Prior Authorization of Radiology Services

Provider Orientation Session



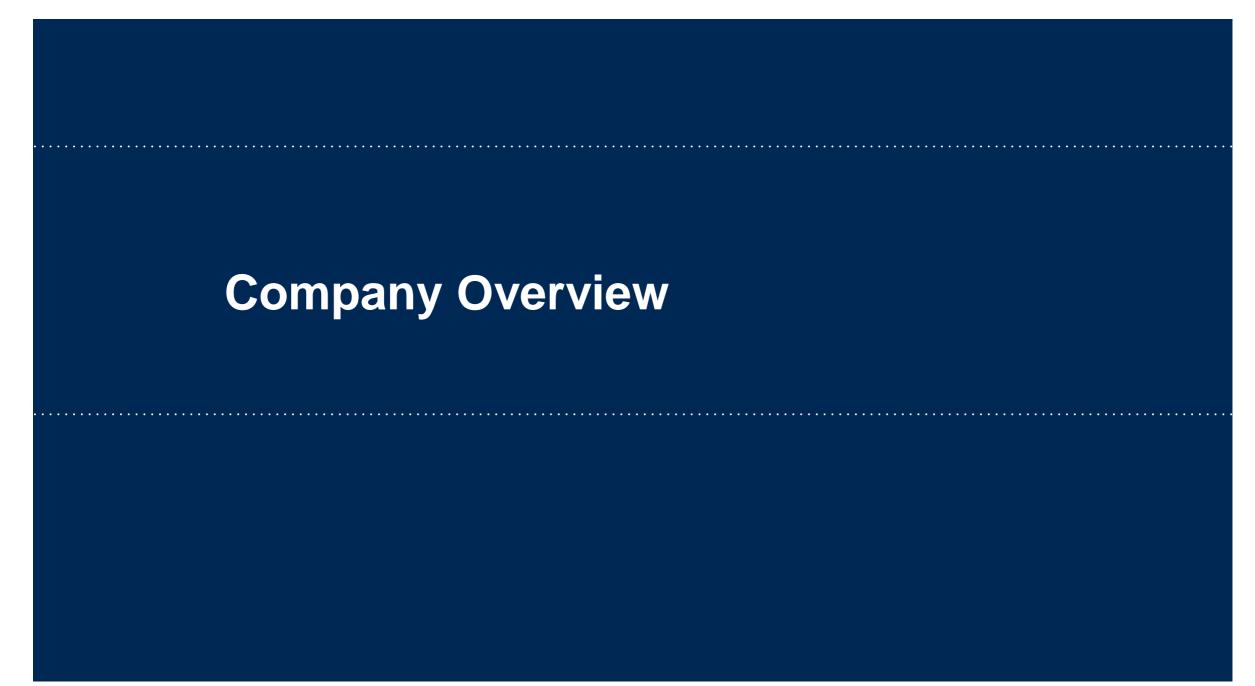














End-to-End Solution on a single integrated platform



Radiology



Cardiology



Musculoskeletal



Sleep Management



Medical Oncology



Specialty Drug



Radiation Therapy



Lab Management



Post-Acute Care



Headquartered in Bluffton, SC Offices across the US including:

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

Solutions



The industry's most comprehensive clinical evidence-based guidelines



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

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

Radiology Solution - Our Experience

30⁺ Regional and National Clients

570k+
providers engaged

24 Years
Managing Radiology Services





Members Managed

- 51M Commercial Memberships
- 6.8M Medicare Memberships
- 7.2 Medicaid Memberships







Our Clinical Approach

Clinical Platform

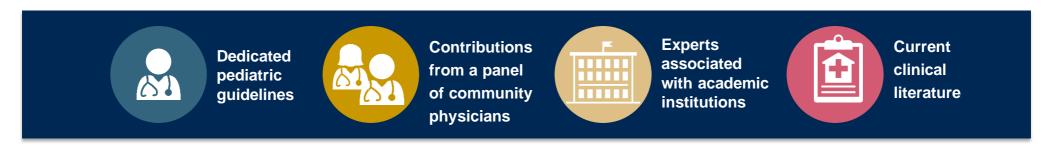
Multi-Specialty Expertise

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

- 260 board-certified medical directors
- Diverse representation of medical specialties
- 800 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical

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

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.

Prior Authorization Program for Scott & White Health Plan



Program Overview

eviCore began accepting requests on July 27, 2018 for dates of service August 1, 2018 and beyond.

Prior authorization applies to services that are:

- 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.

Applicable Membership

<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:

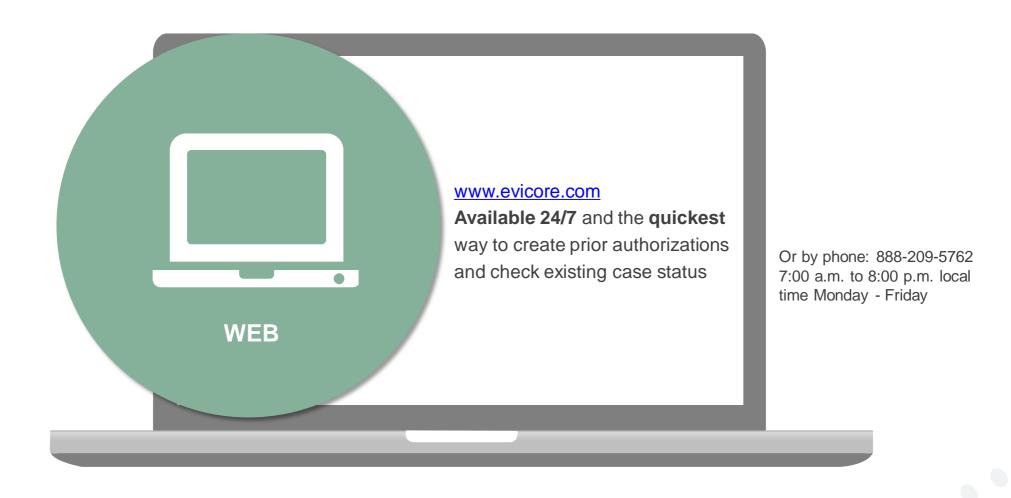
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

