Aetna Updates

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AETNA & COFINITY

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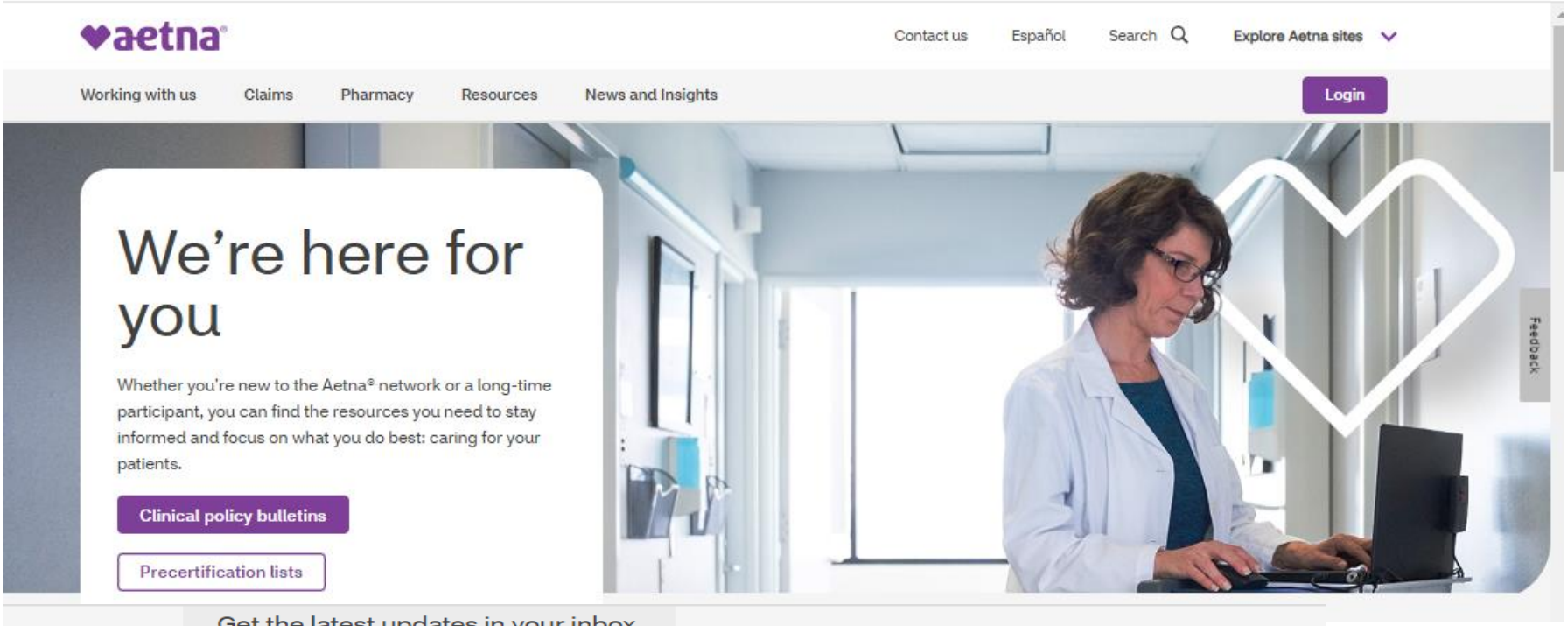
https://www.aetna.com/health-care-professionals.html



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We'd like to let you know about our "Is Authorization Required" function!

We often get questions about whether an authorization/precertification is needed. We want to help providers get the answers they need as soon as they need them, so we've added a new Is Auth Required process on our provider portal on Availity®.

What's being added

Providers can complete Authorization Add transaction on Availity and find out if authorization is required for services before submit the request.

Start the request like usual – include required info, like:

- Member's information
- Service type
- Place of service
- Current Procedural Terminology (CPT) code
- National Provider Identifier (NPI)

- If the request is for inpatient services, there won't be any changes.
- For outpatient requests, they'll notice a change after entering the NPIs and clicking the NEXT button.

There's three responses that could return:

1. Precert Not Required
   - or No Action Required, there's a "Print" button to print/keep response for records
2. Precert Required
   - a "Next" button will appear to move to next step and submit
3. Precert Required though a delegated organization
   - along with message on who to contact (i.e Evicore)

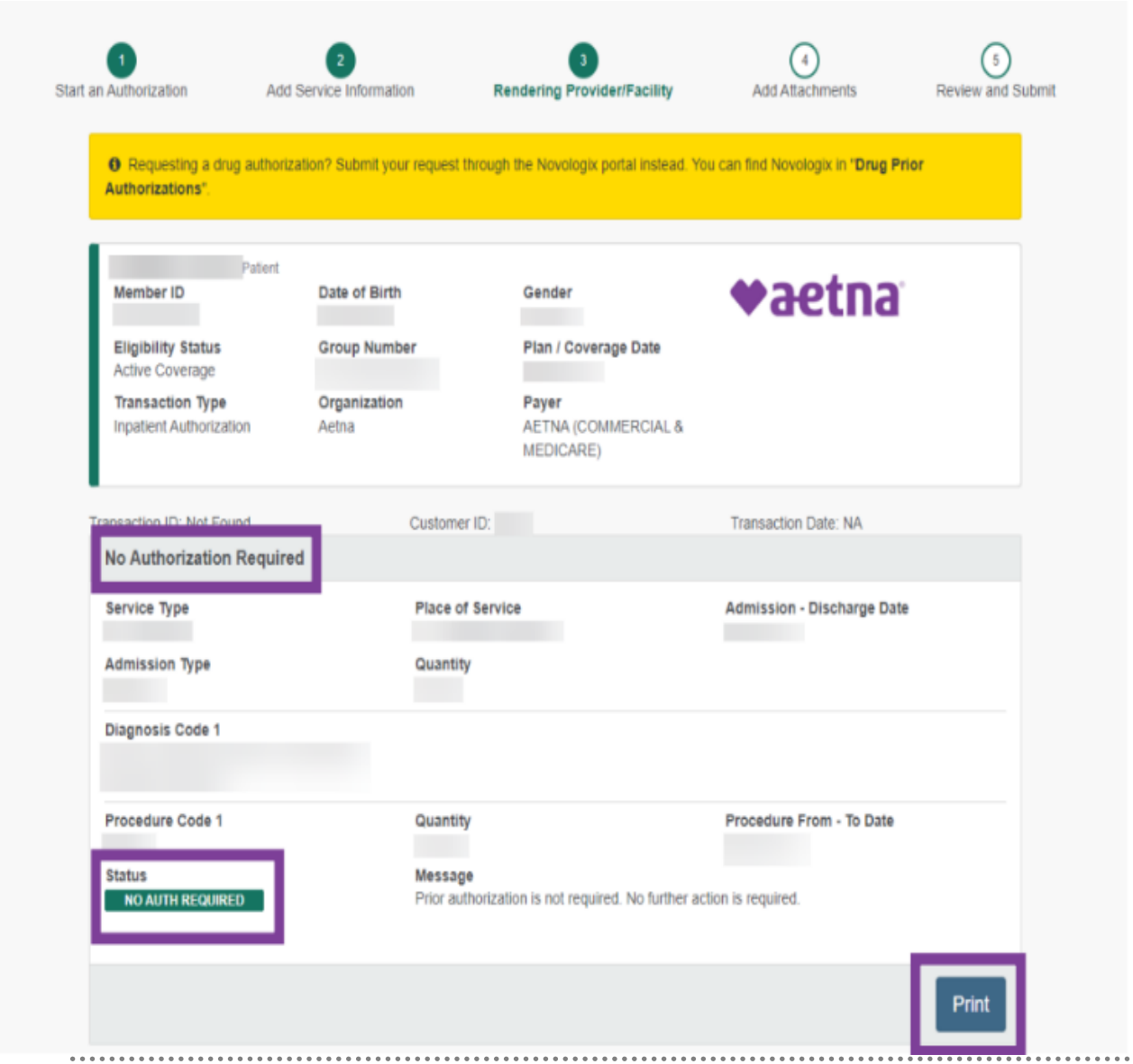
- If authorization is not required, there's nothing else the provider will have to do.
- If authorization is needed, the system will guide you through next steps.

? **What lines of business will this affect?** A: Commercial and Medicare

? **What happens if logic can't determine if auth required?**

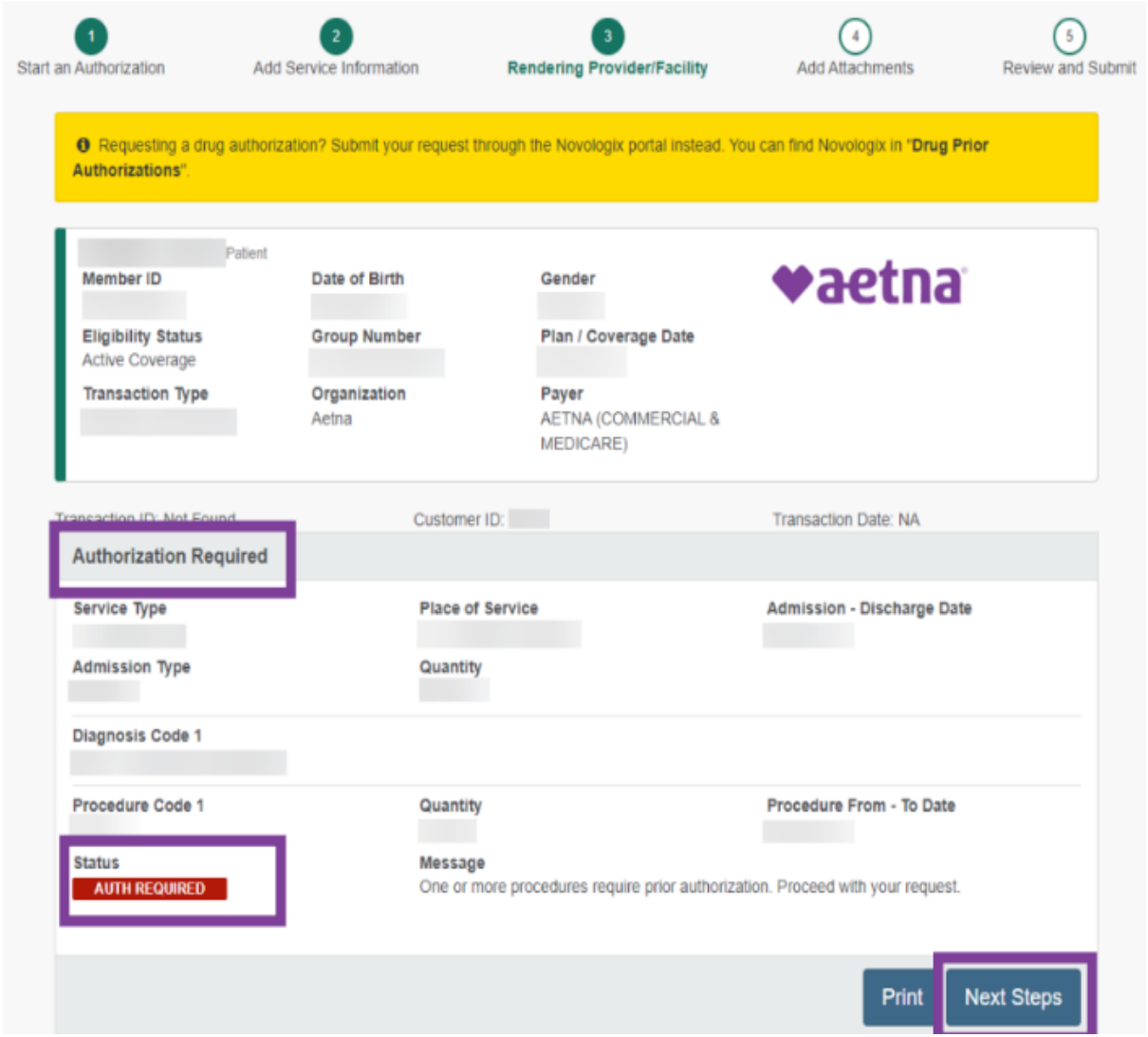
A: it will respond with an "Undetermined", then provider will continue to step four and proceed with submitting auth request.

Scenario 1) Precert Not Required



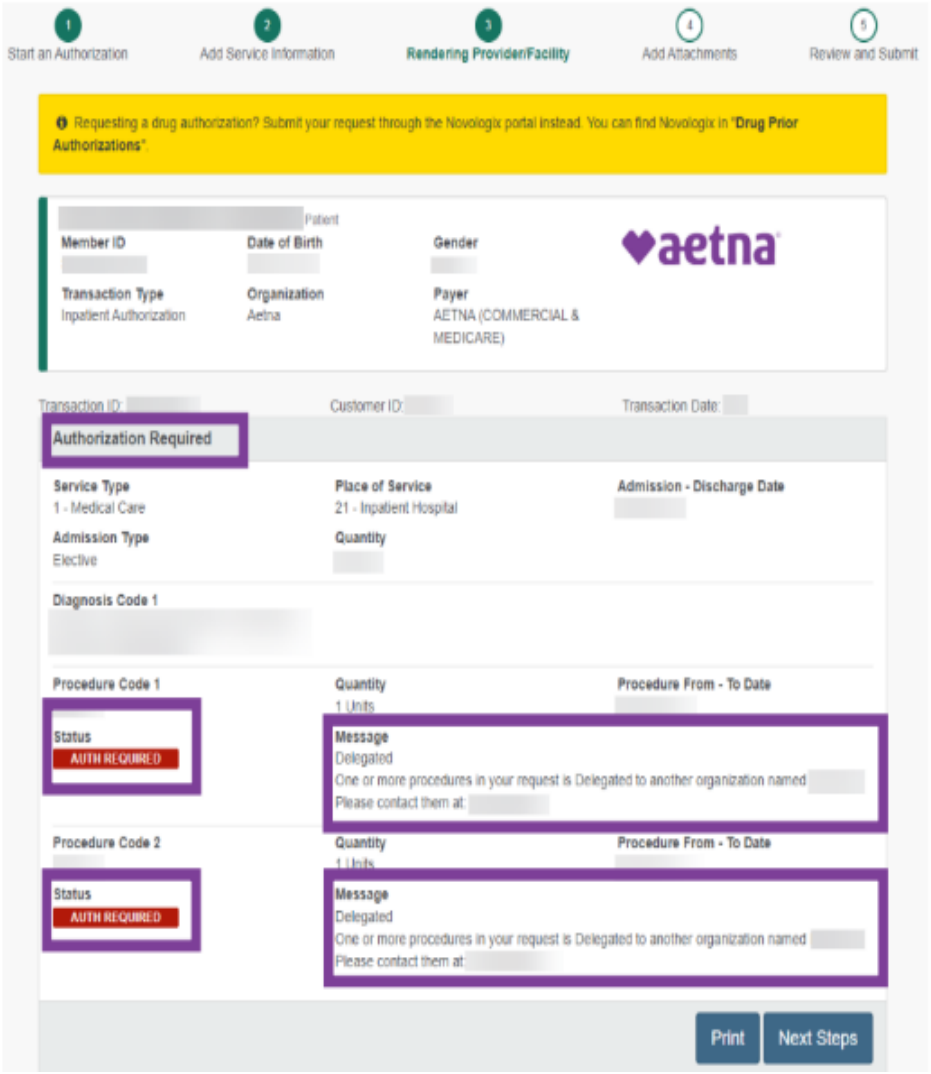
In this example, authorization is not required. You may print the page, if you'd like.

