

Oncology Benefits Management

Introductory Session for Cigna HealthCare of Arizona Medicare Advantage



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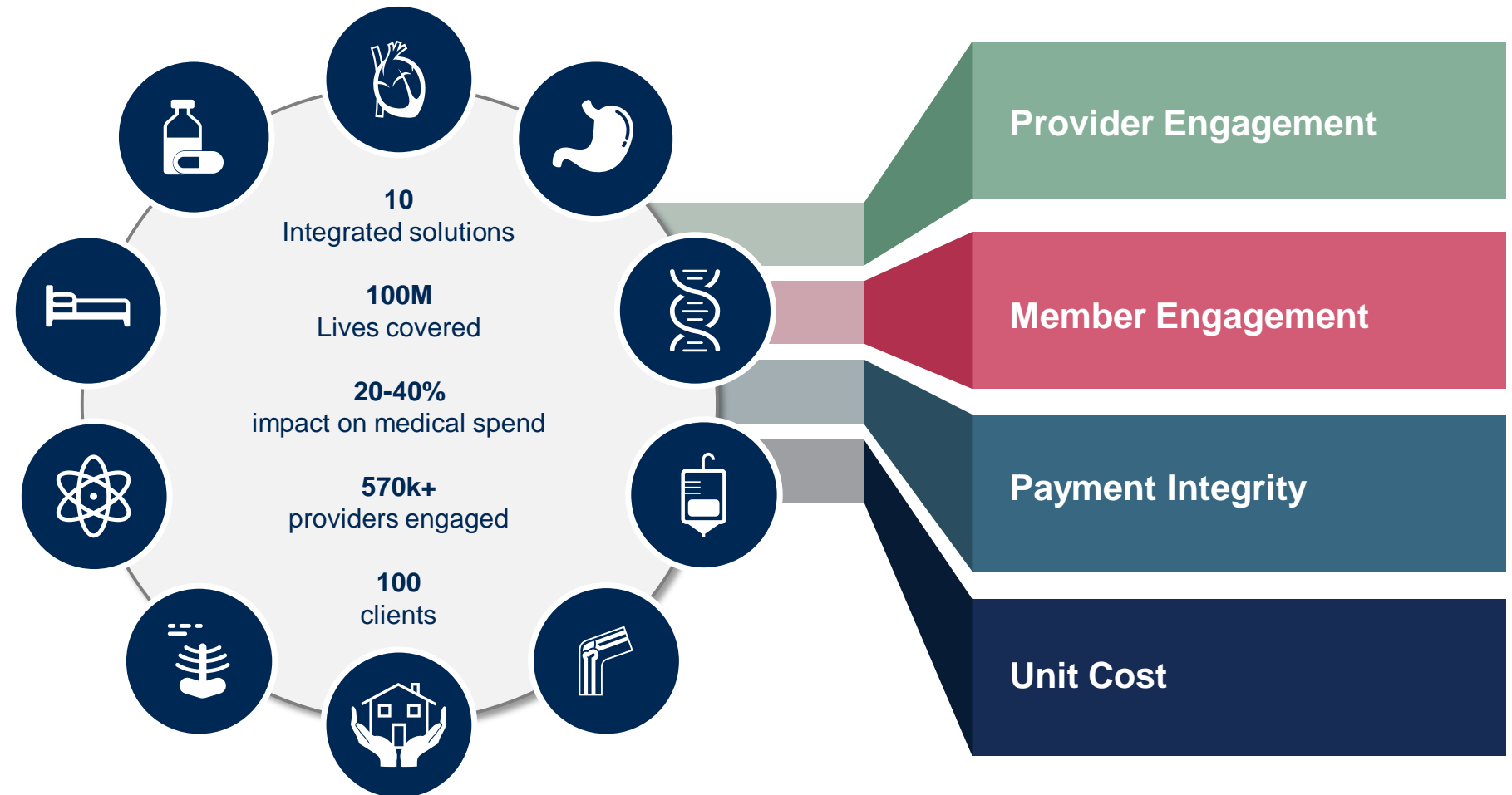
Agenda

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Who is eviCore?

