

## What is the oncology management program?

The oncology management program is a utilization management program that requires providers to request authorization for therapeutic and supportive chemotherapy and immunotherapy. This program promotes optimal cancer care by enabling providers to compare planned cancer treatment regimens against evidence-based cancer care, and ensures prescribed regimens are aligned with Blue Cross Blue Shield of Michigan and Blue Care Network medical policy.

## Who administers the program?

AIM Specialty Health<sup>®</sup> administers the program on behalf of Blue Cross and BCN.

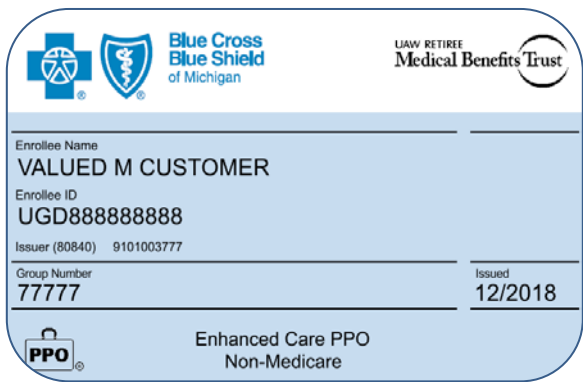
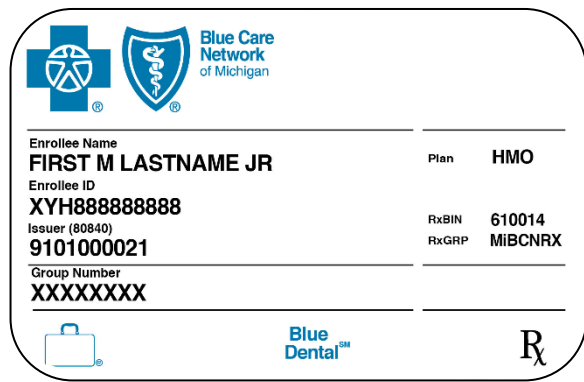
## How does the program benefit my practice and patients?

- Actionable information: When your practice prescribes a cancer treatment regimen for a patient and submits it to AIM for review, the regimen is compared against evidence-based AIM Cancer Treatment Pathways. If your regimen isn't aligned with a Pathway, information on available Pathway regimens may be presented for your review.
- Synchronization with plan medical policy: Prescribed regimens are reviewed in real time against Blue Cross and BCN medical policy.
- Enhanced reimbursement: By choosing AIM Cancer Treatment Pathways regimens when clinically appropriate, your practice may be eligible for enhanced reimbursement.\*

\*Blue Cross Blue Shield providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For Blue Care Network, only BCN-contracted providers may be eligible for enhanced reimbursement.

## Is this program applicable to all members?

No. The oncology management program applies to select members as listed below.

Membership	Blue Cross URMPT PPO non-Medicare	BCN commercial HMO
Effective date	January 1, 2019	August 1, 2019
Card image	 <p>Enrollee Name VALUED M CUSTOMER</p> <p>Enrollee ID UGD88888888</p> <p>Issuer (80840) 9101003777</p> <p>Group Number 77777</p> <p>Issued 12/2018</p> <p>Enhanced Care PPO Non-Medicare</p>	 <p>Enrollee Name FIRST M LASTNAME JR</p> <p>Enrollee ID XYH888888888</p> <p>Issuer (80840) 9101000021</p> <p>Group Number XXXXXXXXX</p> <p>Plan HMO</p> <p>RxBIN 610014</p> <p>RxGRP MiBCNRX</p> <p>Blue Dental<sup>SM</sup></p>

### What drugs are included in the oncology management program?

The program applies to medical oncology and supportive care drugs. Medical oncology pertains to drugs covered under the medical benefit that require administration by a health care professional. Oncology drugs on the pharmacy benefit, for example oral cancer drugs, may still require authorization from BCN or URMBS's pharmacy benefit manager, Express Scripts.

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

No. While most drugs are the same for URMBS PPO non-Medicare members and BCN commercial HMO members, there are some differences. Complete drug lists for the URMBS and BCN programs are at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com). Click either *Blue Cross* or *BCN* and then click *AIM-Managed Procedures*.

## How to submit a request

### How do I participate in the program through AIM?

The most efficient way to participate in the program is to use the AIM *ProviderPortal*<sup>SM</sup> ([providerportal.com](http://providerportal.com)). It's available 24/7 with the exception of Sundays for maintenance from 1:30 to 7 p.m. Eastern time. Once registered on the 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 *ProviderPortal*, call 1-800-252-2021. You can also initiate or update requests by calling AIM at 1-844-377-1278. AIM is available Monday through Friday from 8 a.m to 7 p.m.

### What if the servicing provider I want isn't available in the AIM *ProviderPortal*?

Contact AIM *ProviderPortal* support at 1-800-252-2021.

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

Medical records are only required if requested by an AIM nurse.

### What happens if a service is rendered but an authorization wasn't requested through AIM?

If you don't get authorization from AIM for the oncology treatment or supportive drugs you prescribe, your related claims will be denied. You're encouraged to obtain an authorization prior to the start of services.

Here are the requirements for retrospective authorizations:

- URMBS PPO non-Medicare have up to two business days after the start of the services to request retrospective authorizations through AIM. After two days, Blue Cross will process requests for up to two calendar years. Requests can be faxed to the Blue Cross Pharmacy Helpdesk at 1-866-915-9187.
- BCN commercial HMO have up to two calendar years after the start of the services to submit retrospective requests through AIM.

