Medical Oncology Management
Provider Orientation
Company Highlights

4K employees including 1K clinicians

100M members managed nationwide

12M claims processed annually

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

SHARING A VISION AT THE CORE OF CHANGE.
Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
23M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
35M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
13M lives

POST-ACUTE CARE
320k lives

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

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SPECIALTY DRUG
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CARDIOLOGY
46M lives

SLEEP
13M lives

POST-ACUTE CARE
320k lives
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 Representatives**

Client Provider representatives are cross-trained to investigate escalated provider and health plan issues.

**Client Services Managers**

Client service managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

**Regional Provider Engagement Managers**

Regional provider engagement managers are 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
Clinical Platform

Multi-Specialty Expertise

- 190+ board-certified medical directors
- Diverse representation of medical specialties
- 450 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Oncology, Hematology, Radiation Oncology, Spine/Orthopedics, Neurology, and Medical/Surgical
Our Medical Oncology Solution is Evidence Based

National Comprehensive Cancer Network® (NCCN)
26 of the World’s Leading Cancer Centers Aligned

- Inclusive of 44 cancer types
- Represents 97% of all cancers
- Continually updated

eviCore Pathways
Medical Oncology Solution Defines a Complete Episode of Care

Disease-Specific Clinical Information
- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

2-5 minutes to enter a complete case

Treatment options may be modified to align with formulary
Medical Oncology Pathway Experience

More than 85k authorizations since June 2015, resulting in 98.5% clinically appropriate treatments

- Immediate approval for 70%
- Remainder resolved in average of 6 hours
- 1.3% non-certification
- Appeal rate is less than 1%
Medical Oncology Prior Authorization program for Cigna
eviCore will begin accepting requests on February 20, 2017 for dates of service February 20, 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 the Emergency Room.

It is the responsibility of the ordering provider to request prior authorization approval for services. Payment for services rendered without prior authorization may be denied.
Summary

What types of Drugs are included?

- The following types of drugs are included if being used to treat cancer and if billed under the Medical Benefit
  - Primary Injectable Chemotherapy
  - Supportive Medications given with Chemotherapy
- The list affected drugs can be viewed in the precertification section of the Cigna for Health Care Professionals secure website (login required).
- All of the drugs included in this program currently require prior authorization from Cigna.
- Additionally, drugs covered under this program, but being used to treat non-cancer conditions may still require prior authorization through Cigna. Contact the number on the ID card to confirm requirements.

What is covered in my authorization?

- All medical injectable drugs that were entered as part of a regimen – there are no partial approvals.
- The HCPC codes associated with the approved drugs.
- The time period indicated on the authorization (8-12 months).
- The maximum allowed units for each drug.
- Supportive drugs will be requested and reviewed as a separate authorization.
- Please note that obtaining a prior authorization approval from eviCore isn’t a guarantee that Cigna will pay for services rendered. The customer must be enrolled in the plan and eligible for benefits on the date you requested the service.

How often do I need to update my authorization?

- When the authorization time has expired.
- When there is a change in treatment including new or different drugs.
- NOT when dosing is reduced.
- NOT if an approved drug is no longer used.

What about drugs billed through Pharmacy?

- Pharmacy drugs (typically orals) may require authorization through the customer’s PBM. Please contact the PBM for any additional information on authorization requirements.
- Drugs covered under the customer’s pharmacy benefit will be reviewed by that customer’s PBM.
Prior Authorization Required

- Chemotherapy Drugs and Supportive Agents covered under the customer’s medical benefit effective 2/20/17

- Chemotherapy Drugs and Supportive Agents covered under the customer’s medical and pharmacy benefit effective 7/1/17

- Cancer diagnoses only

- Cigna will continue to review chemotherapy prior authorization for the following groups of patients:
  - Clinical Trials
  - Transplants
  - Inpatient admissions related to chemotherapy
Applicable Membership

The following plans are included/excluded in this program:

<table>
<thead>
<tr>
<th>Benefit plan type</th>
<th>Included?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All core PHS+, Health Matters Care Management Preferred and Health Matters Care Management Complete medical plans (e.g., managed care, OAP, LocalPlus, PPO, indemnity)</td>
<td>Yes</td>
</tr>
<tr>
<td>Individual &amp; Family Plans (IFP)</td>
<td>Yes</td>
</tr>
<tr>
<td>Shared Administration (SAR)</td>
<td>No</td>
</tr>
<tr>
<td>Arizona Medicare</td>
<td>No</td>
</tr>
<tr>
<td>Third-party vendors (TPV)</td>
<td>No</td>
</tr>
<tr>
<td>Payer Solutions</td>
<td>No</td>
</tr>
<tr>
<td>Cigna Global Health Benefit (CGHB)</td>
<td>No</td>
</tr>
</tbody>
</table>
How to request prior authorization:

**Prior Authorization Requests**

**WEB**

www.eviCore.com

*Available 24/7 and the quickest way to create prior authorizations and check existing case status*

Or by phone:
866-668-9250
7:00 a.m. to 7:00 p.m. (EST)
Monday - Friday
Clinical Review Process

START

Methods of Intake

Predictive Intelligence/Clinical Decision Support

Real-Time Decision

Nurse Review

MD Review

Peer-to-peer

Easy for providers and staff
Information needed to verify eligibility and submit a prior authorization request

If clinical information is needed, please be able to supply:

- Details about the clinical indication including type of cancer, stage of disease, genomic markers, performance status, comorbidities or toxicity issues that may impact treatment, and any other clinical factors driving treatment selection

- Type and duration of treatments performed to date for the diagnosis
Prior Authorization Outcomes

Approved Requests:

- Requests are typically processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 8 – 12 months from the date of determination.

