# Preauthorization of Medical Oncology Management for Blue Cross and Blue Shield Medicare Program

## Provider Orientation

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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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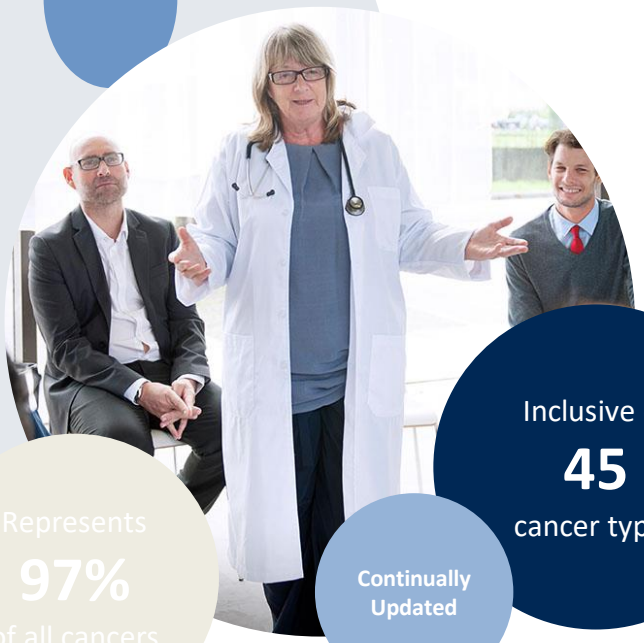
# Our Clinical Approach

# **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**

# Evidence-Based Guidelines



Represents **97%** of all cancers

Inclusive of **45** cancer types

**Continually Updated**

**The foundation of our solutions**

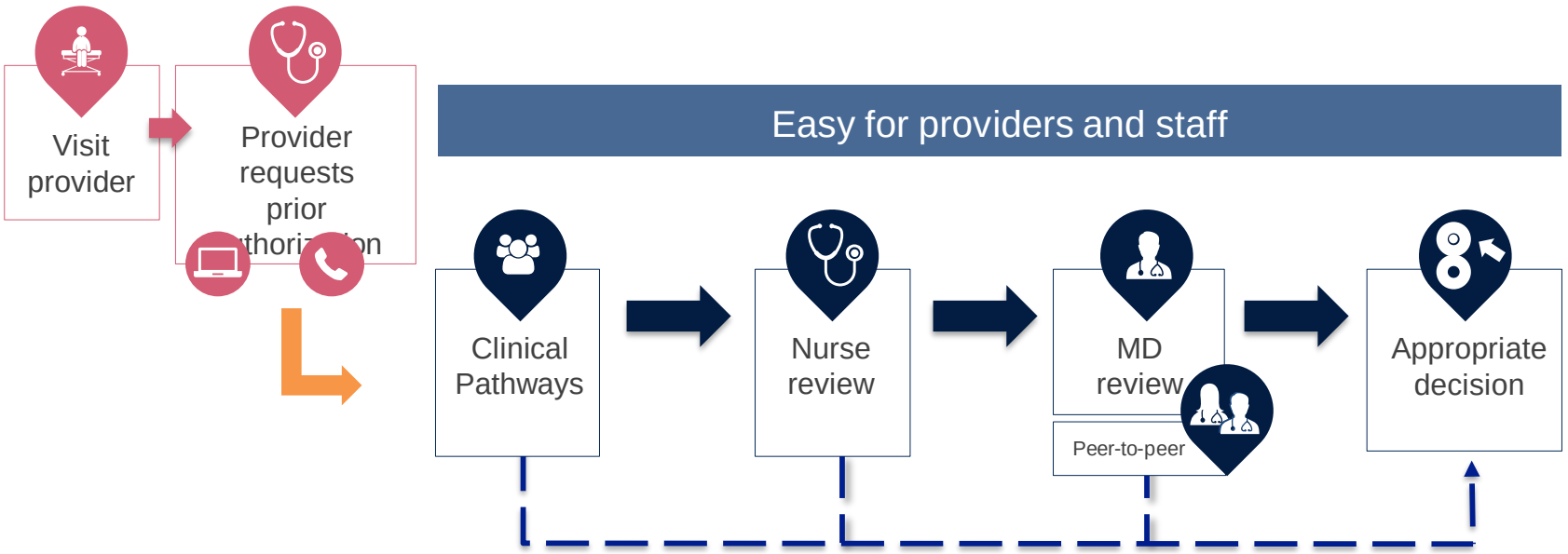
National Comprehensive Cancer Network® (NCCN)

**26 of the World's Leading Cancer Centers Aligned**

**eviCore Guideline Management**

# Our Clinical Approach for Specialty Drug

# Prior Authorization Process




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 BCBSIL's coverage criteria. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

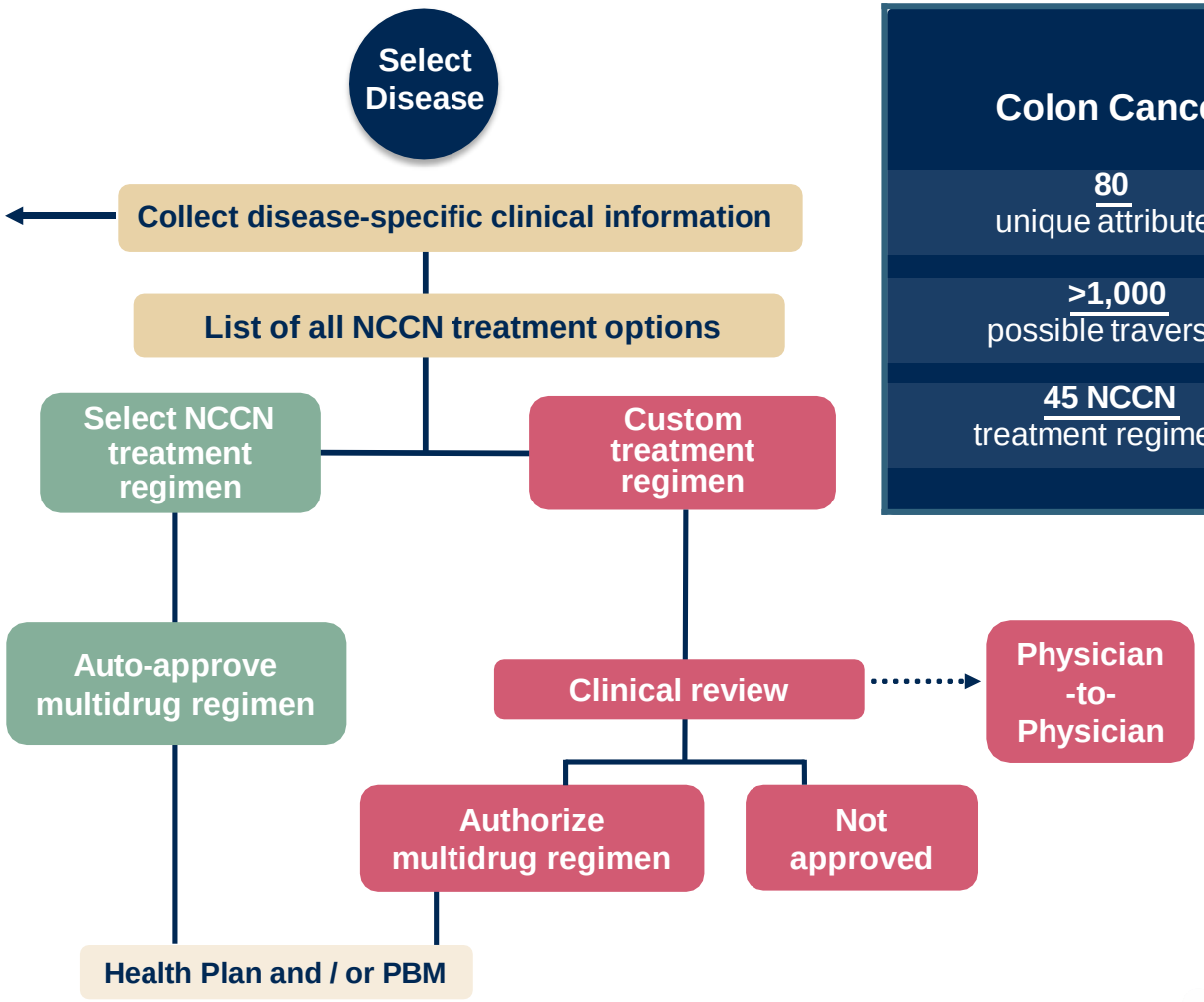
# Submitting Requests

# 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




**Colon Cancer**

**80** unique attributes

**>1,000** possible traversals

**45 NCCN** treatment regimens

**2-5 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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

**The Provider must submit the additional information to eviCore**

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.

**eviCore will review the additional documentation and reach a determination**

Determination notifications will be sent.

# Program Overview

**eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.**

**Preauthorization applies to services that are:**

- Outpatient
- Elective/non-emergent

**eviCore Preauthorization does not apply to services that are performed in:**

- Emergency room
- Inpatient
- 23-hour observation

**It is the responsibility of the ordering provider to request preauthorization approval for services.**

# Applicable Membership

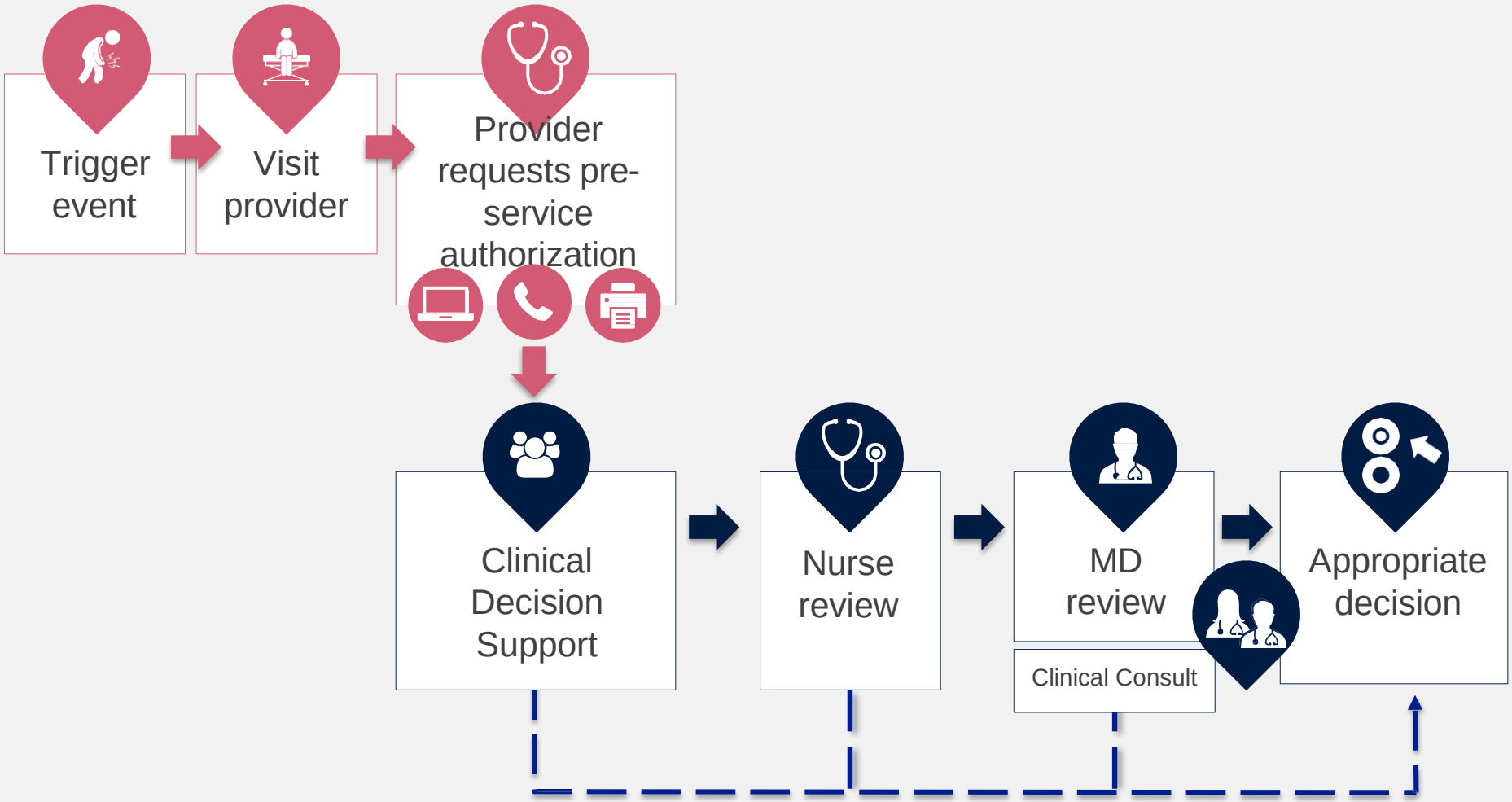
**Authorization is required** for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - **Medicare members**
- **Blue Cross and Blue Shield of Montana**
  - **Medicare members**
- **Blue Cross and Blue Shield of New Mexico**
  - **Medicare members**
- **Blue Cross and Blue Shield of Oklahoma**
  - **Medicare members**
- **Blue Cross and Blue Shield of Texas**
  - **Medicare members**

# Summary

| | |
|---|---|
| What types of Drugs are included? | • **Primary Injectable Chemotherapy**<br>• **Supportive Medications given with Chemotherapy** |
| What is covered in my authorization? | • **All drugs that are included in the treatment regimen – there are no partial approvals.**<br>• **The HCPC codes associated with the approved drugs**<br>• **The time period indicated on the authorization (8-14 months)**<br>• **The Authorization is not for a specific dose or administration schedule. *However, billing in excess of the appropriate # of units or frequency of administration for a drug may result in claims denial.***<br>• **Supportive drugs will be issued as a separate authorization.** |
| How often do I need to update my authorization? | • **When the authorization time has expired.**<br>• **When there is a change in treatment including new or different drugs.**<br>• **NOT when dosing changes**<br>• **NOT if an approved drug is no longer used** |
| What about drugs billed through Pharmacy? | • **The eviCore system will display oral drugs when used in an NCCN regimen in order to accurately describe the regimen, but those drugs will not be included in the authorization if the request is approved.**<br>• **Pharmacy drugs (typically orals) do not require PA through this program, but may require PA through the member's PBM. Please contact the PBM for additional information or instructions for drugs being billed under the pharmacy benefit.**<br>• **Drugs covered under this program, but being used to treat non-cancer conditions may require PA. Contact the number on the ID card to confirm requirements.** |

# Pre-Service Authorization Process



# Needed Information

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

- Prior tests, and/or prior imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

# Preauthorization Outcomes

## Approved Requests:

- All requests are processed within 14 calendar days.
- Authorizations are typically good for 8 – 12 months from the date of determination.

## Delivery:

- Faxed to ordering provider and rendering facility
- Mailed to the member. Verbal provider outreach will be done for urgent requests.
- Information can be printed on demand from the eviCore healthcare Web Portal.

## Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Physician Review

## Delivery:

- Faxed to the rendering provider and rendering facility. Verbal provider outreach will be done for urgent requests.
- Mailed to the member, verbal outreach for urgent requests.

# Preauthorization Outcomes

## Pre-Decision Consultation

**Medical Oncology Only:**

- eviCore will request a Physician-to-Physician review on any regimens that do not meet NCCN guidelines *prior* to issuing a determination. Denials may be issued if appropriate clinical justification is not available or an alternate regimen is not selected.

**Medical Oncology and Specialty Drug:**

- Physician-to-Physician reviews can be scheduled at a time convenient to your physician *prior* to a determination or after issuing a denial. Medicare denials cannot be overturned.

# Special Circumstances

## Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days; eviCore will respond within 30 calendar days.

## Outpatient Urgent Requests:

- Contact eviCore by phone or web portal to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed with 72 hours of the request.

