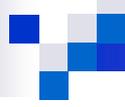


# Updates to the HUSKY Health Radiology Benefit Management Program





# Learning Objectives

- Review prior authorization (PA) requirements
- Clarify changes to the PA process
- Describe the clinical review process
- Present an overview of eviCore healthcare's (eviCore's) provider resources
- Provide an overview of eviCore's clinical approach and use of evidence-based guidelines

# Transition to eviCore healthcare

eviCore will accept PA requests beginning Dec. 19, 2016 for dates of service Jan. 1, 2017 and forward

During the transition period, Dec. 19, 2016 - Dec. 31, 2016 submit requests to:

- eviCore:
  - For dates of service Jan. 1, 2017 and forward
- Care to Care:
  - For dates of service prior to Jan. 1, 2017
  - For modifications to existing authorizations and requests for retrospective reviews

# Transition to eviCore healthcare Jan. 1, 2017 and Forward

Beginning Jan. 1, 2017, providers should submit all radiology requests to eviCore including:

- New requests
- Modifications to existing authorizations
- Requests for retrospective reviews



# PA Requirements

PA required for:

CT, CTA, MRI, MRA, PET, and PET/CT

Members ages 19 and over

Dual eligible members (Medicare/Medicaid) without Medicare Part B coverage

Members with other insurance (OI)

- PA not required for services performed:
  - During an inpatient admission
  - As part of an emergency department visit
  - During an observation stay

# PA Request Submission

- Portal:

Visit [www.huskyhealth.com](http://www.huskyhealth.com), click “***For Providers***,” then click the Radiology Authorization Portal button to submit authorizations or check the status of existing authorizations

- Phone:

1.800.440.5071 - follow prompts to radiology authorizations

- Fax:

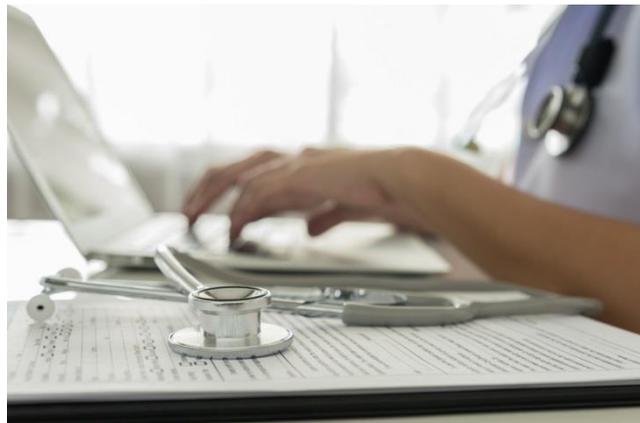
1.888.693.3210 - use new PA radiology fax forms

# New PA Radiology Fax Forms

- Specific to modality, body region, and/or medical condition
- Visit [www.huskyhealth.com](http://www.huskyhealth.com):
  1. Click “**For Providers,**” “**Provider Bulletins and Forms,**” “**Advanced Imaging PA Forms,**” then click the Radiology Authorization Portal button
  2. On the eviCore website click “**Resources,**” “**Providers,**” “**Online Forms and Resources**”
  3. Select “**HUSKY Health,**” “**Radiology**” from the Select Solution drop-down menu then “**Show Results**”

# Code Groupings

- Effective for dates of service Jan. 1, 2017 and forward, the use of code groupings as outlined in DSS Provider Bulletin PB 2013-48 will no longer be allowed
- Providers must follow the process to request modifications to existing authorizations



# Codes

- **For studies performed at independent radiology facilities and physician offices:**
  - Providers should request PA using the applicable CPT code
- **For studies performed in an outpatient hospital:**
  - Providers should request PA using the applicable CPT code

***Exception:*** When the following studies are performed in an outpatient hospital setting, providers must request PA using the applicable HCPCS “C” code:

MRA abdomen	MRI breast
MRA chest	MRA lower extremity
MRA pelvis	MRA spinal canal/contents
MRA upper extremity	

# Physician Order

- Providers must include a copy of the physician order when submitting clinical information to eviCore
- For requests submitted via phone or web portal, providers must ensure that a valid order is on file in the member's medical record



# Information Required for Review

Member ID, name, date of birth

Ordering physician name, Medicaid ID, NPI, TIN, fax number

Rendering facility name, Medicaid ID and TIN (if available), NPI, street address

CPT or HCPCS “C” code

ICD-10 diagnosis code

Supporting clinical information

# PA Review

- Coverage determinations are based on an assessment of the individual and his/her unique clinical needs
- Coverage guidelines are made in accordance with the DSS definition of Medical Necessity and in line with evidence-based guidelines
- Should the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail
- Approved authorizations are valid for 30 days from the date the request is received - one extension is allowed upon request

# PA Determinations

- Requests are processed within ***two business days after receipt*** of all necessary clinical information
- Requests for urgent studies are processed within ***72 hours of the request***
- Notification of ***approved*** and ***denied*** requests will be:
  - Faxed to the ordering provider
  - Mailed to the member
- Ordering providers will be notified of ***denied*** requests via phone and will be notified of their right to a peer-to-peer review
- Determination information can also be printed as needed from the eviCore healthcare Web Portal

