

Radiology and Cardiology Solution

PROVIDER OFFICE STAFF END USER TRAINING

BMOPEC-0103-20 September 2020

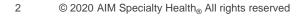
© 2020 AIM Specialty Health® All Rights Reserved.



Effective January 1, 2021, AIM* will manage radiology and cardiology reviews for Healthy Blue members through a program called the Radiology and Cardiology. Our objective today is to help you understand what this means to you and your practice.

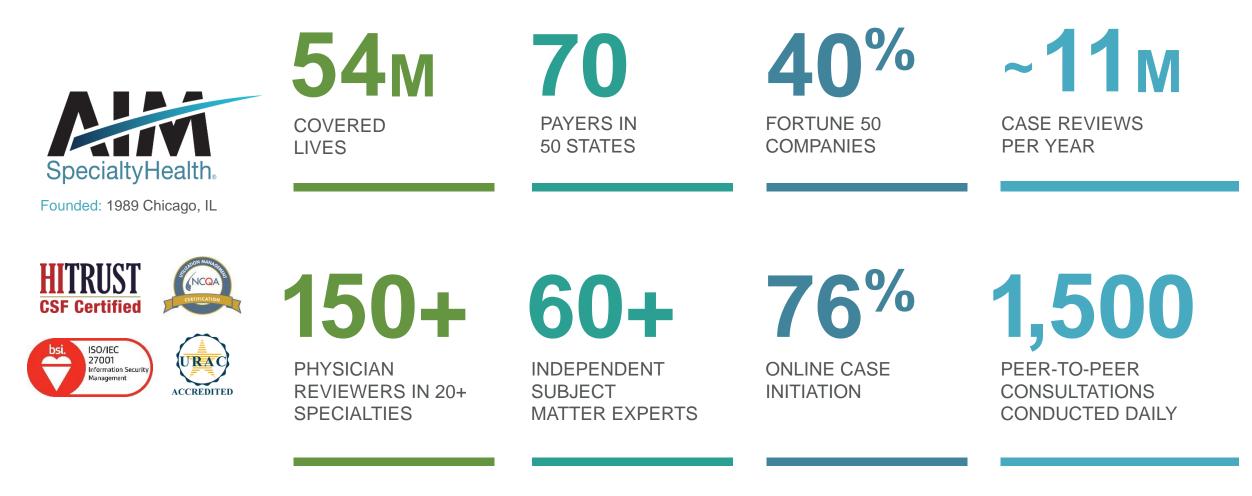
Agenda

- Introduction to AIM Specialty Health
- Radiology and Cardiology overview
- Preparing for the Radiology and Cardiology
- AIM *ProviderPortal_{SM}* Order Request Demonstration
- Additional AIM ProviderPortal Features
- Questions





AIM delivers clinical programs across all 50 states





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



MICHAEL J. FISCH

Medical Director, Medical Oncology Programs and Genetics



ROBERT FURNO

Medical Director, Government Solutions



THOMAS P. POWER

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





Radiology and Cardiology overview



5 © 2020 AIM Specialty Health® All Rights Reserved.

Services requiring preauthorization

Radiology

- Computed tomography (CT), including CTA
- Magnetic resonance imaging (MRI), including MRA, MRS, MRM, fMRI
- Nuclear Cardiology
- Positron emission tomography (PET)

Cardiology

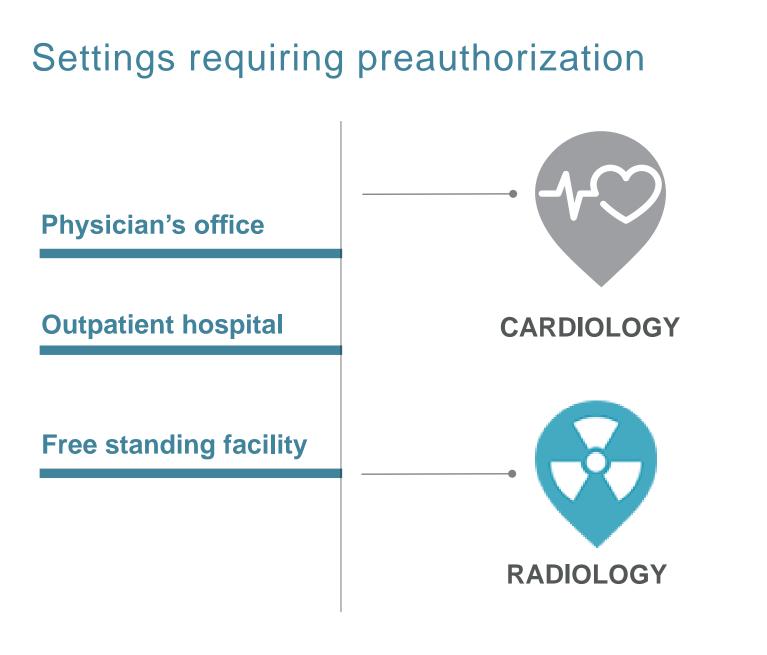
- Stress Echocardiology (SE)
- Resting Transthoracic Echocardiology (TTE)
- Transesophageal
 Echocardiology (TEE)

Expanded Cardiology

- Arterial Ultrasound
- Diagnostic Cardiac
 Catheterization
- Percutaneous Coronary Intervention (PCI) such as cardiac stents and balloon angioplasty

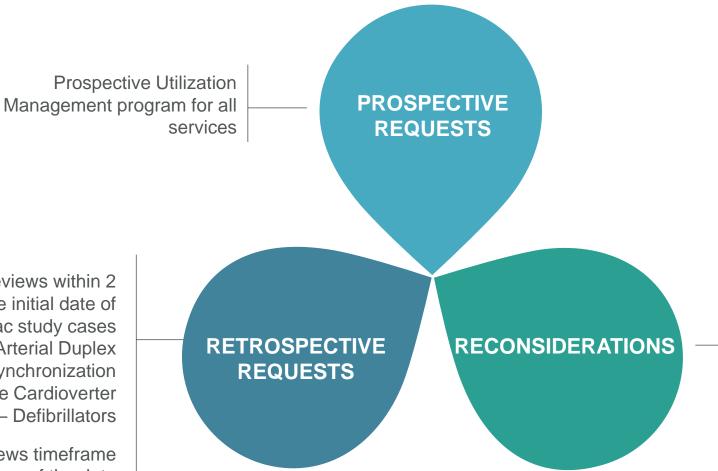
* The program does not include low tech exams such as x-ray and ultrasound







Ordering provider initiated requests



AIM will accept additional clinical information not previously submitted for a denied case for a period of up to 10 days



Retrospective reviews within 2 business days of the initial date of service for all cardiac study cases except for PCI, Arterial Duplex Imaging, Cardiac Resynchronization Therapy and Implantable Cardioverter – Defibrillators

Their retrospective reviews timeframe is within 10 business days of the date of service

Clinical review steps

Z Case review **3** Education and intervention

Case closure 5 Additional reviews

Submission captured

1

Case

intake

through our online **Provider**Portal_{SM} 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 applicable Healthy Blue medical

policy or AIM clinical guidelines

Peer-to-peer discussion if

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

Messaging of final review outcome to provider

Extract case information to health plan

Pre-service reconsiderations



How long is a preauthorization valid?



