

In compliance with Commonwealth of Virginia laws and regulations, we are pleased to provide you with the following notice about your health care coverage.

Questions?

Please call us at Member Services, using the toll-free number on your Aetna® member ID card.

Need to find a health care professional in our network?

Use our online provider directory on

InnovationHealth.com to search for health care professionals who are in the Innovation Health® network.

Click on “Find a Doctor” anytime, anywhere to find:

- Doctors
- EyeMed® locations
- Dentists
- Pharmacies
- Facilities
- Behavioral health professionals
- Hospitals

You can search by:

- Name
- Specialty
- Gender
- Hospital affiliation

We update the information six times a week. Other information you can find out about your provider by using our provider directory includes:

- Board certification status
- Medical school they attended
- Year of graduation
- Languages spoken
- Other office locations

Need maps and driving directions?

When you find a doctor in our online provider directory, you’ll also find a map and driving directions.

Need a paper copy of our provider directory?

Although our provider directory contains the most current information available about participating health care providers, you can ask us for a paper copy of the directory. Just call us anytime at the toll-free number on your member ID card.

Service areas

The Virginia service areas for Innovation Health Plan and Innovation Health Insurance Company are: Alexandria City, Arlington, Clarke, Fairfax City, Fairfax, Fauquier, Frederick, Fredericksburg City, Loudoun, Manassas City, Manassas Park City, Page, Prince William, Shenandoah, Spotsylvania, Stafford, Warren and Winchester City.

Note: Not all Innovation Health plans cover all service areas listed.

Quality improvement program

If you ask us, we’ll send you information about:

- Quality improvement
- Managed Care Health Insurance Plan’s annual performance

Not satisfied with what we’ve done?

The following is a summary of how we handle complaints and appeals.

Innovation Health has procedures for you to use if you are dissatisfied either with a decision that we have made or with the operation of Innovation Health. The procedure you need to follow will depend on the type of issue or problem you have.

(A) Complaints

A complaint is an expression of dissatisfaction about your quality of care or the operation of Innovation Health.

If you are not satisfied with the administrative services you have received from Innovation Health or want to complain about a participating provider, please call or write Member Services.

We’ll ask you for:

- A detailed description of the matter
- Copies of any records or documents that you think may help or be relevant to the matter

Innovation is the brand name used for products and services provided by Innovation Health Insurance Company and Innovation Health Plan, Inc. Health benefits and health insurance plans are offered and/or underwritten by Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health). Innovation Health is an affiliate of Innovation Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Innovation Health.



We will review the information and send you a written response within 30 calendar days of our receipt of the complaint. We may take longer to send you a response if we need more information and this information cannot be obtained within the original 30 calendar days. Our response will let you know what you will need to do to seek an additional review.

(B) Appeals of adverse benefit determinations

An appeal is a request to Innovation Health to reconsider an adverse benefit determination. As outlined more thoroughly below, the appeal procedure for an adverse benefit determination typically has two levels. (Individual benefits have only one level of appeal.)

Innovation Health will send you written notice of an adverse benefit determination. The notice will tell you:

- The reason for the decision
- Steps to take if you want to appeal
- Your rights to receive more information that may be relevant to your appeal

You may choose to have an authorized representative make the appeal on your behalf by providing Innovation Health with written consent. In addition, if your appeal involves an urgent care claim or a preservice claim, a doctor may represent you in the appeal.

If you have any questions about your appeal, or the health care services you have been provided, that we have not satisfactorily addressed, you may contact the Office of the Managed Care Ombudsman or the Office of Licensure and by any of the ways below.

- Mail:
Office of the Managed Care Ombudsman
PO Box 1157
Richmond, VA 23218
- Toll-free: **1-877-310-6560**
- Fax: 1-804-371-9944
- Email: **Ombudsman@SCC.Virginia.Gov**

OR

- Mail:
Virginia Department of Health Complaint
Unit Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463
- Toll-free main number: **1-800-955-1819**
- Metro Richmond area toll-free phone: **1-804-367-2106**
- Metro Richmond area fax: **1-804-527-4503**
- Metro Richmond area email:
OLC-Complaints@VDH.Virginia.Gov

Innovation Health provides for two levels of appeal of the adverse benefit determination. If you decide to appeal to the second level, you must submit your request within 60 days from the date of the first-level appeal decision.

(C) External reviews

An external review is your right to have certain adverse decisions made by Innovation Health get reviewed by an independent review organization (IRO).

