

Wellcare Medical Specialty Solutions Program

Provider Training



Evolent Program Agenda

Our Medical Specialty Solutions Program



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

Evolent

Connecting Our Brands is About Connecting Care



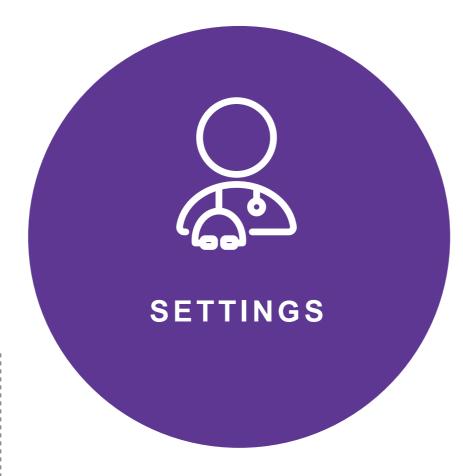
Medical Specialty Solutions Prior Authorization Program



 Wellcare will begin a prior authorization program through Evolent for the management of Medical Specialty Solutions Services.



- Program start date:
 April 1, 2021
- Begin obtaining
 authorizations from
 Evolent on March 22,
 2021, for services
 rendered on or after April
 1, 2021.



- Office
- Outpatient hospital
- Observation



Medicare



 Evolent will manage services through Wellcare's contractual relationships.

Medical Specialty Solutions

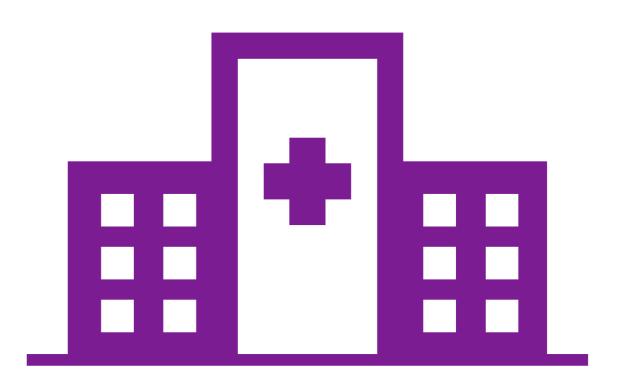
Medical Specialty Solutions Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography

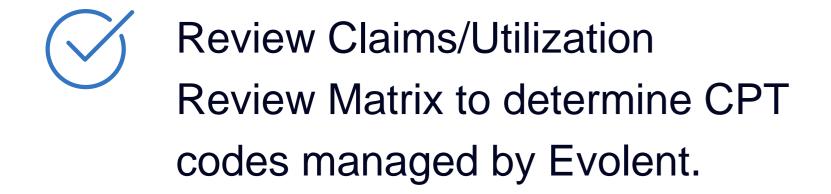
Exclusions

Exclusions

- Hospital Inpatient
- Emergency Room



CPT Codes Requiring Prior Authorization (Medical Specialty Solutions Example)



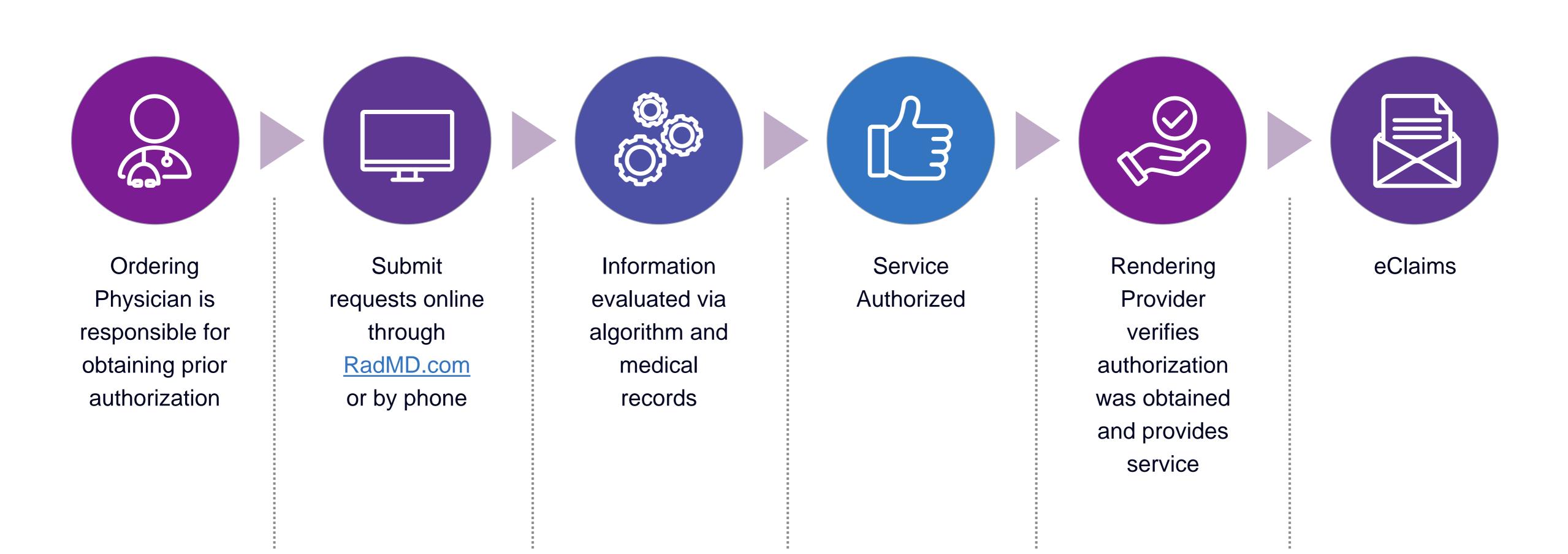




Defer to Wellcare's Policies for Procedures not on Claims/Utilization Review Matrix.

