# Radiation Oncology

Blue Care Network of Michigan





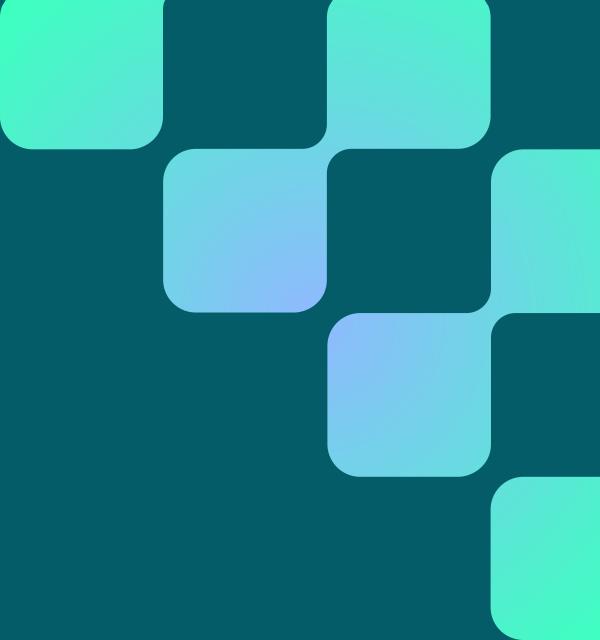


### **Agenda**



- **Program Overview**
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
  - Portal Case Submission
  - Online P2P Scheduling Tool

# Solution Overview





### Blue Care Network of Michigan Prior Authorization Services

Authorization requests need to be submitted on the EviCore platform beginning May 27, 2019 this includes all new and retro requests.

#### **Applicable Membership:**

- BCN HMO (Commercial)
- BCN Advantage (Medicare)

Prior authorization applies to the following services:

Radiation Oncology

### Prior authorization from EviCore does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



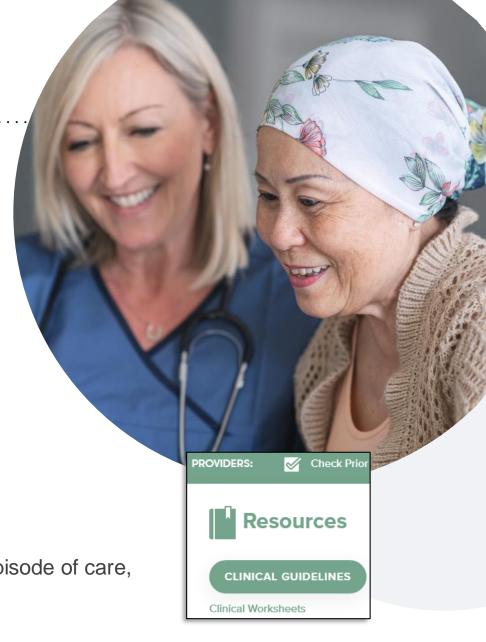
Providers should verify member eligibility and benefits on the secured provider log-in section at: https://www.EviCore.com/resources/healthplan/blue-care-network

### Holistic Treatment Plan Review | Radiation Therapy

EviCore relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services.

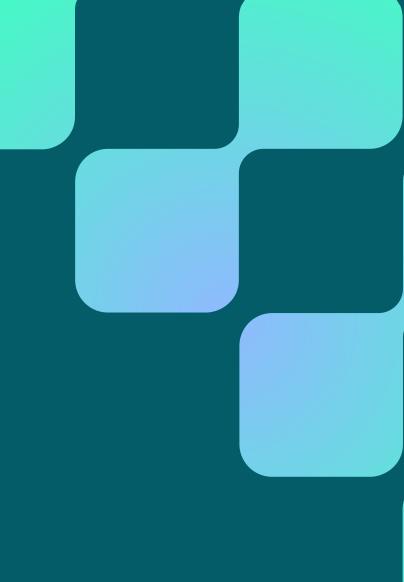
- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.
- The intended treatment plan for cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board.
- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.
- If a request is authorized or partially authorized, then the requested treatment technique and number of fractions will be provided, and the provider and member will be notified.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

For questions about specific CPT codes that are generally included with each episode of care, please reference the **EviCore Radiation Therapy Coding Guidelines**.





# Submitting Requests



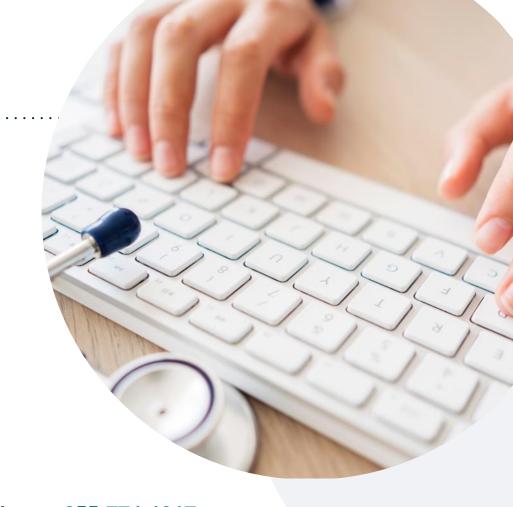


### **How to Request Prior Authorization**

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 <a href="https://www.EviCore.com">www.EviCore.com</a>



Phone: 855-774-1317

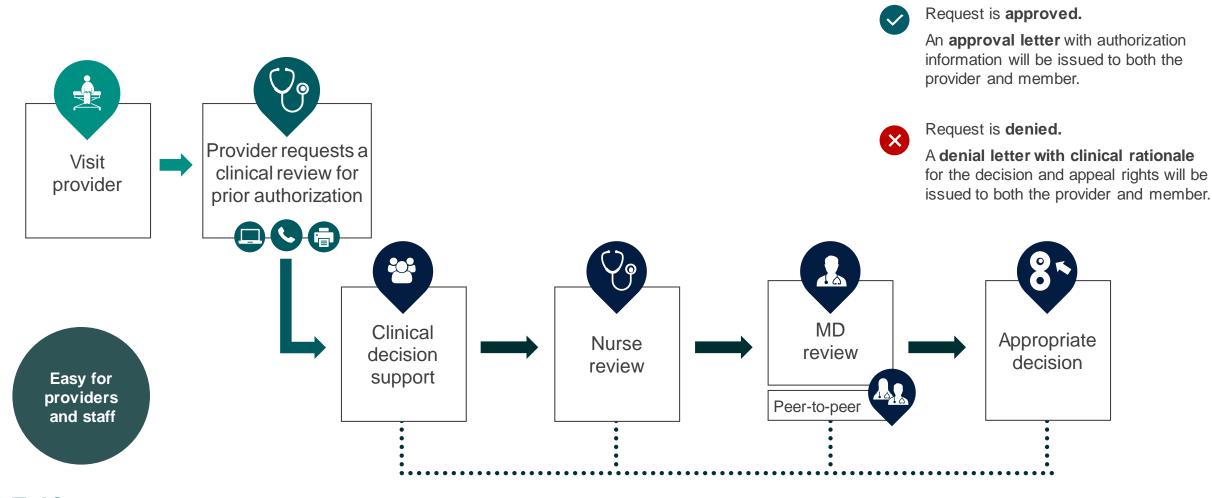
Monday – Friday

7 AM – 7 PM (local time)

Fax: 800-540-2406



### **Utilization Management | Prior Authorization**





### Necessary Information for Prior Authorization | Radiation Oncology

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

#### Member

- Health Plan ID
- Member name
- Date of birth (DOB)



#### Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

#### **Rendering Facility**

- · Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

#### **Supporting Clinical**

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



### **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:
  - Primary site of treatment (e.g. Breast Cancer, Prostate Cancer)
  - Diagnosis at onset
  - Stage of disease
  - Clinical presentation
  - Histopathology
  - Comorbidities
  - Patient risk factors
  - Performance status
  - Genetic alterations
  - Line of treatment

- Specific to Radiation Oncology:
  - Treatment plan: technique, phases, number of treatment sessions
  - Radiation Oncology consultation note
  - Treatment comparative plans





### 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.



### **Providing Additional Information**

# I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to EviCore for review:

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
  - Additional clinical information must be submitted to EviCore prior to the due date referenced in the request.
- Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be faxed to 800-540-2406 or uploaded directly into the case via the provider portal at <a href="https://www.EviCore.com">www.EviCore.com</a>.
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see the end of this presentation for instructions).
  - o The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the request.
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is
   not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.
- Once the determination is made, notifications will go out to the provider and member, and status will be available on <a href="https://www.EviCore.com">www.EviCore.com</a>.



