

Medical Oncology Management

Provider Education for Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ)



An Independent Licensee of the Blue Cross Blue Shield Association



Empowering
the Improvement
of Care

Company Overview



**250M
Members
Managed**

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

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



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

Medical Oncology – Our Experience



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

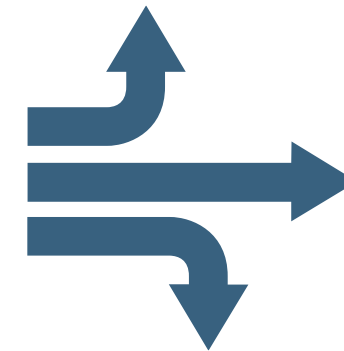
Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive
Cancer Network®
(NCCN)

26 of the World's
Leading Cancer
Centers Aligned



eviCore Guideline
Management

Inclusive of
45
cancer types

Continually
Updated

Represents
97%
of all cancers

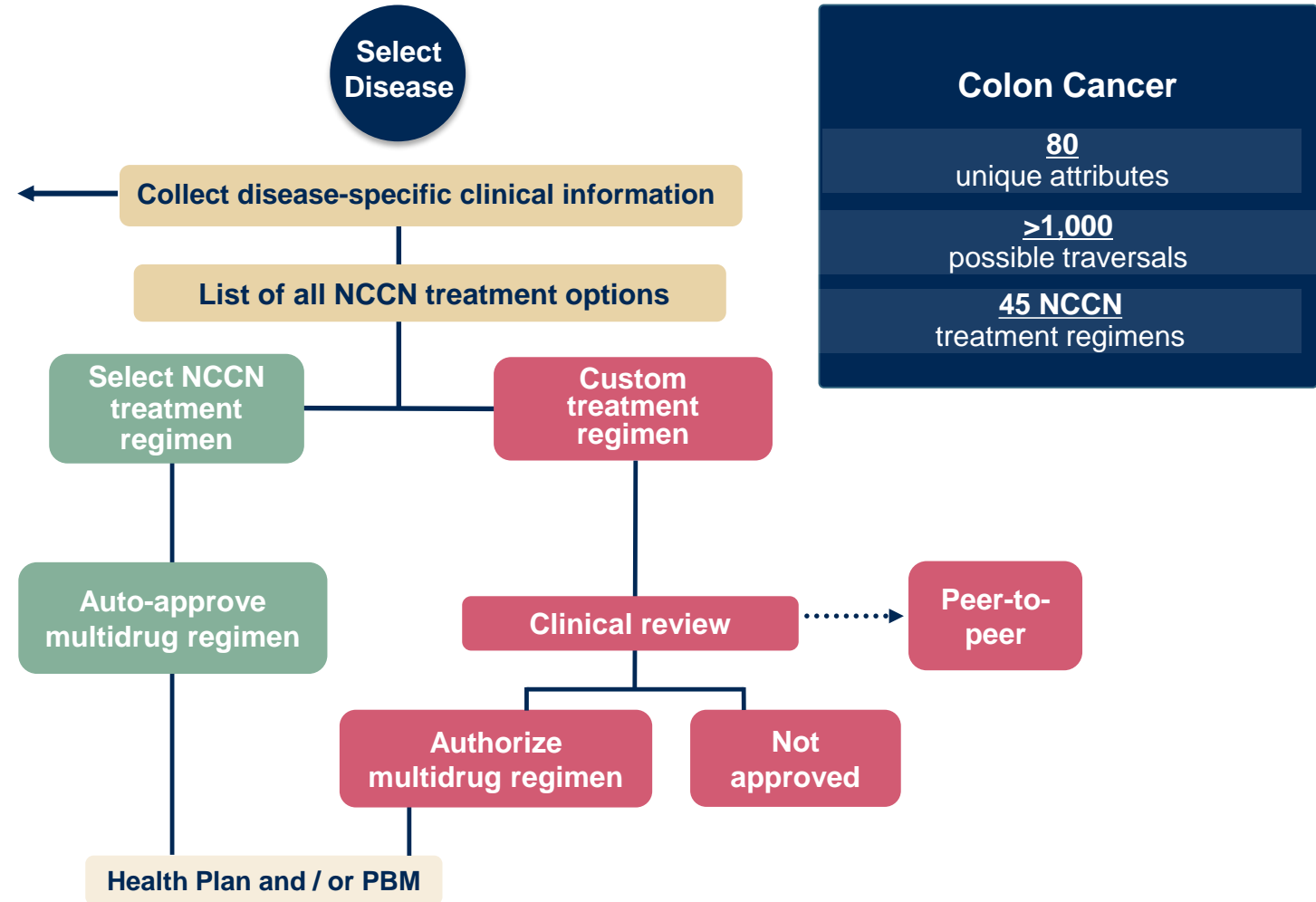
Medical Oncology Solution Defines a Complete Episode of Care

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

**2-5
minutes
to enter a
complete
case**



Treatment options may be modified to align with formulary

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**



Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

Client Experience Manager –

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Manager –

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.



Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Medical Oncology Utilization Management (UM) Program for BCBSAZ



An Independent Licensee of the Blue Cross Blue Shield Association

UM for Medical Oncology

Please note: For Medicare Advantage members, eviCore will begin accepting precertification/prior authorization requests for radiology on 5/25/2020 for dates of service 6/1/2020 and beyond.

Prior Authorization applies to the following regimens:

- Infused, oral, self-administered drugs
- Supportive agents given with Chemotherapy

Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays
- Treatment regimens not referenced

Provider Resource Page

Providers and/or staff can utilize BCBSAZ's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

[evicore.com/healthplan/azblue](https://www.evicore.com/healthplan/azblue)

Important Information

Note: Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

Continuity of care for Medicare Advantage members

Medicare Advantage patients already enrolled in a treatment protocol as of May 31, 2020 will not need a new prior authorization to continue their treatment. All new treatment protocols starting on or after June 1, 2020 will require a prior authorization through eviCore.

Treatment started prior to 6/1/2020:

- Does not require new precertification

Treatment will start 6/1/2020 and after:

- Requires new precertification through eviCore

Note: Any provider can initiate a prior authorization request. However, if a required prior authorization is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

Applicable MA Membership

eviCore prior authorization is required for BCBSAZ members enrolled in the following MA benefit plans (does *not* include plans administered by P3 Health Partners):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic (HMO)	M2K	Maricopa County and parts of Pinal County	BCBSAZ, in partnership with eviCore for certain services
Blue Medicare Advantage Plus (HMO)			
BluePathway Plan 2 (HMO)	M2V	Maricopa County	
BluePathway Plan 3 (HMO)			
BlueJourney (PPO)	M3P	Maricopa and Pima counties	

BCBSAZ commercial members in-scope for eviCore UM

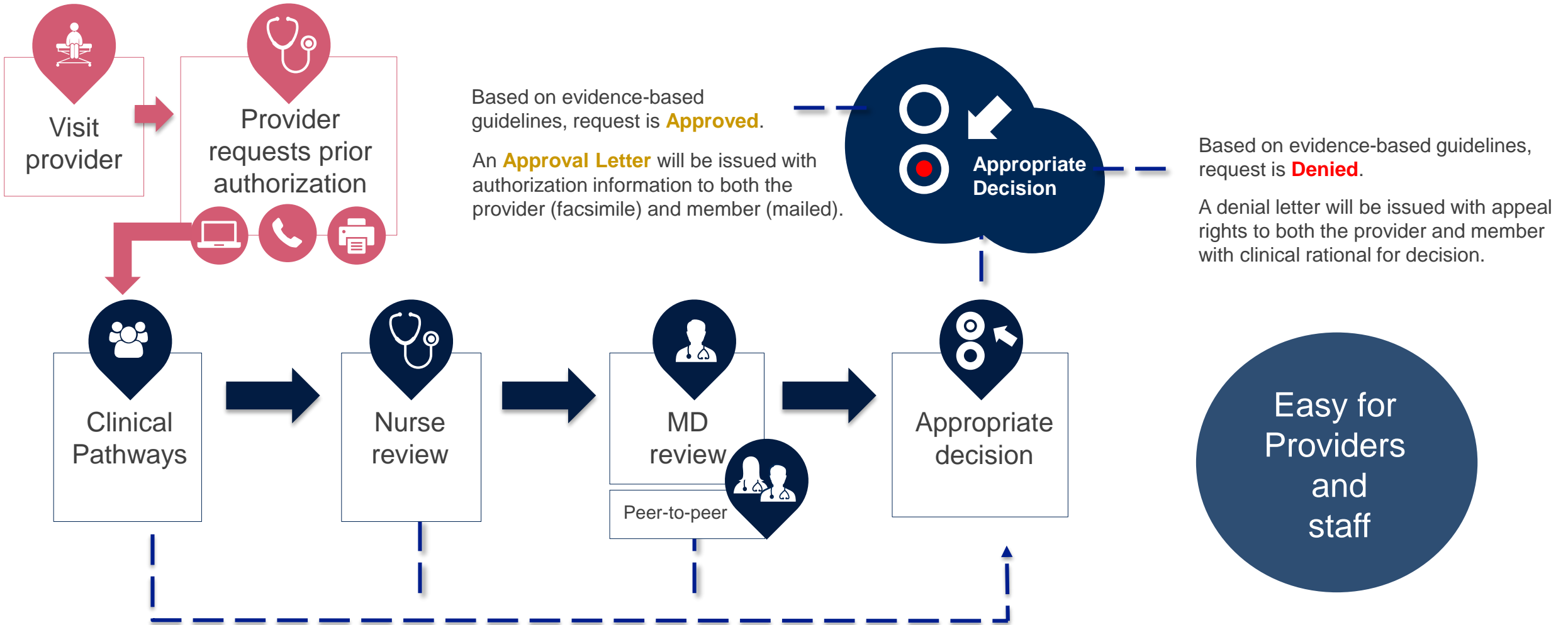
eviCore UM is required for these BCBSAZ members:

- Most of our fully insured and administered benefit plans
- BCBSAZ-administered MA plans (DOS 6/1/2020 and beyond)

eviCore UM is *not* required for these members (follow precert/prior auth instructions on the back of the ID card):

- Certain large employer groups with customized benefit plans
- Members with PCP Coordinated Care HMO benefit plans
- Members with TPA-administered employer group plans
- Members with MA plans that are administered by P3 Health Partners
- Members with Federal Employee Program[®] (FEP[®]) plans
- Members with BlueCard[®] (out-of-area) plans

Prior Authorization Process



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

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



Basic prior authorization process

What happens when I submit a prior authorization request?

Request Processing time

- Routine requests are processed within 2 business days of receipt of all necessary clinical information.
- Medically Urgent are reviewed within 24 hours.

Denied Requests

- Communication of the denial determination and rationale (for Medicare Advantage, this communication precedes the actual denial notice).
- Denial notice contains reconsideration options based on the members health plan and line of business.
- The notice also includes instructions on how to request a clinical consultation.

Authorization Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician.
- Approval information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal.
- The member will receive the letter in the mail.

Denial Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician
- Denial information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal
- The member will receive the letter in the mail.



Urgent prior authorization requests

How can I submit a prior authorization request for an urgent medical situation?

Medically urgent services: definition

Medically urgent services address conditions that are a **risk to the patient's life, health, or ability to regain maximum function**, or when the patient is having severe pain that requires a medically urgent procedure.

Requesting an urgent prior authorization

- This option is not available for situations that are *not* medically urgent (such as administrative delays, scheduling, etc.)
- You can submit **medically urgent** prior authorization requests online at [eviCore.com](https://www.evicore.com).
- When you see the question “Is this request standard/routine?” respond “No.” Your case will be automatically be sent to the urgent work list.
- You may also call eviCore with an urgent request. 866.743.9630
- Urgent requests are reviewed within 24 hours.



Authorization scenarios and follow-up options

Scenario	Options for commercial plans	Options for MA plans
1. <i>My authorization request was pended for additional information. I haven't rendered the service yet.</i>	Request eviCore peer-to-peer clinical consultation or submit additional clinical information to eviCore.*	
2. <i>My authorization request was denied. I haven't rendered the service yet.</i>	Request eviCore reconsideration (re-review) for potential overturn of denial*	Request eviCore consultation or submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>
3. <i>My authorization request was denied. I have already rendered the service, but haven't submitted a claim yet.</i>	Submit appeal with supporting records to BCBSAZ*	Submit claim with supporting records to BCBSAZ
	<i>eviCore consultation can't be used to overturn the denial</i>	
4. <i>Oops! I didn't request authorization before rendering the service. I haven't submitted a claim yet.</i>	Request post-service retrospective review within 30 days <i>The request may be denied and penalties may apply</i>	
5. <i>Oops! I didn't request authorization before rendering the service. I have already submitted a claim.</i>	Follow instructions on your remit for post-service, post-claim retrospective review <i>The request may be denied and penalties may apply</i>	
6. <i>I disagree with the final authorization denial decision.</i>	Submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>	

* Follow the instructions in your eviCore notice for submitting additional information or requesting clinical consultations.

