Primary Care
ASSOCIATES OF CALIFORNIA
PCAC

aerial™

Provider Handbook

Managed by
Unilogic
Healthcare Management

Updated: September 2025

Table of Contents

Getting Started

About Aerial

Through the secure and password protected portal, providers and their staff can access the following:

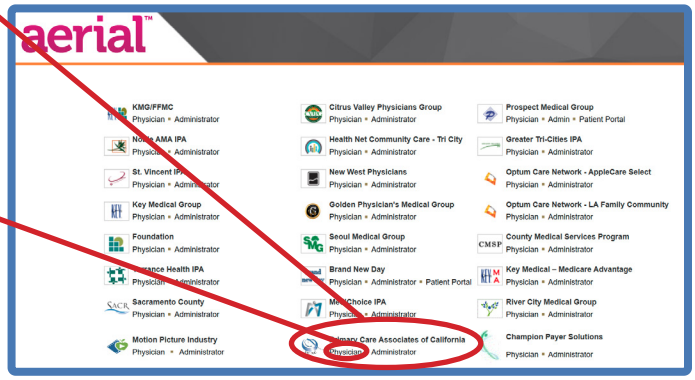
- Member Eligibility
- Request Referrals
- View Referral Status
- Claim Status
- Print EOBs

Education & Training

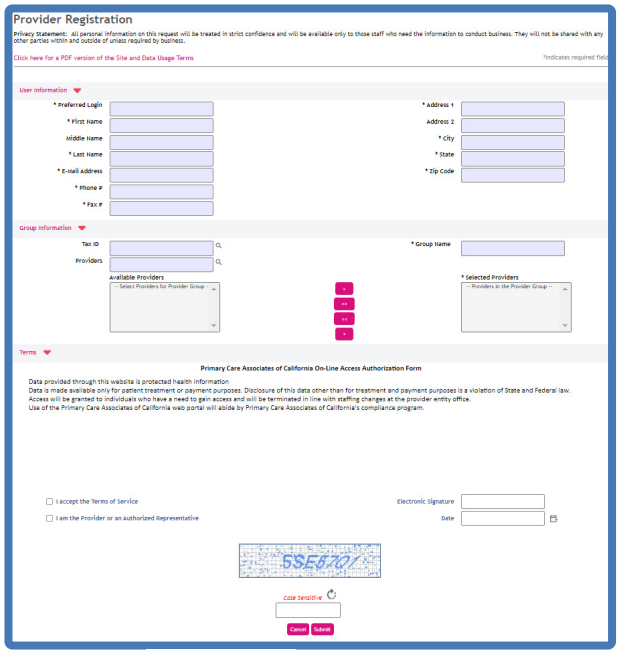
Our staff is available to provide telephonic and one-on-one support for the Aerial portal. Demonstrations can be planned at a time that is most convenient for your office and can be scheduled by contacting Provider Relations at providerrelations@unilogichealthcare.com or by calling (657)465-3500 and select option 3 for Provider Portal Support.

Sign Up for an Account

1. Go to **https://aerial.carecoordination.medecision.com/login.html**
2. Go to **Primary Care Associates of California**
3. Click on **"Physician"**
4. Click on Register



5. Fill out the form
   Note: Enter the **Tax ID** in the **"Group Name"**
   We are unable to process this request without the TAX ID #



6. Click on Submit

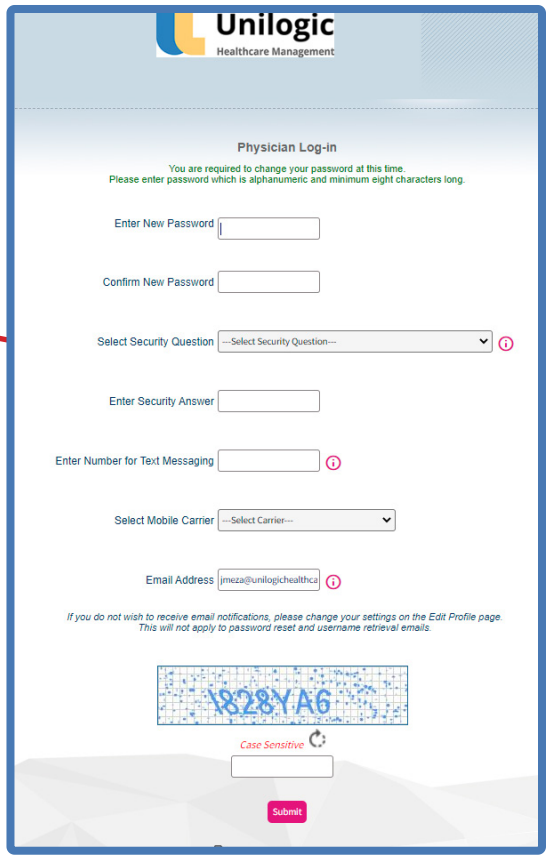
Your username and temporary password will be emailed to you within **2 business days**. Your temporary password will expire in **3 days**. If you need to reset your password, please call (657) 465-3500.

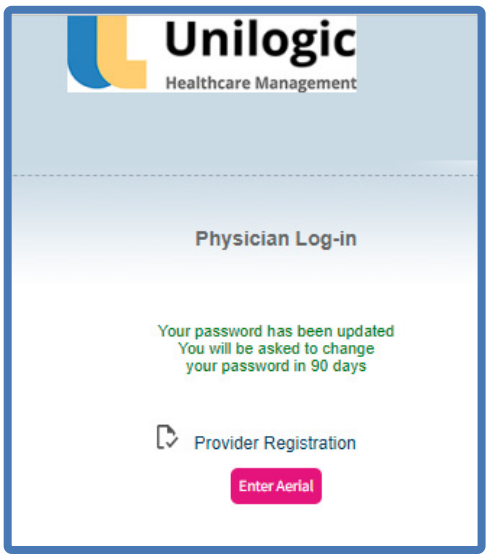
Updating Your Password

After signing up for an account, you will receive an email with your **username** and a **temporary password**.

To update your password:

1. Login using your **username** and **temporary password**.
2. Upon logging in, you will be prompted to enter a new password, followed by security questions.
3. Fill out all the fields.
4. Click **"Submit"**
5. You will be taken to a confirmation page.
6. Click **"Enter Aerial"** and login using your **username** and **new password**.

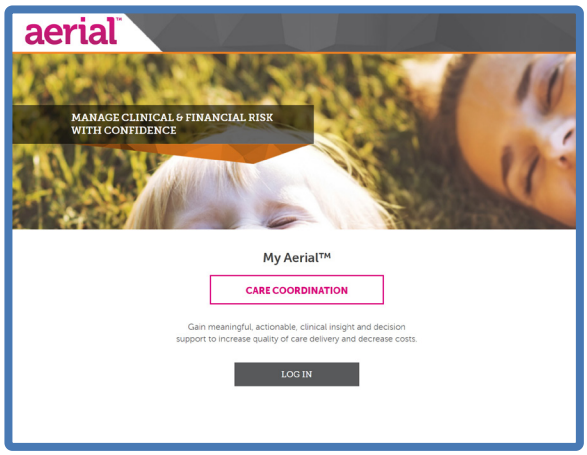


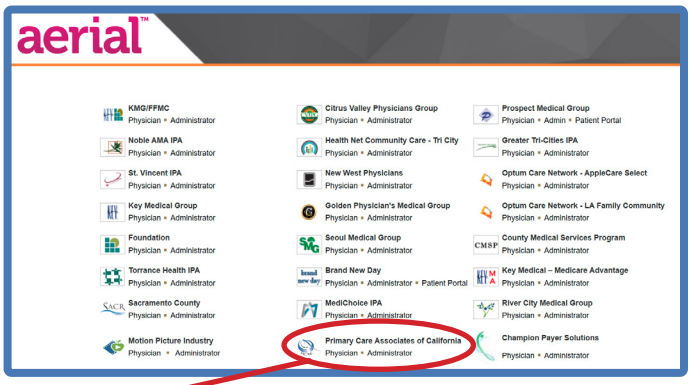


Accessing Aerial Login Page

1. Go to https://aerial.carecoordination.medecision.com/

2. Click on **"Login"**

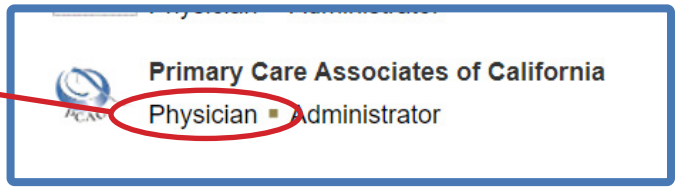




3. Go to **Primary Care Associates of California**

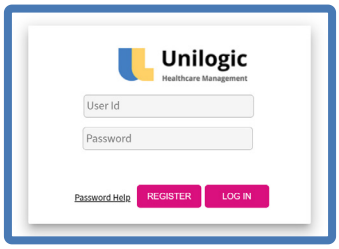
4. Click on **"Physician"**

   • This will take you to the login page



Bookmark the Page

Bookmark the page with the login module for future reference.