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

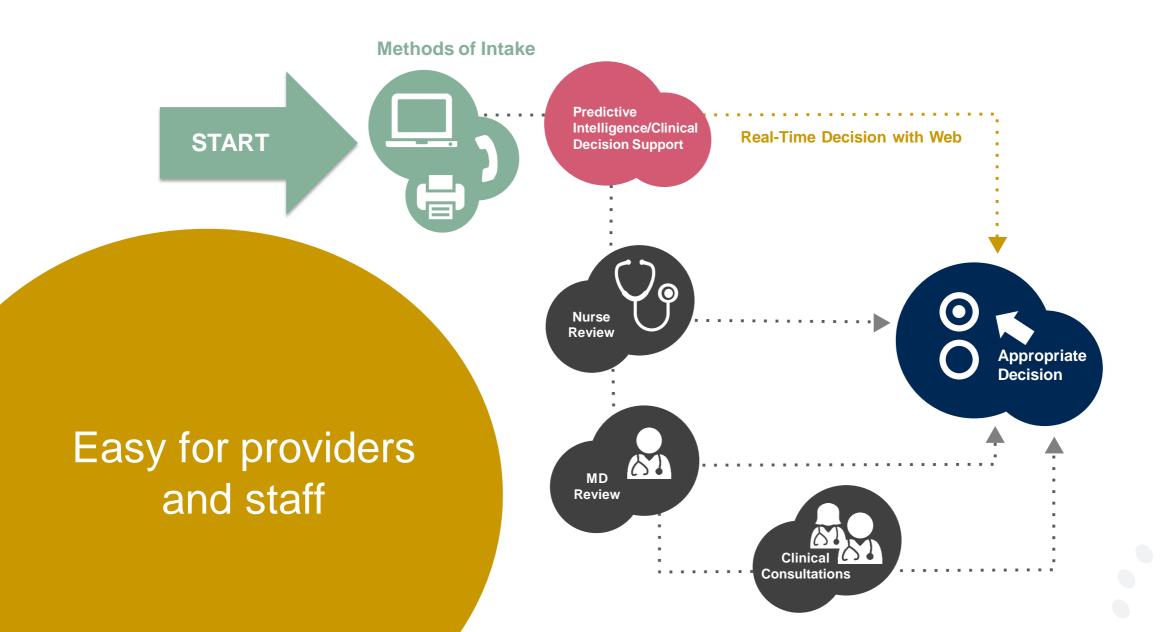
https://www.evicore.com/healthplan/scott andwhite

Prior Authorization Requests

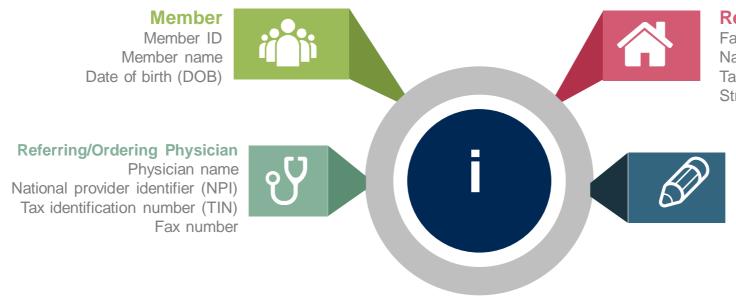
How to request prior authorization:



Clinical Review Process



Needed Information



Rendering Facility

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

Requests

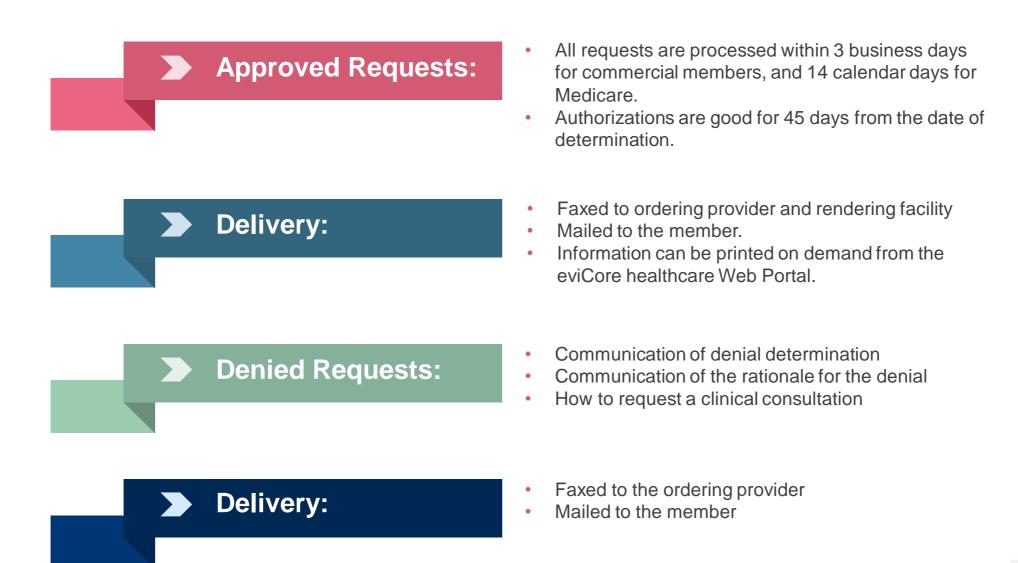
CPT code(s) for requested imaging

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

Prior Authorization Outcomes

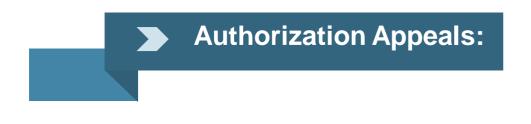


Prior Authorization Outcomes

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



- 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.
- Retrospective Studies:

