Q: What is an I-SNP?
A: An I-SNP is a Medicare plan that restrict enrollment to Medicare Advantage eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.

Q: Eligibility: Who Can Join a Aetna i-SNP?
A: Medicare beneficiaries can join our plan if they live in the plan service area and they:
- Have Medicare Part A
- Have Medicare Part B
- Have resided or is expected to reside in a participating LTC facility for 90 days or more.

Q: Am I required to see I-SNP members?
A: If you are an Aetna Medicare provider, and your practice is open to new patients, you are required to see I-SNP members. Check your participation status using our provider search tool at https://www.aetnamedicare.com/en/find-doctors-hospitals/find-provider.html.

Q: How do I confirm my patient is enrolled in an Aetna I-SNP?
A: Ask the member for their Aetna Medicare Longevity ID card at every visit.

You should also check your patient’s Aetna eligibility. You can check eligibility on the secure provider portal using the Availity look-up tool at https://www.aetna.com/about-us/login.html#tab_content_section_tabs_link_tabs_4. If the tool is unavailable, you can call Aetna provider services at: 1-800-624-0756 (TTY: 711) or the number located on your patient’s ID card.

Q: What are some of the benefits of my patient being enrolled in this plan?
This plan offers supplemental benefits and services that are not typically available with Original Medicare at no extra cost to the member. These include:

<table>
<thead>
<tr>
<th>Benefit Name</th>
<th>This Plan covers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers coverage beyond Medicare Part A and Part B</td>
<td>✓</td>
</tr>
<tr>
<td>Offers music therapy</td>
<td>✓</td>
</tr>
<tr>
<td>Offers on-site nurse practitioner and customized care team</td>
<td>✓</td>
</tr>
<tr>
<td>Offers dental benefits for things like dentures</td>
<td>✓</td>
</tr>
<tr>
<td>Offers vision benefits for contacts and glasses</td>
<td>✓</td>
</tr>
<tr>
<td>Offers hearing aids</td>
<td>✓</td>
</tr>
<tr>
<td>Offers an allowance for over-the-counter items</td>
<td>✓</td>
</tr>
<tr>
<td>Offers social needs companion</td>
<td>✓</td>
</tr>
</tbody>
</table>

You can see the full summary of benefits for this plan at the following link

**Q: What are some of the services my patient receives by being enrolled in an Aetna I-SNP?**

**A:** Aetna Medicare Longevity members will receive seamless patient-centered care. Members will receive on-site clinical care from our nurse practitioner/physician assistants. Here’s how:

- Primary care visits – the nurse practitioner will visit at least once a month, more if needed
- Monitoring and early testing – Frequently monitors the member’s condition on-site to allow for early detection and treatment within the facility
- Ensured care coordination – Works with the nurses and doctors to monitor the member’s condition, coordinate appointments, and ensure seamless transitions of care
- Comprehensive medication review – Providers a full review of the member’s prescription medications to make sure all drugs are working well together
- Centralized point of contact – Always available to the member, doctors, and their family or caregiver, facility nurses are available to help everyone know the plan of care and health status

**Q: What happens when my patient needs to transition between facilities?**

**A:** You should notify us of any inpatient and observation admissions at UM@longevityhealthplan.com or 445-345-1953 (TTY 177). During admissions, the APP, in collaboration with the PCP, is the primary contact responsible for coordinating the care transition process.
Q: How do I submit claims for payment?
A: Claims should be submitted electronically. If permitted under your participation agreement you may submit paper claims per standard process for all Aetna Medicare Advantage plans.

Q: What number do I use to submit electronic claims?
A: Payor ID: EDI # - 60054.

Q: Where do I submit paper claims?
A: Paper claims can be submitted at:
   - Aetna Medicare
     PO Box 981106
     El Paso, TX 79998-1106

Q: What if my provider network contract is with Longevity instead of Aetna?
A: Submit through the Aetna standard process described above.

Q: Where can I get my patient’s health information?
A: You can request a patient information by emailing us at UM@longevityhealthplan.com or calling 800-624-0756.

Q: How can I contact Aetna?
A: 1-844-826-5291 between 8:00am through 8:00 pm EST, 7 days a week.

<table>
<thead>
<tr>
<th>Aetna Provider Home Page</th>
<th><a href="https://www.aetna.com/health-care-professionals/medicare.html">https://www.aetna.com/health-care-professionals/medicare.html</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure provider portal including remittance advice forms, claims, etc.</td>
<td><a href="https://www.aetna.com/about-us/login.html">https://www.aetna.com/about-us/login.html</a></td>
</tr>
<tr>
<td>Patient care team email box</td>
<td><a href="mailto:UM@longevityhealthplan.com">UM@longevityhealthplan.com</a></td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>For medical exception for coverage of drugs on the Formulary Exclusions List or the Step Therapy List or request prior authorization or exceptions to quantity limit see Medical exception and precertification section of the Provider Manual <a href="https://www.aetna.com/health-care-">https://www.aetna.com/health-care-</a></td>
</tr>
</tbody>
</table>
| **Appeals** | Disagree with a claims decision? Write to the PO box listed on the EOB statement or the denial letter related to the issue being disputed. Please include the reason(s) for the disagreement.

Go to Aetna.com for more information. Under “Claims” choose “Dispute & appeals” Then, select “Learn about the dispute process.” |