
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

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**

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

eviCore Company Overview

Scott Jarrett
Regional Provider Engagement Manager

Preauthorization of Radiation Therapy for Health Alliance Medical Plans

Provider Orientation

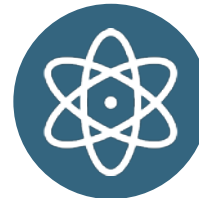


Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

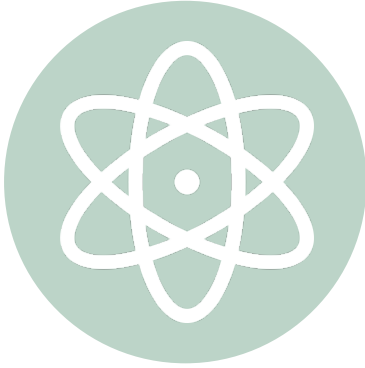


CARDIOLOGY
46M lives

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:



Current
clinical
literature



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Compliant
with Medicare
NCDs/LCDs

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

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.

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

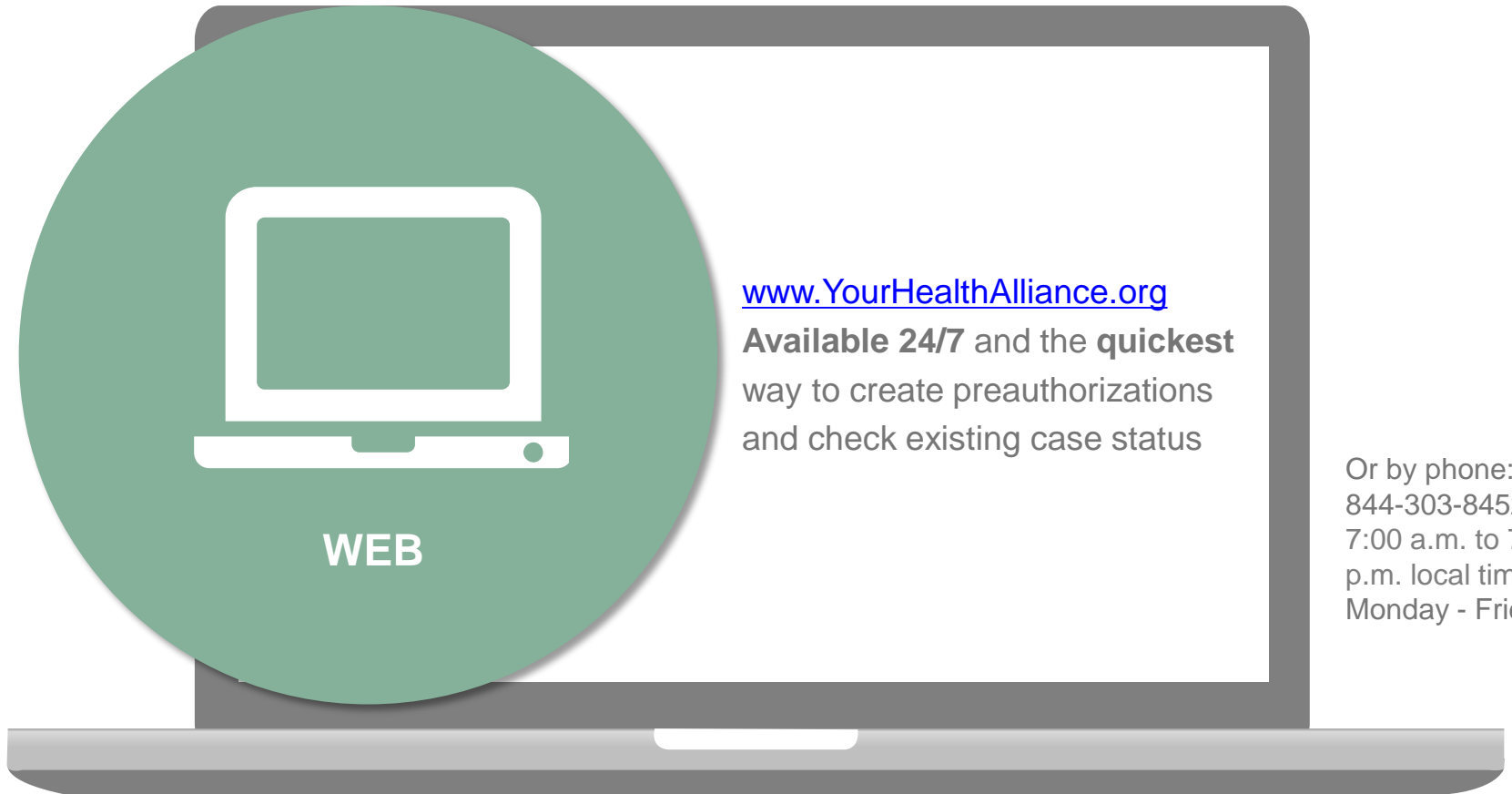
Authorization is required for Health Alliance members enrolled in the following programs:

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

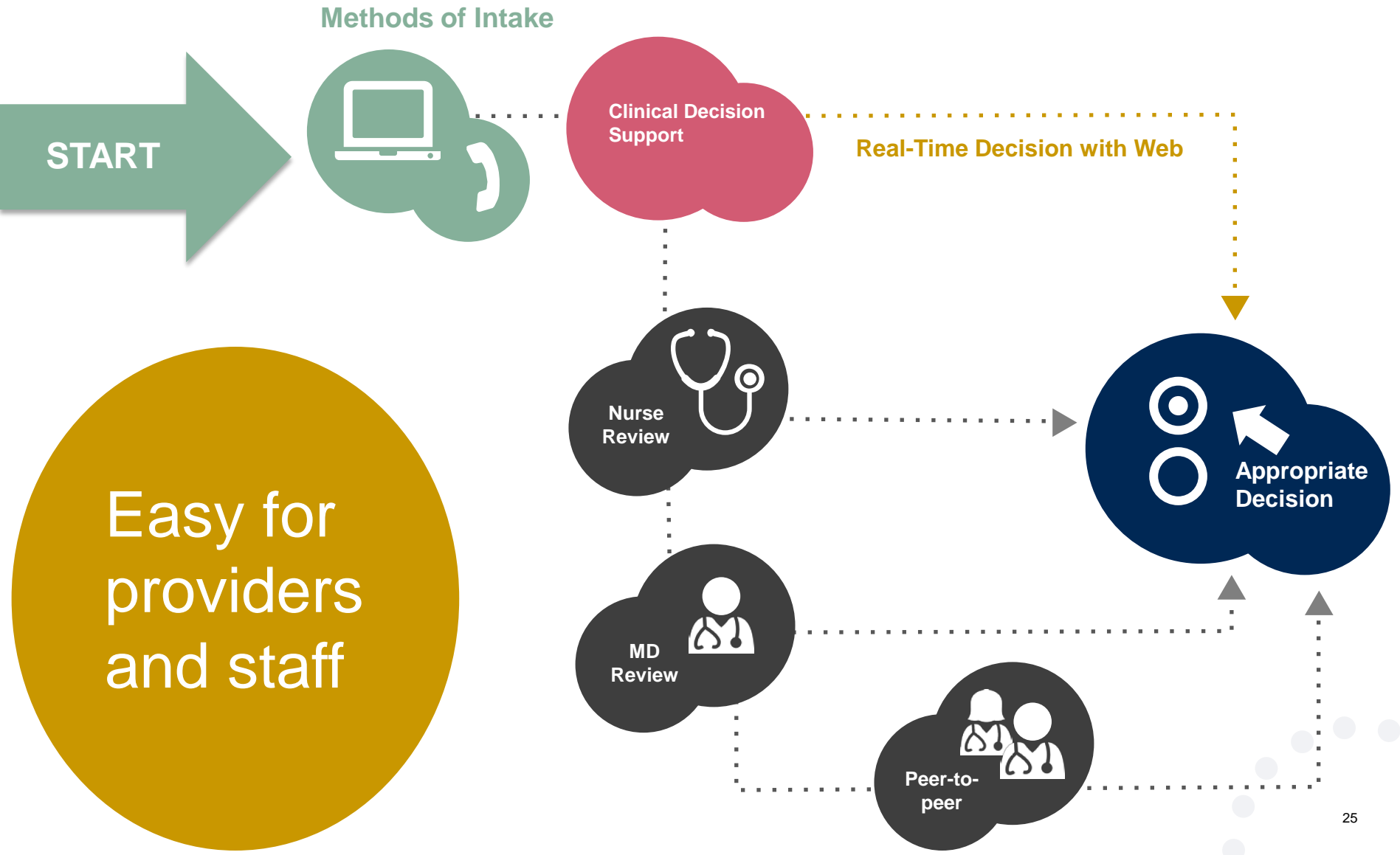


Preauthorization Requests

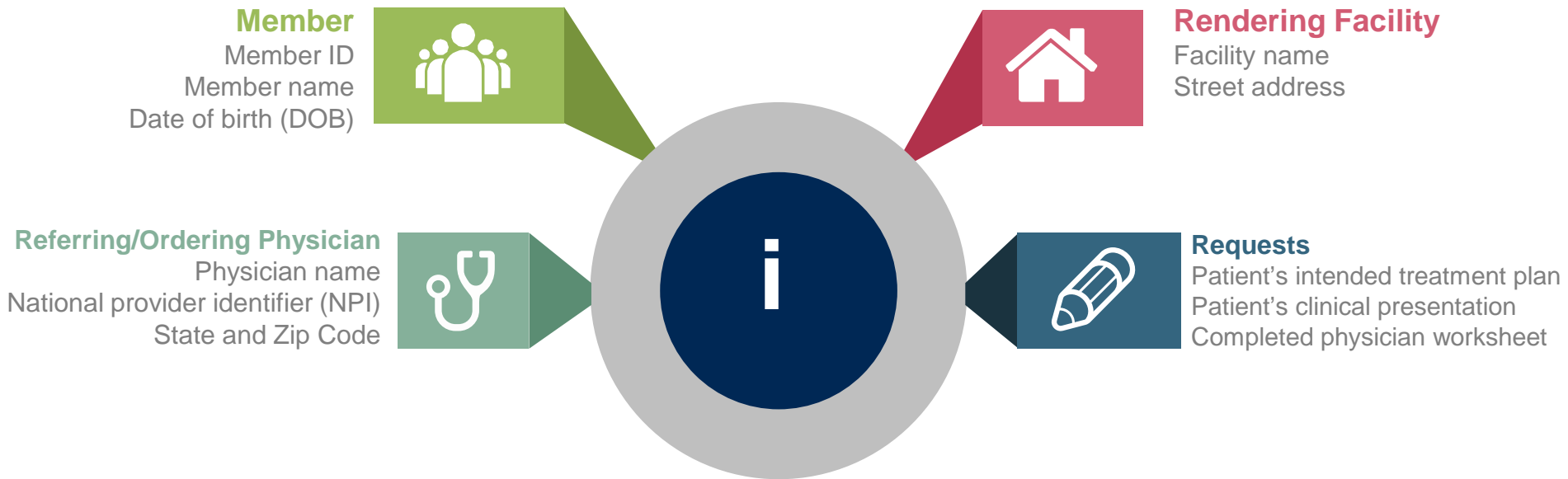
How to request preauthorization:



Clinical Review Process



Needed Information



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

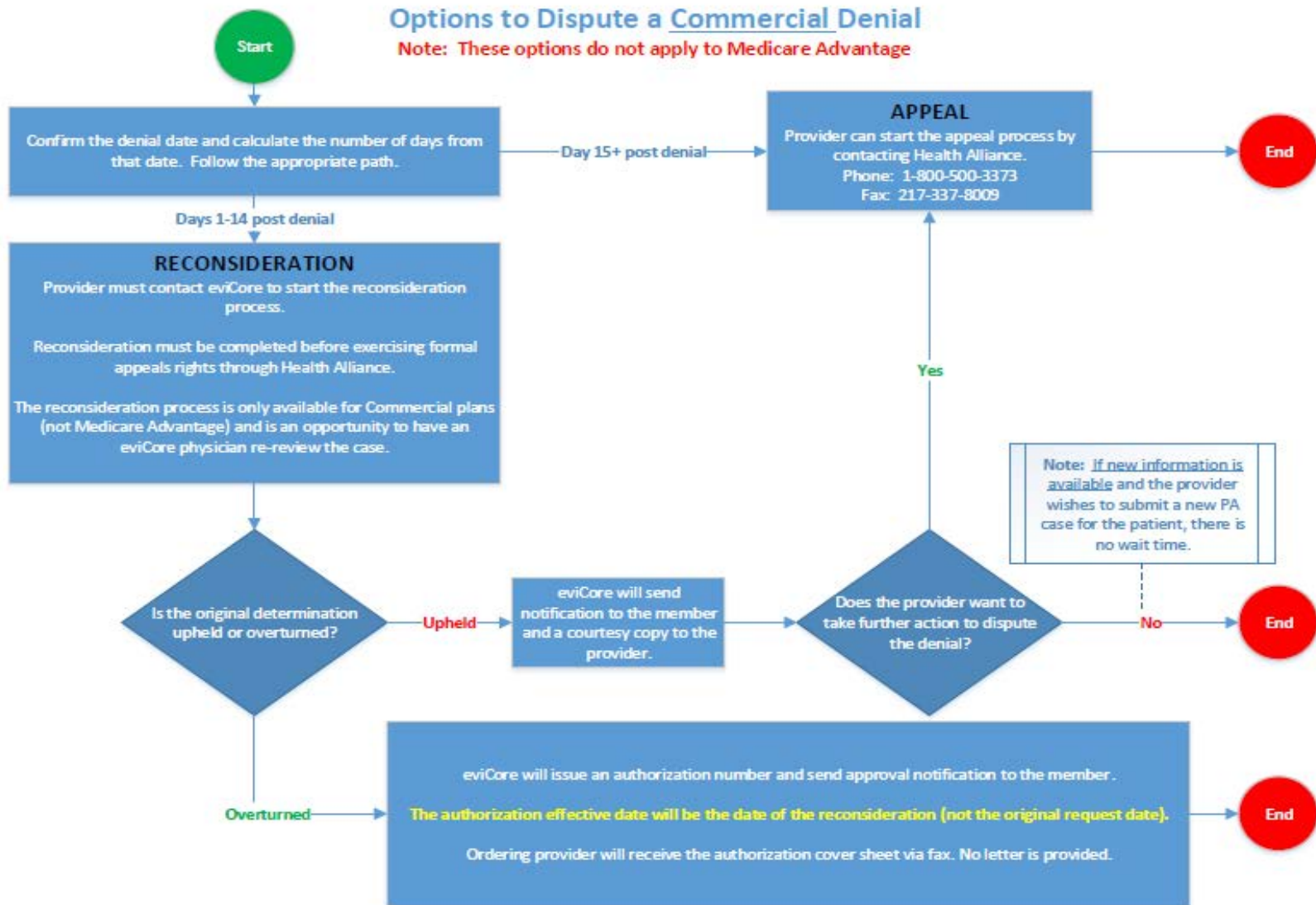
➤ Reconsiderations

- 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



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

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.

