Medical Oncology and Radiation Therapy

Provider Orientation Session for AultCare

Updated September 1, 2023

Agenda

Solutions Overview
Medical Oncology & Radiation Therapy

Submitting Requests

Prior Authorization Outcomes, Special Considerations, and Post-Decision Options

eviCore Provider Portal
Overview, Features, and Benefits

Provider Resources

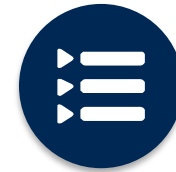**Questions & Next Steps**

Appendix
- Portal Case Submission
- Peer-to-Peer Scheduling Tool

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system

10 Comprehensive solutions

Evidence-based clinical guidelines
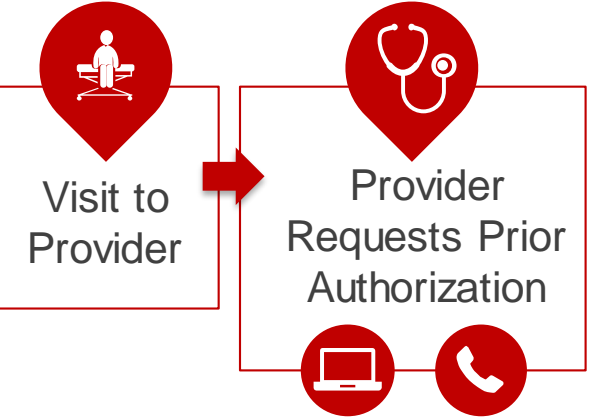
5k+ employees, including **1k+ clinicians**

Advanced, innovative, and intelligent technology

Solution Overview

Utilization Management – the Prior Authorization Process

Visit to Provider

Provider Requests Prior Authorization

Based on evidence-based guidelines, request is **approved**.

An **approval letter** will be issued with authorization information to both the provider (fax) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **denied**.

A **denial letter** with clinical rational for the decision and appeal rights will be issued to both the provider and member.

Easy for Providers and staff

Clinical Decision Support

Nurse Review

MD Review

Peer-to-Peer

Appropriate Decision
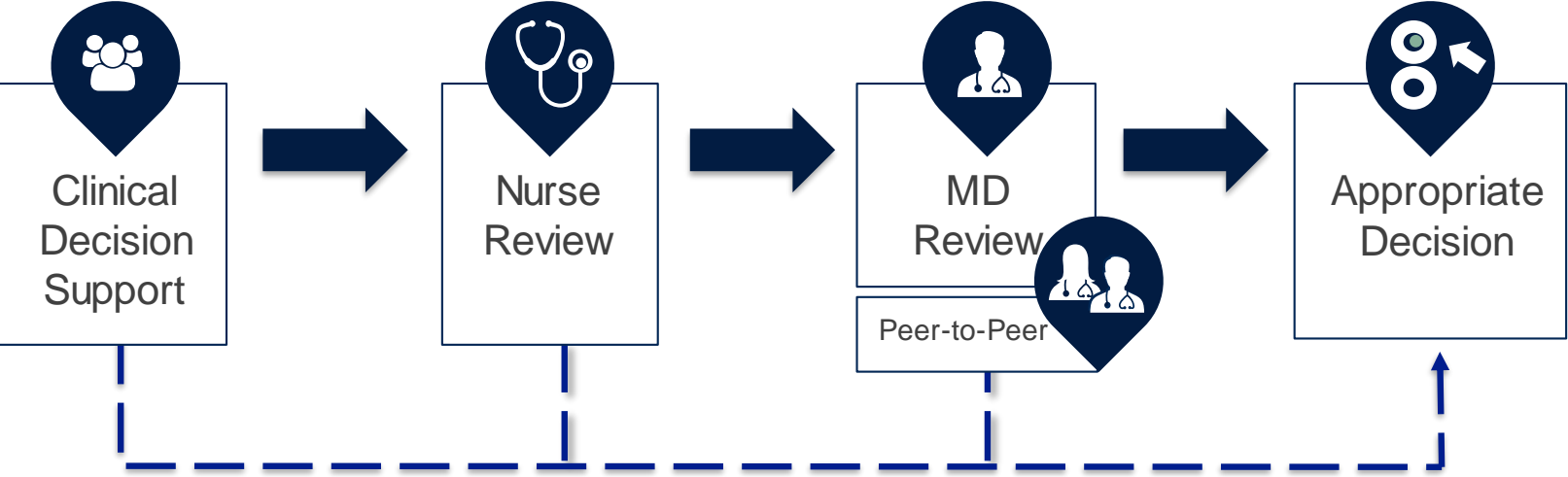
AultCare Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services on March 29, 2021 for dates of service April 1, 2021 and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization from eviCore does NOT apply to services performed in:
• Fully Insured Commercial *excluding FEHBP	• Outpatient • Diagnostic • Elective / Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:
https://www.aultcare.com/providers

Applicable Memberships

Prior Authorization is required for AultCare members who are enrolled in the following lines of business/programs:

Fully Insured Commercial (excluding FEHBP)	• Radiology and Cardiology (Advanced Imaging and Nuclear Cardiology) • Oncology (Radiation Therapy and Medical Oncology) • Lab (Molecular Genomic)

Medical Oncology Solution

Regimens within Scope:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine

Our Clinical Approach Medical Oncology

Evidence-Based Guidelines – Medical Oncology

The foundation of our solutions

National Comprehensive Cancer Network® (NCCN)

26 of the World's Leading Cancer Centers Aligned

Represents 97% of all cancers

Continually Updated

Inclusive of **45** cancer types
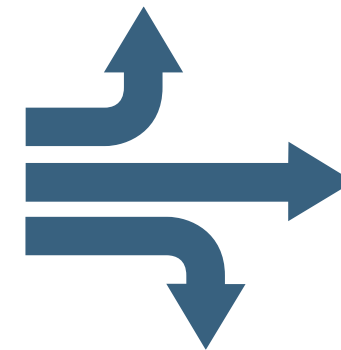
eviCore Guideline Management

