

Medicare Oncology Quality Management (OQM) Program Highlights, Process Overview, and Frequently Asked Questions (FAQ's)



**Effective July 1, 2013
For AvMed Medicare Members**

Program Highlights

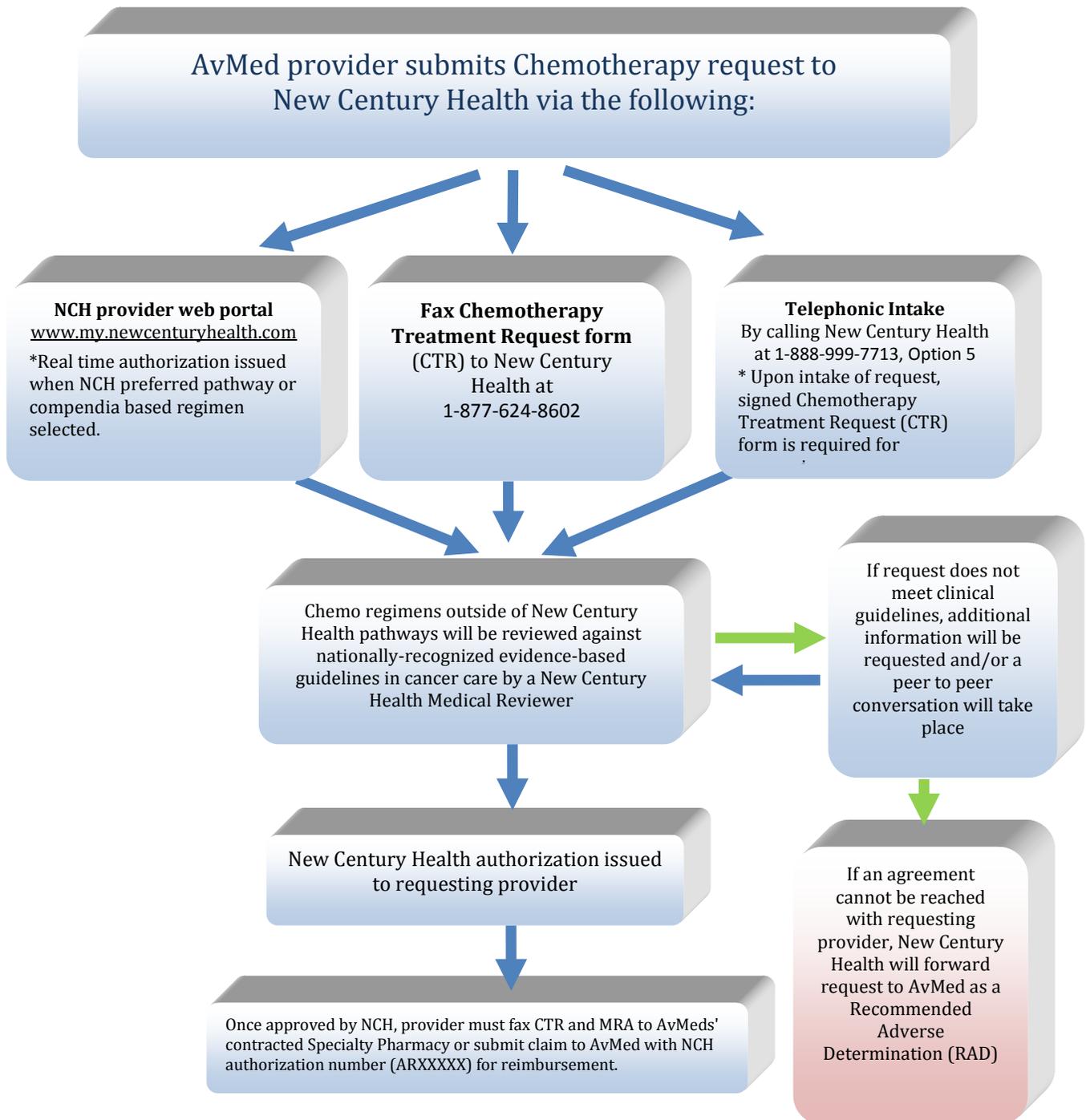
The New Century Health(NCH) OQM program works in conjunction with physician offices to develop a team approach to delivering quality patient care while helping to streamline the complex administrative process associated with chemotherapy pre-authorizations. The program includes benefits such as peer to peer discussions with Oncologists who have the understanding and background to discuss treatment regimens on a consultative basis. It also provides significant administrative benefits to help expedite the authorization review process.

Below are some of the key features offered by New Century Health (NCH):

- Internet/web provider portal access available 24/7/365 through www.my.newcenturyhealth.com offering the following functionalities:
 - Eligible for real-time authorizations when selecting evidence based NCH treatment care pathways
 - Reduced documentation requirements
 - Access to real-time status of authorization requests
 - Member eligibility verification
- Fax authorization requests: One (1) submission form may be utilized for the entire regimen
- Supportive telephonic authorization staff available at 1-888-999-7713, Option 5, Monday – Friday (8 am-5 pm EST)
- Peer-to-peer consultations by Oncologists
- Access to nationally- recognized, evidence- based treatment guidelines
- An NCH provider representative to provide support as needed

Our team of clinical and administrative professionals is committed to providing a high degree of service and support throughout the OQM program. AvMed is excited to work with you and New Century Health to develop innovative ways to continuously improve the provider experience and quality of patient care.

Medicare Oncology Quality Management (OQM) Process Overview
Effective July 1, 2013 – For Medicare Members



Frequently Asked Questions (FAQs)

Q1: What lines of business are covered under the OQM program?

A: This program is administered by New Century Health for AvMed's **Medicare** line of business only.

Q2: Who is New Century Health?

A: New Century Health is a comprehensive Specialty Care Management company that utilizes a patent- pending management platform that optimizes the application of evidence-based medicine while eliminating fraud, waste, and abuse (FWA) in the delivery of adult ambulatory cancer care.

Q3: What services are included in the AvMed's Medicare Oncology Quality Management (OQM) program?

A: AvMed's Oncology Quality Management program includes pre-authorization management for:

- Part B chemotherapy agents and supportive drugs
- Outpatient services for Oncology and hematology treatments (Outpatient is defined as services performed in a physician's office, and outpatient or ambulatory settings)

Q4: When and where will the OQM program be implemented?

A: The program will begin **July 1, 2013** in Miami-Dade and Broward counties for AvMed's **Medicare** membership.

Q5: How can a physician's office request training for this program?

A: You may contact NCH at 1-888-999-7713, Option 5 or AvMed's Provider Service Center at (800) 452-8633.

Prior Authorization Request Questions (for Medicare Members)

Q6: Who should obtain prior authorization?

A: The oncologist and/or hematologist requesting outpatient chemotherapy and/or hematology treatment for an AvMed Medicare member, should obtain prior authorization (Outpatient is defined as services performed in a physician's office and outpatient or ambulatory settings). This includes all Part B chemotherapeutic drugs, symptom management drugs and supporting agents for Medicare members with a diagnosis code included in the following range: 140.0 – 239.9 and 259.2 and 280.0 – 289.9.

Q7: How do I obtain prior authorization?

A: Submit Chemotherapy Treatment Request form (CTR) to New Century Health via the following methods:

1. Login in to www.my.newcenturyhealth.com (New Century Health's provider web Portal)
2. Fax to New Century at 1-877-624-8602
3. Contact New Century Health's Telephonic Intake Department for prior authorization requests at 1-888-999-7713, Option 5 (Monday through Friday 8 am - 5 pm EST)

Q8: Who at New Century Health will be reviewing chemotherapy requests?

A: If a request does not meet nationally- recognized clinical guidelines, New Century Health will request additional information or initiate a peer- to- peer conversation with a New Century Health Medical Reviewer (licensed medical oncologist).

Q9: Where can I find the clinical guidelines used to review authorization requests?

A: Guidelines are available at www.my.newcenturyhealth.com or by contacting New Century Health's Utilization Management department at 1-888-999-7713, Option 4.

Q10: For how long is New Century Health's authorization number valid?

A: The authorization is valid for up to 90 days from date issued.