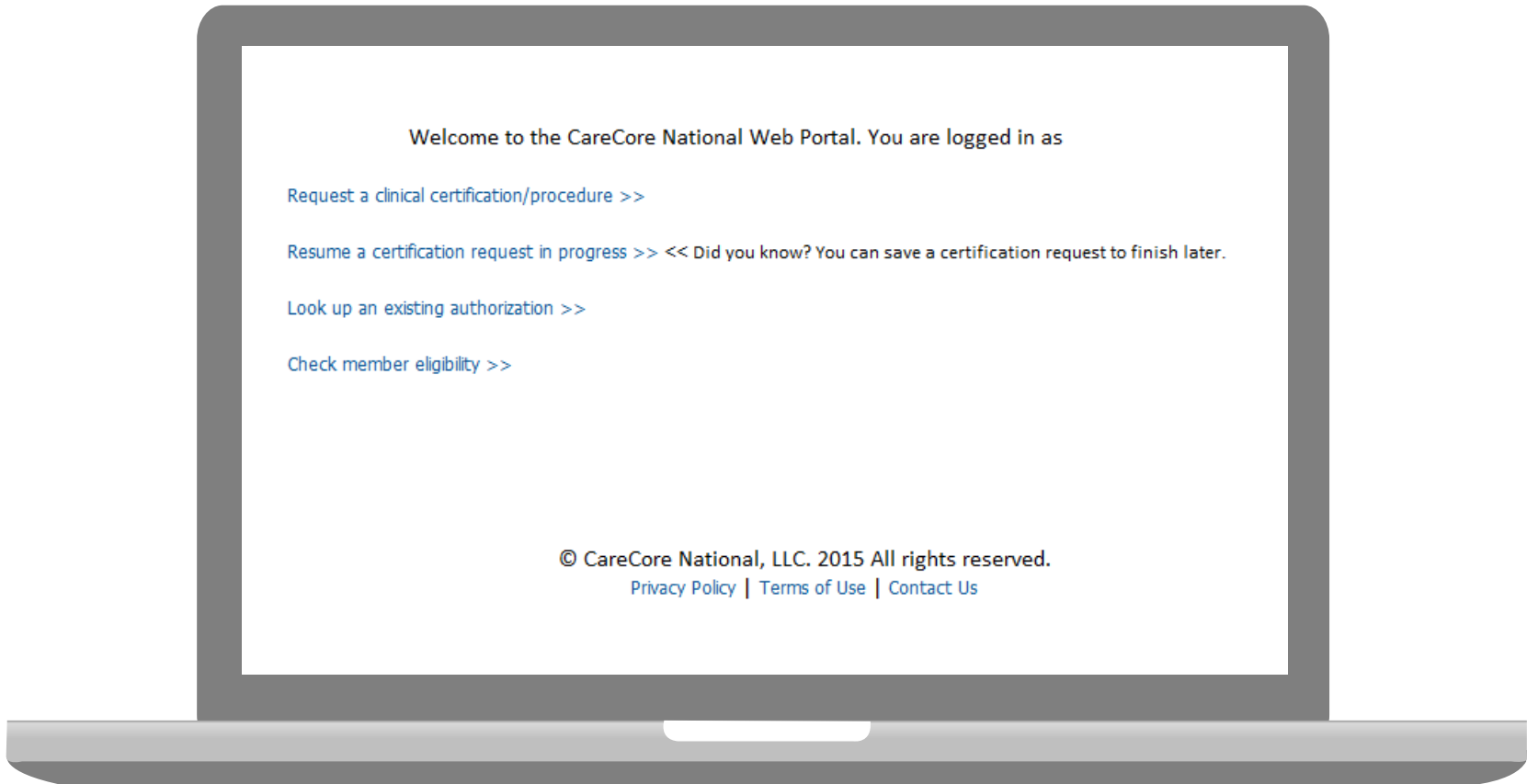
Physician Worksheet

- 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

		Breast Cancer Radiation Therapy Physician Worksheet (As of 21 October 2016)
<p>This form should be used for the curative treatment of breast cancer or for the palliation of a breast cancer recurrence within the breast or chest wall. Please note that the use of a field-in-field technique is defined as 3D conformal.</p> <p>Additionally, the use of daily Image Guided Radiation Therapy (IGRT) during treatment of the whole breast or chest wall is typically not medically necessary. Requests for IGRT will be considered on a case-by-case basis.</p>		
Patient name: _____		
What is the radiation therapy treatment start date (mm/dd/yyyy)?		____/____/____
1.	Is the treatment being directed to the primary site (breast)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If treatment is not being directed to the primary site, submit a request for the metastatic site		
2.	Does the patient have distant metastatic disease (i.e. to brain, lung, liver, bone, non-regional lymph nodes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you delivering adjuvant therapy to the whole breast or chest wall using two gantry angles and 3D conformal treatment planning? <i>If no, continue to question #4. If yes, skip forward to question #10.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Where will treatment be directed? <input type="checkbox"/> Right breast <input type="checkbox"/> Left breast <input type="checkbox"/> Bilateral breast (treated concurrently)	
5.	What is the T stage (pathologic T stage if patient has had surgery)? <input type="checkbox"/> T1mi <input type="checkbox"/> T1c <input type="checkbox"/> T4a <input type="checkbox"/> T4d <input type="checkbox"/> T1a <input type="checkbox"/> T2 <input type="checkbox"/> T4b <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> T4c	
6.	What is the N-stage? <input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2b <input type="checkbox"/> N3c <input type="checkbox"/> N1mi <input type="checkbox"/> N1c <input type="checkbox"/> N3a <input type="checkbox"/> N1a <input type="checkbox"/> N2a <input type="checkbox"/> N3b	
7.	What treatment plan to be used for the initial phase? <input type="checkbox"/> Whole breast radiotherapy <input type="checkbox"/> Post-mastectomy radiotherapy <input type="checkbox"/> Partial breast radiotherapy once a day <input type="checkbox"/> Partial breast radiotherapy twice a day <input type="checkbox"/> Palliation of local recurrence within the breast or chest wall	
		<i>Continued on next page</i>
<small>eviCore healthcare 100 Buckwater Place Blvd, Bluffton, SC 29906</small>		<small>eviCore</small>

