

Aerial Care Coordination

Provider Portal Guide



General Information

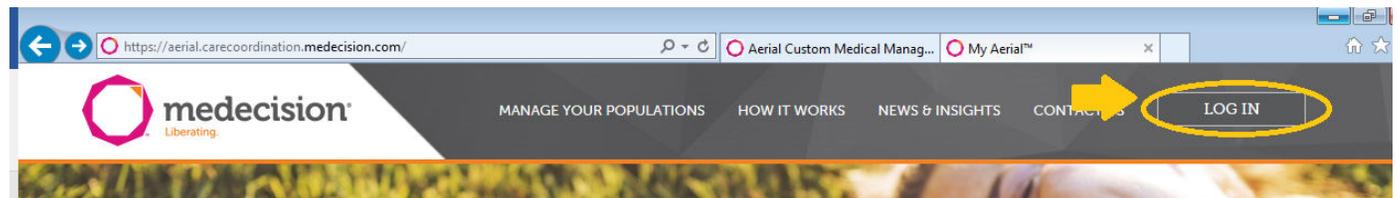
- St. Vincent IPA provides a web portal for on-line referral submissions, claims status and other general information.
- Internet access must be available to access the Aerial Care Coordination system.
- Follow the steps on the following pages to easily set up and utilize online access to your St. Vincent IPA members.

Access: General Info

- Contact your Provider Relations with St. Vincent IPA to obtain your user name and password.
 - Email: prsvipa@pdtrust.com
 - Phone: Provider Relations (562) 860-8771 ex 107 or 112
- Primary access is at the Physician/Provider level, which gives a single logon access to a single provider.
- If access is needed for a group, multiple providers, or a Billing Company, be prepared to provide:
 - Tax ID – The Tax ID associated with the practice
 - User Name – First and Last for each user who requires access
 - User Email – The email that should be associated with each User
 - Providers – A list of the provider(s) that each user should have access to
- Group access may require additional time for set up.
- Aerial Care Coordination supports the use of Internet Explorer 9 & 11. Internet Explorer is the browser that must be utilized to access the system.
- Pop Ups must be allowed to view and access all screens.

Access: Links

- The St. Vincent IPA Aerial Care site can be accessed:
 - Via the St. Vincent IPA website:
 - <http://stvincentipa.com>
 - Via the Medecision website:
 - <https://aerial.carecoordination.medecision.com/>
 - Click Log In
 - Locate the St. Vincent IPA logo and click on “Physician”



- Via the direct link:
 - <https://aerial.carecoordination.medecision.com/emp/physician/LoginDefault.aspx>

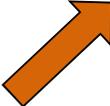
Log In

Please log in.

User ID

Password

[Password Help](#)



- Enter the provided User ID and Password and click Log In.
- The initial login will require a change to the temporary password and the set up of a security question and response.
- Please make note of your User ID, Password and Security Question response.
- Note: You will be prompted to change your password every 30 days.

Log In: Help

- If you forget your User ID and/or Password, or are receiving the following error when attempting to log on:

Invalid User ID or password. Please log-in again.

- Click "Password Help" then select "Forgot Password" or "Forgot Username".

Please log in.

User ID

Password

[Password Help](#)

Forgot Password

Forgot Username

Enter the requested information

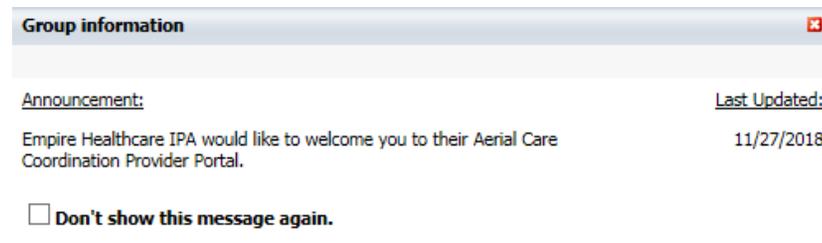
Username:

Email Address:

- Upon successful validation of user information, you will receive an email with your Username or a new temporary password.

