Radiation Oncology Management

Provider Orientation Session for Cigna

Agenda

- **Company Overview**
- **Clinical Approach**
- **Program Overview**
- **Methods to Submit Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Reconsideration Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Company Overview

250M Members Managed

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

5k$^+$ employees including **1k clinicians**

Engaging with 570k$^+$ providers

Advanced, innovative, and intelligent technology

NCQA Certification · Utilization Management

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA 6σ

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

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
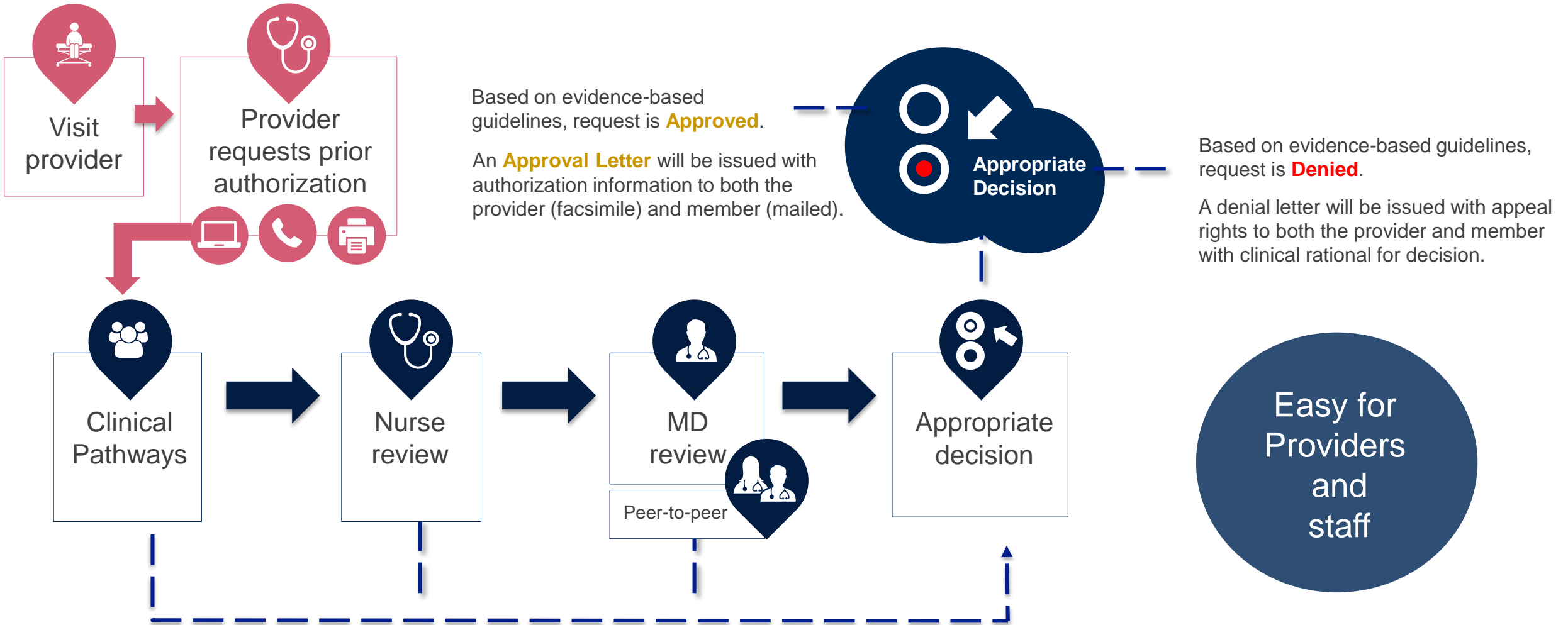- The Society of Maternal-Fetal Medicine

Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various 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
  - Gastroenterology
  - 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**

Covering **51** different specialties

Prior Authorization Process

Visit provider

Provider requests prior authorization

Clinical Pathways

Nurse review

MD review

Peer-to-peer

Appropriate decision

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (facsimile) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

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

Easy for Providers and staff

Program Overview

Prior Authorization Services

Prior authorization applies to services that are:	Prior authorization does **NOT** apply to services that are performed in:
• Outpatient • Elective / Non-emergent	• Emergency Room Services • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log in section at: https://cignaforhcp.cigna.com/

Applicable Memberships

Prior Authorization is required for the following Cigna members:

- HMO, PPO/OAP
  - PHS+, CPLT, PREF
  - Cigna West
- Global Health (GHB)
- LocalPlus and Individual
- Narrow networks (Surefit, Connect)
- Alliance territories
- CareLink (MA/RI)

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 a diagnosis rather than request individual CPT codes

- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board.

- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided.

- 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:

  www.evicore.com/Cigna

- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources

Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:

1. Member
Member ID
Member name
Date of Birth (DOB)

2. Referring (Ordering) Physician
Physician name
National provider identifier (NPI)
Phone & Fax number

Necessary Information

3. Rendering Facility
Facility name
Address
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number

4. Supporting Clinical
• Pertinent clinical information to substantiate medical necessity for requested service CPT/HCPCS Code(s)
• Diagnosis Code(s)
• Treatment plan
• Clinical worksheets

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:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to evicore	eviCore will review the Additional Documentation and reach a determination
To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold for **45 days for Commercial patients and 1 day for Medicare patients**.	Requested information must be received within the timeframe as specified on the Hold Letter.	Determination will be completed within **2 business days**

Appropriate Decision

Methods to Submit Requests

Methods to Submit Prior Authorization Requests

WEB
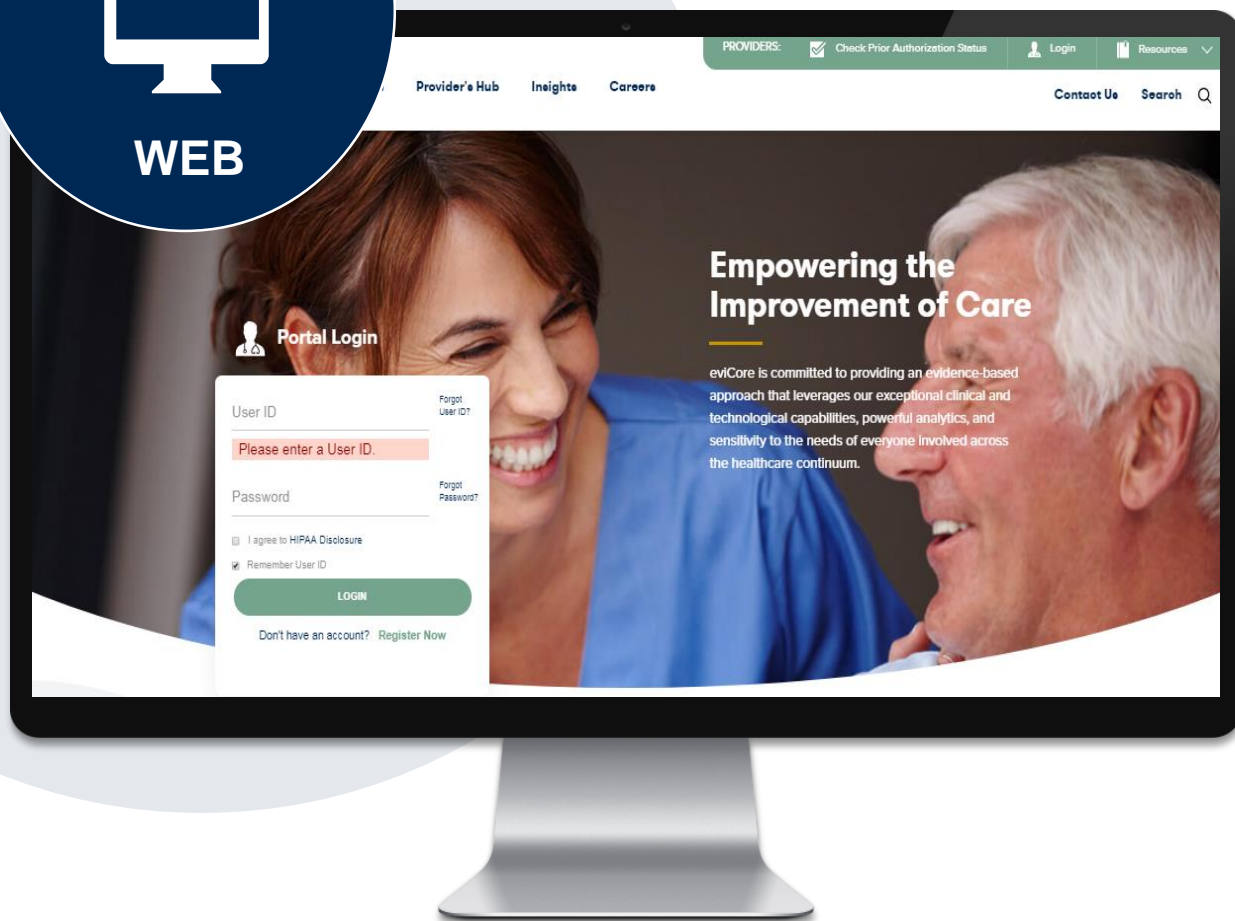
eviCore Provider Portal (preferred)

