Prior Authorization of Cardiac Services & Non-OB Ultrasound for Health Partners Plans

Provider Orientation

Company Highlights

3K+ 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

NCQA Certification Utilization Management

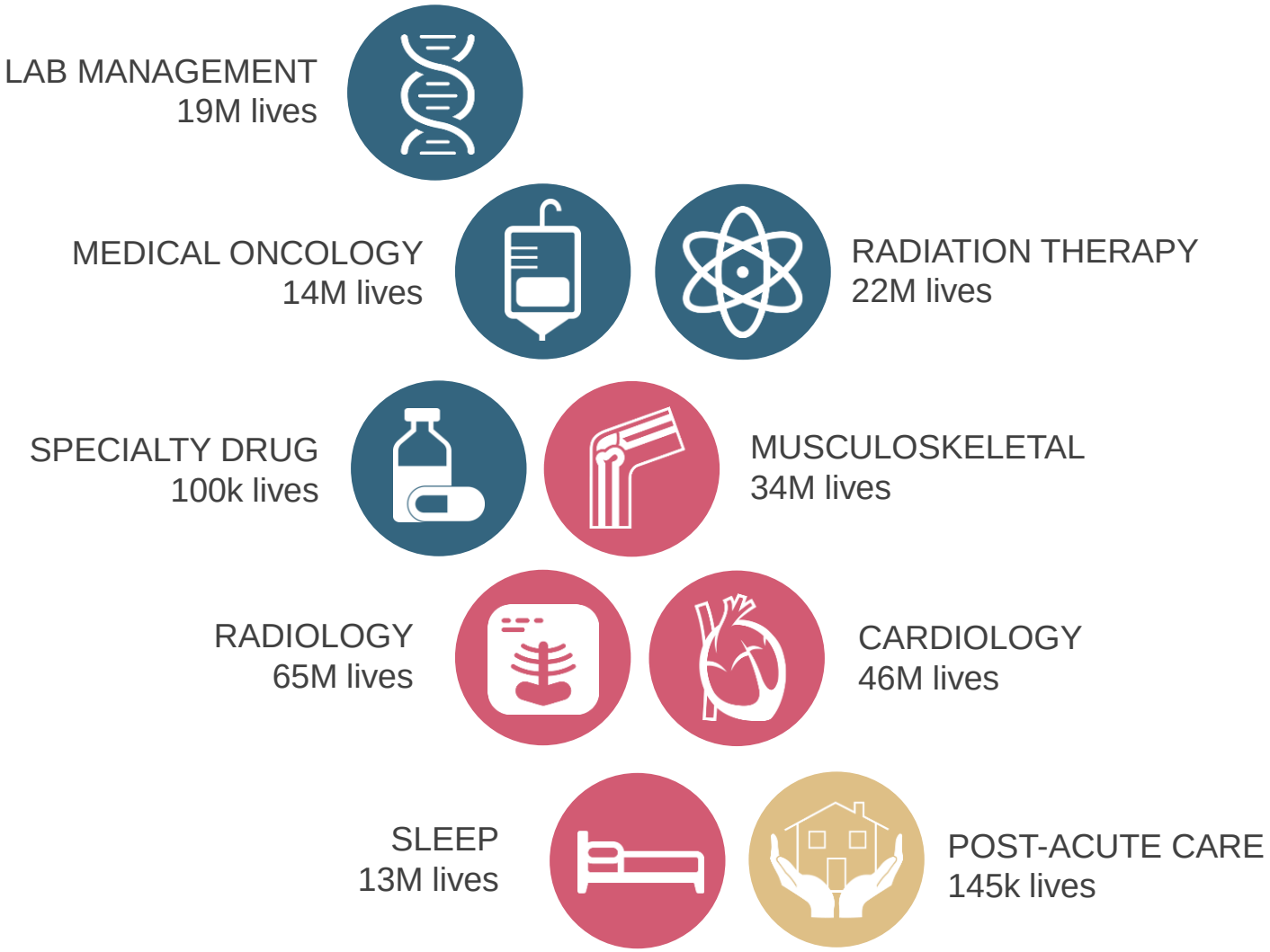
URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA

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

12M claims
processed annually

Integrated Solutions



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

- Family Medicine
- Internal Medicine
- Pediatrics
- Sports Medicine
- OB/GYN
- Cardiology
- Nuclear Medicine
- Anesthesiology
- Radiation Oncology
- Sleep Medicine
- Oncology/Hematology
- Surgery
  - General
  - Orthopedic
  - Thoracic
  - Cardiac
  - Neurological
  - Otolaryngology
  - Spine
- Radiology
  - Nuclear Medicine
  - Musculoskeletal
  - Neuroradiology

- **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**

Organic 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 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

Client Service Delivery Team

The Client Service delivery team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Service Representatives

Client service representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client service mangers 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 of Cardiac Services & Non-OB Ultrasound for Health Partners Plans

Health Partners Plans

Program Overview

eviCore will begin accepting requests on July 25, 2016 for dates of service August 1, 2016 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
- 23-hour observation

