EviCore
By EVERNORTH

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Medical Oncology Program

Frequently Asked Questions

Who is EviCore by Evernorth (EviCore)?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Oscar.

Which members will EviCore manage for the Medical Oncology Program?

Authorization is currently required for Oscar **commercial** Insurance members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma

What is EviCore healthcare's Medical Oncology program?

EviCore's Medical Oncology Review Program consists of Prior Authorization Medical Necessity Determinations for all primary injectable and oral chemotherapeutic agents used in the treatment of cancer as well as select supportive agents in combination with chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

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

Member eligibility and benefits should be verified on the Oscar Provider Website - https://www.hioscar.com/providers before requesting prior authorization through EviCore.

Who needs to request prior authorization through EviCore?

All physicians who request/order Medical Oncology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. It is the responsibility of the rendering physician to assure that there is a completed authorization for Medical Oncology services.

How do I request prior authorization through EviCore healthcare?

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

Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7.Providers can request authorization by visiting www.EviCore.com

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and revise existing cases by calling 855-252-1118.

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What are the benefits of using EviCore's web portal?

Our web portal provides 24/7 access to submit or check the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users can see real-time status of a request.
- **Member History** – Web users can see both existing and previous requests for a member
- **Check the status** of existing authorizations

Do medical oncology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Medical Oncology ordered through an emergency room treatment visit, while in an observation unit, or during an inpatient stay do not require prior authorization.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

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

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

The caller must be able to provide either the drug name or the HCPCS code 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.

What is the most effective way to get 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 855-252-1118. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

How long is the authorization valid?

Authorizations vary depending on the clinical indication but could span between 8 – 14 months. If the service is not performed within an approved time span, please contact EviCore healthcare for assistance.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights.

Note: For Commercial cases, the provider may request a Clinical Consultation (P2P) within two business days from the date of the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

No. Retrospective requests are not offered for the Medical Oncology program. Please make sure to obtain authorization prior to initiating services.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

Please contact EviCore with any change to the authorization, whether the procedure has already been performed. It is very important to update EviCore healthcare of any changes to the authorization for claims to be correctly processed.

NOTE: A member cannot have multiple authorizations for Medical Oncology at the same time. If the treatment plan changes to add medications, a NEW request must be initiated through EviCore, which includes ALL drugs to be administered. If this request is approved, the original request will end and the new request will be approved on the same date. Claims submitted for this date and after will be processed against the new authorization.

What information about the prior authorization will be visible on the EviCore healthcare website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number

- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where do I submit my claims?

All claims will continue to be filed directly to Oscar.

Where do I submit questions or concerns regarding this program?

- For program related questions or concerns, submit a ticket: ECRM
- For information on the ECRM self-service portal, visit ECRM Resources | EviCore by Evernorth

Common Items that would require an ECRM ticket:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be submitted through ECRM or call 800-646-0418 (Option 2).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at Oscar | EviCore by Evernorth.