

Genetic Testing Solution

PROVIDER OFFICE STAFF END USER TRAINING

June 5, 2020



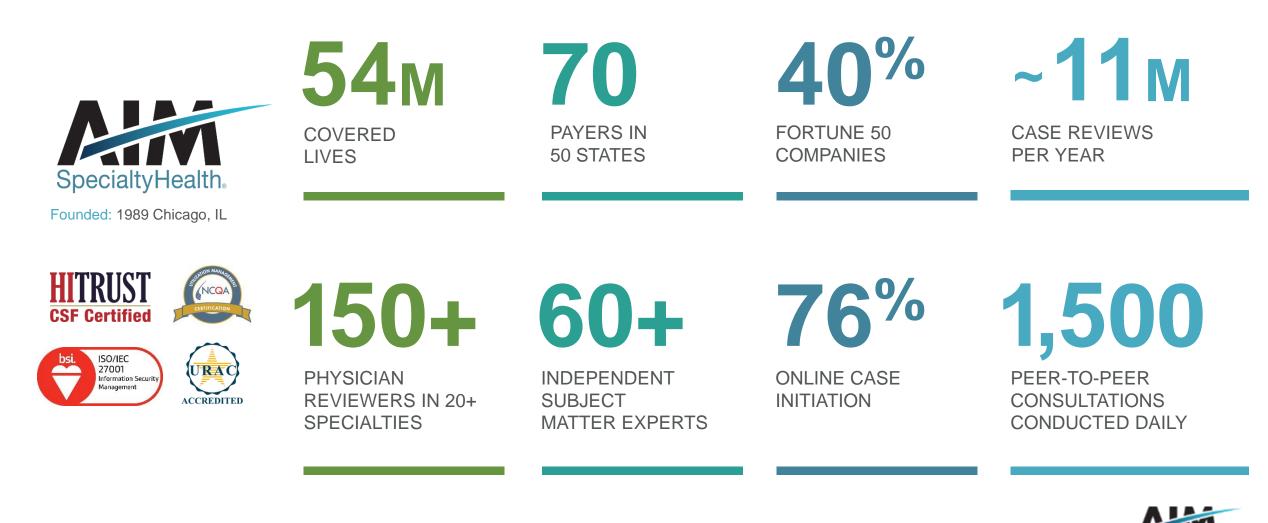
Effective January 1, 2021, AIM* will manage genetic testing reviews for Nebraska Medicaid membership through a program called the Genetic Testing Program. Our objective today is to help you understand what this means to you and your practice.

Agenda

- Introduction to AIM Specialty Health
- Genetic Testing Program Overview
- Preparing for the Genetic Testing Program AIM
 ProviderPortal_{SM} Order Request Demonstration
- Additional AIM ProviderPortal Features
- Questions



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



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Senior Medical Director, Musculoskeletal



ROBERT ZIMMERMAN

Medical Director, Radiation Oncology



Genetic specialists are available for provider staff through AIM and InformedDNA's partnership



The specialty benefits management partner of choice for plans nationwide



>90 genetic specialists,>150 physicians, and1 proven process

Together, we support appropriate, affordable genetic testing services across all medical specialties and subspecialties InformedDNA Genetics, Decoded.

An unparalleled bench of genetics expertise for utilization management, medical policy and network consultancy





Genetic Testing Program overview



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Meet the genetic testing team





Rebecca Sutphen MD Chief Medical Officer InformedDNA

Karen Lewis MS, MM, CGC Clinical Architect of Genetics Genetic Testing



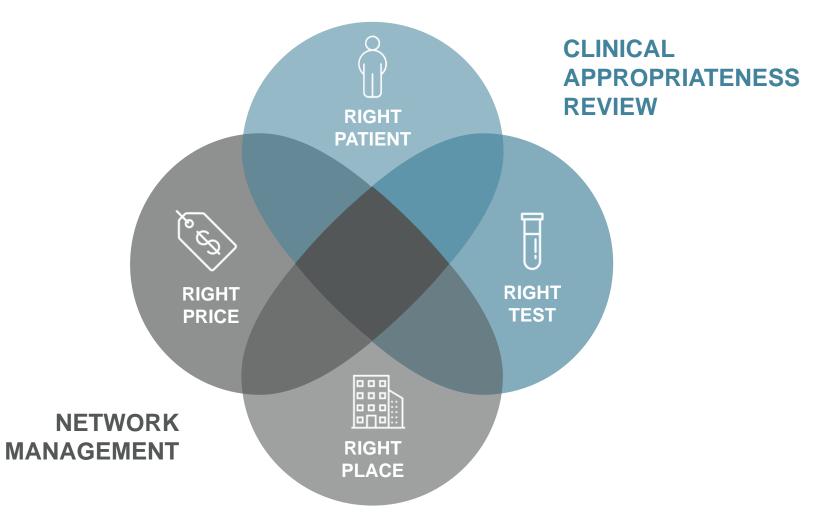
Shanna Gustafson MPH,MS, CGC Senior Client Executive InformedDNA



