Aetna Better Health® of Kentucky

Provider Web Portal Instructions

This web-based portal is designed to aid the providers in managing their member base, reviewing claims, verifying eligibility and reviewing and submitting authorizations.

December 2015
Version 3

Table of Contents

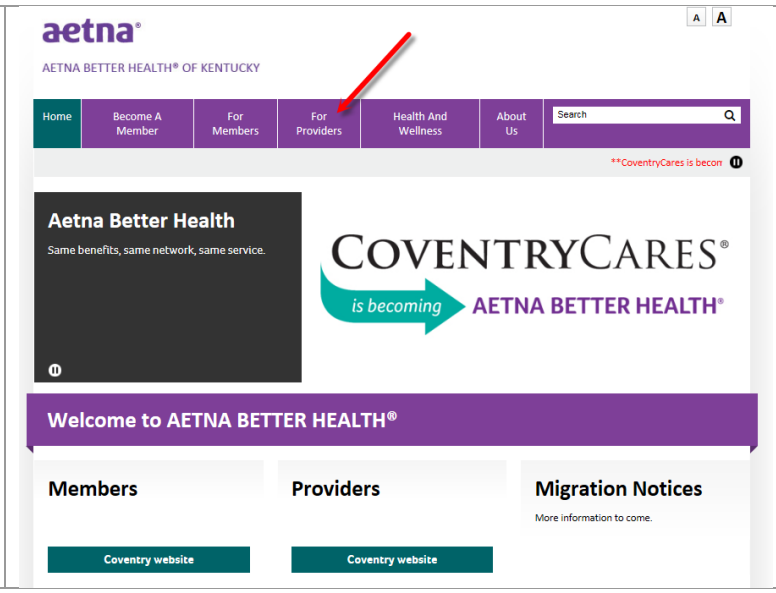
Section	*Page*
General Information	- 1 -
Kentucky Website	- 1 -
Provider Portal Access	- 1 -
Member Eligibility	- 4 -
Access the Member Search Function	- 4 -
Search by Date of Birth and Last Name	- 4 -
Search by Member ID - Single	- 6 -
Search by Member ID - Multiple	- 7 -
Search Providers	- 10 -
Access the Provider Search Function	- 10 -
Search by Provider Information or Location	- 10 -
Search by Provider ID	- 11 -
PA Requirements Search Tool	- 14 -
Access the Search Tool	- 14 -
Search for Prior Authorization Requirement	- 14 -
Submit an Authorization Request	- 16 -
Access Cite Auto Auth	- 16 -
Submit an Authorization Request	- 17 -
Search Authorizations	- 26 -
Access the Authorization Search Function	- 26 -
Search by Member Name	- 26 -
Search by Authorization ID	- 27 -
Search Claims	- 29 -
Access the Claims Search Function	- 29 -
Search by Member Name	- 29 -
Search Remittances	- 30 -
Access the Remittance Search Function	- 30 -
Search by Member ID	- 31 -
Search by Claim ID	- 32 -
Search by Date Range	- 32 -

Aetna Better Health® of Kentucky
Provider Web Portal Instructions

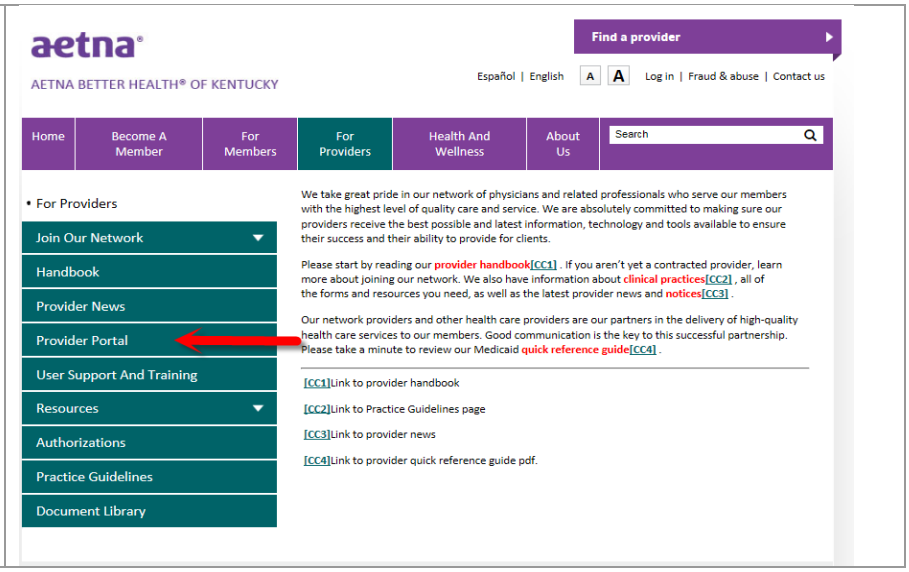
General Information

Kentucky Website

NOTE: You must have access to the http://www.aetnabetterhealth.com/kentucky

Kentucky website To access the Kentucky website, follow the links shown above or click the link listed here: http://www.aetnabetterhealth.com/Kentucky Once you are on the page, you can access the Provider Portal by selecting: 1. The For Providers tab	

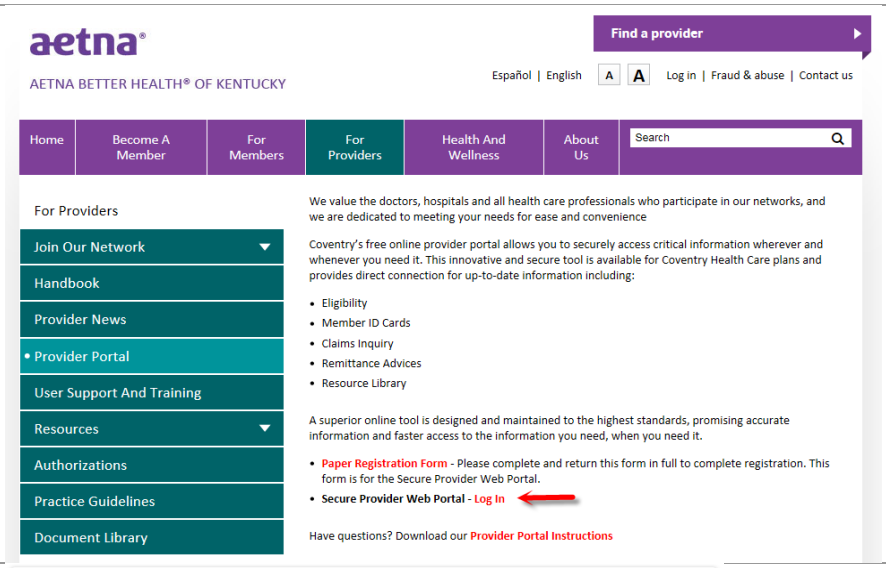
Provider Portal Access

Provider Portal Access Click on “Provider Portal” on the left-hand panel.	

Aetna Better Health® of Kentucky
Provider Web Portal Instructions

And then click on “Log In” to open the Sign In page.

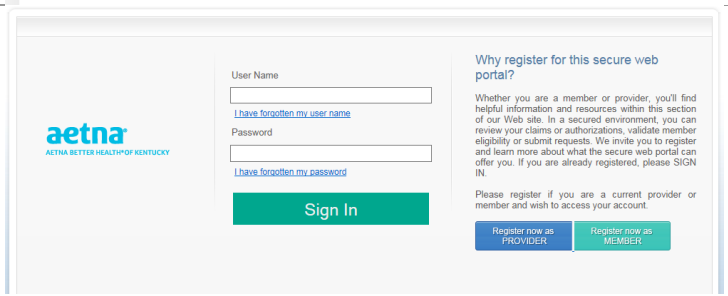
A separate browser window will open.



Sign In Page

Enter your User Name and Password in the appropriate fields.

Click on the “Sign In” button to open the Portal Welcome Page.

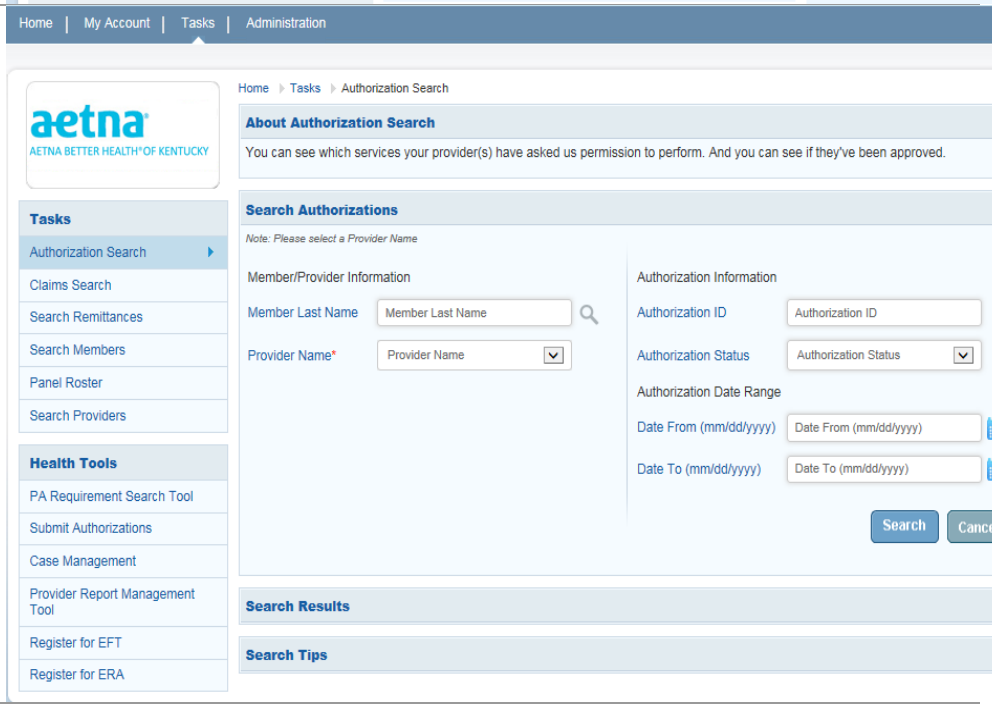


Portal Welcome Page

The account information page can be accessed by clicking on “My Account” (1) or a specific account item can be accessed from the My Account list (3).

The Task page can be accessed by clicking on “Tasks” (2) or specific tasks can be accessed from the Tasks list (4).

Health tool items such as “PA Requirement Search Tool” can be accessed from the “Health Tools” list (5). NOTE: Health Tools can also be accessed from the “Tasks” page

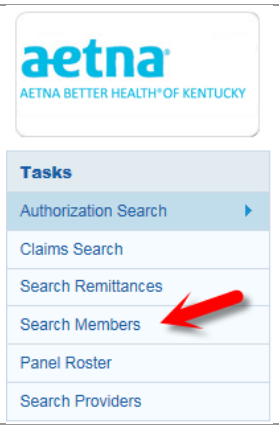
(2). Health Plan Contact info is listed here (6). Resources are listed here (7).	
Tasks Landing Page Click on “Tasks” tab.	
The default selection is “Authorization Search.”	

Member Eligibility

The *Search Members* feature enables the user to search for members across the entire Kentucky member base, and view specific information about the member.

Access the Member Search Function

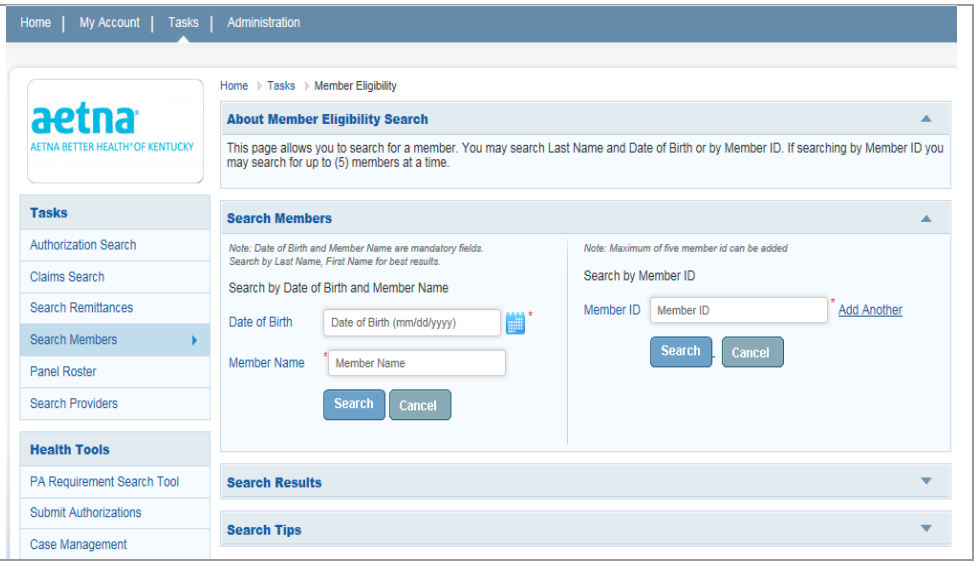
Select "Search Members" from the left-hand panel under the Tasks heading.