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

Prior Authorization Required:

- Diagnostic Heart Catheterizations
- Cardiac Rhythm Implantable Devices
- Non-OB Ultrasound

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

http://www.medsolutions.com/implementation/HealthPartnersPlans/index.html

Applicable Membership

Authorization is required for the following Health Partners Plans members. This includes members enrolled in the following programs:

- Health Partners Medicare
- Health Partners Medicaid (excluding KidzPartners)

Prior Authorization Requests

How to request prior authorization:

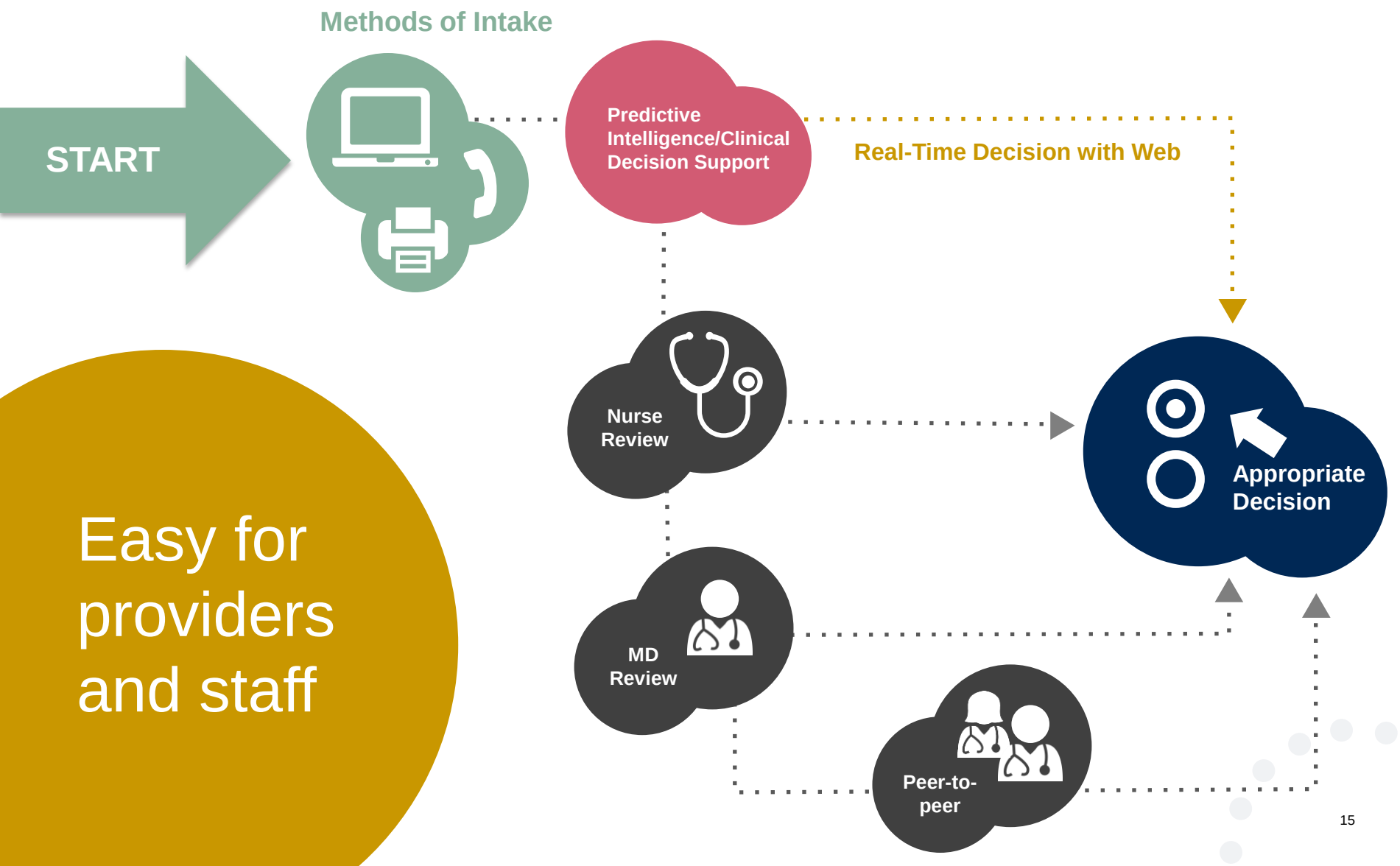
www.evicore.com

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

Or by phone:
888.693.3211
may change by client
8:00 a.m. to 9:00 p.m. (EST)
Monday - Friday