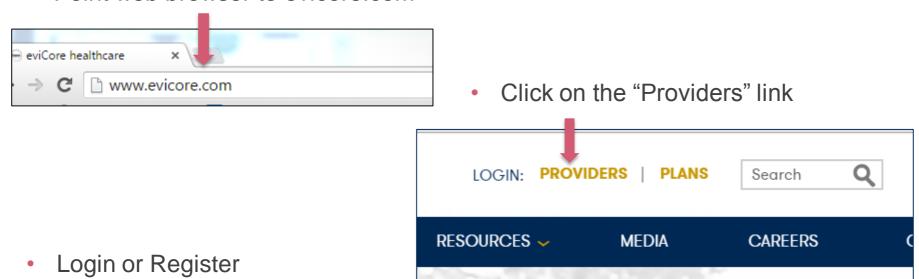
Outpatient Urgent Studies:

- 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



Providers Delivering Medical Solutions That Benefit Everyone.

User ID

Password

Permember User ID

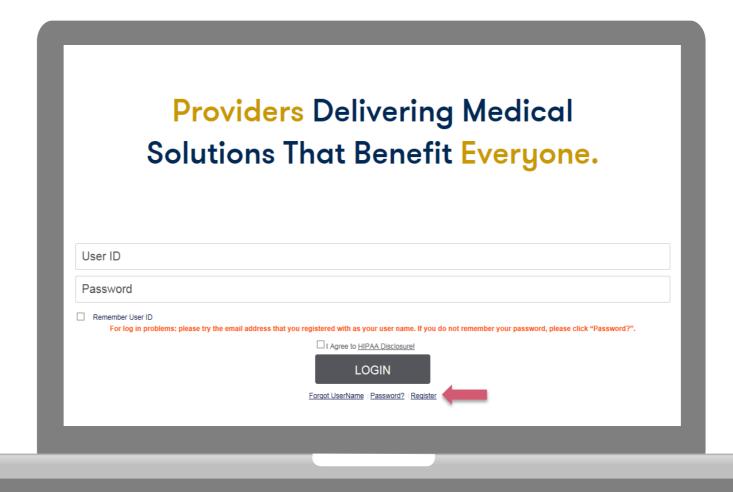
For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

LOGIN

Errogot UserName Password? Register

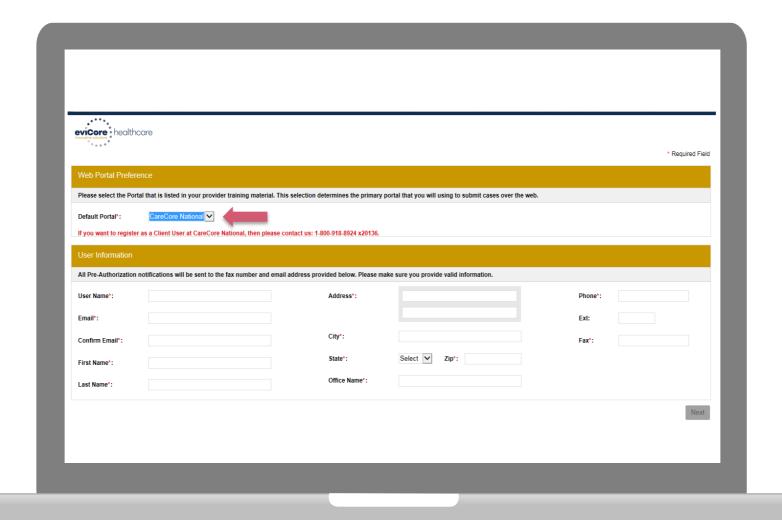
This website is compatible with Internet Explorer 9, 10, 11, Moralla Firefox and Google Chrome

Creating An Account



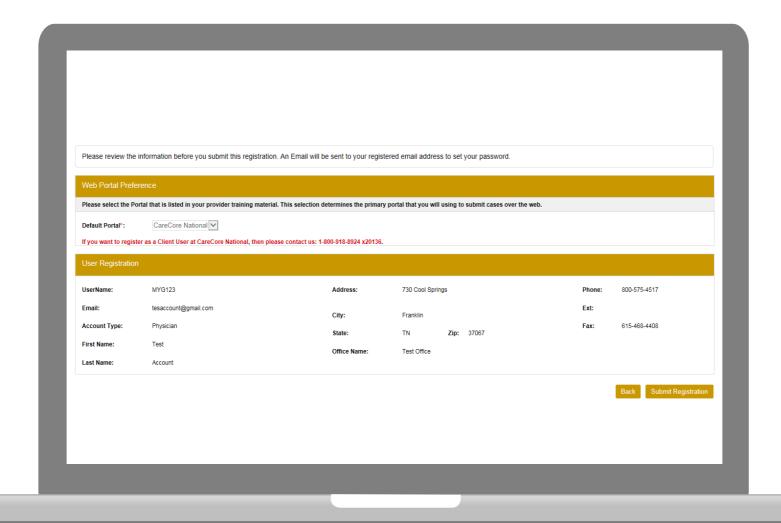


Creating An Account



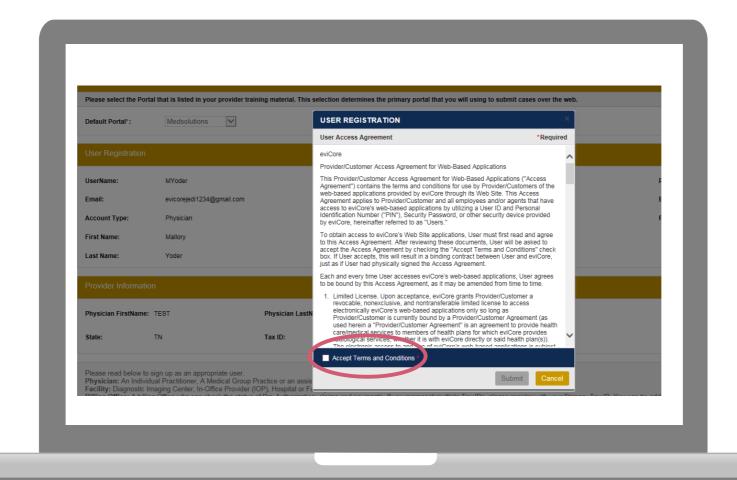


Creating An Account





User Registration-Continued





User Registration-Continued

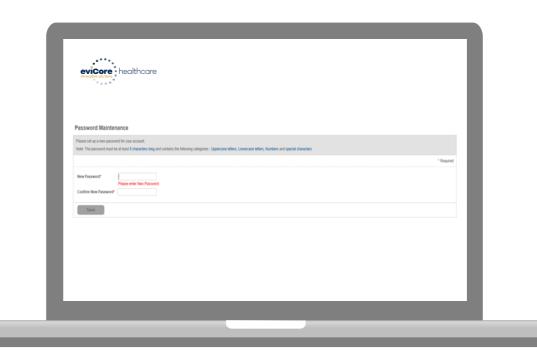


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

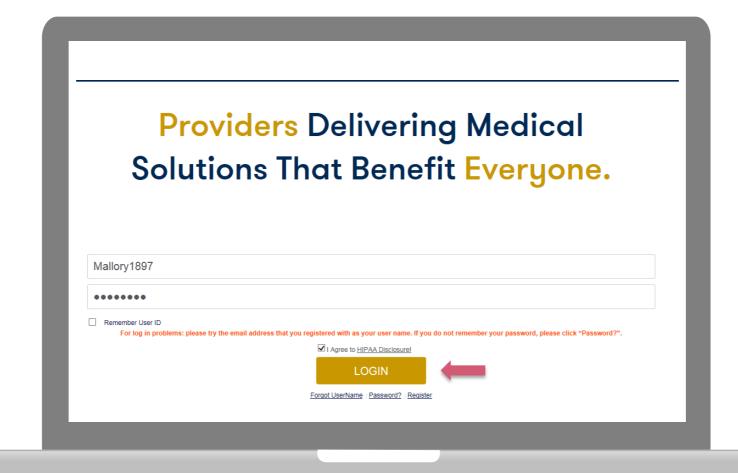
Create a Password

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

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



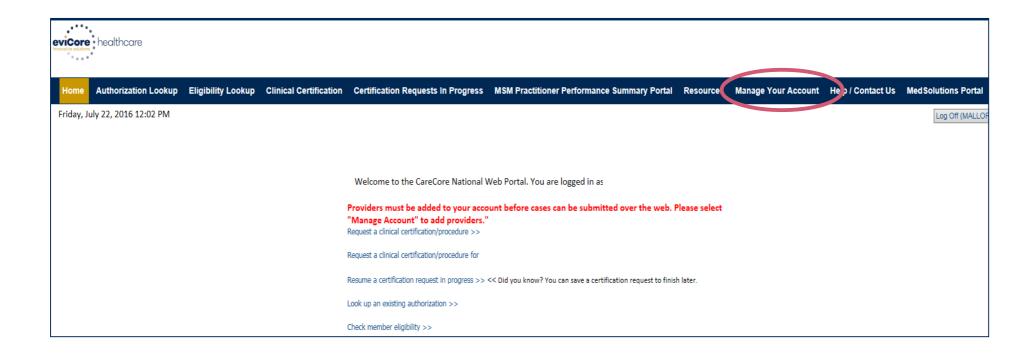
Account Log-In



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

Account Overview

Welcome Screen



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

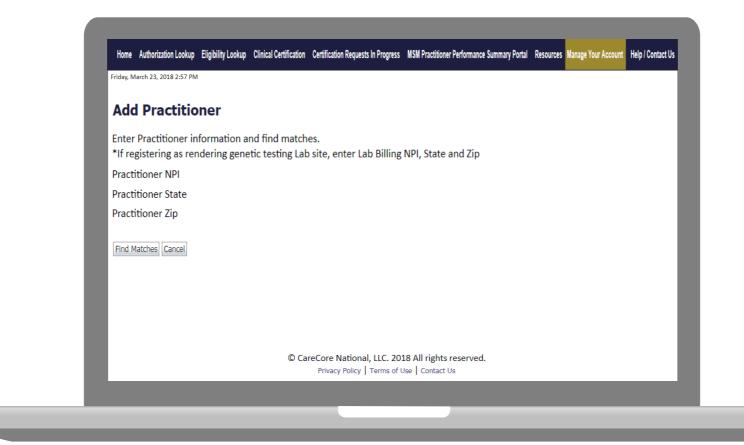
Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary Portal	Resources Manage Your Account	Help / Contact
Friday, Ma	rch 23, 2018 2:57 PM						
	Manage	Your Ac	count				
	Office Name:			Change Pass	sword Edit Account		
	Address:		ol Springs Blv n, TN 37067	d			
	Primary Contact: Us Email Addres		ail.com				
	Add Provid)				
	Click Column No providers		o sort				
	Cancel						
			© Ca	areCore National, LLC. 20 Privacy Policy Terms of	_		

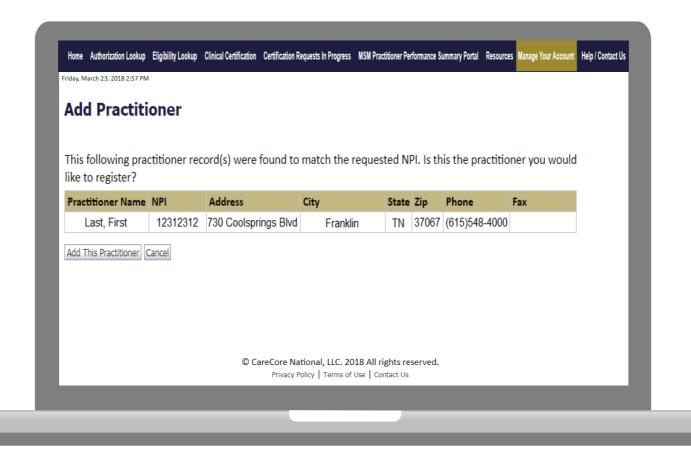
Click the "Add Provider" button.