An adverse benefit determination may involve a denial because the service was deemed medically unnecessary, experimental or investigational.

Instructions on how to request an external review are included with the denial of an urgent care appeal, a refusal to review an urgent care appeal on an expedited basis, and an Appeal Hearing Committee's adverse response to a second-level appeal.

Here is some information about external reviews:

- If the denial of your claim is due to a medical judgment, you may be able to get an external review if you're not satisfied with your appeal decision.
- For cases related to the treatment of cancer, it's not necessary to complete all internal appeals before you request an external review.
- For most other cases, you will need to finish all of your internal appeals before you can request an external review.

Your request for an external review must be submitted to the Bureau of Insurance within 120 days from the date of Innovation Health's final adverse decision.

Exhaustion of process

We encourage you to use all of the procedures and processes we've described before you file a complaint with the Bureau of Insurance or request an investigation of a complaint. Please note, though, that you may contact the Office of the Managed Care Ombudsman for assistance at any time during the complaint or appeal process with Innovation Health, as described above.

The procedures and processes we've described are mandatory, regarding either any alleged breach of the Group Agreement of Certificate by Innovation Health, or any matter within the scope of the complaint and appeal process.

(D) Record retention

We will keep all records about your appeals and complaints for at least seven years.

(E) Fees and costs

Innovation Health is not responsible for any legal fees or any other fees you incur if you pursue a complaint or appeal.

Time frames for adverse benefit and appeal determinations

All time frames shown below begin on the date Innovation Health receives the claim or appeal, unless otherwise noted.

Note: For cases related to the treatment of cancer, it's not necessary to complete all internal appeals before you request an external review.

Type of claim	Initial decision	Level-one appeal	Level-two appeal
<p>Urgent care claim</p> <p>A claim for medical care or treatment where delay could seriously jeopardize the member's life, health, or ability to regain maximum function, or subject the member to severe pain that cannot be adequately managed without the requested care or treatment</p>	As soon as possible but not later than 72 hours	<ul style="list-style-type: none"> • Within 24 hours for appeals that relate to a prescription to alleviate cancer pain. • Within 36 hours after Innovation Health receives all necessary information for a two-level process • Within 72 hours for a single-appeal process (the review will be provided by Innovation Health personnel who were not involved with making the adverse benefit determination) 	<ul style="list-style-type: none"> • Within 24 hours for appeals that relate to a prescription to alleviate cancer pain. • Within 36 hours after Innovation Health receives all necessary information for a two-level process • Within 72 hours for a single-appeal process (the review will be provided by Innovation Health personnel who were not involved with making the adverse benefit determination)
<p>Preservice claim</p> <p>A claim for a benefit that requires approval of the benefit in advance of obtaining medical care</p>	Within 15 calendar days	Within 15 calendar days (the review will be provided by Innovation Health personnel who were not involved in making the adverse benefit determination)	Within 15 calendar days (not applicable for individual benefits plans)
<p>Concurrent care claim extension</p> <p>A request to extend or a decision to reduce a previously approved course of treatment</p>	<ul style="list-style-type: none"> • If an urgent care claim, as soon as possible but not later than 24 hours • If a nonurgent claim, within 15 calendar days 	Treated like an urgent care claim (within 24 hours) or preservice claim (within 15 calendar days), depending on the circumstances	Treated like an urgent care claim (within 24 hours) or preservice claim (within 15 calendar days), depending on the circumstances
<p>Concurrent care claim reduction or termination</p> <p>A decision to reduce or terminate a course of treatment that was previously preauthorized by Innovation Health</p>	With enough advance notice to allow the member to appeal	Not applicable	Not applicable
<p>Postservice claim</p> <p>Any claim for a benefit that is not a preservice claim, urgent care claim, or concurrent care claim extension</p>	Within 30 calendar days	Within 30 calendar days (the review will be provided by Innovation Health personnel who were not involved in making the adverse benefit determination)	Within 30 calendar days (not applicable for individual benefits plans)

Innovation Health complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512, **1-800-648-7817**, TTY: 711, Fax: **859-425-3379**, **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697 (TDD)**.

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Urdu	کارڈ پر درج نمبر پر ID سانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے کال کریں۔
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nomba nọ na kaadi njirimara gi
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Yoruba	Láti ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lófèṣẹ̀, pe nọmbà tò wà lóri kààdì ìdánimò rẹ̀.