Post-Acute Care Utilization Management Program for Aetna Members

New Jersey, New York, Pennsylvania & West Virginia

EviCore By EVERNORTH

aetna℠

Agenda

- Company Overview
- Post-Acute Care Program Overview
- Provider Portal & Registration
- Submitting Precertification Request
- Searching a Submitted Request
- Concurrent Review Process
- Precertification Outcomes & Special Considerations
- Transitional Care Program Overview
- Provider Resources
- Q&A

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EviCore Company Overview

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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

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Post-Acute Care Program Overview

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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 Virgina. This excludes NJ FIDE.

Precertification applies to the following services:
• Skilled nursing facilities (SNF) • Inpatient rehabilitation facilities (IRF)

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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

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EviCore Provider Portal

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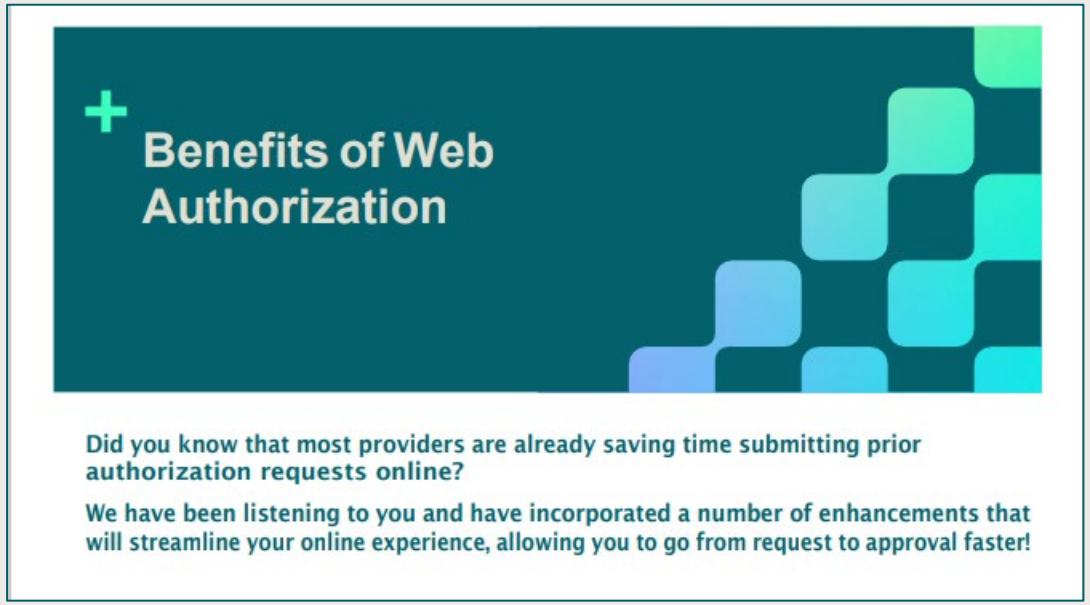
Benefits of Web Authorizations



1. **Save time!**
   Web authorization requests take 3 minutes on average to create.
   Phone authorization requests take 12 minutes on average to create.
2. **24/7 access!**
   You can access the web authorization service at anytime, 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 uploads, check member eligibility, upload additional clinical information for initial reviews and extension reviews, view bed level and more!

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

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EviCore Portal Registration

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EviCore Provider Portal | Access and Compatibility

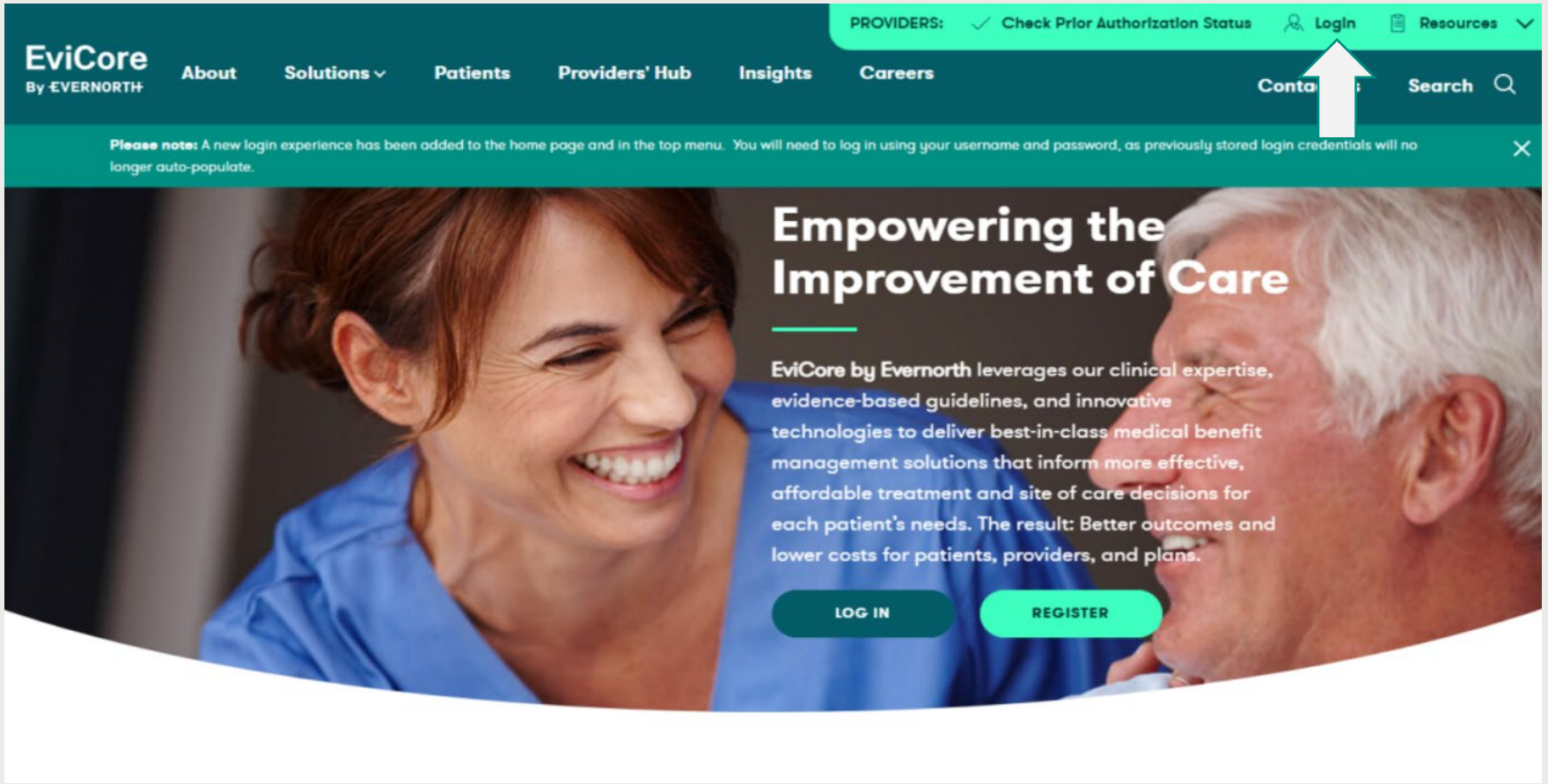
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ 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.

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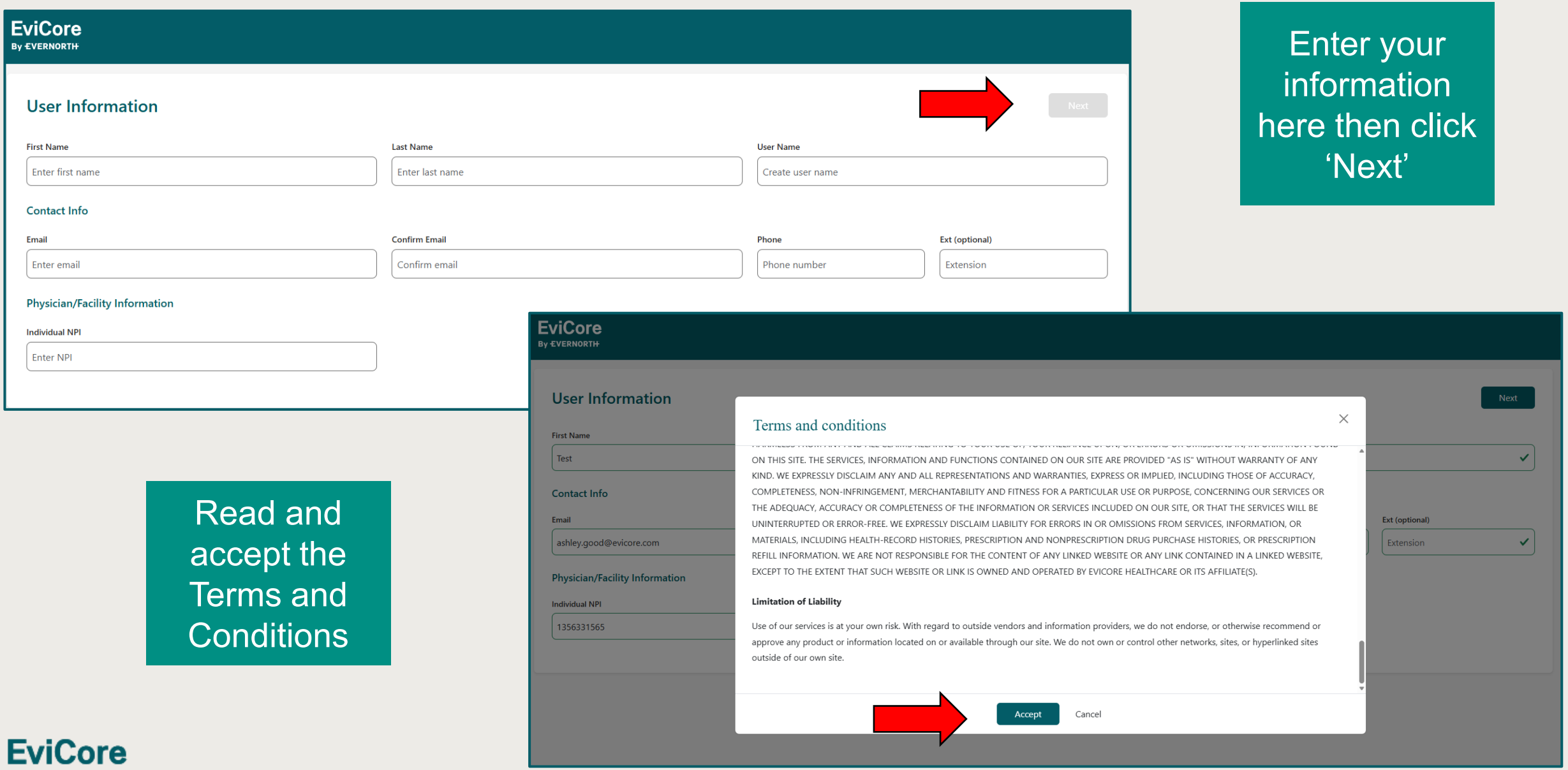
Portal Registration



Enter your information here then click 'Next'

