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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><br>Oncology Pathway Drugs          |                        | eviCore                         |
| <b>New</b>         | <b>Outpatient Radiation Therapy</b>                                   |                        | eviCore                         |
| <b>New</b>         | <b>Musculoskeletal</b><br>Joint/Spine Surgery, Pain Management        |                        | eviCore                         |
| <b>New</b>         | <b>Outpatient Specialty Therapy</b><br>Physical, Occupational, Speech |                        | eviCore                         |
| <b>New</b>         | <b>Sleep Medicine</b>   |                        | eviCore                         |
| <b>Transition</b>  | <b>Outpatient Specialty Therapy</b><br>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

# eviCore Sleep PAP Compliance Program Overview

Health Alliance Medical Plans



## What's Changing?



### Monitoring PAP Compliance

- Beginning June 1, 2017, PAP compliance data will be monitored for Health Alliance Medical Plan members by eviCore healthcare.
- 90 day PAP compliance will need to be objectively validated to qualify for purchase authorization.
- For at least the first 90 days of usage, PAP machines must be equipped with a modem – can be wireless or wired.
- Data entry at setup will be critical to proper monitoring and payment.
- Fax of most recent 30 days' usage will be required for all resupply requests.

# Current State of Compliance Tracking

Process for tracking patient compliance can be labor-intensive.

Comprehensive online databases from manufacturers are not fully utilized

Process = authorization of PAP → PAP set up → compliance monitoring  
→ PAP purchase authorization → resupply

This workflow can be complicated and time consuming

DMEs vary in frequency, periodicity, and completeness of checks which results in greater variability in outcomes



## TherapySupport<sup>SM</sup> Focus

### PAP Compliance Matters

PAP usage data directly from patient device via SleepLink

Standardizes compliance process across all DME providers

Sleep Educators support behavior change

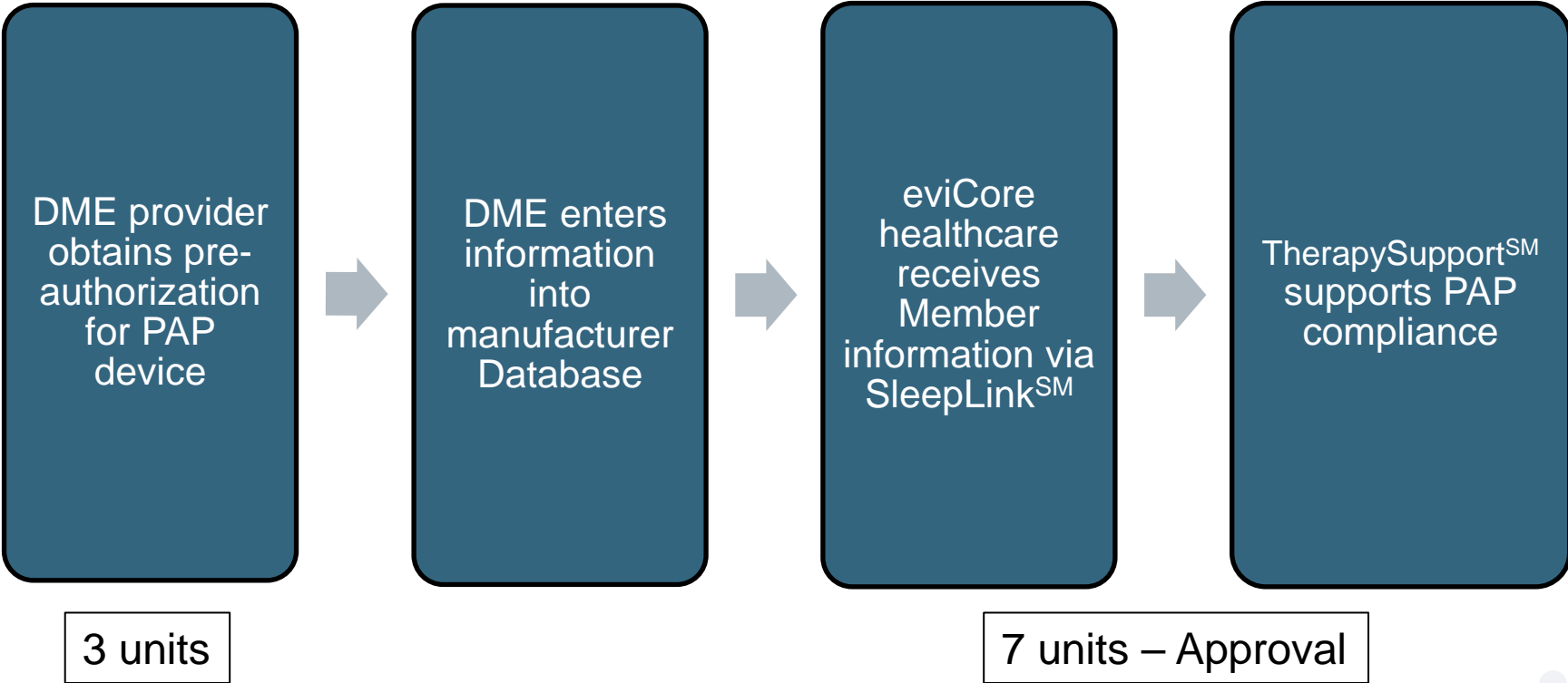
Minimal additional work for DME providers

Enables DME provider reports

Goal: Improve patient outcome and reduce costs

# TherapySupport<sup>SM</sup> Workflow

Process for utilizing compliance data is very straightforward





## What does this mean for the DME Provider?

\*\*\*eviCore healthcare will monitor member compliance with PAP machines BUT DME providers still need to work with their patients

Non-compliant members: eviCore healthcare will outreach to DME and physician periodically to support compliance

Support for non-compliant members will allow time for member to become comfortable with Therapy and will escalate as needed

Compliant members: eviCore healthcare interaction will be minimal

\*\*\*Authorization for purchase will be sent to DME when member reaches the compliance goal – you will not need to contact eviCore healthcare for the compliance authorization!

**NOTES**: The program supports properly equipped machines from ResMed, Respironics, and Fisher & Paykel.

**Respironics users**: Complete BAA and return to eviCore healthcare to be set up in system

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# The TherapySupport<sup>SM</sup> Process

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# TherapySupport<sup>SM</sup>

