Prior Authorization of Radiology & Cardiology for WellCare

Provider Orientation
Company Highlights

4K employees including 1K clinicians

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

SHARING A VISION
AT THE CORE OF CHANGE.

100M members managed nationwide

12M claims processed annually
Integrated Solutions

- LAB MANAGEMENT: 19M lives
- MEDICAL ONCOLOGY: 14M lives
- SPECIALTY DRUG: 100k lives
- RADIATION THERAPY: 22M lives
- MUSCULOSKELETAL: 35M lives
- RADIOLOGY: 65M lives
- CARDIOLOGY: 46M lives
- SLEEP: 13M lives
- POST-ACUTE CARE: 320k lives

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Our Clinical Approach
Clinical Platform

Multi-Specialty Expertise

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- 190+ board-certified medical directors
- Diverse representation of medical specialties
- 450 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical

Clinical Platform

Family Medicine
- Internal Medicine
- Pediatrics
- Sports Medicine
- OB/GYN
- Cardiology
- Nuclear Medicine
- Anesthesiology
- Radiation Oncology
- Sleep Medicine

Oncology/Hematology
- General
- Orthopedic
- Thoracic
- Cardiac
- Neurological
- Otolaryngology
- Spine

Surgery
- Radiology
  - Nuclear Medicine
  - Musculoskeletal
  - Neuroradiology

Multi-Specialty Expertise
Organic Evidence-Based Guidelines

The foundation of our solutions:

- 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

Aligned with National Societies

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- 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 Operations**

- **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 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 WellCare
eviCore will begin accepting requests on 1/1/17 for dates of service 1/1/17 and beyond.

Program Overview

Prior authorization applies to services that are:

• Outpatient

Prior authorization does not apply to services that are performed in:

• Emergency room
• Inpatient
• Observation Units

It is the responsibility of the ordering provider to request prior authorization approval for services.
Prior Authorization

Prior Authorization is required for WellCare Nebraska members enrolled in the following programs: Radiology and Cardiology

- CT, PET, PET CT, MRI, MRA, Nuclear Medicine, OB Ultrasound
- Diagnostic Heart Catheterization (DHC), Nuclear Stress Testing, Echo Stress Testing, Transthoracic Echocardiography, Cardiac Imaging, Cardiac CT, Cardiac MRI, Cardiac PET
Prior Authorization Requests

How to request prior authorization:

1. **Prior Authorization Requests**

Or by phone:
888.333.8641
7:00 a.m. to 7:00 p.m. local
Monday - Friday

Fax option:
888.693.3210
Fax forms available at: www.evicore.com

Available 24/7 and the quickest way to create prior authorizations and check existing case status

WEB

www.evicore.com
Clinical Review Process

START

Easy for providers and staff

Methods of Intake

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Nurse Review

MD Review

Peer-to-peer

Appropriate Decision
**Needed Information**

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

**Referring/Ordering Physician**  
Physician name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Fax number

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

**Requests**  
CPT code(s) for requested imaging  
The appropriate diagnosis code for the working of differential diagnosis

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**If clinical information is needed, please be able to supply:**

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient’s last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
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 90 calendar days from the date of determination.

Delivery:

- Faxed to ordering provider
- 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 ordering provider
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

 Peer-to-Peer Review:
- Ordering provider has the option to request a peer-to-peer conversation with an eviCore healthcare physician, resulting in an overturn or an upheld denial.

 Appeals:
- WellCare will be delegated for first level member and provider appeals.
eviCore healthcare website

• Point web browser to evicore.com

• Click on the “Providers” link

• Login or Register
Creating An Account

Providers Delivering Medical Solutions That Benefit Everyone.

To create a new account, click Register.
Select a Default Portal, and complete the registration form.
Creating An Account

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., ! ? *)
Click “Yes, Associate Practitioner(s) Now” and add the practitioner information requested: NPI, State, and Zip Code.
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.
Initiating A Case

Once registered, providers are granted access to the web portal.

After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.
Select the **Program** for your certification.
Select Referring Physician

Select the **Practitioner/Group** for whom you want to build a case.
Choose the appropriate Health Plan for the case request.
Provider Web Portal

Clinical Certification

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-888-420-3474 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

1. A delay in care could seriously impair the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

You selected PAIKYUIA, AB/PL, NP, 12209781899
Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact this plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Address:
Please Select an Address:
[ ] Yes
[ ] No
Enter the **Physician’s name** and appropriate information for the point of contact individual.
Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup.”**
Clinical Details

Clinical Certification

What is the expected procedure date? 06/30/2015

Radiology Procedures

Select a Procedure by CPT Code [?] or Description [?]  
72148 ▼ MRI LUMBAR SPINE W/O CONTRAST

Diagnosis

ICD-9 Code: 724.4  
Description: LUMBOSACRAL NEURITIS NOS  
Change Diagnosis
Verify Service Selection

Provider Web Portal

Clinical Certification
Confirm your service selection.

Procedure Date:
CPT Code:
Description:
ICD-9 Code:
Diagnosis:
Change Procedure or Diagnosis

Cancel Back Next Continue
Site Selection

- 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.**
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.
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’re even able to indicate if any of the previous case information will be needed for the new request.
Authorization Look Up
Provider Resources
Clinical Guidelines, FAQ’s, Online Forms, and other important resources can be accessed at www.evicore.com. Click “Solutions” from the menu bar, and select the specific program needed.
Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM (Local Time): 888-333-8641
• 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
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
- 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

Provider Enrollment Questions Contact WellCare

WellCare Implementation Site:
https://www.evicore.com/healthplan/WellcareNE

• Fact sheets
• Quick reference guide links
• eviCore clinical guidelines

Coding Guidelines & Program Criteria:
https://www.evicore.com/

To obtain a copy of this presentation, please contact the Provider Relations department at providerrelations@evicore.com
Thank You!