

Meridian Musculoskeletal (MSK) Management Program **Provider Training**





Evolent Program Agenda



Associates, Inc.)

Our MSK Program

- Authorization Process
- Other Program Components



Provider Tools and Contact Information

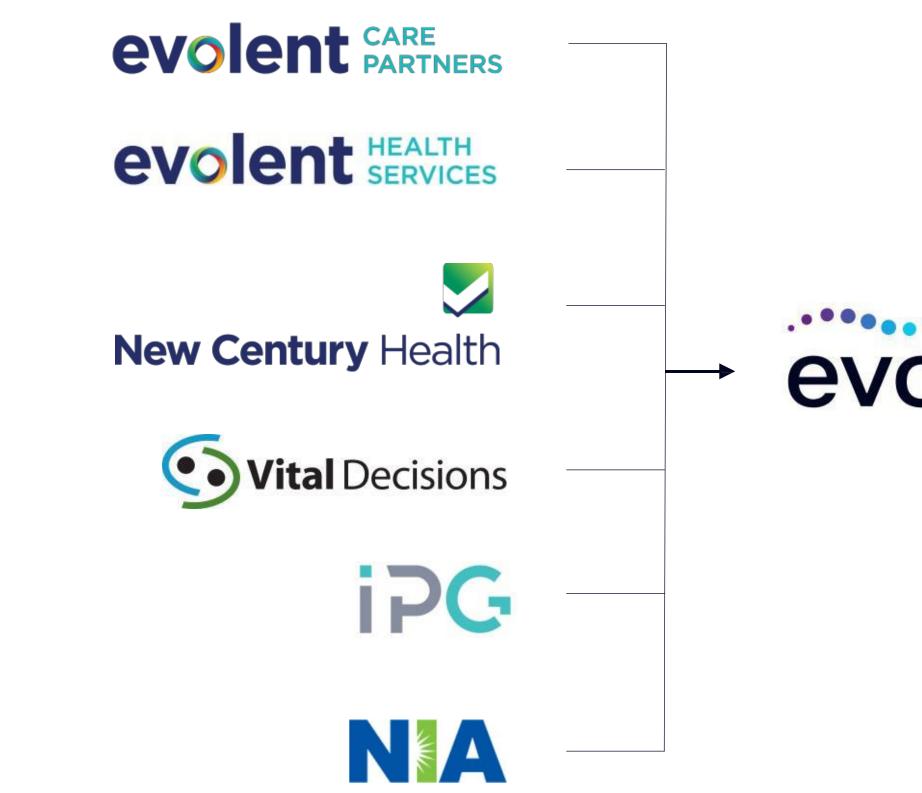
RadMD Demo

Questions and Answers

Introduction to Evolent (formerly National Imaging

National Imaging Associates, Inc. (NIA) is now Evolent

Connecting Our Brands is About Connecting Care



evolent

Our Motivation

Patients

- Better Treatment
- Better Health

Health Plans & Risk Providers

- Higher Quality
- Lower Costs

Providers

- Less Friction
- Appropriate Care

MSK Prior Authorization Program

The Program

Meridian, Ambetter from Meridian, Meridian Complete and Wellcare will begin a prior authorization program through Evolent for the management of **MSK Services.**

Important Dates

- Program start: April 1, 2024
- Begin obtaining authorizations from Evolent on April 1, 2024 for services rendered on or after April 1, 2024

- Outpatient, services*

- In Office
- Hospital

*Excluding Ambetter from Meridian Exchange

Procedures & Settings Included

interventional spine pain management (IPM)

Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries

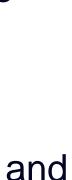
Surgery Center

Membership Included

- Medicaid
- Exchange Programs
- Medicare

Network

Evolent will manage services through Meridian, Ambetter from Meridian, Meridian Complete and Wellcare's contractual relationships.



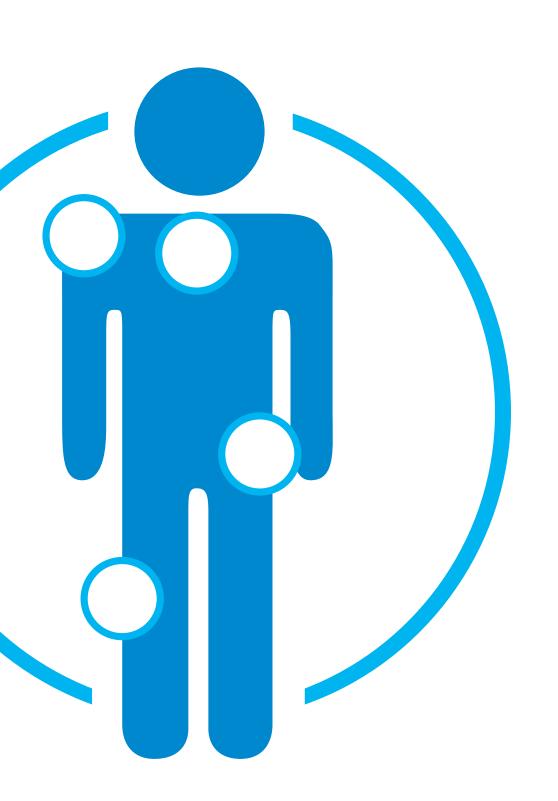
Interventional Pain Management (IPM)*



IPM Procedures Performed Outpatient or In-Office (EXCLUDES Ambetter from Meridian Exchange) Effective 07.01.2021

- 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

Meridian, Ambetter from Meridian, Meridian Complete and Wellcare network providers are the preferred providers for delivering MSK services to Meridian, Ambetter from Meridian, Meridian Complete and Wellcare members.





