Prior Authorization of Lab Management Services for WellCare Expansion

Provider Orientation Session

Corporate Overview

100M Members Managed Nationwide

**Headquartered in Bluffton, SC
Offices across the US including:**

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA

9 Comprehensive Solutions

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

4k⁺ employees including **1k clinicians**

Engaging with 570k⁺ providers

Advanced, innovative, and intelligent technology

9

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

Lab Management Solution- Our Experience

14+ Regional
and National Clients

480+
Cases built per day

9 Years
Managing Lab Management Services

19M members
managed nationwide
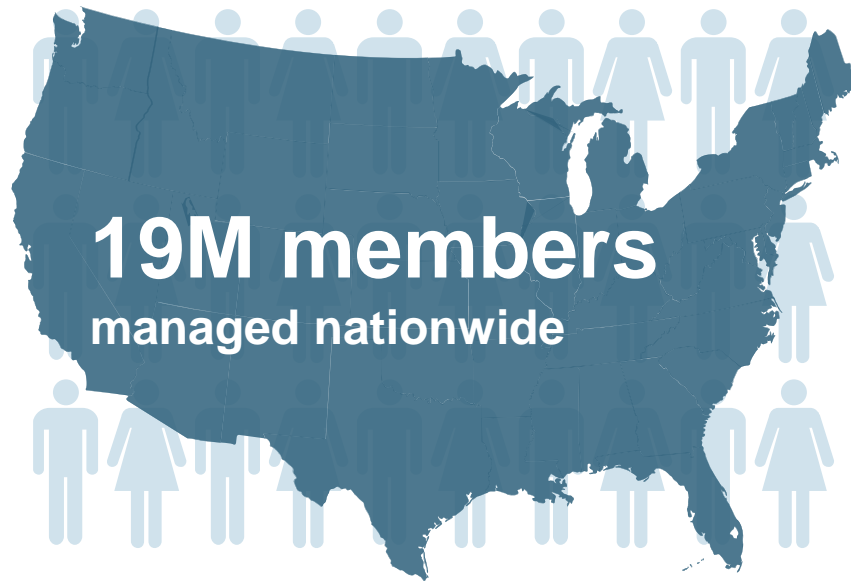
Members Managed

- **13M Commercial Memberships**

- **500K Medicare Memberships**

- **5.5M Medicaid Memberships**

NCQA
Certification
Utilization Management

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

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

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
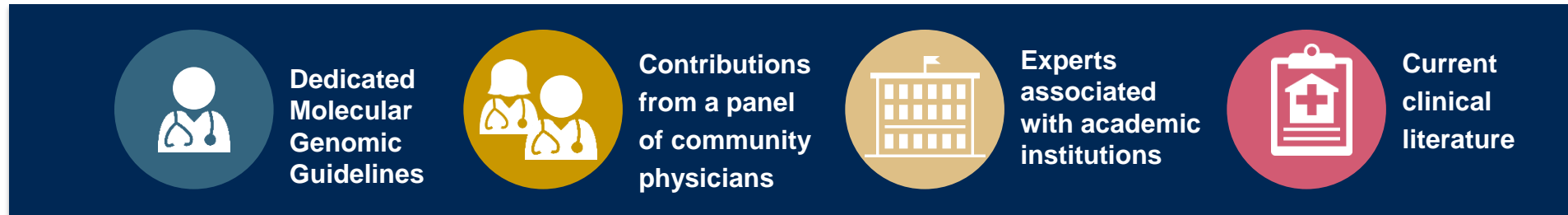
Aligned with National Societies

- **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**
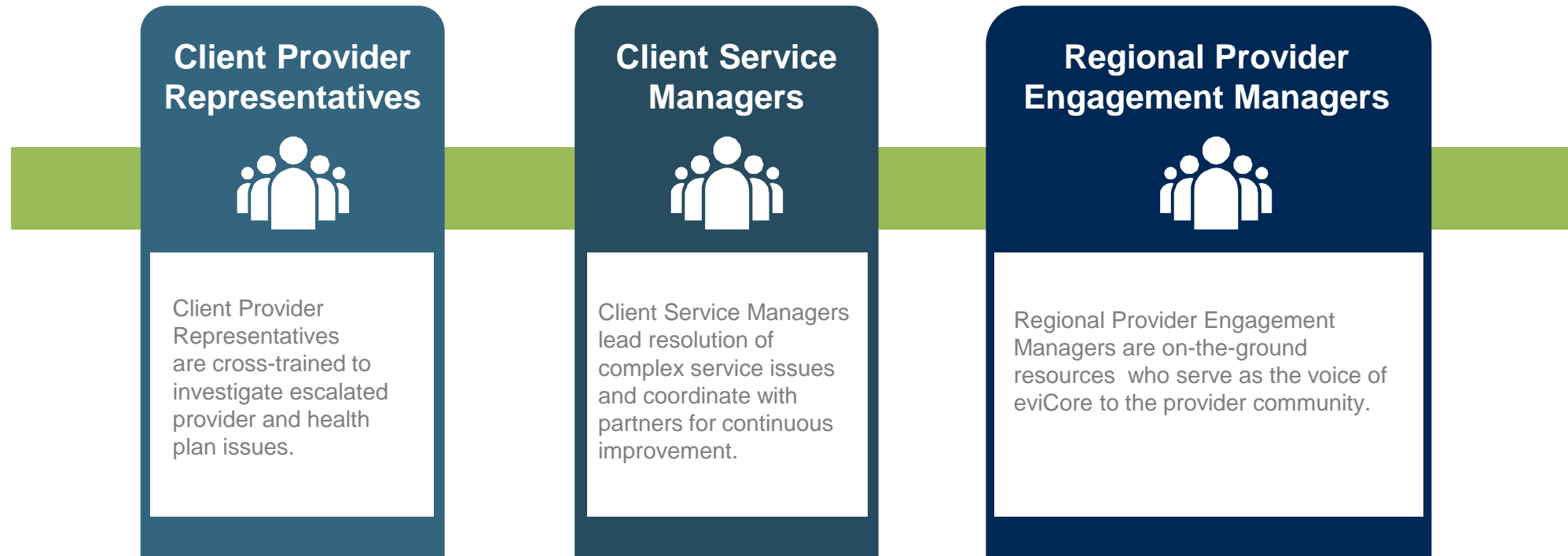- **National Institutes of Health**

Service Model

Client Provider Operations

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 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.

Lab Management Prior Authorization Program for WellCare

Program Overview

eviCore will begin accepting requests on January 1, 2019 for dates of service January 1, 2019 and beyond.

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
- 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.

Lab Management Solution

Covered Services

Certain molecular and genomic testing including:

- 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

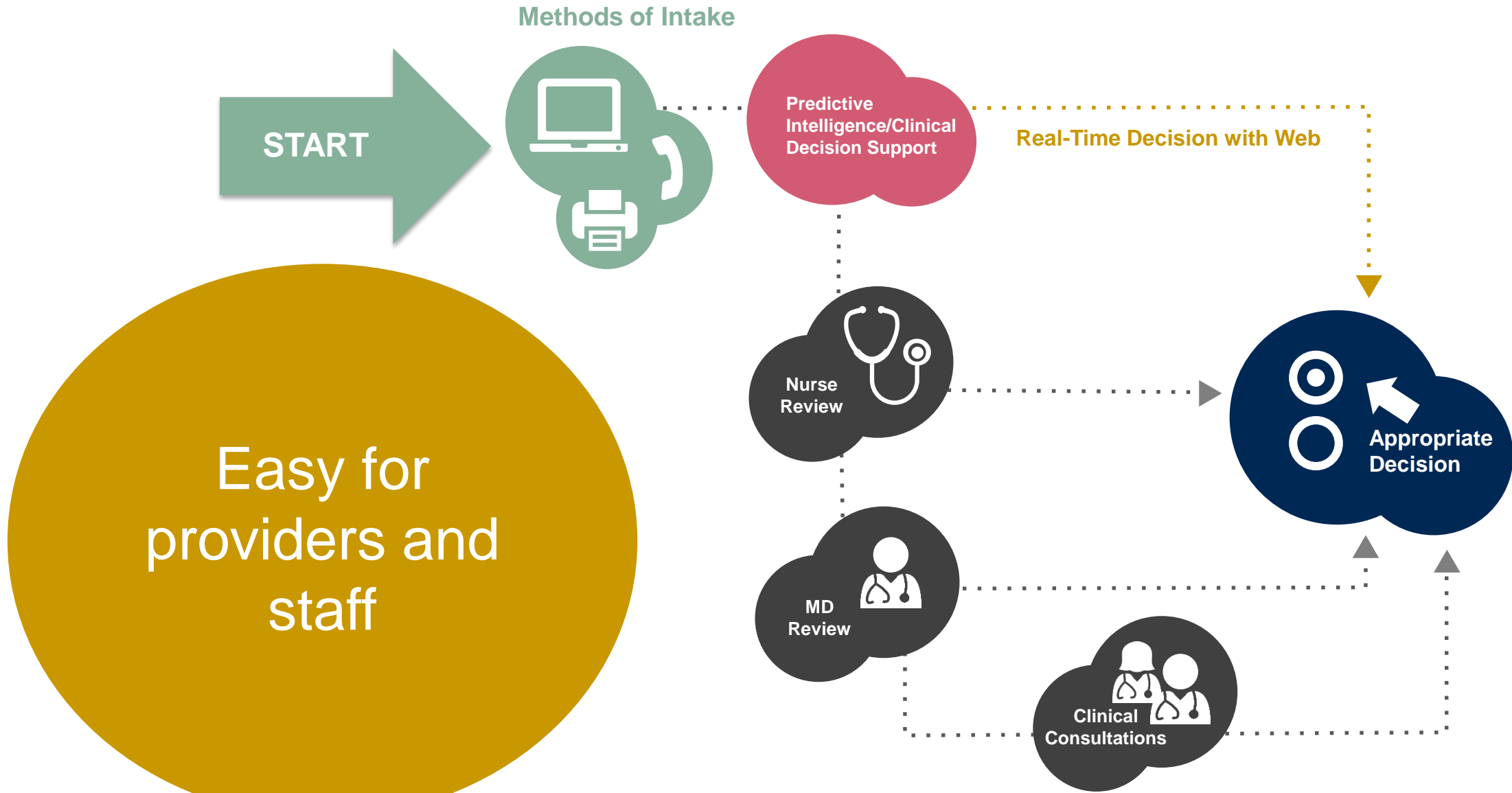- Intellectual Disability / Developmental Disorders

Prior Authorization Requests

How to request prior authorization:

WEB

www.evicore.com
Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by Phone:
888-333-8641
7:00 a.m. to 7:00 p.m. Local Time Monday - Friday

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

START

Methods of Intake

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Easy for providers and staff

Nurse Review

MD Review

Clinical Consultations

Appropriate Decision

Needed Information

Member
Member ID
Member name
Date of birth (DOB)

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

Necessary Information

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

Supporting Clinical
Patient's clinical presentation.
Diagnosis Codes.
Disease-Specific Clinical Information.
Patient's intended treatment plan

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 after receipt of all necessary clinical information.
- Authorizations are typically good for 60 calendar days from the specimen collection date and if none then date of determination but it does vary by client. Please reference the authorization by case.

