







Wellcare (Georgia) Musculoskeletal (MSK) Management Program

Provider Training Presented by:
Debbie Patterson, Provider Relations Manager

December 2023

Evolut (formerly National Imaging Associates, Inc.) Program Agenda

Our MSK Program

-  Authorization Process
 - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

Evolent Specialty Solutions

National Footprint / Experience



National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **88 health plans/markets** – partnering with Evolent for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an Evolent Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Commercial/Medicaid/Medicare Expertise/Insights

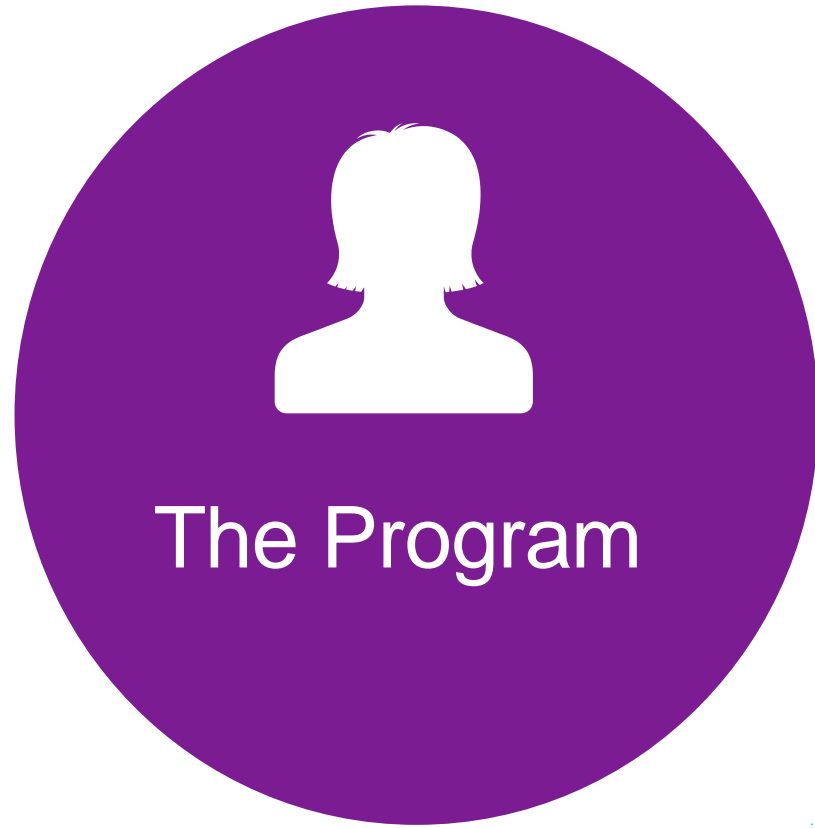
- ✓ **42 Commercial and 56 Medicaid plans/markets** with Evolent Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 20.51M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified

Evolut's MSK Prior Authorization Program



- Wellcare will begin a prior authorization program through Evolut for the management of MSK Services.



- Program start date: January 1, 2024
- Begin obtaining authorizations from Evolut on January 1, 2024, via RadMD or Call Center for services rendered on or after January 1, 2024



Procedures:

- Outpatient, interventional spine pain management services (IPM) specific to spinal cord stimulators
- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries

Settings:

