







# Superior HealthPlan Musculoskeletal (MSK) Management Program

Provider Training Presented by:  
Gina Braswell OTR/L  
Senior Manager, Provider Relations

# 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

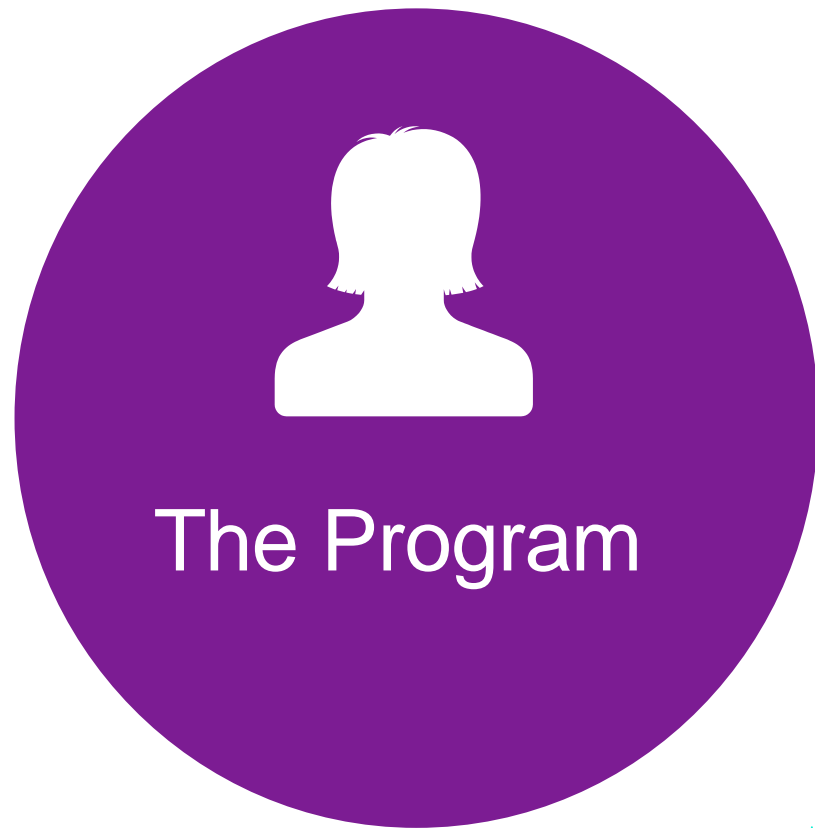
- ✓ **42 Commercial and 56 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 22M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

## 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

- Superior HealthPlan will delegate management of utilization review to NIA for MSK services.



## Important Dates

- Program start date: **January 1, 2024.**
- Begin obtaining authorizations from NIA on **December 18, 2023**, via RadMD or Call Center for services rendered on or after January 1, 2024. Prior authorization requests for dates of service prior to January 1, 2024, must continue to be requested through TurningPoint.



## Procedures & Settings Included

### Procedures:

- Outpatient, interventional spine pain management services (IPM).
- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries.

### Settings:

- Surgery Center
- In Office Provider
- Hospital



## Membership Included

- Medicaid
- Marketplace
- Medicare



## Network

- NIA will manage non-emergent select services for Superior Medicaid (STAR, STAR Kids, STAR+PLUS, STAR Health), STAR+PLUS Medicare-Medicaid Plan (MMP), CHIP, Wellcare By Allwell (HMO and HMO SNP) and Ambetter from Superior HealthPlan (Marketplace) effective January 1, 2024, through Superior's contractual relationships.

# NIA's IPM Solution

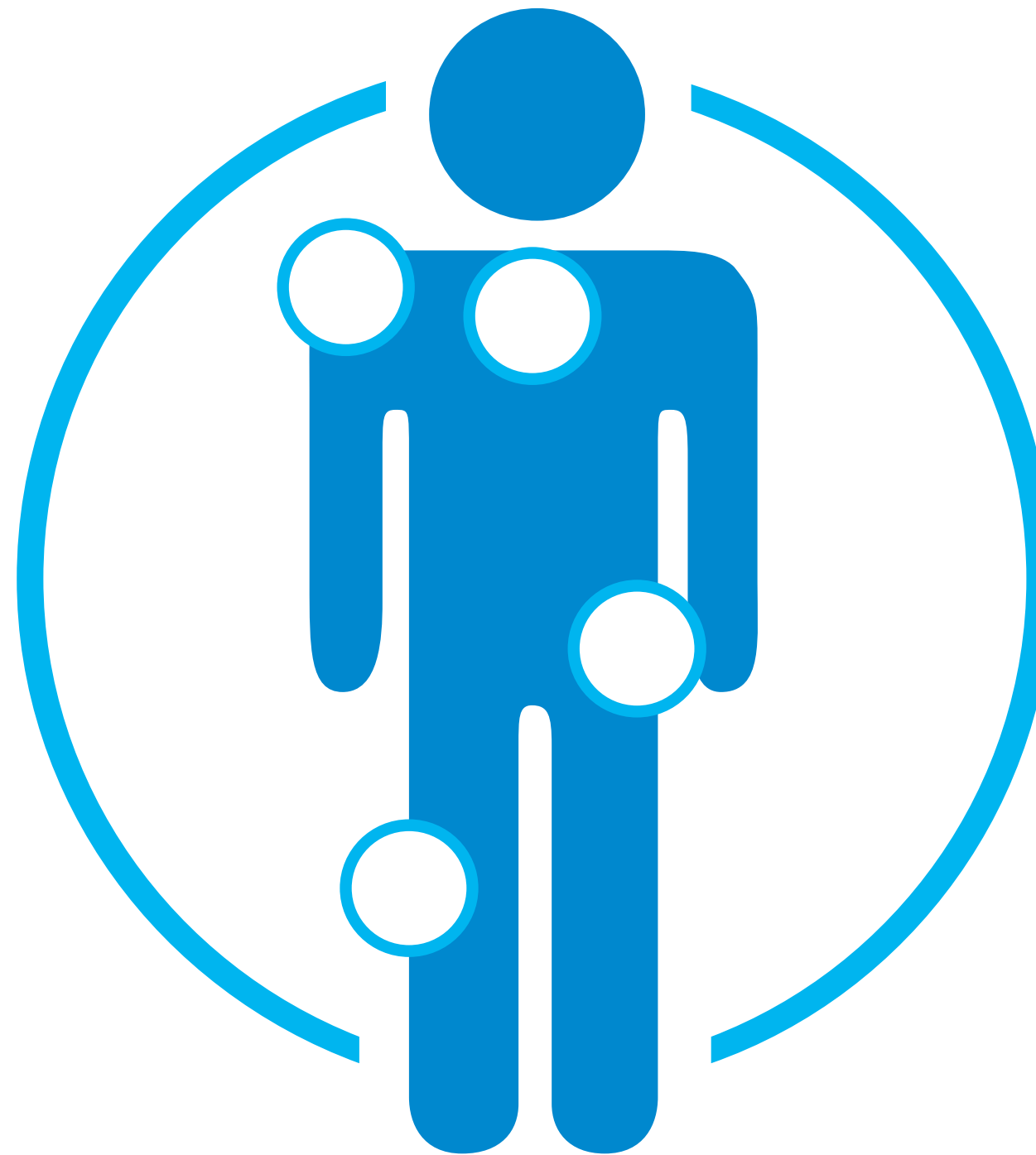


## Targeted IPM

### Procedures Performed in an Outpatient Facility or office

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radiofrequency neurolysis (RF))
- Sacroiliac joint injections
- Spinal cord stimulators (Effective 1/1/2024)
- Sympathetic nerve blocks (Effective 1/1/2024)

**\*IPM prior authorization for CHIP and STAR Kids members is not managed by NIA. Please refer to Superior policies for these memberships.**



### Excluded from the NIA Program IPM Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation Room
- Emergency Department/Urgent Care Facility

### For Medicaid Members only:

- Outpatient hospital (POS 19 and 22) – please refer to Superior policies

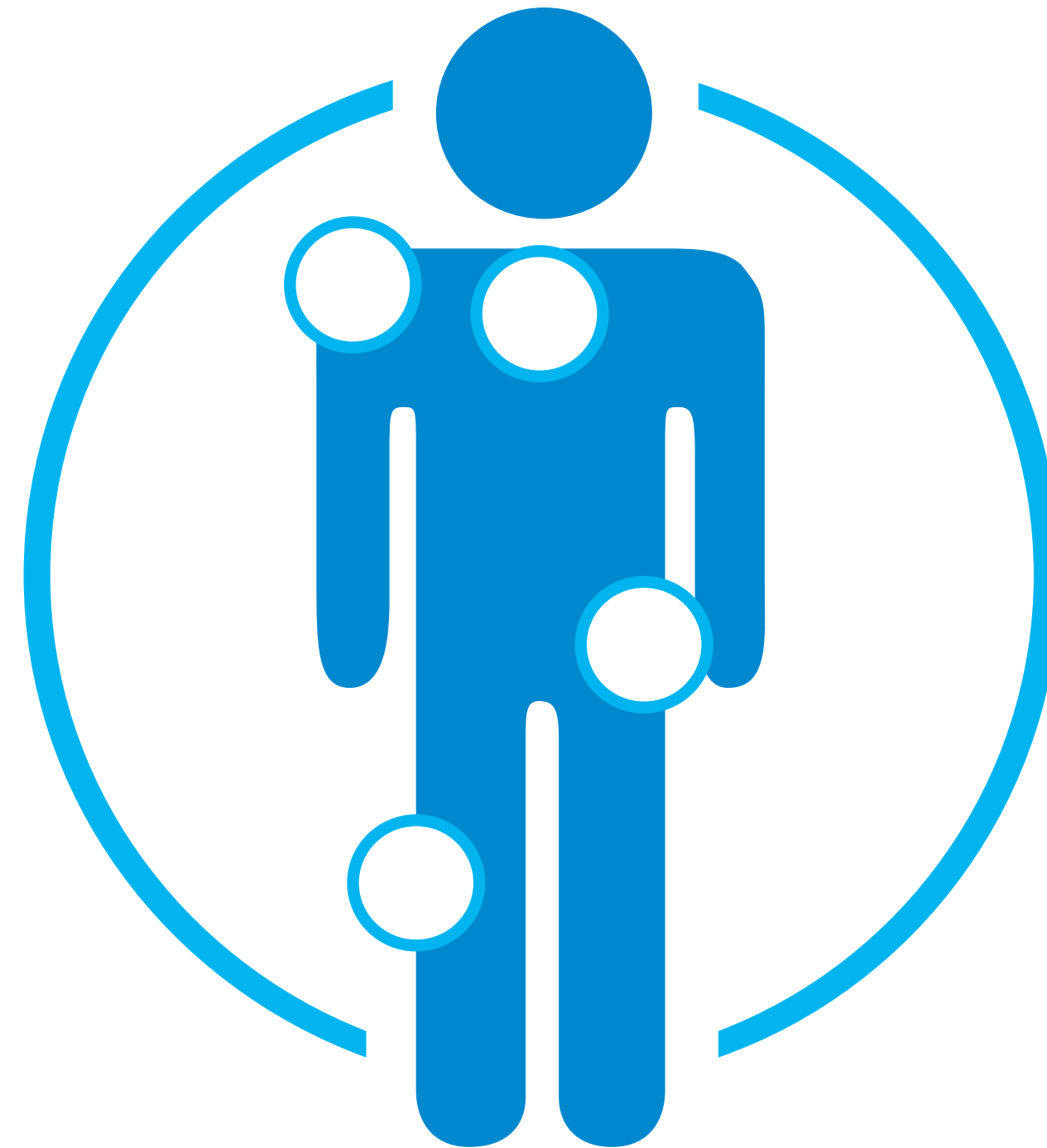
# NIA's Lumbar and Cervical Spine Surgery

Procedures Performed on or after January 1, 2024, Require Prior Authorization NIA's Call Center and RadMD will open December 18, 2023. Prior authorization requests for dates of service prior to January 1, 2024, must continue to be requested through TurningPoint.



## 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



## Surgeries performed in the following settings are excluded from the NIA Program:

- Emergency Surgery – admitted via the Emergency Department

\* Please refer to Superior policies for emergent emissions.

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require NIA/Superior 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 Performed in an Inpatient and Outpatient Facility



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

- Emergency Surgery – admitted via the Emergency Department

\* Please refer to Superior policies for emergent emissions.


# 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 billed groupings. \*An approved authorization is not a guarantee of payment. Authorization is based on medical necessity and contingent upon eligibility and benefits at the time of service.

 Located on [RadMD.com](https://www.RadMD.com).

 Defer to Superior's policies for procedures not on Claims/Utilization Review Matrix.



**Superior HealthPlan**  
2024 Utilization Review Matrix  
Spine Surgery

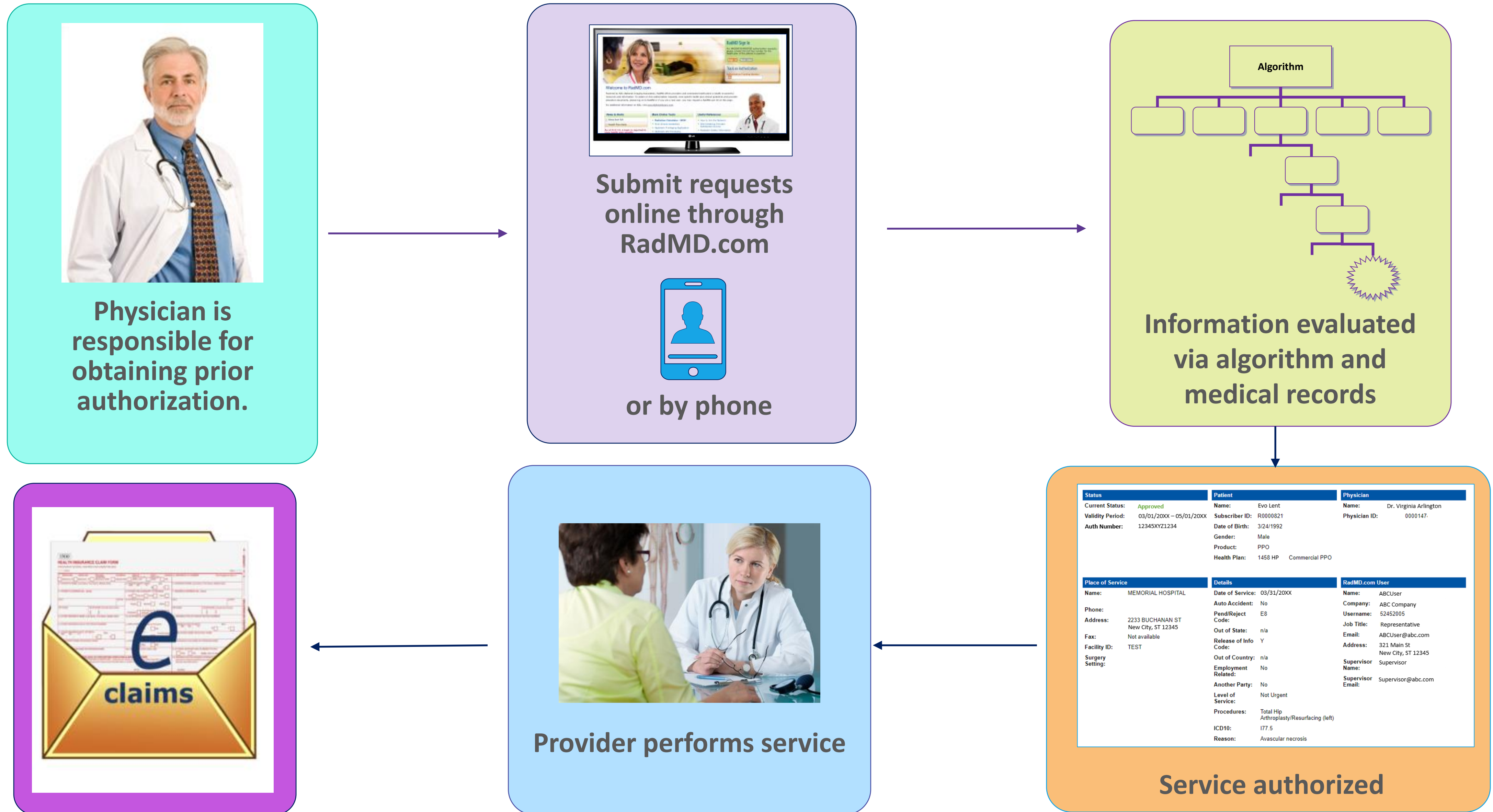


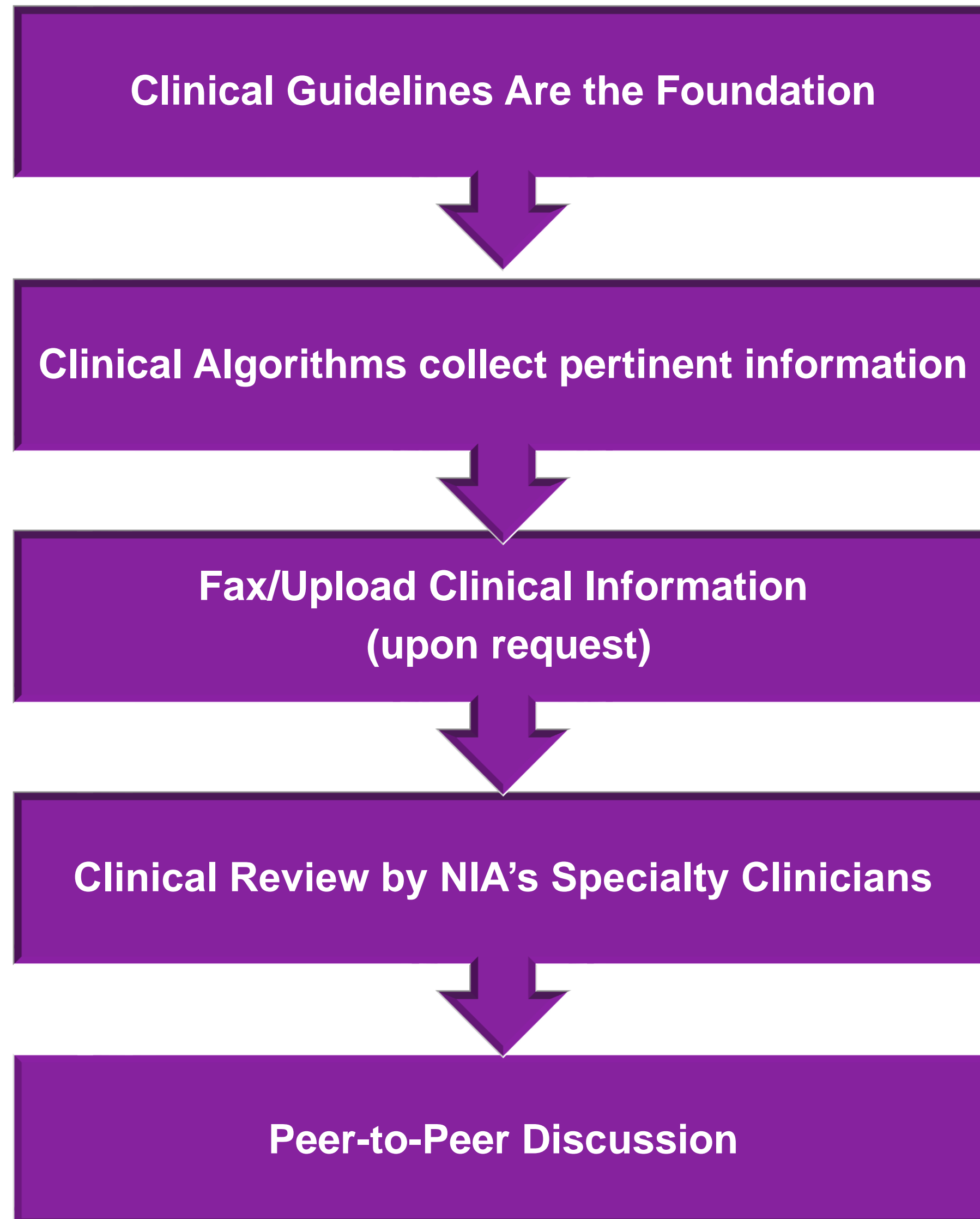
LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p><i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are 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>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Microdiscectomy:</b> 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	<b>Microdiscectomy:</b> 62380, 63030, +63035 <b>Decompression:</b> 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	<b>Instrumentation:</b> +22840, +22841, +22842, +22845, +22853 <b>Bone Grafts:</b> +20930, +20931, +20936, +20937, +20938 <b>Bone Marrow Aspiration:</b> 20939



# Prior Authorization Process Overview



# 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](http://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 IPM Injections

## Special Information

- Every IPM procedure performed requires a prior authorization; NIA does not pre-approve a series of epidural injections.
- Bilateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bilateral as well as multiple levels on the same date of service. (Please refer to guidelines for potential restrictions).
- Add on codes do not require separate authorization and are to be used in conjunction with approved primary code for the service rendered.

# IPM Clinical Checklist Reminders

## IPM Documentation:



### **Conservative Treatment**

- Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.



### **Visual Analog Scale (VAS) Score and/or Functional Disability**

- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).

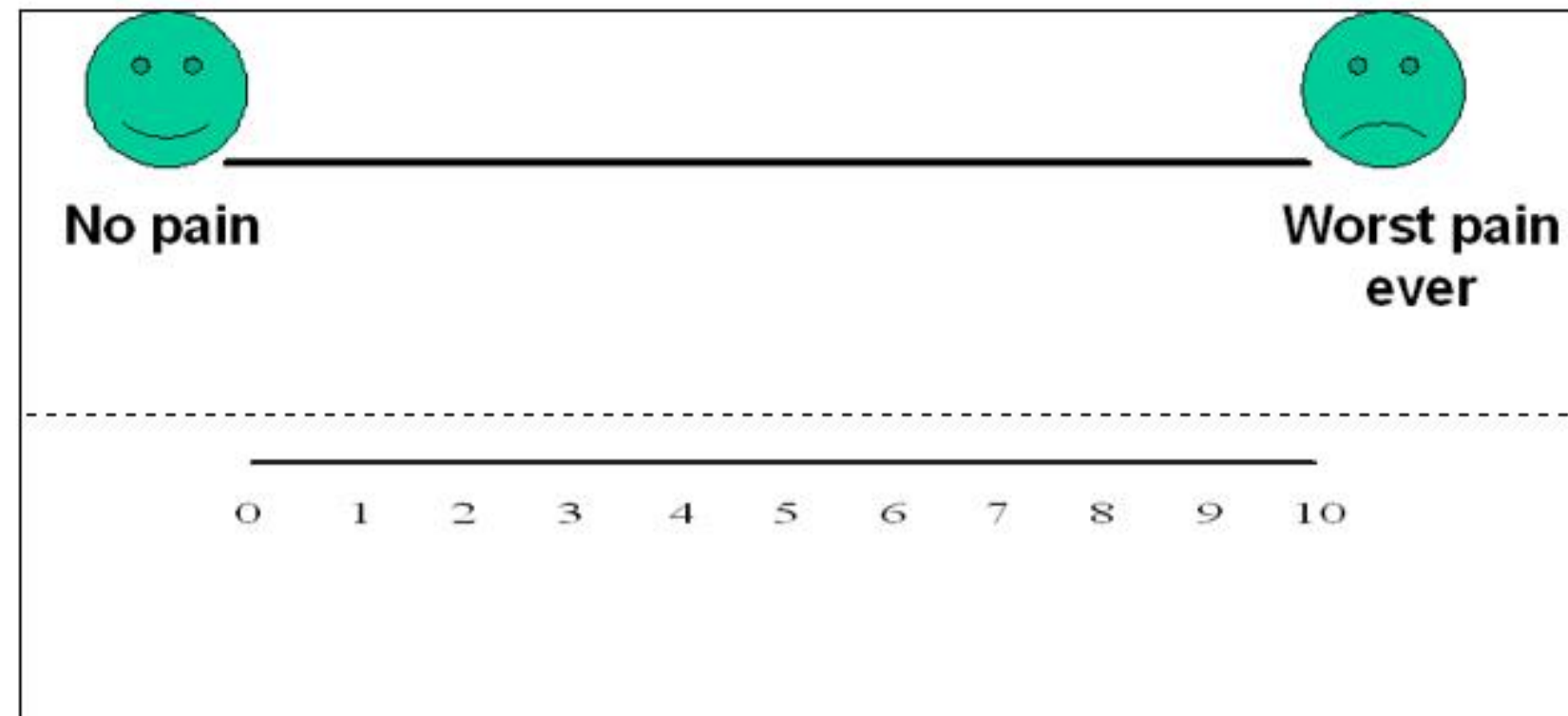


### **Follow Up To Prior Pain Management Procedures**

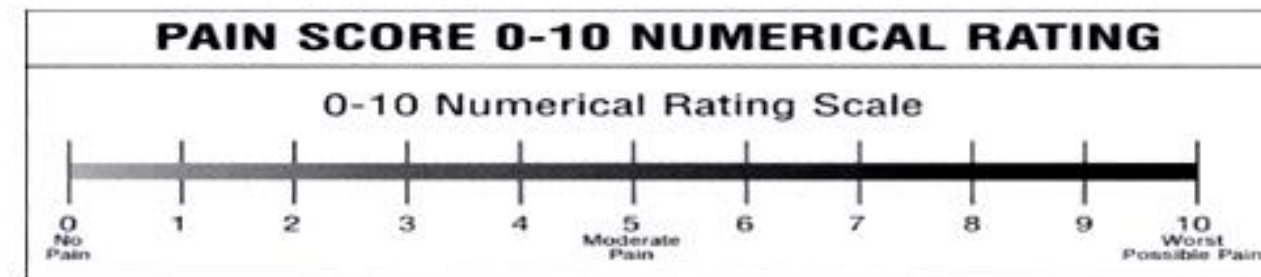
- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

# Sample Pain Rating Scales

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)








# Information for Authorization for Surgery Procedures

## Special Information

- 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, knee and 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.
- Inpatient admissions will continue to be subject to concurrent review by Superior.
- Date of Service is required.
- Facility admissions do not require a separate prior authorization through NIA. However, the facility should ensure that an NIA prior authorization has been obtained by the physician 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**  
NATIONAL IMPACT ASSOCIATION  
 National Impact Assn., Inc.  
 PO Box 4739  
 Phoenix, AZ 85061-3739

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 radmd.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 from the date of request for CHIP Medicaid and after receipt of complete clinical information not to exceed 10 business days or 14 calendar days from request for all other plans.



Failure to receive requested clinical information may result in administrative denial.



# Submitting Additional Clinical Information

- Records may be submitted by:
  - Uploading to [RadMD.com](https://www.radmd.com)
  - Fax using the NIA coversheet
- Location of fax coversheets:
  - Can be printed from [RadMD.com](https://www.radmd.com)
  - 1-800-642-7554 - Superior (Medicaid)
  - 1-800-424-4916 - Ambetter
  - 1-866-214-1703 - Wellcare By Allwell
- 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 IPM and MSK



## IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively reach out for additional clinical information

Anesthesiologists and pain management specialists conduct clinical reviews and peer-to-peer discussions on IPM requests



## MSK Surgery Reviews

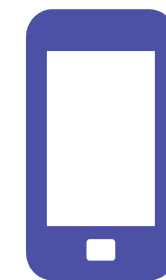
Initial clinical review performed by specialty trained surgery nurses

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



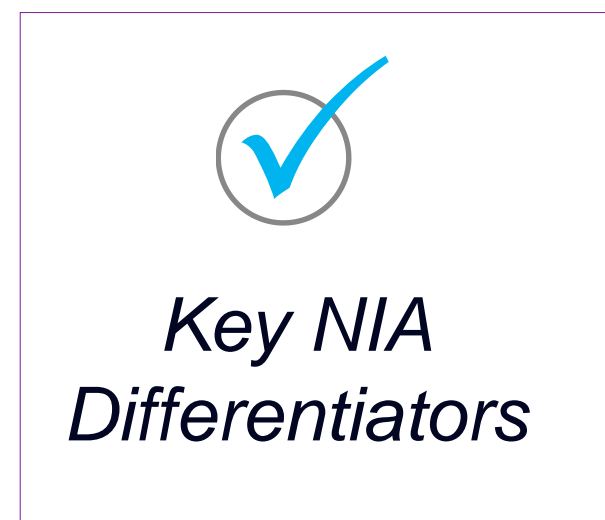
\* Initial requests for prior authorization may also be faxed but the preferred method of submission is through our online portal, RadMD, or through NIA's Call Center.

1

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3

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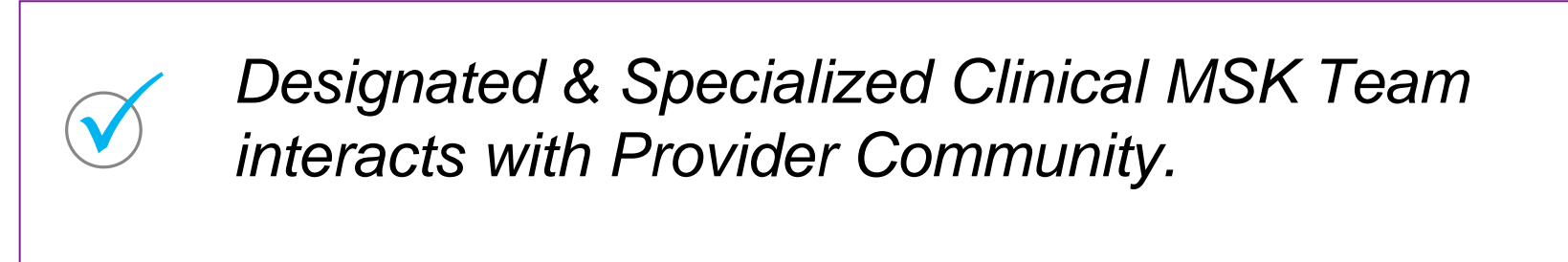


## System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Additional clinical information required

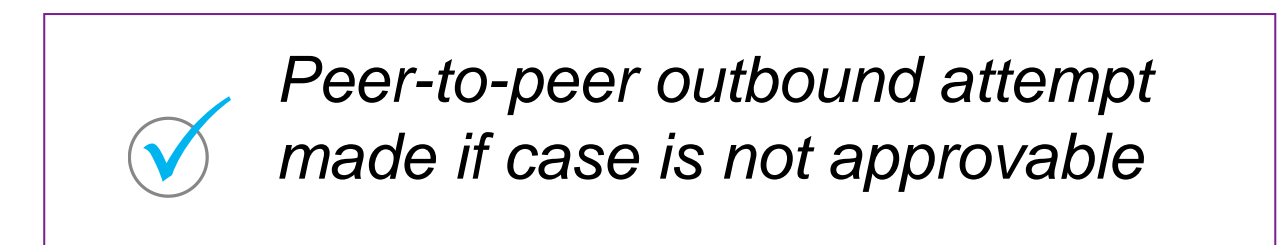
## NIA Initial Clinical Specialty Team Review

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



## 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

Required regulatory timeframes to respond to a prior authorization request are included in the Superior Provider Manuals online at: <https://www.superiorhealthplan.com/providers/training-manuals.html>.

# NIA Non-Emergent/Expedited MSK Authorization Process

## Non-Emergent/Expedited MSK Authorization Process

- If an urgent but non-emergent clinical situation exists (outside of a hospital emergency department) during business hours, please call NIA to escalate authorization request. If after hours, please submit through RadMD.com.
- The NIA website [RadMD.com](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 at 1-800-642-7554 (Medicaid), 1-800-424-4916 (Ambetter from Superior HealthPlan), or 1-866-214-1703 (Wellcare By Allwell).
- These requests may be faxed to 1-800-784-6864 but the preferred method of submission is through our online portal, RadMD, or through NIA's Call Center.
- Turnaround time is within 24 calendar hours not to exceed 72 calendar hours.

# Notification of Determination

## Authorization Notification

- Validity Period - Authorizations are valid for:
  - IPM**
    - 30 days from date of request
  - Surgical**
    - 30 days from date of request
- The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service/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 will be offered prior to the adverse determination.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# IPM Points



Injections in all regions of spine are managed



Date of Service is required for all requests



Each IPM procedure must be prior authorized

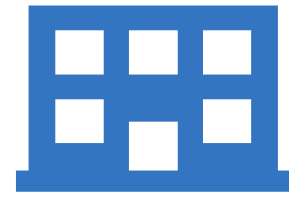


No series of epidural injections



Specialty Nurses and Physicians will review IPM requests

# 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 through NIA. Please refer to Superior policies for these codes.

# MSK Surgery Points – Hip, Knee and Shoulder Surgery



Bilateral hip, knee and 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 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 Superior.



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



Outpatient Authorizations are valid for 30 days from the date of request and Inpatient authorizations are valid for 30 days from the date of request. 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:

**1-800-642-7554 - Superior (Medicaid)**

**1-800-424-4916 - Ambetter**

**1-866-214-1703 - Wellcare By Allwell**

### Available

**Monday - Friday**

**7:00 AM – 7:00 PM CST**



- 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

[RadMD.com](http://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.
- IPM providers are typically both the ordering and the rendering provider.

## Online Tools Accessed through [RadMD.com](http://RadMD.com):

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



# 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.



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.)

# 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.



- 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.)

# 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 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, 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 input fields: "Login As Username:" with a text box and a "Login" button, and "Tracking Number:" with a text box, a "Search" button, and a "Forgot Tracking Number?" link.

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><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>■ Website, <a href="http://RadMD.com">RadMD.com</a></li><li>■ Toll-free number - Interactive Voice Response (IVR) System<ul style="list-style-type: none"><li>■ 1-800-642-7554 - Superior (Medicaid)</li><li>■ 1-800-424-4916 - Ambetter</li><li>■ 1-866-214-1703 - Wellcare By Allwell</li></ul></li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>■ 1-800-642-7554 - Superior (Medicaid)</li><li>■ 1-800-424-4916 - Ambetter</li><li>■ 1-866-214-1703 - Wellcare By Allwell</li></ul>
<p><b>Provider Service Line</b></p>	<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>
<p><b>Provider Education requests or questions specific to NIA</b></p>	<ul style="list-style-type: none"><li>■ Gina Braswell Senior Manager, Provider Relations 1-952-225-5726 <a href="mailto:GBraswell@evolent.com">GBraswell@evolent.com</a></li></ul>

# RadMD Demonstration



# Confidentiality Statement

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Thanks!