Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Oncology Value Management program through OncoHealth

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

Revised August 2026

In this document

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General information

The Oncology Value Management program is a utilization management program that requires healthcare providers to request prior authorization for oncology and supportive care drugs (including therapeutic radiopharmaceuticals) and radiation oncology services.

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, National Comprehensive Cancer Network (NCCN) guidelines, American Society for Radiation Oncology (ASTRO) guidelines and, when applicable, Centers for Medicare & Medicaid Services requirements for medical necessity.

Who administers the program?

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

Service	OncoHealth manages requests for dates of service…	Additional information
Oncology medical benefit drugs	On or after Jan. 1, 2025	OncoHealth manages oncology and supportive care drugs when they're prescribed for oncology diagnoses. 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.
Oncology pharmacy benefit drugs	On or after April 1, 2025	
Therapeutic radiopharmaceuticals	On or after Sept. 1, 2026	
Radiation oncology, including proton beam therapy	On or after Sept. 1, 2026	OncoHealth reviews both oncology and non-oncology requests for radiation oncology services

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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 (NCQA), and by the Utilization Review Accreditation Commission (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, radiation oncology services or both 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 don't have requirements under the program, see the Oncology Value Management program opt-out 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 Oncology Value Management program through Carelon FAQ document and the Radiation oncology prior authorization list for UAW Retiree Medical Benefits Trust non-Medicare members document 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 radiation oncology services and therapeutic radiopharmaceuticals?

Members who started receiving treatment before OncoHealth managed radiation oncology services and therapeutic radiopharmaceuticals 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 radiation oncology services and therapeutic radiopharmaceuticals.
- Treatment extends past the authorization end date.

What drugs and radiation oncology services are included in the Oncology Value Management program?

Important: By Sept. 1, 2026, we'll update the pertinent resources below to include the therapeutic radiopharmaceuticals and radiation oncology services that require prior authorization through OncoHealth for dates of service on or after Sept. 1, 2026. Before Sept. 1, refer to our May 27, 2026, provider alert for specific therapeutic radiopharmaceutical and radiation oncology procedure codes that will be managed by OncoHealth.

To determine which **oncology drugs** (including therapeutic radiopharmaceuticals) require prior authorization, see the following drug lists:

Lines of business	Drug lists
• Blue Cross commercial • BCN commercial	• 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**.
• Medicare Plus Blue • BCN Advantage	• 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**.

To determine which **radiation oncology services** require prior authorization, see the Procedure codes for which providers must request prior authorization document.

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Revised August 2026

What does OncoHealth manage for Blue Cross and BCN?

Through the prior authorization process, OncoHealth manages the following through the Oncology Value Management program.

- **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 and therapeutic radiopharmaceuticals prescribed for commercial members, transitions from higher- to lower-cost places of service
- **For radiation oncology services, including proton beam therapy:** Includes reviewing requests for medical necessity

What criteria is used to make determinations on prior authorization requests?

When making determinations on requests, OncoHealth uses Blue Cross and BCN medical policies, national guidelines and, when applicable, CMS requirements for medical necessity.

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.

The Oncology Value Management program enables healthcare providers to submit a single prior authorization request for a patient's entire drug regimen — for oncology drugs (including therapeutic radiopharmaceuticals) and supportive care drugs under both the medical and pharmacy benefit.

The Sept. 1, 2026, expansion of the Oncology Value Management program to include radiation oncology and therapeutic radiopharmaceuticals complements OncoHealth's ongoing management of prior authorization requests for oncology drugs.

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 healthcare providers to submit prior authorization requests electronically. Alternative 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 *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. 3. Click the *OncoHealth Provider Portal* 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).

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 *OncoHealth Provider Portal* 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 *Outpatient Authorization* 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**.

Do I need to submit separate prior authorization requests for oncology drugs and for radiation oncology services?

Yes, you'll need to submit separate prior authorization requests in the OncoHealth OneUM portal. OncoHealth will link the requests.