Delivery:

- Emailed or faxed to referring provider and rendering laboratory
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

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

Delivery:

- Emailed or faxed to the referring provider and rendering laboratory
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Pre-Decision Consultations

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval
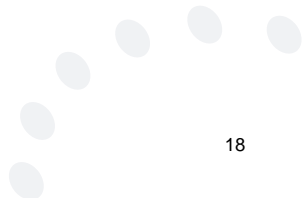
Special Circumstances

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore healthcare using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Retrospective Reviews:

- Retrospective requests are **not** applicable to the Lab Program; however, you may enter the specimen collection date if it is prior to the date of service

Outpatient Urgent Tests:

- 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
- **Medically urgent requests** are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure

Web Portal Services

eviCore healthcare website
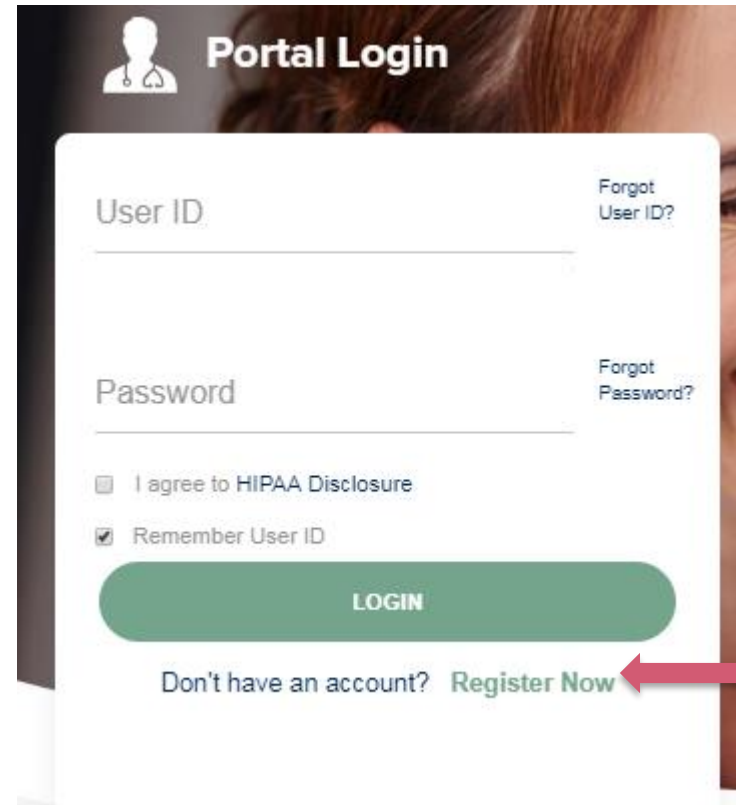
- Point web browser to evicore.com

- Login or Register
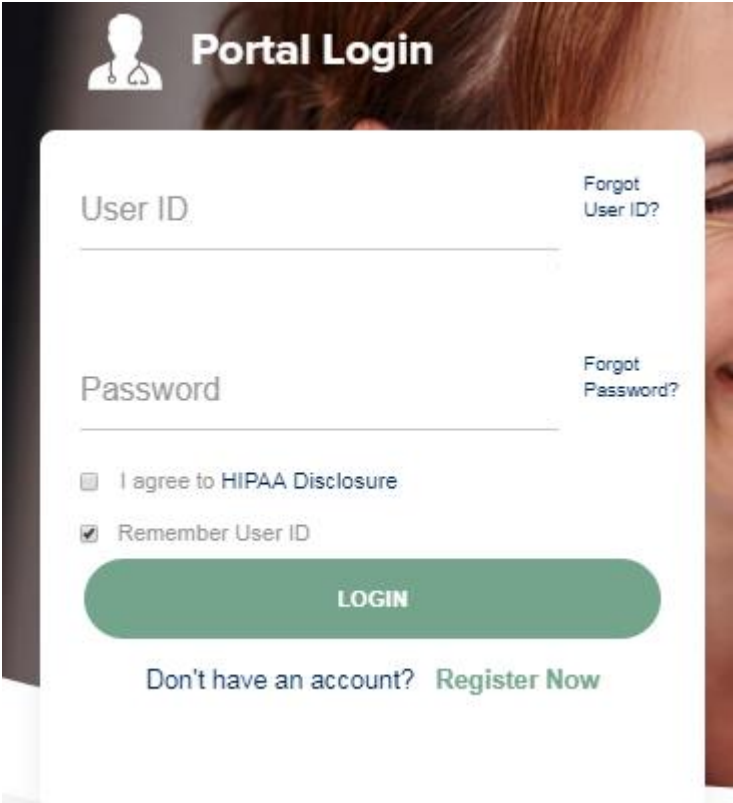
Creating An Account

To create a new account, click **Register**.

Portal Compatibility

The eviCore.com 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 on how to disable pop-up blockers for any of these web browsers, please refer to our **Disabling Pop-Up Blockers guide**.

Creating An Account

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

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: CareCore National

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN Zip: 37067	Fax:	615-468-4408
First Name:	Test	Office Name:	Test Office		
Last Name:	Account				

Back   Submit Registration

Review information provided, and click "Submit Registration."

Accept the Terms and Conditions, and click "Submit."

User Registration-Continued

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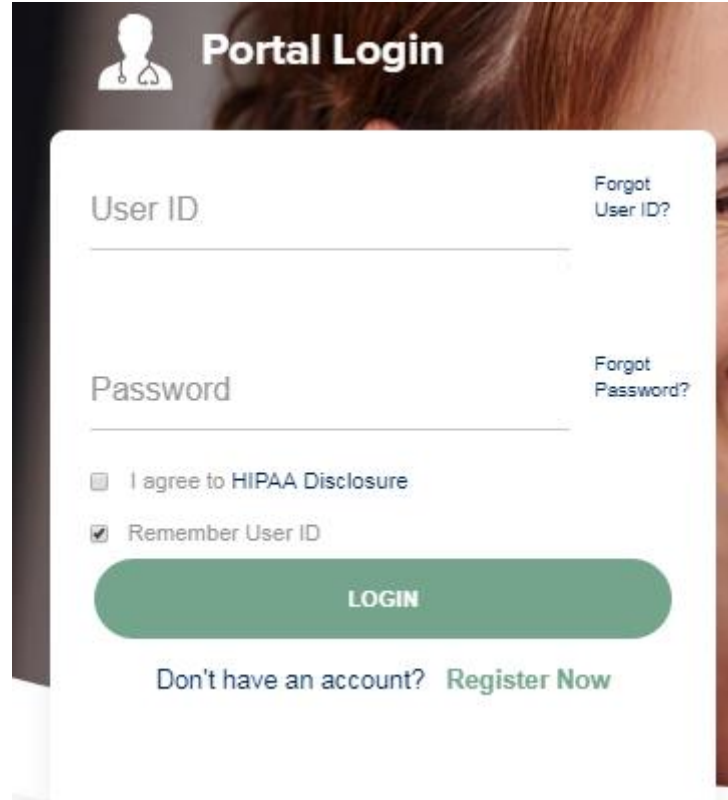
Create a Password

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

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)
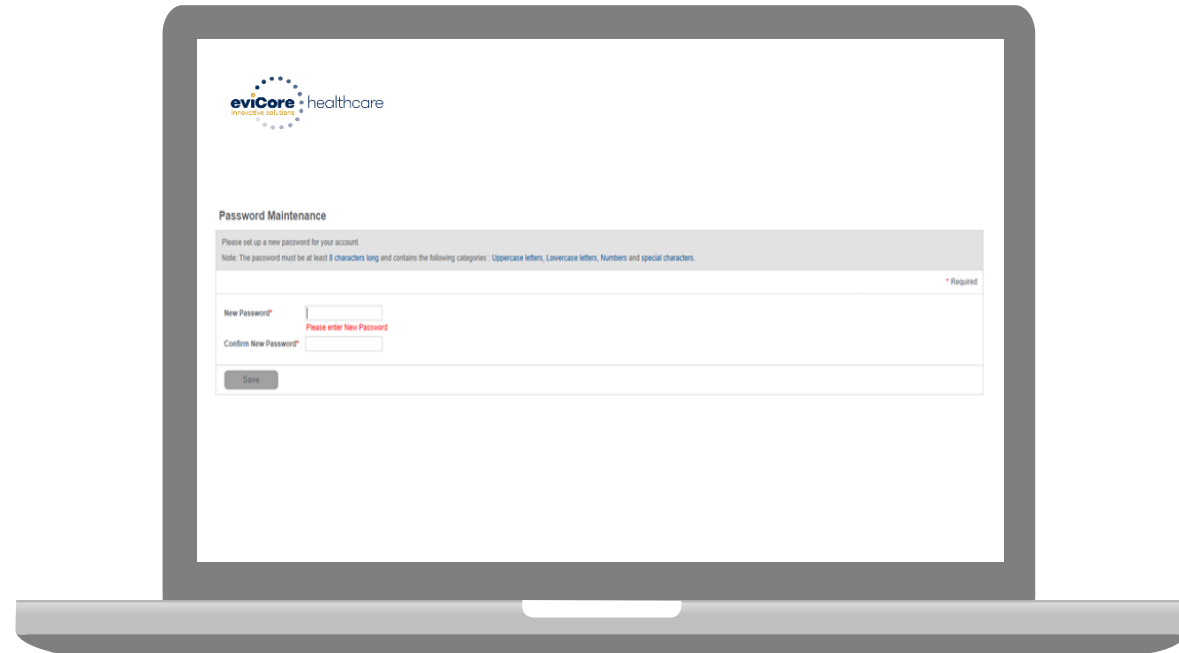
Account Log-In

> To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login**."

Account Overview

Welcome Screen

eviCore healthcare
innovative solutions

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal |

Monday, November 26, 2018 3:16 PM

Welcome to the CareCore National Web Portal. You are logged in as **GABSTER1**.