Add Practitioners



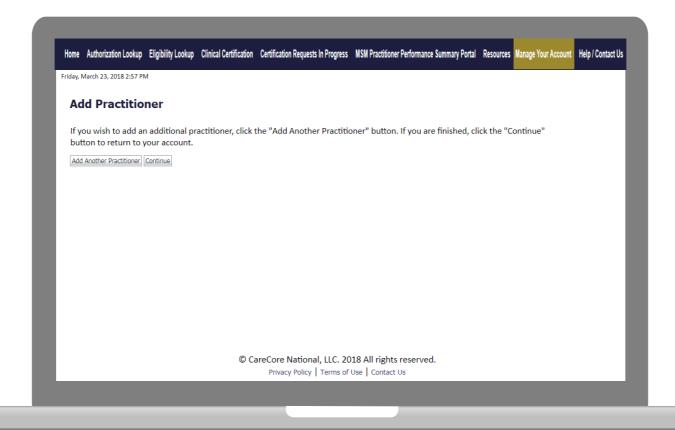
Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners



Select the matching record based upon your search criteria

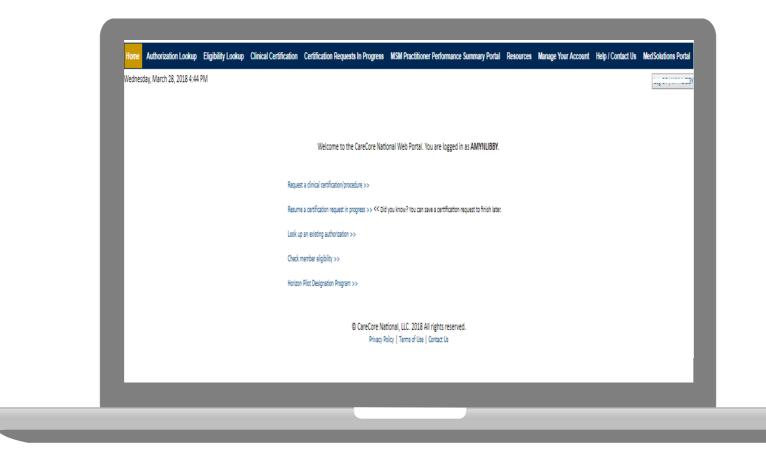
Manage Your Account



- 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.

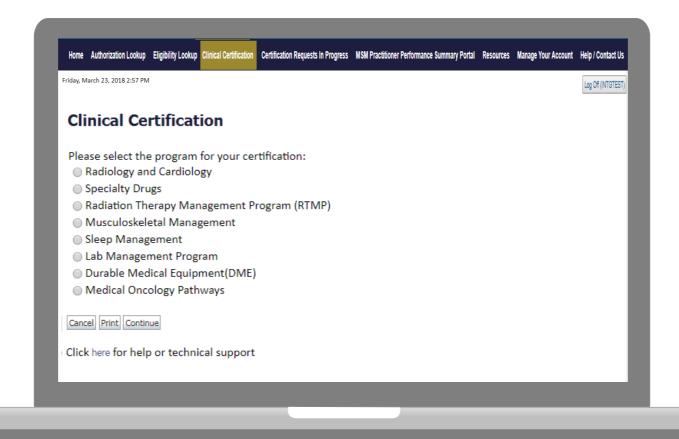
Case Initiation

Initiating A Case



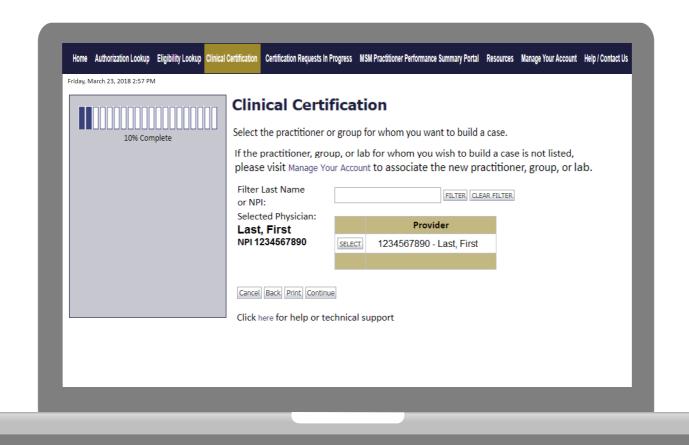
Choose "request a clinical certification/procedure" to begin a new case request.

Select Program



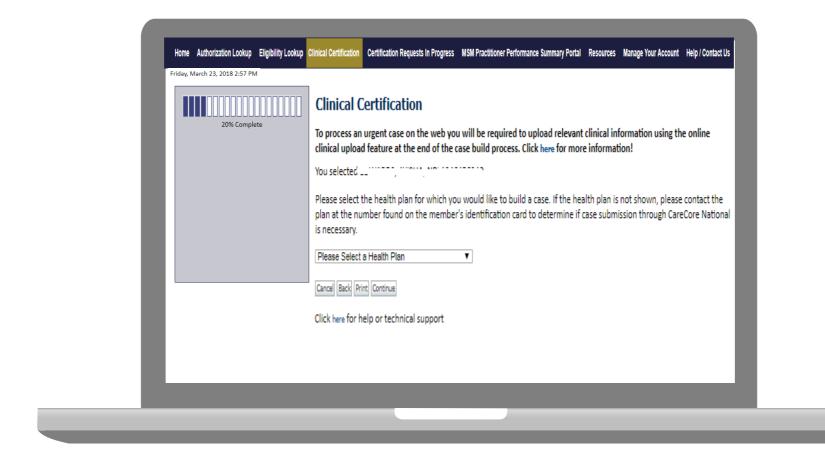
Select the **Program** for your certification.

