



Medical Oncology Program

Provider Orientation Session for Network Health Wisconsin



Empowering
the Improvement
of Care

Medical Oncology – Our Experience



10+ Years
Managing Medical Oncology Services

Client Experience
15+ Regional and National Clients

Case Statistics
400+ requests processed per day

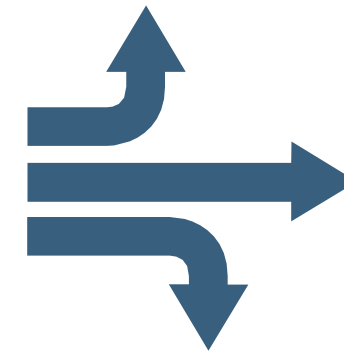
Memberships Managed
25M Commercial Members
660K Medicare Members
3.7M Medicaid Members

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



Program Overview

Network Health Prior Authorization Medical Oncology Services

eviCore healthcare (eviCore) manages prior authorization requests for Medical Oncology services for Network Health Wisconsin (NWHWI). Prior authorization is required for Medicare and commercially covered members.

Prior authorization applies to the following services:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine
- Palliative and end-of-life care triggers
- Pediatric cancer care

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

- Emergency Rooms
- Observation Services
- Inpatient Stays
- Patients Active in Transplant
- Clinical Trials (except for pediatric patients)

Medical Oncology Solution

The following types of drugs are included if being used to treat cancer, and if billed under the Medical or Pharmacy Benefit

- Infused, oral, and self-administered drugs in the primary treatment of cancer administered in the office or outpatient setting consistent with NCCN guidelines
- Select supportive agents included with the approved treatment regimen of cancer-related symptoms
- Companion diagnostics / precision medicine

Important Details

- There are no partial approvals with Medical Oncology.
- 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.
- Please call 855-727-7444 for any treatment changes. Modifications to an authorized drug treatment regimen will require a new authorization through eviCore for coverage from the date of the change.



Pharmacy Benefit Management

eviCore Healthcare will not issue authorizations for the pharmacy benefits for Network Health members that are in the Network Health's Medicare plan type, or the members under the Employee Trust Fund (ETF) product. For these members eviCore will only handle the authorization for the Medical procedure.

eviCore will direct providers on how to get an authorization for the pharmacy benefit for the Medicare and ETF membership with the following scripts.

