



# HMSA Physical Medicine Program

# Evolut\*

## Program Agenda

### Our Physical Medicine Program



#### Prior Authorization Process

- Clinical Information Required
- Subsequent Requests
- Peer-to-Peer Review
- Notification of Determination
- Claims



#### Provider Tools and Contact Information



#### RadMD Demo



#### Questions and Answers

# Evolent 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 Evolent for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an Evolent Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Commercial/Medicaid/Medicare Expertise/Insights

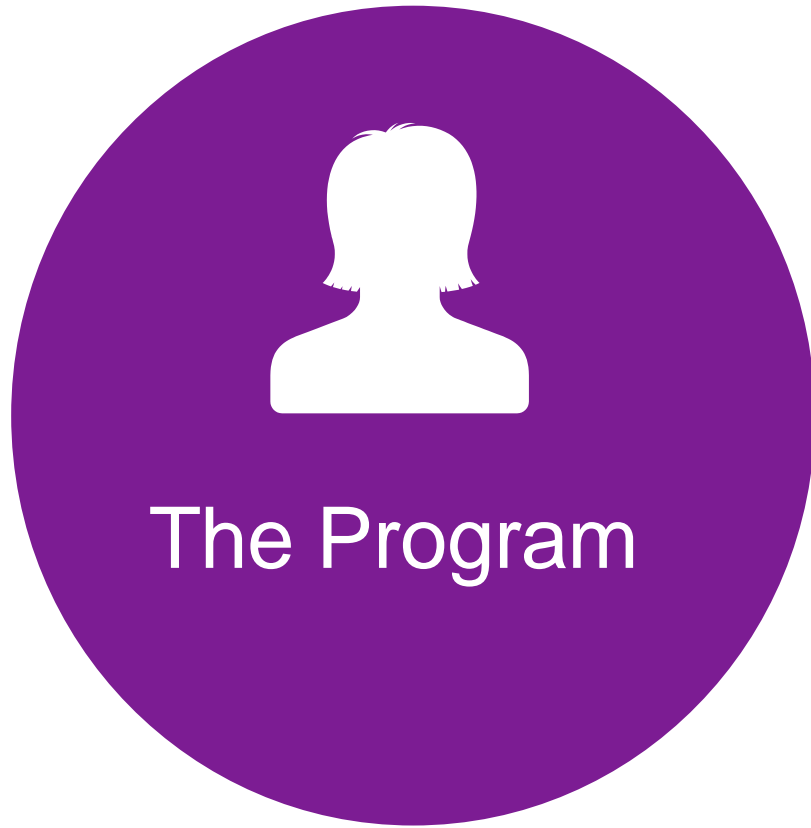
- ✓ **42 Commercial and 56 Medicaid plans/markets** with Evolent Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 22M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

## Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified

# Evolut's Physical Medicine Prior Authorization Program



- HMSA will begin a prior authorization program through Evolut for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.



- Program start date: January 1, 2023



## Disciplines:

- Physical Therapy
- Occupational Therapy
- Chiropractic Services (Commercial only)