Julie Hedrick Degner MS, CGC Solution Director Genetic Testing

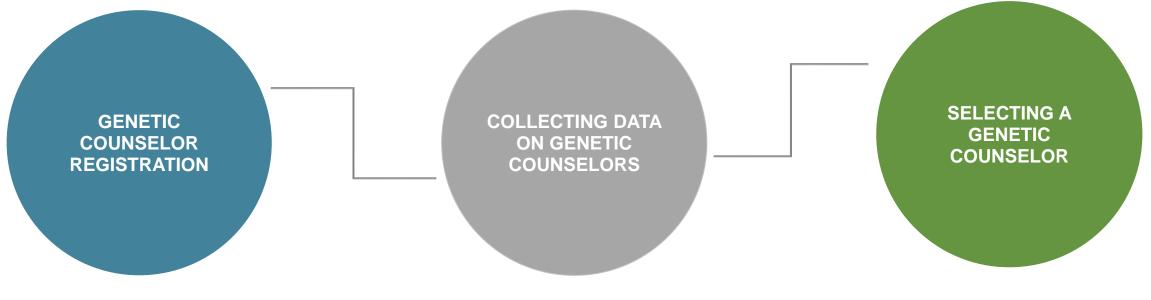


Our solution addresses the medical and business practice complexities of genetic testing





OptiNet captures data on providers / facilities who perform genetic counseling



Genetic counselor information gathered

- Site Information
- Name and contact information for practice administrator
- Type of counseling provided (face-to-face, telephone, etc.)
- Hours of operations

- Degree(s)
- Board certification(s), including expiration date(s)
- State license(s)
- Specialties
- Relevant training experience for staff not board certified in genetic counseling

If a test selected requires genetic counseling, a list of genetic counseling providers will be provided based on data collected in OptiNet_{\mathbb{R}}.



Services requiring preauthorization

Test categories included:

- Reproductive carrier screening
- Prenatal testing
- Rare disease testing
- Whole exome/genome sequencing*
- Hereditary cancer testing*
- Tumor markers

- Hereditary cardiac testing*
- Neurogenetic and neuromuscular testing
- Pharmacogenomics and thrombophilia testing
- Susceptibility testing for common diseases



SpecialtyHealth.

* Genetic counseling may be required for tests within these categories.

Settings requiring preauthorization

Utilization management (UM) program: clinical appropriateness and authorization review with claims denials



Included setting:

• Genetic testing laboratories

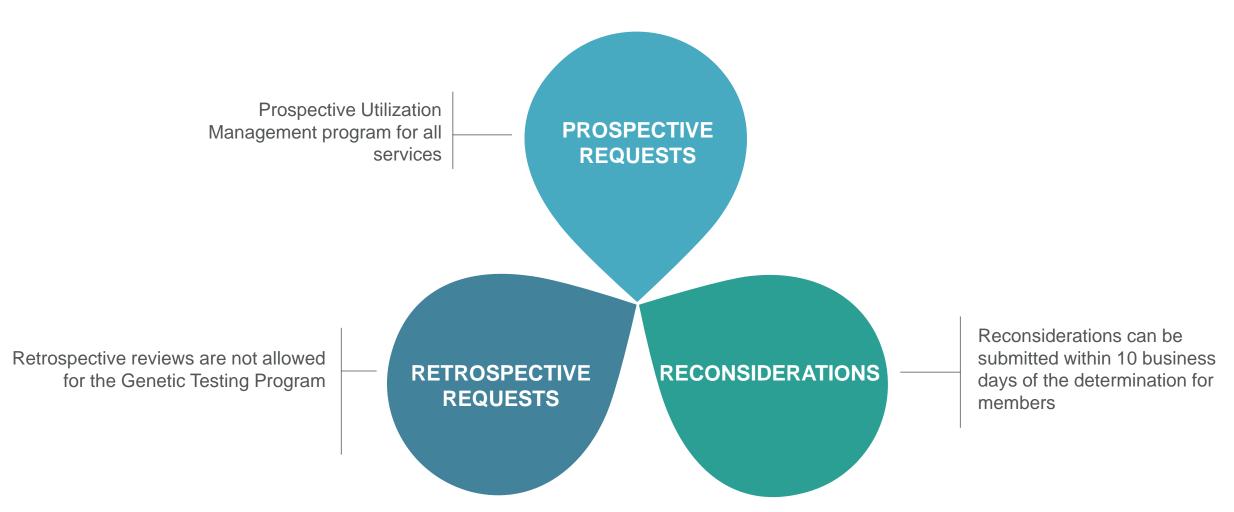


Excluded setting:

