Agenda

• Decision Overview

• Utilization Management Program Changes
  • Expansions and modifications to prior authorization requirements
  • eviCore healthcare partnership
  • Review of 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

1. Expand Discharge Planning
2. Reduce Retrospective Review Volumes
3. Reduce Rate of 1-2 Day & Observation Stays
4. Streamline Admit, Discharge & Transfer Notifications
5. Modify & Expand PA
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.
Health Alliance’s partnership with eviCore will provide:

• Robust, transparent evidence-based guidelines

• Responsive clinical review process — improved prior authorization decision turnaround times

• Specialty-specific medical directors supporting peer to peer discussions

• Seamless integration between the Health Alliance Provider Portal and the eviCore system
January 2017 Changes
### Modify and Expand PA
Health Alliance UM changes effective **January 1, 2017**

<table>
<thead>
<tr>
<th>Change Type</th>
<th>What</th>
<th>Program Beginning 1/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td><strong>Observation Stays</strong>&lt;br&gt;Notification to Health Alliance is required for observation stays beyond 24 hours (commercial) &amp; 48 hours (Medicare)</td>
<td>Phone call or census data feed to Health Alliance</td>
</tr>
<tr>
<td>New</td>
<td><strong>Non-Urgent Ambulance</strong>&lt;br&gt;Air and ground</td>
<td>Health Alliance Web Portal</td>
</tr>
<tr>
<td>Removal</td>
<td><strong>Therapeutic Plasma Exchange</strong></td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td><strong>TAVR</strong></td>
<td></td>
</tr>
</tbody>
</table>
March 2017 Changes
### Modify and Expand PA
Health Alliance UM changes effective **March 1, 2017**

<table>
<thead>
<tr>
<th>Change Type</th>
<th>What</th>
<th>Program Beginning 3/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New</strong></td>
<td><strong>Limit Fax Requests</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Alliance prefers PAs via Clear Coverage, Health Alliance Web Portal and eviCore</td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td><strong>OB Ultrasound</strong></td>
<td>eviCore</td>
</tr>
<tr>
<td><strong>New</strong></td>
<td><strong>All Diagnostic Ultrasound</strong></td>
<td>eviCore</td>
</tr>
<tr>
<td></td>
<td>Duplex Scans, Transcranial Doppler Study, Non-Invasive Physiologic Studies</td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td><strong>Cardiac Imaging and Procedures</strong></td>
<td>eviCore</td>
</tr>
<tr>
<td></td>
<td>ECHO, ECHO Stress, Cardiac Rhythm Implantable Devices, Myocardial Perfusion Imaging, Nuclear Medicine, Diagnostic Heart Catheterization</td>
<td></td>
</tr>
<tr>
<td>Change Type</td>
<td>What</td>
<td>Current Program</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>New</td>
<td><strong>Planned Elective Inpatient Admissions</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– admitting physician must preauthorize the elective inpatient procedure or surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Note: hospitals must still notify Health Alliance by phone or census of an admission within 24 hours of the admission. This process will not change.)</td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td><strong>High Tech Imaging</strong></td>
<td>Clear Coverage</td>
</tr>
<tr>
<td></td>
<td>CT, CTA, MRI, MRA, PET</td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td><strong>DME</strong></td>
<td>Health Alliance Web Portal</td>
</tr>
<tr>
<td>Transition</td>
<td><strong>Home Health</strong></td>
<td>Health Alliance Web Portal</td>
</tr>
<tr>
<td>Transition</td>
<td><strong>Home Oxygen</strong></td>
<td>Health Alliance Web Portal</td>
</tr>
</tbody>
</table>
May 2017 Changes
<table>
<thead>
<tr>
<th>Change Type</th>
<th>What</th>
<th>Current Program</th>
<th>Program Beginning 5/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td><strong>Outpatient Medical Oncology</strong>&lt;br&gt;Oncology Pathway Drugs</td>
<td></td>
<td>eviCore</td>
</tr>
<tr>
<td>New</td>
<td><strong>Outpatient Radiation Therapy</strong></td>
<td></td>
<td>eviCore</td>
</tr>
<tr>
<td>New</td>
<td><strong>Musculoskeletal</strong>&lt;br&gt;Joint/Spine Surgery, Pain Management</td>
<td></td>
<td>eviCore</td>
</tr>
<tr>
<td>New</td>
<td><strong>Outpatient Specialty Therapy</strong>&lt;br&gt;Physical, Occupational, Speech</td>
<td></td>
<td>eviCore</td>
</tr>
<tr>
<td>New</td>
<td><strong>Sleep Studies</strong></td>
<td></td>
<td>eviCore</td>
</tr>
<tr>
<td>Transition</td>
<td><strong>Outpatient Specialty Therapy</strong>&lt;br&gt;Chiropractic</td>
<td>Clear Coverage</td>
<td>eviCore</td>
</tr>
<tr>
<td>Transition</td>
<td><strong>Genetic Testing</strong></td>
<td>HA Web Portal</td>
<td>eviCore</td>
</tr>
</tbody>
</table>
Information has been delivered to all network providers via one or more of the methods below:

• Email announcements
• Newsletter articles
• Phone calls

Education and training is also available to all network providers via one or more of the methods below:

• On-site training sessions
• Webinars
• Organizational learning management systems
• Online resources

---

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 Evicare.

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 Evicare.

Starting 1/22/2017 all Home Services Preauthorizations must be filed at Clear Coverage.

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Where Do I File?

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

[Logos for Clear Coverage, Health Alliance, and Evicare]
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
- Webinars
- Organizational learning management systems
- Online resources

Announcements began in December and training begins January 2017.
eviCore Company Overview

Scott Jarrett
Regional Provider Engagement Manager
Company Highlights

4K employees including 1K clinicians

100M members managed nationwide

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING A VISION AT THE CORE OF CHANGE.

12M claims processed annually
eviCore’s Clinical Approach
Clinical Platform

Multi-Specialty Expertise

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
Organic Evidence-Based Guidelines

Aligned with National Societies

- American College of Cardiology
- 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 Academy of Sleep Medicine
- 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 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
eviCore’s Service Model
Preauthorization Requests

How to request preauthorizations:

YourHealthAlliance.org

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

Or by phone:
844.303.8452
7 a.m. – 7 p.m.
Monday – Friday

Fax option: 800.540.2406
Clinical Review Process

START

Methods of Intake

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Nurse Review

MD Review

Peer-to-Peer

Easy for providers and staff

Appropriate Decision
Information Needed to Begin a Preauthorization

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

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

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

**Requests**
- CPT code(s) requested
- The appropriate diagnosis code for the working of differential diagnosis

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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient’s last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
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.
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.
Preauthorization Program for Health Alliance Medical Plans

Introduction to Wave One Process
Effective March 1, 2017
eviCore will begin accepting requests on February 28, 2017 for service dates on and after March 13, 2017.

eviCore Preauthorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

It is the responsibility of the ordering provider to request preauthorization approval for services.
Wave One OB Ultrasound Preauthorization Requirements

- ALL OBUS requests require preauthorization.
- OBUS requests will be reviewed based on the specific CPT code criteria and eviCore guidelines.
- Please include the patient’s gestational age at the time the requested OBUS CPT code(s) will be performed, any prior OBUS that have been done (include the CPT code, date, and results), and the patient’s prenatal record.
- Batched requests for multiple ultrasounds (up to 4 weeks) may be requested at the same time as your initial request and will be approved if clinical criteria is met to perform serial ultrasounds. These requests will usually be requested by a maternal fetal medicine specialist for a high risk pregnancy.

Please Note: All OBUS requests will be reviewed using the imaging guidelines located at eviCore.com.
Wave One Preauthorization Outcomes - Approval

**Approved Requests:**

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 90 days from the date of determination.
- Urgent requests must be initiated via phone

**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
Wave One Preauthorization Outcomes - Denial

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
Wave One Preauthorization Outcomes – Commercial Membership

Reconsiderations:

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 14 calendar days following the date of determination
- Call 844.303.8452 to initiate reconsideration

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
Wave One Special Circumstances

Appeals:
- eviCore will not process appeals
- To initiate an appeal, contact Health Alliance:
  - 800.851.3379, ext. 4668
  - PSC@healthalliance.org

Retrospective Studies:
- The program will not permit requestors to submit retrospective authorization requests

Outpatient Urgent Studies:
- Contact eviCore by phone to request an expedited preauthorization review and provide clinical information
- Urgent Cases will be reviewed within **24 hours (not to exceed 72 hours)** of the request
eviCore’s Case Initiation Process
Initiating A Case

Welcome to the CareCore National Web Portal. You are logged in as UPPROTRIAL.

Request a clinical certification/procedure

Resume a certification request in progress

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

Look up an existing authorization

Check member eligibility

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Privacy Policy | Terms of Use | Contact Us

Choose “request a clinical certification/procedure” to begin a new case request.
Select Program

Select the Program for your preauthorization.

