



COMMITMENT TO QUALITY

**Convenient, supportive and responsive behavioral health services.
Designed to meet your needs.**

Focusing on quality to improve health

We believe quality is critical to protecting and improving your health and well-being. Evernorth Behavioral Health is committed to:

- + Offering convenient access to quality health care providers
- + Supporting you and your provider to help you stay healthy—or return to health
- + Providing responsive customer service
- + Making sure our services meet your needs

With the help of our quality management committees, we maintain standards for service and quality care from network health care providers. The committees include health care providers in our network. They meet regularly to discuss health care trends and how they affect the network health care provider services. They then recommend ways we can improve those services.

Here are some of the ways we support quality standards, including details on how your health care provider is compensated, information about our utilization management process, and an explanation of the rights and responsibilities you can expect as an Evernorth Behavioral Health customer.

How your health care provider gets paid

The Evernorth network of health care providers includes physicians/practitioners, hospitals and ancillary service providers. Evernorth compensates its network of health care providers in ways that are intended to motivate them to practice preventive care, promote quality care, provide necessary care and ensure the appropriate and cost-effective use of covered services and supplies. Compensation may also include additional payments to health care providers based on their performance in these same areas. In addition, Evernorth may promote the use of certain health care providers in our network based on their quality of care and cost-effective measures.

Evernorth does not offer incentives to encourage health care providers to limit the use of health care services, nor do we reward our medical directors for issuing denials of coverage for care. Evernorth considers the provider's quality of care, quality of service and appropriate use of services before awarding any bonuses and incentives.

Evernorth reinforces this philosophy through decisions made by our medical directors and clinical staff, which encourages and promotes the appropriate use of covered health care services.

The methods by which health care providers in our network agree to be compensated are described in general below, and vary, based on the provider type (physician/practitioner, hospital or ancillary service provider). The amount and type of compensation may also vary, based on the type of coverage plan (HMO, PPO, etc.).

- + **Discounted fee-for-service:** This payment method applies to all health care provider types: Physicians/practitioners; hospitals; ancillary service providers

Payment for services is based on a discounted fee schedule as compared with the usual amount billed by the provider for health care services.

- + **Capitation:** This payment method generally applies to physicians or various types of practitioner groups.

The physician or practitioner group is paid a fixed amount (capitation) at regular intervals for each Evernorth customer who selects them as their primary care provider. These fixed payments generally cover all services provided by that provider, with no additional payments being made. Capitation offers predictable income, encourages health care practitioners to keep people well through preventive care and eliminates the financial incentive to provide services that will not benefit the patient.

Health care providers paid on a capitation basis may also participate in a risk-sharing arrangement with Evernorth; that is, they agree on a target amount for the cost of certain services and may receive a bonus or penalty if actual costs are under or over the target. All capitated services are monitored using criteria that may include patient access to care, quality of care, satisfaction, and appropriate and cost-effective use of services and supplies.

Evernorth also works with separate, third-party administrative entities to administer payments to health care providers in our networks. Under these arrangements, Evernorth may pay the third party a fixed monthly amount per customer for these services, and health care providers are then compensated by the third party for services from that fixed amount.

- + **Salary:** This payment method applies to “employed” health care providers of all types.

In some very limited areas, Evernorth-owned groups or affiliates employ providers who are paid a salary for their services. These health care providers may be eligible for year-end bonuses, based on performance in areas such as quality of care, quality of service and appropriate and cost-effective use of services and supplies.

- + **Per diem:** This payment method applies to hospitals and similar facilities.

A specific amount is paid to the hospital each day (“per diem”) for all health care received on that day. The per diem payment varies based on several factors, which may include type of service or length of stay, and the resulting payment, in some cases, could be greater than the hospital’s actual billed charges.

- + **Case rate:** This payment applies to hospitals and certain ancillary services.

A specific amount is paid for all health care received based on a given period of time (length of stay) or based on the procedure/service provided.

- + **Bonuses and incentives:** This method can apply to all health care provider types: Physicians/practitioners; hospitals; ancillary services.

Some providers may receive additional payments based on their performance in areas such as practicing preventive care, promoting quality care, providing necessary care and ensuring the appropriate and cost-effective use of covered services and supplies. They may also receive financial and/or nonfinancial incentives to promote their use of referrals to other high-quality, cost-effective providers in our network (such as certain hospitals, labs, specialists and vendors).

This is a general overview of the most common forms of compensation to our health care providers; it is not meant to be all-inclusive. As health care evolves, compensation methods may be modified to drive further improvement in quality, affordability and patient satisfaction.

If you have questions about which compensation method applies to services you receive from a practitioner, hospital or ancillary health care provider, please discuss this with the health care provider or their staff, as Evernorth cannot discuss specific health care provider contract details. However, if you

have questions about your coverage, including your copays and/or coinsurance obligations, please contact customer service at the toll-free number listed on your ID card.

Utilization Management

How Evernorth Behavioral Health makes coverage decisions

Utilization management includes the evaluation of potential coverage of health care services based on the terms of your benefit plan, appropriateness of health care services, procedures and the places where care is received, according to established evidence-based criteria and/or standard guidelines.

