Oscar Radiation Therapy Overview

Provider Orientation

3K⁺ employees
including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

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

SHARING

A VISION

AT THE CORE OF CHANGE.

90M members
managed nationwide

NCQA
Utilization Management

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

SIX SIGMA

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

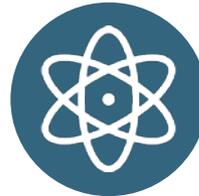**13M cases**
reviewed annually

Integrated Solutions

All solutions operate on a single platform

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
12M lives

RADIATION THERAPY
19M lives

RADIOLOGY
65M lives

MUSCULOSKELETAL
19M lives

SLEEP
13M lives

CARDIOLOGY
46M lives

POST-ACUTE CARE
145K lives

Our Clinical Approach

Medical Infrastructure – Radiation Oncology

- **Board Certified Radiation Oncologists**

- **Specially-trained Oncology Nurses**

- **Radiation Therapy Technical Experts**
    - **50+ years of facility experience**
    - **Trained in the coding/billing specifics of radiation therapy**

- **Clinical Advisors**
    - **CMO of a large national radiation oncology practice**
    - **Multiple practicing radiation oncologists across the country**
    - **ASTRO board representatives**

Radiation Therapy Prior Authorization program for Oscar

oscar

Program Overview

eviCore will begin accepting requests on **12/18/2015** for dates of service **1/1/2016** 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

It is the responsibility of the ordering provider to request prior authorization approval for services.
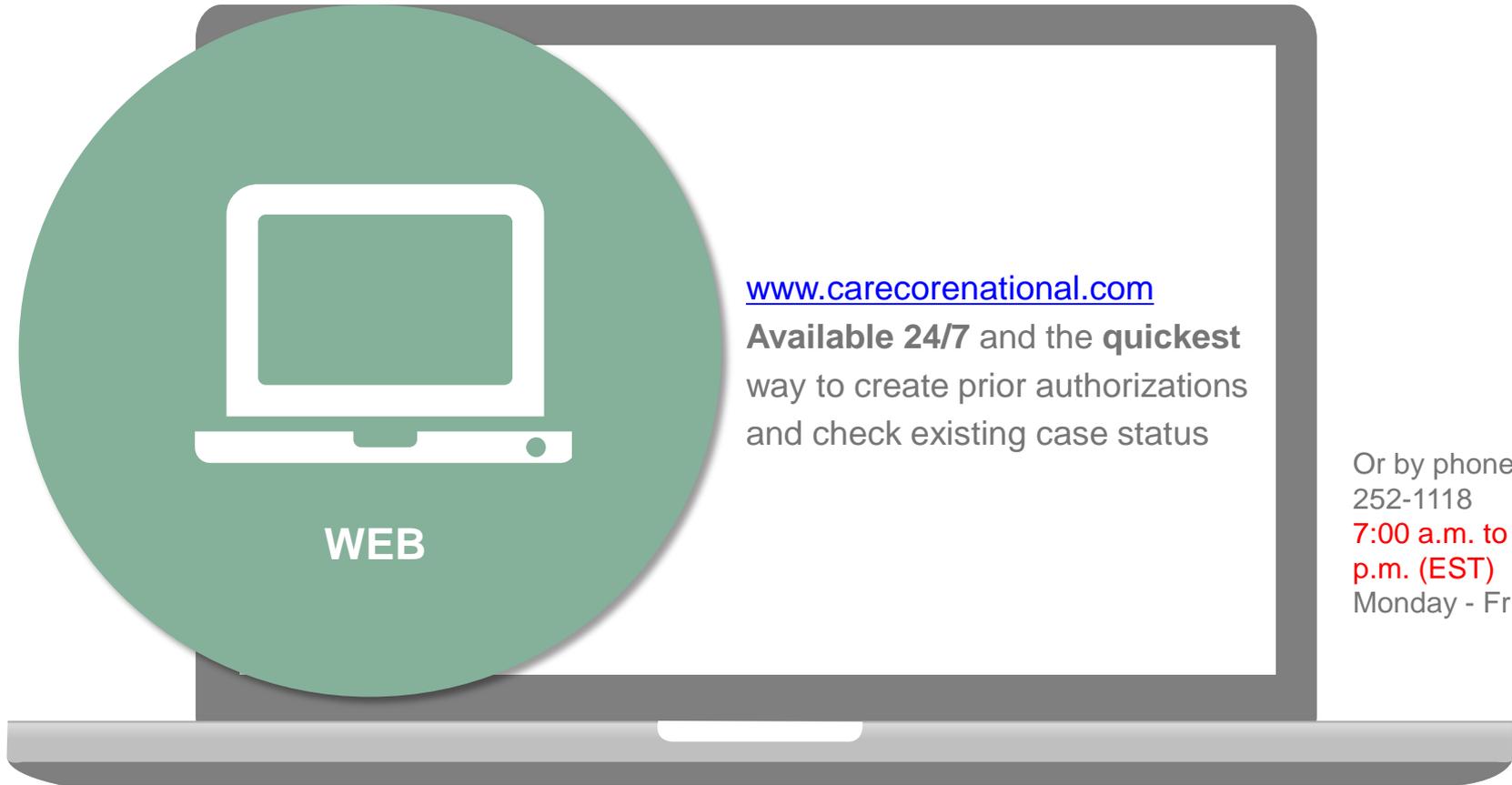
Applicable Membership

Authorization is required for Oscar members enrolled in the following programs:

- **Commercial**

Prior Authorization Requests

How to request prior authorization:

WEB

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

Or by phone: 855-252-1118
7:00 a.m. to 7:00 p.m. (EST)
Monday - Friday

Clinical Review Notification

Clinical reviews submitted through the web portal may achieve real-time decision making

Clinical Review

IVR

Real-Time Approval

MD Review

Peer-to-Peer

Appropriate Decision
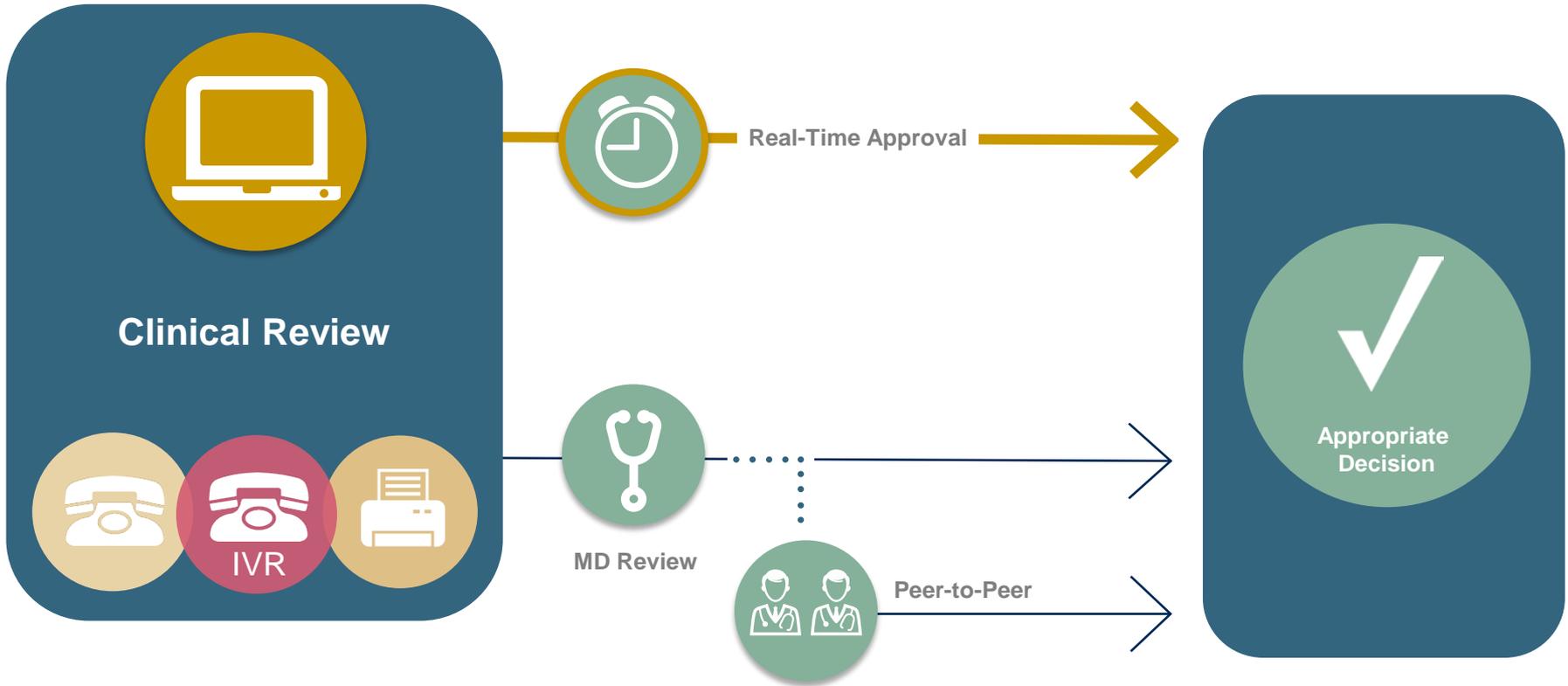
Needed Information
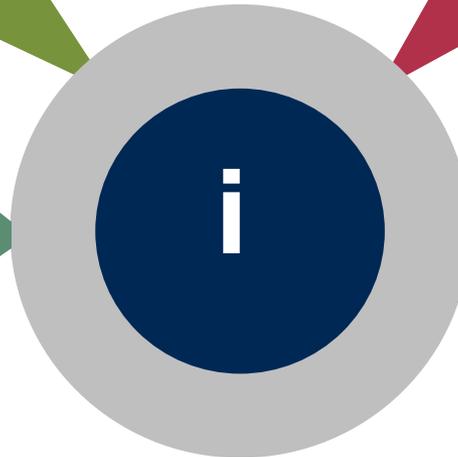
Member
Member ID
Member name
Date of birth (DOB)

Rendering Facility
Facility name
Street address

Referring/Ordering Physician
Physician name
National provider identifier (NPI)
State and Zip Code

Requests
Patient's intended treatment plan
Patient's clinical presentation
Completed physician worksheet

Holistic Treatment Plan Review

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

- Providers specify a diagnosis rather than request individual CPT codes

- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board

- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided

- For questions about specific CPT codes that are included with each episode of care, please reference the **eviCore Radiation Therapy Coding Guidelines**. This document is located on our website on the Radiation Therapy Tools and Criteria page: **https://www.carecorenational.com/benefits-management/radiation-therapy/radiation-therapy-tools-and-criteria.aspx**

- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources.

