Medical Oncology Management (Commercial members)

Provider Orientation Session for Cigna

March 2022

Medical Oncology – Our Experience

Laboratory
19M lives

Radiology
100M lives

Radiation Oncology
45.6M lives

Cardiology
50M lives

Medical Oncology
30M lives

10 Comprehensive Solutions

Musculoskeletal
40M lives

Specialty Drug
723k lives

Sleep
16M lives

Post-Acute Care
1.7M lives

Gastroenterology
New solution 2019

10+ Years
Managing Medical Oncology Services

Client Experience
15+ Regional and National Clients

Case Statistics
400+ requests processed per day

Memberships Managed
25M Commercial Members

660K Medicare Members

3.7M Medicaid Members

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
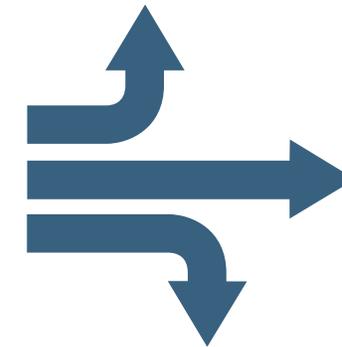 - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

400+ medical directors

Covering **51** specialties

1k+ nurses

Evidence-Based Guidelines

The foundation of our solutions

Represents 97% of all cancers

Continually Updated

Inclusive of 45 cancer types

National Comprehensive Cancer Network® (NCCN)

26 of the World's Leading Cancer Centers Aligned

eviCore Guideline Management

Cigna Prior Authorization Services

eviCore healthcare (eviCore) manages prior authorization requests for Medical Oncology services for Cigna administered benefits when:

Applicable plan type or lines of business ~~Membership~~:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
• All core PHS+, Health Matters Care Management (HMCM) Basic Standard, Preferred and Complete medical models • Individual and Family Plans • Payer Solutions (medical only when client has medical oncology outpatient category) • Cigna Global Health Benefits medical only	• Outpatient Medical Oncology • Non-emergent treatment • Primary/ Supportive agents • Clinical Trials	• Emergency Rooms • 23 hour Observation Services • Inpatient Stays • Patients active in transplant

Providers should verify member eligibility and benefits on the secured provider log-in section at: Cigna for HCP

How to Determine Benefits and Eligibility

Resource	Contact
Cigna Customer Service	800.88Cigna (882.4462)
Cigna for Health Care Professional website	CignaforHCP.com > Patients (login required) or CignaforHCP.com > Precertification Process
eviCore provider portal	eviCore.com > Eligibility Lookup (login required) Note: If you are not a registered user, go to eviCore.com > Register Now.
eviCore Intake Team	**866.668.9250** (7:00 a.m. to 7:00 p.m. ET)

You may also verify benefits and eligibility for patients who have Individual and Family Plans by viewing their ID card, which will indicate "Connect" in the upper right-hand corner.

An Eligibility Lookup in the eviCore portal will confirm if authorization is needed for gastroenterology procedures

eviCore healthcare
innovative solutions

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | Med Solutions Portal | Help / Contact Us |

Thursday, April 15, 2021 11:53 AM   Log Off

Eligibility Lookup

Health Plan: CIGNA
Patient ID:
Member Code: 02
Eligibility: **Prior Authorization required for: Radiation Therapy, Medical Oncology. No Prior Authorization required for: Gastroenterology.**

| PRINT | DONE | SEARCH AGAIN |

Click here for help

Medical Oncology Solution

The following types of drugs are included if being used to treat cancer, and if billed under the Medical or Pharmacy Benefit

- Infused, oral, and self-administered drugs in the primary treatment of cancer administered in the office or outpatient setting consistent with NCCN guidelines

- Select supportive agents included with the approved treatment regimen of cancer-related symptoms

- Companion diagnostics / precision medicine

Important Details

- There are no partial approvals.

- Supportive drugs will be issued as a separate authorization.

- If the member does not have pharmacy coverage through Cigna, the system will notify the user that the pharmacy request will need to be submitted by that customer's PBM.

- Please call **866-668-9250** for any treatment changes. Modifications to an authorized drug treatment regimen will require a new authorization through eviCore for coverage from the date of the change.