Search Members Landing Page

There are two methods for searching:

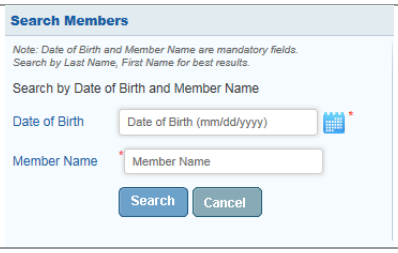
1. Date of Birth & Last Name
2. Member ID
   - Up to 5 members may be included in each search.



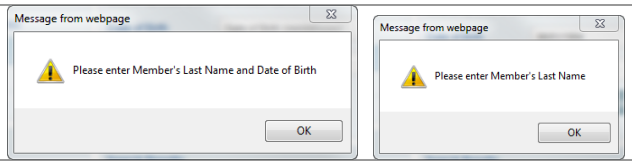
Search by Date of Birth and Last Name

A date of birth and a last name must be entered.

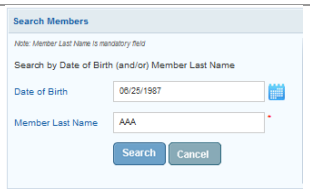
Then, click the Search button



If either or both fields are left blank, error messages such as these will appear.

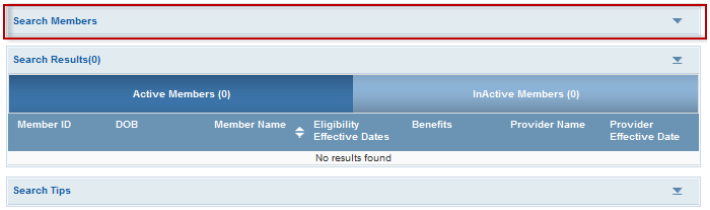


Partial last names are permitted.

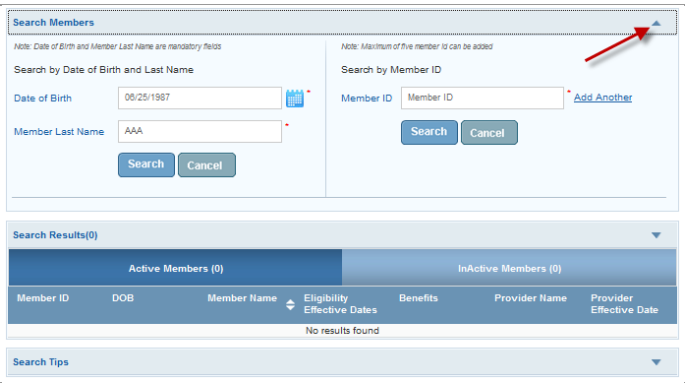


In this example, no member was found meeting the search criteria.

Notice that the Search Members window has collapsed and hides the search criteria used.

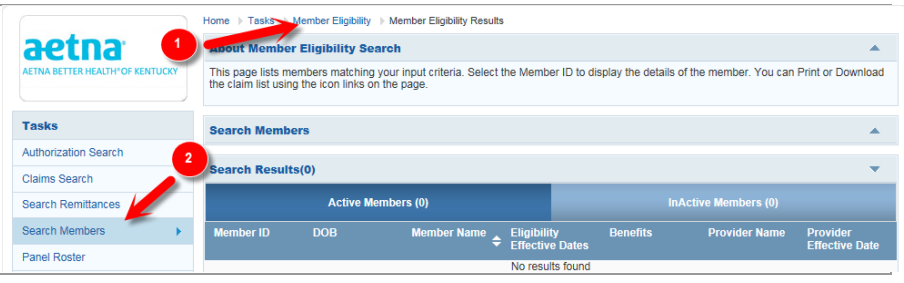


Click on the pointer to expand the window.



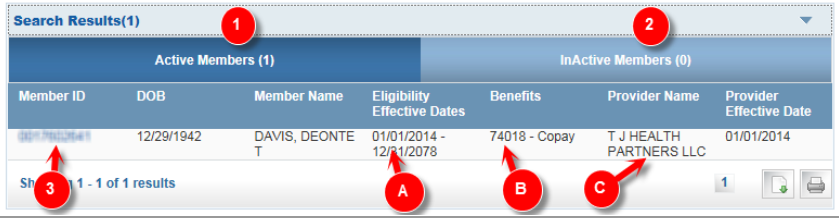
To search again, you must return to the previous screen by selecting either:

1. Member Eligibility from the path.
2. Search Members from the left-hand panel.

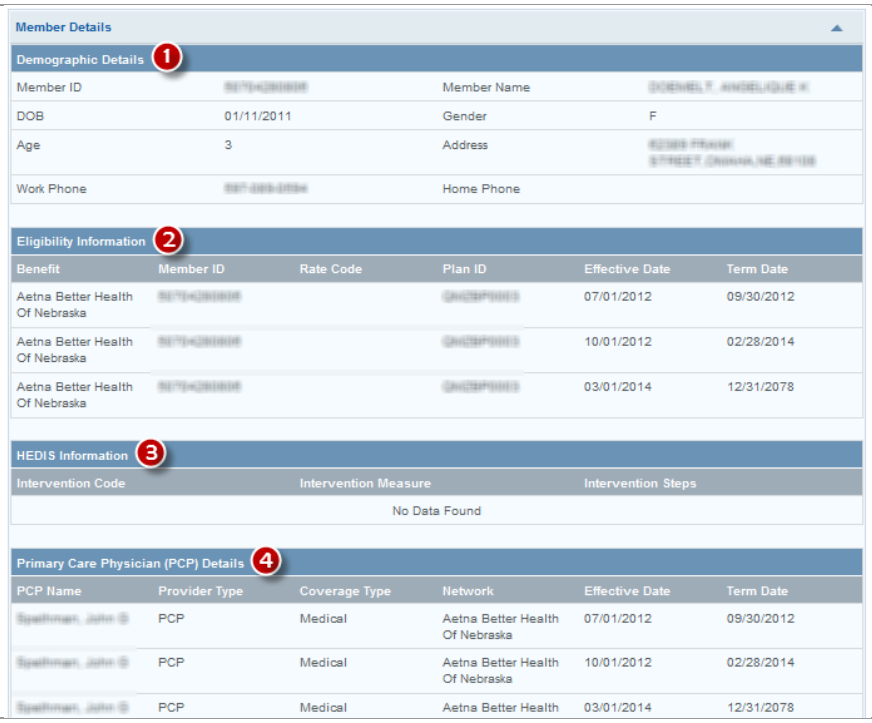


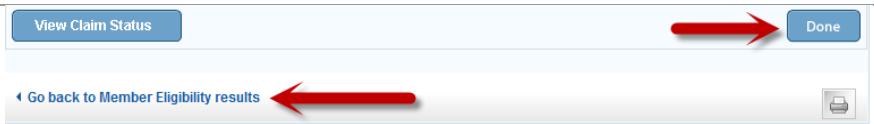
Here is an example of a successful search.

Notice that there is an “active” tab (1) and an “inactive” tab (2). Our member is on the

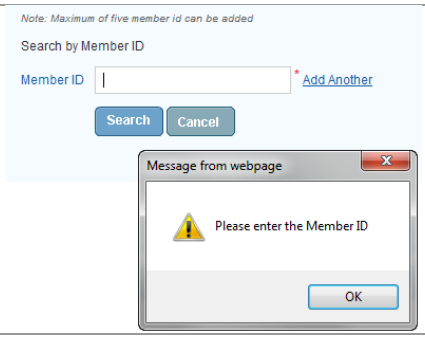


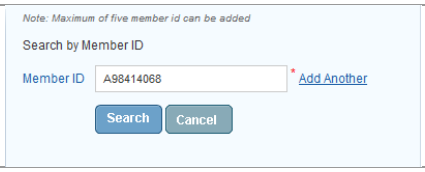
active tab. Our member's eligibility (A), Benefits (B) and Provider Assignment (C) are also shown. To view additional member details, click on the hyperlinked member ID (3).	

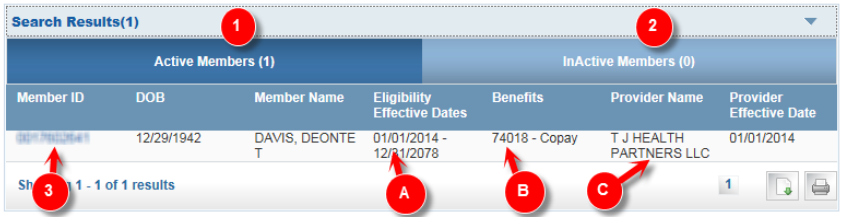
Member Details Screen 1. Member demographic info 2. Eligibility and Plan info 3. HEDIS information 4. PCP Details	

At the bottom of the page, click 1) Done: to begin another search. 2) Go Back to Member Eligibility: to return to the previous screen.	

Search by Member ID - Single

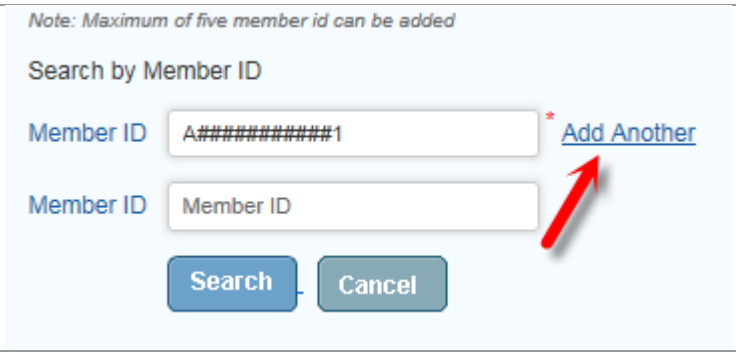
A member ID must be entered or an error will be received.	

Enter a valid ID – results are the same as the search by date of birth and last name.	

Search Results Notice that there is an “active” tab (1) and an “inactive” tab (2). Our member is on the active tab. Our member’s eligibility (A), Benefits (B) and Provider Assignment (C) are also shown. To view additional member details, click on the hyperlinked member ID (3).	

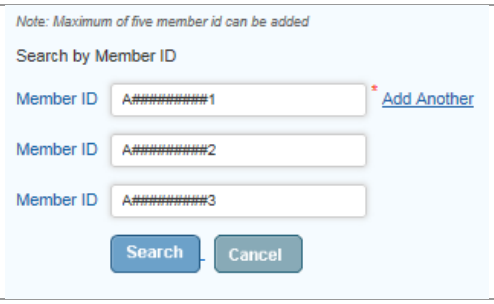
Search by Member ID - Multiple

The advantage of the Search by Member ID

The advantage of the Search by Member ID over the search by name/DOB is that this feature allows the user to search for as many as five (5) members at the same time. Click the “Add Another” hyperlink to add additional fields.	

Here, three (3) Member IDs have been entered.

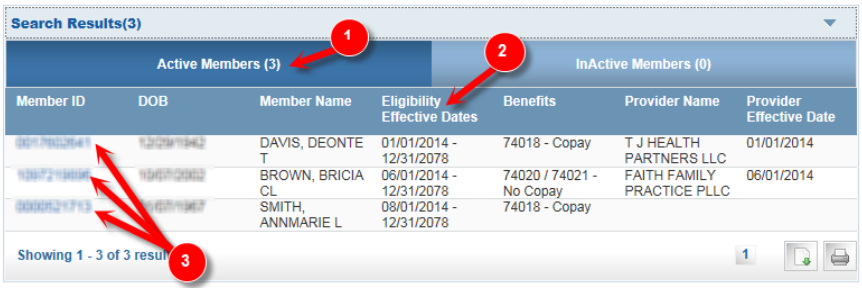
Click the “Search” button to begin the search.



Here are the search results.

All three (3) members are eligible and active as shown by the “Active” tab (1). Notice the number in parenthesis. The eligibility effective dates are also shown (2).

To view additional member details, click on the hyperlinked member ID (3).

