Medical Oncology
Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for AdventHealth Advantage Plans.

What is the relationship between eviCore and AdventHealth Advantage Plans?

Beginning April 20, 2020, eviCore's Medical Oncology Review Program will manage 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 for AdventHealth Advantage Plans members whose treatments begin on May 1, 2020, and beyond.

Which lines of business will eviCore manage for the Medical Oncology program?

eviCore will manage prior authorization for AdventHealth Advantage Plans members who are enrolled in the following lines of business:
- **AHAP MA**
- **Commercial**

Which Medical Oncology services require prior authorization for AdventHealth Advantage Plans?

A list of covered services and Healthcare Common Procedure Coding System (HCPCS) codes can be found by visiting https://www.evicore.com/resources.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on MyAHplan.com before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All providers who request/order Medical Oncology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:
- **Web Portal**
  The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

- **Call Center**
  eviCore's Call Center is open from 8:00 a.m. to 7:00 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 877-825-7722

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.

How do I check an existing prior authorization request for a member?

The web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member
- First and Last Name
- Date of Birth
- Member ID

Ordering Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)
- Requested Drug(s) [HCPCS "J" code and name (brand and/or generic)]
- Signs and symptoms
- Results of relevant test(s)
- Relevant medications
- Working diagnosis/stage
- Patient history including previous therapy

Note: eviCore suggests utilizing the clinical worksheets when requesting authorization for Medical Oncology services.

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 provider's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s) provided.

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on the web portal at evicore.com or by calling the Contact Center at 877-825-7722. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

Where can I access eviCore's clinical guidelines?

eviCore's guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Guidelines
www.evicore.com/provider/clinical-guidelines

After I submit my request when and how will I receive the determination?

After **all** clinical info is received, for normal (non-urgent) requests a decision is made within 2-3 business days. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid) and 72 hours (Commercial). The provider will be notified by fax.

How long is the authorization valid?

Authorizations are valid for 8-12 months from the date of determination. If the service is not performed within the authorization valid dates, please contact eviCore healthcare.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a clinical consultation within two (2) business days with an eviCore Medical Director to review the decision.

How do I make a revision to an authorization that has been performed? How do I make a revision to an authorization that has not been performed?

The requesting provider or member should contact eviCore with any change to the authorization, whether the procedure has already been performed or not. It is very important to update eviCore healthcare of any changes to the authorization for claims to be correctly processed for the facility that receives the member.

How do I determine if a provider is in network?

Participation status can be verified at MyAHplan.com. Providers may also contact eviCore at 877-825-7722. eviCore receives a provider file from AdventHealth Advantage Plans with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to AdventHealth Advantage Plans.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@evicore.com

Common Items to send to Client Services:
- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2).

What are the benefits of using eviCore's Web Portal?

The web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

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- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users can see real-time status of a request.
- **Member History** – Web users can see both existing and previous requests for a member

What information about the prior authorization will be visible on the eviCore healthcare website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where can I find additional educational materials?

For more information and reference documents, please visit the eviCore resource page at:

https://www.evicore.com/resources/healthplan/adventhealth

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