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 >>

Horizon Pilot Designation Program >>

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 back and forth between the two portals without having to log-in multiple accounts.*

Add Practitioners
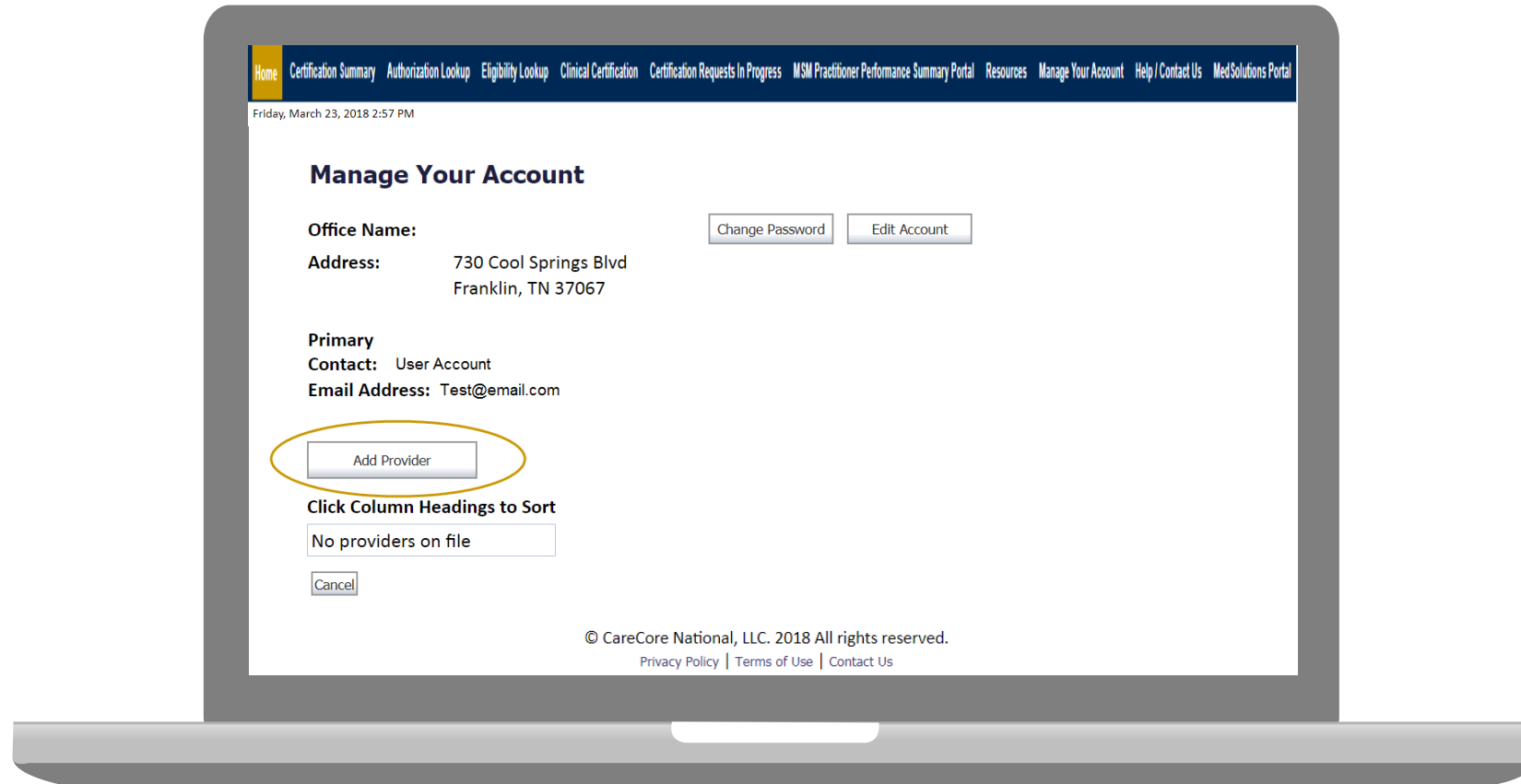
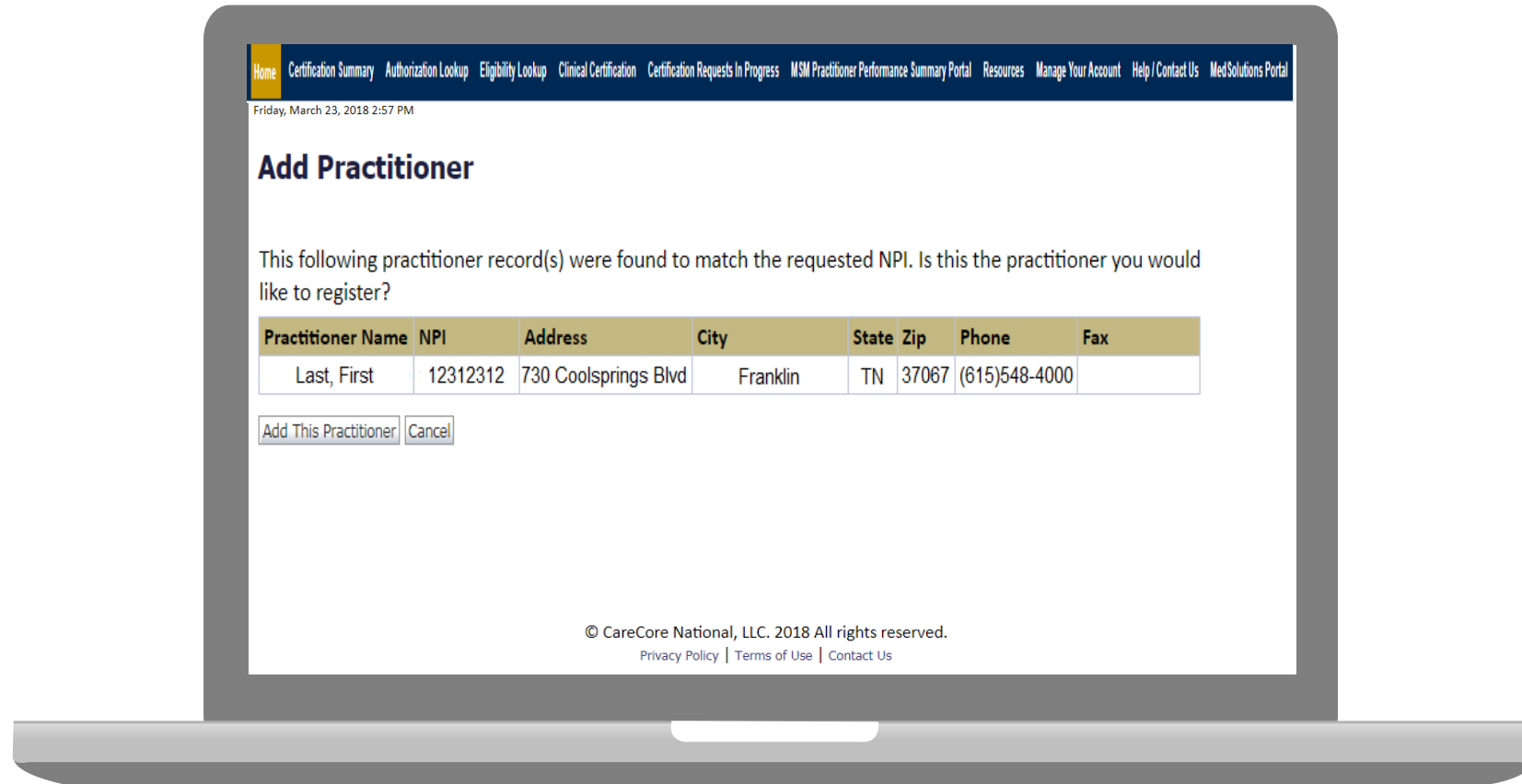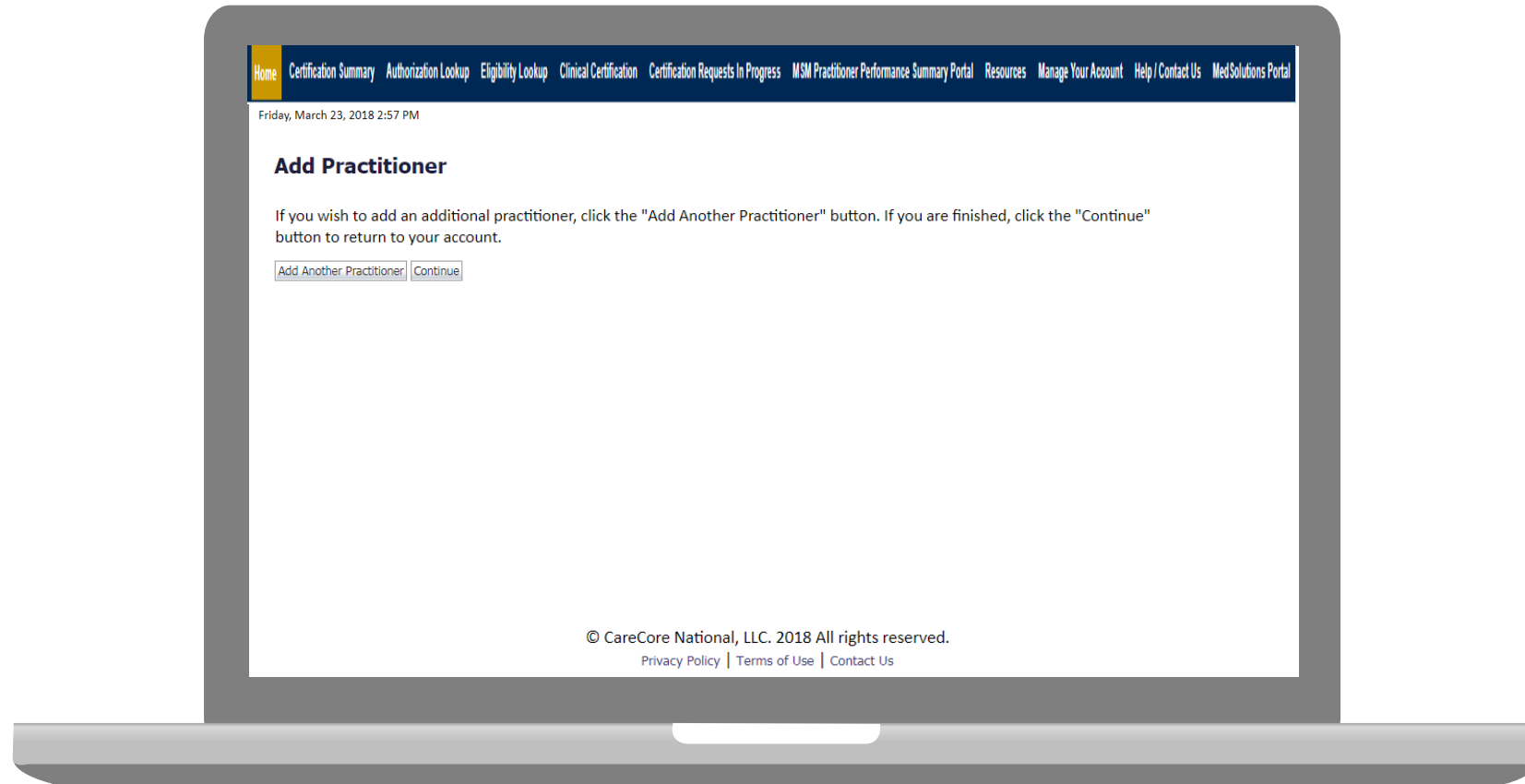**Click the "Add Provider" button.**