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

Phone Number:
866-668-9250
Monday through Friday:
7:00 a.m. to 7:00 p.m.
local time

Fax Number:
800-540-2406
May be used to submit
additional clinical

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, here 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 return at a later time

- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & 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 have more than one prior authorization request to submit, you have the ability to duplicate information
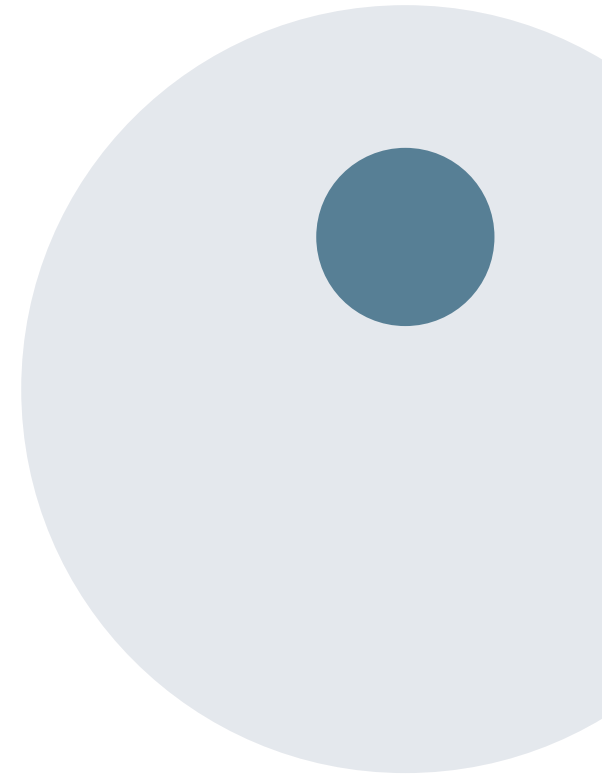
Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed in **2 business days** after receipt of all necessary clinical information

- Number of approved fractions of a specific technique with or without IGRT will be included in letter

- 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 finalized

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: www.eviCore.com

When Request is Determined as Inappropriate

Appropriate Decision

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

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

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **14 calendar days** from the date the services

- Retro requests that are submitted beyond this timeframe will be administratively denied

- Reviewed for **clinical urgency** and medical necessity

Urgent Prior Authorization Requests

- eviCore uses the CMS definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member

- A request should not be submitted as "urgent", unless it meets the CMS definition

- Can be initiated on provider portal or by phone

- Urgent request will be reviewed within **72 hours** upon receiving complete clinical information

Special Circumstances cont.

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone

- If the authorization is not updated and a different facility location or CPT code is submitted on the claim it may result in a claim denial

Reconsideration Options

Post Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration

- Your determination letter is the best immediate source to determine what options exist on a case that has been denied. You may also call us at 866-668-9250 to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations must be requested prior to an appeal

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- Appeal rights can be found in the denial letter

- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination

Pre-Decision Options: Medicare Members

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

Submission of Additional Clinical

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases

- You may submit additional clinical to eviCore for consideration per the instructions received

- Additional clinical must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information

- The Pre-Decision Clinical Consultation must occur before the due date referenced

- If additional information was submitted, we will 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 next?

