Prior Authorization of Cardiology Services

Provider Orientation Session













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Company Overview



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

00M Members Managed **Nationwide**





The industry's most comprehensive clinical evidence-based guidelines



4k⁺ employees including 1k clinicians

Engaging with 570k⁺ providers



Advanced, innovative, and

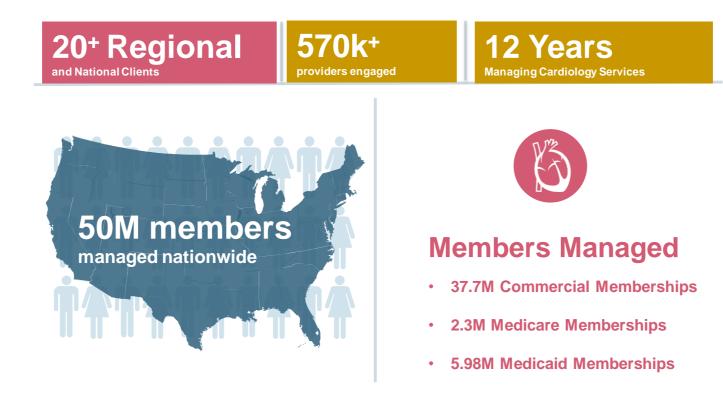
Headquartered in Bluffton, SC Offices across the US including:

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



Melbourne, FL









Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

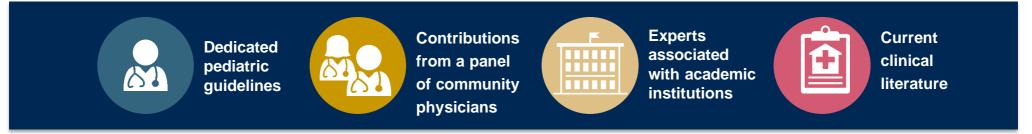
Family Medicine	Oncology/Hematology				
Internal Medicine	Surgery				
Pediatrics	General				
Sports Medicine	OrthopedicThoracic				
OB/GYN	CardiacNeurological				
Cardiology	OtolaryngologySpine				
Nuclear Medicine	opino				
Anesthesiology	Radiology				
Radiation Oncology	Nuclear Medicine				
Sleep Medicine	MusculoskeletalNeuroradiology				

- 260 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

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Evidence-Based Guidelines

The foundation of our solutions:



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 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

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



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

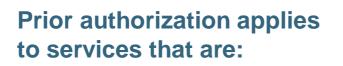
are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Prior Authorization Program for Scott & White Health Plan



Program Overview

eviCore will begin accepting requests on August 17, 2018 for dates of service September 1, 2018 and beyond.



- Outpatient
- Elective / Non-emergent
- Diagnostic

eviCore 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. <u>Authorization is required</u> for Scott & White Health Plan members enrolled in the following programs:

- Commercial Fully Insured
- Commercial Self Insured
- Medicare Advantage

Prior Authorization Required:

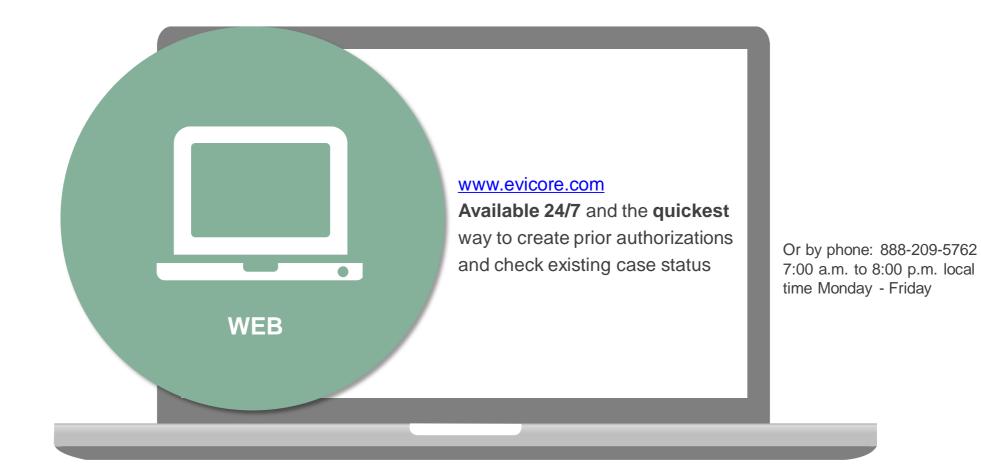
- Myocardial Perfusion Imaging (nuclear stress)
- Echo
- Echo Stress
- Diagnostic Heart Cath
- Cardiac MR, PET, CT

