

# **Radiation Oncology Solution**

PROVIDER OFFICE STAFF END USER TRAINING

3/10/2021

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Effective January 1, 2021, AIM will manage radiation oncology reviews for members of Healthy Blue through the Radiation Oncology Program. Our objective today is to help you understand what this means to you and your practice.

## 🖓 Agenda

- Introduction to AIM Specialty Health
- Radiation Oncology Program overview
- Preparing for the Radiation Oncology Program
- AIM *Provider*Portal<sub>SM</sub>Order Request Demonstration
- Additional AIM ProviderPortal Features
- Questions



AIM delivers clinical programs across all 50 states





3

## Our multispecialty team of physicians assures clinical credibility



ROBERT MANDEL Chief Medical Officer



**STACY** BAN Medical Director. Oncology



**CHRIS** BUCKLE Medical Director. Radiology



VARSHA **CHANDRAMOULI** 

Vice President. Clinical Operations



**JENNIFER ECKLUND** 

Associate Medical Director, Government Programs



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Medical Director. Medical Oncology Programs and Genetics



ROBERT **FURNO** 

Medical Director. Government Solutions



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Senior Medical Director, Cardiology and Sleep Medicine



**KERRIE** REED

> Medical Director. Rehabilitation



JULIE THIEL Senior Vice President.

Clinical Programs



**RICHARD** VALDESUSO

Senior Medical Director. Musculoskeletal



ROBERT ZIMMERMAN

Medical Director. Radiation Oncology





## **Radiation Oncology Program overview**



Meet our oncology clinical team – health care professionals dedicated to ensuring better care for cancer patients



#### Michael Fisch, MD, MPH

Medical Director, Oncology and Genetic Testing



Robert Zimmerman, MD

Medical Director, Radiation Oncology



Stacey Ban, MD

Medical Director, Oncology

# **60**+

Years of combined clinical and academic oncology experience on the leadership team

# 19

Oncologists available for peer-to-peer conversations about evidence-based treatment options

20+

Oncology-trained nurses available to provide clinical information and to review clinical guidelines



## Services requiring prior authorization

# ŶIJ

#### **Clinical Appropriateness Review**

- Intensity Modulated Radiotherapy (IMRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- 2D/3D Conformal (EBRT)
- Proton Beam Therapy
- Interoperative Radiotherapy (IORT)
- Image Guided Radiation Therapy (IGRT)



#### **Utilization Management**

- Fractionation in radiotherapy for whole breast, non-small cell lung cancer, and bone metastases
- Special Physics Consult
- Special Treatment Procedure
- Hydrogel Spacer







## Ordering provider initiated requests



#### Reconsiderations: Healthy Blue includes: Reconsiderations will be requested within 3 business days of the determination and completed within 5 business days of determination

Appeals: Healthy Blue perform all member and provider appeals.



## Clinical review steps

1 Case intake



Submission captured through our online *ProviderPortal*<sub>SM</sub> or directly with a referral specialist within one of our call centers

Member demographics

Ordering and servicing provider demographics

Clinical case information

Requests are reviewed in real time against AIM clinical guidelines Messaging on appropriateness of request and link to guidelines

**Education** 

intervention

and

Peer-to-peer discussion if

previous adjudication indicated that case does not meet clinical criteria Document final review outcome

Case

closure

Messaging of final review outcome to provider

Adverse determination letter generated to provider and member, if applicable

Extract case information to Healthy Blue

**J** Additional reviews

<u>Reconsiderations</u>: Healthy Blue will be requested within 3 business days of the determination and completed within 5 business days of determination

Provider and 1st level member appeals will be managed by the health plan



## How long is a prior authorization valid?



ORDER NUMBER VALID TIMEFRAME IS BASED ON:

## The Planning Start Date until Treatment Start Date + 90 days



## AIM closes most cases within 24 hours Case turn around times



No retrospective cases will be reviewed by AIM.

#### Healthy Blue Includes:

Non-urgent healthcare

Urgent healthcare

- Shall close within 36 hours of receipt of the request
- Shall close within 24 hours of the receipt of the request





## **Preparing for the Radiation Oncology Program**





Contact center and **Provider**Portal will be available beginning on December 21, 2020 for prior authorization requests with dates of service rendered on or after January 1,2021.



## AIM program ensures member continuity of care

Continuity of care applies to members whose treatment began up to 90 days before the Program launch and will continue after the program launch on January 1, 2021.

Question: What should a provider do if they obtained a prior authorization for treatment extending past January 1, 2021?

 For members in treatment at the time of the program start, preauthorization from AIM will be required. This includes members receiving treatment "to progression" and those whose treatment didn't require preauthorization from the current vendor prior to program start.

Question: When should a provider contact AIM?

- To get a prior authorization for any treatment plan that will begin or continue after January 1, 2021
- AIM will approve the treatment that began or was preauthorized prior to the start of the AIM program which does not meet medical necessity at the time of review by AIM.