- Inpatient studies
- Studies performed as part of ER/observations visit
- Studies that are a component of outpatient elective surgery



Ordering provider initiated requests





Clinical review steps

Case intake

2 Case review

3 Education and intervention

4 Case closure

Submission captured

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

Member and ordering provider demographics

Test requested and laboratories available

Requests are reviewed in real time

against applicable CMS coverage determinations (NCD/LCD's) or Anthem Medical policy Facilitate genetic counseling when needed

Peer-to-peer discussion if

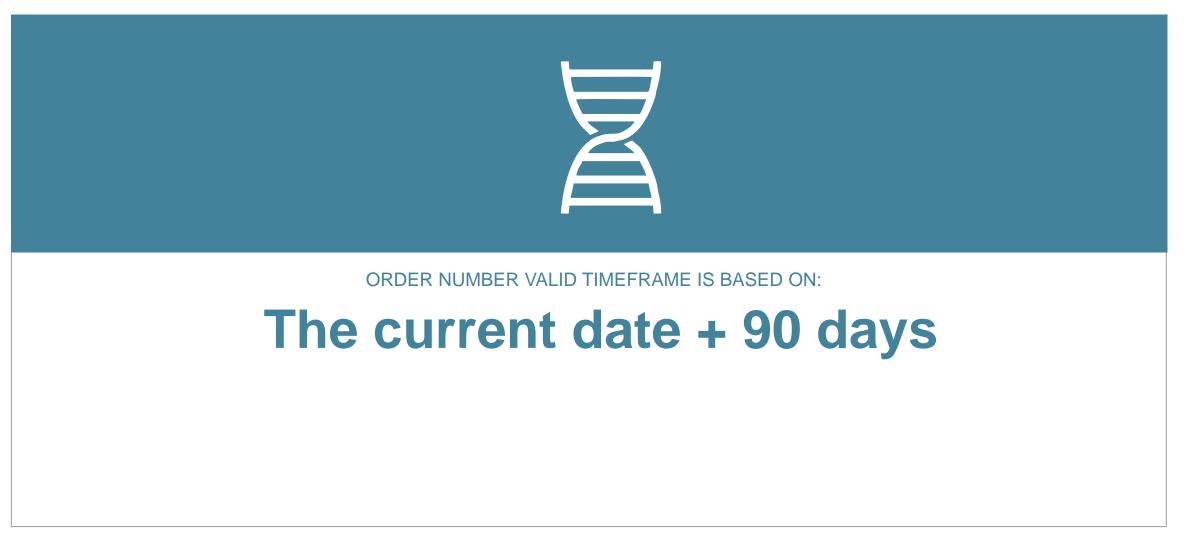
previous adjudication indicated that case does not meet clinical criteria Document final review outcome

Messaging of final review outcome to provider

Extract case information to health plan



How long is a preauthorization valid?





AIM closes most cases within 24 hours



CASE

Non-urgent Nebraska Medicaid	•	Shall close within 14 calendar days of receipt of the request
Urgent Nebraska Medicaid	•	Shall close within 72 hours of the receipt of request





Preparing for the Genetic Testing Program



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
- ProviderPortal support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*

- Dedicated toll-free number for members: (855)574-6478
- Contact center hours: Monday Friday 7 AM 7 PM CST
- Voicemail messages received after business hours will be responded to the next business day

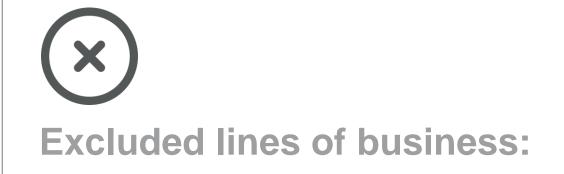
* AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.



Which Healthy Blue members need preauthorization through AIM?

Included lines of business:

Medicaid



All other lines of business

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.



Order request checklist

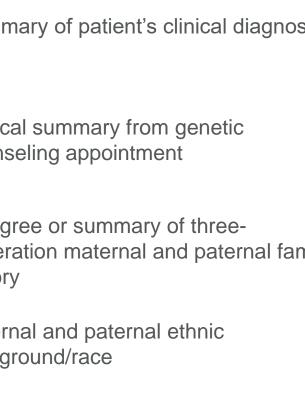
Demographic information

- Member's first and last name, and date of birth
- Ordering provider's first and last name
- Test being requested and laboratory

