

# Medical Oncology

Provider Orientation Session for WPS Health Insurance and WPS Health Plan.



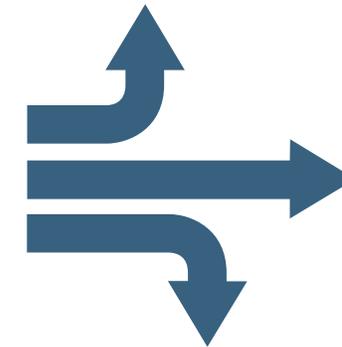
Empowering  
the Improvement  
of Care

# Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive  
Cancer Network®  
(NCCN)

26 of the World's  
Leading Cancer  
Centers Aligned



eviCore Guideline  
Management

Inclusive of  
**45**  
cancer types

Continually  
Updated

Represents  
**97%**  
of all cancers

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# Program Overview

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# WPS Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for **Medical Oncology services** on January 30<sup>th</sup> 2023, for dates of service February 1, 2023 for commercial membership effective February 1, 2023.

## Applicable Membership:

- Commercial – Fully Insured
- Commercial – Self Insured

## Prior authorization applies to the following services:

- Outpatient Treatment, including Diagnostic
- Infusion and Injectable Chemotherapy
- Supportive Medications given with Chemotherapy under the Medical Benefits

## Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays\*
- Clinical Trials



It is the responsibility of the **ordering** to request prior authorization approval for services.

\*eviCore may review inpatient requests related to CAR-T Therapy in the near future.

# Medical Oncology Solution

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## Covered Regimens:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine



# Information needed for Prior Authorizations

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

## 1. Member

- ID
- Member name
- Date of birth (DOB)

**FYI: Currently, no site selection is required.**



## 2. Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

## 3. Supporting Clinical

- 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

# Clinical Information Needed

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**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



# Methods to Submit Prior Authorization Requests

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## eviCore.com (Preferred)

eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

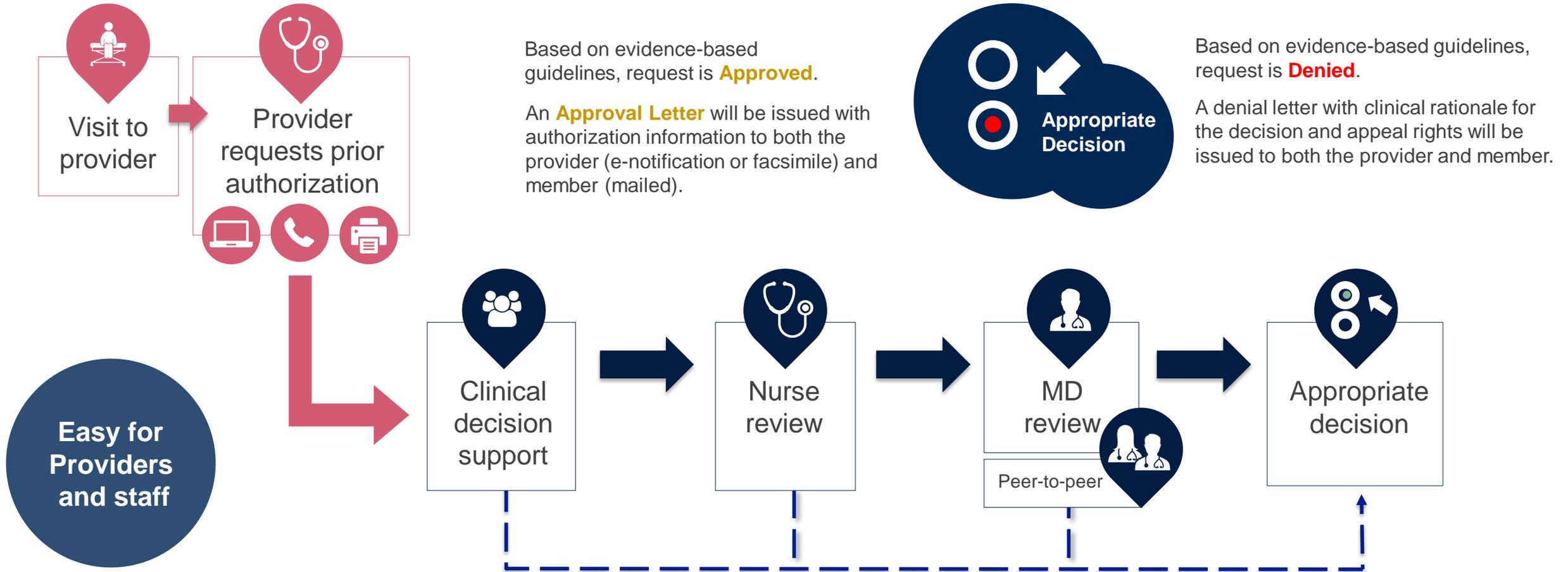
**Prior Auth call center:**  
**800-475-1954 (Option 3)**

