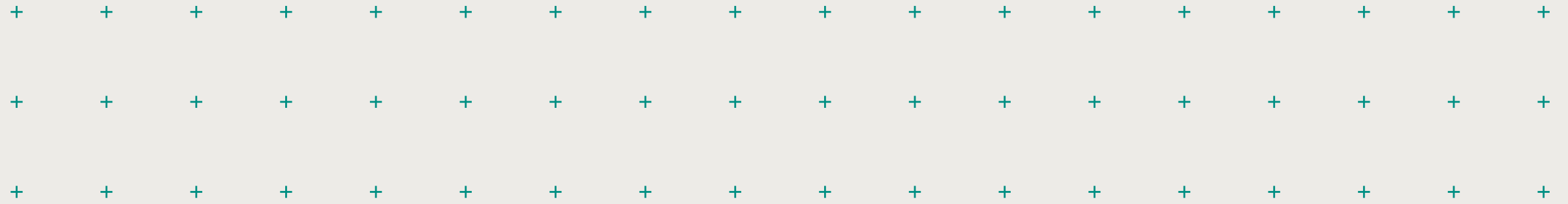


Post-Acute Care Utilization Management Program for Aetna Members

New Jersey, New York, Pennsylvania &
West Virginia





Agenda

- Company Overview
- Post-Acute Care Program Overview
- Provider Portal & Registration
- Submitting Precertification Request
- Searching a Submitted Request
- Concurrent Review Process
- 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 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!

EviCore Portal Registration

EviCore Provider Portal | Access and Compatibility

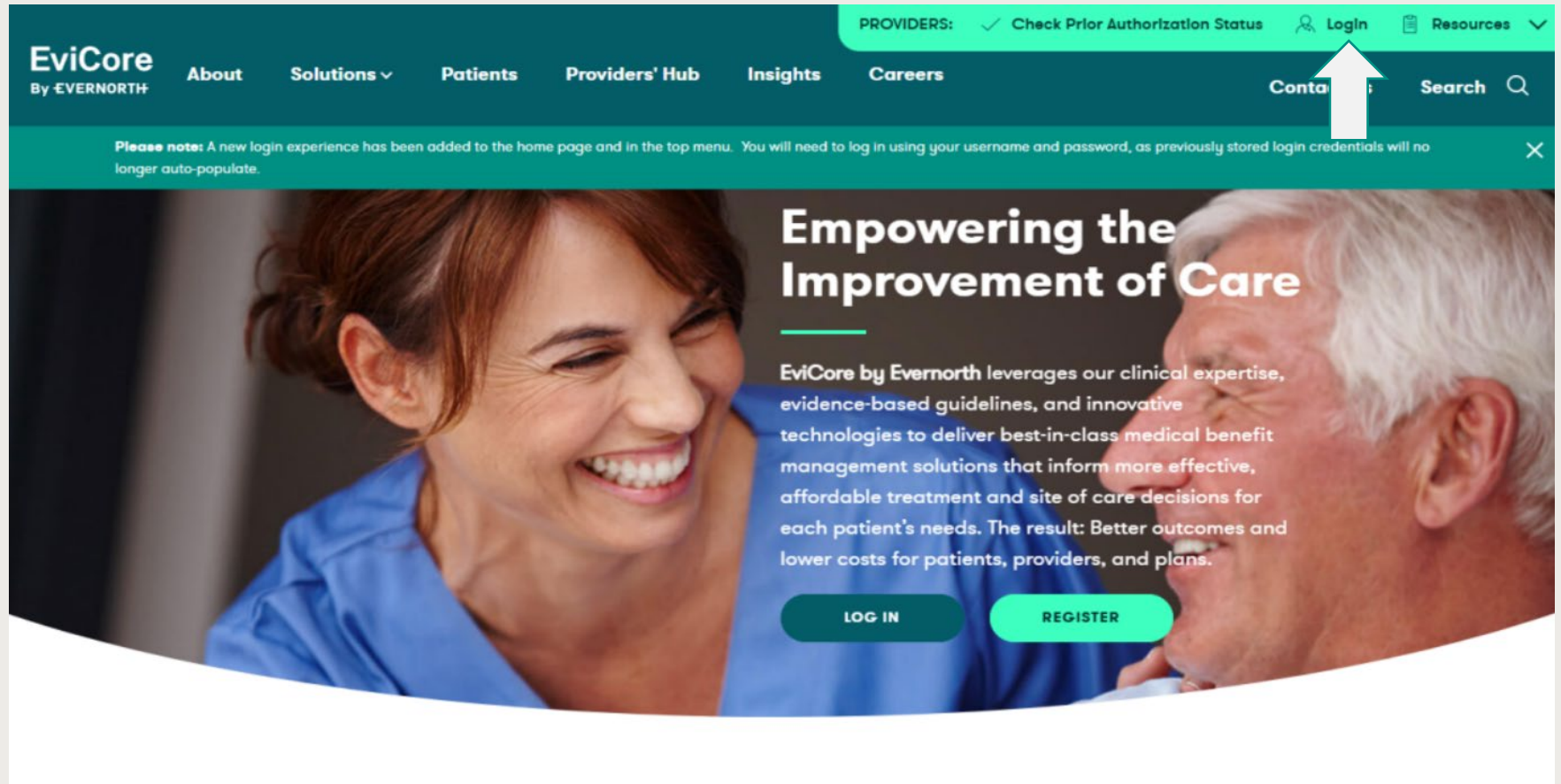
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ 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

