

MEDICAL ONCOLOGY

Arkansas BlueCross BlueShield Provider Orientation

EviCore
By EVERNORTH



Agenda

1. Solution Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Appendix

Solution Overview

ARBCBS Prior Authorization Services

EviCore will begin accepting prior authorization requests for Medical Oncology services on 12/23/20 for dates of service 1/1/2021 and after.



Applicable Membership

- + Arkansas Blue Medicare
- + Health Advantage

Prior authorization applies to the following services

- + Infused, oral, self-administered drugs
- + Supportive agents

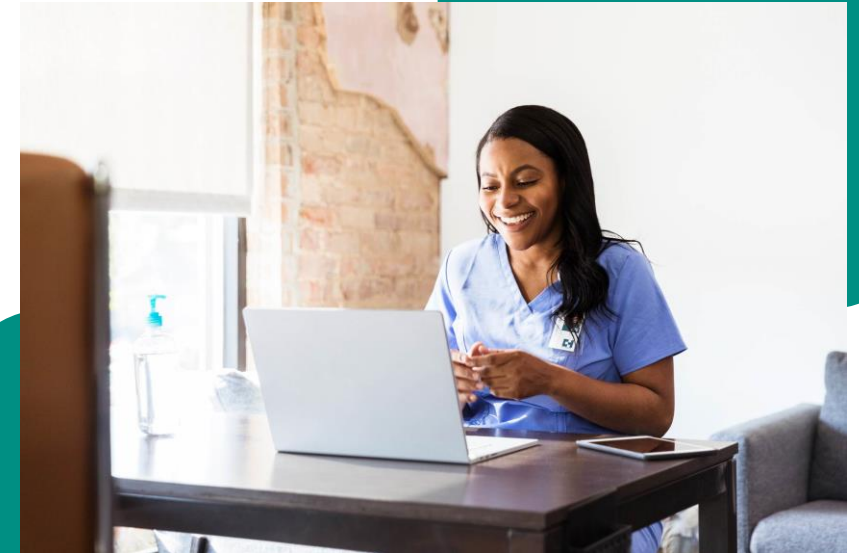
Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services
- + Inpatient Stays

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

How to Determine Member Benefits & Eligibility

Resources	Contact
ARBCBS Customer Service	Refer to member's ID card
ARBCBS Provider Portal	www.arkansasbluecross.com/
EviCore Provider Portal	Homepage EviCore by Evernorth > choose the Eligibility Lookup feature in the top banner (login required)
EviCore Intake Team	866-220-4699 (Monday – Friday 7 a.m. to 7 p.m. Saturday 8 a.m. to 4 p.m. Sunday 8 a.m. to 1 p.m. (CST))



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**
- + **Eligibility Lookup:** Confirm if patient requires clinical review
- + **Prior Authorization Status:** Get real-time status on cases
- + **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
- + **View & Print:** Case documents and determination information at your fingertips
- + **Dashboard:** View and track all recently submitted cases
- + **E-notification:** 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
- + **Review post-decision options:** Submit appeal, reconsideration and schedule a peer-to-peer consultation

