



Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Musculoskeletal (MSK) Management Program





Provider Training Presented by:
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December 2023



National Imaging Associates, Inc. (NIA)* Program Agenda

Our MSK Program

-  Authorization Process
 - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

** Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

NIA Specialty Solutions

National Footprint / Experience



National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **88 health plans/markets** – partnering with NIA for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Commercial/Medicaid/Medicare Expertise/Insights

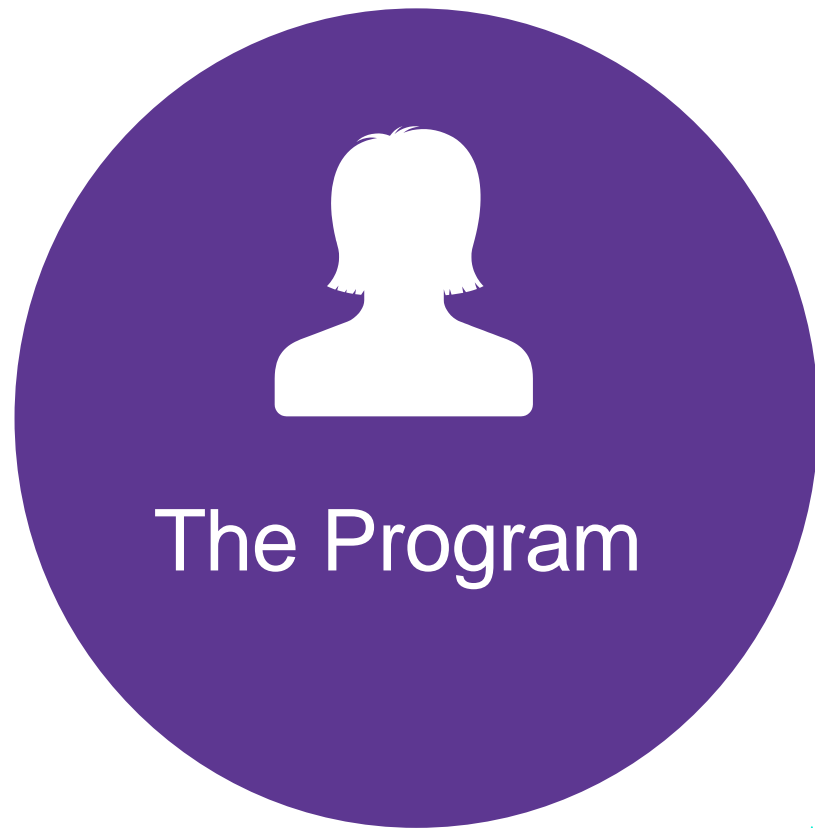
- ✓ **42 Commercial and 56 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 22M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

Intensive Clinical Specialization & Breadth

- ✓ **Specialized Physician Teams**
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's MSK Prior Authorization Program



The Program

- Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare will begin a prior authorization program through NIA for the management of MSK Services.



Important Dates

- Program start date: January 1, 2024
- Begin obtaining authorizations from NIA on January 1, 2024, via RadMD or Call Center for services rendered on or after January 1, 2024