# Peer-to-Peer Review

- Must be scheduled within two business days from the date of denial
- Can be scheduled for a time that is convenient to the ordering physician
- Allows further clinical discussion
- Additional information provided during the discussion may be sufficient to approve the requested study

# Appeals

- eviCore will process both first and second level provider appeals; requests should be directly submitted to eviCore following the instructions located within the provider denial letter:
  - Level one appeals must be submitted to eviCore ***by phone or in writing within 7 calendar days*** of the date of the provider denial letter
  - Level two appeals must be submitted to eviCore ***in writing within 14 calendar days*** of the date of the level one uphold letter

# PA Modification Requests Prior to Date of Service

- Providers may request a site change or down-code from a study with contrast to a study without contrast prior to date of service ***without additional medical necessity review***
- Providers may request a change in CPT code based on:
  - Change in modality (CT to MRI)
  - Change in body region (abdomen to abdomen and pelvis)
  - Up-code from a study without contrast to a study with contrast ***with additional medical necessity review***

# PA Modification Requests After Date of Service

- Providers must request modifications to existing authorizations ***within 180 days from the date of service***
- Providers may request a site change or down-code from a study with contrast to a study without contrast ***without additional medical necessity review***
- Providers may request a change in CPT code based on:
  - Change in modality
  - Change in body region
  - Up-code from a study without contrast to a study with contrast ***with additional medical necessity review***

# Retrospective Requests - Urgent

- Providers have **3 business days** to submit requests for urgent studies performed after hours
- eviCore will review the request to determine if it was truly urgent in nature
  - If found to be urgent and submitted within 3 business days, request will be reviewed for medical necessity
  - If found to be non-urgent, it will be treated as a standard retrospective request
  - If not received within 3 business days, an administrative denial will be issued for failure to obtain authorization prior to service being rendered; providers may submit an administrative appeal request to Community Health Network of Connecticut, Inc. (CHNCT)

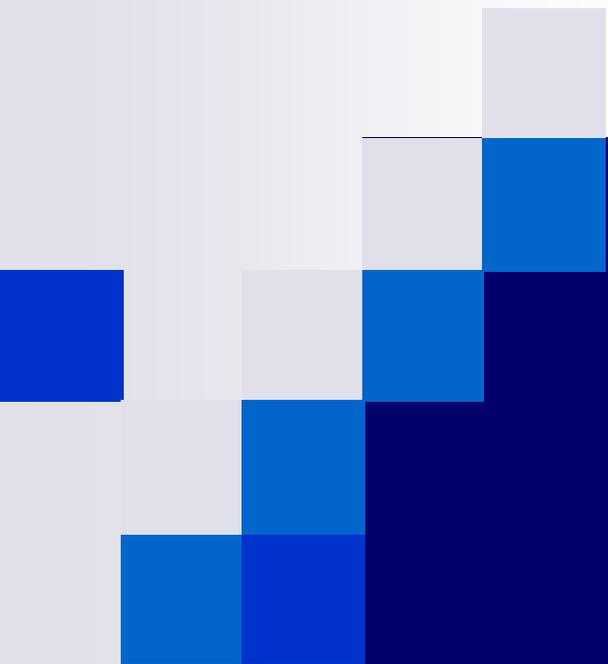
# Retrospective Requests - Standard

- Requests for non-urgent services performed without authorization will be administratively denied
- Providers may submit an administrative appeal request to CHNCT; providers must show good cause why authorization was not obtained prior to the service being rendered

# Retrospective Requests Retro-Enrollment

- Authorization requests received retrospectively for members granted retro-eligibility will be accepted and processed
- Providers have up to one year after services are rendered to submit the request





# eviCore Provider Resources

# Radiology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at [www.huskyhealth.com](http://www.huskyhealth.com), click **“For Providers”**, then **“Radiology Authorization Portal Button”**. Click **“Solutions”** from the menu bar, and select Radiology.



LOGIN: **PROVIDERS** | **PLANS**

Search 

ABOUT

APPROACH

SOLUTIONS 

RESOURCES 

MEDIA

CAREERS

**Overview** | The Benefits For Everyone | Criteria Easy Approval | Education Tools | FAQs | Clinical Guidelines | Online Forms & Resources



## Radiology: Overview

eviCore's Radiology solution reduces inappropriate utilization, decreases inefficiency and waste, and increases quality in diagnostic imaging by utilizing evidence-based criteria, including medical society standards, as well as up-to-date peer-reviewed medical literature.

# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



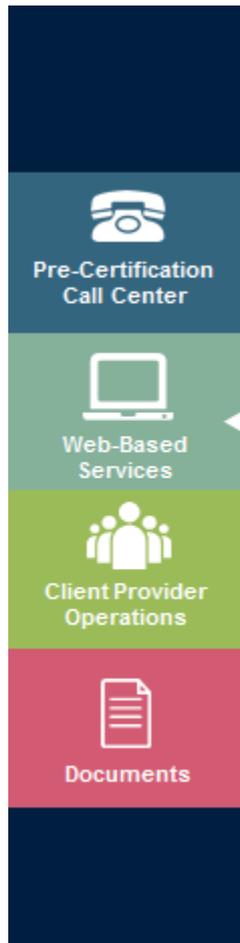
Documents

**8:00 AM - 6:00 PM EST: (800) 440.5071**

- Urgent requests
- 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



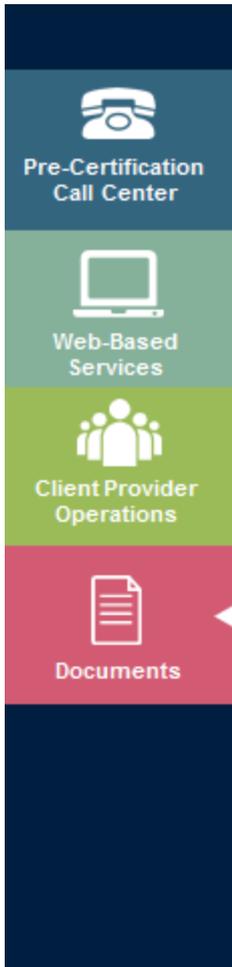
[www.evicore.com](http://www.evicore.com)

*To speak with a Web Specialist, call (800) 575-4594 or email [portal.support@evicore.com](mailto:portal.support@evicore.com)*

- 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: Implementation Document

**Provider Enrollment Questions** - Contact HUSKY Health at 1.800.440.5071

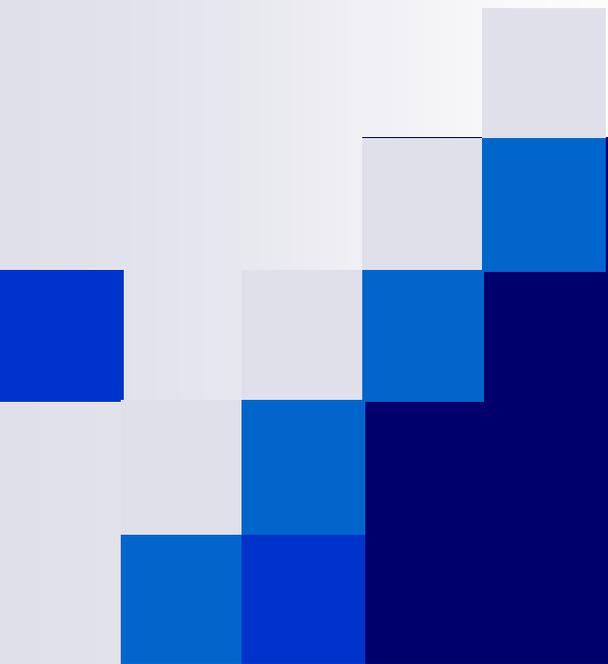


**HUSKY Health Implementation Page** - includes all implementation documents:

- CPT code list of the procedures that require prior authorization
- Quick reference guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

**Visit the HUSKY Health Implementation Page:**  
<https://www.evicore.com/healthplan/HUSKYhealth>

To obtain a copy of this presentation, please contact the Client Services department at [clientservices@evicore.com](mailto:clientservices@evicore.com)



# eviCore Web Portal

# HUSKY Health Website

- Go to:



 <http://www.huskyhealth.com/>

- Click on “Radiology Authorization Portal button”

