Medical Oncology Management

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

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

HITRUST CSF Certified

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

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

eviCore healthcare
Empowering the Improvement of Care

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Company Overview

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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

NCQA Utilization Management

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA

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

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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

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Our Clinical Approach

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Evidence-Based Guidelines

The foundation of our solutions

Represents **97%** of all cancers

Inclusive of **45** cancer types

Continually Updated

National Comprehensive Cancer Network® (NCCN)

26 of the World's Leading Cancer Centers Aligned

eviCore Guideline Management

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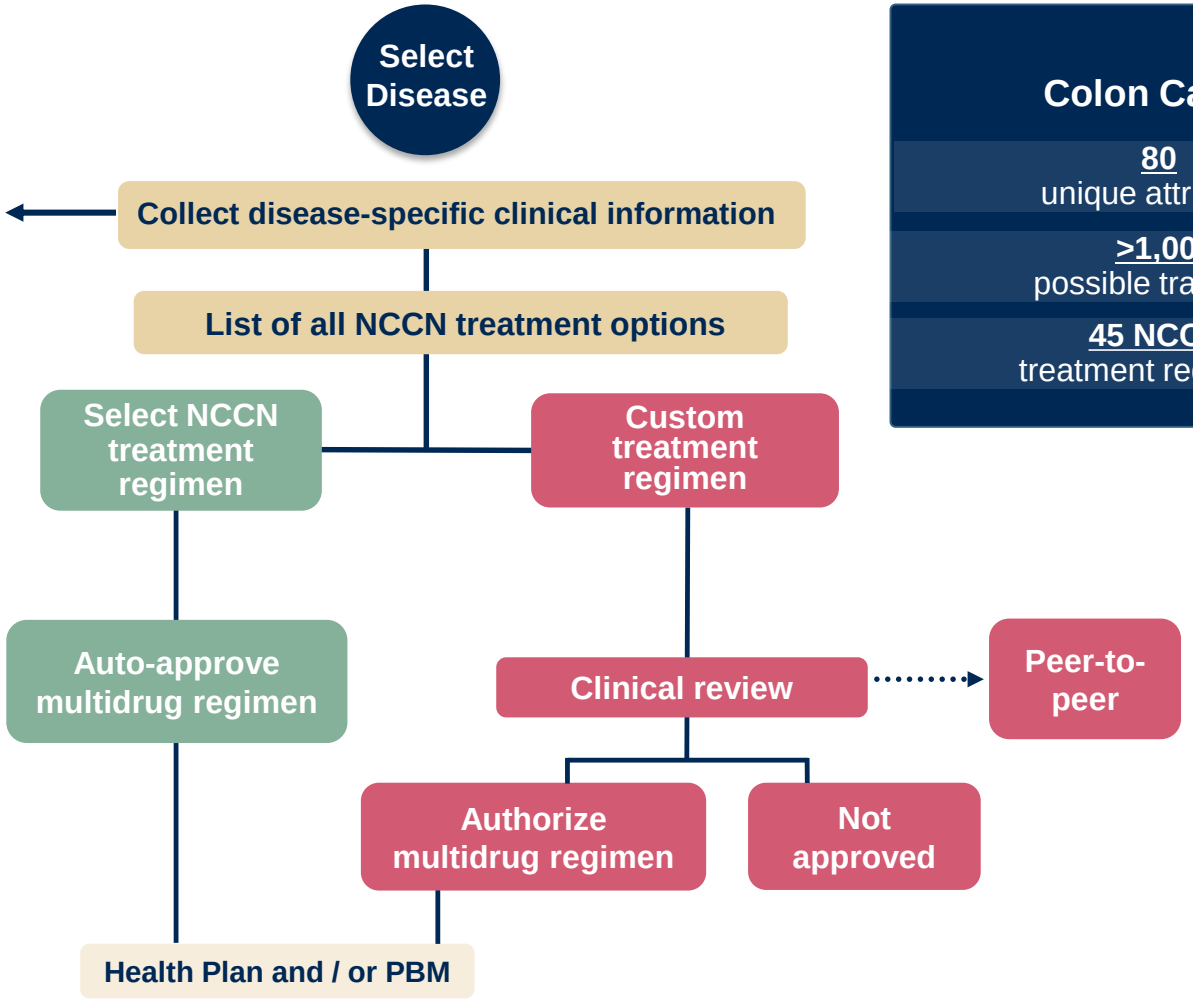
Medical Oncology Solution Defines a Complete Episode of Care

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



Colon Cancer

80 unique attributes

>1,000 possible traversals

45 NCCN treatment regimens

Treatment options may be modified to align with formulary

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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**

300+ Medical Directors

Covering **51** different specialties

800+ Nurses

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Our Service Model

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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.

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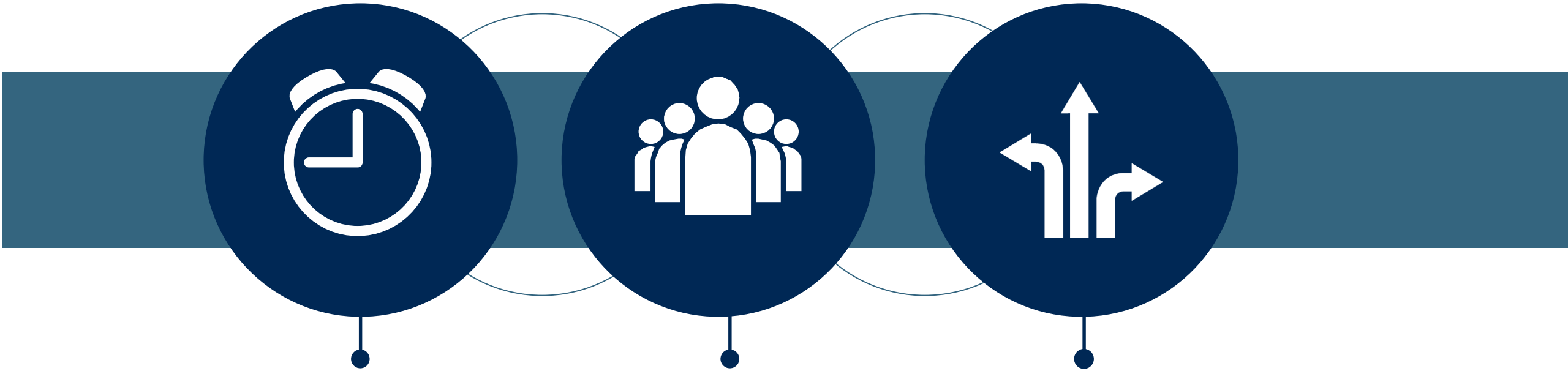
Why Our Service Delivery Model Works



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.

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Medical Oncology Utilization Management (UM) Program for BCBSAZ

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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.

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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

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

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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:	Treatment will start 6/1/2020 and after:
• **Does not require new precertification**	• **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

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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	

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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

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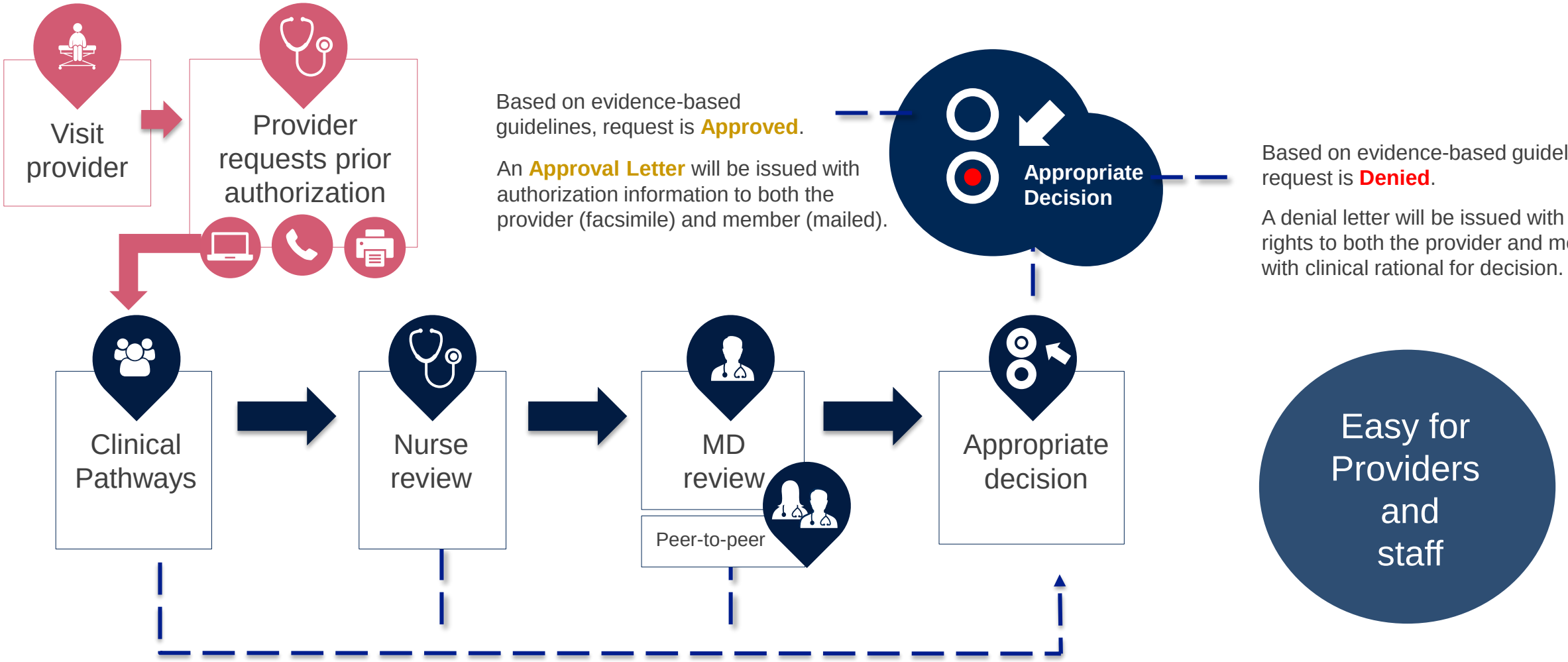
Prior Authorization Process



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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

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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

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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.

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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.
- 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.

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Authorization scenarios and follow-up options

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

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

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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 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:

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Provider Portal Overview

Account Access

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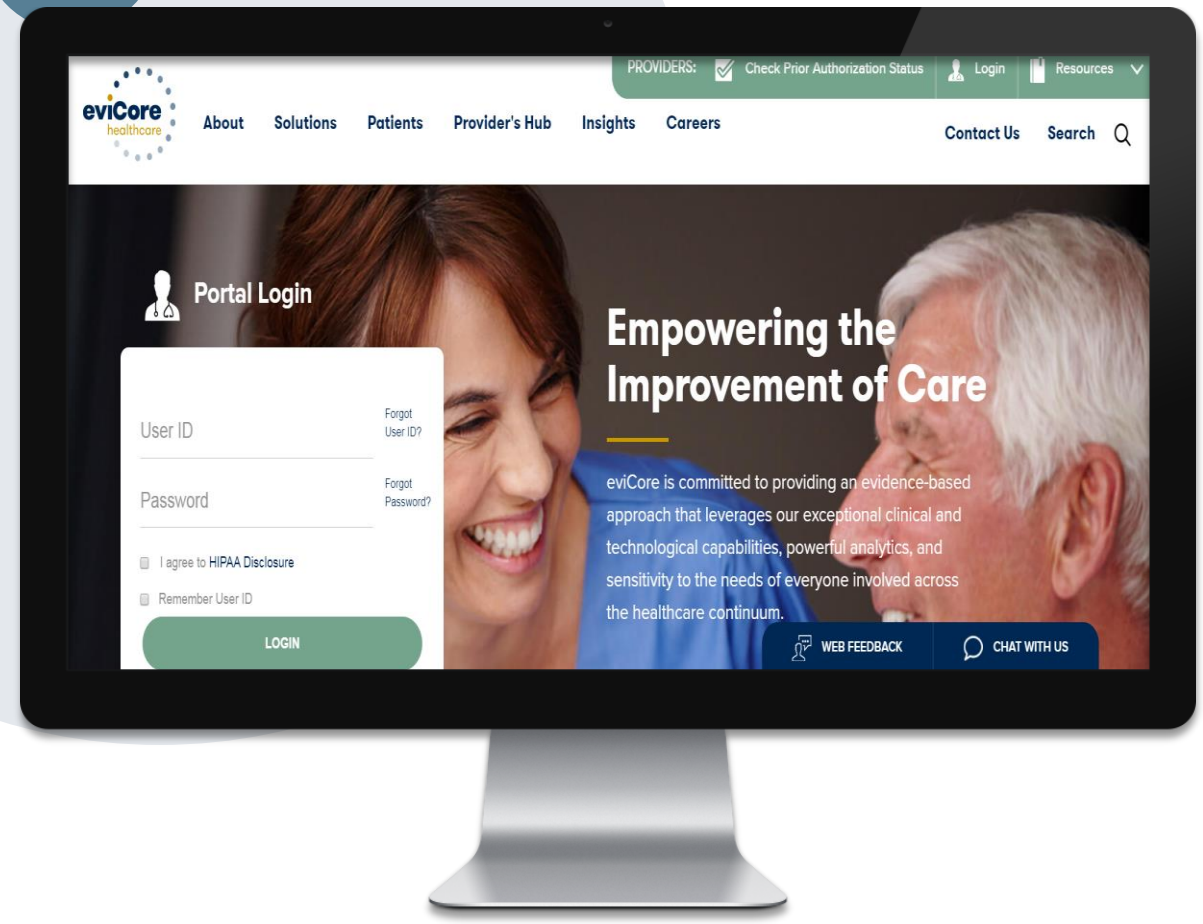
eviCore Provider Portal



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)

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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**.

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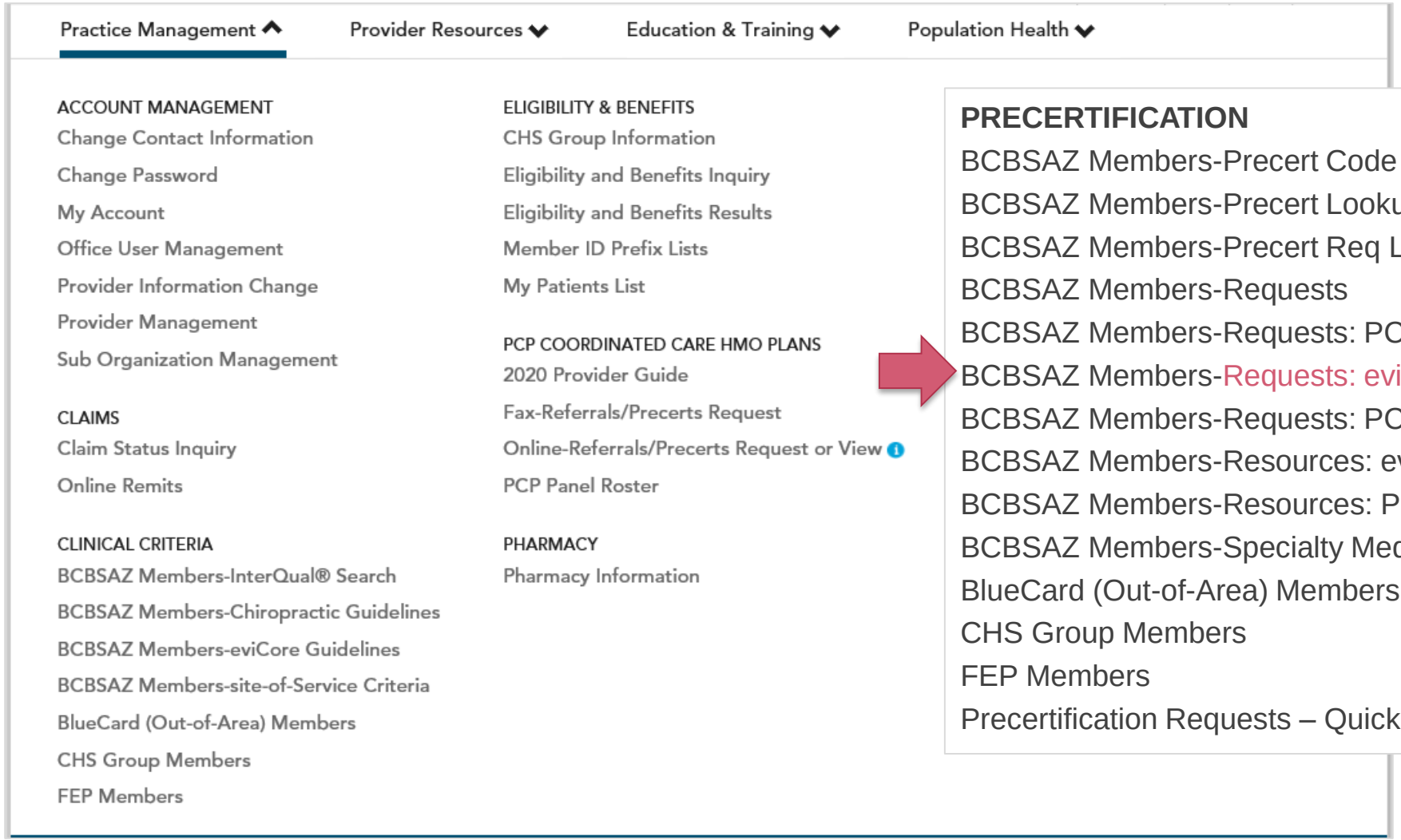
Online Precertification Requests – from the BCBSAZ Secure Portal

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



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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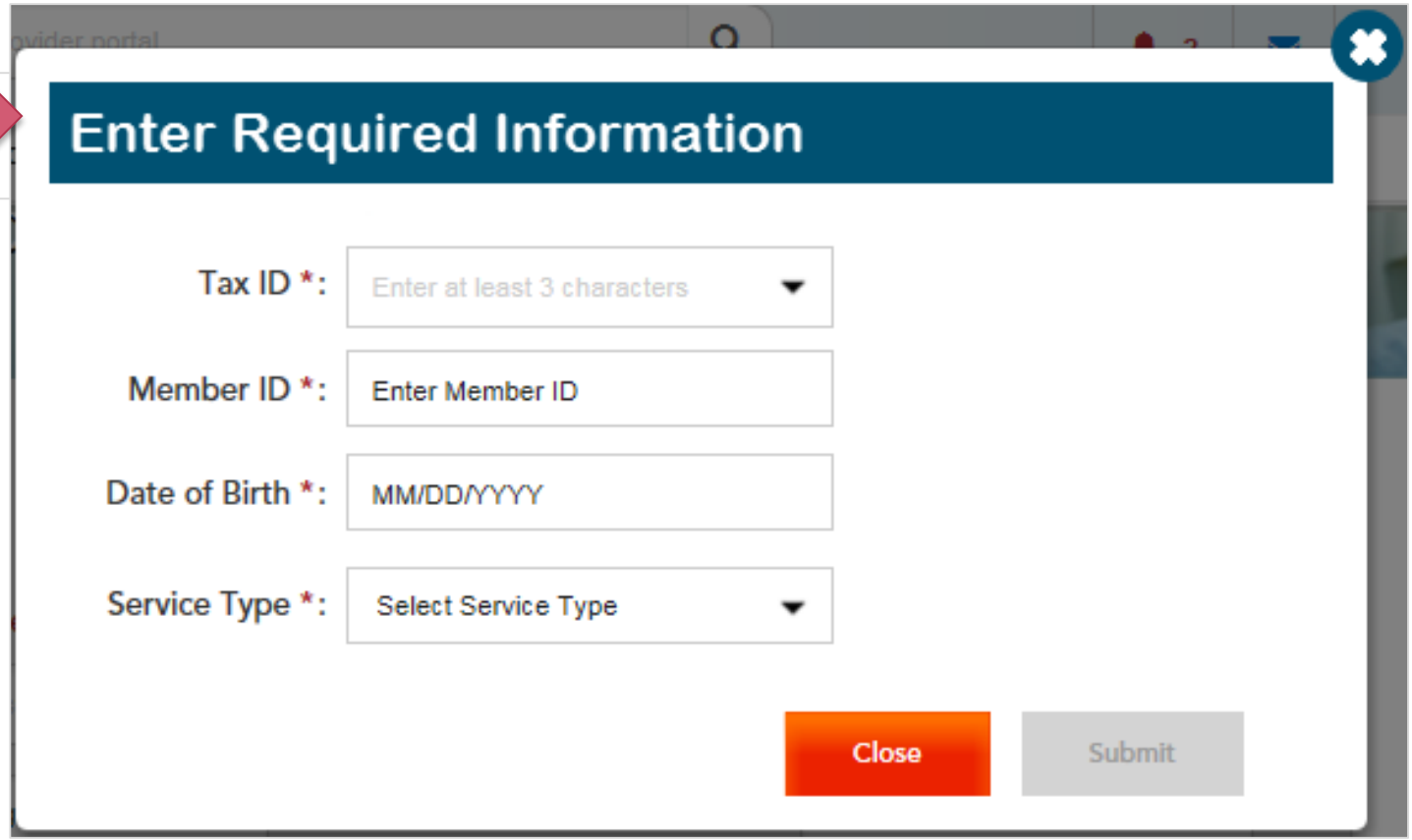
Online Precertification Requests

BCBSAZ Members-Requests: eviCore



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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:

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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

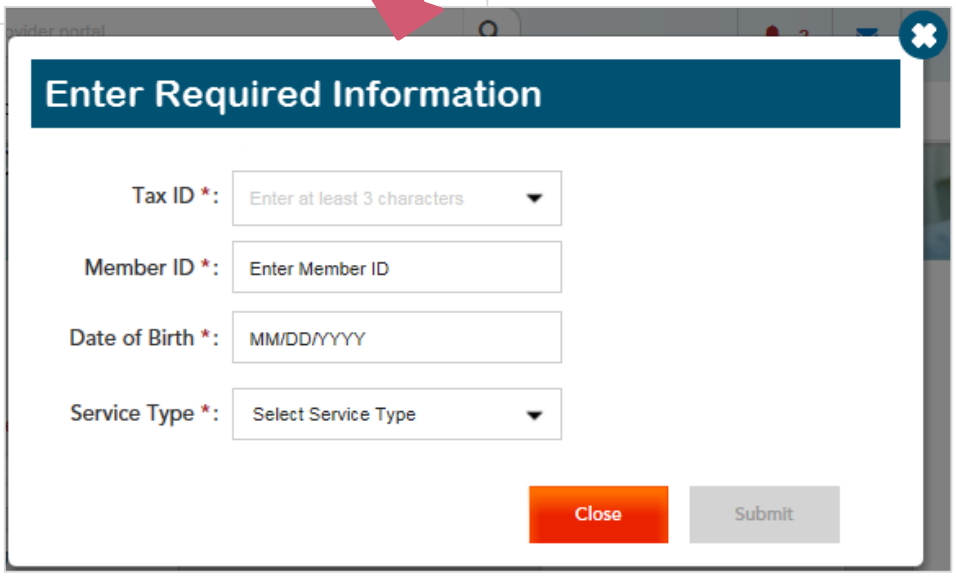
Part D Drug Coverage Determination Fax Form

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



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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.	

