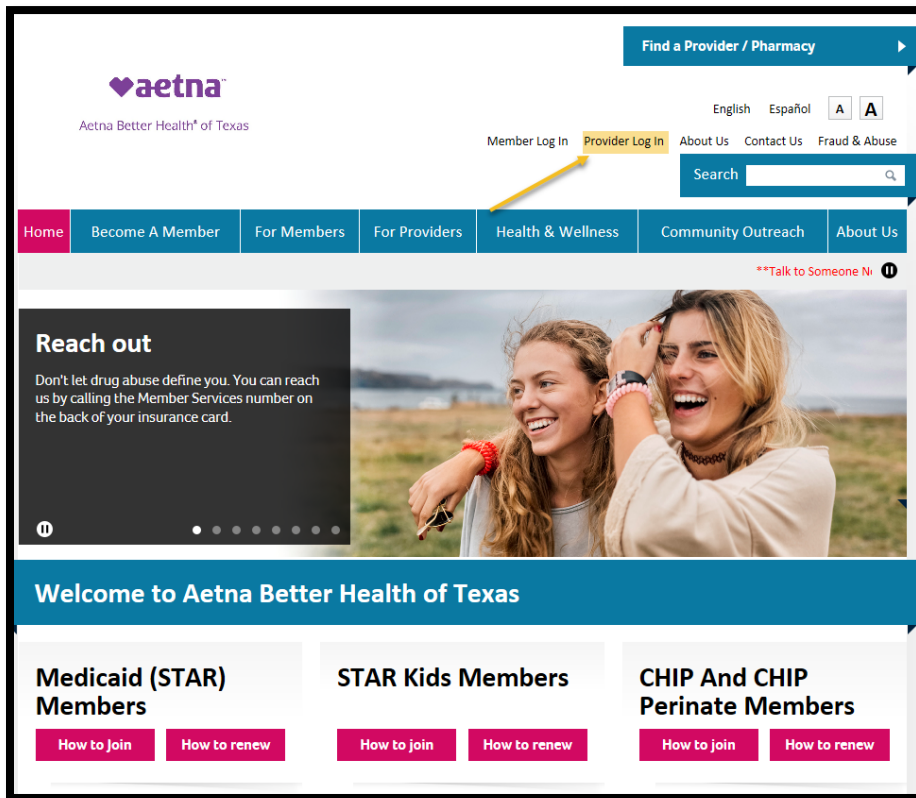


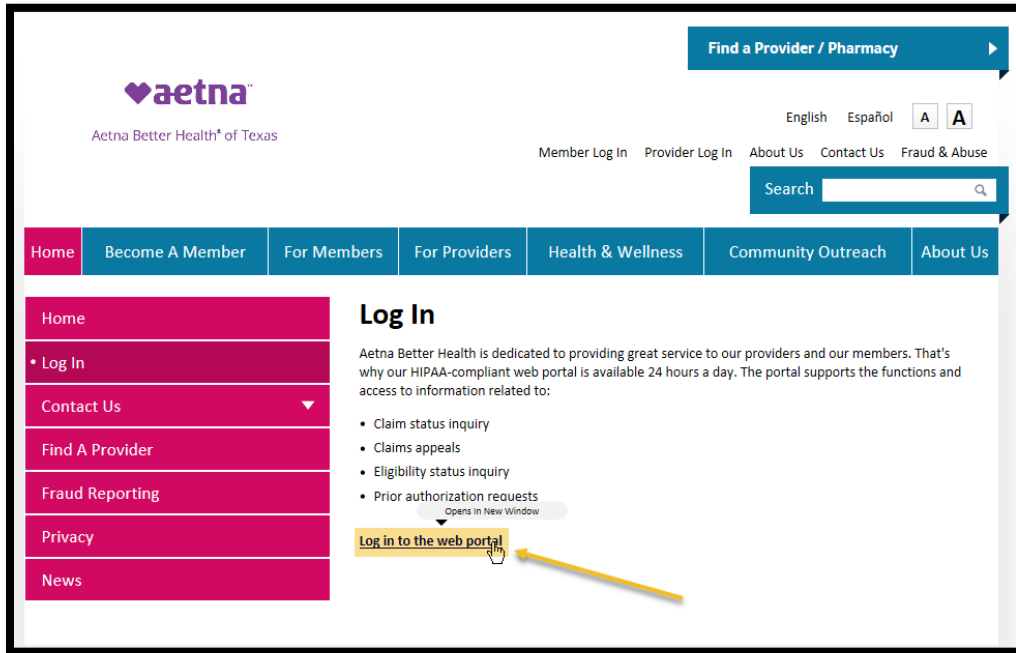
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1. Public facing website home page, in highlight is the provider portal log-in link
<https://www.aetnabetterhealth.com/texas/>

