Medical Oncology

Jefferson Health Plans

EviCore
By EVERNORTH

Jefferson
Health Plans

Agenda

Program Overview
Medical Oncology

Submitting Requests

**Prior Authorization Outcomes, Special Considerations
& Post-Decision Options**

EviCore Provider Portal

Provider Resources

Questions & Next Steps

EviCore
By EVERNORTH

Program Overview

EviCore
By EVERNORTH

Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• ACA (Commercial) • Medicare	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

It is the responsibility of the ordering provider to request prior authorization approval for services.

EviCore
By **EVERNORTH**

Submitting Requests

EviCore
By EVERNORTH

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.
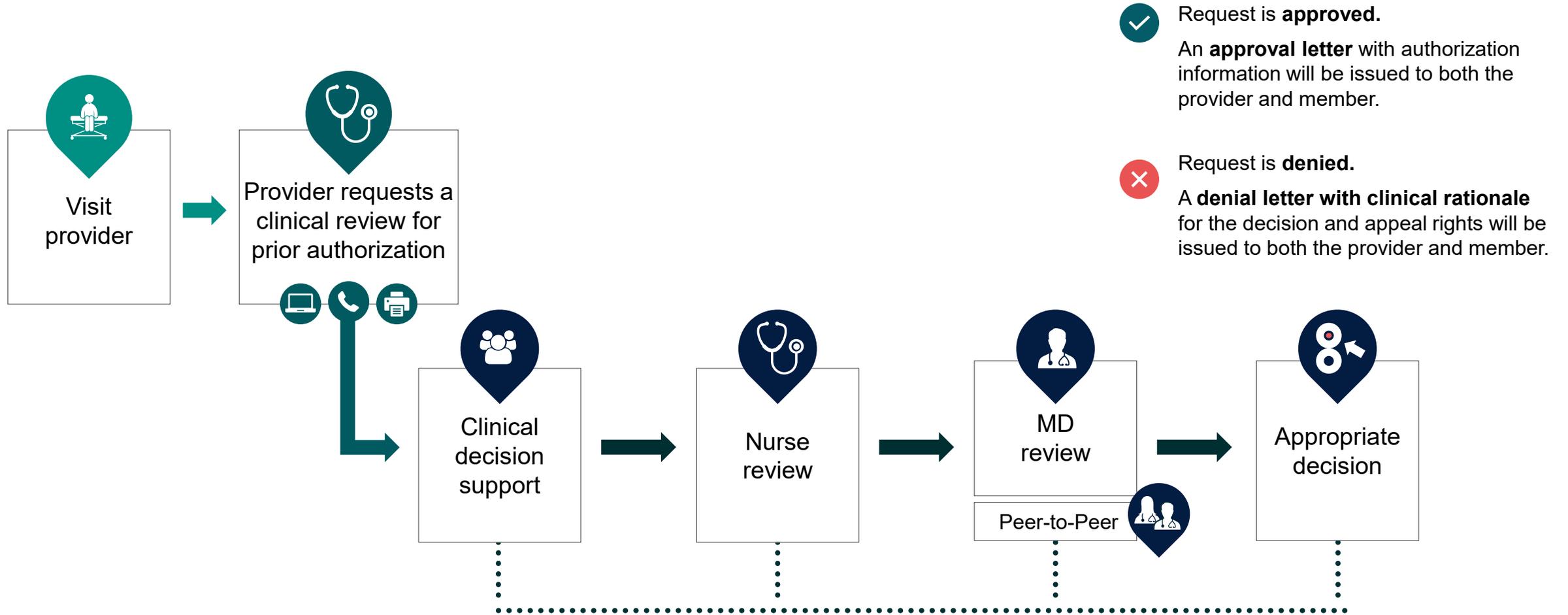
To access the EviCore Provider Portal, visit **EviCore.com/provider**
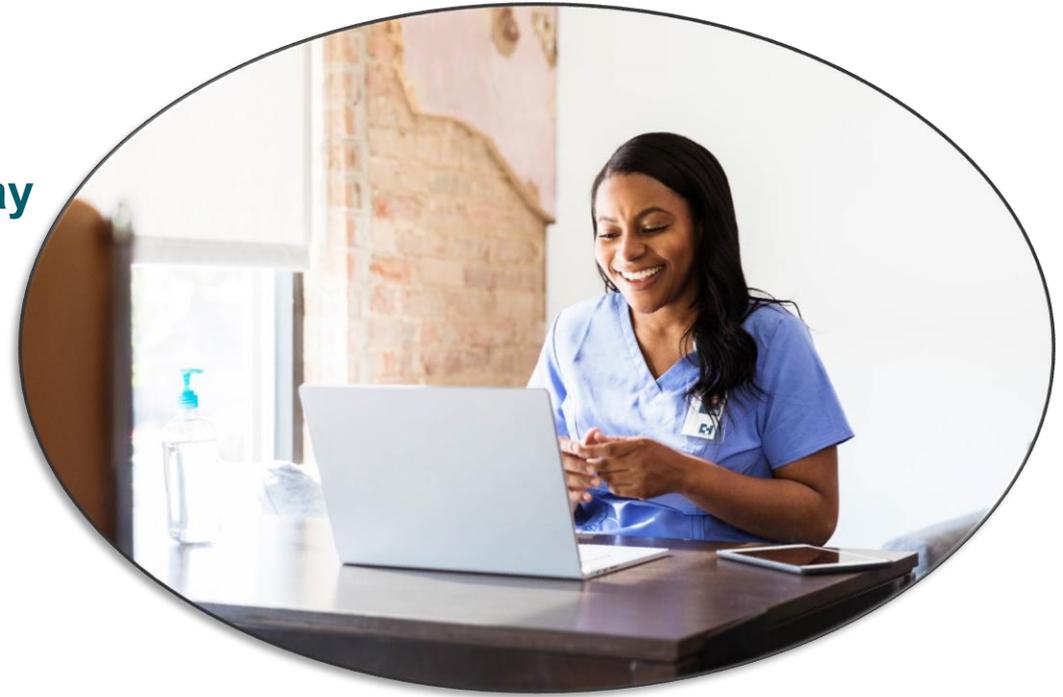
Phone: 888-444-6178
Monday – Friday
7AM – 7PM (local time)

