

BlueCross BlueShield of Tennessee Medical Specialty Solutions Program

Provider Training

Evolent Program Agenda

Our Medical Specialty Solutions Program



Authorization Process

Other Program Components



Provider Tools and Contact Information



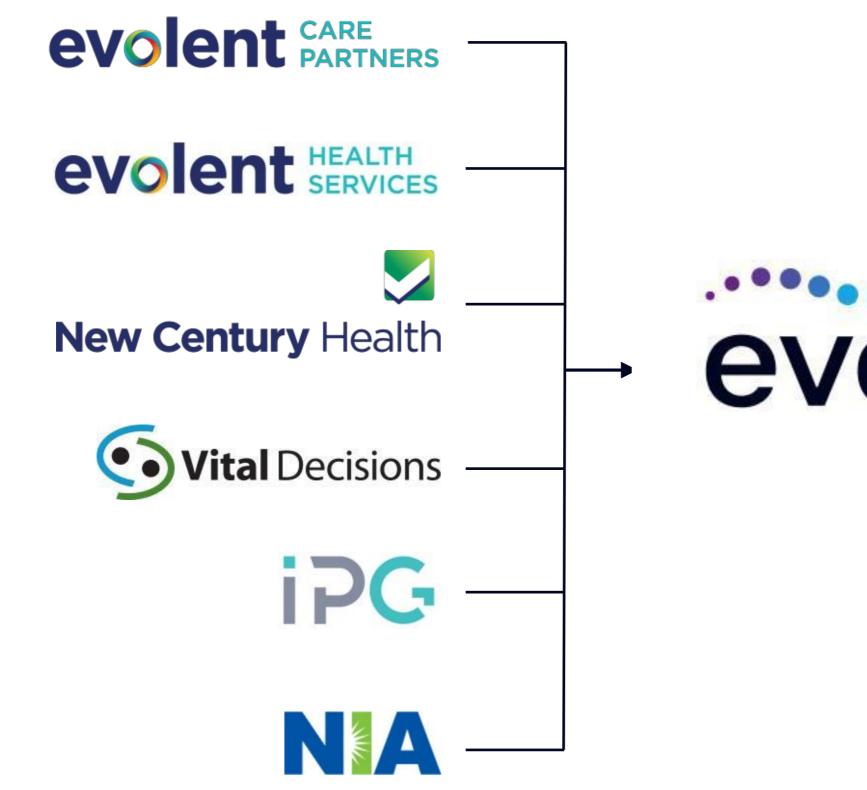
RadMD Demo



Questions and Answers



Connecting Our Brands is About Connecting Care



evolent -

Our Motivation

Patients

- **Better Treatment** ۲
- **Better Health** •

Providers

- Less Friction
- Appropriate Care

Medical Specialty Solutions Prior Authorization Program



BlueCross BlueShield of ٠ Tennessee will begin a prior authorization program through Evolent for the management of Medical Specialty Solutions Services.