Web Portal Services

Initiating a Case



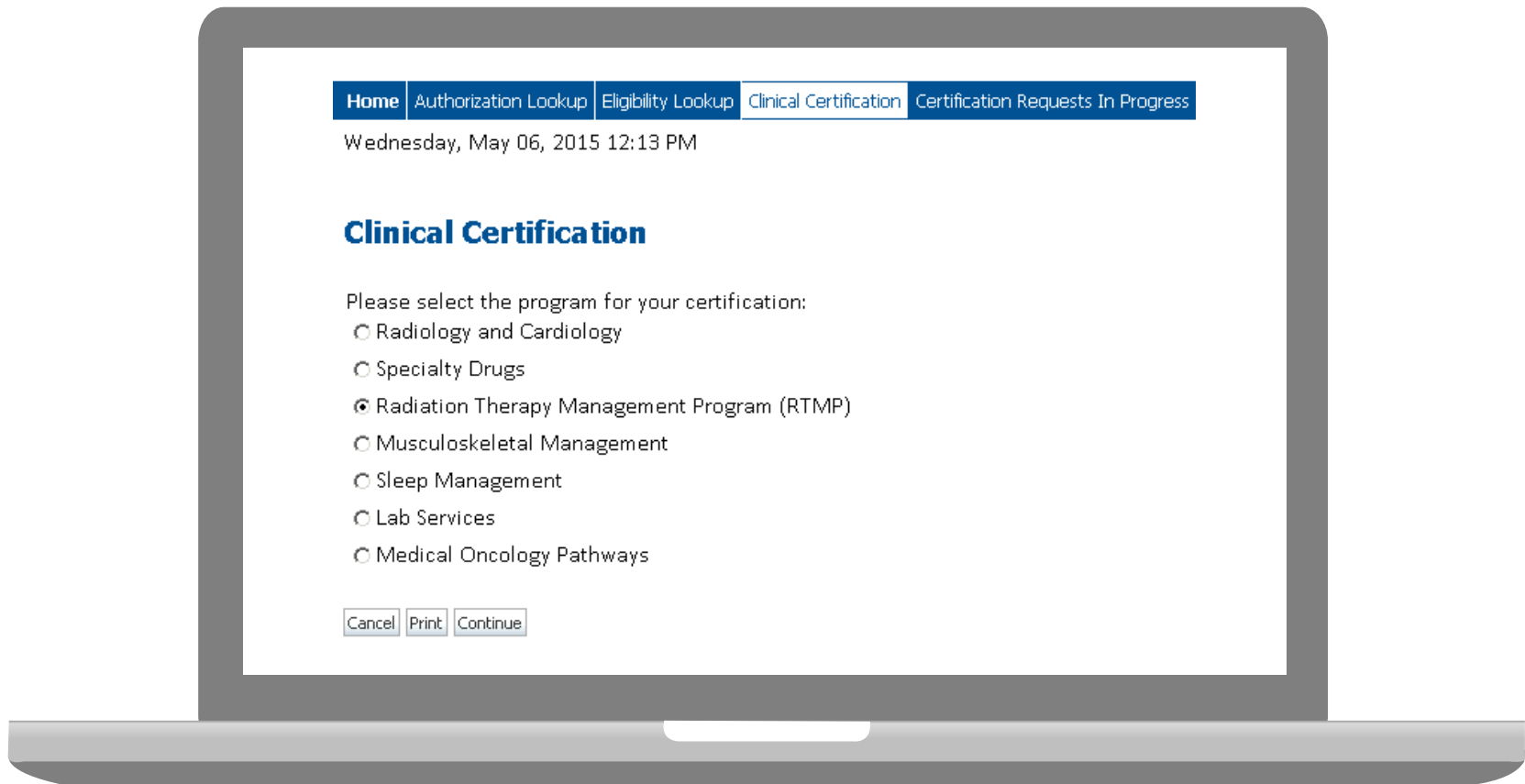
- Once registered, providers are granted access to the web portal.
- After logging into your account, a welcome screen provides options. Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Provider

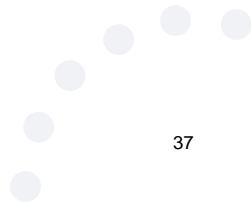


Select the **Practitioner/Group** for whom you want to build a case.

Select Program

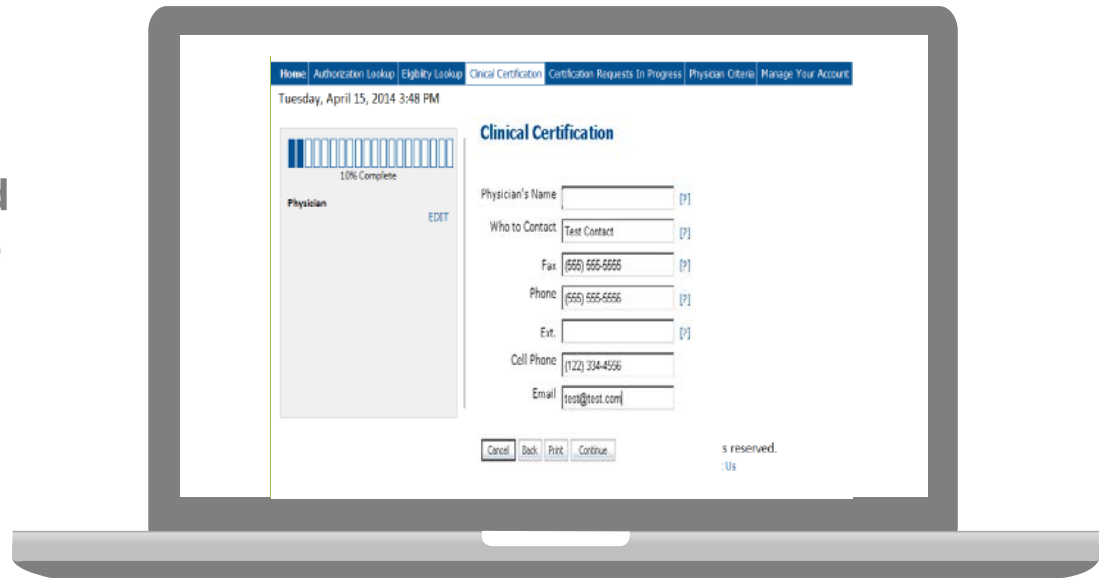


Select the **Program** for your certification.



Contact Information

Enter the **Physician'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 "Tuesday, April 15, 2014 3:48 PM" are displayed. The main content area is titled "Clinical Certification" and contains a progress indicator showing "10% Complete" with a bar chart. Below the progress indicator, there is a section for "Physician" with an "EDET" button. To the right of the "Physician" section, there are several input fields for contact information: "Physician's Name", "Who to Contact" (with "Test Contact" entered), "Fax" (with "555-555-5555" entered), "Phone" (with "555-555-5555" entered), "Ext.", "Cell Phone" (with "(123) 334-4556" entered), and "Email" (with "test@test.com" entered). 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 [EDIT](#)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.



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

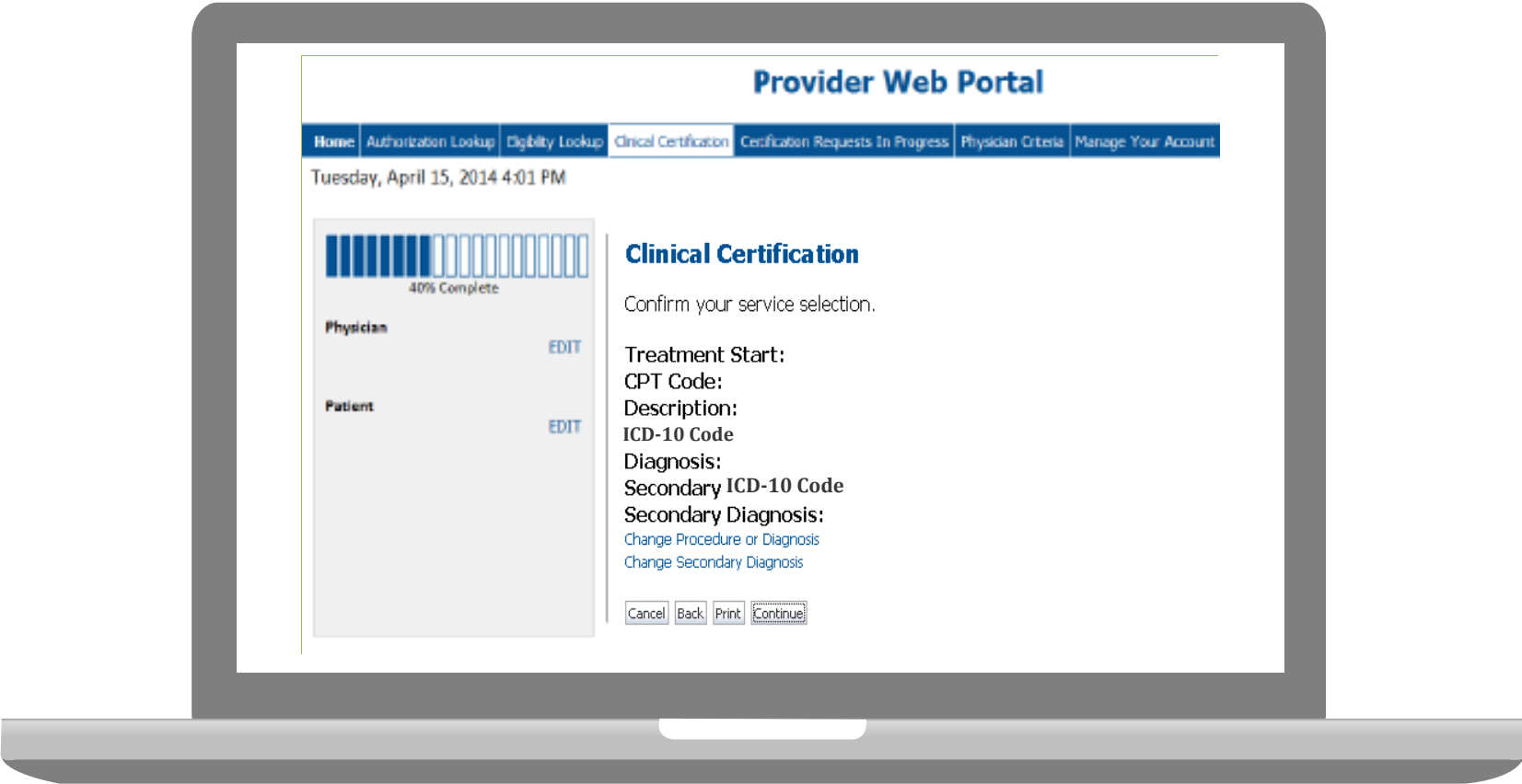
Select a Procedure by CPT Code[?] or Description[?]

