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# Health Alliance

## Utilization Management Changes

### Overview

July 2017

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# 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

# Health Alliance and eviCore Partnership



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.

# Enhanced User Experience

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**

<b>Change Type</b>	<b>What</b>	<b>Current Program</b>	<b>Program Beginning 8/1/17</b>
<b>New</b>	<b>Outpatient Medical Oncology</b> Oncology Pathway Drugs		eviCore
<b>New</b>	<b>Outpatient Radiation Therapy</b>		eviCore
<b>New</b>	<b>Musculoskeletal</b> Joint/Spine Surgery, Pain Management		eviCore
<b>New</b>	<b>Outpatient Specialty Therapy</b> Physical, Occupational, Speech		eviCore
<b>New</b>	<b>Sleep Medicine</b>		eviCore
<b>Transition</b>	<b>Outpatient Specialty Therapy</b> Chiropractic	Clear Coverage	eviCore
<b>Transition</b>	<b>Lab/Genetic Testing</b>	HA Web Portal	TBD



**Attention!**

**3** Preauthorization Requests Need Action

**1** Claim Reprocessing Inquiries Need More Information

## Request Preauthorization

### Do I Need to File?

[Policies & Procedures Requiring Preauthorization](#)

[Look up the member](#) to view Preauthorization Lists

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?

Procedure / Service Category

Check

[Show All Categories](#)

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



[File at Clear Coverage](#)



[File Durable Medical Supplies](#)

[File Pharmacy](#)



[File at EviCore](#)

# 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.

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# eviCore Company Overview

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Scott Jarrett  
Regional Provider Engagement Manager

# Medical Oncology Management

## Provider Orientation

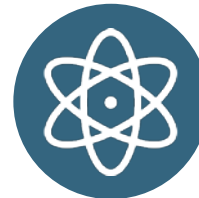


# Integrated Solutions

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



## Medical Oncology Solution Experience

- Since 2007
- 3 regional and national clients
- Extensive national footprint
- 14M total membership
  - 11.75M Commercial membership
  - 252+k Medicare membership
  - 11k Medicaid membership
- 400+ average cases built per day





## Medical Oncology Solution

### Covered Services

- Medical Oncology Pathways
  - Infused drugs
  - Oral and self-administered drugs (Commercial only)
  - Supportive agents
  - Companion diagnostics/personalized medicine
  - Palliative and end-of-life care

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# Service Model

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# Client Service Delivery Team

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.

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# Our Clinical Approach

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# Clinical Platform

## Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none"><li>• General</li><li>• Orthopedic</li><li>• Thoracic</li><li>• Cardiac</li><li>• Neurological</li><li>• Otolaryngology</li><li>• Spine</li></ul>
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none"><li>• Nuclear Medicine</li><li>• Musculoskeletal</li><li>• Neuroradiology</li></ul>
Sleep Medicine	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Oncology, Hematology, Radiation Oncology, Spine/Orthopedics, Neurology, and Medical/Surgical**

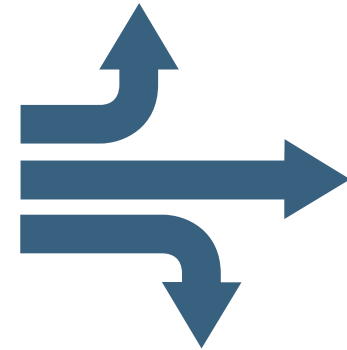
# Our Medical Oncology Solution *is* Evidence Based

National  
Comprehensive  
Cancer Network®  
(NCCN)

26 of the World's  
Leading Cancer  
Centers Aligned



eviCore  
Pathways



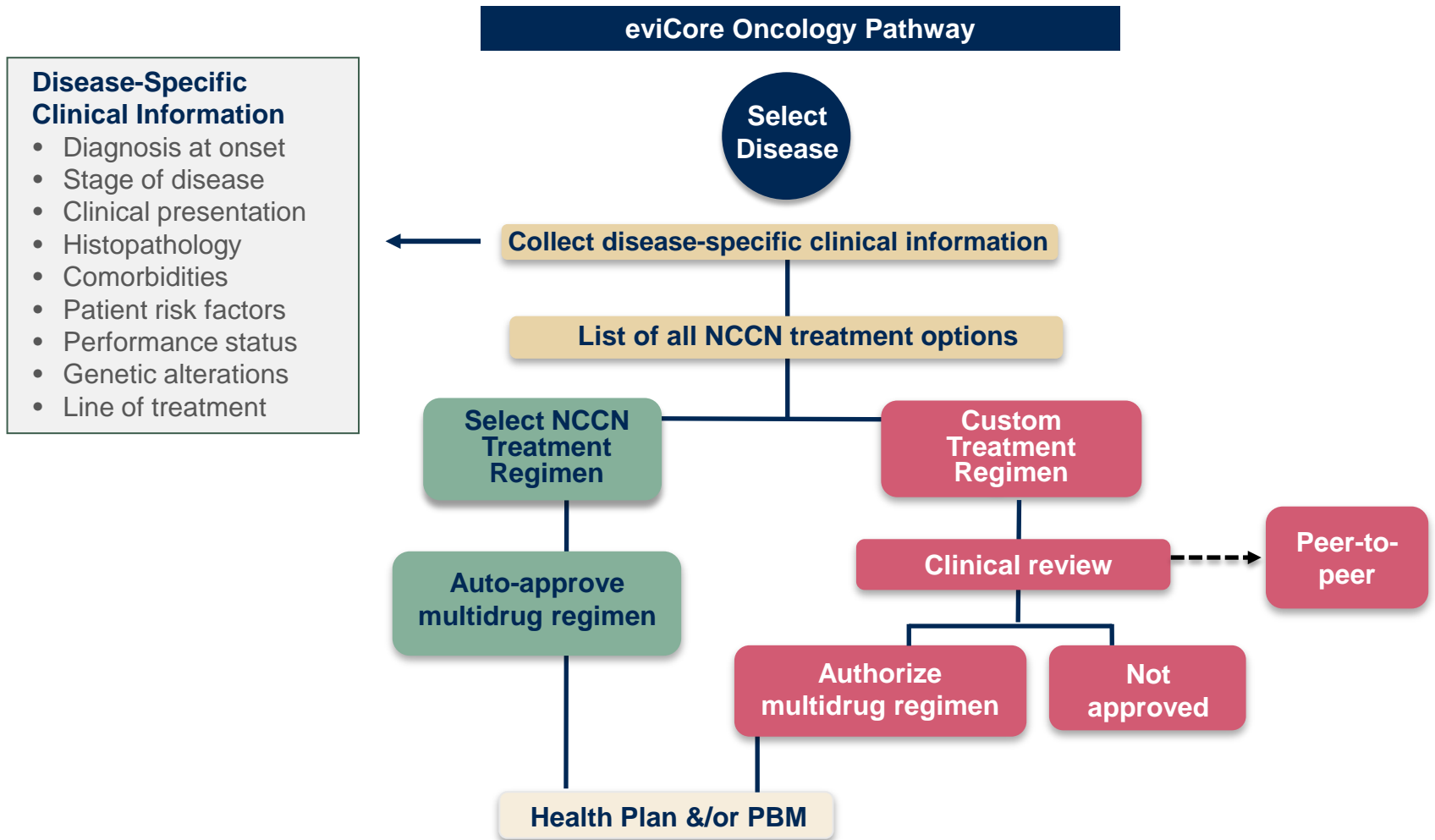
Inclusive of  
44 cancer types

Represents  
97% of  
all cancers

Continually  
updated

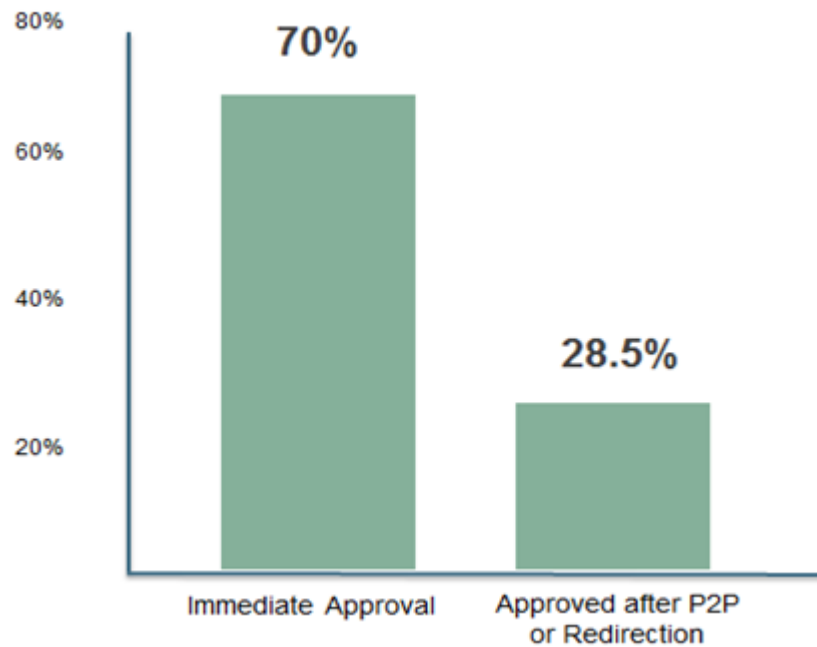


# Medical Oncology Solution Defines a Complete Episode of Care



# Medical Oncology Pathway Experience

More than 35k authorizations since June 2015, resulting in 98.5% clinically appropriate treatments



# Summary

What types of Drugs are included?