NOTE: Do not bookmark after logging in. Bookmarks made after the login page will not work and give you an error.

Eligibility

Primary Care Associates of California
PCAC

Eligibility Guide

Eligibility Verification

While you are able to access eligibility information through Aerial, this information may not always be the most current. Since eligibility verification is an essential step in the care process and should be done prior to rendering services it is our recommendation that you contact the appropriate health plan directly to obtain current eligibility information. In addition, all health plans issue an insurance card with the currently assigned PCP and IPA affiliation, which should be available and presented at each visit.

Eligibility Guarantee

Your office can access patient eligibility information online or by phone with each **health plan** at the phone numbers and websites listed below. It is important to maintain documentation with either a screen shot of the website information or, if you verify eligibility by phone, document the name of the health plan representative, time, date of your conversation, and tracking number. **If you check eligibility with the health plan on the date of service, the IPA will guarantee your payment for services.** If under any circumstance the patient's eligibility changes, the IPA will request your eligibility documentation and address any discrepancy directly with the health plan. There will be no retroactive capitation or claims deduction.

Health Plan	Eligibility Phone Numbers	Web Address
Alignment	(888) 517-2247	alignmenthealthplan.com/providers
Anthem Blue Cross	(800) 676-2583	anthem.com/provider
Astiva Health	(833) 300-0910	astivahealth.com/en-us/provider-login
Blue Shield 65 and Choice	(877) 654-6500	blueshieldca.com/provider
Central Health Plan	(866) 314-2427	centralhealthplan.com/cpa/
Clever Care Health Plan	(833) 388-8168	eznet.clevercarehealthplan.com/EZ-NET60/Login.aspx
Health Net	(888) 926-4988	provider.healthnetcalifornia.com
Humana	(800) 448-6262	humana.com/provider/medical-resources/self-service-portal
Imperial Health Plan	(800) 830-3901	https://providerportal.imperialhealthplan.com/login
SCAN Health Plan	(800) 559-3500	secure-pportal.scanhealthplan.com
UCLA Health	(833) 627-8252	uclahealthmedicareadvantage.org/healthlink-medicare-provider-portal
Wellcare	(866) 999-3945	provider.wellcare.com/California

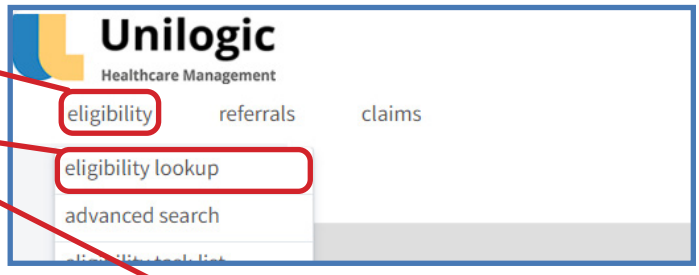
Authorizations and Eligibility

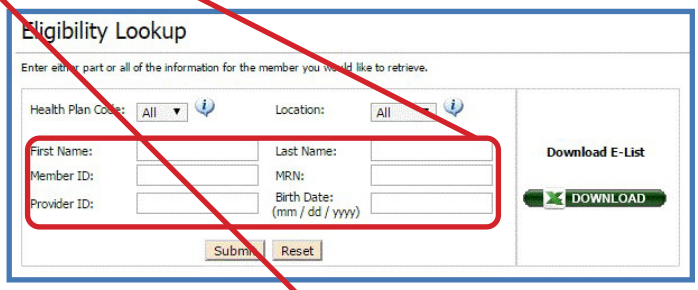
As a reminder, authorizations are valid for a sixty (60) day time frame only and are **CONTINGENT UPON CURRENT ELIGIBILITY**. It is the responsibility of the rendering **Provider's office** to verify the eligibility at the time of service and ensure that the authorization is still valid. As a way to ensure coverage for the authorized services, please implement steps to verify and confirm eligibility on the day of the scheduled appointment.

Member Search

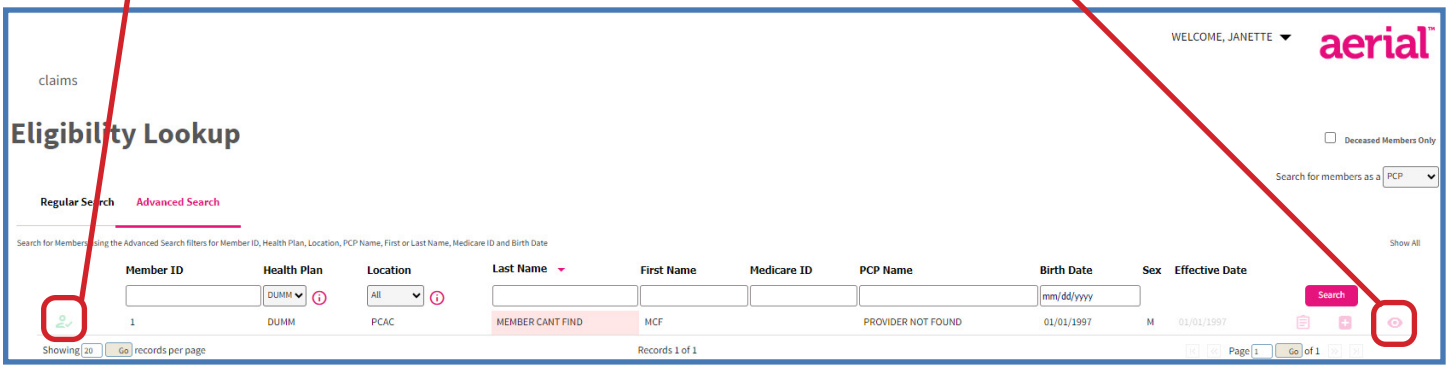
The Eligibility Lookup allows you to search for patients, view patient details and eligibility. You can search by name or Member ID. To search by name, you must enter a (partial or full) First Name, Last Name and a complete Date of Birth. You can also search by only using a Member ID.

1. Go to **eligibility** on the menu bar
2. Select **eligibility lookup**
3. Search by using their name, date of birth and/or Member ID
4. Click on to view the patient's FaceSheet





Note: Eligible patients will have with a green icon ( ). Ineligible patients will a have a red one ( ).

