








Provider Orientation Session

Prior Authorization for Medical Oncology



Company Overview

9 | Comprehensive Solutions

-  Radiology
-  Cardiology
-  Musculoskeletal
-  Sleep Management
-  Medical Oncology
-  Specialty Drug
-  Radiation Therapy
-  Lab Management
-  Post-Acute Care





Ensure **100M*** patients receive the **right treatment at the right time** for 25 years

9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4k+ employees including **1k clinicians**

Engaging with 570k+ providers



Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

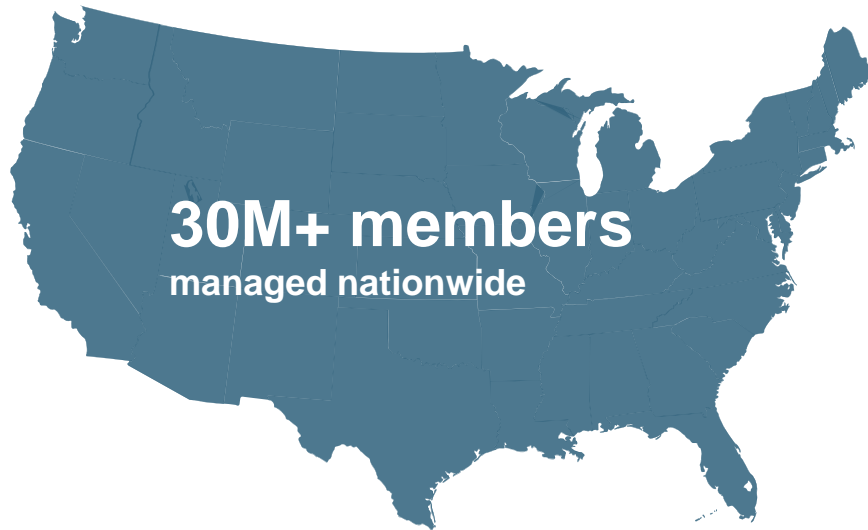


Medical Oncology Solution - Our Experience

15+ Regional
and National Clients

400+ Cases
built per day

10+ Years
Managing Medical Oncology Services



Members Managed

- 25M+ Commercial membership
- 660K+ Medicare membership
- 3.7M+ Medicaid membership



Service Model

Client & Provider Service Operations

The Client & Provider Operations team are responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

Client and Provider Service Representatives



Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Experience Managers



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

Regional Provider Engagement Managers



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

Why Our Service Delivery Model Works



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



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



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



Our Clinical Approach

Clinical Platform

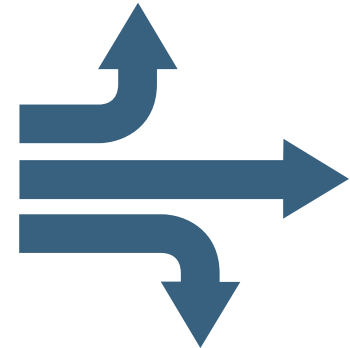
Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none">• General• Orthopedic• Thoracic• Cardiac• Neurological• Otolaryngology• Spine
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none">• Nuclear Medicine• Musculoskeletal• Neuroradiology
Sleep Medicine	

- **250+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **800 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Oncology, Hematology, Radiation Oncology, Spine/Orthopedics, Neurology, and Medical/Surgical**

Our Medical Oncology Solution *is* Evidence Based

National
Comprehensive
Cancer Network[®]
(NCCN)



26 of the World's Leading
Cancer Centers Aligned

eviCore Guideline
Management

Represents
97%
of all cancers

Continually
updated

Inclusive of
45
cancer types

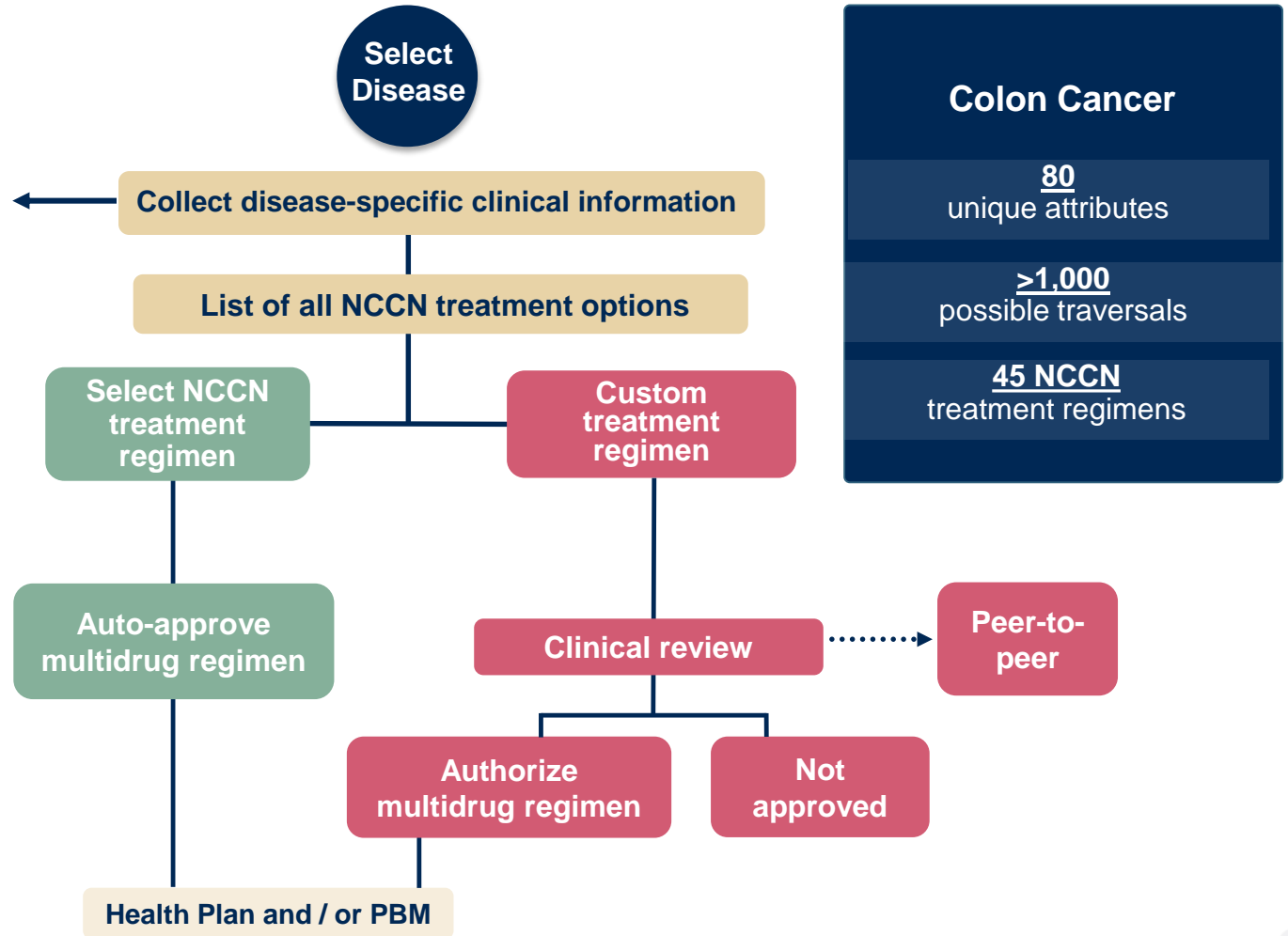
Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

2-5 minutes
to enter a
complete
case



Colon Cancer

80
unique attributes

>1,000
possible traversals

45 NCCN
treatment regimens

Treatment options may be modified to align with formulary

Summary

What types of Drugs are included?

- **Primary Injectable Chemotherapy**
- **Supportive Medications given with Chemotherapy**

What is covered in my authorization?

- All drugs that were entered as part of a regimen – there are no partial approvals.
- The HCPC codes associated with the approved drugs . (The regimen may include standard and miscellaneous codes).
- The time period indicated on the authorization (8-14 months)
- 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.***
- Supportive drugs will be issued as a separate authorization.

How often do I need to update my authorization?

- When the authorization time has expired.
- When there is a change in treatment including new or different drugs.
- NOT when dosing changes
- NOT if an approved drug is no longer used

What about drugs billed through Pharmacy?