Read and accept the Terms and Conditions

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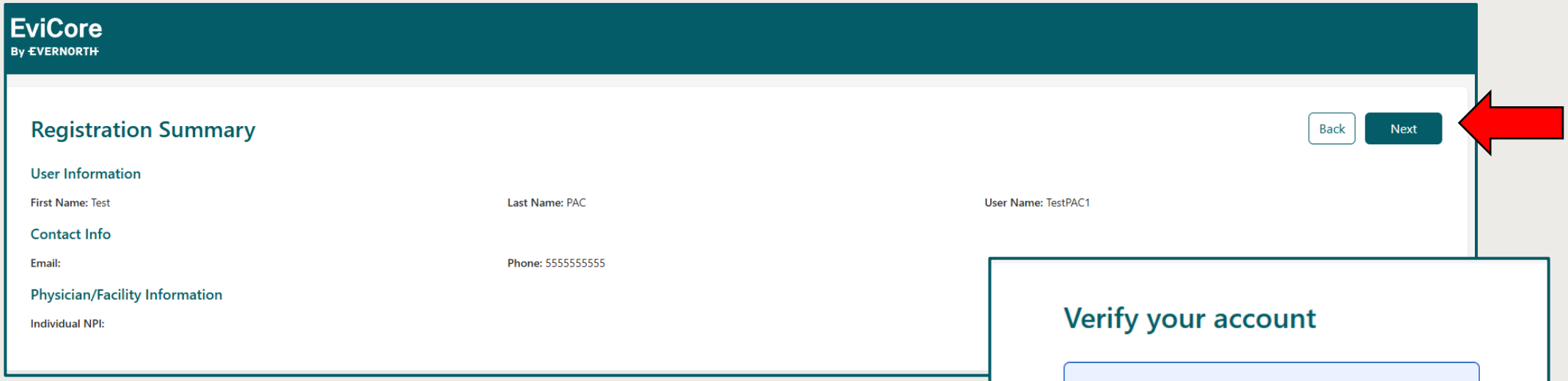
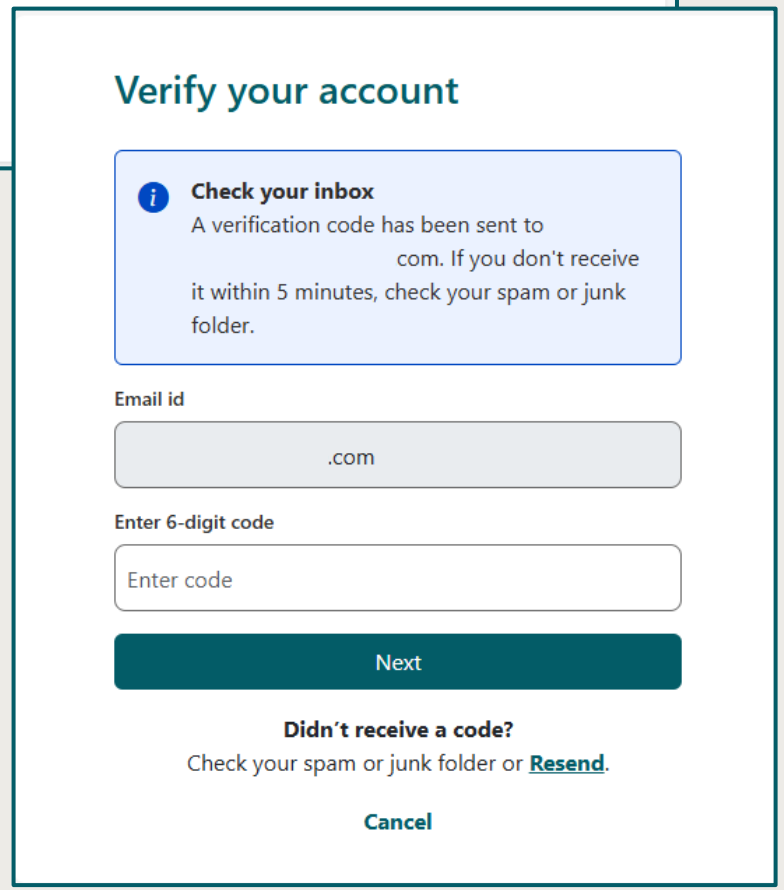
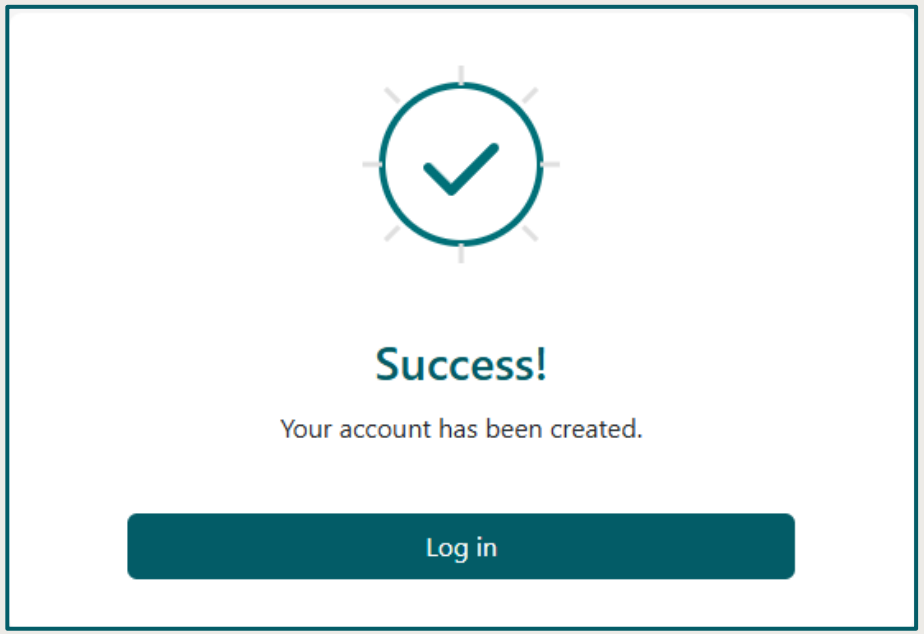
Portal Registration Continued



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’



User Registration Successful

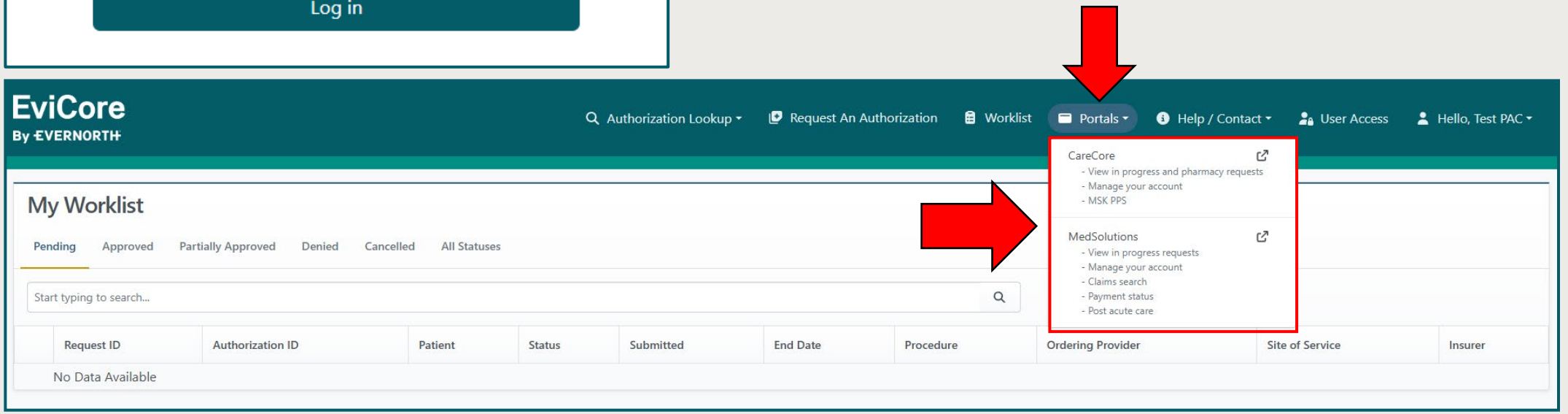


Create a Password

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



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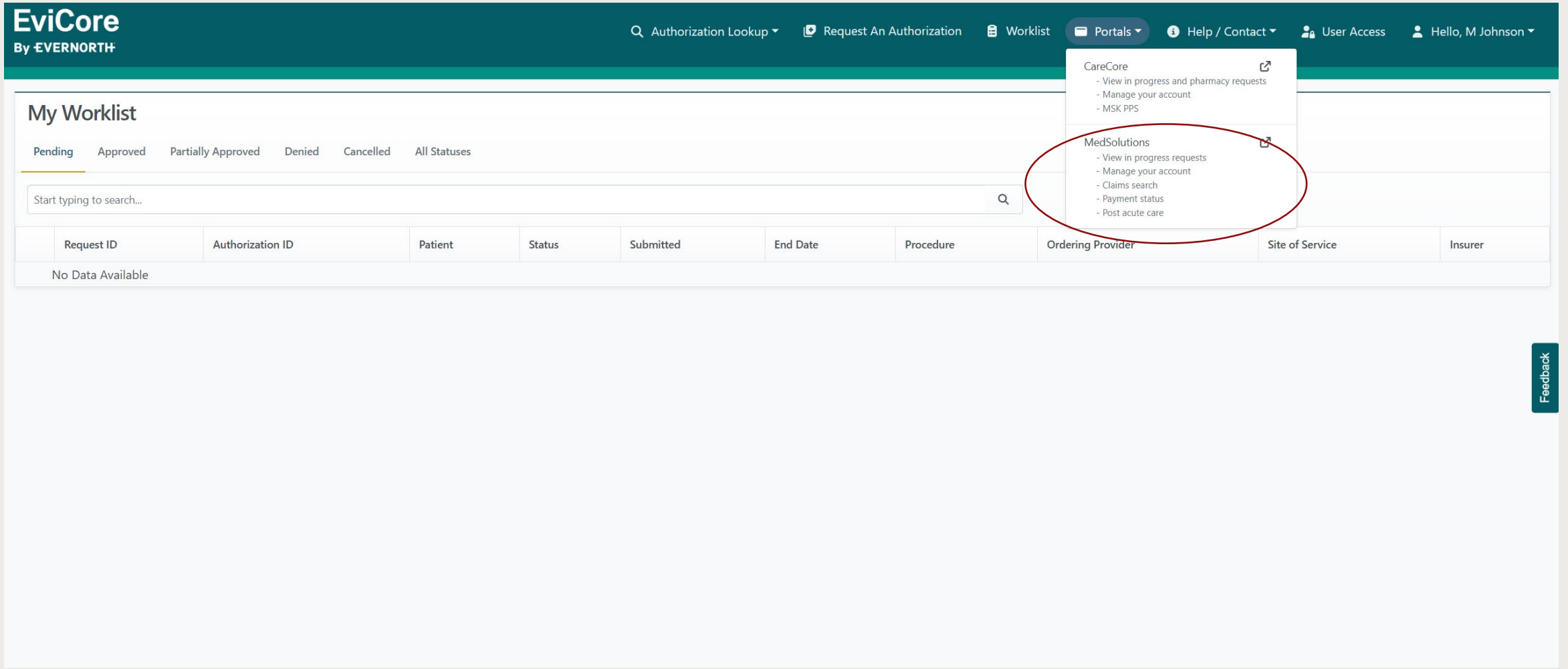
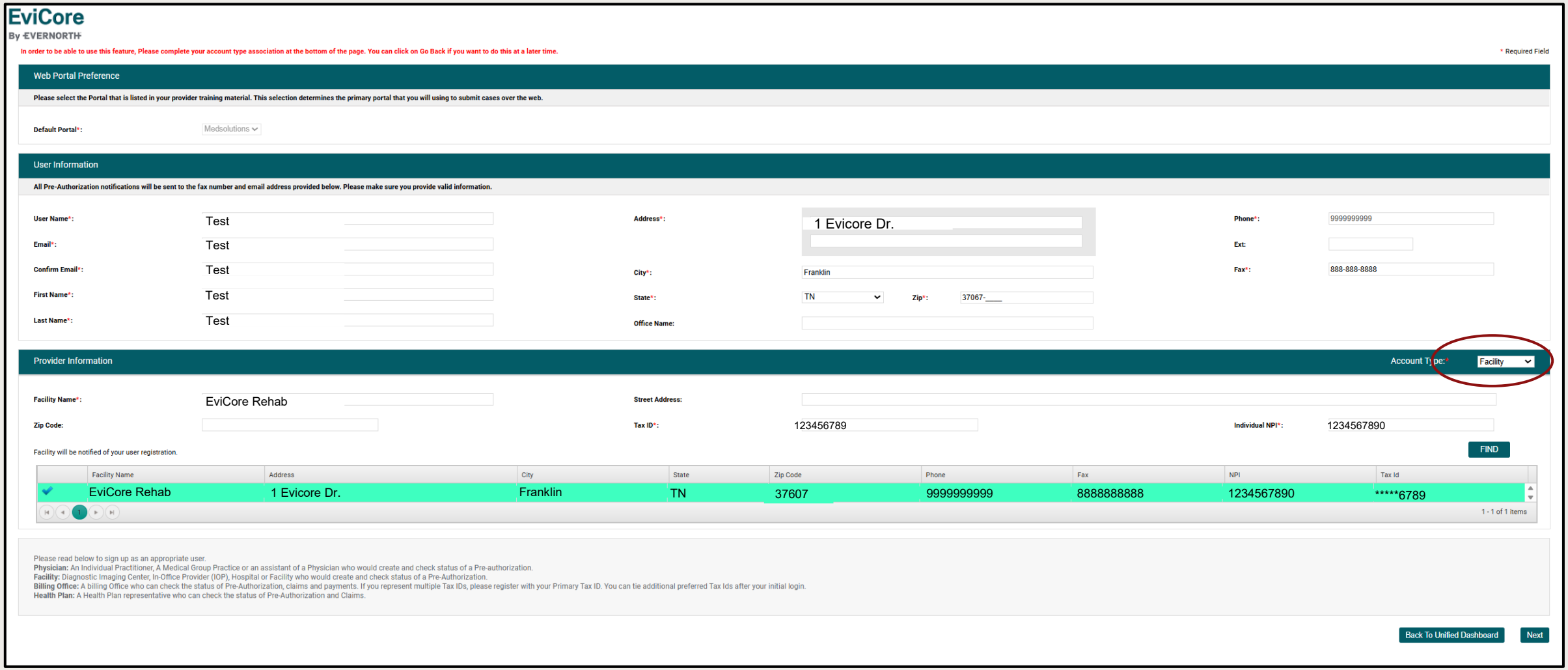
PAC Authorization – Landing Page

