

Sleep Solution

PROVIDER OFFICE STAFF END USER TRAINING

9/15/2020



Effective January 1, 2021, AIM* will manage radiology and cardiology reviews for Healthy Blue, the Missouri membership, through a program called the Sleep Studies. Our objective today is to help you understand what this means to you and your practice.

Agenda

- Introduction to AIM Specialty Health
- Sleep overview
- Preparing for the Sleep
- AIM *ProviderPortal_{SM}* Order Request Demonstration
- Additional AIM ProviderPortal Features

© 2020 AIM Specialty Health_® All rights reserved

Questions

2





AIM delivers clinical programs across all 50 states





Our multispecialty team of physicians assures clinical credibility



ROBERT MANDEL Chief Medical Officer



STACY BAN Medical Director, Oncology



CHRIS BUCKLE Medical Director, Radiology



VARSHA CHANDRAMOULI

Vice President, Clinical Operations



JENNIFER ECKLUND

Associate Medical Director, Government Programs



MICHAEL J. FISCH

Medical Director, Medical Oncology Programs and Genetics



ROBERT FURNO

Medical Director, Government Solutions



THOMAS P. POWER

Senior Medical Director, Cardiology and Sleep Medicine



KERRIE REED

> Medical Director, Rehabilitation



JULIE THIEL Senior Vice President, Clinical Programs



RICHARD VALDESUSO

Senior Medical Director, Musculoskeletal



ROBERT ZIMMERMAN

Medical Director, Radiation Oncology





Sleep overview



 $_5$ © 2020 AIM Specialty Health $_{\scriptscriptstyle \circledcirc}$ All rights reserved

Services requiring preauthorization

Sleep Therapy Testing and Treatment Services Included:

- In-lab sleep study
 - Polysomnography (PSG)
- Multiple Sleep Latency Testing (MSLT)
- Maintenance of Wakefulness Testing (MWT)
- Titration Study

- Initial treatment orders and supplies (APAP, CPAP, BPAP)
- Ongoing treatment orders and supplies (APAP, CPAP, BPAP)
- Oral appliances





Features of the AIM Sleep program

Differentiating features:

- Direct patients to appropriate testing level or site
- Monitor and manage patient treatment compliance:
 - Ensures compliant members receive ongoing treatment supplies avoiding wasted resources on those who are non-compliant
 - We have a direct data feed from PAP machine manufacturers to confirm compliance
- The health plan may receive list of patients with untreated OSA and/or not in compliance with approved diagnostic testing



Treatment options available based on patient clinical conditions



treatment failed



Increasing treatment plan compliance leads to better outcomes

COMPLIANCE CONCERNS

Over 50% of patients stop using PAP treatment within the first year

Poor compliance exposes patients to health risks that contribute to higher cost of care from chronic conditions

COMPLIANCE MONITORING

Smart track modems and wireless compliance monitoring systems track PAP usage.

Providers must enter tracking data to prove patient compliance prior to the authorization of treatment continuation of supplies

If a patient is compliance with treatment, supplies will automatically be authorized by AIM



We leverage technology to access member compliance data for ongoing treatment





Settings requiring preauthorization



Included setting:

• Outpatient services (e.g., office, outpatient hospital)



Excluded setting:

- Hospital inpatient
- Studies performed as part of ER/observations visit
- Urgent care facility



Ordering and servicing* provider initiated requests



*Facility Based sleep testing providers, and DME providers are allowed to initiate orders on behalf of the ordering physician.



Provider initiated requests

Dentists will be restricted from initiating order requests. They will be designated as a servicing provider for oral appliances.



Ordering physicians are allowed to restart treatment after a period of noncompliance.