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

Select Disease

Colon Cancer

80 unique attributes

>1,000 possible traversals

45 NCCN treatment regimens

Collect disease-specific clinical information

List of all NCCN treatment options

Select NCCN treatment regimen

Custom treatment regimen

2-5 minutes to enter a complete case

Auto-approve multidrug regimen

Clinical review

Peer-to-peer

Authorize multidrug regimen

Not approved

Health Plan and / or PBM
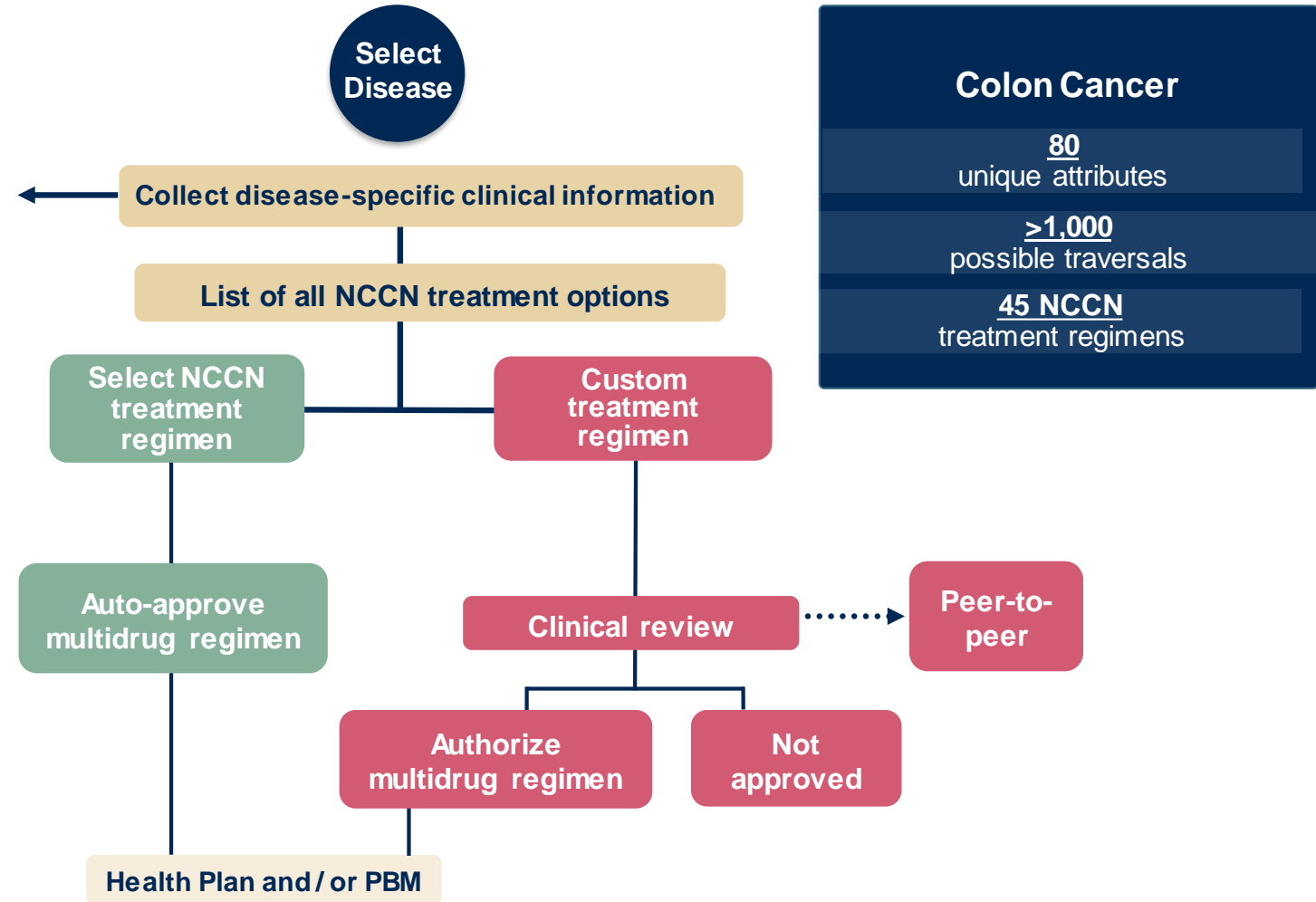
Treatment options may be modified to align with formulary

Our Clinical Approach Radiation Oncology

Evidence-Based Guidelines – Radiation Oncology

The foundation of our solutions

Guidelines updated at least annually

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies:

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

Expert Contributors:

- Dr. Raj Singla – eviCore
- Dr. Nimi Tuamokumo – eviCore
- Dr. Borys Mychalczak – Memorial Sloan-Kettering, NY
- Dr. Abram Recht – Beth Israel Deaconess Medical Center, Harvard, MA

Radiation Oncology – Clinical Decision Support Model

eviCore is rolling out a faster way to create a Radiation Oncology case and receive an approval.
- The provider web portal login and demographic question/answer process is not changed.
- There will be far fewer clinical questions during the prior authorization process.
- After the clinical questions, you will receive a list of regimen options from which to select.

Why is eviCore transitioning Radiation Oncology to CDS?
- Getting to **Yes** – faster!
  - Improve the prior authorization process.
  - Reduce clinical questions by up to 92%.
- Guide providers to a list of approvable treatment regimens:
  - Reduce Clinical Review and Peer-to-Peer rates.
  - Align Radiation Oncology with the Medical Oncology program design.

Note: Once the clinical pathway questions are answered, a list of approvable treatment Regimens will be presented. The "Other" selection can be selected if a custom treatment will be requested, which will be sent for Medical Review.

Example of Approvable Treatment Options:

A. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using 3D planning)
B. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using IMRT planning)
C. Up to 10 fractions of 3D Conformal with IGRT (hypofractionation)
D. 30 to 35 fractions of 3D Conformal with IGRT (conventional fractionation)
E. Other

If "Other" is selected, you will be prompted to build a custom treatment regimen request.
If "A", "B", "C", or "D" is selected, a follow-up question regarding the specific number of fractions will be asked.

Radiation Oncology - 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 the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes. For example, breast cancer, skin cancer, etc. A non-cancerous and "other" cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.

- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. LCDs and NCDs are followed for Medicare cases.

- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.

- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on www.eviCore.com

- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online at www.eviCore.com, in the Clinical Guidelines section of the Resource tab.

PROVIDERS: ☑ Check Prior

📖 Resources

CLINICAL GUIDELINES

Clinical Worksheets

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To assure you get to the correct vendor, we recommend starting at the AultCare Portal. If AultCare has delegated eviCore to manage the Prior Authorization for the member, then you will be directed to eviCore.com. While phone and fax options are available, www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

WEB
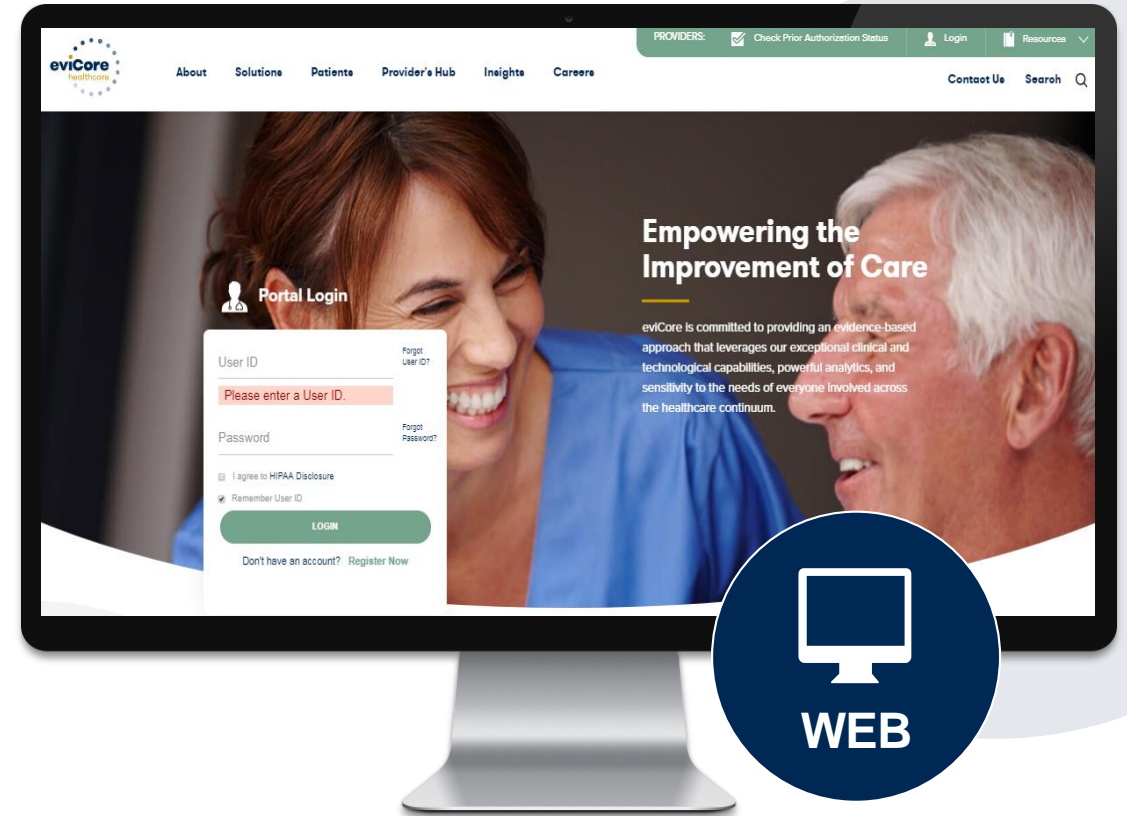
How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax.

