Evolent Interventional Pain Management (IPM) Frequently Asked Questions (FAQ's) For Meridian Medicaid Plan (Meridian) Meridian Medicare-Medicaid Plan (MMP) Providers	
Question	**Answer**
GENERAL	
Why did Meridian Medicaid Plan (Meridian) and Meridian Medicare-Medicaid Plan (MMP) implement an Interventional Pain Management (IPM) Program?	Meridian Medicaid Plan (Meridian) and Meridian Medicare-Medicaid Plan (MMP) implemented this program to improve quality and manage the utilization of non- emergent, IPM procedures for Meridian and MMP members. Meridian and MMP providers 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: **(Effective 7/1/21 for Meridian Medicaid; Effective 2/1/2024 for MMP)** ▪ Spinal Epidural Injections ▪ Paravertebral Facet Joint Injections or Blocks ▪ Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) ▪ Sacroiliac Joint Injections ▪ Sympathetic Nerve Blocks ▪ Spinal Cord Stimulators **(Effective 2/1/2024 for all lines of business)**
Why did Meridian and MMP 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 Meridian and MMP membership.
Which Meridian and MMP members will be covered under this relationship and what networks will be used?	Evolent manages non-emergent outpatient IPM procedures for Meridian and MMP members effective July 1, 2021, for Medicaid and February 1, 2024, for Medicare - Medicaid MMP through Meridian and MMP's contractual relationships.

PROGRAM START DATE	
What was the implementation date for this IPM Program?	The effective date of the program was July 1, 2021, for Medicaid and will be February 1, 2024, for Medicare - Medicaid MMP. Meridian, MMP 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 require a provider to obtain a prior authorization?	The following outpatient IPM procedures require prior authorization through Evolent: • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) • Sacroiliac Joint Injections • Sympathetic Nerve Blocks • Spinal Cord Stimulators
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent IPM procedures. Ordering providers must obtain prior authorization for these procedures prior to the service being performed. <u>Note</u>: 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 required for members currently undergoing treatment?	Yes, authorization is required for dates of service on or beyond July 1, 2021, for Medicaid and February 1, 2024, for Medicare-Medicaid MMP even if the member is continuing treatment.
Who do we expect to order IPM procedures?	IPM procedures requiring medical necessity review are usually ordered by one of the following specialties. • Anesthesiologists • Neurologists • Pain Specialist • Orthopedic Spine Surgeon • Neurosurgeon • Other physicians with appropriate pain procedure training and certification

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Are inpatient IPM procedures included in this program?	No, Inpatient IPM procedures are not included in this program.
Are intraoperative and/or post-operative pain control IPM procedures included in this program?	No, IPM procedures performed for pain management during a larger surgical procedure are not included in this program.
How does the ordering provider obtain a prior authorization from Evolent for an outpatient IPM procedure?	Providers will be able to request prior authorization via the Evolent website RadMD.com (preferred method) to obtain prior authorization for IPM procedures. RadMD is available 24 hours a day, 7 days a week. For Providers that are unable to submit authorizations using RadMD, our Call Center is available Monday-Friday, 7:00 a.m. to 7:00 p.m. (CST) • Medicare-Medicaid (MMP) 1-866-642-9704 • Medicaid 1-866-214-2493
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*: o Date of onset of pain or exacerbation o Physician exam findings and member symptoms (including findings applicable to the requested services) o Clinical Diagnosis o **Date and results** of prior IPM procedures. o 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)

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	Please be prepared to upload to RadMD or 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 more than one procedure at a time for a member (i.e., a series of epidural injections)?	No. Evolent requires prior authorization for each IPM procedure requested and will only authorize one procedure at a time.

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What kind of response time can order providers expect for prior authorization?	The best way to maximize the turnaround time of an authorization request is to initiate the request through 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 authorization number look like?	The Evolent authorization number consists of alpha-numeric characters. In some cases, the ordering 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.
If requesting an authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and will need to submit clinical documentation that supports the requested IPM procedure.
Can RadMD be used to submit an expedited authorization request?	RadMD can only be used to initiate expedited authorization requests after normal business hours. Requests that are submitted during normal business hours must be called into Evolent's Call Center through the toll-free number, Medicare-Medicaid (MMP) 1-866-642- 9704 and Medicaid 1-866-214-2493 for processing.
How long is the prior authorization number valid?	The authorization number is valid for 12 months from the date of request.
Is prior authorization necessary for IPM procedures if Meridian and MMP is NOT the member's primary insurance?	No, authorization is not required if Meridian and MMP is secondary to another plan.
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.

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Does Evolent allow retro-authorizations?	No. 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 <u>should not</u> schedule or perform procedures without prior authorization.
What happens if I have a service scheduled for February 1, 2024?	An authorization can be obtained for Medicare – Medicaid MMP dates of service February 1, 2024, and beyond, beginning February 1, 2024. Evolent, Meridian and MMP will be working with the provider community on an ongoing basis to continue to educate providers that authorizations 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 Meridian and MMP website?	No, the authorization will not be displayed on the Meridian and MMP 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 Meridian and MMP. 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. 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.

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WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the IPM Program?	Specialized Providers who perform IPM procedures in an outpatient setting. Meridian and MMP 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?	Meridian and MMP network providers should continue to send claims directly to Meridian and MMP. 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 Meridian and MMP.
MISCELLANEOUS	
How is medical necessity defined?	Evolent defines medical necessity as services that: • 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 are reviewed yearly and modified when necessary, following a literature search of pertinent and established clinical guidelines and accepted practices. They can be found on the website at RadMD.com.
Will the Meridian and MMP member ID card change with the implementation of this IPM Program?	No. The Meridian and MMP member ID card will not contain any Evolent information on it and the member ID card will not change with the implementation of this IPM Program.
RE-REVIEW/RE-OPEN AND APPEALS PROCESS	
Is the re-review/re-open 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, re-review for Medicaid 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 MSK. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. The MSK provider may call Medicare-Medicaid (MMP) 1-866-642-9704 and Medicaid 1-866-214-2493 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. |

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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 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

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Which link on RadMD will I select to initiate an authorization request for IPM procedures?	Clicking the "**Request Pain Management or Minimally Invasive Procedure**" link will allow the user to submit a request for an IPM procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by using the "View Request Status" link on RadMD's main menu.
How can I confirm what clinical information has been uploaded or faxed to Evolent?	Clinical Information that has been received via upload or fax can be viewed by selecting the member on the View Request Status link from the main menu. On the bottom of the "Request Verification Detail" page, 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 View Request Status link.
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 by Tracking Number" feature. A tracking number is required with this feature.
Paperless Notification: How can I receive notifications electronically instead of paper?	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. 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.
CONTACT INFORMATION	
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 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.

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Who can a provider contact at Evolent for more information?	Providers can contact Andrew Dietz, Sr. Provider Relations Manager, at 407-967-4636 or adietz@evolent.com

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