Diagnosis

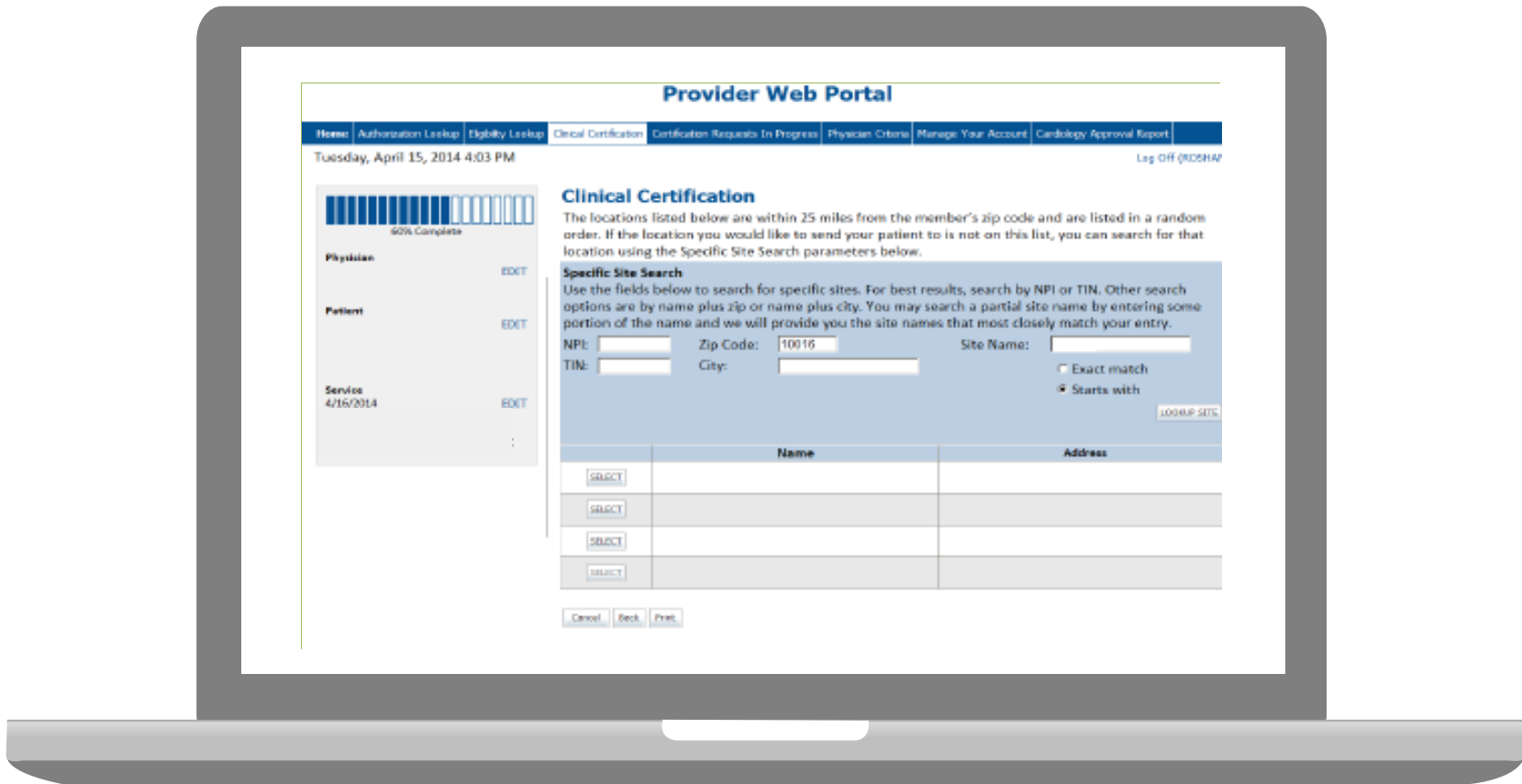
Diagnosis Code: **C50.412**
Description: **Malignant neoplasm of upper-outer quadrant of left female breast**

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

Verify Service Selection



Site Selection



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.

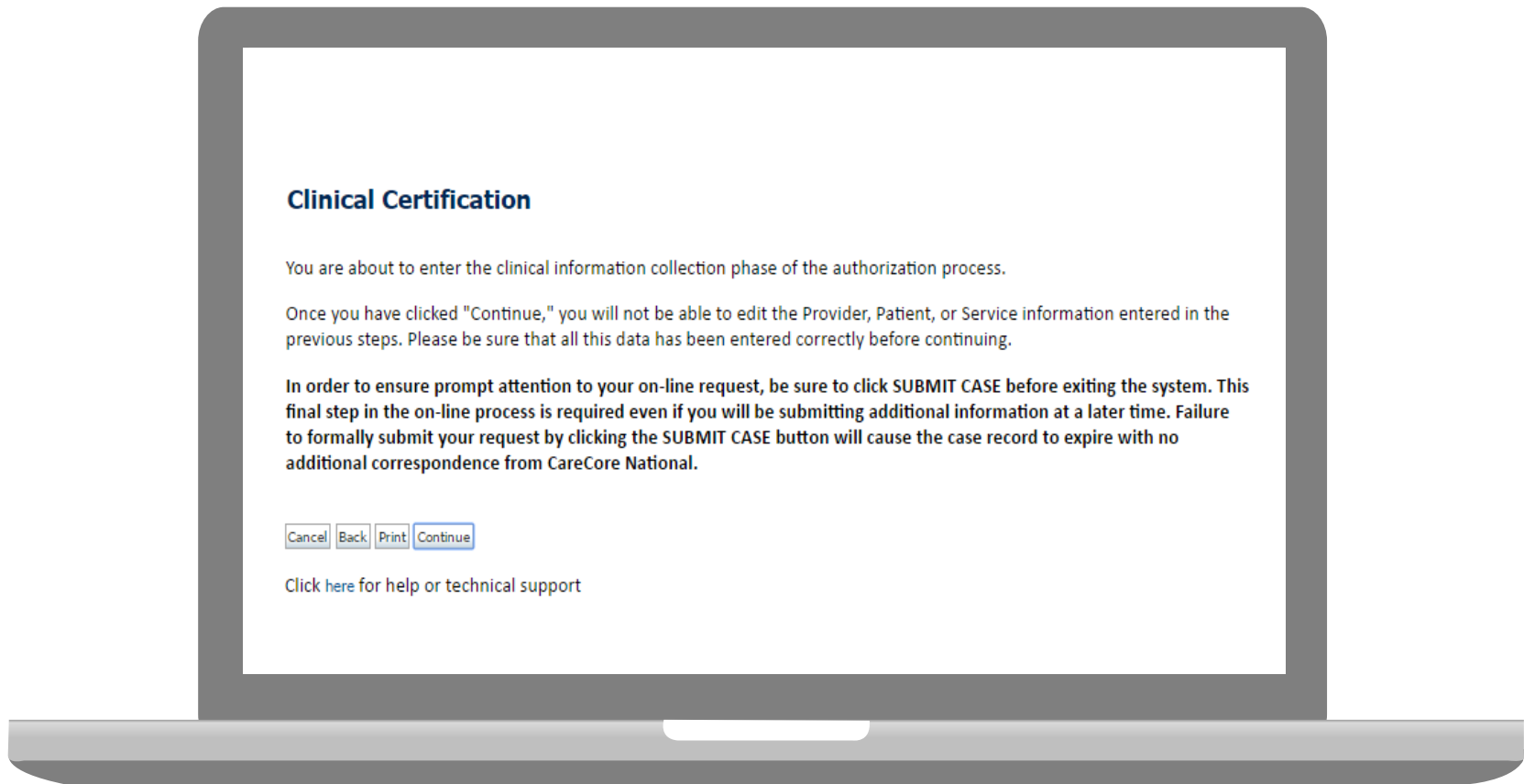
You will not have the opportunity to make changes after that point.