- Pharmacy drugs (typically orals) do NOT require PA through this program.

Medical Oncology

Prior-Authorization Process for Health Partners Plans



Health Partners Plans

Program Overview

eviCore will begin accepting Medical Oncology requests on September 24, 2018 for dates of service October 1, 2018 and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent

Prior authorization **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 prior authorization approval for services. Payment for services rendered prior to requesting authorization through eviCore may be denied.

Applicable Membership

Authorization is required via eviCore healthcare for Health Partners **Medicare** plans, effective July 1, 2018 and Health Partners **Medicaid** plans, effective October 1, 2018.



Prior Authorization Requests

How to request prior authorization:

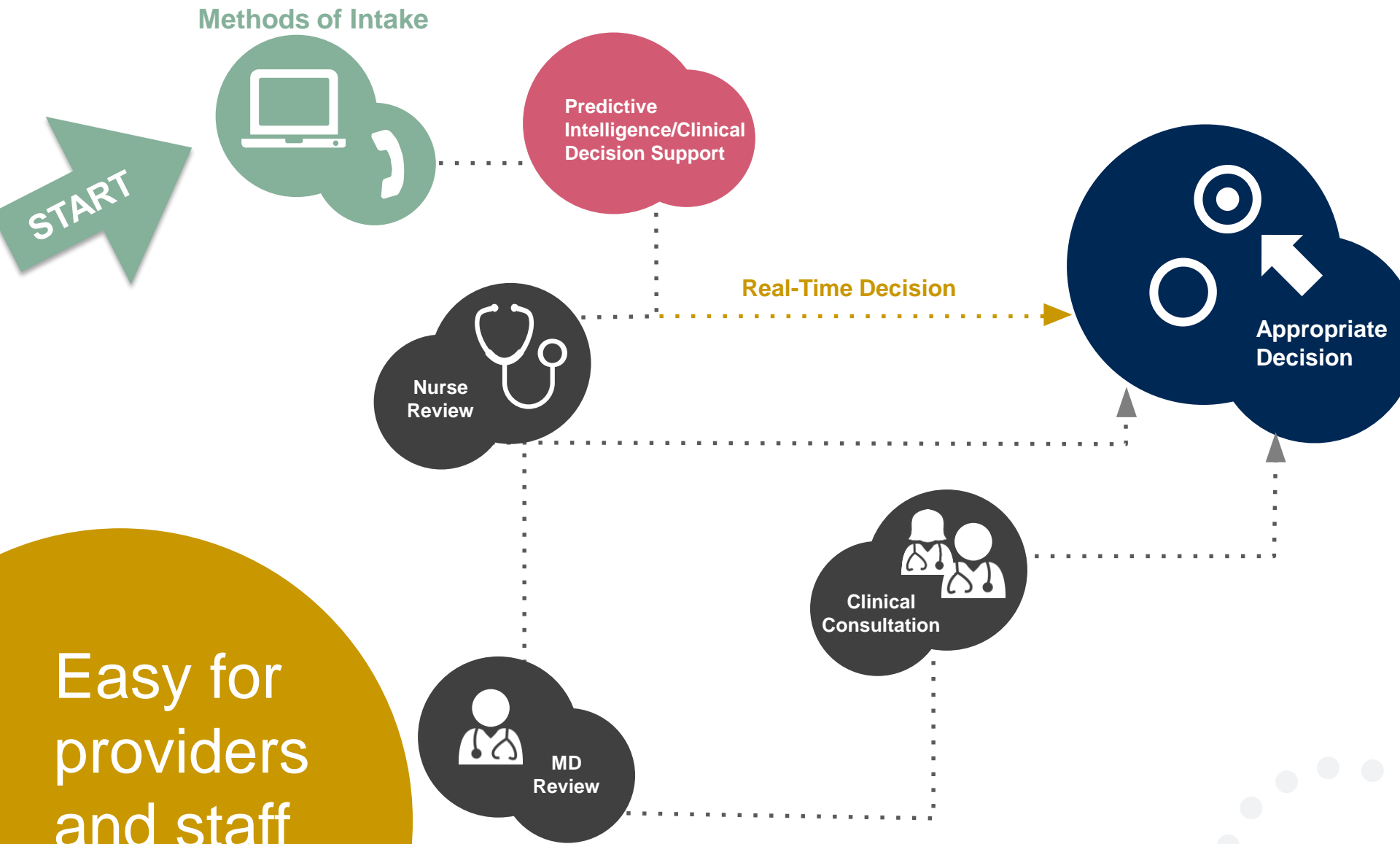


www.evicore.com

Available **24/7** and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
888-444-6178
7:00 a.m. to 7:00
p.m. (EST)
Monday - Friday

Clinical Review Process



Easy for providers and staff

Needed Information



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

- Details about the clinical indication including type of cancer, stage of disease, genomic markers, performance status, comorbidities or toxicity issues that may impact treatment, and any other clinical factors driving treatment selection
- Type and duration of treatments performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 8 – 14 months depending on regimen from the date of determination.

Delivery:

- Faxed to ordering provider
- Mailed to the member
- 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 Peer Review

Delivery:

- Faxed to the rendering provider
- Mailed to the member

Prior Authorization Outcomes - Medicaid



Peer-to-Peer Review

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval. **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician.
- **Medical Oncology Only:**
 - eviCore will request a Peer-to-Peer 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 Supportive Drug:**
 - Peer-to-Peer reviews can be scheduled at a time convenient to your physician prior to a determination or after issuing a denial. Only Medicaid requests can result in an overturn; Medicare denials cannot be overturned.

Prior Authorization Outcomes – Medicare / Medicare Advantage

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

➤ Appeals

- eviCore healthcare will not be delegated for first level provider appeals for Medicare plans.
- eviCore will manage first level provider appeals for Medicaid plans.
- Appeal process will be included in the determination letter.

➤ Retrospective Studies:

Medical Oncology:

- Retrospective reviews are not accepted. Claims may be denied if treatment begins prior to obtaining an authorization.

Supportive Drug:

- Retrospective reviews are allowed for up to 2 days if services were rendered on an urgent basis after hours.

➤ Outpatient Urgent Studies:

- Contact eviCore by web or phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **24 hours** of the request.

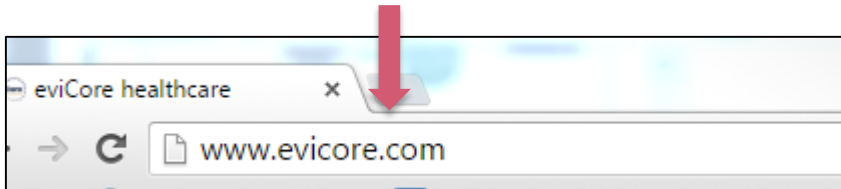
➤ Patients Already in Treatment

- Medicare members must receive prior authorization from eviCore for dates-of-service beginning July 1, 2018.
- Medicaid members must receive prior authorization from eviCore for dates-of-service beginning October 1, 2018.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

User ID

Password

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

 Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

 I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



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


Creating An Account

eviCore healthcare
INNOVATIVE SOLUTIONS

* Required Field

Web Portal Preference

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

Default Portal*: 

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Information

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

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

Next



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

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				



Review information provided, and click **“Submit Registration.”**

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)).
The electronic access to applications of eviCore's web based applications is subject to the terms and conditions of the Provider/Customer Agreement.

