

Aetna Better Health

Provider MCG-CWQI Auth Entry Guide

Dear Provider-

Thank you for choosing to submit electronic authorization requests through Aetna's Medicaid Web Portal. The following instructions will guide you through all the steps necessary to correctly submit an electronic authorization request.

Please note the following:

- Prior to submitting an auth request, use the *PA Requirement Search Tool* found as a link at the bottom of your *Provider Web Portal* screen.
 - This leads to ProPat, an easy to use PA = Yes/No tool.
 - If PA=No for the code you enter, there is no need to submit an auth request.
 - We recommend using this tool before submitting an auth request to save time.
- If you are submitting an electronic auth request but the request is not completed correctly this will result in your request not processing in the MCG-CWQI system and will not reaching the Utilization Management Team for a decision review.
- If your request is not completed correctly the Plan staff are not permitted to correct your request. If this happens the Plan will reach out to you to inform you of the situation and request you resubmit the request correctly or cancel your request.
- The clock will not start on a decision until the Provider correctly submits the authorization request.
- MCG-CWQI is only intended as an initial authorization request tool.
- MCG-CWQI will not show you auth review status or claims payment information.
- Auth review status and claims payment information can be accessed on your *Provider Medicaid Web Portal* Home Screen.

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Logging into the *Provider Secure Web Portal*

aetna
AETNA BETTER HEALTH® OF FLORIDA

User Name

[I have forgotten my user name](#)

Password

[I have forgotten my password](#)

SIGN IN

Why register for this secure web portal?

Whether you are a member or provider, you'll find helpful information and resources within this section of our Web site. In a secured environment, you can review your claims or authorizations, validate member eligibility or submit requests. We invite you to register and learn more about what the secure web portal can offer you. If you are already registered, please SIGN IN.

Please register if you are a current provider or member and wish to access your account.

Register now as PROVIDER Register now as MEMBER

To access the *CWQI Auth Submission Screen* you must log into the *Provider Secure Web Portal*:

- *User Name*
- *Password*
- *Click Sign-In* to access the *Provider Secure Web Portal*

Note: If you have not yet registered for the *Provider Secure Web Portal* follow the directions on the screen to register. You cannot access the *MCG-CWQI Auth Submission Screen* until you successfully complete the registration.

Provider Secure Web Portal – Home Screen

After logging in you will see the screen above.

Focus areas with regard to authorizations are noted above.

Tasks

- **Authorization Search:** This is to find authorization status/decision for previously submitted requests. This area is not to submit new authorization request.
- **Claim Search:** This is to find claims status on submitted claims
- **Other links:** For details on other links on this screen please see your Aetna Provider Manual.

Health Tools

- **PA Requirement Search Tool:** This leads to ProPat, an easy to use PA = Yes/No tool.
 - If PA = No based on the code you enter, there is no need to submit an auth request.
 - We recommend checking this tool first before submitting an auth request to save you time.
- **Submit Authorizations:** This leads to the MCG-CWQI *Auth Submission Screen*.
 - This is the area to submit new authorization requests.
 - This will be discussed in detail throughout the rest of this document.
- **Case Management:** This leads to the Dynamo Care Management view.

Important Links

- **Authorization Submission User Guide:** This leads back to this document.
- **Referral and Prior Authorizations:** General information about Plan PA requirements.

Authorization Search Reminder

The screenshot displays the Aetna Authorization Search interface. At the top, the user is identified as 'Hello Bermudez,Roberto (Provider - Admin)'. The navigation bar includes 'Home', 'My Account', 'Tasks', and 'Administration'. The main content area is titled 'Home > Tasks > Authorization Search'. Below this, there is an 'About Authorization Search' section with a brief description. The 'Search Authorizations' section is highlighted with a red box and contains a note: 'Please select a Provider Name'. It features two main columns of search filters: 'Member/Provider Information' and 'Authorization Information'. The 'Member/Provider Information' column includes 'Member Last Name' (with a search icon) and 'Provider Name*' (with a dropdown menu). The 'Authorization Information' column includes 'Authorization ID', 'Authorization Status' (with a dropdown menu), and 'Authorization Date Range' (with 'Date From' and 'Date To' fields, each with a calendar icon). At the bottom right of the search filters are 'Search' and 'Cancel' buttons. Below the search filters are sections for 'Search Results' and 'Search Tips'. On the left side, a 'Tasks' menu is visible, with 'Submit Authorizations' highlighted by a red arrow.

If you click on the *Authorization Search* link from the Provider Home Screen you will get to the *Authorization Search* screen above.

This screen also contains the *Tasks* and *Health Tools* found on the Provider Home Screen (see left hand of the screen).

To create a new authorization request:

Click on *Submit Authorizations* link on the left side of this screen or on the bottom of the Provider Home Screen.

To find the status/decision for previously submitted authorization requests:

Use the search fields in the center of the *Authorization Search* screen above.