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

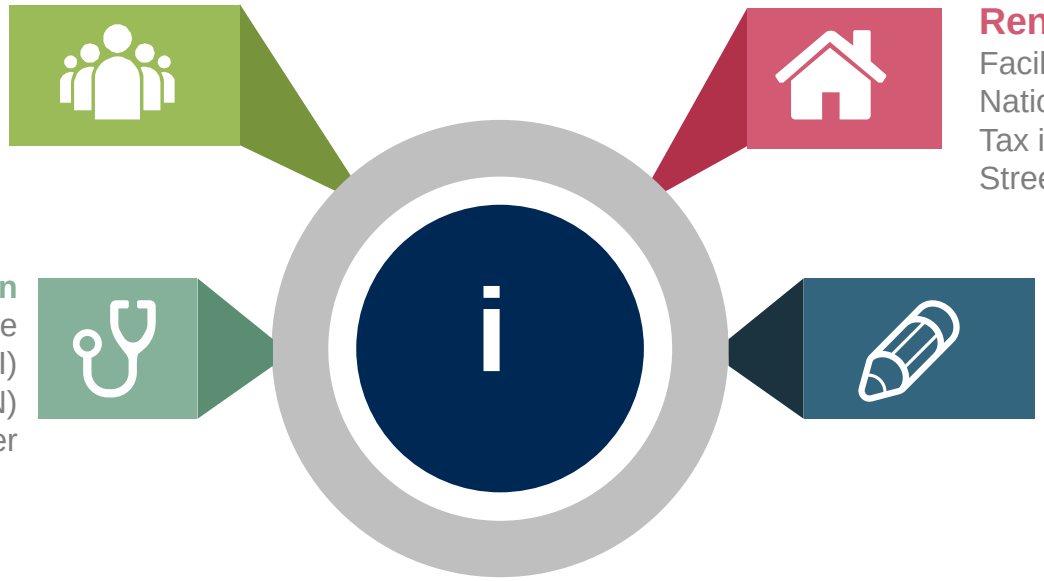
Clinical Review Process



Needed Information

Member
Member ID
Member name
Date of birth (DOB)

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



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

Requests
CPT code(s) for requested imaging

The appropriate diagnosis code for the working of differential diagnosis

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 45 calendar days from the date of determination.

Delivery:

- Faxed to ordering provider and rendering facility
- 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 Peer Review

Delivery:

- Faxed to the rendering provider Mailed to the member

Prior Authorization Outcomes - Medicaid

Peer-to-Peer Review

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician.

Prior Authorization Outcomes – Medicare / Medicare Advantage

Pre-Decision Consultation

- 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 healthcare will be delegated for first level member and provider appeals.
- Requests for appeals must be submitted to eviCore within 30 calendar days of the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Retrospective Studies:

- Retro Requests must be submitted with 180 calendar days following the date of service. Requests submitted after 180 calendar days will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 30 calendar days.

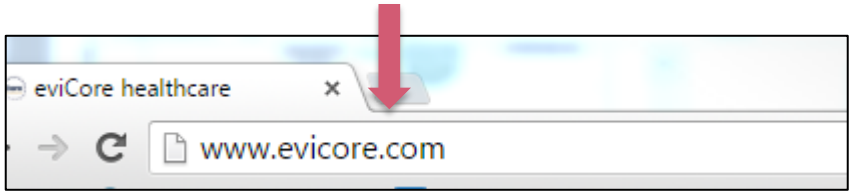
Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information