Prior Authorization Outcomes, Special Considerations & Post-Decision Options



### **Prior Authorization Outcomes**

#### **Approvals and Denials**

#### **Approved Requests**

 All requests are processed within 3 business days after receipt of all necessary clinical information.

#### **Denied Requests**

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation (peer-to-peer).

#### **Authorization Letter**

- The letter will be faxed to the ordering provider.
- The member will receive the letter by mail.
- Approval information can be printed on demand from the EviCore portal.

#### **Denial Letter**

- The letter will be faxed to the ordering provider.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.





### **Special Circumstances**

#### Retrospective (Retro) Authorization Requests

- Must be submitted within 730 calendar days (two years) from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within three (3) business days.
- When authorized, the start date will be the submitted date of service.
- Clinical submitted for retrospective review should include:
  - The requested number of visits and date range.
  - Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

#### **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 within 24 to 72 hours.

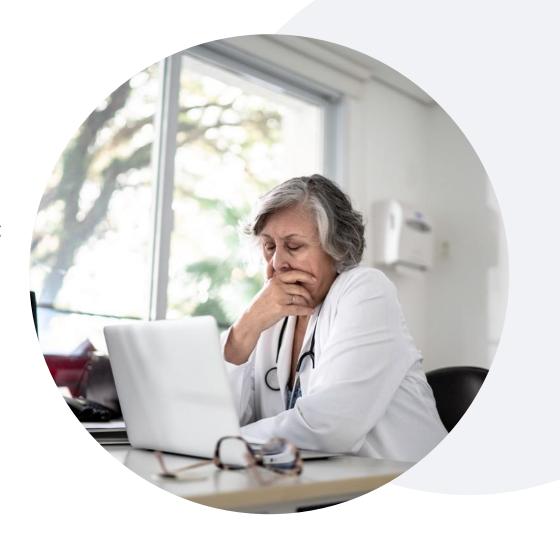




### **Special Circumstances**

#### **Authorization Update**

- If updates are needed on an existing authorization, you can contact EviCore by phone.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.





# 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 may also call EviCore at **855-774-1317** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select "All Post Decisions" under the authorization lookup function on **EviCore.com** to see available options.

#### Reconsiderations

- Reconsiderations must be requested within 45 calendar days of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.





#### **Appeals**

- EviCore <u>will</u> process first-level appeals.
- Appeal requests must be submitted to EviCore within 730 calendar days (two years) from the initial determination date.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

# Post-Decision Options | Medicare Members

#### My case has been denied. What's next?

#### **Clinical Consultation**

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

#### Reconsideration

Medicare cases do not include a reconsideration option

#### +Appeals

- EviCore <u>will not</u> process first-level appeals.
- Please refer to the denial notice for instructions and requirements to submit an appeal.





# **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

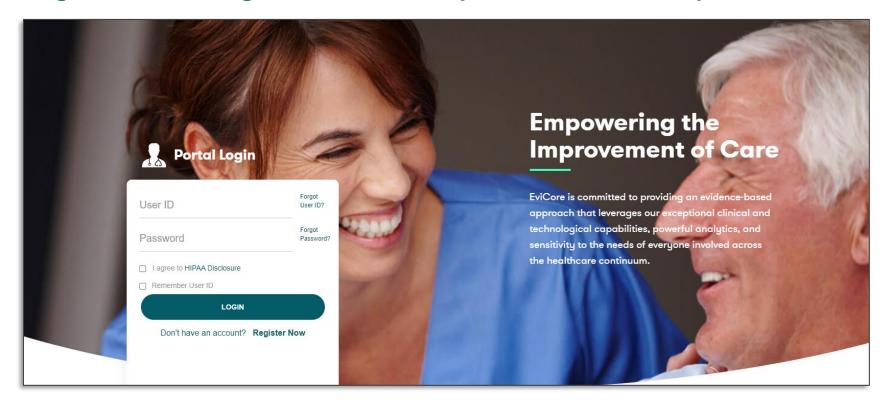
Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account? Click Register Now.

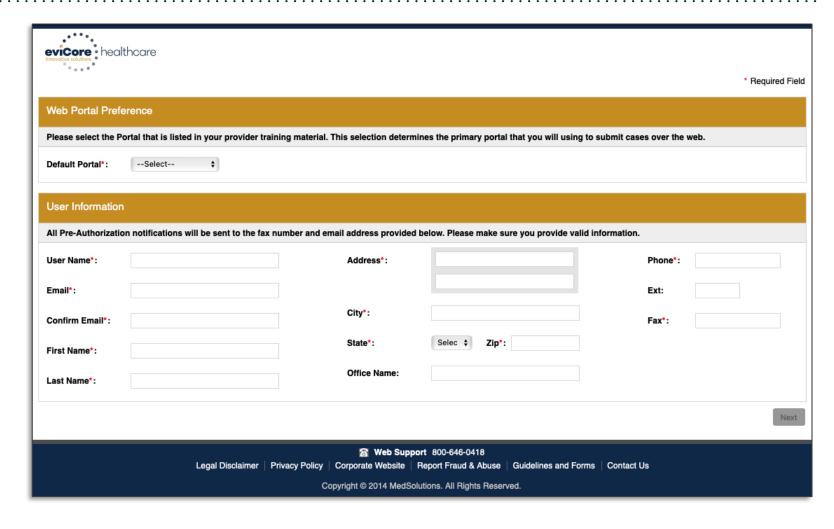


EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.



### 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.





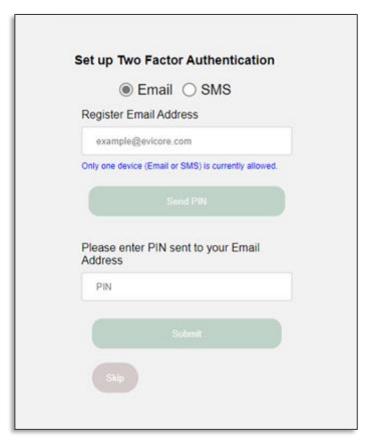
### **Setting Up Multi-Factor Authentication (MFA)**

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

authentication (MFA) process.

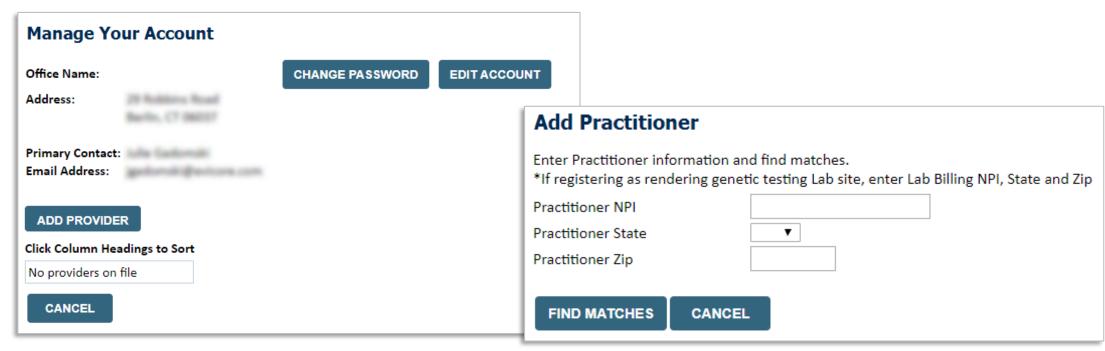
 After you log in, you will be prompted to register your device for MFA.

