EviCore
By EVERNORTH

WPS
HEALTH INSURANCE • HEALTH PLAN

Medical Oncology
Frequently Asked Questions

Who is EviCore healthcare?

EviCore healthcare (EviCore) is an independent specialty medical and pharmacy benefits management company that provides utilization management services for WPS.

Which members will EviCore healthcare manage for the Medical Oncology program?

EviCore will manage prior authorization for WPS members who are enrolled in the following programs:

Commercial

- Self-Insured
- Fully-Insured

> **Note:** When requesting pre-service authorization for these members, please select **WPS** from the health plan dropdown list.

What is EviCore healthcare's Medical Oncology program?

EviCore's Medical Oncology Review Program consist 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 the chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

When is the EviCore Medical Oncology Program in effect for WPS?

The effective date for the Medical Oncology Program for delegated members of WPS is dates of service 2/1/2023 and beyond. You may initiate authorizations for WPS members beginning on 1/30/2023.

Which Medical Oncology services require prior authorization for WPS?

A list of covered services and HCPC can be found by visiting https://www.EviCore.com/resources Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

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

Member eligibility and benefits should be verified on the WPS website 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.

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How do I request a 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 make revisions to existing cases by calling 800-475-1954.

What are the benefits of using EviCore's Web Portal?

Our web portal provides 24/7 access to submit or check on 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 are able to see real-time status of a request.
- **Member History** – Web users are able to 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. Please note that CAR-T therapy performed in an inpatient setting may require a prior authorization with EviCore healthcare in the near future.

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

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 in order to submit a request. EviCore will assist the physician's office in identifying the appropriate regimen 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 require a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our contact center at 800-475-1954. 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.

After I submit my request, when and how will I receive the determination?

After **all** clinical info is received, for normal (non- urgent) requests a decision is made: For IL - Within 5 calendar days after all necessary information is received. For urgent requests typically not later than 48 hours. For WI – Within 2 business days of receipt of the information not to exceed 15 calendar days. For urgent requests, a decision is made within 72 hours. The provider will be notified by fax, or by email if selected.

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 approved time span, please contact EviCore healthcare for assistance.

What are my options if I receive an adverse determination?

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

Note: For Commercial cases, the provider may request a Clinical Consultation (P2P) within 14-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 an authorization prior to initiating services.

How do I make a revision to an authorization that has been performed?

Please contact EviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update EviCore healthcare of any changes to the authorization in order for claims to be correctly processed.

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
- Prior Authorization Date
- Expiration Date

Where do I submit my claims?

All claims will continue to be filed directly to WPS.

Where do I submit questions or concerns regarding this program?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: ECRM Services
- ECRM educational resources: ECRM Resources | EviCore by Evernorth
- Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Common Items to Send to Client Services include:

- 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 via ECRM Services or call 800-646-0418 (Option 2).

Where can I access EviCore healthcare's clinical guidelines?

EviCore's clinical guidelines are available online 24/7 and can be found by visiting the following link:

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

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at https://www.EviCore.com/resources/healthplan/wps-health-insurance-and-wps-health-plan