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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

# Musculoskeletal Preauthorization for Health Alliance Medical Plans

## Provider Orientation for:

- **Interventional Pain**
- **Joint Surgery**
- **Spine Surgery**
- **Physical Therapy**
- **Occupational Therapy**
- **Speech Therapy**

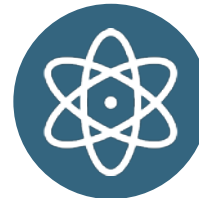


# Integrated Solutions

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



## Musculoskeletal Solution Experience

- Since 2008
- 30+ regional and national clients
- 34M total membership
  - 25.5M Commercial membership
  - 2M Medicare membership
  - 6.5M Medicaid membership
- 3,120 average cases built per day



# Musculoskeletal by the Numbers

44



**Musculoskeletal  
physicians on staff**

66



**Musculoskeletal-trained  
nurses on staff**

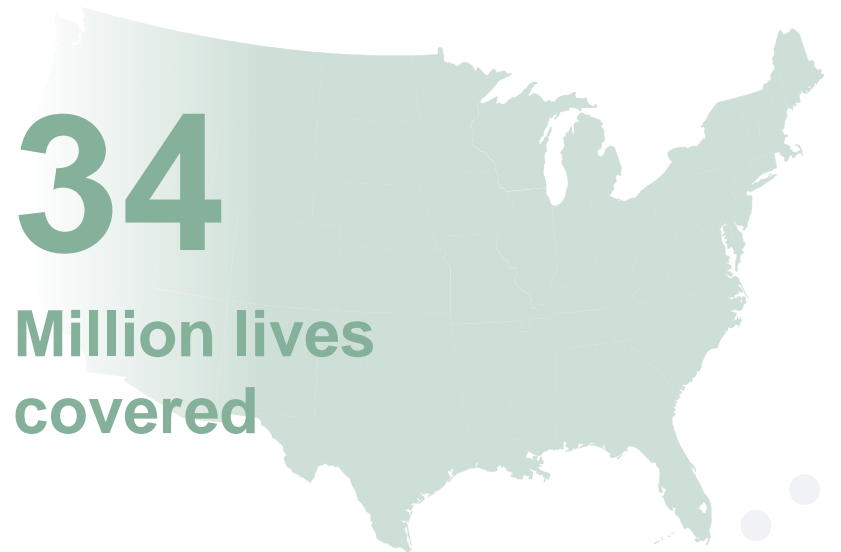
56



**Musculoskeletal  
therapists**  
(PT/OT/ST/MT/CHIRO/ACU)

34

**Million lives  
covered**



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# Our Clinical Approach

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# Clinical Platform

## Multi-Specialty Expertise

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

- **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 Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

# Evidence-Based Guidelines

The foundation of our musculoskeletal solution:



Dedicated  
pediatric  
guidelines



Medicare  
LCDs & NCDs



Academic  
institutional  
experts and  
community  
physician panels



Current  
clinical  
literature

## Aligned with National Societies

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

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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



Provider Relations 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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# **Interventional Pain, Joint Surgery, and Spine Surgery**

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## 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 / Inpatient
- Elective / Non-emergent
- Diagnostic

### Preauthorization via eviCore **does not apply** to services that are performed in:

- Emergency room
- 23-hour observation

***\*\*It is the responsibility of the rendering provider to request preauthorization approval for services. In some instances, the provider may be required to furnish the referral or order the requested services.***

## Preauthorization Required:

### Joint Surgery

- Large joint replacement
- Arthroscopic and open procedures

### Spine Surgery

- Spinal Implants
  - Spinal cord stimulators
  - Pain Pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

### Interventional Pain

- Spinal injections
- Spinal denervations
- Stimulators/pain pumps

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

[https://www.evicore.com/healthplan/Health Alliance](https://www.evicore.com/healthplan/Health_Alliance)



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# **Physical Therapy, Occupational Therapy, and Speech Therapy**

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# 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

Preauthorization via eviCore **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- Home Health

***\*\*It is the responsibility of the performing provider to request preauthorization approval for services.***

## Preauthorization Required:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

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

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

# Therapy Program Goals

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- Manage costs efficiently so members can **continue to receive quality care and skilled services**
- Promote **evidence-based practice**
- Identify and review treatment interventions where evidence is not present or does not support use
- Provide evidence-based guidelines to support authorization decisions and educate practitioners



# Clinical Philosophy

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- Support **patient-centered care** founded on best available evidence
- Empower **patient independence**
- Promote **functionally oriented and measureable** treatment programs
- Focus on **skilled, medically necessary** treatment interventions



# Medical Necessity

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To be considered reasonable and necessary the following conditions must each be met:

- The services shall be considered under accepted standards of medical practice to be a **specific and effective** treatment for the patient's condition.
- There must be an **expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time.**
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice.

# Medical Necessity

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## Additional Requirements for Therapy Services:

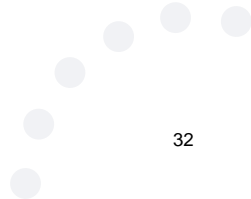
- Services shall be of **such a level of sophistication or the condition of the patient shall be such that the services required can effectively performed only by a therapist**, or in the case of physical therapy and occupational therapy by or under the supervision of a therapist.
- Services that do not require the performance or supervision of a therapist are **not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.**

# Utilization Management

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## eviCore Clinical Case Managers review for:

- **Need for skilled services**
  - Level of complexity
- **The frequency of care needed**
- **Initiation of home program**
  - Transition repetitive exercises (stretching and strengthening) from clinic to the home environment
- **The progress (or lack of progress) of the patient**
- **Patient compliance**





# Preauthorization Program

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- Providers must request authorization before care is delivered to ensure payment for services rendered. However, providers may submit information for review after care has been provided **if treatment is started on the day of evaluation.**
- Authorization may be requested for services provided up to 7 days in the past, **if treatment is started on the day of evaluation.**

# Preauthorization Program

If you are requesting authorization before treatment begins:

- **Complete your initial evaluation**
  - The initial evaluation does not require preauthorization.
- **Notify eviCore healthcare *within 7 days* of the initial visit.**
- **Start date should be the first day of treatment (Date of initial evaluation or visit following if treatment was not provided during the initial visit)**
- **Notification requires submission of the following information:**
  - Minimal clinical information
    - Type of condition
    - Post surgical?
      - If yes, date of surgery?
  - If prior care, questions will be asked to determine if this is a new condition

# Preauthorization Program

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## WHAT HAPPENS NEXT?

- Based on the information provided, the request will receive a real time approval (Web and Phone only) or will be sent to clinical review.
- Real time approvals based on the clinical information provided will occur when the information meets clinical criteria.
  - Visits will range from 2-12 visits for use over a 30 day period based on the condition and complexity.
- If the request requires clinical review, it will be sent to a physical therapist, occupational therapist, or speech pathologist for review.
- Current clinical information will be requested; collected within ten days prior.
- Clinical worksheets available via Your HealthAlliance.org, select eviCore, and then go to **Resources / Providers / Online Forms & Resources**

# Preauthorization Program

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## How to Request Additional Visits:

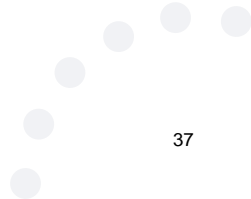
- Additional visits may be requested **as early as 7 days prior** to the requested start date.
- You will be asked to submit current clinical information
- Clinical information should be **current** (*within the past 7 days*)
- Use **clinical worksheets** as a guide
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information”.
- The **start date** will be the first date you need additional visits to begin.

# Preauthorization Program – Important Concepts

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## Overlapping Requests

- Request for more visits within the existing approved time period
- Information you provide should explain why the visits could not be spread over the approved period
- Review to determine if additional visits are medically necessary
  - **Approve**
  - **Deny** additional visits within the existing approved period
  - **Partially approve** – Visits will be approved with a new start date
    - Existing authorization end date plus one day



## Date Extension

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- The authorization can be extended if all the approved visits have not been used.
- eviCore healthcare will approve one date extension per Approved Time Period up to 30 days as long as the authorization has not expired.
- In order to establish the need for ongoing care, each request must include updated clinical information that documents significant lasting benefit from previous treatment.
- Date extension can be requested via the online portal.

# Clinical Information Worksheets

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- The treatment request clinical worksheets are therapy specific and designed to assist with the submission of patient and provider information for medical necessity review.
- Worksheets should be used as a guide for questions the therapist will be prompted to answer when completing the online requests.
- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission.
- Worksheets are available via the resources link on the Health Alliance site, which links to the eviCore portal; worksheets are therapy-specific to the treatment request.

# Clinical Worksheet Examples



## PT/OT Treatment Request Clinical Worksheet Musculoskeletal Conditions

For NON-URGENT requests, please fax this completed document along 865.774.1319. If there are any inconsistencies with the medical office section. Failure to provide all relevant information may delay the date the web at eviCore.com. URGENT (same day) REQUESTS MUST BE

Patient/Member	First Name: _____ Middle Initial: _____ Last Name: _____
	DOB (mm/dd/yyyy): _____ Gender: <input type="radio"/> Male <input type="radio"/> Female
	Street Address: _____
	City: _____ State: _____
Ordering Provider	Home Phone: _____ Cell Phone: _____
	Health Plan: _____ Member ID: _____
	First Name: _____ Last Name: _____
	Primary Specialty: _____ TIN: _____
Facility/Site	Physician Phone: _____ Physician Fax: _____
	Address: _____
	City: _____ State: _____
	Office Contact: _____
Diagnosis	Contact Email: _____
	First Name: _____ Last Name: _____
	Group/Site Name: _____
	Primary Specialty: _____ TIN: _____
Site Phone: _____ Site Fax: _____	
Address: _____	
City: _____ State: _____	
Diagnosis, if known or rule out: _____	
ICD-10 Codes: _____	
Auth/Reference Number (if continued care): _____	
Date of last visit: _____ Start date of this request: _____	

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## Chiropractic Treatment Request Clinical Worksheet - Lumbar Spine

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers of all relevant information may delay the determination. Phone and fax numbers of all relevant information may delay the determination. Phone and fax numbers of all relevant information may delay the determination. URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.