## Settings:

- Office
- Outpatient Hospital



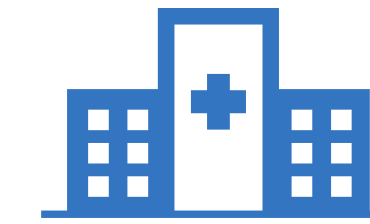
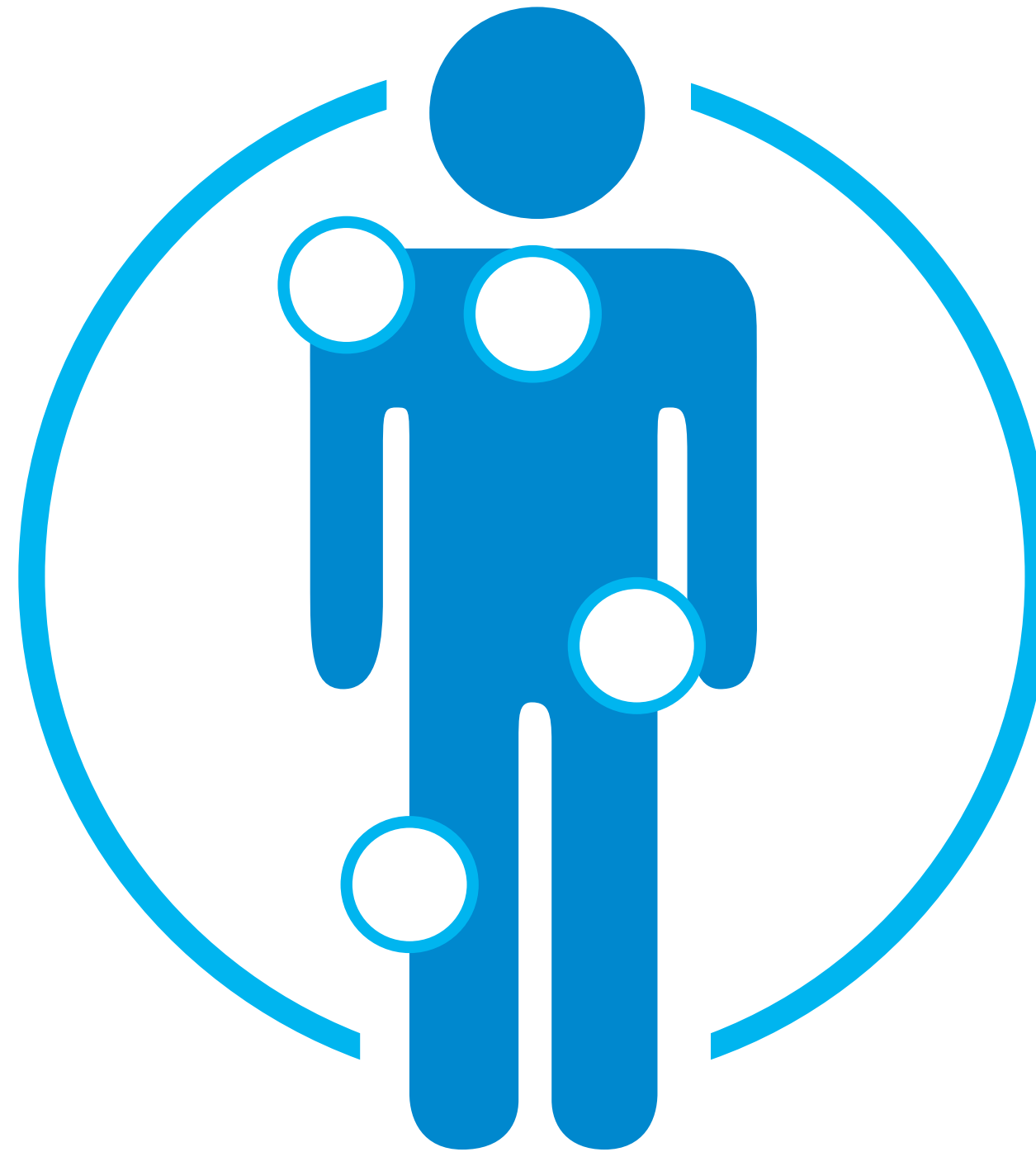
- Quest Integration (Medicaid)
- Commercial Plans
- HMSA Akamai Advantage (Medicare)
- FED87
  
- Exclusion: Federal Employee Program

# Evolut's Physical Medicine Solution



## Targeted Physical Medicine Procedures Performed in an Outpatient/Office Setting:

- Physical Therapy
- Occupational Therapy
- Chiropractic Services




## Excluded from the Program Physical Medicine Procedures Performed in the following Settings:


- Hospital Emergency Department
- Hospital status inpatient or observation
- Acute Rehab Hospital (Inpatient)
- Home Health
- Skilled Nursing (POS 31 & 32)

- Evolut's Physical Medicine services for HMSA membership will be managed through HMSA's contractual relationships.

