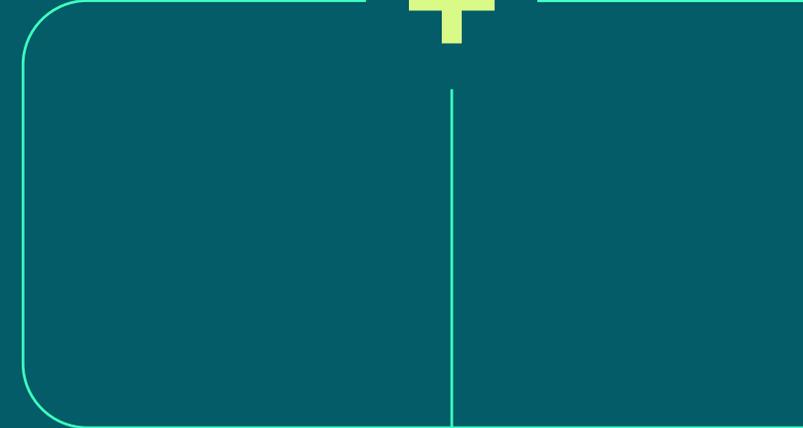
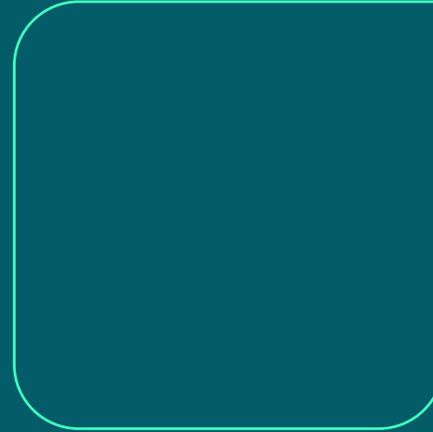


Post-Acute Care Utilization Management Program for Aetna Members

New Jersey, New York, Pennsylvania &
West Virginia





Agenda

Company Overview

Post-Acute Care Program Overview

Provider Portal & Registration

Submitting Precertification Request

Precertification Outcomes & Special Considerations

Transitional Care Program Overview

Provider Resources

Q&A

EviCore Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10

Comprehensive solutions

5k+

Employees, including 1k+ clinicians



Evidence-based clinical guidelines



Advanced, innovative & intelligent technology

Post-Acute Care Program Overview

Aetna Precertification Services

EviCore will begin accepting precertification request for post-acute care services for Aetna Medicare Advantage Members. Request can be initiated on December 29, 2025, for start of care dates of service January 1, 2026, and beyond. This process applies to Aetna Medicare Advantage plans in New Jersey, New York, Pennsylvania and West Virginia. This excludes NJ FIDE.

Precertification applies to the following services:

- Skilled nursing facilities (SNF)
- Inpatient rehabilitation facilities (IRF)

Rationale for Hospital Submission of PAC Precertification Request

- **Appropriate Level of Care Determination:**
 - Hospitals present the most accurate clinical status for discharging patients
 - Engagement with discharge planners to determine appropriate level based on medical necessity
 - Patient-Centered alternative PAC setting recommendations
 - Hospitals are encouraged to submit an authorization request at the same time they are sending clinical to a PAC Servicing Provider to obtain a bed. **The authorization for PAC is tied to the level of care, not a specific facility.**
- **Coordinated Post Acute Care Placement:**
 - Proactively identify Servicing Provider for optimal outcomes and patient experience
 - Early initiation of plan of care with goals and risk assessment by EviCore staff members
 - Offer social work coordination to address discharge barriers
- **Medicare PAC Guidance:**
 - Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the patient's need

Post-Acute Care Precertification Criteria includes, but not limited to:

- Medicare Benefit Policy Manuals (Medicare members only)
- Other Evidence-Based Tools

EviCore Provider Portal

Benefits of Web Authorizations



+ Benefits of Web Authorization

Did you know that most providers are already saving time submitting prior authorization requests online?

We have been listening to you and have incorporated a number of enhancements that will streamline your online experience, allowing you to go from request to approval faster!

- 1 Save time!**
Web authorization requests take 3 minutes on average. Phone authorization requests take 12 minutes on average.
- 2 24/7 access!**
You can access the web authorization service at any time, on any day. Phone authorizations have to be requested during business hours.
- 3 Save your progress!**
Need to step away? Need to obtain additional information? Save your authorization request progress and come back to it.
- 4 View and print authorization information!**
Approval details and the approval number are easily available online, and can be printed at your convenience.
- 5 Other online features**
Features include the ability to access clinical criteria, check member eligibility, upload additional clinical information and schedule Clinical Consultations.

Go to www.EviCore.com and click “Register” to begin initiating authorizations online today!