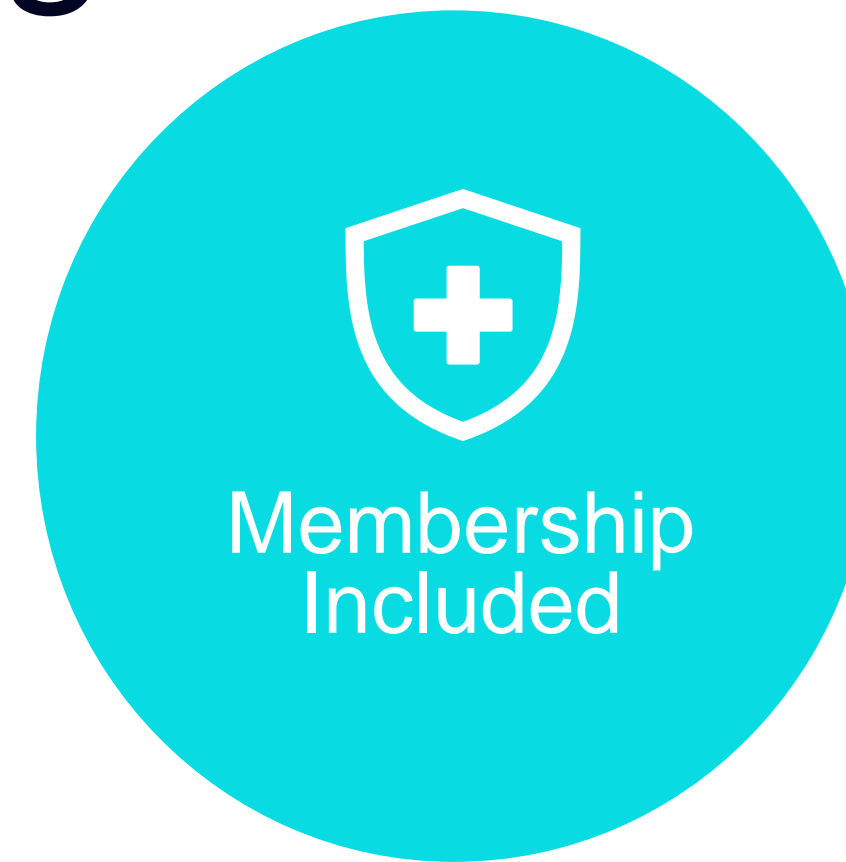
Procedures & Settings Included

Procedures:

- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries

Settings:

- Surgery Center
- In Office Provider
- Hospital



Membership Included

- Medicaid
- Exchange Programs
- Medicare



Network