ORDER NUMBER VALID TIMEFRAME IS BASED ON:

The day the case was entered + 60 calendar days



AIM closes most cases within 24 hours



CASE

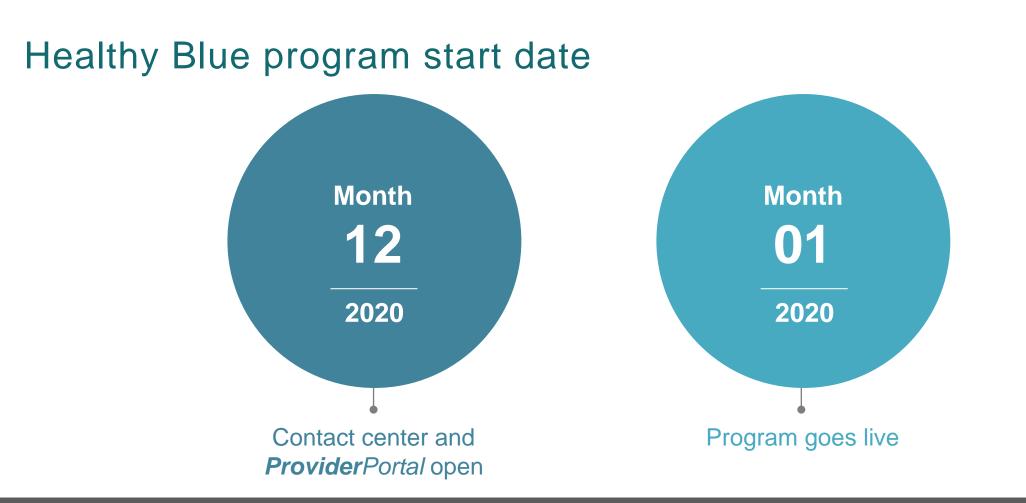






Preparing for the Radiology and Cardiology Program





Contact center and **Provider**Portal will be available beginning on 12/21/2020 for preauthorization requests with dates of service rendered on or after 1/1/2021



Submitting an order request

ProviderPortal

AIM contact center

- Register at <u>www.providerportal.com</u>
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- SSO through EPA for out-of-state providers (Blue plans only)
- 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

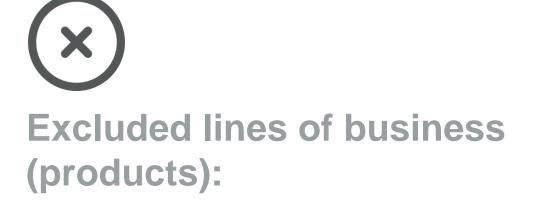
* AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.



Which Healthy Blue members need preauthorization through AIM?

Included lines of business (products):

MO HealthNet



- Commercial
- Medicare

Please contact the health plan to verify preauthorization requirements for members who are not found within the AIM system.

If the health plan confirms eligibility, they may contact AIM to have the member manually added into the AIM system.



Order request checklist

Demographic information

- Member's first and last name, and date of birth
- Ordering provider's first and last name
- Name and location of the facility

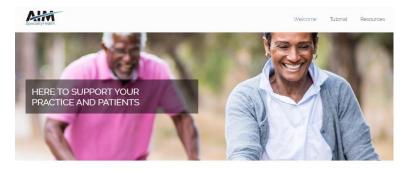
Clinical information

Date of the procedure

- CTP code(s) and the name of the procedure you are requesting
- Member's diagnosis



Provider microsite



Cardiology

All Specialty Healths (All) recognizes the key role that medic with cardiovascular disease. Developed in collaboration with yo helps support quality care that is consistent with established br and the patients you serve.

Our process

Based on the clinical information you submit, we conduct clinic against <u>clinical guidelines</u> and health plan medical policies, proauthorizations required by your patients' health plans.

Our review process encompasses certain outpatient invasive a procedures including, but not limited to*;

Diagnostic Services:

🖾 Coronary andiography



I love the quick response I get when using the ProviderPortal. Even if

programs all run smoothly. That's

tions have to be made, you

nurse reviews or peer-to-peer

important in our busy world.

Provider practice feedback

Welcome

AIM Specially Healthe (AIM) understands the key role that medical practices play in the delivery of care for patients who require imaging studies. Developed in collocation with your patients health plans, our Radiology program helps support quarkly care that is consistent with ourem medical evidence and delivered in the most clinically appropriate setting. And that's good news for your practice and your patients.

Our process

Our review process encompasses

Imaging Study Review

Using the patient's clinical information that you submit, we conduct a clinical appropriateness review of your advanced imaging request against our evidence-based clinical guidelines or your patient's health plan medical collow.

Imaging Clinical Site of Care Review

Providers can visit the microsite for:

- > On-site clinical engagement
- > Clinical guidelines
- > Order request checklists
- > Webinars

ļ

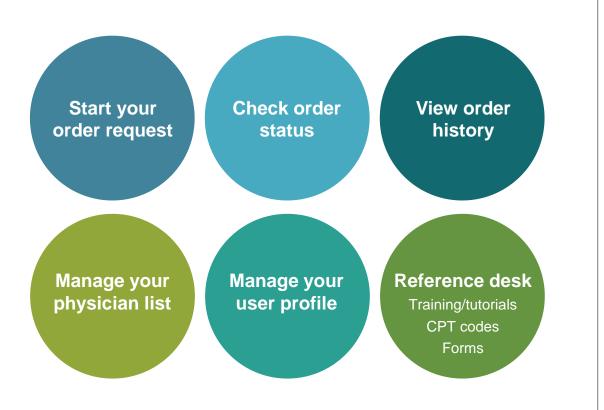
Look for these items at www.aimprovider.com/radiology

www.aimprovider.com/cardiology



ProviderPortal highlights

ProviderPortal modules



ProviderPortal access and registration

- Access via <u>www.providerportal.com</u>
- AIM *ProviderPortal* home page will be displayed



