



Evolent Medical Specialty Solutions Frequently Asked Questions (FAQ's) For BlueCross BlueShield of Tennessee Providers	
Question	Answer
GENERAL	
Why did BlueCross BlueShield of Tennessee implement a Medical Specialty Solutions Program?	BlueCross BlueShield of Tennessee implemented a Medical Specialty Solutions Program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient Medical Specialty Solutions: <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Stress Echocardiography
Why did BlueCross BlueShield of Tennessee select Evolent to manage its Medical Specialty Solutions Program?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with BlueCross BlueShield of Tennessee because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for BlueCross BlueShield of Tennessee membership.
Which BlueCross BlueShield of Tennessee members are covered under this relationship and what networks are used?	Evolent's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for BlueCross BlueShield of Tennessee membership is managed through BlueCross BlueShield of Tennessee contractual relationships.
PRIOR AUTHORIZATION	
What was the Implementation Date for the Medical Specialty Solutions Program?	Implementation was January 1, 2017.

<p>What Medical Specialty Solutions Services require providers to obtain a prior authorization?</p>	<p>The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through Evolent: Effective January 1, 2017:</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Stress Echocardiography <p>Emergency room, urgent care, observation and inpatient procedures do not require prior authorization from Evolent. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review.</p>
<p>When is prior authorization required?</p>	<p>Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.</p>
<p>Is prior authorization necessary for sedation with an MRI?</p>	<p>No, prior authorization is not required for sedation when performed with an MRI.</p>
<p>Is an Evolent authorization number needed for a CT-guided biopsy?</p>	<p>No, prior authorization is not required for this procedure.</p>
<p>Can a chiropractor order images?</p>	<p>Yes.</p>
<p>Are routine Imaging services a part of this program?</p>	<p>No.</p>
<p>Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?</p>	<p>No. Inpatient advanced imaging procedures are not included in this program.</p>
<p>Is prior authorization required for Medical Specialty Solutions Services performed in the emergency room/urgent care facility?</p>	<p>No. Medical Specialty Solutions Services performed in the emergency room or urgent care facility are not included in this program and do not require prior authorization through Evolent.</p>

<p>How does the ordering provider obtain a prior authorization from Evolent for a Medical Specialty Solutions outpatient service?</p>	<p>Providers can request prior authorization via the internet (RadMD.com) or by calling Evolent at 1-888-258-3864.</p>
<p>What information is required to receive prior authorization?</p>	<p>To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solution. Have the appropriate information ready before logging into RadMD or calling Evolent’s call center (*Information is required.)</p> <ul style="list-style-type: none"> ▪ Name and office phone number of ordering provider* ▪ Member name and ID number* ▪ Requested examination* ▪ Name of provider office or facility where the service will be performed* ▪ Anticipated date of service ▪ Details justifying examination* <ul style="list-style-type: none"> • Symptoms and their duration • Physical exam findings • Conservative treatment member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications) • Preliminary procedures already completed (e.g., x-rays, CTs, lab work, scoped procedures, referrals to specialist, specialist evaluation) • Reason the study is being requested (e.g., further evaluation, rule out a disorder) <p>Please be prepared to provide the following information, if requested</p> <ul style="list-style-type: none"> • Clinical notes • X-ray reports • Previous related test results • Specialist reports/evaluation <p>*To assist in collecting information for the authorization process, you may access the specific medical specialty (prior</p>

	authorization or treatment plan checklists) on RadMD.com.
Can a provider request more than one service at a time for a member?	Evolut can handle multiple authorization requests per contact. Separate authorization numbers are issued by Evolut for each service that is authorized.
What kind of response time can ordering providers expect for prior authorization?	Generally, within 2 – 3 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What does the Evolut authorization number look like?	The Evolut authorization number consists of alpha-numeric characters. In some cases, the ordering provider may receive an Evolut tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolut will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into Evolut's call center for review and processing.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact Evolut immediately with the appropriate clinical information for an expedited review.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, Evolut will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of request. When a procedure is

	authorized, Evolent uses the date of the initial request as the starting point for the 60-day period in which the examination must be completed.
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if BlueCross BlueShield of Tennessee is NOT the member's primary insurance?	No.
If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does Evolent allow retro-authorizations?	Yes. However, it is important that the provider staff be familiar with prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility <u>should not</u> schedule services without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the Evolent website at RadMD.com .
Is the Evolent authorization number displayed on the BlueCross BlueShield of Tennessee website?	No.
SCHEDULING SERVICES	
How does Evolent determine where to schedule Medical Specialty Solutions Services for BlueCross BlueShield of Tennessee members?	Evolent manages Medical Specialty Solutions services through the BlueCross BlueShield of Tennessee contractual relationships.