## Submitting an order request

## **Provider**Portal

## AIM contact center

- Register at <u>www.providerportal.com</u>
- Providers shall access the AIM *ProviderPortal* through Direct Registration or using Single Sign on through Availity
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- *ProviderPortal* support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*

- Dedicated toll-free number: (855)574-6479
- Contact center hours: Monday Friday 7AM 7PM CST
- Voicemail messages received after business hours will be responded to the next business day





# Which Healthy Blue members need prior authorization through AIM?



# Included lines of business (products):

- As of 1/1/2021:
  - Medicaid



# Excluded lines of business (products):

- Medicare
- Commercial
- FEP

#### NOTE:

- Out of network cases shall be reviewed for medical necessity by AIM. If medical necessity is approved, case will be referred
- to the health plan for out of network determination.
- AIM will pull ordering providers from the client provider file, but there is no network INN/OON check for ordering providers
- AIM only checks the network status for the Servicing Provider/ Facility (where applicable).
- If a servicing or ordering Provider is not found in our system, we manually add it. Servicing Provider can be manually added via or Portal. If a Servicing Provider is manually added, then the Servicing Provider is considered OON



## Order request check list

# All order request will require:

- Member first and last name and date of birth
- Ordering provider's first and last name
- Primary cancer treatment you are requesting (e.g. IMRT, Proton Beam, etc.
- Patient diagnosis
- Name and location of facility where treatment will be administered

# Most order requests may require:

- PreExam Questions (PEQ):
  - Patient height and weight
  - TNM status or stage of cancer
- Type of Cancer
- Performance status, either Karnofsky or ECOG
- Treatment goal, total dose, and number of fractions
- For some situations, plan comparison with 3D or IMRT is required.



# Radiation oncology provider microsite



#### **Providers can visit the microsite for:**

- > Clinical appropriateness guidelines
- > How to enter an order request
- > Order request checklists
- > FAQs



Look for these items at www.aimproviders.com/radoncology



# A dedicated engagement team will provide personalized support

### **Practice engagement team mission:**

The AIM practice engagement team will support and work in tandem with the Healthy Blue provider services team and providers to enhance the understanding and participation in radiation oncology programs administered by AIM

Specific areas of focus include:

- Program communication and training
- Resolution of any issues experienced by a practice
- Facilitation of program enhancements based on practice feedback



#### Chris Peters



Krystal Olson

AIM practice engagement team email: aimradoncpe@aimspecialtyhealth.com



## **Provider**Portal highlights

#### **Provider**Portal modules



#### ProviderPortal access and registration

- Providers shall access the AIM ProviderPortal through Direct Registration or using Single Sign on through Availity\*
- Access via <u>www.providerportal.com</u>
- AIM *ProviderPortal* home page will be displayed



## ProviderPortal login/registration

SpecialtyHealth.	<b>Provider</b> Porta
User Login	
USERNAME	
Username	
PASSWORD	
Password	
Remember Me	Don't have an account?
Login	Register
Can't access your account?	
Version 19.05.31.s00005312	System Requirements
<ul> <li>The Provider Portal application will be unavailable for regularly scheduled maintenance.</li> </ul>	e Sundays between 12:30 PM CST - 6:00 PM CST
If you have any questions regarding the new Me Support Program, see the Provider Resource line	dicare Appropriate Use Criteria Clinical Decision ks below. DO NOT call the health plans.

If you are registered with the AIM *ProviderPortal*, log in with your existing user account

or

Click the "**Register**" button to begin your registration process if you are a new user



## ProviderPortal registration

SpecialtyHealth"	R Provider Porta	al.		
Regi	ster			
Contact We	eb Customer Service	1. User Details		
AIM Specia (800) 252-2	alty Health 2021	FIRST NAME	LAST NAME	USER ROLE 🚺
				Select 🔻
		ODCANIZATION NAME		Select
				Ordering Provider
				Servicing Provider
		ADDRESS 1		Health Plan Representative
				Genetic Counselor
		ADDRESS 2 (optional)		

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue...



## ProviderPortal registration

#### 3. Application Selection

Select the applications you will need to access.

💎 Health Plan Utilization Review Programs 🕕

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER

Select	•	
Select		
Tax ID (TIN)	oport Program 🕕	
Group TIN		
NPI		
4. Group NPI		
Provider ID		
Agree to the reims	or service	

Enter your **practice's Group identifier**. E.g. TIN

Select the type of ID you will be using to register from the drop down list

Then type in the number in the following field.





# **Provider**Portal order request demonstration

NOTE: Actual member and provider data will not be used in this presentation



## **Provider**Portal Home Page

Grder Request		
Welcome DEMO TRAINING	Manage Your Reference Physician List User Profile Desk	
Start Your Order Request Here		Message Center
Check Order Status	Select the date 9/1/2017	The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
View Order History	Select the      Member ID + DOB     Search type     Member ID + Name	
Check Claim Status	Member ID 376699988 3 Date of Birth 01/01/1961 ×	Provider Resources
Access Your Optinet Registration	Find This Member	
,		

Note: AIM Specialty Health maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons or health plans is purely coincidental.

