



Eviti Connect® for Autoimmune Diseases Payer Guide

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Get started

The Eviti Connect® Payer Dashboard lets you view treatment plans that providers submit for your approval and authorization. It lets you and others in your office update and track the status of all treatment plans in one place.

Providers cannot view your payer dashboard.

Our treatment plan review process

We review each treatment plan to determine if it's evidence-based care and complies with your health plan language.

1. The provider enters the treatment plan into Eviti Connect. The treatment plan appears on your dashboard.
 - If it's evidence-based care and complies with your health plan language, we assign it an Eviti code, which means that we recommend that you authorize the treatment. We skip to step 4.
 - If the treatment plan deviates from evidence-based care or your health plan language, our NantHealth Eviti Medical Office must review it.
2. Our NantHealth Eviti Medical Office reviews the treatment plan.
 - If we determine that data entry errors caused the deviation, an Eviti nurse updates the treatment plan and the system assigns it an Eviti code. We skip to step 4.
 - If the deviations go beyond data entry errors, our physician requests a peer-to-peer clinical discussion with the treating physician to gather information and to ensure that the treating physician prescribes the appropriate treatment.
3. Our physician meets with the treating physician. Then, we do one of the following:
 - Assign the treatment plan an Eviti code if we determine that it's appropriate care.
 - Reject the treatment plan by *not* assigning it an Eviti code if we determine that it's *not* appropriate care.
 - Require that you review and approve the treatment plan before we assign it an Eviti code. This occurs when we think that there are medically justified deviations from standard of care, but request your approval before assigning it an Eviti code.

Note *If we request more information or a peer-to-peer clinical discussion, and the treating physician does not respond or cannot meet, we reject the treatment plan. We determine the time to allow a treating physician to respond based on the time that you expect us to complete our treatment plan review.*

4. We notify you by email after we complete the review. The email indicates whether we assigned the treatment plan an Eviti code, or if it requires your

approval. You can also view the status of every treatment plan on your payer dashboard.

You configure the type of notification emails that we send you and who receives them.

About the Eviti library

The Eviti evidence-based medical library contains commonly prescribed treatments and regimens that the Food and Drug Administration (FDA) has approved to treat autoimmune diseases.

Our clinical content team maintains the library. At a minimum, they review all regimens annually. They continually monitor the sources for new recommendations, and add or update regimens as needed.

The system can also consider your medical policy, if necessary.

Your treatment plan review process

After we complete our review, you review the treatment plan to determine whether to authorize it.

1. You access the dashboard to review the treatment plan and our recommendations.

If the treatment plan deviates from standard of care, but we think the deviations are medically justified, you must approve it before we assign it an Eviti code.

2. After you review the treatment plan, send your final approval or denial to providers and patients according to your standard process.
3. If your site enabled actions on your payer dashboard, you can update the latest action of the treatment plan. This feature lets you manage your treatment plans more efficiently by letting you and others in your office track the progress and status of treatment plans.

Sign in

During implementation, a NantHealth Eviti staff member provides sign-in credentials to one or more of your system administrators. If you need credentials, contact your administrator. If you have technical difficulties or can't identify your administrator, call NantHealth Support at 1-888-482-8057.

1. Go to <https://autoimmuneconnect.eviti.com>.
2. Click **Payer Login**.
3. On the sign-in screen, type your email address and password, and then click **Sign In**.

Your dashboard appears.

Sign out

To sign out, click the **My Account** icon (👤) in the upper-right corner of any screen, and then click **Sign Out** in the My Account section.

View the treatment plans

When you access the dashboard, the tabs at the bottom of the screen display the treatment plans. Most recently added or updated treatment plans appear first.

At the top of the screen, you can enter criteria and use the filters to display different treatment plans.

Note Health plans configure the dashboard based on their business needs. The information and features in this guide may not exactly match what you see in your system.