Servicing providers are not allowed to restart a treatment



Clinical review steps

Z Case review **3** Education and intervention

4 Case closure **5** Additional review options

Submission captured

1

Case

intake

through our online **Provider**Portal_{SM} or directly with a referral specialist within one of our call centers

Member and ordering provider demographics

Clinical case information

Capture servicing provider/facility demographics

Requests are reviewed in real time against clinical

appropriateness adjudication against AIM clinical guidelines Peer-to-peer discussion if previous adjudication indicated that case does not meet clinical criteria Document final review outcome

Messaging of final review outcome to provider

Extract case information to health plan

Pre-service reconsiderations



How long is a preauthorization valid?

Order numbers are valid for 60, 90, or 365 calendar days

THE TIMEFRAME IS DEPENDENT ON THE SLEEP STUDY, TITRATION STUDY, OR EQUIPMENT SUPPLIES SELECTED WITHIN THE CASE

VALID TIMEFRAME EXAMPLE

- Sleep study test is valid for 60 days.
- Treatment and supplies are valid for 90 days for the first year and then 365 days starting on year 2

RENT-TO-OWN PERIOD

 Commercial and Medicaid members rent-to-own period is 10 months/310 days



AIM closes most cases within 24 hours



CASE







Preparing for the Sleep Program





Contact center and **Provider**Portal will be available beginning on 12/21/2020 for preauthorization requests with dates of service rendered on or after 1/1/2021



Which Healthy Blue members need preauthorization through AIM?

Included lines of business (products):

MO HealthNet



- Commercial
- Medicare

Please contact the health plan to verify preauthorization requirements for members who are not found within the AIM system.

If the health plan confirms eligibility, they may contact AIM to have the member manually added into the AIM system.



Submitting an order request

ProviderPortal

AIM contact center

- Register at <u>www.providerportal.com</u>
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- SSO through EPA for out-of-state providers (Blue plans only)
- ProviderPortal support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*

- Dedicated toll-free number: (855)574-6479
- Contact center hours: Monday Friday 7AM 7PM CST
- Voicemail messages received after business hours will be responded to the next business day

* AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.



Order request check list

All order requests will require:

- Member first and last name and date of birth
- Ordering provider first and last name
- Servicing provider name
- Member's history and physical notes

Information will vary based on order request:

- □ Signs and Symptoms
- Sleep study history
- Member's comorbid conditions
- Follow-up diagnostic study information

AIM Sleep Solution order request worksheets are available for download at https://aimspecialtyhealth.com/providerportal-sleep/



Provider microsite



Providers can visit the microsite for:

- > Clinical guidelines
- > Worksheets
- > Connect directly to AIM *Provider*Portal



Look for these items at www.aimspecialtyhealth.com/providerportal-sleep/



ProviderPortal highlights

*Provider*Portal modules



ProviderPortal access and registration

- Register at AIM via <u>www.providerportal.com</u>
- Select your User Role
- Enter User Name and Password
- Enter value for unique key (I.e. TIN, NPI)
- If prompted, enter PIN (233-83169-83169)
- Check your inbox for an email from AIM



ProviderPortal login/registration

User Login	
USERNAME	
Username	\supset
PASSWORD	
Password	\supset
Remember Me	Don't have an account?
Login	Register
Can't access your account?	
Version 19.05.31.s00005312	System Requirements
The Provider Portal application will be una for regularly scheduled maintenance.	available Sundays between 12:30 PM CST - 6:00 PM CST
If you have any questions regarding the n	ew Medicare Appropriate Use Criteria Clinical Decision

If you are registered with the AIM *ProviderPortal*, log in with your existing user account

or

Click the "**Register**" button to begin your registration process if you are a new user



ProviderPortal registration

Specialty-Health"	Provider Porta	al.			
Regi	ster				
Contact We AIM Specia (800) 252-2	eb Customer Service hty Health 2021	1. User Details	LAST NAME	USER ROLE	
				Select	•
		ORGANIZATION NAME		Select	
				Ordering Provider	
		ADDRESS 1		Health Plan Representative	
				Genetic Counselor	
		ADDRESS 2 (optional)			

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue...



