Home Health Care

Provider Orientation Session for Aetna

NJ / NY / WV / PA

EviCore By EVERNORTH

aetna℠

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Agenda

1. Solutions Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Questions & Next Steps
7. Appendix

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Company & Solution 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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Aetna Prior Authorization Services

EviCore will begin accepting prior authorization requests for Home Health services on December 29, 2025, for dates of service January 1, 2026, and after.



Applicable Membership

Medicare Advantage

Prior authorization applies to the following services

+ Home Based
+ Nursing
+ Therapies
+ Social Work
+ Home Health Aides

Prior authorization does NOT apply to services performed in:

+ Hospital Setting
+ Skilled Nursing Facilities (SNF)
+ Surgical Settings

Providers should verify member eligibility and benefits on the secured provider log-in section at: https://www.aetna.com/health-care-professionals/availity.
or by calling Aetna at 800-624-0756.

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification: R**eceive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit evicore.com/provider

Or by phone: **888-622-7329**

Monday – Friday
8am - 8pm Central Time
Saturday
8am - 4:30pm Central Time
Sunday & Holidays
8am - 1pm Central Time

Or by fax: **866-705-3574**

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Necessary Information for Prior Authorization



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

Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)

Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number

Supporting Clinical/Mobility & Functional Status

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ HCPCS Code(s) & Diagnosis Code(s)
- ✓ Prior and current level of functioning
- ✓ Focused Therapy Goals PT/OT
- ✓ Therapy Progress notes including level of participation
- ✓ Discharge plans (including discharge barriers, if applicable)

Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number
- ✓ Contact Name

All Clinical Information pages must include the patient/member's name and at least one additional identifier. The authorization form can be found on the provider resource site: https://www.evicore.com/resources/healthplan/aetna.

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Home Health Care Authorization Overview

- Initial home health authorization requests must be made within **7** days of the first visit*
- Requests prior to the current date may be submitted on the EviCore portal, phone, or fax
- EviCore will provide initial authorizations by service type in the following ways:

Initial Authorizations			
Service	**HCPCS Codes**	**Standard Bundle**	**Orthopedic Bundle ***
Skilled Nursing	G0299, G0300	3 visits each in the first 30 days	6 visits in the first 30 days
Physical Therapy	G0151, G0157, G0159		10 visits in the first 30 days
Home Health Aide	G0156		6 visits in the first 30 days
Speech Therapy	G0153	1 visit each in the first 30 days	1 visit in the first 30 days
Occupational Therapy	G0152, G0158, G0160		3 visits in the first 30 days
Social Worker	G0155		1 visit in the first 30 days

- If the above bundle of services is requested on the initial request, a real-time approval will be provided
- Additional visits needed in the first 30 days will be approved based on medical necessity
- Authorizations for continued services will be approved based on medical necessity
- The above are examples of many bundles that are available

* *Orthopedic Bundle: Applies only if the patient has had recent orthopedic surgery for hip or knee replacement*

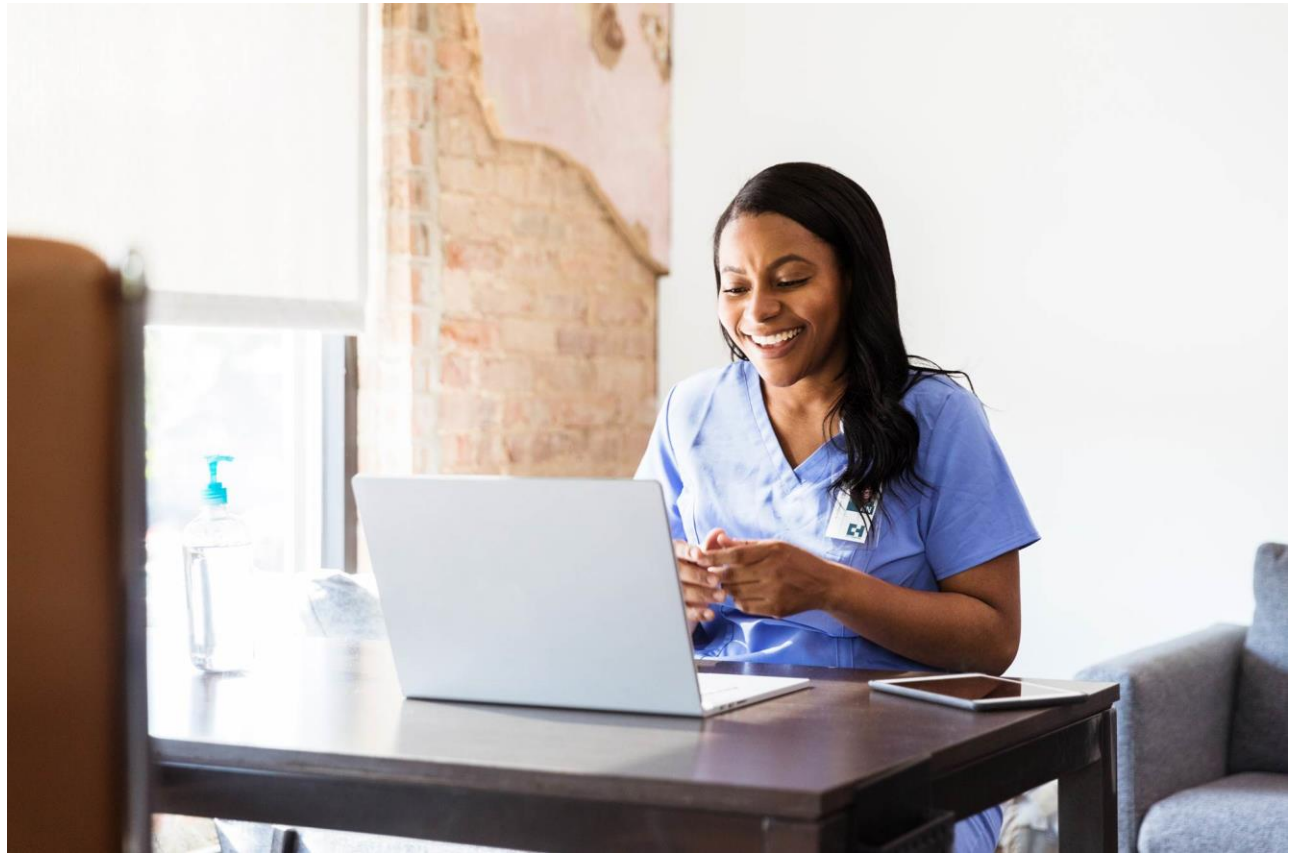
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Home Health Care Authorization Overview (continued)

EviCore will use substitution logic for Skilled Nursing, Physical Therapy, Occupational Therapy, and Speech Therapy

- Nursing: G0299 covers ALL other nursing codes
- PT: G0151 covers all PT codes
- OT: G0152 covers all OT codes
- ST: G0153 covers all ST codes



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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.



EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

- The hold will be in place for 3 calendar days for standard cases and 3 hours for urgent cases.
- **Important:** If no additional clinical information is received and no Peer-to-Peer is requested, the case moves to the medical director for review and denial.

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I’ve received a request for additional clinical information. What’s next?



Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on EviCore.com

There are three ways to supply the requested information:

1. Fax to 866-705-3574
2. Upload directly into the case via the provider portal at EviCore.com. **All** Clinical Information pages must include 2 patient/member identifiers
3. Request a Pre-Decision Clinical Consultation
   This consultation can be requested via the EviCore website, band must occur prior to the due date referenced

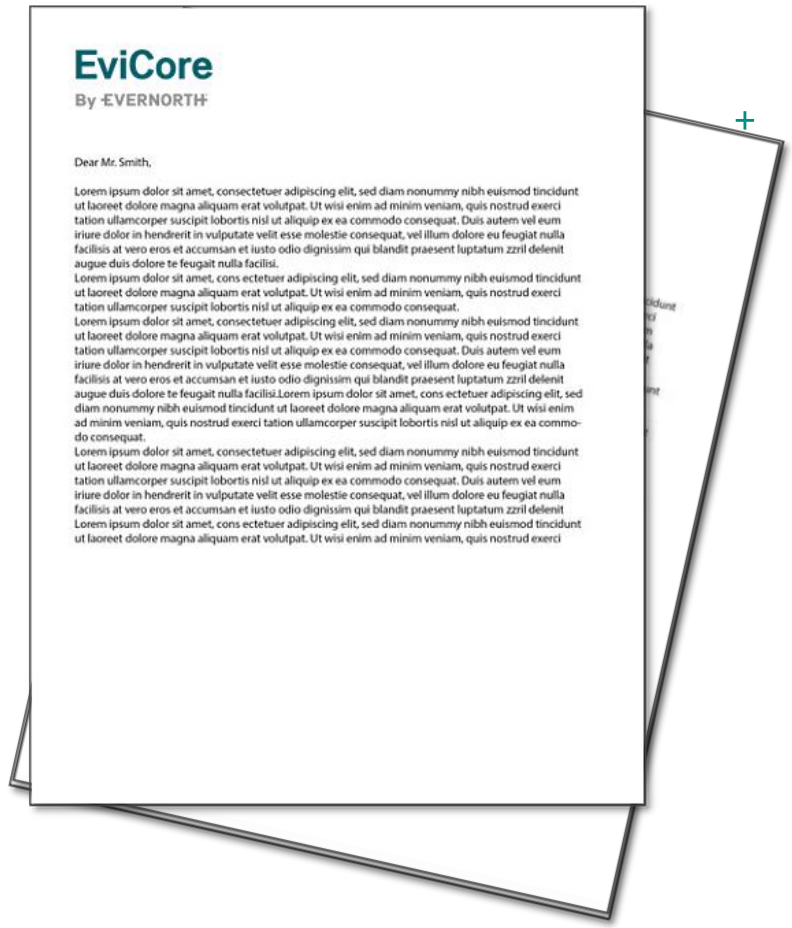
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Prior Authorization Determination Outcomes

Determination Outcomes

- Approved Requests: Authorizations are typically valid for 30 days from the date of the approved start of care date.
- EviCore will provide 1 transitional visit if clinical is insufficient or the member appears to be at a stable or baseline LOF so that the member can continue to have services until firmly discharged or information received.
- Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
- Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.



Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal.

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Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 7 calendar days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 7 calendar days.
- When authorized, the start date will be the submitted date of service



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Special Circumstances

Urgent Prior Authorization Requests

EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

Can be initiated on provider portal or by phone

Urgent cases are typically reviewed within 24 to 72 hours



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Special Circumstances

Authorization Update

Reconsiderations

+ A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information.
  - A reconsideration can be requested any time, up until an appeal is received.
  - Once a denial decision has been made; the decision cannot be overturned via clinical consultation.
+ Reconsiderations can be requested by phone, by calling 888-622-7329.
+ Clinical consultations may result in either a reversal of decision to deny or an uphold of the original decision.
+ Providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.

Appeals

+ 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.
+ Customers or 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 the customer.
+ Appeal turnaround times:*
  - Expedited: 72 hours
  - Standard: 30



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Please complete thee questions on the authorization request form to assist EviCore with the Home Health review process.

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HOME HEALTH WORKSHEET
AETNA HEALTH PLANS PHONE: 888-622-7329
WWW.EVICORE.COM

Member Information:	
Name:	DOB:
Health Plan:	Member ID:
Address:	
Phone:	Alt Contact:

Ordering Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:

Home Health Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:
Contact Person:	Phone/Ext.

Initial Home Health Checklist:	
Patient is homebound with documentation supporting homebound status	**Clinical documentation Needed** H&P, Progress Note, Therapy notes, most recent MD office notes, F2F documentation, OASIS, Evaluations, Most recent discipline notes
Is there a caregiver at home? Yes	**HH Orders:** Signed orders from provider, 485, Supplemental orders
Patient should have seen the ordering MD within last 90 days for reason of HH admission. Patient has a following MD.	**Disciplines Reviewed:** We use substitute logic and review for specific codes that will cover other G codes for that discipline: *Nurse (G0299), PT (G0151), OT (G0152), ST (G0153), SW (G0155), HH Aide (G0156)*
Bundles for Real Time Approval: Bundles include services for nursing, therapies, Social Worker and HH Aides. Bundles are based on Primary HH Diagnosis and for Initial Requests only. ***Initial bundle is to get started when primary diagnosis is unspecified*** ***Choose One from dropdown*** Initial	**Request for services if not choosing bundle: Approvals are for 30-day increments. Please include service and # of visits.** ***Example:*** G0299 x6 1/1-1/30/2026

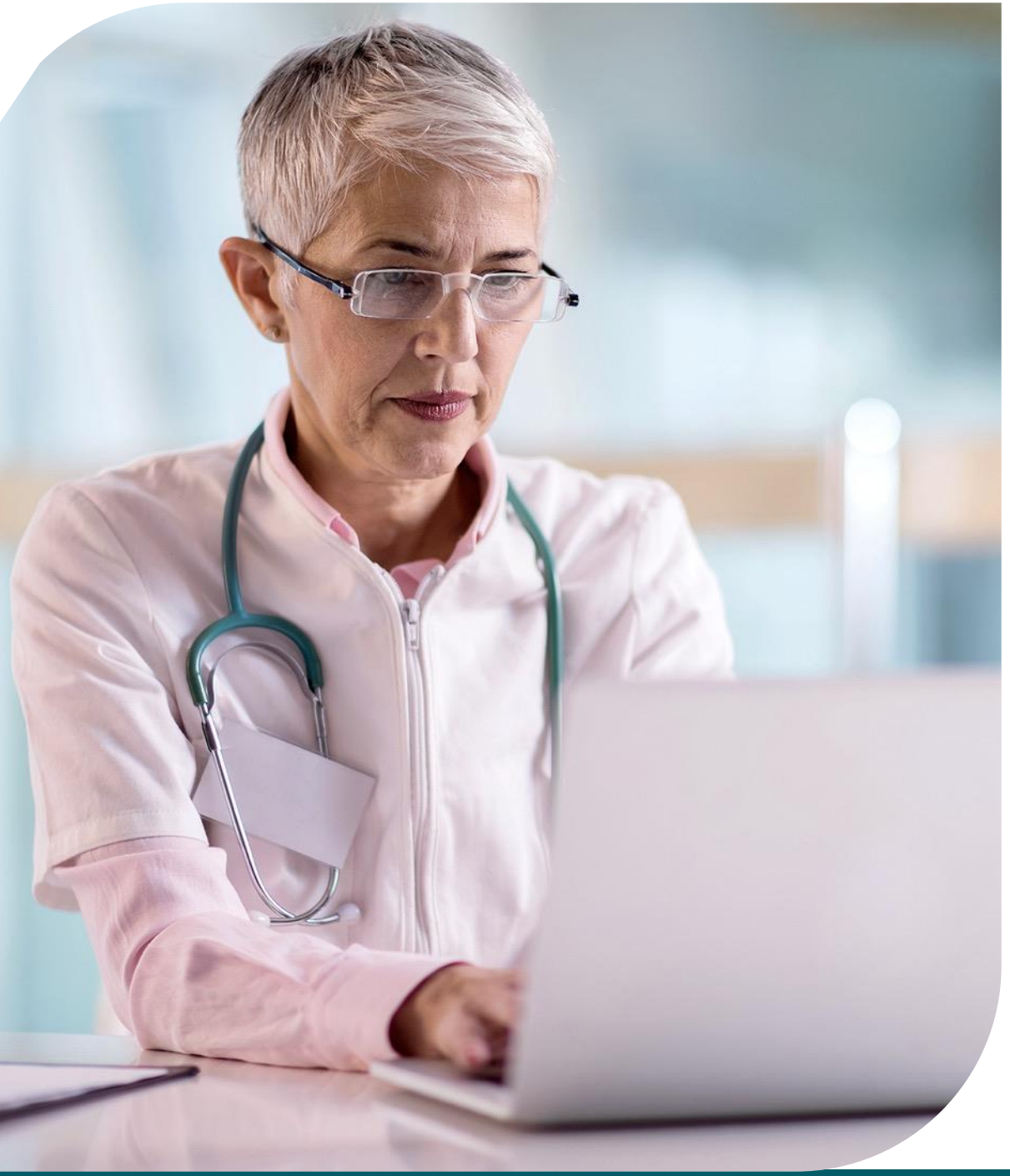
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EviCore Provider Portal

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EVICORE PROVIDER PORTAL

Features

Eligibility Lookup

+ Confirm if patient requires clinical review

Clinical Certification

+ Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

+ View and print any correspondence associated with the case
+ Search by member information OR by case number with ordering national provider identifier (NPI)
+ Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

+ Track recently submitted cases

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Access and Compatibility

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

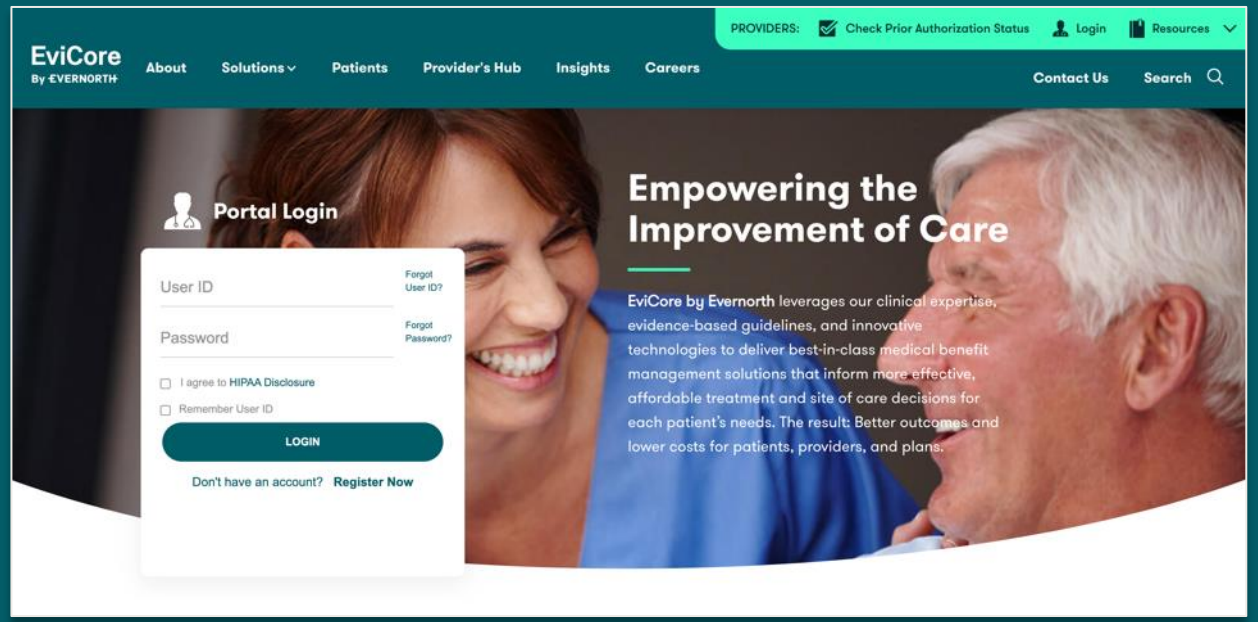
Access resources on the EviCore Provider Portal

Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?
Click **Register Now**



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.