To edit an authorization request already submitted:

Please call the Health Plan to speak to someone on the Prior Auth or Concurrent Review team.

Note: This document includes detailed directions for new electronic authorization requests. For authorization and claims status searches, please see your Aetna Provider Manual for additional details on using the search screen above.

MCG-CWQI Authorization Queue

User: flcvprov2 Logout Help  Aetna Better Health of Florida

Auth Queue **Auth Request**

Auto Authorization Queue

Submission History

Filter By:

And:

Submission Status:

1 2 3 4 (Results 1 - 25 of 100)

Summary of Submitted Requests

| Authorization | Servicing (Or Facility) Provider | Requesting Provider | Patient | Service Code | Facility Name | Date of Submission | Date of Service | Status |
|---------------|--|---------------------------------|-------------------|--------------------------------|---|----------------------|-----------------|---------------|
| EPS00000188 | Hospice of Gold Coast, . | Daramola-Ogunwuyi, Olufunmilola | SOBERANE, ROMELLO | ICD10-D (I50.40),REVENUE (121) | Hospice of Gold Coast | 2/7/2017 7:59 PM EST | 2/7/2017 | Not Submitted |
| EPS00000187 | ZEPHYRHILLS HEALTH AND REHAB CENTER INC, . | PRECIOUS TIMES INC, . | SMITH, HANNAH | CPT (99345),ICD10-D (I50.20) | Not Applicable | 2/7/2017 5:32 PM EST | 2/7/2017 | Not Submitted |
| EPS00000186 | PINELLAS PARK CARE AND REHAB CR, . | Daramola-Ogunwuyi, Olufunmilola | SMITH, HANNAH | CPT (97001),ICD10-D (R53.1) | Not Applicable | 2/7/2017 5:17 PM EST | 2/7/2017 | Not Submitted |
| EPS00000185 | PINELLAS PARK CARE AND REHAB CR, . | Blavo, Cyril | KRUM, VICTOR | CPT (E1070),ICD10-D (R53.1) | Not Applicable | 2/7/2017 4:44 PM EST | 2/7/2017 | Pended |
| EPS00000184 | ZEPHYRHILLS HEALTH AND REHAB CENTER INC, . | Daramola-Ogunwuyi, Olufunmilola | KRUM, VICTOR | ICD10-D (R53.1),REVENUE (121) | ZEPHYRHILLS HEALTH AND REHAB CENTER INC | 2/3/2017 6:23 PM EST | 2/3/2017 | Not Submitted |

After you selected the *Submit Authorizations* link, you will see the *Auth Authorization Queue* screen above.

If this is your first time submitting an auth request through the Web Portal this Summary screen will be blank.

This screen will grow to display a history of what you submitted through this electronic request system.

Note:

If you submitted an auth request by Faxing in the auth request it will not be part of this system. To find status of auth requests faxed in, you must use the Search Authorization feature previously noted.

To create a new electronic auth request:

- Click on *Auth Request* in the upper left corner of the screen

Authorization Requests

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider:  Name:

Address:

2 . What is the Request Type?

* Request Type:

After clicking on Authorization Request button the screen above will appear. There are 9 questions on this screen. The requirements for each question are covered in the following pages:

#1. Who is the provider requesting pre-authorization? Provider Field:

- Enter the Provider who is requesting the services, not the Provider to perform the service.
- You can search by name or Provider ID*
- After entering the name or Provider ID click the Search icon to the right of the entry.
- All matching search results will appear in a pop up window that require you to select the appropriate match. See screen shot below.
- Find the correct Provider.
- Click on *Select* on the right side of the search screen.
- The requesting Provider Name and details should now fill in all fields.

Authorization Request - Request Form

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider: bermudez

2 . What is the Request Type?

* Request Type: Inpatient - Behavioral

3 . Who is the patient requesting pre-authorization?

* Patient:

Date Of Birth: Eligible:

Benefit Plan:

Provider Record Selector

bermudez

(Enter Provider ID or Provider Name)

Select from the list below. If record not found it may need to be created.

| Provider ID | Provider Name | City | Last Name | |
|-----------------|---------------------|-----------------|-----------|--------|
| 348588FLIP | Bermudez, Aimee | Miami | Bermudez | Select |
| 30128FLIP | BERMUDEZ, FRANCISCO | Fort Lauderdale | BERMUDEZ | Select |
| 23919FLIP | Bermudez, Jose | Miami | Bermudez | Select |
| Q22000000079376 | BERMUDEZ, LIDIA | Hialeah | BERMUDEZ | Select |
| 2601258FLCP | Bermudez, Michael | Miami | Bermudez | Select |
| 351961FLIP | BERMUDEZ, ROBERTO | Homestead | BERMUDEZ | Select |
| 145804FLIP | Bermudez, Roberto | Naranja | Bermudez | Select |

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider: 351961FLIP  Name: BERMUDEZ, ROBERTO

Address: 27104 S DIXIE HWY Homestead, FL 330327317

Note: *To avoid errors, users must select a provider record that contains a Provider ID that is affiliated to the user's group. To view a list of acceptable provider ID's, visit the *Provider Details* tab within the *Provider Web Portal*. (See next page for screen shot).

