Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health Medical Specialty Solutions

Evolent Program Agenda

Introduction to Evolent (formerly National Imaging Associates, Inc.)

Our Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information

RadMD Demo

Questions and Answers

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

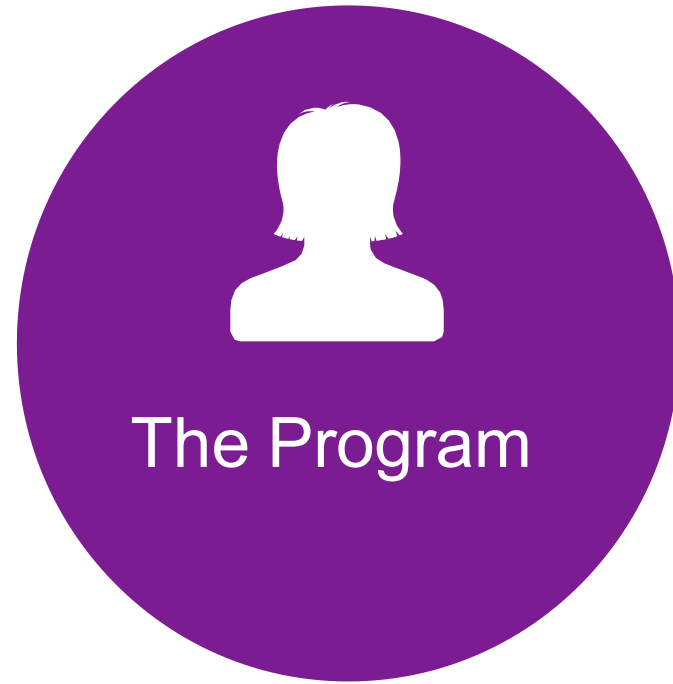Connecting Our Brands is About Connecting Care

Our Motivation

Patients

- Better Treatment
- Better Health

Providers

- Less Friction
- Appropriate Care

Evolent's Prior Authorization Program

The Program

- Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health began a prior authorization program through Evolent for the management of outpatient imaging services..

Important Dates

- Program start date: January 1, 2018

Settings

Settings:
- Office
- Outpatient Hospital

Membership Included

- Medicare
- Medicaid
- Exchange

Network

- Evolent's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health membership will be managed through for Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health contractual relationships.
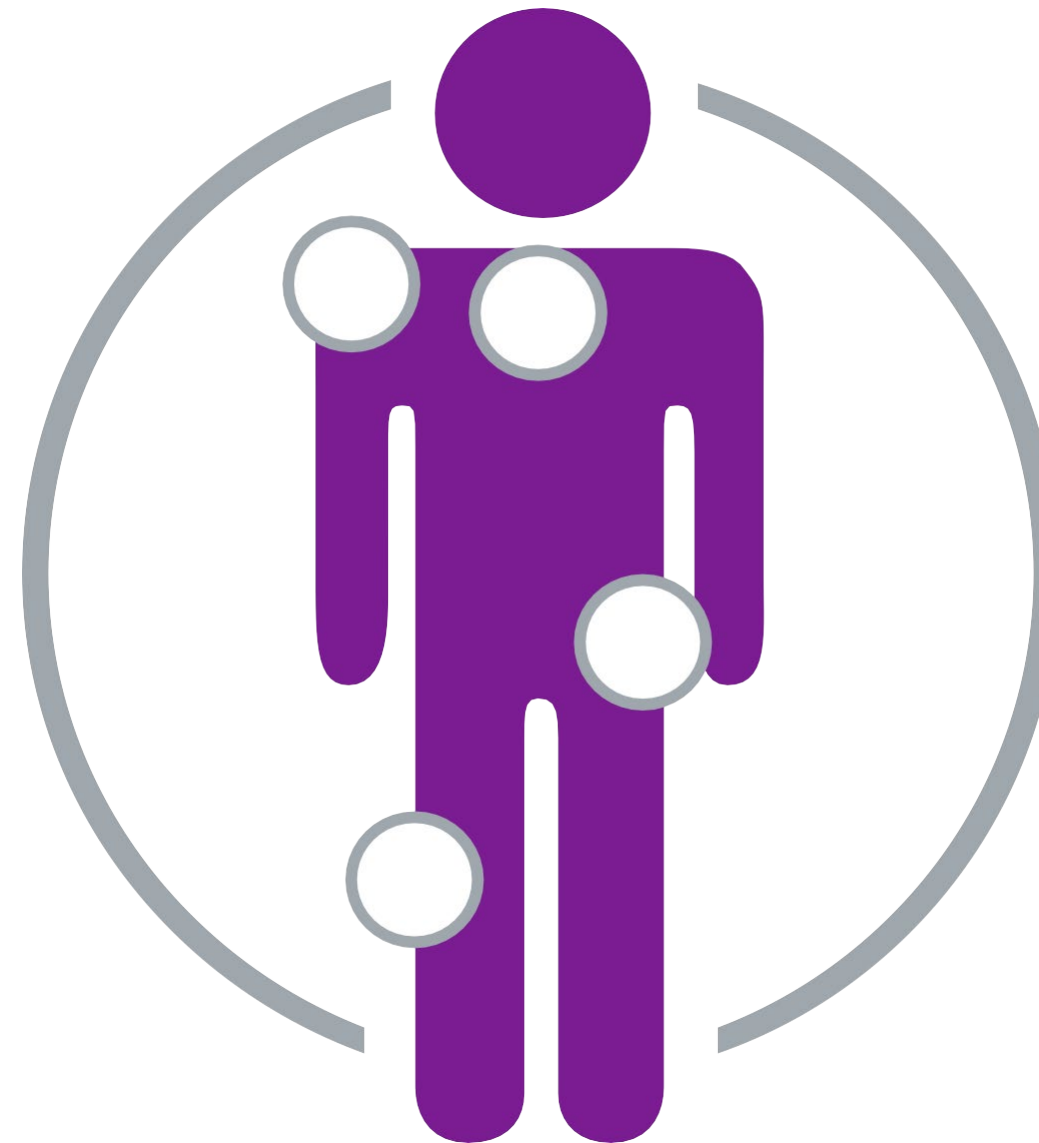
Evolent's Prior Authorization Program

Effective March 1, 2021. Only non-emergent procedures performed in an outpatient setting require authorization with Evolent.

Procedures Requiring Authorization*

- CT/CTA
- CCTA
- MRI/MRA
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Stress Echocardiography
- Echocardiography

Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center

List of CPT Procedure Codes Requiring Prior Authorization

Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
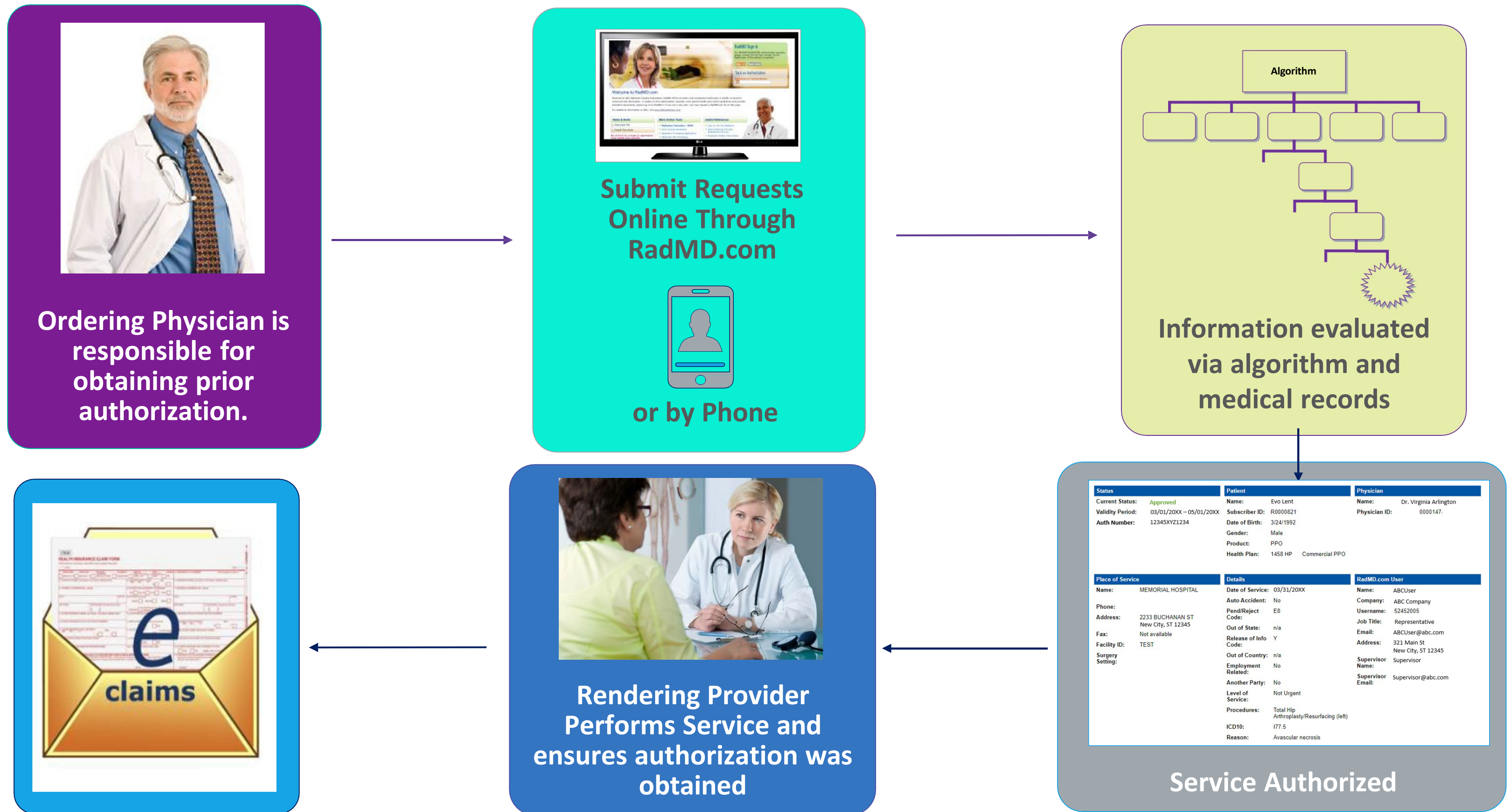
CPT Codes and their Allowable Billable Groupings.

