

Frequently Asked Questions: Ambetter from Coordinated Care Corporation Oncology Pathway Solutions

Q1: Who is New Century Health?

A1: New Century Health (NCH) is a comprehensive oncology quality management (OQM) company. Its platform optimizes the application of evidence-based medicine in the delivery of adult ambulatory cancer care.

Q2: What is the Ambetter from Coordinated Care Oncology Pathway Solutions program?

A2: Ambetter from Coordinated Care Oncology Pathway Solutions program provides prior authorization management for all infusible, injectable, and oral chemotherapy agents, supportive drugs, and symptom management drugs. The program emphasizes and supports the selection of Preferred Pathways for patient care and is administered by **New Century Health**.

Q3: Is this for all Ambetter from Coordinated Care members?

A3: The Ambetter from Coordinated Care Oncology Pathway Solutions program is for members 19 years and older. Pediatric members (<19 years of age) are excluded from this program. Precertification, preauthorization and notification requirements all refer to the same process of prior authorization.

Q4: When will the Ambetter from Coordinated Care Oncology Pathway Solutions program begin?

A4: May 2, 2022, for Ambetter from Coordinated Care members, 19 years and older.

Q5: How can a physician's office request training for this program?

A5: A Provider Network Specialist will contact you to schedule an introductory meeting and training. Should you have any questions prior to the introductory meeting, please call Ambetter from Coordinated Care at 1-877-687-1197. You may also contact NCH at 1-888-999-7713, Option 6, or send an email to providertraining@newcenturyhealth.com.

Prior authorization

Q6: What are some key features of the program?

A6: The online provider portal is always available, offering the following:

- Real-time authorizations for treatment care pathways
- Reduced documentation requirements
- View of real-time status of authorization requests
- Eligibility verification
- Supportive telephonic authorization staff available at **1-888-999-7713**, Option 1, Monday–Friday (5 a.m.–5 p.m. PST)
- Quick turnaround time on authorization requests submitted via portal or phone
- Physician Discussions with medical oncologists
- New Century Health is a National Comprehensive Cancer Network (NCCN) licensee of the Drugs and Biologics Compendia. It uses nationally recognized, evidence-based treatment guidelines
- New Century Health provider representatives are available for support as needed

Q7: What is the transition of care process?

A7: Authorizations previously issued by Ambetter from Coordinated Care **before May 2, 2022**, will be effective until the authorization expiration date. Authorizations previously issued by Ambetter from Coordinated Care that **expire on or after May 2, 2022**, must be submitted to New Century Health to obtain a new valid authorization.

Authorizations for a single drug regimen issued by Ambetter from Coordinated Care or Envolve Pharmacy Solutions **before May 2, 2022**, will remain valid until they expire.

Q8: Who should obtain prior authorization?

A8: The physician organization ordering chemotherapeutic drugs or supporting agents for the treatment of cancer or related hematologic diseases must request prior authorization through New Century Health.

Q9: How do I obtain prior authorization?

A9: Submit chemotherapy requests to New Century Health via the following methods:

- Log into New Century Health’s provider web portal at <https://my.newcenturyhealth.com>
- Contact New Century Health’s Utilization Management Intake Department at **1-888-999-7713**, Option 1, Monday through Friday (5 a.m.- 5 p.m. PST)

Q10: Which drugs require prior authorization?

A10: Ambetter from Coordinated Care Oncology Pathway Solutions Program, administered by New Century Health, requires prior authorization management for all chemotherapeutic drugs, symptom management drugs and supporting agents for members with a diagnosis code included in the following range:

C00 – D09, D37 – D44, E34.0

Hematology Diagnosis = D45-D49, D61.81, D61.2, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.41, D69.59, D69.6, D69.8, D69.9, D70, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82

N&V = R11

Q11: Which specialties are included in the Ambetter from Coordinated Care Oncology Pathway Solutions program?

A11: Medical specialties providing cancer care and its supportive services, including Medical Oncology, Hematology, Urology, Surgical Oncology, Neurological Oncology and Gynecologic Oncology, will submit their chemotherapy prior authorizations through New Century Health.

Q12: Who at New Century Health will be reviewing chemotherapy requests?

A12: New Century Health Medical Reviewers are licensed medical oncologists and are not incentivized to issue denials, as they use nationally recognized clinical guidelines when performing reviews. These guidelines are available at <https://my.newcenturyhealth.com> or by contacting New Century Health’s Utilization Management at **1-888-999-7713, Option 1**.

If the request does not meet evidence-based treatment guidelines, New Century Health may request additional information or initiate a peer-to-peer conversation with the requesting provider.

Q13: What will the New Century Health authorization look like, and how long is it valid?

A13: The NCH 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 (MRA).

* Please submit claims to Ambetter from Coordinated Care using the prior authorization number provided in the letter from Ambetter from Coordinated Care, not the NCH authorization number. The Ambetter from Coordinated Care authorization number will begin with “OP” followed by 10 digits.

Q14: What place of service does this prior authorization review process include?

A14: The Oncology Pathway Solutions program applies to services rendered (e.g., chemotherapy administration) in an outpatient setting, which could include the physician’s office, infusion centers and outpatient hospital locations.

Q15: Where do I obtain a prior authorization for inpatient chemotherapy?

A15: Inpatient authorization for chemotherapy remains the same. Please submit an authorization request via the [web portal](#) or fax form found [here](#).

Q16: Where do I obtain a prior authorization for pharmacy dispensed chemotherapeutic and supportive Agents?

A16: Requests that were previously submitted to Envolve Pharmacy Solutions or CoverMyMeds should be submitted directly to New Century Health.

Claims

Q17: Where do I submit related claims once prior authorization is obtained through New Century Health?

A17: Once prior authorization is obtained through New Century Health, the provider will also receive a second approval letter with the Ambetter from Coordinated Care authorization number. Once the Ambetter from Coordinated Care authorization number is received (“OP” followed by 10 digits), submit claims either electronically or by mail to the following address:

Ambetter from Coordinated Care
Attn: Claims
P.O. BOX 5010
Farmington, MO 63640-5010

The payer ID for electronic claim filing is 68069. Please refer to the back of the member’s ID card for specific instructions.

Billing information, including the above, can be referenced on the Ambetter from Coordinated Care website. See Provider Resources: <https://ambetter.coordinatedcarehealth.com/provider-resources/manuals-and-forms.html>

Q18: Does a prior authorization guarantee payment?

A18: 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. For specific details, please refer to your Provider Manual.

Q19: Who is responsible for responding to Claims Disputes?

A19: Ambetter from Coordinated Care will continue to respond to claims disputes. Providers can submit disputes using the current process outlined in the Provider Manual. Disputes must be submitted to the address below.

Ambetter from Coordinated Care
Attn: Claim Disputes
P.O. BOX 5010
Farmington, MO 63640-5010

Q20: Who is responsible for responding to grievances and appeals?

A20: Ambetter from Coordinated Care will continue to respond to member grievances and appeals. Members can continue to follow processes outlined on our website and [in the Quick Reference Guide for members](#) to submit either a grievance or an appeal. Providers can initiate a grievance or appeal with Ambetter from Coordinated Care by mail or fax; however, the member's written consent for the grievance or appeal is required:

Ambetter from Coordinated Care
1145 Broadway, Suite 300
Tacoma WA 98402

Appeal Fax: 855-218-0589
Grievance Fax: 855-218-0588

Q21: What will happen if the physician does not request and obtain an authorization?

A21: If a required authorization is not obtained, Ambetter from Coordinated Care may deny payment for the relevant drugs. Members cannot be held responsible or billed for denied charges/services. Providers may only collect the applicable cost share amount directly from the member.