## The key to PAP compliance

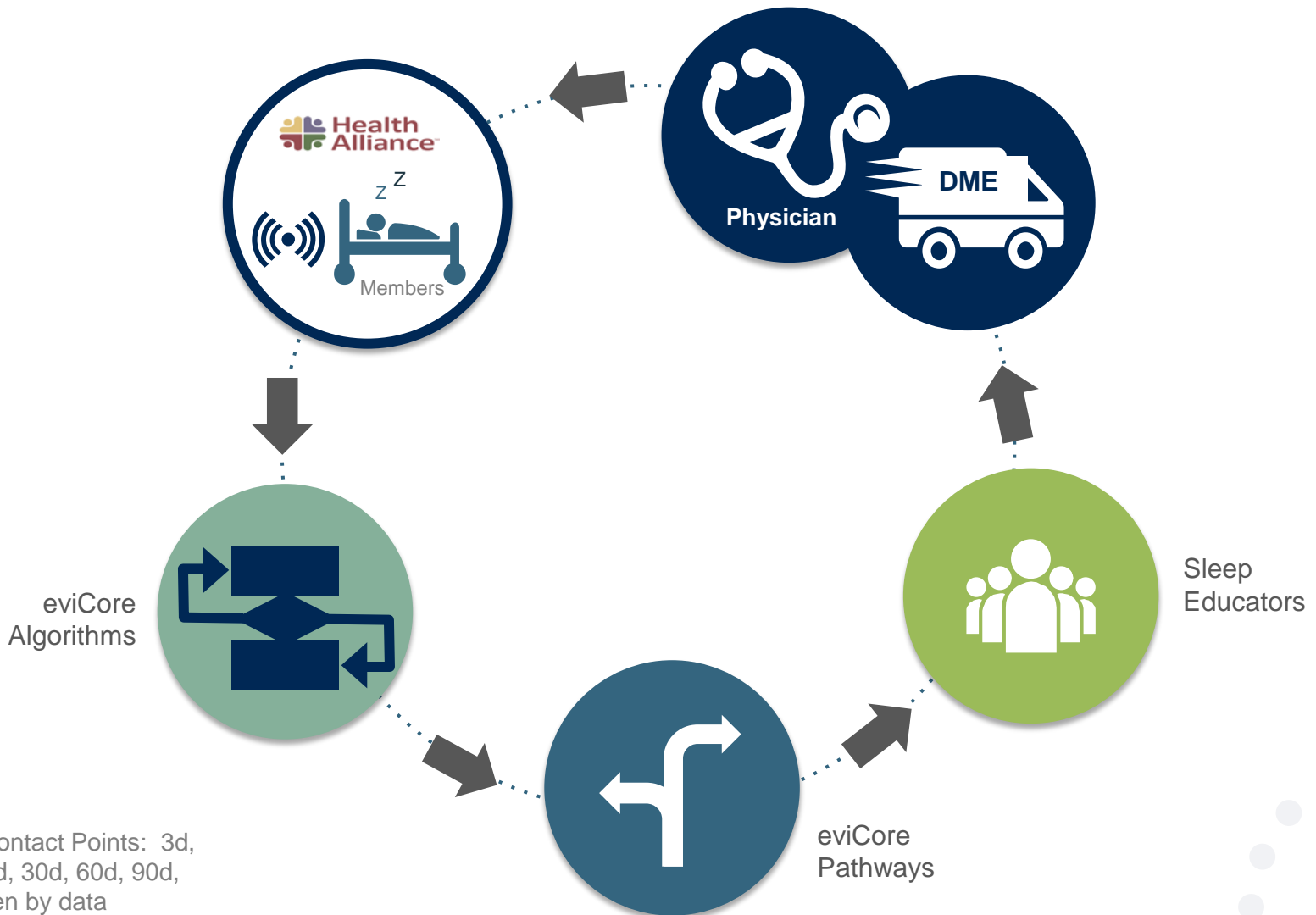
The key to  
PAP   
compliance

SleepLink<sup>SM</sup>  
connects  
eviCore to the  
three largest  
manufacturers  
of PAP devices



# Therapy Compliance

Once usage is detected, eviCore can ensure that members are compliant with their therapy, improving the quality of care for members



Outreach Contact Points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data

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# **Demonstrations of Online Systems**

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# MANUFACTURER DEMOS

ResMed – [www.airview.com](http://www.airview.com)

Respironics – [www.encoreanywhere.com](http://www.encoreanywhere.com)

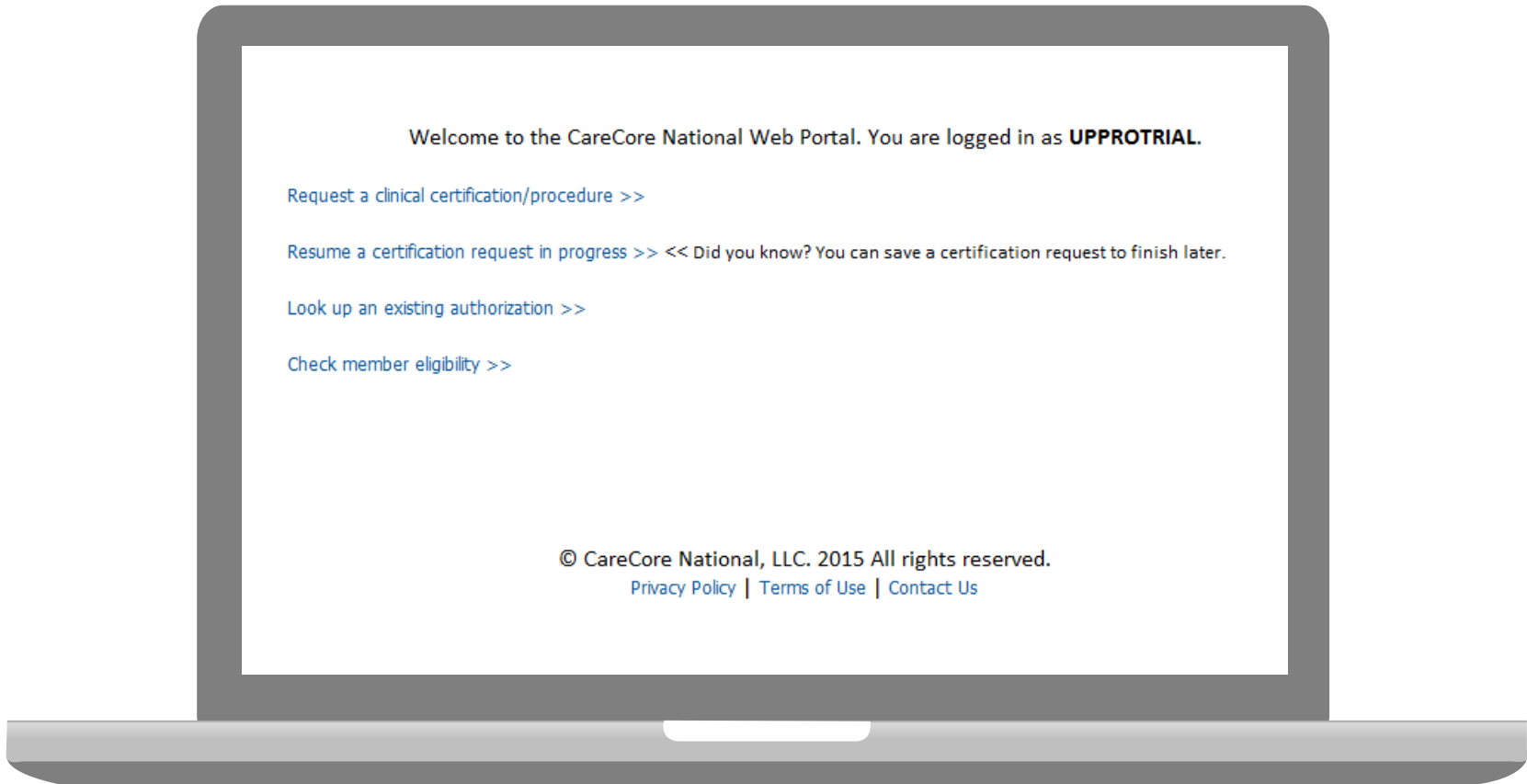
Fisher & Paykel – [www.fpinfosmart.com](http://www.fpinfosmart.com)