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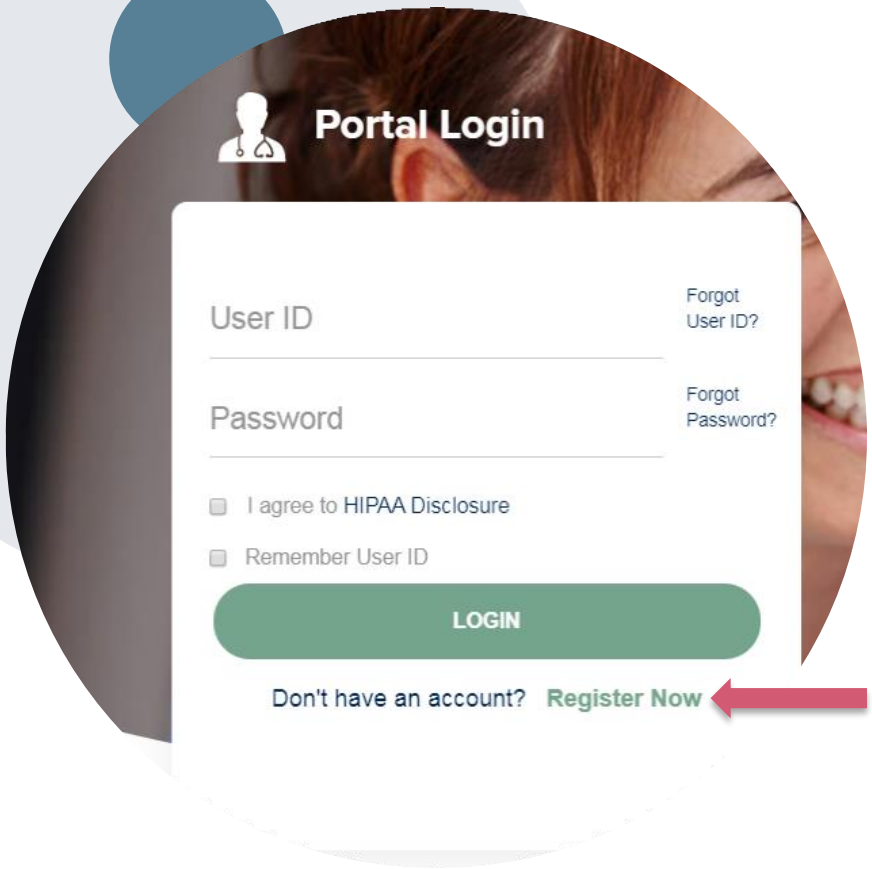
eviCore healthcare Website



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!

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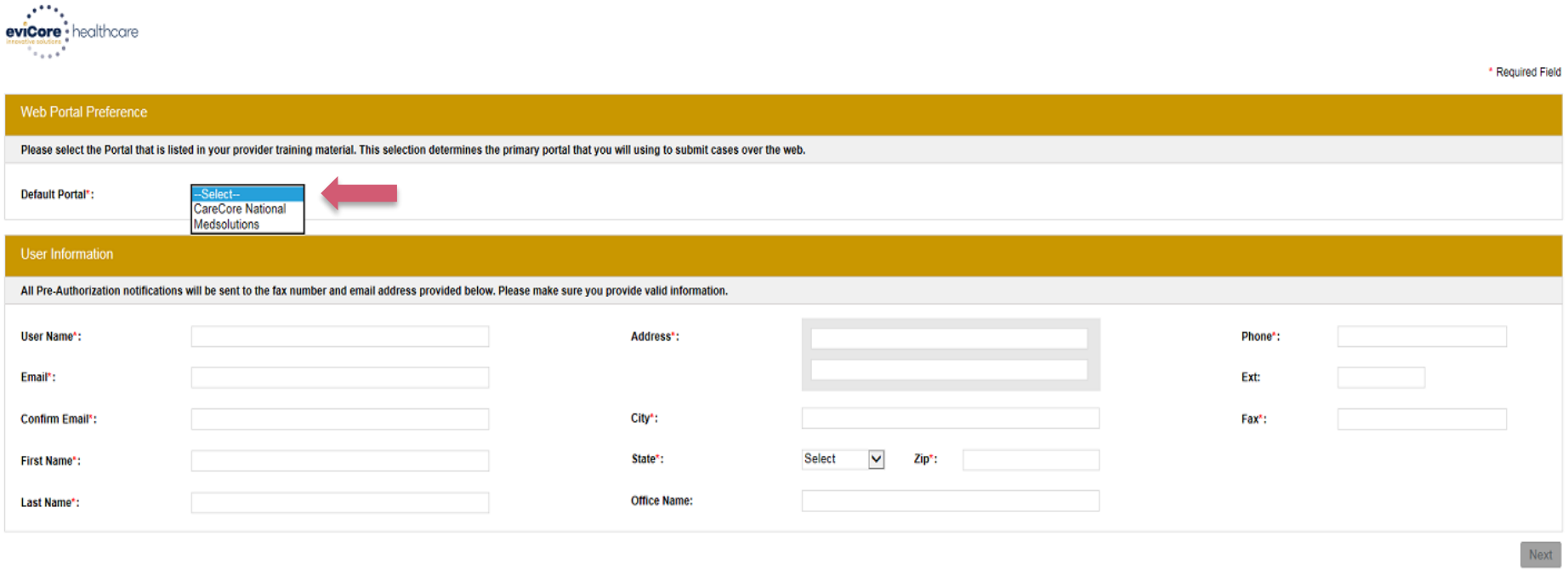
Creating An Account



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

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Provider Portal Overview

Adding Providers

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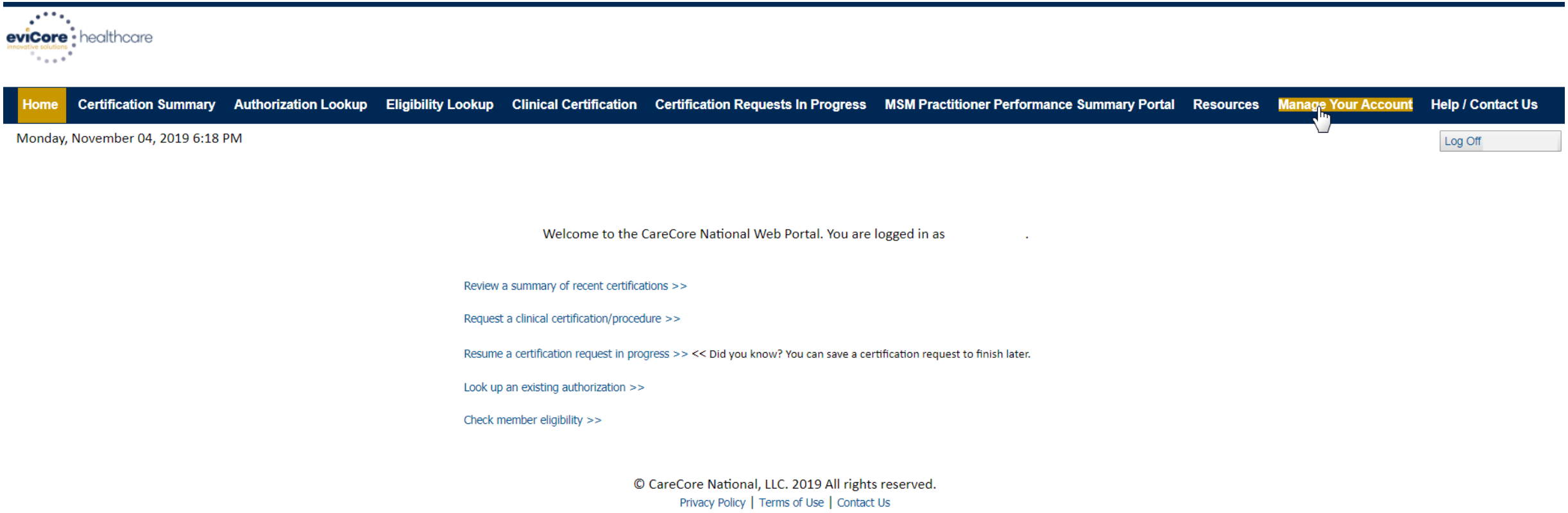
Welcome Screen



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

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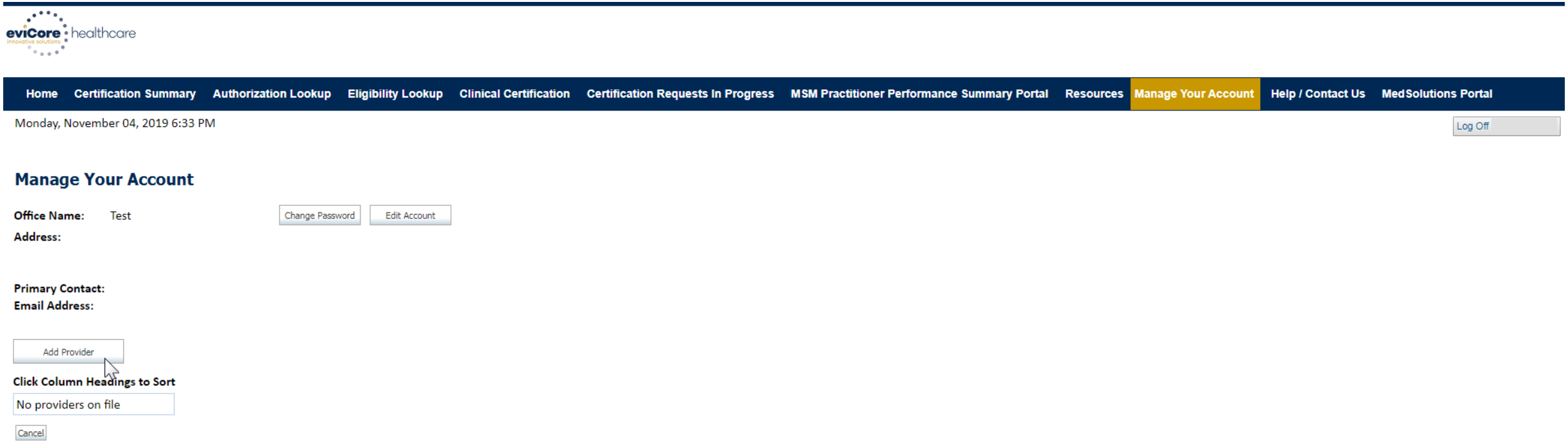
Add Practitioner