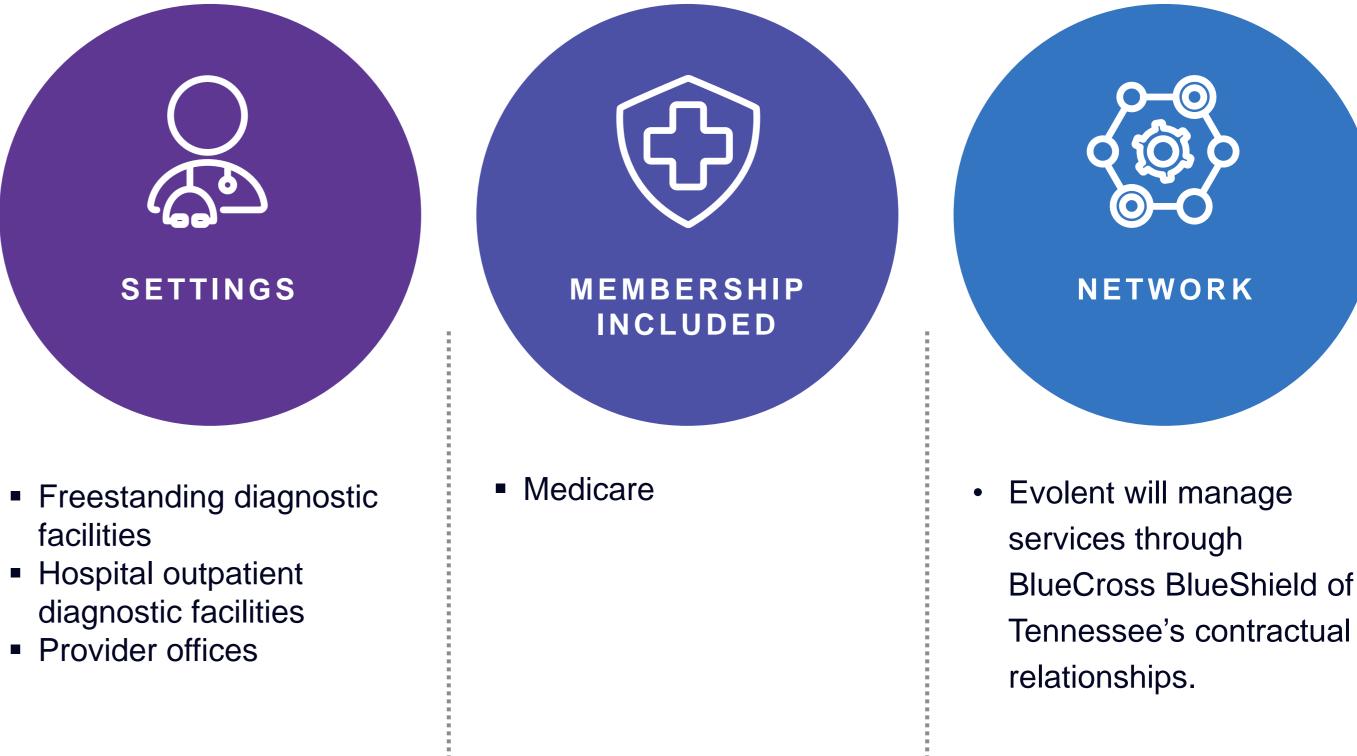
• Program start date: January 1, 2017

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IMPORTANT

DATES

- facilities









Medical Specialty Solutions

Medical Specialty Solutions Procedures Performed Outpatient

- CT/CTA
- MRI/MRA \bullet
- PET Scan
- MUGA Scan \bullet
- Nuclear Stress Test \bullet

Exclusions

Exclusions

- Hospital Inpatient •
- Observation •
- Emergency Room
- Urgent Care
- Surgery Center



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CPT Codes Requiring Prior Authorization (Medical Specialty Solutions Example)



Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.



Includes CPT Codes and their Allowable Billable Groupings.



Located on RadMD.com



Defer to BlueCross BlueShield of Tennessee's Policies for Procedures not on Claims/Utilization Review Matrix.

Pro
MRI Tempor
CT Head/Bra
CT Orbit
CT Maxillofa
CT Soft Tiss

MEDICAL SPECIALTY SOLUTIONS PROCEDURES				
rocedure Name	cedure Name Primary CPT Code Allowa			
romandibular Joint	70336	70336		
ain	70450	70450, 70460, 70470, +0722T		
	70480	70480, 70481, 70482, +0722T		
acial/Sinus	70486	70486, 70487, 70488, 76380, +0722T		
sue Neck	70490	70490, 70491, 70492, +0722T		

