Lab Management

Provider Orientation Session for AdventHealth Advantage Plans

Lab Management – Our Experience

Laboratory
19M lives

Radiology
100M lives

Radiation Oncology
45.6M lives

Cardiology
50M lives

Medical Oncology
13.5M lives

10 Comprehensive Solutions

Musculoskeletal
40M lives

Specialty Drug
723K lives

Sleep
16M lives

Post-Acute Care
1.7M lives

Gastroenterology
New solution 2019

9 Years
Managing Lab Management Services

Client Experience
24+ Regional and National Clients

Case Statistics
545+ requests processed per day

Memberships Managed
13M Commercial Members

500K Medicare Members

5.5M Medicaid Members

Evidence-Based Guidelines

The foundation of our solutions

Annually Reviewed Guidelines

Experts associated with academic institutions

Current clinical literature

Evidence-based medical policy incorporating:

- Independent health technology assessments

- Annual review of current clinical literature

- Internal specialty expertise

- National society recommendations

- External academic institution subject matter experts

- Medical Advisory Board

Prior Authorization Overview

AdventHealth Advantage Plans Prior Authorization Services

eviCore will begin accepting prior authorization requests for molecular/genomic testing on 5/1/2020 for dates of service 5/1/2020 and beyond.

Prior Authorization applies to the following tests:	Prior Authorization does **NOT** apply to services that are in:
- Hereditary cancer syndromes - Carrier screening tests - Tumor marker/molecular profiling - Hereditary cardiac disorders - Cardiovascular disease and thrombosis risk variant testing - Pharmacogenomics testing - Neurologic disorders - Mitochondrial disease testing - Intellectual disability/developmental disorders	**Emergency Room services** **23-hour observations** **Inpatient stays**

Provider Resource Page

Providers and/or staff can utilize AdventHealth Advantage Plans' Provider Resource page to access a list of covered molecular/genomic test codes, Clinical Worksheets, FAQs, Quick Reference Guides and additional educational materials by visiting:
https://www.evicore.com/resources/healthplan/adventhealth

Exclusions and Special Considerations

- The Diagnosis codes for infertility, surrogacy, or gender reassignment requires review from the Health Plan and are excluded from the laboratory ("lab") prior authorization program with eviCore for Commercial memberships. Please Contact HFHP for more information.

Lines of Business

Prior Authorization is required for AdventHealth Advantage Plans' members who are enrolled in the following lines of business/programs:
▪ **Commercial**
▪ **AHAP MA**

Prior Authorization Process

Visit provider → **Provider requests prior authorization**

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (facsimile) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

A **Denial letter** will be issued with appeal rights to both the provider and member with clinical rational for decision.

Clinical Pathways → **Genetic Counselor Review** → **MD Review** / **Peer-to-Peer** → **Appropriate decision**

Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and last name
- Date of birth
- Member Identification Number
- Phone number (if applicable)

Ordering Provider Information

- First and last name
- Practice address
- Individual National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Phone and fax numbers

Rendering Laboratory Information

- Laboratory name
- Street address
- National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Phone and fax numbers

Clinical Information Needed

If clinical information is needed, it may include:

- Details about the test being performed (test name, description and/or unique identifier)

- All information required by applicable policy

- Test indication, including any applicable signs and symptoms or other reasons for testing

- Any applicable test results (laboratory, imaging, pathology, etc.)

- Any applicable family history

- How test results will impact patient care

Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within 2 business days after receipt of all necessary clinical information.

- Approvals will be for specific test and procedure codes, units and unique test identifiers when applicable.

- Authorizations are valid for 90 calendar days

Approval Letter

- The letter will be faxed to the ordering provider and rendering laboratory.

- The member will receive the letter in the mail.

- Approval information can be printed on demand from the eviCore portal.

Denied Requests and Letter

- Communication of the denial determination and rationale will be faxed to the ordering provider and rendering laboratory.

- Letter contains reconsideration and/or appeal options based on the members health plan and line of business.

- Instructions on how to request a clinical consultation.

Post-Decision Options

Commercial Memberships

Clinical Consultations

If a request has been denied and requires further clinical review, you are welcome to request a clinical consultation with an eviCore geneticist, pathologist and/or oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, nurse practitioners and physician assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation

Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate. Reconsideration must be requested on or before the treatment start date. This reconsideration option is only applicable to Commercial memberships.