Under Portals, select MedSolutions



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”



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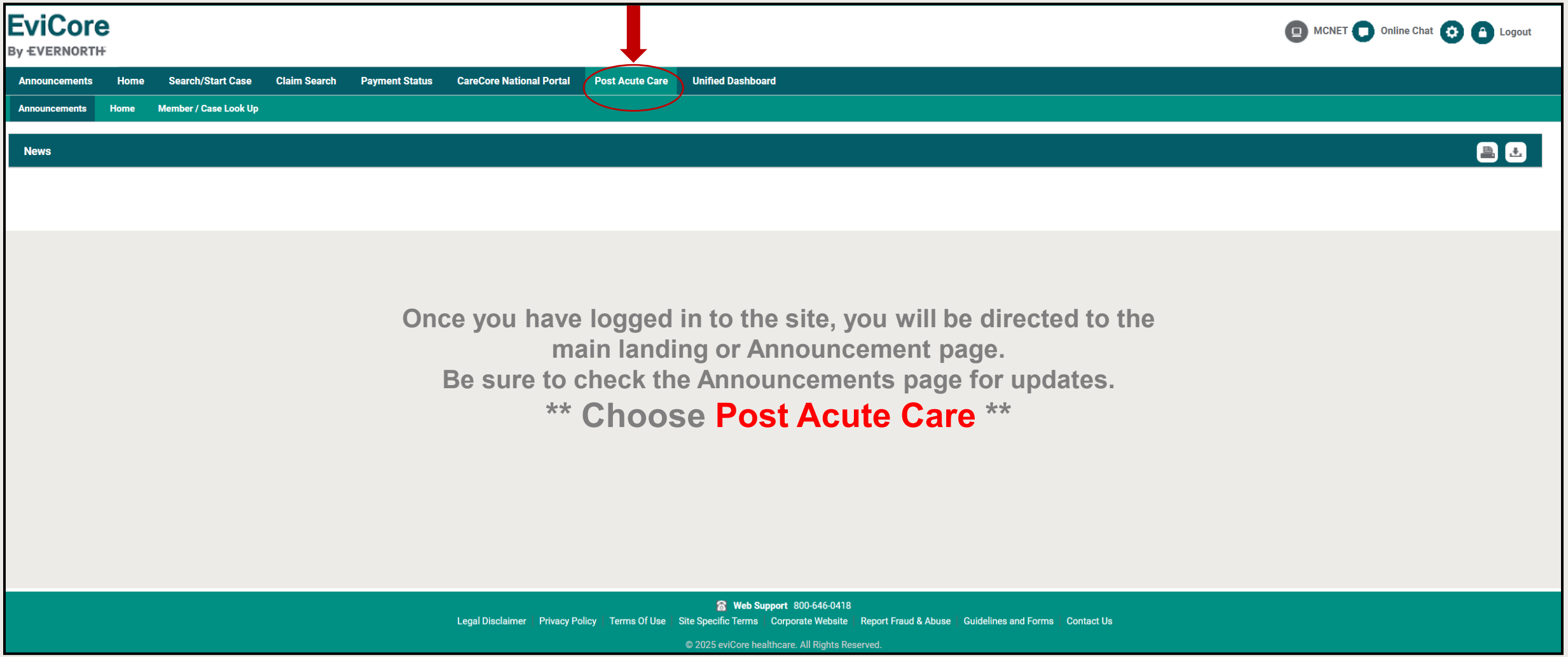
Announcements



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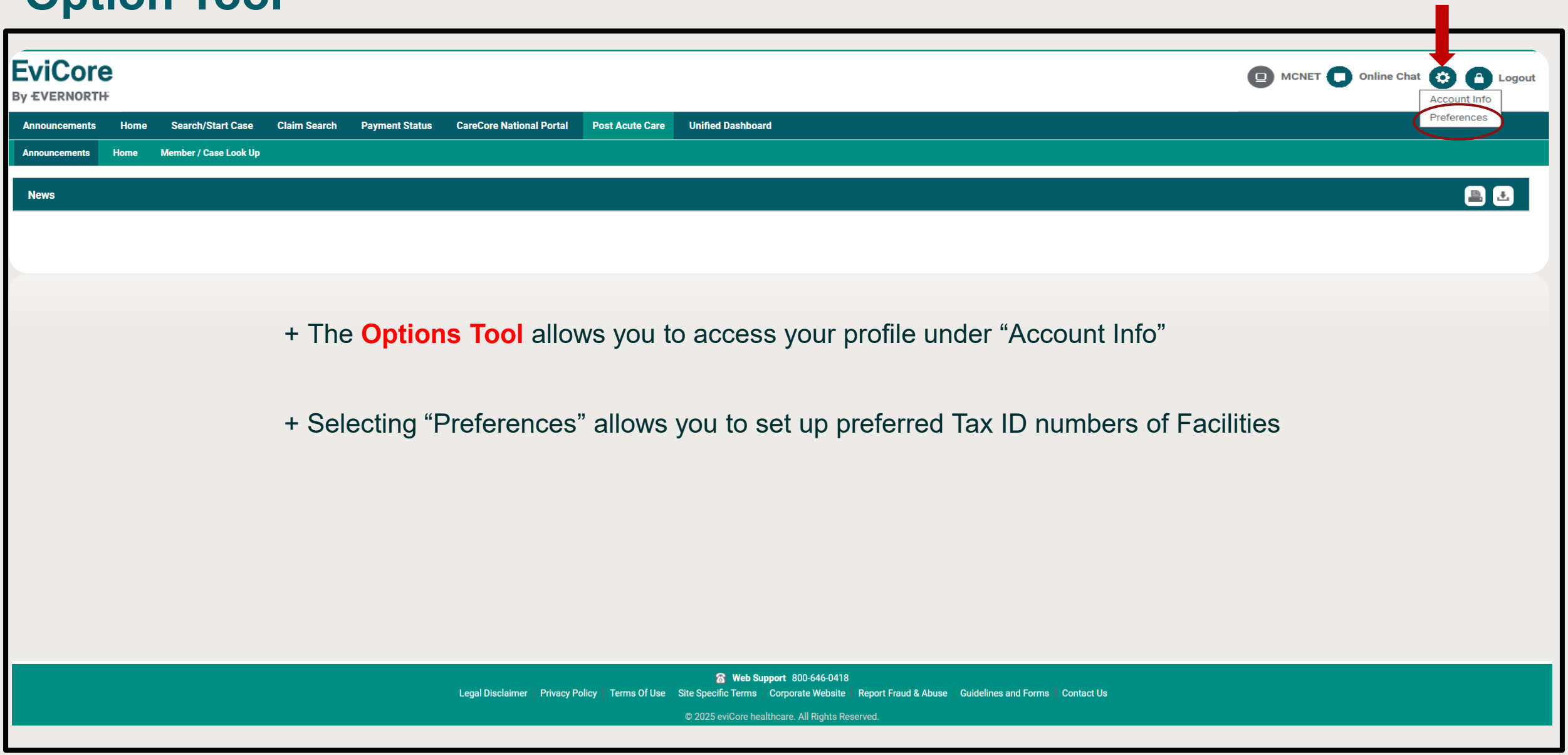
Option Tool



+ The **Options Tool** allows you to access your profile under “Account Info”

+ Selecting “Preferences” allows you to set up preferred Tax ID numbers of Facilities

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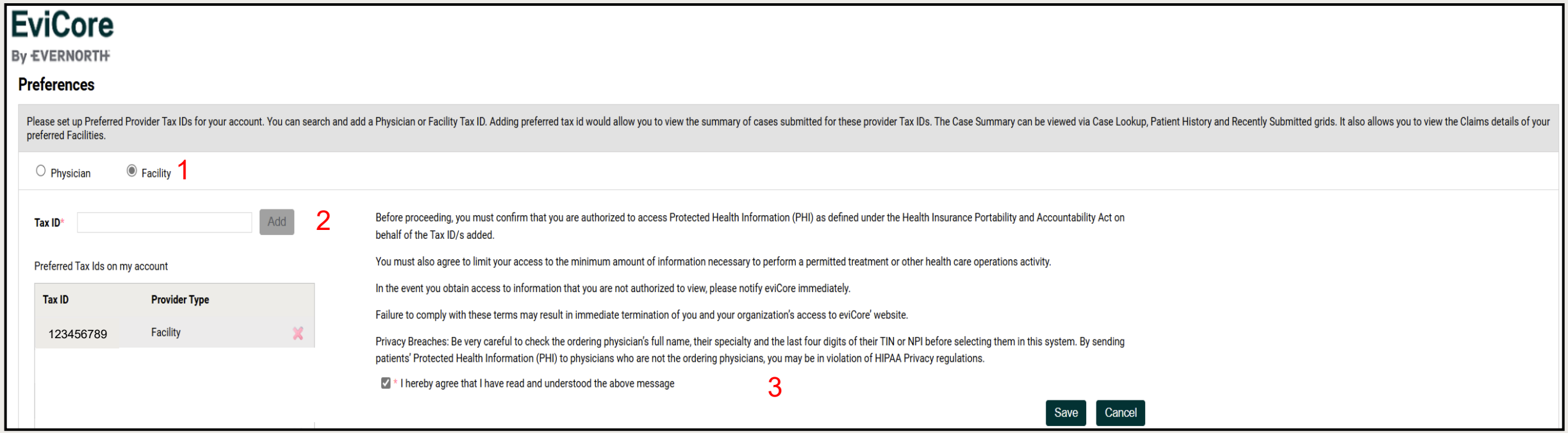
Option Tool - Preferences



+ 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. Click “Add”
3. Confirm you are authorized to access PHI by clicking the check box and hit Save.

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Submitting Precertification Requests

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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 Option 6 for PAC
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

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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.