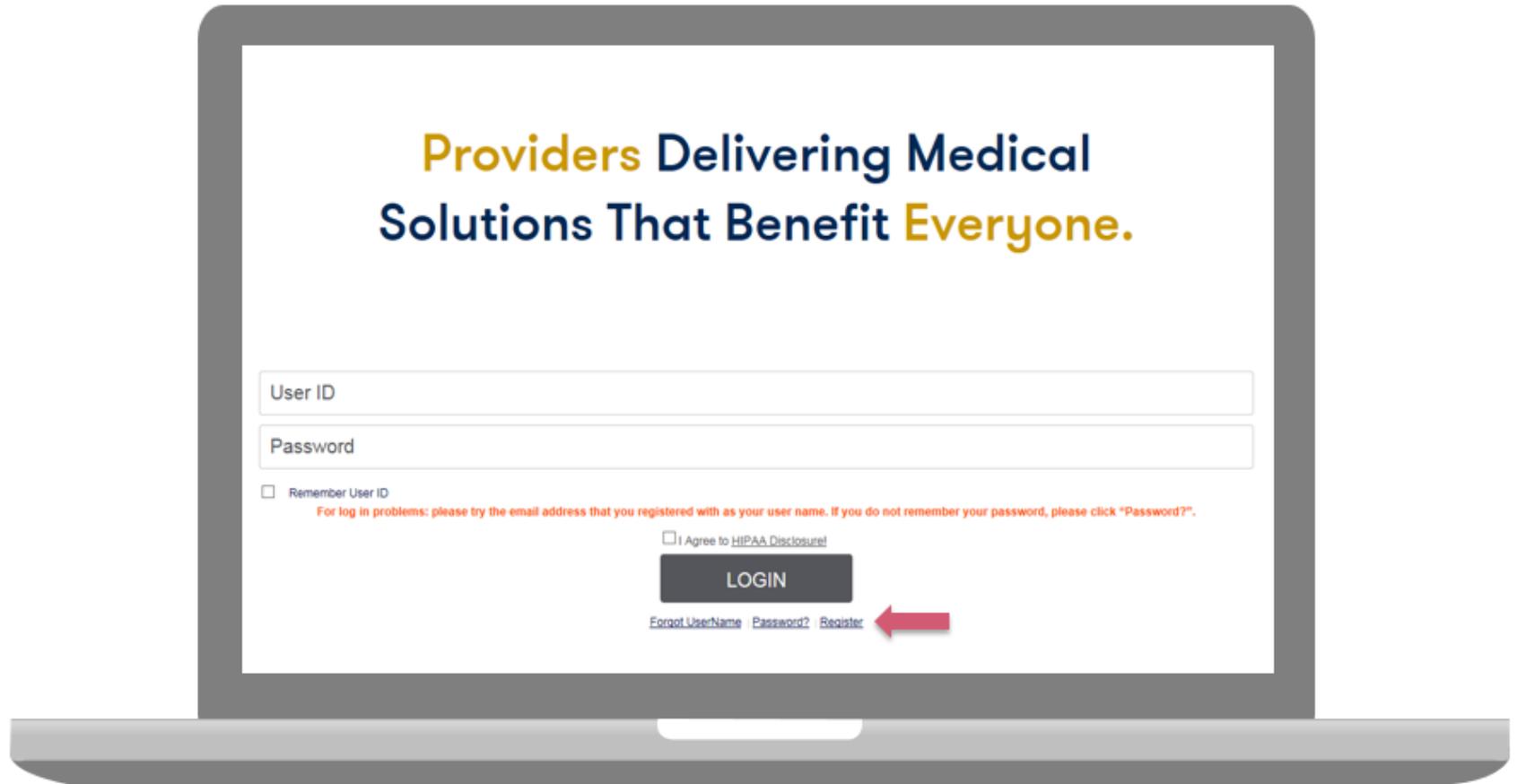
**Radiology Authorization Portal**

- Click on the “For Providers” link

**How to Qualify**  
**How to Apply**  
**Benefit Overview**  
**Behavioral Health**  
**Dental**  
**For Members**  
**For Providers**  
**Pharmacy**  
**Useful Links**



# Create an Account - Step 1



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

# Create an Account - Step 2

**eviCore healthcare** \* Required Field

**Web Portal Preference**

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

Default Portal: **Medi Solutions**

**User Information**

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name\*:  Address\*:  Phone\*:   
Email\*:  Ext:   
Confirm Email\*:  City\*:  Fax\*:   
First Name\*:  State\*:  Zip\*:   
Last Name\*:  Office Name:

**Provider Information** Account Type: **Physician**

Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration

Physician First Name:  Physician Last Name\*:   
Tax ID\*:  NPI:

**Find**

Please read below to sign up as an appropriate user.  
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.  
Facility: Diagnostic Imaging Center, In-Office Provider (ICP), Hospital or Facility who would create and check status of a Pre-Authorization.  
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.  
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.



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

# Create an Account - Step 3

**Web Portal Preference**

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

Default Portal: Medsolutions

**User Registration**

UserName:	M/Yoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evcorejed1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	evCore	Fax:	615-498-4408
Last Name:	Yoder				