Pre-Decision Options

Medicare Memberships

Pre-Decision Consultations

If a request has been denied and requires further clinical review, we welcome requests for a pre-clinical consultation with an eviCore geneticist, pathologist, and/or oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, nurse practitioners and physician assistants can request a clinical consultation by visiting:

 www.evicore.com/provider/request-a-clinical-consultation

Special Circumstances

Appeals

- eviCore will not process first level appeals.

Urgent Testing Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked, "Is this request standard/routine?" simply answer "no" and the case will be sent to the urgent work list.

- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent requests will be reviewed within three hours upon receiving the prior authorization request.

Authorization start date

- The authorization start date is the specimen collection date.

Provider Portal Overview

Account Access

eviCore Provider Portal
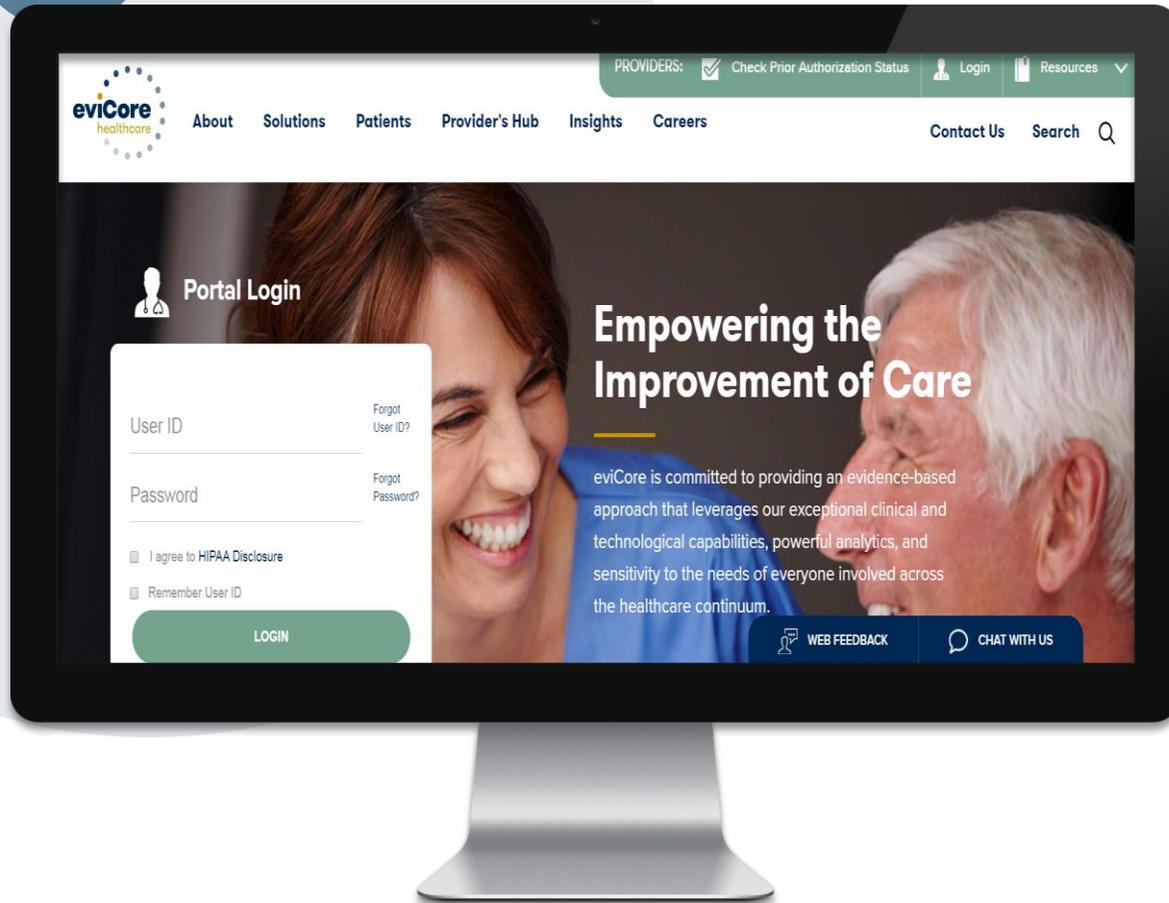
The eviCore online portal is the quickest, most efficient way to request prior authorizations and check authorization status and is available 24/7.

By visiting www.eviCore.com, providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:
877-825-7722
8 am to 7 pm
Monday - Friday

eviCore Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

Registration Form

Select a **Default Portal**, and complete the registration form.

Review information provided, and click **"Submit Registration"**

User Access Agreement

Accept the Terms and Conditions and click "Submit."