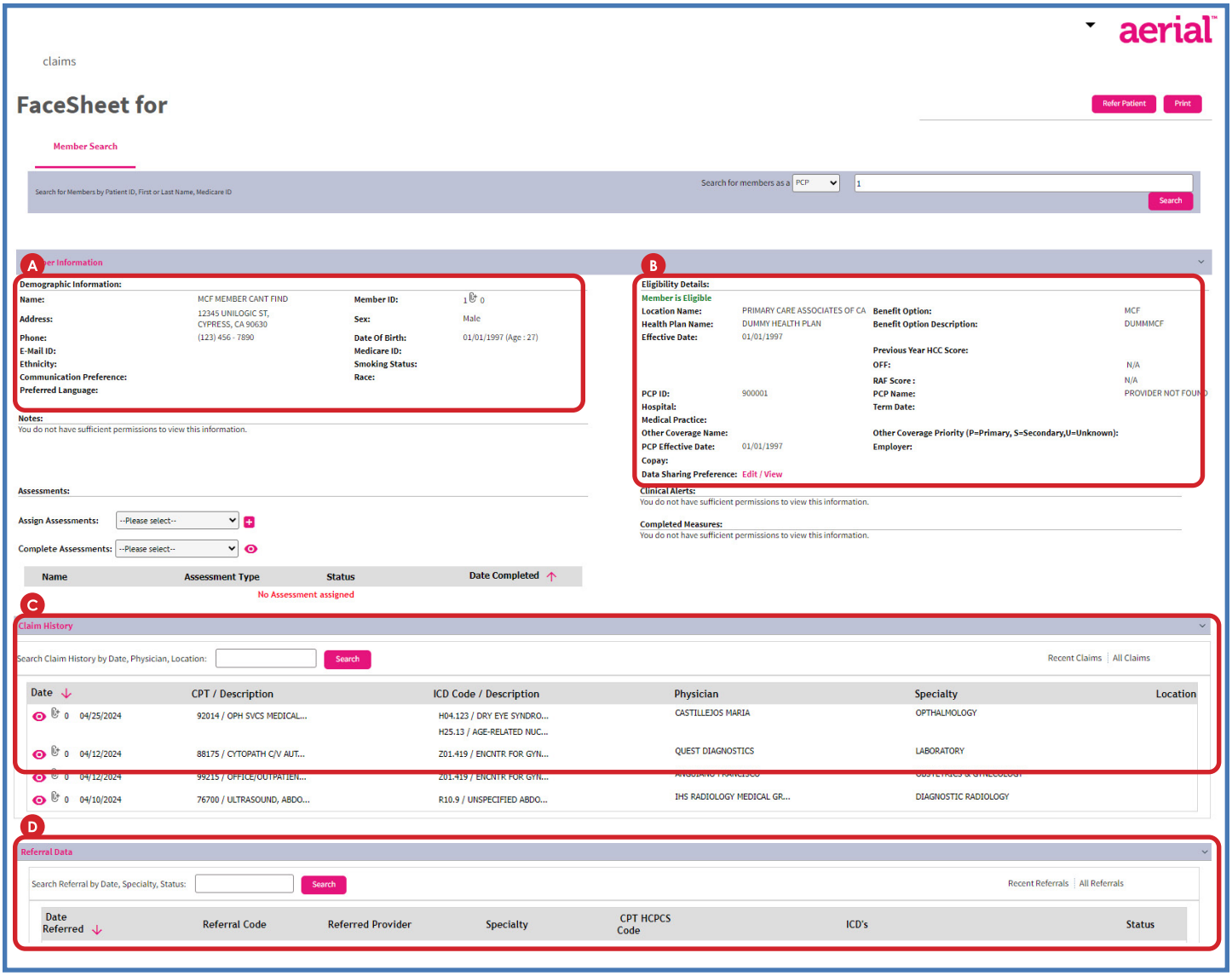


Patient FaceSheet

On the FaceSheet page you can view:

The Patient FaceSheet shows a comprehensive report containing all information about a patient stored in one location.

A. Demographic Information
B. Eligibility Details
C. Claim History
D. Referral Data



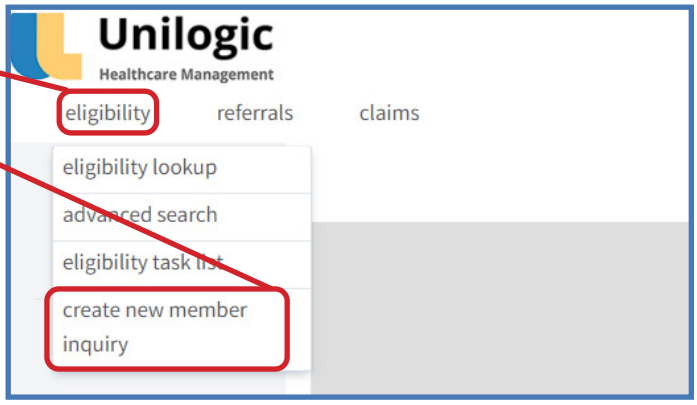
Member Inquiry - Submission

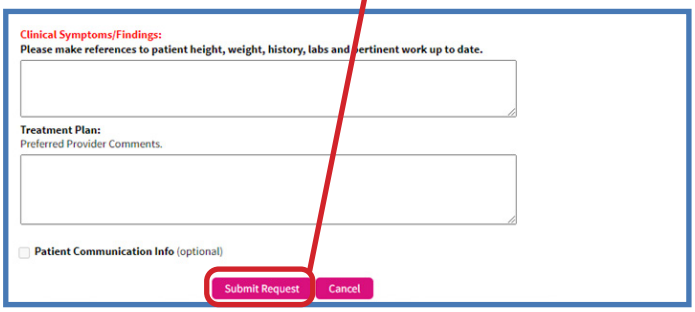
When searching for a patient in Aerial, it's possible that the patient may not be listed. In such cases, users are encouraged to submit a member inquiry form to initiate the process of adding the patient to Aerial. These member inquiries will be directed to the Eligibility department, where the patient's status will be verified and updated accordingly.

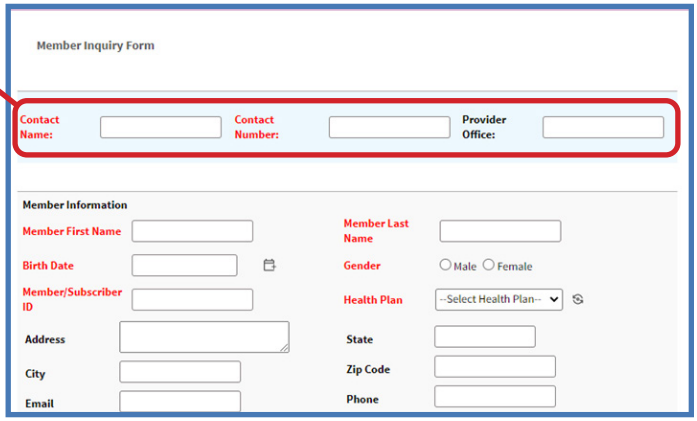
This feature should only be used when a member is not in the system and needs to see a specialist. Membership is loaded between the 10th and 15th of the month.

**Do not submit an inquiry for a patient already in Aerial. Refer to the Referrals tab to continue with your authorization request.*

1. Go to **eligibility** on the menu bar
2. Select **create new member inquiry**
3. Fill out the form. Required fields are marked with red font
4. Fill in the requesting provider's information in the top portion of the form.
5. Click on **Submit Request**



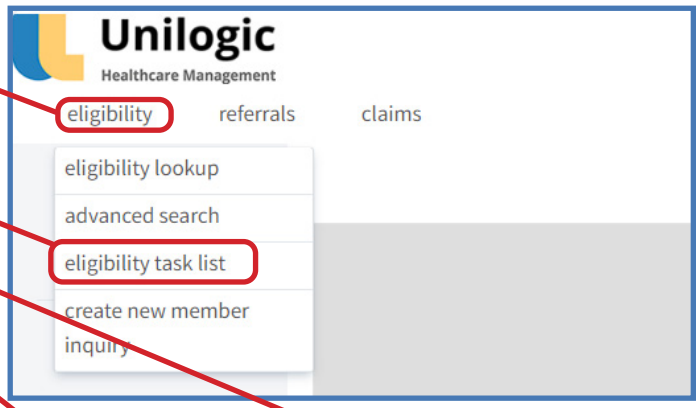


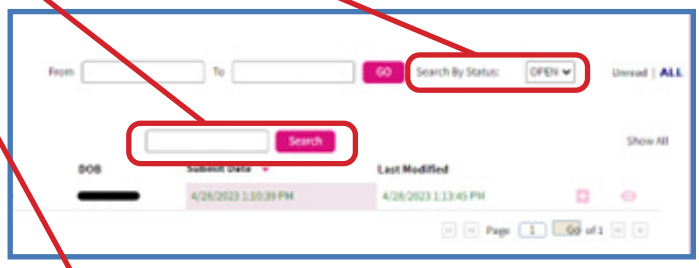


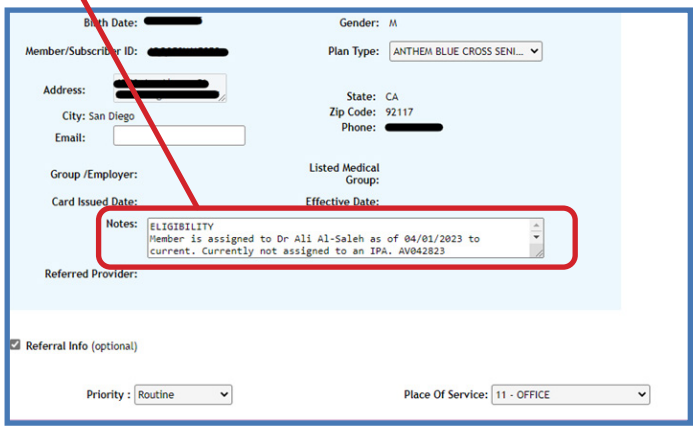
Member Inquiry — Updates

After submitting an inquiry for a member, check back in periodically to see if the member's information has been updated.