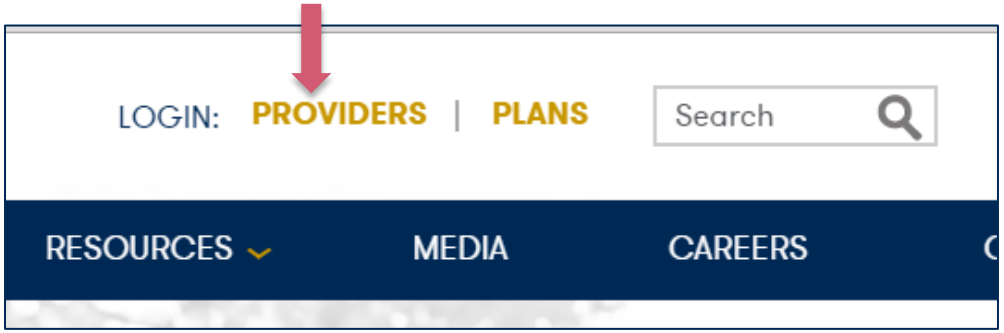
Web Portal Services

eviCore healthcare website

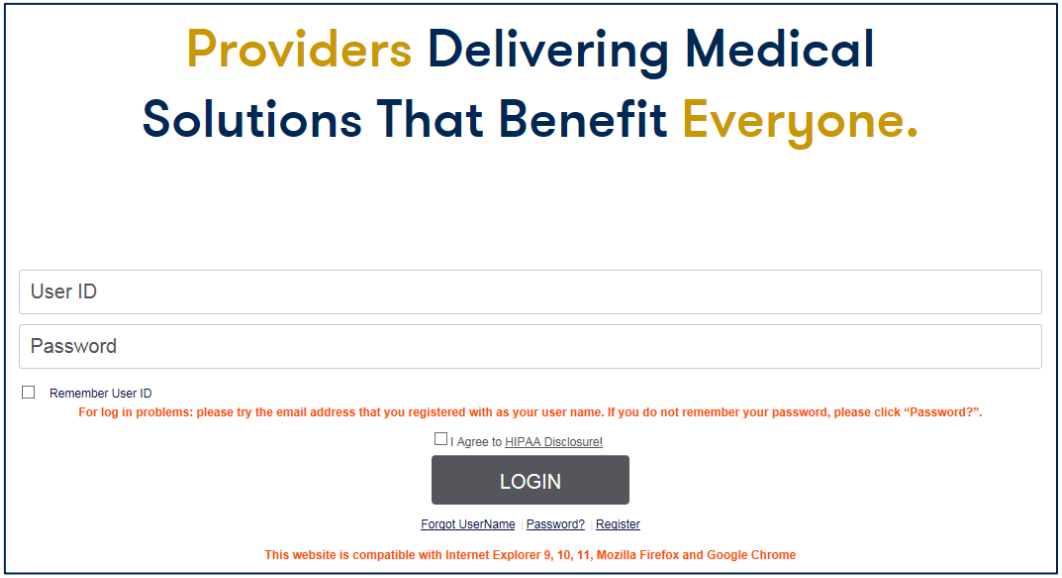