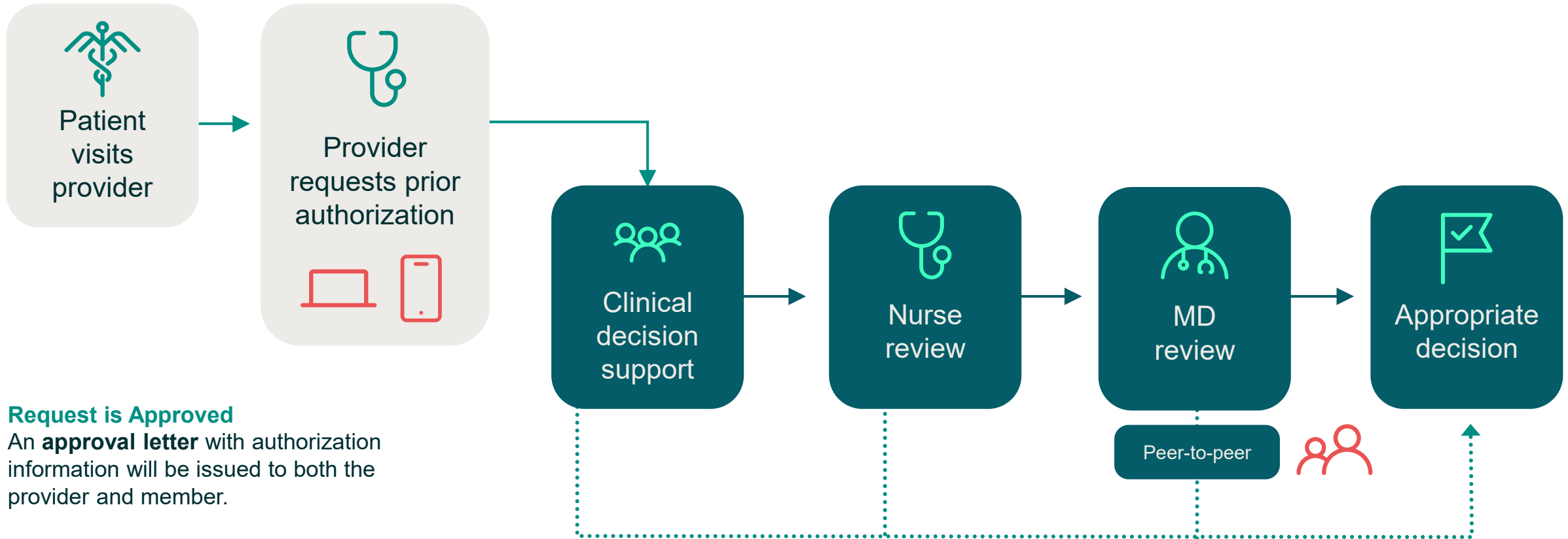
To access the EviCore Provider Portal, visit EviCore.com/provider

Or by phone: **866-220-4699**

Monday – Friday
7 AM – 7 PM (CST)

Or by fax: **800-540-2406**

Pre-Service Prior Authorization Workflow



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.

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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) Physician

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



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
 - ✓ HCPCS Code(s)
 - ✓ Diagnosis Code(s)
- ✓ Current Physician's order/script
- ✓ Current detailed invoice listing all requested equipment



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number

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 to the member and available to the provider on the Web portal 24/7.

I've received a request for additional clinical information. What's next?



Before a denial decision is issued, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: 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 [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). **All** Clinical Information pages must include the patient's name and at least one additional identifier.
2. Fax to 866-663-7740
3. Request a Clinical Consultation / Peer-to-peer (P2P). This consultation can be requested via the EviCore website (see slide 48 for instructions) and must occur prior to the due date referenced.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- + **Approved Requests:** Standard requests are processed within 7 calendar days from the receipt of all clinical information. Authorization time spans vary depending on the clinical indication but it could span between 8-14 months. If the service is not performed within the approved time span, please contact EviCore for assistance.
- + **NCCN Alignment:** All requests should align with NCCN recommended treatment regimens. A customized treatment option is available, which will require further medical review.
- + **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.

Notifications

- + Letters will be faxed to the provider.
- + Web-initiated cases will receive e-notifications.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [EviCore portal](#)



Special Circumstances

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

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information, and the case is reviewed solely with the information initially provided.*



Special Circumstances

Authorization Updates



If updates are needed on an existing authorization, providers can contact EviCore by phone at 866-220-4699



If the authorization is not updated and a different service is submitted on the claim, it may result in a claim denial



Medicare Members

My case has been denied.
What's next?

- + Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- + However, once a denial decision has been made on a Medicare case, the decision is final and cannot be overturned via Clinical Consultation.



Reconsiderations

- + Medicare cases do not include a reconsideration option
-



Appeals

- + EviCore will not process first-level appeals.
- + Appeal requests must be submitted directly to the health plan.
- + A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