Scenario 2) Precert Required



In this example, authorization is required. Press the "Next Steps" button to proceed with your request.

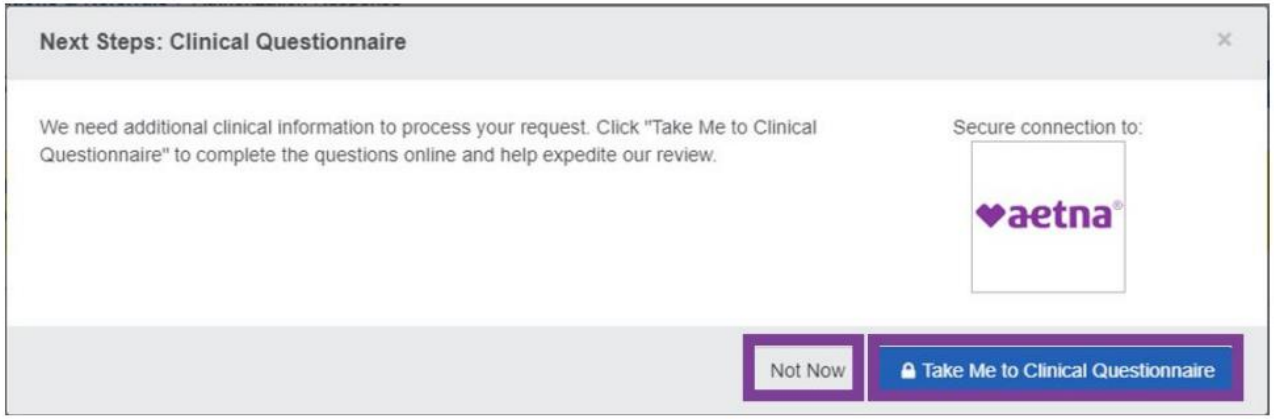
Scenario 3) Precert Required though a delegated organization



In this example, authorization is required, but the service is delegated to another organization. We will provide the name and telephone number of the delegated organization.

Clinical Questionnaire

When providers submit an authorization for certain services, we may pend their request and ask them for additional clinical information, they will see this pop-up screen:



- Questions will vary depending on the type of service requesting auth for and vary from patient to patient, but will only take a couple minutes.
- Supports both Inpatient and Outpatient requests
- Once you've submitted Aetna will either approve or pend for additional info
- If you received automatic approval all done, see event as Certified in Total under Availity Auth/Referral Dashboard
- If receive a pended response, may upload additional clinical doc's through the Auth/Referral Dashboard (click on event and then add attachments button) or complete an Auth Inquiry transaction.
- For pended cases, non-urgent turnaround time is around 15 days.

Clinical Questionnaire (Cont.)

Providers may use the inpatient clinical questionnaire to share discharge and disposition information. We'll ask them whether they've discharged their patient. If so, we'll also ask them the date and place they were discharged.

Inpatient clinical questionnaire

When the patient's bed days are complete, we'll send the provider a notification from MedCompass to their Availity Authorization/Referral dashboard. If they see a blue triangle, this means an action is required.. Once they go to the clinical questionnaire, they'll need to answer a maximum of two questions:

- Have they discharged the patient?
- If so, when and where?

Benefits of completing the questionnaire

When providers complete the questionnaire on Availity it:

- Keeps everything in one place
- Helps expedite our review
- Gives us what we need to review the case
- Reduces phone calls between providers and us

Note: though a procedure may be supported by the clinical questionnaire, providers may not always get an invitation to complete it.

You can now view authorization status letters on Availity

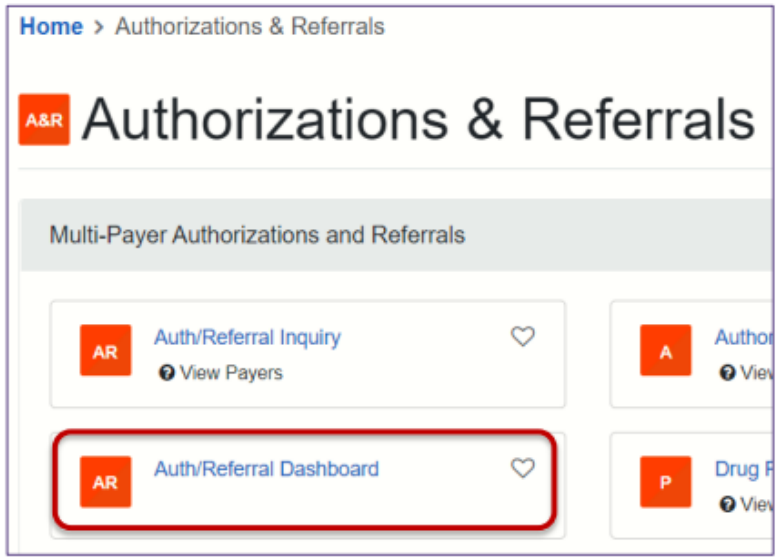
No need to wait for them to be delivered in the mail. You can access them right from your authorization dashboard. In our first release of this new functionality, you'll have access to six different authorization status letters.