Patient/Member	First Name: _____ Middle Initial: _____ Last Name: _____
	DOB (mm/dd/yyyy): _____ Gender: <input type="radio"/> Male <input type="radio"/> Female
	Street Address: _____ Apt #: _____
	City: _____ State: _____ Zip: _____
Ordering Provider	Home Phone: _____ Cell Phone: _____
	Health Plan: _____ Member ID: _____
	First Name: _____ Last Name: _____
	Primary Specialty: _____ TIN: _____ NPI: _____
Facility/Site	Physician Phone: _____ Physician Fax: _____
	Address: _____ Suite #: _____
	City: _____ State: _____ Zip: _____
	Office Contact: _____
Diagnosis	Contact Email: _____
	First Name: _____ Last Name: _____
	Group/Site Name: _____
	Primary Specialty: _____ TIN: _____ NPI: _____
Site Phone: _____ Site Fax: _____	
Address: _____ Suite #: _____	
City: _____ State: _____ Zip: _____	
Diagnosis, if known or rule out: _____	
ICD-10 Codes: _____	
Auth/Reference Number (if continued care): _____	
Date of last visit: _____ Start date of this request: _____	

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Clinical Information	1. Date of - Onset: _____ Evaluation: _____ Current findings: _____
	2. Are there areas of complaint in addition to lumbar spine? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
	3. Select any of the following which apply:
	<input type="checkbox"/> Member not treated in the last 60 days
	<input type="checkbox"/> Member requires treatment for a new condition
	<input type="checkbox"/> Additional care for same condition treated in the last 60 days
	<b>If member requires treatment for a new condition, answer questions 4 and 5.</b>
	4. What was the previous condition treated?
	<input type="radio"/> Upper back - Thoracic spine <input type="radio"/> Upper Extremity
	<input type="radio"/> Head/neck - Cervical spine <input type="radio"/> Lower Extremity
5. What was the result of the previous treatment? <input type="radio"/> Condition resolved <input type="radio"/> Ongoing	
6. What is the current pain level? _____ /10 <input type="radio"/> Unknown	
7. If the patient has had previous treatment for this complaint, please indicate the response to treatment since the initial assessment of this condition:	
<input type="radio"/> Unknown response to treatment since initial assessment <input type="radio"/> Patient did not improve or worsen with previous course of treatment	
<input type="radio"/> Pain 0-24% improvement <input type="radio"/> Pain 75-100% improvement	
<input type="radio"/> Pain 25-49% improvement <input type="radio"/> Other: _____	
<input type="radio"/> Pain 50-74% improvement	
8. What is the percent of time the patient experiences pain?	
<input type="radio"/> 0-25% <input type="radio"/> 26-50% <input type="radio"/> 51-75% <input type="radio"/> 76-100% <input type="radio"/> Unknown	
9. Are any Red Flags present?	
<input type="checkbox"/> Articular Derangements <input type="checkbox"/> Signs or symptoms of cancer, chemotherapy or organic disease	
<input type="checkbox"/> Congenital connective tissue disorders <input type="checkbox"/> Neurological disorders	
<input type="checkbox"/> History of infection <input type="checkbox"/> Fracture or dislocation secondary to acute trauma	
<input type="checkbox"/> Signs and symptoms of vertebral insufficiency <input type="checkbox"/> Atrophy in the extremities	
<input type="checkbox"/> Circulatory or cardiovascular disorders <input type="checkbox"/> Scoliosis > 20 degrees adult or > 10 degrees child	
<input type="checkbox"/> Fever or localized redness and swelling or ankylosing <input type="checkbox"/> No Red Flags present	
<input type="checkbox"/> Bone weakening of destructive disorders <input type="checkbox"/> Unknown	
10. Choose any of the following clinical exam findings that are present:	
<input type="checkbox"/> Radiating pain below knee reproduced on nerve compression or stretch test <input type="checkbox"/> Localized pain reproduced on palpation or orthopedic testing	
<input type="checkbox"/> Diffuse ache on passive motion <input type="checkbox"/> None/unknown specific exam findings	
<input type="checkbox"/> Pain referred from muscle or trigger points	



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# Preauthorization Requests/Outcomes

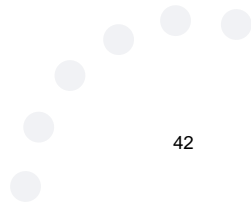
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# Applicable Membership

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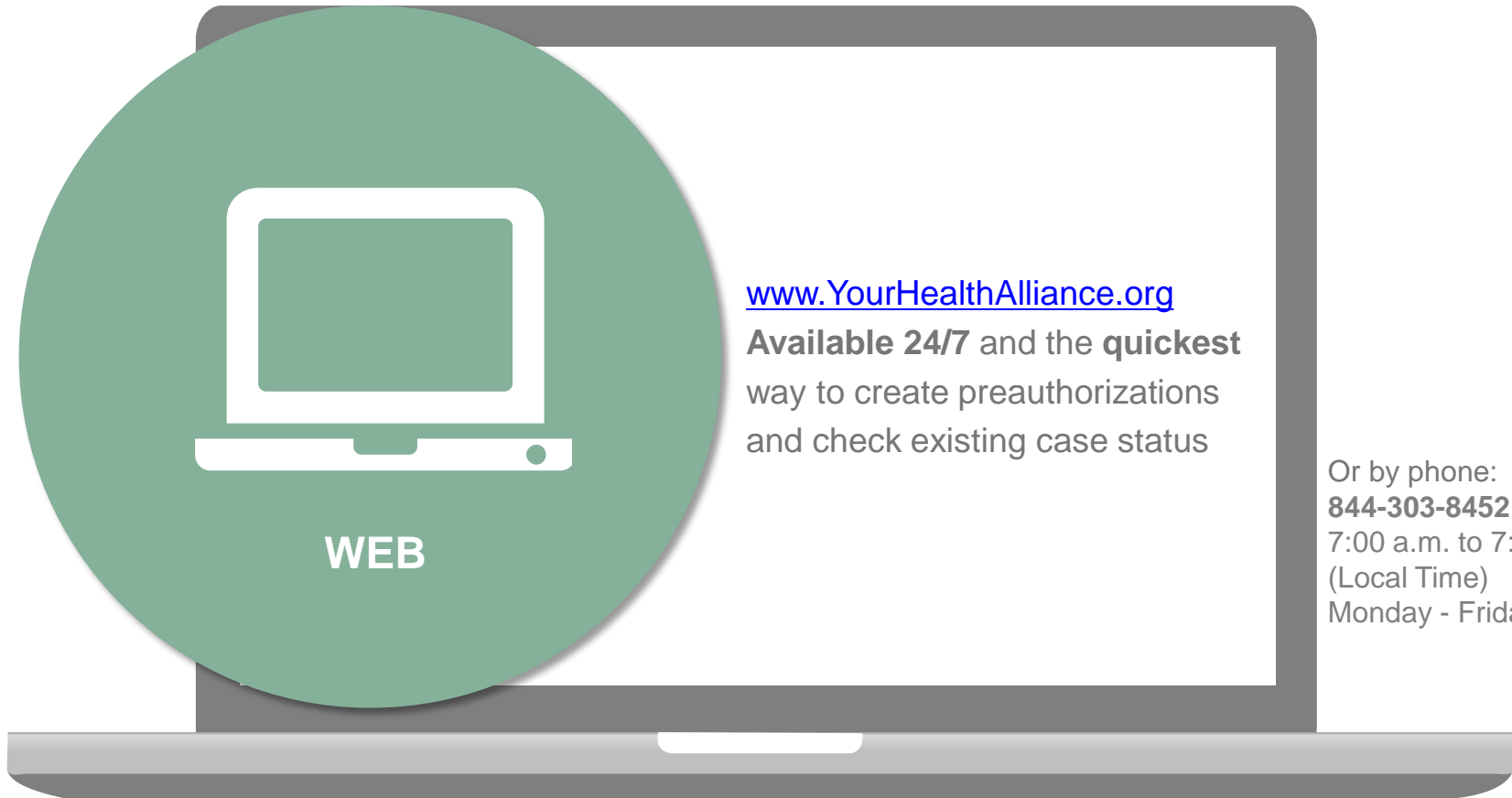
Authorization is required for Health Alliance Medical Plan members enrolled in the following programs:

- **Commercial**
- **Medicare Advantage**



# Preauthorization Requests

## How to request preauthorization:



# Needed Information

## Member

Member ID  
Member name  
Date of birth (DOB)



## Performing Provider

Provider Name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Fax number  
Street Address



## Requests

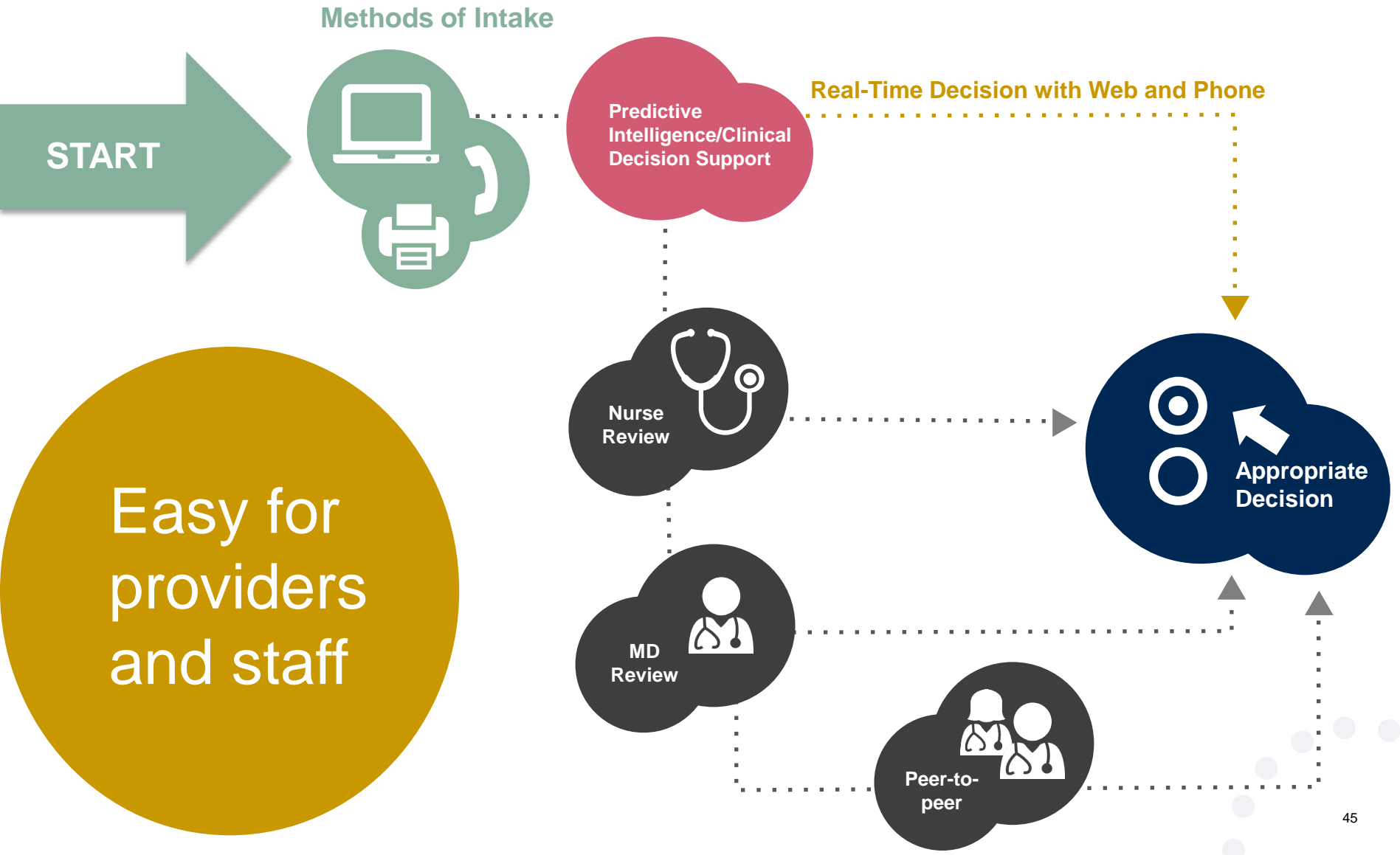
Select appropriate MSK CPT code or MSMPT, MSMOT, or MSMST for requested services

The appropriate diagnosis code for the working of differential diagnosis

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

- Patient's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current (collected within the past 10 days)
- Office notes will be requested as needed

# Clinical Review Process



# Preauthorization Outcomes

## Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for: **Pain - 60 days, Spine & Joint - 60 days, Therapy Programs (PT/OT/ST) - range from 30-90 days** from the date of determination.

