Evolent Medical Specialty Solutions Frequently Asked Questions (FAQs) For Common Ground Health Care Cooperative (CGHC) Providers	
Question	**Answer**
WHY IMPLEMENT THIS PROGRAM	
Why is CGHC implementing a Medical Specialty Solutions Program?	CGHC is implementing a Medical Specialty Solutions Program to ensure clinically appropriate care and manage the increasing utilization of non-emergent outpatient Medical Specialty Solutions.
WHY CHOOSE EVOLENT	
Why did CGHC select Evolent to manage its Medical Specialty Solutions Program?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with CGHC because of their clinically driven program that is designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for CGHC membership.
CGHC MEMBER IMPACT	
Which CGHC members will be covered under this relationship and what networks will be used?	Evolent's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for all CGHC membership will be managed through CGHC's contractual relationships.
PROGRAM START DATE	
What is the implementation date for the Medical Specialty Solutions Program?	Implementation is December 1, 2024.
SERVICES REQUIRING PRIOR AUTHORIZATION	
What Medical Specialty Solutions Services require providers to obtain prior authorization?	The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through Evolent, Effective December 1, 2024: • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • Nuclear Stress Test • Echocardiography Emergency room, 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.
WHEN IS PRIOR AUTHORIZATION REQUIRED	
When is prior authorization required by Evolent?	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.
MRI WITH SEDATION	
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
CT-GUIDED BIOPSY	
Is an Evolent authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
CHIROPRACTIC IMAGING ORDERS	
Can a chiropractor order images?	Yes, a chiropractor can order images.
ROUTINE IMAGING SERVICES	
Are routine imaging services a part of this program?	No, routine imaging services are not included in the Medical Specialty Solutions Program.
INPATIENT ADVANCED IMAGING	
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	No. Inpatient advanced imaging procedures are not included in this program.
EMERGENCY DEPARTMENT SERVICES	
Is prior authorization required through Evolent for Medical Specialty Solutions Services performed in the emergency room?	No. Medical Specialty Solutions Services performed in the emergency room are not included in this program and do not require prior authorization through Evolent.
ORDERING PROVIDER PROCESS	
How does the ordering provider obtain prior authorization from Evolent for a Medical Specialty Solutions outpatient service?	Providers can request prior authorization via the internet (RadMD.com) or by calling Evolent at 1-866-500-7704.
PRIOR AUTHORIZATION REQUEST	
What information is required to receive prior authorization from Evolent?	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.) • 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* - 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) Please be prepared to provide the following information, if requested - Clinical notes - X-ray reports - Previous related test results - Specialist reports/evaluation ***To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on RadMD.com.**
MULTIPLE SERVICES	
Can a provider request more than one service at a time for a member?	Evolent can handle multiple authorization requests per contact. Separate authorization numbers are issued by Evolent for each service that is authorized.
TURNAROUND TIME (TAT)	
What kind of response time can ordering providers expect for prior authorization?	Generally, within three 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.
EVOLENT AUTHORIZATION NUMBER	
What does the Evolent authorization number look like?	The Evolent authorization number consists of alpha-numeric characters. In some cases, the ordering provider may 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 can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
PENDING AUTHORIZATION	
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolent will contact you to complete the process.
EXPEDITED PRIOR AUTHORIZATION	
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 Evolent's call center for review and processing.
ADDITIONAL SERVICES	
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 Evolent immediately with the appropriate clinical information for an expedited review.
RENDERING PROVIDER INITIATES AUTHORIZATION	
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, Evolent will follow-up with the ordering provider to complete the process.
AUTHORIZATION EXPIRATION DATE	
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.
CGHC NOT PRIMARY INSURANCE	
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if CGHC is NOT the member's primary insurance?	No, prior authorization is not necessary for Medical Specialty Solutions outpatient service if CGHC is not the primary insurance.

GUARANTEE OF PAYMENT	
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, which may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
RETROACTIVE AUTHORIZATION	
Does Evolent allow retro-authorizations?	Yes, in certain situations. It is important that the rendering facility staff be educated on the 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.
DATE OF SERVICE DECEMBER 1, 2024	
What happens if I have a service scheduled for December 1, 2024?	Beginning December 1, 2024, an authorization can be obtained for all medical Specialty Solutions for dates of service December 1, 2024, and beyond. Evolent and CGHC will work with the provider community to continue to educate providers about the authorization process and when they are required.
ONLINE AUTHORIZATION NUMBER	
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.
CGHC PROVIDER PORTAL	
Will the Evolent authorization number be displayed on the CGHC website?	Yes, after submission is complete the authorization will display in the CGHC Provider Portal.
DETERMINING SETTING	
How does Evolent determine where to schedule Medical Specialty Solutions Services for CGHC members?	Evolent manages Medical Specialty Solutions services through the CGHC contractual relationships and authorizes the setting that is appropriate to the: • Type of service and expected outcome; • Intensity of service and level of setting; • Diagnostic or treatment purposes • Lowest cost alternative that effectively addresses and treats the medical problem

DATE OF SERVICE	
Why does Evolent ask for a date of service when authorizing a procedure?	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.
PRIOR AUTHORIZATION	
Do providers have to obtain an authorization before the services are rendered?	Providers should obtain authorization before scheduling the member for services.
MEDICAL PROVIDERS IMPACTED	

Which medical providers are affected by the Medical Specialty Solutions program?	Any provider who orders Medical Specialty Solution Services in an outpatient setting will be affected. Ordering providers will need to request a prior authorization, and the rendering providers will need to ensure there is an authorization number to bill the service.
	• Ordering providers include, but are not limited to, Primary Care Providers (PCPs) and Specialty Care providers.
	• Rendering providers who perform Medical Specialty Solutions Services at**:**
	  • Freestanding diagnostic facilities
	  • Hospital outpatient diagnostic facilities
	  • Provider offices

SUBMIT CLAIMS	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should submit claims as indicated on the back of the CGHC member ID card. Providers are also encouraged to follow their normal EDI claims process.
VIEW CLAIMS STATUS	
How can providers check claims status?	Providers should check claims status using the CGHC claim portal at: CommonGroundHealthcare.org.
APPEAL CONTACT	
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claim payment is denied, the provider may appeal the decision through CGHC. Instructions will be on the appeal denial letter or the Explanation of Payment (EOP) notification.
MEDICAL NECESSITY	
How is medical necessity defined?	Evolent defines medical necessity as a service that:

	• 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.

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<tr><th colspan="2">EVOLENT GUIDELINES</th></tr>
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| **Where can a provider find Evolent's Guidelines for Medical Specialty Solutions Services?** | Evolent's Clinical Guidelines can be found on the 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. |

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<tr><th colspan="2">CGHC MEMBER ID CARD</th></tr>
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| **Will the CGHC member ID card change with the implementation of this Medical Specialty Solutions Program?** | No, the CGHC member ID card will not contain any Evolent information. For more information, please see the CGHC Provider Manual at CommonGroundHealthcare.org. |

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| **What is an OCR Fax Coversheet?** | 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 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.
RECONSIDERATION PROCESS	
Is the Reconsideration process available for the outpatient Medical Specialty Solutions services once a denial is received?	Once a denial determination has been made, if the office has new or additional information to provide, a Reconsideration can be initiated. Upload via RadMD or fax (using the case specific fax cover sheet) any new or additional clinical information to support the request. A Reconsideration must be initiated within seven (7) business days from the date of denial and cannot be initiated after submitting a formal appeal. Note – a Reconsideration is not needed a pre-require to submit an appeal. 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.
APPEAL INSTRUCTIONS	
Who should a provider contact if they want to appeal a prior authorization decision?	Please follow the appeal instructions provided on the denial letter or the Explanation of Payment (EOP) notification.
INITIATE AUTHORIZATION	
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.
APPLY FOR ACCESS	
How do I apply for RadMD access to initiate authorization requests?	Prospective users should go to the website RadMD.com. • Click New User • Choose "**Physician's office that orders procedures**" from the drop-down list • Complete application with necessary information

	• Click Submit The user will receive an email from our RadMD support team within a few hours after completing the application. The email will include 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.
RENDERING PROVIDER ACCESS	
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** through the account application process on RadMD**.** • Click New User • Choose "**Facility/Office where procedures are performed**" from the drop-down box • Complete application with necessary information • Click Submit Examples of a rendering facility that only need to view approved authorizations: • Hospital facility • Billing department • Offsite location Rendering provider access also allows a user in another location who is not interested in initiating authorizations to view approved authorizations.
INITIATE OUTPATIENT EXAM OR SPECIALTY PROCEDURE REQUEST	
Which link on RadMD will I select to initiate an authorization request for an outpatient exam or specialty procedure?	Clicking the "**Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)**" link will allow the user to submit a request for an outpatient exam or specialty procedure.
CHECK AUTHORIZATION STATUS	
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by clicking the "Search for Request" link on RadMD's main menu.

CONFIRM UPLOAD OR FAX	
How can I confirm what clinical information has been uploaded or faxed to Evolent?	View clinical Information that has been received via upload or fax by clicking the member's 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.
CASE-SPECIFIC COMMUNICATION	
Where can providers find their case-specific communication from Evolent?	Links to case-specific communication including requests for additional information and determination letters can be found via the "Search for Request" link.
NON-SUBMITTER VIEW OF CASE	
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The "Track an Authorization" feature will allow 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.
SHARING ACCESS	
Can I share my RadMD access with my coworkers?	Yes, RadMD access can be shared 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 user will be 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.
Paperless Notification: How can I receive notifications electronically instead of paper?	Evolent defaults communications including final authorization determinations to paperless/electronic notifications. Correspondence for each case is sent to the email of the person submitting the initial authorization request. Users will be sent an email when determinations are made. • No PHI will be contained in the email.

	• 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.
RADMD SUPPORT	
Who can I contact if we need RadMD support?	For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641. RadMD is available 24 hours a day, seven days a week, except when maintenance is performed every third Thursday of the month from 9 p.m. to 12 a.m. Pacific Time (PT).
EVOLENT PROVIDER CONTACT	
Who can a provider contact at Evolent for more information?	Evolent's Provider Relations Manager is your dedicated point of contact: Mara Grimm, Provider Relations Manager 804-548-0584 Mara.Grimm@Evolent.com
CGHC PROVIDER CONTACT	
Who can a provider contact at the CGHC if they have questions or concerns?	Call CGHC Provider Services at **1-877-514-2442**. Access the CGHC Provider Portal: CommonGroundHealthcare.org.

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