



INJECTABLE DRUG UTILIZATION MANAGEMENT PROGRAM

Quick Reference Guide Effective June 1, 2012



EmblemHealth[®]

Obtaining a new user account for www.icorehealthcare.com

New users select “New User Request Access” link under the *Sign In* button. Select the “Contact Us” link. Complete the required fields noted with a red asterisk (*) and any additional information in the text box. Hit *Submit*.

Arranging for patients to receive services from an outpatient setting (outpatient clinic or ambulatory surgery center)

To enter a request for a prior approval for members to obtain drugs in an outpatient setting, you must be signed in to ICORE’s Web site at www.icorehealthcare.com:

- Select the “*Providers and Physicians*” icon to initiate the prior approval process.
- After entering your patient’s information and selecting yourself or your group’s name as the requesting provider, answer **Yes** to the question “Will an alternative servicing provider be utilized for this request?”
- Search for and select the hospital site or ambulatory surgery center where the member will receive the injectable drugs.

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Answer the question yes or no if the therapy will be administered in the ordering physicians’/group’s office or at an Ancillary Facility Service Provider.

- Continue entering the prior approval request.

All servicing providers are required to check the ICORE Web site to confirm that a prior approval has been issued prior to administering a drug that is part of this program. If no prior approval has been issued to the servicing provider, the claim will be denied.

To validate the prior approval number, you must be signed in to ICORE’s Web site, www.icorehealthcare.com:

- Select the “*Providers and Physicians*” icon to view an existing prior approval.
- Select “*View Authorizations.*” You will have the option to either search for a specific member or to view all of the prior approvals issued to your TIN.
- Check the prior approval for the following:
 - The member name and ID number
 - That you are listed as the servicing provider and that the correct facility location is on the prior approval
 - The dates of service have not expired
 - The drug(s) and number of units that have been approved.

If you have any questions contact ICORE directly at **1-800-424-4084**, Monday through Friday, from 8 am to 6 pm (EST). *The ICORE phone number and Web site will be activated on June 1, 2012.*

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Effective June 1, 2012

The EmblemHealth Injectable Drug Utilization Management Program is for a limited list of drugs ordered or administered in an office (POS 11), outpatient hospital (POS 22) or ambulatory surgery center (POS 24) setting. This Program will be managed by ICORE Healthcare, LLC. The purpose of this program is to manage a short list of practitioner-administered injectable drugs to ensure affordability and quality care for our members.

Before a listed drug is administered, you must contact ICORE for prior approval to determine if the proposed service meets the definition of medical necessity under the member's benefit plan. Details of the prior approval process are described below.

Members Covered by Program

The Program applies to members covered under one of the following plans:

- GHI HMO/POS
- Commercial plans underwritten by HIP (HIP HMO/POS/EPO/PPO, CompreHealth EPO/HMO and Vytra HMO)
- HIP state-sponsored programs (Medicaid, Family Health Plus and Child Health Plus)
- EmblemHealth Medicare HMO (underwritten by HIP) EmblemHealth Medicare PPO (underwritten by GHI)
- GHI and HIP FEHB plans
- Vytra ASO account members.

Also included are members who have elected to obtain care from one of our physician medical groups:

- Manhattan's Physician Group
- Preferred Health Partners (Brooklyn)
- Queens–Long Island Medical Group
- Staten Island Physician Practice

Members Excluded From the Program

Commercial plans underwritten by Group Health Incorporated (EmblemHealth EPO/PPO, GHI EPO/PPO) and the NY Bridge Plan (also underwritten by GHI), and HIP members assigned to a Montefiore (CMO) or Health Care Partners (HCP) PCP, are excluded from this program. These Managing Entities are indicated on the member ID cards and on the Member Details page of the Eligibility/Benefits lookup feature on www.emblemhealth.com.

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Drugs Requiring Prior Approval by ICORE

For services rendered on or after June 1, 2012, ICORE will conduct utilization management for the drugs identified below when administered in a practitioner's office (POS 11), in an outpatient hospital setting (POS 22) or in an ambulatory surgery center (POS 24). Prior approval from ICORE is not required for medications administered at home, during emergency room visits, observation unit visits or inpatient stays.

Specialty Injectable Drugs Requiring Prior Approval Starting June 1, 2012

The codes shown on the table below require prior approval by ICORE. This list is subject to change as new treatment information becomes available or as "J-Codes" are updated. The most current list will be available at www.emblemhealth.com/ICORE and distributed via the monthly eNewsFlash as changes are identified.