- Point web browser to evicore.com



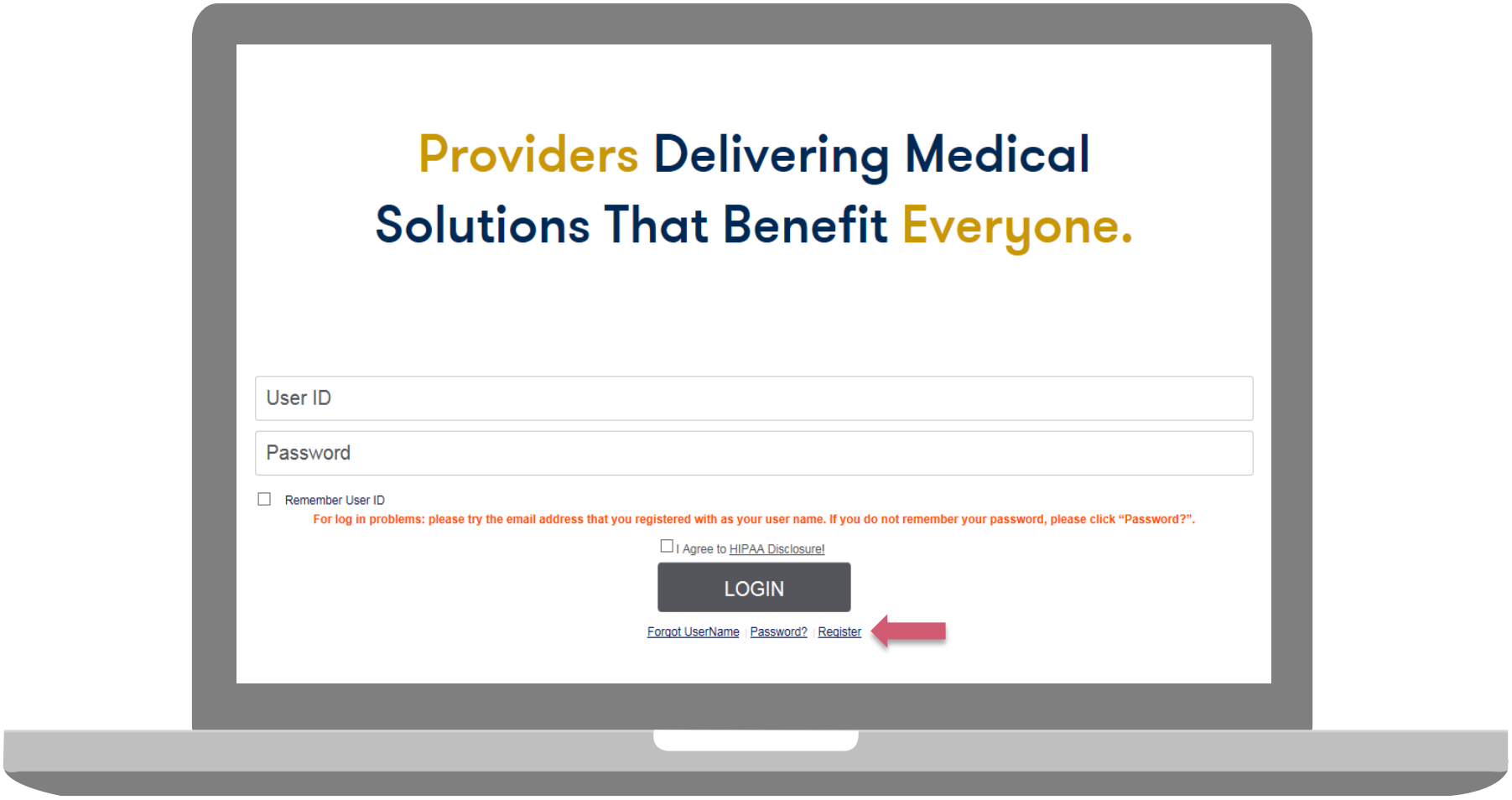
- Click on the “Providers” link



- Login or Register