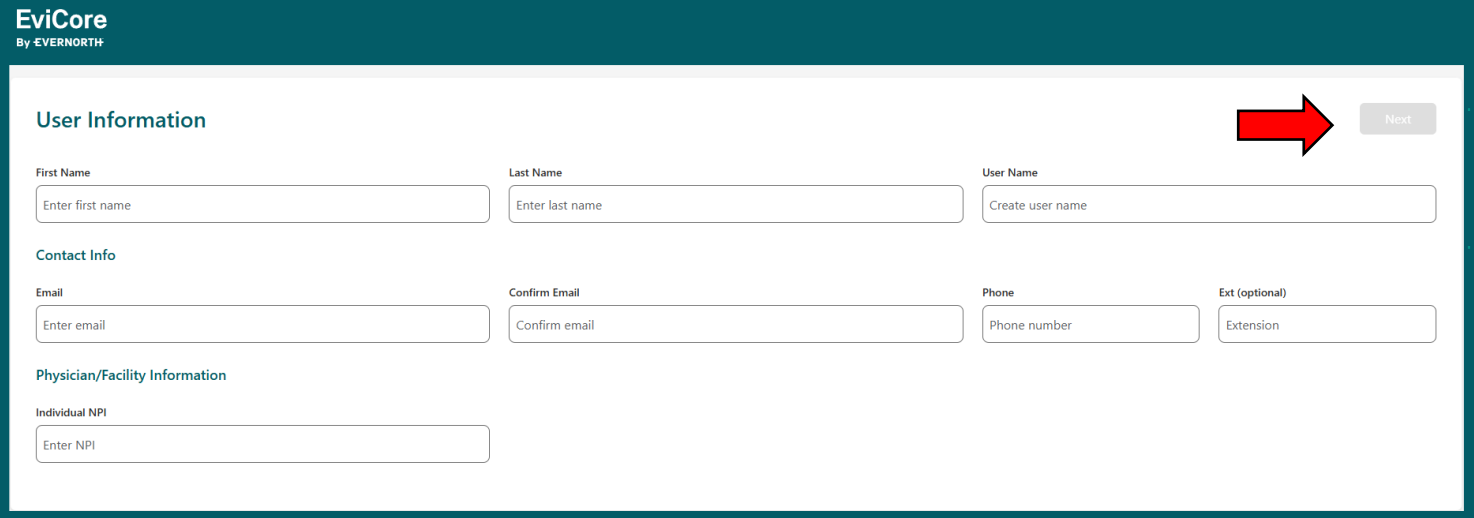
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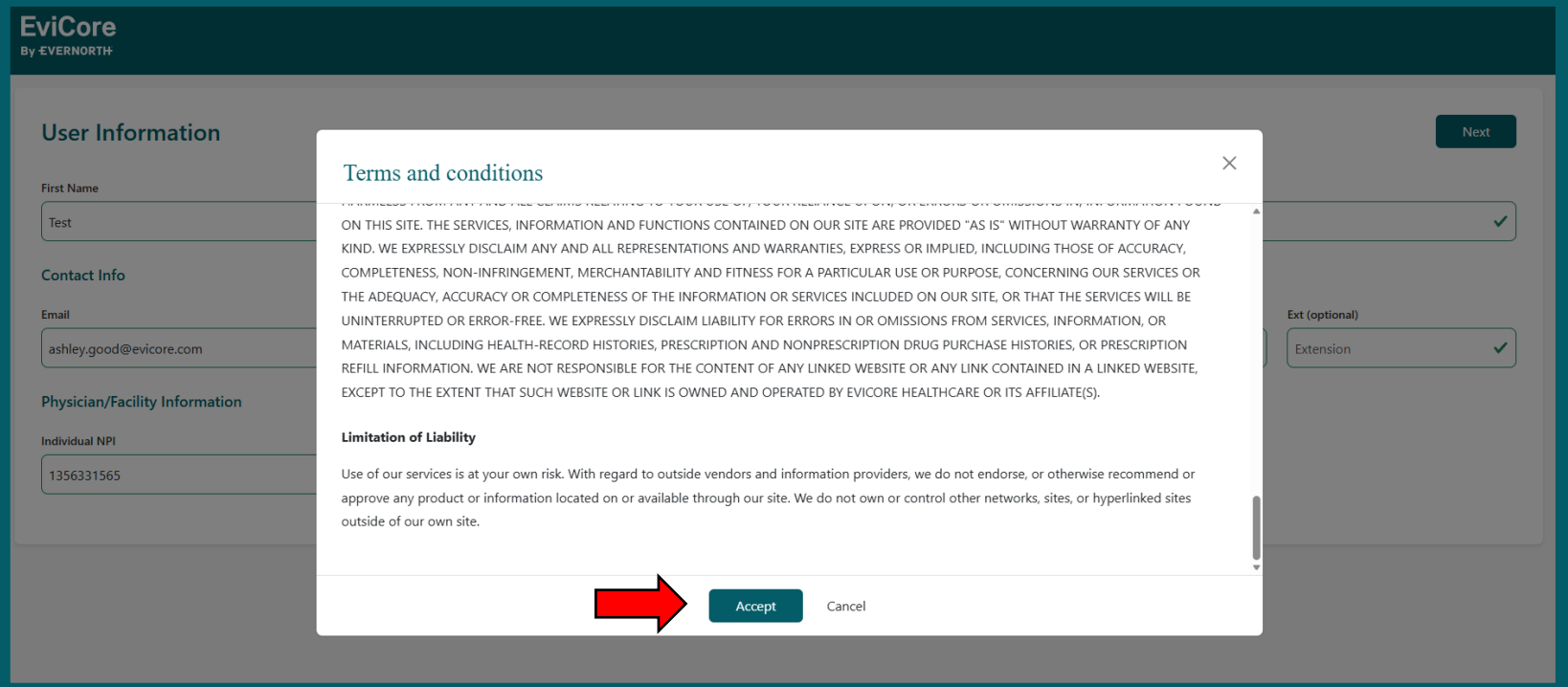
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Portal Registration

Enter your information here then click ‘Next’

Read and accept the Terms and Conditions





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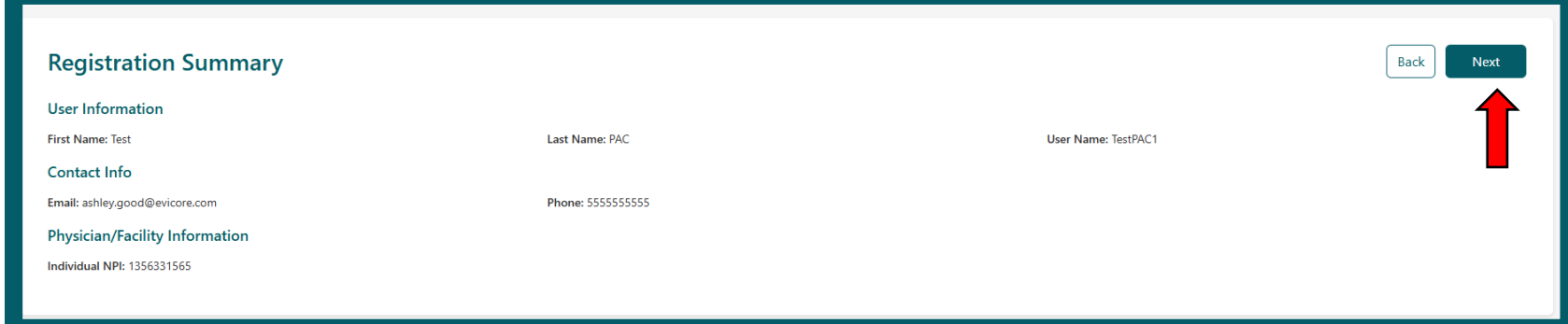
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Portal Registration

+Confirm the details are correct, then click ‘Next’

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

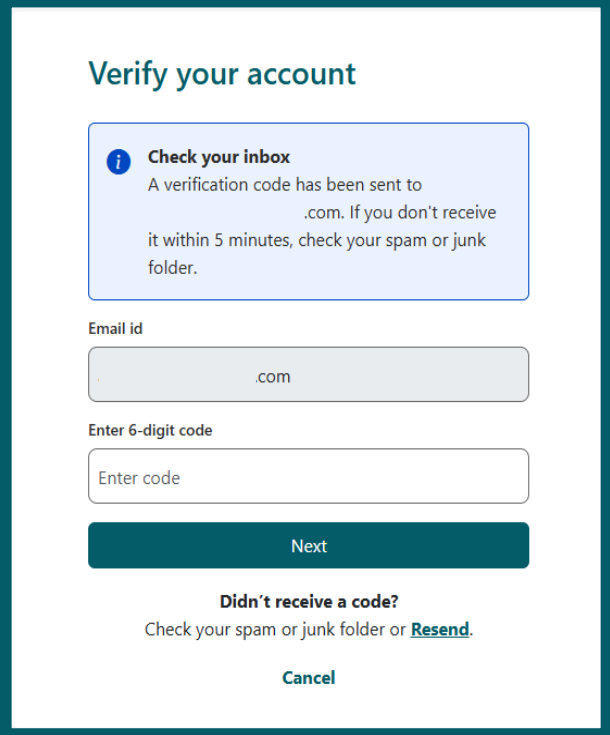
+Enter the 6-digit code, then click ‘Next’

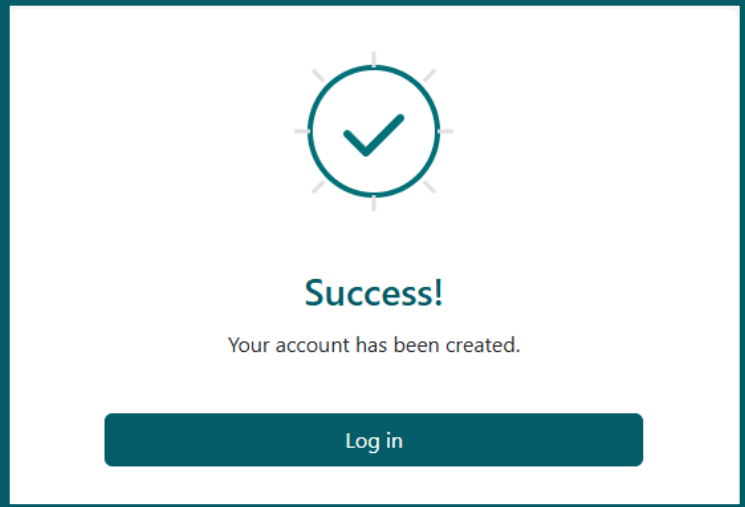


Create a Password

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

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





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EVICORE PROVIDER PORTAL

Setting Up Multi-Factor Authentication (MFA)

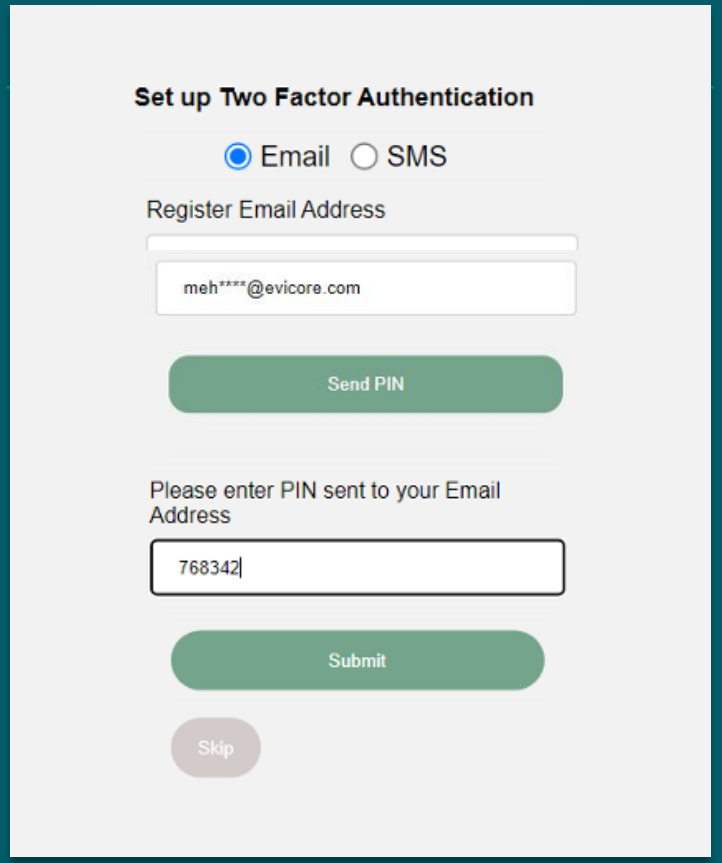
Most providers are already saving time submitting clinical review requests online vs. telephone

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.

Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

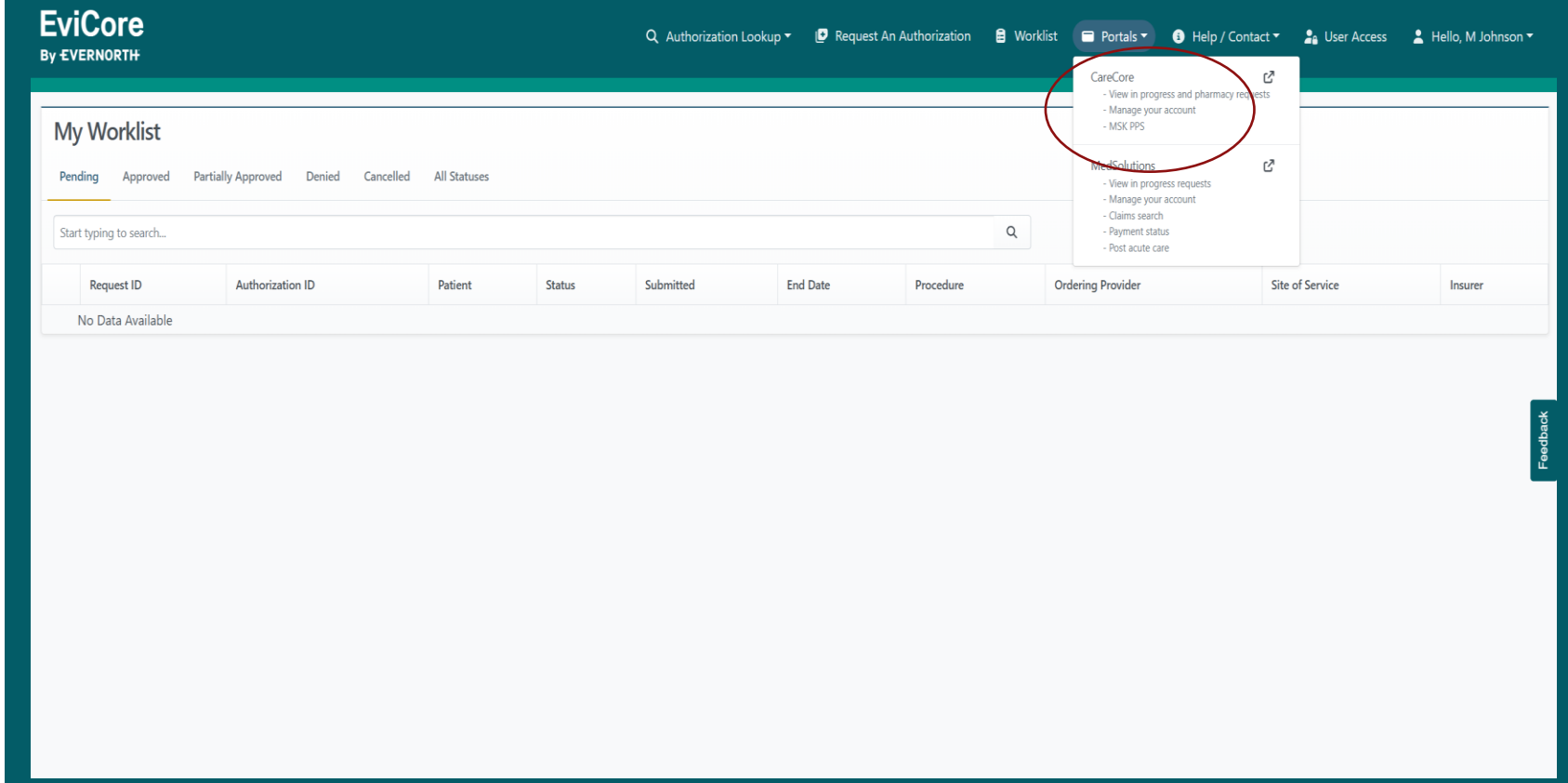


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Landing Page

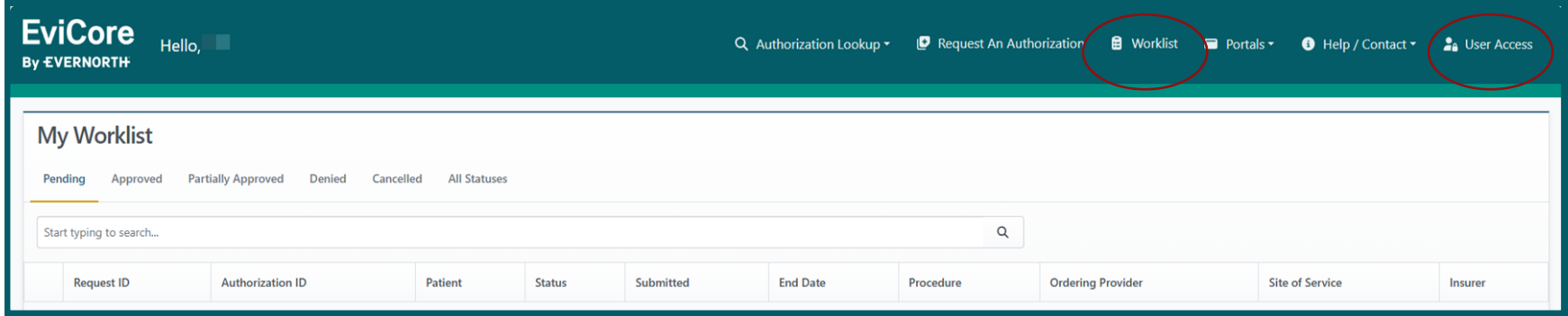
You may edit your password, email, and phone number by linking on your name in the upper right-hand corner and select “Profile”.