- Surgery Center
- In Office Provider
- Hospital



- Medicare



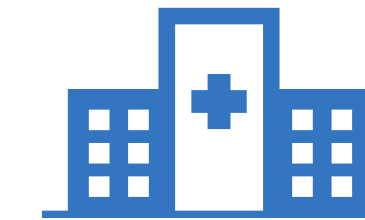
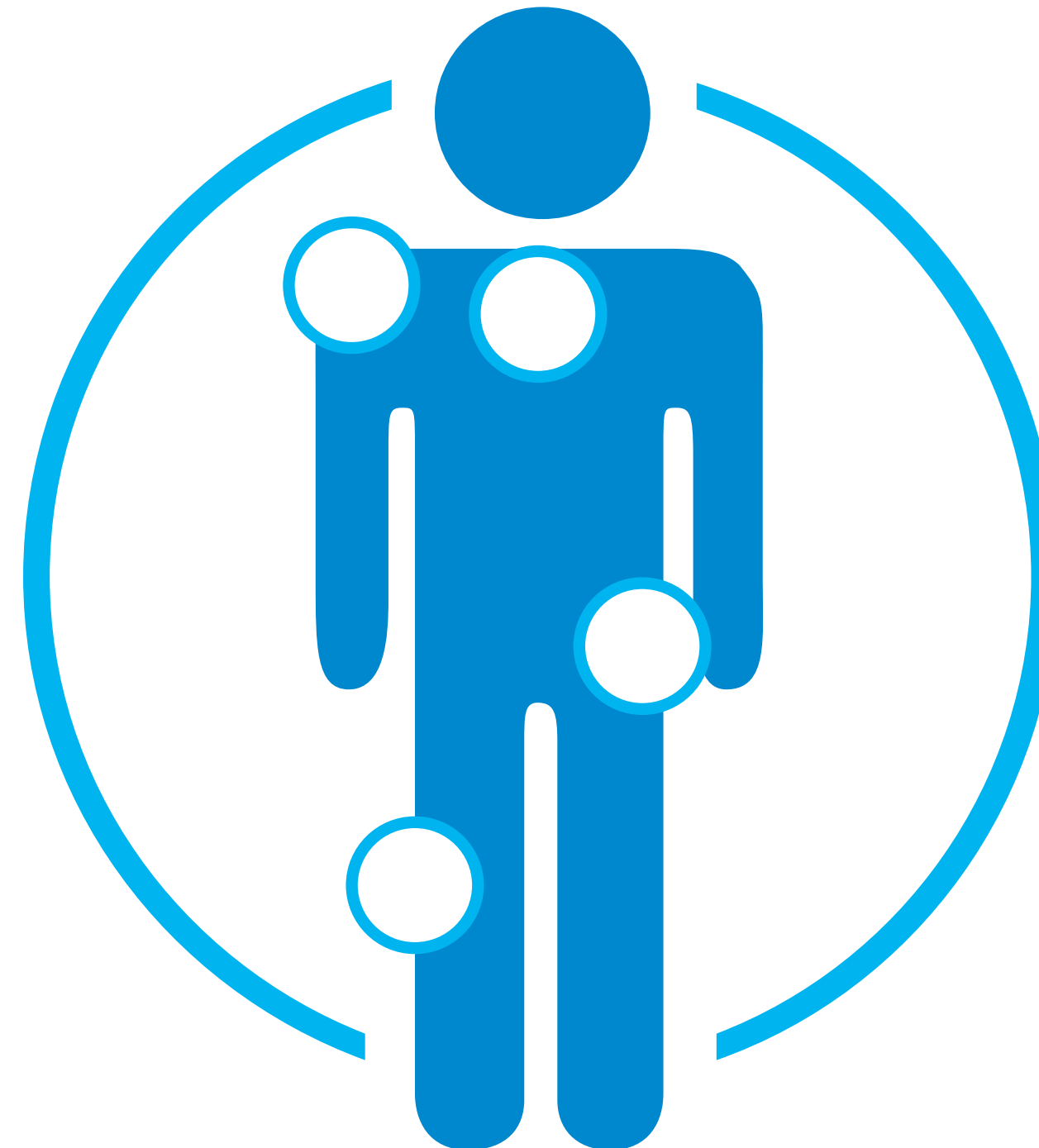
- Evolut will manage non-emergent select services for Wellcare Medicare Lines of Business (LOB) effective January 1, 2024, through the Wellcare's contractual relationships.

Evolut'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 (RF) Neurolysis)
- Sacroiliac joint injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulators (Effective January 1, 2024)



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

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

- Evolent will use the Wellcare network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Wellcare members throughout Georgia.

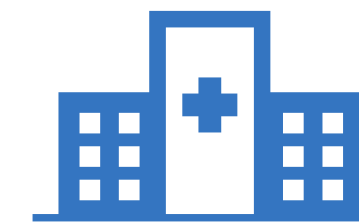
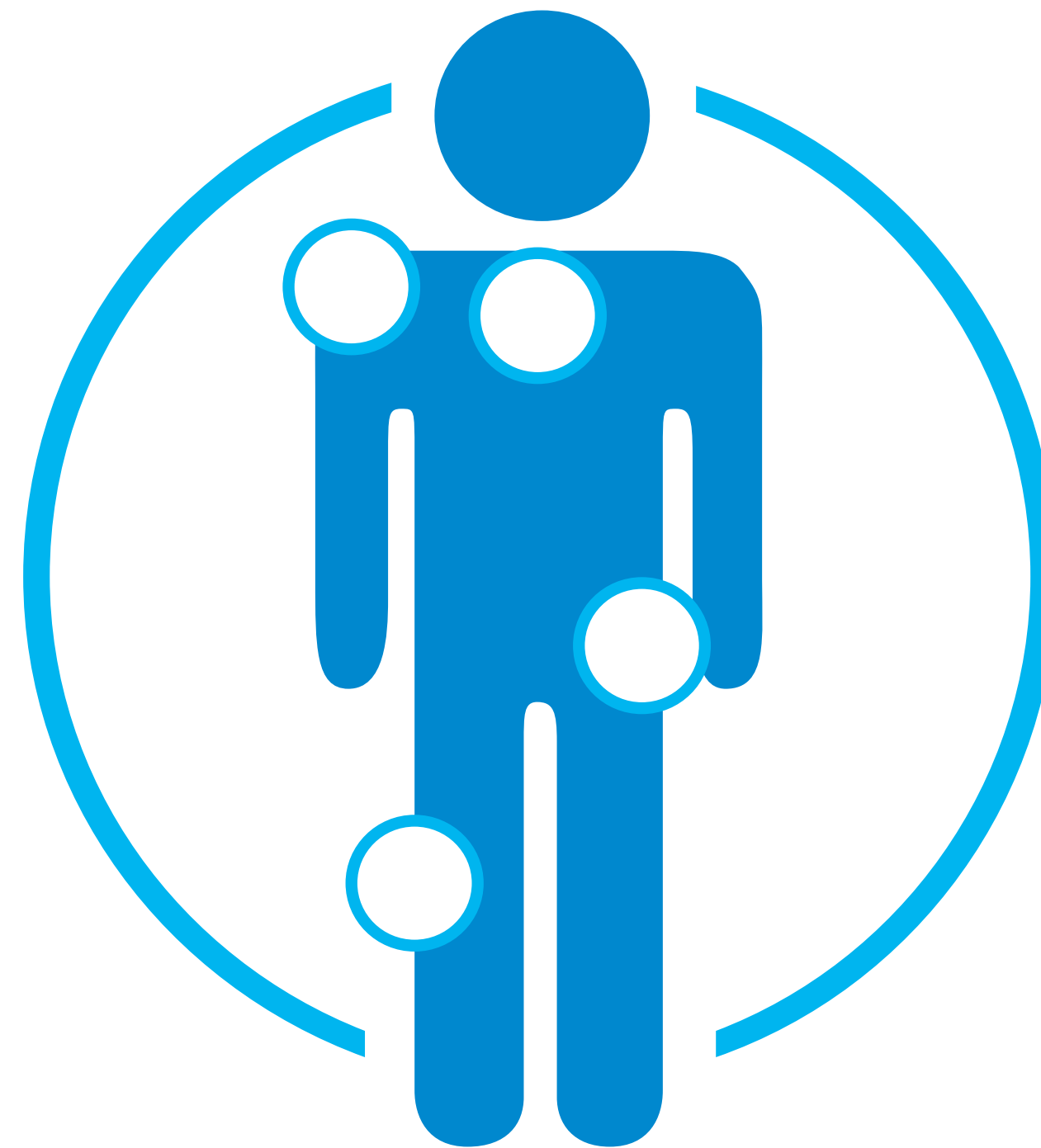
Evolut's Lumbar and Cervical Spine Surgery



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

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



Excluded from the Program Surgeries Performed in the following Settings:

- Emergency Surgery –
admitted via the
Emergency Room

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require Evolent/Wellcare prior authorization. Evolent will monitor the use of these CPT codes, but prior authorization is not currently required.