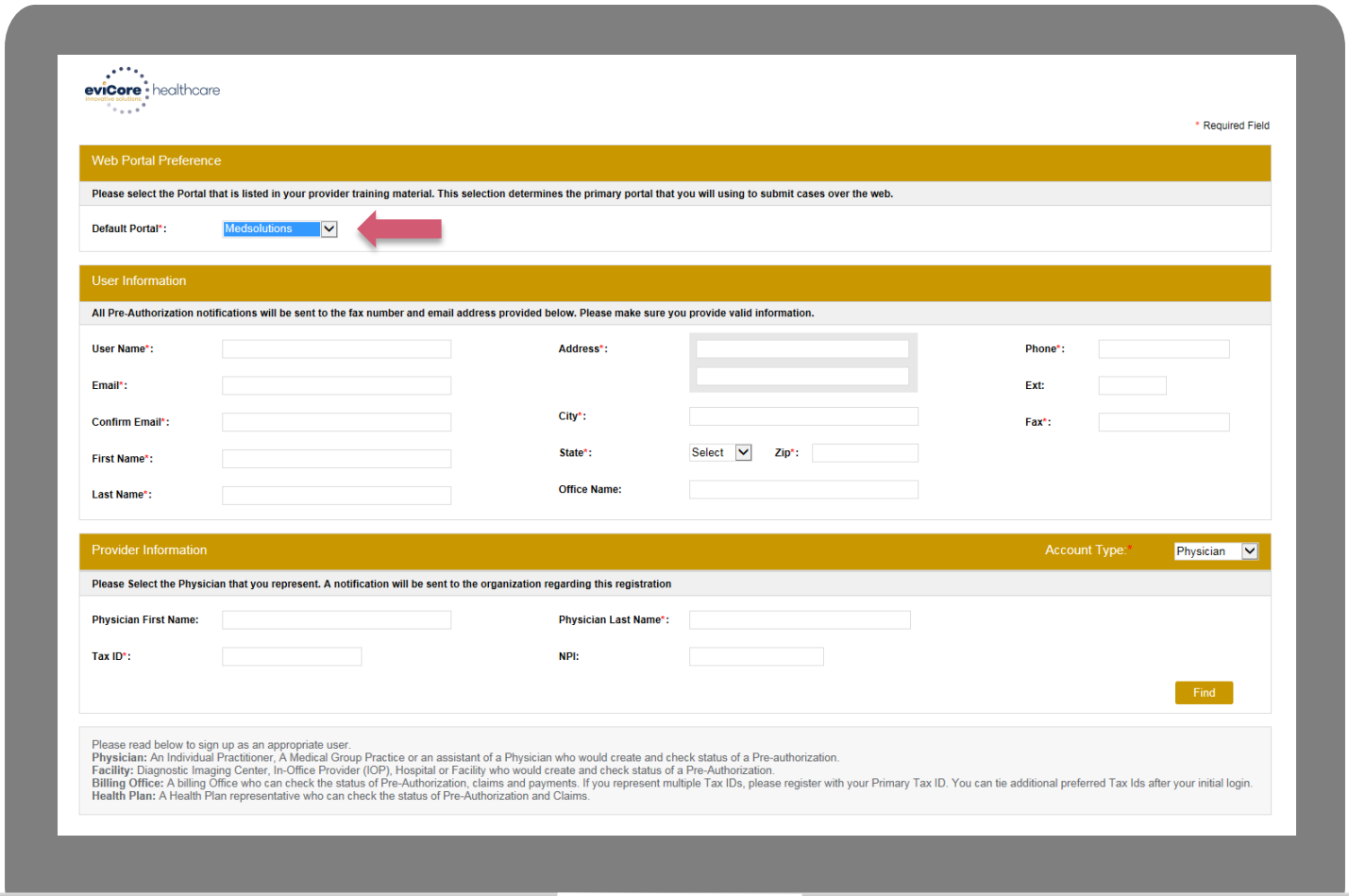


Creating An Account



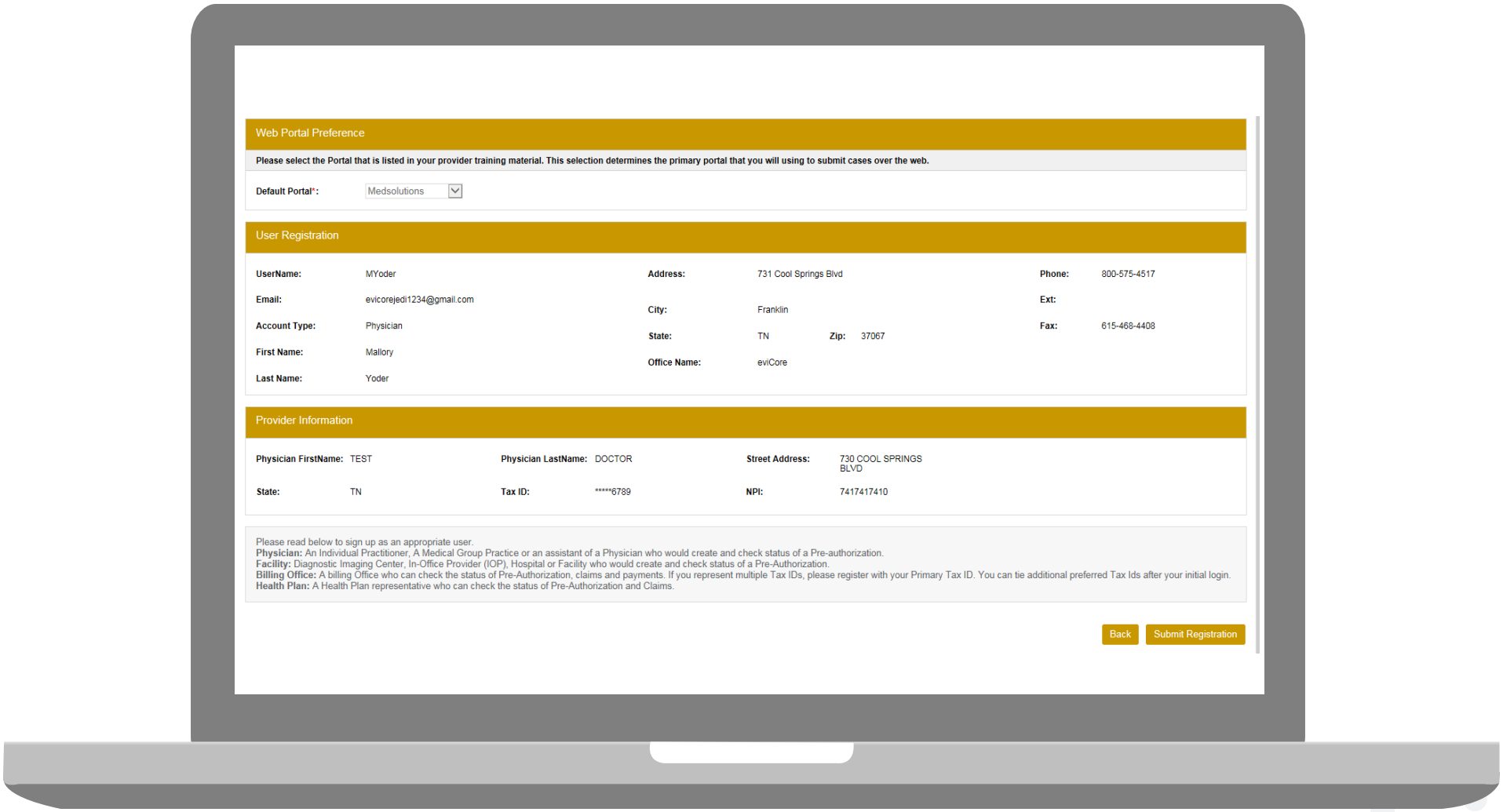
To create a new account, click **Register**.