Prior Authorization Outcomes

Approved Requests:

- **Processed within 2 business days after receipt of all necessary information.**

- **Decision is faxed to the ordering provider and the requested facility once medical necessity is met.**

- **Notification is sent to the member.**

- **Can be printed on demand from the eviCore Web portal.**

Re: Customer:
    Customer ID #:
    Reference Code:
    Authorization Effective Date(s):

Your health plan requires some services to be reviewed and approved for coverage before you receive them. On 10/2/2018, [...] asked us to review and approve the following service(s)

Initial Phase: 30 fractions (treatment sessions) of 3D (includes contouring + 3D reconstruction of GTV/CTV/PTV/OAR, conformal beams, DVHs, DRRs) are approved. Boost Phase: 8 fractions (treatment sessions) of Electrons are approved. Image Guided Radiation Therapy (IGRT) was neither requested or certified for this course of treatment.

Reviewer: CareCore National, LLC

Cigna partners with CareCore, a leading health and wellness company, to manage our radiology program. CareCore reviews radiation therapy services to determine if they are medically necessary and covered by your plan.

After reviewing your medical information and health plan, we approved this request.

Important reminders:
- When CareCore receives your medical claim(s), we'll need to make sure your health care professionals performed only services we approved. If extra services were performed that weren't medically necessary or covered by your plan, your health plan won't be able to pay for them. This means you'll have to pay the total cost for any extra services.
- This letter isn't a guarantee that your plan will pay for the services. You must be enrolled in the plan and eligible for benefits on the date you receive the service. Please see your plan documents for details

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Prior Authorization Outcomes

Denied Requests:
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:
- Faxed to ordering provider and mailed to the member

Peer-to-Peer Review:
- If Peer Review is requested, eviCore will schedule at a time convenient to the ordering provider
- The provider will discuss the denial decision with one of eviCore's physician reviewers

Appeals:
- Requests NJ, NY and TX for appeals should be submitted to eviCore within 180 days of the denial
- CA requests for grievance should be submitted to Oscar within 180 days of the denial
- A determination will be provided within 30 days of received medical documentation for appeal request.

Physician Worksheet

Physician Worksheets posted to our website contain all of the questions that will be asked during clinical review. Questions are updated frequently, *so only print what is needed.*
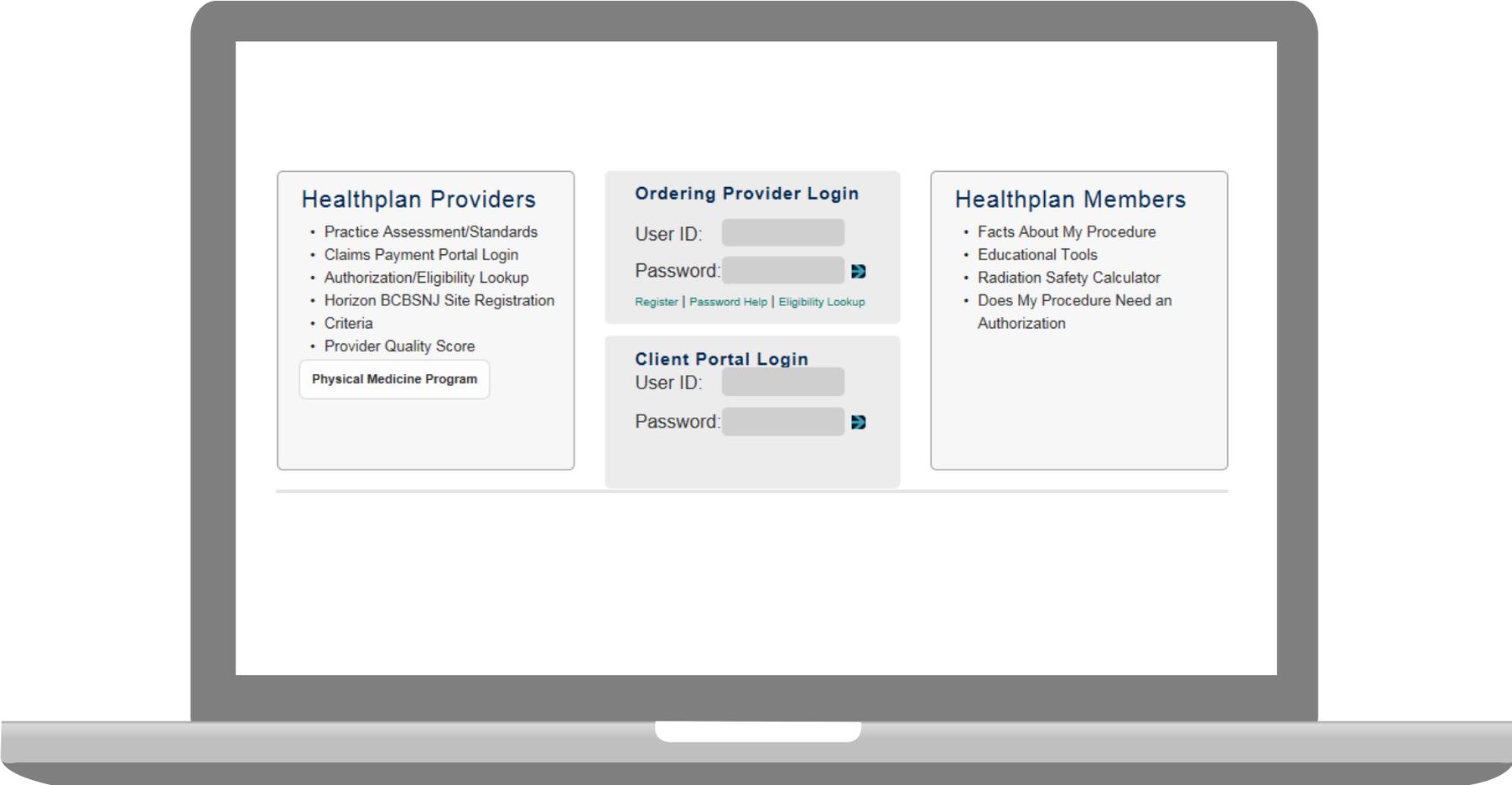
Physician Worksheet

- **The physician worksheet is best completed by the physician during the initial consultation with the patient.**

- Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.

CareCore NATIONAL | MED SOLUTIONS

Breast Cancer Radiation Therapy Physician Worksheet
(As of 10 April 2015)

Patient name:		
What is the radiation therapy treatment start date (mm/dd/yyyy)?		/ /
1.	Is the treatment being directed to the primary site (breast)?	☐ Yes ☐ No
	If treatment is not being directed to the primary site, submit a request for the metastatic site	
2.	Does the patient have distant metastatic disease (M1 stage)?	☐ Yes ☐ No
3.	Are you delivering adjuvant therapy to the whole breast or chest wall using two gantry angles and 3D conformal treatment planning? *If no, continue to question #4. If yes, skip forward to question #8.*	☐ Yes ☐ No
	Please note that AMA and ASTRO position is that forward planned IMRT is billed as 3D conformal	
4.	What is the T-stage (pathologic T-stage if patient has had surgery)? ☐ T0 ☐ T2 ☐ T4 ☐ Ductal carcinoma ☐ T1 ☐ T3 ☐ Recurrent In Situ (DCIS)	
5.	What treatment plan to be executed for the initial phase? ☐ Whole breast or chest wall radiotherapy (mastectomy performed) ☐ Partial breast radiotherapy once a day ☐ Partial breast radiotherapy twice a day	
6.	Will treatment include the internal mammary nodes?	☐ Yes ☐ No
7.	What technique will be used for the initial phase of treatment? ☐ Single catheter brachytherapy ☐ Multiple catheter brachytherapy ☐ Electronic brachytherapy ☐ Complex (77307) ☐ 3D (includes contouring + 3D reconstruction of GTV/CTV/PTV/OAR, conformal beams, DVHs, DRRs) ☐ Single fraction intra-operative radiotherapy (IORT) ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy	

Continued on next page

400 BUCKWALTER PLACE BOULEVARD • BLUFFTON, SC 29910 • PH: 800.918.8924 • FX: 866.999.8150 • www.CareCoreNational.com • www.MedSolutions.com   PAGE 1 OF 2

Web Portal Services

Web Portal Services-Available 24/7

Healthplan Providers

- Practice Assessment/Standards
- Claims Payment Portal Login
- Authorization/Eligibility Lookup
- Horizon BCBSNJ Site Registration
- Criteria
- Provider Quality Score

Physical Medicine Program

Ordering Provider Login

User ID:

Password:

Register | Password Help | Eligibility Lookup

Client Portal Login

User ID:

Password:

Healthplan Members

- Facts About My Procedure
- Educational Tools
- Radiation Safety Calculator
- Does My Procedure Need an Authorization

www.carecorenational.com

Creating An Account

Authorization Lookup | Eligibility Lookup

Monday, June 15, 2015 2:53 PM

Register for a User Account

Please read the following carefully. It will provide you with directions and a list of the information you will need to register.

Step 1: Verify a valid email address: You will need to provide a valid email address and verify that address by responding to a confirmation email.

Step 2: Basic Registration Information: During this step, you will need to provide basic information about yourself, including name, address, phone, fax, and office name.

Step 3: Attestation: During this step, you will need to agree to our website usage statement.

Step 4: Selecting a username and password. During this step, you will pick both a username and password.

Step 5: Practitioner Association: To associate a practitioner with this account the following information is required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

Step 6: Add Additional Practitioners to Account: : If you wish to add any additional practitioners, please proceed through this step. The same information as above will be required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

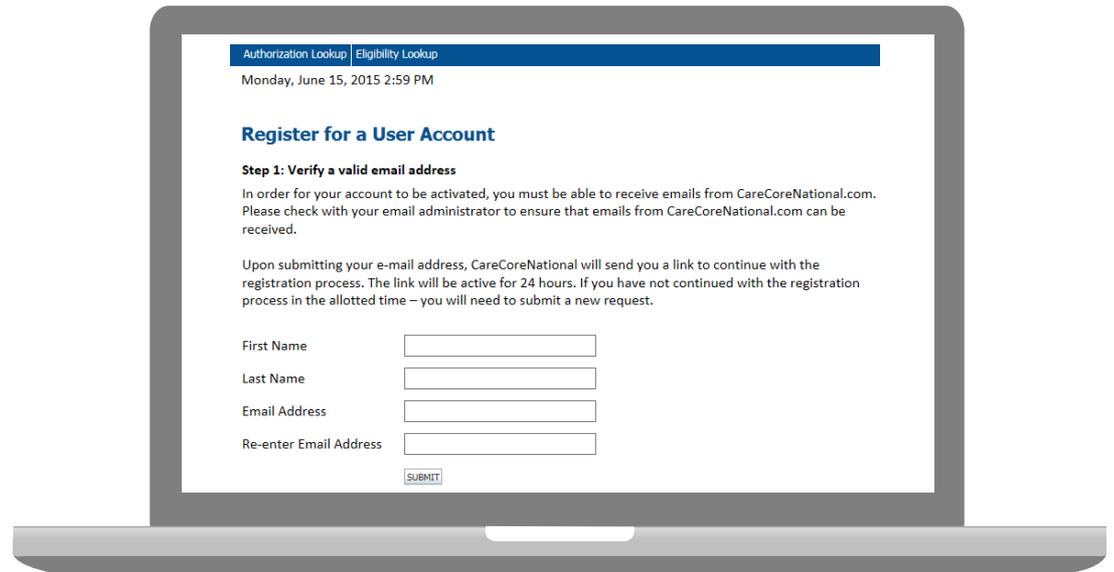Please gather all of the above information before starting this process.