Group Information: Notifications

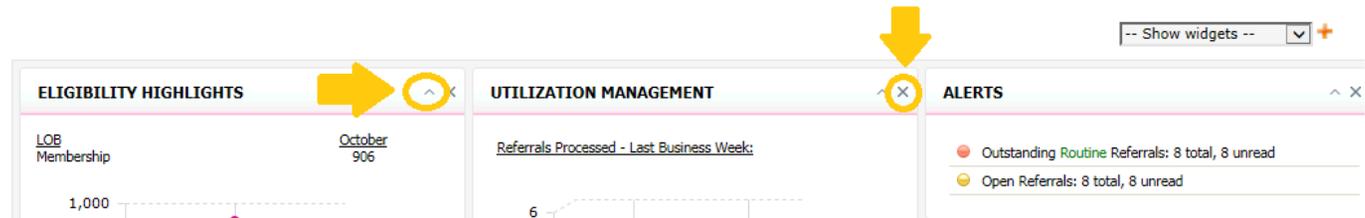
- Once logged onto the Portal you may receive a pop up notification.
- Notifications are a way for St. Vincent IPA to communicate important information to providers.
- Once the notification is read, click the “Don’t show this message again box” if you do not wish to see this notification each time you logon.



- Click the Red X to close this window.

Dashboard

- The main screen is the “Dashboard”.
- The Dashboard contains boxes or “widgets”. The widgets can be:
 - Reorganized by dragging and dropping it into a new location
 - Deleted by clicking the x
 - Minimized by clicking the ^



- Click Yes to save your changes.

You have made changes on page layout. Do you want to save?

Yes

- Click the “Show Widgets” drop down to select a deleted widget and the + to add it back to your Dashboard.
- Note: there may be widgets that you do not have access to. They will have a message “You do not have sufficient permission to view this information”. This message is normal.

Eligibility Look Up

- To locate a member or verify eligibility, click on “Eligibility” in the upper left corner of the Dashboard.
 - The first step in submitting an authorization request is to locate the member.



Eligibility Look Up (cont.)

- Search for the member
 - You can search by any of the listed options.
 - A Date of Birth, plus First and/or Last Name generally produces a good result
 - A partial name entry is acceptable
 - Searching by Member ID is not recommended, as it requires an exact match to the ID that is provided by the Plan.
 - Providing too little or too much search criteria can cause no member to be located
 - Primary Care Physicians are only able to search for and locate members that are assigned to them. This is a security/privacy feature.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

Health Plan Code:	All	▼	?	Location:	All	▼	?
First Name:	<input type="text"/>			Last Name:	<input type="text"/>		
Member ID:	<input type="text"/>			SSN:	<input type="text"/>		
Provider ID:	<input type="text"/>			Birth Date: (mm / dd / yyyy)	<input type="text"/>		
				<input type="button" value="Submit"/> <input type="button" value="Reset"/>			

- Note: There is often a lag between when a member may appear eligible according to a Plan and when they will appear as eligible with the IPA. Eligibility is received from the Plans and updated at least monthly.

Eligibility Look Up (cont.)

- If a search results no match:
 - Verify information and attempt to search again
 - Check the member's Health Plan ID Card to see if the Plan knows the member by a different Name or DOB.

Regular Search **Advanced Search**

Search for Members using the Advanced Search filters for Member ID, Health Plan, Location, PCP Name, First or Last Name.

Member ID	Health Plan	Location	Last Name	First Name
<input type="text"/>	All <input type="button" value="i"/>	All <input type="button" value="i"/>	smith	<input type="text"/>

Sorry, we could not find a match.

You may want to try one of the following to find the patient record:

- **Verify that you have spelled the patient's name correctly.**
Also verify that the patient's ID / SSN / Date of Birth are correct, if entered.
- **Make sure you have entered information in the correct fields.**
For example, you may have entered the patient's last name in the First Name box.
- **Use fewer search criteria. Also use just the first few letters to search.**
For example, instead of entering the first name, last name and SSN, use just the last name or just SSN.
Also, instead of searching for 'Rusan' in the Last Name, try searching for 'Ru'.

- If you are still unable to locate the member, contact the member's Health Plan to verify their eligibility and confirm the member has HMO coverage with St. Vincent IPA.
- If you are able to confirm the member is eligible with St. Vincent IPA, with HMO coverage, you can submit a Member Inquiry, by clicking "Member Inquiry form" at the bottom of the page.

• **If you still cannot find the patient, fill out a Member Inquiry form** ←

OR THE MOST CURRENT ELIGIBILITY PLEASE CONTACT THE HEALTH PLANS.

Member Inquiry Form

- Complete the Member Inquiry Form
 - Field in Red are Required
 - Click Submit Request
 - Your request will be reviewed and responded to within 2 business days.
 - Once the request is completed, the member will be available the following business day.