EviCore Portal Registration

EviCore Provider Portal | Access and Compatibility

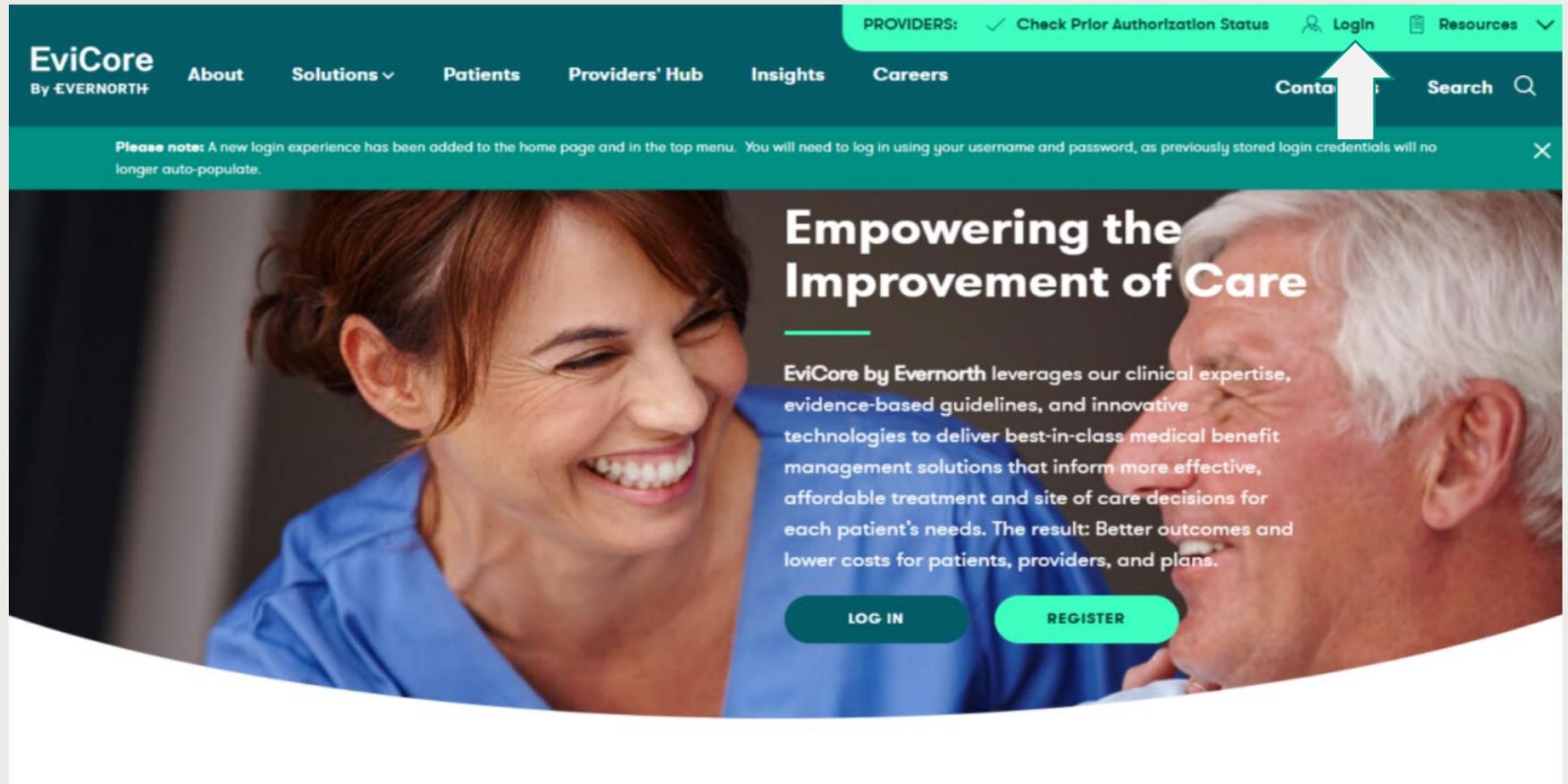
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ To access resources on the EviCore Provider Portal, visit EviCore.com

+ Already a user?

Log in with User ID & Password.

+ Don't have an account? Click **Register**.



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

Portal Registration

EviCore
By EVERNORTH

User Information

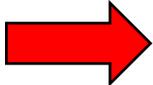
First Name: Last Name: User Name:

Contact Info

Email: Confirm Email: Phone: Ext (optional):

Physician/Facility Information

Individual NPI:



Enter your information here then click 'Next'

Read and accept the Terms and Conditions

EviCore
By EVERNORTH

User Information

First Name: Contact Info: Physician/Facility Information:

Terms and conditions

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Ext (optional):

Portal Registration Continued

EviCore
By EVERNORTH

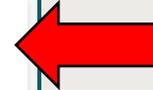
Registration Summary

Back Next

User Information
First Name: Test Last Name: PAC User Name: TestPAC1

Contact Info
Email: Phone: 5555555555

Physician/Facility Information
Individual NPI:



1. Confirm the details are correct, then click 'Next'
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click 'Next'

Verify your account

i Check your inbox
A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id
 .com

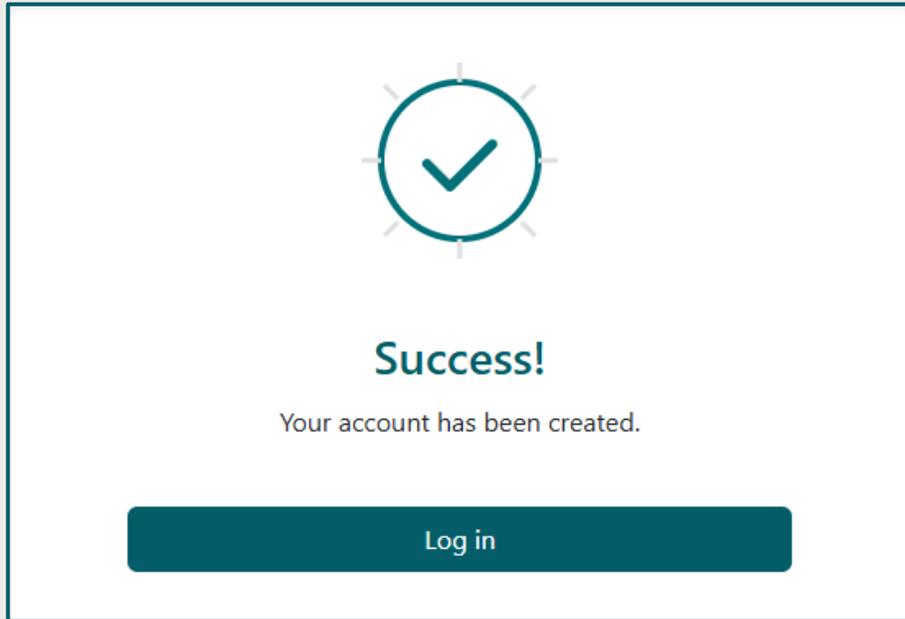
Enter 6-digit code
 Enter code

Next

Didn't receive a code?
Check your spam or junk folder or [Resend](#).