### **How long will it take AIM to respond to my authorization request?**

Requests that meet criteria receive a response instantly either on the AIM *ProviderPortal* or by phone with the AIM contact center.

When a request can't be approved immediately, it gets transferred to an oncology nurse for further review. No adverse determination is made until the ordering provider has an opportunity to discuss the request with an AIM physician.

All cases receive a response within three business days. Urgent requests will receive a response within 72 hours of receipt.

### **How are authorizations communicated?**

AIM will include an order ID for authorized drugs on an order summary in the *ProviderPortal*, regardless of submission method. Order summaries may also include an order ID for each drug within a requested regimen that isn't subject to prior authorization.

### **Can both the ordering and servicing providers view required authorizations for patients (when the ordering and servicing providers are different for a member)?**

Yes, both can view authorizations on the AIM *ProviderPortal*.

### **Will all AIM authorization cases show in the Blue Cross e-referral system?**

Yes.

### **How can providers appeal?**

First-level provider appeals are handled by AIM. Member appeals are handled by Blue Cross and BCN. Denial letters include appeal instructions for both providers and members.

## **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 guidelines and oncology professional society practice guidelines and 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

Because standards of oncologic care evolve rapidly, AIM Pathways are updated through a systematic review of medical evidence at least quarterly, and more often when new data emerges or national guidelines change.

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

The Pathways are posted at [aimproviders.com/oncology/BCBSM/Resources.html](http://aimproviders.com/oncology/BCBSM/Resources.html).

### **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, subtypes of cancer (for example, HER2 positive) and different lines of therapy.

### **What if a Pathway regimen isn't available for my patient?**

AIM Cancer Treatment Pathways include multiple regimens for different clinical situations. However, if a Pathway regimen isn't available for a particular type of cancer or line of therapy, you must still enter the prescribed regimen in the AIM *ProviderPortal* to ensure alignment with Blue Cross and BCN 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 isn't available for a particular type of cancer or line of therapy for a pediatric or adult patient, you must still enter the prescribed regimen into the AIM *ProviderPortal* to ensure alignment with Blue Cross and BCN medical policy.

### **What happens if I don't select a treatment regimen designated as an AIM Cancer Treatment Pathway?**

The requested treatment regimen will be reviewed for alignment with Blue Cross and BCN medical policy. A regimen that isn't a Pathway regimen may still be authorized. If so, the claim for that regimen will be paid, but enhanced reimbursement won't 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.

### **Are supportive care drugs included in the Pathways?**

Supportive care drugs, such as those that manage side effects of chemotherapy, aren't included in the AIM Cancer Treatment Pathways. However, you should include the entire cancer treatment drug regimen, including supportive care drugs, in the order request. This is because certain supportive care drugs may be on the list of drugs that require review against applicable Blue Cross and BCN medical policies or clinical guidelines.

## About pharmacy benefit programs

### What should I do if the drugs I'm ordering require authorization through the health plan or a pharmacy benefit manager?

Some drugs used to treat cancer may require authorization through the health plan or a pharmacy benefit manager. Include all drugs when submitting an order request to the program to determine if the regimen is on a Pathway, and see which drugs, if any, need authorization. The AIM *ProviderPortal* will direct you as needed to the appropriate management channel.

## About enhanced reimbursement

### What is enhanced reimbursement?

AIM Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated AIM Cancer Treatment Pathway regimens when clinically appropriate, the ordering provider may be eligible for enhanced reimbursement.\* Refer to Blue Cross and BCN provider fee schedules.

\*Blue Cross Blue Shield providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement. For BCN, only BCN-contracted providers may be eligible.

### Am I eligible for enhanced reimbursement?

Only the ordering provider can bill S-codes to the health plan and receive the enhanced reimbursement. S-codes should be submitted through professional claims. S-codes submitted on a facility claim aren't eligible. If S-codes aren't billed to the health plan, you won't receive the enhanced reimbursement. To see your reimbursement level, refer to your Blue Cross or BCN fee schedule.

The AIM *ProviderPortal* will display S-codes on the order summary page for ordering providers with instructions for billing S-codes to Blue Cross or BCN. If processing an order request by phone, S-code information will be provided verbally. We don't send letters about S-code eligibility, therefore we recommend that you save the summary page.

### How often can S-codes be billed?

S0353 can only be reimbursed once per patient, at the onset of treatment, unless this treatment is changed and a new Pathway is ordered.

Thirty days after onset of treatment, S0354 can be reimbursed for each subsequent treatment, up to the maximum number of months as specified in the order summary.\* S0354 can't be reimbursed within 30 days of being reimbursed for S0353. S0354 will be reimbursed no more than every 30 days. Any treatment extended beyond the maximum number of months on the order summary requires a new request. S0354 reimbursement is only applicable if the patient continues to be treated with the Pathway for which the S0354 was awarded.



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Any changes in treatment require that you submit a new order request to AIM through the ***ProviderPortal*** or by phone. We recommend that the practice saves the approved order summary in the patient medical record. Order summaries are on the AIM ***ProviderPortal***.

\*S0354 is approved for up to five months, as specified when the code is issued. This reflects the expected duration of treatment.

### **How quickly will the enhanced reimbursement be paid?**

Reimbursement will be paid following standard Blue Cross and BCN claims processing time frames.

### **How will the enhanced reimbursement be paid?**

It'll be paid by electronic funds transfer if the claim was submitted electronically. In rare cases, paper checks will be processed when EFT isn't possible.