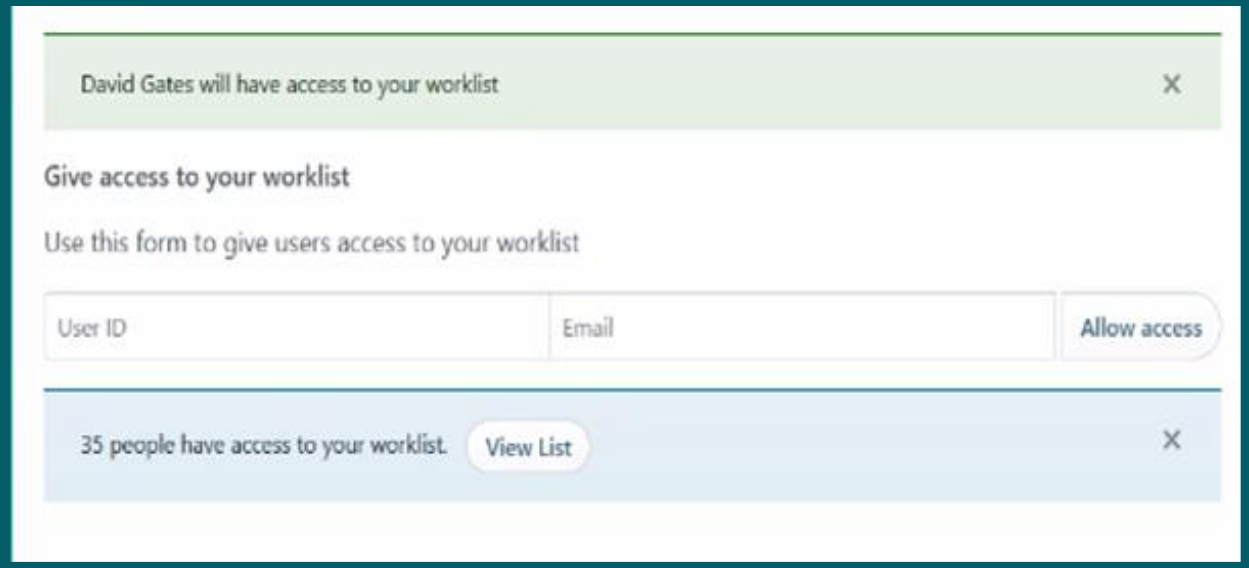


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Shared Worklist

To allow others to view your worklist while you are out of the office you can add them by selecting “User Access” and add their User ID and Email Address. They must have an EviCore account to be added.



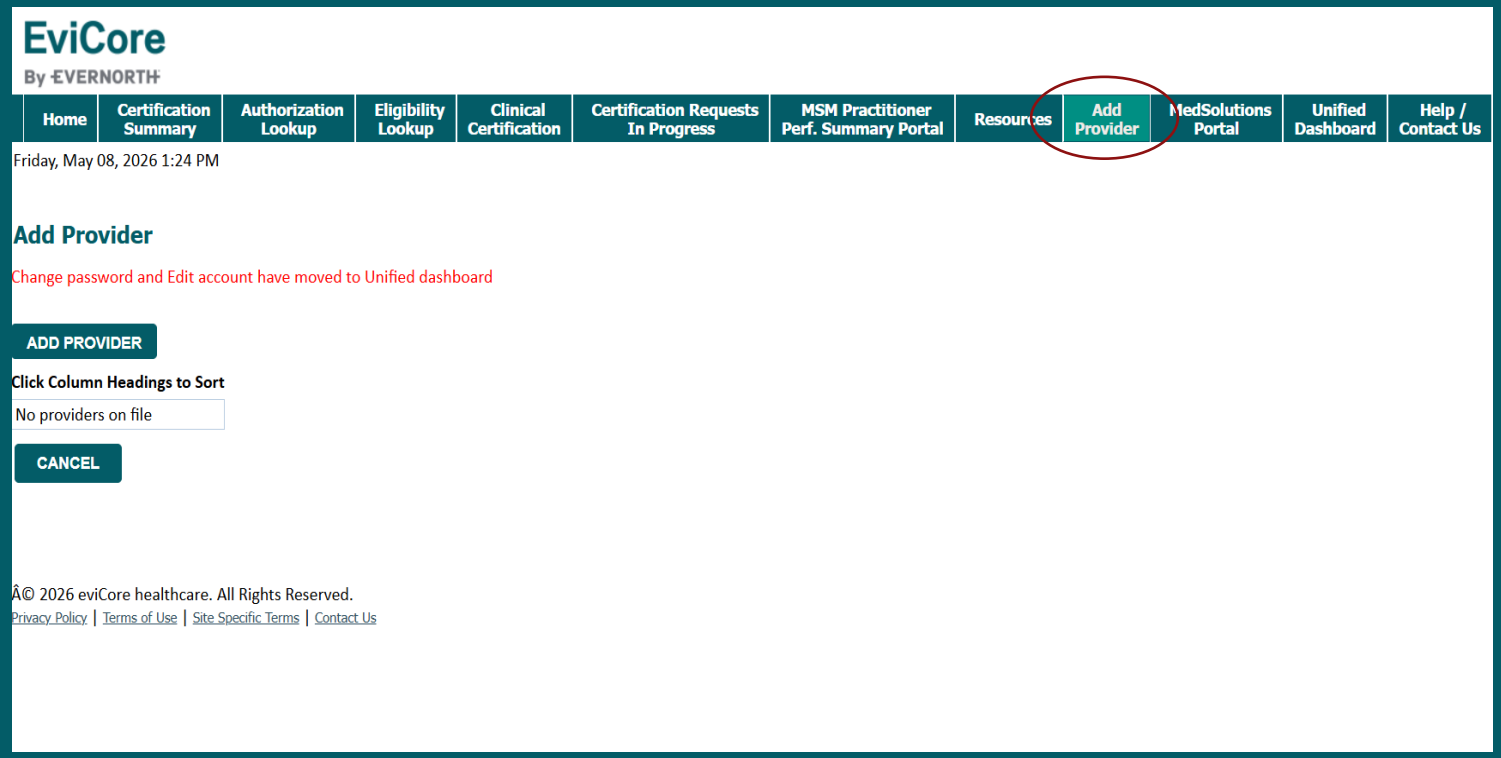


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Add Providers

- **You can add providers and their NPI's to your account prior to case submission**
- Click the **Add Provider** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Add Provider** at any time to make any necessary updates or changes

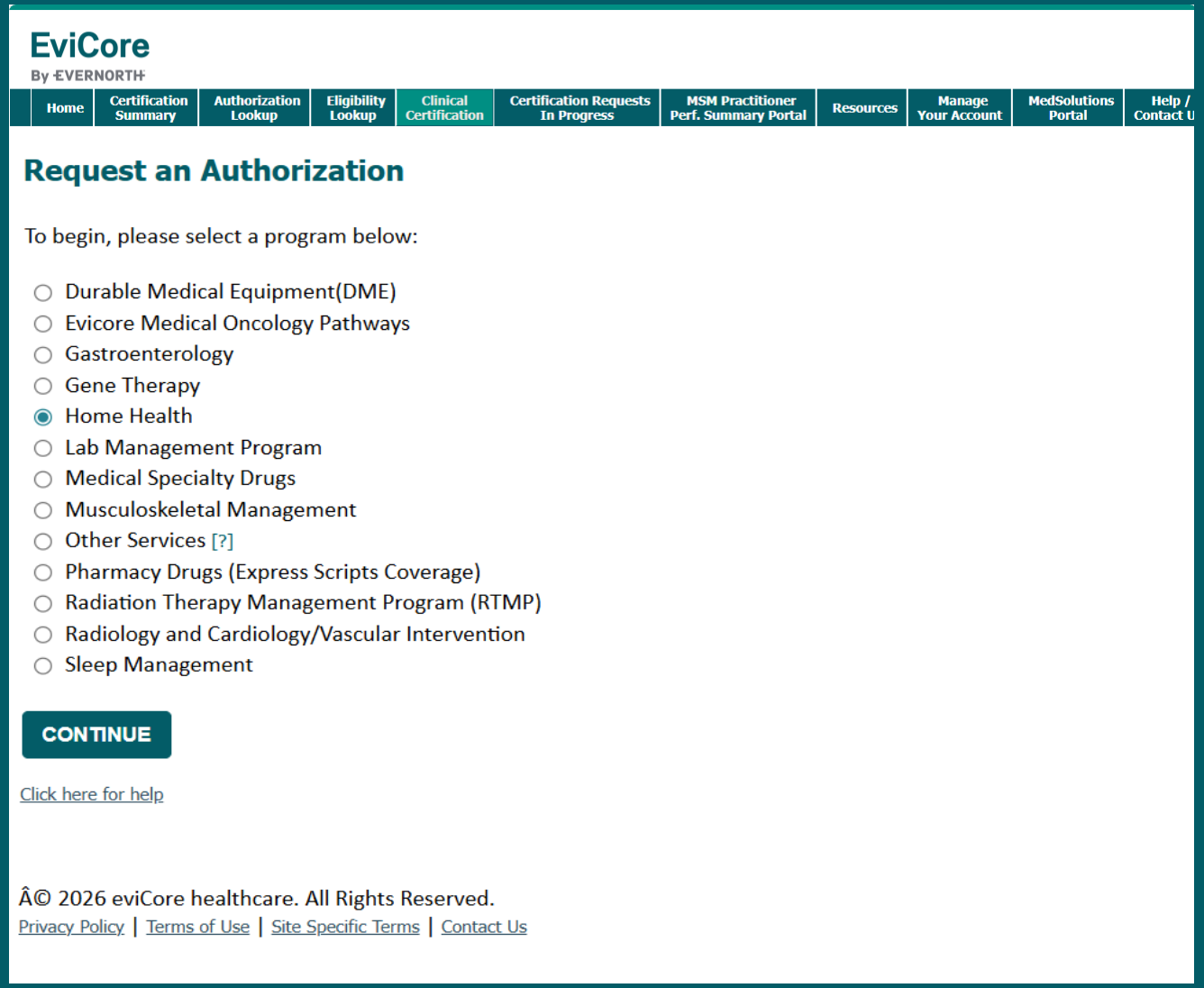


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Initiating a Case

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification

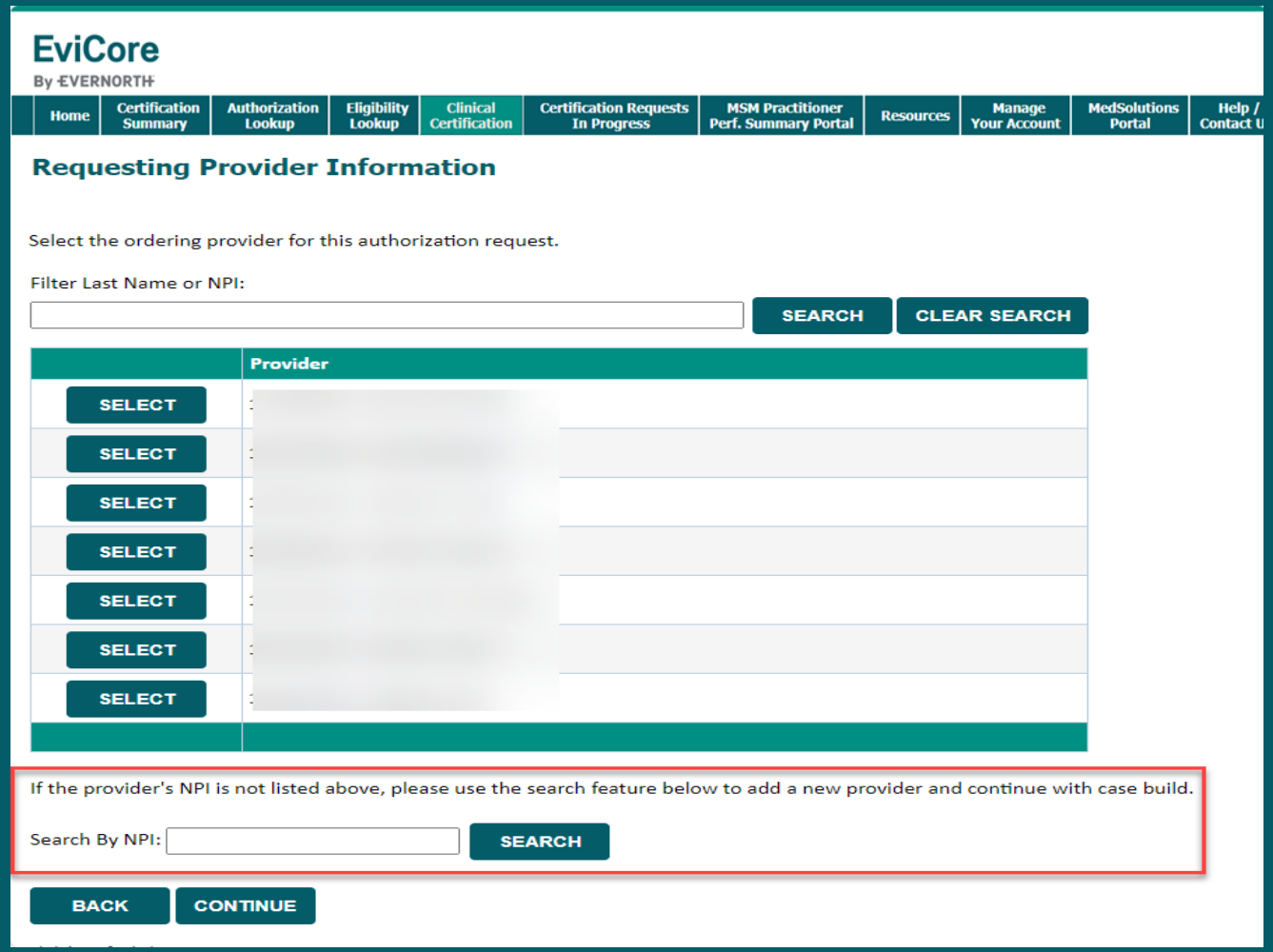


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Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case

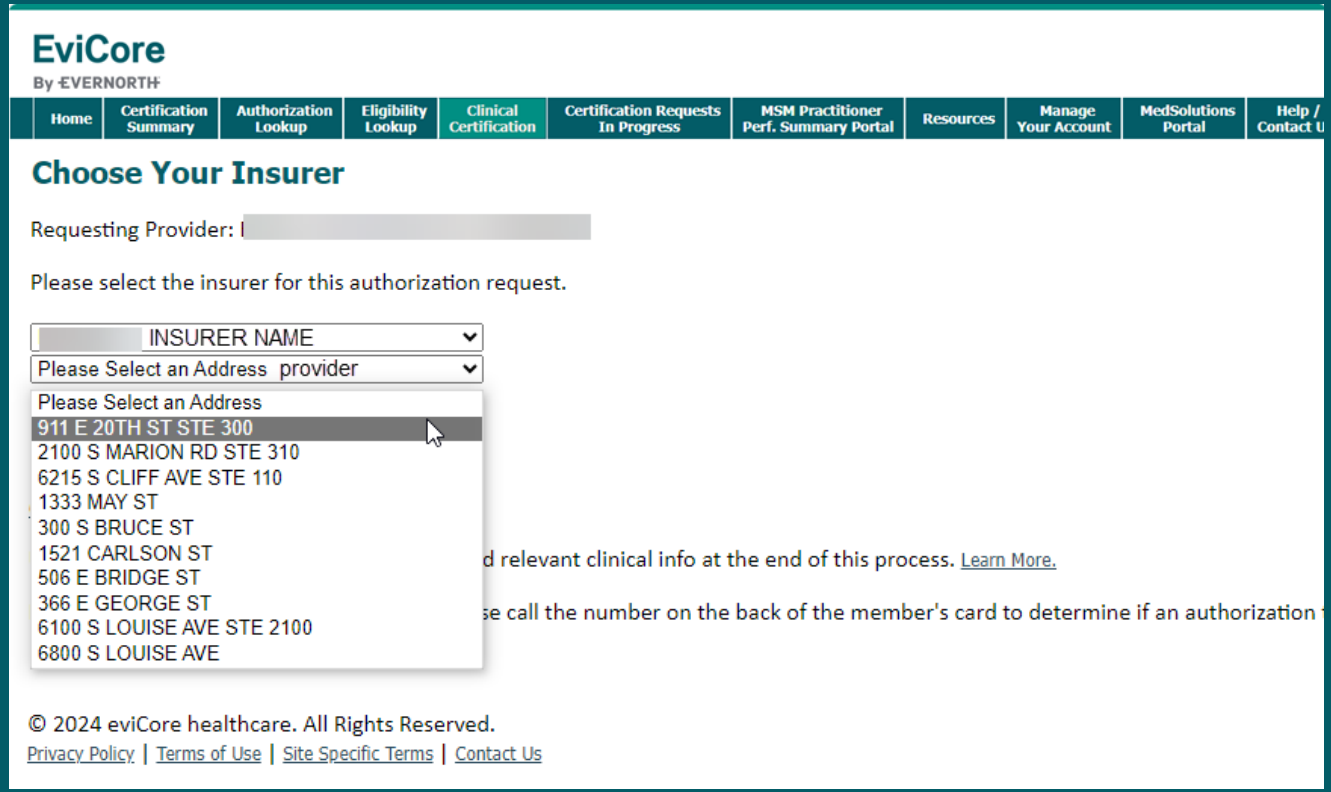


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Select Health Plan

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

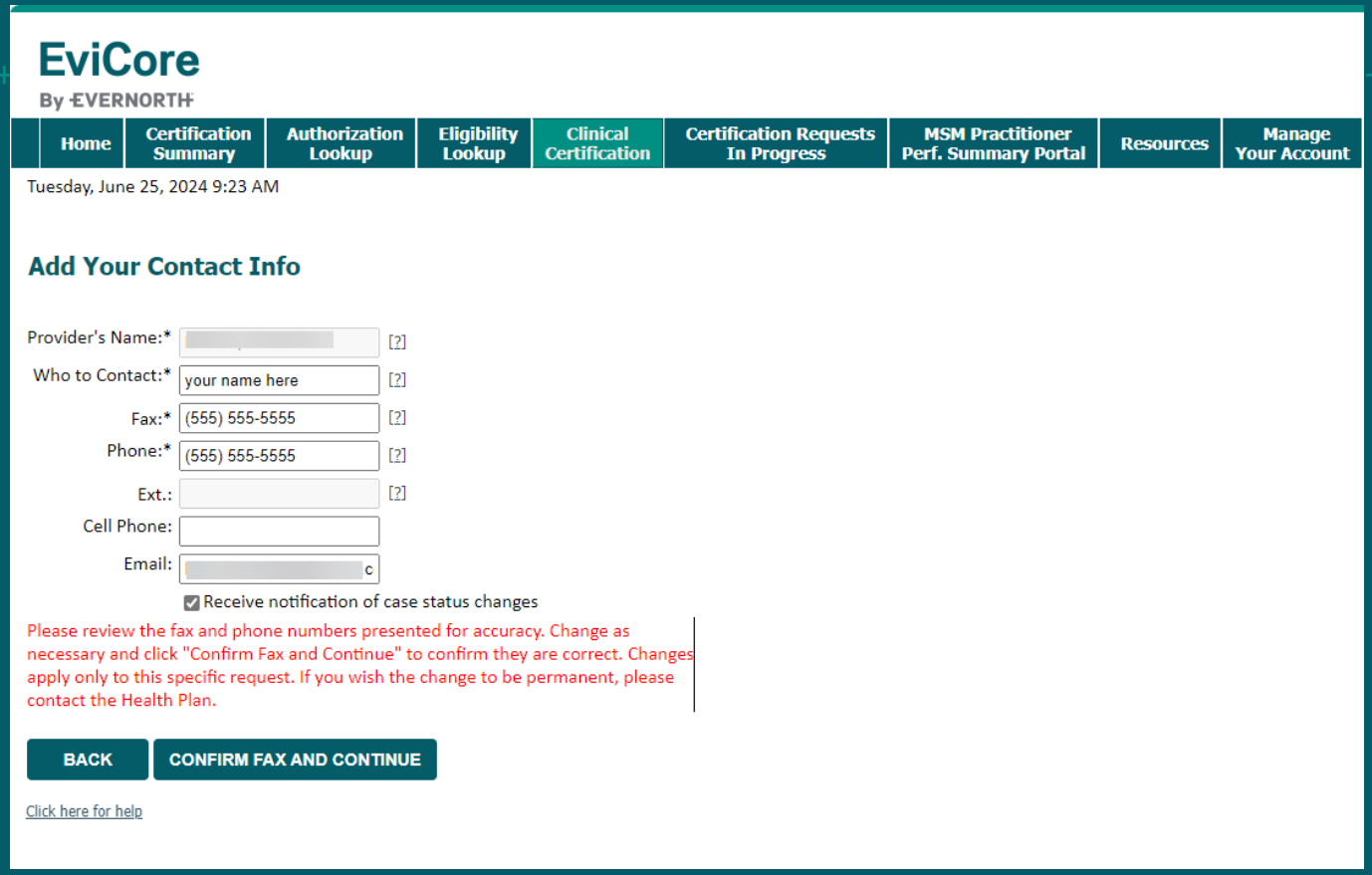


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Enter Contact Information

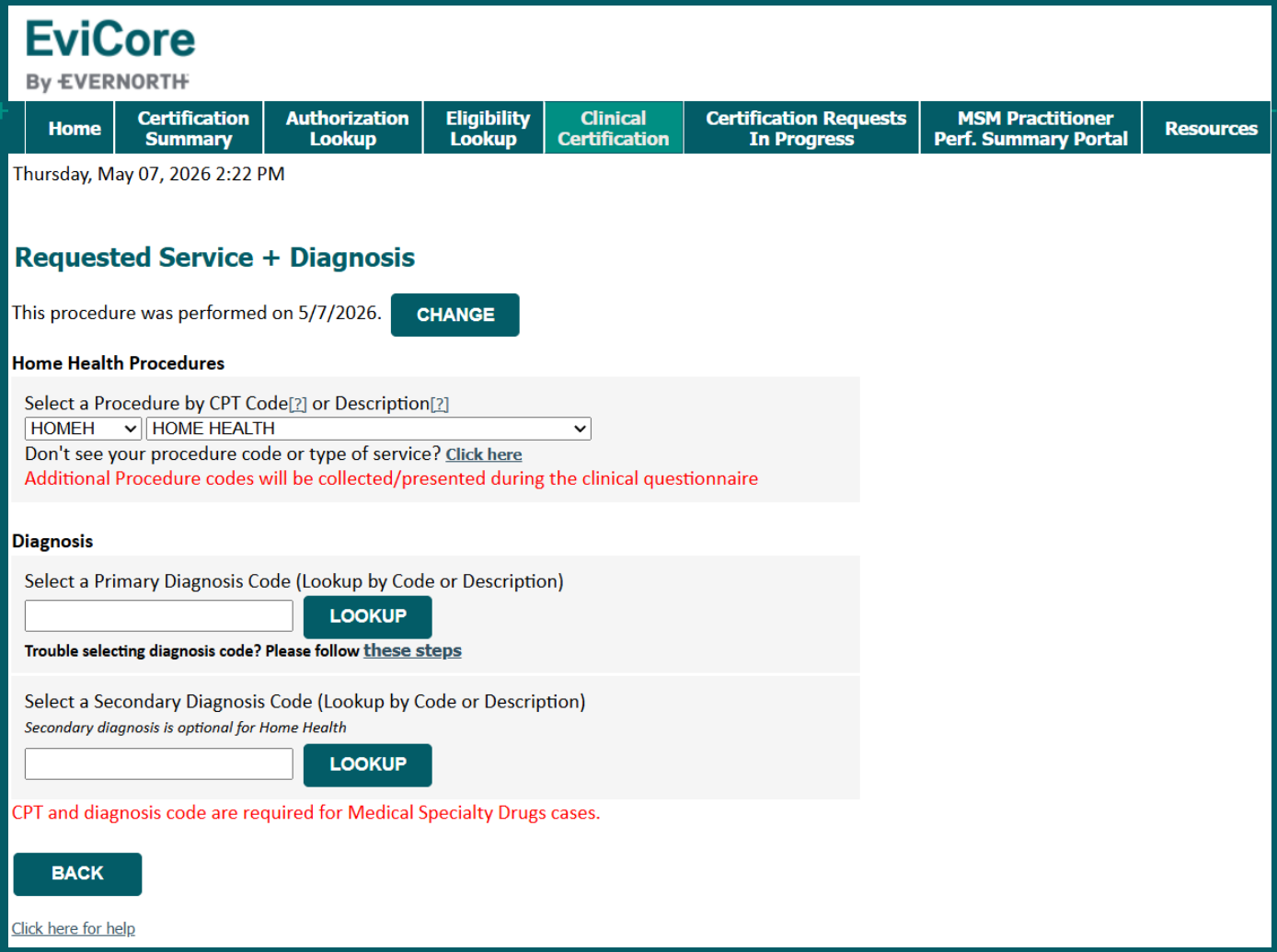
- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary



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Enter Requested Procedure and Diagnosis

- Home Services will use the ‘header code’ HomeH.
- Select appropriate **Diagnosis codes**
- The CPT codes will be collected during the clinical questionnaire

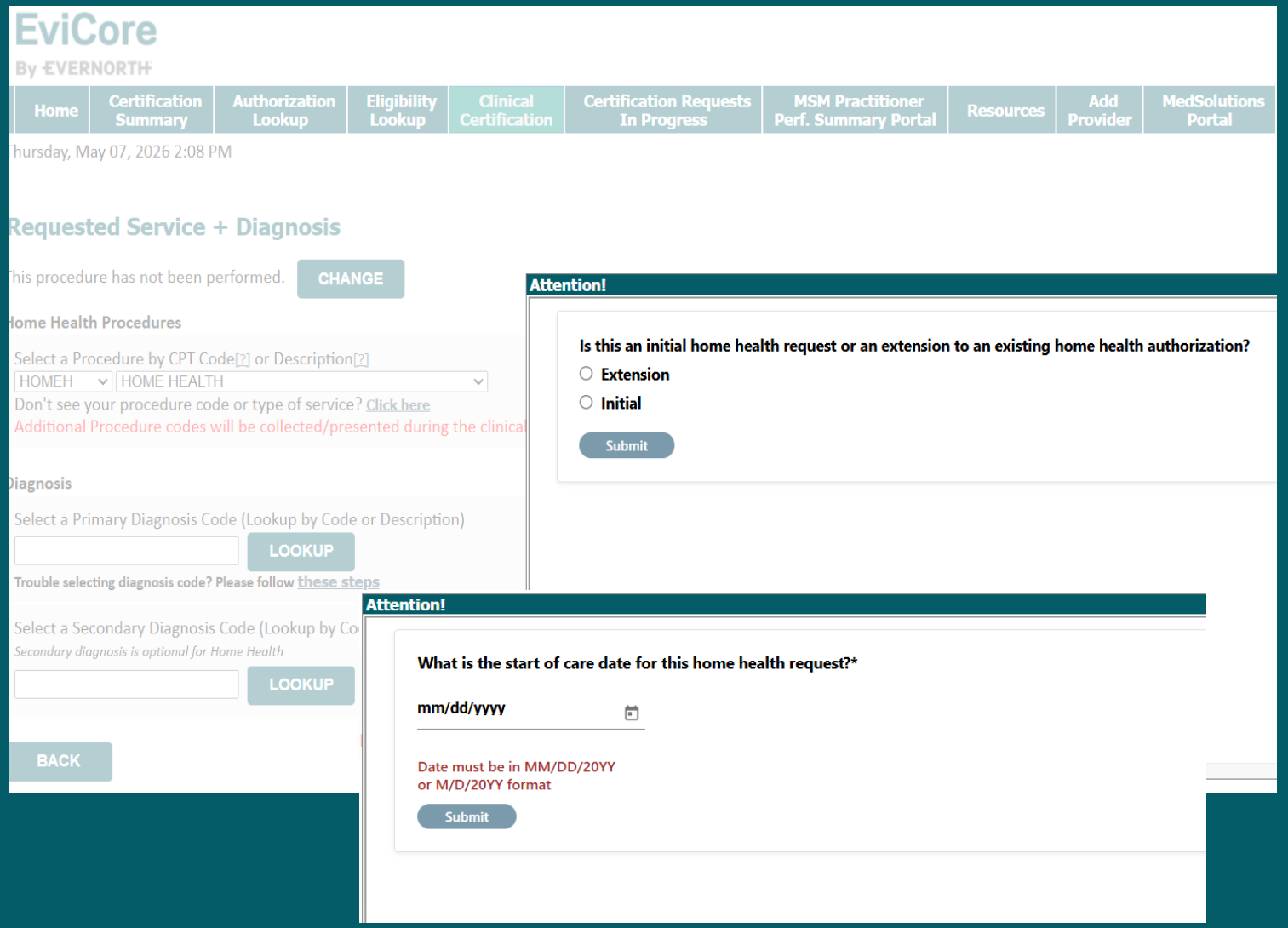


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Enter Start of Care Information

- Select “Initial” to start a new case
- Enter the expected date of service. If unknown, enter today’s date.

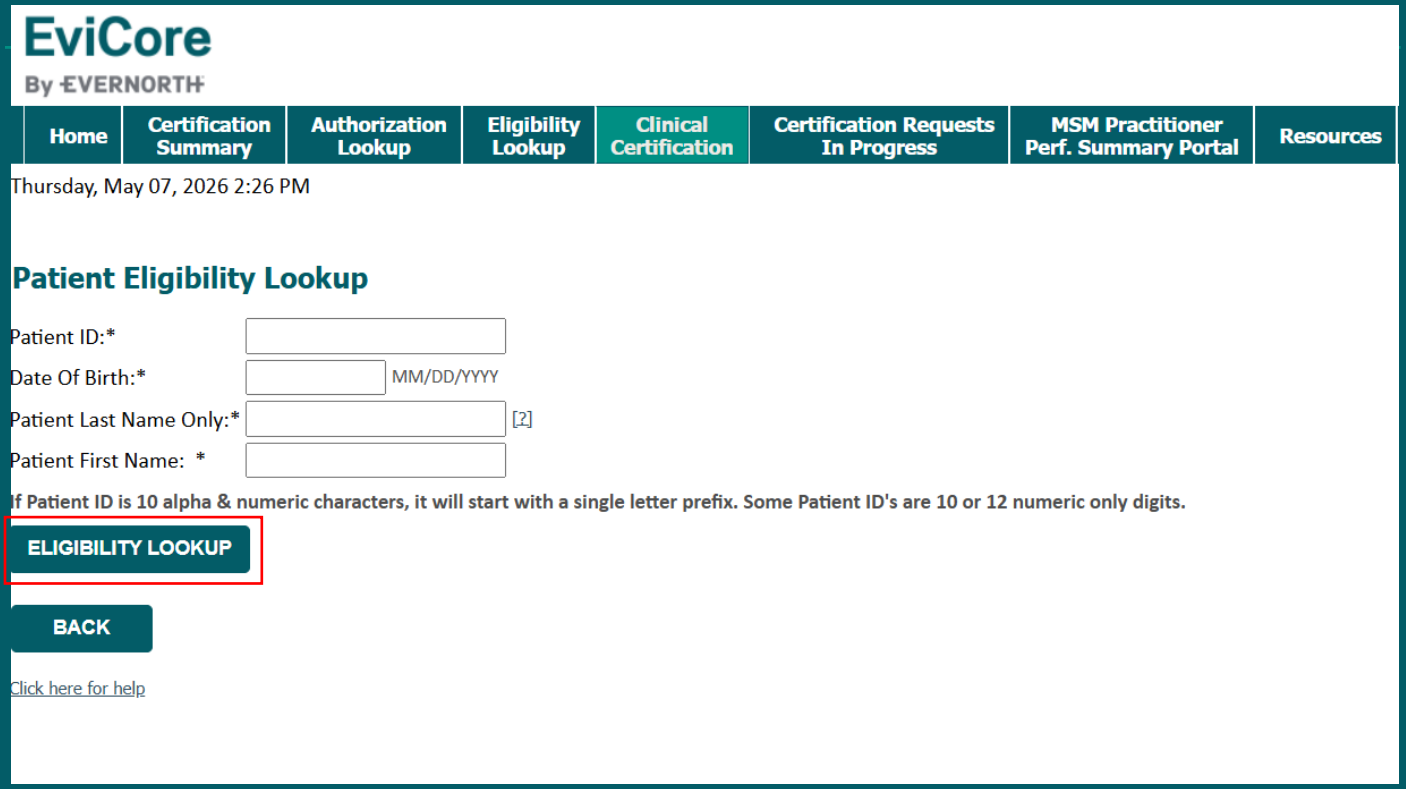


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Enter Member Information

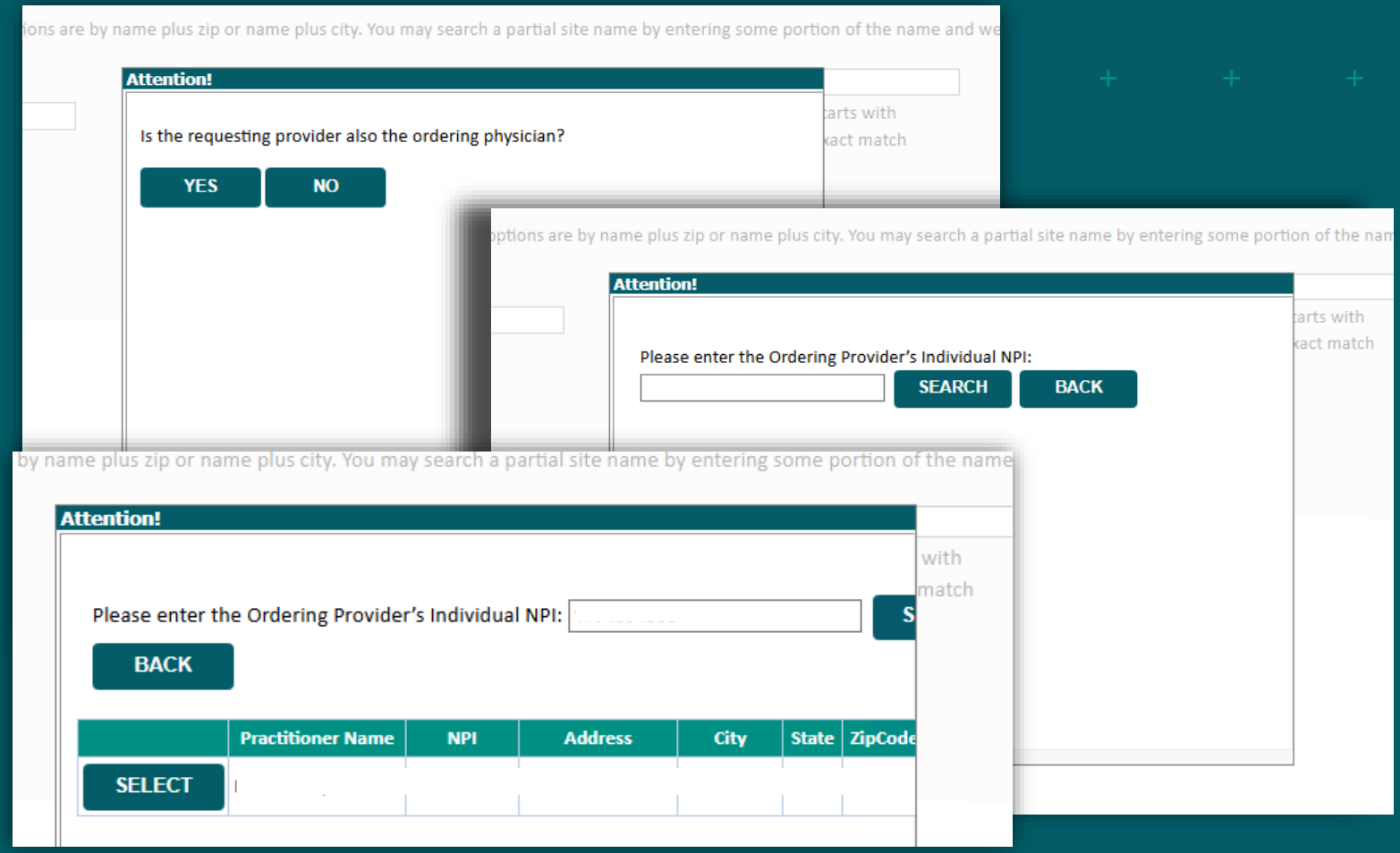
- Then, enter the **member information,** including patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- Confirm your patient's information and click **SELECT** to continue