## 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

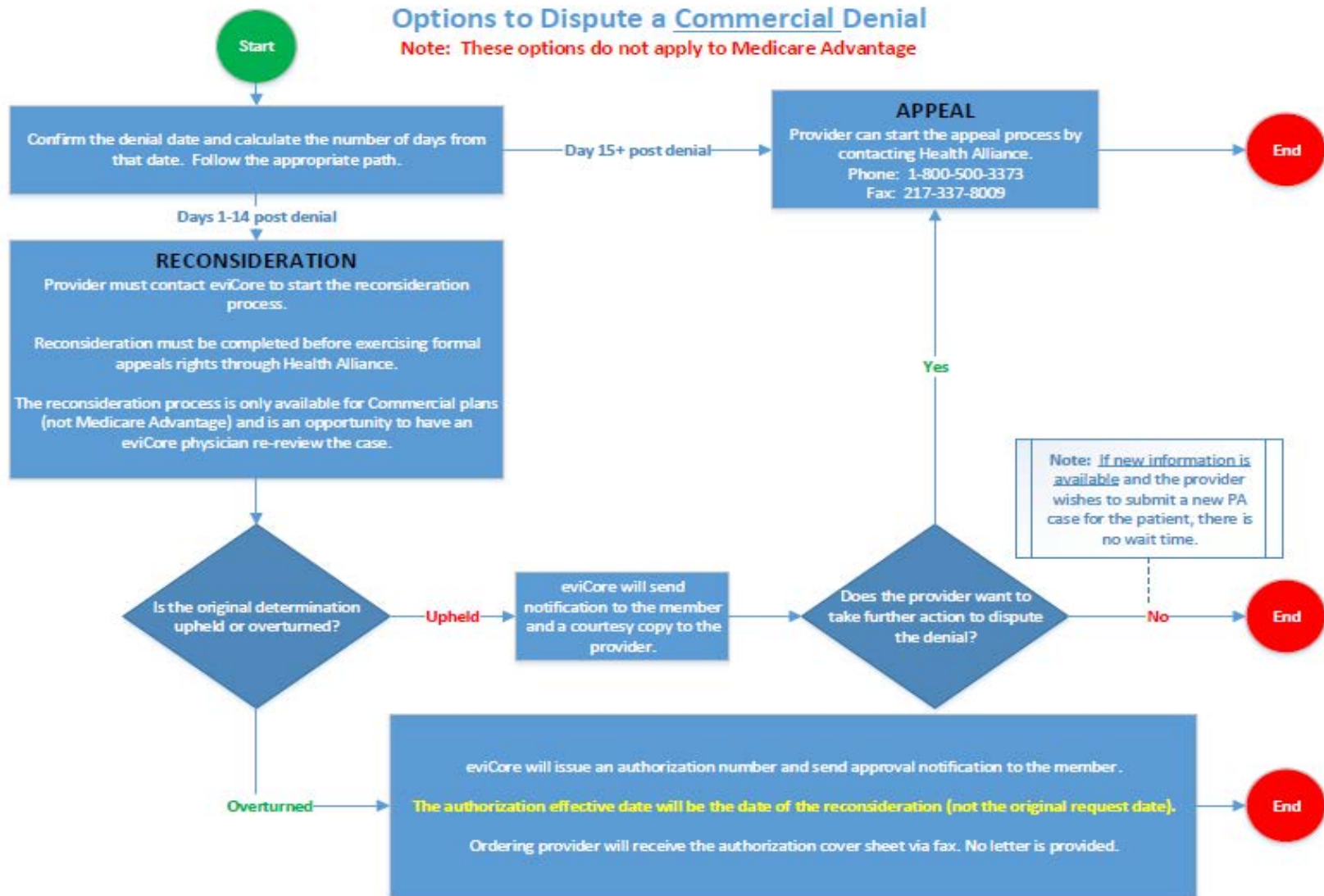
## ➤ Reconsiderations

- A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal.
- Must be requested within **14 calendar days** of the date of determination
- The requesting provider will have the opportunity to discuss the decision with the clinical peer reviewer making the denial determination or with a different clinical peer if the original reviewer is not available.
- 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

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## ➤ Retrospective Services:

- Retro Requests may not be submitted for Health Alliance Medical Plans

## ➤ Outpatient Urgent Services:

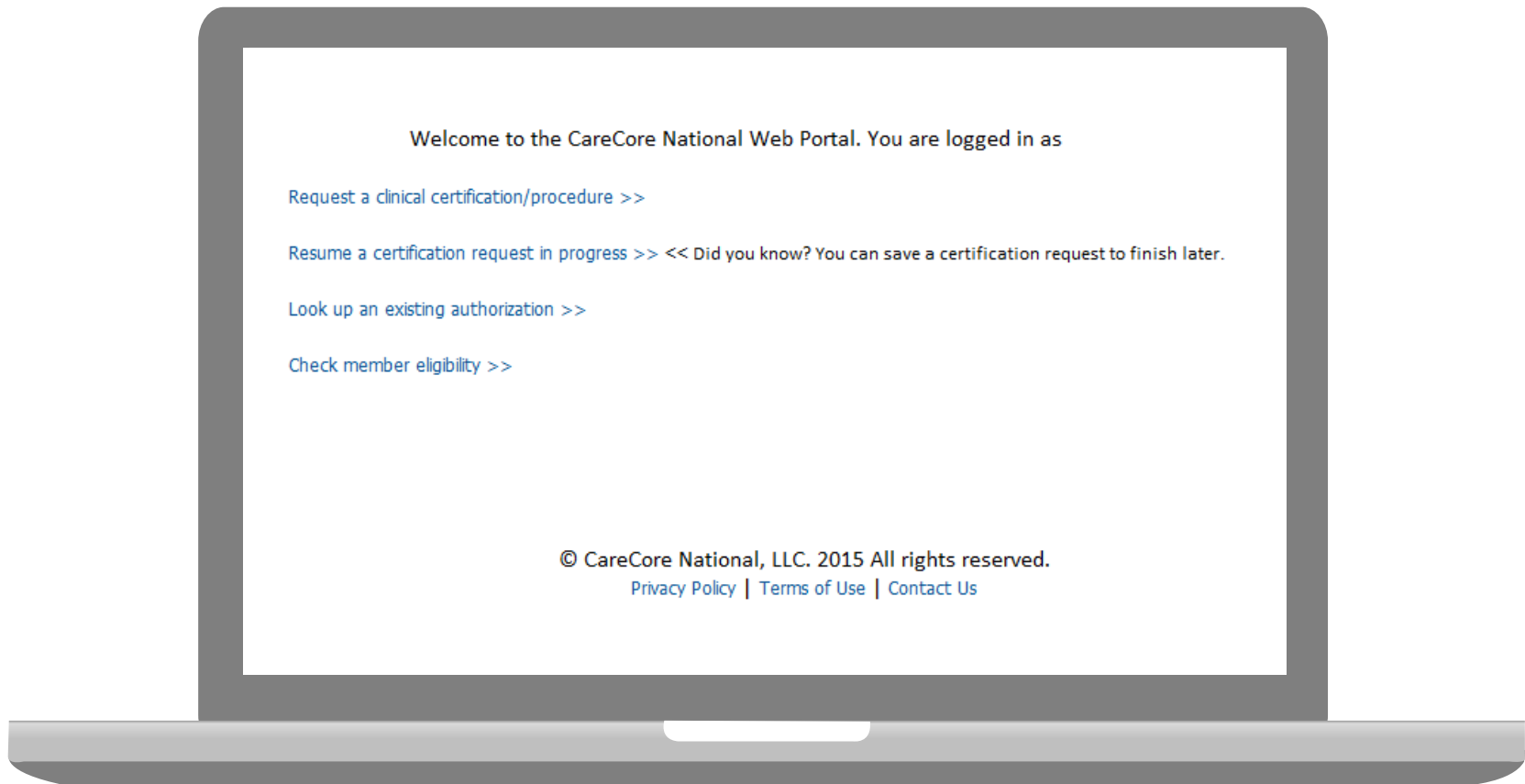
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within 24 hours (not to exceed 72 hours) of the request.

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# Web Portal Services

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# Initiating a Case

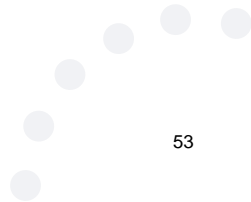


- Choose **“request a clinical certification/procedure”** to begin a new case request.