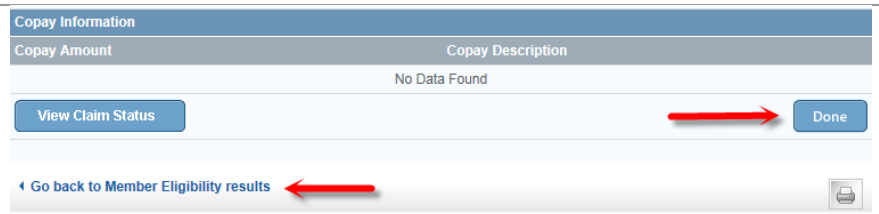


Member Details Screen

1. Member demographic info
2. Eligibility and Plan info
3. HEDIS information
4. PCP Details

At the bottom of the page, click:

1) Done: to begin another search.
2) Go Back to Member Eligibility: to return to the previous screen.



Search Providers

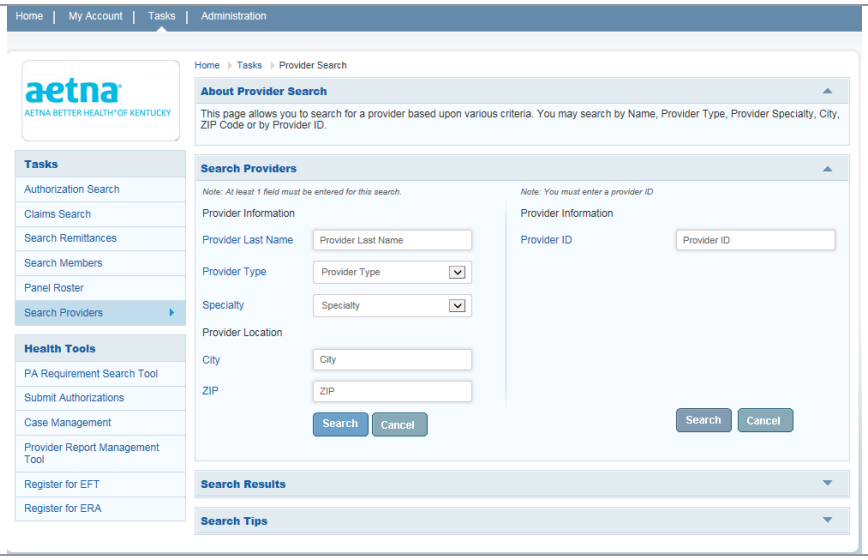
The *Search Providers* feature enables the user to search for providers by provider information such as name, specialty, type, location or provider ID.

Access the Provider Search Function

Search Providers Landing Page

There are two methods for searching for providers:

1. By Provider Information (Name, Type, Specialty, or Location)
2. By Provider ID



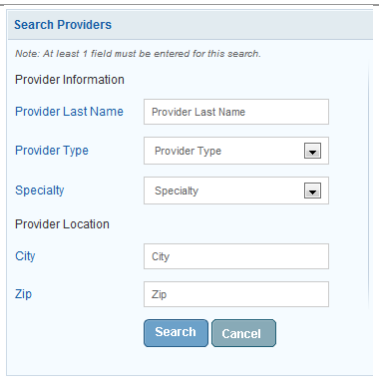
Search by Provider Information or Location

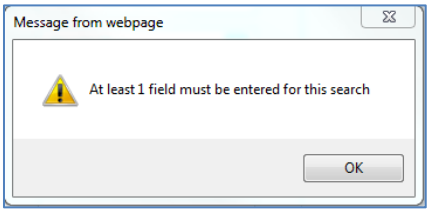
Searching by Provider Information

Search by any combination of Last Name, Provider Type, Specialty or Location.

Enter the search criteria and click the “Search” button. At least one criterion must be entered or an error message is displayed.

The “Cancel” button will clear the criteria fields for a fresh search.





Searching by Provider Last Name

The Provider Last Name field can be used to search by a provider last name or a partial last name.
For example, a search on "Hans" would return a list of providers with last names of both Hansen and Hanson.

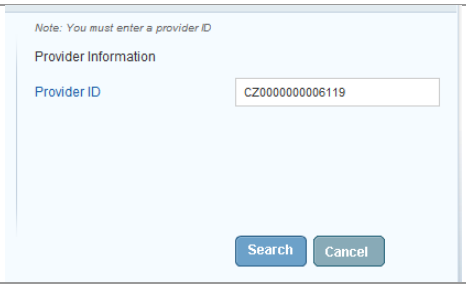
The Provider Last Name field can also be used to search for a facility or organization name.

For example, a search on "Banner" would return a list of providers that included the various locations for Banner Health.

Search by Provider ID

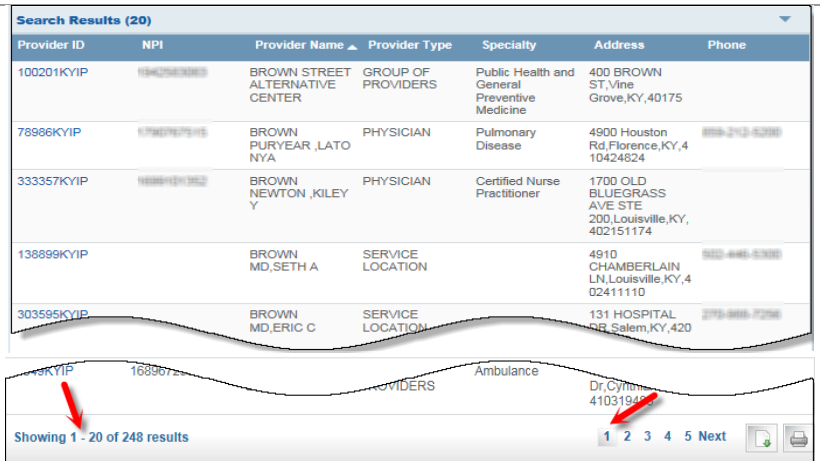
Searching by Provider ID

To search by Provider ID, enter the ID number and click the "Search" button. The field does not accept partial ID numbers.

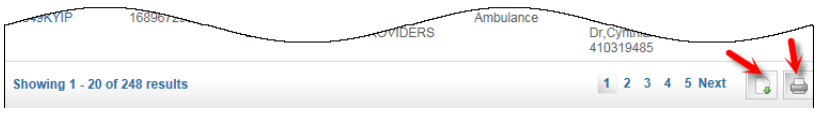


Sample Provider Search Results

If the search returns more results than will fit on a page, use the page numbers on the bottom right to navigate to additional results.

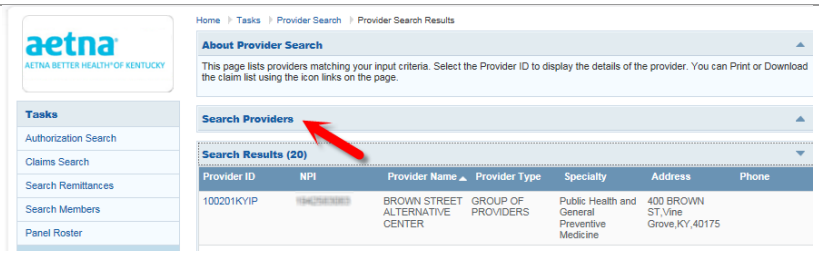


To download the search results to a file (csv or xls format) use the download icon.
Print the search results using the printer icon.



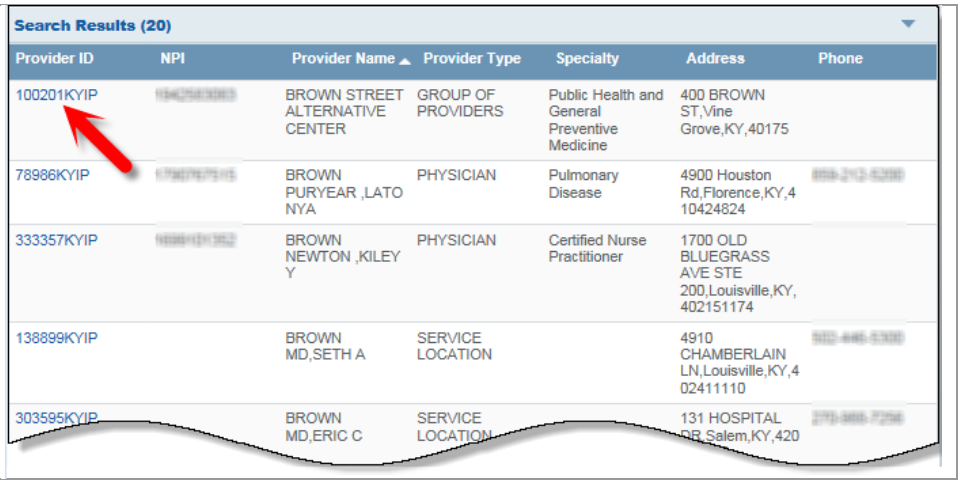
Start a New Provider Search

Click on the “Search Providers” bar that displays above the search results to start a new search.



Viewing Provider Detail

To view additional details of a provider click on the Provider ID in the Search Results.



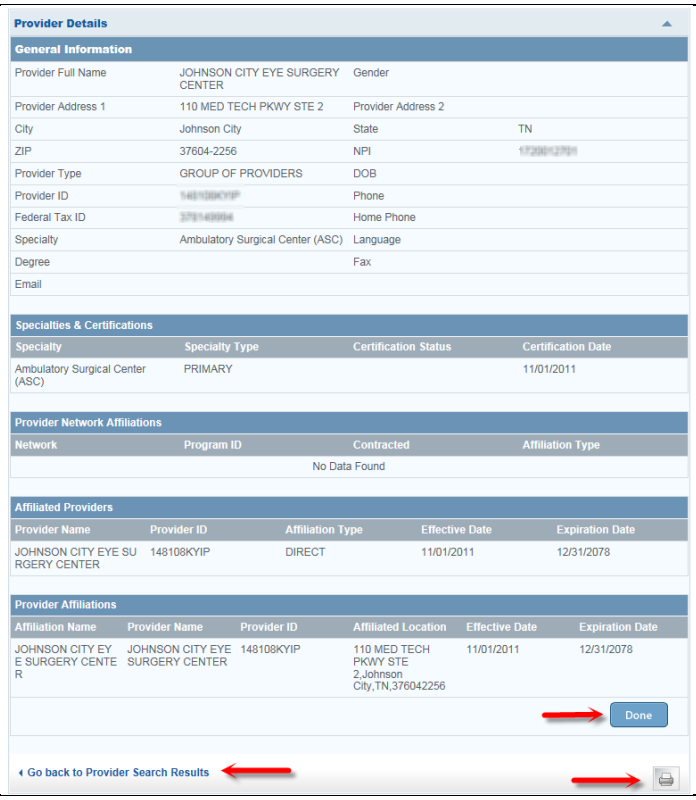
Sample Provider Detail

The detail page shows a variety of information about the provider including their NPI number, address, phone and affiliations.

Click the ”Done” button to start a new search.

Return to the search results using the “Go back to Provider Search Results” link.

Print the details using the printer icon.