- NIA will manage non-emergent select services for Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare effective January 1, 2023, through Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare's contractual relationships

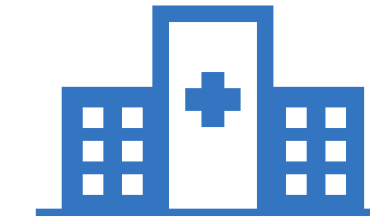
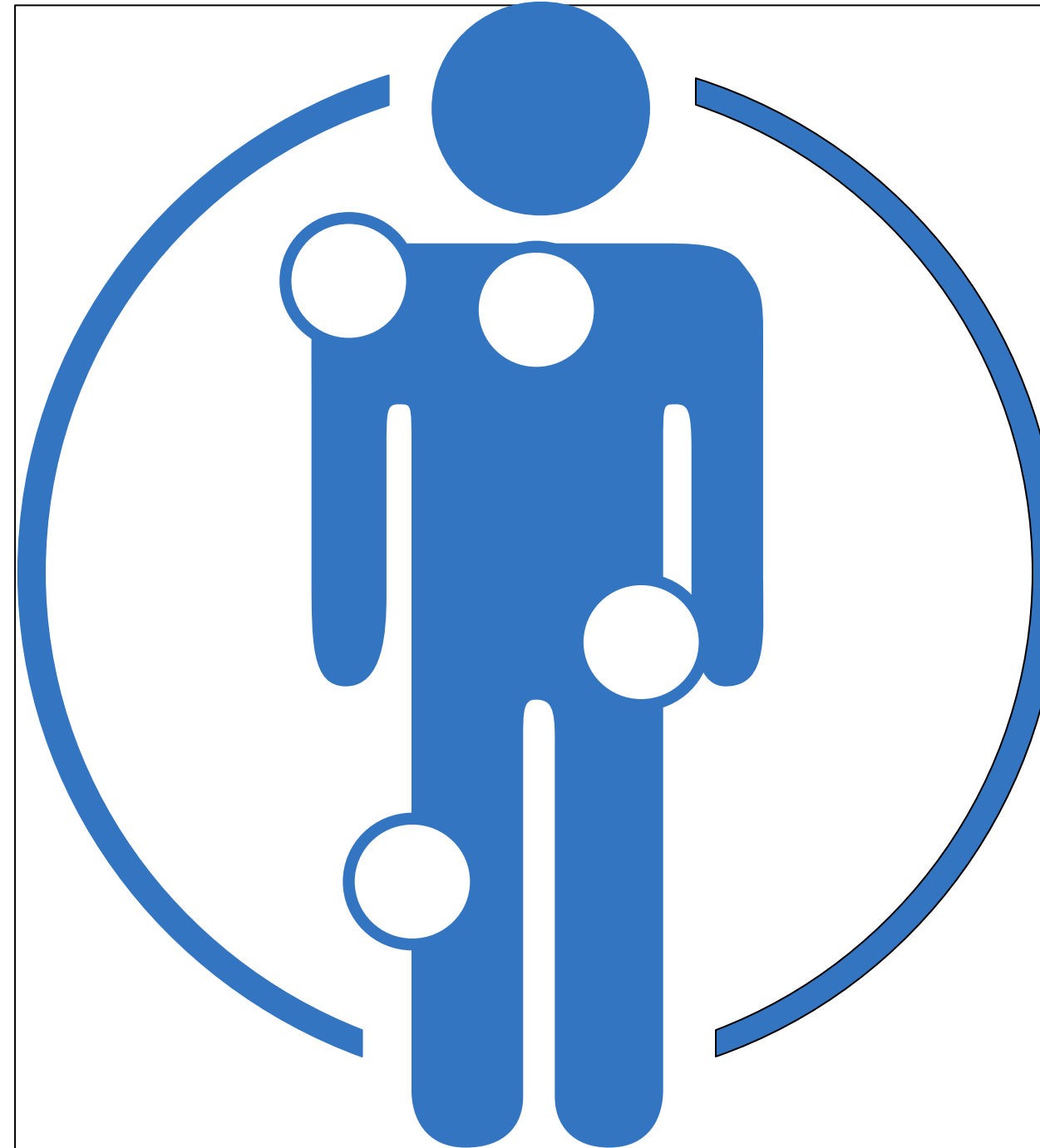
NIA's Lumbar and Cervical Spine Surgery

