



Frequently Asked Questions – Aetna Medicare Institutional Special Needs Plans (I-SNPs)

Q: What is an I-SNP?

A: An I-SNP is a Medicare plan that restricts 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. You can learn more about I-SNP at the following [link](#).

Q: What states currently offer I-SNP?

A: I-SNP is offered in the following states:

State	I-SNP Plan	Delegated Sales Partner
Pennsylvania	Aetna Medicare Longevity Plan (HMO I-SNP)	Longevity
Ohio	Aetna Medicare Longevity Plan (HMO I-SNP)	Longevity
New York	Aetna Medicare Longevity Plan (PPO I-SNP)	Longevity
Connecticut	Aetna Medicare Longevity Plan (PPO I-SNP)	Longevity
Arizona	Aetna Medicare Curana Plan (HMO I-SNP)	Curana

Q: Who are Longevity and Curana and how are they involved in Aetna I-SNP?

A: Longevity and Curana are clinical partners working with Aetna to provide specialized care for members enrolled in Institutional Special Needs Plans (I-SNPs). These organizations support residents in long-term care facilities by focusing on comprehensive care management and improving health outcomes.

- Curana and Longevity have a shared impact on Aetna I-SNP by:
 - Providing on-site clinical services through Nurse Practitioners (NPs) or Primary Care Providers (PCPs), ensuring accessible, facility-based care for members.
 - Implementing tailored care models to address members’ medical needs, close gaps in care, and manage healthcare costs effectively.



- Enhancing care coordination between providers and facilities to improve outcomes and reduce unnecessary hospitalizations.
- Offering supplemental services, such as transportation, vision, hearing, and podiatry to meet the unique needs of members living long term in a nursing home.
- Supporting facilities in adopting risk-sharing models and improving operational efficiency.

Q: What are the key differences in benefits across the Longevity HMO, Curana HMO, and Longevity PPO I-SNP plans?

A: The table below highlights the key benefit differences between the three plan offerings.

Benefit	Longevity HMO	Longevity PPO	Curana HMO
MOOP (INN)	\$9,350	\$9,350	\$9,350
MOOP Combined	N/A	\$14,000	\$14,000
Inpatient Hospital – Acute	\$0 per day, days 1-60 \$408 per day, days 61-90	\$0 per day, days 1-60 \$408 per day, days 61-90	\$0 per day, days 1-60 \$408 per day, days 61-90
Enhanced SNP EPO Dental	\$3,250 allowance	\$3,250 allowance	\$3,500 allowance
Vision	\$250 allowance through EyeMed	\$250 allowance through EyeMed	\$250 allowance through EyeMed
Hearing	\$750 per ear with Nations Hearing	\$750 per ear with Nations Hearing	\$1,000 per ear with Nations Hearing
OTC Allowance (Quarterly)	\$210 through OTC Health Solutions (OTCHS)	\$210 through OTC Health Solutions (OTCHS)	\$350 through OTC Health Solutions (OTCHS)
Transportation	30 trips through Longevity/Alivi	30 trips through Longevity/Alivi	24 trips through Access2Care
Podiatry Visits	6 visits	6 visits	8 visits
Music Therapy*	30 music listening lessons	30 music listening lessons	N/A



SSBCI Companion Care*	220 & 300 hours through HelperBees	220 hours through HelperBees	60 hours through HelperBees
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*Supplemental benefits for members with qualifying conditions

*Supplemental Benefits are on a per year frequency

Q: Eligibility: Who can join an Aetna I-SNP?

A: Medicare beneficiaries can join our plan if they live in the plan service area and:

- Have Medicare Part A and Medicare Part B.
- Have resided or is expected to reside in a participating Skilled Nursing Facility (SNF) for 90 days or more.

To locate a participating I-SNP facility, check out our [online provider directory](#) by selecting your member’s I-SNP program.

Q: Am I required to see Aetna® I-SNP members?

A: If you’re an Aetna Medicare provider, and your practice is open to new patients, you’re required to see I-SNP members. Check your participation status using our [provider search tool](#).

