

Radiation Oncology Management

Provider Orientation Session for Arkansas Blue Cross and Blue Shield

January 1, 2021



Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

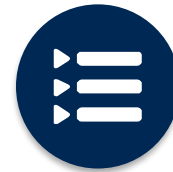
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

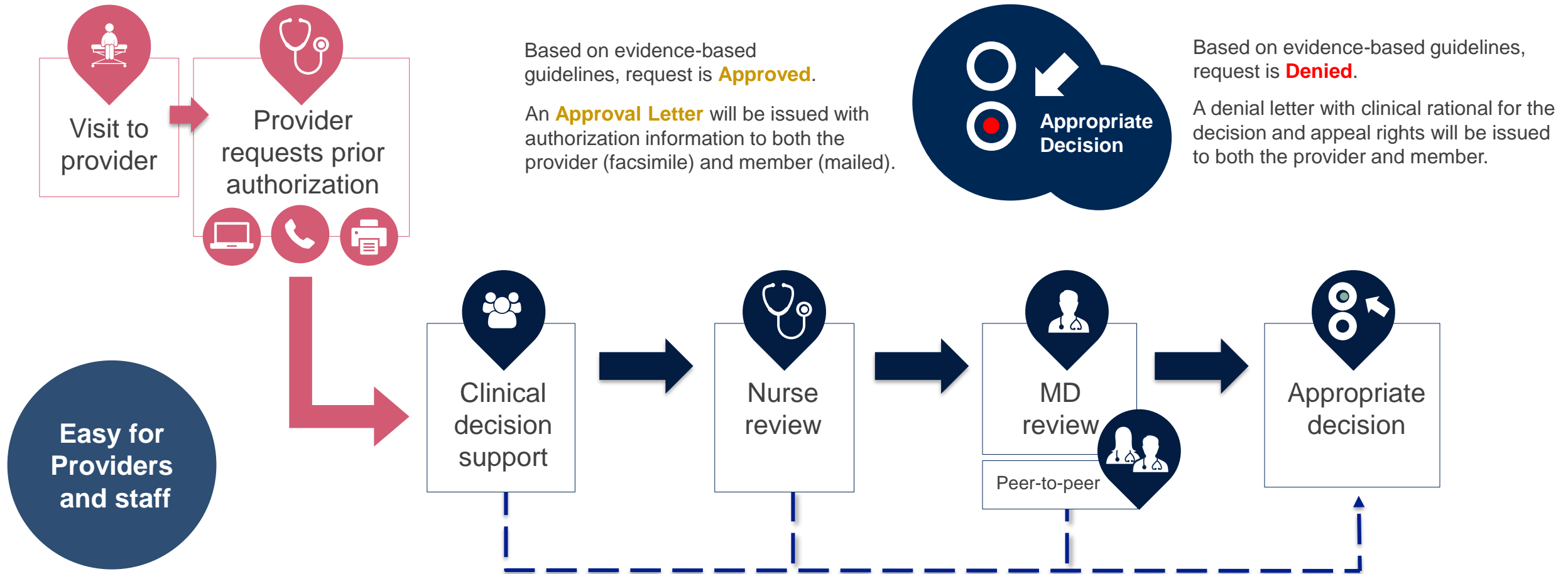
Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ♦ **Anesthesiology**
- ♦ **Cardiology**
- ♦ **Chiropractic**
- ♦ **Emergency Medicine**
- ♦ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ♦ **Gastroenterology**
- ♦ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ♦ **Medical Genetics**
- ♦ **Nuclear Medicine**
- ♦ **OB / GYN**
 - Maternal-Fetal Medicine
- ♦ **Oncology / Hematology**
- ♦ **Orthopedic Surgery**
- ♦ **Otolaryngology**
- ♦ **Pain Mgmt. / Interventional Pain**
- ♦ **Pathology**
 - Clinical Pathology
- ♦ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ♦ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ♦ **Physical Therapy**
- ♦ **Radiation Oncology**
- ♦ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ♦ **Sleep Medicine**
- ♦ **Sports Medicine**
- ♦ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ♦ **Urology**



Utilization Management – The Prior Authorization Process



Program Overview

Radiation Oncology – Holistic Treatment Plan Review

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 the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes . For example, Breast Cancer, Skin Cancer etc. A non-cancerous and 'other' cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.
- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. **For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.**
- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.
- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on www.eviCore.com
- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online at www.eviCore.com, in the Clinical Guidelines section of the Resource tab.

PROVIDERS:  Check Prior

 **Resources**

CLINICAL GUIDELINES 

Clinical Worksheets

Arkansas Blue Cross and Blue Shield Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Radiation Oncology services on **December 23, 2020** for dates of service **January 1, 2021** and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: www.arkansasbluecross.com

Applicable Memberships

Prior Authorization is required for Arkansas Blue Cross and Blue Shield members who are enrolled in the following lines of business/programs. The PPO and HMO plans require prior authorization, but it does not include Private Fee-for-Service members.



Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

866-220-4699

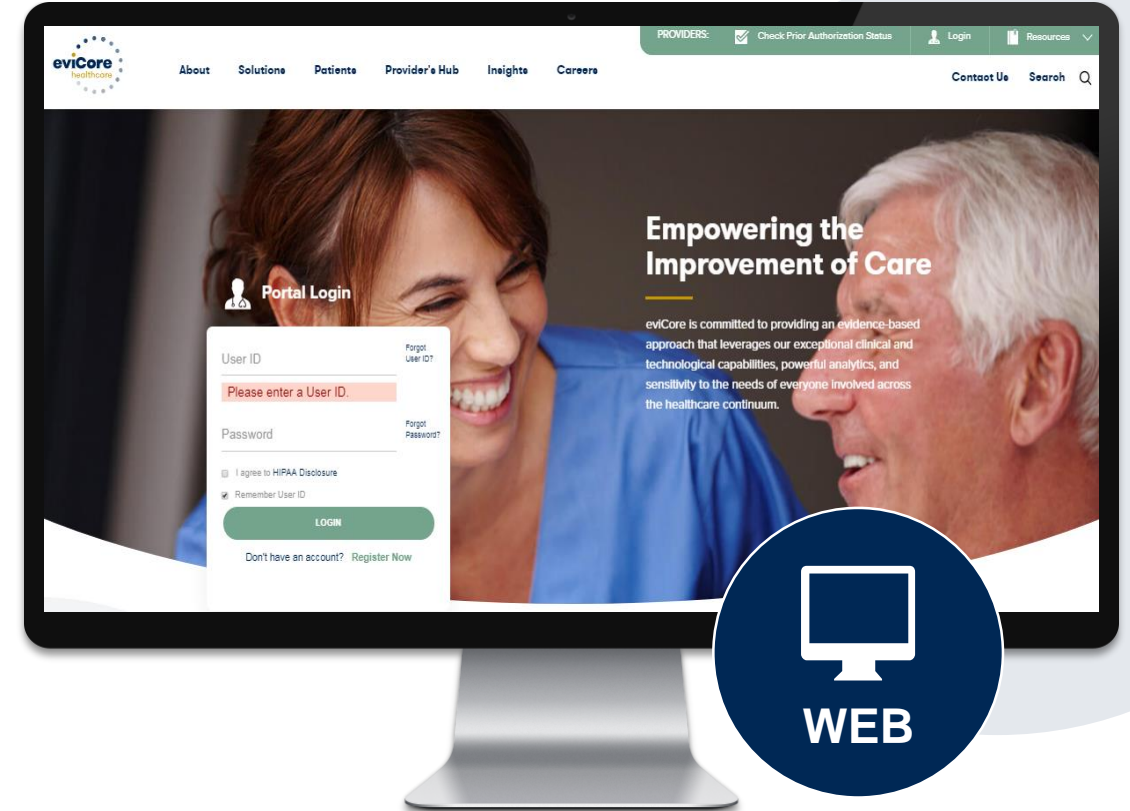
Monday through Friday:

7 am – 7 pm your local time

Fax Number:

800-540-2406

Can be used to submit additional clinical information



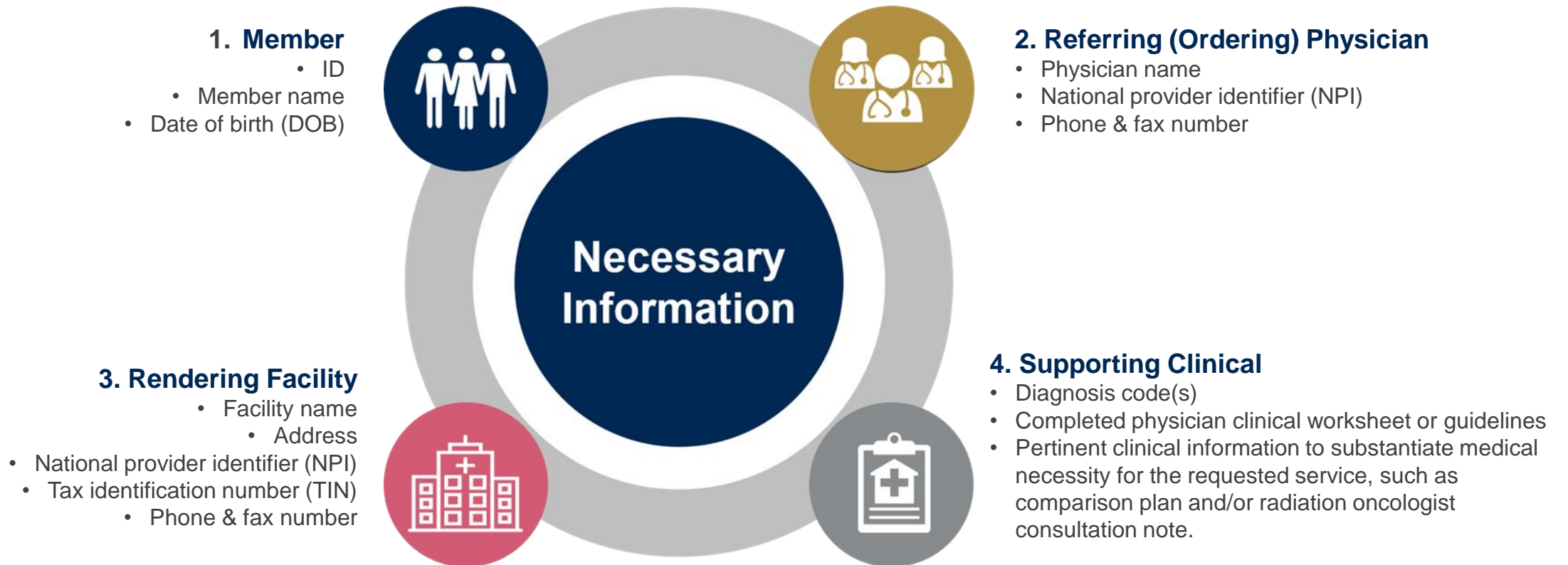
Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Keys to Successful Prior Authorizations