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# Web Portal Services

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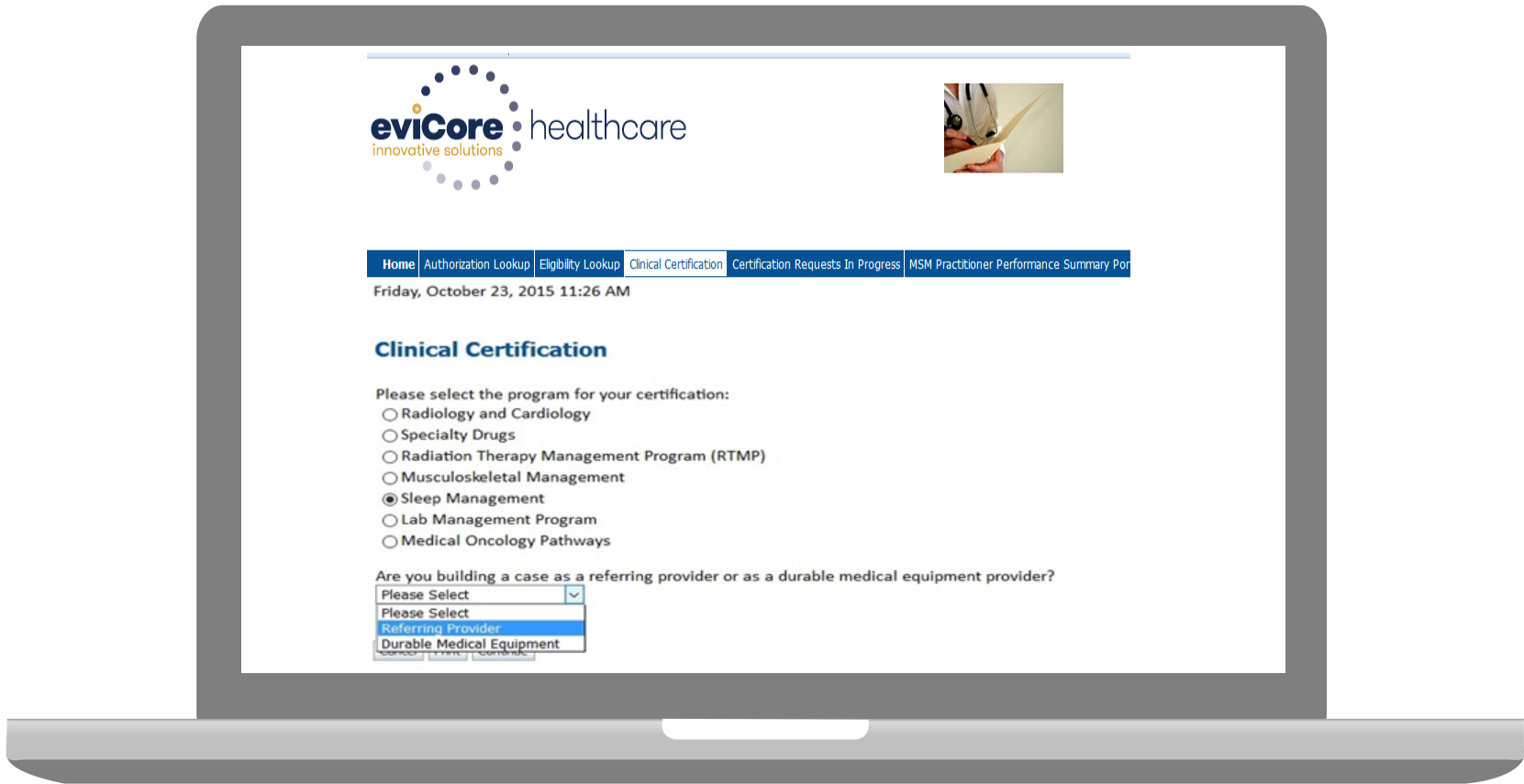
# Initiating a Case



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



# Select Program



➔ Select **Sleep Management** then **Referring or DME Provider**.

# Select Referring Physician



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

# Member Information

**Patient Information**

30% Complete

**Physician**  
DOE, JOHN [EDIT](#)

**Clinical Certification**

Patient ID:

Date Of Birth:  MM/DD/YYYY

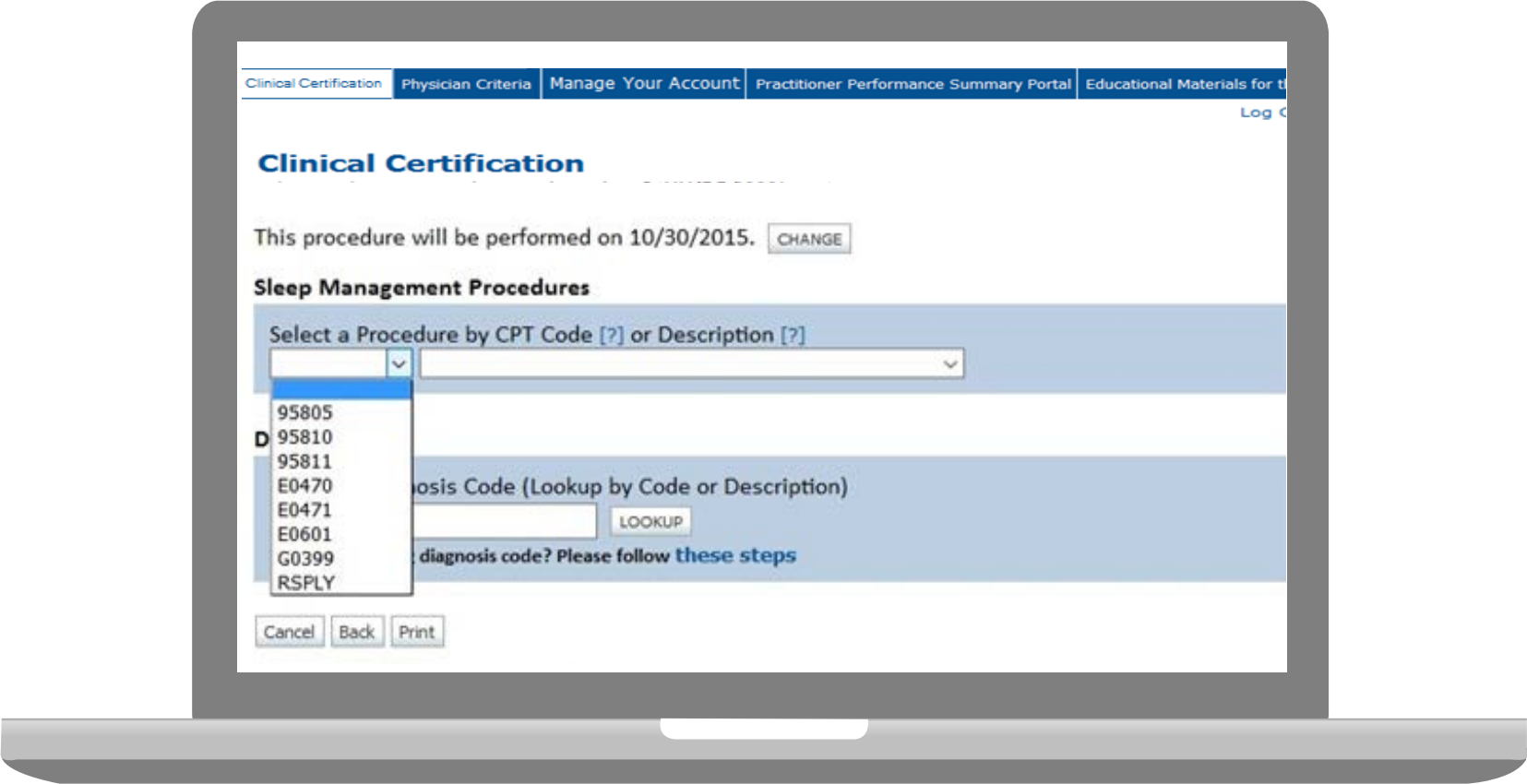
Patient Last Name Only:  [?]