IPM Procedures Performed in these Settings are Excluded:

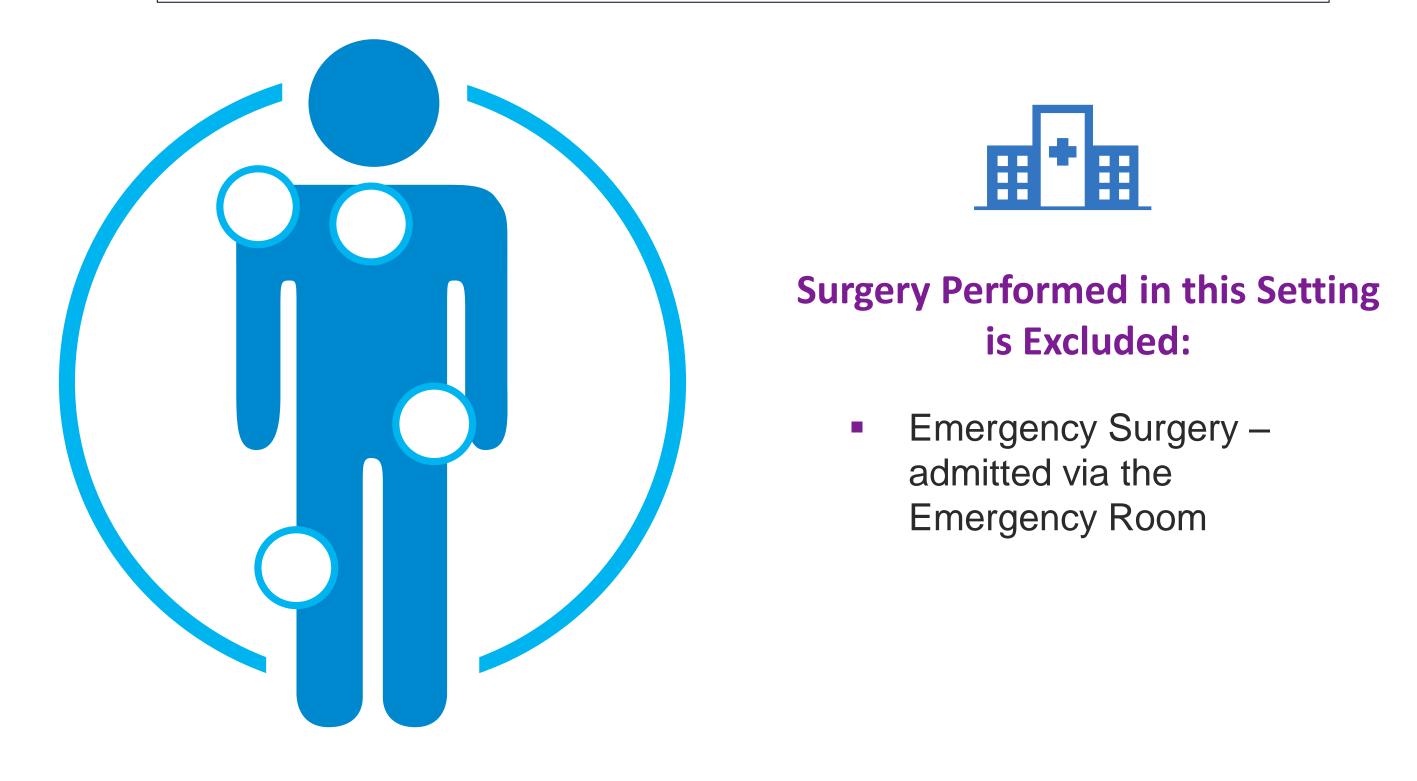
- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility



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



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

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

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 extraarticular 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, claviculectomy, diagnostic shoulder arthroscopy)



Surgery Performed in this Setting is Excluded:

 Emergency Surgery – admitted via the Emergency Room

CPT Codes Requiring Prior Authorization







Located on <u>RadMD.com</u>.



Defer to the health plan for procedures not on Claims/Utilization Review Matrix.

