Evolent Radiation Oncology Solutions Program Frequently Asked Questions (FAQ's) For Radiation Oncologists and Cancer Treatment Facilities	
Question	**Answer**
GENERAL	
Why is Fidelis Care implementing a Radiation Oncology Solutions program?	Fidelis Care is implementing a Radiation Oncology Solutions Program that is consistent with industry-wide 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 website, RadMD.com
Why did Fidelis Care select Evolent to manage its Radiation Oncology Solutions Program?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with Fidelis Care because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Fidelis Care members.
Which Fidelis Care members will be covered under this relationship and what networks will be used?	Evolent will work with Fidelis Care's contracted providers to administer a utilization management program for Radiation Oncology services for Fidelis Care members with Medicare, Medicaid, Dual Advantage, Essential, CHP, and Qualified Health plans.
PRIOR AUTHORIZATION	
What is the Implementation Date for the Radiation Oncology Solutions Program?	Implementation will be October 1, 2021. All radiation therapy treatments beginning on or after October 1, 2021, require prior authorization. Evolent will begin accepting authorization requests on October 1, 2021, for services rendered on or after October 1, 2021.

What radiation therapy treatments will require medical necessity review for prior authorization?	Prior authorization is required for cancerous and non-cancerous conditions for the following radiation treatment modalities including the number of treatments/fractions for the course of radiation therapy based on Medical Necessity Review: ▪ Brachytherapy: High-dose-rate (HDR), Low-dose-rate (LDR), and Electronic ▪ Two-dimensional Conventional Radiation Therapy (2D) ▪ Three-dimensional Conformal Radiation Therapy (3D-CRT) ▪ Intensity Modulated Radiation Therapy (IMRT) ▪ Intra-Operative Radiation Therapy (IORT) ▪ Stereotactic Radiation Therapy (SRS and SBRT) ▪ Proton Beam Radiation Therapy (PBT) ▪ Neutron Beam Therapy ▪ Hyperthermia ▪ IGRT and Port Films Evolent will provide utilization management services for all cancers and conditions effective October 1, 2021, however, Evolent does not manage the authorization for drugs associated with these services.
Will inpatient radiation therapy procedures require prior authorization through Evolent?	**No.** Inpatient radiation therapy services *do not* require prior authorization through Evolent. For inpatient services, please follow Fidelis Care's authorization process.
What is the process to transition a patient receiving radiation therapy services from the inpatient to outpatient setting?	If a member began ***inpatient*** radiation therapy and continues ***subsequent outpatient*** treatment, providers should fax a completed Radiation Therapy Treatment Notification Form for each member to Evolent at 1-888-656-1321. In return Evolent will build an authorization to continue ***outpatient*** radiation therapy and will not review for medical necessity. The form is located on RadMD.com (RADMD | Fidelis Care (New York)) and on the Fidelis Care website.
What is the process when a patient started radiation therapy service prior to the program's start date?	The treating Radiation Oncologist is expected to complete a Radiation Therapy Treatment Notification Form for members currently receiving radiation therapy that is expected to last beyond October 1, 2021**.** It should include information on the type of radiation therapy and number of treatments. The form is located on RadMD.com (RADMD | Fidelis Care (New York)) and on the Fidelis Care website. The forms can be submitted to Evolent beginning October 1, 2021, and should be submitted no later than October 1, 2021. Please submit the form to avoid claims processing delays. Fax a completed form for **each** member to Evolent at 1-888-656-1321.

What is the process for continuing radiation treatment when the patient transitions to a Fidelis Care plan?	The treating Radiation Oncologist is expected to complete a Radiation Therapy Treatment Notification Form which should include information on the type of radiation therapy and number of treatments. The form is located on RadMD.com (RADMD | Fidelis Care (New York)) and on the Fidelis Care website. Fax a completed form for **each** member to Evolent at 1-888-656-1321.
What does a prior authorized radiation therapy treatment request include?	Once a medical necessity determination is made, if fully or partially approved, the prior authorization will include the authorization number, the treatment modalities and the number of treatments/fractions for the course of treatment.
Where can providers obtain the list of procedures requiring prior authorization for reimbursement?	Please refer to the Radiation Oncology Utilization Review Matrix for a list of CPT codes that Evolent authorizes on behalf of Fidelis Care. The matrix can be found on RadMD.com. Payment will be denied for outpatient procedures performed without a necessary prior authorization.
What will the Evolent prior authorization number look like?	The Evolent prior authorization number consists of alpha-numeric characters and should be used when submitting claims or checking on the status of an authorization. Prior to receiving a determination, the Radiation Oncologist will receive an Evolent tracking number (not the same as an authorization number) that can be used to track the status of their request on RadMD.com or via Evolent's Interactive Voice Response (IVR) telephone system.
Is a separate prior authorization number needed for each service code requested?	No. Only one prior authorization 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 prior authorization quickly and easily by going to Evolent's website, RadMD.com.
How long is the prior authorization number valid?	The prior authorization 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.

