
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

Sleep Program Overview

Health Alliance Medical Plans

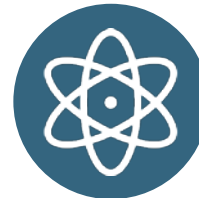


Integrated Solutions

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



Sleep Solution Experience

- Since 2008
- 13 regional and national clients
- 14M total membership
 - 10.2M Commercial membership
 - 1.3M Medicare membership
 - 2.6M Medicaid membership
- 100k+ average cases built per **year**



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

| | |
|---------------------|---------------------|
| Sleep Medicine | Oncology/Hematology |
| Internal Medicine | Surgery |
| Pulmonary/Crit Care | Psychiatry |
| Neurology | Sports Medicine |
| OB/GYN | Pediatrics |
| Cardiology | |
| Nuclear Medicine | |
| Anesthesiology | Radiology |
| Radiation Oncology | |
| Family Medicine | |

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

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- American Academy of Sleep Medicine
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American College of Cardiology
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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



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.

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 prior authorization approval for services.

Applicable Membership

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

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



Preauthorization Required:

- 95800/95801/95806/G0399/G0398/G0400 – Home Sleep Testing
- 95807/95808/95810 – Attended Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration
- 95805 – Multiple Sleep Latency Test (MSLT)
- E0470/E0471/E0601 – PAP Therapy devices
- A4604 and A7027 – A7046 – PAP supply codes
- E0561 and E0562 – PAP Therapy humidifiers

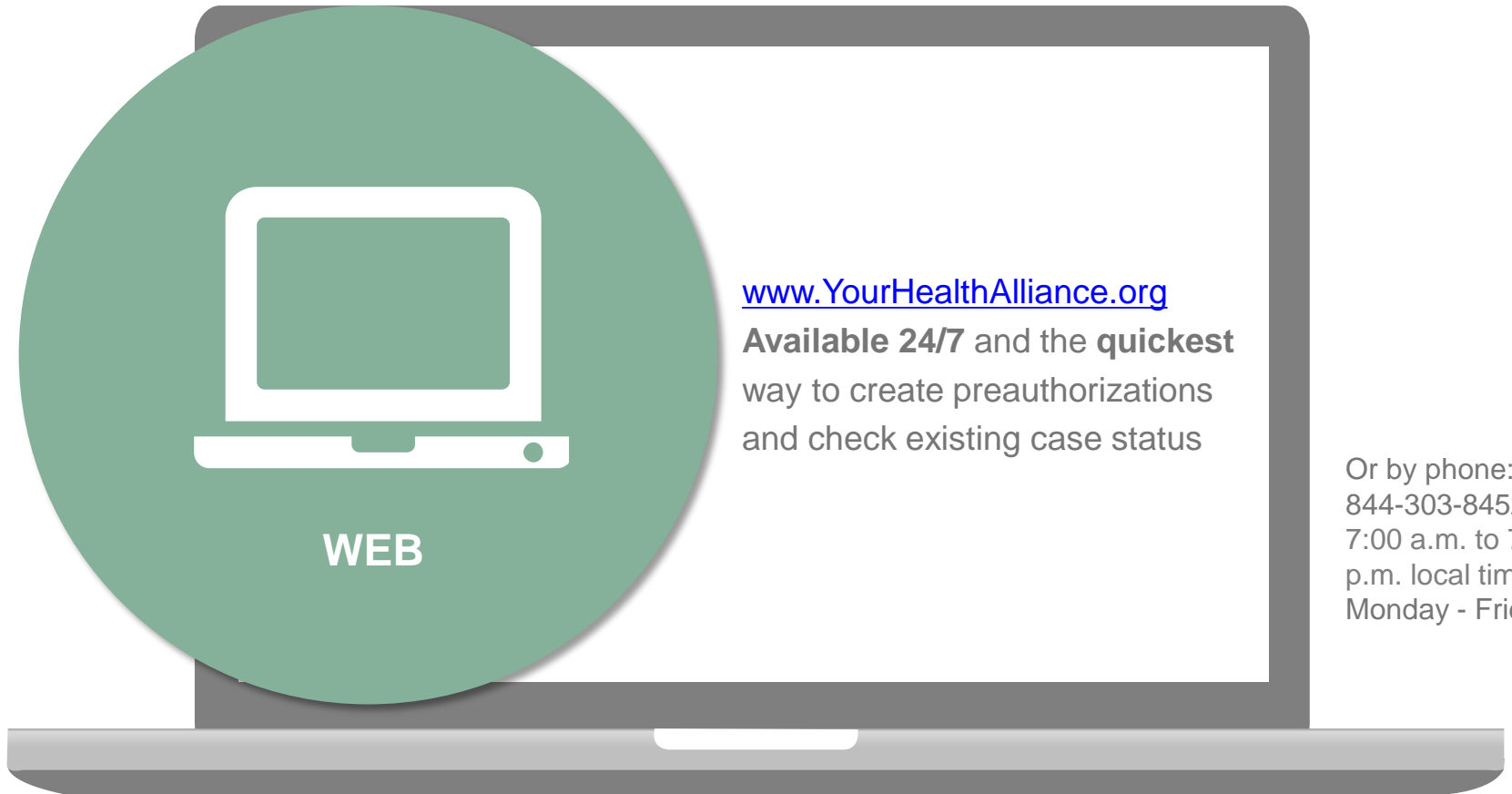
If a 95810 is requested but a split night study was performed, the provider must call eviCore within 2 business days to request an up-code from 95810 to 95811.

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)

Preauthorization Requests

How to request preauthorization:



www.YourHealthAlliance.org

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

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

Sleep Study Site of Service Authorization

- During the clinical review process, physicians who order sleep testing or PAP devices, for eligible members, will receive an authorization.
- What happens if an attended sleep study is requested, but an HST is more appropriate?
 - If the member meets medical appropriateness criteria for an HST, an authorization for the attended study will not be given.
 - The ordering clinician will be offered the choice to suspend the request for an attended study in favor of an HST.
 - If the provider selects the HST option, the CPT code will be changed to the appropriate HST code and the HST will be approved.
 - If the provider does not select the HST option, the case will go to medical review and could lead to non-certification of the attended sleep study.
- If a provider would like to order an HST for a member, they can do so directly by completing the authorization process via the phone or eviCore website.

PAP Therapy Compliance

During the first 90 days of Therapy, DME providers should continue to support member PAP use **like they do today**

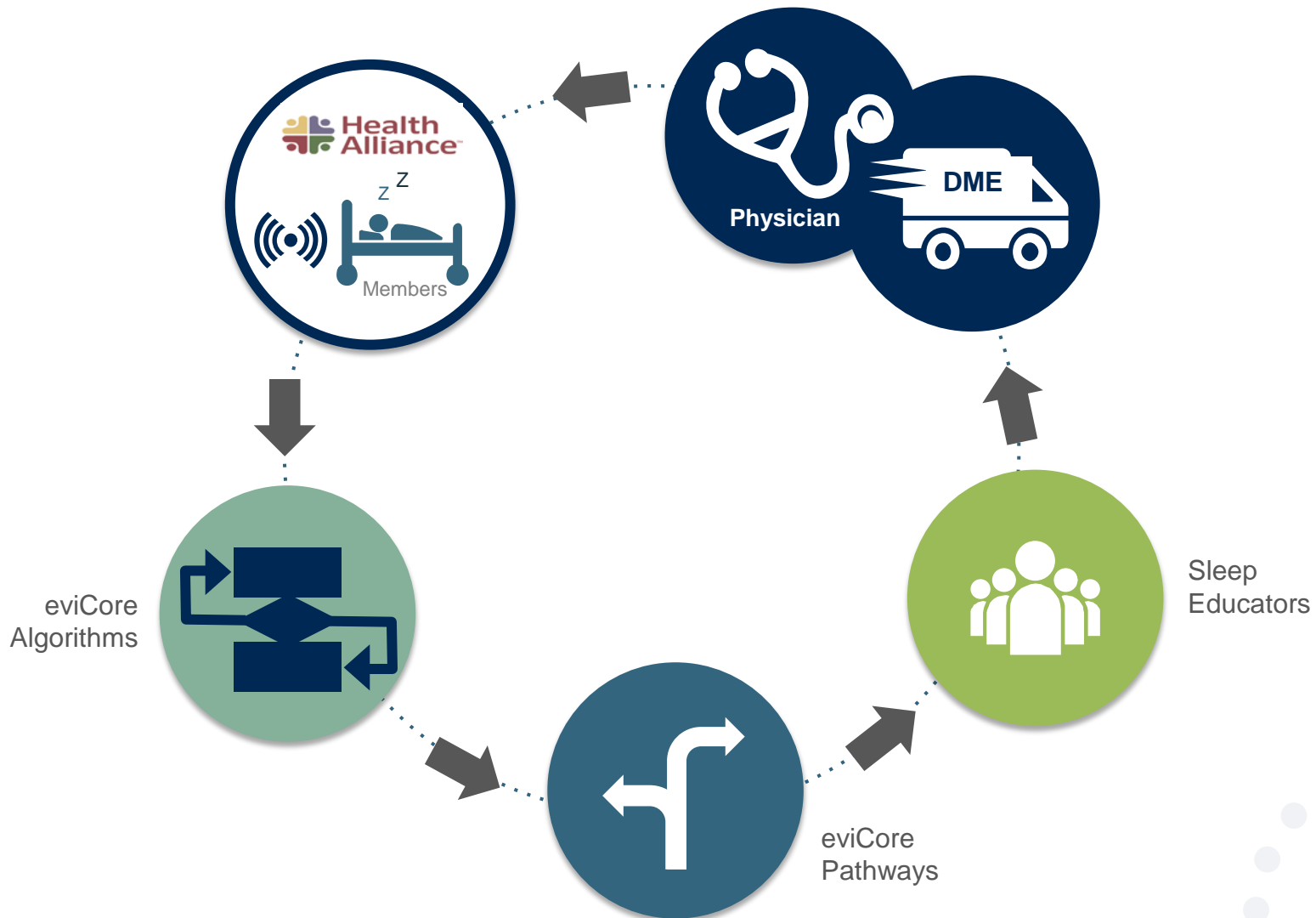
- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.
- Health Alliance members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.
- In order to enable compliance monitoring by eviCore, the DME provider will need to visit the online systems of the members' PAP machine manufacturer to enter specific member information. A web-based tutorial and detailed instructions for each PAP manufacturer will be located at www.evicore.com.
- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.