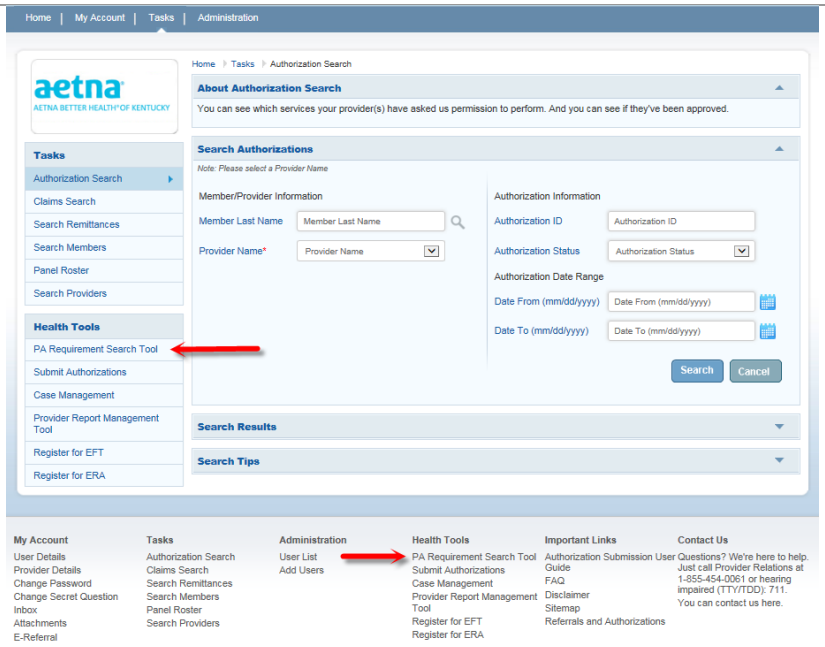
PA Requirements Search Tool

This feature enables the user to determine if prior authorization (PA) is required by entering up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

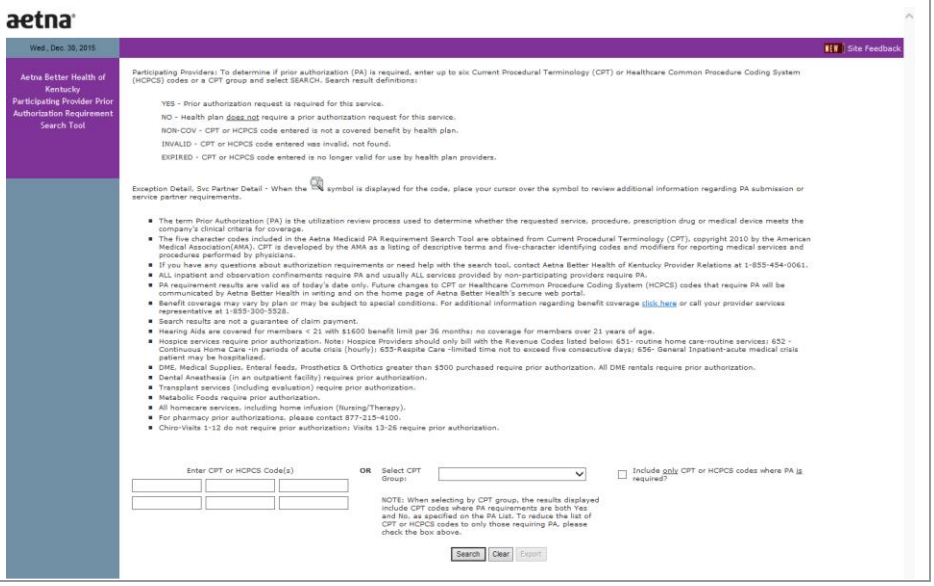
Access the Search Tool

Access the PA Requirement Search Tool

1. Select "PA Requirement Search Tool" from the left-hand panel under the Health Tools heading or
2. From the "PA Requirement Search Tool" link under the Health Tools heading at the bottom of the portal page.



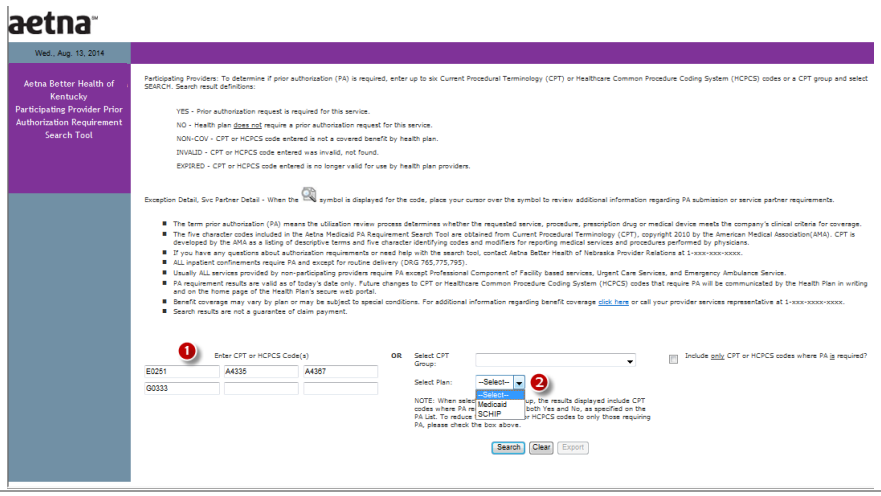
A new web page will launch with the PA Requirements Search Tool.



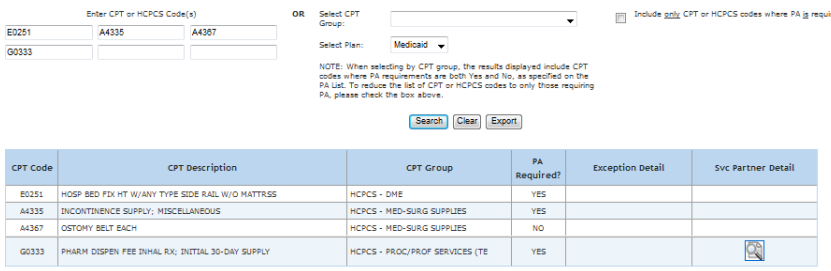
Search for Prior Authorization Requirement

Aetna Better Health® of Kentucky
Provider Web Portal Instructions

To determine if a CPT or HCPCS requires prior authorization enter up to six codes in the search boxes (1), select the plan from the drop down (2) and click on the "Search" button.

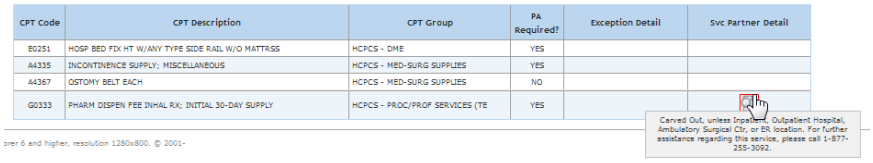


The results will appear in a table underneath the search criteria.



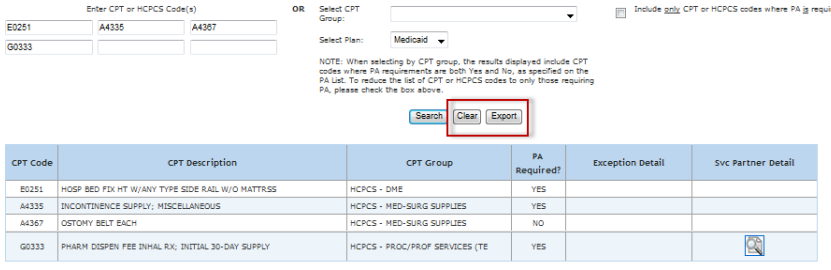
The icon indicates either an exception to the PA Requirement when a given criteria is met, or that the service is carved out and handled by one of our service partners.

Hover over the icon to see details.



Select the "Clear" button to clear the current search and begin a new search.

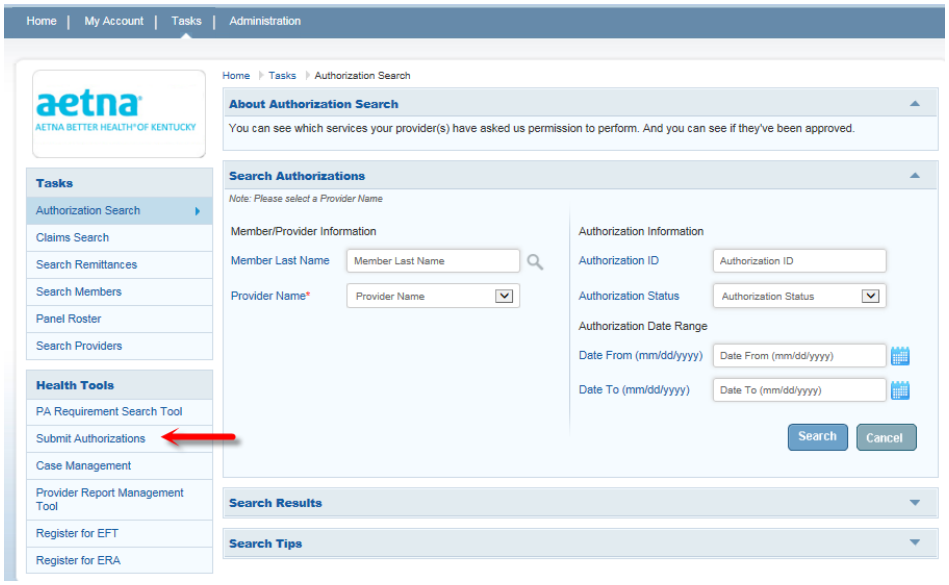
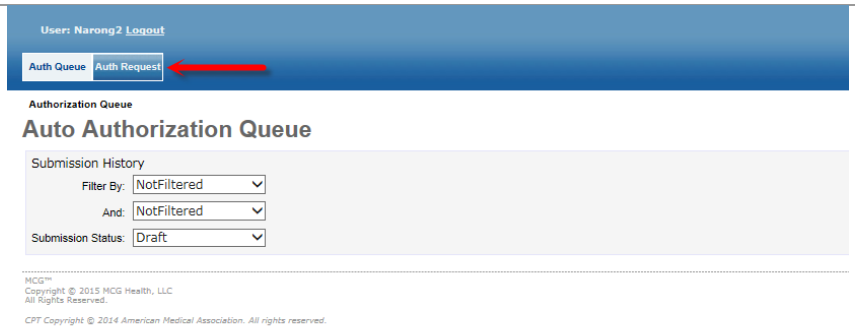
Select the "Export" button to export the search results to an xls file.

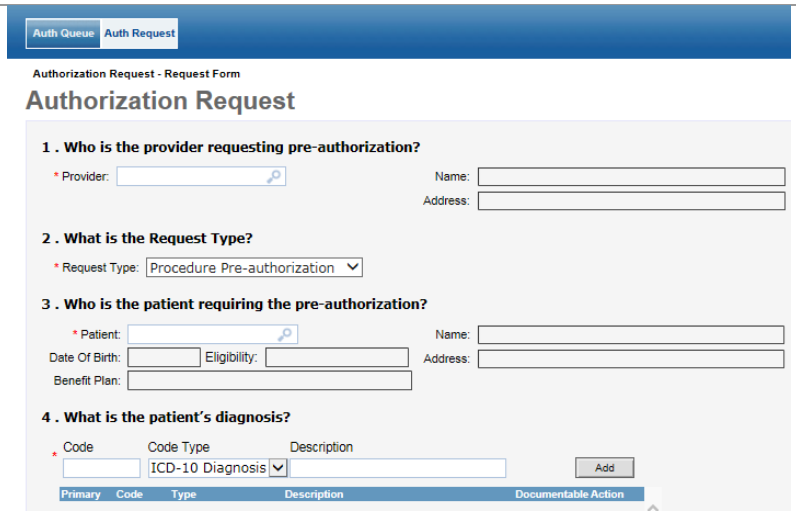


Submit an Authorization Request

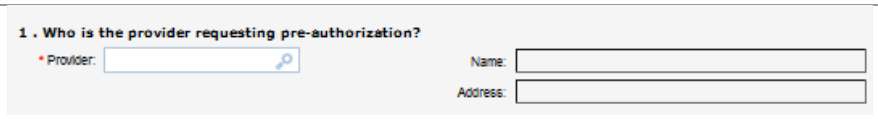
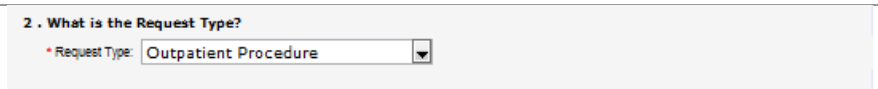
This feature enables the user to submit a request for prior authorization of services to the Aetna Better Health® of Kentucky Utilization Management department.

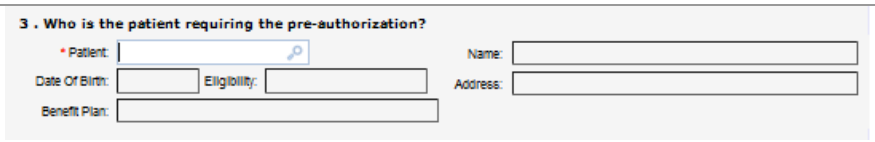
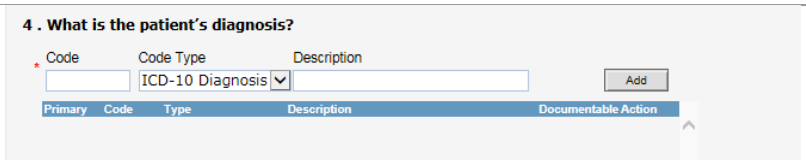
Access Cite Auto Auth

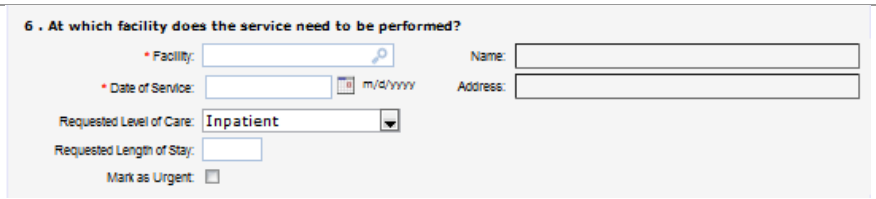
Submit Authorization Requests Select the “Submit Authorizations” link in the left-hand panel under the Health Tools heading.	
A new web page will launch with the Auto Authorization Queue. Select the “Auth Request” button.	

