

WHO IS EVOLENT?	Evolent is a comprehensive interventional cardiology, medical oncology and radiation oncology quality management company whose goal is to apply evidence-based treatment to the delivery of care.		
LINES OF BUSINESS (LOB)	<p><u>Effective October 1, 2019</u>  <b>Absolute Total Care (Medicaid)</b>  <b>Ambetter (Exchange)</b></p> <p><u>Effective January 11, 2021</u>  <b>Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)</b>  <b>Wellcare Medicare</b></p>		
EVOLENT ONCOLOGY MEDICATION SCOPE	SPECIALTIES	COVERAGE	AUTHORIZATION
	<p><b>Medical specialties providing cancer care and its supportive services, including:</b></p> <ul style="list-style-type: none"> <li>Gynecologic Oncology</li> <li>Hematology</li> <li>Medical Oncology</li> <li>Pediatric Oncology</li> <li>Neurological Oncology</li> <li>Radiation Oncology</li> <li>Surgical Oncology</li> <li>Urology</li> </ul> <p><b>(Medications only)</b></p>	<p><b>Place of Treatment:</b></p> <p>11-Provider office  19-Outpatient off-campus  22-Outpatient on-campus  24-Ambulatory</p> <p><b>Cancer Diagnosis</b> = C00 - D09, D37-D44, E34.0  <b>Hematology Diagnosis</b> = 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  <b>N&amp;V</b> = R11</p>	<p><b>Authorization required for:</b></p> <p>Infused, injectable and oral* chemotherapy, hormonal therapeutic treatment, supportive agents and symptom management medications.</p> <p><i>*Ambetter and Wellcare Pharmacy benefit orals and office administered (medical benefit) infused/injectable agents of the same medication type (i.e., both cancer agents) must be submitted via one combined request.</i></p> <p><b>**Authorizations under the Pharmacy Benefit for Medicaid are out of scope for Evolent and must be submitted directly to Centene Pharmacy Solutions or CoverMyMeds.</b></p>

<p><b>AUTHORIZATION PROCESS</b></p>	<p><b>Ordering provider's office must submit treatment requests to Evolent for prior authorization.</b></p> <ul style="list-style-type: none"> <li>• Log on to the Evolent CarePro portal at <a href="https://www.evolent.com/provider-portal">evolent.com/provider-portal</a></li> <li>• Telephonic Intake: 888-999-7713 <ul style="list-style-type: none"> <li>○ Medical Oncology - option 2</li> </ul> </li> <li>• Physician Discussions: 888-999-7713 <ul style="list-style-type: none"> <li>○ Medical Oncology - option 2, followed by option 5</li> </ul> </li> </ul> <p style="text-align: center;"><b>HOURS OF OPERATION</b></p> <p style="text-align: center;">Monday – Friday, 8:00 AM – 8:00 PM EST (fully staffed) *</p> <p style="text-align: center;">Saturday, 8:00 AM – 8:00 PM EST (limited staff) *</p> <p style="text-align: center;">Sunday, 8:00 AM – 5:00 PM EST (limited staff) *</p> <p><b>For questions regarding the Evolent authorization process or to request an Evolent in-service, please contact Evolent Provider Solutions: 888-999-7713, option 6 or send an email to <a href="mailto:providertraining@evolent.com">providertraining@evolent.com</a>.</b></p>
<p><b>Who at Evolent will be reviewing chemotherapy requests?</b></p>	<p>Evolent Medical Reviewers are licensed medical oncologists and are not incentivized to issue denials as they use nationally recognized clinical guidelines when performing reviews. These guidelines are available at <a href="https://www.evolent.com/provider-portal">www.evolent.com/provider-portal</a> within the respective provider portal or by contacting Evolent's Utilization Management at <b>888-999-7713</b>, option 1.</p> <p>If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a consultation request with the requesting provider.</p>
<p><b>What will the Evolent authorization look like, and how long is it valid?</b></p>	<p>The authorization will start with "AR" followed by at least four digits (i.e., AR1000). Chemotherapeutic drugs and supporting agents will be authorized up to 90 days. Please bill with Absolute Total Care's prior authorization number provided on letter from health plan (Absolute Total Care's authorization number is different from Evolent's authorization number.).</p>
<p><b>CLINICAL TRIALS</b></p>	<p>Clinical trials are out of scope for Evolent; please follow your current process.</p>
<p><b>TRANSPLANT SERVICES</b></p>	<ul style="list-style-type: none"> <li>• <b>Pre-Transplant:</b> Send all chemotherapy regimen requests to Evolent for review.</li> <li>• <b>Post-Transplant:</b> Transplant related chemotherapy authorizations requests within 1-year post-transplant should be sent to the health plan for review.</li> </ul>

RETRO AUTHORIZATIONS	Retrospective authorizations are out of scope for Evolent. Please follow Absolute Total Care's policies and procedures.
EVOLENT PROVIDER SOLUTIONS	<p>Please contact your dedicated Sr. Provider Solutions Manager with any questions or to request Evolent in-service/training:</p> <p>Name: Charlotte Taylor Email: <a href="mailto:ctaylor@evolent.com">ctaylor@evolent.com</a></p>
EVOLENT RESOURCES	<p>Resources available under "Useful Tool/Useful Documents" in Evolent's Carepro portal:</p> <ul style="list-style-type: none"> <li>• <b>Clinical Data Elements:</b> A resource tool to assist with answering the clinical questions presented during the prior authorization process.</li> <li>• <b>Dose Optimization:</b> As per the Hematology/Oncology Pharmacy Association (HOPA), rounding of biologic and cytotoxic agents within 10% of the standard dose is designated as acceptable for routine clinical care in both the curative and incurable settings; and changes less than or equal to 10% are not expected to reduce the safety or effectiveness of therapy. Evolent offers dose rounding for many chemotherapy drugs and encourages you to take advantage of the dose rounding opportunity by accepting the calculated dose. Neither accepting nor overriding the dose-rounded calculation has any impact on your authorization's potential for auto-approval.</li> <li>• <b>Evolent Level 1 Pathways:</b> <a href="http://evolent.com/pathways">http://evolent.com/pathways</a>. Please share this link with your pharmacy and clinical team.</li> <li>• <b>Oncology Supporting Documentation Grid (SDG)</b></li> </ul>
EXCLUSIONS	<ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Bone Marrow, stem cell transplants and CAR-T cell therapy</li> <li>• Clinical trials</li> <li>• CKD/ESRD patients/medications</li> <li>• Controlled substances (i.e. Morphine)</li> <li>• Diagnostic imaging</li> <li>• Equipment requests (infusion pumps)</li> <li>• Hemophilia drugs</li> <li>• Inpatient radiation and chemotherapy treatments</li> <li>• Non-par providers/members outside of service area</li> <li>• Radiopharmaceuticals</li> <li>• Soliris (J1300-Eculizumib)/Ultomiris</li> <li>• Specialties, diagnoses, J-codes/ CPT codes, places of treatment and lines of business outside defined scope</li> <li>• Surgeries/surgical procedures</li> <li>• <b>All Medicaid Pharmacy benefit medications. Only Medical Pharmacy requests are in scope for Evolent for the Medicaid line of business.</b></li> </ul>