J-Code	IVIG Drugs
J1566	Carimune® NF and Gammagard S/D
J1572	Flebogamma®
J1569	Gammagard
J1557	Gammaplex
J1561	Gamunex®-C and Gammaked™
J1568	Octagam®
J1459	Privigen®

J-Code	RA Drugs
J0129	Orencia®
J1745	Remicade®
J3488	Reclast®

J-Code	Brand Name
J9264	Abraxane®
J9305	Alimta®
J2469	Aloxi®
J0881	Aranesp®
J9035	Avastin® (for cancer only)
J0585	Botox®
J0885	Epogen®/Procrit®
J9055	Erbix®
J9355	Herceptin®
J2820	Leukine®
J0587	Myobloc®
J2505	Neulasta®
J1440/J1441	Neupogen®
Q2043	Provence®
J9310	Rituxan®
J2353	Sandostatin® LAR
J1300	Soliris®
J9225	Vantas®
J9303	Vectibix®
J3487	Zometa®

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EmblemHealth Specialty Pharmacy Program

If a drug is on the Specialty Injectable Drug Prior Approval List for the utilization management program managed by ICORE, prior approval will be required from ICORE. If you wish to use the Specialty Pharmacy Program to obtain replacement medications from ICORE, special fax forms available at www.emblemhealth.com/ICORE enable you to submit a request for prior approval and drug replacement in one transaction. If you plan to obtain the drug from another contracted vendor, e.g., BioScrip/Curascript, you must use ICORE's Web site at www.icorehealthcare.com or call ICORE at 1-800-424-4084, Monday through Friday, from 8 am to 6 pm EST, to request a prior approval. Once prior approval has been issued, an order for the drugs may be placed with the Specialty Pharmacy Program.

Practitioners will continue to obtain replacement drugs not part of the Injectable Drug Utilization Management Program by following the same procedures for the Specialty Pharmacy Program as they now do.

Please consult the **Care Management** chapter of the EmblemHealth Provider Manual for a listing of medications requiring prior approval through Express Scripts. The "Pharmacy Benefit Design," "Nonpreferred Drugs" or "Medicaid and Family Health Plus" sections of the **Pharmacy Services** chapter provide guidance on prior approval requirements from EmblemHealth for medications not on the EmblemHealth Injectable Drug Utilization Management Program list. The EmblemHealth Provider Manual can be found at www.emblemhealth.com.

ICORE Web Site Access

When ordering a drug covered by the EmblemHealth Injectable Drug Utilization Management Program, you may obtain prior approval by accessing ICORE's Web site at www.icorehealthcare.com.

Web Site Access

Beginning May 24, 2012, the Web administrator you assign for your practice can request a unique user name and password to process prior approval requests for all practitioners who use the same TIN by accessing ICORE's provider self-service at www.icorehealthcare.com. Click on the "**Provider and Physicians**" icon and then "**New User Request ID.**"

- Please have the following information ready:
 - Provider/Facility Name
 - Tax ID
 - E-mail address
- Please allow up to two business days for information regarding your user access.
- The administrator will then be able to set up a user name for each individual ICORE Web site user in the practice.
- The ICORE Web site cannot be used for retrospective or expedited approval requests. Those must be processed directly through the ICORE call center.

Note: Providers who need to order replacement drugs from ICORE must use the appropriate fax order form located at www.emblemhealth.com/ICORE. (*See the EmblemHealth Specialty Pharmacy Program section of this guide.*) If the replacement drug will be ordered from another company, prior approval may be requested using ICORE's Web site and the drug order placed using your current processes. The supplier will be responsible for ensuring prior approval is on file with ICORE before sending out replacement drugs.

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Prior Approval Process and Information Needed by ICORE

To request an ICORE Healthcare prior approval or reapproval:

1. Visit ICORE's secure Web site at www.icorehealthcare.com. Select the "Providers and Physicians" icon; or
2. Call ICORE directly at **1-800-424-4084** (Monday through Friday, 8 am to 6 pm EST) for urgent and non-urgent requests. Multiple requests can be processed on one call.
3. For those who have been receiving replacement drugs from ICORE through the EmblemHealth Specialty Pharmacy Program, both the prior approval request and the replacement drug should be requested by using the appropriate ICORE fax form available at www.emblemhealth.com/ICORE.

