

Who is EviCore by Evernorth?

EviCore by Evernorth is an independent specialty medical benefits management company that provides Post-Acute Care (PAC) utilization management services for Aetna Medicare Advantage.

Which members will EviCore manage for the PAC program?

Beginning December 29, 2025, EviCore will accept PAC precertification requests for Aetna members with Medicare Advantage coverage for start of care January 1, 2026, and beyond for members in the following states: New Jersey, New York, Pennsylvania, and West Virginia. *This excludes NJ FIDE.*

Which PAC services require precertification (must be in-network with Aetna Medicare Advantage)?

- Skilled nursing facility (SNF) admissions
- Inpatient rehabilitation facility (IRF) admissions

How do I check the eligibility and benefits of a member?

Providers should verify member eligibility and benefits on the secured provider log in section on the provider portal <https://www.aetna.com/health-care-professionals/availability.html> or by calling Aetna Medicare Provider Service at 800-624-0756.

Note: Only eligibility (not benefits) may be verified at EviCore.com during the pre-certification process.

Who is responsible for submitting the initial PAC precertification requests?

- Hospitals are responsible for submitting the initial inpatient precertification for SNF and IRF admissions for members discharging from an acute care facility.
- PAC Facilities (SNF and IRF) are responsible for submitting the initial precertification requests for members admitting from the community, emergency department, or outpatient setting.
- IRF facilities are responsible for submitting the initial precertification for members transitioning to a lower level of care, such as a SNF.

How does a provider initiate a precertification request?

- **EviCore Provider Portal (preferred)**
The EviCore online portal [EviCore.com](https://www.aetna.com/health-care-professionals/availability.html) is the quickest, most efficient way to request precertification and check status.
- **Fax**
Precertification requests are accepted via fax and can be used to submit additional clinical information.
 - Initial: 855-633-8631
 - Concurrent: 877-502-0810
- **Phone**
Providers may request PAC precertification by calling 888-622-7329, option 6

Where can a provider find PAC precertification request forms?

PAC precertification forms are available on the EviCore provider resource website: [Aetna Provider Resources | EviCore by Evernorth](#)

What are the hours of operation for EviCore?

- Monday – Friday 8 a.m. to 8 p.m. EST
- Saturday 9 a.m. to 5 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 4 p.m. EST
- 24 hour/7 days on call coverage for urgent needs

What are the benefits of using Web Portal?

- The EviCore web portal provides 24/7 access to submit a request and check status.
- Saves time: Quicker process than fax or telephone precertification requests.
- Available 24/7: You can access the portal any time, any day.
- Upload additional clinical information: No need to fax supporting clinical documentation; it can be uploaded on the portal to support a new request or when additional information is needed.
- View and print determination information.
- Check case status in real-time.

Note: Urgent requests cannot be started over the portal. If the member has an urgent need, please call EviCore's intake team or fax to initiate the urgent request.

Link to EviCore provider portal: www.EviCore.com

What medical necessity criteria does EviCore utilize for precertification?

EviCore may utilize several resources in reviewing precertification requests, including, but not limited to:

- Post-Acute Care Criteria
- Medicare Benefit Policy Manuals

What information is required when requesting an Initial precertification for PAC?

- **Admission Details**
 - Service type being requested along with contact name and phone number
 - Accepting facility demographics (if known)
 - Patient demographics
 - Anticipated date of hospital, LTAC or IRF discharge (if applicable)
- **Clinical Information**
 - Hospital admitting diagnosis
 - History and physical
 - Progress notes, i.e., attending physician, consults and surgical (if applicable)
 - Medication list
 - Wound or incision/location and stage (if applicable)
 - Discharge Summary
- **Mobility and Functional Status**
 - Prior and current level of functioning
 - Therapy evaluations: PT/OT/ST
 - Therapy progress notes, including level of participation

What information is required when requesting date extensions for PAC?

- **Precertification Details**
 - Service type and demographics along with contact name and phone number
 - Patient demographics
 - Number of days and dates requested
- **Clinical Information**
 - Hospital admitting diagnosis and ICD-10 code
 - Clinical progress notes
 - Medication list
 - Wound or Incision/location and stage (if applicable)
- **Mobility and Functional Status**
 - Prior and current level of functioning
 - Focused therapy goals: PT/OT/ST
 - Therapy progress notes, including level of participation
 - Discharge plans (include discharge barriers, if applicable)

NOTE: To ensure the precertification process is completed as quickly and efficiently as possible, it is highly recommended that you submit pertinent clinical information to substantiate medical necessity for the type of service being requested.

The required information is outlined on the EviCore precertification request form and can be accessed on the provider resource page by choosing the “Solution Resources” tab and then clicking on “Post Acute Care.” [Aetna Provider Resources | EviCore by Evernorth](#)

When will a provider receive the precertification determination from EviCore?

Once all information is submitted to EviCore, the requesting provider will receive a determination within 48 hours.

How does a provider check the precertification status for a member?

Precertification status can be viewed on demand via the EviCore portal at <http://www.EviCore.com> or by calling EviCore at 888-622-7329, option 6.

How will precertification determinations be communicated?

EviCore will communicate the determination utilizing the following methods:

- Verbal notification is made to requesting provider
- Written notification will be faxed to the requesting provider
- Members will receive a precertification determination letter by mail
- Precertification status can be printed on demand from the EviCore portal at www.EviCore.com

When does the initial precertification approval expire?

The initial precertification will expire 7 days from the date of issue.

