

# Medical Oncology Part D Enhancement

Provider Orientation Session for Network Health Wisconsin



Empowering  
the Improvement  
of Care

# eviCore: Medical Benefits Management (MBM)



Addressing the complexity of the healthcare system



10  
Comprehensive  
solutions



Evidence-based  
clinical guidelines



5k+ employees  
including  
**1k+ clinicians**



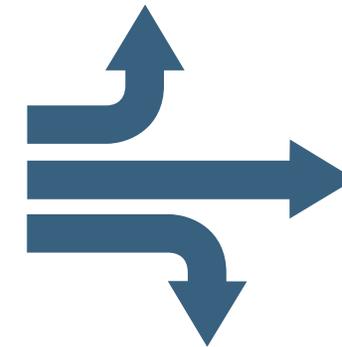
Advanced, innovative,  
and intelligent  
technology

# 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

# What is new for Medicare's Medical Oncology?

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- **Mirroring the commercial process, eviCore will now conduct coverage reviews for both medical (Part C) and pharmacy (Part D) drugs used for oncologic treatment only.**
  - All other request processes are unchanged.
- **The request process for Medicare Part D will be identical to the current commercial process.**
- **No need to request the oncology Part D treatment separately.**
- **eviCore will send all Part D authorizations to Express Scripts.**
- **The process for filling prescriptions and pharmacy claims is not changing with this enhancement.**



# Medicare Specific Process – Important Notes

- **Part C and Part D drugs will be included in the recommended regimens**
  - Part C and Part D drugs will also be available in the Custom list
- **A single determination will be issued for the entire regimen – no partial approvals**
- **Individual CMS compliant notifications will be sent for Part C and Part D drugs**
- **Formulary policies still apply for Part D drugs as usual.**
- **Notifications will include information on Quantity limits for each approved drug.**
  - Exception requests will be submitted through Express Scripts.
- **Tiering exception requests must be submitted through Express Scripts**
- **Supportive drugs will continue to require separate authorizations**
- **Appeals will continue to be handled by Network Health Plan and instructions for those appeals will be included on notifications.**
  - Please read the decision notices closely to understand post decision timelines and options.



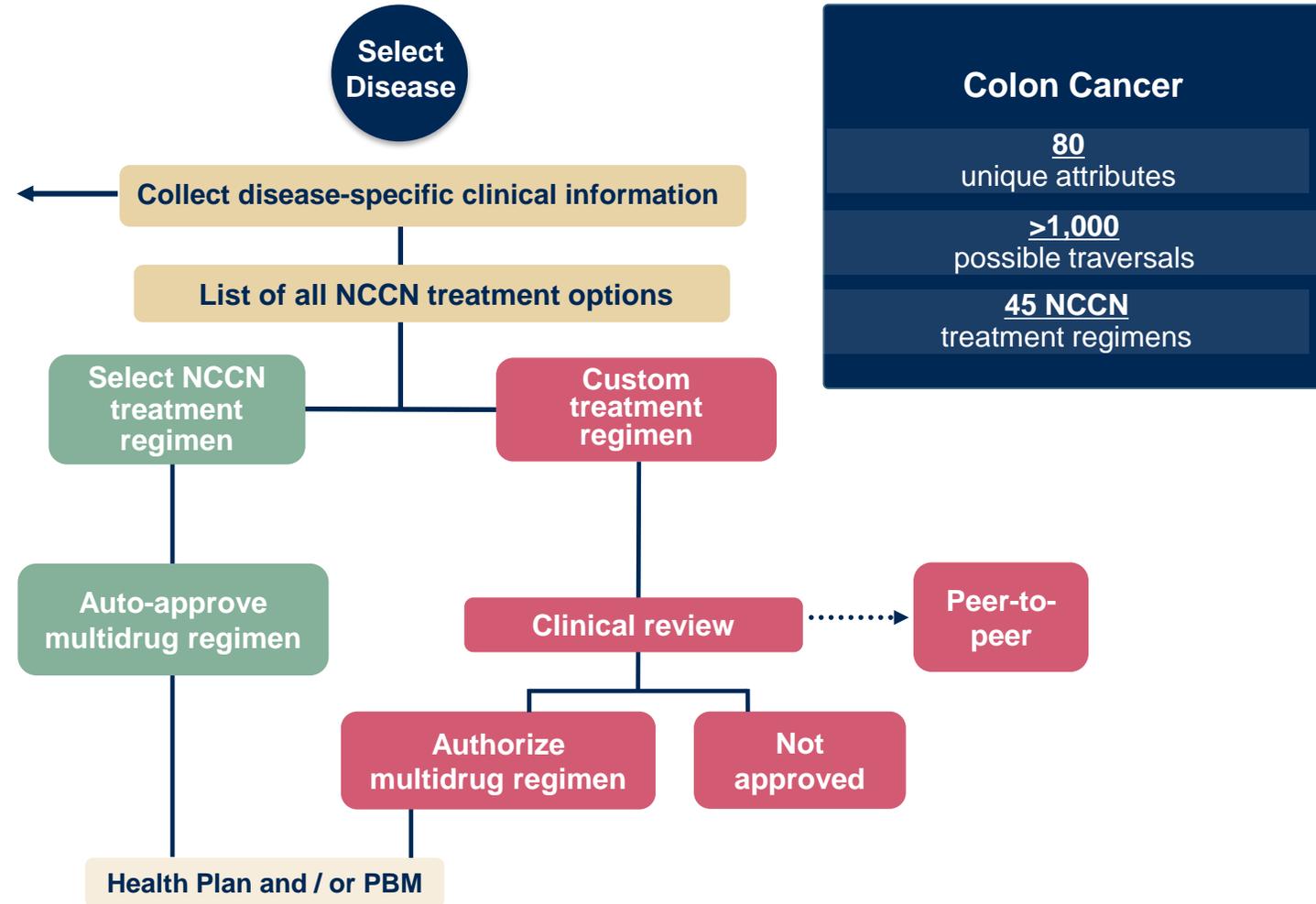
# Medical Oncology Solution Defines a Complete Episode of Care