7:00 a.m. to 7:00 p.m. Central Time  
Monday - Friday

**Fax Number:**  
**800-540-2406 - Additional clinical information only**



# Utilization Management – the Prior Authorization Process



# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations vary from 240-425 days, depending on cancer type/treatment technique, and will be communicated on the authorization letter.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued

## Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:  
[www.eviCore.com](http://www.eviCore.com)



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# Account Registration

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# Portal Compatibility

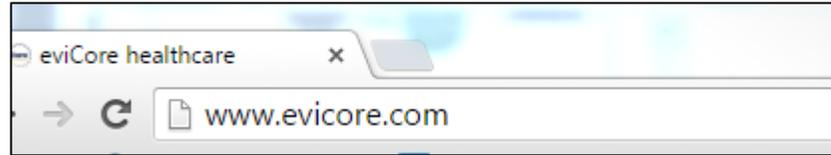
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The eviCore.com website is compatible with the following web browsers:

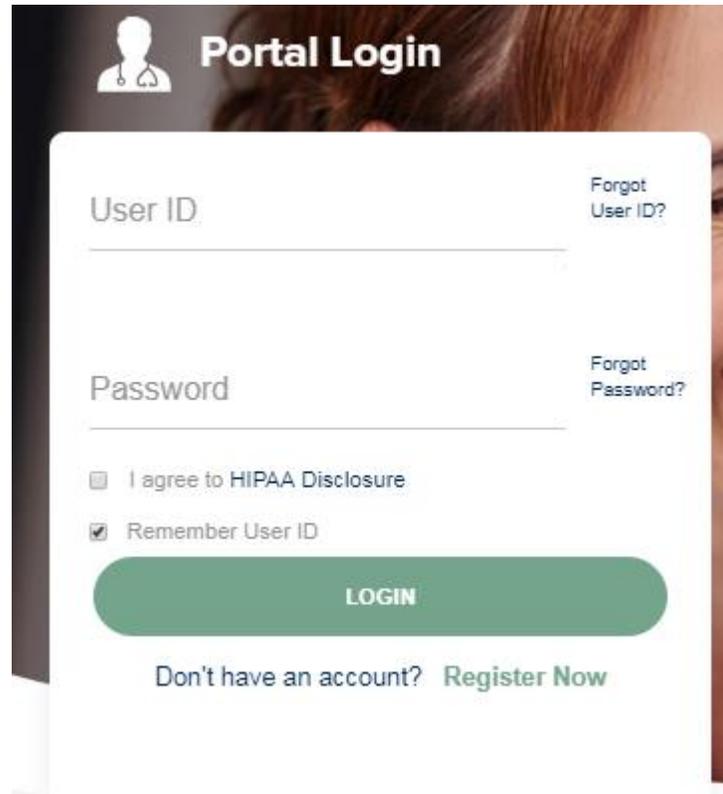
- Google Chrome
- Mozilla Firefox
- Microsoft Edge (Preferred)