Procedure Name Authorization is provision is provision at a combination, do not not not not not not not not not no	ambette	
Authorization is provi with each procedure. combination, do not r Lumbar Microdiscectomy Lumbar Decompression Lumbar Fusion - Single Level		
with each procedure. combination, do not r Lumbar Microdiscectomy Lumbar Decompression Lumbar Fusion - Single Level Lumbar Fusion -	Procedure Name	F
Microdiscectomy Lumbar Decompression Lumbar Fusion - Single Level	with each procedure	Э.
Decompression Lumbar Fusion - Single Level Lumbar Fusion -		
Single Level		
		2



Ambetter from Meridian Utilization Review Matrix 2024 Spine Surgery

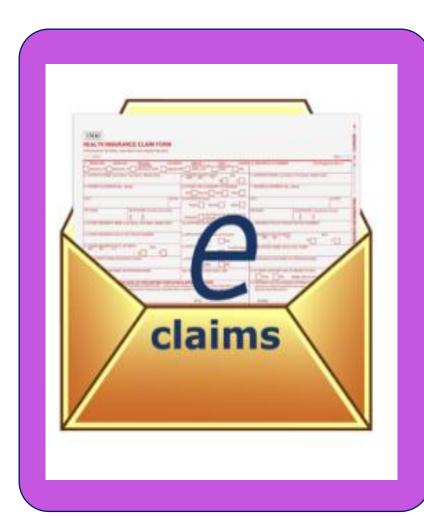
	LUMBAR SPINE SURGERY PROCEDURES						
Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes				
e. These al	e <u>procedure</u> level. There are i re assumed to be part of the p separate authorization.	These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.					
		*Please note: This is not an all- inclusive list of every possible ancillary code					
63030	62380, 63030, +63035						
63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035					
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				
22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 Single Level Fusion: 22533, 22558, 22612, 22630, 22633	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939				

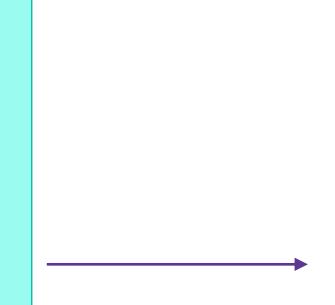
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Prior Authorization Process Overview