## To create a prior authorization request:

- 1. Enter the "Date of Service"
- 2. Provide the following member information:

Member ID and Date of Birth

Or

Member ID and Name

3. Next, chose "Find this Member

You can also:

- Check Order Status
- View Order History
- Manage Your Physician List
- Manage Your User Profile
- Reference Desk



## Member search results

#### Order Request

Step: 12345

Member Search R	lesults					Records Per Page 10 V
Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
86MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	VA	
85MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	IL	
208MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	WY	Automatic Physics
300MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	MI	Rollinger Tallocal
195MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	WA	Number of Strength Strength
176MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	LA	
171MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	MI	00.000.000
214MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	AL	
183MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	TX	Andhare McMiller
160MORGENDORFFER, DARIA	376699988	Employee	F	01/01/1961	IL	
< 2 V of 5	> >>					Total Number of Records Found: 46

Change Member Search Criteria

Select your member from the search results by clicking on the member name.

If your member does not appear in the results, you can change your criteria and search again using the "Change member search criteria" button.



## Order type selection

Select the order type for this request. Then click Continue below.



On the order type screen, select "**Radiation Therapy**" then select the "**Continue**" button.

Note: only programs that are currently managed by AIM for the selected member will display on the order type selection screen.



## Ordering provider selection

Order Request							Stan: (1		Logout
85MORGENDORFFER, DARIA & Edit Member #: 3766999880 Treatment Date of Birth: 1/1/1961 Health Pla Ordering Provider:	t Start Date: 9/ an:	1/2017	Hide Details				Step.		
Step 2: Please select the Ordering Provider from the I Ordering Provider Search	list below.	ant	Favorites	Search Res	Ite	ed Search		View:	Local 🔻
Search Type: Name	Ordering Pro	oviders Name 🟚	A	uddress	Dity to	Specialty	¢	Health Plan	¢
TIN or NPI     Address	☆	<u>SCULLY,</u> THOMAS	2	PROGRESS POINT PKWY	OFALLON	Urology			
	*	<u>SMITH,</u> JOSHUA	7	00 PARK RIDGE LN	NORTH FOND DU LAC	Radiology			
First Name:		<u>CALLAGHAN,</u> JOHN	9	75 W WALNUT ST STE 424	INDIANAPOLIS	Internal Medicine			
Last Name:	<b>*</b>	SCULLY, THOMAS	2	26 S WOODS MILL RD STE DW	CHESTERFIELD	Urology	AVINO		еште

Select the ordering provider by clicking on the physician's name.

Ordering providers that are associated with group identifier (e.g. TIN, NPI, etc). in the user's registration will be available for selection

For practices with multiple providers, establishing "**Favorites**" will allow for increased intake efficiency



## Ordering provider fax confirmation



Enter the fax number to be used when communicating with the ordering physician the outcome of an adverse determination (denial) case

#### or

If a fax number was previously entered for the provider, confirm the number is correct

Press the "Save" button



## Planning start date

6	Order Request	Logout
	St	ep: 12 <b>3</b> 4567
85MC Memb Date o Order	IORGENDORFFER, DARIA / Edit       Hide Details         Iber #:       376699988         Treatment Start Date:       09/01/2017         of Birth:       1/1/1961         Health Plan:         tring Provider:       SCULLY, THOMAS	
Step 3: Plan 09/	Please enter the Planning Start Date if it prior to the Treatment Start Date         nning Start Date         \number Divide         \number Divide	
1	Next Delete this request	

The "**Planning Start Date**" will default to the start date for the treatment; verify or modify as needed.

Click on the "**Next**" button to proceed to the next step.



## Servicing provider selection

85MORGENDORFFER, DARIA ≠ Edit Member #. 3766999880 Treatment Date of Birth: 1/1/1961 Health Pla Ordering Provider SCULLY THOMAS ≠ Edit	Hide Detail t Start Date: 9/1/2017 an:	1			Step: 1234	667
85MORGENDORFFER, DARIA ≠ Edit Member #. 3766999880 Treatment Date of Birth: 1/1/1961 Health Pla Ordering Provider SCULLY THOMAS ≠ Edit	Hide Detail t Start Date: 9/1/2017 an:					
ap 4: Please Choose a Provider.						
	In Network Expanded	Search Out of Network				
facility Name:	Provider Search Results					
Dity:	Facility KIRKSVILLE VA CBOC	data   Address   data     1510 CROWN DR   1510 CROWN DR	City 🟚 Si	ate         mail         Phone         mail           O         (573) 778-4261	Distance   Action     281.03   View Detail	Map ils <u>View Map</u>
State	NEW CONCEPTS OPEN MRI INC	612 ROSEWOOD DR	KIRKSVILLE M	O (660) 665-8008	281.13 <u>View Detai</u>	ils <u>View Map</u>
Missouri	NORTHEAST REGIONAL MEDICAL CENTE	ER 315 S OSTEOPATHY AVE	KIRKSVILLE M	O (660) 785-1000	282.28 View Detai	<u>ils</u> <u>View Map</u>
63501	NORTHEAST REGIONAL SPECIALTY GRO	OUP 800 W JEFFERSON ST	KIRKSVILLE M	0 (660) 626-2189	282.23 <u>View Detai</u>	ils View Map
•	144 44 🚹 66 661			DISPLAYI	NG 1–4 OF 4 RE	ESULTS
Broup NPI:	Return to Provider List Submit a Facility				Dele	ete this request
Search						