- **Available 24/7.**

- **Save your progress**: If you need to step away, you can save your progress and resume later.

- **Upload additional clinical information**: No need to fax supporting clinical documentation, it can be uploaded on the portal.

- **View and print determination information**: Check case status in real-time.

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the eviCore Provider Portal, visit **www.eviCore.com**

Phone (all programs): 844-635-7224
Monday – Friday
7 AM – 7 PM (local time)

Fax
Medical Oncology: 800-540-2406
Radiation Therapy: 866-699-8160

Benefits of Provider Portal

Most providers are already saving time submitting prior authorization requests online. .The provider portal allows you to go from request to approval faster. .The following are some benefits & features:

- Saves time: Quicker process than phone authorization requests.

- Available 24/7: You can access the portal any time and any day.

- Save your progress: If you need to step away, you can save your progress and resume later.

- Upload additional clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or when additional information is requested.

- View and print determination information: Check case status in real time.

- Dashboard: View all recently submitted cases.

- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submissions.

Non-Clinical Information Needed

The following information must be provided to initiate the prior 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
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

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

Clinical Information Needed

Supporting clinical information may be needed if the request for services is not approved immediately:

Medical Oncology Program

- 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

Radiation Oncology Program

- Applicable Clinical Worksheet * *information on worksheet will be needed to answer pathway questions during the case build*
- Treatment Plan (Treatment Technique, Number of Fractions, Phases, IGRT)
- Radiation Oncologist Consultation Note
- Comparison Plans
- Written statement (Indicating why an exception to the policy should be made)

Insufficient Clinical | Additional Documentation Needed

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 letter 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, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.

Prior Authorization Outcomes & Special Considerations

Prior Authorization Determination Outcomes

Determination Outcomes

- Standard requests are processed after receipt of all necessary clinical information within:
  - Fully Insured - 10 calendar days
  - HMO - 2 business days
- **Approved Requests:** For Oncology, the period for which authorizations are valid varies by case.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued to both the provider and member.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted for this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the **eviCore Portal**.

Special Circumstances

Retrospective (Retro) Authorization Requests are allowed for Radiation Oncology, but <u>not</u> for Medical Oncology.

- Must be submitted within 60 calendar days from the date of service for in-network providers.

- Must be submitted within 180 calendar days from the date of service for out-of-network providers.

- Any submitted beyond this timeframe will be administratively denied.

- Reviewed for **clinical urgency** and medical necessity.

- Processed within 30 calendar days.

- When authorized, the start date will be the submitted date of service.

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 provider portal or by phone.

- Urgent cases are typically reviewed 48 hours for HMO and Fully Insured after receiving complete clinical information.

- Part B drugs are managed under the Part D timeframe: within 72 hours of date/time of receipt.

Special Circumstances

Alternative Recommendation

- An alternative recommendation may be offered based on eviCore's evidence-based clinical guidelines.

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

- Providers must contact eviCore to accept the alternative recommendation before the start of treatment.

Authorization Update

- If updates are needed to an existing authorization, you can contact eviCore by **phone**.

- Changes in treatment type or technique will require another medical necessity review on a new authorization. If approved, the original case will be withdrawn.

- If there is a change in technique(s) or number of fractions and this update is not communicated, then it may impact claims payment. The billed services should align with the requested and approved treatment plan.

- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan, then eviCore should be notified before the services are billed by the provider.
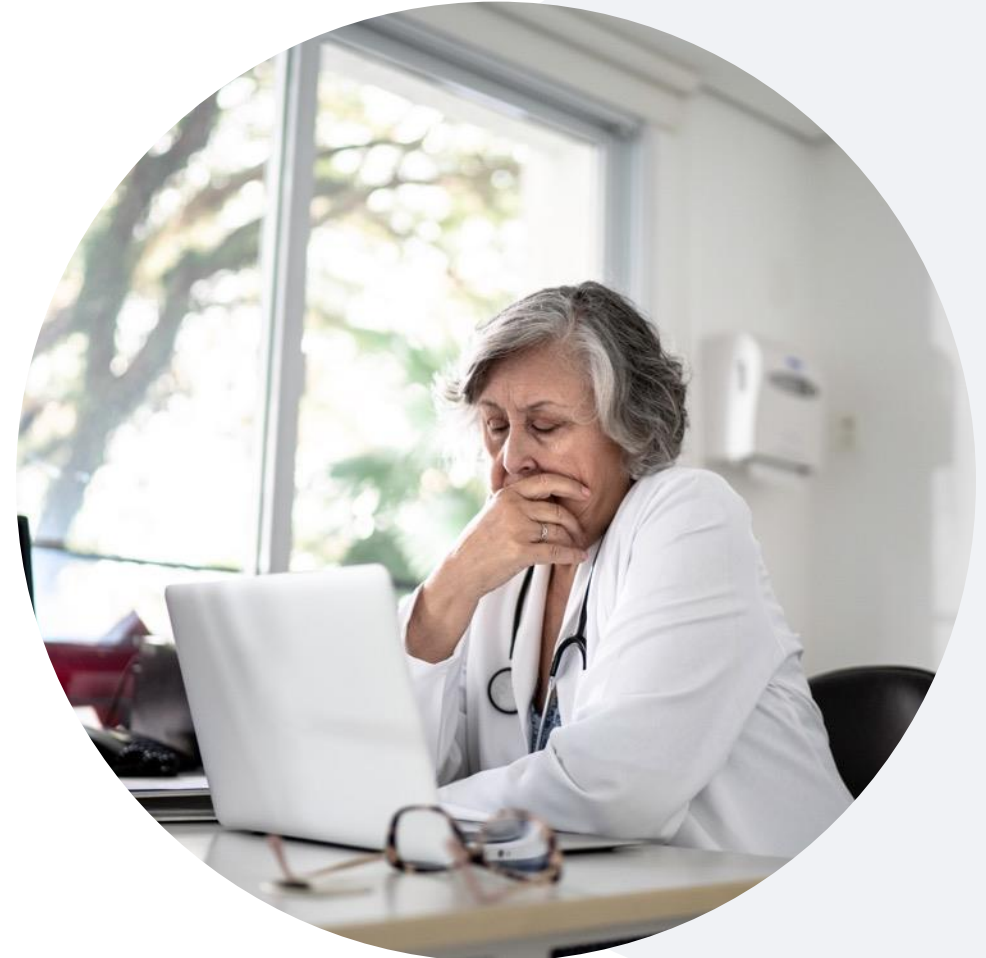
Post-Decision Options: Commercial Members

My case has been denied. What's next?