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.”**

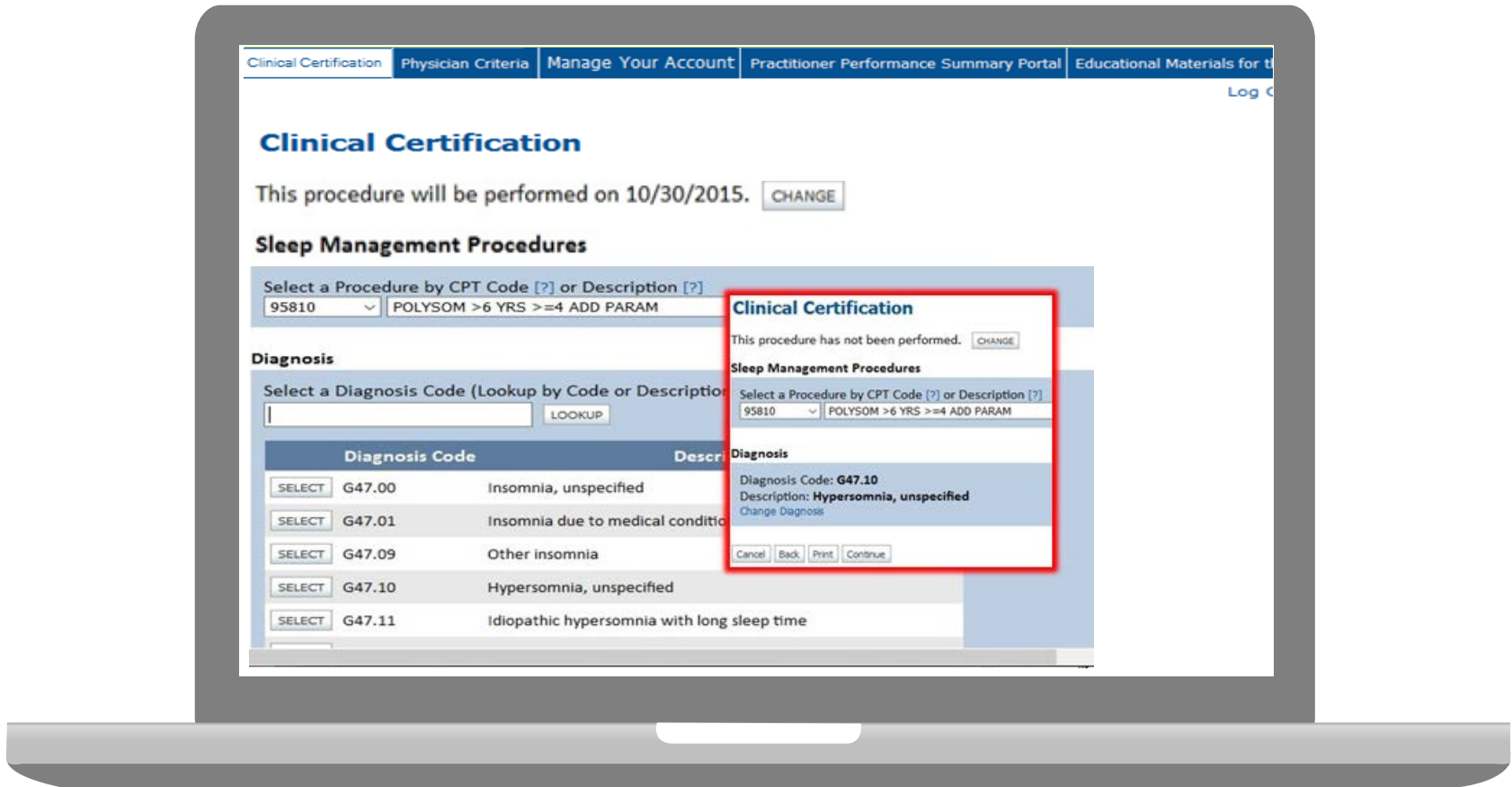
# Clinical Details



Enter the appropriate **CPT Code**.

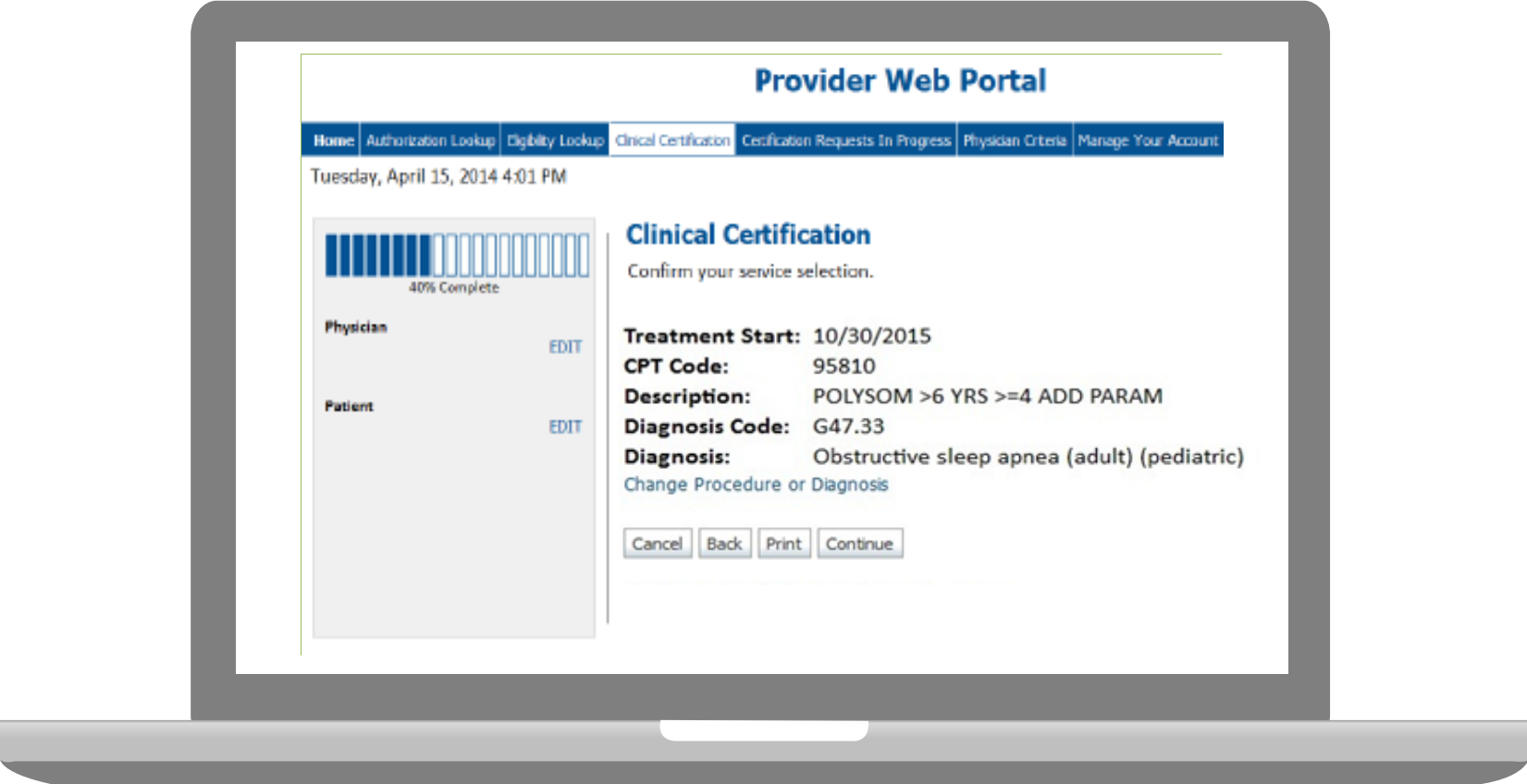


# Clinical Details

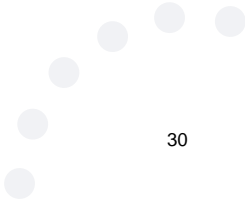


Enter the appropriate ICD-10 Diagnosis Code.