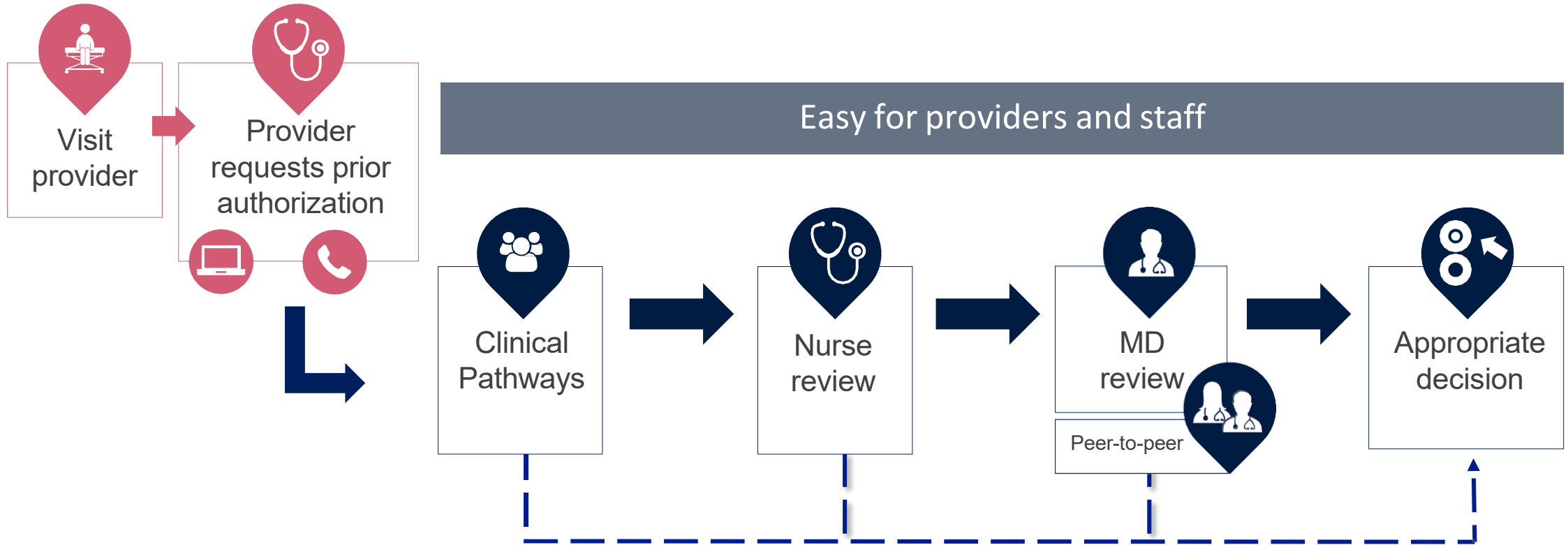
Medicare

“eviCore will conduct a clinical review and issue medical necessity determinations only for drugs that will be billed under the Part C benefit. Oral drugs will be excluded from this authorization. Any drugs (oral or injectable) that will be billed under Part D [may require additional authorizations through Express Scripts. You can contact Express Scripts at https://www.express-path.com/](https://www.express-path.com/) or by phone at 800- 316-3107 for additional information or to obtain those authorizations if needed.”

Employee Trust Fund (ETF)

“eviCore will conduct a clinical review and issue medical necessity determinations only for drugs that will be billed under the medical benefit. Oral drugs will be excluded from this authorization. Any drugs (oral or injectable) that will be billed under pharmacy benefit may require additional authorizations through Navitus. You can contact Navitus at <https://prescribers.navitus.com> or 866-333-2757 for additional information or to obtain those authorizations if needed.”

Prior Authorization Process



By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization when meeting criteria consistent with NCCN guidelines and Network Health's coverage criteria. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Submitting Requests

Non-Clinical Information Needed

The following information must be provided to initiate the authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Laboratory Information

- Laboratory Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Clinical Information Needed