These letters will no longer be mailed to you:

- Standard Insufficient Info Request letter
- Standard Coordination of Benefits letter
- Medicare Notice of Auth of Service letter
- Medicare Notice of Denial of Coverage letter
- Standard Medical Necessity/Admin Denial or Combo
- Standard Medical Necessity/Admin Approval

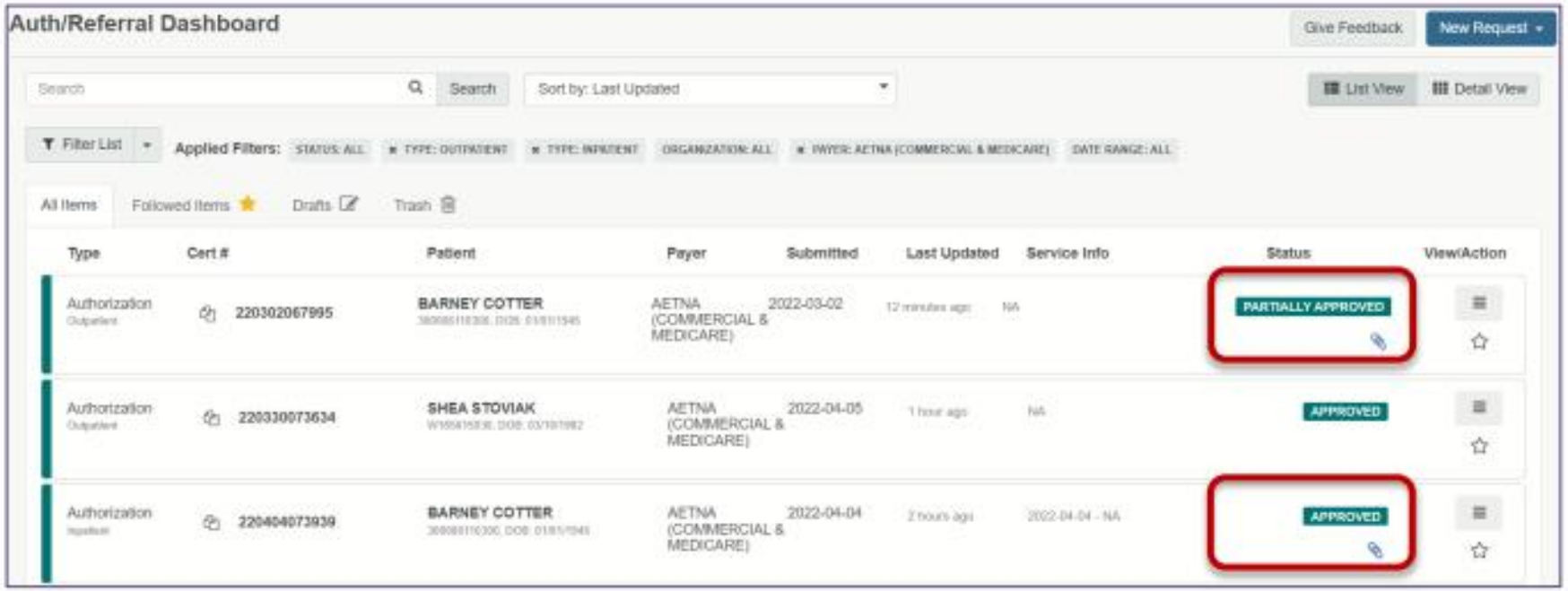
Throughout this year, we'll continue to digitalize all our paper authorization letters. As they are completed, we'll make them available on Availity and stop mailing paper to you.

If a digital letter associated to an authorization status is available, you can access it from the Authorization dashboard.



If the initial authorization was submitted on Availity, and there is a letter associated to the decision status

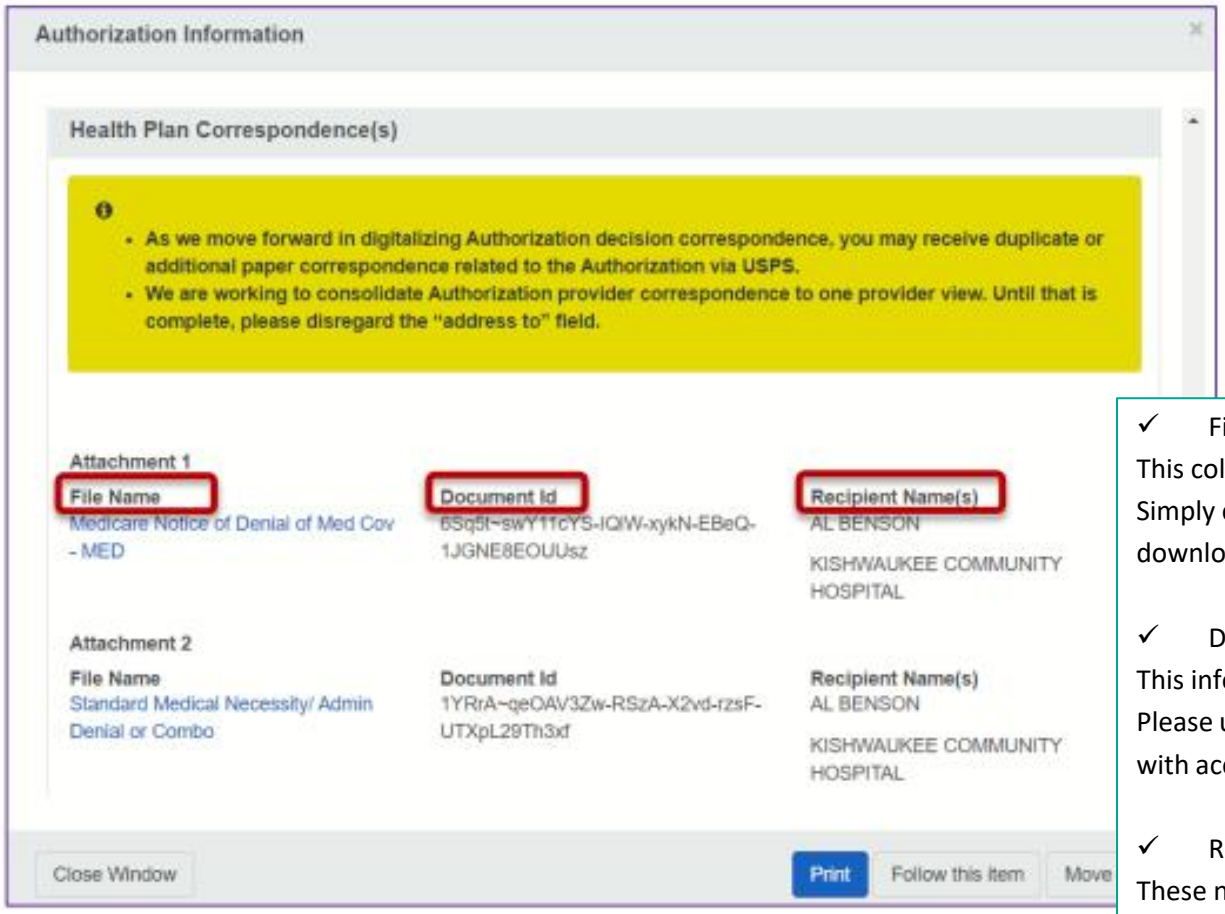
- A paper clip will display as notification a status decision letter is available.



- Click on the **Paper Clip** to take you to the View Details card.
- Or click **View/Action** then **View Details**

Within the View Details card, a new Health Plan Correspondence(s) section has been added.

You must scroll down to this section.



✓ File Name

This column contains the link to a status decision letter. Simply click on the link to open the letter where you can download, print, or save it.

✓ Document ID

This information is the document identification label. Please use this ID as reference if you encounter issues with accessing the digital letter.

✓ Recipient Name(s)

These names identify the Provider(s) associated to the auth to which the status decision letter is being shared with. Only Requesting and Rendering providers will be listed.

• Please note: a member's PCP will not be included in this list even though you may see a letter addressed to them for awareness.

Auth Electronic Response FAQ's

As previously mentioned, at this time only six status decision letters will display digitally.