Clinical information

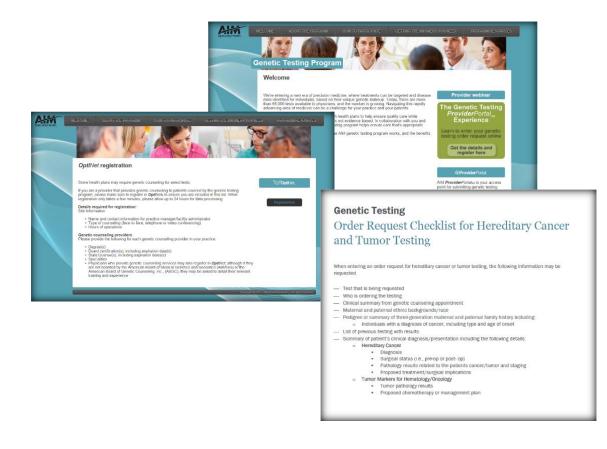
Summary of patient's clinical diagnosis

- Clinical summary from genetic counseling appointment
- Pedigree or summary of threegeneration maternal and paternal family history
- Maternal and paternal ethnic background/race





Genetic testing provider microsite



Providers can visit the microsite for:

- > Clinical guidelines development process
- > OptiNet registration for genetic counselors
- > How to register on the AIM *ProviderPortal*
- > How to enter an order request
- > Order request checklists
- > FAQs

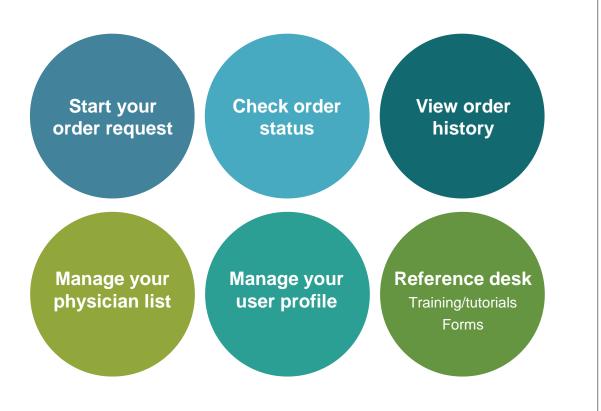


Look for these items at www.aimprovider.com/genetictesting



ProviderPortal highlights

ProviderPortal 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)
- Check your inbox for an email from AIM



ProviderPortal login/registration

User Login	
USERNAME	
Username	
PASSWORD	
Password	
Remember Me	Don't have an account?
Login	Register
Can't access your account?	
/ersion 19.05.31.s00005312	System Requirements
The Provider Portal application will be u for regularly scheduled maintenance.	navailable Sundays between 12:30 PM CST - 6:00 PM CST
If you have any questions regarding the	new Medicare Appropriate Use Criteria Clinical Decision ource links below. DO NOT call the health plans.

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							
	eb Customer Service	1. User Details						
AIM Specia (800) 252-2		FIRST NAME	LAST NAME		USER ROLE 🚺			
					Select	•		
		ORGANIZATION NAME			Select			
					Servicing 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.

Select

Select

Tax ID (TIN)

Group TIN

NPI

4.

Group NPI

Provider ID

Tagree to the terms 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

Specially-Health.		Provider Portal.
- in 1		
Welcome: Portal User	Manage Your Manage Your Physician List User Profile	Desk
Start Your Order Request Here	Select the date of service	Message Center The Provider Portal application will be unavailable Sundays between 12:30 PM
Check Order Status	Enter member Search criteria Enter at least two of three items below Member Number Enter at least six characters	CST - 6:00 PM CST for regularly scheduled maintenance.
Access Your OptiNet Registration	00000001 Member Name	
Access Your Reports	Jane Smith Date of Birth MM/DD/YYYY	Interactive Tutorial <u>Next Generation Solution</u>
	Find This Member	

To create a preauthorization request:

- Enter the date you expect the genetic testing to begin in the "Date of Service" field
- 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.