EviCore Provider Portal

Access and Compatibility

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

Access resources on the EviCore Provider Portal

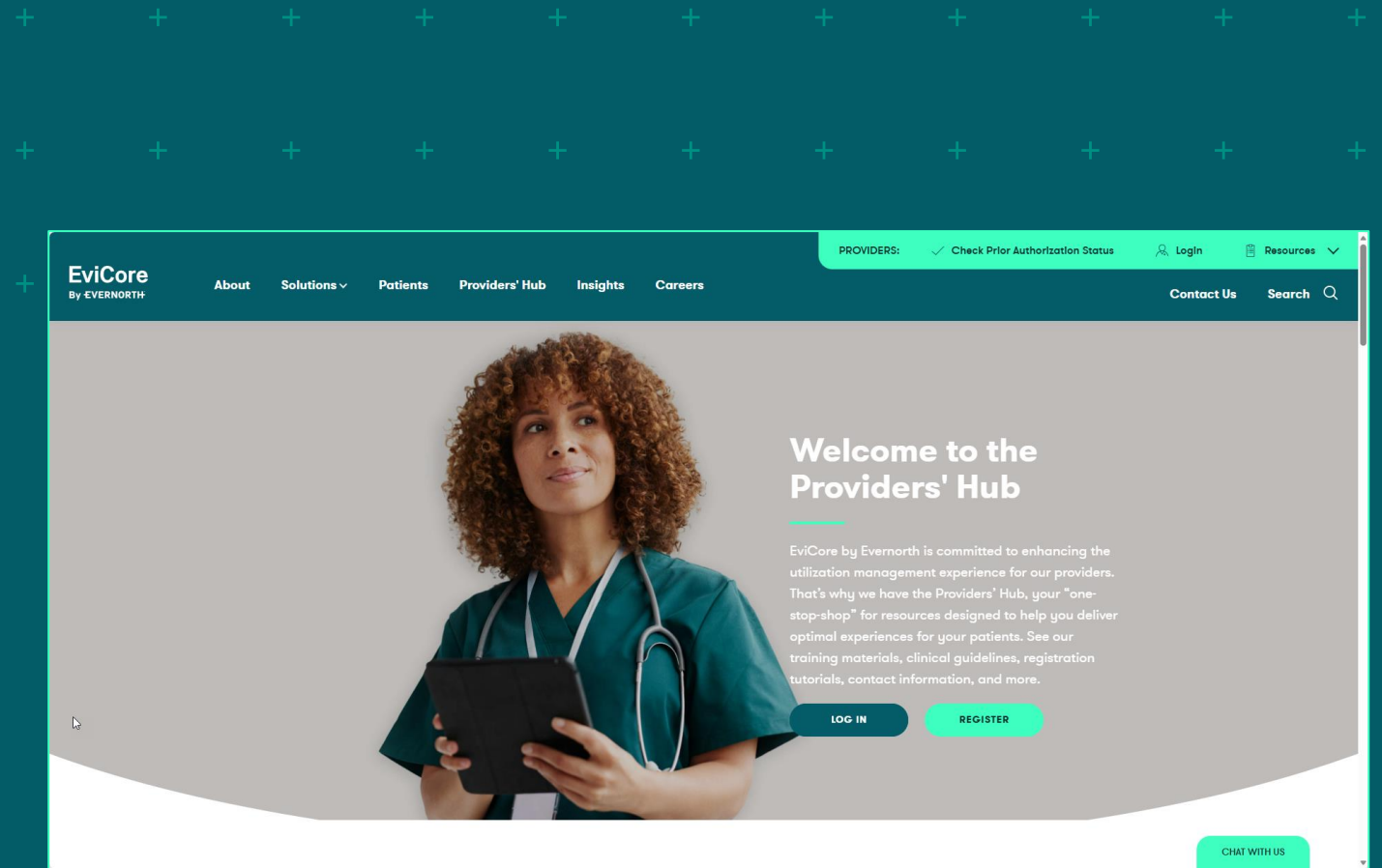
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register**



EviCore's website is compatible with all web browsers. You will need to disable pop-up blockers to access the site.