- Choose which authentication method you prefer: Email or SMS.
   Then, enter your email address or mobile phone number.
- Once you select Send PIN, 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.





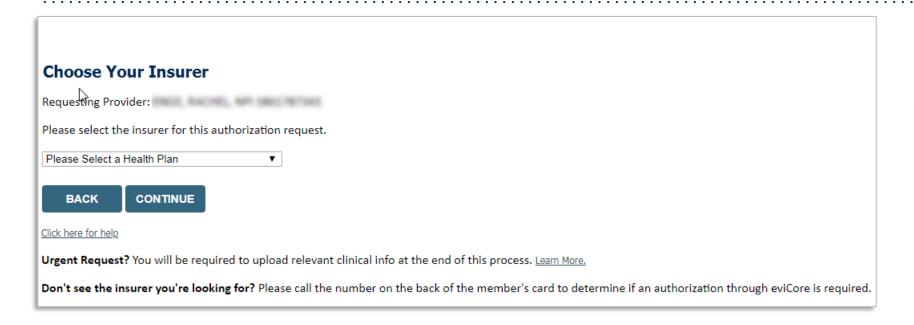
### **Add Practitioners**



- 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.



### Select Health Plan & Provider Contact Info

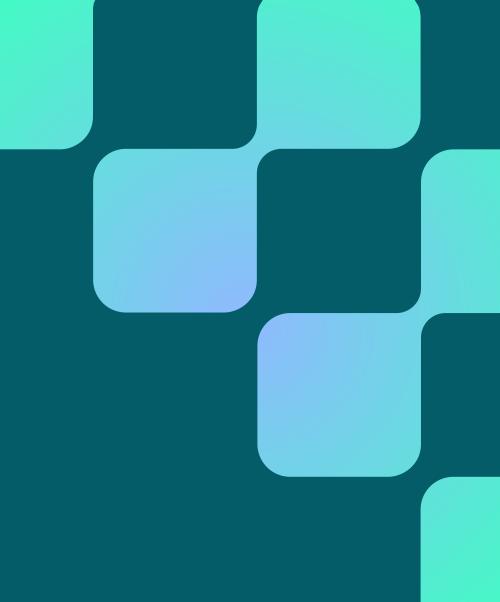


- Choose the Health Plan from the insurer drop-down box.
- Once the plan is chosen, select the provider address in the next drop-down box.
- Select CONTINUE and on the next screen Add <u>your</u> contact info.
- Provider name, fax, and phone will pre-populate, you can edit as necessary.
- By entering a valid email, you can receive e-notifications rather than fax notices.



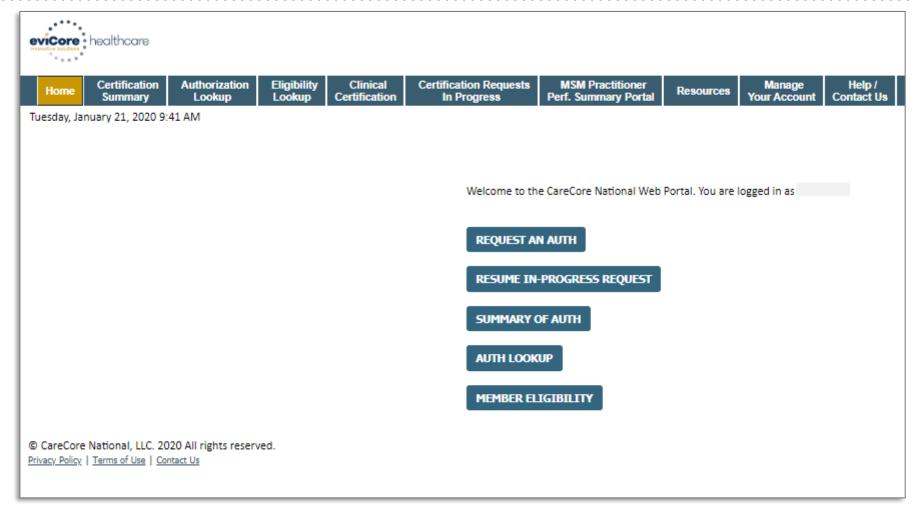


# Case Submission | Radiation Oncology





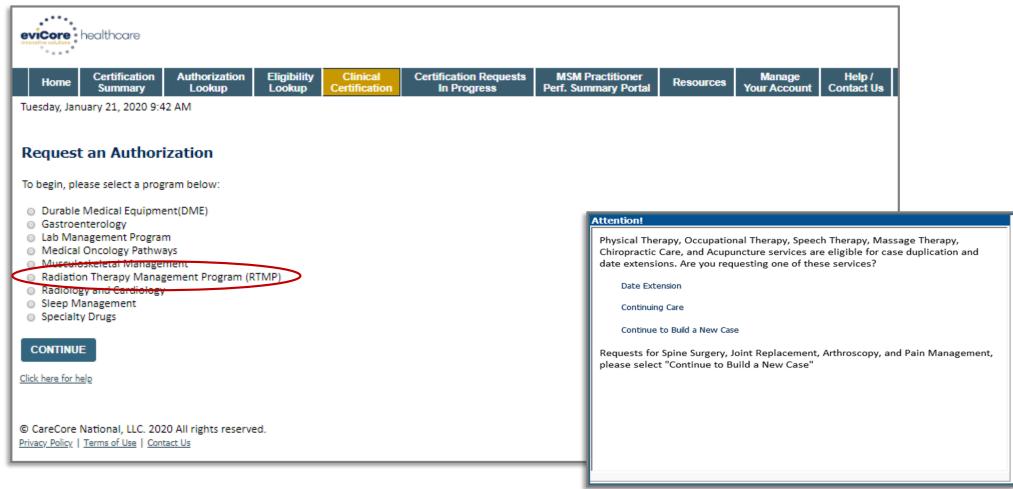
### **Initiating A Case**



- Click the Clinical Certification tab to get started.
- Choose Request an Auth to begin a new case request.



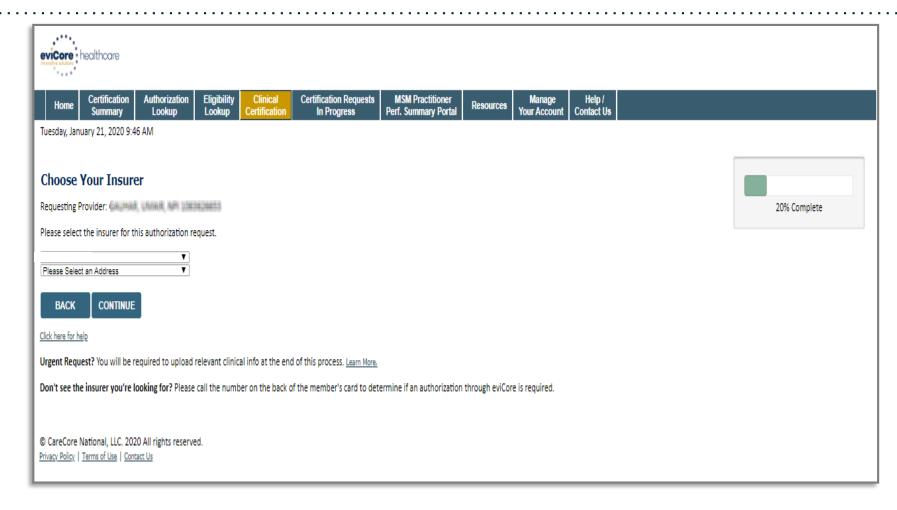
### **Select Program**



Select the program for your certification.



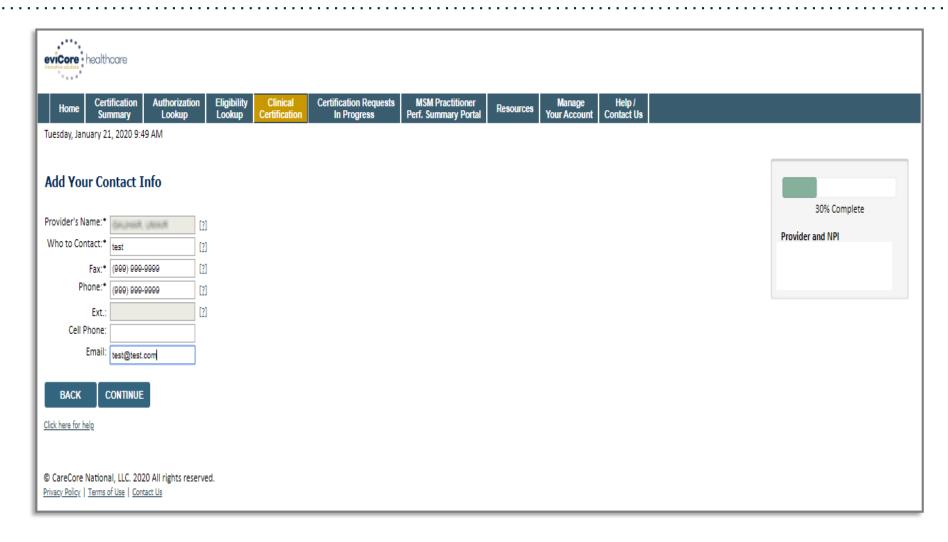
### **Select Health Plan**



- Choose the appropriate Health Plan for the case request.
- Once the plan is chosen, please select the provider address in the next drop down box.



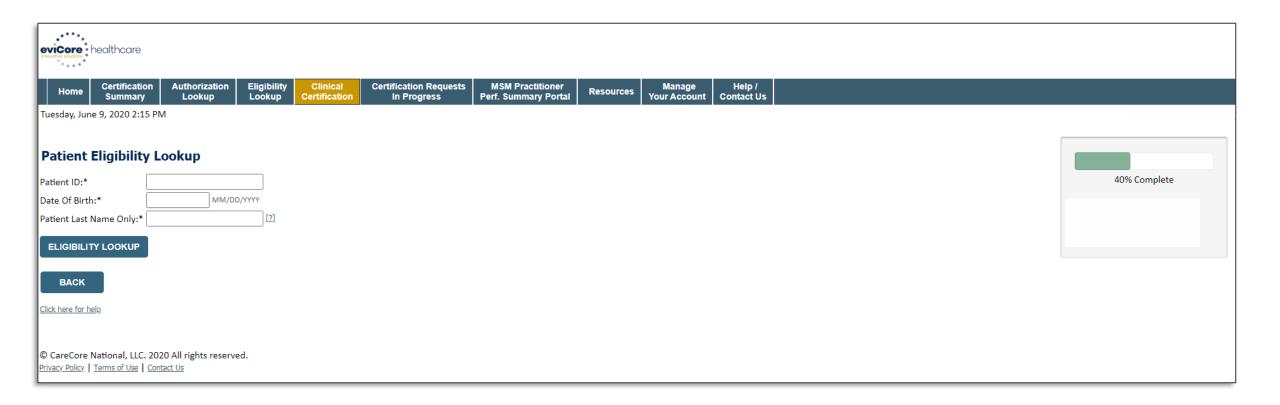
### **Contact Information**



Enter the name and appropriate information for the point of contact.