Member Inquiry Form

Contact Name: Contact Number: Provider Office:

Member Information

Member First Name	<input type="text"/>	Member Last Name	<input type="text"/>
Birth Date	<input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female
Member/Subscriber ID	<input type="text"/>	Health Plan	<input type="text"/>
Address	<input type="text"/>	State	<input type="text"/>
City	<input type="text"/>	Zip Code	<input type="text"/>
Group / Employer	<input type="text"/>	Phone	<input type="text"/>
Card Issued-Date	<input type="text"/>	Listed Medical Group	<input type="text"/>
Notes	<input type="text"/>	Effective Date	<input type="text"/>

Referral Info (optional)

Patient Communication Info (optional)

Eligibility Search Results

- After completing a successful Eligibility search a list of matching members will display.
 - **Red** indicates the member is ineligible  
 - **Green** indicates the member is currently eligible  
- Click on the Member Icon  or the Eye icon  to access the member record.
- Once the member record is open, click on the Refer Patient button to initiate a referral.

Refer Patient

Referral Submission: Referring & Referred Provider

- Any field in Red is required and must be completed for a referral request to be successfully submitted.
 - Referring Provider
 - If a provider is not auto populated, search by name or use the available drop down to select the appropriate Referring Provider.

Referring Provider Information

Search by first or last name, or by ID:

- Referred Provider
 - Utilize the Specialty drop down to select the applicable Specialty that the member is being referred to. Then a list of available providers will appear.
 - Or click "Select by Provider Name" to enter and search for a provider by Name.
 - If you are unable to locate the provider you wish to Refer to select provider "Unassigned PCP" under the specialty "General Practice" and enter the actual Referring Provider Name in the "Clinical Symptoms / Findings" field.

Referring Provider Information

Search by first or last name, or by ID:

Filter by City:

--- Any City ---
CHINO
FONTANA
NORWALK
POMONA
RANCHO CUCAMONGA
RIVERSIDE
SAN DIMAS
UPLAND

- If there are multiple results the list can be filtered by City, by using the Filter by City dropdown.

Referral Submission: Priority

- Referral Priority
 - Select the applicable Referral Priority:
 - Routine – Referrals are processed within 5-7 business days (Commercial Plans) or 14 days (Senior Plans)
 - Urgent – Referrals are processed within 48 hours; Medical necessity must be indicated.
 - Stat – Referrals are processed within 24 hours; Medical necessity must be indicated.
 - Retro – Referrals for services already provided, and should be no more than 30 days from the Date of Service.

Priority:
 ▼

- Note: Urgent and Stat referrals will be reviewed for medical necessity and may be downgraded if medical necessity is not indicated.
- Do not schedule appointments or procedures prior to obtaining an approved authorization to ensure member does not have to be subsequently rescheduled.

Referral Submission: Place of Service & Procedures

- Place of Service
 - Select the applicable Place of Service from the dropdown:
 - Most commonly used Places of Service are :
 - Office
 - Outpatient
 - Inpatient
 - Ambulatory Surgery Center

Place of Service:
11 - Office

- Services, Modifier and Quantity (Service Units)
 - Enter the applicable CPT, or click on the magnifying glass to search for a code.
 - Select a modifier from the dropdown, if applicable.
 - Enter the quantity (Service Units).
 - If more than one Procedure code is being requested, click Add Next.

Services	Modifier	Service Units	
<input type="text"/>	No modifier	<input type="text"/>	Add Next

Referral Submission: Procedure Validation

- St. Vincent IPA uses a code editing software which contains commercially available coding rules, including CMS and AMA guidelines to ensure proper coding.
- When referral requests with multiple procedures are received, the request is processed through the coding software for appropriate coding. The coding software will identify unbundled codes.
- During the referral request review process, the procedure codes requested may be modified to meet correct coding guidelines.
- Note: If a procedure code or codes are modified on the request, look in the Comments section for the details and rationale. If further clarification is needed please review the provided information with your billing department.

Referral Submission: Global Periods

- Post Operative Global Periods
 - **10** Day Post Operative Period (minor procedures)
 - **90** Day Post Operative Period (major procedures)
- Follow up referrals may be cancelled due to a member being under a post operative global period. During this post operative period all office based physician visits are covered under the global period and no authorization is warranted.
- Modifier -25 may be used to bill a separately identifiable evaluation and management (E&M) service by the same physician, if the member presents with a separate issue or condition not related to the surgical procedure.
 - The physician may evaluate, treat and bill the new condition with a -25 modifier.

Referral Submission: Diagnosis Codes

- ICD Code
 - Enter the most accurate ICD-10 Diagnosis code, or click on the magnifying glass to search for a code.

ICD Code Add Next



- Only currently valid codes will be accepted and codes must meet specificity requirements
- If you click on the magnifying glass to search you can search by a partial code, or by text within the description.
- After entering your search parameter, click Find It and a list of available codes will display.
- Select the applicable code and Click Ok.

- Click Add Next to add or search for additional diagnosis codes.