CONTINUE

After selecting **"Register"** you will be directed to an instructional page outlining the information and steps needed to create your web portal account.
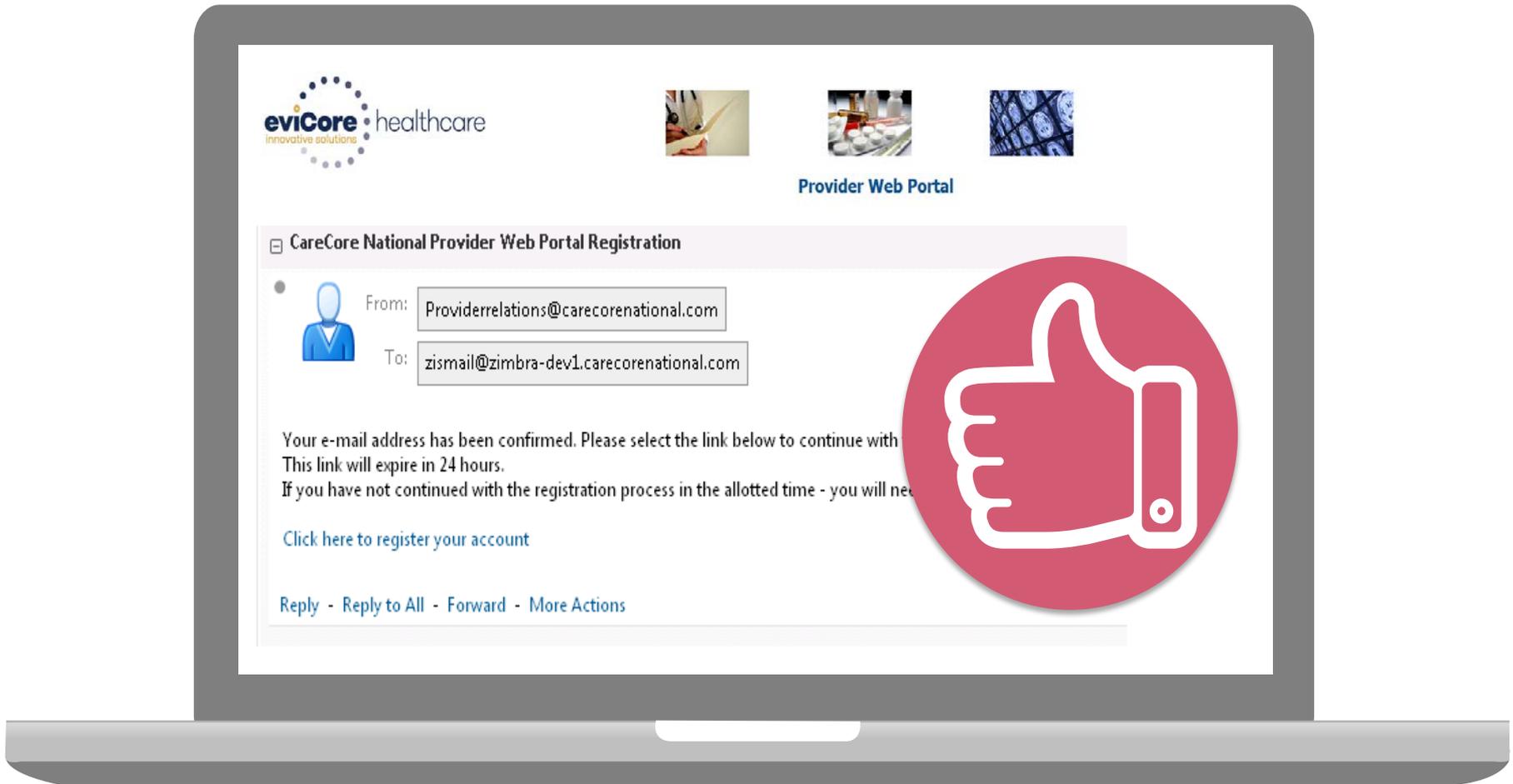
Account Verification

- **Enter your name and email address to verify your account.**

- **Click "Submit" to proceed to the next step.**

Authorization Lookup | Eligibility Lookup

Monday, June 15, 2015 2:59 PM

Register for a User Account

Step 1: Verify a valid email address

In order for your account to be activated, you must be able to receive emails from CareCoreNational.com. Please check with your email administrator to ensure that emails from CareCoreNational.com can be received.

Upon submitting your e-mail address, CareCoreNational will send you a link to continue with the registration process. The link will be active for 24 hours. If you have not continued with the registration process in the allotted time – you will need to submit a new request.

First Name

Last Name

Email Address

Re-enter Email Address

SUBMIT

Account Verification

- **After submitting your information, you will receive a confirmation email with a link. Select the link to continue the registration process.**

- *You have <u>24 hours</u> to complete the registration!*

Registration Form

Register for a User Account

Step 2: Registration required

Your e-mail address has been confirmed. Please complete the information below to continue with the registration process:

First Name: Zo

Last Name: Ismail

Mailing Address:
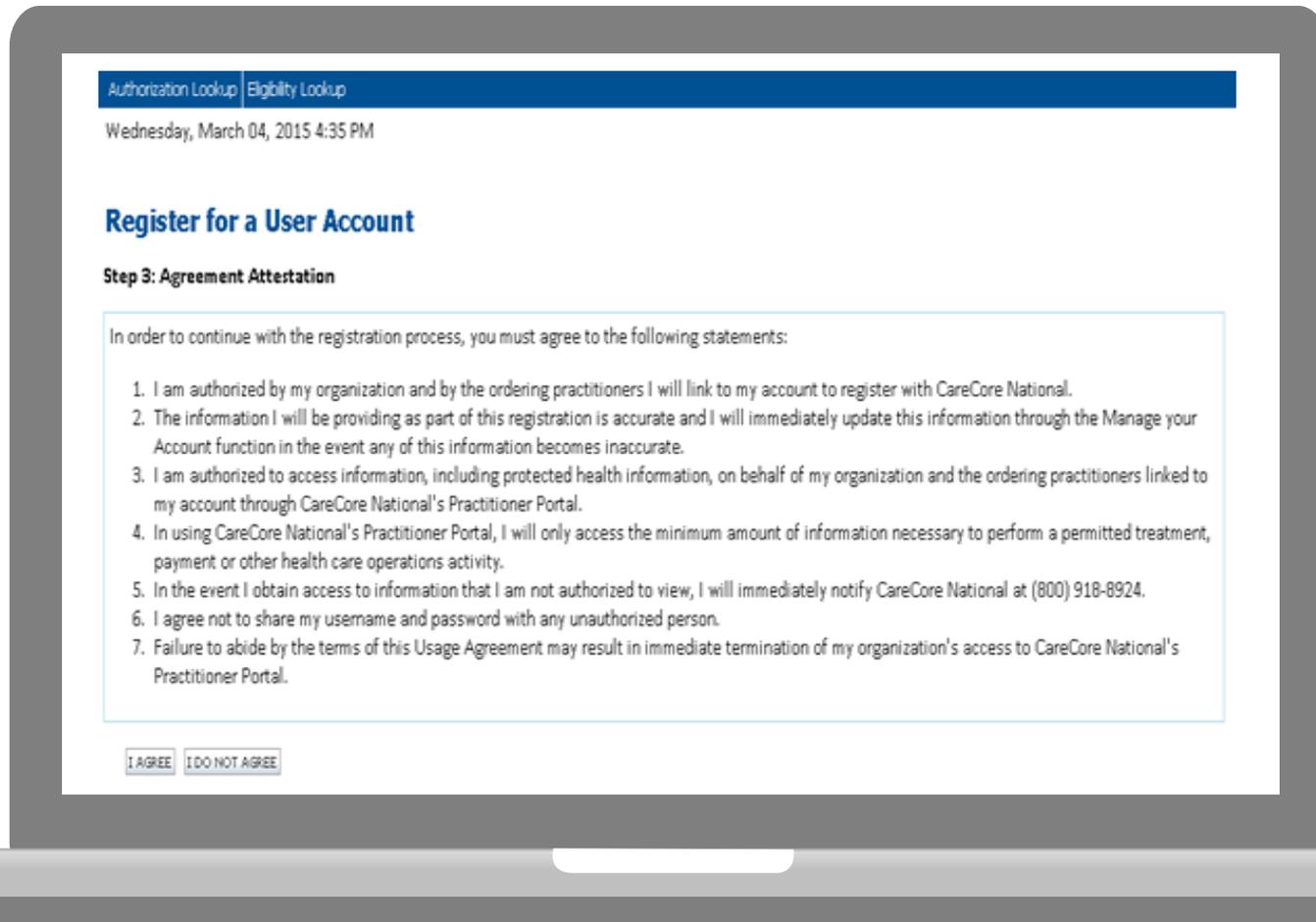
City:

State:

Zip code:

Telephone:

Fax:

Office Name:

SUBMIT

- **Complete the registration form by entering the required information including street address, phone/fax numbers, and office name.**

- **Click "Submit" to proceed to the next step in the registration process.**

Agreement

Authorization Lookup | Eligibility Lookup

Wednesday, March 04, 2015 4:35 PM

Register for a User Account

Step 3: Agreement Attestation

In order to continue with the registration process, you must agree to the following statements:

1. I am authorized by my organization and by the ordering practitioners I will link to my account to register with CareCore National.
2. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Manage your Account function in the event any of this information becomes inaccurate.
3. I am authorized to access information, including protected health information, on behalf of my organization and the ordering practitioners linked to my account through CareCore National's Practitioner Portal.
4. In using CareCore National's Practitioner Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.
5. In the event I obtain access to information that I am not authorized to view, I will immediately notify CareCore National at (800) 918-8924.
6. I agree not to share my username and password with any unauthorized person.
7. Failure to abide by the terms of this Usage Agreement may result in immediate termination of my organization's access to CareCore National's Practitioner Portal.