Site Selection



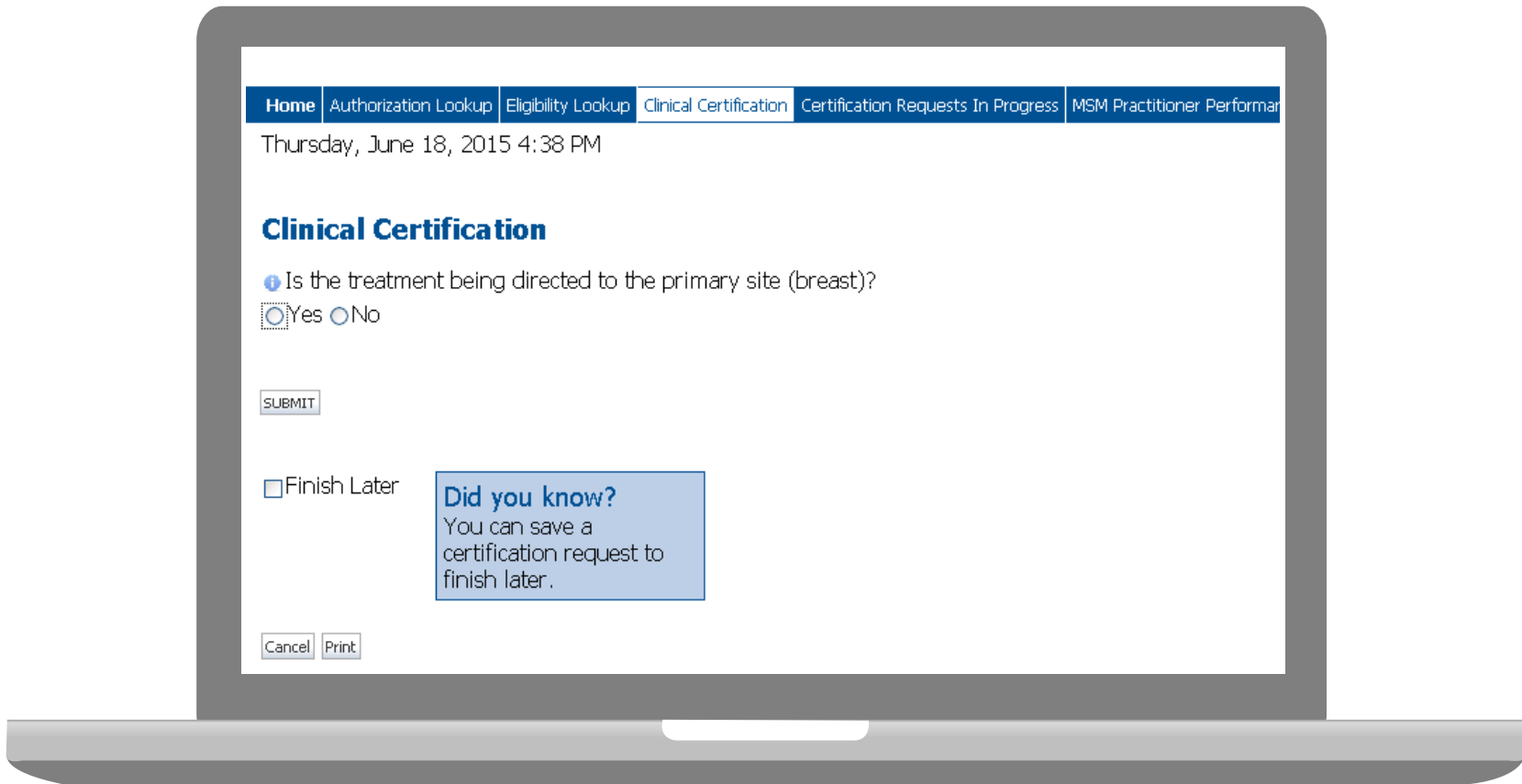
Confirm the site selection.

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.

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.

Provider Name:
Provider Address:

Contact:
Phone
Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id

Site Name:
Site Address:

Site ID:

Diagnosis/ ICD-10
Code:

Description:

Secondary
Diagnosis:

Description:

Date of Service: 6/20/2015
CPT Code: RCBREA

Description:

Authorization
Number:

Review Date: 6/18/2015 4:38:37
PM

Expiration Date: 10/16/2015

Status: Your case has been Approved.