Referral Submission: Clinical Symptoms/ Findings

- Clinical Symptoms/ Findings
 - Every referral request requires supporting documentation. Documentation is needed for review and to establish medical necessity. The supporting documentation may be:
 - Copied and pasted into the Clinical Symptoms / Findings section of the request. (Preferred method)
 - Attached to the request, utilizing the document Upload option. See attached may be entered into the Clinical Symptoms/ Findings field (Preferred method)

Upload Attachments:

File Name	Size	File Type	Description	Delete
-----------	------	-----------	-------------	--------

Upload

- Faxed to: 760-631-7602

Clinical Symptoms/Findings:

Please make references to patient height, weight, history, labs and pertinent work up to date.

Referral Submission: Final steps

- Submit Referral

- Once the referral request entry is complete, click the Submit Referral button.

Submit Referral

Cancel

- If any required field has not been completed, or the entry is invalid, an error will display at the top of the screen. Please review and ensure all required fields have been completed.

Please complete the fields marked in red.

- Contact: Once successfully submitted, you will be prompted to enter the first name of the contact for this request. Please enter the name of the point of contact. This will be utilized if there are questions or clarification required related to the request.
- You may be prompted to provide additional details or information, based on the request.
- At any time you can click the Cancel button to cancel the referral request.

Referral Submission: Confirmation

- Confirmation
 - Once the request has been successfully submitted you will receive the following confirmation.

Referral Submission

Your referral has been received and is being processed.

You can print the Referral for your records: **Print Referral**

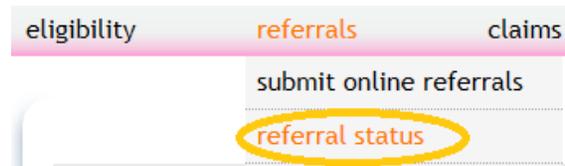
You can also print the Member letter for this authorization on approval from the Referral Status page.

 [Click here to add attachments to this referral.](#)

 [Click here to view and manage the attachments for this referral.](#)

Referral Status: Search

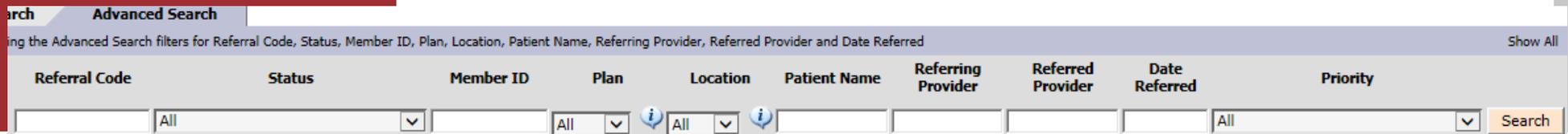
- To check the status of a previously submitted referral, click on “Referrals” then select “Referral Status” from the Menu bar.



- Search by:
 - Entering criteria in the Search field
 - Clicking on a field to sort the presented list



- Click on the Advanced Search tab to enter search criteria.



Referral Status: Results

- Once the referral is located click on the eye icon  to open the record.
- The Referral Status is listed in the upper left corner of the screen.
- If the Referral has been approved you will have options available to:
 - Print the Referral
 - View and Print the Referral Letter
 - This is in the Health Plan approved letter format
 - Add the Referral Letter to the Print Queue for printing later
 - The print queue can be accessed via “Referrals” then “Print Status”

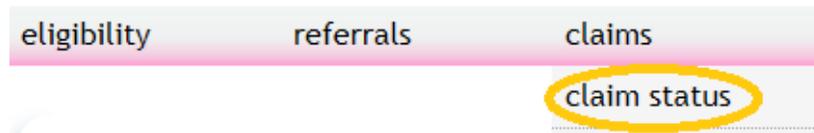
Print Referral 

View Referral Letter 

Add to Print Queue 

Claim Status: Search

- To check the status of a claim, click on “Claims” then select “Claim Status” from the Menu bar.



- Utilize the filter options (in blue) or search options (in grey) to locate a claim or claims.

Claim Status

Excel Download 

Displaying claims for the past 24 months

Date Filter Type: From Date: To Date:

Claim Number	Member ID	Plan	Location	Status	Patient Name	PCP Name	Date of Service	Billed Amt	Net Amount	Billing Provider Name	Check Number
<input type="text"/>	<input type="text"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text"/>	<input type="text"/>					

Claim Status: Detail & EOB

- Click on the Eye icon  to access the claim detail.
- The Claims data is refreshed daily and includes claims that are In Process, as well as claims that have been Paid or Denied.
- If the claim has been Paid or Denied, you can view a copy of the Explanation of Benefits by clicking the “View Explanation of Benefits (EOB)” option at the bottom of the Claim Detail screen.

