipt of necessary information, but no more than 3 business days of receipt of request for services
Retrospective review approval	30 calendar days from receipt of the request

Documentation requirements for authorization request:

- Member Information
- Diagnosis Code(s)
- Treatment or Procedure Code(s)
- Anticipated Start and End Dates of Service(s)
- All Supporting Clinical Documentation to Support Medical Necessity
- Include:
  - Office/Department Contact Name
  - Telephone
  - Fax Number

Forms can be found here:
AetnaBetterHealth.com/ny

Additional timeframes and authorization information, is in the Provider Manual

aetna™

Quality Management Program

Overview

- QM Program is a continuous quality improvement process that includes comprehensive quality assessment and performance improvement activities. The process enables us to:
  - Assess current practices in both clinical and non-clinical areas
  - Identify opportunities for improvement
  - Select the most effective interventions
  - Evaluate and measure on an ongoing basis the success of implemented interventions, refining the interventions as necessary

Medical Records Standards

- ABHNY's standards for medical records have been adopted from the National Committee for Quality Assurance (NCQA) and Medicaid Managed Care Quality Assurance Reform Initiative (QARI).
- All providers must adhere to national medical record documentation standards. For a complete list of minimum acceptable standards, please review the ABHNY Provider Manual
- Aetna Better Health's QM activities include but are not limited to:
  - Medical record reviews
  - Peer reviews
  - Satisfaction surveys
  - Performance improvement projects
  - Provider profiling

How we remain compliant

Reporting Suspected Maltreatment of Members

- Part of Aetna Better Health's mission is to assist members who are at a high risk for abuse, neglect, exploitation and unusual incidents.

- Providers and their staff are required to report member incident's when they suspect, witness, or have been told of an incident of: physical, sexual, mental abuse; financial exploitation; neglect or death of a member.

Fraud, Waste, and Abuse

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable federal or State law.

Waste

Over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

Abuse

Means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

Providers can report suspected fraud, waste, or abuse in the following ways:

•By phone to the confidential Aetna Better Health of New York

•By phone to our confidential Special Investigation Unit (SIU) at 1-800-338-6361

Aetna Better Health of New York

You can also report provider fraud to Aetna Better Health Plan Compliance Hotline (Health Plan Compliance) (1-855-456-9125) or to the Federal Office of Inspector General in the U.S. Department of Health and Human Services at 1-800-HHS-TIPS (1-800-447-8477).

Claims and Claims Submission

Clearinghouse & Clean Claims
We accept both paper and electronic claims via Change Healthcare and is the preferred clearing house for electronic claims

- **Payer ID: 34734**

EDI claims received directly from Change Healthcare & processed through pre-import edits to:

- Evaluate Data Validity
- Ensure HIPAA Compliance
- Validate Member Enrollment
- Facilitate Daily Upload to ABHNY System

Claims Submissions
ABHNY requires clean claims submissions for processing. To submit a clean claim, the participating provider must submit:

- Member's name
- Member's date of birth
- Member's identification number
- Service/admission date
- Location of treatment
- Service or procedure code

New Claim Submissions

- Submitted within 120 calendar days from the date the service unless there is a contractual exception and 365 days from the date of the EOB for Coordination of Benefits.

Claim Resubmission
Corrected claims must be submitted within 180 days from the determination date.

- Providers may resubmit a claim that was originally denied because of:
  - Missing documentation
  - Incorrect Coding
  - Incorrectly Paid or Denied because of Processing Errors

How to Submit a Claim:

Mail
Aetna Better Health of New York.
PO Box 982972
El Paso, TX 79998-2972

Online
www.changehealthcare.com/

aetna™

Claims and Claims Submission Con't

- Important Requirements for Billing
  - Personal Emergency Response System
    - All bills for Personal Emergency Response Systems shall contain a dated certification by the provider that the care, services, and supplies itemized have in fact been furnished.
  - Home Health Agencies
    - No payment will be made unless the claim for payment is supported by documentation of the time spent providing services to each member.
    - Additional Billing Requirements as noted in Title 18, Section 540.7 http://w3.health.state.ny.us/dbspace/NYCRR18.nsf/56cf2e25d626f9f785256538006c3ed7/0fe0d9931726c4f48525672200769 1a2?OpenDocument

EFT and ERA Enrollment

Public Health Law SECTION 3614-E requires electronic payment of claims under contracts or agreements between providers and managed long term care plan. All Aetna Better Health network provider must enroll to EFT for claim payment.