Registering for an EviCore Provider Portal Account

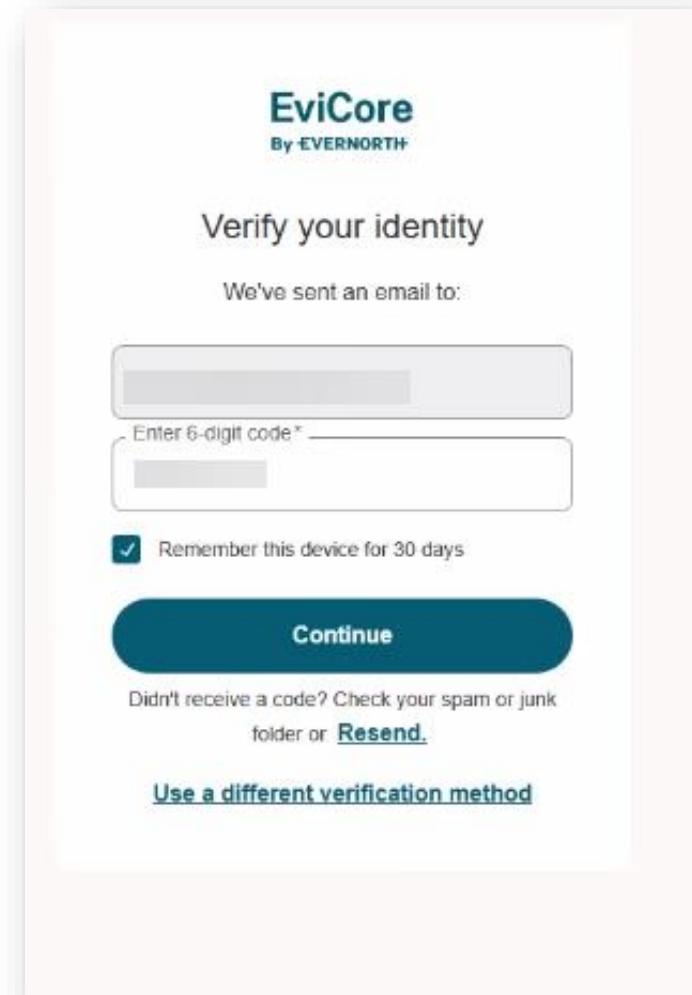
The screenshot displays the EviCore registration form. At the top left is the EviCore logo with 'By EVERNORTH' underneath. The form is titled 'User Information' in the top left corner, and a 'Next' button is in the top right corner. The form is divided into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. The 'User Information' section contains three input fields: 'First Name' (placeholder: 'Enter first name'), 'Last Name' (placeholder: 'Enter last name'), and 'User Name' (placeholder: 'Create user name'). The 'Contact Info' section contains four input fields: 'Email' (placeholder: 'Enter email'), 'Confirm Email' (placeholder: 'Confirm email'), 'Phone' (placeholder: 'Phone number'), and 'Ext (optional)' (placeholder: 'Extension'). The 'Physician/Facility Information' section contains two input fields: 'Individual NPI' (placeholder: 'Enter NPI') and 'Tax ID' (placeholder: 'Enter Tax ID'). A mouse cursor is visible near the bottom right of the form.

- 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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below it, it says 'We've sent an email to:' followed by a blurred email address field. Then, there is a label 'Enter 6-digit code*' above a text input field. Below the input field is a checked checkbox with the text 'Remember this device for 30 days'. A large teal 'Continue' button is centered. Below the button, it says 'Didn't receive a code? Check your spam or junk folder or [Resend.](#)' and at the bottom, a link '[Use a different verification method](#)'.

Portal Access – Landing Page

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Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Hello, M Johnson

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
No Data Available									

CareCore

View in progress and pharmacy requests

Manage your account

MSK PPS

MedSolutions

View in progress requests

Manage your account

Claims search

Payment status

Post acute care

Feedback

+ Once logged in, locate the “Portals” dropdown and Select “CareCore.”
You must select the CareCore portal for Medical Oncology requests.

User Access – Shared Worklist

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Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Hello, Michael Khum

Give access to your worklist

Use this form to give users access to your worklist

Username

Email

Allow access

0 people have access to your worklist.

View List

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
No Data Available									

- + On the main landing page under “My Worklist” you will see cases that you either created or submitted.
- + To grant access to “My Worklist” for others in your organization, click on “User Access” at the top menu bar and enter the additional Usernames and Email addresses. **Note:** These individual users must already have an EviCore Portal account.

Initiating Case Build & Submission

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Request an Authorization

To begin, please select a program below:

Durable Medical Equipment(DME)

Evicore Medical Oncology Pathways

Gastroenterology

Lab Management Program

Medical Specialty Drugs

Musculoskeletal Management

Pharmacy Drugs (Express Scripts Coverage)

Radiation Therapy Management Program (RTMP)

Radiology and Cardiology/Vascular Intervention

Sleep Management

[Click here for help](#)

- + Choose Clinical Certification to begin a new case request.
- + Select the appropriate program from the list provided: Medical Oncology Pathways

Case Build & Submission | Add Ordering Physician

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan:

Please Select

▼

TIN:

NPI:

Last Name:

(requires NPI or TIN)

City:

(city only, no state)

Zip:

SEARCH

+ Add ordering physician by using the search feature. It is recommended you enter the NPI and Last name (at a minimum) to complete the search.

