



WellCare of North Carolina (WellCare) Medicaid, WellCare of North Carolina by Celtic Insurance Company (WellCare) Exchange, and Wellcare Medicare Musculoskeletal (MSK) Management Program

Provider Webinar Training Presented by:
Priscilla Singleton, Provider Relations Manager



Evolut Program Agenda

Our MSK Program



Authorization Process

- Other Program Components

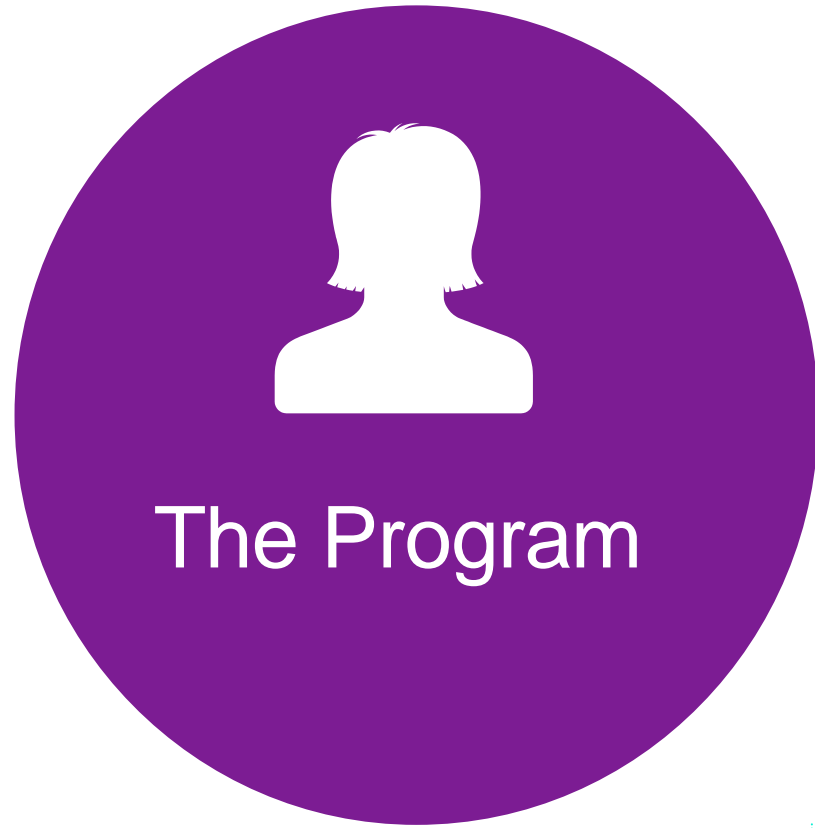


Provider Tools and Contact Information



Questions and Answers

MSK Prior Authorization Program



The Program

- WellCare (Medicaid), WellCare (Exchange), and Wellcare (Medicare) has expanded their prior authorization program through Evolent (formerly National Imaging Associates, Inc.) for the management of MSK Services.



Important Dates

- Program start date: April 1, 2024
- Begin obtaining authorizations from Evolent on April 1, 2024 for services rendered on or after April 1, 2024
- WellCare/Wellcare and Evolent will honor authorizations approved prior to and extending beyond April 1, 2024.



Procedures & Settings Included

- Outpatient, interventional spine pain management (IPM) services
 - Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
-
- Surgery Center
 - In Office
 - Hospital



Membership Included

- Exchange
- Medicaid
- Medicare



Network

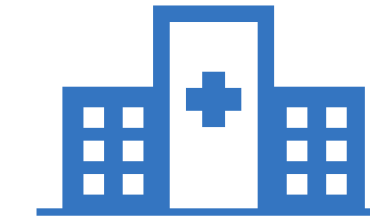
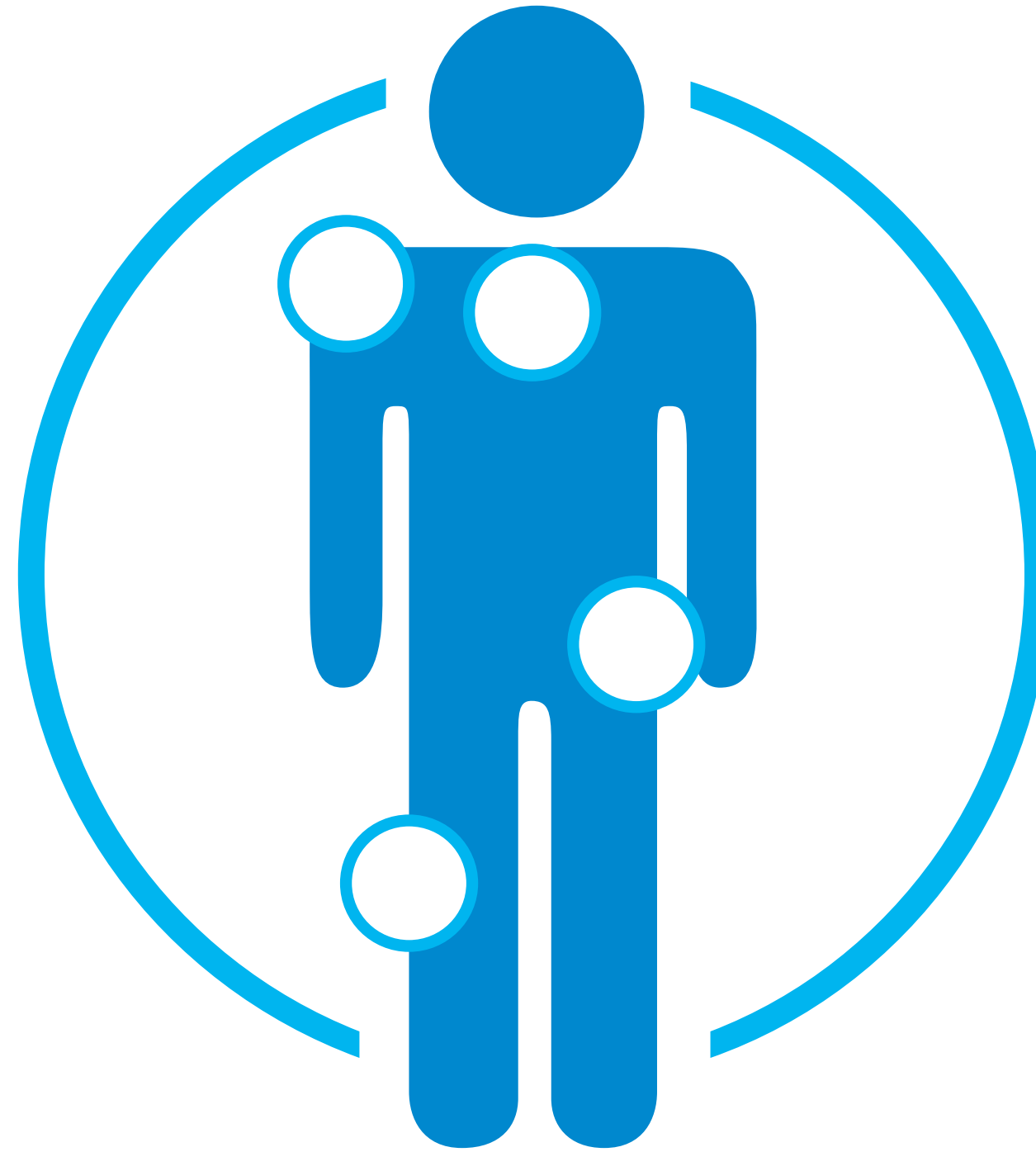
- Evolent will manage services through WellCare/Wellcare's contractual relationships.

Interventional Pain Management (IPM)



IPM Procedures Performed Outpatient or In-Office

- Epidural Injections
- Facet Joint Injections or Blocks
- Facet Neurolysis
- Sacroiliac Joint Injections
- Spinal Cord Stimulators – ***Effective - 4.1.2024***
- Sympathetic Nerve Blocks



IPM Procedures Performed in these Settings are Excluded:

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

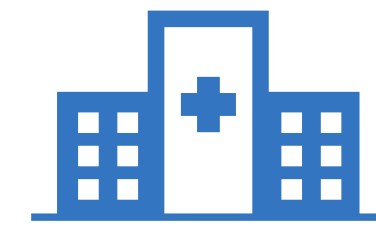
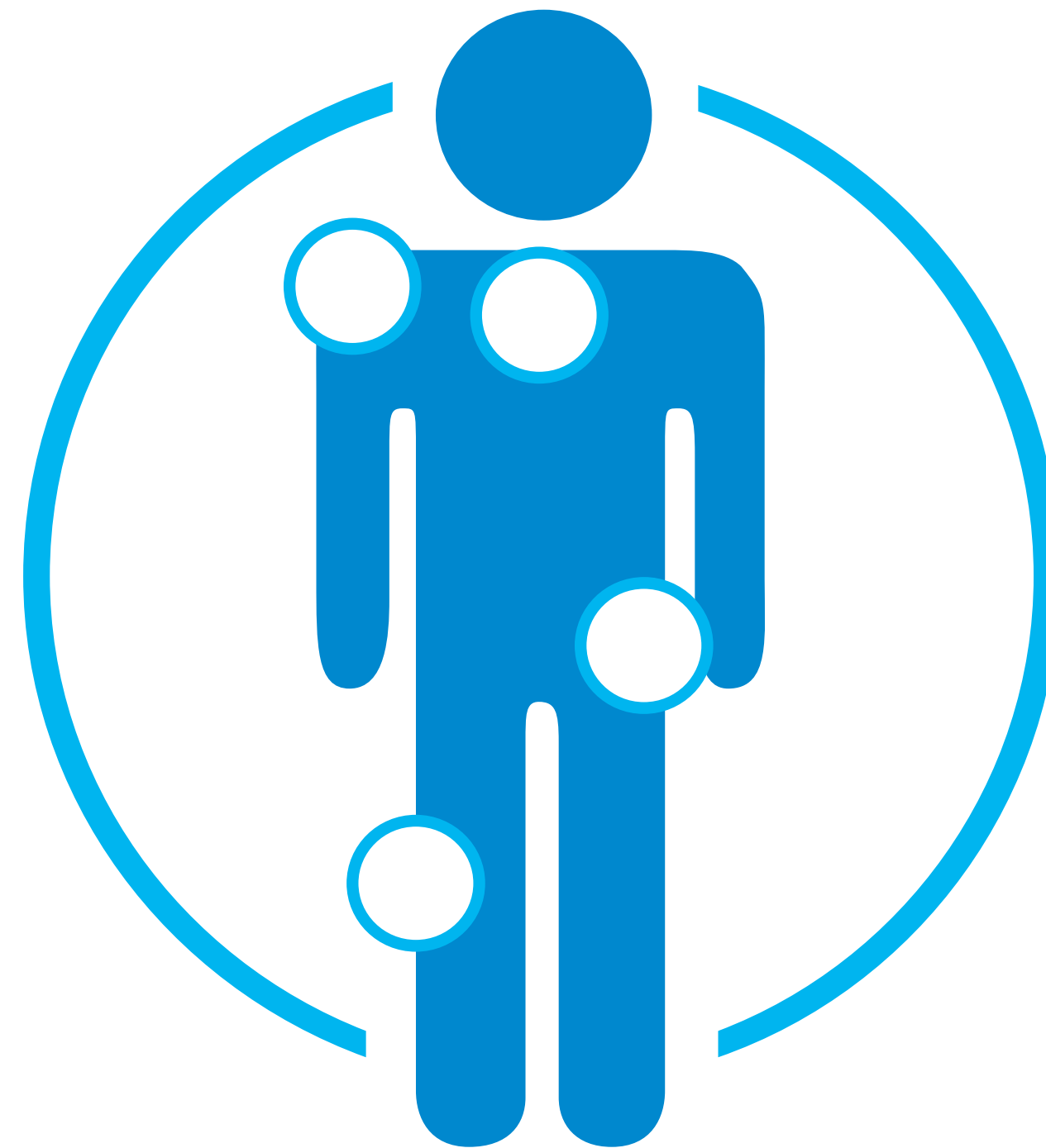
▪ Evolent will use the WellCare/Wellcare network of Pain Management Physicians, Hospitals and In-Office Providers as it's preferred providers for delivering Outpatient IPM Services to Wellcare – Medicaid – Exchange members throughout North Carolina.