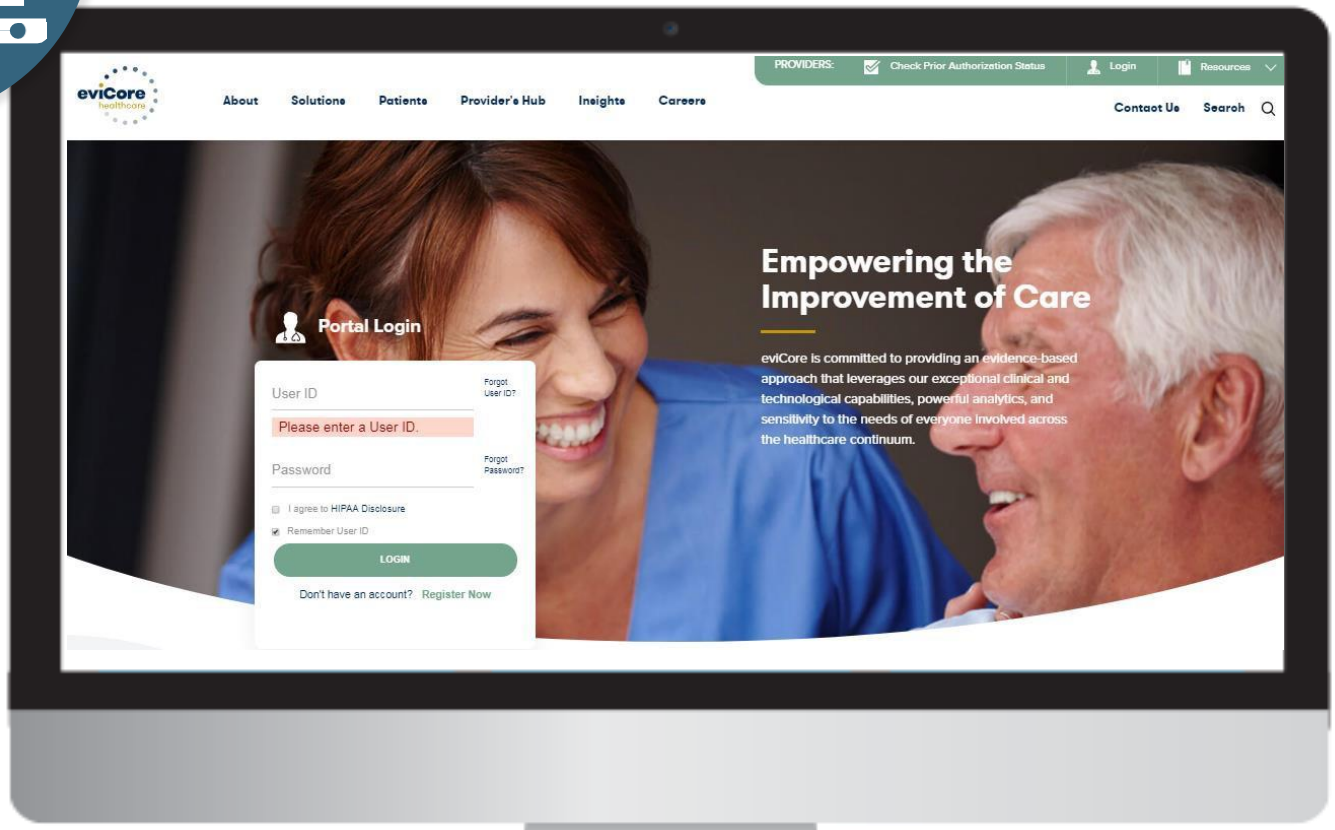
## Patients Already in Treatment

- Patients already in treatment prior to June 1, 2017 will not require preauth.
- Any requests for additional time on an existing BCBS authorization, or for a change in treatment must be submitted through eviCore.

# Web Portal Services

WEB

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](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!




Or by phone:

**Phone Number:**

888-444-9261

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

(Monday – Friday)

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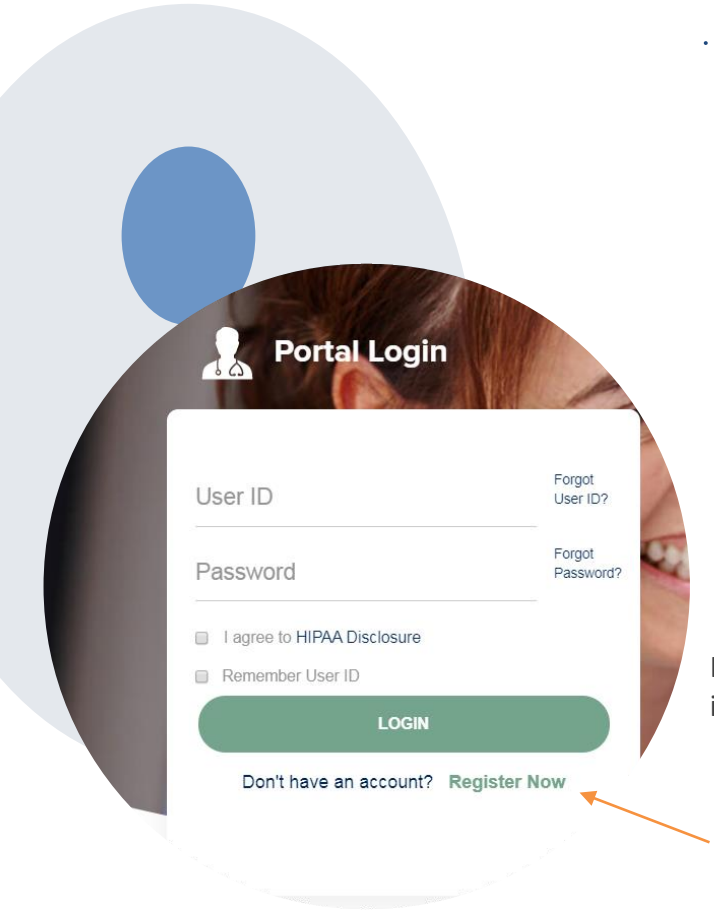
# Benefits of the Provider Portal

**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

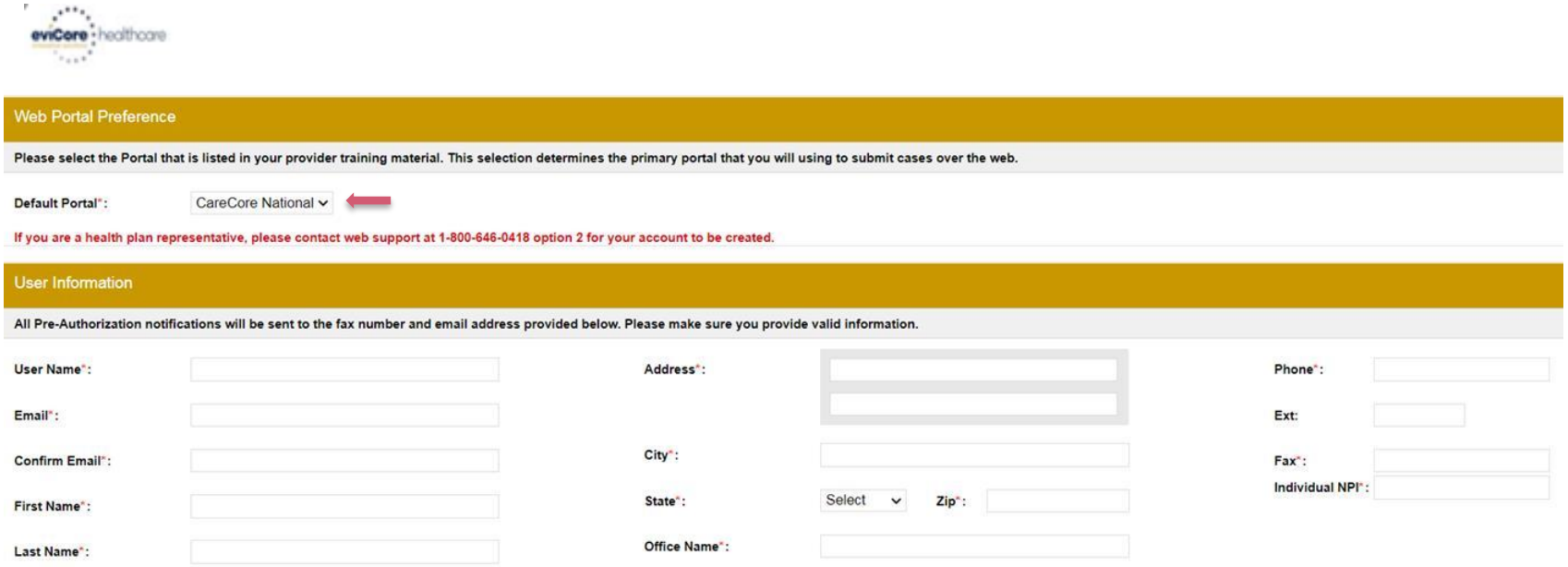
You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.

## 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.

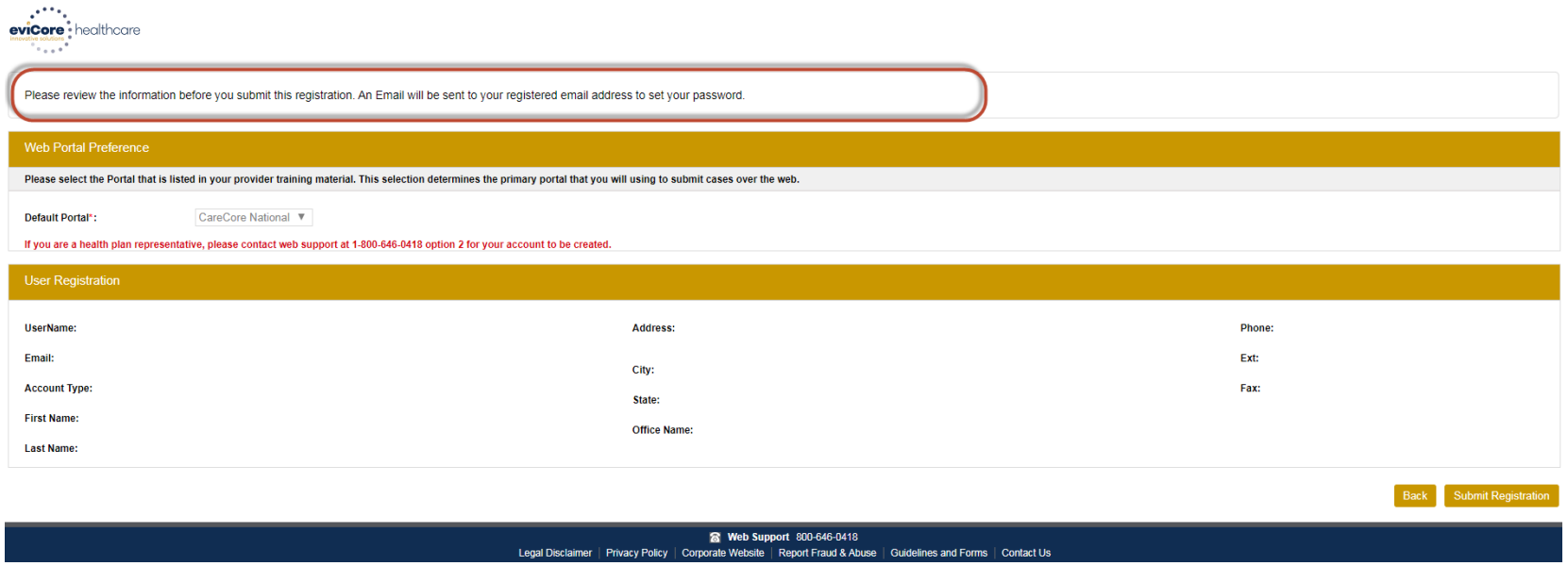
**Don't have an account? Click "Register Now"**

# Registration Form



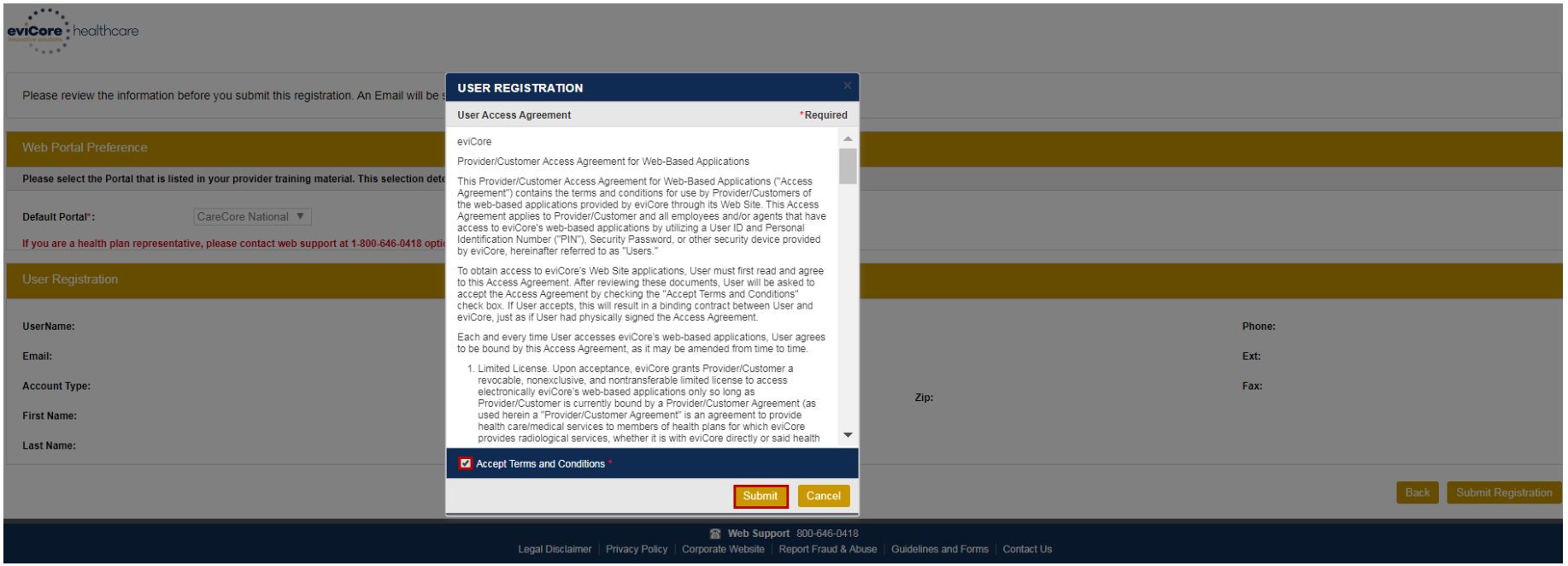

Select a **Default Portal**, and complete the registration form.

# Creating an Account




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

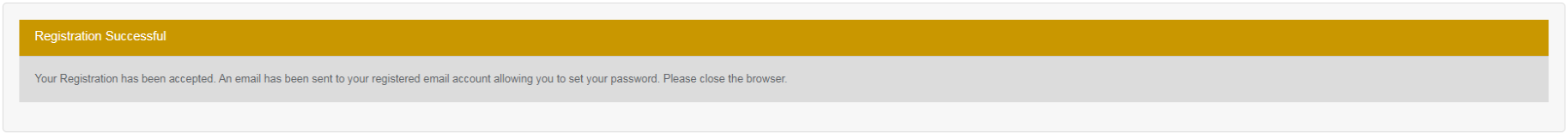
# User Access Agreement



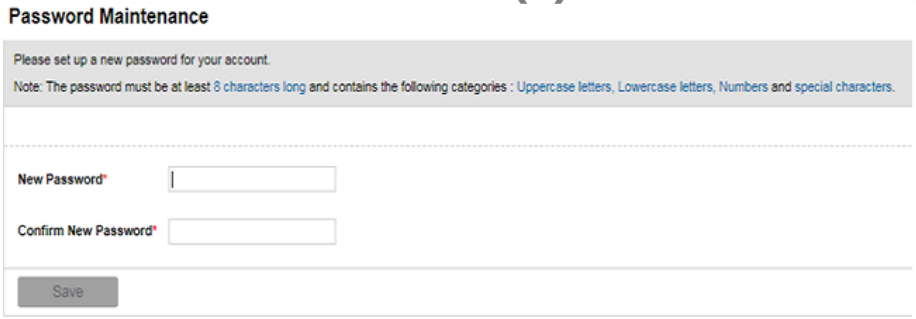

Accept the **Terms and Conditions**, and click "**Submit.**"

# 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.**




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

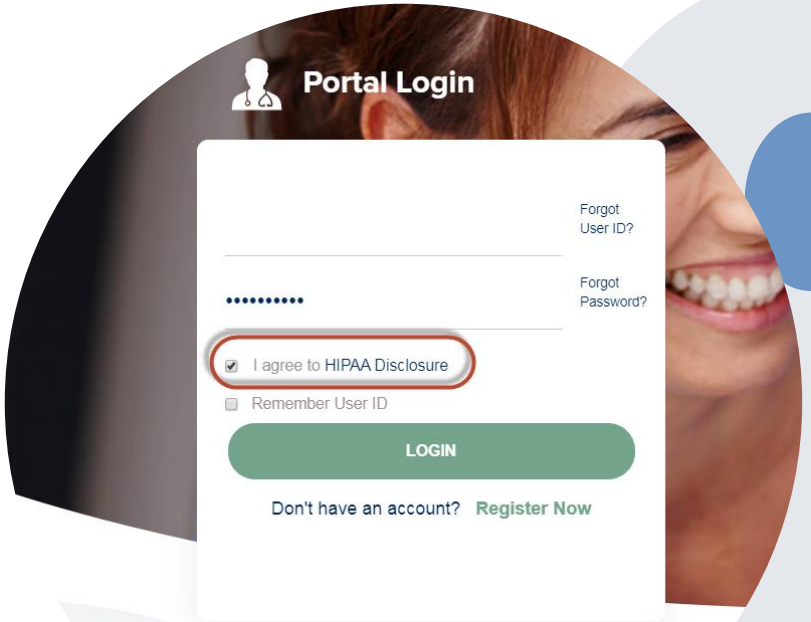



- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)

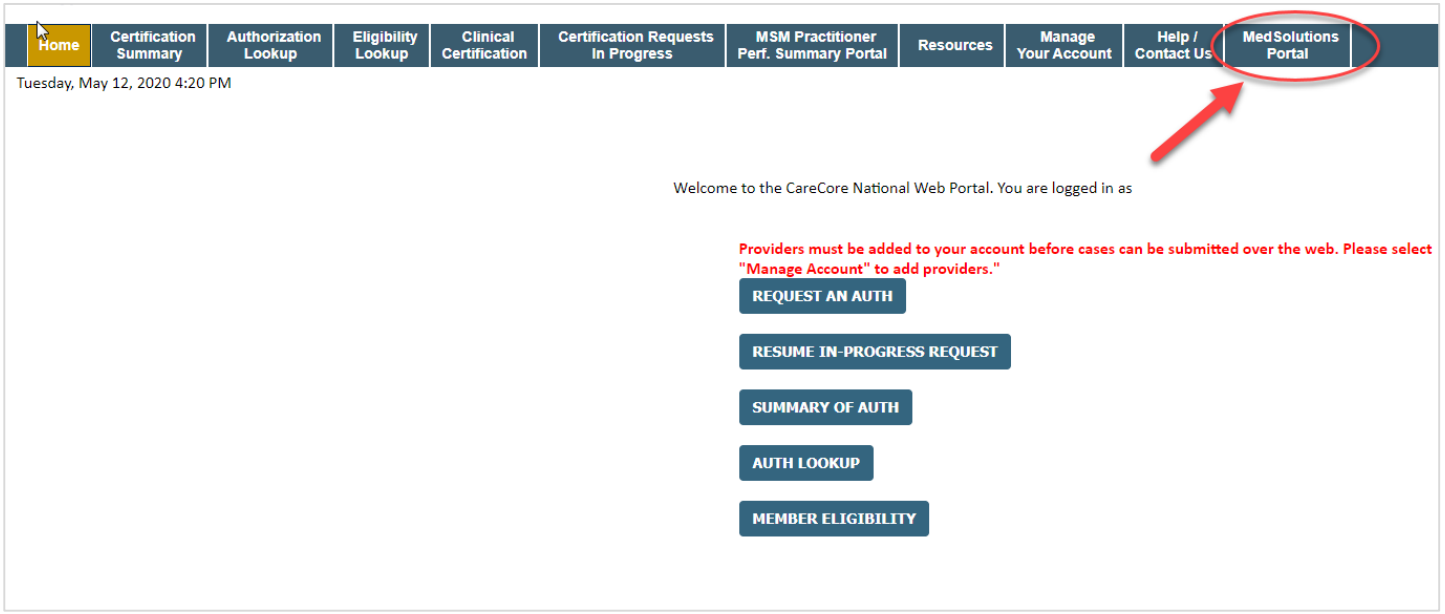
# Account Login

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

Agree to the HIPAA Disclosure, and click “LOGIN.”