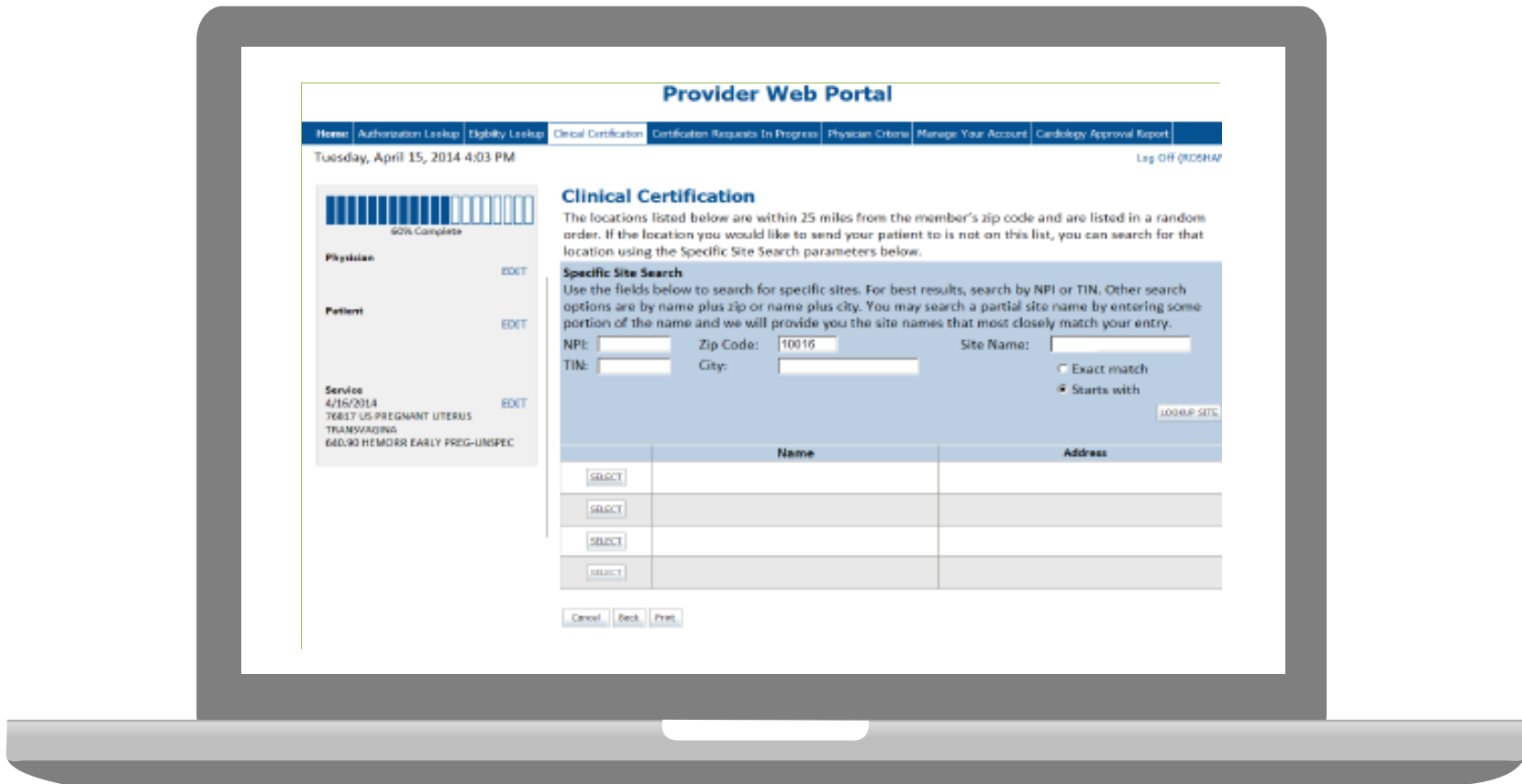
# Verify Service Selection



Confirm selected procedure and ICD-10 diagnosis code.



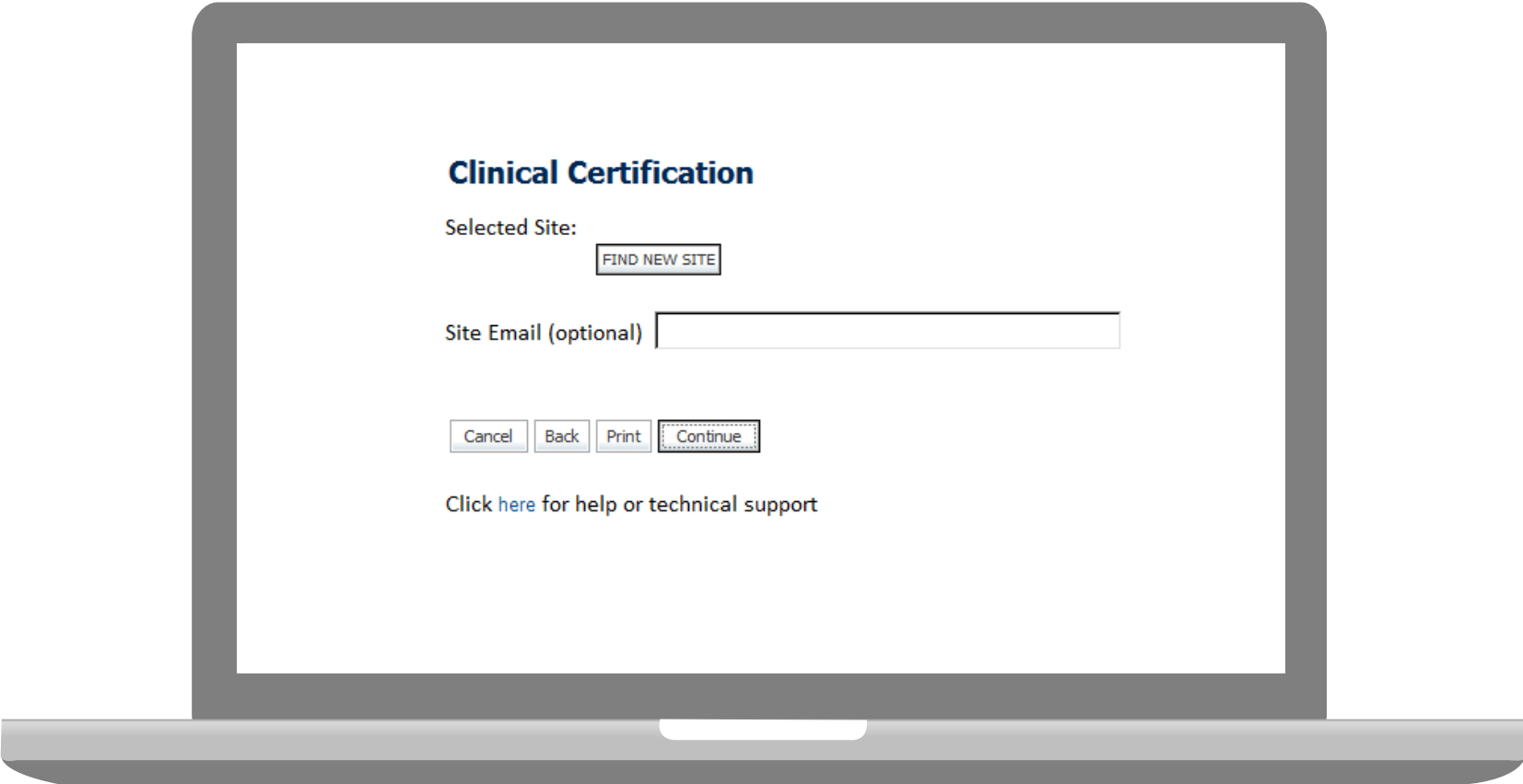
# Site Selection



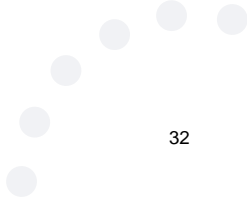
➤ Select the site. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