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Ordering Provider

+ Search for the **ordering provider** (for best results, search with NPI, TIN, **and** zip code)

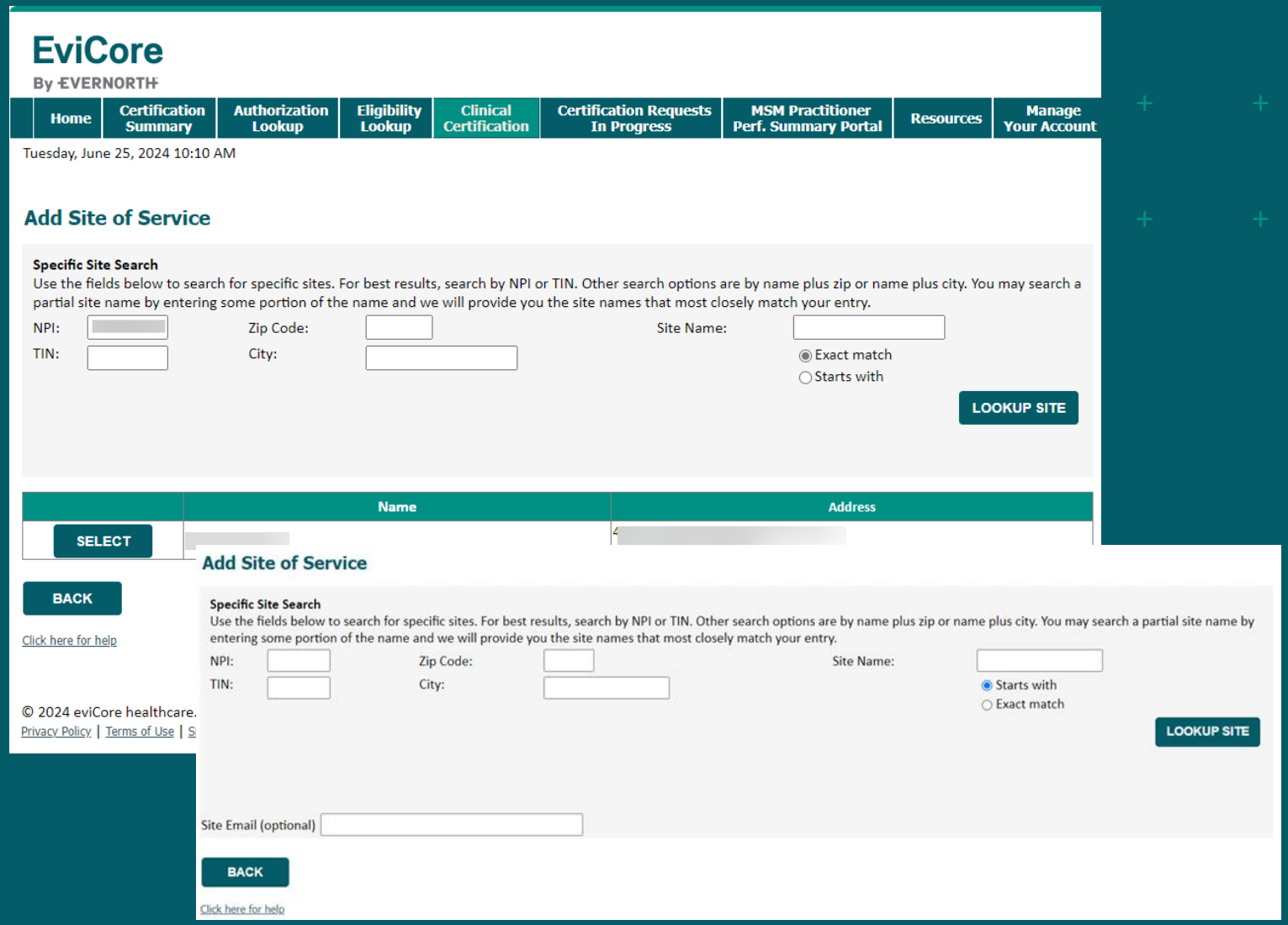


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Site Selection

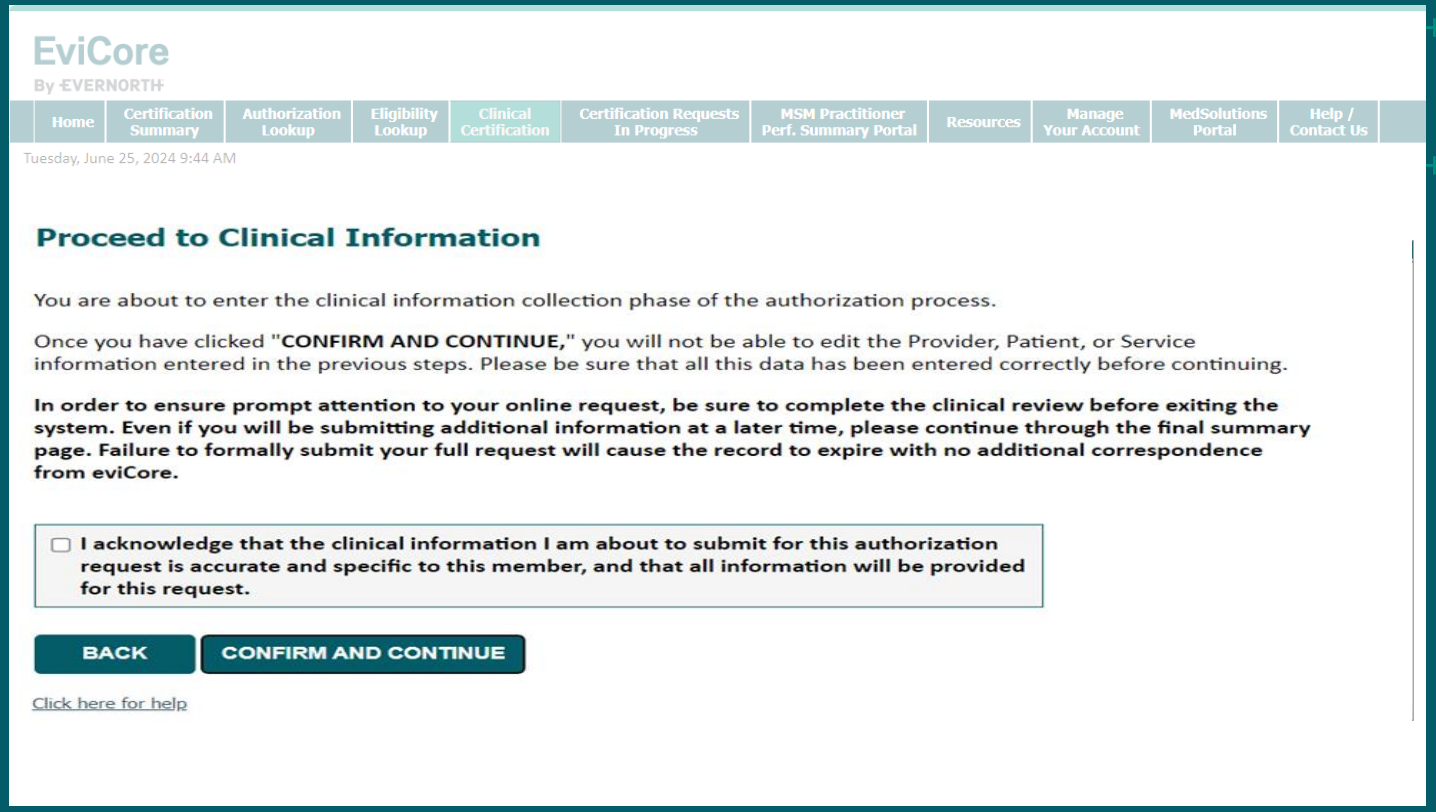
- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- **Select** the specific site where the procedure will be performed



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Clinical Certification

- You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**



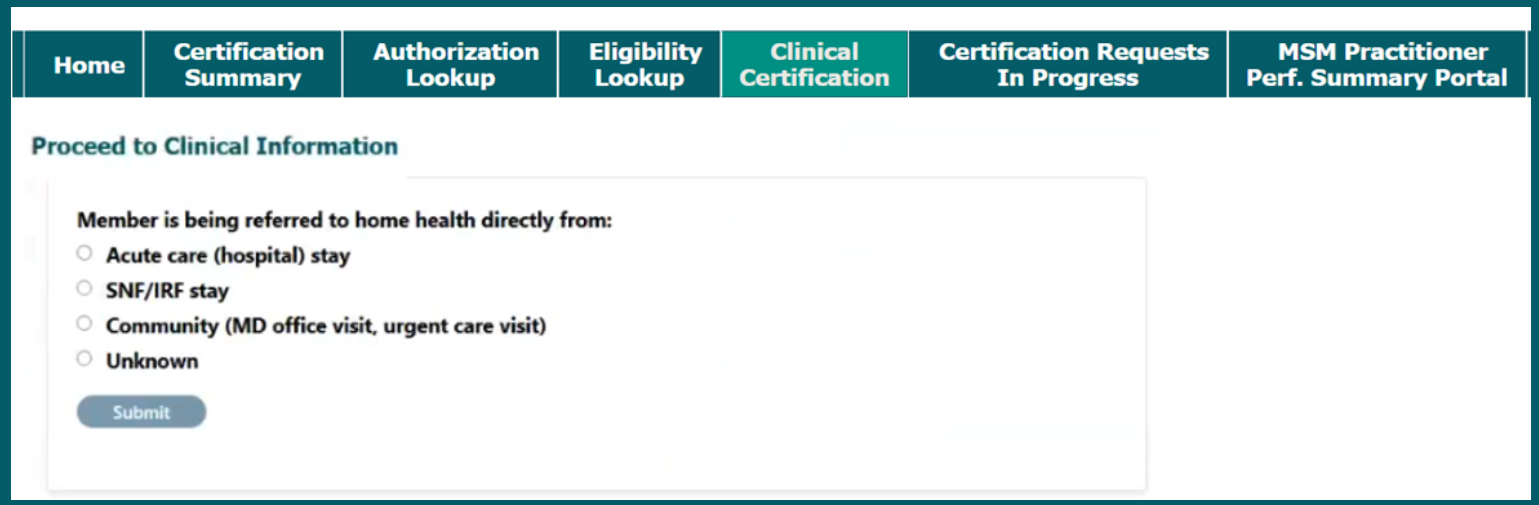
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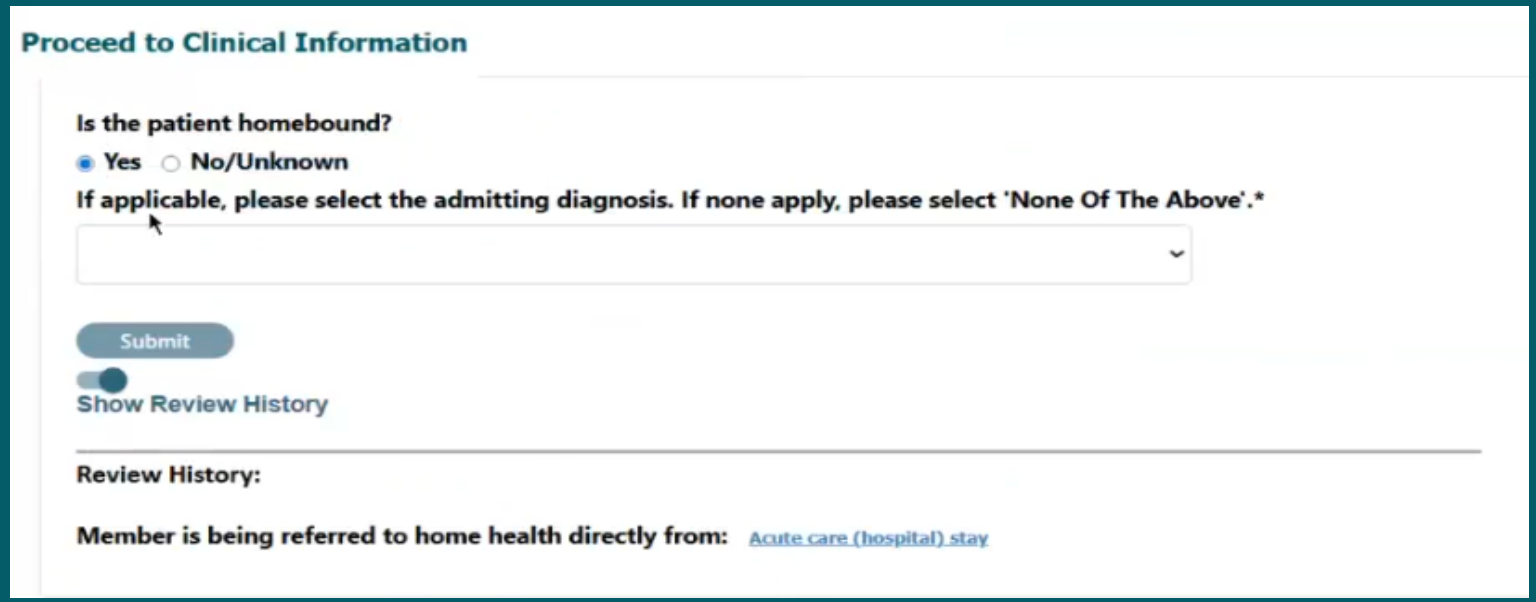
CLINICAL CERTIFICATION REQUEST

Clinical Certification

- Verify where the patient is being referred from
- Verify that the patient is homebound.

- You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.



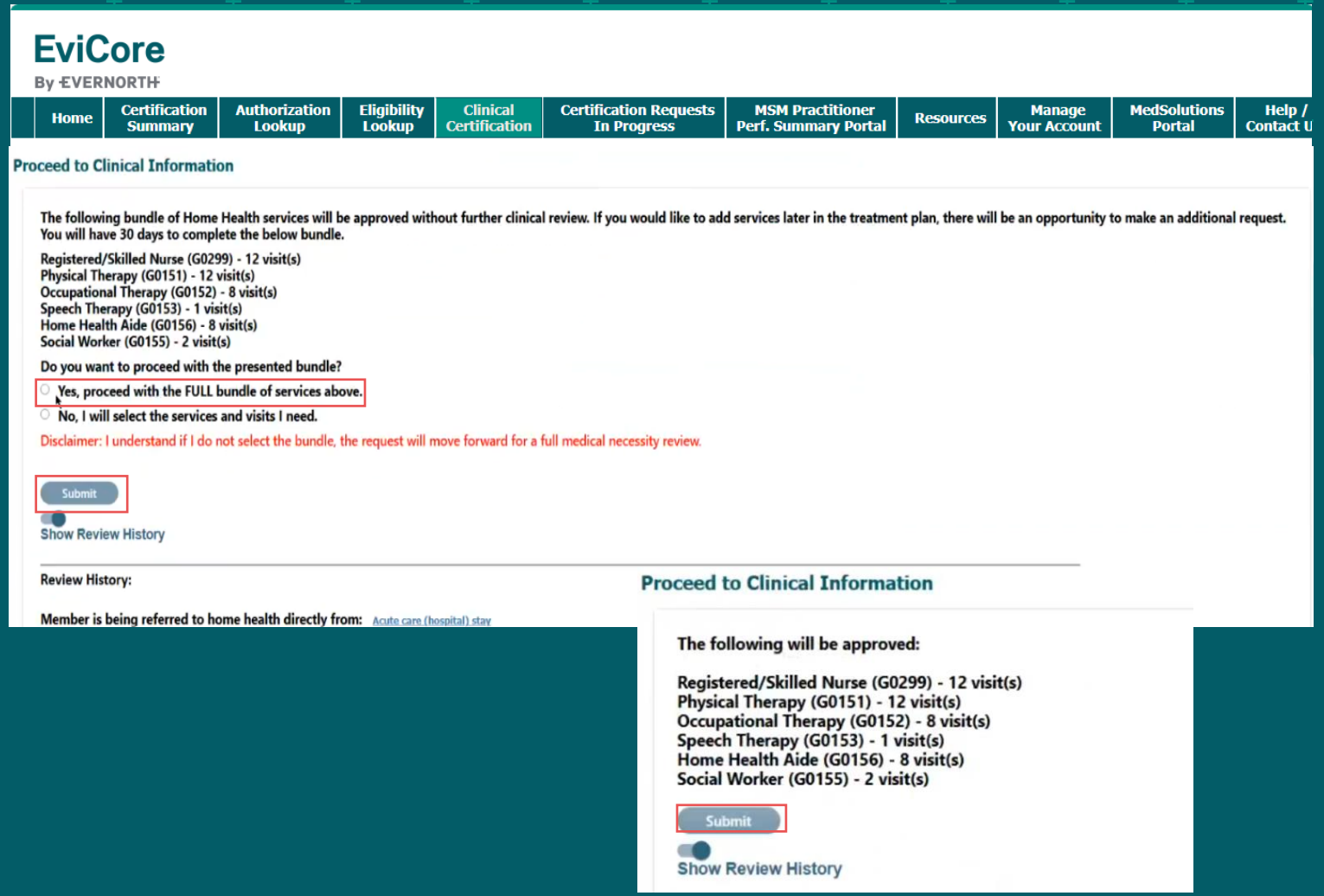


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Requesting Full Bundle

+ Select bundle option - Yes
+ Select submit to verify.