Note: Searching by *Last, First* will yield results if entry matches exactly to Provider in system. If you cannot find using *Last, First* we recommend entering only the *Last* name to search.

Note: If there are several pages of Providers from which to select, click on one of the headers to sort by Alpha or Numeric order (increase or decreasing order).

Screen-shot of *Provider Medicaid Web Portal / Provider Details Screen*

The screenshot displays the 'Provider Details' page in the Aetna Medicaid Web Portal. The left sidebar contains navigation options such as 'My Account', 'My Profile', 'User Details', 'Change Password', 'Change Secret Question', 'Contact Us', 'Messaging', and 'Health Tools'. The 'Provider Details' menu item is highlighted with a red box. A red arrow points from this box to the 'Provider ID' column in the 'Provider Affiliations' table, which is also highlighted with a red box.

General Information

| | | | |
|--------------------|------------|--------------------|------------|
| Provider Full Name | [REDACTED] | Gender | [REDACTED] |
| Provider Address 1 | [REDACTED] | Provider Address 2 | [REDACTED] |
| City | [REDACTED] | State | [REDACTED] |
| ZIP | [REDACTED] | NPI | [REDACTED] |
| Provider Type | [REDACTED] | Date of Birth | [REDACTED] |
| Provider ID | [REDACTED] | Phone | [REDACTED] |
| Federal Tax ID | [REDACTED] | Home Phone | [REDACTED] |
| Specialty | [REDACTED] | Language | [REDACTED] |
| Degree | [REDACTED] | Fax | [REDACTED] |
| Email | [REDACTED] | | |

Specialties & Certifications

| Specialty | Specialty Type | Certification Status | Certification Date |
|------------|----------------|----------------------|--------------------|
| [REDACTED] | PRIMARY | Licensed | [REDACTED] |

Provider Network Affiliations

| Network | Program ID | Contracted | Affiliation Type |
|---------------------|------------|------------|------------------|
| Aetna Better Health | [REDACTED] | Y | [REDACTED] |

Affiliated Providers

| Provider Name | Provider ID | Affiliation Type | Effective Date | Expiration Date |
|---------------|-------------|------------------|----------------|-----------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Provider Affiliations

| Affiliation Name | Provider Name | Provider ID | Affiliated Location | Effective Date | Expiration Date |
|------------------|---------------|-------------|--|----------------|-----------------|
| [REDACTED] | [REDACTED] | P000046 | 3784 VICTORIA RD WEST PALM BEACH, FL 33411 | 07/01/2013 | 12/31/2016 |
| [REDACTED] | [REDACTED] | P000046 | [REDACTED] | 07/01/2013 | 12/31/2016 |

For any corrections, updates, or changes to the list of affiliated providers, please reach out to Provider Relations/Services for assistance.

Auth Queue Auth Request

Authorization Request - Request Form

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider: Name:
 Address:

2 . What is the Request Type?

* Request Type:

3 . Who

* Pat
 Date Of Birth
 Benefit Plan

4 . What

* Code
 Primary
 Documentable Action

5 . What

Code
 Primary
 Documentable Action

Request Type options in dropdown:
 IP-Antepartum OB Admission
 IP-Transplant
 IP-Hospice
 IP-Medical
 IP-Obstetrical Delivery
 IP-Sick Newborn/NICU
 IP-Acute Inpatient Rehabilitation
 IP-Skilled Nursing Facility (SNF)
 IP-Surgical
 IP-Well Baby Nursery
 IP-Mental Health Acute
 IP-Mental Health Subacute
 IP-Mental Health Residential
 IP-Substance Use Rehabilitation
 IP-Substance Use Residential Rehabilitation
 IP-Substance Use Detox (Subacute/Non Hospital)
 IP-Long Term Care Facility (Custodial)
 IP-Long Term Acute Care Hospital
 OP-Behavioral Health Services
 OP-Dialysis
 OP-DME-Purchase
 OP-DME-Rental
 OP-Home Health
 OP-Injectables/Medications
 OP-Medical Supplies
 OP-Observation
 OP- Surgery
 Outpatient-Other
 OP-Pre Transplant

#2. What is the Request Type?

Request Type Field:

- Click on the *Request Type* drop down
- Search for a *Request Type* option that comes as close as possible to the service(s) you are requesting.
- Scroll down if needed to view all the *Request Type* options
- Double click on the *Request Type* option you want.
- The *Request Type* will fill in the Field as seen below.

2 . What is the Request Type?

* Request Type:

Note: You will add the actual service code(s) in Step 5. Multiple service codes can be entered per auth type as described in Step 4 below.

Note: If you are requesting more than 1 *Request Type* then you must enter additional auth requests for each *Request Type*. (Examples: In-pt vs Out-pt or DME vs Surgery, etc)

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider:  Name:
 Address:

2 . What is the Request Type?