ProviderPortal registration

3. Application Selection

Select the applications you will need to access.

💎 Health Plan Utilization Review Programs 🕧

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER 🕧

(Select	
	Select	
	Tax ID (TIN)	oport Program 🕧
	Group TIN	
_	NPI	
4.	Group NPI	
	Provider ID	J
	Agree to the remis of service	

Enter your **practice's Group identifier**. E.g. TIN

Select the type of ID you will be using to register from the drop down list.

Then type in the number in the following field.





ProviderPortal order request demonstration

NOTE: Actual member and provider data will not be used in this presentation



ProviderPortal Home Page



To create a preauthorization request:

- 1. Enter the "Date of Service"
- 2. Provide the following member information:

Member ID and Date of Birth

Or

Member ID and Name

3. Next, chose "Find this Member" to search for your member.



Member search results

Order Request	Logout
	Step:

Step 1: Please select the member from the list below.

	Member Search Results					Records Per Page 10 💌
Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
216Doe, Jane	376699999	Employee	F	01/01/1959	FL	Fonda Health Care Plan
210Doe, BARBIE	376699999	Employee	F	01/01/1959	GA	Amerigroup Georgia
40Doe, Jane	376699999	Employee	F	01/01/1959	NJ	AmeriChealth
186Doe, Jane	376699999	Dependent	F	01/01/1959	CA	Arithan BC
184Doe, Jane	376699999	Dependent	F	01/01/1959	CO	Anthen BCBSCO
187Doe, Jane	376699999	Dependent	F	01/01/1959	СТ	Anthan BCBSC7
189Doe, Jane	376699999	Dependent	F	01/01/1959	СТ	Anthen BCBIME
188Doe, Jane	376699999	Dependent	F	01/01/1959	NH	Anthen BCBINH
185Doe, Jane	376699999	Dependent	F	01/01/1959	NV	Anthen BCB1ND/
85Doe, Jane	376699999	Employee	F	01/01/1959	IA	Anthuni CR
1 🗸 of 5	> >>					Total Number of Records Found: 43

For all urgent requests, please contact AIM Specialty Health.

Select your member from the search results by clicking on the **member name**.

If your member does not appear in the results, you can change your criteria and search again using the "Change member search criteria" button.



Order type selection



On the order type screen, select "**Sleep Management**" and then select the "**Continue**" button.

Note: only programs that are currently managed by AIM for the selected member will display on the order type selection screen.



Ordering provider selection

									Step: 1234)(5)
	85DOE, JANE / Edit Member #: Date of Birth: Ordering Provider:	YRN376699999 1/1/1959	Date of Health F	Service: Plan:	9/24/2018	Hide Details Show Details				
	Step 2: Please select the O	rdering Provider from	the list below	or by using the	Ordering Provider Search	l.				
Ordering P	rovider Search		Recei	nt	Favorites	Search Results	Expanded Search	h	V	/iew: Local 🔽
Search Type	a:		Ordering	g Providers						
			Favorite	Name	a ‡3	Address	City	Specialty	Health Plan	
	NPI		*	CALLAGHA	N, JOHN	975 W WALNUT ST STE 424	INDIANAPOLIS	Internal Medicine	Arthum CR	
 Addre 	SS		*	<u>SCULLY, TH</u>	IOMAS	2 PROGRESS POINT PKWY	OFALLON	Urology	Arthum CR	
First Name	2		*	<u>SHARPE, BR</u>	YAN	18051 RIVER AVE STE 200	NOBLESVILLE	Family Practice	Arthum CR	
			144 44 🚹	144 44					DISPLAYING 1	-3 OF 3 RESULTS
Last Name	£								De	lete this request
State										
lowa		~								
Search		Clear								

Select the ordering provider by clicking on the physician's name

Ordering providers that are associated with group identifier (e.g. TIN, NPI, etc). in the user's registration will be available for selection