Your **determination letter** is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at **844-635-7224** to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician.

Appeals

- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days days from the initial determination.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician.
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

eviCore Provider Portal

eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review.

Clinical Certification

- Request a clinical review for prior authorization on the portal.

Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

Certification Summary

- Track recently submitted cases.

eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

To access resources on the eviCore Provider Portal, visit **www.eviCore.com**

Already a user?

Log in with User ID & Password

Don't have an account?
Click **Register Now**
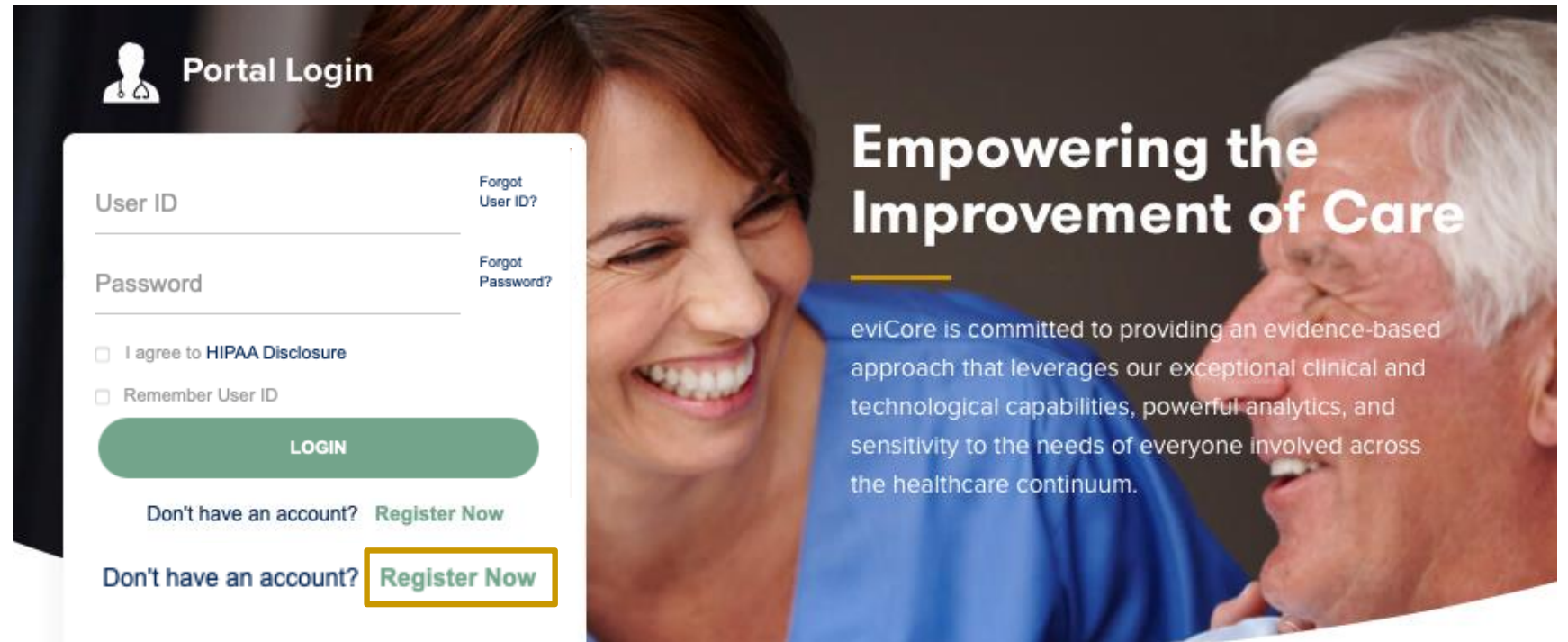
eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

◉ Email ○ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

eviCore Provider Portal | Add Providers

Providers will need to be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add provider information.

- Select **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.

Initiating A Case

- **Choose Clinical Certification to begin a new request.**
- **Select the appropriate program: Medical Oncology Pathways or Radiation Therapy Management Program.**
- **Select Requesting Provider Information.**

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: ▨▨▨▨▨▨▨▨▨

Please select the insurer for this authorization request.

| Please Select a Health Plan ▼ |

BACK   CONTINUE

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:*	▨▨▨▨▨	[?]
Who to Contact:*		[?]
Fax:*		[?]
Phone:*	▨▨▨▨▨	[?]
Ext.:		[?]
Cell Phone:		
Email:	▨▨▨▨▨	

BACK   CONTINUE

- Choose the **Health Plan** from the insurer drop-down box.

- Once the plan is chosen, select the provider address in the next drop-down box.

- Select **CONTINUE** and on the next screen Add <u>your</u> contact info.

- Provider name, fax, and phone will pre-populate, you can edit as necessary.

- By entering a valid email, you can receive **e-notifications** rather than fax notices.

Medical Oncology Case Build

Medical Oncology – Patient Eligibility

Enter member information for a **New Patient**, or select a member from the **Current Patients** box for the selected physician.

Patient Eligibility Lookup

In Patient Message – Inpatient requests should not be entered through this program. For additional information, please cont᠎   ᠎09.

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

SEARCH   **CANCEL**

☐ Unable to find member?

Current Patients

Filter by Physician

(type to filter by patient name)

GO

Patient History Screen

Clinical Certification

The Patient History Screen becomes the hub for all future requests or data relating to this patient, including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

NEW REVIEW   VERIFY ELIGIBILITY

Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status	
3/04/2019			Colorectal	5-Fluorouracil (5FU; Adrucil), Brentuximab Vedotin (Adcetris)	Pending	VIEW HISTORY
8/02/2018			Colorectal	Oxaliplatin (Eloxatin)	Approved	VIEW HISTORY
2/13/2017			Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved	VIEW HISTORY

EXIT DETAIL

Case Summary

Review Status:	Approved
Approved HCPCS code:	Undetermined
Treatment:	Undetermined
Review Date:	2/13/2020
Determination Date:	2/13/2020
Start Date:	3/1/2020
Expiration Date:	10/27/2020

Click to view clinical information, J codes, and expiration date.

Medical Oncology – Requested Service

Select CHEMO or SUPPORTIVE THERAPIES for Medical Oncology Services.

Verify Selections Made

Click CONTINUE to confirm your selection.