Q11: What place of service does the prior authorization review process include?

A: The Medicare OQM program applies to services rendered in the outpatient setting, which could include the physician's office (Location 11), infusion centers or outpatient locations (Location 22).

Q12. What will New Century Health's authorization look like?

A: The authorization will start with "AR" followed by at least 4 digits (i.e. AR1000).

Prior Authorization Request Questions (for Medicare Members) (cont.)

Q13. How can I obtain an authorization status for my request:

A: Log onto: www.my.newcenturyhealth.com (New Century Health's provider web Portal) and click on "Request Status" tab or contact New Century Health's Utilization Management Department at 1-888-999-7713, Option 5.

Q14: How should I handle authorizations issued prior to July 1, 2013?

- Authorizations issued by ICORE **before July 1, 2013** will be transitioned and effective until the authorization expiration date. Any changes, updates, additions or continuation of care requests for previously authorized services should be submitted directly to NCH.

Q15: In what time frame can prior authorization requests expect to be processed by New Century Health?:

- Selection of evidence-based regimens or NCH treatment care pathways will be eligible for an instant authorization through the web portal. All other requests will be processed within 72 hours from receipt of a properly completed CTR.
- The pre-authorization process can take longer in the following scenarios:
 1. If the request is incomplete (i.e. missing clinical information on the form.)
 2. If the request is for services to be performed at a non-par facility.
 3. If the request is for regimens not based on evidence based clinical regimens.

Q16: How do I appeal an adverse determination?

A: Medical Directors are available to speak with a treating practitioner to discuss UM adverse determinations issued by AvMed. Physicians may request reconsideration of an adverse medical necessity determination via a Peer-to-Peer appointment or submit additional clinical information **within 14 days from the date a denial was issued** by calling **1-800-346-0231 Ext. 40513** or faxing **1-352-337-8555**.

Medicare Drug Management and Pharmacy Questions

Q17: Which drugs require pre-authorization?

A: All Part B chemotherapy and hematology drugs for members with a diagnosis code included in the following range require pre-authorization: 140.0 – 239.9, 259.2 and 280.0 – 289.9.

Q18: Are there services and/or other drugs where I still need to obtain authorization from AvMed?

A: Yes. **Part D** drugs (i.e. many self-administered or oral products) listed in AvMed's Medicare Formulary requiring pre-authorization (noted with "PA" in the Requirements/Limits column) must continue to be directed to AvMed. Please utilize the Medication Exception Request Form (MER) available at the AvMed website, www.avmed.org website.

To assist with very strict turnaround times required by Medicare for Medicare Part D Authorizations, please make sure the form is sent to the Medicare specific fax number at (305) 671-0189. All other questions, e.g., How to request authorization for Part D Medications, should be directed to AvMed's Provider Service Center at 1-800-452-8633.

Q19: How will I obtain my Part B medications?

A: Continue obtaining Part B medications as usual. Once approved by NCH, provider must fax Chemotherapy Treatment Request form (CTR) and NCH Medication authorization form (MRA) to AvMed's contracted Specialty Pharmacy (Curascript) to 1-888-773-7386 or submit claim to AvMed for medication reimbursement if purchased through "Buy and Bill".

Medicare Claims Processing and Member Eligibility Questions

Q20: Where do I submit claims once prior authorization is obtained through New Century Health?

A: Submit claims directly to AvMed either electronically or by mail.

Q21: Does a prior authorization guarantee payment of services?

A: No. A prior authorization does not guarantee payment for services. Payment is contingent upon active member eligibility and benefits.

Q22: What will happen if the physician does not request and obtain an authorization?

A: If authorization is not obtained, payment may be denied by AvMed. Additionally, members cannot be held responsible for denied charges and services.

Q23: Where can I verify member eligibility?

A: You can verify member eligibility using New Century Health's provider portal. You can also visit www.avmed.org for complete member benefit and eligibility information.

Q24: Where should I submit request for a claims appeal?

A: Please submit a formal letter of appeal including clinical documentation to:

AvMed Claims Service Department, Appeal Unit
P. O. Box 569004
Miami, FL 33256
For status of your appeal, call **1-800-452-8633 x2**