<p>Why does Evolent ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?</p>	<p>During the authorization process, Evolent asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain authorization before scheduling the member.</p>
<p>WHICH MEDICAL PROVIDERS ARE AFFECTED?</p>	
<p>Which medical providers are affected by the Medical Specialty Solutions program?</p>	<p>Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers will need to request a prior authorization, and the delivering/servicing providers will need to ensure there is an authorization number to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Medical Specialty Solutions Services at: <ul style="list-style-type: none"> ▪ Freestanding diagnostic facilities ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
<p>CLAIMS RELATED</p>	
<p>Where do providers send their claims for Medical Specialty Solutions outpatient services?</p>	<p>Providers should continue to send claims to the address indicated on the back of the BlueCross BlueShield of Tennessee member ID card. Providers are also encouraged to follow their normal EDI claims process.</p>
<p>How can providers check claims status?</p>	<p>Providers should check claims status on the BlueCross BlueShield of Tennessee claim website at: http://www.bcbst.com</p>
<p>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through BlueCross BlueShield of Tennessee. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</p>
<p>MISCELLANEOUS</p>	
<p>How is medical necessity defined?</p>	<p>Evolent defines medical necessity as a service that:</p>

	<ul style="list-style-type: none"> • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards. • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome. • Is appropriate to the intensity of service and level of setting. • Provides unique, essential, and appropriate information when used for diagnostic purposes. • Is the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Is not furnished primarily for the convenience of the member, the attending provider, or other provider.
<p>Where do providers find Evolent’s Guidelines for Medical Specialty Solutions Services?</p>	<p>Evolent’s Clinical Guidelines are found on Evolent’s website, RadMD.com under Online Tools/Clinical Guidelines. Evolent’s guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.</p>
<p>Did the BlueCross BlueShield of Tennessee member ID card change with the implementation of this Medical Specialty Solutions Program?</p>	<p>No. The BlueCross BlueShield of Tennessee member ID card does not contain any Evolent information on it and the member ID card did not change with the implementation of this Medical Specialty Solutions Program.</p>
<p>What is an OCR Fax Coversheet?</p>	<p>By utilizing Optical Character Recognition (OCR) technology, Evolent can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from RadMD.com or contact Evolent to obtain one. Evolent can fax this coversheet to the ordering provider during authorization intake or at</p>

	any time during the review process. By prefacing clinical faxes to Evolent with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.
RE-OPEN AND APPEALS PROCESS	
Is the Re-Open process available for the outpatient Medical Specialty Solutions services once a denial is received?	<p>Medicare plans: Peer-to-peer discussions must be performed before a final determination has been made on the request.</p> <p>Medicare re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.</p> <p>Evolent has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. Providers can call the phone number(s) above to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.</p>
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
What option should I select to receive access to initiate authorizations?	Selecting " Physician's office that orders procedures " will allow you access to initiate authorization requests for outpatient exams and/or specialty procedures.
How do I apply for RadMD access to initiate authorization requests?	<p>Prospective users should go to our website RadMD.com.</p> <ul style="list-style-type: none"> • Click New User • Choose "Physician's office that orders procedures" from the drop-down box. • Complete application with necessary information • Click Submit <p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application</p>

	with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering provider access?	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator through the account application process on RadMD.</p> <ul style="list-style-type: none"> • Click New User • Choose “Facility/Office where procedures are performed” from the drop-down box. • Complete application with necessary information • Click Submit <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location <p>A user in another location who is not interested in initiating authorizations</p>
Which link on RadMD do I select to initiate an authorization request for an outpatient exam or specialty procedure?	Clicking the “Request an exam or specialty procedure (including Cardiac)” link will allow the user to submit a request for an outpatient imaging procedure.
How do providers check the status of an authorization request?	Providers check on the status of an authorization by clicking the “Search for Request” link on RadMD’s main menu.
How do I confirm what clinical information has been uploaded or faxed to Evolent?	Clinical Information that has been received via upload or fax is viewed by clicking the member name via the “Search for Request” link from the main menu. At the bottom of the “Exam Request Verification: Detail” page, click “View” in the “Documents Received” section and select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from Evolent?	Links to case-specific communication to include requests for additional information and determination letters can be found via the “Search for Request” link.

<p>If I did not submit the initial authorization request, how do I view the status of a case or upload clinical documentation?</p>	<p>The “Track an Authorization” feature allows users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search for Request” feature. A tracking number is required to use this search method.</p>
<p>Can I share my RadMD access with my coworkers?</p>	<p>Yes, through our “Shared Access” feature. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the users are able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.</p>
<p>Paperless Notification: How do I receive notifications electronically instead of paper?</p>	<p>Evolut defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request.</p> <p>Users are sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI is contained in the email. • The email contains a link that requires the user to log into RadMD to view PHI. <p>Providers who prefer paper communication are given the option to opt out and receive communications via fax.</p>
<p>CONTACT INFORMATION</p>	
<p>Who can I contact if we need RadMD support?</p>	<p>For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.</p> <p>RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to 12 a.m. PST.</p>
<p>Who can a provider contact at Evolent for more information?</p>	<p>You may contact your dedicated Evolent Provider Relations Manager: Lori Fink 1-410-953-2621 lfink@evolent.com</p>

Who can a provider contact at the BlueCross BlueShield of Tennessee if they have questions or concerns?	Contact BlueCross BlueShield of Tennessee provider services at 1-800-299-1407 for DSNP and 1-800-831-2583 for Medicare Advantage. Providers may access the BlueCross BlueShield of Tennessee portal: https://www.bcbst.com .
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