Prior Authorization Process

Visit provider

Provider requests prior authorization

Easy for providers and staff

Clinical Pathways → Nurse review → MD review → Appropriate decision

Peer-to-peer
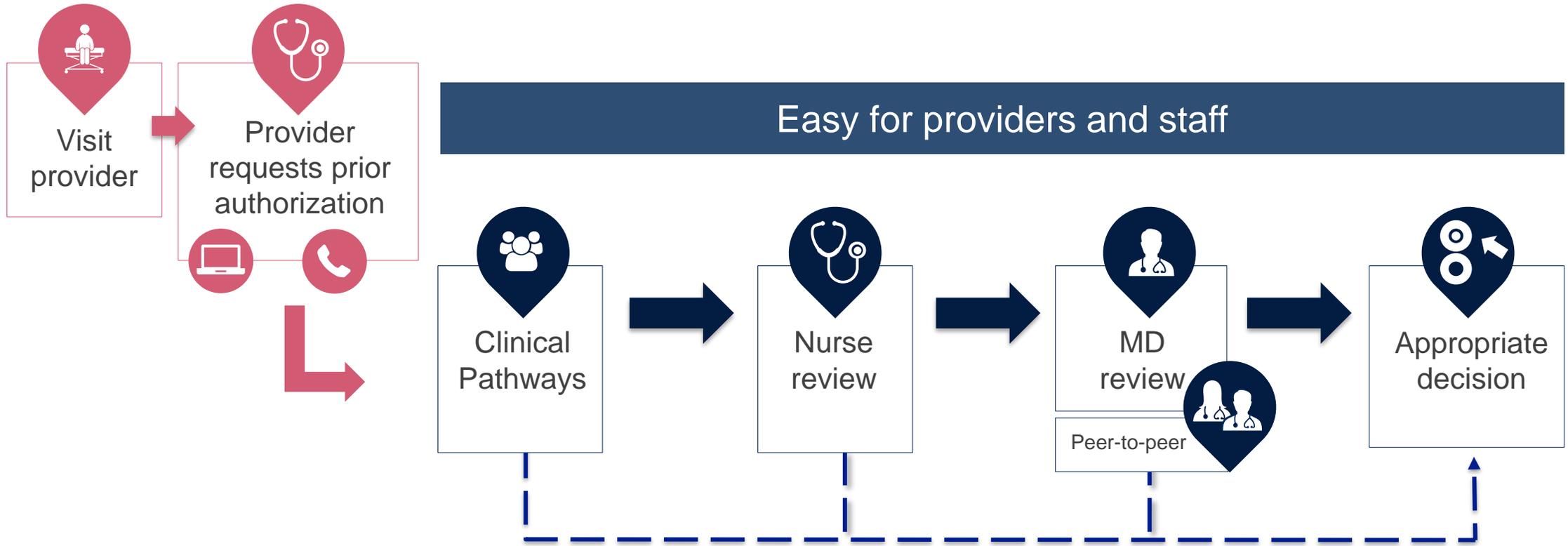
By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization when meeting criteria consistent with NCCN guidelines and Cigna's coverage criteria. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Submitting Requests

Nonclinical Information Needed

The following information <u>must</u> be provided to initiate the prior authorization request:

Member Information

- First and last name
- Date of birth
- Member ID
- Telephone number (if applicable)

Ordering Provider Information

- First and last name
- Practice address
- National Provider Identifier (NPI)
- Taxpayer Identification Number (TIN)
- Telephone and fax numbers

Rendering Facility Information

- Facility name
- Street address (e.g., 111 Tennessee Rd., Franklin, TN 37067)
- NPI
- TIN
- Telephone and fax numbers

Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- Patient's clinical presentation.

- Diagnosis Codes.