Q: How do I confirm my patient is enrolled in an Aetna I-SNP?

A: Ask the member for their Aetna Medicare ID card at every visit. You should also check your patient’s Aetna eligibility. You can do this through the secure provider portal. If the tool is unavailable, just 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?

A: This plan offers supplemental benefits and services that are not typically available with Original Medicare at no extra cost to the member. These include:

Benefit Name	This Plan covers
Coverage beyond Medicare Part A and Part B	✓
Music Therapy	✓
On-Site Nurse Practitioner and customized care team	✓
Dental benefits for things like dentures	✓
Vision benefits for contacts and glasses	✓
Hearing aids	✓



An allowance for over-the-counter-items	✓
Social needs companion	✓

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 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 conducts at least one visit per month, with additional visits as needed to address member health concerns.
- Monitoring and early testing – the care team actively monitors the member's condition on-site to identify potential issues early and ensure timely treatment.
- Seamless care coordination – care coordinators work with nurses and physicians to manage the member's care, schedule appointments, and ensure smooth transitions between services.
- Comprehensive medication review – the care team conducts a detailed evaluation of the member's prescriptions to ensure all medications work effectively together.
- Centralized point of contact – a dedicated care team is always available to support the member, their family, and caregivers. Facility nurses provide updates on care plans and health status.

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

A: Please notify us of any inpatient or observation admissions by contacting the appropriate sales partner. You may identify the sales partner by looking at the member's ID card or referring to the chart above highlighting the state offerings. During admissions, the Advanced Practice Provider (APP), in collaboration with the Primary Care Provider (PCP), will serve as the primary contact to ensure a smooth transition of care process.

Sales Partner	Email Inbox	Phone Number
Longevity	UM@longevityhealthplan.com	1-445-345-1953 (TTY 177)
Curana	lsnpcentralmailbox@aetna.com	1-602-613-5917



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: Aetna Medicare plans use payer ID 60054 for claims and encounters.

Q: What vendor(s) can I use to send claims?

A: You can see a complete list of participating vendors at the following [link](#).

Q: Where do I submit paper claims?

A: Paper claims may be submitted at:
Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106

Q: What if my provider network contract is with Longevity or Curana instead of Aetna?

A: Submit through the Aetna standard claims process described above.

Q: Where can I get my patient's health information?

A: You may request a patient's information by calling Aetna's Provider Service line at **1-800-624-0756**, by contacting the Longevity or Curana sales partner (using the contact information listed above), or by downloading your patients' HRA and ICP through our secure [provider portal](#).

Q: What if my patient needs interpretative services to assist with accessing health care?

A: We have a language assistance program. It supports members with limited English proficiency as they access health care services. The toll-free telephone number to reach an interpreter is **1-800-525-3148 (TTY: 711)**.

Q: What if we need to obtain prior authorization for services?

A: Federal rules dictate that Medicaid is the payer of last resort. As such, prior authorizations will begin with Aetna® I-SNP. You can call **1-866-409-1221 (TTY: 711)** for questions about utilization management.



Q: How can I contact Aetna?

A: You can reach us at **1-844-826-5291 (TTY: 711)**. We're available between 8 AM through 8 PM ET, 7 days a week.

Aetna Provider Home Page	https://www.aetna.com/health-care-professionals/medicare.html
Aetna Provider Manual	https://www.aetna.com/health-care-professionals/provider-education-manuals/provider-manuals.html
Secure Provider Portal (remittance advice forms, claims, etc.)	Aetna Member, Provider, Employer, & Agent/Broker Login
Longevity Patient Care Team Email Box	UM@longevityhealthplan.com
Curana Patient Care Team Email Box	isnpcentralmailbox@aetna.com
Prior Authorization	See the <i>medical exception</i> and <i>precertification</i> section of the provider manuals for: <ul style="list-style-type: none">• Medical exceptions for coverage of drugs on the Formulary Exclusions List or the Step Therapy List• Requesting a prior authorization• Exceptions to quantity limit
Appeals	Disagree with a claim's 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. Learn more about our appeals process.