REQUESTED

DENIED

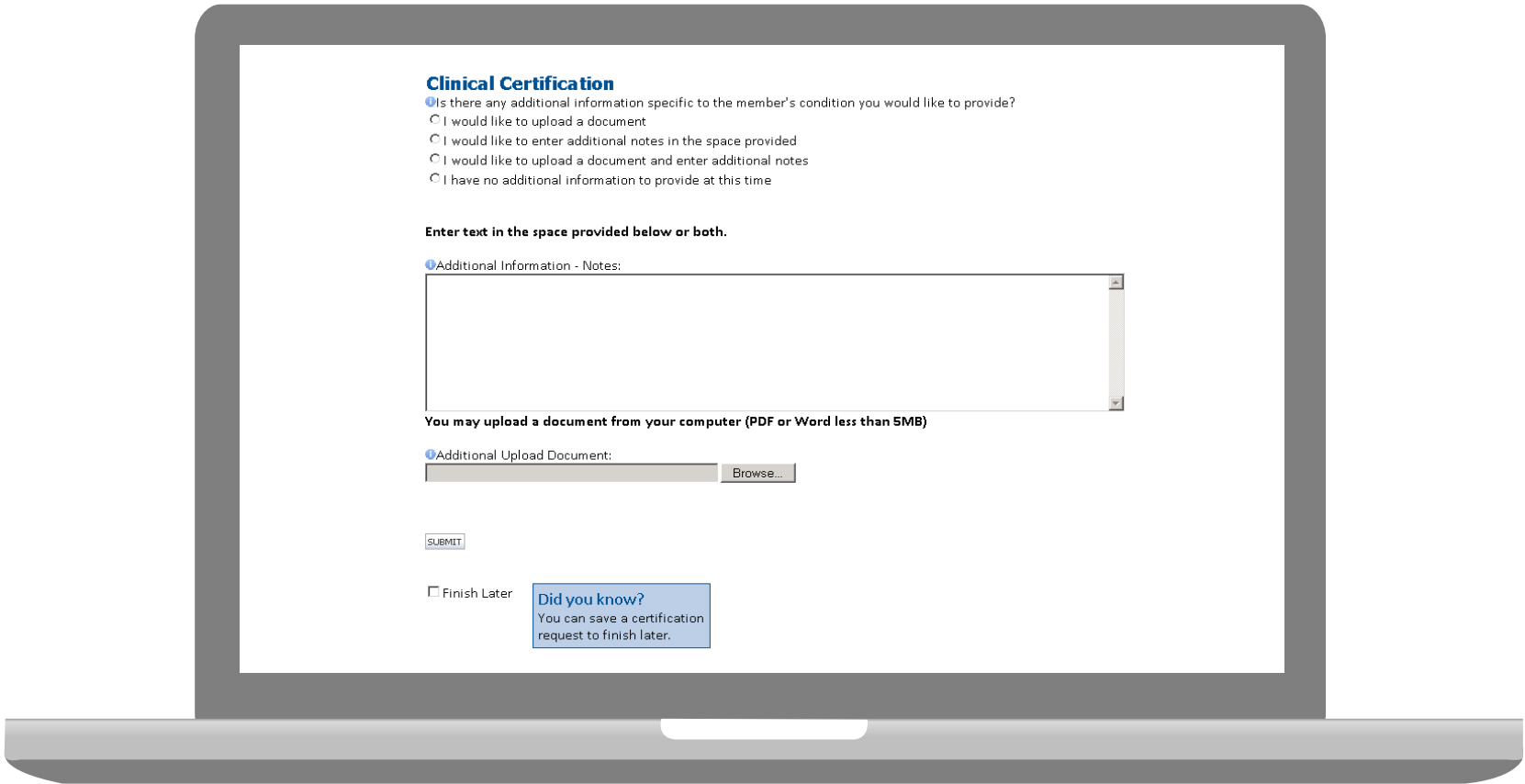
DENIAL RATIONALE

Print Continue

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)

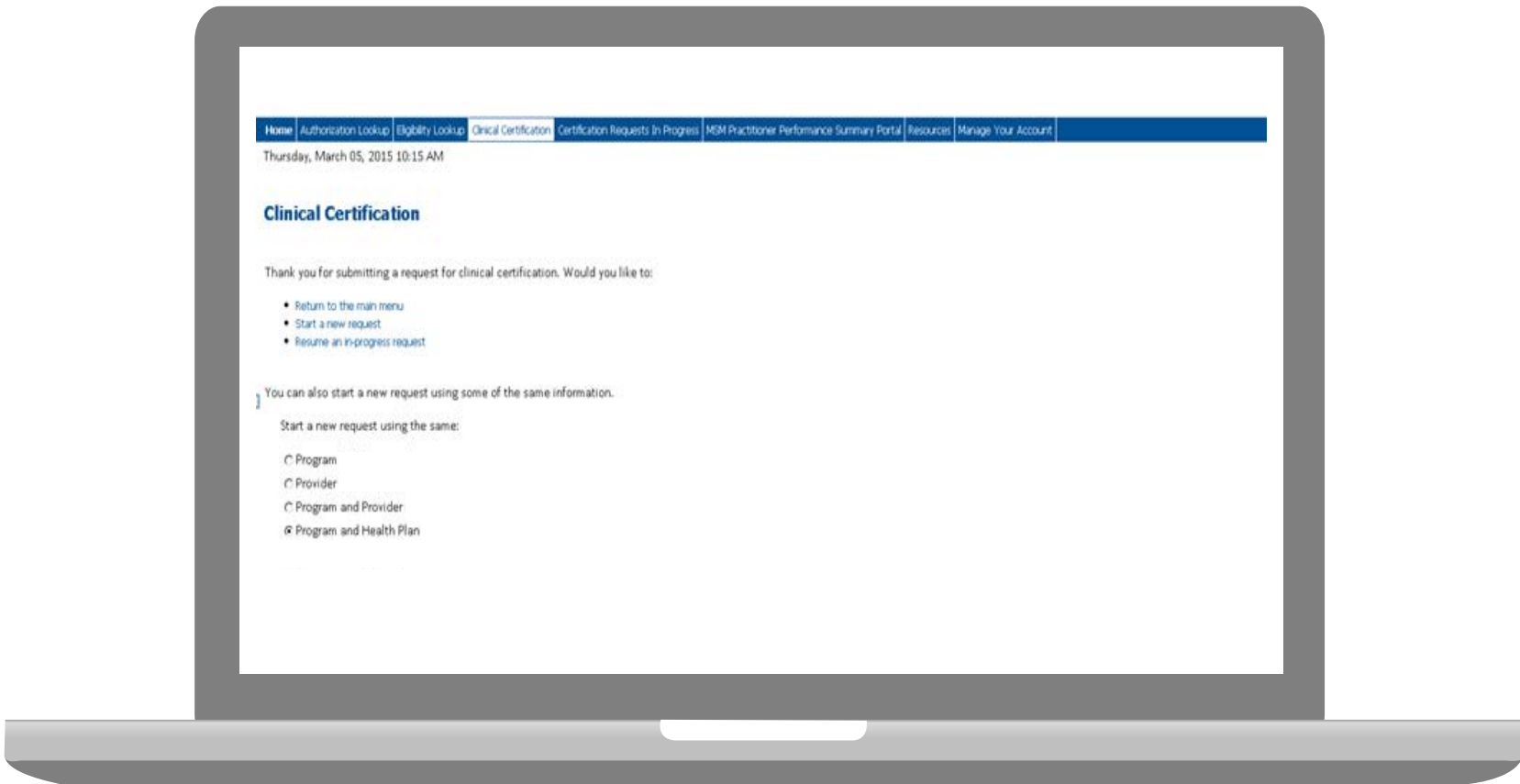
① Additional Upload Document:

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'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