Fax: 800-540-2406

EviCore
By EVERNORTH

Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Clinical decision support

Nurse review

MD review

Peer-to-Peer

Appropriate decision

Request is **approved.**

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

Request is **denied.**

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

EviCore
By EVERNORTH

Necessary Information for Prior Authorization

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

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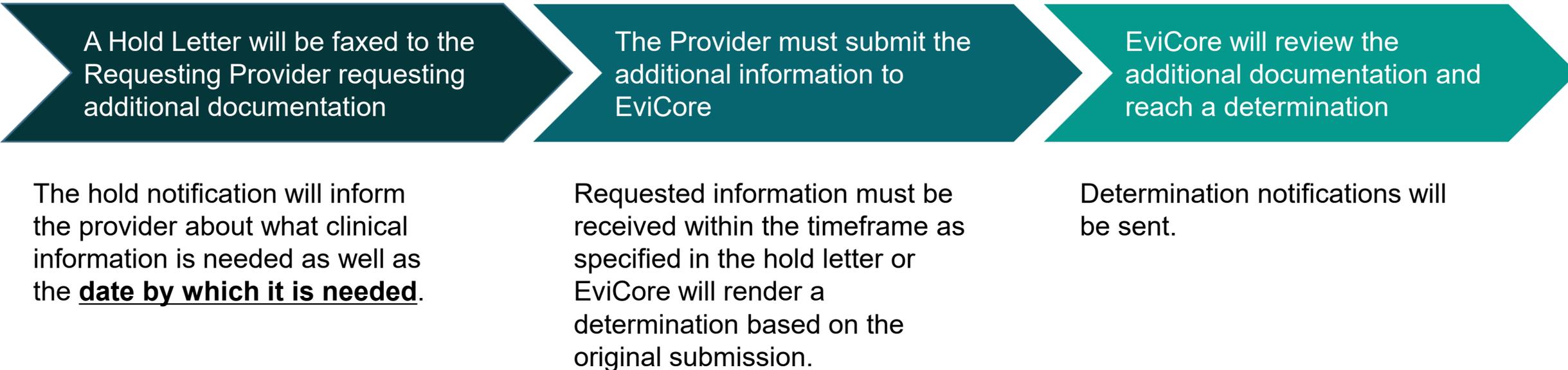- Tax identification number (TIN)
- Phone & fax number

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

EviCore
By EVERNORTH

Insufficient Clinical | Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to EviCore	EviCore will review the additional documentation and reach a determination
The hold notification will inform the provider about what clinical information is needed as well as the **date by which it is needed**.	Requested information must be received within the timeframe as specified in the hold letter or EviCore will render a determination based on the original submission.	Determination notifications will be sent.

EviCore
By EVERNORTH

9

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **240-425 calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, then a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

EviCore
By EVERNORTH

Post-Decision Options |
ACA (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 **888-444-6178** 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 can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

- Please refer to the determination letter for instructions.

Appeals

- EviCore **will not** process first-level appeals.

- Please refer to the denial letter for instructions.

EviCore
By **EVERNORTH**

12

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 **will not** process first-level appeals for Medicare members.

EviCore
By EVERNORTH

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro requests are not allowed for the Medical Oncology program.

- Please contact the health plan for direction if treatment has taken place and the patient is continuing treatment.

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.

EviCore
By EVERNORTH

14

Special Circumstances

Alternative Recommendations

- 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.


Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-444-6178**.

- 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.

EviCore
By EVERNORTH

Provider Portal Overview

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**

- Already a user?
  Log in with User ID & Password.

