



Evolent* Interventional Pain Management (IPM) Frequently Asked Questions (FAQ's) For Wellcare of Delaware Providers

Question	Answer
GENERAL	Allawei
Why is Wellcare of Delaware implementing an Interventional Pain Management (IPM) Program?	Wellcare of Delaware is implementing this program to improve quality and manage the utilization of non-emergent, IPM procedures for Wellcare of Delaware members. Wellcare of Delaware providers will utilize the same tools through RadMD to request IPM procedures as they do today for advanced imaging procedures.
What IPM procedures does this include?	 IPM Procedures that are included in this program: Spinal Epidural Injections Paravertebral Facet Joint Injections or Blocks Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) Sacroiliac Joint Injections Sympathetic Nerve Blocks Spinal Cord Stimulators
Why did Wellcare of Delaware select Evolent?	Evolent was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Wellcare of Delaware membership.
Which Wellcare of Delaware members will be covered under this relationship and what networks will be used?	Evolent will manage non-emergent outpatient IPM procedures for Wellcare of Delaware Medicare members effective January 1, 2024, through Wellcare of Delaware's contractual relationships.
PROGRAM START DATE	
What is the implementation date for this IPM Program?	The effective date of the program is January 1, 2024. Wellcare of Delaware and Evolent will be collaborating on provider related activities prior to the start date including provider training materials and provider education.

^{*} 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."

BRIOR ALITHORIZATION	
PRIOR AUTHORIZATION	The following outpotient IDM procedures require
What IPM services will require a provider to	The following outpatient IPM procedures require prior authorization through Evolent:
obtain a prior authorization?	 Spinal Epidural Injections Paravertebral Facet Joint Injections or Blocks Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) Sacroiliac Joint Injections Sympathetic Nerve Blocks Spinal Cord Stimulators
When is prior authorization required?	Prior authorization is required for outpatient, non- emergent IPM procedures. Ordering providers must obtain prior authorization for these procedures prior to the service being performed. Note: Only outpatient procedures are within the program scope. All IPM procedures performed in the Emergency Room or as part of inpatient or intraoperative care do not require prior authorization through Evolent.
Is prior authorization required for members currently undergoing treatment?	Yes, authorization is required for dates of service on or beyond January 1, 2024, even if the member is continuing treatment.
Who do we expect to order IPM procedures? Are inpatient IPM procedures included in	IPM procedures requiring medical necessity review are usually ordered by one of the following specialties.
Are intraoperative and/or post-operative pain	No, IPM procedures performed for pain management during a larger surgical procedure are not included in
included in this program?	this program.
How does the ordering provider obtain a prior authorization from	Providers will be able to request prior authorization via the Evolent website www.RadMD.com (preferred method) to obtain prior authorization for IPM



Evolent for an outpatient procedures. RadMD is available 24 hours a day, 7 days IPM procedure? a week. For Providers that are unable to submit authorizations using RadMD, our Call Center is available at 1-866-512-5146, Monday-Friday, 8:00 a.m. to 8:00 p.m. (EST). What information will To expedite the process, please have the following information available before logging on to the website **Evolent require in order** or calling the Evolent call center staff. to receive prior authorization? (*denotes required information): Name and office phone number of ordering physician* Member name and ID number* Requested procedure* Name of provider office or facility where the service will be performed* Anticipated date of service* Details justifying the pain procedure*: Date of onset of pain or exacerbation Physician exam findings and member symptoms (including findings applicable to the requested services) Clinical Diagnosis Date and results of prior IPM procedures. o Diagnostic imaging results, where available. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) Please be prepared to upload to RadMD or fax the following information, if requested: · Clinical notes outlining onset of pain, conservative care modalities, outcomes, and physical exam findings. Date and results of prior IPM procedures Effectiveness of prior procedures on reducing

pain

Diagnostic Imaging results Specialist reports/evaluation



Can a provider request more than one procedure at a time for a member (i.e., a series of epidural injections)?	The most efficient way to send required clinical information is to upload your documents to RadMD (preferred method). The upload feature allows clinical information to be uploaded directly after completing an authorization request. Utilizing the upload feature expedites your request since it is automatically attached and forwarded to our clinicians for review. If uploading is not an option for your practice, you may fax utilizing the Evolent specific fax coversheet. To ensure prompt receipt of your information: • Use the Evolent fax coversheet as the first page of your clinical fax submission. *Please do not use your own fax coversheet, since it will not contain the case specific information needed to process the case • Make sure the tracking number on the fax coversheet matches the tracking number for your request. • Send each case separate with its own fax coversheet. • IPM Providers may print the fax coversheet from www.RadMD.com. • Evolent will fax this coversheet to the IPM Provider during authorization intake or at any time during the review process. *Using an incorrect fax coversheet may delay a response to an authorization request. No. Evolent requires prior authorization for each IPM procedure requested and will only authorize one procedure at a time.
What kind of response time can order providers expect for prior authorization?	The best way to maximize the turnaround time of an authorization request is to initiate the request through www.RadMD.com . Generally, within 2 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.



	•
What will the Evolent authorization number look like? If requesting an authorization through	The Evolent authorization number consists of alphanumeric characters. In some cases, the ordering provider may instead receive an Evolent tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system. You will receive a tracking number and will need to submit clinical documentation that supports the
RadMD and the request pends, what happens next?	requested IPM procedure.
Can RadMD be used to submit an expedited authorization request?	RadMD can only be used to initiate expedited authorization requests after normal business hours. Requests that are submitted during normal business hours must be called into Evolent's Call Center through the toll-free number, 1-866-512-5146 for processing.
How long is the prior authorization number valid?	The authorization number is valid for outpatient services for 60 calendar days from the date of request.
Is prior authorization necessary for IPM procedures if Wellcare of Delaware is NOT the member's primary insurance?	No, if Wellcare of Delaware is secondary to another plan.
If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does Evolent allow retro- authorizations?	Yes. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met. It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for IPM procedures, as outlined above, that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians



	administering these procedures should not schedule or perform procedures without prior authorization.
What happens if I have a service scheduled for January 1, 2024?	An authorization can be obtained for all IPM procedures for dates of service January 1, 2024, and beyond, beginning January 1, 2024. Evolent and Wellcare of Delaware will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the website at www.RadMD.com .
Will the Evolent authorization number be displayed on the Wellcare of Delaware website?	No, the authorization will not be displayed on the Wellcare of Delaware website.
What if I disagree with Evolent's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Wellcare of Delaware. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
SCHEDULING PROCEDUR	ES
Will Evolent make a final determination based on the Anticipated Date of	Evolent does not guarantee final determination of the request by the anticipated date of service.
Service?	The anticipated date of service (provided during request for authorization) is used to determine timing between procedures.
	request for authorization) is used to determine timing
	request for authorization) is used to determine timing between procedures. Please be advised that Evolent needs 2 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved
Do ordering physicians have to obtain an authorization before they call to schedule an	request for authorization) is used to determine timing between procedures. Please be advised that Evolent needs 2 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization. Evolent will require the name of the facility/provider where the IPM procedure is going to be performed and the anticipated date of service. Ordering providers should obtain prior authorization before scheduling the procedure.



Wellcare of Delaware providers will need to request a prior authorization from Evolent to bill the service. Providers who perform IPM procedures are generally located at: Ambulatory Surgical Centers Hospital outpatient facilities Provider offices CLAIMS RELATED Where do providers send their claims for outpatient, non-emergent pain management services? Wellcare of Delaware network providers should continue to send claims directly to Wellcare of Delaware. Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the lillness or injury for which it is performed as to type of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Evolent's Guidelines are reviewed yearly and modified when necessary, following a literature search		
Where do providers send their claims for outpatient, non-emergent pain management services? How can providers check claims and claims appeal status? How is medical necessity defined? Wets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Wellcare of Delaware. Providers are encouraged to use EDI claims submission Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status with Wellcare of Delaware. Status with Wellcare of Delaware. Stellams and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Providers should continue to check claims and appeals the submission Pro		prior authorization from Evolent to bill the service. Providers who perform IPM procedures are generally located at: Ambulatory Surgical Centers Hospital outpatient facilities
Where do providers send their claims for outpatient, non-emergent pain management services? How can providers check claims and claims appeals status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Wellcare of Delaware. Providers are encouraged to use EDI claims submission Providers are encouraged to use EDI claims submission Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Set of leaware. Providers are encouraged to use EDI claims Submission Providers are encouraged to use EDI claims Status with Wellcare of Delaware. Setul a services that: Providers are encouraged to use EDI claims Setul a setul appears S		1 Tovider offices
Where do providers send their claims for outpatient, non-emergent pain management services? How can providers check claims and claims appeals status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Wellcare of Delaware. Providers are encouraged to use EDI claims submission Providers are encouraged to use EDI claims submission Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Set of leaware. Providers are encouraged to use EDI claims Submission Providers are encouraged to use EDI claims Status with Wellcare of Delaware. Setul a services that: Providers are encouraged to use EDI claims Setul a setul appears S	CLAIMS RELATED	
continue to send claims directly to Wellcare of Delaware. Providers are encouraged to use EDI claims submission How can providers check claims and claims appeal status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find continue to send claims directly to Wellcare of Delaware. Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Setup 1 claims services that: Meets generally accepted standards of medical practice; be appropriate to the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards of medical practice; be appropriate to the intensity of service and expected outcome; Be appropriate to the intensity of service and expected outcome; Be appropriate to the intensity of service and expected outcome; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness, and Not furnishe		Wellcare of Delaware network providers should
outpatient, non-emergent pain management services? Providers are encouraged to use EDI claims submission How can providers check claims and claims appeal status? Providers should continue to check claims and appeals status with Wellcare of Delaware. Becolor to define medical necessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Delaware. Providers are encouraged to use EDI claims submission Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers are encouraged to use EDI claims and appeals status with Wellcare of Delaware.	-	· ·
Providers are encouraged to use EDI claims submission How can providers check claims and claims appeal status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and evel of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Providers should continue to check claims and appeals status with Wellcare of Delaware. Froviders should continue to check claims and appeals status with Wellcare of Delaware. Froviders should continue to check claims and appeals status with Wellcare of Delaware. Froviders should continue to check claims and appeals status with Wellcare of Delaware. Froviders should continue to check claims and appeals status with Wellcare of Delaware. Followare. F	outpatient, non-emergent	•
How can providers check claims and claims appeal status? MISCELLANEOUS How is medical necessity defined? • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Providers should continue to check claims and appeals status with Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Evolent defines medical necessity as services that: Wellcare of Delaware. Providers should continue to check claims and appeals status with Wellcare of Delaware. Status with Wellcare of Delaware. Evolent defines medical necessity as services that: • Meets generally accepted standards of medical procles in accordance with sufficient evidence and professionally recognized standards of medical produce and professionally recognized standards of medical provider and professionally recognized standards of medical produce and professionally recognized standards of medical produce and professionally recognized standards of medical produce and professionally recognized standards of medical professionally recognized standards of medical produce and professionally recognized standards of medical professionally recognized sta		
How can providers check claims and claims appeal status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Evolent's IPM Guidelines are reviewed yearly and		Providers are encouraged to use EDI claims
claims and claims appeal status? MISCELLANEOUS How is medical necessity defined? Evolent defines medical necessity as services that: • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Evolent's IPM Guidelines are reviewed yearly and		<u> </u>
## Status? Miscellaneessity defined? Evolent defines medical necessity as services that: Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date?		· ·
How is medical necessity defined? Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Yes, Evolent will conduct provider training sessions before the implementation date of this program		status with Wellcare of Delaware.
How is medical necessity defined? • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date? Where can a provider find Evolent's IPM Guidelines are reviewed yearly and		
Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date of this program Evolent's IPM Guidelines are reviewed yearly and		
Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other provider. Will provider trainings be offered closer to the implementation date of this program Evolent's IPM Guidelines are reviewed yearly and		Evolent defines medical necessity as services that:
Will provider trainings be offered closer to the implementation date? Where can a provider find Yes, Evolent will conduct provider training sessions before the implementation date of this program Evolent's IPM Guidelines are reviewed yearly and	defined:	 practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and Not furnished primarily for the convenience of the member, the attending physician, or other
offered closer to the implementation date?before the implementation date of this programWhere can a provider findEvolent's IPM Guidelines are reviewed yearly and	Will provider trainings bo	•
Where can a provider find Evolent's IPM Guidelines are reviewed yearly and	offered closer to the	· · · · · · · · · · · · · · · · · · ·
•	-	Evolent's IPM Guidelines are reviewed yearly and
	Evolent's Guidelines for	modified when necessary, following a literature search



Clinical Use of Pain Management Procedures? Will the Wellcare of Delaware member ID card	of pertinent and established clinical guidelines and accepted practices. They can be found on the website at www.RadMD.com . No. The Wellcare of Delaware member ID card will not contain any Evolent information on it and the member
change with the implementation of this IPM Program?	ID card will not change with the implementation of this IPM Program.
RE-OPEN AND APPEALS P	
Is the re-open process available for the IPM program once a denial is received?	Evolent has a specialized clinical team focused on outpatient imaging procedures. Peer-to-peer discussions are offered for any request, prior to determination, that does not meet medical necessity guidelines. Please call 1-866-512-5146 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on the clinical information provided. If a determination has been made, a peer-to-peer discussion would be for consultation only, and the ordering provider should
	refer to instructions on the denial letter. Re-opens are not allowed.
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for IPM procedures?	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by Evolent.
What option should I select to receive access to initiate authorizations?	Selecting "Physician's office that orders procedures" will allow you access to initiate authorizations for pain management procedures.
How do I apply for RadMD access to initiate authorization requests if I don't have access?	 User would go to our website www.RadMD.com. Click on NEW USER. Choose "Physician's office that orders procedures" from the drop-down box. Complete application with necessary information.



	Click on Submit
	Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering	Rendering provider access allows users the ability to
provider access?	view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator. • User would go to our website www.RadMD.com • Select "Facility/Office where procedures are
	performed."
	Complete application
	Click on Submit
	Examples of a rendering facility that only need to view approved authorizations: • Hospital facility • Billing department • Offsite location
	 Another user in location who is not interested in initiating authorizations
Which link on RadMD will	Clicking the "Request Pain Management or Minimally
I select to initiate an	Invasive Procedure" link will allow the user to submit a
authorization request for	request for an IPM procedure.
IPM procedures?	
How can providers check	Providers can check on the status of an authorization
the status of an	by using the "View Request Status" link on RadMD's
authorization request? How can I confirm what	main menu. Clinical Information that has been received via upload
clinical information has	or fax can be viewed by selecting the member on the
been uploaded or faxed to	View Request Status link from the main menu. On the
Evolent?	bottom of the "Request Verification Detail" page, select
	the appropriate link for the upload or fax.
Where can providers find	Links to case-specific communication to include
their case-specific	requests for additional information and determination
communication from	letters can be found via the View Request Status link.
Evolent?	The "Treels on Authorization" facture will all and
If I did not submit the initial authorization	The "Track an Authorization" feature will allow users who did not submit the original request to view the
request, how can I view	status of an authorization, as well as upload clinical
request, now can i view	j status of all authorization, as well as upload cliffical



the status of a case or upload clinical documentation?	information. This option is also available as a part of your main menu options using the "Search by Tracking Number" feature. A tracking number is required with this feature.
Paperless Notification: How can I receive notifications electronically instead of paper?	Evolent defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request. Users will be sent an email when determinations are made. No PHI will be contained in the email. The email will contain a link that requires the user to log into RadMD to view PHI.
	Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance, please contact RadMDSupport@Evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.
Who can a provider contact at Evolent for more information?	Providers can contact Charmaine Everett, Provider Relations Manager, at 410-953-2615 or CEverett@Evolent.com