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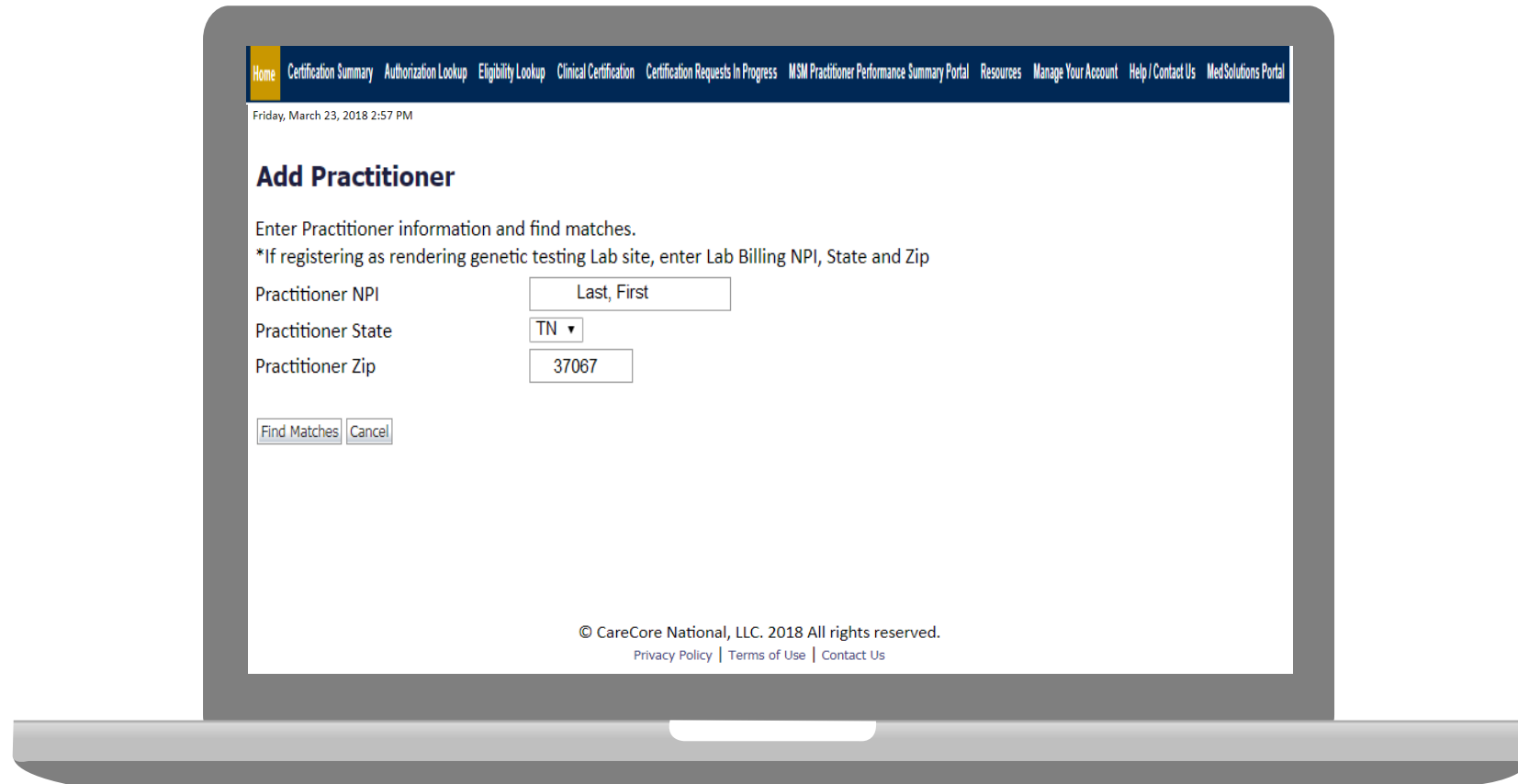
Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners

Select the matching record based upon your search criteria

Manage Your Account

- 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.

New Certification Summary
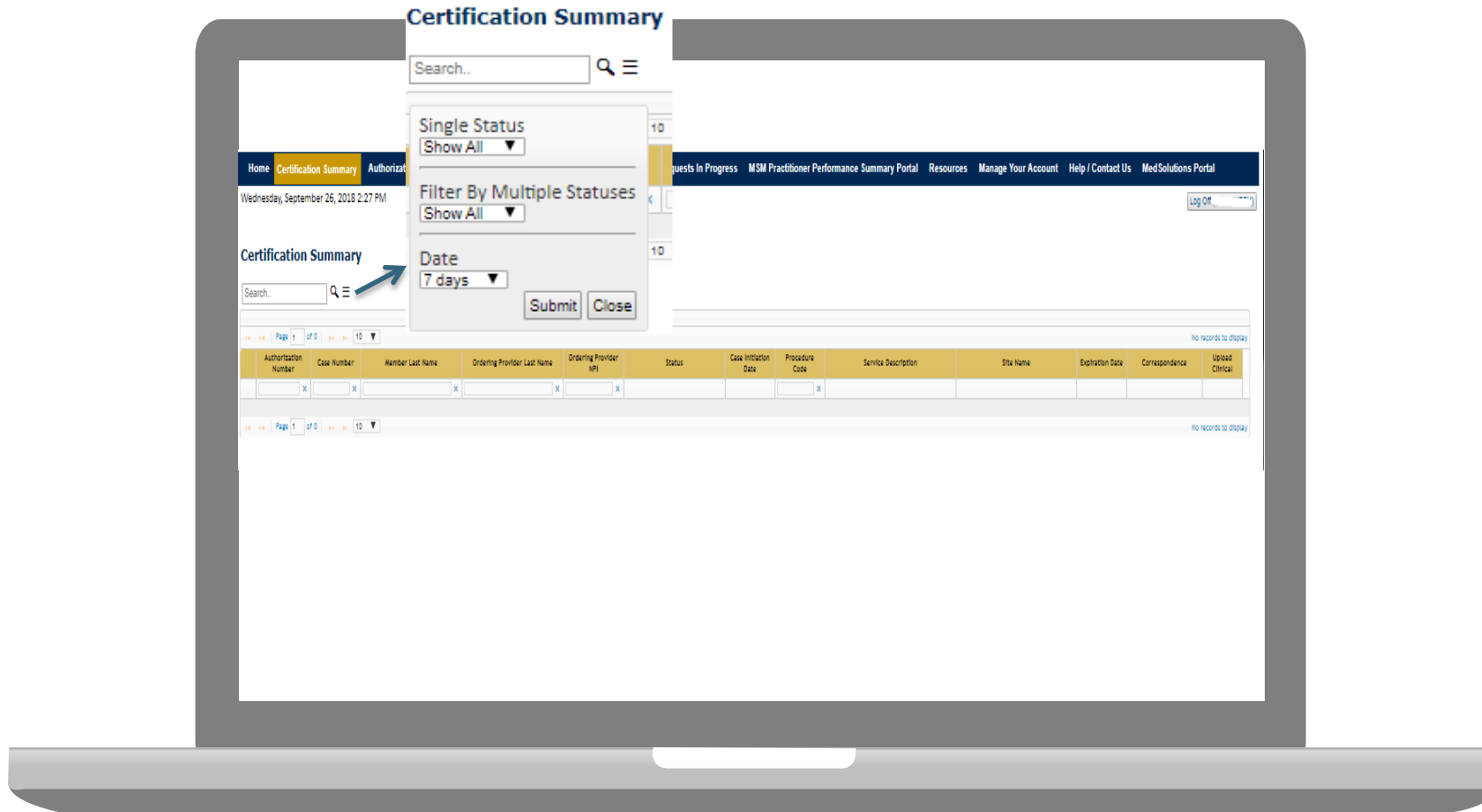
- **CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.**
- **The work list can also be filtered - as seen above.**

Case Initiation

Initiating A Case

Welcome to the CareCore National Web Portal. You are logged in as **GABSTER1**.

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 >>

Horizon Pilot Designation Program >>

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

Select Program

Clinical Certification

Please select the program for your certification:
- ○ Radiology and Cardiology
- ○ Specialty Drugs
- ○ Radiation Therapy Management Program (RTMP)
- ○ Musculoskeletal Management
- ○ Sleep Management
- ● Lab Management Program
- ○ Durable Medical Equipment(DME)
- ○ Medical Oncology Pathways

Are you building a case as a referring provider or as a rendering lab?
Please Select ▾

Cancel Print Continue

Click here for help or technical support

Select the **Program** for your certification.

