

Integrated Imaging Management Program

to begin for Walmart associates
and Tyson team members in your area



Provider Frequently Asked Questions (FAQs)

November 2012

BlueAdvantage Administrators of Arkansas will be working with AIM Specialty HealthSM (AIM) on a new Integrated Imaging Program for outpatient diagnostic imaging procedures for Walmart associates and Tyson team members throughout the United States. Effective January 1, 2013, prior authorization will be required for high-tech radiology services to be paid by the health plan. Following are answers to several Frequently Asked Questions regarding this new program.

Program Overview

1. Who is AIM Specialty HealthSM (AIM)?

Formerly, American Imaging Management, Inc., AIM Specialty Health is a specialty benefits management company with national experience in promoting the most appropriate use of clinical services.

2. What is AIM's national presence?

AIM has provided specialty benefits management to national insurers, large employer groups, government programs, and local/regional provider owned health plans for more than two decades. Today, AIM does business for 42 health plans with services covering more than 32 million lives in all 50 states.

3. How is AIM different from other specialty benefits management companies?

In addition to AIM's extensive experience and strong market presence, their approach to utilization management is built on a foundation of continuous innovation and excellent service. This approach offers several unique strategic advantages and industry best practices to employers:

Superior Customer Service

- AIM's three call centers, two in Illinois and one in California, process an average of 16,000 calls per day and 340,000 per month
- AIM currently processes approximately 60 percent of all of its requests via **ProviderPortalSM**, with certain markets processing in excess of 80 percent of its requests via the portal – 50 percent of those cases close online
- Key call center statistics include industry standards for Average Speed of Answer (14 seconds), Call Abandonment Rate (0.6 percent) and Average Length of Calls (4 minutes)
- Whether the request is submitted online or the phone, on average 96 percent of cases are closed in 24 hours and 94 percent are closed the same day
- AIM's management services earned a provider satisfaction rating more than 97 percent

Patient Safety

- AIM provides its clients with a patient safety program designed to promote more informed decision-making by physicians and patients through relevant information about the radiation exposure associated with diagnostic imaging procedures. Since inception, the Patient Safety program has flagged more than 113,000 exam requests; educating providers prior to services being rendered.

Differentiated Approach

- AIM's programs are based on clinical guidelines developed and revised through a rigorous process that includes a comprehensive assessment of existing guidelines and literature, extensive feedback from both external and internal physician review panels and review by client medical directors
- The review process focuses on educating providers on clinical appropriateness. Through peer-to-peer discussions, AIM helps its clients' providers select the most appropriate service for their patients.

Accreditation and Industry Recognition

- AIM has received several accolades for its member engagement and patient safety initiatives. AIM received the 2011 URAC Best Practices in Health Care Consumer Empowerment and Protection Award and the 2011 Best of Blue Award for its member engagement program.
- AIM's programs are also accredited by URAC and NCQA and AIM has its ISO/IEC 27001 certification

4. What is the integrated imaging management program?

The integrated imaging program is designed to meet the needs of employer accounts and their members regardless of their location. For January 1, 2013, this is being implemented for radiology and cardiology management solutions as an integrated diagnostic imaging program. The program consists of two major components – Clinical Review and Education and Member Engagement, which includes Provider Transparency.

Case Review and Education

This component reduces inappropriate use through clinical review of radiology and cardiology requests submitted **prospectively**. Cases that are unable to render an approval at intake are forwarded to a clinician reviewer for further review offering providers an opportunity to leverage AIM's expertise in determining the most appropriate exam. Medical necessity determination does not result in adverse payment implications.

Transparency and Member Engagement

This component operates in tandem with case review and education. When a physician goes through the review process for an imaging exam, AIM provides price information that can be used by the physician to select an imaging facility. After the review process is completed, AIM compares the price for the imaging facility selected during the review process with other facilities located in the same geographic area. If the program finds another facility that performs the service at a lower price, an AIM representative proactively calls the member to provide this information. The member

then can choose whether or not to switch to an alternative imaging facility for the exam and if so, AIM provides assistance in scheduling the service.

5. What are the goals of the program?

The program is designed to evaluate, educate and promote the most appropriate uses of clinical services. Through this process, quality, safety, and affordability improvements are realized by:

- Empowering members with the information necessary to make more informed decisions about their health care and associated costs
- Helping employers better manage their medical expenses and equip their employees with the tools to make better care choices
- Promoting and guiding selection of the most efficient and cost-effective services
- Encouraging standardization of medical practice patterns and reducing variation in clinical evaluation
- Curtailing the performance of inappropriate studies and treatments
- Advocating bio-safety issues, including reduction of unnecessary radiation exposure and procedures
- Enhancing quality of healthcare using evidence-based medicine and outcomes research from numerous resources

Program Requirements

6. Are any physicians exempt from participating in this program?

All ordering/referring physicians are encouraged to contact AIM before scheduling elective outpatient services, however, the program is not mandatory.

7. For January 1, 2013, what types of diagnostic imaging exams are covered under this program? What types are excluded?

Case review and education targets outpatient elective CT scans, MRI, MRA, PET scans, Nuclear Cardiology and Echocardiography studies.