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

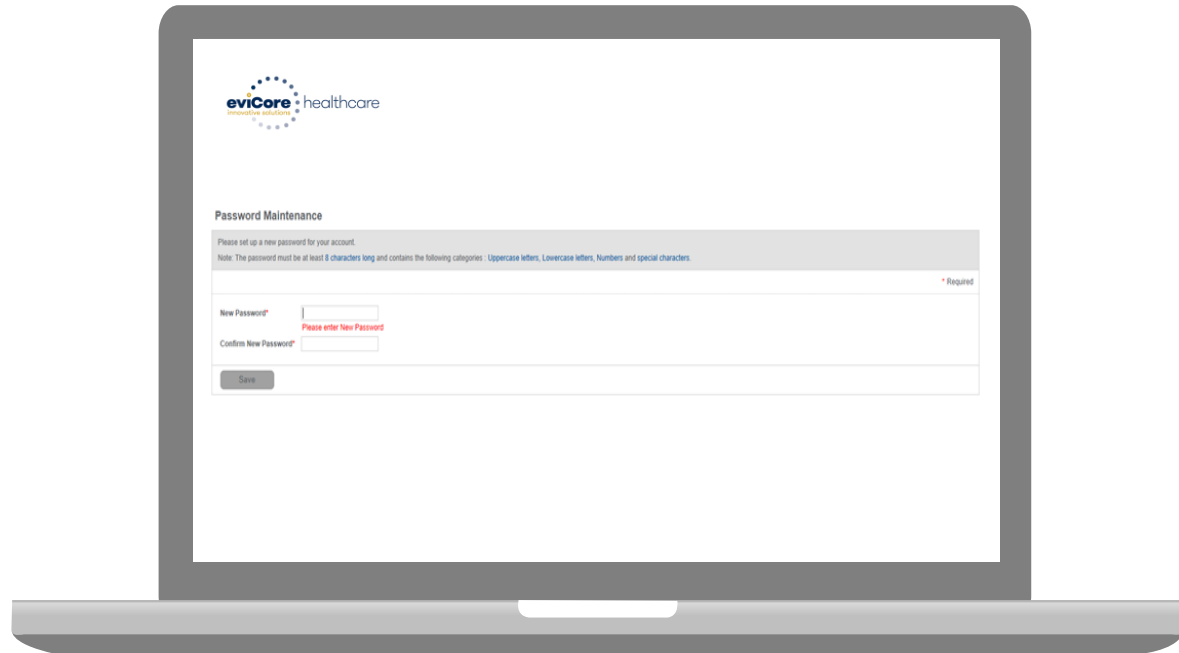


➔ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

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



Account Log-In

Providers Delivering Medical
Solutions That Benefit Everyone.

Mallory1897

••••••••

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

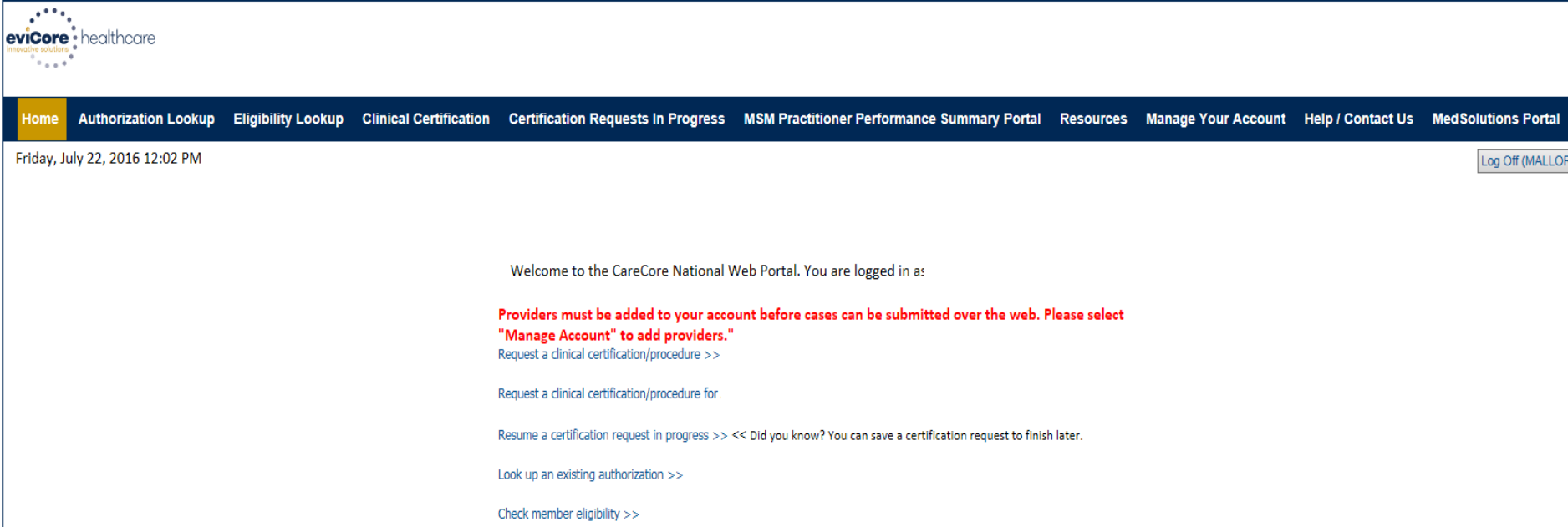
[Forgot UserName](#) | [Password?](#) | [Register](#)



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

Account Overview

Welcome Screen



The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. A dark blue navigation bar contains the following links: Home (highlighted), Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. Below the navigation bar, the date and time 'Friday, July 22, 2016 12:02 PM' are displayed on the left, and a 'Log Off (MALLOR)' button is on the right. The main content area contains the following text:

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

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

Request a clinical certification/procedure for

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

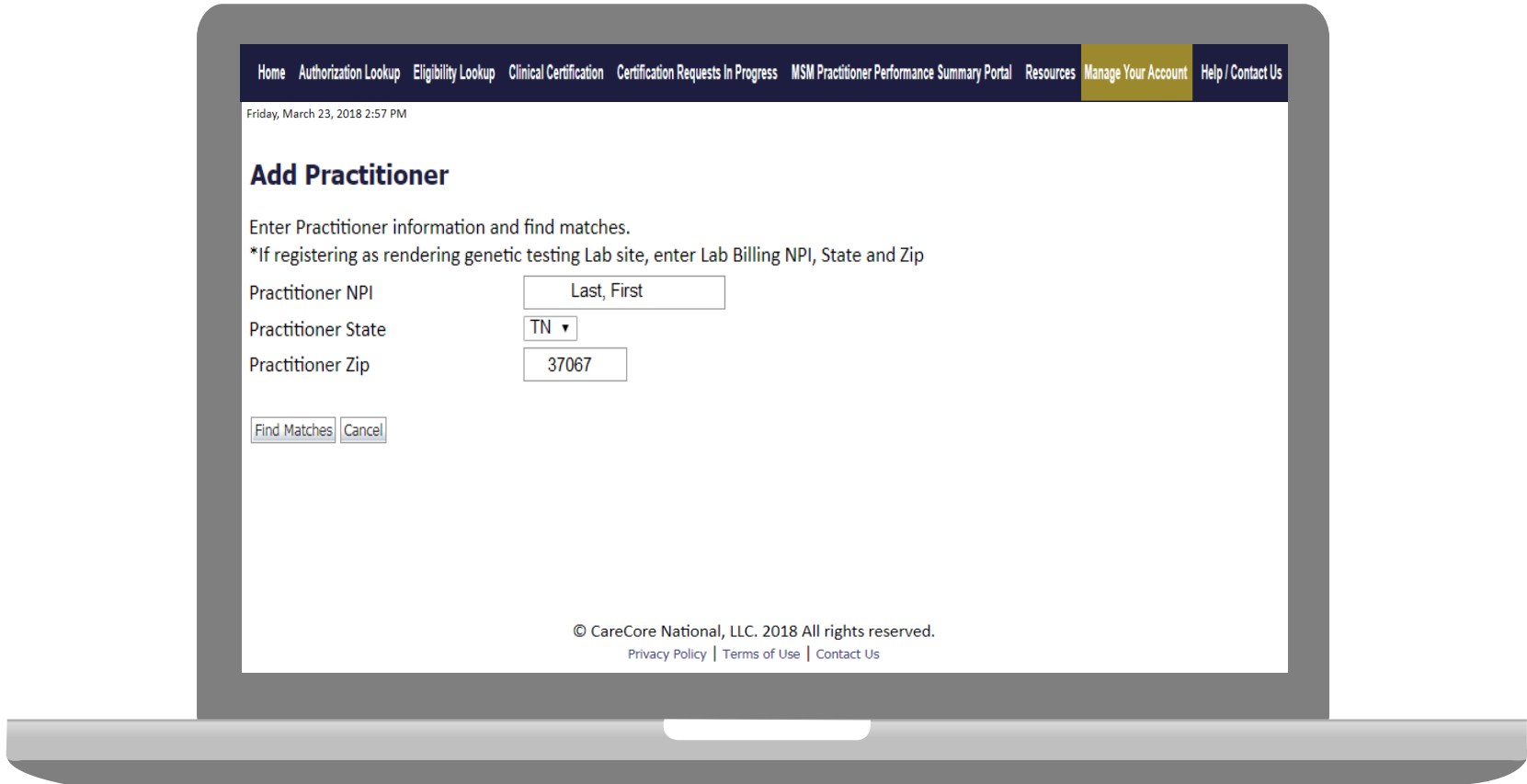
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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.