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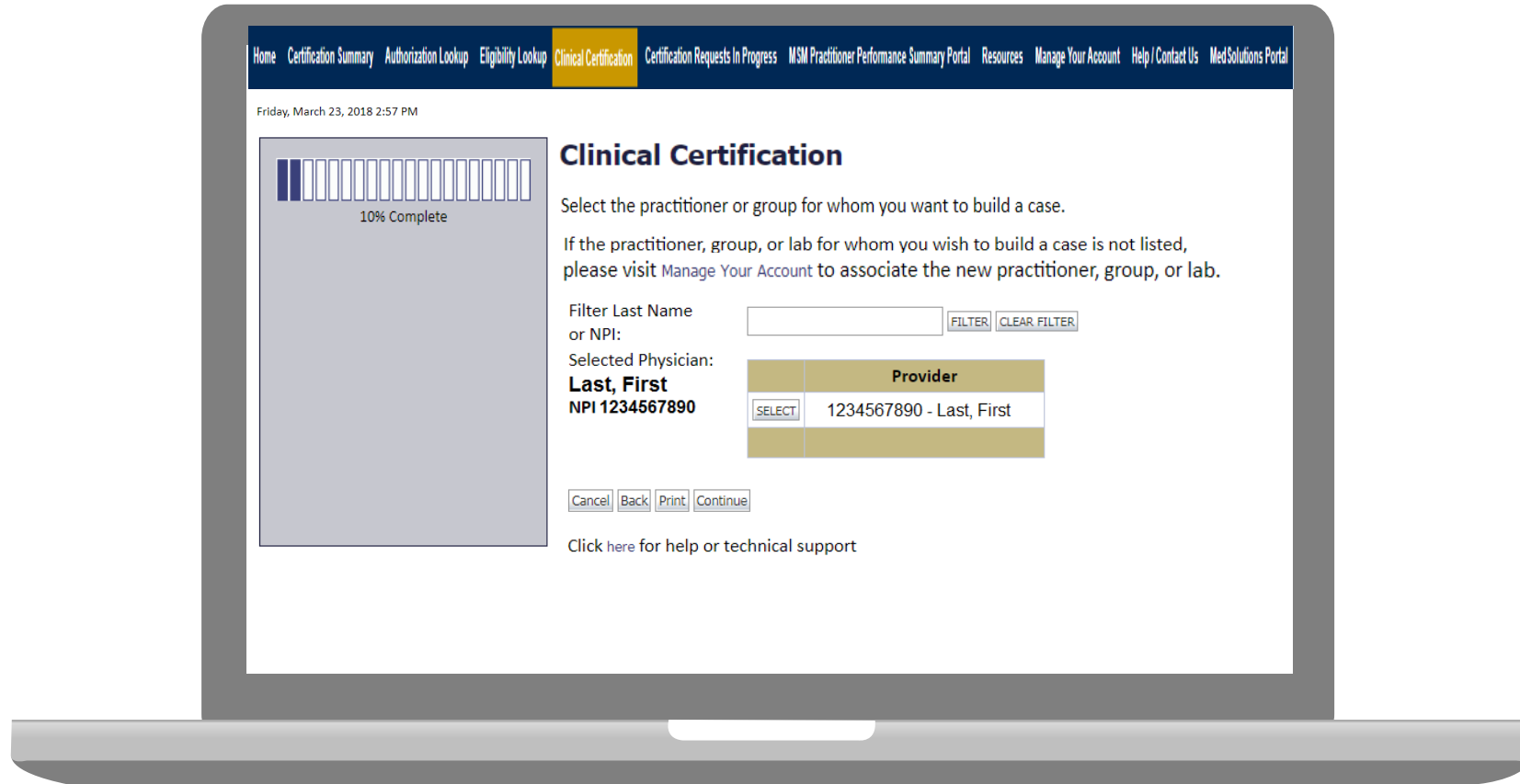
Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan
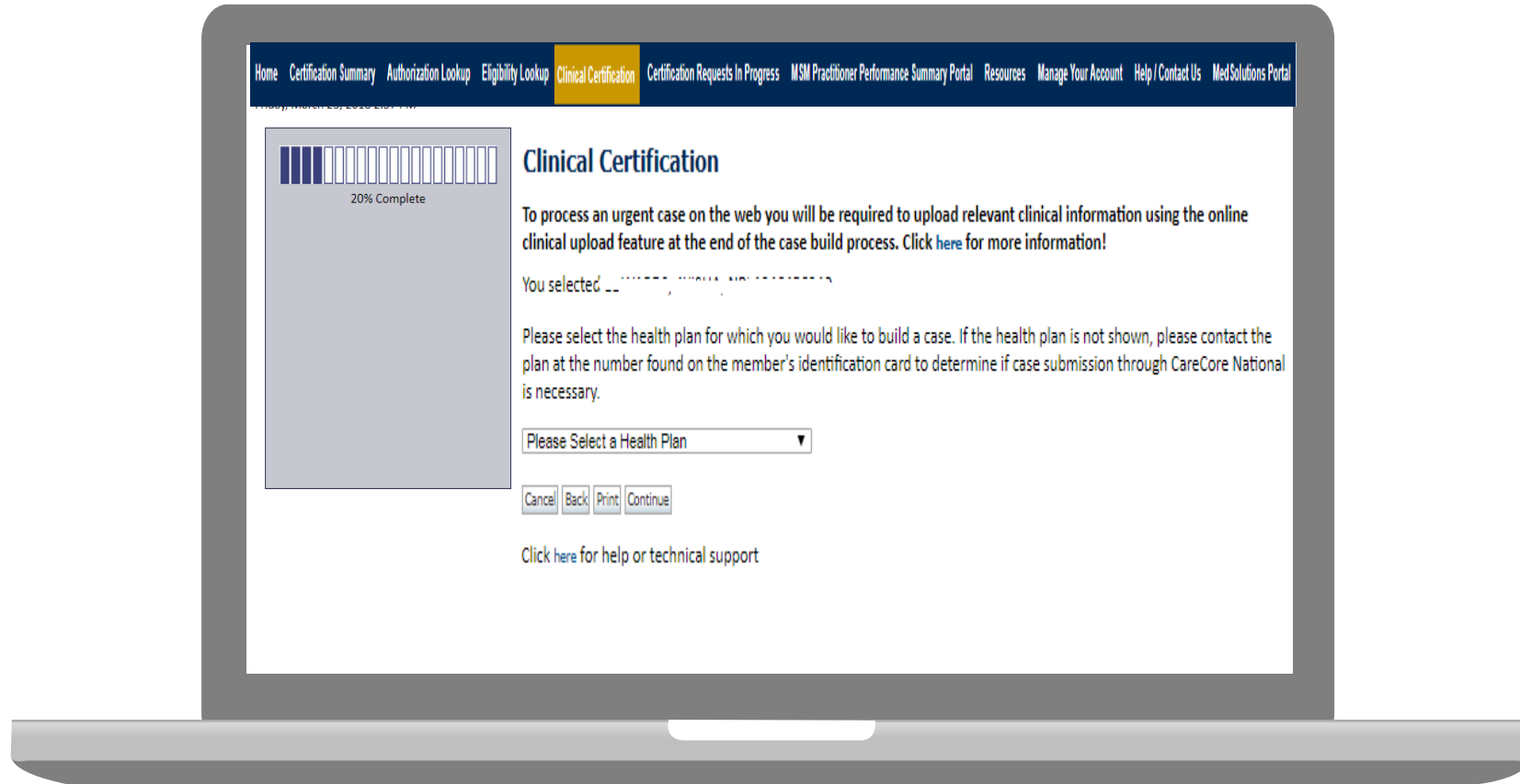
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information
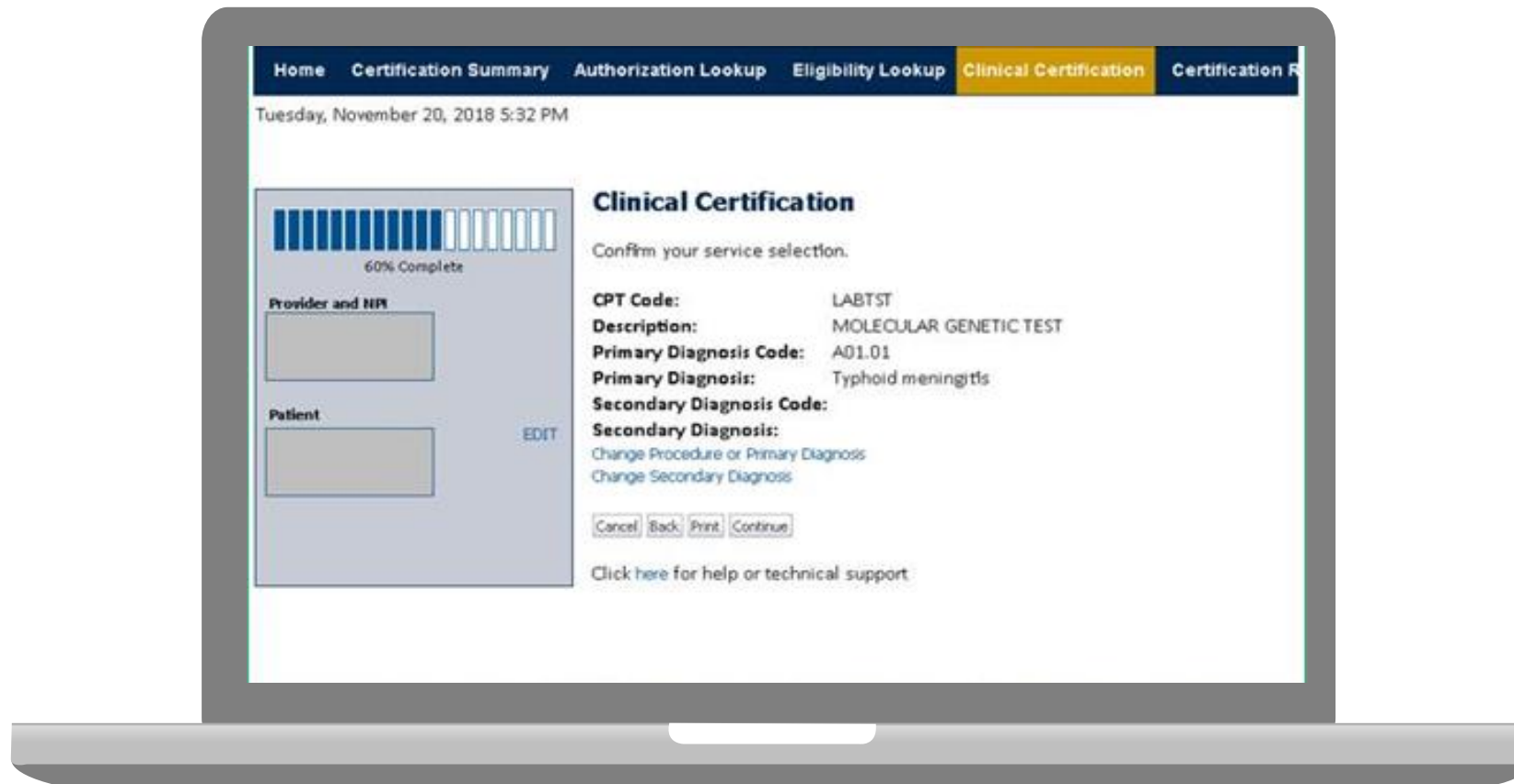
Enter the **Provider's name** and appropriate information for the point of contact individual.