PAP Therapy Compliance (continued)

- The DME provider is expected to work with the patient during this time period to maximize member compliance with PAP treatment.
- When the member reaches the compliance threshold for PAP purchase, according to health plan criteria, an authorization for purchase will be generated by eviCore and sent to the DME provider.
- Beyond the first 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily PAP usage will be required.
- Requests for resupply of PAP equipment will need to be supported by member PAP usage compliance reports for the time period prior to the request. Fax of most recent 30 days' usage will be required for all resupply requests. A fax cover page and report must be sent to eviCore.

TherapySupportSM is eviCore's proprietary PAP compliance monitoring system

Once usage is detected, eviCore supports provider efforts to keep members compliant with therapy, improving the quality of care for members



Authorization Process

Needed Information

Member
Member ID
Member name
Date of birth (DOB)



Rendering Facility

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



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



Requests

CPT code(s) for requested study
The appropriate diagnosis code



Preauthorization Outcomes

Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for:
 - **Sleep Testing - 90 days**
 - **DME – 180 days for supply requests and initial PAP rental**
 - **PAP therapy purchase : Commercial- 210 days; Medicare Advantage- 300 days** from the date of determination.

Delivery:

- Faxed to ordering provider
- Mailed to Medicare members only (not commercial)
- Facility will 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 to Peer Review

Delivery:

- Mailed to ordering provider
- Mailed to member (both Medicare and commercial)
- Facility will receive notification

Preauthorization Outcomes – Commercial

➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested on or before the anticipated date of service
- Commercial members only

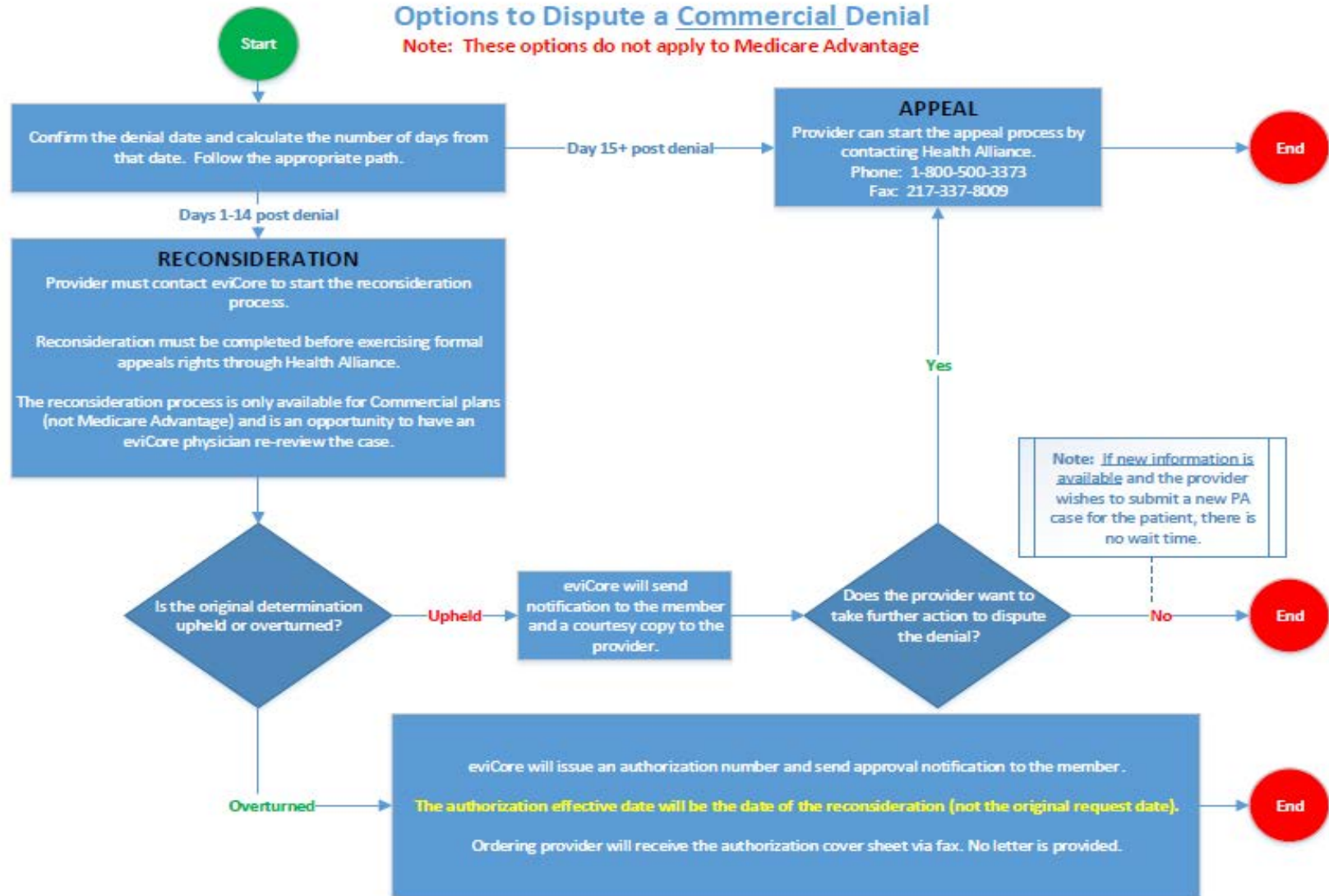
➤ Peer-to-Peer Review:

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

Understanding the Reconsideration Process

Options to Dispute a Commercial Denial

Note: These options do not apply to Medicare Advantage



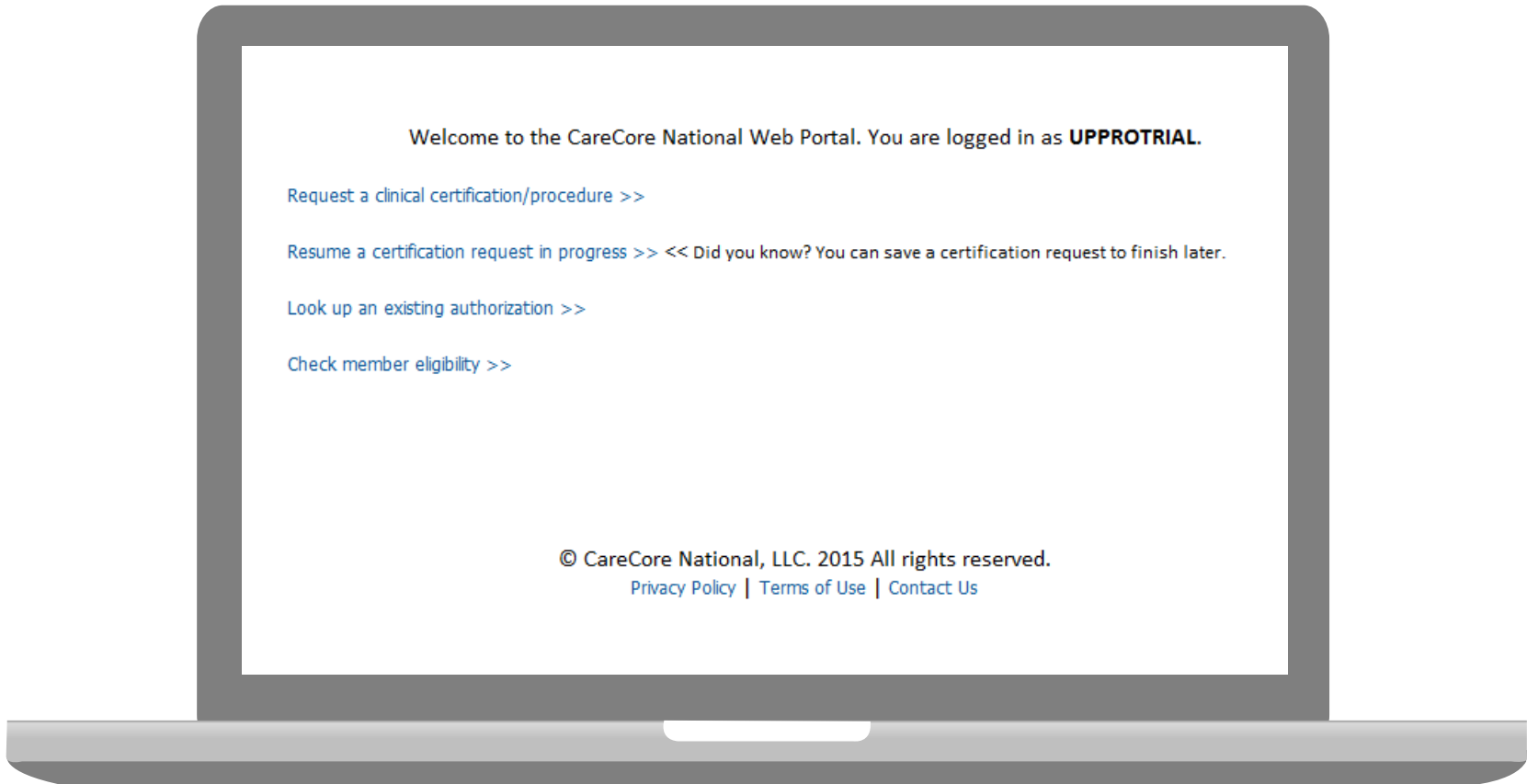
Preauthorization Outcomes – Medicare Advantage

➤ 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

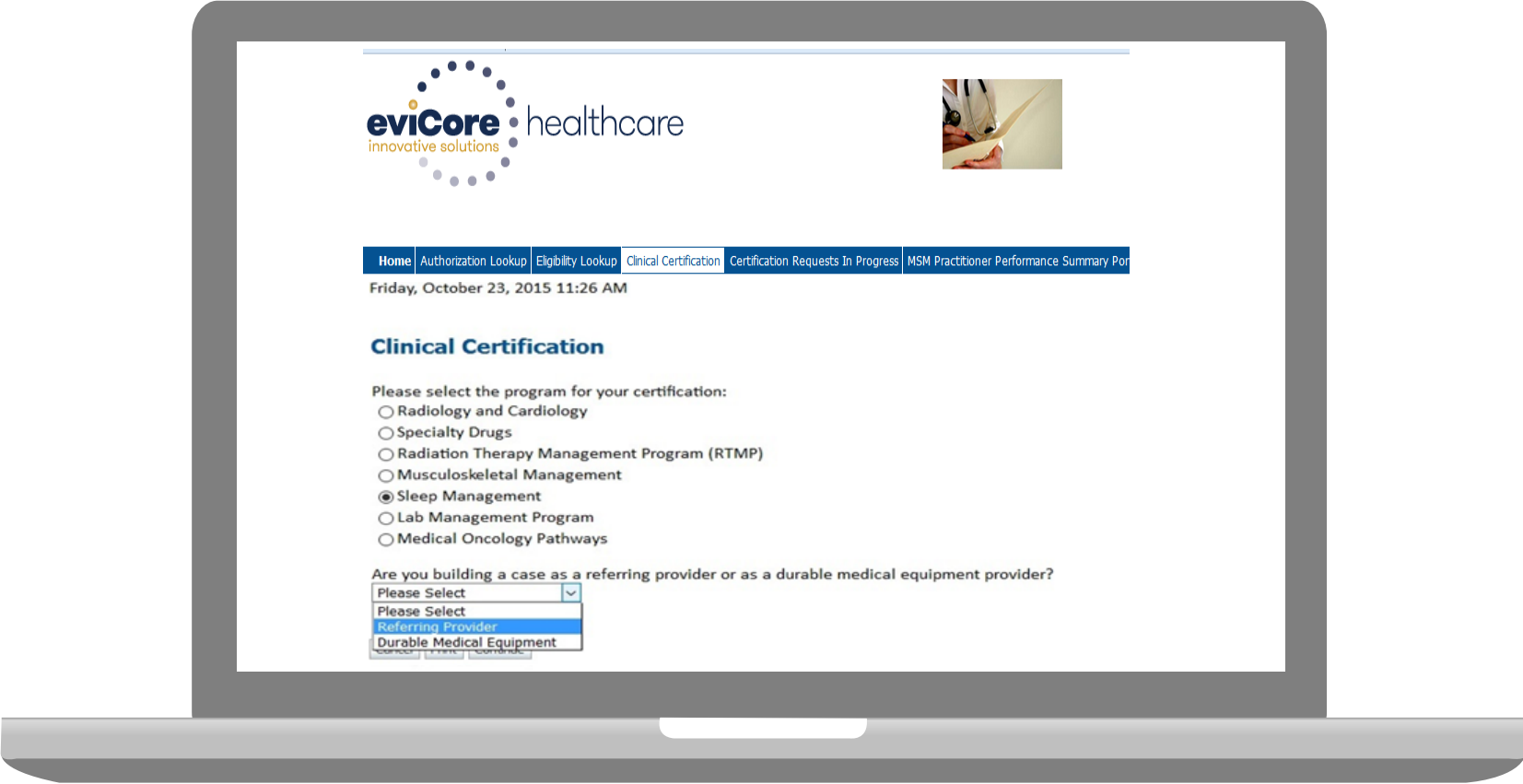
Web Portal Services

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

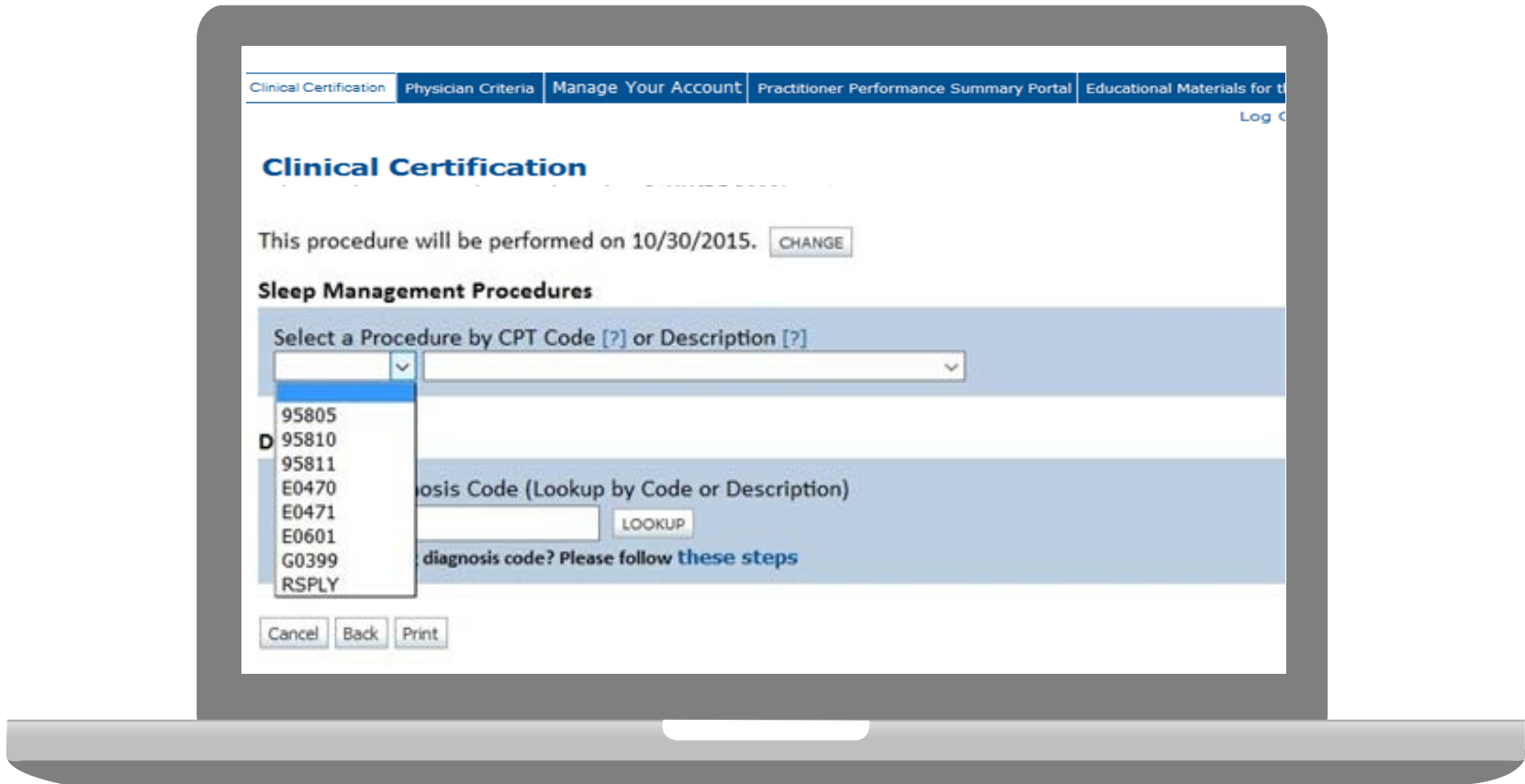
Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.



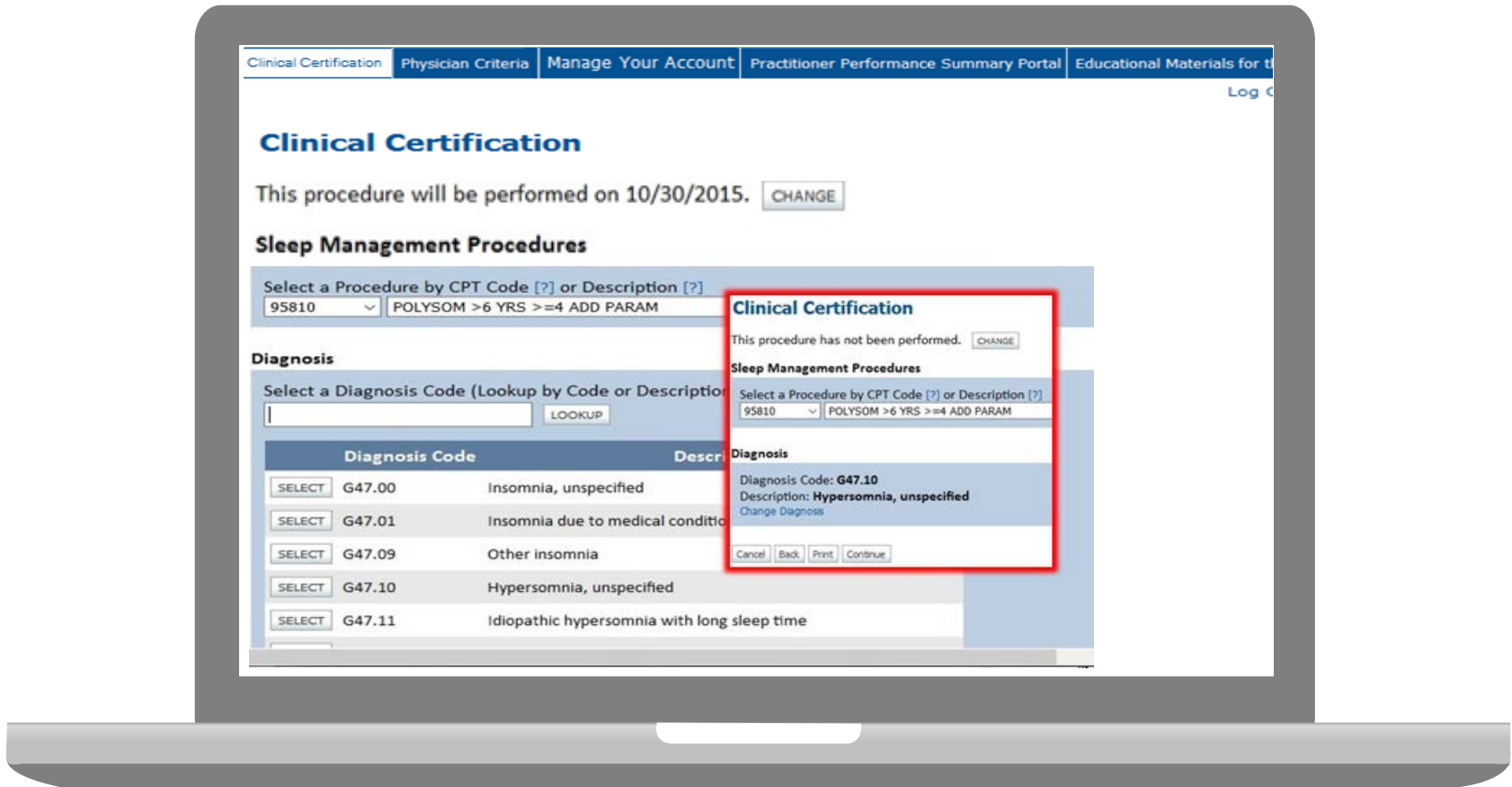
Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Clinical Details



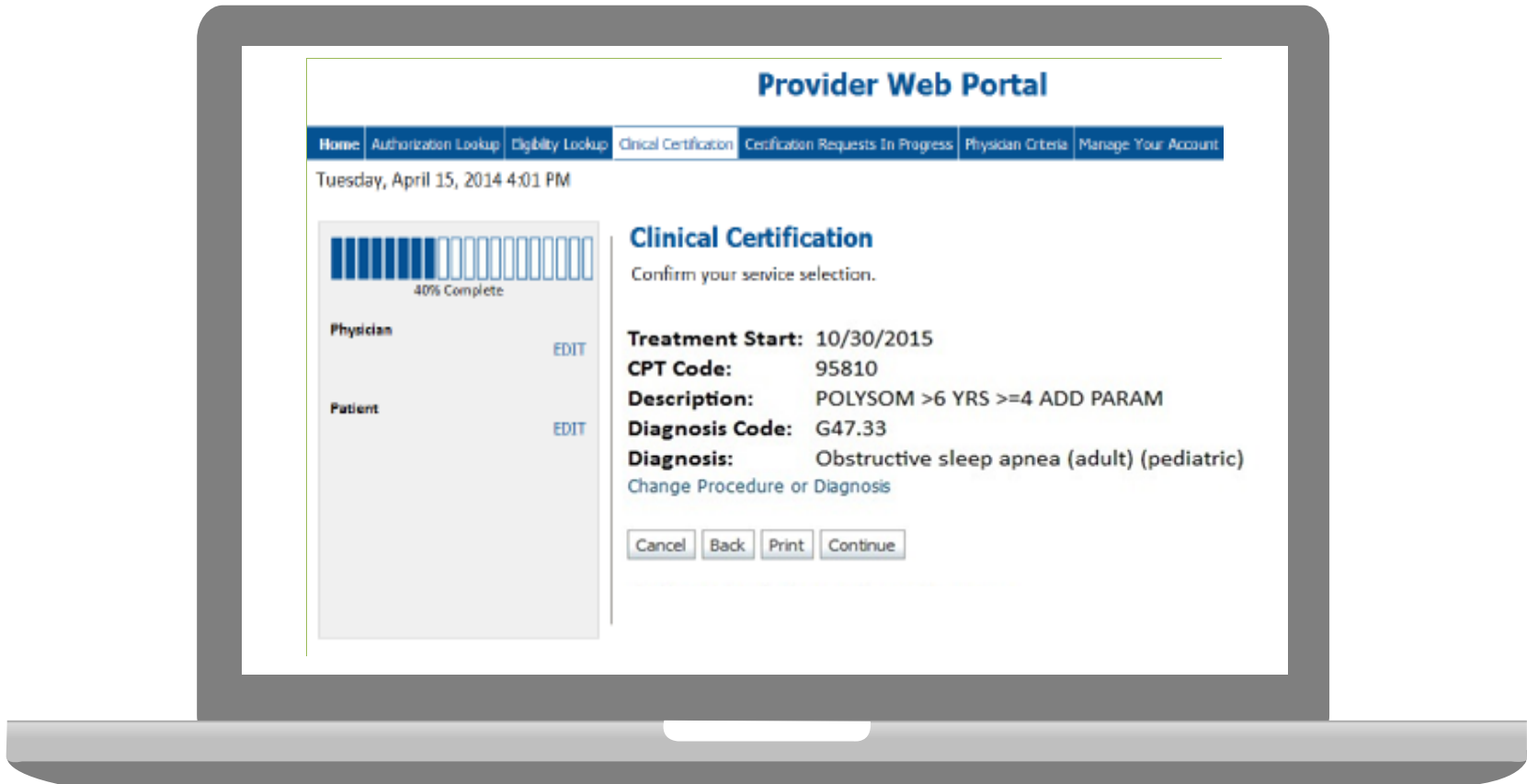
Enter the appropriate **CPT Code**.

Clinical Details



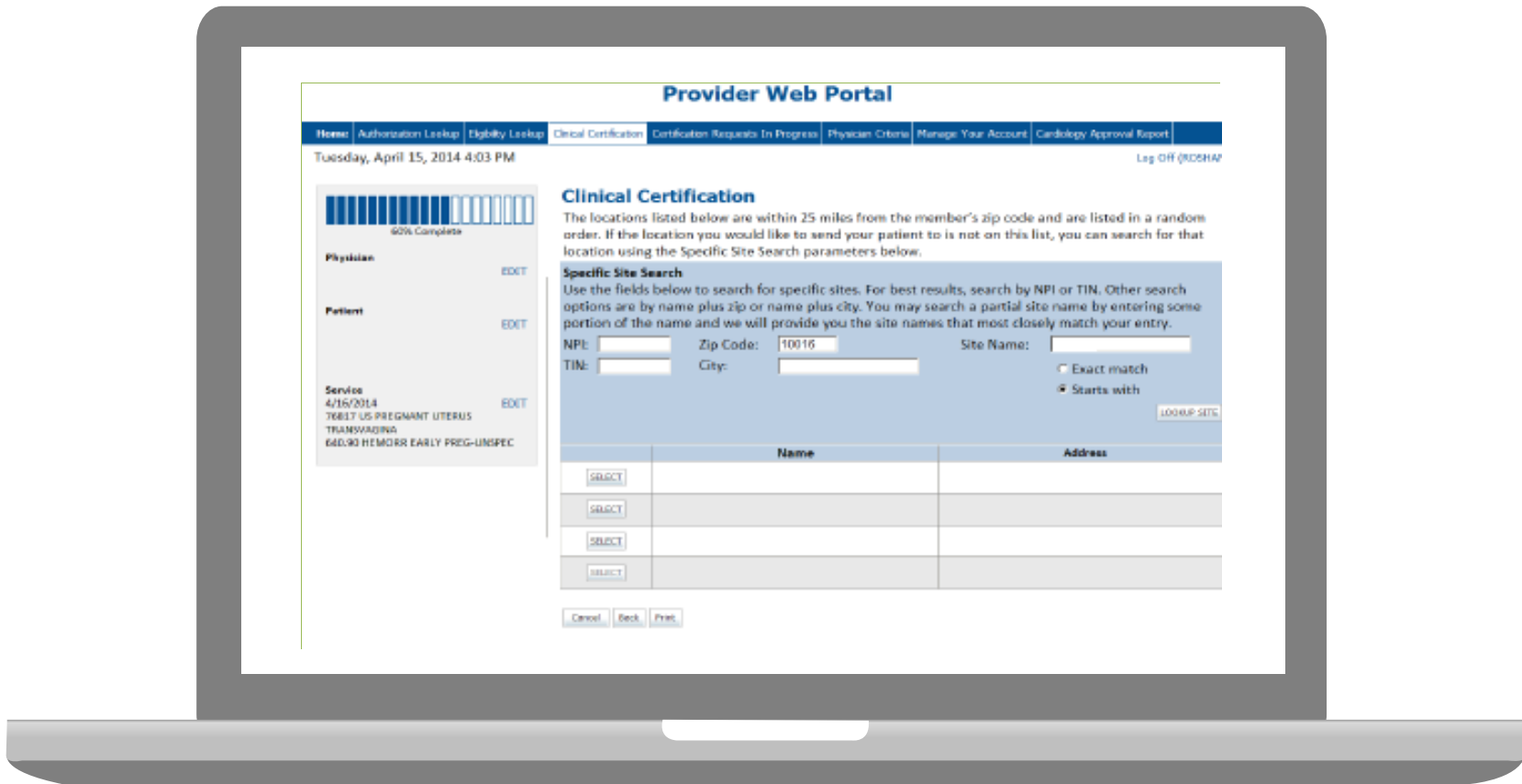
Enter the appropriate ICD-10 Diagnosis Code.

Verify Service Selection



➔ Confirm selected procedure and ICD-10 diagnosis code.

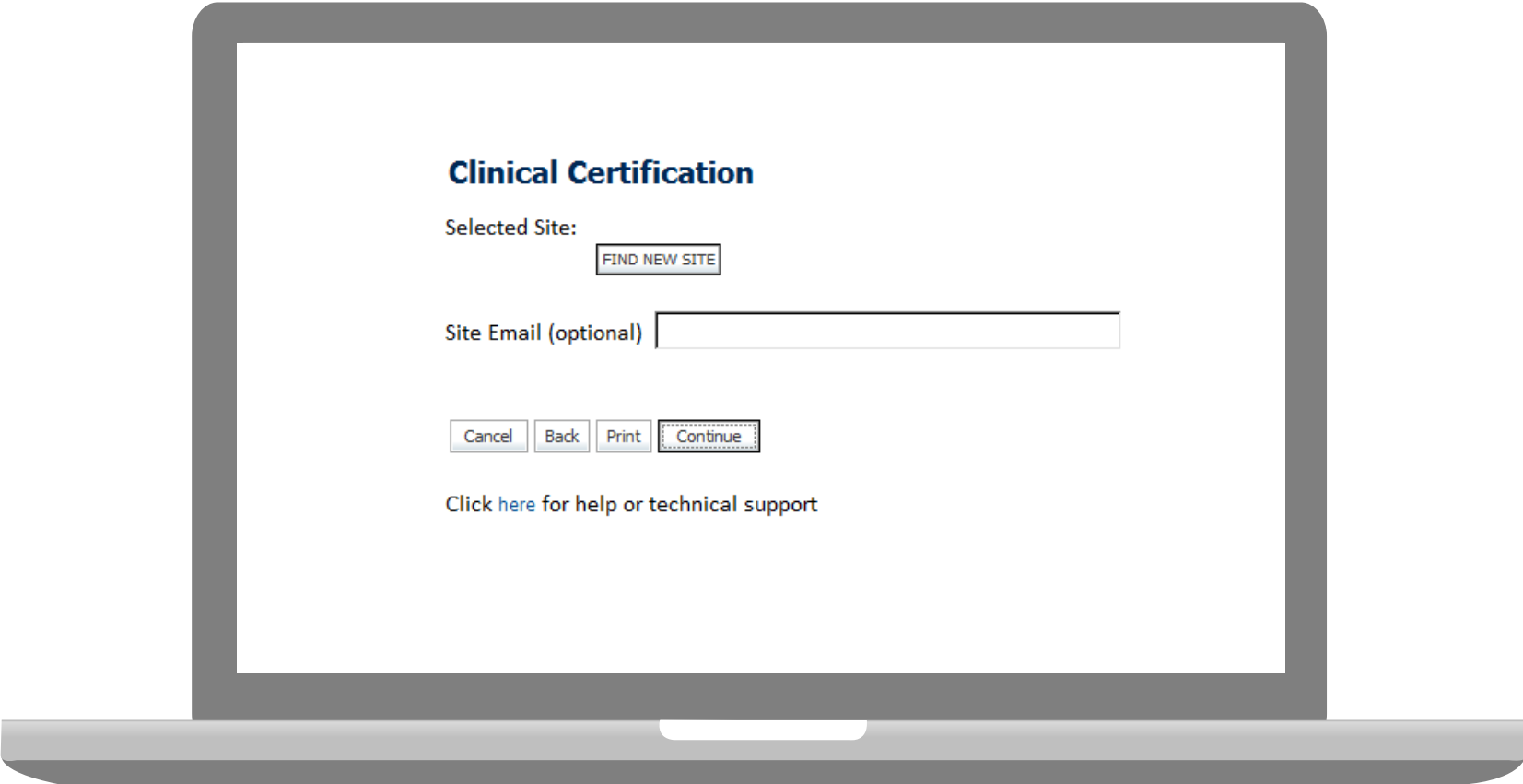
Site Selection



➤ 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.

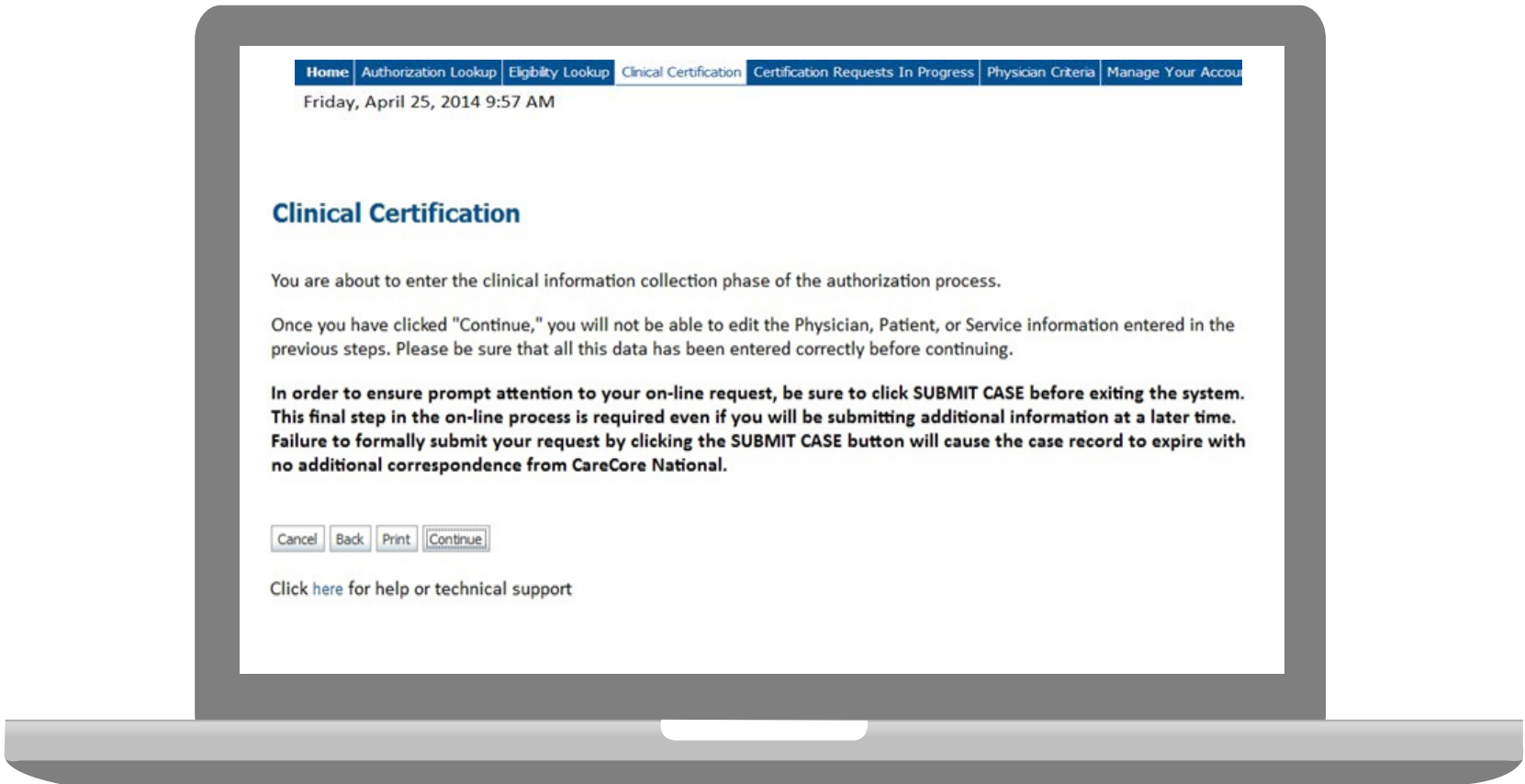
Site Selection



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

What are the patient's complaints?

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

Other (specify)

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 | |

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

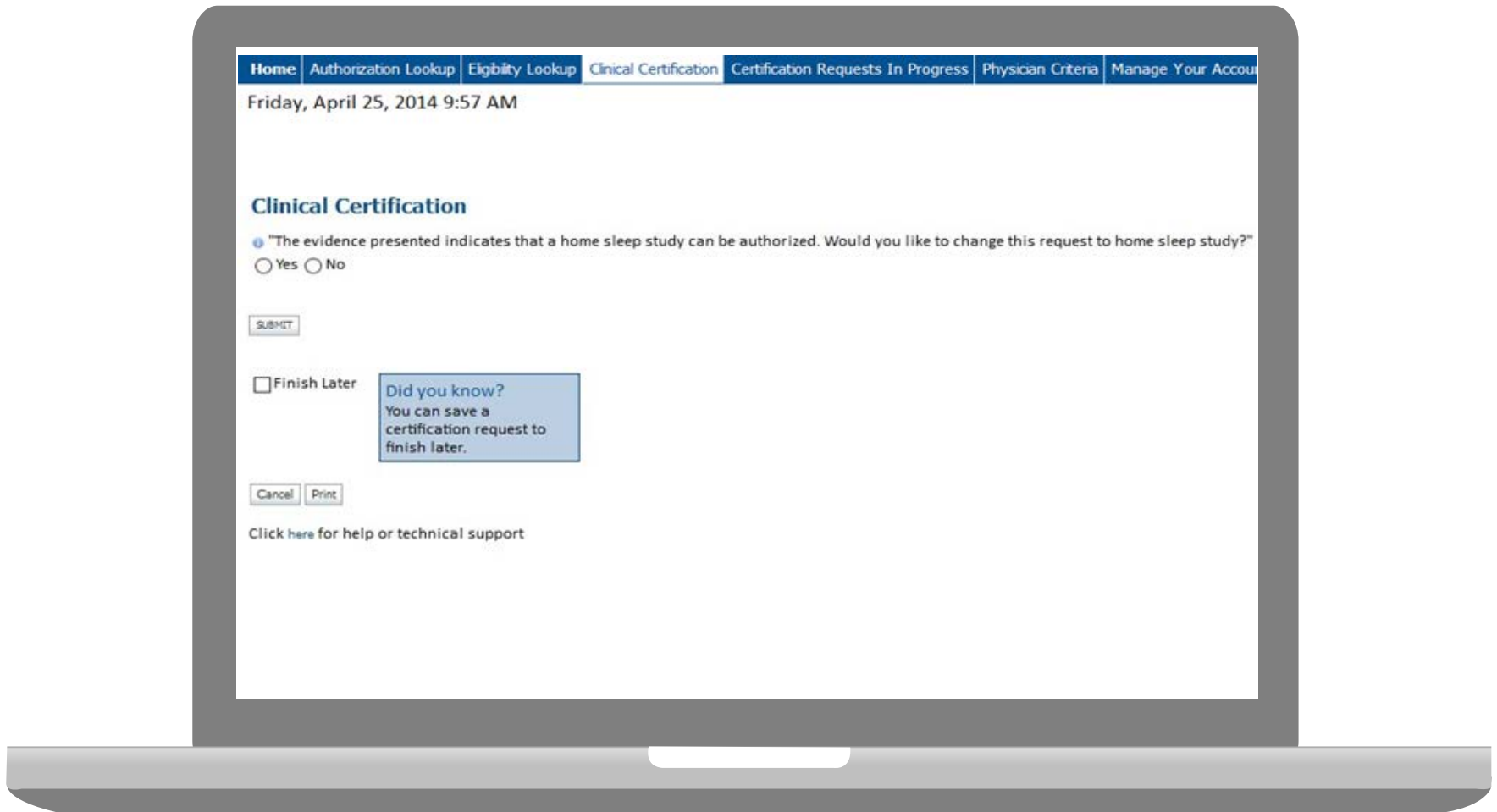
What medications is the patient currently taking? (Please write "none" if the patient is not taking any medication)

What is the patient's BMI?

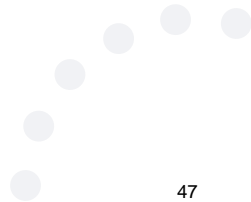
Do you know the patient's Epworth Sleepiness Score (ESS)?

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:

Description:

Description:

Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

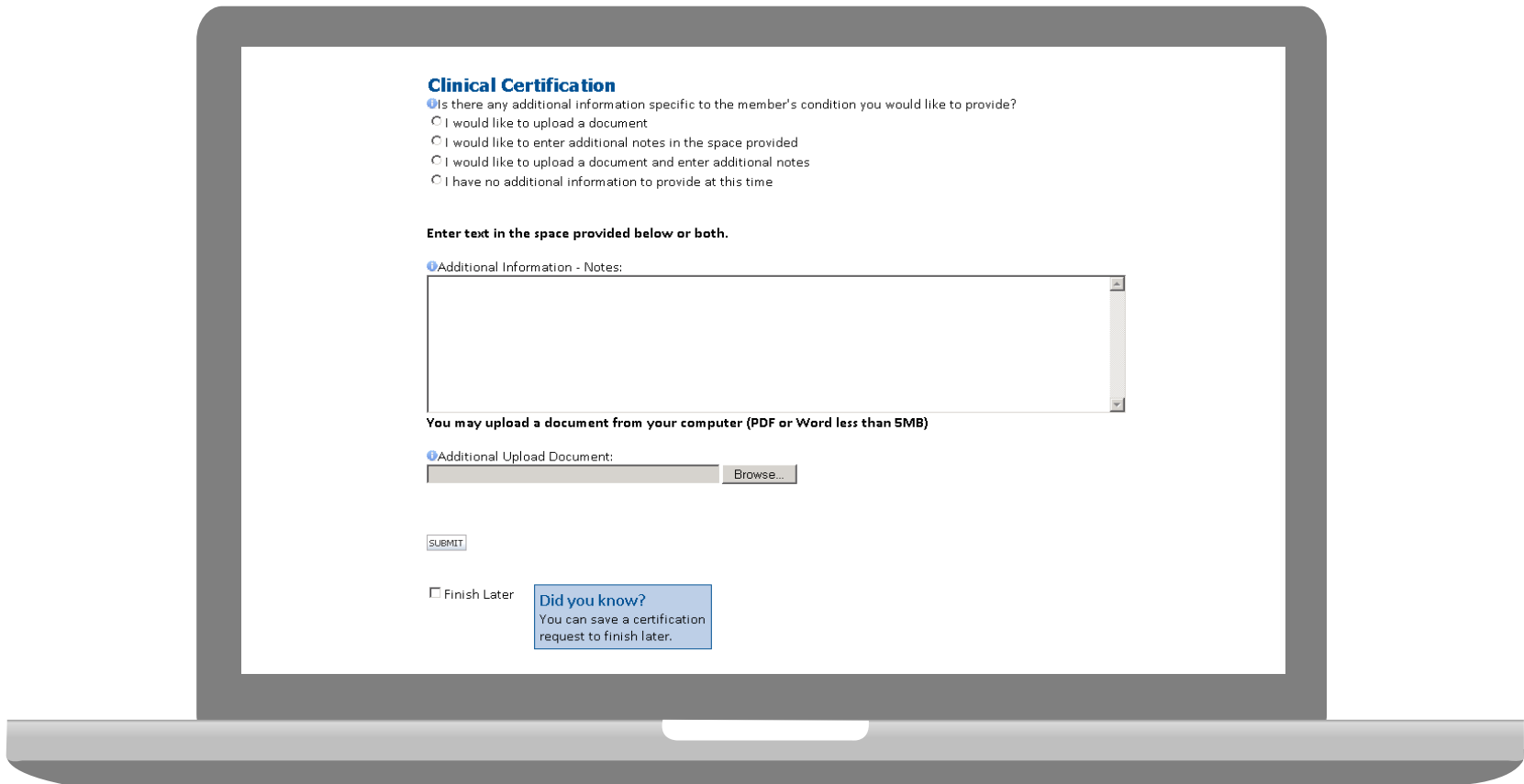
Print

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

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)

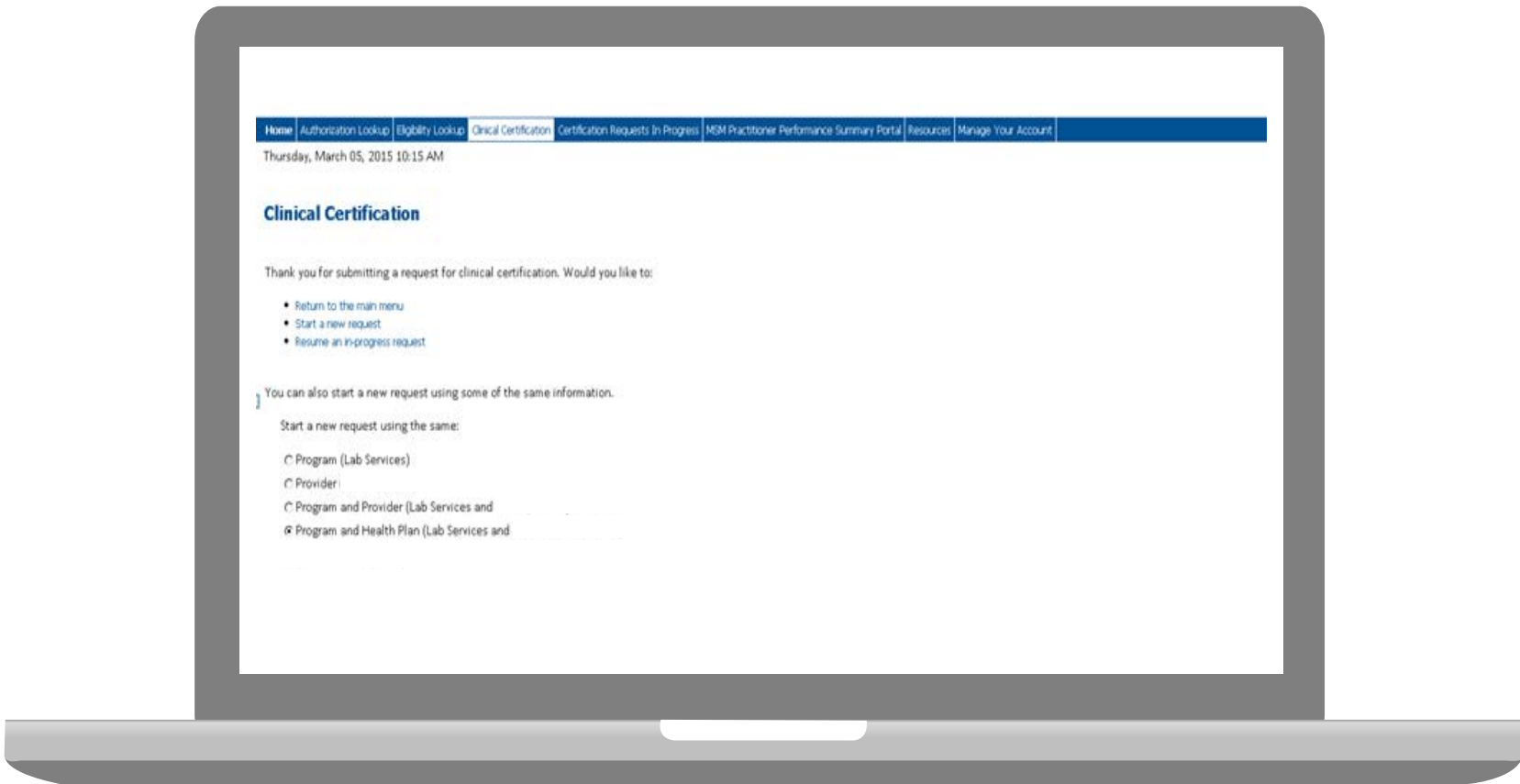
① Additional Upload Document:

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

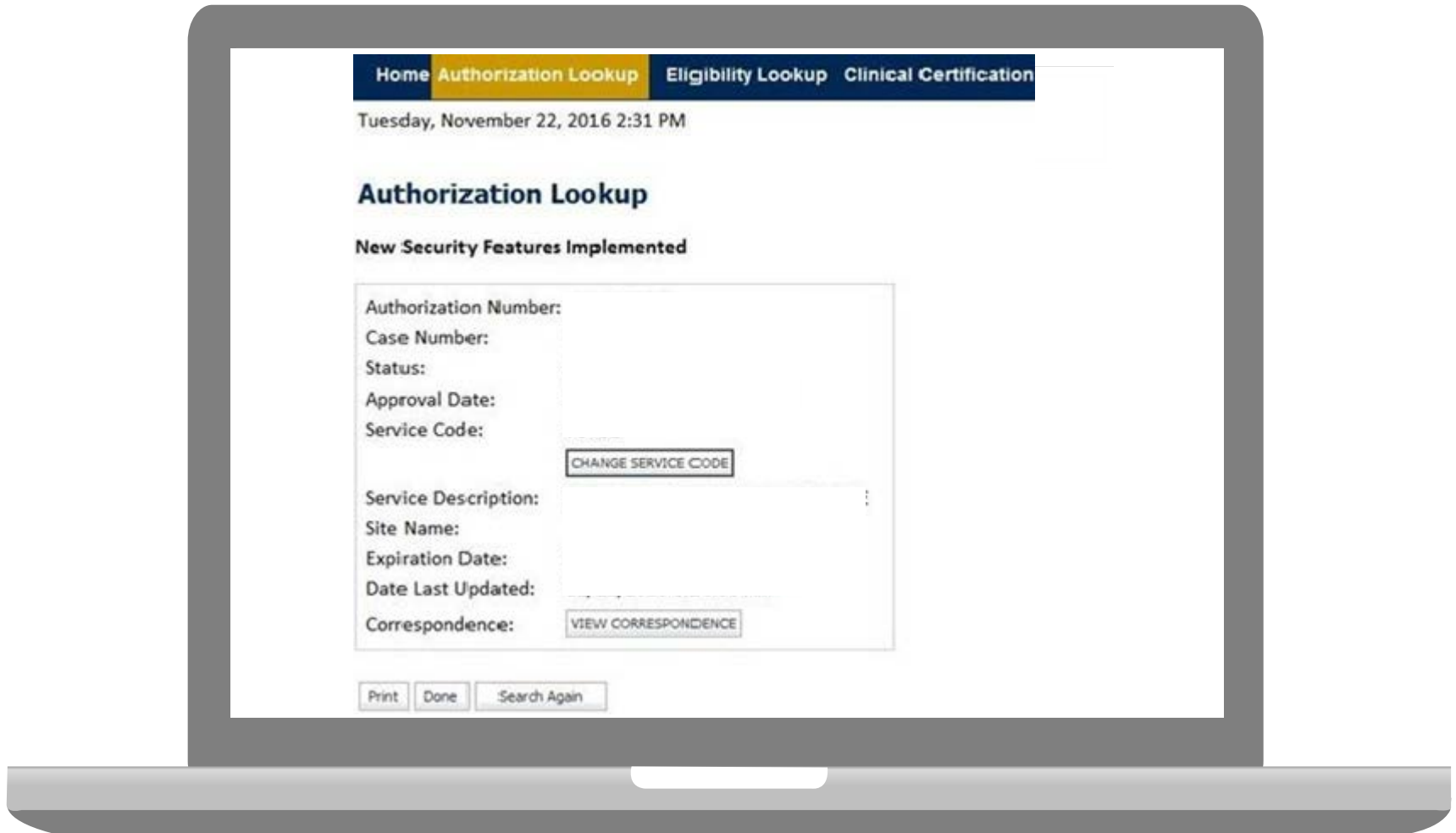
Provider NPI:

Auth/Case Number:

Search

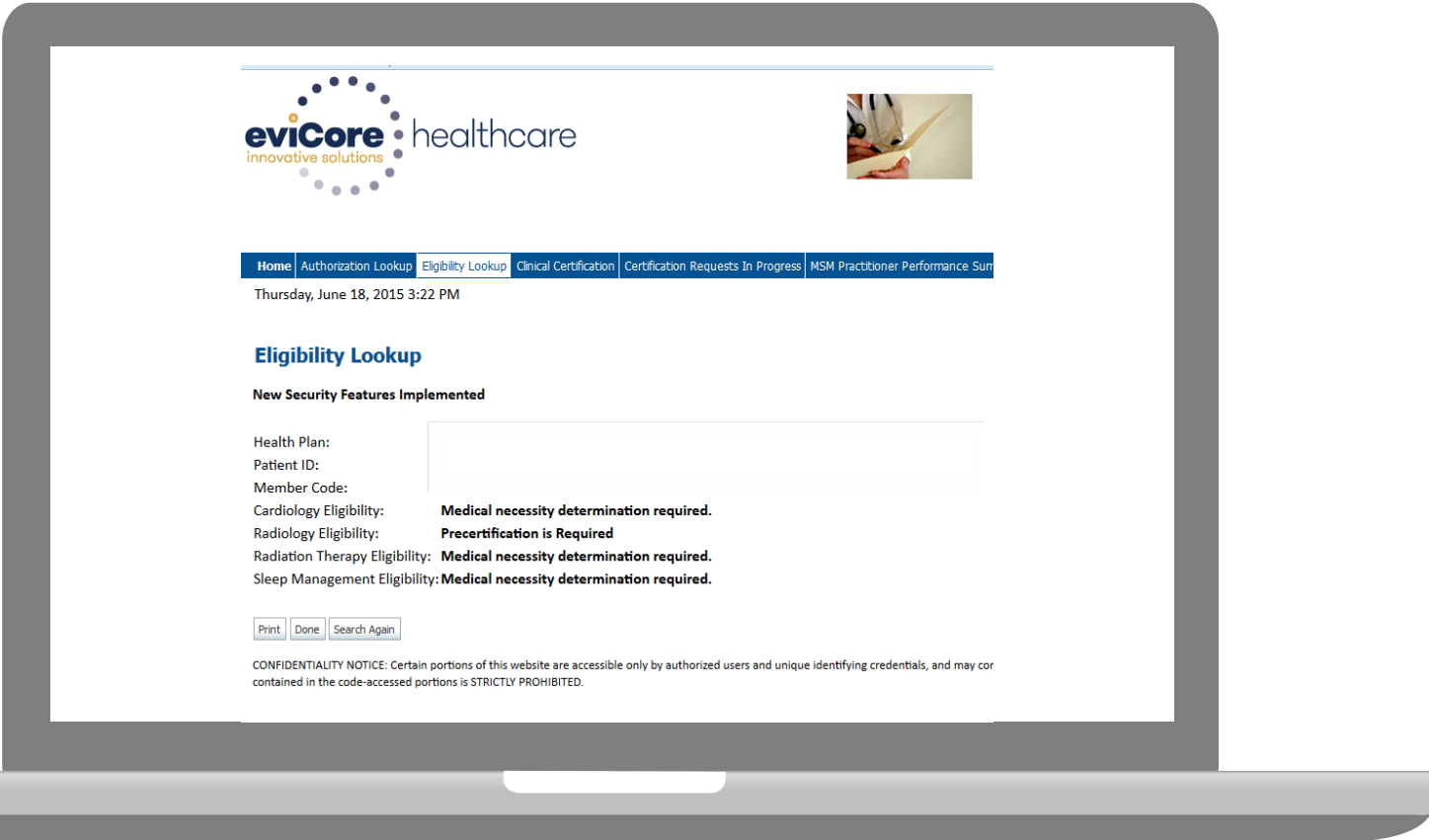
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

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.**

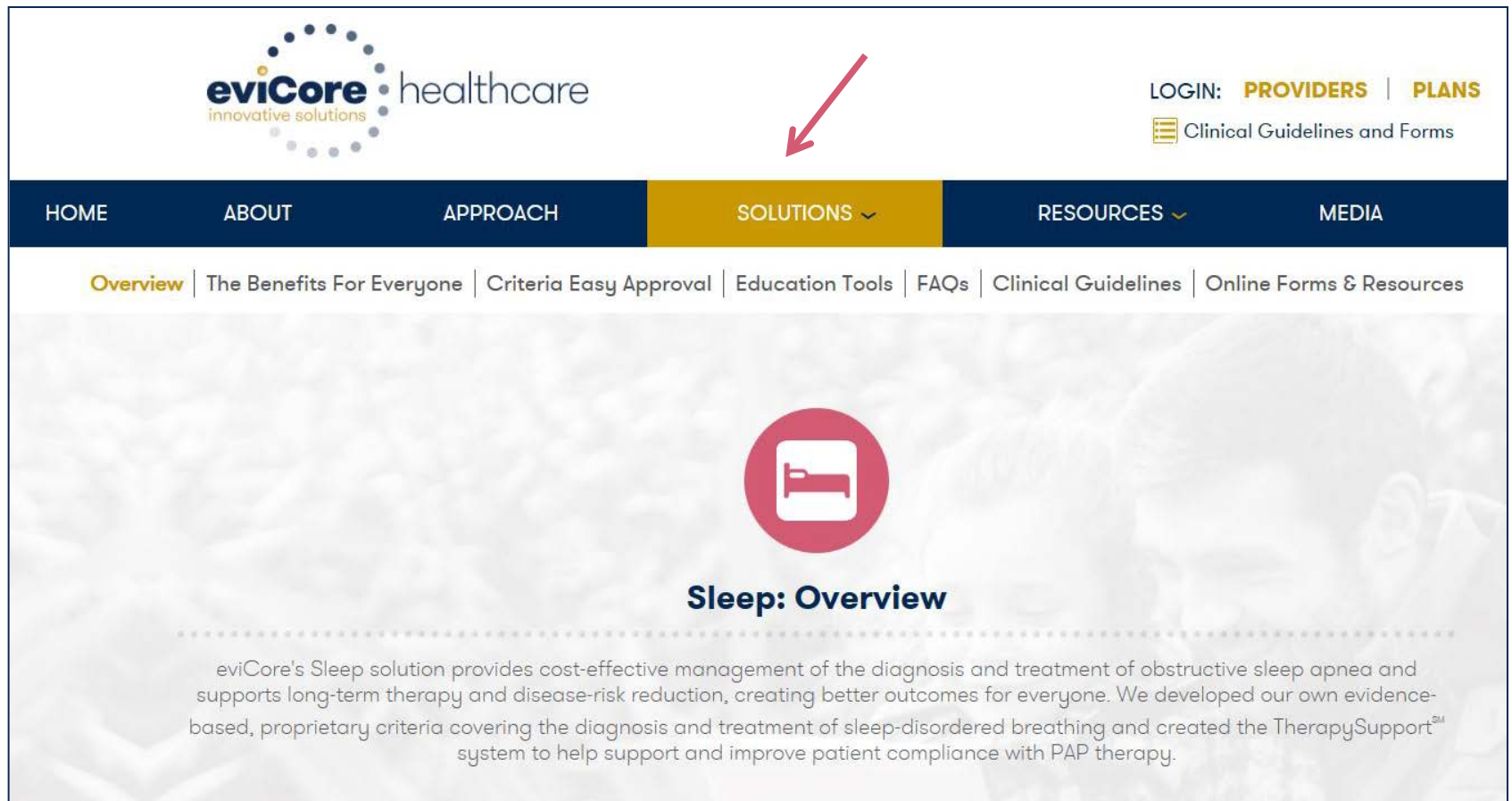
CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

Provider Resources



Sleep Management Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click "**Solutions**" from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline "innovative solutions". To the right of the logo is a navigation menu with items: HOME, ABOUT, APPROACH, SOLUTIONS (highlighted in yellow with a red arrow pointing to it), RESOURCES, and MEDIA. Further right, there are links for "LOGIN: PROVIDERS | PLANS" and "Clinical Guidelines and Forms" with a hamburger menu icon. Below the navigation bar is a secondary menu with links: Overview (highlighted), The Benefits For Everyone, Criteria Easy Approval, Education Tools, FAQs, Clinical Guidelines, and Online Forms & Resources. The main content area features a large red circular icon containing a white bed symbol, with the heading "Sleep: Overview" below it. A dotted line separates the heading from the introductory text: "eviCore's Sleep solution provides cost-effective management of the diagnosis and treatment of obstructive sleep apnea and supports long-term therapy and disease-risk reduction, creating better outcomes for everyone. We developed our own evidence-based, proprietary criteria covering the diagnosis and treatment of sleep-disordered breathing and created the TherapySupportSM system to help support and improve patient compliance with PAP therapy."

Sleep Management Program



Sleep Study Worksheet

PH#: 888-511-0401

Website: www.eviCore.com

(The following form must be filled out completely for all sleep testing)

| | | | |
|-----------|---|---|--|
| Patient | Patient Name: | | |
| | DOB: | | |
| | Insurance Plan: | | Member ID: |
| | Epworth Sleepiness Score (ESS, see page 4): | | |
| | BMI: | Height: | Weight: |
| Physician | Ordering Physician Name: | | MD NPI #: |
| | Physician Address: | | |
| | City: | State: | ZIP: |
| 1 | a. Study Requested | | |
| | <input type="radio"/> Home Sleep Test (G0399) <input type="radio"/> Split Sleep Study (95811) <input type="radio"/> Polysomnography - Attended (95810) <input type="radio"/> PAP Titration or Re-titration (95811) | | |
| | b. Has the member had a sleep study in the past? If yes, please complete sections (5) and (6) below. | | <input type="radio"/> Yes <input type="radio"/> No |
| | c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead? | | <input type="radio"/> Yes <input type="radio"/> No |
| | d. Has the patient had a comprehensive sleep evaluation by the ordering physician? | | <input type="radio"/> Yes <input type="radio"/> No |
| | e. Participating site if a facility based study is authorized. | | |
| Name: | | TIN: | |
| 2 | a. Complaints and Symptoms: (Check all that apply) | | |
| | <input type="checkbox"/> Snoring | <input type="checkbox"/> Excessive daytime sleepiness | <input type="checkbox"/> Disturbed or restless sleep |
| | <input type="checkbox"/> Non-restorative sleep | <input type="checkbox"/> Morning headaches | <input type="checkbox"/> Memory loss |
| | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Witnessed pauses in breathing | <input type="checkbox"/> Choking during sleep |
| | <input type="checkbox"/> Gasping during sleep | <input type="checkbox"/> Frequent unexplained arousals | <input type="checkbox"/> Nocturia |
| | <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Irritability | <input type="checkbox"/> Non-ambulatory individual |
| | <input type="checkbox"/> Patient works night shift | <input type="checkbox"/> Patient sleeps <6hrs per night | |
| | | | |
| | | | |
| | | | |

- Worksheets for attended sleep studies and MSLT procedures are on the eviCore website.
- The provider should complete this worksheet prior to contacting eviCore for an authorization
- The worksheet is a tool to help providers prepare for authorization request.

Do NOT fax this sheet to eviCore to build a case.