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

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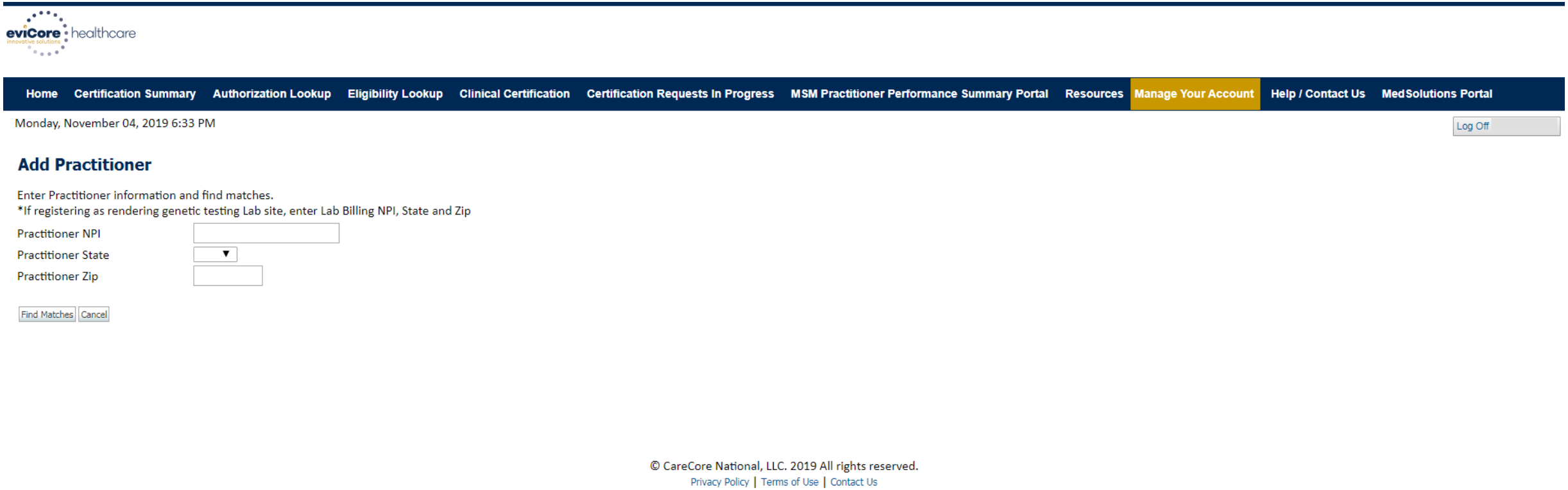
Add Practitioner



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.

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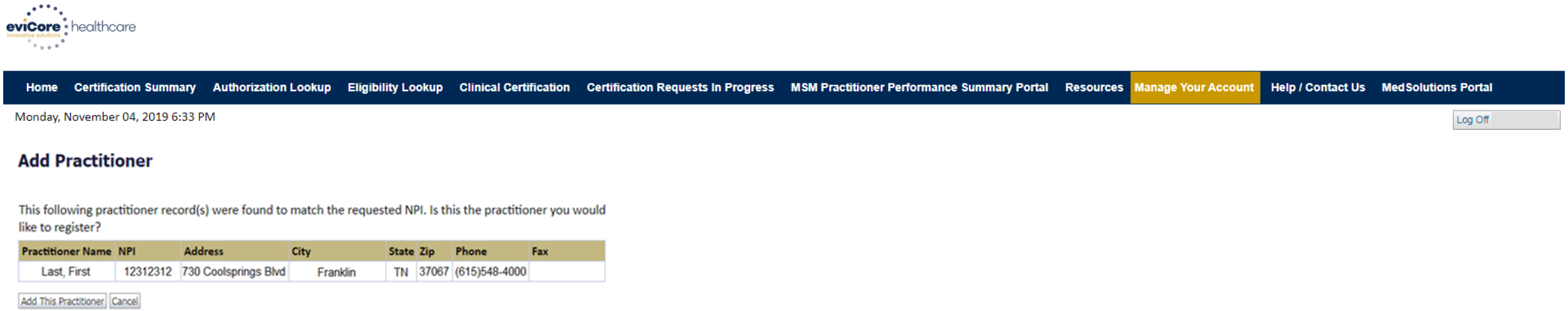
Add Practitioner



Select the matching record based upon your search criteria

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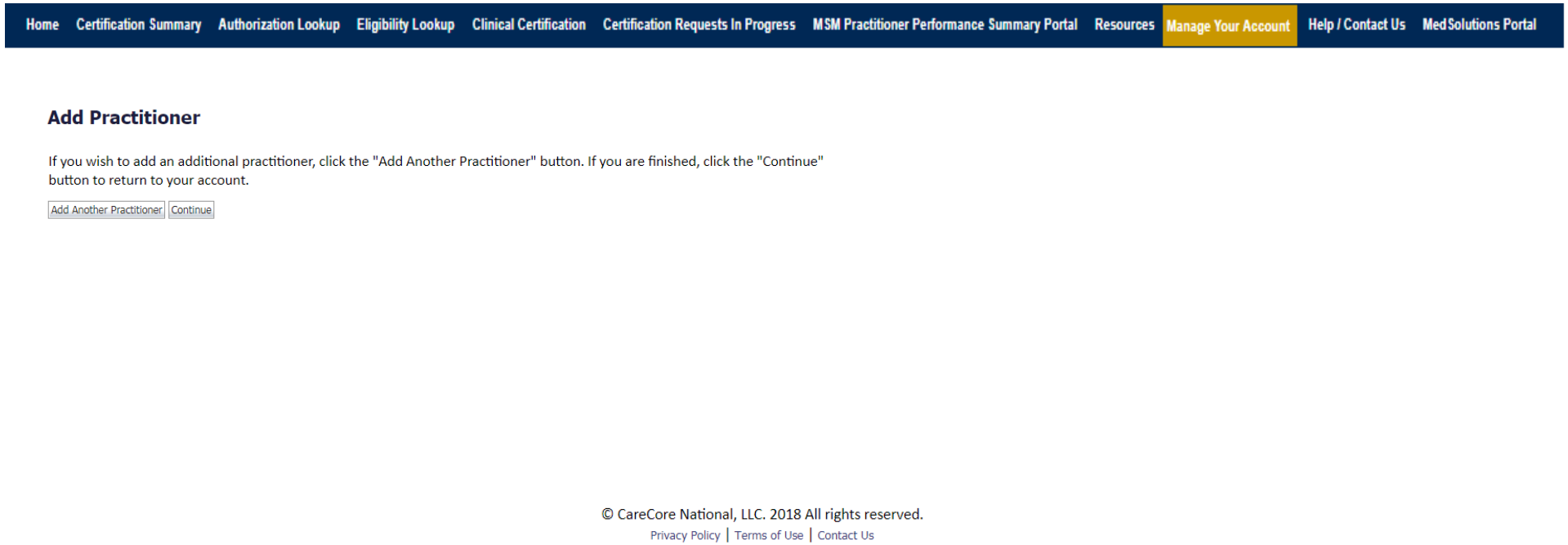
Manage Your Account



- 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.

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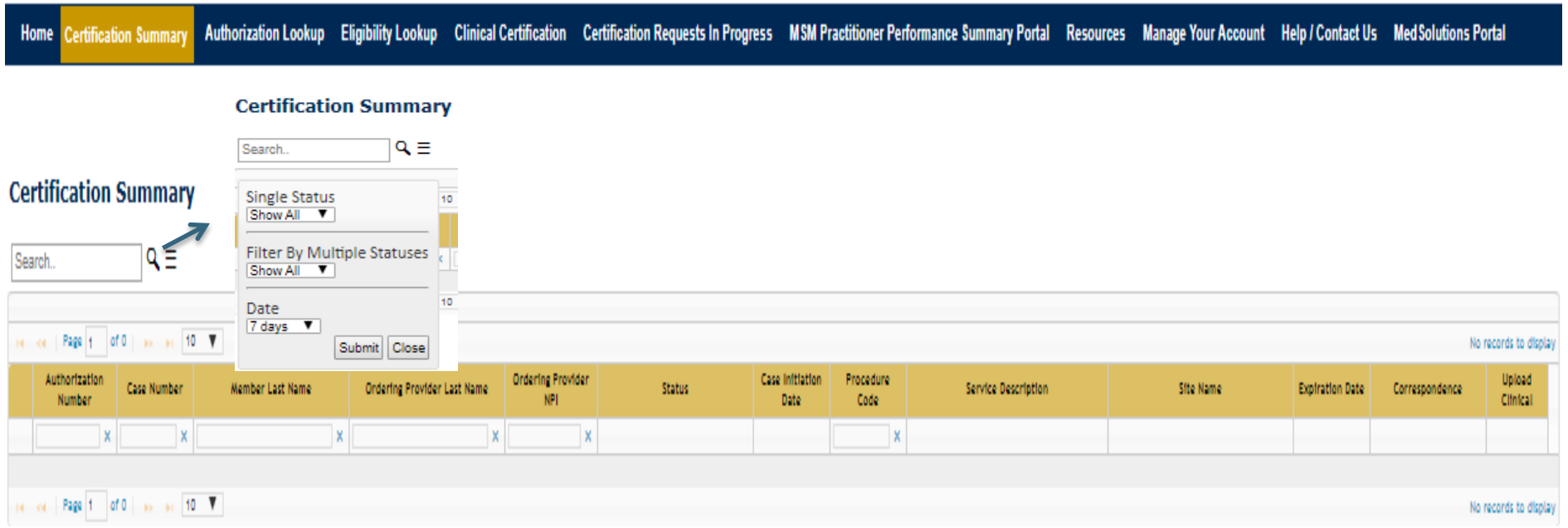
Certification Summary



- 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.

