

Oncology Value Management program through OncoHealth

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus BlueSM,
BCN commercial and BCN AdvantageSM

Revised April 2025

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General information

The Oncology Value Management program is a utilization management program that requires health care providers to request prior authorization for oncology and supportive care drugs.

This program promotes optimal cancer care by enabling providers to compare planned cancer treatment regimens against evidence-based cancer care, and it ensures that prescribed regimens are aligned with Blue Cross Blue Shield of Michigan and Blue Care Network medical policy and National Comprehensive Cancer Network guidelines.

Who administers the program?

OncoHealth administers the Oncology Value Management program on behalf of Blue Cross and BCN as follows:

- **For oncology medical benefit drugs:** OncoHealth manages the program for dates of service on or after Jan. 1, 2025.
- **For oncology pharmacy benefit drugs:** OncoHealth manages the program for dates of service on or after April 1, 2025.

OncoHealth manages oncology and supportive care drugs when they're prescribed for oncology diagnoses.

Note: When prescribing oncology drugs for non-oncology diagnoses, don't submit prior authorization requests to OncoHealth. Instead:

- For Blue Cross commercial and BCN commercial members: Fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-877-325-5979 or call the Pharmacy Clinical Help Desk at 1-800-437-3803.
- For Medicare Plus Blue and BCN Advantage members: Fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-866-392-6465 or call the Pharmacy Clinical Help Desk at 1-800-437-3803.

What is OncoHealth?

OncoHealth is a leading data analytics and technology-enabled services company dedicated to helping providers and patients with solutions that are built specifically for the treatment of

cancer. Through an evidence-based, real-world analytics approach to utilization management, OncoHealth's OneUM™ prior authorization portal covers the full spectrum of therapeutics across all cancer types and stages.

OncoHealth is accredited by the National Committee for Quality Assurance, or NCQA, and by the Utilization Review Accreditation Commission, or URAC. OncoHealth has a team of board-certified oncologists, board-certified oncology pharmacists (BCOPs) and oncology-trained nurses who maintain treatment libraries in real time with the latest evidence-based cancer treatment options.

Is the Oncology Value Management program applicable to all members?

The program applies to the following members when they receive oncology and supportive care drugs in an outpatient setting in Michigan or in other states:

- Blue Cross and BCN commercial
 - Most fully insured groups and all members with individual coverage
- **Exception:** MESSA members don't have requirements under the Oncology Value Management program.
- Most self-funded groups — To determine which self-funded groups have requirements under the program, see the [Oncology Value Management program participation list for self-funded groups](#).

Note: Although Blue Cross commercial UAW Retiree Medical Benefits Trust plans participate in this program, prior authorizations for those members are managed by Carelon Medical Benefits Management. See the [Carelon FAQ](#) for more information.

- Medicare Plus Blue and BCN Advantage — All groups and all members with individual coverage

What about members who started treatment before OncoHealth managed the drugs?

Members who started receiving treatment before OncoHealth managed the drugs can continue to receive treatment under their approved authorization until it expires.

Prior authorization is required through OncoHealth only in the following situations:

- There's a change to the existing treatment plan after OncoHealth started managing a particular drug.
- Treatment extends past the authorization end date.

What drugs are included in the Oncology Value Management program?

To determine which drugs require prior authorization, see the following drug lists:

- **For commercial members:**
 - For a list of medical benefit drugs managed by OncoHealth, see the document titled [Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members](#).
 - For **pharmacy** benefit drug lists, see the [For Providers: Drug Lists](#) page on [bcbsm.com](#).
- **For Medicare Advantage members:**
 - For **medical** benefit drugs, see the document titled [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#).
 - For **pharmacy** benefit drugs, see the [Drug Lists for Medicare Members](#) page on [bcbsm.com](#).

What services does OncoHealth manage for Blue Cross and BCN?