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

# Site Selection

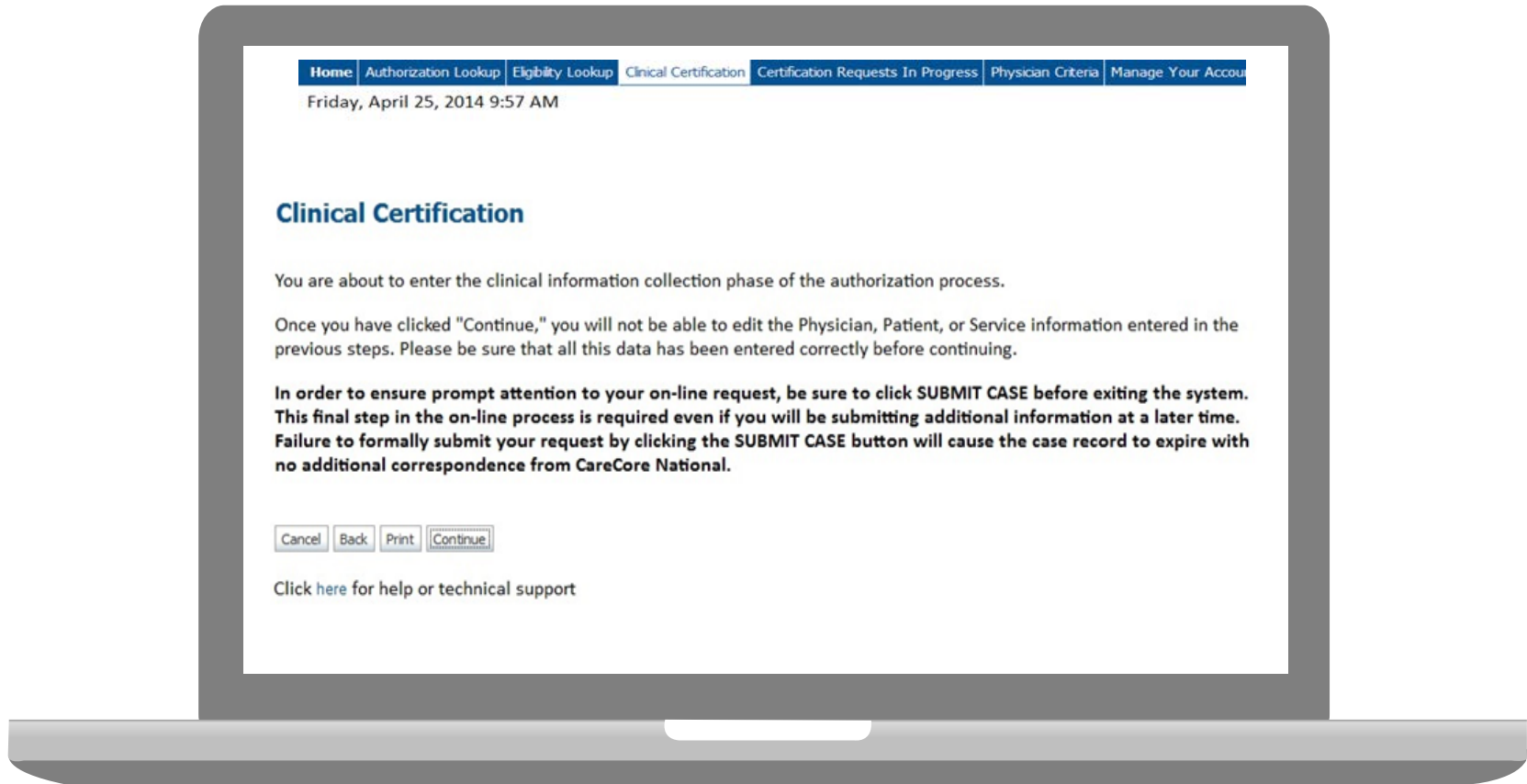


Confirm the site selection.





# Clinical Collection



# Clinical Collection

[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

④ What are the patient's complaints?

excessive daytime sleepiness (EDS)    non-restorative sleep  
 disturbed or restless sleep    no complaints

Other (specify)

④ What symptoms do you have documented evidence of?

|  |   |
|--|---|
| <input type="checkbox"/> choking during sleep  | <input type="checkbox"/> decreased concentration during the daytime |
| <input type="checkbox"/> witnessed apneas during sleep   | <input type="checkbox"/> memory loss                                |
| <input type="checkbox"/> gasping during sleep  | <input type="checkbox"/> decreased libido                           |
| <input type="checkbox"/> retrognathia, tonsillar hypertrophy or other physiologic abnormalities compromising respiration | <input type="checkbox"/> irritability                               |
| <input type="checkbox"/> disruptive snoring  | <input type="checkbox"/> nocturia                                   |
| <input type="checkbox"/> hypertension  | <input type="checkbox"/> none of these symptoms                     |
| <input type="checkbox"/> morning headaches   |   |

④ How many weeks has the patient experienced these symptoms (if there are no symptoms enter "0")?

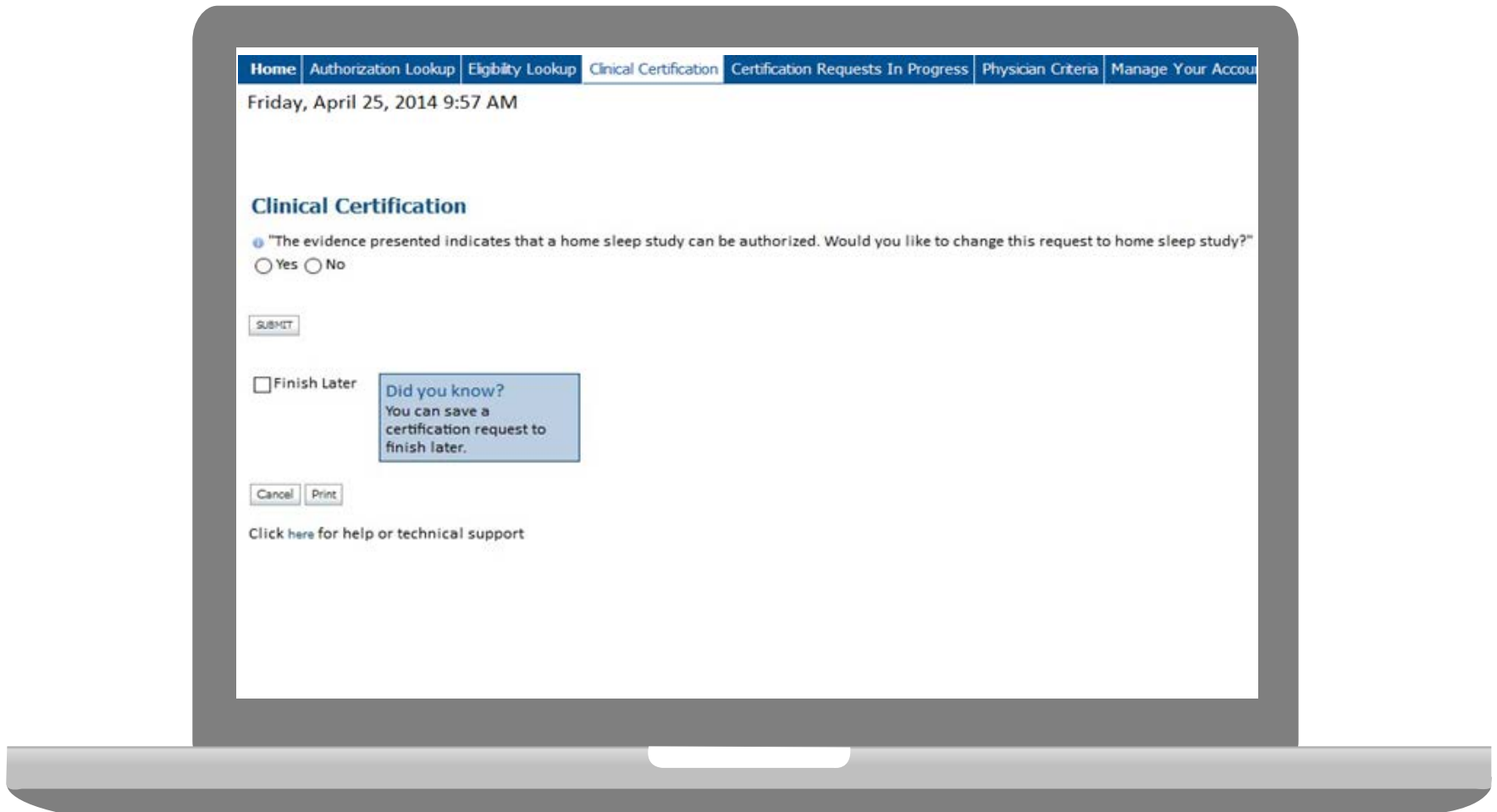
④ What medications is the patient currently taking? (Please write "none" if the patient is not taking any medication)

④ What is the patient's BMI?

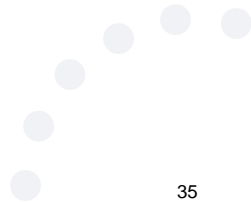
④ Do you know the patient's Epworth Sleepiness Score (ESS)?

Yes    No

# Clinical Collection



Offer of **HST redirection** is made on the web.