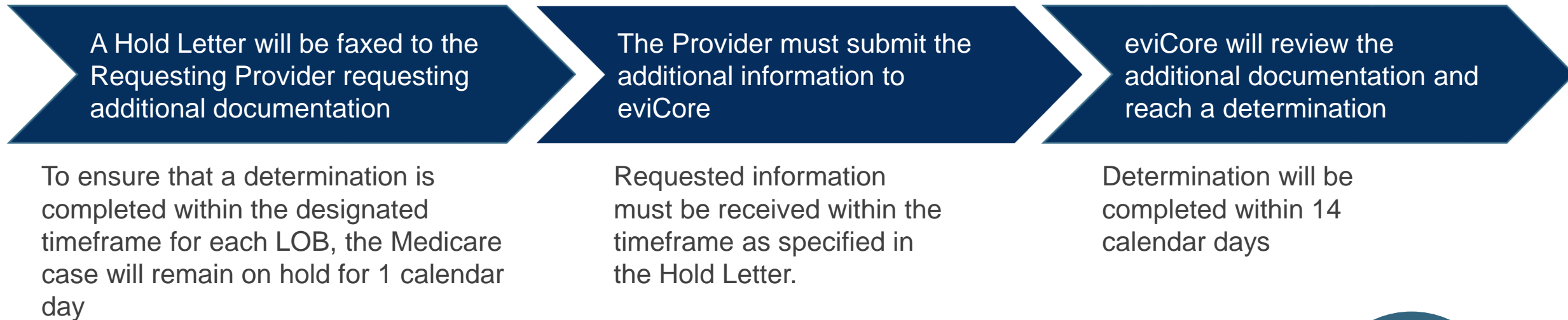
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

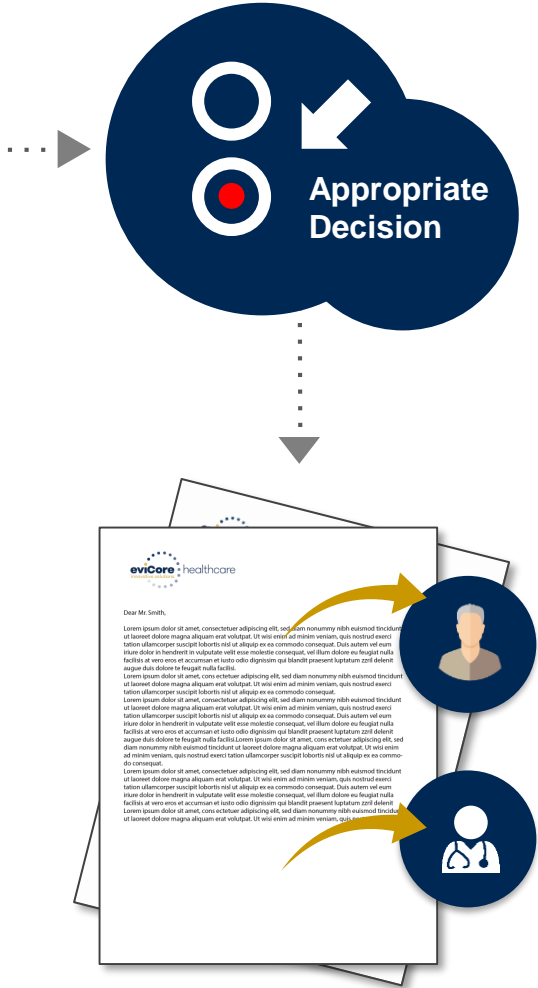
Approved Requests

- Standard requests are processed within 14 calendar days from receipt of request
- Authorizations are valid for 45-240 calendar days from the date of the final determination
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you have provided an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Special Circumstances

Continuity of Care

- eviCore must be notified of any radiation therapy treatments that began prior to 1/1/21 and that will end on, or span past, 1/1/21. Please accurately communicate the first date on which treatment sessions began when asked during case build.

Retrospective (Retro) Authorization Requests

- Retrospective review is not allowed for Medicare requests and will not be accepted
- Providers can follow the post claim appeal process if needed

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within 72 hours



Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can accept the alternative recommendation by starting a new case
- Providers have up to 2 business days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process first-level appeals
- Appeal requests must be submitted directly to the health plan