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

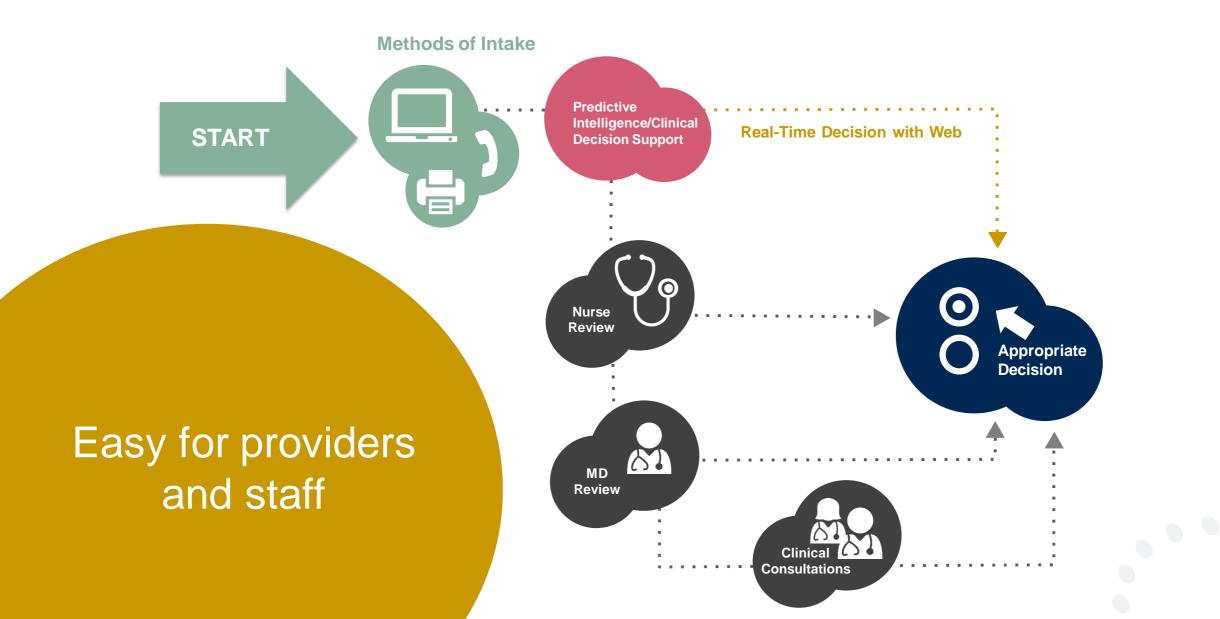
https://www.evicore.com/healthplan/scott andwhite

Prior Authorization Requests

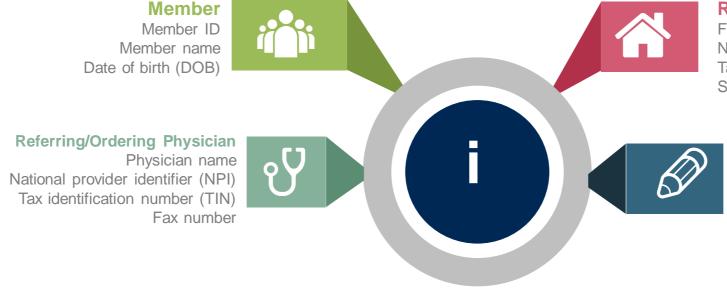
How to request prior authorization:



Clinical Review Process



Needed Information



Rendering Facility

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

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

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Prior Authorization Outcomes

Approved Requests:

- All requests are processed within 3 business days for commercial members, and 14 calendar days for Medicare.
- Authorizations are good for 45 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 clinical consultation

Delivery:

- Faxed to the ordering provider
- Mailed to the member

Prior Authorization Outcomes

Clinical Consultations

- The referring provider will receive outreach prior to receiving a denial letter that will contain the reason the request has been recommended for denial. During this outreach a physician consult may be scheduled if needed to allow the opportunity to request a Physician-to-Physician discussion with an eviCore Medical Director, at which point any additional details can be offered for consideration when making a final decision.
- Please note that due to state mandated time frames for commercial requests you will have one (1) business day to schedule the physician consult.
- After a denial has been issued for a Medicare request, no changes to the case decision can be made. A clinical consultation is considered educational only once an adverse determination has been made.

Special Circumstances

Authorization Appeals:

Retrospective Studies:

Outpatient Urgent Studies:

- eviCore will process first level appeals for fully insured commercial business only. Medicare appeals must be submitted to the healthplan.
- Fully insured commercial appeals must be submitted to eviCore within 180 of calendar days of the initial determination.
- The imaging 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 requests can be initiated by contacting eviCore at 888-209-5762 and requesting a retro auth. This must be done within seven (7) calendar days of the date of service. Requests will be reviewed and decisions made based on medical necessity/urgency of service.
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed within 72 hours of the request.

Web Portal Services

eviCore healthcare website

Point web browser to evicore.com • eviCore healthcare × www.evicore.com \rightarrow C Click on the "Providers" link • Q LOGIN: PROVIDERS PLANS Search RESOURCES V MEDIA CAREERS Login or Register • **Providers** Delivering Medical Solutions That Benefit Everyone. User ID Password Remember User ID For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?" I Agree to HIPAA Disclosure LOGIN Forgot UserName | Password? | Registe This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Solutions That	Benefit <mark>Every</mark> o	one.
User ID		
Password		
	th as your user name. If you do not remember your password, e to <u>HIPAA Disclosure!</u> LOGIN rName Password? Register	, please click "Password?".

