Radiation Therapeutic Services Prior Authorization Program for Network Health Wisconsin

Provider Orientation Session

Effective January 21, 2019

Corporate Overview

9

Comprehensive Solutions

End-to-End Solution
Integrated platform

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

100M Members Managed Nationwide

Headquartered in Bluffton, SC Offices across the US including:

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

9 Comprehensive Solutions

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

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

Engaging with 570k[+] providers

Advanced, innovative, and intelligent technology

NCQA
Certification
Utilization Management

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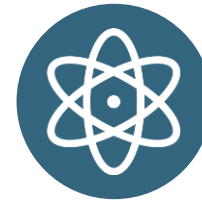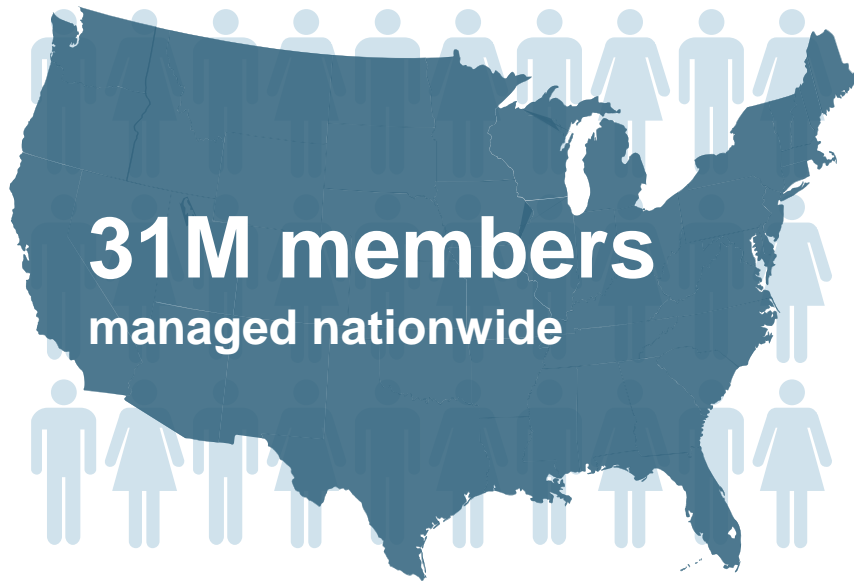*CENTERS FOR MEDICARE & MEDICAID SERVICES*

URAC
ACCREDITED
HEALTH UTILIZATION MANAGEMENT

Radiation Therapy Solution - Our Experience

20+ Regional
and National Clients

300k+
Cases built per day

9 Years
Managing Radiation Therapy Services

31M members
managed nationwide

Members Managed

- **19.7M Commercial Memberships**

- **5.3M Medicare Memberships**

- **4M Medicaid Memberships**

NCQA
Certification
Utilization Management

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

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

Radiation Therapy by the Numbers

15 Radiation oncologists on staff

17 Radiation Therapy-trained nurses on staff

Case Statistics

70% Cases Immediately Approved

31 Million lives covered

Evidence-Based Guidelines

The foundation of our radiation therapy solution:

Current clinical literature

Contributions from a panel of community physicians

Experts associated with academic institutions

Compliant with Medicare NCDs/LCDs

Aligned with National Societies

- American Society for Radiation Oncology
- American College of Radiology
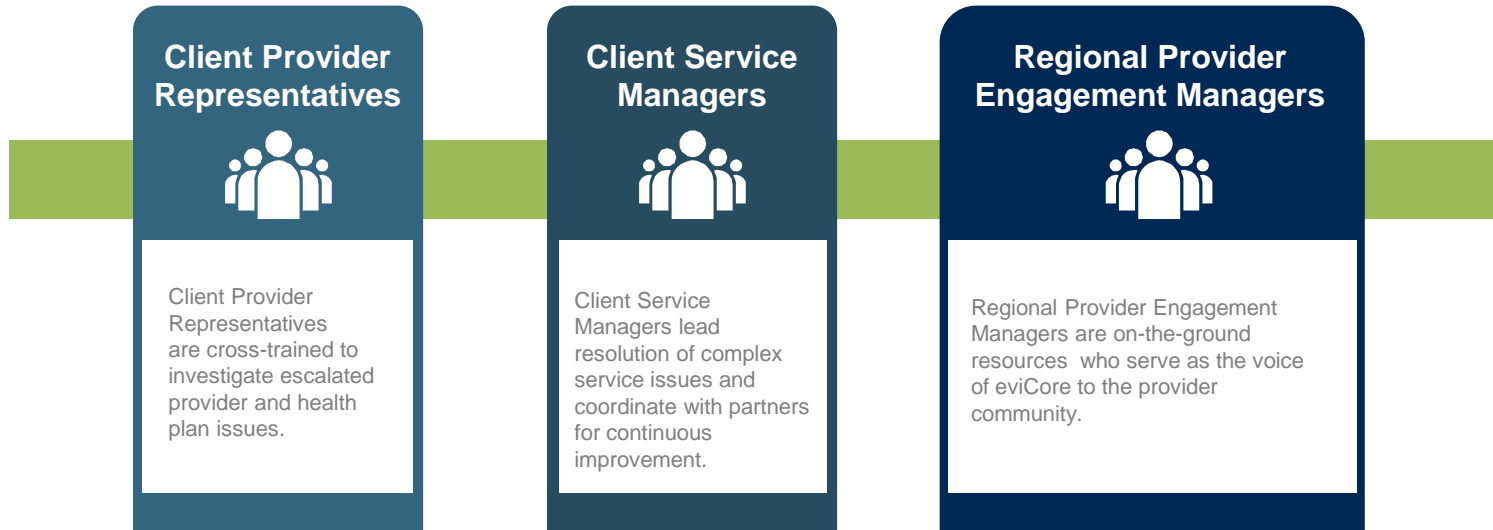- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines

Advisory Board Members

- Dr. Anthony Berson – eviCore healthcare
- Memorial Sloan-Kettering, NY
- Stanford University Medical Center, CA
- Shields Oncology, MA
- Center for Radiation Oncology, NY
- Beth Israel Deaconess Medical Center; Harvard, MA
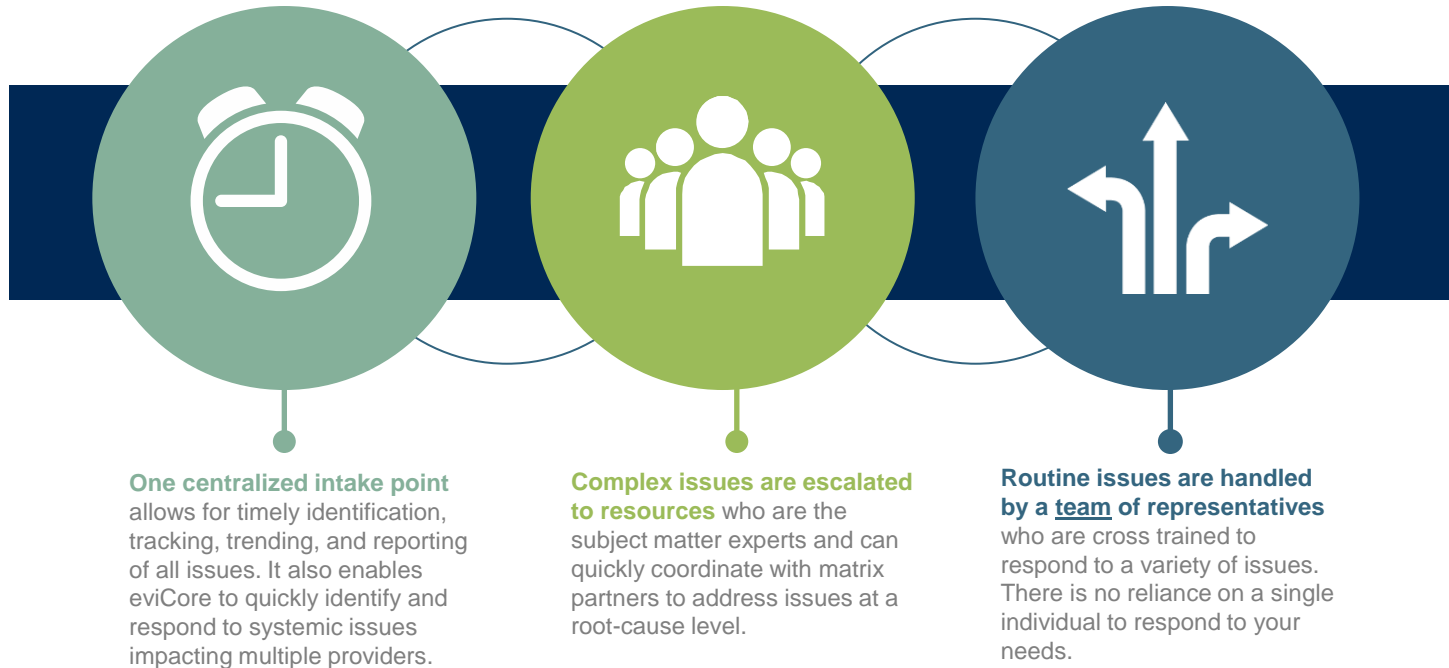- Detroit Medical Center, Sinai Grace Hospital, MI

Service Model

Client Provider Operations

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

Client Provider Representatives

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

Client Service Managers

Client Service 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.

Radiation Therapeutic Services Prior Authorization Program for Network Health-Wisconsin

Program Overview

eviCore will begin accepting Radiation Therapy requests on the new platform

January 21, 2019

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.

Prior authorization is required for all Radiation Therapy treatment techniques, included but not limited to the following:

Clinical Modalities
- 2D, 3D Conformal
- IMRT
- Brachytherapy
- SRS/SBRT
- IORT – Proton Beam
- Neutron Hyperthermia

Non- Clinical Modalities
- SIM
- Planning
- Devices
- Imaging
- Physics
- Management

To find a list of CPT
(Current Procedural Terminology)
codes that require prior authorization
through eviCore, please visit:

https://www.evicore.com/healthplan/nhpwi

Applicable Membership

Authorization is required for Network Health Wisconsin members enrolled in the following programs:

- **Commercial and Medicare**

Prior Authorization Requests

How to request prior authorization:

WEB

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

Or by phone: 855-727-7444 7:00 a.m. to 7:00 p.m. (CST) Monday - Friday

Clinical Review Process

Methods of Intake

START

Clinical Decision Support

Real-Time Decision with Web

Easy for providers and staff

Nurse Review

MD Review

Physician-to-physician

Appropriate Decision
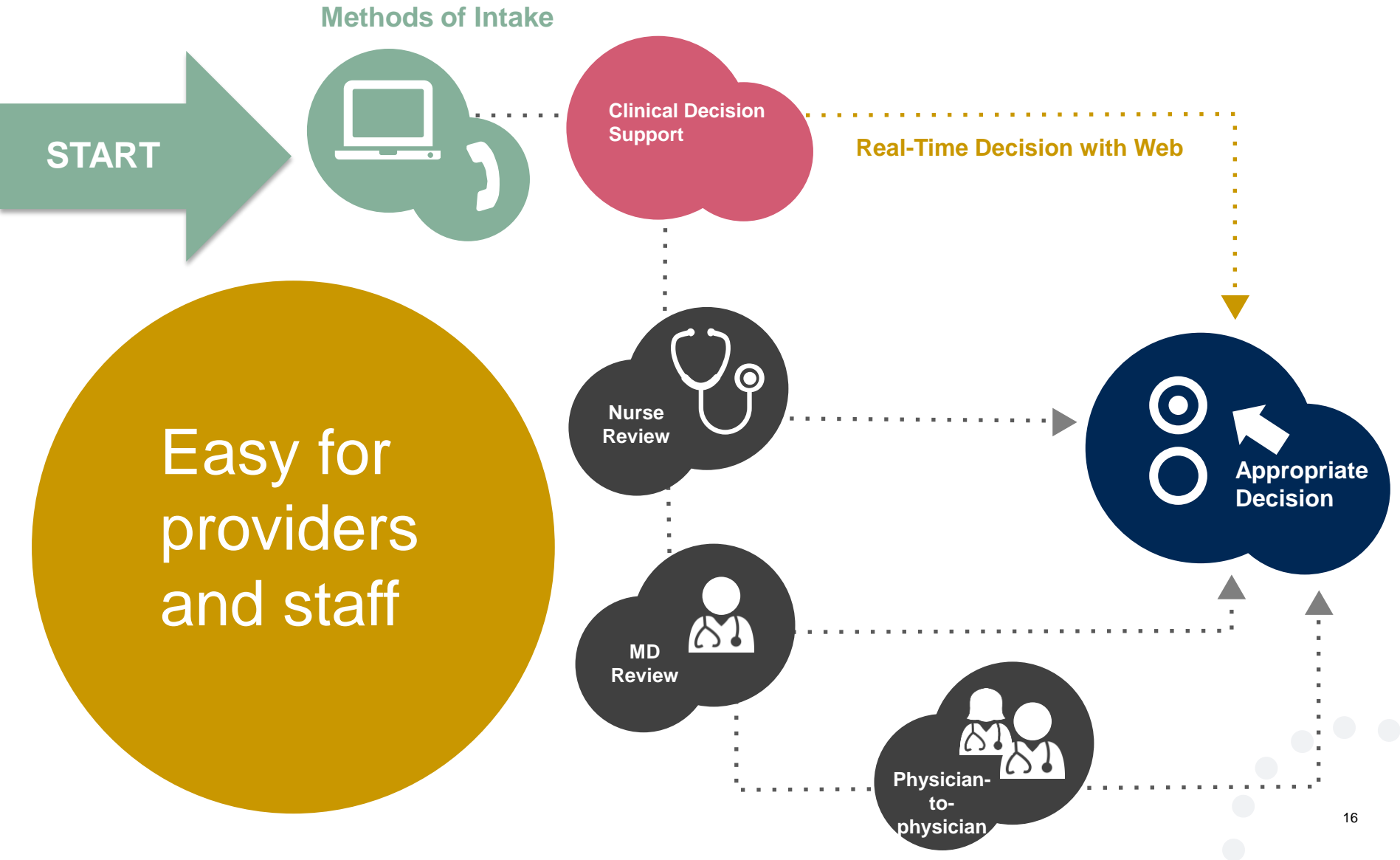
Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Rendering Facility
Facility name
Street address

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

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

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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis

- The notes from the patient's last visit related to the diagnosis

- Type and duration of treatment performed to date for the diagnosis

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** located online: https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines

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

Prior Authorization Outcomes

Approved Requests:
- All requests are processed within 2 business after receipt of all necessary clinical information.
- Authorizations are typically good for **45 days** from the date of determination.

Delivery:
- Faxed to ordering provider and rendering facility
- 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 Clinical Consultation

Delivery:
- Faxed to the ordering provider
- Mailed to the member

> ## 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

Clinical Consultation

- 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.

- **Clinical Consultation reviews** can be scheduled at a time convenient to your physician.

Prior Authorization Outcomes - Commercial

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **3 business days** from the date of determination
- If an appeal has already been filed, reconsideration is not allowed.

Retrospective Review:

- Retro requests must be submitted within **15 business days** following the treatment start date. Requests submitted after **15 business days** will be administratively denied.
- Retro cases are reviewed for clinical urgency and medical necessity.

Special Circumstances

Appeals

- eviCore healthcare will not be delegated for appeals. All appeals will need to be reviewed via Network Health

Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **72 hours** of the request.

Case Initiation

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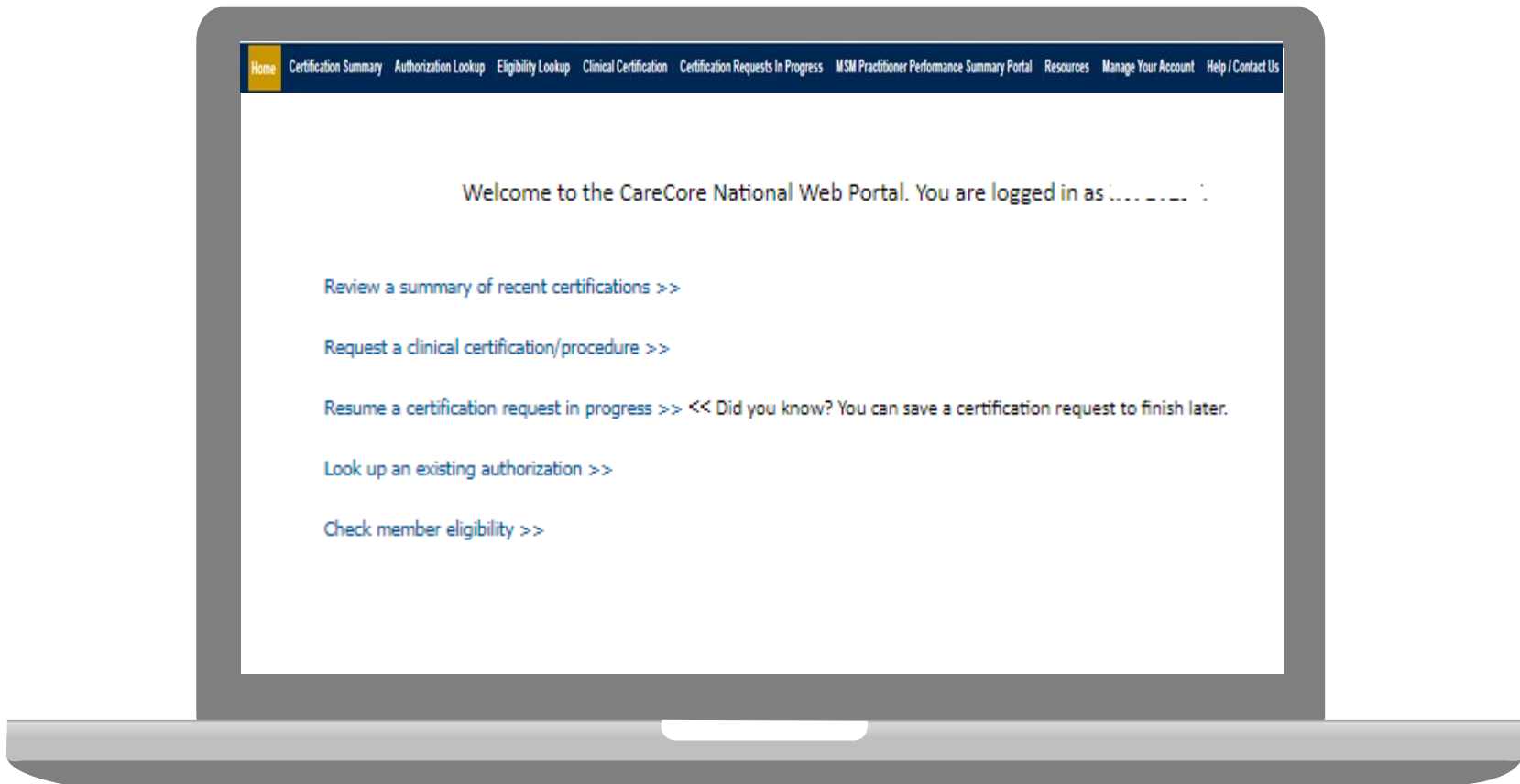
- **After logging into your account, a welcome screen provides options. Choose "request a clinical certification/procedure" to begin a new case request.**