Case Build & Submission | Confirm Ordering Physician

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

+ After you click search, if there are providers matching the information you entered, they will populate on the screen.

+ Select the appropriate ordering provider from the results and click continue.

Case Build & Submission | Select Health Plan

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Health Plan Name 

200 

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.

- + Choose the applicable **Health Plan** for your request
- + Select the appropriate address for the Provider
- + Click CONTINUE

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Case Build & Submission I Add Contact Information

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:* n@evicore.c

☒ Receive email notification of case status changes

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

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- + Enter your contact information. This will be used to provide updates on the case and for outreach if needed.

- + Provider name, fax, and phone will pre-populate, edit these fields as necessary.

- + The receive email notification box is checked by default. If you prefer to receive faxed notifications, make sure to uncheck this box.

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Case Build & Submission I Member Eligibility

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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 filter)

User or provider has no patients

New Patient Registration

Provider:

Health Plan: PLAN-X

Member ID: 123456789

Date of Birth: 1/1/1901

Name: Jane Doe

City, State: Verona, NJ

Do you want to continue with this patient?

YES

NO

Register a new patient or select an existing patient 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.

Case Build & Submission I Patient Information

Attention!

Patient ID: 123456789

Time: 1/24/2024 2:28 PM

Patient Name: Jane Doe

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.

Case Build & Submission | Patient History

Clinical Certification

Jane Doe
123 Smith Street
Town, PA 12345

01/01/1901
Age: 35
Female

Insurer ID: 123456789

NEW REVIEW

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.

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.

Case Build & Submission I Treatment Date

Attention!

Patient ID : 123456789

Time: 3/4/2019 2:02 PM

Patient Name: Jane Doe

What is the anticipated start date of treatment? MM/DD/YYYY

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

Case Build & Submission I Service & Diagnosis

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".

Case Build & Submission | Confirm Service & Diagnosis

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.

Case Build & Submission | Site Selection

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 your entry.

NPI:

5063644790

Zip Code:

34613

TIN:

City:

LOOKUP SITE

	Name	Address
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10085 CORTEZ BLVD BROOKSVILLE, FL 34613
SELECT	BELICENA MARIA	10085 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

Enter an email for communication if desired.

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Case Build & Submission I Fax Number

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:

SUBMIT **UNKNOWN**

Provide fax number if known.

Case Build & Submission I Case Summary

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:		Contact:	B
Provider Address:		Phone Number:	(352) 596-4660
		Fax Number:	(352) 555-5555
Patient Name:	Jane Doe	Patient Id:	123456789
Insurance Carrier:	Insurer		
Site Name:		Site ID:	NPUKQ
Site Address:			
Primary Diagnosis Code:	153.1	Description:	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:		Description:	
Date of Service:	1/31/2024	Description:	CHEMOTHERAPY
CPT Code:	CHEMO		
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.

Case Build & Submission | Attestation

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. For all 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.

Case Build & Submission I Urgency Indicator

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

Case Build & Submission I Selection of Cancer Type

Proceed to Clinical Information

 Indicate the Cancer Type:

▼

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

Gastro/Esophageal Cancer

Gastrointestinal Stromal Tumors (GIST)

Gestational Trophoblastic Neoplasia (GTN)

Hairy Cell Leukemia

Head and Neck Cancers

Hepatoblastoma

Hepatocellular (Liver) Cancer

▼

Other (specify)

view (similar to Production) on

quest.

Please click Submit

SUBMIT

☐ Finish Later

CANCEL

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 later, if needed.

Case Build & Submission | Exclusions

Confirm any exclusions,
which may direct the user
back to the HealthPlan.

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 requested drug is being used to treat a condition other than cancer
- ☐ The treatment will be administered inpatient
- ☐ CAR-T Therapy
- ☐ This request is for a Stem Cell Transplant conditioning regimen
- ☐ None of the above

SUBMIT

Case Build & Submission I Confirm Place of Service

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.

Case Build & Submission I Clinical Pathway Questions

Proceed to Clinical Information

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

☐ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 Has the disease persisted, progressed or recurred?

☐ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 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

1 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.