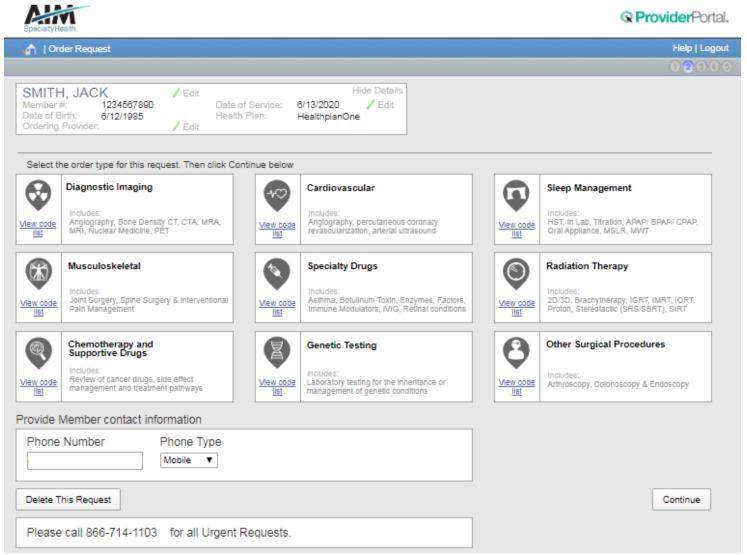
Member search results

Member Search Results	er Search Results Records Per Page						
Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan	
SMITH JANE	00000001	Employee	F	5/3/1983	IL	HealthPlanOne	
<< << <mark>1</mark> >> >>				DISP	LAYING	1-1 OF 1 RESULTS	
Total Number of Records Fou	nd: 1						
	Ch	Change Member Search Criteria Delete This Request					

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



Order type selection



On the order type screen, select "**Genetic Testing**" and then click 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

SMITH, JANE MEMBER #: 000000001 Date of Birth: 5/3/1983 Ordering Provider: ABEL, JOE

Date of Service: 10/3/2018 HEALTH PLAN: HealthplanOne

Step 2: Please select the Ordering Provider from the list below.

Edit

/ Edit

Ordering Provider Search	Recent	Favorites Search Resu	lts		
Search Type:	Ordering Providers		Records Per Page 🛛 🔳		
Name TIN or NPI	Name	Address	City	Specialty	
Address	🚖 ABEL, JACK	877 HARBOR ST.	WATER	Internal Medicine	
FIRST NAME:	😭 ABEL, JAKE	500 PORT DR.	WATER	Pulmonary Diseases	
JACK	ABEL, JANE	56 LAKE DR.	LAND	Miscellaneous	
LAST NAME:	🚖 🛛 ABEL, JOE	12 BEACH DR.	LAND	Neurology	
ABEL	ABEL, JOEL	888 PEARL ST.	LAND	Pediatrics	
STATE	😭 ABEL, JOEY	6 SECHS CT.	ISLAND	Infectious Diseases	
Please Select 🗸	ABEL, JOHN	77 SIEBEN RD.	WATER	Orthopedic Surgery	
Find Clear	ABEL, JOHNNY	888 ACHT ST.	SKY	Dermatology	
	ABEL, PAT	9 NOVE DR.	SKY	Pulmonary Diseases	
	ABEL, PATRIC	10 DEZ ST.	LAND	Obstetrics	
			Total Nu	mber of Records Found: 10	

Edit

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.

You may choose to search for provider using Name, TIN or NPI, or Address.



Ordering provider fax confirmation

Alfin Speciary Health					Revealed Portal.
🏠 Order Request					Help Logout
					12345
SMITH, JACK / Member #: 1234567890 Date of Birth: 6/12/1985 Ordering Provider: ABEL, JOE /					
Step 2: Please select the Ordering Provi	ider from the list below				
	Recent	Favorites Se	arch Results		
Ordering Provider Search	Ordering Providers			Record	is Per Page 🛛 🔳
Search Type:	N a Ordering Provid	ler Fax Number	Specialty	Health Plan	
Name TIN or NPI	AE Please ester or conf	irm the physician's fax number l	-	Internal Medicine	HEALTHONE
Address	AE	I'm the physician's lax number i	DEIOW	Pulmonary Diseases	HEALTHTWO
FIRST NAME:	AE (111) 333-3334			Miscellaneous	HEALTHTHREE
JACK	AE Why do you need thi	s?		Neurology	HEALTHONE
LAST NAME:	AE			Pediatrics	HEALTHFIVE
ABEL	🙀 🗛 Save 🛛	Fax Unavailable		Infectious Diseases	HEALTHSIX
Please Select	AE			Orthopedic Surgery	HEALTHTWO
	ABEL, JOHNNY	888 ACHT ST.	SKY	Dermatology	HEALTHONE
Find Clear	ABEL, PAT	9 NOVE DR.	SKY	Pulmonary Diseases	HEALTHFIVE
	ABEL, PATRIC	10 DEZ ST.	LAND	Obstetrics	HEALTHTWO
				Total Number of	Records Found: 10
					Delete This Request

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.