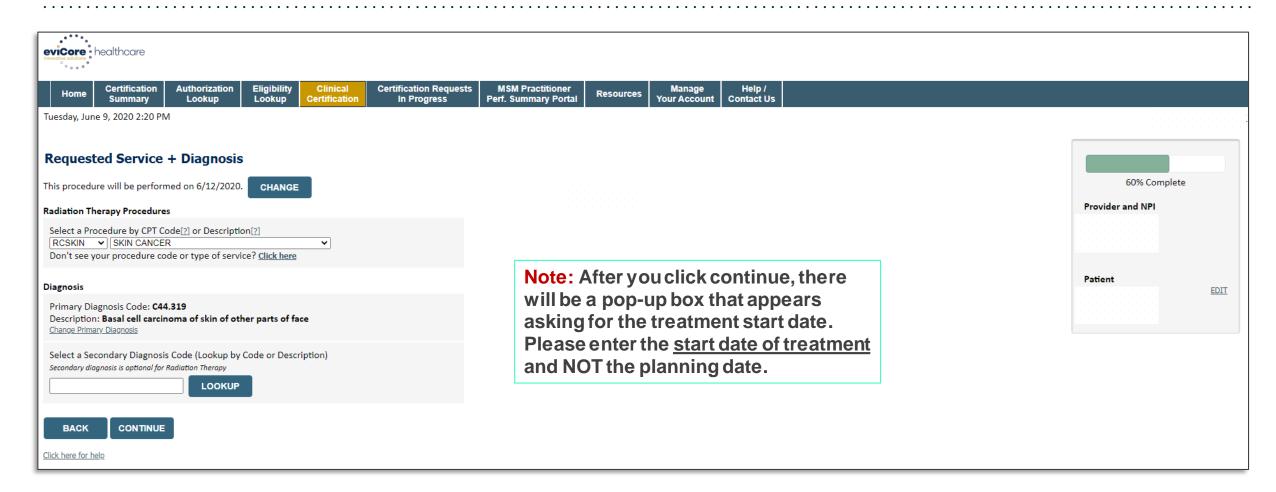


### **Member Information** | Radiation Oncology





### **Clinical Details**



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



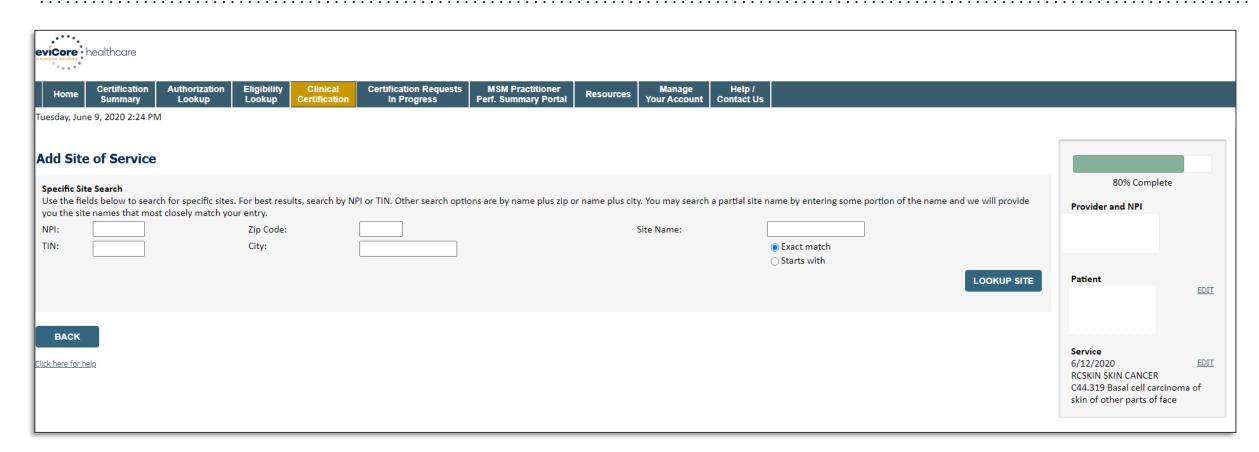
### **Verify Service Selection**

eviCore healthcare Authorization **Certification Requests MSM Practitioner** Home Resources Summary Lookup Lookup Certification In Progress Perf. Summary Portal **Your Account** Contact Us Tuesday, June 9, 2020 2:22 PM Requested Service + Diagnosis 60% Complete Confirm your service selection. Provider and NPI Treatment Start: 6/12/2020 CPT Code: RCSKIN SKIN CANCER Description: Primary Diagnosis Code: C44.319 Basal cell carcinoma of skin of other parts of face **Primary Diagnosis:** Secondary Diagnosis Code: Patient Secondary Diagnosis: **EDIT** Change Procedure or Primary Diagnosis Change Secondary Diagnosis BACK CONTINUE Click here for help

Click CONTINUE to confirm your selection.



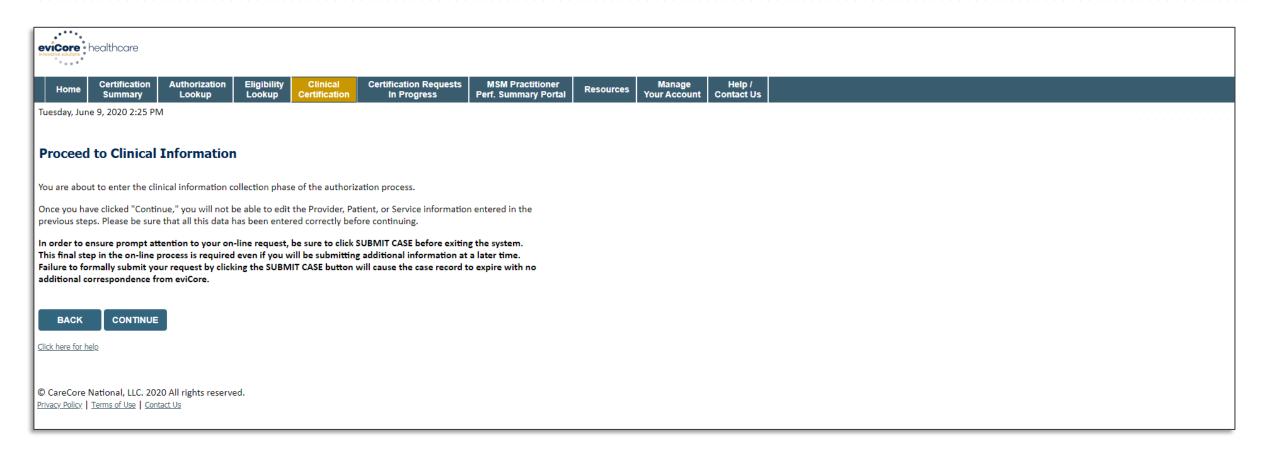
### **Site Selection**



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



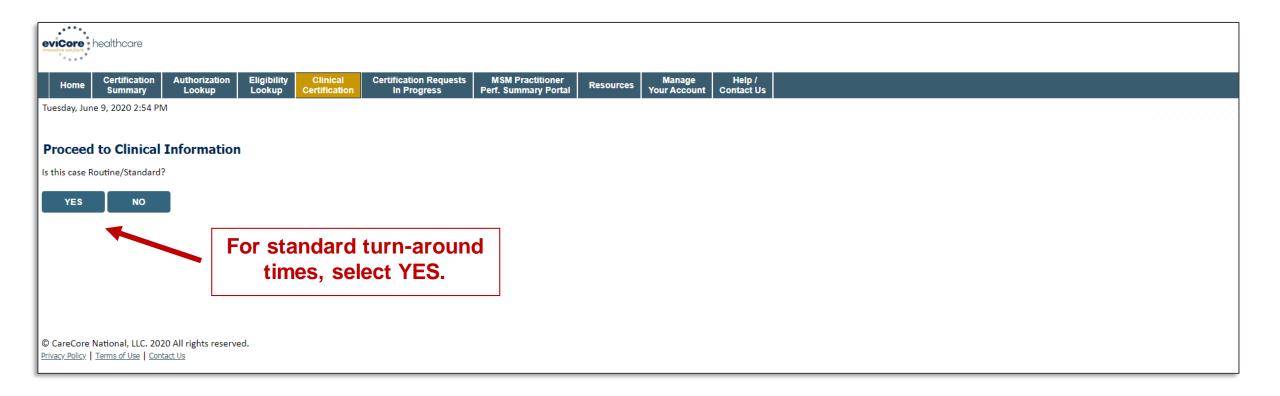
### **Clinical Collection Process**



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

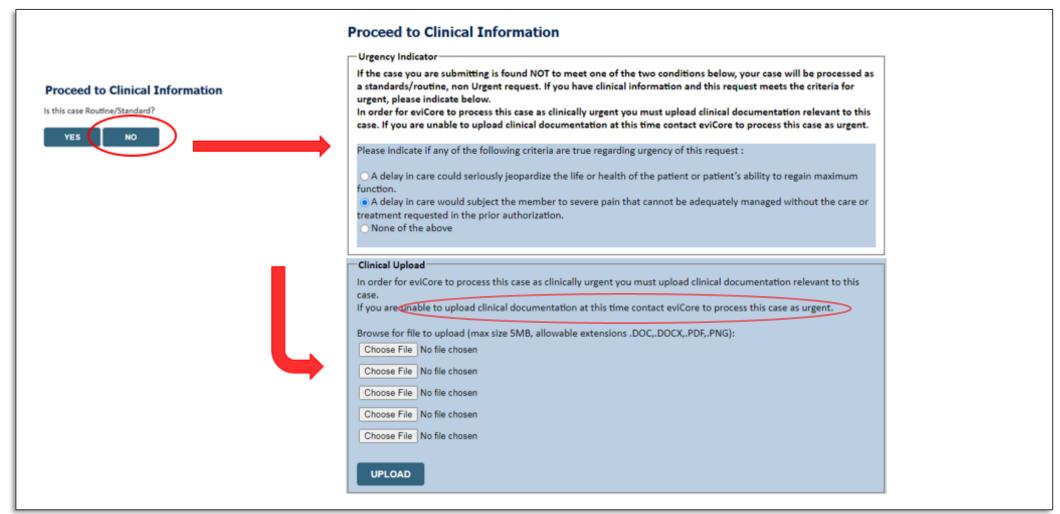


### **Urgency Indicator**





## **Urgent Requests via the Web**



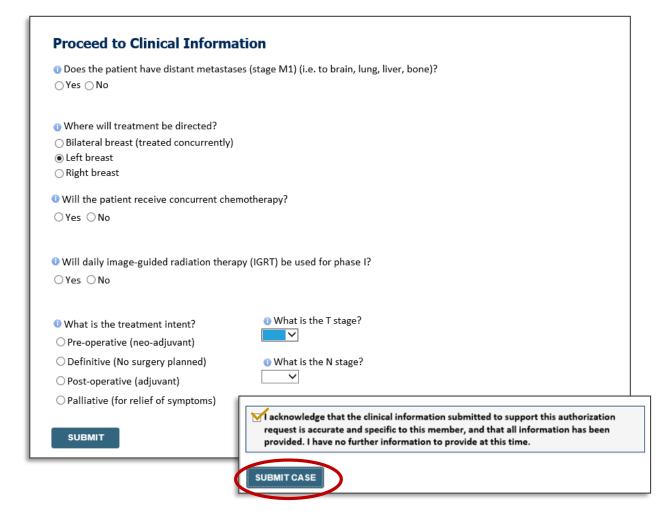


## Clinical Certification Request | Proceed to Clinical Information

- Clinical Certification questions may populate based upon the information provided in previous questions.
- Clinical worksheets/CDS online documents
  located on <a href="www.EviCore.com">www.EviCore.com</a> can be used as a
  guide and will help prepare the requestor for
  the questions that are presented
- You can save your request and finish later if needed.

