Evolent Radiation Oncology Solutions Program Frequently Asked Questions (FAQs) for Radiation Oncologists and Cancer Treatment Facilities	
Question	**Answer**
GENERAL	
Why did ConnectiCare implement a Radiation Oncology Solutions Program?	ConnectiCare implemented a Radiation Oncology Solutions Program that is consistent with industrywide efforts to ensure members receive the most appropriate radiation therapy treatment in accordance with evidence-based clinical guidelines and standards of care.
Why do radiation therapy treatments require medical necessity review?	The purpose of this program is to ensure that members receive the most appropriate radiation therapy treatment consistent with our medical policy, evidence-based clinical guidelines and standards of care followed for treatment. These clinical guidelines are aligned with national standards and peer review literature and are available on our web portal RadMD.com.
Why did ConnectiCare select Evolent to manage its Radiation Oncology Solutions Program?	Evolent (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 the appropriate utilization of resources for ConnectiCare members.
Which ConnectiCare members are covered under this relationship and what networks are used?	Evolent's Radiation Oncology Solutions Program for outpatient Radiation Oncology Solutions Services for ConnectiCare membership is managed through ConnectiCare contractual relationships with providers who deliver Radiation Oncology Solutions Services. Evolent conducts medical necessity reviews of requested services only.
PREAUTHORIZATION	
What was the implementation date for the Radiation Oncology Solutions Program?	Implementation was Jan. 1, 2016.

What radiation therapy treatments require medical necessity review for preauthorization?	▪ All **Cancers** as well as **All** Other Conditions (i.e., Brain and Spine Lesions, AVM, Trigeminal Neuralgia) for Proton Beam and Stereotactic Radiation Therapy for all ConnectiCare's membership. ▪ Preauthorization is required for all radiation therapy treatment modalities and the number of treatments/fractions for the course of treatments in an outpatient setting for procedures listed below based on medical necessity review: • Brachytherapy (Low-dose rate (LDR), High-dose rate (HDR), and Electronic. • 2D Conventional Radiation Therapy (2D). • 3D Conformal Radiation Therapy (3D-CRT). • Intensity Modulated Radiation Therapy (IMRT). • Stereotactic Radiation Therapy (SRS and SBRT). • Proton Beam Radiation Therapy (PBT). • Intraoperative Radiation Therapy (IORT). • Neutron Beam. • Hyperthermia. Evolent provides utilization management services for all cancers and conditions for Proton Beam and Stereotactic Radiation Therapy. However, Evolent does not manage the authorization for drugs associated with these services.
Do inpatient radiation therapy procedures require preauthorization?	**No.** Inpatient radiation therapy services *do not* require preauthorization by Evolent and are not affected by this program. If a member began ***inpatient*** radiation therapy and continues ***subsequent outpatient*** treatment, or if a member began radiation therapy prior to coverage by ConnectiCare***, outpatient*** radiation therapy will not require preauthorization for medical necessity review. Providers should fax a completed Radiation Therapy Treatment Notification Form for each Commercial/Exchange member to **800-923-2882** and for Medicare VIP members to **866-706-6929**.
What does a prior authorized radiation therapy treatment request include?	Once medical necessity determination is made, Evolent will provide physicians with a confirmation of medical necessity review and approval, to include the treatment modalities and the number of treatments/fractions for the course of treatment. The procedures authorized for billing are based on nationally recognized billing and coding standards and reflect standards of care for the use of radiation therapy treatment.

Where can providers obtain the list of procedures requiring preauthorization for reimbursement?	Please refer to the Radiation Oncology Utilization Review Matrix for a list of CPT codes that Evolent authorizes on behalf of ConnectiCare. The matrix can be found on RadMD.com. Payment will be denied for procedures performed without a necessary preauthorization.
What does the Evolent preauthorization number look like?	The Evolent preauthorization number consists of alpha-numeric characters. The radiation oncologist will receive an Evolent tracking number (not the same as an authorization number) for tracking the request while it is in the process of medical necessity review. Providers can use either number to track the status of their request on RadMD.com or via Evolent's Interactive Voice Response (IVR) telephone system.
Is a separate preauthorization number needed for each service code requested?	No. Only one preauthorization number is required for the entire process of care.
Can a provider verify an authorization number online?	Yes. Providers can check the status of a member's preauthorization quickly and easily by going to Evolent's website RadMD.com.
How long is the preauthorization number valid?	The preauthorization number is valid for 180 days from the date of request. Evolent will use the date of request as the starting point for the 180-day period in which the treatment must be completed. If the radiation oncologist needs to perform the initial simulation prior to the date of request, the validity period will be dated from the date of the initial simulation.
MEDICAL NECESSITY REQUESTS	
Is medical necessity review required if ConnectiCare is not the member's primary insurance?	**Yes.** Medical necessity review requirements apply when ConnectiCare is the primary and secondary insurer.
Who is responsible for requesting medical necessity review for preauthorization determination?	The radiation oncologist determining the treatment plan and providing the radiation therapy is responsible for submitting the preauthorization and medical necessity review request on behalf of ConnectiCare members. The radiation oncologist is responsible for obtaining the authorization number prior to initiating treatment. It is the responsibility of the radiation oncologist and cancer treatment facility to ensure that radiation therapy treatment plan procedures are authorized before services are rendered. Reimbursement is based on approved treatment plans and techniques.