To create a new account, click Register.

Creating An Account

eviCore healthcare				
` + _{* *} * [*]				* Required Field
Web Portal Preference				
Please select the Portal that is listed in your pro	wider training material. This selection determines the primary	y portal that you will using to submit cases over the	web.	
Default Portal*: CareCore National	ore National, then please contact us: 1-800-918-8924 x20136.			
User Information	ore national, aren preuse contact ast 1-000-510-0524 x20130.			
	o the fax number and email address provided below. Please n	nake sure you provide valid information.		
User Name*:	Address*:		Phone*:	
Email*:			Ext:	
Confirm Email*:	City*:		Fax*:	
First Name*:	State*:	Select Zip*:		
Last Name*:	Office Name*:			
				Next



Select a Default Portal, and complete the registration form.

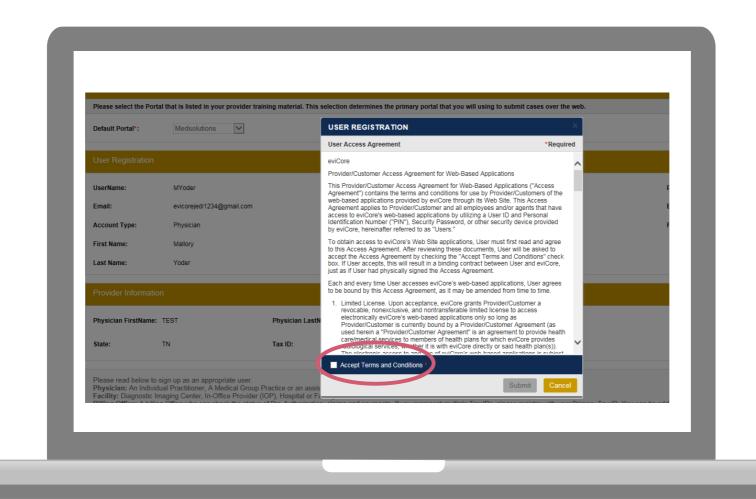
Creating An Account

Web Portal Prefe	information before you submit this registration. An Er rence rtal that is listed in your provider training material. This s					
If you want to regist User Registration UserName:	er as a Client User at CareCore National, then please cont	tact us: 1-800-918-8924 x20136. Address:	730 Cool Spri	ngs	Phone:	800-575-4517
Email: Account Type: First Name: Last Name:	tesaccount@gmail.com Physician Test Account	City: State: Office Name:	Franklin TN Test Office	Zip: 37067	Ext: Fax:	615-468-4408
						Back Submit Registration



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:



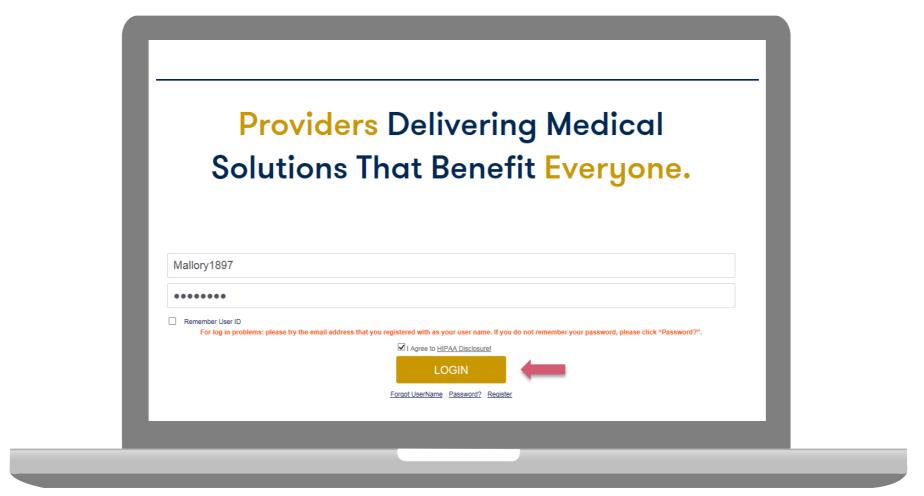
Lowercase letters





evicore healthcare	_
income of the second	
Password Maintenance	
Please set up a new password for your account. Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.	
	* Required
New Passeore" Peese often New Passeore	
Confirm New Password*	
See	
	_

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

eviCo	e healthcare								
Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary Portal	Resource	Manage Your Account	Hep/Contact Us	Med Solutions Portal
Friday	July 22, 2016 12:02 PM								Log Off (MALLOF
				Welcome to the CareCore National V	Web Portal. You are logged in as				
				Providers must be added to your acco "Manage Account" to add providers." Request a clinical certification/procedure >>	ount before cases can be submitted over the web. '	Please select			
				Request a clinical certification/procedure for					
				Resume a certification request in progress >>	<< Did you know? You can save a certification request to fini:	sh later.			
				Look up an existing authorization >>					
				Check member eligibility >>					

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

<u>Note</u>: 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.