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Provider Portal Overview

Submitting Online Prior Authorization Requests

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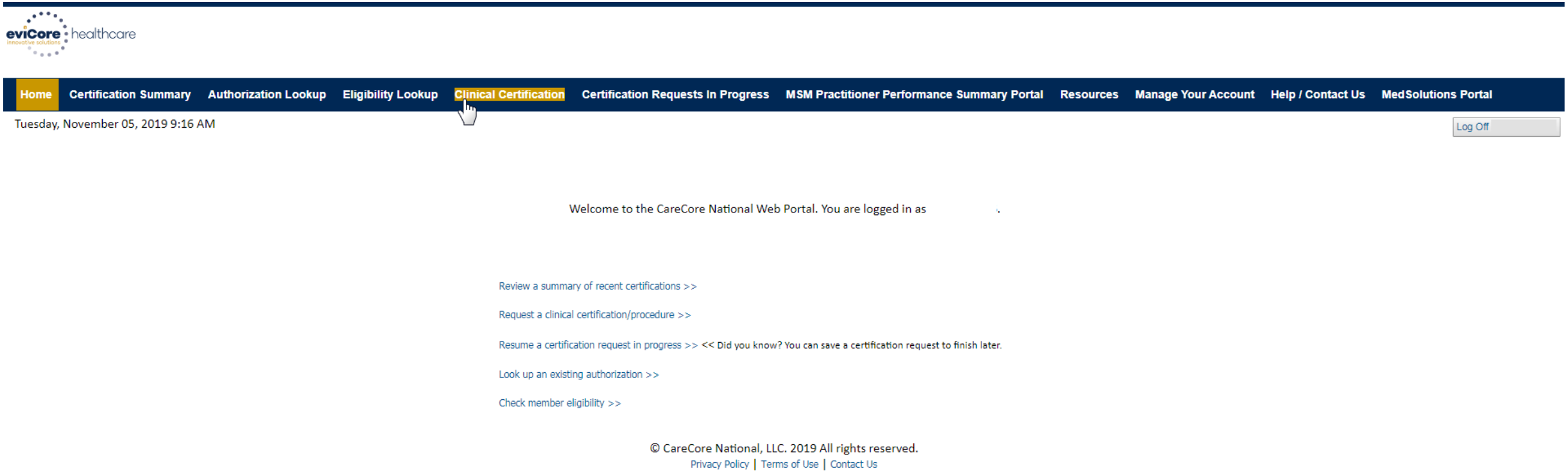
Initiating A Request



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

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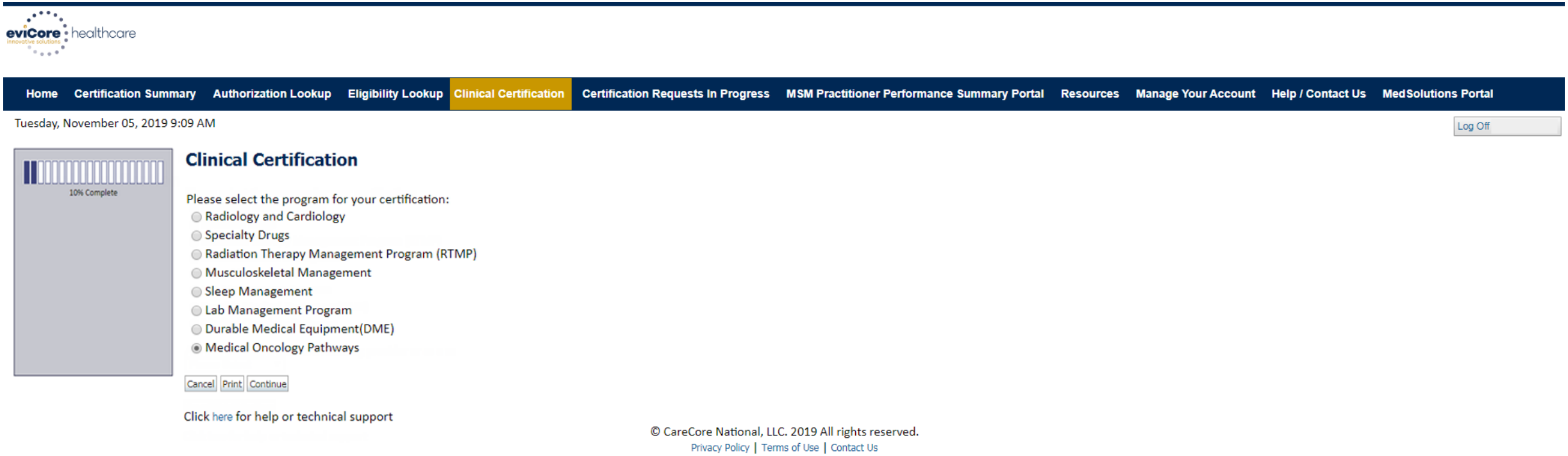
Select Program



Select the Program for your certification.

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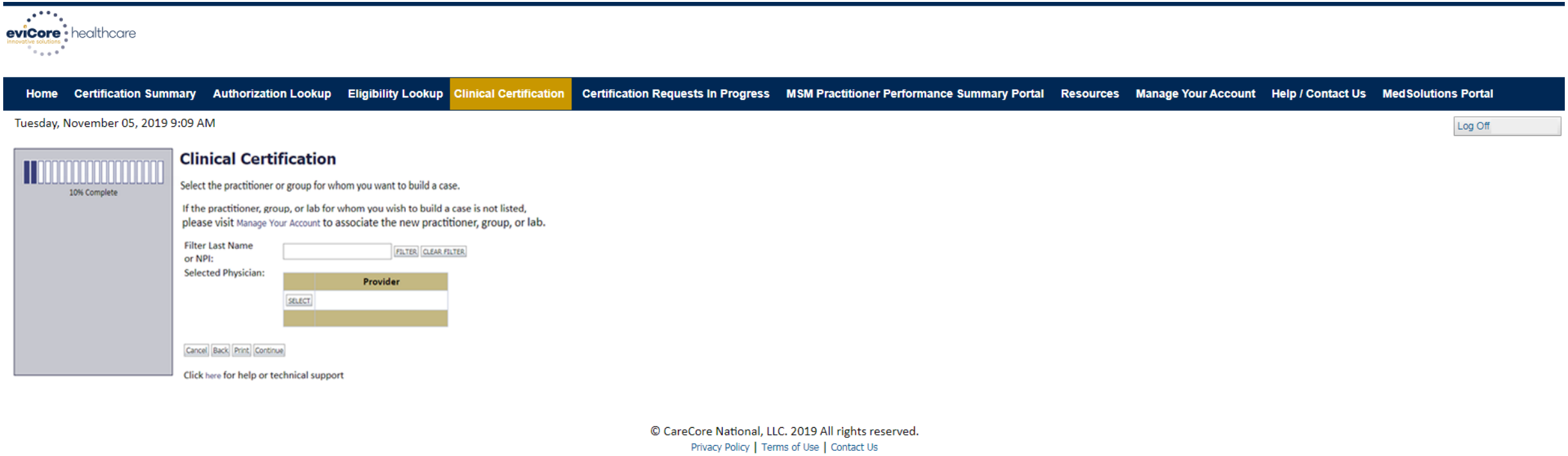
Select Provider



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

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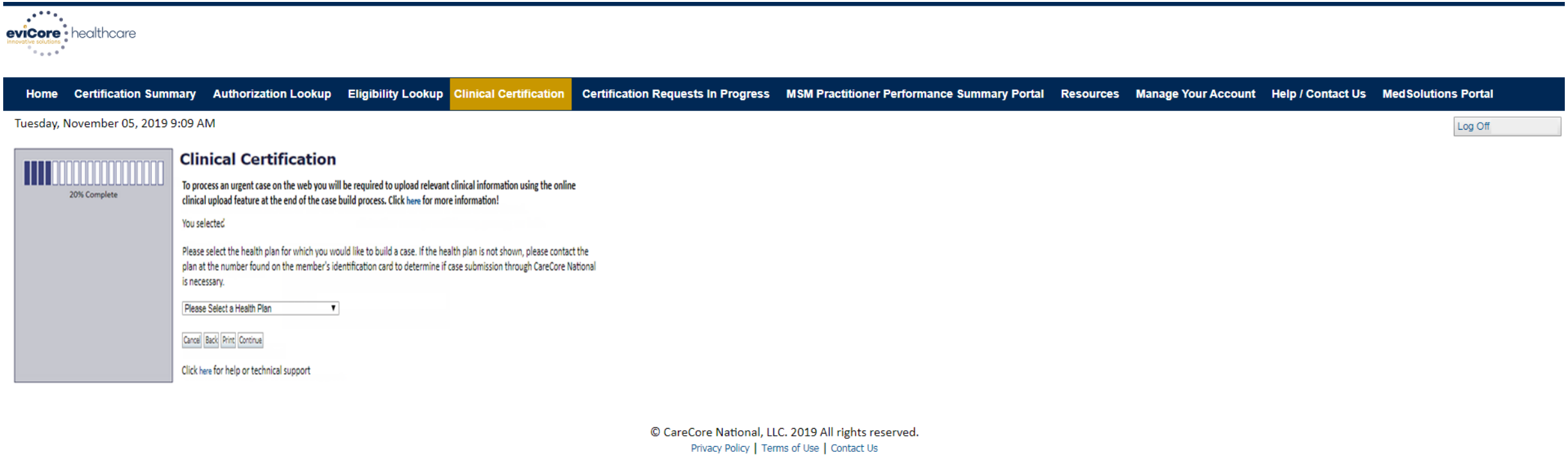
Select Health Plan



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.

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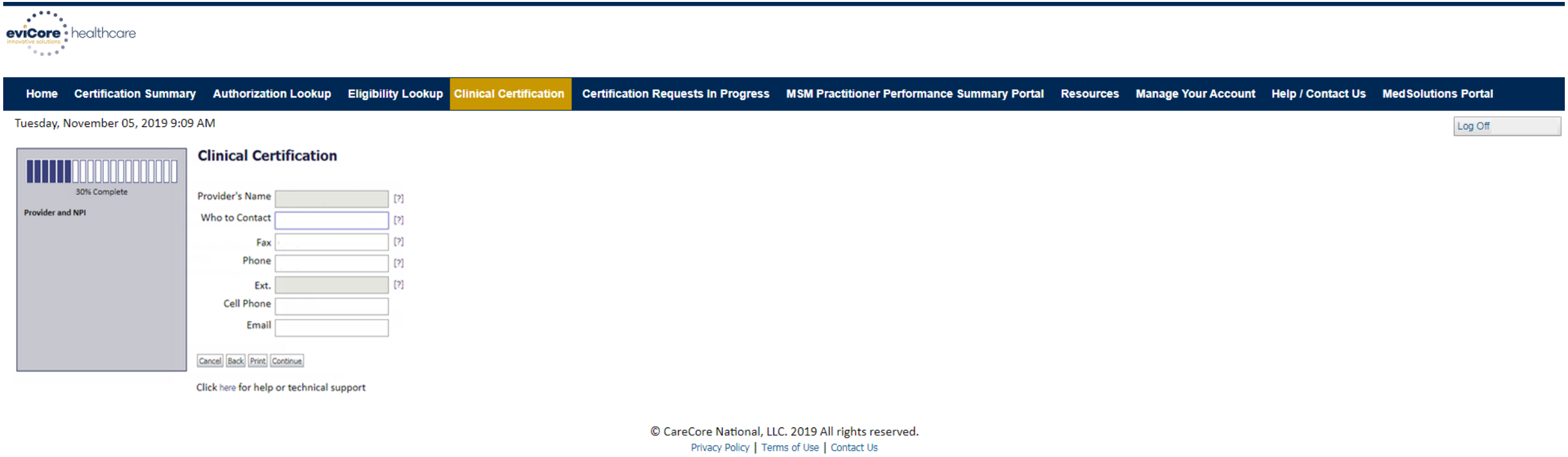
Contact Information