Enter first name

Last Name

Enter last name

User Name

Create user name

Contact Info

Email

Enter email

Confirm Email

Confirm email

Phone

Phone number

Ext (optional)

Extension

Physician/Facility Information

Individual NPI

Enter NPI

Next

Enter your
information
here then click
‘Next’

Read and
accept the
Terms and
Conditions

EviCore
By EVERNORTH

User Information

First Name

Test

Contact Info

Email

ashley.good@evicore.com

Physician/Facility Information

Individual NPI

1356331565

Next

Terms and conditions

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Accept Cancel

Portal Registration Continued

Registration Summary

User Information

First Name: Test

Last Name: PAC

User Name: TestPAC1

Contact Info

Email:

Phone: 5555555555

Physician/Facility Information

Individual NPI:

Back

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

1. Confirm the details are correct, then click 'Next'

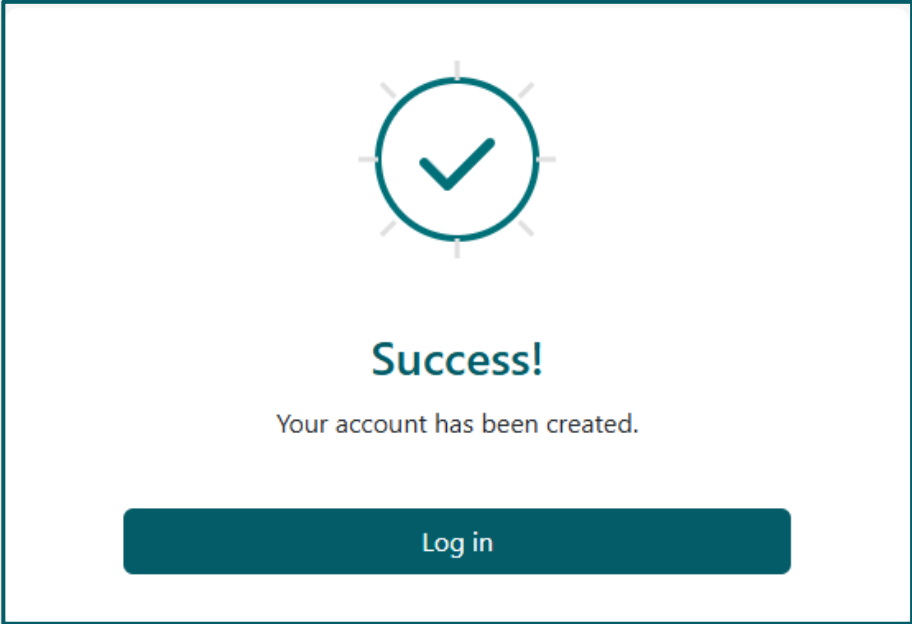
2. You will then be sent a verification code to the email provided

3. Enter the 6-digit code, then click 'Next'

September 2, 2026 13

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User Registration Successful