Located on RadMD.com.

Defer to Care1st Health Plan Arizona's Policies for Procedures not on Claims/Utilization Review Matrix.

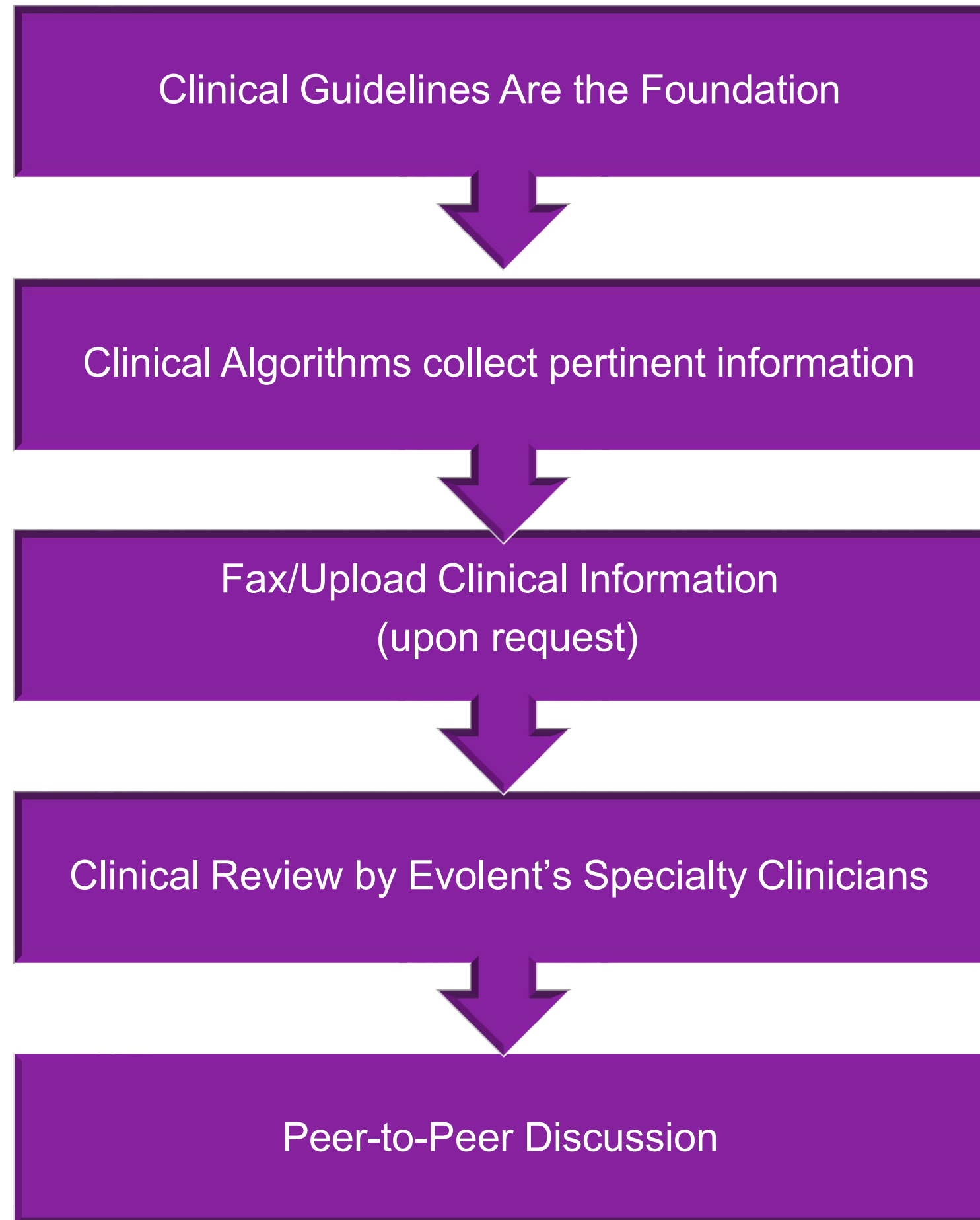| Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, Neck and/or Internal Auditory Canal	70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain (with or without Internal Auditory Canal views)	70551, 70552, 70553, +0698T
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, 71271, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +0722T
72128	CT Thoracic Spine	72128, 72129, 72130, +0722T
72131	CT Lumbar Spine	72131, 72132, 72133, +0722T
72141	MRI Cervical Spine	72141, 72142, 72156, +0698T
72146	MRI Thoracic Spine	72146, 72147, 72157, +0698T
72148	MRI Lumbar Spine	72148, 72149, 72158, +0698T
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191

