WellPoint Cancer Care Quality Program
Frequently Asked Questions – California

WellPoint Cancer Care Quality Program

What is the WellPoint Cancer Care Quality Program?

WellPoint Cancer Care Quality Program ("Program") is an innovative quality initiative bringing physician practices evidence-based cancer treatment information that will allow them to compare planned cancer treatment regimens against evidence-based clinical criteria. The Program also identifies certain evidence-based WellPoint Cancer Treatment Pathways; which when ordered by the provider will be eligible for enhanced reimbursement. (Note: the Provider must be an in-network provider for the member’s health benefit plan.)

How does the Program benefit a provider’s practice?

Practices participating in the Program can gain efficiency through:

- Synchronization with Anthem Blue Cross’ Medical Policy and Clinical Guidelines
- Pre-certification (if required) or pre-determinations regarding entire treatment regimen, including supportive care if applicable
- Identification of regimens on WellPoint Cancer Treatment Pathways that are eligible for enhanced reimbursement

Who may participate in the new Program?

Only Participating physicians are eligible to participate in the Program. The physician must be in-network for the member’s health benefit plan and select a WellPoint Cancer Treatment Pathway regimen to be eligible for enhanced reimbursement.
How will the Program be administered?

The Program will be administered by AIM Specialty Health®, a separate company, on behalf of Anthem Blue Cross. Participating in the Program is most easily managed using the AIM Provider Portal™, available 24/7 at https://providerportal.com, or by calling the AIM Call Center directly at 877-291-0360.

Does the Program apply to services for all Anthem Blue Cross members?

Yes, except for services to members in the following groups at this time:

- Federal Employee Program® (FEP)®
- BlueCard (except for members with health plans issued or administered by the following Anthem Affiliates: Anthem Blue Cross and Blue Shield in Indiana, Kentucky, Missouri, Ohio, or Wisconsin; and Blue Cross and Blue Shield of Georgia. Additional Anthem Affiliates will be added in 2015.)
- Medicare Supplement
- Medicaid
- Medicare Part D
- CA Hospital only (members with hospital only health plans)
- HMO

WellPoint Cancer Treatment Pathways

What do we mean by a WellPoint Cancer Treatment Pathway?

Pathways regimens are widely accepted as a component in managing oncology treatment quality and costs. More specific than guidelines, WellPoint Cancer Treatment Pathways identify treatments selected based on effectiveness, favorable toxicity profiles, and cost. Over half of practices responding to American Society of Clinical Oncology’s (ASCO) 2010 National Practice Benchmark report that they regularly use pathway regimens in patient care. Organizations that have implemented pathway regimens have found that survival outcomes are equivalent for patients treated on and off a pathway regimen, while treatment costs decrease substantially for patients treated on pathway regimens.
How are WellPoint’s Cancer Treatment Pathways developed?

The goal of the Program is to help ensure that all Anthem Blue Cross members have access to quality and affordable cancer care. A key component of the Program is the development of our WellPoint Cancer Treatment Pathways. WellPoint Cancer Treatment Pathways are developed using a rigorous process of evidence-based medicine. In order to be considered, as a possible WellPoint Cancer Treatment Pathway, a cancer treatment regimen must first be recognized by national guidelines as an effective and recommended cancer therapy. WellPoint selects the Cancer Treatment Pathways from these recommended cancer therapies on the basis of:

- Clinical benefit (efficacy)
- Side-effects (toxicity), especially those that lead to hospitalizations or impact quality of life
- Strength of national guideline recommendations
- Cost

Cost is considered only after consideration of all other factors in selecting a therapy as a WellPoint Cancer Treatment Pathway.

WellPoint Cancer Treatment Pathways eligible for enhanced reimbursement will include what types of cancer?

At launch, the Program will include WellPoint Cancer Treatment Pathways for breast, lung and colorectal, lymphoma, myeloma, ovarian and pancreatic cancer. Additional pathway regimens for other common malignancies will be added throughout 2014 and 2015.

How often are WellPoint Cancer Treatment Pathways updated?

WellPoint Cancer Treatment Pathways are reviewed at least quarterly, as well as any time updates are made to published national guidelines.

What happens if providers do not select a treatment regimen that is designated as a WellPoint Cancer Treatment Pathway?

If providers do not select a treatment regimen that is designated as a WellPoint Cancer Treatment Pathway, they will not be eligible for the enhanced S-code reimbursement (see below). However, the requested treatment regimen will continue to be reviewed through the usual pre-certification or pre-determination process for medical necessity and if consistent with Anthem Blue Cross clinical policies, the provider will receive a confirmation of coverage.
If the provider orders a treatment regimen that is not a WellPoint Cancer Treatment Pathway, but the regimen is consistent with Anthem Blue Cross Medical Policy, can they receive enhanced reimbursement?

In selecting the WellPoint Cancer Treatment Pathways, Anthem Blue Cross considers a number of factors, most primarily the clinical benefit of the treatment regimen. Some regimens may offer equivalent clinical benefit, but differ significantly in cost. When the cost of a regimen is high, the reimbursement to the servicing provider is correspondingly high. Anthem Blue Cross therefore considers that the reimbursement already includes compensation for cancer treatment planning and care coordination. In these circumstances, compensation for the S-codes is bundled, in accordance with our Reimbursement Policy: Bundled Services and Supplies. When a WellPoint Cancer Treatment Pathway is selected, while the clinical benefit of the regimen is high, the cost and corresponding reimbursement is typically lower. Therefore, Anthem Blue Cross enhances the reimbursement for the regimens on WellPoint Cancer Treatment Pathways through the separate S-code compensation.

What if the drugs being ordered require prior authorization/precertification under the member’s pharmacy benefits?

Please advise the provider to contact the patient’s Pharmacy Benefit Administrator for any necessary Pharmacy Plan authorizations or pre-certifications required.

What if a Provider does not Pre-certify or receive a pre-determination of the entire treatment regimen?

If pre-certification is not required, or pre-determination is not received, the claim may be reviewed on the back end (post-service). If the services were not reviewed by AIM pre-service, then the provider will not be eligible for enhanced reimbursement.

**S-Code Enhanced Reimbursement**

**What is the S-code enhanced reimbursement?**

When the provider selects a WellPoint Cancer Treatment Pathway regimen for an Anthem Blue Cross member and their services are included in the Program, they will be eligible to receive an enhanced reimbursement, which is provided when they submit the following S-codes:

- **S0353** ($350*) – Treatment planning and care coordination management for cancer, initial treatment.
- **S0354** ($350*) – Treatment planning and care coordination management for cancer, established patient. (Billable no more than monthly)

 (*Any reimbursement, including the $350 for S0353 and S0354, is subject to contractual limitations of the lesser of billed charges)
(Note: to be eligible for enhanced reimbursement, the provider must be in-network for the member’s health benefit plan, and receive notification through AIM.)

How much is the reimbursement for the S-codes?

S0353 is reimbursed $350 once at the onset of treatment planning and care coordination management for initial cancer treatment.

S0354 is reimbursed $350, no more than monthly, while managing treatment planning and care coordination management for an established cancer patient.

How should the provider submit the S-codes for reimbursement?

To receive payment for the S-codes, notification is needed through AIM ProviderPortal or the AIM Call Center, which will provide detailed instructions. Once the provider receives notification that the S-code is eligible for reimbursement, the provider can then bill Anthem Blue Cross on a CMS-1500 for the applicable S-code upon onset of treatment. Reimbursement of the S-codes will be limited as follows:

- **S0353** – once at onset of treatment.
- **S0354** – no more than once monthly up to the maximum number of months specified by the notification and instructions provided by AIM via the AIM ProviderPortal or the AIM Call Center.

Can the provider bill an S-code on a stand-alone claim?

Preferably both the S0353 and S0354 should be billed on a CMS-1500 along with other services being billed during treatment planning or administration of chemotherapy. If the approved S-code is billed alone on a claim, it will still be reimbursed.

How often can a provider bill an S-code?

- S0353 can only be billed once per patient, at the onset of treatment.
- S0354 can be reimbursed no more than once each 30 days of treatment, limited to the duration of the treatment regimen or six (6) months whichever is shorter.
- S0354 cannot be reimbursed within 30 days of being reimbursed for S0353.

If a patient has cost shares that apply to his/her cancer treatments, is the enhanced S-code reimbursement subject to those cost shares?

No, the S-code is not subject to member benefit co-pays or cost shares.
AIM Specialty Health and the clinical appropriateness review process

Who is AIM Specialty Health and what is their role in the Program?
The Program will be administered by AIM Specialty Health (AIM), a separate company, on behalf of Anthem Blue Cross. AIM, collaborates with payers to help improve healthcare quality and manage costs for some of today’s complex tests and treatments, promoting patient care that’s appropriate, safe and affordable.