Clinical Consultation

- Providers may request a Clinical Consultation with an eviCore physician to 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 have a Reconsideration option

Appeals

- eviCore is not delegated appeals

- Appeal rights can be found in the denial letter

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**.
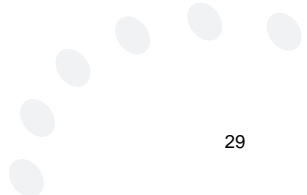
eviCore healthcare Website

Visit www.evicore.com
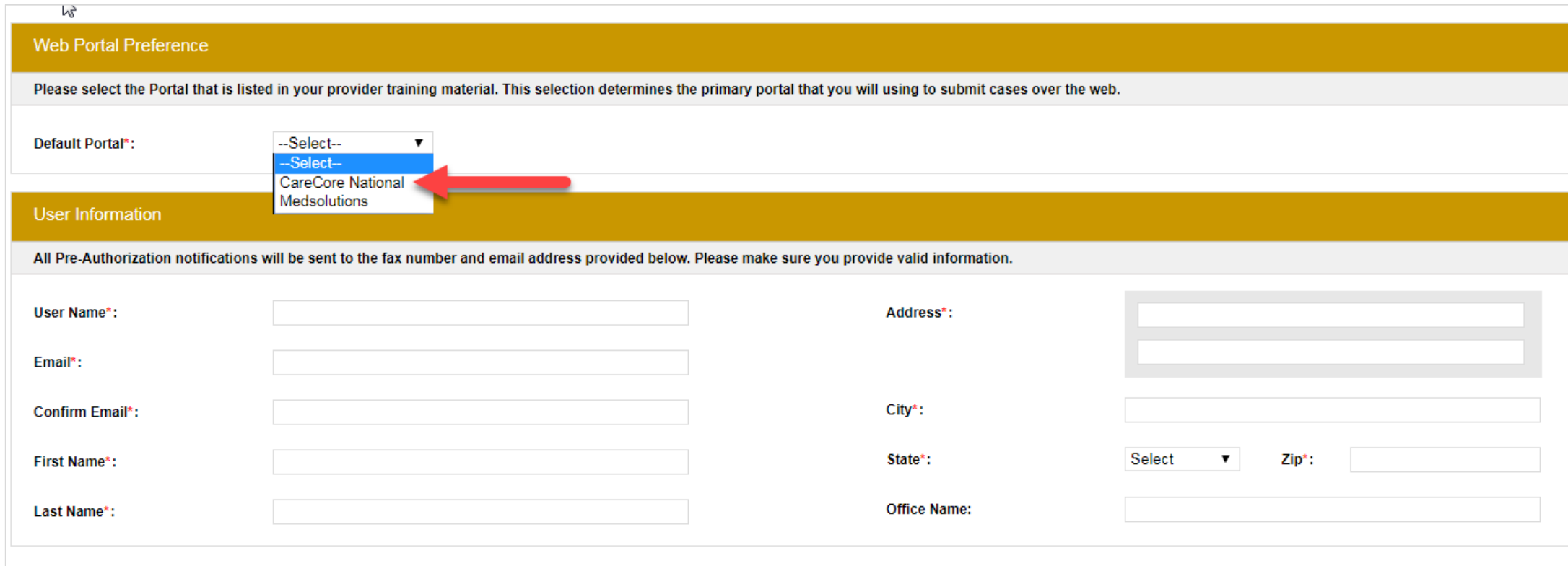
Already a user?

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

Don't have an account?

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

Creating An Account

- 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 "**Manage 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

- **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: ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

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.

Add Your Contact Info

Provider's Name:* ▓▓▓▓▓▓▓ [?]

Who to Contact:* _____ [?]

Fax:* _____ [?]

Phone:* ▓▓▓▓▓▓ [?]

Ext.: _____ [?]

