



## What is the Optima Health Oncology Program?

The Optima Health Oncology Program is a utilization management program that requires providers to request prior authorization for therapeutic and supportive medical oncology drugs and radiation oncology services. It is also a quality initiative that enables providers to compare planned cancer treatment regimens against evidence-based, optimal cancer treatment regimens, while simultaneously ensuring prescribed regimens are aligned with Optima Health medical policies.

## How is the program administered?

The program is administered by Carelon Medical Benefits Management, Inc. on behalf of Optima Health. The dedicated Optima Health Oncology Program Line is: 1-844-377-1282.

## Continuous Improvement Activities

Please be aware that Optima Health continues to improve the performance of the integration of our partnership with Carelon to manage oncology authorizations. We are currently working on improving the accuracy of our member and provider address data. As these updates are made, we are committed to working with you to ensure a smooth transition.

## How to Submit Authorizations

- Access Carelon ProviderPortal at [providerportal.com](http://providerportal.com).
- Start an order request by entering the treatment start date in the “Date of Service” field.
- Locate Member.
- Search for the member by providing one of the following:
  - Member ID and DOB
  - Member ID and Name
- Press the “Find this Member” button.

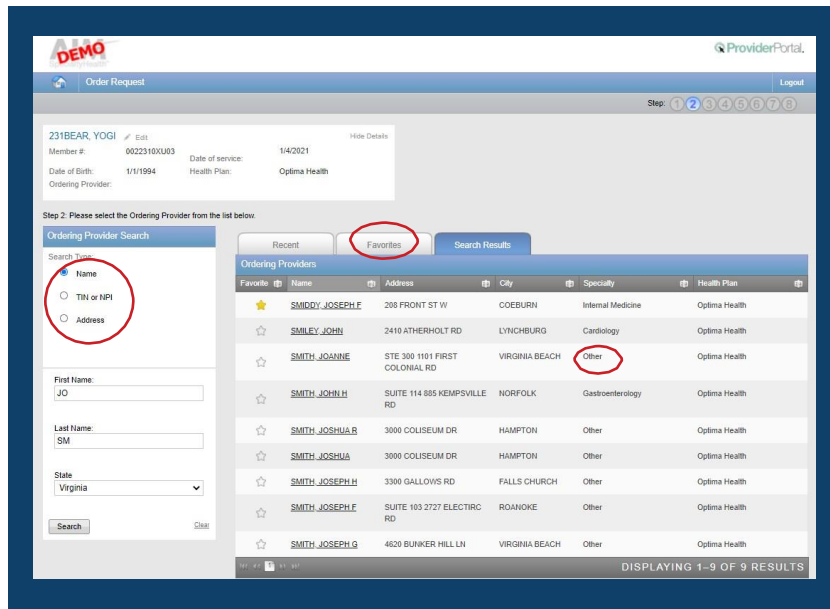


## How to Submit Authorizations Continued

### Selecting, Ordering and Servicing Providers

a. Select an Ordering Provider

Click on the physician's name. Ordering providers associated with group identifier (e.g. TIN, NPI, etc.) entered during the user's registration will be available for selection. To locate an ordering provider, search by either name, TIN, NPI, address.



### Accuracy and Time Saving Tip

#### Creating Favorites

For practices with multiple providers, establishing a list of favorites will allow for increased intake efficiency. To save a provider record to favorites, click the star to the left of the name. Providers who have been saved will appear on the *Favorites* tab for easier future selection.

#### Other/Out-of-Network

“Other” means out- of -network (OON) provider. Anytime you see “other” under the Specialty field, it means OON.

## How to Submit Authorizations Continued

### b. Select a Dispensing or Servicing Provider

After selecting the ordering provider, you will be prompted to select a dispensing or servicing provider. The provider displayed will default to the ordering provider. Click “Find Dispensing”

Member #: 0022310XU03 Date of service: 12/21/2020  
Date of Birth: 1/1/1994 Health Plan: Optima Health  
Ordering Provider: SMIDDY, JOSEPH F Edit

Step 4: Please Choose a Dispensing Provider.