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Initial Case Creation

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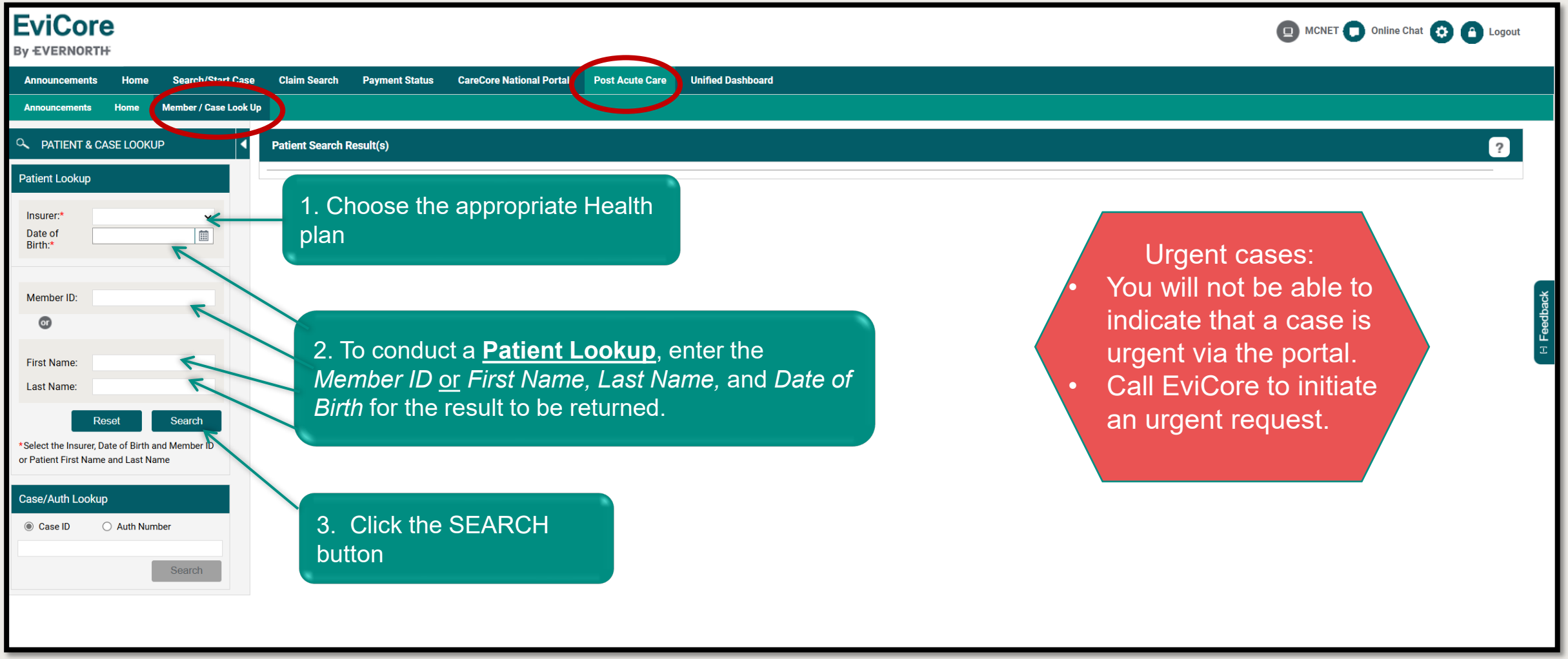
Initiate Case Process

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



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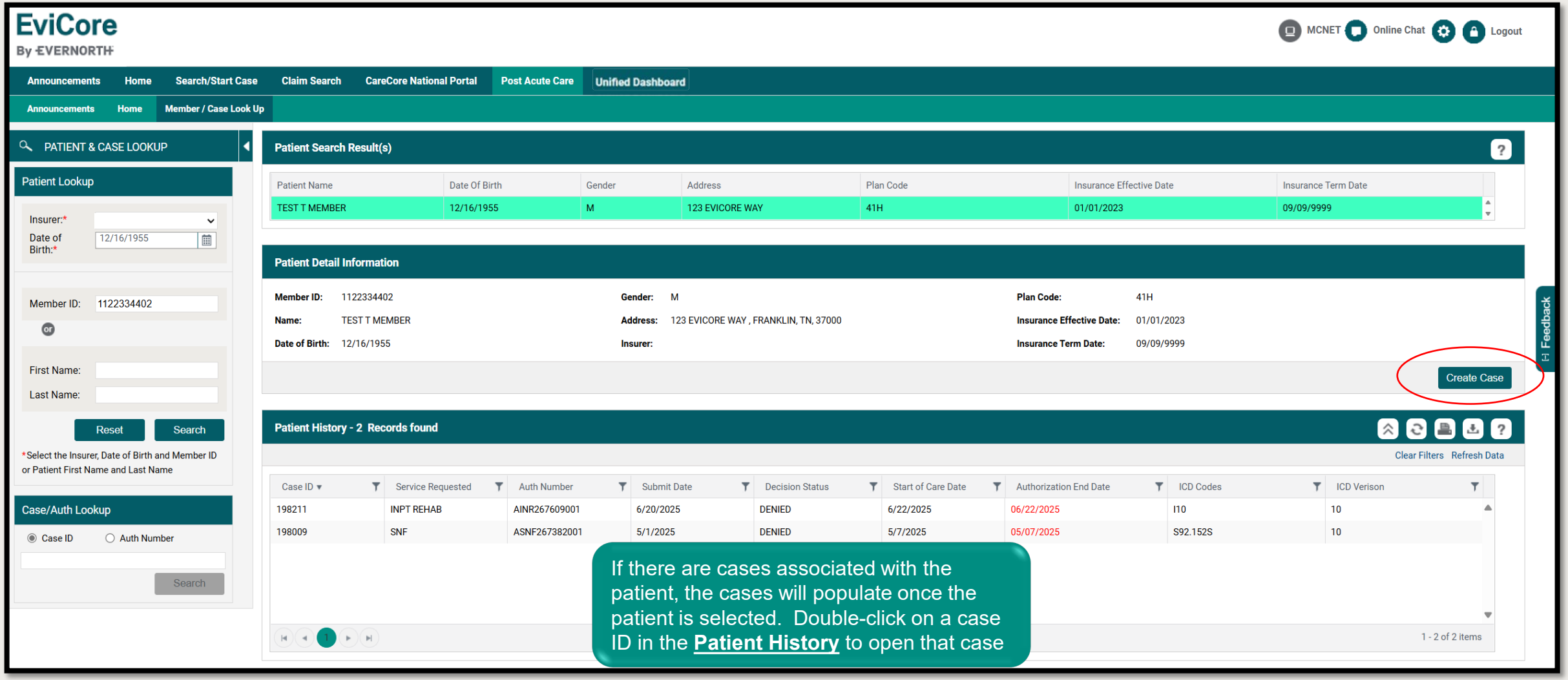
Create a Case

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



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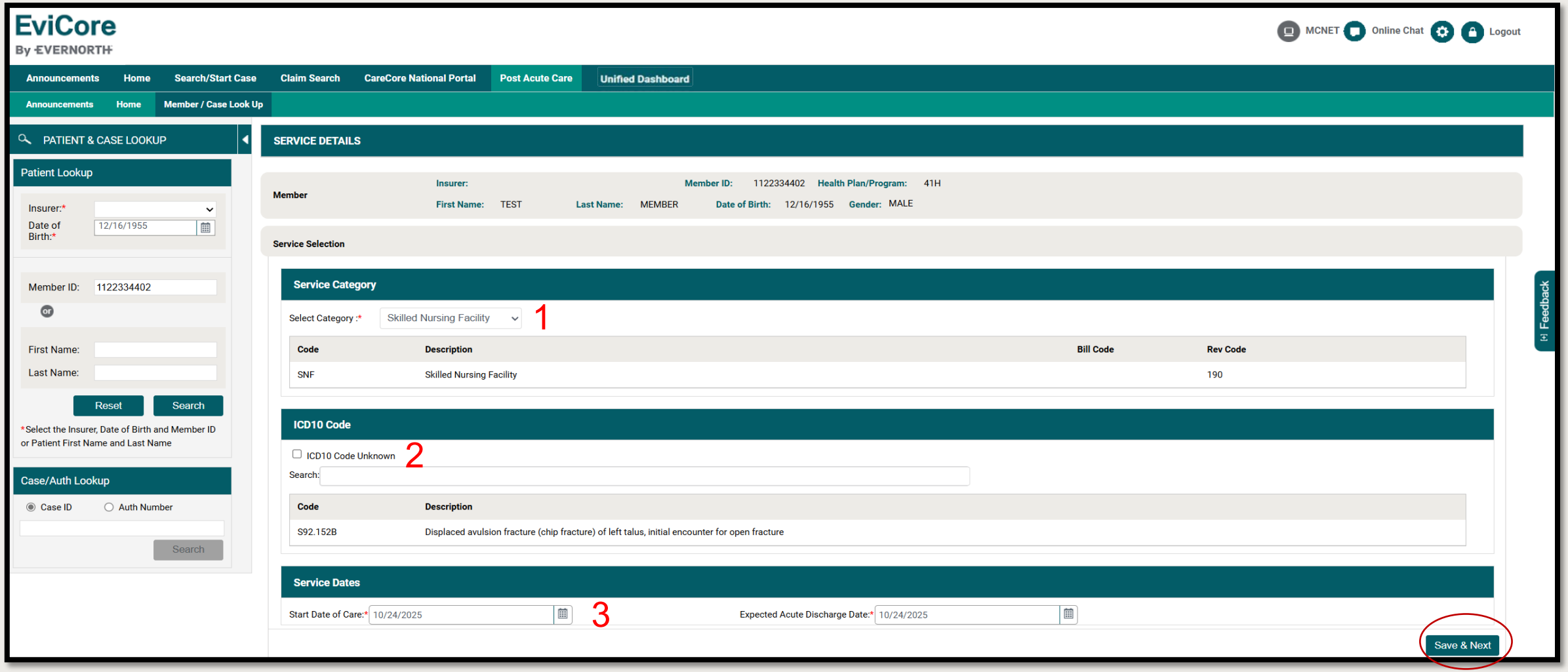
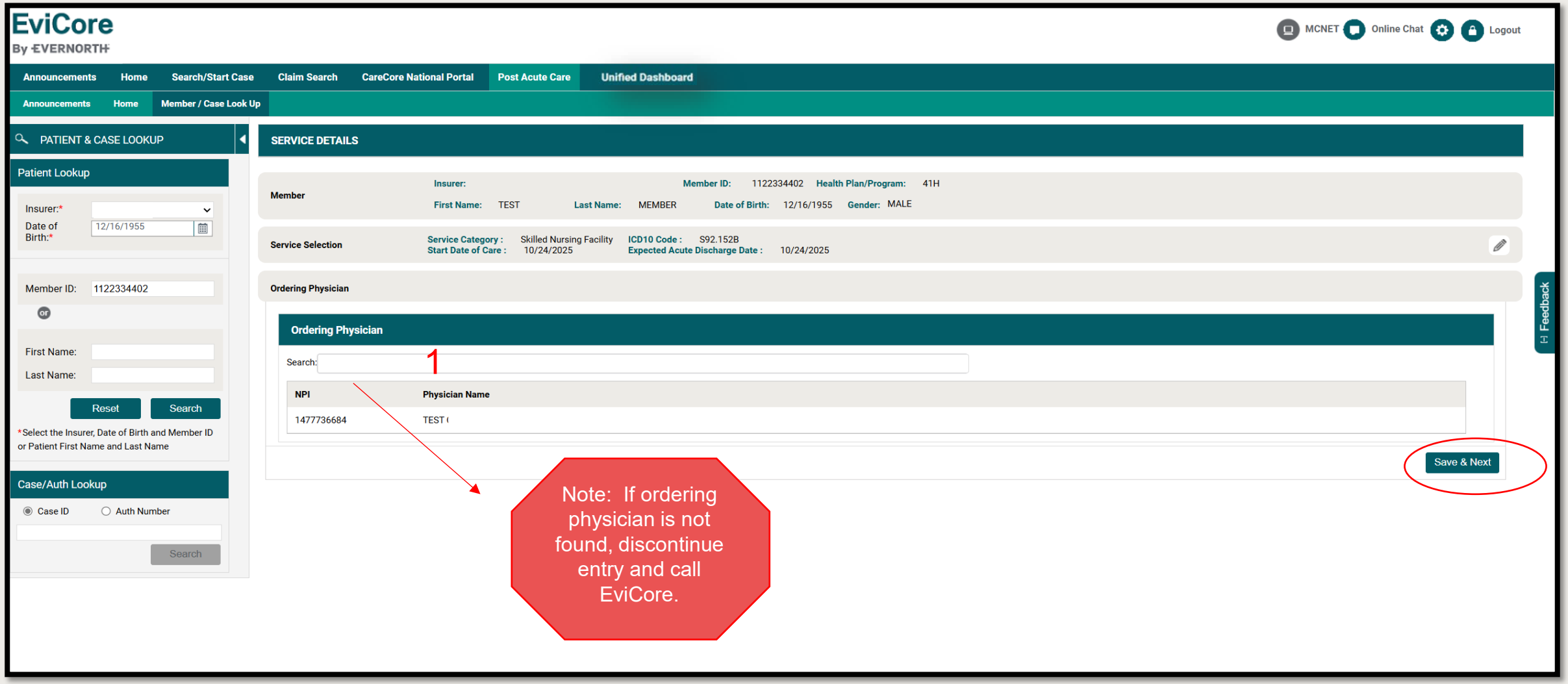
Create a Case – Enter Service Details

