



How to work with Innovation Health products

Base medical product	PCP selection	PCP referral	Phone number
НМО	Required	Required	Refer to the member identification card
EPO	Required	Required	Refer to the member identification card
POS	Required	Required	Refer to the member identification card
POS II	Encouraged	Not required	Refer to the member identification card
Network Only	See ID card	See ID card	Refer to the member identification card
Network Option	See ID card	See ID card	Refer to the member identification card
PPO	Not required	Not required	Refer to the member identification card

Plan features:

- ▶ Open = Open Access
- ▶ Plus = N/A
- Option = Out-of-network benefits are available
- ▶ HF = Health Fund
- ► HSA = Health Savings Account

For example: The product name on the member's ID card is HSA Open HMO Option. The plan features can change the requirements of the base medical product. For this plan it means there is an HSA. There are no referrals required for in-network services (Open). And out-of-network benefits are available (Option).

Open is a feature in some of our plans. It allows patients access to all in-network services without a referral. Depending on the plan, patients may receive a higher benefits level if they select in-network providers. For behavioral health benefits information, reference the patient's member ID card or contact our Provider Service Center.

Plus:

This is an internal plan description. It does not impact the member benefits or plan features.

Option:

Out-of-network benefits are available for members with this plan feature.

Health Fund:

The Health Fund plans blend an employer established health fund with a deductible-based benefits plan. This means it is comprised of a fund, a deductible and a base medical benefits plan. You can find the underlying product name on member ID cards or through electronic member eligibility verification. Please refer to the base health products listed for more information on PCP selection and referral requirements.

Key information about HealthFund:

- Patients receive the highest benefits level by accessing in-network providers.
- Patients receive an allocated health fund from the employer to assist with:
 - Copayments
 - Deductibles
 - Coinsurance
- ▶ The patient is responsible for any applicable deductibles, coinsurance and copayments if the health fund is depleted.
- Providers should bill the health plan directly for all services.
- Member responsibility is described on the Explanation of Benefits (EOB).

HSAs:

Our integrated HSA product is comprised of three elements:

- An account
- A deductible
- A base medical benefits plan

This plan differs from a Health Fund because members can determine when to spend their account dollars. They may choose to use them now to cover medical expenses or they may save them for future use. The underlying product designation can be found on the member ID card or through electronic member eligibility verification. Refer to the base health products listed for more information on PCP selection and referral requirements.

Key information about HSAs:

- Patients receive the highest benefits level by accessing in-network providers.
- Patients in a qualified high-deductible health plan as defined by the government, may enroll in an HSA. They may do this on their own or through their employer. Anyone can contribute to the HSA. Patients may choose to use the funds in their HSA to assist with:
 - Copayments
 - Deductibles
 - Coinsurance
- Or they may choose to pay for these services out-of-pocket. They can then save their HSA funds for future retiree medical expenses.
- Patients are responsible for any deductibles, coinsurance and/or copayments.
- Patients may use their HSA to help pay for these expenses.
- Providers should bill the health plan directly for all services
- ▶ Member responsibility is described on the EOB.

General Information:

Precertification:

- The admitting or treating physician is responsible for precertifying in-network services. Patients who have a plan with out-of-network benefits and select an out-of-network provider are required to precertify those services themselves.
- Access the list of services requiring precertification via innovation-health.com. Go to:
 - "Physicians & Providers" tab, then
 - Precertification Code Search Tool

Information is also available by calling the precertification phone number on the patient's member ID card.

Lab:

- Direct patients to participating labs.
- Direct patients to a participating facility for STAT lab work.

Radiology:

Direct patients to a participating radiology provider. Some markets may require the use of a capitated radiology facility.

Direct access is a feature that allows patients access to certain services without a referral, for example ob/gyn-related services and routine vision exams by participating providers. In addition, direct-access programs mandated under various state laws and regulations do not require referrals. This is not to be confused with open access. Referrals are required for most other services.

Primary care physician (PCP) selection and copays— Some states, such as Maryland and Virginia require patients to select a PCP. Please refer to the copay information via our electronic solutions under patient eligibility and benefits. Please be sure to indicate patient paid amount on claims and encounters submitted to us.

Member eligibility, payment estimates, benefits and claims information is available online — Log in to our secure provider website at innovation-health.com.

- Select:
 - "Physicians & Providers" tab, then
 - Medical Professionals Log In
- Our secure provider website also allows you to update:
 - Your registration
 - Billing
 - User profile
- Plus obtain key information such as:
 - Fee schedules
 - Benefits
 - Referrals
 - Claims

DocFind®

Visit our online provider referral directory at **innovation-health.com** for in-network physician, lab and radiology information.

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