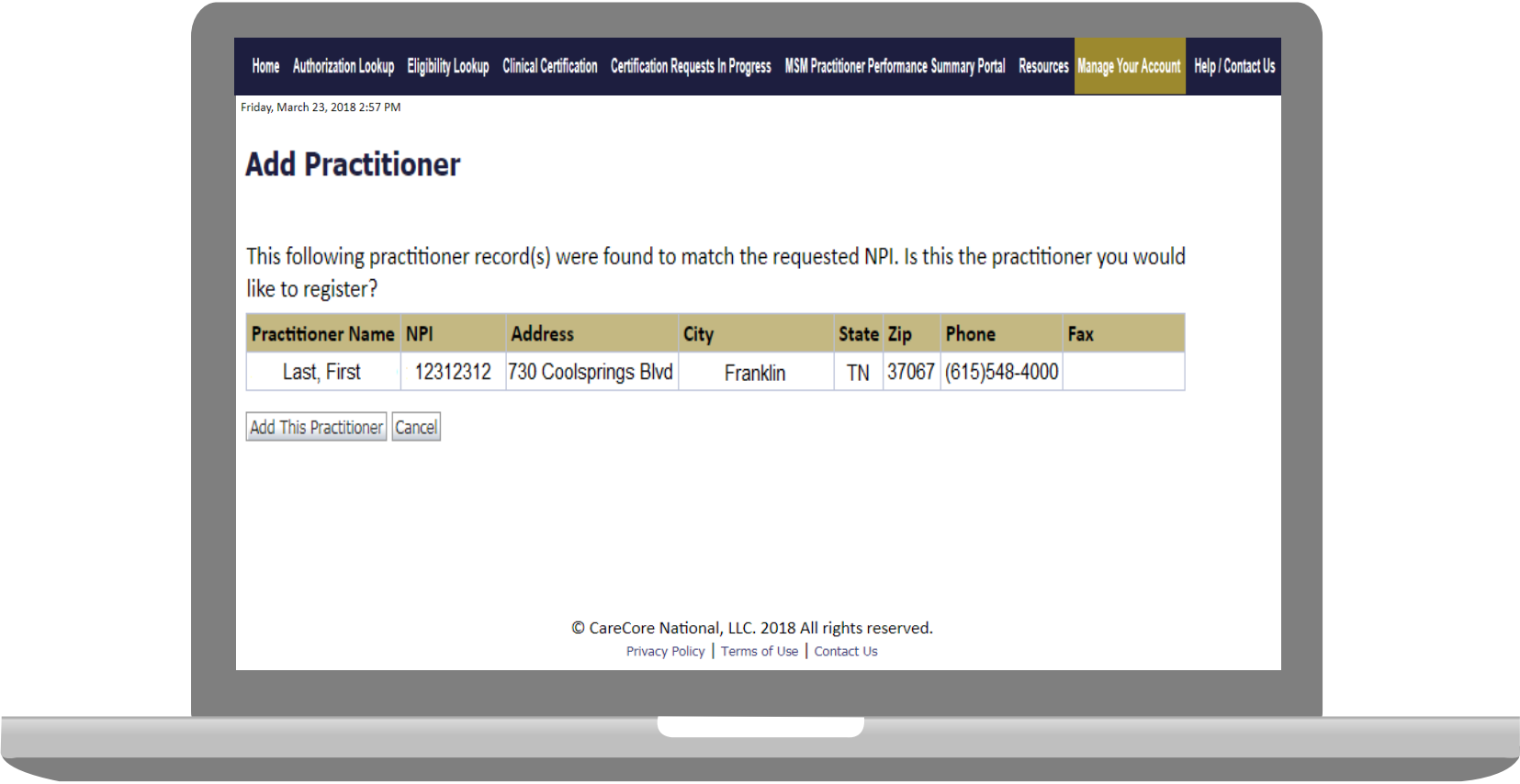
Add Practitioners



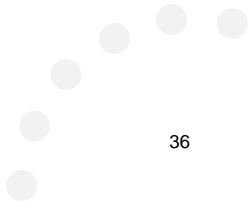
The screenshot shows a web application interface for adding practitioners. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account (highlighted), and Help / Contact Us. Below the navigation bar, the date and time are displayed: Friday, March 23, 2018 2:57 PM. The main heading is "Add Practitioner". Below the heading, there is a prompt: "Enter Practitioner information and find matches." followed by a note: "*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". The form contains three input fields: "Practitioner NPI" with the text "Last, First" inside, "Practitioner State" with a dropdown menu showing "TN", and "Practitioner Zip" with the text "37067". At the bottom of the form, there are two buttons: "Find Matches" and "Cancel". At the very bottom of the page, there is a copyright notice: "© CareCore National, LLC. 2018 All rights reserved." and links for "Privacy Policy", "Terms of Use", and "Contact Us".

