MEDICAL ONCOLOGY

Arkansas BlueCross BlueShield Provider Orientation

EviCore By EVERNORTH

Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

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

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Solution Overview

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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

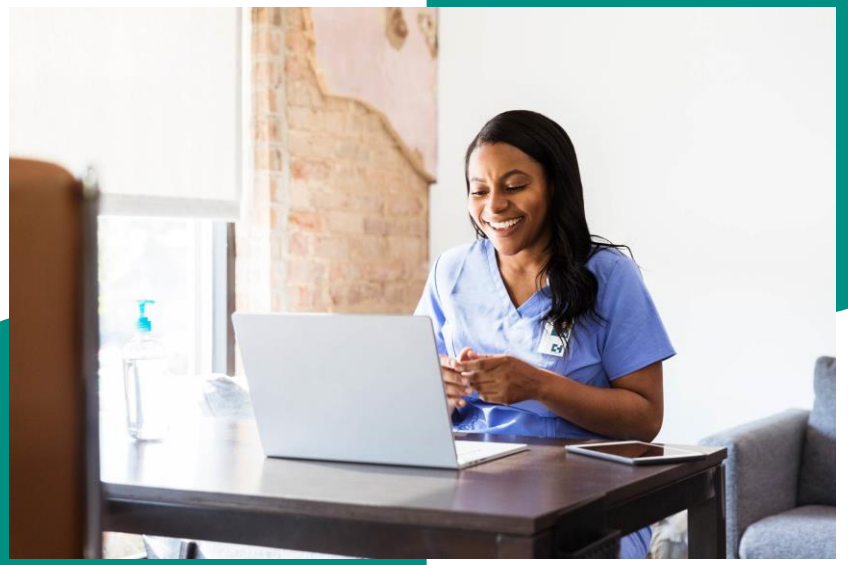
Prior authorization does NOT apply to services performed in:

+ 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)



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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**

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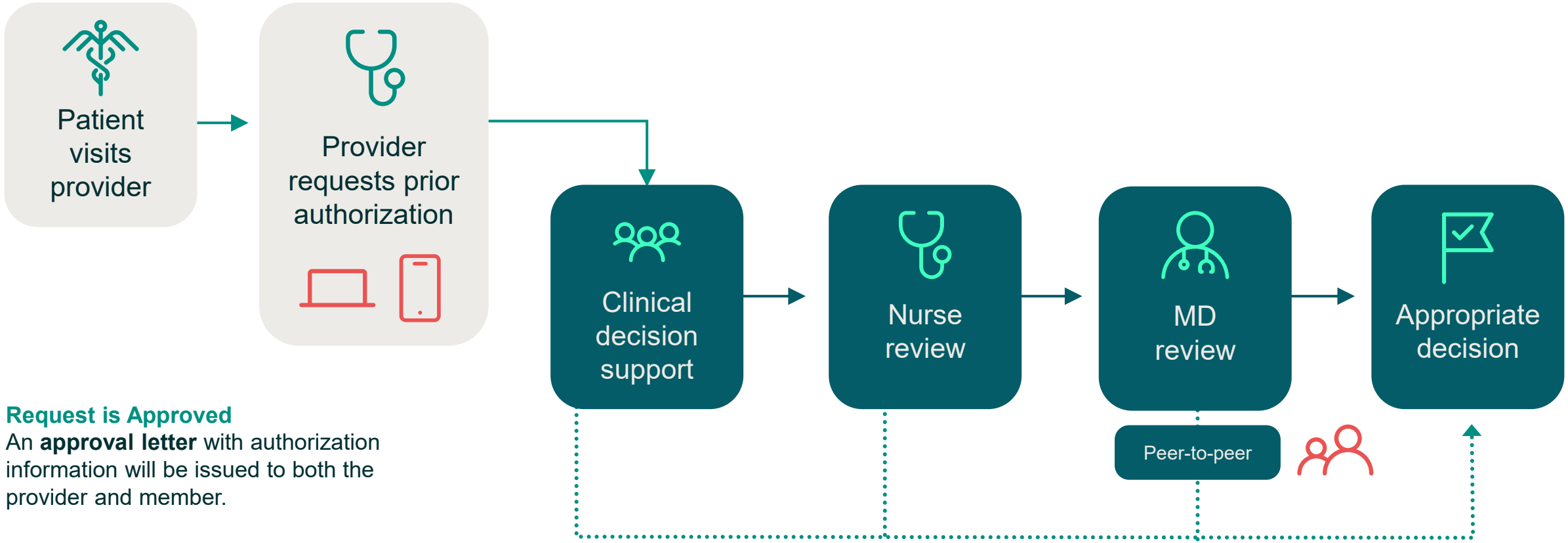
Pre-Service Prior Authorization Workflow



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

All Clinical Information pages must include the patient's name and at least one additional identifier such as DOB or health plan ID.

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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 hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

The provider must submit the additional information to EviCore.

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.

EviCore will review the additional documentation and reach a determination.

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**

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at 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

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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

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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 soley with the information initially provided.*

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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

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POST-DECISION OPTIONS

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 to directly to the health plan.
+ A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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EviCore Provider Portal

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Access and Compatibility

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

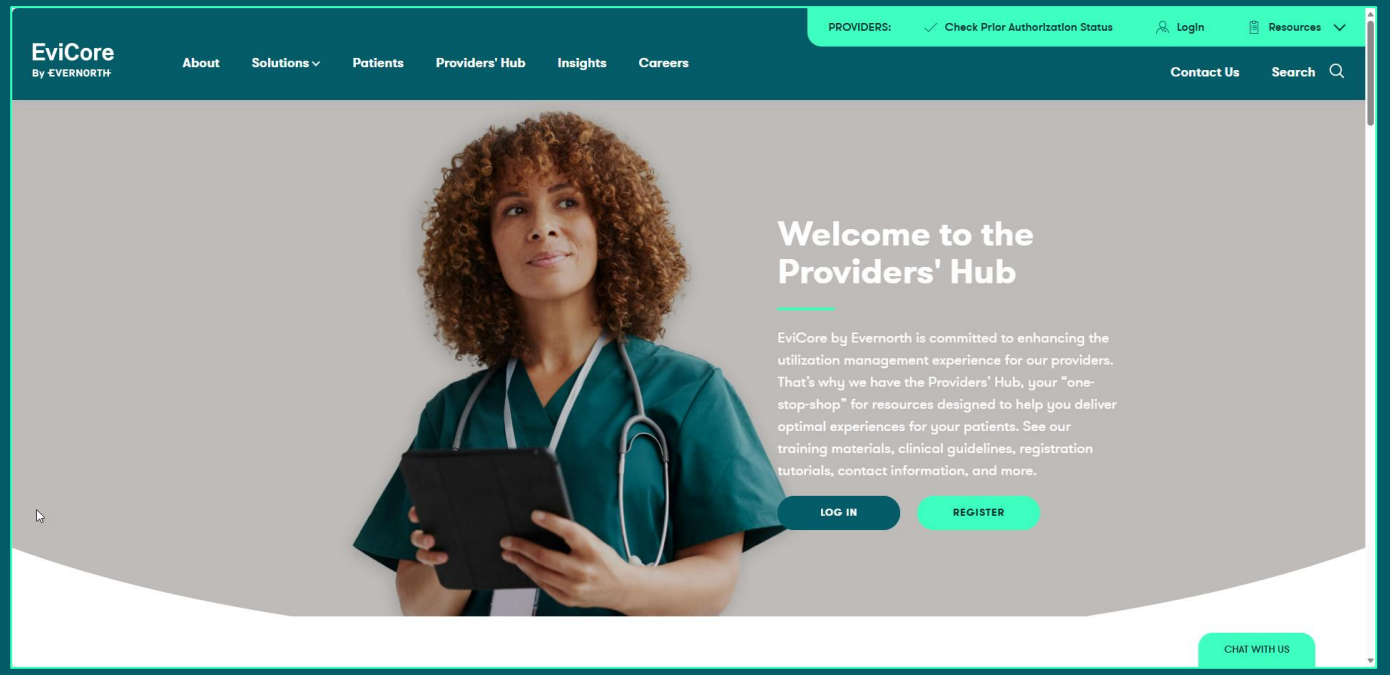
Access resources on the EviCore Provider Portal

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.

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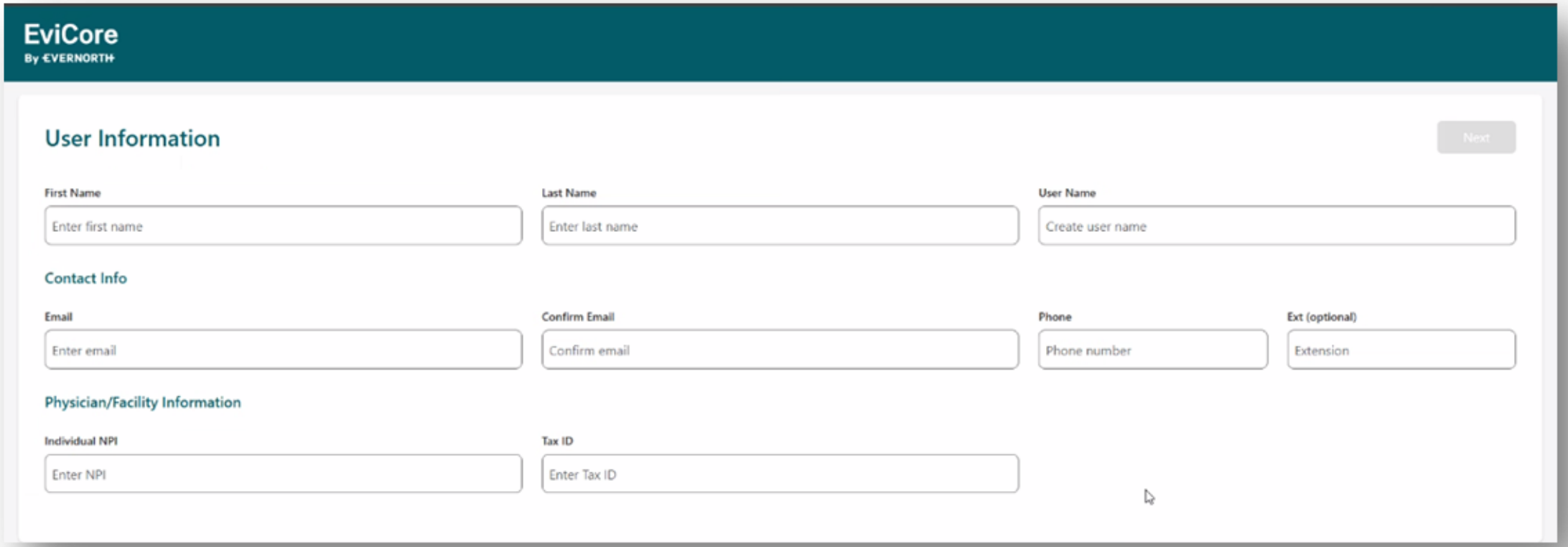
Registering for an EviCore Provider Portal Account

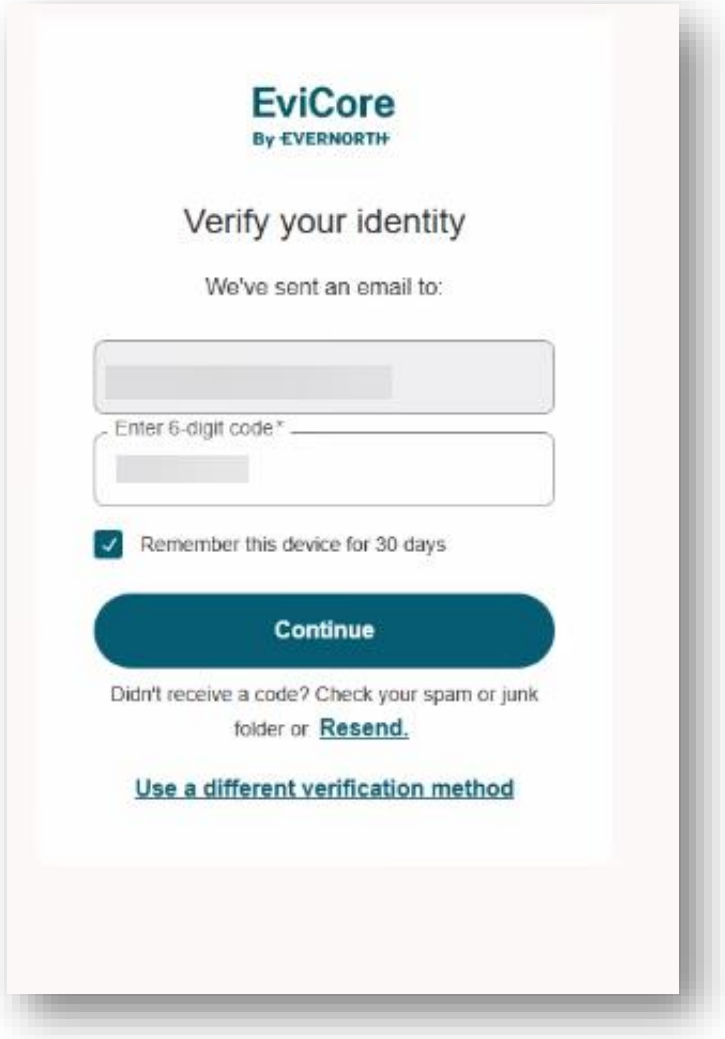


- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

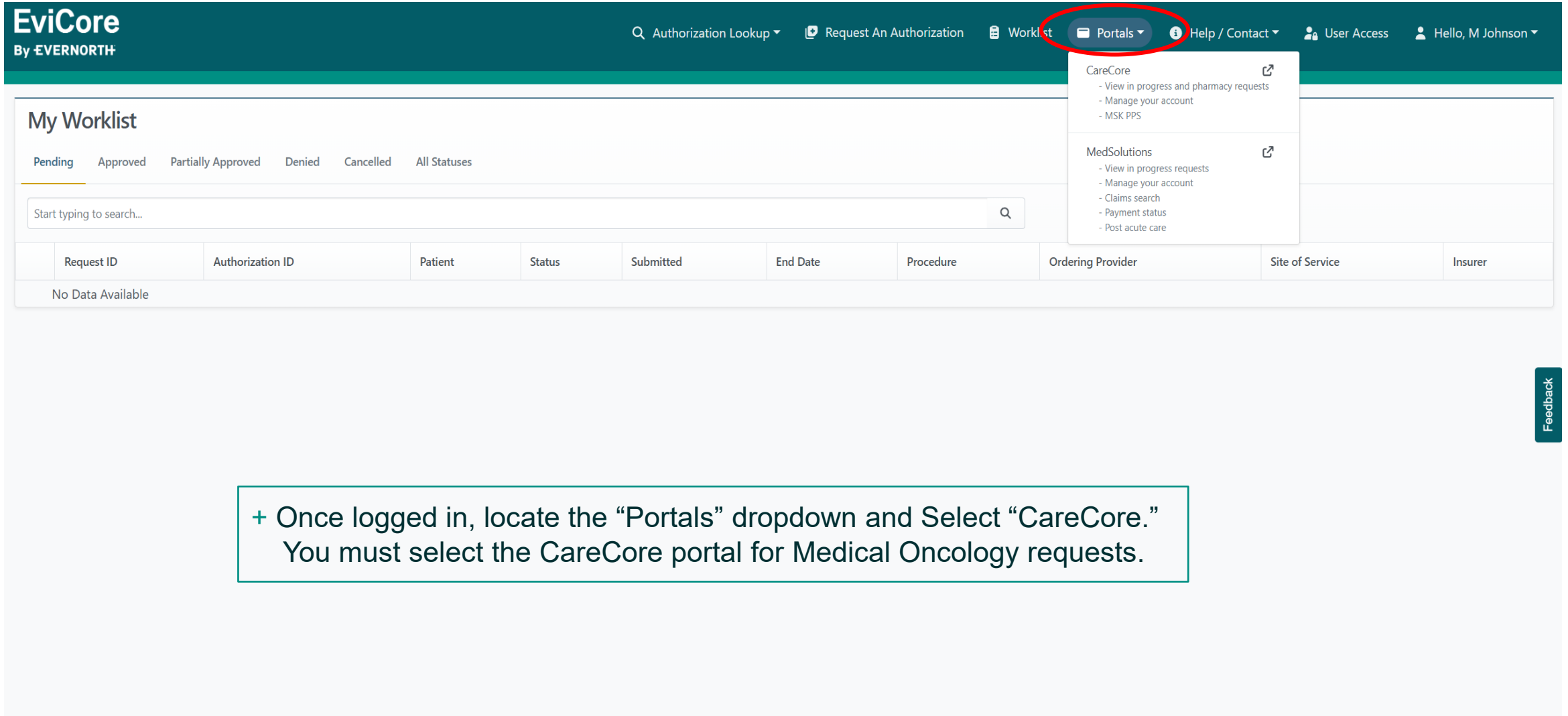
Setting Up Multi-Factor Authentication (MFA)

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.

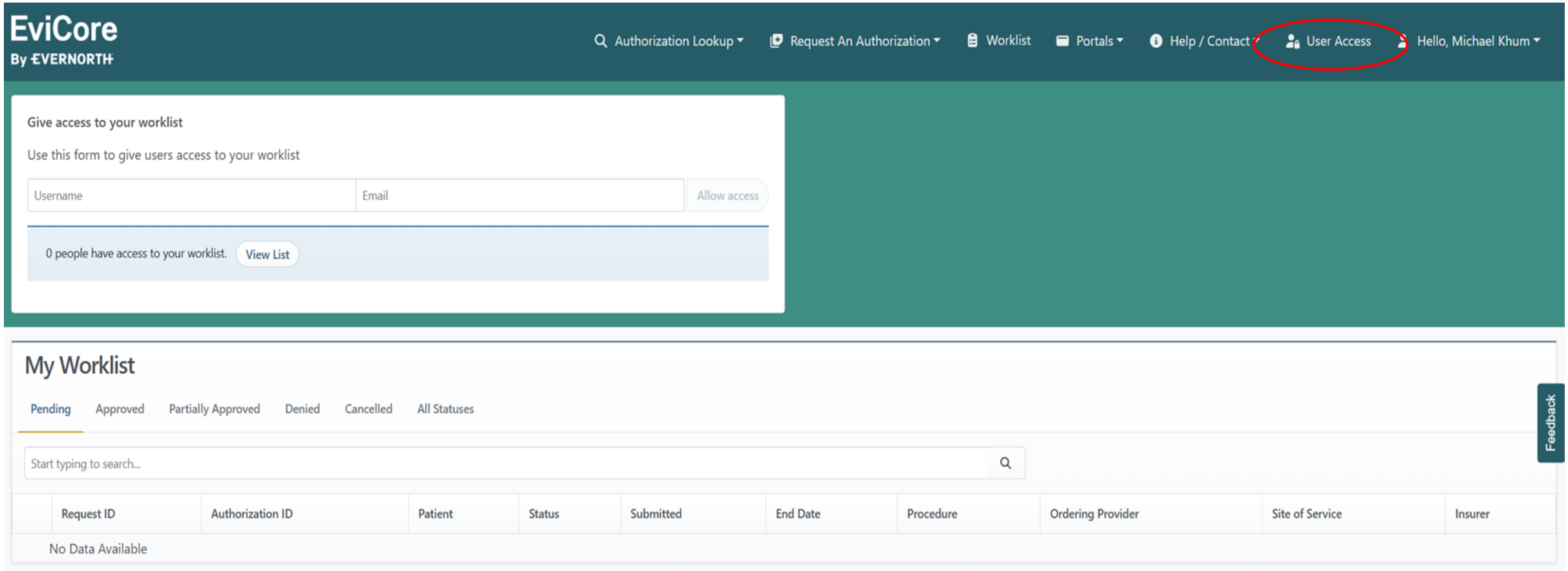


Portal Access – Landing Page



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

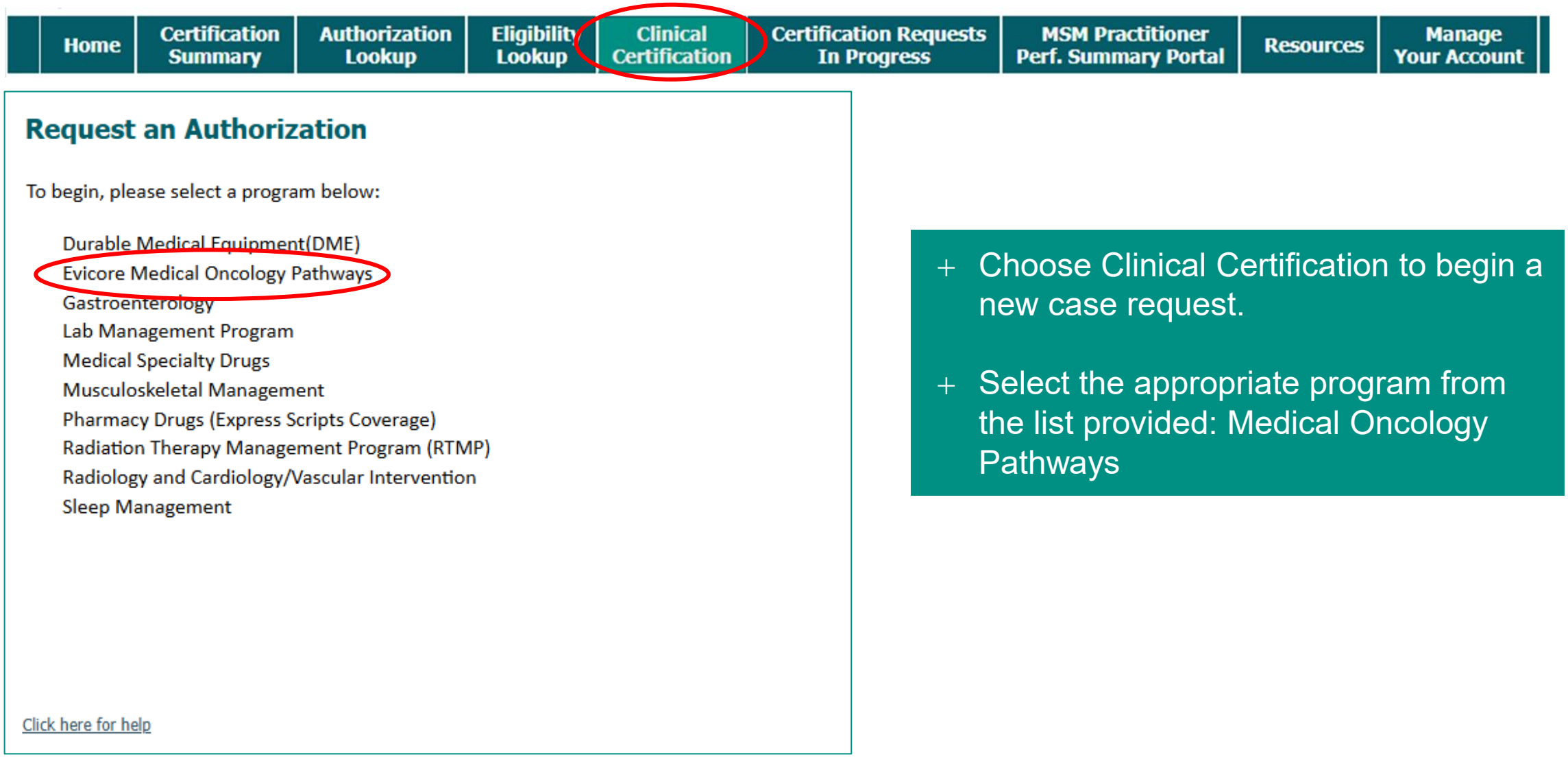
User Access – Shared Worklist



+ 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



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

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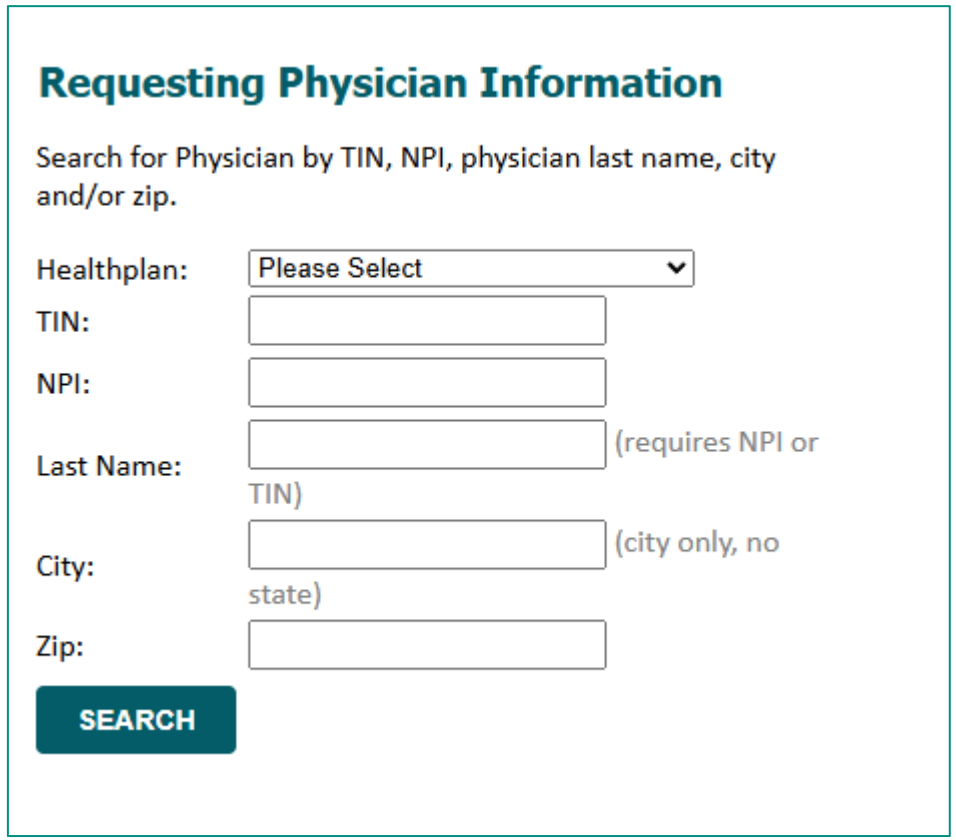
Case Build & Submission I Add Ordering Physician



+ 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.

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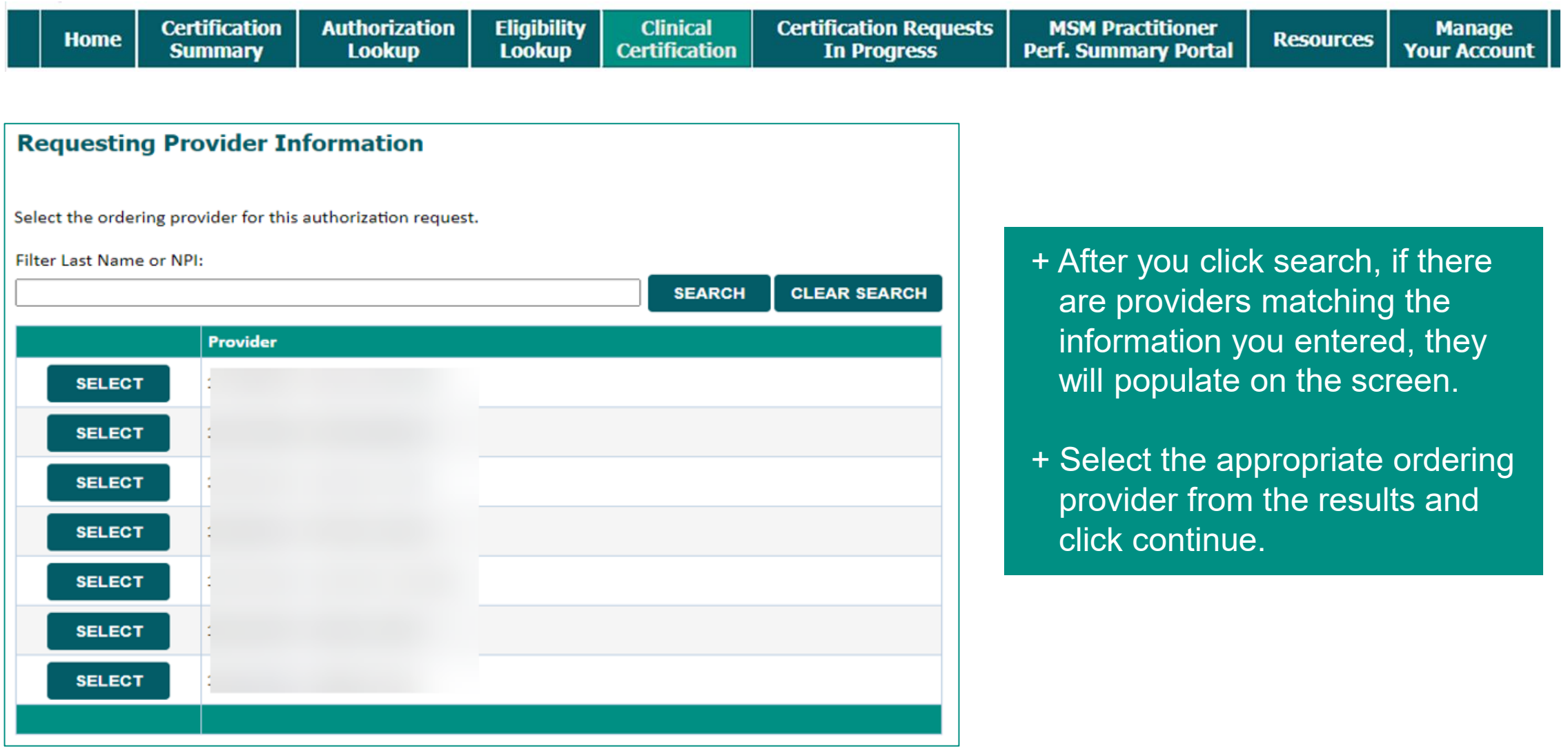
Case Build & Submission I Confirm Ordering Physician



+ 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.

