WellCare Radiation Therapy Overview

Provider Orientation
Company Highlights

4K employees including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING A VISION AT THE CORE OF CHANGE.

100M members managed nationwide

12M claims processed annually
Evidence-Based Guidelines

The foundation of our radiation therapy solution:

- Current clinical literature
- Contributions from a panel of community physicians
- Experts associated with academic institutions
- Compliant with Medicare NCDs/LCDs

Aligned with National Societies

- American Society for Radiation Oncology
- American College of Radiology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines

Advisory Board Members

- Dr. Anthony Berson – eviCore healthcare
- Memorial Sloan-Kettering, NY
- Stanford University Medical Center, CA
- Shields Oncology, MA
- Center for Radiation Oncology, NY
- Beth Israel Deaconess Medical Center; Harvard, MA
- Detroit Medical Center, Sinai Grace Hospital, MI
Service Model
The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

**Client Provider Operations**

- **Client Provider Representatives**: Cross-trained to investigate escalated provider and health plan issues.
- **Client Service Managers**: Lead resolution of complex service issues and coordinate with partners for continuous improvement.
- **Regional Provider Engagement Managers**: On-the-ground resources who serve as the voice of eviCore to the provider community.
Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Our Clinical Approach
Medical Infrastructure – Radiation Oncology

• Board Certified Radiation Oncologists
• Specially-trained Oncology Nurses
• Radiation Therapy Technical Experts
  • 50+ years of facility experience
  • Trained in the coding/billing specifics of radiation therapy
• Clinical Advisors
  • CMO of a large national radiation oncology practice
  • Multiple practicing radiation oncologists across the country
  • ASTRO board representatives
Radiation Therapy Prior Authorization program for WellCare
eviCore will begin accepting requests for dates of service May 1, 2017 and beyond

**Program Overview**

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent

Prior authorization **does not apply** to services that are performed in:

- Emergency room
- Inpatient

It is the responsibility of the ordering provider to request prior authorization approval for services.
Authorization is required for WellCare members enrolled in Medicaid.
Prior Authorization Requests

How to request prior authorization:

Or by phone: 888.333.8641
7:00 a.m. to 7:00 p.m. (Local time)
Monday - Friday

WEB

www.evicore.com
Available 24/7 and the quickest way to create prior authorizations and check existing case status

Fax option: 866.896.2152 Fax forms available at: www.evicore.com
Clinical Review Process

Methods of Intake

START

Clinical Decision Support

Real-Time Decision with Web

Nurse Review

MD Review

Peer-to-peer

Appropriate Decision

Easy for providers and staff
Needed Information

Member
- Member ID
- Member name
- Date of birth (DOB)

Referring/Ordering Physician
- Physician name
- National provider identifier (NPI)
- State and Zip Code

Requests
- Patient’s intended treatment plan
- Patient’s clinical presentation
- Completed physician worksheet

Rendering Facility
- Facility name
- Street address
eviCore healthcare relies on information about the patient’s unique presentation and physician’s intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify a diagnosis rather than request individual CPT codes
- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board
- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided
- For questions please reference the eviCore Radiation Therapy Clinical and Coding Guidelines located on our website: https://www.evicore.com/resources/pages/providers.aspx
- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources.
Prior Authorization Outcomes

Approved Requests:

- Processed within 36 hours after receipt of all necessary information.

- Decision is faxed to the ordering provider and the requested facility once medical necessity is met.

- Notification is sent to the member.

- Can be printed on demand from the eviCore Web portal.
Prior Authorization Outcomes

**Denied Requests:**
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

**Delivery:**
- Faxed to ordering provider and mailed to the member

**Peer-to-Peer Review:**
- If Peer Review is requested, eviCore will schedule at a time convenient to the ordering provider
- The provider will discuss the denial decision with one of eviCore’s physician reviewers

**Appeals:**
- Requests for appeals should be submitted to WellCare within 60 days of the initial determination
- A determination will be provided within 30 days of received medical documentation for appeal request.
Physician Worksheets posted to our website contain all of the questions that will be asked during clinical review. Questions are updated frequently, so only print what is needed.
• The physician worksheet is best completed by the physician during the initial consultation with the patient.

• Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.
Web Portal Services
eviCore healthcare website

- Point web browser to evicore.com
- Click on the “Providers” link
- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

Login: PROVIDERS | PLANS
Search
RESOURCES MEDIA CAREERS

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click “Password?”.
Creating An Account

Providers Delivering Medical Solutions That Benefit Everyone.