Patient diagnosis and search for test

Patient Condition or Diagnosis Section		
Provide the patient condition or diagnosis		
Z31.430 Encounter of female for testing for genetic disease carrier status for	or procreative ma	anagement
Provide Genetic Test Information Condition or Diagnosis Section		
Enter the test information to search for and select the requested Genetic Test.		
Q Cystic fibrosis	8	
Provide the Genetic Test Information		
Enter the test information to search for and select the requested Genetic Test.		
Filter by: Laboratory: Enter a Laboratory		
Genetic Tests	Laboratory:	Network Status:
◯ 508 ONLY (CFTR) - LabTwo	🖌 LabTwo	IN
CFTR Screening Panel (CF33)-LabTwo	LabTwo LabTwo	IN
Cystic Fibrosis Profile (32 mutations)-LabOne	LabOne	IN
508 FIRST (DeltaF508 Reflex to CFTR Amplified)-LabTwo	🍒 LabTwo	IN
O Ashkenazi Jewish Mutation Analysis Panel Without Cystic Fibrosis-LabThree	🏅 LabThree	IN
The Additional Genetic Tests	Laboratory:	Network Status:
◯ CFnxt-LabFour	LabFour	OUT
CFTR Screening Panel (CF102)-LabTwo	LabFour	IN
CFTR Targeted Mutation Analysis-LabTwo	LabTwo	OUT
O Cystic Fibrosis (CFTR) 165 Pathogenic Variants-LabTwo	LabTwo	IN
O Cystic Fibrosis Mutation Analysis 106-Mutaiton Panel-LabThree	LabThree	IN
OPreparent Carrier Screen-Jewish Panel	LabFour	OUT
(w/wo expanded Cystic Fibrosis)-LabFour		
Not able to find your test? Try a different Test Category or Manually Add a Genetic	ic Test	
Not able to find your test? Thy a uniferent fest Gategory of Manually Add a Genet	ic rest	

Enter the **primary ICD 10 diagnosis code** for the patient.

Search for the genetic test you would like to request.

You are able to **search by the name of the test or key words** associated with the test. You may also filter by laboratory.

If you are unable to find a test, you may click on "**Manually Add a Genetic Tes**t" and follow the instructions given.



Confirm the sample collection date

Patient Condition or Diagnosis Section	
Provide the following information for the patient's genetic sample:	
When is the sample collection date?	
10/9/2018	
Back Delete this request	Continue

The Sample Collection Date is used to determine the valid authorization period for the request, based on health plan rules.

If the date is not changed, it will default to today's date.

Select "**Continue**" to proceed to the next step.



Clinical information entry

Enter the Patient Clinical Information

Please answer the following qeustions to provide as much information as possible for clinical review

Has cystic fibrosis carrier screening been performed previously for this patient?

No, we have no record of previous screening

○Yes, screening was performed previously

OUnknown

Next Question

Depending on previous responses, you may be asked a series of clinical questions.

These questions are based on the criteria set by the member's health plan.

Continue answering all questions until you are taken to the Order Request Preview.



Review and submit your request

Submit this Request Delete This Request Go to My Homepage PD Image: Submit this Request Delete This Request Go to My Homepage Provide Order Request Preview Health Plan: Healthplan1 Health Plan: Healthplan1 Request Status: Has Not Been Submitted Ordering Provider: Abel, Joe 12 BEACH DR 111 Sample Lane DOB: 525/1983 Servicing Provider: LabOne 12 BEACH DR In Sample Lane DOB: 525/1983 Servicing Provider: Sample Lane DOB: 525/1983 Servicing Provider: Sample Lane DOB: 525/1983	der Portal.
Submit this Request Delete This Request Go to My Homepage PD Submit this Request Delete This Request Go to My Homepage PD Order Request Preview Health Plan: Healthplan1 Healthplan1 Request Status: Has Not Been Submitted Ordering Provider: Abel, Joe Servicing Provider: LabOne Servicing Provider: LabOne Member #: 00000001 111 Sample Lane DOB: 5/25/1983 0rdering Provider: LabSt Servicing Provider: LabOne Vater, IL 55555 Fax: 111-333-3334 Fax: 111-1111	lelp Logout
Corder Request Preview Health Plan: Health Plan: Healthplan1 Request Status: Has Not Been Submitted Health Plan: Healthplan1 Member Information: Jane Smith Member #: 00000001 Ordering Provider: Abel, Joe 12 BEACH DR. 12 BEACH DR. 111 Sample Lane DOB: 5/25/1983 Servicing Provider: LabOne Water, IL 55555 DOB: 5/25/1983 Fax: 111-333-3334 Phone: 111-1111	12345
SpecialityHealth. Health Plan: He)F Print
Health Plan: Health Plan: Healthplan1 Request Status: Has Not Been Submitted Member Information: Ordering Provider: Jane Smith Abel, Joe Member #: 000000001 12 BEACH DR. 111 Sample Lane LAND, IL 5555 DOB: 5/25/1983 Fax: 111-333-3334	er Portal.
Healthplan1 Request Status: Has Not Been Submitted Member Information: Ordering Provider: Servicing Provider: Jane Smith Abel, Joe LabOne Member #: 000000001 12 BEACH DR. 333 Third Street 111 Sample Lane LAND, IL 55555 Water, IL 55555-0000 DOB: 5/25/1983 Fax: 111-333-3334 S Phone:111-1111	
Has Not Been Submitted Member Information: Ordering Provider: Servicing Provider: Jane Smith Abel, Joe LabOne Member #: 000000001 12 BEACH DR. 333 Third Street 111 Sample Lane LAND, IL 55555 Water, IL 55555-0000 DOB: 5/25/1983 Fax: 111-333-3334 Phone: 111-111-1111	
Jane Smith Abel, Joe LabOne Member #: 000000001 12 BEACH DR. 333 Third Street 111 Sample Lane LAND, IL 55555 Water, IL 55555-0000 DOB: 5/25/1983 Fax: 111-333-3334 S Phone:111-111-1111	
Member #: 000000001 12 BEACH DR. 333 Third Street 111 Sample Lane LAND, IL 55555 Water, IL 55555-0000 DOB: 5/25/1983 Fax: 111-333-3334 Phone:111-111-1111	
111 Sample Lane LAND, IL 55555 Water, IL 55555-0000 DOB: 5/25/1983 Fax: 111-333-3334 Phone:111-111-1111	
Phone: 111-222-2222 S NPI: 999999999 NPI: 888888888	
The Clinical information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verifed or clinically reviewed. Requested Tests Test Request Status Reason Acti	
Cystic Fibrosis Profile (32 Mutations)-LabOne View D	etails
Diagnosis Z31.430 Encntr fem test gntc dz carr status	
Clinical Information (+)	
Justification Questions:	
Has cystic fibrosis screening been performed previously for this patient? No, we have no record of previous screening	ıg