I AGREE   I DO NOT AGREE

Click **"I Agree"** to the Attestation Statement to continue with the registration process.
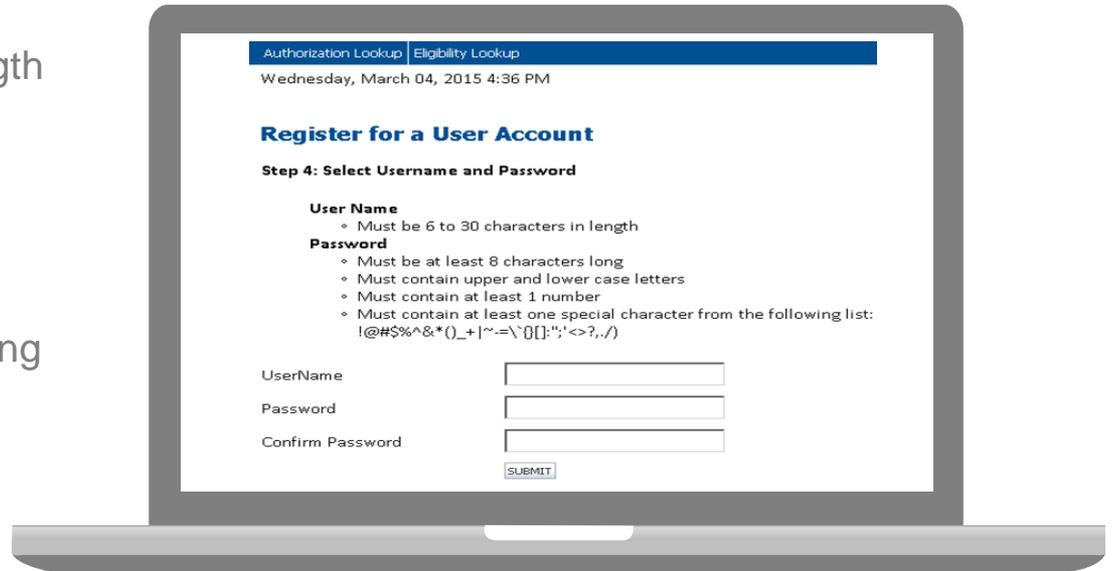
Username and Password
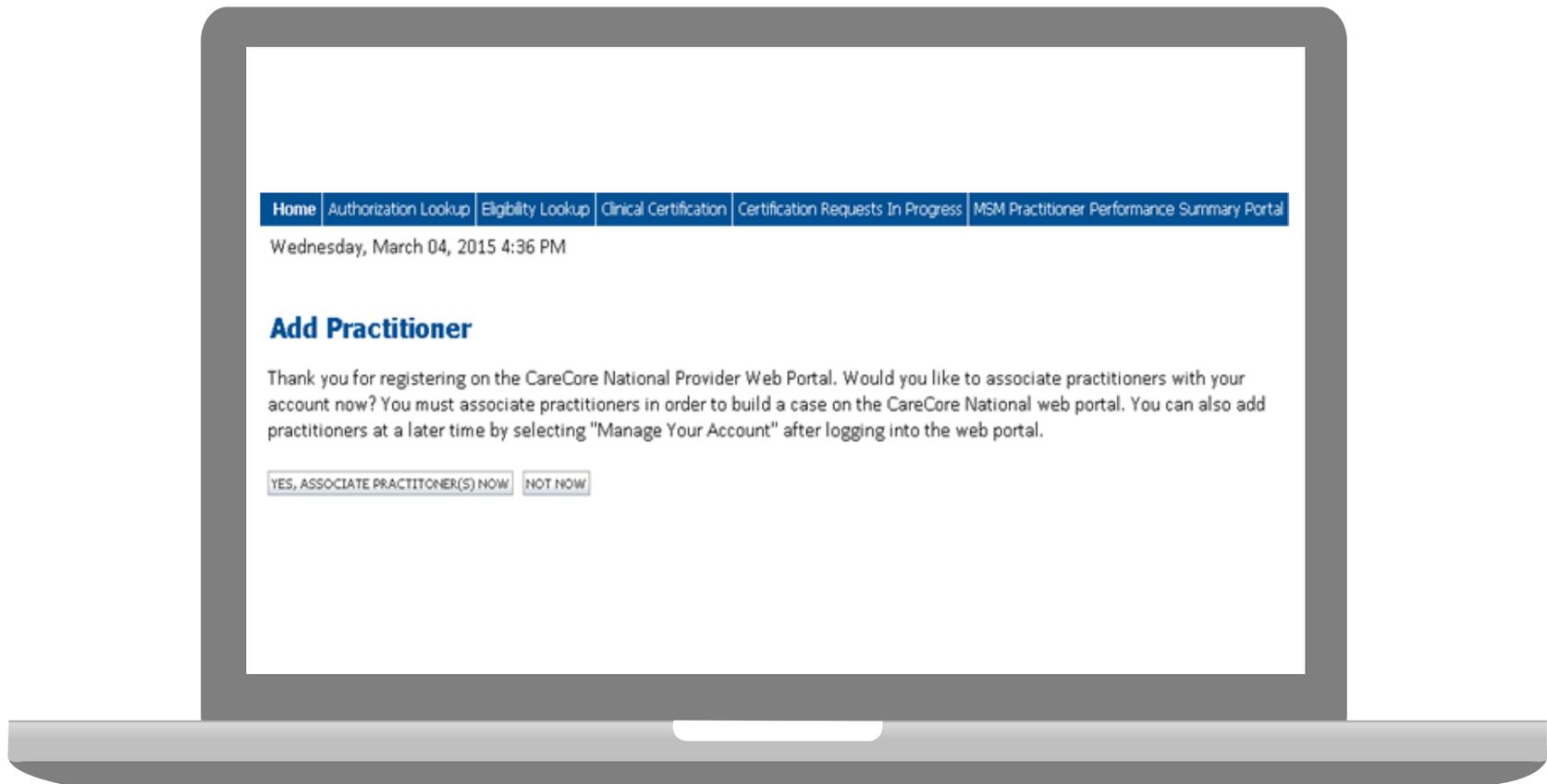
User Name:

✔ Must be 6 to 30 characters in length

Password:

✔ Uppercase & lowercase letters

✔ Must be at least 8 characters long

✔ Characters (e.g., ! ? *)

✔ Must contain at least 1 number

Authorization Lookup | Eligibility Lookup
Wednesday, March 04, 2015 4:36 PM

Register for a User Account

Step 4: Select Username and Password

User Name
  ◦ Must be 6 to 30 characters in length
Password
  ◦ Must be at least 8 characters long
  ◦ Must contain upper and lower case letters
  ◦ Must contain at least 1 number
  ◦ Must contain at least one special character from the following list:
    !@#$%^&*()_+|~-=\`{}[]:";'<>?,./)

UserName

Password

Confirm Password

SUBMIT

Adding Practitioners

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal

Wednesday, March 04, 2015 4:36 PM

Add Practitioner

Thank you for registering on the CareCore National Provider Web Portal. Would you like to associate practitioners with your account now? You must associate practitioners in order to build a case on the CareCore National web portal. You can also add practitioners at a later time by selecting "Manage Your Account" after logging into the web portal.

YES, ASSOCIATE PRACTITONER(S) NOW   NOT NOW

Click "Yes, Associate Practitioner(s) Now" and add the practitioner information requested: NPI, State, and Zip Code.

Adding Practitioners
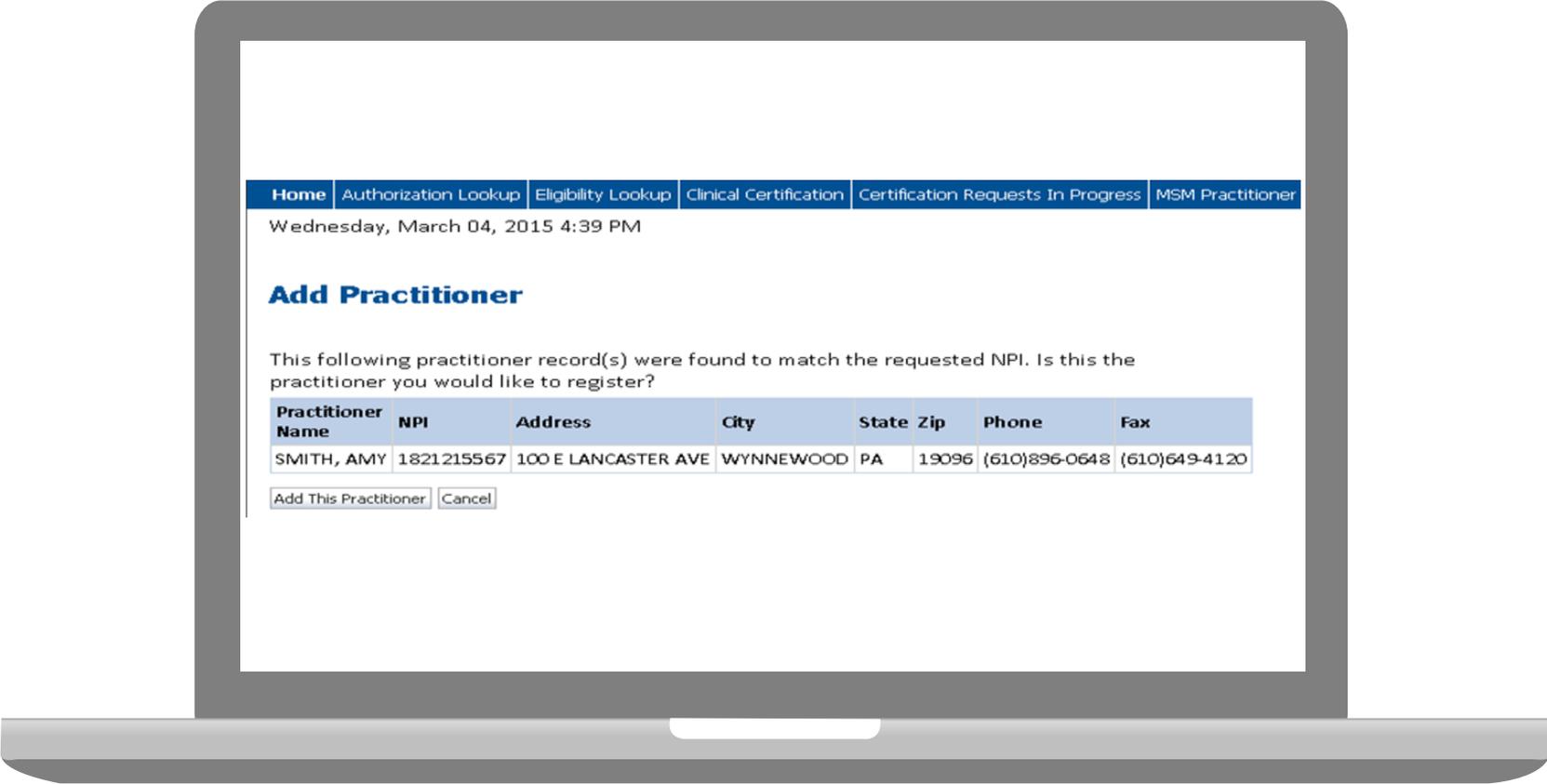
Select the matching record based upon your search criteria