Site of Service Selection

- **Enter the NPI and Zip Code to search for the Site of Service (where the testing/treatment will be performed).**

Verify Demographic Information

eviCore healthcare
innovative solutions

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Perf. S |

Proceed to Clinical Information

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

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

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

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

BACK   CONTINUE

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

Clinical Information

Proceed to Clinical Information

ⓘ Indicate the Cancer Type:

Colon/Rectal Cancer ▼

Anal
Bladder
Bone
Brain and Spinal Cord Tumors (CNS Tumors)
Breast
Breast Cancer Risk Reduction
Cervical Cancer
Colon/Rectal Cancer
Endometrial Cancer
Ewing's Sarcoma
Gallbladder Cancer
Gastric/Esophageal Cancer
Gestational Trophoblastic Neoplasia (GTN)
Hairy Cell Leukemia
Head and Neck Cancers
Hepatic (Liver) Cancer

SUBMIT

☐ Finish Later

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

- The **Clinical Pathways** begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens.
- All cancer types covered by NCCN are available and an **"Other"** option is included for rare cancers not addressed by NCCN.

Medical Oncology – Clinical Pathway Questions

Proceed to Clinical Information

ⓘ Please select the Place of Service for this request:
- ○ Off Campus-Outpatient Hospital
- ○ Office
- ○ On Campus-Outpatient Hospital
- ○ Outpatient Home

SUBMIT

Review History

⊟ ⓘ Indicate the Cancer Type:

✅ Breast

Proceed to Clinical Information

ⓘ Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?
○ Yes ○ No

Proceed to Clinical Information

ⓘ Please select all of the following that apply:
- ☐ The patient is participating in a clinical trial that includes cancer treatment drugs
- ☐ The treatment will be administered inpatient
- ☐ This request is for a Stem Cell Transplant conditioning regimen
- ☐ The requested drug is being used to treat a condition other than cancer
- ☐ CAR-T Therapy
- ☐ None of the above

SUBMIT

Review History

⊟ ⓘ Indicate the Cancer Type:

✅ Breast

⊟ ⓘ Please select the Place of Service for this request:

✅ On Campus-Outpatient Hospital

Clinical Pathway

Clinical Certification

ⓘ Initial AJCC (Pathologic stage) Stage at DIAGNOSIS:
- ○ 0
- ○ I
- ○ IIA
- ○ IIB
- ○ IIC
- ○ IIIA
- ○ IIIB
- ○ IIIC
- ○ IV
- ○ Unknown

SUBMIT

ⓘ Select treatment type:
- ☑ Chemotherapy after surgery (Adjuvant)
- ○ Therapy for a patient who is locally unresectable or medically inoperable
- ○ Neoadjuuvant chemotherapy for clinical T4b disease prior to colectomy

SUBMIT

High Risk Pathologic Features
- <12 nodes examined
- Poorly differentiated histology
- Lymphatic/vascular or perineural invasion
- Bowel Obstruction
- Localized perforation
- Close, indeterminate or positive margins

Most recent entry for this patient: None

ⓘ Does the patient have high risk factors for recurrence? (see description above)
☑ Yes ○ No

ⓘ KRAS/NRAS Result:
- ☑ Wild Type (no mutation)
- ○ Mutation Positive
- ○ Testing Not Completed/Unknown Status

SUBMIT

The user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in dropdown or click selection to allow for quick entry.

Medical Oncology – Treatment Options

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
○	Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	✓
○	AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	☐
○	TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	☐
○	AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	☐
○	Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	☐
○	AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	☐
○	EC (Epirubicin + Cyclophosphamide)	☐
○	CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	☐
○	Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	☐
○	TC (Docetaxel + Cyclophosphamide)	☐
○	Build a Custom Treatment Plan (May Require Additional Clinical Review)	☐
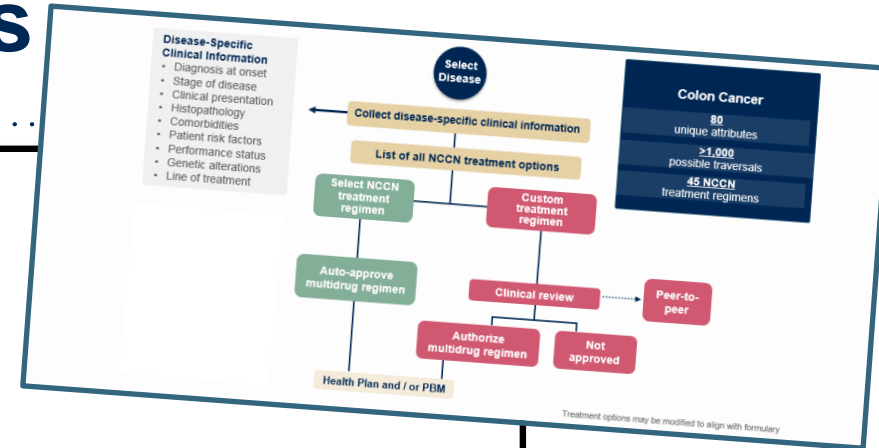
SUBMIT

- **Select an NCCN Recommendation from the list.**
- **These options will vary based on the clinical & diagnosis submitted.**
- **There is also an option to Build a Custom Treatment Plan.**

Medical Oncology – Custom Treatment Options

Proceed to Clinical Information

There are no NCCN recommended chemotherapy regimens based on the clinical data submitted. If you wish to treat with chemotherapy, please select "Build a Custom Treatment Plan" and indicate the drugs that you will be using for treatment. If you will not be treating with chemotherapy you may withdraw this request.

ⓘ

○ Withdraw this request: Patient will not be treated

○ Build a Custom Treatment Plan (May Require Add

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next step.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please contact customer service to have the drug added to the treatment regimen.

ⓘ Drug List:

	Add all	0 items selected	Remove all
5-Fluorouracil (Adrucil, 5FU)	+		
5FU (5-Fluorouracil)	+		
Abemaciclib - oral (Verzenio)	+		
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)			
Adrucil (5-Fluorouracil)			

ⓘ In order to evaluate your request, please list any Other dru

SUBMIT

Proceed to Clinical Information

ⓘ Reason for selecting a custom treatment plan.

○ Clinical Trial Used in Prior Line
○ Comorbidities Preclude Recommended Treatments
○ Excess Toxicities with Recommended Treatments
○ Patient Refused Recommended Treatments
○ Technology or Availability Limitation with Recommended Treatments

Other (specify)

SUBMIT

Provider Experience – Case Submission

Custom Treatment Plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a dropdown list and the user has the opportunity to attach or enter supporting information for the request via upload or free text.

Case Submission

Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	dave
Provider Address:	VE L	Phone Number: Fax Number:	
Patient Name: Insurance Carrier:	PLAN-X	Patient Id:	
Site Name: Site Address:		Site ID:	
Diagnosis/ICD-9 Code:	153.9	Description:	MALIGNANT NEO COLON NOS
Date of Service:	2/2/2015		
HCPCS Code(s):	J9263	Drug(s):	OXALIPLATIN (ELOXATIN)
Authorization Number:			
Review Date:	03/05/2019		
Start Date:	03/10/2019		
Expiration Date:	11/10/2019		
Status:	Your case has been Approved.		

Print   Go to Patient History   Request Supportives

- **Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment.**

- **No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.**

- **Shortcut will populate for adding supportive medications, if needed.**

Case Submission - Supportives

- If **Request Supportives** is selected, a new case is started and the user is prompted to complete a supportive drug request.