Procedures Performed on or after January 1, 2024, Require Prior Authorization
NIA's Call Center and RadMD will open January 1, 2024



Targeted Lumbar and Cervical Spine Surgery Procedures Performed in an Inpatient and Outpatient Facility

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Cervical Anterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement – Single & Two Levels
- Cervical Anterior Decompression (without fusion)
- Lumbar Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion



Excluded from the Program Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require NIA/Wellcare Kentucky, Ambetter from Wellcare of Kentucky and Wellcare Medicare prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

NIA's Hip, Knee and Shoulder Surgery – Inpatient and Outpatient Facility Setting

Procedures Performed on or after January 1, 2023 Require Prior Authorization
NIA's Call Center and RadMD will open January 1, 2023



Targeted Hip Surgery

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee)

Targeted Knee Surgery

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)



Targeted Shoulder Surgery

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)



Excluded from the Program

Hip, Knee and Shoulder Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room

List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA





CPT Codes and their Allowable Billable Groupings





Located on www.RadMD.com



Defer to Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare's Policies for procedures not on Claims/Utilization Review Matrix.





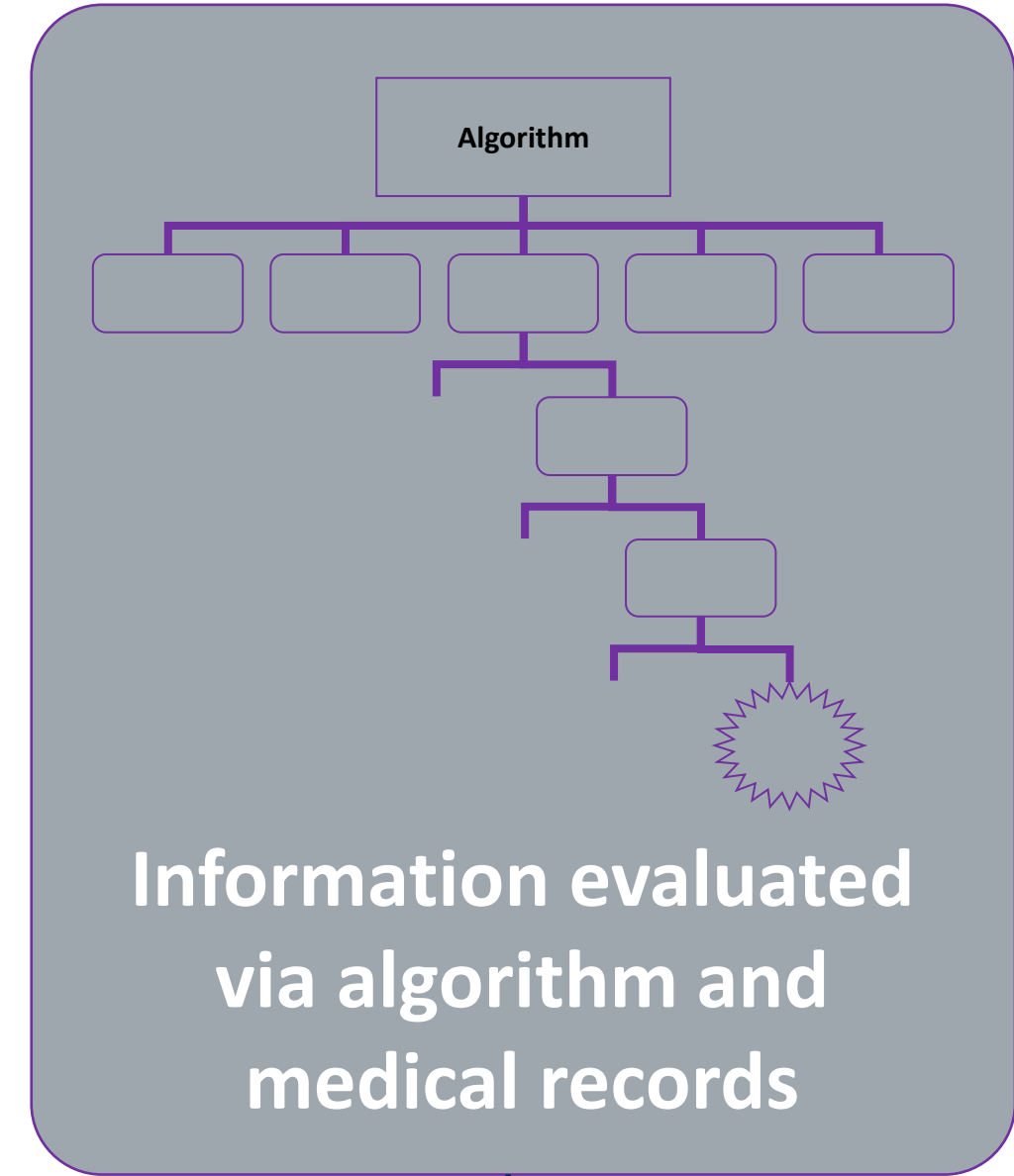
**2024 Utilization Review Matrix
Centene FL Sunshine Health**

Joint Surgery

HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	27130	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863
Hip Surgery – Other	29863	29860, 29861, 29862, 29863	

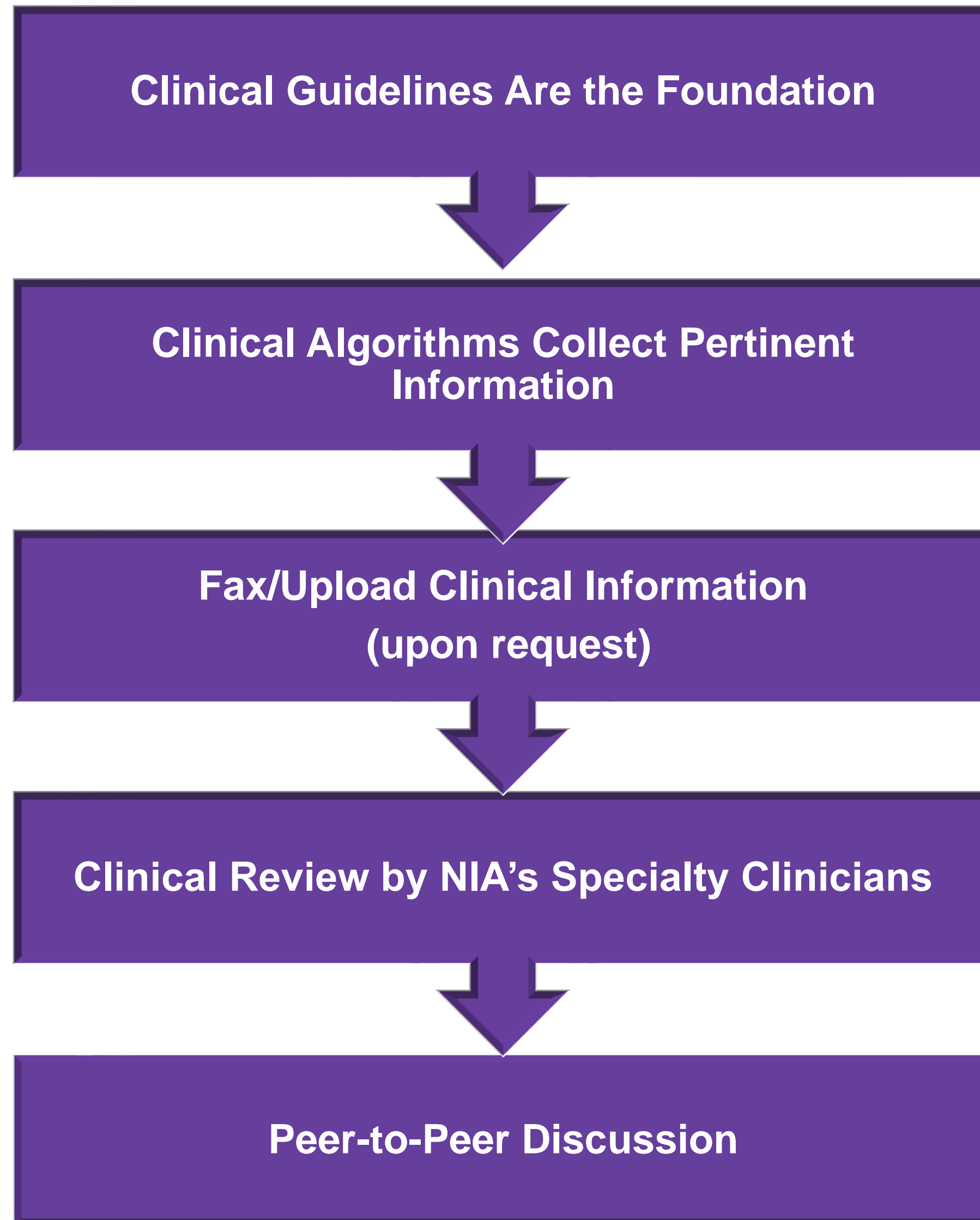
KNEE SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			
Revision Knee Arthroplasty	27487	27486, 27487	
Total Knee Arthroplasty (TKA)	27447	27447	

Prior Authorization Process Overview



Status	Patient	Physician
Current Status: Approved	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX – 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147.
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	
Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

NIA's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Plan and NIA Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- NIA has a specialized clinical team focused on MSK.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**






Information for Authorization for Surgery Procedures

Special Information

- Most surgeries will require only one authorization request. NIA will provide a list of surgery categories to choose from. The surgeon's office must select the most complex and invasive surgery being performed as the **primary** surgery.
 - Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
 - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.
- Bilateral hip or knee surgeries require authorization for both the left **and** right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- Inpatient admissions will continue to be subject to concurrent review by Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare.
- Date of Service is required.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery.