For practices with multiple providers, establishing "Favorites" will allow for increased intake efficiency



Ordering provider fax confirmation

										Step: 12	345
	85DOE, JANE > Edit Member #: Date of Birth: Ordering Provider:	YRN376699999 1/1/1959	Date of Health F	Service Plan:	9/24/2018	Show Details					
	Step 2: Please select the Or	rdering Provider from	the list below o	or by usi	ing the Ordering Provider Search.						
Ordering P Search Type	rovider Search	_	Recer	it	Favoritas Ordering Provider Fax number	Search Results	Expanded S	Search			View: Local
Name	2		Ordering Favorite	Nam	Please enter or confirm the FAX Number	e physician's fax number	below		Specialty	Heal	th Plan
	r NPI		*	<u>CALI</u>	(314) 434-1814		c	LIS	Internal Medicine	Acres 1	em CR
O Addre	ISS		*	<u>SCUI</u>	Why do you need this?				Urology	Ac. (3)	en (X
First Name	9:		*	<u>SHA</u>	Save <u>Fax Unavail</u>	able	.1	LE	Family Practice	Acr.(3)	un CR
THOMAS	5		iaa aa 1 i) 199 de				-	_	DISPL	AYING 1-3 OF 3 RESULTS
Last Name SCULLY	£.										Delete this request
State Missouri											
Search		Clear									

Enter the fax number to be used when communicating the outcome of an adverse determination (denial) case

or

If a fax number was previously entered for the provider, confirm the number is correct

Press the "**Save**" button to continue.



Clinical service selection

 _				
Order Re				
85DOE, JANE 🖉	Edit			Hide Details
Member #:	YRN376699999	Date of Service:	9/24/2018	
Date of Birth:	1/1/1959	Health Plan:	Arthurs CR	
Ordering Provider	THOMAS, SCUL	LY / Edit		
Step 3: Please select	the desired Order.		Repeat Study	
	View Details	Sleep Management Orde	Has this member previ	ously had a full night
			PSG or HST?	
		Select Order Fro	Yes	
		O Enter HCPCS/CI		
		Sleen Order Type		
		Diagnostic Sleep Study		
		Sleep Sub Order Type		
		In-Lab (PSG) / Split Night		

Select the **Order** from the dropdown list below or enter the HCPCS/CPT code.

You may be prompted with additional questions based on the Order Type and Sub-Type selected.

Once selected, you will proceed to the next question.



Clinical diagnosis selection

	Order Reques	t					Logou
							Step: 12345
	85DOE, JANE > Edit Member #: Date of Birth: Ordering Provider:	YRN376699999 1/1/1959 THOMAS, SCULLY	Date of Service: Health Plan: ✔ Edit	9/24/2018	Hide Details		
	Step 3: Clinical Review - Ple	ease enter the Clinical De	etails.				
Patient Pr	rimary Diagnosis						
Please sele Obs Cer Nar Per Oth	ect the member's Primary Su structive Sleep Apnea ntral Sleep Apnea rcolepsy riodic limb movement disorde her (Enter ICD10 Code)	spected Diagnosis r			Clinical Informatio Order Type: Order Sub Type:	Printable Version Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810	
Continue	Restart					Delete this request	

Identify the patient's primary suspected diagnosis. You may do this by selecting one of the **radial buttons.**

Select the "**Continue**" button in the lower left corner to proceed.