# eviCore healthcare website

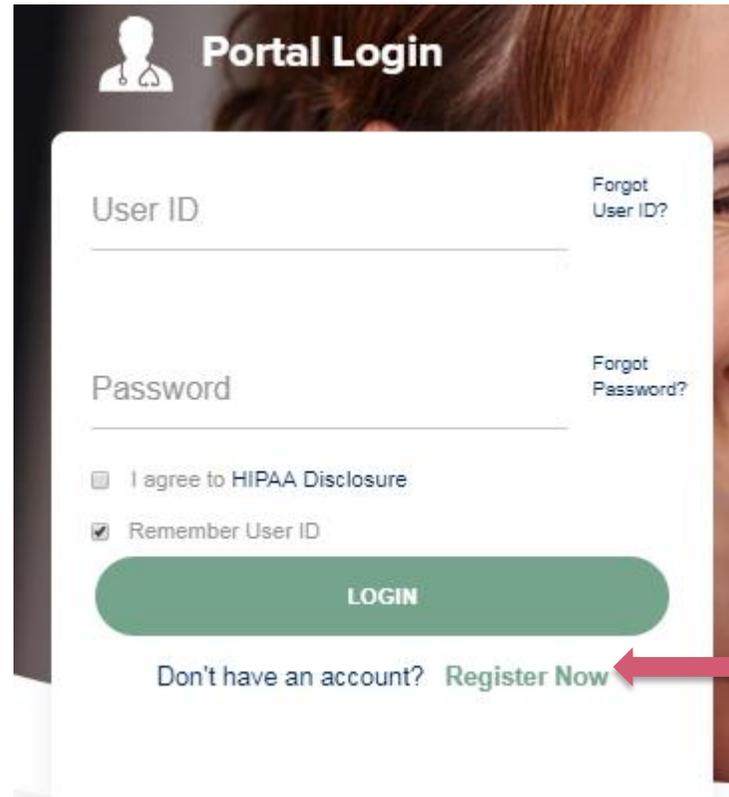
- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is titled 'Portal Login' and features a doctor icon. It includes input fields for 'User ID' and 'Password', each with a 'Forgot' link. Below the fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green 'LOGIN' button is positioned below the checkboxes. At the bottom, there is a link that says 'Don't have an account? Register Now'.

# Creating An Account



**Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

Don't have an account? [Register Now](#)



To create a new account, click **Register**.

# Creating An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*:

--Select--  
--Select--  
CareCore National  
Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*:

Zip\*:

Office Name:

- 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.

# User Registration-Continued

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*: Medsolutions

User Registration

UserName: MYoder  
Email: evicorejedi1234@gmail.com  
Account Type: Physician  
First Name: Mallory  
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder  
State: TN Tax ID:

Please read below to sign up as an appropriate user.  
Physician: An Individual Practitioner, A Medical Group Practice or an assistant  
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

### USER REGISTRATION

User Access Agreement \*Required

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides biological services, whether it is with eviCore directly or said health plan(s)). This electronic access to applications of eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

Accept Terms and Conditions

Submit Cancel



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

# User Registration-Continued



Registration Successful

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



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

# Create a Password

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

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



## Change Password

Please set up a new password for your account.