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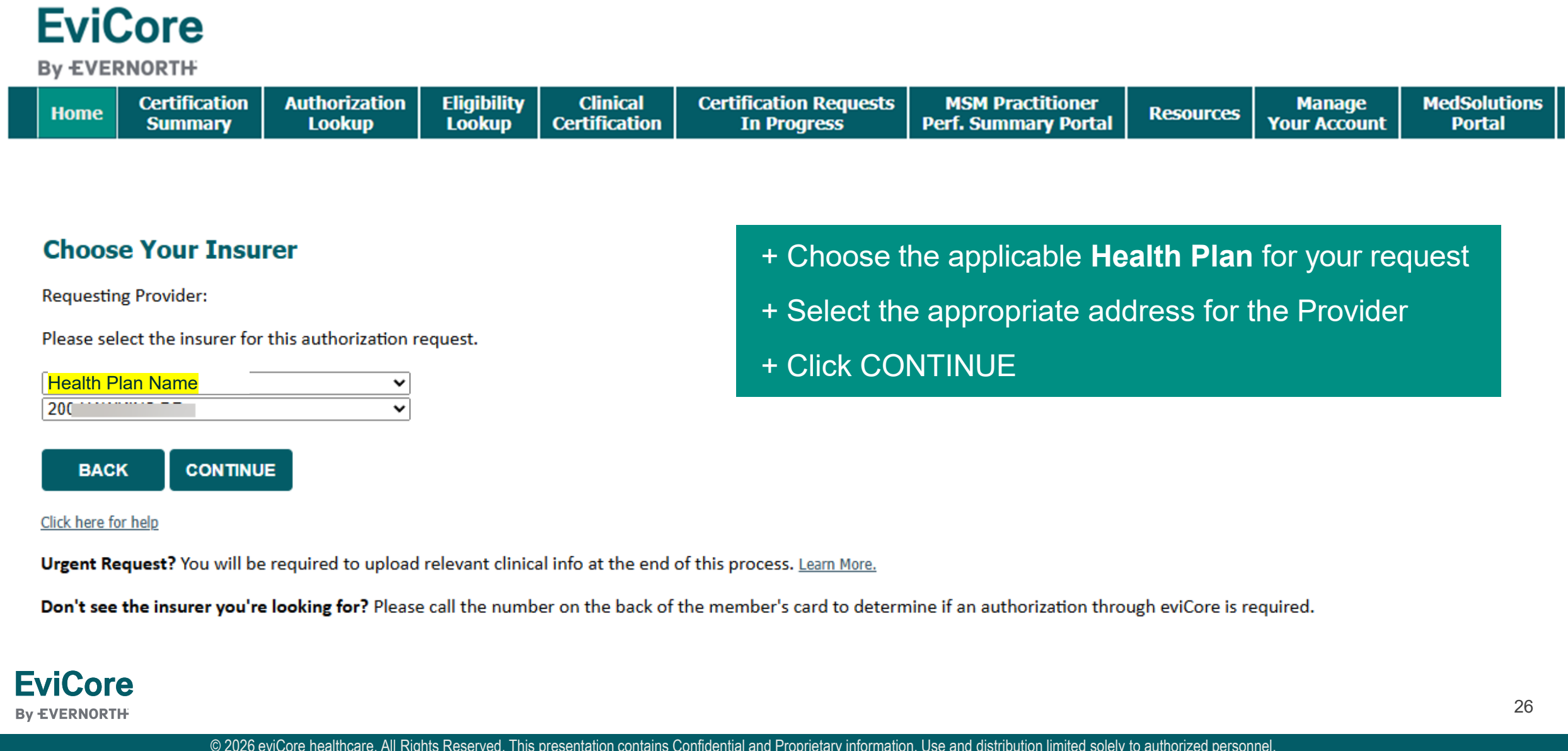
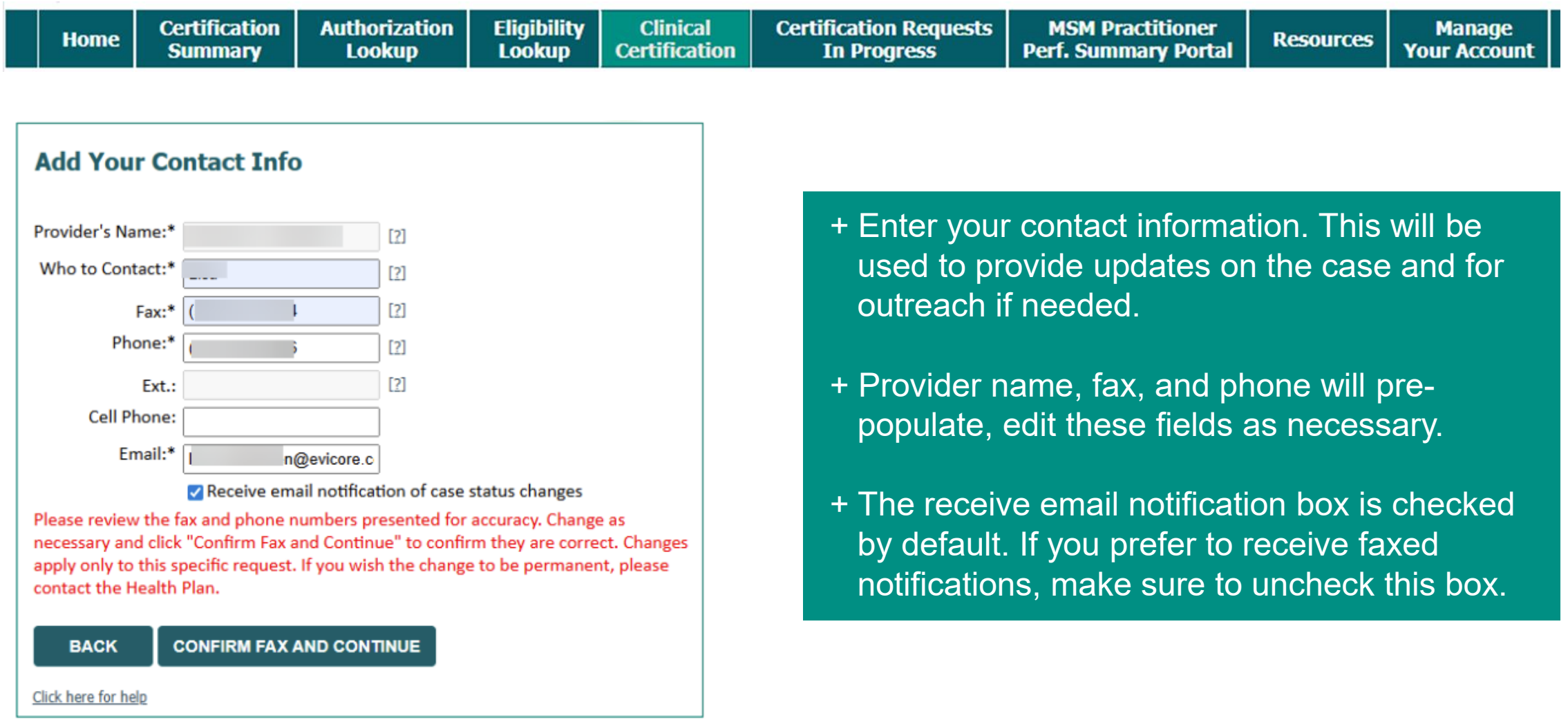
Case Build & Submission | Select Health Plan



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

Case Build & Submission I Add Contact Information



+ 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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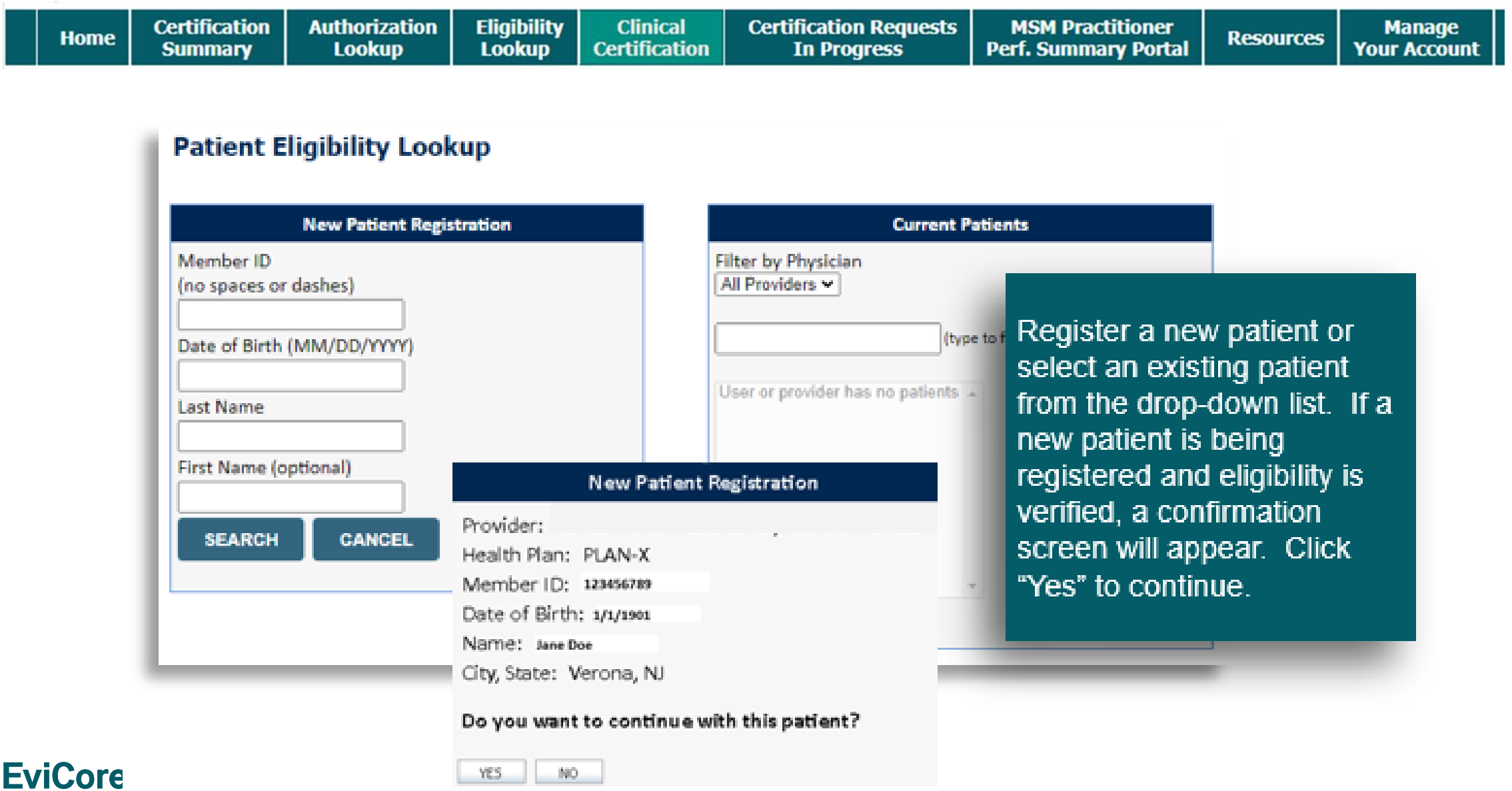
Case Build & Submission I Member Eligibility



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Case Build & Submission I Patient Information

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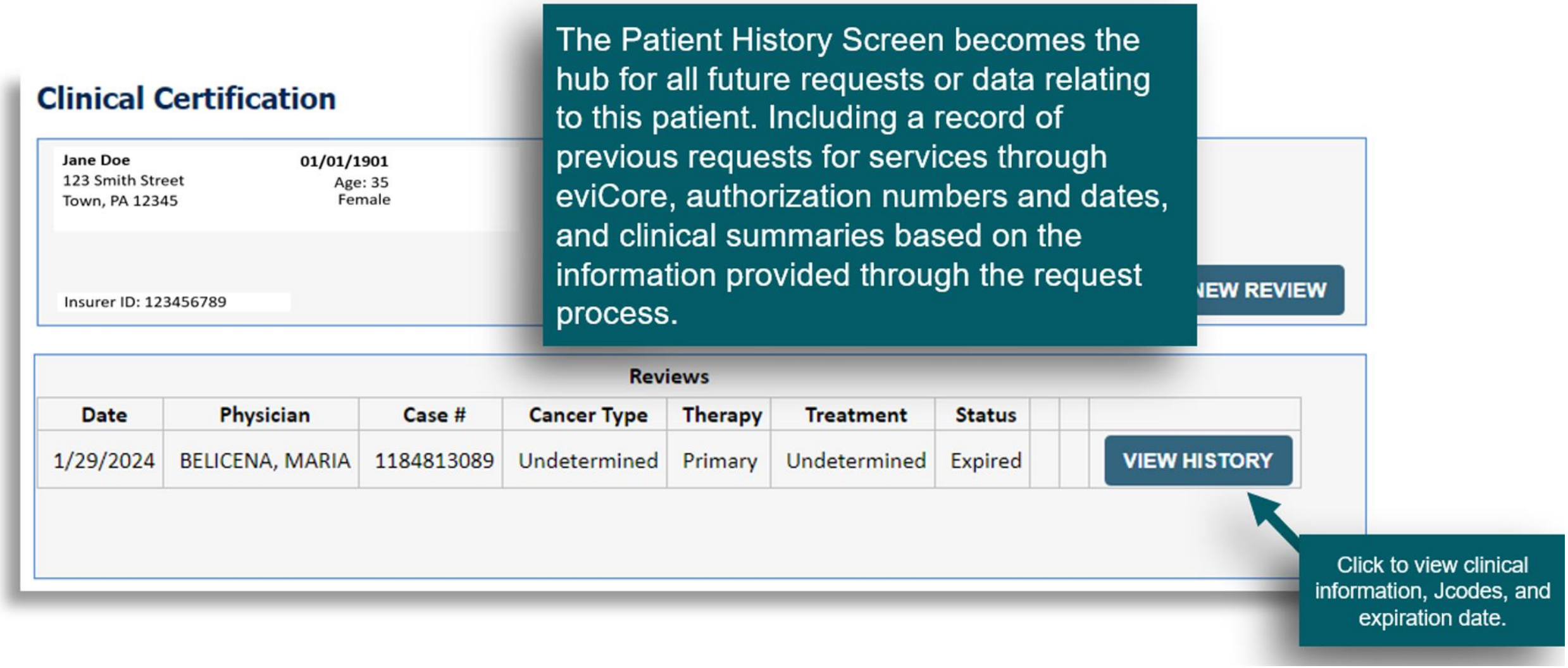
Case Build & Submission I Patient History



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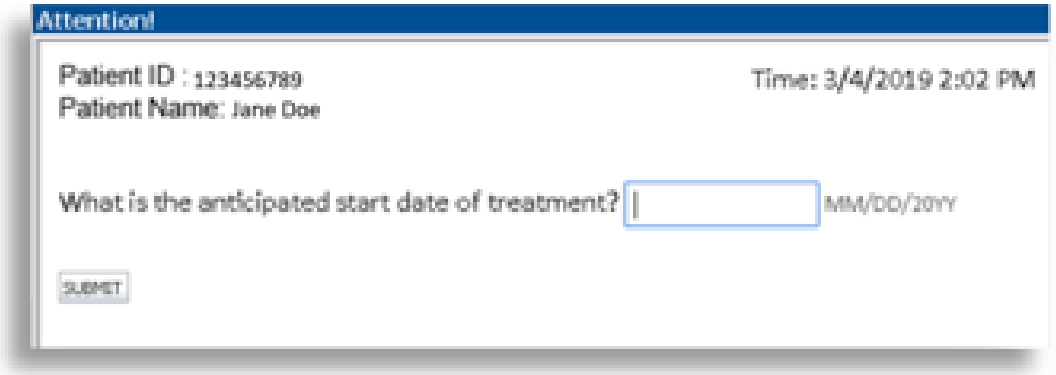
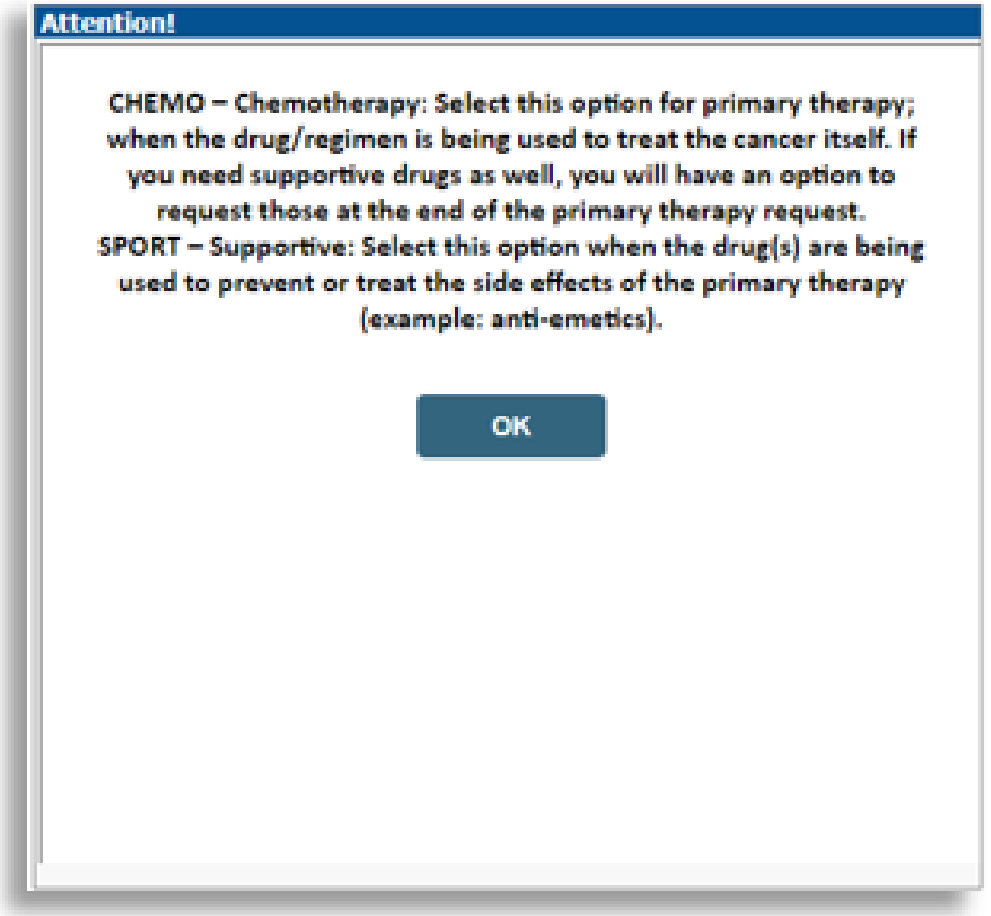
Case Build & Submission I Treatment Date



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



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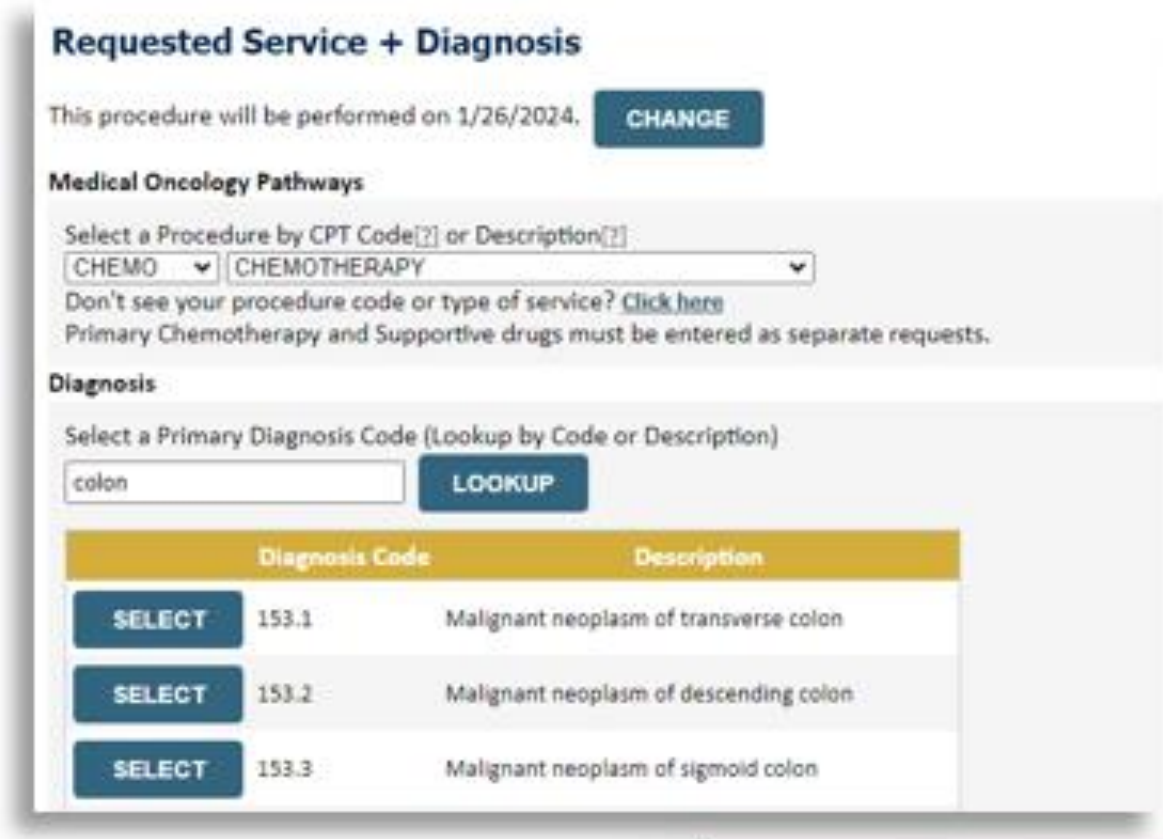
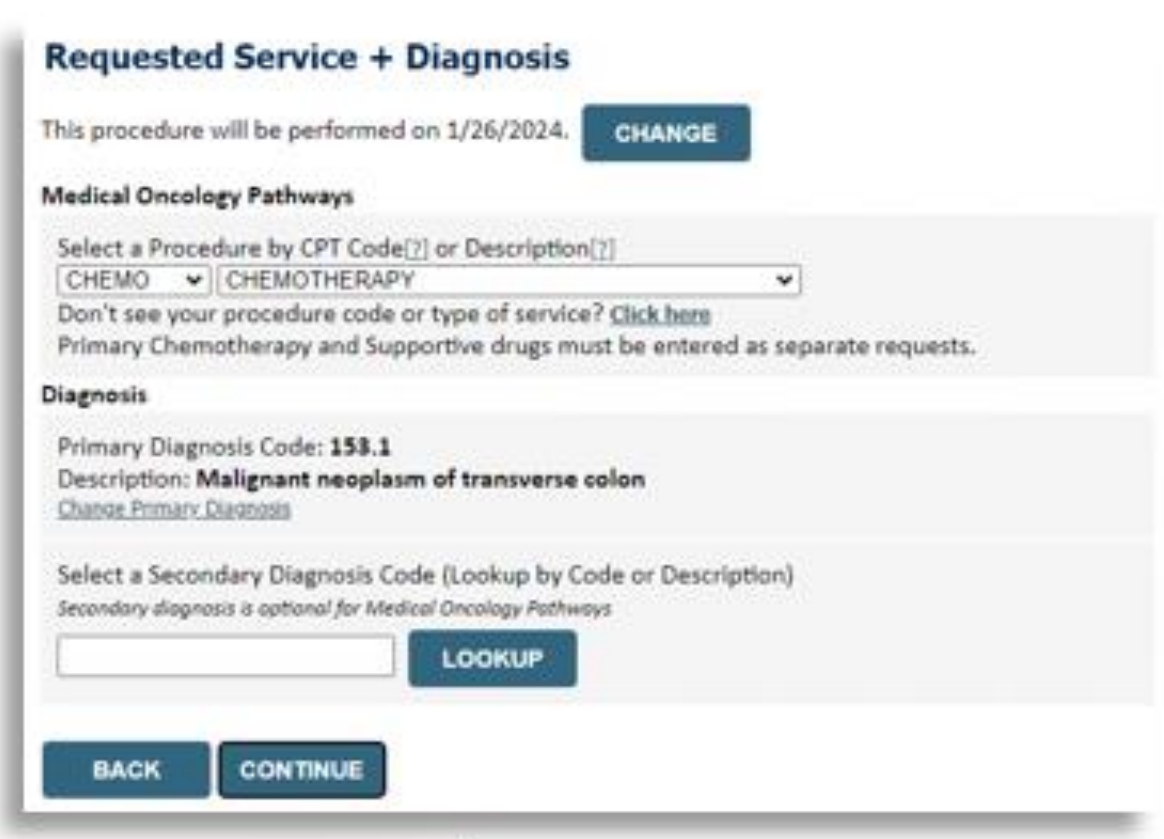
Case Build & Submission I Service & Diagnosis





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

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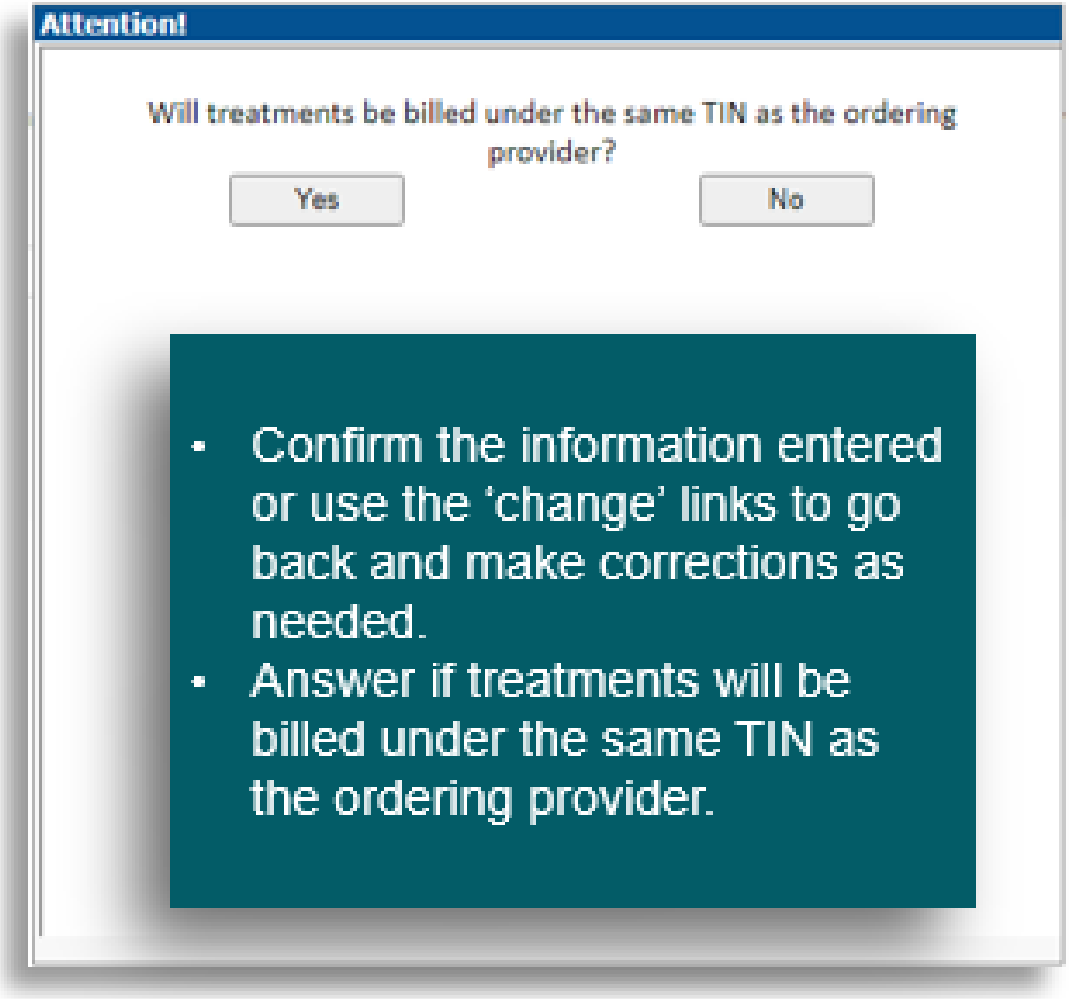
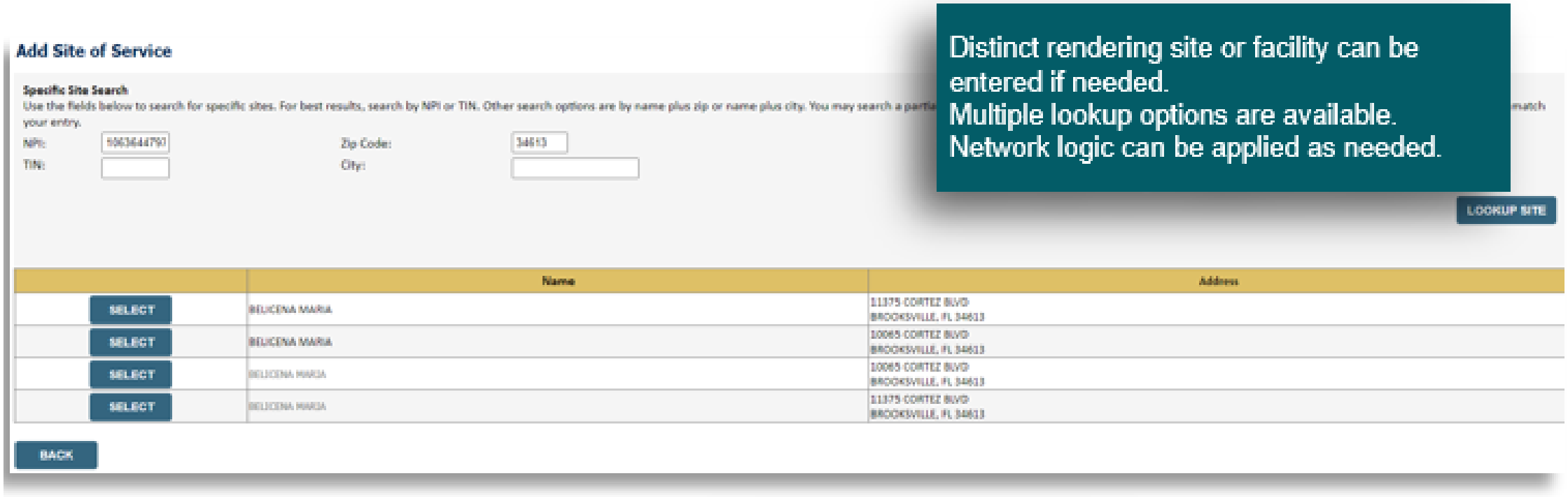
Case Build & Submission I Confirm Service & Diagnosis



Case Build & Submission I Site Selection



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

Enter an email for communication if desired.

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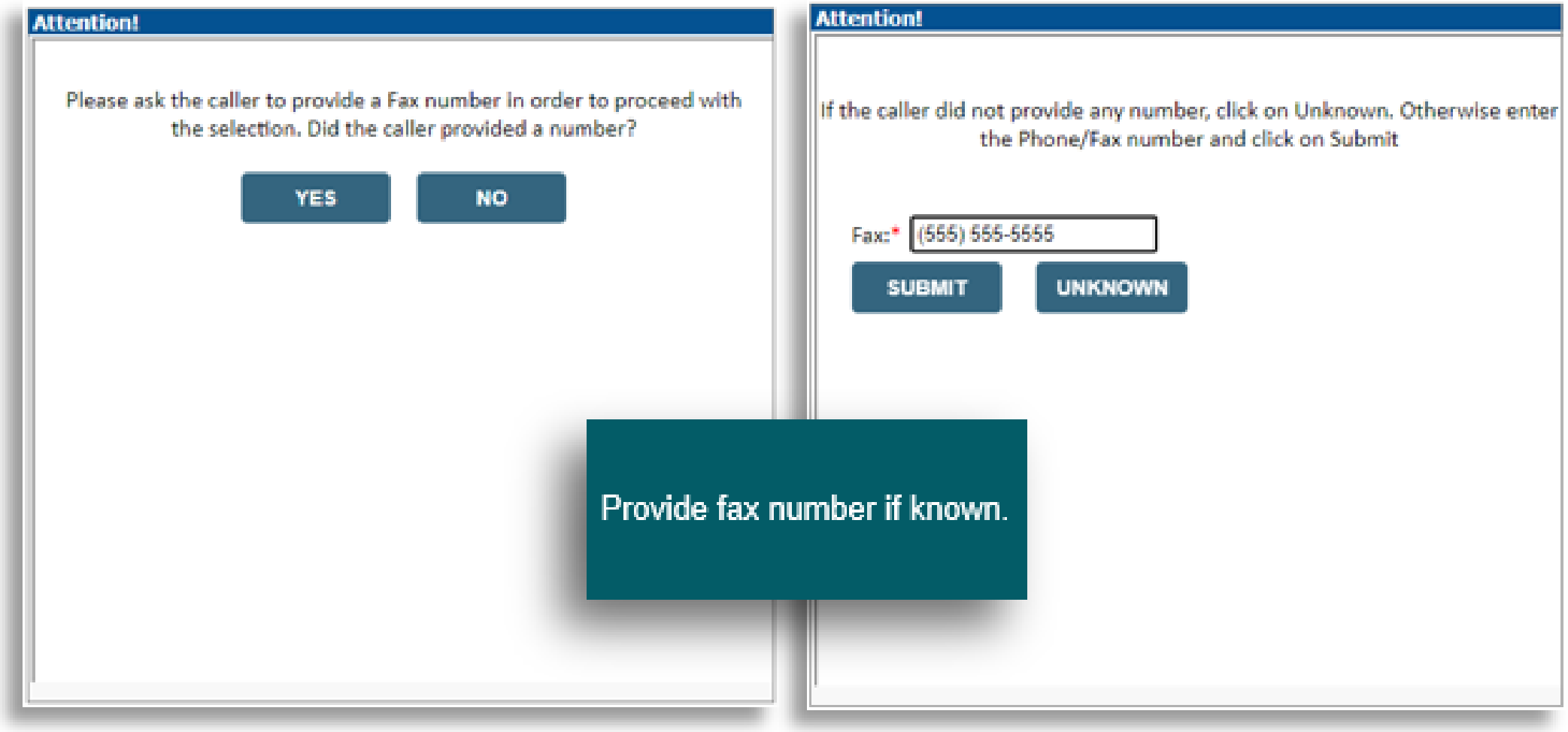
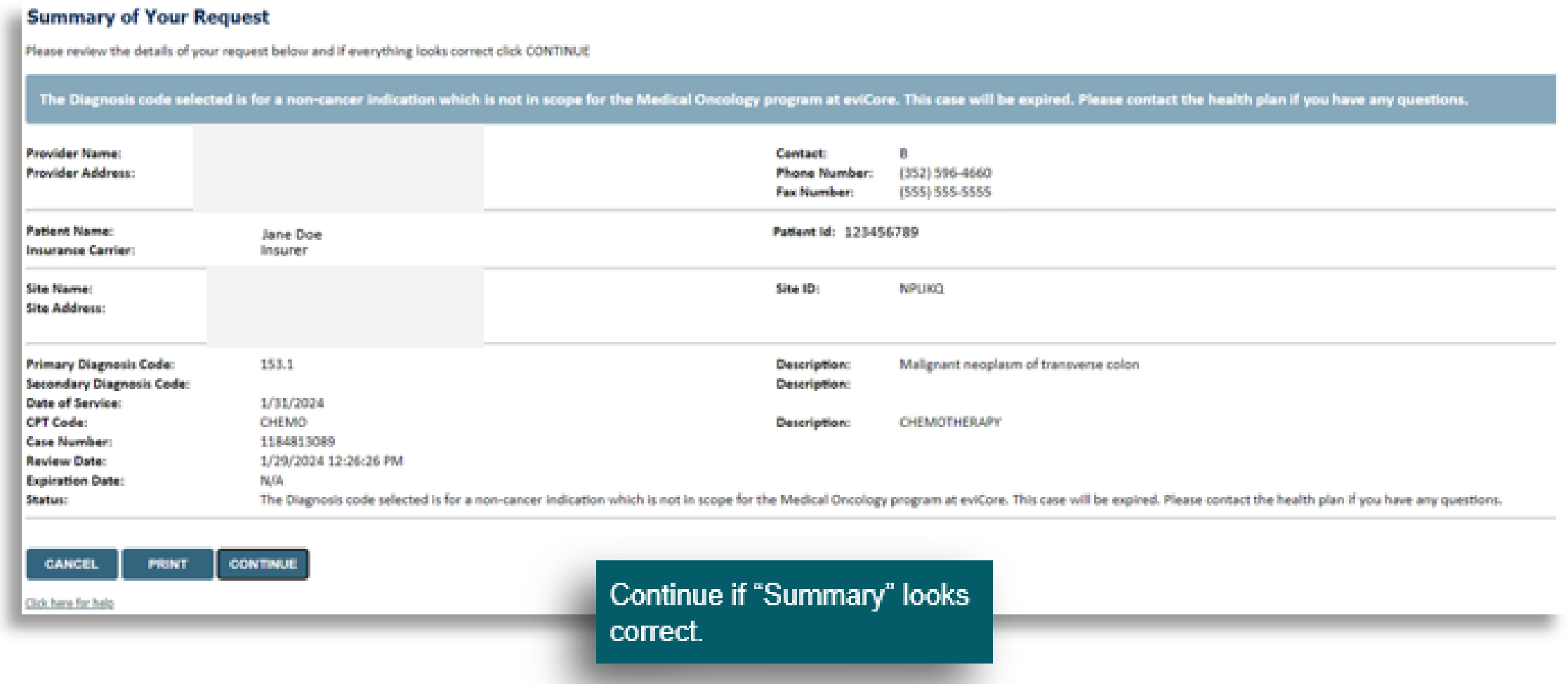
Case Build & Submission I Fax Number