Select the servicing provider location by clicking on the name from a list of frequently used providers.

If you are unable to locate the servicing provider location, you can select "**Find a Facility**" button to search for additional facilities.



## Select a procedure

6	Order Request		Logout
			Step: 1234567
85MO	RGENDORFFER, DARIA	Show Details	
Step 5: P	ease select the desired procedure.		
Radiati	on Therapy Procedure		
Pleas	e begin by either the Primary Treatment and / or Boost:		
	Primary Treatment:		
	Intensity-Modulated Radiation Therapy (IMRT) (CF		
	Boost:		
	Intensity-Modulated Radiation Therapy (IMRT) (CF		
Selec	all Associated Services being requested:		
	Special radiation treatment (CPT 77470)		
	Special radiation physics consult (CPT 77370)		
	Image-guided radiation therapy (IGRT) (CPT 77387)		
	Continue Delete this request		
Have a <u>con</u> Copyright @	i <u>ment or suggestion?</u> 2000–2019 AIM Specialty Health. All Rights Reserved.		

Select the "**Primary Treatment**", "**Boost**" and associating services being requested.

Press the "Continue" button.



## Select a procedure

Grder Request			
		Step: (1)(2)	34567
85MORGENDORFFER, DARIA	CPT Group I	Details	×
tep 5: Please select the desired procedure.	CPT 🕸 Code	Description 🖷	I CPT Grouper 🔯
Radiation Therapy Procedure Please begin by either the Primary Treatment and / or Boost:	77301	Radiotherapy plan intensity modltd	Intensity-Modulated Radiation Therapy (IMRT)
Primary Treatment:	77338	design mlc device for imrt	Intensity-Modulated Radiation Therapy (IMRT)
Intensity-Modulated Radiation Therapy (IMRT) (CF	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Intensity-Modulated Radiation Therapy (IMRT)
<ul> <li>Special radiation treatment (CPT 77470)</li> <li>Special radiation physics consult (CPT 77370)</li> </ul>	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Intensity-Modulated Radiation Therapy (IMRT)
Continue Delete this request	77427	Radiation treatment mgmt, 5 trtmnts	Intensity-Modulated Radiation Therapy (IMRT)
ve a <u>comment or suggestion?</u> pyright © 2000–2017 AlM Specialty Health. All Rights Reserved.	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Intensity-Modulated Radiation Therapy (IMRT)
	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Intensity-Modulated Radiation Therapy (IMRT)
	144 44 🗎	DISPLAYING	1-7 OF 7 RESULTS

Clicking on the "**i**" will display all of the CPT codes included within the CPT Grouper



## Patient disease details

#### Step 5: Please enter the Patient Disease Information.

Treatment is for:	Primary Tumor     O Metastatic Lesic	on 🔿 Other
Diagnosis	Lung Cancer	*
	Non Small Cell Lung Cancer	•
Pathology	Large Cell	~
TNM or Staging	TNM     Stage	
TNM	T 3 • N 2	• M 0 •
Treatment	Definitive	•
Goal	Curative	•
Performance Status	2 - Confined to bed less than 50% of wa	aking hours 👻
е		

## Enter data for the following:

- What the treatment is for
- Diagnosis
- Pathology
- T,N,M or Staging
- Treatment
- Goal
- Performance Status (ECOG score)

Press the "Continue" button



Order Request 85MORGENDORFFER, DARIA Member #: 3766999880 Treatment Star	Logout Step: 1234567 Hide Details t Date: 09/01/2017	Select the <b>procedure</b> <b>requested</b> and answer any and all " <b>Clinical Information</b> "
Date of Birth: 1/1/1961 Health Plan: Ordering Provider: SCULLY, THOMAS		questions.
PROCEDURES REQUESTED (4) Intensity-Modulated Radiation Therapy (IMRT) Includes Boost Special treatment procedure	ENTER MEMBER'S CLINICAL INFORMATION Please answer the following questions to provide as much information as possible for clinical review. DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer CLINICAL INFORMATION	Select the " <b>Next</b> " button to continue.
Special physics consult Image-guided radiation therapy (IGRT)	<ul> <li>*Has the patient received radiation to this area before?</li> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>	
	All clinical questions have been answered, select Next to continue.	



PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION	Update as necessary:
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Please answer the following questions to provide as much information as possible for clinical review. DIAGNOSIS Lung Cancer / Non Small Cell Lung Cancer	<ul> <li>the treatment start and end dates</li> </ul>
Special treatment procedure	TREATMENT INFORMATION	
Special physics consult	Treatment Start Date	<ul> <li>the Greys (Gy) or dosing</li> </ul>
Image-guided radiation therapy (IGRT)	Treatment End Date	<ul> <li>the total number of fractions</li> </ul>
	* Planned total dose (Gy) 70 Gy	Answer all questions
	*Total number of fractions       35     fractions	Ordering greater than 30 fractions will results in a warning. This will pend the
	*Is the patient being treated with concurrent chemotherapy?      Yes      No	case. Validate the correct # of
	Unknown	
	Based on AIM Specialty Health guidelines, more than 30 fractions of primary chemoradiotherapy for lung cancer are not medically necessary.	Press the " <b>Next</b> " button once all data has been entered to continue.
	All treatment information has been entered, select Next to continue.	
	Delete this request Save and Exit Next	



85MORGENDORFFER, DARIA	Hide Details					
Member #: 3766999880 Treatment Sta	art Date: 09/01/2017					
Date of Birth: 1/1/1961 Health Plan: Ordering Provider: SCULLY, THOMAS						
PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION					
Intensity-Modulated Radiation	Please answer the following questions to provide as much information as possible for clinical review.					
Therapý (IMRT) Includes Boost	DIAGNOSIS					
Special treatment procedure	Lung Cancer / Non Small Cell Lung Cancer					
	CLINICAL INFORMATION					
Special physics consult	* Treatment modality					
Image-guided radiation therapy	Please take a moment to carefully select all that apply before continuing.					
	SBRT					
	SRS					
	3D conformal					
	Brachytherapy					
	✓ IMRT					
	Proton beam					
	I SIRT					
	No answer					
	*Select from the following options.					
	The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.					
	Hyperthermia (heat treatment) is being used in conjunction with radiation therapy.					
	Total body or hemibody radiation is requested.					
	To reconstruct a previous radiation plan					
	None of these apply					
	Unknown					
	All questions have been answered, select Next to continue.					

Select the "**Special treatment procedure**" tab and select the relevant "**Clinical Information**" and treatment plan data.

Note: selecting "**none of these apply**" will cause the case to pend as one of the other choices are required for automatic case authorization.



PRO

CEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION							
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Please answer the following questions to provide as much information as possible for clinical review. DIAGNOSIS							
Special treatment procedure	Lung Cancer / Non Small Cell Lung Cancer							
Special physics consult	*Treatment modality							
Image-guided radiation therapy	Please take a moment to carefully select all that apply before continuing.							
	SBRT							
	SRS							
	3D conformal							
	Brachytherapy							
	I IMRT							
	Proton beam							
	SIRT							
	IORT							
	Vo answer							
	*Is this requested to measure radiation exposure to a fetus?							
	Yes							
	No							
	Unknown							
	*Select the reason for this request.							
	Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist							
	Analysis of dose to a pacemaker							
	Dosimetric analysis of area being treated that overlaps with an area that had radiation before							
	None of these apply							
	Unknown							
	All questions have been answered, select Next to continue.							
	Delete this request Save and Exit Next							

Select the **"Special physics consult**" tab and select the relevant **"Clinical Information**" and request reason data.

Press the "Next" button.



85MORGENDORFFER, DARIA Member #. 3766999880 Treatment Sta	Hide Details art Date: 09/01/2017
Date of Birth: 1/1/1961 Health Plan: Ordering Provider: SCULLY, THOMAS	
PROCEDURES REQUESTED (4)	ENTER MEMBER'S CLINICAL INFORMATION
Intensity-Modulated Radiation	Please answer the following questions to provide as much information as possible for clinical review.
Therapy (IMICT) includes boost	DIAGNOSIS
Special treatment procedure	Lung Cancer / Non Small Cell Lung Cancer
Special physics consult	CLINICAL INFORMATION
	Based on the diagnosis for this procedure, additional Clinical Information is not required.
Image-guided radiation therapy (IGRT)	
	All questions have been answered, select Next to continue.
	Databality security Courses of Fig.
	Delete this request Save and EXIT NeXI

Select the "Image-guided radiation therapy (IGRT)" tab and select/enter any requested "Clinical Information".

Press the "Next" button.



