Tufts Health Public Plans and Tufts Health Plans Medical Specialty Solutions (MSS)

Revised October 2024

Evolent Program Agenda

Our MSS Program

✓ Authorization Process
  - Other Program Components

✓ Provider Tools and Contact Information

✓ RadMD Demo

✓ Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care

Our Motivation

Patients

- Better Treatment
- Better Health

Providers

- Less Friction
- Appropriate Care

Prior Authorization Program

THE PROGRAM

- Tufts Health Public Plans and Tufts Health Plan have a prior authorization program through Evolent for the management of outpatient advanced imaging and cardiac services

IMPORTANT DATES

- Authorizations are required for services rendered on or after October 1, 2014

- January 1, 2025 Tufts Health will implement a Clinical Validation Review (CVR) process as part of the Medical Specialty Solutions program

PROCEDURES & SETTINGS INCLUDED

- Settings:
  - Office
  - Outpatient Hospital
  - Outpatient Facility

MEMBERSHIP INCLUDED

- Commercial
- Medicare
- Medicaid
- Exchange

NETWORK
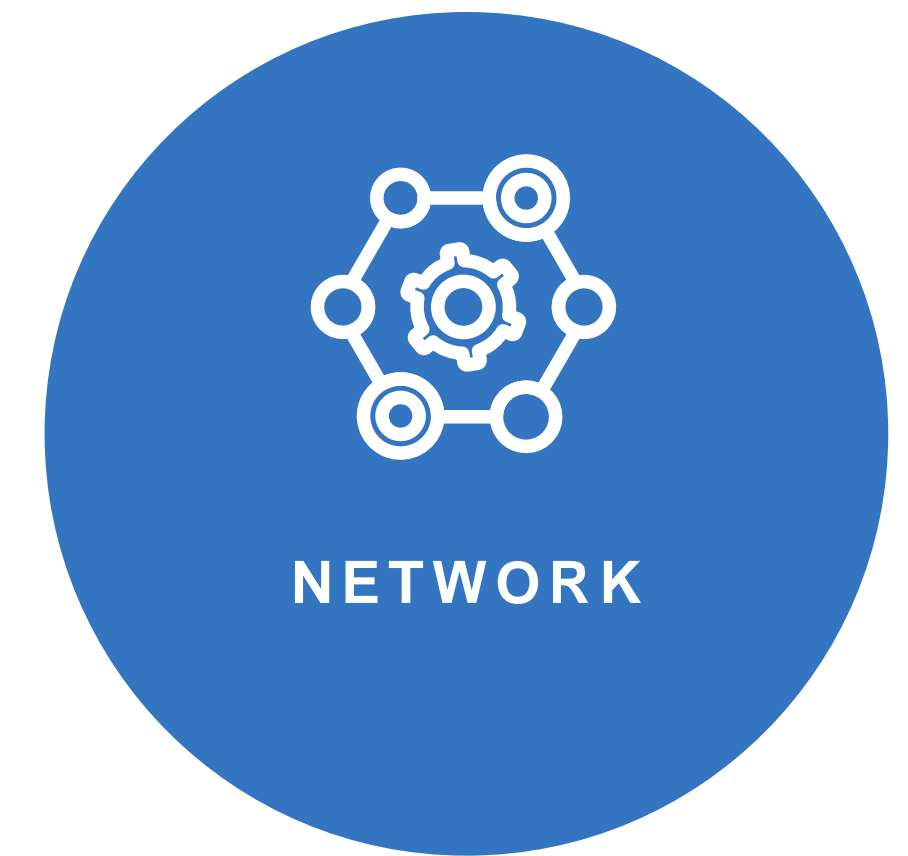
- Evolent's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Tufts Health Public Plans and Tufts Health Plans membership is managed through Tufts Health Public Plans and Tufts Health Plans contractual relationships.