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



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



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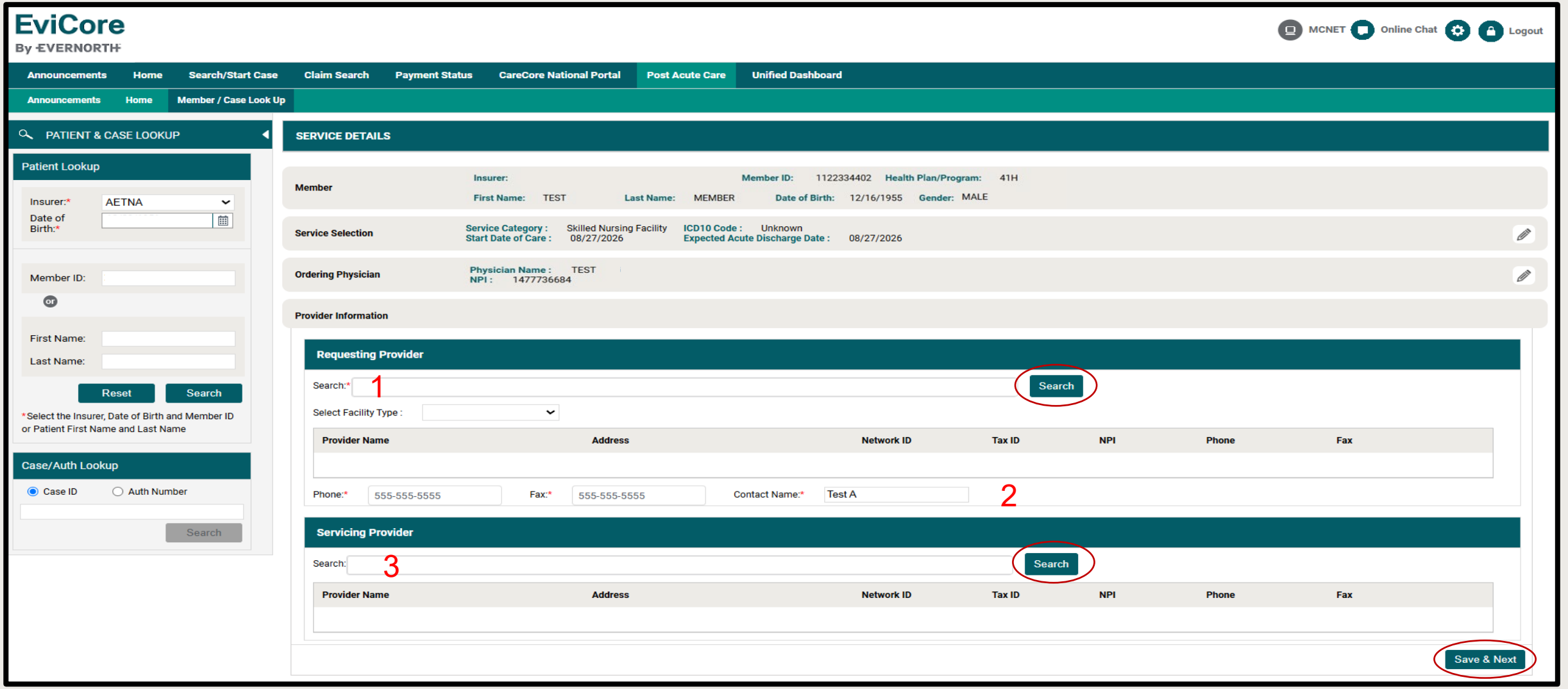
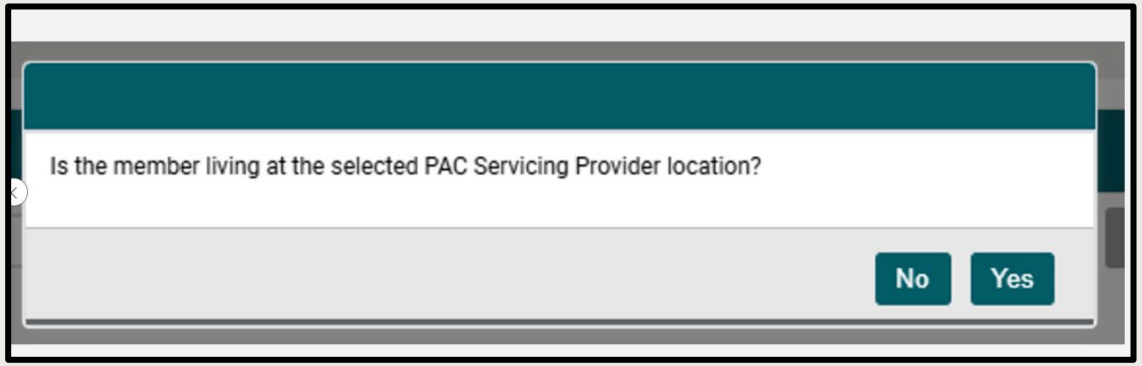
Create a Case – Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, enter the first part of the facility name, then click **“Search”.** To save the provider details, click the **"Save & Next”** button



Select the Servicing Provider: Par vs Non-Par

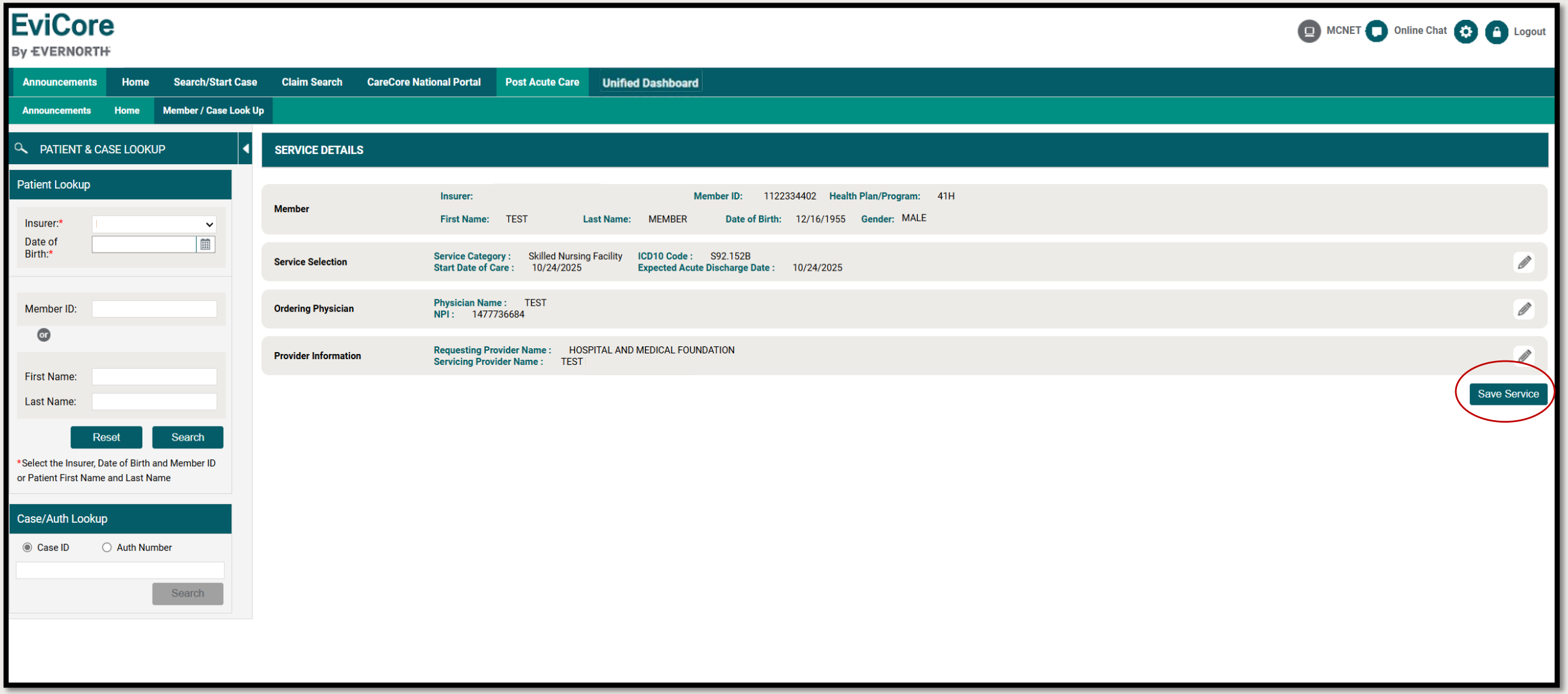
- If an Out of Network (NON-Par) provider is selected, the pop up below will generate. EviCore is not delegated Out of Network requests for Aetna members. The exception is where the member is currently living at the Servicing Provider location



- **Please note:**
  - If you click Yes – you are electronically confirming the member lives at the PAC Servicing Provider location you've selected to render the PAC services
  - If you see this pop up, and the member does not live in the PAC Servicing Provider location, and the Servicing Provider is PAR, please call in to have an agent assist you by creating an eligibility ticket.
  - If you click NO – the referral will close and cancel the case.
- If the member does not live at the PAC Servicing Provider, DO NOT go back into the system to select YES. EviCore is not delegated to review requests when a Non-PAR PAC Servicing Provider is selected. This will create a duplicate request, may cause issues with the review process, or result in a member admitting to a facility without a health plan approval.

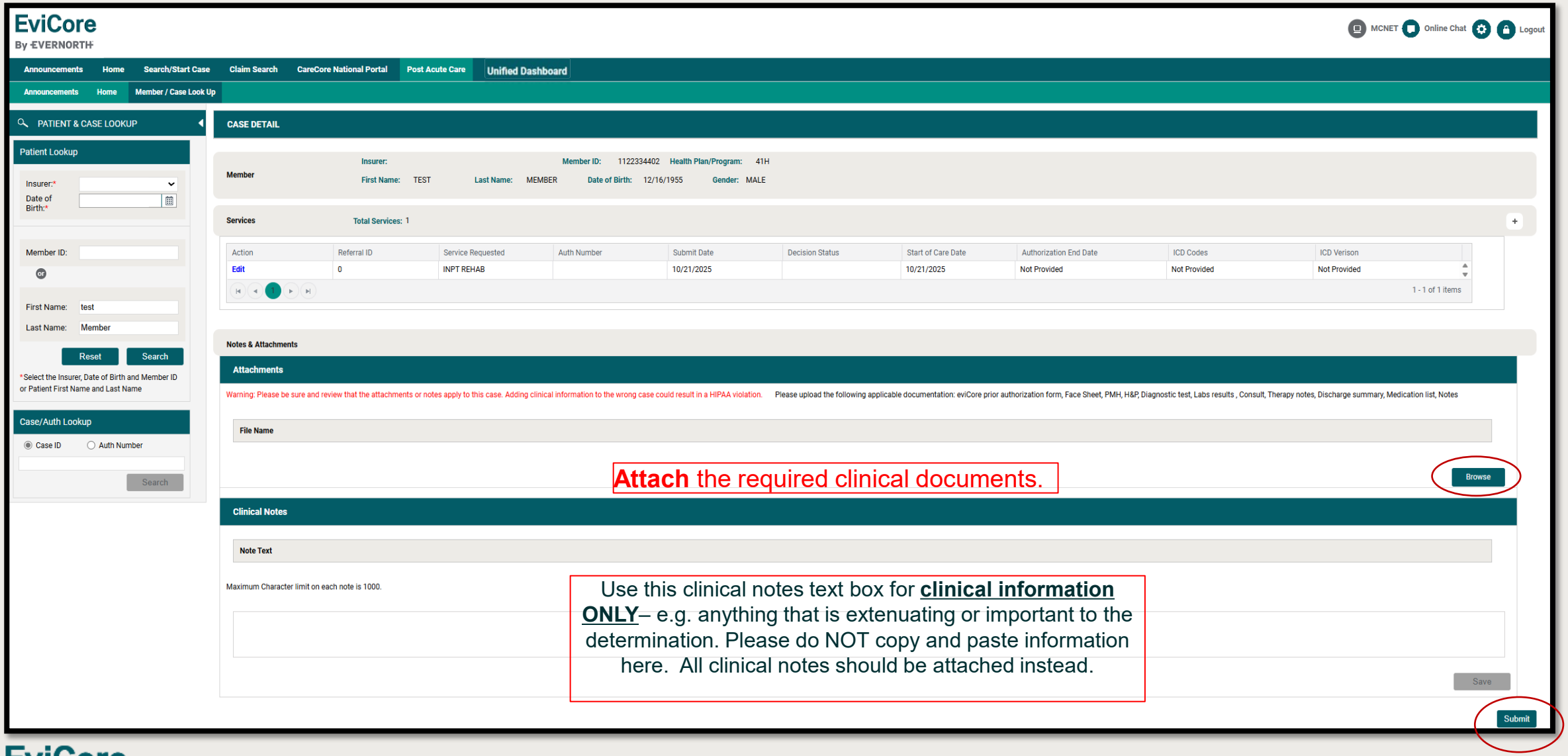
Create a Case – Verify Details

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.



