



Specialty Medical Guidance Program



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Agenda

- Introduction | Specialty Medical Guidance Program
- Authorization Demonstration | Specialty Guidance Program
- Q&A



Specialty Medical Guidance Program

Specialty Medical Guidance Program

MBMNow is Optum's platform for the Specialty Medical Guidance Program to process prior authorizations

SPECIALTY MEDICAL GUIDANCE PROGRAM SMGP

Cancer Guidance Program CGP

CANCER FOCUS

Evidence-based prior authorization program (includes 100% of NCCN-compliant regimens for 60+ cancers) that allows health plans to reduce medical expenses associated with oncology medical drugs that are administered under the medical benefit and oral chemotherapy.

Specialty Guidance Program SGP

ALL OTHER SPECIALTY CONDITIONS

Evidence-based prior authorization program that allows health plans to reduce medical expenses associated with specialty medical drugs (non-oncology) that are administered under the medical benefit for specialty categories such as inflammatory, IVIG, MS.

Specialty Medical Guidance Program

Developed in coordination with providers

- Developed with insights from a team of 10+ board-certified oncologists, hematologists, and internal medicine medical directors; five specialty pharmacists; 60+ registered nurses with experience as complex case managers, oncology care, or specialty drug administration
- Already contracted to support authorizations for 23M+ members
- Utilization management expertise in specialty drug management (15+ years in oncology)

Specialty Medical Guidance Program

Access the tool via My Insurance Manager

The screenshot displays a web application interface for a Specialty Medical Guidance Program. At the top, a progress bar shows five steps: 'Requesting Provider', 'Servicing Provider', 'Request Details' (current step), 'Clinical Status', 'Regimens', and 'Request Summary'. The 'Request Details' section is divided into two columns: 'Patient Details' and 'Clinical Details'. The 'Patient Details' column includes fields for 'Height of the Patient' (60 in), 'Weight of the Patient' (130 lbs), 'Patient Contact Number', 'Initial Diagnosis Date' (08-2018), 'Place of Service' (Ambulatory Surgical Center), 'Anticipated Treatment Start Date' (09-20-2018), and 'ICD-10 Code' (C18.2 - Malignant neoplasm of asc.). The 'Clinical Details' column includes fields for 'Primary Cancer' (Rectal Cancer), 'Supportive Care Only Request' (No), 'Chemotherapy Clinical Trial' (No), 'Has Disease Progressed or Relapsed?' (Yes), 'Initial Date of Progression' (08-2018), 'Initial or Changing Treatment?' (Changing Treatment), and 'Changing Treatment Justification' (Disease Progression, Adverse Events, Toxicity, Medical Contraindication).

Illustrative

- No need to get a new Prior Authorization on 1/1 if a previous Novologix PA is still active
- Easy, single sign-on portal in MIM
- Regimen-level PA approval across medical and Rx benefits (for oral / topical chemotherapy)
- Oncology decision support based on NCCN guidelines
- < 10 minutes for most authorizations
- Clone an existing Prior Authorization to append a new drug to an existing authorization or create a new PA

<1%
adverse
determination
rate for
oncology

7%-9%
adverse
determination
rate for other
specialty



Specialty Guidance Program Authorization Demonstration



Dashboard



The dashboard is the first screen and shows submitted prior authorizations drafts and submitted prior authorizations

Home Authorization ▾ Activity Tracking ▾

Submitted Prior Authorization Requests

[+ Create New Request](#) [View All](#)





Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
 	000079030							

Draft Prior Authorization Requests

[+ Create New Request](#) [View All](#)

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator	TIN	Status
 	140049						
 	140048						

Member Search

Search for a patient to initiate the process


[Home](#) > [Authorization](#) > [Member Search](#)

Member Search

* Required

First Name

Last Name *

Date of Birth *
mm-dd-yyyy
 

Subscriber / Member ID *

Group ID

Members

Actions	First Name	Last Name	Date of Birth	Subscriber ID	Group ID
Please Provide Search Criteria.					