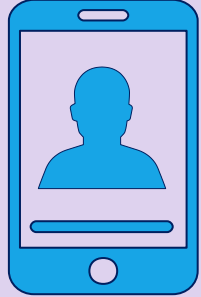
# Initial Authorization Process Overview



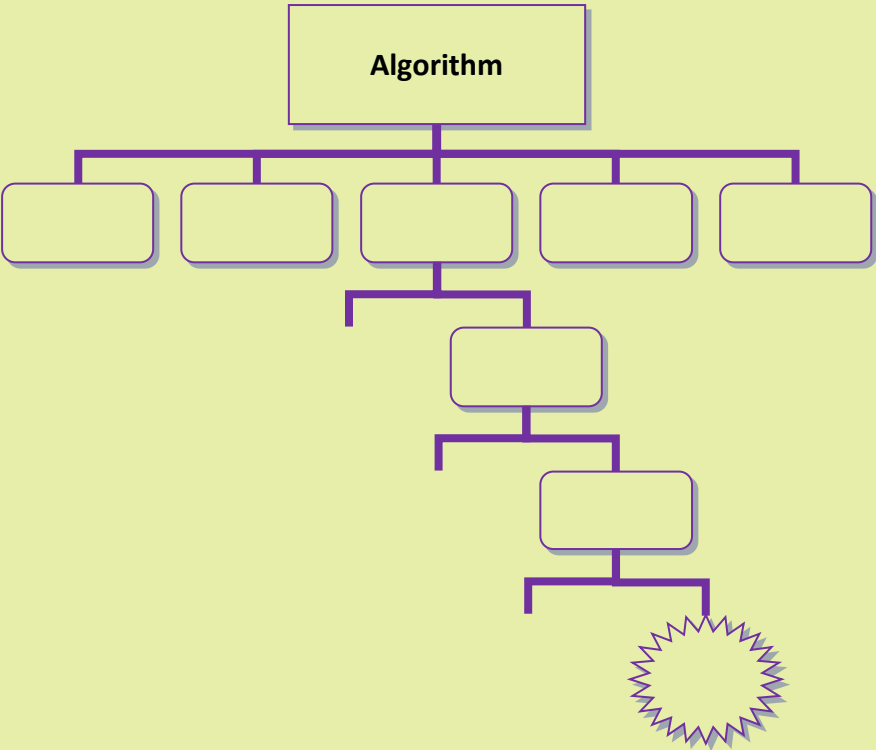
**Ordering Provider is responsible for obtaining prior authorization. Provider may be both ordering and rendering**



**Submit Requests Online Through RadMD.com**



**or by Phone**



**Information evaluated via algorithm and medical records**

Status	Patient	Physician
Current Status: <b>Approved</b>	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	