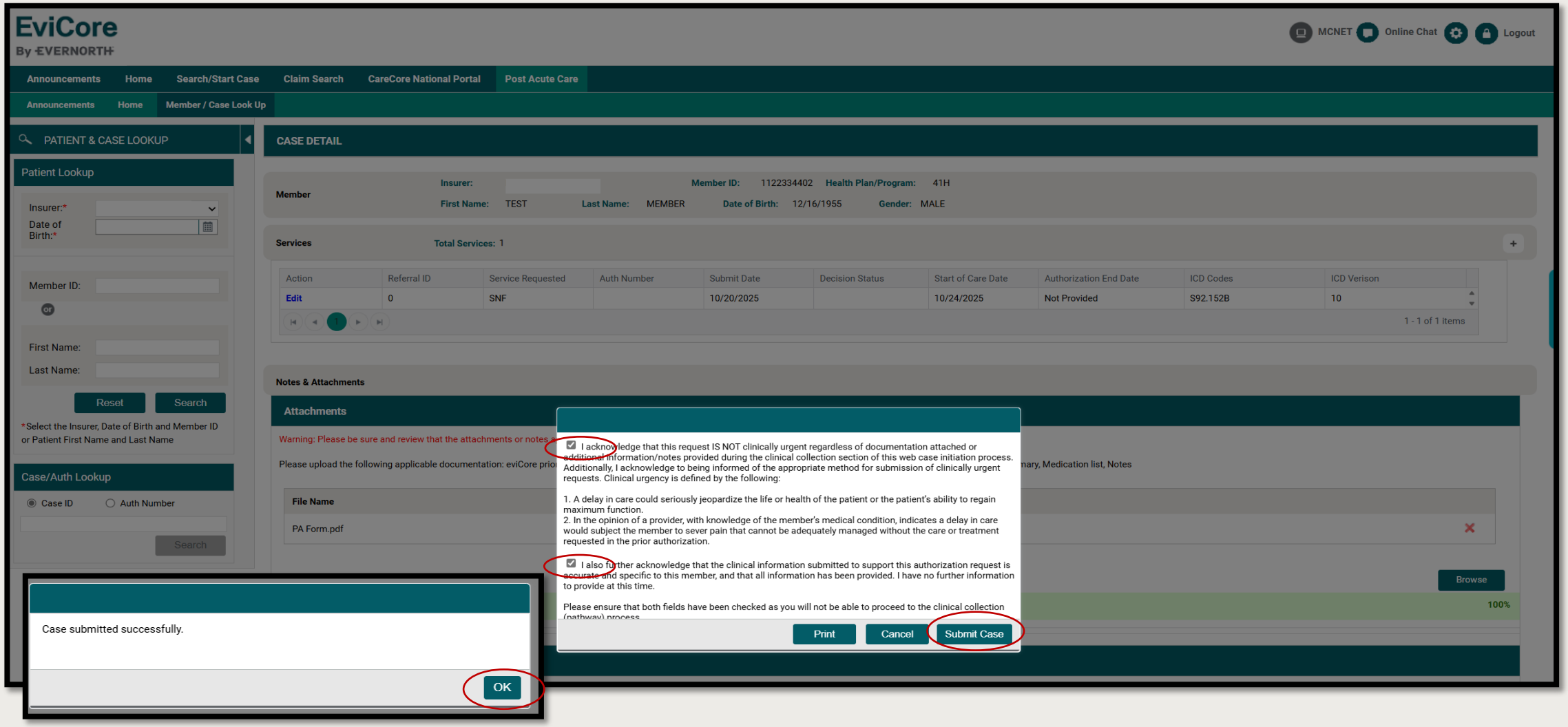
Create a Case – Upload Clinicals

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



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.



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Searching a Submitted Request

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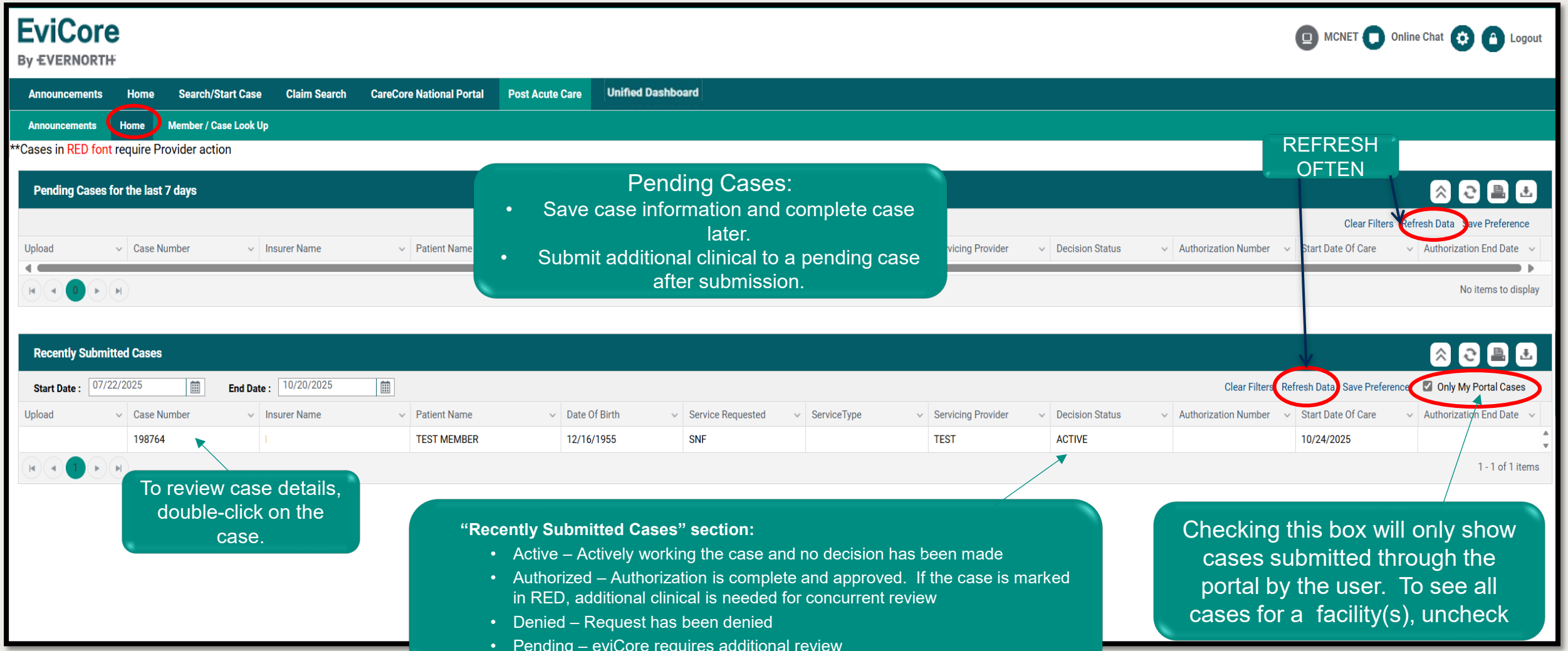
Search Case Status – Option 1

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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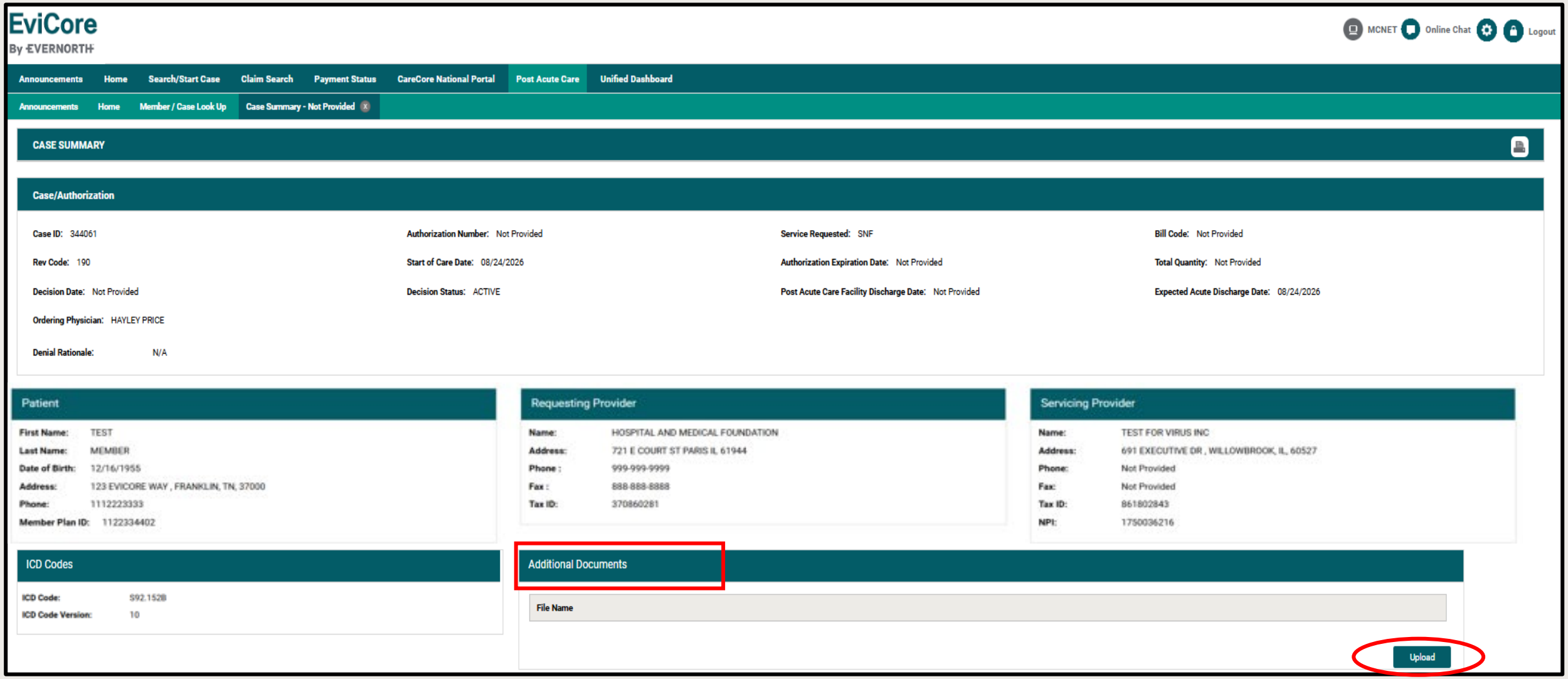
Search Case – Case Lookup – Active

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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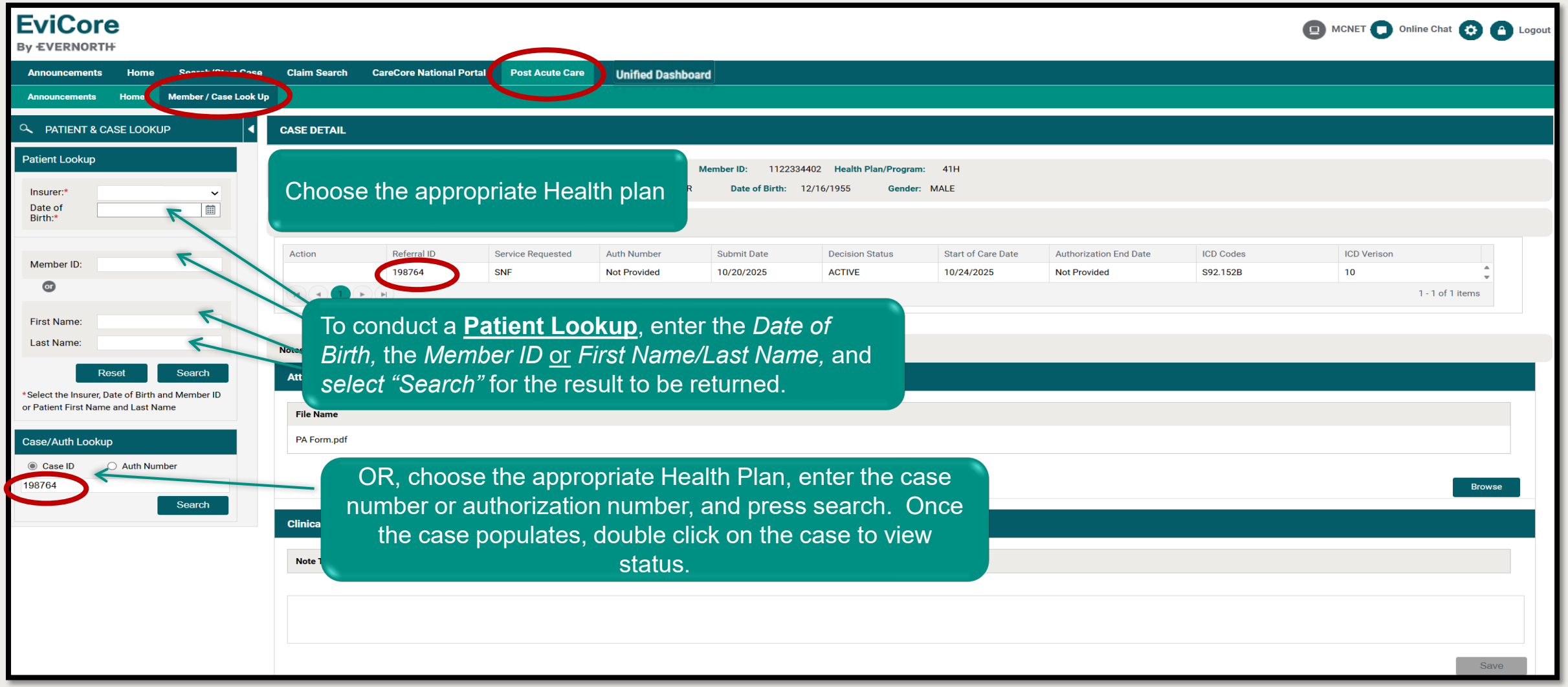
Search Case Status – Option 2

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



Concurrent Review Process

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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.