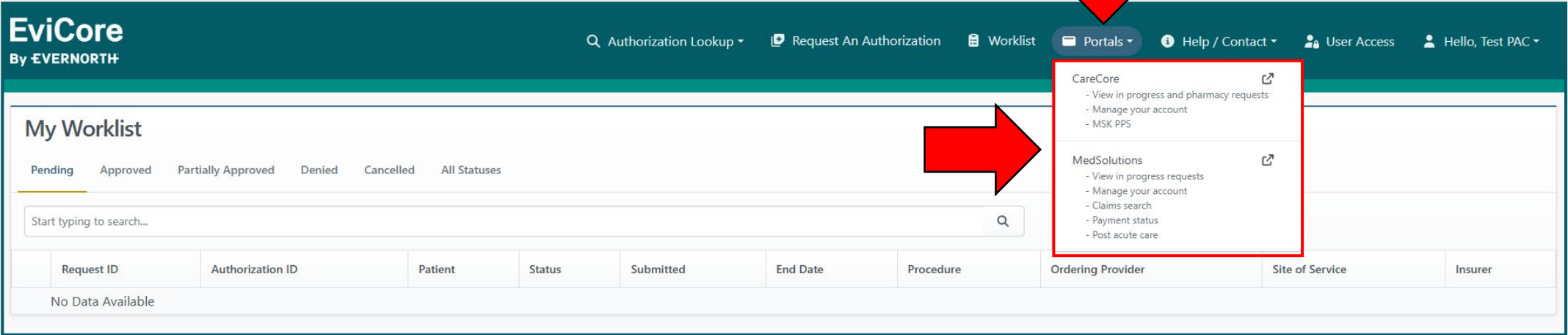


Create a Password

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



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									

CareCore

View in progress and pharmacy requests

Manage your account

MSK PPS

MedSolutions

View in progress requests

Manage your account

Claims search

Payment status

Post acute care

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”

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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*:

Medsolutions

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*:

Test

Email*:

Test

Confirm Email*:

Test

First Name*:

Test

Last Name*:

Test

Address*:

1 Evicore Dr.

City*:

Franklin

State*:

TN

Zip*:

37067-

Office Name:

Phone*:

9999999999

Ext:

Fax*:

888-888-8888

Provider Information

Account Type*:

Facility

Facility Name*:

EviCore Rehab

Street Address:

Zip Code:

Tax ID*:

123456789

Individual NPI*:

1234567890

Facility will be notified of your user registration.

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.

Back To Unified Dashboard

Next

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Announcements

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MCNET

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Claim Search

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News

Once you have logged in to the site, you will be directed to the main landing or Announcement page.
Be sure to check the Announcements page for updates.
** Choose **Post Acute Care** **

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

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MCNET

Online Chat

⚙️

Account Info

Preferences

🔒

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+ 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

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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*

Add

2

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

3

Save

Cancel

- + 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.

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 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



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. At the top, the EviCore logo is on the left, and navigation links for MCNET, Online Chat, and Logout are on the right. A teal navigation bar contains links for Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, Post Acute Care, and Unified Dashboard. Below this, a sub-navigation bar highlights 'Member / Case Look Up'. The main content area is titled 'PATIENT & CASE LOOKUP' and features a 'Patient Lookup' form. This form includes fields for Insurer, Date of Birth, Member ID, First Name, and Last Name, along with 'Reset' and 'Search' buttons. A red hexagon on the right side of the form contains instructions for urgent cases. Three teal callout boxes with arrows point to specific form elements: the first points to the Insurer field, the second points to the Member ID, First Name, and Last Name fields, and the third points to the Search button. A 'Case/Auth Lookup' section is visible at the bottom left of the form area.

1. Choose the appropriate Health plan

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.

3. Click the SEARCH button

Urgent cases:

- You will not be able to indicate that a case is urgent via the portal.
- Call EviCore to initiate an urgent request.

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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MCNETOnline ChatLogout

AnnouncementsHomeSearch/Start CaseClaim SearchCareCore National PortalPost Acute CareUnified Dashboard

AnnouncementsHomeMember / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:*
Date of Birth:*

12/16/1955

Member ID: 1122334402

Of

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 IDAuth 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: 1122334402Name: TEST T MEMBERDate of Birth: 12/16/1955

Gender: MAddress: 123 EVICORE WAY , FRANKLIN, TN, 37000Insurer:

Plan Code: 41HInsurance Effective Date: 01/01/2023Insurance 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	ASNRF267382001	5/1/2025	DENIED	5/7/2025	05/07/2025	S92.152S	10