Surgery Clinical Checklist Reminders

Surgery Documentation:

-  Details regarding the member's symptoms and their onset/duration
-  Physical exam findings
-  Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections, medications, activity modification)
-  Diagnostic imaging results
-  Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)

NIA to Physician: Request for Clinical Information

CC_TRACKING_NUMBER FAXC

NIA
NIA Health Plans

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE:	TRACKING NUMBER:	CC TRACKING NUMBER:
RE: Authorization Request	MEMBER ID:	MEMBER ID:	
PATIENT NAME:	MEMBER NAME:		
HEALTH PLAN:	CAR NAME:		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call _____

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____



A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to www.RadMD.com
 - Fax using that NIA coversheet
- Location of fax coversheets:
 - Can be printed from www.RadMD.com
 - Call:
 - Medicaid and Exchange: 1-866-214-2569
 - Medicare: 1-800-424-5388
- Use the case specific fax coversheets when faxing clinical information to NIA

Exam Request Verification: Detail

Upload Clinical Document Print Fax Cover Sheet Request Additional Visits

Cases in this Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team: Focused on MSK



MSK Surgery Reviews

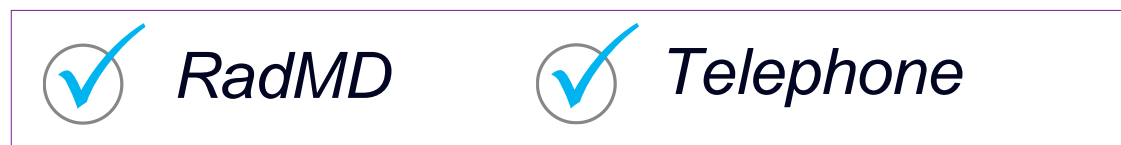
Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will proactively reach out for additional clinical information

Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests

MSK Clinical Review Process

Physicians' Office Contacts NIA for Prior Authorization



NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

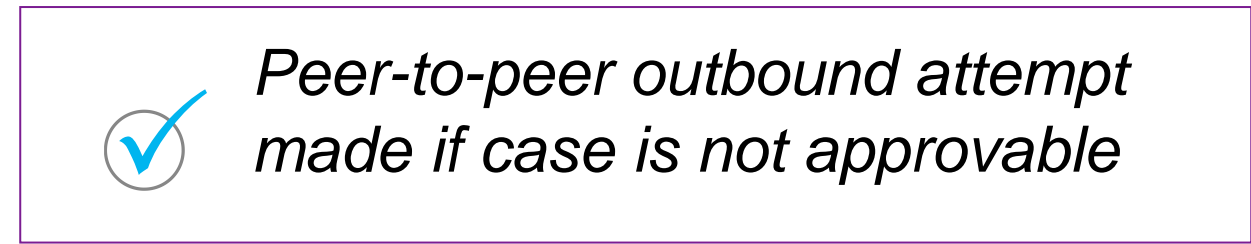


System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Additional clinical information required

NIA Specialty Physician Reviewers

- NIA Physician approves case without peer-to-peer



- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Generally, the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information

NIA Urgent/Expedited MSK Authorization Process

Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website www.RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at 1-866-214-2569 for Medicaid and Exchange; 1-800-424-5388 for Medicare.
- Turnaround time is within 1 business day not to exceed 72 business calendar hours.

Notification of Determination

Authorization Notification

- Validity Period - Authorizations are valid for:
Surgical
 - Inpatient – 1 day from date of service/request
 - Outpatient- SDC/Ambulatory – 30 days from date of request
 - Wellcare authorizations – 60 days from date of request
- The date of request that is selected at the time of the prior authorization request will be used to determine the validity period. If the date of request changes, please contact NIA to update.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- Exchange reconsideration and Medicaid re-review is available with new or additional information.
- Timeframe for exchange plan reconsiderations is 5 business days and Medicaid re-review is 2 business days.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.
- Medicare re-opens are not available.

Claims and Appeals

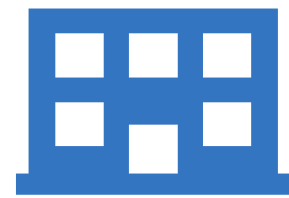
How Claims Should be Submitted

- Rendering providers/facilities should continue to send their claims directly to the health plan.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the following websites:
 - SunshineHealth.com/providers for Sunshine Health and Children's Medical Services Health Plan
 - Ambetter.SunshineHealth.com/provider-resources.html for Ambetter from Sunshine Health
 - Provider.Wellcare.com for Wellcare Medicare

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through the health plan and should follow the instructions on their non-authorization letter or Explanation of Payment (EOB) notification.