How can the provider participate in the Program through AIM?
Participating in the Program can be a straightforward process and is most easily managed using the AIM ProviderPortal. The ProviderPortal allows the provider to open a new order, update an existing order and retrieve their order summary. As an online application, the ProviderPortal is available 24/7. The provider can go to https://providerportal.com to login, or click “Register Now” to register, the provider’s practice in the ProviderPortal, if it is not already registered.

How to access AIM:

Online:
Get convenient online service via the AIM ProviderPortal (registration required). ProviderPortal is available twenty-four hours a day, seven days a week, processing requests in real-time. The provider can go to https://providerportal.com to login, or click “Register Now” to register. If providers have previously registered for other services managed by AIM (diagnostic imaging, radiation therapy), there is no need for them to register again. Orders will be accepted beginning October 27, 2014, for treatment start dates on or after November 1, 2014.

By phone:
Call AIM Call Center toll free at 877-291-0360, Monday through Friday 7:00 a.m. – 5:00 p.m. (PT)

How can the provider use the AIM ProviderPortal to submit a cancer treatment?
A step-by-step tutorial on using the AIM ProviderPortal to submit a drug regimen can be accessed online:
1: Go to https://www.providerportal.com/ (registration required)
2: Look for the ☀️ to find Provider Resources
3: Select “Cancer Care Quality Program”

Once providers have submitted a request, how long will it take for them to receive a response from AIM?
Requests that meet criteria receive a response instantly on screen in the AIM ProviderPortal or on the phone with AIM’s Call Center.
If providers select a treatment regimen that is a WellPoint Cancer Treatment Pathway, will they get an approval letter?

When selecting a WellPoint Cancer Treatment Pathway regimen, providers must utilize either the AIM Provider Portal or the AIM Call Center. In both instances, they will be notified immediately after selecting a WellPoint Cancer Treatment Pathway regimen that they are eligible for S-code reimbursement. A separate letter will not be provided. It is recommended that providers save the summary page they receive from the AIM Provider Portal, or the reference number if calling the AIM Call Center, after completing their initial order in their patients’ chart.

What happens if the provider does not call AIM or enter information through the AIM portal or call the AIM Call Center?

Providers who call Anthem Blue Cross directly will be directed to use the AIM Provider Portal or to call the AIM Call Center. If they do not provide AIM with the necessary information, then they will not be eligible for enhanced reimbursement, even if the treatment regimen is on a WellPoint Cancer Treatment Pathway. In addition, if any oncology drugs are subject to Anthem Blue Cross Medical Policy or Clinical Guidelines and have not been reviewed prospectively, they may be subject to post-service review.

Are servicing providers eligible to receive payment for the S-code?

S-codes will only be paid to Anthem Blue Cross contracted ordering providers who select a WellPoint Cancer Treatment Pathway for their patients who are Anthem Blue Cross members. The ordering provider does not also have to be the servicing provider to be eligible for the S-code reimbursement.

What if the Provider request needs a longer treatment period than is indicated in the WellPoint Cancer Treatment Pathway?

The WellPoint Cancer Treatment Pathway reflects an expected duration of treatment. For a regimen (e.g., adjuvant therapy) of fixed duration, the WellPoint Cancer Treatment Pathway S-code notification as far as eligibility for enhanced reimbursement is for the duration of all planned cycles of chemotherapy. For a treatment regimen that is indefinite (e.g., planned until disease progression), the WellPoint Cancer Treatment Pathway S-code notification is for 6 months. If treatment continues beyond 6 months, the provider should submit a new treatment regimen request to AIM. Most users will find the most efficient way to track the S-code notification period is to save the summary page that he/she received from the AIM Provider Portal after completing his/her initial order in the patients’ charts so that the information to report continuation of treatment is easily available.
If a provider wants to extend the chemotherapy treatment beyond the original S-code notification, and is using a WellPoint Cancer Treatment Pathway, is he/she eligible for S-code reimbursement during the extension period?

A provider may be eligible for the enhanced S-code reimbursement during the treatment extension period. The S-code notification will indicate if the provider is eligible to continue to bill for the enhanced reimbursement during the extension period.