- Throughout 2023/2024, we'll continue to digitalize all our paper authorization letters. As they are completed, we'll make them available on Availity and stop mailing paper to you.
  - o Until all letters are digitalized, if an authorization status change triggers multiple/subsequent decision letters, you may see a digital letter(s) on Availity and receive additional paper letter(s) associated to the same authorization in the mail.

- At this time, we do not display one consolidated letter that is addressed to all providers associated to a particular authorization. Therefore, when you open a letter, you may see that it is not addressed to you, but to another provider or to the member's PCP. All Requesting and Rendering providers will be listed within the content of the digital letter.
  - o In a future enhancement, we'll be making changes to display one consolidated provider letter without address information.

Authorizations not initially submitted on Availity

- For authorizations not submitted on Availity, you'll continue to receive a paper copy of the letter in addition to being able to access a digital version on Availity.
  - To access the digital letter, you must first submit an Authorization Inquiry populating all the required fields along with the Authorization number in the Service information field.
  - Once the response is returned, you must "Pin" the authorization inquiry to your dashboard, and then navigate over to the Authorization Dashboard. In this situation the "paperclip" notification will not display. You must navigate to the View Details card by clicking View/Action then View Details. Scroll down to the Health Plan Correspondence(s) section to see if a digital letter is available.

Digital letter retention

The digital letter is available to view/access within the dashboard authorization details card as long as the authorization continues to display on the dashboard. The following steps must be taken to gain access to the digital letter again, after an authorization expires from the dashboard.

1) you must submit a new authorization inquiry and pin the results to your dashboard to access a digital letter.
2) From the dashboard, you must then go to view details to access the digital letter under the Health Plan Correspondence section.

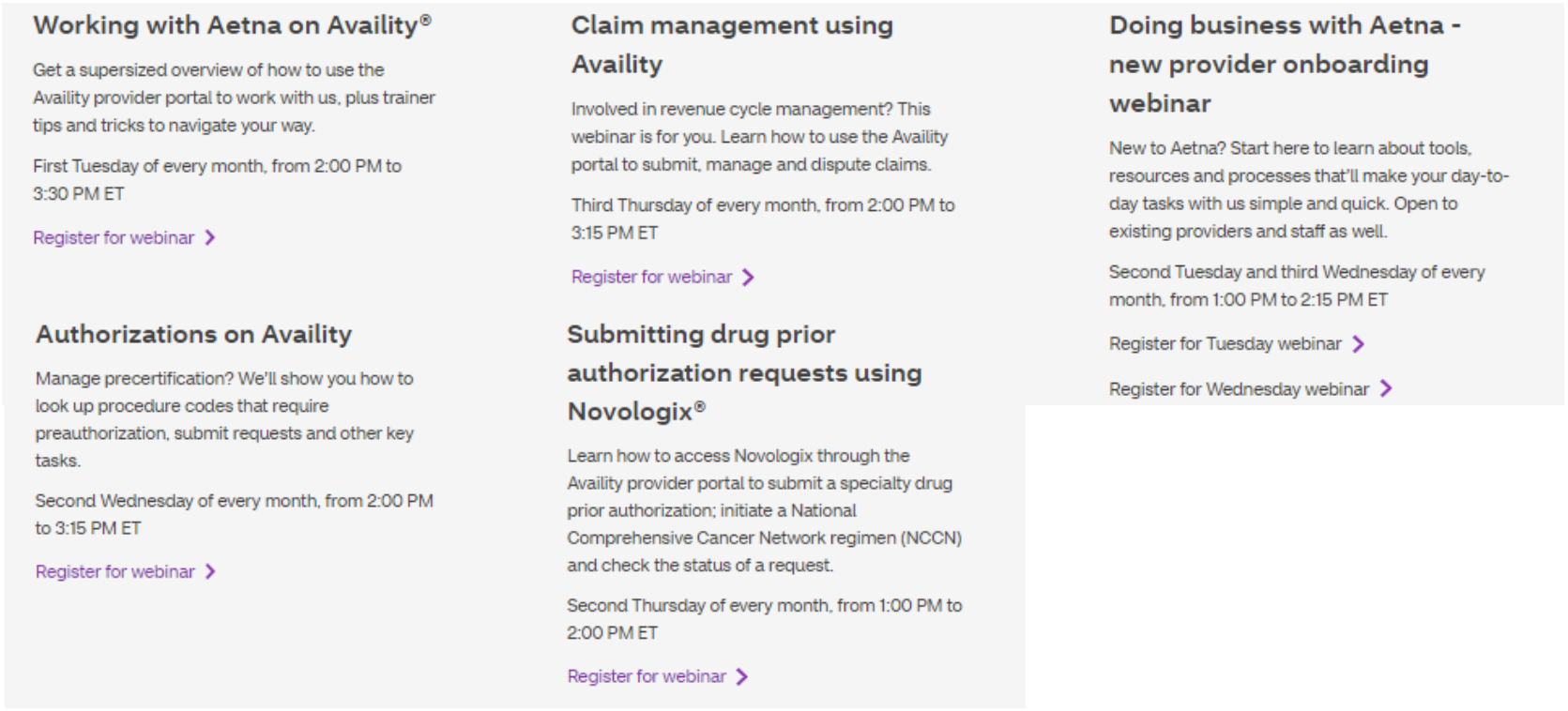
Provider training

Direct providers to **AetnaWebinars.com** to register for our monthly "Authorizations on Availity®" webinar held on the second Wednesday of every month.

Who can register?

Any provider and staff member, regardless of participation status with Aetna®, can sign up. It's a great idea to register for Availity before joining us.

Webinars run for about an hour. We leave time for questions, so you get answers on the spot.



Working with Aetna on Availity®

Get a supersized overview of how to use the Availity provider portal to work with us, plus trainer tips and tricks to navigate your way.

First Tuesday of every month, from 2:00 PM to 3:30 PM ET

Register for webinar >

Authorizations on Availity

Manage precertification? We'll show you how to look up procedure codes that require preauthorization, submit requests and other key tasks.

Second Wednesday of every month, from 2:00 PM to 3:15 PM ET

Register for webinar >

Claim management using Availity

Involved in revenue cycle management? This webinar is for you. Learn how to use the Availity portal to submit, manage and dispute claims.

Third Thursday of every month, from 2:00 PM to 3:15 PM ET

Register for webinar >

Submitting drug prior authorization requests using Novologix®

Learn how to access Novologix through the Availity provider portal to submit a specialty drug prior authorization; initiate a National Comprehensive Cancer Network regimen (NCCN) and check the status of a request.

Second Thursday of every month, from 1:00 PM to 2:00 PM ET

Register for webinar >

Doing business with Aetna - new provider onboarding webinar

New to Aetna? Start here to learn about tools, resources and processes that'll make your day-to-day tasks with us simple and quick. Open to existing providers and staff as well.