Case Build & Submission I Clinical Trial Information

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

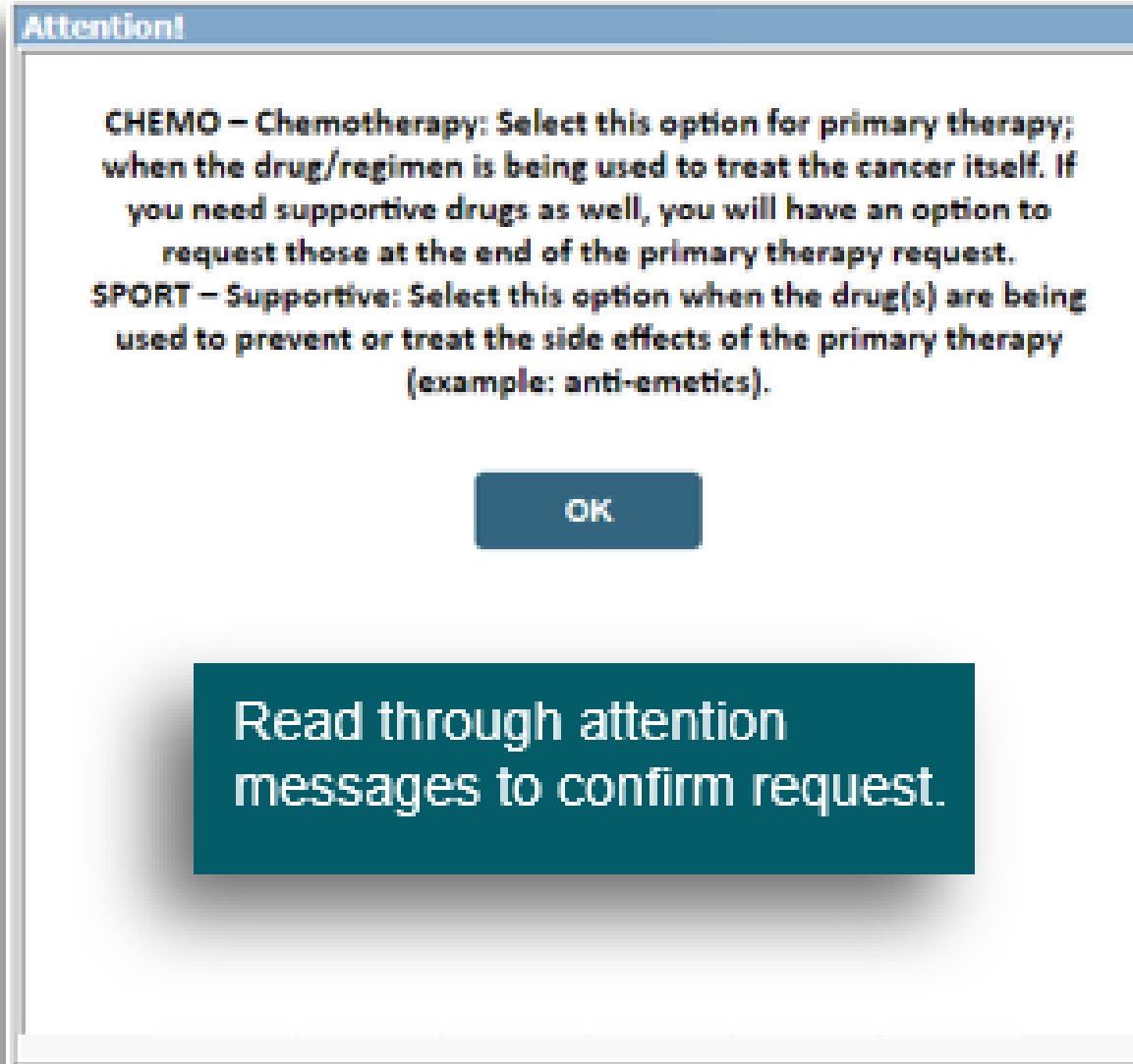
- [MATCH](#)
- [TAPUR](#)



SUBMIT

Information about relevant clinical trials is presented, if applicable.

Case Build & Submission | Supportives



Case Build & Submission | Confirm 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

Case Build & Submission I Tax ID Confirmation

Attention!

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

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

Case Build & Submission | Additional Questions

Proceed to Clinical Information

① Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

Proceed to Clinical Information

① Which class of drugs do you intend to treat with?

☒ Antiemetic agents

☐ Other supportive agents (such as erythropoiesis-stimul

SUBMIT

Proceed to Clinical Information

① 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 (Rebvedon)

3 TIMES PER WEEK

ONCE EVERY 2 WEEKS

ONCE EVERY 3 WEEKS

WEEKLY

TIMES 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.

