

CareAdvance Provider® Authorization Tool Frequently Asked Questions

Q: What is CareAdvance Provider?

A: CareAdvance Provider is our online authorization tool that replaced Clear Coverage™. The tool is used for all lines of business.

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: Can I use a midlevel (NP/PA) to obtain an authorization?

A: No, mid-levels cannot be used as the referring or servicing provider on an authorization. Please use the sponsoring MD on the authorization request.

Q: I am receiving the following error message, "An error has occurred, please contact the application administrator". What should I do?

A: This message will display if you attempt to log into CareAdvance Provider with a Nurse Practitioner's or Physician Assistant's NPI and Facets ID. Mid-levels cannot be used as the referring or servicing provider on an authorization.

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 log into CareAdvance Provider with the new provider NPI and Facets ID and your provider will then be included in your provider set.

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: You can now log into CareAdvance Provider with your group NPI and group Facets ID number.
*Please note that if you are a large group, you may want to log in with only the individual providers for whom you need to obtain authorization, so your provider set is not larger than necessary. If you don't know 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 get 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.

Q: I am receiving the following error message, “Unable to find a default provider address for (a specific provider)”.

A: This message will display when a member’s PCP needs to be updated or is terminated. The member should contact Customer Care to update their PCP Selection. Once the PCP is updated, the message will no longer display.

Q: I am trying to add additional visits/units to an existing authorization but the Edit button is grayed out.

A: Please call Medical Intake and request that the authorization be re-opened so that it can be updated.

Q: How do I request additional visits on an approved authorization in CareAdvance Provider once it's in open status?

A: Once you've chosen the authorization, click "edit" and "add service/copy provider" to add an additional service line. All service lines should have the same dates of service range on subsequent requests. Attach clinical in the Case Communication and note any additional diagnoses. Please do not add visits as a Service Extension.

Q: I am receiving the following error message, "You are not able to submit this request. No auth required, please contact customer care for additional information..." but one of the codes I entered does require authorization.

A: This message will display if the first code you enter into a request does not require authorization. Please be sure to check the Prior Authorization Code Lists and the member benefit on our website to confirm if authorization is required; do not enter any codes that do not require authorization in your request.

Q: One of our new providers has a Facets ID that's different from the standard ID that begins with zeros; instead it begins with MXP followed by nine digits. How do I log into CareAdvance Provider with this ID?

A: Please log in using the full ID, including MXP and not just the last digits. If you do not use the full number, you will receive an error message that reads: "The NPI and Provider ID entered do not match."