ProviderPortal login/registration

User Login	
USERNAME	
Username	
PASSWORD	
Password	
Remember Me	Don't have an account?
Login	Register
Can't access your account?	
/ersion 19.05.31.s00005312	System Requirements
The Provider Portal application will be un for regularly scheduled maintenance.	navailable Sundays between 12:30 PM CST - 6:00 PM CST
If you have any questions regarding the	new Medicare Appropriate Use Criteria Clinical Decision surce links 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

Specialty-Health*	Provider Porta	al.			
Regi	ster				
	eb Customer Service	1. User Details			
AIM Specia (800) 252-2		FIRST NAME	LAST NAME	USER ROLE 🚺	
				Select	•
		ORGANIZATION 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.

Select

Select

Tax ID (TIN)

Group TIN

NPI

4.

Group NPI

Provider ID

Tagree to the terms of 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





ProviderPortal order request demonstration

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



ProviderPortal Home Page

Order Request		Logout
me 🤶	Manage Your Manage Your Reference Physician List User Profile Desk	
A Start Your Order		Message Center
Check Order Status	Select the date of service	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	Member ID <u>Member Number</u> (?) Date of Birth <u>MM/DD/YYYY</u> Find This Member	

 Enter the treatment start date in the "Date of Service"

preauthorization request:

To create a

2. Provide the following member information:

Member ID and Date of Birth

Or

Member ID and Name

 Next, chose "Find this Member" to search for your member.



Member search results

_ _ _ _

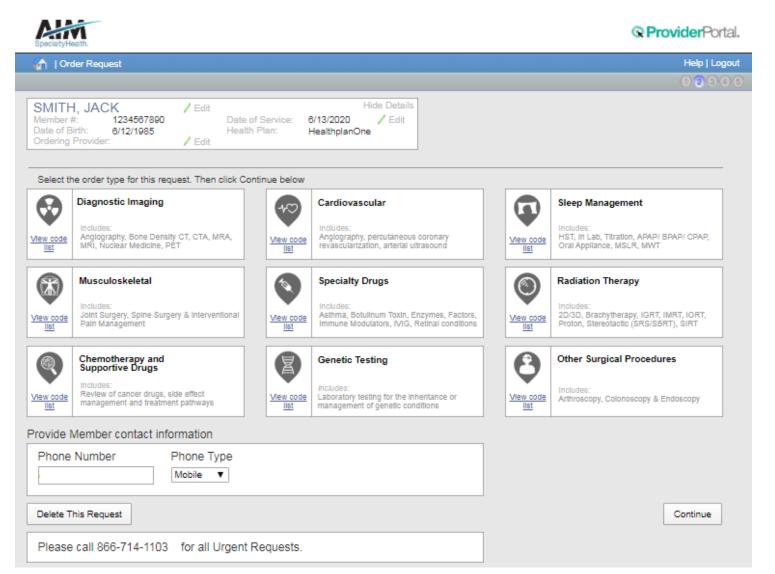
pecialtyHealth.						Provider Po
🏫 Order Request						Help Lo
						123
ep 1: Please select the mer	mber from the list below.					
on't see your member? <u>Ex</u> j Member Search Resu					Record	s Per Page 🛛 🔳
		Relation	Sex	Date of Birth	Records	s Per Page 🛛 🚺 💽 Health Plan
Member Search Resu	llts	Relation Employee	Sex M	Date of Birth 6/12/1985		

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

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



Order type selection

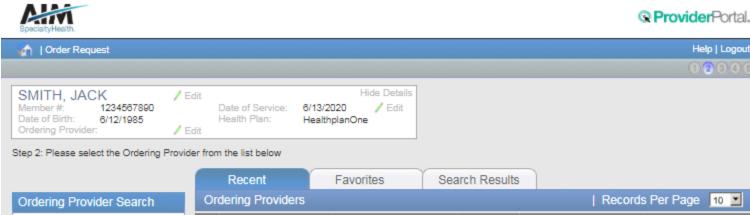


On the order type screen, select "**Diagnostic Imaging**" or "**Cardiovascular**" and then select the "**Continue**" button.

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



Ordering provider selection



ordening i rovider ocaren						
Search Type:		Name	Address	City	Specialty	Health Plan
Name	*	ABEL, JACK	877 HARBOR ST.	WATER	Internal Medicine	HEALTHONE
TIN or NPI Address	- 12	ABEL, JAKE	500 PORT DR.	WATER	Pulmonary Diseases	HEALTHTWO
FIRST NAME:	숥	ABEL, JANE	56 LAKE DR.	LAND	Miscellaneous	HEALTHTHREE
JACK	*	ABEL, JOE	12 BEACH DR.	LAND	Neurology	HEALTHONE
LAST NAME:	\$	ABEL, JOEL	888 PEARL ST.	LAND	Pediatrics	HEALTHFIVE
ABEL	- 54	ABEL, JOEY	6 SECHS CT.	ISLAND	Infectious Diseases	HEALTHSIX
Please Select V	- \$	ABEL, JOHN	77 SIEBEN RD.	WATER	Orthopedic Surgery	HEALTHTWO
Find Clear	- 54	ABEL, JOHNNY	888 ACHT ST.	SKY	Dermatology	HEALTHONE
Find Clear	2	ABEL, PAT	9 NOVE DR.	SKY	Pulmonary Diseases	HEALTHFIVE
	- Set	ABEL, PATRIC	10 DEZ ST.	LAND	Obstetrics	HEALTHTWO
					Total Number of I	Records Found: 10