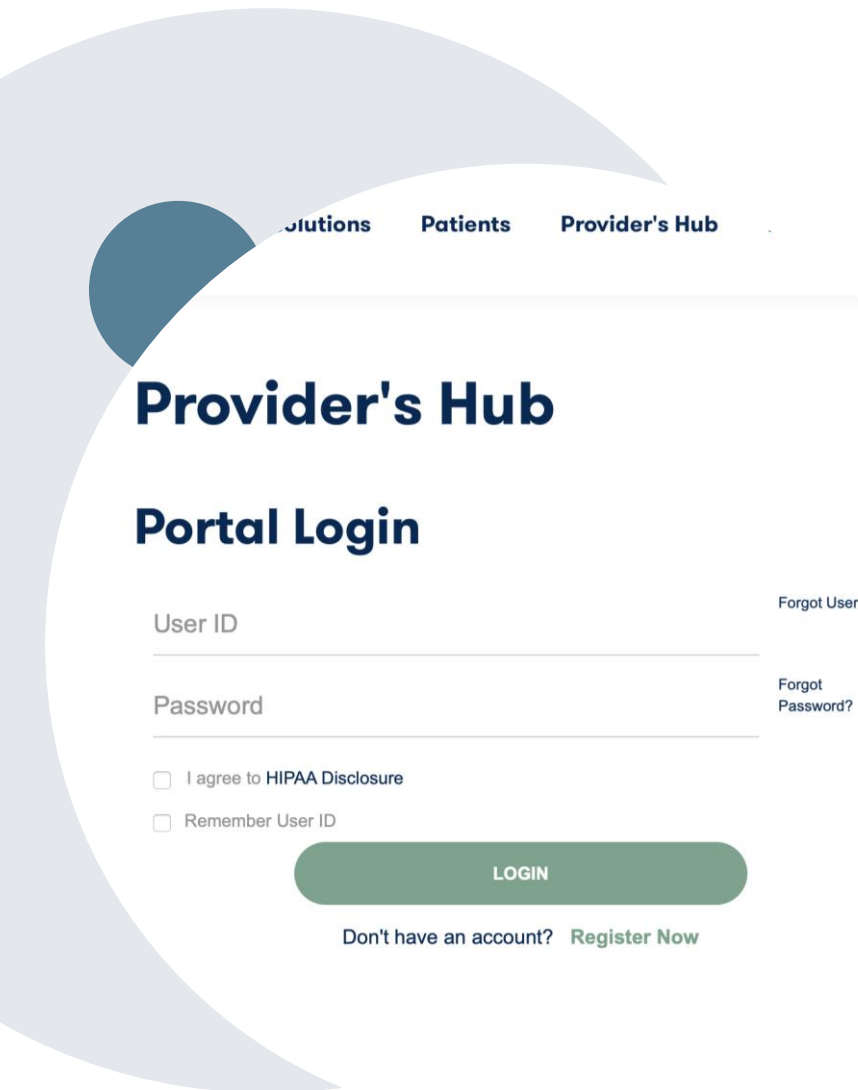
Provider Portal Overview

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).



eviCore healthcare Website

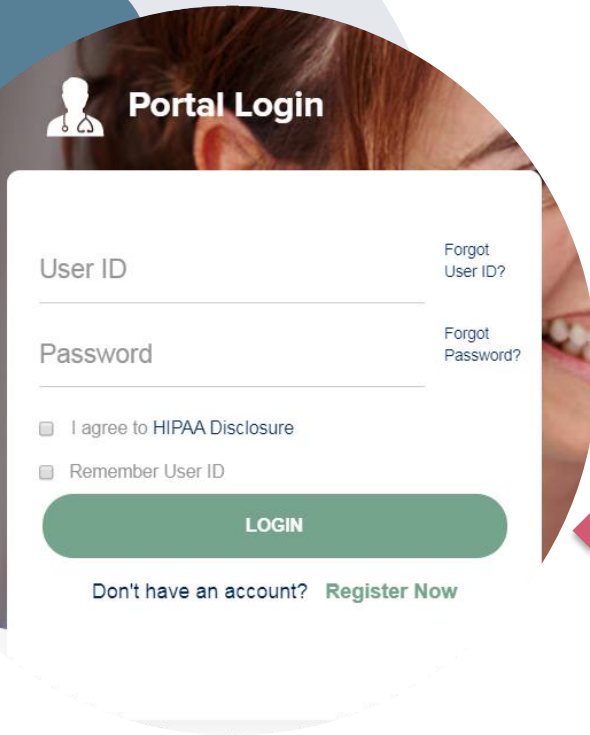
Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

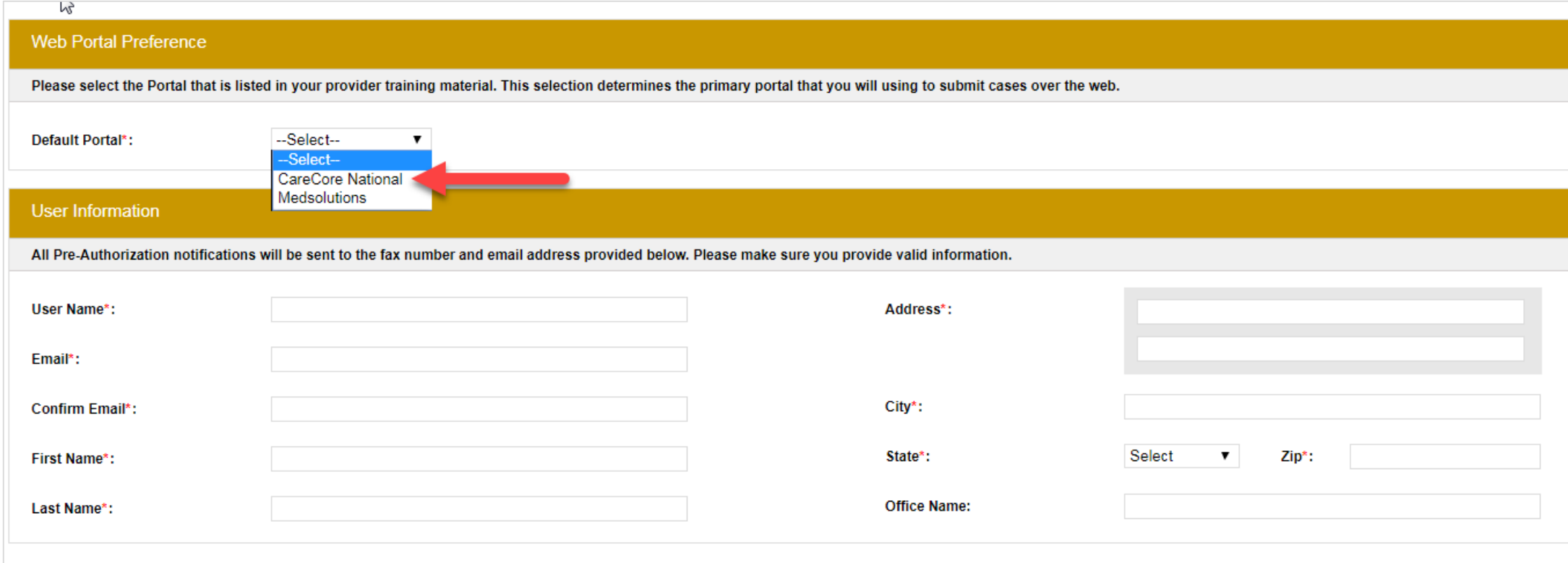
☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Creating an Account



Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--
--Select--
CareCore National Medsolutions

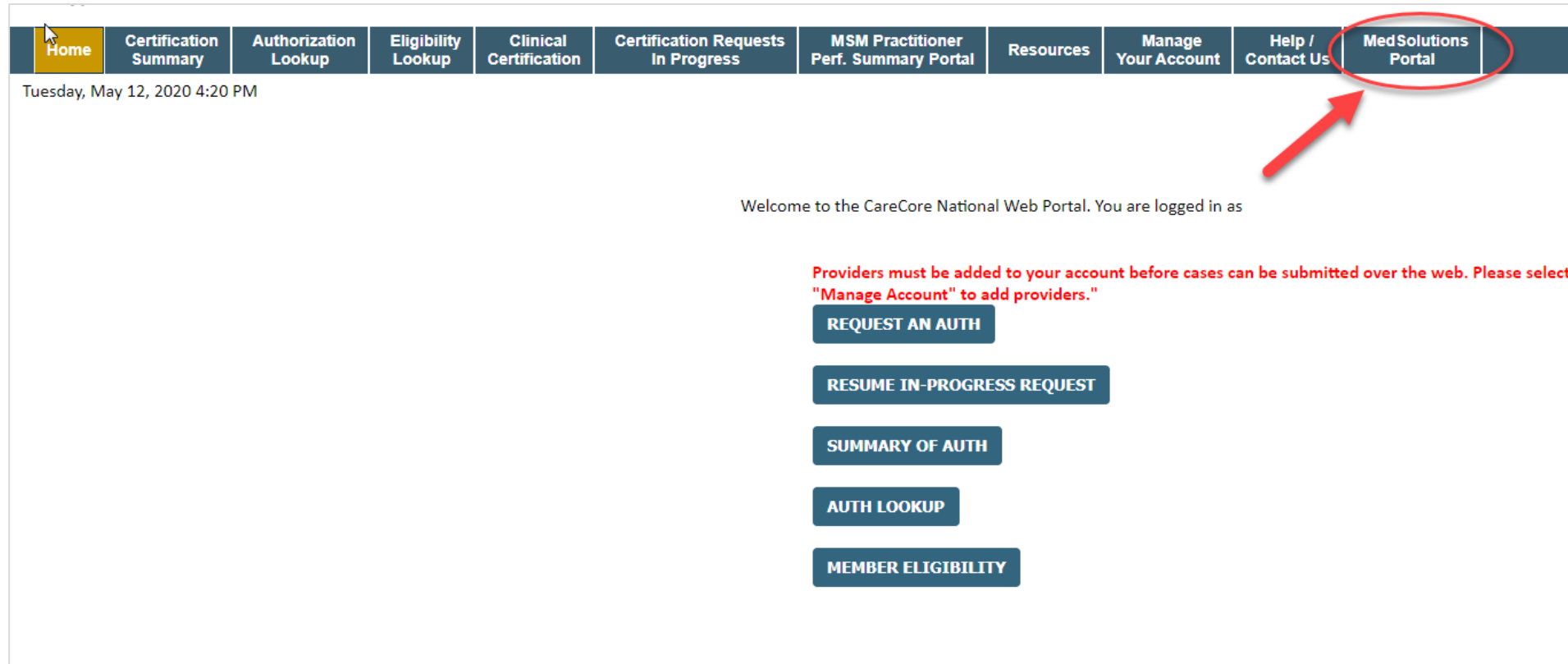
User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>	
Email*:	<input type="text"/>		<input type="text"/>	
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	
First Name*:	<input type="text"/>	State*:	Select	Zip*: <input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>	

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Welcome Screen



Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

[CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)

- Select the “**Manage Your Account**” tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another Practitioner**” to add another provider to your account
- You can access the “**Manage Your Account**” at any time to make any necessary updates or changes

Initiating a Case

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

	Provider
SELECT	[Redacted Provider Name]

BACK **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK

CONTINUE

Radiation Oncology – Member & Request Information

Attention!

Time: 7/1/2020 1:54 PM

What is the expected treatment start date? MM/DD/20YY

SUBMIT

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- You will be asked the **expected treatment start date**, the date of the member’s initial Radiation Therapy **treatment**. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member
- Next, you will select the cancer type/body part being treated (RC Code) & diagnosis code associated with the member’s cancer type

Requested Service + Diagnosis

This procedure will be performed on 7/2/2020.

CHANGE

Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]

RCADRE
RCANAL
RCBILE
RCBLAD
RCBONE
RCBRAI
RCBREA
RCCERV
RCCNSL
RCCNSN
RCENDO
RCESOP
RCGACA
RCGALL
RCHDKL
RCHENE
RCHEPA
RCKIDN
RCLIVE
RCMETS
RCMUMY
RCNHDL
RCNONC
RCNSCL
RCOLIG
RCOTHE
RCPANC

procedure code or type of service? [Click here](#)

Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Secondary diagnosis code? Please follow [these steps](#)

Secondary Diagnosis Code (Lookup by Code or Description)

Diagnosis is optional for Radiation Therapy

LOOKUP

Radiation Oncology – Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 7/2/2020
CPT Code: RCADRE
Description: ADRENAL CANCER
Primary Diagnosis Code: C17.2
Primary Diagnosis: Malignant neoplasm of ileum
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

Radiation Oncology – Site Selection

- Select the **specific site** where the testing/treatment will be performed.
- Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN and zip code is the most efficient.