Additional clinical detail entry

Ord	er Request							Step: (1)(2)(2)
85DOE, JA	NE 🎤 Edit					Hide Details		
Member #:		YRN376699999	Date of Service:	9	/24/2018			
Date of Birth	h:	1/1/1959	Health Plan:		offwire CR			
Ordering Pr	ovider:	THOMAS, SCULLY	Edit					
Step 3: Clinical	Review - Plea	ase enter the Clinical I	Details.					
al Review Details: . Please modify th	Information le informatio	that AIM has on fil n to reflect the mer	e for this member is nber's current clinic	presented at status.			🕒 Printable Version -	
al Review Details: . Please modify th lease document the	Information le information member's Apn	that AIM has on fil n to reflect the mer nea Events	e for this member is nber's current clinic	presented al status.		Clinical Informatic Order Type:	Diagnostic Sleep Study	
al Review Details: Please modify th lease document the ne patient has obser	Information e information member's Apn ved apnea dur	that AIM has on fil n to reflect the mer nea Events ing sleep	e for this member is nber's current clinic	s presented al status.		Clinical Informatic Order Type: Order Sub Type:	Diagnostic Sleep Study	
al Review Details: Please modify th lease document the he patient has obser	Information le information member's Apn ved apnea duri Yes	that AIM has on fil n to reflect the men nea Events ing sleep	e for this member is mber's current clinic	presented al status.		Clinical Informatio Order Type: Order Sub Type:	Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810	
I Review Details: Please modify the ease document the ne patient has obser	Information information member's Apn ved apnea dur Yes No	that AIM has on fil n to reflect the mer nea Events ing sleep	e for this member is nber's current clinic	presented al status.		Clinical Informatic Order Type: Order Sub Type: Primary Diagnosis:	Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810 Obstructive Sleep Apnea	
I Review Details: Please modify the ease document the ne patient has observe	Information e information member's Apn ved apnea dur Yes No Unknown	that AIM has on fil n to reflect the mer nea Events ing sleep	e for this member is nber's current clinic	; presented al status.		Clinical Informatic Order Type: Order Sub Type: Primary Diagnosis:	Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810 Obstructive Sleep Apnea	
I Review Details: Please modify the ease document the ne patient has observe () ()	Information le information member's Apn ved apnea dur Yes No Unknown	that AIM has on fil n to reflect the met nea Events ing sleep	e for this member is nber's current clinic	s presented al status.		Clinical Informatio Order Type: Order Sub Type: Primary Diagnosis:	Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810 Obstructive Sleep Apnea	
al Review Details: Please modify the lease document the he patient has observe	Information le information member's Apn ved apnea dur Yes No Unknown	that AIM has on fil n to reflect the mer nea Events ing sleep	e for this member is nber's current clinic	s presented al status.		Clinical Informatic Order Type: Order Sub Type: Primary Diagnosis:	Diagnostic Sleep Study In-Lab (PSG) / Split Night 95810 Obstructive Sleep Apnea	

Answer the question regarding the member's **condition**/ **events.**

Select "**Continue**" to go on to the next question.



Additional clinical detail entry

(1) (0)	VaV(
(1)()	M - M /	
	1	6 / 23 /

Step:

	85DOE, JANE 🎤 Edit				Hide Details	
	Member #: Date of Birth: Ordering Provider:	YRN376699999 1/1/1959 THOMAS, SCULLY	Date of Service: Health Plan: *Edit	9/24/2018		
	Step 3: Clinical Review - Ple	ase enter the Clinical Def	ails.			
Clinical Re below. Plea	view Details: Information ase modify the information	n that AIM has on file f on to reflect the memb	or this member is presented er's current clinical status.			Printable Version
Please	document all known Comor	bid Conditions			Clinical Information Order Type:	Diagnostic Sleep Study
	Stroke (CVA) within the last	30 days			Order Sub Type:	In-Lab (PSG) / Split Night 95810
	Transient Ischemic Attack (1	ΓΙΑ)			Primary Diagnosis:	Obstructive Sleep Apnea
V	Coronary Artery Disease (C	AD)			Clinical Details Apnea Events The patient has obse	erved apnea during sleep
	Sustained supraventricular t	achycardic arrhythmias			Yes	
	Sustained supraventricular t	oradycardic arrhythmias			Signs and Symptom Excessive daytime si Epworth Sleeping	ns leepiness evidenced by: ess Scale (ESS) > 10 or,
					Inappropriate day	ytime napping (during conversation,
					driving or eating)	or,
					Sleepiness that in	nterferes with daily activity

When the clinical information entered does not meet clinical guidelines for the exam requested, you will receive the **Feedback** screen.



