High-Tech Radiology

Provider Orientation Session for Cigna

Company Overview

250M Members Managed

Headquartered in Bluffton, SC
Offices across the US including:

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

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

5k$^+$ employees including **1k clinicians**

Engaging with 570k$^+$ providers

Advanced, innovative, and intelligent technology

NCQA — Utilization Management

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Radiology – Our Experience

Radiology
100M lives

Laboratory
19M lives

Radiation Oncology
39M 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

24 Years
Managing Radiology Services

Client Experience
50+ Regional and National Clients

Case Statistics
37k+ requests processed per day

Memberships Managed
25.5M Commercial Members

2M Medicare Members

6.5M Medicaid Members

Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions

- Dedicated pediatric guidelines
- Contributions from a panel of community physicians
- Experts associated with academic institutions
- Current clinical literature

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 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

Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **Gastroenterology**
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
  - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**
- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

300+ Medical Directors

Covering **51** different specialties

800+ Nurses

Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.
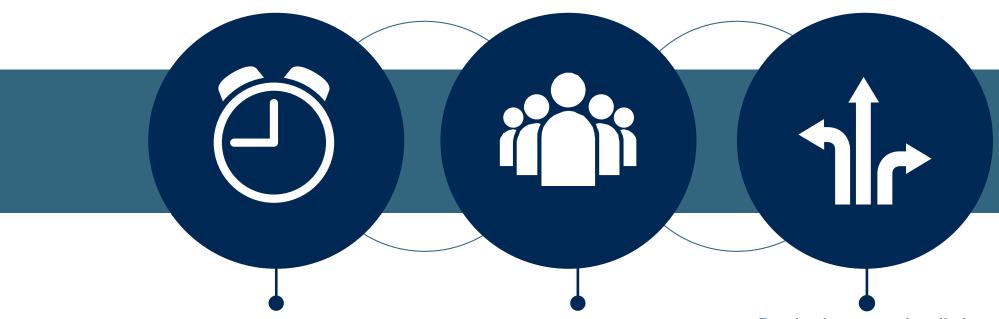
Client Experience Manager –

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

Regional Provider Engagement Manager –

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 Overview

Cigna Prior Authorization Services

eviCore healthcare began accepting prior authorization requests for Radiology in 2011.

Prior Authorization applies to the following services:	Prior Authorization does **NOT** apply to services that are in:
Advanced imaging services: • CT, CTA • MRI, MRA • PET, PET/CT • Nuclear Medicine • Stress Echocardiograms • Diagnostic Heart Catheterizations	• **Emergency Room Services** • **23 Hour Observations** • **Inpatient Stays** • **Other radiology procedures not indicated**

Provider Resource Page

Providers and/or staff can utilize Cigna's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

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

Applicable Memberships

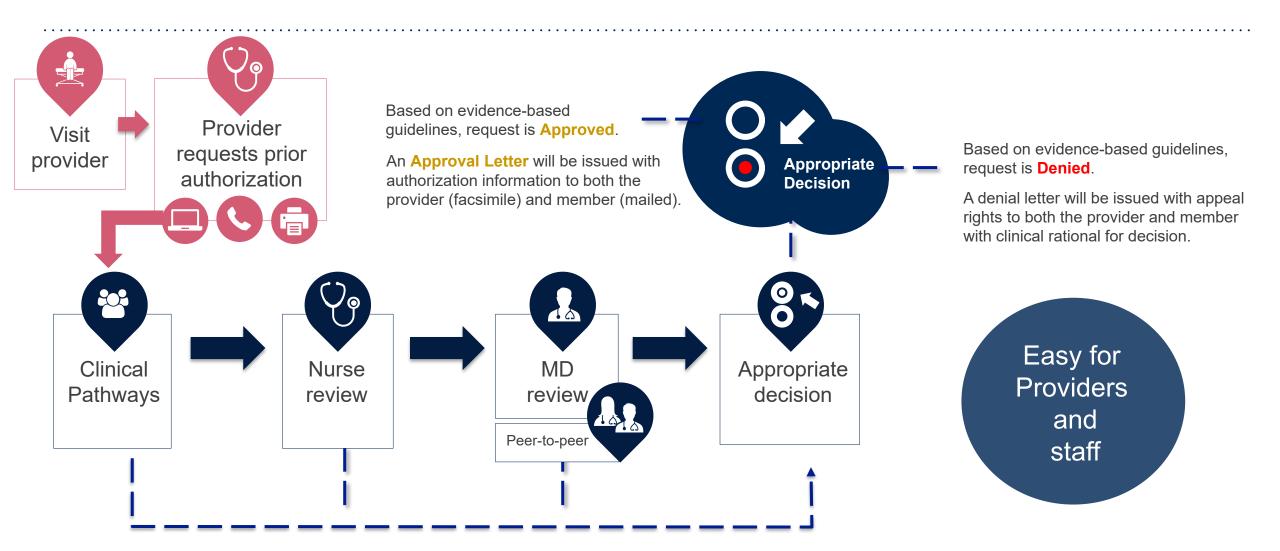| Prior Authorization is required for Cigna members who are enrolled in the following lines of business: |
| --- |
| • Cigna OAP/PPO PHS+ |
| • Cigna HMO/Flex/POS PHS+ (excluding CA) |
| • Cigna MEDICARE (Arizona) |
| • Cigna SAR (certain employer groups) |
| • GWH-Cigna OAP/PPO |
| • GWH-Cigna HMO |
| • GWH-Cigna Payer Solutions |
| • GWH-Cigna Payer Solutions Individual |
| • Cigna Global |
| • Cigna & GWH-Cigna Alliance- Effective 3/1/15 |