- **Primary Injectable Chemotherapy**
- **Primary Oral Chemotherapy (Commercial only)**
- **Supportive Medications given with Chemotherapy**

What is covered in my authorization?

- All drugs that were entered as part of a regimen – there are no partial approvals.
- The HCPC codes associated with the approved drugs
- The time period indicated on the authorization (8-12 months)
- The Authorization is not for a specific dose or administration schedule. **However, billing in excess of the appropriate # of units or frequency of administration for a drug may result in claims denial.**
- **Supportive drugs will be issued as a separate authorization.**

How often do I need to update my authorization?

- When the authorization time has expired.
- When there is a change in treatment including new or different drugs.
- NOT when dosing changes
- NOT if an approved drug is no longer used

What about drugs billed through Pharmacy?

- Pharmacy drugs (typically orals) require PA through this program and should be included in your request.
- eviCore will send the authorization to OptumRx
- You should always obtain your PA **BEFORE** sending your prescription to the pharmacy for these drugs. The pharmacy will not be able to fill the prescription until the eviCore PA is obtained.
- Drugs covered under this program, but being used to treat non-cancer conditions may require PA. Contact the number on the ID card to confirm requirements.



## 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.***

# Applicable Membership

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

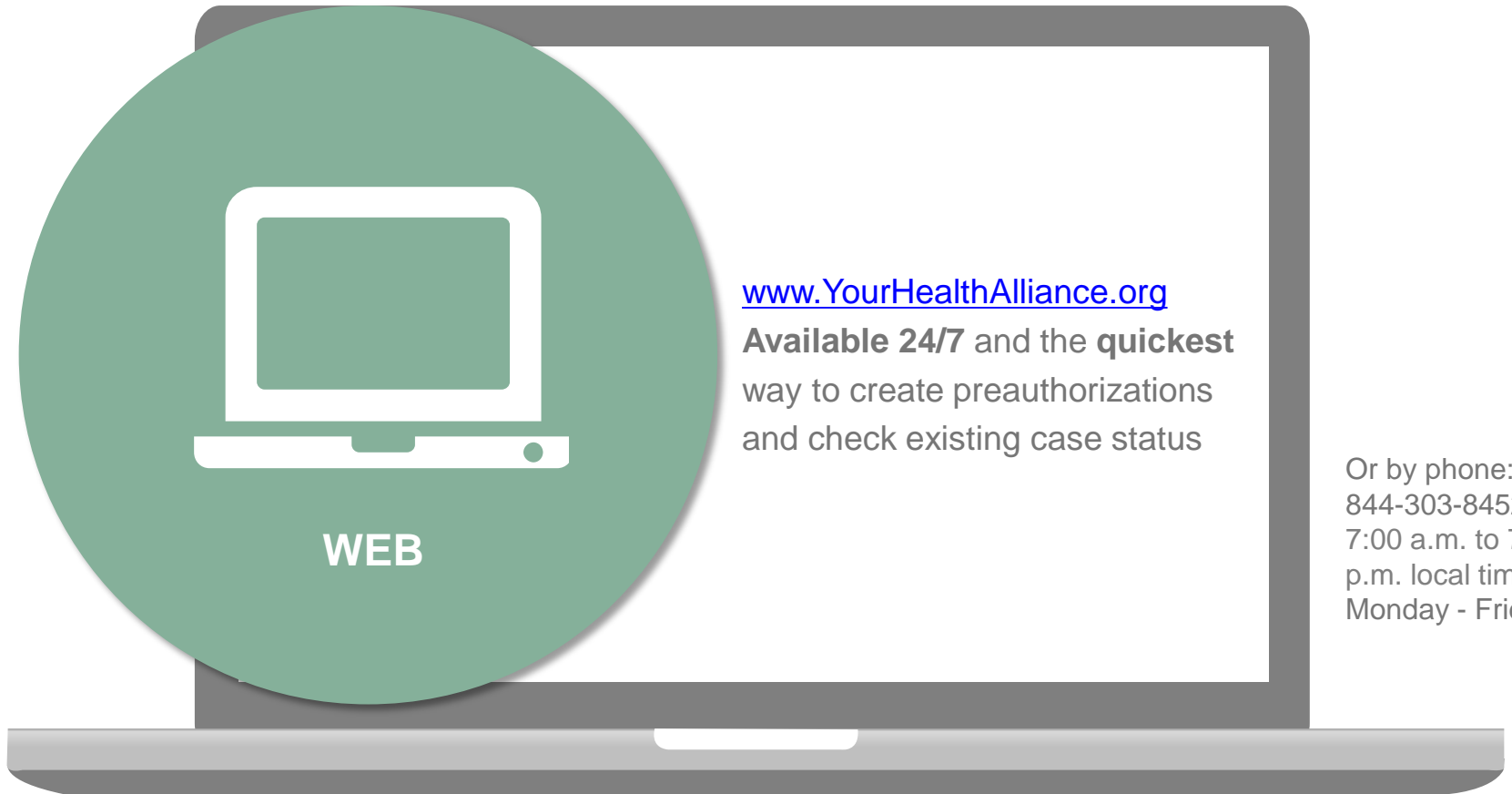
- Commercial
- Medicare Advantage

**\*\*Health Alliance considers pediatric patients to be 17 and under.**



# Preauthorization Requests

## How to request preauthorization:



[www.YourHealthAlliance.org](http://www.YourHealthAlliance.org)

Available **24/7** and the **quickest** way to create preauthorizations and check existing case status

Or by phone:  
844-303-8452  
7:00 a.m. to 7:00  
p.m. local time  
Monday - Friday

# Needed Information

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



**Rendering Facility**

Facility name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Street address



**Referring/Ordering Physician**  
Physician name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Fax number



**Requests**

Patient's clinical presentation.  
Diagnosis Codes.  
Disease-Specific Clinical Information.  
Patient's intended treatment plan



## If clinical information is needed, please be able to supply:

- Details about the clinical indication including type of cancer, stage of disease, genomic markers, performance status, comorbidities or toxicity issues that may impact treatment, and any other clinical factors driving treatment selection
- Type and duration of treatments performed to date for the diagnosis

# Preauthorization Outcomes

## Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations will vary by request ranging from approximately 8 – 12 months

## 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 Health Alliance 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

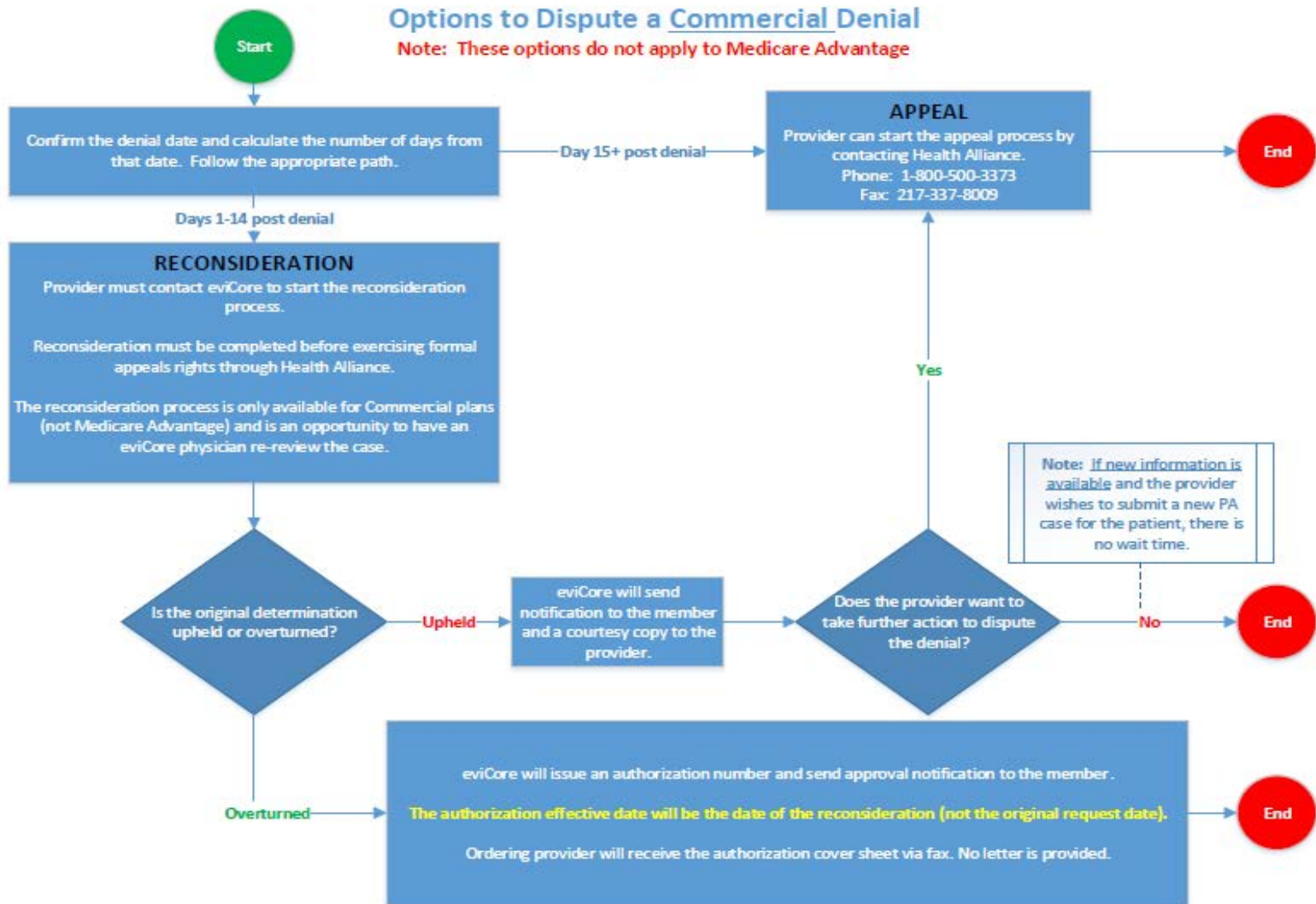
## ➤ Reconsiderations

- 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



## Preauthorization Outcomes – Medicare Advantage

### ➤ 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

## ➤ Retrospective Studies:

- Retros are not in-scope for this program. **All requests 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 within 24 hours (not to exceed 72 hours) of the request.

## ➤ Patients Already in Treatment

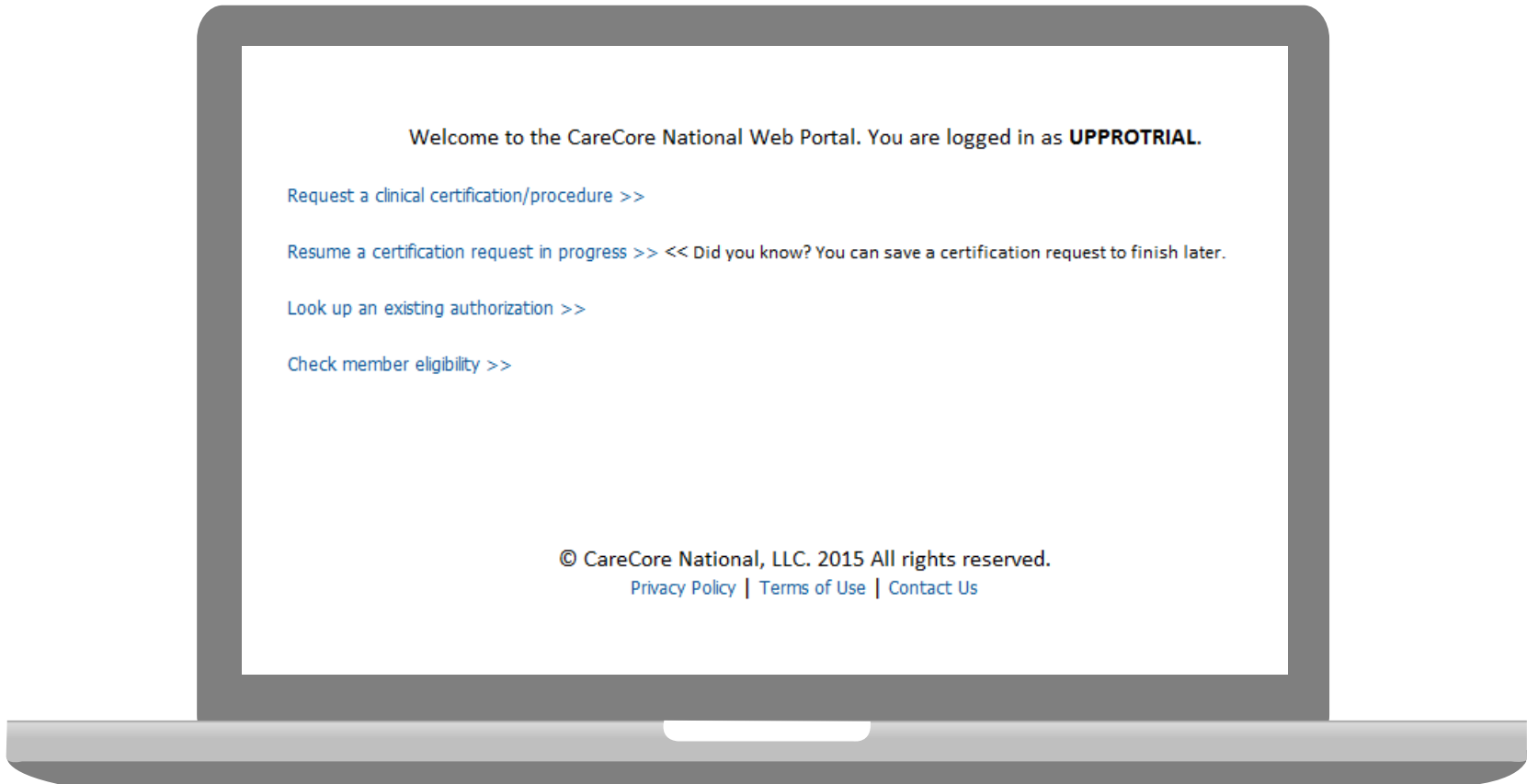
- If a patient has already started treatment prior to **June 1st**, any existing authorizations obtained through **Health Alliance** will remain valid through the expiration date on the original authorization. No additional authorization is required through eviCore..
- If a patient is being treated with a drug that did not require PA through Health Alliance, but does require PA through eviCore, a request must be submitted through eviCore.
- If a new drug is introduced into a treatment regimen, that would also require an eviCore approval.

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# Web Portal Services

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# Initiating a Case

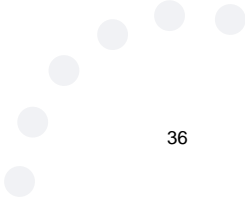


- Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program



Select the **Program** for your certification.



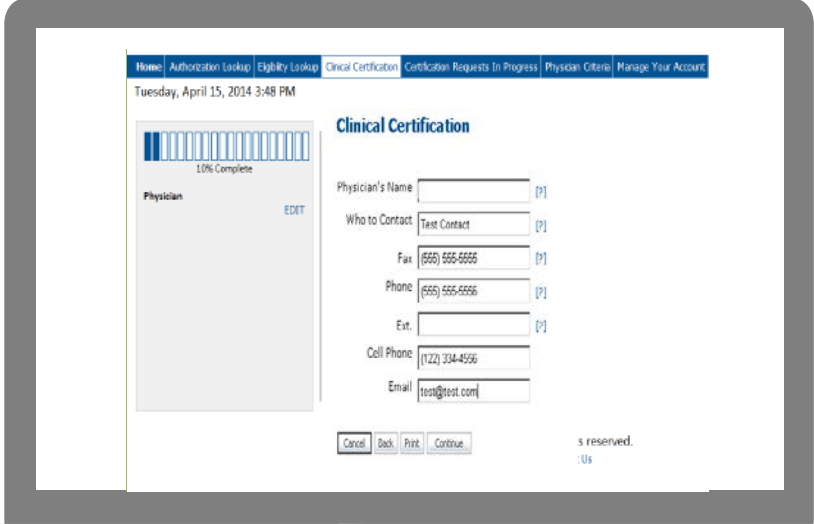
# Select Provider



Select the **Practitioner/Group** for whom you want to build a case.

# Contact Information

Enter the **Provider's name** and appropriate information for the point of contact individual.



The screenshot shows a web application interface for 'Clinical Certification'. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (selected), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed as 'Tuesday, April 15, 2014 3:48 PM'. The main content area is titled 'Clinical Certification' and features a progress bar showing '10% Complete'. On the left, there is a section for 'Physician' with an 'EDIT' button. On the right, there are several input fields: 'Physician's Name' (required), 'Who to Contact' (required, containing 'Test Contact'), 'Fax' (required, containing '(555) 555-5555'), 'Phone' (required, containing '(555) 555-5555'), 'Ext.' (required), 'Cell Phone' (containing '(123) 334-4556'), and 'Email' (containing 'test@test.com'). At the bottom of the form, there are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. A small copyright notice '© 2014. All rights reserved.' is visible in the bottom right corner.

