









6/27/2024

PA Health & Wellness, Ambetter from PA Health & Wellness and Wellcare by Allwell has partnered with Evolent (formerly New Century Health) an Oncology Quality Management company, to implement a new prior authorization program. The program will simplify the administrative process for providers to support the effective delivery of quality patient care.

Effective October 1, 2024, infused, injectable and oral chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications and radiation oncology requests will require a prior authorization from Evolent before being administered in either the provider office, outpatient hospital, ambulatory setting, or infusion center. Treatment plans will be reviewed using nationally recognized evidence-based guidelines.

Prior authorization requirements will apply to Ambetter from PA Health & Wellness (Exchange) members of all ages, Wellcare by Allwell PA (Medicare) members 18 years of age and older, and PA Health & Wellness (PHW) Community HealthChoices (CHC) (Medicaid) members 21 years of age and older. This program includes the specialties of gynecologic oncology, hematology, medical oncology, neuro-oncology, surgical oncology, urology, and radiation oncology.

Evolent offers providers:

- Real-time authorizations for approvable treatment plans submitted via the Evolent CarePro provider portal https://my.newcenturyhealth.com.
- A telephonic option for requests at 1.888.999.7713, medical oncology (option 2) radiation oncology (option 3). Staff are available Monday-Friday, from 8:00 a.m. to 8:00 p.m. EST.
- Real-time member eligibility verification through the Evolent CarePro portal prior to entering a treatment plan.
- Oncologists and radiation oncologists on staff for clinical discussions with physicians.
- A dedicated Evolent Provider Solutions Manager to use as a direct point-of-contact for any issues or questions.

PA Health & Wellness(PHW) Community HealthChoices (CHC), Ambetter from PA Health & Wellness and Wellcare by Allwell PA, approvals issued before October 1, 2024, are effective until the authorization end date. Upon expiration, authorization requests must be submitted to Evolent. If authorization is not obtained from Evolent, claims may be denied. For services/treatment that did not require an authorization prior to October 1, 2024, an authorization will be required from Evolent for service/treatment dates on and after October 1, 2024.

A Provider Solutions Manager will contact you soon to schedule an introductory meeting and in-service training. Should you have any questions prior to the introductory meeting, please contact Evolent at 1.888.999.7713, (option 6) or via email providertraining@evolent.com.

We look forward to offering you this program and hope it will enhance your experience with oncology and radiation oncology service authorizations.









Frequently Asked Questions: Oncology and Radiation Oncology Quality Management Program

Ambetter from PA Health & Wellness (Exchange)
PA Health & Wellness (PHW) Community HealthChoices (CHC) (Medicaid)
Wellcare by Allwell PA (Medicare)
Effective October 1, 2024

Who is Evolent?

Evolent (formerly New Century Health) is a comprehensive Oncology Quality
 Management Company whose goal is to apply evidence-based treatment to the delivery of oncology and radiation oncology care.

What is the Oncology Quality Management Program?

 The Oncology Quality Management Program provides prior authorization management for your oncology and radiation oncology requests. The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.

What members are included in this program?

 Ambetter from PA Health & Wellness members of all ages, Wellcare by Allwell PA members 18 years of age and older, and your PA Health & Wellness (PHW) Community HealthChoices (CHC) members 21 years of age and older.

When will the program begin?

The program will begin October 1, 2024.

How can a physician's office request training for this program?

 A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at 1.888.999.7713, option 6 or email <u>providertraining@evolent.com</u>.

What are some key features of the program?

- Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Eligibility verification
 - Physician discussions with oncologists and radiation oncologists
 - Support staff with dedicated provider solutions representatives available to assist

How do I contact Evolent authorization support?

o Call 1.888.999.7713 (medical oncology - option 2; radiation oncology - option 3). Staff is available Monday-Friday 7:00 a.m. to 7:00 p.m. CST.

What is the transition of care process?

Ambetter from PA Health & Wellness, Wellcare by Allwell PA, and your PA Health & Wellness (PHW) Community HealthChoices (CHC) approvals issued before October 1, 2024, are effective until the authorization end date. Beginning October 1, 2024, please submit prior authorization requests to Evolent.

Who is responsible for obtaining prior authorization?

 The physician organization ordering medical oncology medications or radiation oncology services must request prior authorization through Evolent.

How do I obtain prior authorization?

- O By submitting requests to Evolent:
 - Online my.newcenturyhealth.com.
 - Via telephone at 1.888.999.7713 (medical oncology option 2; radiation oncology option 3)

What is the turn-around time (TAT) for processing prior authorization requests?

Request Type	Medicaid & Medicare	Exchange
Pharmacy Part D	Standard: Within 72 hours Expedited: Within 24 hours	Standard: Within 24 hours Expedited: Within 24 hours
Medical Part B	Standard: Within 72 hours Expedited: Within 24 hours	Standard: Within 7 calendar days Expedited: Within 72 hours
Medical Services	Standard: Within 14 calendar days Expedited: Within 72 hours	Standard: Within 7 calendar days Expedited: Within 72 hours

What drugs require prior authorization?

The Oncology Quality Management Program, administered by Evolent, requires prior authorization management for Infused, injectable and oral chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications and radiation oncology services for members with a diagnosis code included in the following range:

Cancer = C00 – D09, D37-D44, E34.0

Hematology Diagnosis = D45-D49, D59.10-D59.19, D61.81, D61.82, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.3, D69.41, D69.59, D69.6, D69.8, D69.9, D70.1-D70.9, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82

N&V = R11

• Which specialties are included in the Oncology Quality Management Program?

 Gynecologic oncology, hematology, medical oncology, neuro-oncology, surgical oncology, urology, and radiation oncology will submit their prior authorizations through Evolent.

Who reviews oncology and radiation oncology requests?

 Evolent medical reviewers are licensed oncologists and radiation oncologists using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at my.newcenturyhealth.com or by contacting Evolent at 1.888.999.7713, option 2 for medical oncology and option 3 for radiation oncology.

What happens if the authorization request does not meet guidelines?

o If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

• What will the Evolent authorization number look like, and how long is it valid?

 The Evolent authorization will start with "AR" followed by at least six digits (e.g., AR100000) and be valid for the duration indicated on the Medication Request Authorization (MRA) or Service Request Authorization (SRA).

Which place(s) of service are included in this program?

 Oncology and radiation oncology services rendered in a physician's office, outpatient hospital, or ambulatory setting.

Does prior authorization guarantee payment?

 No. Prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to your Provider Manual.

• Who is responsible for responding to grievances and appeals?

 PA Health & Wellness and Wellcare by Allwell will maintain the grievance and appeal processes.

What will happen if the physician does not request and obtain an authorization?

o If authorization is not obtained, PA Health & Wellness and Wellcare by Allwell may deny payment for the relevant services. Members may not be held responsible or billed for denied charges/services. Providers may only be able to collect the applicable cost share amount directly from the member.