Applicable Memberships

Prior Authorization is NOT required for Cigna members who are enrolled in the following lines of business however, the provider is encouraged to call eviCore healthcare for all customers:

- Cigna OAP/PPO PHS

- Cigna HMO/Flex/POS PHS

- Cigna HMO/Flex/POS PHS+ (California only)

- Cigna SAR (all other employer group)

- Cigna & GWH-Cigna Alliance- Will require authorization through eviCore healthcare effective 3/1/15

- Cigna Indemnity

- Cigna Case Management

- GWH-Cigna Opt Out

Prior Authorization Process

Visit provider → **Provider requests prior authorization**

Clinical Pathways → Nurse review → MD review (Peer-to-peer) → Appropriate decision

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.

Easy for Providers and staff

Non-Clinical Information Needed

The following information <u>must</u> 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 Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Clinical Information Needed

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

- A relevant history and physical examination

- A relevant summary of the patient's clinical condition

- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services

- The indication for the specified procedure

- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)

Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed in 2 business days. This may vary depending on if clinical was requested and received.

- Authorizations are typically valid for 60 days..

- The letter will be faxed to the ordering physician and performing facility.

- The member will receive the letter in the mail.

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

Denied Requests Include:

- Communication of the denial determination and rationale.

- Reconsideration options based on the members health plan and line of business.

- Instructions on how to request a Clinical Consultation.

Denial Letter

- The letter will be faxed to the ordering physician.

- The member will receive the letter in the mail.

- The letter will contain the denial rationale and reconsideration options and instructions.

Authorization Letter

Post-Decision Options

Commercial Memberships

Clinical Consultations

If a request has been denied and requires further clinical review, we welcome requests for a Clinical Consultation with an eviCore Medical Director. 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 anticipated date the services will be performed. This reconsideration option is only applicable to Commercial memberships.

Special Circumstances

Appeals

- eviCore will process first level appeals

- Appeal requests must be submitted to eviCore within 365 calendar days from the initial determination.

- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.
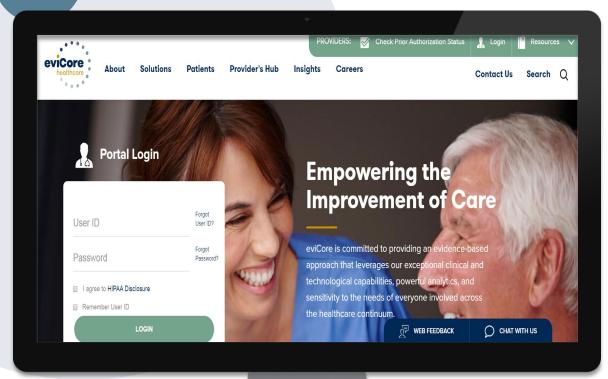
Retrospective (Retro) Authorization Requests

- Payer Solutions and SAR membership: Must be submitted within 365 business days from the date of services (all requests beyond 365 days, a claim can be submitted)