Select Program
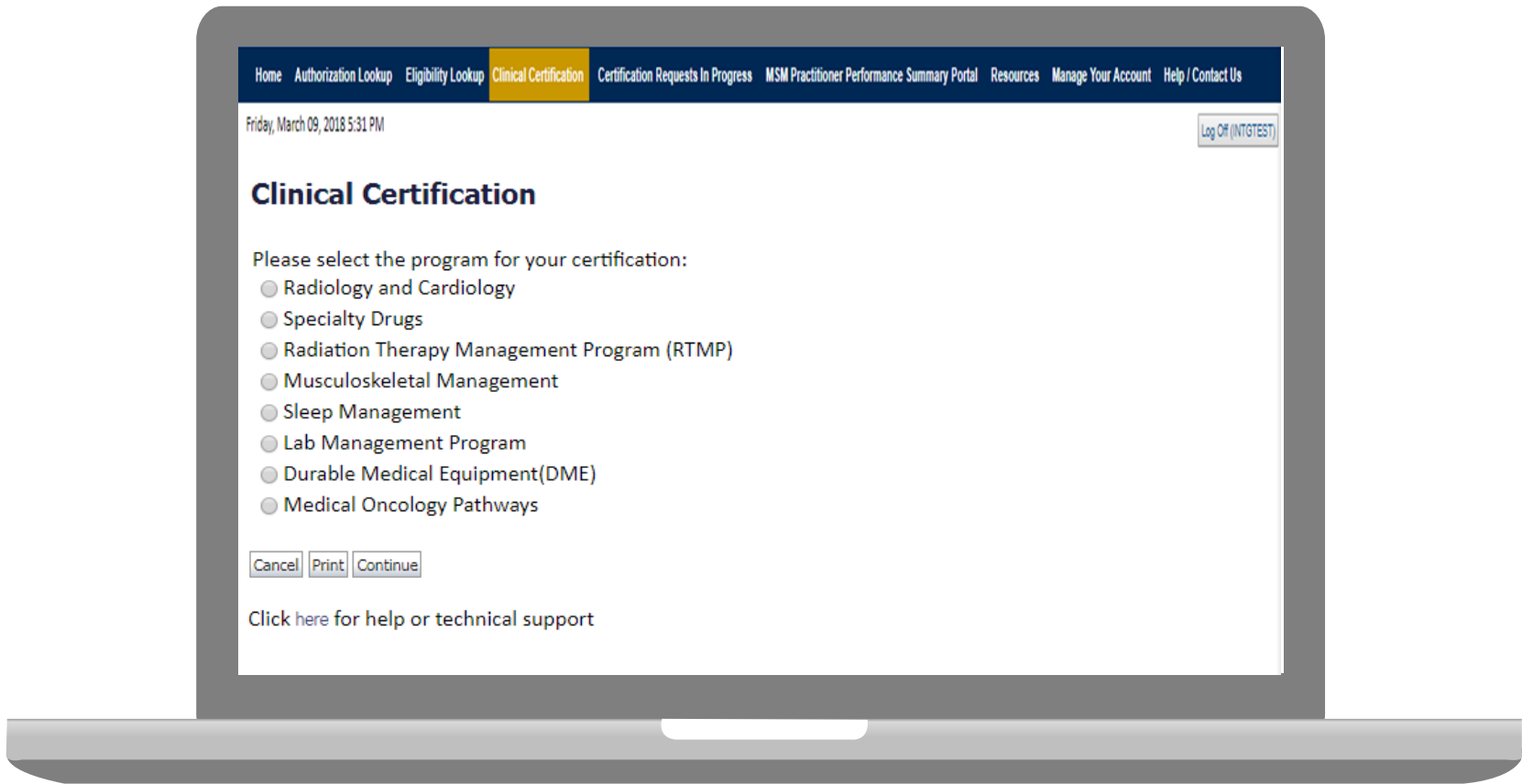
Select the Program for your certification.

Select Provider
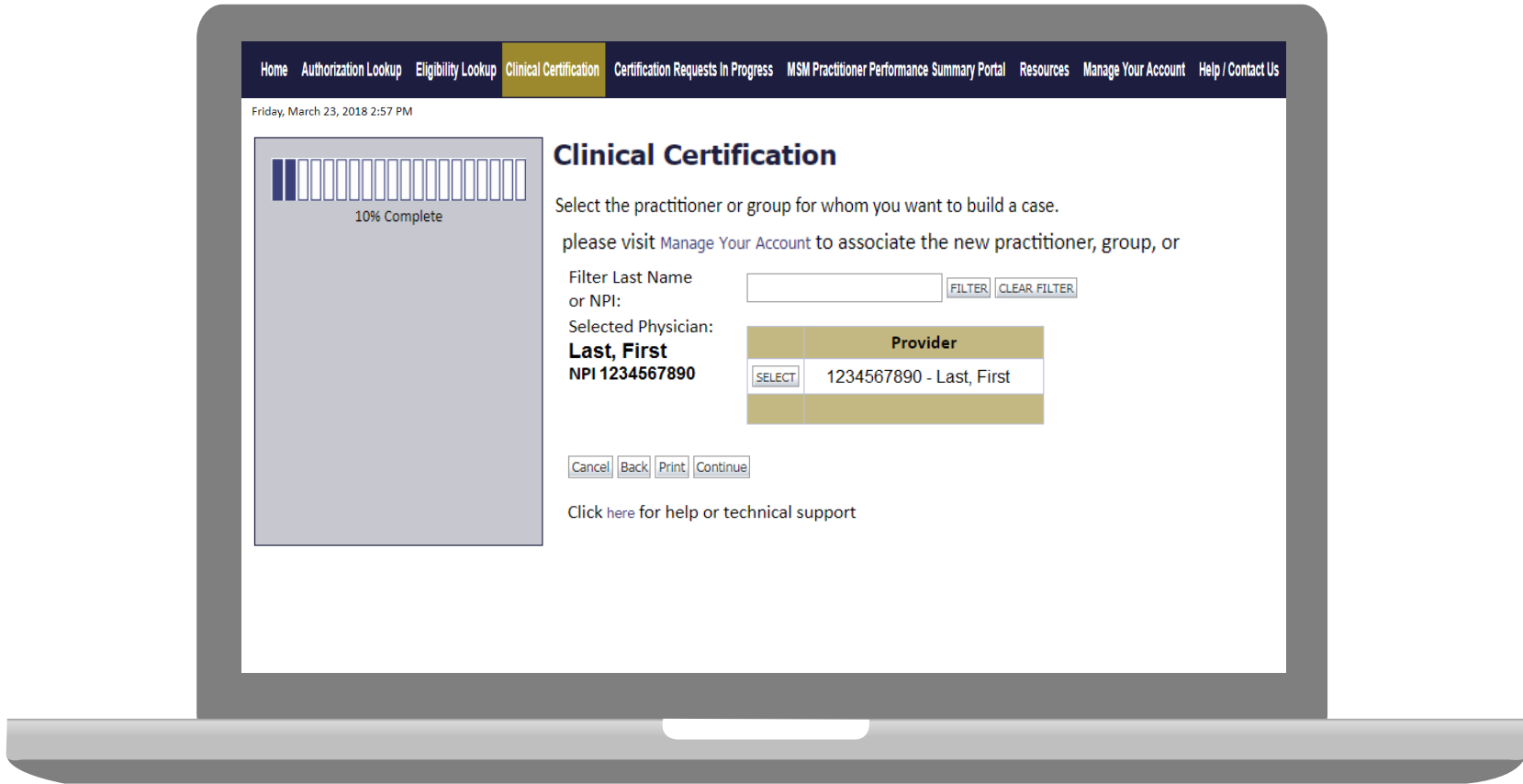
Select the Practitioner/Group for whom you want to build a case.