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

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

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AnnouncementsHomeMember / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

or

First Name:

Last Name:

ResetSearch

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

Case/Auth Lookup

Case IDAuth Number

Search

SERVICE DETAILS

Member

Insurer:

Member ID: 1122334402Health Plan/Program: 41H

First Name: TESTLast Name: MEMBERDate of Birth: 12/16/1955Gender: MALE

Service Selection

Service Category

Select Category:*

Skilled Nursing Facility

Code	Description	Bill Code	Rev Code
SNF	Skilled Nursing Facility		190

ICD10 Code

ICD10 Code Unknown

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

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

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PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

12/16/1955

Member ID:

1122334402

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

Search

SERVICE DETAILS

Member

Insurer:

Member ID:

Health Plan/Program:

First Name:

Last Name:

Date of Birth:

Gender:

Service Selection

Service Category:

ICD10 Code:

Start Date of Care:

Expected Acute Discharge Date:

Ordering Physician

Ordering Physician

Search:

NPI	Physician Name
1477736684	TEST (

Save & Next

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, enter the first part of the facility name, then click **"Search"**. To save the provider details, click the **"Save & Next"** button

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PATIENT & CASE LOOKUP

Patient Lookup

Insurer:*

AETNA

Date of Birth:*

Member ID:

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

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

Start Date of Care :

08/27/2026

ICD10 Code :

Unknown

Expected Acute Discharge Date :

08/27/2026

Ordering Physician

Physician Name :

TEST

NPI :

1477736684

Provider Information

Requesting Provider

Search:*

1

Search

Select Facility Type :

Provider Name

Address

Network ID

Tax ID

NPI

Phone

Fax

Phone:*

555-555-5555

Fax:*

555-555-5555

Contact Name:*

Test A

Servicing Provider

Search:*

3

Search

Provider Name

Address

Network ID

Tax ID

NPI

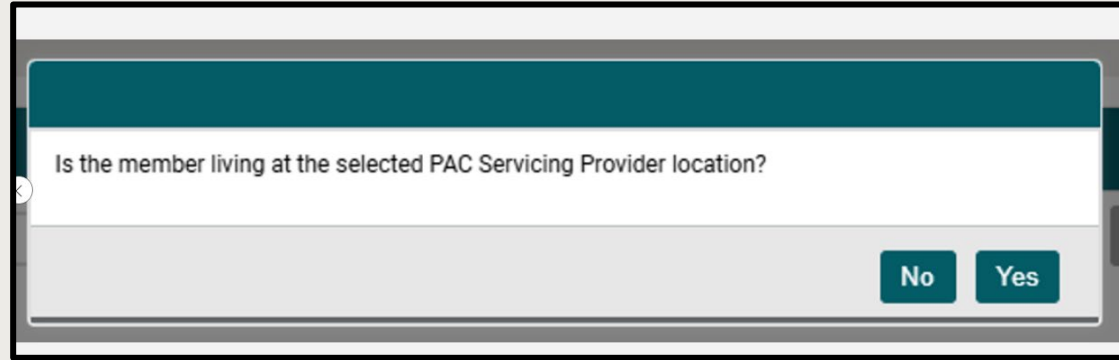
Phone

Fax

Save & Next

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.

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PATIENT & CASE LOOKUP

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

Search

SERVICE DETAILS

Member

Insurer:

Member ID:

Health Plan/Program:

First Name:

Last Name:

Date of Birth:

Gender:

Service Selection

Service Category :

Start Date of Care :

ICD10 Code :

Expected Acute Discharge Date :

Ordering Physician

Physician Name :

NPI :

Provider Information

Requesting Provider Name :

Servicing Provider Name :

1122334402

41H

TEST

MEMBER

12/16/1955

MALE

Skilled Nursing Facility

10/24/2025

S92.152B

10/24/2025

TEST

1477736684

HOSPITAL AND MEDICAL FOUNDATION

TEST

Save Service

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**.