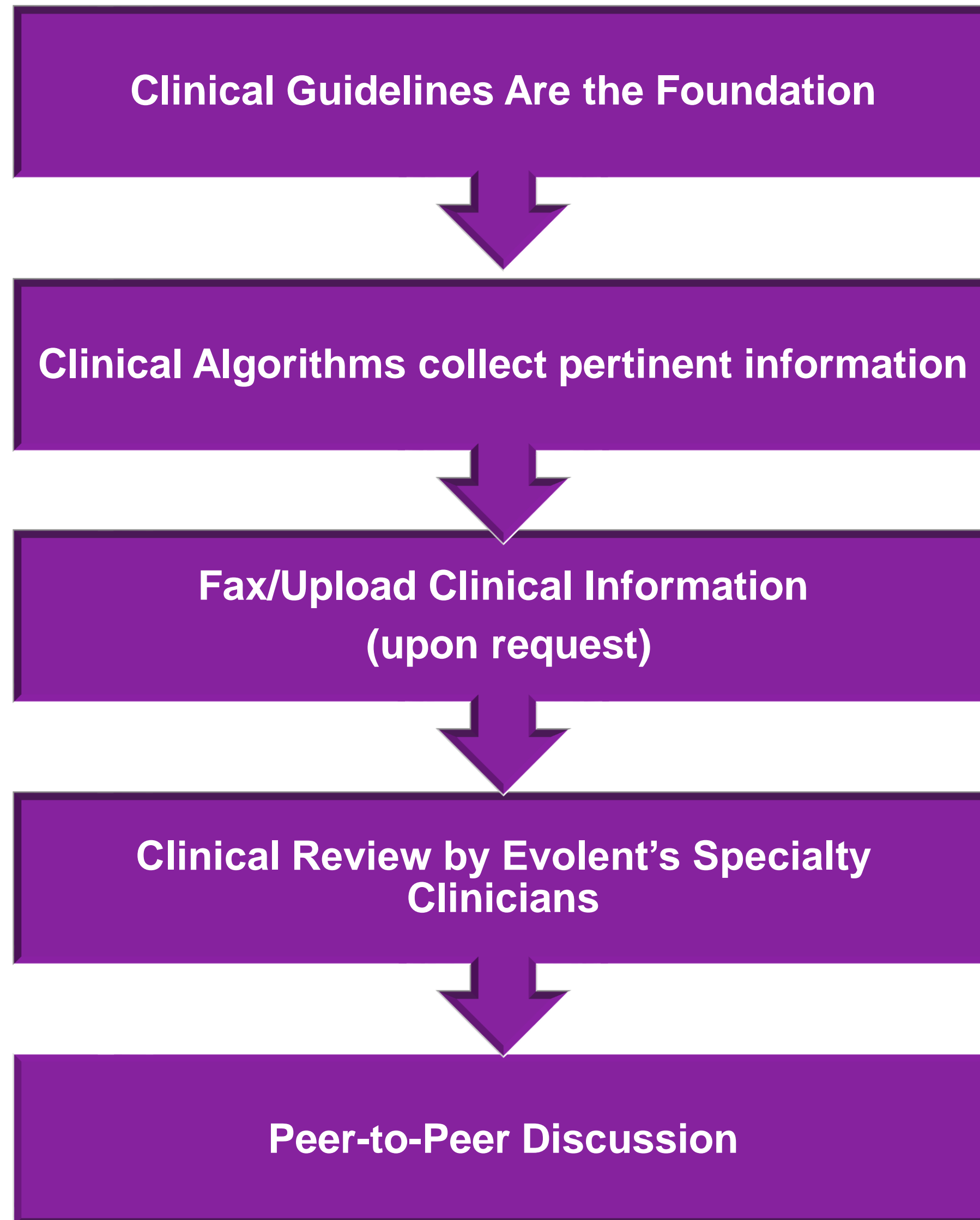
**Service Authorized**



**Rendering Provider Performs Service and ensures authorization was obtained**



# Evotent's Clinical Foundation & Review



- Evotent clinical guidelines are reviewed and mutually approved by HMSA and Evotent's Chief Medical Officers and senior clinical leadership.
- Milliman Care Guidelines (MCG), Licensed Guidelines, and Evotent's Clinical Guidelines are available on [www.RadMD.com](http://www.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.
- Evotent has a specialized clinical team of therapists and chiropractors, focused on Physical Medicine.
- Peer-to-peer discussions are offered **but not required** and can be scheduled for any request.
- **Our goal – ensure that members are receiving appropriate care.**

# Understanding the Goal of the Physical Medicine Intake Questions (Algorithm)

Cause for Therapy: [Choose One] ▾

ICD10 Code:

Discipline of therapy being requested: [Choose One]

**\*Is the cause of the illness/injury related to a Motor Vehicle Accident?**  
[Please select one] ▾

**\*Is Another Party Financially Responsible for the patient's illness/injury?**  
[Please select one] ▾

**\*Is the cause of the illness/injury related to the Patient's Employment?**  
[Please select one] ▾

**What is the requested start date of the service?** *mm/dd/yyyy*



## Benefit of the algorithm

- No delay in treatment for member
- No delay in submitting claims

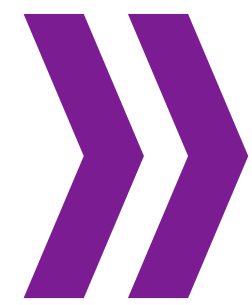


## Once you submit your initial request for authorization:

- You will receive visits to get you started. This may not be enough visits to cover your episode of care. Additional visits may be requested through the subsequent request process.
- Requests may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.
- You will have the option to accept or decline approved visits.



# Member and Clinical Information Required for Authorization



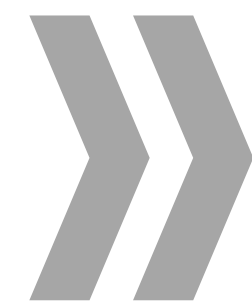
**General Information:** Member, clinician, and facility information.

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**Clinical Information at Intake:** Requested start date of service, initial evaluation date, and date of injury.

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**Clinical Record Content:** Therapy initial evaluation, diagnosis, functional status (prior & current), functional deficits, objective tests and measures, standardized outcome tools\* (at your clinician's discretion), plan of care (including frequency, duration, interventions planned & goals\*\*), assessment (prognosis & limitations). Add requested number of visits and validity dates.

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\* *Formal testing must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided. Test scores should establish presence of a motor or functional delay.*

\*\* *Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits.*

# Clinical Records Checklist

## The Following Documentation is Required for Authorization requests:



### **Submitting Recommended Documentation Initial Authorization Request:**

If a case pends for clinical information:

- Initial evaluation with the plan of care for clinical review



### **Subsequent Authorization Request:**

If requesting additional visits on an existing authorization:

- Most recent evaluation/re-evaluation (if *not* previously submitted)
- Most recent progress note with updated plan of care
- Two to three of the most recent daily notes



### **Habilitative Request beyond a year of care (annual re-evaluation is required):**

Clinical documents should include:

- Re-evaluation
  - Including start of care and progress compared to baseline measures
  - Summary of prior episode(s) of care and/or therapeutic break(s)
  - Information regarding additional services if being provided
  - Updated standardized testing as applicable
- The most recent progress note with updated plan of care
- Two to three of the most recent daily notes

# Evolent to Provider: Request for Clinical Information

CC\_TRACKING\_NUMBER FAXC

**NIA**

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 <https://www.RadMD.com>
  - Fax using that Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from <https://www.RadMD.com>
  - Call 1-866-306-9729
- Use the case specific fax coversheets when faxing clinical information to Evolent

**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		

# Evolut Physical Medicine Program: UM/Prior Authorization

## Provider's Office Contacts Evolut for Prior Authorization



## Evolut Initial Clinical Specialty Team Review

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

✓ *Designated & Specialized Clinical Physical Medicine Team interacts with Provider Community.*



✓  
*Key Evolut  
Differentiators*

## System Evaluates Request Based on Information Entered by Provider & Provider Profile

- Additional clinical information required

## Evolut Specialty Physician Reviewers

- Evolut Physician approves case *without* peer-to-peer

✓ *Peer-to-peer outbound attempt  
made if case is not approvable*

- Evolut Physician approves case with peer-to-peer
- Ordering Provider 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

# Treating an Additional Body Part

If a provider is in the middle of treatment and gets a new therapy prescription for a different body part/condition, the provider will perform a new evaluation on that body part/condition and develop goals for treatment. See below for processes associated with the possible next treatment plans:



## Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- Evolent will add additional ICD 10 code(s) and visits to the existing authorization.



## Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed to begin care on the new body part/condition and the previous will be ended.

# Validity Period and Notification of Determination

## Authorization Notification

- The approval notification will include a fax coversheet that can be used for any subsequent requests

### Validity Period

- Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period
- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting Evolent via RadMD or Call Center

## 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 recommended
- In some cases, a peer-to-peer discussion will be for consultation purposes only
- A reconsideration/re-review is available with new or additional information
- Commercial (including FED87) and QUEST timeframe for reconsideration/re-review is 60 calendar days
- Akamai Advantage re-open timeframe is within 1 year
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter

# The Processing of Claims

## How Claims Should be Submitted

- Providers will continue to submit their claims to HMSA.
- Providers are are strongly encouraged to use EDI claims submission.

## Claims Appeals Process

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



# Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, OT and chiropractic services).



Any initial evaluation and treatment CPT codes submitted for the **initial** date of service won't require a prior authorization. All services rendered after the initial date of service will require prior authorization through Evolent except for occupational therapy and chiropractic services.

The policy that occupational therapy and chiropractic services will receive **eight** unmanaged visits per discipline, per member, per calendar year will remain the same. Providers should request prior authorization once the unmanaged visits have been exhausted and before further treatment sessions. Before rendering services, providers should ensure the member hasn't exhausted this benefit for the year.



Providers must request prior authorization for physical medicine procedures within **10 business days** from the requested authorization start date through [RadMD.com](https://www.radmd.com) or Evolent's call center. If requests are received in a timely manner, Evolent's can backdate the start of the authorization to cover the requested dates of service and include any services rendered at that time.

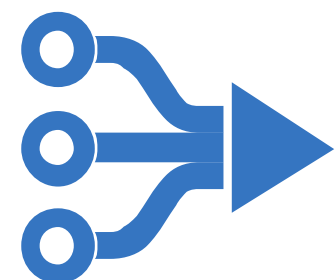
# Physical Medicine Points (Continued)



Prior authorization is required for physical medicine services when HMSA serves as the primary or secondary insurer, except when the member has Medicare Part B as the primary insurer.



Provider should submit only one prior authorization request when a member has more than one HMSA plan. The authorization request should be on the member's primary plan.



Similar to Tier A, providers will be granted a fast pass based on their performance. Fast pass providers aren't required to obtain prior authorization.



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to [RadMD.com](https://www.radmd.com) or faxed to Evolent at 1-800-784-6864.



Multiple visits performed on the same day will be calculated as separate visits. HMSA plan benefits limit payment to up to 4 modalities per day for all physical medicine services.

# Provider Tools



## RadMD Website [RadMD.com](http://RadMD.com)

### Available



24/7 (except during maintenance, performed every third Thursday of the month from 6-9 pm Hawai'i Time)

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**Toll-Free Number**  
**1-866-306-9729**

### Available



**Monday - Friday**  
**6:00 AM – 6:00 PM**  
**Hawai'i Time**

- 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

# 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 Physical Medicine Practitioner
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 Evolent-approved username and password.