## Request summary

85MORGENDORFFER, DARIA	Hide Details	
Member #: 376699988 Treatment Sta	art Date: 9/1/2017	
Date of Birth: 1/1/1961 Health Plan:	AddamUR	
Ordering Provider: SCULLY, THOMAS		
PROCEDURES REQUESTED (4)	REQUEST SUMMARY	Expand All 🔻
Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	Intensity-Modulated Radiation Therapy (IMRT) Includes Boost	
Conscient treatment propagatives	Lung Cancer / Non Small Cell Lung Cancer	
Special treatment procedure	No additional information is required.	
Special physics consult     Requires Further Review	► Treatment Summary	Edit Treatment
Image-guided radiation therapy (IGRT)	► Clinical Details	🥓 Edit Clinical
Request Summary	Special treatment procedure	
Request summary	Lung Cancer / Non Small Cell Lung Cancer	
	No additional information is required.	
	► Clinical Details	🖉 Edit Clinical
	Special physics consult	
	Lung Cancer / Non Small Cell Lung Cancer	
	Requires Further Review Based on the information you have provided, this procedure does not meet criteria	
	✓ Clinical Criteria	
	For Clinical Details Entered Based on health plan clinical criteria, coverage for special physics consult requires that at least one (1) of the following criteria be met: • Adjacent electron and photon ports • Analysis of dose to a fetus • Brachytherapy • Dosimetric analysis of previous radiation field overlapping or abutting current field • Evaluation of dose tolerance and dose delivery to an implanted pacemaker • Fusion of multiple image sets (computed tomography, magnetic resonance imaging, positron emission tomography) when performed by the medical physicist • Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)	
	The information provided does not indicate that these scenarios apply.	

The request may require a Peer to Peer review if the data entered does not match medical policy as reflected in the warning alert.

Click on "Edit Clinical" or "Edit Treatment" to adjust any answers that may have been answered incorrectly.

Otherwise, submit the case asis and a peer-to-peer may potentially be required.



## Additional information

CEDURES REQUESTED (4)	
Intensity-Modulated	ADDITIONAL INFORMATION
Includes Boost	*FIRST NAME
Special treatment procedure	Demo
	* LAST NAME
Special physics consult	Training
Image-guided radiation therapy	* PHONE NUMBER
(IGRT)	(800) 123-4567
	EXT
	*FAX NUMBER
	(800) 123-4567
	* Provide additional information that may be helpful in reviewing this request.
	~
	Continue Cancel

When additional information is required, this screen should be filled out with:

- PA staff or Clinical staff's contact information,
- the person who can answer questions about the case
- any additional information that will help AIM approve the case

Press the "**Continue**" button to proceed to the next step.



## Request summary

6	Order Request		Logout
		Step: 1234	67
85MOF Member Date of 8 Ordering	RGENDORFFER, DARIA #: 376699988 Treatment Sta Birth: 1/1/1961 Health Plan: provider: SCULLY, THOMAS	Hide Details rt Date: 9/1/2017	
PROCE	EDURES REQUESTED (4)	REQUEST SUMMARY	Expand All 🔻
	Intensity-Modulated Radiation Therapy (IMRT) Includes Boost Special treatment procedure	Intensity-Modulated Radiation Therapy (IMRT) Includes Boost Lung Cancer / Non Small Cell Lung Cancer No additional information is required.	
Special physics consult		► Treatment Summary	dit Treatment
	Image-guided radiation therapy (IGRT)	► Clinical Details	Edit Clinical
F	Request Summary	Special treatment procedure	
		Lung Cancer / Non Small Cell Lung Cancer	
		No additional information is required.	
		► Clinical Details	Edit Clinical
		Special physics consult	
		Lung Cancer / Non Small Cell Lung Cancer	
		No additional information is required.	
		► Clinical Details	Edit Clinical
		Image-guided radiation therapy (IGRT)	
		Lung Cancer / Non Small Cell Lung Cancer	

Review the "**Request Summary**" tab for data accuracy and completeness prior to submission.



## Review and submit your request

Grder Request		Logou
Submit This Request Go to Homepage Delete this	s request	Save as PDF Print
DEMO		Reprovider Portal.
Order Request Preview	,	
Request Status: Has Not Been Submitted	Health Plan:	
	Ordering Provider:	
Member #: YRN3766999880	2 PROGRESS POINT PKWY	315 S OSTEOPATHY AVE
PO BOX 464	OFALLON, MO 63368	KIRKSVILLE, MO 63501
CHICAGO, IL 60622	Phone: 314-645-6454	Phone: 660-785-1000
Date of Birth: 1/1/1961	Fax: 314-434-1814	Fax: 660-785-1027
Phone: 312-999-9928	NPI: 1285692608	NPI: 1104899442

The Clinical Information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

This is a preview of your order.

Select "**Submit This Request**" to proceed.