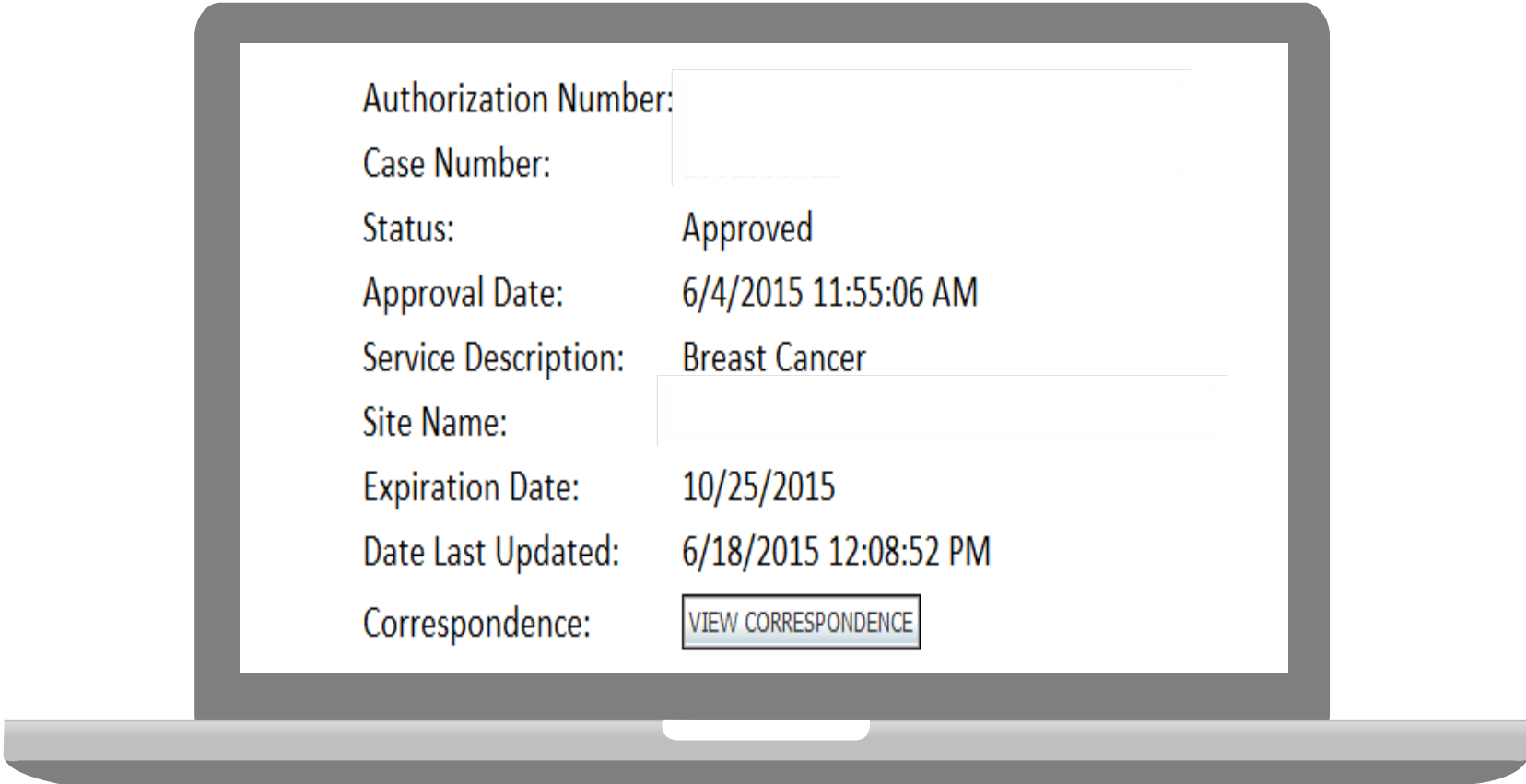
REQUIRED FIELDS

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.

Authorization Status



Authorization Number:

Case Number:

Status: Approved

Approval Date: 6/4/2015 11:55:06 AM

Service Description: Breast Cancer

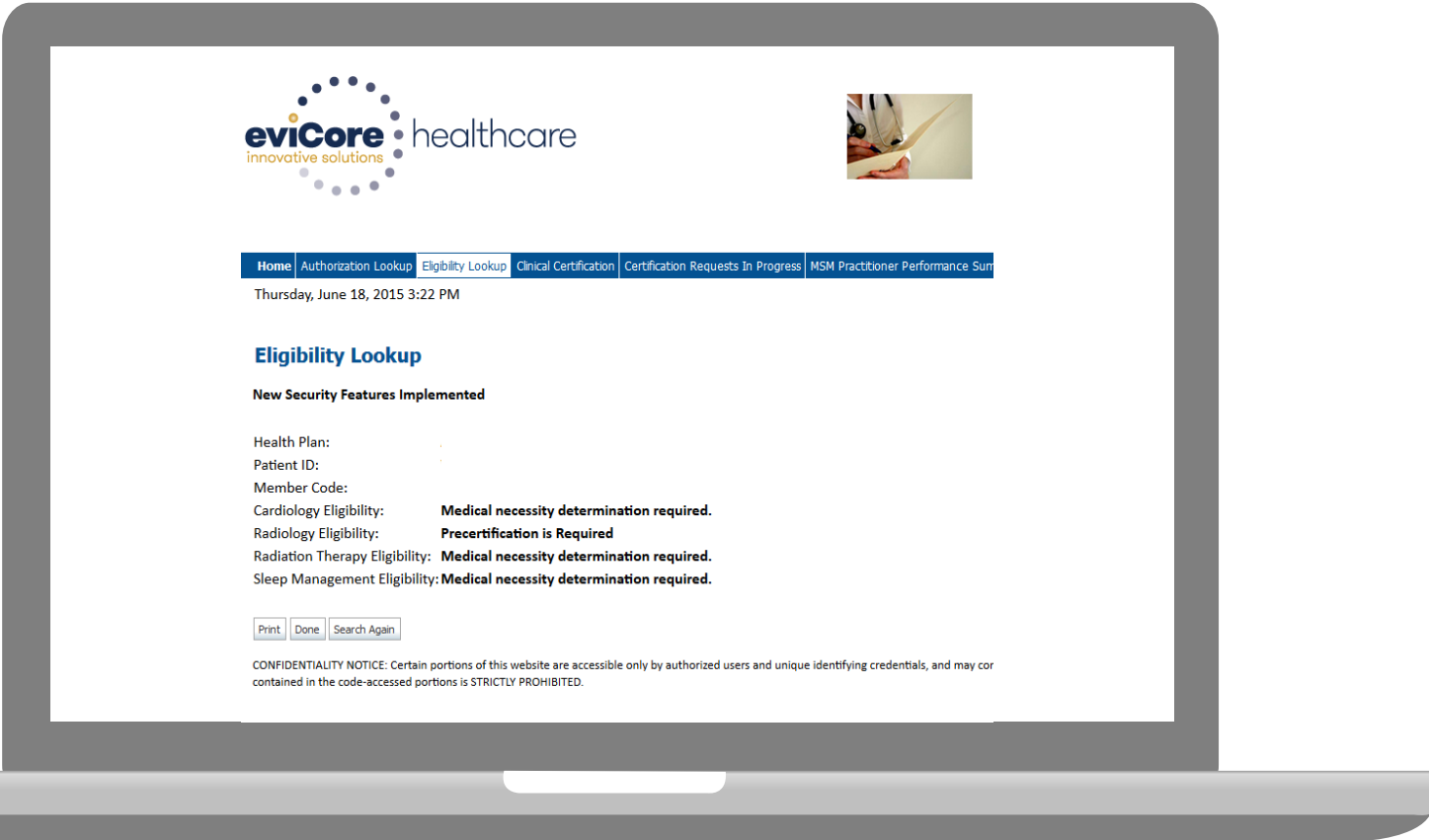
Site Name:

Expiration Date: 10/25/2015

Date Last Updated: 6/18/2015 12:08:52 PM

Correspondence: [VIEW CORRESPONDENCE](#)

Eligibility Look Up



[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.

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.

The screenshot shows the eviCore healthcare website interface. At the top, there is a navigation bar with the eviCore logo, a search bar, and links for LOGIN: PROVIDERS | PLANS and Clinical Guidelines and Forms. Below the navigation bar, there are tabs for APPROACH, SOLUTIONS, RESOURCES, MEDIA, and CAREERS. The main content area is titled "Clinical Guidelines" and includes instructions on how to select clinical guidelines. A dropdown menu is set to "Radiation Therapy". Below this, there are three links for Radiation Therapy Clinical Guidelines, Coding Guidelines, and Clinical Documentation Requirements. At the bottom, there is a link to "View more for health plan specific radiation therapy guidelines" and a link to "View less Physician Worksheets", which is circled in red. Below this, there are links for Adrenal Cancer, Anal Canal Cancer, Bile Duct Cancer, and Bladder Cancer.

Provider Resources: Preauthorization Call Center



Preauthorization
Call Center



Web-Based
Services



Provider
Relations



Documents

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



Preauthorization
Call Center



Web-Based
Services



Provider
Relations



Documents

Access the web portal via the Health Alliance site
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



Preauthorization
Call Center



Web-Based
Services



Provider
Relations



Documents

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

Provider Resources: Implementation Site



Preauthorization
Call Center



Web-Based
Services



Provider
Relations



Documents

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

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!

