CareAdvance Provider® Authorization Tool Frequently Asked Questions

Q: What is CareAdvance Provider?
A: CareAdvance Provider is our new online authorization tool that is replacing Clear Coverage™. The transition to CareAdvance Provider is taking place in phases. The tool is used currently for Commercial, Safety Net and Essential Plan business only; Medicare business is scheduled to be transferred to the new tool in the second quarter of 2020.

Q: How do I use the CareAdvance tool?
A: Training materials can be found at Provider.ExcellusBCBS.com. Go to: Authorizations > Request Authorization, then expand the appropriate service type category to locate our navigation guide, WebEx and tip sheet. They can also be found under Resources > Staff Training > Presentations & Guidebooks. Contact your Provider Relations representative for further information and training.

Q: I receive the error message, “You have no associated provider sets,” and I am unable to enter the authorization request. What should I do?
A: Please email your Web Username and Individual or Facility NPI to CAPAdministrator@excellus.com to update the system. At this time, it may take up to two hours for the system to update after receiving your information.

Q: I am receiving the following error message, “No matching records found”. What should I do?
A: This message will display if you do not have any authorizations entered in the system. Once you enter an authorization, the message will no longer display.

Q: I can access CareAdvance Provider, but not all the providers in my practice are listed in the top-right drop-down menu. What should I do?
A: Please email your Web Username and Individual NPI to CAPAdministrator@excellus.com to update the system. At this time, it may take up to two hours for the system to update after receiving your information.

Q: I am having an issue logging into the Excellus BCBS website. What should I do?
A: Contact our Web Help Desk at 1-800-278-1247.

Q: I used my group NPI to log in to Clear Coverage. Can I continue to use my group NPI to log in to CareAdvance Provider?
A: With CareAdvance Provider, you must enter your individual NPI and individual Facets ID number. If you don’t have your Facets ID number, you can request it by calling us at 1-800-363-4658, or complete the email request form located under the Request Authorization tab (Look for the “Get Your Facets Provider ID” box on the right side of the page).

Q: After I entered the NPI and facets ID, I receive the following message: “Please wait while we redirect your request …,” but CareAdvance does not load. What should I do?
A: A pop-up blocker is preventing CareAdvance from launching. Please change your browser setting to allow pop-ups on this website. Be sure to choose “always.”

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Q: When I try to attach clinical information, I receive a “provider not in focus” error message. What should I do?
A: The provider displaying in the top right drop down is the provider in focus. If it does not match the provider listed as the referring provider, you will receive this error message. If this happens, please fax any necessary clinical until we resolve this error. Please note, you should use the appropriate referring and servicing provider information when entering a request.

Q: I need to change the authorization (facility, date, etc.), how do I do that?
A: Currently, you must call Medical Intake to edit the authorization in any way, or to cancel the authorization.

Q: After completing the InterQual® questions the criteria was met, but in the decision ribbon, the authorization states “Criteria not Met”. What is the issue?
A: When you complete InterQual in CareAdvance Provider, be sure to “reselect” the procedure code(s) at the end of the InterQual. If you do not select the procedure code(s), it may display as “Criteria not Met” in error.

Q: How do I got back into CareAdvance Provider and search for an existing authorization?
A: First, be sure to have the correct provider in focus in the top right corner using the drop-down arrow. Click on the Referrals/Authorizations tab, then Search. Input the Case ID# in the Reference ID field and click Search. Click on the Reference ID hyperlink to open the authorization.

Q: Where do I list my phone number so that any calls from Utilization Management go directly to me?
A: If you need to list a specific phone number on an authorization, please add it to the notes. Go to Case Communication > Create New > Message Box.

Q: CareAdvance Provider asks for Units; is that the same as Visits?
A: Yes, units do equal visits for some services. For example, for authorizations related to physical therapy and home care, list the number of visits in the Units field.

Q: I already have approved authorizations in Clear Coverage. Do I need to create new authorizations in CareAdvance for all our patients now that other lines of business are on the new system?
A: You will only need to create a new authorization in CareAdvance if you need to request an extension or additional visits on an existing authorization (for example, physical therapy). Otherwise, the Clear Coverage authorizations are still valid.

Q: I need to obtain a referral; can I do that through CareAdvance Provider?
A: CareAdvance Provider cannot be used to request referrals at this time; please phone or fax in your request to Medical Intake.