Authorization Type

Select whether the authorization will be for oncology or specialty

Member Information

Full Name Jane Doe
Gender Female
Date of Birth 5/20/77
Address
Medical Necessit

Subscriber ID 987654321
Group ID 1234
Relationship self
Policy Start Date
Policy End Date

Authorization Type

* Required

Please select an authorization type that you would like to create. If you wish to change this selection after proceeding to the next page, you'll need to start a new request. ⓘ

Authorization Type *

Specialty Pharmacy ▼

Specialty Pharmacy Drug Class *

ⓘ

- Acromegaly
- Alfa Interferons
- Allergic Asthma
- Alpha1-Proteinase inhibitors
- Atopic Dermatitis
- Blood modifiers

Drug Code *


Drug Description

Back

Continue

Requesting Provider

Complete requesting provider information



Requesting Provider Request Details Clinical Status Regimens Request Summary

Requesting Provider

* Required [Change provider](#)

Provider Details

Provider First Name

Provider Last Name

Provider NPI

Provider TIN

Provider Address

Provider Phone Number * 555-555-5555 **Ext.** 22222

Provider Fax Number * 555-555-5555 **Ext.** 22222

Provider Email

Provider Cell Phone 555-555-5555

Point of Contact

Full Name * First Last

Phone Number * 555-555-5555 **Ext.** 22222

Fax Number * 555-555-5555 **Ext.** 22222

Email

Communication Type

Request Received by Phone Fax

Add a Servicing Provider

An out of network check will be in place for certain providers (check payer's provider portal for more details)

Servicing Provider

Is the requesting provider the same as the servicing provider?

Servicing Provider Search ✕

Physician Facility

Search by TIN and/or NPI Physician Name + State/ZIP

First Name Last Name * State * Zip

Show Per Page

TIN	NPI	First Name	Last Name	Address
Please Provide Search Criteria.				

[Cancel](#)

Request Details

Complete information related to the patient

Request Details

* Required

Patient Details

Height of the Patient in

Weight of the Patient * 10 Kg

Patient Contact Number 555-555-5555

Clinical Details

New to Therapy or Continuation Therapy * New to Therapy

Disease State * Prematurity
This field is required

Place of Service * Outpatient Facility
Selecting Freestanding Infusion Suite means you are selecting a non-hospital owned setting or facility.

Specialty Pharmacy Drug Class RSV Prevention

Drug Code 90378

Drug Description Synagis® (RSV MAB IM)

Drug Dosage * [+ Add Dosage](#)

Actions	Number of Doses	Dose	Frequency of Administration	Total Number of Doses
	1	15 mg/kg	Every 1 Month(s)	5

Duration of authorization and total number of doses approved will be subject to drug policy guidelines.

Service Details

Initial Diagnosis Date mm-yyyy

Anticipated Treatment Start Date * 09-18-2019 mm-dd-yyyy

Backdating Start Date?

Primary ICD-10 Code * P07.00 - Extremely low birth weigh

Additional ICD-10 Code(s) [+ Add Code](#)

Clinical Status

Complete information related to the specific patient condition

Progress bar showing steps: Requesting Provider (ANUPINDER HAZRA), Servicing Provider/ Pharmacy (BRIOVARX OF INDIANA), Request Details (Synagis®), Clinical Status, and Request Summary.

Clinical Status

* Required

Will Synagis be administered during RSV season as defined by Centers for Disease and Prevention (CDC) surveillance reports or state or local health departments to confirm the start of the respiratory syncytial virus (RSV) "season"? *

Yes

Will the monthly dose of Synagis exceed 15 mg/kg per dose? *

No

Will the monthly dose of Synagis exceed 5 doses per single RSV "season"? *

No

Select the diagnosis: *

Prematurity

Is the Infant born before 29 weeks, 0 days gestations and is < 12 months of age at the start of RSV "season"? *

Yes

Buttons: Back, Save Draft, Continue

Request Summary

Review all the information in the authorization request

 Export (PDF)  Print

Member Information

Full Name	LEVAV A SANH	Subscriber ID	00834568253
Gender	Male	Group ID	0503777
Date of Birth	11-28-2009	Relationship	Child

Requesting Provider

 [Edit Details](#)