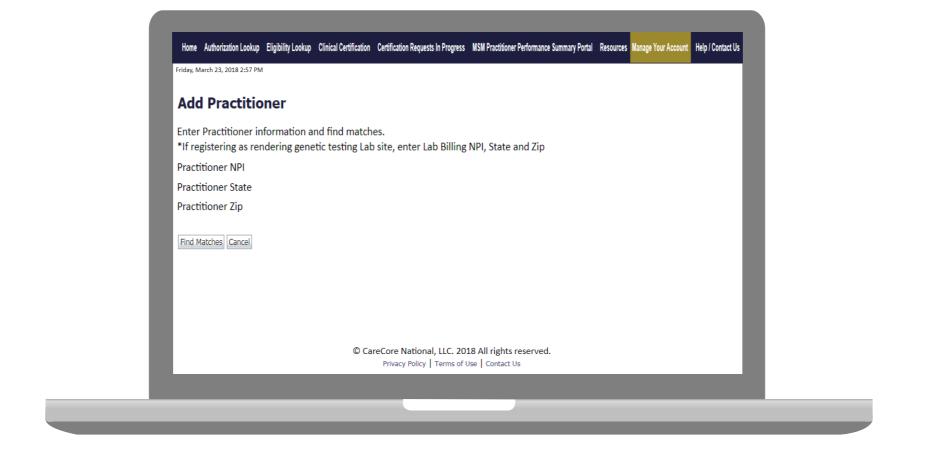
Add Practitioners

Manage	Your Account
Office Name:	Change Password Edit Account
Address:	730 Cool Springs Blvd Franklin, TN 37067
Primary Contact: Use Email Addres	er Account s: Test@email.com
Add Provid	ler
	Headings to Sort
No providers Cancel	on file
	© CareCore National, LLC. 2018 All rights reserved. Privacy Policy Terms of Use Contact Us

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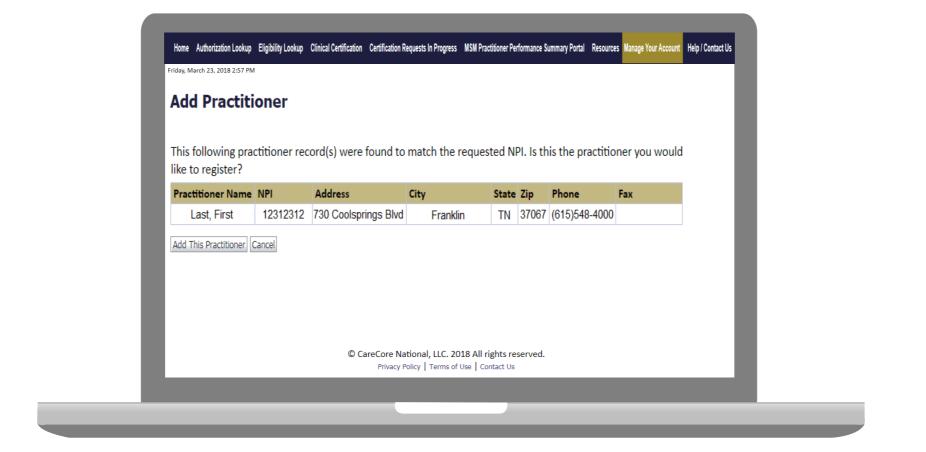
Click the "Add Provider" button.

Add Practitioners



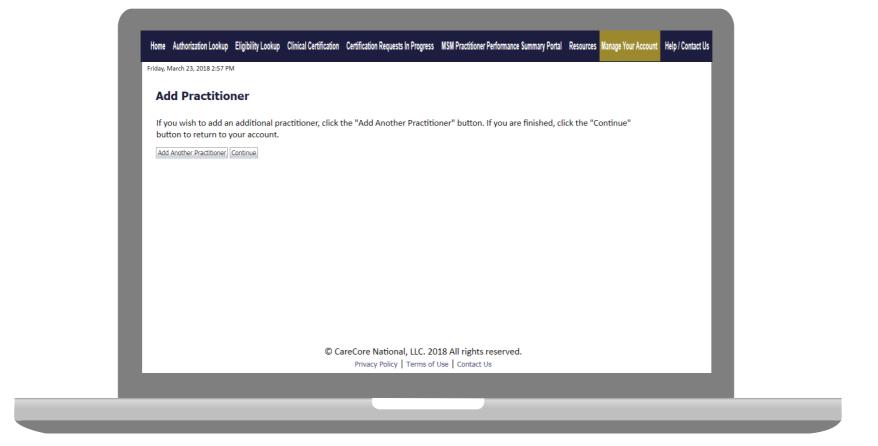
Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners



Select the matching record based upon your search criteria

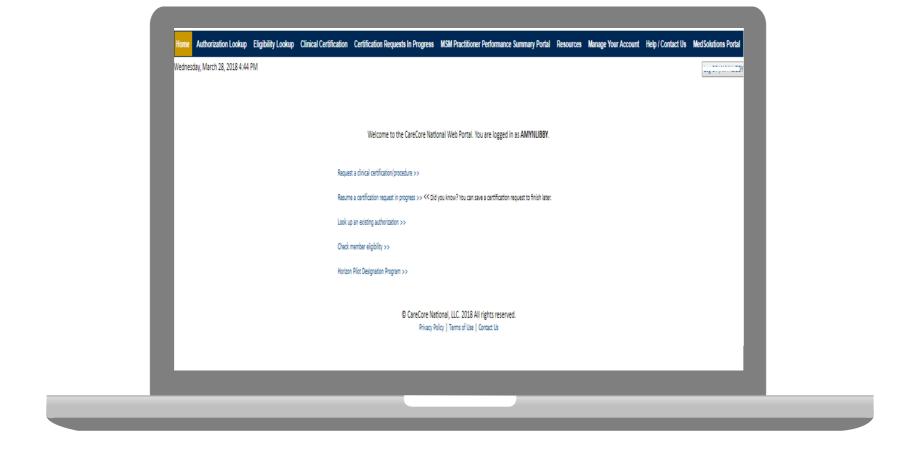
Manage Your Account



- 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.

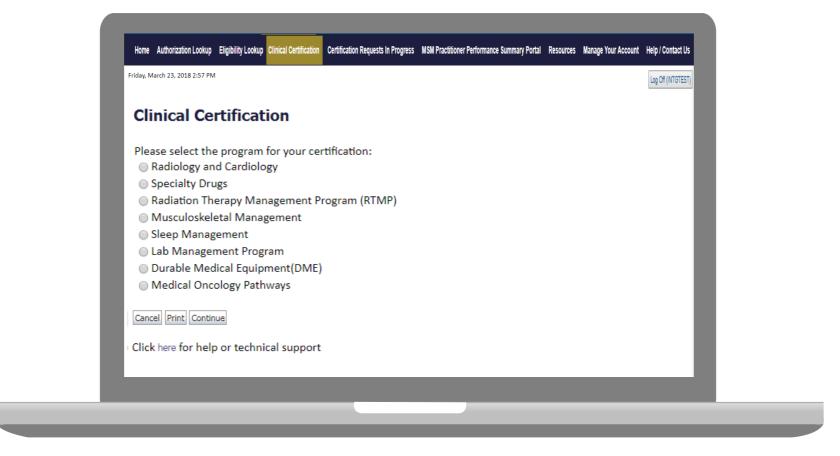
Case Initiation

Initiating A Case



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

Select Program



Select the **Program** for your certification.

Select Provider

Certification	Clinical Certi	
Provider 57890 SELECT 1234567890 - Last, First	If the practitioner, gro please visit Manage Yo Filter Last Name or NPI: Selected Physician: Last, First NPI 1234567890	10% Complete

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

Select Health Plan

20% Complete	Clinical Certification To process an urgent case on the web you will be required to upload relevant clinical information using the online
	clinical upload feature at the end of the case build process. Click here for more information! You selected
	Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.
	Please Select a Health Plan
	Cancel Back Print Continue Click here for help or technical support

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.

Contact Information

		tification		
	rovider's Name		[?]	_
Provider and NPI V	Who to Contact 🔓	eviCore	[?]	_
	Fax ((999) 999-9999	[?]	
	Phone ((999) 999-9999] [?]	
	Ext.		[?]	
	Cell Phone]	
	Email	Test@test.com]	
G	ancel Back Print Co	ontinue		
Cli	lick here for help o	or technical support		

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

Member Information

4 Provider and N	0% Complete Pl Pl ELICIGEL Cance			

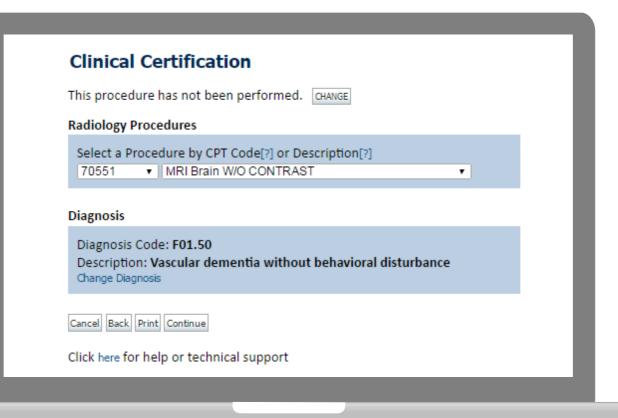
Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

Member/Procedure Information

Clinic	al Certification		Attention!		
Patient I Date Of			Patient ID: Patient Name:	Time:	
Patient I	ast Name Only:	[?]	Has this procedure been performed?		
	Cell Phone		YES NO		
Patient E					
Cancel	Back Print Continue				
Click here	for help or technical support				

Verify if the procedure has already been performed.