- Type and duration of treatments performed to date for the diagnosis

- Disease-Specific Clinical Information:

  - ✓ Diagnosis at onset

  - ✓ Stage of disease

  - ✓ Clinical presentation

  - ✓ Histopathology

  - ✓ Comorbidities

  - ✓ Patient risk factors

  - ✓ Performance status

  - ✓ Genetic alterations

  - ✓ Line of treatment

Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information
- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

Select Disease

Colon Cancer

80 unique attributes

>1,000 possible traversals

45 NCCN treatment regimens

Collect disease-specific clinical information

List of all NCCN treatment options

Select NCCN treatment regimen

Custom treatment regimen

Auto-approve multidrug regimen

Clinical review

Peer-to-peer

Authorize multidrug regimen

Not approved

Health Plan and / or PBM

5-9 minutes to enter a complete case
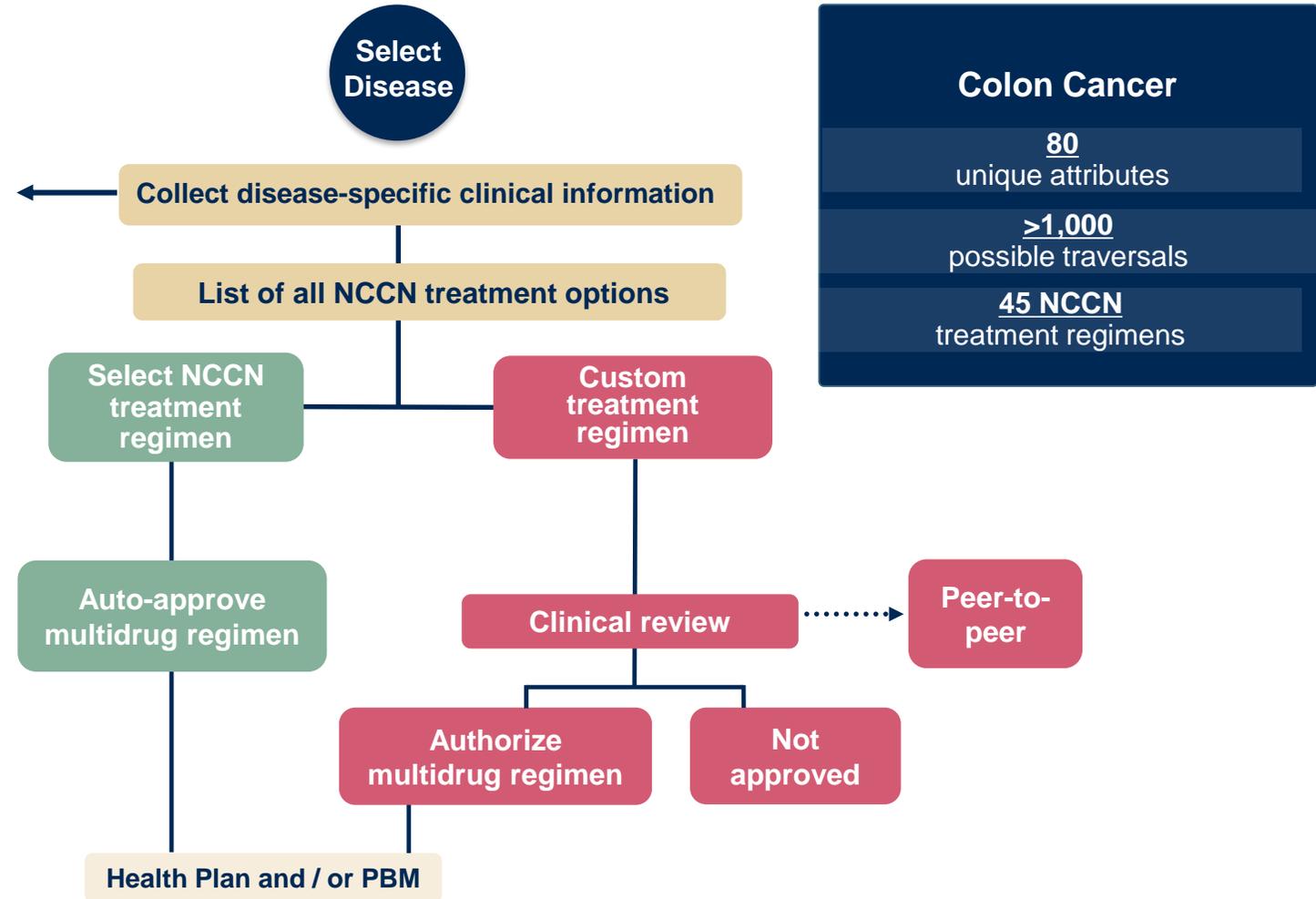
Treatment options may be modified to align with formulary