* Request Type: 

3 . Who is the patient requiring the pre-authorization?

* Patient:   Name:
 Date Of Birth: Eligibility: Address:
 Benefit Plan:

#3. Who is the patient requiring the pre-authorization?

Patient Field:

- Enter the Member's information in one of the following ways:
 - Member's last name only and click the Search icon
 - Member's name Last, First and click the Search icon
 - Member's Medicaid ID # and click the Search icon
- For name searches a list of Member's with similar names will pop-up.
- For Medicaid ID # search, a single option exact match should pop-up.
- Find the correct Member
- Click on *Select* on the right side of the search screen
- The Members details should now fill in all fields.

Authorization Request

1 . Who is the provider requesting pre-authorization?

* Provider:  Name:
 Address:

2 . What is the Request Type?

* Request Type: 

3 . Who is the patient requiring the pre-authorization?

* Patient:   Name:
 Date Of Birth: Eligibility: Address:
 Benefit Plan:

4 . What is the patient's diagnosis?

| Code | Code Type | Description | |
|-------|------------------|-------------|-----|
| J18.9 | ICD-10 Diagnosis | | Add |

| Primary | Code | Type | Description | Documentable Action |
|---------|------|------|-------------|---------------------|
| | | | | |

#4. What is the patient's diagnosis?

- **Code:** Enter a specific Dx Code if you know it
- **Code Type:** Use drop down to select ICD-10
- **Description:** Leave blank if you entered a specific Dx Code
- Click *Add* to Search for this code
- If the system recognizes it, it will be added as seen below

4 . What is the patient's diagnosis?

| Code | Code Type | Description | |
|------|------------------|-------------|-----|
| | ICD-10 Diagnosis | | Add |

| Primary | Code | Type | Description | Documentable Action |
|----------------------------------|-------|------------------|---------------------------------|---------------------------------|
| <input checked="" type="radio"/> | J18.9 | ICD-10 Diagnosis | Pneumonia, unspecified organism | <input type="checkbox"/> delete |

If you do not know the specific Dx Code

4 . What is the patient's diagnosis?

| Code | Code Type | Description | |
|------|------------------|-------------|-----|
| | ICD-10 Diagnosis | pneumonia | Add |

| Primary | Code | Type | Description | Documentable Action |
|---------|------|------|-------------|---------------------|
| | | | | |

- **Code:** Leave blank
- **Code Type:** Use drop down to select ICD-10
- **Description:** Type in the general word Ex: Pneumonia, Diabetes, Trauma etc.
- Click *Add* to Search for this code
- Find the correct Dx from the pop-up
- Click Select on the Dx you want to add

For multiple Dx/ Remove a Dx

4 . What is the patient's diagnosis?

| Code | Code Type | Description | |
|------|------------------|-------------|-----|
| | ICD-10 Diagnosis | | Add |

| Primary | Code | Type | Description | Documentable Action |
|----------------------------------|-------|------------------|---------------------------------|---------------------------------|
| <input checked="" type="radio"/> | J18.9 | ICD-10 Diagnosis | Pneumonia, unspecified organism | <input type="checkbox"/> delete |
| <input type="radio"/> | R53.1 | ICD-10 Diagnosis | Weakness | <input type="checkbox"/> delete |

- Repeat the steps above to add as many Dx as are needed for the auth
- The first Dx entered will default as the *Primary* Dx
- Select the Radio button to change the reassign the *Primary* Dx
- To remove a Dx, click the corresponding box to the right of the Dx and click Delete

5 . What procedure(s) are requested in this Authorization?

| | | | |
|----------------------|-----------|----------------------|------------------------------------|
| Code | Code Type | Description | |
| <input type="text"/> | CPT/HCPCS | <input type="text"/> | <input type="button" value="Add"/> |

| Primary | Code | Type | Description | Documentable Action |
|----------------------------------|-------|-----------|--|--|
| <input checked="" type="radio"/> | G0156 | CPT/HCPCS | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | <input checked="" type="checkbox"/> delete |

#5. What procedures(s) are requested in this Authorization?

- **Code:** Enter a specific Service/Procedure Code if you know it
- **Code Type:** Use drop down to select CPT/HCPCS or Rev Codes
- **Description:** Leave blank if you entered a specific Service/Procedure Code
- Click *Add* to Search for this code
- If the system recognizes it, it will be added as seen above

If you do not know the specific Service/Procedure Code

- **Code:** Leave blank
- **Code Type:** Use drop down to select CPT/HCPCS or Rev Codes
- **Description:** Type in the general word Ex: Home Health, Hospice, Wheel Chair etc.
- Click *Add* to Search for a code that contains this word
- Find the correct Service/Procedure from the pop-up
- Click *Select* on the Service/Procedure you want to add

For multiple Service Codes/ Remove a Service Code

5 . What procedure(s) are requested in this Authorization?