Clinical Details



Verify Service Selection

Clinical Certification

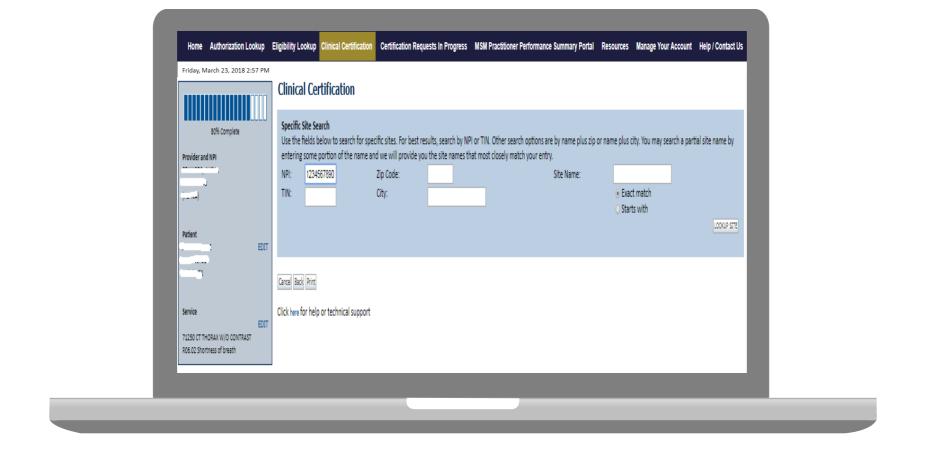
Confirm your service selection.

Procedure Date:TBDCPT Code:70551Description:MRI Brain W/O CONTRASTDiagnosis Code:F01.50Diagnosis:Vascular dementia without behavioral disturbanceChange Procedure or Diagnosis

Cancel Back Print Continue

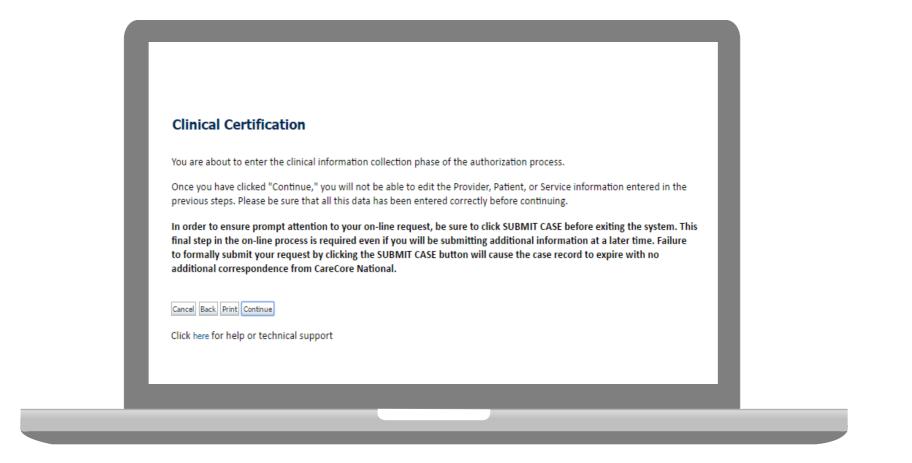
Click here for help or technical support

Site Selection



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

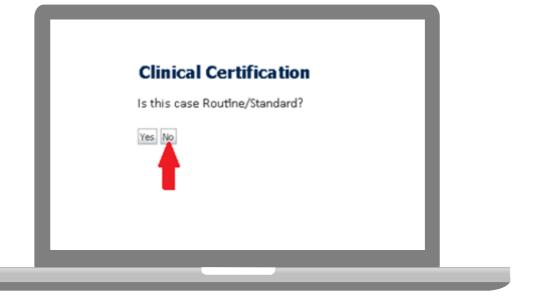
Clinical Certification



- 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.

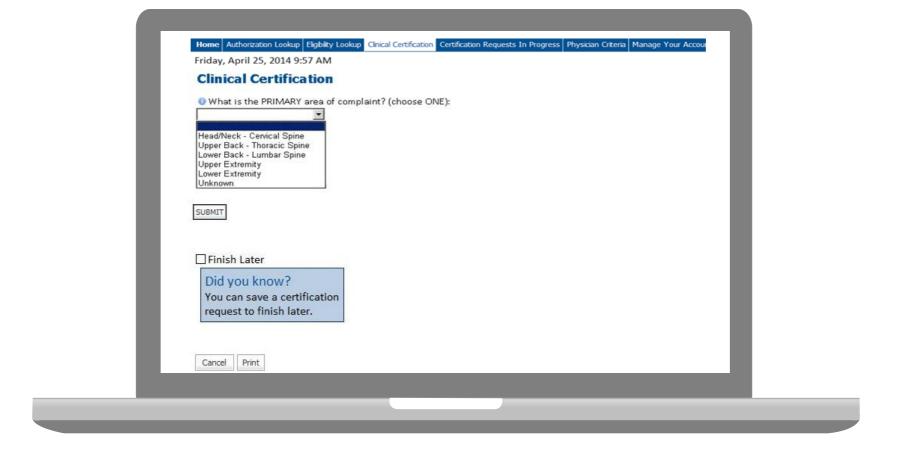
Contact Information

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



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Pause/Save Option





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.