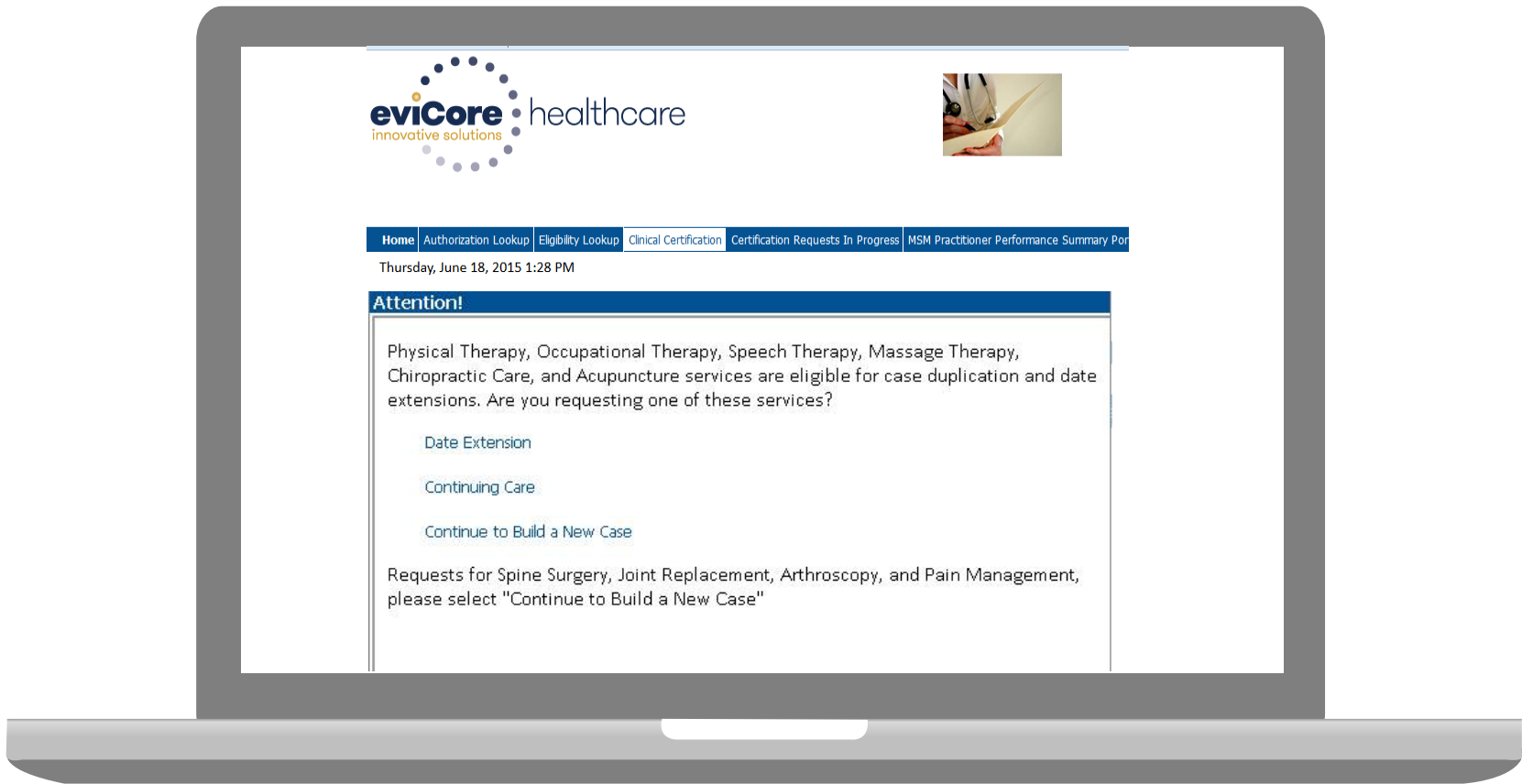
# Select Program



Select the **Program** for your certification.



# Service Options

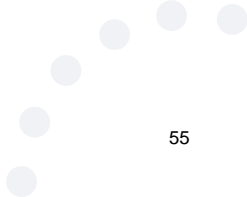


Select **Date Extension**, **Continuing Care**, or **Build a New Case**. The Date Extension and Continuing Care options do not apply to Spine/Joint and Pain Management requests.

# Select Provider

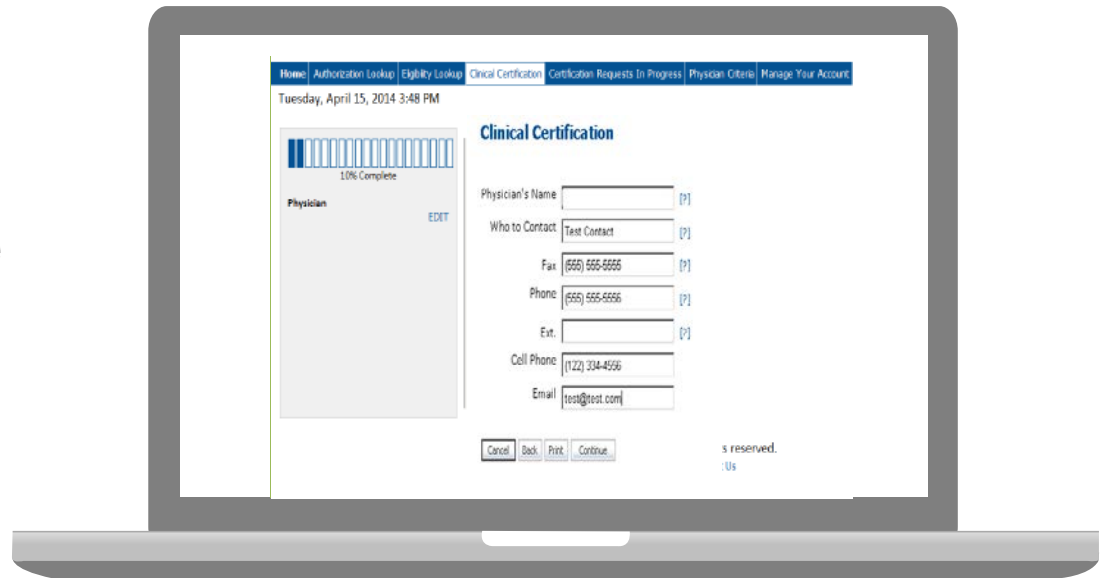


Select the **Practitioner/Group** for whom you want to build a case.



# 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 contains a progress indicator showing "10% Complete" with a bar chart. Below this, there is a section for "Physician" with an "EDIT" button. To the right of the progress indicator, there is a form for entering contact information:

- Physician's Name:  [P]
- Who to Contact:  [P]
- Fax:  [P]
- Phone:  [P]
- Ext.:  [P]
- Cell Phone:
- Email:

At the bottom of the form, there are buttons for "Cancel", "Back", "Print", and "Continue". In the bottom right corner, there is a small text "s reserved. Us".

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



# Member Information

**Patient Information**

30% Complete

**Physician**  
DOE, JOHN

**Clinical Certification**

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  [?]

[LOOKUP AGAIN](#)

**Search Results**

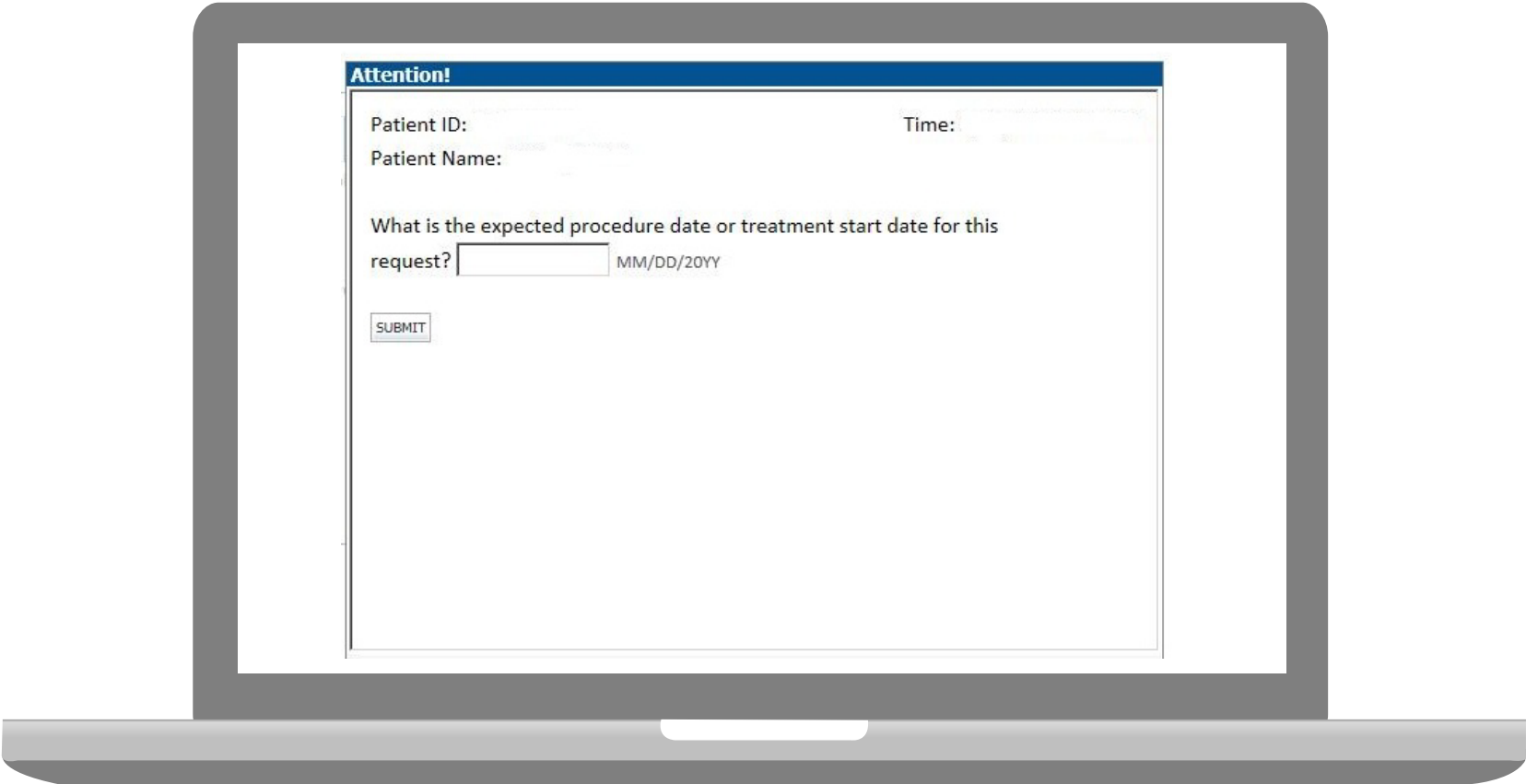
	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>				3/23/1953		

[Click here for help or technical support](#)



Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

# Member History



# Clinical Details

## Clinical Certification

This procedure will be performed on 2/21/2017. [CHANGE](#)

### Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

### Diagnosis

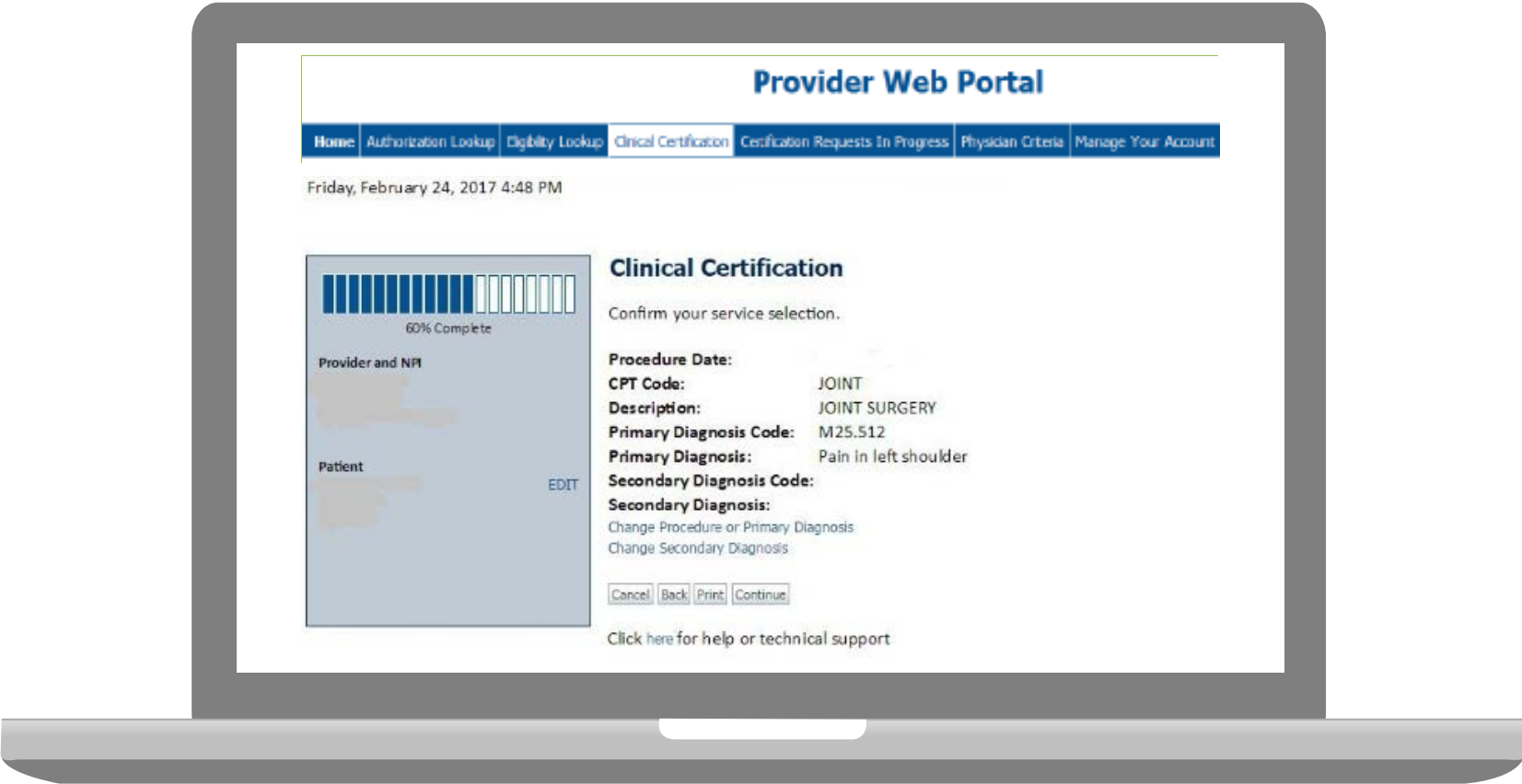
Primary Diagnosis Code: **M25.561**  
Description: **Pain in right knee**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Musculoskeletal Management*  
 [LOOKUP](#)

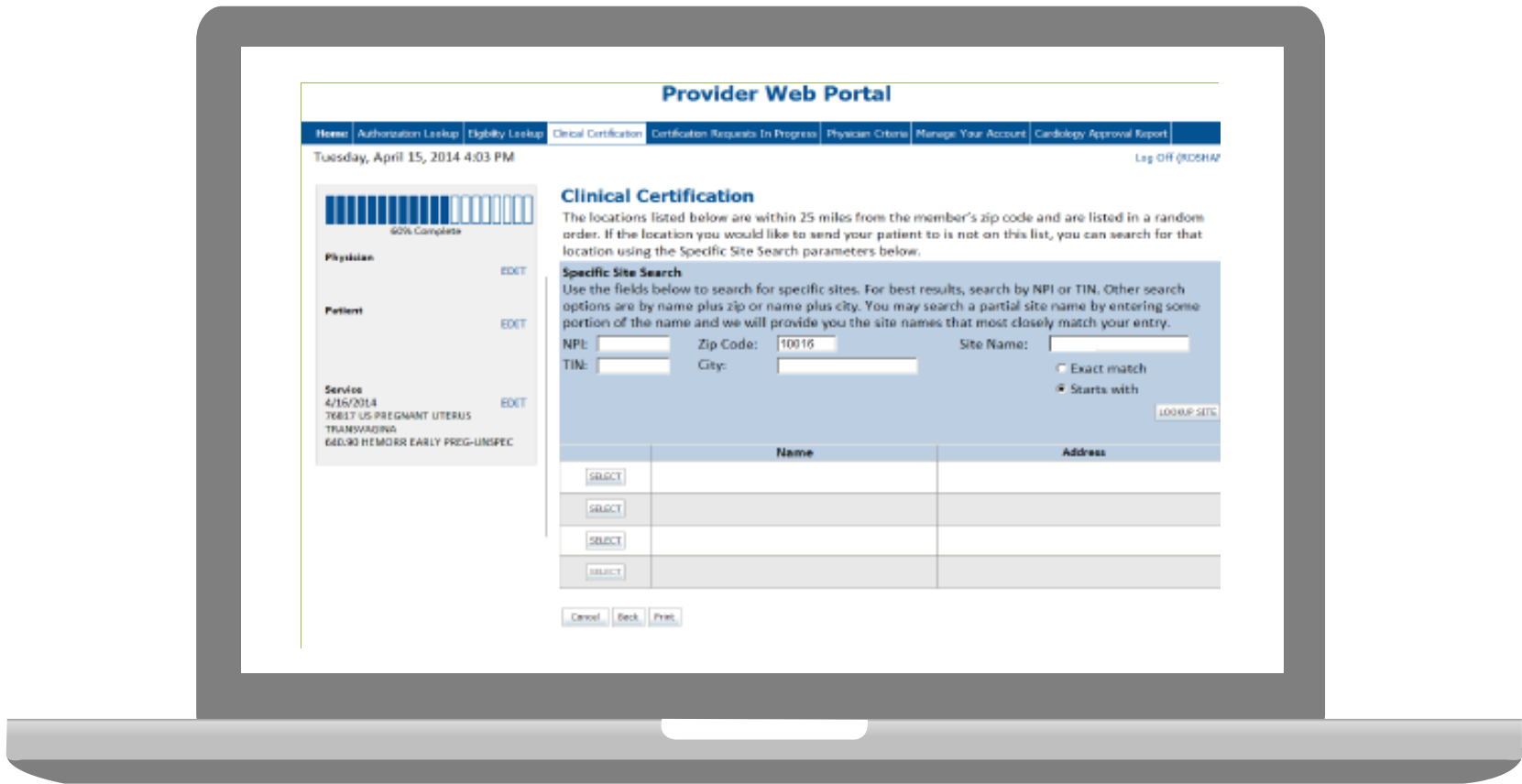
[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

# Verify Service Selection



# Site Selection

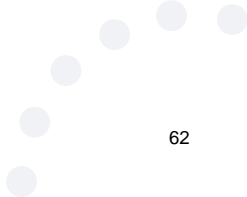


Select the appropriate site for the request.

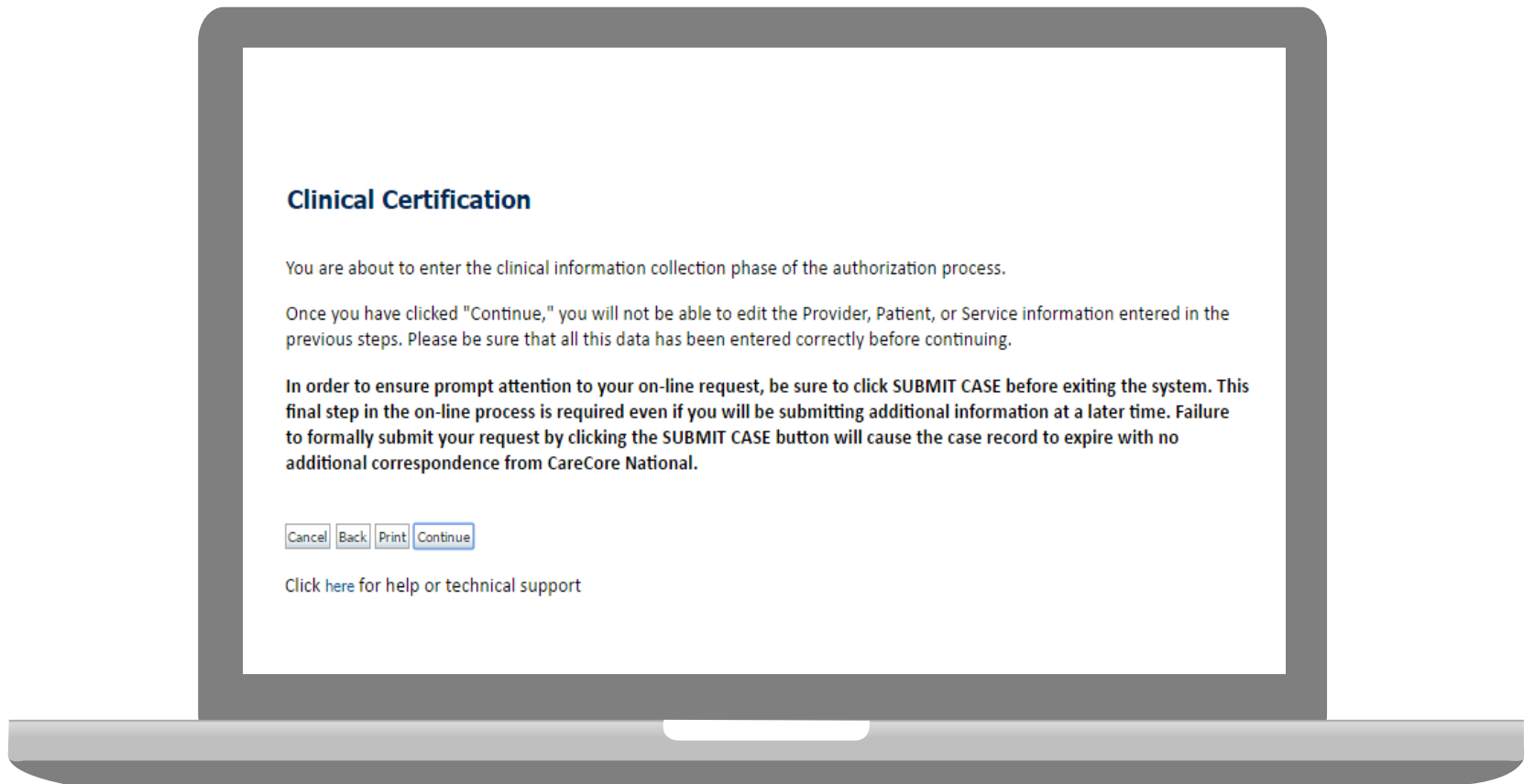
# Site Selection



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

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, April 25, 2014 9:57 AM

## Clinical Certification

What is the PRIMARY area of complaint? (choose ONE):

- Head/Neck - Cervical Spine
- Upper Back - Thoracic Spine
- Lower Back - Lumbar Spine
- Upper Extremity
- Lower Extremity
- Unknown

Finish Later

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

➤ 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.