MSK Surgery Points – Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



Spine surgery is focused on lumbar and/or cervical spine surgeries



For spinal surgeries, only one authorization request per surgery. For example, a Lumbar fusion authorization includes decompression, instrumentation, etc.



CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require prior authorization. NIA will monitor the use of these CPT codes.

MSK Surgery Points – Hip, Knee and Shoulder Surgery



Bilateral hip or knee surgeries require authorization for both the left **and** right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.



Surgeries addressing the following are not included in the musculoskeletal management program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware removal, & foreign body.

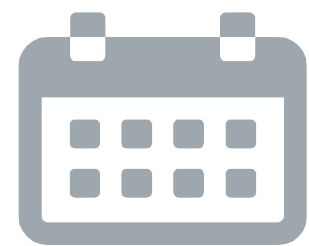
MSK Surgery Points – For All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare.



Facility admissions do not require a separate prior authorization. However, the facility should ensure that an NIA prior authorization has been obtained prior to scheduling the surgery.



Authorizations are valid for 30 days for outpatient, 1 day for inpatient (Medicaid and Ambetter), and 60 days for Medicare from the date of service. NIA must be notified of any changes to the date of service.

Provider Tools



RadMD Website [RadMD.com](https://www.radmd.com)

Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



Toll-Free Number
Medicaid and Exchange:
1-866-214-2569
Medicare: 1-800-424-5388



Available Monday - Friday
8:00 AM – 8:00 PM EST

- Request Authorization
 - View Authorization Status
 - View and manage Authorization Requests with other users
 - Upload Additional Clinical Information
 - View requests for additional information and Determination Letters
 - View Clinical Guidelines
 - View Frequently Asked Questions (FAQs)
 - View Other Educational Documents
-
- Interactive Voice Response (IVR) System for authorization tracking

NIA's Website

www.RadMD.com

RadMD functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility.
- Surgery providers are typically both the ordering and the rendering provider.

Online tools accessed through www.RadMD.com:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Surgery Checklists/Tip Sheets
- RadMD Quick Start Guide
- Claims/Utilization Matrices

The screenshot shows two main sections of the RadMD website interface. The top section is titled "RadMD Sign In" and features a green header. Below the header, it states "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." There are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section is titled "Track an Authorization" and features a light blue header. Below the header, it says "Authorization Tracking Number" followed by a white input field and an orange "Go" button. The entire interface is reflected below it.

Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

1



2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please select an appropriate description --

New Account User Information		Your Supervisor	
Choose a Username:		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:		
Company Name:	Job Title:		
Address Line 1:	Address Line 2:		
City:	State:		
Zip:			

Submit

Allows users the ability to view all approved, pended and in review authorizations for facility

IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.
- New users will be granted immediate access

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.

1



2

-- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
Facility/office/lab where procedures are performed What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>	Affiliated Facilities	
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
City: <input type="text"/>	State: <input type="text" value="[State]"/>	Your Tax IDs: [none]	
Zip: <input type="text"/>			

RadMD Enhancements

NIA offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various medical services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link to "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two search fields: "Login As Username:" with a text input box and a "Login" button, and "Tracking Number:" with a text input box, a "Search" button, and a link for "Forgot Tracking Number?".

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

When to Contact NIA

Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website, www.RadMD.com■ Toll-free number 1-866-214-2569 (Medicaid and Exchange) and 1-800-424-5388 (Medicare) - Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call 1-866-214-2569 (Medicaid and Exchange) and 1-800-424-5388 (Medicare)
<p>Provider Service Line</p>	<ul style="list-style-type: none">■ RadMDSupport@Evolent.com■ Call 1-800-327-0641
<p>Provider education requests or questions specific to NIA</p>	<ul style="list-style-type: none">■ Andrew Dietz Senior Provider Relations Manager 407-967-4636 Adietz@Evolent.com

RadMD Demonstration

Confidentiality Statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare and Evolent Health, LLC.



Thanks!