Creating An Account



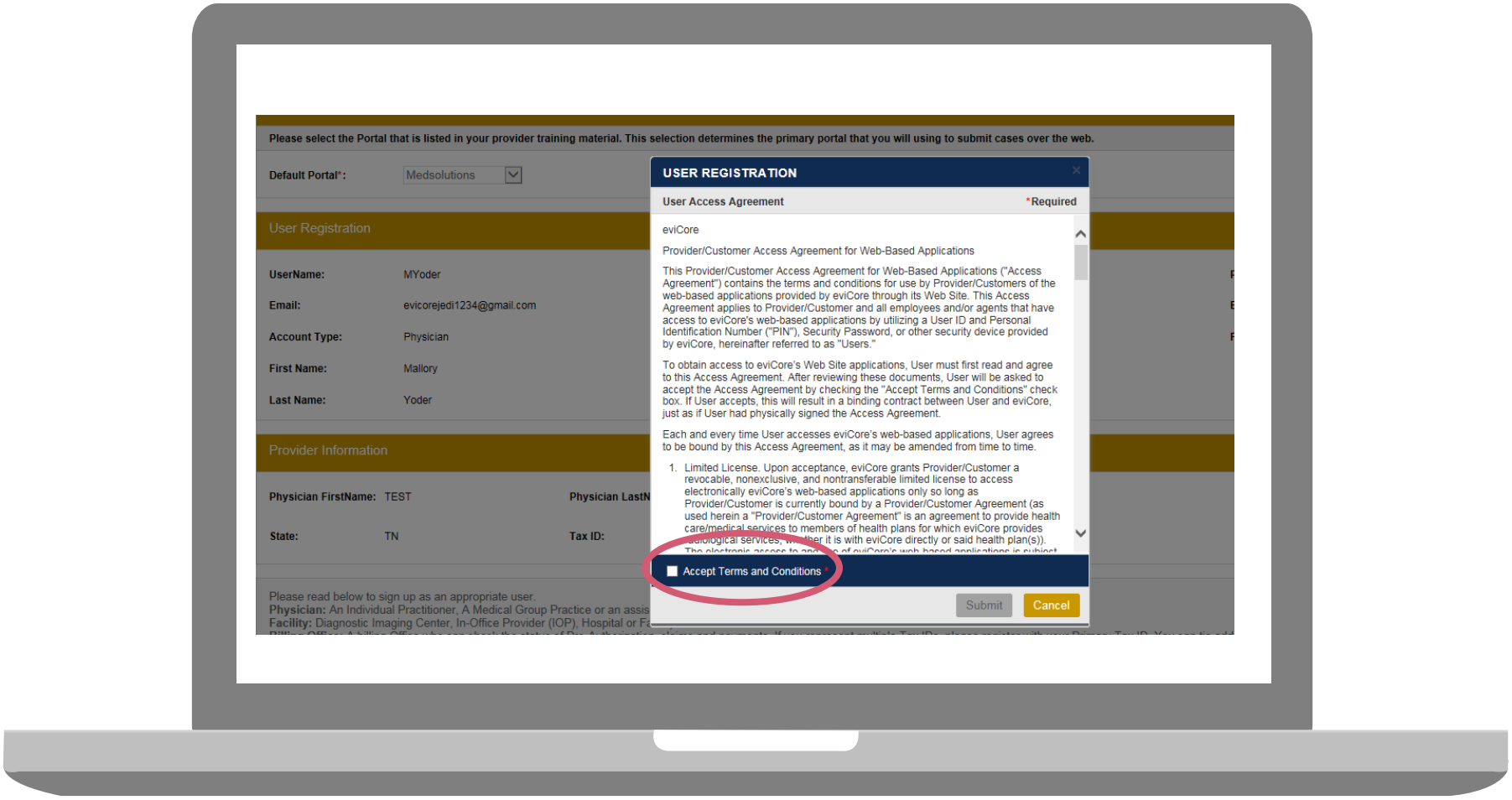
Select a Default Portal. Choose the Account Type, and complete the registration form. There are (4) account types: Facility, Physician, Billing Office, and Health Plan

Creating An Account



Review information provided, and click "Submit Registration."