Lumbar and Cervical Spine Surgery

Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy and Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single and Multiple Levels
- Cervical Anterior Decompression with Fusion –Single and Multiple Levels
- Cervical Posterior Decompression with Fusion –Single and Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement – Single and Two Levels
- Cervical Anterior Decompression (without fusion)
- Lumbar Artificial Disc – Single and Two Levels
- Sacroiliac Joint Fusion

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



Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Department

Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent 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 Department

CPT Codes Requiring Prior Authorization (IPM)



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



Includes CPT Codes and their Allowable Billable Groupings.



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



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

**Spinal Cord Stimulators
New Service *03.01.24***



WellCare of North Carolina (WellCare) Medicaid,
WellCare of North Carolina by Celtic Insurance Company (WellCare)
Exchange, and Wellcare Medicare
Management Utilization Review Matrix 2024
Outpatient Interventional Pain Management (IPM)

The matrix below contains the CPT 4 codes for which Evolent (formerly National Imaging Associates, Inc.) authorizes on behalf of WellCare Medicaid, Exchange and Wellcare Medicare.

Evolent issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any one of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

*Please note: IPM services rendered in Emergency Department, Observation Room, Intraoperatively, or Hospital Inpatient setting are not managed by Evolent.

Procedure Name	Primary CPT Code	Allowable Billed Groupings
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
Cervical/Thoracic Facet Joint Radiofrequency Neurolysis	64633	64633, +64634
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	64635	64635, +64636
Spinal Cord Stimulator Trial	63650	63650, 63655
Sacroiliac Joint Injection	27096	27096, G0260
Spinal Cord Stimulator	63655	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688
Sympathetic Nerve Block	64510	64510, 64517, 64520, 64530

1— WellCare_Wellcare North Carolina - Interventional Pain Management (IPM) Matrix - Eff 4.1.2024