Aetna Better Health of New York is partnering with Change Healthcare to introduce the new EFT/ERA Registration Services (EERS)

Provider can enroll ERA/EFT at https://payerenrollservices.com/. For questions or concerns, please reach out to your Aetna Provider Network team or visit the Change Healthcare FAQ page.

Provider Dispute Resolution

- The Provider Services Manager assigns the Reconsideration Form to a Provider Services Representative to research, analyze and review. In the event of a claim dispute it is delegated to Claims Inquiry Claims Research (CICR) for research, analysis and review. Aetna Better Health will notify the Provider of its decision by phone, email, fax or in writing.
- In the event the Provider remains dissatisfied with the dispute determination, the Provider is notified in the written notice that a grievance may be initiated. Aetna Better Health's Provider Manual includes the process a provider can use to submit a grievance.
- The provider complaint process permits both network and out-of-network providers to file a complaint verbally or in writing directly with Aetna Better Health in regard to our policies, procedures or any aspect of our administrative functions.
- The Provider must complete and submit the Reconsideration Form and any appropriate supporting documentation to Aetna Better Health's Manager of Provider Services. The Reconsideration Form is accessible on Aetna Better Health's website via fax or by mail.

Claim Submission Resources

Claim Submission Assistance/Links

- Claims must be legible and suitable for imaging and/or microfilming for permanent record retention. Complete ALL required fields and include additional documentation when necessary.

  - 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

Grievance & Appeals

Member Grievance System Overview

- Members or their designated representative can file a request for reconsideration or express dissatisfaction with Aetna Better Health of New York
- Orally or in writing.
  - A representative is someone who acts on the member's behalf, including but not limited to a family member, friend, guardian, provider, or an attorney.
  - Representatives must be designated in writing.
- Requests for *reconsideration* are classified as an *appeal*.
- All other *expressions of dissatisfaction* are classified as a *grievance*.
  - When the grievance is received by phone and can be resolved by the next business day, and it is not related to reconsideration or an appeal it is classified as an exempt grievance.
- ABHNY informs members and providers of the grievance system processes for exempt grievances, grievances, appeals, IMRs and State Fair Hearings.
- Display Notices of Enrollee Rights to Grievances, Appeals and State Fair Hearings. Require that the Participating Provider display notices in public areas of the Participating Provider's facility/facilities in accordance with all State requirements and any subsequent amendments.

How to file an Appeal or Grievance:

Phone: 855-456-9126

Fax: 855-264-3822

Online: Availity & Member Portal

Email: NY_AppealsandGrievance@AETNA.com

Mail:

Aetna Better Health of New York
Attn: Appeal and Grievance Manager
101 Park Ave, 15th Fl New York, NY 10178

Additional Information on G&A

Provider Dispute

Dispute Resolution Form Link

- Network providers may file a payment dispute verbally or in writing direct to ABHNY to resolve billing, payment and other administrative disputes for any reason including but not limited to: lost or incomplete claim forms or electronic submissions; requests for additional explanation as to services or treatment rendered by a health care provider; inappropriate or unapproved referrals initiated by the provider; or any other reason for billing disputes. Provider Payment Disputes do not include disputes related to medical necessity.

Provider Grievance

- Both network and out-of-network providers may file a formal grievance in writing directly with ABHNY in regard to our policies, procedures or any aspect of our administrative functions including dissatisfaction with the resolution of a payment dispute or provider complaint that is not requesting review of an action within ABHNY from when they became aware of the issue.

Provider Appeal

- A provider may file a formal appeal in writing, a formal request to reconsider a decision (e.g., utilization review recommendation, administrative action), with ABHNY from the Aetna Better Health New York Notice of Action. The expiration date to file an appeal is included in the Notice of Action.

Additional Information & Resources

Contacting Aetna Better Health of New York

Visit Aetna Medicaid
https://www.aetnabetterhealth.com/ny

Provider/Member Services Line:

1-855-456-9126

- 24/7 Medical/Behavioral Advice Line
- Care Coordination
- Claims
- Eligibility

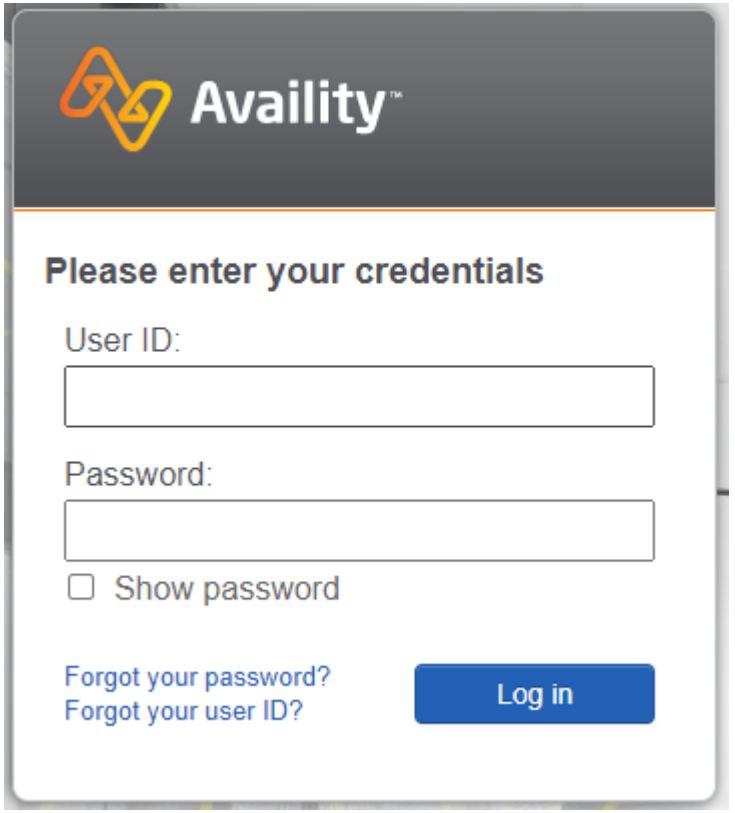
aetna™

Availity (Provider Secure Web Portal)

We are thrilled to announce that Aetna Better Health New York will be using Availity for our provider portal. We are excited to support you as you provide services to our members. Our communications will be via email. Keeping our providers informed is our priority.

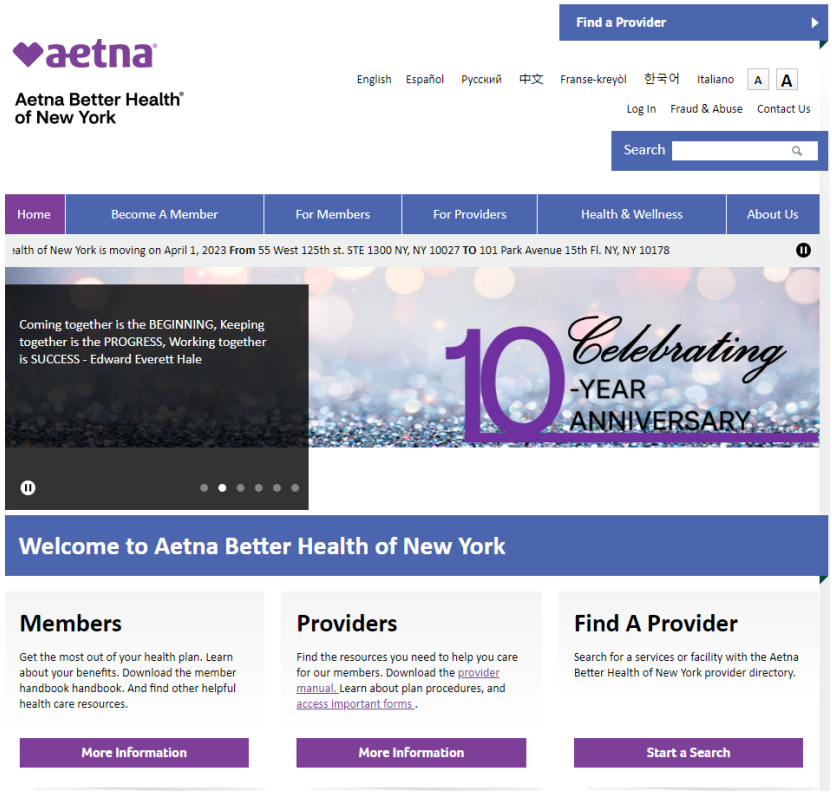
Some highlights of increased functionality include:

- Claims look up
- Online claim submission
- Prior authorization submission and look up
- Grievance and Appeals submission
- Panel searches
- A new robust prior authorization tool
- Review of Grievance and Appeals cases
- Eligibility and member look up



Availity

Our Website



Tools

List of Participating Providers

Provider Manual

24/7 Secure Provider Portal

Clinical Guidelines Forms

Provider Education

Website:
https://www.aetnabetterhealth.com/ny

Available Resources

- Claims Inquiry & Research (CICR) team
- Online provider manual
- Secure web portal
- Dedicated Network Relations Manager
- Quick Reference Guide

aetna™