Second Tuesday and third Wednesday of every month, from 1:00 PM to 2:15 PM ET

Register for Tuesday webinar >

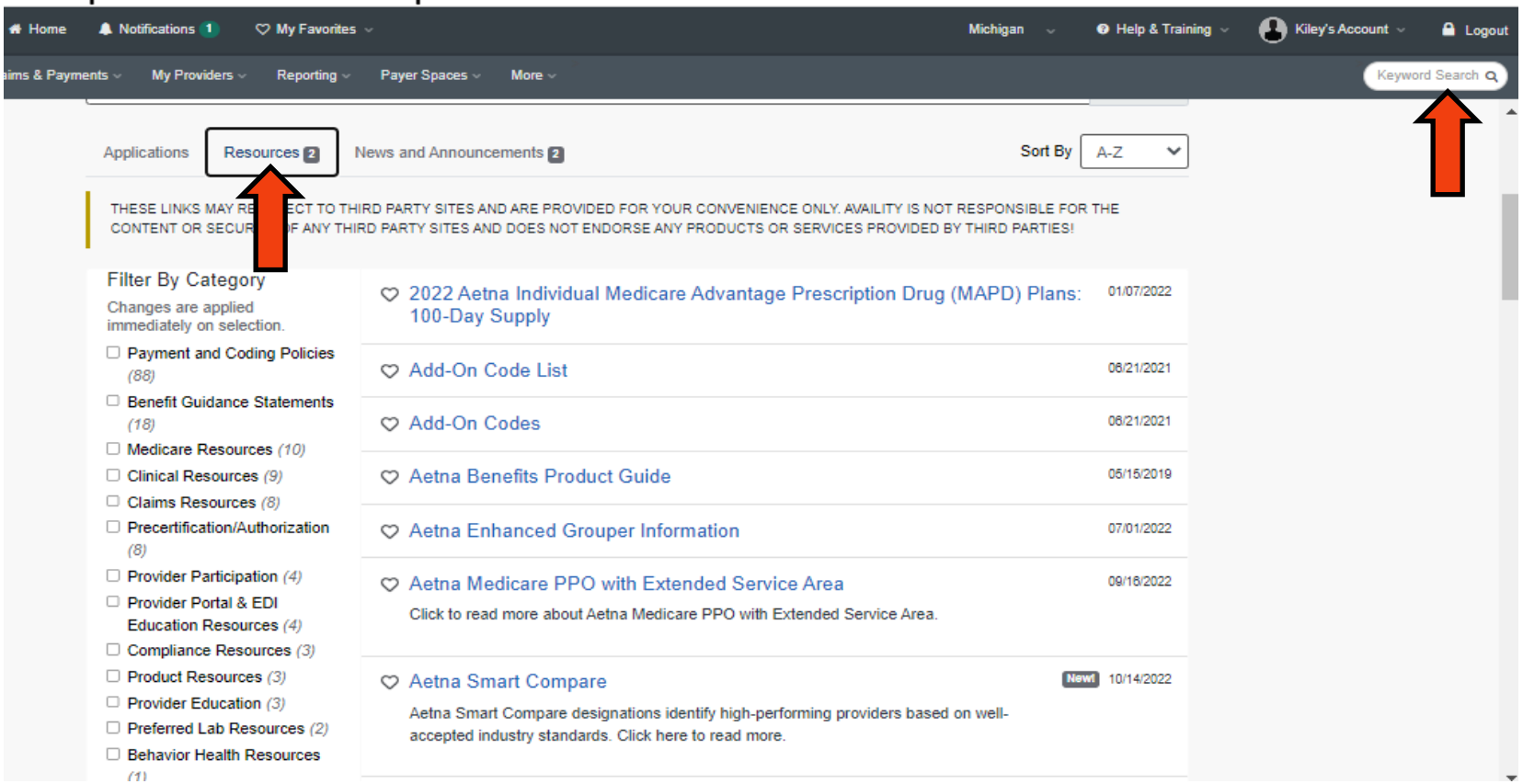
Register for Wednesday webinar >

All Policies Available on Availity

How do find the full Policy?

Simple, once logged into Availity in upper right Keyword Search bar just start typing….
i.e. “Mid level” or “ Multiple Procedure” all related policies will pop up below.

Or under Payer Space, choose correct Payer and then find “Resources” here you will find
A full alphabetic list of all policies.

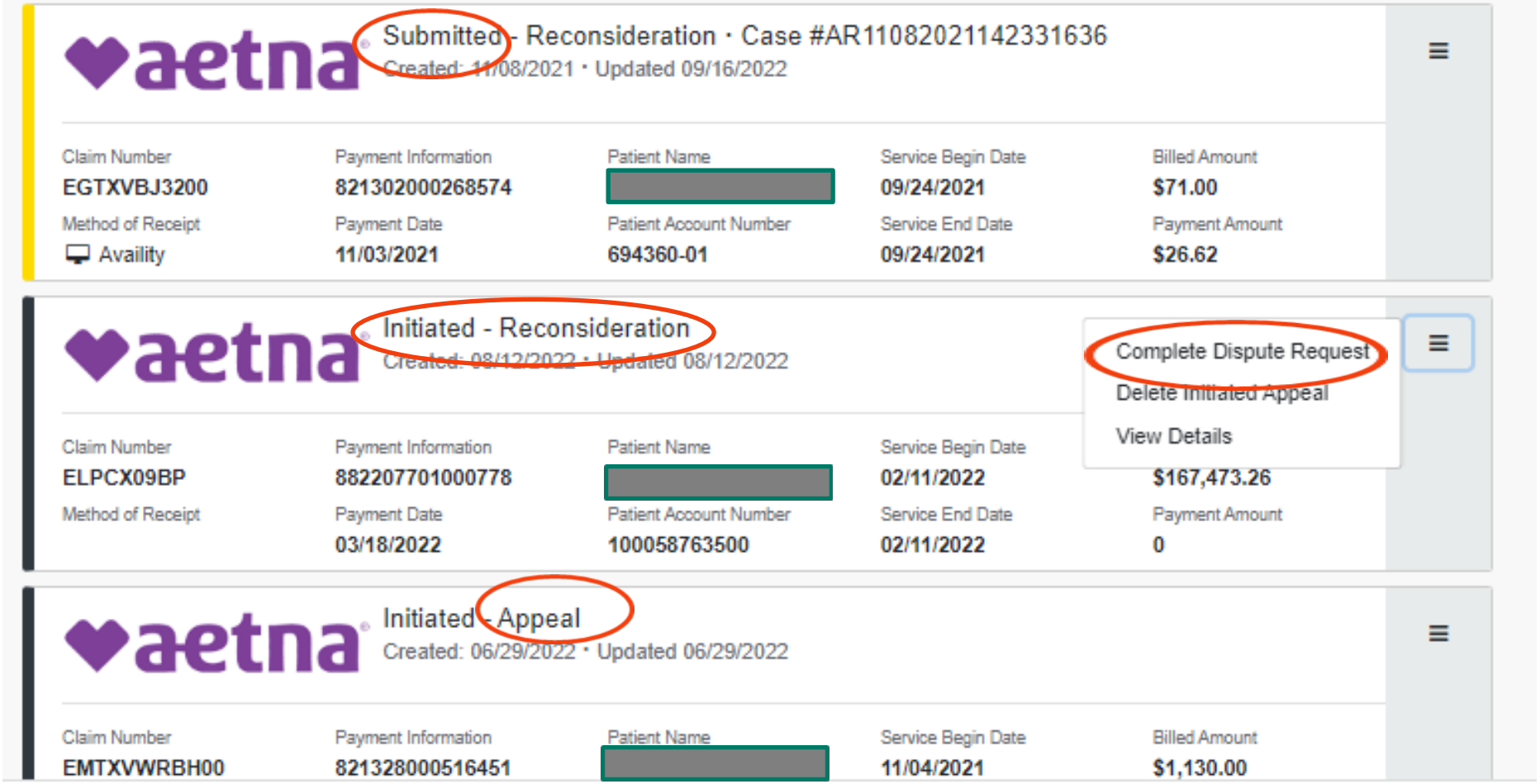


Other questions, go to our Contact Aetna page or use the "Contact Us" form located on Availity.

