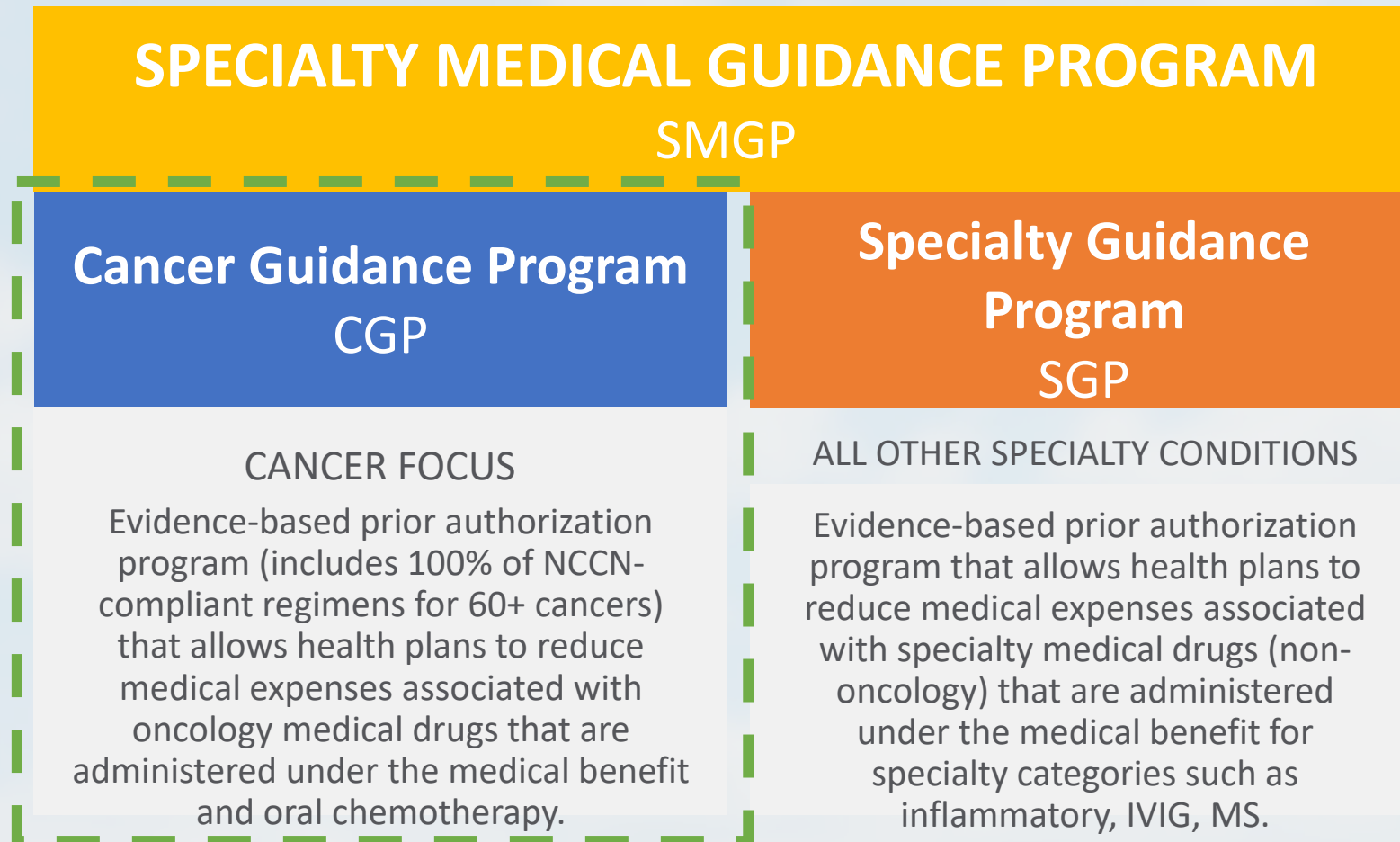




Specialty Medical Guidance Program

Specialty Medical Guidance Program

MBMNow is Optum's platform for the Specialty Medical Guidance Program to process prior authorizations