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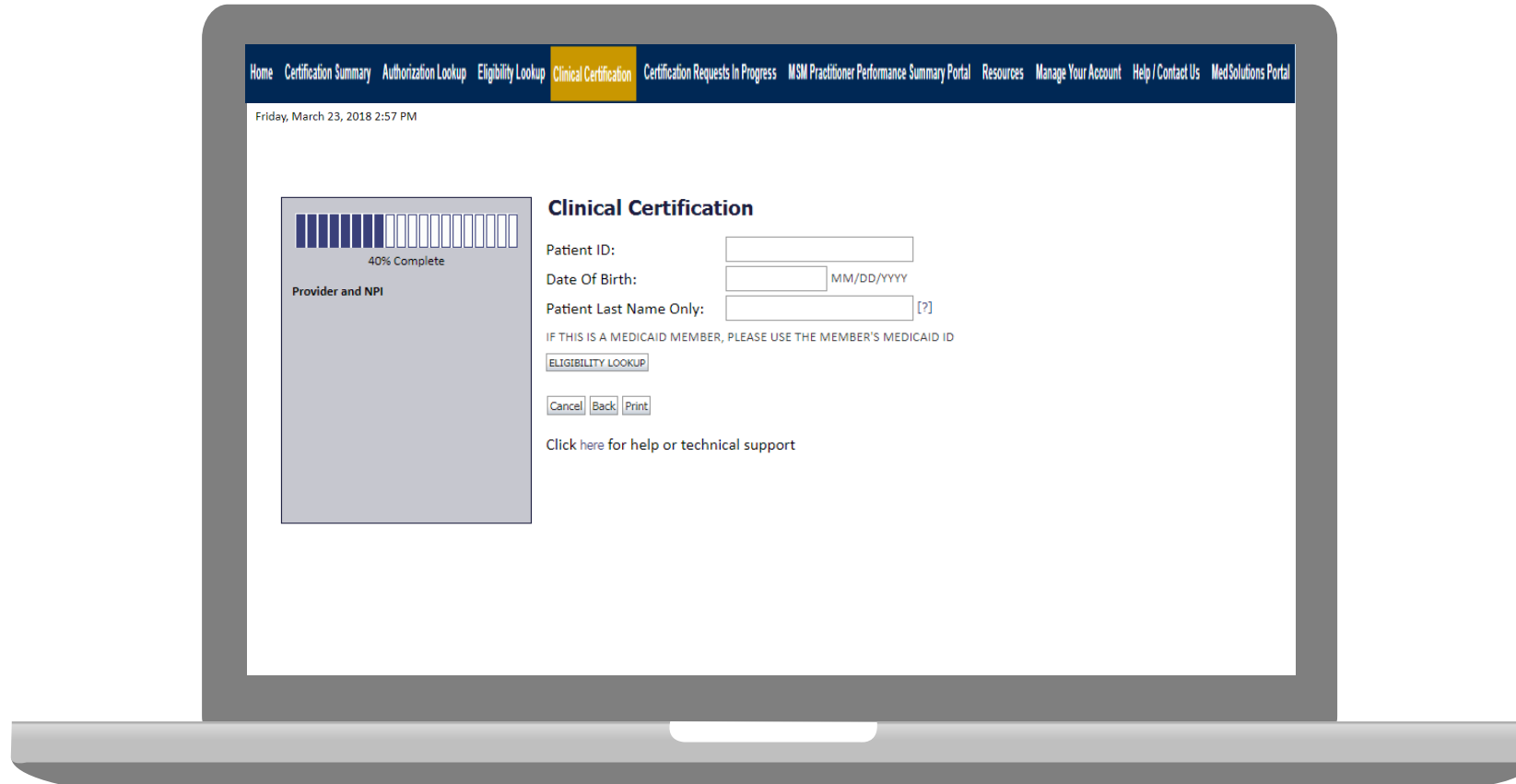
Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

Clinical Details
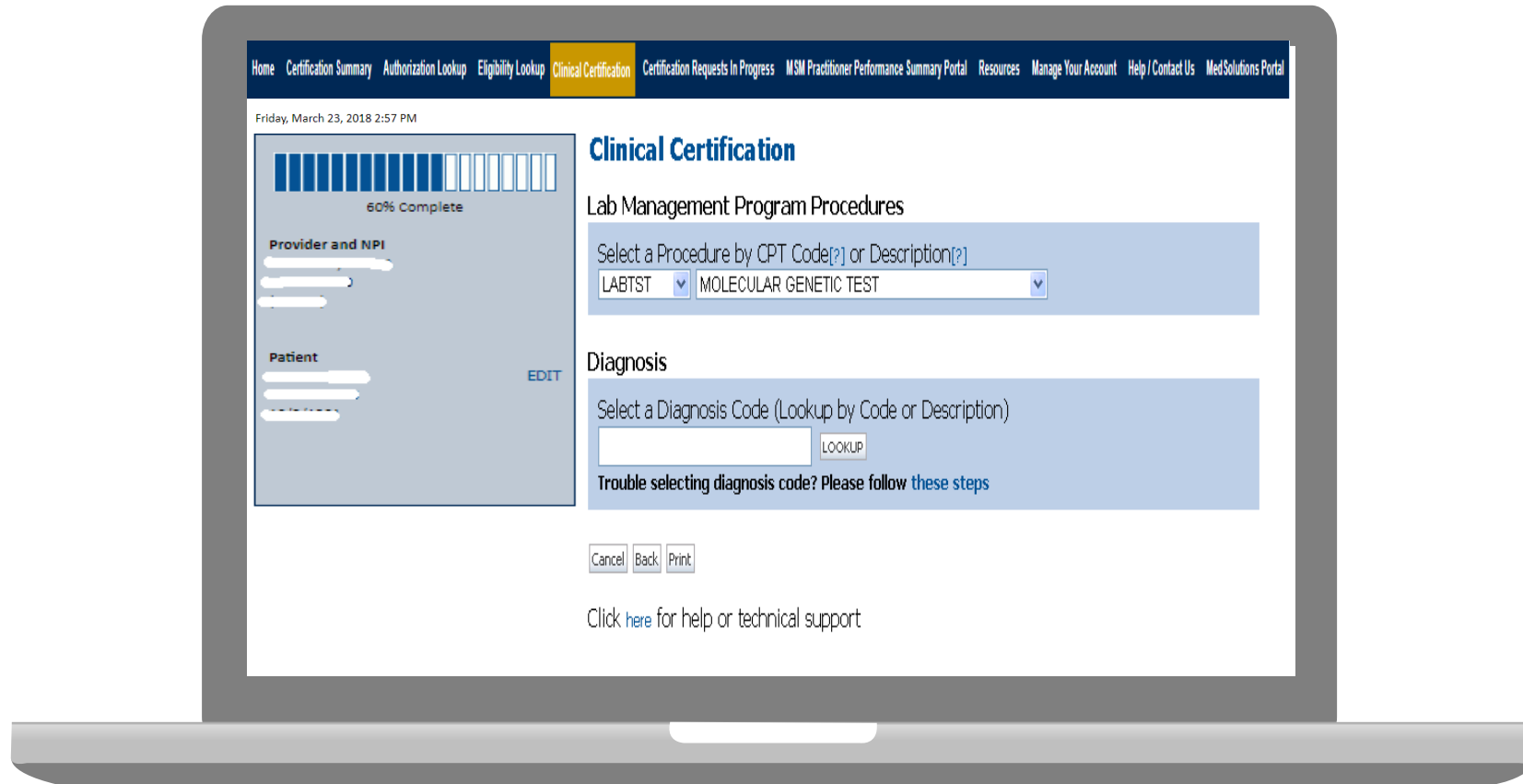
Select the Program and Diagnosis codes.

Verify Service Selection

Clinical Certification

Confirm your service selection.

Procedure Date:
CPT Code:
Description:
Primary Diagnosis Code:
Primary Diagnosis:
Secondary Diagnosis Code:
Secondary Diagnosis:
Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel Back Print Continue

Click here for help or technical support
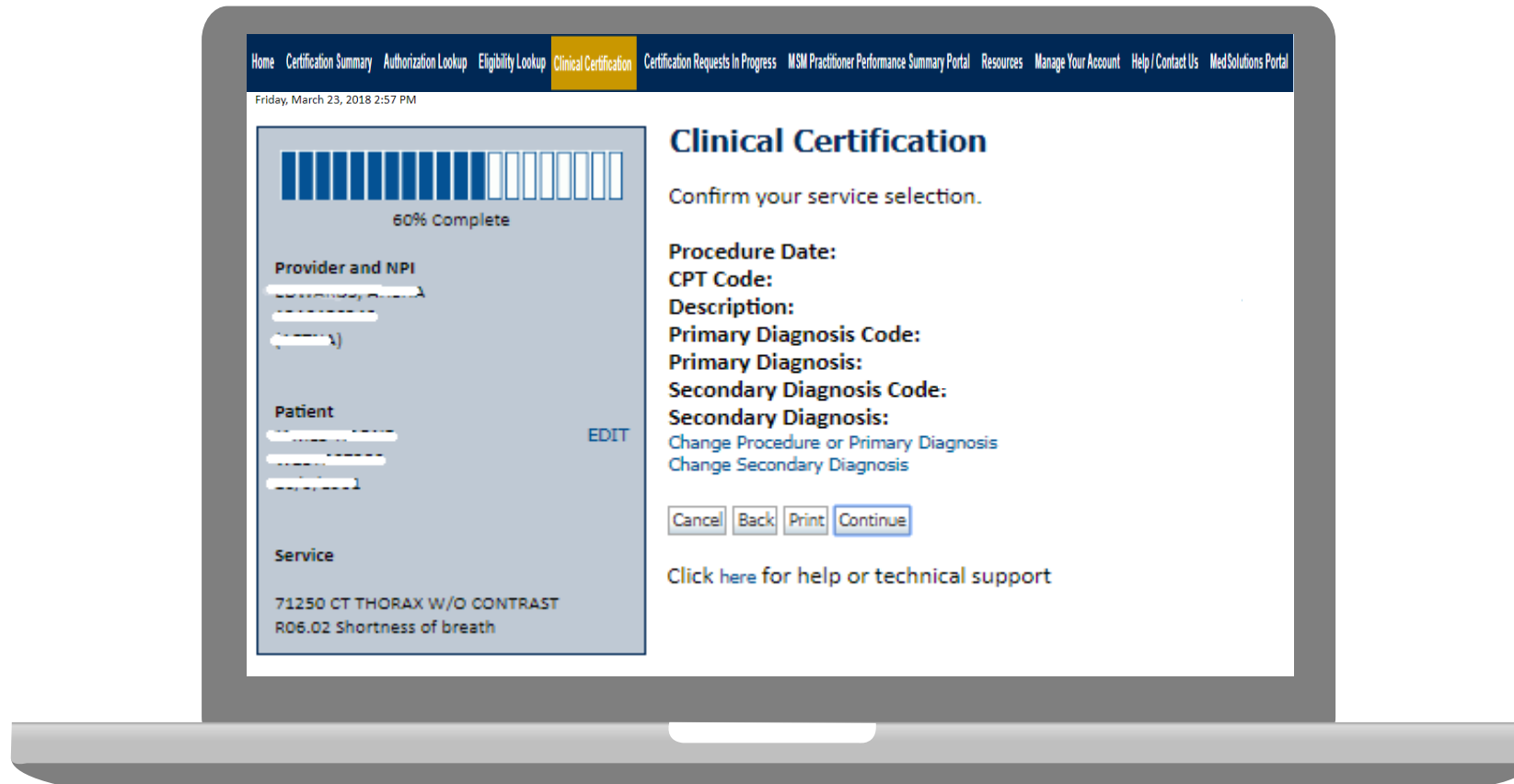
Click continue to confirm your selection.