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	<input type="radio"/> Starts with

LOOKUP SITE

Radiation Oncology – Clinical Certification

- Then, verify all information entered and make any changes needed
- You will not have the opportunity to make changes after this point

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to **FIVE documents** in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Radiation Oncology – Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

i Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
☐ Yes ☐ No

i Where will treatment be directed?
☐ Bilateral breast (treated concurrently)
☒ Left breast
☐ Right breast

SUBMIT

i What is the treatment intent?

☐ Pre-operative (neo-adjuvant)
☐ Definitive (No surgery planned)
☐ Post-operative (adjuvant)
☐ Palliative (for relief of symptoms)

SUBMIT

Proceed to Clinical Information

i What is the T stage?

i What is the N stage?

SUBMIT

Proceed to Clinical Information

i Will the patient receive concurrent chemotherapy?

☐ Yes ☐ No

i Will daily image-guided radiation therapy (IGRT) be used for phase I?

☐ Yes ☐ No

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

- **Clinical Certification** questions may populate based upon the information provided in previous questions
- Clinical worksheets located on www.eviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented
- You can save your request and finish later if needed
Note: You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress
- Once the clinical questions have been answered, click the attestation and **Submit the Case**

Radiation Oncology – Clinical Decision Support Model

As of July 2020, certain cancer type pathway questions look different! eviCore is rolling out a faster way to create a Radiation Oncology case and receive an approval.

- The provider web portal login and demographic question/answer process is not changed
- There will be far fewer clinical questions during the prior authorization process
- After the clinical questions, you will receive a list of regimen options from which to select

Why is eviCore transitioning Radiation Oncology to CDS?

- Getting to Yes! -faster
 - Improve the prior authorization process for providers
 - Reduce clinical questions by up to 92%!
- Guide providers to a list of approvable treatment regimens
- Reduce Clinical Review and Peer-to-Peer rates
- Align Radiation Oncology with the Medical Oncology program design

Note: Once the clinical pathway questions are answered, a list of approvable treatment Regimens will be presented. The ‘Other’ selection can be selected if a custom treatment will be requested, which will be sent for Medical Review. (see example)

Example of Approvable Treatment Options:

- A. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using 3D planning)
- B. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using IMRT planning)
- C. Up to 10 fractions of 3D Conformal with IGRT (hypofractionation)
- D. 30 to 35 fractions of 3D Conformal with IGRT (conventional fractionation)
- E. Other

If “Other” is selected, you will be prompted to build a custom treatment regimen request.

If “A”, “B”, “C”, or “D” is selected, a follow-up question regarding the specific number of fractions will be asked.

Radiation Oncology – Criteria Met, Summary of APPROVED Request

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

Provider Name:	DR. JAMES J. JENNIFER	Contact:	DR. JAMES J. JENNIFER
Provider Address:	100 N. 10TH ST. CHICAGO, IL 60602	Phone Number:	(773) 335-3333
		Fax Number:	(773) 335-3333
Patient Name:	JOHN DOE	Patient Id:	123456
Insurance Carrier:	ABC		
Site Name:	ABC RADIATION THERAPY	Site ID:	12345
Site Address:	100 N. 10TH ST. CHICAGO, IL 60602		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	6/1/2020	Description:	Breast Cancer
CPT Code:	RCBREA		
Authorization Number:	123456		
Review Date:	5/20/2020 10:41:09 AM		
Expiration Date:	11/16/2020		
Status:	REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)		
	APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)		
	DENIED		
	DENIAL RATIONALE		

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

If your request is authorized during the initial submission you can print out the summary of the request for your records

Review the details of the request and select Continue

Radiation Oncology – Criteria Not Met, Summary of PENDED request

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	007BHO
Site Address:			
Primary Diagnosis Code:	C14.0	Description:	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	7/3/2020		
CPT Code:	RCBONE	Description:	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

CANCEL

PRINT

CONTINUE

If your request is cannot be *immediately* approved during the initial submission, you will get a summary stating that the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.

You can print out the summary of the request for your records, then select ‘Continue’

Radiation Oncology – Criteria Not Met, Submitting Additional Clinical

Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure. Please choose from the following options to provide additional support for the requested procedure.

Do you have any additional clinical information that you would like to add to the case? (Max 1000 characters).*

You may also attach a PDF or Word file with additional information no larger than 1MB. Click the browse button to select the file to attach.

Browse...

Tips:

- Upload clinical notes on the portal to avoid any delays by faxing
- Additional information uploaded to the case will be sent for clinical review
- Clinical cannot be uploaded for cases that have reached a **final status** (Approved, Denied, Partially Approved Withdrawn, or Expired).

- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included
- Enter additional notes in the free text space provided only when necessary
- You may also upload larger clinical documents, up to five

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Browse...

Browse...

Browse...

Browse...

Browse...

UPLOAD

SKIP UPLOAD

Proceed to Clinical Information

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

- When finished, submit for review

Radiation Oncology – Case Submission Success!

After clicking continue on the case summary screen, you will see a ‘Success’ screen. From here you may start a new request, return to the main menu, or resume an in-progress request.