Prior Authorization Process Overview

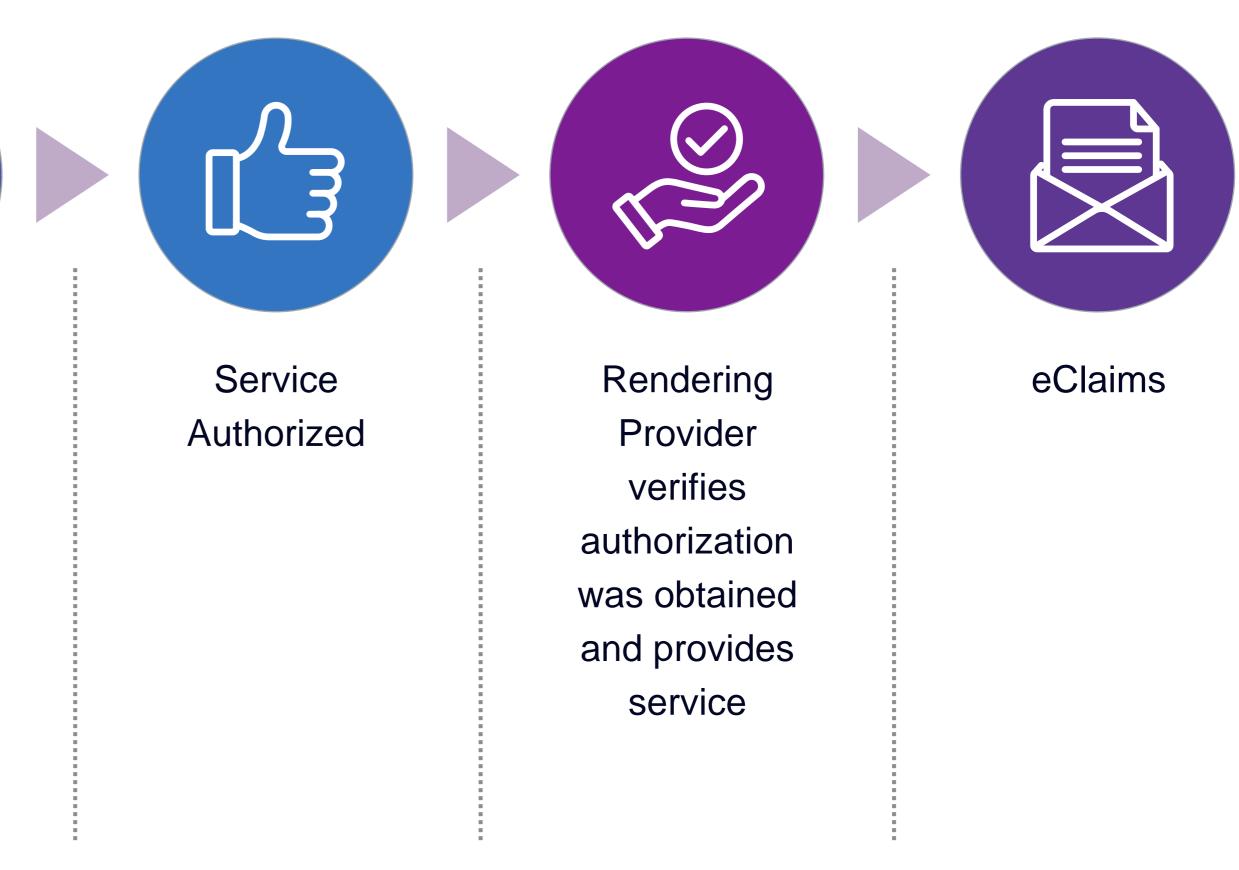


Ordering Physician is responsible for obtaining prior authorization

Submit requests online through RadMD.com or by phone



Information evaluated via algorithm and medical records



Evolent's Clinical Foundation & Review



Clinical Algorithms collect pertinent information

Fax/Upload Clinical Information (upon request)

Clinical Review by Evolent's Specialty Clinicians

Peer-to-Peer Discussion

- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by BlueCross BlueShield of Tennessee and Evolent Medical Officers and clinical experts. Clinical Guidelines are available on <u>RadMD.com</u>
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolent has specialized clinical teams.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- Our goal ensure that members are receiving appropriate care.

Authorization for Medical Specialty Solutions

Special Information

- Ordering physician information, member information, rendering provider information, and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.

ullet

- Preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation.
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

Evolent to Physician: **Request for Clinical** Information



A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

CC TRACKING NUMBER

FAXC

ABDOMEN - PELVIS CT PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided			
to date, please respond to this fax as soon as possible.			

Study Requested was: Abdomen - Pelvis CT For documentation ALWAYS PROVIDE:

- 1. The most recent office visit note
- 2. Any office visit note since initial presentation of the complaint/problem requiring imaging
- 3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below: FAX QUESTIONS ADDL

aalfaddlfaxquestions

a) Abdominal pain evaluation:

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

- b) Abnormal finding on examination, imaging or laboratory test: Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging
- c) Suspicion of cancer: Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy
- d) <u>History of cancer:</u> Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
- e) Pre-operative evaluation: Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.
- f) Post-operative evaluation:

FAXC

CC_TRACKING_NUMBER

Submitting Additional Clinical Information



- Records may be submitted:
- Upload to <u>RadMD.com</u>
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from RadMD.com
- Call 1-888-258-3864



Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Re
Upload Clin
Cases in thi
Member
Name:
Gender:
Date of Birth
Member ID:
Health Plan:
Spoken Lan
Written Lan

quest Verification: Detail

ical Document

Print Fax Cover Sheet

Request Additional Visits

s Request

		Provider	
	Evo Lent	Name:	Memorial Hospital
	Female		· 100 Main Ch. Marri City CT.
th:	5/24/1971	Address:	123 Main St, New City, ST , 12345
:	AB123456	Phone:	123-456-7890
1:	ABC Health Plan	Tax ID:	987654321
	HMO	UPIN:	
nguage:	ENGLISH	Specialty:	
nguage:	ENGLISH		