Manage Your Account

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account

Wednesday, March 04, 2015 4:40 PM

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

- **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.**

Initiating A Case

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

Request a clinical certification/procedure >>

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 >>
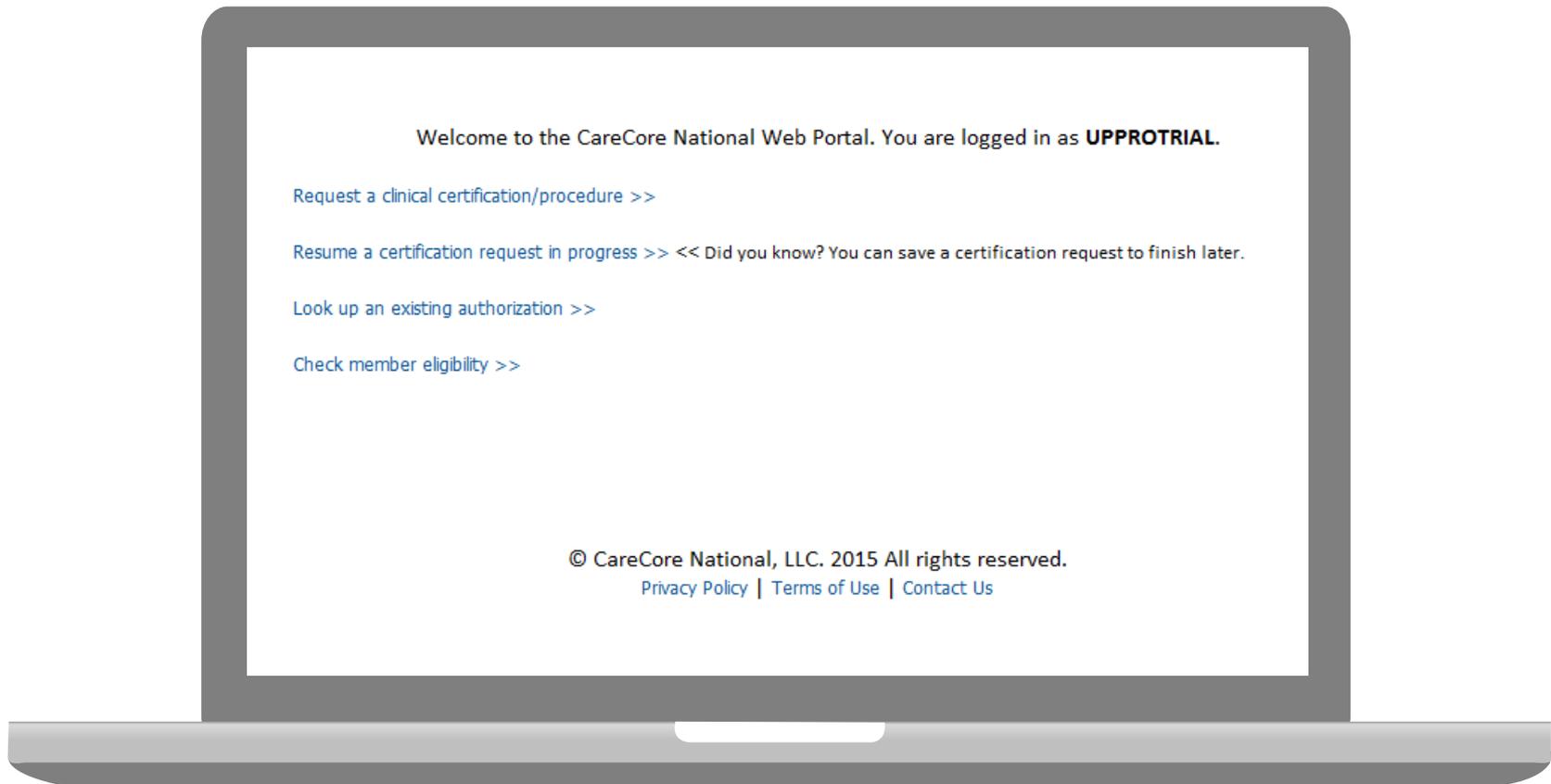
- Once registered, providers are granted access to the web portal.

- After logging into your account, a welcome screen provides options. Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress

Wednesday, May 06, 2015 12:13 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 Services
- ○ Medical Oncology Pathways

Cancel | Print | Continue

Select the Program for your certification.

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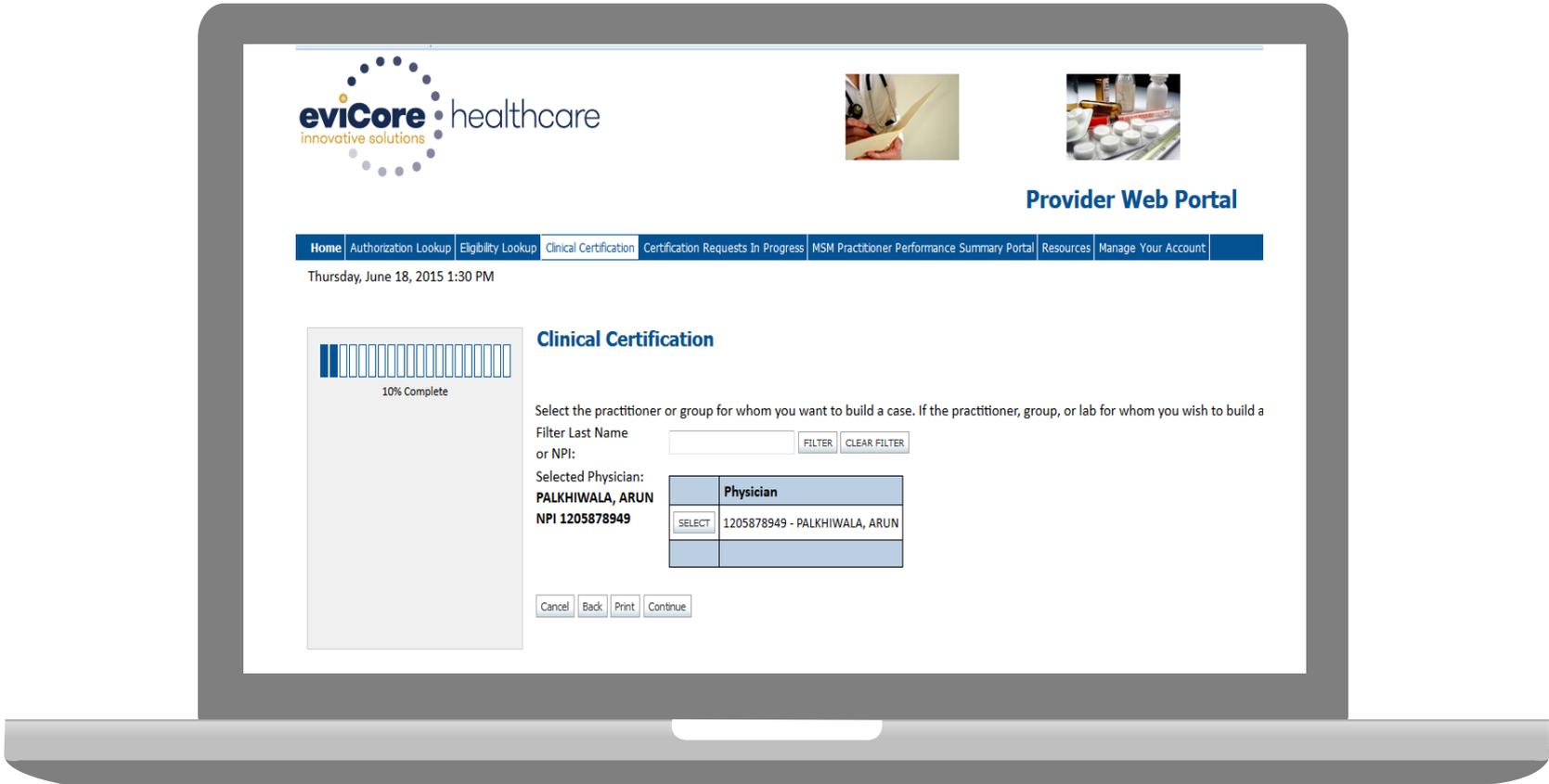
Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan
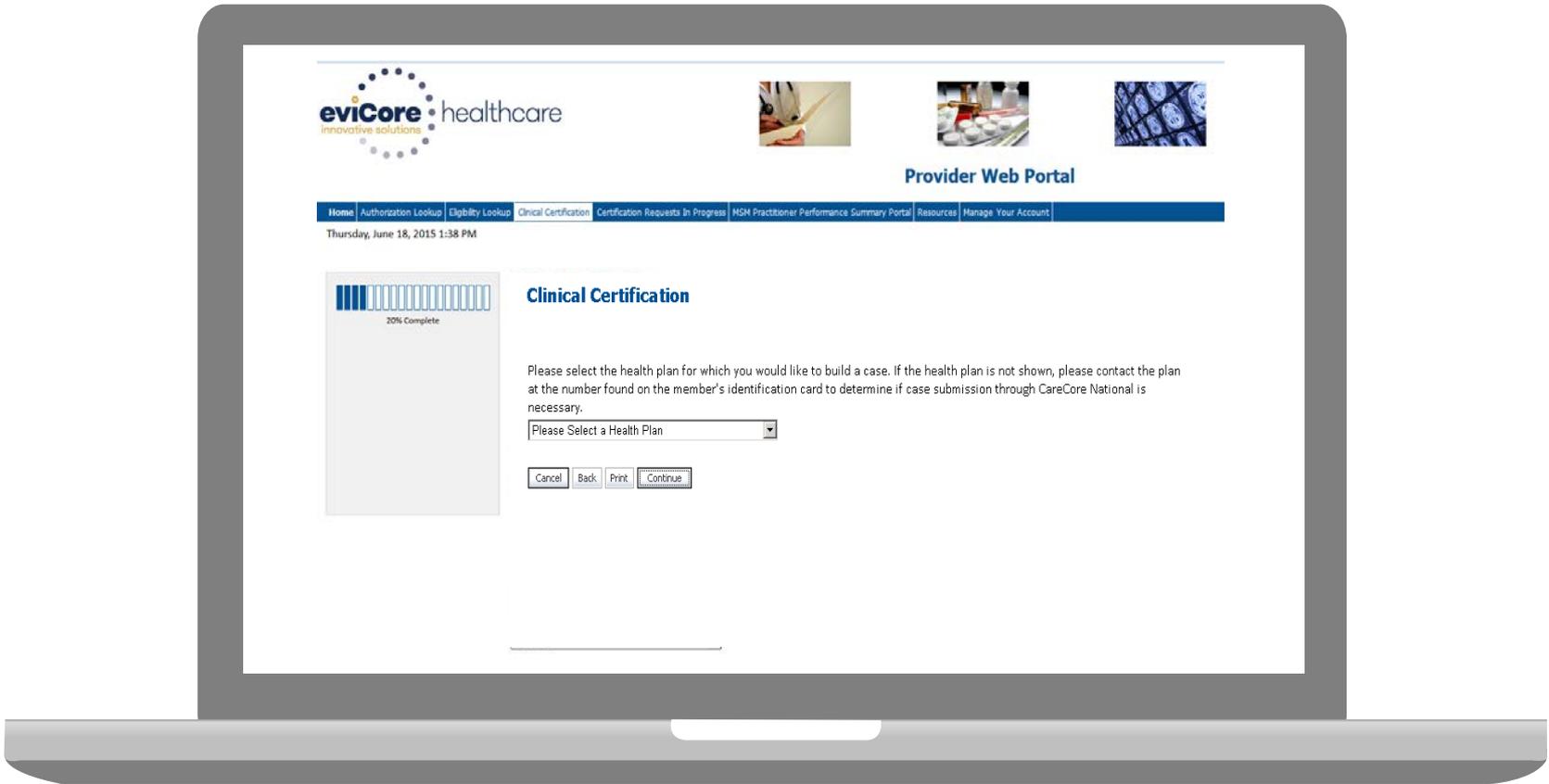
Choose the appropriate Health Plan for the case request.