Did you know can submit Appeals Electronically?

First find the claim in Claim Status, If Denied or Finalized then a Dispute Claim Option will Appear

- You will have a chance to attach documents, (if not then is a recon where no info necessary, can go back and attach in claim status again if feel necessary).
- For appeal send all docs needed- NEW if submitting online DO NOT NEED to INCLUDE APPEAL FORM.
- Want Appeal help, top right find link to watch a demo for appeals



When review completed it will turn to "Finalized" and then either updated EOB or response letter sent.

X12N 275 Transaction

We're pleased to introduce you to the X12N 275 6020 version EDI Claim Attachments transaction. Its purpose is to allow providers to send additional information to us electronically in a standard format. While we accept additional information through our provider portal on Availity, the solution on Availity isn't the same as the X12N 275 transaction.

How it works, Providers must send us two transactions:

1. The electronic claim (X12N 837)
2. The EDI attachment (X12N 275)

We'll receive the electronic claim with a provider-assigned code for the attachment. Once we receive the attachment, we'll match the claim and the attachment for internal viewing.

Currently, we're working with the following four clearinghouses to deliver EDI attachments to us:

- Availity
- Change Healthcare
- PNT Data
- Waystar
- We'll add additional clearinghouses in the future.

What's happening now and later?

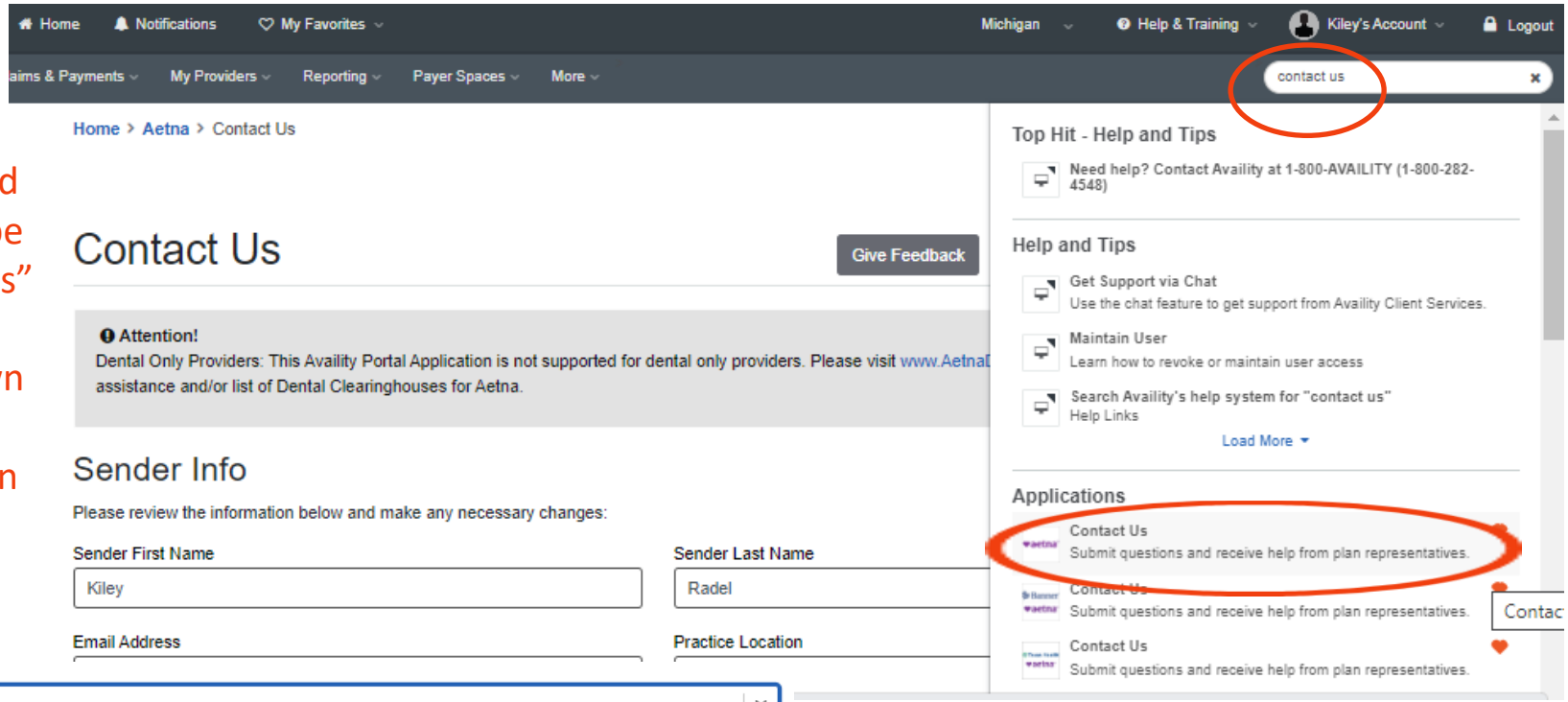
We'll support unsolicited EDI attachments for electronically submitted professional, institutional and dental claims. (An unsolicited attachment is additional information sent to us that we didn't request. But the provider assumes we need more information to make a benefit decision.)
We'll support solicited EDI attachments in the future.

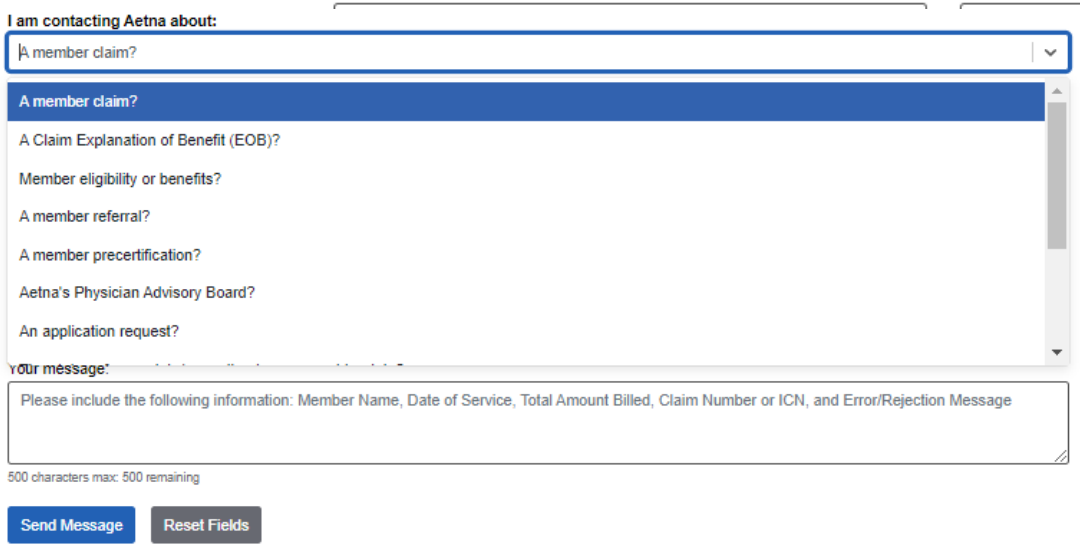
Contact Aetna Provider Services Online

Logged in through Availity so can submit specific details

1) In Keyword Search type "Contact Us"

