



**Partners Health Management
Medical Specialty Solutions
Quick Reference Guide
For Ordering and Rendering Providers**

July 1, 2024

Partners Health Management has entered into an agreement with Evolent (formerly National Imaging Associates, Inc.), to manage a suite of Medical Specialty Solutions program which is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services.

Based on a July 1, 2024, implementation, this correspondence serves as notice under your Provider Agreement of changes to the program. Evolent will be available to begin providing prior authorizations for those services starting on Sept 23, 2024 for dates of service Oct. 1, 2024 and after.

North Carolina Medicaid implemented several policy flexibilities at the launch of Tailored Plans to ease the administrative burden on providers and to ensure members receive uninterrupted care during the transition to Partners.

To ensure continuous care for members during the transition, Partners is extending certain policy flexibilities originally scheduled to expire Sept. 30, 2024. The transition period for these flexibilities will continue until Jan. 31, 2025.

In alignment with NC Medicaid, between July 1, 2024, and Jan. 31, 2025, Partners will cover services if a prior authorization request meets medical necessity criteria in the following situations:

1. A provider fails to submit a prior authorization prior to the service being provided and submits prior authorization after the date of service; or
2. A provider submits for retroactive prior authorization.

Additionally, Partners will initiate a no prior authorization required period to ensure Providers with contracts will be able to file claims for dates of service from July 1, 2024 through Jan. 31, 2025 without authorization. The No Prior Auth period does not apply to concurrent reviews for inpatient admission. Those should still occur during this time.

Prior authorization will be required for the following outpatient procedures beginning Feb. 1, 2025:

- CT/CTA, MRI/MRA, PET Scan, MUGA Scan, Nuclear Stress Test, Echocardiography

Please refer to Evolent's website to obtain the Partners Health Management /Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of Partners Health Management.

Evolent will manage the Medical Specialty Solutions services listed above through Partners Health Management's existing contractual relationships.

Medical Specialty Solutions Services performed in the following settings do not require authorization through Evolent:

- Inpatient
- Observation
- Emergency Department/urgent care facility

Urgent/Emergent Care

If an urgent/emergent clinical situation exists outside of a hospital emergency department, please contact Evolent immediately with the appropriate clinical information for an expedited review. Evolent's website www.RadMD.com cannot be used for urgent/emergent clinical situations during normal business hours. For prior authorization of urgent/emergent care during normal business hours contact Evolent at 1-800-327-0639.

Obtaining Authorizations

The ordering provider is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to:

- Ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.
- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under Partners Health Management.
- If a provider office calls to schedule a member for a procedure requiring prior authorization, request the authorization number.
- If the referring provider has not obtained prior authorization when required, inform the provider of this requirement, and advise him/her to obtain an authorization.
- If a member calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the member should be directed back to the referring provider who ordered the procedure.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Evolent's website at www.RadMD.com (preferred method) or by calling Evolent: Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service. Have the appropriate information ready before logging into Evolent's website or calling Evolent's call center. (*Information is required).

- Name and office phone number of ordering provider*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service
- Details justifying procedure*
 - 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, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to provide the following information, if requested
 - Clinical notes
 - X-ray reports
 - Specialist reports/evaluation
 - Ultrasound reports
 - Previous related test results

***To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists and Tip Sheets on www.RadMD.com.**

Website Access

- It is the responsibility of the **provider ordering the Medical Specialty Solutions Services** to access Evolent's website or call for prior authorization.
- **To get started**, go to www.RadMD.com, click the New User button and submit a RadMD Application for New Account by selecting "**Physician's office that orders procedures.**" Your RadMD login information should not be shared.

- If a user already has access to RadMD to initiate authorizations, RadMD access will allow users to submit an authorization for any procedures/products managed by Evolent.
- You can request prior authorization at www.RadMD.com by clicking the “**Request an exam or specialty procedure**” link which is a part of your main menu options. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to midnight PST.
Pended requests: If you are requesting prior authorizations through the Evolent website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorization status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by Evolent, users can view links to case-specific communication to include requests for additional information and determination letters.
- 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 by Tracking Number” feature. A tracking number is required with this feature.

Access Provider Self-service at:
www.RadMD.com

Submitting Claims

Submit claims directly to Partners Health Management Health. Please send your claims for services to the following address:

Partners Health Management
Attn: Claims Department
PO Box 8002
Farmington, MO 63640-8002

Quick Contacts

- Website:
www.RadMD.com
- Toll Free Phone Numbers:
1-800-327-0639

For electronic submission, Partners Health Management Health payor ID number is 68069.

Important Notes

- Authorizations are valid for 60 days from the date of request.
- The Evolent authorization number consists of alpha/numeric characters. In some cases, you may instead receive an Evolent tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD website or via our Interactive Voice Response telephone system.
- Evolent’s Clinical Guidelines can be found on Evolent’s website, www.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.

- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services is provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.
- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager.
- The Partners Health Management Health member ID card does not have Evolent identifying information on it. Partners Health Management Health redirects calls to Evolent for Medical Specialty Solutions Services.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).