

# AULTCARE ON THE WEB

[www.aultcare.com](http://www.aultcare.com)

## TTAP (Trizetto® Touchless Authorization Processing) Online Prior Authorization Platform

TTAP is accessed through the AultCare Provider Portal utilizing your secure account.

### Supported Browsers and Versions

IE: IE11 and above

Chrome: v40.0.2214 and up through v62.0.3163 (latest supported version)

Firefox : v47 and up through v55 (latest supported version)

Safari: v9.1.3, v10.1.2, v11.0



## STEP 1

To obtain access to TTAP, log into your Provider Portal account with your secure login and password. If you have not yet established a secured account, please refer to the '[AultCare On The Web: Provider Portal](#)' tutorial, or click on '[Account Login](#)' and register for a new account.

\* NOTE: Each user needs to establish a personal Provider online account. Do not share your login or password.



## STEP 2

Once you are logged into your account, you are able to access TTAP:

- Enter the Member ID number in '[Quick Eligibility Inquiry](#)'
- Verify eligibility



## STEP 3

On the Eligibility Page:

- Be sure you accept 'Pop-Ups' to allow access to TTAP.
- Select your patient and click the orange 'Prior Authorization' box next to their name.

### Prior Authorizations

Prior Authorizations will now be submitted through TTAP (TriZetto® Touchless Authorization Processing), our new electronic prior authorization platform which replaces Clear Coverage™.

Please click the **PRIOR AUTHORIZATION** box next to the member's record in the table below to enter into TTAP.

Note: Services should not be scheduled until you have received a prior authorization determination.

Select Provider

[LINK TO TTAP TRAINING GUIDE](#)

Prior authorization is not required for AultCare's PRIMETIME CHOICES PLAN (sample member identification card below). Please contact PrimeTime Medicare Advantage Customer Service Center if you have any questions at 330-363-4031 or 1-877-863-1791.

[LINK TO TTAP TRAINING GUIDE](#)

Prior authorization is not required for AultCare's PRIMETIME CHOICES PLAN (sample member identification card below). Please contact PrimeTime Medicare Advantage Customer Service Center if you have any questions at 330-363-4031 or 1-877-863-1791.



[Return to search](#)

Name	Member ID	Birth Date	Group Name	Effective Date	Status	Benefits	Type	Prior Auth via TTAP
Test, Man	AC00100000E	September 15, 2005	AultCare Corporation	1/1/2019	Active	Medical		<b>PRIOR AUTHORIZATIONS</b>
Test, Man	AC00100000E	September 15, 2005	AultCare Corporation	1/1/2017	Active	Dental		
Test, Woman	AC00100000E	June 12, 1974	AultCare Corporation	1/1/2019	Active	Medical		<b>PRIOR AUTHORIZATIONS</b>
Test, Woman	AC00100000E	June 12, 1974	AultCare Corporation	1/1/2017	Active	Dental		



## STEP 4

- Click the green 'Eligibility' button to view a high level summary of benefits. (Optional)
- To begin the authorization process, click the blue 'Authorization' button.

TTAP Provider Portal (V10.2.43) Patients Transactions

Patients /

DOB: SEX:

Address:

INSURANCE PHONE MEMBER ID # SELECT

AULTCARE HEALTH PLANS

**Eligibility** **Authorization**

### PRIOR AUTHORIZATIONS

DATES	STATUS	PROCEDURE	REQUESTING PROVIDER	SERVICING PROVIDERS	TRACKING ID
x	AS	x	x	x	x

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## STEP 5

- This screen begins your transaction request.
- Complete all fields.
- The '**Supported Guidelines**' link is a list of available evidence-based guidelines for your reference.
- Services - Begin to type the code/description and options will auto-populate.
- Facility Type- No further action is needed with this field. It will auto-populate to the '**Office**' option.
- Referring Provider - This information will auto-populate.
- Servicing Facility/Provider - As you type the facility or provider name, and if multiple options appear, choose any ONE with a NPI listed. (Regardless of service location)
- Click the blue '**Submit**' button when all fields have been completed.

**AULTCARE TEST**

Member ID: 0012300123E  
 DOB: Dec 12, 1955 (63 yrs) Sex: M  
 Address: 123 FISHER STREET AKRON OH 44647

[Supported Guidelines](#)

Services: -

1.  1

Diagnosis Codes: -

Request Category: Health Service Review    Service Type: Diagnostic X-Ray    Facility Type: Office

Event From Date: 07/11/2019    Event To Date: 07/11/2019    Level of Service: Elective

Referring Provider: -

1. Your Office  
 123 Street SE  
 NPI: \*

Servicing Facility/Provider: -

Please add an (\*) at the end of your text in the search box

[Back](#) [Submit](#)

To ensure all results are captured, please place an "\*" after the text.