| | | | |
|----------------------|-----------|----------------------|------------------------------------|
| Code | Code Type | Description | |
| <input type="text"/> | CPT/HCPCS | <input type="text"/> | <input type="button" value="Add"/> |

| Primary | Code | Type | Description | Documentable Action |
|----------------------------------|-------|-----------|---|--|
| <input checked="" type="radio"/> | G0156 | CPT/HCPCS | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | <input checked="" type="checkbox"/> delete |
| <input type="radio"/> | E1090 | CPT/HCPCS | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests | <input checked="" type="checkbox"/> delete |

- Repeat the steps above to add as many Service/Procedure Codes as are needed for the auth
- The first Service/Procedure Codes entered will default as the *Primary* Code
- Select the *Radio button* to change the reassign the *Primary*Code
- To remove a Code, click the corresponding box to the right of the Code and click *Delete*

Note: For both the Dx Code (Step #4.) and the Procedure Code (Step #5.), if the item entered is not valid, the system will not add the information below the search fields.

- If the full description and the radio buttons do not display then the information was not valid or not added correctly.
- You must redo these steps until this information displays for the auth request to be correct.

6 . At which facility does the service need to be performed?

* Facility:  Name:

* Date of Service:  m/d/yyyy Address:

Requested Level of Care: 

Mark as Urgent:

#6. At which facility does the service need to be performed?

For outpatient auths

Facility: Enter “Not Applicable”, Click Search, and Select.

Date of Service: Because it is a required field enter the first date that must match the start date of the request.

Requested Level of Care: Using the drop-down select Outpatient

Note: If Not Applicable does not appear in the Search pop-up, unclick the “In-Network” button in the Search pop-up and try the Search again.

For inpatient auths

Facility: Search for the Facility name the same way you previously completed the Provider search.

Date of Service: Enter the first date/admit date. It must match the start date of the request.

Requested Length of Stay: Leave blank

Requested Level of Care: Using the drop-down select Inpatient

Mark as Urgent: This box can be checked. However, it is recommended to call in Urgent requests to promote timely processing.

Note: For Date of Service use the calendar icon to ensure the date is selected in the correct format to prevent issues.

6 . At which facility does the service need to be performed?

* Facility:  Name:

* Date of Service:   Rd Ste 408 Pembroke Pines, FL 33

Requested Level of Care:

Requested Length of Stay:

Mark as Urgent:

7 . Who is the Servicing (or Facility) provid

* Provider: 

7 . Who is the Servicing (or Facility) provider for the service?

* Provider: x 🔍

Name:

Address:

8 . Are there any other details?

#7. Who is the Servicing (or Facility) provider for the service?

This is the name of the Provider that will be performing the service, sending in the claim and will appear on the claim to receive payment.

- Enter the Provider who is performing the service(s)
- You can search by name or Provider ID*
- After entering the name or Provider ID click the Search icon to the right of the entry.
- All matching search results will appear in a pop up window that require you to select the appropriate match. See screen shot below.
- Find the correct Provider.
- Click on *Select* on the right side of the search screen.
- The Provider Name and details should now fill in all fields.

Requested Level of Care: Outpatient
Mark as Urgent:

7 . Who is the Servicing (or Facility) p

* Provider: home x 🔍

8 . Are there any other details?

2500 Characters Left for Notes
Note History

Provider Record Selector

home x 🔍 Search In-Network
(Enter Provider ID or Provider Name)

Select from the list below. If record not found it may need to be created. 1 2 (Results 1 - 25 of 45)

| Provider ID | Provider Name | City | Last Name | |
|--------------|-----------------------------|------------------|-----------------------------|--------|
| 44230FLIP | Hatten, Homer | Vero Beach | Hatten | Select |
| 347872FLIP | HOME ACCESSBILITY SOLUTI... | Jensen Beach | HOME ACCESSBILITY SOLUTIONS | Select |
| 1594866FLCF | Home Bound Care Inc, . | Lauderdale Lakes | Home Bound Care Inc | Select |
| MSC000001076 | HOME BOUND CARE INC, . | MIAMI | HOME BOUND CARE INC | Select |

7 . Who is the Servicing (or Facility) provider for the service?

* Provider: MSC000001076 x 🔍

Name: HOME BOUND CARE INC, .

Address: 340 NW 183RD STREET MIAMI, FL 331694464

8 . Are there any other details?

Note: *To avoid errors, users must select a provider record that contains a Provider ID that is affiliated to the user’s group. To view a list of acceptable provider ID’s, visit the *Provider Details* tab within the *Provider Web Portal*.

Note: Searching by *Last, First* will yield results if entry matches exactly to Provider in system. If you cannot find using *Last, First* we recommend entering only the *Last* name to search.

Note: If there are several pages of Providers from which to select, click on one of the headers to sort by Alpha or Numeric order (increase or decreasing order).

8 . Are there any other details?

Pt is homebound, and needs home health care.

2456 Characters Left for Notes

#8. Are there any other details?

