EviCore By EVERNORTH

Frequently Asked Questions

Arkansas Blue MEDICARE

Medical Oncology

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for Arkansas BlueCross BlueShield.

What is the relationship between EviCore and Arkansas BlueCross BlueShield?

EviCore will manage Medical Oncology services for Arkansas BlueCross BlueShield for DOS 1/1/2021 and beyond.

Which members will EviCore by Evernorth manage for Medical Oncology?

EviCore will manage prior authorizations for Arkansas BlueCross BlueShield Medicare Essential Network.

Which Medical Oncology services require prior authorization?

To find a complete list of services that require prior authorization through EviCore, please visit our Provider Resource site: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth.

How does a provider check member eligibility and benefits?

Member eligibility and benefits should be verified with Arkansas BlueCross BlueShield at https://www.arkansasbluecross.com/ before requesting prior authorization through EviCore.

If services are performed in an inpatient setting or emergency room, do they require prior authorization?

No. Radiology services performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization through EviCore.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified via www.arkansasbluecross.com before submitting request to EviCore.

Who needs to request prior authorization through EviCore?

All physicians who request/order Medical Oncology services are required to obtain prior authorization for services prior to the service being rendered in an office or outpatient setting.

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How does a provider initiate a prior authorization request?

Providers and/or staff may request prior authorization in one of the following ways:

- **EviCore Provider Portal (preferred)**
  The EviCore by Evernorth portal is the quickest, most efficient way to request prior authorization. Providers can request a prior authorization by visiting Homepage | EviCore by Evernorth
- **Fax**
  Prior authorization requests for Radiology may be faxed to 800.540.2406.
- **Phone**
  Providers and/or staff may request prior authorization by calling 866.220.4699.

Where can I access clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available 24/7 and can be found by visiting one of the following links:

Clinical Worksheets
www.evicore.com/provider/online-forms

Clinical Guidelines
www.evicore.com/provider/clinical-guidelines

What are the EviCore hours of operation?

EviCore by Evernorth hours of operation are:

- Monday-Friday 7 am – 7 pm CST
- Saturday 8 am – 4 pm CST
- Sunday 8 am – 1 pm CST
- 24-hour on-call coverage

What is the most effective way to get an authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at 866-220-4699. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

How do I determine if a provider is in network?

Participation status can be verified on Arkansas BCBS Website: https://www.arkansasbluecross.com/
Providers may also contact EviCore at 866-220-4699. EviCore receives a provider file from Arkansas BCBS with all independently contracted participating and non-participating providers.

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What information is required when requesting prior authorization?

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four (4) categories of information:

Member
- First and Last Name
- Date of Birth
- Member ID

Ordering Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)
- Requested Drug(s) (HCPCS 'J' code and name (brand and/or generic)
- Signs and symptoms
- Results of relevant test(s)
- Relevant medications
- Working diagnosis/stage
- Patient history including previous therapy

When will a provider receive the prior authorization determination from EviCore?

If all clinical information is provided when the request is submitted a typical response will occur within 7 calendar days for routine requests and within 72 hours for urgent requests.

How will prior authorization determinations be communicated?

EviCore will communicate determination using the following methods:
- Written notification will be faxed to the ordering physician.
- Members will receive notification by mail.
- Prior authorization status can be viewed on demand on the EviCore portal at Homepage | EviCore by Evernorth.

How long is the authorization valid?

Authorization time spans vary depending on the clinical indications submitted, but it could span between 8-14 months. If the service is not performed within the approved time span, please contact EviCore for assistance.

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What happens if the provider's office does not know the treatment regimen that needs to be submitted?

The caller must be able to provide either the drug name or the HCPCS code in order to submit a request. EviCore will assist the physician's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s) provided.

In the event of an adverse determination, what post-denial processes are available?

When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied. In those cases, EviCore will send a denial letter with the rationale for the decision, peer-to-peer options, and appeal rights.

What if prior authorization is issued and revisions need to be made?

The ordering physician should contact EviCore with any changes. It is important to notify EviCore of any changes for claims to be correctly processed.

How do providers submit a program-related question or concern?

For program-related questions or concerns, please call 800.646.0418 (option 4).

You may also 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, ECRM

Frequently Asked Questions

Who should providers contact for portal support/questions?

To connect with a portal specialist, please call 800.646.0418 (option 2), use live chat on the portal, or submit a ticket via ECRM. Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where do I submit claims?

All claims will continue to be filed directly to Arkansas BlueCross BlueShield.

Where can providers find additional information?

For more information and reference documents, please visit EviCore by Evernorth's provider resources site for this program: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth