Radiation Oncology Portal Migration Training

Provider Orientation Session for Health Partners Plans

Legacy MedSolutions Portal vs. Legacy CareCore Portal

	Past Experience	Experience starting 10/15/2021
Opportunity for Real Time Decision	Yes	Yes
Clinical Collection	Ability to upload online or fax	Ability to upload online or fax
Authorization Lookup	Yes for individual case lookup and all recently submitted cases	Yes for individual case lookup and all recently submitted cases
Worksheets	Worksheets are available and required with each submission	Worksheets are available and required with each submission
User View	Single screen view of all case information	Step-by-step case build using multiple screens
Case Submission	Requests are submitted based on individual codes	Requests are submitted based on treatment information by cancer type
Notification Letters	Codes are included on the letters	**Treatment plan information is included on the letters (not codes)**
Date of Service	Request by simulation date	**Request by treatment start date**

Radiation Oncology - Holistic Treatment Plan Review

eviCore healthcare relies on information about the patient's unique presentation and physician's intended treatment plan to authorize <u>all</u> services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes . For example, Breast Cancer, Skin Cancer etc. A non-cancerous and 'other' cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.

- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. *[For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.]*

- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.

- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on www.eviCore.com

- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online at www.eviCore.com, in the Clinical Guidelines section of the Resource tab.

Keys to Successful Prior Authorizations

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

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

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

Necessary Information

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

4. Supporting Clinical
- Diagnosis code(s)
- Anticipated treatment start date (first radiation therapy treatment session)
- Site of treatment and/or cancer type (e.g. breast cancer)
- Pertinent clinical information to substantiate medical necessity for requested treatment plan
  - Applicable radiation therapy physician worksheet
  - Treatment plan (technique(s), fractions)
  - Radiation Oncologist consultation note
  - If applicable, recent imaging

Health Partners Plans Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiation oncology services for Medicare and Medicaid members on October 15, 2021 for dates of service October 15, 2021 and after.

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services performed in:
• Outpatient • Elective / Non-emergent • *Note: if you currently have a MedSolutions authorization, you do not need to get a new authorization unless the treatment (modality and/or # of fractions) has changed*	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: https://www.evicore.com/resources/healthplan/health-partners-plans

Radiation Oncology - Special Circumstances

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request

  - [Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation]

- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

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

- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn

- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan

- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider

Radiation Oncology - Special Circumstances Cont.

Retrospective Reviews

- Retrospective requests may be made within 180 calendar days from the date of service, prior to the claim being submitted

- Retrospective requests will be reviewed for clinical urgency as well as medical necessity
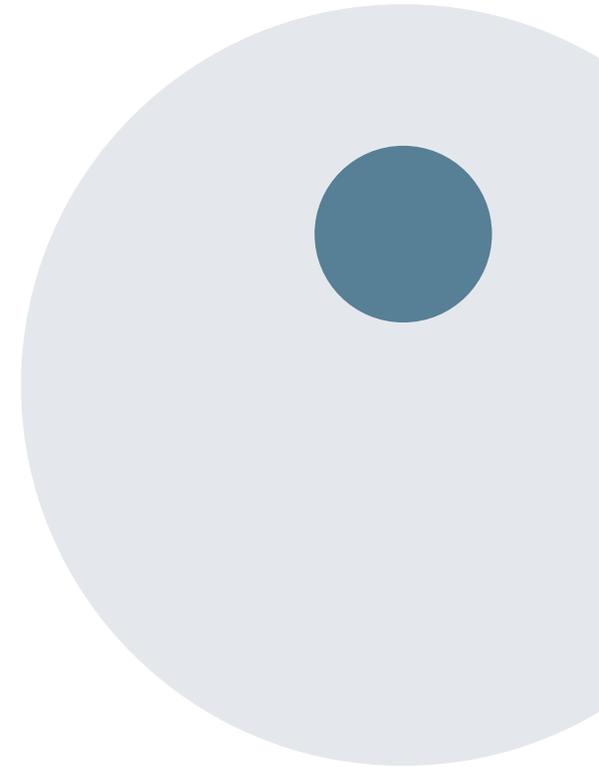
Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations must be requested within two business days after the determination date

- Reconsiderations can be requested through the web portal, or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals

- Appeal requests can be submitted in writing by mail or fax, or verbally to HPP within 60 calendar days of the denial notification

Pre-Decision Options: Medicare Members

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

Submission of Additional Clinical Information

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

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

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

Pre-Decision Clinical Consultation

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

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

- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Appeals

- eviCore will not process appeals

- Appeal requests can be submitted in writing by mail or fax, or verbally to HPP within 60 calendar days of the denial notification

Reconsideration

- Medicare cases do not include a Reconsideration option

Provider Portal Overview

Registration & Submitting Online Prior Authorization Requests

eviCore healthcare Website

Visit www.evicore.com

Already a user?