- All other Commercial membership: Must be submitted within 15 business days from the date of services (all requests beyond 15 days, a claim can be submitted)

- Reviewed for clinical urgency and medical necessity

- Retro requests are processed within 30 business days

- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization 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 request will be reviewed within 24 hours upon receiving the prior authorization request.

eviCore Provider Portal

The eviCore online portal is the quickest, most efficient way to request prior authorization 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:
(888) 693 - 3297
7:00 a.m. to 7:00p.m.
Monday - Friday

Provider Portal Overview

Announcement

Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up Preferred Tax ID numbers of Physicians or Facilities

Account Settings

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

Search/Start Request

Home Tab

The Home Page will have <u>two</u> worklists: **My Pending Worklist** and **Recently Submitted Cases**

My Pending Worklist

- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

Recently Submitted Cases

- Cases that are pending review and/or cases recently approved or denied

Search/Start Case – Member Lookup

To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name, Last Name* and *Date of Birth* for the result to be returned.

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Authorization Number* at the bottom of the page and tab over to hit **Search**.

Search/Start Case – Member Lookup

Patient Search Result(s)

Member ID	Patient Name	Date Of Birth	Gender	Address	Program	Program Effective Date	Program Term
XYZ00002	HILL, BOBBY	02/01/1974	MALE	101 MAIN ST, FRANKLIN, TN, 37067	MSI DEMO PROGRAM - PA REO	01/01/2009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORR...   ...TING A NEW REQUEST

If a partial ID is put in the search box, a list of members will populate. A patient can be selected once the patient is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.

Patient Detail Information

Member ID: XYZ00002

Name: HILL, BOBBY

Date of Birth: 02/01/1974

Gender:

Address: 101 MAIN ST, FRANKLIN, TN, 37067

Insurer: MEDSOLUTIONS DEMO

...OGRAM -

Program Effective Date: 01/01/2009

Program Term Date: 12/31/2999

This is a MEDSOLUTIONS DEMO Program

Create Case

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Patient History - 49 Records found

Case ID ▼	Auth Number	Submit Date	Case Status		
101840634		7/7/2016	Pending		
101837513	A31309042	7/7/2016	Approved	07/07/2016	09/05/2016
101837334		7/7/2016	Canceled		
101827785		7/6/2016	Canceled		
101798766		6/30/2016	Pending	RN Review Process	

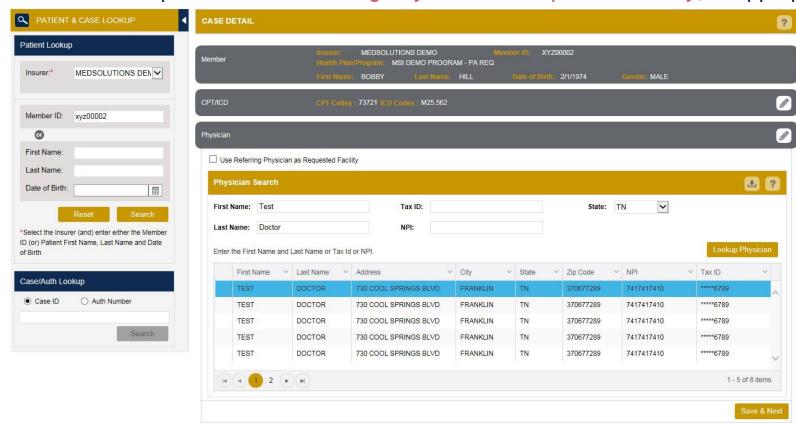|◀ ◀ **1** 2 3 4 5 6 7 8 9 10 ▶ ▶| 1 - 5 of 49 items

Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of <u>unlimited</u> CPT and ICD codes.

- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.
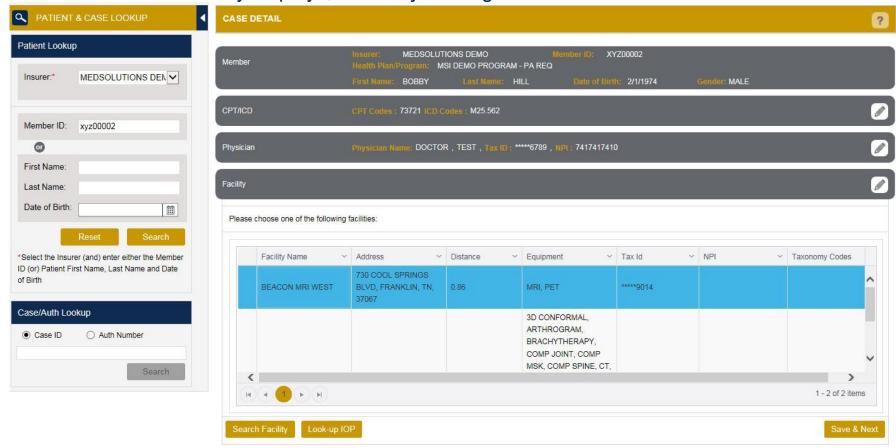
Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number, and select the state.

- Once the correct physician displays, select by clicking on the record. Then hit **"Save & Next."**

- There is the option to "*Use Referring Physician as Requested Facility*," if appropriate.

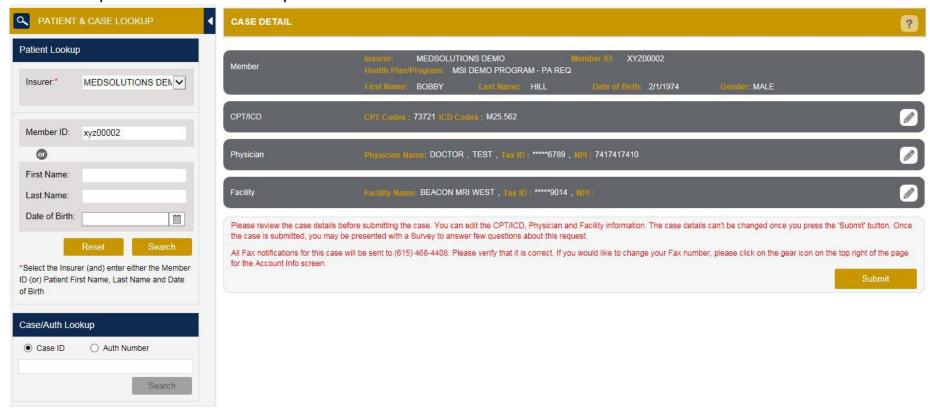# Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedures, click the Look-Up IOP button, and choose from the list.

- Once the correct facility displays, select by clicking on the record. Then hit **"Save & Next."**

Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the "Edit" icons next to the field that needs to be updated.

- Review the case information, then **click Submit.** Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.

- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.

Providing Clinical Information

- If applicable, you will be asked a series of questions beginning with a reason for the request.
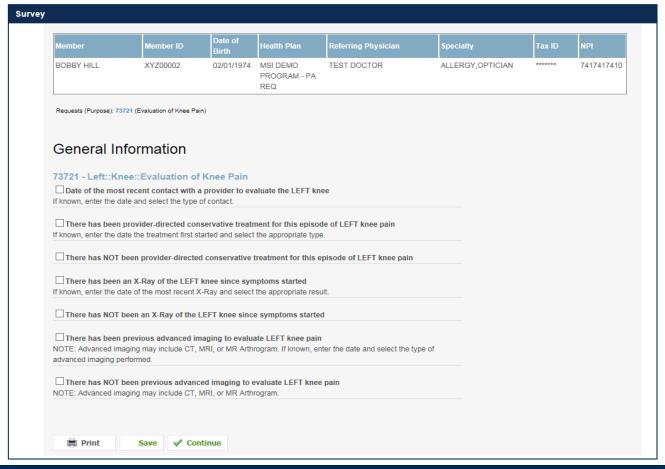- Select from the dropdown, or enter a rationale in the text box if none of the options are applicable.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*******	7417417410

Select a Reason for the Requested Procedures

73721 MRI Lower Extremity, any joint; without contrast material(s)
Which one of the following best describes the reason for the requested study.