Provider Search

Dispensing Provider Name: VIRGINIA

City:

State: Virginia

Zip Code:

Group NPI:

Search

Provider Search Results

Dispensing Provider	Address	City	State	Phone	Distance	Action	Map
VIRGINIA BEACH GEN	1060 FIRST COLONIAL RD	VIRGINIA BEACH	VA	(757) 395-6130	32.46	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA BEACH GEN ASC HO	1060 FIRST COLONIAL RD	VIRGINIA BEACH	VA	(757) 395-6130	32.46	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA ENT	6600 W BROAD ST STE 210	RICHMOND	VA	(804) 484-3700	78.77	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA ENT ASC-SURGERY	6600 W BROAD ST STE 210	RICHMOND	VA	(804) 484-3700	78.77	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA EYE	400 WESTHAMPTON STA	RICHMOND	VA	(804) 287-4244	79.50	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA EYE ASC-INSTITUT	400 WESTHAMPTON STA	RICHMOND	VA	(804) 287-4244	79.50	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA HOSPITAL	1701 N GEORGE MASON DR	ARLINGTON	VA	(703) 558-5486	153.87	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA HOSPITAL	1701 N GEORGE MASON DR	ARLINGTON	VA	(703) 558-5486	153.87	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA HOSPITAL	1701 N GEORGE MASON DR	ARLINGTON	VA	(703) 558-5486	153.87	<a href="#">View Details</a>	<a href="#">View Map</a>
VIRGINIA HOSPITAL	1701 N GEORGE MASON DR	ARLINGTON	VA	(703) 558-5486	153.87	<a href="#">View Details</a>	<a href="#">View Map</a>

DISPLAYING 1-10 OF 18 RESULTS

[Return to Provider List](#) [Submit a Dispensing Provider](#) [Delete this request](#)

### Note: Carelon Order IDs

If the request meets medical necessity criteria based on the information submitted by the ordering provider’s office, that provider will receive an order number.

- **Approved** orders will have a case status of “**Authorized**” along with an “**Order ID**” in the right corner of the order summary. Carelon’s order numbers are nine digits in length.

Carelon will include an order ID for reviewed procedures on an Order Request Summary in the **ProviderPortal**, whether the order request was initiated in the **ProviderPortal** or by phone. You can “print” or “save to a PDF” in the **ProviderPortal** to include in the patient’s chart. An approval letter will be sent to the member, the applicable physician(s) and/or sites.

**Note:** An order ID number will not be given if the request is denied. Denials are communicated by letter to the provider and member. Appeal rights will be included as an attachment. All appeals are managed by Optima Health.

## How to Submit Authorizations Continued

### Identify Order ID vs. Authorization ID

The order ID number issued by Carelon is the same as the authorization ID number used by Optima Health with the addition of the letter “A” in front.

- Optima Health authorization ID # Example: **A110159566\*REF**
- Carelon Order ID # Example: 110159566 (see screenshot below)

### Review Order Request Summary- Request Status

The Order Request Summary provides detailed drug-level/procedure review of outcomes. *Providers* should review the **request status** for each drug to determine if additional steps are necessary (e.g. refer to health plan).

Additional information regarding the next steps for each requested drug is provided in the Optima Health specific disclaimer located above the requested items

### Medical Oncology Screenshots

**Order Request Summary**

Case Status: **AIM Review Completed**  
Please refer to the status of each requested item below

Health Plan: Optima Health

Valid Dates: 12/23/2020 - 05/19/2021  
Start Date: 12/23/2020

Order ID: **110159566**

Member Information: **231BEAR, YOGI**

Ordering Provider: **SMIDDY, JO**

Dispensing Provider: **SMIDDY, JO**

The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. The following drugs require additional review by the member's health plan: Rituximab (J9312). Please complete the PA form at <https://www.optimahealth.com/providers/pharmacy/drug-authorization-forms> or call the member's health plan at 1-800-229-5522, option 2 for more information. The following drugs do not require additional review: Cyclophosphamide (J9070), Doxorubicin HCl (J9000), Vincristine Sulfate (J9370), PREDNISON INTENSOL (J7512). Please call the member's health plan at 1-800-711-4555 for more information.


Please call 844-377-1282 for all Urgent Requests.

# Carelon ProviderPortal User Guide

**REQUESTED ITEMS:**

ITEM #	HCPCS	DESCRIPTION	REQUEST STATUS	REQUESTED DATES
1	J9070	Cyclophosphamide	Completed	12/23/2020 - 5/19/2021
Dose range:		680 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1,2,3,4,5,6 cycles/ 126 Days	Total Treatments: 6	
Direction:		680 mg Day 1 QD Cycles 1,2,3,4,5,6	Total Billing Units: 42	
2	J9000	Doxorubicin HCl	Completed	12/23/2020 - 5/19/2021
Dose range:		42.5 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1,2,3,4,5,6 cycles/ 126 Days	Total Treatments: 6	
Direction:		42.5 mg Day 1 QD Cycles 1,2,3,4,5,6	Total Billing Units: 30	
3	J9312	Rituximab	Referred to Health Plan	12/23/2020 - 5/19/2021
Dose range:		637.5 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1,2,3,4,5,6 cycles/ 126 Days	Total Treatments: 6	
Direction:		637.5 mg Day 1 QD Cycles 1,2,3,4,5,6	Total Billing Units: 384	
4	J9370	Vincristine Sulfate	Completed	12/23/2020 - 5/19/2021
Dose range:		1 mg	Treatments per	
Cycle length:		21 Days	Cycle: 1 visits	
Cycles/Duration:		1,2,3,4,5,6 cycles/ 126 Days	Total Treatments: 6	
Direction:		1 mg Day 1 QD Cycles 1,2,3,4,5,6	Total Billing Units: 6	
5	J7512	Prednisone (PREDNISONE INTENSOL)	Completed	12/23/2020 - 5/19/2021
Dose range:		-1 - 0 mg	Treatments per	
Cycle length:		-1 Day	Cycle: 1 visits	
Cycles/Duration:		-1 cycles/ -1 Day	Total Treatments: 1	
Direction:		-1 mg Day -1 QD Cycle -1	Total Billing Units: 1	

## Radiation Oncology Screenshot


ProviderPort

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### Order Request Summary

Order ID: **110160381**

**Case Status:**  
Authorized

**Health Plan:**  
Optima Health

**Valid Dates:**  
01/04/2021 - 04/03/2021

**Start Date:**  
01/04/2021

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**Member Information:**  
231BEAR, YOGI

**Ordering Provider:**  
SHAFLI, ARD

**Servicing Provider:** [Edit](#)  
VCU COMMUNITY

The Clinical Information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call 844-377-1282 for all Urgent Requests.

**REQUESTED PROCEDURE(S)**

ITEM #	PROCEDURE	DISEASE	REQUEST STATUS	REASON	ACTION
1	Intensity-Modulated Radiation Therapy (IMRT)	Lung Cancer	Authorized	Criteria Met	<a href="#">Hide Details</a>
Planned Total Dose: 60Gy <b>CPT Code    Quantity    Included CPT Codes</b> 77385    Up to 15    77385, 77386, G6015, G6016 77301    Up to 2    77301 77338    Up to 3    77338					
2	Image-guided radiation therapy (IGRT)	Lung Cancer	Authorized	Criteria Met	<a href="#">Hide Details</a>
<b>CPT Code    Quantity    Included CPT Codes</b> 77387    Up to 15    77014, 77387, G6001, G6002, G6017					

## Frequently Asked Questions

### 1. When should providers submit prior authorization requests to Carelon?

Providers are strongly encouraged to obtain prior authorization before initiating, scheduling, and performing services. Carelon will also accept an authorization request within two (2) business days of the provider initiating services. Request an authorization directly via Carelon *ProviderPortal* at [providerportal.com](https://providerportal.com).