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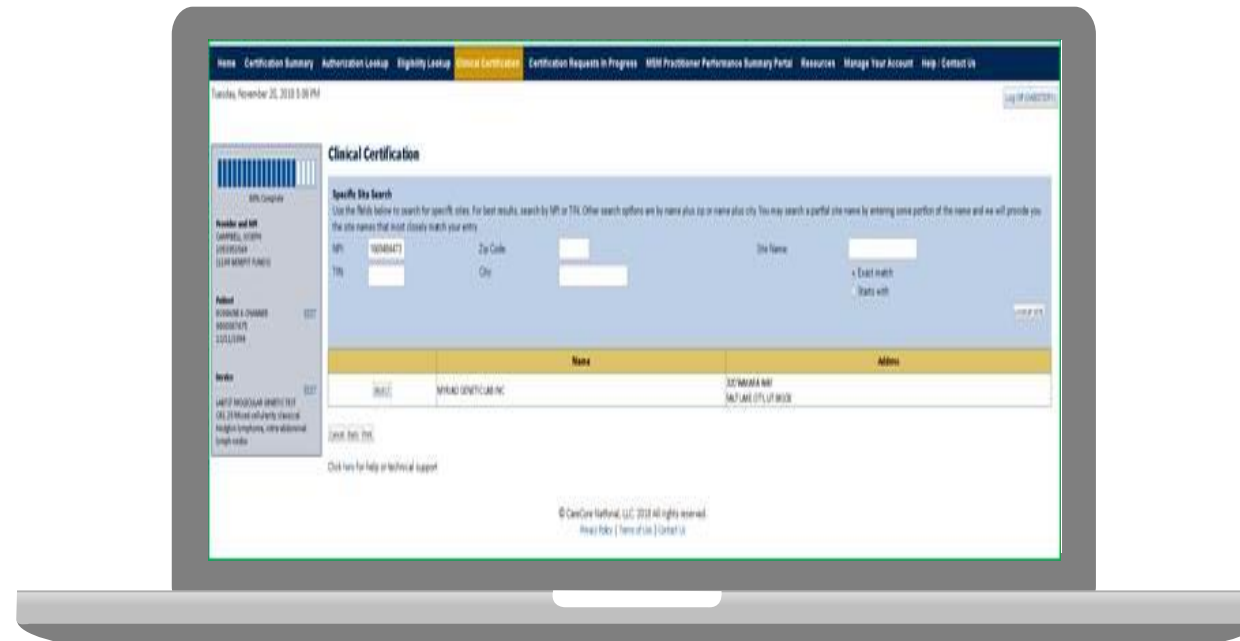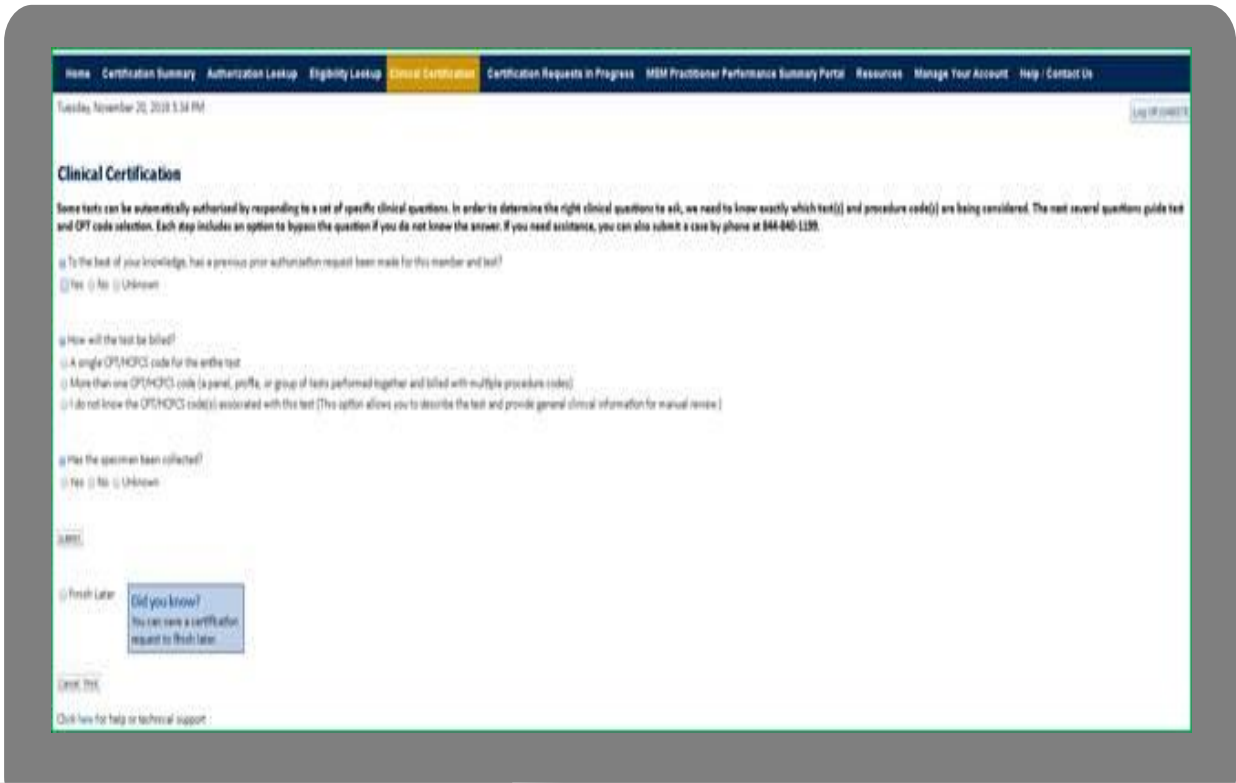
Select the **specific site** where the testing/treatment will be performed.

Pause/Save Option
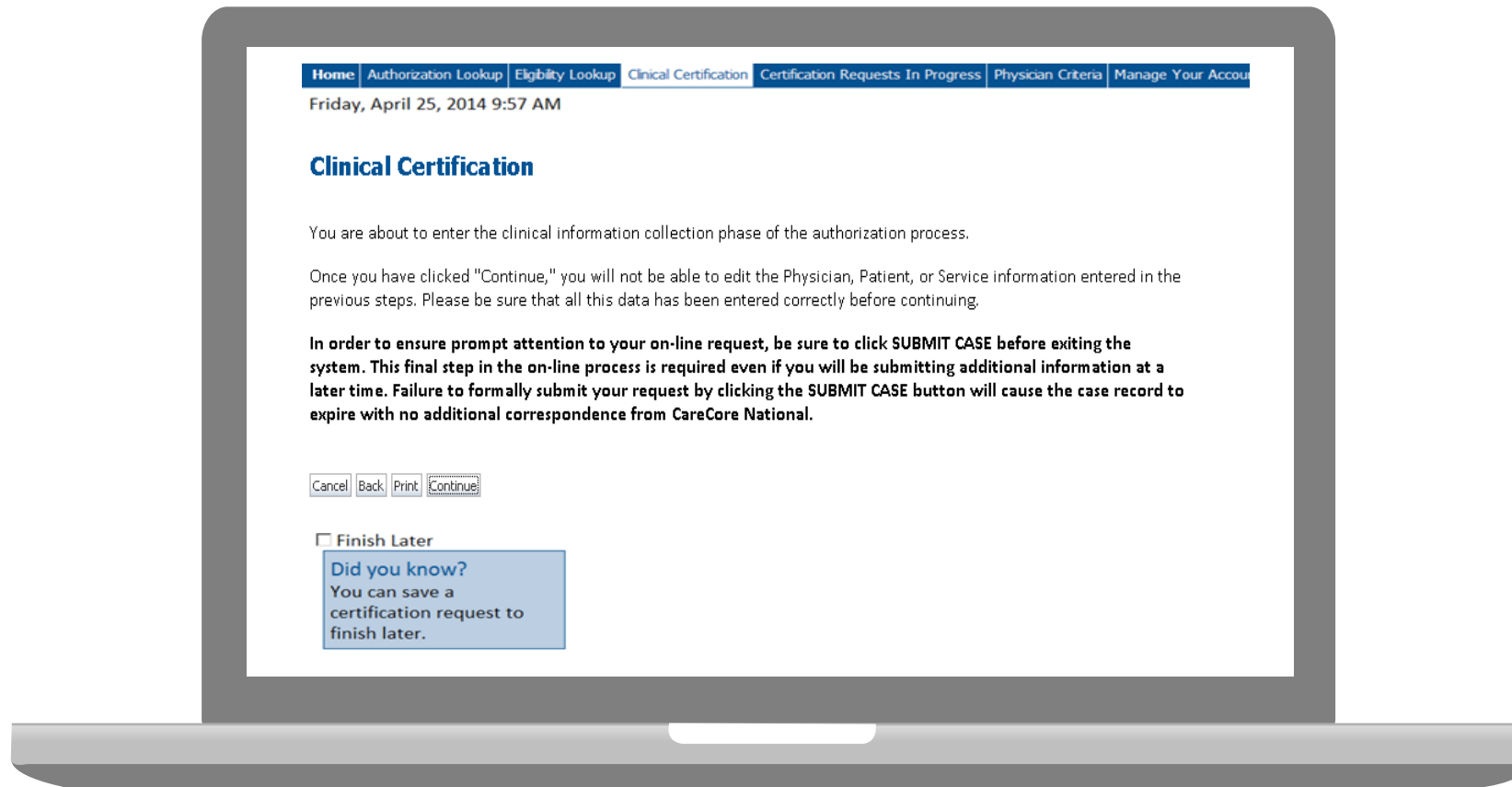
- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process. You will not have the opportunity to make changes after that point.**

- **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.**

Single or Multi CPT Code and Collection Date

Single or Multi CPT Code and Collection Date

Test Identification

Single CPT Code

Clinical Certification

ℹ Select the single CPT/HCPCS code associated with the test from the list below (in numeric order). If the code is not listed, that test is not under program management.

```
81376-HLA II TYPING 1 LOCUS LR
81377-HLA II TYPE 1 AG EQUIV LR
81378-HLA I & II TYPING HR
81379-HLA I TYPING COMPLETE HR
81380-HLA I TYPING 1 LOCUS HR
81381-HLA I TYPING 1 ALLELE HR
81382-HLA II TYPING 1 LOC HR
81383-HLA II TYPING 1 ALLELE HR
81400-MOPATH PROCEDURE LEVEL 1
81401-MOPATH PROCEDURE LEVEL 2
81402-MOPATH PROCEDURE LEVEL 3
81403-MOPATH PROCEDURE LEVEL 4
81404-MOPATH PROCEDURE LEVEL 5
81405-MOPATH PROCEDURE LEVEL 6
81406-MOPATH PROCEDURE LEVEL 7
81407-MOPATH PROCEDURE LEVEL 8
81408-MOPATH PROCEDURE LEVEL 9
81410-AORTIC DYSFUNCTION/DILATION
81411-AORTIC DYSFUNCTION/DILATION
81412-ASHKENAZI JEWISH ASSOC DIS
```

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.

