



Evolent Interventional Pain Management (IPM) Frequently Asked Questions (FAQ's) For MeridianHealth Michigan Providers

Question	Answer
GENERAL	
Why is MeridianHealth Michigan implementing an Interventional Pain Management (IPM) Program?	MeridianHealth Michigan is implementing this program to improve quality and manage the utilization of non-emergent, IPM procedures for MeridianHealth members. MeridianHealth providers will utilize the same tools through RadMD to request IPM procedures as they do today for advanced imaging procedures.
What IPM procedures does this include?	 IPM Procedures that are included in this program: Spinal Epidural Injections Paravertebral Facet Joint Injections or Blocks Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) Sacroiliac Joint Injections
Why did MeridianHealth Michigan select Evolent?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for MeridianHealth Michigan membership.
Which MeridianHealth Michigan members will be covered under this relationship and what networks will be used?	Evolent will manage non-emergent outpatient IPM procedures for MeridianHealth Michigan members effective July 1, 2021, through MeridianHealth Michigan's contractual relationships.
PROGRAM START DATE	
What is the implementation date for this IPM Program?	The effective date of the program is July 1,2021. MeridianHealth Michigan and Evolent will be collaborating on provider related activities prior to the start date including provider training materials and provider education.

PRIOR AUTHORIZATION	
What IPM services will	The following outpatient IPM procedures require prior
require a provider to obtain	authorization through Evolent:
a prior authorization?	 Spinal Epidural Injections
	Paravertebral Facet Joint Injections or Blocks
	Paravertebral Facet Joint Denervation (Padiafraguanay Navyahyaia)
	(Radiofrequency Neurolysis) Sacroiliac Joint Injections
When is prior authorization	Prior authorization is required for outpatient, non-
required?	emergent IPM procedures. Ordering providers must
	obtain prior authorization for these procedures prior
	to the service being performed.
	Note: Only outpatient procedures are within the
	program scope. All IPM procedures performed in the
	Emergency Room or as part of inpatient or
	intraoperative care do not require prior authorization through Evolent.
Is prior authorization	Yes, authorization is required for dates of service on
required for members	or beyond July 1, 2021, even if the member is
currently undergoing	continuing treatment.
treatment?	
Who do we expect to order	IPM procedures requiring medical necessity review
IPM procedures?	are usually ordered by one of the following
	specialties.
	AnesthesiologistsNeurologists
	Pain Specialist
	Orthopedic Spine Surgeon
	 Neurosurgeon
	 Other physicians with appropriate pain
	procedure training and certification
Are inpatient IPM	No, Inpatient IPM procedures are not included in this
procedures included in this	program.
program? Are intraoperative IPM	No, IPM procedures performed for pain management
procedures included in this	during a larger surgical procedure are not included in
program?	this program.
How does the ordering	Providers will be able to request prior authorization
provider obtain a prior	via the Evolent website RadMD.com (preferred
authorization from Evolent	method) to obtain prior authorization for IPM
for an outpatient IPM	procedures. RadMD is available 24 hours a day, 7
procedure?	days a week.
	For Providers that are unable to submit authorizations using RadMD, our Call Center is available at 1-866-
	842-1767 for prior authorization, Monday-Friday, 7:00
	a.m. to 7:00 p.m. (CST)
	to 1.00 p (00.)

What information will Evolent require in order to receive prior authorization?

To expedite the process, please have the following information available before logging on to the website or calling the Evolent call center staff

(*denotes required information):

- Name and office phone number of ordering physician*
- 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 the pain procedure*:
 - Date of onset of pain or exacerbation
 - Physician exam findings and member symptoms (including findings applicable to the requested services)
 - Clinical Diagnosis
 - Date and results of prior IPM procedures.
 - Diagnostic imaging results, where available. Conservative treatment modalities completed, duration, and results (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
- Please be prepared to fax the following information, if requested:
- Clinical notes outlining onset of pain, conservative care modalities, outcomes and physical exam findings
- Date and results of prior IPM procedures
- Effectiveness of prior procedures on reducing pain
- Diagnostic Imaging results
- Specialist reports/evaluation

How do I send clinical information to Evolent if it is required?

The most efficient way to send required clinical information is to upload your documents to RadMD (preferred method). The upload feature allows clinical information to be uploaded directly after completing an authorization request. Utilizing the upload feature expedites your request since it is automatically attached and forwarded to our clinicians for review.

If uploading is not an option for your practice, you may fax utilizing the Evolent specific fax coversheet. To ensure prompt receipt of your information: Use the Evolent fax coversheet as the first page of your clinical fax submission. *Please do not use your own fax coversheet, since it will not contain the case specific information needed to process the case Make sure the tracking number on the fax coversheet matches the tracking number for your request Send each case separate with its own fax coversheet IPM Providers may print the fax coversheet from RadMD.com. Evolent will fax this coversheet to the IPM Provider during authorization intake or at any time during the review process. *Using an incorrect fax coversheet may delay a response to an authorization request. Can a provider request No. Evolent requires prior authorization for each IPM more than one procedure at procedure requested and will only authorize one a time for a member (i.e., a procedure at a time. series of epidural injections)? What kind of response time The best way to maximize the turnaround time of an can order providers expect authorization request is to initiate the request through for prior authorization? RadMD.com. Generally, within 2 to 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 will the Evolent The Evolent authorization number consists of alphaauthorization number look numeric characters. In some cases, the ordering like? provider may instead receive an Evolent 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 will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

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If requesting an authorization through	You will receive a tracking number and will need to submit clinical documentation that supports the
RadMD and the request	requested IPM procedure.
pends, what happens next?	roquosida ii iii procedure.
Can RadMD be used to	RadMD can only be used to initiate expedited
submit an expedited	authorization requests after normal business hours.
authorization request?	Requests that are submitted during normal business
	hours must be called into Evolent's Call Center
	through the toll-free number, 1-866-842-1767 for
	processing.
How long is the prior	The authorization number is valid for 30 days from
authorization number	the date of request.
valid?	
Is prior authorization	Yes.
necessary for IPM	
procedures if	
MeridianHealth Michigan is NOT the member's primary	
insurance?	
If a provider obtains a prior	An authorization number is not a guarantee of
authorization number does	payment. Authorizations are based on medical
that guarantee payment?	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-	Voc Batraga active review of completed procedures
authorizations?	Yes. Retrospective review of completed procedures are evaluated for medical necessity and to determine
autionzations:	whether there was an urgent or emergent situation
	that prohibited the provider from obtaining prior
	authorization for the service and to determine
	whether medical necessity guidelines were met. It is
	important that key physicians and office staff be
	educated on the prior authorization requirements.
	Claims for IPM procedures, as outlined above, that
	have <u>not</u> been properly authorized will <u>not</u> be
	reimbursed. Physicians administering these
	procedures should not schedule or perform
What happens if I have a	procedures without prior authorization.
What happens if I have a	An authorization can be obtained for all IPM
service scheduled for July 1, 2021?	procedures for dates of service July 1, 2021, and beyond, beginning June 21, 2021. Evolent and
1, 2021:	MeridianHealth Michigan will be working with the
	provider community on an ongoing basis to continue
	to educate providers that authorizations are required.
	1.5 55.55.50 provident and reducine are required.

Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the website at RadMD.com .
Will the Evolent authorization number be displayed on the MeridianHealth Michigan website?	No, the authorization will not be displayed on the MeridianHealth Michigan website.
What if I disagree with Evolent's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through MeridianHealth Michigan. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
SCHEDULING PROCEDURES	
Will Evolent make a final determination based on the Anticipated Date of Service?	Evolent does not guarantee final determination of the request by the anticipated date of service.
Service?	The anticipated date of service (provided during request for authorization) is used to determine timing between procedures
	Please be advised that Evolent needs 2 to 3 business days after the receipt of clinical information to review and render a decision on a request. Please do not schedule or perform the procedure until you have an approved authorization.
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	Evolent will require the name of the facility/provider where the IPM procedure is going to be performed and the anticipated date of service. Ordering providers should obtain prior authorization before scheduling the procedure.
WHICH MEDICAL PROVIDER	S ARE AFFECTED?
Which medical providers are affected by the IPM Program?	Specialized Providers who perform IPM procedures in an outpatient setting.
	MeridianHealth Michigan providers will need to request a prior authorization from Evolent to bill the service. Providers who perform IPM procedures are generally located at:
	 Ambulatory Surgical Centers Hospital outpatient facilities Provider offices

CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent pain management services?	MeridianHealth Michigan network providers should continue to send claims directly to MeridianHealth Michigan. Providers are encouraged to use EDI claims submission
How can providers check claims and claims appeal status?	Providers should continue to check claims and appeals status with MeridianHealth Michigan.
MISCELLANEOUS	
How is medical necessity defined?	 Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; Be appropriate to the intensity of service and level of setting; Provide unique, essential, and appropriate information when used for diagnostic purposes; Be 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 Not furnished primarily for the convenience of the member, the attending physician, or other provider.
Will provider trainings be offered closer to the implementation date?	Yes, Evolent will conduct provider training sessions before the implementation date of this program.
Where can a provider find Evolent's Guidelines for Clinical Use of Pain Management Procedures?	Evolent's IPM Guidelines can be found on the website at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

What will the Member ID card look like? Will the ID card have both Evolent and MeridianHealth Michigan information on it? Or will there be two cards?

The MeridianHealth Michigan Member ID card will not change and will not contain any Evolent identifying information on it.

RE-REVIEW AND APPEALS PROCESS

Is the re-review process available for the IPM program once a denial is received?

Once a denial determination has been made, if the office has new or additional information to provide, a re-review can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A re-review must be initiated within 10 calendar days from the date of denial and prior to submitting a formal appeal. – Medicaid

Medicare plans: Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.

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.

Evolent has a specialized clinical team focused on Interventional Pain Management. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. The IPM provider may call 1-866-842-1767 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.

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

If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for IPM procedures

If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by Evolent.

What option should I select to receive access to initiate authorizations?

Selecting "Physician's office that orders procedures" will allow you access to initiate authorizations for pain management procedures.

How do I apply for RadMD access to initiate authorization requests if I don't have access?	 User would go to our website RadMD.com. Click on NEW USER. Choose "Physician's office that orders procedures" from the drop-down box Complete application with necessary information. Click on Submit Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application 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 randaring provider	
What is rendering provider access?	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. User would go to our website RadMD.com Select "Facility/Office where procedures are performed" Complete application Click on Submit Examples of a rendering facility that only need to view approved authorizations: Hospital facility Billing department Offsite location Another user in location who is not interested in initiating authorizations
Which link on RadMD will I	Clicking the "Request Pain Management or
select to initiate an	Minimally Invasive Procedure" link will allow the
authorization request for	user to submit a request for an IPM procedure.
IPM procedures?	
How can providers check the	
status of an authorization	by using the "View Request Status" link on RadMD's
request?	main menu.
How can I confirm what	Clinical Information that has been received via upload
clinical information has	or fax can be viewed by selecting the member on the
been uploaded or faxed to Evolent?	View Request Status link from the main menu. On the
Evoletit	bottom of the "Request Verification Detail" page, select the appropriate link for the upload or fax.
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Where can providers find	Links to case-specific communication to include
their case-specific	requests for additional information and determination
communication from	letters can be found via the View Request Status link.
Evolent?	
If I did not submit the initial	The "Track an Authorization" feature will allow users
authorization request, how	who did not submit the original request to view the
can I view the status of a	status of an authorization, as well as upload clinical
case or upload clinical	information. This option is also available as a part of
documentation?	your main menu options using the "Search by
	Tracking Number feature. A tracking number is
	required with this feature.
Paperless Notification:	Evolent defaults communications including final
How can I receive	authorization determinations to paperless/electronic.
notifications electronically	Correspondence for each case are sent to the email
instead of paper?	of the person submitting the initial authorization
instead of paper:	request.
	request.
	Users will be sent an email when determinations are
	made.
	made.
	No DI II will be contained in the email
	No PHI will be contained in the email. The ameil will contain a link that requires the
	The email will contain a link that requires the
	user to log into RadMD to view PHI.
	Providers who prefer paper communication will be
	given the option to opt out and receive
	communications via fax.
CONTACT INFORMATION	
Who can I contact if we	For assistance or technical support, please contact
need RadMD support?	RadMDSupport@evolent.com or call 1-800-327-
nood Rading Support:	0641.
	, OOT 1.
	RadMD is available 24/7, except when maintenance
	is performed once every other week after business
	, ,
	hours.
Who can a provider contact	Drovidore con contact Mara Crimera Drovidor
Who can a provider contact	Providers can contact, Mara Grimm, Provider
at Evolent for more	Relations Manager, at 804-548-0584 or
information?	mara.grimm@evolent.com