1199SEIU Benefit Funds

# MEDICAL ONCOLOGY REVIEW PROGRAM FREQUENTLY ASKED QUESTIONS (FAQ)

**This document is a resource for providers to use to answer common questions about the program.**

| | |
|---|---|
| **What are the elements of the Medical Oncology Review Program?** | The Medical Oncology Review Program consist of Prior Authorization Medical Necessity Determinations for all primary injectable and oral chemotherapeutic agents used in the treatment of cancer as well as select supportive agents in combination with the chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer. |
| **Which Medical Oncology procedures will require a prior authorization?** | Refer to the list of HCPCS codes that require prior authorization. This can be found on the Benefit Funds' website at **www.1199SEIUBenefits.org** under the "For Providers" tab. Be sure to check the Benefit Funds' website, as the program may be modified or updated. Note that newly approved chemotherapy agents not on this list and used for the treatment of cancer do require prior authorization. |
| **Which providers will be impacted by this program?** | All physicians who perform pre-selected oncology related injection/infusion procedures are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. Physicians and facilities who render oncology related injection/infusion procedures within the scope of this protocol must confirm that prior authorization has been obtained, or payment for their services may be denied. |
| **Do medical oncology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?** | No. Medical Oncology ordered through an emergency room treatment visit, while in an observation unit, or during an inpatient stay do not require prior authorization. |
| **Is prior authorization required when using a covered drug to treat a non-cancer diagnosis?** | Yes. Refer to the Prescription Program page on the Benefit Funds' website at **www.1199SEIUBenefits.org** under the "For Providers" tab for program detail. |
| **What is eviCore's Web site address?** | **www.eviCore.com** |
| **Who do I contact with a website related issue?** | eviCore has a web support team, available to provide assistance. You may reach them by phone, 800-646-0418, option 2. Or by email, portal.support@evicore.com |
| **How can a provider request a prior authorization?** | Visit eviCore's website, **www.eviCore.com,** The web portal login is located on the homepage or under the "Provider's Hub" located at the top of the web page. Registration for this website is free. The website is available 24 hours a day, 7 days a week, and it is possible to obtain immediate authorization decisions if the evidence-based criteria are met; or, call eviCore at (888) 910-1199, Option 1.<br><br>*The Medical Oncology Provider Quick Reference Guide*, a one (1) page quick reference prior authorization guide with contact information, can be found on the Benefit Funds' website at **www.1199SEIUBenefits.org** under the "For Providers" tab. |
| **What are eviCore Healthcare's hours of operation?** | eviCore's Call Center hours of operation are from 7:00 a.m. to 7:00 p.m. Monday through Friday, local time. |