# 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

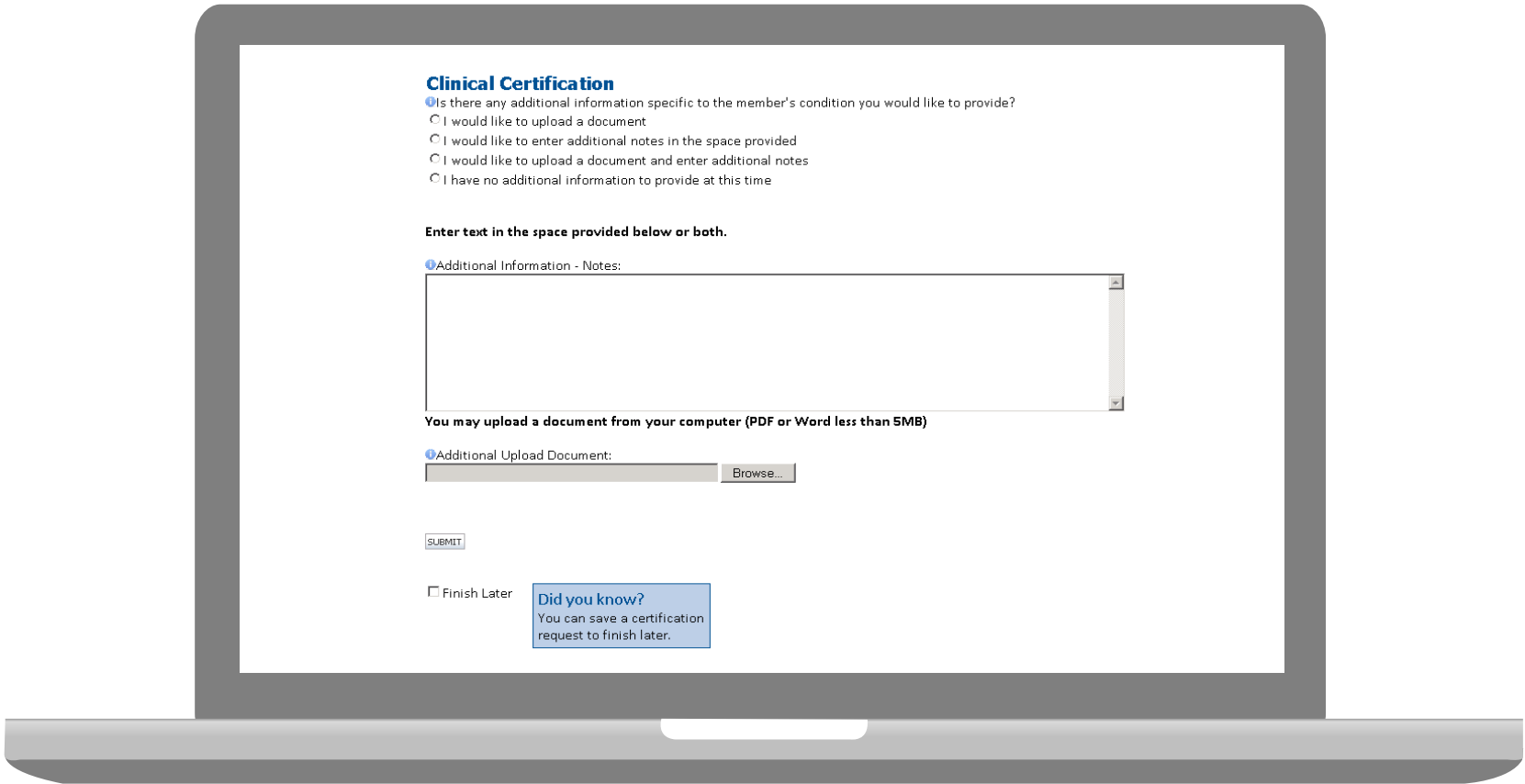
Your case has been Approved.

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<hr/>			
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<hr/>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<hr/>			
<b>Primary Diagnosis Code:</b>		<b>Description:</b>	
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>CPT Code:</b>		<b>Description:</b>	
<b>Modifier:</b>			
<b>Authorization Number:</b>			
<b>Review Date:</b>			
<b>Expiration Date:</b>			
<b>Status:</b>	Your case has been Approved.		

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.

# Medical Review



**Clinical Certification**

① 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.

① Additional Information - Notes:

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

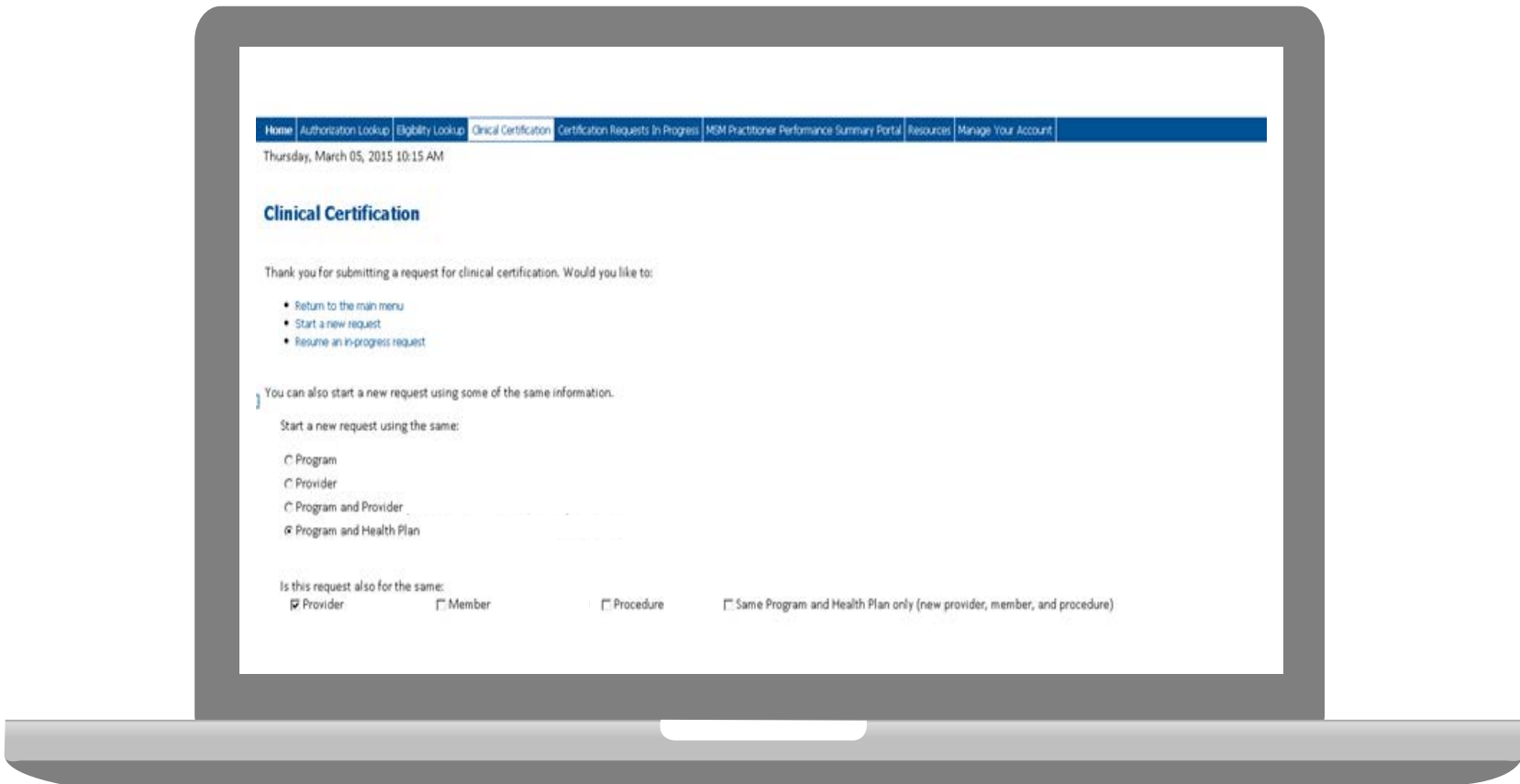
① Additional Upload Document:

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 can 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**