1. Go to **eligibility** on the menu bar
2. Select **eligibility task list**
3. Set **Search By Status** to **All**
4. Search by Name, Date and ID #
5. Eligibility update will be under **Notes**



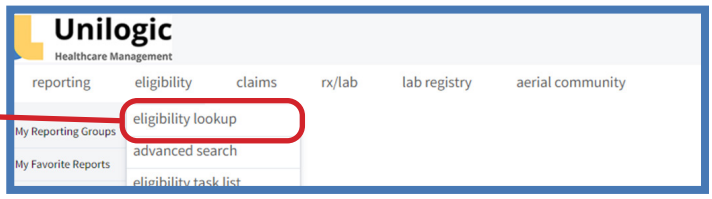


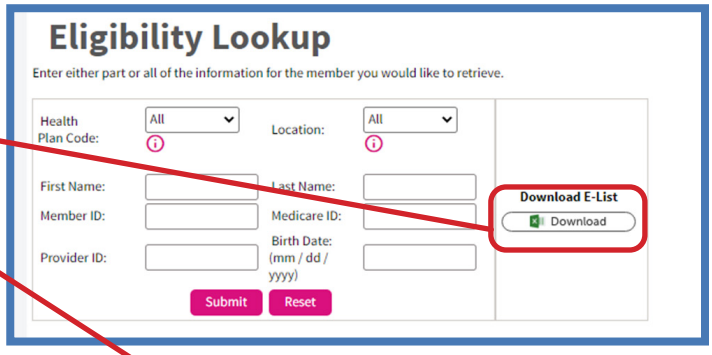


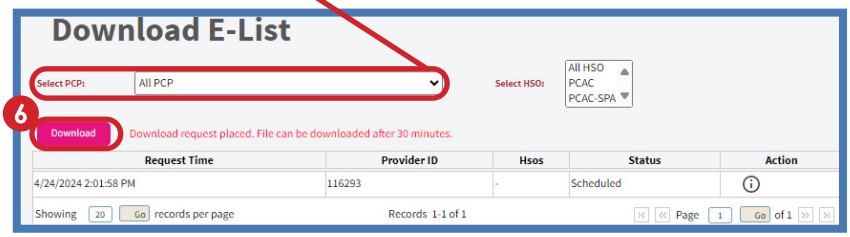
Membership Request

To access your membership list follow these instructions.

1. Go to the **eligibility** tab
2. Select **eligibility lookup**
3. Search by using their name, date of birth and/or Member ID
4. Click on **Download E-List**
5. Select a PCP from the drop down
6. Click on **Download**
   - Membership report will be sent **via email** to the email associated with your user ID.
   - Usually sent within 30 mins
7. Once received, open the email and click on **Download E-List**







The E-list you requested on Aerial Care Coordination is now available for download.
Please click on the below link to access the list.

Download E-list

This email was automatically generated by the Aerial system. Please DO NOT reply to this email.

If your messaging client supports TLS for secure connections, then this message was sent securely via TLS from
any attached files may contain material that is proprietary, privileged, confidential, or otherwise legally exemp
for the use of the individual or entity to which it is addressed. If you are not the intended recipient or the pers
intended recipient, you are prohibited from retaining, using, disseminating, forwarding, printing or copying thi
communication in error, please immediately notify the sender via return e-mail or telephone. This email has be
contains a virus, please contact disclaimer@medecision.com.

Referrals

About Referrals

Medical Records are Required

When submitting a referral, it is important that all necessary medical documentation is included with the referral request to ensure the request processed efficiently and accurately.

Providing as much information as possible helps prevent delays and ensures your patient receives prompt and appropriate care.

If the patient's medical records are not received, the Medical Director may have to review your request without them, which can lead to a denial of your request. It is important to ensure all the necessary records are received to avoid denials.

Additionally, even if you do eventually provide the records, a new request may not be accepted, and your physician will need to file an appeal with the health plan for reconsideration. Please be aware of these potential roadblocks and take any necessary steps to ensure your request is processed as smoothly as possible.

Urgent vs Standard/Routine Referrals

When submitting time sensitive (urgent) referral requests, you are attesting that your request meets the definition criteria of time sensitive. If the request is submitted as urgent and it is determined not to be urgent, then the request will be modified to routine and a letter will be sent to the member informing them of the downgrade. We will make every effort to process the request as soon as possible.

Type of Request	Decision
Standard/Routine	Within 14 Calendar Days after receipt
Urgent	Within 72 Hours after receipt (includes weekends & holidays)

What is Time Sensitive?

The Centers for Medicare and Medicaid Services (CMS) definition of **time sensitive** as a situation where the time frame of the standard decision-making process could seriously jeopardize the life or health of the enrollee, or could jeopardize the enrollee's ability to regain maximum function.

Urgent vs Standard/Routine Referrals — Pharm B Referrals

When requesting injectables and/or infused medication, please select the applicable priority in order to process the request in a timely manner.

Type of Request	Decision
Standard/Routine Pharm B	Within 72 Hours after receipt (includes weekends & holidays)
Urgent Pharm B	Within 24 Hours after receipt (includes weekends & holidays)

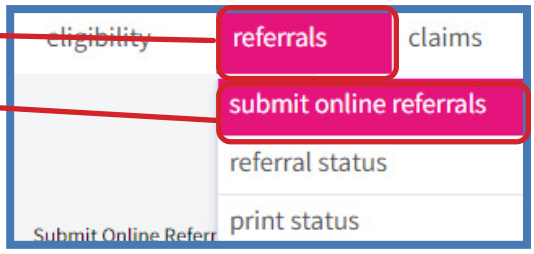
Faxing Referral Requests

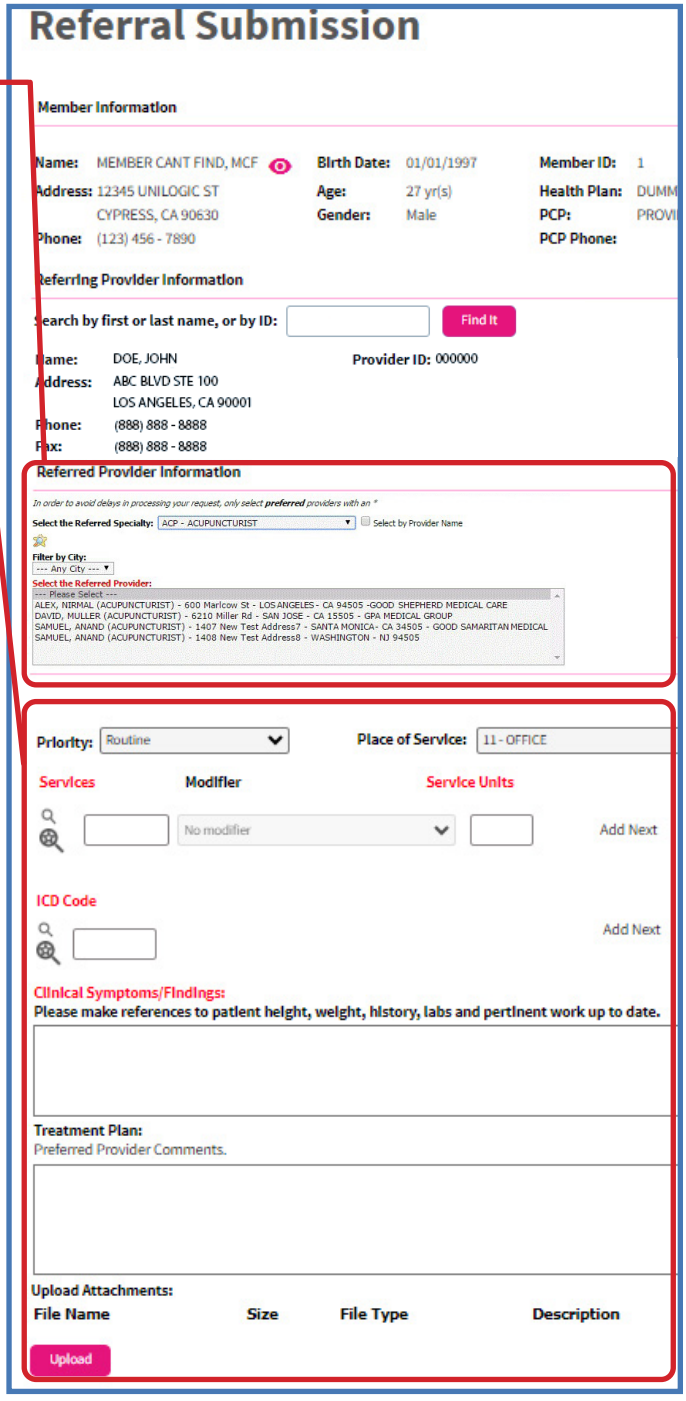
In the event in which you are not able to submit an online referral, please fill out and fax the referral form on page 22 to **(657) 413-4110**.