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Announcements

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PATIENT & CASE LOOKUP

Patient Lookup

Insurer*

Date of Birth*

Member ID:

or

First Name:

test

Last Name:

Member

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

CASE DETAIL

Member

Insurer:

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

INPT REHAB

10/21/2025

10/21/2025

Not Provided

Not Provided

Not Provided

1 - 1 of 1 items

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

Please upload the following applicable documentation: eviCore prior authorization form, Face Sheet, PMH, H&P, Diagnostic test, Labs results , Consult, Therapy notes, Discharge summary, Medication list, Notes

File Name

Browse

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

Save

Submit

Evicore

By EVERNORTH

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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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MCNET Online Chat Logout

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

Announcements Home Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:*
Date of Birth:*

Member ID:

OF

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

CASE DETAIL

Member

Insurer: 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

1 - 1 of 1 items

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes are accurate and specific to this member, and that all information has been provided.

Please upload the following applicable documentation: eviCore prior authorization request form, Medication list, Notes

File Name

PA Form.pdf

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. Clinical 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 severe 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.

Print Cancel Submit Case

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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Search/Start Case

Claim Search

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Post Acute Care

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Home

Member / Case Look Up

**Cases in RED font require Provider action

Pending Cases for the last 7 days

Upload

Case Number

Insurer Name

Patient Name

0

REFRESH

OFTEN

Clear Filters

Refresh Data

Save Preference

Service Provider

Decision Status

Authorization Number

Start Date Of Care

Authorization End Date

No items to display

Pending Cases:

Save case information and complete case later.

Submit additional clinical to a pending case after submission.

Recently Submitted Cases

Start Date: 07/22/2025

End Date: 10/20/2025

Clear Filters

Refresh Data

Save Preference

☒ Only My Portal Cases

Upload

Case Number

Insurer Name

Patient Name

Date Of Birth

Service Requested

ServiceType

Service Provider

Decision Status

Authorization Number

Start Date Of Care

Authorization End Date

198764

TEST MEMBER

12/16/1955

SNF

TEST

ACTIVE

10/24/2025

1

1 - 1 of 1 items

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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Member / Case Look Up

Case Summary - Not Provided

CASE SUMMARY

Case/Authorization

Case ID: 344061

Rev Code: 190

Decision Date: Not Provided

Ordering Physician: HAYLEY PRICE

Denial Rationale: N/A

Authorization Number: Not Provided

Start of Care Date: 08/24/2026

Decision Status: ACTIVE

Service Requested: SNF

Authorization Expiration Date: Not Provided

Post Acute Care Facility Discharge Date: Not Provided

Bill Code: Not Provided

Total Quantity: Not Provided

Expected Acute Discharge Date: 08/24/2026

Patient

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

Requesting Provider

Name: HOSPITAL AND MEDICAL FOUNDATION

Address: 721 E COURT ST PARIS IL 61944

Phone : 999-999-9999

Fax : 888-888-8888

Tax ID: 370860281

Servicing Provider

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

Upload

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**.

Announcements

Home

Search / Start Case

Claim Search

CareCore National Portal

Post Acute Care

Unified Dashboard

Announcements

Home

Member / Case Look Up

PATIENT & CASE LOOKUP

CASE DETAIL

Insurer*

Date of Birth*

Member ID

or

First Name

Last Name

Reset

Search

Case/Auth Lookup

Case ID

Auth Number

198764

Search

Choose the appropriate Health plan

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 or authorization number, and press search. Once the case populates, double click on the case to view status.

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 Version
	198764	SNF	Not Provided	10/20/2025	ACTIVE	10/24/2025	Not Provided	S92.152B	10

File Name

PA Form.pdf

Browse

Clinical

Note 1

Save

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Settings

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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.

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Claim Search

CareCore National Portal

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Unified Dashboard

Announcements

Home

Member / Case Look Up

Case Summary - Not Provided

Cases in RED font require Provider action

Pending Cases for the last 7 days

Clear Filters

Refresh Data

Save Preference

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
No items to display											

Preference

Only My Portal Cases

Case Number	Authorization End Date
03/21/2025	
03/24/2025	
03/28/2025	
03/31/2025	
03/05/2025	

1 - 5 of 5 items

Recently Submitted Cases

Start Date : 07/22/2025

Upload	Case Number
Upload	294224
Upload	294354
Upload	294409
Upload	294467
Upload	293704

Documents library

PORTAL DOCUMENTS

Name	Date modified	Type	Size	Authors
EVICORE TEST PATIENT CLINICAL DOCUMENTS 0318	3/14/2018 8:13 AM	Adobe Acrobat Document	1,082 KB	

File name: TEST BCBSM PA FORM FOR PORTAL 0318

Open

Warning message if attachment is too large. Limit of 5MB/5000KB

myevicoreportalqa.us.medsolutions.com says
Attachment size exceeds the allowable limit of 5MB