## STEP 6

- This section begins the medical review process.
- Key of Status Determination
  - No Action Required = No Prior Authorization Required
  - Certified = Approved
  - Pended = More information is needed. Complete the necessary information and click the green '**Next**' button until all questions have been answered.
  - Contact Payer = Call Customer Service (Phone number located on the back of Member ID Card)

Status: **PENDED**    Reason: 1. Additional Patient Information required    Tracking #: TPBVGGKASC09C568

Questions:

75561

1. 75561: MRI OF HEART BEFORE AND AFTER CONTRAST    1 Units    **PENDED**

Guideline: IQ: Computed Tomography (CT), Cardiac or Magnetic Resonance Imaging (MRI), Cardiac

Step 1:

1. Choose one:

1. Age >= 18

2. Age < 18

[Next](#)

[Cancel](#) [Inquiry](#) [Submit](#)

## STEP 7

- If the medical criteria is met, your request will be certified (approved).
- If the case has pended, attach PDF documents and/or notes as directed.
- Click the blue '**Attach**' button to upload the documents and/or notes and click '**Done**'.

Questions:

75561

1. 75561: MRI OF HEART BEFORE AND AFTER CONTRAST    1 Units    **PENDED**

**CASE HAS PENDED. For further consideration, attach PDF document or enter note**

1. Report Justifying Treatment Beyond Utilization Guidelines    Report Justifying Treatment Beyond Utilization Guidelines    [Attach](#)

[Cancel](#) [Inquiry](#) [Submit](#)

Attach Document:

Note     File

[Browse](#)

[Cancel](#) [Done](#)

## STEP 8

- If the case shows pended, a review by our clinical staff will be completed.
- Once the final determination is made, the status will appear on your TTAP transaction summary page (Smart Sheets). (See Steps 10 and 11).

<b>Category:</b> Health Service Review	<b>Service:</b> Diagnostic X-Ray	<b>Facility:</b> Office
<b>Certification:</b> Initial	<b>Requested Dates:</b> Jul 11, 2019 - Jul 11, 2019	
<b>Diagnosis codes:</b>		
1. R52 Pain, unspecified		
<b>Requested Services:</b>		
1. 75561: MRI OF HEART BEFORE AND AFTER CONTRAST	1 Units	PENDED
<b>Status:</b> PENDED	<b>Reason:</b> 1. Disposition pending review	<b>Tracking #:</b> TPBVGKASC09C568

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[Cancel](#)
[Inquiry](#)

## STEP 9

- This is an example of a certified case with your authorization number.
- If you need to cancel your transaction, please click the red 'Cancel' button.

**AULTCARE HEALTH PLANS**  
 Aultcare Service Center  
 Ph: 1-866-422-9603  
 Em: service@aultcare.com

**Referring Facility:** AULTMAN HOSPITAL  
 2600 6TH ST SW, CANTON, OH 44710  
 Ph: (330) 452-9911

**Payer's ID:** PRVP00002261718  
**NPI:** 1285715144

**Service Facility:** AULTMAN HOSPITAL  
 2600 6TH ST SW, CANTON, OH 44710  
 Ph: (330) 452-9911

**Payer's ID:** PRVP00002261658  
**NPI:** 1356366991

<b>Category:</b> Health Service Review	<b>Service:</b> Diagnostic X-Ray	<b>Facility:</b> Office
<b>Certification:</b> Initial	<b>Requested Dates:</b> Jul 11, 2019 - Jul 11, 2019	
<b>Diagnosis codes:</b>		
1. R52 Pain, unspecified		
<b>Requested Services:</b>		
1. 75561: MRI OF HEART BEFORE AND AFTER CONTRAST	1 Units	CERTIFIED
<b>Status:</b> CERTIFIED	<b>Authorization #:</b> TPWZDQC33QOM58X1	<b>Decision Dates:</b> Jul 11, 2019-Oct 09, 2019

**Message:**  
 This is not a guarantee of claim payment. All charges are subject to the plan provisions, exclusions, limitations, and periodic review to confirm continued eligibility. Usual, customary, and reasonable charges may apply and are the responsibility of the member.

[Back](#)
[Cancel](#)
[Inquiry](#)

## STEP 10

- The TTAP transaction summary page (Smart Sheets) will show a complete list of your prior authorization transactions/statuses.
- To access this page, enter **any** member ID (Step 2) and select "Prior Authorizations" next to a patient (Step 3).
- Select "Transactions" at the top of the page to view.

TTAP Provider Portal (V10.2.43) Patients Transactions

Patients /

DOB:                      SEX:

Address:

INSURANCE	PHONE	MEMBER	ID #	SELECT
AULTCARE HEALTH PLANS				
<a href="#">Eligibility</a>				<a href="#">Authorization</a>

**PRIOR AUTHORIZATIONS**

DATES	STATUS	PROCEDURE	REQUESTING PROVIDER	SERVICING PROVIDERS	TRACKING ID

## STEP 11

- On this page, you will be able to view previous prior authorizations for **all** patients.

TTAP Provider Portal (V10.2.42) Patients Transactions

[Smart Sheets](#)

DATES	PATIENT	STATUS	PROCEDURE	REQUESTING PROVIDER	SERVICING PROVIDERS	TRACKING ID
Jul 24, 2019 - Jul 24, 2019		AAA ERROR	72158: MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST			
Jul 23, 2019 - Jul 23, 2019		PENDED	72158: MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST			
Jul 23, 2019 - Oct 21, 2019		CERTIFIED	72158: MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST			
Jul 23, 2019 - Oct 21, 2019		CERTIFIED	72158: MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST			