Optima Health Oncology Program

Frequently Asked Questions

About the Optima Health Oncology Program

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. 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 AIM Specialty Health® (AIM) on behalf of Optima Health.

How does the program benefit my practice and patients?

- **Actionable information:** When your practice prescribes a cancer treatment regimen for a patient and submits it to AIM for review, the prescribed regimen is compared against evidence-based AIM Cancer Treatment Pathways (Pathways). If the planned regimen is not aligned with a Pathway, information on available Pathway regimens may be presented for your review.
- **Synchronization with plan medical policy:** All prescribed regimens are reviewed in real time against Optima Health medical policies.

Which Optima Health members require prior authorization through AIM?

Please check member benefits and eligibility to determine whether prior authorization is required. Optima Health requires clinicians ordering medical oncology treatments to request prior authorization for the following lines of business:

- Medicare Advantage members
- Medicaid members
- Dual eligible members (Medicare Advantage and Medicaid)
- FAMIS members
- Commercial members – many fully insured groups will be effective in 2020

Your request will be reviewed by AIM Specialty Health, and they will notify you of the decision.

Which Optima Health members are not part of the AIM prior authorization program?

Prior authorization with AIM Specialty Health is not required for [Commercial members - which includes fully insured and self-funded groups] until 2020.

For members not included in the Optima Health Oncology Program, please continue to contact [Medical Care Services] for prior approval requirements.

What drugs are included in the Program?

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 health care 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:

- Chemotherapy
- Immunotherapy
- Supportive drugs

Prior authorization is not required for non-managed drugs but the program reviews treatment regimens as a whole, versus solely as individual drugs. Non-managed chemotherapy or immunotherapy drugs are also included in the evaluation for pathway eligibility.

Are the same drugs included in the program for all members?

While most managed drugs are the same for all Optima Health members, some differences may exist by line of business. Complete drug lists for the Optima Health Oncology Program can be found at www.optimahealth.com/pharmacy.

Where can I find medical necessity criteria (medical policies)?

Click here to access medical necessity criteria.

As always, providers should check benefits and eligibility to determine the member's benefits and prior authorization requirements.

How do I request prior authorization with AIM?

There are three ways to request an authorization:

- Through the Optima Health website (links you directly to the AIM ***Provider****Portal*)
- Directly via AIM ***Provider****Portal* @ www.providerportal.com Note: If you've already registered for the AIM ***Provider****Portal,* you can add Optima Health through the Manage My Groups tab.
- Call the AIM contact center at 1-844-377-1282 available Monday through Friday 8:00 a.m. – 5:00 p.m. EST. If you leave a voicemail after these hours, AIM will respond the next business day.

What is the preferred and most efficient way to submit a request for prior authorization?

The most efficient way to submit a prior authorization request is through the AIM ***Provider****Portal* @ www.providerportal.com. The ***Provider****Portal* is available 24 hours per day with the exception of Sundays from 1:30 PM EST - 7:00 PM EST for regularly scheduled maintenance. Once registered in the AIM ***Provider****Portal* you can:

- Initiate new order requests
- Update existing order requests
- Identify AIM Cancer Treatment Pathways
- Retrieve your order summaries

If you need help using the AIM ***Provider****Portal*, call AIM ***Provider****Portal* support at 1-800-252-2021.

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
- Tumor-specific and general worksheets can be found on the microsite at: www.aimproviders.com/oncology/optimahealth

What if the provider I want to select is not available in the AIM *ProviderPortal*?

Contact AIM ***Provider****Portal* support at 1-800-252-2021.

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).

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

Medical records are only required if requested by AIM.

What happens if I do not call AIM and do not enter information through the AIM *ProviderPortal*?

You are encouraged to request a review of the treatment regimen prior to the start of services. Retrospective authorization requests may be initiated up to 2 days after the treatment start date. Failure to contact AIM for oncology treatment and supportive drugs covered under the Optima Health Oncology Program may result in claims denials.

Once I have submitted a request, how long will it take to receive a response from AIM?

Requests that meet criteria receive a response immediately in the AIM ***Provider****Portal* or on the phone with the AIM contact center.

When an order request cannot be approved immediately, the request is transferred to an oncology nurse for further review. The ordering provider will be given the opportunity to discuss the pending case with an AIM physician reviewer (peer-to-peer review). No adverse determination is made until the case has been reviewed by an oncologist at AIM. Most non-urgent requests receive a response within three business days. Urgent requests will receive a response within 24-72 hours of receipt.

How will I know when a peer-to-peer is needed?

When a case pends for review, it will go to an "In Progress" status. AIM will call the ordering provider requesting a call-back for peer-to-peer review, should it be required.

Can we request authorization within 48 hours from the date of service?

If you have an urgent request, please contact AIM at 1-844-377-1282.

What is a 3-week end date cushion and why is it given?

Many oncology patients experience side effects that could delay their treatment. The 3-week cushion takes into account the frequency of those types of delays. However, if a given number of treatments is authorized, and the valid date range allows for another treatment (e.g. 6 treatments authorized but a 7th can be fit into the Valid Date Range), a new authorization must be obtained.

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 for drugs to be added to the patient's existing treatment plan. If a new chemotherapy or immunotherapy drug is being added, all drugs within that treatment plan must be submitted, even those for which an authorization was previously obtained. If a supportive drug is being added, that drug may be submitted alone and the staff may reference the previously-requested regimen and associated Order ID number, which will help the Call Center staff to more quickly review the case.

How are review outcomes communicated?

Once a determination has been made on a case, an order ID (authorization) number will be displayed on the Order Request Summary page of the ***Provider****Portal.* If the request was initiated via phone, an order ID number (authorization number) will be provided by the call center staff once the review has been completed.

Note: an order ID number (authorization number) will not be given if the request is denied. Denials are communicated by letter to the member with the cc: to the ordering physician. In addition, approvals are also communicated by letter to the member with the cc: to the ordering physicians for Medicare Advantage members. Providers can also view real-time case status and updates via the ***Provider****Portal*.

Can both ordering and servicing providers view required authorizations for patients?

Yes, users registered under either the ordering and servicing provider roles are able to view authorizations on the AIM ***Provider****Portal*.

What are the retro-authorization time frames for the Optima Health Oncology Program?

Providers are encouraged to obtain an authorization prior to the start of services. Retrospective authorizations may be requested up to 2 days after the treatment start date.

How can providers appeal the denial decision?

All appeals are handled by Optima Health.

Should we include the authorization number on the claim?

Yes. By providing the order ID number (authorization number), it can help improve claim processing time.

How will the approval of services be communicated to providers?

Once the office staff has entered the required information into ***Provider****Portal,* an immediate decision (for cases meeting criteria) 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

If AIM needs more information in order to review the case, the system will indicate that it's pending review or "In Progress". AIM RN will call the ordering provider's office to obtain clarification or additional clinical records.

How will the approval of services be communicated to Optima Health?

The HCPCS code, valid date range and units will be shared with Optima Health via nightly extract. To avoid claims denials, we urge providers to use the AIM ProviderPortal to verify that an authorization is in place before the treatment is administered. We suggest sharing the Order Request Summary with your billing department – a copy may be printed or a PDF may be created in the ***ProviderPortal***.

How can I learn more about the Optima Health Oncology Program?

AIM offers a number of resources on its website www.aimproviders.com/oncology/optimahealth

- Program information
- Tutorials on how to enter a request using the AIM ***ProviderPortal***.
- Worksheets to help your office prepare the information needed to enter the request
- Frequently asked questions (FAQs)

How can I get end-user training?

AIM will provide two trainings (Radiation Oncology – September 3, 2019 at 10:00 a.m. EST and Medical Oncology – September 5, 2019 at 3:00 p.m. EST). If you cannot attend, a recorded webinar session as well as a PDF version of the power point presentation after the training will be available at optimahealth.com/providers.

About the *ProviderPortal*

How do I enter a request on the AIM *ProviderPortal*?

For step-by-step instructions for submitting a case, go to the Reference Desk in the ProviderPortal.

Why is a Duplicate Order notification displayed on my Order Request?

This notification will appear when a similar request is on file or the dates from one order to another overlap. An AIM RN will review these cases to verify no duplicate is being requested.

Why is my physician showing as Out-of-Network?

The physician is Out-of-Network and the benefits may not apply or may be paid at a lower rate. If you believe your provider is In Network, check with your Network Educator at Optima Health to verify that your provider is entered into the system as contracted.

What do the deviations on my request indicate?

- Custom Treatment Plan – this means the combination of therapeutic treatment drugs cannot be matched to an evidence-based regimen; therefore, all of the supportive drugs will also come up as a custom request. The dosing will be manually entered by the requesting provider. These cases will always go to an "In Progress" status.

- **Cycles/Dosing** – changing these fields will often result in a deviation for each drug*, as the Pathways requested are selected based on these parameters as well as safety, efficacy and cost
  - Length of treatment (e.g. every 21 days)
  - Number of cycles (e.g. 1 – 4 cycles, or 1,2,3,4 cycles)
  - Days per cycles (e.g. Day 1, 8, 15)
  - Frequency per day (e.g. QD)

  *Most drugs are not being managed on the actual dose (e.g. mgs or Grams) but have warnings when the dose is outside the set parameters for the drug being requested; this alerts the staff to double-check that the correct dose has been entered.

- **Line of treatment, stage, pathology, performance status (ECOG), biomarkers** – answering Unknown or Not Reported can often lead to deviations, especially when required for a particular drug (e.g. Herceptin requires a patient to be Her-2 positive). Make sure that the regimen chosen, (always listed at the top of each clinical data collection page) matches the data being entered into the case. Any mismatch will cause a deviation and may cause the case to pend for further review.

- **Febrile Neutropenia (FN) Risk deviation - the risk of developing FN with this type of regimen is:**
  - **Low** – 0 – 10%; no growth factor indicated. Case may pend for further review.
  - **Intermediate** – 10 – 20%; must have an additional risk factor to justify the use of a growth factor. Case may pend for further review.

What do the Case Status notifications indicate?