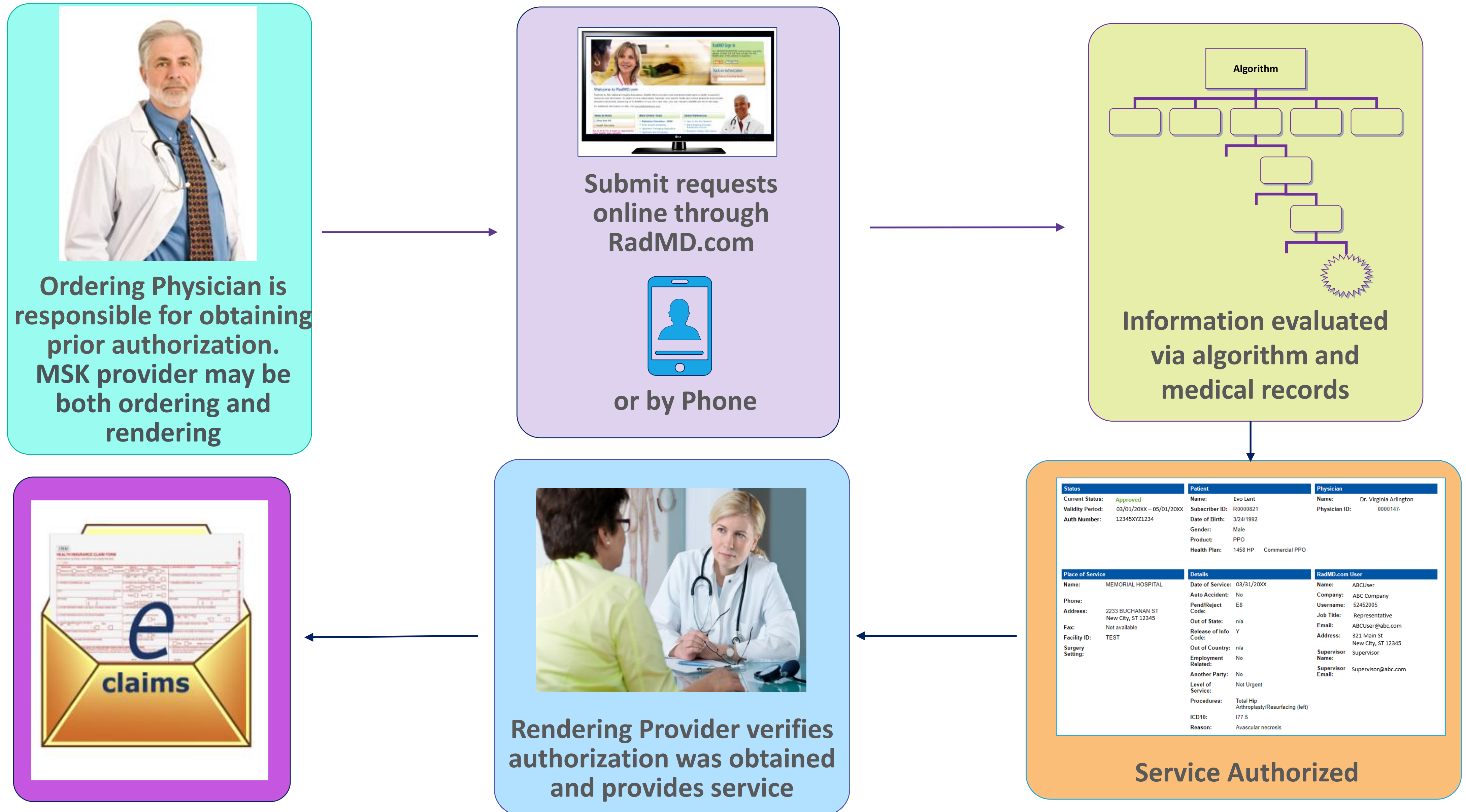
CPT Codes Requiring Prior Authorization (HKS /Joint)

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

CPT Codes Requiring Prior Authorization (Spine)

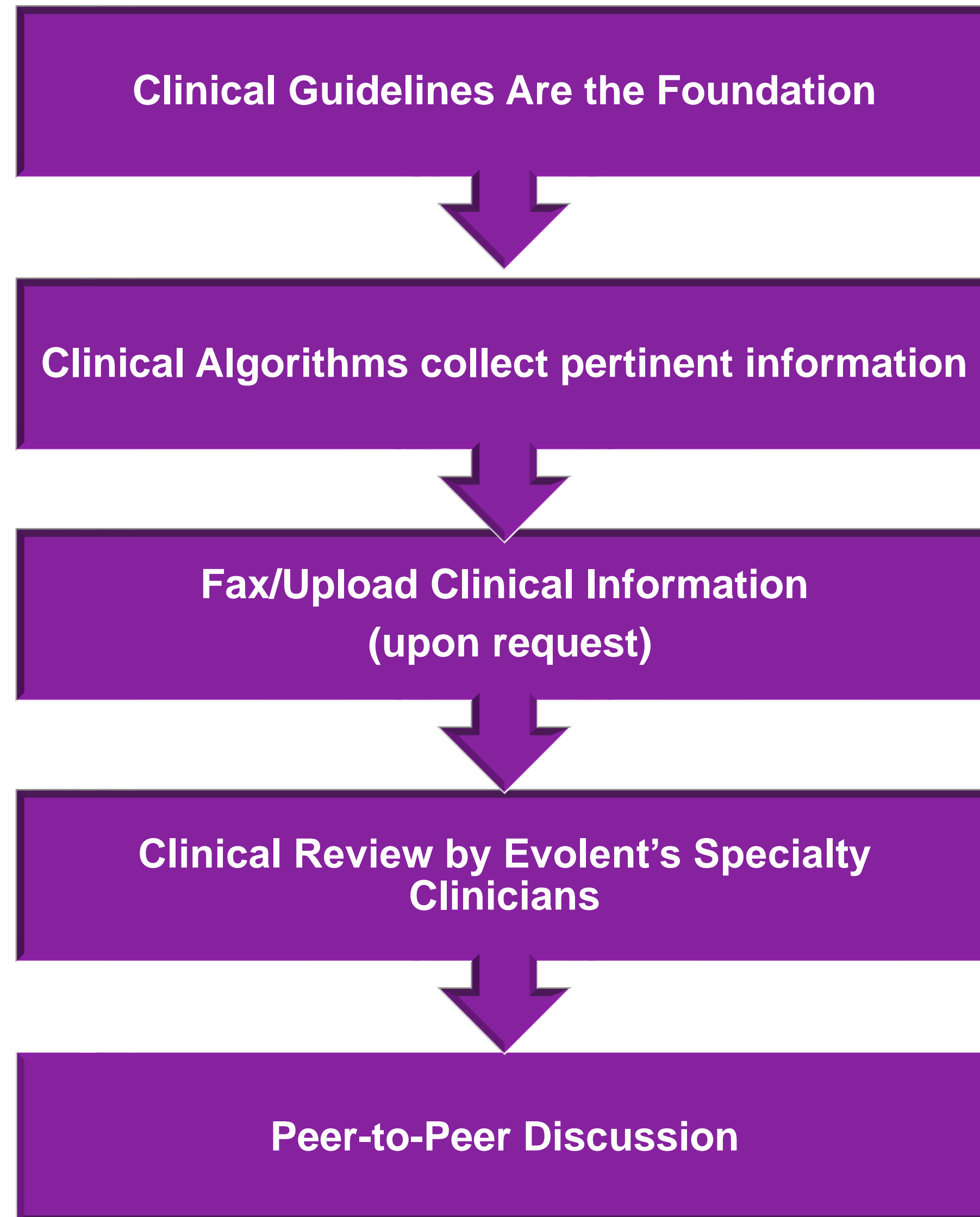
LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are 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><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Lumbar Fusion - Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p>	<p>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>
Lumbar Fusion - Multiple Levels	22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	<p>Microdiscectomy: 62380, 63030, +63035</p> <p>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057</p> <p>Single Level Fusion: 22533, 22558, 22612, 22630, 22633</p>	<p>Instrumentation: +22840, +22841, +22842, +22845, +22853</p> <p>Bone Grafts: +20930, +20931, +20936, +20937, +20938</p> <p>Bone Marrow Aspiration: 20939</p>