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 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 Wellcare 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 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.

Evolent 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:

- 1. The most recent office visit note
- 2. Any office visit note since initial presentation of the complaint/problem requiring imaging
- 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

aaIfaddlfaxquestions

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) <u>History of cancer:</u>

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) <u>Pre-operative evaluation</u>:

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 <u>RadMD.com</u>
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from RadMD.com
- Call: 1-800-424-5388



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



Clinical Specialty Team



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

✓ Key Evolent differentiator

Evolent Initial Clinical Specialty Team Review Additional clinical information submitted and reviewed – Procedure Approved Physicians' Office Additional clinical not complete or **Contacts Evolent for** inconclusive – Escalate to Physician Review **Prior Authorization** ✓ Designated & Specialized Clinical Team ✓ RadMD interacts with Provider Community ✓ Telephone **Request Evaluated Evolent Specialty Physician Reviewers Based on Information** • Evolent Physician approves case without peer-to-peer **Entered** ✓ Peer-to-peer outbound attempt made if case is not Additional clinical approvable information required Evolent Physician approves case with peer-to-peer Ordering Physician withdraws case during peer-to-peer Physician denies case based on medical criteria Generally, the turnaround time for completion of these **LEGEND** 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 <u>RadMD.com</u> 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 1-800-424-5388.
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

Authorization Validity Period

- Authorizations are valid for :
 - 60 business days from the date of request.

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- 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 Wellcare.
- Providers are strongly encouraged to use EDI claims submission.
- Check on "Claims Status" by logging on to the Wellcare website.

Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Wellcare.
- 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.

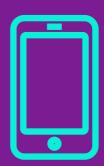
Provider Tools

- 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



Available 24/7



1-800-424-5388

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.

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.



-- 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.)

> our account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to What about read-only radiology offices Unless you are the owner or CEO of your company, the user's name/email First Name: Last Name First Name Last Name: Fax: Confirm Email: Company Name: Job Title: Address Line 1: Address Line 2:

RadMD New User Application Process - Rendering

STEPS

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

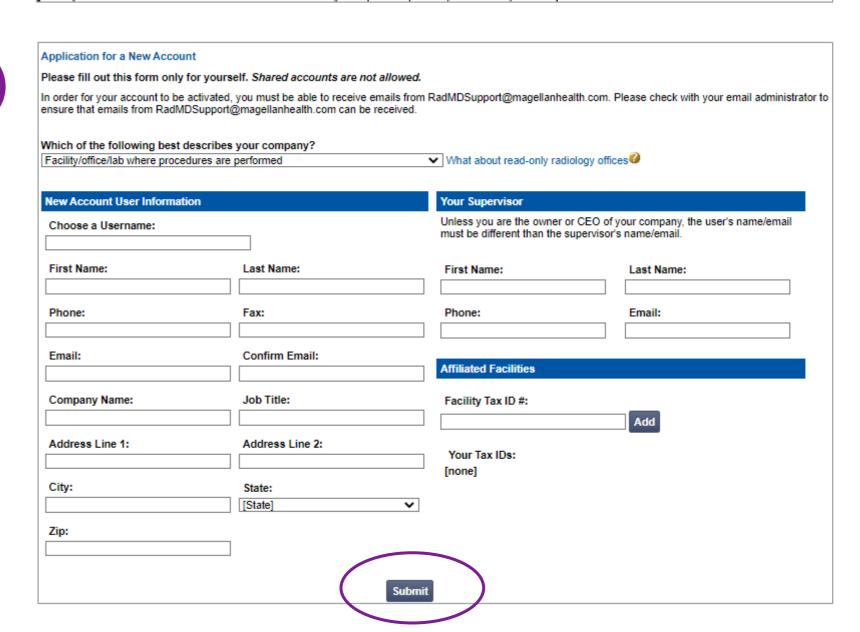
 NOTE: On subsequent visits to RadMD, click the "Sign In" button to proceed.
- 2. Under the Appropriate Description dropdown select "Facility/office where procedures are performed".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password instructions.

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.



-- 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.)



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.



When to Contact Evolent

Initiating or checking the status of an authorization request

Website: <u>RadMD.com</u>

1-800-424-5388

Initiating a Peer-to-Peer Consultation

1-800-424-5388

Provider Service Line

RadMDSupport@Evolent.com

• Call: 1-800-327-0641

Provider Education requests or questions specific to Evolent

- If you have a question or need more information about this physical medicine prior authorization program, you may contact the Evolent Provider Service Line at 1-800-327-0641.
- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager.

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.