Aetna Pain Management and Sleep eviCore Platform Migration

Provider Q & A Session

Agenda

- Program Overview
- Provider Portal Walkthrough
- Additional Portal Features
- Provider Resources
- Q & A

Program Overview

Aetna Prior Authorization Services

eviCore healthcare currently accepts Pain Management and Sleep prior authorization requests for Aetna members. Beginning May 27, 2022 all online requests should be entered through the CareCore National portal via eviCore.com (instead of the MedSolutions portal).

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services performed in:
• Outpatient	• Emergency Rooms
• Diagnostic	• Observation Services
• Elective / Non-emergent	• Inpatient Stays
	• Home Health

It is the responsibility of the ordering provider to request prior authorization approval for services. Providers should verify member eligibility and benefits on the secured provider log-in section at: https://apps.availity.com/availity/web/public.elegant.login
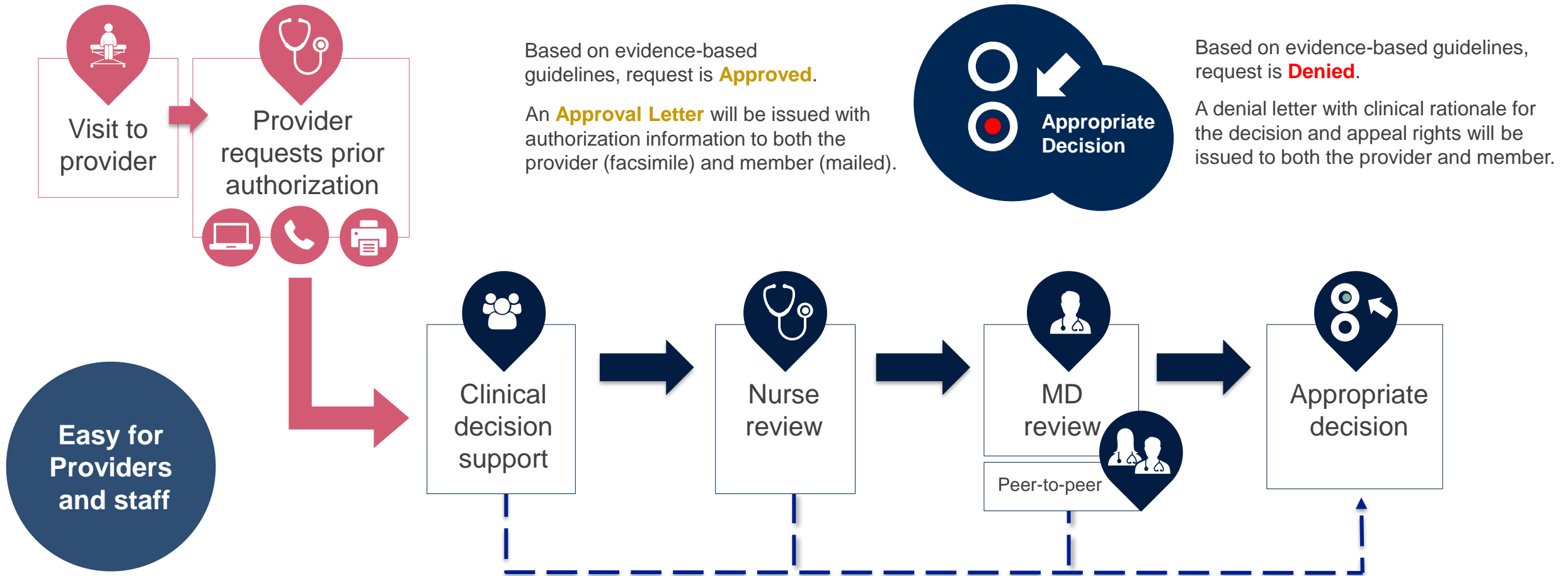
Applicable Memberships