Clinical Specialty Team



Medical Specialty Solutions Review

Clinical Specialization Pods Overseen by Medical Director Physician Review Team consists of Physician Panel of Board-Certified Physician Specialists to meet State licensure requirements

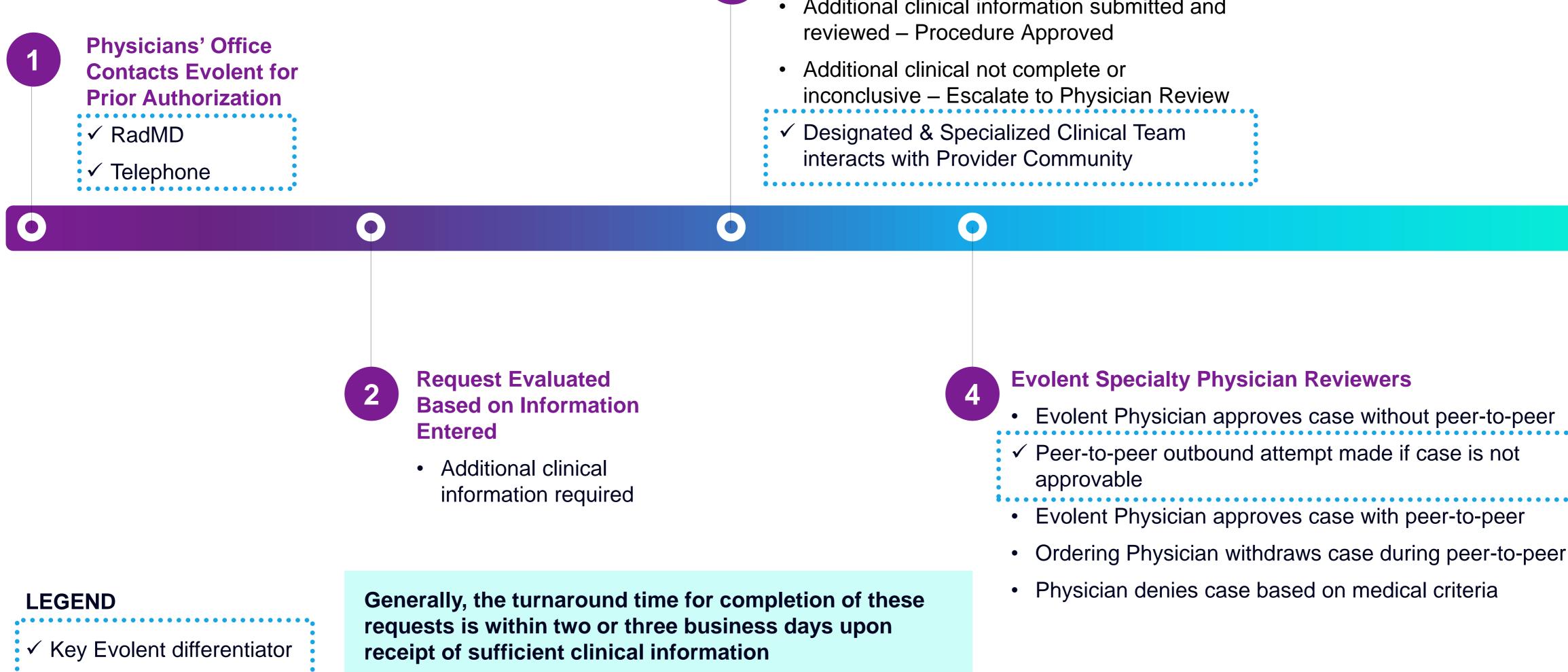
Physician clinical reviewers conduct peer reviews on specialty products

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Clinical Review Process



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Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website <u>RadMD.com</u> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolent call center at 1-888-258-3864.
- Turnaround time is within 72 calendar hours from request.

Authorization Validity Period

- Authorizations are valid for :
 - 60 days from date of request or final determination

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- **Medicare plans:** Peer-to-peer discussions must be performed before a final determination has been made on the request.
- **Medicare** re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

Claims Process:

- Providers should continue to submit their claims to BlueCross BlueShield of Tennessee. \bullet
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to BlueShield of Tennessee website at <u>bcbst.com</u>

Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision • through BlueCross BlueShield of Tennessee.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment \bullet (EOP) notification.

Radiation Safety and Awareness



Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv.

• 1mSv = 4 months of natural exposure/50 chest x-rays



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.