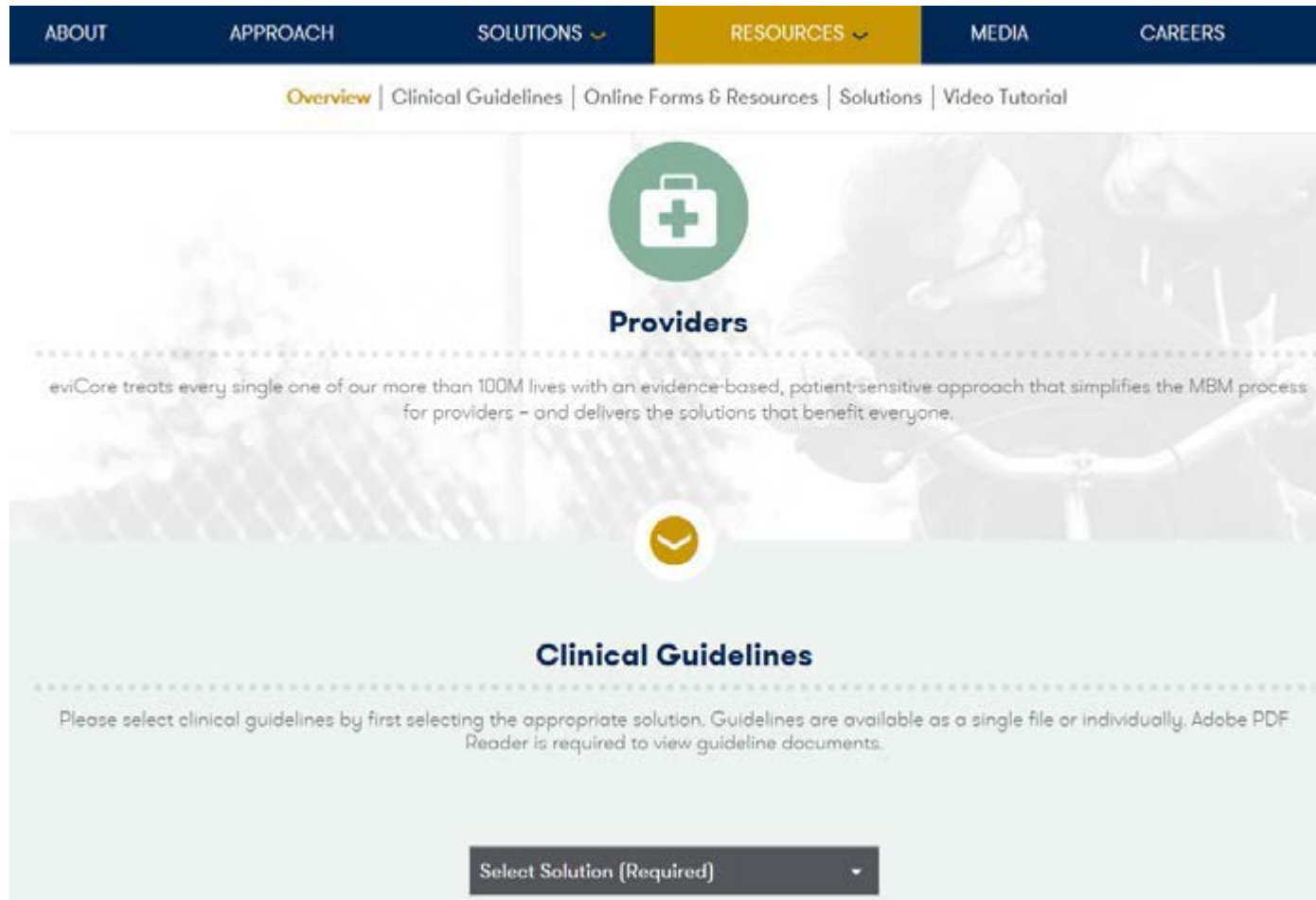
How To Access Clinical Guidelines

- To access eviCore healthcare's Clinical Guidelines on the web, visit eviCore.com.
- Click on "**Resources**" from the main menu, and select "**Providers.**"



How To Access Clinical Guidelines – cont'd


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



The screenshot shows a website navigation bar with the following items: ABOUT, APPROACH, SOLUTIONS (with a dropdown arrow), RESOURCES (with a dropdown arrow), MEDIA, and CAREERS. Below the navigation bar is a breadcrumb trail: Overview | Clinical Guidelines | Online Forms & Resources | Solutions | Video Tutorial. The main content area features a large green circular icon with a white medical cross, labeled "Providers". Below this icon is a paragraph of text: "eviCore treats every single 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 circular icon with a white downward arrow is positioned below the text. The section is titled "Clinical Guidelines" in bold. Below the title is another paragraph: "Please select clinical guidelines by first selecting the appropriate solution. Guidelines are available as a single file or individually. Adobe PDF Reader is required to view guideline documents." At the bottom of the section is a dark grey dropdown menu with the text "Select Solution (Required)" and a small downward arrow.


ABOUT APPROACH SOLUTIONS ▾ RESOURCES ▾ MEDIA CAREERS

Overview | Clinical Guidelines | Online Forms & Resources | Solutions | Video Tutorial



Providers

eviCore treats every single 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.



Clinical Guidelines

Please select clinical guidelines by first selecting the appropriate solution. Guidelines are available as a single file or individually. Adobe PDF Reader is required to view guideline documents.

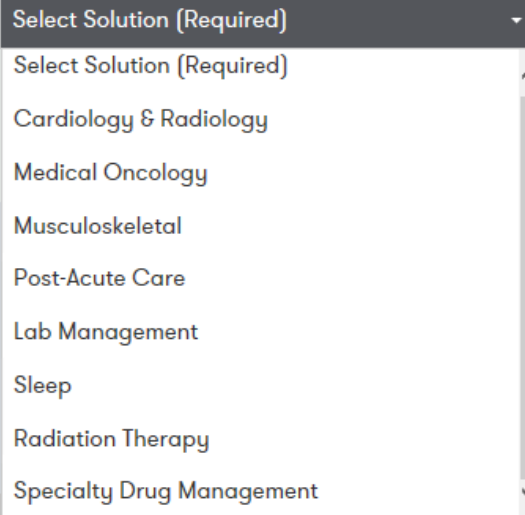
Select Solution (Required) ▾

How To Access Clinical Guidelines – cont'd

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

Clinical Guidelines

Please select clinical guidelines by first selecting the appropriate solution. Guidelines are available as a single file or individually. Adobe PDF Reader is required to view guideline documents.

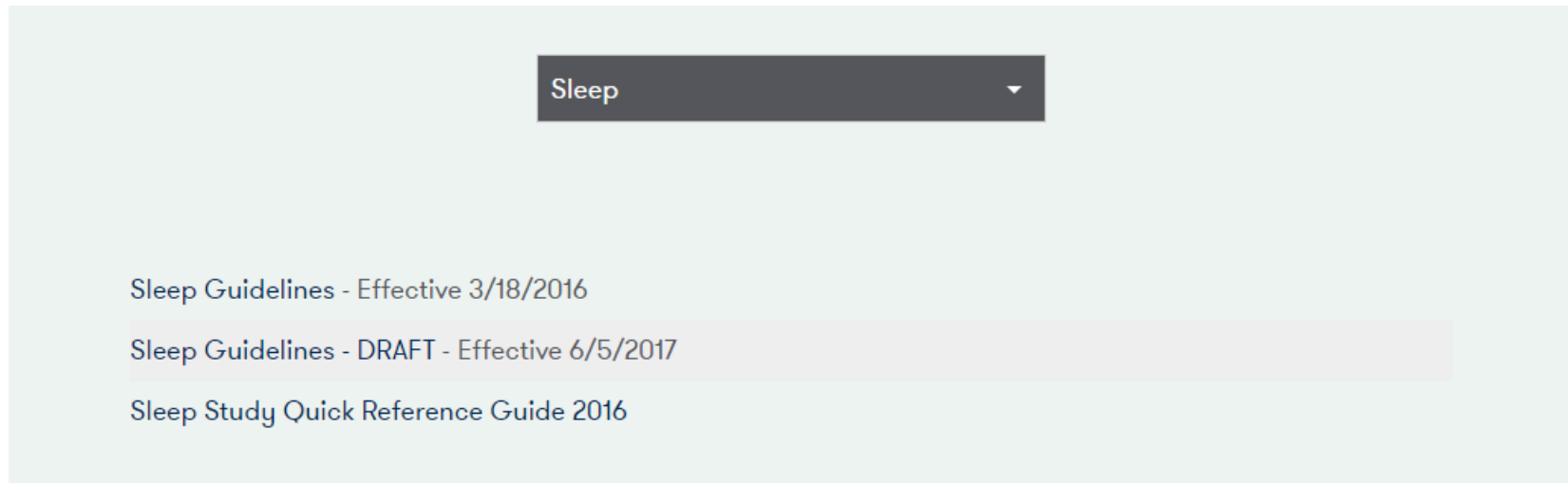


A screenshot of a web application interface showing a dropdown menu. The dropdown is titled "Select Solution (Required)" and is open, displaying a list of options. The options are: "Select Solution (Required)", "Cardiology & Radiology", "Medical Oncology", "Musculoskeletal", "Post-Acute Care", "Lab Management", "Sleep", "Radiation Therapy", and "Specialty Drug Management". The dropdown has a dark grey header with a downward arrow and a light grey body with a vertical scrollbar on the right side. The background of the page is light green with a horizontal dotted line above the dropdown and a light blue horizontal bar below it.

| Select Solution (Required) |
|----------------------------|
| Select Solution (Required) |
| Cardiology & Radiology |
| Medical Oncology |
| Musculoskeletal |
| Post-Acute Care |
| Lab Management |
| Sleep |
| Radiation Therapy |
| Specialty Drug Management |

How To Access Clinical Guidelines – cont'd

Click on the Sleep Solution, and all Clinical Guidelines for that solution will populate.



The screenshot shows a dark grey dropdown menu with the word "Sleep" and a downward arrow. Below the menu, a list of clinical guidelines is displayed on a light green background. The second item, "Sleep Guidelines - DRAFT - Effective 6/5/2017", is highlighted with a light pink background.

- Sleep Guidelines - Effective 3/18/2016
- Sleep Guidelines - DRAFT - Effective 6/5/2017
- Sleep Study Quick Reference Guide 2016



How To Access Clinical Guidelines – cont'd

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

+ **View more** for health plan specific sleep guidelines

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

- **View less** for health plan specific sleep guidelines

Harvard Pilgrim Sleep Guidelines - Effective 9/7/2016

Harvard Pilgrim Sleep Guidelines - DRAFT - Effective 6/5/2017

Health Partners Plan Adult Sleep Guidelines - Effective 8/1/2016

Health Partners Plan Pediatric Sleep Guidelines - Effective 8/1/2016

Tufts Sleep Guidelines - Effective 7/1/2016

Tufts Sleep Guidelines - DRAFT - Effective 6/5/2017

Provider Resources: Preauthorization Call Center



Preauthorization
Call Center



Web-Based
Services



Provider Relations
Department

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

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

Provider Enrollment Questions
Contact Health Alliance Medical Plans at
HealthAlliance.org

Provider Resources: Implementation Site



Preauthorization
Call Center



Web-Based
Services



Provider Relations
Department

Health Alliance Medical Plans Implementation Site:

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

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



Provider Resources: Provider Relations Department



Preauthorization
Call Center



Web-Based
Services



Provider Relations
Department

ProviderRelations@evicore.com

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

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
- Request for education/training on program processes

To obtain a copy of this presentation, please contact the
Provider Relations department at ProviderRelations@evicore.com

Thank You!