**NOTE:** By providing an email address, future notifications will be sent via email as opposed to fax.

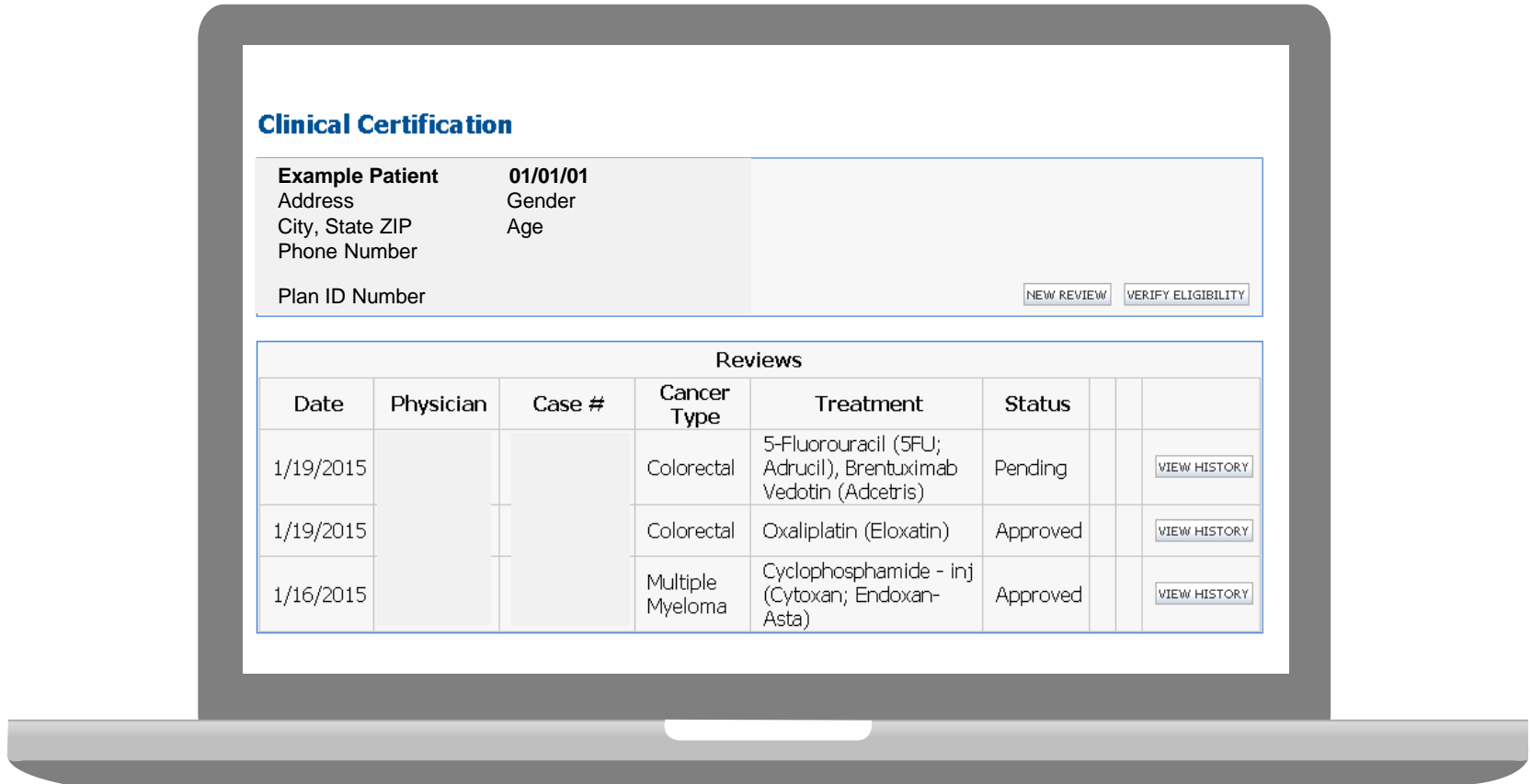
# Member Information

The screenshot shows a laptop screen with a web application titled "Clinical Certification". The application is divided into two main panels:

- New Patient Registration:** This panel contains four text input fields for "Member ID (no spaces or dashes)", "Date of Birth (MM/DD/YYYY)", "Last Name", and "First Name (optional)". Below these fields are two buttons: "SEARCH" and "CANCEL".
- Current Patients:** This panel features a "Filter by Physician:" label above a text input field containing "; STEPHEN" and a dropdown arrow. Below this is a "Choose an existing Patient:" label above another text input field with the instruction "(Type here or Choose below)". A large empty rectangular area is positioned below the input field, and a "GO" button is located at the bottom left of the panel.

➤ New patients are registered or current patients are selected from the drop down list.

# Member History



The Patient History Screen becomes the hub for all future requests or data relating to this patient. This includes a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.



# Clinical Details

Patient ID:

Patient Name:

What is the anticipated start date of treatment?  MM/DD/20YY

## Clinical Certification

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

### Medical Oncology Pathways

Select Drug Classification[?] or Description[?]