Review results feedback based on clinical entry



Depending on if the order request meets criteria or not, the clinical feedback screen will provide you with various options to select from.

Below are some of the options you may be presented:

- Switch to a more appropriate test/study
- Supply additional information
- Edit the clinical information previously entered
- Close the case and an order number will be issued.



Servicing provider selection

	Order Reques										
									Step: 123	45	
	85DOE, JANE Member #: Date of Birth: Ordering Provider:	YRN37 1/1/195 THOMA	76699999 Date of S 59 Health Pla AS, SCULLY	ervice: m:	9/24/2018	Hide Details					
	Step 5: Please Choose a P	rovider.									
Provider Search			In Network	Out of	Network						
Provider Name:			Provider Search Resu	lts							
NOVASOM			Provider Tvr	e .	Address	Citv	State	Phone	Network Status	Distance	Action
City:			NOVASOM		801 CROMWELL PARK DR STE 108	GLEN BURNIE	MD	8777533776	NC	2329.94	View Details
State			144 44 🗗 DD DDI							DISPLA	(ING 1-1 OF 1 RESULT
Maryland	~	·	Return to Provider List	Submit a Prov	vider						Delete this reau
Zip Code:			The health plan has reviewe comparison among facilities provided. Individual facilities or health type and sevently of procedu care providers.	d and approved the of certain factors. S care providers may res, the case mix o	methodology used to assign the Site Score . like Score and Cost for the facilities are provid disagree with the methodology used to define a facility, special services such as trauma ce	The Site Score should no ad for informational purp the cost ranges, the cor nters, burn units, medica	ot be construed as an indicatio oses only and AiM and the he at data, or quality measures. In a and other educational progra	n of the quality of service to l alth plan disclaim any respor lany factors may influence or ms, research, transplant ser	be received by any individual mer sibility for any decision to select ast or quality, including, but not lin vices, technology, payer mic, and	iber at a given facility b ne facility over another ited to, the cost of unir other factors affecting	ut merely reflects a based on the information sured and charity care, the ndividual facilities and health
Home	v	•									

Copyright @ 2000-2012 AIM Specialty Health, Inc. All Rights Reserved.

Select the servicing provider where the test / study will performed.

Choose a provider in the list or use "**Find a Provider**" button to search for additional providers.



Order request summary

Order Request		
Begin Another Request Go to Homepage		Save as PDF Print
DEMO		ReviderPortal.
Specialtyriealth		
Order Request Sumr	mary	Order ID: 110092478
Doquest Status:	Hoalth Dian:	Valid Datos:
Authorized	riediti Flait.	9/17/2018 - 11/15/2018
		Start Date:
		9/17/2018
Member Information:	Ordering Provider:	Servicing Provider: Home
85DOE, JANE	SCULLY, THOMAS	NOVASOM INC
Member #: YRN3766999990 PO BOX 482	2 PROGRESS POINT PKWY	801 CROMWELL PARK DR
SAC CITY, IA 50583		

POE SAC Date of Birth: 1/1/1959 Phone: 773-864-4600

Begin

The information on the patient's diagnosis/symptoms/conditions provided below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record.

REQUESTED ITEM(S)

-->

EXAM ID	ORDER TYPE	SUB-ORDER TYPE	REQUEST STATUS	REASON	ACTION
<u>G0399</u>	Diagnostic Sleep Study	Home Sleep Test (HST) Type III	Authorized	Criteria Met	View Details

Change to Home Sleep Test (HST) Type III accepted.