Market Leader in Comprehensive Medical Benefits Management

- Radiology
- Cardiology
- Gastroenterology
- Laboratory
- Medical Oncology
- Radiation Oncology
- Specialty Drug
- Musculoskeletal
- Post-Acute Care
- DME
- Sleep



Who is eviCore? Our Oncology Experience

eviCore is a leading medical benefit management company that oversees clinical programs in multiple specialty areas of care. Our focus and commitment is to provide high quality, evidence based, patient-centric care while maintaining cost-effectiveness. eviCore is an affiliate company of Cigna healthcare.

By applying clinical expertise and leading-edge technology, we harness healthcare's evolving demand and inherent change in order to innovate, deliver improved results, and create a positive experience for everyone.

“The field of Medical Oncology is undergoing rapid innovation. eviCore’s Medical Oncology solution is designed to support providers in selecting the best evidence-based treatment for their patients.”

– Dr. Steve Hamilton, Chief of Medical Oncology Services

What is eviCore's Oncology Benefits Management Program?



eviCore's Oncology Benefits Management (OBM) program supports the selection of high quality, value-based oncology pathways and includes management and prior authorization for Part B medications, radiation oncology requests and advanced imaging studies.

The program scope encompasses the breadth of services and care delivery performed in oncology settings. Administrative and clinical services also include utilization management, contracting, and claims processing and payment.

OBM Program Scope

Program Highlights

As part of the OBM program, eviCore will manage the following services effective **January 1, 2022**:

What is Included?

- Outpatient Professional Services and Part B Medications
- Outpatient Radiation Oncology, Professional and Technical Services
- Surgical Oncology: Part B Medications, In Office Surgeries
- Labs: Same Day In Office
- Advanced Imaging: Advanced Imaging Services Performed in an Oncology Benefits Management (OBM) contracted Outpatient Setting

What is not included?

- Clinical Trials (Medical Oncology)
- Transplant Patients
- Car-T Cell Therapy
- ED / Inpatient Care (excluding IP consult)
- Part D Medications

eviCore will begin accepting requests for prior authorization beginning with treatment dates January 1, 2022, for Cigna AZ Medicare Advantage Customers in Maricopa, Pima and Pinal Counties.

OBM Administrative Services

- Certain administrative services related to the delivery of care are delegated to eviCore by Cigna across all Arizona Medicare Advantage plans:
 - **Utilization Review** (*Approval and Denials*)
 - **Network Management** (*Ongoing Support, Contracting and Network Maintenance*)
 - **Claims Processing and Payment** (*Most services billable under the Group TIN*)

- Examples of services and activities eviCore will not manage for Cigna Arizona Medicare Advantage plan participants:
 - **Pharmacy drugs** (*typically orals*) may require authorization through the customer's PBM. Drugs covered under the customer's pharmacy benefit will be reviewed by that customer's PBM.
 - **Grievance, Appeals and Member Notifications** will remain with Cigna Arizona
 - **Credentialing** will remain with Cigna Arizona

OBM Prior Authorization Management

Refer to www.evicore.com/resources/Healthplan/Cigna-Medicare (Oncology Benefits Management Solution) for authorization requirements.

What will eviCore prior authorize?

- Part B Medications
- Surgical Oncology Part B Medications
- Certain Radiation Oncology Services
- Advanced Imaging services performed in an eviCore contracted outpatient location

Existing Cigna Medical Oncology / Advanced Imaging authorizations extending through 1/1/2022 do not need to be re-authorized; eviCore will honor these existing authorizations and claims payment. New authorizations will be required if treatment changes or the existing authorization expires. Certain Radiation Oncology services will require authorization and/or registration at the time of the program effective date.