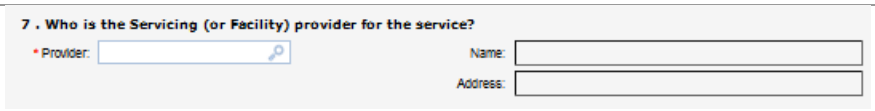
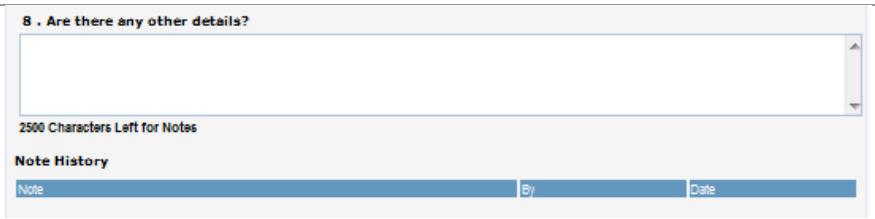
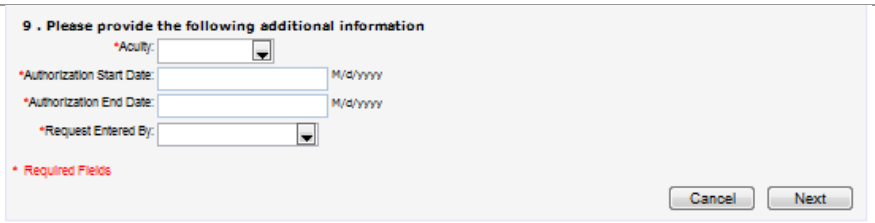
This will take you to the Authorization Request Form which consists of nine numbered sets of questions. Fields marked with a red asterisk (*) are required fields.	

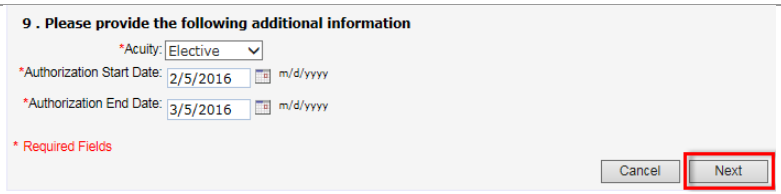
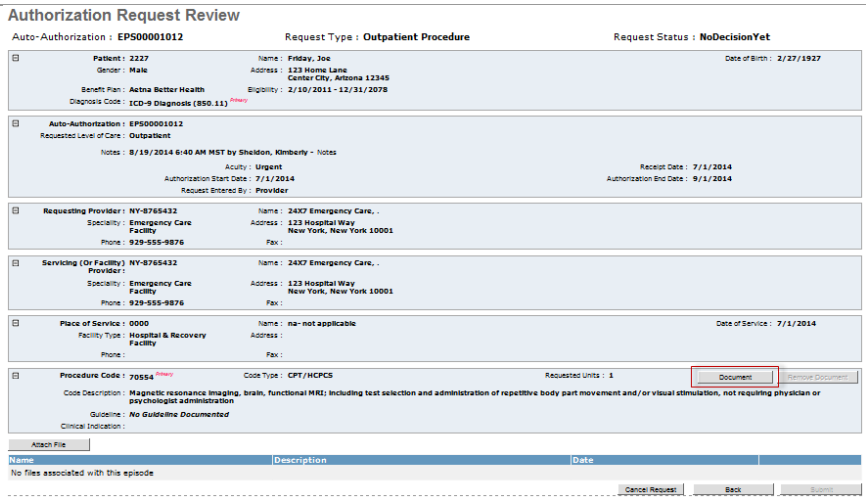
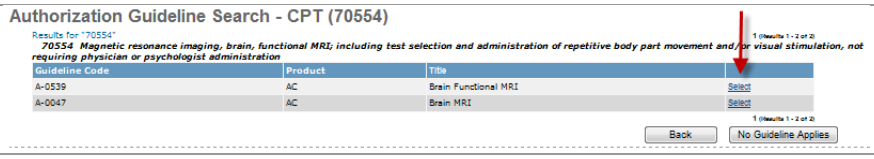
Submit an Authorization Request

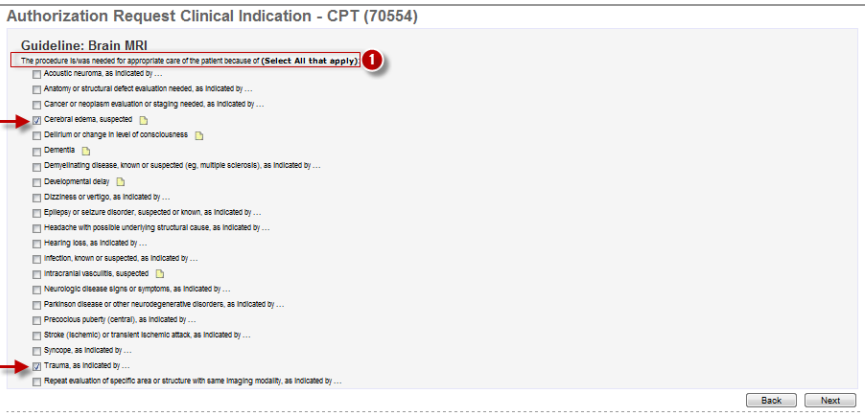
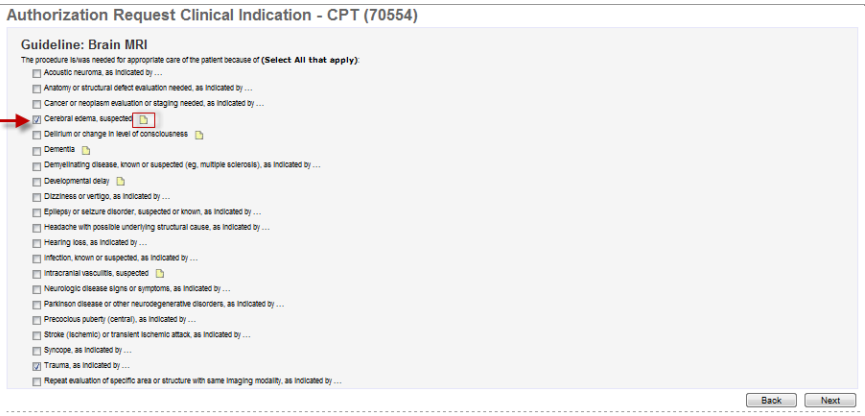
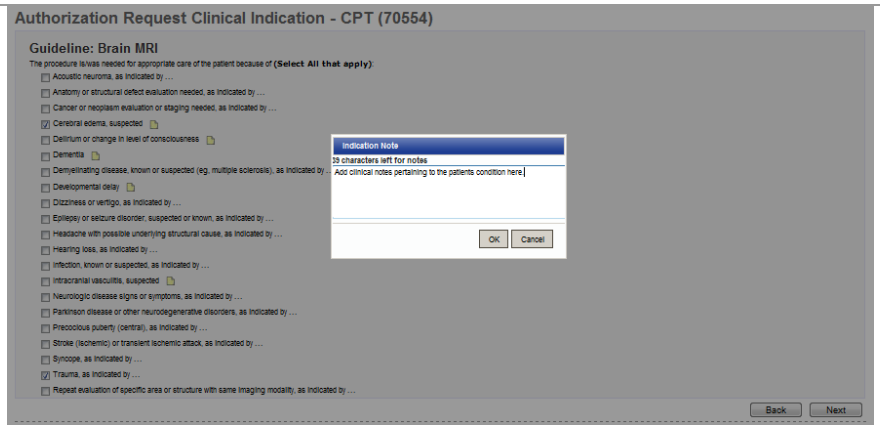
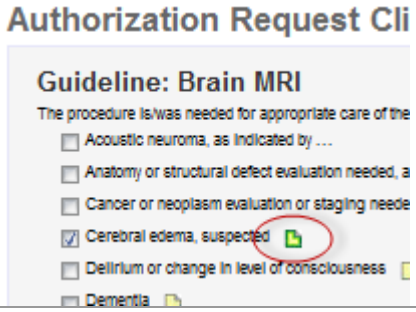
Enter the provider's name that is requesting the pre-authorization. Example; Lastname, Firstname Example; Mercy General Hospital You can enter a partial name and then select the search icon for a list of names to choose from. Once you select a provider the name and address fields will auto-populate. This is a required field.	
Select a request type from the dropdown. The options are: • Outpatient Procedure • Inpatient Surgical – Use for pre-authorization of IP Surgery. • Inpatient Medical – Use for all IP	

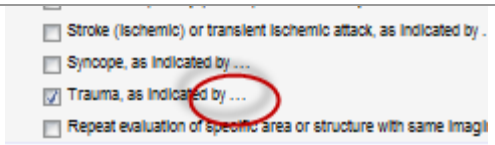
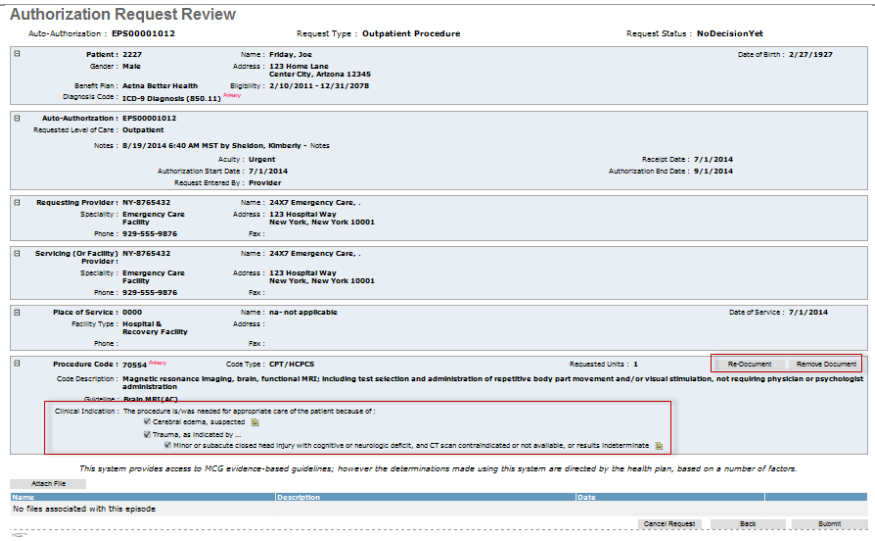
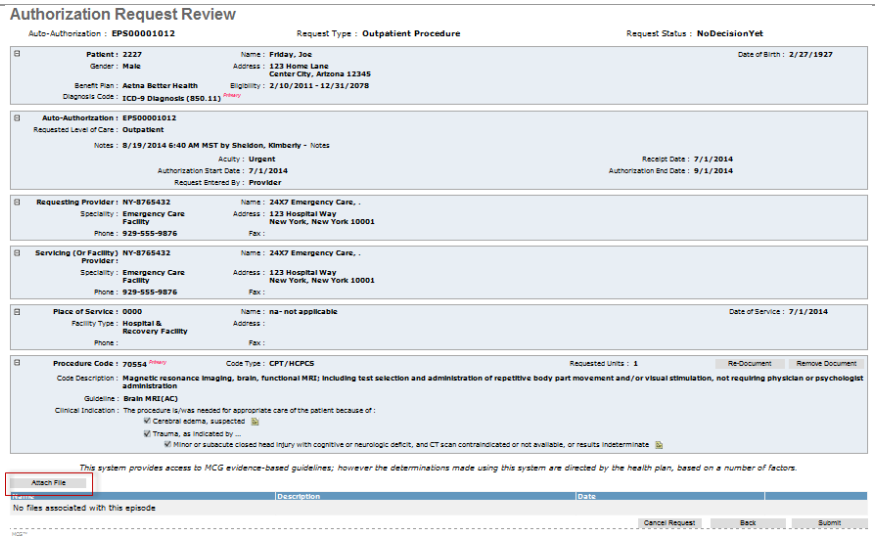
stays other than IP Surgery. • Inpatient Behavioral Health – Use for IP BH stays. This is a required field.	
Enter the member's name or health plan ID. Example; Lastname, Firstname You can enter a partial name and then select the search icon for a list of names to choose from. Once you select a name the additional fields will auto-populate. This is a required field.	
Enter the patient's primary diagnosis first then add any secondary diagnoses. Enter the ICD-10 code in the code field and when you click enter it will either populate the description field or give you a pop-up window with a list to select from. Once you have a description loaded click on the "add" button to add the diagnosis code to the list below. The "Code Type" drop down defaults to ICD-10 and this is the only option used at this time. This is a required field.	