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Real-Time Decision or Clinical Documentation Upload

Workflow that reduces provider administrative burden by reducing the clinical survey experience

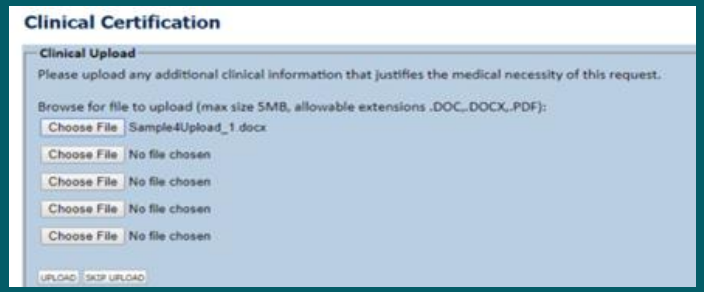
Real-time decisions

Expedites evidence-based patient care

When a Real-Time approval does not occur, simply upload clinical information that supports the request





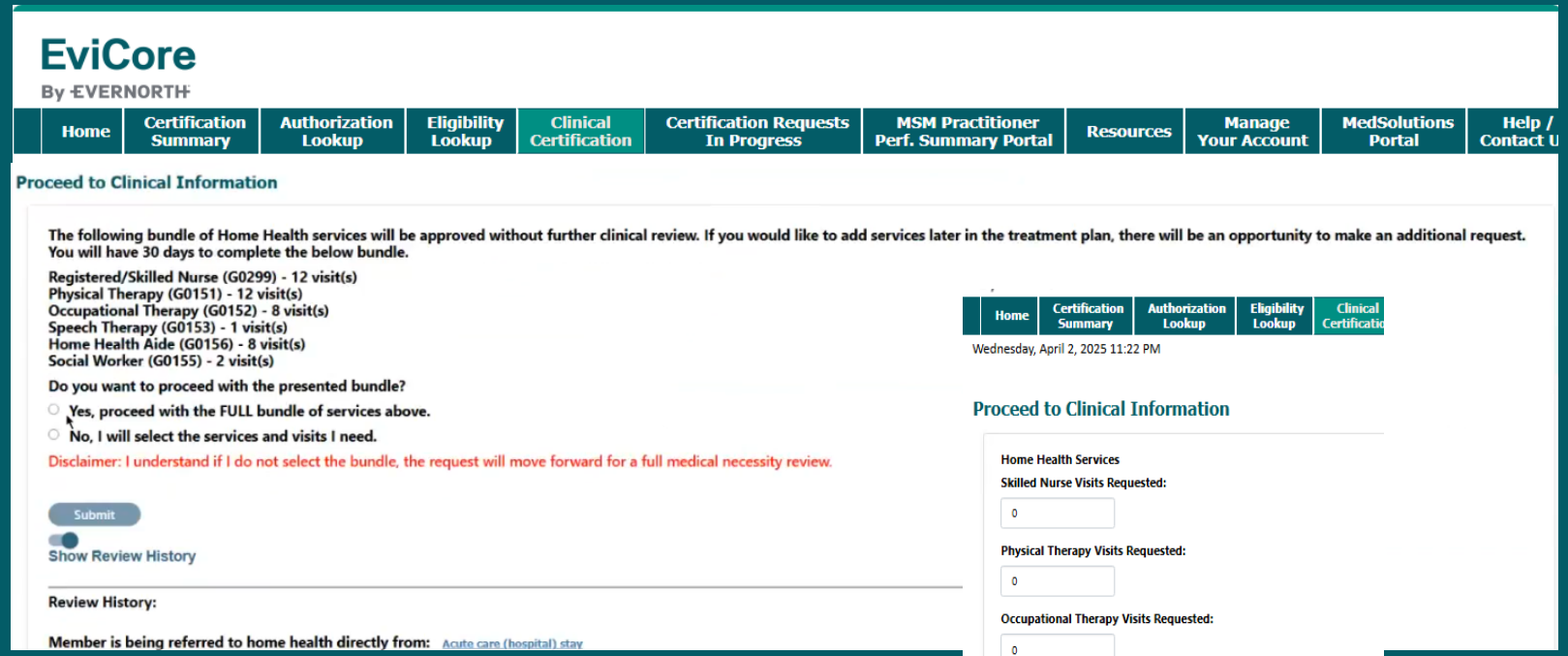


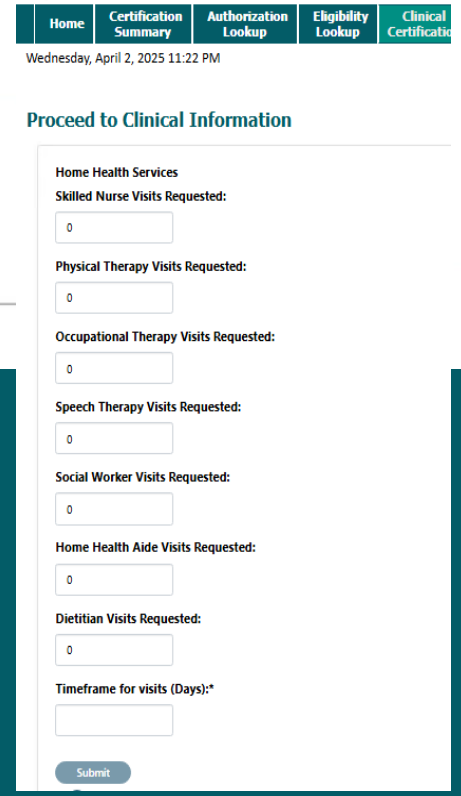
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Customize Services

- Select bundle option - No
- Select requested services and enter quantity
- Select Submit



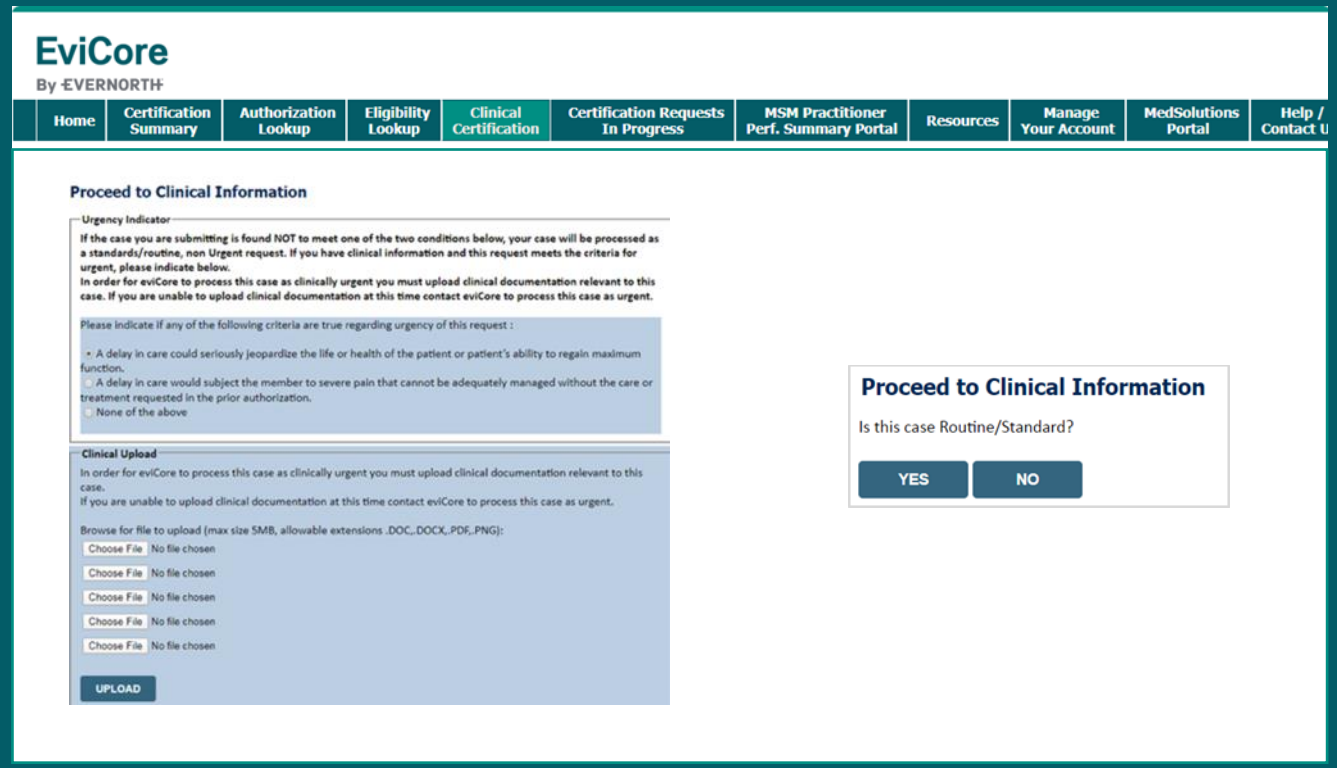


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Standard or Urgent Request?

- If the case is **standard,** select **Yes**
- If your request is **urgent,** select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** *(.doc, .docx, or .pdf format)*
- Your case will only be considered urgent if there is a successful upload



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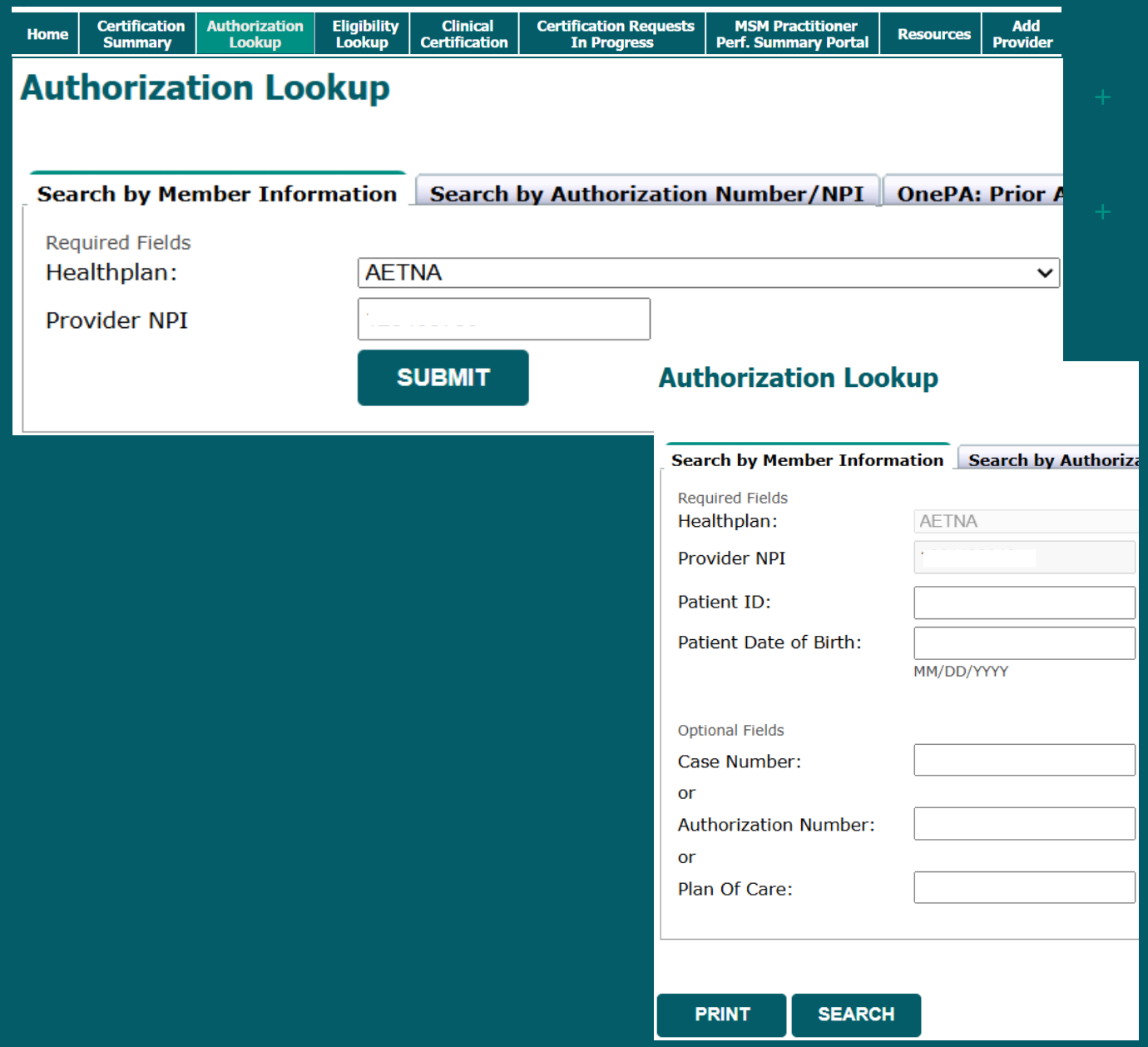
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Requesting an Extension

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Request for Extension

- Select “Authorization Lookup” from menu bar
- Enter healthplan name along with site NPI
- Select submit
- Enter member id and DOB
- Select search