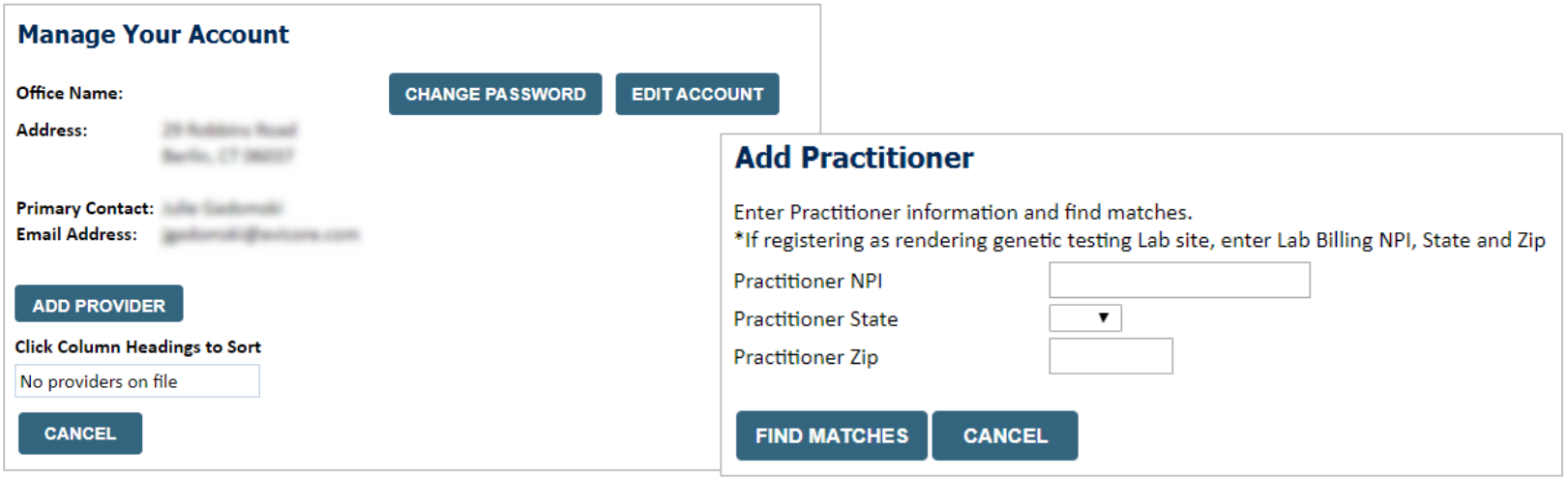


# Welcome Screen




**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



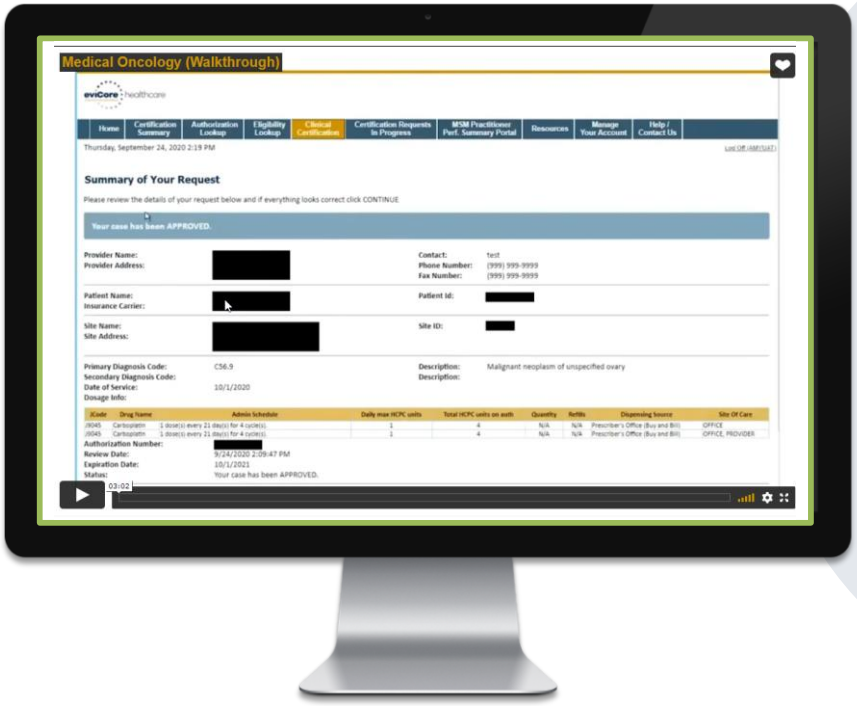

- Select the "**Manage Your Account**" tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click "**Add Another 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.

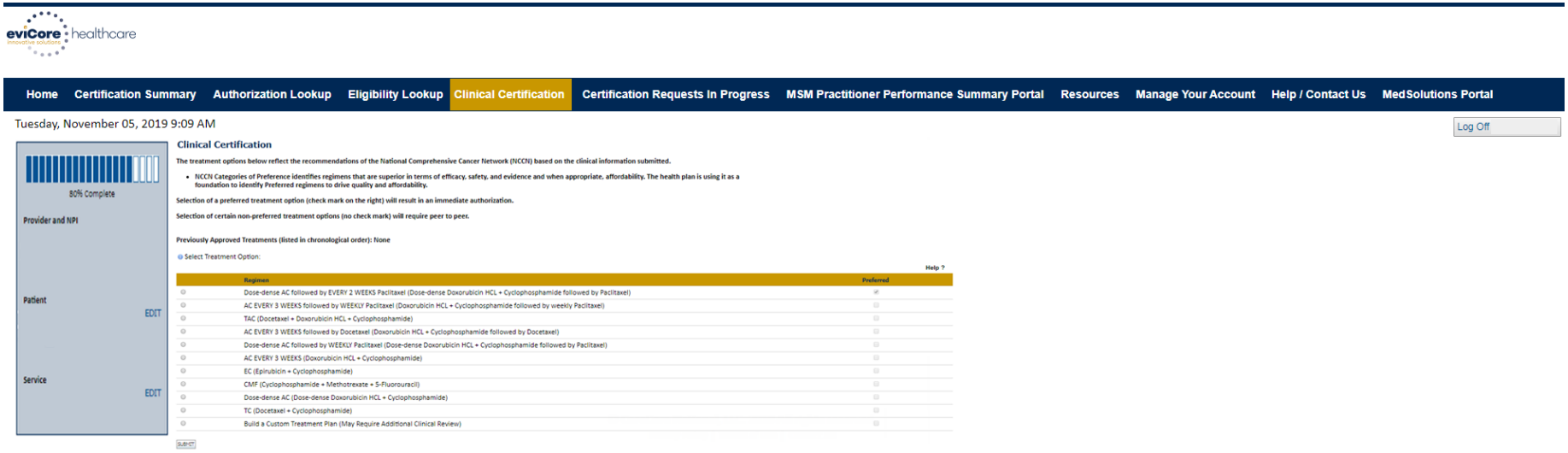
Please click here to view the portal demonstration:

Portal Demonstration




WEB

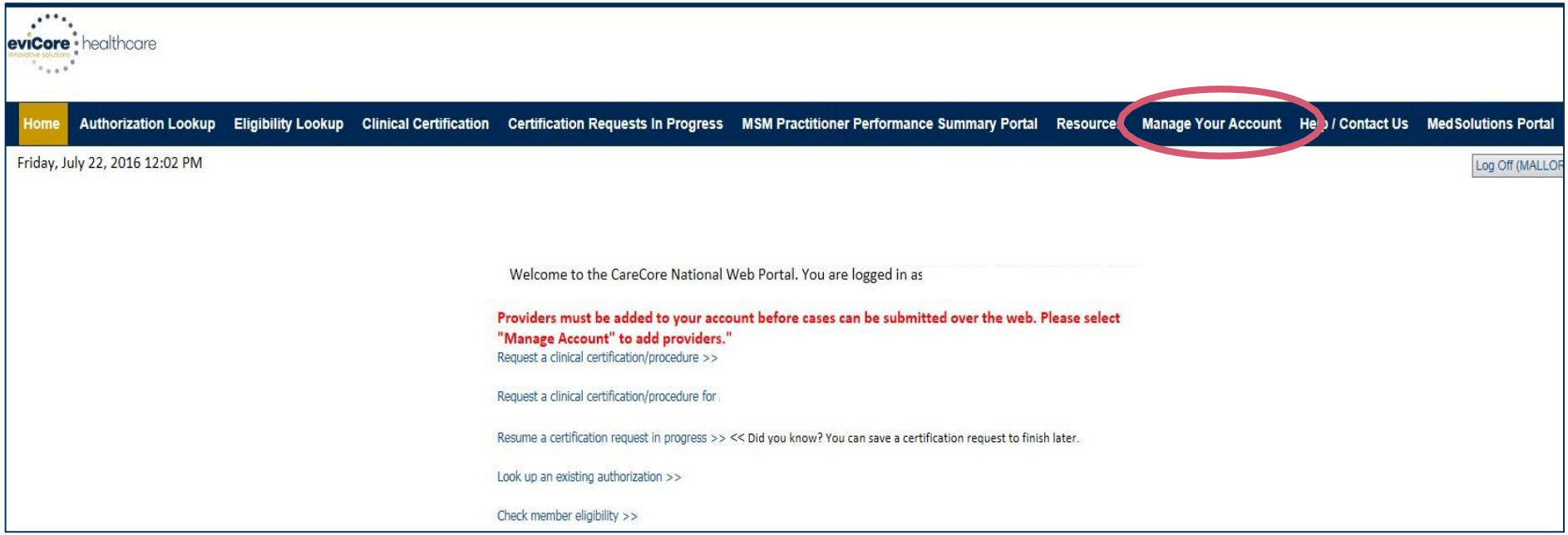
# Clinical Collection Process – Clinical Upload




- 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.