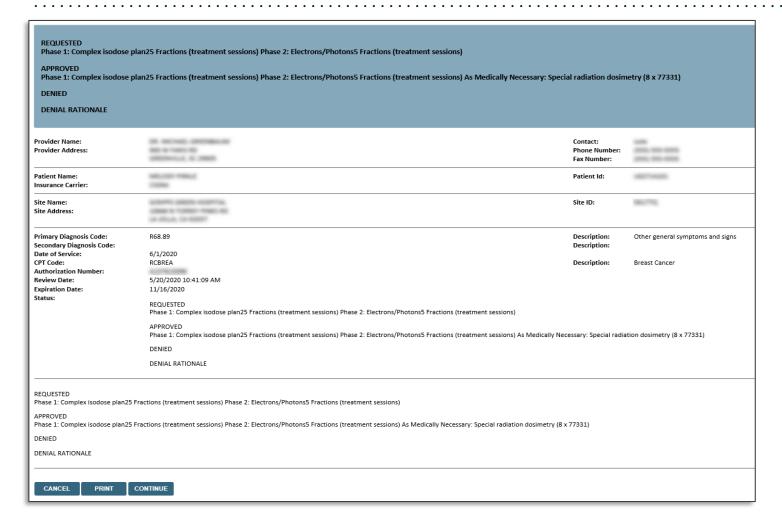
**Note:** You will have until the end of the day to complete the case.

- When logged in, you can resume a saved request by going to Certification Requests in Progress.
- Once the clinical questions have been answered, click the attestation and click Submit Case.





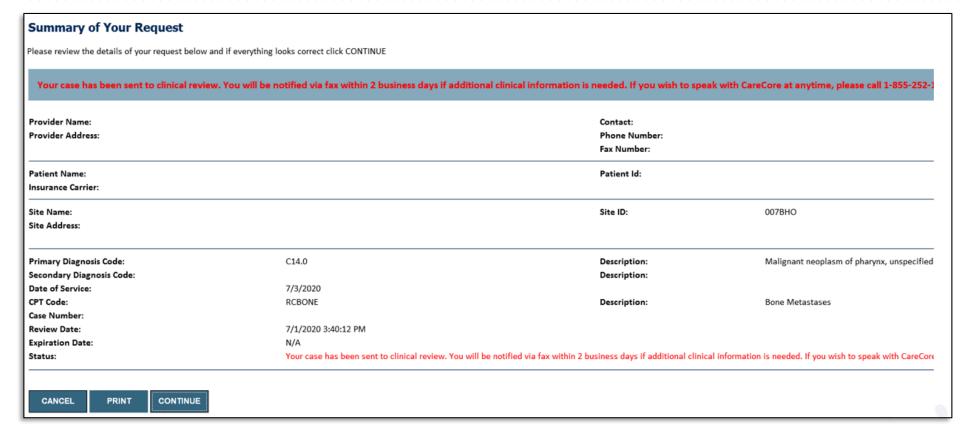
## Clinical Certification Request | Criteria Met



- If your request is authorized during the initial submission, you can print the summary of the request for your records.
- Review the details of the request and select CONTINUE.



## Clinical Certification Request | Criteria Not Met

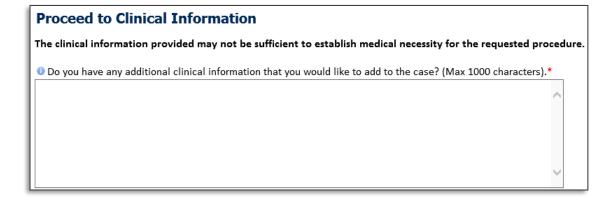


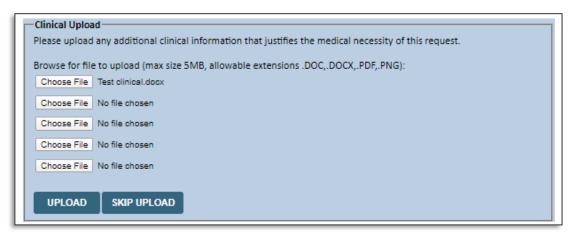
- If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.
- You can print the summary of the request for your records, then click CONTINUE.



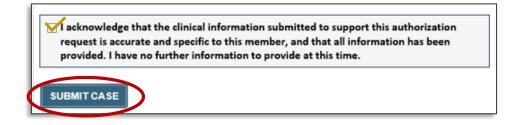
## Clinical Certification Request | Criteria Not Met

#### Submitting additional clinical information





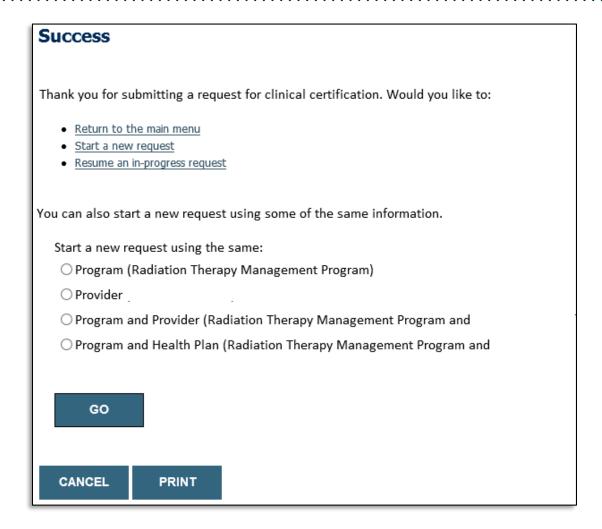
- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter additional notes in the free text space provided only when necessary.
- Upload up to five documents
   (.doc, .docx, or .pdf format; max 5MB size)
- When finished, SUBMIT CASE for review.
- Clinical cannot be uploaded for cases that have reached a final status.
   (Approved, Denied, Partially Approved Withdrawn, or Expired)





## Clinical Certification Request | Case Submission Success

- After clicking continue on the case summary screen, you will see a Success screen.
- You can PRINT the summary of the request for your records, then select CONTINUE.
- From here, you can start a new request, return to the main menu, or resume an in-progress request.

