Corporate Overview
9 Comprehensive Solutions

- Radiology
- Cardiology
- Musculoskeletal
- Sleep Management
- Medical Oncology
- Specialty Drug
- Radiation Therapy
- Lab Management
- Post-Acute Care
100M Members Managed Nationwide

9 Comprehensive Solutions

- The industry’s most comprehensive clinical evidence-based guidelines
- 4k+ employees including 1k clinicians
- Engaging with 570k+ providers

Headquartered in Bluffton, SC
Offices across the US including:
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
Lab Management Solution - Our Experience

14+ Regional and National Clients

100k+ Cases built per day

9 Years Managing Lab Management Services

19M members managed nationwide

Members Managed
- 13M Commercial Memberships
- 500K Medicare Memberships
- 5.5M Medicaid Memberships
Our Clinical Approach
Organic Evidence-Based Guidelines

The foundation of our solutions:

- Dedicated Molecular Genomic Guidelines
- Contributions from a panel of community physicians
- Experts associated with academic institutions
- Current clinical literature

Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology

- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health
Service Model
The Client Services delivery team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

Provider Relations Representatives

Provider relations representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client service managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional provider engagement managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Prior Authorization Program for AllWays Health Partners
eviCore will begin accepting requests on July 18, 2016 for dates of service August 1, 2016 and beyond

Program Overview

Prior authorization applies to services that are:
- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does not apply to services that are performed in:
- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.
Authorization is required for AllWays Health Partners members enrolled in the following programs:

- Commercial
- PPO
- Medicaid
- CCHIP
Prior Authorization Required:

- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit:

https://www.evicore.com/healthplan/allwayshealthpartners
Prior Authorization Requests

How to request prior authorization:

Or by phone:
888.693.3211
7:00 a.m. to 7:00 p.m. (EST)
Monday - Friday

WEB

www.evicore.com

Available 24/7 and the quickest way to create prior authorizations and check existing case status
Clinical Review Process – Easy for Providers and Staff

Methods of Intake

Real-Time Decision Possible With Web

Genetic Counselor Review

MD Review

Medical Geneticists, Oncologists, and Pathologists

Clinical Consultations

Easy for providers and staff!
If clinical information is needed, please be able to supply:

- Specimen collection date (if applicable)
- Type or Test Name (if known)
- Test Indication (Personal History of condition being tested, age at initial diagnosis, relevant signs and symptoms, if applicable)
- Relevant past test results
- Patient’s ethnicity
- Relevant family history (Maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- If there is a known familial mutation, what is the specific mutation?
- How will the test results be used in the patient’s care?
Prior Authorization Outcomes

Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 calendar days from the date of specimen collection.

Delivery:

- Faxed to referring provider and rendering laboratory
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal
Prior Authorization Outcomes

 Denied Requests:

• Communication of denial determination
• Communication of the rationale for the denial
• How to request a Peer Review

 Delivery:

• Faxed to the referring provider and rendering laboratory
• Mailed to the member

 Peer-to-Peer Review:

• Referring providers have the option to request a peer-to-peer conversation with an eviCore healthcare physician or genetic counselor, resulting in an overturn or an upheld denial.
• Must be requested up to and including 30 calendar days after the initial denial date.

 Appeals:

• eviCore will not process first level appeals
Special Circumstances

Retrospective Studies:

- Retro Requests are **not** applicable to the Lab Program. All prior authorization requests must be completed prior to claim submission.

Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed with **1 business day** of the request.
Web Portal Services
eviCore healthcare website

- Point web browser to evicore.com
- Click on the “Providers” link
- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.
Creating An Account

Providers Delivering Medical Solutions That Benefit Everyone.

To create a new account, click Register.
Creating An Account

Select a Default Portal, and complete the registration form.
Review information provided, and click “Submit Registration.”
Accept the **Terms and Conditions**, and click “Submit.”
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
Create a Password

Your password must be at least (8) characters long and contain the following:

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)
To log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click “Login.”
Case Initiation
• Providers will need to be added to your account prior to case submission. Click the "Manage Account” tab to add provider information.

• **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.
Add Practitioners

Click the “Add Provider” button.
Add Practitioners

Enter the **Provider’s NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.
Adding Practitioners

Select the matching record based upon your search criteria
Once you have selected a practitioner, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes.