- The start date, drug classification, and ICD10 are prepopulated to match the chemotherapy case.

- Click **CONTINUE** to proceed to the clinical portion of the request.

- User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple classes of supportive drugs are needed, a separate request must be entered for each class (ex: anti-emetic and G-CSF).

Clinical Certification

Confirm your service selection.

Procedure Date:	5/5/2016
Medical Oncology Pathways:	SPORT
Description:	SUPPORTIVE THERAPIE
Diagnosis Code:	C18.9
Diagnosis:	Malignant neoplasm of c

Change Procedure or Diagnosis

Cancel | Back | Print | Continue

Click here for help or technical support

Clinical Certification

ⓘ Confirm Cancer type

Colon/Rectal Cancer ▼

SUBMIT

Clinical Certification

ⓘ Indicate the requested supportive agent:

- ○ Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- ○ Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- ○ Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- ○ Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- ○ Denosumab (Prolia)
- ○ Denosumab (Xgeva) MONTHLY
- ○ Denosumab (Xgeva) MONTHLY and DAY 8, 15
- ○ Epoetin alfa (Epogen, Procit) 3 TIMES PER WEEK
- ○ Epoetin alfa (Epogen, Procit) ONCE EVERY 2 WEEKS
- ○ Epoetin alfa (Epogen, Procit) ONCE EVERY 3 WEEKS
- ○ Epoetin alfa (Epogen, Procit) WEEKLY
- ○ Filgrastim (Neupogen) 300 mcg single use syringe/vial
- ○ Filgrastim (Neupogen) 480 mcg single use syringe/vial
- ○ Granisetron (Sustol)
- ○ Octreotide (Sandostatin LAR Depot)
- ○ Octreotide (Sandostatin)
- ○ Pegfilgrastim (Neulasta)
- ○ Telotristat ethyl - oral (Xermelo)
- ○ Build a Custom Treatment Plan (May Require Additional Clinical Review)

SUBMIT

Radiation Oncology Case Build

Member Information – Radiation Oncology

Clinical Details

- **Choose the Cancer Type and Diagnosis relevant to the requested service(s).**

Verify Service Selection

- **Click CONTINUE to confirm your selection.**

Site of Service Selection

- **Enter the NPI and Zip Code to search for the Site of Service (where the testing/treatment will be performed).**

Clinical Collection Process

- **Verify all information entered and make any needed changes before proceeding to the clinical collection phase of the prior authorization process.**

Urgency Indicator

Urgent via the Web

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

○ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

● A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

○ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

Clinical Pathway Questions

- **Clinical Certification questions populate based on information provided.**
- **For the full range of questions, review the clinical worksheets at eviCore.com.**

Radiation Oncology - Clinical Pathway Questions

eviCore healthcare
innovative solutions

| 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 | |

Tuesday, June 9, 2020 3:08 PM   Log   1)

ⓘ What is the histology?
[dropdown ▼]

ⓘ Does the member have distant metastases disease (stage M1) (i.e. to brain, lung, liver, bone)?
○ Yes ○ No

ⓘ What is the location being treated?
[   ]

ⓘ Will regional lymph nodes be irradiated?
○ Yes ○ No

ⓘ What is the treatment plan?
○ EBRT
○ Brachytherapy

ⓘ How many phases of EBRT will be rendered?
○ 1 ○ 2 ○ 3

ⓘ What EBRT technique will be utilized for phase 1?
[dropdown ▼]

ⓘ How many fractions of the selected EBRT technique will be rendered for phase 1?
[   ]

ⓘ Will a second site be treated?
○ Yes ○ No

ⓘ Will daily image-guided radiation therapy (IGRT) be used?
○ Yes ○ No

Providing Additional Information

Clinical Certification Statements

- **Acknowledge the clinical certification statement, then click Submit Case.**

Clinical Certification – Approval Case Summary

- If medical necessity criteria is met via the clinical collection process, a real-time approval will be issued.
- Print this screen for the patient's file, if needed.

Clinical Certification – Medical Review Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name: Contact:
Provider Address: Phone Number:
                                  Fax Number:

Patient Name: Patient Id:
Insurance Carrier:

Site Name: Site ID:

Site Address:

Primary Diagnosis Code: C50.412   Description: Malignant neoplasm of upper-outer quadrant of left female breats

Secondary Diagnosis Code: Description:

Date of Service:

CPT Code: RCBREA   Description: Breast Cancer

Authorization Number:
Review Date:
Expiration Date:
Status: Pending

Print   Continue

- If medical necessity criteria is **NOT** met via the clinical collection process, the case will be forwarded for **Medical Review**.
- Print this screen for the patient's file, if needed.

Provider Resources

Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **ClientServices@eviCore.com**
- Phone: **800-646-0418** (option 4).

Provider Engagement

Regional team that works directly with the provider community.

Michael Morgan, RN, BSN

- Email: Michael.Morgan@eviCore.com
- Phone: **615-468-4000, ext 27165**

Web-Based Services and Portal Support

- Live chat
- Email: **Portal.Support@evicore.com**
- Phone: **800-646-0418** (option 2)

Call Center

Call **844-635-7224**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

eviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit:
https://www.evicore.com/resources/healthplan/aultcare

Contact our Client and Provider Services team via email at **ClientServices@eviCore.com** or by phone at **800-646-0418 (option 4)**.

Ongoing Provider Portal Training

The eviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to **http://eviCore.webex.com/**

2. Click on the "hamburger" menu on the far left hand side (below the eviCore logo), then choose **"Webex Training."**

3. On the **Live Sessions** screen, click the **"Upcoming"** tab. In the search box above the tabs, type: **eviCore Portal Training.**

4. Choose the date and time for the session you would like to attend, and click the **"Register"** link beside it. You will need to register separately for each session.

5. Complete the required information and click the **"Register"** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail** so you will have the Web conference information for the session in which you will be participating.

Provider Resource Review Forum

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 learn how to navigate **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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming

eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter!

To subscribe:

- Visit **eviCore.com**.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.

Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

- Log-in to your account at **eviCore.com.**
- Perform **Clinical Review Lookup** to determine the status of your request.
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation.
- Note carefully any messaging that displays*.

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Provider Resources | Schedule a P2P Request (continued)

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question.

- Click **Continue** to proceed.

- Upon first login, you will be asked to confirm your default time zone.

- You will be presented with the Case Number and Member Date of Birth.

- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.

- To proceed, select **Lookup Cases**.

Provider Resources | Schedule a P2P Request (continued)

- You will be prompted with a list of eviCore Physicians/Reviewers and appointment options.

- Select any of the listed appointment times to continue.

- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).

- Click on any **green checkmark** to **deselect** that option and then click **Continue**.