Payer Dashboard

Patient Name

Member ID

Eviti Code

Provider Name

Line of Business

Start Date

End Date

ALL RECORDS

EVITI CODE

APPROVAL REQUESTED

CODE DENIALS

PENDING EVITI REVIEW

PATIENT MEMBER ID	PROVIDER SUBMITTER	DIAGNOSIS (ICD10 CODE) TREATMENT	STATUS EVITI RECOMMENDATION DATE	ACTION
Iryna Test 901	Iryna Smirnova	Crohn's disease (CD) (K50.11) Ustekinumab (IV)	EVAI2110-7188WRGA 10/20/2021 01:50 PM EDT	The eviti code is EVAI2110-7188WRGA
Mary Smith 123987654	Test Rad Onc	Psoriatic arthritis (PsA) (L40.5) Etanercept	Pending Eviti Review 09/08/2021 02:09 PM EDT	The Eviti Medical Office team is reviewing this case. No further action is required at this time.
Iryna Test 901	Iryna Smirnova	Multiple sclerosis (MS) (G35) Custom Treatment Plan	Pending Eviti Review 09/01/2021 10:32 AM EDT	The Eviti Medical Office team is reviewing this case. No further action is required at this time.
Iryna Test 901	Iryna Smirnova	Crohn's disease (CD) (K50) Custom Treatment Plan	Pending Eviti Review 09/01/2021 09:53 AM EDT	The Eviti Medical Office team is reviewing this case. No further action is required at this time.

After a treatment plan appears on your dashboard, it stays there for future reference. The system never removes treatment plans from your dashboard.

Payer dashboard tabs

The following table describes the tabs that appear on your dashboard, and the treatment plans that each tab displays.

This tab...	Displays...
All Records	All treatment plans.
Eviti Code	Treatment plans that we approved and assigned an Eviti code, which means they follow evidence-based guidelines and your health plan language, and represent appropriate care for the patient.

This tab...	Displays...
Approval Requested	Treatment plans that deviate from evidence-based care or your health plan language, but we think are appropriate care. We request your approval before assigning them an Eviti code.
Code Denials	Treatment plans for which we did not assign an Eviti code. This may occur for the following reasons: <ul style="list-style-type: none"> • The treatment plan does not meet evidence-based guidelines or your health plan language. • The provider did not supply sufficient medical records for a treatment plan that didn't receive an automatic Eviti code. • We requested a peer-to-peer clinical discussion with the treating physician, but it didn't occur.
Pending Eviti Review	The Eviti Medical Office is reviewing the treatment plan. Please check back later to view our recommendation. The time it takes for us to review each treatment plan varies by payer and treatment plan review priority.

Find a treatment plan

To find a treatment plan, fill in one or more of the criteria at the top of the screen, and then click **Search**.

The tabs at the bottom of the screen display only the treatment plans that match your selected criteria.


Note To update the treatment plan list, remember to click **Search** after you add or edit the search criteria.

Process a treatment plan

To process a treatment plan, review the treatment plan details and associated documentation, and then follow your organization's steps to complete the authorization.

1. Access your payer dashboard.
2. Click a treatment plan to view the details.

Note You can't view the details for treatment plans that are pending Eviti review.

Iryna Test 901	Iryna Smirnova Test Clinic	Crohn's disease (CD) Ustekinumab (IV)	EVAI2110-7188WRGA 10/20/2021 01:50 PM EDT	The eviti code is EVAI2110- 7188WRGA
DETAILS				
TREATMENT PLAN				
EVITI REVIEW NOTES				
DEVIATIONS				
COMMENTS				
DOCUMENTS				
ACTIONS				
 Add Comment				
Patient Information				
Member ID 901				
Date of Birth 01/01/1970 (age years)				
Sex Female				
Eligibility Status Eligible				
Provider Information				
Address Test Clinic 1670 CLAIRMONT RD, DECATUR, Georgia 30033				
Phone 404 555-1212				
Email IS-RadOnc@test.eviti.com				
NPI 1962814293				
TIN 125685324				
Submitter Information				
Username IS-ClinAdmin@test.eviti.com				
Name Iryna Smirnova				
Account Type Clinical Administrator				
Primary Mailing Address 1735 Marker St, Philadelphia, PA 19103				
Phone 1 (555) 555-1212				
Fax 1 (555) 555-1212				
Business Name Test Clinic				