Delete This Request

Help | Logout

(12345

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

Specially Health					Revealed Portal.
🏠 Order Request					Help Logout
					12345
Member #: 1234567890 Date of Birth: 6/12/1985	Edit Date of Service: 6/13/2 Health Plan: Health Edit	Hide Details 020 / Edit IplanOne			
Step 2: Please select the Ordering Provi	der from the list below				
	Recent	Favorites	Search Results		
Ordering Provider Search	Ordering Providers			Record	ds Per Page 🛛 🔳
Search Type:	Na Ordering Provid	ler Fax Number		Specialty	Health Plan
Name TIN or NPI	AE Blassa aptar or confi	rm the physician's fax n	umber below	Internal Medicine	HEALTHONE
Address	AE	rm the physician's fax n	Imper below	Pulmonary Diseases	HEALTHTWO
FIRST NAME:	AE (111) 333-3334			Miscellaneous	HEALTHTHREE
JACK	AE Why do you need this	<u>s?</u>		Neurology	HEALTHONE
LAST NAME: ABEL	AE			Pediatrics	HEALTHFIVE
STATE	😭 🗛 Save 🛛 E	ax Unavailable		Infectious Diseases	HEALTHSIX
Please Select	AE			Orthopedic Surgery	HEALTHTWO
Find Clear	ABEL, JOHNNY	888 ACHT ST.	SKY	Dermatology	HEALTHONE
	ABEL, PAT	9 NOVE DR.	SKY	Pulmonary Diseases	HEALTHFIVE
	ABEL, PATRIC	10 DEZ ST.	LAND	Obstetrics	HEALTHTWO
				Total Number of	Records Found: 10
					Delete This Request

Enter the fax number to be used when communicating 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 to continue.



Exam selection

SpecialtyHealth.		Provider Portal.
n Order Request		Help Logout
		12345
	Hide Details of Service: 6/13/2020 / Edit h Plan: HealthplanOne	Print
ENTER EXAMS	EXAMS REQUESTED	
	Multiple exams can be entered at this time.	
OR EXAM Select		
DESCRIPTION Select		
Add Exam Clear		
Unable to find your exam?		

You have the ability to search for an exam or procedure by CPT code.

To begin, type the CPT code for the exam or procedure you're requesting.

If you prefer, you may select the exam name and description from the drop down menu.

Then choose "**Add Exam**" to begin the review process.



Adding more exams or procedures

SpecialtyHealth.		Revealed a constant of the second sec
🕋 Order Request		Help Logout
		12345
SMITH, JACK / Edit Member #: 1234567890 Date of Date of Birth: 6/12/1985 Health Ordering Provider: ABEL, JOE / Edit	Hide Details f Service: 6/13/2020 / Edit Plan: HealthplanOne	📑 Print
ENTER EXAMS	EXAMS REQUESTED (1)	
CPT CODE 78452 OR	Multiple exams can be entered at this time. Once you finished entering your exams, click Next Resting Transthoracic Echocardiography	to enter clinical information. Delete Exam
EXAM Nuclear Medicine DESCRIPTION Myocardial Perfusion Imaging	Withdraw Request	Next
Add Exam <u>Clear</u> Unable to find your exam?		

If you need to review another exam or procedure for this patient, you can add an additional exam from this screen.

Simply search again by CPT code or select the exam name and description from the drop down menu.

Then choose "**Add Exam**". Your additional exam or procedure will now be listed.



Exam selection continued

SpecialtyHealth.	G	ProviderPortal.
🕋 Order Request		Help Logout
		12345
	Hide Details of Service: 6/13/2020 / Edit h Plan: HealthplanOne	📑 Print
ENTER EXAMS	EXAMS REQUESTED (2)	
CPT CODE	Multiple exams can be entered at this time. Once you finished entering your exams, click Next to e	enter clinical information.
Q.	Resting Transthoracic Echocardiography	Delete Exam
OR		
EXAM	Myocardial Perfusion Imaging	Delete Exam
Select T		
DESCRIPTION Select	Withdraw Request	Next
Select		
Add Exam Clear		
Unable to find your exam?		

When you are done adding exams or procedures, select the "**Next**" button to proceed with your request.



Clinical data entry: diagnosis code

SpecialtyHealth.	© ProviderPorta	l.
🏠 Order Request	Help Logo	ut
	() () () () () () () () () () () () () (5
	Hide Details te of Service: 6/13/2020 / Edit alth Plan: HealthplanOne	nt
ENTER EXAMS (2)	ENTER DIAGNOSIS	
Resting Transthoracic	Please provide the diagnosis code or description that best supports the request for this exam.	
Echocardiography	Q, valv	
Myocardial Perfusion Imaging	138 Endocarditis, valve unspecified (Valvulitis)	
	C18.0 Malignant neoplasm of cecum (Ca of ileocecal valve)	
	Z95.2 Presence of prosthetic heart valve (Presence of heart valve)	
	Nonrheumatic aortic valve disorder, unspecified (Aortic valve disease)	
	I35.0 Nonrheumatic aortic (valve) stenosis (Aortic valve disease)	
	I35.1 Nonrheumatic aortic (valve) insufficiency (Aortic valve disease)	
	IS5.2 Nonrheumatic aortic (valve) stenosis with insufficiency (Aortic valve disease)	
	Other nonrheumatic sortic valve disorders (Aortic valve disease)	
	IS5.9 Nonrheumatic aortic valve disorder, unspecified (Aortic valve disease)	
	 Q24.8 Other specified congenital malformations of heart (Heart valve stenosis) S26.90xA Unspecified injury of heart, unspecified with or without hemopericardium, initial encounter 	
	S26.90xA Onspecified injury of heart, unspecified with or without hemopericardium, initial encounter S26.90xD Unspecified injury of heart, unspecified with or without hemopericardium, subsequent encounter	
	S26.90xS Unspecified injury of heart, unspecified with or without hemopericardium, subsequent encounter	
	O 151.89 Other ill-defined heart diseases (Abscess of aortic valve)	
	134.0 Nonrheumatic mitral (valve) insufficiency (Disease of mitral valve)	
	Withdraw Exam	

Choose the exam or procedure you with to submit for review by clicking on it.

Search for the patient's diagnosis.

You may do this by either entering the diagnosis or the diagnostic (ICD) code.

When you enter at least three characters, a list of matching diagnoses will appeal.

Choose the diagnosis that corresponds to your patient's condition by selecting it.



Clinical data entry: diagnosis code continued

🖌 Order Request		Help Logout
		12345
	Hide Details of Service: 6/14/2020 / Edit h Plan: HealthplanOne	📑 Print
EXAMS REQUESTED (2)	ENTER DIAGNOSTIC CODE	
Resting Transthoracic	Please provide the diagnostic code that best supports the request for this exam.	
Echocardiography	DIAGNOSTIC CODE:	
Myocardial Perfusion Imaging	Class Control	
	CAD (Coronary artery disease) Congenital heart disease	
	Disease of any heart valve (Valvular disease)	
	 LV dysfunction/CHF/Cardiomyopathy (vic, chemo, heart transplant) Signs, symptoms, or abnormal tests (eg, shortness of breath or chest pain) 	
	 Other diagnosis or reasons for imaging (click for more options) 	
	Withdraw Exam	

Based on the diagnosis or the ICD code you selected, you may be asked to provide additional clinical information regarding your patient's medical history.