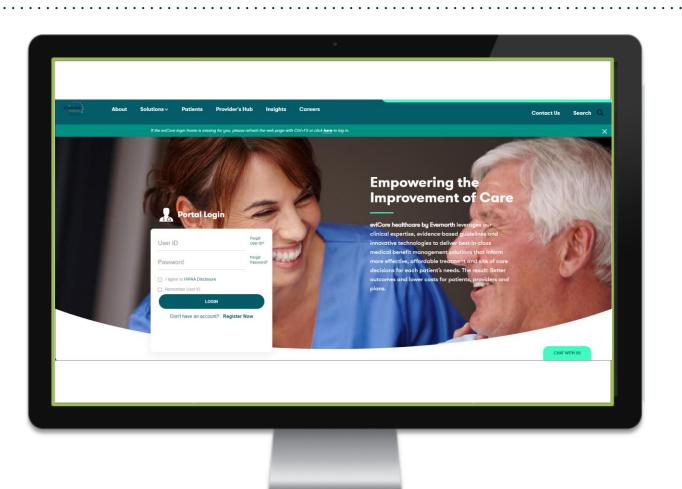




## Provider Portal Demo | Radiation Oncology

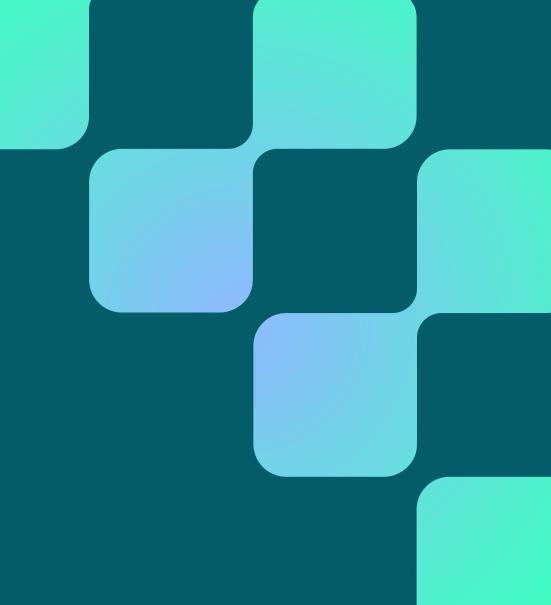
The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click HERE to view a video demo (2 min)



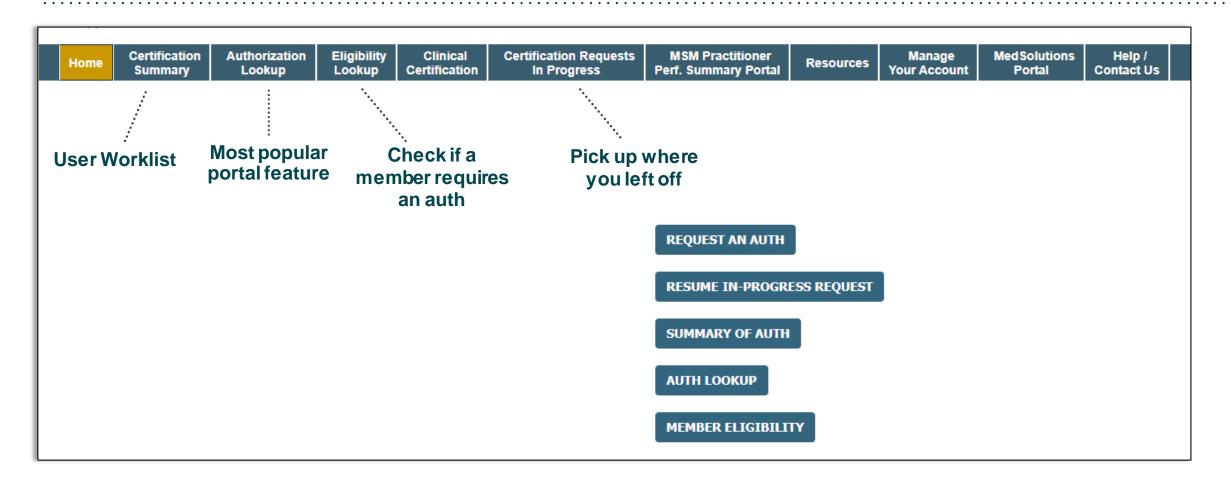


# CareCore National Portal Features



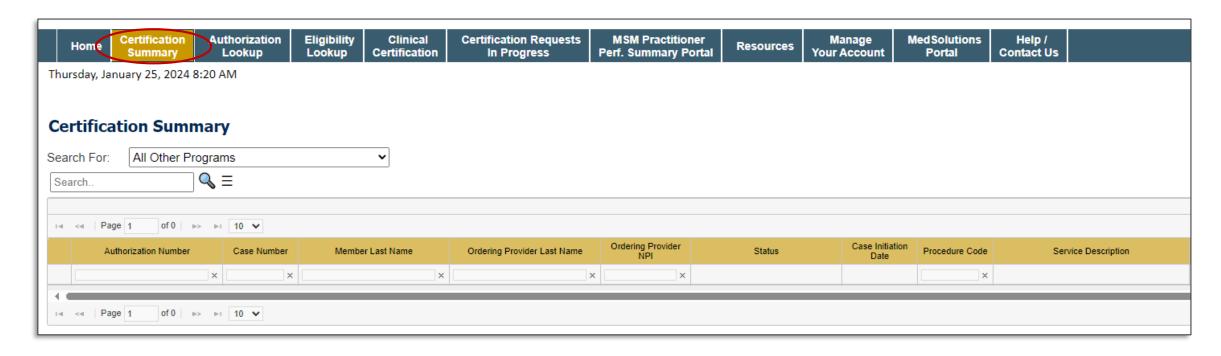


## **Provider Portal | Feature Access**





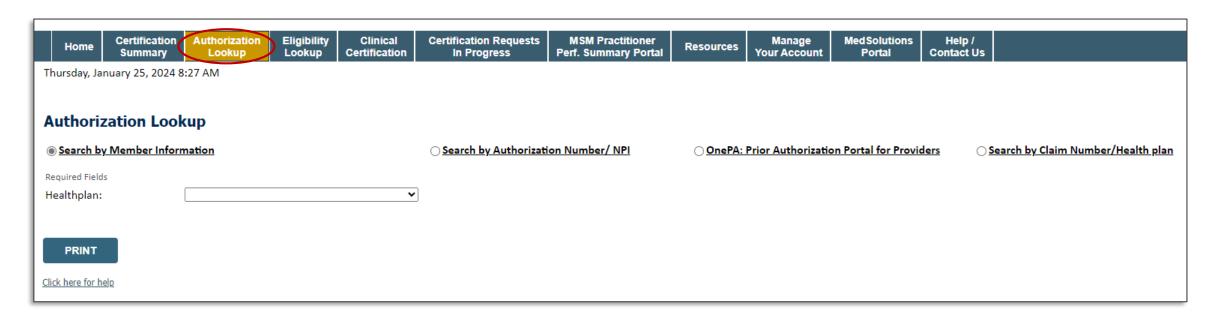
## **Certification Summary** | User Worklist



- Certification Summary tab allows you to track recently submitted cases.
- The worklist can also be filtered.



## Authorization Lookup | Popular Tool



- · You can lookup an authorization case status on the portal.
- Search by member information OR
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.



## 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: <u>ClientServices@EviCore.com</u>

• Phone: **800-646-0418** (option 4).

#### **Web-Based Services and Portal Support**

Live chat

Email: <u>Portal.Support@EviCore.com</u>

Phone: 800-646-0418 (option 2)

#### **Provider Engagement**

Regional team that works directly with the provider community.

**Provider Engagement Manager Territory List** 



#### **Call Center/Intake Center**

Call **855-774-1317.** Representatives are available from 7 a.m. to 7 p.m. local time.





### Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-planspecific and solution-specific educational material 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/blue-care-network

EviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.



## **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 <a href="http://EviCore.webex.com/">http://EviCore.webex.com/</a>
- 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!

