



Absolute Total Care, Ambetter from Absolute Total Care and Wellcare Medical Specialty Solutions Program

Provider Training



Evolut Program Agenda

Our Medical Specialty Solutions Program

- ✓ Authorization Process
 - Other Program Components
- ✓ Provider Tools and Contact Information
- ✓ RadMD Demo
- ✓ Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



Medical Specialty Solutions Prior Authorization Program



- Absolute Total Care began a prior authorization program through Evolent for the management of Medical Specialty Solutions Services.



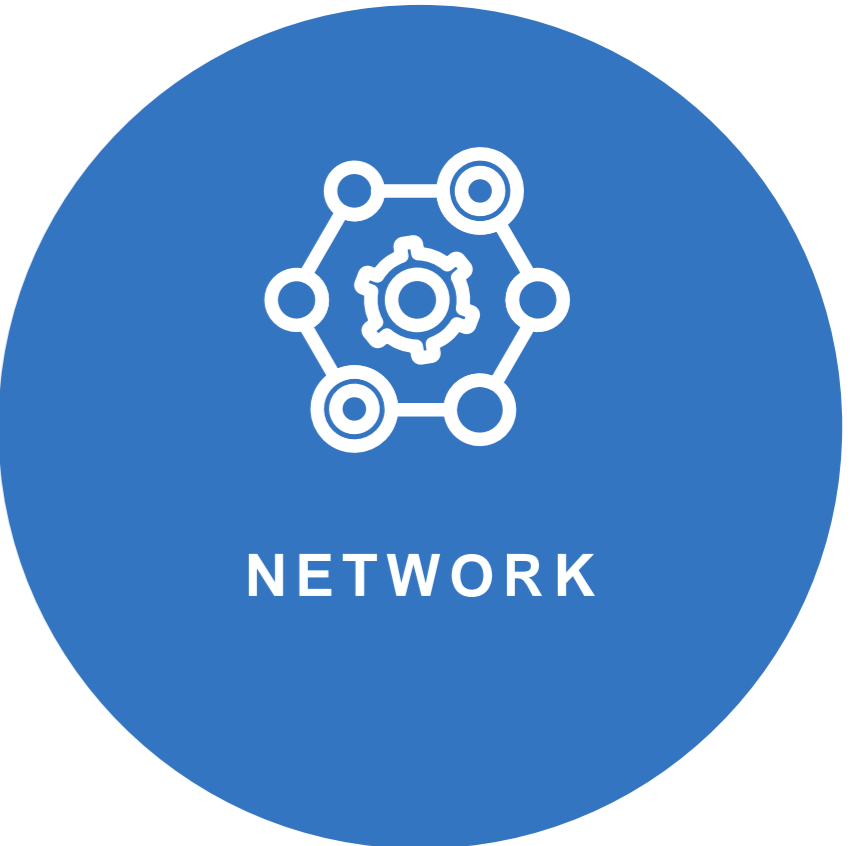
- Program start date:
Medicaid: May 1, 2011
- Ambetter: January 1, 2019
- Wellcare Prime: October 1, 2021
- Cardiac, Left Heart Catheterization, Implantable Devices: November 1, 2022



- Office
- Outpatient Hospital



- Exchange
- Exchange – ICHRA – Effective January 1, 2025
- Wellcare Prime (MMP)
- Medicaid



- Evolent will manage services through Absolute Total Care's contractual relationships.

Medical Specialty Solutions Absolute Total Care Medicaid and Wellcare Prime by Absolute Total Care

Medical Specialty Solutions Procedures Performed Outpatient Currently Requiring Prior Authorization

- CT/CTA
- MRI/MRA
- PET Scan
- Physical Medicine Services (Physical, Occupational and Speech Therapy)

Cardiac-Related Procedures Performed Outpatient Requiring Prior Authorization Effective November 1, 2022

- MUGA Scan
- Nuclear Stress Test
- Echocardiography
- Left Heart Catheterization
- Cardiac Implantable Devices (defibrillator, pacemaker)

Medical Specialty Solutions Ambetter from Absolute Total Care

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Exclusions

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- Hospital Inpatient
- Observation
- Emergency Room