How does a Peer-to-Peer Consultation (P2P) work?

How P2Ps work for commercial plans

If a request has been pended or denied and requires further clinical review, you may request a clinical consultation. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

How P2Ps work for Medicare Advantage plans

If a request has been pended for additional clinical information, follow the instruction on the notice from eviCore. If the determination decision has not yet been made, the consultation could influence the initial decision.

If a denial decision has already been made, the information shared in the consultation may *not* be used to overturn the denial. The information shared in the consultation may be used in submitting an appeal.

How to request an eviCore P2P

Providers, nurse practitioners and physician assistants can request a clinical consultation by:

- Visiting [evicore.com/provider/request-a-clinical-consultation](https://www.evicore.com/provider/request-a-clinical-consultation) and requesting a scheduling appointment
- Using the Self-Service P2P consultation option from the Authorization Lookup tool on the provider portal, eliminating the need to receive a scheduling callback:

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

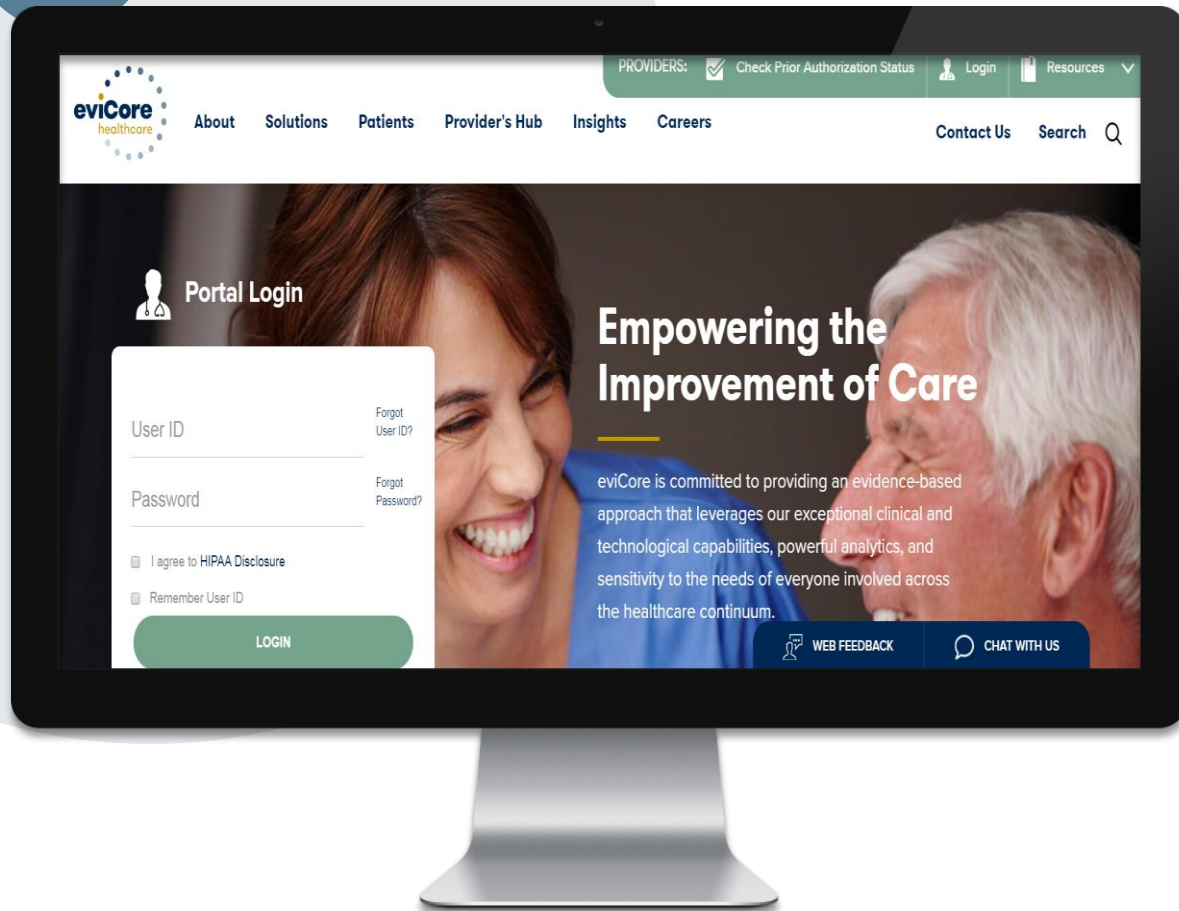




Provider Portal Overview

Account Access

eviCore Provider Portal



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

By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:

866.540.2406

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

(Monday – Friday)

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](#).