Request for Clinical Upload | Medical Information Checklist

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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.

Required Medical information checklist
Browse for file to upload (max size 25MB, 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

If additional information is required, you will have the option to upload. Review the list of required medical information to ensure your request is processed timely.

Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Access the required medical information checklist if needed

[Required Medical Information Check List.pdf \(evicore.com\)](#)

Case Submitted | Summary Screen

Summary of Your Request

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

Your case has been Approved.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

CANCEL

PRINT

CONTINUE

Summary of Your Request

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

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:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been sent to Medical Review.

CANCEL

PRINT

CONTINUE

Once the case has been submitted, you will receive a summary of your request indicating that either your case has been approved or your case has been sent to Medical Review. Details of the case are provided along with either an authorization number or case number. You can print this page for your records.

Authorization Lookup Feature

- + Look up a case 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
- + View and print correspondence associated with the case
- + Cases you submitted will appear under your worklist on the main dashboard

Authorization Number:

Case Number:

Patient Name:

DOB:

Status: Approved

P2P Status:

Approval Date:

Service Code: DME

Service Description: DURABLE MEDICAL EQUIPMENT

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

CHANGE SITE

UPLOADS & FAXES

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:



Provider Resources

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
- Claims disputes support/claims adjudication requests
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)



ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research. Requests will be initiated through EviCore's self-service application, ECRM.

- + ECRM: <https://ecrm.evernorth.com/ecrm>
- + Phone: **(800) 646-0418** (option 4)

Web-Based Services and Portal Support

- + Live chat
- + Phone: **800-646-0418** (option 2)

Provider Engagement

- + Regional team that works directly with the provider community.
- + [Provider Engagement Territory List](#)

Call Center

Call 866-220-4699, representatives are available from:

Monday to Friday 7 a.m. to 7 p.m.

Saturday 8 a.m. to 4 p.m.

Sunday 8 a.m. to 4 p.m. (CST)

Contact EviCore's Dedicated Teams



Provider Resource Website

EviCore's Provider Engagement team maintains provider resource sites that contain client and solution-specific educational materials to assist providers and their staff on a daily basis.

These sites will include:

- + Frequently Asked Questions
 - + Quick Reference Guides
 - + Provider Training Materials
 - + CPT Code Lists
- + To access these helpful resources, please visit **Provider Resources** and enter the health plan in the drop down.



REMINDER: Contact our Client and Provider Services team via EviCore's self-service application, ECRM

- + <https://ecrm.evernorth.com/ecrm>
- + 1-800-646-0418 (option 4)



Quick Reference Information

At the top right corner of our EviCore.com webpage, click on the “Resources” dropdown to display links to a variety of resources:

- + Clinical Guidelines
- + Health Plan-Specific Resources
- + Clinical Worksheets, where available
- + Guides on EviCore processes
- + Click “Go to Provider’s Hub” to:
 - Log into the provider portal
 - Find contact information
 - Sign up for our provider newsletter
 - Explore more features

PROVIDERS:  Check Prior Authorization Status  Login  Resources ^

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

Network Standards/Accreditations

Training Resources

Learn How To

Submit A New Prior Authorization

Find Contact Information

Podcasts

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Request an Appeal or Reconsideration

Receive Technical Web Support

Check Status Of Existing Prior Authorization

Check Eligibility Status

Access Claims Portal

GO TO PROVIDER'S HUB >

Continued Learning: Provider Training Opportunities



Get More Out of the EviCore Portal - Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**
- + [Therapy Provider Training](#) (*for therapy providers*) – Offered **twice per quarter**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*) – Offered **once per week**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!

Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

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

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

*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.

Schedule a P2P Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed

Schedule a P2P Request (con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

Questions
Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone
US/Eastern

[Continue >](#)

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P Request (con't.)

1. 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
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

The screenshot displays the 'Schedule' step of a four-step process (Case Info, Questions, Schedule, Confirmation). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Phone Ext.' field is also present with the value '12345'. A 'Submit' button is located at the bottom right of the form. Below the form, a 'Scheduling' section shows a 'Scheduled' status with a calendar icon, a clock icon, and the date/time 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights the word 'SCHEDULED' in the top right corner of the scheduling section.

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. 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
5. Close the browser once finished