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

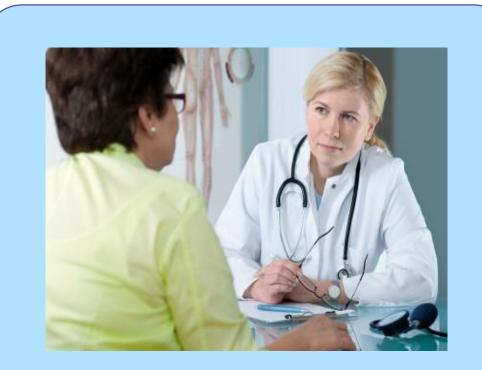






Submit requests online through RadMD.com

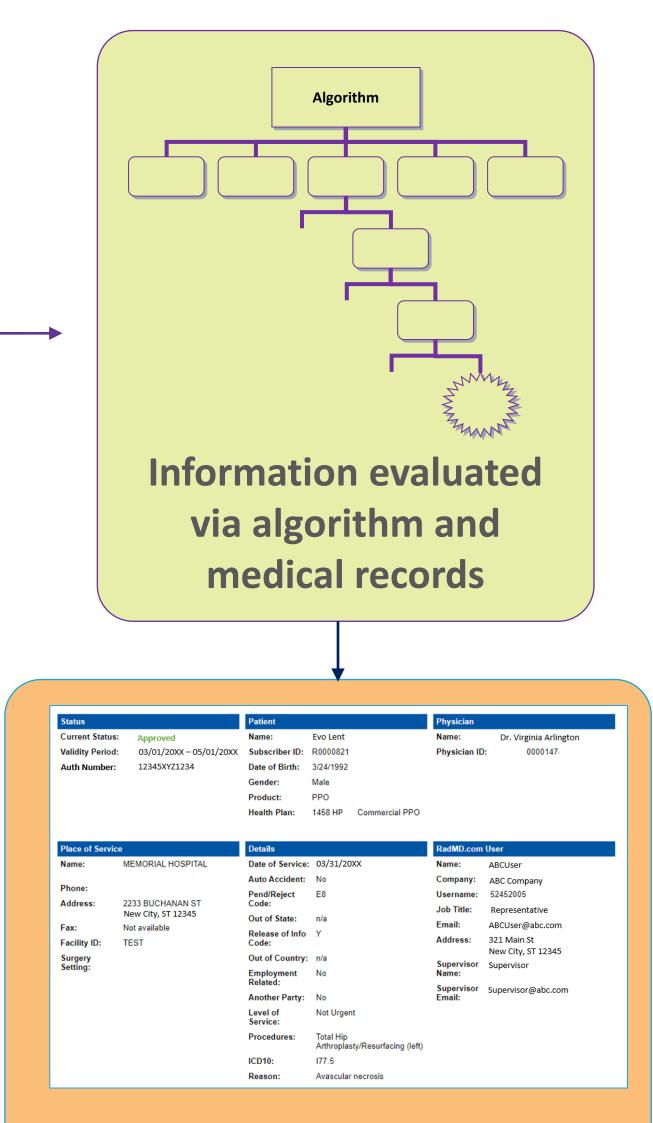




Rendering Provider verifies authorization was obtained and provides service

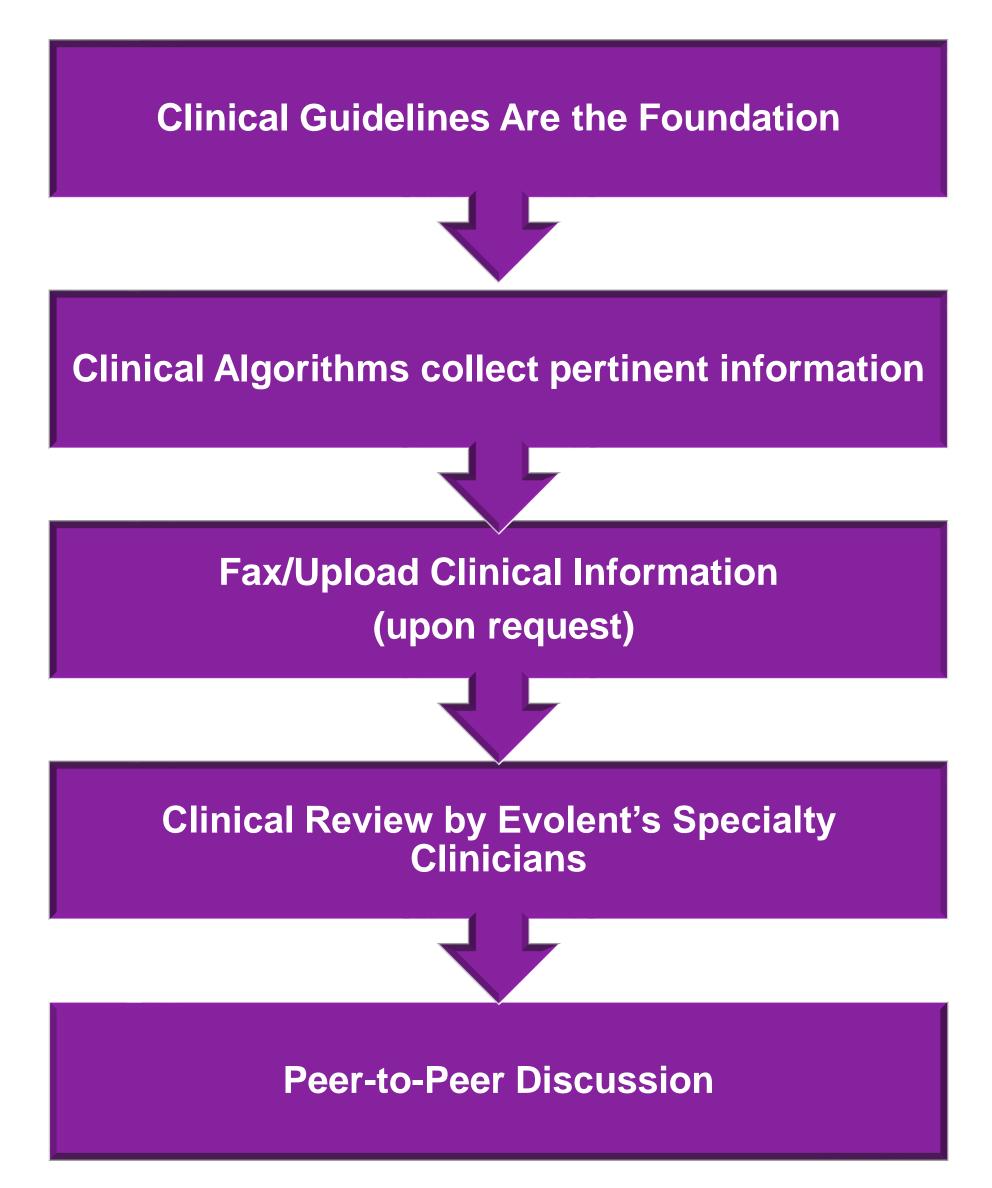


or by Phone



Service Authorized

Evolent'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 Meridian, Ambetter from Meridian, Meridian Complete, Wellcare and Evolent Medical Officers and clinical experts. Clinical Guidelines are available on <u>RadMD.com</u>
- 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.
- Evolent 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

- epidural injections.
- potential restrictions)

Every IPM procedure performed requires a prior authorization; Evolent will not authorize a series of

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

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

examples of appropriate treatments.



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

member is no longer able to perform work duties, daily care, etc).



Follow Up To Prior Pain Management Procedures

requirement.

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

• 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

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

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 Meridian, Ambetter from Meridian, Meridian Complete and Wellcare.
- Date of Service is required.
- The ordering physician must 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.

The ordering physician must obtain prior authorization with Evolent prior to performing the

Surgery Clinical Checklist Reminders

Surgery Documentation:



onset/duration



Physical exam findings



medications, activity modification)



Diagnostic imaging results



smoking history, mental status for some surgeries)

- Details regarding the member's symptoms and their

- Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections,
- Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI,

Evolent to Physician: Request for Clinical Information

		CC_TRACKING_NUMBER	FAXC
NA		PLEASE FAX THIS FORM TO:	
00000000 00000	NPD. The		TODAY
ORDERING PROVID	and the second	The second set of the second sec	10.44
and a second s		PHONE TRACKING NUMBER: CC TRACKING NUM	4823.
RE: Authorization		MEMBER ID: MEMBER ID	
PATIENT NAME:	MEMBER	L NAME	
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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 NLA 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 <u>https://www.RadMD.com</u>
 - Fax using Evolent coversheet
- Location of Fax Coversheets:
 - Can be printed from <u>https://www.RadMD.com</u>
 - Call
 - Ambetter:1-800-424-5686
 - Meridian Complete: 1-800-424-4926
 - Meridian: 1-866-842-1767
 - Wellcare Medicare: 1-800-424-5388
- Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical Document

Print Fax Cover Sheet

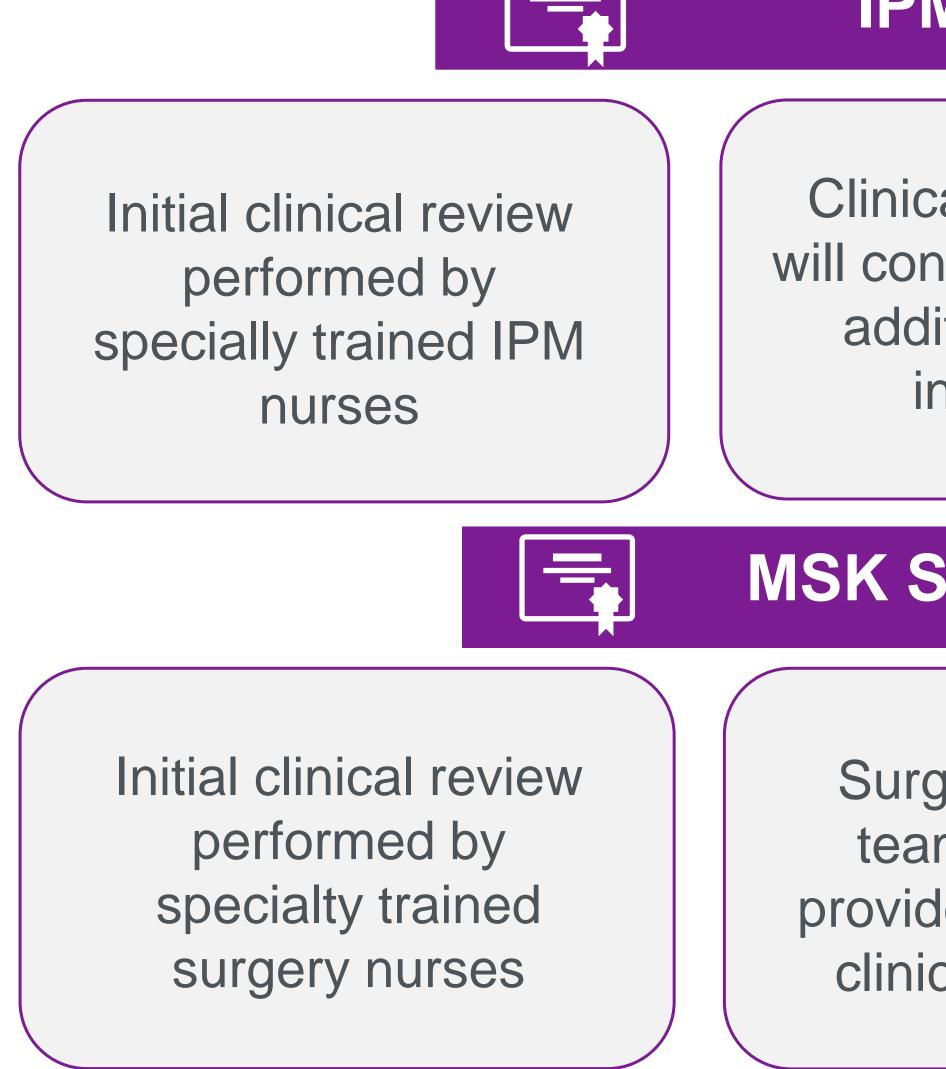
Request Additional Visits

Cases in this Request

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



Clinical Specialty Team: Focused on IPM and MSK



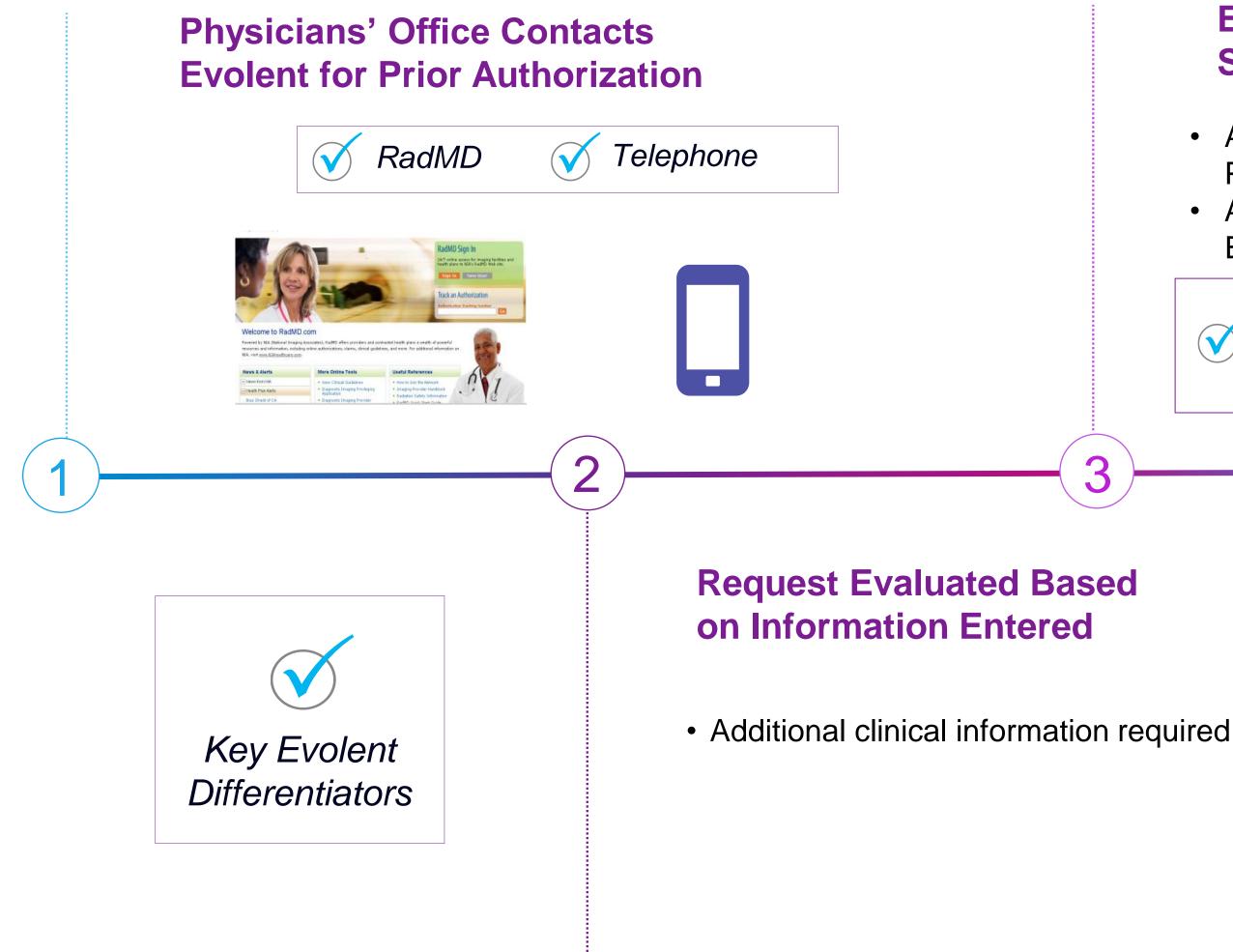
IPM Review

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

Surgery concierge team will contact provider for additional clinical information Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-topeer discussions on surgery requests

MSK Clinical Review Process



Generally, the turnaround time for completion of these requests is within two or three business days upon receipt of sufficient clinical information



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.

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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

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website <u>https://www.RadMD.com</u> 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:
 - Ambetter from Meridian: 1-800-424-5686
 - Meridian Complete: 1-800-424-4926
 - Meridian : 1-866-842-1767

Wellcare Medicare:1-800-424-5388 Turnaround time is within 1 business day not to exceed 72 calendar hours.

Notification of Determination

Authorization Notification

Authorizations are valid for:
 IPM (No IPM for Ambetter from Meridian Exchange)

• **30** days from date of request

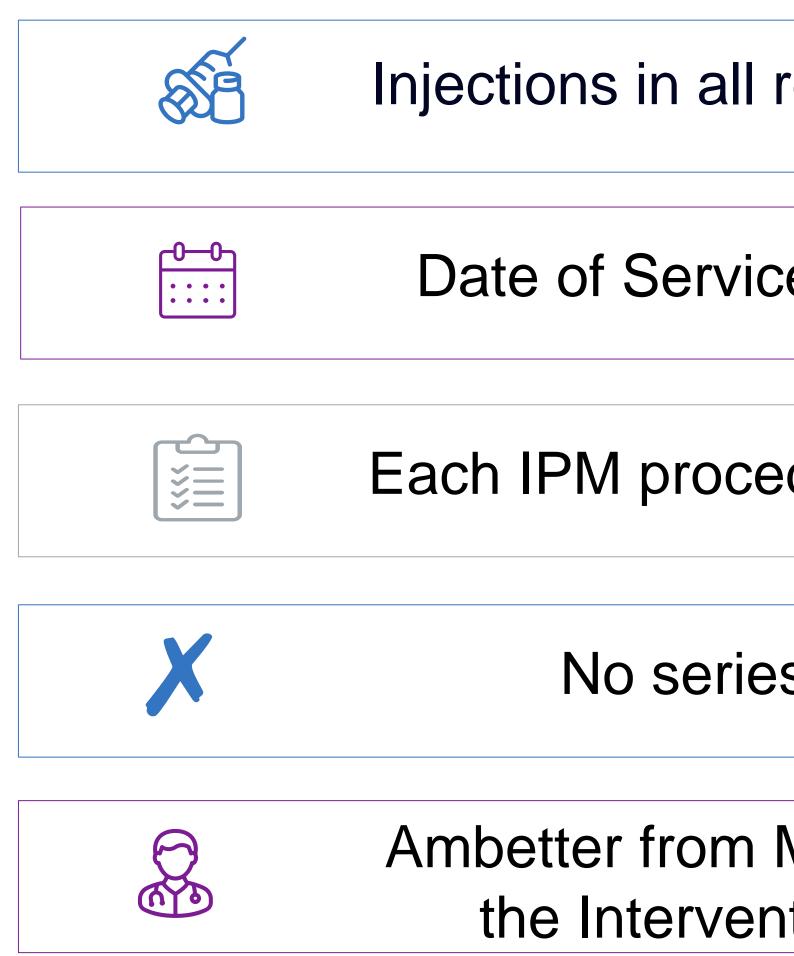
Surgery

- 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 and reconsideration are available with new or additional information.
- Re-review must occur within 10 business days from the date of denial and prior to submitting a formal appeal.
- Reconsideration (exchange only) must occur within 10 days from the date of denial and prior to submitting a formal appeal.
- Re-open (Medicare only) are not allowed.
- 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

Ambetter from Meridian (Exchange) is excluded from the Interventional Pain Management Program

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.

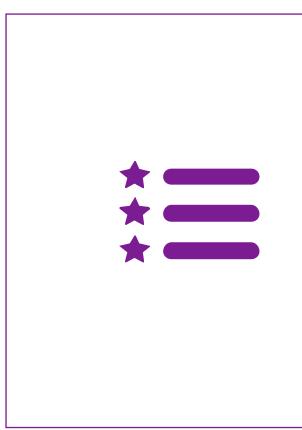


Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

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 Meridian, Ambetter from Meridian, Meridian Complete and 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 30 days (IPM) and 90 days (inpatient/outpatient surgeries) 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

Toll-Free Numbers



- **Ambetter from Meridian:** 1-800-424-5686
- Meridian Complete:1-800-424-4926
- Meridian: 1-866-842-1767
- Wellcare Medicare 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