Choose the most appropriate response by selecting it.

Based on your responses, additional questions may be presented to help us better evaluate your request.

Questions are always tailored to your patient and the data you enter.



Clinical data entry: diagnosis code confirmation

SpecialtyHealth.	nden -ortal.
Conder Request	Help Logout
	12345
SMITH, JACK / Edit Hide Details Member #: 1234567890 Date of Service: 6/13/2020 / Edit Date of Birth: 6/12/1985 Health Plan: HealthplanOne Ordering Provider: ABEL, JOE / Edit	📑 Print
EXAMS REQUESTED (2) ENTER DIAGNOSTIC CODE	
Resting Transthoracic Please provide the diagnostic code that best supports the request for this exam.	
Echocardiography Apply C18.0 (Malignant neoplasm of cecum (Ca of ileocecal valve)) from Resting Transthoracic	
Myocardial Perfusion Imaging	
Withdraw Exam Withdraw Request	Next
	I

C Drouidar Dortal

When selecting the next exam or procedure, you are offered the option of using the same diagnosis as your previous exam.

Select the correct answer and then select "Next". If you selected "Yes" the diagnosis code will be carried over. If you select "No" you can search again for a new diagnosis.



Additional clinical information

Specialty-Health.	Provider Portal.
🖌 Order Request	Help Logout
	0000
	Hide Details of Service: 6/13/2020 / Edit h Plan: HealthplanOne
EXAMS REQUESTED (2)	ENTER MEMBER'S CLINICAL INFORMATION
Resting Transthoracic	Please answer the following questions to provide as much information as possible for clinical review.
Echocardiography	CLINICAL SCENARIO
Myocardial Perfusion Imaging	CAD (Coronary artery disease)
wyocardiar Pendsion maging P	CLINICAL DETAILS *Is coronary artery disease (CAD) suspected or confirmed? © Suspected © Confirmed ® Unknown
	All required questions have been answered for this exam. Please review this clinical information carefully. Additional editing of information on the Portal may be restricted.
	Withdraw Exam Next
	The

34

During the process of entering clinical information, you may encounter the **Additional**

Information screen.

The Additional Information screen indicates that the AIM review team will need more information in order to evaluate your request against clinical guidelines.



Clinical exam summary

🕋 Order Request	Help Logout
	000000
SMITH, JACK / Edit Member #: 1234567890 Date of Birth: 6/13/1985 Ordering Provider: ABEL, JOE / Edit	
EXAMS REQUESTED (2) E	EXAM SUMMARY
Resting Transthoracic Echocardiography	Resting Transthoracic Echocardiography
Myocardial Perfusion Imaging	CLINICAL SCENARIO Disease of any heart valve (Valvular disease)
	CLINICAL DETAILS *Does the patient have a murmur? Yes
	Select the reason for imaging. Follow-up of known valvular disease
	Does the patient have new or worsening symptoms (eg, shortness of breath, decreased exercise tolerance) or
	signs (eg, new or different murmur, evidence of heart failure)? Yes
	Withdraw Exam Withdraw Request I'm Done

Your first request appears to meet clinical guidelines. Review the exam summary and if the information is correct, choose "**I'm Done**".

If you entered multiple exams or procedures, you can now review your next exam.



Exam summary feedback

🕋 Order Request	Help Logout
	12336
	Hide Details of Service: 6/14/2020 / Edit n Plan: HealthplanOne
EXAMS REQUESTED (2)	EXAM SUMMARY
Resting Transthoracic Echocardiography	Your request for Myocardial Perfusion Imaging does not meet medical necessity criteria based on the information provided. Please Note: The Clinical Criteria information provided below may not be the actual criteria used when your request is reviewed by an AIM clinical reviewer. AIM clinical reviewers use the most current applicable Clinical Criteria based on program design and member plan. Please review the Clinical Criteria information specific to this exam below.
Myocardial Perfusion Imaging	Step Exam Myocardial Perfusion Imaging
	CLINICAL CRITERIA
	Please confirm your information is accurate:
	Step Clinical Scenario CAD (Coronary artery disease) / Edit Clinical Details / Edit
	You have the following options:
	Step • Print to review with a physician • Save by exiting this request. It can be accessed in View Order History. If there is additional information we should consider, please update the information on our ProviderPortal.
	Withdraw Exam Withdraw Request I'm Done

When the clinical information entered does not meet clinical guidelines for the exam requested, you will receive the **Feedback** screen.

This screen displays the specific criteria that conflicts with your request.

Reviewing this criteria with the ordering physician may help determine if the exam is clinically appropriate for your patient.

Use the **Print** option to print the summary to review with a physician.



Additional clinical information

SpecialityHealth	Reprovider Portal.
n Order Request	Help Logout
	12306
SMITH, JACK / Edit Hide Details Member #: 1234567890 Date of Service: 6/13/2020 / Edit Date of Birth: 6/12/1985 Health Plan: HealthplanOne Ordering Provider: ABEL, JOE / Edit	Print
Resting Trar ADDITIONAL INFORMATION	neview.
Echocardioc Myocardial I *FIRST NAME *Portal User *PHONE NUMBER EXT (000) 000-0000 *FAX NUMBER (000) 000-0001 *Fovide any additional information to support a review of this exam. (optional) T WAVE INVERSION V3-V6 I, II, AVF. FORMER SMOKER. BROTHER H/45, DIAGNOSED WIT HEART DISEASE, SISTER-MI AGE 40. FAMILY HX	AD MI AT AGE C OF LUNG CA.
	ers) 182 characters left Continue

Entering information here will help expedite your review.

If you have no additional information, simply enter "**none**".

Select "**Continue**" to close the additional information box



Exams summary

SpecialtyHealth.		Provider Portal.
🕋 Order Request		Help Logout
		12365
SMITH, JACK Member #: 1234567890 Date of Birth: 6/12/1985 Ordering Provider: ABEL, JOE	<pre>/ Edit Hide Details Date of Service: 6/13/2020 / Edit Health Plan: HealthplanOne / Edit</pre>	
EXAMS REQUESTED (2)		Add Exam
Resting Transthora	acic Echocardiography	Review Exam Withdraw Exam
Myocardial Perfusi	on Imaging	Review Exam Withdraw Exam
		If you've added all desired exams, click Next to Continue.
Withdraw Request		Next

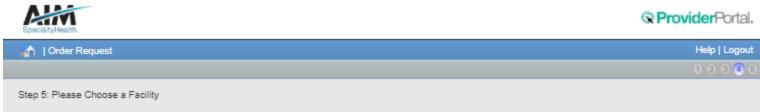
Once you've completed entering all clinical information required for all exams, you will see the Exams Summary screen.