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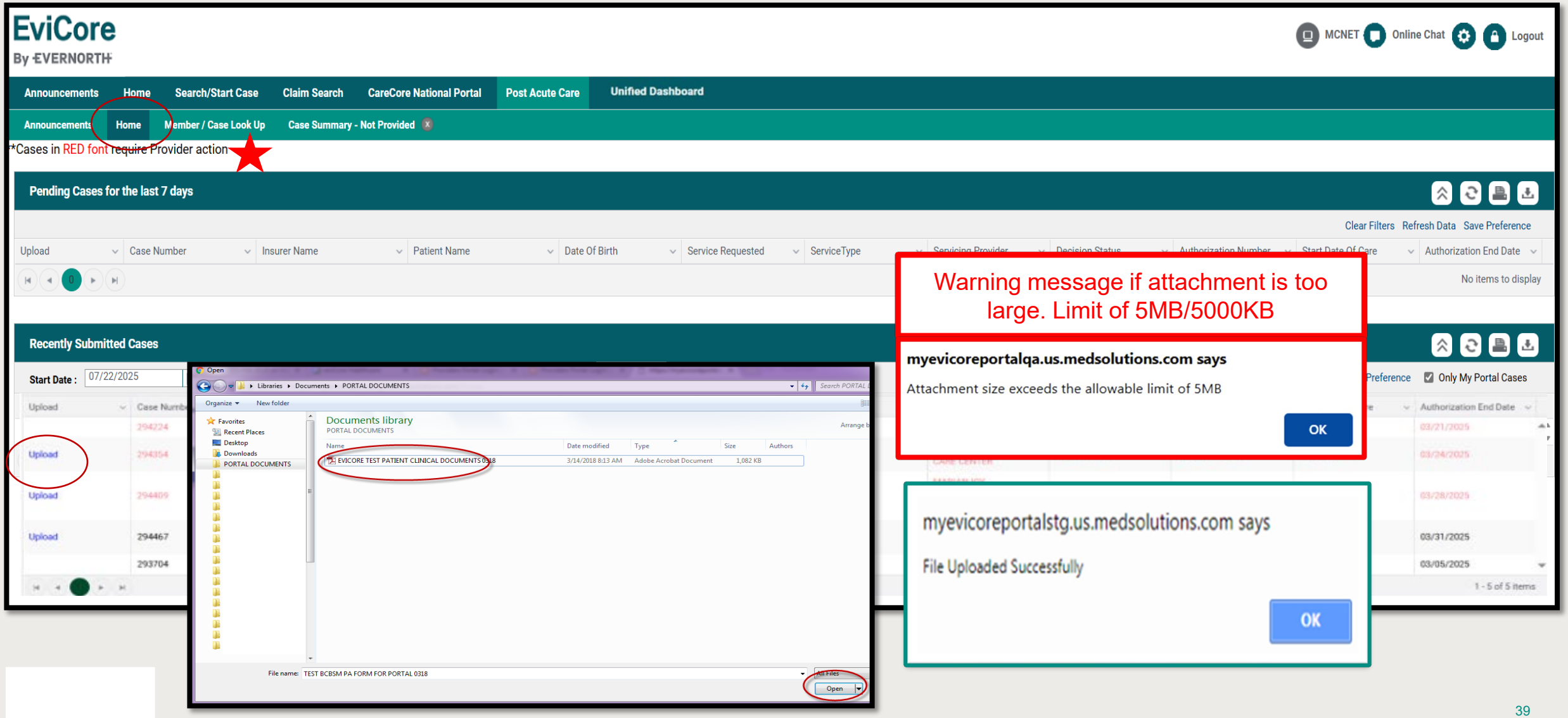
Concurrent Review Process

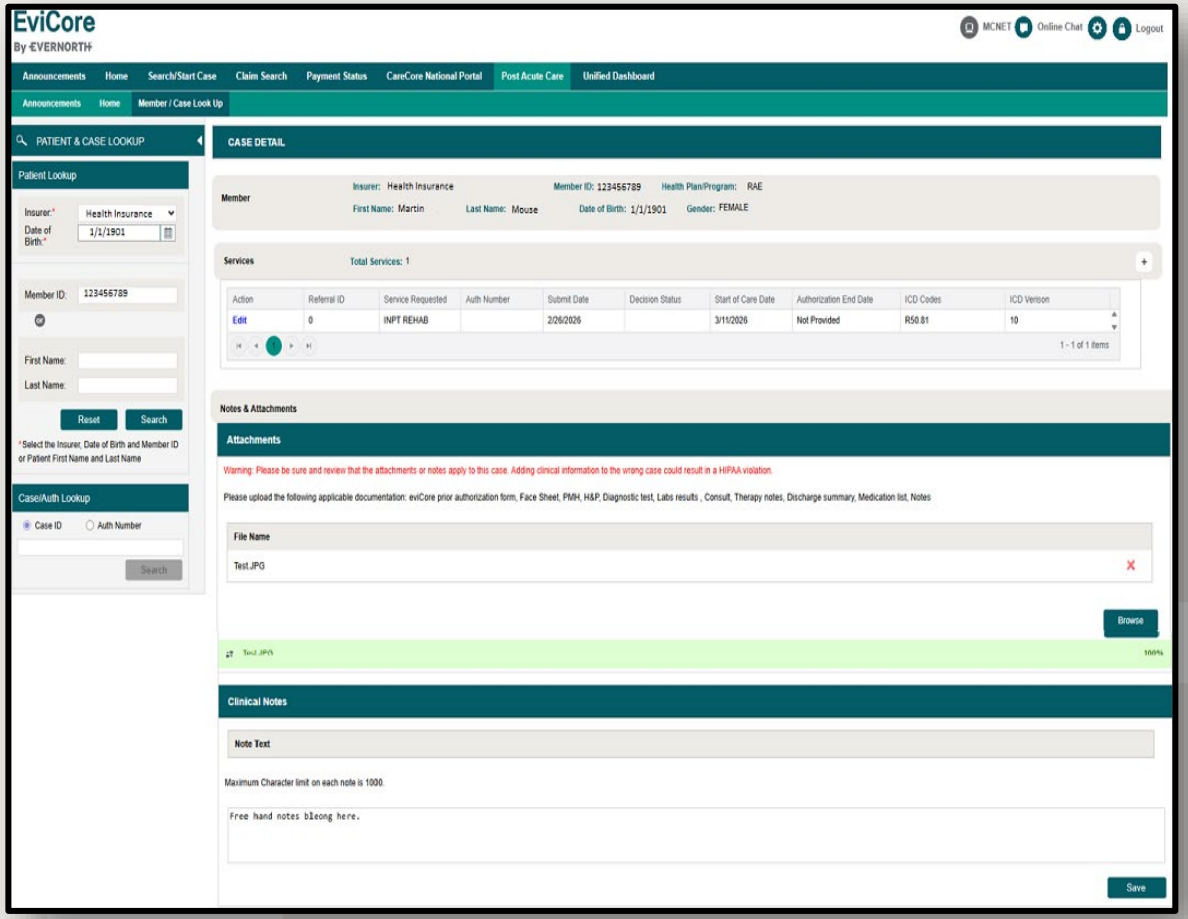
Return to the Home screen. Under “Recently Submitted Cases”, locate the patient whom you would like to upload clinicals. Select the “Upload” link, attach the clinical record, select “Open”, and the file will be uploaded to the patient’s EviCore chart in real time.



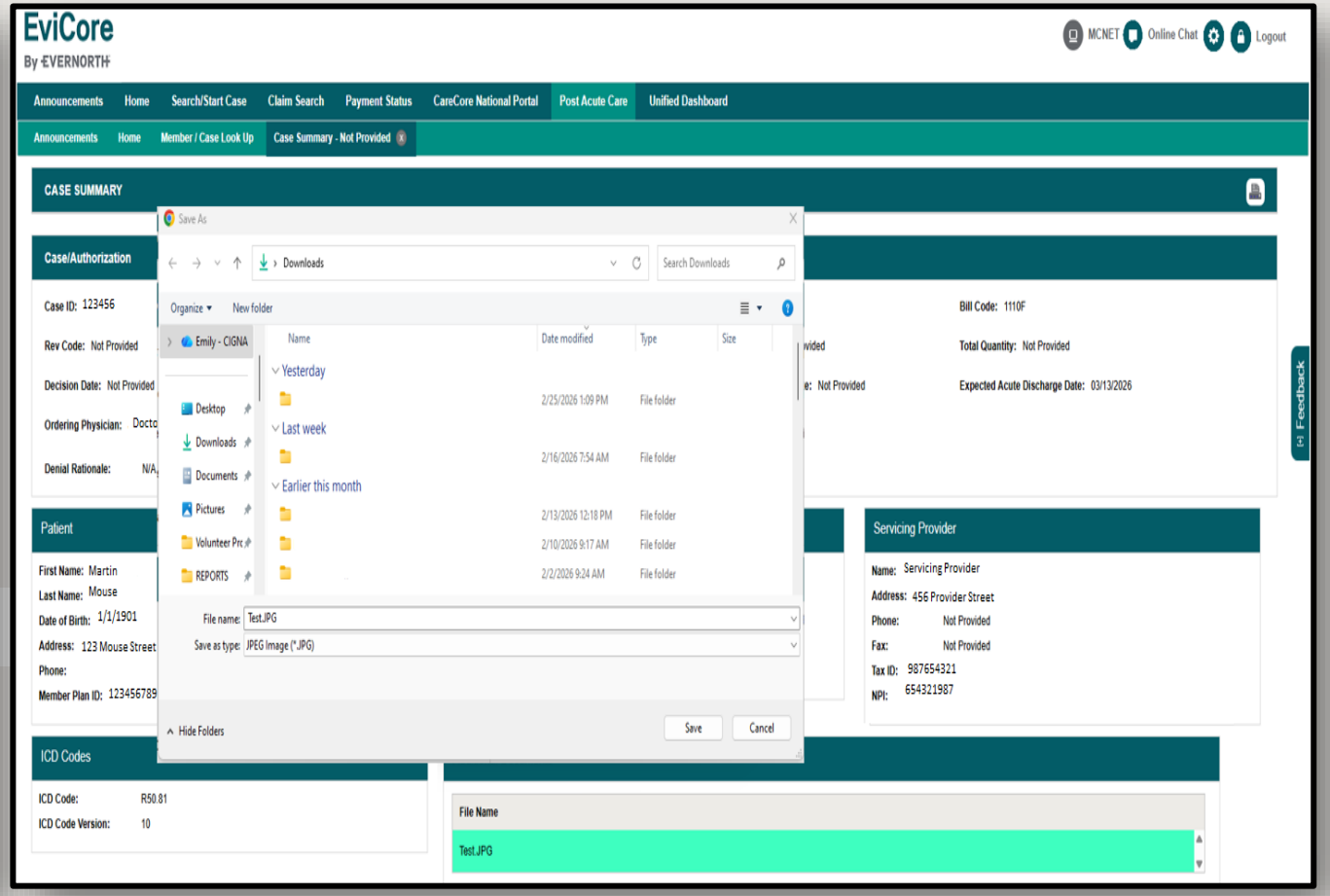
Concurrent Review Process- 2

If the case is not under the “Home” tab, you are able to search the case number or the authorization number to see the status of the case and/or upload clinical. If you do not have the case or authorization number, you can search by member ID and DOB or First Name/Last Name and DOB. After you click into the case, you will see “Browse” or “Upload”.

