Prior Authorization of Radiology and Cardiology Services

Provider Orientation Session
Corporate Overview
100M members managed nationwide

The industry's most comprehensive clinical evidence-based guidelines

4k employees, including 1k clinicians

Engaging with 570k providers

Advanced, innovative, and intelligent technology

Headquartered in Bluffton, SC.
Offices across the U.S., including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

100M members managed nationwide
Comprehensive Solutions

End-to-End Solution on a single integrated platform

Radiology
Cardiology
Musculoskeletal
Sleep Management
Medical Oncology
Specialty Drug
Radiation Therapy
Lab Management
Post-Acute Care
Radiology Solution – Our Experience

30 Regional and national clients

51k+ Cases built per day

24 Years Managing radiology services

69M members managed nationwide

Members Managed

- 51M commercial memberships
- 6.8M medicare memberships
- 7.2M medicaid memberships
Cardiology Solution – Our Experience

20 Regional
and national clients

10k+
cases built per day

12 Years
managing cardiology services

50M members
managed nationwide

Members Managed

• 37.7M commercial memberships
• 2.3M medicare memberships
• 5.98M medicaid memberships
Our Clinical Approach
Clinical Platform

Multi-Specialty Expertise

- 260 board-certified medical directors
- Diverse representation of medical specialties
- 800 nurses with diverse specialties and experiences
- Dedicated nursing and provider teams by specializing in Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical

<table>
<thead>
<tr>
<th>Family Medicine</th>
<th>Oncology/Hematology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>Surgery</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>General</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Thoracic</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Cardiac</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Neurological</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Spine</td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>Radiology</td>
</tr>
<tr>
<td></td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td></td>
<td>Neuroradiology</td>
</tr>
</tbody>
</table>
Evidence-Based Guidelines

The foundation of our solutions

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine
Service Model
The Client Provider Operations team is responsible for high-level service delivery to our health plan clients, as well as ordering and rendering providers nationwide.

Client Provider Representatives
Client Provider 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.
Why Our Service Delivery Model Works

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 affecting multiple providers.

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

Routine issues are handled by a team of representatives cross-trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Prior Authorization of Radiology and Cardiology Services
Effective May 1, 2019, requests for radiology and cardiology services should be directed to eviCore.

Ordering providers are responsible for requesting authorizations.

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

Prior authorization does not apply to the following services:
- Inpatient radiology
- Procedures performed in the emergency room (ER)
- 23-hour observation
- X-rays
- Obstetrical ultrasounds (OB US)
Applicable Membership

Authorization is required for Meridian members enrolled in the following health plans:

- MeridianHealth (Medicaid)
- MeridianChoice (Commercial)
- MeridianCare (Medicare)
- MeridianComplete (Medicare-Medicaid Plan)
Prior authorization (PA) is required for Meridian members in Michigan and Illinois. The following services are included in the program:

Radiology:
- CT scan
- MRI, MRA
- PET scan
- PET/CT scan
- Nuclear medicine

Cardiology:
- Nuclear stress testing
- Cardiac PET scan
- Stress echocardiography
- Cardiac imaging
- Echocardiography transthoracic
- Diagnostic heart catheterizations
- Cardiac CT scan
- Cardiac MRI

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

www.evicore.com/healthplan/meridian_wellcare
Prior Authorization Requests

How to request prior authorization

By phone: 888-333-8641
Monday – Friday, 7 a.m. to 7 p.m.

By fax: 800-540-2406
Fax forms are available at www.evicore.com

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

START

Methods of Intake

Predictive Intelligence/ Clinical Decision Support

Real-time decision with web

Nurse Review

MD Review

Clinical Consultations

Appropriate Decision
Needed Information

**Member**
- Member ID
- Member name
- Date of birth (DOB)

**Requesting/Servicing Provider**
- Provider name
- National provider identifier (NPI)
- Tax identification number (TIN)
- Fax number

**Servicing Facility**
- Facility name
- National provider identifier (NPI)
- Tax identification number (TIN)
- Street address

**Supporting Clinical**
- CPT and ICD-10 code(s)
- Patient history, including signs and symptoms
  - Disease-specific clinical information, including:
    - Prior tests, lab work, and/or imaging studies
    - Notes from patient’s last visit
    - Type and duration of treatment performed to date for the diagnosis

**Note:** eviCore suggests utilizing the clinical worksheets when requesting authorization for services. Clinical worksheets can be found by visiting [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)
Prior Authorization Outcomes

**Approved Requests**
- Requests are processed as expeditiously as possible and in accordance with regulatory timeframes
- Authorizations are typically valid for **45 calendar** days from the received date

**Delivery**
- Faxed to requesting provider and servicing provider
- Mailed to the member
- Information can be printed on demand from the eviCore web portal

**Denied Requests**
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a clinical consultation

**Delivery**
- Faxed to the requesting provider and servicing provider
- Mailed to the member
- Information can be printed on demand from the eviCore web portal
Special Circumstances

Outpatient Urgent Requests

- Contact eviCore by phone or use the web portal to request an expedited prior authorization review and provide clinical information.
Prior Authorization Outcomes

Peer-to Peer Review / Reconsiderations

• If your case requires further clinical discussion for approval, we welcome requests for peer-to-peer discussions from requesting providers. One of eviCore’s medical directors can assist in a review of the medical necessity for a requested procedure.
  • For all plans, peer-to-peer discussions can occur at any point prior to the decision.
  • For MeridianChoice and MeridianHealth, a peer-to-peer/reconsideration can be requested up to 10 days following the date of an initial denial.