View Explanation of Benefits (EOB) 

- Note: Claims history on Aerial Care is limited to the past 24 months based on Date of Service.

PCP Only – Eligibility Download E-list

- PCPs are able to download an Excel version of their current Eligibility within Aerial Care.
- To access the E-list:
 - Click Eligibility and then Eligibility Look up.
 - Click the Download button under “Download Elist”



- Use the Select PCP dropdown (if available) to select a specific PCP or allow it to pull information for all PCPs available.
- Click Download.

Download E-List

Select PCP: Select HSO:

- Your request will be submitted to the report queue and you will see the following message.

Download request placed. File can be downloaded after 30 minutes.

PCP Only – Eligibility Download E-list (cont.)

- If you have an email configured in your profile, you will receive an email notification when your report is available for download.



AerialCareNotifications <AerialCareNotifications@medecision.onmicrosoft.com>

Marissa Massey

E-List Notification

Dear 'PCP, UNASSIGNED',

The E-list you requested on Aerial Care Coordination is now available for download. Please click on the below link to access the list.

[Download E-list](#)

This email was automatically generated by the Aerial system. Please DO NOT reply to this email.

- Or you can just return to the Download Elist screen after 30 minutes has elapsed, by selecting Eligibility and then Eligibility Look up from the Menu Bar and clicking the Download button under “Download Elist”
- When the status is “Completed” your file can be downloaded by clicking the excel icon under Action.

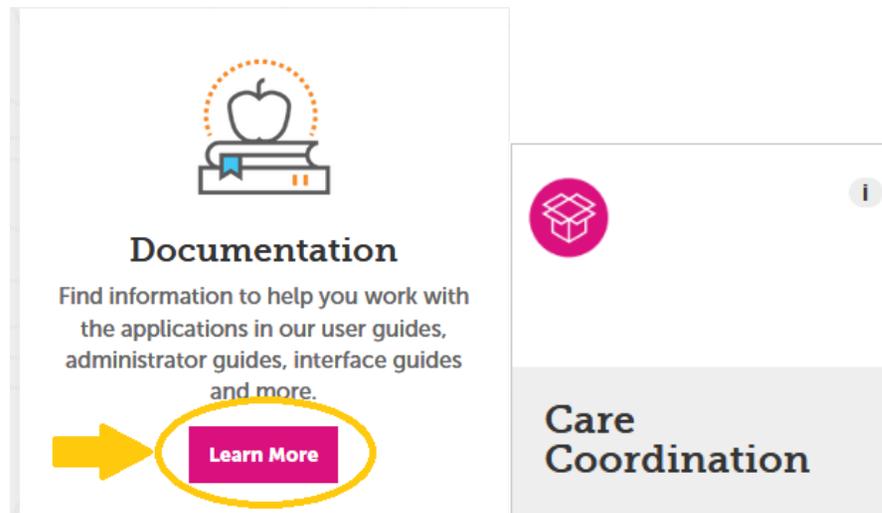
Download

Request Time	Provider ID	Hsos	Status	Action
10/30/2018 8:24:54 AM	000999999	-	Completed	

Showing 20 Go records per page Records 1-1 of 1 Page 1 Export to xls

Training

- To Access the available online training for Aerial Care:
 - Click “Resource Center” on the Menu Bar to access the Aerial Community Training site. <https://community.medecision.com>
 - Click Sign Up Here or Need a Username and password? to Register for the site
 - Once you are registered and able to log on, select Learn More under Documentation. Then select Care Coordination.



Training (cont.)

- Under Documents see:
 - Users Guide- Care Coordination

Users Guide - Care Coordination

The Users Guide provides details on how to perform various functions in Care Coordination, such as reviewing member eligibility, reviewing claims details, accessing clinical alerts, and submitting referrals.

- Under Videos see:
 - Searching for a Member
 - Submitting a Referral
 - Searching for a Referral
 - Searching for a Claim

Searching for a Member

Learn how to search for a member in Care Coordination using the Eligibility Lookup page. (2:40)

Submitting a Referral

Learn how to submit a patient referral in Aerial Care Coordination. (7:12)

Searching for a Referral

This video explains how to search for and update a referral status for a patient. (2:39)

Searching for a Claim

This video introduces how to search for a claim, using the claim number as an example. (1:11)

Other Important Notes

- Eligibility, Finalized Referrals and Claims data is updated in Aerial Care nightly.
- In process Referrals are updated real time in Aerial Care until they are approved or denied.