Online Precertification Requests – from the BCBSAZ Secure Portal

Accessing the eviCore request tool from the BCBSAZ secure provider portal (single sign-on):



Practice Management ^ Provider Resources v Education & Training v Population Health v

ACCOUNT MANAGEMENT Change Contact Information Change Password My Account Office User Management Provider Information Change Provider Management Sub Organization Management	ELIGIBILITY & BENEFITS CHS Group Information Eligibility and Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists My Patients List PCP COORDINATED CARE HMO PLANS 2020 Provider Guide Fax-Referrals/Precerts Request Online-Referrals/Precerts Request or View ⓘ PCP Panel Roster	PRECERTIFICATION BCBSAZ Members-Precert Code List Std BCBSAZ Members-Precert Lookup Tool BCBSAZ Members-Precert Req Lists 2020 BCBSAZ Members-Requests BCBSAZ Members-Requests: PCP HMO BCBSAZ Members-Requests: eviCore BCBSAZ Members-Requests: PCP HMO BCBSAZ Members-Resources: eviCore BCBSAZ Members-Resources: Pharmacy BCBSAZ Members-Specialty Med List BlueCard (Out-of-Area) Members CHS Group Members FEP Members Precertification Requests – Quick Guide
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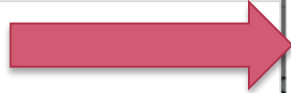
CLAIMS
Claim Status Inquiry
Online Remits

CLINICAL CRITERIA
BCBSAZ Members-InterQual® Search
BCBSAZ Members-Chiropractic Guidelines
BCBSAZ Members-eviCore Guidelines
BCBSAZ Members-site-of-Service Criteria
BlueCard (Out-of-Area) Members
CHS Group Members
FEP Members

PHARMACY
Pharmacy Information

Online Precertification Requests

BCBSAZ Members-Requests: eviCore



Provider portal

Enter Required Information

Tax ID *:

Member ID *:

Date of Birth *:

Service Type *:

Online Prior Auth Requests – from the BCBSAZ MA Secure Provider Portal

Accessing the eviCore request tool from the BCBSAZ MA secure provider portal at azbluemedicare.com > Resources > Prior Authorization and Care Management:

Prior Authorization and Care Management

[Care Management Referral Form](#)

[Part B Drug List - BCBSAZ](#)

[Part D Drug Coverage Determination Form \(Submit Online\)](#)

[Part D Drug Coverage Determination Fax Form](#)

[Prior Authorization Request Fax Form](#)

 [Prior Authorization Requests/Status: eviCore](#)

[Prior Authorization Requirements Code List 2020 - BCBSAZ](#)

[Prior Authorization Requirements Code List 2020 - P3 Health Partners](#)

Online Prior Authorization Requests

Prior Authorization and Care Management

Care Management Referral Form

Part B Drug List – BCBSAZ

Part D Drug Coverage Determination Form (Submit Online)

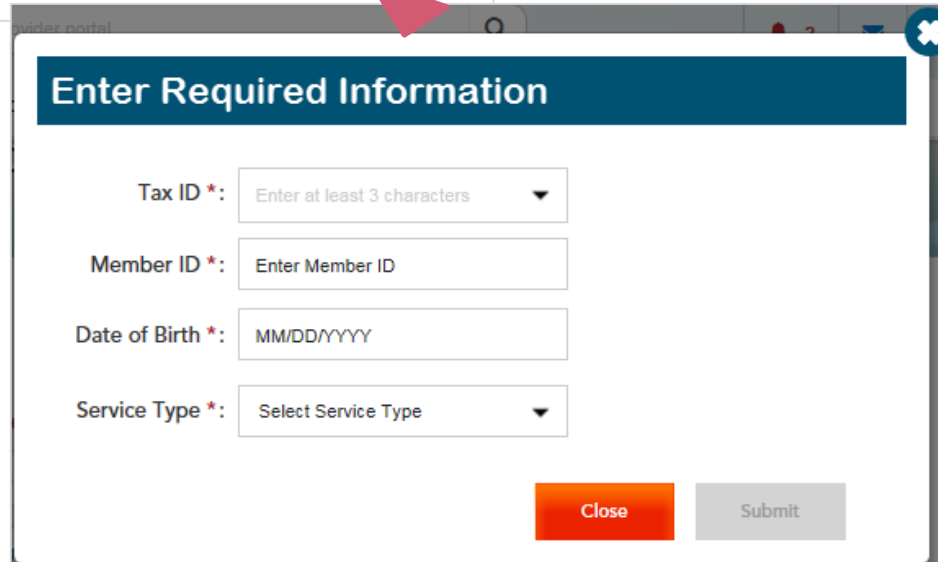
Part D Drug Coverage Determination Fax Form