## Order request summary

in Another Request Go to Homepage Delete this	request	Save as PDF
DEMO		<b>Provider</b> Porta
Order Request Summary	1	Order ID: 110061191
Request Status: Authorized	Health Plan:	Valid Dates: 09/01/2017 - 11/29/2017 Start Date: 09/01/2017
Member Information: 85MORGENDORFFER, DARIA Member #: YRN3766999880 PO BOX 464 CHICAGO, IL 60622 Date of Birth: 1/1/1961 Phone: 312-999-9928	Ordering Provider: SCULLY, THOMAS 2 PROGRESS POINT PKWY OFALLON, MO 63368 Phone: 314-645-6454 Fax: 314-434-1814 NPI: 1285692608	Servicing Provider: NORTHEAST REGIONAL MEDICAL CENTER 315 S OSTEOPATHY AVE KIRKSVILLE, MO 63501 Phone: 660-785-1000 Fax: 660-785-1027 NPI: 1104899442

## The order has now been submitted.

Requests that meet clinical criteria will be adjudicated real time upon case submission.

Approved orders will have a status of "**Authorized**" along with an "**Order ID**".

You can "**Print**" or "**Save to a PDF**" to include in the patient's chart.





# Additional ProviderPortal features



## How to check an order status

Grder Ir	nquiry					
Welcome DEMO TRAIN	ling 🥄 Ma	anage Your ysician List	Manage Your User Profile	Reference Desk		
Start Yo Reques	our Order t Here	Select the member's healthplan	follow 12	~		
Check C	Order Status		<ul> <li>○ Diagnostic Imaging</li> <li>○ Cardiovascular</li> <li>○ Specialty Drug</li> </ul>			
View Or	rder History	Select the order type	<ul> <li>Radiation Therapy</li> <li>Sleep Management</li> <li>Chemotherapy and Support</li> <li>Surginal Proceedures</li> </ul>	pportive Drugs		
Check C	Claim Status		O Genetic Testing O Musculoskeletal			
Access Optinet	Your Registration	Select the search type	Order ID	1		
			● Order ID + DOB ○ Order ID + Name			
		Order ID	Order ID number	]		
		Date of Birth	MM/DD/YYYY			
	,		Find 1	This Order		

Existing orders can be viewed from the "**Check Order Status**" tab.

Select the member's **health plan.** 

Select the Order Type.

Enter either the **Order #** or the **Member ID #** and **Name/DOB.** 

Press the "**Find This Order**" button.



## How to check an order status

#### Order Ingury

Logout

Select Health Plan and Search by Method to perform an Order Inquiry. Please complete all known search fields thoroughly and accurately so that your search may be limited as much as possible

Order Inquiry	Order Search Result	ts				
Health Plan:	Order/Status	D Member Name	da Member Number	ep Start Dale e	Dirdering Provider	of Dipres of
	110063654	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	148 days
Search by:	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Member	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
ELECT SEARCH TYPE	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Member ID + DOB	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
O Member ID + Name	Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS	
MEMBER ID AlphaPrefix+Number	Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS	
DATE OF BIRTH	Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
MMDD/YYYY 🔡	Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
Find Clear	Voluntarily Withdrawn	85DOE, JANE	376699999	8/14/2017	SCULLY, THOMAS	
		m		DISF	PLAYING 1-10 C	F 23 RESULTS
	AD- Instan Designs Respect					1
	Back to Search results					Print Preview

All orders that have been processed for the member will be listed in the **Order Search Results** page.

Click on the hyperlink in the Order/Status column to see detailed data for any individual order.

The Order Request Summary will display upon selecting the Order/Status.



## How to view order history

		Order History					-	_	_	_		
Velcon	ne DEM	10 TRAINING	S M	anage Your Ange You Ange You Ange You Ang Ange Your Ange Your Ang	Manage User Pr	e Your ofile	Reference Desk					
	1	Start Your Order Request Here		Show me:	For:	apoetic Imaging		Within the	last: With	the status:		
	0	Check Order Status			⊖ Car ⊖ Car ⊖ Spe ● Rad	diovascular cialty Drug liation Therapy						
	<b>U</b>	View Order History		● My Orders ○ My Group's Orders	O Slee	ep Management emotherapy and Supp gical Procedures	ortive Drugs	7 Days 🗸	All	~	Go	
		Check Claim Status	m Status									
		Access Your Optinet Registration	Wel	come DEMO TRAINING	<u></u>	Manage Your Physician List	Manage You User Profile	ur 🧯	Reference Desk			
				Start Your Order Request Here		Show me:	For:	tis Imaging		Within the la	ast: With the sta	atus:
				Check Order Sta	tus	My Orders	O Cardiova O Specialt O Radiatio	ascular y Drug n Therapy				
				View Order Histo	ory	O My Group's Orde	O Sleep M O Chemot O Surgical O Genetic	anagement herapy and Su Procedures Testing	pportive Drugs	/ Days V	Incomplete	Go
				Check Claim Sta	tus			skeletal				
						Member Name	Member Number	Start Date	Order Status	Ordering Provider	Entered Date	Entered By
				Optinet Registra	tion	GOODMAN, MICHAEL	377678033	12/23/2018	Incomplete		12/21/2018	Training, Demo
						GOODMAN, MICHAEL	377678033	12/21/2018	Incomplete		12/19/2018	Training, Demo
						Print Preview	Download to	Excel				

View Order History provides access to orders that have been entered in the past 90 days.