• To request a peer-to-peer, call eviCore healthcare (eviCore) at 800-918-8924, Monday – Friday, 7 a.m. to 7 p.m. and follow the prompts.
• To request a peer-to-peer online, please visit www.evicore.com/provider/request-a-clinical-consultation.

Appeals

• eviCore will not be delegated for appeals.
• Please follow the process currently in place with Meridian.
Web Portal Services
The eviCore website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information about disabling pop-up blockers for these web browsers, refer to our [Disabling Pop-Up Blockers guide](#).
eviCore Website

- Open web browser and type in **www.evicore.com**

- Login or register
Creating an Account

To create a new account, click “Register Now”
Select a **Default Portal** and complete the registration form.
Creating an Account, Cont.

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., ! ? *)
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 if you are registered. Click the “MedSolutions Portal” button on the top right corner to seamlessly toggle between the two portals without having to log in to multiple accounts.

If you encounter any issues with the portal, please reach out to the eviCore Web Support team via email, phone, or live chat. Please refer to slide 65 for more information.
Add Providers

Click the “Add Provider” button
Add Providers

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.
Select the matching record based upon your search criteria
Once you have selected a provider, your registration will be completed. 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.
Certification Summary

CareCore National Portal now includes a “Certification Summary” tab to better track your recently submitted cases.

The work list can also be filtered, as seen above.
Initiating a Case

Choose “Request a clinical certification/procedure” to begin a new case request
Select the **program** for your certification.
Select the **practitioner/group** for whom you want to build a case.
Choose **Meridian** 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.

Once the plan is chosen, please select the provider’s address in the next drop down box.
Enter the **provider’s name** and appropriate information for the point of contact individual.
Enter the member’s information, including the patient ID number, date of birth, and patient’s last name. Click “Eligibility Lookup”
Clinical Details

Clinical Certification

This procedure has not been performed.

Radiology Procedures

Select a Procedure by CPT Code [?] or Description [?]

71260 ▼ CT THORAX W/ CONTRAST ▼

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

Trouble selecting diagnosis code? Please follow these steps

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

Cancel ▼ Back ▼ Print

Click here for help or technical support
Verify Service Selection

Click “Continue” to confirm your selection
Site Selection

Select the appropriate site for the request
Site Selection

Confirm the site selection
Verify all information entered is correct 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 this point.
Select an urgency indicator and upload your patient’s relevant medical records that support your request.

If your request is urgent, select “No”
If your request is standard select “Yes”

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your request will only be considered urgent if there is a successful upload
Supporting Documentation

For urgent requests, you will need to upload **additional information to support the medical necessity**. If the case requires additional clinical information, you will have the option to enter free text in a provided field or upload information electronically.
Questions will populate based upon the information provided
Clinical Certification

You can click the “Finish Later” button to save your progress.

You have two business days to complete the case.
Providing clinical information via the web is the quickest, most efficient method.
Acknowledge the Clinical Certification statements, and click “Submit Case”
Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
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.
Select Search by **Authorization Number or 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’s NPI, patient’s ID number, and patient’s DOB.
Authorization Status

The authorization will then be accessible to review. To print authorization correspondence, select “View Correspondence”
### New Security Features Implemented

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Number</td>
<td>NA</td>
</tr>
<tr>
<td>Case Number</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Additional Information Required</td>
</tr>
<tr>
<td>Approval Date</td>
<td></td>
</tr>
<tr>
<td>Service Code</td>
<td>74178</td>
</tr>
<tr>
<td>Service Description</td>
<td>CT ABD &amp; PELV W/O &amp; W CONTRAST</td>
</tr>
<tr>
<td>Site Name</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
<tr>
<td>Date Last Updated</td>
<td>9/15/2017 10:45:49 AM</td>
</tr>
<tr>
<td>Correspondence</td>
<td>VIEW CORRESPONDENCE</td>
</tr>
<tr>
<td>Clinical Upload</td>
<td>UPLOAD ADDITIONAL CLINICAL</td>
</tr>
</tbody>
</table>
Provider Resources
Online Resources

- You can access important tools and resources at www.evicore.com
- Select “Resources” to view FAQs, clinical guidelines, online forms, and more
Access health plan specific contact information at www.evicore.com by clicking the “Resources” tab, then select “Find Contact Information” under the “Learn How To” section.

Simply select a health plan and a solution to populate the contact phone and fax numbers, as well as the appropriate legacy portal to utilize for case requests.
Provider Resources: Prior Authorization Call Center

Call 888-333-8641 Monday – Friday, 7 a.m. to 7 p.m.

- Obtain prior authorization 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
Provider Resources: Web-Based Services

Email portal.support@evicore.com

Call a Web Support Specialist at 800-646-0418 x2
Monday – Friday, 7 a.m. to 7 p.m. EST

Connect with us via Live Chat

Web Portal Services – Available 24/7
To reach eviCore Client Services, call 800-646-0418 x4 or email clientservices@evicore.com.

- Eligibility issues (member, servicing facility, and/or requesting provider)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
WellCare Implementation site – includes all implementation documents:
www.evicore.com/healthplan/meridian_wellcare

- Provider Orientation presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.
Thank You!