Key Clinical Components of OBM

eviCore Oncology Value Based Pathways – The Methodology

Multiple value frameworks are integrated to determine preferred drug regimens

- **ASCO v2 value framework (ASCO-VF):** Based on clinical benefit, side effects, and improvements in patient symptoms or quality of life. *Target stakeholders: Physicians and patients.*
- **ESMO Magnitude of Clinical Benefit Scale (ESMO-MCBS):** A value framework designed to inform public health-care policy in European countries, based on clinical benefit and safety. *Target stakeholders: Payers and policymakers*
- **NCCN Categories of preference:** Preferred intervention = interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability
- **NCCN Categories of Evidence and Consensus:** Considers level of evidence supporting regimens, and the level of consensus among NCCN panel members. Category 1 recommendations have strong evidence and uniform consensus.
- **NCCN Evidence Blocks:** Visual representation of five key components of value: efficacy, safety, quality and quantity of evidence, consistency of evidence, and affordability. *Target stakeholders: Physicians and patients.*
- **ICER:** Independent nonprofit organization that delivers a value-based price benchmark anchored in the real benefits that a specific drug brings to patients. *Target stakeholders: Payers and policymakers.*

eviCore Oncology Value Based Pathways – Validation

Clinical Advisory Panels

- **Internal Clinical Advisory Panel:** Composed of 10 eviCore board-certified medical oncologists and 6 pharmacists with extensive oncology experience. Responsible for reviewing all publications and applying scoring methodology to determine highest value treatments for each cohort.
- **Enterprise P&T committee:** Independent committee that reviews and critiques each cohort and pathway selection.
- **External Community Oncology Advisory Panel:** Clinical leaders from multiple large community oncology practices review and critique each pathway.
- **External Academic Advisory Panel:** Disease-specific experts from NCI-designated cancer centers and NCCN member institutions review and critique each pathway.

eviCore Oncology Pathways drive to the highest value NCCN-recommended regimens

Providers request chemo and if it is NCCN category 1, 2A or 2B, eviCore will automatically approve the regimen.

Basic Model:

Pathway Model:

On Pathway Regimen Selected

- Pathway regimen selected → automatic approval

Off Pathway Regimen Selected

- Engage with Provider via P2P
- Peer-to-Peer educational discussion occurs to understand regimen choice
- Advocate for highest value NCCN recommended regimen for a given clinical scenario
- No UM denials for NCCN category 1, 2A or 2B regimens, in accordance with eviCore Oncology Medication Policy
- All current turn around times maintained

Kidney Cancer Pathway Cohort

1st Line Intermediate/Poor Risk

Regimen	NCCN Category of Evidence	PFS	OS	CR Rate	NCCN Preferred Status	Toxicity	Cigna/eviCore Pathway	Clinical Exceptions	Notes
Ipilimumab 1mg/kg X 4 doses + Nivolumab	1	12.4 months	47 months	11%	Preferred	Less grade 3 or 4 toxicities, QoL improvement	On-Pathway		Prospect for treatment-free interval following up to 2 years of therapy
Axitinib + Pembrolizumab	1	15.4 months	74% alive at 24 months	9% (vs 3% for sunitinib)	Preferred	No new safety signals: median follow up 30.6 months	Off-pathway	High volume, symptomatic disease. Preferred over other TKI/pembro options given more mature data.	Longer term follow up data: Lancet Oncol. 2020;21(12):1563. Epub 2020 Oct 23.
Cabozantinib + nivolumab	1	16.6 months	85.7% at 12 months	8% (vs 4.6% in sunitinib arm)	Preferred	19% of pts discontinued at least one drug due to toxicity	Off-pathway	High volume, symptomatic disease.	CheckMate 9ER study
Lenvatinib + pembrolizumab	1	23.9 months	79% at 24 months	16% (vs 4.2% in sunitinib arm)	Preferred	Higher rate of grade 3/4 toxicity	Off-pathway	High volume, symptomatic disease.	CLEAR study

Clinical Rationale: Since the original pathway cohort development, two new TKI/pembrolizumab combinations have received FDA approval. Ipilimumab/nivolumab continues to receive the highest value-based score and remains the on-pathway treatment option for intermediate/poor risk disease. For patients with high-volume symptomatic disease, axitinib/pembrolizumab is preferred over the other TKI/pembro options given the maturity of data.