Medical Specialty Solutions

Outpatient Procedures:

- CT/CTA

- CCTA

- MRI/MRA

- PET Scan

- Myocardial Perfusion Imaging (MPI)

- MUGA Scan

Surgery Exclusions

Excluded from the Program Procedures Performed in the following Settings:
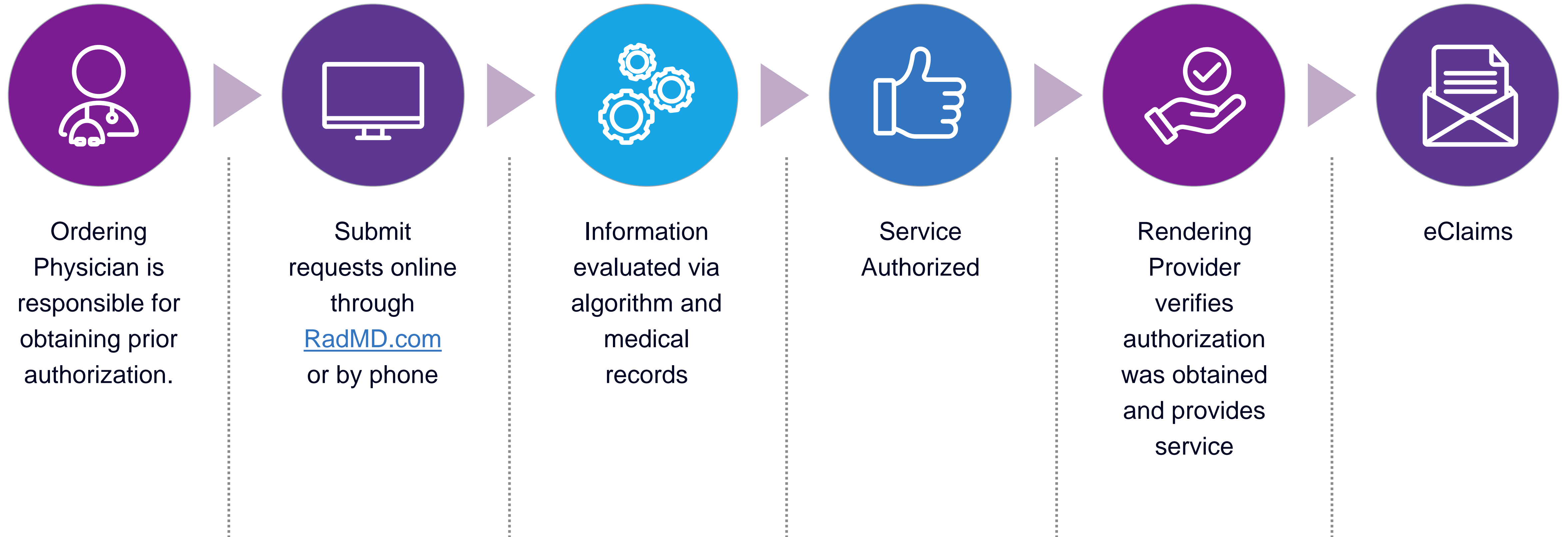
- Hospital Inpatient
- Observation
- Emergency Room