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



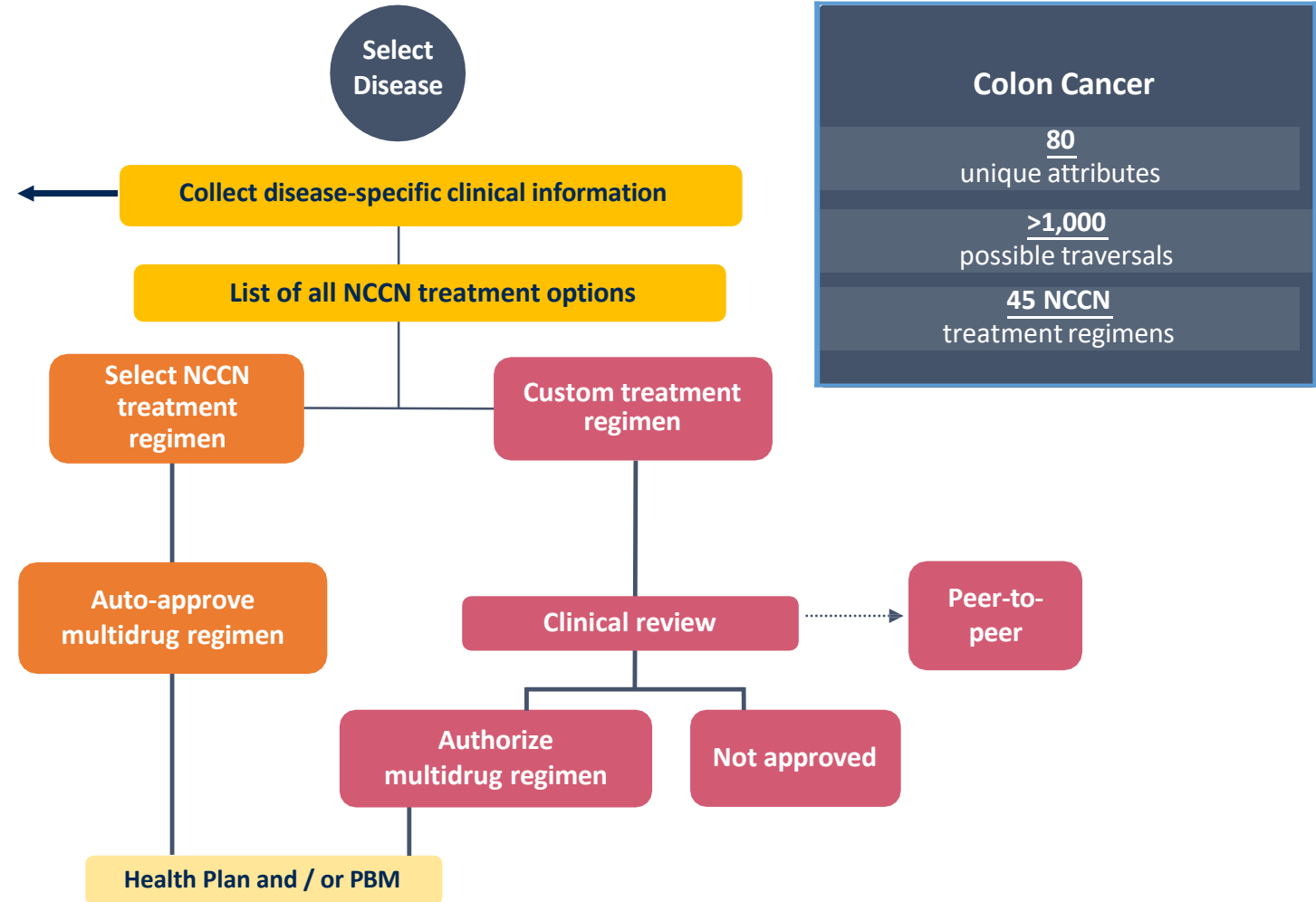
Medical Oncology Solution Defines a Complete Episode of Care

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

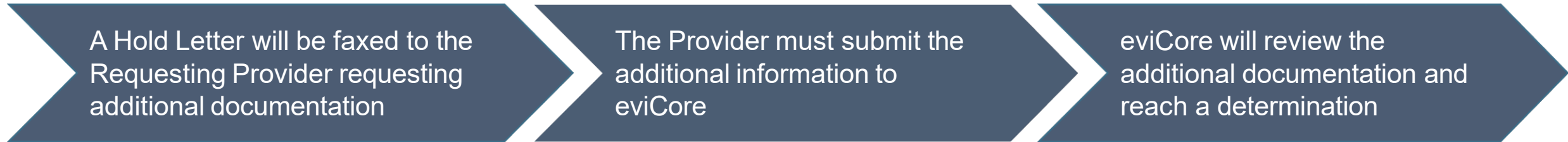
45 NCCN
treatment regimens

Treatment options may be modified to align with formulary

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

The Hold notification will inform the provider about what clinical information is needed, as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the Hold Letter. If it's not, eviCore will need to render a determination based on the original submission.

Determination notifications will be sent to the member and the provider(s).



Prior Authorization Decisions

Decision Delivery

- Members will receive a letter by mail
- Decision letters will be faxed to the ordering and rendering physician(s)
- When initiating a case on the web you can receive e-notifications when a determination is made
- Decision information can also be printed on demand from the eviCore portal: www.eviCore.com

Approvals

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Authorizations dates spans will vary depending on the clinical indication, but range from 8 – 14 months.

