



# Home State Health, Ambetter from Home State Health, Wellcare By Allwell, and Wellcare Musculoskeletal (MSK) Management Program





Provider Training Presented by:  
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Provider Relations Manager

February 2024



# 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

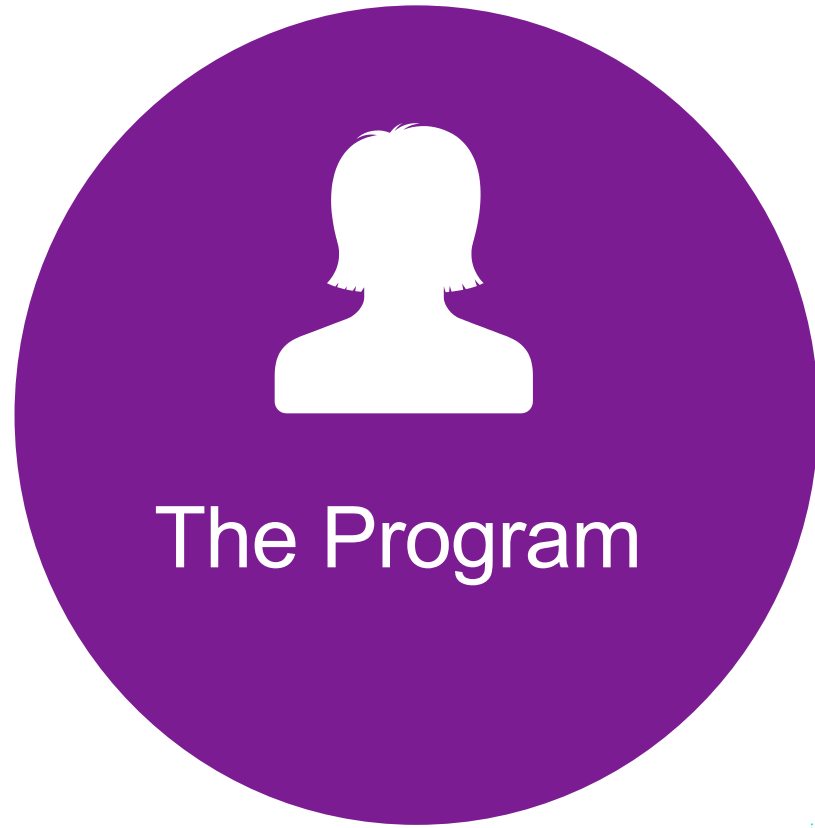
- ✓ **42 Commercial and 56 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 20.51M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

## 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



- Home State Health, Ambetter from Home State Health, Wellcare By Allwell, and Wellcare (collectively referred to as Health Plan) will begin a prior authorization program through NIA for the management of MSK Services.



- Program start date: March 1, 2024
- Begin obtaining authorizations from NIA on March 1, 2024, for services rendered on or after March 1, 2024.



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



- Medicaid
- Exchange Programs
- Medicare



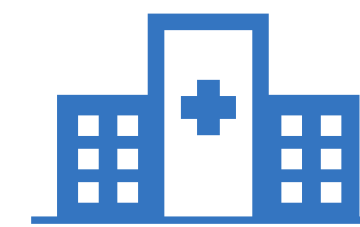
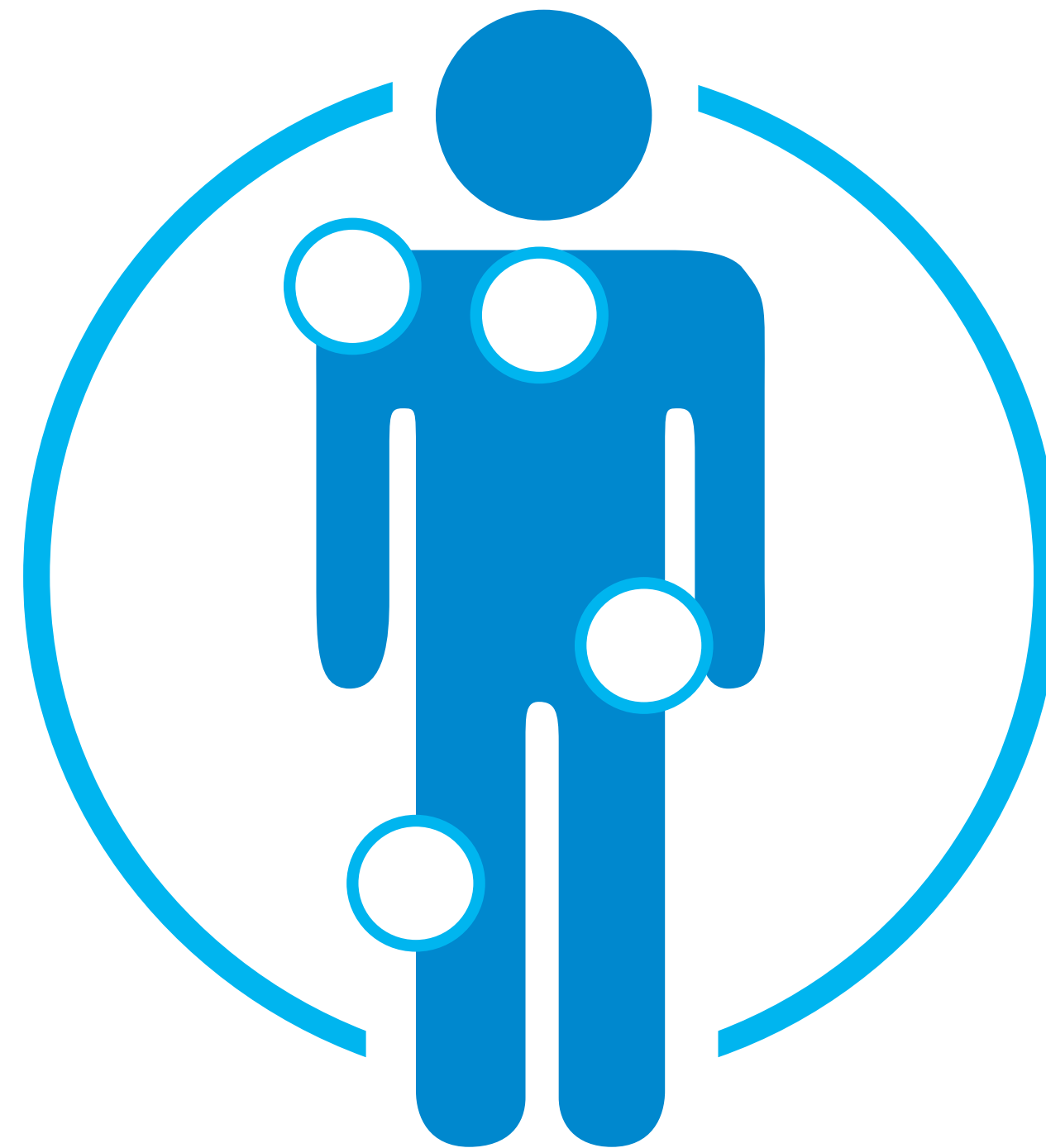
- NIA will manage services through the Health Plan's contractual relationships.

# Lumbar and Cervical Spine Surgery

## Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- 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

**Procedures Performed on or after March 1, 2024, Require Prior Authorization. NIA's Call Center and RadMD will open March 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 (Joint Surgery)



## Home State Health 2024 Utilization Review Matrix Joint Surgery

HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<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>			
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 (Spine Surgery)




## Home State Health Utilization Review Matrix 2024 Musculoskeletal Surgery (Spine)


LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</p>				<p>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.</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



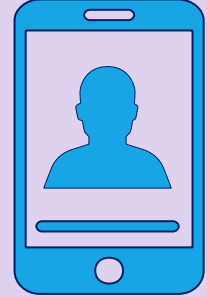
# Prior Authorization Process Overview



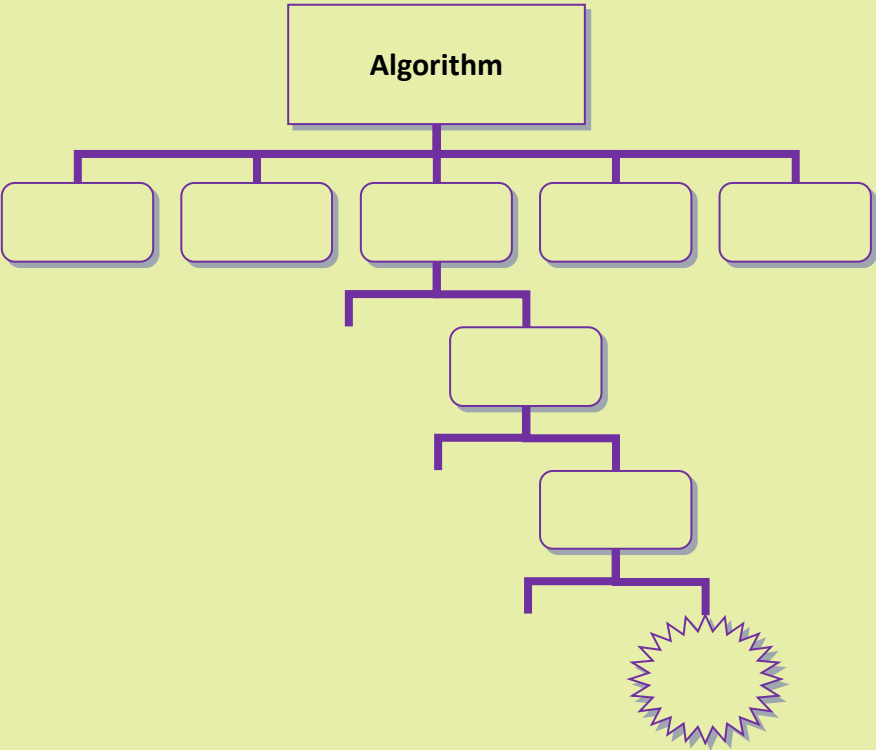
**Ordering Physician is responsible for obtaining prior authorization. MSK provider may be both ordering and rendering**



**Submit requests online through RadMD.com**




**or by Phone**



**Information evaluated via algorithm and medical records**

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

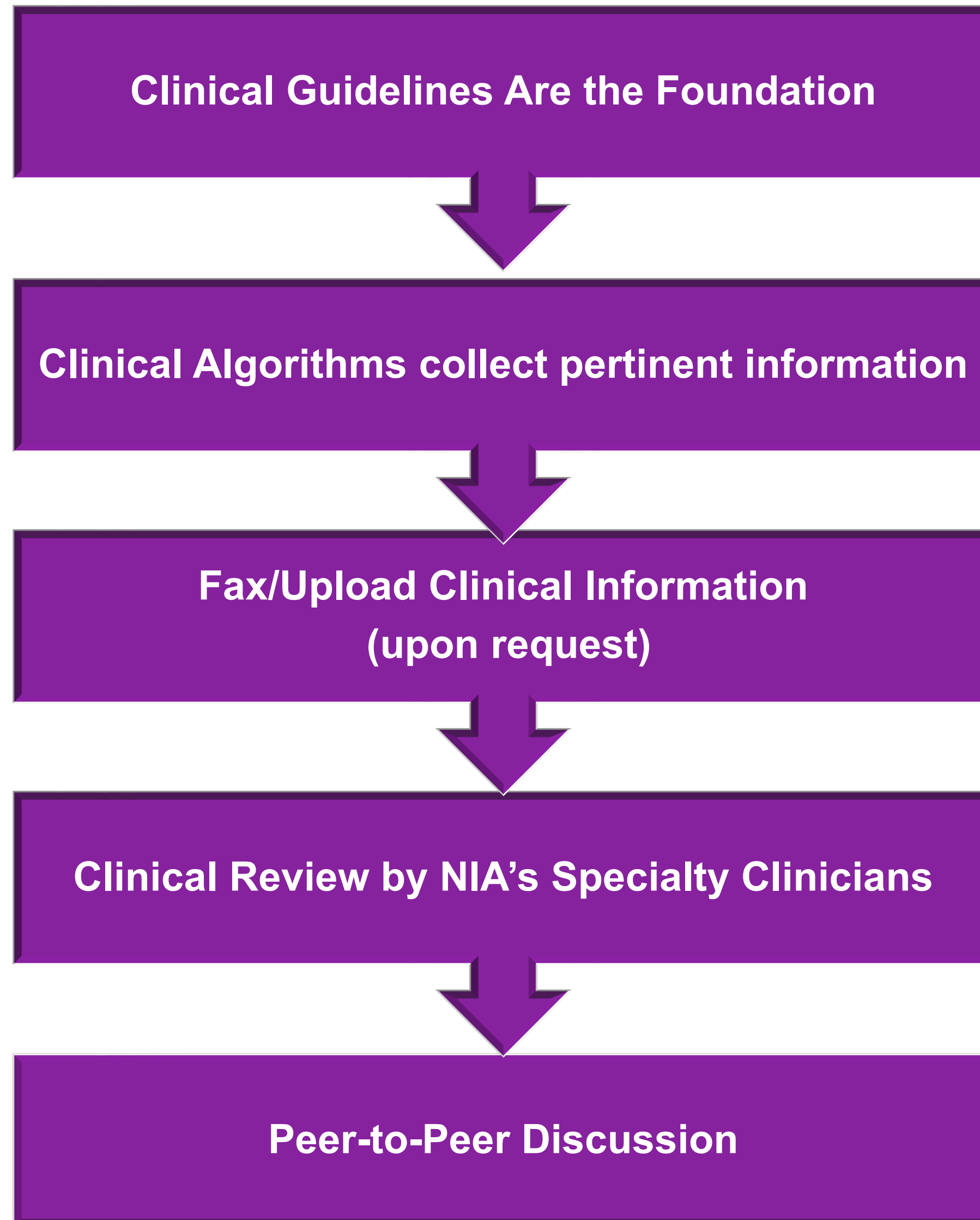
**Service Authorized**



**Rendering Provider verifies authorization was obtained and provides service**



# 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 Health 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.**






# 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 or knee 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 Health Plan.
- 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 PLAN

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
    - 1-800-424-4794 – Ambetter
    - 1-800-308- 2615 - Medicaid
    - 1-800-424-4825 – Wellcare by Allwell
    - 1-800-424-5388 - Wellcare
- 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

✓ RadMD    ✓ Telephone



## 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.*

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✓  
**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:
  - 1-800-424-4794 – Ambetter
  - 1-800-308- 2615 - Medicaid
  - 1-800-424-4825 – Wellcare by Allwell
  - 1-800-424-5388 - Wellcare
- Turnaround time is within 24 calendar hours not to exceed 72 calendar hours.

# Notification of Determination

## Authorization Notification

- Authorizations are valid for:

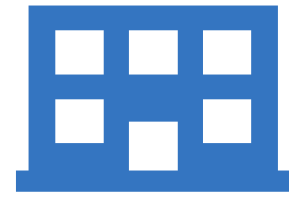
### **Surgery**

- Inpatient – 120 days from date of request for Home State Health, Ambetter from Home State Health and Wellcare By Allwell. 90 days from date of request for Wellcare.
- Outpatient- SDC/Ambulatory – 120 days from date of request for Home State Health, Ambetter from Home State Health and Wellcare By Allwell. 90 days from date of request for Wellcare.

## 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.
- Re-review, reconsideration, re-open may be available with new or additional information.
- Re-review must occur within 3 business days from the date of denial and prior to submitting a formal appeal.
- Reconsideration must occur within 5 business days from the date of denial and prior to submitting a formal appeal.
- Medicare re-opens are not allowed.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

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



Surgeries addressing the following are not included in the 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 Health Plan.



Any Health Plan prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.

OR

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 120 days from the date of request for Home State Health, Wellcare By Allwell and 90 days for Wellcare. 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 Numbers

1-800-424-4794 – Ambetter  
1-800-308- 2615 - Medicaid  
1-800-424-4825 – Wellcare by Allwell  
1-800-424-5388 - Wellcare

### 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 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.
- IPM providers are typically both the ordering and the rendering provider.

## Online Tools Available on RadMD

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

### RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

[Sign In](#)

[New User](#)

### Track an Authorization

Authorization Tracking Number

[Go](#)

# RadMD New User Application Process - Ordering

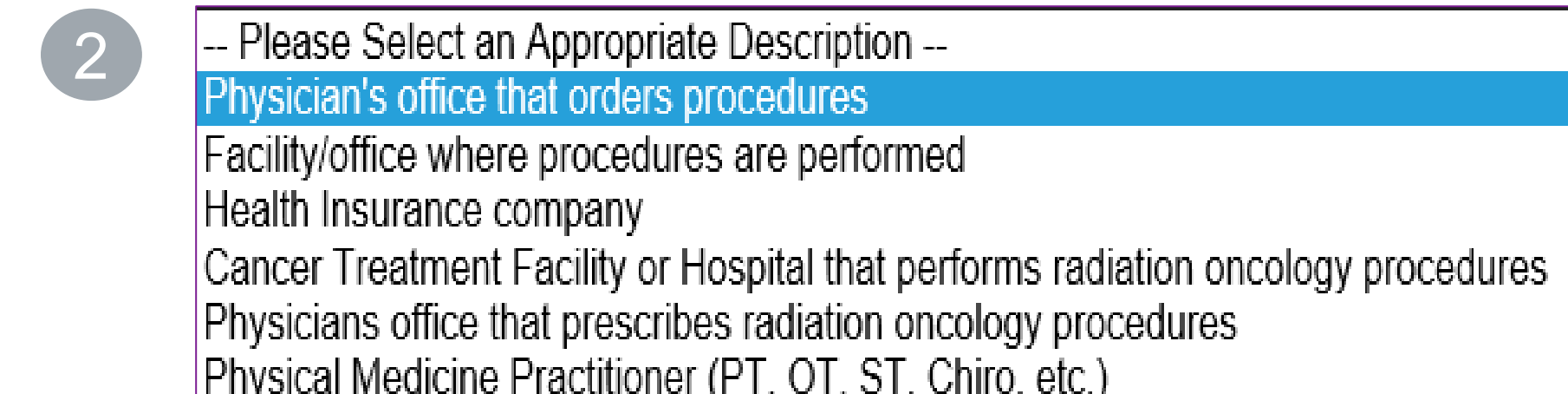
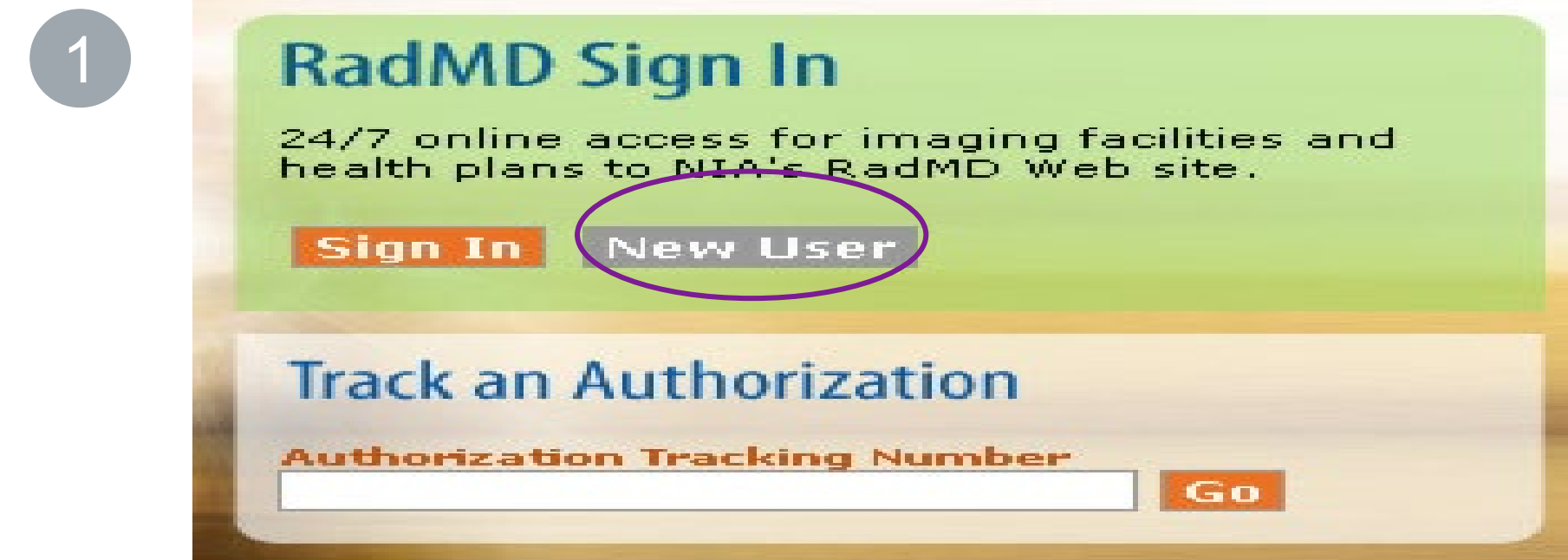
**Users are required to have their own separate usernames and passwords due to HIPAA regulations.**

## 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 -- 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"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: [State]		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			



# 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.

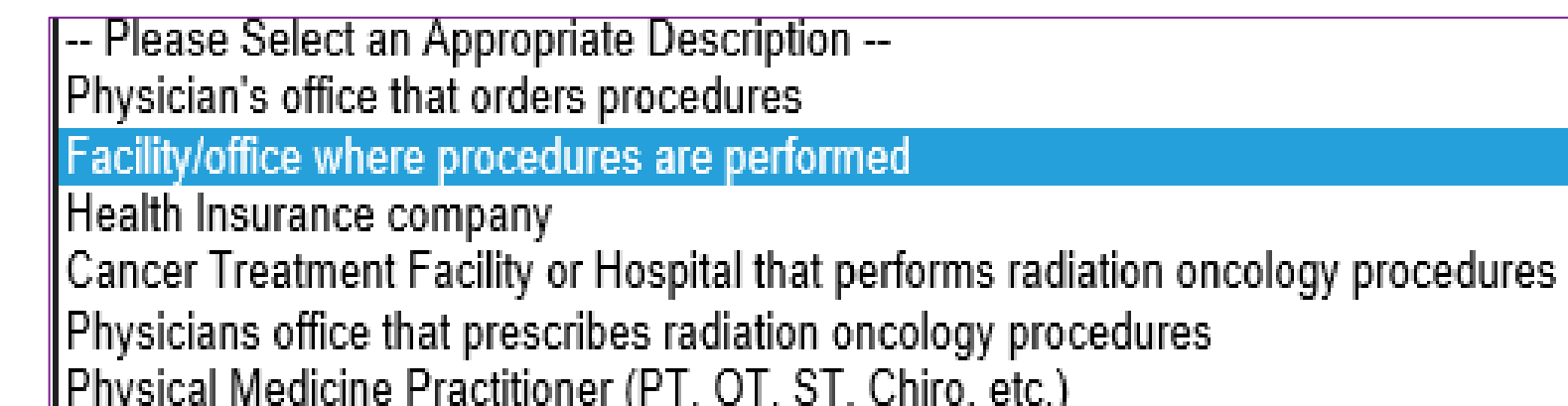
**NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.**

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.

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The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for "Which of the following best describes your company?" with "Facility/office/lab where procedures are performed" selected. The form is divided into several sections: "New Account User Information" (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), "Your Supervisor" (with fields for First Name, Last Name, Phone, and Email), and "Affiliated Facilities" (with fields for Facility Tax ID # and Your Tax IDs). A "Submit" button is at the bottom.

# Shared Access

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

The screenshot shows the RadMD.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 is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". Below this list is a "Login As Username:" field with an input box and a "Login" button. The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below this is a "News and Updates" section. At the bottom of the page, there is a "Request Status" section with links for "Search for Request" and "View All My Requests". To the right of this is a "Tracking Number:" field with an input box, a "Search" button, and a link for "Forgot Tracking Number?".

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

# When to Contact NIA

**Initiating or checking the status of an authorization request**

- Website, <https://www.RadMD.com>
- Toll-free numbers:
  - 1-800-424-4794 – Ambetter
  - 1-800-308- 2615 - Medicaid
  - 1-800-424-4825 – Wellcare By Allwell
  - 1- 800-424-5388 - Wellcare
- Interactive Voice Response (IVR) System

**Initiating a Peer-to-Peer Consultation**

- Call:
  - 1-800-424-4794 – Ambetter
  - 1-800-308- 2615 - Medicaid
  - 1-800-424-4825 – Wellcare By Allwell
  - 1-800-424-5388 - Wellcare

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

**Provider Education requests or questions specific to NIA**

- Debbie Patterson  
Provider Relations Manager  
1-314-387-4799  
[DPatterson@evolent.com](mailto:DPatterson@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 Health Plan 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 Health Plan and Evolent Health, LLC.*



**Thanks!**