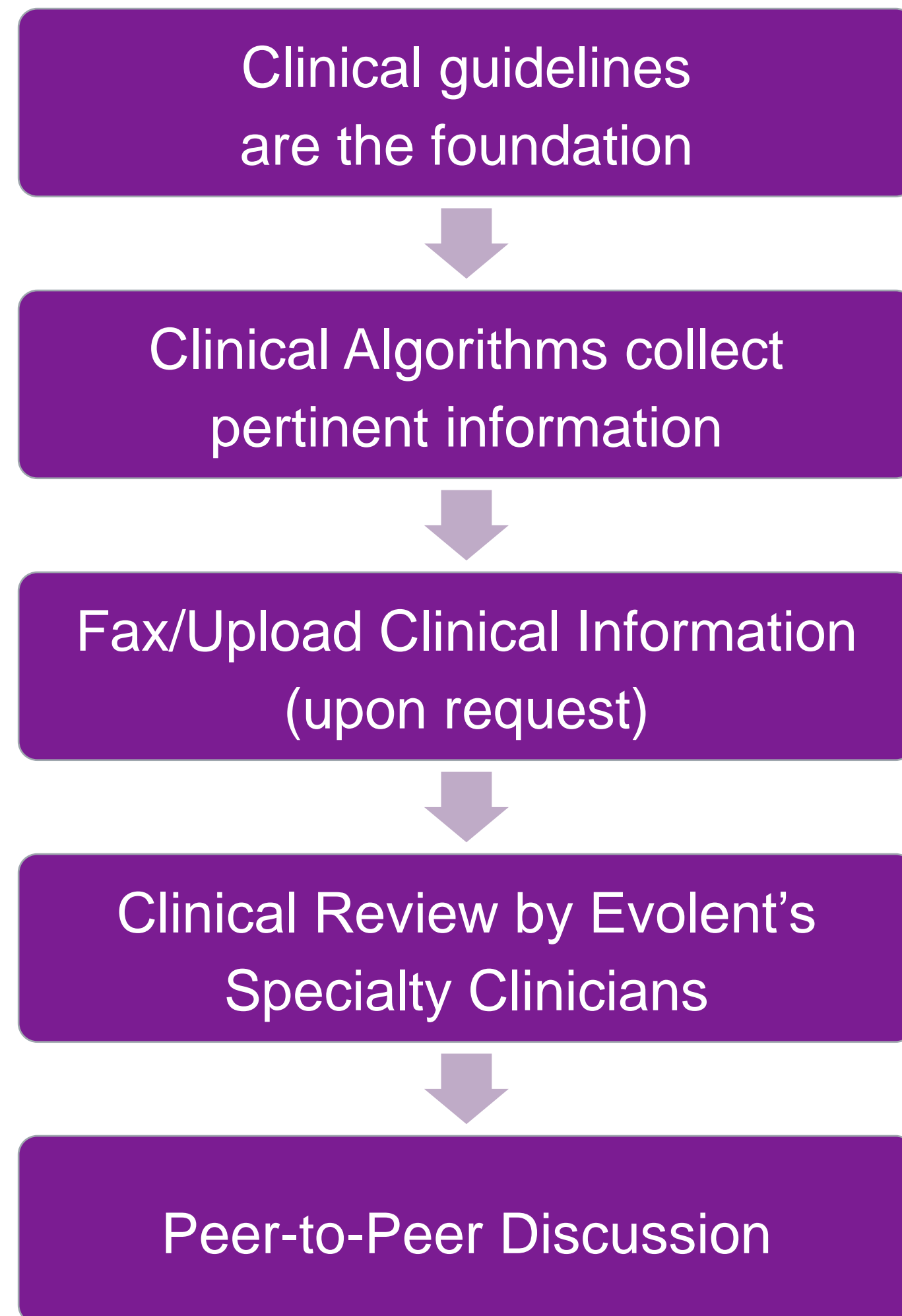# CPT Codes Requiring Prior Authorization (Medical Specialty Solutions Example)

✓ Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.

✓ Only one authorization is required when add–on codes are used in conjunction with a primary code listed on the matrix.

✓ Located on RadMD.com.

✓ Defer to Tufts Health Public Plan and Tufts Health Plan's Policies for Procedures not on Claims/Utilization Review Matrix.

Medical Specialty Solution Utilization Review Matrix (Sample)		
Authorized CPT Code	**Description**	**Allowable Billed Groupings**
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	**70450, 70460, 70470, +0722T**
70480	CT Orbit	**70480, 70481, 70482, +0722T**
70486	CT Maxillofacial/ Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540[2]	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T

Prior Authorization Process Overview

| Ordering Physician is responsible for obtaining prior authorization. | → | Submit requests online through RadMD.com or by phone | → | Information evaluated via algorithm and medical records | → | Service Authorized | → | Rendering Provider verifies authorization was obtained and provides service | → | eClaims |

Evolent's Clinical Foundation & Review

Clinical guidelines
are the foundation

↓

Clinical Algorithms collect
pertinent information

↓

Fax/Upload Clinical Information
(upon request)

↓

Clinical Review by Evolent's
Specialty Clinicians

↓

Peer-to-Peer Discussion

- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Health Plan and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com**

- Algorithms are a branching structure that changes depending upon the answer to each question.

- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.

- Evolent has a specialized clinical team focused on MSS .

- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

- **Our goal – ensure that members are receiving appropriate care.**

Member and Clinical Information Required for Authorization

- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings.

- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).

- Reason the study is being requested (e.g., further evaluation, rule out a disorder).

* Refer to the Prior Authorization Checklists on RadMD for more specific information.

Document Review

✓ Evolent may request members' medical records/additional clinical information.

✓ When requested, validation of clinical criteria within the member's medical records is required before approval can be made.

✓ Ensures that clinical criteria that supports the requested test are clearly documented in medical records.

✓ Helps ensure that members receive the most appropriate, effective care.

Request for Clinical Information

✓ Correspondence sent detailing required clinical information along with a fax coversheet.

✓ Please provide the clinical information as quickly as possible so we can make a determination.

✓ Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information

✓ Records may be submitted:

- Upload to RadMD.com
- Fax using Evolent coversheet

✓ Location of Fax Coversheets:

- Can be printed from RadMD.com
- Call 1-800-207-4209

✓ Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

| Upload Clinical Document | Print Fax Cover Sheet | Request Additional Visits |

Cases in this Request

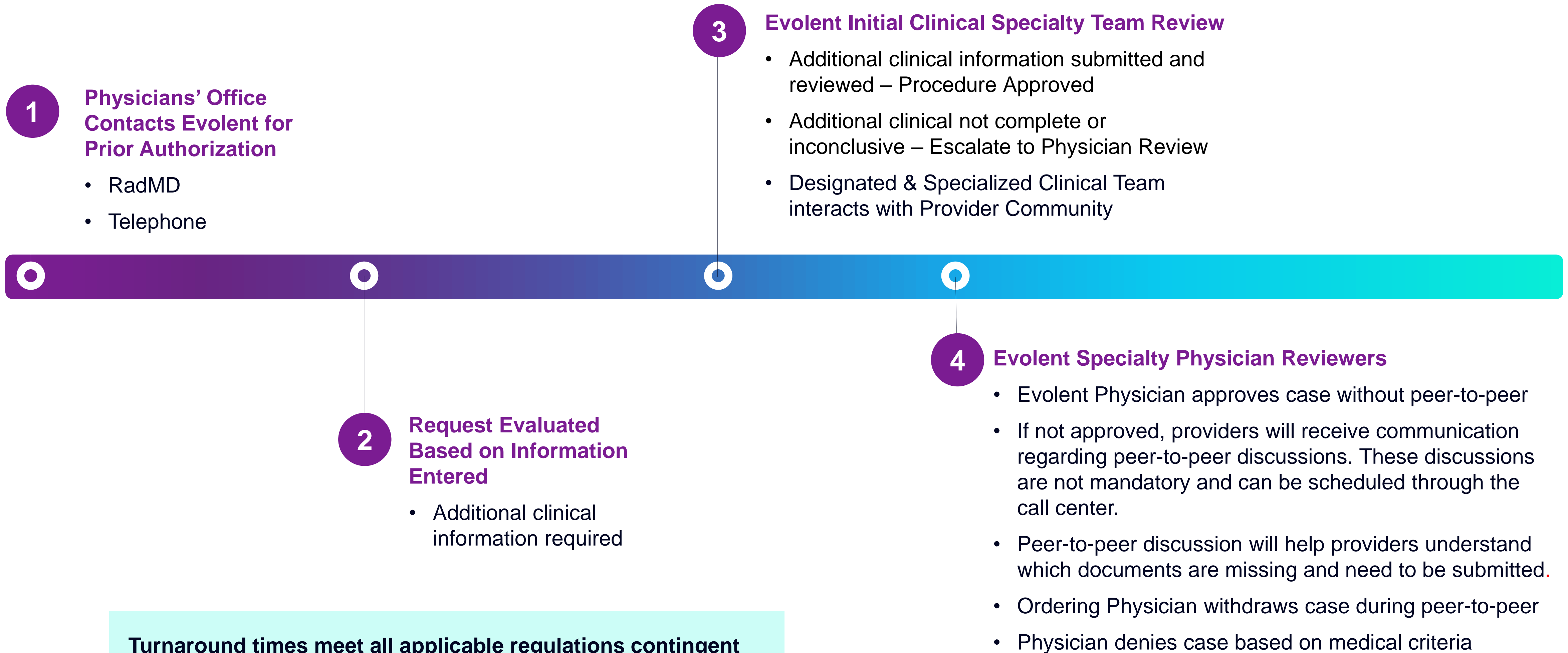| Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female		
Date of Birth:	5/24/1971	Address:	123 Main St, New City, ST 12345
Member ID:	AB123456	Phone:	123-456-7890
Health Plan:	ABC Health Plan HMO	Tax ID:	987654321
		UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team