Select Health Plan
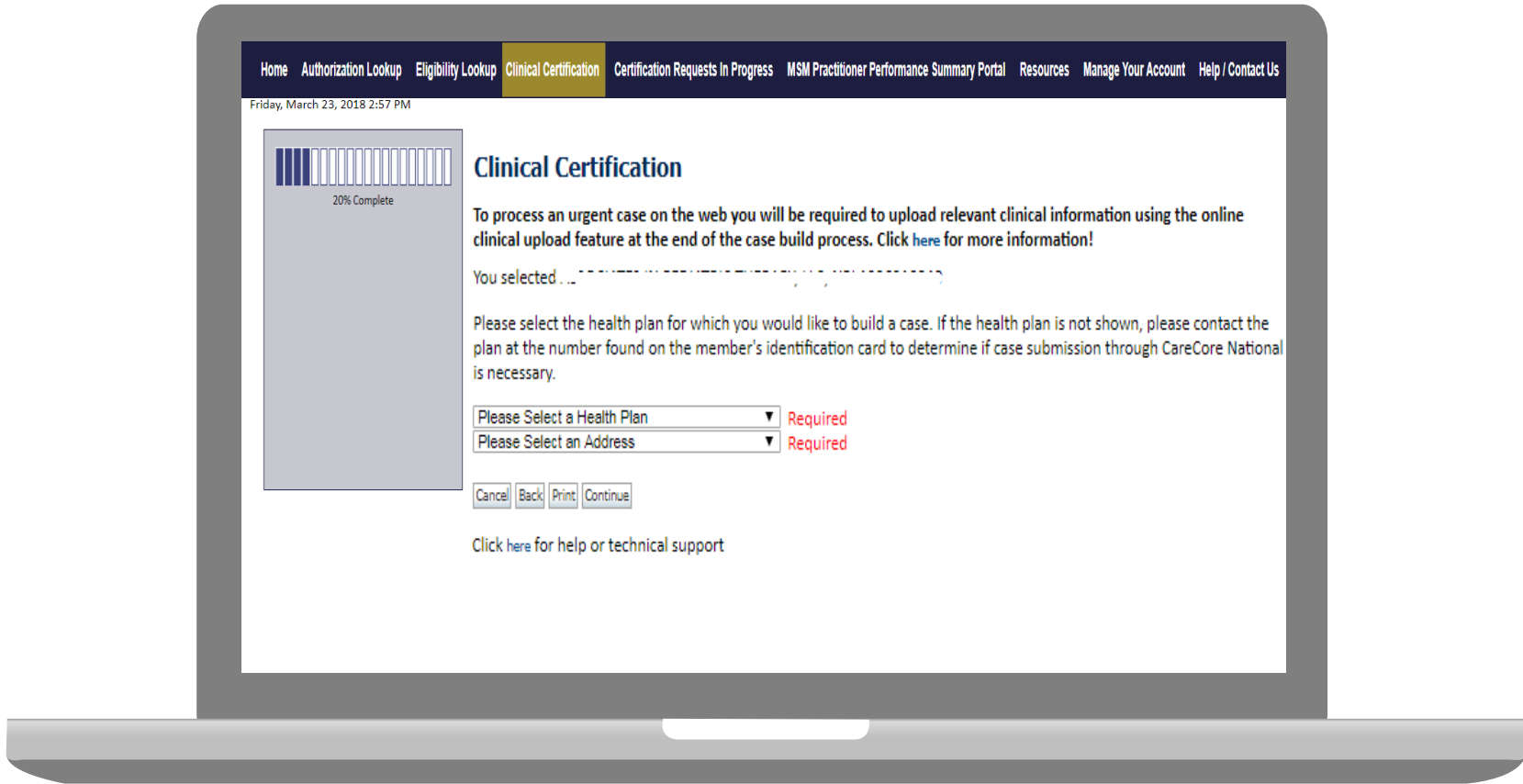
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.\ Select the Physician's address.

Contact Information

Clinical Certification

Provider's Name		[?]
Who to Contact	eviCore	[?]
Fax	(999) 999-9999	[?]
Phone	(999) 999-9999	[?]
Ext.		[?]
Cell Phone		
Email	Test@test.com	