Referral Submission

Follow these simple steps to submit a referral

1. Go to the referral tab
2. Select submit online referrals
3. Search for your patient
4. On the right hand side, click Refer »
5. Click the drop down in **Select the Referred Specialty** and select the Specialty that applies to the referral.
   - You may filter by city by clicking the drop-down.
6. Fill out the Referral details.
   - Any fields highlighted in red are required.
   - Select the **priority***
   - Fill out the Clinical Symptoms/ Findings and Treatment Plan
   - Upload any attachments to the referral.
7. Click Submit Referral





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Referral Submission — Physician Not Found

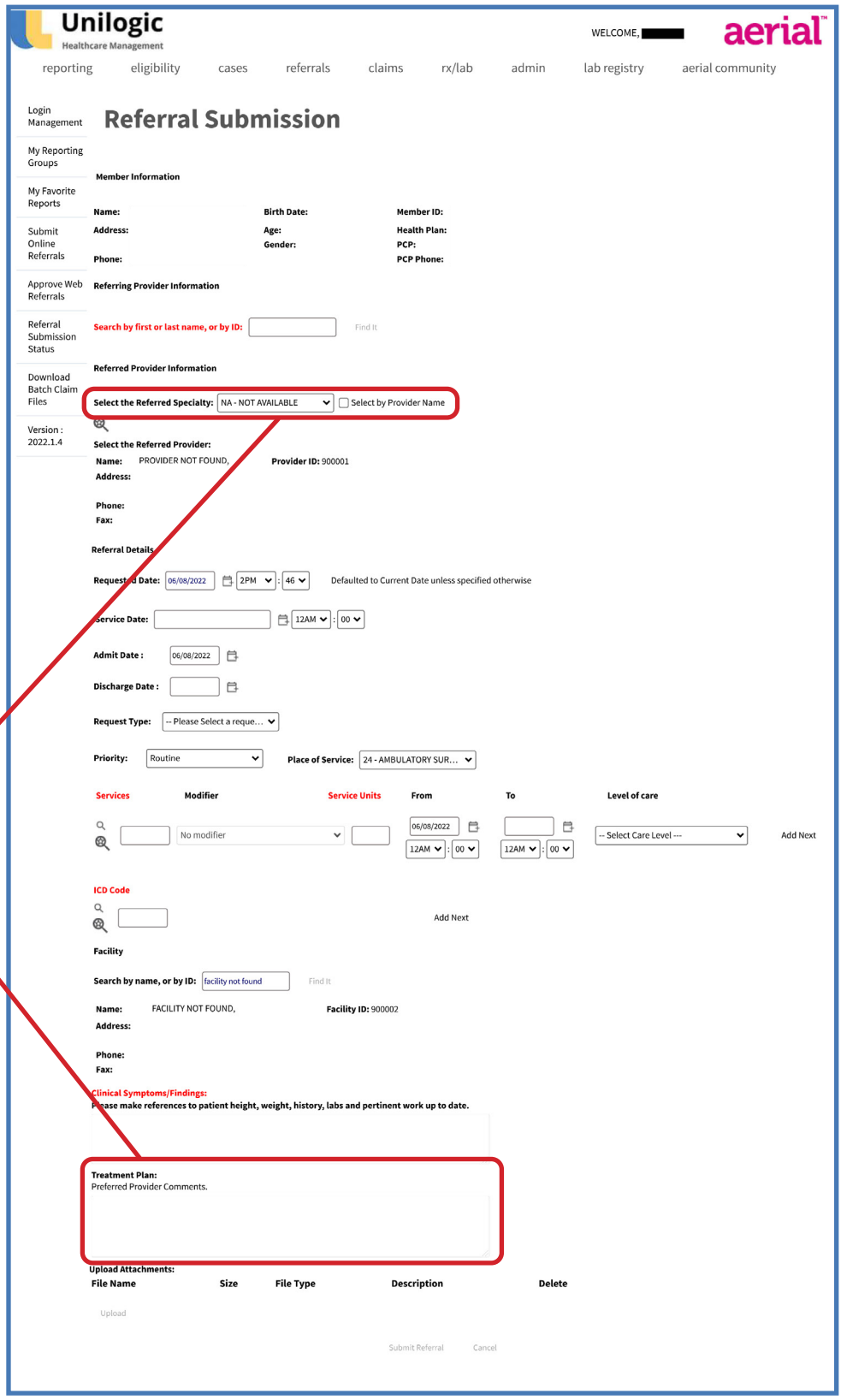
During the referral submission process, if you are unable to locate your Physician or a Physician, Specialty or Service in the Referred Provider section, for example:

- Durable Medical Equipment
- Home Health Agencies
- Pharmacy

Follow these simple steps to enter a referral:

Unable to locate a Physician or service?

1. Click the drop down in **Select the Referral Specialty** and select **NA-Not Available**
2. Enter the **referring provider/service** in the **Treatment Plan** Comments Section at the bottom of the page



Referral Submission — Facility Not Found

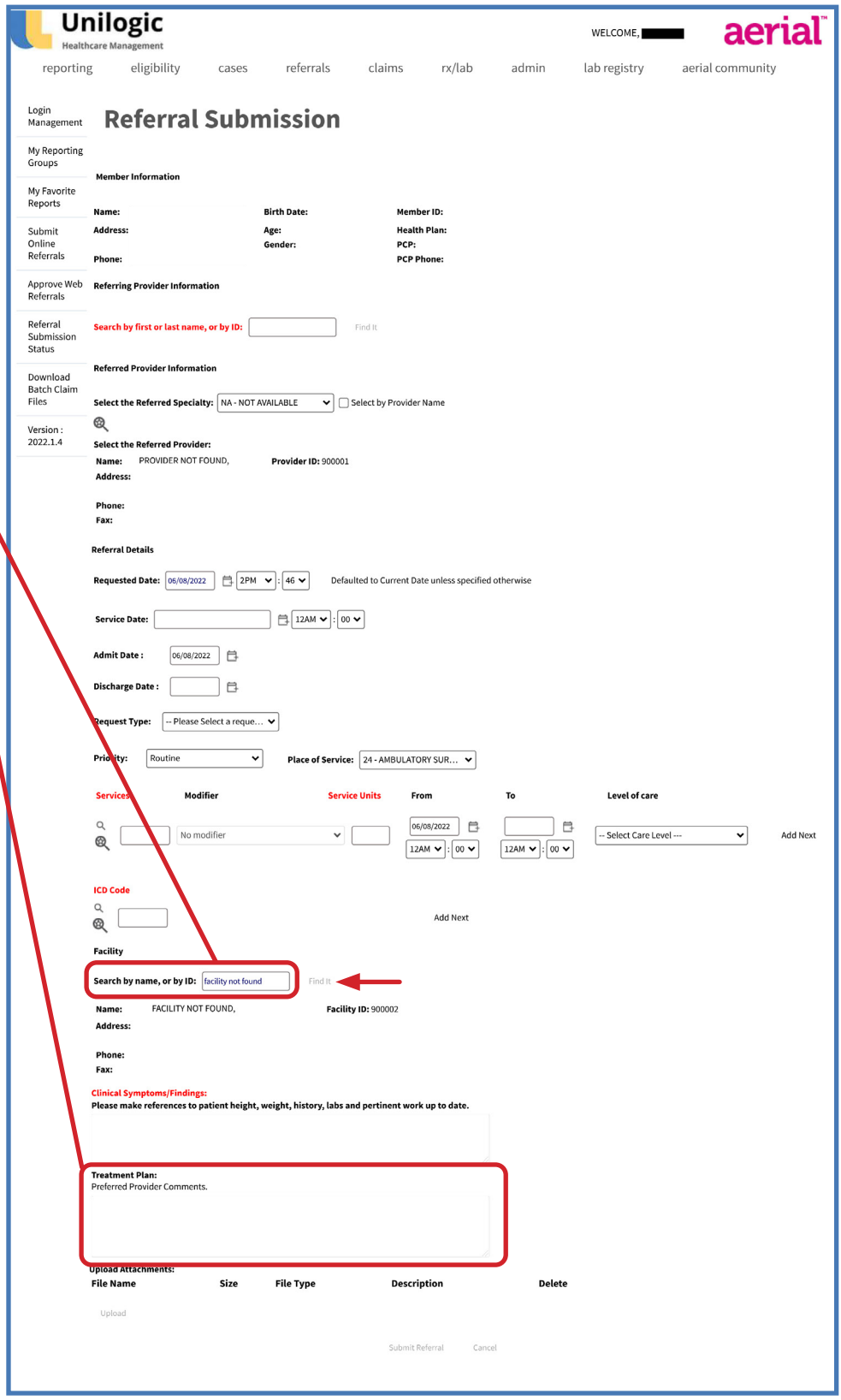
During the referral submission process, if you are unable to locate a Facility in the Facility section, for example:

- Hospitals
- Ambulatory Surgery Centers

Follow these simple steps to enter a referral:

Unable to locate a Facility?

1. Enter **"facility not found"**
2. Click **"Find it"**
3. Enter the **facility** in the **Treatment Plan** Comments Section at the bottom of the page



Referral Submission — Pharmacy (Routine/Urgent)

For pharmacy referrals, the timeline for **routine authorizations is 72 hours** while **urgent authorizations is 24 hours**.

- Please select the applicable priority in order to process the request in a timely manner.

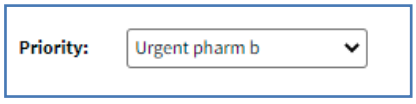
Follow these simple steps to enter a referral:

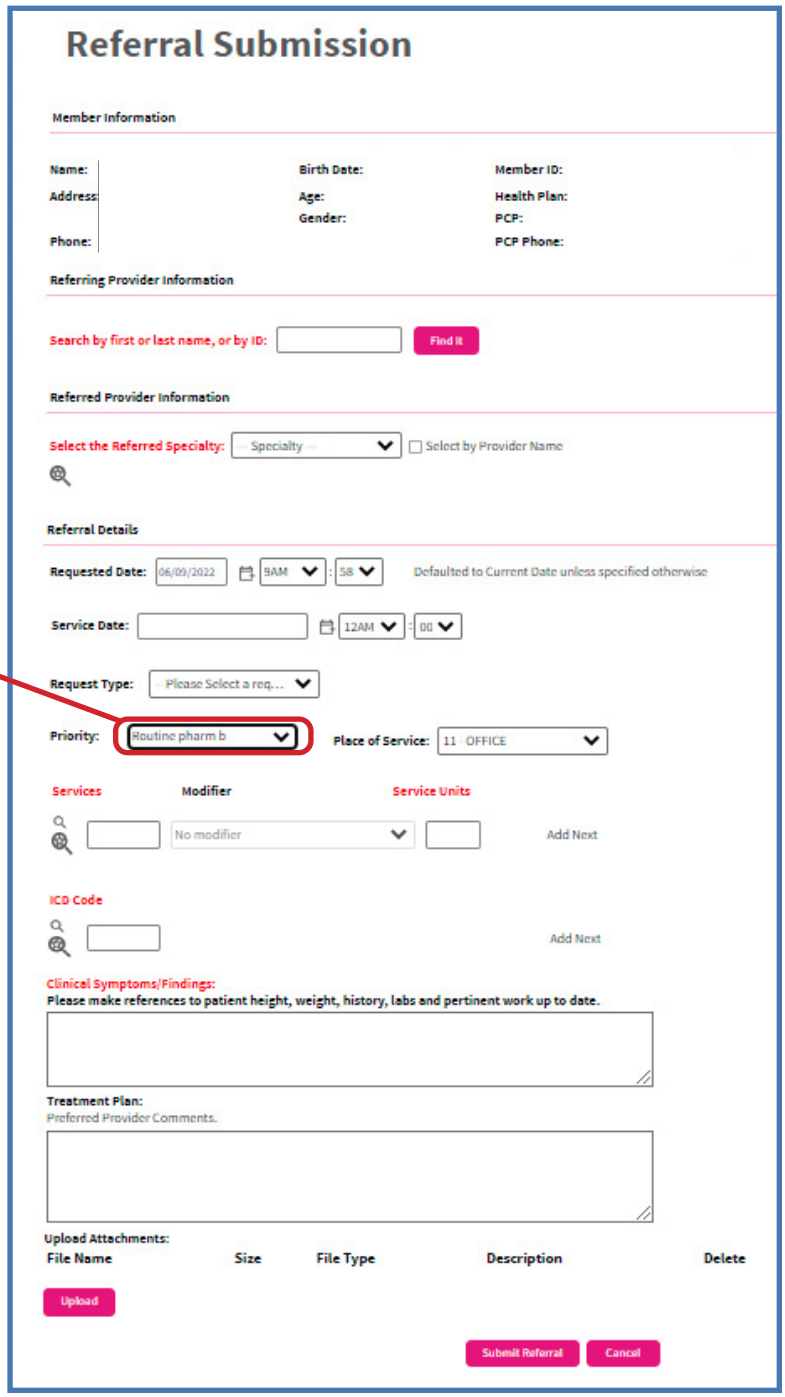
Routine Pharmacy Authorization

1. Click the drop down in **Priority*** section
2. Select **Routine pharm b**

Urgent Pharmacy Authorization

1. Click the drop down in **Priority*** section
2. Select **Urgent pharm b**

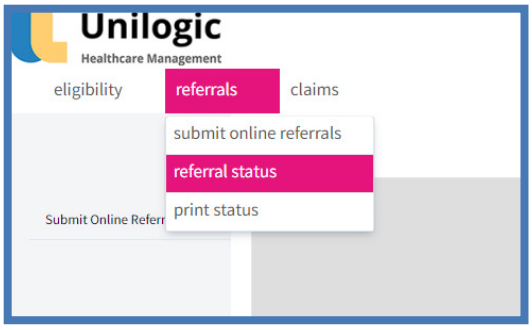




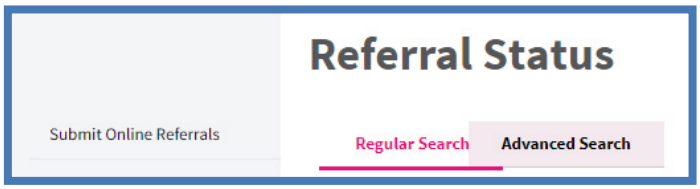
Referral Status

To check on the status of a referral, follow these instructions

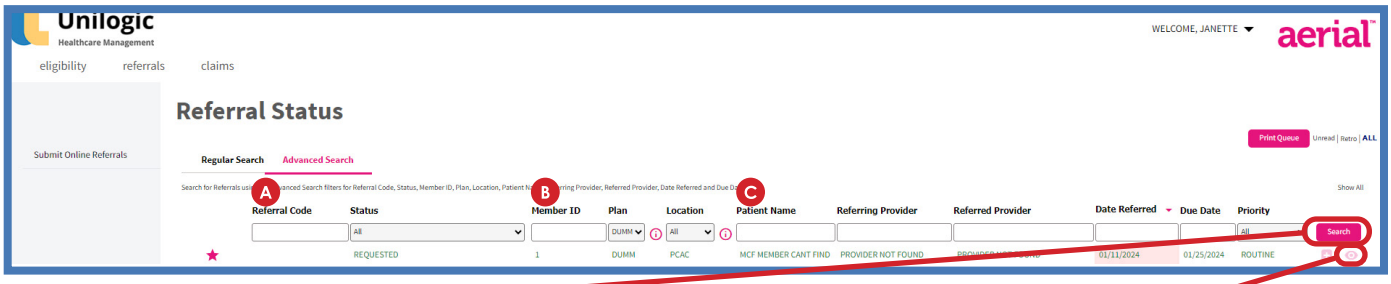
1. Go to the **referrals** tab
2. Select **referral status**