What is the best way to request medical necessity review for the preauthorization of radiation therapy procedures?	Please visit Evolent's website RadMD.com to submit requests. RadMD is available 24/7, except when maintenance is performed. Please be sure to supply **all requested information** at the time of request to ensure medical necessity can be confirmed quickly for your physicians and members. Requests may also be submitted by telephone at **877-607-2363** from 8 a.m. to 8 p.m. ET, Monday through Friday.
Can *multiple* medical necessity requests be made for different members during the same phone call?	Yes. For your convenience, providers may make multiple medical necessity requests for different members during the same phone call. Please be prepared with *all* required clinical information for each member prior to calling Evolent to request medical necessity review.
Can *multiple* service requests be made for the same member during the same phone call?	Yes. Providers calling in to request medical necessity for radiation therapy procedures may also make requests for imaging and interventional procedures.
Can RadMD be used to request retrospective or expedited preauthorization requests?	No. The radiation oncologist must call to request a retrospective or expedited medical necessity review by calling **877-607-2363**, from 8 a.m. to 8 p.m. ET, Monday through Friday. If a member requires emergency radiation therapy, the radiation oncologist should call Evolent after the emergency treatment for approval for the course of treatment.

What information does Evolent require before a medical necessity review can be initiated for a preauthorization request?	The radiation oncologist will be asked to provide general treatment plan information related to the radiation therapy treatment planned for each member.
	
	To expedite the preauthorization process, the radiation oncologist should have **all** of the following information available before signing on to Evolent's website, RadMD.com, or by calling Evolent at **877-607-2363**:
	▪ Name and office phone number of radiation oncologist planning and delivering radiation therapy.
	▪ Member name and ID number.
	▪ Primary disease site being treated.
	▪ Stage (T, N, M stage).
	▪ Treatment intent.
	▪ Requested radiation therapy modality (initial and/or boost stages) i.e.:
	  • Total dose.
	  • Fractions.
	▪ Name of treatment facility where procedures will be performed.
	▪ Anticipated treatment and/or simulation date.

When should requests for medical necessity review be submitted?	Preauthorization is required prior to the anticipated treatment start date. Evolent recommends requesting preauthorization immediately after completing the member's clinical treatment plan.
What if additional information is required or the clinical information submitted is incomplete?	Please be sure to supply **all requested information** at the time of the request to ensure medical necessity can be confirmed quickly for your physicians and members. If the information submitted is incomplete, this could cause unnecessary delays in processing the provider's request. It is imperative that all required information be submitted at the time of the initial request for the most efficient processing of requests. If additional information is requested to complete the medical necessity review, it can be uploaded to RadMD.com or faxed to Evolent's dedicated clinical fax line at **800-784-6864**.
How long does it take Evolent to make a determination on a preauthorization request?	Once all required clinical information is received to complete the medical necessity review, generally a determination will be provided within two business days.
How can providers track the status of medical necessity review requests?	While the case is being reviewed for medical necessity, the radiation oncologist will receive an Evolent tracking number (not the same as a preauthorization number) for checking on the status of pending requests. Providers will be able to use the tracking number to monitor the status of their request online or via Evolent's Interactive Voice Response (IVR) telephone system.
Who reviews my request for medical necessity?	Evolent's initial clinical reviewers are nurses and radiation therapists, specifically trained and licensed to review radiation therapy treatment plan requests. They can also assist physicians and their staff with the medical necessity review process. Most cases can be reviewed, and a medical necessity determination will be made at this level. In more complex clinical cases that require additional information or a peer-to-peer discussion with the requesting radiation oncologist, Evolent's physician clinical reviewers are consulted for medical necessity review. Evolent's board-certified radiation oncologists are consulted to review these more complex cases and will make a final medical necessity determination.