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:	(555) 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		
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.

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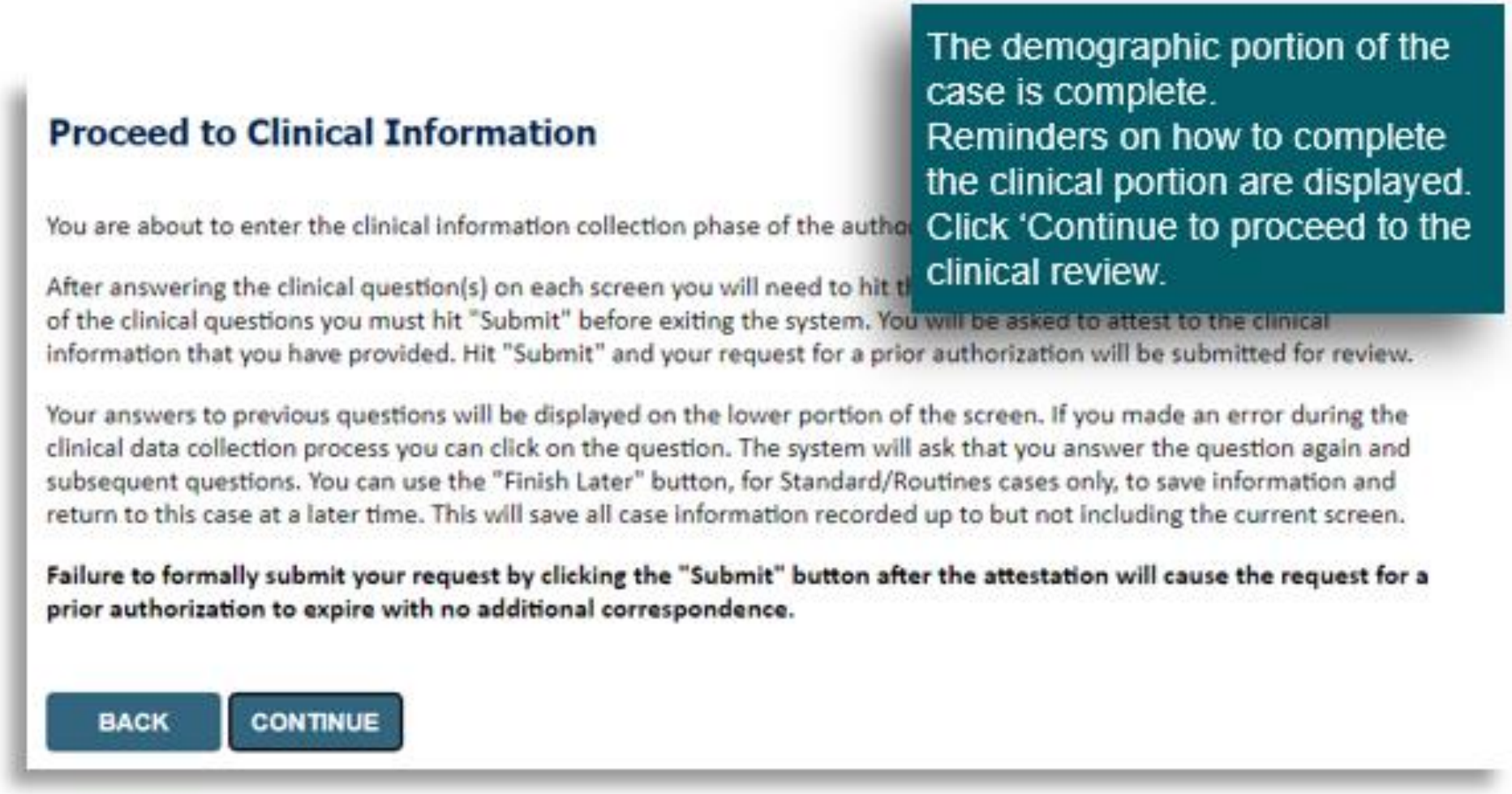
Case Build & Submission I Attestation



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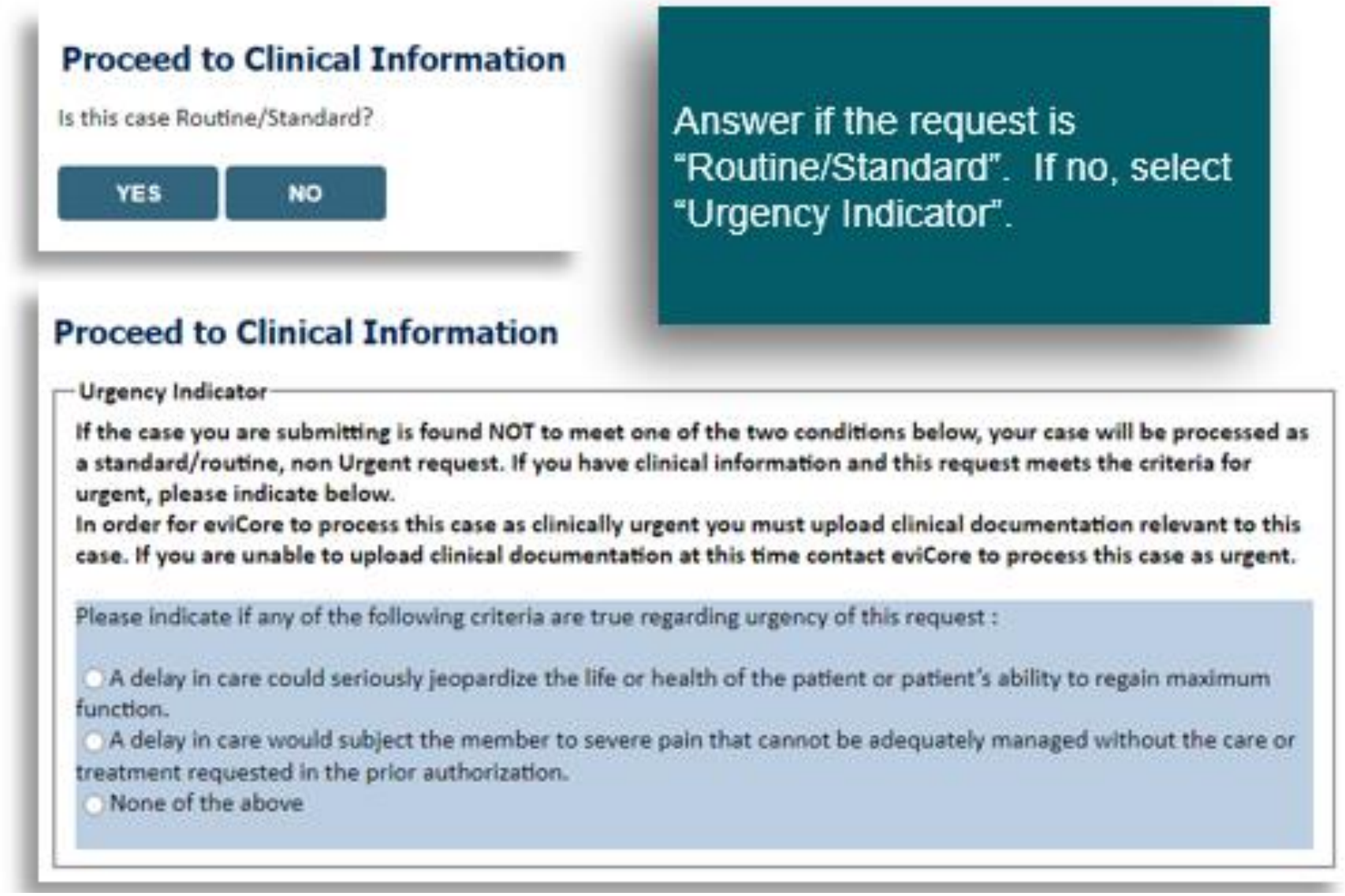
Case Build & Submission I Urgency Indicator



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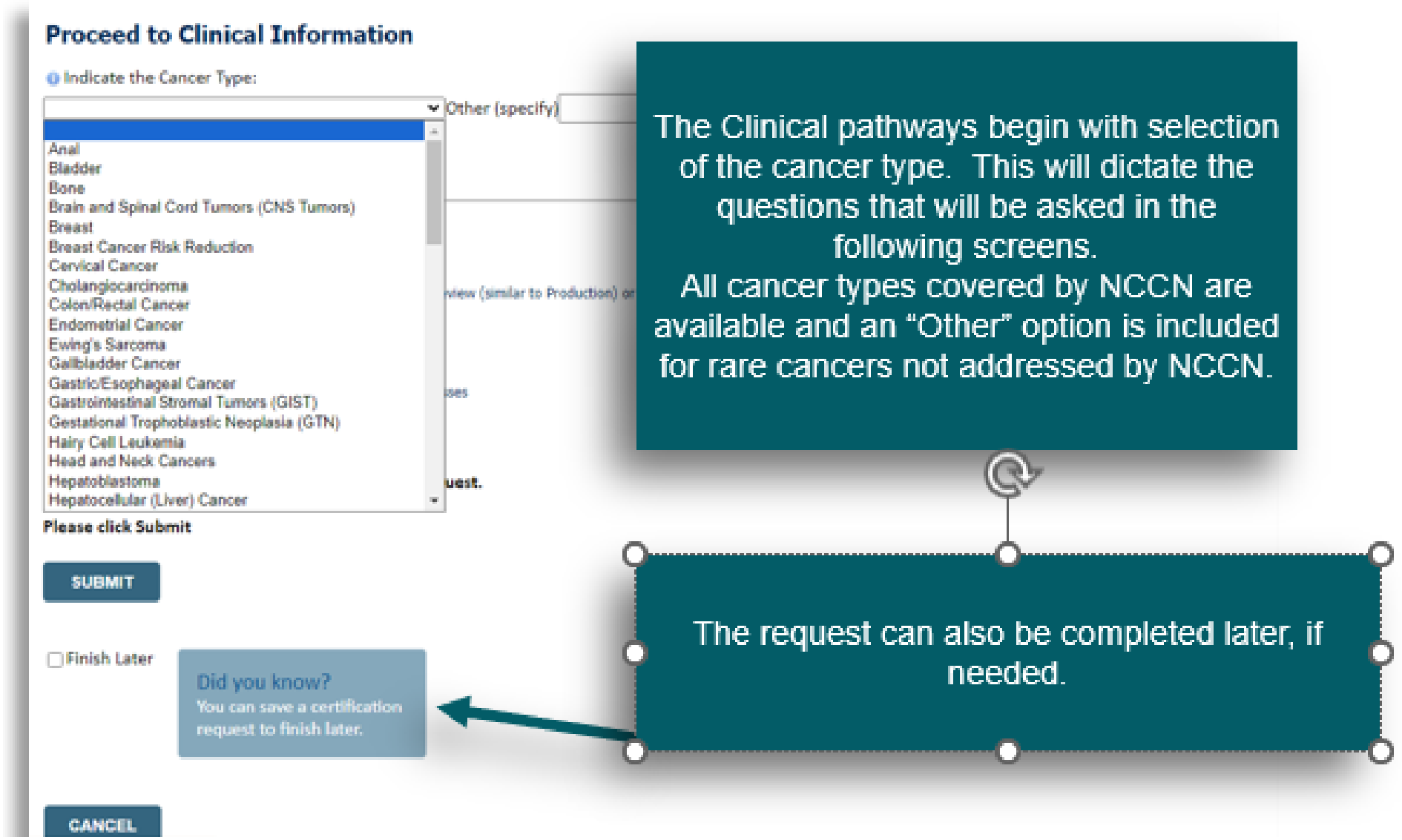
Case Build & Submission I Selection of Cancer Type



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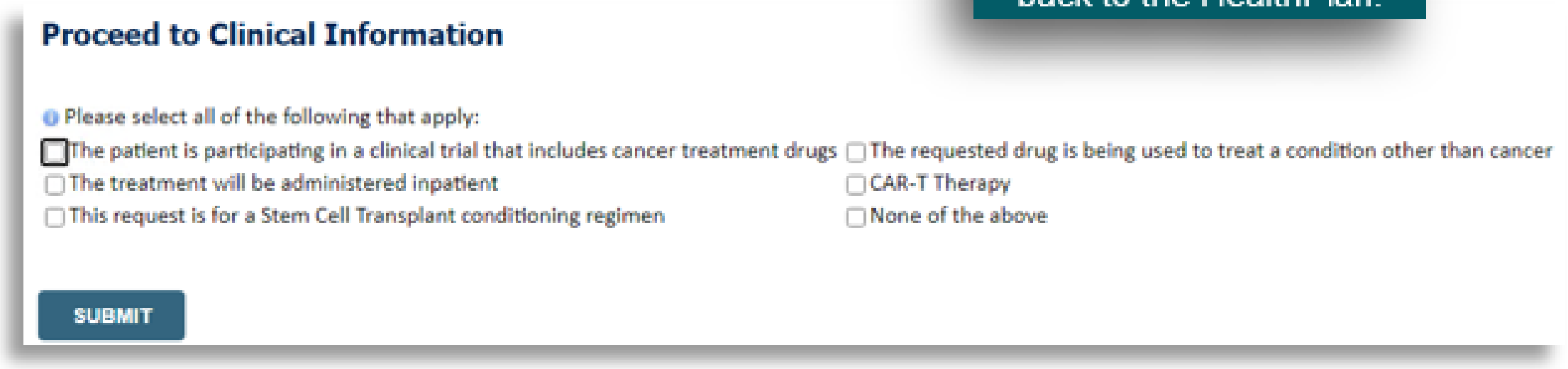
Case Build & Submission I Exclusions

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



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Case Build & Submission I Confirm Place of Service