**Provider Information**

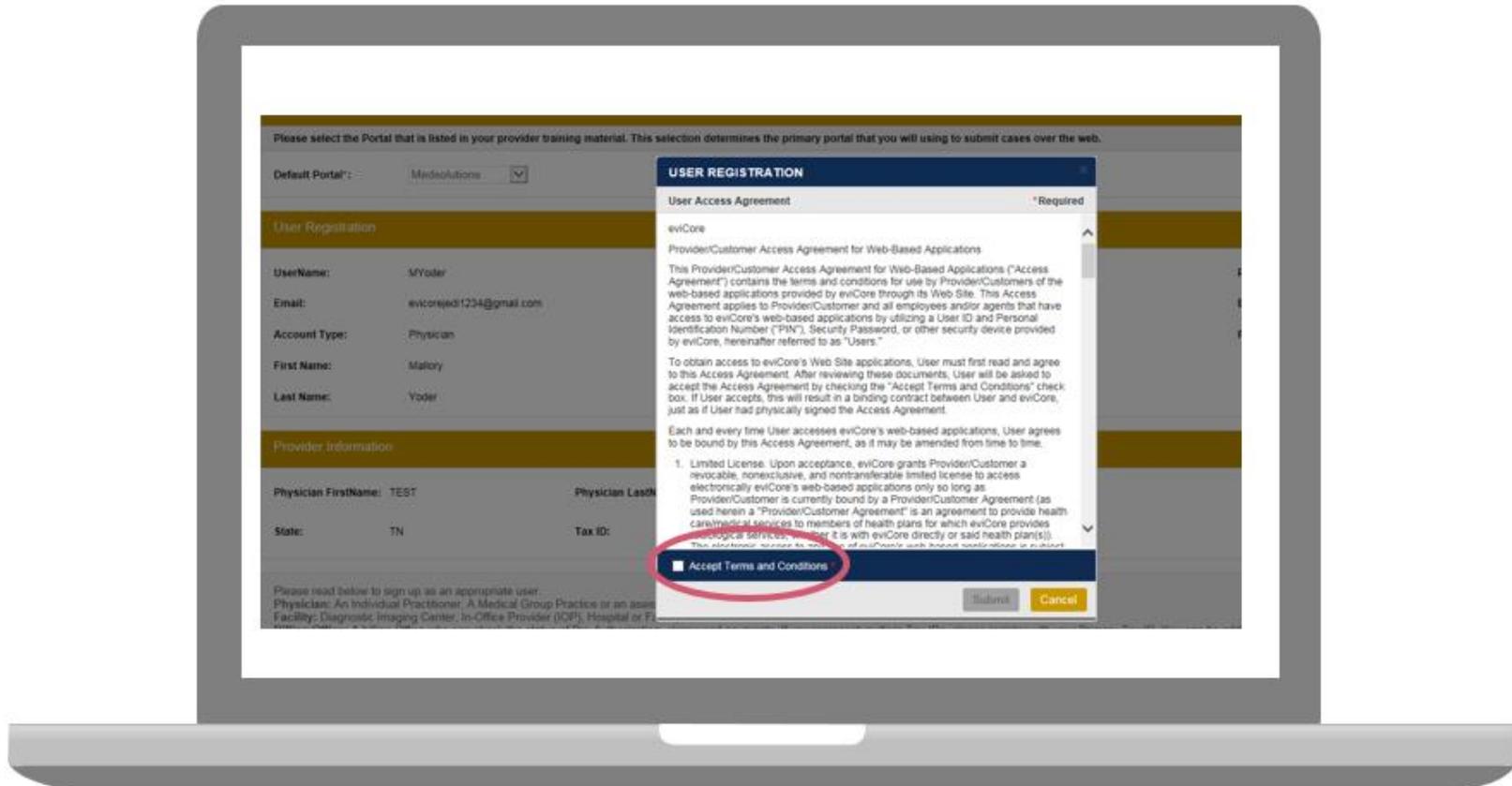
Physician First Name:	TEST	Physician Last Name:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.  
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.  
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.  
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can be additional preferred Tax IDs after your initial login.  
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.