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:
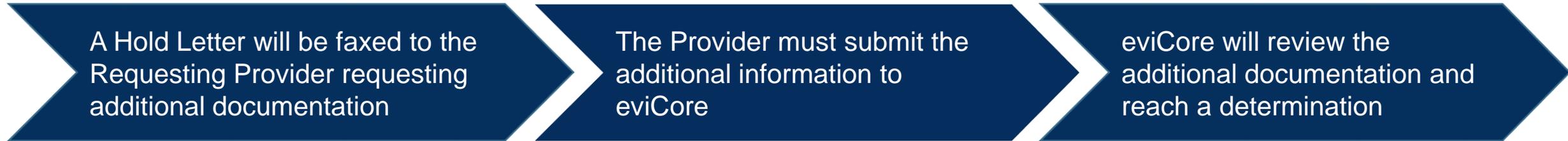
A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent.

Appropriate Decision

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are typically processed in two business days after receipt of all necessary clinical information.

- Authorizations lengths may vary based on the drugs selected, clinical indications, or dosing entered. Duration of authorizations are typically valid for 8-12 months from the date of the final determination.

- For drugs eligible for site of care review a one-time, 30-day authorization may be provided when medical necessity is met.

Denied Requests

- Communication of the denial determination and rationale.

- Instructions on how to request a clinical consultation.

Approval Letter

- The letter will be faxed to the ordering provider and performing facility.

- The member will receive the letter in the mail.

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

Denial Letter

- The letter will be faxed to the ordering provider and performing facility.

- The member will receive the letter in the mail.

- The letter will contain the denial rationale and appeal options and instructions.

Special Circumstances

Site of Service (SOS) Redirect

- Under many benefit plans, medically necessary services must be rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

- eviCore will request that certain drugs be administered at SOS (11 - home) or (12- office) when the prescriber indicates that they wish to administer the drug at in a hospital site.

- When medical necessity is met eviCore will approve these drugs for a one-time, 30-days authorization, following approval a Cigna representative will contact you before the expiration of the approval period.

Out of Network/Non-Participating Provider

- Care must be administered at an in-network facility if the patient does not have out-of-network (OON) benefits in order to be covered.

- If a customer has OON benefits and you believe this service is not available in Cigna's network, a network adequacy review may be requested by calling the Cigna clinical team at 800.615.2909 (for network adequacy reviews only.
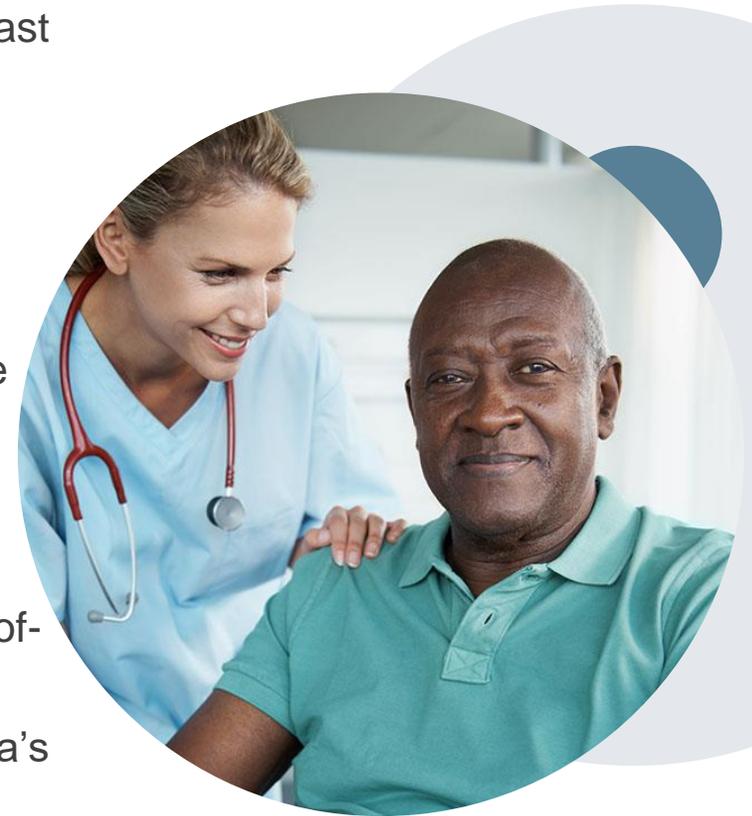
Special Circumstances cont.