Medical Specialty Solutions Review

Clinical Specialization Pods Overseen by Senior Medical Director

Physician Review Team consists of Physician Panel of Board-Certified Physician Specialists to meet State licensure requirements

Field Medical Directors conduct peer reviews on specialty products

Clinical Review Process

1 **Physicians' Office Contacts Evolent for Prior Authorization**

- RadMD
- Telephone

2 **Request Evaluated Based on Information Entered**

- Additional clinical information required

3 **Evolent Initial Clinical Specialty Team Review**

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review
- Designated & Specialized Clinical Team interacts with Provider Community

4 **Evolent Specialty Physician Reviewers**

- Evolent Physician approves case without peer-to-peer
- If not approved, providers will receive communication regarding peer-to-peer discussions. These discussions are not mandatory and can be scheduled through the call center.
- Peer-to-peer discussion will help providers understand which documents are missing and need to be submitted.
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.

- The Evolent website RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolent call center at 1-800-207-4209.

- Turnaround time is not to exceed 72 calendar hours.

Authorization Validity Period

- Authorizations are valid for 60 days from the scheduled date of service

Adverse Determination Notification and Options: Medicaid/ Exchange

- **Notifications:**

  - Include an explanation of services denied and the clinical rationale.

- **Options:**

  - **Peer-to-peer discussions and re-reviews/reconsiderations are available, but not required, prior to submitting an appeal.**

  - Peer-to-peer discussions can be initiated once the adverse determination has been made.

    - In some cases, a peer-to-peer discussion will be for consultation purposes only.

  - Re-reviews and Reconsiderations Timeframe:

    - Medicaid: re-review must occur within 30 calendar days from the date of denial and prior to submitting a formal appeal.

    - Exchange: reconsideration must occur within 30 calendar days from the date of denial and prior to submitting a formal appeal.

  - Appeals: providers are asked to follow the instructions provided in their denial letter.

Adverse Determination Notification and Options: Medicare

- **Notifications:**

  - Notifications include an explanation of services denied and the clinical rationale.

- **Options:**

  - Peer-to-peer discussions must be performed before a final determination has been made on the request, but not required.

  - Re-opens are only allowed if the request complies with the CMS definition of a re-open.

  - Appeals: providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

Claims Process:

- Providers should continue to submit their claims to Tufts Health Public Plans or Tufts Health Plan.
- Providers are strongly encouraged to use EDI claims submission.

Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Tufts Health Public Plans or Tufts Health Plan.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness

☑ Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv

☑ CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

☑ According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.

1 mSv=

🌎 *4 months of natural exposure* ℹ️

🩻 *50 chest x-rays*

Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns

Provider Tools

- Request Authorization

- View Authorization Status and Denial Rationale

- View and Manage Authorization Requests

- Upload Additional Clinical Information

- View Provider and Member Correspondence

- View Educational Resources

  - Clinical Guidelines
  - Frequently Asked Questions (FAQs)
  - Program Training Presentations
  - Utilization Review Matrices
  - RadMD Quick Start Guides

- Interactive Voice Response (IVR) System
  for authorization tracking

RadMD.com

Available 24/7
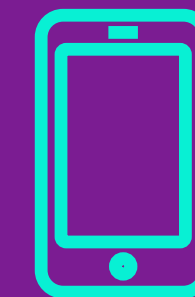
1-800-207-4209

Available Monday - Friday

8:00 AM – 8:00 PM EST

Evolent Website

RadMD.com

RadMD Functionality varies by user:

- **Ordering Provider's Office**
  - View and submit requests for authorization.

- **Rendering Provider**
  - View approved, pended and in review authorizations for their facility.

RadMD New User Application Process - Ordering

STEPS

1. Click the **"New User"** button on the right side of the home page.

   NOTE: On subsequent visits to RadMD, click the "Sign In" button to proceed.

2. Under the Appropriate Description dropdown select **"Physician's office that orders procedures"**

3. Complete the application and click **"Submit".**

4. Open email from Evolent webmaster with new user password instructions

IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.

- Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.

RadMD New User Application Process - Rendering

STEPS

1. Click the **"New User"** button on the right side of the home page.

   NOTE: On subsequent visits to RadMD, click the "Sign In" button to proceed.

2. Under the Appropriate Description dropdown select **"Facility/office where procedures are performed"**

3. Complete the application and click **"Submit".**

4. Open email from Evolent webmaster with new user password instructions

IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.

- Designate an "Administrator" for the facility who manages access for users.

- If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1

RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In   New User

Track an Authorization

Authorization Tracking Number   [Go]

2

-- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. *Shared accounts are not allowed.*
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
Facility/office/lab where procedures are performed ▾ What about read-only radiology offices?

New Account User Information

Choose a Username:

First Name: Last Name:

Phone: Fax:

Email: Confirm Email:

Company Name: Job Title:

Address Line 1:   Address Line 2:

City: State: [State] ▾

Zip:

Your Supervisor

Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.

First Name: Last Name:

Phone: Email:

Affiliated Facilities

Facility Tax ID #:   [Add]

Your Tax IDs:
[none]

[Submit]

Shared Access

Evolent offers a Shared Access feature on our RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on RadMD.com, allowing them to communicate with members and facilitate treatment.

Request
Exam or specialty procedure
   (including Cardiac, Ultrasound, Sleep Assessment)
Physical Medicine
   Initiate a Subsequent Request
Radiation Treatment Plan
Pain Management
   or Minimally Invasive Procedure
Spine Surgery or Orthopedic Surgery
Genetic Testing

Resources and Tools
   Shared Access
      1 share offer requires your attention
   Clinical Guidelines
   Request access to Tax ID

News and Updates

   Hot Topic:

Login As Username: [   ] Login

Request Status
   Search for Request
   View All My Requests
   View Customer Service Calls

Tracking Number: [   ] Search
                                    Forgot Tracking Number?

When to Contact Evolent

Initiating or checking the status of an authorization request	• Website: RadMD.com • Toll-free number: 1-800-207-4209
Initiating a Peer-to-Peer Consultation	• Toll-free number: 1-800-207-4209
Provider Service Line	• RadMDSupport@evolent.com • Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	Seth Cohen PT, DPT *Director, Provider Relations* 410-953-2418 • Seth.Cohen@evolent.com

RadMD Demonstration

THANK YOU!