Cancel

User Registration Successful



Create a Password
Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

Once logged in, go to 'Portals' to select CareCore or MedSolutions

A screenshot of the EviCore user interface. The top navigation bar is dark teal and contains the EviCore logo, a search icon, and several menu items: "Authorization Lookup", "Request An Authorization", "Worklist", "Portals", "Help / Contact", "User Access", and "Hello, Test PAC". The "Portals" menu is open, showing two options: "CareCore" and "MedSolutions". Each option has a list of sub-items and an external link icon. A red arrow points from the text above to the "Portals" menu, and another red arrow points from the "MedSolutions" option to the right. Below the navigation bar is a "My Worklist" section with tabs for "Pending", "Approved", "Partially Approved", "Denied", "Cancelled", and "All Statuses". The "Pending" tab is selected. Below the tabs is a search bar and a table with columns: "Request ID", "Authorization ID", "Patient", "Status", "Submitted", "End Date", "Procedure", "Ordering Provider", "Site of Service", and "Insurer". The table currently shows "No Data Available".

PAC Authorization – Landing Page

Under Portals, select MedSolutions

EviCore
By EVERNORTH

Authorization Lookup | Request An Authorization | Worklist | **Portals** | Help / Contact | User Access | Hello, M Johnson

My Worklist

Pending | Approved | Partially Approved | Denied | Cancelled | All Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

Feedback

PAC Authorization – Complete Registrations

* Select “Facility” from the drop down under “Account Type”

Complete User Registration by entering work address, phone, fax, and provider information.

Complete the information under Provider Information, select find, select correct provider from list, and select “Next”

EviCore

By EVERNORTH

In order to be able to use this feature, Please complete your account type association at the bottom of the page. You can click on Go Back if you want to do this at a later time.

* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*: Address*: Phone*:

Email*: Ext*:

Confirm Email*: City*: Fax*:

First Name*: State*: Zip*:

Last Name*: Office Name:

Provider Information Account Type*:

Facility Name*: Street Address:

Zip Code: Tax ID*: Individual NPI*:

Facility will be notified of your user registration.

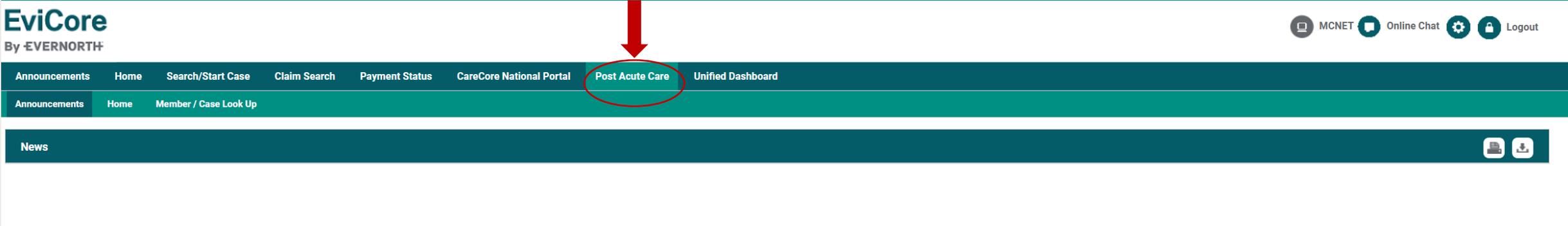
Facility Name	Address	City	State	Zip Code	Phone	Fax	NPI	Tax Id
<input checked="" type="checkbox"/> EviCore Rehab	1 Evicore Dr.	Franklin	TN	37607	9999999999	8888888888	1234567890	*****6789

1 - 1 of 1 Items

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

EviCore
By EVERNORTH

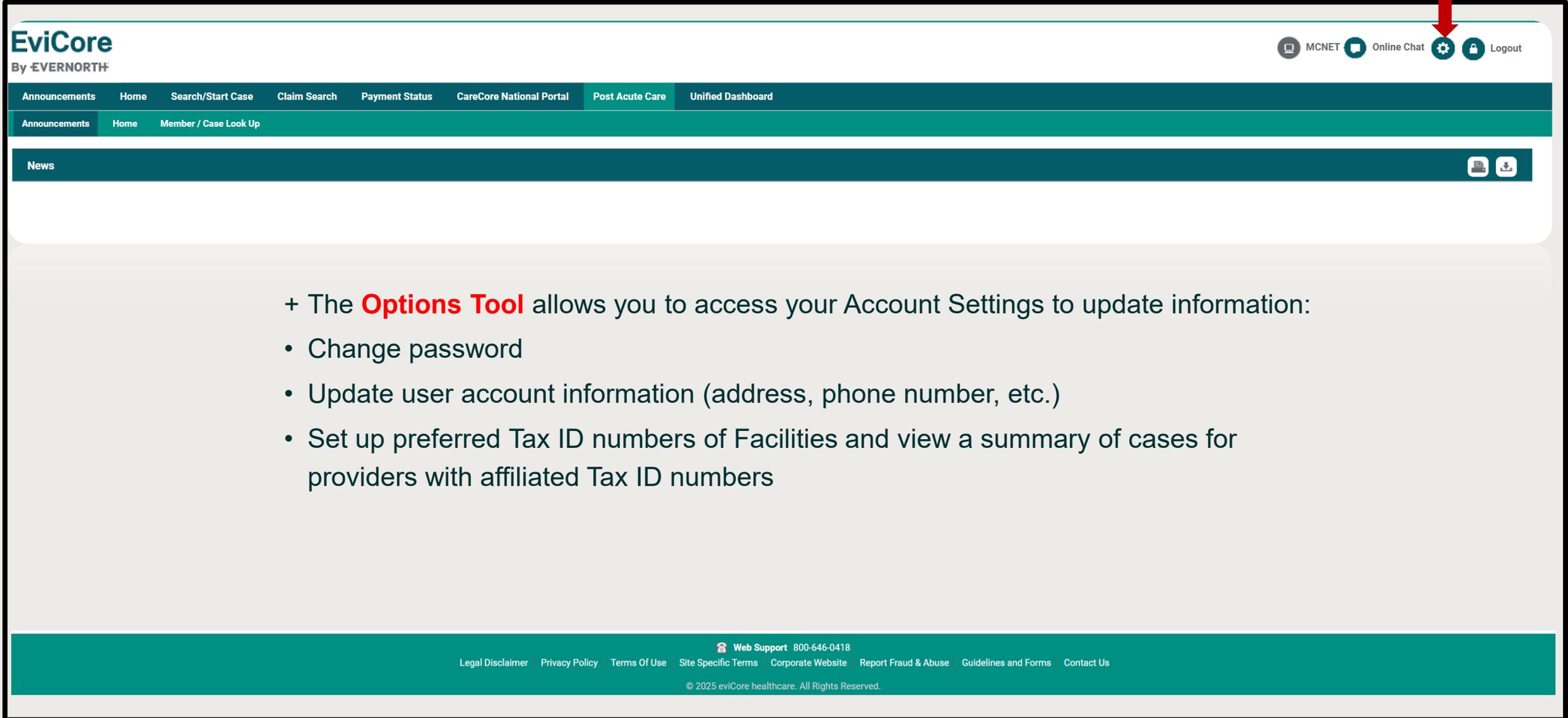
Announcements



Once you have logged in to the site, you will be directed to the main landing or Announcement page.

