Health Alliance: Quality in Numbers

• Health Alliance Medical Plans
  • Member-focused health plans in Illinois, Iowa, Indiana, Ohio, North Carolina and Washington
  • Headquartered in Champaign, IL and founded 40 years ago

• Serving more than 240,000 members across six states
Provider Resources
Online Resources

- Provider Portal
- Online Provider Directory
- Prior Authorization Information
- Provider Manual
- Claims Information
- Pharmacy Information
- Frequently Used Forms
- Communications & Newsletters
- Claim reprocessing inquiries/appeals
- Member Information

www.healthalliance.org
External Provider Relations Specialist

- Performs initial/ongoing orientation and training to in-network primary care physicians, specialists, hospitals and ancillary providers
- Build relationships with the provider community which lead to better outcomes
- Provider Network Adequacy and Provider Directory Accuracy

Internal Provider Relations Specialist

- Identification, Resolution and Response
- Claims Issues
- Fee schedule requests
- Coding questions stemming from claim denials
- Reimbursement allowable amounts
- Provider.relations@healthalliance.org
A bi-monthly Provider Newsletter is sent to Health Alliance’s provider network to report updates and includes:

- Prior Authorization Changes
- Provider Training Opportunities
- Updates to Health Alliance Formulary
- Changes in policies that could affect claims submission, billing procedures, or appeals
- Updates to the Health Alliance Provider Portal
- Other important information

For more information in getting signed up, please contact your provider relations specialist.

Sign up at: provider.healthalliance.org/informed
• Health Alliance providers are encouraged to use the Online Provider Directory on our website to find an in-network provider.

• Providers are encouraged to review their information on the Provider Online Directory for accuracy.

Important Reminder:
• Please notify Health Alliance at least 30 days in advance when you have any of the following:
  • Change in office location, office hours, phone, fax or email
  • Addition or closure of office location
  • Addition or termination of a provider
  • Change in Tax ID and/or NPI
  • Open or close your practice to new patients (PCPs only)

• Please use the Provider Information Change form to make these changes.

To find a Health Alliance provider, visit www.healthalliance.org and click “Find Care”.

Online Provider Directory
PA’s are to provide access to medical care that results in the best possible outcomes.

Incomplete PA submissions have the potential delays up to 14 days.

Here are some things to keep in mind:

- Include all information for referrals (tertiary or out of network
  - Provide all the office notes from the member’s appointment with that specialist.
- For Procedures please be sure to include:
  - Provider’s Full Name and NPI number
  - Facility’s Full Name and NPI number
  - CPT, HCPC, or Revenue code
  - Primary diagnosis (ICD 10) code
  - Current history & physical exam and pertinent treatment notes. (May require past 3 to 6 months of medical notes and/or imaging reports depending upon procedure).
  - Upload clinical documentation to support the medical necessity of this request.

Please refer to the created Provider Reference Checklists so you can easily review more tips on what’s required for prior authorizations.

You can find the checklists and submit Prior Authorizations Online at:

- [www.healthalliance.org/](http://www.healthalliance.org/)
- Enter service description/code(s) to guide to the appropriate portal:
  - eviCore
  - Health Alliance’s GuidingCare® Platform
Provider Information
Physician Responsibilities

- Collect copayments
- Verify member’s plan eligibility and benefits
- Follow medical record requirements
  - Following standard coding guidelines
- Adhere to policies and procedures
  - Application, credentialing and re-credentialing of participating practitioners
  - Provider administrative complaint and grievance procedure
  - Resolution of disputes
Important Member Information

Members’ rights and responsibilities

- Right to participate with contracted providers in making decisions about health care
- Right to a candid discussion of appropriate or medically necessary treatment options for conditions, regardless of cost or benefit coverage
- Right to voice complaints or appeals about Health Alliance or the care provided
- Responsible for following plans and instructions for care that is agreed on with providers
- Responsible for knowing the providers that are in-network

Complaint and appeal procedures

- Encourage member to contact the Health Alliance Customer Service Department with any complaints or concerns
- We may contact physicians or other providers to investigate member concerns

It is essential that any requests for information are responded to quickly and accurately to ensure response to members within the required time frames
Products and Services

- Fully-Insured HMO/POS/PPO
- Self-Insured HMO/PPO/POS
- Medicare Advantage HMO/POS
- Marketplace
Sample Health Alliance Member ID Card

Plan type
Copayment amounts
Customer Service phone number
Addresses to send medical and prescription drug claims
Claims
Claims Submission Options

- Electronic Claim Filing:
  - Change Healthcare is the outside vendor used by Health Alliance.
    - Use payer ID: 77950
    - Change Healthcare phone: (877) 411-7271 for support

- Providers may use any clearinghouse. Note that fees may apply.

- Health Alliance requires your ten-digit National Provider Identifier (NPI) for electronic claims.

- All electronic claims must comply with the HIPAA 5010 transaction set as required by CMS.

- If you have questions, please call the Health Alliance System Configuration Department at 1-800-851-3379, ext. 28936.
• Health Alliance has partnered with Change Healthcare ePayment for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) to providers.

• Access to Change Healthcare is FREE to our providers.

• To enroll, go to Healthalliance.org and click Change Healthcare Website to download the ePayment form and submit to Change Healthcare.