- For **oncology drugs** and **therapeutic radiopharmaceuticals**, submit requests through the Chemotherapy module.
- For **radiation oncology services**, submit requests through the XRT (radiation oncology) module.

The OneUM portal notifies you when a request must be submitted in a different module than the one you're currently in.

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, Blue Cross and BCN will offer several live webinars from Aug. 13 through

Sept. 9, 2026. We strongly encourage you to attend. For details, see the Register for training about prior authorization changes for radiation oncology, radiopharmaceuticals article in the July issue of *The Record*.

- 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.
- By Aug. 26, 2026, you'll be able to view a recorded training by going to Blue Cross and BCN's Provider Training site, searching on *oncology* and launching the *OncoHealth presentation*. (Learn how to access provider training.)

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:

Type of request	What to include
All requests	**Required member information** • Health plan • First and last name • Full subscriber or enrollee ID • Date of birth **Required provider information** • Ordering physician's name, National Provider Identifier (NPI) and tax identification number (TIN)† • Place of treatment — Include the name, NPI and TIN **Required clinical information for any service** • Height and weight • Diagnosis • Stage and pathology • Recent imaging reports • Any additional patient information that will be useful in making a determination • Additional information as required for the specific service, as outlined in the rows below

Type of request	What to include
Drug requests	**Additional required clinical information for drug requests** • Progress notes • Chemotherapy orders or treatment plan, dosing (if applicable) and relevant billing methods • Lab results 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.
Radiation oncology requests	**Additional required clinical information for radiation oncology requests** • Consultation note • Radiotherapy treatment plan, including the specific procedure codes needed

†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.

Important: If medical records aren't submitted and are required for clinical review, the prior authorization request will pend until OncoHealth receives clinical documentation. Timely submission of medical records helps avoid delays in processing. If required clinical information isn't received within the applicable decision timeframe, a determination may be made based on the information available.

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 12.
    - Include all information listed in "What information do I need to submit with prior authorization requests?" on page 9.

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.

For drug requests:

	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 (calendar)	72 hours (calendar)	24 hours (calendar)

For radiation oncology requests:

	Blue Cross commercial	Medicare Plus Blue	BCN commercial	BCN Advantage
Standard requests	3 business days	7 calendar days	3 business days	7 calendar days
Urgent requests	72 hours (calendar)	72 hours (calendar)	72 hours (calendar)	72 hours (calendar)

Response times vary depending on:

- The priority status on the request (standard or urgent)
- The completeness and accuracy of the information submitted with the request.
- The need for outreach to the requesting provider to obtain missing or clarifying information.
- Timely receipt of clinical records
- For drugs, 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 10 for additional information.

Important: Urgent requests are appropriate only when:

- Per NCQA and CMS, a delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function — for commercial and Medicare Advantage members
- Per NCQA, 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 — for commercial members

Because there’s less time for OncoHealth to obtain missing information for urgent requests, submit as urgent only when the request meets appropriateness guidelines.

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, radiation orders, prescriptions and clinical records as appropriate.

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 actions can the ordering provider take if a Clinical Consultation Form is received for a drug or radiation oncology request?

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, 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.

Starting Sept. 1, 2026: OncoHealth will accept retroactive authorization requests for radiation oncology services and therapeutic radiopharmaceuticals for dates of service up to one year prior to Sept. 1, 2026.

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 and radiation oncology services, 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 active authorizations

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?

In addition to Blue Cross and BCN medical policies, OncoHealth may use the following evidence-based guidelines:

Service	Primary source for cancer treatment guidelines	In addition, OncoHealth…
Drugs	NCCN Clinical Practice Guidelines in Oncology	• 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
Radiation oncology	NCCN and ASTRO Clinical Practice Guidelines in Oncology	

Claims

This section includes detailed information about claims.

Who processes claims?

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

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 case 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.

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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.