**Note:** The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password\*

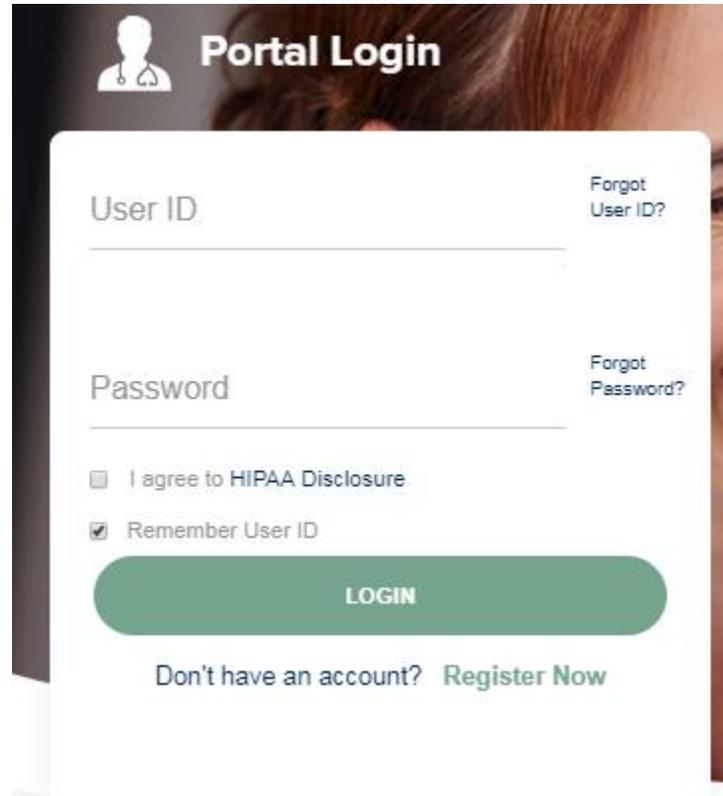
New Password\*

Confirm New Password\*

Continue

Cancel

# Account Log-In



The screenshot shows a 'Portal Login' interface. At the top left is a white silhouette of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white login card with a light green border. The card contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). At the bottom of the card is a large green rounded button with the text 'LOGIN'. Below the card, the text 'Don't have an account?' is followed by a green link 'Register Now'.



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”

# Welcome Screen



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:24 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- 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 without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

# Manage Your Account



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:38 AM

## Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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

# Adding Providers



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

Tuesday, January 21, 2020 9:29 AM

## Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last. First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

- ADD THIS PRACTITIONER
- CANCEL

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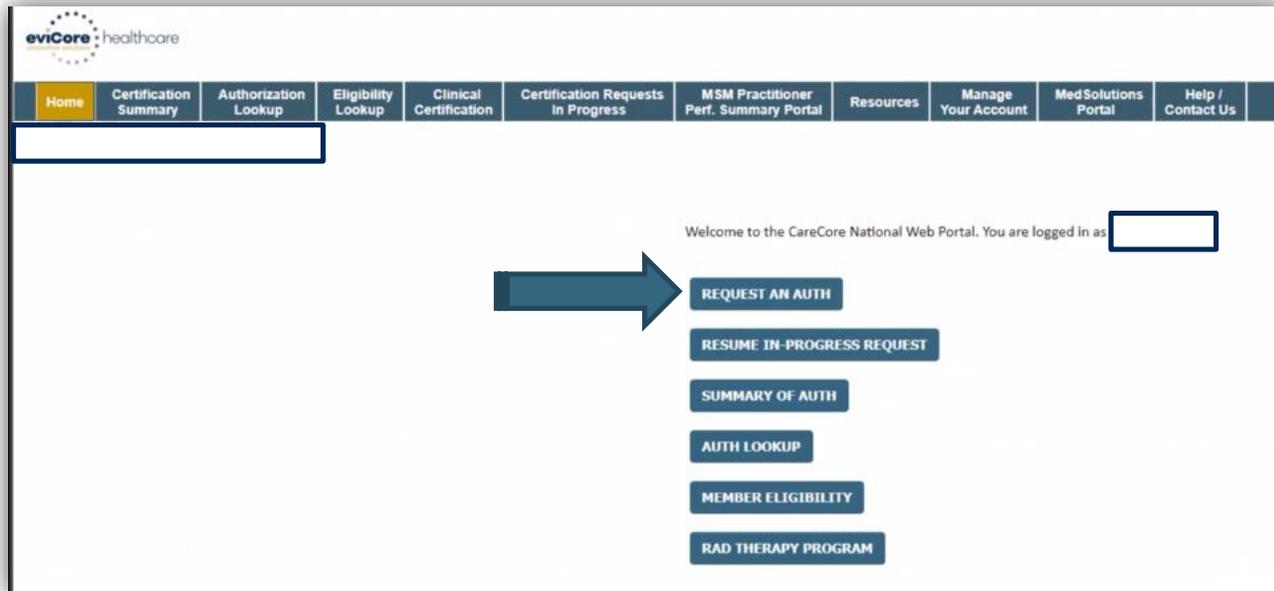
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Select the matching record based upon your search criteria

# Medical Oncology Case Initiation

Prior to the patient starting treatment, log into eviCore's Web Portal

- Log into [www.eviCore.com](http://www.eviCore.com) and navigate to the **CareCore National** portal.
- Select '**Request an Auth**' from the Home screen.



# Select Program



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

Tuesday, November 05, 2019 9:09 AM

Log Off



## Clinical Certification

Please select the program for your certification:

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

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

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

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Select **‘Medical Oncology Pathways’** for your certification.