## 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

**3-9  
minutes  
to enter a  
complete  
case**



Treatment options may be modified to align with formulary

# Clinical Information Needed

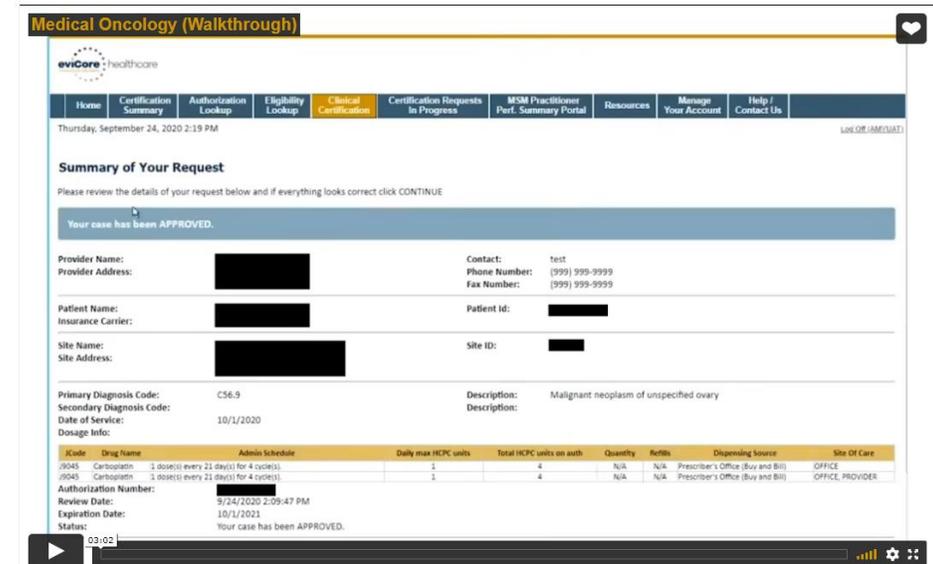
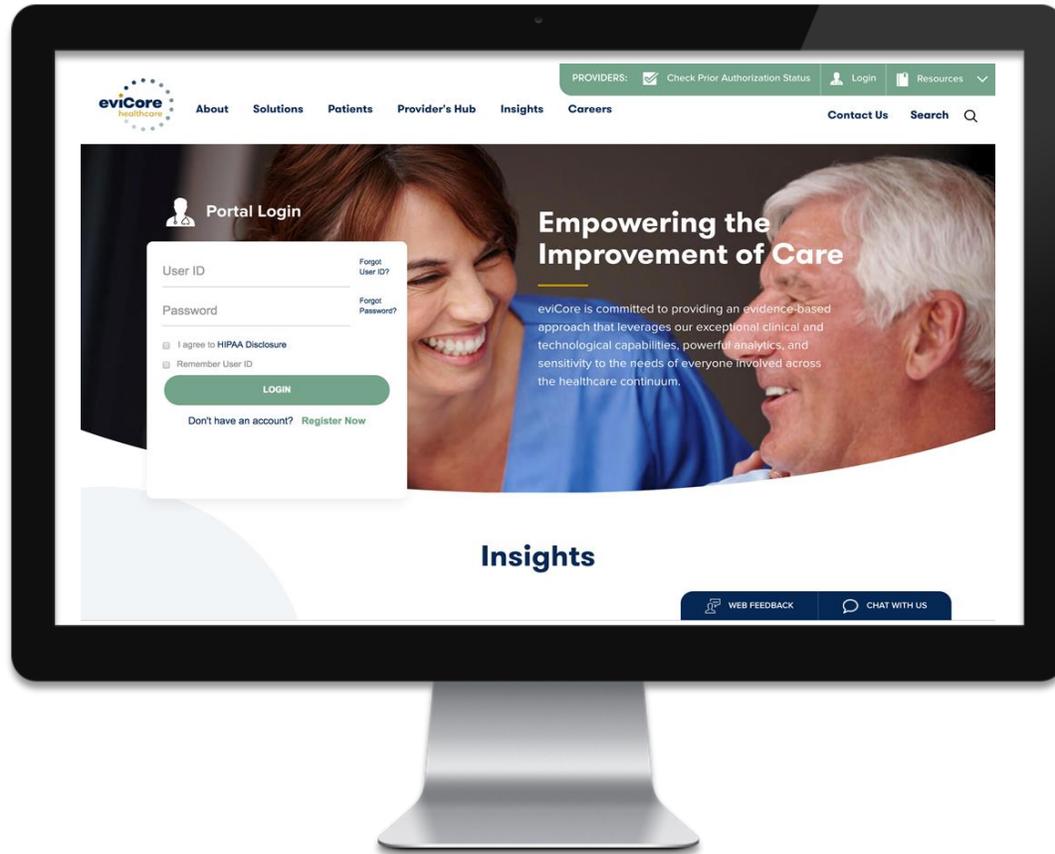
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**If clinical information is needed, please be able to supply the following information:**

- 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



# Portal Demonstration



<https://vimeo.com/497406663/76663cc5de>

# Verify Service Selection



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](#)

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# Clinical Collection Process – Treatment Selection



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

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## 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                           | Help ? |
|--|-------------------------------------|--------|
| <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"/>            |        |

Submit

Select an NCCN Recommendation from the list.  
These options will vary based on the clinical & diagnosis submitted.

# Clinical Collection Process – Treatment Selection



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

Drug List:

|  | Add all | 2 items selected              | Remove all |
|--|---------|-------------------------------|------------|
| 5FU (5-Fluorouracil)                         | +       | 5-Fluorouracil (Acrucil, 5FU) | -          |
| Abemaciclib - oral (Verzenio)                | +       | Capecitabine - oral (Xeloda)  | -          |
| Abiraterone Acetate - Zytiga - oral (Zytiga) | +       |                               |            |
| Abiraterone Acetate - Yonsa - oral (Yonsa)   | +       |                               |            |
| Abraxane (Paclitaxel (albumin-bound))        | +       |                               |            |
| Acalabrutinib - oral (Calquence)             | +       |                               |            |
| Actemra (Tocilizumab)                        | +       |                               |            |
| Actimmune (Interferon, gamma-1b)             | +       |                               |            |
| Adcetris (Brentuximab Vedotin)               | +       |                               |            |
| Ado-Trastuzumab Emtansine (Kadcyla)          | +       |                               |            |
| Adriamycin (Doxorubicin HCL)                 | +       |                               |            |
| Acrucil (5-Fluorouracil)                     | +       |                               |            |
| Afatinib - oral (Gilotrif)                   | +       |                               |            |