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

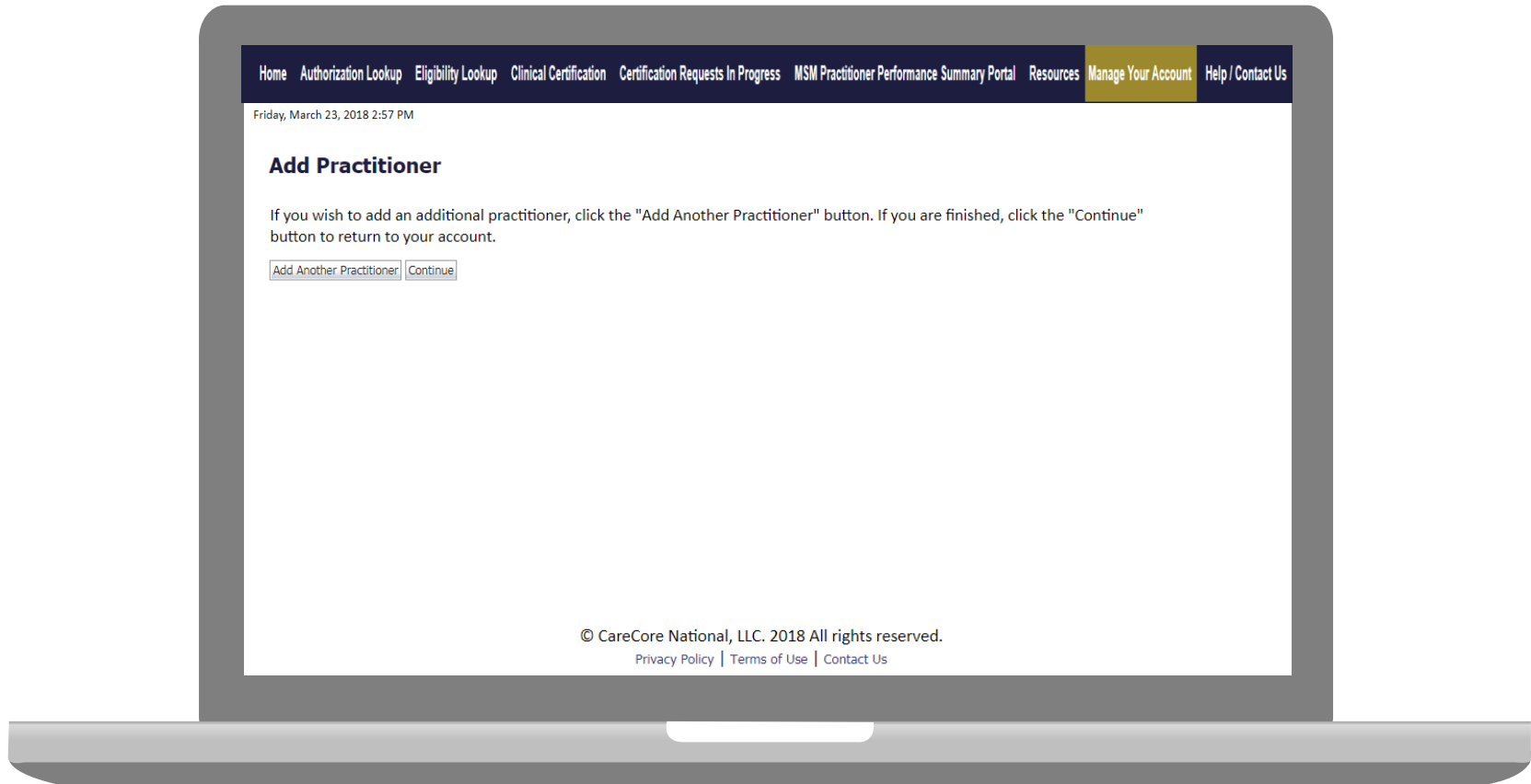
Adding Practitioners



Select the matching record based upon your search criteria



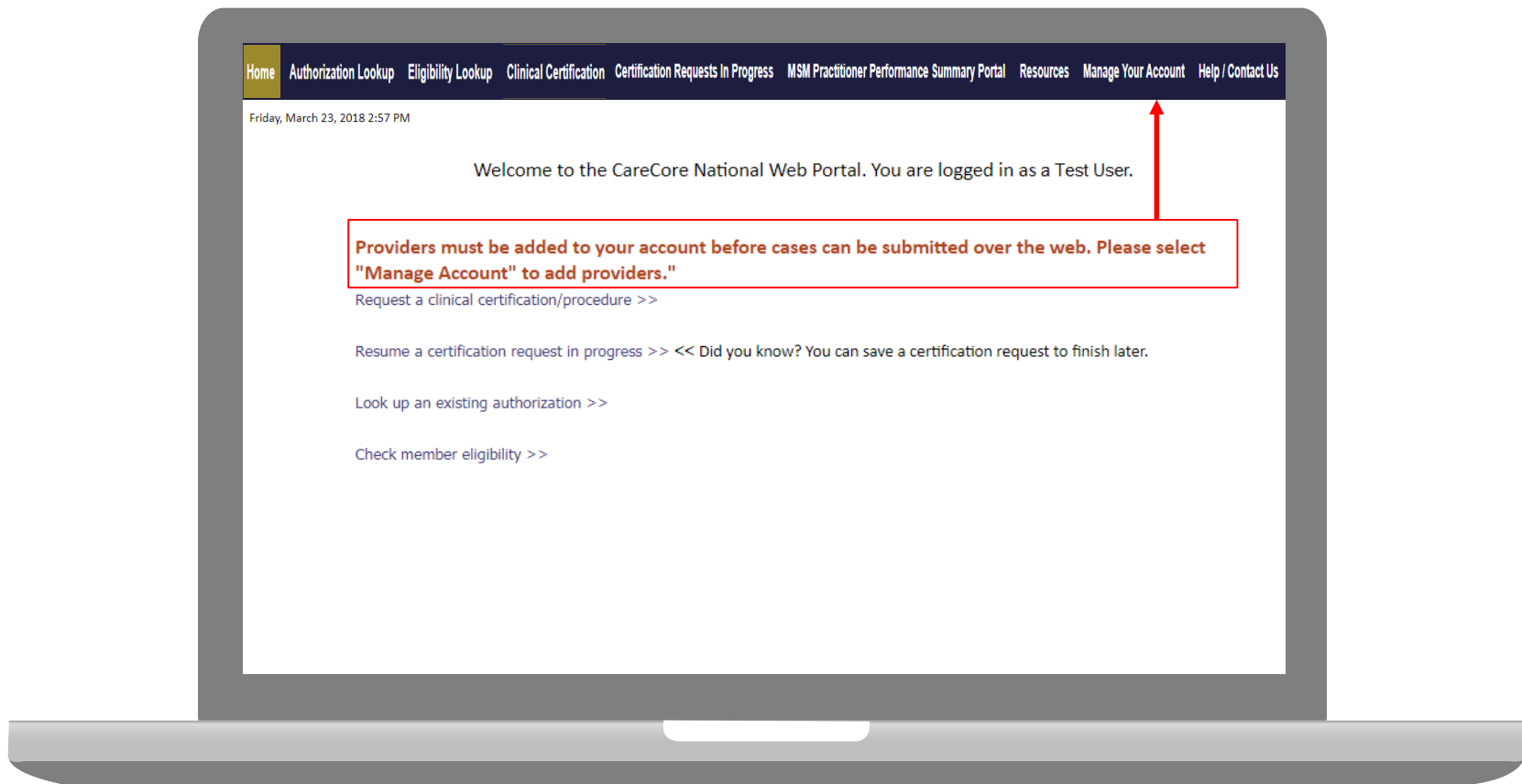
Manage Your Account



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

Case Initiation

Initiating A Case



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

Provider Experience – Case Submission



[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#)

Friday, March 02, 2018 12:51 PM

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

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

Select the program

Provider Experience – Case Submission

Clinical Certification

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

Filter Last Name
or NPI:

Selected Physician:

Physician	
<input type="button" value="SELECT"/>	PHYSICIAN
<input type="button" value="SELECT"/>	PHYSICIAN
<input type="button" value="SELECT"/>	PHYSICIAN
<input type="button" value="SELECT"/>	PHYSICIAN

The Office user will select the treating physician from their pre-populated affiliated physician list.

Provider Experience – Case Submission

Clinical Certification

You selected **BELLICONE, NORTON THERESA, NP, 01020000757**

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

Please Select a Health Plan ▼

Please Select a Health Plan

PLAN-X

Select the patient's health plan.

[Privacy Policy](#) | [Terms of Use](#)



Provider Experience – Case Submission

Clinical Certification

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any cases include requests for services where one of the following conditions apply:

- 1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.**
- 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member without the care or treatment requested in the prior authorization.**

You selected **SELECTED HEALTH PLAN, NOT SUBMITTED**

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

PLAN-X ▼
▼

Cancel Back Print Continue

Take note of any important messages and confirm the provider address..

Provider Experience – Case Submission

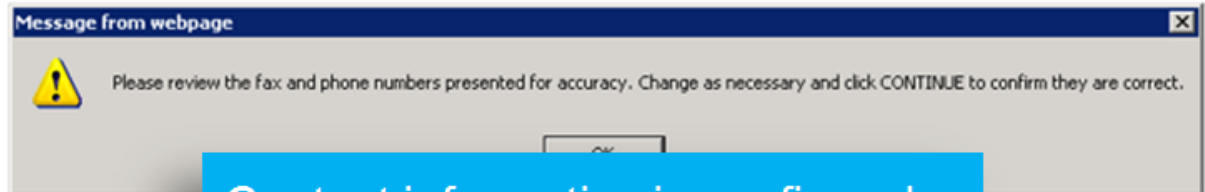
Home Authorization Lookup Eligibility Lookup Clinical Certifon Certification Requests In Progress Physician Criteria Manage Your Account MSM Practitioner Performance Summary Portal Educational

Friday, January 16, 2015 12:06 PM

Clinical Certification

Physician's Name [?]
Who to Contact [?]
Fax [?]
Phone [?]
Ext. [?]
Cell Phone
Email

Cancel Back Print Continue



Contact information is confirmed or entered to ensure accurate communication of the determination or to request additional information as needed.

Provider Experience – Case Submission

Friday, January 16, 2015 12:08 PM

Clinical Certification

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Current Patients

Filter by Physician:

Choose an existing Patient:
 (Type here or Choose below)

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click "Yes" to continue.

New Patient Registration

Provider: DR. JAMES M. ...
Health Plan: PLAN-X
Member ID: 2012010101
Date of Birth: 12/12/1975
Name: JAMES M. ...
City, State: Warren, NJ

Do you want to continue with this patient?