Select **Next** to continue.



Facility selection

Find a Facility



Facility Selection						10 💌
Address	City	State	Phone	Distance	Action	Мар
111 SAMPLE DR.	WATER	IL	(555) 555-5551	1	View Details	View
222 CENTER DR.	WATER	IL	(555) 555-2221	2.02	View Details	View
	Address 111 SAMPLE DR.	Address City 111 SAMPLE DR. WATER	Address City State 111 SAMPLE DR. WATER IL	Address City State Phone 111 SAMPLE DR. WATER IL (555) 555-5551	Address City State Phone Distance 111 SAMPLE DR. WATER IL (555) 555-5551 1	Address City State Phone Distance Action 111 SAMPLE DR. WATER IL (555) 555-5551 1 View Details

Delete This Request

Select the facility where the testing will be performed.

ProviderPortal will display available facilities by distance.

Choose a facility in the list or use "**Find a Facility**" button to search for additional facilities.



ubmit This Request	Withdraw Request	Go to My Homepage		
				Provider Portal.
Order Reques	Preview			
Request Status: Has Not Been Sub	nitted	Health Plan: HEALTHPLANONE	Schedul 6/13/202	led Date of Service: 20
nformation or for its consis	1 35 00 obtained from the Orderi tency with the patient's m	Ordering Provider: ABEL, JOE 33 Demo Dr. WATER, IL 55553-0000 Phone: (555) 333-3333 Fax: (555) 333-3334 NPI: 999999999 ng Provider and has not been independently we edical record.	IMAGIN 111 SAM WATER, Phone: Fax: NPI: 888	
REQUESTED EXA	MS	REQUEST STATUS	REASON	ACTION
Resting Transthora	cic Echocardiogra	phy		Review Exam Withdraw Exam
Myocardial Perfusi	on Imaging			
The Order Number covers		cable codes when the outcome is Authorized o	r Completed.	
CPT GROUP	CPT DESCRIPTION	l	CPT GROUP DE	ESCRIPTION
	Myocardial parf i	maging, spect, sing	Myocardial Pe	rfusion Imaging

This is a preview of your order.

For each exam or procedure you requested, you may see a request status as well as a brief description with the reason.

Select "Submit This Request" to proceed.



SpecialityHuarthic Order Request Summary Request Status: Health Plan: Case Due to Close On/Before: In Progress HEALTHPLANONE 6/18/2020 Scheduled Date of Service: 6/13/2020 Member Information: Ordering Provider: Imaging Facility: < Edit SMITH, JACK ABEL, JOE IMAGING CENTER Member # 000000001 33 Demo Dr. 111 SAMPLE DR. 111 Sample Lane WATER, IL 55553-0000 WATER, IL 5555-0000 Water, IL 55522 Phone: (655) 333-3333 Phone: (555) 555-5551 Date of Birth: 6/12/1985 Fax: (555) 333-3334 Fax: NPI: 999999999 NPI: 88888888 NPI: 888888888 The Information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. REQUESTED EXAM REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed. The order Mumber covers one of the following applicable codes when the outcome is Authorized or Completed.	egin Another Request	Withdraw Request	Go to My Homepage		Save as PDF Pr
SpecialityHamilie Order Request Summary Request Status: Health Plan: Case Due to Close On/Before: In Progress HEALTHPLANONE 6/18/2020 Member Information: Ordering Provider: Imaging Facility: < Edit SMITH, JACK ABEL, JOE IMAGING CENTER Member # 000000001 33 Demo Dr. 111 SAMPLE DR. N11 Sample Lane WATER, IL 55553-0000 WATER, IL 5555-0000 Water, IL 55522 Phone: (655) 333-3333 Phone: (555) 555-5551 Date of Birth: 6/12/1985 Fax: (555) 333-3334 Fax: NPI: 999999999 NPI: 88888888 NPI: 88888888 The information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. REQUESTED EXAM REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging Withdraw The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed. Service Exam Withdraw	case has at least on ect "Email" to share a	e exam with AIM Feedback. You n link to this case with another auth	nay come back later to View Order H oorzed user.	History and edit any exam(s) that rem	ain open in a case. 🔀 E
Request Status: Health Plan: Case Due to Close On/Before: In Progress HEALTHPLANONE 6/18/2020 Scheduled Date of Service: 6/13/2020 Member Information: Ordering Provider: Imaging Facility: / Edit SMITH, JACK ABEL, JOE IMAGING CENTER / Edit Member # 000000001 33 Demo Dr. 111 SAMPLE DR. / Edit 111 Sample Lane WATER, IL 55553-0000 WATER, IL 55555-0000 WATER, IL 55555-0000 Water, IL 55522 Phone: (555) 333-3333 Phone: (555) 555-5551 Pac: Date of Birth: 6/12/1985 Fax: (555) 333-3334 Fax: NPI: 888888888 The information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. REQUESTED EXAM REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging The order Number covers one of the following applicable codes when the outcome is Authorized or Completed. The order Number covers one of the following applicable codes when the outcome is Authorized or Completed.	SpecialtyHealth.				Provider Portal
In Progress HEALTHPLANONE 6/18/2020 Member Information: Ordering Provider: Imaging Facility: / Edit SMITH, JACK ABEL, JOE IMAGING CENTER / Edit Member # 000000001 33 Demo Dr. 111 SAMPLE DR. // Edit 111 Sample Lane WATER, IL 55553-0000 WATER, IL 55555-0000 WATER, IL 55555-0000 Water, IL 55522 Phone: (655) 333-3333 Phone: (555) 555-5551 Fax: Date of Birth: 6/12/1985 Fax: (555) 333-3334 Fax: NPI: 999999999 Rezu NPI: 888888888 The information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. REQUESTED REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed. Tompleted.	Order Reque	est Summary			
Scheduled Date of Service: 6/13/2020 Member Information: Ordering Provider: Imaging Facility: / Edit SMITH, JACK ABEL, JOE IMAGING CENTER Member # 000000001 33 Demo Dr. 111 SAMPLE DR. 111 Sample Lane WATER, IL 55553-0000 WATER, IL 55555-0000 Water, IL 55522 Phone: (555) 333-3333 Phone: (555) 555-5551 Date of Birth: 6/12/1985 Fax: (555) 333-3334 Fax: NPI: 999999999 NPI: 888888888 NPI: 888888888 The information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record. REQUESTED EXAM REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw					Close On/Before:
SMITH, JACKABEL, JOEIMAGING CENTERMember # 00000000133 Demo Dr.111 SAMPLE DR.111 Sample LaneWATER, IL 55553-0000WATER, IL 55555-0000Water, IL 55522Phone: (555) 333-3333Phone: (555) 555-5551Date of Birth: 6/12/1985Fax: (555) 333-3334Fax:NPI: 999999999NPI: 888888888The information below was obtained from the Ordering Provider and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of thisInformation or for its consistency with the patient's medical record.REQUEST EDEXAMREQUEST STATUSREASONACTIONResting Transthoracic EchocardiographyReview Exam WithdrawMyocardial Perfusion ImagingUtil drawThe Order Number covers one of the following applicable codes when the outcome is Authorized or Completed.	Ū				ate of Service:
information or for its consistency with the patient's medical record. REQUESTED REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed.	SMITH, JACK Member # 000000 111 Sample Lane Water, IL 55522 Date of Birth: 6/12/	DD1 1985	ABEL, JOE 33 Demo Dr. WATER, IL 55553-0000 Phone: (555) 333-3333 Fax: (555) 333-3334 NPI: 999999999	IMAGING CE 111 SAMPLE WATER, IL 5 Phone: (555) Fax: NPI: 8888888	NTER DR. 5555-0000 555-5551
EXAM REQUEST STATUS REASON ACTION Resting Transthoracic Echocardiography Review Exam Withdraw Myocardial Perfusion Imaging Mithdraw The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed. Sector	information or for its co			enned by Ann. Ann assumes no respons	solity for the accuracy of this
Myocardial Perfusion Imaging The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed.			REQUEST STATUS	REASON	ACTION
The Order Number covers one of the following applicable codes when the outcome is Authorized or Completed.	Resting Transth	oracic Echocardiography		Re	view Exam Withdraw Exan
	Myocardial Perfe	usion Imaging			
			odes when the outcome is Authorized o	or Completed.	
CPT GROUP CPT DESCRIPTION CPT GROUP DESCRIPTION	CPT GROUP	CPT DESCRIPTION		CPT GROUP DESCR	IPTION
78452 Myocardial perf imaging, spect, mult Myocardial Perfusion Imaging 78453 Myocardial perf imaging, planar, sing Myocardial Perfusion Imaging		ing search and port integri		ing over energy of the one	