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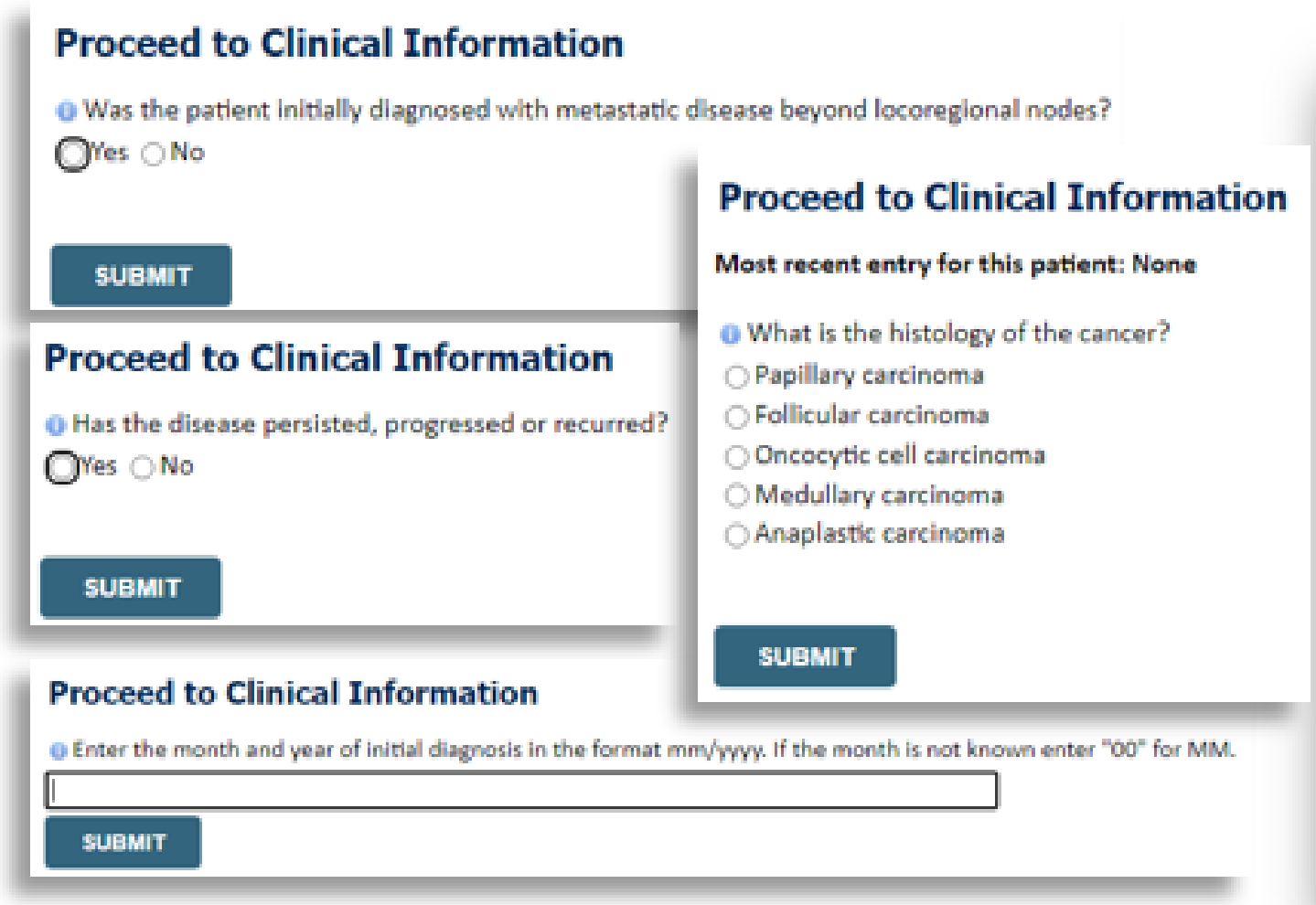
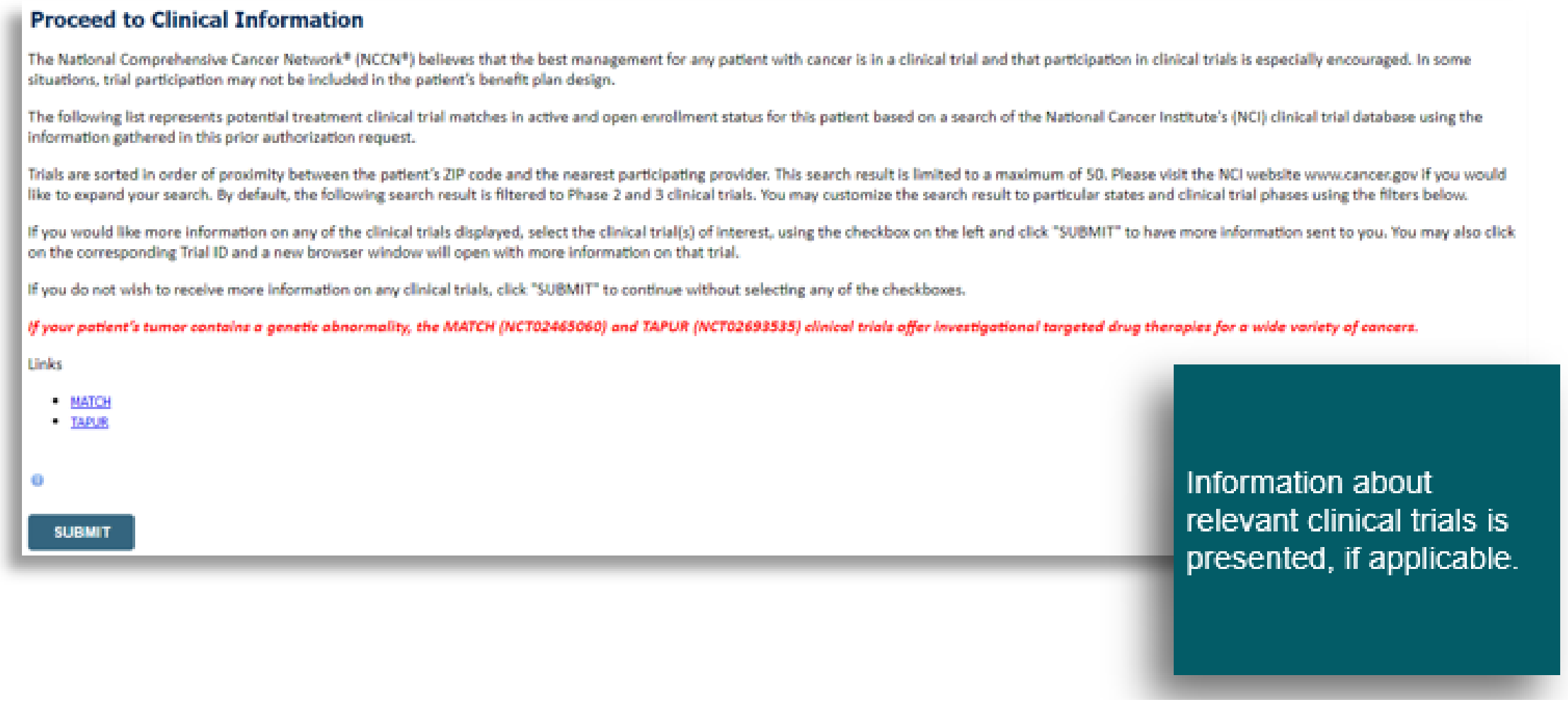
Case Build & Submission I Clinical Pathway Questions



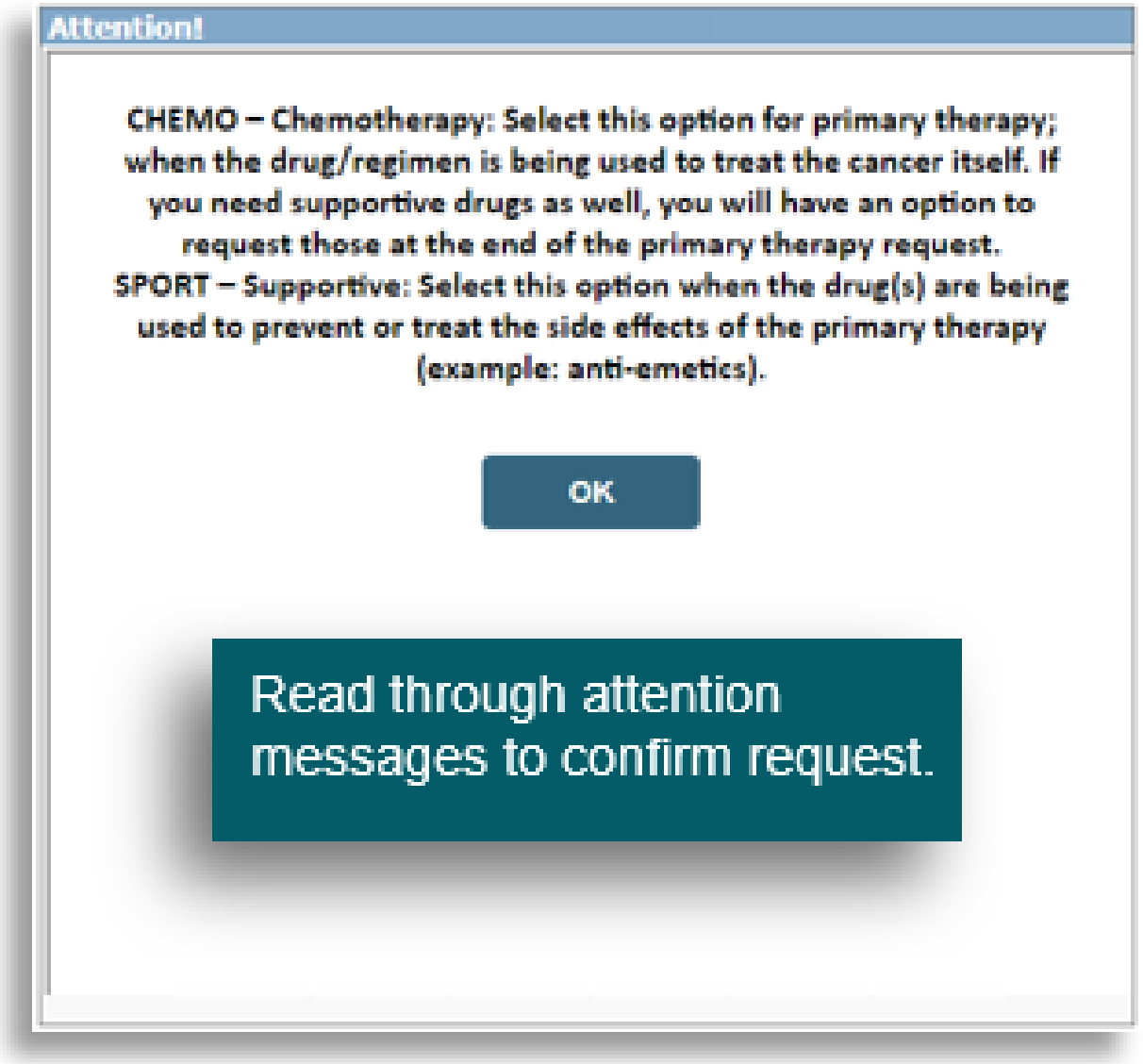
The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions 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



Information about relevant clinical trials is presented, if applicable.

Case Build & Submission I Supportives



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Case Build & Submission I Confirm Supportives

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

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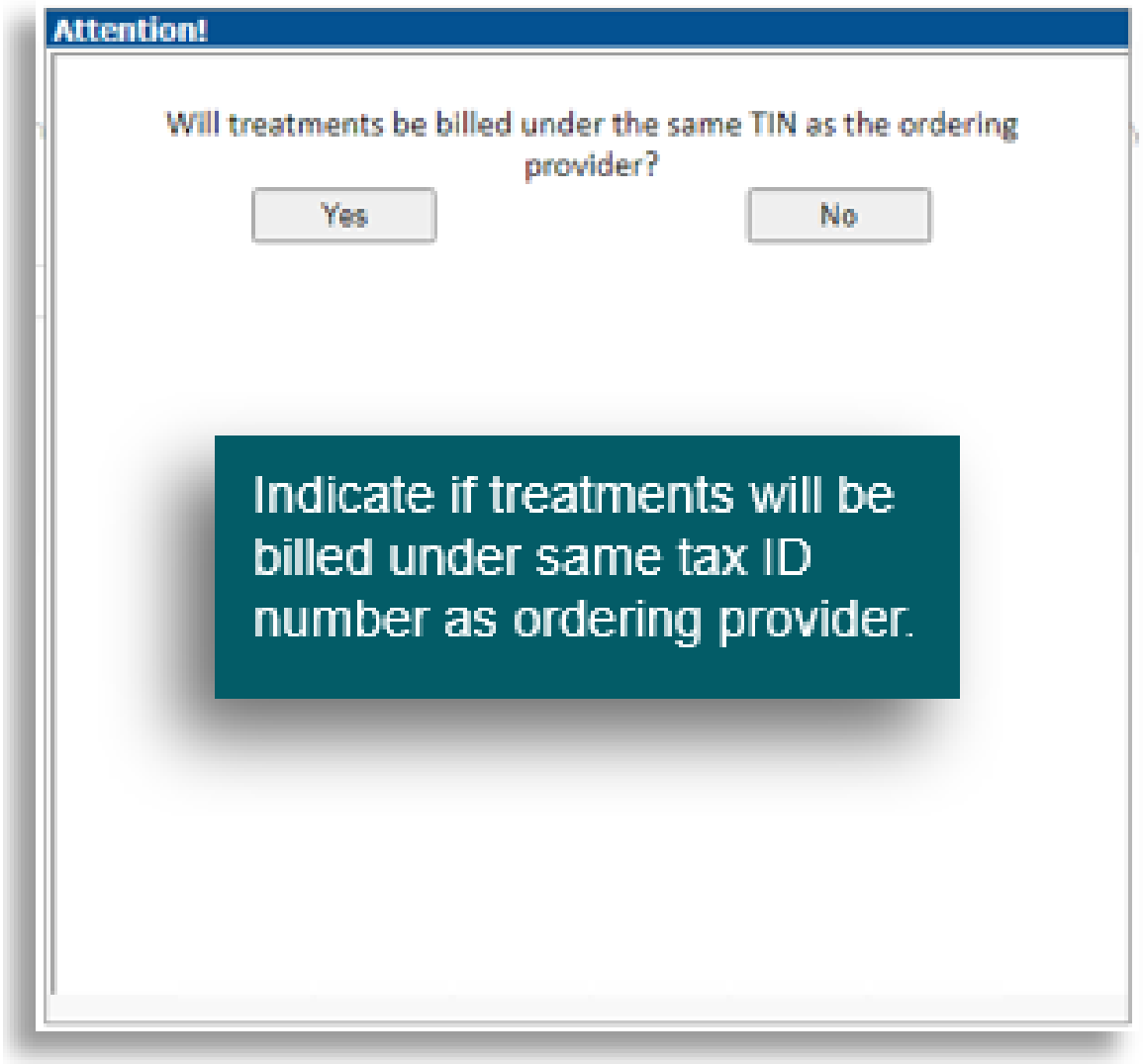
Case Build & Submission I Tax ID Confirmation