Provider Experience – Case Submission

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including 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 Certification

Requester Information **Request Date**
Requester Name: Requester ID:
Requester Title: Requester Email:
Requester Phone: Requester Fax:

[NEW REVIEW](#) [VERIFY ELIGIBILITY](#)

Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status		
1/19/2015	DR. J. J. J.	123456789	Colorectal	5-Fluorouracil (5FU; Adrucil), Brentuximab Vedotin (Adcetris)	Pending		VIEW HISTORY
1/19/2015	DR. J. J. J.	123456789	Colorectal	Oxaliplatin (Eloxatin)	Approved		VIEW HISTORY
1/16/2015	DR. J. J. J.	123456789	Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved		VIEW HISTORY

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Provider Experience – Case Submission – NO SUPPORTIVES

Attention!

Patient ID: [REDACTED]

Time: 12/4/2015 1:50 PM

Patient Name: JONES, TONY

What is the anticipated start date of treatment? MM/DD/20YY

SUBMIT

Date of Service (no retro reviews)
ICD10 codes are collected.

Provider Experience – Case Submission

Enter:

- Drug Classification:
 - For Chemo or Chemo + Supportive drugs, select CHEMO-CHEMOTHERAPY
 - For Supportive drugs only, select SPORT-SUPPORTIVES
- ICD10 code

Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress

Monday, February 29, 2016 1:05 PM

Clinical Certification

This procedure will be performed on 4/4/2016.

Medical Oncology Pathways

Select Drug Classification[?] or Description[?]

SPORT SUPPORTIVE THERAPIES

If requesting for chemotherapy, select CHEMO. If requesting for supportive medications, select SUPPORTIVE THERAPIES

Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

Trouble selecting diagnosis code? Please follow these steps

Drug classification and diagnosis code are required for Med

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

This procedure will be performed on 12/6/2015.

Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

C50

	Diagnosis Code	Description
<input type="button" value="SELECT"/>	C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
<input type="button" value="SELECT"/>	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
<input type="button" value="SELECT"/>	C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
<input type="button" value="SELECT"/>	C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
<input type="button" value="SELECT"/>	C50.011	Malignant neoplasm of nipple and areola, right female breast
<input type="button" value="SELECT"/>	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
<input type="button" value="SELECT"/>	C50.321	Malignant neoplasm of lower-inner quadrant of right male breast

Provider Experience – Case Submission

Attention!

Will these drugs be billed by the ordering provider? If NO, you will be asked to enter the rendering provider information on a later screen. Please select either 'Yes' or 'No'

If drugs are being billed by the ordering provider, select 'Yes' and skip the site entry process. If you need to indicate a distinct rendering site or facility, select 'No' and follow the onscreen instructions to identify the site.

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [Physician Criteria](#) [Manage Your Account](#)

Monday, January 19, 2015 4:55 PM

Clinical Certification

Specific Site Search

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

NPI: Zip Code: Site Name:

TIN: City:

- Exact match
- Starts with

Provider Experience – Case Submission

Clinical Certification

Confirm your service selection.

Procedure Date: 10/20/2017
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: C18.9
Primary Diagnosis: Malignant neoplasm of colon, unspecified

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

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

Confirm the information entered or use the 'change' links to go back and make corrections as needed.

Provider Experience – Case Submission

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

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

Add a site email if desired.
This will be used to
communicate with site if
needed.

Provider Experience – Case Submission

Thursday, August 03, 2017 11:46 AM

Clinical Certification

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

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

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

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

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

Provider Experience – Case Submission

Clinical Certification

Links

[If you do not see the cancer type you are looking for click here for a cross reference to subtypes.](#)

● Indicate the Cancer Type:

- Multiple Myeloma
- Leukemia - Acute Lymphoblastic Leukemia (ALL)
- Leukemia - Acute Myeloid Leukemia (AML)
- Leukemia - Chronic Lymphocytic Leukemia (CLL)
- Leukemia - Chronic Myelogenous Leukemia (CML)
- Leukemia - Other
- Lung - Non Small Cell Lung Cancer
- Lung - Small Cell Lung Cancer
- Lymphoma - Hodgkin's Lymphoma
- Lymphoma - Lymphoplasmacytic Lymphoma
- Lymphoma - Non-Hodgkin's Lymphoma
- Mesothelioma
- Multiple Myeloma
- Myelodysplastic Syndromes (MDS)
- Neuroendocrine Tumors
- Occult Primary
- Ovarian Cancer
- Pancreatic Adenocarcinoma
- Penile Cancer
- Primary Peritoneal Cancer
- Prostate Cancer
- Sarcoma
- Skin Cancer - Melanoma
- Skin Cancer - Non-Melanoma
- Systemic Light Chain Amyloidosis
- Testicular Cancer
- Thymomas and Thymic Carcinomas
- Thyroid Carcinoma
- Uterine Neoplasms
- Waldenstroms Macroglobulinemia
- Other

includes injectable chemotherapy drugs?

The Clinical pathways 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.

Provider Experience – Case Submission

Clinical Certification

Active (Symptomatic) Myeloma requires one or more of the following symptoms:

- Calcium elevation (greater than 11.5 mg/dL)
- Renal insufficiency (creatinine greater than 2 mg/dL)
- Anemia (hemoglobin less than 10 g/dL or 2 g/dL less than normal)
- Bone disease (lytic or osteopenic)
- Repeated infections, amyloidosis, or hyperviscosity

Most recent entry for this patient: None

Clinical Presentation:

Smoldering (asymptomatic)

Active (symptomatic)

The office 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. Almost all answers are in drop down or click selection to allow for quick entry.

Provider Experience – Case Submission

Clinical Certification

Active (Symptomatic) Myeloma requires one or more of the following symptoms:

- Calcium elevation (greater than 11.5 mg/dL)
- Renal insufficiency (creatinine greater than 2 mg/dL)
- Anemia (hemoglobin less than 10 g/dL or 2 g/dL less than normal)
- Bone disease (lytic or osteopenic)
- Repeated infections, amyloidosis, or hyperviscosity

Most recent entry for this patient: None

Clinical Presentation:

Smoldering (asymptomatic)

Active (symptomatic)

Finish Later

Did you know?

You can save a certification request to finish later.

The review can be paused at anytime if clinical information is not available or needs to be verified before proceeding. This will return the user to the Patient History Screen. Any paused case will present a “Resume” option.

If case is not resumed within 2 business days, the case will be sent to eviCore and a follow up request will be sent to the provider requesting the balance of the clinical information

Provider Experience – Case Submission

Clinical Certification

LESLIE WARDLELL **1/25/2015**
PHYSICIAN (MD)
BLUMENBERG, JENNIFER
(200) 470-0011
Age: 66

NEW REVIEW VERIFY ELIGIBILITY

'Resume' will return the user to the pathway where the review was paused.



Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status			
1/19/2015	LESLIE WARDLELL	1000000001	Colorectal	5-Fluorouracil (5FU; Aducril), Brentuximab Vedotin (Adcetris)	Incomplete	RESUME	Cancel	VIEW HISTORY
1/19/2015	LESLIE WARDLELL	1000000002	Colorectal	Oxaliplatin (Eloxatin)	Approved			VIEW HISTORY
1/16/2015	LESLIE WARDLELL	1000000003	Multiple Myeloma	Cyclophosphamide - Inj (Cytoxan; Endoxan-Asta)	Approved			VIEW HISTORY

Provider Experience – Case Submission

Clinical Certification

You will be granted a prior authorization by selecting a National Comprehensive Cancer Network (NCCN) treatment option listed below. **By selecting "Build a Custom Treatment Plan," your request for chemotherapy will require additional clinical review and will not be immediately approved. Supporting Clinical Information should be included in the case submission.**

Note: Payment is based on the patient's benefit plan and eligibility when the services are received.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

- Bortezomib
- Bortezomib + Cyclophosphamide + Dexamethasone
- Bortezomib + Dexamethasone
- Bortezomib + Melphalan + Dexamethasone
- Cyclophosphamide + Lenalidomide + Dexamethasone
- Cyclophosphamide + Thalidomide + Dexamethasone
- Dexamethasone + Interferon, alfa-2b, recombinant
- High-dose Melphalan (with stem cell transplant)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

After all of the questions are answered All NCCN recommended treatments are displayed based on the clinical information entered. Selecting any recommended treatment results in immediate approval.

Provider Experience – Case Submission

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.

Clinical Certification

Select drugs for the treatment regimen from the drug list below.