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider
- ☐ Program and Provider (Radiation Therapy Management Program and
- ☐ Program and Health Plan (Radiation Therapy Management Program and

GO

CANCEL

PRINT

Additional Provider Portal Features

Certification Summary

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

MedSolutions Portal

Certification Summary

Search.. 🔍 ☰

⏪ ⏩ Page 1 of 0 ⏪ ⏩ 10 ▼

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x			<input type="text"/> x					

⏪ ⏩ Page 1 of 0 ⏪ ⏩ 10 ▼

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

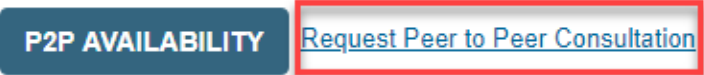
Authorization Lookup

☒ Search by Member Information ☐ Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence


How to Schedule a Peer to Peer Request

- Log into your account at 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 to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

How to Schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number: NA

Case Number:

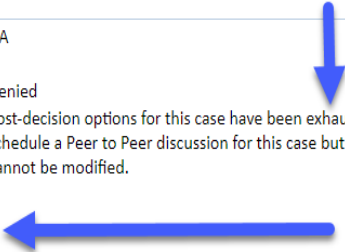
Status: Denied

P2P Eligibility Result: Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.

P2P Status:

Request Peer to Peer Consultation

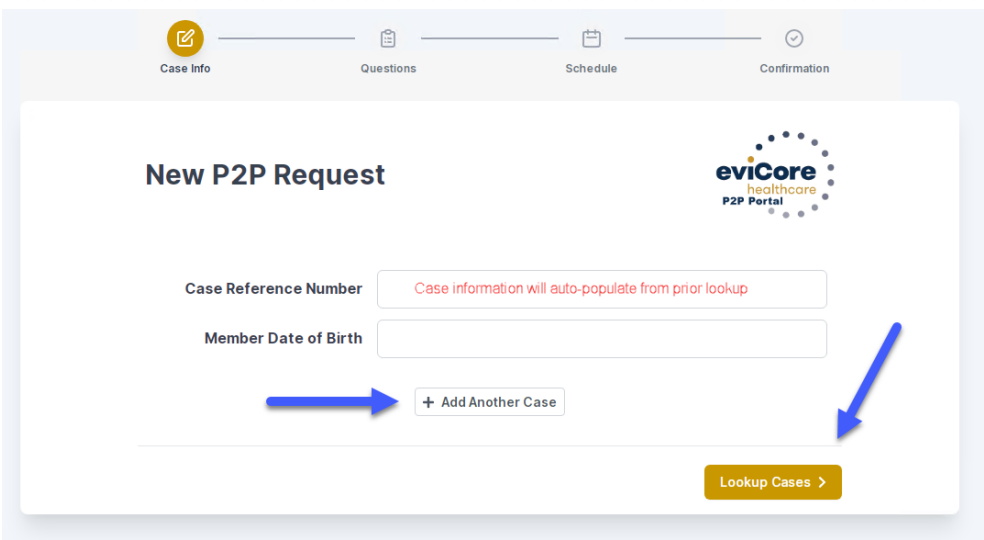
ALL POST DECISION OPTIONS



The diagram illustrates the process flow. A blue arrow points from the 'Request Peer to Peer Consultation' link to the 'ALL POST DECISION OPTIONS' button. Another blue arrow points from the 'ALL POST DECISION OPTIONS' button to the left.

Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request



The screenshot shows the 'New P2P Request' form. At the top, there are four navigation tabs: 'Case Info' (active), 'Questions', 'Schedule', and 'Confirmation'. The form contains two input fields: 'Case Reference Number' with a red placeholder text 'Case information will auto-populate from prior lookup', and 'Member Date of Birth'. Below these is a button '+ Add Another Case' with a blue arrow pointing to it. At the bottom right is a yellow button 'Lookup Cases >' with a blue arrow pointing to it. The eviCore healthcare P2P Portal logo is in the top right corner.

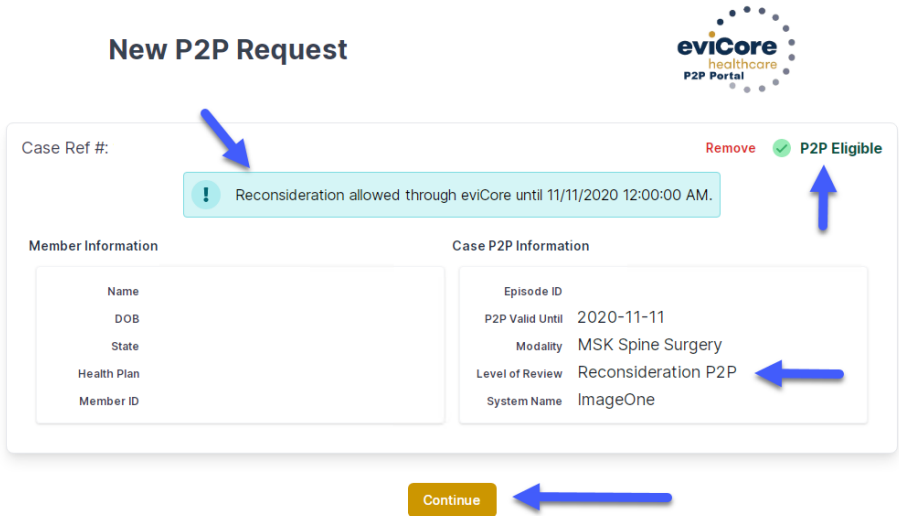
Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.



The screenshot shows the 'New P2P Request' confirmation screen. At the top, there is a yellow button 'Lookup Cases >'. Below it, the 'Case Ref #' is displayed with a blue arrow pointing to it. To the right of the Case Ref #, there is a 'Remove' link and a green checkmark followed by 'P2P Eligible' with a blue arrow pointing to it. A light blue banner below the Case Ref # contains a warning icon and the text 'Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.' Below this, there are two columns of information: 'Member Information' and 'Case P2P Information'. The 'Member Information' column lists Name, DOB, State, Health Plan, and Member ID. The 'Case P2P Information' column lists Episode ID, P2P Valid Until (2020-11-11), Modality (MSK Spine Surgery), Level of Review (Reconsideration P2P) with a blue arrow pointing to it, and System Name (ImageOne). At the bottom right is a yellow button 'Continue' with a blue arrow pointing to it. The eviCore healthcare P2P Portal logo is in the top right corner.