Evernorth requires prior authorization (prior approval) for a limited number of health care services, drugs or procedures before the services are delivered. Services that require a health care provider to obtain prior authorization of coverage include:

- + Nonemergency hospital and other facility admission
- + Services for which coverage is limited or may be excluded by the health plan. This is done to ensure you know your potential out-of-pocket costs (costs that your plan doesn't cover, and that you're responsible for) in advance
- + A limited number of outpatient services and drugs

The services that require prior authorization vary, based on your benefit plan. Check your coverage materials, ask your provider or call Evernorth customer service for information about your plan's particular prior authorization requirements.

Your health care provider can request prior authorization of coverage by telephone, fax, online submission or email. When we receive the request, we may ask for additional information about your condition and the treatment planned to determine if the services are covered by your health plan, or to identify coverage that your treatment provider may not be aware of. Check with your treatment provider before receiving services to see if prior authorization is required and if it is in place.

When making a coverage decision, Evernorth's care providers will consider not only evidence-based guidelines, but also your unique clinical circumstances and the terms of your health plan.

In the process, they will use Evernorth's publicly posted behavioral coverage policies, as well as additional resources, such as independent utilization management guidelines.

Some services may not be covered by your health plan, according to your specific benefit plan requirements and exclusions. If you obtain non-covered services, you may be billed directly for the full cost. Check your coverage materials for more information.

Utilization management decisions are based on the existence of an available benefit, and then, if the benefit is available, on the necessity for that service. Evernorth uses a physician to review any health care denial involving judgment of care. Evernorth does not reward health care providers or other individuals involved in coverage determinations for denials. In addition, there are no financial incentives for utilization management decision-makers to make decisions that result in coverage for inappropriate care or underutilization.



If you have questions, call customer service at the toll-free number on your ID card.

Evernorth customers' rights and responsibilities statement

Rights

You have the right to:

- + Receive coverage for the benefits and treatments available under your health benefit plan when you need it, and in a way that respects your privacy and dignity
- + Receive information on how to access websites or customer service via toll-free telephone and fax numbers
- + Receive language interpretation and TTY services upon request
- + Receive the understandable information you need about your health benefit plan, including information about services that are covered and not covered, and any costs that you will be responsible for paying.
- + Obtain understandable information about Evernorth Behavioral Health, including the qualifications of staff that support Evernorth Behavioral Health, and any contractual relationships related to such programs.
- + Access current information on in-network health care providers, places you can receive care and information about a particular health care provider's education, training and practice.
- + Select a primary care provider for yourself and each covered member of your family, and change your primary care provider for any reason. However, many benefit plans do not require that you select a primary care provider.
- + Keep your personal identifiable data and information confidential by Evernorth and your health care provider, know who has access to your information, and know the procedures used to ensure security, privacy and confidentiality. Evernorth honors the confidentiality of its customers' information and adheres to all federal and state regulations regarding confidentiality and the release of personal health information.
- + Participate with your health care provider in health decisions, and have your health care provider give you information about your condition and your treatment options, regardless of coverage or cost. You have the right to receive this information in terms and language you understand.
- + Learn about any care you receive. You should be asked for your consent for all care unless there is an emergency and your life and health are in serious danger.
- + Refuse care. If you refuse care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your health care provider. Your health care provider will give you advice, but you will have the final decision.
- + Be advised of who is available to assist you with any special Evernorth programs or services you may receive, and who can assist you with any requests to change or disenroll from programs or services offered by or through Evernorth.
- + Be heard. Our complaint-handling process is designed to hear and act on your complaint or concern about Evernorth and/or the quality of care you receive from health care providers and the various places you receive care in our network; provide a courteous, prompt response; and guide you through our grievance process if you do not agree with our decision. Evernorth strives to resolve your complaint on initial contact and in a manner that is consistent with your applicable benefit plan. Language interpretation and TTY services are available for complaint and appeal processes

- + Know and make recommendations regarding our policies that affect your rights and responsibilities. If you have recommendations or concerns, please call customer service at the toll-free number on your ID card. Request and receive information regarding how to appeal a utilization management decision.
- + Receive utilization management determinations from quality professionals who do not receive financial incentives based on utilization management decisions.

Responsibilities

You have the responsibility to:

- + Receive coverage for the benefits and treatments available under your health benefit plan when you need it, and in a way that respects your privacy and dignity
- + Understand how to obtain services and supplies that are covered under your plan—including any emergency services needed outside of normal business hours or when you are away from your usual place of residence or work, by using the indicated number on your ID card or by accessing Evernorth online resources.
- + Show your ID card before you receive care.
- + Schedule a new patient appointment with any in-network health care provider; build a comfortable relationship with your health care provider; ask questions about things you don't understand; and follow your health care provider's advice.
- + You should understand that your condition may not improve and may even get worse if you don't follow your health care provider's advice.
- + Understand your health condition and work with your health care provider to develop treatment goals that you both agree on, and to follow the treatment plan and instructions.
- + Provide honest, complete information to us and the health care providers caring for you.
- + Participate in programs offered to you.
- + Know what medicine you take, why and how to take it.
- + Pay all copays, deductibles and coinsurance for which you are responsible, at the time service is rendered or when they are due.
- + Keep scheduled appointments or notify the health care provider's office ahead of time if you are going to be late or miss an appointment.
- + Pay all charges for missed appointments and for services that are not covered by your plan.
- + Voice your opinions, concerns or complaints to customer service and/or your health care provider.
- + Notify your plan administrator and treating health care provider as soon as possible about any changes in family size, address, phone number or status with your health benefit plan, or if you decide to disenroll from Evernorth Behavioral Health.