The **Order Request Preview** allows you to verify all information is correct prior to submitting the request.

Click **"Submit this Request**" to finish.

You may also "**Save and Exit**" the case to return later.

When the patient meets clinical criteria, you will receive your order ID number instantly.

You may **save** the **Order Request Summary** that is displayed as a PDF, or print a paper copy.

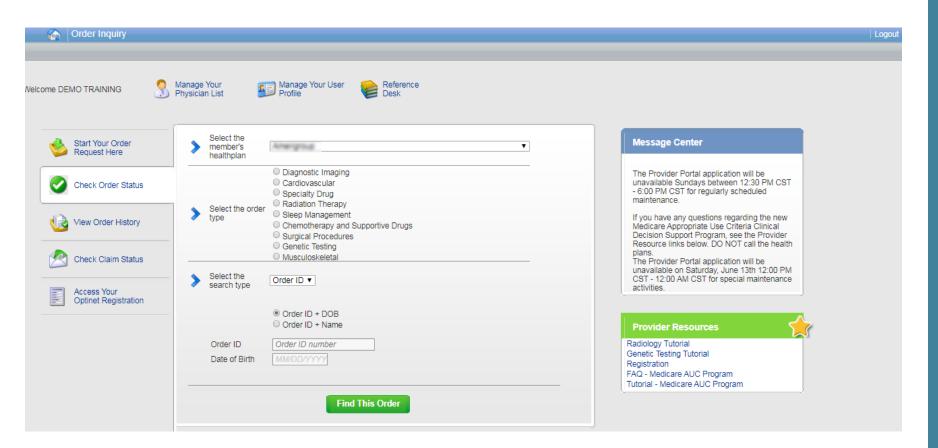




Additional *ProviderPortal* features



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

Grder 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:	Order/Status	🟚 Member Name	🟚 Member Number 🟚	Start Date 🟚 Ordering Provider	🟚 Expires 🟚
Andreas (M)	<u>110144761</u>	85DUCK, DAISY	33333333	4/23/2020 SCULLY, THOMAS	36 days
Search by:	Voluntarily Withdrawn	85DUCK, DAISY	33333333	4/23/2020 SCULLY, THOMAS	
Member •	Voluntarily Withdrawn	85DUCK, DAISY	33333333	SCULLY, THOMAS	
SELECT SEARCH TYPE	In Progress	85DUCK, DAISY	33333333	SCULLY, THOMAS	
Member ID + DOB	144 44 1 66 661			DISPLAYING 1-4	OF 4 RESULTS
Member ID + Name	Back to Search results				Print Preview
MEMBER ID					
33333333 3					
DATE OF BIRTH 01/01/1985					
Find Clear					