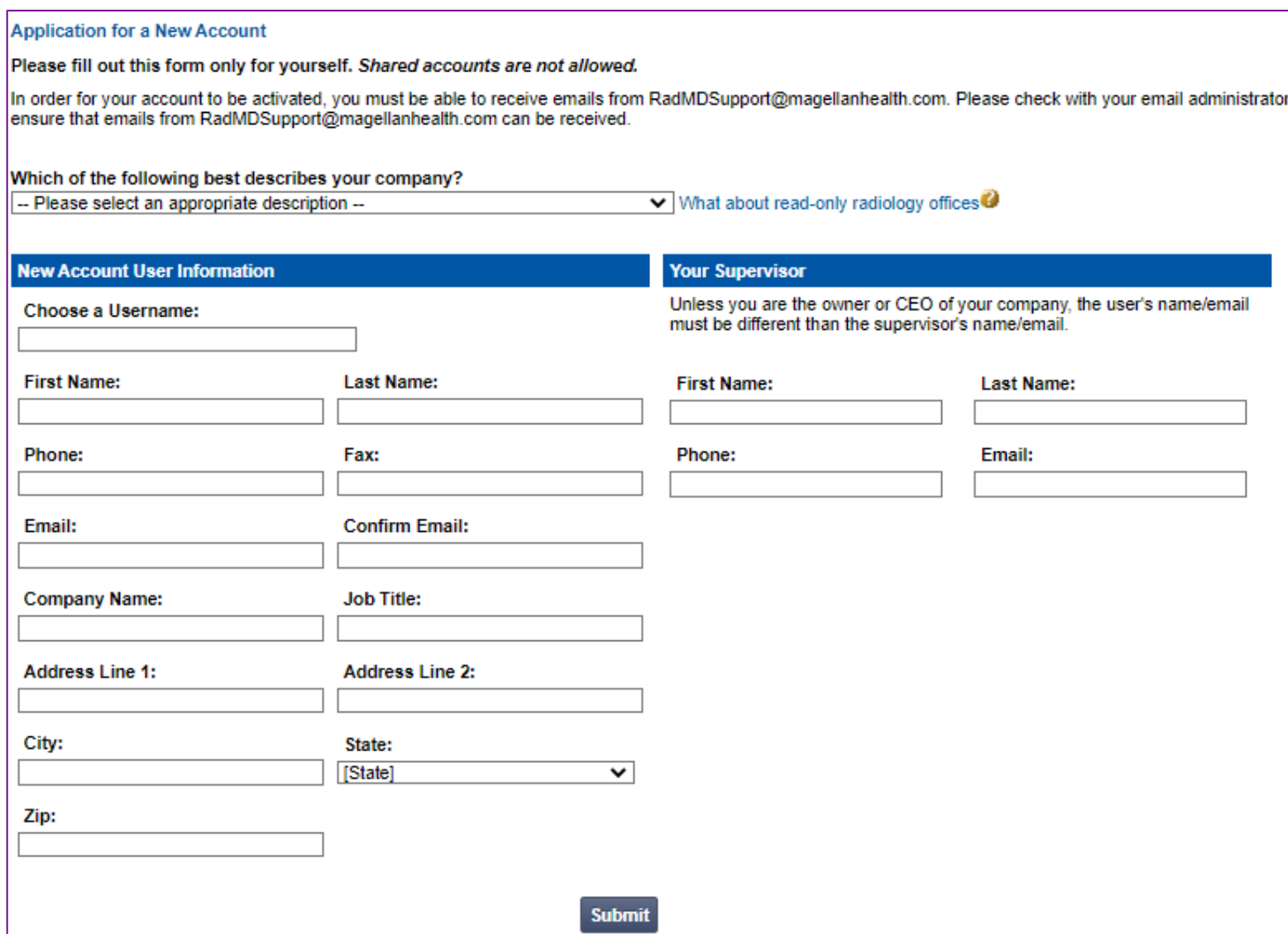
**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.

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.



2

3



The screenshot shows the "Application for a New Account" form. It includes a disclaimer: "Please fill out this form only for yourself. Shared accounts are not allowed." and "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." The form has a dropdown menu for "Which of the following best describes your company?" and a link "What about read-only radiology offices?". The form is divided into two main sections: "New Account User Information" and "Your Supervisor". The "New Account User Information" section includes fields for "Choose a Username:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The "Your Supervisor" section includes fields for "First Name:", "Last Name:", "Phone:", and "Email:". A "Submit" button is located at the bottom right of the form.

# RadMD Enhancements

Evolut 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 shows the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "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 is a "Request Status" section with links for "Search for Request" and "View All My Requests". To the right of this is a "Tracking Number:" input field with a "Search" button and a link for "Forgot Tracking Number?". Above the "Request Status" section is a "Login As Username:" input field with a "Login" button.

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 Evolent

<b>Initiating or checking the status of an authorization request</b>	<ul style="list-style-type: none"><li>■ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>■ Toll-free numbers 1-866-306-9729 - Interactive Voice Response (IVR) System</li></ul>
<b>Initiating a Peer-to-Peer Consultation</b>	<ul style="list-style-type: none"><li>■ Call 1-866-306-9729</li></ul>
<b>Provider Service Line Questions Related to RadMD, and Active Evolent Authorization Requests</b>	<ul style="list-style-type: none"><li>■ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>■ Call 1-800-327-0641</li></ul>
<b>Provider Education Requests</b>	<ul style="list-style-type: none"><li>■ <a href="mailto:HMSAProviderConcerns@evolent.com">HMSAProviderConcerns@evolent.com</a></li></ul>

# 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 HMSA 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 HMSA and Evolent.*





**Mahalo!**