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

How to Schedule a Peer to Peer Request

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

Case Info

Questions

Schedule

Confirmation

P2P Info

Date Mon 5/18/20

Time 6:30 pm EDT

Reviewing Provider

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P

Dr. Jane Doe

Contact Person Name

Office Manager John Doe

Contact Person Location

Provider Office

Phone Number for P2P

(555) 555-5555

Phone Ext.

12345

Alternate Phone

(xxx) xxx-xxxx

Phone Ext.

Phone Ext.

Requesting Provider Email

droffice@internet.com

Contact Instructions

Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling

Scheduled

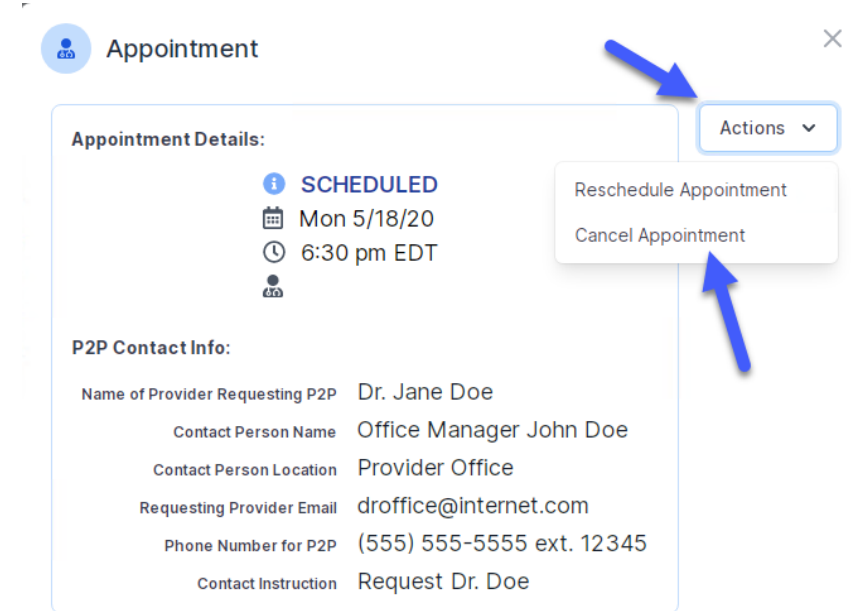
Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (info) and the word "SCHEDULED" in blue, followed by a calendar icon and the date "Mon 5/18/20", and a clock icon and the time "6:30 pm EDT". The "P2P Contact Info:" section contains a table with the following information:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown list.

- Close browser once done

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866.220.4699

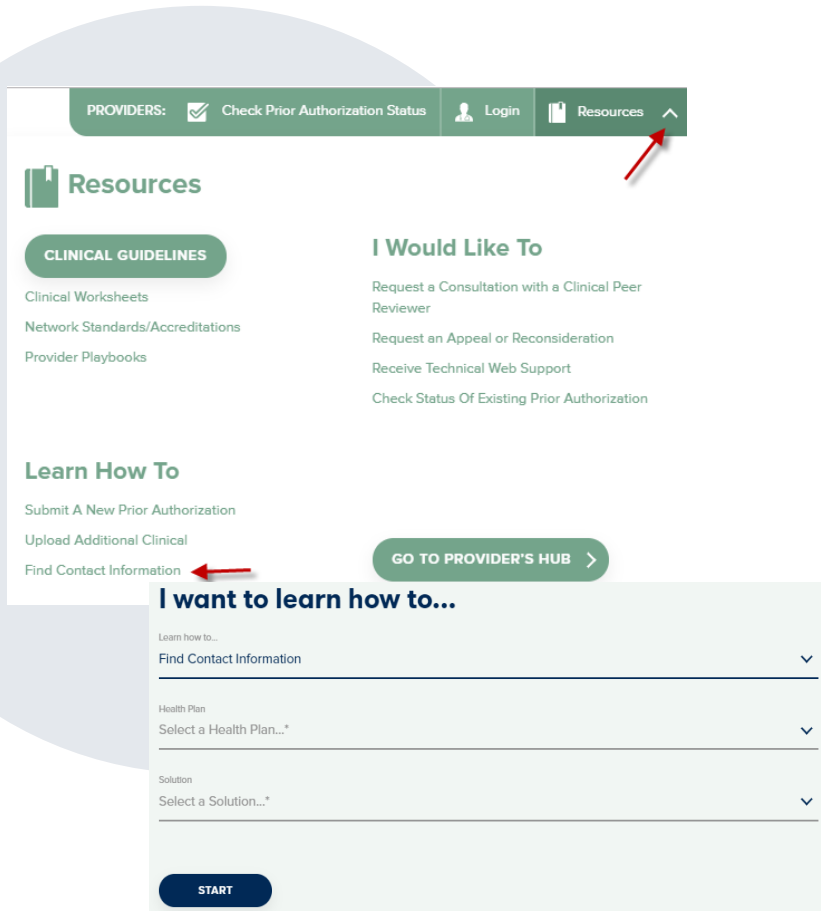
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or treatment plan on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit:

www.evicore.com/resources/healthplan/arkbluecross

**For provider questions that are health-plan specific, please contact AR BCBS
Provider Services at 800.287.4188**



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Q & A

Thank You!