Denials

- Based on evidence-based guidelines, request is determined as inappropriate.
- The decision notification will include the rationale for the decision and the appeal rights.



Reconsideration Options

Reconsiderations

For **Commercial Memberships only** (Medicare does not allow reconsiderations), providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a provider to participate. Reconsideration must be requested within 3 days of the denial, and should be submitted prior to submitting an appeal request.

Clinical Consultations

- If a request requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Portal users can schedule a clinical consultation, on behalf of the treating provider, directly on the eviCore portal via the “Authorization Lookup” feature.
- Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.



Special Circumstances

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on the provider portal or by phone
- Urgent request will be reviewed within 72 hours

Retrospective Authorization

Retrospective requests will not be allowed for this program.

Appeals

eviCore is not delegated to manage appeals. Please submit appeal requests to Network Health Wisconsin by following the instructions included in the denial letter.



Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

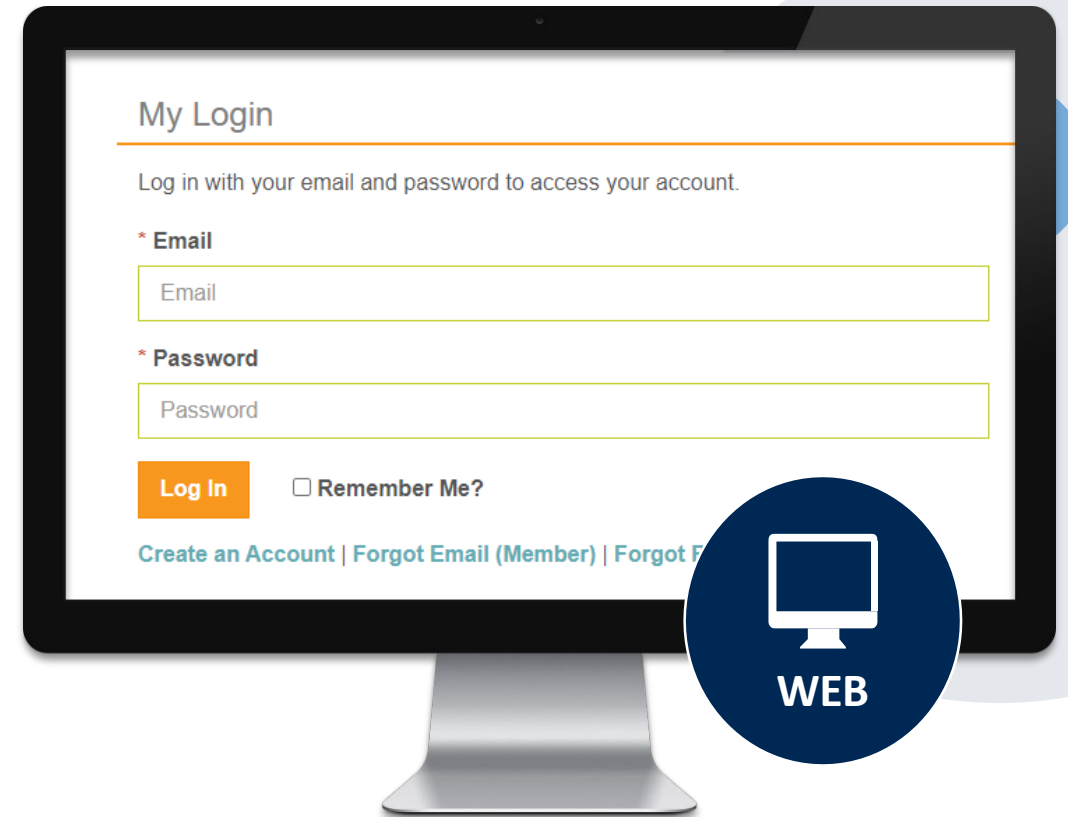
The online portal at [My Login \(networkhealth.com\)](https://networkhealth.com) is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

855-727-7444

Monday through Friday:

7am – 7pm local time



Benefits of the Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers to go from request to approval faster. The following are some benefits and features:

- Saves time: Providers experience a faster processing time online than via telephone.
- Available 24/7: The portal is available at any time.
- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.
- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.
- Ability to view and print determination information: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

eviCore Portal and Compatibility

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

- Microsoft Edge
- 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 [How to Disable Pop-up Blockers](#).