# Case Initiation

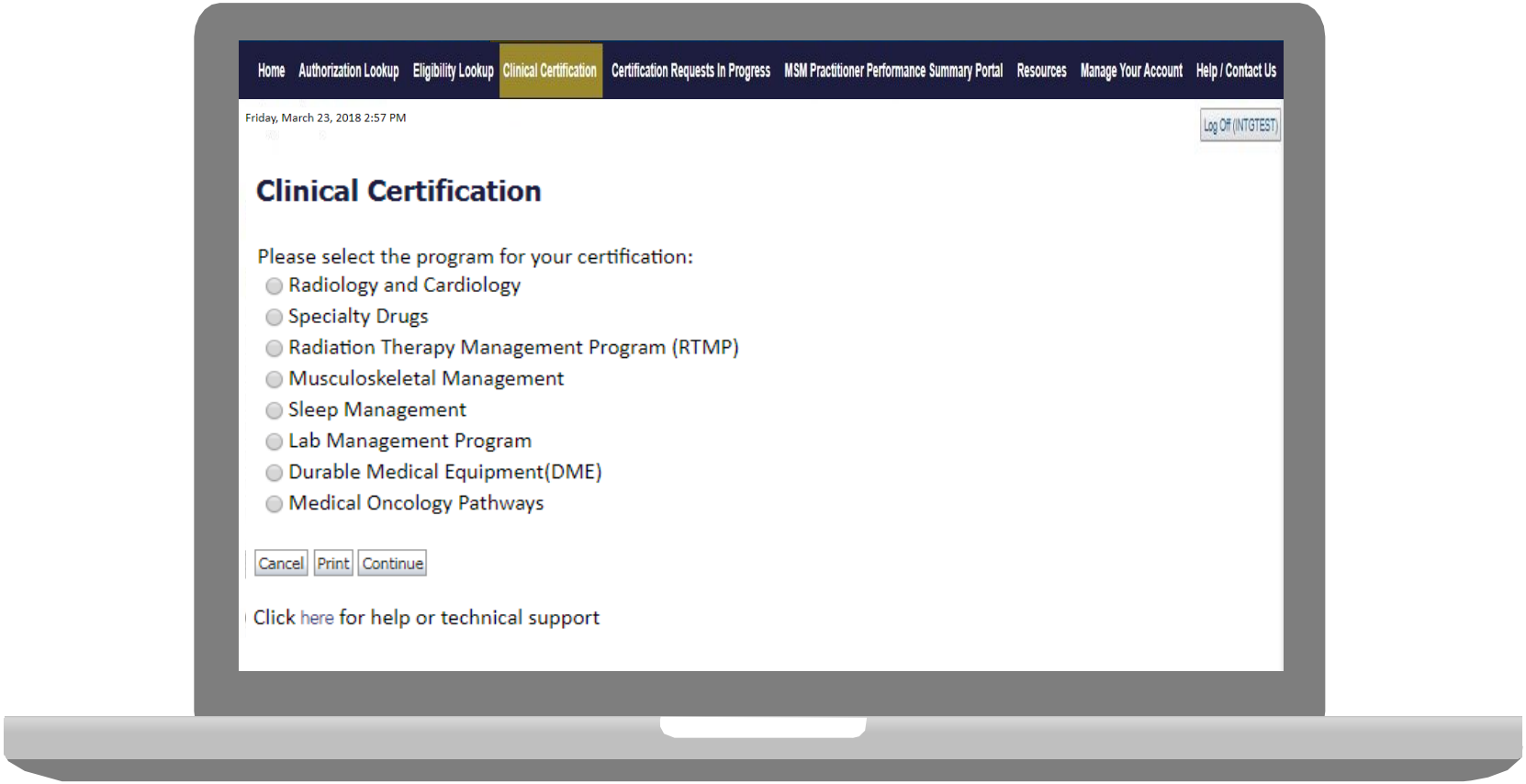
# Welcome Screen




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

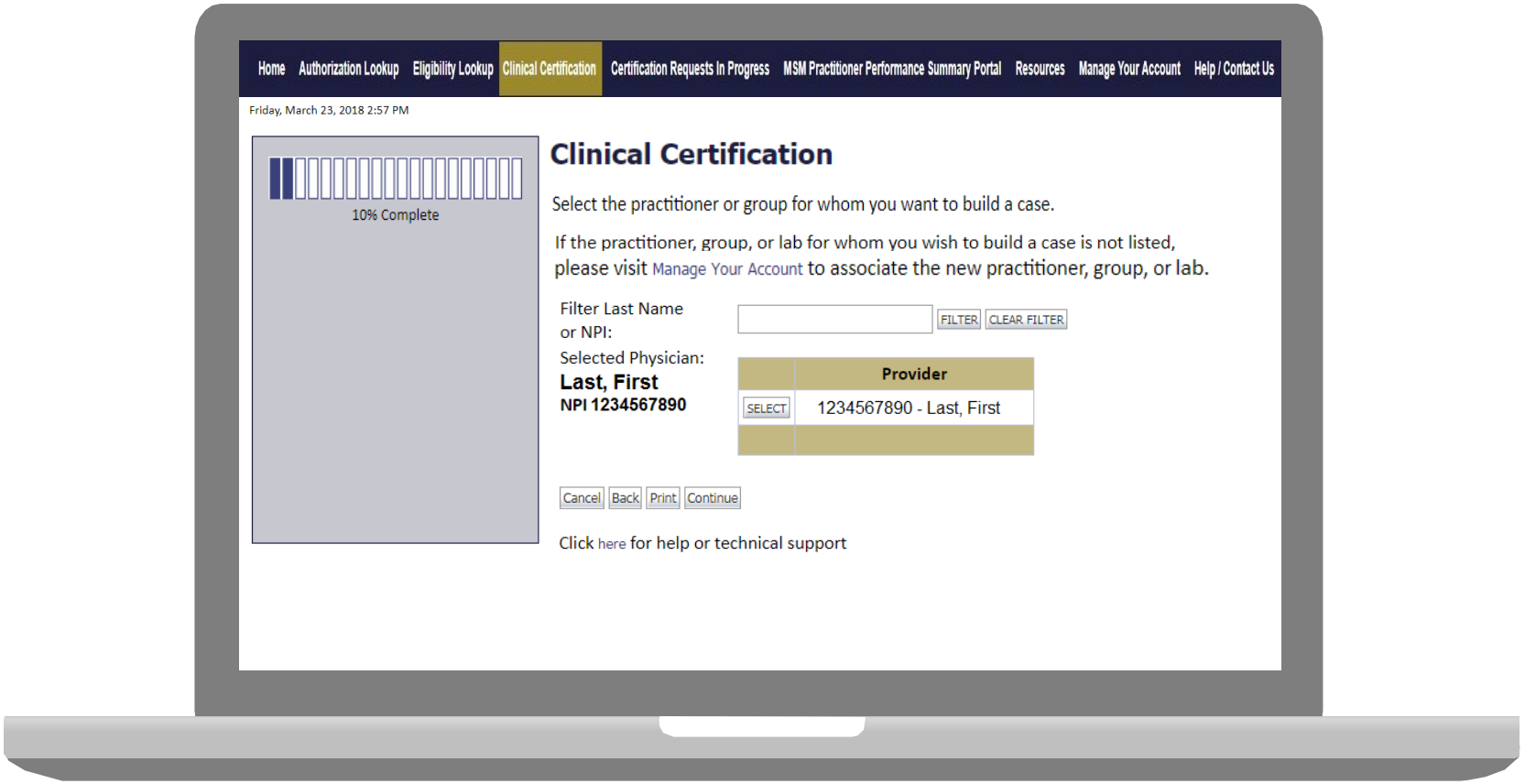
***Note:* You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.**