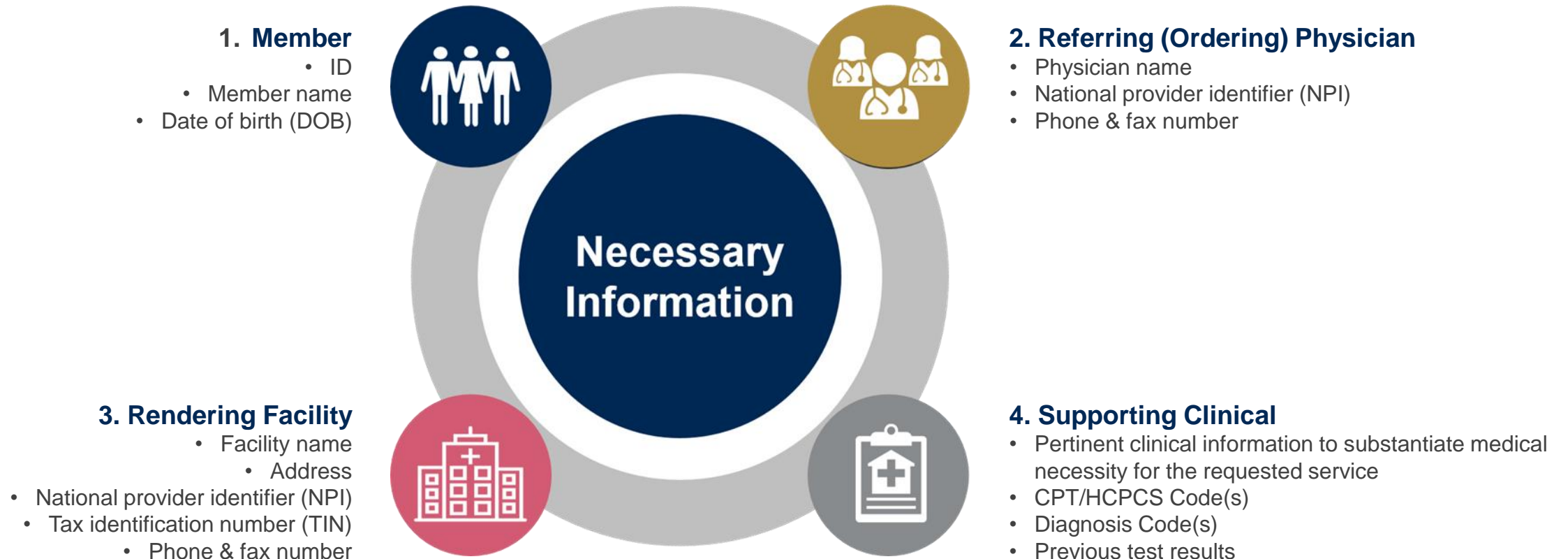**Prior Authorization is required for Aetna members who are enrolled in the following lines of business/programs:**

- Medicare
- Commercial (HMO & PPO)

Utilization Management – The Prior Authorization Process

Visit to provider

Provider requests prior authorization

Easy for Providers and staff

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (facsimile) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

A denial letter with clinical rationale for the decision and appeal rights will be issued to both the provider and member.

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Information Needed for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member
- ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Necessary Information

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Provider Portal Walkthrough

eviCore healthcare Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

Platform Migration – Effective 5/27/2022

- Starting May 27, 2022, all Aetna Pain & Sleep requests must be submitted through the CareCore National portal at **www.eviCore.com**, instead of the MedSolutions portal.

- If a provider has an existing login, the <u>same</u> credentials are used for both portals and a new account does not need to be created.