Select Address

Contact Information

Enter the **Physician's name** and appropriate information for the point of contact individual.
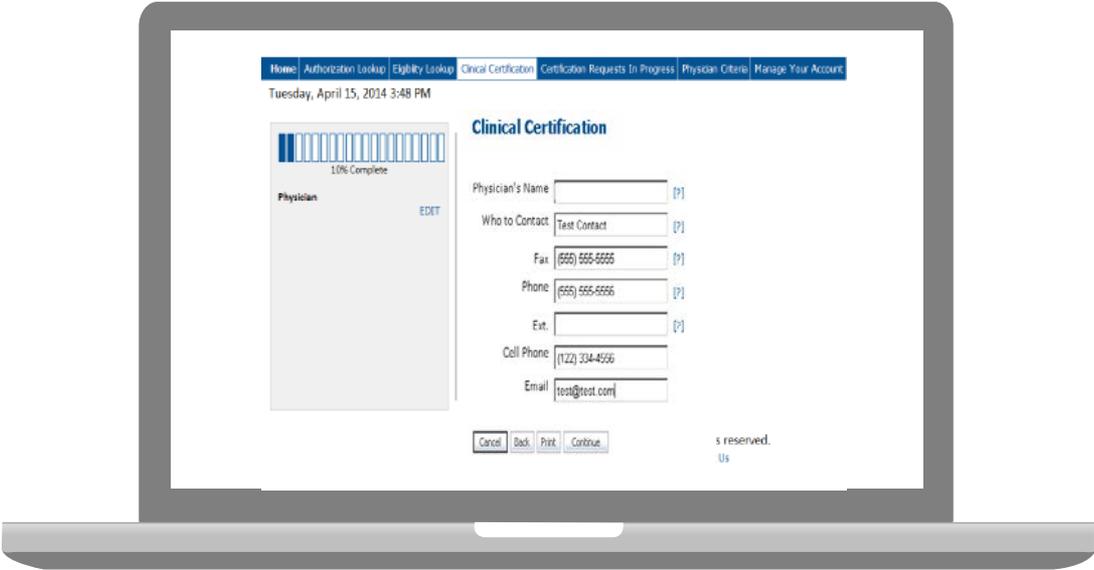
Member Information

Patient Information

Clinical Certification

30% Complete

Physician
DOE, JOHN   EDIT

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.

ELIGIBILITY LOOKUP

Cancel   Back   Print

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

Clinical Details

Clinical Certification

This procedure will be performed on 11/30/2015. CHANGE

Radiation Therapy Procedures

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

RCBREA ▾ | Breast Cancer ▾

Diagnosis

Diagnosis Code: **C50.311**
Description: **Malignant neoplasm of lower-inner quadrant of right female breast**
Change Diagnosis

Select a secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiation Therapy

[   ] LOOKUP

Cancel | Back | Print | Continue

Verify Service Selection

Clinical Certification

Confirm your service selection.

Treatment Start:	11/30/2015
CPT Code:	RCBREA
Description:	Breast Cancer
Diagnosis Code:	C50.311
Diagnosis:	Malignant neoplasm of lower-inner quadrant of right female breast
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Diagnosis

Change Secondary Diagnosis

Cancel   Back   Print   Continue

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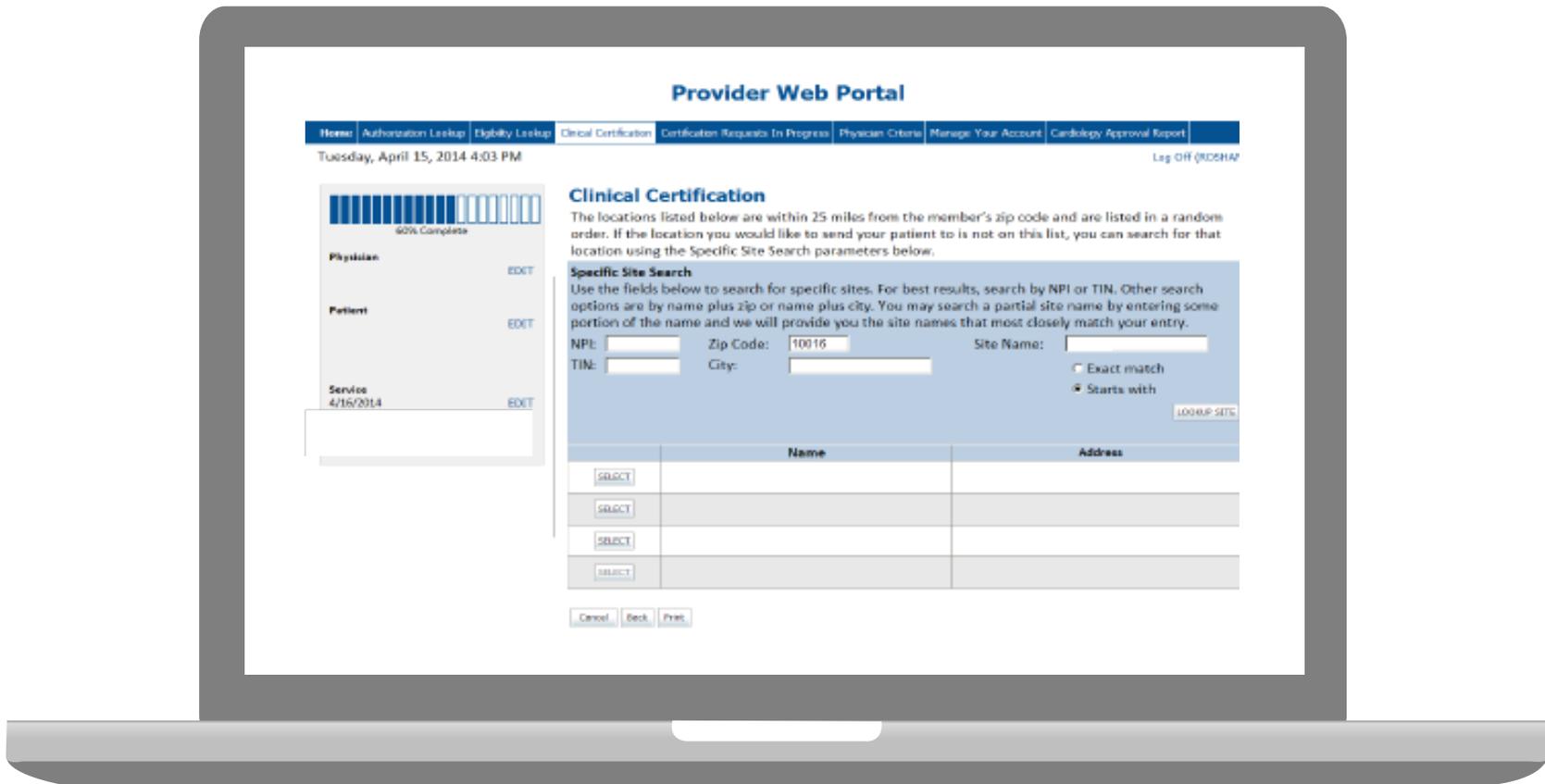
- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**