### 2. What is Post Claim Clinical Appropriateness (PCCA)?

PCCA is defined as the process for retrospective authorization which can last 3-365 days after initiation of service. Note: Providers MUST have the denied claim number to complete the PCCA process. Please refer to the claim denial remit which includes the Carelon phone number.

### 3. How do I initiate a PCCA request?

Submit a claim for the services already rendered. Denial for no prior authorization will be issued. **Document the denied claim number and date to complete the process.** Then submit authorization request for PCCA. The Carelon phone number is 1-844-377-1282, and is also listed on the denial remit. You can also submit the authorization request at [providerportal.com](https://providerportal.com).

### 4. When will the PCCA process start?

The PCCA process begins once all documents have been submitted. This process will be completed within ten business days. The PCCA determination will be finalized by Carelon then communicated to Optima Health. A written approval or denial letter will then be issued. Once notified of approval, resubmit the claims directly to Optima Health after the PCCA process has been completed.

### 5. How do I appeal a denied PCCA determination?

File an appeal with Optima Health according to the member's line of business. Commercial plans must be filed within 180 days. Medicaid must be filed within 60 days of receipt of the denial notification.

### 6. How will out of network (OON) providers be handled?

**HMO:** Carelon reviews for medical necessity then refers to the health plan. Optima Health will determine the OON benefit and then refer to the medical director for OON exception, as needed. The provider will receive a message advising that the case is under review.

**PPO:** Carelon reviews for medical necessity and will permit use of an OON provider as per their benefit.

## Frequently Asked Questions

### 7. Where do I ask questions or obtain support for the Carelon *ProviderPortal*?

Call Carelon at 1-844-377-1282 during contact center business hours, Monday – Friday 8am-5pm ET.

### 8. Where can I learn more about the Optima Health Oncology Program?

The Carelon *ProviderPortal* has tutorials available under the Help Center. Additionally, providers can review Order Request Checklists on the [Radiation Oncology website](#) and Carelon Cancer Pathways on the Optima Health [Medical Oncology microsite](#).

### 9. Which drugs are included in the Optima Health Oncology Program?

Visit [optimahealth.com/providers/pharmacy/formularies-and-drug-lists](https://optimahealth.com/providers/pharmacy/formularies-and-drug-lists). Carelon oncology drugs are located under the “Helpful Links” heading.

**Medical Oncology:** Please include all drugs when submitting an order request to determine if the regimen is on pathway, and to learn which drugs, if any, may need to be approved. The Carelon *ProviderPortal* will direct you, as needed, to the appropriate management channel.

## Understanding Portal Messages

### Retroactive Review/Post Service Review and PCCA Process Messages

Message	Interpretation
<p><b>Member not covered</b></p> <p><b>Radiation Oncology:</b> The selected member does not require an order ID. Please contact the health plan using the number on the back of the member’s ID card to determine if an order ID number is needed.</p> <p><b>Medical Oncology:</b> A Carelon order number is not required for this member and/or this exam. However, a health plan generated authorization may be required. Please contact the member’s health plan using the phone number located on the back of the member’s ID card to determine if an order number is required.</p>	<p>Only applies to commercial self- funded groups that have opted out of the Carelon Oncology Program. Please call Optima Health to determine if an authorization is required at:</p> <p>Commercial: 757-552-7474 or 1-800-229-8822</p> <p>Government Programs: OHCC/DSNP 1 844-512-3172 Medicare and OFC 757-552-7474 or 1-800-229-8822</p>
<p>The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed. The following drugs require additional review by the member’s health plan: ‘{Drug name X4}. Please complete the PA form at <a href="https://optimahealth.com/providers/pharmacy/drug-authorization-forms">optimahealth.com/providers/pharmacy/drug-authorization-forms</a> or call the member’s health plan at 1-800-229-5522, option 2 for more information.</p>	<p>The program applies to medical oncology and supportive care drugs. Medical oncology pertains to drugs covered under the medical benefit which require administration by a healthcare professional. Oncology drugs on the pharmacy benefit (e.g. oral cancer drugs) will still require authorization from Optima Health or the Optima Health Pharmacy Benefit Manager (Optum). Categories of drugs that require prior authorization include:</p> <ul style="list-style-type: none"> <li>• Chemotherapy,</li> <li>• Immunotherapy</li> <li>• Supportive drugs</li> </ul> <p>Prior authorization is not required for non-managed drugs. However, the program reviews treatment regimens, versus solely as individual drugs. Non-managed chemotherapy or immunotherapy drugs are also included in the evaluation for Pathway eligibility. Note: Please include all drugs when submitting an order request to determine if the regimen is on pathway, and to learn which drugs, if any, may need to be approved. The Carelon <i>ProviderPortal</i> will direct you, as needed, to the appropriate management channel.</p>