Delivery:

- Faxed to ordering provider and rendering facility
- Mailed to the customer
- Information can be printed on demand from the eviCore healthcare 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 the rendering provider and rendering facility
- Mailed to the customer

Peer-to-Peer Review:
- Ordering Physicians have the option to request a peer-to-peer conversation with an eviCore healthcare physician, resulting in an overturn or an upheld denial. If eviCore is unable to approve a regimen with the information provided, eviCore will contact the ordering provider to request a P2P prior to issuing a denial

Appeals:
- Cigna will handle all customer and provider appeals
- Requests for appeals must be submitted to Cigna within 180 days of the initial determination
- A written notice of the appeal decision will be mailed to the customer and provider
Special Circumstances

Patients Already in Treatment

- If a patient has already started treatment prior to 2/20/2017, any existing authorizations obtained through Cigna will remain valid through the end date of that authorization. A new authorization from eviCore is not needed.
- Any requests for additional time on an existing authorization or for a change in treatment must be submitted through eviCore.

Retrospective Studies:

- Retro Requests must be submitted within 14 days following the date of service. Requests submitted after 14 days will only be accepted for the current date forward. Claims for previous dates of service may not be payable.
- There is no guarantee of approval on treatments that were started without an authorization. Claims may not be paid if an authorization is not obtained.

Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information.
- Clinically Urgent Cases will be reviewed within 72 hours of the request.
Pharmacy Exclusions

- eviCore will begin providing authorization for drugs covered under the customer’s pharmacy benefit beginning **July 1, 2017**. Until then, please obtain authorization for these drugs from Cigna directly by calling 1.800.88Cigna (882.4462).
Site of Service (SOS) Redirect

- Initially, eviCore will request that Neulasta be administered at SOS (11 - home) or (12- office) when the prescriber indicates that they wish to administer the drug at SOS 19 or 22 (OP Hospital)
  - Effective 5/15/2017, eviCore will also request site redirection for Sandostatin, Lanreotide, Aranesp and Procrit.

- eviCore will approve these drugs for 30 days of use, after that point Cigna will take over the review
Out of Network/Non-Participating Provider

- Care must be administered at an in-network facility if the patient does not have out-of-network (OON) benefits in order to be covered.

- If a customer has OON benefits and an OON Servicing Provider is selected because there is no appropriate in-network provider available, a network adequacy review may be requested by calling the Cigna clinical team at 800.615.2909.
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.
Creating An Account

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

Select a Default Portal, and complete the registration form. Select “CareCore National” as the default portal.
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.
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.”
Account Overview
Welcome Screen

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.
Add Practitioners

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.
Adding Practitioners

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.
Case Initiation
Choose “request a clinical certification/procedure” to begin a new case request.
Select the Program for your certification.
Select Provider

Select the **Practitioner/Group** for whom you want to build a case.
Enter the Provider'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 DJK/PHALA, ABJPA, NP, LCP/5/8989

Please select the health plan for which you would like to build a care. If the health plan is not shown, please contact the plan or the Service Center for the member’s identification card to determine if care is authorized through CareCore National.

Please select an address.

[Address Fields]
New patients are registered or current patients are selected from the drop down list.
The Patient History Screen becomes the hub for all future requests or data relating to this patient. This includes a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.
Clinical Details

Patient ID: 
Patient Name: 

What is the anticipated start date of treatment? [ ] MM/DD/YYYY

Clinical Certification

This procedure will be performed on 7/1/2016. [CHANGE]

Medical Oncology Pathways

Select Drug Classification[?] or Description[?]
CHEMO [ ] CHEMOTHERAPY [ ]

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Diagnosis Code: D48.1
Description: Neoplasm of uncertain behavior of connective and other soft tissue
Change Diagnosis
If the ordering provider will not be billing for the drugs, you will have the opportunity to enter the rendering site information. 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.
The Clinical Pathway begins with the selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available as well as an “Other” option for rare cancers not addressed by NCCN.
You will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review.
All NCCN recommended treatments are displayed as well as an option to submit a custom treatment plan by selecting the individual drugs that will be administered.

All of the drugs in the selected regimen that require an authorization will be automatically included if approved.
Dosing/Admin Tool

Used to collect the dosing and administration schedule for the selected regimen

CareCore National, LLC: Review Form

CIGNA

_case Nbr: __________ Episode ID: __________ Episode Dates: ___________

6:47:30 AM

Patient: __________ DOB: __________ Age: __________

CPT Code: __________

Physician Name: __________ Phone Number: __________

Return to ImageOne

Click to open Case History... Click to open Correspondence...