Provider Resources | Schedule a P2P Request (continued)

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
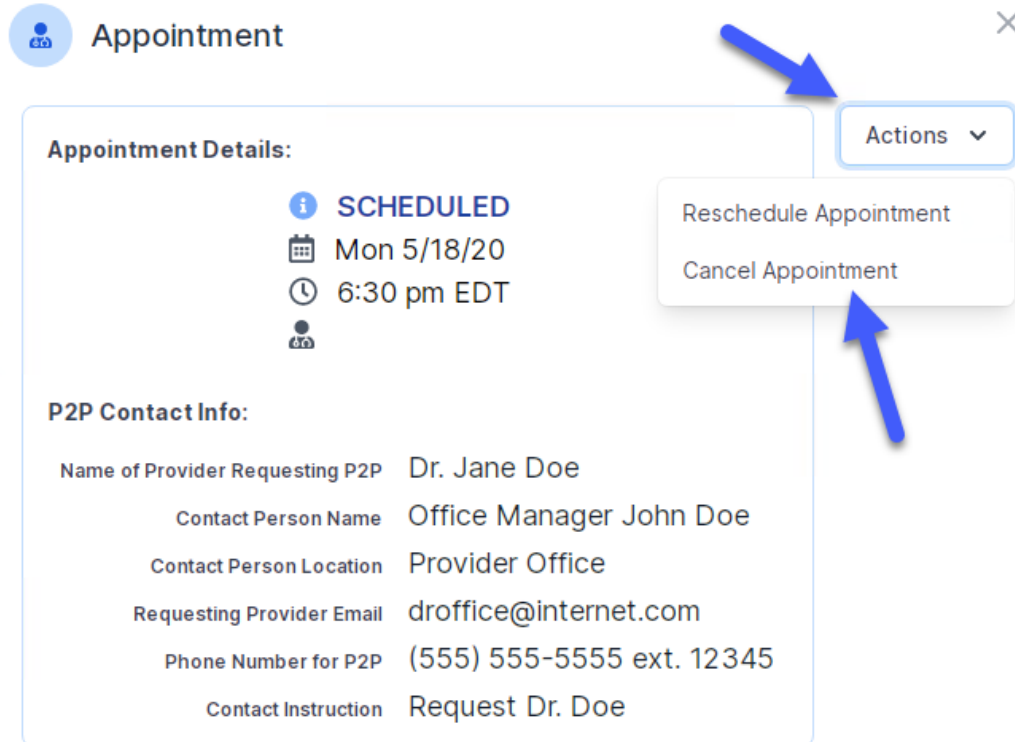
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment.

You will be presented with a summary page containing the details of your scheduled appointment.

Confirm contact details.

Provider Resources | Cancel or Reschedule a P2P Appointment

**To cancel or reschedule an appointment:**

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation.

- Select the request you would like to modify from the list of available appointments.

- When the request appears, click on the schedule link. An appointment window will open.

- Click on the **Actions** drop-down and choose the appropriate action.
  - **If choosing to reschedule,** select a new date or time as you did initially.
  - **If choosing to cancel,** input a cancellation reason.

- Close the browser once finished.

Provider Resources | Contacts and Helpful Links

|		
Web-Based Services	portal.support@eviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@eviCore.com	
Provider Engagement: Michael Morgan, RN, BSN, Regional Provider Engagement Manager	Michael.Morgan@eviCore.com	615-468-4000, ext 27165
Worksheets	evicore.com/provider/online-forms	
Clinical Guidelines	evicore.com/provider/clinical-guidelines	
Request a Clinical Consultation	eviCore.com	

Provider Resources | eviCore Provider's Hub

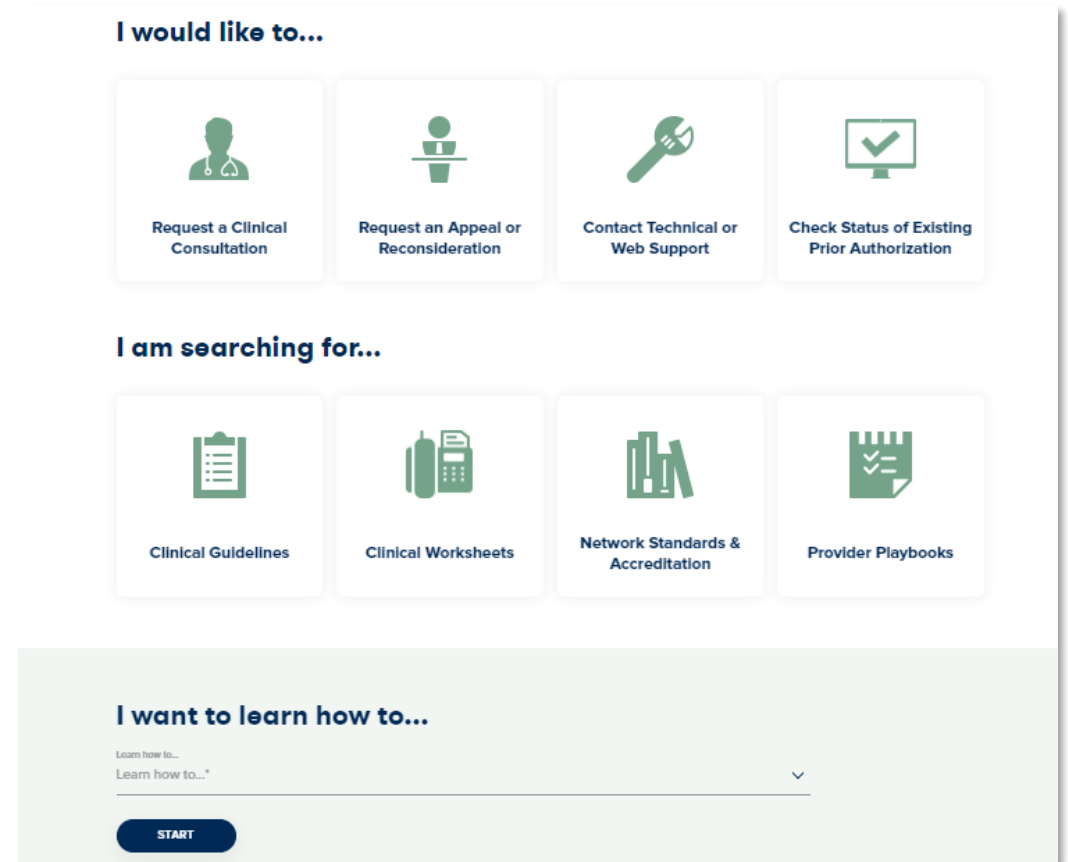**Providers and staff can access important tools and resources at eviCore.com**
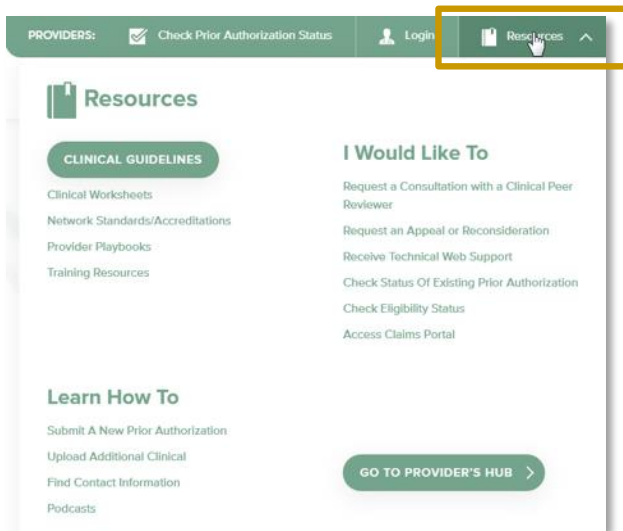
Step 1