Review information provided, and click **“Submit Registration.”**

# Create an Account - Step 4



Accept the **Terms and Conditions**, and click **“Submit.”**

# Create an Account - Step 5

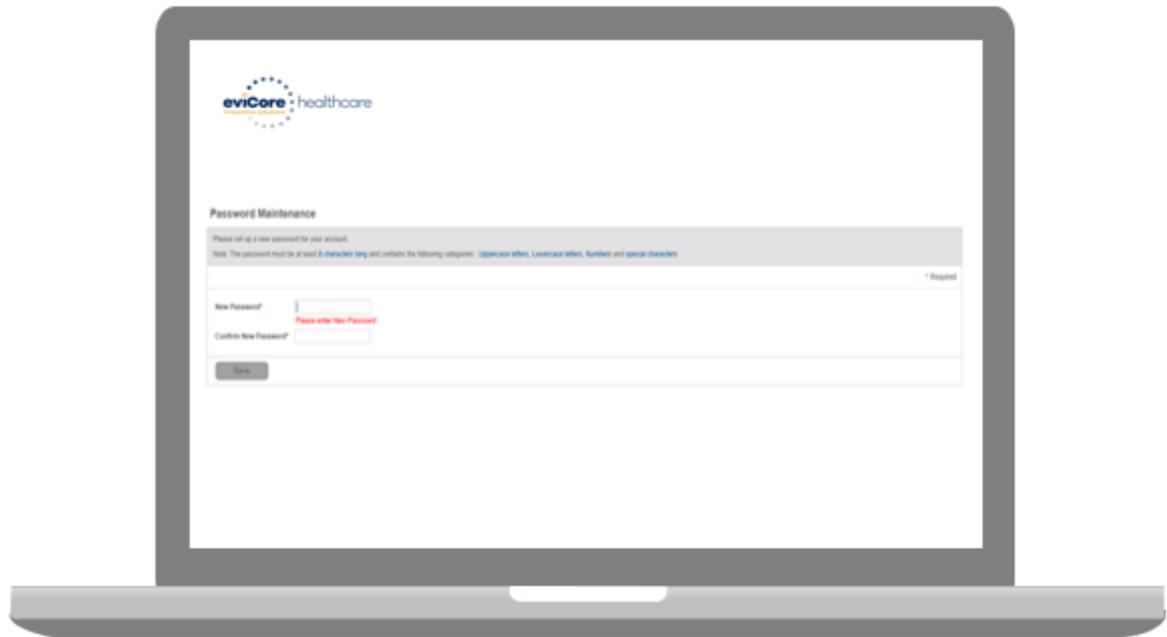


**You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.**

# Create a Password

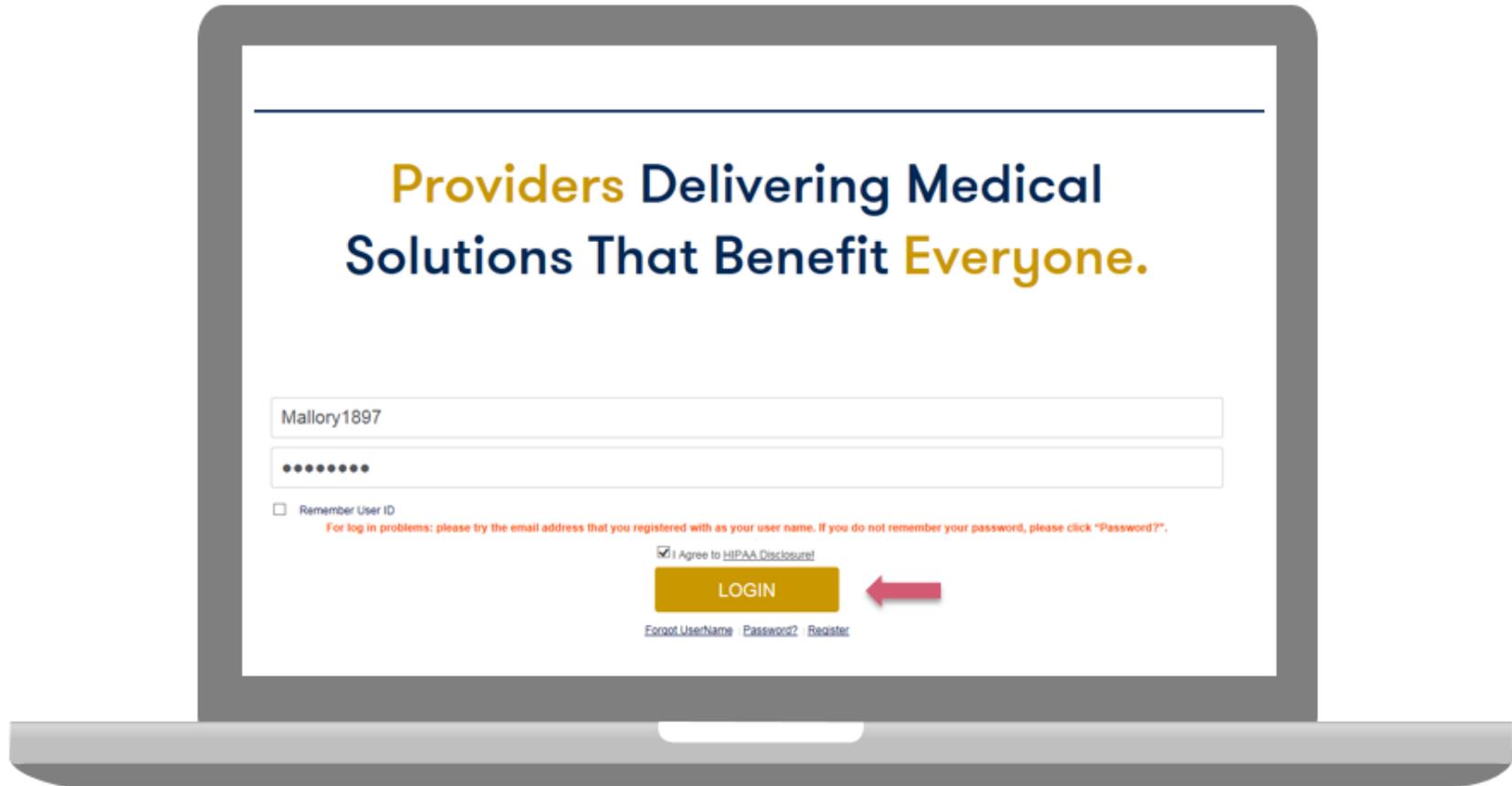
Your password must be at least (8) characters long and contain the following:

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



The image shows a laptop screen displaying the 'Password Maintenance' form for eviCore healthcare. The form includes a header with the logo, a title 'Password Maintenance', and a note: 'Please set up a new password for your account. Note: The password must be at least 8 characters long and contain the following categories: Uppercase letters, Lowercase letters, Numbers and special characters.' Below the note are two input fields: 'New Password\*' and 'Confirm New Password\*'. A red error message 'Please enter New Password' is visible next to the 'New Password\*' field. A 'Save' button is located at the bottom of the form.