Select Provider



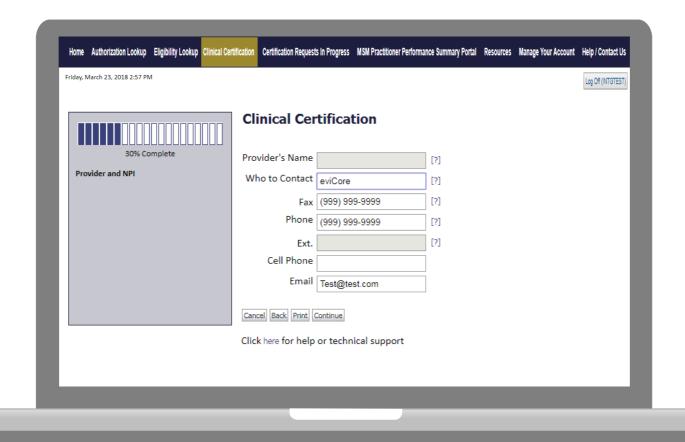
Select the Practitioner/Group for whom you want to build a case.

Select Health Plan



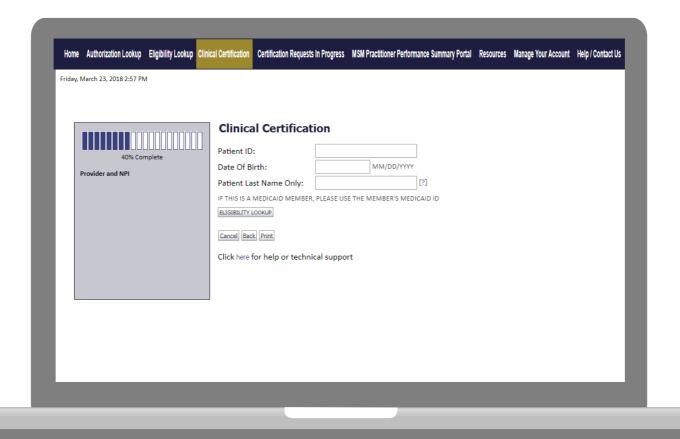
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Contact Information



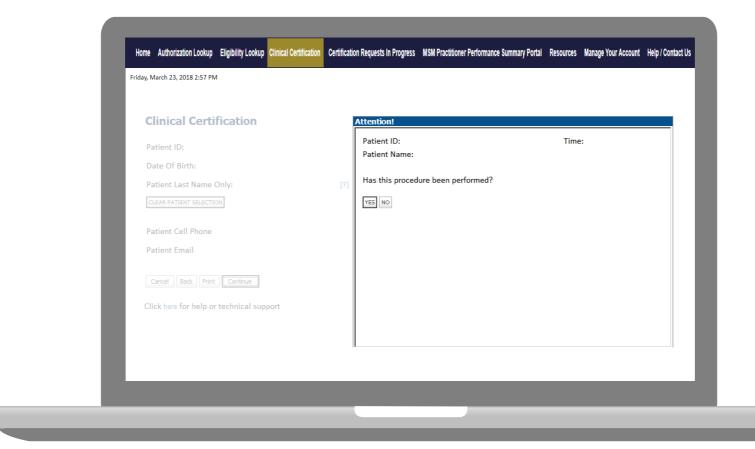
Enter the Provider's name and appropriate information for the point of contact individual.

Member Information



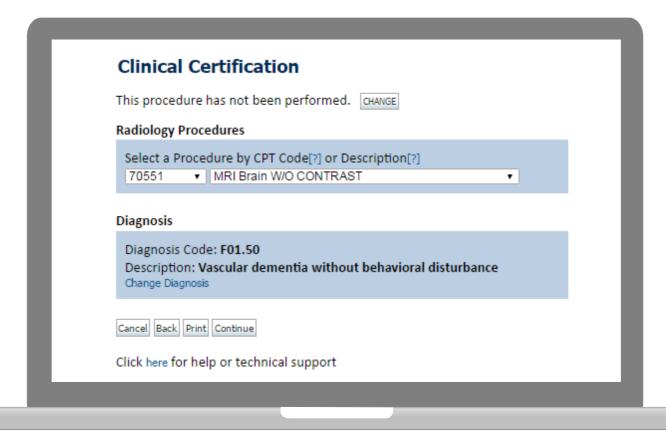
Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

Member/Procedure Information



Verify if the procedure has already been performed.

Clinical Details



Verify Service Selection

Clinical Certification

Confirm your service selection.

Procedure Date: TBD CPT Code: 70551

Description: MRI Brain W/O CONTRAST

Diagnosis Code: F01.50

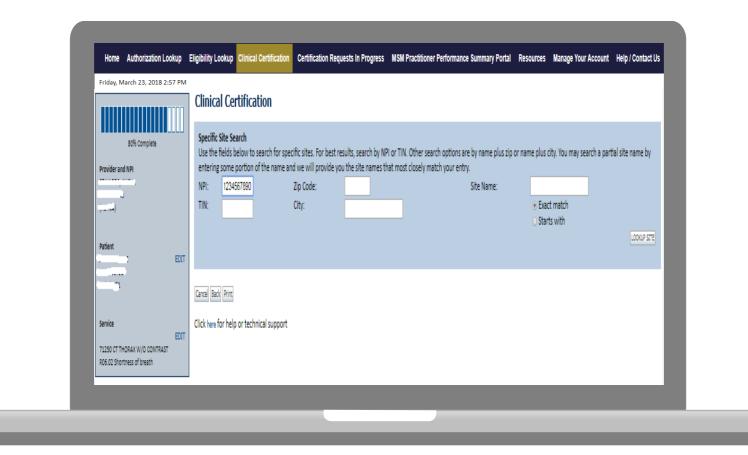
Diagnosis: Vascular dementia without behavioral disturbance

Change 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

Clinical Certification You are about to enter the clinical information collection phase of the authorization process. Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing. In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National. Cancel Back Print Continue Click here for help or technical support

- 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.