What is the process if my member re-admits to the hospital during the PAC authorization?

Interrupted Stay Scenario: A member admits to the PAC facility on 1/1/2026, the authorization is approved for 5 calendar days from 1/1/2026 to 1/5/2026. The member readmits to the acute setting on 1/3/2026. The member then admits to the PAC facility again on 1/4/2026. The authorization is still valid because there are unused days on the approval.

The PAC facility will inform EviCore via phone the days the member was in the acute setting, and continue with the concurrent review for additional days.

Note: This scenario applies where the member is admitting to the same PAC facility within 72 hours of the discharge date to the acute setting, **and/or** there are unused days on the authorization.

What is the process if EviCore is unable to approve the request for a PAC service?

- If EviCore is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is given the option to either send additional information to support medical necessity criteria or schedule a clinical consultation.
- When a request does not meet criteria, it goes to second level MD review.
- If the MD is unable to approve, an alternate recommendation may be offered. The requesting provider can either accept or reject the alternative recommendation or schedule a clinical consultation.

Important: If one of these options is not utilized by the requesting provider within one business day, an adverse determination is made, and the request is denied.

What is the process if a PAC service does not meet clinical criteria?

When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied. In those cases, a denial letter with the rationale for the decision, reconsideration options, and appeal rights will be issued to the provider and member by EviCore.

In the event of an adverse determination, what post-denial processes are available?

- Your determination letter is the best source of information to assess what options exist on a case that has been denied. You can also call us at 888-622-7329 (option 6) to speak with an agent who can provide available option(s) and instructions on how to proceed.
- Adverse determination letters can be printed on demand from the EviCore portal at www.EviCore.com

What are the Post-Decision Options for Members?

Appeals

- Once the final adverse determination is issued by EviCore, Aetna will process first-level appeals. Delegation of second level appeals may vary by state regulations
- The timeframe to submit an appeal request will be outlined in the determination letter and is typically within 65 days of the adverse decision
- Appeal requests can be submitted to Aetna in writing via US Mail or by fax. The Aetna appeal address and fax number will be provided on the determination letter
- Members or providers with appeal questions may call the number indicated on the member's ID card
- The appeal determination will be communicated by Aetna to the ordering provider and member
- Appeal turnaround times:
 - Expedited 72 hours
 - Standard provider 30 days

What if a precertification is issued and revisions need to be made to an existing precertification request?

The servicing provider should contact EviCore with any changes for members who are still in the PAC facility.

Note: Notification of any changes to the original post-acute care facility is important for claims to be correctly processed for the servicing provider.

Does EviCore review requests submitted after care has started?

EviCore is not delegated for any Retrospective requests which means member admitted, received PAC services and has discharged. Please contact Aetna directly for consideration.

EviCore accepts Initial Concurrent review requests which means member has admitted and is still receiving PAC services. EviCore will review for medical necessity up to 14 calendar days including the start of care date. Please note, the Initial Concurrent time frame can and may change per Aetna.

What information about the precertification will be visible on the EviCore by Evernorth website?

- Precertification Number/Case Number
- Status of Request
- Servicing Facility Name and Location
- Precertification Date and Expiration Date
- Determination Letters

How do I determine if a provider is in network?

Providers should verify member eligibility and benefits at <https://www.aetna.com/health-care-professionals/availability.html> or by calling Aetna Medicare Advantage Provider Service at 800-624-0756. Providers may also contact EviCore at 888-622-7329 (option 6). EviCore receives a participating provider file from Aetna.

Will I be able to submit a request for an out of network facility?

EviCore is delegated to manage out of network requests for Aetna PPO members with out of network benefits. Aetna members with HMO plans do not have out of network benefits, and HMO members should be encouraged to select in network Servicing Providers. If an out of network Servicing Provider is unavoidable for an HMO member, please submit those requests through Aetna.

Out of area (state outside of member's residence): EviCore is delegated for out of area requests if the member resides in NY, NJ, PA or WV and selects an in network Servicing Provider in a state outside of the member's residence. Once the request is submitted, the Servicing Provider's network status is verified. If the Servicing Provider is in network with Aetna, the case will route through medical necessity review. If the Servicing Provider is out of network with Aetna, the case will be cancelled.

Where do I submit my claims?

All claims will continue to be filed directly with Aetna. Refer to the member's ID card for the claims address.

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2). Our dedicated Portal Support team can assist providers in navigating the portal and address any portal related issues during the online submission process.

Where do I submit questions or concerns regarding this program?

For program-related questions or concerns, please email: PAC_OpsSupportTeam@evicore.com (preferred) or call 888-622-7329, option 6.

Common items to send to PAC Ops Support include:

- Requests for an authorization to be re-sent to the health plan
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at: [Aetna Provider Resources | EviCore by Evernorth](#)

Can we provide EviCore with EMR (electronic medical record) system access to help our facility expedite the clinical review?

EviCore by Evernorth is dedicated to partnering with PAC facilities to make the authorization process as seamless as possible. For qualifying facilities, EviCore can now connect directly to your EMR systems to help manage authorization requests in a timely manner. With this access:

- Required clinical documentation is automatically retrieved by EviCore clinical staff for medical necessity review.
- Decreases the time facility staff spend manually submitting clinical documentation to EviCore.
- Lowers the risk of denials due to lack of clinical documentation.

Please reach out to the PAC Provider Engagement Manager in your region, [PAC Provider Relations](#), for more information and to get started.