Any programs included in the preauthorization program for Health Alliance Medical Plans will appear in this list.
Select Program

Select the Program for your preauthorization.

More programs will appear in this list as each wave is implemented.
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 [?] indicates a required field or that more information is available as a help feature.
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 has not been performed.  CHANGE

Radiology Procedures

Select a Procedure by CPT Code or Description
70551  MRI Brain W/O CONTRAST

Diagnosis

Diagnosis Code: F01.50
Description: Vascular dementia without behavioral disturbance
Change Diagnosis

Cancel  Back  Print  Continue

Click here for help or technical support
Verify Service Selection

Clinical Certification

Confirm your service selection.

Procedure Date: TBD
CPT Code: 70551
Description: MRI Brain W/O CONTRAST
Diagnosis Code: F01.50
Diagnosis: Vascular dementia without behavioral disturbance

Change Procedure or Diagnosis

Cancel  Back  Print  Continue

Click here for help or technical support
Site Selection

Use the search fields to locate the specific facility site needed.
Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

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

You will not have the opportunity to make changes after that point.
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
Clinical Certification

Which one of the following best describes the reason for the requested study.

- Suspected New Stroke with or without a Prior History of Stroke

SUBMIT

Finish Later

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

Cancel  Print

Questions will populate based upon the information provided.
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.
Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
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.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Number</td>
<td></td>
</tr>
<tr>
<td>Case Number</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>Approved</td>
</tr>
<tr>
<td>Approval Date</td>
<td>5/28/2014 1:07:36 PM</td>
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<tr>
<td>Service Code</td>
<td>72148</td>
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<tr>
<td>Service Description</td>
<td>MRI LUMBAR SPINE W/O CONTRAST</td>
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<tr>
<td>Site Name</td>
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<td>Expiration Date</td>
<td>7/12/2014</td>
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<tr>
<td>Date Last Updated</td>
<td>5/28/2014 1:07:36 PM</td>
</tr>
<tr>
<td>Correspondence</td>
<td>View Correspondence</td>
</tr>
</tbody>
</table>
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.

Print | Done | Search Again

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain in the code-accessed portions is STRICTLY PROHIBITED.
For technical assistance in using the eviCore portal, call a Web Support Specialist at 800.646.0418 (Option 2)

Email: ProviderRelations@evicore.com

Web Portal Services are available 24/7.
Provider Resources
Provider Resources: Preauthorization Call Center

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
Clinical Guidelines, FAQ’s, Clinical Worksheets, Fax Forms, and other important resources can be accessed at eviCore.com. Click “Solutions” from the menu bar, and select the specific program needed.
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 “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.
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)*

<table>
<thead>
<tr>
<th>GUIDELINE TITLE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFACE to the Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC ABDOMEN Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC CARDIAC Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC CHEST Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC HEAD Imaging Guidelines</td>
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</tr>
<tr>
<td>PEDIATRIC MUSCULOSKELETAL Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC NECK Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC ONCOLOGY Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC PELVIS Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC PERIPHERAL NERVE DISORDERS (PND) Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC PERIPHERAL VASCULAR DISEASE (PVD) Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>PEDIATRIC SPINE Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>ABDOMEN Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
<tr>
<td>CARDIAC Imaging Guidelines</td>
<td>3/18/2016</td>
</tr>
</tbody>
</table>
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.”

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

<table>
<thead>
<tr>
<th>- View less for health plan specific cardiology &amp; radiology guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS AL Radiology Guidelines - Effective 6/13/2015</td>
</tr>
<tr>
<td>BCBS AL Blue Advantage Radiology Guidelines - Effective 5/1/2015</td>
</tr>
<tr>
<td>Neighborhood Health Partnership Cardiology Guidelines - Effective 3/18/2016</td>
</tr>
<tr>
<td>Neighborhood Health Partnership Radiology Imaging Guidelines - Effective 3/18/2016</td>
</tr>
<tr>
<td>Oxford Cardiology Guidelines - Effective 3/18/2016</td>
</tr>
<tr>
<td>River Valley Cardiology Imaging Guidelines - Effective 3/18/2016</td>
</tr>
<tr>
<td>River Valley Radiology Imaging Guidelines - Effective 3/18/2016</td>
</tr>
</tbody>
</table>
Provider Resources: Implementation Site

Health Alliance Medical Plans Implementation Site:

eviCore.com/healthplan/Health_Alliance

- CPT code list of the procedures that require preauthorization
- Touchstone quick reference guide
- eviCore clinical guidelines
Provider Relations: 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!