Prior Authorization Process Overview

Ordering Physician is responsible for obtaining prior authorization.

Submit Requests Online Through RadMD.com

or by Phone

Information evaluated via algorithm and medical records

Service Authorized

Rendering Provider Performs Service and ensures authorization was obtained

Recommendation to Rendering Providers: Do not schedule test until authorization is received

Evolent's Clinical Foundation & Review

Clinical Guidelines Are the Foundation

↓

Clinical Algorithms collect pertinent information

↓

Fax/Upload Clinical Information
(upon request)

↓

Clinical Review by Evolent's Specialty Clinicians

↓

Peer-to-Peer Discussion

- **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 Evolent 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.

- Evolent has a specialized clinical team.

- 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.**

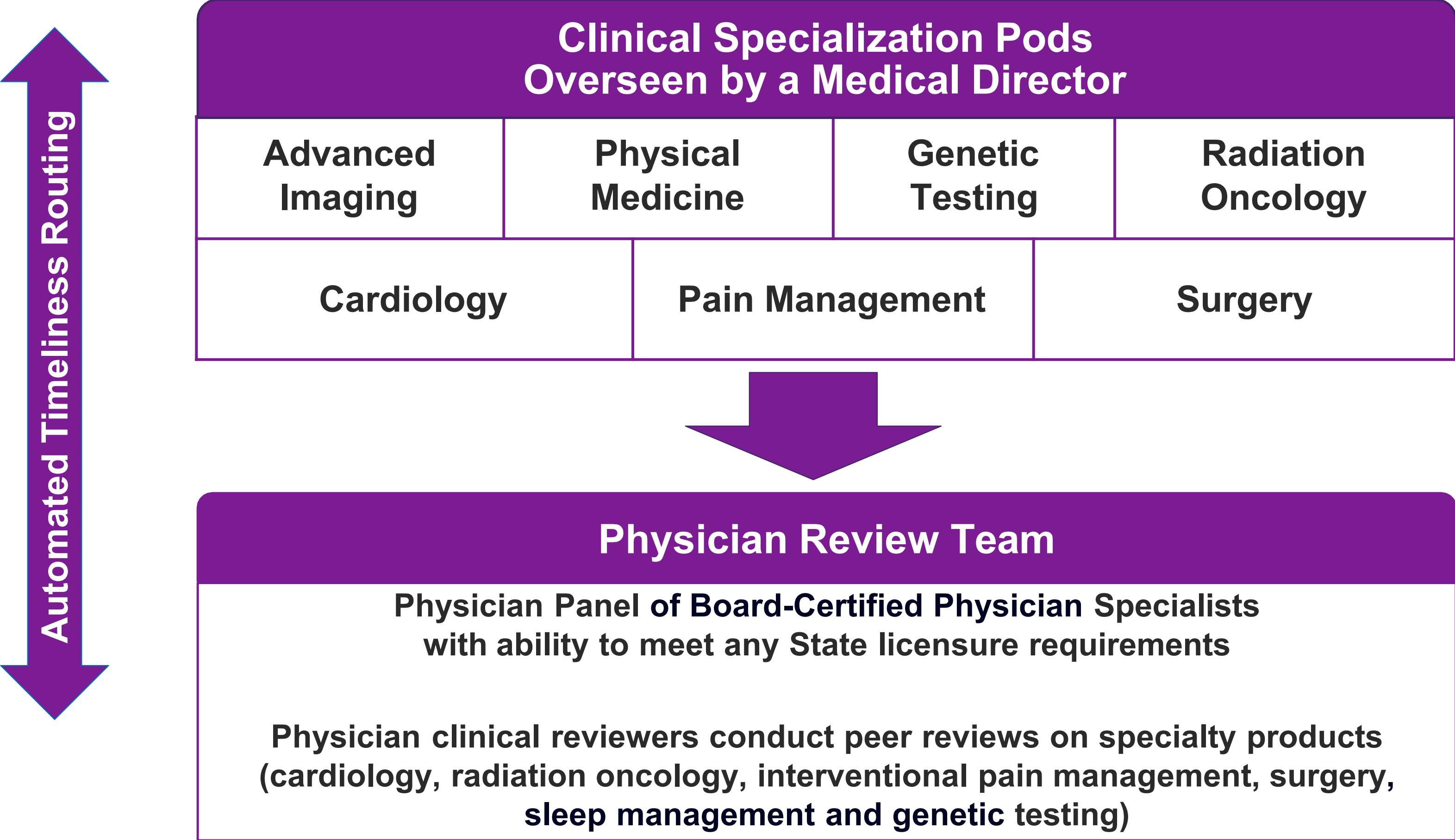# Member and Clinical Information Required for Authorization

General

- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

Clinical Information

- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings

- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)

- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Refer to the Prior Authorization Checklists on RadMD for more specific information.

Clinical Specialty Team Review

Automated Timeliness Routing

Clinical Specialization Pods Overseen by a Medical Director			
Advanced Imaging	Physical Medicine	Genetic Testing	Radiation Oncology
Cardiology	Pain Management		Surgery

Physician Review Team

Physician Panel **of Board-Certified Physician** Specialists
with ability to meet any State licensure requirements

Physician clinical reviewers conduct peer reviews on specialty products
(cardiology, radiation oncology, interventional pain management, surgery,
sleep management and genetic testing)

Document Review

- Evolent may request members' medical records/additional clinical information.

- When requested, validation of clinical criteria within the member's medical records is required before approval can be made.

- Ensures that clinical criteria that supports the requested test are clearly documented in medical records.

- Helps ensure that members receive the most appropriate, effective care.

Evolent to Ordering Physician: Request for Additional Clinical Information

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:
    - Arizona Complete Health – Complete Care Plan (CCP) 1-800-424-4816
    - Medicare Advantage – 1-800-424-4820
    - Exchange – 1-800-424-4806
- Use the case specific fax coversheets when faxing clinical information to Evolent

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 Team interacts with Provider Community.*

1 —— 2 —— 3 —— 4 ——→

☑ *Key Evolent Differentiators*
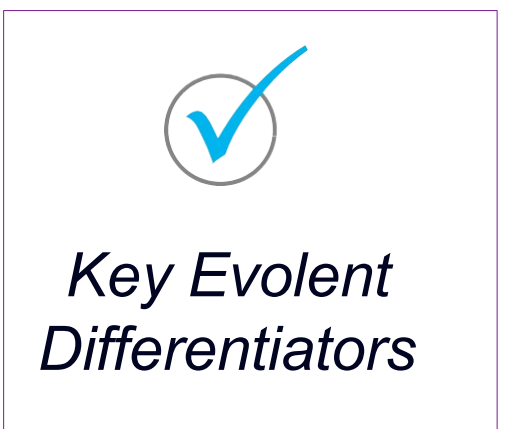
System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Clinical information complete – Procedure Approved
- Additional clinical information required – Pends for clinical validation of medical records