Action Log Comments

Date	User	Description	Comments
9/17/2018 1:19:07 PM	PROVIDER PORTAL, (WEB USER)	Order completed	Order completed
9/17/2018 1:19:06 PM	PROVIDER PORTAL, (WEB USER)	Change to Home Accepted	Change to Home Accepted
9/17/2018 1:23:52 PM	(WEB USER)PROVIDER PORTAL	Incoming From WebPortal	

of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provider

The order has now been submitted.

Requests that meet clinical criteria will be receive an immediate response with an Order number and authorization valid timeframe.

If the request does not meet criteria, your request will be sent for clinical review. You can contact AIM to discuss your request at any time.

You can "Print" or "Save to a **PDF**" to include in the patient's chart.





Additional *ProviderPortal* features



How to check an order status



Existing orders can be viewed from the "Check Order Status" tab

Select the member's **health plan**

Select the "Order Type"

Enter either the Order # or the Member ID # and Name/DOB

Press the "**Find This Order**" button.



How to check an order status

Order Inquiry

Logout

Select Health Plan and Search by Method to perform an Order Inquiry. Please complete all known search fields thoroughly and accurately so that your search may be limited as much as possible.

Order Inquiry	Order Search Results						
Health Plan:	Orden/Status	Member Name	🛱 Member Number 😫	Start Dale 👩	Dirdering Provider	et Expires	\$
	<u>110063654</u>	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	148 days	Ê.
Search by:	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS		
Member 💟	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS		
SELECT SEARCH TYPE	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS		
Member ID + DOB	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS		
O Member ID + Name	Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS		
MEMBER ID AlphaPrefix+Number	Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS		
DATE OF BIRTH	Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS		
MMDD/YYYY E	Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS		
Find Clear	Voluntarily Withdrawn	85DOE, JANE	376699999	8/14/2017	SCULLY, THOMAS		
	99 99 11 12 12 10 10			DISP	PLAYING 1-10 O	F 23 RESU	LTS
	Rank to Search race the					Print Dr	novie-

All orders that have been processed for the member will be listed in the **Order Search Results** page

Click on the hyperlink in the Order/Status column to see detailed data for any individual order.

The Order Request Summary will display upon selecting the Order/Status.



How to view order history

6	Order History			_						
elcome	DEMO TRAINING	Manage Your Physician List	Manage Your User Vour User	Reference Desk						
	Start Your Order Request Here	Show me:	For:	Wit	hin the last:	With the statu	S:			
	Check Order Status		Cardiovascular Specialty Drug Radiation Therapy							
	View Order History	 My Orders My Group's 	Orders Order History	Supportive Drugs	ays ▼	All 🔻	Go			
	Check Claim Status						2.6	_	_	_
	Access Your Optinet Registration	Welco	ome DEMO TRAINING	Manage Your Physician List	Profile	ir User 🤘	Desk			
			Start Your Order Request Here	Show me:	For:	stic Imaging		Within the last:	With the stat	us:
			Check Order Status	My Orders	Cardiov Special Radiatio	rascular ty Drug on Therapy /anagement		7 Days 🔻	All	Go
			View Order History	O My Group's Ord	Chemot O Chemot O Surgica O Genetic O Musculo	therapy and Sup I Procedures Testing oskeletal	portive Drugs			
			Check Claim Status	L	All Orders	Itation			Records F	Per Page 10 V
				Member Name	Member Number	Date of Service	Order Status	Ordering Provider	Entered Date	Entered By
			Access Your Optingt Registration	85POOH, WINNIE	767777667	06/17/2020	110147257	CALLAGHAN, JOHN	06/16/2020	Training, Demo
				85POOH, WINNIE	767777667	06/17/2020	110147256	BUTTERMANN, GLENN	06/16/2020	Training, Demo
				85POOH, WINNIE	767777667	06/16/2020	110147197	CALLAGHAN, JOHN	06/15/2020	Training, Demo
				85POOH, WINNIE	767777667	06/16/2020	110147196	BUTTERMANN, GLENN	06/15/2020	Training, Demo
				85POOH, WINNIE	767777667	06/15/2020	110147166	BUTTERMANN, GLENN	06/14/2020	Training, Demo
	@ 0000 AIM 0			85POOH, WINNIE	767777667	06/15/2020	Incomplete		06/14/2020	Training, Demo
5	© 2020 AIM Specialty	/ Health _® All rig		85POOH, WINNIE	767777667	06/14/2020	110147117	CALLAGHAN, JOHN	06/13/2020	Training, Demo

