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Together. Better Health.

Innovation Health At-A-Glance

A quick reference
guide for health
care professionals

A guide for doing business with Innovation Health



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Getting started with Innovation Health

You can find administrative learning opportunities at **innovation-health.com** by selecting “Physicians & Providers” tab. Visit us and discover downloadable and printable reference tools.

Secure website

You can spend less time on administrative tasks. Simply use our secure provider website through NaviNet®. You'll have access to the information you need — when you need it — 24/7. To access our website, go to **innovation-health.com**.

Select:

- ▶ “Physicians & Providers” tab, then
- ▶ Medical Professional Log-In

To register you will need:

- ▶ Tax identification number
- ▶ Physician name
- ▶ Group name or hospital name
- ▶ E-mail address
- ▶ Primary office location

NaviNet is a free, multipayer web-based system. You use NaviNet for administrative transactions. The system allows you to communicate with us more efficiently. It reduces the number of phone calls and paper-based processes.

Secure website — security officer

Once you've registered it'll be necessary to designate a NaviNet security officer for your office. The security officer will act as the primary contact with NaviNet. He or she will also monitor and assist the NaviNet users in your office. Visit **www.navinet.net** to learn more about the role of the security officer.

Contact your security officer for access if some of the tools in NaviNet can't be seen. There are some transactions only the security officer can enable.

Secure website — need help?

For registration questions or log-in/password assistance, call **1-888-482-8057**. Hours are:

- ▶ Monday–Friday, 8 a.m. – 11 p.m. ET
- ▶ Saturday, 8 a.m. to 3 p.m. ET
- ▶ Closed Sunday

NaviNet offers several helpful online support tools:

- ▶ On-screen help to walk you through each step of a transaction
- ▶ Step-by-step transaction user guides
- ▶ Online training demonstrations

Secure website — Innovation Health:

Important announcements:

This area is on the Plan Central home page. Here you'll find time-sensitive information that may affect how you do business with us.

Resources:

For your convenience, a list of the most commonly used tools and resources is available for quick access when you log-in to our secure site. This includes:

- ▶ EDI Savings Calculator
- ▶ Precertification Code Search Tool
- ▶ Clinical Policy Bulletins (CPBs). CPBs are detailed and technical documents. They explain how we make coverage decisions for members under our health benefits plans.

Support center:

Forms library:

- ▶ Electronic remittance advice (ERA) and electronic funds transfer (EFT) enrollment form
- ▶ Lab selection forms
- ▶ Member health information forms and charting aids

Pharmacy:

- ▶ Formulary information
- ▶ Pharmacy Clinical Policy Bulletins
- ▶ Aetna Specialty Pharmacy® program
- ▶ e-Prescribing

Secure website — tools and transactions

Eligibility:

Use the eligibility and benefits inquiry to obtain member specific plan details. Transaction response fields include:

- ▶ Copay
- ▶ Deductible
- ▶ Coinsurance
- ▶ Exclusions and limitations
- ▶ Visits used and visits remaining
- ▶ Lifetime maximum
- ▶ Referral and precertification requirements
- ▶ View/download an image of the member ID card

Note: Fields may vary according to plan details.

Eligibility and Benefits inquiry tips:

- ▶ Use the “Benefit Type” drop-down box to narrow down to a specific benefit (for example, Code “30” is for general benefits, Code “47” is for hospital benefits and Code “98” is for professional physicians and other services)

Payment Estimator:

The Payment Estimator tool enables you to request an estimate of your patient’s financial responsibility on or prior to a date of service. You can:

- ▶ Learn our estimated payment amount
- ▶ Get reliable estimates of the patient’s copayments, coinsurance and deductibles
- ▶ Access printable information to help you initiate financial discussions with your patients prior to or at the time of care
- ▶ Reduce and potentially eliminate after-the-fact financial surprises for you and your patients

Claims:

The site hosts a wide variety of functions and tools to help you manage your patient accounts. These include:

- ▶ Claim submission (including secondary claims)
- ▶ Claim status inquiry (checking the status of one single patient)
- ▶ Claim status report (checking the status of all your patients within a date range)
- ▶ Claims and payment policy tools
 - **Clinical Policy Code Look-Up** — to determine if a code being billed has limited or no coverage
 - **Code Editing Tool** — to determine how coding combinations may be processed
 - **Policy Information** — to find policy-related links if you are searching for general information on a topic or if you do not have a specific procedure code

Claim Explanation of Benefits (EOB) tool:

This tool allows providers and office staff to access EOBs online within 24 hours of claims processing. You may also use this tool for claims reconsiderations. There are multiple ways to search for an EOB using this tool:

- ▶ Access a daily list of EOBs
- ▶ Search by a claim
- ▶ Search by an individual patient
- ▶ Search by a payment (includes EFT trace number, check number or dollar amount)
- ▶ Search by an individual provider
- ▶ Ability to download the claim list search results

Be sure to have your security officer enable the transaction View EOBs — All TINs/Locations so that you can view all of your EOBs.

Account management tools:

For additional reporting capabilities and submitting claims reconsiderations use our suite of account management tools:

- ▶ Claim history report (which allows you to identify specific codes)
- ▶ Multiple claim reconsideration
- ▶ Claim reconsideration

Referrals:

If a plan requires a referral your PCP should issue one for all specialist visits. This includes visits in a hospital clinic.