# Select Ordering provider and Health Plan

- Select the **Requesting Provider** and their appropriate address from the list of providers registered to your account, and click continue.
- You will then be prompted to select the **Insurance Carrier** and the correct address for the provider.
- You will be asked to verify your **contact information** for notifications.

evicore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Wednesday, October 27, 2021 5:14 PM

### Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

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

BACK CONTINUE

[Click here for help](#)

### Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

- Please Select a Health Plan
- 1199 BENEFIT FUNDS
- ADVENTHEALTH PLANS
- APEX
- BANNER HEALTH NETWORK
- BCBSAZ
- BCBSIL
- BCBSMN
- BCBSMT
- BCBSNM
- BCBSOK
- BCBSTX
- CIGNA
- CIGNA PLUS OSCAR
- CLOVER HEALTH
- HEALTH FIRST FLORIDA
- HEALTH PARTNERS PLANS
- HEALTHSPRING
- NWMM
- OSCAR

evicore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Wednesday, October 27, 2021 5:16 PM

### Add Your Contact Info

Provider's Name:\*

Who to Contact:\*

Fax:\*

Phone:\*

Ext.:

Cell Phone:

Email:

BACK CONTINUE

[Click here for help](#)

# Look Up Member Information

The screenshot shows the 'Patient Eligibility Lookup' page on the eviCore healthcare website. At the top, there is a navigation bar with links for Home, Authorization Lookup, MedSolutions Portal, CareCore National Portal, and Help / Contact Us. Below the navigation bar is a search input field. The main section is titled 'Patient Eligibility Lookup' and contains three required input fields: 'Patient ID:\*', 'Date Of Birth:\*', and 'Patient Last Name Only:\*'. A 'LOOKUP AGAIN' button is positioned below these fields. Below the lookup area is a table with the heading 'Search Results'. The table has five columns: Patient ID, Member Code, Name, and DOB. A 'SELECT' button is located to the left of the table, and a 'BACK' button is located below the table.

Search Results				
	Patient ID	Member Code	Name	DOB
<input type="button" value="SELECT"/>	<input type="text"/>			

Search for the **member** by entering **Patient ID, Date of Birth, and Last name**. Be sure to verify that the correct family member is being selected. You will then be prompted to verify the member's contact information.

# Enter CPT code and Diagnoses



Tuesday, November 05, 2019 9:09 AM

Log Off

**Clinical Certification**

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

**Medical Oncology Pathways**

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

|

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

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

**Diagnosis**

Primary Diagnosis Code: **R68.89**  
Description: **Other general symptoms and signs**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Medical Oncology Pathways*

[LOOKUP](#)

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

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

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

- For primary Chemotherapy requests, the CPT code will be **CHEMO**
- For Supportive Therapy requests, the CPT code will be **SPORT**
- **NOTE:** The diagnosis code selected must equate to a cancer indication. Non-Cancer ICD10 codes are not managed under the Medical Oncology Program.

# Verify Selections made



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

Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient [EDIT](#)

## Clinical Certification

Confirm your service selection.

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

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

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

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Click **continue** to confirm your selection.

# Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

**Clinical Certification**

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Indicate the Cancer Type:

SUBMIT

Please select the Place of Service for this request:

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

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

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

SUBMIT

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**Clinical Certification** questions begin with 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 and an “Other” option is included for rare cancers not addressed by NCCN.

# Clinical Pathway Questions



**Proceed to Clinical Information**

Most recent entry for this patient: None

Menopausal Status  
 Premenopausal  
 Postmenopausal (natural, ovaries removed, or drug-induced)

**SUBMIT**

**Review History**

- Indicate the Cancer Type:  
Breast
- Please select the Place of Service for this request:  
Office

Finish Later

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

**Review History** can be used to go back and change the answer to a previous question if necessary. Answers to previous questions are displayed for reference. Going back and changing an answer will prompt subsequent questions to be re-answered.

# Select Treatment Regimen



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

Log Off

**Clinical Certification**

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

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

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.  
Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

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

A list of all NCCN treatment options will be presented based on the answers to the clinical questions.

Select an NCCN Recommendation from the list.

- These options will vary based on the clinical & diagnosis submitted.
- There is also an option to **‘Build a Custom Treatment Plan’**.

# Custom regimen selection

If a **custom regimen** is selected, a popup will alert you that a peer to peer conversation with a medical director is required, and given the option to select a different treatment option, or continue with the custom request.