Appeals

- Appeals need to be submitted to Cigna within 180 days of the initial determination. Please follow the appeal instructions referenced in the denial letter.

Retrospective Authorization Requests

- Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted within 30 calendar days from the date the services were performed. Providers who submit retrospective requests beyond this time frame would be advised to submit an appeal.

- Retrospective requests are reviewed for urgency and for medical necessity.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com). When asked, "Is this request standard/routine?", simply answer no and the case will be sent to the urgent work list.

- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within 72 hours.

- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Reconsideration Options

Reconsiderations

For <u>Commercial Memberships only</u> (Medicare does not allow reconsiderations), providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a provider to participate. Reconsideration must be requested on or before the anticipated date the services will be performed. Reconsiderations are available in most states and should be submitted prior to submitting an appeal request.

Clinical Consultations

If a request requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Portal users can schedule a clinical consultation, on behalf of the treating provider, directly on the eviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).

Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.

Provider Portal Overview

How to Request Prior Authorizations
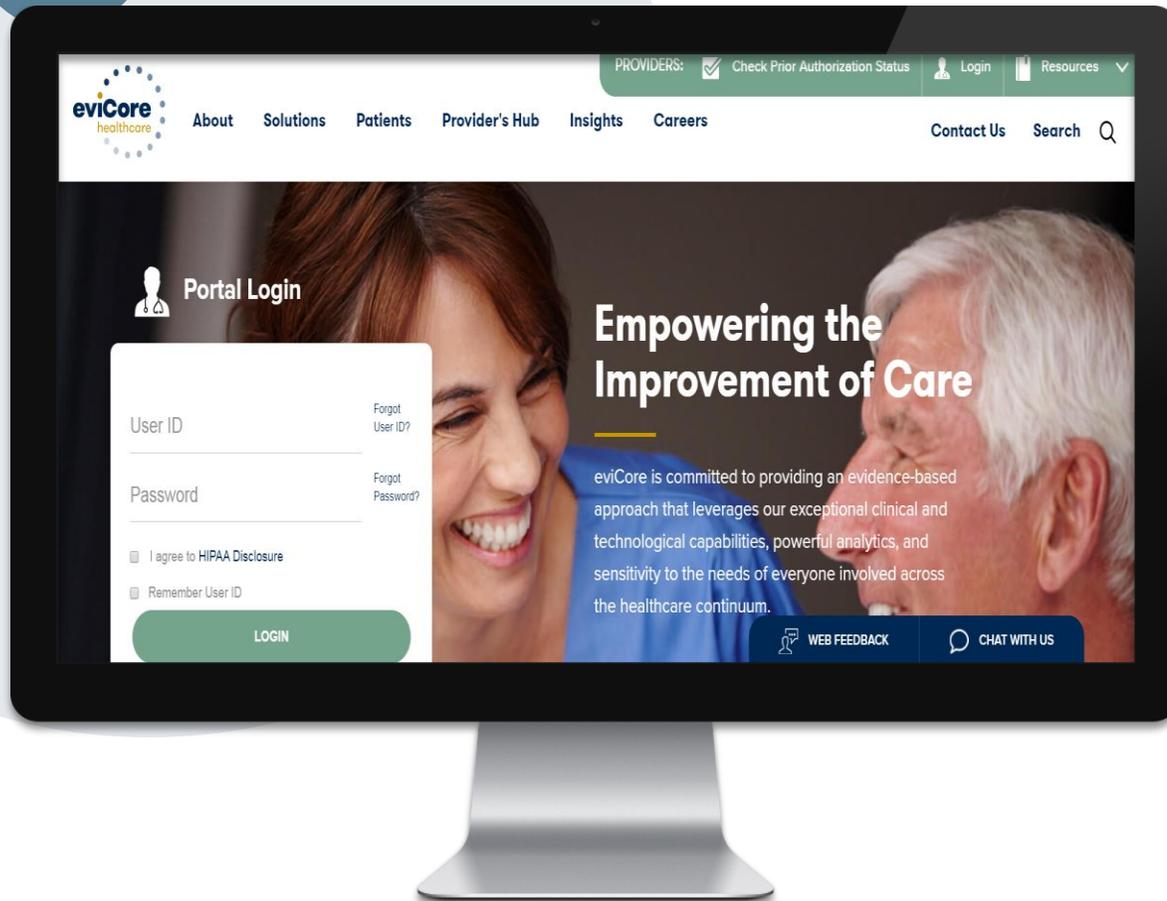
The eviCore portal is the quickest, most efficient way to request prior authorization and check authorization status.

www.eviCore.com

Or by phone:

866-668-9250

7:00 a.m. to 7:00 p.m. local time

Monday - Friday

Benefits of the Provider Portal

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

- Saves time: Providers experience a faster processing time online than via telephone.