Registration Successful

You will receive a message on the screen confirming your registration was successful. You will be sent an email to create your password.

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

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

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

✔ Uppercase letters

✔ Lowercase letters

✔ Numbers

✔ Characters (e.g., ! ? *)

Account Login

To log in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure and click "Login."
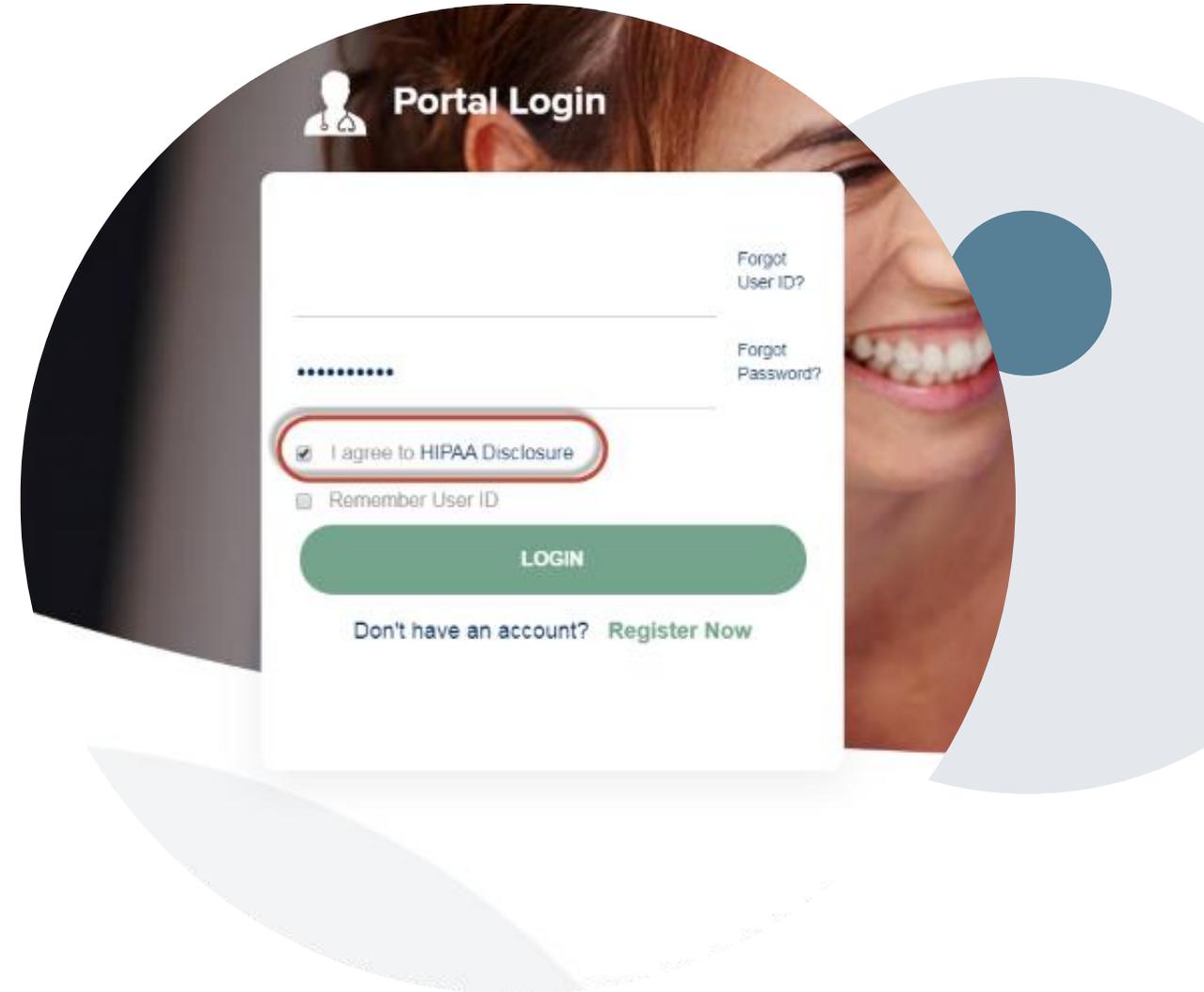
Provider Portal Overview

Adding Providers and/or Laboratories

Welcome Screen

Welcome to the CareCore National Web Portal. You are logged in as   .