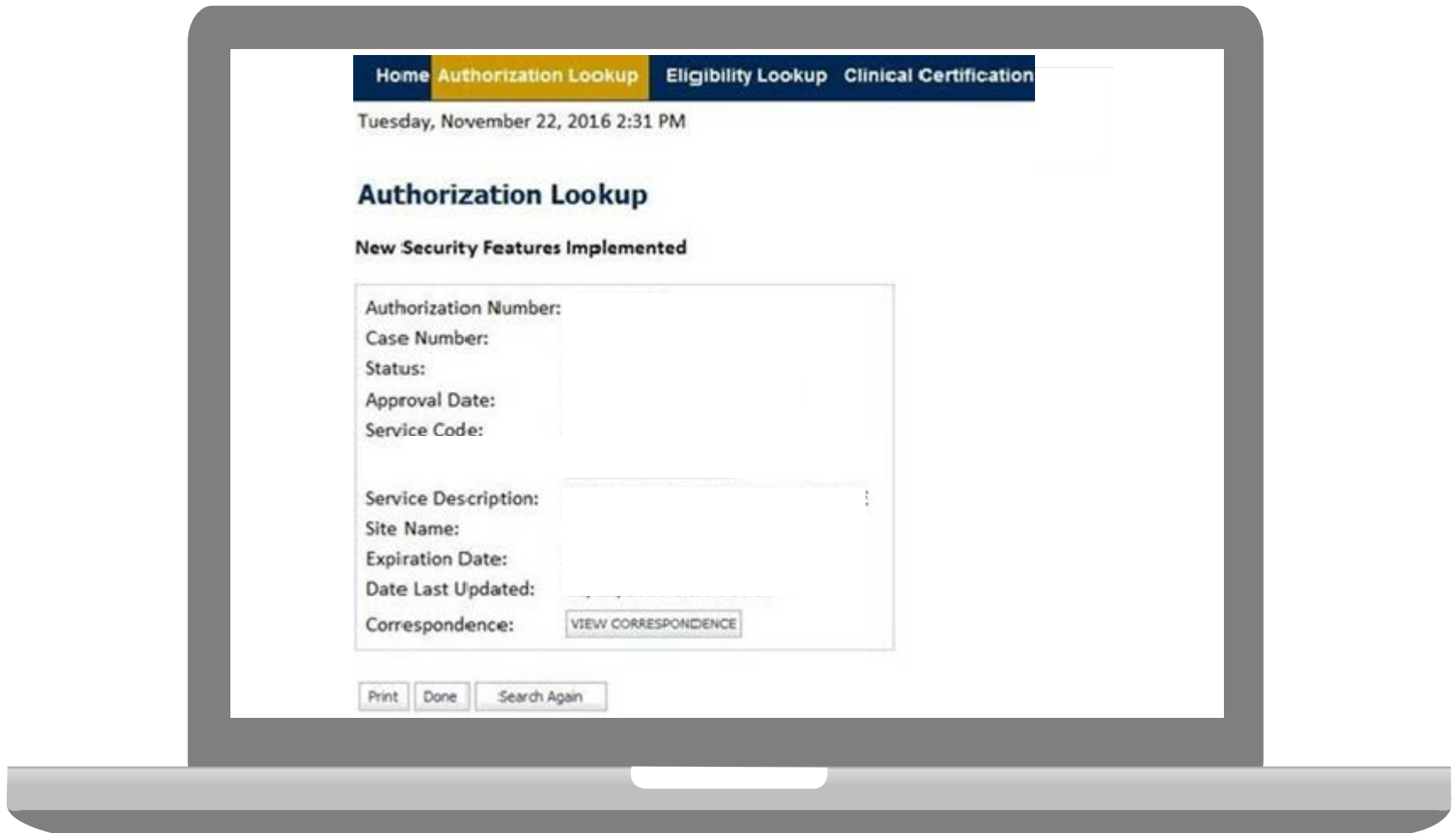
REQUIRED FIELDS

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.

# Authorization Status



➔ The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

# Eligibility Look Up



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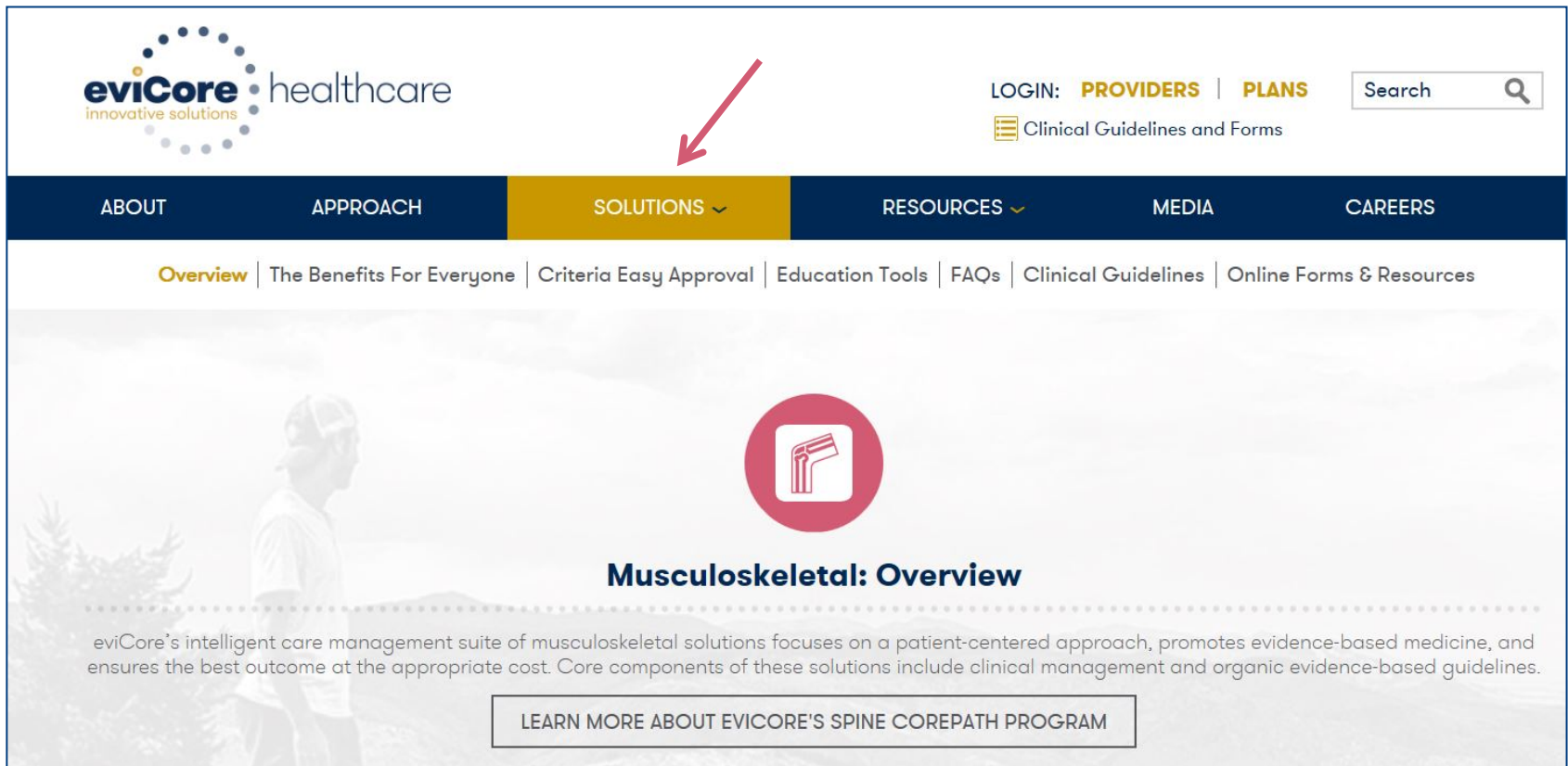
# Provider Resources





# Musculoskeletal Online Resources

Clinical Guidelines, FAQ's, Clinical Worksheets, 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 **Musculoskeletal** solution.



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 LOGIN section, there is a link for 'Clinical Guidelines and Forms' with a document icon. The main content area features a navigation bar with the following links: Overview (highlighted in yellow), The Benefits For Everyone, Criteria Easy Approval, Education Tools, FAQs, Clinical Guidelines, and Online Forms & Resources. Below this navigation bar is a large image of a construction worker in a hard hat and safety vest, looking out over a landscape. In the center of the image is a red circular icon containing a white graphic of a hand holding a tool. Below the image is the heading 'Musculoskeletal: Overview' and a paragraph of text: 'eviCore's intelligent care management suite of musculoskeletal solutions focuses on a patient-centered approach, promotes evidence-based medicine, and ensures the best outcome at the appropriate cost. Core components of these solutions include clinical management and organic evidence-based guidelines.' At the bottom of the page is a button that says 'LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM'.

# How To Access Clinical Guidelines

- To access eviCore healthcare's Clinical Guidelines on the web, visit [www.evicore.com](http://www.evicore.com).
- Click on **“Resources”** from the main menu, and select **“Providers.”**



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo on the left reads "eviCore healthcare" with "innovative solutions" below it. On the right, there is a "LOGIN:" section with links for "PROVIDERS" and "PLANS", a search bar, and a link for "Clinical Guidelines and Forms". The main navigation menu includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA", and "CAREERS". The "RESOURCES" menu item is highlighted in yellow, and a red arrow points to it. Its dropdown menu is open, showing "patients", "providers", and "plans". At the bottom of the page, the tagline "Enabling better outcomes." is displayed in yellow and blue text.

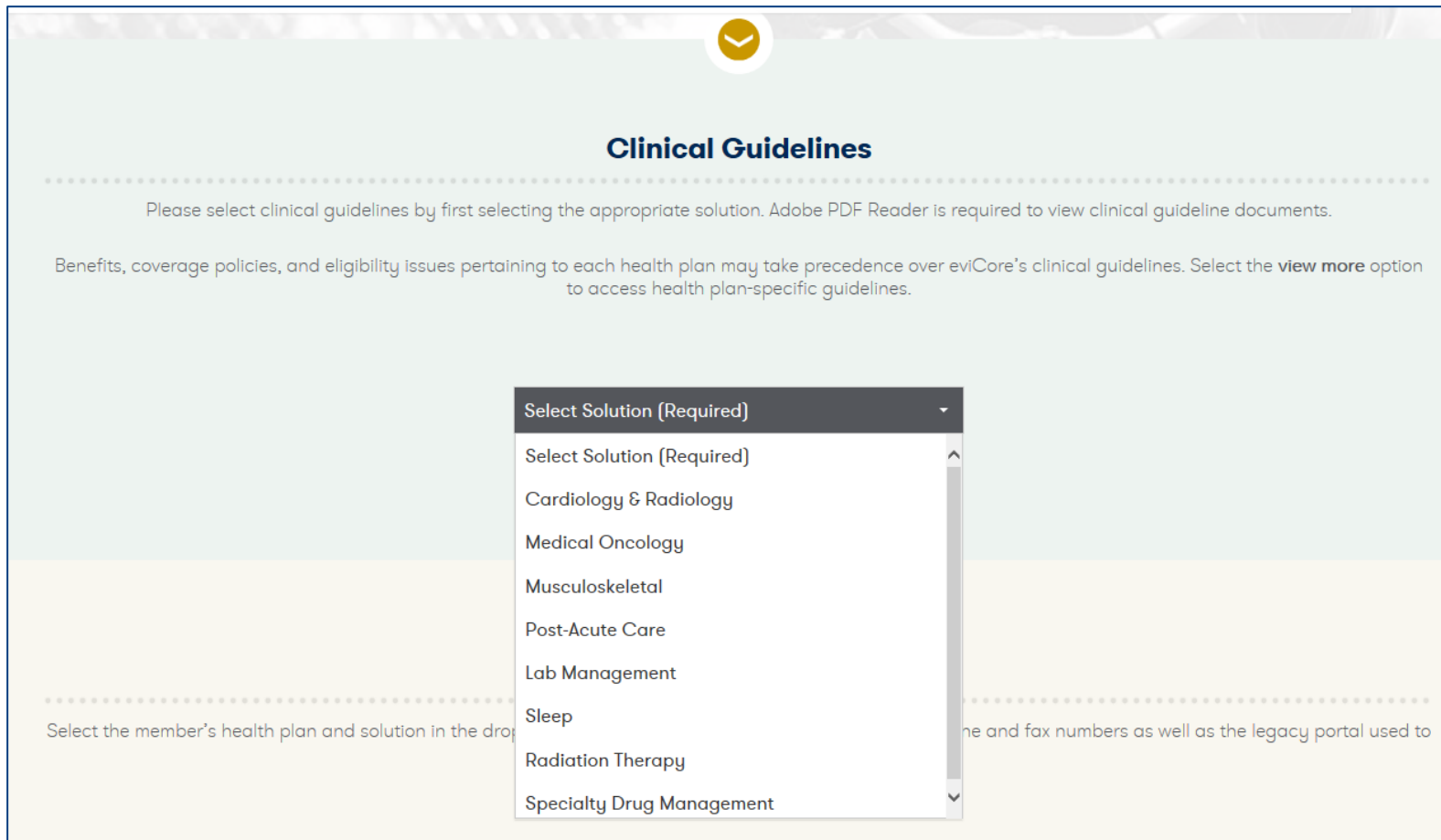
# How To Access Clinical Guidelines

- Once you have clicked “**Providers,**” you will see the Clinical Guidelines section.