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

Pause/Save Option

Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

Medical Review
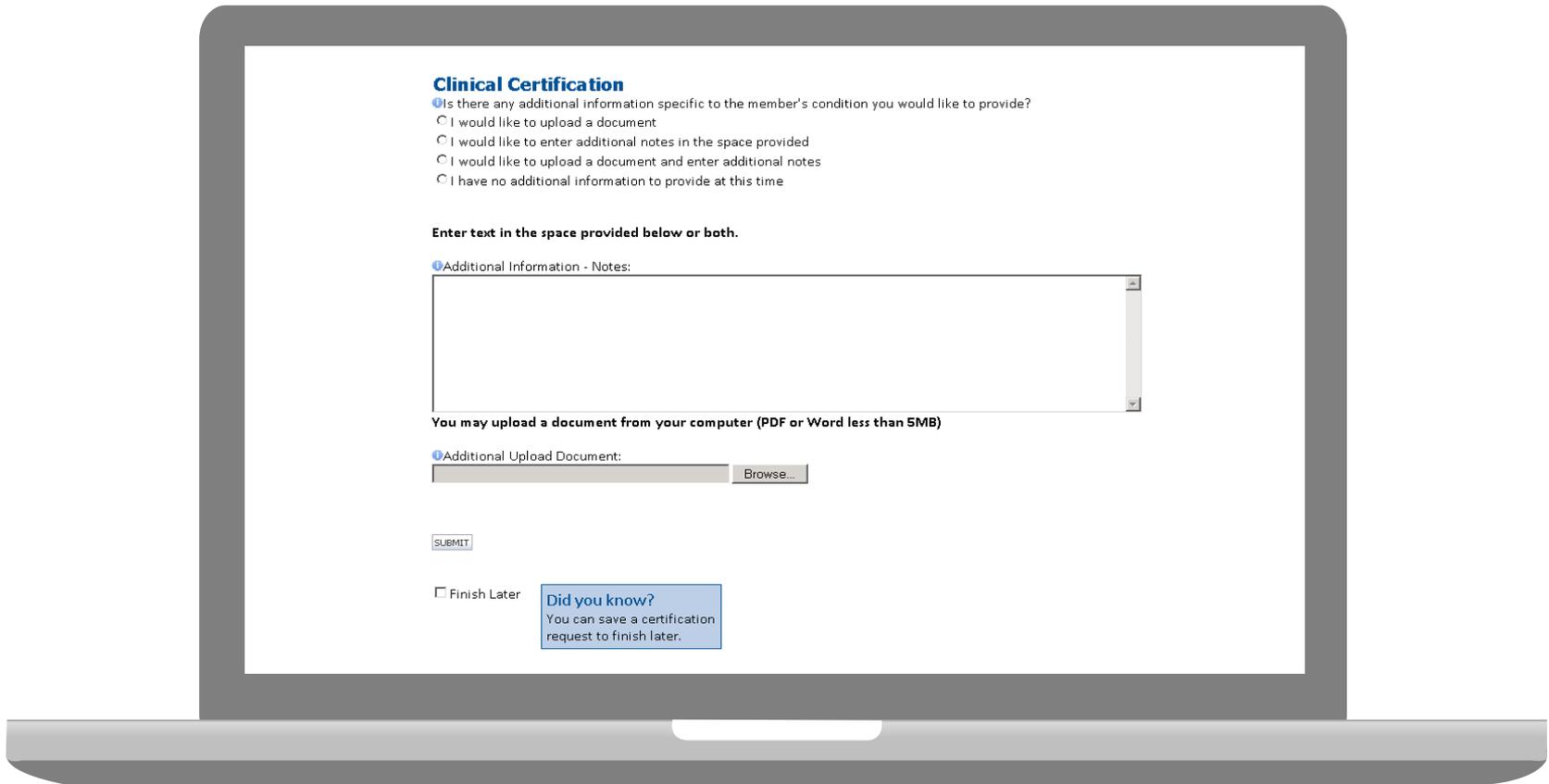
Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

Enter text in the space provided below or both.

Additional Information - Notes:

[text field]

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

[field] Browse...

SUBMIT

☐ Finish Later

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

If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

39

Approval

Clinical Certification

Your case has been Approved.

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

Diagnosis Code: **Description:**   MALIGN NEOPL BREAST NOS

Secondary Diagnosis: **Description:**

Date of Service: 6/20/2015

CPT Code: RCBREA   **Description:**   Breast Cancer

Authorization Number:

Review Date: 6/18/2015 4:38:37 PM

Expiration Date: 10/16/2015

Status: Your case has been Approved.

REQUESTED
Phase 1: Electrons: Technique: Electrons; 8 Fractions (treatment sessions)

APPROVED
Phase 1: Electrons: Technique: Electrons; 8 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331), Basic Radiation Dosimetry (12 x 77300)
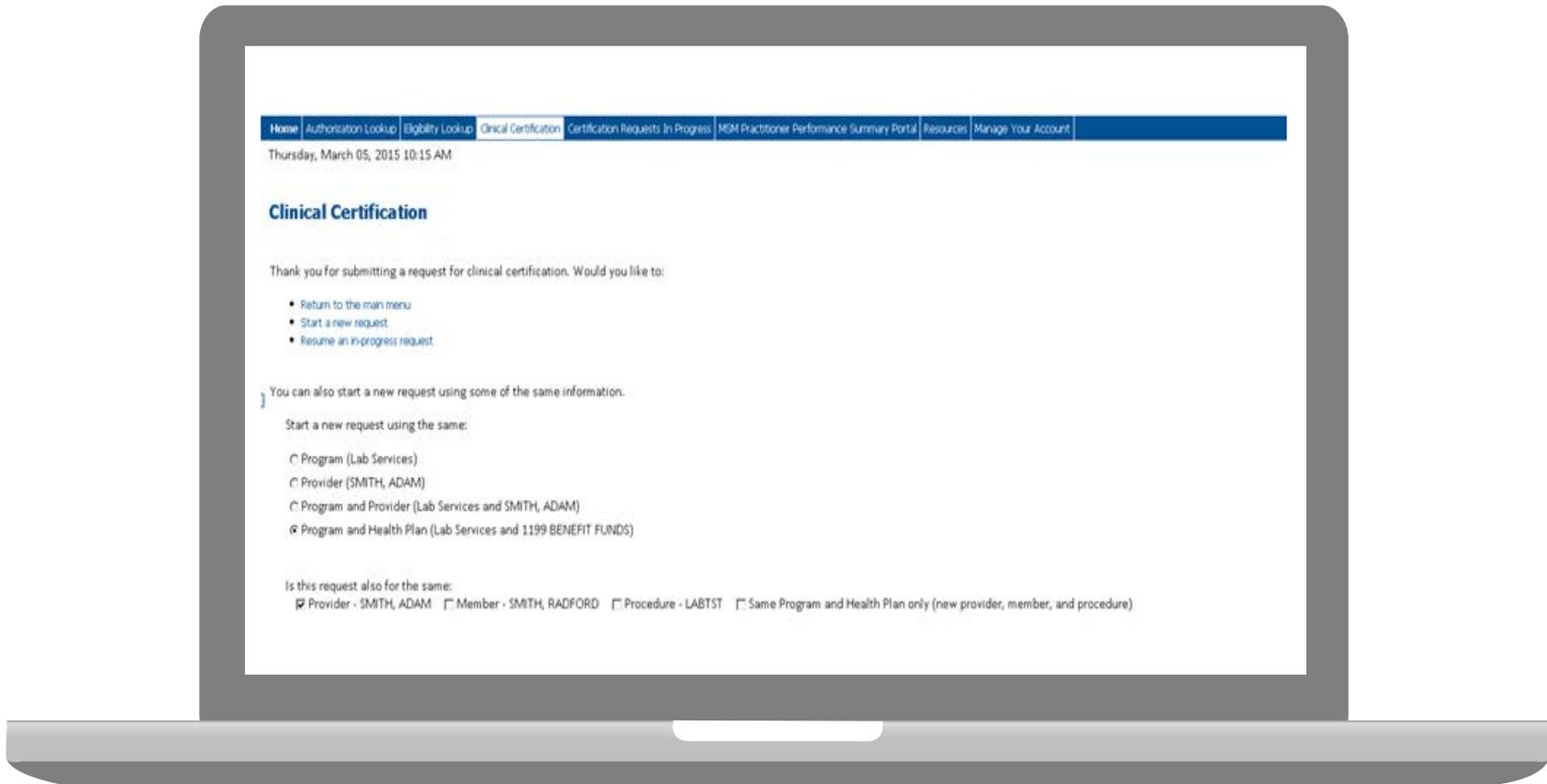
DENIED

DENIAL RATIONALE

[Print] [Continue]

