



# Aetna<sup>®\*</sup> Health Benefit Plans

Program Effective Date: 04/15/12

## Physical and Occupational Plan Summary

### Program Description

OptumHealth Care Solutions, Inc. (Optum) manages the physical and occupational outpatient therapy network for Aetna (Aetna Health Inc, Aetna Life Insurance Company and Aetna Health Management) commercial and Medicare plans. Optum's benefits administration will apply to all Aetna products (including Medicare Advantage), with the exception of Aetna Workers' Comp Access<sup>®</sup> (AWCA) and Traditional Choice<sup>®</sup>.

Malpractice coverage of \$100,000 per incident and \$300,000 aggregate is required for participation

### Eligibility/Verification Options

Provider must verify eligibility on the date services are provided. Eligibility is verified by contacting Aetna directly using either of the following:

- ◆ [www.navinet.net](http://www.navinet.net)
- ◆ Aetna Provider Services: HMO = (800) 624-0756  
PPO = (888) 632-3862

### Fee Schedule

Payment is subject to the plan limitations and provider's scope of practice, up to the fee schedule maximum, per the Optum<sup>™</sup>/Aetna Commercial and Medicare fee schedule.

### Clinical submission process

Compliance with the clinical submission process described in the Clinical Support Program section of the Provider Operations Manual (viewable at [www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)) is required. Payment for services not covered by a valid clinical submission will be denied. A clinical submission consists of a completed Patient Summary Form (PSF). A new PSF will be required if treatment extends beyond an established clinical submission response.

1. Complete PSFs for:
  - New patients
  - Established patients that are new to Optum (PSF has not been previously sent)
  - Established patients suffering from a new injury or significant exacerbation
  - Patients requiring care beyond the clinical submission response set for the patient
2. Submit forms within 3 days but no later than 10 days.
  - Web: [www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)
  - Medicare Programs Only: Mail: Optum, PO Box 8210, Kingston, NY 12402-8210
  - Medicare Programs Only: Fax: **877-470-7613**

Please direct questions about the clinical submission process to Optum at (800) 344-4584.

\*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of the Carolinas, Inc. and Aetna Life Insurance Company and Strategic Resource Company (Aetna). This fee schedule is applicable only for services rendered in the states of District of Columbia, North Carolina, South Carolina, Maryland, and Virginia.

### Claims Submission

Claims for this plan are submitted directly to Optum via:

- OptumInsight<sup>SM</sup>
- Erndean<sup>®</sup> (Payer ID: 41161)
- Capario<sup>®</sup> (Payor ID: ACN01)
- Mail (CMS 1500) to:  
Optum  
PO Box 8210  
Kingston, NY 12402-8210

Claims must be received within 90 days from the service date. Claims submitted late may be denied.

### Claims Payment & Inquiry

Payment will be made by Optum. For inquiries about the status of your claim please contact Optum at (800) 344-4584.

### Provider Status Changes

Submit demographic changes (including relocation, opt-out requests and TIN changes) to one of the following:

#### Web

[www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)  
Log on, click on "Tools and Resources" and then "Forms."

#### Fax

(888) 626-1701

#### Mail

Optum Provider Data Mgmt.  
PO Box 1459  
MN103-0700  
Minneapolis, MN 55440-1459







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## Sample Member Identification Card