According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

Provider Tools

- **Request Authorization** \bullet
- View Authorization Status \bullet
- View and manage Authorization Requests with other users \bullet
- Upload Additional Clinical Information \bullet
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents \bullet
- Interactive Voice Response (IVR) System \bullet for authorization tracking



Available 24/7



1-800-258-3864

Available Monday - Friday 7:00 AM – 7:00 PM CST 8:00 AM – 8:00 PM EST

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Evolent Website

RadMD.com

RadMD Functionality varies by user:

- Ordering Provider's Office
 - View and submit requests for authorization.

• Rendering Provider

• View approved, pended and in review authorizations for their facility.

Online Tools Available on RadMD

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Applica Process - Ordering

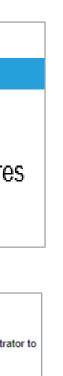
STEPS

- 1. Click the "New User" button on the right side of the home page NOTE: On subsequent visits to RadMD, click the "Sign In" butte to proceed.
- 2. Under the Appropriate Description dropdown select "Physician's office that orders procedures".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password instructions.

IMPORTANT

- Users are required to have their own separate username and password during the second s
- Offices that are both ordering and rendering procedures should request or \bullet This will allow you to request authorization on RadMD and see the status

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	Sign In Ne	ew User			
			_		
	Track an Au	uthorization			
	Authorization	Tracking Number	Go		
_ 2	Please Select a	n Appropriate Descr	iption		
e. 4		that orders procedui	-		
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3	In order for your account to be activ	yourself. Shared accounts are not allow vated, you must be able to receive emails pport@magellanhealth.com can be receiv	from RadMDSupport@magellanhealth.c	om. Please check with your email adminis	str
	Which of the following best desc Please select an appropriate desc		✓ What about read-only radiology	∕ offices	
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	Choose a Username:		must be different than the super-	O of your company, the user's name/emai visor's name/email.	
	First Name:	Last Name:	First Name:	Last Name:]
	Phone:	Fax:	Phone:	Email:]
	Email:	Confirm Email:			
ue to HIPAA regulations.	Company Name:	Job Title:			
Ğ	Address Line 1:	Address Line 2:			
dering provider access.	City:	State: [[State]	v		
of requests.	Zip:				
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RadMD New User Applica Process - Rendering

STEPS

- 1. Click the "**New User**" button on the right side of the home page NOTE: On subsequent visits to RadMD, click the "Sign In" butto to proceed.
- Under the Appropriate Description dropdown select
 "Facility/office where procedures are performed".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password in

IMPORTANT

- Users are required to have their own separate username and password d
- Designate an "Administrator" for the facility who manages access for use
- If multiple staff members entering authorizations need to view approved, authorization requests, they will each need to complete and submit a new account administrator is responsible for granting rendering access for each

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	Authorizatio	Authorization	Go	
e. 2		t an Appropriate Des ce that orders proced	-	
e. 2	r r	here procedures are		
ton Cancer Treatment Facility or Hospital that performs radiation oncology Physicians office that prescribes radiation oncology procedures Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)				
3	In order for your account to be	for yourself. Shared accounts are not activated, you must be able to receive e DSupport@magellanhealth.com can be lescribes your company?	mails from RadMDSupport@magellanheal	h.com. Please check with your email administra
	New Account User Informati	on	Your Supervisor	
nstructions.	Choose a Username:		Unless you are the owner or must be different than the su	CEO of your company, the user's name/email pervisor's name/email.
	First Name:	Last Name:	First Name:	Last Name:
	Phone:	Fax:	Phone:	Email:
	Email:	Confirm Email:	Affiliated Facilities	
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Shared Access

Evolent offers a Shared Access feature on our RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

Request Exam or specialty procedure **Physical Medicine** Initiate a Subsequent Request Radiation Treatment Plan Pain Management or Minimally Invasive Procedure Spine Surgery or Orthopedic Surgery **Genetic Testing**

Request Status Search for Requ View All My Req **View Customer**

(including Cardiac, Ultrasound, Sleep Assessment)

Resources and Tools

Shared Access 1 share offer requires your attention Clinical Guidelines Request access to Tax ID

News and Updates

Hot Topic:

	Login As Username: Login	
s Jest Juests Service Calls	Tracking Number: Search Forgot Tracking Number?	



When to Contact Evolent

Initiating or checking the status of an authorization request	 Website: <u>RadMD.con</u> 1-800-258-3864
Initiating a Peer-to-Peer Consultation	 1-800-258-3864
Provider Service Line	 <u>RadMDSupport@Evc</u> Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	Lori Fink <i>Provider Relations Man</i> 1-410-953-2621 • Ifink@



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RadMD Demonstration

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