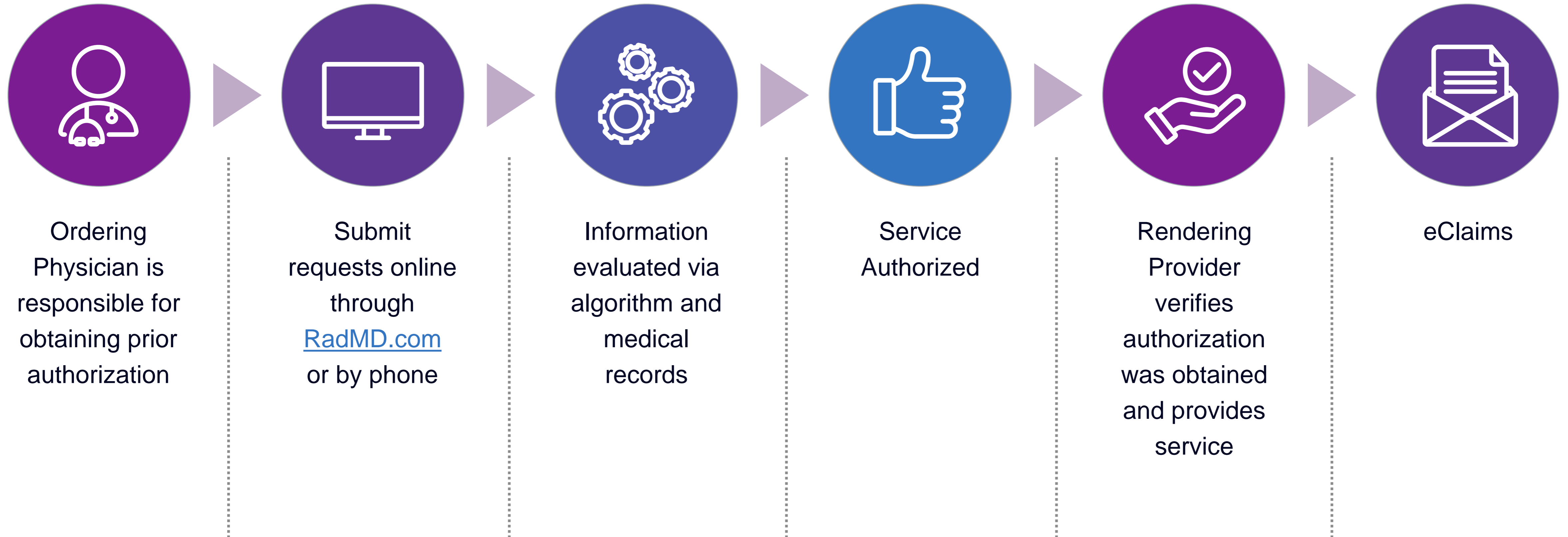


CPT Codes Requiring Prior Authorization (Medical Specialty Solutions Example)

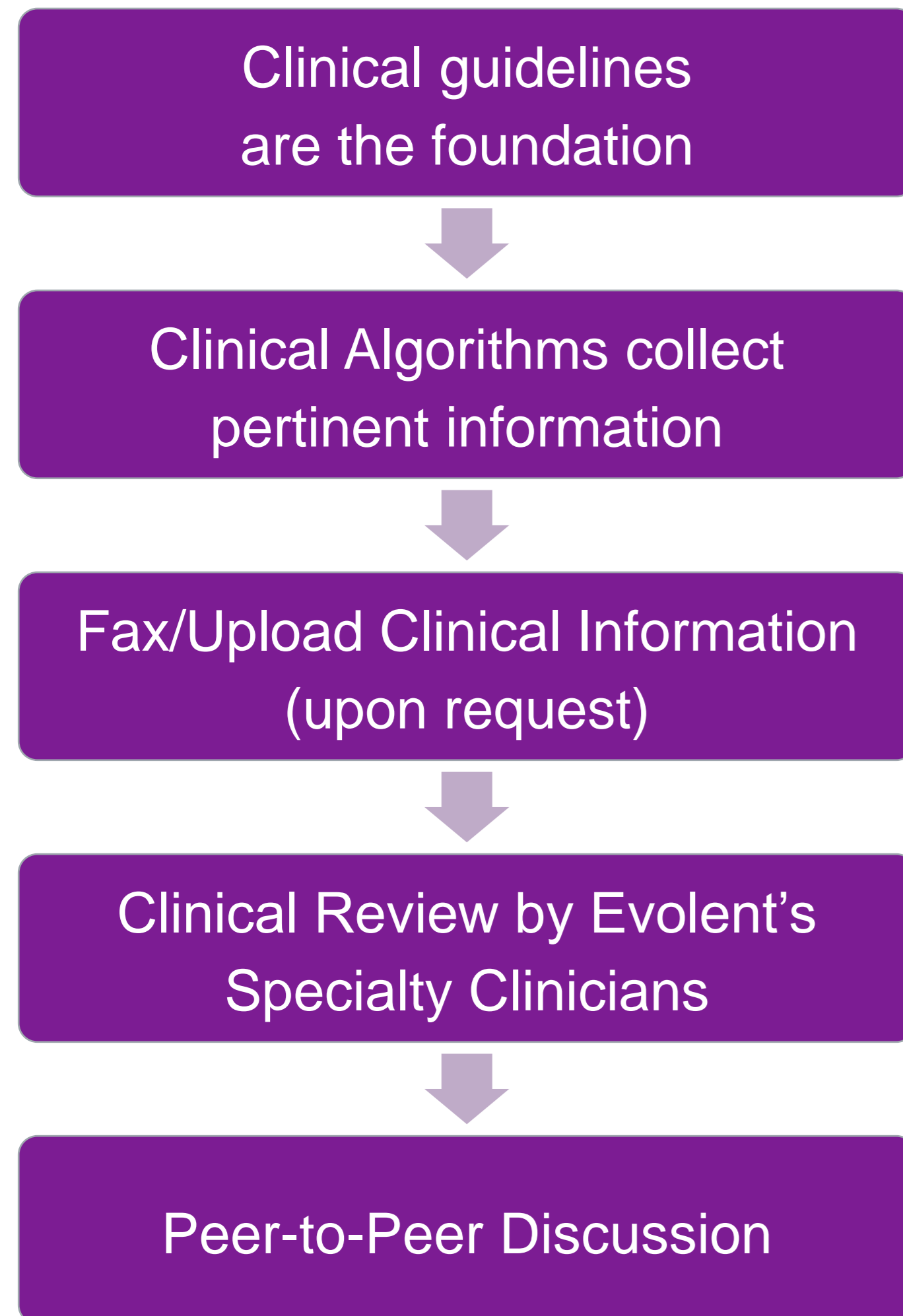
- 
 Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- 
 Includes CPT Codes and their Allowable Billable Groupings.
- 
 Located on [RadMD.com](https://www.radmd.com)
- 
 Defer to Absolute Total Care's Policies for Procedures not on Claims/Utilization Review Matrix.