- If a drug is not listed, enter the drug name in "Enter drug(s) not included on the list above".
- Do not enter supportive care drugs (e.g. Neulasta, Neupogen, anti-emetics, anemia drugs, etc.)
- Provide administration schedule.
- Select "Submit" to submit the treatment regimen.

If approved, authorizations will be issued for injectable chemotherapy drugs only, but all chemotherapy for a review of the requested regimen.

Drug List:

	Add all	0 items selected	Remove all
5-Fluorouracil (5FU; Adrucil)	+		
5FU (5-Fluorouracil)	+		
Abiraterone Acetate -oral (Zytiga)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Actimmune (Interferon, gamma-1b)	+		
Adcetris (Brentuximab Vedotin)	+		
Ado-Trastuzumab Emtansine (Kadcyla)	+		
Adriamycin (Doxorubicin HCL)	+		
Adrucil (5-Fluorouracil)	+		
Afatinib - oral (Gilotrif)	+		
Afinitor (Everolimus - oral)	+		
Aldesleukin (Interleukin-2; Proleukin)	+		
Alemtuzumab (Campath)	+		

Enter drug(s) not included on the list above. (Chemotherapy drugs only)

Drug 1:

Clinical Certification

The treatment regimen is not recommended by NCCN. If you think a mistake has been made during the case review, regimens will not be immediately approved and require Clinical Review. Supporting clinical information should be provided.

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
- Attach documentation to case
- Fax documentation to 866-889-8061. Include patient name and the case reference number.

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Submit all relevant information about this case within 2 business days.

Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

Attach a PDF or Word document: click "Browse" to select the document from your desktop or other network location.

Provider Experience – Case Submission

Clinical Certification

- I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
 1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.
- I also further acknowledge the following:
 - I am the referring provider or rendering site for this member and I elect to receive one or more test or procedure options if the case is denied and such options are applicable;
 - Such offer of alternative tests or procedures does not interfere with my medical judgment;
 - CareCore provides administrative/benefits determination (including the possibility of denial of coverage) and such determinations are not substitutes for my medical judgment; and
 - I am not an employee or agent of CareCore

Attestation

Print SUBMIT CASE

Provider Experience – Case Submission

Clinical Certification

Your case has been Approved.

Provider Name:	DR. STEPHEN J. HANLEY	Contact:	dave
Provider Address:	11111111111111111111 11111111111111111111 11111111111111111111 AL, 35111	Phone Number:	(205) 111-1111
		Fax Number:	(205) 111-1111
Patient Name:	11111111111111111111	Patient Id:	11111111111111111111
Insurance Carrier:	PLAN-X		
Site Name:	11111111111111111111	Site ID:	11111111111111111111
Site Address:	11111111111111111111 11111111111111111111 11111111111111111111 AL, 35111		
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:	11111111111111111111		
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.		

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.

[Print](#) [Go to Patient History](#) [Request Supportives](#)

Shortcut to add supportive drugs to regimen

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

Provider Experience – Case Submission - Supportives

Attention!

Will these drugs be billed by the ordering provider? If NO, you will be asked to enter the rendering provider information on a later screen.
Please select either 'Yes' or 'No'

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, unspecified
[Change Procedure or Diagnosis](#)

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

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

Indicate if a new site is needed in the popup that appears.

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

Provider Experience – Case Submission - Supportives

Clinical Certification

Confirm Cancer type

Colon/Rectal Cancer

SUBMIT

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, Procit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procit) 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)

SUBMIT

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request.

Provider Experience – Case Submission

Clinical Certification

Your case has been sent for Medical Review.

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

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

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

Site Address: [REDACTED]
[REDACTED]
[REDACTED]

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS
Date of Service: 2/20/2015
HCPCS Code(s): J9190, J9042 Drug(s): 5-FLUOROURACIL (5FU; ADRUCIL), BRENTUXIMAB VEDOTIN (ADCETRIS)

Case Number: [REDACTED]
Review Date: 1/19/2015 4:57:01 PM
Expiration Date: N/A
Status: Your case has been sent for Medical Review.

[Print](#) [Go to Patient History](#)

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 approvable as submitted, the eviCore Oncologist will request a peer to peer to confirm details or discuss alternate treatment options that meet evidence based guidelines prior to issuing a denial.

Provider Experience – Case Submission

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including 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 Certification

PHYSICIAN INFORMATION **5/23/2015**
PHYSICIAN NAME: PHYSICIAN ID:
PHYSICIAN ADDRESS: PHYSICIAN PHONE:
PHYSICIAN CITY: PHYSICIAN STATE:
PHYSICIAN ZIP: PHYSICIAN FAX:

[NEW REVIEW](#) [VERIFY ELIGIBILITY](#)

Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status	
1/19/2015	PHYSICIAN NAME	PHYSICIAN ID	Colorectal	5-Fluorouracil (5FU; Adrucil), Brentuximab Vedotin (Adcetris)	Pending	VIEW HISTORY
1/19/2015	PHYSICIAN NAME	PHYSICIAN ID	Colorectal	Oxaliplatin (Eloxatin)	Approved	VIEW HISTORY
1/16/2015	PHYSICIAN NAME	PHYSICIAN ID	Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved	VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

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Provider Experience – Case Submission

View History provides a summary of clinical information entered, Jcodes, and important dates date.

7/E, KE
th Pla
COMM
aw Prio

Review Detail

[Exit Detail](#)

Case Summary

Review Status: Approved
Approved HCPCS codes: J9035
Treatment: Bevacizumab + Interferon
Review Date: 8/30/2013
Determination Date: 8/30/2013
Start Date: 9/8/2013
Expiration Date: 10/14/2013

Review History

Are you Testing for UHC or NCCN in the test harness? No
Is the patient participating in a clinical trial that includes injectable chemotherapy drugs? No
Indicate the Cancer Type Renal Cell
Was the patient initially diagnosed with metastatic disease? No
Has there been progression or recurrence? Yes
Enter the month and year of first relapse in the format mm/yyyy. If the month is not known, enter "00" for MM. 10/2012
Histology Clear Cell
Treatment Indication Initial or First line systemic chemotherapy
Performance Status PS = 0,1 AND normal organ function
Treatment Options Bevacizumab + Interferon

Authorization look up



Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

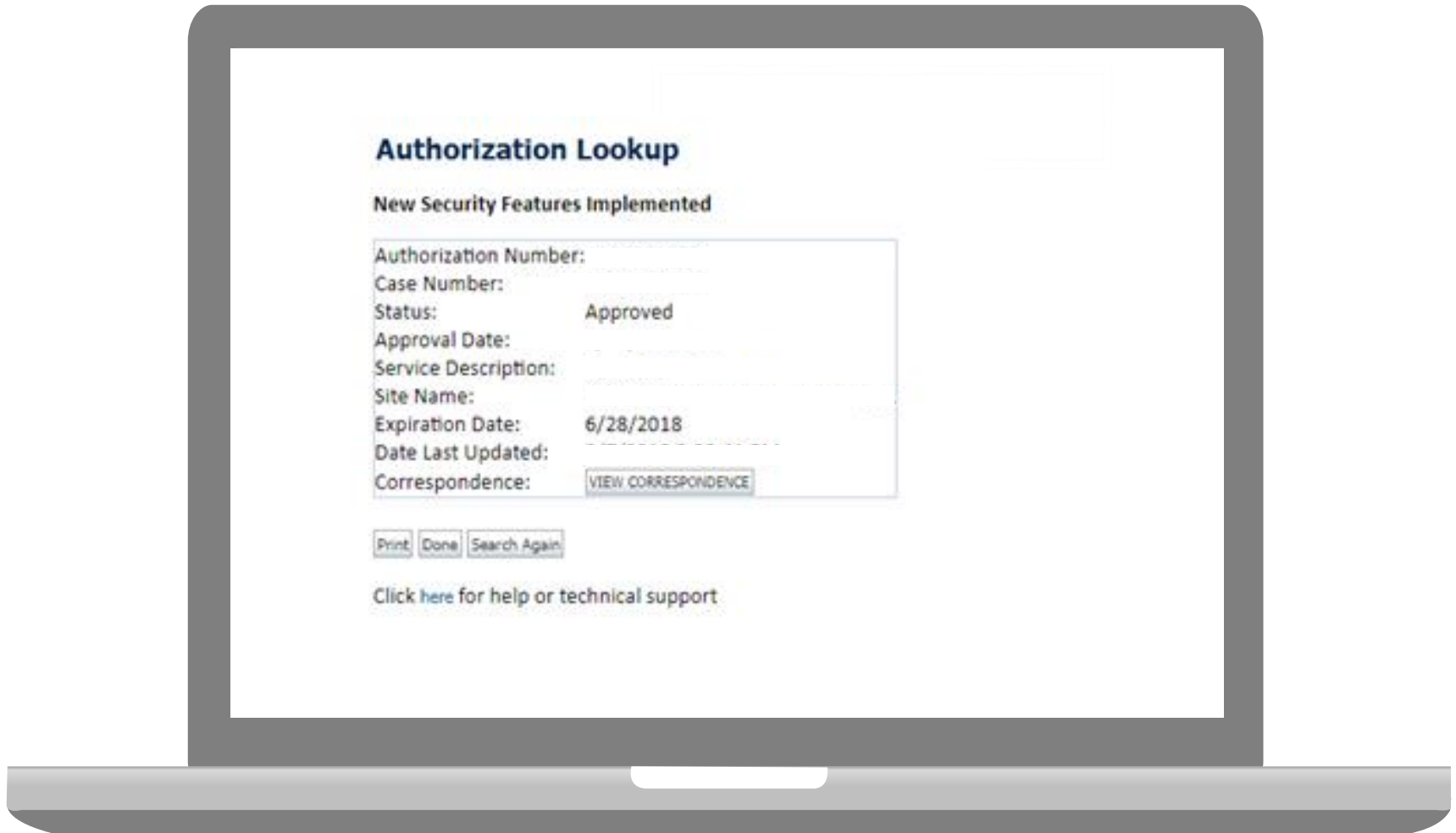
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- 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 **View Correspondence**.

Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

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

Radiology Eligibility: **Precertification is Required**

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

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

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

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Provider Resources



Medical Oncology Online Resources

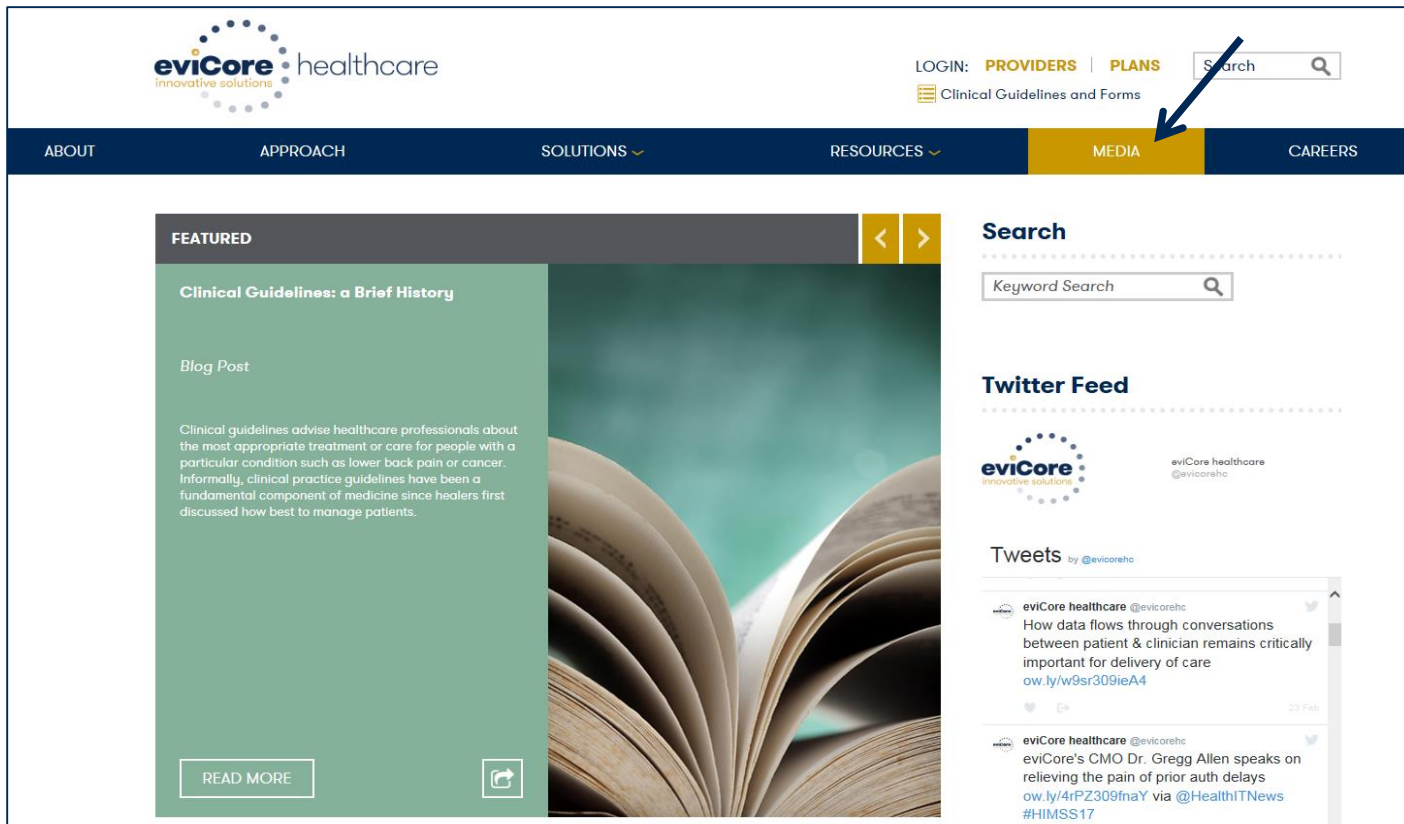
Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **“Solutions”** from the menu bar, and select the specific program needed.



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo on the left reads "eviCore healthcare" with the tagline "innovative solutions". On the right, there are links for "LOGIN: PROVIDERS | PLANS", a search bar, and a link for "Clinical Guidelines and Forms". The main navigation menu includes "ABOUT", "APPROACH", "SOLUTIONS" (highlighted in yellow with a red arrow pointing to it), "RESOURCES", "MEDIA", and "CAREERS". Below the menu, a breadcrumb trail shows "Overview | The Benefits For Everyone | Criteria Easy Approval | Education Tools | Clinical Guidelines | Online Forms & Resources". The main content area features a circular icon of a medical drip chamber and the heading "Medical Oncology: Overview". Below this, a paragraph states: "Our Medical Oncology solution utilizes the most up-to-date evidence-based clinical guidelines for virtually all cancer types to optimize clinical and financial outcomes by ensuring that clinically appropriate treatment is provided to patients. Our tools utilize flexible technology that minimizes provider administrative time, captures critical clinical information, and enables meaningful analysis and reporting. Providers receive coverage determination for a complete episode of care within 2-5 minutes."

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". To the right of the logo, there are links for "LOGIN: PROVIDERS | PLANS" and a search bar. Below these links is a menu item "Clinical Guidelines and Forms". The main navigation bar is dark blue and contains the following tabs: "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow), and "CAREERS". A blue arrow points to the "MEDIA" tab. Below the navigation bar, the page is divided into two columns. The left column features a "FEATURED" section with a green background and a large image of an open book. The featured article is titled "Clinical Guidelines: a Brief History" and is labeled as a "Blog Post". The text of the article is partially visible, discussing the importance of clinical guidelines. A "READ MORE" button is located at the bottom of the featured article. The right column contains a "Search" section with a "Keyword Search" input field and a search icon. Below the search section is a "Twitter Feed" section, which includes the eviCore logo and the Twitter handle "@evicarehc". Two tweets are visible: one from @evicarehc discussing data flow in patient-clinician conversations, and another from @evicarehc mentioning Dr. Gregg Allen's role in relieving prior authorization delays.

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): (888) 444-6178

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or HCPC 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

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
- Web Portal registration and questions
- 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 resent to the health plan

Provider Resources: Implementation Document

Provider Relations Questions Contact Health Partners Plans at (215) 991-4350



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Health Partners Plans Implementation site - includes all implementation documents:

<https://www.evicore.com/healthplan/healthpartnersplans>

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