**Non-NCCN “custom” regimens may be created by selecting individual drugs from the drop-down list.  
All custom regimen request will require a Medical Director Review for approval.**

# Clinical Collection Process – Treatment Selection



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

| Drug Name                | Dispensing Source                  | Site of Care     |
|--------------------------|------------------------------------|------------------|
| Rucaparib - oral         | Prescriber's Office (Buy and Bill) | Office, Provider |
| 5-Fluorouracil - topical | Prescriber's Office (Buy and Bill) | Office, Provider |

Submit

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Indicate the Place of Service and Dispensing Source for each drug in the treatment

# Authorization Lookup Tool (Continued)



[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](#)

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

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# Provider Resources

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# Resources – Call Center (Intake)

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## Prior Authorization Call Center – 855-727-7444

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

Providers can contact our call center to do one of the following:

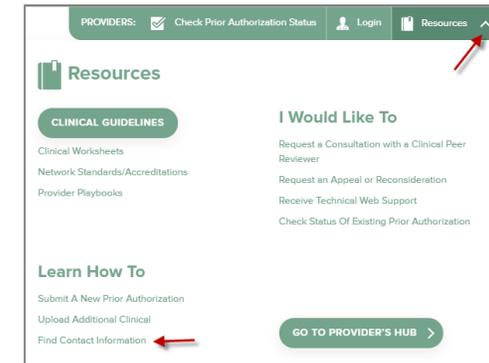
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Online Provider Resources

## Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select 'Find Contact Information,' under the 'learn how to' section. Simply select 'Network Health' and 'Solution' to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.
- Provider forums and portal training are offered weekly, you can find a session on [www.eviCore.WebEx.com](http://www.eviCore.WebEx.com), select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

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

# More online Provider Resources

## Client Specific 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
- Solution PowerPoint Overview
- Announcements
- Detailed list of procedure codes that require prior authorization
- To access these helpful resources, please visit:  
<https://www.evicore.com/resources/healthplan/network-health-wisconsin>

**Network Health Wisconsin Provider Services: 800-207-5769**

**TTY/TDD# 800-947-3529**

**Fax 920-720-1918**



# Provider Services - Resolution of Issues

## Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation

### How to Contact our Client and Provider Services team

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com)

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

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# 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