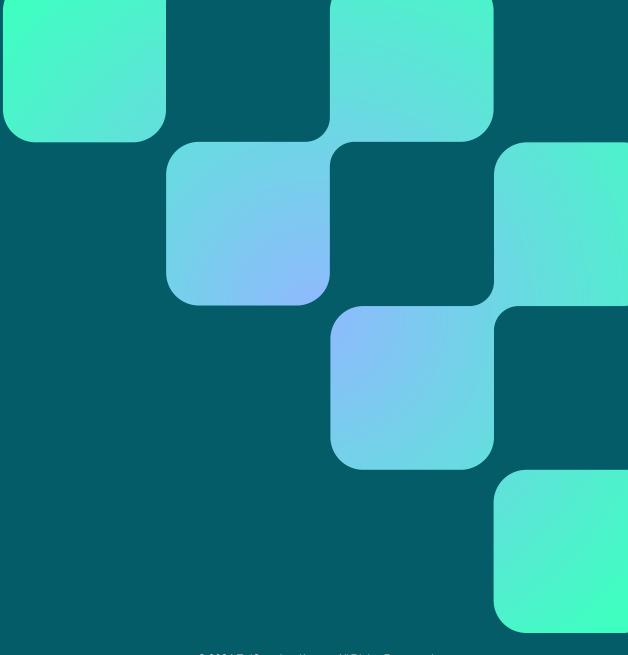
#### To subscribe:

- Visit <u>EviCore.com</u>.
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.



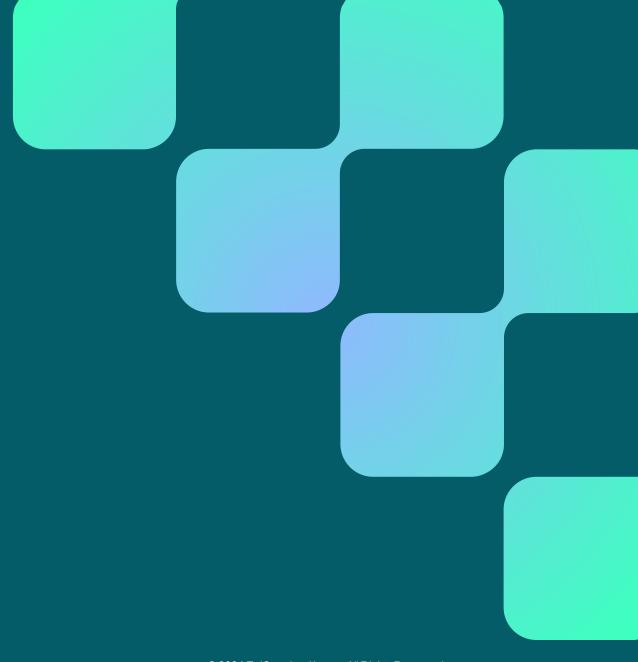


## Thank You



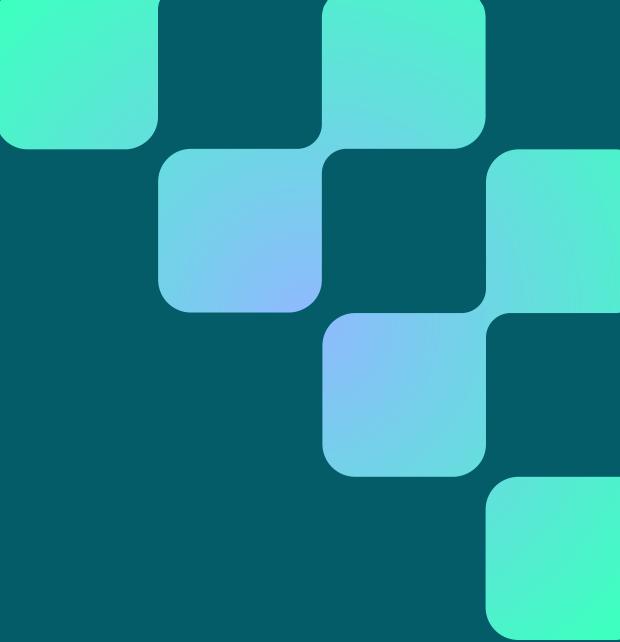


## Appendix





## Peer-to-Peer (P2P) Scheduling Tool





- Log into your account at <u>www.EviCore.com</u>
- Perform Authorization 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 conversation:



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



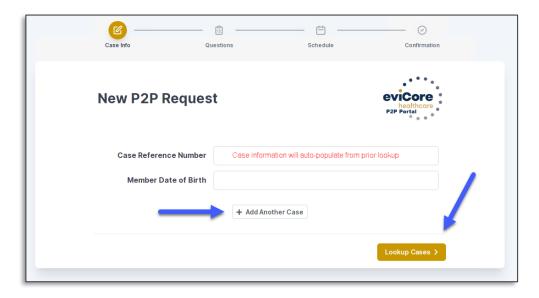


Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the All Post Decision Options button to learn what other action may be taken.



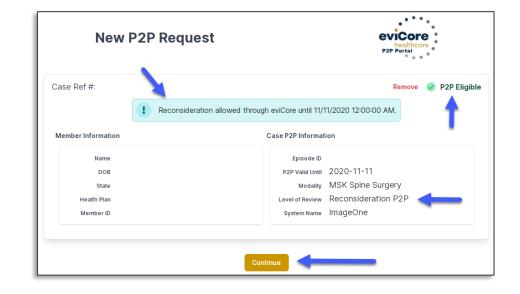
 Once the Request Peer-to-Peer Consultation link is selected, you will be transferred to our scheduling software via a new browser window.



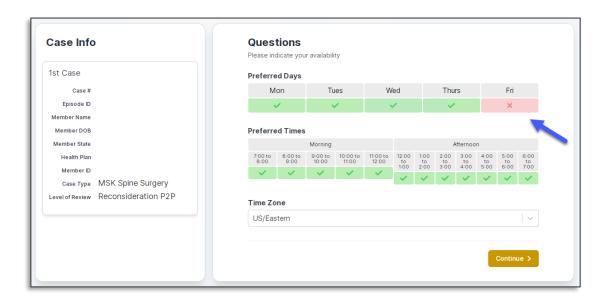


- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting Add Another Case.
- To proceed, select Lookup Cases.

 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.

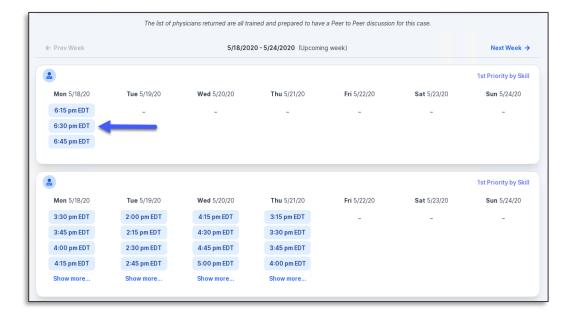






You will be prompted to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

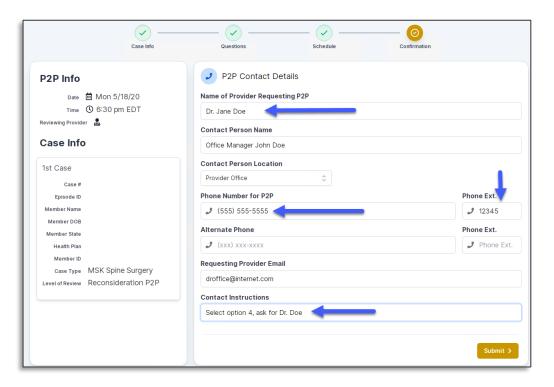
You will be prompted with a list of EviCore
physicians/reviewers and appointment options per
your availability. Select any of the listed
appointment times to continue.





#### **Confirm Contact Details**

 Contact person name and email address will auto-populate per your user credentials.



- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.





## Canceling or Rescheduling a Peer-to-Peer Appointment

#### To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- · Go to My P2P Requests on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to enter a cancellation reason.
- Close browser once done.