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

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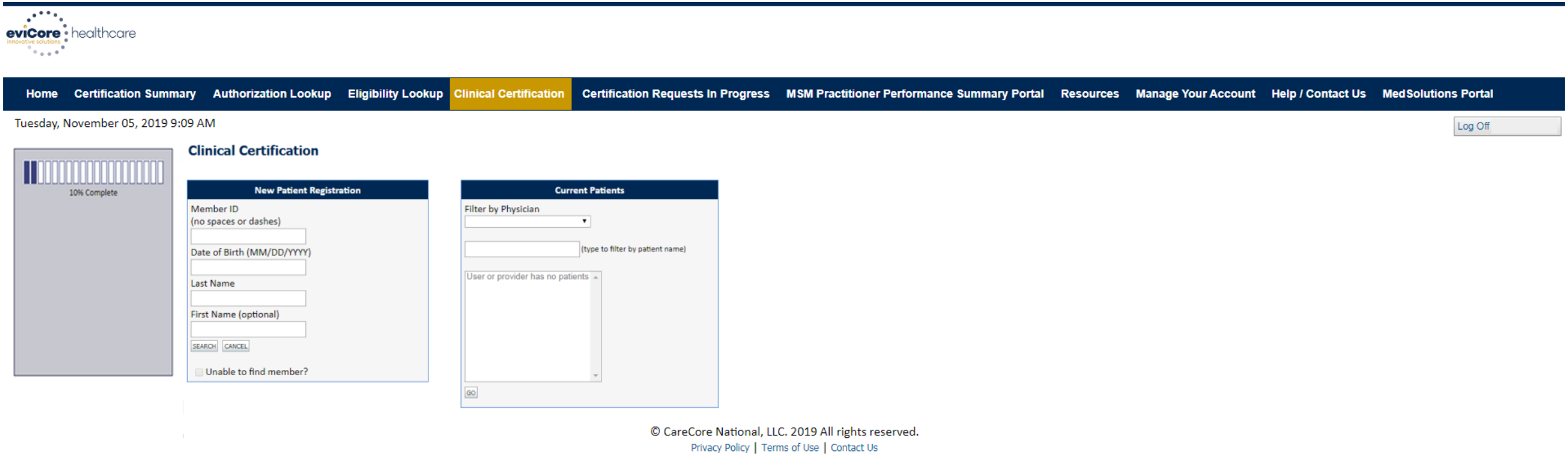
Member Information



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.

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Clinical Details

Select the CPT and Diagnosis codes.

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Verify Service Selection

Click continue to confirm your selection.

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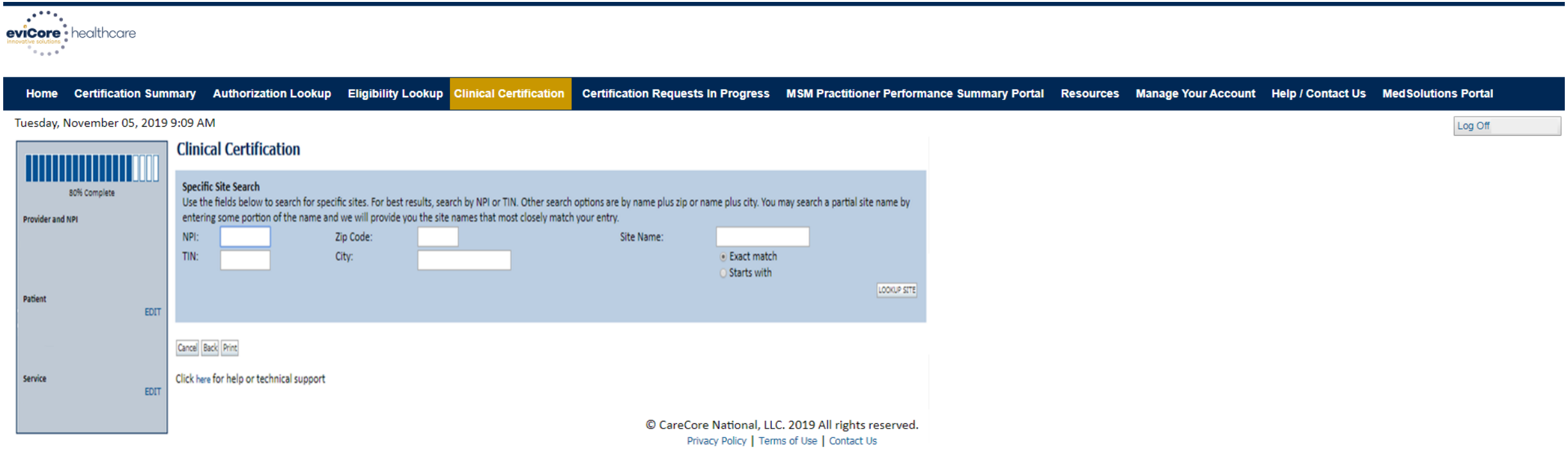
Site Selection



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

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Clinical Collection Process

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

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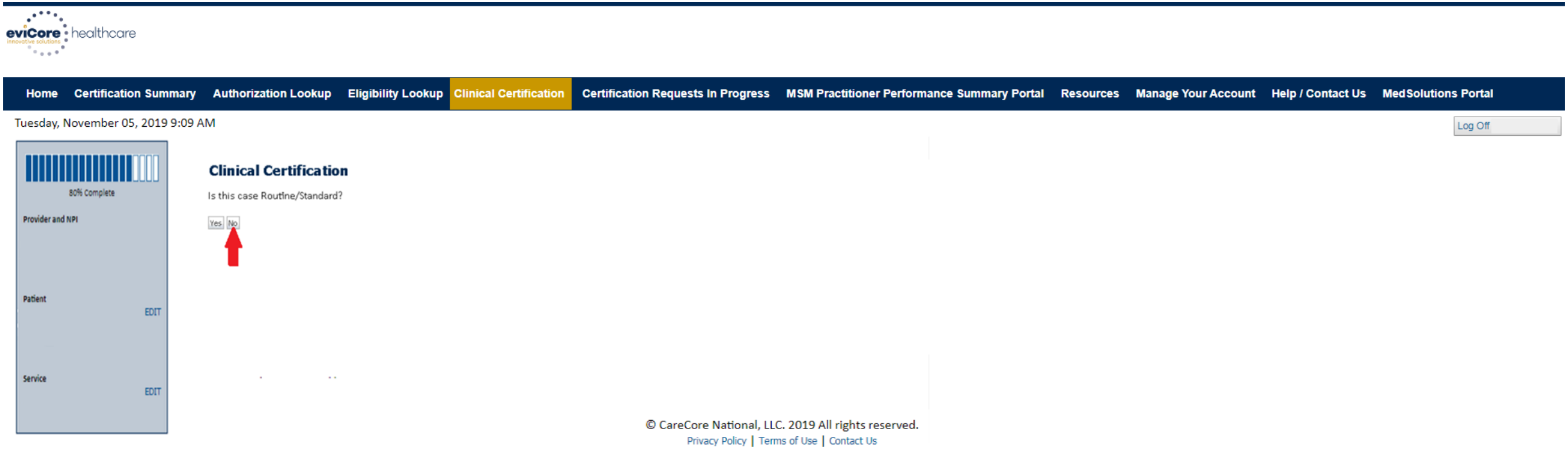
Urgency Indicator



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

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Clinical Pathway Questions

Clinical Certification questions may populate based upon the information provided.

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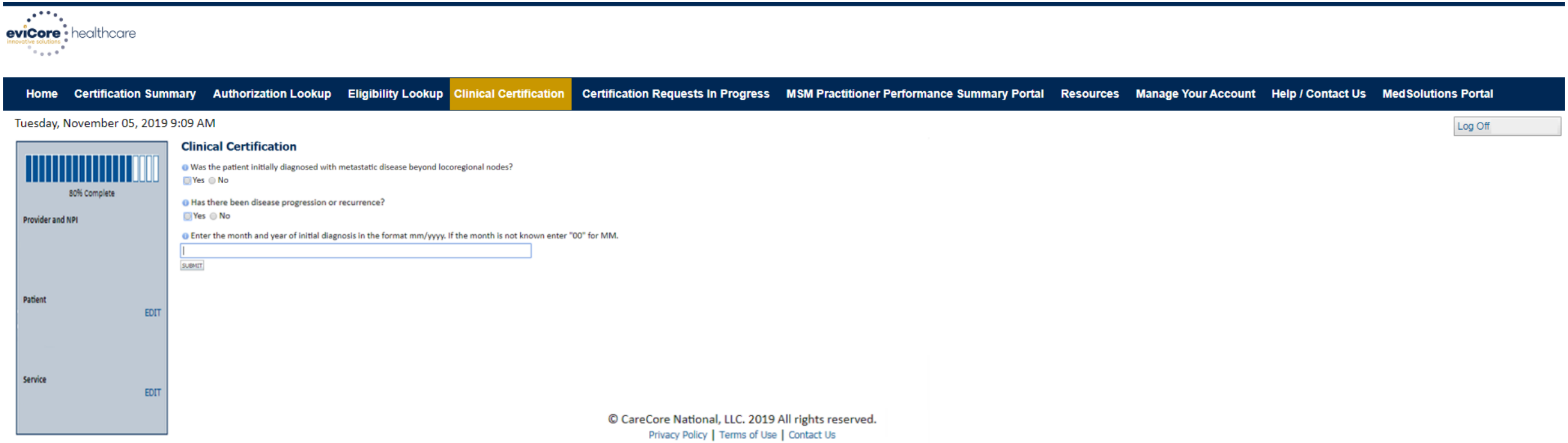
Clinical Pathway Questions



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.

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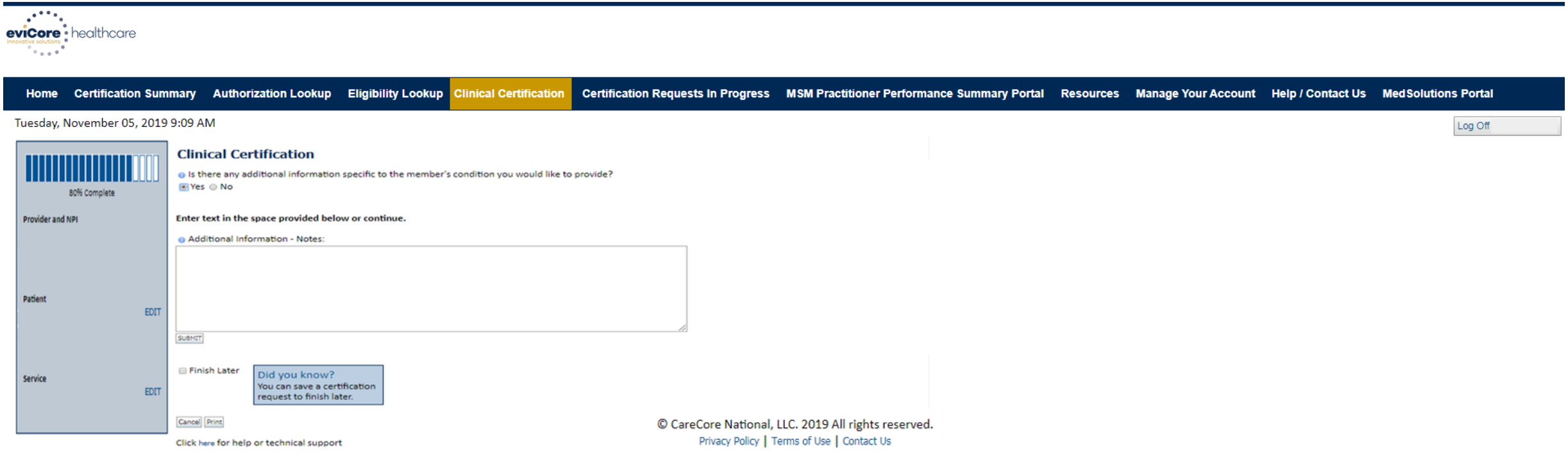
Clinical Collection Process – Pathway Questions



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.