Prior Authorization Process Overview



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

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 Wellcare and Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**
****CMS.gov****
- 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.**

Authorization for IPM

Special Information

- Every IPM procedure performed requires a prior authorization; Evolent will not authorize 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 clinical guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with the 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

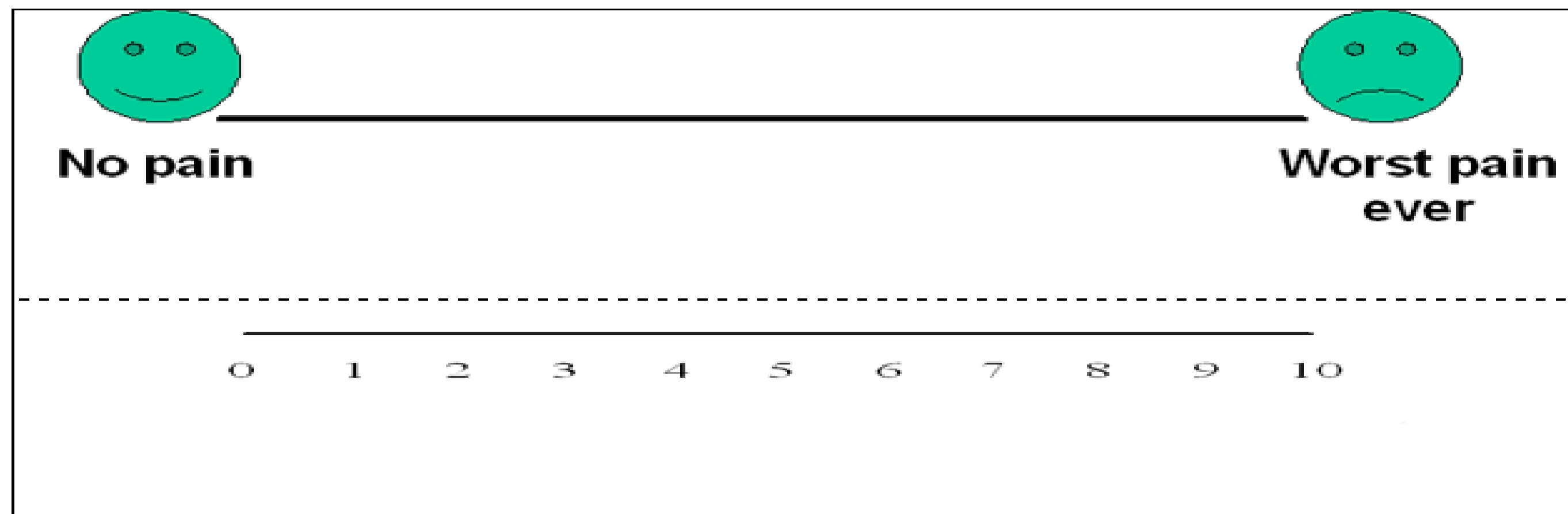
- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).



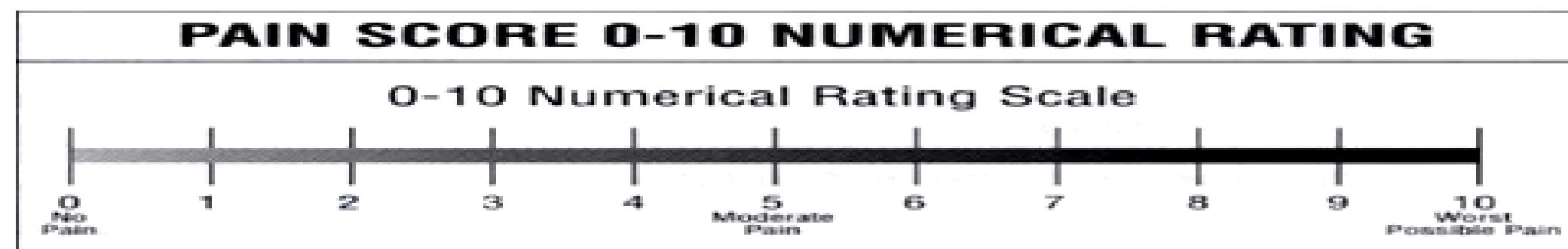
Follow Up To Prior Pain Management Procedures

- 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.

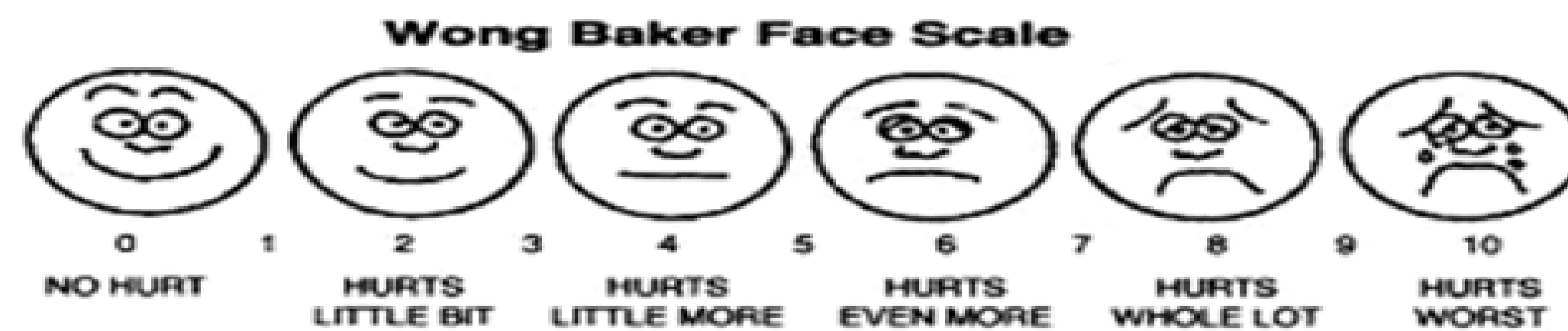
Visual Analogue Scale (VAS) and Faces Rating Scale (FRS)



Numerical rating scale (NRS)



Faces rating scale (FRS)








Authorization for Surgery

Special Information

- Most surgeries require only one authorization request. Evolent 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 Wellcare.
- Date of Service is required.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent 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)

Evolent 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 Evolent coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call:
 - 1-800-424-5388 - Medicare
 - 1-866-249-1583 - Medicaid
 - 1-800-642-7339 - Exchange
 - Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical Document

Print Fax Cover Sheet

Request Additional Visits

Cases in this Request

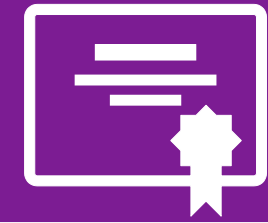
Member

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 IPM and MSK



IPM Review

Initial clinical review performed by specially trained IPM nurses

Clinical review team will contact provider for additional clinical information

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



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 Evolent for Prior Authorization



Evolent Initial Clinical Specialty Team Review

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

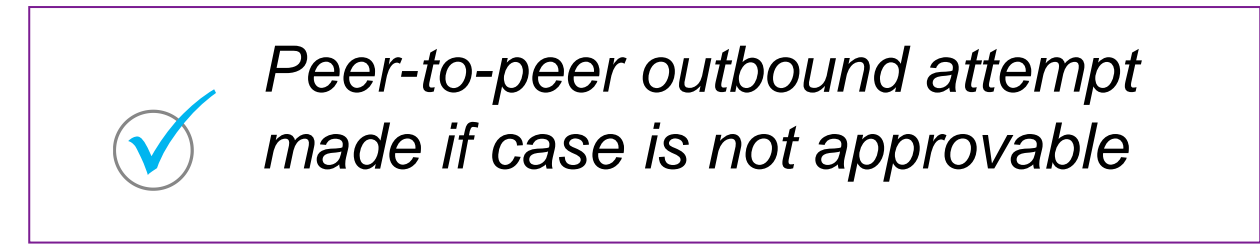


Request Evaluated Based on Information Entered

- Additional clinical information required

Evolent Specialty Physician Reviewers

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



- 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

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency department) during business hours, please call Evolent immediately.
- The Evolent 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 Evolent call center:
 - 1-800-424-5388 – Medicare
 - 1-866-249-1583 – Medicaid
 - 1-800-642-7339 – Exchange
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

Notification of Determination

Authorization Notification

- Authorizations are valid for:

IPM & Surgery – Medicaid/ Exchange

- 60 days from date of request
- Inpatient – 60 days from date of request
- Outpatient- SDC/Ambulatory – 60 days from date of request

IPM & Surgery – Wellcare (Medicare)

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

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- Re-review must occur within 10 business days from the date of denial and prior to submitting a formal appeal - **Medicaid**
- Reconsideration must occur within 5 business days from the date of denial and prior to submitting a formal appeal - **Exchange**
- Medicare re-opens are not available – **Wellcare**
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

IPM Points



Injections in all regions of spine are managed



Date of Service is required for all requests



Each IPM procedure must be prior authorized

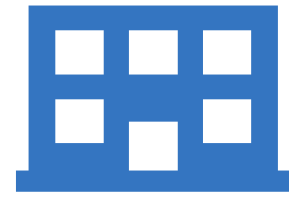


No series of epidural injections



Specialty Nurses and Physicians 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.



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent 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 Wellcare.



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

Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.



Authorizations are valid for 60 days (Exchange and Medicaid)- 90 days (Wellcare) 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 Numbers

Wellcare

Medicare 1-800-424-5388

Medicaid 1-866-249-1583

Exchange 1-800-642-7339



Available

Monday - Friday

8:00 AM – 8:00 PM EST



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

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

Evolent 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

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



RadMD New User Application Process - Ordering

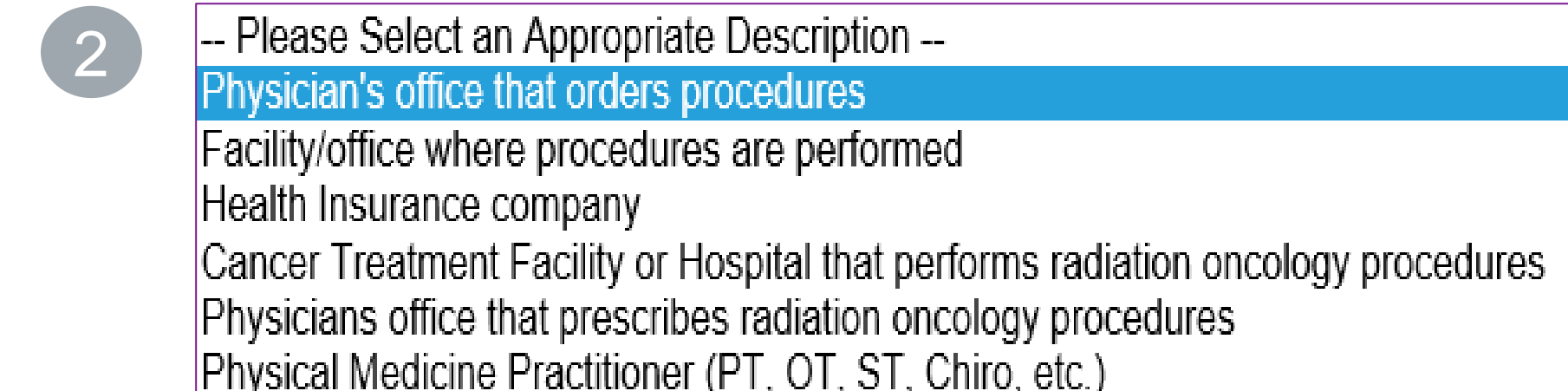
Users are required to have their own separate usernames and passwords due to HIPAA regulations.

STEPS:

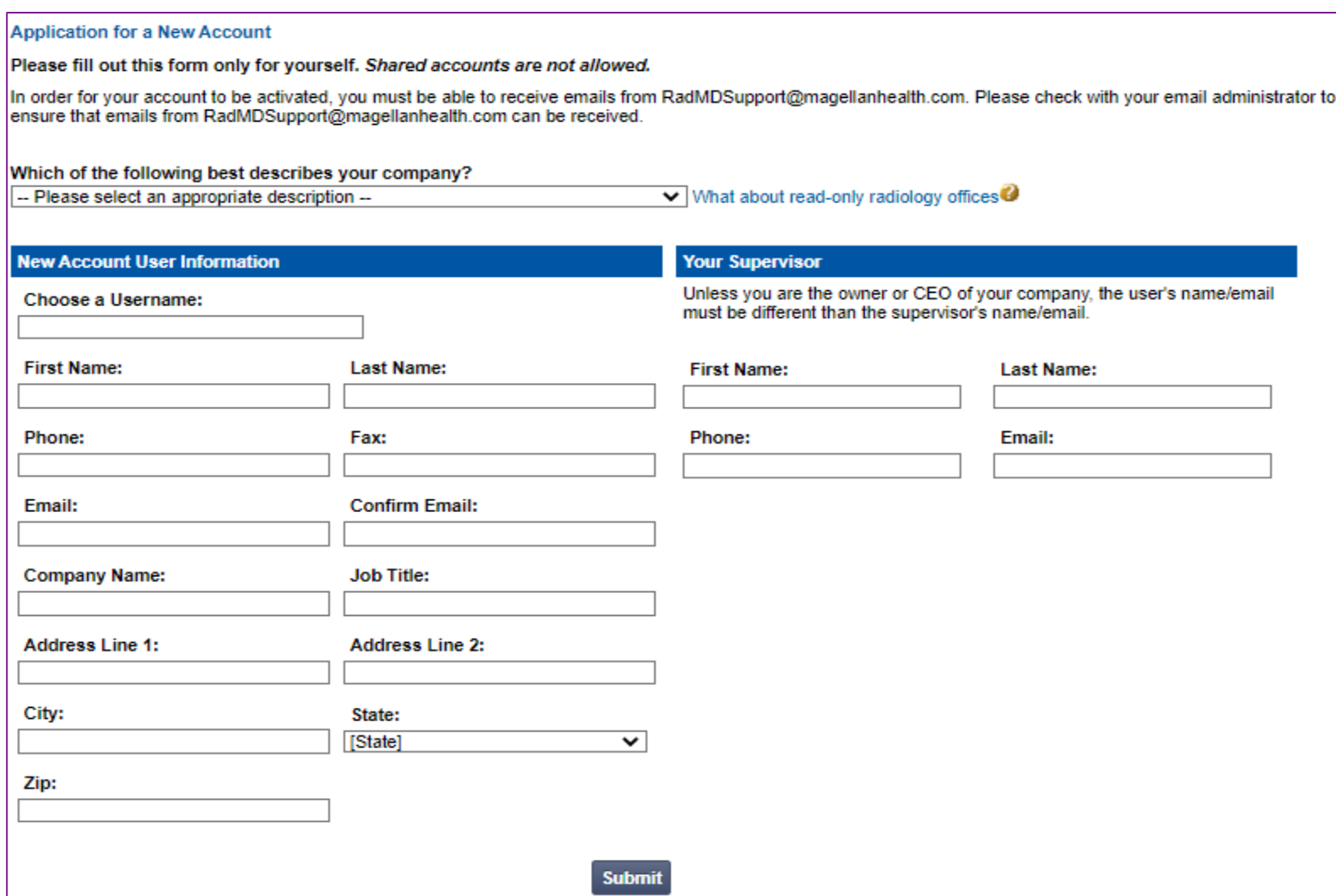
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions

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



The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for company description, a "What about read-only radiology offices?" link, and two columns of input fields: "New Account User Information" and "Your Supervisor". The "New Account User Information" fields include: Choose a Username, First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State (dropdown), and Zip. The "Your Supervisor" fields include: First Name, Last Name, Phone, and Email. A "Submit" button is at the bottom right.

RadMD New User Application Process - Rendering

IMPORTANT

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

STEPS:

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

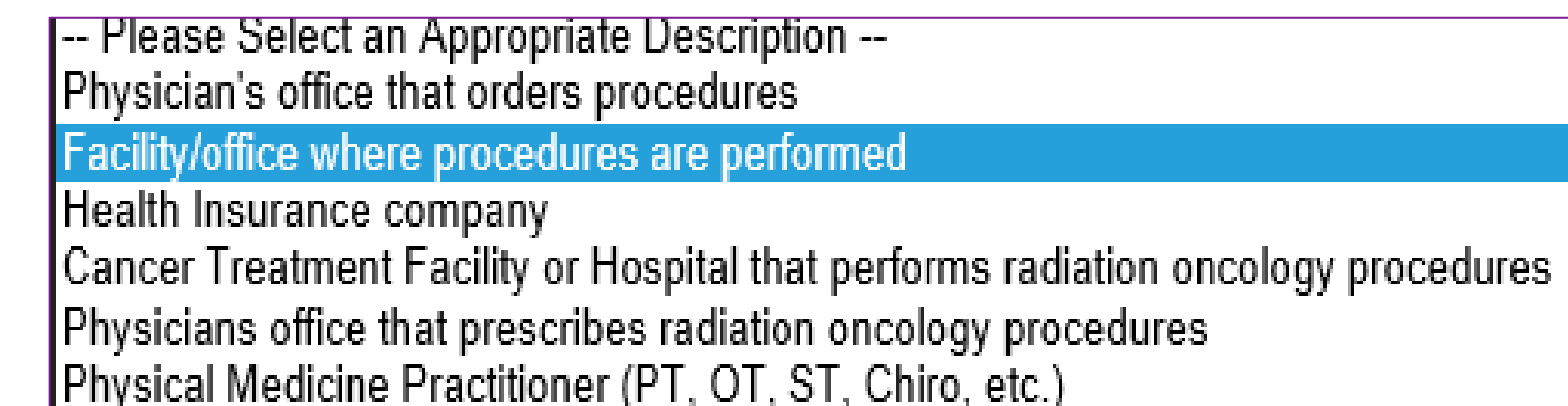
NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.

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

1



2



3

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 right.

Shared Access

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

The screenshot shows 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 has a "Request" section with links for "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Initiate a Subsequent Request", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column has a "Resources and Tools" section with links for "Shared Access", "Clinical Guidelines", and "Request access to Tax ID", and a "News and Updates" section. Below these sections are two search fields: "Login As Username:" with a text input and a "Login" button, and "Tracking Number:" with a text input, 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](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

When to Contact Evolent

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website, https://www.RadMD.com■ Interactive Voice Response (IVR) - Toll-free number: Wellcare (Medicare) 1-800-424-5388 WellCare (Medicaid) 1-866-249-1583 WellCare (Exchange) 1-800-642-7339
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call: Wellcare (Medicare) 1-800-424-5388 WellCare (Medicaid) 1-866-249-1583 WellCare (Exchange) 1-800-642-7339
<p>Provider Service Line</p>	<ul style="list-style-type: none">■ RadMDSupport@evolent.com■ Call 1-800-327-0641
<p>Provider Education requests or questions specific to Evolent</p>	<ul style="list-style-type: none">■ Priscilla Singleton Provider Relations Manager 314-387-5023 psingleton@evolent.com

A purple speech bubble with a white letter 'Q' in the center. The bubble has a tail pointing downwards and to the right.

Q

A blue speech bubble with a white letter 'A' in the center. The bubble has a tail pointing downwards and to the left.

A



Thanks!



Confidentiality Statement

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