3. Click on **Advanced Search**



4. You can search for a referral using any of the following criteria
   - A. Referral Number
   - B. Member ID
   - C. Patient Name

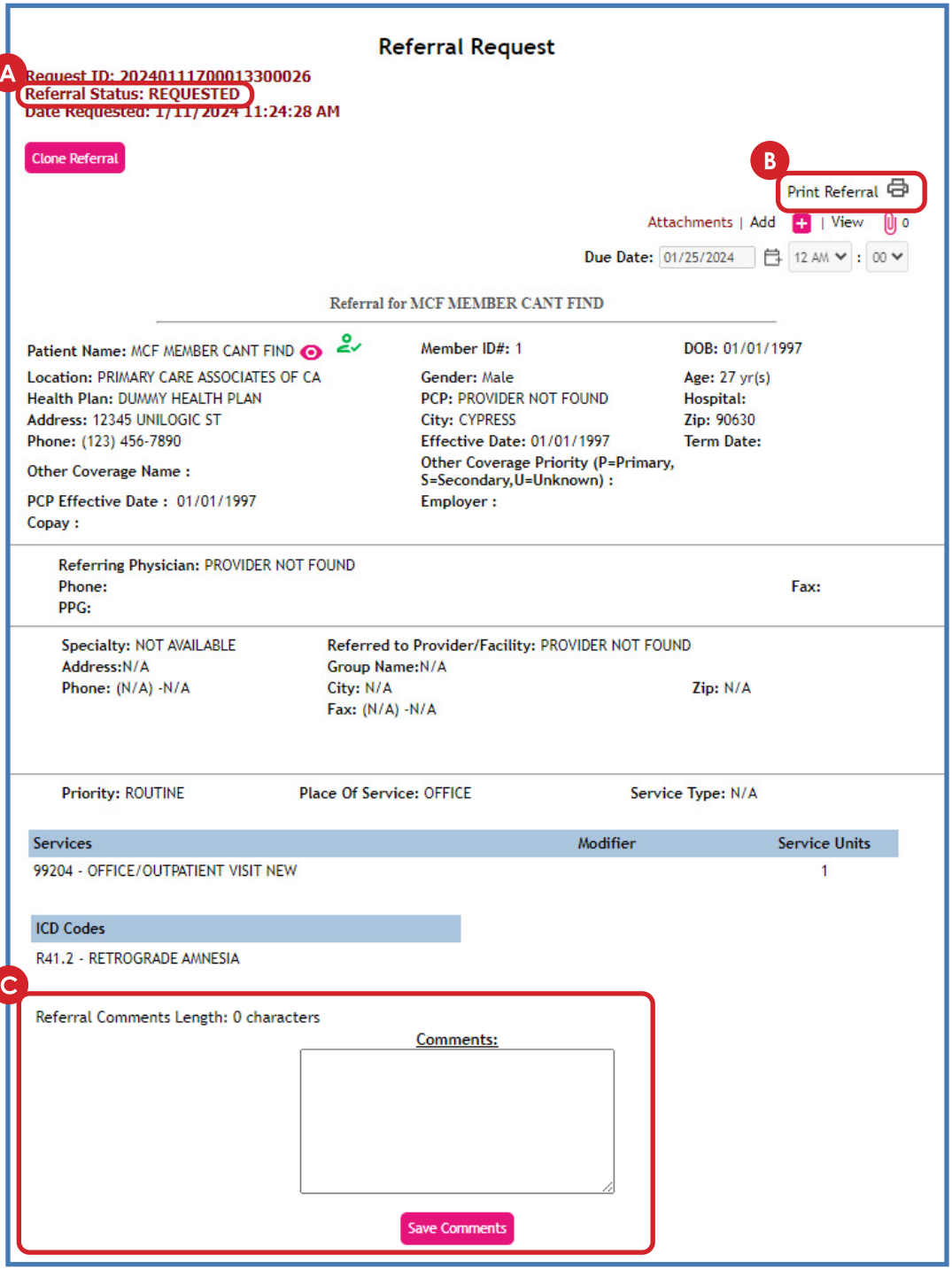


5. Click Search
6. Once you find the referral, click on to view referral details

Referral Details

On the referral details page you can:

A View Status
B Print the referral
C Submit Modifications



Primary Care
ASSOCIATES OF CALIFORNIA
PCAC

Phone: (657) 465-3500
Fax: (657) 413-4110

Today's Date: _____

Referral Request Form

☐ Urgent ☐ Routine ☐ Retroactive Approved Auth: _____

Patient Information			
First & Last Name		Date of Birth	Sex (Check One) ☐ Male ☐ Female
Health Plan		Health Plan ID #	
Home Phone #			
Patient Address	City	State	Zip Code

Physician Information		
Primary Care Physician Name		PCP Phone #
Requesting Physician Name		Requesting Physician Phone #
Requesting Physician or Facility Name	Phone #	Fax #

Referral	
Reason for Referral (Check one)	☐ Consult ☐ Follow Up ☐ Procedure ☐ Supply/DME ☐ Testing
Place of Service (Check one)	☐ Doctor's Office ☐ Home Health ☐ Inpatient Hospital ☐ Outpatient Hospital ☐ Surgery Center ☐ Other: _____

Primary Diagnosis/ICD-10 Codes	Requested CPT/RBRVS/HCPC Codes

Please Attach Chart Notes

Including test results, x-ray, lab results, consultation reports & all relevant clinical information will speed up the review process.

NOTE: Referral must be to a contracted specialist. Initial consult is a 99203

Date of Last Visit to PCP: _____ Date of Last Visit to Specialist: _____

PCP Signature: _____ Specialist Signature: _____

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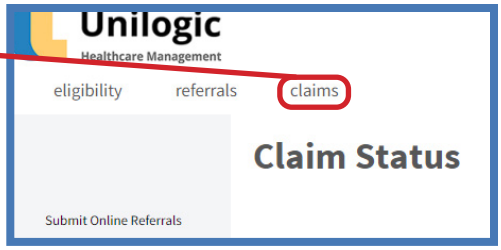
Unilogic
Healthcare Management

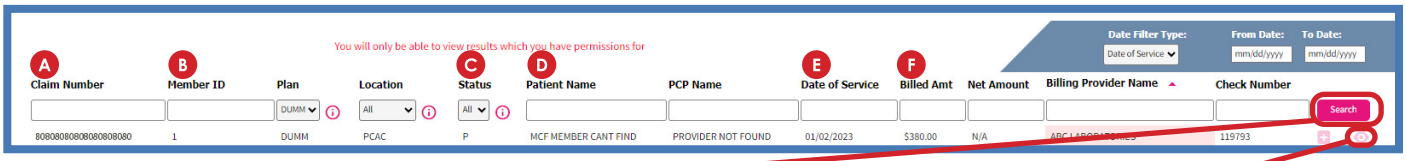
Claims

Claim Search

To check on the status of a claim, follow these instructions

1. Go to the claims tab
2. You can search for a claim using any of the following criteria:
   - A. Claim Number
   - B. Member ID
   - C. Status
   - D. Patient Name
   - E. Date of Service
   - F. Billed Amount