Member engagement targets outpatient elective CT scans, MRI and MRA studies.

Imaging services provided in conjunction with emergency room visits, inpatient hospitalization, outpatient surgeries, or 23-hour observation are excluded from the program.

8. What is the imaging providers' role in the program?

Radiology facilities are strongly encouraged to verify that the case meets clinical guidelines prior to scheduling the study.

9. How does a physician office staff member know they need to participate in the program and contact AIM?

There are multiple ways a provider will hear about the educational program:

- ID cards
- Eligibility / benefits verification
- Provider Newsletter/mailings
- Web Announcement
- Ad Hoc Face-to-Face Provider Training Sessions (within Control Plan service areas)
- Member (who will also be educated about the program)

There are two ways providers can interact with AIM:

- By registering at AIM's Web site: www.aimspecialtyhealth.com/goweb. After registration, a provider can follow the easy-to-use online process through **ProviderPortal** – AIM's interactive Internet application.
- By contacting AIM's Call Center using the number on the back of the member's ID card or direct to AIM at **1-866-688-1449**.

10. What online services does AIM offer? How do providers contact AIM after-hours?

ProviderPortal — AIM's interactive Internet application — is available 24 hours a day, 7 days a week, and helps ordering physicians and staff quickly and efficiently submit and verify their requests for Walmart associates and Tyson team members at any time. A typical request on the **ProviderPortal** takes approximately three minutes to complete.

Program Design: Case Review and Education

11. How does the case review and education program work?

Ordering physicians' offices submit requests via **ProviderPortal** — AIM's interactive Internet application — or through the AIM Call Center. Web users or callers will be guided through an interview where member and ordering physician information (name, ID number, etc.), diagnosis, symptoms, exam type and treatment/clinical history will be requested.

If the information provided meets AIM's clinical criteria, the Web user/caller then will be guided to select an imaging provider where the imaging study will be performed. The ordering physician's office will be given cost information when selecting an imaging provider.

If all criteria are not met or additional information or review is needed, the case is forwarded to a Registered Nurse (RN) who uses additional clinical experience and

knowledge to evaluate the request against clinical guidelines. If the case still cannot be assigned, it may be forwarded to an AIM Physician Reviewer (MD), who contacts the ordering physician directly to discuss the case and diagnostic imaging guidelines. AIM's Diagnostic Imaging Clinical Guidelines (and any applicable **Control Plan** medical policy) serve as a foundation for this mutually respectful discussion. These Guidelines are available for download on AIM's Web site, www.aimspecialtyhealth.com

12. How long is the case valid and how long will it be in AIM's system?

Cases are valid for 60 days after the date of issue and remain in AIM's system for six years.

13. Is the ordering physician expected to run a case through clinical guidelines if it is an urgent case and how does s/he do this in the evening and on weekends?

Requests for clinical guideline review are not expected for emergency room services. Outpatient elective diagnostic imaging services are typically non-urgent in nature. For those rare requests that are medically urgent, providers should contact AIM through *ProviderPortal*, or on the next business day, through the AIM Call Center.

Program Design: Provider Transparency and Member Engagement

14. What data source does AIM use for pricing information?

AIM leverages the Blue Cross Blue Shield Association's National Consumer Cost Transparency (NCCT) data. This data is supplied by all Blue Plans bi-annually.

15. How are members notified when a more affordable imaging facility is available?

Once the review process is completed for CT scans, MRI and MRI and the ordering physician has selected an imaging facility for the member, AIM compares the price for the facility selected with other facilities located in the same geographic area. If the program finds another facility at a lower price, an AIM representative proactively calls the member to provide this information. The member can then choose whether or not to switch to an alternative imaging facility for the exam and if so, AIM provides assistance in scheduling the service.

16. What happens if a member chooses NOT to use the lower-cost provider?

For most employer groups, this is a voluntary program. If a member's service has been reviewed and received an order request number, he or she may receive services at the facility originally indicated by the ordering physician.

17. Does this program recommend a preferred or sub-network to ordering physicians or members?

No, this program is not being used to build a preferred network or sub-network of providers.

Standards for Clinical Guidelines and Criteria

18. Who develops the program criteria?

AIM's process for developing guidelines for appropriate diagnostic imaging utilization has been reviewed by NCQA and URAC. The guidelines are reviewed annually by:

- An independent Physician Review Board, including cardiologists, orthopedic surgeons, radiologists, neurologists, and neurosurgeons
- Client Medical Directors

19. What methods and resources are used to develop the clinical guidelines?

Development of AIM's Clinical Guidelines involves integration of medical information from multiple sources to support the reproducible use of high quality and state-of-the-art diagnostic imaging services. The process for criteria development is based on technology assessment, peer-reviewed medical literature (including clinical outcomes research) and consensus opinion in medical practice. The clinical guidelines are updated biannually.

Some of the primary resources used for AIM's Clinical Guideline development include:

- American College of Radiology (ACR) Appropriateness Criteria
- American Institute of Ultrasound in Medicine (AIUM)
- Society of Nuclear Medicine (SNM)
- American Academy of Neurology (AAN)
- American College of Cardiology (ACC)
- American Heart Association (AHA)
- American Medical Association (AMA)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare and Medicaid Services