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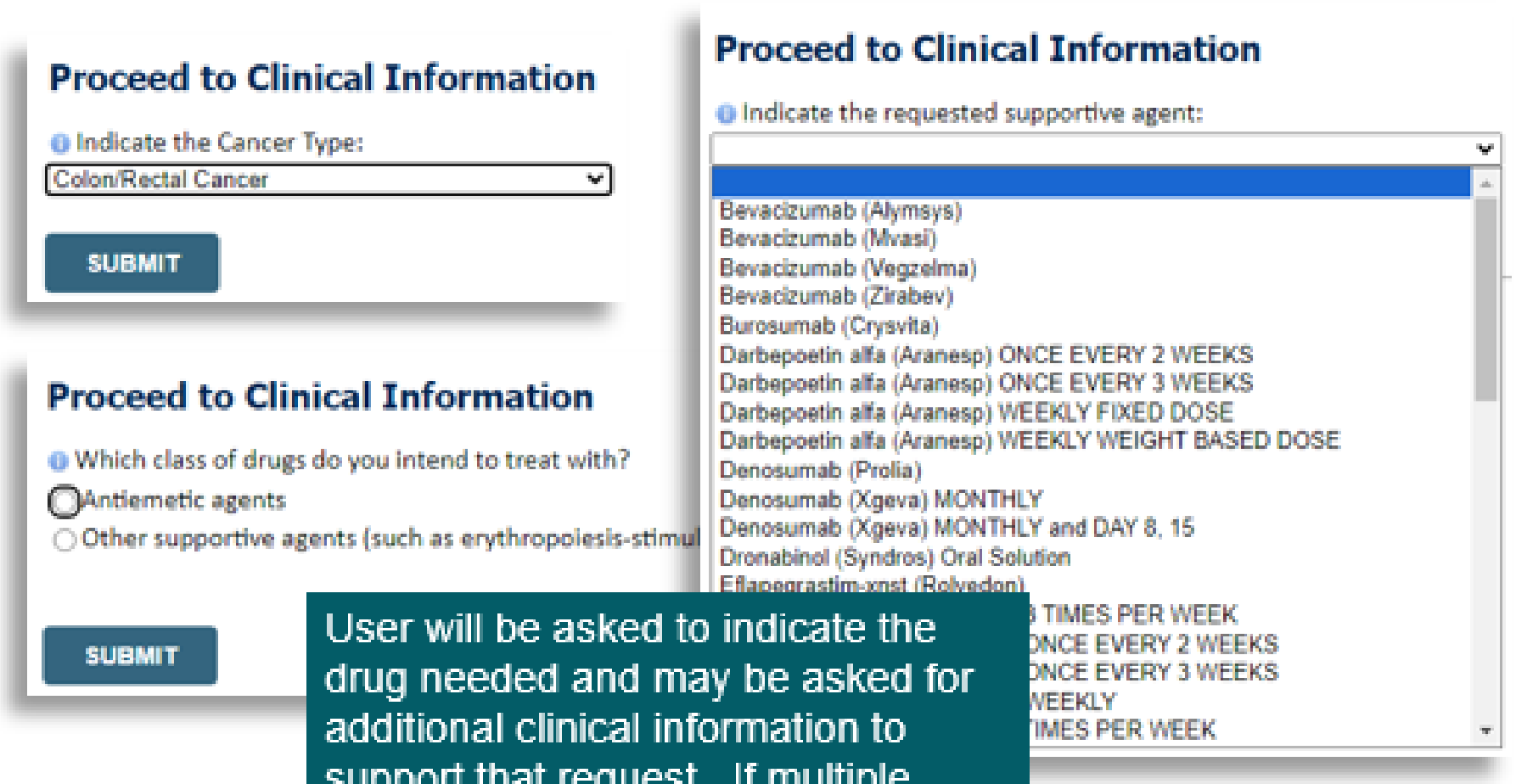
Case Build & Submission I Additional Questions



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.

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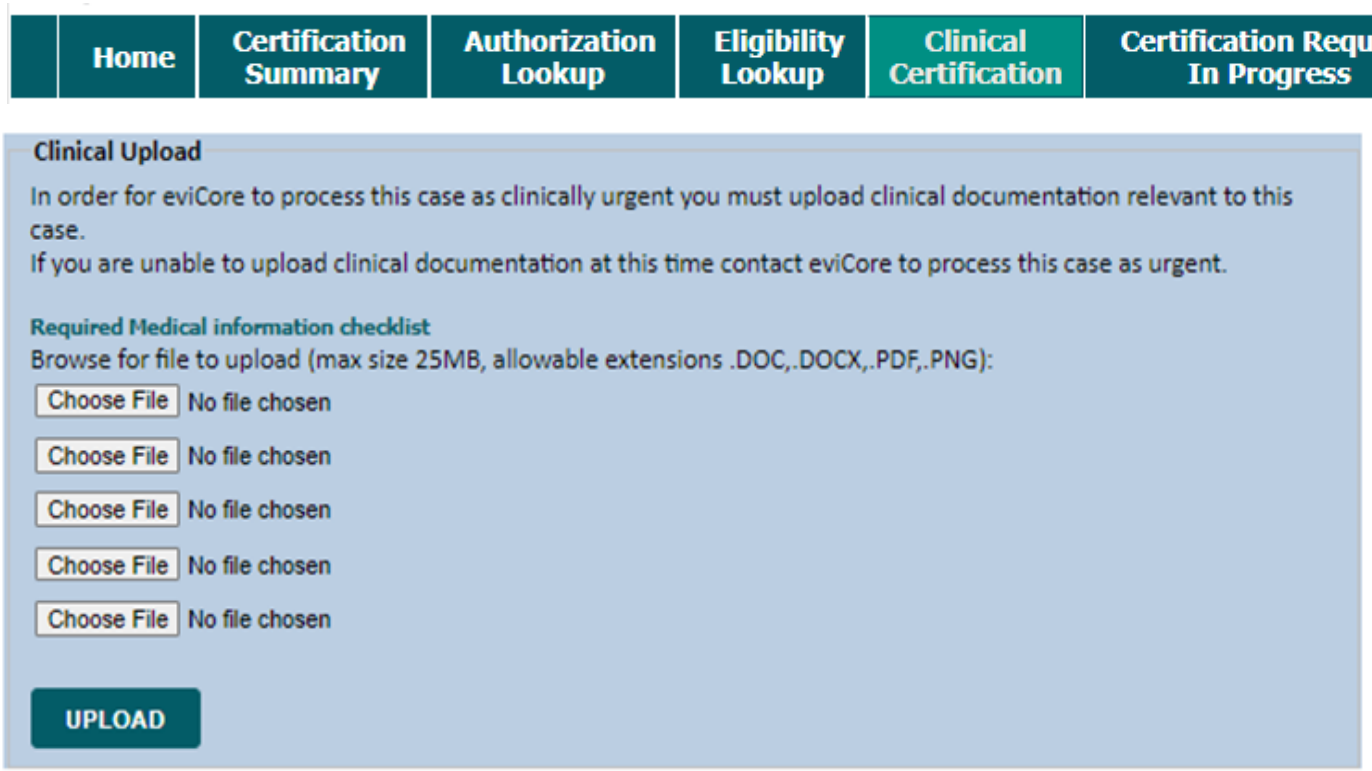
Request for Clinical Upload | Medical Information Checklist



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)

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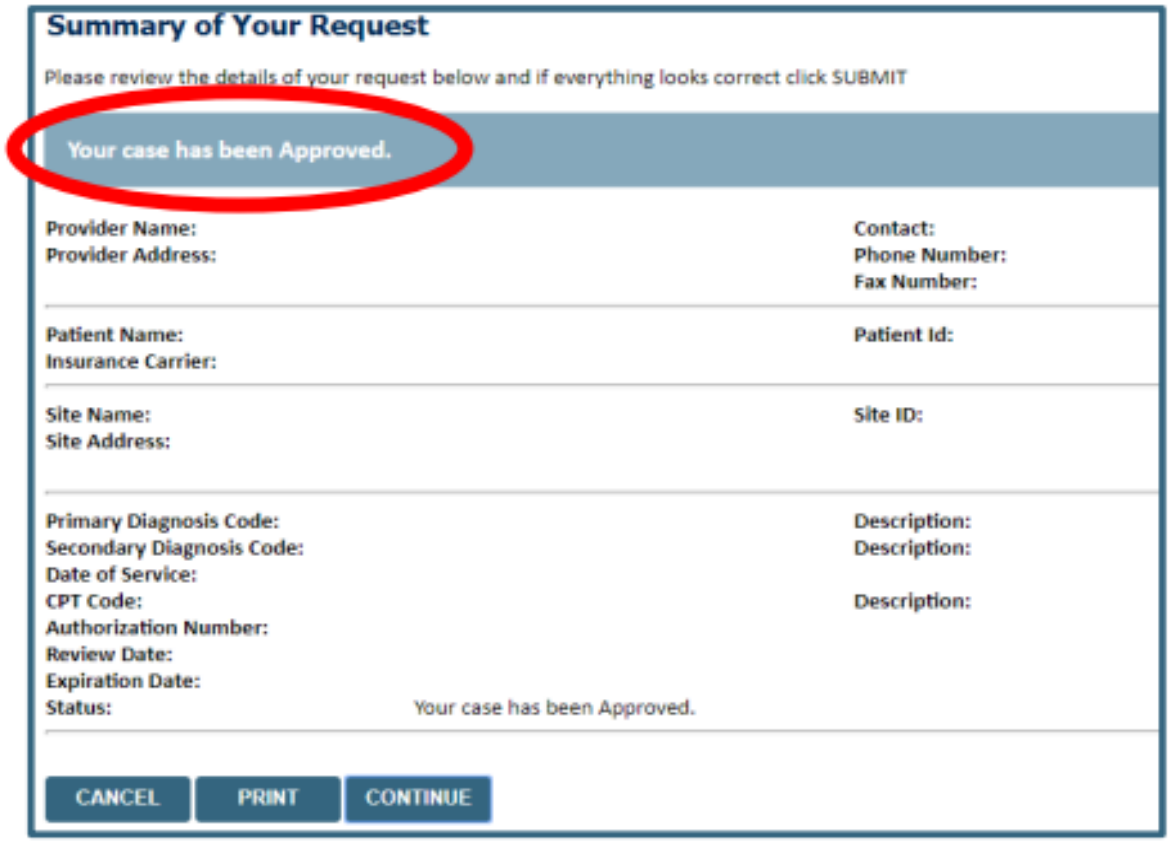
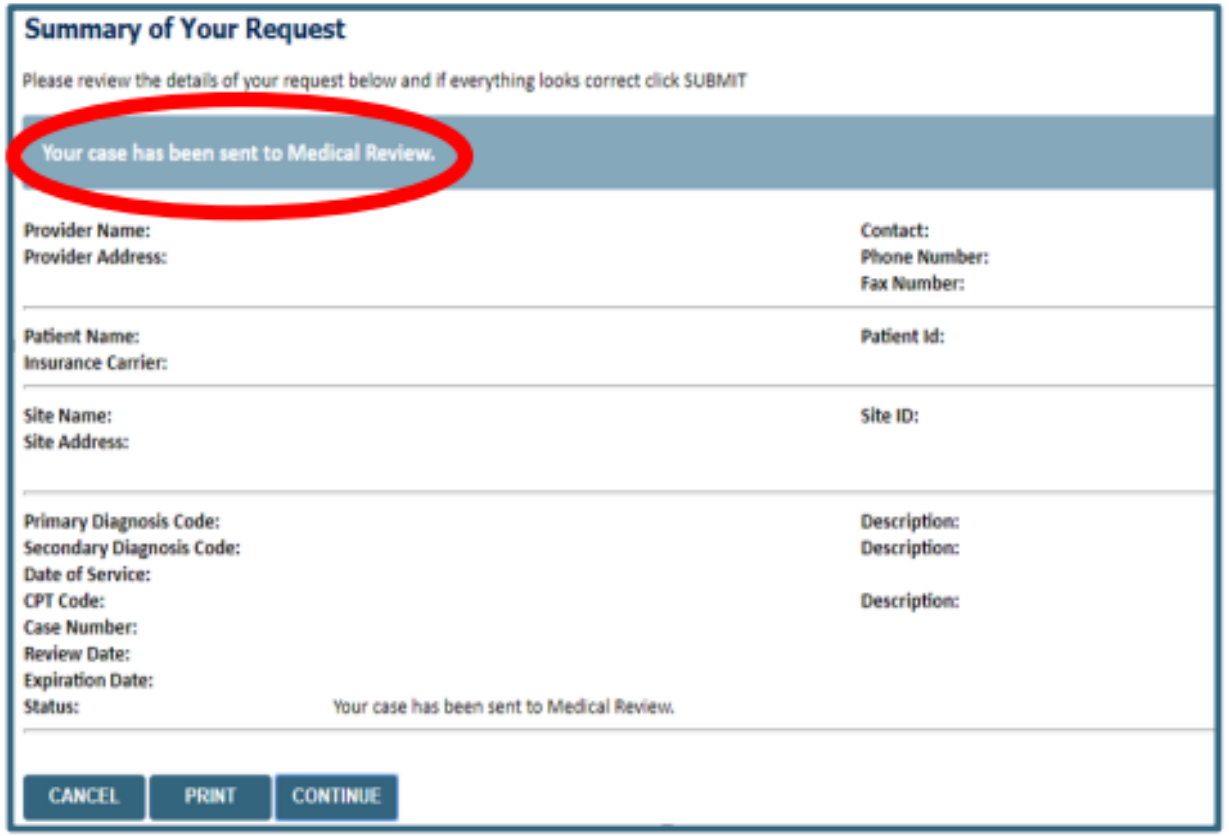
Case Submitted I Summary Screen





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.

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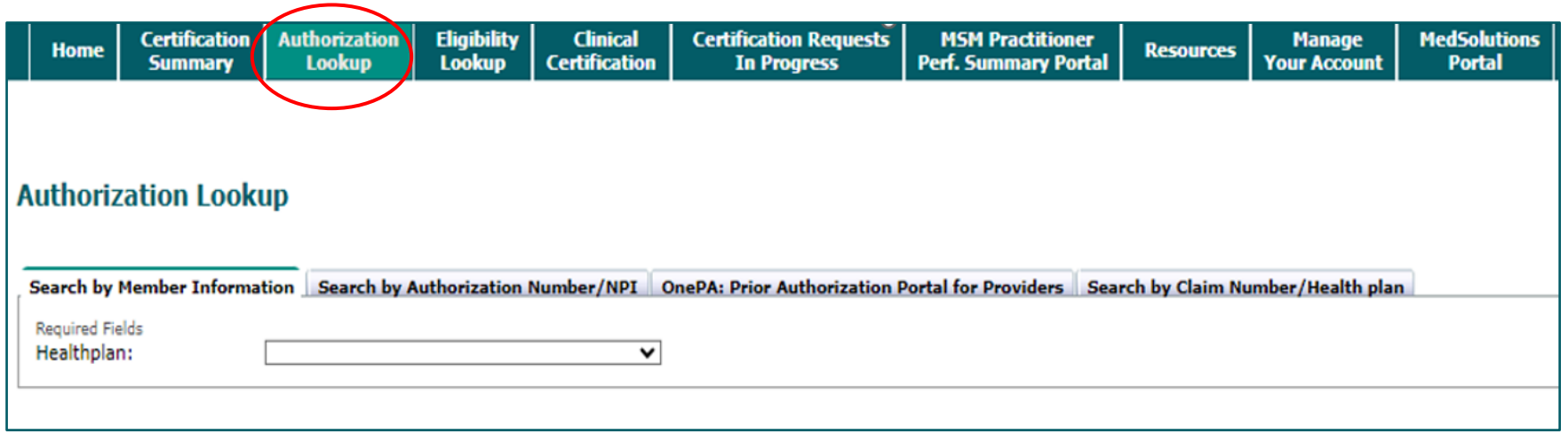
Authorization Lookup Feature

- 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



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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)

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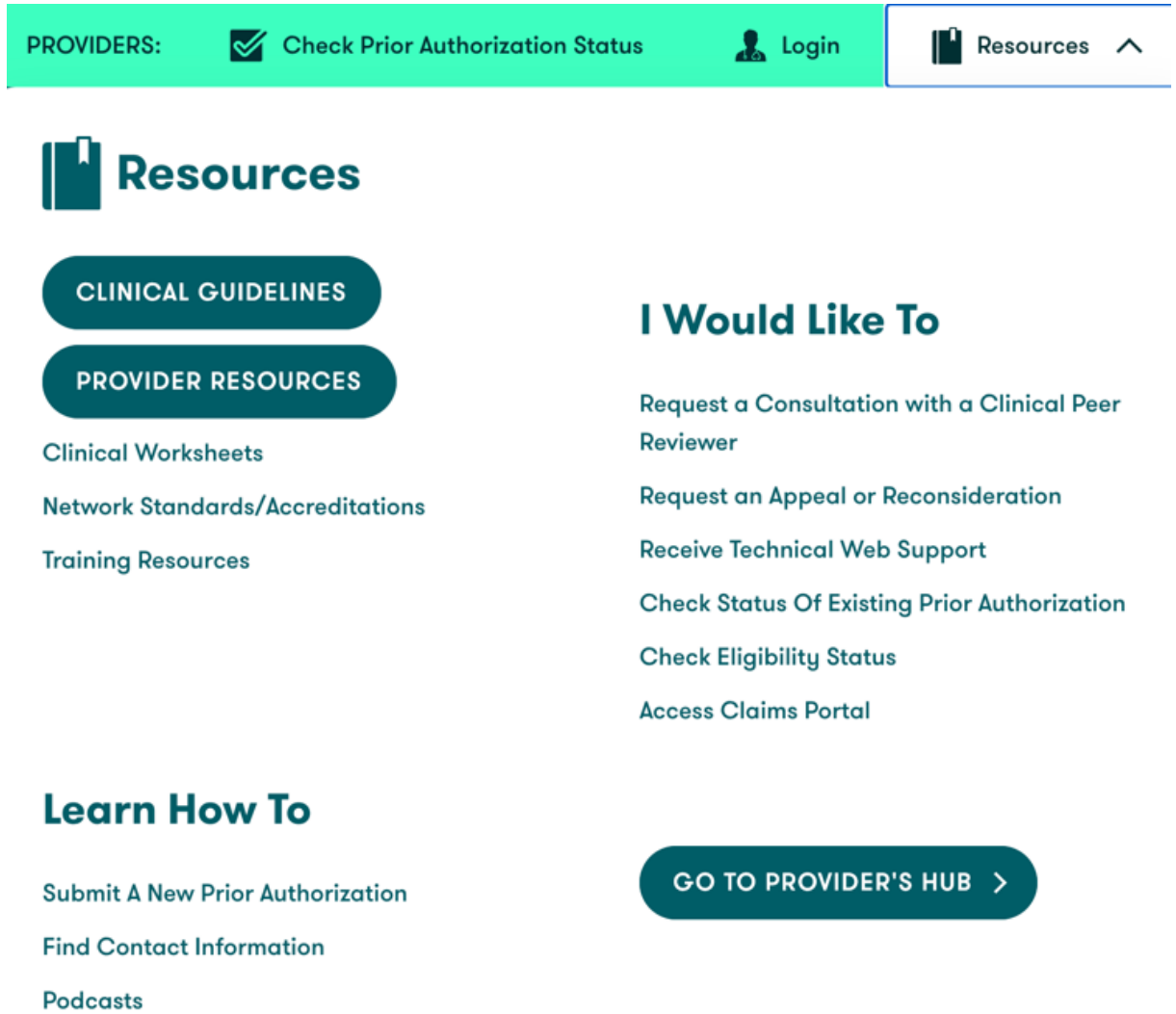
Quick Reference Information

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



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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!