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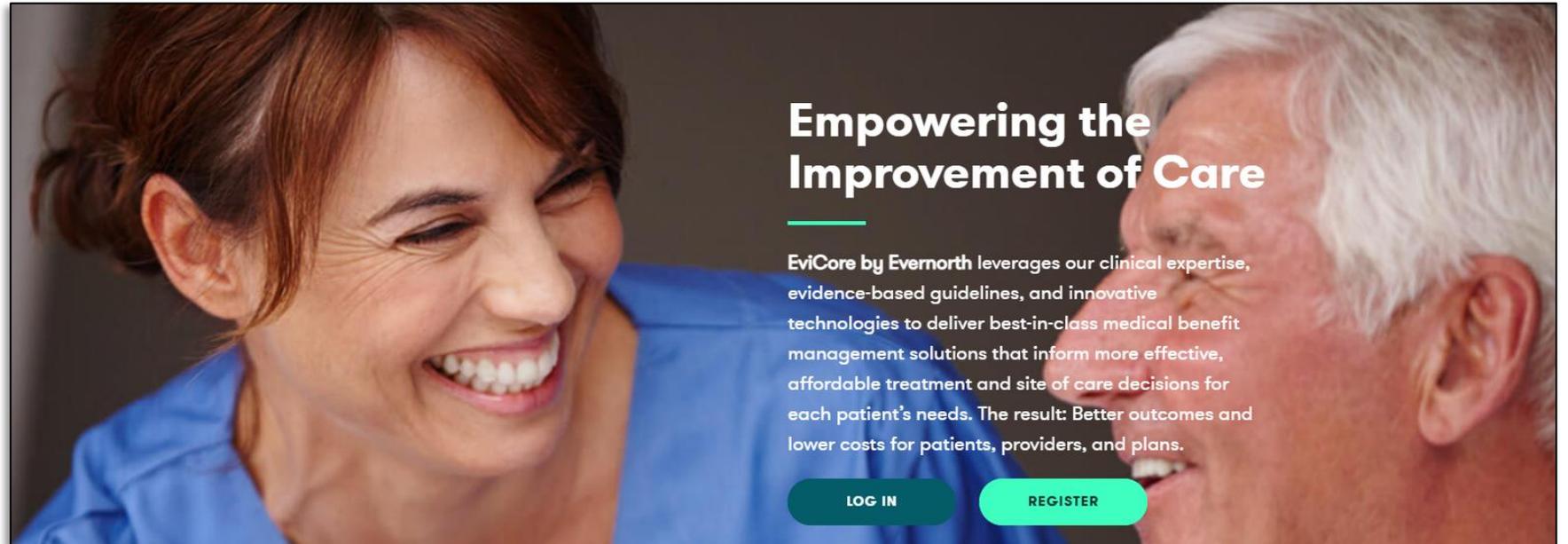
EviCore's website is compatible with **all web browsers**. If you experience issues,
you may need to **disable pop-up blockers** to access the site.

Creating an EviCore Provider Portal Account

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and 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.
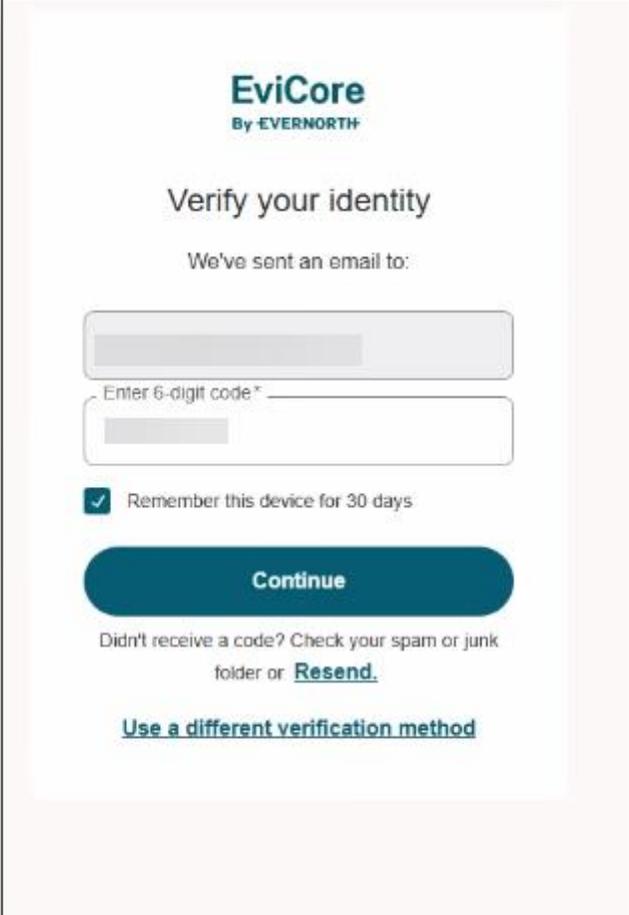
EviCore
By EVERNORTH

Verify your identity

We've sent an email to:

Enter 6-digit code*

☑ Remember this device for 30 days

Continue

Didn't receive a code? Check your spam or junk folder or **Resend.**

Use a different verification method
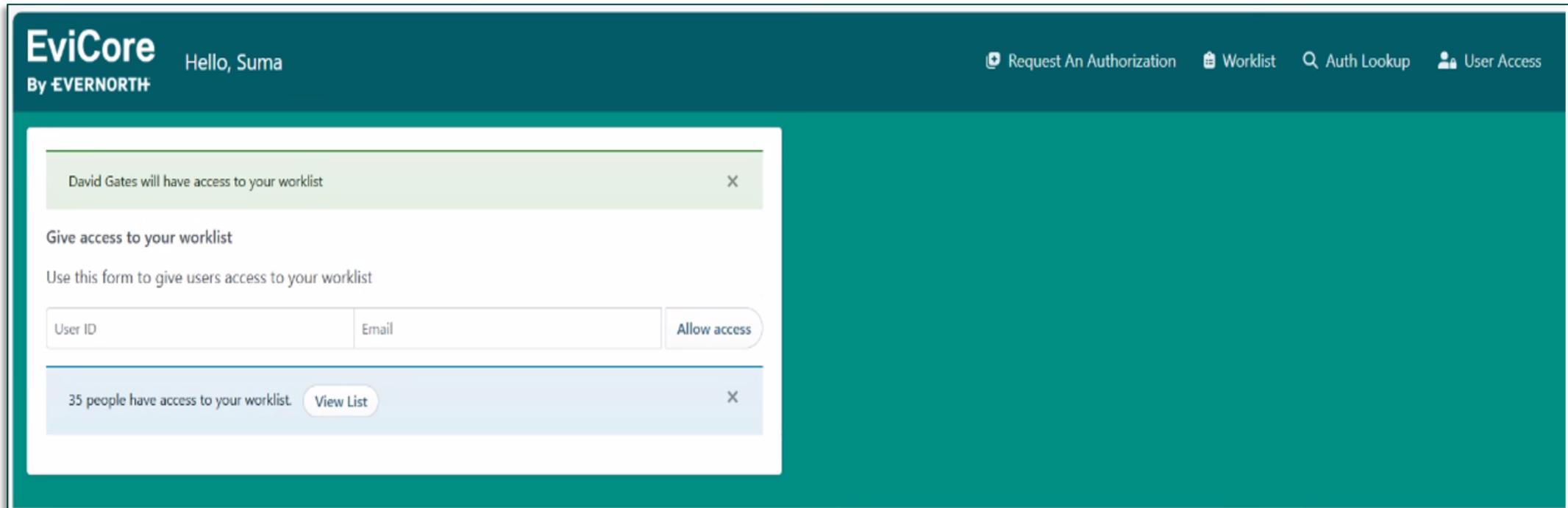
EviCore
By EVERNORTH

Portal Access

- Access EviCore's provider portal at www.EviCore.com.

- If you do not already have a user account, click **Register Now** and complete the online registration form.   Follow the instructions to create your password and set up multi-factor authentication (MFA).

- Login using your new or existing login credentials.

- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.

- You can also go directly to the portal to build your request and/or manage your cases.

EviCore
By EVERNORTH

Hello,

🔍 Authorization Lookup ▾   📋 Request An Authorization   📖 Worklist   💻 Portals ▾   ℹ️ Help / Contact ▾   👥 User Access

My Worklist

Pending   Approved   Partially Approved   Denied   Cancelled   All Statuses

| Start typing to search... | 🔍 |

	Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer

Need more info on UPX? Visit **www.eviCore.com/provider** → Video Resources for self-service training or click **Register Now** to join a session.

EviCore
By EVERNORTH

Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.

EviCore Provider Portal | Add Providers

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |

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

- Click the **Add Provider** 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.

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES   CANCEL

EviCore
By EVERNORTH

22

Initiating a Case

Provider Experience – Case Submission

eviCore healthcare
innovative solutions

| Home | Authorization Lookup | Med Solutions Portal | CareCore National Portal | Help / Contact Us |

Wednesday, January 24, 2024 11:38 AM

Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)
○ Gastroenterology
○ Lab Management Program
○ Medical Oncology Pathways
○ Musculoskeletal Management
○ Pharmacy Drugs (Express Scripts Coverage)
○ Radiation Therapy Management Program (RTMP)
○ Radiology and Cardiology
○ Sleep Management
○ Specialty Drugs

CONTINUE

Click here for help

Select option to "Request an Auth" and then the program.

Welcome to the CareCore National Web Portal. You are logged in as

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

EviCore
By EVERNORTH

24

Provider Experience – Case Submission

Attention!

The Medical Oncology Pathways program option is specific to cancer treatment. If you are requesting review of a specialty drug for any non-oncologic diagnosis, please select Specialty Drugs for eviCore managed members or contact the number on the back of the member's ID card for additional information.

OK

Confirm the request is for Medical Oncology.

EviCore By EVERNORTH

Provider Experience – Case Submission

Requesting Provider Information

Select the ordering provider for this authorization request.

Your account currently has no active providers. Please use the search feature below to add providers to your account and proceed with case build.

Search By NPI: [   ] **SEARCH**

BACK   **CONTINUE**

Click here for help

© CareCore National, LLC. 2024 All rights reserved.
Privacy Policy | Terms of Use | Contact Us

	Provider
SELECT	1063644797 - BELICENA, MARIA THERESA
SELECT	1275548018 - BERGQUIST, SHARON
SELECT	1386733871 - SHERMAN, WILLIAM
SELECT	1588812242 - SMITH, DAVID
SELECT	1396862892 - STAPLES, SUZANNE

The Office user will select the treating physician from their pre-populated affiliated physician list.

EviCore
By EVERNORTH

26

Provider Experience – Case Submission

Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

Please Select a Health Plan
1199 BENEFIT FUNDS

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.

> Select the patient's health plan.

Provider Experience – Case Submission

Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

| PLAN-X | ▼ |
| 2566 HAYMAKER RD | ▼ |

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.

Take note of any important messages and confirm the provider address.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* | BELICENA, MARIA THER | [?]

Who to Contact:* | | [?]

Fax:* | (727) 266-4951 | [?]

Phone:* | (727) 815-7207 | [?]

Ext.: | | [?]

Cell Phone: |

Email: | MedOncProgramOps@evi

☑ Receive notification of case status changes

[BACK] [CONTINUE]

Click here for help

---

carriers.carecorenational.com says

Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

(OK)

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

EviCore
By EVERNORTH

29

Provider Experience – Case Submission

Patient Eligibility Lookup

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

SEARCH   **CANCEL**

Current Patients

Filter by Physician
[All Providers ▾]

(type to f

User or provider has no patients

New Patient Registration

Provider: 1063644797 - BELICENA, MARIA THERESA

Health Plan: PLAN-X

Member ID: 53038510101

Date of Birth: 3/20/1971

Name: VACCA,DARYL

City, State: Verona, NJ

Do you want to continue with this patient?

[YES]   [NO]

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click "Yes" to continue.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Attention!

Patient ID: 6428032324   Time: 1/24/2024 2:28 PM
Patient Name: HAGEDORN, POLLY

Please provide the patient's best contact number including area code.

(555)555-5555

SUBMIT

Provide the patient's best contact number. Click "submit" to continue.

Provider Experience – Case Submission

Clinical Certification

NADINE DELAET   6/13/1987
354 NUOVO RD   Age: 36
CHESTNUT HILL, MA 02467   Male

CIGNA   ID 250251652

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

Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status		
1/29/2024	BELICENA, MARIA	1184813089	Undetermined	Primary	Undetermined	Expired		**VIEW HISTORY**

Click to view clinical information, Jcodes, and expiration date.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Attention!

Patient ID : 8504027002
Patient Name: Lulu Marcell

Time: 3/4/2019 2:02 PM

What is the anticipated start date of treatment? [   ] MM/DD/20YY

SUBMIT

Enter:
Start Date of Treatment
Take note of important message describing CHEMO and SPORT.

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.
SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

OK

EviCore By EVERNORTH

Provider Experience – Case Submission

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. **CHANGE**

Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO ▼ | CHEMOTHERAPY ▼

Don't see your procedure code or type of service? Click here
Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

colon | **LOOKUP**

	Diagnosis Code	Description
SELECT	153.1	Malignant neoplasm of transverse colon
SELECT	153.2	Malignant neoplasm of descending colon
SELECT	153.3	Malignant neoplasm of sigmoid colon

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. **CHANGE**

Medical Oncology Pathways

Select a Procedure by CPT Code[?] or Description[?]

CHEMO ▼ | CHEMOTHERAPY ▼

Don't see your procedure code or type of service? Click here
Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Primary Diagnosis Code: **153.1**
Description: **Malignant neoplasm of transverse colon**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Medical Oncology Pathways

[   ] | **LOOKUP**

BACK | **CONTINUE**

Select ICD10 by entering code or description.
Select "Continue".

EviCore
By EVERNORTH

34

Provider Experience – Case Submission

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	1/26/2024
Medical Oncology Pathways:	CHEMO
Description:	CHEMOTHERAPY
Primary Diagnosis Code:	153.1
Primary Diagnosis:	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Yes   No

- Confirm the information entered or use the 'change' links to go back and make corrections as needed.
- Answer if treatments will be billed under the same TIN as the ordering provider.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial sit...osely match your entry.

NPI: 1063644797   Zip Code: 34613   Site...

TIN: City: ○ Starts with

LOOKUP SITE

	Name	Address
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10065 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10065 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613

BACK

> Distinct rendering site or facility can be entered if needed.
> Multiple lookup options are available.
> Network logic can be applied as needed.

Add Site of Service

Selected Site: **BELICENA MARIA**

FIND NEW SITE

Site Email (optional) [   ]

BACK   **CONTINUE**

> An email can be submitted for communication if desired.

EviCore
By EVERNORTH

36

Provider Experience – Case Submission

Attention!

Please ask the caller to provide a Fax number in order to proceed with the selection. Did the caller provided a number?

YES   NO

Attention!

If the caller did not provide any number, click on Unknown. Otherwise enter the Phone/Fax number and click on Submit

Fax:* (555) 555-5555

SUBMIT   UNKNOWN

Provide fax number if known.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

> The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.

Provider Name:	DR. MARIA BELICENA	**Contact:**	B
Provider Address:	11375 CORTEZ BLVD	**Phone Number:**	(352) 596-4660
	BROOKSVILLE, FL 34613	**Fax Number:**	(555) 555-5555
Patient Name:	NADINE DELAET	**Patient Id:**	250251652
Insurance Carrier:	CIGNA		
Site Name:	BELICENA MARIA	**Site ID:**	NPLIKQ
Site Address:	10065 CORTEZ BLVD		
	BROOKSVILLE, FL 34613		
Primary Diagnosis Code:	153.1	**Description:**	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:		**Description:**	
Date of Service:	1/31/2024		
CPT Code:	CHEMO	**Description:**	CHEMOTHERAPY
Case Number:	1184813089		
Review Date:	1/29/2024 12:26:26 PM		
Expiration Date:	N/A		
Status:	The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.		

CANCEL   PRINT   CONTINUE

Click here for help

Continue if "Summary" looks correct.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the autho[...]

After answering the clinical question(s) on each screen you will need to hit t[...] 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.

Provider Experience – Case Submission

Proceed to Clinical Information

Is this case Routine/Standard?

YES   **NO**

Answer if the request is "Routine/Standard". If no, select "Urgency Indicator".

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 standard/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

Provider Experience – Case Submission

Proceed to Clinical Information

ⓘ Indicate the Cancer Type:

| ▾ | Other (specify) |

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

Please click Submit

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.

The request can also be completed at a later time.

CANCEL

Provider Experience – Case Submission

Exclusions are confirmed.