The order has now been submitted. You can **Print** or **Save to a PDF** to include in the patient's chart.

To start a new order, select "Begin Another Request".

The order request summary may be emailed to yourself if you wish access the request at a later time.



Order request summary: email

Begin Another Request	Withdraw Request	Go to My Homepage		Save as PDF Print
'his case has at least one exar Email" to share a link to this ca	n with AIM Feedback. You may se with another authorized us	/ come back later to View Order er.	History and edit any exam(s) that re	emain open in a case. Select 🔀 Email
Alim				© ProviderPortal.
Order Request \$	Sum	Send	Email	
Request Status:		on for this request to the fo	ollowing email address:	pre:
Introgress	Confirm email	address:		
	user@email123	45.com		
Member Information: SMITH, JACK Member # 00000001	The email will in	nclude a link to login to Pro	oviderPortal and access the o	dit case directly.
111 Sample Lane Water, IL 55522		Send Email	Cancel	
Date of Birth: 6/12/1985		ax: (555) 333-3334 PI: 999999999	Fax: NPI: 88888	8888
	tained from the Ordering Provide cy with the patient's medical reco		verified by AIM. AIM assumes no resp	onsibility for the accuracy of this
REQUESTED				
EXAM		REQUEST STATUS	REASON	ACTION
Resting Transthoraci	c Echocardiography		E	Review Exam Withdraw Exam
Myocardial Perfusion	Imaging			
The Order Number covers one CPT GROUP DETAIL	•	s when the outcome is Authorized	or Completed.	
CPT GROUP	CPT DESCRIPTION		CPT GROUP DESC	RIPTION
78451	Myocardial perf imaging,	spect, sing	Myocardial Perfu	sion Imaging
78452	Myocardial perf imaging,	spect, mult	Myocardial Perfu	sion Imaging
78453	Myocardial perf imaging,	planar,sing	Myocardial Perfu	sion Imaging
78454	Mvocardial perf imaging.	planar. mult	Mvocardial Perfu	sion Imaging

You will be asked to enter or confirm your email address.

Select "Send Email".