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

Order History	-				-	-		-	-					
ome DEMO TRAINING	<u>S</u> P	/lanage Your Physician List	<u>*</u>	Manage Your User Profile	Ver Ref Des	ierence sk								
Start Your Order Request Here	_	Show me:		For:			Within th	ne last:	With t	the status:				
Check Order Status				 Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy 										
View Order History		 My Orders My Group's Or 	rders	 Sleep Managemen Chemotherapy and Surgical Procedure Genetic Testing 	it I Supportiv	ve Drugs	7 Days	•	All	•	Go			
Check Claim Status				 Musculoskeletal Rehabilitation 										
Access Your Optinet Registration			~	Order History				_	_					
		N	/elcome	DEMO TRAINING		lanage Your hysician Lis	t 🧧	Mana Profil	age Your I Ie	User 🤘	Reference Desk			
	L		(Start Your Order Request Here		Show n	ne:	For				Within the last:	With the status	
			(Check Order Status					Cardiovas Specialty Radiation	Drug Therapy				
				View Order History		● My C ○ My G	roup's Orde	rs 0 (0 (0 (Chemothe Surgical F Genetic Te	Procedures Testing	pportive Drugs	7 Days ▼	All	Go
				Check Claim Status		c			Musculos Rehabilita				Records Per	Page 10 V
				Access Your Optinet Registration	1	Member Nan 85BELL, T	ne	Member N 378198	lumber	Date of Service	Order Status	Ordering Provider SCULLY, THOMAS	Entered Date El 06/10/2020 Tr	itered By
						Print Pro	eview	Dowr	nload to	Excel				

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



Manage My Groups

Grder Request		Logout
me 🤔	Manage Your Seference Physician List User Profile Desk	
Start Your Order		Message Center
Request Here		The Provider Portal application will b
Check Order Status	Select the date of service	unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
View Order History	Select the search type Member ID + DOB Member ID + Name	
Access Your Optinet Registration	Member ID Member Number Date of Birth MM/DD/YYYY	
	Find This Member	-
	Find This Member	

To create a more customized and easier experience, AIM *ProviderPorta* has integrated a service called "**My Groups**".

This will allow you to add your groups as favorites and make the provider selection process much easier.

From the **Main Home page**, you can manage your groups lists.

This will be done by selecting "Manage Your Physician List"



Manage My Groups

Manage My Groups

AIM has partnered with the health plan(s) to ensure the most current information is available for your selection.

Choose the group to edit or remove from the list below.

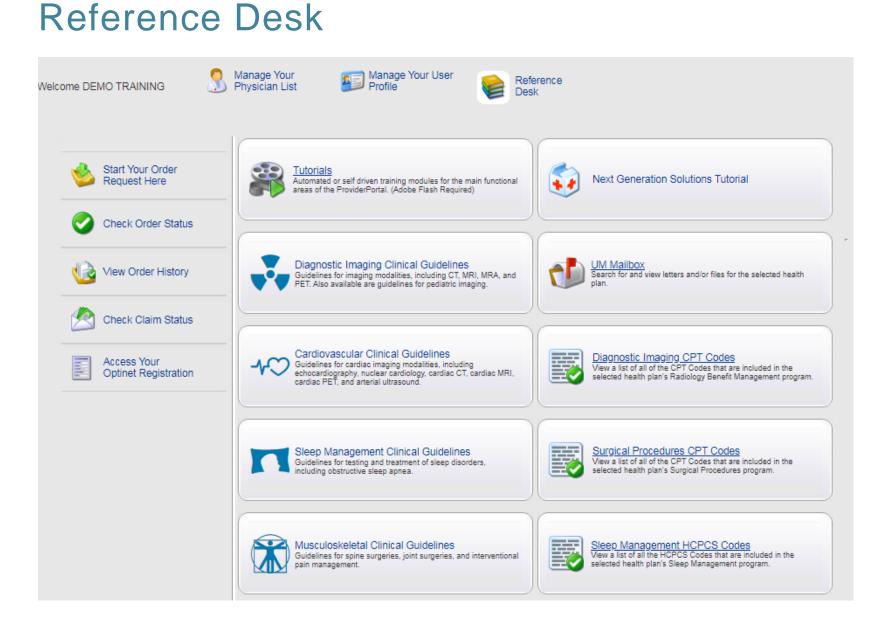
My Groups		Records Per Page 10 T
Client Key	Health Plan	Action
		Remove
1 ▼ of6		Total Number of Records Found: 1

From this page, you can add and remove groups from your list at any time.

Powered By

You will only need the health plan name that you are adding that group through.





Training Tutorials and AIM Clinical Guidelines are located within the Reference Desk.



Adding a health plan to an existing user account

Grder Request		
Nelcome DEMO TRAINING	Manage Your Ser Reference 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 Image: Comparison of Birth MM/DD/YYYY	
Access Your Optinet Registration	Find This Member	-
		J

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 Rolo 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 Plan Manage My Groups	□. Health Plan One ☑ Health Plan Two Group TIN □. Health Plan Three Ordering Provider TIN
	Cancel Next >



Reminders





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AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



Questions?

<i>H</i>	

Genetic Testing Program provider website: www.AIMProvider.com/genetictesting

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

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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