Provider Details

Provider First Name	ANUPINDER
Provider Last Name	HAZRA
Provider NPI	1497744734
Provider TIN	204881619
Provider Address	3909 ORANGE PL STE 1200, BEACHWOOD OH 44122-8400
Provider Phone Number	888-888-8888
Provider Fax Number	888-888-8888
Provider Email	
Provider Cell Phone	

Point of Contact

Full Name	Jen
Phone Number	888-888-8888
Fax Number	888-888-8888
Email	

Communication Type

Request Received by	Phone
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Authorization Approved

Providers having selected a treatment according to medical policies and guidelines will receive an auto-approved authorization confirmation

Request Status

[Export \(PDF\)](#) [Print](#)



Your Authorization Request Has Been Approved

Your authorization request number is **12345566**. If you need to add a new chemotherapy drug, supportive care drug, or a new chemotherapy regimen, you will need to submit a new authorization request.

Authorization Status	Approved	Authorization Start Date
Authorization Number	123456789	Authorization End Date

Create a Custom Request

If the answers on the Clinical Status page indicate the regimen isn't supported, the user will be required to submit a custom request

Custom Specialty Pharmacy

* Required Export (PDF) Print

Specialty Pharmacy

Actions	Drug Code	Drug Name	Number of Doses	Dose	Frequency of Administration	Total Number of Doses
	J1746	INJECTION IBALIZUMAB-UIYK	1	2000 mg	Every 2 Week(s)	1
	J1746	INJECTION IBALIZUMAB-UIYK	1	800 mg	Every 2 Week(s)	50

Specialty Pharmacy Justification

1000 characters remaining

Add Clinical Documentation * Select Files

Maximum file size: 50MB.
Limit of files per upload: 15.
Accepted formats: .txt, .doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .png, .jpg, .jpeg, .tif, .tiff
The following file formats will be converted to .pdf: .doc, .docx, .xls, .ppt, .pptx, .tif, .tiff
Please wait until all files are uploaded to be able to submit the authorization request


Is it an Urgent Request? Yes ?

Back Save Draft Continue

Authorization Pending

Providers submitting a custom request will receive a Pending Review confirmation screen

Request Status [Export \(PDF\)](#) [Print](#)



Your Authorization Request Is Pending

Your request number is **123456789**. Your request requires review by our clinical team. Also, if additional information is needed to make a determination, we will reach out to you via the contact information provided below. Please see below for details regarding your request.




Authorization Status	Pending
Authorization Number	123456789

Custom Regimen

Drug Name	Drug Code	Authorization Status
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Cloning an Authorization

Providers can clone an existing authorization by searching for the authorization to be cloned and clicking the “clone” button in the upper left corner

Actions	Request Number ▾	Member Name ▾	Subscriber ID ▾	Status ▾	Start Date ▾	End Date ▾	Requesting Provider ▾	Servicing Provider ▾
  								

Clone Request

* Required

Authorization Type * Specialty Pharmacy

Specialty Pharmacy Drug Class * ▾

Drug Code *

Member Search

Search for previously submitted authorization requests, draft requests and requests previously entered on a different platform

Prior Authorization Requests

Submitted Drafts

Display

Created by me only (across all providers) Everything for TIN

Request Number Member Last Name Subscriber ID Status Providers within

None Selected

Search Clear

Prior Authorization Requests

Submitted Drafts

Display

Created by me only (across all providers) Everything for TIN

Member Last Name Subscriber ID Providers within

Search Clear

Member Search

Search for previously submitted authorization requests, draft requests and requests previously entered on a different platform

Prior Authorization Requests

Submitted Drafts **History**

*Required. Find requests that were not submitted using this application.

Search by

Request Number Member Information

Request Number * Provider Type * TIN of the Requesting Provider *

The top of the slide features two horizontal lines. The upper line is green and the lower line is blue. Both lines start as straight horizontal lines from the left edge, then curve downwards in a smooth, S-like fashion, and finally level off as straight horizontal lines again towards the right edge.

Questions?

The bottom of the slide features two horizontal lines. The upper line is green and the lower line is blue. Both lines start as straight horizontal lines from the left edge, then curve downwards in a smooth, S-like fashion, and finally level off as straight horizontal lines again towards the right edge.