



Fidelis Care Musculoskeletal (MSK) Management Program





Provider Training Presented by:
Seth Cohen PT, DPT



FIDELIS CARE®

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

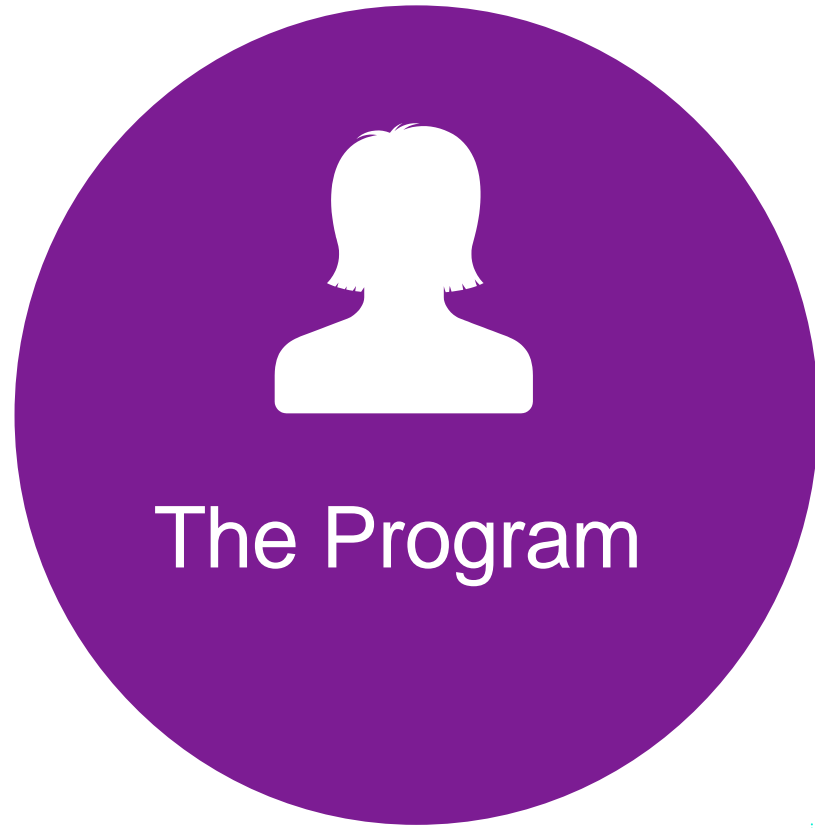
- ✓ **42 Commercial and 56 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 20.51M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified

MSK Prior Authorization Program



- Fidelis Care will begin a prior authorization program through NIA for the management of MSK Services.



- Program start date: January 1, 2024
- Begin obtaining authorizations from NIA on January 1, 2024, for services rendered on or after January 1, 2024
- Fidelis Care and NIA will honor authorizations approved prior to and extending beyond January 1, 2024.



- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
- Surgery Center
- In Office
- Hospital



- Medicare
- Medicaid
- Dual Advantage
- Essential
- CHP
- Qualified Health Plans



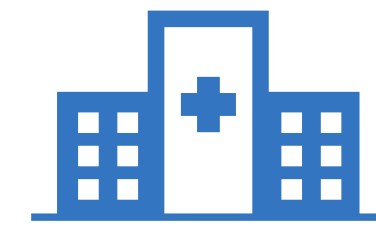
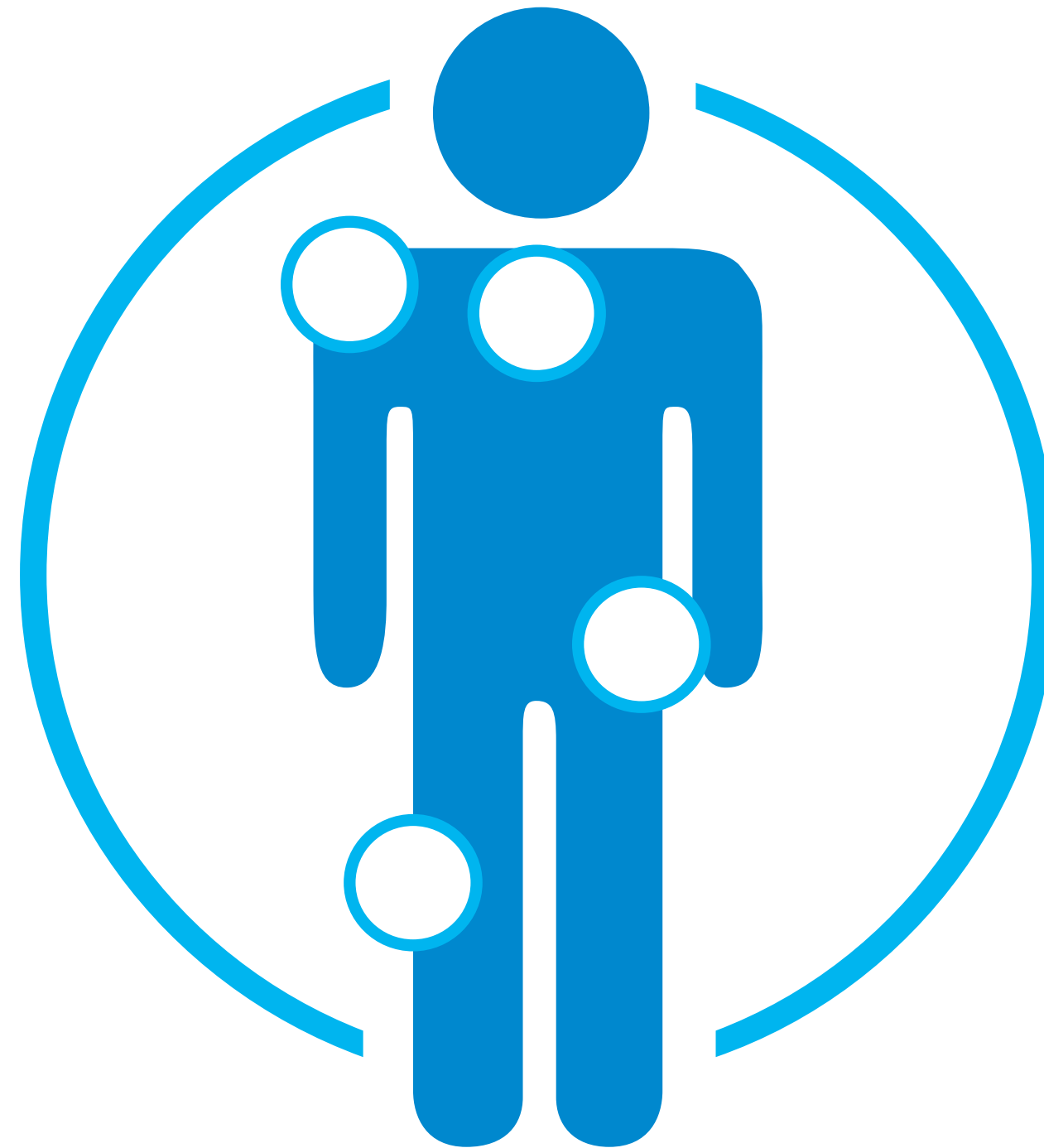
- NIA will manage services through Fidelis Care contractual relationships.

Lumbar and Cervical Spine Surgery

Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- 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 Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Lumbar Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion

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



Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

Reconstructive spinal deformity surgery does not require prior authorization. However, NIA will monitor provider use of CPT codes 22800-22819.

Hip, Knee and Shoulder Surgery



Hip Surgeries Performed Inpatient and Outpatient

- 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)

Knee Surgeries Performed Inpatient and Outpatient

- 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)

Shoulder Surgeries Performed Inpatient and Outpatient


- 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)





Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

CPT Codes Requiring Prior Authorization (Spine)

-  Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com).
-  Defer to Fidelis Care Policies for Procedures not on Claims/Utilization Review Matrix.