### Proceed to Clinical Information

Because a custom treatment plan was selected, a peer consultation with an eviCore Medical director will be required. If you would like to change your request to a Pathway regimen please go to the review history below and click on "treatment selection" to return to the previous screen. **If a Pathway regimen is selected you will be granted an immediate authorization.\***

\*Other policies may apply in select situations.

If you would like to proceed with this selection, please click "SUBMIT"

**SUBMIT**

---

Review History

- ☰ ⓘ Indicate the Cancer Type:
  - ✔ Kidney Cancer
- ☰ ⓘ Please select the Place of Service for this request:
  - ✔ Office

Finish Later

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

# Case Submission

**Clinical Certification**

**Your case has been Approved.**

Provider Name: [REDACTED] Contact: dave  
Provider Address: [REDACTED] VE Phone [REDACTED]  
L Number: [REDACTED]  
Fax Number: [REDACTED]

Patient Name: [REDACTED] Patient Id: [REDACTED]  
Insurance Carrier: PLAN-X

Site Name: [REDACTED] Site ID: [REDACTED]  
Site Address: [REDACTED]

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS  
Date of Service: 2/2/2015  
HCPCS Code(s): J9263 Drug(s): OXALIPLATIN (ELOXATIN)

Authorization Number: [REDACTED]  
Review Date: 03/05/2019  
Start Date: 03/10/2019  
Expiration Date: 11/10/2019  
Status: Your case has been Approved.

←

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen 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.

**Shortcut** will populate for adding supportive drugs, if needed.

# Case Submission - Supportives

If “Request Supportives” is selected, a new case is started and the user is prompted to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case.

Click Continue to proceed to the clinical portion of the request.

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple classes of supportive drugs are needed, a separate request must be entered for each class (ex: anti-emetic and G-CSF).

## Clinical Certification

Confirm your service selection.

Procedure Date: 5/5/2016  
Medical Oncology Pathways: SPORT  
Description: SUPPORTIVE THERAPIES  
Diagnosis Code: C18.9  
Diagnosis: Malignant neoplasm of colon,

[Change Procedure or Diagnosis](#)

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

## Clinical Certification

Indicate the requested supportive agent:

- Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- Denosumab (Prolia)
- Denosumab (Xgeva) MONTHLY
- Denosumab (Xgeva) MONTHLY and DAY 8, 15
- Epoetin alfa (Epogen, Procrit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procrit) WEEKLY
- Filgrastim (Neupogen) 300 mcg single use syringe/vial
- Filgrastim (Neupogen) 480 mcg single use syringe/vial
- Granisetron (Sustol)
- Octreotide (Sandostatin LAR Depot)
- Octreotide (Sandostatin)
- Pegfilgrastim (Neulasta)
- Telotristat ethyl - oral (Xermelo)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

## Clinical Certification

Confirm Cancer type

Colon/Rectal Cancer

# Authorization Lookup Tool



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

Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	1/2/2019 1:40:36 PM
Service Description:	Small Cell Lung Cancer
Site Name:	
Expiration Date:	4/12/2019
Date Last Updated:	1/16/2019 1:43:41 PM
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

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

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

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

# Post-Decision Options

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My case has been denied. What's next?

## Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
  - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed

## Appeals:

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.



# Requesting a Peer to Peer



Tuesday, June 9, 2020 7:11 PM

## Authorization Lookup

Authorization Number:	NA
Case Number:	1130572795
Status:	Additional Information Required
P2P Status:	
Approval Date:	
Service Description:	Breast Cancer
Site Name:	TRI COUNTY MEDICAL SERVICES INC
Expiration Date:	
Date Last Updated:	5/14/2020 2:32:09 PM
Correspondence:	<a href="#">UPLOADS &amp; FAXES</a>
Clinical Upload:	<a href="#">UPLOAD ADDITIONAL CLINICAL</a>

[P2P AVAILABILITY](#)



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling.
- *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.

[PRINT](#)

[Click here for help](#)

To **print** approval or denial **notification letters**, select **UPLOADS & FAXES**

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

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”

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.