Proceed to Clinical Information

ℹ 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

Provider Experience – Case Submission

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

Confirm Place of Service.

Provider Experience – Case Submission

Proceed to Clinical Information

ⓘ Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?

◉ Yes ○ No

SUBMIT

Proceed to Clinical Information

ⓘ Has the disease persisted, progressed or recurred?

◉ Yes ○ No

SUBMIT

Proceed to Clinical Information

ⓘ Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

[   ]

SUBMIT

Proceed to Clinical Information

Most recent entry for this patient: None

ⓘ What is the histology of the cancer?

○ Papillary carcinoma
○ Follicular carcinoma
○ Oncocytic cell carcinoma
○ Medullary carcinoma
○ Anaplastic carcinoma

SUBMIT

The office 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 drop down or click selection to allow for quick entry and structured data for reporting and analysis.

EviCore
By EVERNORTH

44

Provider Experience – Case Submission

Proceed to Clinical Information

The National Comprehensive Cancer Network® (NCCN®) believes that the best management for any patient with cancer is in a clinical trial and that participation in clinical trials is especially encouraged. In some situations, trial participation may not be included in the patient's benefit plan design.

The following list represents potential treatment clinical trial matches in active and open enrollment status for this patient based on a search of the National Cancer Institute's (NCI) clinical trial database using the information gathered in this prior authorization request.

Trials are sorted in order of proximity between the patient's ZIP code and the nearest participating provider. This search result is limited to a maximum of 50. Please visit the NCI website www.cancer.gov if you would like to expand your search. By default, the following search result is filtered to Phase 2 and 3 clinical trials. You may customize the search result to particular states and clinical trial phases using the filters below.

If you would like more information on any of the clinical trials displayed, select the clinical trial(s) of interest, using the checkbox on the left and click "SUBMIT" to have more information sent to you. You may also click on the corresponding Trial ID and a new browser window will open with more information on that trial.

If you do not wish to receive more information on any clinical trials, click "SUBMIT" to continue without selecting any of the checkboxes.

If your patient's tumor contains a genetic abnormality, the MATCH (NCT02465060) and TAPUR (NCT02693535) clinical trials offer investigational targeted drug therapies for a wide variety of cancers.

Links

- MATCH
- TAPUR

ⓘ

SUBMIT

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

EviCore
By EVERNORTH

Provider Experience – Case Submission

Proceed to Clinical Information

The treatment options listed below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted. Febrile Neutropenia and Emetic Risk are sourced from the NCCN Guidelines and supplemented by supporting literature.

By selecting an NCCN regimen you will be granted an immediate authorization.* If a Pathway regimen is not selected, a peer consultation with an eviCore Medical Director may be required.

*Other policies may apply in select situations.

You will be given the ability to select biosimilar products – when available – after first selecting your regimen below.

ⓘ Select Treatment Option:

	Regimen	Pathway	Febrile Neutropenia Risk	Emetic Risk
○	VAIA: (Vincristine + Doxorubicin (alternating with Dactinomycin + Ifosfamide + mesna)	☐	High	High
○	VDC/IE (Vincristine + Doxorubicin HCL + Cyclophosphamide + Ifosfamide + Etoposide)	☐	High	High
○	VIDE (Vincristine + Ifosfamide + Doxorubicin HCL (or Dactinomycin) + Etoposide)	☐	High	High
○	Build a Custom Treatment Plan (May Require Additional Clinical Review)			

SUBMIT

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

The system is designed to managed injectable chemotherapy only or injectable + oral chemotherapy
This will be decided as part of the program design conversation.

EviCore
By EVERNORTH

46

Provider Experience – Case Submission

Proceed to Clinical Information

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 ne[x]
- 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
  treatment regimen.

ⓘ Drug List:

☐ 5-Fluorouracil (Adrucil, 5FU, 5FU, Adrucil)
☐ 5FU (5-Fluorouracil)
☐ 5FU (5-Fluorouracil)
☐ Abemaciclib - oral (Verzenio)
☐ Abiraterone Acetate - oral (Zytiga, Zytiga)
☐ Abi[raterone Acetate - oral (Zytiga, Zytiga)] , Yonsa)
☐ Abraxane (Paclitaxel (albumin-bound))
☐ Abraxane (Paclitaxel (albumin-bound))
☐ Abraxane (Paclitaxel (albumin-bound))
☐ Abraxane (Paclitaxel (albumin-bound))
☐ Acalabrutinib - oral (Calquence, Calquence)
☐ Actemra (Tocilizumab)
☐ Actimmune (Interferon, gamma-1b)
☐ Adagrasib - oral (Krazati)
☐ Adcetris (Brentuximab Vedotin)
☐ Ado-Trastuzumab Emtansine (Kadcyla)
☐ Adriamycin (Doxorubicin HCL)
☐ Adrucil (5-Fluorouracil)
☐ Adrucil (5-Fluorouracil)

☐ Lynparza (Olaparib - oral)
☐ Lynparza (Olaparib - oral)
☐ Lytgobi (Futibatinib - oral)
☐ Lytgobi (Futibatinib - oral)
☐ Margenza (Margetuximab-cmkb)
☐ Margetuximab-cmkb (Mar
☐ Mekinist (Trametinib - oral
☐ Mekinist (Trametinib - oral
☐ Mekinist (Trametinib - oral
☐ Mektovi (Binimetinib - ora
☐ Mektovi (Binimetinib - ora
☐ Melphalan HCL - inj (Alker
☐ Melphalan HCL (Evomela)
☐ Methotrexate (accord)
☐ Midostaurin - oral (Rydapt
☐ Mirvetuximab Soravtansin
☐ Mitomycin (Jelmyto)
☐ Mitomycin (Mutamycin, M
☐ Mitoxana (Ifosfamide)

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 drop down list and the user has the opportunity to attach or enter supporting information for the request.

Proceed to Clinical Inform

Is there any additional clinical information you would like to submit at this time?

Documentation to support your proposed treatment should be submitted in the following manner:
- Free text in box below
- Attach documentation to case

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Click 'Submit' if you have no additional clinical information to add at this time.

ⓘ Enter supporting Clinical Information in the field below:

You may attach up to 5 documents no larger than 5 MB each (25 MB total). Click "Browse" to select the document from your desktop or other network location.

Allowable file formats:

.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF, .TXT

ⓘ Attach a document:

[Choose File] No file chosen

Provider Experience – Case Submission

Proceed to Clinical Information

ⓘ Patient height in inches:

[   ]

ⓘ Patient weight in pounds:

[   ]

SUBMIT

Proceed to Clinical Information

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

SUBMIT

Proceed to Clinical Information

☑ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

Click here for help

Continue answering additional questions and confirm it is accurate.

EviCore
By EVERNORTH

48

Provider Experience – Case Submission

Summary of Your Request

Please review the details of your request below and if ~~...~~ NUE

Your case has been APPROVED.
The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted...

Provider Name:	DR. MARIA BELICENA	**Contact:**	B
Provider Address:	11375 CORTEZ BLVD	**Phone Number:**	(555) 555-5555
	BROOKSVILLE, FL 34613	**Fax Number:**	(555) 555-5555
Patient Name:	MARSHA COLETRANE	**Patient Id:**	U25153824
Insurance Carrier:	CIGNA		
Site Name:	REX HOSPITAL INC	**Site ID:**	OOL22K
Site Address:	850 S MAIN ST		
	HOLLY SPRINGS, NC 27540		
Primary Diagnosis Code:	C50.412	**Description:**	Malignant neoplasm of upper-outer quadran...
Secondary Diagnosis Code:		**Description:**	
Date of Service:	2/2/2024		
HCPCS Code(s):	J9267, Q5114	**Drug(s):**	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO...
Authorization Number:	A200580140		
Review Date:	1/30/2024 1:59:59 PM		
Expiration Date:	4/2/2025		
Status:	Your case has been APPROVED.		

The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

CANCEL **PRINT** **GO TO PATIENT HISTORY** **REQUEST SUPPORTIVES**

Review "Summary of your Request"

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.

EviCore
By EVERNORTH

49

Provider Experience – Case Submission - Supportives

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been APPROVED.
The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	DR. MARIA BELICENA	**Contact:**	B
Provider Address:	11375 CORTEZ BLVD	**Phone Number:**	(555) 555-5555
	BROOKSVILLE, FL 34613	**Fax Number:**	(555) 555-5555

Patient Name:	MARSHA COLETRANE	**Patient Id:**	U25153824
Insurance Carrier:	CIGNA		

Site Name:	REX HOSPITAL INC	**Site ID:**	OOL22K
Site Address:	850 S MAIN ST		
	HOLLY SPRINGS, NC 27540		

Primary Diagnosis Code:	C50.412	**Description:**	Malignant neoplasm of upper-outer quadrant of left female breast
Secondary Diagnosis Code:		**Description:**	
Date of Service:	2/2/2024		
HCPCS Code(s):	J9267, Q5114	**Drug(s):**	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NOV-ONXOL), TRASTUZUMAB-DKST (OGIVIRI)
Authorization Number:	A200580140		
Review Date:	1/30/2024 1:59:59 PM		
Expiration Date:	4/2/2025		
Status:	Your case has been APPROVED.		
	The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

[CANCEL] [PRINT] [GO TO PATIENT HISTORY] [REQUEST SUPPORTIVES]

The next few slides will provide guidance on requesting Supportive Drugs

"Request for Supportive" drugs can be initiated here.

EviCore
By EVERNORTH
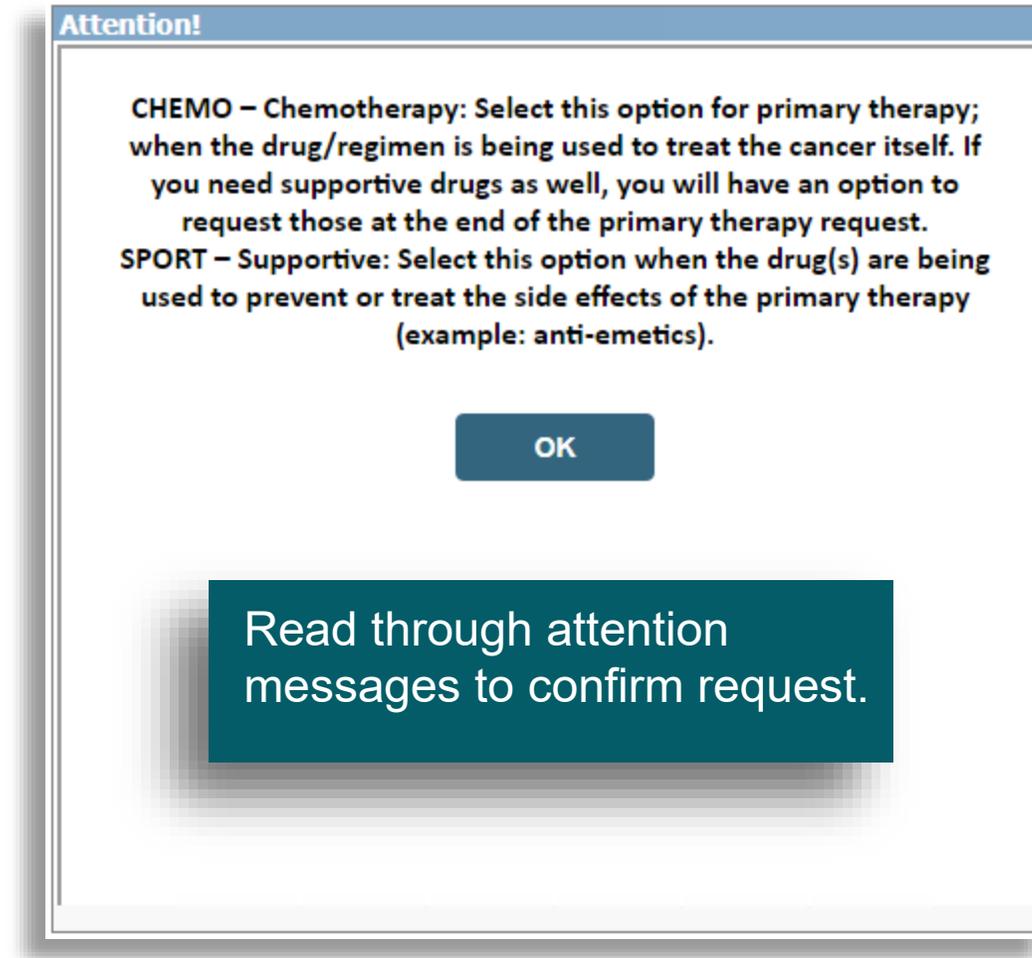
Provider Experience – Case Submission - Supportives

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.
SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

OK

Read through attention messages to confirm request.

Provider Experience – Case Submission - Supportives

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	1/31/2024
Medical Oncology Pathways:	SPORT
Description:	SUPPORTIVE THERAPIES
Primary Diagnosis Code:	C11.1
Primary Diagnosis:	Malignant neoplasm of posterior wall of nasopharynx
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   CONTINUE

Click here for help

If "Request Supportives" is selected, a new case is started and the user is dropped on this screen 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

Provider Experience – Case Submission - Supportives

Indicate if treatments will be billed under same tax id number as ordering provider.

Provider Experience – Case Submission - Supportives

Proceed to Clinical Information

ⓘ Indicate the Cancer Type:

| Colon/Rectal Cancer ⌄ |

SUBMIT

Proceed to Clinical Information

ⓘ Which class of drugs do you intend to treat with?

◯ Antiemetic agents

◯ Other supportive agents (such as erythropoiesis-stimul

SUBMIT

Proceed to Clinical Information

ⓘ Indicate the requested supportive agent:

| ⌄ |

Bevacizumab (Alymsys)
Bevacizumab (Mvasi)
Bevacizumab (Vegzelma)
Bevacizumab (Zirabev)
Burosumab (Crysvita)
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
Dronabinol (Syndros) Oral Solution
Eflapegrastim-xnst (Rolvedon)

TIMES PER WEEK
NCE EVERY 2 WEEKS
NCE EVERY 3 WEEKS
EEKLY
IMES PER WEEK

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

EviCore
By EVERNORTH

54

Provider Experience – Case Submission

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Request does not contain any drugs managed for this member under this program.

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

Patient Name:	**Patient Id:**
Insurance Carrier:	

Site Name:	684GQZ
Site Address:	

The summary screen confirms that status and details of the request.

Primary Diagnosis Code:	C00.0	**Description:**	Malignant neoplasm of external upper lip
Secondary Diagnosis Code:		**Description:**	
Date of Service:	2/2/2024		
CPT Code:	CHEMO	**Description:**	CHEMOTHERAPY
Case Number:	1184814046		
Review Date:	1/30/2024 10:21:35 AM		
Expiration Date:	N/A		
Status:	Request does not contain any drugs managed for this member under this program.		

[CANCEL] [PRINT] [GO TO PATIENT HISTORY] [REQUEST SUPPORTIVES]

EviCo By EVERNORTH

Click here for help

Provider Resources

Contact EviCore's Dedicated Teams

Call Center/Intake Team

- Phone: 888-444-6178

- Representatives are available from 7 a.m. to 7 p.m. local time.

Portal Support

- Live chat

- Email: Portal.Support@EviCore.com

- Phone: 800-646-0418 (option 2)

Provider Engagement

- Regional team that works directly with the provider community.

- **Provider Engagement Manager Territory List**

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

Provider Resource Website

Provider Resource Pages

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

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

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 Providers' Hub.

EviCore
By EVERNORTH

Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.

- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

Provider's Hub > Scroll to EviCore Provider Orientation Session Registrations > Upcoming

EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff with the prior authorization process.

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

EviCore
By **EVERNORTH**

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

Stay Updated With Our Provider Newsletter

Your email address   SUBSCRIBE →

Thank You

EviCore
By EVERNORTH