Enter the reason you are requesting the authorization this can include copy and paste of clinical notes. 2500 character limit.

Note: The sample above was for demonstration purposes only. **The reason for the request should be detailed enough to show medical necessity.**

9 . Please provide the following additional information

*Acuity: Elective

*Authorization Start Date: 2/21/2017 m/d/yyyy

*Authorization End Date: 4/21/2017 m/d/yyyy

* Required Fields

#9. Please provide the following additional information

Acuity: Use the drop-down to select *Elective* or the other options if appropriate.

Authorization Start Date: This date should be on or before the date in Step 6. This should be today or future date and not date in the past.

Authorization End Date: Typically entered as a date 60 – 90 days in the future

Note: For Start and End Dates use the calendar icon to ensure the date is selected in the correct format to prevent issues.

Double Check & Next

- Review Questions 1-9
- Ensure everything with a * is filled in
- Ensure everything is filled in correctly
- Click *NEXT* in the lower right side of the screen.

9 . Please provide the following additional information

*Acuity: Elective

*Authorization Start Date: 2/21/2017 m/d/yyyy

*Authorization End Date: 4/21/2017 m/d/yyyy

* Required Fields

Cancel Next

Note: You will have one final opportunity to correct any item before you Submit the authorization.

Authorization Code Detail (Adding Units to a Code)

Authorization Request - Code Detail

Authorization Code Detail

Detail for: CPT/HCPCS G0156

Code Attributes

Requested Units: 36

Detail for: CPT/HCPCS E1090

Code Attributes

Requested Units: 1

Back Next

- Based on the number of Service/Procedure Codes entered on Question 5 the system will display those services separately on the screen.
- For each Service enter the number of units you are requesting for the Patient.
- Click *NEXT* in the lower right of the screen.

Note: Units are not the same value for each Service/Procedure.

We strongly recommend you use your code look-up tool to determine the correct value for the specific request.

Examples:

E1090 Wheelchair 1 Unit = 1 chair

G0156 Home health/hospice aide in home health or hospice settings 1 Unit = 15 min

Revenue Codes 1 Unit = 1 day

Authorization Request Clinical Indication

Authorization Request - Clinical Indications

Authorization Request Clinical Indication - CPT (E1090)

Guideline: Wheelchairs, Manual

The healthcare resource is/was needed for appropriate care of the patient because of **(Select All that apply):**

- Ambulation is impaired, and ...
- Ambulatory assistive device (eg, cane, crutches, walker) does not sufficiently resolve mobility deficit.
- Patient or caregiver available and able to participate in training
- Physical layout and surfaces of, and obstacles in, area in which wheelchair is to be used permit safe operation of device.
- Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurs that manual wheelchair is most appropriate means for improving primary or secondary mobility, and has written prescription specifying ...
- Self-propulsion of manual wheelchair is feasible, or caregiver is willing and able to assist in propulsion.
- Short-term functional decline is not expected (ie, no requirement for additional support offered by powered wheelchair).
- No other uncompensated conditions that limit ability to participate in daily activities or to safely operate manual wheelchair (eg, impaired vision, cognition, or judgment) are present.

Back Next

Based on the Services/Procedures Selected the clinical review screen will be next.

- Read each indicator
- Select all indicators that accurately reflect the Patient's condition – All that apply
- Click on *NEXT* in the lower right of the screen

Authorization Request Review

Authorization Request - Request Review

Authorization Request Review

Auto-Authorization : **EPS00000190** **4** Request Type : **OP-Home Health** Request Status : **NoDecisionYet** **1**

| | | | |
|----------|---|-------------------------------|--|
| 2 | Patient : HPZZ0000002759-ZKEN03389903 | Name : KRUM, VICTOR | Date of Birth : 3/15/1989 |
| | Auto-Authorization : EPS00000190 | | |
| | Requesting Provider : 145804FLIP | Name : Bermudez, Roberto | |
| | Servicing (Or Facility) Provider : MSC000001076 | Name : HOME BOUND CARE INC, . | |
| | Place of Service : Not Applicable | Name : Not Applicable | Date of Service : 2/21/2017 |
| | Procedure Code : G0156 <small>Primary</small> | Code Type : CPT/HCPCS | Requested Units : 36 Edit Documentation Remove Documentation |
| | Procedure Code : E1090 | Code Type : CPT/HCPCS | Requested Units : 1 Edit Documentation Remove Documentation |

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

[Attach File](#) **5**

| Name | Description | Date |
|---------------------------------------|-------------|------|
| No files associated with this episode | | |

6 [Submit](#) [Cancel Request](#) [Back](#) **3**

- #1 – Request Status:** No DecisionYet = Not yet submitted to the Plan
- #2 – Details:** Review all the details of the auth to ensure they are correct
- #3 – Edit:** Click either of these links to make corrections if needed
- #4 – Auto-Authorization:** EPS#####. This is your authorization reference number. However, at this point you have not submitted your auth request, it is not yet with the Plan.
- #5 – Attach File:** Click here to load any attachments /documents
- #6 – Submit:** Click Submit if you are ready to send the auth request to the Plan.