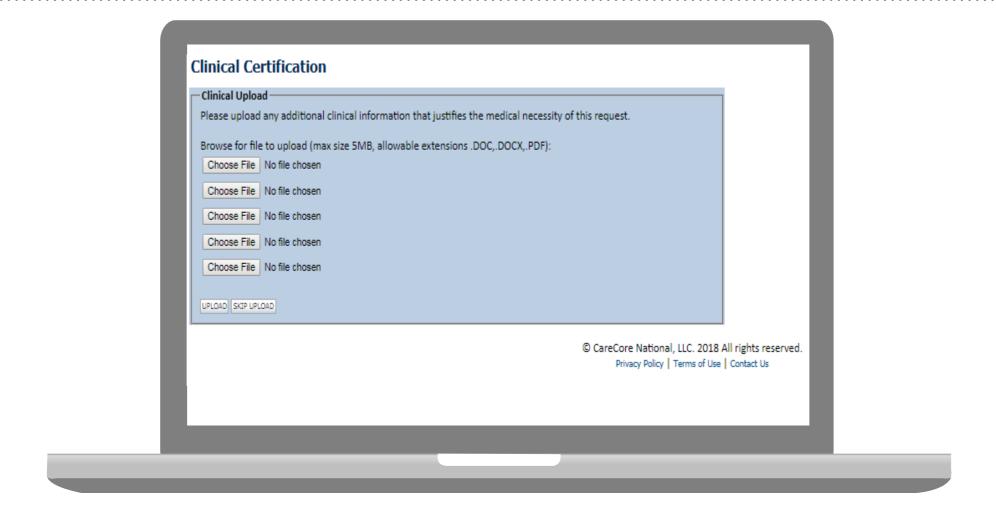
Medical Review

 Is there any additional mormation specific Yes ○ No 	ic to the member's condition you would like to provide?
Enter text in the space provided below or c	ontinue.
Additional Information - Notes:	
SUBMIT	
Finish Later Did you know?	
You can save a certificatio request to finish later.	n
Cancel Print	
Click here for help or technical support	

If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

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

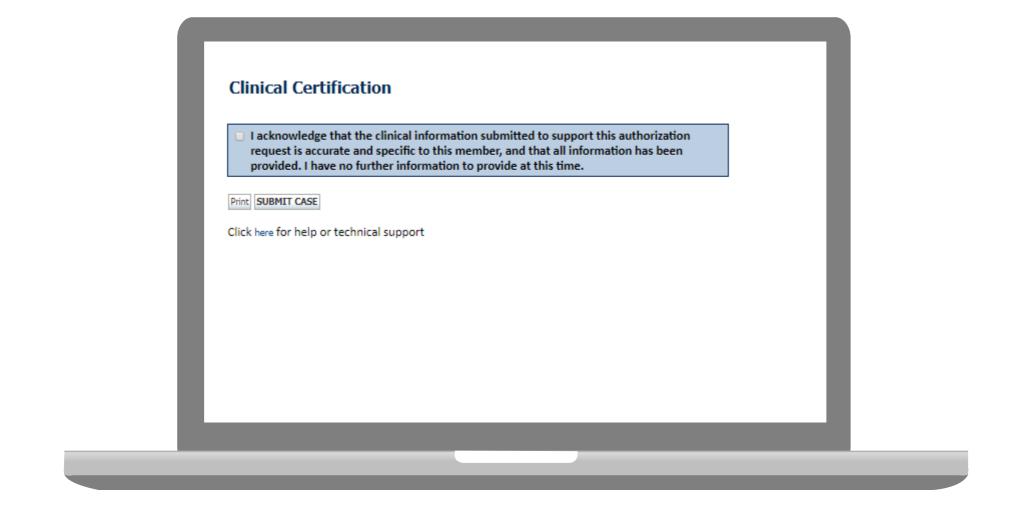
Medical Review



If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

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

Medical Review



Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

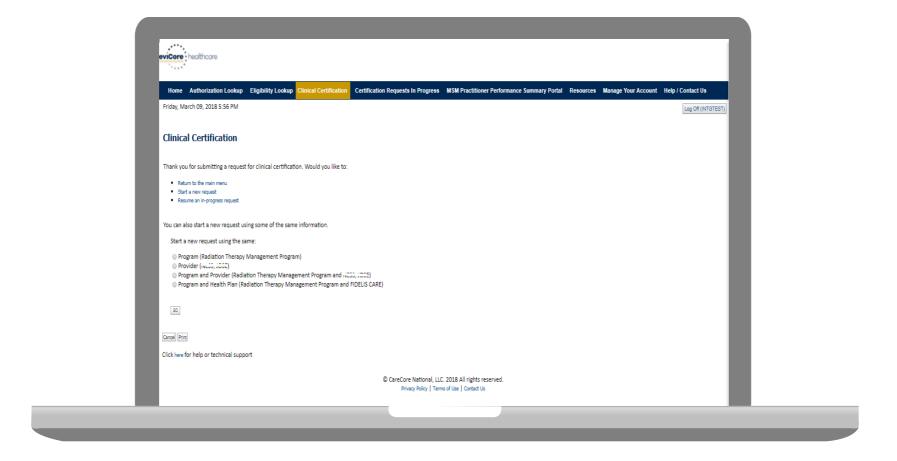
Provider Name:		Contact:	
Provider Address:		Phone	
		Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:		1420 1000 1000	
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
	M25.562	Description: Description:	Pain in left knee
Code: Secondary Diagnosis Code:	M25.562 Not provided	10000000000000000000000000000000000000	Pain in left knee
Code: Secondary Diagnosis		10000000000000000000000000000000000000	Pain in left knee MRI LOWER EXTREMITY JOINT W/O
Code: Secondary Diagnosis Code: Date of Service: CPT Code: Authorization	Not provided	Description:	MRI LOWER EXTREMITY
Code: Secondary Diagnosis Code: Date of Service: CPT Code: Authorization Number:	Not provided	Description: Description:	MRI LOWER EXTREMITY
Code: Secondary Diagnosis Code: Date of Service:	Not provided 73721	Description: Description:	MRI LOWER EXTREMITY