- Authorizations requested prior to May 27 can still be viewed on the MedSolutions portal, but new requests must be created on the CareCore portal, as outlined below.
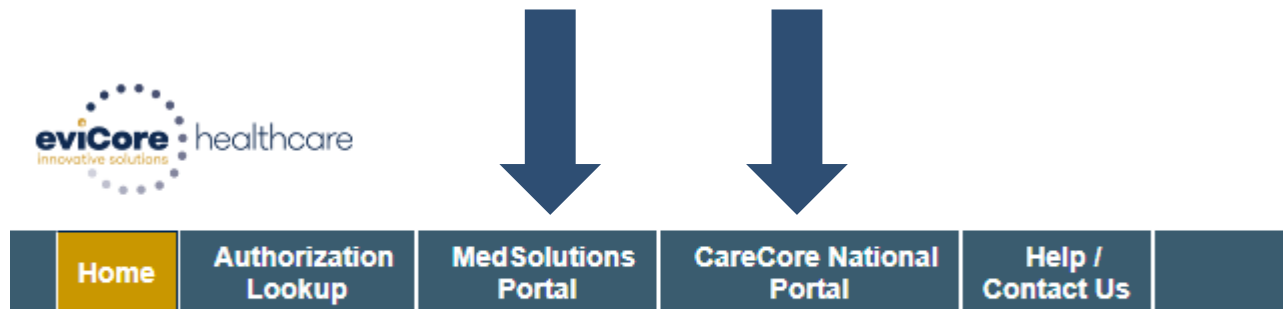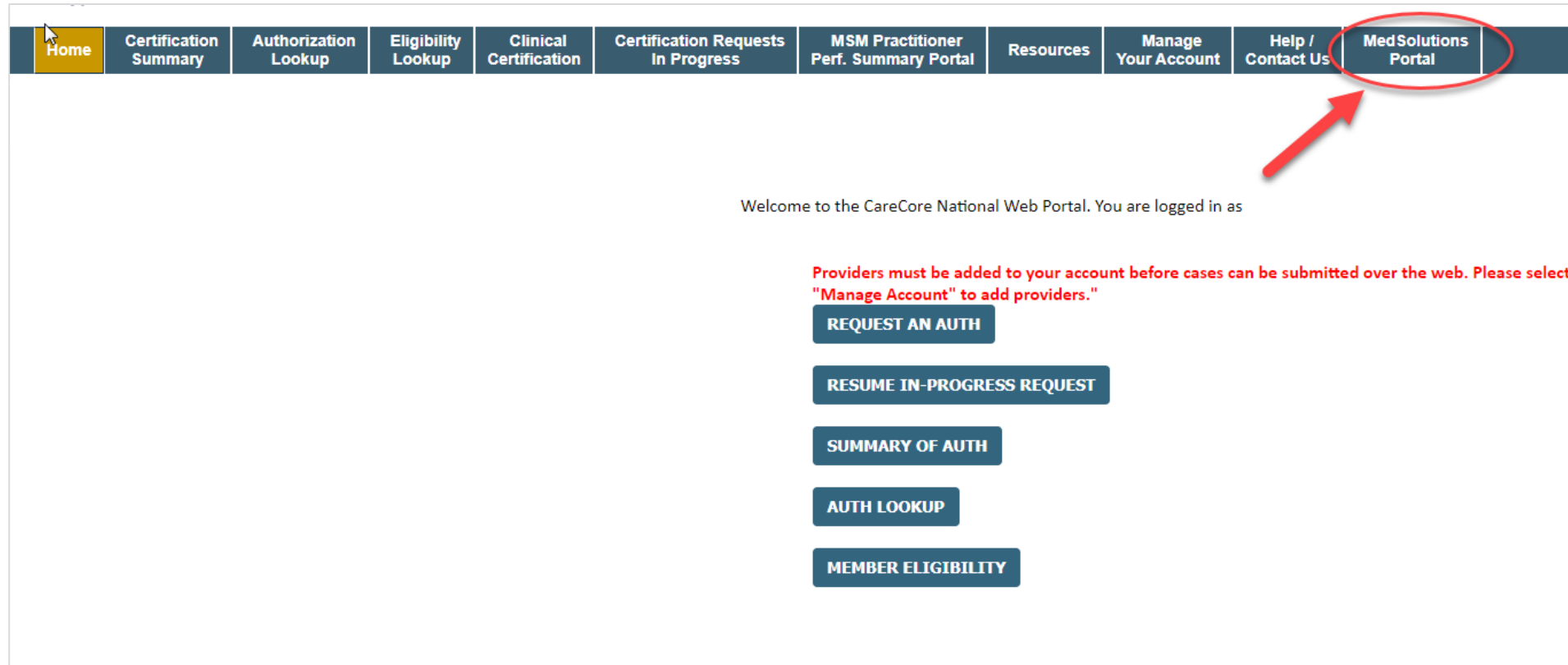
Creating an Account

- **Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.**
- **You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.**

Welcome Screen

Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

- Select the **Manage Your Account** tab, then **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Initiating a Case

- **Choose Clinical Certification to begin a new request**
- **Select the appropriate program**
- **Select Requesting Provider Information**