# 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



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# Supplemental information

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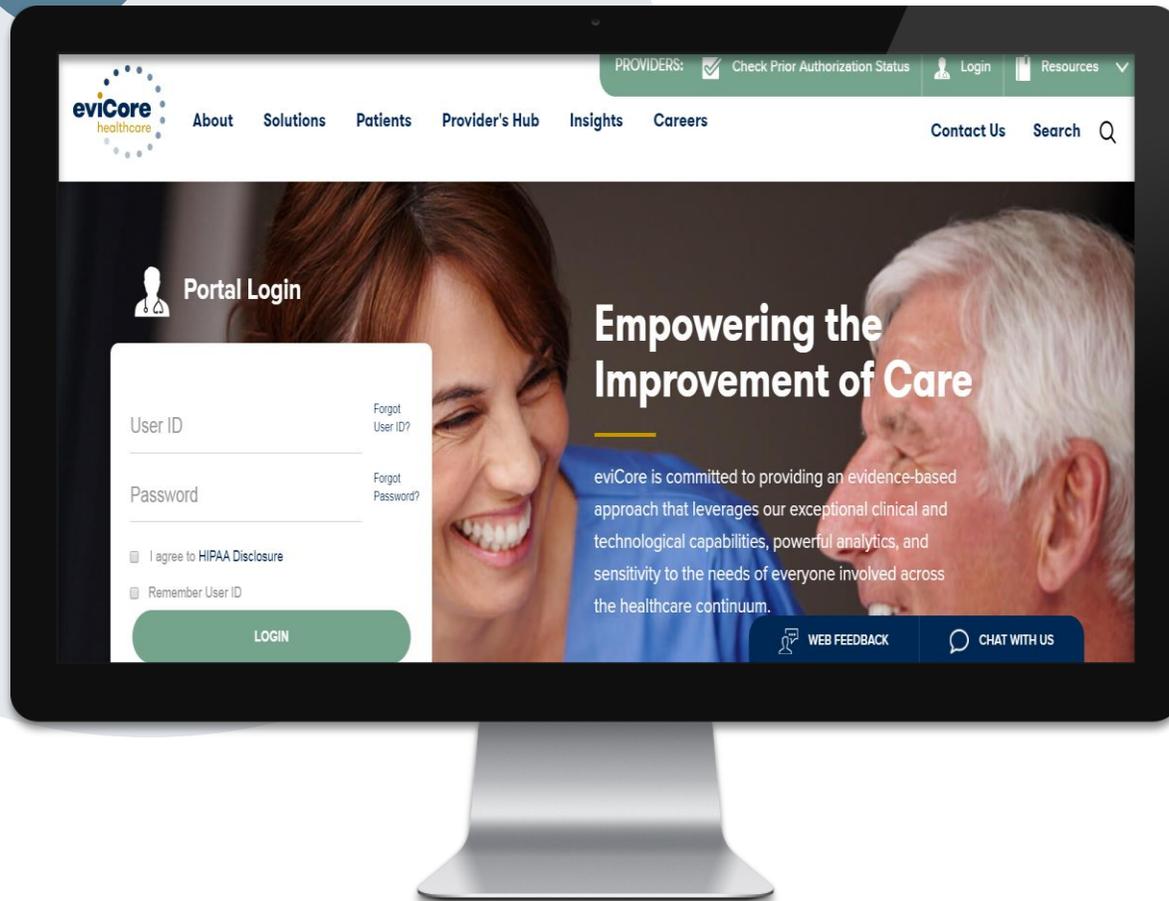


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# Portal Registration

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# eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

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

Or by phone:

(866) 668 -9250  
7:00 a.m. to 7:00 p.m.  
Monday - Friday

# Compatibility

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

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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

**Click “Register Now” if you don’t already have 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](#)



# Registration Form

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'. A red arrow points to this dropdown.
- User Information:** A form with fields for 'User Name', 'Address', 'Phone', 'Email', 'City', 'State', 'Zip', 'First Name', 'Last Name', and 'Office Name'. A 'Next' button is at the bottom right.

Footer: Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us | Web Support: 800-646-0418

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

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

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'.
- User Registration:** A form with fields for 'UserName', 'Address', 'Phone', 'Email', 'City', 'Ext.', 'Account Type', 'State', 'First Name', 'Office Name', and 'Last Name'. 'Back' and 'Submit Registration' buttons are at the bottom right.

Footer: Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us | Web Support: 800-646-0418

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

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 radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checked checkbox labeled "Accept Terms and Conditions" and two buttons: "Submit" and "Cancel".

The background registration form includes the eviCore healthcare logo, a "Web Portal Preference" section with a dropdown menu set to "CareCore National", and fields for "UserName:", "Email:", "Account Type:", "First Name:", and "Last Name:". There are also fields for "Phone:", "Ext:", "Fax:", and "Zip:". At the bottom right of the form, there are "Back" and "Submit Registration" buttons.

At the bottom of the page, there is a footer with "Web Support 800-646-0418" and a navigation menu with links for "Legal Disclaimer", "Privacy Policy", "Corporate Website", "Report Fraud & Abuse", "Guidelines and Forms", and "Contact Us".