- ▶ Referrals may be issued for consultation and treatment by using CPT 99499.
- ▶ Referrals are valid for one year and the first visit must be used within 90 days.
- ▶ A diagnosis code is not required although it's very helpful for the specialist.
- ▶ Direct access — referrals are not required for routine eye care and OB/GYN services. Refer to the Innovation Health Office Manual for additional direct-access specialties in your area.
- ▶ A referral is not a substitute for a service that requires precertification.
- ▶ Referrals may be issued to either:
 - An individual specialist using his or her national provider identifier (NPI)
 - A specialty by using the taxonomy code
- ▶ You can use our DocFind® online provider directory to find a participating provider for a referral.
- ▶ Automatic studies by specialty — services performed in a specialist office when patients are seen for visits and evaluations as a result of our direct-access programs. Or when authorized by a referral from their PCP.

Precertification:

Use our online tools to:

- ▶ Determine if precertification is required for a particular procedure
- ▶ Submit precertification requests for those services

All precertification requests should be done via the online precertification transaction. Our online tools include:

- ▶ The precertification code search tool which allows you to enter up to five CPT codes at a time. This will assist to quickly determine whether a medical precertification is required for your patient.
- ▶ The online precertification transaction tool allows you to add a precertification request for those services that require it. You can also inquire to see if a precertification has been completed.

EFT e-mail notification:

If you are enrolled in EFT you can sign up to receive an e-mail alert when your bank receives an EFT.

ERA:

You can sign-up to receive ERA through our secure provider website or your vendor or clearinghouse. Providers billing with multiple NPIs will receive separate payments for each NPI unless you notify us otherwise. You can receive claims grouped into payments based on tax ID number and billing address.

Update your provider demographics:

Submit updates and changes to your profile, including:

- ▶ Address
- ▶ Hospital affiliations
- ▶ NPI for you, your practice or facility
- ▶ Demographics
- ▶ Languages spoken

Electronic claims submission:

Submit all claims electronically for your patients, regardless of benefits plan.

- ▶ Send professional claims free of charge from our secure provider website.
- ▶ We typically do not need attachments. If we do, we'll let you know what we need and how to send them to us.

Claims submission tips:

To facilitate accurate and timely claims payment, please be sure to:

- ▶ Review rejection reports from your vendor
- ▶ Correct and resubmit rejected claims electronically through your vendor
- ▶ Ensure the member/patient name and ID numbers are correct
- ▶ Ensure CPT and diagnosis codes are valid

Disagree with a claim decision?

Write to the PO Box listed on the EOB or the denial letter related to the issue being disputed. Please include the reasons for the disagreement. Or call our Provider Service Center.

For more information go to **innovation-health.com**, then select the "Physicians & Providers" tab.

Claims payer ID and addresses:

Payer ID 40025. Use the address listed below if:

- ▶ Your practice management or hospital information system requires a claims address for submission of electronic claims
- ▶ Your office does not have electronic capabilities

Medical provider location (state)	Claims mailing address
District of Columbia Maryland Virginia	Innovation Health PO Box 981106 El Paso, TX 79998-1106

Contact information

Use the Contact link from NaviNet to send us your questions and comments.

Provider service center:

Please refer to the phone number listed on your member's ID card.

There is never a need to wait for a provider service representative with these easy-to-use self-service options:

- ▶ Check the status of a claim, including a faxed copy
- ▶ Verify patient coverage and benefits information, including a faxed copy
- ▶ Get medical precertification information

You'll want to have your tax ID number or NPI, the member ID number and the patient's birth date ready when you call.

Clinical resources

Laboratory information

Our network offers your patients access to a nationally contracted, full-service laboratory with conveniently located patient service centers. We are confident that our current network of participating laboratories can serve your patients' laboratory needs without sending patients out of network to nonparticipating labs.

PCPs must use their designated lab for their patients.

National lab – Quest Diagnostics®

Visit www.questdiagnostics.com to get started.

- ▶ Obtain requisitions or schedule lab appointments for your patients
- ▶ Schedule specimen pick-up
- ▶ Set-up patient results delivery
- ▶ Order supplies
- ▶ Locate a patient service center

Market specific information

Enhanced clinical review:

Contact MedSolutions to request preauthorization:

www.medsolutionsonline.com

Phone: **1-888-693-3211**

Fax: **1-888-693-3210**

Preauthorization is required for the following procedures:

- ▶ Elective outpatient stress test with an echocardiogram
- ▶ Elective outpatient diagnostic catheterization of the heart
- ▶ Elective outpatient imaging and nuclear cardiology
- ▶ On-site sleep studies
- ▶ Elective pacemaker implants

Additional contact information

Disease management programs **1-866-269-4500**

BRAC Genetic Testing Program **1-877-794-8720**

Infertility programs **1-800-575-5999**

Pharmacy:

Precertification **1-800-414-2386**

Specialty pharmacy **1-866-782-2779**

National Medical Excellence **1-877-212-8811**

Mental health and substance abuse Refer to the member ID card

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