Health Alliance
Utilization Management Changes Overview
July 2017
Agenda

• Decision Overview

• Utilization Management Program Changes
  • Expansions and modifications to preauthorization requirements
  • eviCore healthcare partnership
  • Review of August 2017 changes

• Network Education and Training
  • Development of training program for your health system.

• eviCore
  • Overview
  • Clinical Approach
  • Service Model
  • Case Initiation Process
Decision Overview

It is the expectation of Health Alliance that our members have access to medical care that results in the best outcomes possible.

To achieve this expectation, we must employ best practices in all areas of care management through;

- Addressing the needs of expanding complex patient populations
- Utilizing best practice clinical guidelines – with full transparency
- Deliver the customer service our members and providers deserve
Health Alliance
Utilization Management Opportunities

- Expand Discharge Planning
- Reduce Retrospective Review Volumes
- Reduce Rate of 1-2 Day & Observation Stays
- Streamline Admit, Discharge & Transfer Notifications
- Modify & Expand PA
eviCore brings together the broadest range of integrated, innovative medical benefits management solutions across the entire healthcare continuum, enabling better outcomes for our patients, providers and Health Alliance.
Health Alliance’s partnership with eviCore will provide:

• Robust, transparent evidence-based guidelines

• Responsive clinical review process — improved preauthorization decision turnaround times

• Specialty-specific medical directors supporting peer to peer discussions

• Seamless integration between the Health Alliance Provider Portal and the eviCore system
August 2017 Changes
### Modify and Expand PA
Health Alliance Outpatient UM changes effective **August 1, 2017**

<table>
<thead>
<tr>
<th>Change Type</th>
<th>What</th>
<th>Current Program</th>
<th>Program Beginning 8/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td><strong>Outpatient Medical Oncology</strong> Oncology Pathway Drugs</td>
<td></td>
<td>eviCore</td>
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<tr>
<td>New</td>
<td><strong>Outpatient Radiation Therapy</strong></td>
<td></td>
<td>eviCore</td>
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<tr>
<td>New</td>
<td><strong>Musculoskeletal Joint/Spine Surgery, Pain Management</strong></td>
<td></td>
<td>eviCore</td>
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<tr>
<td>New</td>
<td><strong>Outpatient Specialty Therapy</strong> Physical, Occupational, Speech</td>
<td></td>
<td>eviCore</td>
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<tr>
<td>New</td>
<td><strong>Sleep Medicine</strong></td>
<td></td>
<td>eviCore</td>
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<tr>
<td>Transition</td>
<td><strong>Outpatient Specialty Therapy</strong> Chiropractic</td>
<td>Clear Coverage</td>
<td>eviCore</td>
</tr>
<tr>
<td>Transition</td>
<td><strong>Lab/Genetic Testing</strong></td>
<td>HA Web Portal</td>
<td>TBD</td>
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Information has been delivered to all network providers via one or more of the methods below:

• Email announcements
• Newsletter articles
• Phone calls

Education and training is also available to all network providers via one or more of the methods below:

• On-site training sessions
• Webinars
• Organizational learning management systems
• Online resources

Starting 1/22/2017 all Blepharoplasty, Eyebrow Lift Preauthorizations must be filed at Health Alliance.

Starting 1/25/2017 all Cosmetic and Reconstructive Surgery OR Breast Reconstruction, Breast Implant Removal & Replacement Preauthorizations must be filed at Evicore.

Starting 1/25/2017 all Cosmetic and Reconstructive Surgery OR Breast Reconstruction, Breast Implant Removal & Replacement Preauthorizations will no longer be filed at Health Alliance.

Starting 2/15/2017 all Endovenous Laser/RFA for Varicose Veins Preauthorizations must be filed at Clear Coverage.

Starting 2/15/2017 all Endovenous Laser/RFA for Varicose Veins Preauthorizations will no longer be filed at Evicore.

Starting 1/22/2017 all Home Services Preauthorizations must be filed at Clear Coverage.

Where Do I File?

If you aren’t sure whether a pre-authorization is required, please check the lists above.

Clear Coverage™

Health Alliance™

evicore healthcare

File at Clear Coverage

File at Evicore

File Durable Medical Supplies

File Pharmacy
Education and Training

In close collaboration with our health system partners, education and training will be delivered to all network providers and staff via one or more of the methods below.

• Email announcements
• Newsletter articles
• Phone calls
• On-site training sessions delivered by Health Alliance & eviCore
• Online resources

Please contact your provider relations specialist for additional training needs.
eviCore Company Overview

Scott Jarrett
Regional Provider Engagement Manager
Preauthorization of Radiation Therapy for Health Alliance Medical Plans

Provider Orientation
Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
14M lives

POST-ACUTE CARE
320k lives
Radiation Therapy Solution Experience

- Since 2009
- 20 regional and national clients
- 29M total membership
  - 19.7M Commercial membership
  - 5.3M Medicare membership
  - 4M Medicaid membership
- 200+ average cases built per day
Our Clinical Approach
Radiation Therapy by the Numbers

15 Radiation oncologists on staff

17 Radiation Therapy-trained nurses on staff

Case Statistics

- 70% Cases Immediately Approved
- 1.3% Appeal Rate
- 37% Web Utilization Rate

29 Million lives covered
Evidence-Based Guidelines

The foundation of our radiation therapy solution:

Aligned with National Societies
- American Society for Radiation Oncology
- American College of Radiology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines

Advisory Board Members
- Dr. Anthony Berson – eviCore healthcare
- Memorial Sloan-Kettering, NY
- Stanford University Medical Center, CA
- Shields Oncology, MA
- Center for Radiation Oncology, NY
- Beth Israel Deaconess Medical Center; Harvard, MA
- Detroit Medical Center, Sinai Grace Hospital, MI
Service Model
The Client Service Delivery Team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

**Provider Relations Representatives**
Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

**Client Service Managers**
Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

**Regional Provider Engagement Managers**
Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Program Overview

eviCore will begin accepting requests on **July 14, 2017** for dates of service **August 1, 2017** and beyond

Preauthorization via eviCore applies to services that are:
- Outpatient
- Elective/non-emergent

Preauthorization via eviCore **does not apply** to services that are performed in:
- Emergency room
- Inpatient
- 23-hour observation

*It is the responsibility of the ordering provider to request prior authorization approval for services.*
Preauthorization is required for all Radiation Therapy treatment techniques, included but not limited to the following:

Clinical Modalities
- 2D, 3D Conformal
- IMRT
- Brachytherapy
- SRS/SBRT
- IORT – Proton Beam
- Neutron Hyperthermia

Non-Clinical Modalities
- SIM
- Planning
- Devices
- Imaging
- Physics
- Management

To find a list of CPT (Current Procedural Terminology) codes that require preauthorization through eviCore, please visit:

https://www.evicore.com/healthplan/Health_Alliance
Applicable Membership

Authorization is required for Health Alliance members enrolled in the following programs:

- Commercial
- Medicare Advantage
Preauthorization Requests

How to request preauthorization:

- **WEB**: www.YourHealthAlliance.org
  - Available 24/7 and the quickest way to create preauthorizations and check existing case status

- By phone: 844-303-8452
  - 7:00 a.m. to 7:00 p.m. local time
  - Monday - Friday
Clinical Review Process

START

Methods of Intake

Clinical Decision Support

Real-Time Decision with Web

Nurse Review

Appropriate Decision

MD Review

Peer-to-peer

Easy for providers and staff
Needed Information

**Member**
- Member ID
- Member name
- Date of birth (DOB)

**Rendering Facility**
- Facility name
- Street address

**Referring/Ordering Physician**
- Physician name
- National provider identifier (NPI)
- State and Zip Code

**Requests**
- Patient's intended treatment plan
- Patient's clinical presentation
- Completed physician worksheet
Holistic Treatment Plan Review

eviCore healthcare relies on information about the patient’s unique presentation and physician’s intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify a diagnosis rather than request individual CPT codes
- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board
- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided
- For questions about specific CPT codes that are included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online via www.YourHealthAlliance.org
- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources
Preauthorization Outcomes

Approved Requests:
- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Valid authorization timeframes vary by treatment/case

Delivery:
- Faxed to ordering provider
- Mailed to Medicare members only (not Commercial)
- Facility will not receive notification
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:
- Mailed to ordering provider
- Mailed to member (both Medicare and Commercial)
- Facility will not receive notification
Preauthorization Outcomes – Commercial

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 14 calendar days following date of determination
- Commercial members only

Peer-to-Peer Review:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Peer-to-Peer reviews can be scheduled at a time convenient to your physician
Understanding the Reconsideration Process

Options to Dispute a Commercial Denial

Note: These options do not apply to Medicare Advantage

Start

Confirm the denial date and calculate the number of days from that date. Follow the appropriate path.

Days 1-14 post denial

RECONSIDERATION
Provider must contact eviCore to start the reconsideration process.