**** Choose Post Acute Care ****

Option Tool



The screenshot shows the EviCore website interface. At the top left is the EviCore logo with 'By EVERNORTH' underneath. On the top right, there are icons for MCNET, Online Chat, a gear icon (the Options Tool), and a Logout icon. Below the logo is a navigation bar with links: Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, Post Acute Care, and Unified Dashboard. A secondary navigation bar includes Announcements, Home, and Member / Case Look Up. A News section is visible below. A red arrow points to the gear icon in the top right corner.

+ The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Facilities and view a summary of cases for providers with affiliated Tax ID numbers

Web Support 800-646-0418

Legal Disclaimer Privacy Policy Terms Of Use Site Specific Terms Corporate Website Report Fraud & Abuse Guidelines and Forms Contact Us

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Option Tool - Preferences

EviCore

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Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

Physician Facility **1**

Tax ID*

Preferred Tax IDs on my account

Tax ID	Provider Type
123456789	Facility 

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

* I hereby agree that I have read and understood the above message **2**

+ Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

1. Search for a Tax ID by clicking **Physician** or **Facility**.
2. Confirm you are authorized to access PHI by clicking the check box and hit Save.

EviCore

By EVERNORTH

Submitting Precertification Requests

Methods to Submit Precertification Request

EviCore Provider Portal (preferred)

The EviCore online portal is the quickest, most efficient way to request precertification and check status.

[+Homepage | EviCore by Evernorth](#)

Fax:

855.633.8631- Fax can also be used to submit additional clinical information

877.502.0810 for concurrent review.

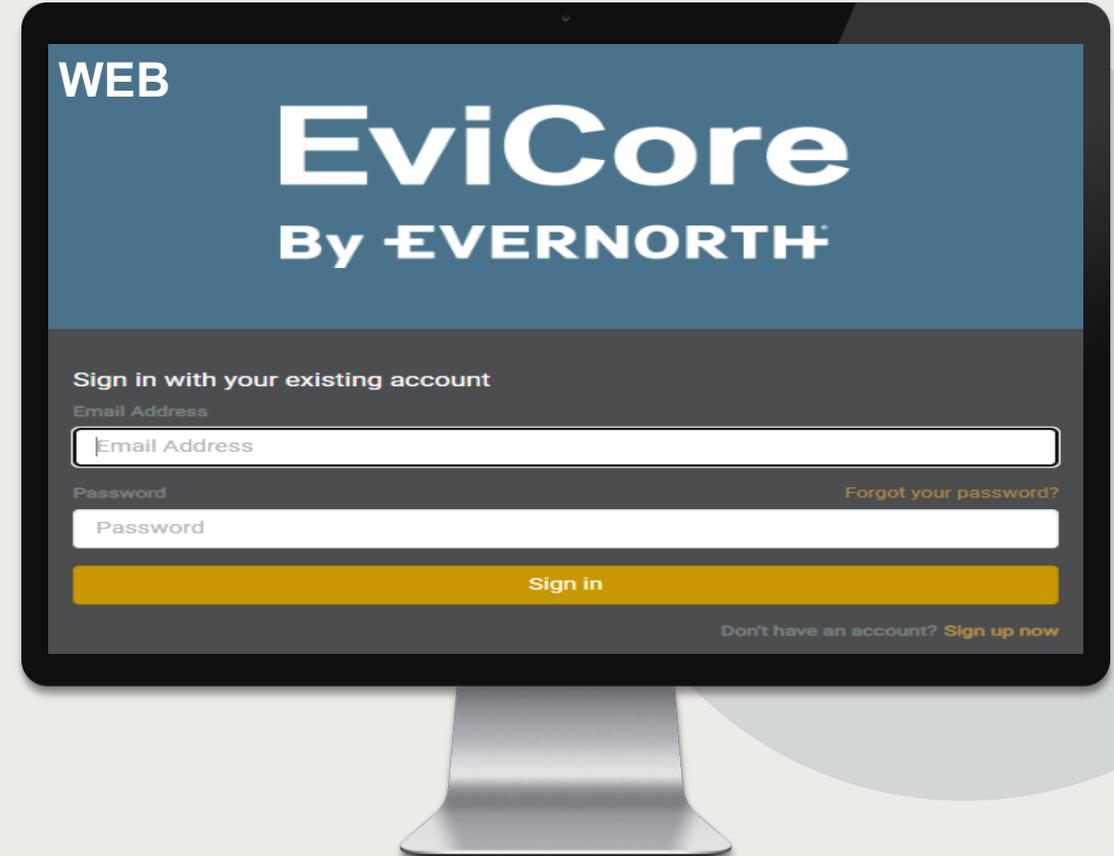
*Indicate case # when submitting additional clinical information

Phone:

888.622.7329

Hours of operation:

- Monday through Friday 8 a.m. to 8 p.m. EST
- Saturday 9 a.m. to 5:00 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 4 p.m. EST



Required Information for Initial Post-Acute Care Precertification Request

Admission Details

- Service type being requested
- Accepting Servicing Provider 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 & surgical (if applicable)
- Medication list
- Wound or incision/location and stage (if applicable)
- Discharge Summary

Mobility & Functional Status

- Prior and current level of function
- Prior living situation
- Current therapy evaluations: PT/OT/ST (Within 24-48 hours of request)
- Therapy progress notes, including level of participation

Please note: EviCore by Evernorth precertification form is encouraged and supporting clinical documentation is required for all post-acute care requests.