30% Complete

Provider and NPI

Cancel Back Print Continue

Click here for help or technical support

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

Member Information

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 7/1/2016. CHANGE

Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]
RCBREA ∨ Breast Cancer ∨

Diagnosis

Diagnosis Code: **C50.412**
Description: **Malignant neoplasm of upper-outer quadrant of left 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
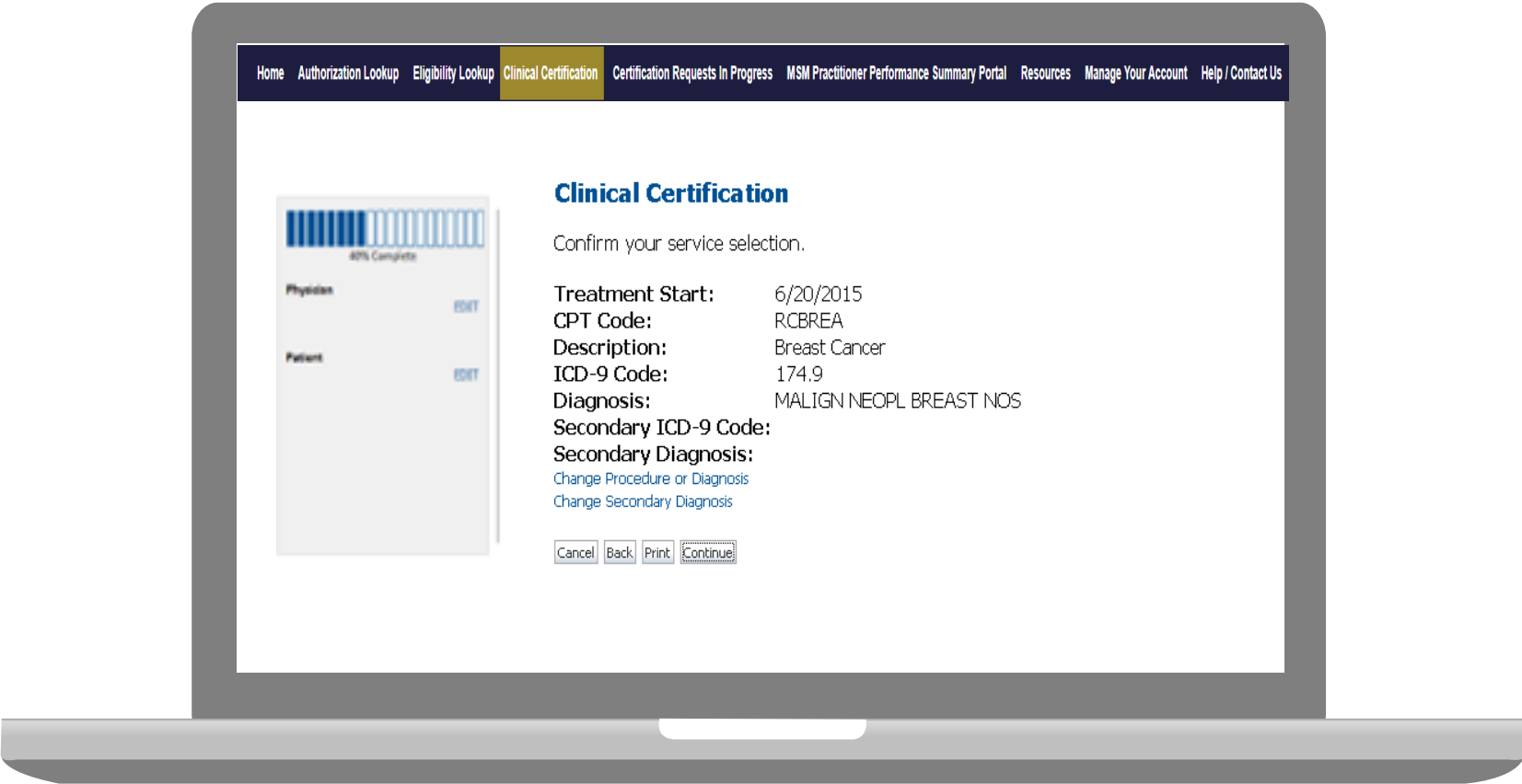
Site Selection
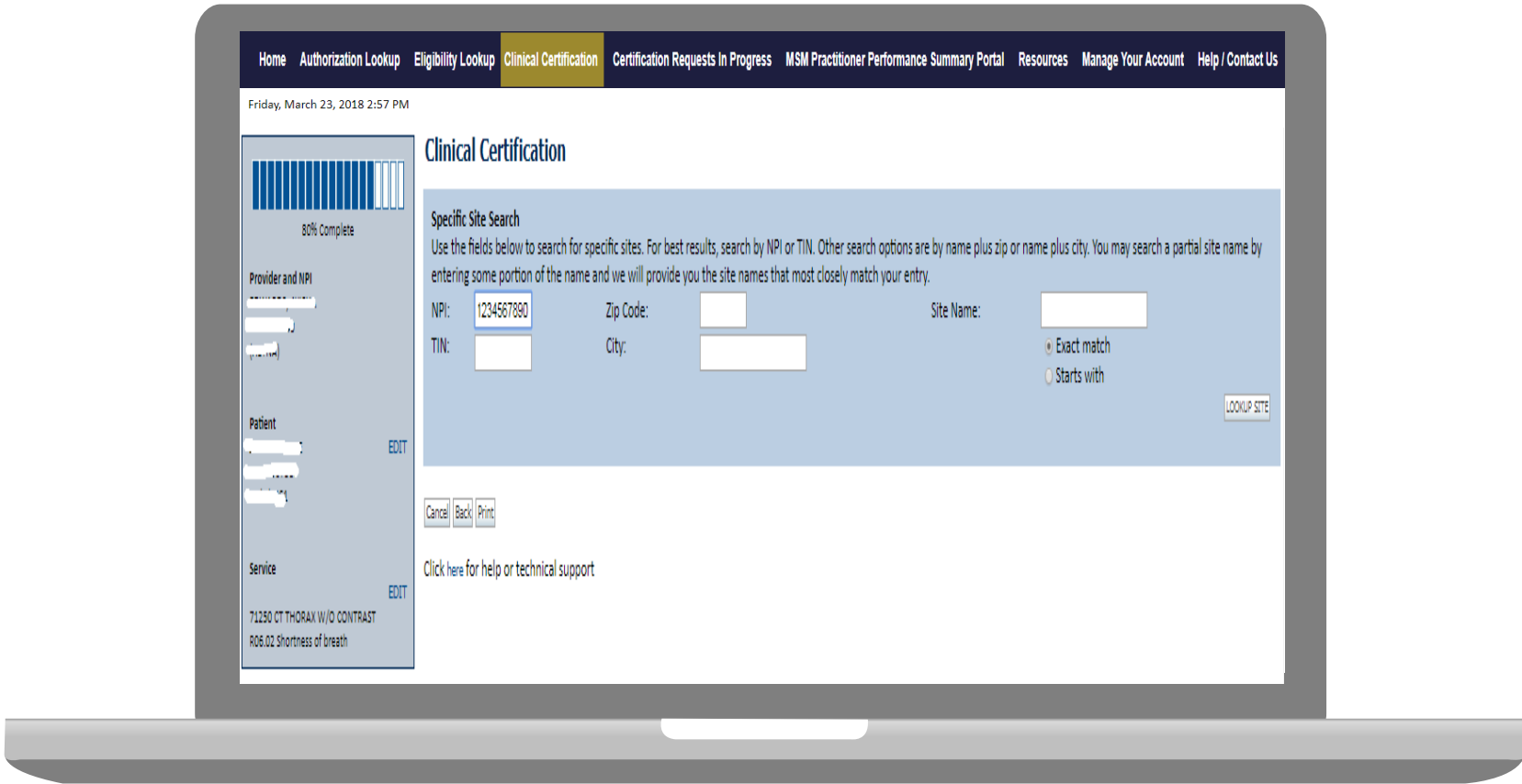
Select the appropriate site for the request.

Clinical Certification

Clinical Certification

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

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

Cancel | Back | Print | Continue

Click here for help or technical support

- 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.**

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Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.

Clinical Certification

Is this case Routine/Standard?

Yes No

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Clinical Certification

Questions will populate based upon the information provided. You can click the **"Finish Later"** button to save your progress. You have two business days to complete the case.

Medical Review- Text Box

Clinical Certification

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

◉ Yes ○ No

Enter text in the space provided below or continue.

ⓘ Additional Information - Notes:

[text box]