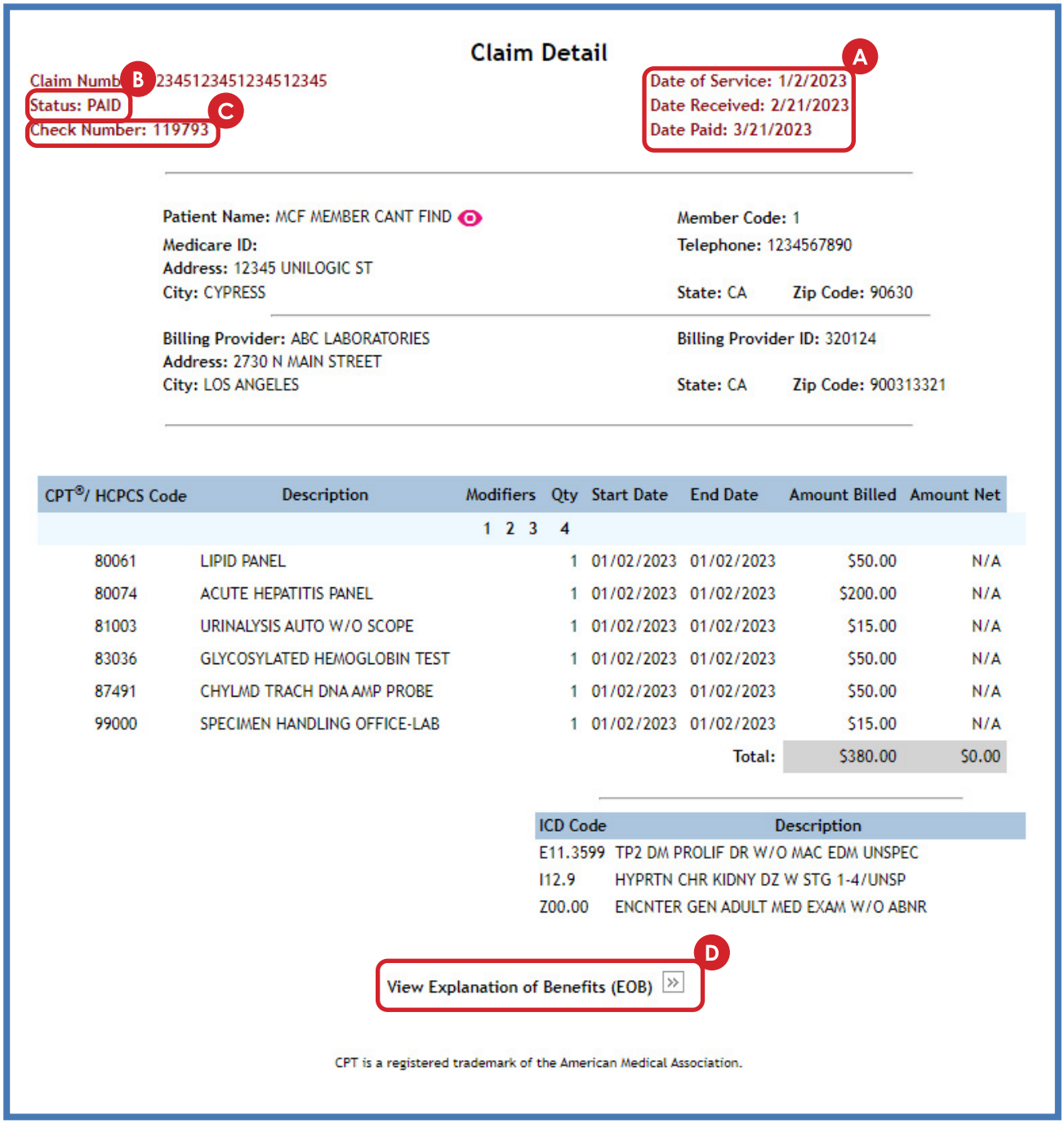


3. Click Search
4. Once you find the claim, click on to view claim details

Claim Details

On a claim's details page you can:

- A View Date Received and Paid
- B View Status
- C Check Number
- D Print EOB



Claim Detail

Claim Numb B 2345123451234512345
Status: PAID
Check Number: 119793 C

A
Date of Service: 1/2/2023
Date Received: 2/21/2023
Date Paid: 3/21/2023

Patient Name: MCF MEMBER CANT FIND
Medicare ID:
Address: 12345 UNILOGIC ST
City: CYPRESS
Member Code: 1
Telephone: 1234567890
State: CA Zip Code: 90630

Billing Provider: ABC LABORATORIES
Address: 2730 N MAIN STREET
City: LOS ANGELES
Billing Provider ID: 320124
State: CA Zip Code: 900313321

CPT®/ HCPCS Code	Description	Modifiers 1 2 3 4	Qty	Start Date	End Date	Amount Billed	Amount Net
80061	LIPID PANEL		1	01/02/2023	01/02/2023	$50.00	N/A
80074	ACUTE HEPATITIS PANEL		1	01/02/2023	01/02/2023	$200.00	N/A
81003	URINALYSIS AUTO W/O SCOPE		1	01/02/2023	01/02/2023	$15.00	N/A
83036	GLYCOSYLATED HEMOGLOBIN TEST		1	01/02/2023	01/02/2023	$50.00	N/A
87491	CHYLMD TRACH DNA AMP PROBE		1	01/02/2023	01/02/2023	$50.00	N/A
99000	SPECIMEN HANDLING OFFICE-LAB		1	01/02/2023	01/02/2023	$15.00	N/A
					Total:	$380.00	$0.00

ICD Code	Description
E11.3599	TP2 DM PROLIF DR W/O MAC EDM UNSPEC
I12.9	HYPRTN CHR KIDNY DZ W STG 1-4/UNSP
Z00.00	ENCNTER GEN ADULT MED EXAM W/O ABNR

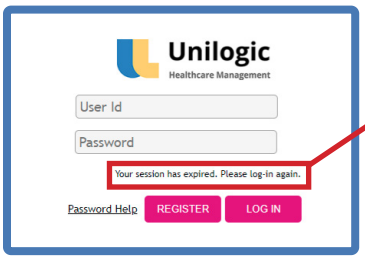
D
View Explanation of Benefits (EOB)

CPT is a registered trademark of the American Medical Association.

Troubleshooting

27 Clearing the Browser Cache

Clearing the Browser Cache

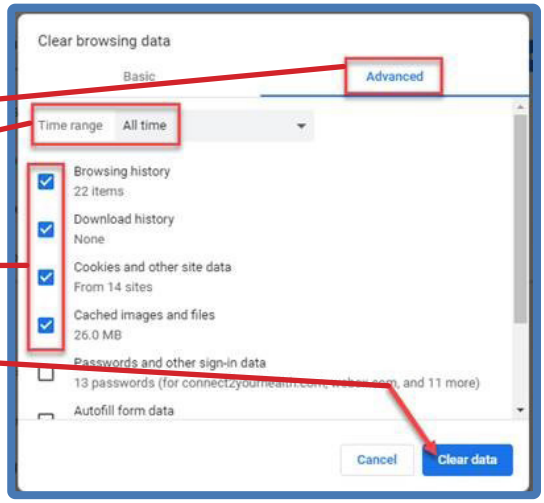


Getting this message? You need to clear your web browser's cache to get rid of this error and be able to log back in.

Follow your browser's steps below to clear your cache.

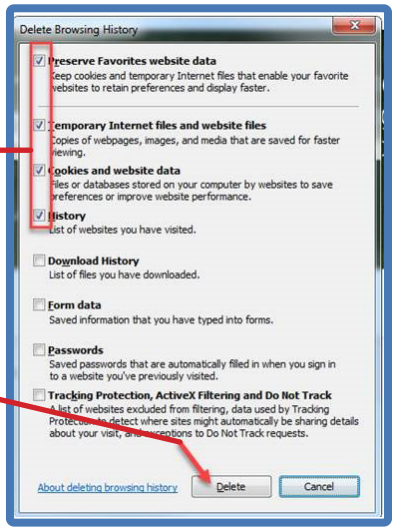
Google Chrome

1. While Google Chrome is open, press **Ctrl+Shift+Delete**
2. Select the **"Advanced"** tab
3. For **"Time range"** select **"All time"**
4. Select the **first four boxes**
5. Click **Clear Data**
6. Restart Google Chrome



Internet Explorer

1. While Internet Explorer is open, press **Ctrl+Shift+Delete**
2. Select the **first four boxes**
3. Click **Delete**
4. Restart Internet Explorer



Microsoft Edge

1. While Microsoft Edge is open, press **Ctrl+Shift+Delete**
2. For **"Time range"** select **"All time"**
3. Select the **first four boxes**
4. Click **Clear now**
5. Restart Microsoft Edge