- **In Progress –** case is pending review; first level is review by an RN to clarify/collect additional clinical information via phone call to the provider's office, and may be approvable at their level; second level is MD review – peer-to-peer may or may not be required. If it is required, AIM will contact the ordering provider.

- **Completed** – case has been reviewed; all drugs are non-managed; decision has been made. Pathway eligibility has been determined.

- **Authorized** – there is at least one managed drug on this request and the case has been authorized.

- **Non-Authorized** – there is at least one managed drug on this request and the whole case has been denied.

- **Multiple Decisions Rendered** – the therapeutic treatment drug(s) have been authorized, but one or more of the supportive drugs have been denied.

What do the Drug Status notifications indicate?

- **AIM Clinical Review Not Required** – review is not required for this drug by AIM, but this does not mean review is not required by another entity (e.g. a PBM)
- **Authorized vs. Non-authorized** – this notification indicates these are managed or UM drugs and must go through AIM for verification
- **Other Impact** – this means no **decision** has been rendered and the drug should referred to another entity for review
  - **Refer to Health Plan** – Optima Health is managing this drug
  - **Refer to PBM** – Optum is managing this drug and probably dispensing it, as well
- **Voluntarily Cancelled** – the provider's office agreed to cancel/withdraw the drug or case
- **Not Reviewed/Error Entry** – the case was withdrawn (i.e. accidentally entered, duplicate case entry)

What if I can't find the diagnosis I'm searching for?

Only requests for oncology indications are to be submitted within the ***Provider****Portal*. If you are unable to find the diagnosis in the system, you may call Web Customer Service at 1-800-252-2021. If it is determined that the request is not for an oncology diagnosis, contact Optima Health for additional instructions.

About AIM Cancer Treatment Pathways

What are AIM Cancer Treatment Pathways?

AIM Cancer Treatment Pathways are developed by AIM oncologists and pharmacists in consultation with a panel of academic and community-based oncologists. Together they apply a rigorous process to evaluate regimens supported by national guidelines such as National Comprehensive Cancer Network (NCCN) guidelines and oncology professional society practice guidelines, and by peer-reviewed, published data. Factors considered include:

- Clinical benefit (efficacy)
- Side-effects (toxicity) - especially those that lead to hospitalizations or impact quality of life
- When efficacy and toxicity are equal, cost

Standards of oncologic care evolve rapidly. That's why it's important to know that the AIM Pathways are updated through a systematic review of medical evidence at least quarterly, and more often when new data emerge or national guidelines change.

Where can I find a copy of the AIM Cancer Treatment Pathways?

The Pathways are posted on www.aimproviders.com/oncology/optimahealth

What should I consider when selecting a Pathway?

Selecting a Pathway depends upon a number of factors, including the type of cancer, the stage of disease, and the biomarkers or specific genetic profile of the patient's cancer. Within each cancer type, separate Pathways are usually available for early stage through advanced cancer, sub-types of cancer (e.g., HER2 positive), and different lines of therapy.

What if I am treating a patient for whom a Pathway regimen is not available?

AIM Cancer Treatment Pathways include multiple regimens for different clinical situations. However, if a Pathway regimen is not available for a particular type of cancer or line of therapy, the prescribed regimen still needs to be entered into the AIM ***Provider****Portal* to ensure alignment with Optima Health medical policy.

Do Pathways apply to pediatric patients?

AIM Cancer Treatment Pathways exist for cancers observed most often, but not exclusively, in adults, and can be considered for any relevant patient regardless of age. If a Pathway regimen is not available for a particular type of cancer or line of therapy for a pediatric (or adult) patient, the prescribed regimen still needs to be entered into the AIM ***Provider****Portal* to ensure alignment with Optima Health medical policy.

What happens if I do not select a treatment regimen that is designated as an AIM Cancer Treatment Pathway?

The requested treatment regimen will be reviewed for alignment with Optima Health medical policy. A regimen that is not a Pathway regimen may still be authorized. The claim for that regimen will be paid, but enhanced reimbursement will not be available.

How often are the AIM Cancer Treatment Pathways updated?

AIM Cancer Treatment Pathways are reviewed at least quarterly or more frequently, as needed. Updates, which include new pathways and retired pathways, are found on www.aimproviders.com/oncology/optimahealth

Are supportive care drugs included in the Pathways?

Supportive care drugs, such as those used to manage side effects of chemotherapy, are not currently included in the AIM Cancer Treatment Pathways. However, the entire cancer treatment drug regimen, including supportive care drugs, should be included in the order request. This is because certain supportive care drugs may be included on the list of drugs that require review against applicable Optima Health medical policies or clinical guidelines.

About pharmacy benefit programs

What should I do if the drugs I am ordering require authorization/precertification through a pharmacy benefit manager (PBM)?

Some drugs used in the treatment of cancer may require prior authorization/precertification through a PBM. Include all drugs when submitting an order request to the program to determine if the regimen is on Pathway, and to learn which drugs, if any, may need to be approved. The AIM ***Provider****Portal* will direct you, as needed, to the appropriate management channel.

AIM SpecialtyHealth

8600 West Bryn Mawr Avenue
South Tower - Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

Appropriate.Safe.Affordable.

2095-0819