



# WholeHealth Living™ by Tivity Health™

Your Smart Partner for Specialty Health Benefit Management Solutions

## Key Highlights:

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- Typical ROI ranging from 3:1 to 5:1
- Savings can begin on Day One
- Flexible solutions for specialty health benefits including chiropractic, acupuncture, physical therapy, occupational therapy, speech therapy, therapeutic massage, and naturopathy
- URAC and NCQA accredited
- Positive provider relationships, member experience focused for better outcomes

Specialty health benefits management and complementary alternative medicine (CAM) can be complex and challenging to manage. With more than 25 years of clinical and operational expertise in this niche area of healthcare, WholeHealth Living by Tivity Health offers a suite of tailorable capabilities to meet a variety of member needs. Our experienced team works alongside health plans, employers, and our select network of specialty providers to improve clinical outcomes, create savings, and enhance member satisfaction.

The suite of services from WholeHealth Living range from simple discounted access to an established high-quality network of providers, to fully accredited utilization management programs. Our network of highly credentialed and vetted providers offers access to a wide range of disciplines, providers, practitioners and facilities, while achieving a universally high standard of care. More importantly, this expertise is built on a simple premise: to deliver care that is clinically indicated and provided in the most cost-effective manner possible.

## Strong Partnership, Powerful Cost Savings

From the start, Tivity Health partners with clients to analyze their data, their member interests, and offer insights into the greatest opportunities for cost savings, engagement, and improved delivery of key benefits including chiropractic, acupuncture, physical therapy, occupational therapy, speech therapy, therapeutic massage, and naturopathy. Our flexible solutions are scalable and tailored to the unique needs of each health plan and their members, while delivering significant savings, typically ranging from 3:1 to a 5:1 return on investment - all with improved quality of care for their members.

Our capabilities include network development, credentialing, utilization management and claims processing.



## Network Development

Providers who follow defined clinical protocols help ensure high-quality care while avoiding excess costs. Tivity Health performs focused, rapid recruitment in key client areas to optimize member access and create customized networks. We build strong, respectful, and collaborative relationships with fully credentialed providers for high provider satisfaction, which translates into a great member experience. We monitor our network to ensure providers are actually servicing members, thereby saving administrative costs.

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*“[They] worked closely with us to identify an approach that would be the least disruptive to our members and providers — and that would offer members an appropriate level of care. It worked. After 1 year, our provider and member appeals were less than 1%”*

–Tom Foley, Director, Ancillary and Behavioral Health Contracting,  
Blue Cross Blue Shield of Massachusetts

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## Credentialing

Tivity Health has been a NCQA certified Credentials Verification Organization since 2000. We perform primary source verification for license, license restrictions/complaints, liability coverage, malpractice claims, and Medicare/Medicaid sanctions. Our Credentialing Committee, a multi-disciplinary peer review team, reviews provider credentials to ensure quality before network admittance.



## Utilization Management

URAC accredited for Health Utilization Management since 1997, Tivity Health’s program is also NCQA accredited and licensed to conduct utilization management in all states where this is a requirement. Using comprehensive clinical logic, decision support, and care pathways technology, our utilization management programs ensure provision of care that is medically necessary, clinically indicated, and delivered in the most appropriate and cost-effective manner - all while enabling accurate contract administration and equitable access to care across the network.



Therapeutically driven, and both evidence- and outcomes-based, our program provides the appropriate diagnosis, utilization, and fee parameters to ensure members receive the right care at the right time. Our clinical criteria is developed through a rigorous committee process and analysis of more than 25 years of historical claims and treatment authorization data, publications, and peer-reviewed literature.

Our state-of-the-art Rapid Response system for authorizations is available 24/7 via a secure web portal or telephonic IVR interface, creating an efficient, provider-friendly mechanism for receiving real-time responses to authorizations requests.

## Claims Processing

Claims processing matches care plan authorizations to submitted claims and provides fee management services to maximize time and secure savings.

Health  
Utilization  
Management  
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