# Account Login



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

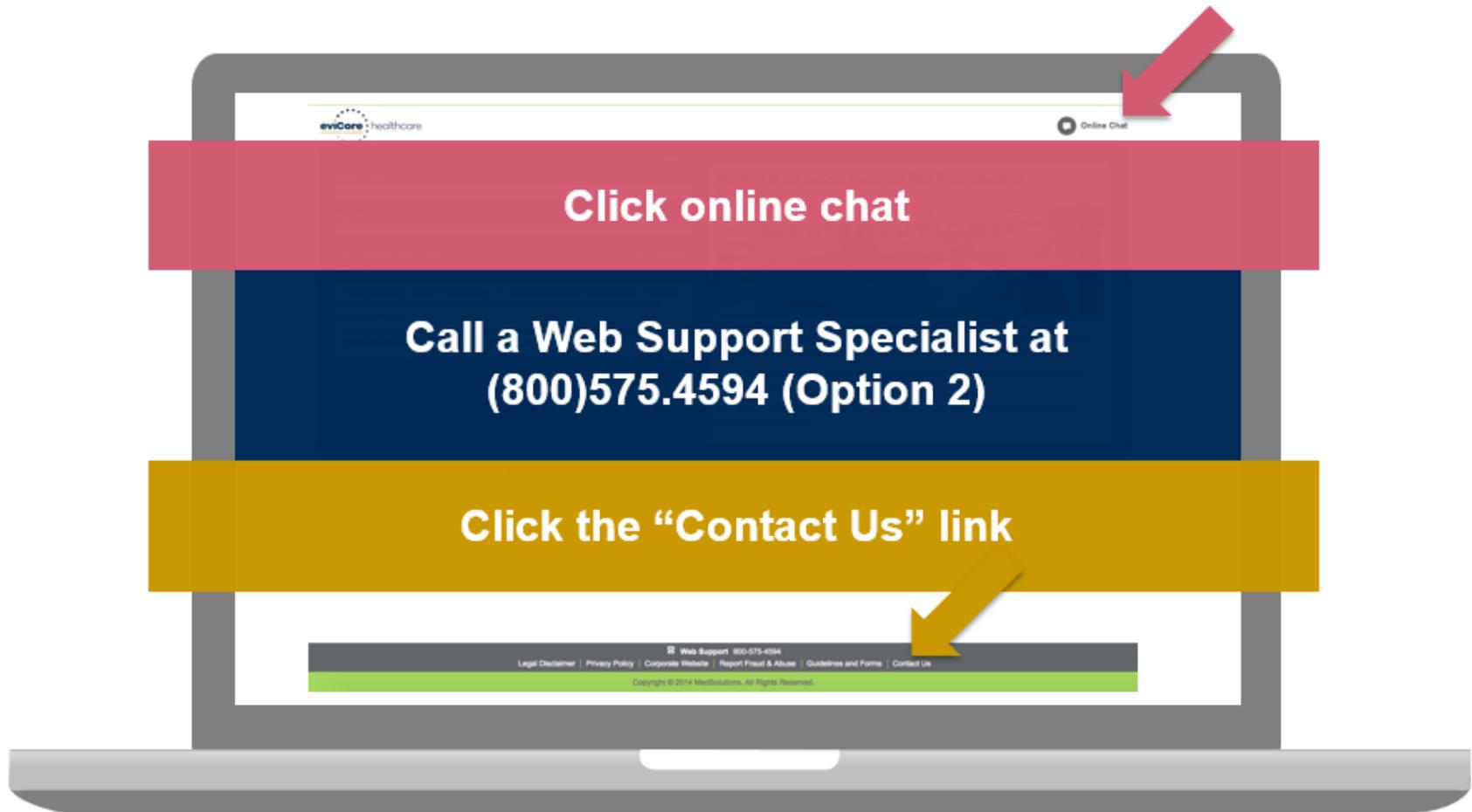
# Announcements

The screenshot displays the CareCore National Portal interface. At the top left is the 'eviCore healthcare' logo. The top right navigation bar includes 'MCNET', 'Online Chat', a settings gear icon, a lock icon, and 'Logout'. Below this is a dark blue navigation menu with the following items: 'Announcements', 'Home', 'Search/Start Case', 'Claim Search', 'User Administration', 'Content Admin', 'Case Summary', 'Payment Status', 'Reports', 'System Admin', and 'CareCore National Portal'. The 'CareCore National Portal' link is circled in red. The main content area has a yellow header with the word 'Announcements' and three icons (a person, a download arrow, and a question mark). Below this, there are two announcement sections. The first is titled 'Low Dose CT Screening for Lung Cancer - Posted on: 19 Jan 2016' and contains the text: 'When requesting services for Lung Cancer Screening, please note that for Medicare patients, the appropriate CPT Code G0297 should be used in accordance with CMS Guidelines. Upon approval, this will ensure proper payment upon billing of claims.' The second section is titled 'New Announcements - Posted on: 01 Jan 2015' and is currently empty.