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Clinical Collection Process – Clinical Upload

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

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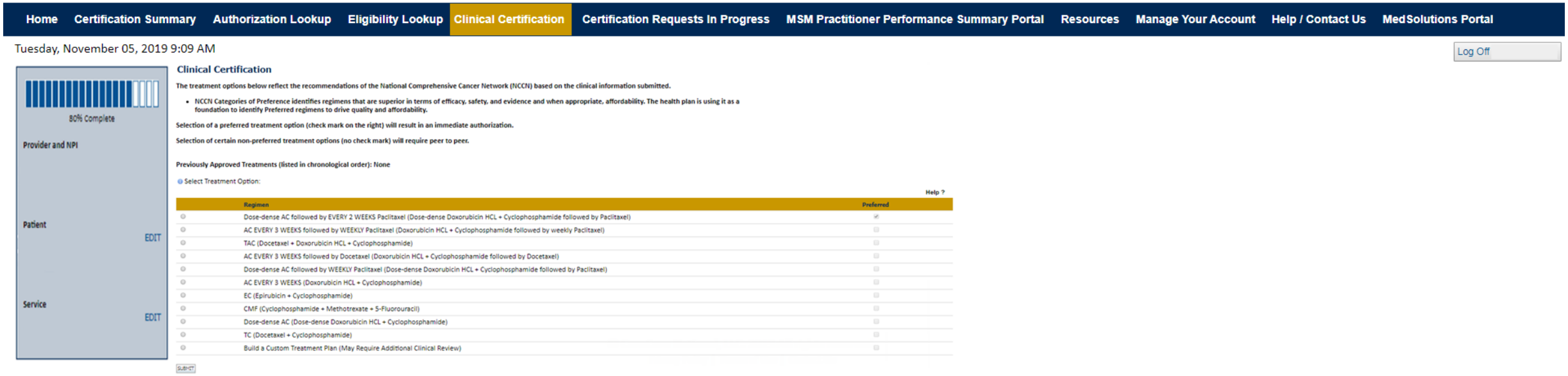
Clinical Collection Process – Clinical Upload



Select an NCCN Recommendation from the list.

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

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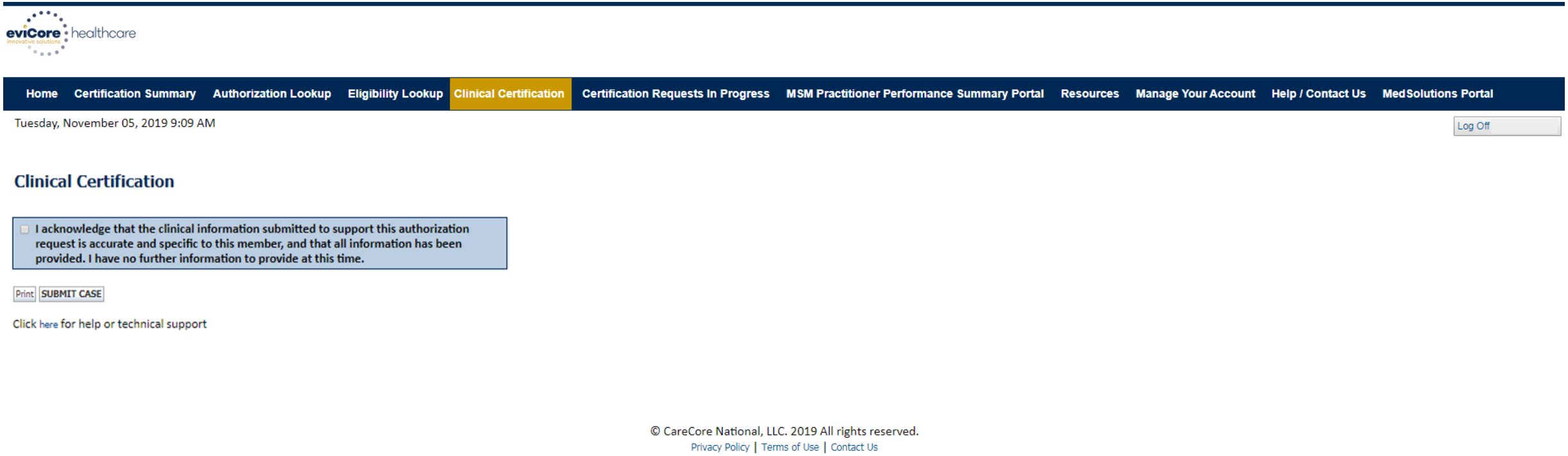
Clinical Certification Statements



Acknowledge the Clinical Certification statements, and hit "Submit Case."

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Clinical Certification – Approval Case Summary

Clinical Certification

Your case has been Approved.

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

Patient Name:
Insurance Carrier:
Patient Id:

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.

Print Continue

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.

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Clinical Certification –Pending Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

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.

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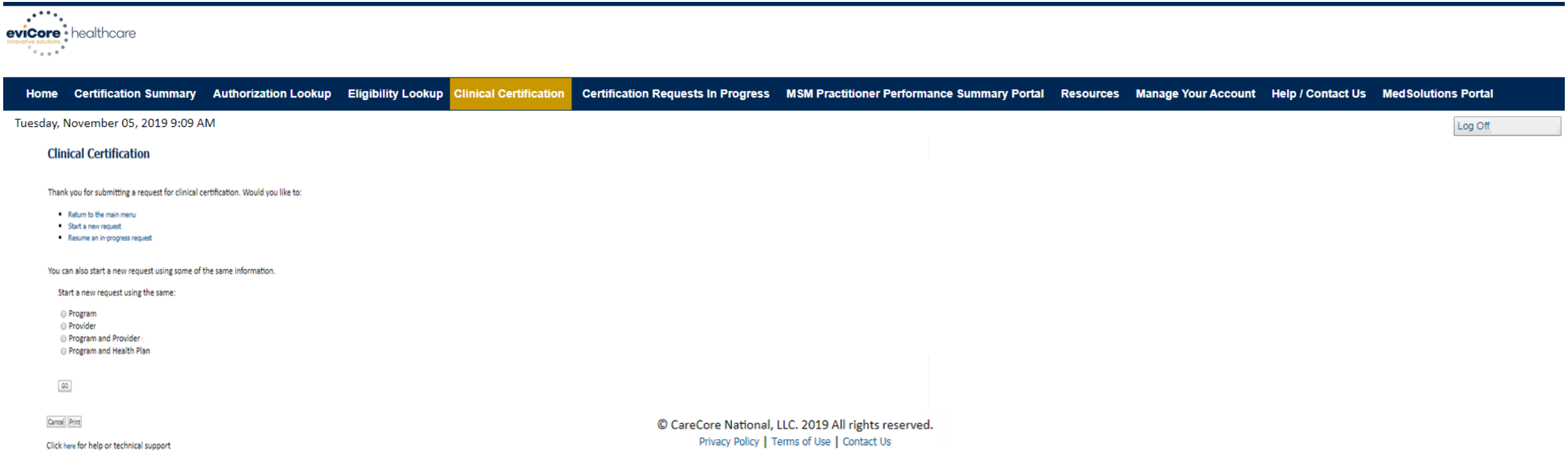
Building Additional Cases



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.

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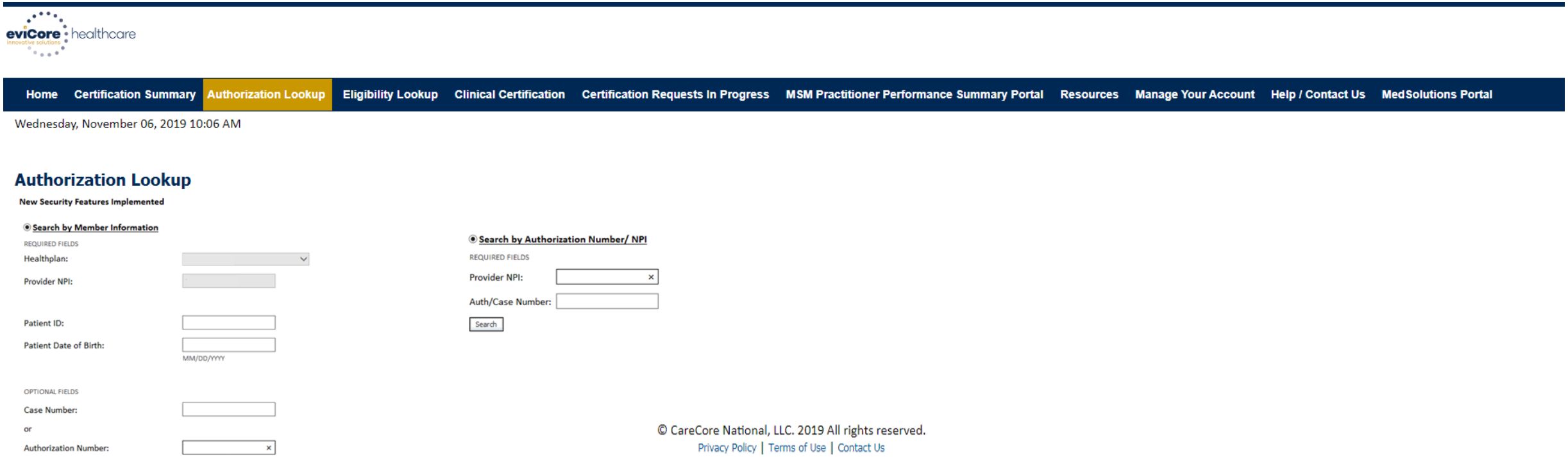
Authorization Lookup Tool



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.

