

WellPoint Cancer Care Quality Program Provider FAQs

WellPoint Cancer Care Quality Program

What is the WellPoint Cancer Care Quality Program?

Anthem Blue Cross and Blue Shield (Anthem) is pleased to bring you access to the WellPoint Cancer Care Quality Program. This is an innovative quality initiative bringing physician practices evidence-based cancer treatment information that will allow you to compare planned cancer treatment regimens against evidence-based clinical criteria. The Program also identifies certain evidence-based WellPoint Cancer Treatment Pathways; when you order a treatment regimen that aligns with an identified Pathway, you will be eligible for enhanced reimbursement.

How does the Program benefit my practice?

Practices participating in the Program can gain efficiency through:

- Synchronization with Anthem Medical Policy and Clinical Guidelines
- Identification of regimens on selected Pathways that are eligible for enhanced reimbursement

How will the Program be administered?

The Program will be administered by AIM Specialty Health®, a separate company. Participating in the Program is most easily managed using the AIM *ProviderPortal*SM, available 24/7, or by calling AIM directly.

Does the Program apply to my services for all Anthem members?

Yes. At this time, it applies to your services for all Anthem members except those in the following groups:

- Federal Employee Program (FEP)
- Amerigroup
- Medicaid, including Healthy Indiana
- Medicare supplement plans
- Anthem members residing outside of Indiana, Kentucky, Missouri, Ohio or Wisconsin

Cancer Treatment Pathways

What is meant by Cancer Treatment Pathway?

Pathways are widely accepted as a component in managing oncology treatment quality and costs. More specific than guidelines, Pathways identify treatments selected based on effectiveness, favorable toxicity profiles, and cost. Over half of practices responding to ASCO's 2010 National Practice Benchmark report that they regularly use Pathways in patient care. Organizations that have implemented Pathways have found that survival outcomes are equivalent for patients treated on and off Pathway, while treatment costs decrease substantially for patients treated on Pathway.

How are the WellPoint Cancer Treatment Pathways developed?

The goal of the Program is to help ensure that all Anthem members have access to quality and affordable cancer care. A key component of the Program is the development of the WellPoint Cancer Treatment Pathways.

These Cancer Treatment Pathways are developed using a rigorous process of evidence-based medicine. In order to be considered as a possible Cancer Treatment Pathway, a cancer treatment regimen must first be recognized by national guidelines as an effective and recommended cancer therapy. The Cancer Treatment Pathways are selected 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 Cancer Treatment Pathway.

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

At launch, the Program will include Cancer Treatment Pathways for breast, lung and colorectal cancer. Additional Pathways for other common malignancies will be added throughout 2014 and 2015.

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

If you do not select a treatment regimen that is designated as a Cancer Treatment Pathway, you will not be eligible for the enhanced S-code reimbursement (see below).

How often are Cancer Treatment Pathways updated?

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

If I order a treatment regimen that is not on a Cancer Treatment Pathway but the regimen is consistent with Anthem Medical Policy, can I receive enhanced reimbursement?

In selecting the Cancer Treatment Pathways, a number of factors are considered, 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. The reimbursement therefore is considered to already include compensation for cancer treatment planning and care coordination. In these circumstances, compensation for the S-codes is bundled, in accordance with Anthem's reimbursement policy [EPRP - 0008]. When a Cancer Treatment Pathway is selected, while the clinical benefit of the regimen is high, the cost and

corresponding reimbursement is typically lower. Therefore, reimbursement for the regimens is enhanced on the Cancer Treatment Pathway through the separate S-code compensation.

What should I do if the drugs I am ordering require prior authorization/precertification under the member's pharmacy benefits?

Please contact the member's Pharmacy Benefit Administrator for any necessary Pharmacy Plan authorizations or pre-certifications required.

S-Code Enhanced Reimbursement

What is the S-code enhanced reimbursement?

When you select a Cancer Treatment Pathway regimen for an Anthem member and your services are included in the Program, you will be eligible to receive an enhanced reimbursement, which is provided when you 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)

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 do I submit the S-codes for reimbursement?

You will obtain notice of eligibility to receive payment for the S-codes through the AIM **ProviderPortal** or via phone once a Cancer Treatment Pathway regimen is selected.

Once a Cancer Treatment Pathway regimen is selected through the Program, you may bill Anthem 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 approval and instructions provided via the Program.

Note: Any reimbursement, including reimbursement of \$350 for S-codes S0353 & S0354 for Treatment Planning & Care Coordination, is subject to contractual limitations of the lesser of billed charges. The S code reimbursement is not otherwise subject to any increases or reductions.

Can I 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 I 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 active treatment or of approval, whichever is shorter.
- **S0354** cannot be reimbursed within 30 days of being reimbursed for **S0353**.

AIM Specialty Health and the clinical appropriateness review process

What is AIM Specialty Health and what is its role in the Program?

The Program will be administered by AIM Specialty Health, a separate company. AIM collaborates with payors 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 do I participate in the Program?

Participating in the Program can be a straightforward process and is most easily managed using the AIM **ProviderPortal**. The **ProviderPortal** allows you to open a new order, update an existing order and retrieve your order summary. As an online application, the **ProviderPortal** is available 24/7. Your first step is to register your practice in the **ProviderPortal**, if you are not already registered.

How to access AIM Specialty Health:

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. Go to <https://providerportal.com> to register. If you have previously registered for other services managed by AIM (diagnostic imaging, radiation therapy), there is no need to register again. Orders will be accepted beginning June 23, 2014, for treatment start dates on or after July 1, 2014.

By phone:

Call AIM Specialty Health toll-free at 800-554-0580, Monday through Friday 8:30 a.m. – 7:00 p.m. (ET)

How do I use the AIM **ProviderPortal to submit my cancer treatment?**

A step-by-step tutorial on using the AIM **ProviderPortal** to submit your regimen can be accessed online. To get started, go to: www.cancercarequalityprogram.com.

Once I have submitted a request, how long will it take 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 contact center.

If I select a treatment regimen that is on a Cancer Treatment Pathway, will I get an approval letter?

When selecting a Cancer Treatment Pathway regimen, you must use either the AIM **ProviderPortal** or phone. In both instances, you will be notified immediately after selecting a Cancer Treatment Pathway regimen that you are eligible for S-code reimbursement. A separate letter will not be provided. It is recommended that you save the summary page that you receive from the AIM **ProviderPortal** after completing your initial order in your patients' chart.

What happens if I don't call AIM or enter information through the AIM portal?

If you call Anthem directly, you will be directed to use the AIM *ProviderPortal* or call the AIM contact center. If you do not provide AIM with the necessary information, you will not be eligible for enhanced reimbursement, even if the treatment regimen is on a Cancer Treatment Pathway. In addition, if any oncology drugs are subject to Anthem Medical Policy or Clinical Guidelines and have not been reviewed prospectively, they may be subject to post-service review.

What if I need a longer treatment period than is indicated in the Cancer Treatment Pathway?

The Cancer Treatment Pathway reflects an expected duration of treatment. For a regimen (e.g., adjuvant therapy) of fixed duration, the Cancer Treatment Pathway approval is for the duration of all planned cycles of chemotherapy. For a treatment regimen that is indefinite (e.g., planned until disease progression), the Cancer Treatment Pathway approval is for 6 months. If treatment continues beyond 6 months, please submit a new treatment regimen request to AIM. Most users will find the most efficient way to track the approval period is to save the summary page that you receive from the AIM *ProviderPortal* after completing your initial order in your patients' charts so that the information to report continuation of treatment is easily available.

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