User Registration-Continued



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

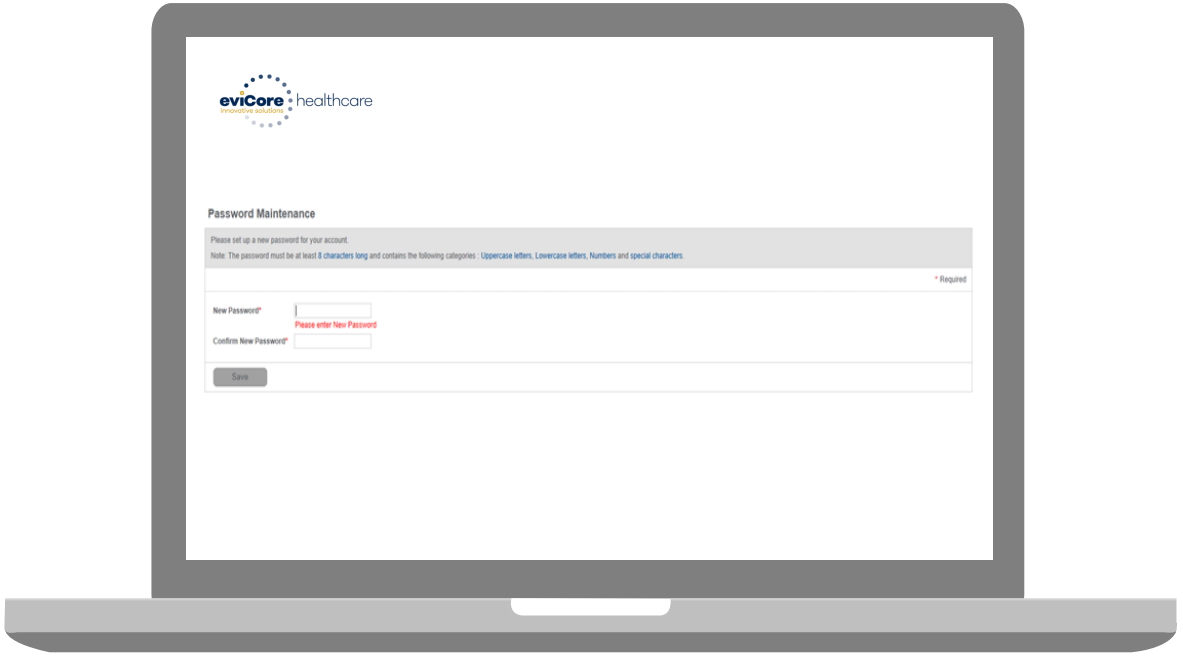
User Registration-Continued

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

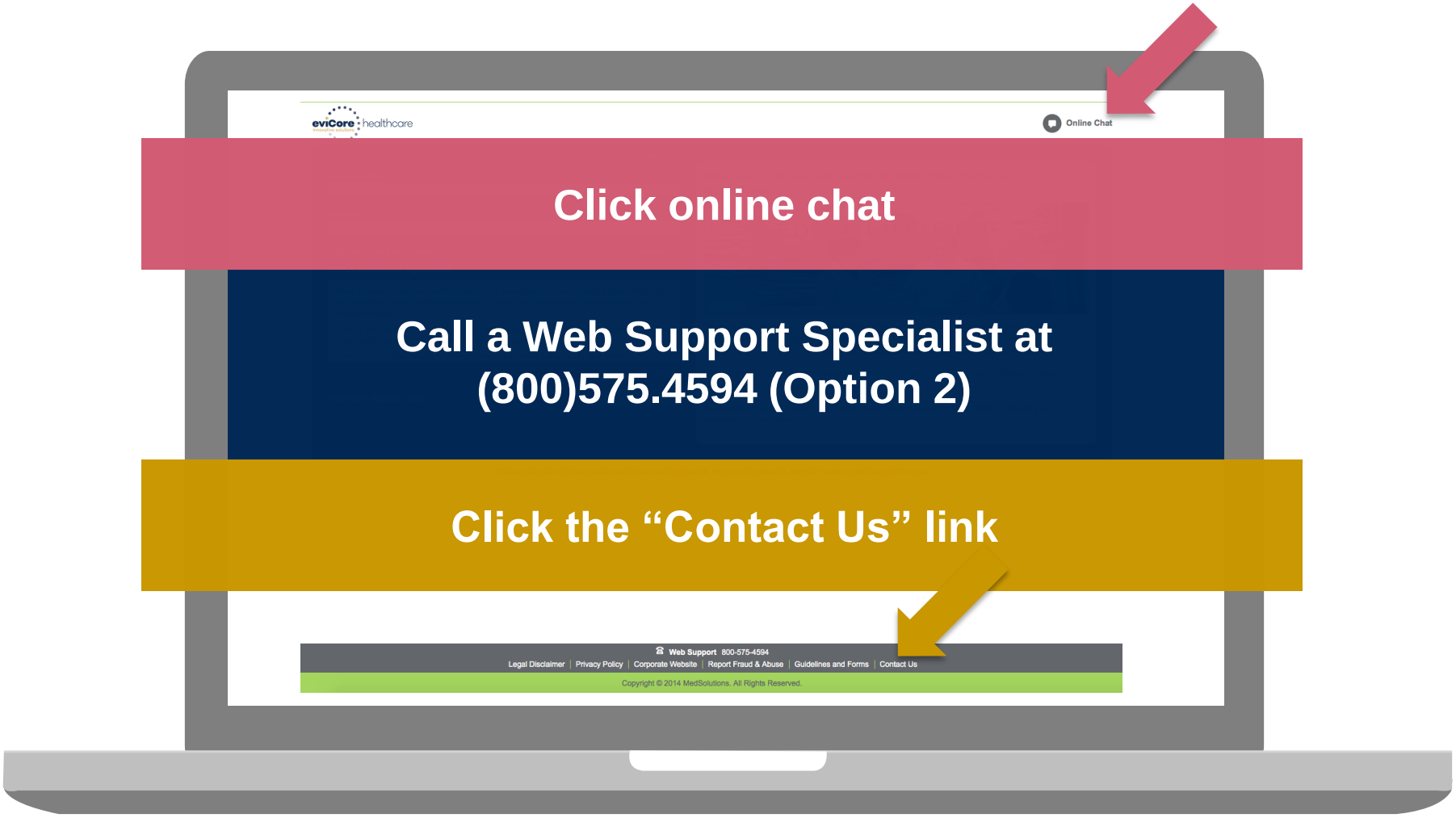
Create a Password

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

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)



Web Portal Services-Assistance



Web Portal Services-Available 24/7

Provider Resources




Provider Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Services Department:

Documents

8:00 AM - 9:00 PM EST: (888) 693-3211

- 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

eviCore fax number: (888) 693-3210

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Services Department:

Documents

www.evicore.com

To speak with a Web Specialist, call (800) 575-4594

- Request authorizations and check case status online
- Print case summary reports
- Attach clinical documents during and after case creation
- Auto save – no data lost
- Export and print work lists
- View cases by individual user and office

Provider Resources: Client Services Department

Pre-Certification Call Center

Web-Based Services

Client Services Department:

Documents

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
- Consumer engagement Inquiries

Provider Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Services Department:

Documents

Provider Enrollment Questions Contact Health Partners Plans at (215) 991-4350

Health Partners Plans Implementation site - includes all implementation documents:

http://www.medsolutions.com/implementation/HealthPartnersPlans/index.html

- CPT code list of the procedures that require prior authorization
- Health Partners Plans provider orientation presentation
- eviCore clinical guidelines
- Announcement letters

To obtain a copy of this presentation, please contact the Client Services department at clientservices@evicore.com

Thank You!