View Order History provides access to orders that have been entered in the past 90 days

Select the desired timeframe from the **Within the last** X days.

Select from With the Status, the type of orders you wish to view, e.g. in progress or incomplete orders.

Press the "Go" button



Reference Desk



Training Tutorials, Clinical Guidelines, and CPT Codes included in the program are located within the Reference Desk



Adding a health plan to an existing user account

Order Request		
Welcome DEMO TRAINING	Manage Your Ser Seference Physician List Profile Desk	
Start Your Order Request Here		
Check Order Status	Select the date	
View Order History	Select the Member ID + DOB	
Check Claim Status	Search type Member ID + Name Member ID Member Number Pate of Bitth MM/0D000001	
Access Your Optinet Registration	Find This Member	-

Associating multiple health plans to one user login account

- 1. Select "Manage Your User Profile" on the home page
- 2. In the User Role tab, select "Add a New Health Plan"
- 3. Select the new health plan to associate to your login account and enter at least one identifier to associate with that health plan (e.g. TIN, NPI, etc.)



Adding a health plan to an existing user account

User Role User Information Account Information Notification Change Password	
User Role Ordering Provider	Add New Health Plan
Health Plan Utilization Review Programs	
Enabled	Health Plan Provider Association
Health Plan(s): Health Plan One	Health Plans Found The Provider Identifier allows AIM to associate the appropriate providers to your account. Please enter at least one provider identifier for each health plan you select. If you need to enter more than one ID for a health plan, simply enter a comma (,) between each complete provider identifier.
Add New Health Ptan Manage My Groups	Health Plan One Health Plan Two Group TIN Health Plan Three Ordering Provider TIN
	Cancel Next >



Viewing CPT codes included in the program



2	

Sleep Management HCPCS Codes View a list of all the HCPCS Codes that are included in the selected health plan's Sleep Management program.

	View CPT Codes
3	Health Plan:
	initian (A. 🗸
	Select Year:
	2020 ▼
	Find Clear

4

	HCPCS Details	Records Per Page 10 🔻
Code	Description	Category
A4604	Tubing with heating element	APAP (Automatic Positive Airway Pressure)
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each	APAP (Automatic Positive Airway Pressure)
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair	APAP (Automatic Positive Airway Pressure)
A7030	Full Face Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7031	Face Mask Cushion, Replacement for Full Face Mask	APAP (Automatic Positive Airway Pressure)
A7032	Replacement Cushion for Nasal Application Device	APAP (Automatic Positive Airway Pressure)
A7033	Replacement Pillows for Nasal Application Device, pair	APAP (Automatic Positive Airway Pressure)
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap	APAP (Automatic Positive Airway Pressure)
A7035	Headgear	APAP (Automatic Positive Airway Pressure)
1 T of 26	> >>	Total Number of Records Found: 251

1. Select "**Reference Desk**" from the home page.

2. Select "Sleep Management HCPCS Codes".

3. Within the view CPT Codes, select the "**Health Plan**" name, and "**year**".

4. Click "Find".

5. Use the arrows to view the multiple pages of included CPT codes.



Reminders







AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



Questions?

A	
HT	
∇T	

Sleep Management Program provider website: www.aimspecialtyhealth.com/providerportal-sleep/

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.



BMOPEC-0105-20 September 2020