Auto Authorization Response

Authorization Request - Request Response

Auto Authorization Response

Auto-Authorization : **EPS00000190** **2** Request Type : **OP-Home Health** Request Status : **Pended** **1**

| | | | |
|--|---|-------------------------------|---|
| | Patient : HPZZ0000002759-ZKEN03389903 | Name : KRUM, VICTOR | Date of Birth : 3/15/1989 |
| | Auto-Authorization : EPS00000190 | | |
| | Requesting Provider : 145804FLIP | Name : Bermudez, Roberto | |
| | Servicing (Or Facility) Provider : MSC000001076 | Name : HOME BOUND CARE INC, . | |
| | Place of Service : Not Applicable | Name : Not Applicable | Date of Service : 2/21/2017 |
| | Procedure Code : G0156 <small>Primary</small> | Code Type : CPT/HCPCS | Requested Units : 36 Status : NoDecisionYet |
| | Procedure Code : E1090 | Code Type : CPT/HCPCS | Requested Units : 1 Status : NoDecisionYet 3 |

[Messages \(0\)](#) [Cancel Request](#) [Return To Auth Queue](#)

- #1 – Request Status:** Pended = You successfully submitted this to the Plan
- #2 – Auto-Authorization:** EPS#####. If you follow-up on your request you can use this number to track your request.
- #3 – Return to Auth Queue:** Click this to return to your Auth Queue.

Auto Authorization Queue (Review)

User: flcvprov2 Logout Help  Actna Better Health of Florida

Auth Queue **Auth Request** 4

Authorization Queue

Auto Authorization Queue

Submission History 3

Filter By: NotFiltered ▼

And: NotFiltered ▼

Submission Status: Submitted ▼

1 2 3 4 (Results 1 - 25 of 100)

Summary of Submitted Requests 2

| Authorization | Servicing (Or Facility) Provider | Requesting Provider | Patient | Service Code | Facility Name | Date of Submission | Date of Service | Status |
|---|--|---------------------------------|-------------------|--------------------------------|---|----------------------|-----------------|--|
| EPS00000188 | Hospice of Gold Coast, . | Daramola-Ogunwuyi, Olufunmilola | SOBERANE, ROMELLO | ICD10-D (150.40),REVENUE (121) | Hospice of Gold Coast | 2/7/2017 7:59 PM EST | 2/7/2017 | Not Submitted |
| EPS00000187 | ZEPHYRHILLS HEALTH AND REHAB CENTER INC, . | PRECIOUS TIMES INC, . | SMITH, HANNAH | CPT (99345),ICD10-D (150.20) | Not Applicable | 2/7/2017 5:32 PM EST | 2/7/2017 | Not Submitted |
| EPS00000186 | PINELLAS PARK CARE AND REHAB CR, . | Daramola-Ogunwuyi, Olufunmilola | SMITH, HANNAH | CPT (97001),ICD10-D (R53.1) | Not Applicable | 2/7/2017 5:17 PM EST | 2/7/2017 | Not Submitted |
| EPS00000185 | PINELLAS PARK CARE AND REHAB CR, . | Blavo, Cyril | KRUM, VICTOR | CPT (E1070),ICD10-D (R53.1) | Not Applicable | 2/7/2017 4:44 PM EST | 2/7/2017 | Pended |
| EPS00000184 | ZEPHYRHILLS HEALTH AND REHAB CENTER INC, . | Daramola-Ogunwuyi, Olufunmilola | KRUM, VICTOR | ICD10-D (R53.1),REVENUE (121) | ZEPHYRHILLS HEALTH AND REHAB CENTER INC | 2/3/2017 6:23 PM EST | 2/3/2017 | Not Submitted |

#1 – Authorization: Auth Reference numbers. Click the # to open the auth detail.

#2 – Status:

- **Pended** = Auth request completed correctly and moved to the Plan for review
- **Not Submitted** = Did not submit due to error on the auth request. Click on # to reopen auth and correct any issues.

#3 – Submission History: If you have several auths in queue use these filters to help specify your search.

#4 – Auth Request: Click this Tab to begin a new Authorization Request.

Reminder:

MCG-CWQI *Auth Request* is only the initial request tool.

To see the review, decisions, and other Plan activity around the authorization or claims go to next page.

Provider Web Portal – Home Screen

aetna
AETNA BETTER HEALTH® OF FLORIDA

Welcome to your secure benefits center

Welcome to the Aetna Better Health of Florida secure web portal. The purpose of this website is to provide you with immediate access to your health plan information.

News feed

Messages

- You have 0 Message(s) in your Inbox.
- You have 0 Document(s) in your Posts.