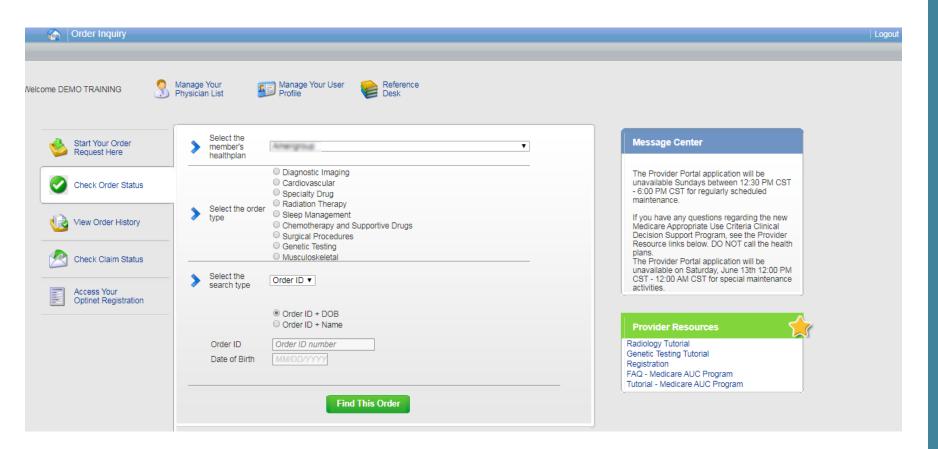




Additional *ProviderPortal* features



How to check an order status



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 Inquiry

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 Results					
Health Plan:		Order/Status	D Member Name D	Member Number 😰	Start Dale 😰	Ordering Provider	etta Expires etta
	V	110063654	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	148 days
Search by:		Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
Member	V	Voluntarily Withdrawn	85DOE, JANE	376699999	10/5/2017	SCULLY, THOMAS	
SELECT 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	0	Voluntarily Withdrawn	85DOE, JANE	376699999	9/1/2017	SCULLY, THOMAS	
DATE OF BIRTH		Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
MM/DD/YYYY	8	Voluntarily Withdrawn	85DOE, JANE	376699999	8/18/2017	SCULLY, THOMAS	
Find Clear		Voluntarily Withdrawn	85DOE, JANE	376699999	8/14/2017	SCULLY, THOMAS	
		99 9 1 1 1 1 1 1			DISPL	AYING 1-10 0	F 23 RESULTS
		AND - Nutrie Dessons Reviews					(
		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			_							
come DE	MO TRAINING	Manage Your) Physician List	2	Manage Your User Profile	Reference Desk						
1	Start Your Order Request Here	Show me:		For:		Within the last:	With the stat	tus:			
0	Check Order Status	-		 Diagnostic Imaging Cardiovascular Specialty Drug Radiation Therapy 							
	View Order History	 My Order My Group 		 Sleep Management Chemotherapy and Surgical Procedures Genetic Testing 	Supportive Drugs	7 Days 🔻	All	Go			
	Check Claim Status			 Musculoskeletal Rehabilitation 							
				Order History							
	Access Your Optinet Registration										
		v	Velcome DEI	MO TRAINING	Manage Your Physician List	Manage You Profile	ur User 🛛 윹	Reference Desk			
			1	Start Your Order Request Here	Show me:	For.		With	nin the last:	With the statu	S:
			0	Check Order Status		 Diagnos Cardiov Specialt Radiatio 	ty Drug				
				View Order History	 My Orders My Group's 	Orders Sleep M Chemot Surgical	lanagement herapy and Suppo I Procedures	ortive Drugs	ays 🔻	Incomplete	Go
				Check Claim Status		Genetic Musculo Rehabili	oskeletal itation				
				A	Member Name	Incomplete Ord Member Number		Order Status Order	ing Provider	Records Entered Date	Per Page 10 🔻
			-	Access Your Optinet Registration	85Public, Joan	376666677	06/15/2020		, SASHIDHAF		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

Grder Request		Logout
ome 🌖 M Pi	anage Your Manage Your Reference hysician List User Profile Desk	
Start Your Order		Message Center
Check Order Status	Select the date of service	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 Member ID Member ID	
Access Your Optinet Registration	Date of Birth MM/DD/YYY	-

To create a more customized and easier experience, AIM *ProviderPortal* 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.

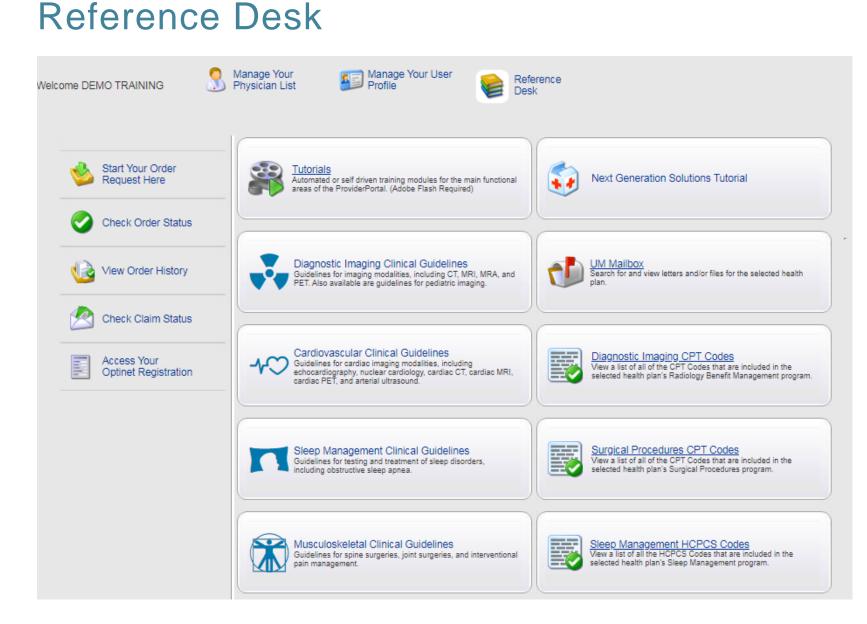
	My Groups	Records Per Page 10
Client Key	Health Plan	Action
		Remove
1 🔻 of 6	· • • • •	Total Number of Records Found:

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

Powered By

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





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



Adding a health plan to an existing user account

Grder Request		
Welcome DEMO TRAINING	Manage Your Ser Seference Physician List 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 Image: Comparison of the search type Date of Birth MM/DD/YYYY Image: Comparison of the search type Image: Comparison of the search type	
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	
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
	Cancel Next >



Viewing CPT codes included in the program



2	

Diagnostic Imaging CPT Codes Wew a list of all of the CPT Codes that are included in the selected health plan's Radiology Benefit Management program

	View CPT Codes
3	Health Plan:
	Anthen T.
	Select Year:
	2020 ▼
	Find Clear

Code	Description	Category
74150	CT, abdomen, wo contrast	Abdomen - CT
74160	Contrast CAT scan of abdomen	Abdomen - CT
74170	CAT scans of abdomen	Abdomen - CT
76376	3d render w/intrp postproces	Abdomen - CT
76377	3d render w/intrp postproces	Abdomen - CT
76380	CT limited or localized follow-up study	Abdomen - CT
74181	MRI, abdomen; wo contrast material(s)	Abdomen - MRI
74182	MRI abdomen w/contrast	Abdomen - MRI
74183	MRI abdomen w/o cntrst flwd cntrst	Abdomen - MRI
76376	3d render w/intrp postproces	Abdomen - MRI

1. Select "**Reference Desk**" from the home page.

2. Select "**Diagnostic Imaging CPT Codes**".

3. Within the view CPT Codes, select the "**Health Plan**" name, and "**year**".

4. Click "Find".

5. Use the arrows to view the multiple pages of included CPT codes.

6. Select "**Print Preview**" to view and print the CPT code

Print Preview



Reminders







AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



Questions?

A	
$H \rightarrow$	
\mathcal{AO}	

Radiology Program provider website: www.AIMProviders.com/radiology_____



Cardiology Program provider website: www.AIMProviders.com/cardiology

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.