2) Scroll Down to select application for right product





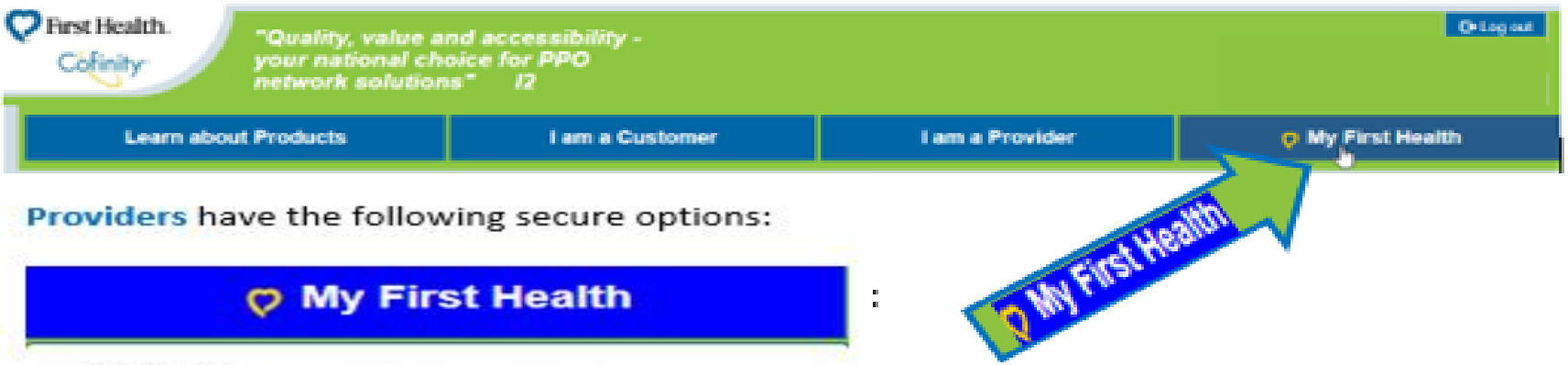
? 's on Aetna

COFINITY UPDATES

Combined First Health and Cofinity Website
Register at FirstHealth.com for provider access!
For New Access at Top Right click Register Now

Once logged in:

To access the secure functions, click on **My First Health** *(this will only appear when logged in)*



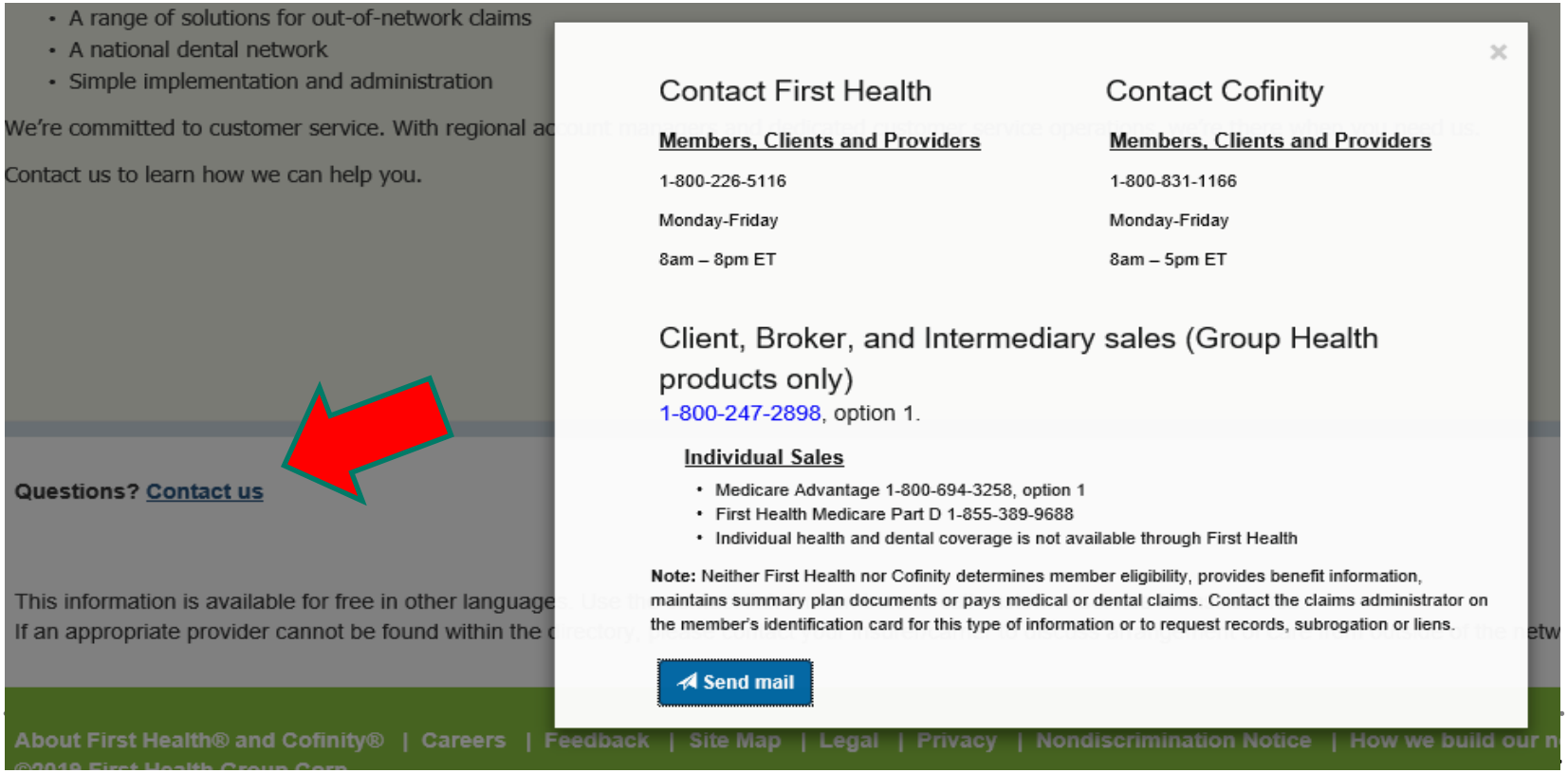
Providers have the following secure options:

My First Health :

- Client List
- Claim Activity Report
- Claim Attachment Look-up
- Search for Claims
- Claim Appeal form
- Demographic Update
- TIN Update
- Resources
- Notices and News

For ANY questions on providers, claims, pricing, etc. please contact Customer Service Departments first. You can:

- Call: Cofinity 1-800-831-1166 or First Health 1-800-226-5116
- On any screen click the "Contact Us" Link next to "Questions?"
  - Here can send a secure email directly to customer service. Once click "Send Email" you will select which Network and issue will be routed correctly.
  - Can also email Cofinity directly at customerservice@cofinity.net
- Use online "Claim Appeal Form"



Appeal Form (can add attachments):