OK

myevicoreportalstg.us.medsolutions.com says
File Uploaded Successfully

OK

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

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AnnouncementsHomeSearch/Start CaseClaim SearchPayment StatusCareCore National PortalPost Acute CareUnified Dashboard

AnnouncementsHomeMember / Case Look Up

PATIENT & CASE LOOKUPCASE DETAIL

Patient Lookup

Insurer: Health Insurance
Date of Birth: 1/1/1901

Member ID: 123456789

First Name: Last Name: Date of Birth: 1/1/1901 Gender: FEMALE

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

Member

Insurer: Health Insurance
Member ID: 123456789
Health Plan/Program: RAE
First Name: Martin Last Name: Mouse Date of Birth: 1/1/1901 Gender: FEMALE

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	INPT REHAB		2/26/2026		3/11/2026	Not Provided	R50.01	10

1 - 1 of 1 items

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

Please upload the following applicable documentation: eviCore prior authorization form, Face Sheet, PMH, H&P, Diagnostic test, Labs results , Consult, Therapy notes, Discharge summary, Medication list, Notes

File Name

Test.JPG

Browse

27 Test.JPG

100%

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

Free hand notes belong here.

Save

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AnnouncementsHomeMember / Case Look UpCase Summary - Not Provided

CASE SUMMARY

Case/Authorization

Case ID: 123456

Rev Code: Not Provided

Decision Date: Not Provided

Ordering Physician: Doctor

Denial Rationale: N/A

Bill Code: 1110F

Total Quantity: Not Provided

Expected Acute Discharge Date: 03/13/2026

Service Provider

Name: Servicing Provider

Address: 456 Provider Street

Phone: Not Provided

Fax: Not Provided

Tax ID: 987654321

NPI: 654321987

Save As

Downloads

Organize New folder

Emly - CIGNA

Yesterday

Last week

Earlier this month

Desktop

Downloads

Documents

Pictures

Volunteer Pr

REPORTS

File name: Test.JPG

Save as type: JPEG image (*.JPG)

Save Cancel

ICD Codes

ICD Code: R50.01

ICD Code Version: 10

File Name

Test.JPG

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 Requesting Provider and patient
- Adverse determinations 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. 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.

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

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Provider Resources

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

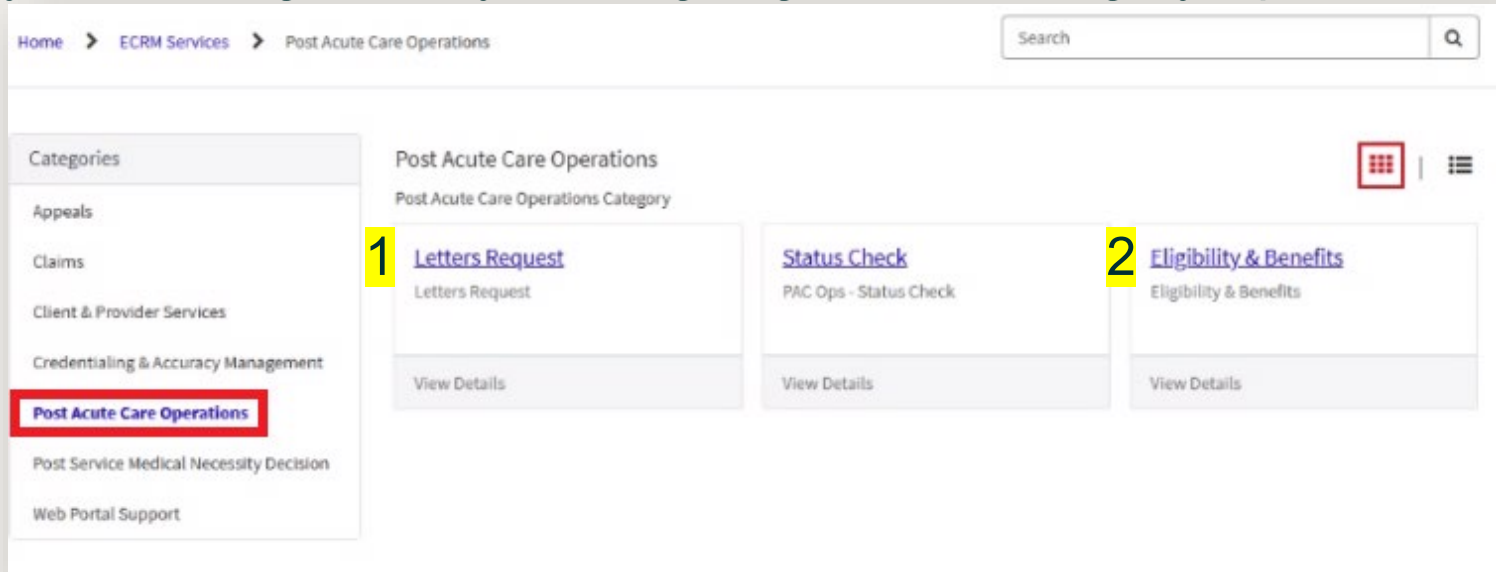
- + ECRM Link: [ECRM Resources | EviCore by Evernorth](#)
- + To register for a free online training session, follow this link: [Register for ECRM Training - EviCore Healthcare](#)