Contact Us

Questions? We're here to help. Just call Provider Services at 1-800-441-5501 for Medicaid, 1-844-528-5815 for Florida Health Kids, 1-844-645-7371 for Long Term Care or hearing impaired (TTY/TDD): 711 or email them at FLMedicaidProviderRelations@Aetna.com for Provider Relations Department.

You can contact us click here.

Resources

Provider Documents

Florida Department of Children and Families (DCF)

DCF Customer Service or Call 1-866-762-2237

Centers for Medicare and Medicaid Services (CMS)

Florida Medicaid Choice Counselors (Call 1-877-711-3662, TDD 1-866-467-4970)

WIC- Women, Infants, and Children's Program

Download the latest version of Aetna Account Provider app.

My Account

- User Details
- Provider Details
- Change Password
- Change Secret Question
- Inbox
- Attachments
- E-Referral

Tasks

- Authorization Search
- Claims Search
- Search Remittances
- Search Members
- Panel Roster
- Search Providers

Administration

- User List
- Add Users
- Secure Message Report

Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management
- Provider Deliverable Manager (with Provider Report Management Tool)
- Register for EFT
- Register for ERA

Important Links

- Authorization Submission User Guide
- FAQ
- Disclaimer
- Sitemap
- Referrals and Authorizations

Contact Us

Questions? We're here to help. Just call Provider Services at 1-800-441-5501 for Medicaid, 1-844-528-5815 for Florida Health Kids, 1-844-645-7371 for Long Term Care or hearing impaired (TTY/TDD): 711 or email them at FLMedicaidProviderRelations@Ae

Auth Status / Plan Review Status

- To search for a status of authorization submitted to the Plan for review and decision Return to your *Provider Web Portal* main screen
- Click on the *Authorization Search* link under *Tasks*

If you have any questions regarding this user guide, the prior authorization request process or Care Web QI; please contact the health plan.

Cancel your Electronic Auth request

Authorization Queue > Authorization Request - Request Response

Auto Authorization Response

Auto-Authorization : EPS00000177 Request Type : OP-Home Health Request Status : Complete-Approved

| | | |
|--|---------------------|-------------------|
| Patient : 7660224875-LAE01722629 | Name : JONES, ADELE | Date of Birth |
| Auto-Authorization : EPS00000177 | | |
| Requesting Provider : 351961FLIP | | |
| Servicing (Or Facility) Provider : MSC000000766 Specialty : NO SPECIALTY CODE Phone : 4072757653 | | |
| Place of Service : Not Applicable | | Date of Service |
| Procedure Code : G0156 <i>Primary</i> | Code T | Status : Approved |

Messages (0)

Cancel Request

If you need to cancel your request for whatever reason:

- Click on the Auth #
- Find the *Cancel Request* in the lower right corner, a pop-up message will appear
- Click OK to confirm you want to cancel

Note: We recommend to only cancel requests that are *Not Submitted*. If you need to cancel a request already submitted, *Pended*, please contact the Health Plan.

Auto Approved Feature

| Auth Queue | | Auth Request | |
|---|--|--|---|
| Auto Authorization Response | | | |
| Auto-Authorization : EPS00000163 | | Request Type : Outpatient Procedure | Request Status : Complete-Approved |
| <input type="checkbox"/> Patient : 9012753063 Gender : Female Benefit Plan : MPC - Upgrade - Health Choice Diagnosis Code : ICD-9 Diagnosis (836.2) <i>Primary</i> | Name : Treinen, Ebony Address : 11093 Banjo Circle Windsor Mill, Maryland 21244 Eligibility : 04/01/2009 - 12/31/2078 | Date of Birth : 02/02/1965 | |
| <input type="checkbox"/> Auto-Authorization : EPS00000163 Requested Level of Care : Outpatient Approved Level of Care : Outpatient Acuity : Elective Authorization Start Date : 11/09/2013 Authorization End Date : 01/21/2014 | | | |
| <input type="checkbox"/> Requesting Provider : QMXPR0013910 Speciality : Phone : (410) 749-7491 | Name : RICCIO, THOMAS Address : 1655 Woodbrooke Dr Ste 101 Salisbury, Maryland 21804 Fax : | | |
| <input type="checkbox"/> Servicing (Or Facility) Provider : QMXPR0013910 Speciality : Phone : (410) 749-7491 | Name : RICCIO, THOMAS Address : 1655 Woodbrooke Dr Ste 101 Salisbury, Maryland 21804 Fax : | | |

- The system is designed to Auto Approve auths based upon RULES previously defined.
- However, each Health Plan makes a decision to turn on this feature.
- If the Auto Approve is turned on you will see other *Request Status* terms (upper right).
- In this example the *Request Status* is listed as: *Completed – Approved*
- Auths will only auto-approve if all the criteria is met as part of the RULES previously defined.
- Auths will not auto-approve if criteria is not met according to the RULES previously defined.

Note: Please call your Plan UM department to confirm if this feature is turned on in your state.

If you have any questions regarding this user guide, the prior authorization request process or Care Web QI; please contact the Health Plan.