Specialty Medical Guidance Program

Developed in coordination with providers

- Developed with insights from a team of 10+ board-certified oncologists, hematologists, and internal medicine medical directors; five specialty pharmacists; 60+ registered nurses with experience as complex case managers, oncology care, or specialty drug administration
- Already contracted to support authorizations for 23M+ members
- Utilization management expertise in specialty drug management (15+ years in oncology)

Specialty Medical Guidance Program

Access the tool via My Insurance Manager

Requesting Provider Servicing Provider **Request Details** Clinical Status Regimens Request Summary

Request Details

* Required

Patient Details

Height of the Patient * 60 in

Weight of the Patient * 130 lbs

Patient Contact Number (55-555-5555)

Service Details

Initial Diagnosis Date * 08-2018

Place of Service * Ambulatory Surgical Center

Anticipated Treatment Start Date * 09-20-2018

ICD-10 Code * C18.2 - Malignant neoplasm of asc

Clinical Details

Primary Cancer * Rectal Cancer

Supportive Care Only Request * No

Chemotherapy Clinical Trial * No

Has Disease Progressed or Relapsed? * Yes

Initial Date of Progression * 08-2018

Initial or Changing Treatment? * Changing Treatment

Changing Treatment Justification *
 Disease Progression
 Adverse Events
 Toxicity
 Medical Contraindication

Illustrative

- No need to get a new Prior Authorization on 1/1 if a previous Novologix PA is still active
- Easy, single sign-on portal in MIM
- < 10 minutes for most authorizations
- Oncology decision support based on NCCN guidelines
- Regimen-level PA approval across medical and Rx benefits (for oral / topical chemotherapy)
- Clone an existing Prior Authorization to append a new drug to an existing authorization or create a new PA

<1%
adverse
determination
rate for
oncology

Specialty Medical Guidance Dashboard



The dashboard is the first screen and shows submitted prior authorizations drafts and submitted prior authorizations

[Home](#) [Authorization](#) [Activity Tracking](#)

Submitted Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)





Displaying your 10 most recently submitted requests

Actions	Request Number	Member Name	Subscriber ID	Status	Start Date	End Date	Requesting Provider	Servicing Provider
 	000079030							

Draft Prior Authorization Requests

[+ Create New Request](#) [☰ View All](#)

Displaying your 10 most recently updated draft authorization requests

Actions	Draft ID	Member Name	Subscriber ID	Creation Date	Creator	TIN	Status
 	140049						
 	140048						

Member Search

Search for a patient to initiate the process


[Home](#) > [Authorization](#) > [Member Search](#)

Member Search

* Required

First Name

Last Name *

Date of Birth *
mm-dd-yyyy
 

Subscriber / Member ID *

Group ID

Members

Actions	First Name	Last Name	Date of Birth	Subscriber ID	Group ID
Please Provide Search Criteria.					

Authorization Type

Select whether the authorization will be for oncology or specialty

[Home](#) > [Authorization](#) > [New Authorization](#) >

Member Information

Full Name	Jane Doe	Subscriber ID	987654321
Gender	Female	Group ID	1234
Date of Birth	5/20/77	Relationship	self

Authorization Type

* Required

Please select an authorization type that you would like to create. You will not be able to change your selection later.

Authorization Type *

- Outpatient Chemotherapy
- Cancer Supportive Drugs Only
- Specialty Pharmacy

Requesting Provider

Complete requesting provider information

Progress indicator: **Requesting Provider** (Active), Request Details, Clinical Status, Regimens, Request Summary

Requesting Provider

* Required [Change provider](#)

Provider Details	Point of Contact	
Provider First Name	Full Name * First Last	<input type="text" value="X"/>
Provider Last Name	Phone Number * 555-555-5555	<input type="text" value="999-999-9999"/> Ext. <input type="text" value="22222"/>
Provider NPI	Fax Number * 555-555-5555	<input type="text" value="999-999-9999"/> Ext. <input type="text" value="22222"/>
Provider TIN	Email	<input type="text"/>
Provider Address	Communication Type	
Provider Phone Number * 555-555-5555	<input type="text" value="999-999-9999"/> Ext. <input type="text" value="22222"/>	Request Received by <input checked="" type="radio"/> Phone <input type="radio"/> Fax
Provider Fax Number * 555-555-5555	<input type="text" value="999-999-9999"/> Ext. <input type="text" value="22222"/>	
Provider Email	<input type="text"/>	
Provider Cell Phone 555-555-5555	<input type="text"/>	

Add a Servicing Provider

An out of network check will be in place for certain providers (check payer's provider portal for more details)

Servicing Provider

Is the requesting provider the same as the servicing provider?

Servicing Provider Search ✕

Physician Facility

Search by TIN and/or NPI Physician Name + State/ZIP

First Name Last Name * State * Zip

Show Per Page

TIN <input type="button" value="v"/>	NPI <input type="button" value="v"/>	First Name <input type="button" value="v"/>	Last Name <input type="button" value="v"/>	Address <input type="button" value="v"/>
Please Provide Search Criteria.				

Request Details

Complete information related to the patient

Request Details

* Required

Patient Details

Height of the Patient * in

Weight of the Patient * lbs

Patient Contact Number
555-555-5555

Clinical Details

Primary Cancer *

Chemotherapy Clinical Trial *

Has Disease Progressed or Relapsed? *


Initial Date of Progression *
mm-yyyy 

Initial or Changing Treatment? *


Changing Treatment Justification *
Check all that apply.

- Disease Progression
- Adverse Events
- Toxicity
- Medical Contraindication
- Non-medical Concerns
- Maintenance Therapy

Service Details

Initial Diagnosis Date *
mm-yyyy 

Place of Service *

Anticipated Treatment Start Date *
mm-dd-yyyy 

ICD-10 Code *

Performance Scale

Performance Status *

Clinical Status

Complete information related to the specific patient condition

Requesting Provider Request Details
Breast Cancer Clinical Status Regimens Request Summary

Clinical Status

[Show Answers](#) | [Hide Answers](#)

* Required

What is the current stage of cancer? * Stage II ▼

What is the treatment indication or disease status? * Adjuvant ▼

What is the HER2 status? * Negative ▼

What is the ER/PR status? * Negative ▼

What is the multi-gene assay risk status? * Intermediate/High Risk ▼

What is the line of therapy? * Initial Or 1st Line Therapy ▼

Regimen

Progress bar with 5 steps: Requesting Provider, Request Details (Breast Cancer), Clinical Status, Regimens, Request Summary.

Regimens

Expand All | Collapse All Export (PDF) Print

- ▶ Dose-Dense AC (Doxorubicin / Cyclophosphamide) followed by Paclitaxel every 14 days ⓘ
- ▶ Dose-Dense AC (Doxorubicin / Cyclophosphamide) followed by Paclitaxel Weekly ⓘ
- ▶ Paclitaxel weekly ⓘ
- ▶ TC (Doxetaxel / Cyclophosphamide) ⓘ
- ▶ AC (Doxorubicin / Cyclophosphamide) Every 21 days ⓘ

Regimen (cont...)

Expand regimen to view detail

Progress bar: Requesting Provider (checked), Servicing Provider (checked), Request Details (checked), Clinical Status (checked), **Regimens** (active), Request Summary (unchecked)

Regimens

Expand All | Collapse All Export (PDF) Print Drug Pronunciation

CAPEOX (Capecitabine 850-1000 mg / m2 / Oxaliplatin)

Febrile Neutropenia Risk	Emetic Risk	Authorization Duration
	Day 1 Moderate Days 2-15 Oral Low / Minimal	9 months

Drug Name	Drug Code	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Injection Oxaliplatin 0.5 Mg	J9263	Intravenous	130mg / m2	day 1	21 day cycle
Capecitabine Oral 150 Mg	J8520	Oral	850-1000mg / m2	Days 1-15	21 day cycle
Capecitabine Oral 500 Mg	J8521	Oral	850-1000mg / m2	Days 1-15	21 day cycle

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan)

FOLFIRI (Fluorouracil continuous infusion / Leucovorin / Irinotecan) + Bevacizumab

Authorization Approved

Providers having selected an NCCN-compliant treatment will receive an auto-approved authorization confirmation

Request Status

[Export \(PDF\)](#) [Print](#)



Your Authorization Request Has Been Approved

Your authorization request number is **12345566**. If you need to add a new chemotherapy drug, supportive care drug, or a new chemotherapy regimen, you will need to submit a new authorization request.

