

Frequently Asked Questions

Oncology and Hematology Pathway Solutions

Prior Authorization Program for Medicare Advantage Members

Background

Starting Jan.1, 2021 we will work with **New Century Health**, an oncology and hematology quality management company, to implement Florida Blue Medicare's *Oncology and Hematology Pathway Solutions program* — a **new prior authorization utilization management program** for all Florida Blue Medicare Advantage members.

Q1: What is New Century Health?

A1: New Century Health is a comprehensive oncology and hematology quality management company. Its platform optimizes the application of evidence-based medicine for the delivery of adult ambulatory cancer care.

Q2: What is Florida Blue Medicare's Oncology and Hematology Pathway Solutions program?

A2: Our Oncology and Hematology Pathway Solutions program provides prior authorization management for all infusible, injectable and oral chemotherapy agents, supportive drugs, symptom management drugs and radiation oncology Medicare Advantage member treatment plans. The program emphasizes and supports the selection of Preferred Pathways using nationally recognized clinical guidelines and will be administered by New Century Health. These guidelines are available at my.newcenturyhealth.com or by contacting New Century Health's Utilization Management at 888-999-7713, Option 1.

Q3: Is this for all Florida Blue members?

A3: Our Oncology and Hematology Pathway Solutions program is for Florida Blue Medicare's **HMO and PPO Medicare Advantage members**, 18 years and older. Pediatric members (<18 years of age) are excluded from this program.

Q4: When will Florida Blue Medicare's Oncology and Hematology Pathway Solutions program begin?

A4: This program will begin Jan. 1, 2021 for Florida Blue Medicare's HMO and PPO Medicare Advantage members, 18 years and older.

Q5: How can a physician's office request training for this program?

A5: A New Century Health network manager will contact you soon to schedule an introductory meeting and/or training. Should you have any questions prior to the introductory meeting you may contact New Century Health at 888-999-7713, Option 6 or email at providertraining@newcenturyhealth.com.

Prior Authorization:

Q6: Who should obtain prior authorization?

A6: The physician organization ordering chemotherapeutic drugs, supporting agents or radiation oncology for the treatment of cancer or related hematologic diseases must request prior authorization through New Century Health.

Q7: What is the transition of care process?

A7: Authorizations issued by Florida Blue Medicare before Dec. 31, 2020 are effective until the authorization end date. Upon expiration, authorization requests must be submitted to New Century Health. If continued authorization is not obtained from New Century Health, affected claims may be denied.

Q8: What are some key features of the program?

A8: Key features of the program include:

- An online provider portal offering:
 - Member eligibility verification
 - Real-time approvals when selecting evidence-based New Century Health treatment care pathways
 - Determination of needed clinical documentation for medical necessity review
 - Viewing all submitted requests for authorization in one location
- Supportive telephonic authorization staff
 - Monday – Saturday, 8 a.m. – 8 p.m. ET, call 888-999-7713.
 - Calls received after hours, weekends and holidays will be routed to New Century Health via on-call services by contacting 888-999-7713.
- Peer-to-peer discussions
 - Monday – Saturday, 8 a.m.– 8 p.m. ET can be initiated by contacting New Century Health at 888-999-7713.
 - Calls received after hours, weekends and holidays will be routed to New Century Health via on-call services by contacting 888-999-7713.
- Quick turnaround time on authorization requests submitted via portal or phone will adhere to the Centers for Medicare and Medicaid Services (CMS) turnaround times guidelines.
- Use of nationally recognized, evidence-based treatment guidelines. New Century Health is a National Comprehensive Cancer Network (NCCN) licensee of the Drugs and Biologics Compendia.

Q9: How do I obtain prior authorization?

A9: Submit medication or radiation oncology treatment requests to New Century Health via the following method:

- Log into New Century Health’s provider web portal at my.newcenturyhealth.com

OR

- Contact New Century Health’s Utilization Management Intake department
 - Monday – Saturday, 8 a.m. – 8 p.m. ET, call 888-999-7713, select Option 1
 - Calls received after hours, weekends and holidays will be routed to New Century Health via on-call services by contacting 888-999-7713.

Q10: Which drugs require prior authorization?