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. On the top right, there are login options for **PROVIDERS** and **PLANS**, a search bar, and a menu for **Clinical Guidelines and Forms**. A navigation bar below the header includes **APPROACH**, **SOLUTIONS**, **RESOURCES** (highlighted in yellow), **MEDIA**, and **CAREERS**. A secondary navigation bar lists **Overview**, **Clinical Guidelines**, **Quick Reference Tool**, **Online Forms & Resources**, **Quick Reference Guides**, **Solutions**, and **Video Tutorial**. The main content area features a large image of two healthcare professionals, with a green medical icon and the heading **Providers**. Below this, a paragraph states: "We treat every one of our more than 100M lives with an evidence-based, patient-sensitive approach that simplifies the MBM process for providers — and delivers the solutions that benefit everyone." A yellow arrow icon points down to the **Clinical Guidelines** section. This section includes a heading and two paragraphs of text: "Please select clinical guidelines by first selecting the appropriate solution. Adobe PDF Reader is required to view clinical guideline documents." and "Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's clinical guidelines. Select the **view more** option to access health plan-specific guidelines." At the bottom, there is a dark grey dropdown menu labeled **Select Solution (Required)**.

# How To Access Clinical Guidelines

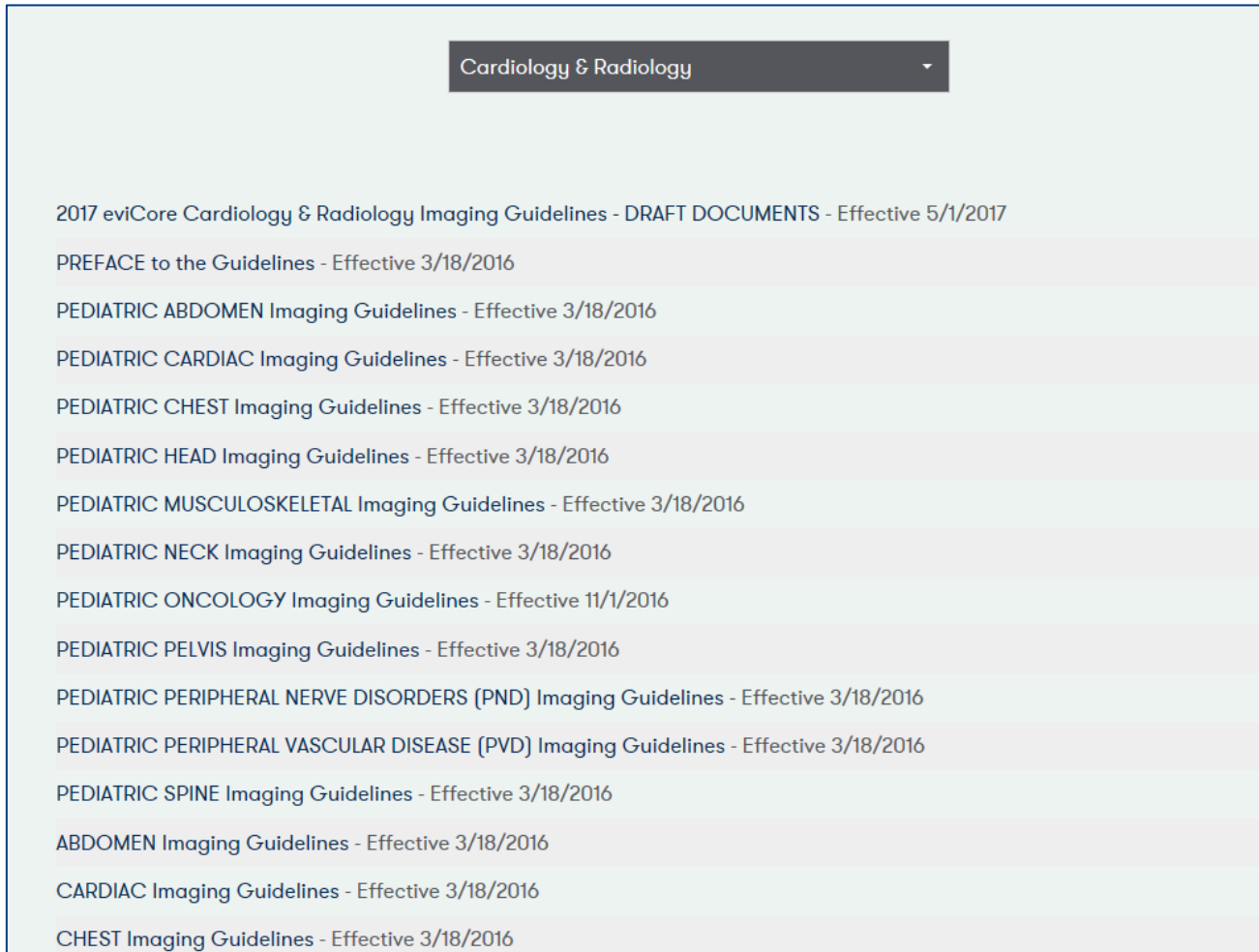
- The “**Clinical Guidelines**” section provides a dropdown box that allows you to select a solution: Cardiology & Radiology, Medical Oncology, Musculoskeletal, Post-Acute Care, Lab Management, Sleep, Radiation Therapy, and Specialty Drug Management.



The screenshot displays the 'Clinical Guidelines' interface. At the top, there is a yellow circular icon with a white downward arrow. Below it, the title 'Clinical Guidelines' is centered. A dashed line separates the title from the instructions: 'Please select clinical guidelines by first selecting the appropriate solution. Adobe PDF Reader is required to view clinical guideline documents.' Below this, another dashed line is followed by a paragraph: 'Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's clinical guidelines. Select the **view more** option to access health plan-specific guidelines.' In the center, a dropdown menu is open, titled 'Select Solution (Required)'. The menu lists the following options: 'Select Solution (Required)', 'Cardiology & Radiology', 'Medical Oncology', 'Musculoskeletal', 'Post-Acute Care', 'Lab Management', 'Sleep', 'Radiation Therapy', and 'Specialty Drug Management'. Below the dropdown, a dashed line is followed by the text: 'Select the member's health plan and solution in the drop...'. To the right, partially visible, is the text: '...ne and fax numbers as well as the legacy portal used to'. On the far right edge, there are three light blue circles of varying sizes.

# How To Access Clinical Guidelines

- Click on the solution you need, and all Clinical Guidelines for that solution will populate. *(Example below shows only a portion of guidelines available for Cardiology/Radiology)*



Cardiology & Radiology

2017 eviCore Cardiology & Radiology Imaging Guidelines - DRAFT DOCUMENTS - Effective 5/1/2017

PREFACE to the Guidelines - Effective 3/18/2016

PEDIATRIC ABDOMEN Imaging Guidelines - Effective 3/18/2016

PEDIATRIC CARDIAC Imaging Guidelines - Effective 3/18/2016

PEDIATRIC CHEST Imaging Guidelines - Effective 3/18/2016

PEDIATRIC HEAD Imaging Guidelines - Effective 3/18/2016

PEDIATRIC MUSCULOSKELETAL Imaging Guidelines - Effective 3/18/2016

PEDIATRIC NECK Imaging Guidelines - Effective 3/18/2016

PEDIATRIC ONCOLOGY Imaging Guidelines - Effective 11/1/2016

PEDIATRIC PELVIS Imaging Guidelines - Effective 3/18/2016

PEDIATRIC PERIPHERAL NERVE DISORDERS (PND) Imaging Guidelines - Effective 3/18/2016

PEDIATRIC PERIPHERAL VASCULAR DISEASE (PVD) Imaging Guidelines - Effective 3/18/2016

PEDIATRIC SPINE Imaging Guidelines - Effective 3/18/2016

ABDOMEN Imaging Guidelines - Effective 3/18/2016

CARDIAC Imaging Guidelines - Effective 3/18/2016

CHEST Imaging Guidelines - Effective 3/18/2016

# How To Access Clinical Guidelines

There may be instances where you need to access the health plan specific guidelines. Scroll toward the bottom of the Clinical Guidelines page you are viewing, and click **“View More.”**

+ [View more](#) for health plan specific cardiology & radiology guidelines

The **“View More”** option will populate the health plan specific guidelines available.

- [View less](#) for health plan specific cardiology & radiology guidelines

BCBS AL Radiology Guidelines - Effective 6/13/2015

BCBS AL Blue Advantage Radiology Guidelines - Effective 5/1/2015

Cigna Cardiology and Radiology Guidelines

Excellus\_Univera ONCOLOGY Imaging Guidelines - Effective 12/30/2016

Excellus\_Univera PEDIATRIC ONCOLOGY Imaging Guidelines - Effective 12/30/2016

Excellus Cardiology & Radiology Imaging Guidelines - 2017 DRAFT DOCUMENTS - Effective 7/1/2017

Horizon Cardiology and Radiology Imaging Guidelines

MVP ONCOLOGY Imaging Guidelines - Effective 12/30/2016

MVP PEDIATRIC ONCOLOGY Imaging Guidelines - Effective 12/30/2016

Neighborhood Health Partnership Cardiology Imaging Guidelines - Effective 3/17/2017

Neighborhood Health Partnership Radiology Imaging Guidelines - Effective 3/17/2017

Oxford Cardiology Guidelines - Effective 3/17/2017

# Provider Resources: Preauthorization Call Center



Preauthorization  
Call Center



Web-Based  
Services



Provider Relations

**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

## Health Alliance Medical Plans Implementation Site

[https://www.evicore.com/healthplan/Health Alliance](https://www.evicore.com/healthplan/Health_Alliance)

- Provider Orientation presentation
- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore Clinical Guidelines

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



# Provider Resources: Provider Relations



Preauthorization  
Call Center



Web-Based  
Services



Provider Relations

## [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

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 Provider Relations team at [ProviderRelations@evicore.com](mailto:ProviderRelations@evicore.com)

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# Thank You!

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