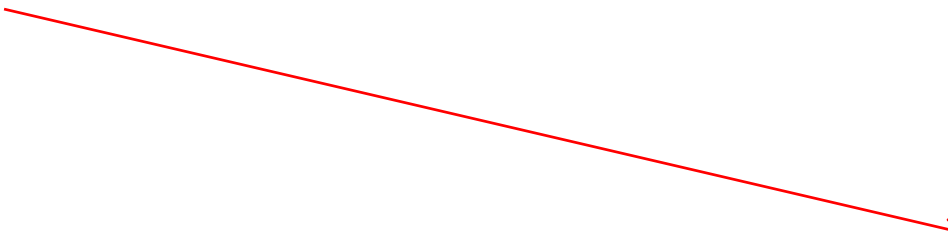
Authorization Status	Approved	Authorization Start Date
Authorization Number	123456789	Authorization End Date

Create a Custom Request

If the answers on the Clinical Status page indicate chemotherapy isn't supported, the user will be required to submit a custom request

Regimens

We either can't return regimens associated with your request and/or our clinical guidelines indicate that injectable chemotherapy is not supported based on the selections you've made. Please click "Create Custom Regimen" if you would still like to request chemotherapy.



[+ Create Custom Regimen](#)

[Back](#) [Save Draft](#)

Create a Custom Regimen

A provider choosing to create a custom regimen will add drugs requested

Custom Regimen

*Required Export (PDF) Print

Regimen Drugs + Add Drug

Actions	Drug Name	Drug Code	Drug Route	Dosage	Day(s) of Cycle to be Administered	Length of Cycles (Days or weeks)
Please add drug(s) to the regimen						

Regimen Justification

1000 characters remaining

Add Clinical Documentation

Select Files

Maximum file size: 50MB.
Limit of files per upload: 15.
Accepted formats: .txt, .doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .png, .jpg, .jpeg, .tif, .tiff
The following file formats will be converted to .pdf: .doc, .docx, .xls, .ppt, .pptx, .tif, .tiff
Please wait until all files are uploaded to be able to submit the authorization request

Is it an Urgent Request?

Yes ⓘ

Create a Custom Regimen cont...

A provider choosing to create a custom regimen will add drugs requested

Add Drug ✕

Drug Code *

Drug Name * TRASTUZUMAB

Drug Route * ▼

Dosage *

Day(s) of Cycle to be Administered *

Length of Cycles (Days or weeks) *

Request Summary for Custom Regimen

Home > Authorization > New Authorization > [Redacted] ✕ Cancel Authorization

Requesting Provider Servicing Provider Request Details Clinical Status Regimens Request Summary

Request Summary

[Export \(PDF\)](#) [Print](#)

Member Information

Full Name	Subscriber ID
Gender	Group ID
Date of Birth	Relationship

Requesting Provider [Edit Details](#)


Provider Details **Point of Contact**

Provider First Name	Full Name
Provider Last Name	Phone Number

Authorization Pending

Providers submitting a custom request will receive a Pending Review confirmation screen

Request Status [Export \(PDF\)](#) [Print](#)



Your Authorization Request Is Pending

Your request number is **123456789**. Your request requires review by our clinical team. Also, if additional information is needed to make a determination, we will reach out to you via the contact information provided below. Please see below for details regarding your request.




Authorization Status	Pending
Authorization Number	123456789

Custom Regimen

Drug Name	Drug Code	Authorization Status
-----------	-----------	----------------------

Cloning an Authorization

Providers can clone an existing authorization by searching for the authorization to be cloned and clicking the “clone” button in the upper left corner

Actions	Request Number ▾	Member Name ▾	Subscriber ID ▾	Status ▾	Start Date ▾	End Date ▾	Requesting Provider ▾	Servicing Provider ▾
  								

Clone Request

* Required

Authorization Type *

Cancer Type

Patient Information: Provider Can Also Submit Requests for Standalone Drugs

Examples: Specialty non-cancer, cancer supportive drugs

Patient Details	Clinical Details
Height of the Patient * <input type="text" value="8"/> in	Primary Cancer * <input type="text" value="Breast Cancer"/>
Weight of the Patient * <input type="text" value="8"/> lbs	What is the Drug Type? * <input data-bbox="1600 582 1913 611" type="text" value="White Blood Cell Growth Factors"/> ⓘ
Patient Contact Number 555-555-5555 <input type="text" value="--- --"/>	<input type="text" value="Denosumab - Prolia"/> <input type="text" value="Denosumab - Xgeva"/> <input type="text" value="White Blood Cell Growth Factors"/>
Service Details	
Initial Diagnosis Date * mm-yyyy <input type="text" value="02-2019"/> ⓘ	
Place of Service * <input type="text" value="Office"/>	
Backdating Start Date? <input type="checkbox"/>	
Anticipated Treatment Start Date * mm-dd-yyyy <input type="text" value="03-20-2019"/> ⓘ	
ICD-10 Code * <input type="text" value="C44.501 - Unspecified malignant neopla"/>	
Performance Scale <input type="text" value="Select"/>	
<input type="button" value="Back"/> <input type="button" value="Save Draft"/>	<input type="button" value="Continue"/>

Clinical Status: Provider Can Also Submit Requests for Standalone Drugs

Examples: Specialty non-cancer, cancer supportive drugs

The screenshot displays a multi-step process for submitting a request. The steps are: 1. RIMINI BREAKSTONE (completed), 2. Request Details: White Blood Cell Growth Factors (completed), 3. Clinical Status (current step), 4. Regimens, and 5. Request Summary. The 'Clinical Status' section includes a dropdown for 'What is the indication?' with the selected value 'Patient is receiving chemotherapy or will receive chemotherapy'. Below it is another dropdown for 'What is the febrile neutropenia risk?' with a menu open showing options: High, Intermediate, and Low. At the bottom left, there are 'Back' and 'Save Draft' buttons.

Clinical Status

* Required

What is the indication? *

What is the febrile neutropenia risk? *

High

Intermediate

Low

Back Save Draft

Provider Shown Treatments Which Meet Evidence for Their Request

- filgrastim (Neupogen)
- tbo-filgrastim (Granix)
- pegfilgrastim (Neulasta)
- sargramostim (Leukine)
- filgrastim, biosimilar (Zarxio)
- filgrastim, biosimilar (Nivestym)
- pegfilgrastim, biosimilar (Fulphila)

- pegfilgrastim (Neulasta)
- sargramostim (Leukine)
- filgrastim, biosimilar (Zarxio)

Chemo Regimen Question ✕

Chemo Regimen Scheduled for Every 14 Days or Greater? If Yes, will be auto approved. If No, you will have to proceed with a Custom Regimen and you will be able to add a supportive drug.

Member Search

Search for previously submitted authorization requests, draft requests and requests previously entered on a different platform

Prior Authorization Requests

Submitted Drafts

Display

Created by me only (across all providers) Everything for TIN

Request Number Member Last Name Subscriber ID Status Providers within

Search Clear

Prior Authorization Requests

Submitted Drafts

Display

Created by me only (across all providers) Everything for TIN

Member Last Name Subscriber ID Providers within

Search Clear

Member Search

Search for previously submitted authorization requests, draft requests and requests previously entered on a different platform

Prior Authorization Requests

Submitted Drafts **History**

*Required. Find requests that were not submitted using this application.

Search by

Request Number Member Information

Request Number *

Provider Type *

TIN of the Requesting Provider*