Through the Oncology Value Management program, OncoHealth manages the following for both medical benefit and pharmacy benefit drugs:

- **Prior authorizations** — Includes reviewing requests for medical necessity, preferred drugs, step-therapy requirements, vial optimization, split fills and quantity limits
- **Site of care** — For medical benefit drugs prescribed for commercial members, transitions from higher- to lower-cost places of service

What criteria does OncoHealth use to make determinations on prior authorization requests?

OncoHealth uses Blue Cross and BCN medical policies to make determinations. To view Blue Cross and BCN medical policies, go to the [Medical Policy Router Search](#) page on [bcbsm.com](#).

How does the program benefit patients and providers?

OncoHealth puts the patient first by reviewing the latest scientific evidence, efficacy, toxicity and affordability of all available treatments to achieve the best possible outcomes for the patient. They work closely with providers as a clinical partner to ensure patients are getting the most appropriate treatments for their cancer.

Starting April 1, 2025, the Oncology Value Management program enables health care providers to submit a single prior authorization request for a patient's entire drug regimen — for oncology and supportive care drugs under both the medical and pharmacy benefit.

How does OncoHealth support oncologists and their clinical teams?

OncoHealth aims to minimize administrative burdens so providers can focus on delivering quality care to their patients. OncoHealth supports providers by:

- Providing an easy-to-use provider portal, OneUM
- Respecting clinician's time — OncoHealth clinical consultation forms can be completed quickly. In addition, OncoHealth oncologists are available by phone so the ordering provider can speak with a peer.

How to submit requests

This section includes detailed information about how to submit prior authorization requests to OncoHealth, what to include in requests and more.

How do I submit prior authorization requests to OncoHealth?

Submit prior authorization requests to OncoHealth as follows.

- For commercial members, [Michigan's prior authorization law](#)* requires health care providers to submit prior authorization requests electronically. Alternate submission methods (phone or fax) are allowed in the case of temporary technical problems, such as power or internet outages.
- For Medicare Advantage members, submit requests using any of the methods outlined in this section.

Method of submission	Details
Through Blue Cross and BCN's provider portal — for Michigan providers	Preferred method — The most efficient way to submit requests is through OncoHealth's OneUM portal. To access it: 1. Log in to Blue Cross and BCN's provider portal (availity.com*) 2. Click <i>Payer Spaces</i> in the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>OncoHealth Provider Portal</i> tile in the Applications tab. If you're having trouble accessing OncoHealth's OneUM portal using this process, contact Availity® Client Services at 1-800-AVAILITY (282-4548).

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Method of submission	Details
Through Blue Cross and BCN's provider portal — for non-Michigan providers who are registered with Availity	1. Log in to Blue Cross and BCN's provider portal (availity.com*). 2. Enter the member's subscriber number from their ID card. Be sure to include the alpha prefix. Availity determines the member's plan and takes you to the Pre-Service Review for Out-of-Area and Local Members screen. 3. Click the <i>OncoHealth Provider Portal</i> link.
Through Blue Cross and BCN's provider portal — for non-Michigan providers who aren't registered with Availity	1. Log in to your local plan's website. 2. Select an ID card prefix for Michigan. The Pre-Service Review for Out-of-Area and Local Members screen opens. 3. Click the <i>Outpatient Authorization</i> link.
By fax	Fax to 1-800-264-6128
By phone	Call 1-888-916-2616

If your organization isn't registered with Availity, see the [Register for web tools](#) page on bcbsm.com.

How do I learn how to use OncoHealth's OneUM portal?

Blue Cross, BCN and OncoHealth encourage you to attend training before using the OneUM portal. The following training options are available:

- OncoHealth will provide a one-hour webinar training at your convenience or you can register to attend a monthly webinar. For more information, contact the OncoHealth Client Support team by sending an email to clientsupport@oncohealth.us or calling 1-888-916-2616, Ext. 806.
- You can view a recorded training by going to Blue Cross and BCN's Provider Training site, searching on *oncology* and launching the *OncoHealth presentation*.