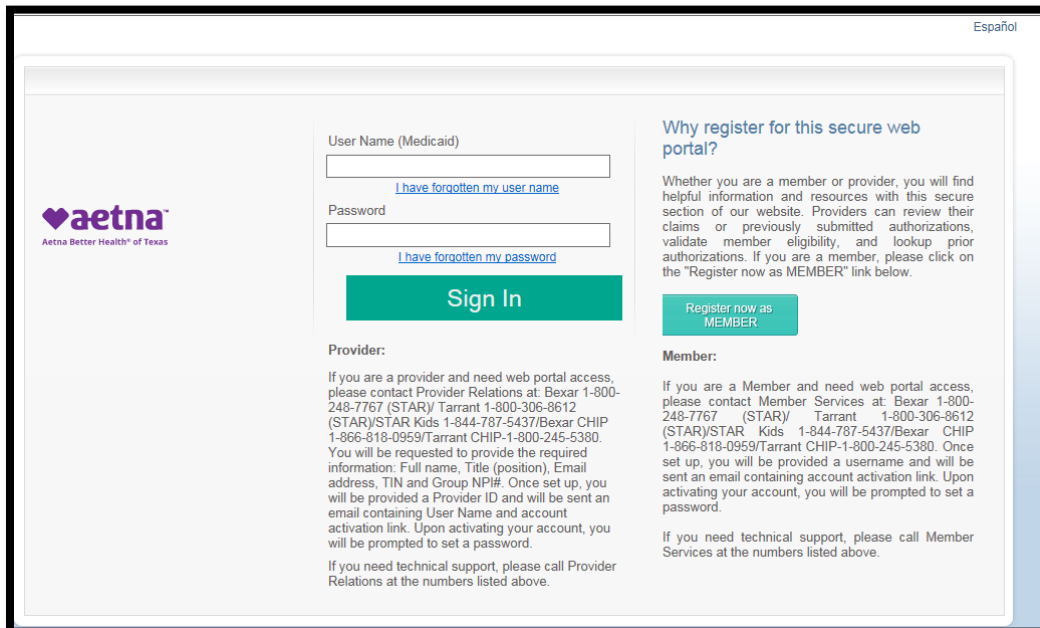


2. Link to connect to Medicaid web portal

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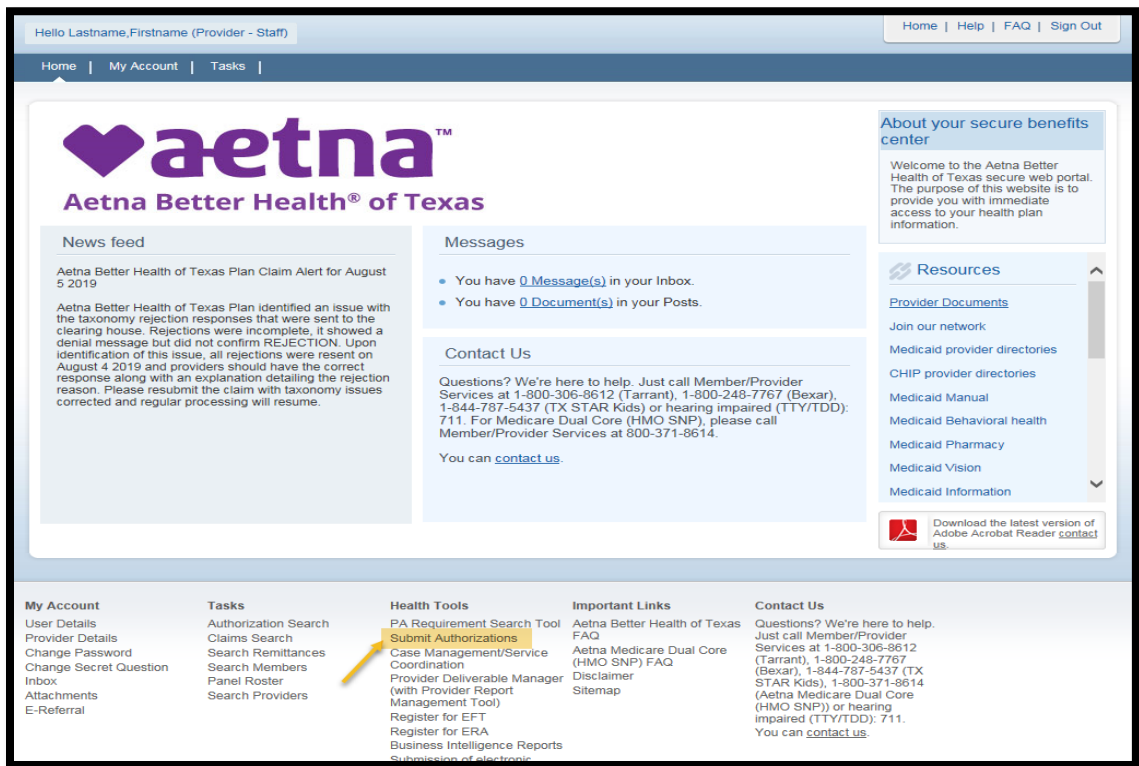
3. Medicaid Web Portal Login Page



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4. Medicaid Web Portal Home Page and highlighted link which will launch the new electronic prior authorization form



5. Electronic PA Submission Tool – landing page

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Click on Auth Request to initiate Authorization request

Landing Page shows all authorizations and current status

Authorization	Servicing (Or Facility) Provider	Requesting Provider	Patient	Service Code	Facility Name	Date of Submission	Date of Service	Status
EPS00000063	COOK, BYRON	Pamulaparthi, Smitha	BOBET, JAZMYN	ICD10-D(P90.1)	COOK		11/29/2019	NoDecisionYet
EPS00000021	JACKSON, DAVID	SMART, RACHEL	FRONTIERO, ETHAN	CPT(93960), CPT(78816), ICD10-D(L89.100), ICD10-D(A23.0)	LEGACY COMMUNITY HEALTH SERVICES		11/26/2019	NoDecisionYet
EPS00000041	BO ANTHONY, MARTINEZ	BO ANTHONY, MARTINEZ	HERMANSTORFER, REBECCA	CPT(93612), ICD10-D(A01.02)	DALLAS PHYSICIAN MEDICAL SERVICES FOR CHILDREN		11/20/2019	NoDecisionYet
EPS00000057	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001U), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionYet
EPS00000056	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001U), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionYet
EPS00000055	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001F), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionYet
EPS00000054	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001F), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionYet
EPS00000052	ABBAS, DENNIS	ABBAS, DENNIS	ABEL, FRANCIS	CPT(90281), ICD10-D(A01.01)	ABBAS		11/19/2019	NoDecisionYet
EPS00000051	ADRAKTAS, DIONESIA	ADRAKTAS, DIONESIA	BEALS, IDRIS	CPT(90281), ICD10-D(A01.01)	ADRAKTAS		11/19/2019	NoDecisionYet