| | |
|---|---|
| **What information will be required to obtain a prior authorization?** | On the Benefit Funds' website, there is a Medical Oncology Review Program Provider Quick Reference Guide that lists the information necessary to submit a prior authorization request. This one-page reference guide can be found at **www.1199SEIUBenefits.org** under the "For Providers" tab.<br><br>The required information includes:<br><br>• Member or Patient's Name, Date of Birth, and health plan ID Number<br>• Ordering Physician's Name and NPI Number<br>• Ordering Physician's Telephone and Fax Number<br>• Facility's Name, Telephone and Fax Number<br>• Requested drug(s) (HCPCS 'J' code and name (brand and/or generic)<br>• Relative diagnosis and medical history including:<br>» Signs and symptoms<br>» Results of relevant test(s)<br>» Relevant medications<br>» Working diagnosis/stage<br>» Patient history including previous therapy<br><br>If initiating the prior authorization by telephone, the caller should have the medical records available. |
| **What happens if the provider's office does not know the treatment regimen that needs to be ordered?** | The caller must be able to provide either the drug name or the HCPCS code in order to submit a request. eviCore will assist the physician's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s) provided. |
| **What is the process that providers will follow if eviCore healthcare is not available when they need to obtain a prior authorization?** | A web-based authorization initiation system is available 24 hours per day, 7 days a week. |
| **How long will the prior authorization process take?** | When a prior authorization is initiated online and the request meets criteria, **the test will be approved immediately**, the case is effective from the first date of treatment (episode date). A time stamped approval will be available for printing.<br><br>If the non-urgent request does not meet criteria or requires additional clinical review, a determination will be made once all necessary clinical information has been received. |
| **What happens when the on-line system does not post an immediate authorization?** | eviCore healthcare will review and issue an authorization if the requested test meets the established evidence based criteria. All other requests will be sent to an eviCore Medical Director for review and determination.<br><br>All determination decisions will be sent in writing to the member, referring providers and rendering provider and facility, if available. |
| **How can providers indicate that the procedure is clinically urgent?** | Urgent requests should be made by calling eviCore at (888) 910-1199, Option 1.<br><br>The provider must notify the eviCore Clinical Reviewer that the test is "URGENT" and demonstrate medical necessity by providing the appropriate clinical documentation. Urgent care decisions will be made when following the standard timeframe could result in seriously jeopardizing the member's life, health or ability to regain maximum function. Note that for in-scope services rendered in settings other than ER, observation or urgent care, a physician or other healthcare professional may request a prior authorization on an urgent or expedited basis in cases where there is a medical need to provide the service sooner than the conventional prior authorization process would accommodate. |

| | |
|---|---|
| **What is the process to follow for urgent prior authorization request if eviCore healthcare is not available?** | Note that prior authorization is not required for drugs provided in an ER, observation or urgent care setting. Chemotherapy is rarely administered on an urgent basis however supportive drug therapies that may meet urgent criteria can be submitted through the website and will receive immediate approval. |

| | |
|---|---|
| **If a patient is undergoing treatment before the start of the program on April 1, 2016, will the treatment need authorization?** | For treatments already underway, we ask that you call eviCore to obtain authorization for continuity of care. |
| **What information will be available through the Provider Portal located on eviCore healthcare website?** | The authorization status function on the eviCore healthcare Provider portal will provide the following information:<br>• Prior Authorization Number(available 30 minutes after number is issued)/Case Number/Date<br>• Status of Request<br>• Cancer Type<br>• Site Name and Location (If available)<br>• Expiration Date |
| **How will providers be notified of the prior authorization review decision?** | Referring providers will be notified of the determination via fax. If fax is not available, the notice will be sent via USPS.<br><br>Rendering providers can validate the prior authorization determination through eviCore's website at **www.eviCore.com** or by calling eviCore Customer Service at (888) 910-1199, Option 1. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department. The facility site will be sent a determination notice via fax and members will be notified in writing of any adverse determinations. |
| **What is the format of the eviCore healthcare authorization number?** | An authorization number is one (1) Alpha character followed by nine (9) numeric numbers. For example: A123456789 |
| **How can the eviCore healthcare criteria be viewed?** | The program's clinical policy manual is available on the Benefit Funds website at **www.1199SEIUBenefits.org** under the 'For Provider' tab for you to view. |
| **How long will the prior authorization approval be valid?** | The length of time for which a prior authorization will be valid will vary by request, but will not exceed 14 months.<br><br>When a prior authorization number is issued for a treatment regimen, the requested start date of service will be the starting point for the period in which the course of treatment must be completed. If the course of treatment is not completed within the approved time period, or if there is a drug change in the regimen then a new prior authorization number must be obtained. |
| **If a prior authorization number is still active and a patient comes back within the time for follow up and needs an additional infusion of the authorized drug, will a new prior authorization number be required?** | No. If the infusion is needed during the timeframe in the prior authorization, the prior authorization will cover additional infusion services of the authorized drug. |
| **Are any drug modifications allowed under the Medical Oncology Prior Authorization program?** | Biosimilars and their reference drugs have unique HCPC codes and require unique prior authorizations. Substitutions will require a new prior authorization. |
| **If the patient starts a medical oncology regimen at one facility and changes to another during a course of treatment, is a new prior authorization required?** | Yes. If a new physician group is treating the patient, a new treatment plan will likely be followed. Therefore, a new prior authorization number must be requested. |