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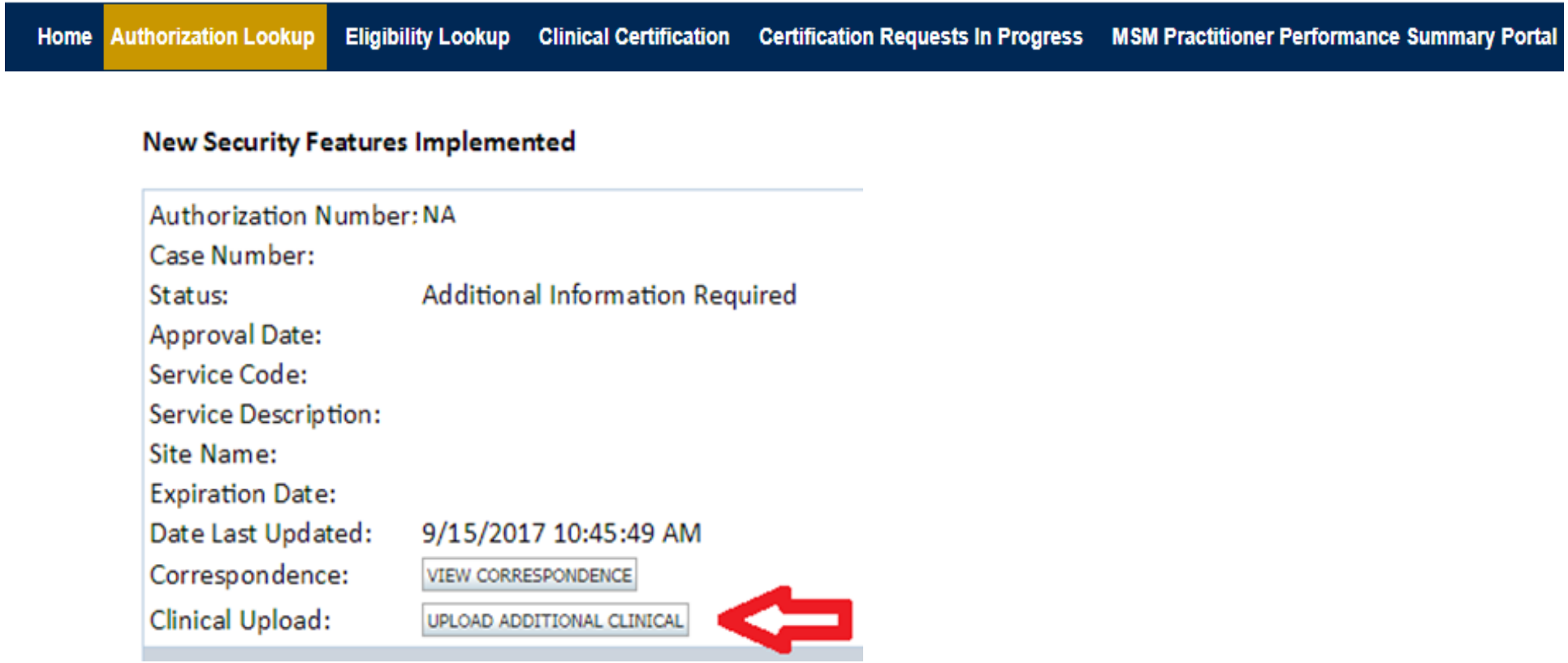
Search Results and Electronic Clinical Upload Feature



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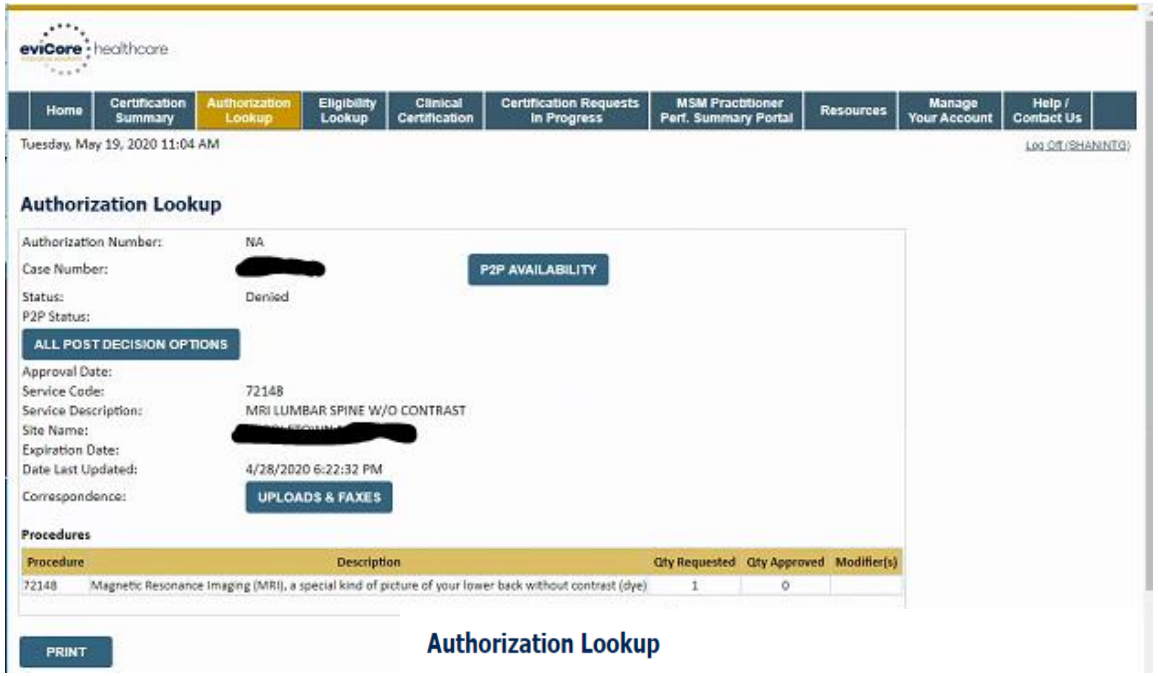
Self-Service Peer to Peer Scheduling Feature



- 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.

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Eligibility Lookup Tool

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

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Provider Resources

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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

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Provider Resources

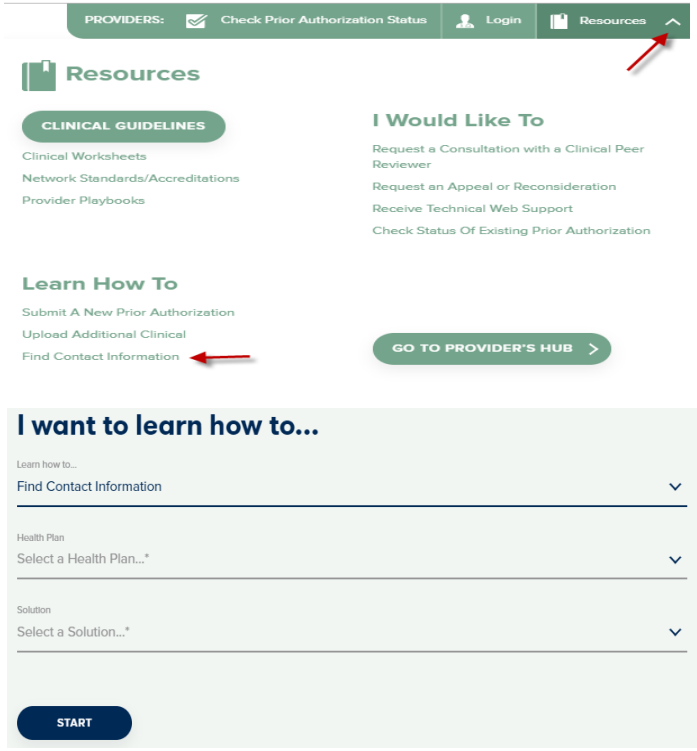
Web Support Services

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.



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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.

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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

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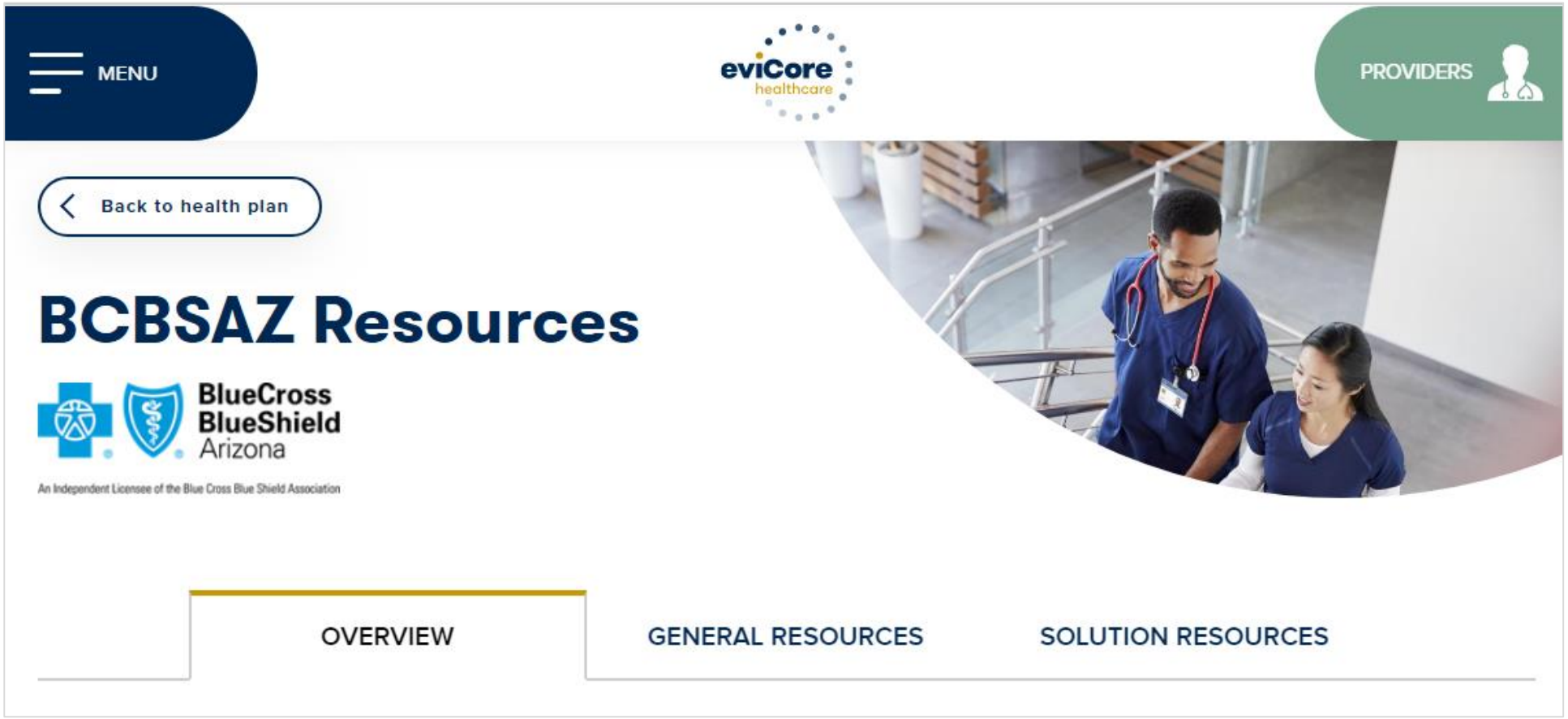
Customized Provider Resource Page

www.evicore.com/resources/healthplan/azblue



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

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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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