3. Click the options in the left pane to review all the treatment plan details, including drug costs, Eviti review notes, deviations, medical records, and comments that other users in your office entered.
4. After you review the treatment plan, follow your organization's steps to complete the authorization. For example, enter the approval or denial into your internal system, and send the appropriate letters or faxes to the provider and patient.
5. If your site enabled payer actions, update the status of the treatment plan on your dashboard:
 - a) Click **Add Comment** in the left pane.
 - b) In the **Payer Actions** menu, choose the action that best describes the current status of the treatment plan. For example, **Entered into Medical PA System**, or **Sent Member/Provider Letter**.
 - c) In the **Comment** box, type your comments, and then click **Add Comment**.
6. To close the pop-up window, click the close icon in the upper-right corner.

Treatment plan details

When you click **Treatment Plan** in the left pane, scroll down to view the drug details and costs.

Treatment Items			
Code	Drug Name	Total Billable Units	Total Cost
J9999	SARILUMAB (J9999)	26	\$57,047.64
Total Estimated Cost			\$57,047.64

13 Cycles (1-13)						
Code	Drug Name	Dose	Units	Cost Per Dose	Details	Cost Per Cycle
J9999	SARILUMAB (J9999)	200 mg	2	\$2,194.14	Cycles: 1-13 Cycle Length: 28 Day of Cycle: 1,15 Frequency: Once Per Day	\$4,388.28
Estimated Cost Per Cycle						\$4,388.28

Under the Treatment Items section, view all the drugs, the total billable units and cost for each drug, and the estimated cost of the entire treatment.

A section appears for each cycle (also called, round) of drugs to give the patient:

- The table header displays the number of cycles that the patient receives the drugs.
- Within the table, a row appears for each drug that the patient receives in the cycle. The patient can receive a drug once or more per cycle, as indicated in the Day of Cycle and Frequency fields in the Details column.
- After the table, you can see the total estimated cost per cycle.

Cycle and Drug Details

The following table describes the columns of information for each cycle.

Column	Description
Code	Drug code.
Drug Name	Drug description.

Column	Description
Dose	The dose to give the patient during each treatment in the cycle. We use this number to calculate the number of drug units that the provider must purchase per dose.
Units	The number of units that the provider must purchase for each dose.
Cost Per Dose	Cost of units to purchase per dose.
Details	The following additional detail about the cycle and drug: <ul style="list-style-type: none"> • Cycles: The cycles during which the patient receives the drug. • Cycle Length: The number of days in the cycle. • Day of Cycle: The day or days in the cycle that the patient receives the drug. This may be a comma-delimited list, for example, 1, 3, 5 if the patient receives the drug on day 1, day 3, and day 5 of the cycle. • Frequency: The number of times per day that the patient takes the drug.
Cost Per Cycle	The total cost of the drug per cycle.

Approve a medically justified deviation

After we review a treatment plan, if we find medically justified reasons that the treatment plan deviates from evidence-based care or your health plan language, we provide you with all of the documentation and request your approval before we assign the treatment plan an Eviti code.

A treatment plan may deviate, for example, if the patient cannot follow the regimen exactly. The patient may live far from the hospital and cannot get to the hospital for treatments as often as the regimen specifies. Although the patient cannot follow the best practice for the regimen, we think it's appropriate care and that you should approve the treatment plan.

All treatment plans that require your approval appear in the All Records and Approval Requested tabs, with **Authorize** and **Decline** links in the Actions column.

1. Access the treatment plan dashboard, and then click the **Approval Requested** tab.
2. Click a treatment plan, and review its details.
3. After you determine whether to authorize or decline the treatment plan, click **Authorize** or **Decline** in the left panel of the details pop-up window, type notes about your decision in the **Notes** box, and then click **Authorize** or **Decline** in the lower-right corner.
 - If you authorize the treatment plan, we assign it an Eviti code. It now appears in the **Eviti Code** tab.

- If you decline the treatment plan, we do *not* assign it an Eviti code. It now appears in the **Code Denials** tab.
4. Follow your organization's steps to complete the authorization.

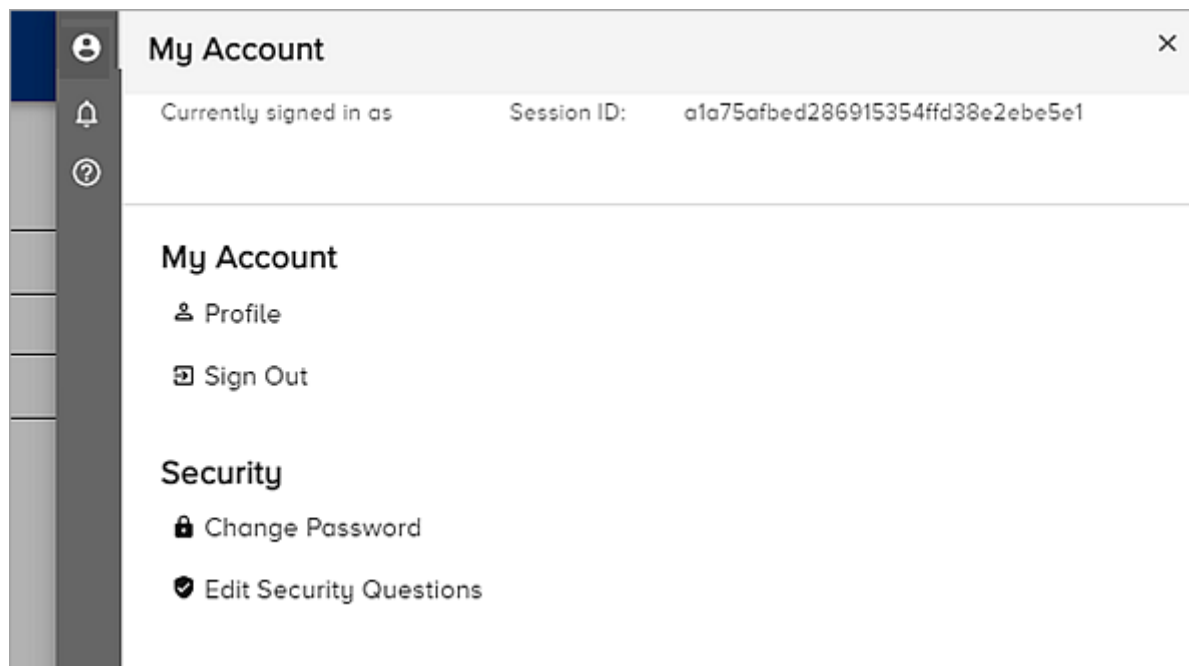
Manage your account

Review or update your contact information, password, and security questions and answers.

For security reasons, do not share your password with other users.

To manage your account, click the **My Account** icon (👤) in the upper-right corner of any screen.

The My Account pane appears:



Update your contact information

Review or update your name, address, and phone number. .

1. Click the **My Account** icon (👤) in the upper-right corner of any screen.
2. On the My Account pane, in the My Account section, click **Profile**.
3. Click **Edit** in the upper-right corner.
4. Update your information, and then click **Save**.

Change your password

You can change your password at any time. If you forget your password, click **Forgot Password** on the sign-in screen.

1. Click the **My Account** icon (👤) in the upper-right corner of any screen.
2. On the My Account pane, in the Security section, click **Change Password**.
3. Type your current password in the **Current Password** box.

4. Type your new password in the **New Password** and **Confirm New Password** boxes.
5. Click **Change Password**.

Use your new password the next time you sign in.

Change your security questions

Your security questions verify your identity. We ask you to answer your security questions if you forget your password and need to reset it from the sign-in screen.

You must set your security questions when you sign into Eviti Connect for the first time; however, you can change them at any time.

1. Click the **My Account** icon (👤) in the upper-right corner of any screen.
2. On the My Account pane, in the Security section, click **Edit Security Questions**.
3. On the Edit Security Questions screen, update your security questions and answers as needed, and then click **Save Security Questions**.

Contact us

NantHealth Support is available 7:30 a.m. to 8 p.m. Eastern Time, Monday through Friday.

For support, call 1-888-482-8057, or send an email to clientsupport@nanthealth.com.