



Evolut Medical Specialty Solutions Frequently Asked Questions (FAQs) for ConnectiCare Providers	
Question	Answer
GENERAL	
Why did ConnectiCare implement a Medical Specialty Solutions Program?	ConnectiCare 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 services: Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.
Why did ConnectiCare select Evolut to manage its Medical Specialty Solutions Program?	Evolut (formerly National Imaging Associates, Inc.) was selected to partner with ConnectiCare because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for ConnectiCare membership.
Which ConnectiCare members are covered under this relationship and what networks are used?	Evolut's Medical Specialty Solutions for non-emergent, outpatient Medical Specialty Solutions services for ConnectiCare membership are managed through ConnectiCare contractual relationships.
PRIOR AUTHORIZATION	
What was the implementation date for the Medical Specialty Solutions Program?	Implementation was June 2000.
What Medical Specialty Solutions Services require providers to obtain a preauthorization/pre-registration?	The following non-emergent, outpatient Medical Specialty Solutions services require preauthorization/pre-registration through Evolut: <ul style="list-style-type: none">• CT/CTA.• MRI/MRA.• PET Scan.• MUGA Scan.• CCTA.• Myocardial Perfusion Imaging (MPI).

	<ul style="list-style-type: none"> • Transthoracic Echocardiography (TTE). • Transesophageal Echocardiography (TEE). • Stress Echocardiography. • Left Heart Catheterization. • Cardiac Resynchronization Therapy (CRT). • Cardiac Implantable Devices (defibrillator, pacemaker). • Interventional Pain Management (Spinal Epidural Injections, Paravertebral Facet Joint Injections or Blocks, Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis), Sacroiliac Joint Injections, Implantable Infusion Pump Insertion). • Other Procedures and Devices (No or Limited Evidence of Effectiveness): <ul style="list-style-type: none"> ○ Epidural Lysis of Adhesions (Racz procedure) ○ Minimally Invasive Decompression (including MILD). ○ Percutaneous Thermal Intra – Discal Procedures. ○ Interspinous Spacer Device. ○ Posterior Intra-Facet Implants. ○ Prolotherapy. • Inpatient and Outpatient Musculoskeletal Surgeries (Lumbar, Cervical, Thoracic, Sacroiliac Joint Fusion, Other Spine Surgeries, Procedures, and Devices). • Radiation Oncology Management (Radiation Therapy for all Cancers as well as All Conditions for Proton Beam and Stereotactic Radiation Therapy). <p>Emergency room, observation, and inpatient procedures do not require preauthorization 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 preauthorization required?</p>	<p>Preauthorization is required for non-emergent, outpatient procedures. Ordering providers must obtain preauthorization of these procedures prior to the service being performed at an imaging facility.</p>
<p>Is preauthorization necessary for sedation with an MRI?</p>	<p>No. Preauthorization is not required for sedation when performed with an MRI.</p>

Is an Evolent authorization number needed for a CT-guided biopsy?	No. Preauthorization is not required for this procedure.
Can a chiropractor order images?	Yes.
Are routine imaging services a part of this program?	No.
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.
Is preauthorization required 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 preauthorization through Evolent.
How does the ordering provider obtain a preauthorization from Evolent for a Medical Specialty Solutions outpatient service?	Providers can request preauthorization via the internet (RadMD.com) or by calling Evolent at 877-607-2363 .
What information is required to receive preauthorization?	<p>To expedite the preauthorization process, please refer to the specific required documentation for each Medical Specialty Solution. Have the appropriate information ready before signing in to RadMD or calling Evolent’s Call Center:</p> <p>(*denotes required information)</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, and medications). • Preliminary procedures already completed (e.g., x-rays, CTs, lab work, scoped procedures, referrals to

	<p>specialist, specialist evaluation).</p> <ul style="list-style-type: none"> 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 (preauthorization or treatment plan checklists) on RadMD.com.</p>
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 preauthorization?	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 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 Evolent 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, Evolent will follow up with the ordering provider to complete the process.
How long is the preauthorization number valid?	The authorization number is valid for 60 days from the date of request (for outpatient procedures). When a procedure is authorized, Evolent uses the date of the request as the starting point for the 60-day period in which the examination must be completed.
Is preauthorization necessary for a Medical Specialty Solutions outpatient service if ConnectiCare is NOT the member's primary insurance?	Yes.
If a provider obtains a preauthorization 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 retrospective authorizations?	Yes. It is important that rendering facility staff know the preauthorization requirements and check to see if the services have been preauthorized prior to providing services. These will not be reimbursed if they have not been properly authorized. The rendering facility should not schedule services without preauthorization. Retro rules are 30 calendar days from the date of service for medical necessity.
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 .
Will the Evolent authorization number be displayed on the ConnectiCare website?	No.