Initial Case Creation

Initiate Case Process

To initiate a new case for PAC certification. On the Post Acute Care tab, you will start with **Member/Case Look Up**.

The screenshot displays the EviCore portal interface. The top navigation bar includes 'Announcements', 'Home', 'Search/Start Case', 'Claim Search', 'Payment Status', 'CareCore National Portal', 'Post Acute Care' (circled in red), and 'Unified Dashboard'. Below this, a secondary bar shows 'Announcements', 'Home', and 'Member / Case Look Up' (circled in red). The main content area is titled 'PATIENT & CASE LOOKUP' and contains a 'Patient Lookup' form. The form has fields for 'Insurer*', 'Date of Birth*', 'Member ID', 'First Name', and 'Last Name', along with 'Reset' and 'Search' buttons. A red callout box on the right contains the text: 'Urgent cases: • You will not be able to indicate that a case is urgent via the portal. • Call EviCore to initiate an urgent request.' Three green callout boxes provide instructions: 1. 'Choose the appropriate Health plan' (pointing to the Insurer field), 2. 'To conduct a Patient Lookup, enter the Member ID or First Name, Last Name, and Date of Birth for the result to be returned.' (pointing to the Member ID, First Name, and Last Name fields), and 3. 'Click the SEARCH button' (pointing to the Search button). A 'Feedback' button is visible on the right side of the page.

Create a Case

Once you choose your member, the member's name and demographics will be listed with the insurance effective dates. Click the **Create Case** button.

EviCore
By EVERNORTH

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care Unified Dashboard

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:*
Date of Birth:* 12/16/1955
Member ID: 1122334402
First Name:
Last Name:
Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

Patient Search Result(s)

Patient Name	Date Of Birth	Gender	Address	Plan Code	Insurance Effective Date	Insurance Term Date
TEST T MEMBER	12/16/1955	M	123 EVICORE WAY	41H	01/01/2023	09/09/9999

Patient Detail Information

Member ID: 1122334402 Gender: M Plan Code: 41H
Name: TEST T MEMBER Address: 123 EVICORE WAY, FRANKLIN, TN, 37000 Insurance Effective Date: 01/01/2023
Date of Birth: 12/16/1955 Insurer: Insurance Term Date: 09/09/9999

Create Case

Patient History - 2 Records found

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
198211	INPT REHAB	AINR267609001	6/20/2025	DENIED	6/22/2025	06/22/2025	I10	10
198009	SNF	ASNf267382001	5/1/2025	DENIED	5/7/2025	05/07/2025	S92.152S	10

Clear Filters Refresh Data

1 - 2 of 2 Items

If there are cases associated with the patient, the cases will populate once the patient is selected. Double-click on a case ID in the **Patient History** to open that case

Feedback

Create a Case – Enter Service Details

1. Choose a **Service Category** from the **drop-down box**, such as Skilled Nursing Facility or Inpatient Rehab Facility.
2. Enter the **ICD10 Code**. If you do not know the ICD10 code, type the name of the diagnosis, and a list with a corresponding ICD10 code will populate.
3. Enter the **PAC Start of Care Date and Expected Acute Care (or Hospital) Discharge Date**. Review the information again to make sure that you have completed all of the service details correctly. To save the service details, click the **"Save & Next"** button

EviCore
By EVERNORTH

MCNET Online Chat Logout

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care **Unified Dashboard**

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

SERVICE DETAILS

Member Insurer: Member ID: 1122334402 Health Plan/Program: 41H
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Gender: MALE

Service Selection

Service Category

Select Category:* Skilled Nursing Facility **1**

Code	Description	Bill Code	Rev Code
SNF	Skilled Nursing Facility		190

ICD10 Code

ICD10 Code Unknown **2**

Search:

Code	Description
S92.152B	Displaced avulsion fracture (chip fracture) of left talus, initial encounter for open fracture

Service Dates

Start Date of Care:* 10/24/2025 **3** Expected Acute Discharge Date:* 10/24/2025

Save & Next

Feedback

Create a Case – Ordering Physician

1. Enter the **Ordering Physician** details. If you do not know the NPI number, start typing the provider name, and the corresponding NPI number will auto-populate and allow you to select the correct provider. To save the provider details, click the **"Save & Next"** button

EviCore
By EVERNORTH

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care Unified Dashboard

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:
Date of Birth:
Member ID:
First Name:
Last Name:

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup
 Case ID Auth Number

SERVICE DETAILS

Member Insurer: Member ID: 1122334402 Health Plan/Program: 41H
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Gender: MALE

Service Selection Service Category: Skilled Nursing Facility ICD10 Code: S92.152B
Start Date of Care: 10/24/2025 Expected Acute Discharge Date: 10/24/2025

Ordering Physician

Search: 1

NPI	Physician Name
1477736684	TEST (

Note: If ordering physician is not found, discontinue entry and call EviCore.

Create a Case – Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, start typing the provider's name, and the corresponding NPI number will auto-populate and allow you to select the correct provider. To save the provider details, click the **"Save & Next"** button

EviCore
By EVERNORTH

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care Unified Dashboard

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

SERVICE DETAILS

Member
Insurer: Member ID: 1122334402 Health Plan/Program: 41H
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Gender: MALE

Service Selection
Service Category: Skilled Nursing Facility ICD10 Code: S92.152B
Start Date of Care: 10/24/2025 Expected Acute Discharge Date: 10/24/2025

Ordering Physician
Physician Name: TEST ONE DUMMY
NPI: 1477736684

Provider Information

Requesting Provider

Search: 1

Select Facility Type: Hospital

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
HOSPITAL AND MEDICAL FOUNDATION	721 E COURT ST	00330446260004	370860281	1629280367		

Phone: 999-999-9999 2 Fax: 888-888-8888 3

Servicing Provider

Search:

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
TEST F	691 EXECUTIVE DR	01264613990001	861802843	1750036216	7084766576	

Save & Next

Create a Case – Verify Details

The next screen will show all details related to the service line. This will allow you to review and edit by clicking the “pencil” icon. Click the **Save Service** button to move forward.