Evolut'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 Program

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

- Emergency Surgery – admitted via the Emergency Room

List of CPT Procedure Codes Requiring Prior Authorization (IPM)



Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.



CPT Codes and their Allowable Billable Groupings.



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



Defer to Wellcare's Policies for Procedures not on Claims/Utilization Review Matrix.



National Imaging Associates, Inc. (NIA)*
Peach State Health Plan
2024 Utilization Review Matrix
Interventional Pain Management (IPM)

PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p><i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p>			<p><i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484	
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T	
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T	

List of CPT Procedure Codes Requiring Prior Authorization (Spine Surgery)



National Imaging Associates, Inc. (NIA)*
Wellcare Georgia
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>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.</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>*Please note: This is not an all-inclusive list of every possible ancillary code</p>
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939

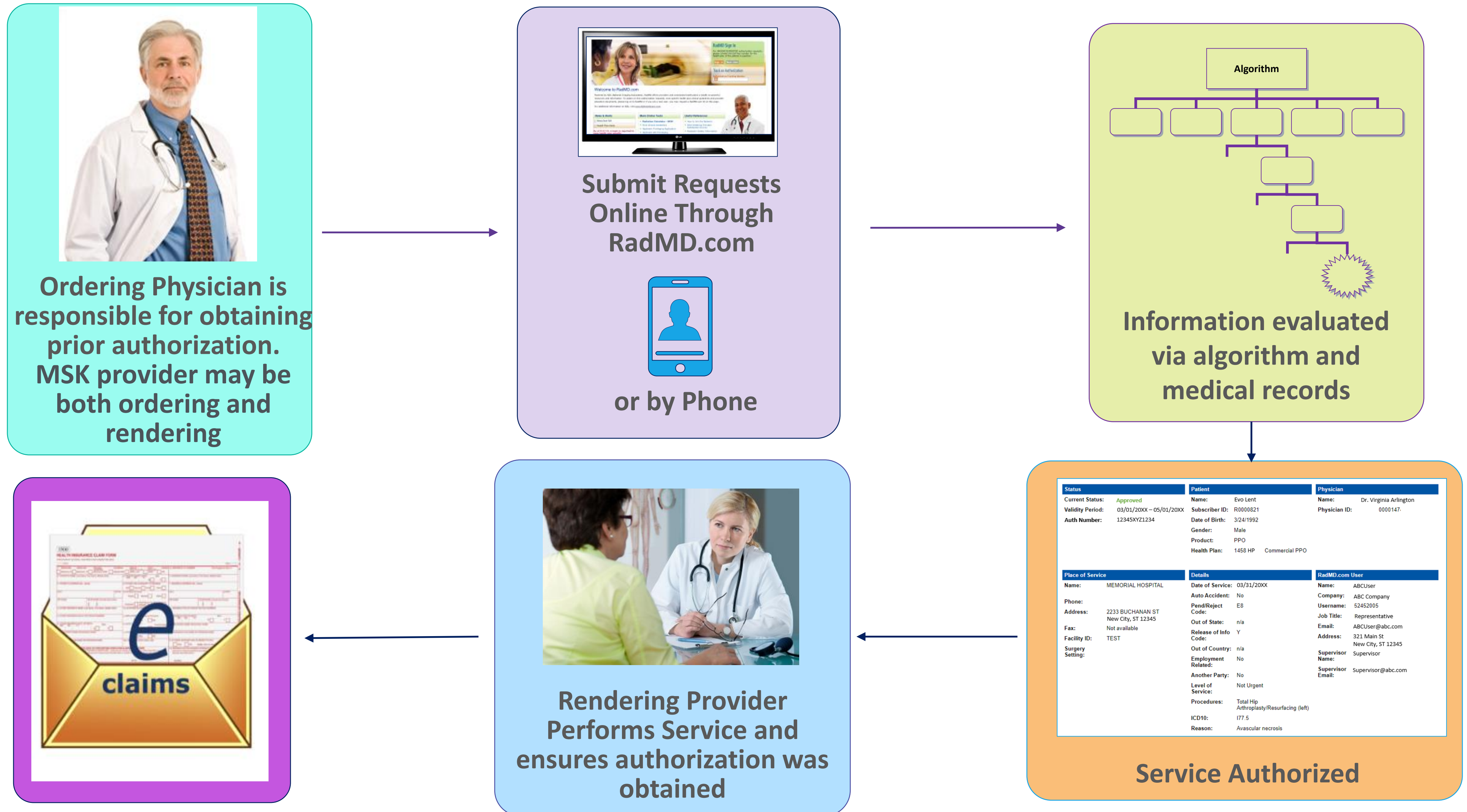
List of CPT Procedure Codes Requiring Prior Authorization (Joint)



**National Imaging Associates, Inc. (NIA)*
Ambetter from Peach State Health Plan
2024 Utilization Review Matrix
Joint Surgery**

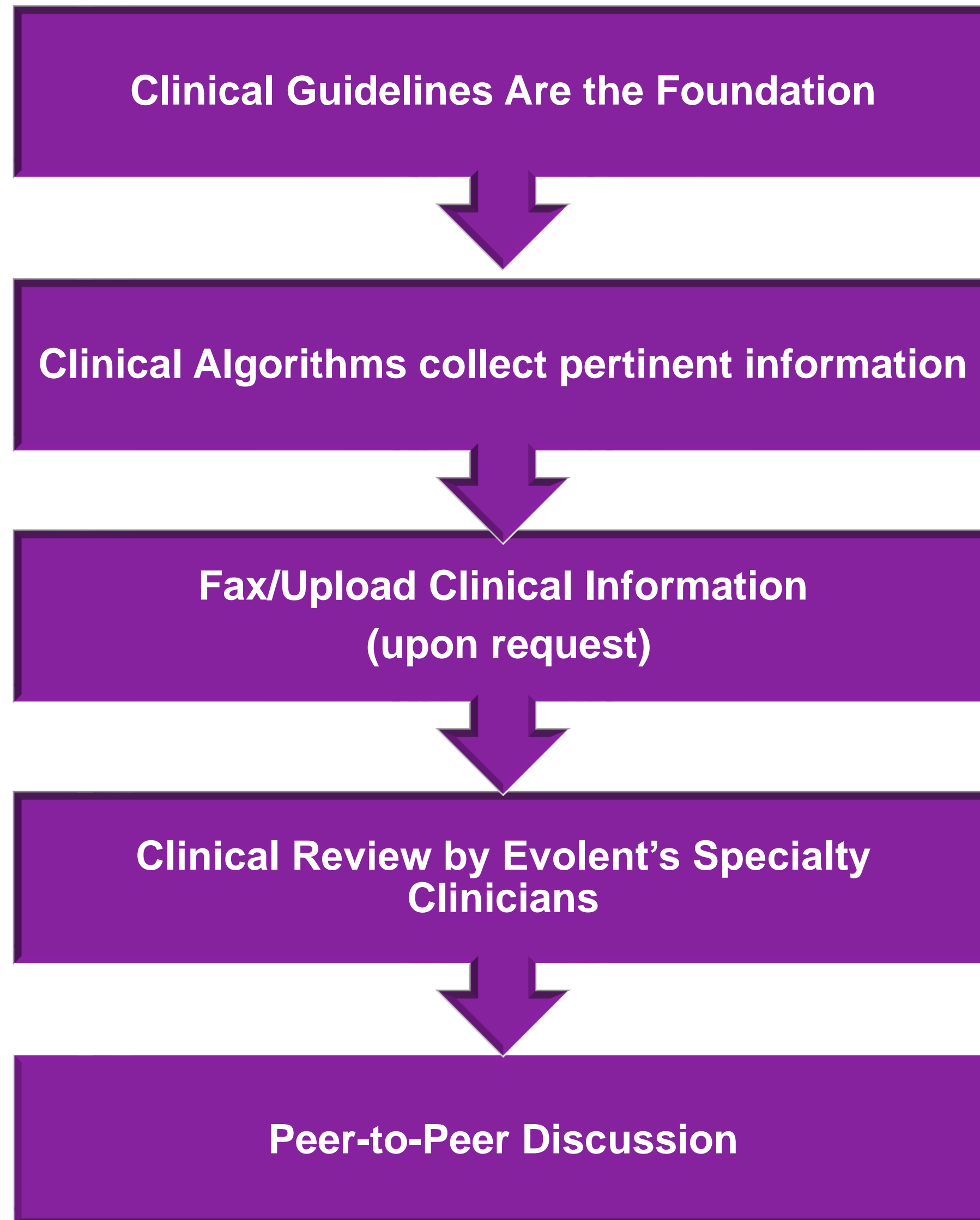
HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	27130	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863
Hip Surgery – Other	29863	29860, 29861, 29862, 29863	

Prior Authorization Process Overview



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

Evolut'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 Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolut 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; Evolent does not pre-approve a series of epidural injections.
- Bi-lateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bi-lateral 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).

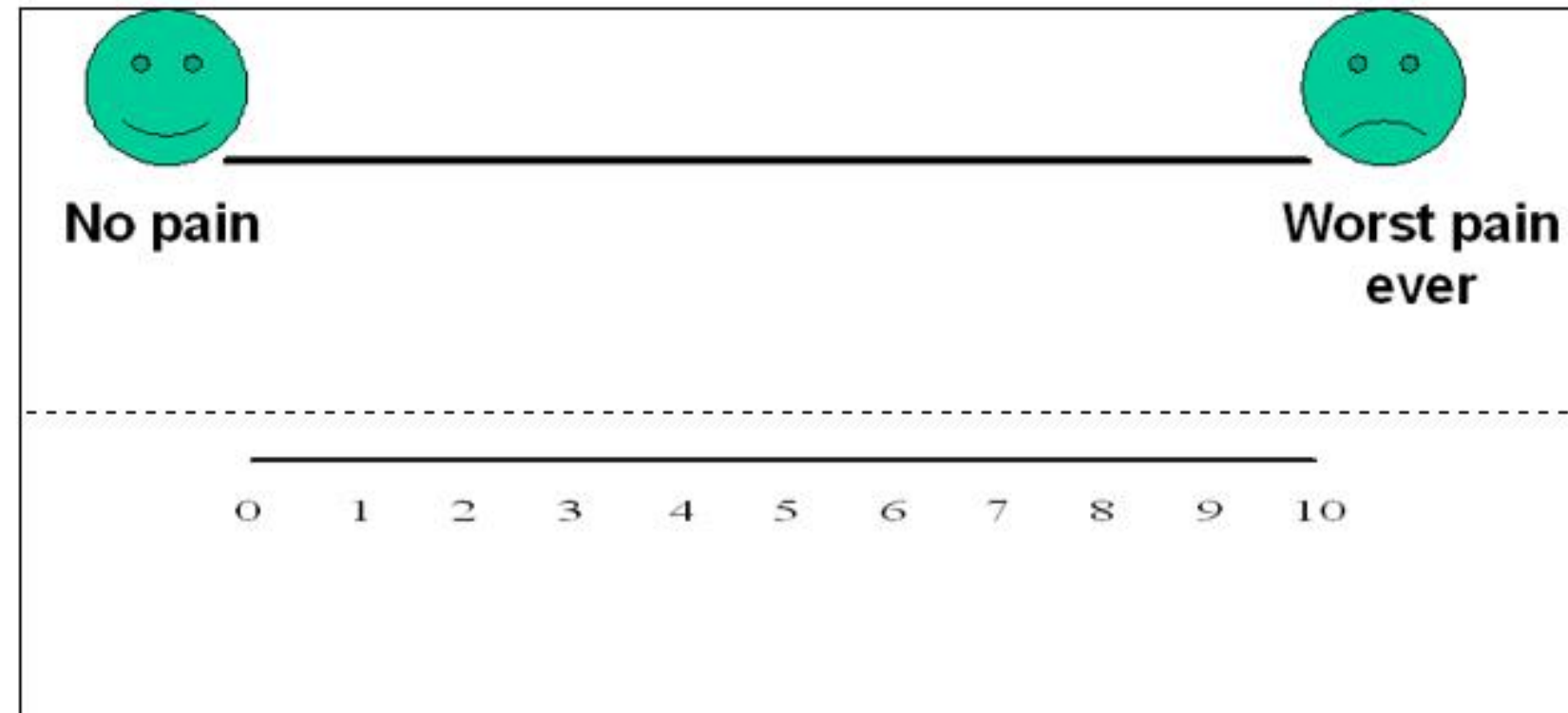


Follow Up To Prior Pain Management Procedures

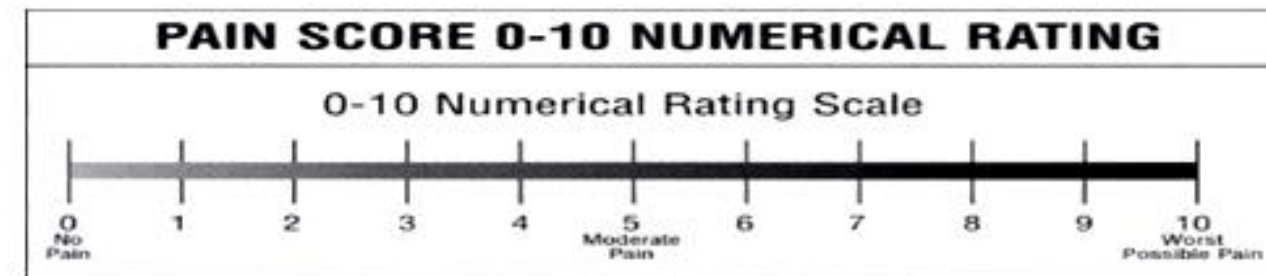
- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone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

- Most surgeries will require only one authorization request. Evolent 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 or shoulder surgeries require authorization for both the left **and** right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- Inpatient admissions will continue to be subject to concurrent review by Wellcare.
- Date of Service is required.
- Wellcare prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Evolent's medical necessity criteria. Once an authorization has been obtained for the procedure/surgery, Wellcare will reach out to the rendering provider to authorize the facility in which the procedure will be performed.

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)

Evolut to Physician: Request for Clinical Information

CC_TRACKING_NUMBER FAXC

NIA

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE:	TRACKING NUMBER:	CC TRACKING NUMBER:
RE: Authorization Request	MEMBER ID:	MEMBER ID:	
PATIENT NAME:	MEMBER NAME:		
HEALTH PLAN:	CAR NAME:		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call _____

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____



A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to <https://www.RadMD.com>
 - Fax using that Evolent coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call 1-800-424-5388
- Use the case specific fax coversheets when faxing clinical information to Evolent

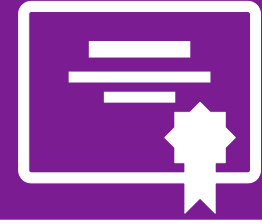
Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan	UPIN:	
	HMO	Specialty:	
Spoken Language:	ENGLISH		
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 Evolent for Prior Authorization

✓ RadMD ✓ Telephone



Evolent Initial Clinical Specialty Team Review

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

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



✓
*Key Evolent
Differentiators*

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

- Additional clinical information required

Evolent Specialty Physician Reviewers

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

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

- Evolent 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

Evolut Urgent/Expedited MSK Authorization Process

Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolut immediately.
- The Evolut 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 Evolut call center at 1-800-424-5388
- 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**
 - 60 days from date of request
 - Surgical**
 - Inpatient – 60 days from date of request
 - Outpatient- SDC/Ambulatory – 60 days from date of request
- The date of service/request 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 Evolent 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 can be initiated once the adverse determination has been made.
- Timeframe for reconsideration/re-review is 5 business days from the date of denial and prior to submitting a formal appeal.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.
- Medicare re-opens are not available.

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

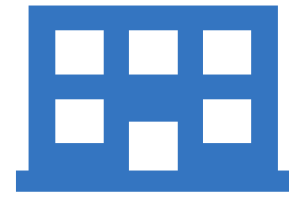


No series of epidural injections



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. Evolent will monitor the use of these CPT codes.

MSK Surgery Points – Hip, Knee and Shoulder Surgery



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



Surgeries addressing the following are not included in the 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 Wellcare.



Wellcare prior authorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met Evolent's medical necessity criteria. Once an authorization has been obtained for the procedure/surgery, Wellcare will reach out to the rendering provider to authorize the facility in which the procedure will be performed.



Authorizations are valid for 60 days from the date of request. Evolent must be notified of any changes to the date of service.

Provider Tools



RadMD Website RadMD.com

Available

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



Toll-Free Number
1-800-424-5388

Available

Monday - Friday
7:00 AM – 7:00 PM EST



- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

-
- Interactive Voice Response (IVR) System for authorization tracking

Evolent's Website

<https://www.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 <https://www.RadMD.com>:

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

The image shows a screenshot of the RadMD website interface. The top section is titled "RadMD Sign In" and includes the text "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section is titled "Track an Authorization" and features a text input field labeled "Authorization Tracking Number" followed by a "Go" button (orange). The interface has a light green and orange color scheme.

Registering on RadMD.com To Initiate Authorizations

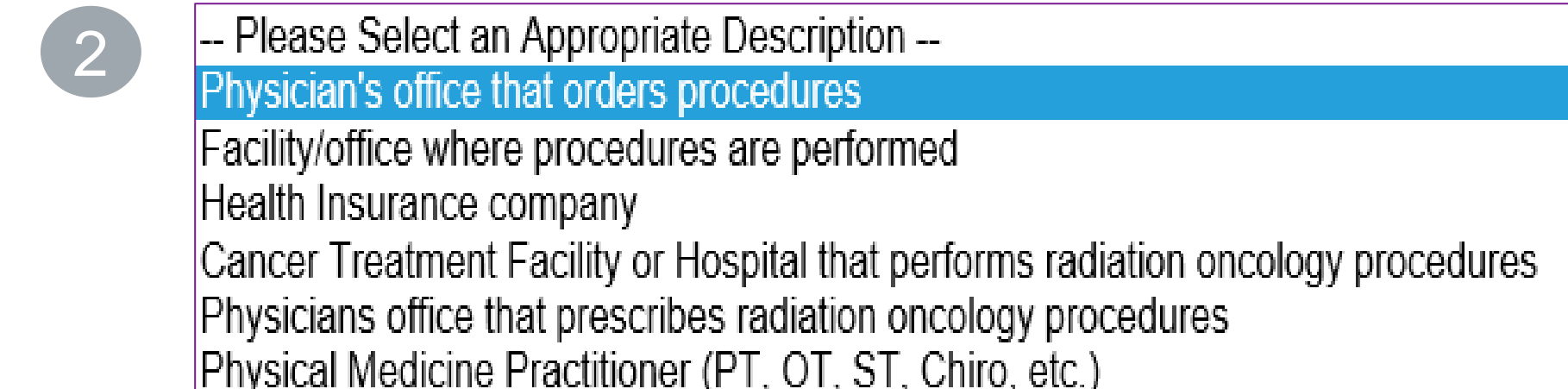
Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

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 Evolent-approved username and password.

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

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



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

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 Evolent-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.

1



2

-- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
Facility/office/lab where procedures are performed What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>	Affiliated Facilities	
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>	Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
City: <input type="text"/>	State: [State] <input type="text"/>	Your Tax IDs: [none]	
Zip: <input type="text"/>			

RadMD Enhancements

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

The screenshot displays the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal green line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two search boxes. The first is labeled "Login As Username:" with an input field and a "Login" button. The second is labeled "Tracking Number:" with an input field, a "Search" button, and a link "Forgot Tracking Number?" below it. A horizontal green line is positioned above the search boxes.

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

When to Contact Evolent

Providers:

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website, https://www.RadMD.com■ Toll-free number 1-800-424-5388■ Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call: 1-800-424-5388
<p>Provider Service Line</p>	<ul style="list-style-type: none">■ RadMDSupport@magellanhealth.com■ Call 1-800-327-0641
<p>Provider Education requests or questions specific to Evolent</p>	<ul style="list-style-type: none">■ Debbie Patterson Provider Relations Manager 1-314-387-4799 DPatterson@evolent.com

RadMD Demonstration

Confidentiality Statement

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Thanks!