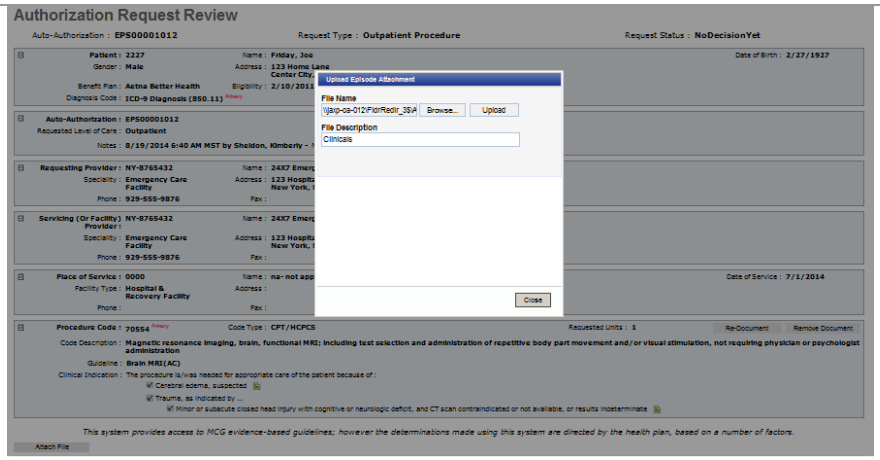
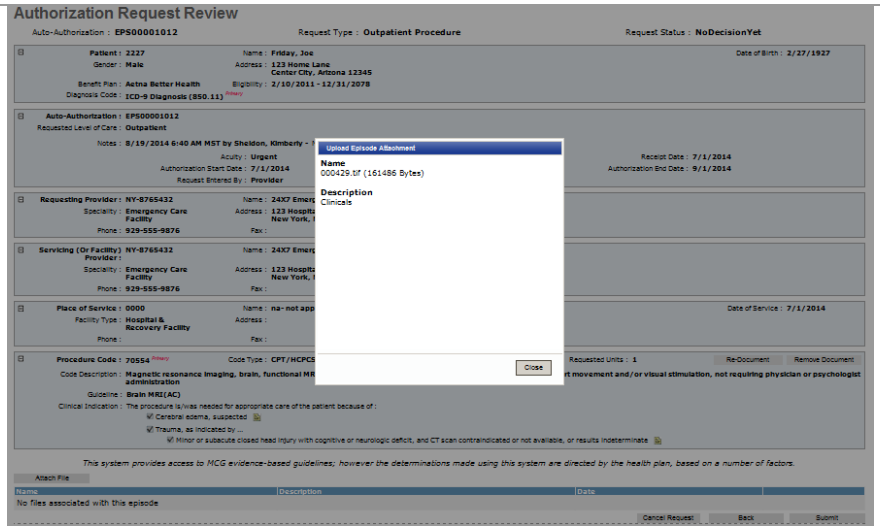
Enter the patient's primary procedure and then any secondary procedures. Enter the procedure code (CPT/HCPCS) in the code field and when you click enter it will either populate the description field or give you a pop-up window with a list to select from. Once you have a description loaded click on the "add" button to add the procedure code to the list below. This is a required field for outpatient and inpatient surgical requests but not for inpatient medical or inpatient behavioral health requests.	
If there is a separate facility involved in the service or procedure enter the name of the facility here. If the facility is unknown use Unknown Provider. If there is no facility involved then enter N/A (not applicable) as this is a required field. Enter the Date of Service being requested. If not requesting a specific day then enter the date you are submitting the request. This is a required field. Select the Requested Level of Care from the drop down menu. The options are: • Inpatient • Outpatient	

Select the Requested Length of Stay for inpatient requests. Check the Mark as Urgent box for urgent requests.	
Enter the name of the servicing provider. This could be the same as the requesting provider listed in step 1 or it could be the same as the facility listed in step 6. Example; Lastname, Firstname Example; Mercy General Hospital You can enter a partial name and then select the search icon for a list of names to choose from. Once you select a name the additional fields will auto-populate. This is a required field.	
Enter any additional details or clinicals applicable to the request that will help with the decision. Enter up to 2500 characters.	
Enter the additional information for the request. Select the Acuity from the drop down menu. The options are: • Elective • Urgent • Emergency Enter the requested	

timeframe for the authorization by entering a start date and end date for the authorization. Select “Provider” from the “Request Entered By” drop down menu. These are all required fields.	
Review the information you have entered for accuracy and then click the “Next” button.	
Number of Units Requested If the request includes CPT/HCPCS codes you will need to enter the number of units requested for each CPT/HCPCS code. Enter the number of units requested and click on the “Next” button.	
Document Clinical Indications This takes you to the Authorization Request Review. Select the “Document” button for each procedure code to access interactive Milliman clinical guidelines and document the member’s clinical indications.	
Select the appropriate guideline code by clicking on the “Select” link in the right-hand column.	

This takes you to the Authorization Request Clinical Indication page. Review the primary instructions (1) then select all of the indication check boxes that correspond to the member's condition ( ).	
Some indications will allow notes. Click on the note icon to open the Indication Note pop-up window.	
Enter up to 100 characters of clinical information pertaining to that indication and click the "OK" button. The note icon appears with a green outline when an Indication Note has been entered.	 

Indications that are followed by "…" indicate additional questions will be asked once you select the "Next" button to continue. Review the primary instructions then select all of the indication check boxes that correspond to the member's condition and click the "Next" button.	
This takes you back to the Authorization Request Review and you will now see the clinical indications noted in the Procedure Code box. Click the "Re-document" button to make any changes to the clinical indications. Select the "Remove Document" button to remove all previously entered clinical indications for a procedure code.	
Attach a file Prior to submitting the authorization request you are able to attach any clinical documentation applicable to the member. Select the "Attach File" button.	

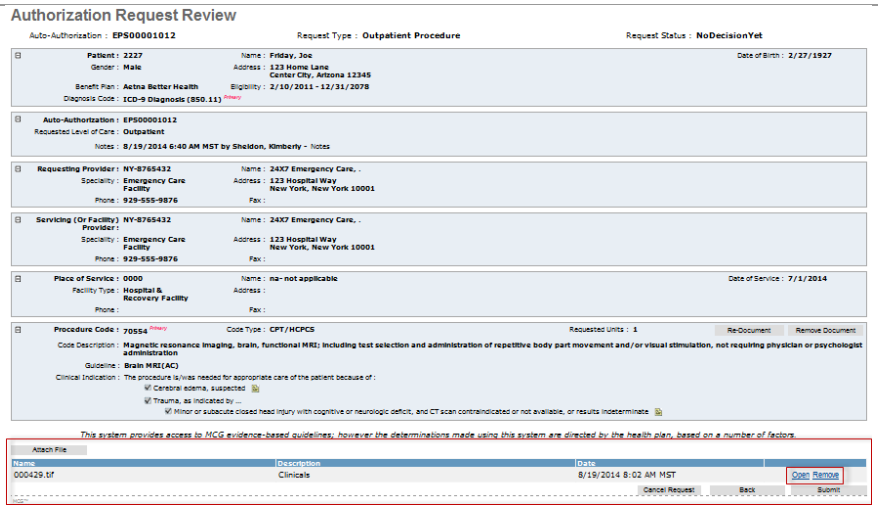
Select the “Browse” button in the Upload Episode Attachment pop-up window. Browse to the location of the document you wish to upload and select the file. The file types that can be attached are: .doc, .docx, .xls, .xlsx, .ppt, .pdf, .jpg, .gif, .bmp, .tiff, .tif, .jpeg. Give the file a description in the File Description field. Select the “Upload” button to upload the file.	
Click on the “Close” button to close the Upload Episode Attachment pop-up window.	

This takes you back to the Authorization Request Review window.

You can now see that there is a file attached to be submitted with the request.

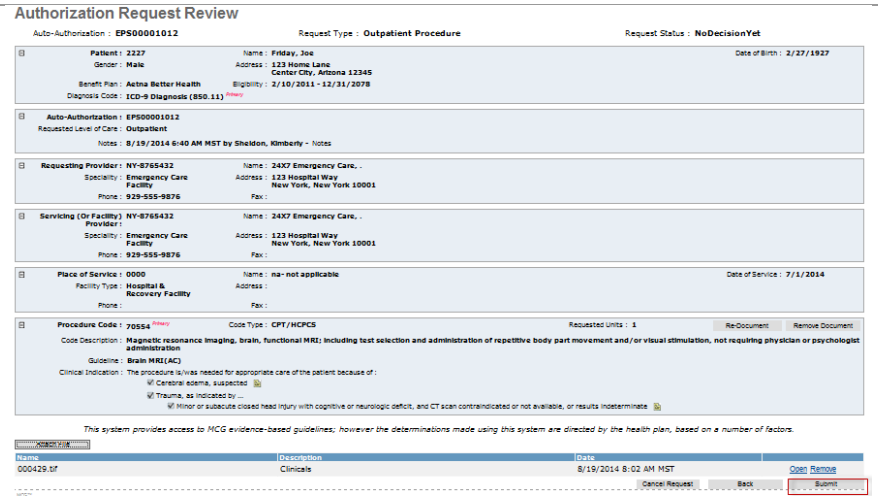
Select the “Open” link to view the document.

Select the “Remove” link to remove the attached file.



Submit the Request and View Request Status

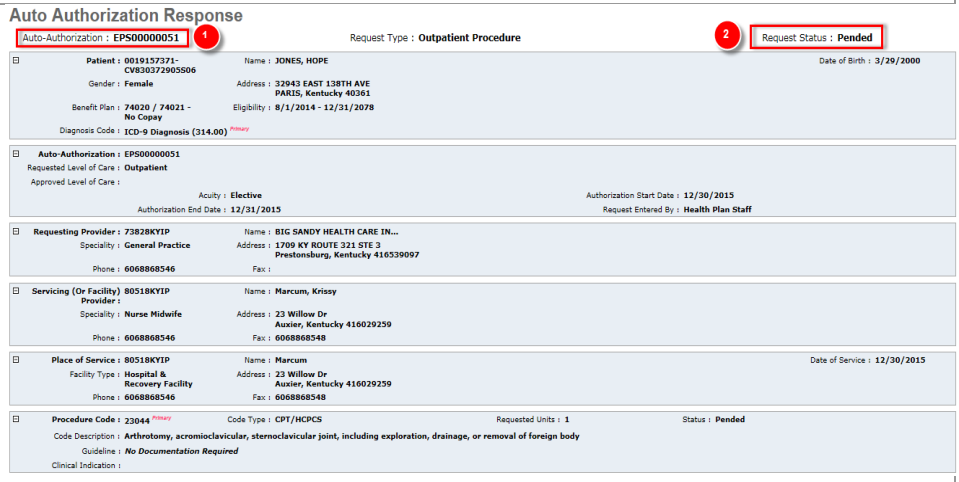
Once you have completed the request, selected a guideline, noted clinical indications, and uploaded any clinical documentation, review the request for accuracy and then click the “Submit” button to submit the request.



This brings you to the Auto Authorization Response page.

Here you will see your Authorization ID (1)

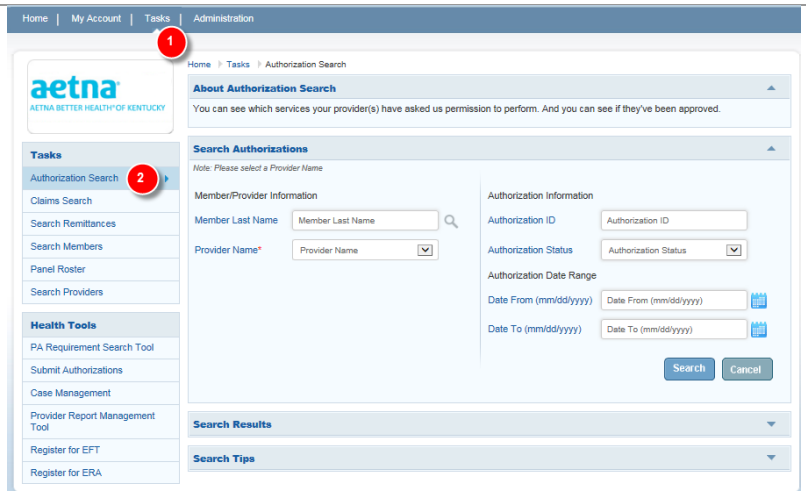
Make sure to write down the authorization ID as this will make it easier to search for the authorization request later.