For detailed information about accessing the Provider Training site, see the "Online training" section of the [Training Tools](#) page on ereferrals.bcbsm.com.

If you have issues while working in OncoHealth's OneUM portal, email the OncoHealth Client Support Team at clientsupport@oncohealth.us.

What information do I need to submit with prior authorization requests?

When submitting prior authorization requests, provide the following information:

- Basic member information: Health plan, patient name, subscriber ID and date of birth
- Diagnosis and stage
- Drug therapies being requested — Include relevant billing methods and dosing, if applicable

Note: OncoHealth requires that providers submit the entire drug regimen to determine medical necessity. This means providers must include all drugs in the request — those that require prior authorization and those that don't. In addition, while reviewing clinical documentation, OncoHealth may add to the request any drugs that weren't requested to capture the entire regimen.

- Clinical records including the latest progress notes, lab results, pathology reports and imaging reports
- Ordering physician's name, National Provider Identifier (NPI) and tax identification number (TIN)

Tip: If you're unable to submit a prior authorization request through the OncoHealth OneUM portal because the ordering provider isn't listed in the portal, email the OncoHealth Client Support Team at clientsupport@oncohealth.us. The team will add the provider.

- Place of treatment — Include the name, NPI and TIN
- Any additional patient information that will be useful in making a determination

Important: If medical records aren't submitted and are required for clinical review, the prior authorization request will pend until OncoHealth receives clinical documentation.

What can I do to speed up the process for prior authorizations?

To help ensure your request is processed quickly, do the following:

1. Submit the request through the OncoHealth OneUM portal.
2. When completing the request:
 - Upload medical records. If records are not yet available when you submit the case, fax the medical records to OncoHealth as soon as possible and include the case reference number; see "What should I do if OncoHealth requests medical records?" on page 9.
 - Include all information listed in "What information do I need to submit with prior authorization requests?" on page 7.

How long will it take OncoHealth to respond to my prior authorization request?

Requests that meet criteria receive a response instantly either on the OneUM portal or by phone.

When a request can't be approved immediately, it will be transferred to an oncology clinician for further review. No adverse determination is made until the ordering provider has an opportunity to discuss the request with an OncoHealth oncologist.

OncoHealth will review cases and provide responses within the following time frames. The time frame begins when OncoHealth receives the request.

	Blue Cross commercial	Medicare Plus Blue	BCN commercial	BCN Advantage
Standard requests	3 business days	72 hours (calendar)	3 business days	72 hours (calendar)
Urgent requests	72 hours (calendar)	24 hours	72 hours (calendar)	24 hours

OncoHealth's response time varies depending on:

- The priority status on the request (standard or urgent)
- Timely receipt of clinical records
- Whether the request is for a preferred or a nonpreferred treatment regimen. Nonpreferred regimens require additional review.

See "What can I do to speed up the process for prior authorizations?" on page 7 for additional information.

Important: Federal regulations warrant an urgent request when one or both of the following are true:

- A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function
- A delay in care would subject the member to severe pain that can't be adequately managed without the care or treatment requested in the prior authorization

Can I request a treatment that isn't listed in the OneUM portal?

Yes. If the treatment isn't available in the portal, do the following:

1. Select "No Primary Assignment."
2. Enter the desired treatments in the notes section.
3. Upload the chemotherapy orders or prescription.

What should I do if OncoHealth requests medical records?

If you don't submit medical records and they're required for clinical review, the prior authorization request will pend until OncoHealth receives the medical records.

Fax medical records to **1-800-264-6128**. Include the member's name and the authorization reference number.

If you don't send medical records in a timely manner, the request may be denied due to decision time frame requirements.

What should we do if the ordering provider receives a clinical consultation form with a recommendation for changing or withdrawing a drug regimen?