• You can also enroll over the phone by contacting Change Healthcare at 1-866-506-2830, option 2.
Population Health
Population Health

Supports productive interactions between physicians and provider care teams and patients/members by reaching Goals which include:

- **Increases Health in the Community**
  - By working in a collaborative setting to improve outcomes, provide the data to measure achievements, and become a national leader in population health

- **Improving Care Coordination**
  - By providing clinicians with the tools to manage their patients’ medical and social health while controlling cost.

- **Enabling Access**
  - By improving access to the appropriate providers in the appropriate setting, in order to provide more effective and efficient care

- **Improving Patient/Member and Provider Satisfaction**
  - By focusing on the satisfaction of all that support or engage in our population health care model; ensuring processes and technology are patient/member and provider friendly and actionable

- **Achieving Affordability**
  - By meeting targeted cost reduction through utilization, variation reduction, and cost optimization opportunities
Population Health - Perks

• We offer many tools to support our members on the path to improved health management.

• We have built-in extras to help members focus on their health and reporting to help you understand how we are controlling costs and managing healthcare.
Value-Focused Medical Management

- Strong provider partnerships differentiate us from non-integrated healthcare delivery systems. Our program has two main areas of focus:

  - Utilization Management: How we ensure members obtain care aligned with best practice standards.

  - Care Coordination: A referral-free program centered around your patients with at-risk diagnoses, to help ensure quality and proper care. Members need to initiate this program by calling us at 1-800-851-3379 ext. 28947
Pharmacy and Quality Teams
Pharmacy Resources

- Local, on-site pharmacists and pharmacy coordinators able to answer member and provider questions
  - Pharmacists
    - Discuss potential side effects and how to manage them
    - Explain how to correctly take medications
    - Educate providers on prior authorization criteria and best practices
  - Pharmacy Coordinators
    - Assist members having difficulties filling scripts
    - Share information on deductibles, accumulators, and copays
    - Send out member notifications regarding coverage determinations
- Participation in multidisciplinary teams to gather organizational resources for members in need
- Access to tools and resources of one of the three largest PBMs, OptumRx
Voluntary Pharmacy Programs

• Mail-Order Discount
  – When members order a 90-day supply through the mail, they receive a discounted rate. Learn more about the program by contacting our partners at OptumRx®, Health Alliance’s pharmacy benefit manager, at 1-800-763-0044

• Retail 90 Benefit (available with many, but not all plans)
  – Members can purchase a 90-day supply of maintenance medications at a retail pharmacy for a discounted cost

• Rxtra Benefit (available with many, but not all plans)
  – Members can get 30-day supplies of certain medications at participating pharmacies for $0
Pharmacy Terms

• Understanding Drug Terms

• Specialty medical drugs are specialty medications that are given in a hospital or doctor’s office and covered under the medical benefit.

• Specialty pharmacy drugs are specialty medications received by the member from a pharmacy and covered under the pharmacy benefit.

• General medical drugs are covered under the medical benefit and listed for your information.
Quality Management Programs

- To ensure we are in compliance with National Committee for Quality Assurance (NCQA) standards, we use several strategies to provide evidence-based care:
  - Credentialing
  - Monitoring performance data
  - Closing gaps in care
  - Maintaining network adequacy
  - Resolving appeals, complaints, and grievances
Expanded Focus on Quality

• Health Alliance efforts to improve quality & align with best practices has initiated a campaign internally to Strive for 5.

  Strive for 5 Stars Campaign

• Built a focused team to improve Stars Measures
• Organizational commitment to top decile care
• Educating providers about at-risk patients

Health Care Quality
• Utilizing Best Practices for Members’ Care
• Rank: ~90% Highly Regarded Health Plan

Complaints About Health Plan
• Appropriately Address Members’ Concerns with Regard to Care
• Top Decile Performer

Care Coordination
• Effectively Plans Coordination of Member Care
• Population Health Initiative to Refocus on Member Care
Contact Information

- **Customer Service**: Ph. 1-800-851-3379  [CustomerService@healthalliance.org](mailto:CustomerService@healthalliance.org)
- **Provider Relations**: [Provider.Relations@healthalliance.org](mailto:Provider.Relations@healthalliance.org); or reach out directly to your Provider Relations Specialist.
- **Pharmacy Department**: Ph. 1-800-3379 option 4 Fax. 217-902-9705
- **Utilization Management**:
  - **Inpatient**: Ph. 1-800-851-3379 Fax: 217-902-9750
  - **Post-Acute**: Ph. 1-800-851-3379 or 217-902-9056 Fax: 217-902-9712
  - **Outpatient**: Ph. 217-902-8927
  - **Care Coordination**: Ph. 1-800-851-3379 ext. 28947  Email: [Care.Coordination@healthalliance.org](mailto:Care.Coordination@healthalliance.org)
  - **eviCore**: Ph. 1-800-646-0418, option 5
    - Monday through Friday, from 7 a.m. to 7 p.m. local time Fax 1-800-540-2406
    - Email [ProviderRelations@evicore.com](mailto:ProviderRelations@evicore.com)

*When service is required due to a medically urgent condition, the ordering provider’s office must call eviCore at 1-844-303-8452*

Thank you for attending today’s presentation.

If you have any questions about today’s presentation, please reach out to your Provider Relations Specialist.