Frequently Asked Questions

Radiation Oncology Quality Management Program for Humana Medicare Advantage HMO and PPO Members

Starting July 1, 2024, Humana will work with Evolent (formerly New Century Health), a specialty management company, to expand Humana's Radiation Oncology Quality Management Program—a new prior authorization utilization management program for all Humana Medicare Advantage (MA) health maintenance organization (HMO) and preferred provider organization (PPO) members in all remaining 48 states. For clarity, Evolent began management of radiation oncology in Arizona and Central North Florida on Jan. 1, 2023, and South Florida on Jan. 1, 2024.

Q1: What is Humana's Radiation Oncology Quality Management Program?

A1: The Humana Radiation Oncology Quality Management Program, includes traditional preauthorization management for radiation therapy services. Evolent will provide prior authorization management for the defined radiation oncology scope.

- Conventional and conformal radiotherapy (2D/3D)
- Intensity-modulated radiotherapy (IMRT)
- Brachytherapy
- Neutron therapy
- Proton beam therapy
- Stereotactic radiosurgery/stereotactic body radiation therapy (SRS/SBRT) treatment planning and ancillary services

Q2: Is this for all Humana members?

A2: Our Radiation Oncology Quality Management Program is for Humana MA HMO and PPO members 18 and older, with the exclusion of Puerto Rico.

Q3: When will the Humana Radiation Oncology Quality Management Program begin?

A3: The program will expand nationally beginning July 1, 2024, for Humana MA HMO and PPO members 18 and older.

Q4: How can a physician's office request training for this program?

A4: An Evolent network manager will contact you soon to schedule an introductory meeting and/or training. Should you have any questions prior to the introductory meeting, call Evolent at **844-926-4528** and select option 6, or email at providertraining@newcenturyhealth.com. You can also self-register online at https://my.newcenturyhealth.com.

Prior authorization:

Q5: Who should obtain prior authorization?

A5: The physician organization ordering radiation oncology services must request prior authorization through Evolent.

Q6: What is the transition of care process?

A6: Radiation oncology treatment authorizations issued by Humana before July 1, 2024, are effective until the authorization end date. Upon expiration, authorization requests must be submitted to Evolent. If continued authorization is not obtained from Evolent, affected claims may be denied.

Q7: What are some key features of the program?
A7: Key features of the program include:

- An online provider portal offering:
  - Member eligibility verification
  - Real-time approvals when selecting evidence-based Evolent treatment care pathways
  - Determination of needed clinical documentation for medical necessity review
  - Ability to view all submitted requests for authorization in one location
- Supportive telephonic authorization staff
  - Call **844-926-4528**, option 4, available Monday – Saturday, 8 a.m. – 8 p.m., Eastern time.
  - Calls received after hours, on weekends and on holidays will be routed to Evolent via on-call services.
- Peer-to-peer discussions
  - Can be initiated by calling Evolent at **844-926-4528**, option 4, available Monday – Saturday, 8 a.m. – 8 p.m., Eastern time.
  - Calls received after hours, on weekends and on holidays will be routed to Evolent via on-call services.

Q8: How do I obtain prior authorization?
A8: Submit radiation oncology treatment requests to Evolent via one of the following methods:

- Sign in to Evolent's provider web portal at https://my.newcenturyhealth.com.

OR

- Call Evolent's Utilization Management Intake department.
  - Call **844-926-4528**, Monday – Saturday, 8 a.m. – 8 p.m., Eastern time, and select option 4 for radiation oncology.
  - Calls received after hours, on weekends and on holidays will be routed to Evolent via on-call services.
  - eFax # **213-596-3783** or efax-carepro-oncology@newcenturyhealth.com

Q9: Who at Evolent will be reviewing radiation therapy requests?
A9: Evolent medical reviewers are licensed radiation oncologists.

Q10: What will the Evolent authorization look like, and how long is it valid?
A10: The Evolent 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 or the Service Request Authorization.

Q11: What place of service does this prior authorization review process include?

A11: The Radiation Oncology Quality Management Program applies to services rendered in an outpatient setting, which could include the physician's office and outpatient hospital locations.

Q12: Where do I obtain a prior authorization for inpatient radiation treatments?
A12: Inpatient authorization for radiation services will follow existing Humana Medicare processes and requirements.

Claims:

Q13: Where should I submit related claims once prior authorization is obtained through Evolent?
A13: Claims would continue to be submitted to Humana electronically via a provider's clearinghouse or Availity at www.availity.com. Please visit Humana.com/ClaimResources for more information.

Q14: Does a prior authorization guarantee payment?
A14: 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.

Q15: Who is responsible for responding to claim disputes?
A15: Humana will continue to handle claim disputes through Humana's standard claims resolution process. Details can be referenced at Humana.com/ClaimResources.

Q16: Who is responsible for responding to grievances and appeals?
A16: Humana will continue to respond to member grievances and appeals. Encourage members to call the Member Services number on the back of their ID cards to initiate a grievance or appeal or visit Humana.com/Member. Providers can initiate a grievance or appeal with us by mail, fax or online by selecting the Grievances and Appeals/Inquiry Directory PDF.

Q17: What will happen if the physician does not request and obtain an authorization?
A17: 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 members.