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #:  Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

[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.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

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

The screenshot displays a scheduling interface with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two panels. The left panel, titled 'P2P Info', shows the date 'Mon 5/18/20' at '6:30 pm EDT' and a 'Reviewing Provider' icon. Below this is a 'Case Info' section with a table for '1st Case' containing fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right panel, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu with 'Provider Office' selected), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the right panel. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- 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.

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A summary bar contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

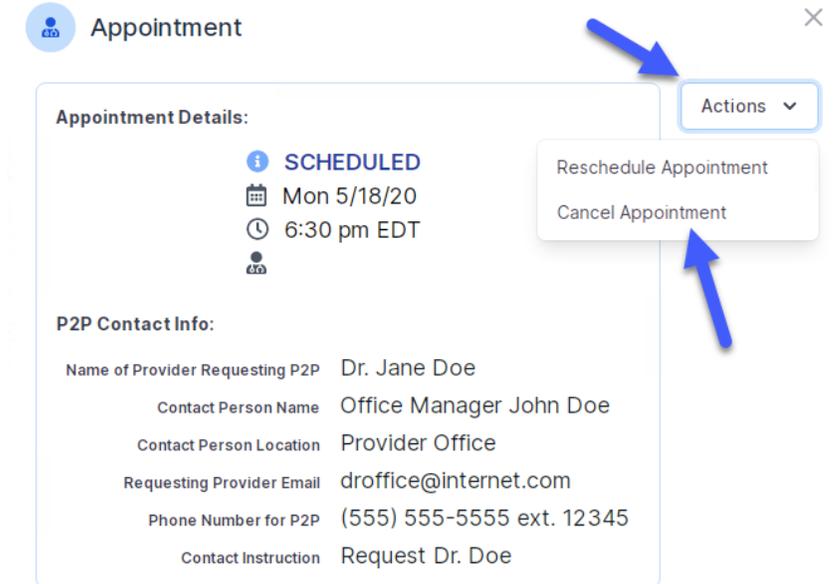
# Canceling or Rescheduling a Peer to Peer Appointment

## 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

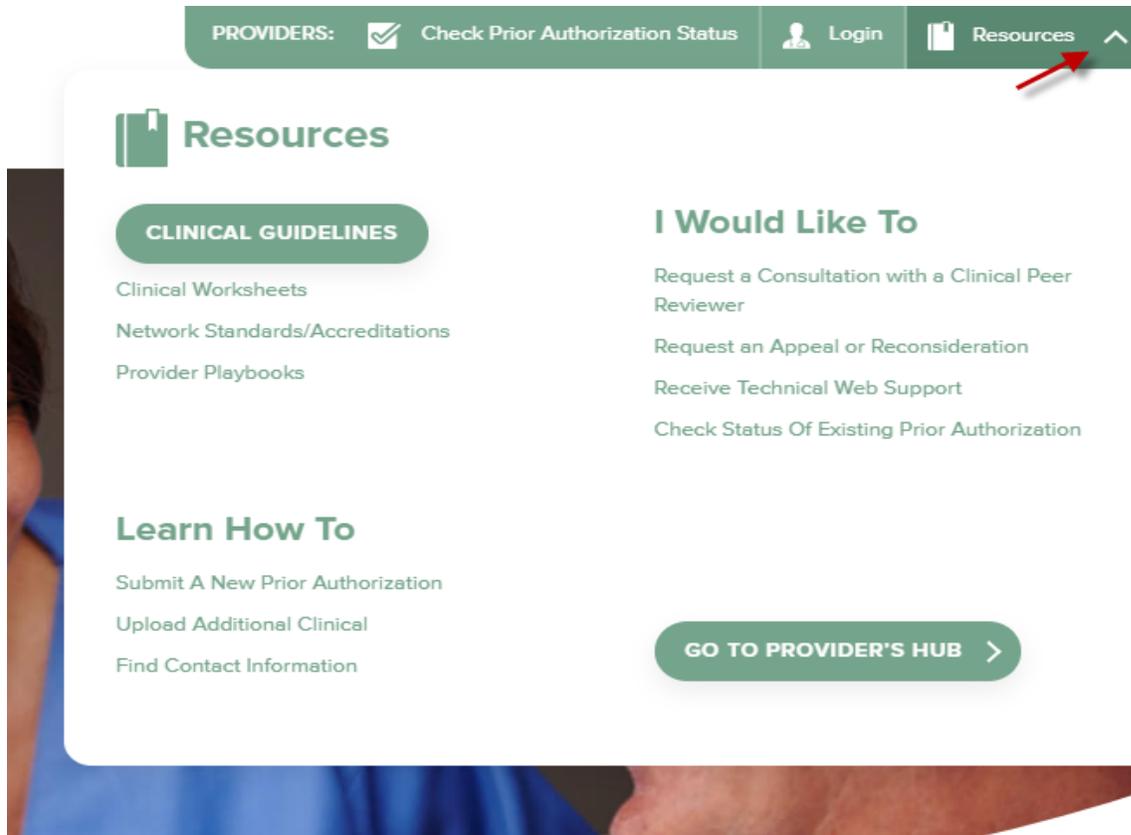
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# Provider Resources