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

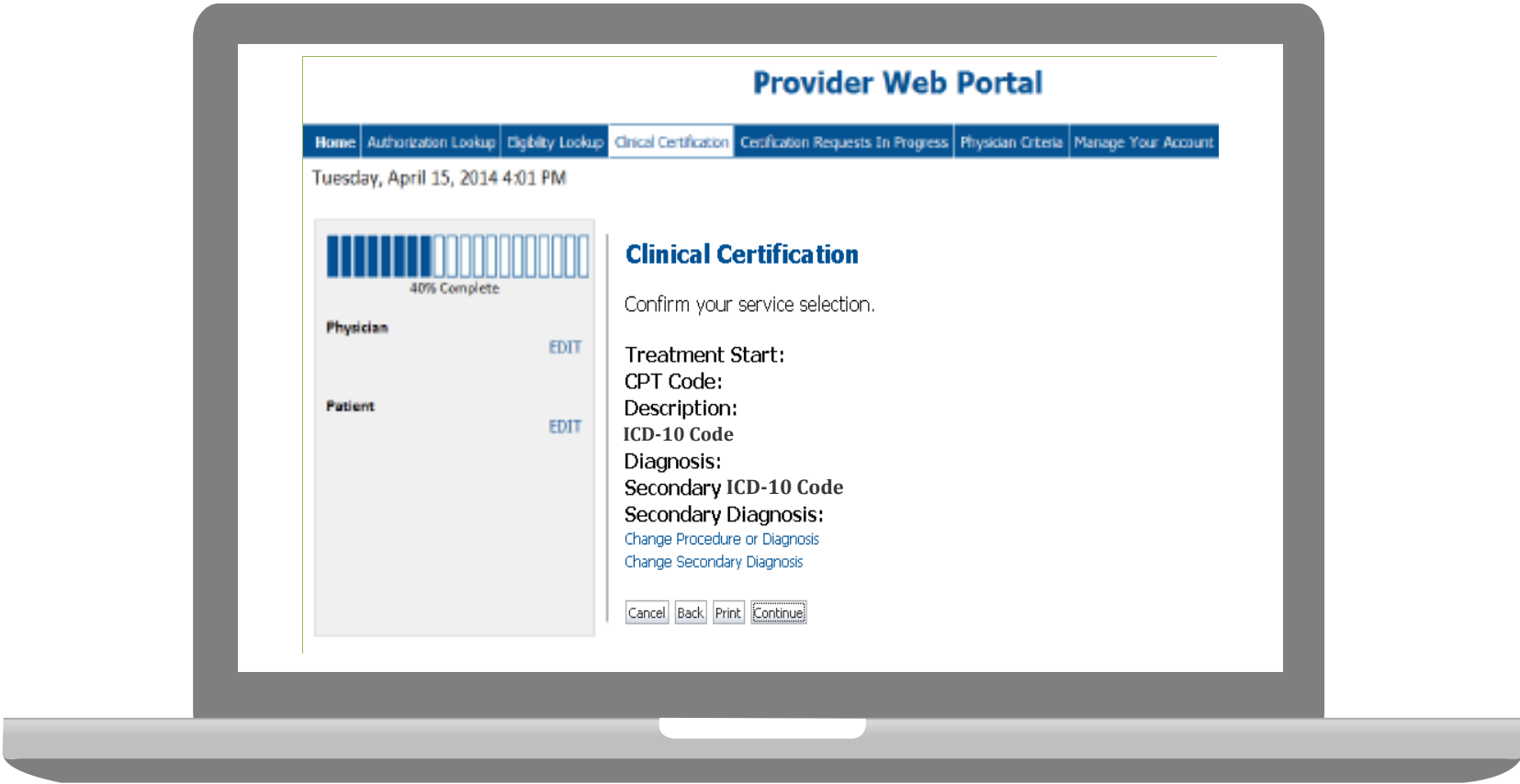
### Diagnosis

Diagnosis Code: **D48.1**

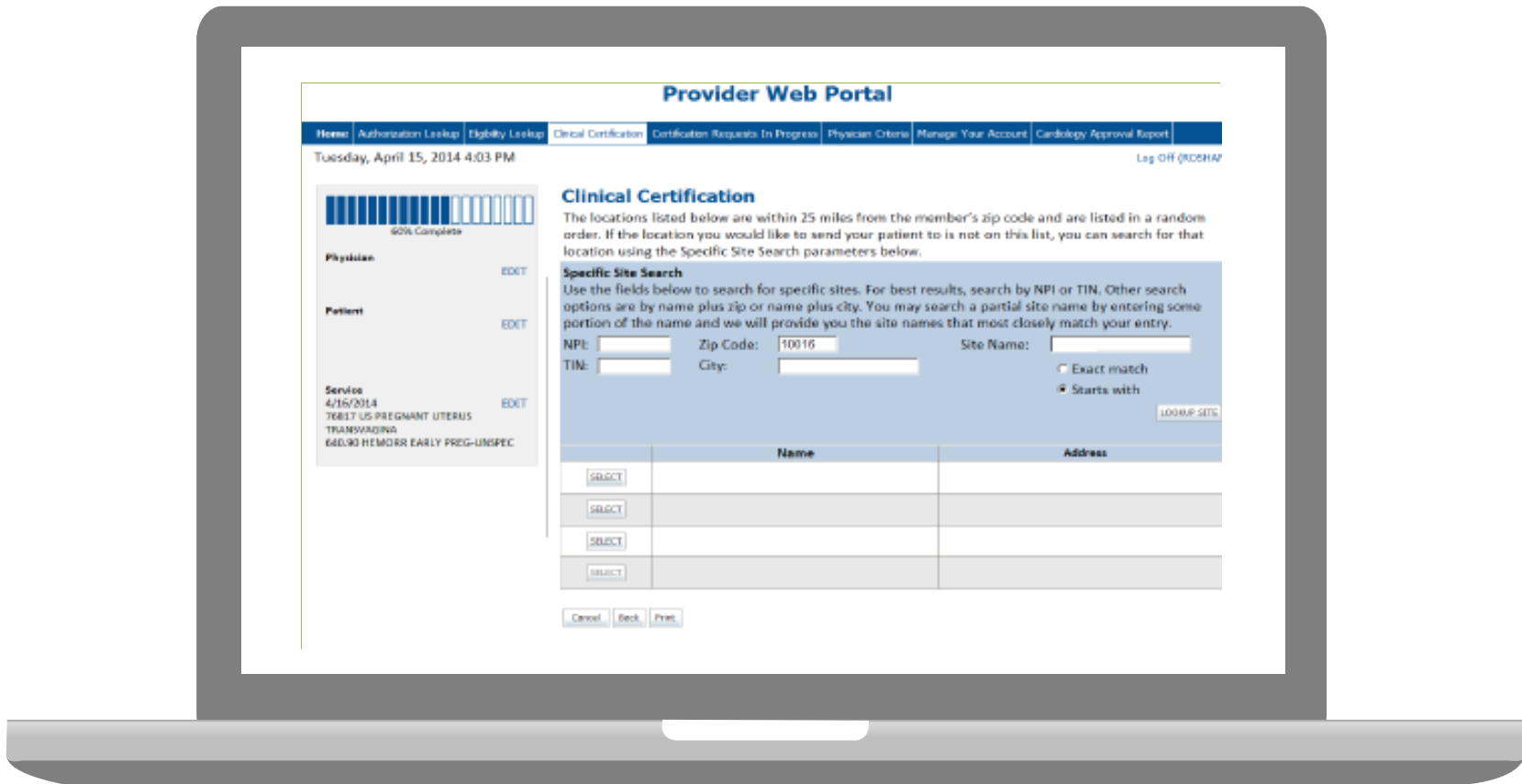
Description: **Neoplasm of uncertain behavior of connective and other soft tissue**

[Change Diagnosis](#)

# Verify Service Selection



# Site Selection



➤ If the ordering provider will not be billing for the drugs, you will have the opportunity to enter the rendering site information. 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.

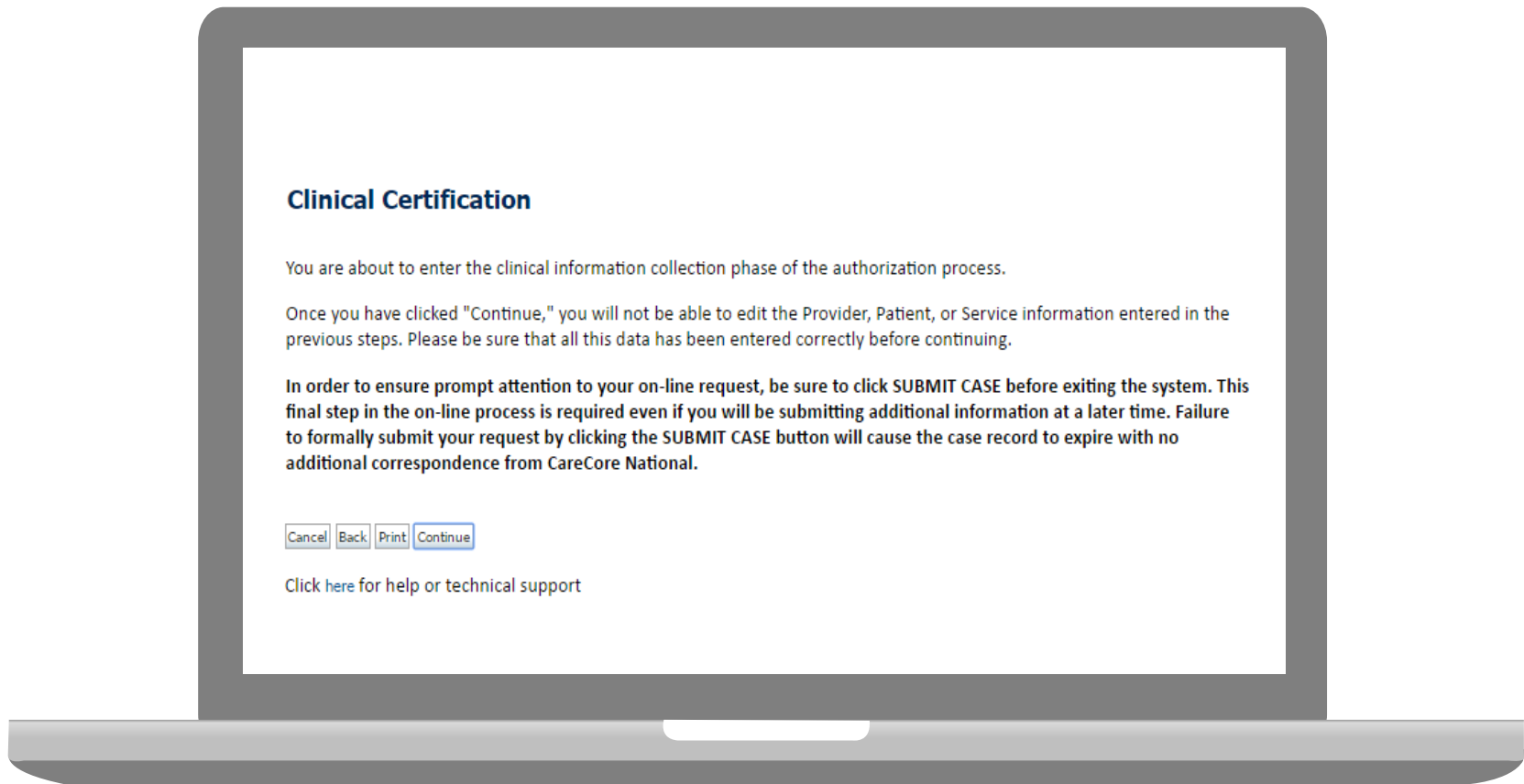
# Site Selection



Confirm the site selection.