# Select Program



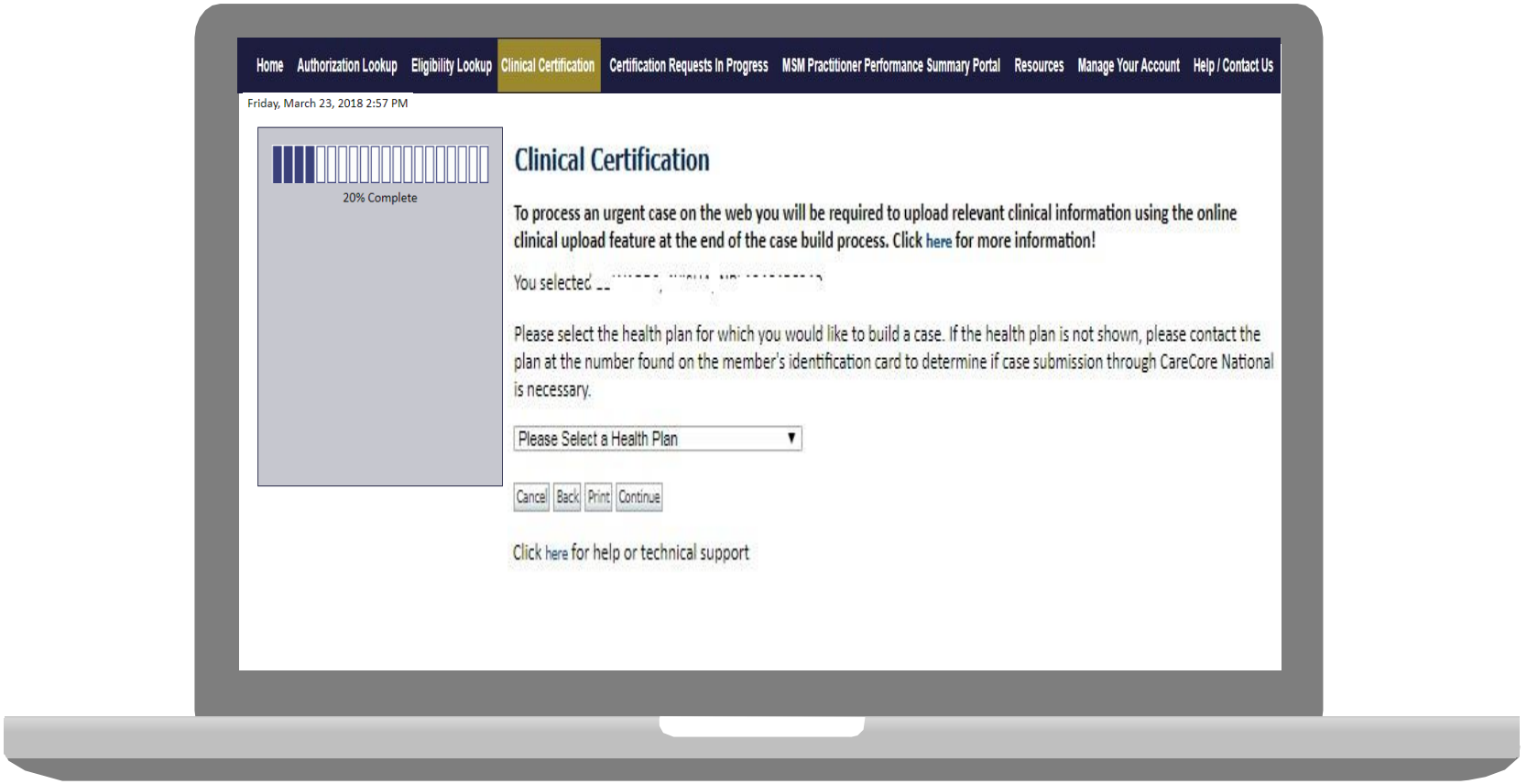

**Select the Program for your certification.**

# Select Provider



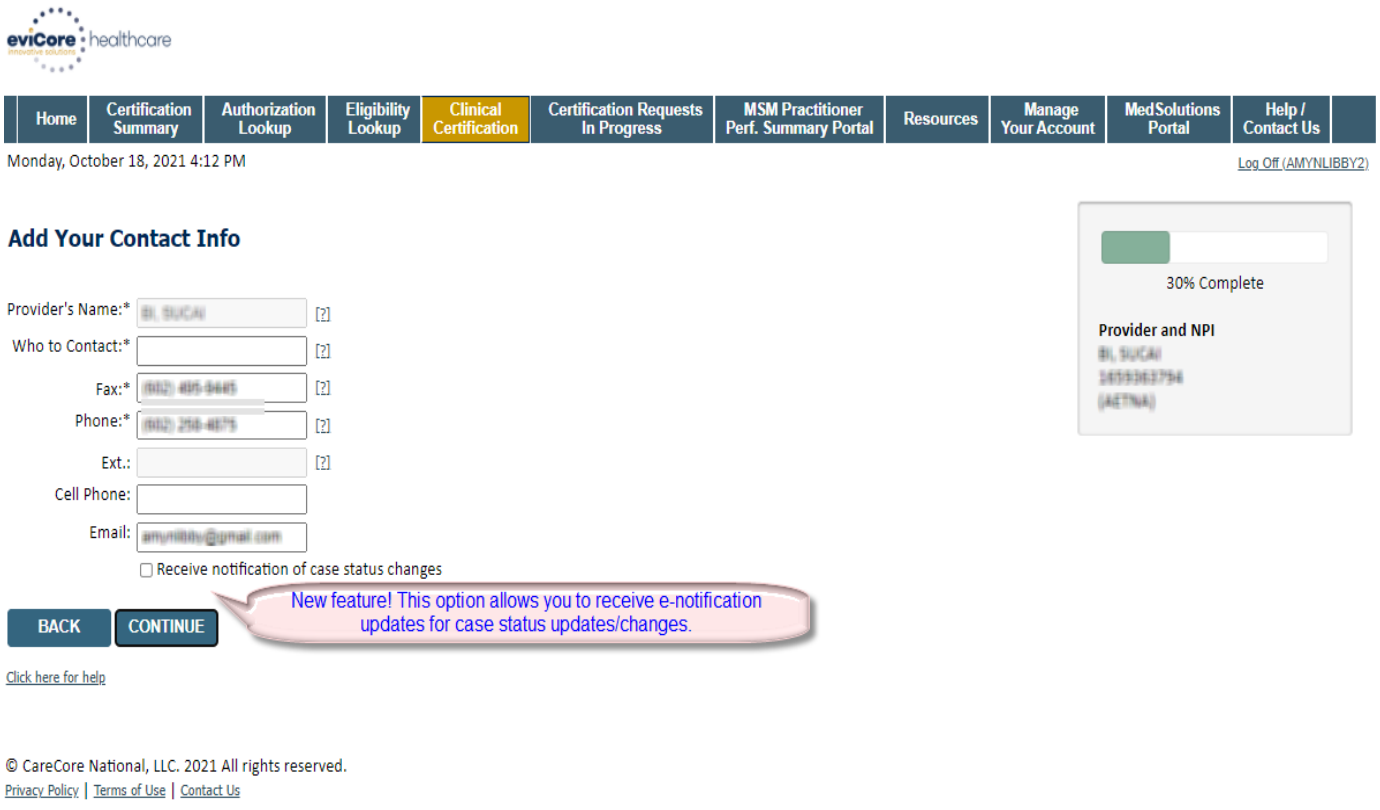

**Select the Practitioner/Group for whom you want to build a case.**

# Select Health Plan

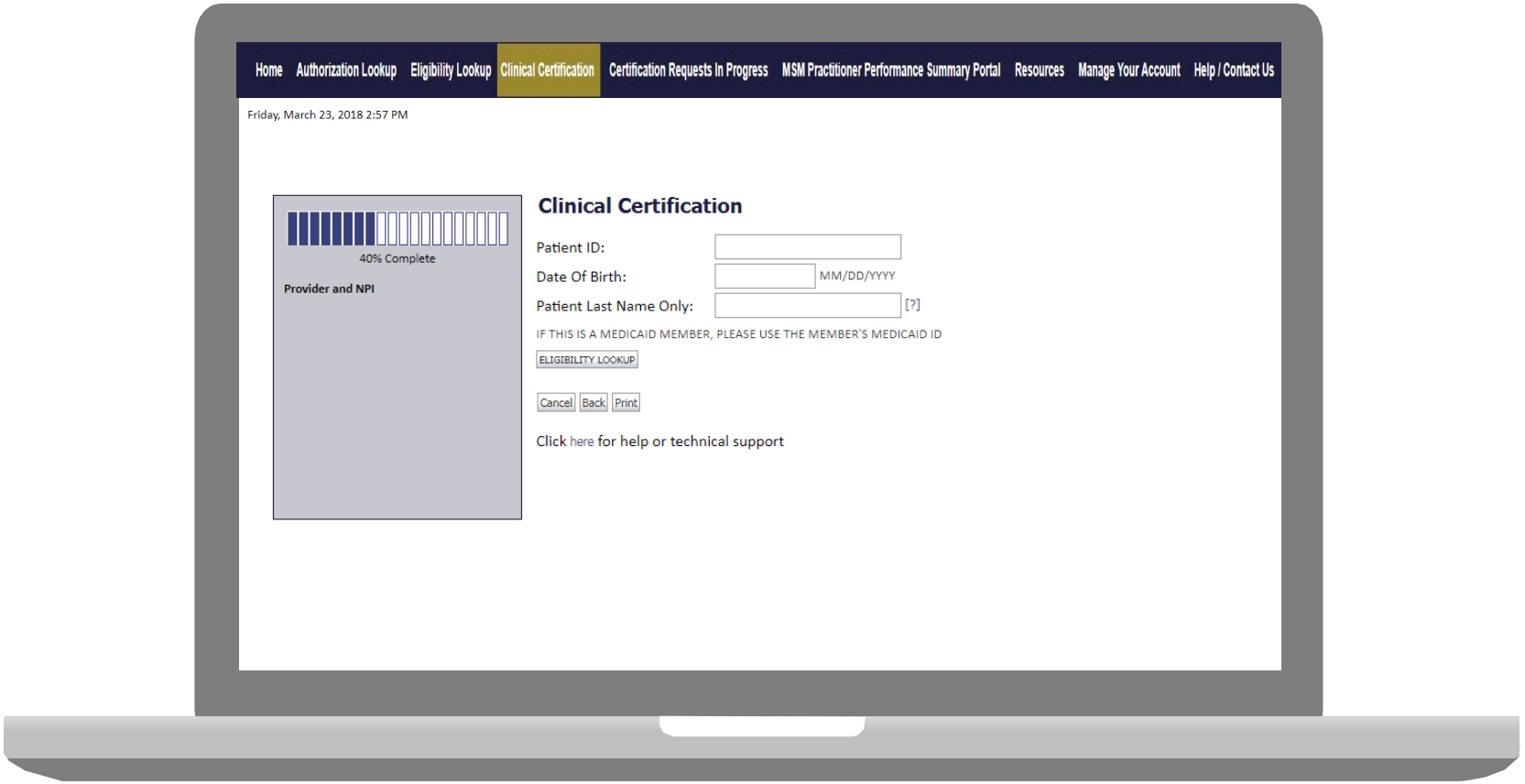



**Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.**

# Contact Information

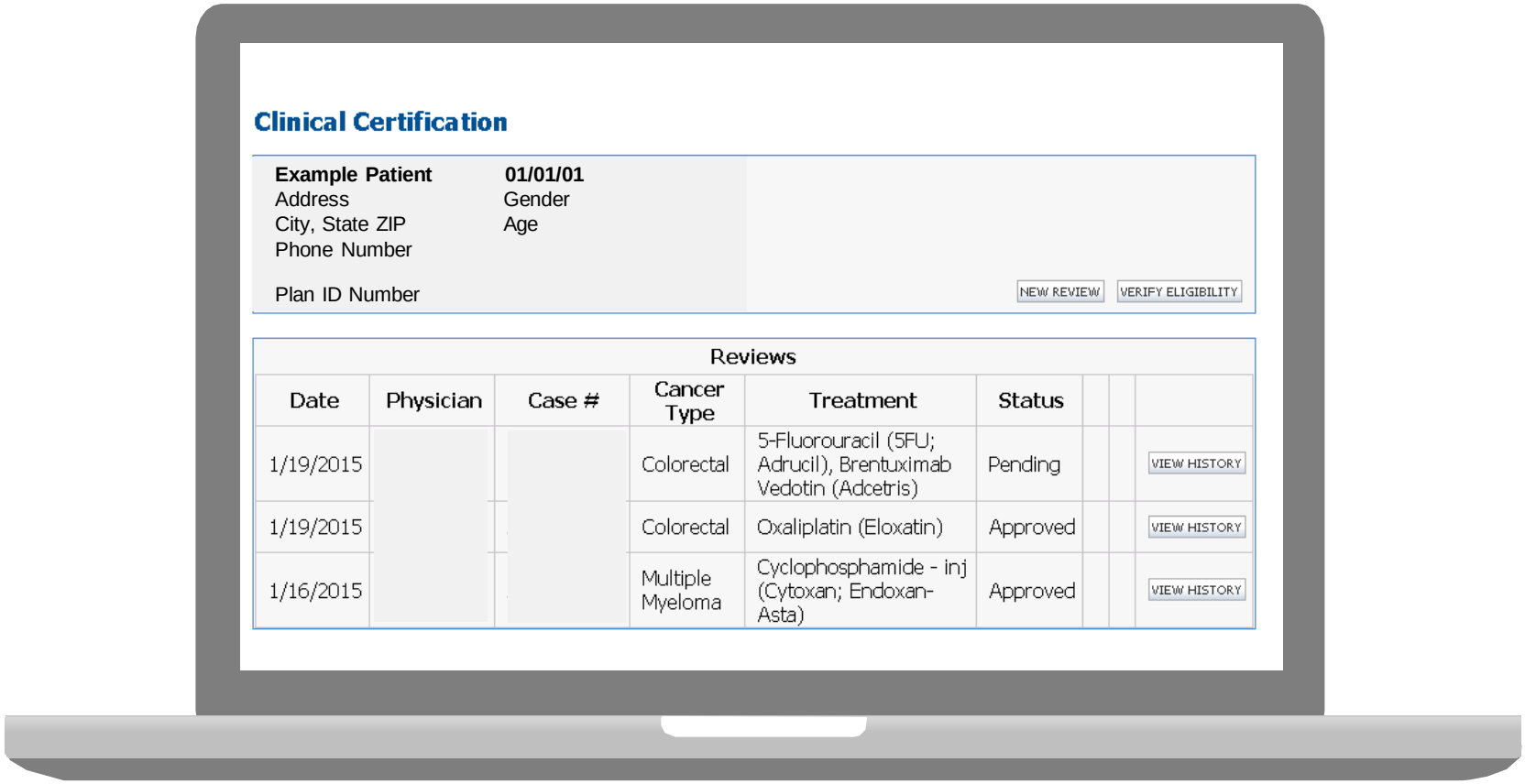


# Member Information



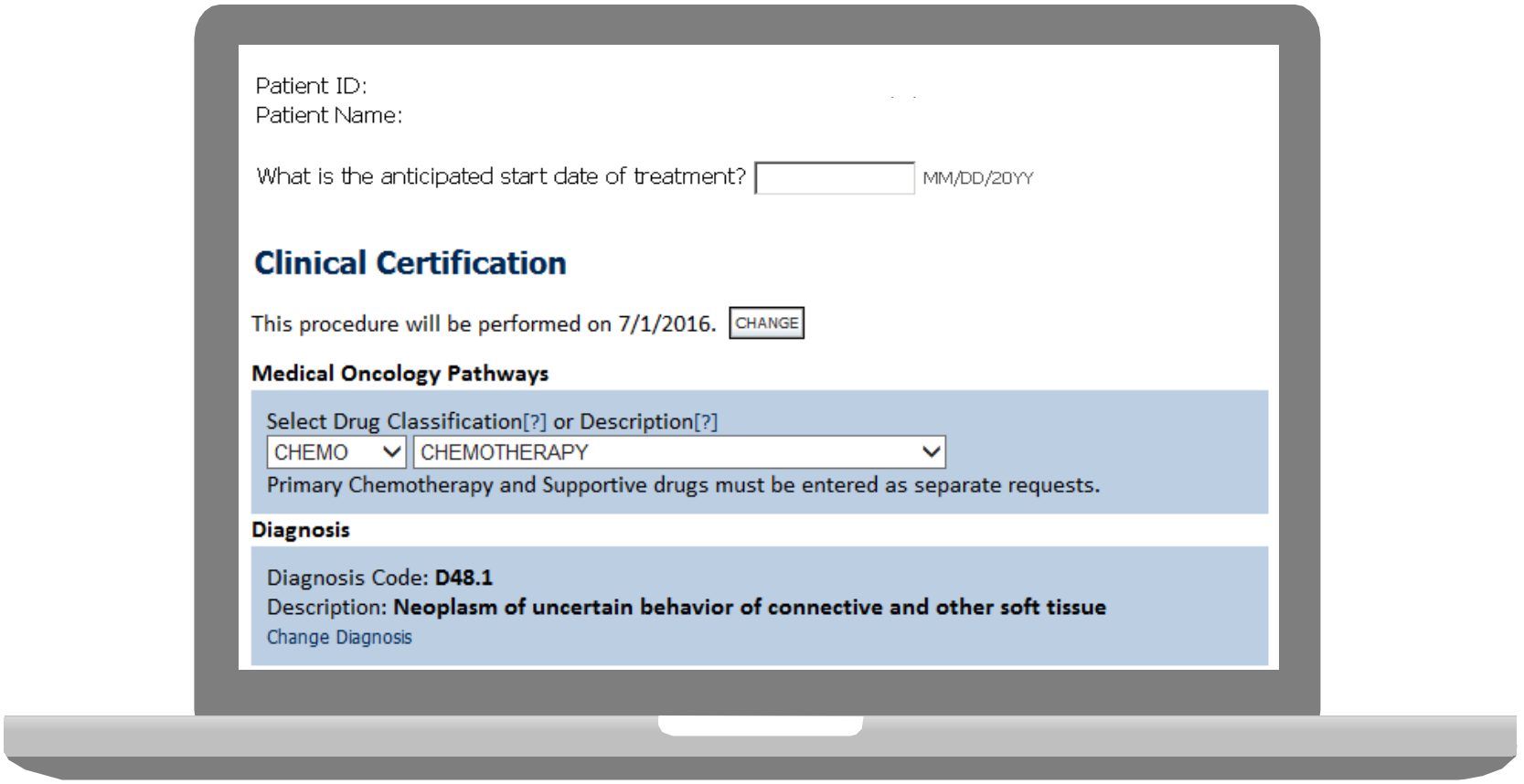

**Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."**

# Member History

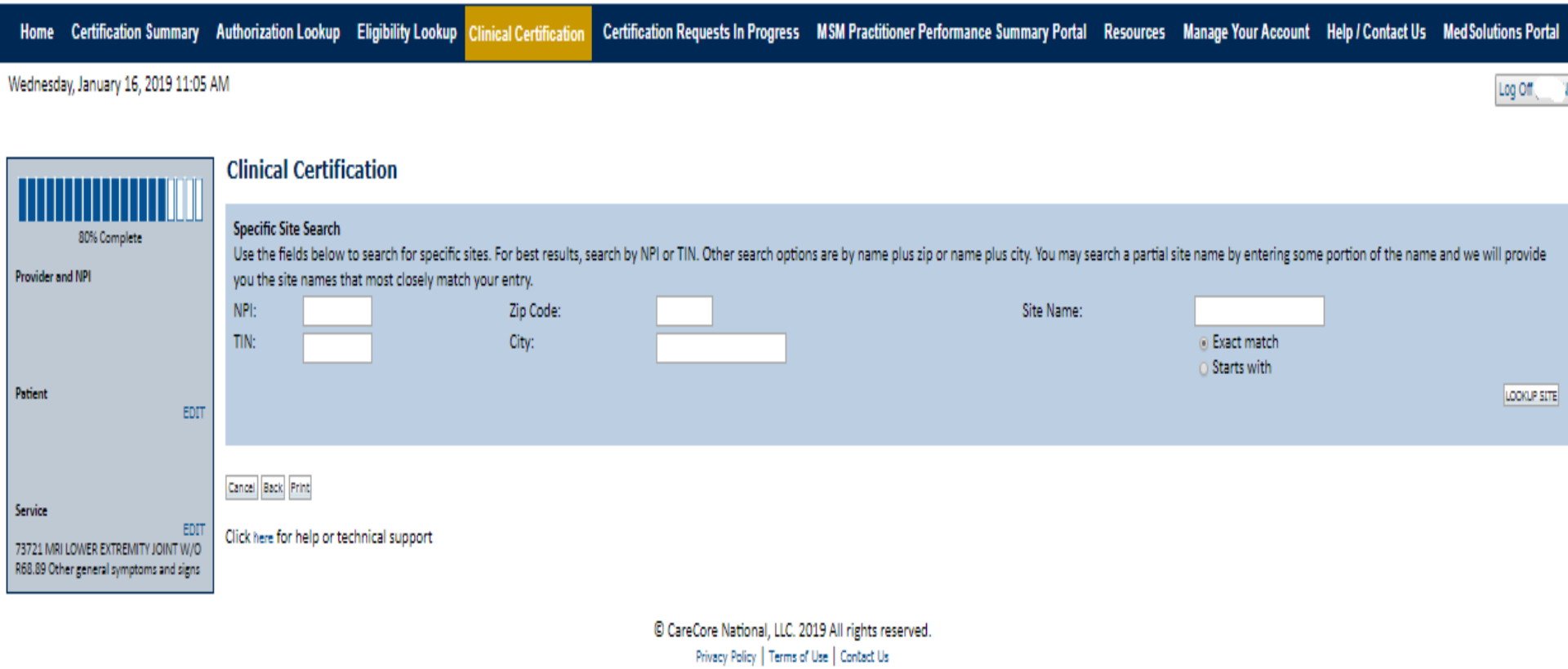



The Patient History Screen becomes the hub for all future requests or data relating to this patient. This includes a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

# Clinical Details

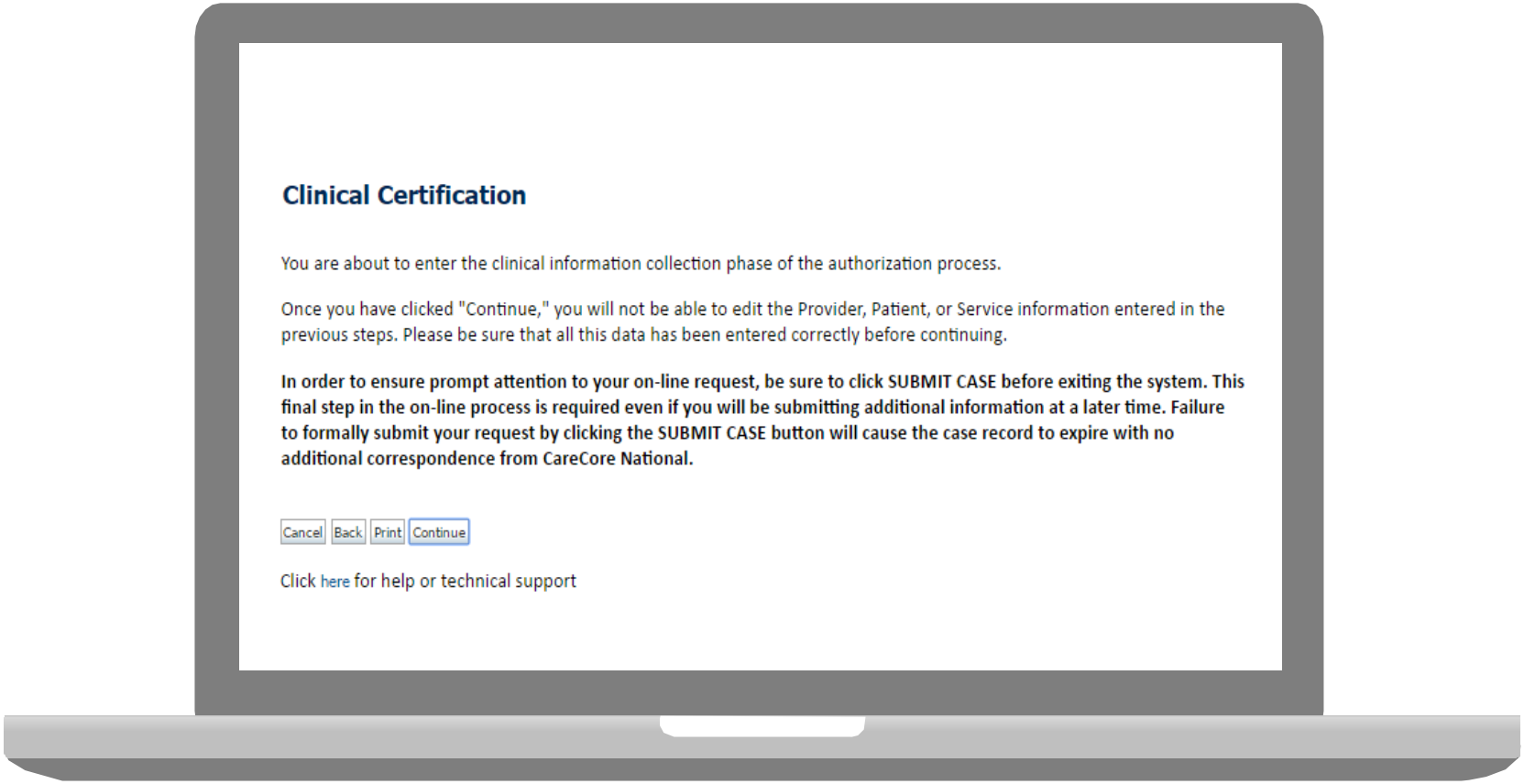


# Site Selection




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

# Clinical Certification




- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

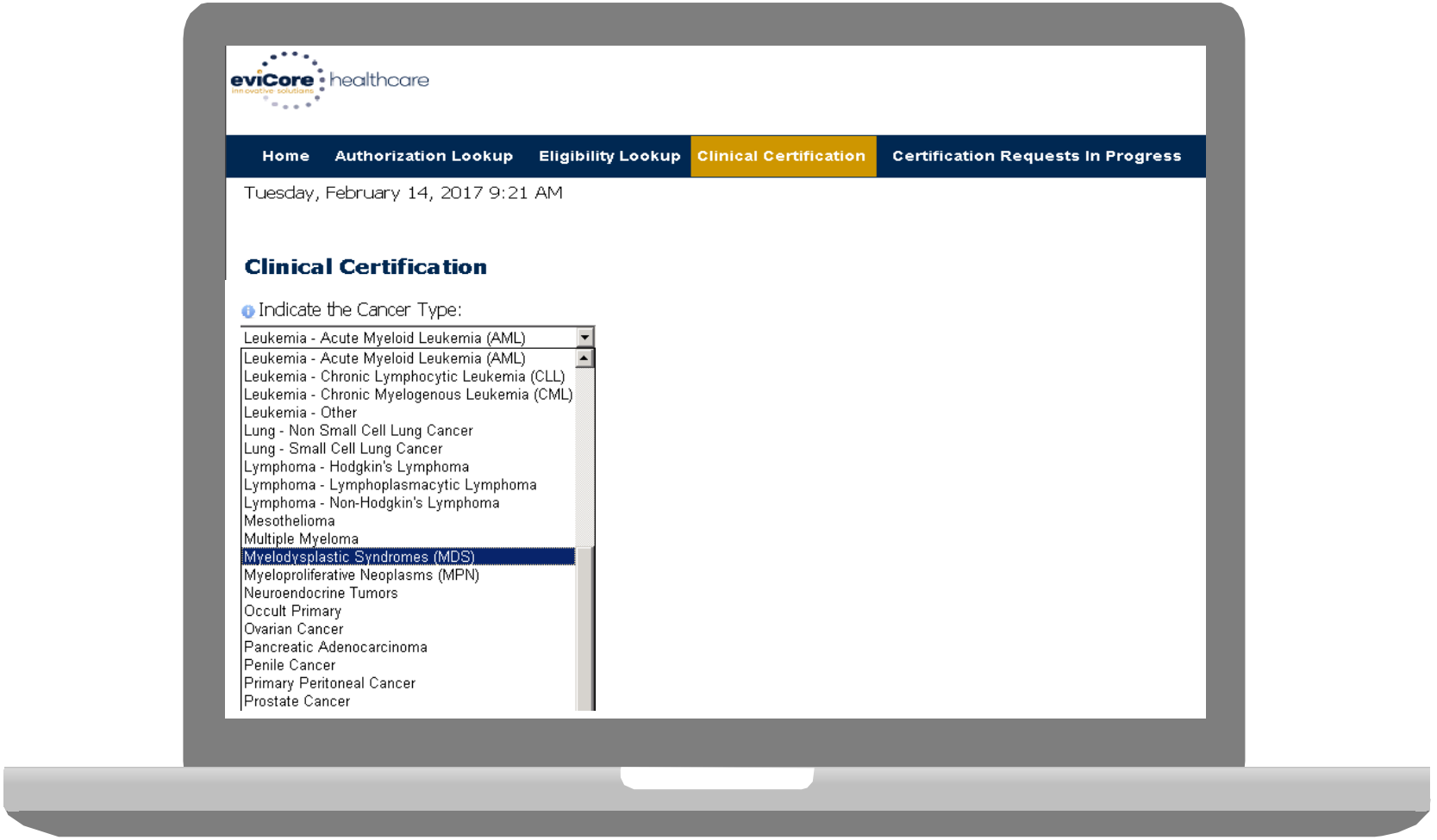
# Contact Information

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

If your request is urgent select No, if the case is standard select Yes.