| | |
|---|---|
| **Is a separate authorization needed for each drug ordered?** | No. A single authorization number will cover the entire regimen for the length of treatment (up to 14 months depending on the treatment selected). The eviCore system will collect the clinical data needed and provide a list of recommended regimens (single agent and multi-agent) from which to select. Providers may also custom build a regimen by selecting from a list of all drugs covered in the program. In either case, the entire regimen must be provided at the time the authorization is requested. If a new drug is needed at a later date a new authorization will be needed for the complete regimen to be used from that date forward. A separate authorization is required for supportive drugs such as anti-emetics and growth factors if these will be administered as part of the treatment. |

| | |
|---|---|
| **Who should request prior authorization in cases where a Primary Care Physician refers a patient to a specialist, who determines that the patient needs cancer treatment including a drug that requires prior authorization?** | The physician who orders the drug should request the prior authorization. In this case, it would be the specialist. |
| **In the event of an adverse determination can the provider request a clinical review?** | Yes. A Peer-to-Peer physician discussion can be conducted anytime during the determination and up to 14 calendar days after the determination to add additional information that may affect the outcome of the medical necessity decision. Call eviCore at (888) 910-1199, Option 1. |
| **How do I schedule a peer to peer consultation?** | Log in to your account a www.evicore.com. Perform Authorization Lookup to determine the status of your request. Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation. If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed with scheduling. If your case is not eligible, you may also click on the "All Post Decision Options" button to learn what other actions may be taken. |
| **If a denial occurs because of a coding mistake can I resubmit the claim?** | Yes, if the mistake is administrative (related to coding) then a claim can be resubmitted as long as prior authorization remains in effect and the procedure on the claim is medically necessary. |
| **What happens if a service is rendered despite an authorization denial?** | The Funds' Medical Oncology Review Program is a prior authorization program that includes a medical necessity determination for the requested treatment regimen. Coverage for treatment regimens that are not medically necessary will be denied as not covered under the member's benefit plan because services that are not medically necessary are not covered under 1199SEIU plans. Failure to comply with any prior authorization protocol may result in an administrative claim denial. |
| **What are the parameters of an appeals request?** | eviCore manages first level appeals. An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal on behalf of a member. A member patient authorization form must be completed for all first level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing unless the request involves urgent care, in which case the request may be made orally. |

| | |
|---|---|
| **Where should first-level appeals be sent?** | **Appeals must be submitted by mail, fax or email to:**<br><br>**Mail: eviCore healthcare**<br>**Attn: Clinical Appeal Dept.**<br>**400 Buckwalter Place Blvd.**<br>**Bluffton, SC 29910**<br><br>**Fax: (866) 699-8128 Toll Free Phone: (866) 221-8787, Option 2** ***for appeals process questions*** |
| **Is a prior authorization determination a guarantee of payment?** | No. As a member's eligibility can change, this is only a medical necessity determination. Medical necessity determinations are provided based on the patient eligibility data as it appears in the Benefit Funds' eligibility system when the request is made, and is not a guarantee of payment. |
| **Is provider education and training available?** | Yes. Check the Benefit Funds website for updates and announcements including educational webinars on submitting prior authorization requests at **www.1199SEIUBenefits.org** under the "For Providers" tab. Additional tools and resources can be found on eviCore's website at **www.eviCore.com.** |
| **What is eviCore's contingency plan in the event of a power outage?** | eviCore healthcare has multiple customer service centers in varying geographical locations which allows eviCore to continue providing support even if one location experiences a power outage. For example, if calls directed to one location were to suffer a power outage, the calls would automatically be routed to another service center so that the service would be seamless to the caller. |