You can also click “Add Another Practitioner” to add another provider to your account.
Select Program

Select the **Program** for your certification.
Select the Practitioner/Group for whom you want to build a case.
The *Ordering Provider NPI* must be entered to build a case online.
Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member’s identification card. Select the Physician’s address.
Enter the Provider’s name and appropriate information for the point of contact individual.
Member Information

Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click “Eligibility Lookup.”
Clinical Details

Clinical Certification

Lab Management Program Procedures

Select a Procedure by CPT Code[?] or Description[?]
LABTST MOLECULAR GENETIC TEST

Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

Trouble selecting diagnosis code? Please follow these steps

Click here for help or technical support
Clinical Certification

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Diagnosis Code: C50.119
Diagnosis: Malignant neoplasm of central portion of unspecified female breast

Click here for help or technical support.
Select the appropriate site for the request.
• The site added to your account will be in the drop down menu selection.

• Click “GO” when ready.
Select an Urgency Indicator and Upload your patient’s relevant medical records that support your request.

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.
Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.
Clinical Certification

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly what is considered. The next several questions guide test and CPT code selection. Each step includes an option to bypass the question if you do not know the answer. If you need assistance, you may call 871-6317.

- How will the test be billed?
  - Single CPT/MCPCS code for the entire test
  - More than one CPT/MCPCS code(s) for panel, profile, or group of tests performed together and billed with multiple procedure codes
  - I do not know the CPT/MCPCS code(s) associated with this test (This option allows you to describe the test and provide general clinical information for manual review)

- Has the specimen been collected?
  - Yes  □  No  □  Unknown  □

- Collection date (if the specimen has already been collected):

SUBMIT
Test Identification

Single CPT Code

Select the Single CPT Code or Select by Test Type

Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)
Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)
Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc. genes)
Hereditary cardiac disorders (Cardiomyopathies, Arrhythmias such as long QT syndrome, Aortic aneurysm, Marfan syndrome, Familial hypercholesterolemia, etc.)
Cardiovascular disease and thrombosis risk variant testing (APOE, ACE, LPA-Aspini, LPA-intron 25, KIF6, CYP2C19, CYP2C9, VKORC1, MTHFR, Factor V Leiden, Prothrombin, etc.)
Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SLCO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. genotyping)
Neurologic disorders (Ataxia, Dystonia, Epilepsy, Nylonota, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)
Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)

There is room for free text to add codes should there be a need to do so.

If selecting the test type, the list of CPT codes presented will then be narrowed to applicable codes.
### Clinical Questions

**Answer the following questions in clinical detail:**

1. **Provide the indication for this test**
   - (if none, write not applicable)
2. **Describe the patient's signs and symptoms**
   - (if none, write not applicable)
3. **Describe any relevant testing or procedure results for this patient**
   - (if none, write not applicable)
4. **Describe the patient's relevant family history**, if applicable to the requested test; including clinical findings, diagnoses, and/or test results. If not relevant to the requested test, write not applicable.
5. **Describe how the results of this requested test will be utilized in the patient's care**.
6. **Add any additional comments which may be relevant, and may not fit into the above information.**
If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page. Providing clinical information via the web is the quickest, most efficient method.

Uploading a completed Test Requisition Form (TRF) is a time saver for most online lab site users.
If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page. Providing clinical information via the web is the quickest, most efficient method.
Case status and a reference number will be presented upon case submission. The option to print this information is available.
Once a case has been submitted for clinical certification, you can return to the **Main Menu**, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request. May not be able to use the resume in-progress feature if using SSO.
• Select Search by Authorization Number/NPI. Enter the provider’s NPI and authorization or case number. Select Search.

• You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient’s ID number, and patient’s date of birth.
Authorization Status

Authorization Lookup

New Security Features Implemented

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<tr>
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</table>
Eligibility Look Up

Eligibility Lookup

New Security Features Implemented

Health Plan: [Input Field]
Patient ID: [Input Field]
Member Code: [Input Field]
Cardiology Eligibility: Medical necessity determination required.
Radiology Eligibility: Precertification is Required
Radiation Therapy Eligibility: Medical necessity determination required.
Sleep Management Eligibility: Medical necessity determination required.

Print | Done | Search Again

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may not be contained in the code-accessed portions is STRICTLY PROHIBITED.
Provider Resources
Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM (EST): (888) 693-3211

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Provider Resources: Web-Based Services

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Web Portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents
Provider Resources: Client Provider Operations

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
Provider Resources: Implementation Document

AllWays Health Partners Resource Site – includes all implementation documents:

http://www.evicore.com/healthplan/allwayshealthpartners

- CPT code list of the procedures that require prior authorization
- Quick reference guide
- eviCore clinical guidelines
- Announcement letters

Provider Enrollment Questions Contact AllWays Health Partners at 800-462-5449
Thank You!