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.

Print Continue

Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up

viCore healthcare					
Home Authorization Lookup	Eligibility Lookup Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance S	ummary Portal Resources	Manage Your Accoun
Tuesday, November 22, 2016 2:30	PM				
Authorization Looku	р				
New Security Features Implen	nented				
Search by Member Inform	ation				
REQUIRED FIELDS			Search by Author	ization Number/ NPI	
Healthplan:		\sim	REQUIRED FIELDS		
Provider NPI:			Provider NPI:	×]
			Auth/Case Number:]
Patient ID:			Search		
Patient Date of Birth:	MM/DD/YYYY				
OPTIONAL FIELDS					
Case Number:					
or					
Authorization Number:					

- 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

Authorization	Lookup		_
New Security Featur	es Implemented		_
Authorization Numb	er:		
Case Number:			
Status:	Approved		
Approval Date:			
Service Description:			
Site Name:		1000	
Expiration Date:	6/28/2018		
Date Last Updated:	provide the second second second		
Correspondence:	VIEW CORRESPONDENCE		
Print Done Search Again			
Grand (Second) Reconstruction			
Click here for help or t	technical support		

The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Eligibility Look Up



Home Auth	horization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary Portal	Resources	Manage Your Account	Help / Contact Us
Thursday, March	:h 15, 2018 4:43 PN	1						Log Off (INTGTEST
Eligibility I	Lookup							
New Security Fe	eatures Implement	ed						
Health Plan:								
Patient ID: Member Code:								
Cardiology Eligib		ical necessity determ	ination required.					

 Radiology Eligibility:
 Precertification is Required

 Radiation Therapy Eligibility:
 Medical necessity determination required.

 MSM Pain Mgt Eligibility:
 Precertification is Required

 Sleep Management Eligibility:
 Medical necessity determination required.

Print Done Search Again

Click here for help or technical support

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Provider Resources



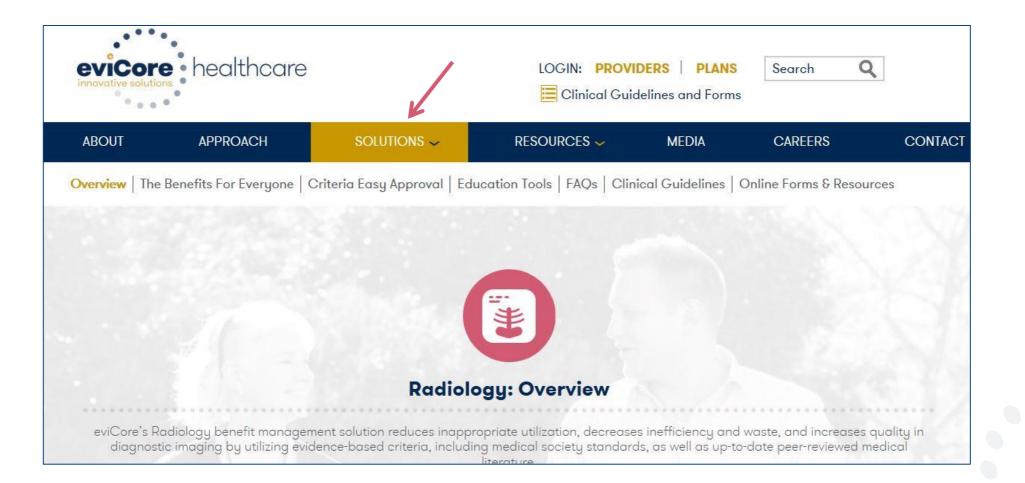






Cardiology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at <u>www.evicore.com</u>. Click "Solutions" from the menu bar, and select the specific program needed.



Provider Resources: Prior Authorization Call Center



7:00 AM - 8:00 PM (Local Time): 888-209-5762

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions

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

Provider Resources: Web-Based Services



www.evicore.com

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

• 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



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 re-sent to the health plan

Provider Resources: Implementation Site



Pre-Certification Call Center



Web-Based Services



Client Provider Operations



Provider Enrollment Questions Contact Scott & White Health Plan at 800-321-7947

Scott & White Health Plan Implementation site - includes all implementation documents:

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

- 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 <u>ClientServices@evicore.com</u>.

Thank You!