SUBMIT
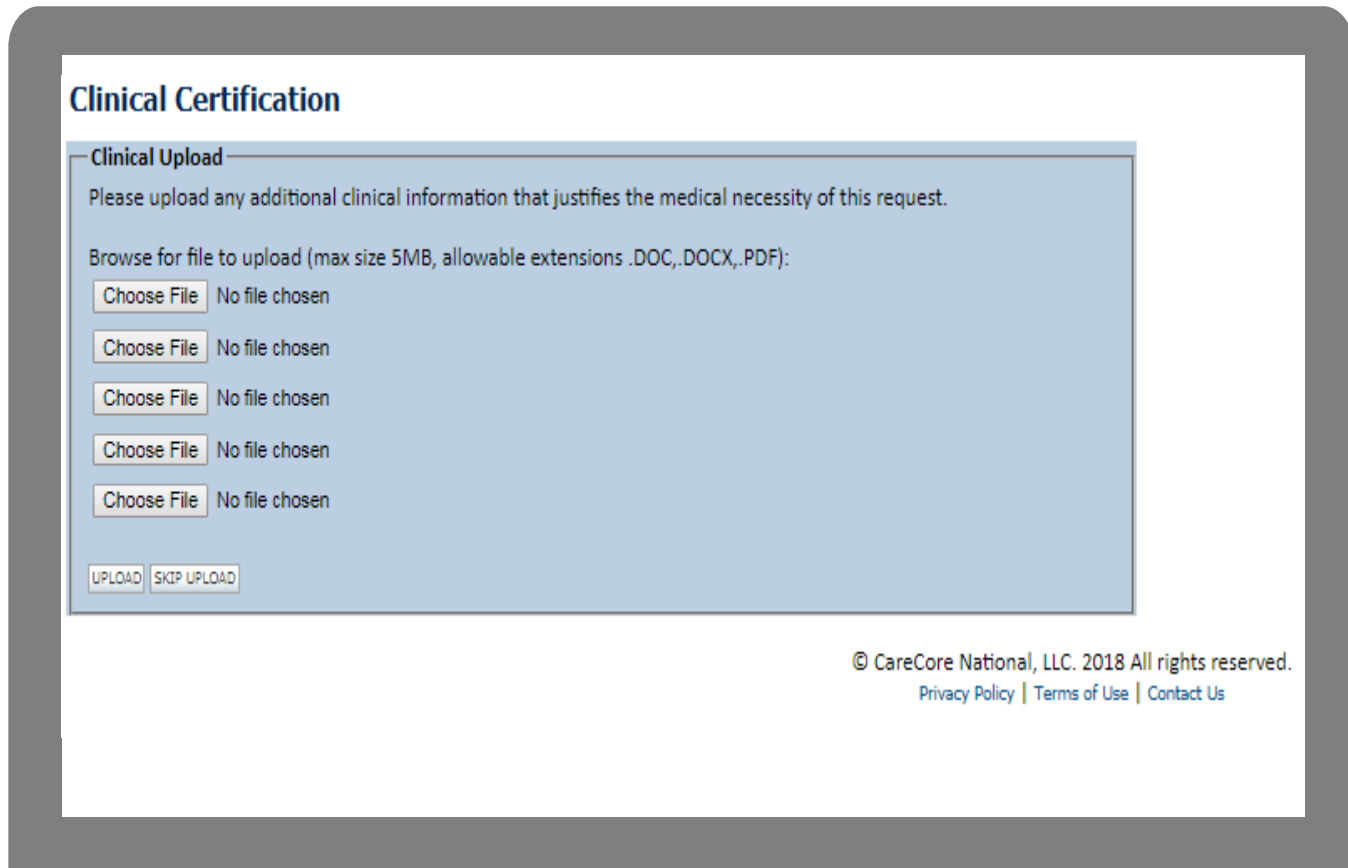
☐ Finish Later

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

Cancel Print

Click here for help or technical support

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient method.

Medical Review-Clinical Upload

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

UPLOAD SKIP UPLOAD

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient method.

Medical Review-Clinical Acknowledgement

Acknowledge the Clinical Certification statements, and hit "Submit Case."

Immediate Case Status

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Diagnosis/ ICD-10 Code:
Description:

Secondary Diagnosis:
Description:

Date of Service: 6/20/2015

CPT Code: RCBREA
Description:

Authorization Number:

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

Expiration Date: 10/16/2015

Status: Your case has been Approved.

REQUESTED

DENIED
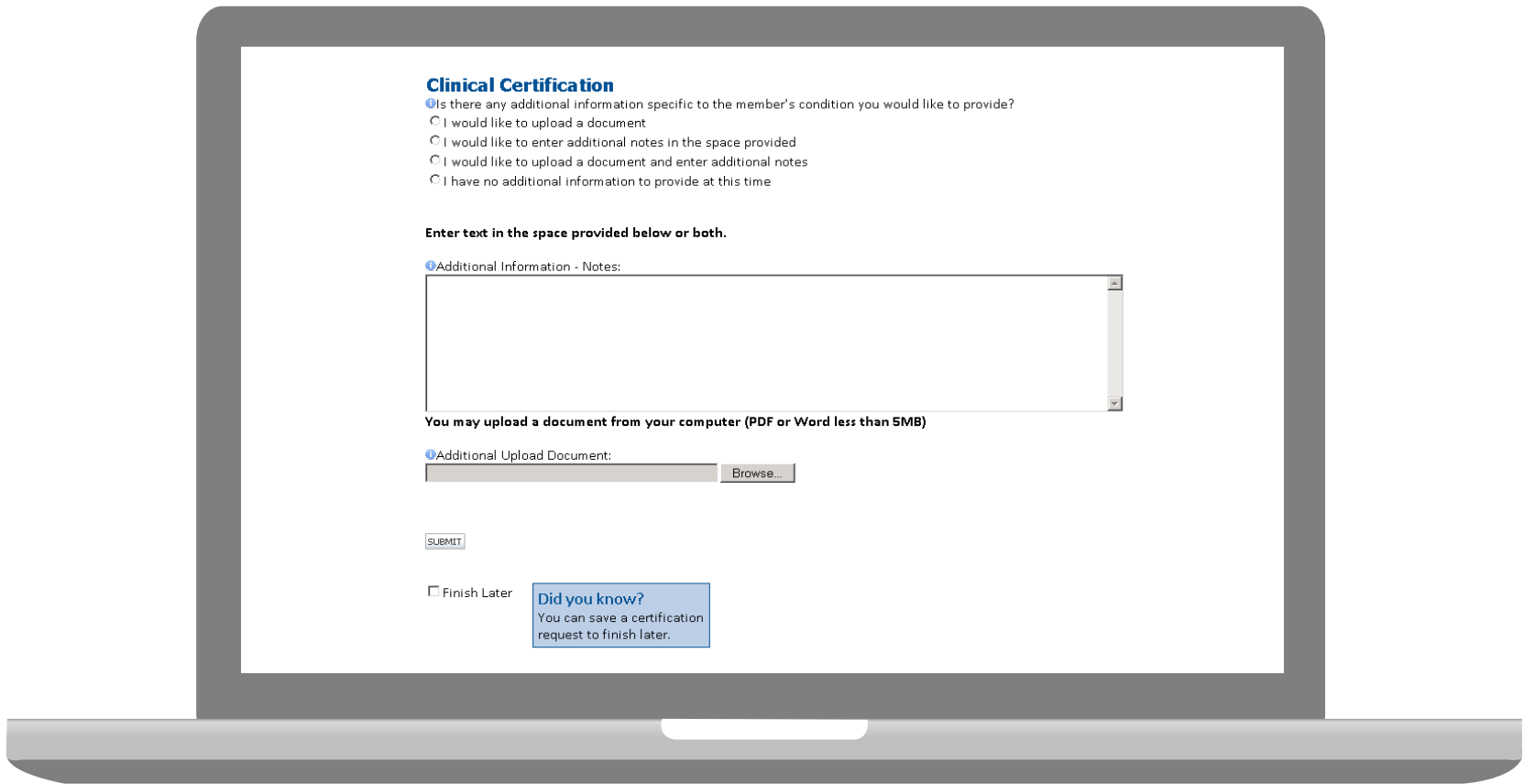
DENIAL RATIONALE

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.

Medical Review

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.