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



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.

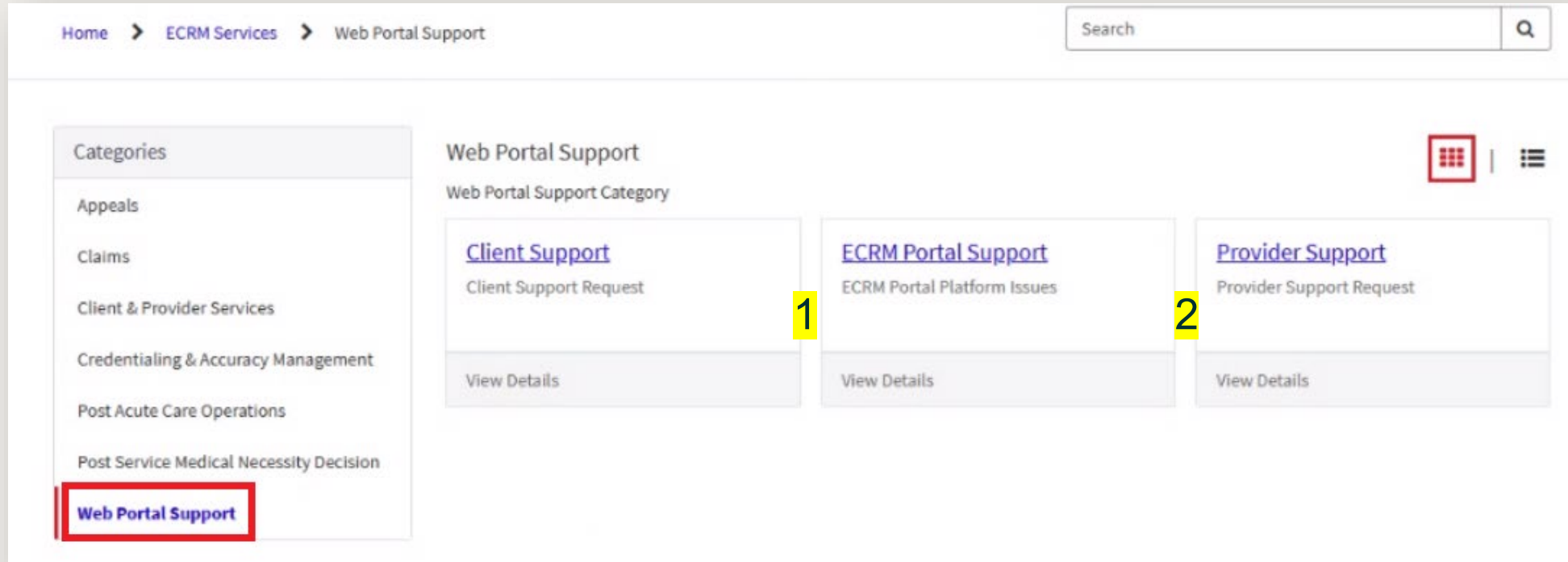


'Post-Acute Care Operations' is the PAC specific category for support with letters, and eligibility/benefits.

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.

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



EviCore Provider Portal Support

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



Call: 800.646.0418 (option 2)



Create a Ticket: [ECRM Resources](#)



Live Chat: [Live Agent](#)

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

Thank You