Select the desired timeframe from the **Within the last** X days.

Select from **With the Status**, the type of orders you wish to view, e.g. in progress or incomplete orders.

Press the "Go" button.



## Manage My Groups

General Order Request		Logout
me 🌖 P	lanage Your Profile Reference Desk	
Start Your Order		Message Center
Check Order Status	Select the date of service 3	The Provider Portal application will b unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
View Order History	Select the Search type Member ID + DOB Member ID + Name	
Access Your Optinet Registration	Date of Birth MM/DD/YYYY	

To create a more customized and easier experience, AIM *ProviderPorta*l has integrated a service called "**My Groups**".

This will allow you to add your groups as favorites and make the provider selection process much easier.

From the **Main Home page**, you can manage your groups lists.

This will be done by selecting "Manage Your Physician List".



## Manage My Groups

# Manage My Groups

AIM has partnered with the health plan(s) to ensure the most current information is available for your selection.

#### Choose the group to edit or remove from the list below.

My Groups		Records Per Page 10 V
Client Key	Health Plan	Action
		Remove
1 🔻 of 6	<b>b b</b>	Total Number of Records Found: 60
1 • 010		iotsi Number of Records Foun

Add New Health Plan Manage Group List

From this page, you can add and remove groups from your list at any time.

You will only need the health plan name that you are adding that group through.



## **Reference Desk**



Training Tutorials, Clinical Guidelines, and CPT Codes included in the program are located within the Reference Desk.



## Reference Desk

	CPT Group Details	Records Per Page All	
Code	Description	Category	
77295	Set radiation therapy field, 3D	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
77402	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
77407	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
77412	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6003	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6004	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6005	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6006	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6007	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6008	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6009	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6010	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6011	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6012	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6013	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
G6014	Radiation treatment delivery	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
J0131	Injection, acetaminophen, 10 mg	2D/3D Conformal - External Beam Radiation Therapy - EBRT	
19296	Plcmnt radthrpy cath brst aft mstc	Brachytherapy	
19297	Plcmnt radthrpy cath brst flw mstc	Brachytherapy	
19298	Plcmnt brchthrpy cath breast	Brachytherapy	
20555	place ndl musc/tis for rt	Brachytherapy	
31643	diag bronchoscope/catheter	Brachytherapy	
41019	place needles h&n for rt	Brachytherapy	
43499	Esophagus surgery procedure NEC	Brachytherapy	
47999	Bile tract surgery procedure NEC	Brachytherapy	
55860	Expose prostate for radioactive sub	Brachytherapy	
55862	Expose prostate for radioactive sub	Brachytherapy	
55865	Expose prostate for radioactive sub	Brachytherapy	
55875	transperi needle place, pros	Brachytherapy	
55899	Genital surgery procedure NEC	Brachytherapy	
55920	place needles pelvic for rt	Brachytherapy	
57155	insert uteri tandems/ovoids	Brachytherapy	
57156	ins vag brachytx device	Brachytherapy	
58346	Insrt Heyman caps clinicl brchthrpy	Brachytherapy	
67218	Treat localized retina lesion	Brachytherapy	
76873	Echo exam, prostate volume study	Brachytherapy	
76965	Ultrasound guide for radiotherapy	Brachytherapy	

Within the Reference Desk, the CPT code list will show all CPT codes included in a given health plan's program



# Adding a health plan to an existing user account

Grder Request	
Welcome DEMO TRAINING	lanage Your E Reference Profile Desk
Start Your Order Request Here	
Check Order Status	Select the date
View Order History	Select the  Member ID + DOB
Check Claim Status	Search type     Member ID + Name  Member ID     Member Number
Access Your Optinet Registration	Find This Member

Associating multiple health plans to one user login account

- 1. Select "Manage Your User Profile" on the home page
- 2. In the User Role tab, select "Add a New Health Plan"
- 3. Select the new health plan to associate to your login account and enter at least one identifier to associate with that health plan (e.g. TIN, NPI, etc.)



## Adding a health plan to an existing user account

User Role User Information Account Information Notification Change Password	
User Role Ordering Provider	Add New Health Plan
Health Plan Utilization Review Programs	
C Enabled	Health Plan Provider Association
Health Plan(s): Health Plan One	Health Plans Found           The Provider Identifier allows AIM to associate the appropriate providers to your account. Please enter at least one provider identifier for each health plan you select. If you need to enter more than one ID for a health plan, simply enter a comma (,) between each complete provider identifier.
Add New Health Plan Manage My Groups	Health Plan One Health Plan Two Group TIN Health Plan Three Ordering Provider TIN
	Cancel Next >



## Reminders







# AIM conducts a provider satisfaction survey annually in December.

## Please be sure to participate!



## **Questions?**

<i>H</i> Q	

Radiation Oncology Program provider website: www.AIMProviders.com/radoncology



AIM practice engagement team: aimradoncpe@aimspecialtyhealth.com

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue. Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