- Available 24/7: The portal is available at any time.

- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.

- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.

- Ability to view and print determination information: Providers can check case status in real time.

- Dashboard: Providers can view all recently submitted cases.

- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

eviCore Portal and Compatibility

eviCore.com 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.

Already a user?

If you already have access to eviCore's portal (www.eviCore.com), simply log in with your User ID and Password and begin submitting requests.

Don't have an account?   Click "Register Now"

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**

Registration Form

eviCore healthcare

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*:   [CareCore National ∨] ⬅

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

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*: [   ]   Address*: [   ]   Phone*: [   ]

Email*: [   ]   Ext: [   ]

Confirm Email*: [   ]   City*: [   ]   Fax*: [   ]

First Name*: [   ]   State*: [Select ∨] Zip*: [   ]   Individual NPI*: [   ]

Last Name*: [   ]   Office Name*: [   ]

Select a Default Portal, and complete

the registration form.

Creating an Account

Review information provided, and click "**Submit Registration.**"

User Access Agreement

Accept the **Terms and Conditions**, and click "**Submit.**"

Registration Successful

You will receive a message on the screen confirming your registration is successful and will be sent an email to create your password.

eviCore healthcare
innovative solutions

Registration Successful
Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least (8) characters long and contain the following:

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password* [   ]

Confirm New Password* [   ]

[Save]

✔ Uppercase letters

✔ Lowercase letters

✔ Numbers

✔ Characters (e.g., ! ? *)

Account Login

To log in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure, and click "LOGIN."

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

- 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

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Please click here to view the portal demonstration:

[Portal Demonstration](#)

Clinical Collection Process – Clinical Upload

- **Select an NCCN Recommended Regimen from the list - these options will vary based on the clinical & diagnosis submitted.**

- **If a Custom Regimen is requested, please upload clinical information necessary to support the request.**

Additional Provider Portal Features

Portal Features

Certification Summary

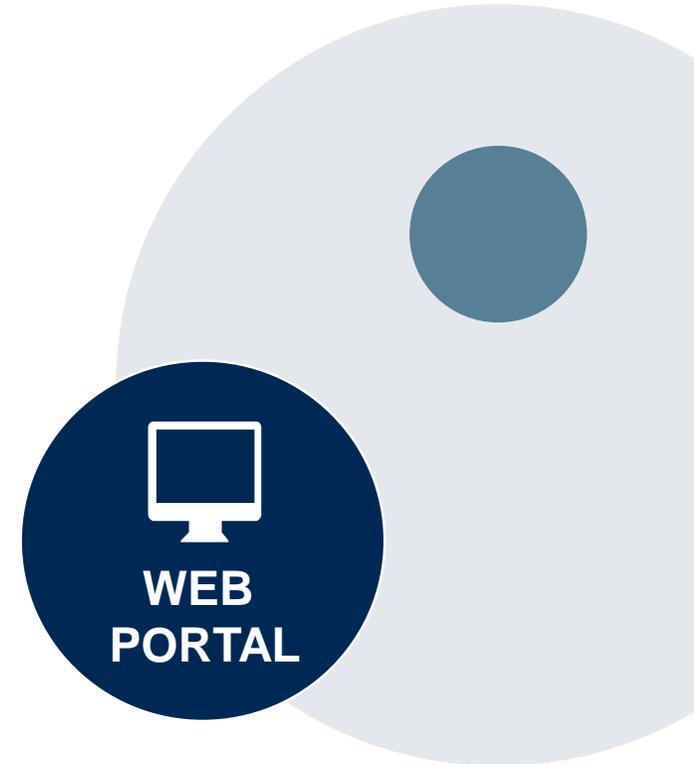- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

WEB PORTAL

Authorization Lookup Tool (displayed)

The authorization will then be accessible to review. To print authorization correspondence, select **View 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

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Provider Resources

Provider Resources

Prior Authorization Call Center - 866.668.9250

Our call centers are open from 7:00 a.m. to 7:00 p.m. local time.