If the provider has sufficient information to respond to the clinical consultation outreach, they can make their selection and fax the form back to OncoHealth at **1-800-264-6128**.

If the provider doesn't have sufficient information, they can request a peer-to-peer review with an OncoHealth board-certified medical director who specializes in oncology and hematology. To schedule a peer-to-peer review, call OncoHealth at **1-888-916-2616**.

What happens if I provide a service but I didn't request prior authorization through OncoHealth?

If you don't get authorization from OncoHealth for the oncology treatment or supportive care drugs you prescribe, the related claims will be denied.

Although Blue Cross, BCN and OncoHealth strongly encourage you to obtain authorization prior to the start of services, you can submit a retroactive authorization request up to one year after the start of services.

Important: For retroactive authorization requests for medical benefit drugs with dates of service before Jan. 1, 2025, submit requests to OncoHealth.

How does OncoHealth communicate prior authorization determinations?

Providers can view the status of prior authorization requests in the OneUM portal. The member and provider will also receive a determination notification with the authorization decision. Notification may be written, verbal or both.

Can I see OncoHealth prior authorizations in Blue Cross and BCN's e-referral system?

For medical benefit drugs, providers can view authorizations in the e-referral system.

For pharmacy benefit drugs, authorizations aren't available in the e-referral system.

What happens if OncoHealth plans to deny a prior authorization request?

Before denying a request, OncoHealth will contact the ordering provider to request a peer-to-peer review or to request additional documentation to support the treatment request.

If OncoHealth doesn't receive a response, they'll deny the prior authorization request. OncoHealth will specify the reason for the denial, including clinical justification, when they issue the denial.

How can providers appeal adverse determinations?

You can find information about how to appeal an adverse determination in the denial letter.

When and how to update an active authorization

This section includes detailed information on when and how to update active authorizations.

How do I request a reauthorization to extend an active authorization?

When you initiate a request in the OneUM portal, the system checks for active authorizations. If there is an active authorization, a notification will display. To extend the already-authorized treatment, click *Submit Reauthorization* and complete the request.

How do I add a supportive care drug to an active authorization?

When you initiate a request in the OneUM portal, the system checks for active authorizations. If there is an active authorization, a notification will display. To add a supportive care drug:

1. Click *Modify Ancillary*.
2. Add the new treatments **and** the previously approved treatments.
3. Submit the request.

Do I need to update an active authorization if the ordering provider discontinues the use of a drug?

No. Discontinuing a drug won't affect an active authorization.

However, you'll need to submit a new prior authorization request if you're changing to a different drug regimen.

OncoHealth's clinical guidelines

What evidence-based guidelines does OncoHealth follow?

OncoHealth uses the NCCN Clinical Practice Guidelines in Oncology as the primary source for cancer treatment guidelines. In addition, OncoHealth:

- Helps optimize the treatment based on the patient's unique needs and clinical profile when NCCN offers multiple options
- Supports treatments based on clinical evidence that may not yet be published in the NCCN Guidelines

Claims

This section includes detailed information about claims.

Who processes claims?

Blue Cross and BCN process claims for oncology and supportive care drugs.

Where can I find the authorization number to include on claims?

For completed cases, do the following to find the nine-digit authorization reference number:

1. Log in to the OneUM portal.
2. Click *Provider Dashboard* in the left navigation.
3. Click *Completed Assignments*.
4. Select a completed case and then click the *Open file* icon.

A summary of the review opens. It includes the authorization reference number, along with the treatments submitted and treatment dates.

How do I determine the billable units for a drug?

OncoHealth approves drug regimens based on dose, frequency and duration of the authorization.

While billable units aren't displayed in the OneUM portal, providers can see the approved number of cycles and frequency within the case summary. To find this information:

1. Log in to the OneUM portal.
2. Click *Provider Dashboard* in the left navigation.
3. Click *Completed Assignments*.
4. Select a completed case to view the case summary.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services.