Review a summary of recent certifications >>

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

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**Your provider will need to be added to your account prior to case submission.
Click the "Manage Your Account" tab to add provider information.**

Adding Providers and/or Laboratories

Under the "Manage Your Account" tab, click the "Add Provider" button.

Adding Providers and/or Laboratories

Enter the **Provider's and/or Laboratory'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 Providers and/or Laboratories

Select the matching record based upon your search criteria.

Adding Providers and/or Laboratories

Once you have selected a provider, your registration will be complete.
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.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating a Request

Choose "Request a clinical certification/procedure" to begin a new case request.

Select Program

Select the Program for your certification and indicate if you are requesting as a referring provider or rendering lab.

Select Provider

Select the Practitioner/Group/Lab for whom you want to build a case.

Select Health Plan

Choose the appropriate "Health Plan" for the case request. If the health plan does not populate, please contact the health plan at the number found on the member's identification card.

Note: For AdventHealth Advantage Plans, the dropdown will say "AdventHealth Plans".

Contact Information

Enter the Provider's name and appropriate information for the point of contact.

Member Information

Enter the member information, including the Patient ID number, date of birth and patient's last name. Click "Eligibility Lookup".

Clinical Details

Enter the Diagnosis relevant to the requested test(s).

Verify Service Selection

Confirm the correct diagnosis has been selected.

Site Selection

Select the specific site where the testing/treatment will be performed.

Clinical Collection Process

Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Urgency Indicator

Select an Urgency Indicator and upload your patient's relevant medical records that support your request.

Clinical Pathway Questions

A few preliminary questions will be asked to direct to the right set of clinical questions.

Clinical Pathway Questions

Selecting the test by name is the most streamlined way to pull the procedure codes in. If unknown or none of these apply, select "None of These". Manual entry is available.

Clinical Pathway Questions

If you need to confirm information you are entering or need to add additional data, click "finish later" and then the "submit" button. You will have two business days to complete the case.

Clinical Collection Process – Pathway Questions

If additional information is required, you will have the option to either freehand 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.

Clinical Collection Process – Clinical Upload

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification Statements

Acknowledge the "Clinical Certification" statements and click "Submit Case".

Clinical Certification – Approval Case Summary

Clinical Certification

Your case has been Approved.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	

Primary Diagnosis Code:	C50.412	Description:	Malignant neoplasm of upper-outer quadrant of left female breats
Secondary Diagnosis Code:		Description:	
Date of Service:			
CPT Code:	RCBREA	Description:	Breast Cancer
Authorization Number:			
Review Date:			
Expiration Date:			
Status:	Your case has been Approved.		

Print Continue

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Clinical Certification – Pending Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name:		Contact:
Provider Address:		Phone Number:
		Fax Number:
Patient Name:		Patient Id:
Insurance Carrier:		
Site Name:		Site ID:
Site Address:		

Primary Diagnosis Code:	C50.412	Description:	Malignant neoplasm of upper-outer quadrant of left female breats
Secondary Diagnosis Code:		Description:	
Date of Service:			
CPT Code:	RCBREA	Description:	Breast Cancer
Authorization Number:			
Review Date:			
Expiration Date:			
Status: Pending			

Print   Continue

Once the clinical pathway questions are completed, the case may be pended for Clinical Review.

The status on the top of the screen will indicate "Your case has been sent to Medical Review".

You will be presented with a case number.
Print the screen and store in the patient's file.

Building Additional Cases

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.

Authorization Lookup Tool

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 Lookup Tool (Continued)

The authorization will then be accessible to review.

To print authorization correspondence, select "View Correspondence".

Eligibility Lookup Tool

You may also confirm the patient's eligibility by selecting the "Eligibility Lookup" tool.

Provider Resources

Provider Resources

Prior Authorization Call Center – 877-825-7722

eviCore's call centers are open from 8 am to 7 pm (local time).

Providers can contact the call center to do any of the following:

- Request prior authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Request to speak to a molecular/genomic counselor or nurse reviewer
- Schedule a clinical consultation with an eviCore geneticist, pathologist and/or oncologist

Provider Resources

Web Support Services

The quickest, most efficient way to request prior authorizations is through the provider portal. We have dedicated Web Support specialists who can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

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

Online Resources

- You can access important tools, health-plan-specific contact information and resources at www.evicore.com

- Select the Resources tab to view Clinical Guidelines, Online Forms and more.