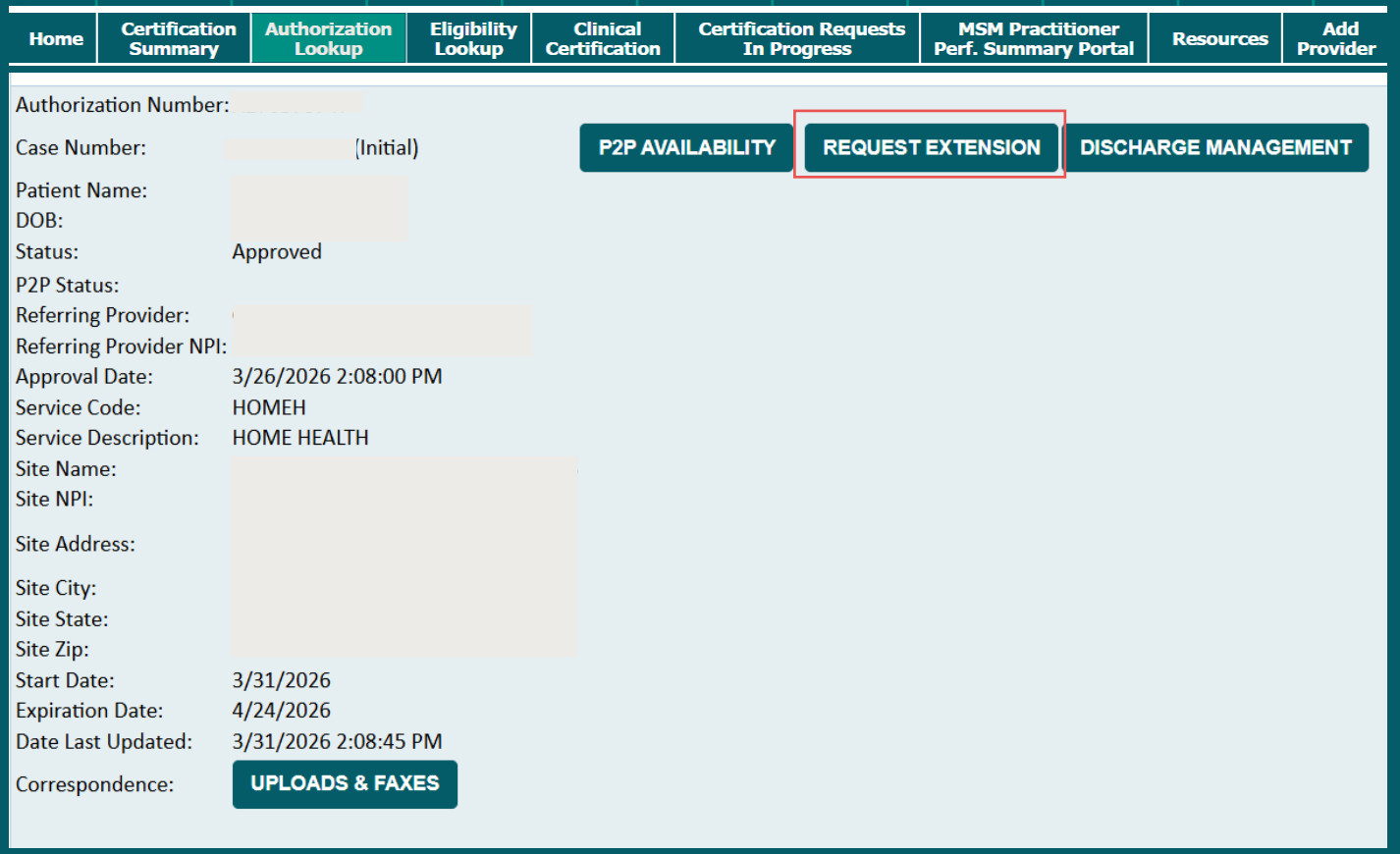


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Request for Extension

+ Select Request Extension

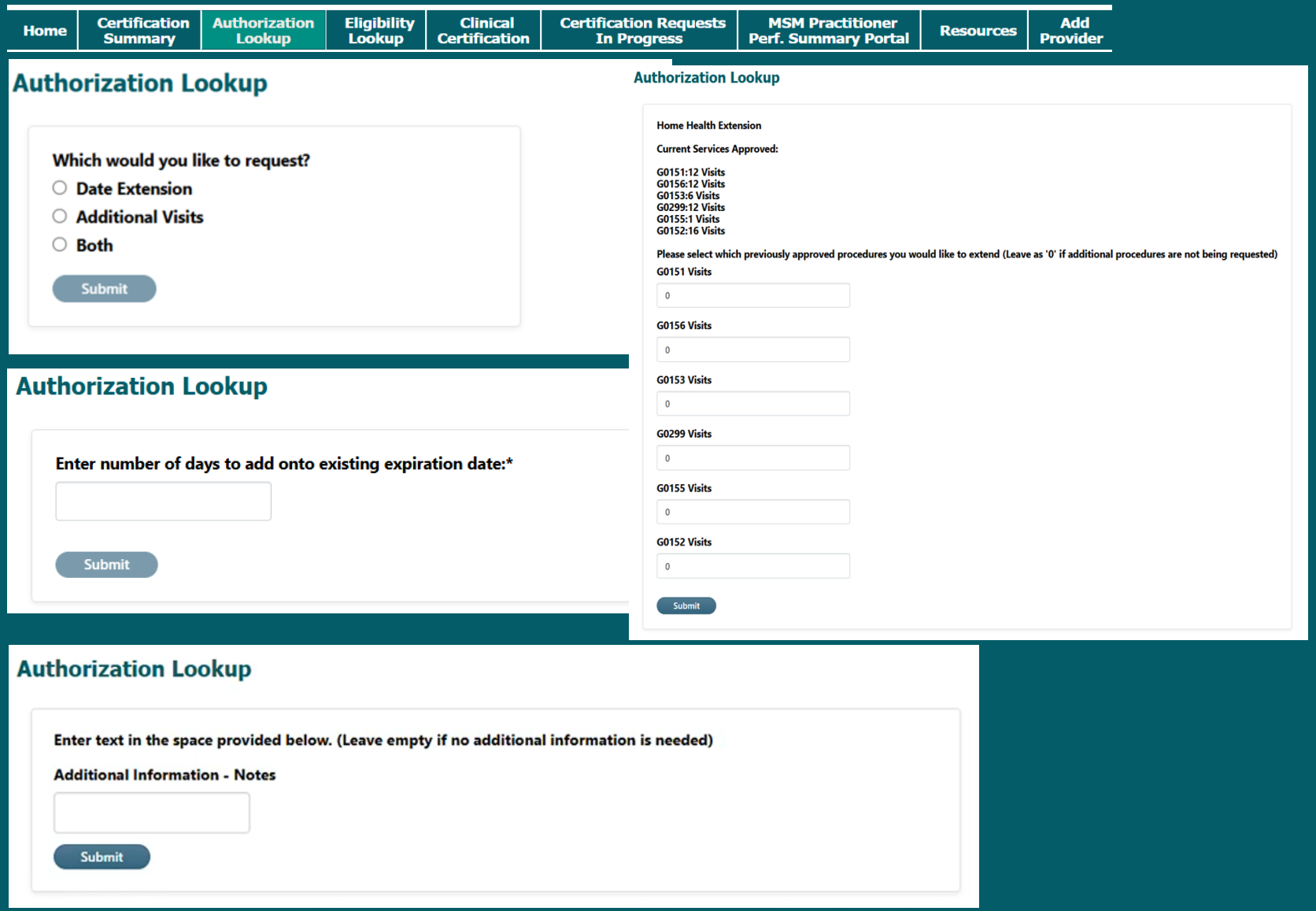


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Request for Extension

+ Complete request
+ Select Submit

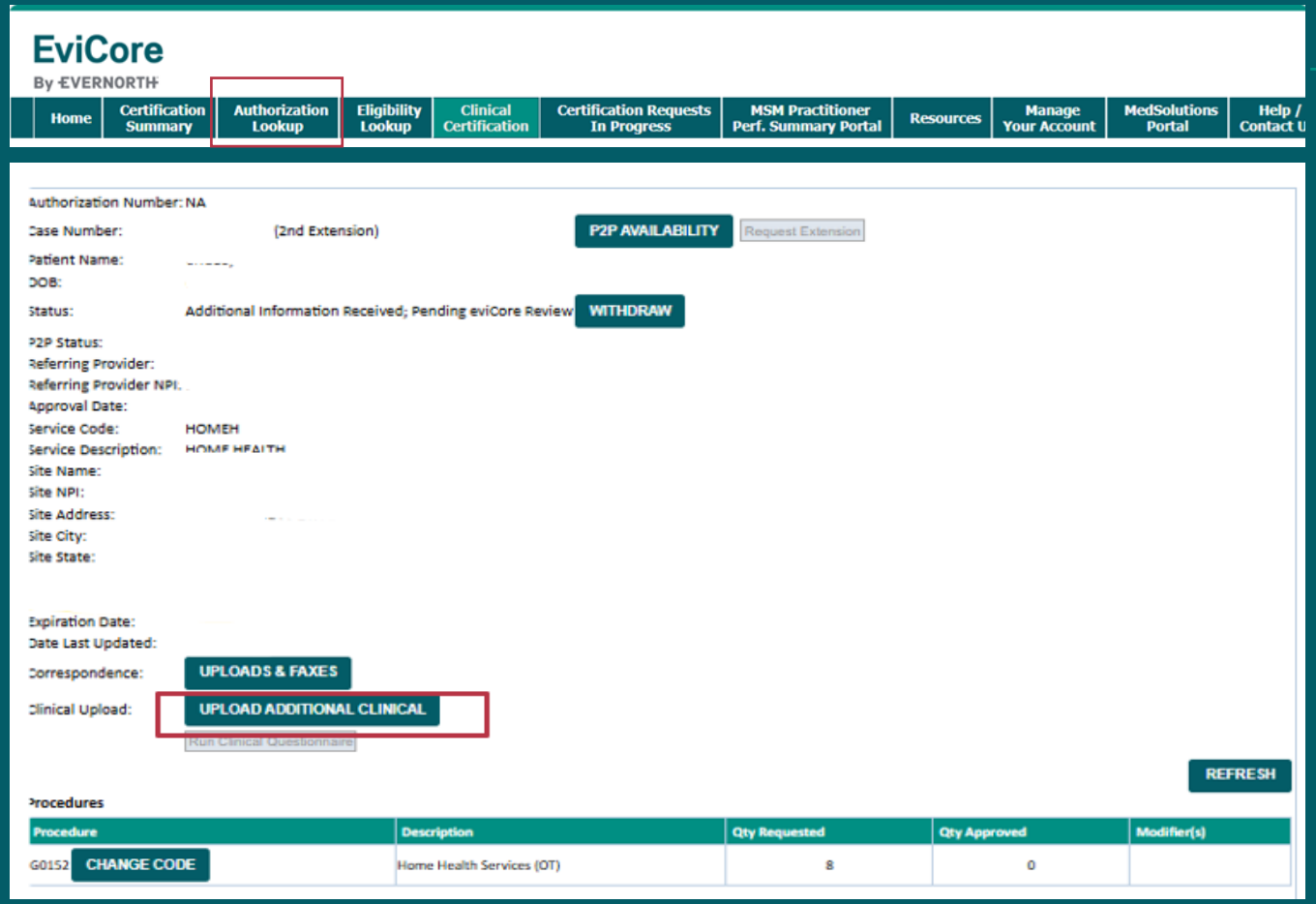


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Upload Clinicals

Return to the Authorization Lookup tab, select “Search by Member Information” enter the member ID and DOB. Once you identify the new extension, you can upload additional clinicals.



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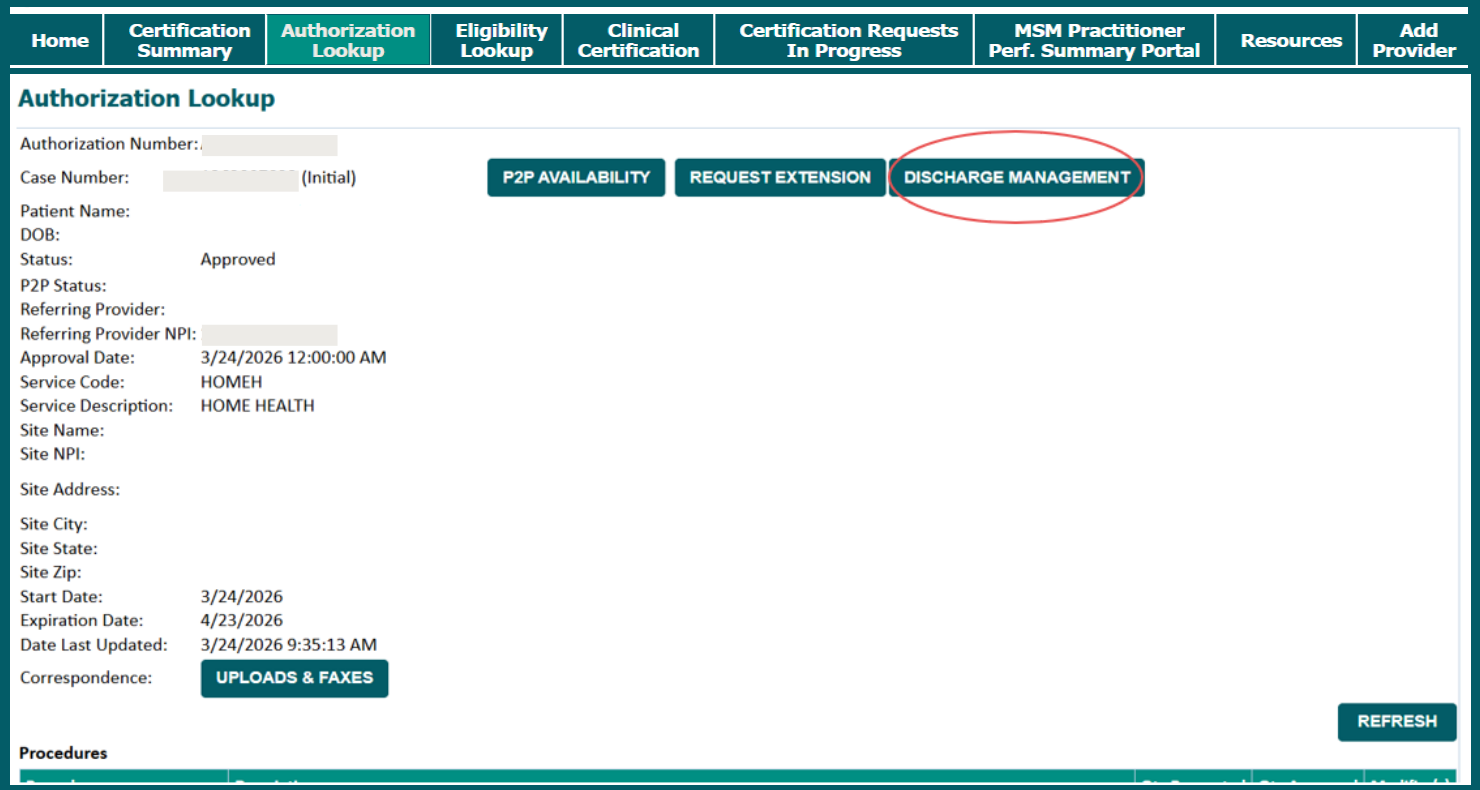
Discharge Management

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Discharge Management

- Select “Authorization Lookup” from menu bar
- Enter healthplan name along with site NPI
- Select Submit
- Enter member id and DOB
- Select Submit
- Select “Discharge Management”

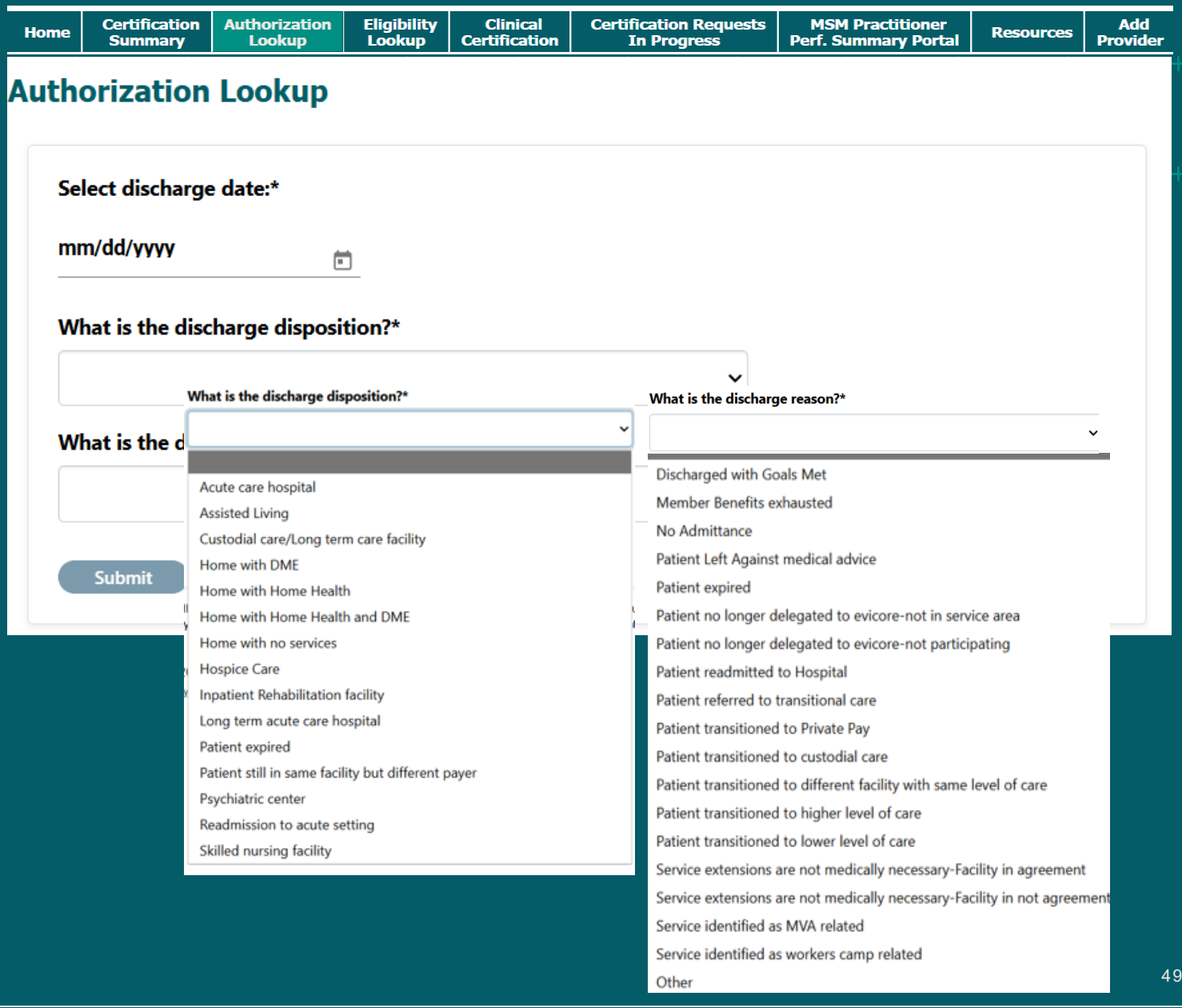


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Discharge Management

- Enter the discharge date.
- Enter the discharge disposition
- Enter the discharge reason
- Select Submit
- Upload NOMNC – return to the authorization, select discharge management, an upload document function will be listed.
- or Fax the NOMNC to 866-705-3574



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Provider Resources

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Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research. Requests will be initiated through EviCore's self-service application, ECRM.

+ Access: ECRM Services
+ ECRM educational resources: ECRM Resources | EviCore by Evernorth
+ Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com
+ Portal – Live Chat

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

Call 888-622-7329, representatives are available from 8 a.m. – 8 p.m. Central time, Monday through Friday.



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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 on a daily basis.

This page will include:

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

- To access these helpful resources, visit Provider Resources | EviCore by Evernorth



Contact our Client and Provider Services team via EviCore's self-service application, ECRM

- https://ecrm.evernorth.com/ecrm
- 1-800-646-0418 (option 4)

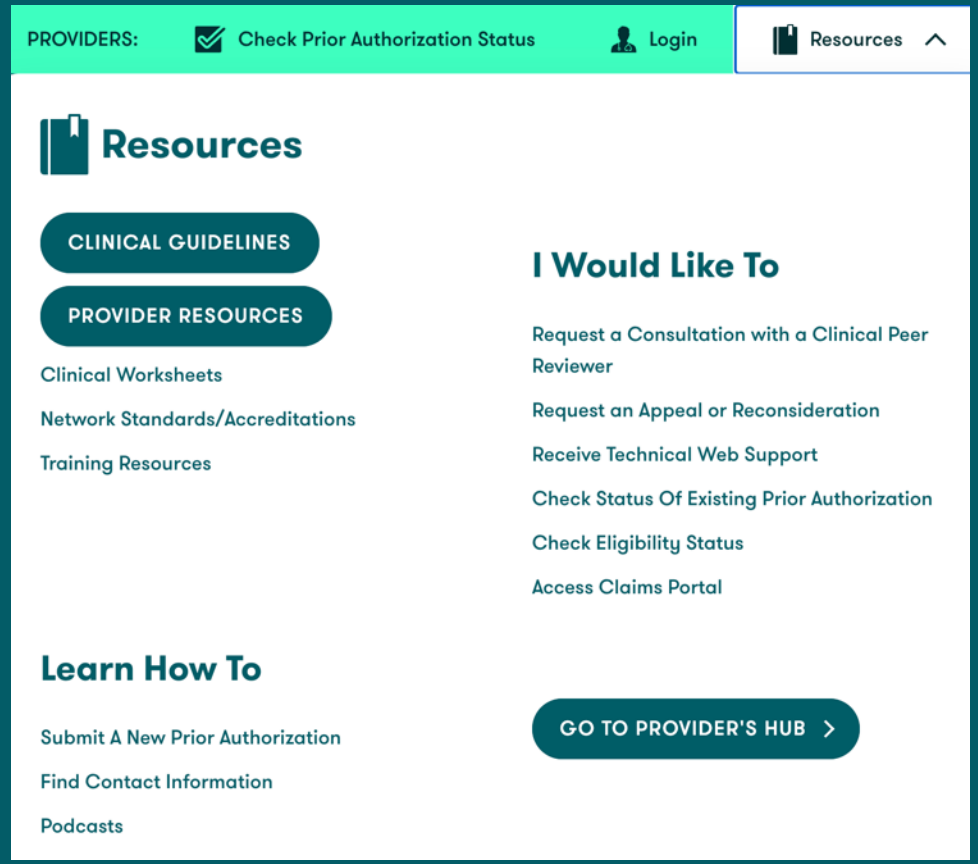
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Quick Reference Tool

Where can I locate plan-specific contact information?

1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
   - This will also advise which portal to use for case requests



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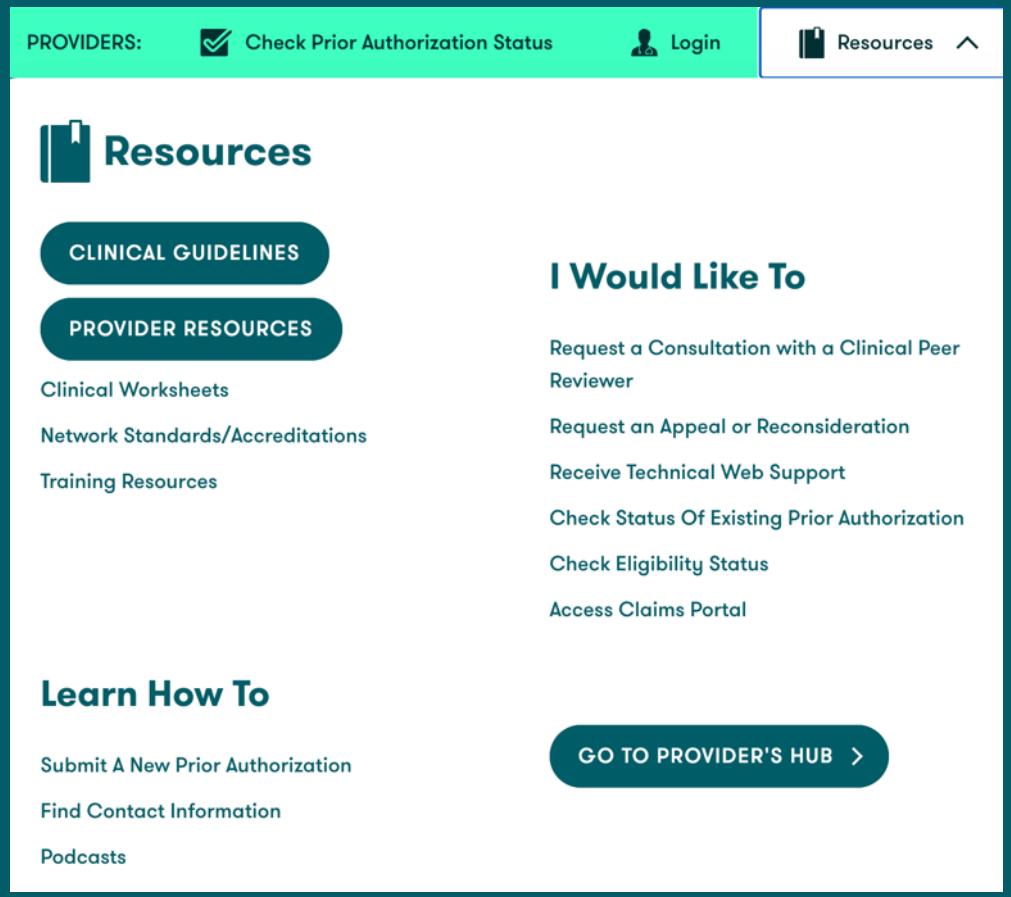
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PROVIDER RESOURCES

EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



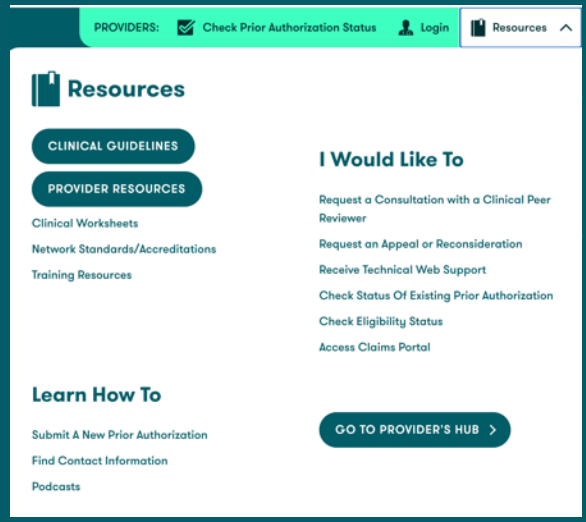
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Clinical Guidelines

How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan





EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Search by Health Plan ...