Already a user?

If you already have access to eviCore’s portal (www.eviCore.com), simply log in with your User ID and Password and begin submitting requests.

Don’t have an account? Click “Register Now”



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



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 are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

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"/>	Individual NPI*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

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 are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName:	Address:	Phone:
Email:	City:	Ext:
Account Type:	State:	Fax:
First Name:	Office Name:	
Last Name:		

[Back](#)

[Submit Registration](#)

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

User Access Agreement

The screenshot shows the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, displaying the "User Access Agreement" which is marked as required. The agreement text explains that it applies to all employees and agents with access to eviCore's web-based applications. It states that by accepting the terms, a binding contract is formed. A checkbox labeled "Accept Terms and Conditions" is checked. The background registration form includes fields for Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip, along with a "Submit Registration" button.

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

Accept Terms and Conditions *

Submit Cancel

Back Submit Registration

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

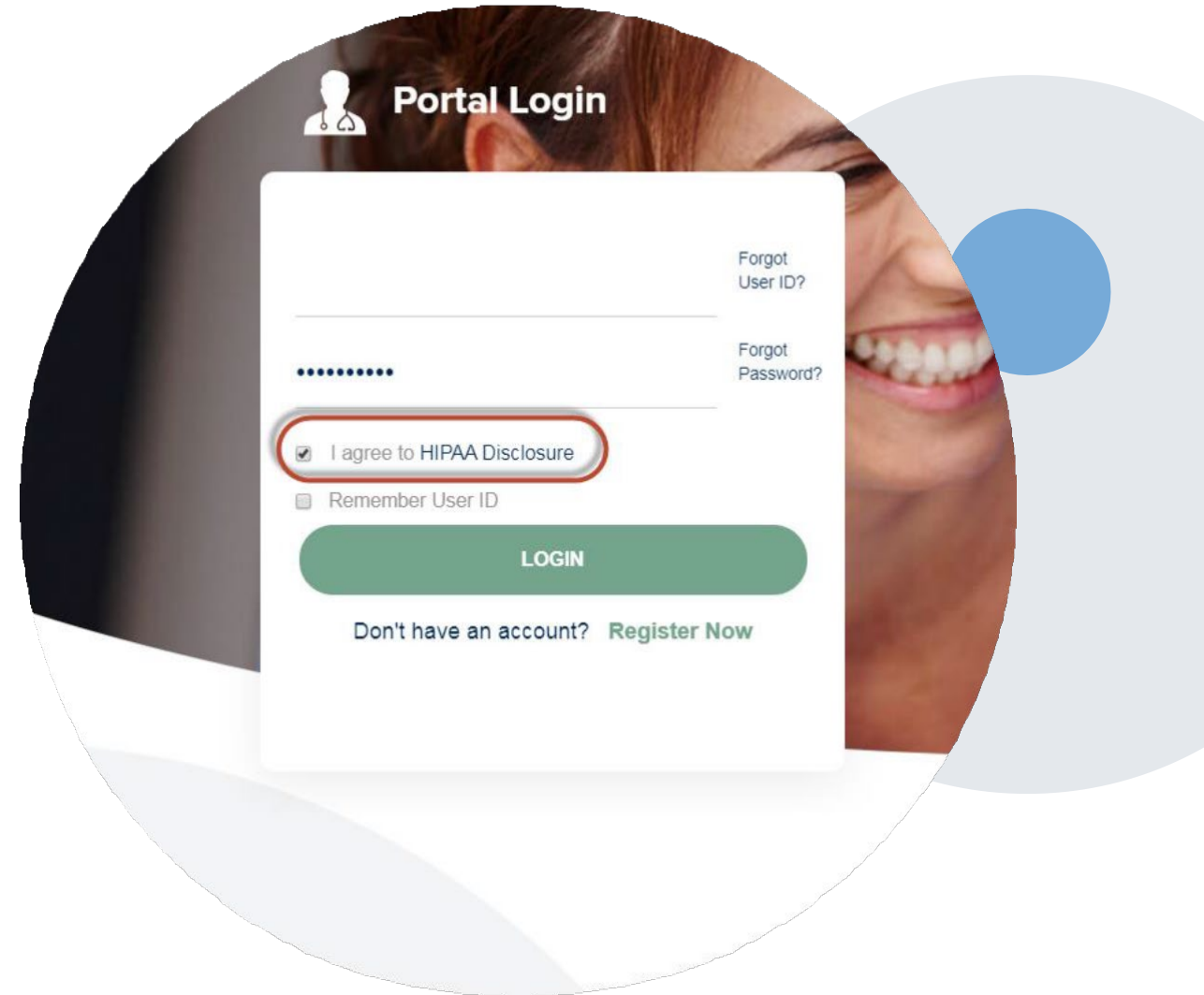
Save

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

Account Login

After registering for an account, you will be directed back to the log in page where you can enter your **User ID** and **Password**.

Agree to the HIPAA Disclosure (each time you log in), and click **“LOGIN.”**



Welcome Screen

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

Tuesday, May 12, 2020 4:20 PM

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 AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

Add Practitioners

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

[CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

[ADD PROVIDER](#)

Click Column Headings to Sort

[CANCEL](#)

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

[FIND MATCHES](#) [CANCEL](#)

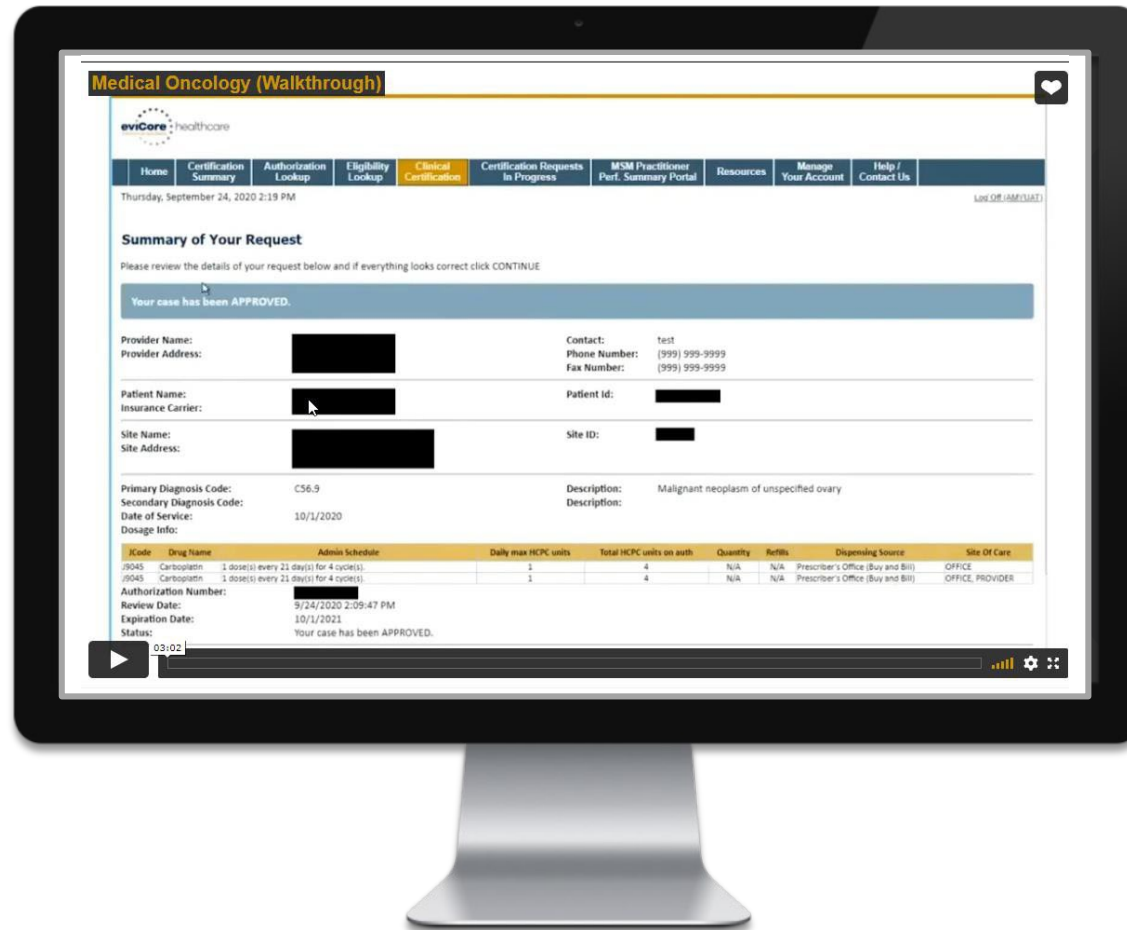
- Select the “**Manage Your Account**” tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another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