Reconsideration must be completed before exercising formal appeals rights through Health Alliance.

The reconsideration process is only available for Commercial plans (not Medicare Advantage) and is an opportunity to have an eviCore physician re-review the case.

Is the original determination upheld or overturned?

Upheld

eviCore will send notification to the member and a courtesy copy to the provider.

Overturned

eviCore will issue an authorization number and send approval notification to the member.

The authorization effective date will be the date of the reconsideration (not the original request date).

Ordering provider will receive the authorization cover sheet via fax. No letter is provided.

Day 15+ post denial

APPEAL
Provider can start the appeal process by contacting Health Alliance.

Phone: 1-800-500-3373
Fax: 217-337-8009

End

Yes

Does the provider want to take further action to dispute the denial?

No

End

Note: If new information is available and the provider wishes to submit a new PA case for the patient, there is no wait time.
Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.
Special Circumstances

**Appeals**
- eviCore will not process first level appeals
- Appeals must be submitted to Health Alliance Medical Plans

**Retrospective Studies:**
- Retro Requests are out-of-scope for this program.
- All authorizations must be submitted prior to treatment

**Outpatient Urgent Studies:**
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with 72 hours of the request.
Physician Worksheet

- The physician worksheet is best completed by the physician during the initial consultation with the patient.

- Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.

- You can access the physician worksheets online by connecting to eviCore resources via your Health Alliance website.
Web Portal Services
Initiating a Case

- Once registered, providers are granted access to the web portal.

- After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.
Select the Practitioner/Group for whom you want to build a case.
Select the **Program** for your certification.
Enter the **Physician’s name** and appropriate information for the point of contact individual.

**NOTE:** By providing an email address, future notifications will be sent via email as opposed to fax.
Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup.”**
Clinical Details

Clinical Certification

This procedure will be performed on 7/1/2016.

Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]
- RCBREA: Breast Cancer

Diagnosis

Diagnosis Code: C50.412
Description: Malignant neoplasm of upper-outer quadrant of left female breast

Select a secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiation Therapy

Cancel  Back  Print  Continue
Verify Service Selection

Provider Web Portal

Clinical Certification

Confirm your service selection.

Treatment Start:
CPT Code:
Description:
ICD-10 Code:
Diagnosis:
Secondary ICD-10 Code:
Secondary Diagnosis:
Change Procedure or Diagnosis:
Change Secondary Diagnosis:

Cancel  Back  Print  Continue
Select the specific site needed. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.
Confirm the site selection.
Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
Clinical Certification

I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member’s medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Acknowledge the Clinical Certification statements, and hit “Submit Case.”
Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You’re even able to indicate if any of the previous case information will be needed for the new request.
Authorization Look Up

Select Search by Authorization Number/NPI. Enter the provider’s NPI and authorization or case number. Select Search.

You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient’s ID number, and patient’s date of birth.
Authorization Number:
Case Number:
Status: Approved
Approval Date: 6/4/2015 11:55:06 AM
Service Description: Breast Cancer
Site Name:
Expiration Date: 10/25/2015
Date Last Updated: 6/18/2015 12:08:52 PM
Correspondence: VIEW CORRESPONDENCE
Eligibility Look Up

Eligibility Lookup

New Security Features Implemented

- Health Plan: 
- Patient ID: 
- Member Code: 
- Cardiology Eligibility: Medical necessity determination required.
- Radiology Eligibility: Preamendment is Required
- Radiation Therapy Eligibility: Medical necessity determination required.
- Sleep Management Eligibility: Medical necessity determination required.
Provider Resources
Radiation Therapy Resources

Clinical Guidelines, Physician Worksheets, and other resources can be accessed at www.evicore.com via Resources—Providers—Radiation Therapy

- Click the “View Physician Worksheets” button to access specific worksheets.
Provider Resources: Preauthorization Call Center

7:00 AM - 7:00 PM local time 844-303-8452

- Obtain preauthorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
Provider Resources: Web-Based Services

Access the web portal via the Health Alliance site [www.YourHealthAlliance.org](http://www.YourHealthAlliance.org).

To speak with a Web Specialist, call (800) 646-0418 (Option # 2) or email portal.support@evicore.com.

- Request authorizations and check case status online
- Auto save – no data lost
- Upload electronic PDF/Word files with additional clinical documents
Provider Resources: Provider Relations

ProviderRelations@evicore.com

To speak with an eviCore Provider Relations Representative, call 800.646.0418 (Option 3)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
Health Alliance Medical Plans Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/Health_Alliance

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.
Thank You!