Note: *The ICORE phone number and Web site will be activated on June 1, 2012.*

To expedite the prior approval process, have the following information ready:

- Requesting provider name, address and office phone number
- Provider of service name, address and office phone number (if different than above)
- Member name and ID number
- Requested medical pharmacy drug(s)
- Anticipated start date of treatment (if known)
- Member height, weight and/or body surface area
- Dosing information and frequency
- Diagnosis (ICD-9 code)
- Past therapeutic failures

If requested, be prepared to fax the following documents to **1-888-656-6671**.

- Clinical notes
- Pathology reports
- Relevant lab test results

The prior approval will be valid for a specified number of units to be administered within a given time frame. If the member will need additional units or will receive the drug on a date outside of the time frame, ICORE must be contacted and the prior approval adjusted to ensure the claim will not deny for being outside the scope of the prior approval.

Please note: It is the responsibility of the referring provider to obtain the prior approval before services are provided. If the ordering provider and the servicing provider are different, the servicing provider is responsible for ensuring that the appropriate approval is on file by following the instructions outlined on flyleaf of this booklet or at www.emblemhealth.com/ICORE for instructions on how to review prior approvals.

Transition of Care Procedures

All drugs covered under this program must have a prior approval on file with ICORE if administered after June 1, 2012, to ensure correct claims payment.

Members who will start treatment on or after June 1, 2012

For members who are not currently in treatment, prior approval must be requested from ICORE before treatment begins.

Members in active treatment prior to June 1, 2012

For members already receiving drugs before June 1, 2012, e.g., a valid referral is already obtained or claims for drugs already submitted and paid, ICORE will not conduct a full medical necessity review. To ensure that the claims will pay, however, the administering provider must contact ICORE to obtain a prior approval number.

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Time Frames for Prior Approval Decisions From ICORE

Urgent requests will be completed within 24 hours from receipt of the request. Non-urgent requests will be completed within three business days from receipt of all necessary information. *In most cases, ICORE can review and determine prior approval during the initial phone call if all information needed to process a request is provided.* The review and determination process can take longer if member or provider eligibility verification is required or if the request requires additional clinical review.

Claims Submission

ICORE has only been engaged to conduct utilization management. Claims should be submitted to the same addresses or, if submitting electronically, using the same Payor ID you use now. Instructions for submitting claims are available in the EmblemHealth Provider Manual at www.emblemhealth.com.

Claims submitted without obtaining a required prior approval number will be denied.

How to Bill for Drug Waste

For certain drugs, ICORE's automated prior approval system calculates dosages based on the member's actual weight or body surface area without regard to vial size. There will be cases where not all of the drug in a vial will be used for the same member. **Please follow these guidelines when billing for drug waste:**

- If the remainder of a single use vial or other single use package must be discarded after administering a dose/quantity of the drug, the claim should be submitted with two lines.
- The portion of the drug that was administered should be submitted on one line and the JW modifier must be submitted on a separate claim line with the discarded amount.
- The JW modifier should only be used on the claim line with the discarded amount.

Denials and Appeals

Pre-Service Adverse Determinations

Before a final decision is made, you will have an opportunity to speak with a pharmacist and with a physician, as well as to submit relevant medical records. If you still disagree with ICORE's determination, you may exercise your appeal rights as outlined in the EmblemHealth Provider Manual at www.emblemhealth.com. Commercial, Medicaid and Medicare members have different reconsideration and appeal rights, which are outlined in separated dispute resolution chapters.

Denied Claims

The provider or member may file a clinical appeal with EmblemHealth according to the instructions that accompany the denial and the appeal rights as outlined in the EmblemHealth Provider Manual. Commercial, Medicaid and Medicare members have different appeal rights, which are outlined in separated dispute resolution chapters.

Additional Information

For more program information see the EmblemHealth Injectable Drug Utilization Management Web page at www.emblemhealth.com/ICORE. To ask follow-up questions, use the Message Center at www.emblemhealth.com.

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ICORE Contact Sheet

(EmblemHealth Injectable Drug Utilization Management Program)

ICORE Telephone Number (Prior Approvals): **1-800-424-4084**

ICORE Fax Number: **1-888-656-6671**

ICORE Web site: **www.icorehealthcare.com**

EmblemHealth (Eligibility/Benefits/Claims) **www.emblemhealth.com**

IVR: 1-866-447-9717, option 1

Notes



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