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: ███████████

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK | CONTINUE

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:* ███████████ [?]
Who to Contact:* _____ [?]
Fax:* _____ [?]
Phone:* ███████████ [?]
Ext.: _____ [?]
Cell Phone: _____
Email: ███████████

BACK | CONTINUE

- **Choose the appropriate Health Plan (Aetna) for the request**
- **Once the plan is chosen, select the provider address in the next drop-down box**
- **Select CONTINUE and on the next screen add your contact info**
- **Provider name, fax and phone will pre-populate, you can edit as necessary**
- **By entering a valid email you can receive e-notifications**

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*   MM/DD/YYYY

Patient Last Name Only:*   [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure has not been performed.   **CHANGE**

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]

73721 ▼   MRI LOWER EXTREMITY JOINT W/O ▼

Don't see your procedure code or type of service? Click here

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[   ]   **LOOKUP**

Trouble selecting diagnosis code? Please follow these steps

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

[   ]   **LOOKUP**

- Enter the **Member Information,** including the patient ID number, date of birth, and last name, then click **Eligibility Lookup**
- Next screen you can enter CPT code & diagnosis code

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:
CPT Code:
Description:
Primary Diagnosis Code:
Primary Diagnosis:
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click Continue to confirm your selection**

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ◉ Exact match
                                                       ○ Starts with

LOOKUP SITE

- **Select the specific site where the testing/treatment will be performed.**

Clinical Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   CONTINUE

- **Verify that all information is entered and make any changes needed**

- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is Urgent select **No**

- When a request is submitted as Urgent, you will be <u>required</u> to upload relevant clinical information

- If the case is Standard select **Yes**

- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size

- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitic Perf. Summary F |

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ⦿ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ○ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ○ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen

UPLOAD

Improved Experience: Real-time Approval <u>or</u> Clinical Upload

**Real-time Decision
or
Clinical Upload**
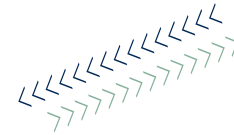
*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload
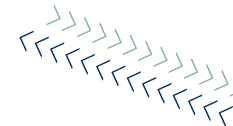
Finalizing the Case Submission

Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print | SUBMIT CASE

Click here for help or technical support

Acknowledge the Clinical Certification statements, and click Submit Case

Additional Portal Features

Duplication Feature

- Once a case has been submitted, the Duplication feature allows a new request to be started using some of the same information
- This process eliminates the need to enter duplicate information and allows multiple cases to be built efficiently

Success

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- ○ Program (Radiation Therapy Management Program)
- ○ Provider ( )
- ○ Program and Provider (Radiation Therapy Management Program and)
- ○ Program and Health Plan (Radiation Therapy Management Program and [ ]

GO

Certification Summary / Authorization Lookup

The top ribbon menu has several helpful features :

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	Med Solutions Portal

Certification Summary

Search.. 🔍 ☰

- Certification Summary tab allows you to track recently submitted cases and view status at a glance
- The work list can also be filtered

| ◄ ◄◄ | Page 1 | of 0 | ►► ►| | 10 ▼ |

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
✕	✕	✕	✕	✕			✕					

| ◄ ◄◄ | Page 1 | of 0 | ►► ►| | 10 ▼ |

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Authorization Lookup

- Authorization Lookup tab shows case status and post decision information
- Search by member information OR by authorization number /ordering NPI
- View and print any correspondence
- Initiate Reconsiderations and Peer to Peer Consultations

○ **Search by Member Information**   ○ **Search by Authorization Number/ NPI**

Provider Resources

Call Center & Online Assistance

Prior Authorization Call Center – 888.622.7329

- Call center hours are 7am – 7pm Monday-Friday local time

Web-Based Services and Online Resources

- Important tools, health plan-specific contact information, and resources can be found at **www.evicore.com**

- Select the **Resources** to view Clinical Guidelines, Online Forms, and more

Provider Resource Page

https://www.evicore.com/resources/healthplan/aetna

Web Support

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

eviCore Provider Support Teams

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing

- Requests for an authorization to be resent to the health plan

- Consumer Engagement Inquiries

- Eligibility issues (member, rendering facility, and/or ordering physician)

- Issues experienced during case creation

- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement Team

You can find a list of Regional Provider Engagement Managers at **www.eviCore.com** → Provider's Hub → Training Resources

Q & A

Thank You!