Evolent Specialty Physician Reviewers

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

☑ *Peer-to-peer outbound attempt made if case is not approvable*
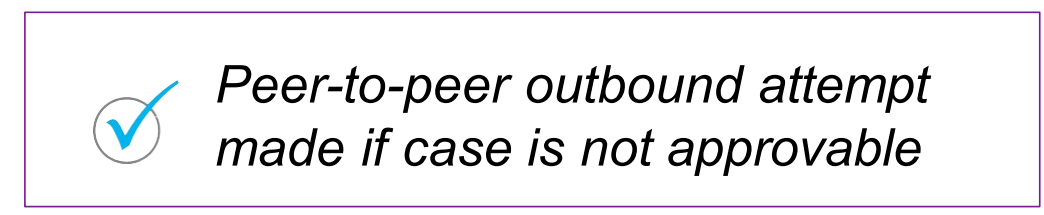
- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

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

Evolent Urgent/Expedited Authorization Process

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 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 at :
  - Arizona Complete Health - Complete Care Plan (CCP) 1-800-424-4816
  - Medicare Advantage – 1-800-424-4820
  - Exchange – 1-800-424-4806
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.

Notification of Determination

Authorization Notification

- Validity Period - Authorizations are valid for **90** days from the date of request.

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.

- Medicare peer-to-peer discussions must be performed before a final determination has been made on the request

- Medicare re-opens are not allowed with the exception of Evolent clerical errors on which the determination was made.

- A re-review is available with new or additional information.

- Timeframe for re-review is 10 business days from the date of denial.

- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

Claims and Appeals

How Claims Should be Submitted

- Rendering/Service providers/Imaging providers should continue to send their claims directly to Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health.

- Providers are strongly encouraged to use EDI claims submission.

- Check on claims status by logging on to the Arizona Complete Health website at www. https://www.arizonacompletehealth.com

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Arizona Complete Health - Complete Care Plan (CCP) and Ambetter from Arizona Complete Health.

- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness

☑ Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv

☑ CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

☑ According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.

1 mSv=
🌍 4 months of natural exposure ❓
🩻 50 chest x-rays

Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns

Provider Tools

RadMD Website
RadMD.com

Available
24/7

Toll-Free Number

- Arizona Complete Health – Complet Care Plan (CCP) 1-800-424-4816
- Medicare Advantage – 1-800-424-4820
- Exchange – 1-800-424-4806

Available
Monday - Friday
8:00 AM – 8:00 PM ET

- 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
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. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through www.RadMD.com:

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

RadMD Sign In

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

Sign In   New User

Track an Authorization

Authorization Tracking Number

Go
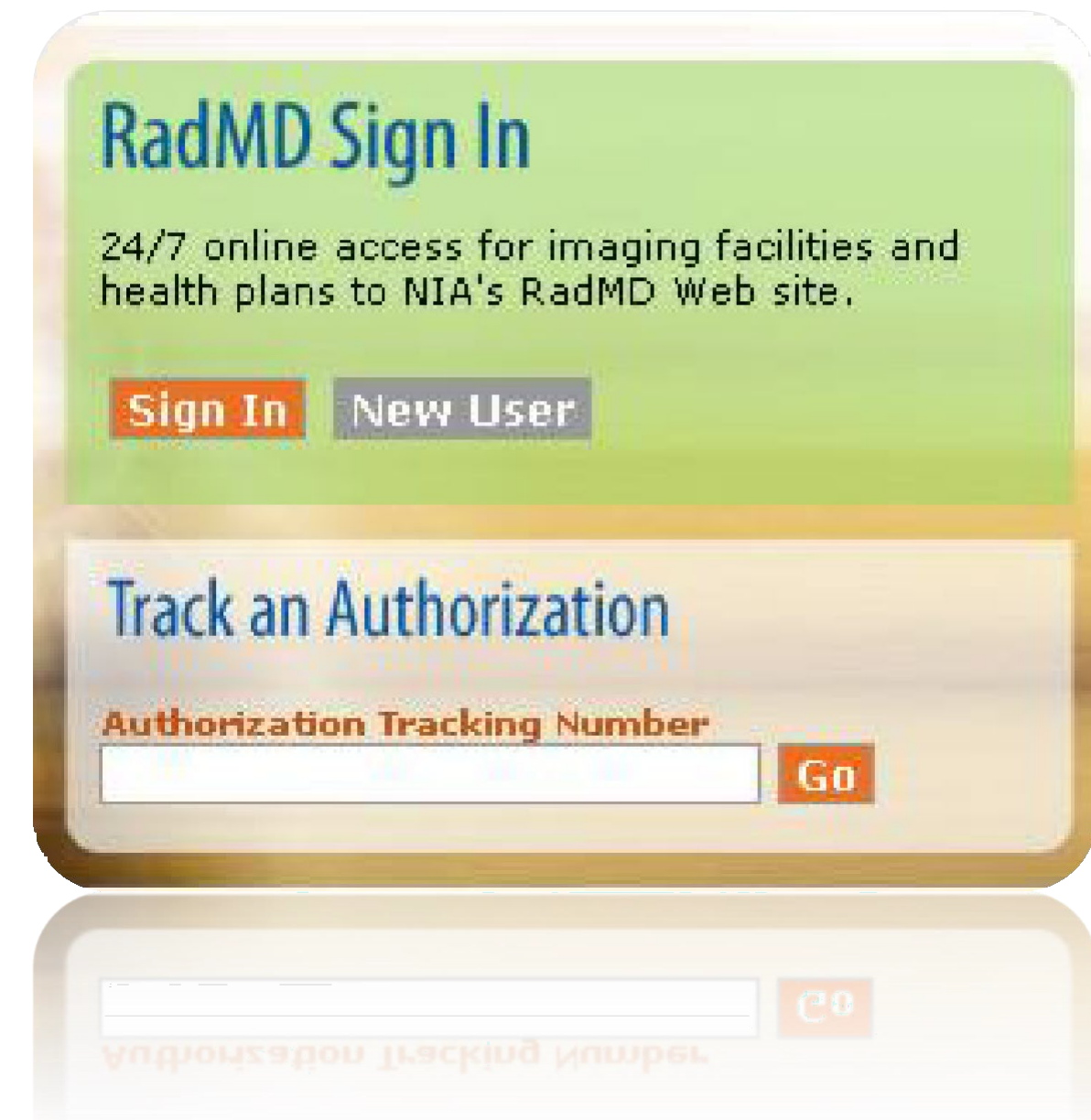
Registering on RadMD.com To Initiate Authorizations

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.

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.

① **RadMD Sign In**
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In   New User

Track an Authorization
Authorization Tracking Number
[   ] Go

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?
[-- Please select an appropriate description --] What about read-only radiology offices

New Account User Information | **Your Supervisor**
Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.

Choose a Username:
[   ]

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

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:
1. Click the "New User" button on the right side of the home page.
2. Select "Facility/office where procedures are performed"
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.
4. 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. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in review authorizations under your Tax ID Number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.

1

RadMD Sign In

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

Sign In   New User

Track an Authorization

Authorization Tracking Number   [   ] Go

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

Choose a Username:
[   ]

First Name: Last Name:
[   ]   [   ]

Phone: Fax:
[   ]   [   ]

Email: Confirm Email:
[   ]   [   ]

Company Name: Job Title:
[   ]   [   ]

Address Line 1:   Address Line 2:
[   ]   [   ]

City: State:
[   ]   [State   ]

Zip:
[   ]

Your Supervisor
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: Last Name:
[   ]   [   ]

Phone: Email:
[   ]   [   ]

Affiliated Facilities

Facility Tax ID #:
[   ] Add

Your Tax IDs:
[none]

Submit

RadMD Enhancements

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

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, allowing them to communicate with members and facilitate treatment.

When to Contact Evolent

Providers:

Initiating or checking the status of an authorization request
 	
Initiating a Peer-to-Peer Consultation
	▪ Website, https://www.RadMD.com
	▪ Call:
	  ▪ Arizona Complete Health – Complete Care Plan 1-800-424-4816
	  ▪ Medicare Advantage – 1-800-424-4820
	  ▪ Exchange – 1-800-424-4806
	▪ Interactive Voice Response (IVR) System

Provider Service Line	▪ RadMDSupport@evolent.com ▪ Call 1-800-327-0641

Provider Education requests or questions specific to Evolent	▪ Lori Fink
	  Provider Relations Manager
	  410-953-2621
	  LFink@evolent.com

RadMD Demonstration

Confidentiality Statement

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Thanks!