MEDICAL SPECIALTY SOLUTIONS PROCEDURES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
MRI Temporomandibular Joint	70336	70336
CT Head/Brain	70450	70450, 70460, 70470, +0722T
CT Orbit	70480	70480, 70481, 70482, +0722T
CT Maxillofacial/Sinus	70486	70486, 70487, 70488, 76380, +0722T
CT Soft Tissue Neck	70490	70490, 70491, 70492, +0722T

Prior Authorization Process Overview



Evolent's Clinical Foundation & Review




- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Absolute Total Care and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.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 specialized clinical teams.
- 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.**


Authorization for Medical Specialty Solutions


Special Information


- Ordering physician information, member information, rendering provider information, and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.
- Preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

Evolut to Physician: Request for Clinical Information

- 

A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.
- 

We stress the need to provide the clinical information as quickly as possible so we can make a determination.
- 

Determination timeframe begins after receipt of clinical information.
- 

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

CC_TRACKING_NUMBER			FAXC
ABDOMEN - PELVIS CT PLEASE FAX THIS FORM TO: 1-800-784-6864 Date: TODAY			
ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			
Study Requested was: Abdomen - Pelvis CT For documentation ALWAYS PROVIDE: <ol style="list-style-type: none"> 1. The most recent office visit note 2. Any office visit note since initial presentation of the complaint/problem requiring imaging 3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging Further specifics and examples are listed below: FAX QUESTIONS_ADDL aalfaddlfaqquestions			
a) Abdominal pain evaluation: Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).			
b) Abnormal finding on examination, imaging or laboratory test: Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging			
c) Suspicion of cancer: Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy			
d) History of cancer: Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.			
e) Pre-operative evaluation: Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.			
f) Post-operative evaluation:			
CC_TRACKING_NUMBER			FAXC

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to [RadMD.com](https://www.radmd.com)
 - Fax using Evolent coversheet

- Location of Fax Coversheets:
 - Can be printed from [RadMD.com](https://www.radmd.com)
 - Medicaid: 1-866-433-6041
 - Ambetter: 1-833-270-5443
 - Wellcare Prime: 1-855-735-4398

- 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

Name: Evo Lent
Gender: Female
Date of Birth: 5/24/1971
Member ID: AB123456
Health Plan: ABC Health Plan
HMO
Spoken Language: ENGLISH
Written Language: ENGLISH

Provider

Name: Memorial Hospital
Address: 123 Main St, New City, ST
12345
Phone: 123-456-7890
Tax ID: 987654321
UPIN:
Specialty:

Clinical Specialty Team



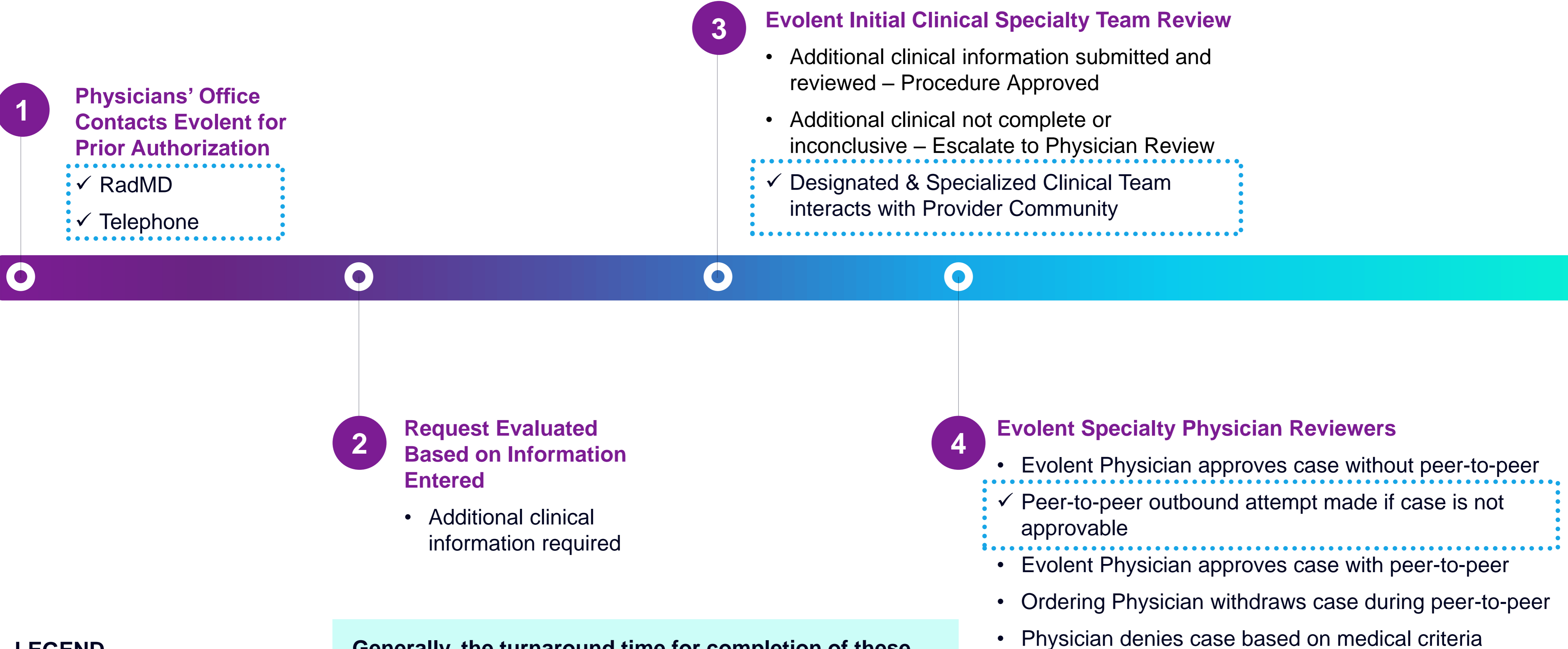
Medical Specialty Solutions Review

Clinical Specialization Pods
Overseen by Medical
Director

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

Physician clinical reviewers
conduct peer reviews on
specialty products

Clinical Review Process



LEGEND

✓ Key Evolent differentiator

Generally, the turnaround time for completion of these requests is within two or three business days upon receipt of sufficient clinical information

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](https://www.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:
 - Medicaid: 1-866-312-9729
 - Ambetter: 1-800-424-4920
 - Wellcare Prime: 1-800-424-5388
- Turnaround time is within 1 business day, not to exceed 72 calendar hours.

Authorization Validity Period

- Authorizations are valid for:
 - Ambetter: 30 days from date of request
 - Medicaid: 30 days from date of request
 - Wellcare Prime (MMP): 60 days from date of request

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made – **Ambetter & Medicaid.**
- A reconsideration is allowed for 5 business days for the date of the denial – **Ambetter.**
- A re-review is available with new or additional information – **Medicaid.**
- Timeframe for re-review is 5 business days from the date of denial.
- **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.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

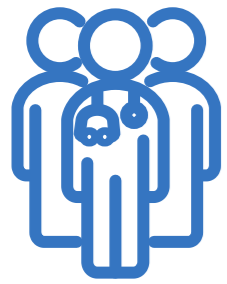
Claims Process:

- Providers should continue to submit their claims to Absolute Total Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Absolute Total Care website at:
 - absolutetotalcare.com
 - ambetter.absolutetotalcare.com
 - mmp.absolutetotalcare.com

Appeals Process:

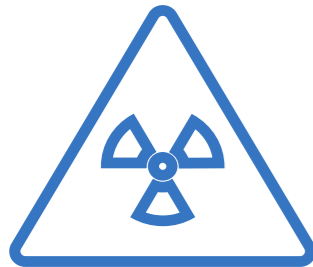
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Absolute Total Care.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness



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

- 1mSv = 4 months of natural exposure/50 chest x-rays



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.