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- After clicking on 'Auth Request', following electronic form loads to electronically capture PA request:-

Questions 1 through 5

User: TX2Prov2 [Logout](#)

[Auth Queue](#) [Auth Request](#)

Authorization Request - Request Form

Authorization Request

- Who is the provider requesting pre-authorization?**

* Provider:

Name:

Address:

Contact Phone:
- What is the Request Type?**

* Request Type:
- Who is the patient requiring the pre-authorization?**

* Patient:

Name:

Date Of Birth: Eligibility: Address:

Benefit Plan:
- What is the patient's diagnosis?**

* Code	Code Type	Description	
<input type="text"/>	ICD-10 Diagnosis	<input type="text"/>	<input type="button" value="Add"/>

Primary	Code	Type	Description	Documentable	Action
- 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

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Questions 6 through 9
(Electronic Signature is highlighted)


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

* Facility:  Name:


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

* Requested Level of Care: 

Requested Length of Stay:

Mark as Urgent:

7 . Who is the servicing (or facility) provider for the service?

* Provider:  Name:

Address:

8 . Are there any other details?


10000 Characters Left for Notes


Note History

Note	By	Date
------	----	------

9 . Please provide the following additional information

*Acuity:

*Authorization Start Date:  m/d/yyyy

*Authorization End Date:  m/d/yyyy

*Typing provider full name serves as e-signature:

* Required Fields

Click Next to attach clinical information and document any clinical information electronically

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Users: TX2Prov2 Logout Help

Auth Queue Auth Request

Authorization Request: Request Review

Authorization Request Review

Auto-Authorization: EPS00000066 Request Type: IP-Acute Inpatient Rehabilitation Request Status: NoDecisionYet

Patient: 478208202 Name: ARREOLA, JASON Date of Birth: 4/26/1997
LAE00503167

Auto-Authorization: EPS00000066

Requesting Provider: PROV0000A01782 Name: **** JILL A GRANER DO **...

Servicing (Or Facility) Provider: QHX000000047143 Name: BROWN, AARON

Place of Service: PROV0000P04478 Name: COOK CHILDRENS MEDICAL C... Date of Service: 11/29/2019

Diagnosis Code: p90 Primary Code Type: ICD-10 Diagnosis

Attach File

Name	Description	Date
No files associated with this episode.		

Submit Cancel Request Back

DISCLAIMERS :

ICD-10 Diagnosis (P90):

The servicing provider you have selected is not in the members network.

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After adding the clinical documentation, entering full name, provider can click 'SUBMIT'

7. After clicking 'Submit', user is redirected to home page with the recently submitted authorization being shown with a reference number and time stamp of when it was submitted:-

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Home TAPView2 Logout

Auth Queue Auth Request

Authorization Queue

Auto Authorization Queue

Submission History

Filter By: Status And: NotFiltered Submission Status: Draft

1 Results 1 - 22 of 22

Summary of Draft Requests

Authorization	Servicing (Or Facility) Provider	Requesting Provider	Patient	Service Code	Facility Name	Date of Submission	Date of Service	Status
EPS000000063	COOK, BYRON	Pamulaparthi, Smitha	BOBET, JAZMYN	ICD10-D(P90.1) CPT(93969)	COOK		11/29/2019	NoDecisionYet
EPS000000021	JACKSON, DAVID	SMART, RACHEL	FRONTIERO, ETHAN	CPT(78816), ICD10-D(L89.100), ICD10-D(A23.0)	LEGACY COMMUNITY HEALTH SERVICES		11/26/2019	NoDecisionYet
EPS000000041	BO ANTHONY, MARTINEZ	BO ANTHONY, MARTINEZ	HERMANSTORFER, REBECCA	CPT(93612), ICD10-D(A01.02)	DALLAS PHYSICIAN MEDICAL SERVICES FOR CHILDREN		11/20/2019	NoDecisionYet
EPS000000057	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001U), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionYet
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Most recent auth request shows on the top

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