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Contacts and Helpful Links

Client & Provider Operations, Portal support, Network support, etc.	ECRM Services
Find Contact information	Contact Us | EviCore by Evernorth
Regional Provider Engagement Manager team	Provider Engagement Territory List
Clinical Guidelines	Clinical Guidelines | EviCore by Evernorth
Worksheets for some solutions	Clinical Worksheets & Online Forms | EviCore by Evernorth
Request a Clinical Consultation	Request a Peer-to-Peer Discussion | EviCore by Evernorth



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EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Issues experienced during case creation
- Reports of system issues
- Support for EviCore's provider portal
  - You can also speak with Web Support at 800-646-0418 (option 2), or
  - Chat with Web Support online at www.EviCore.com Monday-Friday, 7AM-7PM ET.

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **ECRM Resource site**.



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EviCore’s Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

+ Visit EviCore.com
+ Scroll down to the section titled Stay Updated With Our Provider Newsletter
+ Enter a valid email address

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Q & A

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Thank You

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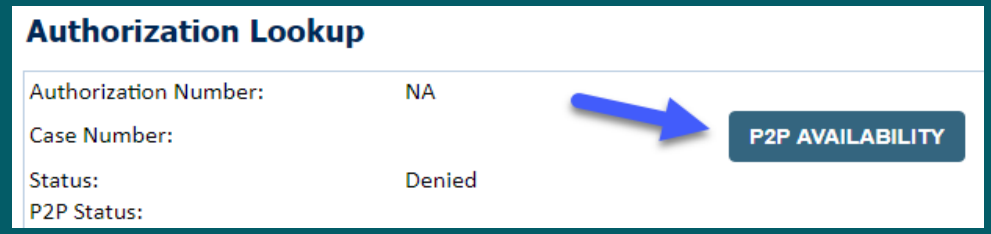
Peer-to-Peer (P2P) Scheduling Tool

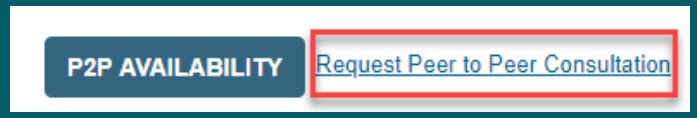
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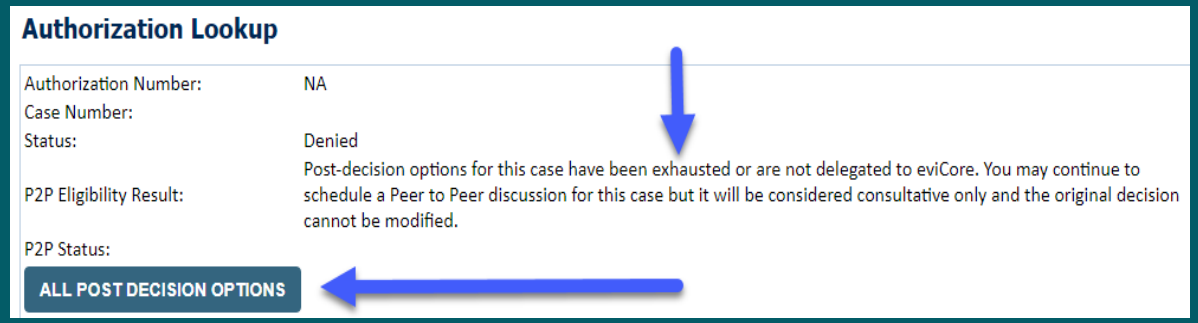
Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*







*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

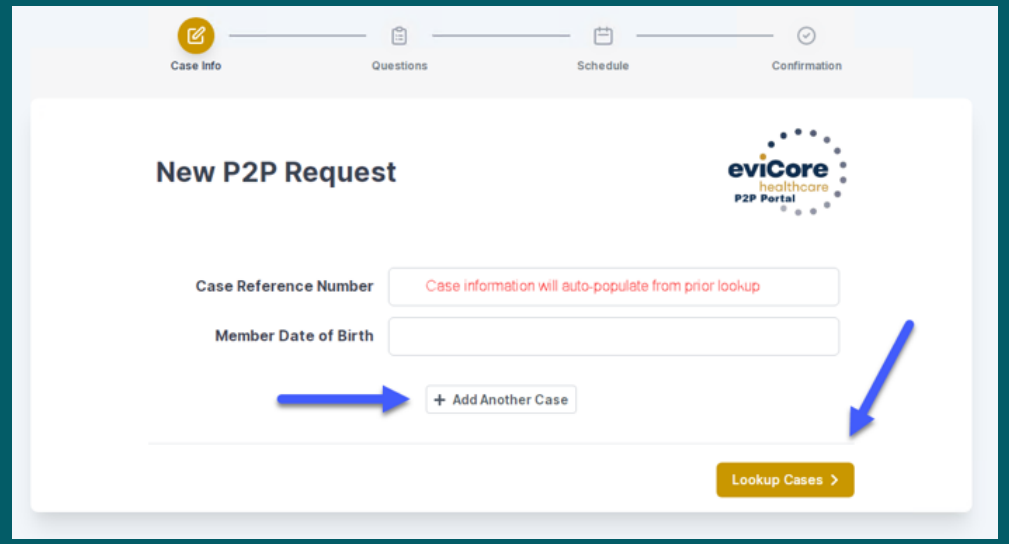
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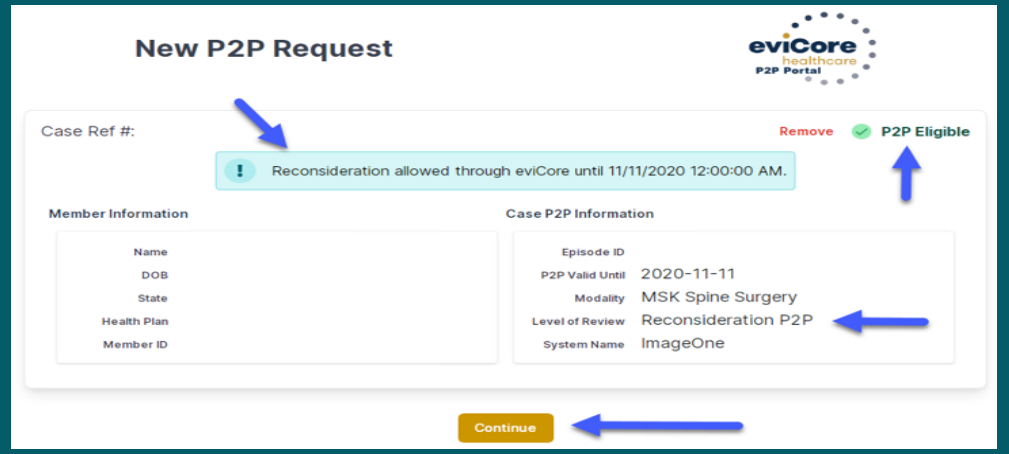
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PROVIDER RESOURCES

Schedule a P2P Request
(con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed





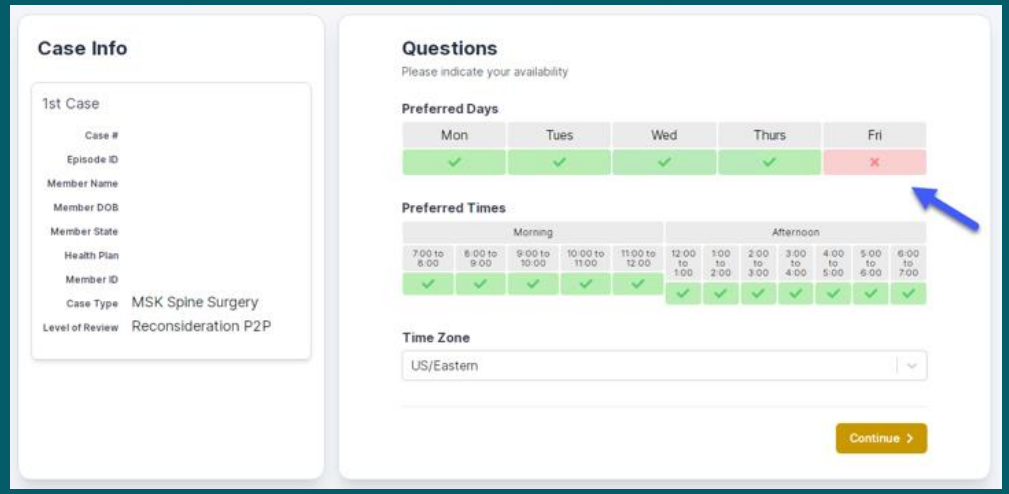
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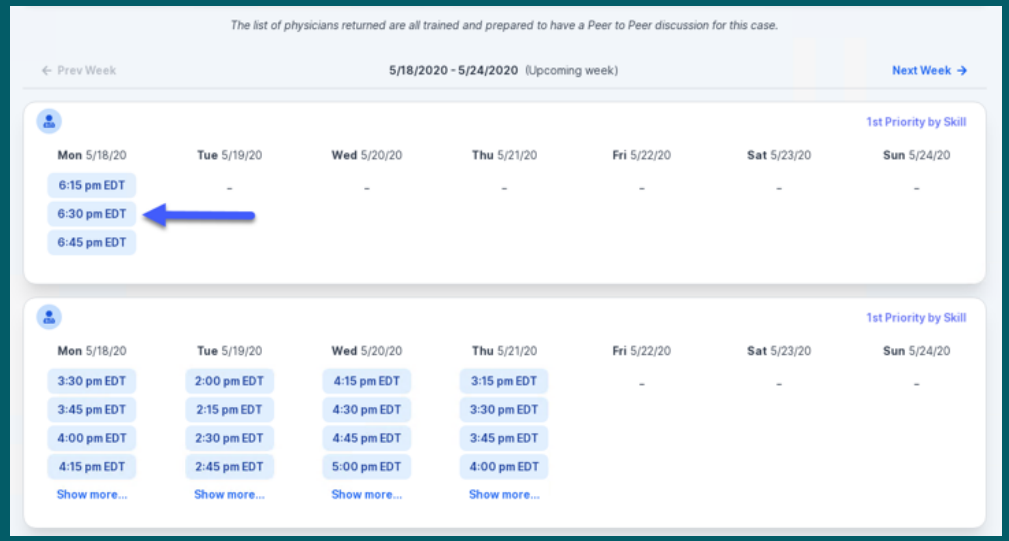
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PROVIDER RESOURCES

Schedule a P2P Request
(con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**



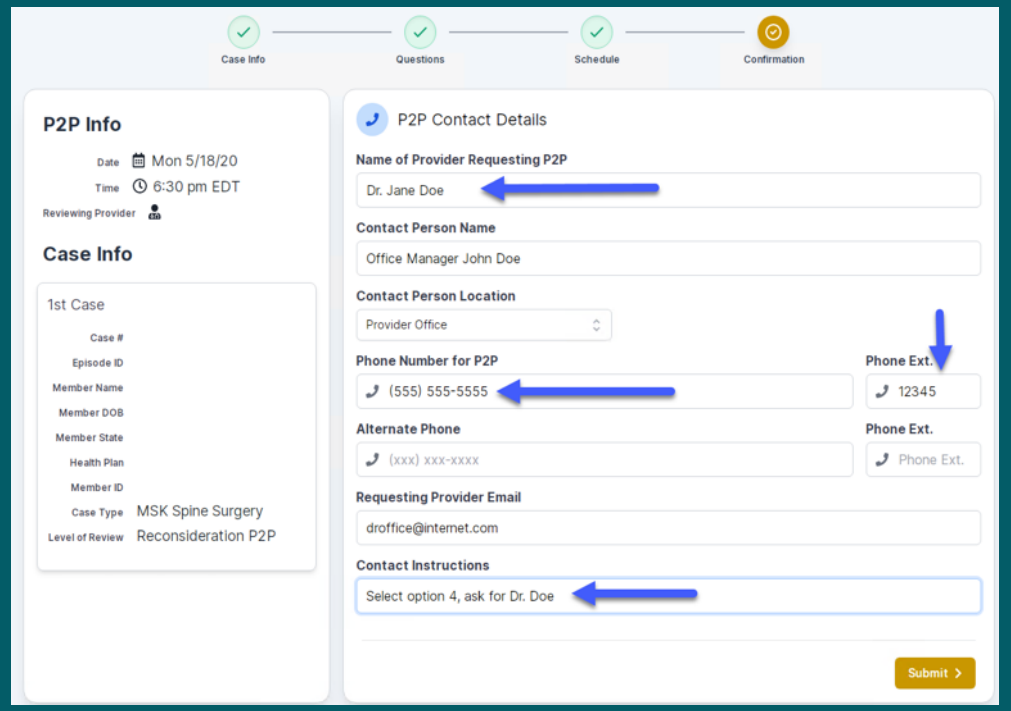


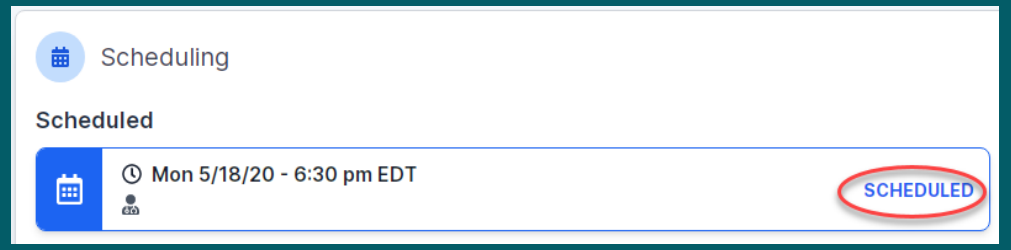
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Schedule a P2P Request
(con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
   - Name of Provider Requesting P2P
   - Phone Number for P2P
   - Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details





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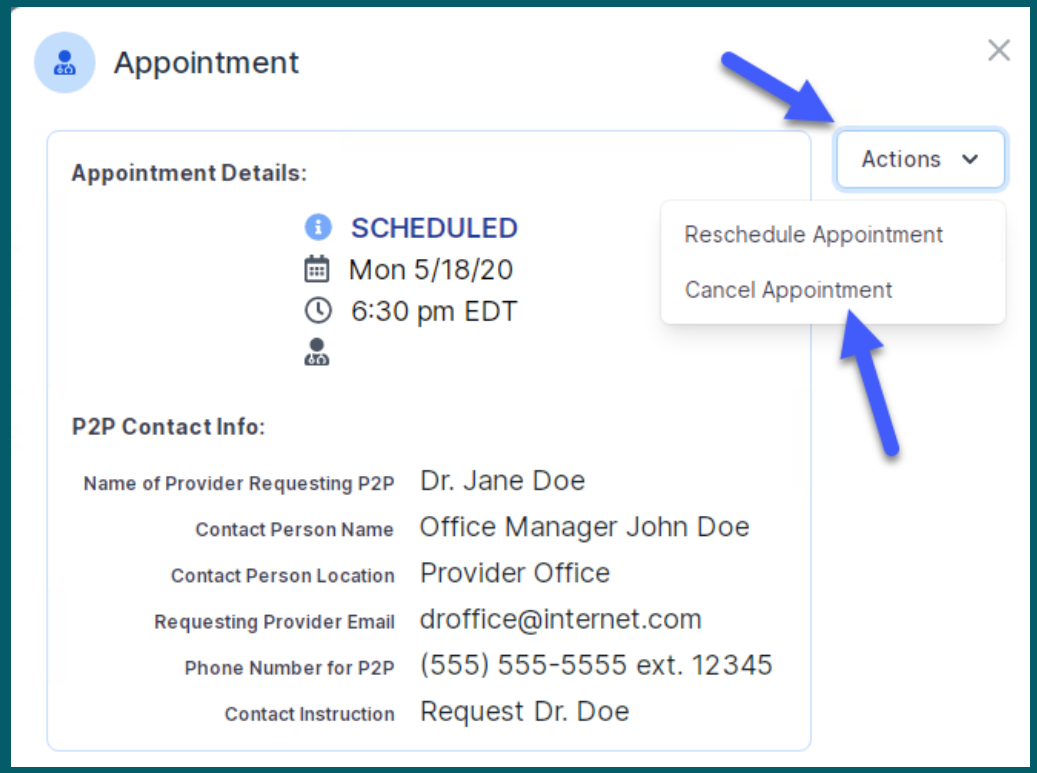
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PROVIDER RESOURCES

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
   - **If choosing to reschedule,** select a new date or time as you did initially
   - **If choosing to cancel,** input a cancellation reason
5. Close the browser once finished



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