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-Aspirin, 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, Myotonia, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)
Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)
Other/Not listed/Not sure
```

Cancel | Print

Select the Single CPT Code or Select by Test Type

Clinical Questions

Answer the following questions in clinical detail:

ⓘ Provide the indication for this test.

ⓘ Describe the patient's signs and symptoms (if none, write not applicable)

ⓘ Describe any relevant testing or procedure results for this patient. (If none, wri

1. Provide the indication for this test
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.

Additional Information

Clinical Certification

ⓘ Is there any additional information specific to the member's condition you would like to provide?
○ I would like to upload a document
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

Enter text in the space provided below or both.

ⓘ Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘ Additional Upload Document:

[Browse...]

[SUBMIT]

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 upload documentation, enter information into the text field, or contact us via phone.

Multiple documents can be uploaded at no larger than 5MB each.

Immediate Case Status

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: Description:

Secondary Diagnosis Code: Description:

CPT Code: Description:

Modifier:

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.

Medical Review

Clinical Certification

ⓘIs there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

Enter text in the space provided below or both.

ⓘAdditional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘAdditional Upload Document:

[ ] Browse...

➤ **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.**

Authorization look up

- 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
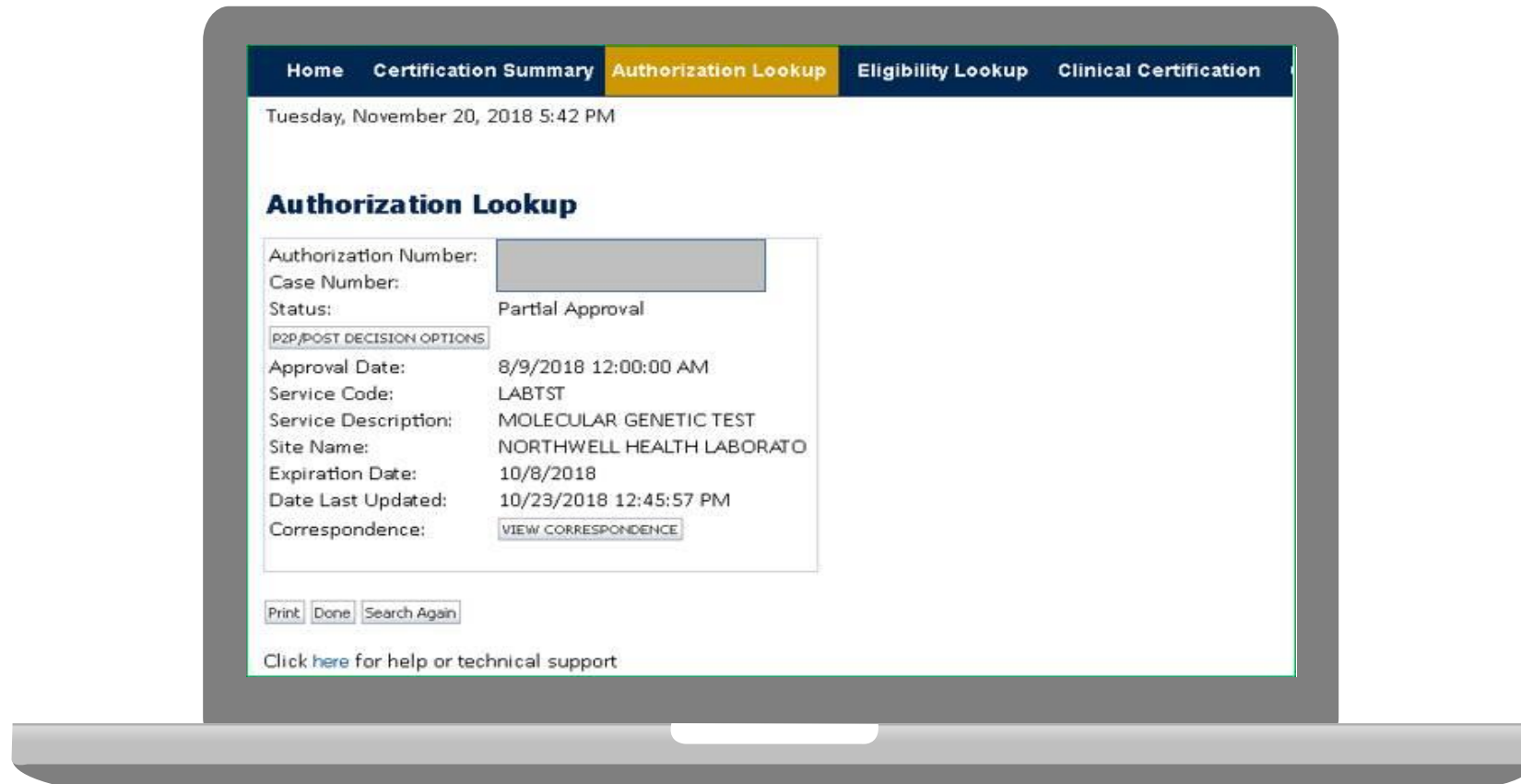
Eligibility Look Up

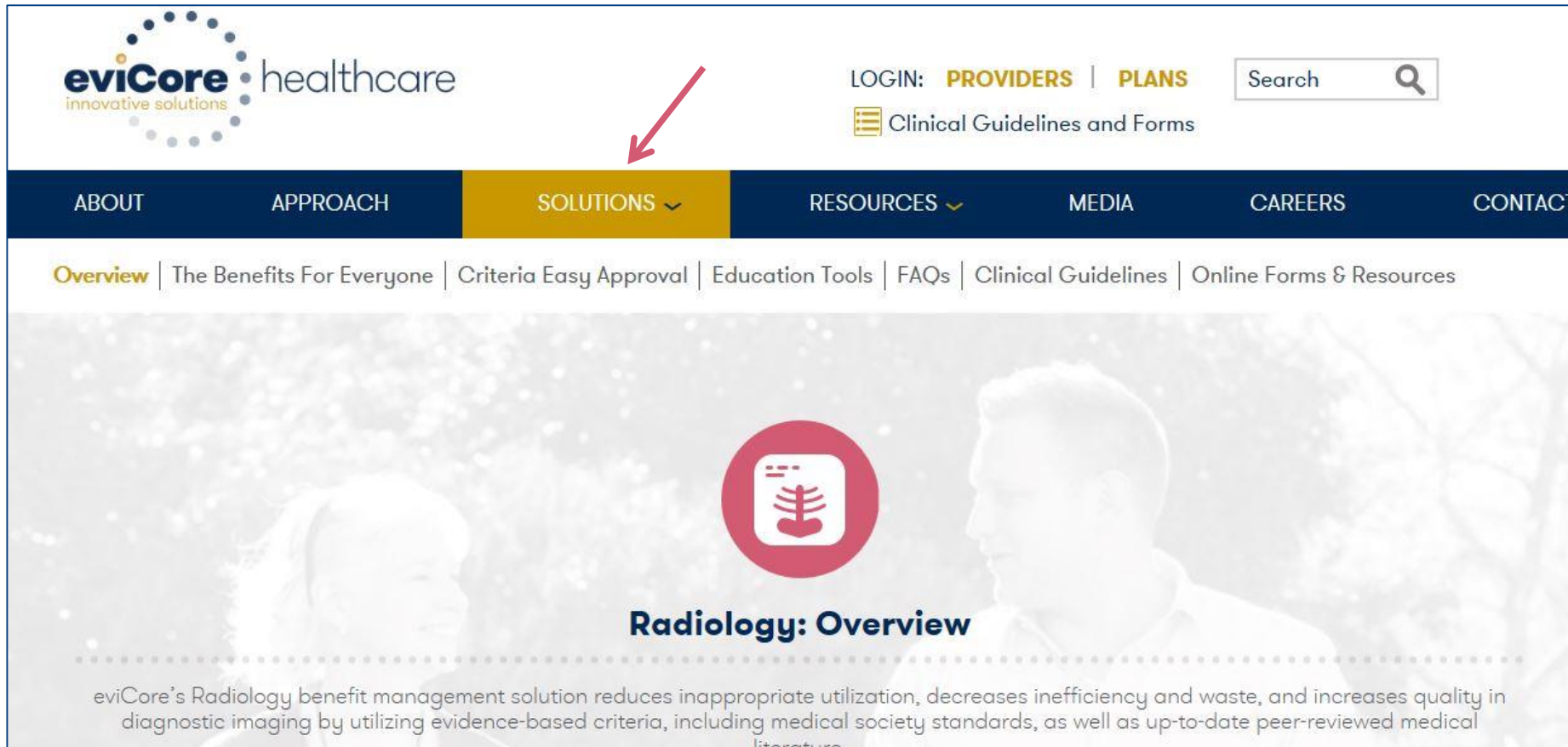**You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.**

Provider Resources

Radiology/Cardiology Online 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: Prior Authorization Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

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

- 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

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

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

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

To reach eviCore Client Services, call (800) 646-0418 (Option #4) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: **Implementation** Website

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Contact WellCare for Provider Enrollment Questions

WellCare Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/wellcareUAM

- **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!