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

Don't have an account?

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

Creating an Account

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration.**
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.

Welcome Screen

Note: **You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top right corner to seamlessly toggle back and forth between the two portals.**

Adding Practitioners

- Select "**Manage Account**" tab, then the **Add Provider**
- Enter the NPI, state and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click "**Add Another Practitioner**" to add another provider to your account
- You can access the "**Manage Your Account**" at any time to make any necessary updates or changes

Initiating a Case

- **Choose Clinical Certification to begin a new request**
- **Select the appropriate program**
- **Select requesting provider information**

Select Health Plan & Provider Contact Information

Choose Your Insurer

Requesting Provider: ▨▨▨▨▨▨▨▨

Please select the insurer for this authorization request.

| Please Select a Health Plan ▾ |

[BACK] [CONTINUE]

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:* ▨▨▨▨▨ [?]
Who to Contact:* [_____] [?]
Fax:* [_____] [?]
Phone:* ▨▨▨▨▨ [?]
Ext.: [_____] [?]
Cell Phone: [_____]
Email: ▨▨▨▨▨

[BACK] [CONTINUE]

- Choose the appropriate **health plan** for the request
- Once the plan is chosen, select the provider address in the next drop down box
- Select continue and on the next screen **add your contact information**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

Member Information & Case Details

- Enter the **member information** including the patient ID number, date of birth, and last name, then click **Eligibility Lookup**
- Next screen you can choose the cancer type & diagnosis code

Site Selection

Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN and zip code is the most efficient.

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: _____

TIN: _____

Zip Code: _____

City: _____

Site Name: _____

⦿ Exact match
◯ Starts with

LOOKUP SITE

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

Clinical Certification

Proceed to Clinical Information

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

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   **CONTINUE**

- Verify all information entered and make any changes needed

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

Standard or Urgent Request?

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

- If your request is **Urgent** select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- You will be able to upload up to **five documents** in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload
- If the case is **Standard** select **Yes**

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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

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

SUBMIT

Proceed to Clinical Information

ⓘ What is the T stage?
[▾]

ⓘ What is the N stage?
[▾]

SUBMIT

Proceed to Clinical Information

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

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

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

SUBMIT

☐ Finish Later

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

CANCEL

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note**: You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

Next Step: Criteria Not Met

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

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

Criteria Met

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

Additional Provider Portal Features

Certification Summary / User Dashboard

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

Authorization Lookup

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

eviCore Reconsideration Review Process on the Web

- Select "All Post Decision Options" to view available options

eviCore Reconsideration Review Process on the Web

- If a reconsideration or first level appeal is delegated through eviCore, the user will see the following question at the bottom of available appeal options

- User can answer "Yes" to move forward

- If the user answers "No" an appeal or reconsideration will not be started and the following notation will be placed on the case: **Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.**

- **Note:** Select 'No' to go back to schedule a Peer-to-Peer

eviCore Reconsideration Process on the Web

- New or additional clinical documentation is required

- Failure to upload new or additional clinical documentation will cancel the request

- Once the clinical information is uploaded, the user will receive message "Your Post Decision Review request has been successfully submitted"

- Select 'Submit' to initiate the request

eviCore Reconsideration Review Process on the Web

- After the post decision review is initiated, the user will return to the authorization lookup

- Status will be updated to show additional information was submitted and pending review

- A determination will be faxed to the provider

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 888.444.6178

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

Providers can contact our call center to perform 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 Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions

- Quick Reference Guides

- Provider Training

- CPT code list

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/health-partners-plans

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.