 <p>NAP [NAP/ARENTAL NETWORK LOGO] [CUSTOMER LOGO]</p> <p>CUSTOMER NAME CUSTOMER NAME <b>ID</b> NAME 01 JOHN Q SAMPLE 121 RX BIN# HEALTH PLAN (30540) GRP: O/V \$ SPC \$</p> <p>02 JESS Q SAMPLE 03 JILL Q SAMPLE 04 JACK Q SAMPLE 05 JANE Q SAMPLE</p>	<p>www.aetna.com PAYER NUMBER 60054 XXXX</p> <p>Benefits are administered by Aetna Life Insurance Company or affiliates. This card does not guarantee coverage. The plan describes what you need to pre-certify. If you do not pre-certify, your benefits will be reduced. EMERGENCY: Call 911 or go to nearest emergency facility.</p> <p>AETNA EL PASO PO BOX 981106 TX 79998-1106</p> <table border="1"> <tr><td>MEMBER SERVICES</td><td>1-</td></tr> <tr><td>PROVIDERS CALL</td><td>1-</td></tr> <tr><td>RX MEMBER SERVICES</td><td>1-</td></tr> </table>	MEMBER SERVICES	1-	PROVIDERS CALL	1-	RX MEMBER SERVICES	1-
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RX MEMBER SERVICES	1-						
 <p>CaroMont Health QHP</p> <p>ACCOUNT # 12345-01 HMO ISSUER (80840) 9140860054 HMO-OA <b>ID 10000060500</b> Aetna Leap Everyday Plus - CaroMont Health</p> <p>NAME 00 Howard Cunningham DEPENDENT(S) 01 Marlon Cunningham 02 Richie Cunningham 03 Joanie Cunningham</p> <p>RxBIN 610502 RxCPN AETCRXC PCP \$0 Rx INDIVIDUAL FORMULARY SPC Ded/Ded ACCT/PLAN EFF DATE: 1/1/16 ER Ded/Ded UC \$70/Ded</p>	<p>https://my.aetna.com Payer Number: 60054</p> <p>See your plan documents for information about your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.</p> <p>Aetna Health Inc. P.O. Box 14079 Lexington, KY 40512-4079</p> <table border="1"> <tr><td>MEMBER SERVICES</td><td>1-844-241-0208</td></tr> <tr><td>PROVIDERS CALL</td><td>1-888-632-3862</td></tr> </table>	MEMBER SERVICES	1-844-241-0208	PROVIDERS CALL	1-888-632-3862		
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 <p>Carolina HealthCare System QHP</p> <p>ACCOUNT # 000001-02 HMO ISSUER (80840) 9140860054 HMO-OA <b>ID 100000223700</b> Aetna Leap Diabetes - Carolina HealthCare System</p> <p>NAME 00 SAMPLE NAME</p> <p>RxBIN 610502 RxCPN AETCRXC PCP \$10/Ded Rx INDIVIDUAL FORMULARY SPC \$100/Ded ACCT/PLAN EFF DATE: 01/01/16 ER Ded/Ded UC \$20/Ded</p>	<p>https://my.aetna.com Payer Number: 60054</p> <p>Refer to your plan documents for information about your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.</p> <p>Aetna Health Inc. P.O. Box 14079 Lexington, KY 40512-4079</p> <table border="1"> <tr><td>MEMBER SERVICES</td><td>1-844-241-0208</td></tr> <tr><td>PROVIDERS CALL</td><td>1-888-632-3862</td></tr> </table>	MEMBER SERVICES	1-844-241-0208	PROVIDERS CALL	1-888-632-3862		
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 <p>AETNA   INOVA SIGNATURE aetna QHP</p> <p>ACCOUNT # 000001-02 POS ISSUER (80840) 9140860054 OPEN POS PLUS <b>ID 100000518000</b> Innovation Health Leap Bronze Basic</p> <p>NAME 00 KRISTIAN M GELEN</p> <p>RxBIN 610502 RxCPN AETCRXC Rx INDIVIDUAL FORMULARY FULLY INSURED</p>	<p>https://my.innovation-health.com Payer Number: 40025 0783</p> <p>Aetna performs administrative services for Innovation Health. Referrals are not required. However, some services may also require pre-certification. Without pre-approval, you may pay more or even full price. Refer to your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.</p> <p>Innovation Health Insurance Company P.O. Box 981106 El Paso, TX 79998-1106</p> <table border="1"> <tr><td>MEMBER SERVICES</td><td>1-844-289-4503</td></tr> <tr><td>PROVIDERS CALL</td><td>1-844-289-4503</td></tr> </table>	MEMBER SERVICES	1-844-289-4503	PROVIDERS CALL	1-844-289-4503		
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