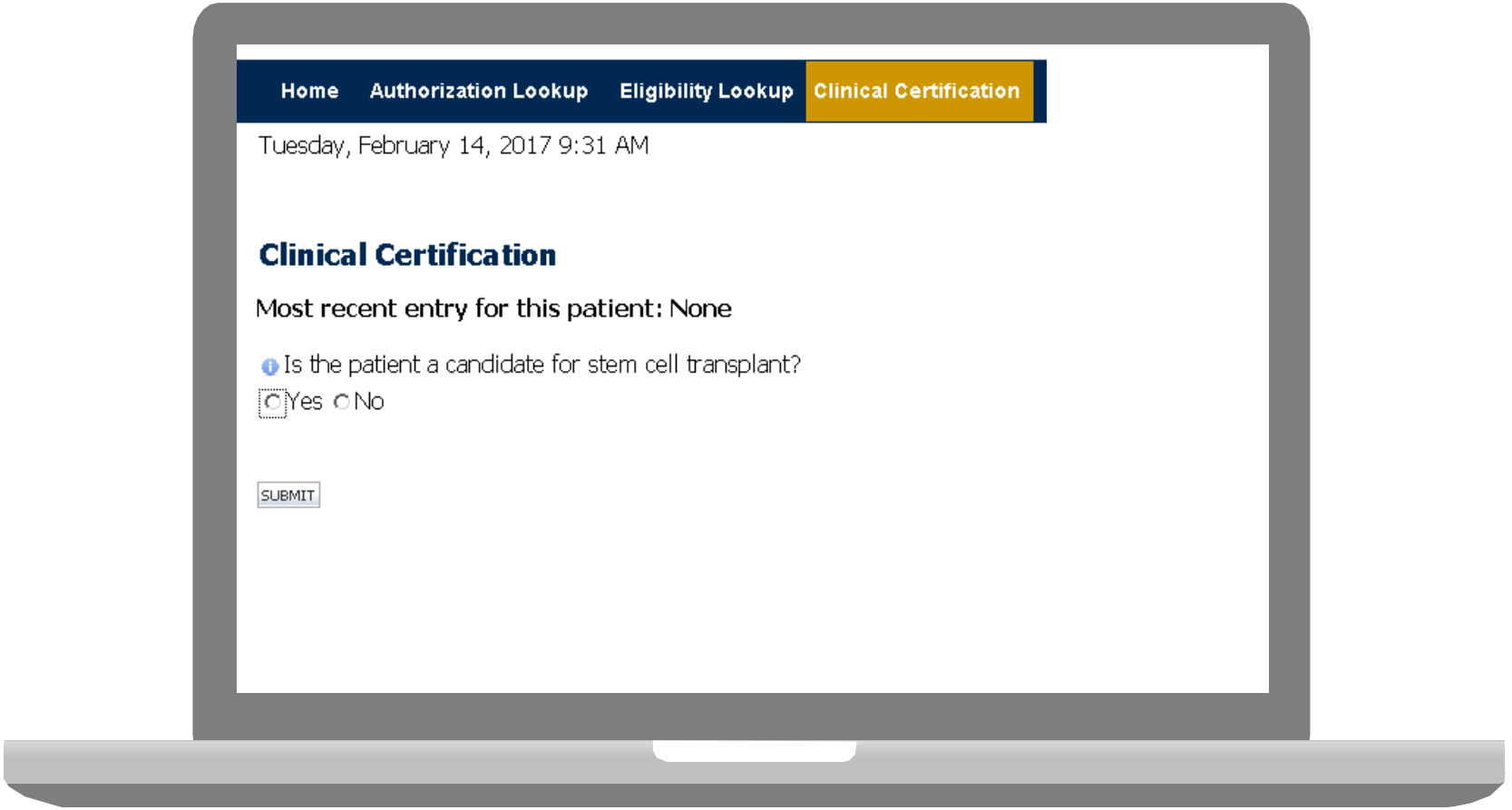
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

# Clinical Pathway



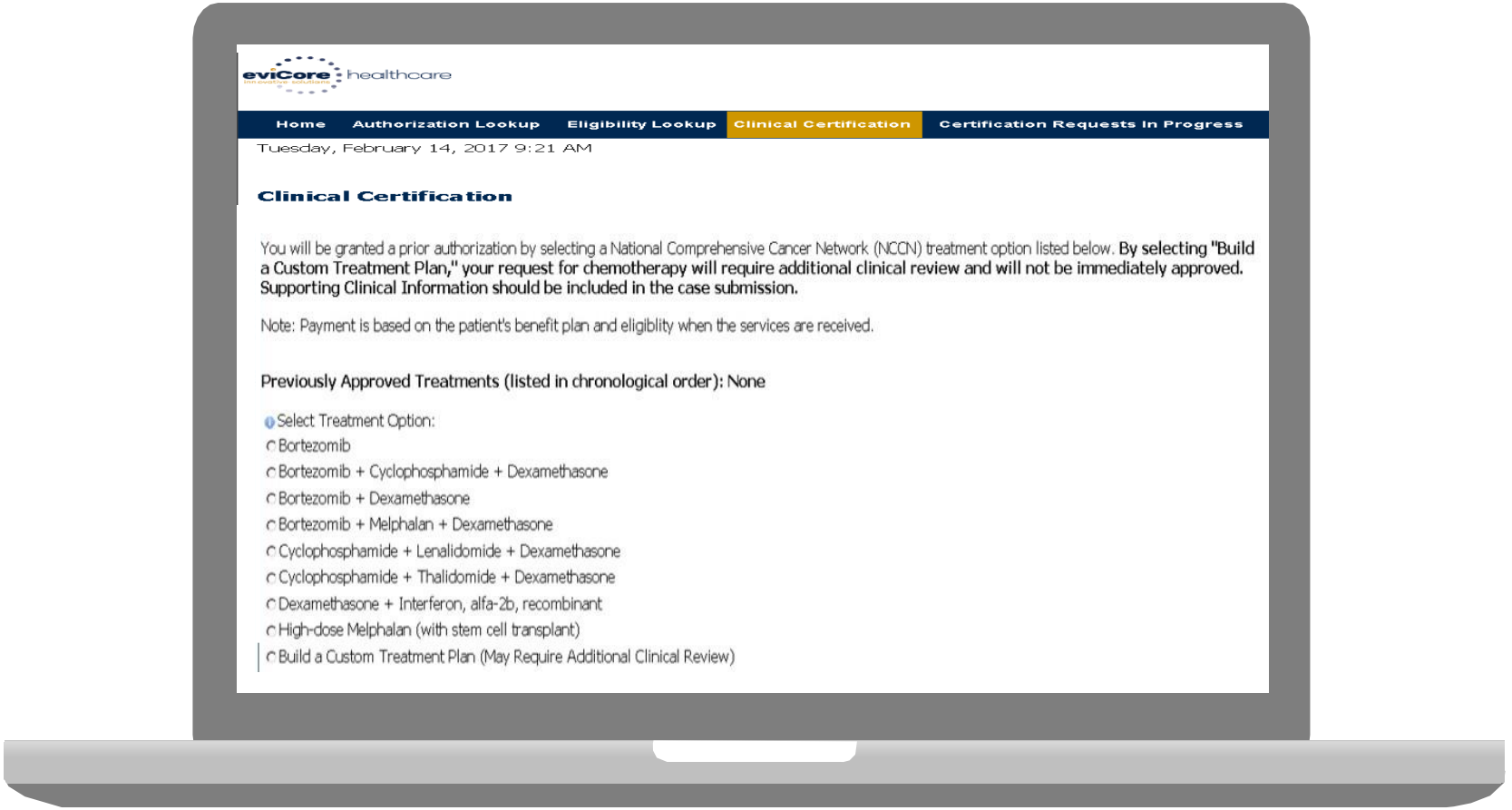

**The Clinical Pathway begins with the selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available as well as an "Other" option for rare cancers not addressed by NCCN.**

# Clinical Pathway




- The user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review.

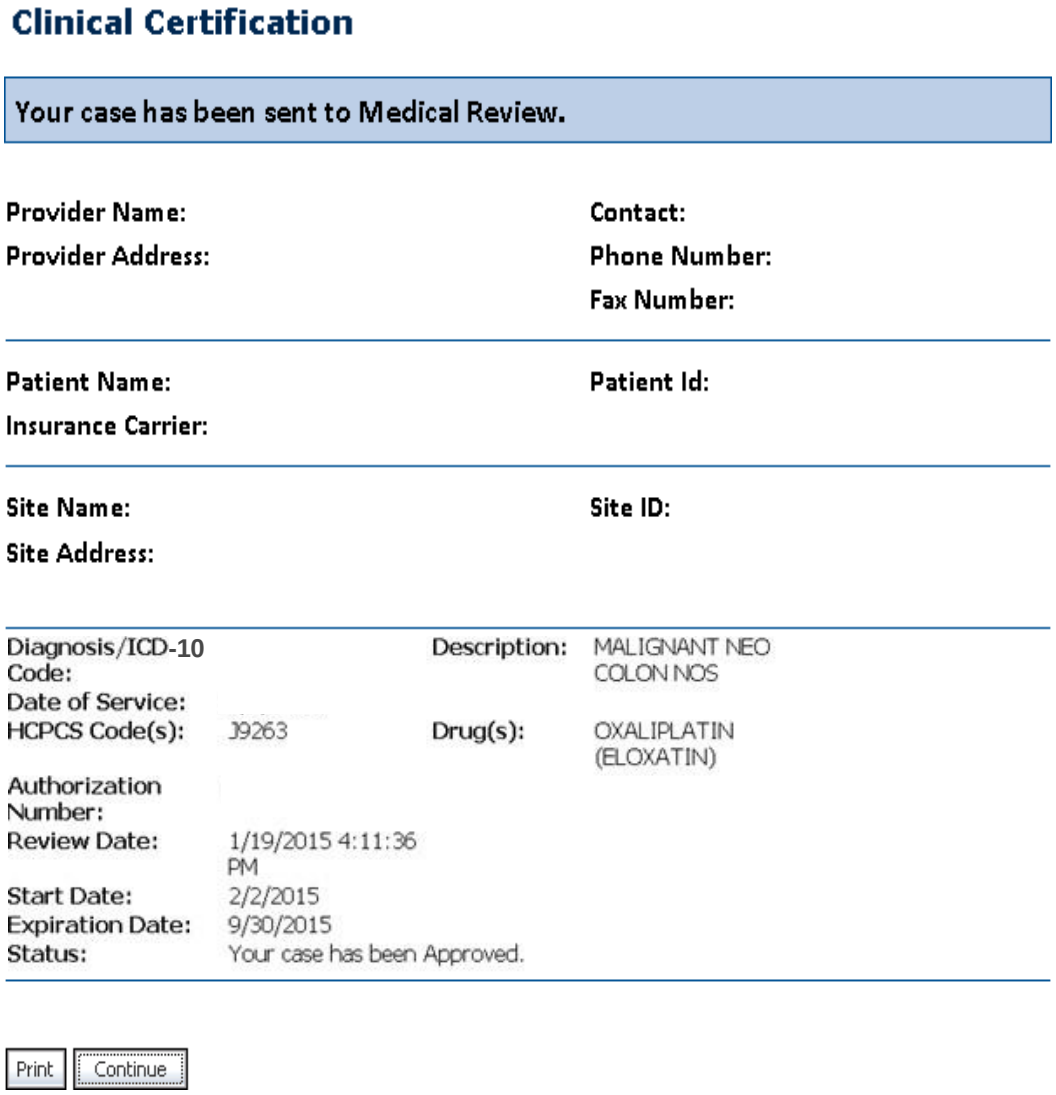
# Clinical Pathway




**All NCCN recommended treatments are displayed as well as an option to submit a custom treatment plan by selecting the individual drugs that will be administered.**

**All of the drugs in the selected regimen that require an authorization will be automatically included if approved.**

# Approval



## 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:**

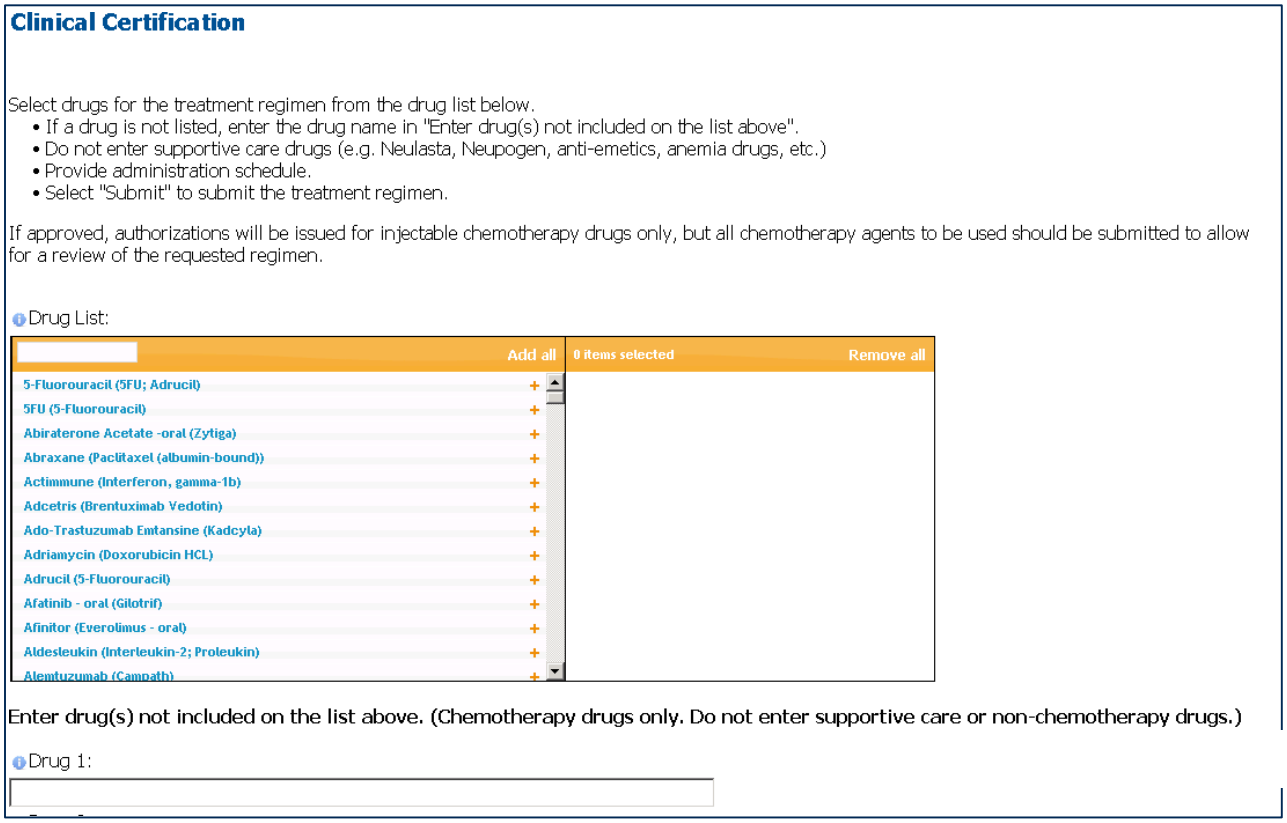
**Site Name:**
**Site Address:**
**Site ID:**

| | | | |
|---|---|---|---|
| Diagnosis/ICD-10 Code: | | Description: | MALIGNANT NEO COLON NOS |
| Date of Service: | | | |
| HCPCS Code(s): | J9263 | Drug(s): | OXALIPLATIN (ELOXATIN) |
| Authorization Number: | | | |
| Review Date: | 1/19/2015 4:11:36 PM | | |
| Start Date: | 2/2/2015 | | |
| Expiration Date: | 9/30/2015 | | |
| Status: | Your case has been Approved. | | |

Print Continue

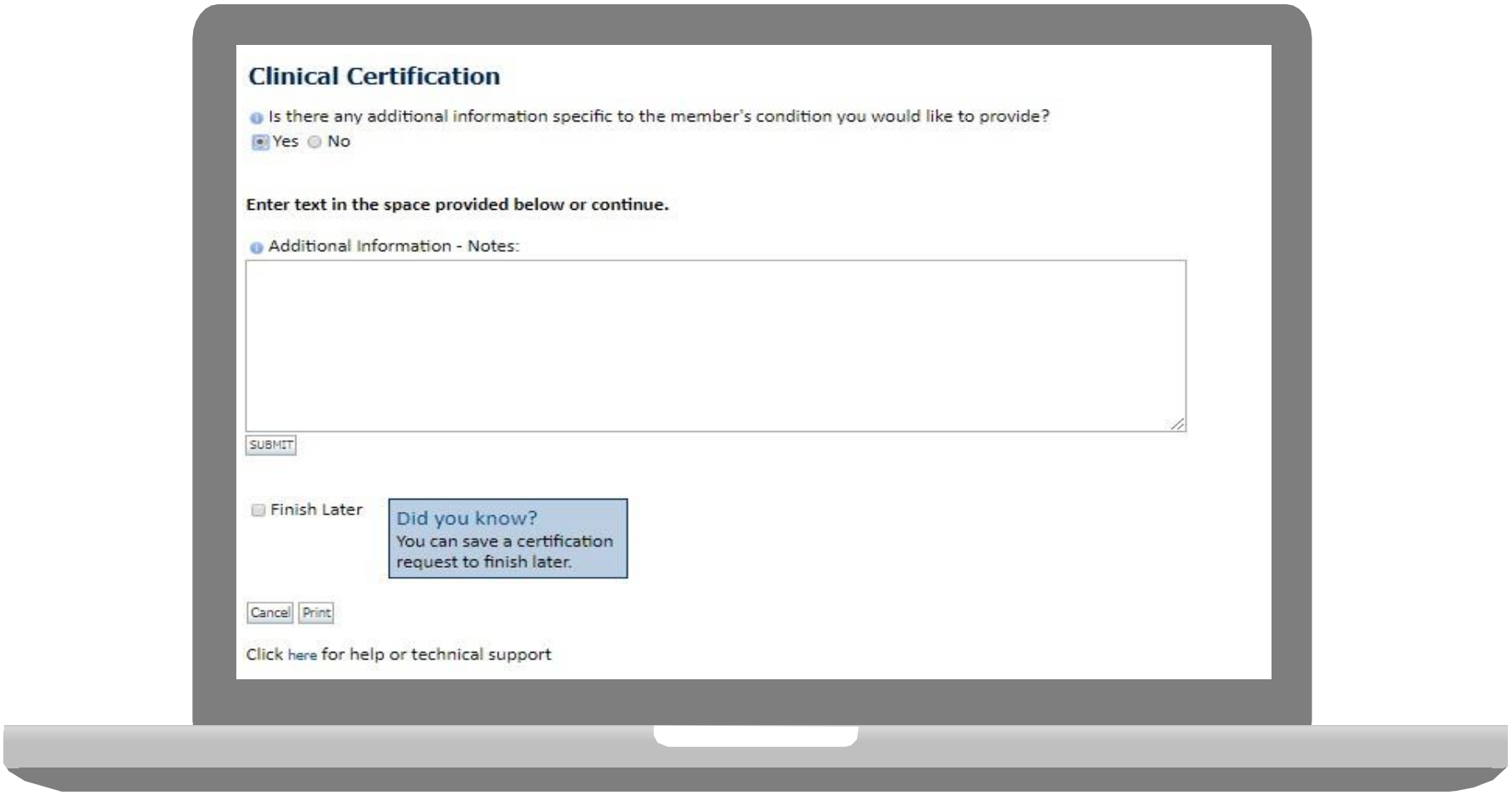
- Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen that require PA with an authorization time span sufficient to complete the entire treatment.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