Prior Authorization Request Fax Form

Prior Authorization Requests/Status: **eviCore**

Prior Authorization Requirements Code List 2020 – BCBSAZ

Prior Authorization Requirements Code List 2020 – P3 Health Partners



The screenshot shows a web form titled "Enter Required Information" with a dark blue header. Below the header are four input fields, each with an asterisk indicating it is required:

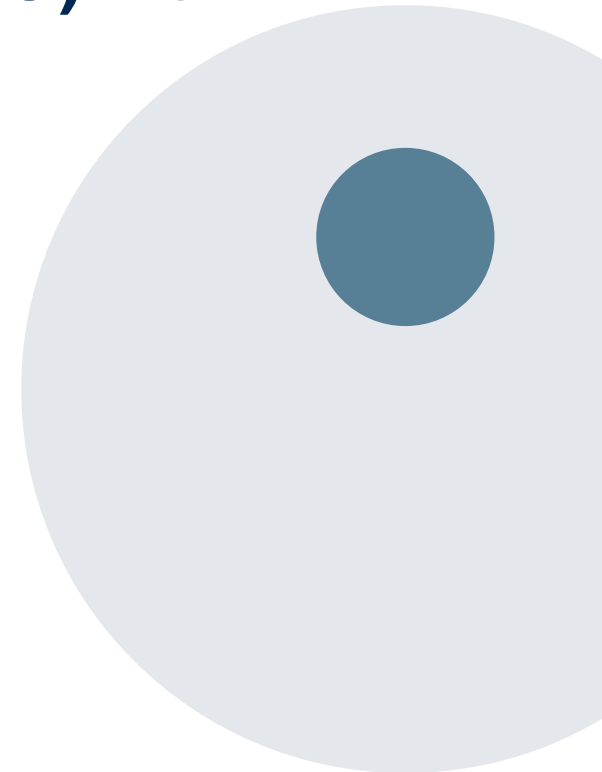
- Tax ID *:** A text input field with the placeholder text "Enter at least 3 characters" and a dropdown arrow on the right.
- Member ID *:** A text input field with the placeholder text "Enter Member ID".
- Date of Birth *:** A text input field with the placeholder text "MM/DD/YYYY".
- Service Type *:** A dropdown menu with the placeholder text "Select Service Type".

At the bottom right of the form are two buttons: an orange "Close" button and a grey "Submit" button. A red arrow points from the "eviCore" text in the list above to the top right corner of the form window.

Login Options: Which one is best for your needs?

Direct login from eviCore site vs. Single Sign-On (SSO) from BCBSAZ secure portal

FUNCTIONS	Notes	
Save & Finish Later	To find and resume a specific authorization request, you must be logged in the same way you were when you created the request	
Create Request	The SSO link in the BCBSAZ MA secure portal works only for BCBSAZ MA members.	When logged in to eviCore directly, you can make authorization requests for members of any insurance plan utilizing eviCore.
View Summary	You can only see the authorization summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all insurance plans.	



eviCore healthcare Website

Visit www.evicore.com



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](#)

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



* Required Field

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*: 

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"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text" value="v"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select CareCore National as the **Default Portal**, and complete the user registration form.
- Review information provided, and click **“Submit Registration.”**

Provider Portal Overview

Adding Providers

Welcome Screen



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#)

Monday, November 04, 2019 6:18 PM

Log Off

Welcome to the CareCore National Web Portal. You are logged in as .

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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**Your provider will need to be added to your account prior to case submission.
Click the “Manage Your Account” tab to add provider information.**

Add Practitioner



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Under the “Manage Your Account” tab Click the “Add Provider” button.

Add Practitioner



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

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

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Enter the **Provider's NPI, State, and Zip Code** to search for the provider record to add to your account.
You are able to add multiple Providers to your account.

Add Practitioner



Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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Select the matching record based upon your search criteria

Manage Your Account

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

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner](#) [Continue](#)

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- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

Certification Summary

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Certification Summary

Search..