---

<table>
<thead>
<tr>
<th>Drug</th>
<th>Amount</th>
<th>Unit</th>
<th>Admin Schedule</th>
<th>Total Doses Per Cycle</th>
<th>Duration</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paclitaxel (albumin-bound)</td>
<td>0.030</td>
<td>Mgm2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Home Delivery (Medical)</td>
</tr>
<tr>
<td>Trastuzumab</td>
<td>0.002</td>
<td>Mkg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Home Delivery (Medical)</td>
</tr>
</tbody>
</table>

Submit

Review History

- Indicate the Cancer Type:
  - Kidney Cancer
- Is the patient participating in a clinical trial that includes injectable chemotherapy drugs?
  - No
- Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?
  - Yes
- Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.
  - 05/2016
- Most recent entry for this patient: None
- Select one of the following to describe patient status:
  - Surgically resectable
  - Most recent entry for this patient: None
- What is the cell histology?
  - Clear cell
  - Most recent entry for this patient: None
Approval

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment.

No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.
Custom Treatment Plans

Clinical Certification

Select drugs for the treatment regimen from the drug list below.

- If a drug is not listed, enter the drug name in "Enter drug(s) not included on the list above".
- Do not enter supportive care drugs (e.g. Neulasta, Neupogen, anti-emetics, anemia drugs, etc.)
- Provide administration schedule.
- Select "Submit" to submit the treatment regimen.

If approved, authorizations will be issued for injectable chemotherapy drugs only, but all chemotherapy agents to be used should be submitted to allow for a review of the requested regimen.

Drug List:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Add all</th>
<th>Items selected</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Fluorouracil (CFI: Adrucil)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>5FU (5-Fluorouracil)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Albitrexone Acetate - oral (Zypiga)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Amsacrine (Pallacep, alcalazem bound)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Actinium (Interferon, gamma IV)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Aclerex (Ibrutinexin Vedolizumab)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Aladactate Estanzine (Kadynalys)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Amifostin (Nexabostin HCl)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Aramid (5-Fluorouracil)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Armit - oral (Gonadotrop)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Atroz (Iscendix, oral)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Aktidex (Interfezin 2: Protecuden)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Ambrelum (Asepines)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Enter drug(s) not included on the list above. (Chemotherapy drugs only. Do not enter supportive care drugs.)

Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

Attach a PDF or Word document; click "Browse" to select the document from your desktop or other network.

- Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list, and the user has the opportunity to attach or enter supporting information for the request.
- Dosing/Admin information will have to be entered for custom regimens.
Custom Treatment Plans

**Clinical Certification**

Your case has been sent for Medical Review.

| Provider Name: | Contact: |
| Provider Address: | Phone Number: |
| Fax Number: |

| Patient Name: | Patient Id: |
| Insurance Carrier: |

| Site Name: | Site ID: |
| Site Address: |

**Primary Diagnosis**: C64.9  
**Description**: Malignant neoplasm of unspecified kidney, except renal pelvis

| Secondary Diagnosis Code: | Date of Service: 2/28/2017 |
| Description: |

**Dosage Info:**

<table>
<thead>
<tr>
<th>JCode</th>
<th>Drug Name</th>
<th>Admin Schedule</th>
<th>Daily max HCPC units</th>
<th>Total HCPC units on auth</th>
<th>Benefit</th>
</tr>
</thead>
</table>

| Case Number: | Review Date: 2/27/2017 10:44:29 AM |
| Expire Date: | N/A |
| Status: | Your case has been sent for Medical Review |

- Custom plans are reviewed by an eviCore medical oncologist to determine if the request is clinically appropriate. Factors such as rare conditions, toxicity issues, or comorbidities may result in approval.

- If the request is not able to be approved, the eviCore Oncologist will request a peer-to-peer to discuss alternate treatment options that meet evidence based guidelines prior to issuing a denial. The goal is to eliminate the need for denials when acceptable alternatives are available.

- All reviews are completed within 48 hours of receiving complete clinical information.
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
Eligibility Look Up

Eligibility Lookup

New Security Features Implemented

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

Confidentiality Notice: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may not be contained in the code-accessed portions is strictly prohibited.
Provider Resources
Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM (Local Time): 866-668-9250

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or HCPC Code(s) on an existing case
- Please note that if a case is initiated via phone, it must be completed via the phone.
Provider Resources: Web-Based Services

www.eviCore.com

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

- Request authorizations and check case status online – 24/7
- Web Portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents
Provider Resources: Client Provider Operations

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
- Request for education/training on program processes
Provider Resources: Implementation Document

Provider Enrollment Questions Contact Cigna at 800.882.4462

Cigna Implementation Site:

https://www.evicore.com/Cigna/Pages/MedicalOncology.aspx

- Link to Cigna drug list and clinical coverage policies
- Quick Reference Guide
- FAQs Document
- Dates/Times for Additional Webinars
- NCCN.org for clinical guidelines
- Web User Guide

Medical Oncology Tools & Criteria:

Thank You!