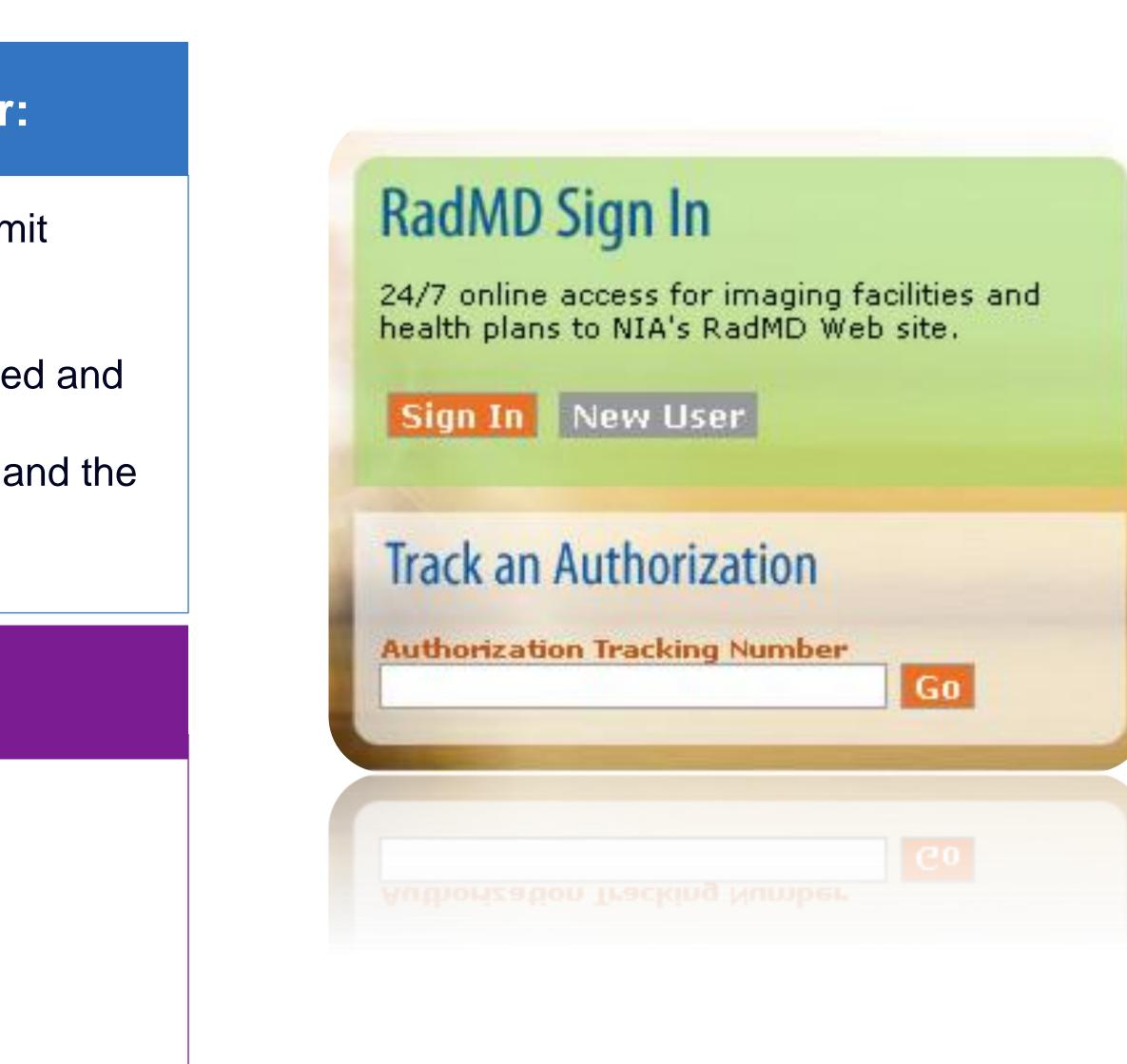
Evolent Website https://www.RadMD.com

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:

- 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.

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

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.)

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Application for a New Account

Please fill out this form only f	for yourself. Shared accounts are not a	llowed.	
	activated, you must be able to receive ema Support@magellanhealth.com can be rec		alth.com. Please check with your email administrator to
Which of the following best d	escribes your company?		
Please select an appropriate	description	 What about read-only rad 	iology offices
New Account User Information	on	Your Supervisor	
Choose a Username:		Unless you are the owner or must be different than the s	or CEO of your company, the user's name/email supervisor's name/email.
First Name:	Last Name:	First Name:	Last Name:
Phone:	Fax:	Phone:	Email:
Email:	Confirm Email:		
Company Name:	Job Title:		
Address Line 1:	Address Line 2:		
City:	State:		
	[State]	~	
Zip:			
		Submit	

RadMD New User Application Process - Rendering

IMPORTANT

- Users are required to have their own separate usernam 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 t 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	RadA	AD Sign Ir	n	
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		Physical Medici	ine Practitioner (PT, O	T, ST, Chiro, etc.)	
	3	Application for a New Account Please fill out this form only for	t or yourself. Shared accounts are not allo	wed	
		In order for your account to be a	-	s from RadMDSupport@magellanhealth	.com. Please check with your email administrator to
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0		Choose a Username: First Name: Phone: Company Name: Address Line 1:	Data State:	Your Supervisor Unless you are the owner or C must be different than the supervisor First Name: Phone: Phone: Affiliated Facilities Facility Tax ID #: Your Tax IDs: [none]	EO of your company, the user's name/email ervisor's name/email.
0		Choose a Username: First Name: Phone: Company Name: Address Line 1: City:	Data State:	Your Supervisor Unless you are the owner or C must be different than the supervisor First Name: Phone: Phone: Affiliated Facilities Facility Tax ID #: Your Tax IDs: [none]	EO of your company, the user's name/email ervisor's name/email.
0		Choose a Username: First Name: Phone: Company Name: Address Line 1: City:	Last Name: Fax: Confirm Email: Job Title: Address Line 2: State: [State]	Your Supervisor Unless you are the owner or C must be different than the supervisor First Name: Phone: Phone: Affiliated Facilities Facility Tax ID #: Your Tax IDs: [none]	EO of your company, the user's name/email ervisor's name/email.

Shared Access

Evolent offers a **Shared Access** feature on our <u>RadMD.com</u> website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Request	F
Exam or specialty procedure	
(including Cardiac, Ultrasound, Sleep Assessment)	
Physical Medicine	
Initiate a Subsequent Request	
Radiation Treatment Plan	N N
Pain Management	
or Minimally Invasive Procedure	
Spine Surgery or Orthopedic Surgery	
Genetic Testing	

Request Status

Search for Request View All My Requests

Т

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 <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

	Provider Resources	User	•
Resources and Tools Shared Access Clinical Guidelines Request access to Tax ID			
News and Updates			
Login As Username:	Login		
Tracking Number: Forgot Tracking Nun	Search		

When to Contact Evolent

an: 1 re M
<u>port</u> 327-
Prov 521 Jent.

Website, <u>https://www.RadMD.com</u>

nbers:

r from Meridian: 1-800-424-5686

n Complete:1-800-424-4926

n: 1-866-842-1767

e Medicare: 1-800-424-5388

ort@Evolent.com 27-0641

Provider Relations Manager 21 ent.com

RadMD Demonstration

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Thanks!