A10: Drugs requiring prior authorization management include all chemotherapeutic drugs, symptom management drugs, supporting agents and radiation treatment for members with a diagnosis code included in the following range: C00-D49, E34.0, K31.7, K63.5, L53.8, Q85, Z51.0, Z51.1 - D50-D53, D55-D59.2, D59.6-D62, D63.0, D63.8, D64, D68.5, D68.6, D69-D77, D89.2, I88, Z41.8 (when cancer related). *For your convenience, the drug list with the updated drug level preauthorization requirement information is in the attached Appendix.*

Q11: What specialties are included in Florida Blue Medicare’s Oncology and Hematology Pathway Solutions program?

A11: On Jan. 1, 2021, the medical specialties included in the program are: Medical Oncology, Hematology, Gynecologic Oncology, Surgical Oncology, Radiation Oncology and Urology.

Q12: Who at New Century Health will be reviewing chemotherapy requests?

A12: Chemotherapy requests will be reviewed by New Century Health medical reviewers who are licensed medical or radiation oncologists. They are not incentivized to disapprove your requests, as they use nationally recognized clinical guidelines when performing reviews. These guidelines are available at my.newcenturyhealth.com or by contacting New Century Health’s Utilization Management at 888-999-7713, Option 1.

If the request does not meet evidence-based treatment guidelines, New Century Health may request additional information or initiate a physician discussion with the requesting provider.

Q13: What will the New Century Health authorization look like, and how long is it valid?

A13: The NCH authorization will start with “AR” followed by at least four digits (e.g. AR1000). It is valid for the duration indicated on the Medication Request Authorization (MRA) or the Service Request Authorization (SRA).

Q14: What place of service does this prior authorization review process include?

A14: The Oncology and Hematology Pathway Solutions program applies to services rendered (e.g., chemotherapy, hematology administration or radiation treatments) in an outpatient setting, which could include the physician’s office, infusion centers and outpatient hospital locations.

Q15: Where do I obtain a prior authorization for inpatient chemotherapy and/or radiation treatments?

A15: Inpatient authorization for chemotherapy and/or radiation services will follow existing Florida Blue Medicare processes and requirements.

Claims:

Q17: Where should I submit related claims once prior authorization is obtained through New Century Health?

A17: Claims would continue to be submitted to Florida Blue Medicare through Availity®¹ or at the address listed below, unless you hold a direct agreement with New Century Health and have been instructed to bill New Century Health directly.

Florida Blue Medicare
Claim Processing Department
P.O. Box 1798
Jacksonville, Florida 32231-0014

The payer ID for electronic claim filing is Florida Blue Medicare (FBM01). Please refer to the back of the member’s ID card for specific instructions.

Billing information, including the above, can be referenced in the [Manual for Physicians and Providers](#) on the Florida Blue website at floridablue.com under the Tools and Resources section.

Q18: Does a prior authorization guarantee payment?

A18: No, a prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to our [Manual for Physicians and Providers](#).

Q19: Who is responsible for responding to claims disputes?

A19: We will continue to respond to claims disputes, unless you hold a direct agreement with New Century Health and have been instructed to bill them directly. If so, New Century Health will address affected claims inquiries.

For Florida Blue Medicare, providers can submit disputes using the current process outlined in our [Manual for Physicians and Providers](#). Disputes must be submitted to the address below.

Florida Blue Medicare
Attn: Claim Disputes
P.O. Box 1798
Jacksonville, FL 32231-0014

Florida Blue Medicare
Attn: Corrected Claim/Reconsideration
P.O. Box 1798
Jacksonville, FL 32231-0014

Q20: Who is responsible for responding to grievances and appeals?

A20: Florida Blue Medicare will continue to respond to member grievances and appeals. Members can continue to follow processes outlined on the Florida Blue website and in the member handbook to submit either a grievance or an appeal. Providers can initiate a grievance or appeal with us by mail or fax; however, the member's written consent for the grievance or appeal is required:

Florida Blue Medicare
Attention: Medicare Appeals & Grievances Department
P.O. Box 41629
Jacksonville, FL 32203-1629

Appeal/Grievance Fax: 305-437-7490

Q21: What will happen if the physician does not request and obtain an authorization?

A21: If a required authorization is not obtained, payment may be denied for the relevant drugs and/or radiation treatments. Members cannot be held responsible or billed for denied charges/services. Providers may only collect the applicable cost share amount directly from the member.

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availity.com.