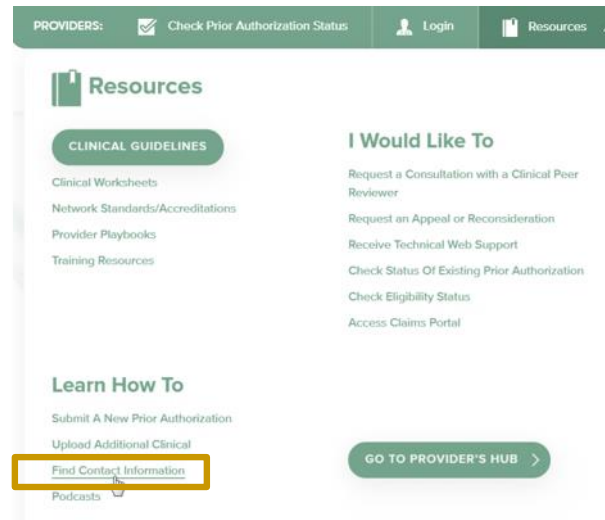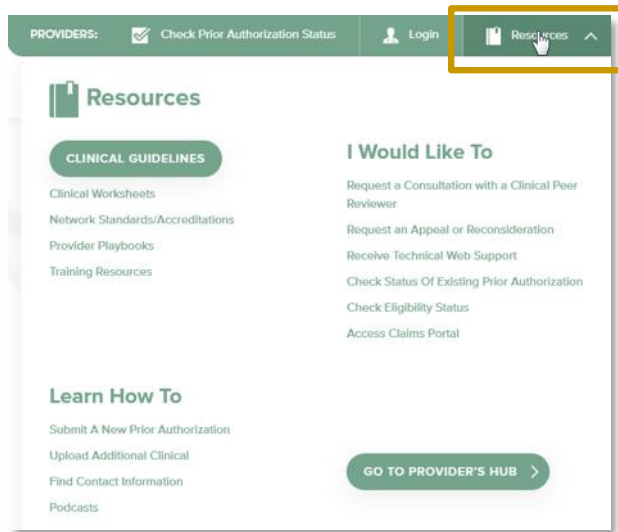- Open the **Resources** menu in the top right of the browser.
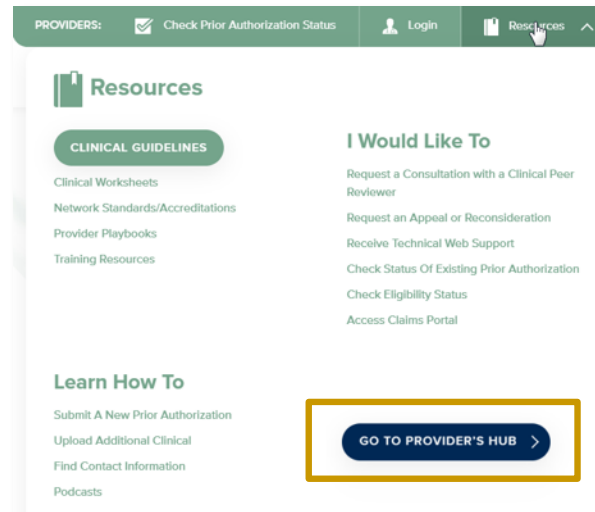
Step 2

- Select **GO TO PROVIDER'S HUB** to access clinical guidelines, schedule consultations (P2P), and more.

Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?

Step 1

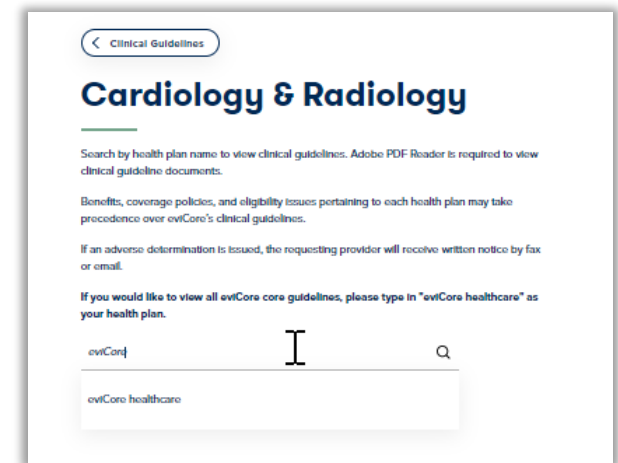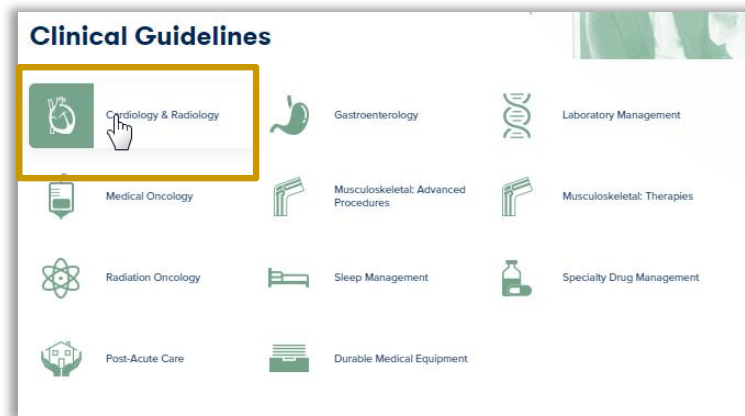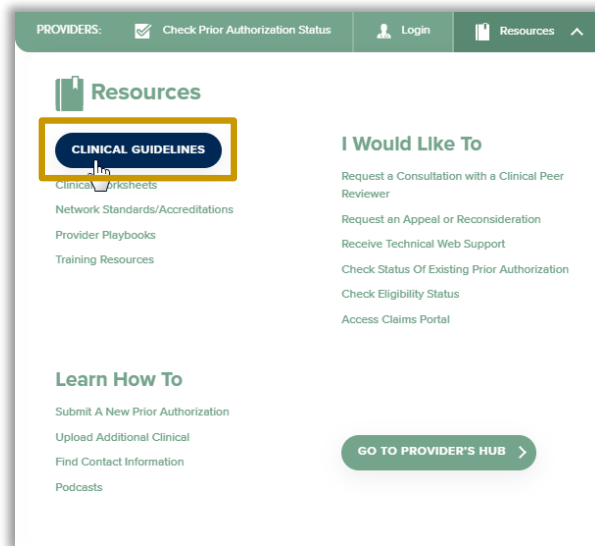- Open the **Resources** menu in the top right of the browser.

Step 2

- Select **Find Contact Information**.

Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers.
- This will also advise which portal to use for case requests.

Provider Resources | Clinical Guidelines

How do I access eviCore's clinical guidelines?

Step 1

- Open the **Resources** menu in the top right of the browser.
- Select **Clinical Guidelines**.

Step 2

- Select the solution/program associated with the requested guidelines.

Step 3

- Search by health plan name to view clinical guidelines.
- If you would like to view all guidelines, type in "eviCore healthcare" as your health plan.