Cell Phone: _____

Email: ▓▓▓▓▓▓▓

[BACK] [CONTINUE]

- 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

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Member & Request Information

- **Enter the member information including the patient ID number, date of birth and last name. Click Eligibility Lookup**
- **Next screen you can enter CPT code & diagnosis code**

Site Selection

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: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ◉ Exact match
                                                                          ○ Starts with

LOOKUP SITE

Select the specific site where the testing/treatment will be performed.
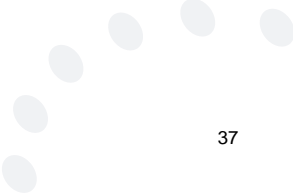
Clinical Certification

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

- Verify all information entered and make any changes needed

- **You will not have the opportunity to make changes after this point**

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 **Ye**s

- 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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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

ⓘ Where will treatment be directed?
○ Bilateral breast (treated concurrently)
◉ Left breast
○ Right breast

SUBMIT

Proceed to Clinical Information

ⓘ What is the T stage?
[▼]

ⓘ What is the N stage?
[▼]

SUBMIT

Proceed to Clinical Information

ⓘ Will respiratory gating/deep inspiration breath hold (DIBH) be used?
○ Yes ○ No

ⓘ Will daily image-guided radiation therapy (IGRT) be used for the initial phase?
○ Yes ○ No

ⓘ Will IGRT be used for the boost?
○ Yes ○ No

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

- **Clinical Certification** questions may populate based upon the information provided
- 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

Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

ℹ Is there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document after the survey
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

SUBMIT

Summary of Your Request
Please review the details of your request below and if everything looks correct click SUBMIT

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 eviCore at anytime, please call 1-888-333-8641.

Provider Name:		Contact:
Provider Address:		Phone Number:
		Fax Number:
Patient Name:		Patient Id:
Insurance Carrier:		
Site Name:		Site ID:
Site Address:		
Primary Diagnosis Code:		Description:
Secondary Diagnosis Code:		Description:
Date of Service:	Not provided	
CPT Code:		Description:
Case Number:		
Review Date:	5/13/2020 2:36:00 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 eviCore at anytime, please call 1-888-333-8641.	

Tips:
- Upload clinical notes on the portal to avoid any delays by faxing
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out summary of request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met

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

Additional Provider Portal Features

Certification Summary

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

Authorization Lookup

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

Duplication Feature

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 CIGNA)

GO

Provider Resources

Dedicated Call Center

Prior Authorization Call Center: 866-668-9250

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

Providers can contact our call center to do one of the following:

- Request Prior Authorization

- Check Status of existing authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) 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"
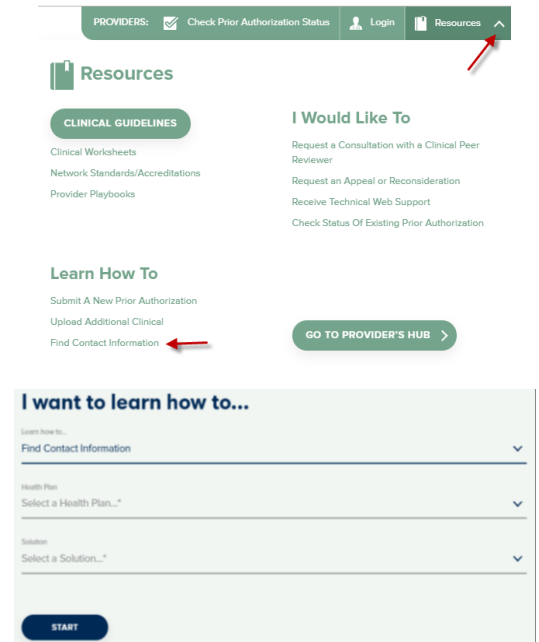
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

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 that includes:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- 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: 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 health plan to create a market readiness strategy for a new and/or existing program
- Conduct onsite & WebEx provider orientation sessions
- Provide education to supporting staff to improve overall experience & 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 → 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/healthplan/Cigna

Cigna Provider Services: 800-882-4462

Provider Newsletter

Stay Updated With Our Provider Newsletter

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

- Go to eviCore.com

- Scroll down & 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 that includes how to access:

- eviCore's evidence-based clinical guidelines

- Clinical worksheets

- Check status of existing prior authorization

- Find 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

Thank You!