**Fidelis Care
Utilization Review Matrix 2024
Musculoskeletal Surgery (Hip, Knee, and Shoulder)**

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	

CPT Codes Requiring Prior Authorization (Joint Surgery)



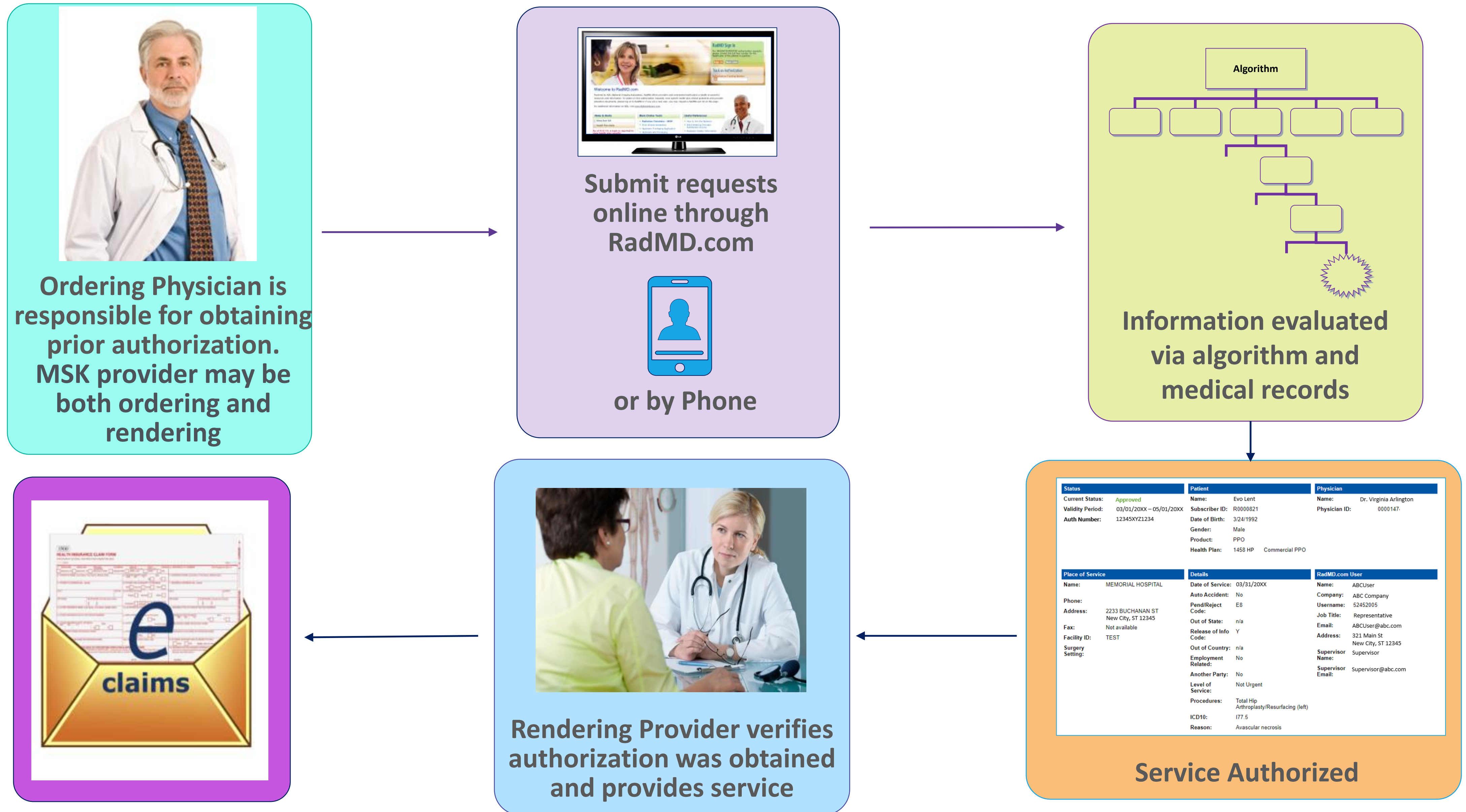
FIDELIS CARE®



Fidelis Care Utilization Review Matrix 2024 Musculoskeletal Surgery (Spine)

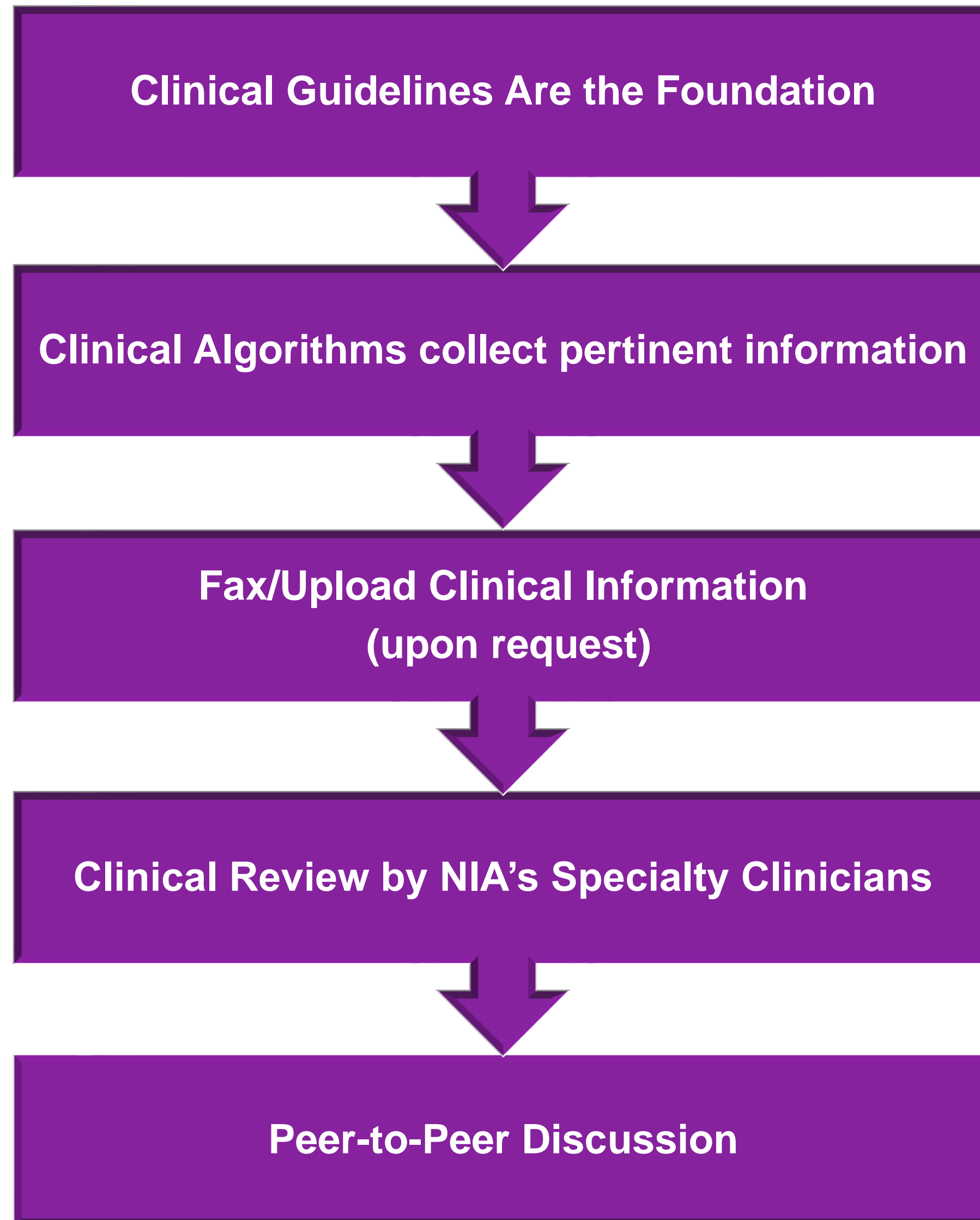
CERVICAL SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p>				<p><i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical Anterior Decompression (without fusion)	63075	63075, +63076		<p>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22859</p>
Cervical ACDF - Anterior Cervical Decompression with Fusion - Single Level	22551	22548, 22551, 22554	<p>Decompression: 63075, +63076</p> <p>Removal of Artificial Disc: 22864</p>	<p>Vertebral Corpectomy: 63081, +63082, 63300, 63304, +63308</p> <p>Instrumentation: +22845, 22853, 22854</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p>

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	

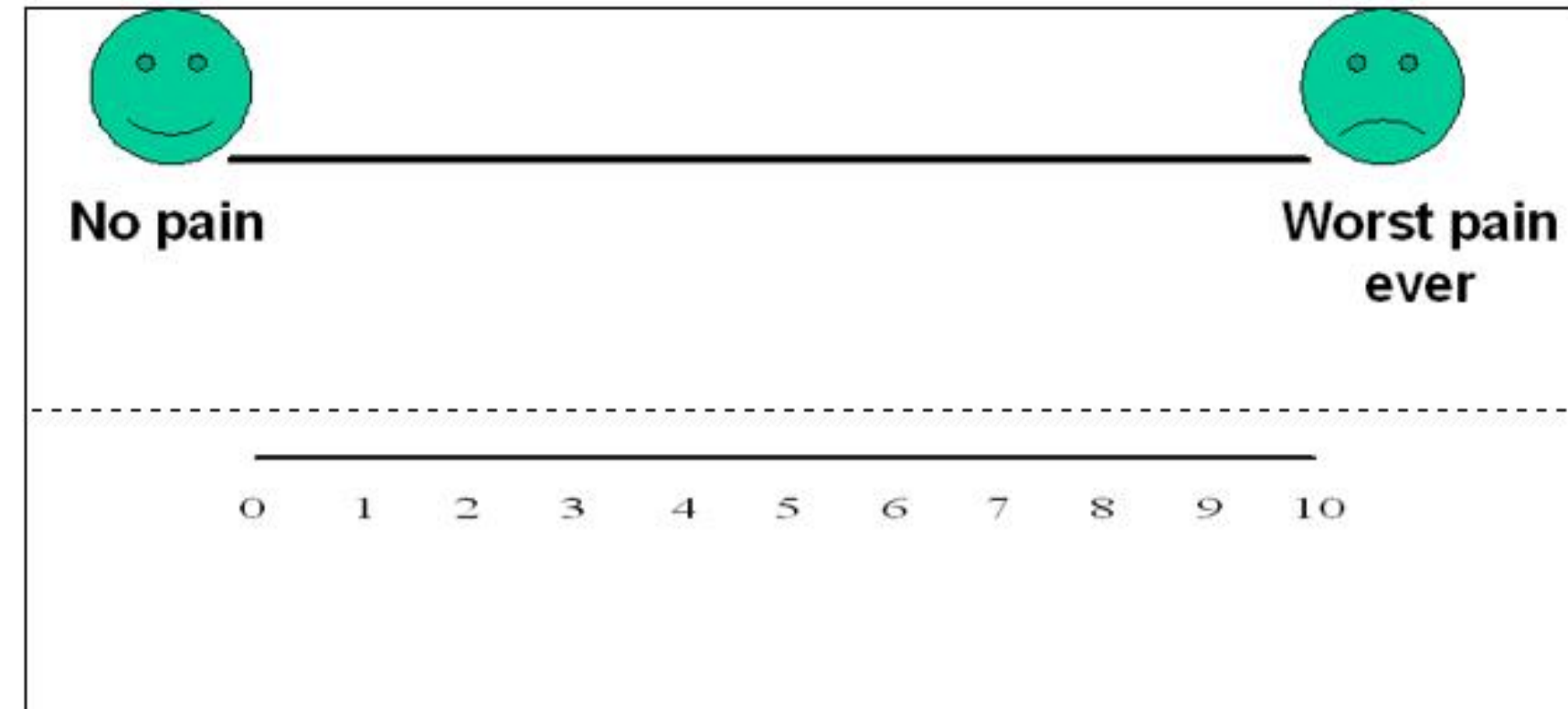
NIA's Clinical Foundation & Review



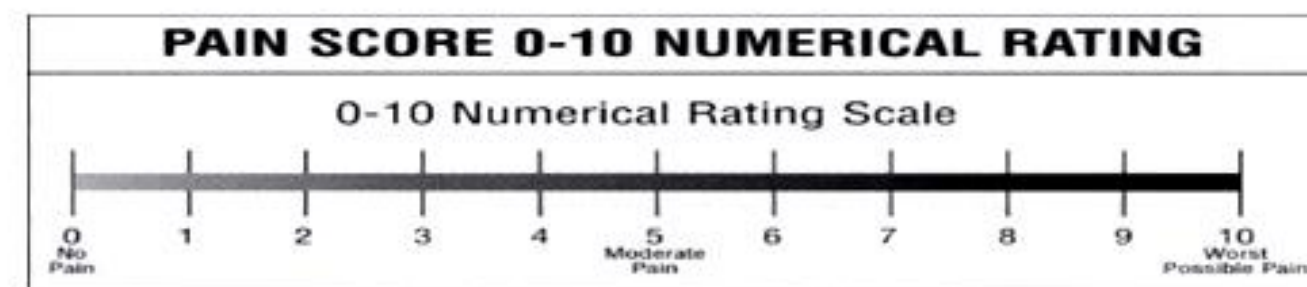
- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Fidelis Care and NIA Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**
- Algorithms 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.**

Visual Analogue Scale (VAS) and Faces Rating Scale (FRS)

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)








Authorization for Surgery

Special Information

- Most surgeries require only one authorization request. NIA provides a list of surgery categories to choose from and 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, knee, or shoulder surgeries require authorization for both the left **and** right side. 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 continue to be subject to concurrent review by Fidelis Care.
- Date of Service is required.
- The ordering physician must obtain prior authorization with NIA prior to performing the surgery/procedure.
- 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/procedure.

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 <https://www.RadMD.com>
 - Fax using NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call
 - 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health)
 - 1-800-424-5390 (Medicare and Dual Advantage plans)
- Use the case specific fax coversheet 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

Name: Evo Lent
Gender: Female
Date of Birth: 5/24/1971
Member ID: AB123456
Health Plan: ABC Health Plan
HMO
Spoken Language: ENGLISH
Written Language: ENGLISH

Provider

Name: Memorial Hospital
Address: 123 Main St, New City, ST
12345
Phone: 123-456-7890
Tax ID: 987654321
UPIN:
Specialty:

Clinical Specialty Team: Focused on MSK

MSK Surgery Review

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will contact provider 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

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



✓
Key NIA Differentiators

Request Evaluated Based on Information Entered

- Additional clinical information required

NIA Specialty Physician Reviewers

- NIA Physician approves case without peer-to-peer

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

- 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 or three business days upon receipt of sufficient clinical information

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <https://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:
 - 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health)
 - 1-800-424-5390 (Medicare and Dual Advantage plans)
- Turnaround time is within 1 business day, not to exceed 72 calendar hours.

Notification of Determination

Authorization Notification

- Authorizations are valid for:

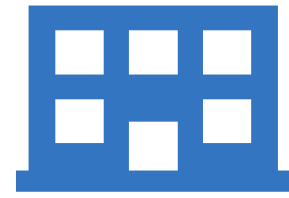
Surgery

- Inpatient – 90 calendar days from the date of the request
- Outpatient- SDC/Ambulatory – 90 calendar days from the date of the request

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review is available with new or additional information.
- Timeframe for re-review is 60 calendar days for Medicaid members, 1 year for Medicare and Dual Advantage members, and 180 calendar days for Essential, Qualified Health, and CHP members from the denial notification.
- In the event of a denial, providers may appeal the decision by contacting Fidelis Care or following the appeal instructions provided in their determination letter or Remittance Advice (RA) 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.



Reconstructive spinal deformity surgery does not require prior authorization. However, NIA will monitor provider use of CPT codes 22800-22819.

MSK Surgery Points – Hip, Knee and Shoulder Surgery



Bilateral hip, knee, or shoulder 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 MSK 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 & foreign body removal.

MSK Surgery Points – All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Fidelis Care.



The ordering physician must obtain prior authorization with NIA prior to performing the surgery/procedure.

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/procedure.



Authorizations are valid for 90 calendar days from the date of request. NIA must be notified of any changes to the date of service.



Fidelis Care and NIA will honor authorizations approved prior to and extending beyond January 1, 2024.