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Thank You

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Appendix

Peer-to-Peer (P2P) Scheduling Tool

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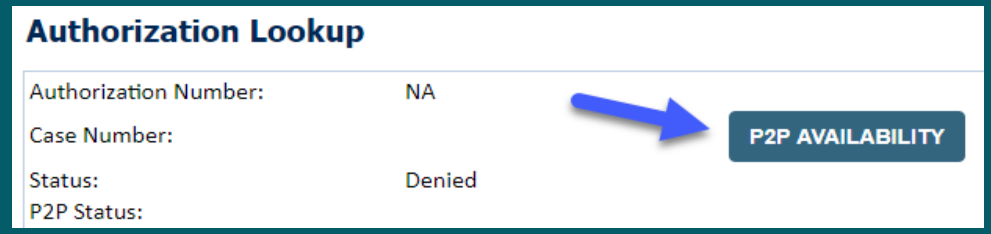
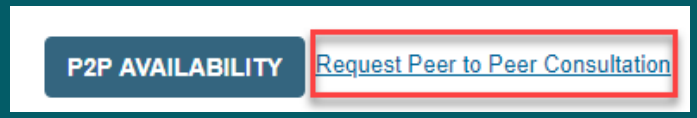
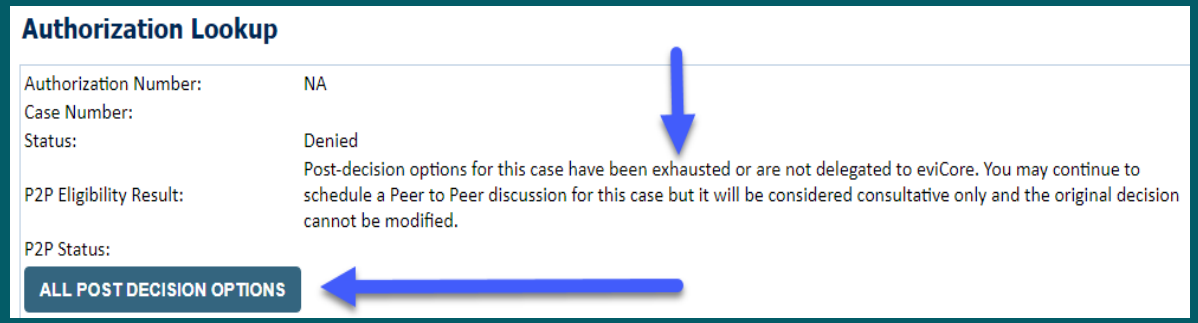
Schedule a P2P Request

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*







*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.

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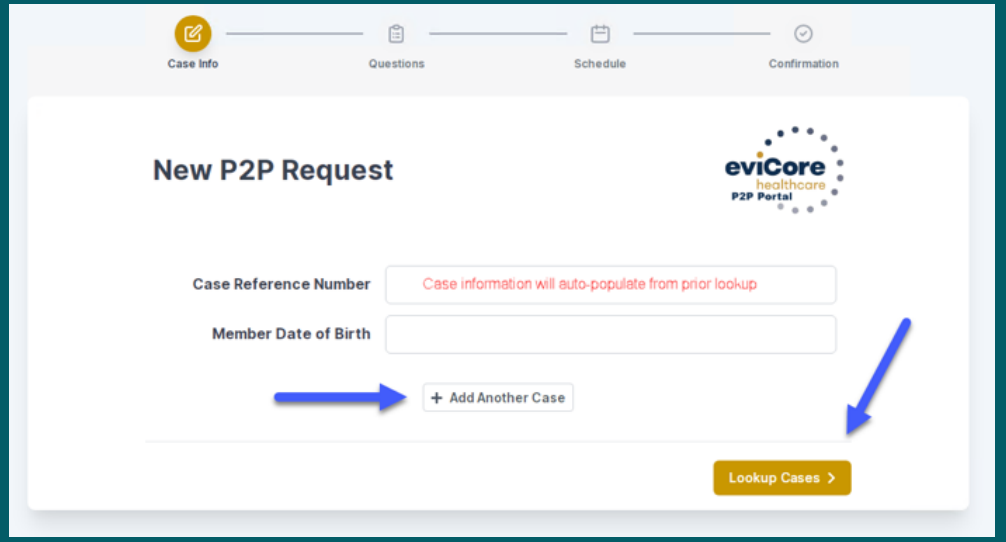
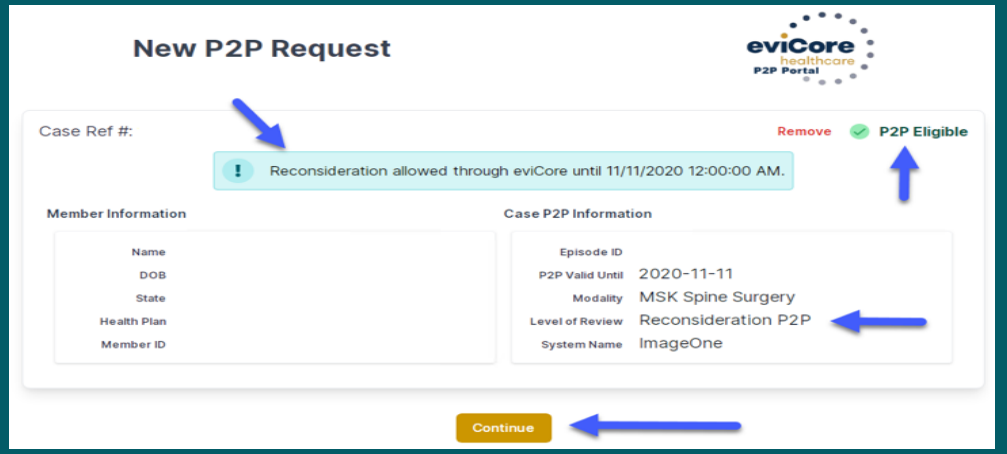
PROVIDER RESOURCES

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





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Schedule a P2P Request
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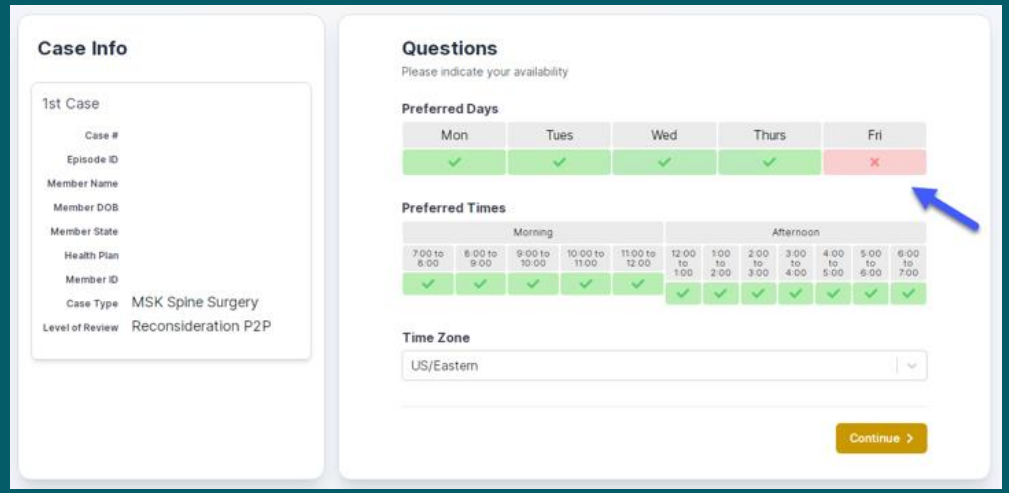
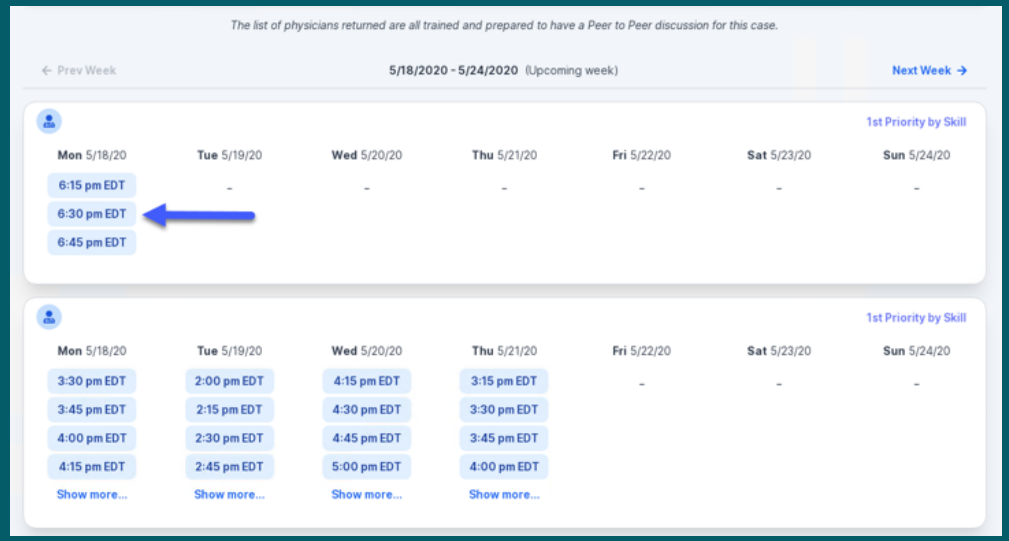
1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**





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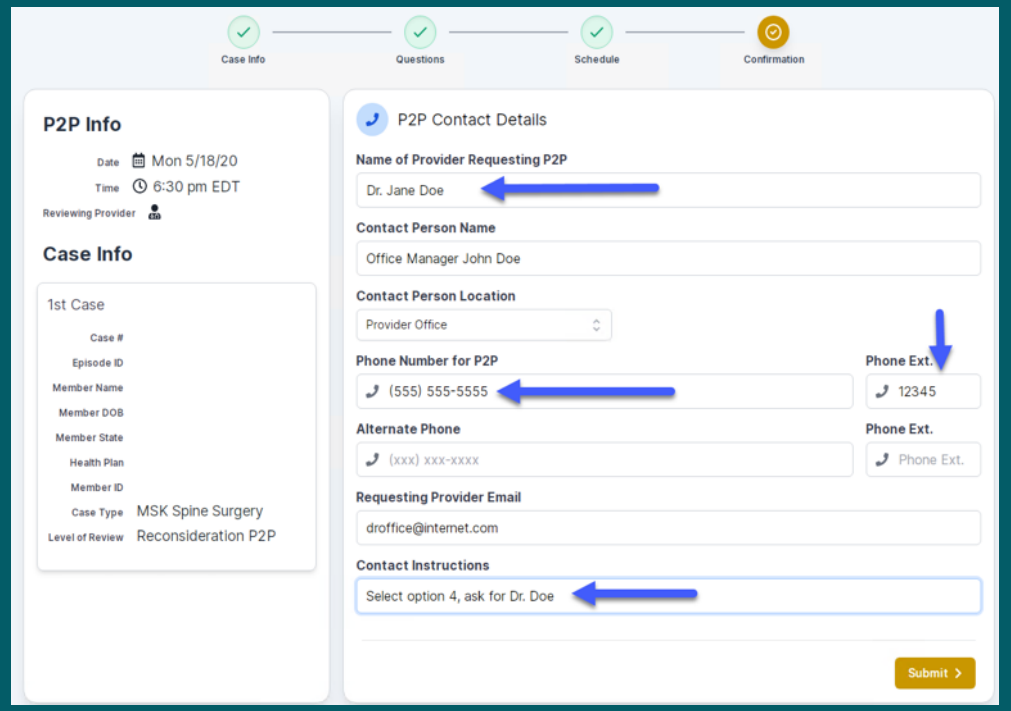
Schedule a P2P Request
(con't.)

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



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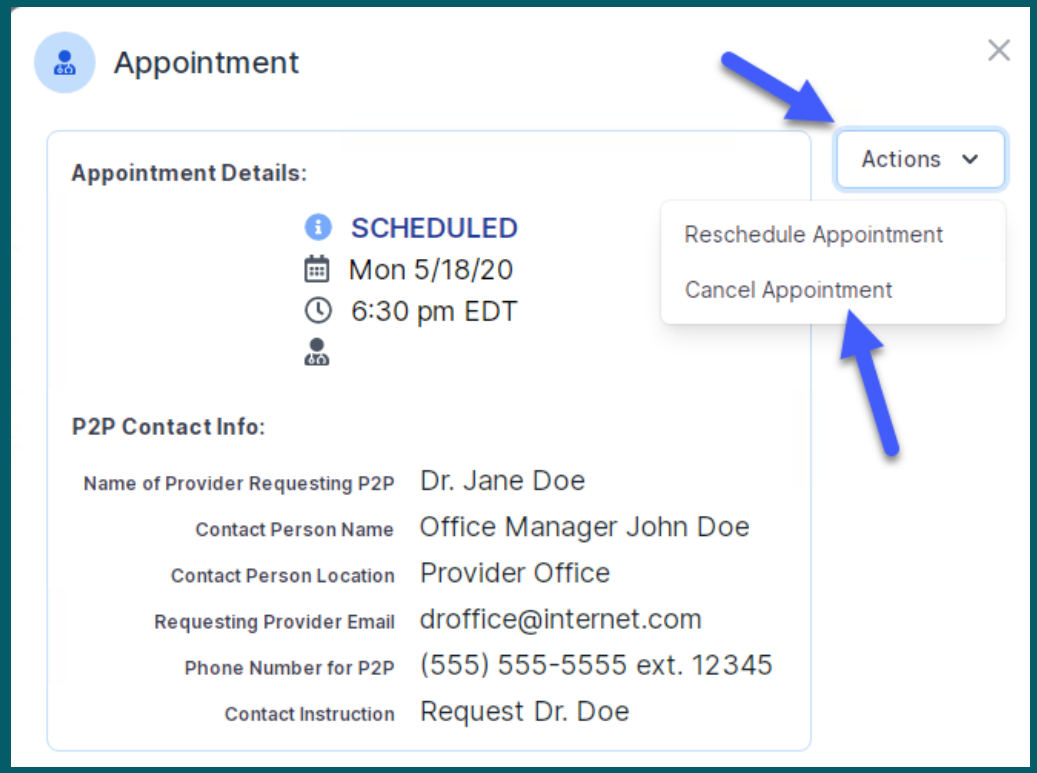
Cancel or Reschedule a P2P Appointment

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



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