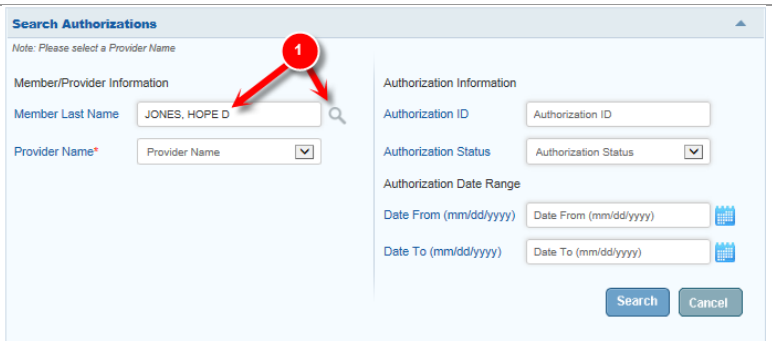
Search Authorizations

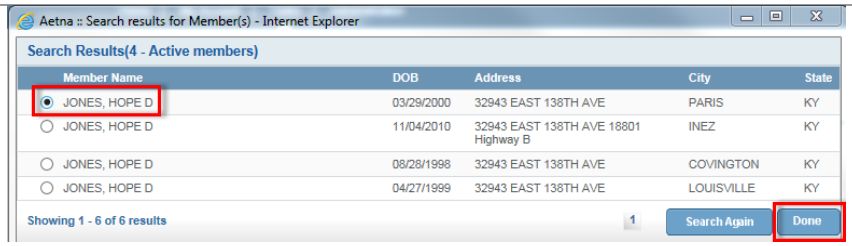
This feature enables the user to search existing authorizations and submitted authorization requests. The two most common ways to search are by member name or by authorization ID.

Access the Authorization Search Function

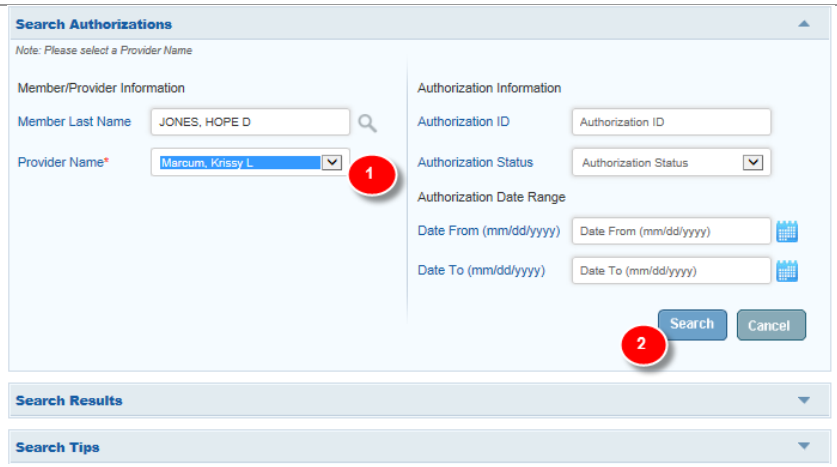
Access Authorization Search Fields 1. The authorization search is the default when clicking on the "Task" link on the web portal menu (1). 2. Or select the "Search Authorizations" link in the left-hand panel under the Tasks heading (2) to access.	

Search by Member Name

Search by Member Name Enter the member's last name and click on the icon (1). Select the appropriate member from the pop-up window and click on the "Done" button.	



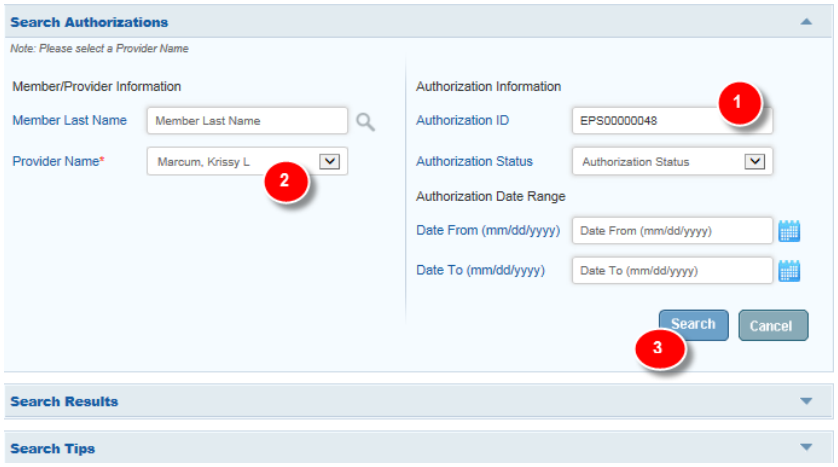
Once you have your member identified, select the provider's name from the drop down menu (1) and click on the "Search" button (2).



Search by Authorization ID

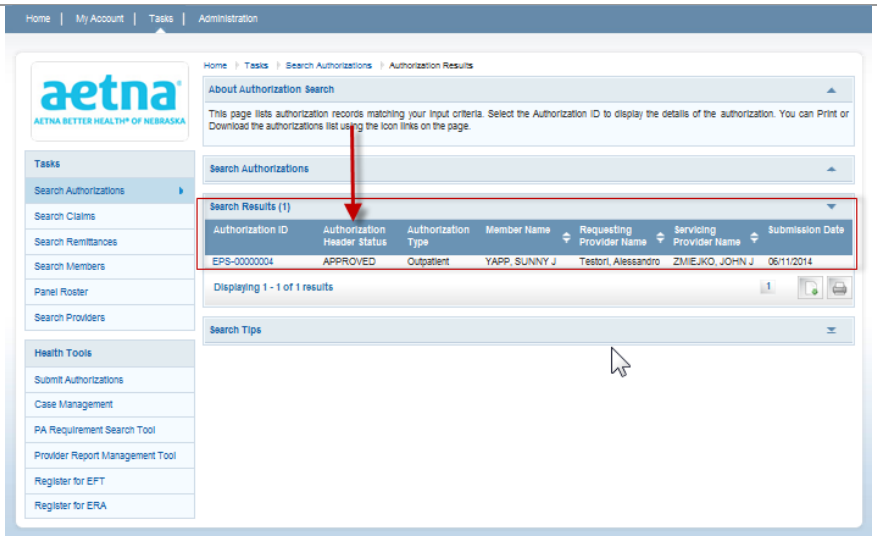
Search by Authorization ID

Enter the authorization ID (1). Select the providers name from the drop down menu (2). Click on the "Search" button (3).



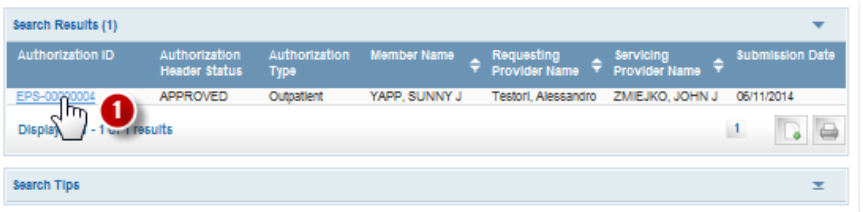
Reading the Search Results

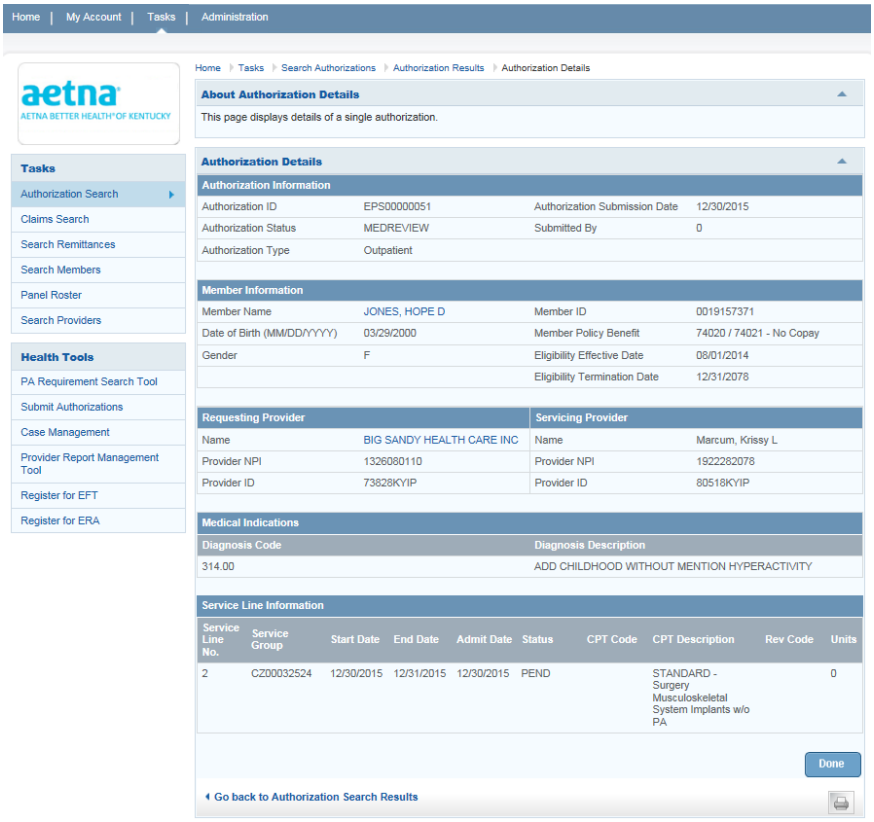
The search results give you a one line summary of the authorization. This is great when you only need to see the status of the authorization to determine if it has been approved.



Authorization Details

To see all of the authorization details click on the Authorization ID link (1) to be taken to the authorization details.

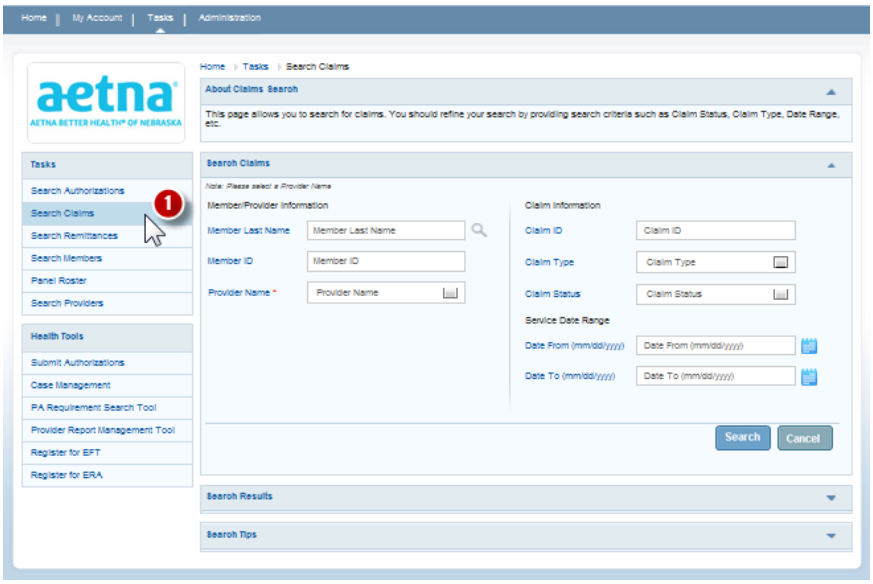




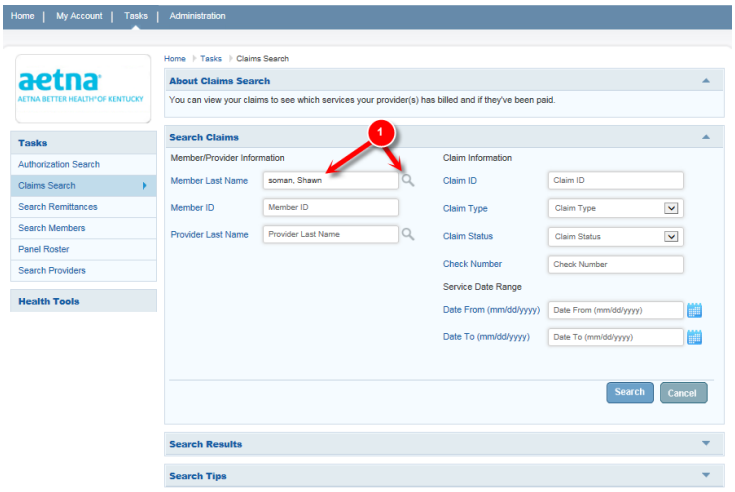
Search Claims

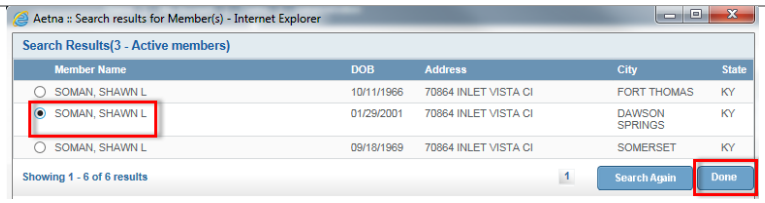
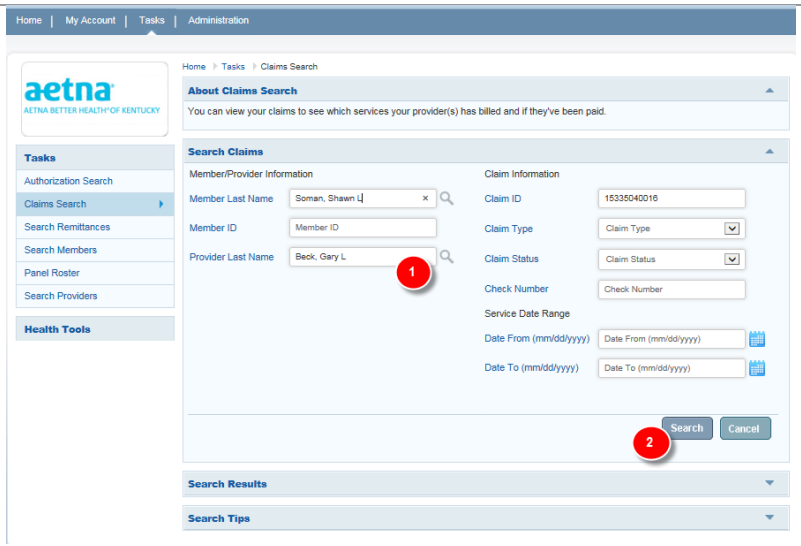
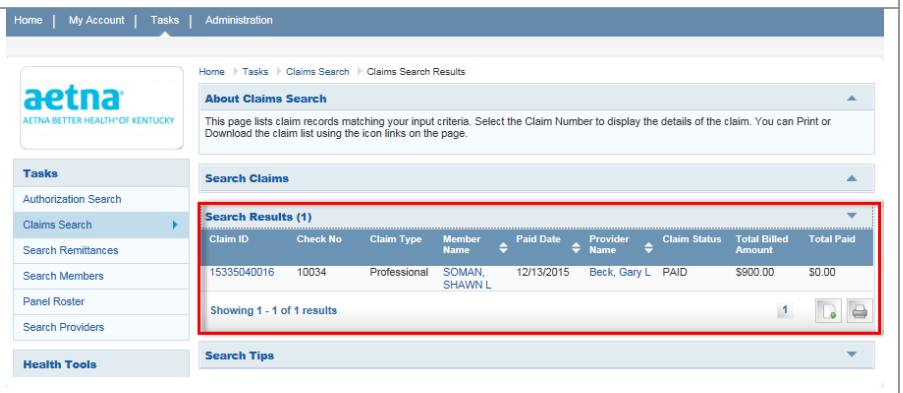
This feature enables the user to search existing claims. The most common reason would be to check on the status of a claim for a particular member.

Access the Claims Search Function

Access Claim Search Fields The claims search can be accessed by clicking on the "Search Authorizations" link in the left-hand panel under the Tasks heading (1).	

Search by Member Name

Search by Member Name Enter the member's last name and click on the icon (1).	

Select the appropriate member from the pop-up window and click on the “Done” button.	
Once you have your member identified, select the provider’s name from the drop down menu (1) and click on the “Search” button (2).	
Reading the Search Results The search results give you a one line summary of the claim information. Here you can find helpful information such as the claim status, amount paid and the paid date.	

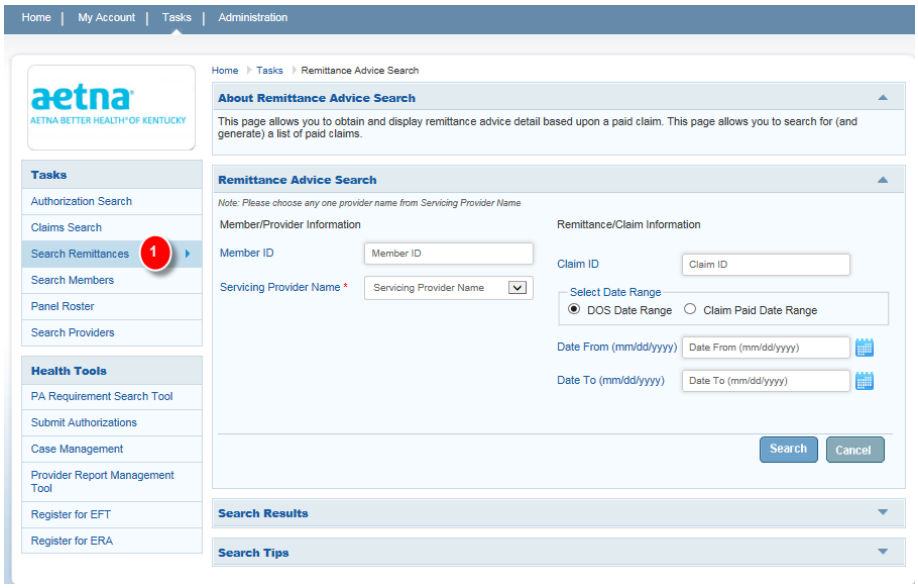
Search Remittances

This feature enables the user to search existing Remittance Advise Notices.

Access the Remittance Search Function

Access Remittance Search Fields

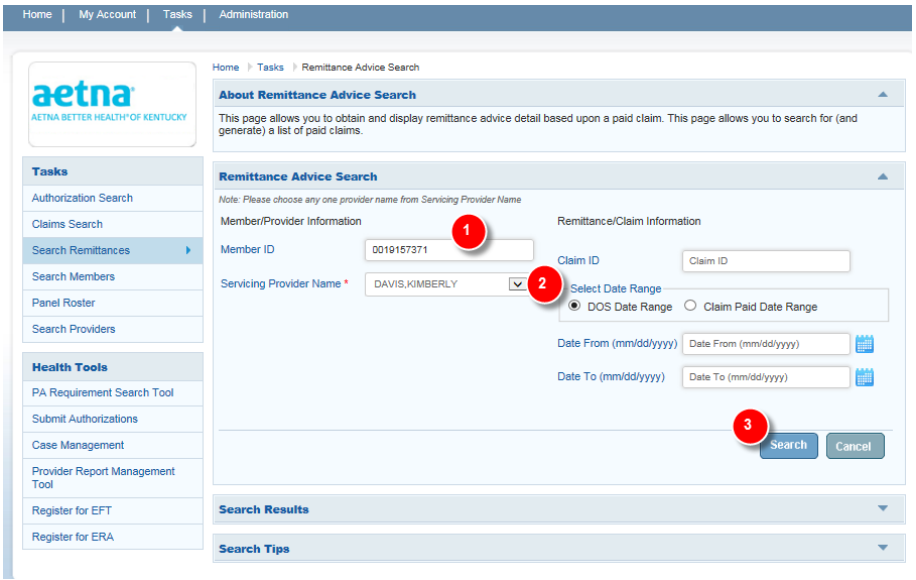
The remittance search can be accessed by clicking on the “Search Remittances” link in the left-hand panel under the Tasks heading (1).



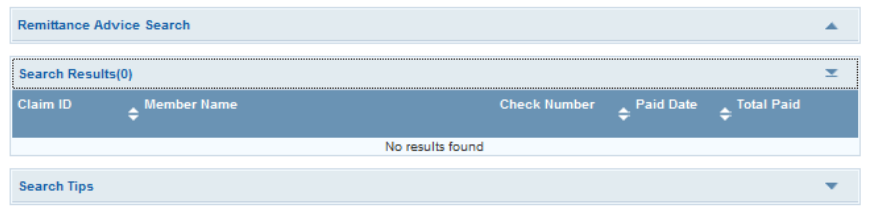
Search by Member ID

Search by Member ID

Enter the member ID (1) and select the Servicing Provider’s name from the drop down (2). Then click on the “Search” button (3).

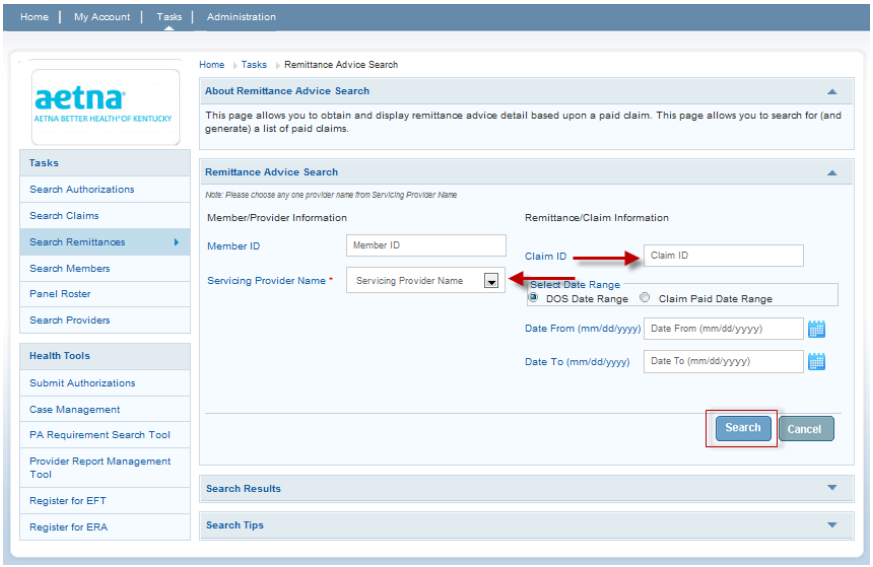
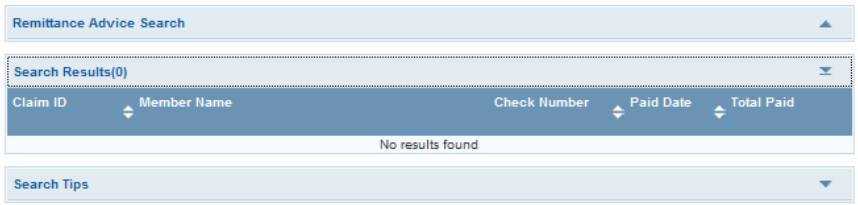


The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid.
Click on the Claim ID to display the details of the

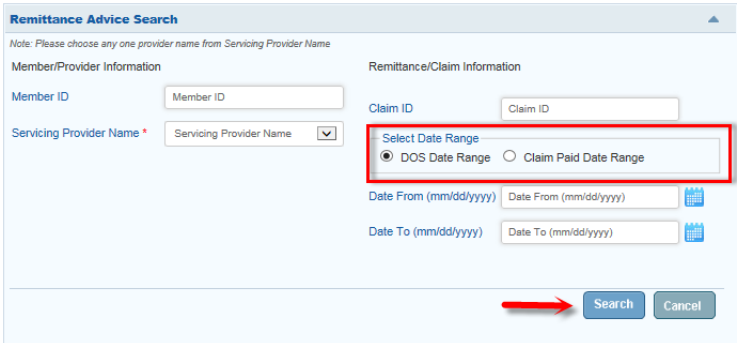
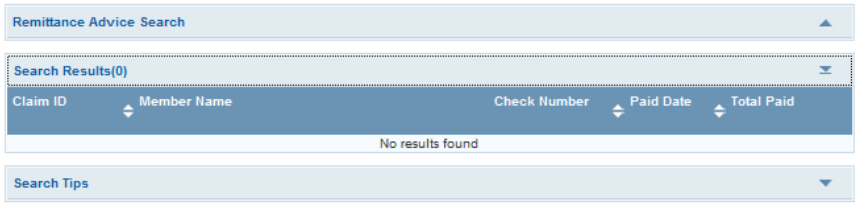


Remittance Advise.	

Search by Claim ID

Search by Claim ID Enter the claim ID and select the Servicing Provider's name from the drop down. Then click on the "Search" button.	
The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid. Click on the Claim ID to display the details of the Remittance Advise.	

Search by Date Range

Search by Date Range You can search by either a date of service range or a claim paid date range. Select the radio button for the search option you would like then enter the To and From date range. Click on the "Search" button.	

The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid. Click on the Claim ID to display the details of the Remittance Advise.