Provider Tools



RadMD Website RadMD.com

Available



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



Toll-Free Numbers

Medicaid, Essential Plan, CHP,
and Qualified Health Plans:

1-800-424-4952

Medicare and Dual Advantage:

1-800-424-5390

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 Website

<https://www.RadMD.com>

RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – View approved, pended and in review authorizations for their facility.

Online Tools Available on RadMD

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



RadMD New User Application Process - Ordering

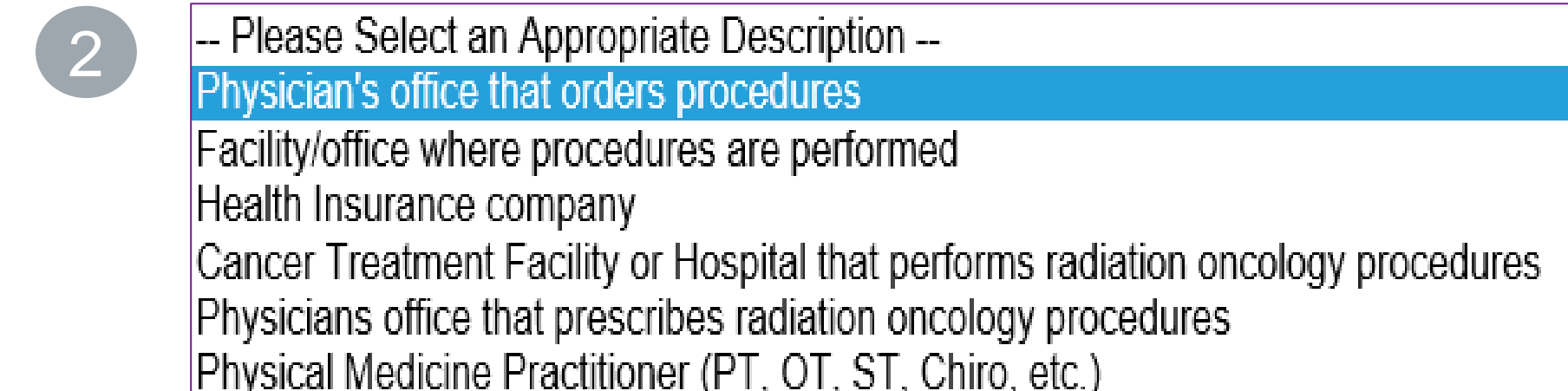
Users are required to have their own separate usernames and passwords due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Complete the application and click “Submit”.
4. Open email from NIA webmaster with new user password instructions

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

Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.



3

Application for a New Account

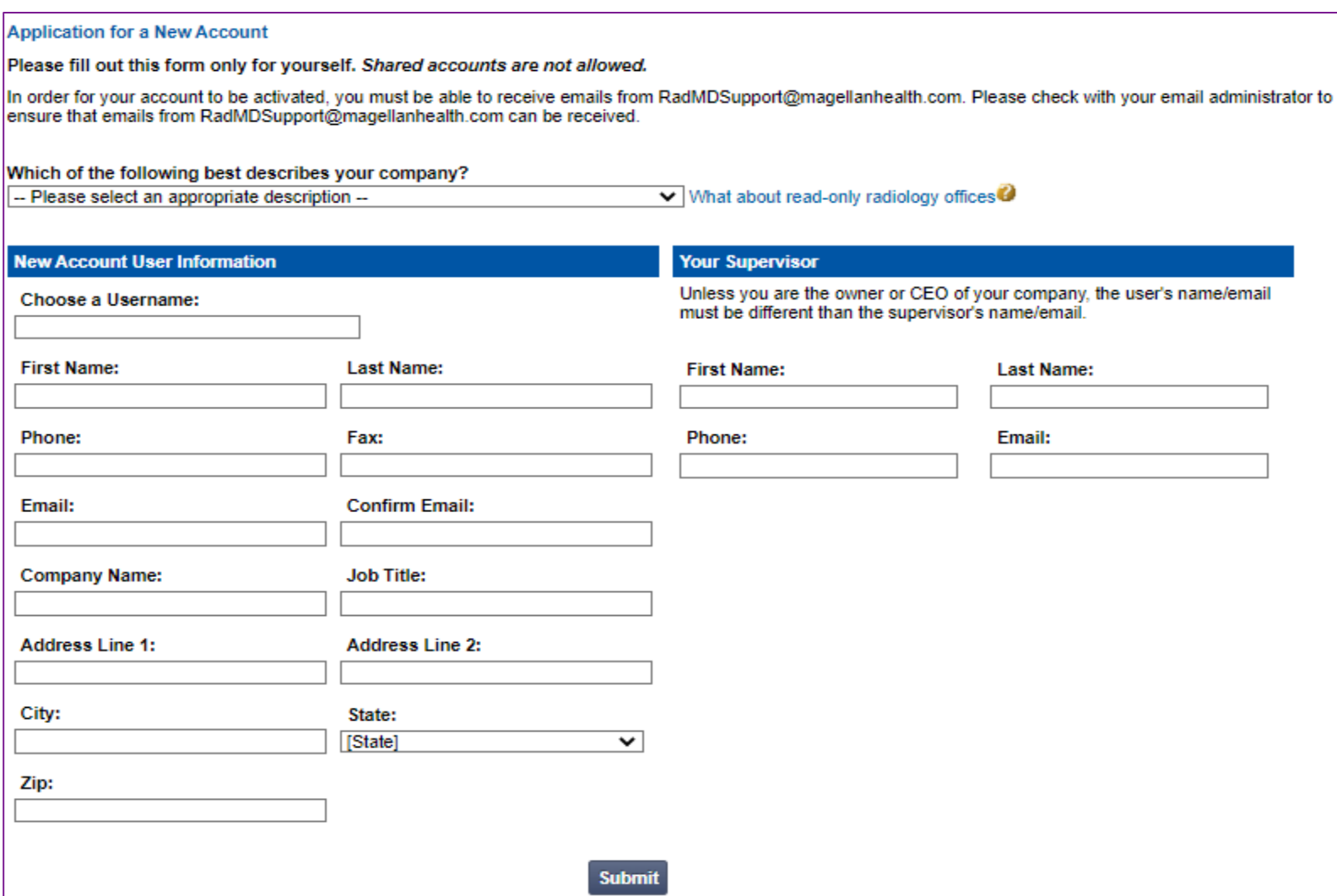
Please fill out this form only for yourself. Shared accounts are not allowed.

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: <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"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

Submit



The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for selecting a company description, a "New Account User Information" section with fields for Username, First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State, and Zip, and a "Your Supervisor" section with fields for First Name, Last Name, Phone, and Email. A "Submit" button is at the bottom right.

RadMD New User Application Process - Rendering

IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Complete the application and click “Submit”.
4. Open email from NIA webmaster with new user password instructions.

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

If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

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"/>			

Shared Access

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 shows a navigation menu with two columns. The left column is titled 'Request' and includes links for 'Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)', 'Physical Medicine', '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 includes 'Shared Access', 'Clinical Guidelines', and 'Request access to Tax ID'. Below these is a 'News and Updates' section with a 'Hot Topic:' link. At the bottom of the right column are login and search fields: 'Login As Username: [input] Login' and 'Tracking Number: [input] Search', with a 'Forgot Tracking Number?' link below the search field. A purple arrow points from the 'Request' column to the 'Shared Access' link in the 'Resources and Tools' column.

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

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website, https://www.RadMD.com■ Toll-free numbers:<ul style="list-style-type: none">■ Medicaid, Essential Plan, CHP, and Qualified Health Plans: 1-800-424-4952■ Medicare and Dual Advantage: 1-800-424-5390
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call:<ul style="list-style-type: none">■ Medicaid, Essential Plan, CHP, and Qualified Health Plans: 1-800-424-4952■ Medicare and Dual Advantage: 1-800-424-5390
<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">■ Seth Cohen PT, DPT Senior Manager, Provider Relations 410-953-2418 Seth.Cohen@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 Fidelis Care 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 Fidelis Care and National Imaging Associates, Inc. (NIA).



Thanks!