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By EVERNORTH

MCNET Online Chat Logout

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care **Unified Dashboard**

Announcements Home **Member / Case Look Up**

PATIENT & CASE LOOKUP

SERVICE DETAILS

Patient Lookup

Insurer:*
Date of Birth:*
Member ID:
or
First Name:
Last Name:

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Member Insurer: Member ID: 1122334402 Health Plan/Program: 41H
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Gender: MALE

Service Selection Service Category : Skilled Nursing Facility ICD10 Code : S92.152B
Start Date of Care : 10/24/2025 Expected Acute Discharge Date : 10/24/2025

Ordering Physician Physician Name : TEST
NPI : 1477736684

Provider Information Requesting Provider Name : HOSPITAL AND MEDICAL FOUNDATION
Servicing Provider Name : TEST

Create a Case – Upload Clinicals

Attach the required clinical documents. Here you will be able to enter additional notes by typing in the **Clinical Notes text box**.

The screenshot shows the EviCore web application interface. At the top left is the EviCore logo with 'By EVERNORTH' below it. The top right contains navigation icons for MCNET, Online Chat, a settings gear, and a Logout button. A teal navigation bar includes links for Announcements, Home, Search/Start Case, Claim Search, CareCore National Portal, Post Acute Care, and Unified Dashboard. Below this is a secondary teal bar with Announcements, Home, and Member / Case Look Up. The main content area is titled 'PATIENT & CASE LOOKUP' and is divided into two columns. The left column contains 'Patient Lookup' and 'Case/Auth Lookup' sections. The 'Patient Lookup' section has fields for Insurer, Date of Birth, Member ID, First Name, and Last Name, with 'Reset' and 'Search' buttons. The 'Case/Auth Lookup' section has radio buttons for 'Case ID' and 'Auth Number' and a 'Search' button. The right column is titled 'CASE DETAIL' and shows member information: Insurer, Member ID (1122334402), Health Plan/Program (41H), First Name (TEST), Last Name (MEMBER), Date of Birth (12/16/1955), and Gender (MALE). Below this is a 'Services' section showing 'Total Services: 1' and a table with columns for Action, Referral ID, Service Requested, Auth Number, Submit Date, Decision Status, Start of Care Date, Authorization End Date, ICD Codes, and ICD Version. The table contains one row with 'Edit' in the Action column, '0' in Referral ID, 'INPT REHAB' in Service Requested, and '10/21/2025' in both Submit Date and Start of Care Date. Below the table is a 'Notes & Attachments' section. The 'Attachments' subsection has a warning message and a 'File Name' input field with a 'Browse' button. A red box highlights the text 'Attach the required clinical documents.' over the file name field. The 'Clinical Notes' subsection has a 'Note Text' input field. A red box highlights the text 'Use this clinical notes text box for clinical information ONLY– e.g. anything that is extenuating or important to the determination. Please do NOT copy and paste information here. All clinical notes should be attached instead.' over the note text field. At the bottom right of the main content area is a 'Submit' button, which is circled in red.

Create a Case – Submit Case

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to EviCore for review and authorization determination.

The screenshot shows the EviCore 'Submit Case' interface. The top navigation bar includes 'EviCore By EVERNORTH' and links for 'Announcements', 'Home', 'Search/Start Case', 'Claim Search', 'CareCore National Portal', and 'Post Acute Care'. The main content area is titled 'CASE DETAIL' and displays member information: Insurer, Member ID (1122334402), Health Plan/Program (41H), First Name (TEST), Last Name (MEMBER), Date of Birth (12/16/1955), and Gender (MALE). Below this is a table of services with one entry: SNF, submitted on 10/20/2025, with a decision status of 'Not Provided'. A 'Notes & Attachments' section is visible, with a warning to review attachments and a list of two checkboxes for acknowledgment. The first checkbox is checked and circled in red. The second checkbox is also checked and circled in red. Below the checkboxes are 'Print', 'Cancel', and 'Submit Case' buttons, with 'Submit Case' circled in red. A success message pop-up is shown in the bottom left, stating 'Case submitted successfully.' with an 'OK' button circled in red.

Member Information:
Insurer: [Redacted] Member ID: 1122334402 Health Plan/Program: 41H
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Gender: MALE

Services: Total Services: 1

Action	Referral ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Version
Edit	0	SNF		10/20/2025		10/24/2025	Not Provided	S92.152B	10

Notes & Attachments:
Warning: Please be sure and review that the attachments or notes are complete.
Please upload the following applicable documentation: eviCore prior authorization, Medication list, Notes

Attachments:
File Name: PA Form.pdf

Acknowledgment:
 I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinically urgency is defined by the following:
1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to sever pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
 I also further 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.

Please ensure that both fields have been checked as you will not be able to proceed to the clinical collection (pathway) process.

Buttons: Print, Cancel, Submit Case

Success Message: Case submitted successfully. OK

Searching a Submitted Request

Search Case Status – Option 1

Once a request has been submitted, the member will show up on the user's HOME tab. If you have recently submitted a case, it is important to choose **“Refresh Data”** for both pending and recently submitted cases. To review case details, double-click on the case.

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Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care Unified Dashboard

Announcements Home Member / Case Look Up

**Cases in RED font require Provider action

Pending Cases for the last 7 days

- Save case information and complete case later.
- Submit additional clinical to a pending case after submission.

REFRESH OFTEN

Refresh Data

Recently Submitted Cases

Start Date : 07/22/2025 End Date : 10/20/2025

Refresh Data Only My Portal Cases

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
	198764		TEST MEMBER	12/16/1955	SNF		TEST	ACTIVE		10/24/2025	

To review case details, double-click on the case.

“Recently Submitted Cases” section:

- Active – Actively working the case and no decision has been made
- Authorized – Authorization is complete and approved. If the case is marked in RED, additional clinical is needed for concurrent review
- Denied – Request has been denied
- Pending – eviCore requires additional review

Checking this box will only show cases submitted through the portal by the user. To see all cases for a facility(s), uncheck

Search Case – Case Lookup – Active

When you open the case, you will see additional Authorization details and Decision Status. Make a note of the Case ID, authorization number if applicable, authorization expiration date, and total quantity approved. Decision letters are posted under the “Additional Documents” tab.