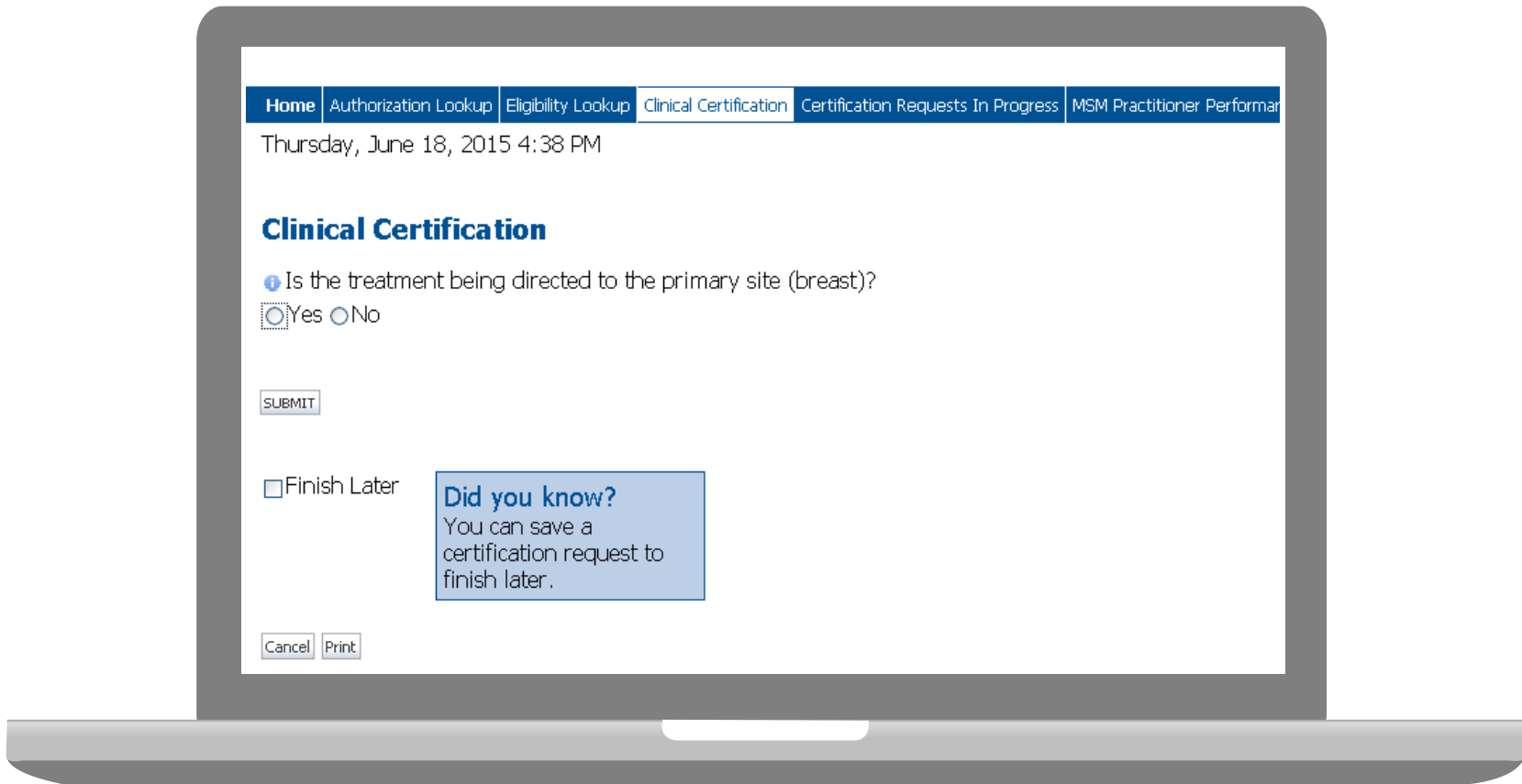


# Clinical Certification



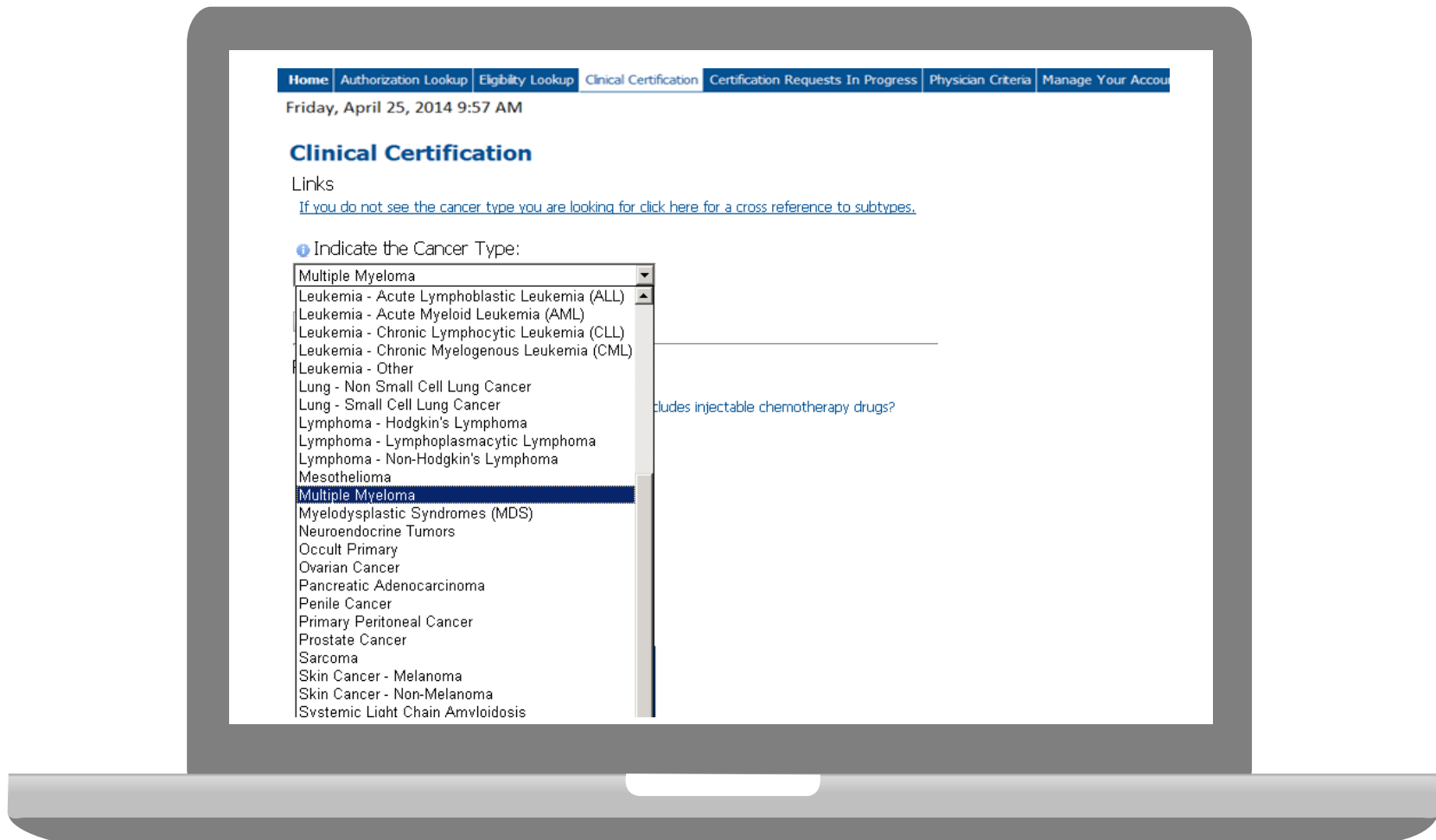
- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- **You will not have the opportunity to make changes after that point.**

# Pause/Save Option



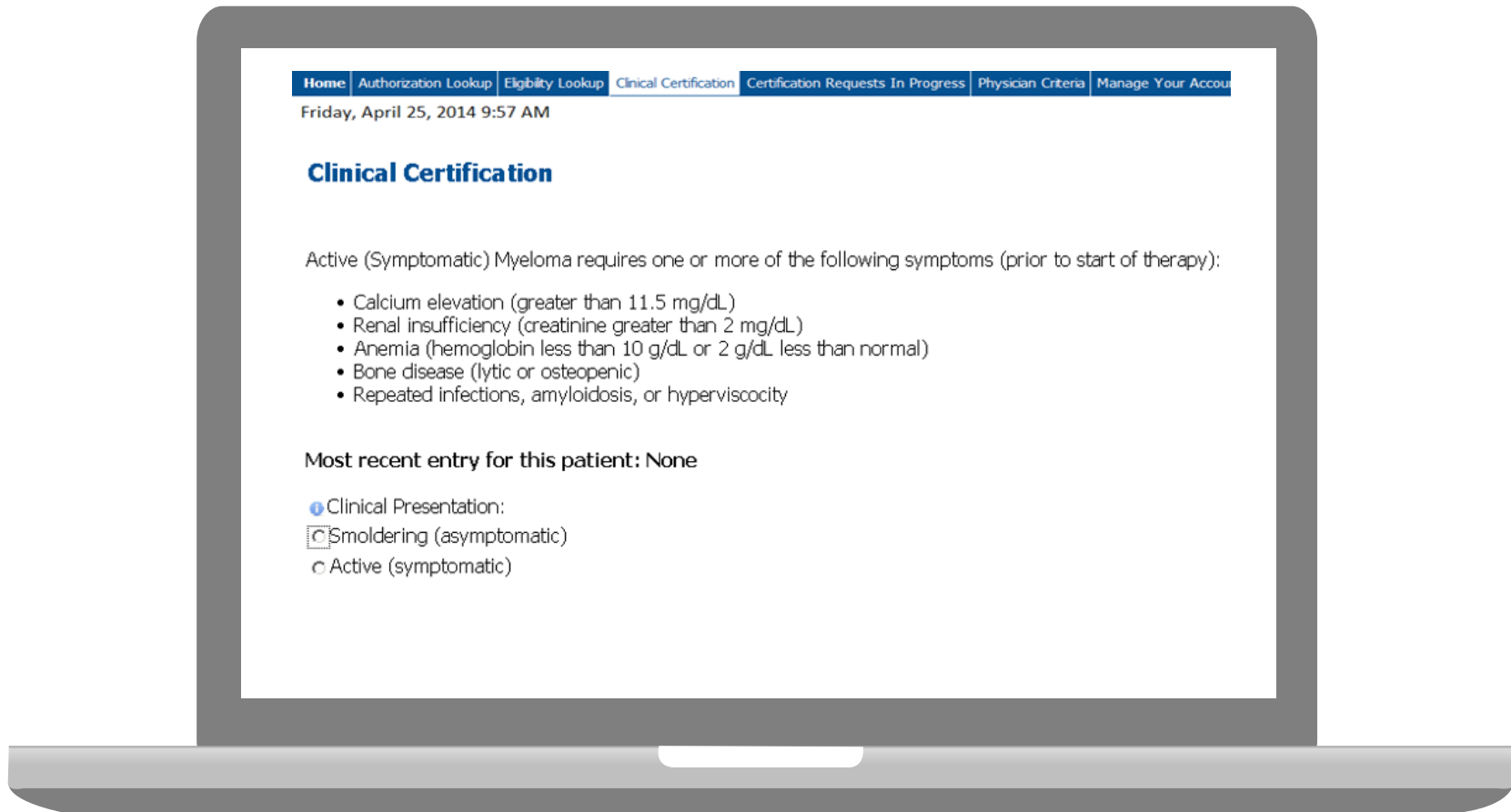
➤ Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

# Clinical Pathway



The **Clinical Pathway** begins with the selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available as well as an “Other” option for rare cancers not addressed by NCCN. <sup>47</sup>

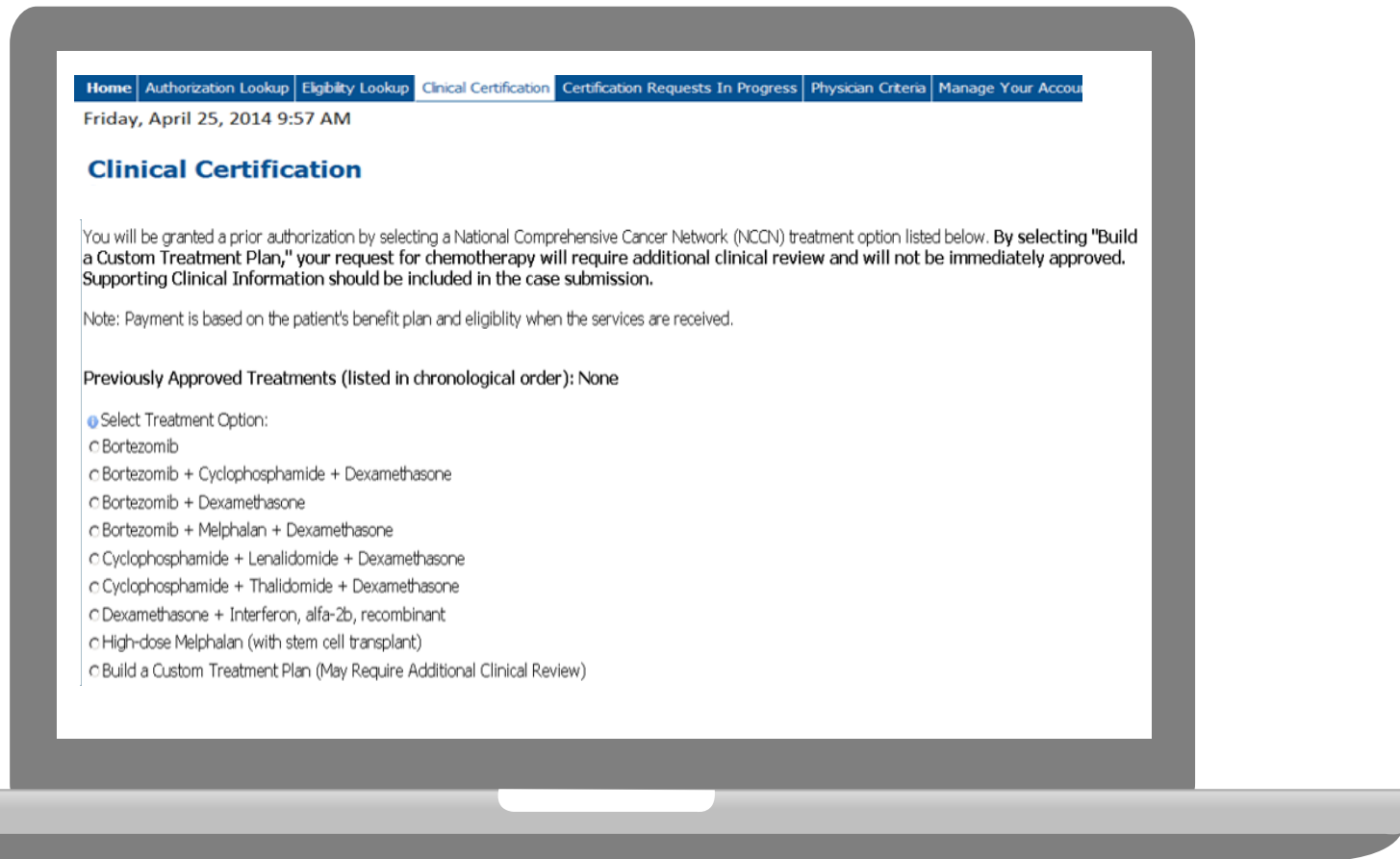
# Clinical Pathway



➔ The user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review.



# Clinical Pathway



All NCCN recommended treatments are displayed as well as an option to submit a custom treatment plan by selecting the individual drugs that will be administered.

All of the drugs in the selected regimen that require an authorization will be automatically included if approved.

# Case Submittal

## 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.

Print

SUBMIT CASE

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

# Approval

## Clinical Certification

Your case has been APPROVED. Drugs covered under medical benefit plan (buy and bill) have been reviewed by EviCore. For authorization of drugs covered under Pharmacy benefit plan (filled by pharmacy), please contact the PBM on the back of Member's ID card.

Provider Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Id: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

Primary Diagnosis Code: C64.9 Description: Malignant neoplasm of unspecified kidney, except renal pelvis  
 Secondary Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Date of Service: 2/28/2017  
 Dosage Info:

JCode	Drug Name	Admin Schedule	Daily max HCPC units	Total HCPC units on auth	Benefit
J9299	Nivolumab	IV over 60 minutes every 2 weeks	264	7128	Home Delivery (Medical)

Authorization Number: \_\_\_\_\_  
 Review Date: 2/27/2017 10:31:27 AM  
 Expiration Date: 2/28/2018  
 Status: Your case has been APPROVED. Drugs covered under medical benefit plan (buy and bill) have been reviewed by EviCore. For authorization of drugs covered under Pharmacy benefit plan (filled by pharmacy), please contact the PBM on the back of Member's ID card.

- Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

# Custom Treatment Plans

## Clinical Certification

Select drugs for the treatment regimen from the drug list below.

- If a drug is not listed, enter the drug name in "Enter drug(s) not included on the list above".
- Do not enter supportive care drugs (e.g. Neulasta, Neupogen, anti-emetics, anemia drugs, etc.)
- Provide administration schedule.
- Select "Submit" to submit the treatment regimen.

If approved, authorizations will be issued for injectable chemotherapy drugs only, but all chemotherapy agents to be used should be submitted to allow for a review of the requested regimen.

Drug List:

	Add all	0 items selected	Remove all
5-Fluorouracil (5FU; Adrucil)	+		
5FU (5-Fluorouracil)	+		
Abiraterone Acetate -oral (Zytiga)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Actimmune (Interferon, gamma-1b)	+		
Adcetris (Brentuximab Vedotin)	+		
Ado-Trastuzumab Emtansine (Kadcyla)	+		
Adriamycin (Doxorubicin HCL)	+		
Adrucil (5-Fluorouracil)	+		
Afatinib - oral (Gilotrif)	+		
Afinitor (Everolimus - oral)	+		
Aldesleukin (Interleukin-2; Proleukin)	+		
Atemtuzumab (Campath)	+		

Enter drug(s) not included on the list above. (Chemotherapy drugs only. Do not enter supportive

Drug 1:

## Clinical Certification

The treatment regimen is not recommended by NCCN. If you think a mistake has been made during the case review, the treatment regimen will not be immediately approved and require Clinical Review. Supporting clinical information should be provided.

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
- Attach documentation to case
- Fax documentation to 866-889-8061. Include patient name and the case reference number.

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Submit all relevant information about this case within 2 business days.

Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

Attach a PDF or Word document: click "Browse" to select the document from your desktop or other network location.

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.

# Custom Treatment Plans

## Clinical Certification

Your case has been sent for Medical Review.

**Provider Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Provider Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
 \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  


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**Patient Name:** \_\_\_\_\_ **Patient Id:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_  


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**Site Name:** \_\_\_\_\_ **Site ID:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  


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**Primary Diagnosis Code:** C64.9 **Description:** Malignant neoplasm of unspecified kidney, except renal pelvis  
**Secondary Diagnosis Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**Date of Service:** 2/28/2017  
**Dosage Info:** \_\_\_\_\_

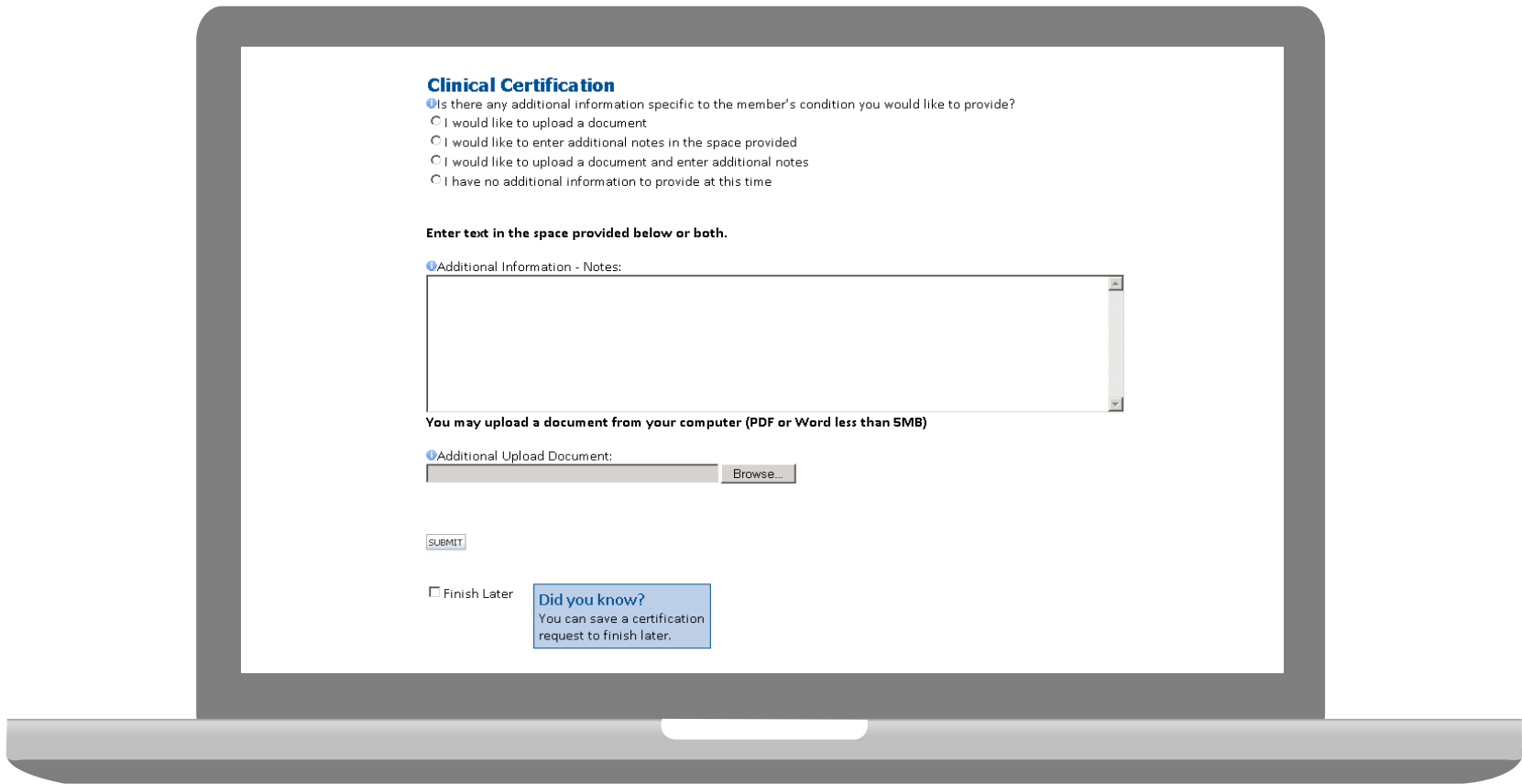
JCode	Drug Name	Admin Schedule	Daily max HCPC units	Total HCPC units on auth	Benefit