# 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:

Primary Diagnosis Code:

Secondary Diagnosis  
Code:

CPT Code:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

Description:

Description:

Description:

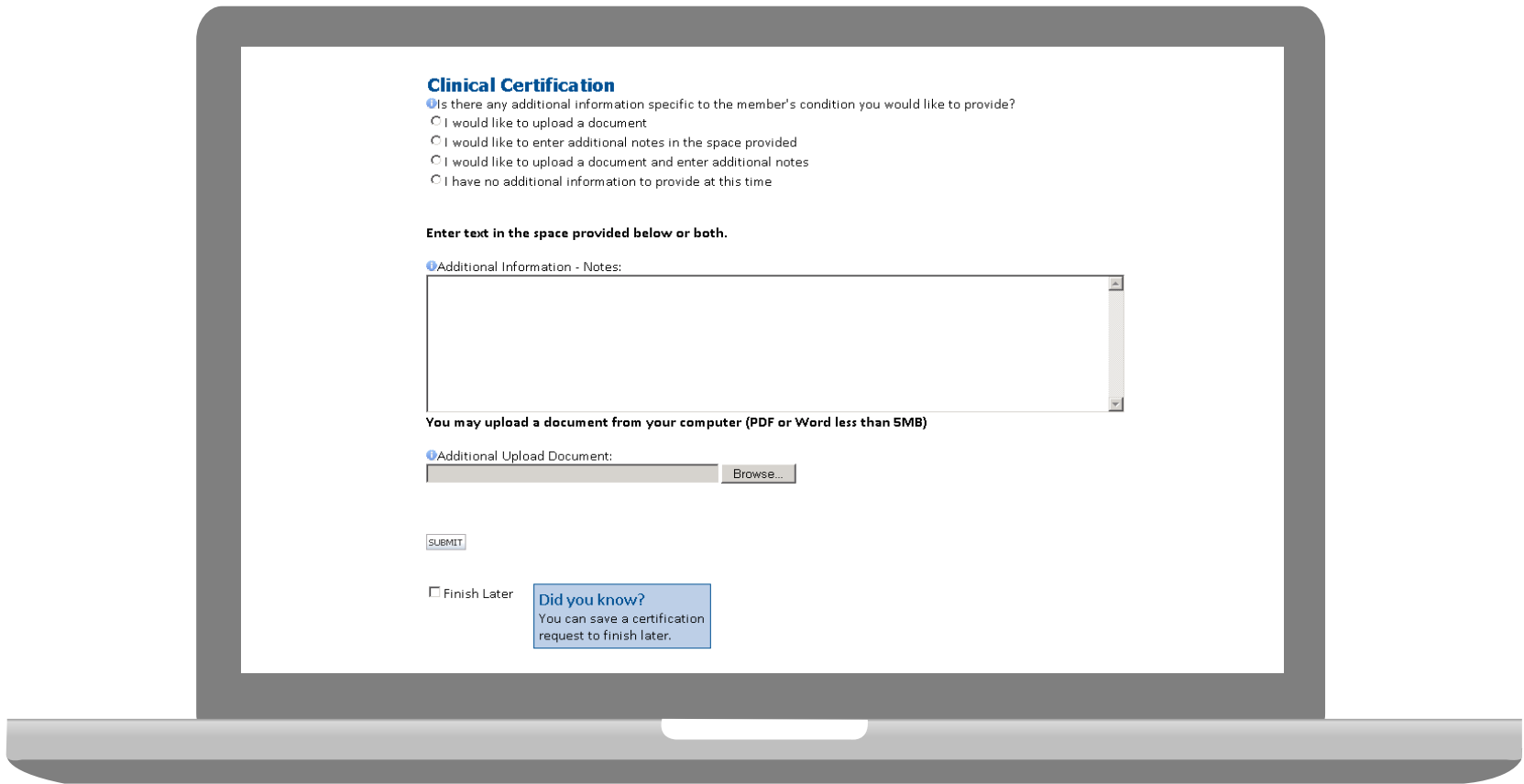
Print

Continue

Determination at the end of the pathway is given to the provider.

A case number and next steps will be listed.

# 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:

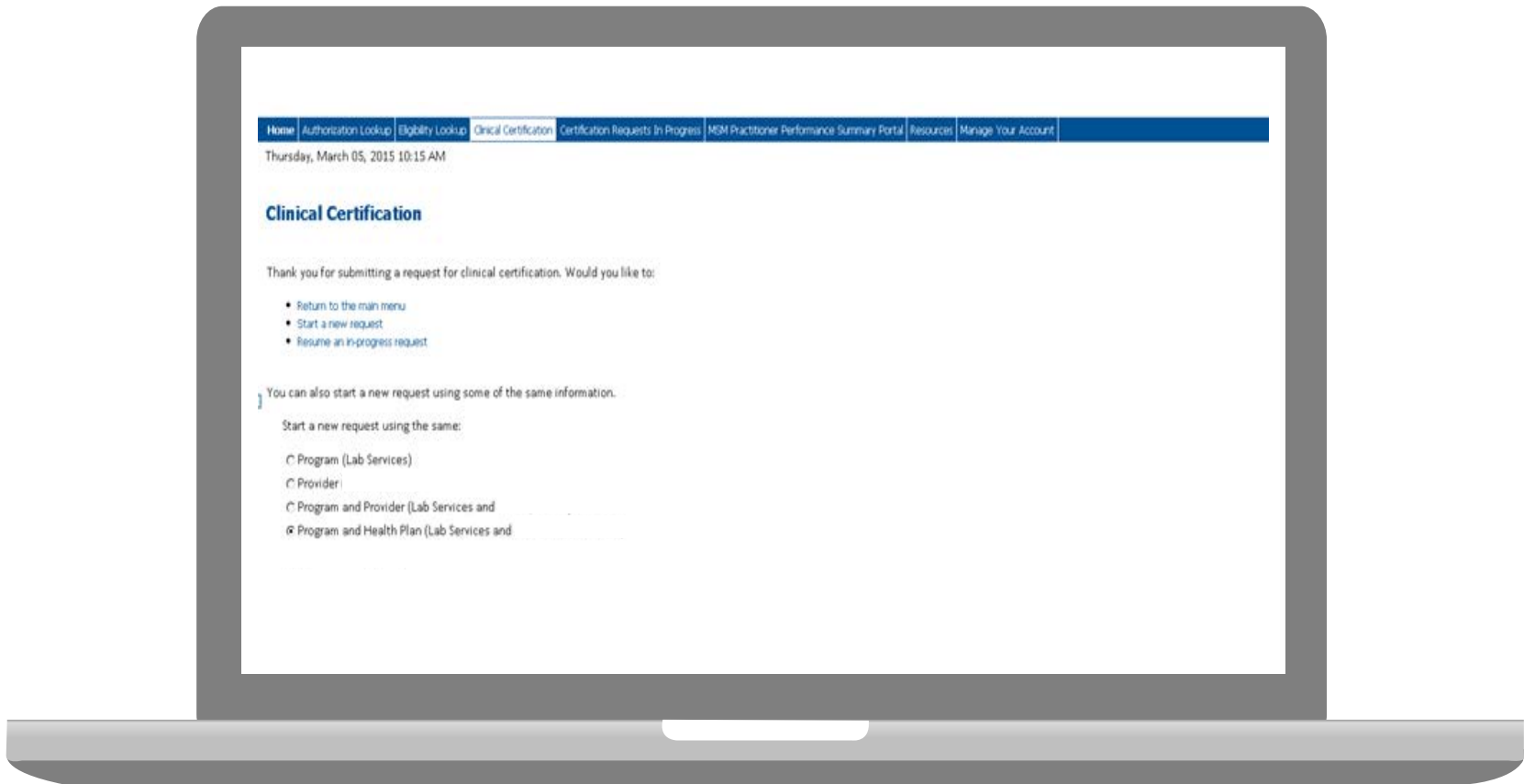
Browse...