Providers can contact our call center to do the following:

- Request prior authorization.

- Check the status of existing authorization requests.

- Discuss questions regarding authorizations and case decisions.

- Change the facility or CPT code(s).

- Request to speak to a clinical reviewer.

- Schedule a clinical consultation with an eviCore medical director.

Provider Resources

Web-Based Services and Online Resources

- You can access important tools, health plan–specific contact information, and resources at www.eviCore.com.

- The "Resources" page includes clinical guidelines, online forms, and more.

- If you are unsure of how to contact eviCore, the quick reference tool can help.

  - Click the "Resources" tab.

  - Select "Find Contact Information" under the "Learn How To" section.

  - Type in Cigna and the solution to populate the contact telephone and fax numbers as well as the appropriate legacy portal to utilize for case requests.
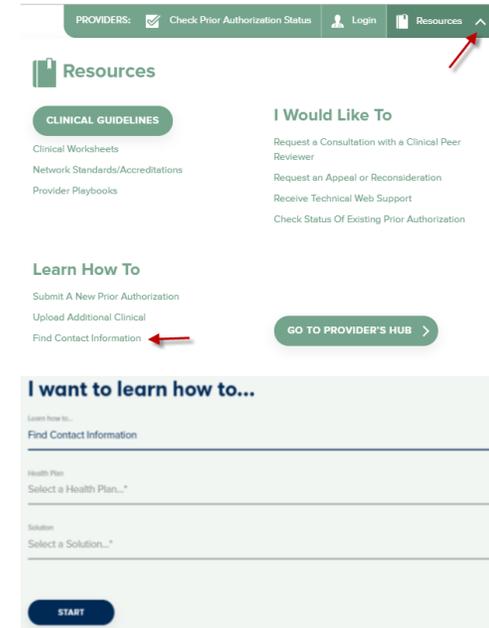
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.

Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider-related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be re-sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Telephone: 800.646.0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.
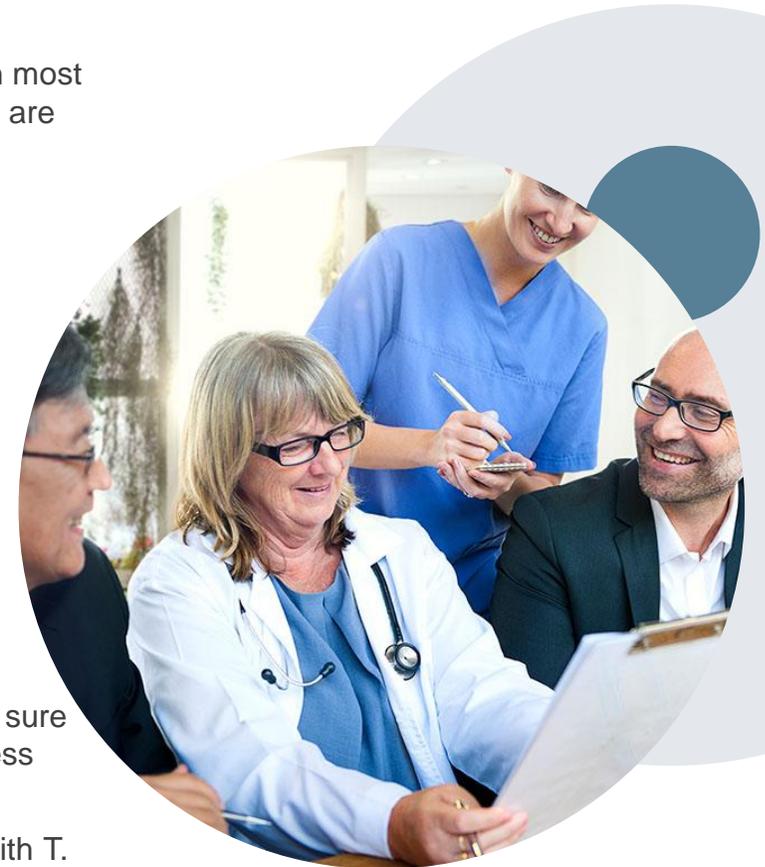
Provider Resources

Cigna-Specific 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 gastroenterology provider resource page includes the following educational materials:

- Frequently asked questions
- Quick reference guides
- Solution PowerPoint overview
- Training sessions
- Announcement letter
- Detailed list of procedure codes that require prior authorization

To access these helpful resources, please visit www.eviCore.com/resources/healthplan/Cigna.