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

Page 1 of 0 10

No records to display

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0 10

No records to display

- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating A Request



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [Med Solutions Portal](#)

Tuesday, November 05, 2019 9:16 AM

[Log Off](#)

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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Choose “request a clinical certification/procedure” to begin a new case request.

Select Program



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

Please select the program for your certification:

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

[Cancel](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

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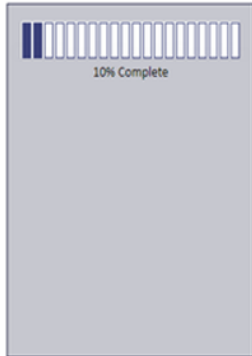
Select the Program for your certification.

Select Provider



Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

Selected Physician:

Provider
<input type="button" value="SELECT"/>

[Click here for help or technical support](#)

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Select the Practitioner/Group for whom you want to build a case.

Select Health Plan



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected:

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan

[Click here](#) for help or technical support

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Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Contact Information



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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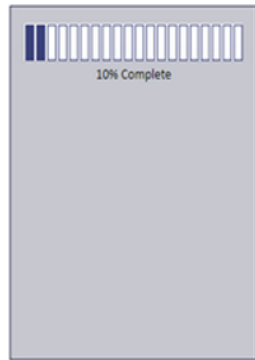
Enter the Provider's name and appropriate information for the point of contact individual.

Member Information



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Clinical Certification

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Unable to find member?

Current Patients

Filter by Physician

(type to filter by patient name)

User or provider has no patients

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Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Or you can search and filter the Physician Search for a list of patients with ongoing treatment.

Clinical Details



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Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

This procedure will be performed on . [CHANGE](#)

Medical Oncology Pathways

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

CHEMO | CHEMOTHERAPY

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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Select the **CPT** and **Diagnosis** codes.

Verify Service Selection



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60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

Procedure Date: 1/20/2019
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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Click **continue** to confirm your selection.

Site Selection



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

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

Cancel Back Print

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

Clinical Collection Process



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

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

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. When you reach the end of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.

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Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process

Urgency Indicator



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Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

Is this case Routine/Standard?

Yes No

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Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

Clinical Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Indicate the Cancer Type:

SUBMIT

Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

SUBMIT

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Clinical Certification questions may populate based upon the information provided.

Clinical Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

- Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?
 Yes No
- Has there been disease progression or recurrence?
 Yes No
- Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

SUBMIT

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If you need to confirm information you are entering or need to add additional data check “finish later” and then the submit button. You will have two business day to complete the case.

Clinical Collection Process – Pathway Questions



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Log Off

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

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

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If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Clinical Collection Process – Clinical Upload



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Log Off

Clinical Certification

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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Providing clinical information via the web is the quickest, most efficient method.

Clinical Collection Process – Clinical Upload



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

The treatment options below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted.

- NCCN Categories of Preference identifies regimens that are superior in terms of efficacy, safety, and evidence and when appropriate, affordability. The health plan is using it as a foundation to identify Preferred regimens to drive quality and affordability.

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.

Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

Regimen	Preferred
<input type="checkbox"/> Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input checked="" type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	<input type="checkbox"/>
<input type="checkbox"/> TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	<input type="checkbox"/>
<input type="checkbox"/> Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> EC (Epirubicin + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	<input type="checkbox"/>
<input type="checkbox"/> Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> TC (Docetaxel + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> Build a Custom Treatment Plan (May Require Additional Clinical Review)	<input type="checkbox"/>

Submit

Select an NCCN Recommendation from the list.

These options will vary based on the clinical & diagnosis submitted.

Clinical Certification Statements



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Log Off

Clinical Certification

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.

[Print](#) [SUBMIT CASE](#)

Click [here](#) for help or technical support

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Acknowledge the Clinical Certification statements, and hit “Submit Case.”

Clinical Certification – Approval Case Summary

Clinical Certification

Your case has been Approved.

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: _____

Authorization Number: _____
Review Date: 2:12:39 PM
Expiration Date: _____
Status: Your case has been Approved.

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Clinical Certification –Pending Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: C50.919 Description: Malignant neoplasm of unspecified site of unspecified female breast
Secondary Diagnosis Code: _____ Description: _____
Date of Service: _____
CPT Code: CHEMO Description: Chemotherapy

Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Pending

Print Continue

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Print the screen and store in the patient’s file.

Building Additional Cases



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Log Off

Clinical Certification

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
- Provider
- Program and Provider
- Program and Health Plan

[Click here for help or technical support](#)

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Return to the main menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization Lookup Tool



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Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.