Dose Management Initiatives

Rationale

- The Hematology/Oncology Pharmacy Association (HOPA) recommends dose rounding to the nearest vial size within 10% of the prescribed dose for monoclonal antibodies and cytotoxic chemotherapy, regardless of the intent of treatment (curative vs palliative).¹
- One institution reported potential annual savings of ~\$340K for dose rounding on just 3 monoclonal antibodies (bevacizumab, trastuzumab, and cetuximab).²

Plan

- Practices should employ a dose rounding policy consistent with HOPA recommendations for monoclonal antibodies and cytotoxic chemotherapy drugs.
- If a treatment request is submitted for a select group of monoclonal antibodies or cytotoxic chemotherapy drugs where a dose rounding opportunity exists, the practice may be contacted by an eviCore board-certified oncologist or clinical pharmacist to discuss the dose rounding opportunity with the treating oncologist.
- Adherence to appropriate dose rounding will be monitored as a quality metric.

¹ Fahrenbrach et al, J Oncol. Pract. Mar 2018 Vol. 14 (3): e130-2136

² Francis et al, J Oncol Pharm Pract. 2015 Aug;21(4):280-4

OBM Value-based Radiation Oncology Episode of Care (EOC)

eviCore's Episodic Radiation Oncology Alternative Payment Model in the marketplace since 2015

- **Description:** eviCore's Radiation Oncology EOC Program simplifies the provider experience, promotes clinical quality, replaces prior authorization, simplifies reimbursement, and creates payment transparency
- **Scope:** Outpatient professional and technical services, including most treatment techniques, rendered in eviCore OBM provider locations
- **Process:**
 1. Providers register cases via eviCore's on-line portal before performing Radiation Oncology services (other than E&M). Prior authorization is not required for EOC eligible treatment techniques.
 2. Simulation, treatment planning, and treatment.
 3. Upon treatment completion, submit clinical information via eviCore's online portal, which eviCore uses to initiate the payment process and determine clinical guideline concordance.
 - i. Radiation Oncology risk pool is funded based on PMPM basis. Payments are distributed using EOC methodology.
 - ii. Using eviCore's Radiation Oncology clinical quality guidelines, eviCore will measure provider guideline concordant performance across all Cancer types, ensuring high quality evidence-based treatments.
 - iii. Episodic payments will be adjusted up or down periodically based upon the remaining dollars in the Radiation Oncology risk pool.

Claims / Contracting

OBM Provider Network & Claims Management

Who will be managing the OBM network and paying claims?

- **eviCore will be managing the OBM network**

- An eviCore contract will be needed to participate in the network and continue treating Cigna HealthCare Arizona Medicare Advantage participants
- Sarah Maloney will initiate contracting discussions, extend contract documents, help facilitate final execution and act as your primary point of contact
 - sarah.maloney@evicore.com or (860) 306-6890
- Contracts must be finalized and fully executed no later than October 15th, 2021 to participate in eviCore's OBM network

- **eviCore will be processing and paying claims**

- eviCore will manage and administer all claim processing and payment functions on behalf of Cigna Healthcare of Arizona to eliminate split billing challenges
- All billable services with dates of service 1/1/2022 and forward should be submitted to eviCore for processing
- Training sessions will include information on claim submissions and ongoing support

Next Steps

What do we need to do next?

- **Contracting**
 - Confirm contracting contact(s)
 - Schedule kick off session with Sarah Maloney when contacted
- **Oncology Value-Based Pathways & Dose Rounding**
 - Review
 - Clinical Discussion
- **Provider Setup**
 - Share current roster including needed information *or* complete eviCore's network roster template
 - Physicians and mid-level practitioners must be credentialed by Cigna *before* joining eviCore's OBM network
- **Training & Readiness**
 - Confirm training contact(s)
 - Sign up and attend training session(s)
 - Jennifer Gleitsmann will initiate training schedules and will be your primary point of contact for training and resource support
jgleitsmann@evicore.com or (800) 918-8924 ext. 27391



Thank You!

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