

**Q1** *What is the Evaluaide<sup>SM</sup> program?*

**A1** Evaluaide<sup>SM</sup> is a population health management program that evaluates the overall health of a plan population and identifies members who have, or are at-risk for developing, common and costly chronic health conditions. Patients enrolled in Evaluaide<sup>SM</sup> have access to an Evaluaide<sup>SM</sup> nurse who works in collaboration with your team to help patients better manage their chronic conditions with education, scheduled calls and home visits (if necessary).

**Q2** *What are the key features of the Evaluaide<sup>SM</sup> program?*

- A2**
- Case management is provided on an individualized basis to all enrolled members.
  - Peak Performance (*see page 3*) is a key component of Evaluaide<sup>SM</sup> which aligns physician payment incentives with participant engagement outcomes.
  - Risk stratification algorithm allows us to focus on managing only those members with chronic and complex health conditions to help control cost and improve outcomes.
  - Health care team approach — including the enrolled individual, their family, their PCP, and the Evaluaide<sup>SM</sup> nurse — encourages support and growth toward better self-management of health.

**Q3** *How does Evaluaide<sup>SM</sup> work?*

**A3** Evaluaide<sup>SM</sup> is a benefit that plan sponsors purchase to provide higher risk individuals with access to the Evaluaide<sup>SM</sup> program's support services. Individuals who may be at higher risk for adverse health outcomes are identified and their attributed primary physician is identified through claims data. Evaluaide<sup>SM</sup> nurses reach out to these individuals and enroll them in the program. Attributed physicians for these individuals are eligible to bill for additional services to support increased access, engagement and support.

**Q4** *What does it cost to participate in Evaluaide<sup>SM</sup> ?*

**A4** Individuals enrolled in the program have no additional cost. The plan sponsors absorb the program fees.

**Q5** *Are all plan sponsor members eligible for Evaluaide<sup>SM</sup>?*

**A5** Plan sponsors must purchase the Evaluaide<sup>SM</sup> benefit for members to be eligible. A sponsor's members who are identified as having chronic or costly health conditions are eligible for enrollment in the program. Members not identified with a chronic health condition are not offered enrollment.

**Q6** *How does Evaluaide<sup>SM</sup> identify patients for eligibility for the program?*

**A6** Data is analyzed to identify individuals within this population who may be at higher risk for adverse health outcomes. These identified individuals are eligible for program support including assignment of a case management nurse. Attributed physicians for these individuals are eligible to bill for additional services to support increased access, engagement and support.

**Q7** *How can patients not identified by Evaluaide<sup>SM</sup> become enrolled in the program?*

**A7** Plan sponsors and providers can nominate individuals to the program by filling out the Participant Referral Form available at [www.Evaluaide.com](http://www.Evaluaide.com). These nominations will be reviewed by the Evaluaide<sup>SM</sup> medical director for eligibility and may be added to the program.

**Q8** *Are all providers eligible for Peak Performance payments?*

**A8** Providers identified as the eligible individual's primary physician are considered the attributed physician, and are eligible to bill for the extra payments.

**Q9** *What services are eligible for Peak Performance payments?*

**A9** Services that promote patient access and engagement with their conditions are eligible for additional payments.

- The program pays physicians a monthly care management fee when they engage with their patient's management outside of face-to-face office visits. Physicians are also reimbursed for telemedicine e-health evaluation and management services.
- The program periodically pays attributed physicians an outcome bonus when their patient enrolls in the program and ED and inpatient admissions are avoided.

**Q10** *What happens if the member leaves the plan?*

**A10** When the member leaves the plan the member is dis-enrolled from the Evaluaide<sup>SM</sup> program. The member's attributed physician is not eligible for the Peak Performance outcome bonus unless the member is in the program for the entire period.

**Q11** *How will I get reporting about activity in the program?*

**A11** Evaluaide<sup>SM</sup> program reports are available quarterly for review. This reporting includes a summary of Peak Performance provider activity and patient results. The Evaluaide<sup>SM</sup> reporting is sent out periodically and the Peak Performance summary will be available for plan sponsors and providers on our website after signing into their respective portals.

**Q12** *How long does an individual participate in Evaluaide<sup>SM</sup>?*

**A12** Program participation continues until all goals are met. There is no predetermined time limit. When a participant has met their goals they are graduated from the program. Participants can also voluntarily dis-enroll any time they feel the program is no longer working for them. Typical enrollment lasts between 3 and 9 months.

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