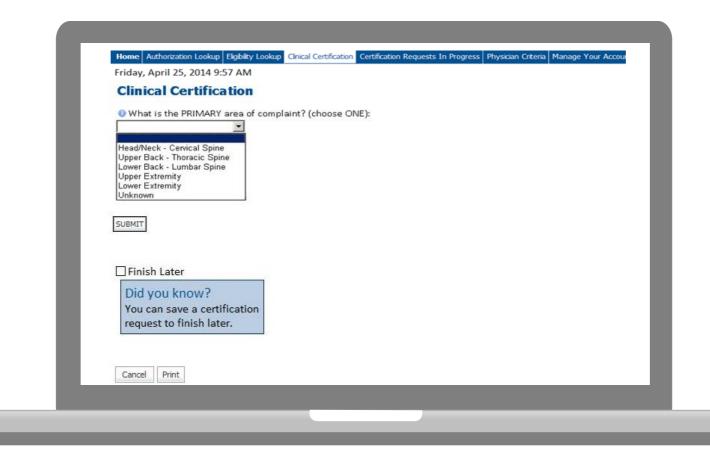
Contact Information

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



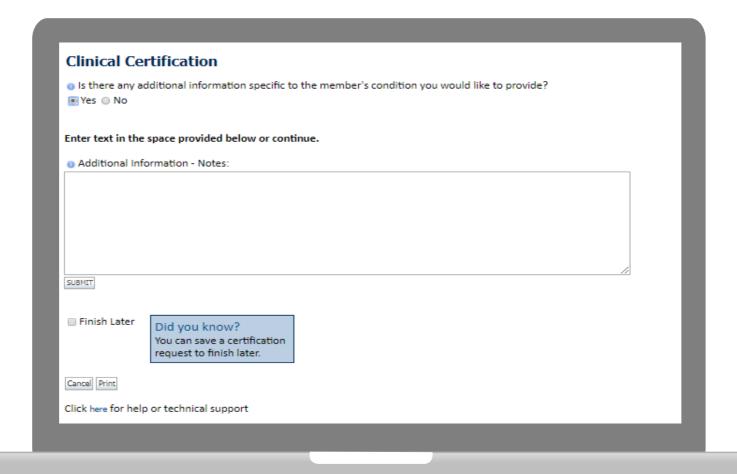
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

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

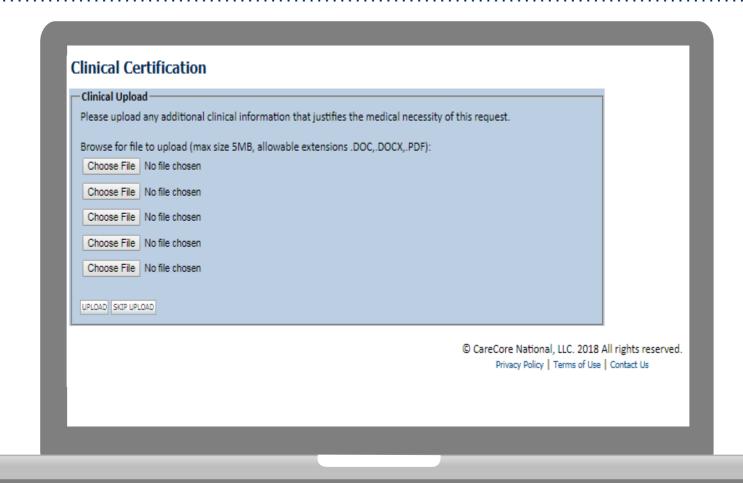


If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

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



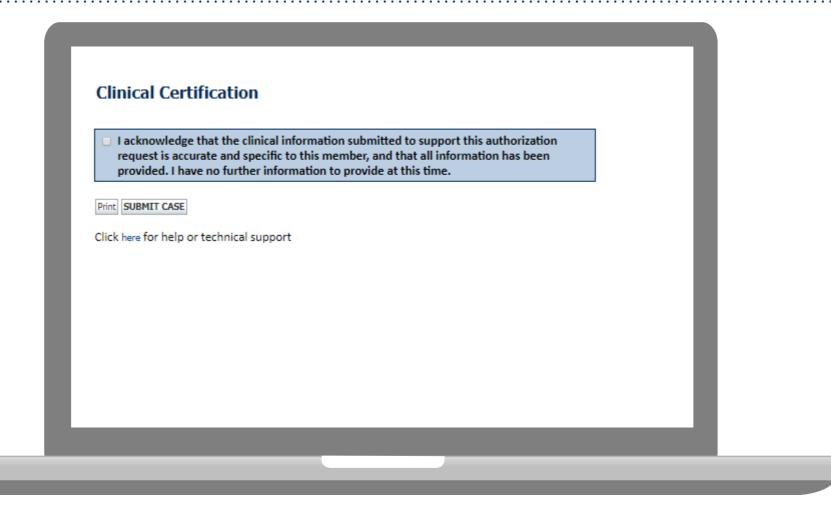
Medical Review



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

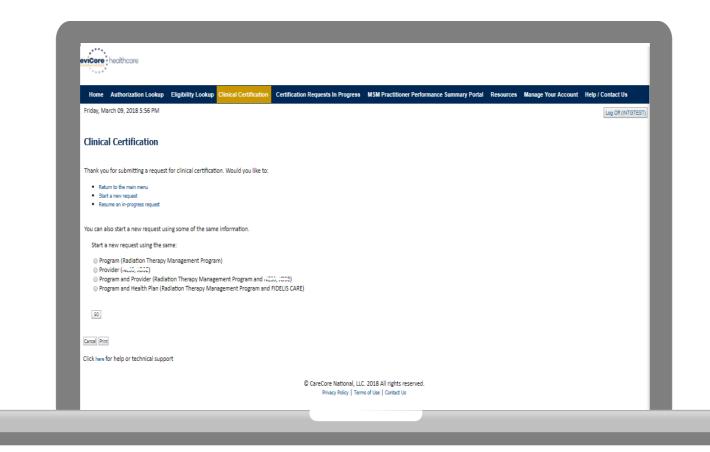
Clinical Certification

Your case has been	Approved.		
Provider Name:	25	Contact:	
Provider Address:		Phone	
		Number:	
		Fax Number:	-
Patient Name:		Patient Id:	
Insurance Carrier:		incompany and	
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
Expiration Date:			
Status:	Your case has been App	house	