Provider Resource Tools and 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
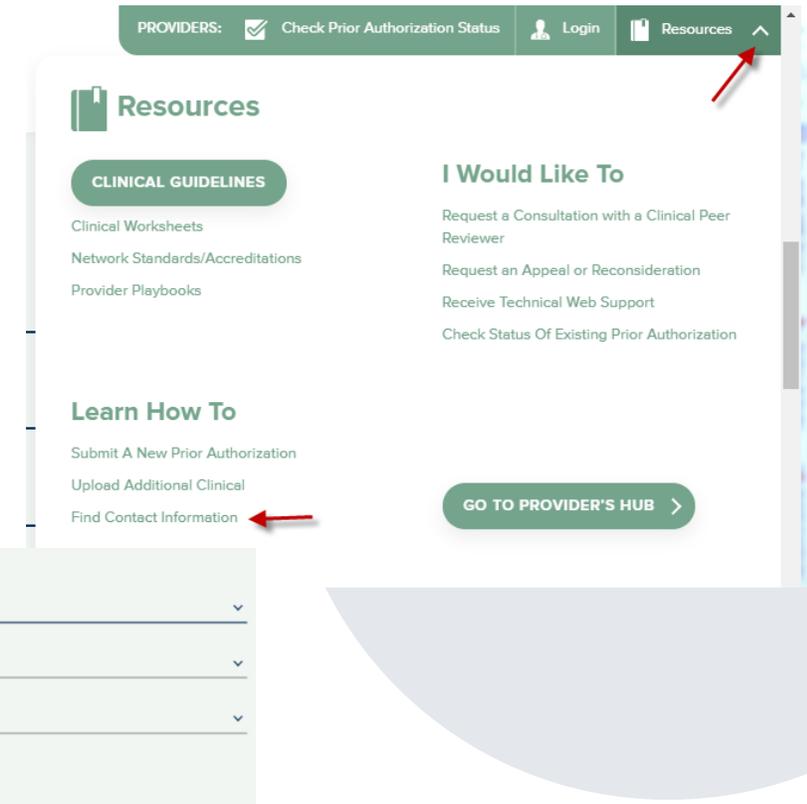
Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- 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

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at <u>evicore.com</u> → Provider's Hub → Training Resources

Self Service Peer to Peer Scheduling

Providers have the ability to schedule Peer to Peer requests entirely online

How Does it Work?

Our scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation. No more waiting for email confirmation from an internal eviCore representative!

How to schedule a Peer to Peer Request

- Select 'Authorization Lookup' from the Tool Bar
  - ✓ Enter the information required to initiate a case look up
- 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.

Authorization Lookup

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

P2P AVAILABILITY

P2P AVAILABILITY   Request Peer to Peer Consultation
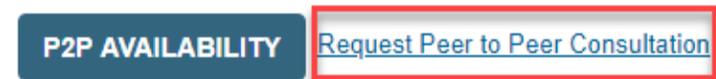
How to schedule a Peer to Peer Request

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 (see slides 29-32).

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Eligibility Result:		
P2P Status:		

ALL POST DECISION OPTIONS

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

How to Schedule a Peer to Peer Request

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

- Upon first login, you will be asked to confirm your default time zone.

- You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

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

- To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

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

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

Confirm Contact Details

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

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

  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation.

- Select the request you would like to modify from the list of available appointments

- Once opened, click on the schedule link. An appointment window will open

- Click on the Actions drop-down and choose the appropriate action

  If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

  If choosing to cancel, you will be prompted to input a cancellation reason
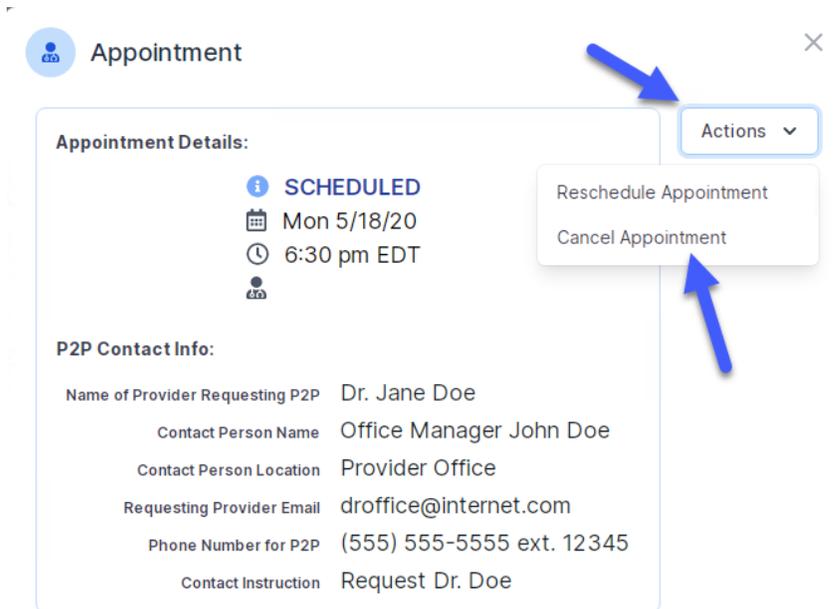
- Close browser once done

Thank You!