

Insurance Claims and Verification Info Sheet

Medical Claims Processing:

In-network providers will submit a claim on your behalf. If the provider is out-of-network, you may have to submit a claim to the insurance directly.

1. Complete a **Luminare Health Claim Form** with proof of payment and documentation. The health claim is available on the Luminare Health portal.
2. Submit the Form with supporting documents to Luminare Health for processing via one of the following methods:
 - EMAIL:
 - HBEVClaimsSubmission@luminarehealth.com in the subject line write “FAES OON Claim Submission”
 - PORTAL:
 - Sign into your www.myluminarehealth.com account
 - From the My Expenses tab, select Claim Submissions
 - Click the “Submit a Claim” button
 - Mandatory fields are identified with a star – complete all mandatory fields
 - If you answer “Yes” to Accident Details and/or Other Coverage Information, additional mandatory fields will display
 - Click the “Save” button to save your changes
 - MAIL TO:
 - Luminare Health
PO Box 2920
Clinton, IA 52733-2920

Medical Claim Denial:

If your claim was denied, you will receive an explanation of benefits (EOB) with denial information.

1. If the claim needs additional information for processing, Luminare Health will inform you via the EOB.
2. You will need to obtain the additional information from your provider and submit to Luminare Health.

Claim Appeals Process:

1. Information on appeals can be found in the paperwork with your explanation of benefits (EOB) from Luminare Health. You can also contact Luminare Health Customer Service, 888-270-2044 to initiate the appeal process.
2. Complete and send in the form provided on your EOB within one hundred eighty (180) calendar days from receipt of notification of the denial. Include the reasons you feel the claim should not have been denied along with any additional information and comments relevant to the claim. You will be notified of the decision within a reasonable period of time, no later than 60 days after the plan receives your request for review.
3. The appeals process can be lengthy and complex. The FAES Insurance team is available to assist you with navigating this process.

If a provider sends you a bill for medical services:

For in-network providers:

1. Review the bill and check if it notes any payment from the insurance carrier, Luminare Health.
2. If the bill does not contain insurance payment information, please contact the provider's office and inform them of your insurance information located on the front of your ID card.
3. Request your provider to submit the claim for processing to Luminare Health.

For out-of-network providers:

In most circumstances, out-of-network providers will not submit a claim on your behalf.

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 - EMAIL:
 - HBEVClaimsSubmission@luminarehealth.com in the subject line write "FAES OON Claim Submission"
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 - Click the "Submit a Claim" button
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 - If you answer "Yes" to Accident Details and/or Other Coverage Information, additional mandatory fields will display
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If your provider is unable to verify your medical benefits:

1. Confirm that your provider is verifying eligibility and benefits with **Luminare Health**. Providers can contact Luminare Health at 888-270-2044. Luminare Health's EDI payer ID is 35182.
2. If your provider is searching under an Aetna plan, the provider will not be able to verify your benefits as it is not an Aetna insurance plan. The insurance provider is Luminare Health.
3. Please be aware that the FAES insurance plan, uses the Aetna Signature Administrators PPO network of providers. But it is not an Aetna insurance policy.

If you need assistance with any other issues not listed here or on our [FAQ section](#) of our website, FAES Insurance department is always available to assist you.

FAES Insurance

faesinsurance@mail.nih.gov

301-496-8063