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:

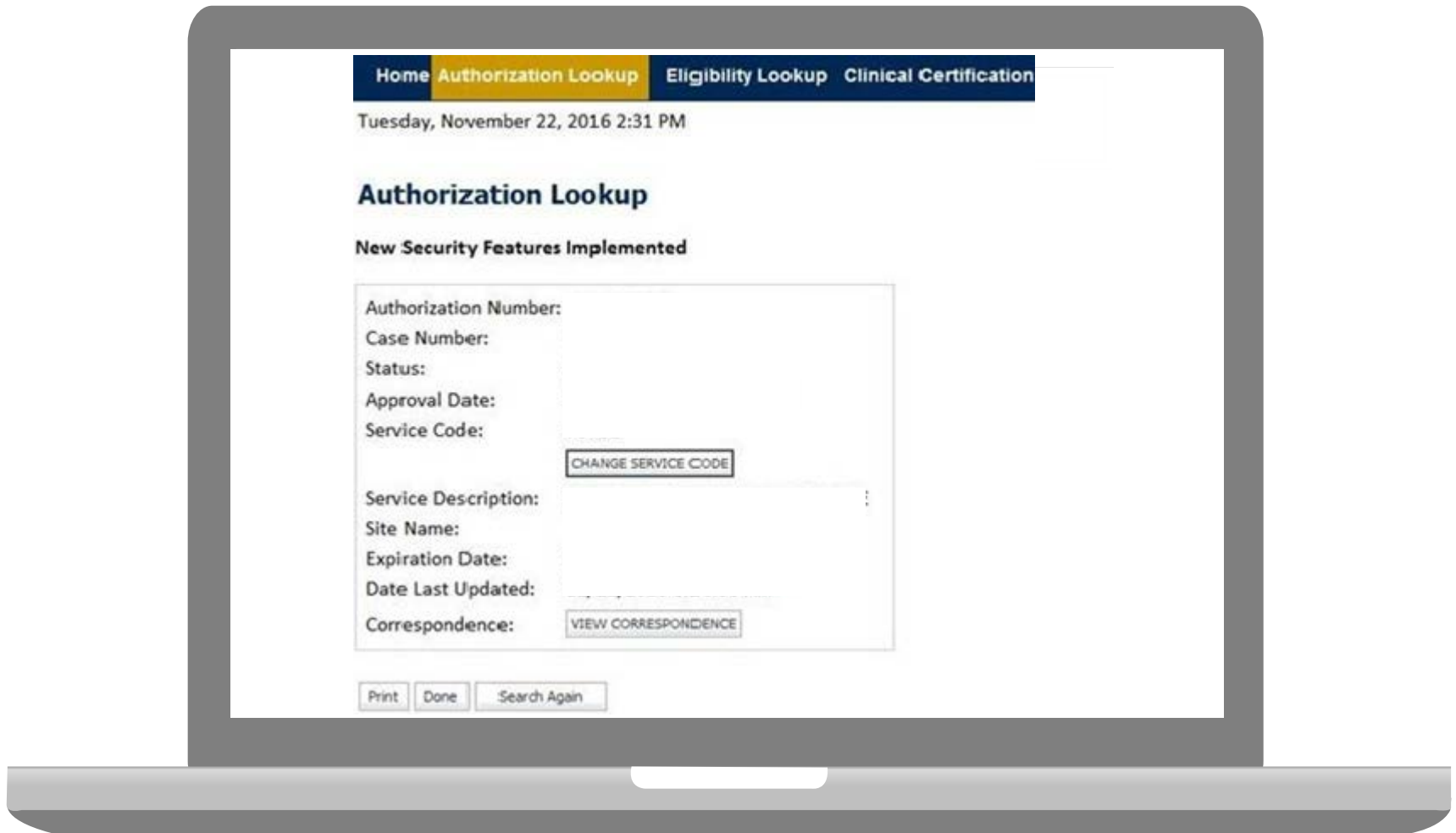
Auth/Case Number:

Search

- 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.

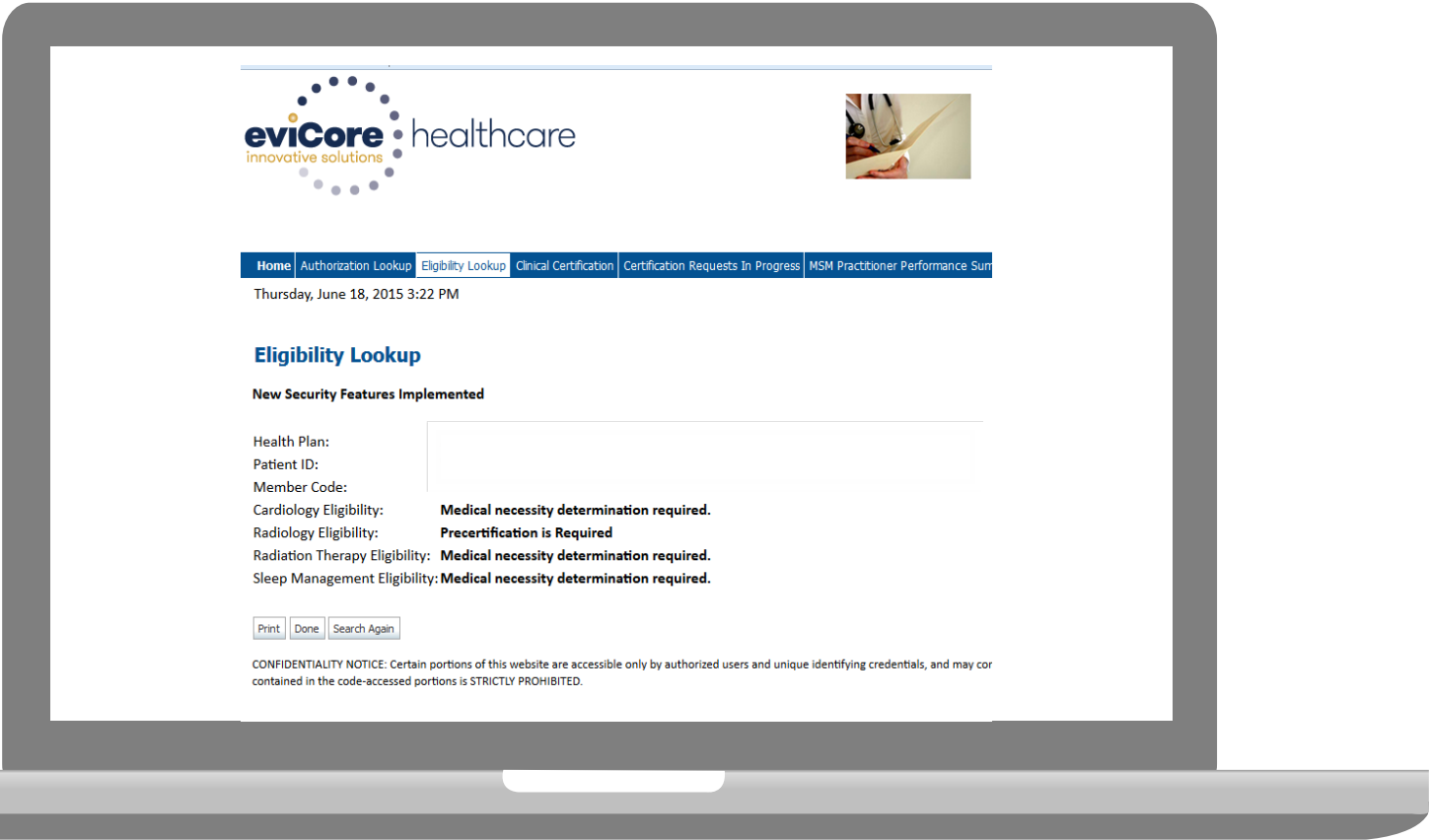


# Authorization Status



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

# Eligibility Look Up



[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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# Thank You

**Christine Ault, Sleep Educator, ext. 27451**      [cault@evicore.com](mailto:cault@evicore.com)  
**Rhonda Anderson, Sleep Educator, ext. 27489**      [randerson@evicore.com](mailto:randerson@evicore.com)  
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