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# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com).
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



# Quick Reference Tool

The screenshot displays the 'Resources' section of a web application. At the top, a navigation bar includes 'PROVIDERS:', a checked box for 'Check Prior Authorization Status', a 'Login' button, and a 'Resources' button with a dropdown arrow. A red arrow points to the 'Resources' button. Below the navigation bar, the 'Resources' section is divided into three columns. The left column, titled 'Resources', contains a 'CLINICAL GUIDELINES' button and a list of links: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'. The middle column, titled 'I Would Like To', lists actions: 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'. The right column, titled 'Learn How To', lists actions: 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A red arrow points to 'Find Contact Information'. Below this list is a 'GO TO PROVIDER'S HUB >' button. To the right of the 'Resources' section is a light green panel titled 'I want to learn how to...'. It contains three dropdown menus: 'Learn how to...' (with 'Find Contact Information' selected), 'Health Plan' (with 'Select a Health Plan...\*' selected), and 'Solution' (with 'Select a Solution...\*' selected). At the bottom of this panel is a dark blue 'START' button.

Access health plan specific contact information at [www.evicore.com](http://www.evicore.com) by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Quick Reference Tool – Continued

**I want to learn how to...**

Learn how to...

Learn how to...\*

- Learn how to...\*
- Start A New Prior Authorization
- Check Status of Existing Prior Authorization
- Upload Additional Clinical
- Find Contact Information

I want to learn how to:

- **Start a New Prior Authorization**
- **Check Status of Existing Prior Authorization**
- **Upload additional Clinical**
- **Find Contract Information**

**I want to learn how to...**

Learn how to...

Find Contact Information

---

Health Plan

Select a Health Plan...\*

---

Solution

Select a Solution...\*

---

**START**

Access health plan specific contact information at [www.evicore.com](http://www.evicore.com) by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# 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](mailto: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

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## 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 [evicore.com](https://www.evicore.com) → Provider's Hub  
→ Training Resources

# Dedicated eviCore Teams

## Call Center

- Phone: 800-475-1954
- Representatives available 7 a.m. to 7 p.m. (local time)

## Web Support

- Live chat
- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Phone: (800) 646-0418 (Option #2)

## Client & Provider Operations Team

- Email: [clientservices@eviCore.com](mailto:clientservices@eviCore.com)
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

## Provider Engagement

- Lisa Mikkelsen - WI
  - [Lisa.Mekkelson@evicore.com](mailto:Lisa.Mekkelson@evicore.com)
  - 843-949-0022
- Patricia Allen - IL
  - [Pallen@evicore.com](mailto:Pallen@evicore.com)
  - 800-918-8924 EXT 24176
- Chris Plante
  - [cplante@evicore.com](mailto:cplante@evicore.com)
  - 912-312-2007
- Regional team that works directly with the provider community

# 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/wps-health-insurance-and-wps-health-plan>

**WPS Provider Contact Center: 888-711-1444**



# Provider Newsletter

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## 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](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# Provider Resource Review Forums

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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](http://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](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



# Web Portal Services-Assistance

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Email [portal.support@evicore.com](mailto:portal.support@evicore.com)

Call a Web Support Specialist at  
(800)646-0418 (Option 2)

Connect with us via Live Chat



Web Portal Services-Available 24/7

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# Thank You!

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