You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Search Results and Electronic Clinical Upload Feature

Home

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 9/15/2017 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



Self-Service Peer to Peer Scheduling Feature

- eviCore’s scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation (P2P)
- Search for an authorization to determine if a case is eligible for a P2P
- If the case is eligible for a P2P, a link will display, allowing scheduling without any additional messaging

- Pay attention to any messaging that displays. In some instances, a P2P is allowed, but the case decision cannot be changed. Instead, a Consultative Only P2P can be scheduled. The “All Post Decision Options” button will display any other action that may be taken.

Eligibility Lookup Tool



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Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

Eligibility Lookup

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here for help or technical support](#)

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You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tool.

Provider Resources

Provider Resources

Prior Authorization Call Center – 866.743.9630

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 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



Provider Resources

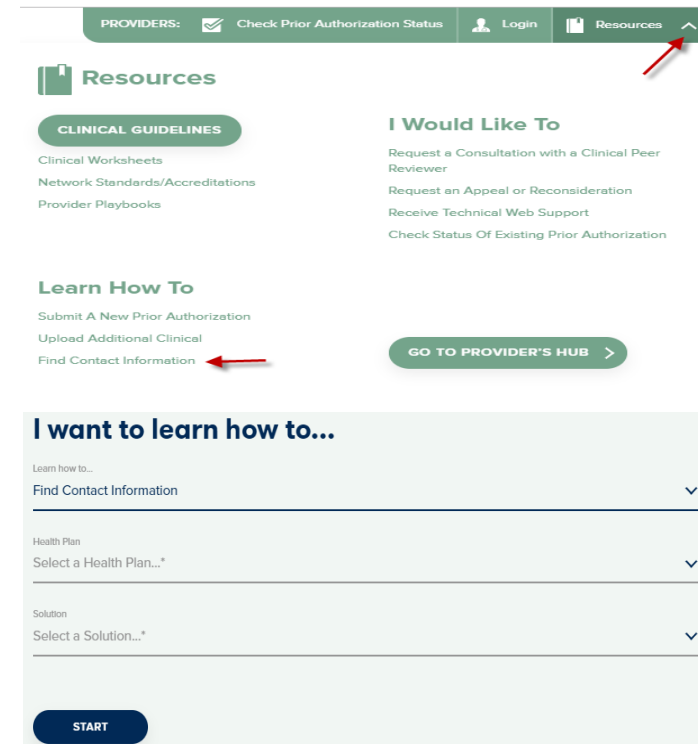
Web Support Services

The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated Web Support specialists 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

Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com
- Select the Resources tab to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



Provider Resources

Client and Provider Services

eviCore healthcare 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 24-48 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 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

Phone: 1 (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 e-mail 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

BCBSAZ Provider Resource Page

The BCBSAZ provider resource page includes helpful resources:

- Frequently Asked Questions
- Program Overview
- Code Lists
- Clinical Guidelines
- Clinical Worksheets

To access the page, please visit

www.evicore.com/resources/healthplan/azblue

Provider Enrollment Questions – Contact BCBSAZ Provider Assistance at 602-864-4320 or 1-800-232-2345



Customized Provider Resource Page

www.evicore.com/resources/healthplan/azblue

The screenshot shows a web page for BCBSAZ Resources. At the top left is a dark blue 'MENU' button. In the center is the 'eviCore healthcare' logo. At the top right is a green 'PROVIDERS' button with a doctor icon. Below the menu is a 'Back to health plan' button with a left arrow. The main heading is 'BCBSAZ Resources' in large blue font. Below it is the BlueCross BlueShield Arizona logo, which includes a blue cross and shield icon and the text 'BlueCross BlueShield Arizona' and 'An Independent Licensee of the Blue Cross Blue Shield Association'. A large curved image on the right shows two healthcare professionals in blue scrubs talking on a staircase. At the bottom, there are three tabs: 'OVERVIEW' (highlighted with a yellow underline), 'GENERAL RESOURCES', and 'SOLUTION RESOURCES'.

Access clinical guidelines, code lists, clinical worksheets,
and other helpful resources for the BCBSAZ eviCore programs.

Questions for eviCore? Contact Client Services at ClientServices@eviCore.com or call 1-800-646-0418 (option 4)

Questions for BCBSAZ? Contact Provider Assistance at 602-864-4320 or 1-800-232-2345

Thank You!



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