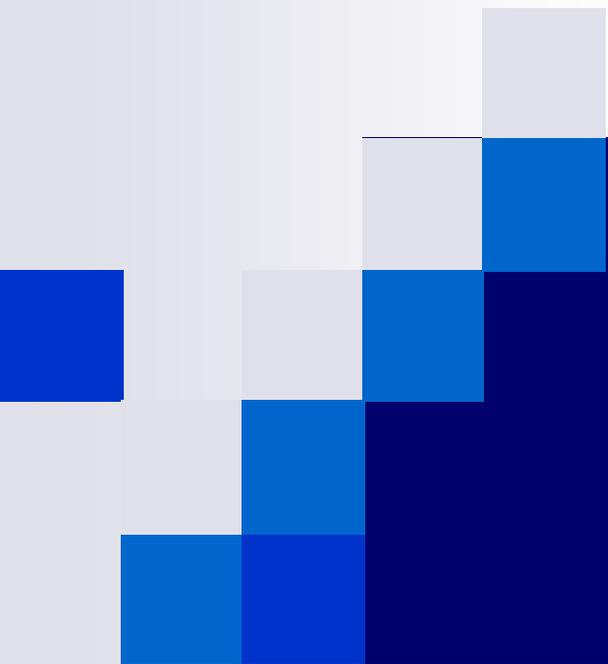
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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

# Web Portal Services - Assistance



Web Portal Services-Available 24/7



# eviCore Clinical Approach

# Clinical Platform

## Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none"><li>• General</li><li>• Orthopedic</li><li>• Thoracic</li><li>• Cardiac</li><li>• Neurological</li><li>• Otolaryngology</li><li>• Spine</li></ul>
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none"><li>• Nuclear Medicine</li><li>• Musculoskeletal</li><li>• Neuroradiology</li></ul>
Sleep Medicine	

- **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

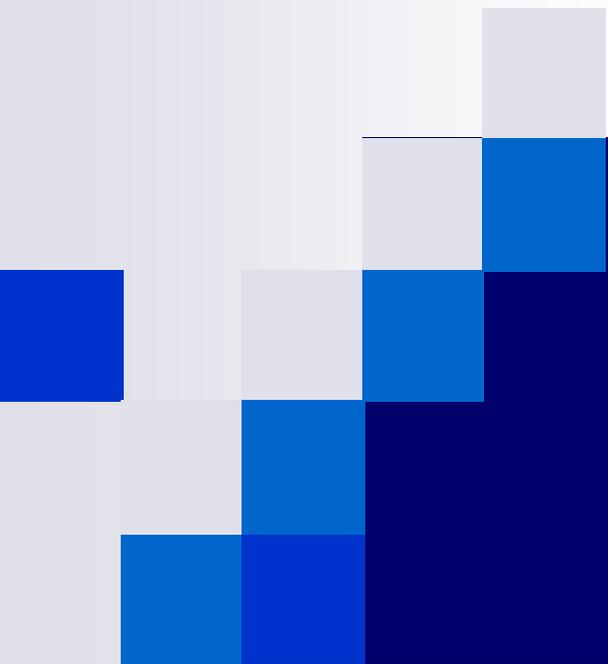


Current  
clinical  
literature

## 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



# eviCore Service Model

# Client Service Delivery Team

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



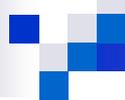
**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**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.



# Contact Information

- For questions about prior authorization, contact:

**CHNCT**

Phone: 1.800.440.5071

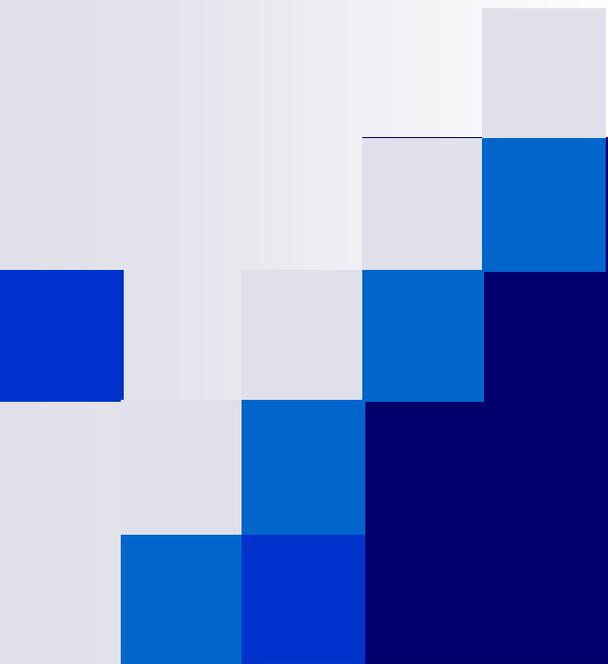
Hours: Monday through Friday, 8:30 a.m. - 6:00 p.m.

- For questions about billing or help accessing the fee schedule, contact:

**HPE Provider Assistance Center**

Phone: 1.800.842.8440

Hours: Monday through Friday, 8:00 a.m. - 5:00 p.m.



# Questions?