Q1 *What is the Evaluaide^{SM} program?*

A1 Evaluaide^{SM} 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^{SM} have access to an Evaluaide^{SM} 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^{SM} 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^{SM} 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^{SM} nurse — encourages support and growth toward better self-management of health.

Q3 *How does Evaluaide^{SM} work?*

A3 Evaluaide^{SM} is a benefit that plan sponsors purchase to provide higher risk individuals with access to the Evaluaide^{SM} 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^{SM} 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^{SM} ?*

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^{SM}?*

A5 Plan sponsors must purchase the Evaluaide^{SM} 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^{SM} 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^{SM} 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. These nominations will be reviewed by the Evaluaide^{SM} medical director for eligibility and may be added to the program.

Q8 *How does Evaluaide^{SM} benefit providers?*

A8
- Patients are assigned an Evaluaide^{SM} nurse who can work with providers to:
- Help manage high-risk patients
- Increase contact with patients
- Increase patient compliance with prescribed care regimens including: blood glucose testing protocols, medication compliance, diet and exercise recommendations
- Provide patients with skills for self-care

- Improve quality of care
- Reinforce chronic health condition-specific education through written materials and one-on-one conversations with Evaluaide^{SM} RNs
- Provide patients with someone to speak to
- Improve patients' quality of life
- Improve coordination of services
- Provide better contact with health care providers

- Improve health outcomes
- Take some of the burden off office staff by providing patient follow-up and support both telephonically and with home visits, if required
- Provide long-term monitoring follow-up
- Improve patient satisfaction
- Improve caregiver satisfaction

Q9 *Are all providers eligible for Peak Performance payments?*

A9 Providers identified as the eligible individual's primary physician are considered the attributed physician, and are eligible to bill for the extra payments.

Q10 *What services are eligible for Peak Performance payments?*

A10 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.

Q11 *What happens if the member leaves the plan?*

A11 When the member leaves the plan the member is dis-enrolled from the Evaluaide^SM 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.

Q12 *Will I receive progress reports about Peak Performance?*

A12 Lists of your attributed patients will be placed on the provider portal for you to access after logging into your account. Additionally, periodic emails will be sent to keep you up-to-date on the program.

Q13 *How long does an individual participate in Evaluaide^SM?*

A13 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.

VISIT **WWW.EVALUAIDE.COM** | EMAIL **INFO@EVALUAIDE.COM** | CALL **877.606.5366**