**Case Number:** \_\_\_\_\_  
**Review Date:** 2/27/2017 10:44:29 AM  
**Expiration Date:** N/A  
**Status:** Your case has been sent for Medical Review.

[Print](#)
[Go to Patient History](#)
[Request Supportives](#)

- Custom plans are reviewed by an eviCore medical oncologist to determine if the request is clinically appropriate. Factors such as rare conditions, toxicity issues, or comorbidities may result in approval.
- If the request is not able to be approved, the eviCore Oncologist will request a peer-to-peer to discuss alternate treatment options that meet evidence based guidelines prior to issuing a denial. The goal is to eliminate the need for denials when acceptable alternatives are available.
- All reviews are completed within 48 hours of receiving complete clinical information.

# Medical Review



**Clinical Certification**

④ Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

Enter text in the space provided below or both.

④ Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

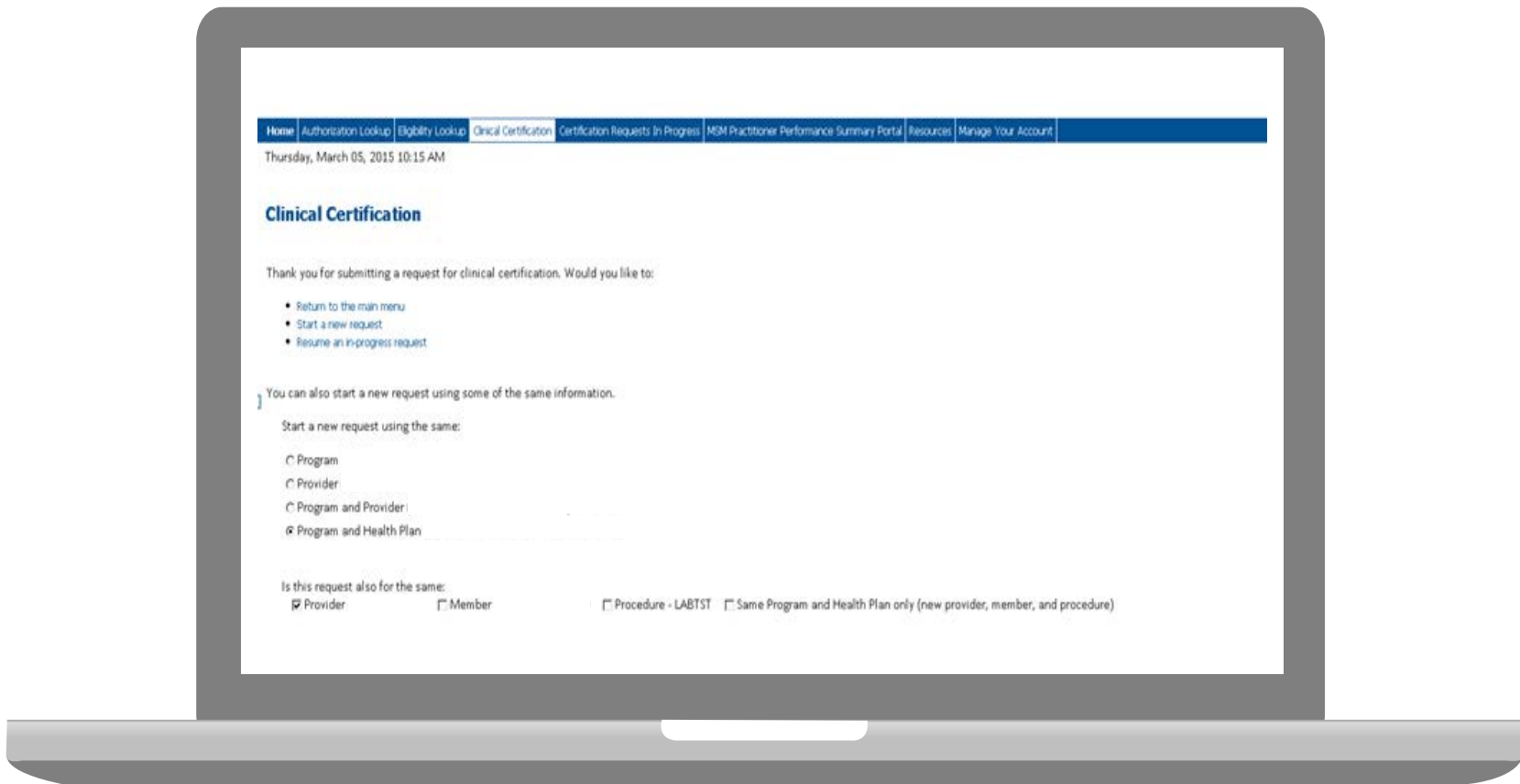
④ Additional Upload Document:

Finish Later

**Did you know?**  
You can save a certification request to finish later.

➔ 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.

# Building Additional Cases



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



Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- 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.



# Eligibility Look Up



[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner Performance Summary](#)

Thursday, June 18, 2015 3:22 PM

## Eligibility Lookup

### New Security Features Implemented

Health Plan:  
Patient ID:  
Member Code:  
Cardiology Eligibility: **Medical necessity determination required.**  
Radiology Eligibility: **Precertification is Required**  
Radiation Therapy Eligibility: **Medical necessity determination required.**  
Sleep Management Eligibility: **Medical necessity determination required.**

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

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# Provider Resources



# Medical Oncology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click **“Solutions”** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo is a navigation menu with the following items: ABOUT, APPROACH, SOLUTIONS (highlighted in yellow with a red arrow pointing to it), RESOURCES, MEDIA, and CAREERS. Above the SOLUTIONS menu item, there is a 'LOGIN:' section with links for 'PROVIDERS' and 'PLANS', and a search bar with the text 'Search' and a magnifying glass icon. Below the navigation menu, there is a horizontal list of links: Overview, The Benefits For Everyone, Criteria Easy Approval, Education Tools, Clinical Guidelines, and Online Forms & Resources. The main content area features a large circular icon containing a medical drip chamber, with the text 'Medical Oncology: Overview' below it. A dotted line separates this section from the text below, which reads: 'Our Medical Oncology solution utilizes the most up-to-date evidence-based clinical guidelines for virtually all cancer types to optimize clinical and financial outcomes by ensuring that clinically appropriate treatment is provided to patients. Our tools utilize flexible technology that minimizes provider administrative time, captures critical clinical information, and enables meaningful analysis and reporting. Providers receive coverage determination for a complete episode of care within 2-5 minutes.'

# Provider Resources: Preauthorization Call Center



Preauthorization  
Call Center



Web-Based  
Services



Provider Relations  
Department

**7 a.m. to 7 p.m.: 844.303.8452**

- Obtain preauthorization or check the status of an existing case
- Discuss questions regarding preauthorizations and case decisions
- Change facility or CPT Code(s) on an existing case that was initiated via eviCore through the YourHealthAlliance.org sign-on

Provider Enrollment Questions  
Contact Health Alliance Medical Plans at  
[HealthAlliance.org](http://HealthAlliance.org)

# Provider Resources: Implementation Site



Preauthorization  
Call Center



Web-Based  
Services



Provider Relations  
Department

Health Alliance Medical Plans Implementation Site:

[eviCore.com/healthplan/Health\\_Alliance](https://www.evicore.com/healthplan/Health_Alliance)

- CPT code list of the procedures that require preauthorization
- Touchstone quick reference guide
- **eviCore clinical guidelines**



# Provider Resources: Provider Relations Department



Preauthorization  
Call Center



Web-Based  
Services



Provider Relations  
Department

[ProviderRelations@evicore.com](mailto: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)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
- Request for education/training on program processes

To obtain a copy of this presentation, please contact the  
Provider Relations department at [ProviderRelations@evicore.com](mailto:ProviderRelations@evicore.com)

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# Thank You!

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