

# Medical Oncology Program for Arkansas Blue Cross and Blue Shield-affiliated health plans (including Health Advantage and BlueAdvantage Administrators of Arkansas)

## Frequently Asked Questions

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### About the Medical Oncology Program

#### What is the Medical Oncology Program?

Arkansas Blue Cross and Blue Shield-affiliated health plans (including Health Advantage and BlueAdvantage Administrators of Arkansas) recognize the key role that oncology practices play in the delivery of quality cancer care. We also recognize the challenges you face both in keeping current with treatment advances and ensuring affordable care for your patients. To support high-quality, high value care, we are pleased to announce new collaboration with Carelon Medical Benefits Management. Beginning August 1, 2021, we require your participation in the Carelon Medical Oncology Program when prescribing chemotherapy or supportive medications for affected members.

#### Benefits to your practice

- Synchronization with medical policy. All prescribed regimens are reviewed in real time for benefit coverage under medical policy.
- Actionable information. When your practice prescribes a cancer treatment regimen for an eligible member and submits it to Carelon for review, the prescribed regimen is compared against a comprehensive library of current, evidence-based Carelon Cancer Treatment Pathways. If the planned regimen is not aligned with a Carelon Pathway, information on evidence based alternative regimens may be presented for your review. Pathway adherence will be tracked to understand prescribing patterns and regional treatment variation.
- Enhanced reimbursement. By choosing designated Carelon Cancer Treatment Pathway regimens when clinically appropriate, your practice may become eligible for enhanced reimbursement\*.

*\* Participating providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Illinois, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Texas, Virginia or Wisconsin may be eligible for enhanced reimbursement.*

#### How will the program be administered?

The program is administered by Carelon. Carelon collaborates with payers to help improve health care quality and manage costs for some of today's complex tests and treatments. Participating in the program is most easily managed using the Carelon **ProviderPortals**<sup>SM</sup>, available 24/7, or by calling the contact center directly

Carelon contact center toll-free phone number: 866-688-1449

Hours: 7:00 am – 7:00 pm CT, Monday – Friday

#### Are all chemotherapy drugs, including supportive care drugs, managed through the program?

Providers should provide a patient's complete regimen, including oral and IV cancer treatment and supportive drugs, when submitting an order request in order to ensure review of all drugs subject to clinical appropriateness review.

#### What happens if I do not have orders reviewed by Carelon?

Payment for drugs subject to plan medical policy and not reviewed prospectively may be denied. Regimens not reviewed prospectively by Carelon are not eligible for enhanced reimbursement.

# About the Carelon Clinical Review Process

## 1. How do I participate in the Medical Oncology Program through Carelon?

There are two ways providers can contact Carelon to request review and obtain an order

number: Online

- Get fast, convenient online service via the **ProviderPortal** (registration required). **ProviderPortal** is available 24 hours/day, 7 days/week. Go to [www.providerportal.com](http://www.providerportal.com) to begin.

By phone

- Call Carelon toll-free at: 866-688-1449 during business hours 7:00 am - 7:00 pm CT, Monday through Friday.

If you need any help using the **ProviderPortal**, call **ProviderPortal** support at 1-800-252-2021.

## 2. Is registration required on **ProviderPortal**?

Each member of your staff who enters review requests will need to register. Here is how to do it:

- Step one: Go to [www.providerportal.com](http://www.providerportal.com) and select “Register Now” to launch the registration wizard
- Step two: Enter user details and select user role as “ordering provider”
- Step three: Create username and password
- Step four: Enter the tax ID numbers for your providers
- Step five: Check your inbox for an email from Carelon. Click on the link to confirm email address

The **ProviderPortal** support team will then contact the user to finalize the registration process.

## 3. Who can submit review requests?

Ordering providers and their staff members may submit review requests. When the Ordering provider submits an order requests, we encouraged servicing/rendering providers to verify that a prior authorization has been obtained before performing treatment for affected members. Providers can verify prior authorization using **ProviderPortal**.

## 4. What information will the ordering physician or clinician need to have ready to request prior authorization?

- Member's first and last name, date of birth, member ID number
- Line of therapy, stage of cancer, pathology
- Ordering provider's first and last name, servicing provider's name (may be a facility)
- ECOG or performance status
- Chemotherapy, immunotherapy, supportive drugs (all drugs included in the regimen)
- Biomarkers or tumor characteristics

## 5. What should I enter as the date of service for the treatment?

The date of service is the actual date the treatment is likely to begin (cannot administer treatment before that date).

## 6. Will I be required to provide medical records or other clinical documents?

In most cases, medical records are not required. If medical records are needed to complete the review, Carelon clinical review team will notify your office.

## 7. Do you have to submit a new authorization request for each drug and HCPCS code?

It is preferred that regimens be submitted as a whole. However, it is not uncommon that a new drug is added to the patient's treatment plan. If a new chemotherapy or immunotherapy drug is being submitted, all drugs within that treatment plan must be submitted as a new treatment plan.

If a supportive drug is being added, that drug may be submitted alone and, in the additional information section, the staff may reference the previously-authorized regimen's Order ID number and the type of regimen originally requested, which will help the Carelon Call Center staff to more quickly review the case.

## 8. How will the approval of services be communicated to providers?

Once the office staff has entered the required information into **ProviderPortal** an immediate decision (in many of the cases) will be rendered. When your authorization is approved, the managed drugs on the Order Request Summary will show:

- The name of the approved drug(s) and their HCPCS codes
- The dosing information
- The number of visits approved
- The total billing units approved
- A valid date range
- An order ID number and, if applicable, a Pathway Eligible ID number
- S-Codes awarded (for participating providers only)

If Carelon needs more information to review the case, the system will indicate that the case is pending review or "In Progress." A Registered Nurse (RN) from Carelon will call the ordering provider's office for clarification or additional clinical records. If the case status is updated, an email will be sent to the end user who initially entered the case.

## 9. What's the peer-to-peer process?

A nurse from Carelon will contact your office by phone to let you know that a case has pended for a peer-to-peer conversation. We ask provider offices to have the ordering physician call Carelon as soon as possible to discuss the case with the Carelon medical oncologist. Until Carelon receives a return phone call from the ordering physician (or their representative Physician Assistant or Nurse Practitioner), the case will continue to pend.

- Non-urgent cases will pend for up to 2 business days of receipt of all necessary information
- Urgent requests will pend for up to 1 business day of receipt of all necessary information

At that time, if the clinical information requested is not provided and the peer-to-peer didn't take place, the case will be denied. A denial letter is sent to the member and provider. No adverse determination is made until the case has been reviewed by a medical oncologist at Carelon. Carelon physicians are available for a scheduled conversation or anytime during Carelon's business hours, Monday – Friday, 7a.m. – 7 p.m. CT. A peer-to-peer discussion with a Carelon medical oncologist is always offered before any adverse determination is made.

## 10. How are reviewed requests communicated?

Carelon will include an order ID for reviewed drugs on an Order Request Summary in the **ProviderPortal**, whether the order request was initiated in the **ProviderPortal** or by phone. Carelon will send approval or denial letters to the member, ordering provider

**Note:** Arkansas Blue Cross and Blue Shield and Health Advantage are independent licensees of the Blue Cross Blue Shield Association.

*Carelon is not affiliated with Arkansas Blue Cross and Blue Shield, Health Advantage or with the Blue Cross Blue Shield Association and is an independent company that provides utilization management services for physicians on behalf of Arkansas Blue Cross and Blue Shield and Health Advantage*