- ◉ Left
- ○ Right

- ○ Ankle
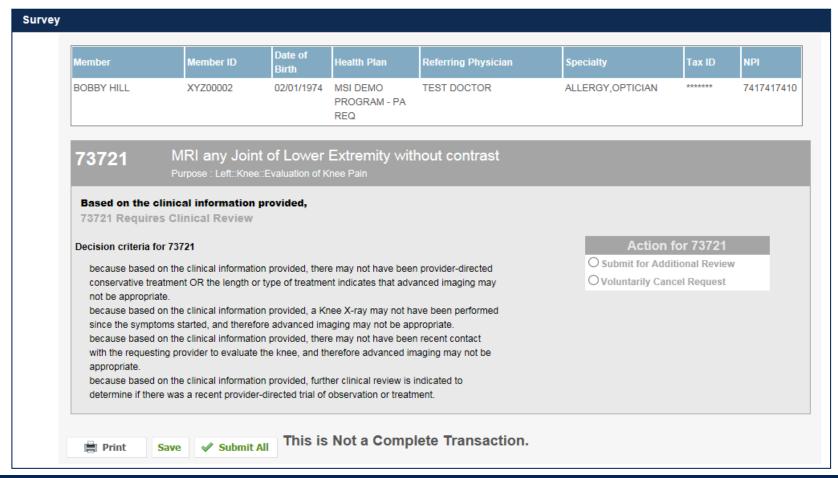- ○ Foot
- ○ Hip
- ◉ Knee

Evaluation of Knee Pain ▾

✔ Continue

Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.

- Select "**Continue**" to submit the survey answers.

Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.

- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Providing Clinical Information

- You can choose to "**Submit for Additional Review**" to proceed to the clinical upload and review process, or you may "**Voluntarily Cancel Request.**"
- Cancelling the request ensures there will not be a denial in the patient's history.

Providing Clinical Information

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

○ Attach / Add additional clinical information now
○ Will Fax or Call to provide additional clinical information
○ There is no additional clinical information to provide

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue

Providing Clinical Information

Upload Additional Clinical Documentation   ×

Additional Documentation   ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

Clinical Notes

Note Text

Maximum Character limit on each note is 5000.

No notes saved   Save

Apply   Cancel

> You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

> You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

> Hit Apply to continue or Cancel to add additional information at a later time.

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

Clinical Notes

Note Text

test

Maximum Character limit on each note is 5000.

Message from webpage

⚠ Your Clinical documentation has been sent to eviCore for further review.

OK

Once you click <u>Apply</u> you will receive a message that your documentation has been accepted and that your case has been sent for medical review.

Apply   Cancel

Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.
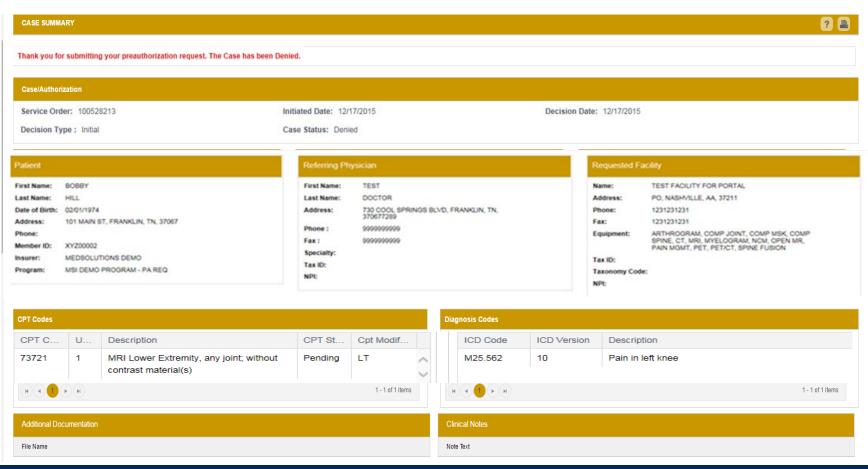
Case Summary Page – Approved Case

- The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.

Case Summary Page – Denied Case

- The **Denied Case Summary Page** will provide case information as well as the denial rational. Case Summary reports can be accessed/printed at any time.

Provider Resources

Provider Resources

Prior Authorization Call Center – (888) 693-3297

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

Providers can contact our call center to do one of the following:

- Request Prior Authorization

- Check Status of existing authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

- Request to speak to a clinical reviewer

- Schedule a clinical consultation with an eviCore Medical Director

Provider Resources

Web Based Services and Online Resources

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

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

- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select Cigna and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that 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

Provider Resources

Client and Provider Services

eviCore healthcare 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 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Phone: 1 (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 e-mail 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/cigna

Provider Enrollment Questions – Contact Provider Services at (800) 646-0418

Thank You!