Building Additional Cases
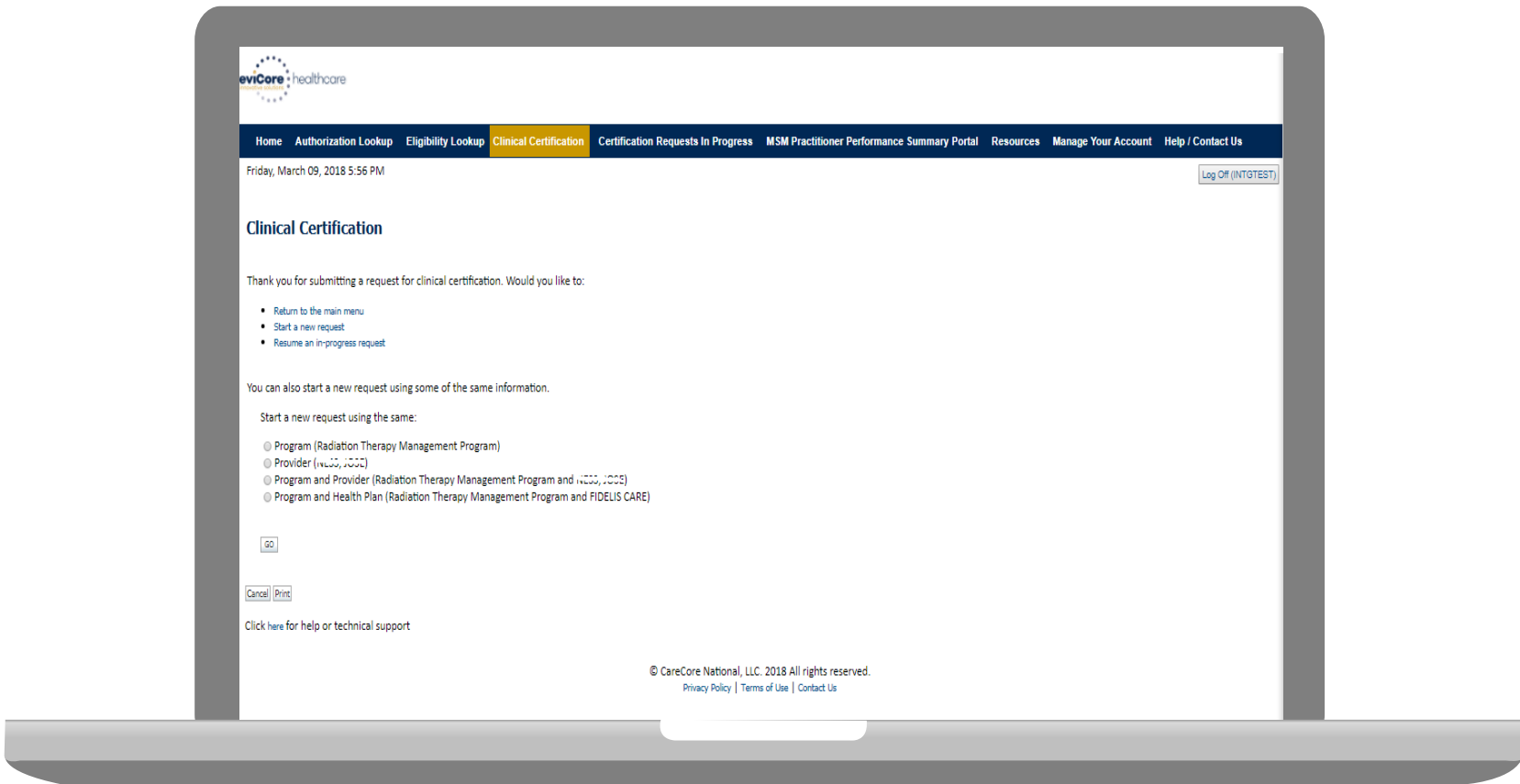
Once a case has been submitted for clinical certification, you can return to the **Main Menu, resume an in-progress request, or start a new request.**

Authorization look up

- 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

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
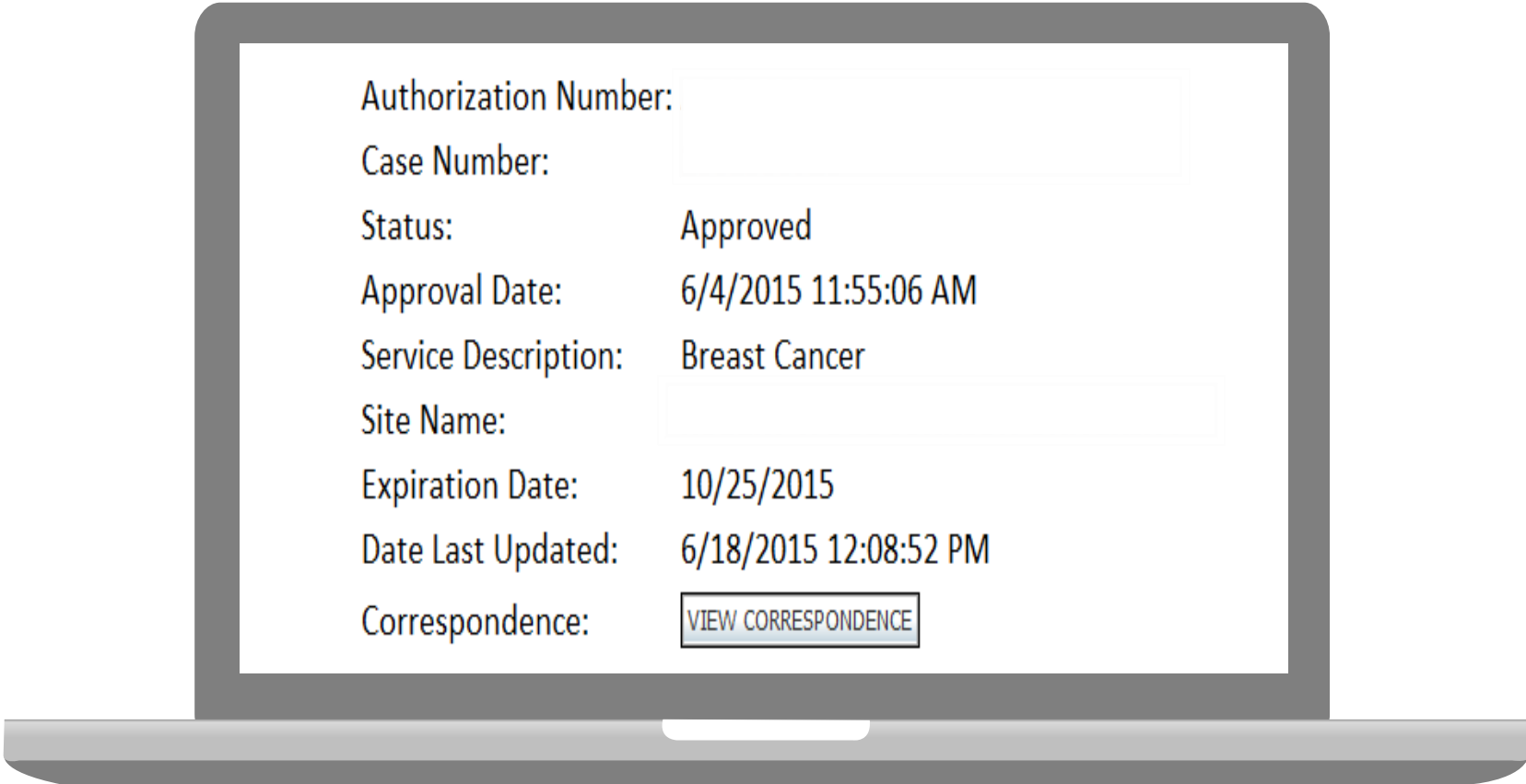
Provider Resources

Radiation Therapy Resources

Clinical Guidelines, Physician Worksheets, and other resources can be accessed online:

- https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines

    - Click the **"View Physician Worksheets"** button to access specific worksheets.

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.

- You can access the physician worksheets online: https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines

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 **insights** tab or via the direct link at https://www.evicore.com/pages/media.aspx.

Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM local time 855-727-7444

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services

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
- Auto save – no data lost
- Upload electronic PDF/Word files with additional clinical documents

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

To reach eviCore Client Services, call *(800) 646-0418 (Option #4)* or email 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

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Provider Enrollment Questions Contact Network Health at 800-769-3186

Network Health Wisconsin Implementation site - includes all implementation documents:

www.evicore.com/healthplan/nhpwi

- **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!