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 Cigna + OSCAR.

Which members will eviCore healthcare manage for the Medical Oncology program?

eviCore will manage prior authorization for Cigna + OSCAR members who are enrolled in Commercial plans in the following states/cities.

- **Atlanta Counties** – Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Jasper, Lamar, Newton Paulding, Pike, Spalding, and Walton.

- **Tennessee Counties** – All counties across the state.

What is eviCore healthcare's Medical Oncology program?

eviCore's 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 services require prior authorization for Cigna + OSCAR?

Which Medical Oncology services require prior authorization for Oscar? A list of covered services and HCPC can be found by visiting: https://www.evicore.com/resources/healthplan/oscar?solutionid=45FBCF7F-AC58-4BEE-87C4- 8F5D8B8F5874#solutiondocs

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

Member eligibility and benefits should be verified on www.hioscar.com/providers before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All physicians 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 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 855-252-1118.

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?

Our 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

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 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 require a medically urgent procedure. Urgent requests may be

initiated on our web portal at evicore.com or by contacting our contact center at 855-252-1118. 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.

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 8-14 months. If the services are not performed within the timeframe provided, please contact eviCore healthcare.

What are my options if I receive and 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 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 in order 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 to Cigna + OSCAR.
Providers may also contact eviCore healthcare at 855-252-1118. eviCore receives a provider file from Oscar with all independently contracted participating and non- participating providers.

Where do I submit my claims?
Submit all claims as you would normally; prior authorization approval is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

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:
- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing

- 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 healthcare's Web Portal?

Our 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:

- **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 are able to see real-time status of a request.
- **Member History** – Web users are able to 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 our resource page at:
https://www.evicore.com/resources/healthplan/cigna-plus-oscar