

Site of Care Management Program Frequently Asked Questions (FAQs) FOR PROVIDERS AND PRESCRIBERS

Q. What is the Site of Care Management Program?

The Site of Care Management Program is an initiative designed to ensure that certain specialty medications are administered in the most clinically appropriate and cost-effective settings, enhancing patient outcomes while managing healthcare costs. The Site of Care Management Program applies to our Marketplace Lines of Business.

Q. Which medications are affected by this program?

This program applies to newly ordered and ongoing infusion services for intravenous and/or subcutaneous, non-oral specialty medications. The program focuses on the following drug therapies/classes:

- Hereditary Angioedema
- HIV - Cabenuva® and Apretude®
- Immune Deficiencies
- Inflammatory Conditions
- Miscellaneous Diseases
- Multiple Sclerosis - Ocrevus®, Ocrevus Zunovo®

Please also refer to [Site of Care Management Program Drug List](#).

Q. What are the preferred sites of care?

Preferred sites of care include:

- Ambulatory Infusion Centers (AICs)
 - Provider Office Infusion Centers (OICs)
 - Home Infusion Services
 - Hospital Outpatient Departments (HOPDs) when medically necessary
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Q. Why is this program being implemented?

The program aims to enhance patient experiences by providing care closer to home or in less intensive settings, ensuring greater comfort and convenience. It also helps reduce overall total cost of care and minimize administrative burdens, in line with industry best practices. Many infusions that are typically administered in hospitals can be safely given in alternative settings, all while maintaining quality and patient safety. This initiative is guided by the Administrative Policy: [Site of Care Management Program](#), which outlines necessary criteria for the administration of drugs by providers in outpatient settings.

Q. Is participation in the Site of Care Program required? Are there any exceptions?

Yes, participation is required when it is clinically appropriate and in accordance with policy guidelines. If a patient qualifies for therapy at an alternative site of care, transitioning to that site (which includes providing orders for the necessary treatments) is both required and expected.

We recognize that each patient's situation is unique and exceptions may apply.

Exceptions may be made based on specific clinical criteria, such as:

- Clinically unstable conditions requiring hospital access
- Physical or cognitive impairments
- History of severe adverse events related to medication
- Prescriber documentation indicating that home infusion is not suitable and no lower-intensity setting is available

Clinical documentation must be submitted with any exception requests (Prior Authorization) through the Provider Portal or via the Medical Drug Fax at 1-888-399-0271.

If an exception is warranted, CareSource will evaluate the exception request in accordance with the policy. CareSource reviews each case carefully and thoroughly.

Q. How will outpatient hospital facility-based administration be determined as medically necessary?

CareSource considers outpatient hospital facility-based administration medically necessary for members who meet specific criteria, supported by clinical documentation or medical records.

Q. What documentation is required for exceptions?

Clinical documentation, such as infusion records and medical records, must support any exceptions and detail prior anaphylactic experiences or adverse reactions, along with the steps taken to mitigate them. **Clinical documentation must be submitted with any exception requests (Prior Authorization) through the Provider Portal or via the Medical Drug Fax at 1-888-399-0271.**

Q. How will this program impact patients/members?

Patients will receive care in settings that are least intensive for their treatment needs, which can lead to improved outcomes and potentially lower out-of-pocket costs. The program aims to enhance the member experience by providing accessible, convenient and cost-effective care options.

Q. How will providers be informed about the program?

Providers will receive training and resources to help them understand the program, including guidelines for patient referrals and documentation requirements.

Q. Who can I contact for more information?

For additional questions or more information about the Site of Care Management Program, please contact Provider Services at **1-833-230-2101 (TTY: 711)**. We are open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET).

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