- The Quick Reference Tool can be found by clicking the "Resources" tab and selecting "Find Contact Information", under the "I want to learn how" section. Simply select the "Health Plan" and "Solution" to populate the contact phone and fax numbers as well as the appropriate portal to utilize for case requests.
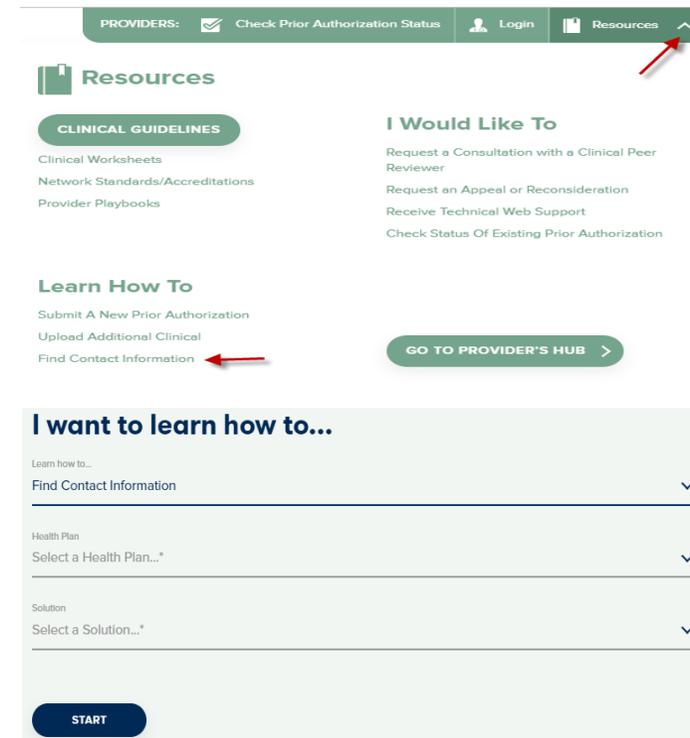
Clinical Guidelines

How to access

1. Go to www.evicore.com and select the "Resources" drop-down menu on the far-righthand side of your browser.

2. Select the "Clinical Guidelines" button to be directed to the main clinical guidelines page.

3. Scroll down and select the "Laboratory Management" solution.

4. Type the desired health plan in the "Search Health Plan" search bar and press enter.

5. Select the appropriate guideline specific to the requested test(s).
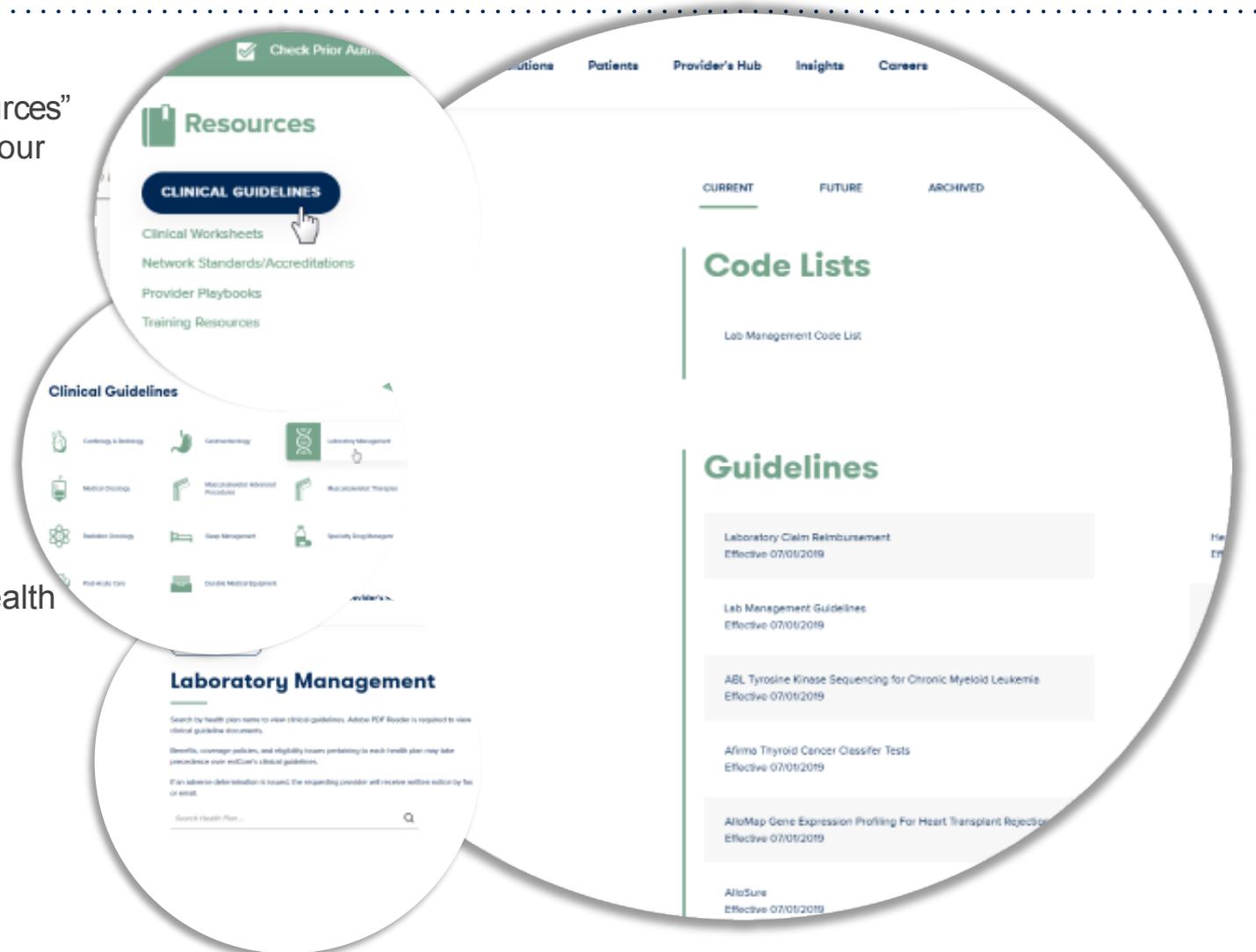
Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Below are some common requests that can be sent to the Client and Provider Services team for assistance:

- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Eligibility issues (member, rendering facility and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

How to Contact the Client and Provider Services team

Phone: 800-646-0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services.
If emailing, make sure to include a description of the issue with member/provider/case details when applicable.
Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.
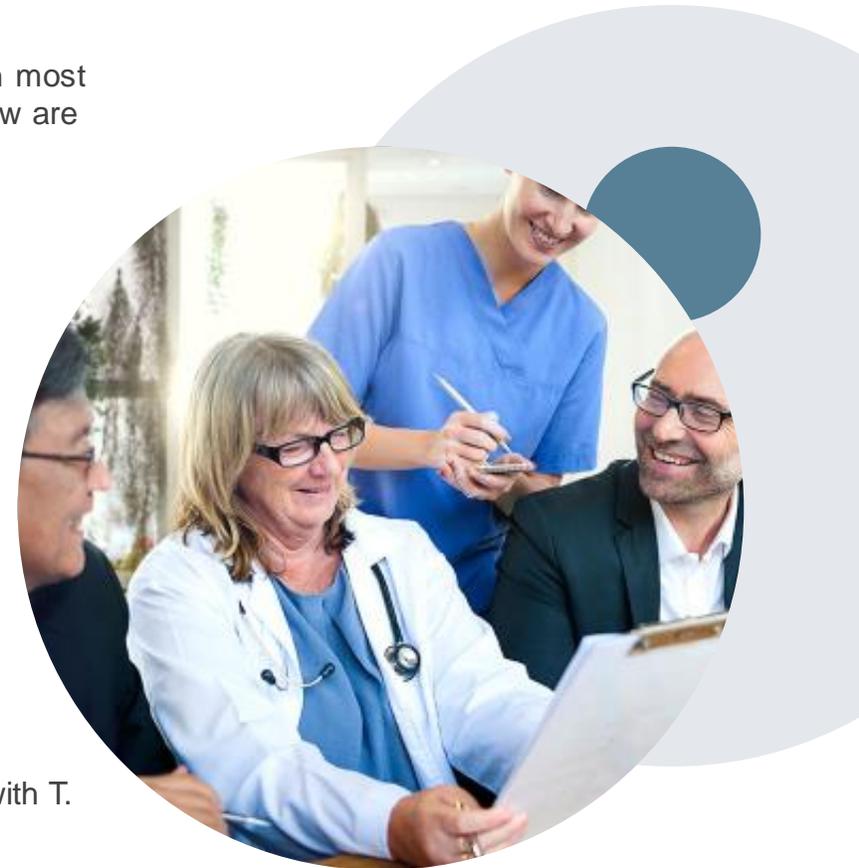
Provider Resources

Client-Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/adventhealth

Provider Enrollment Questions – AdventHealth Advantage Plans Provider Services at 844-522-5278

Thank You!