# Custom Treatment Plans




**Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.**

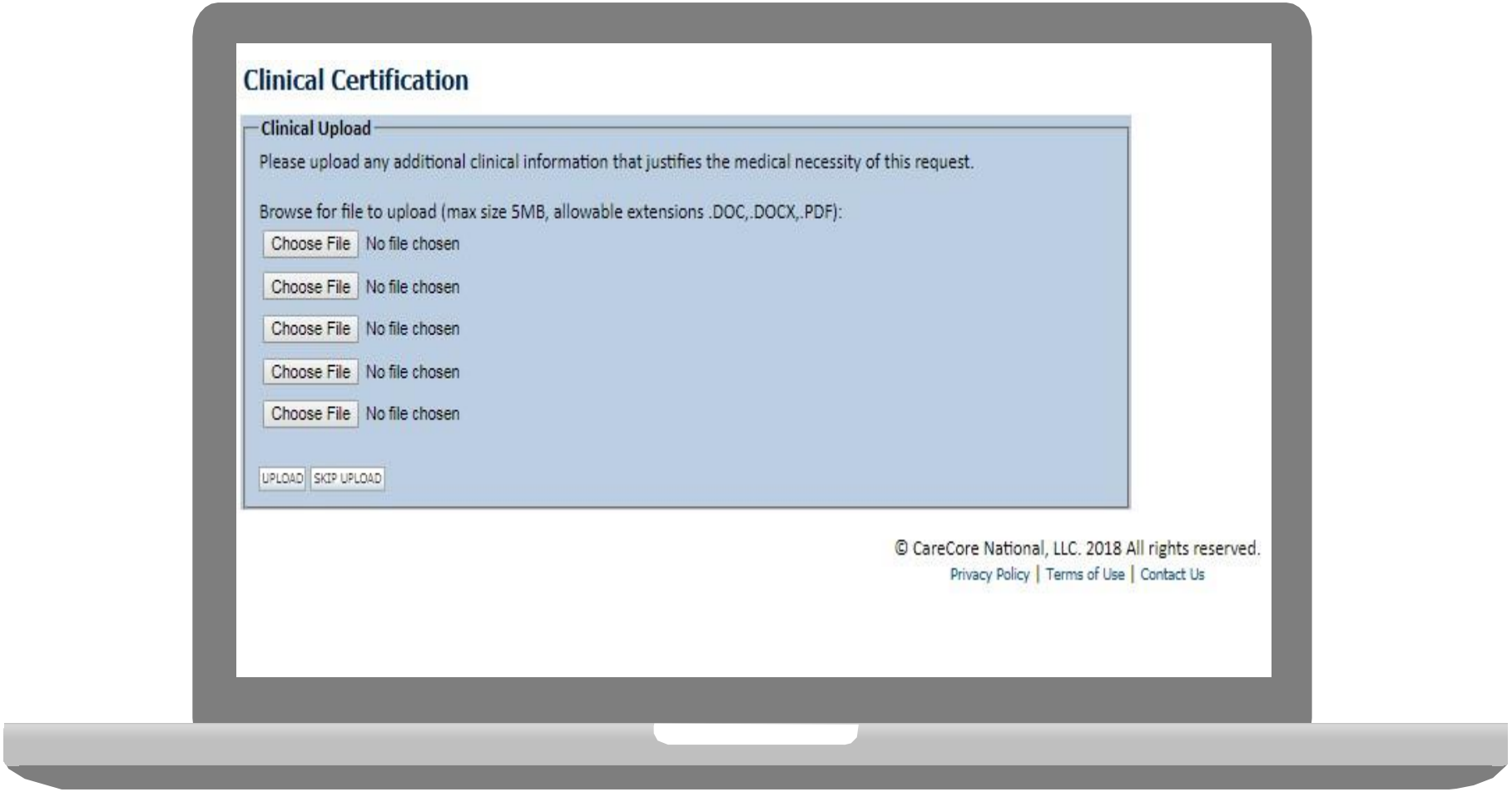
# Medical Review




**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.**

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

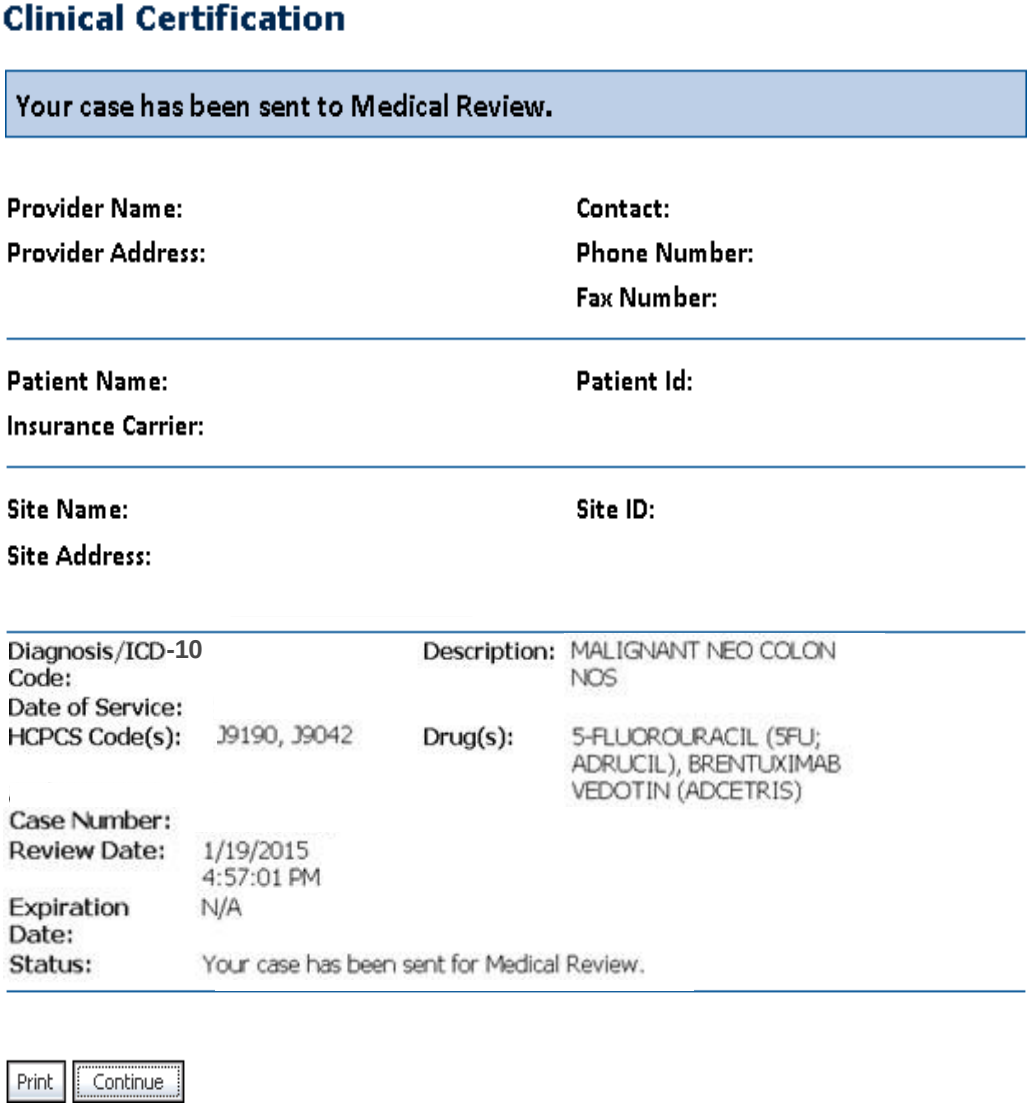
# Medical Review




**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.**

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

# Custom Treatment Plans



**Clinical Certification**

Your case has been sent to Medical Review.

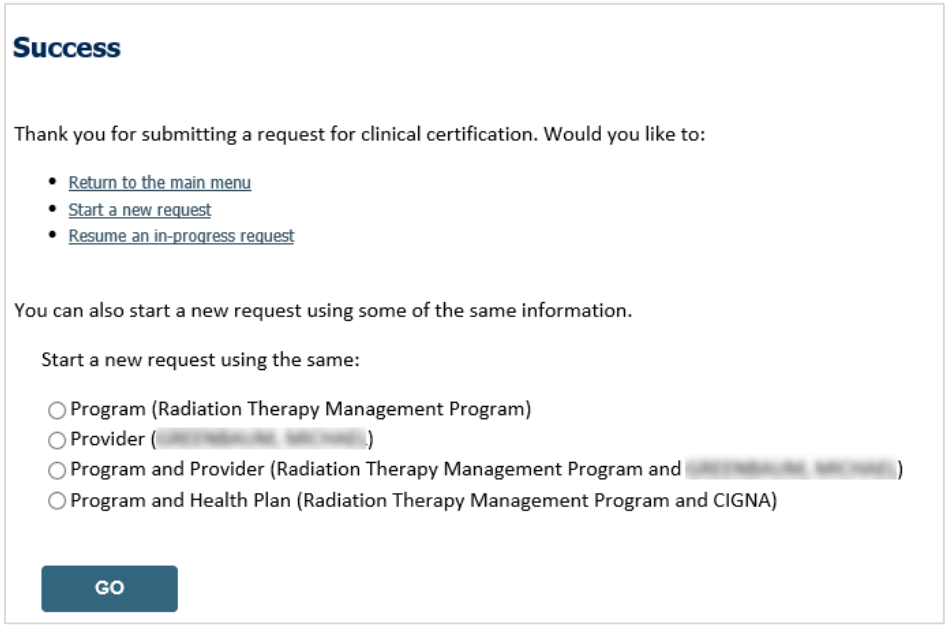
| | |
|---|---|
| **Provider Name:** | **Contact:** |
| **Provider Address:** | **Phone Number:** |
| | **Fax Number:** |
| **Patient Name:** | **Patient Id:** |
| **Insurance Carrier:** | |
| **Site Name:** | **Site ID:** |
| **Site Address:** | |

| | | | |
|---|---|---|---|
| Diagnosis/ICD-10 Code: | | Description: | MALIGNANT NEO COLON NOS |
| Date of Service: | | | |
| HCPCS Code(s): | J9190, J9042 | Drug(s): | 5-FLUOROURACIL (5FU; ADRUCIL), BRENTUXIMAB VEDOTIN (ADCETRIS) |
| Case Number: | | | |
| Review Date: | 1/19/2015 4:57:01 PM | | |
| Expiration Date: | N/A | | |
| Status: | Your case has been sent for Medical Review. | | |

Print Continue

- Custom plans are reviewed by an eviCore medical oncologist to determine if the request is clinically appropriate. Factors such as rare conditions, toxicity issues, or comorbidities may result in approval.
- If the request is not able to be approved, the eviCore Oncologist will request a physician-to-physician to discuss alternate treatment options that meet evidence based guidelines prior to issuing a denial. The goal is to eliminate the need for denials when acceptable alternatives are available.
- All reviews are completed within 48 hours of receiving complete clinical information.

# Duplication Feature

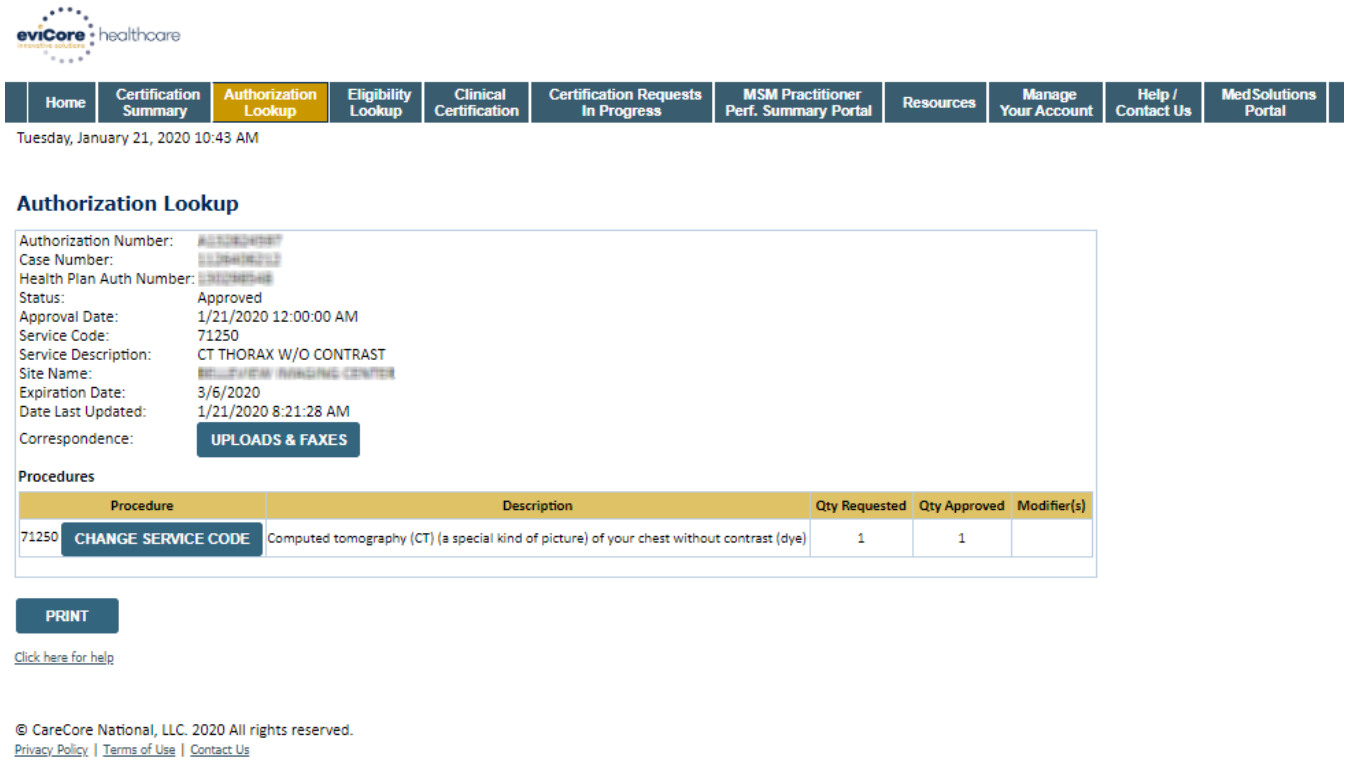



- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

# Authorization look up

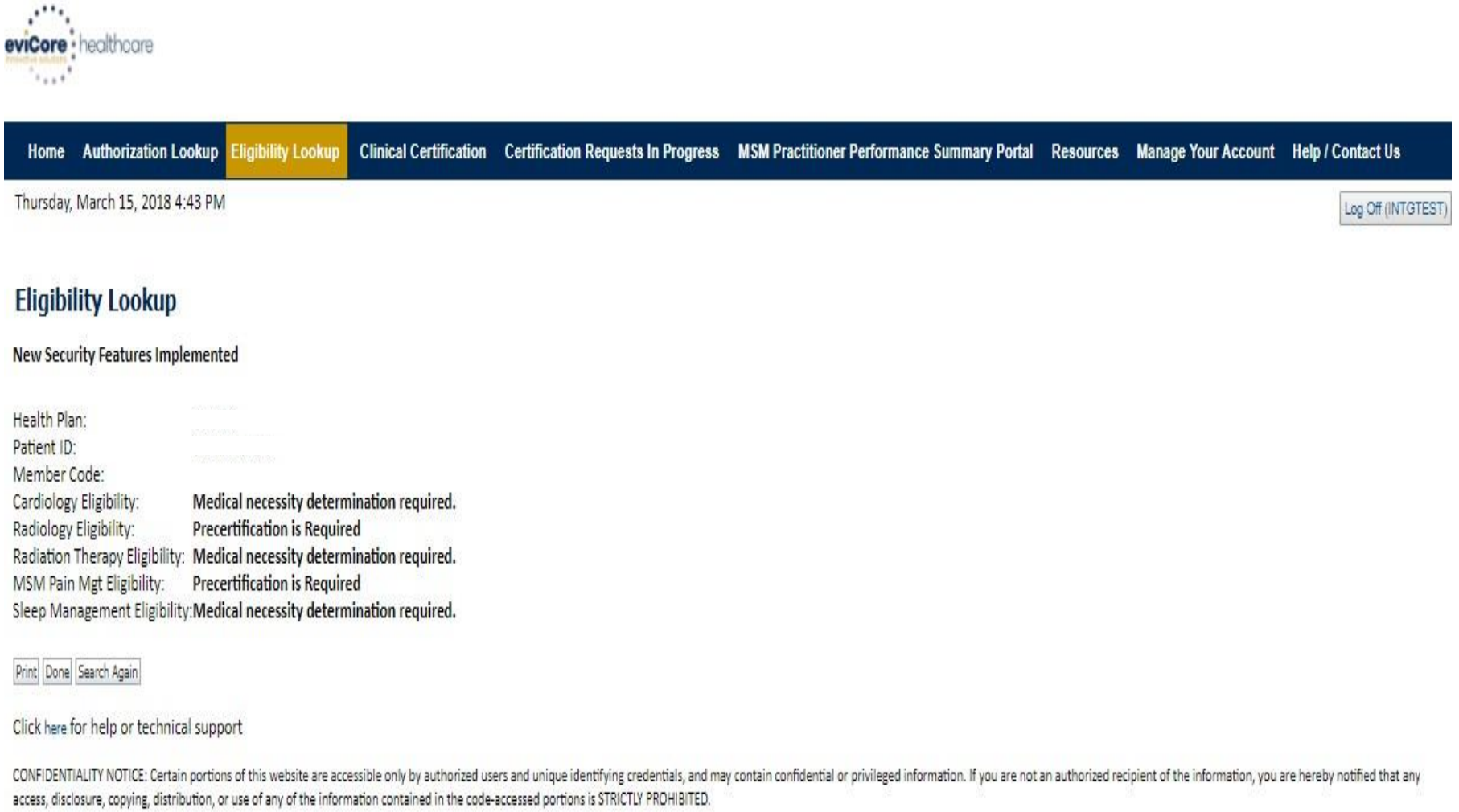
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Authorization Status