How are peer-to-peer discussions scheduled or conducted if either required by Evolent or requested by the provider?	If necessary or requested, Evolent's physician reviewers will conduct peer-to-peer discussions with physicians to ensure all critical information is identified and communicated about the member's case prior to a final determination. To request and schedule a peer-to-peer consultation, providers should contact Evolent by calling **877-607-2363** from 8 a.m. to 8 p.m. ET, Monday through Friday. The Evolent Call Center will work with your office staff and Evolent's radiation oncologist physician reviewers to arrange for a telephonic discussion of the case.
MODIFICATIONS TO PRIOR AUTHORIZED TREATMENT PROCEDURES	
If a member requires additional treatments, will Evolent need to be notified?	Yes. Modifications to an approved treatment plan must be made via telephone by calling **877-607-2363** from 8 a.m. to 8 p.m. ET, Monday through Friday. Please be prepared to provide additional clinical information to support the treatment modification as these requests will be reviewed for medical necessity.
How long does it take to receive determination on requests to modify existing preauthorization requests?	Once all required member clinical information is successfully submitted to Evolent for review, a medical necessity determination for modification to treatment is generally made within one business day.
How are providers notified of medical necessity review outcomes for modifications to treatment?	Providers will receive a telephone call and fax once a determination has been made. If the fax fails, they will be sent a letter. Providers can always check the status of an authorization by visiting RadMD.com.
Are providers issued a new preauthorization number for the modified treatment plan and procedures?	No. The preauthorization number will remain the same throughout the course of treatment.
CLAIMS-RELATED	
Where do providers send their claims for radiation oncology treatment?	Providers should continue to send claims to ConnectiCare as you currently do today.
How can providers check claims status?	Providers may check claims status via ConnectiCare's website at: connecticare.com.

Who should a provider contact if they want to appeal a preauthorization or claims payment denial?	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.
MISCELLANEOUS	
How is medical necessity defined?	Evolent defines medical necessity as a service that: • 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.
Where can a provider find Evolent's guidelines for Radiation Oncology Solutions Services?	Evolent's Clinical Guidelines can be found on Evolent's website, RadMD.com, under Online Tools/Clinical Guidelines. Evolent's guidelines for Radiation Oncology Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
Did the ConnectiCare member ID card change with the implementation of this Radiation Oncology Solutions Program?	No. The ConnectiCare member ID card does not contain any Evolent information on it and the member ID card did not change with the implementation of this Radiation Oncology Solutions Program.

What is an OCR fax coversheet?	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 at **877-607-2363** to request an OCR fax coversheet if their preauthorization request is not approved online or during the initial phone call to Evolent. Evolent can fax this coversheet to the ordering provider during preauthorization 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.
RECONSIDERATION/RE-OPEN AND APPEALS PROCESS	
What can I do if my request does not meet medical necessity criteria and preauthorization of radiation therapy procedures is denied?	In the event a physician's request is considered not medically necessary, Evolent will notify the physician of the adverse determination and provide the physician with post-determination review instructions (see below for instructions).
Is the reconsideration/ re-open process available for the outpatient Radiation Oncology Solutions Services once a denial is received?	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 by calling 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. 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: ▪ From the date of denial and prior to submitting a formal appeal. ▪ Anytime to correct a clerical error on which the determination was made. Evolent has a specialized clinical team focused on Radiation Oncology Solutions Services. Peer-to-peer discussions are offered prior to the final denial decision for any request that does not meet medical necessity guidelines. To initiate the peer-to-peer process, providers can call **877-607-2363**. 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.

Who should a provider contact if they want to appeal a preauthorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's Office that Prescribes Radiation Oncology Procedures**" will allow you access to initiate preauthorizations for outpatient imaging procedures.
How do I apply for RadMD access to initiate authorization requests?	User would go to our website RadMD.com. • Click on NEW USER. • Choose "**Physician's Office that Prescribes Radiation Oncology 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 **800-327-0641** if you do not receive a response within 72 hours.
What is rendering provider access?	Rendering provider access allows radiation therapy treatment facilities the ability to view approved authorizations quickly and easily. 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." After sign-in, visit the **My Treatment Requests** tab to view all outstanding authorizations. 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.

Which link on RadMD will I select to initiate an authorization request for outpatient Radiation Oncology Solutions Services?	Clicking the "**Request a therapy treatment plan**" link will allow the user to submit a request for an outpatient Radiation Oncology Solutions Services.
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.
Can I share my RadMD access with my coworkers?	Yes, through our shared access process. 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 members and progress with treatment if you are not available.
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 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: Lori Fink, Provider Relations Manager 1-410-953-2621 or lfink@evolent.com
Who can a provider contact at ConnectiCare if they have questions or concerns?	Contact ConnectiCare Provider Services at **800-828-3407** for Commercial Plans and **877-224-8230** for Medicare plans. Providers may access the ConnectiCare portal at connecticare.com.