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

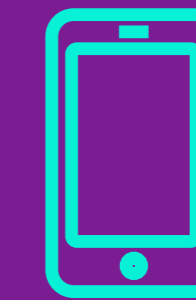
Provider Tools

- Request Authorization
 - View Authorization Status
 - View and manage Authorization Requests with other users
 - Upload Additional Clinical Information
 - View Requests for additional Information and Determination Letters
 - View Clinical Guidelines
 - View Frequently Asked Questions (FAQs)
 - View Other Educational Documents
-
- Interactive Voice Response (IVR) System for authorization tracking



[RadMD.com](https://www.RadMD.com)

Available 24/7



Ambetter: 1-800-424-4920

Medicaid: 1-866-312-9729

Wellcare Prime: 1-800-424-5388

Available Monday - Friday

8:00 AM – 8:00 PM EST

Evolent Website

[RadMD.com](https://www.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.

Online Tools Available on RadMD

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization Matrices



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.

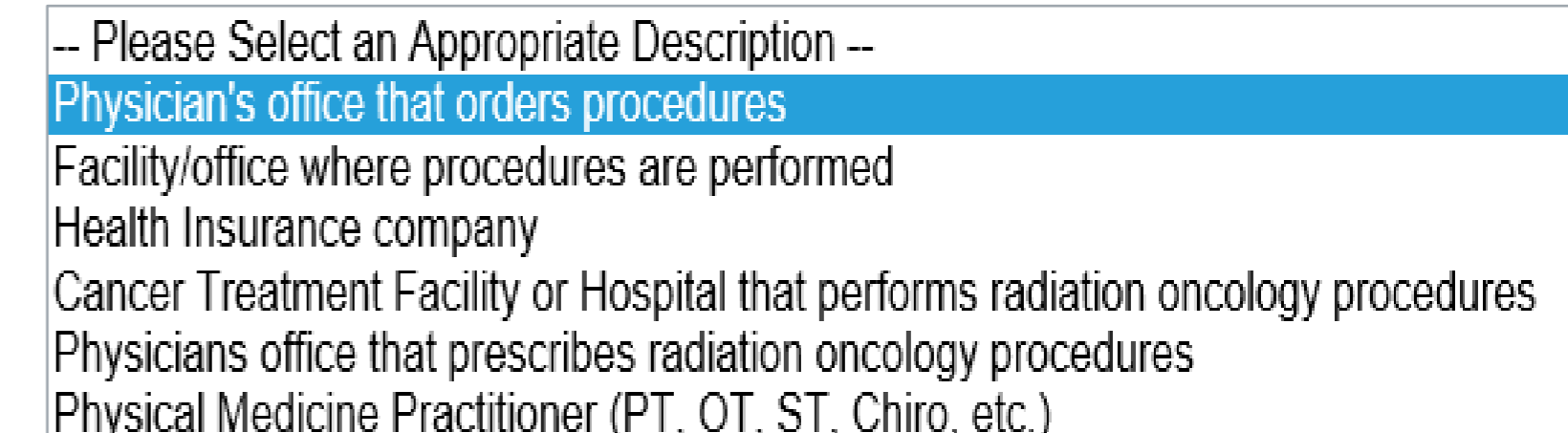
IMPORTANT

- 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.

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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.

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Shared Access

Evolent offers a Shared Access feature on our [RadMD.com](https://www.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](https://www.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:

Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)

When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: [RadMD.com](https://www.RadMD.com)
- Medicaid: 1-866-312-9729
- Ambetter: 1-866-424-4920
- Wellcare Prime: 1-800-424-5388

Initiating a Peer-to-Peer Consultation

- Medicaid: 1-866-312-9729
- Ambetter: 1-866-424-4920
- Wellcare Prime: 1-800-424-5388

Provider Service Line

- RadMDSupport@Evolent.com
- Call 1-800-327-0641

Provider Education requests or questions specific to Evolent

Priscilla W. Singleton
Provider Relations Manager
1-314-387-5023 • psingleton@evolent.com

RadMD Demonstration



THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.