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MCNET Online Chat Logout

Announcements Home Search/Start Case Claim Search CareCore National Portal Post Acute Care Unified Dashboard

Announcements Home Member / Case Look Up Case Summary - Not Provided

CASE SUMMARY

Case/Authorization

Case ID: 198764	Authorization Number: Not Provided	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 190	Start of Care Date: 10/24/2025	Authorization Expiration Date: Not Provided	Total Quantity: Not Provided
Decision Date: Not Provided	Decision Status: ACTIVE	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: 10/24/2025
Ordering Physician: TEST ONE DUMMY			
Denial Rationale: N/A			

Patient	Requesting Provider	Servicing Provider
First Name: TEST Last Name: MEMBER Date of Birth: 12/16/1955 Address: 123 EVICORE WAY , FRANKLIN, TN, 37000 Phone: 1112223333 Member Plan ID: 1122334402	Name: HOSPITAL AND MEDICAL FOUNDATION Address: 721 E COURT ST PARIS IL 61944 Phone : 999-999-9999 Fax : 888-888-8888 Tax ID: 370860281	Name: TEST FOR VIRUS INC Address: 691 EXECUTIVE DR , WILLOWBROOK, IL, 60527 Phone: Not Provided Fax: Not Provided Tax ID: 861802843 NPI: 1750036216

ICD Codes

ICD Code:	S92.152B
ICD Code Version:	10

Additional Documents

File Name
PA Form.pdf

Search Case Status – Option 2

To search a case for PAC authorization. On the Post Acute Care tab, you will start with **Member/Case Look Up**.

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Announcements Home **Search / Post Case** Claim Search CareCore National Portal **Post Acute Care** Unified Dashboard

Announcements Home **Member / Case Look Up**

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

Insurer:* Date of Birth:*

Member ID:

or

First Name: Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

198764 Search

Choose the appropriate Health plan

Member ID: 1122334402 Health Plan/Program: 41H
Date of Birth: 12/16/1955 Gender: MALE

Action	Referral ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
	198764	SNF	Not Provided	10/20/2025	ACTIVE	10/24/2025	Not Provided	S92.152B	10

1 - 1 of 1 items

To conduct a **Patient Lookup**, enter the *Date of Birth*, the *Member ID* or *First Name/Last Name*, and select "Search" for the result to be returned.

OR, choose the appropriate Health Plan, enter the case number, and press search. Once the case populates, double click on the case to view status.

File Name
PA F
Browse

Clinic
Note Text
Save

Concurrent Review Process

Required Information for Date Extensions (PAC Concurrent Review Requests)

Extension Details

- Servicing Provider name and NPI
- Patient demographics
- Servicing Provider contact person name, phone and fax number

Clinical Information

- Current admission ICD-10 code
- Clinical progress notes
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility & Functional Status

- Prior and current level of function
- Focused therapy goals: PT/OT/ST
- Therapy progress notes, including level of participation
- Discharge plans (include discharge barriers, if applicable)

Important: SNFs should submit clinical for extension (PAC concurrent review) precertification requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. Only updated information since the last review needs to be submitted. The Servicing Provider is responsible for issuing the NOMNC to the customer to review, sign and return to EviCore by Evernorth.

Concurrent Review Process

Return to the Home screen. Under “Recently Submitted Cases”, locate the patient whom you would like to upload clinicals. Select the “Upload” link, attach the clinical record, select “Open”, and the file will be uploaded to the patient’s EviCore chart in real time.

The screenshot displays the EviCore portal interface. At the top, the EviCore logo and navigation menu are visible. The main content area shows a table of cases under the heading "Recently Submitted Cases". A red star icon highlights a note: "Cases in RED font require Provider action".

Two red-bordered boxes highlight specific elements:

- The first box contains the text: "Warning message if attachment is too large. Limit of 5MB/5000KB". Below this, a message from "myevicoreportalqa.us.medsolutions.com" states: "Attachment size exceeds the allowable limit of 5MB". An "OK" button is visible at the bottom right of this message.
- The second box contains the text: "myevicoreportalstg.us.medsolutions.com says File Uploaded Successfully". An "OK" button is visible at the bottom right of this message.

An inset window shows a file explorer with a file named "EVI CORE TEST PATIENT CLINICAL DOCUMENTS 0318" selected. The "Open" button at the bottom right of the file explorer is circled in red.

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	ServiceType	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date
Upload	294224										03/21/2025
Upload	294354										03/24/2025
Upload	294409										03/28/2025
Upload	294467										03/31/2025
Upload	293704										03/05/2025

Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

- Standard requests are processed within 48 hours **after** receipt of all necessary clinical information
- Authorization letters are faxed to the Requesting Provider for initial requests and Servicing Provider for extension requests
- Patients receive an authorization letter by mail
- Initial precertification's are **valid for 7 calendar days** to help acute providers (hospitals) with discharge planning and to enable them to request authorization prior to the expected acute discharge date

Number of precertified days are provided by PAC service type as follows:

Precertification	Skilled Nursing Facility	Inpatient Rehab Facility
Initial	Five (5) calendar days	Five (5) calendar days



Determination Outcomes: Unable to Approve/Alternate Recommendation

Unable to approve (pending additional review)

- When a request does not meet criteria during nurse review, it goes to second level review by an MD.
- If the MD is unable to approve the request based on the information provided, notification is made to the Requesting Provider.
- The Requesting Provider is given the option to either send additional information to support medical necessity or schedule a clinical consultation (peer-to-peer).
- ***Important:** If this option is not utilized by the Requesting Provider within one business day, an adverse determination is made, and the request is denied.

Alternate Recommendation

- The MD may also offer an alternate recommendation. The Requesting Provider can accept or reject the alternate recommendation or schedule a clinical consultation.
- The Requesting Provider has up to 24 hours to accept the alternate recommendation.
- If accepted, the initial requested service will be denied, and the alternate recommendation will be approved.