User ID
Password

Remember User ID
For login problems: please try the email address that you registered with as your user name. If you do not remember your password, please click “Forgot Password?”.

I Agree to HIPAA Disclosure

LOGIN

Forgot Username | Password? | Register

To create a new account, click Register.
Creating An Account

Select a Default Portal, and complete the registration form.
Creating An Account

Review information provided, and click “Submit Registration.”
Accept the **Terms and Conditions**, and click “Submit.”
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
Create a Password

Your password must be at least (8) characters long and contain the following:

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)
To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “Login.”
Welcome Screen

Welcome to the CareCore National Web Portal. You are logged in as

Providers must be added to your account before cases can be submitted over the web. Please select “Manage Account” to add providers.”
Request a clinical certification/procedure >>

Request a clinical certification/procedure for

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

Providers will need to be added to your account prior to case submission. Click the “Manage Account” tab to add provider information.

Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.
Click the “Add Provider” button.
Add Practitioners

Enter the **Provider’s NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.
Select the matching record based upon your search criteria
Once you have selected a practitioner, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes.

You can also click “Add Another Practitioner” to add another provider to your account.
Initiating A Case

• Once registered, providers are granted access to the web portal.

• After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.
Select Program

Select the Program for your certification.

Clinical Certification

Please select the program for your certification:
- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Services
- Medical Oncology Pathways

Cancel  Print  Continue
Select the **Practitioner/Group** for whom you want to build a case.
Enter the **Physician’s name** and appropriate information for the point of contact individual.
Choose the appropriate **Health Plan** for the case request.
Select Address

Provider Web Portal

Clinical Certification

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-800-420-3474 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member’s medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

You selected PA09891A, AB/PL: MP, L220657689
Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the provider or the member’s identification card to determine if care submission through CareCore National is necessary.

Please Select an Address

Continue
Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click “Eligibility Lookup.”
Clinical Details

Clinical Certification

This procedure will be performed on 7/1/2016. 

Radiation Therapy Procedures
Select a Procedure by CPT Code[?] or Description[?]
RCBREA Breast Cancer

Diagnosis
Diagnosis Code: C50.412
Description: Malignant neoplasm of upper-outer quadrant of left female breast

Select a secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiation Therapy

Cancel Back Print Continue
Verify Service Selection

Clinical Certification

Confirm your service selection.

- Treatment Start:
- CPT Code:
- Description:
- ICD-10 Code
- Diagnosis:
- Secondary ICD-10 Code
- Secondary Diagnosis:
  - Change Procedure or Diagnosis
  - Change Secondary Diagnosis

Provider Web Portal

Home: Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, Physician Criteria, Manage Your Account

Tuesday, April 15, 2014 4:01 PM

40% Complete

Physician

Patient

EDIT

EDIT

Cancel, Back, Print, Continue
Select the specific site needed. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.
Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You’re even able to indicate if any of the previous case information will be needed for the new request.
Authorization look up
Authorization Status

Authorization Number:
Case Number:
Status: Approved
Approval Date: 6/4/2015 11:55:06 AM
Service Description: Breast Cancer
Site Name:
Expiration Date: 10/25/2015
Date Last Updated: 6/18/2015 12:08:52 PM
Correspondence: VIEW CORRESPONDENCE
Eligibility Look Up

Eligibility Lookup

New Security Features Implemented

Health Plan: 
Patient ID: 
Member Code: 
Cardiology Eligibility: Medical necessity determination required.
Radiology Eligibility: Pre-certification is required
Radiation Therapy Eligibility: Medical necessity determination required
Sleep Management Eligibility: Medical necessity determination required

Print | Done | Search Again

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Provider Resources
Radiation Therapy Resources

Clinical Guidelines, Physician Worksheets, and other resources can be accessed online:


- Click the “View More Physician Worksheets” button to access specific worksheets.
Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM local time (888) 333-8641

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
Provider Resources: Web-Based Services

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option # 2) or email portal.support@evicore.com.

- Request authorizations and check case status online
- Auto save – no data lost
- Upload electronic PDF/Word files with additional clinical documents
Provider Resources: Client Provider Operations

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
Provider Enrollment Questions Contact WellCare Missouri at 800.322.6027

Coding Guidelines & Program Criteria:

https://www.evicore.com/resources/pages/providers.aspx

https://www.evicore.com/healthplan/WellcareMO

- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

To obtain a copy of this presentation, please contact the Provider Relations department at providerrelations@evicore.com
Thank You!