Clinical Guidelines

Providers and/or staff can access eviCore's Clinical Guidelines by visiting www.eviCore.com/Cigna.

Resources on Cigna for Health Care Professionals (CHCP)

- Login at https://cignaforhcp.cigna.com/app/login

- Learn more about Cigna Precertification by visiting PreCetification Resources

- Learn more about the Cigna Integrated Oncology Management by visiting CHCP - Resources - Integrated Oncology Management (cigna.com)

For Provider Enrollment Questions – Contact Cigna Provider Services at 800-244-6224

Appendix - Online P2P Scheduling Tool

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.

P2P AVAILABILITY   Request Peer to Peer Consultation
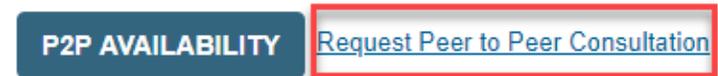
Authorization Lookup

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
	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
P2P Eligibility Result:	cannot be modified.
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS
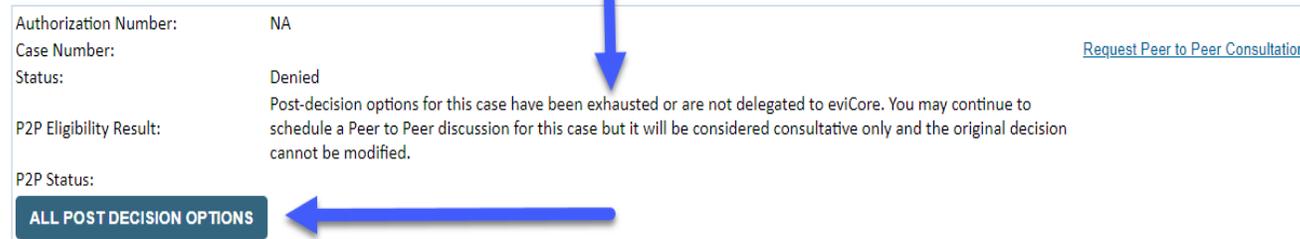
Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

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.

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"

How to Schedule a Peer to Peer Request

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.

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.

How to Schedule a Peer to Peer

Confirm Contact Details

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

- 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.
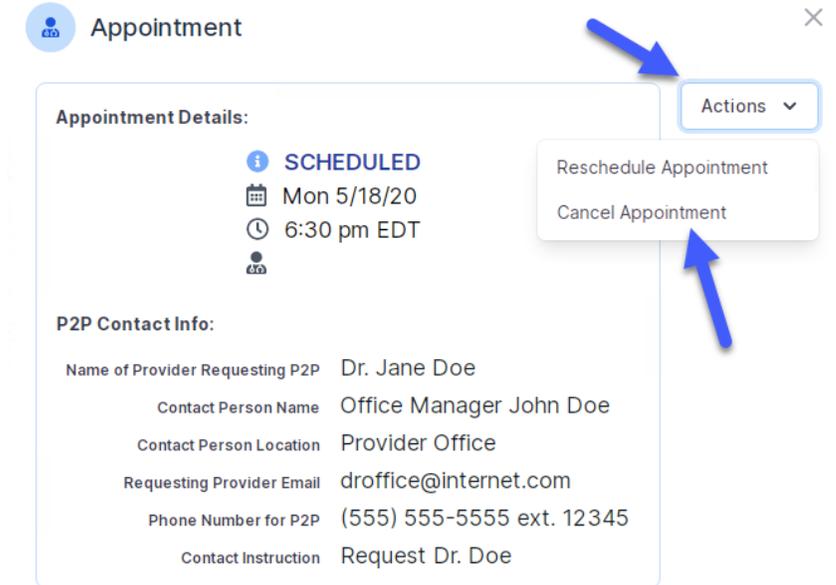
Canceling or Rescheduling a Peer to Peer Appointment

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

- Close browser once done