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

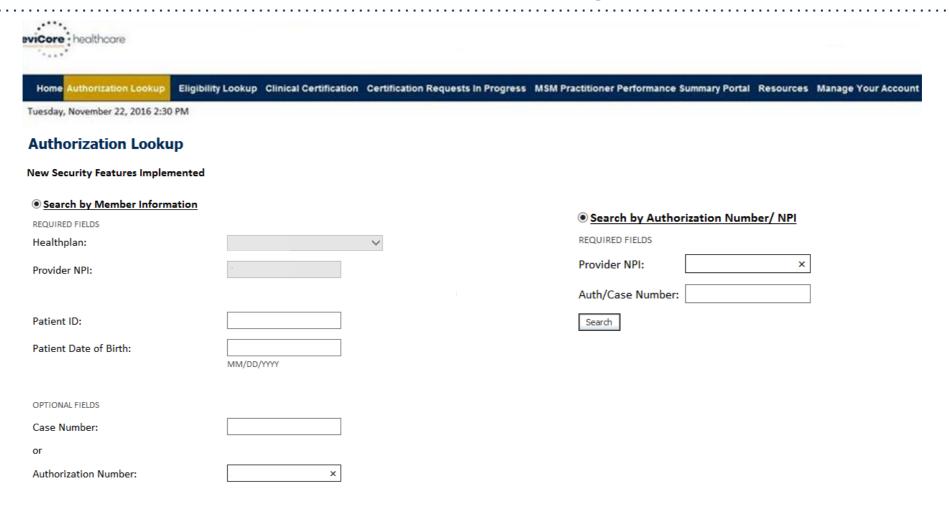
Print the screen and store in the patient's file.

Building Additional Cases



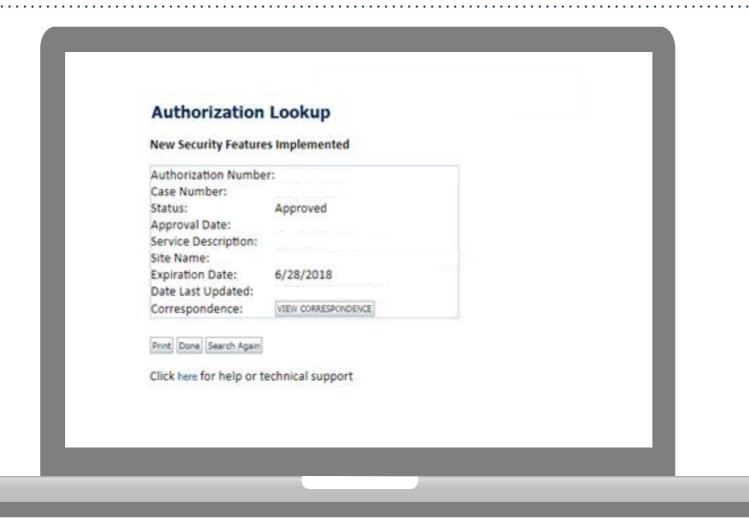
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



- 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



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

Eligibility Look Up



Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Thursday, March 15, 2018 4:43 PM

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: Medical necessity determination 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

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

Provider Resources



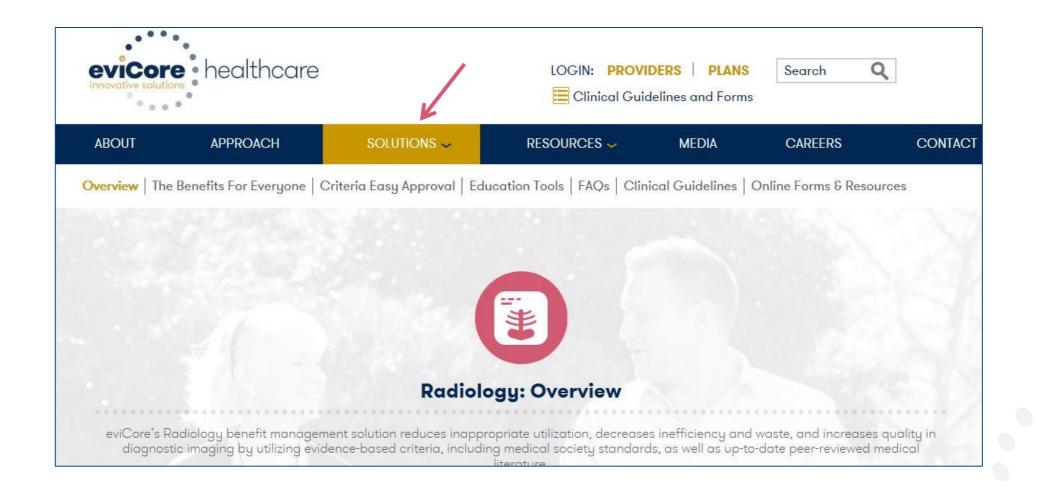






Radiology/Cardiology Online Resources

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





Services





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

Provider Resources: Web-Based Services





Web-Based Services





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









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









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 ClientServices@evicore.com.

Thank You!