View when uploading clinical by searching case number



View when uploading clinical by searching authorization number



Precertification Outcomes and Special Considerations

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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

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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.

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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.

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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 Requesting Provider and patient
- Adverse determinations letters can be printed on demand from the EviCore by Evernorth portal

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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. This applies where the member has admitted and discharged from the PAC facility for dates of service.

Initial concurrent requests

+ Initial concurrent requests are when the member has admitted to the PAC facility on a past date, is still “head in bed” receiving PAC services at the facility and needs authorization.

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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*

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Transitional Care Program Overview

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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

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Provider Resources

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EviCore Communication Relationship Management (ECRM) Portal

EviCore is introducing a new way of submitting service requests for providers. This new self-service platform will afford users a level of visibility and specificity newly available for requests regarding, but not limited to:

- Claims
- Eligibility
- Participation status
- Provider information changes/updates

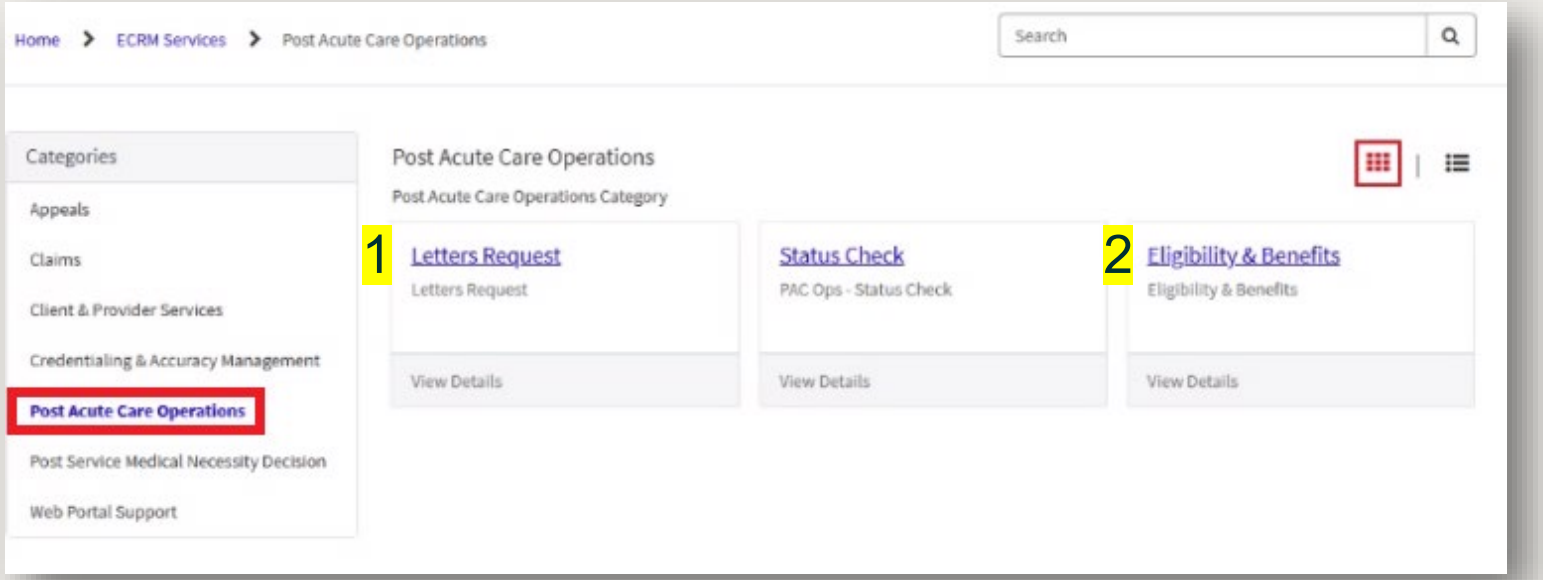
+ ECRM Link: [ECRM Resources | EviCore by Evernorth]
  + To register for a free online training session, follow this link: [Register for ECRM Training - EviCore Healthcare]

From the ECRM Support page, click on 'Register or Login'

Please note: When entering a ticket into ECRM, the screen will say 'Start a case'. This will start an ECRM ticket ONLY. It will NOT start a member case for review.

EviCore Communication Relationship Management (ECRM) Portal for Post-Acute Care Professionals

Once you have signed in, you are going to see ‘Category’ options on the lefthand column.

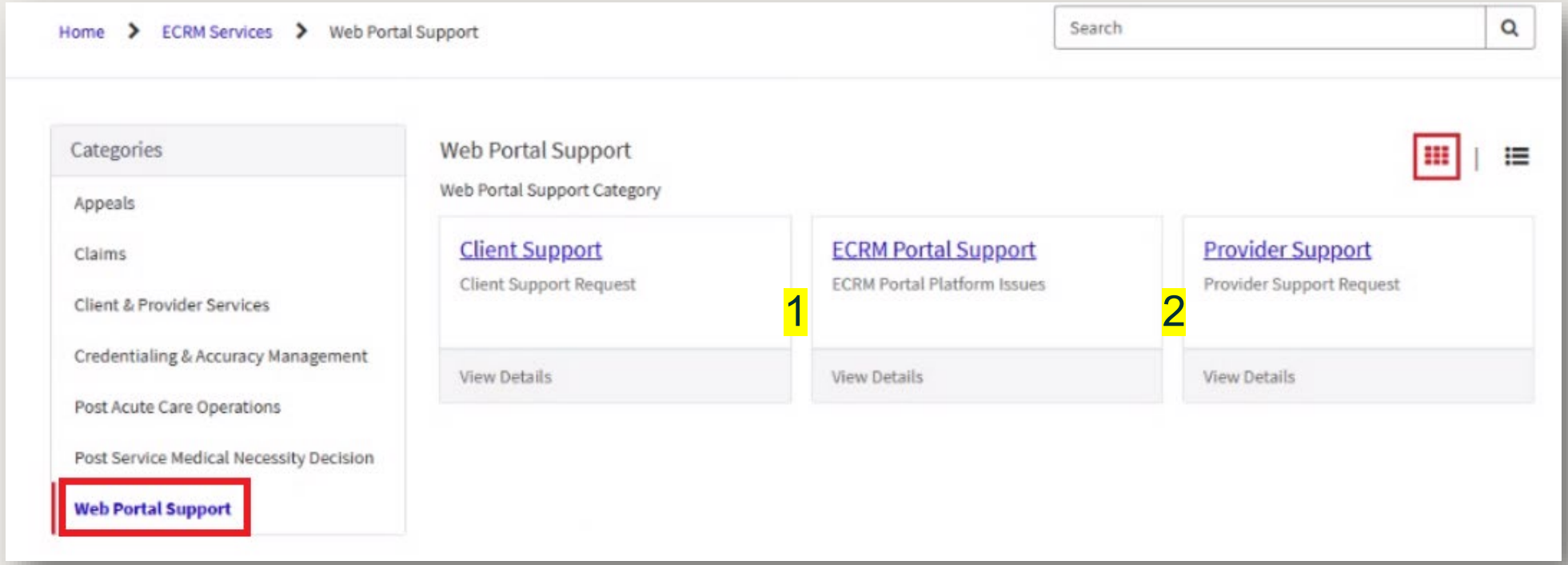


‘Post-Acute Care Operations’ is the PAC specific category for support with letters, and eligibility/benefits.

1. ‘Letters Request’ – request letters to be sent or resent as needed.
2. ‘Eligibility & Benefits’ – confirm member, site, and physician eligibility, as well as benefit days.

Please note – ‘Status Check’ is not intended to check authorization/review status of a member's case.

EviCore Communication Relationship Management (ECRM) Portal Continued



For ‘Web Portal Support’, you have two support options.

1. ‘ECRM Portal Support’ – allows you to send feedback and report any issues you encounter in ECRM.
2. ‘Provider Support’ - registration issues, password reset issues, case issues, clinical upload issues, cannot locate member/MDO/Facility, etc.

Contact EviCore's Dedicated Teams

PAC Ops Support

Create a Ticket: ECRM Resources

Phone: **888.622.7329 option 6 for PAC**

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 option 6.** Representatives are available from 7 a.m. to 7 p.m. local time.

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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/availity.html or by calling Aetna at 800.624.0756.

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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

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

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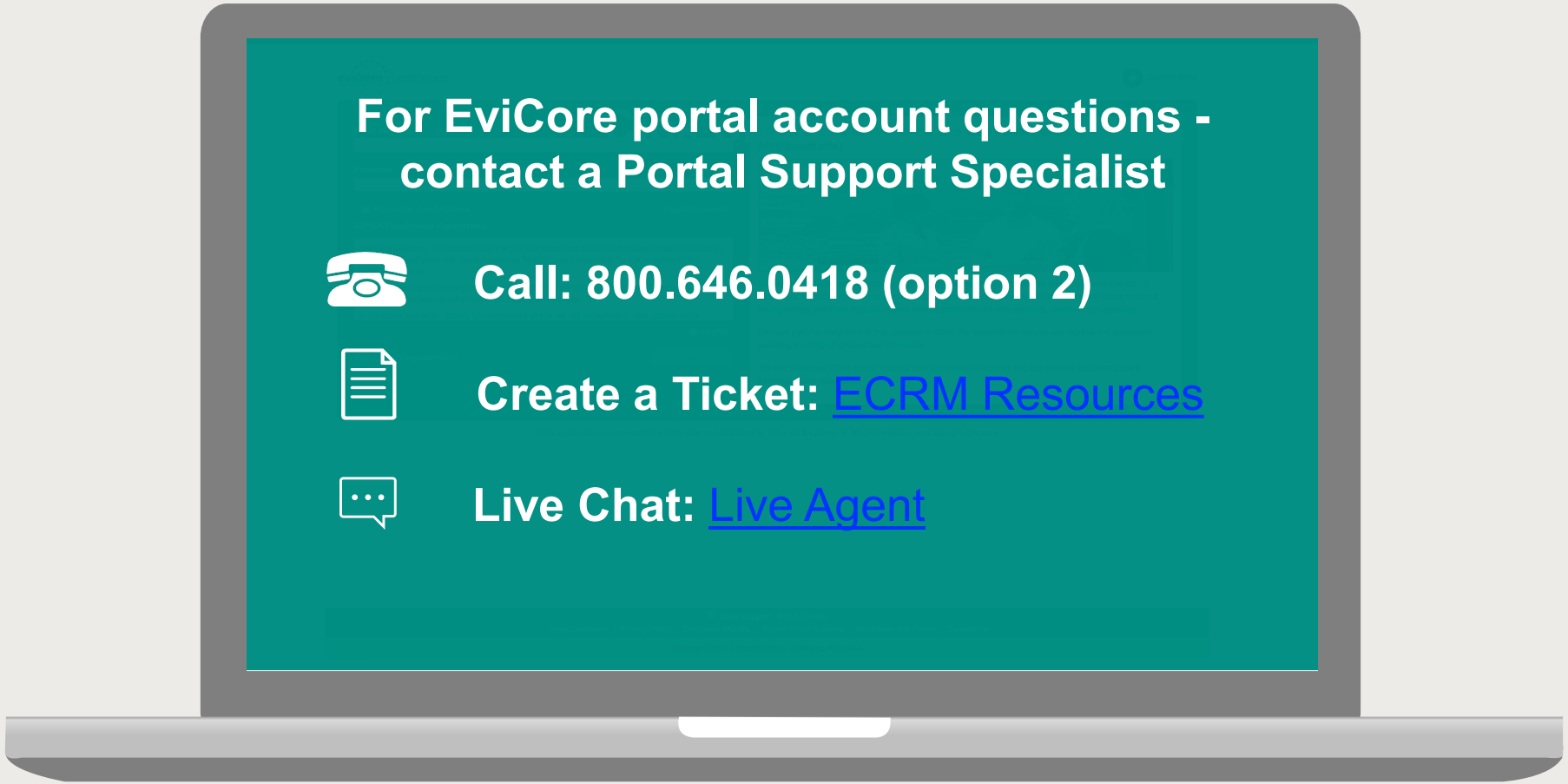
EviCore Provider Portal Support



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

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Thank You

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