Portal Demo

The online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Please click here to view the portal demonstration:

[Portal Demonstration](#)



Select a Recommended Treatment Regimen



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

Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

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
<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 Recommended Regimen from the list - these options will vary based on the clinical & diagnosis submitted.
- If a Custom Regimen is requested, please upload clinical information necessary to support the request.

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases and upload any additional clinical information

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- You can review post-decision options, and actually submit an appeal
- Self schedule a peer-to-peer consultation without having to wait on hold

Eligibility Lookup

- Confirm if member requires prior authorization



Authorization Lookup Tool (displayed)



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:	VIEW CORRESPONDENCE

P2P AVAILABILITY

Click the button to find out if the case is eligible for a P2P consultation. Then schedule the consultation directly from the portal.

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

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

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

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 855-727-7444

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

Providers can contact our call center to perform the following:

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



Client & Provider Operations Team

Client and Provider Services

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

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

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

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

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



Online Resources

Web-Based Services and Online Resources

The screenshot displays the provider portal interface. At the top, a navigation bar includes 'PROVIDERS: Check Prior Authorization Status', 'Login', and 'Resources'. A red arrow points to the 'Resources' dropdown arrow. Below the navigation bar, the 'Resources' section is visible, featuring a 'CLINICAL GUIDELINES' button and a list of links: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'. To the right, the 'I Would Like To' section lists: 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'. Below this, the 'Learn How To' section lists: 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A red arrow points to 'Find Contact Information'. A 'GO TO PROVIDER'S HUB' button is also present. At the bottom, a dropdown menu titled 'I want to learn how to...' is open, showing options: 'Learn how to...', 'Find Contact Information', 'Health Plan', 'Select a Health Plan...', 'Solution', and 'Select a Solution...'. A 'START' button is located at the bottom left of the dropdown menu.

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on 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. Our dedicated **Web Support** team 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

Provider Resource Review Forums

The **eviCore** website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



eviCore's NWHWI Specific Provider Resources

Provider Resource Pages

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

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit:

<https://www.evicore.com/resources/healthplan/network-health-wisconsin>

Coverage Requests for Transplant Services should be submitted via phone. For Medicare members call 866-709-0019 or for Group and Individual members call 800-236-0208.

**Provider Enrollment Questions – Contact Provider Services at:
800-769-3186**



Provider Newsletter

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
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

Network Health Newsletter:

- [Network Health | The Pulse Newsletter](#)



Thank You!