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.
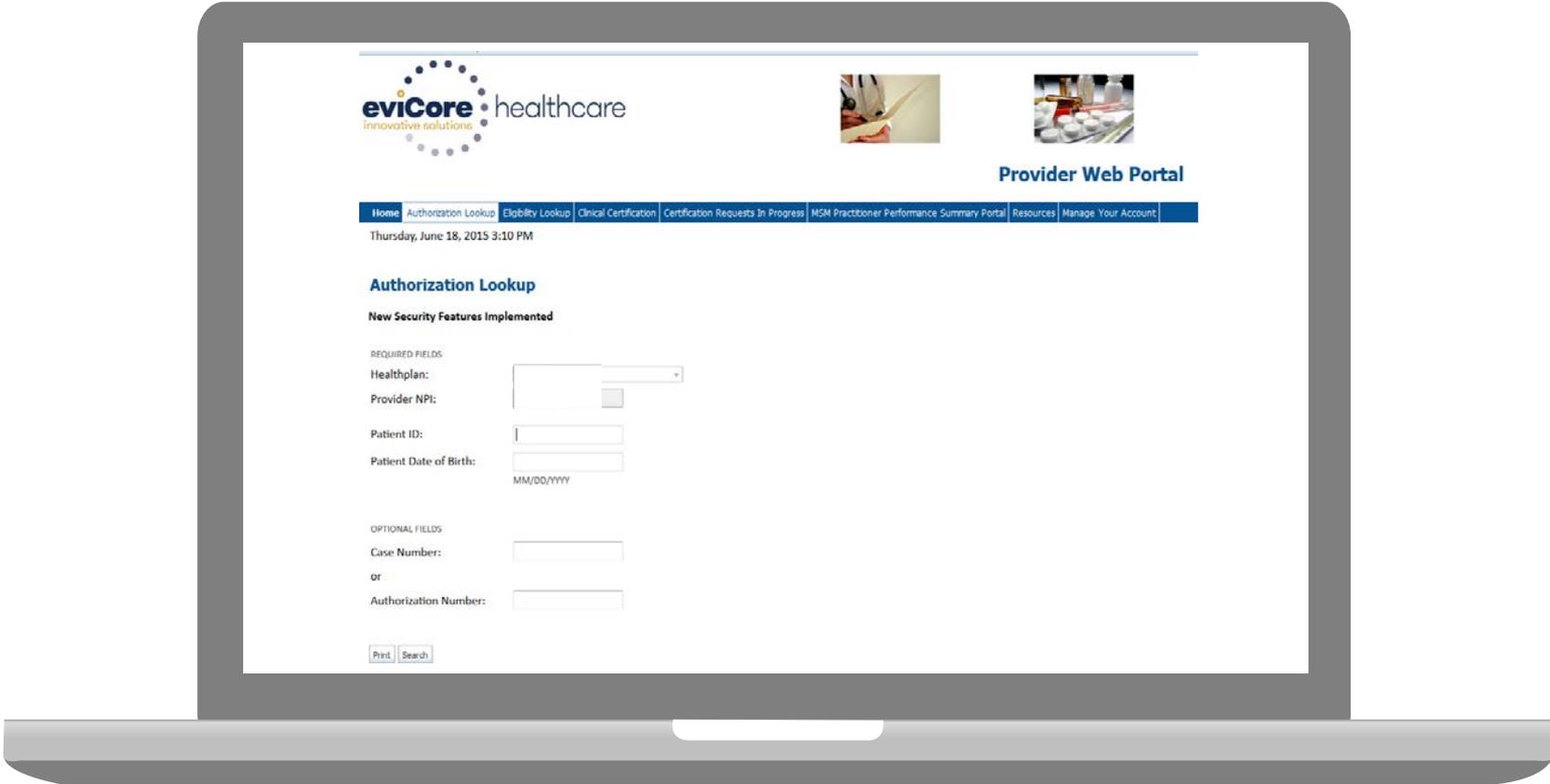
Print the screen and store in the patient's file.
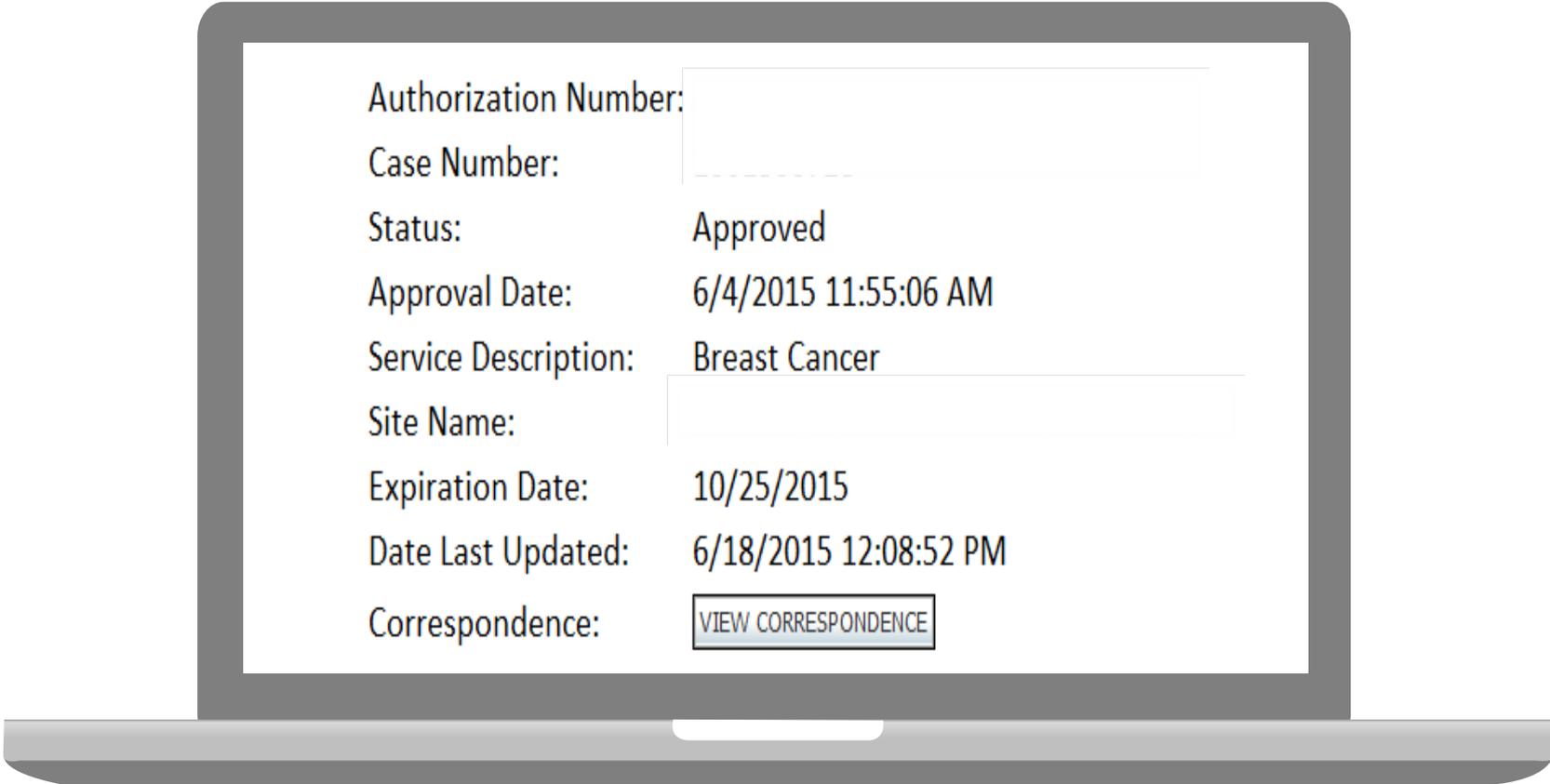
Building Additional Cases

Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You're even able to indicate if any of the previous case information will be needed for the new request.

Authorization Look Up

Authorization Status

Authorization Number:

Case Number:

Status: Approved

Approval Date: 6/4/2015 11:55:06 AM

Service Description: Breast Cancer

Site Name:

Expiration Date: 10/25/2015

Date Last Updated: 6/18/2015 12:08:52 PM

Correspondence: VIEW CORRESPONDENCE

Eligibility Look Up
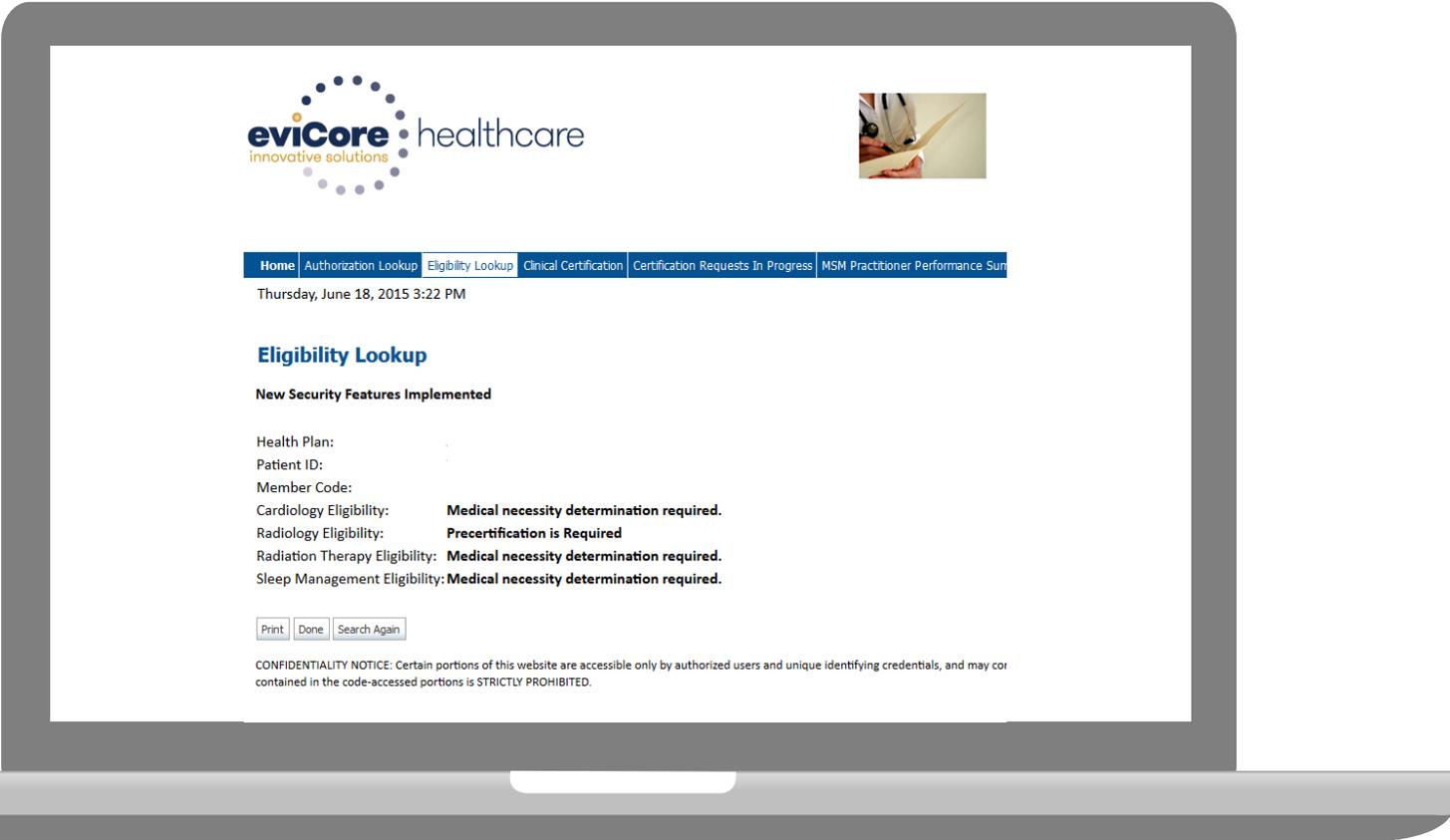
Provider Resources

Radiation Therapy Tools & Criteria

Radiation Therapy Tools and Criteria

Program Overview | Program Tools and Clinical Guidelines

Clinical Guidelines*

2015 AMA Updates for Radiation Therapy
eviCore healthcare Radiation Therapy Clinical Guidelines
eviCore Radiation Therapy Coding Guidelines

Physician Worksheets

To request an authorization for any diagnosis not included, the provider should contact eviCore healthcare by telephone to initiate the authorization process.

Worksheet Directions

Anal Cancer New	Gastric (Stomach) Cancer
Bone Metastases	Head and or Neck Cancer
Brain Metastases	Lung Cancer - Non Small Cell
Breast Cancer	Lung Cancer - Small Cell
Cervical Cancer	Non-Cancerous Diagnosis Updated
Central Nervous System Lymphoma	Pancreatic Cancer
Central Nervous System Neoplasm	Prostate Cancer
Colorectal Cancer	Skin Cancer
Endometrial Cancer	Soft Tissue Sarcoma New
Esophagus Cancer New	Other Cancer Types

Documentation Required for Payment Appeals

Payment Appeal Documentation Requirements

Healthplan Specific Information:

Helpful criteria, worksheets, and tutorials are available for all eviCore programs. This information is kept up-to-date and is available 24/7 on the eviCore website.

This is a sample of the Radiation Therapy Tools & Criteria.

Provider Resources: Pre-Certification Call Center

Web-Based
Services

Provider Relations
Department

Documents

7:00 AM - 7:00 PM local time (855) 252-1118

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

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Provider Relations Department

Documents

www.carecorenational.com

To speak with a Web Specialist, call (800) 646-0418 (Option # 5)

- Website registration assistance
- Reset or lost password help
- Web utilization training

Provider Resources: Provider Relations Department

providerrelations@evicore.com

To speak with a Provider Relations representative, call (800) 646-0418 (Option #4)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
- Request for education/training on program processes

Provider Resources: Implementation Document

Provider Enrollment Questions Contact Oscar at 844-672-2766

Pre-Certification Call Center

Web-Based Services

Client Services Department:

Documents

Coding Guidelines & Program Criteria:

https://www.carecorenational.com/benefits-management/radiation-therapy/radiation-therapy-tools-and-criteria.aspx

[CLIENT] **Implementation Site:**

https://www.carecorenational.com/

To obtain a copy of this presentation, please contact the Provider Relations department at **providerrelations@evicore.com**

Thank You!