Accept the **Terms and Conditions**, and click **“Submit.”**

# Registration Successful

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



## 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.

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

### Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

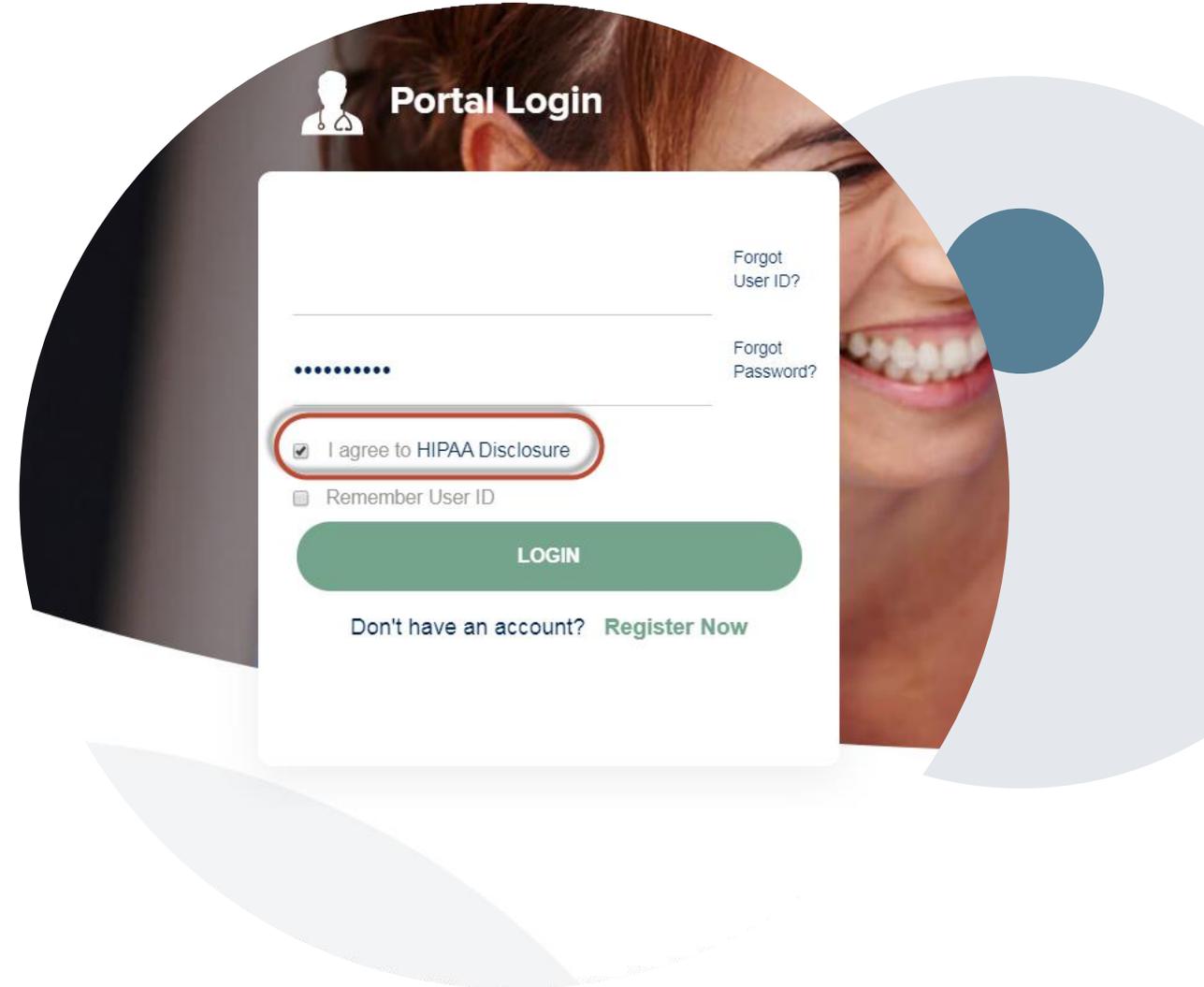
Save

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

# Account Login

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

Agree to the HIPAA  
Disclosure, and click “**Login**.”



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# Adding Providers to your Account

---

# Adding Providers



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

Monday, March 29, 2021 2:29 PM

[Log Off](#)

## Manage Your Account

Office Name:

[CHANGE PA:](#) [EDIT ACCOU](#)

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

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Under the “Manage Your Account” tab Click the “Add Provider” button.

# Adding Providers



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

Monday, March 29, 2021 2:47 PM

[Log Off](#)

## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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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 Providers



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

Monday, March 29, 2021 2:51 PM

[Log Off](#)

## 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       | 12345678 | 123 Test RD | City | AB    | 12345 | (123)456-7890 |     |

[ADD THIS PR](#) [CANCEL](#)

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Select the matching record based upon your search criteria

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# Thank you

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