SCHEDULING SERVICES	
How does Evolent determine where to schedule Medical Specialty Solutions Services for ConnectiCare members?	Evolent manages Medical Specialty Solutions services through ConnectiCare’s contractual relationships.
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?	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.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Medical Specialty Solutions Program?	<p>Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers will need to request a preauthorization 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. ▪ Ambulatory surgical centers. ▪ Hospital outpatient diagnostic facilities. ▪ Provider offices. ▪ Radiation treatment facilities.
CLAIMS-RELATED	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should continue to send claims to the address indicated on the back of the ConnectiCare member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status on the ConnectiCare claim website at: connecticare.com/providers .

<p>Who should a provider contact if they want to appeal a preauthorization or claims payment denial?</p>	<p>In the event of a preauthorization or claims payment denial, providers may appeal the decision through ConnectiCare. 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>Evolut 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 can a provider find Evolut's guidelines for Medical Specialty Solutions Services?</p>	<p>Evolut's Clinical Guidelines can be found on Evolut's website, RadMD.com, under Online Tools/Clinical Guidelines. Evolut's guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.</p>
<p>Will the ConnectiCare member ID card change with the implementation of this Medical Specialty Solutions Program?</p>	<p>No. The ConnectiCare member ID card will not contain any Evolut information on it and the member ID card will 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.</p> <p>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.</p>
<p>RECONSIDERATION/RE-OPEN AND APPEALS PROCESS</p>	
<p>Is the reconsideration/re-open process available for the outpatient Medical Specialty Solutions services once a denial is received?</p>	<p>Once a denial determination has been made, if the office has new or additional information to provide, a reconsideration can be initiated by uploading via RadMD or faxing (using the case-specific fax cover sheet) additional clinical information to support the request. A reconsideration must be initiated within 15 calendar days from the date of denial and prior to submitting a formal appeal.</p> <p>Once a denial determination has been made for Medicare, it is considered final. A request to re-open may be initiated by the requesting provider within the following time frames:</p> <ul style="list-style-type: none"> ▪ From the date of denial and prior to submitting a formal appeal. ▪ Anytime to correct a clerical error on which the determination was made. <p>Evolent has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered prior to the final denial decision for any request that does not meet medical necessity guidelines.</p> <p>To initiate the peer-to-peer process, providers can call the phone number(s) above. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided. The peer-to-peer must take place prior to the denial decision being issued.</p>

<p>Who should a provider contact if they want to appeal a preauthorization decision?</p>	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
<p>RADMD ACCESS</p>	
<p>What option should I select to receive access to initiate authorizations?</p>	<p>Selecting “Physician’s office that orders procedures” will allow you access to initiate authorization requests for outpatient exams and/or specialty procedures.</p>
<p>How do I apply for RadMD access to initiate authorization requests?</p>	<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 with an approved username and a temporary passcode. Please contact the RadMD Support Team at 800-327-0641 if you do not receive a response within 72 hours.</p>
<p>What is rendering provider access?</p>	<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. • A user in another location who is not interested in initiating authorizations.

<p>Which link on RadMD will I select to initiate an authorization request for an outpatient exam or specialty procedure?</p>	<p>Clicking the "Request an exam or specialty procedure (including Cardiac)" link will allow the user to submit a request for an outpatient imaging procedure.</p>
<p>How can providers check the status of an authorization request?</p>	<p>Providers can check on the status of an authorization by clicking the "Search for Request" link on RadMD's main menu.</p>
<p>How can I confirm what clinical information has been uploaded or faxed to Evolent?</p>	<p>Clinical information that has been received via upload or fax can be 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.</p>
<p>Where can providers find their case-specific communication from Evolent?</p>	<p>Links to case-specific communication to include requests for additional information and determination letters can be found via the "Search for Request" link.</p>
<p>If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?</p>	<p>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.</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 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.</p>
<p>Paperless Notification: How can I receive notifications electronically instead of paper?</p>	<p>Evolent 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 will be sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI will be contained in the email. • The email will contain a link that requires the user to sign in to 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 need RadMD support?	For assistance, please contact RadMDSupport@evolent.com or call 800-327-0641 . RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to midnight PT.
Who can a provider contact at Evolent for more information?	You may contact your dedicated Evolent Provider Relations Manager: Charmaine Everett, Senior Manager 410-953-2615 or cseverett@evolent.com .
Who can a provider contact at ConnectiCare if they have questions or concerns?	Contact ConnectiCare Provider Services at 800-828-3407 . Providers may access the ConnectiCare portal: connecticare.com/providers .