## Understanding Portal Messages

### Retroactive Review/Post Service Review and PCCA Process Messages

Disclaimer messaging	Interpretation
<p><b>Radiation Oncology:</b> The clinical Information displayed was obtained by Carelon through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.</p> <p><b>Medical Oncology:</b> The drug administration information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.</p>	<p>This is Carelon Legal Disclaimer regarding any information displayed on the Order Summary that was entered by the user.</p>

## Retroactive Review/Post Service Review and PCCA Process Messages

Scenario	Message	Interpretation
1. Retrospective date messaging in <i>ProviderPortal</i> :	Date of service entered is beyond the allowed post service review timeframe for the member's plan. Please adjust the date of service or refer to the health plan's claim payment policy for next steps.	A retroactive review must be completed within (2) business days of rendering service. If you do not submit your retrospective review within two business days, you must initiate the PCCA process.
2. User enters a DOS beyond the allowed PCCA date	Pre-authorization cannot be completed. Date of service entered is beyond the allowed post service review time frame for the member's plan. Please adjust the date of service or refer to the health plan's claim payment policy for next steps.	The PCCA process is allowed from day three to 365 days post initiation of services. You MUST have the denied claim number to complete the process. Please refer to the claim denial remit which includes the Carelon phone number.
3. User answers "No" to the claim submission question	Pre-authorization cannot be completed. Date of service entered is beyond the allowed post service review time frame for member's plan. Please adjust the date of service or refer to the health plan's claim payment policy for next steps.	You MUST have the denied claim number to complete the process. Please refer to the claim denial remit which includes the Carelon phone number.
4. On the Post Claim Submission window, user selects "I do not have this information"	Pre-authorization cannot be completed. Post-claim clinical review cases require that the claim number and <<{Claim Receipt} or {Claim Submission}>> date be submitted. Please refer to the health plan's claim payment policy for next steps.	You MUST have the denied claim number to complete the process. Please refer to the claim denial remit which includes the Carelon phone number.

## Important Notes:

- **Helpful CARELON Links**

- Radiation Oncology: <https://providers.carelonmedicalbenefitsmanagement.com/radoncology/>
- Medical Oncology: <https://guidelines.carelonmedicalbenefitsmanagement.com>

- **Carelon Portal Availability**

The Carelon *ProviderPortal* is available 24 hours a day with the exception of Sundays from 1:30 p.m. – 7:00 p.m. for regularly scheduled maintenance. If help is needed while using the Carelon *ProviderPortal*, providers can contact Carelon *ProviderPortal* support at 1-800-252-2021.

- **Submitting a Pre-authorization for a Group Not Enrolled in Carelon (Opted-Out):**

Some Optima Health members are not participating in the Carelon prior authorization program. Please contact Optima Health using the number on the back of the member's ID card to determine if an authorization is needed.

For those groups who have opted out, the following is applicable:

1. Chemotherapy does not require a preauthorization.
2. Supportive therapy drugs may be reviewed on [www.optimahealth.com](http://www.optimahealth.com) to determine if a pre-authorization is required.
3. Select radiation codes require an authorization from Optima Health if the member's group is not enrolled in Carelon. Authorizations are required for SRS, PBRT, IORT and Brachytherapy.