**The authorization will then be accessible to review. To print authorization correspondence, select Uploads & Faxes.**

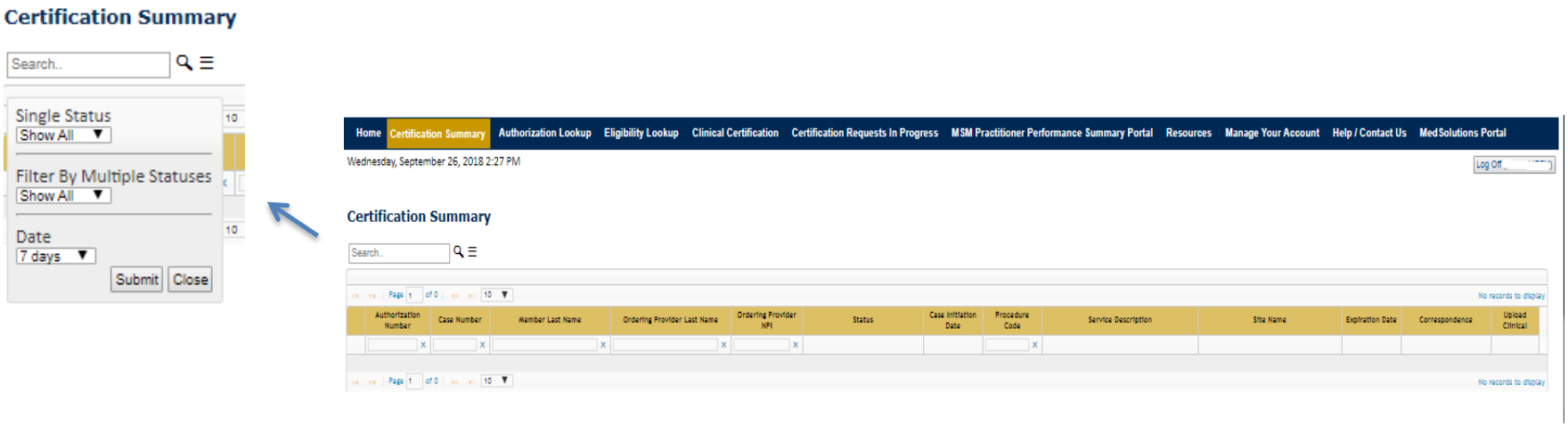
# Eligibility Look Up




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

# Provider Resources

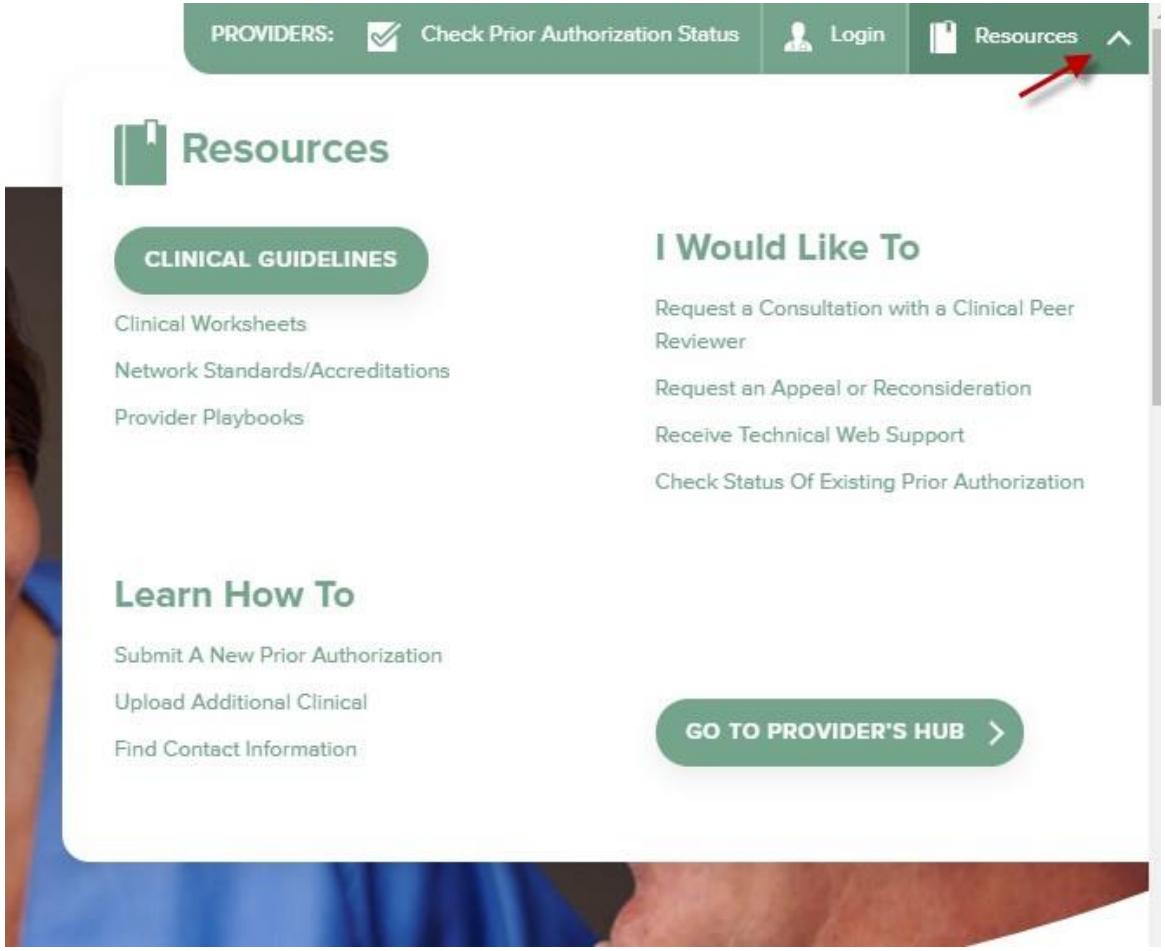
# Certification Summary




- 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

# Online Resources

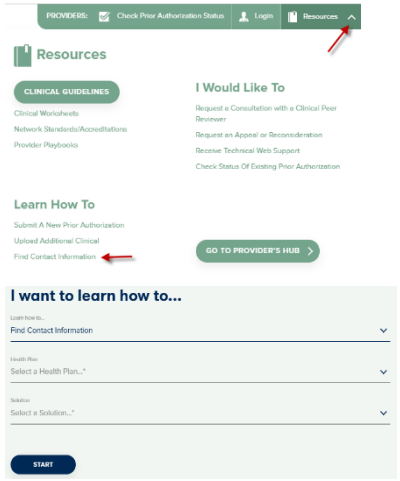
- You can access important tools and resources at www.evicore.com.
- Select the Resources to view FAQs, Clinical Guidelines, Online Forms, and more.



# 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 Newsletter

## Stay Updated With Our Free Provider Newsletter

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

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

# Provider Resource Review Forums

**The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.**

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

# Provider Resources: Preauthorization Call Center

**Pre-Certification Call Center**

**Web-Based Services**

**Client Provider Operations**

**Documents**

**7:00 AM - 7:00 PM (Local Time): 855-252-1117**

- Obtain preauthorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

# Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

[www.evicore.com](http://www.evicore.com)

*To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.*

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

# Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

**clientservices@evicore.com**

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

# Provider Resources: Implementation Site

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

## Provider Enrollment Questions
## Contact your Provider Network Consultant for more information

**Blue Cross and Blue Shield Implementation site - includes all implementation documents:**

**https://www.evicore.com/healthplan/bcbs**

- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

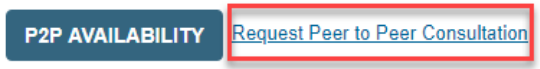
**To obtain a copy of this presentation, please contact the Client Services department at clientservices@evicore.com**

# Appendix - Online P2P Scheduling Tool

# How to schedule a Peer to Peer Request

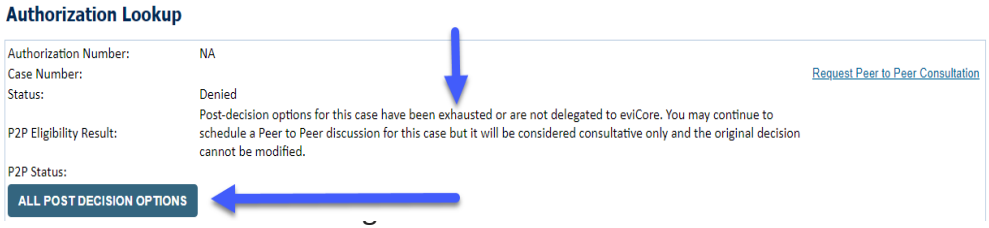
- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:

- 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.

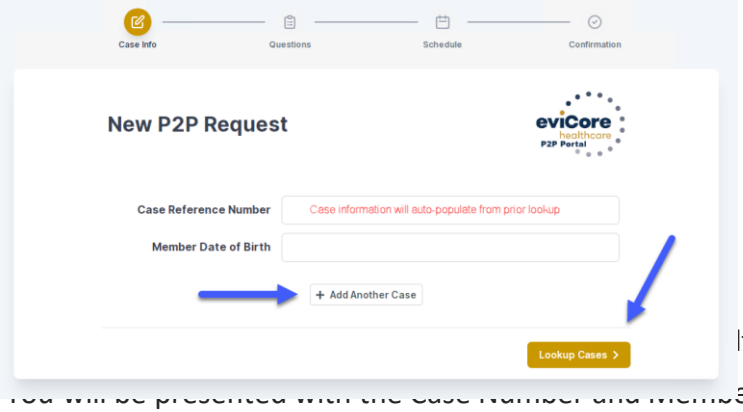


# How to schedule a Peer to Peer Request

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.



# How to Schedule a Peer to Peer Request



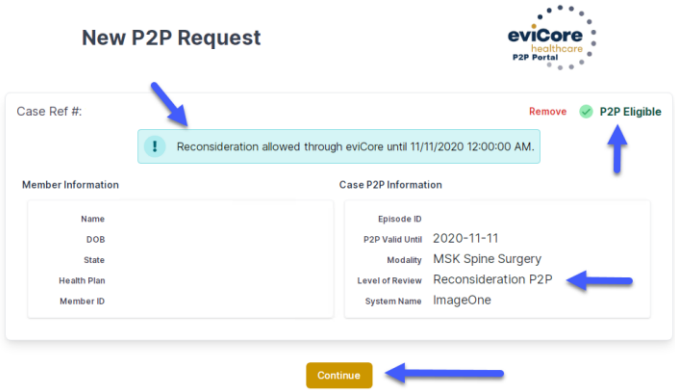

t time zone.

er Date of Birth (DOB) for the case you just looked up.

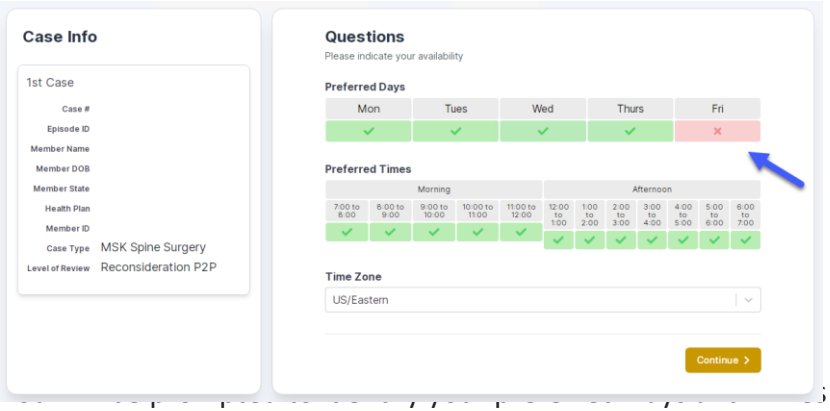
You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

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.

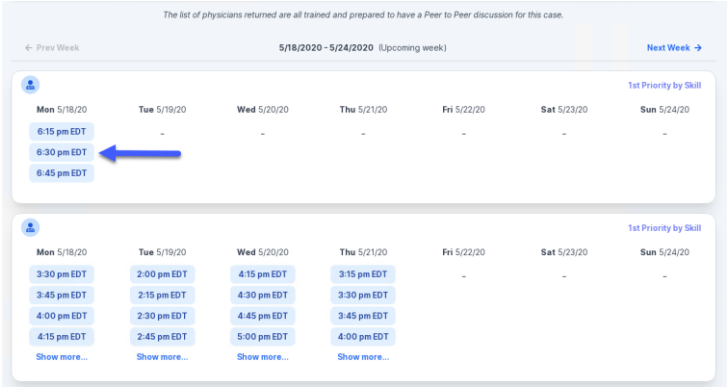


# How to Schedule a Peer to Peer Request




; 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.

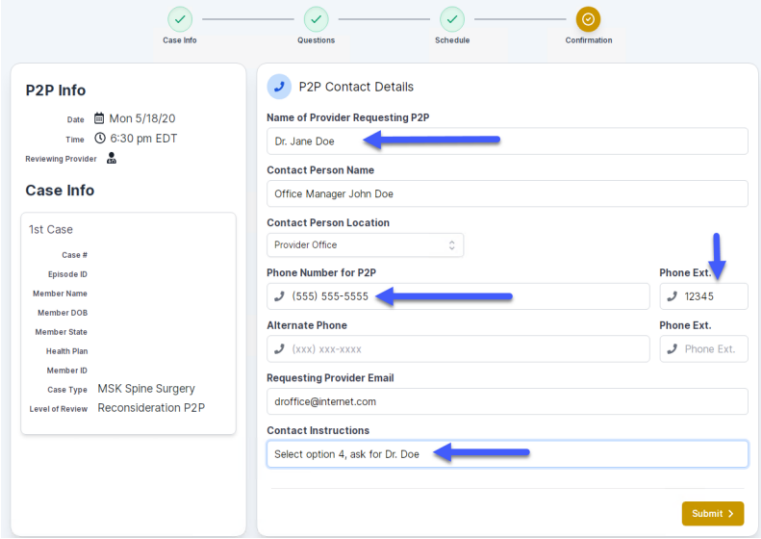
You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.



# How to Schedule a Peer to Peer

Confirm Contact Details

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



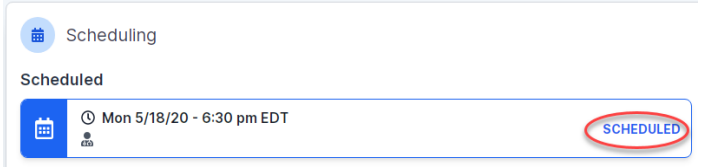

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

  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.



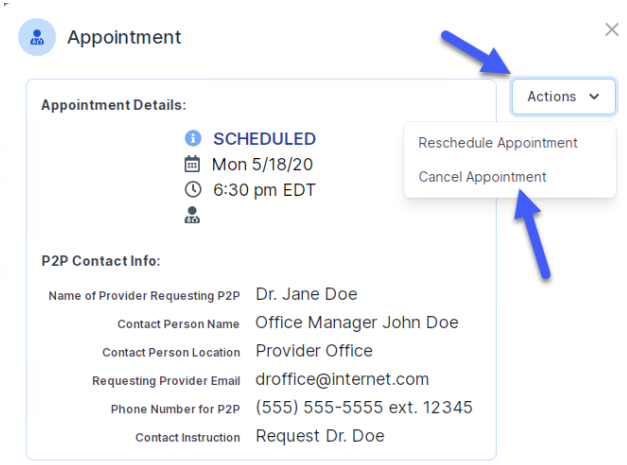
# Canceling or Rescheduling a Peer to Peer Appointment

## 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

# Thank You!