Clinical Consultation Requests (Peer-to-Peer)

Unable to approve (pending additional review)

- If EviCore is unable to approve a request with the provided information, a clinical consultation is offered with the Ordering Physician and an EviCore Medical Director
- Clinical consultations, after an Unable to Approve decision has been made, may result in either a reversal of decision to deny or an uphold of the original decision
- A clinical consultation may be requested by calling EviCore. **Medical Directors are available for Clinical Consultations 365 days a year.**



Adverse determination

- For adverse determinations, or final denials, providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.
- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.

Precertification Outcomes - Adverse Determination



- 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 instances, a denial letter with the rationale for the decision and appeal rights will be issued by EviCore to the Ordering Physician, Requesting Provider and patient
- Adverse determination letters can be printed on demand from the EviCore by Evernorth portal

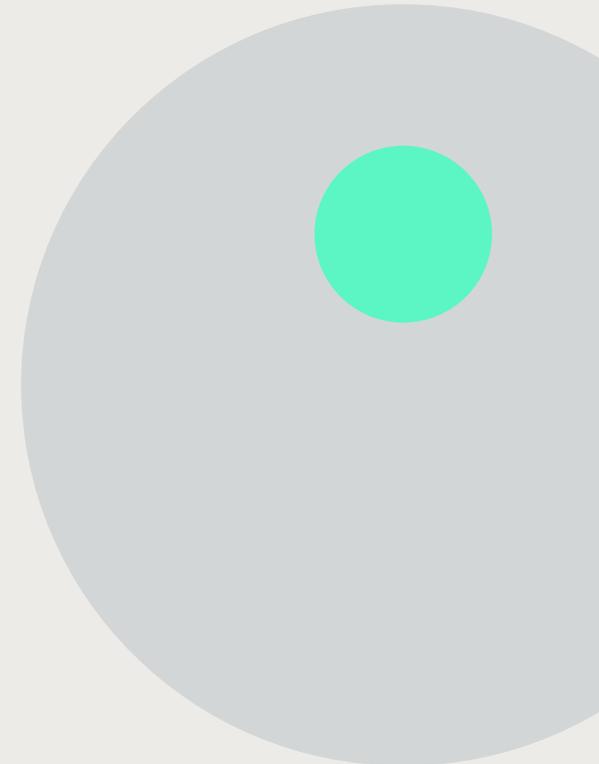
Special Circumstances

Urgent precertification requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer.
- Urgent requests can be initiated by phone (recommended) or fax and will be reviewed within 72 hours.

Retrospective requests

- Retrospective reviews are not allowed, except for special circumstances. Please contact Aetna directly for consideration.



Post-Decision Options: Appeals Process

Appeals Process

- Aetna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations
- The timeframe to submit an appeal request will be outlined on the determination letter *
- 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
- Providers with appeal questions may call the number indicated on the customer's ID card
- The appeal determination will be communicated by Aetna to the ordering provider and customer
- Appeal turnaround times:
 - Expedited - 72 hours
 - Standard provider - 30 days

** May vary by plan and/or state regulations*

Transitional Care Program Overview

Transitional Care Program

Transition of Care Program (TOC) Overview

TOC will manage Aetna plan member through the Post-acute care continuum to ensure oversight aimed at successful recovery at home, and to reduce the risk of readmissions. Upon discharge from a PAC facility or HH services, or whether a community referral, post-ED visit, or Observation stay, The TOC program will follow patients for a period of 90 days. The frequency of patient contact is based on a scheduled call cadence and is further personalized based on a member's individual needs and nursing clinical judgment.

Service provided

Comprehensive health risk assessments to understand a members care coordination needs, risk factors, and any gaps in care following discharge.

- Medication reconciliation, adherence, and education.
- Data capture for Transition of Care HEDIS /STAR measure requirements: falls/pain/functional status/medication reconciliation
- Review of discharge summary to support continuation of care across settings
- Disease education, including self-management
- Assistance with MD appointment scheduling and follow-up
- SDoH assessment to support members with socioeconomic needs including caregiver issues, financial, housing, and food poverty. We also provide community resource information
- Care coordination for additional services that may be needed to support recovery, ex: DME, continued case management
- Access to a clinician to answer questions or concerns that may arise during the program duration
- Care summaries provided to PCPs and health plans to support transition, including referrals for ongoing services

Differentiators

- End-to-end management from post-acute care through the recovery period as patients adapt to their “new normal” and sustain recovery
- Unique position at the intersection of utilization management, network management, and home
- Ability to support at scale, can manage an entire population and/or serve high vs. low-risk members as directed by health plans
- Partnership with health plan as requested: case conferences, referral for continued case management.
- Reduce readmissions and ED visits, fulfillment of HEDIS and CMS Star Measures requirements

EviCore

By EVERNORTH

Provider Resources

Contact EviCore's Dedicated Teams



PAC Ops Support

Email: PAC_OpsSupportTeam@evicore.com (preferred)

Phone: **888.622.7329**

Common items to send include:

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during web creation

Provider Engagement

You can contact your Provider Engagement Representative by visiting the [Provider's Hub](#) and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center/Intake Center

Call **888.622.7329**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

To access Health Plan Specific provider resources, visit

[Aetna Provider Resources | EviCore by Evernorth](#)

- + Frequently asked questions
- + Quick reference guides
- + Provider training materials
- + CPT code list



Access Aetna's provider resources at:

Providers should verify member eligibility and benefits on the secured provider log in section on the provider portal located at <https://www.aetna.com/health-care-professionals/availability.html> or by calling Aetna at 800.624.0756.

Electronic Medical Records Access

EMR Access allows EviCore to adjudicate decisions timelier and help mitigate the risk of inappropriate decisions.



Full clinical notes can be obtained through the EMR access, which helps mitigate the risk of inappropriate decisions from being made, and ensures patients are at the appropriate level of care



More efficient and effective processes due to streamlined case management



Decrease in the administrative burden on your facility

Decrease fax time

Decrease computer time

Decrease phone time

Please reach out to the PAC Provider Engagement Manager in your region for more information and to get started.

[PAC Provider Relations](#)

EviCore Provider Portal Support

**For EviCore portal account questions -
contact a Portal Support Specialist**



Call: 800.646.0418 (option 2)



Email: portal.support@EviCore.com

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

Thank You