What can I do if my request does not meet medical necessity criteria and prior authorization of radiation therapy procedures is denied?	A peer-to-peer discussion will be offered prior to an adverse determination. It can also be initiated after the adverse determination has been made for Medicaid, Essential, CHP and Qualified Health plans only. The phone numbers are as follows: 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800- 424-5390 (Medicare and Dual Advantage plans). Re-reviews are available once an adverse determination has been made. Details on how to request a re-review can be found under the heading, “Re-reviews and Appeals Process”. Physicians can appeal any case when requested radiation therapy treatment is considered not medically necessary, based on the program’s evidence-based clinical guidelines. 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 appeal rights and instructions on how to appeal the case with Evolent.
MEDICAL NECESSITY REQUESTS	
Is medical necessity review required if Fidelis Care is not the member’s primary insurance?	Yes. Medical necessity review requirements apply when Fidelis Care is the primary and secondary insurer.
Who is responsible for requesting medical necessity review for prior authorization determination?	The Radiation Oncologist determining the treatment plan and providing the radiation therapy is responsible for submitting the prior authorization and medical necessity review request on behalf of Fidelis Care 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 reviews for the prior authorization of radiation therapy procedures?	Please visit Evolent's website RadMD.com to submit authorization 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 timely medical necessity review of your cases. Requests may also be submitted by telephone at 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans), Monday through Friday, from 8 am to 8 pm EST.
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 may submit requests for radiation therapy services, imaging, and interventional procedures during the same call.
Is a separate authorization needed if more than one tumor site is being treated concurrently?	Yes, providers should submit separate authorizations for each site. (e.g. bilateral breast radiation therapy, metastatic sites, etc.)
Can RadMD.com be used to request retrospective or expedited prior authorization requests?	No. The Radiation Oncologist must call to request retrospective within 1 business day from the date of service or submit an expedited medical necessity review requests by calling 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans), Monday through Friday, from 8 am to 8 pm EST. 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 will Evolent require before a medical necessity review can be initiated for a prior authorization 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 prior authorization process, we developed Radiation Oncology checklists that can be found on RadMD.com. The Radiation Oncologist should have **all** of the following information available before logging on to Evolent's website, RadMD.com or by calling Evolent at 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans): ▪ 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 • Guidance (IGRT, Port Films) ▪ Name of treatment facility where procedures will be performed ▪ Anticipated treatment start date
When should requests for medical necessity review be submitted?	Prior authorization is required prior to the anticipated treatment start date. Evolent recommends requesting prior authorization immediately after completing the member's clinical treatment plan.
When will providers receive notification of medical necessity review status and/or prior authorization?	Once all required member clinical information is successfully submitted to Evolent for review, a medical necessity determination is generally made within two to three business days. For the most expedient turnaround time, use RadMD.com to submit requests. 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.
What if the provider submits only part of the information required for medical necessity review?	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. Evolent will contact providers in the event additional information is needed.

What if additional information is required by Evolent to complete the medical necessity review?	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 1-800-784-6864. Once all required clinical information is received to complete the medical necessity review, a determination will generally be made within two to three 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 prior authorization 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 assist physicians and their staff with the medical necessity review process. Most cases can be review 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 will peer-to-peer discussions be scheduled or conducted if either are 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.
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 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans), Monday through Friday, from 8 am to 8 pm EST. Please be prepared to provide additional clinical information to support the treatment modification as these requests will be reviewed for medical necessity.
How long will it take to receive determination on	Once all required member clinical information is successfully submitted to Evolent for review, a medical necessity determination

requests to modify existing prior authorization requests?	for modification to treatment is made within one business day.
Will the provider be notified of medical necessity review outcomes for modifications to treatment?	For requests deemed medically necessary, the provider will receive notification of the prior authorization determination. For requests not deemed medically necessary, the provider will receive notification of the determination.
Will the provider be issued a new prior authorization number for the modified treatment plan and procedures?	No. The authorization 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 Fidelis Care. We strongly encourage electronic claims submission. Payor ID Number is 11315.
How can providers check claims status?	Providers may check claims status via Fidelis Care website at: providers.fideliscare.org/Login
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization of claims payment denial, providers may appeal the decision through Fidelis Care. Providers should call Fidelis Care or follow the instructions on their determination letter or Remittance Advice (RA) 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 • 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.
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 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans) to request an OCR fax coversheet if their prior authorization request is not approved online or during the initial phone call to Evolent. Evolent can fax this coversheet to the ordering provider during prior authorization 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.
RE-REVIEW/RE-OPEN AND APPEALS PROCESS	
Is the re-review/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 re-review can be initiated by uploading via RadMD or faxing (using the case specific fax coversheet) additional clinical information to support the request. Re-reviews must be initiated within 60 calendar days for Medicaid members and 180 calendar days for Essential, CHP, and Qualified Health plans from the date of the denial. Re-reviews must be submitted prior to a formal appeal. **Medicare plans:** Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request. If a determination has been made, a peer-to-peer discussion would be for consultation only and the ordering provider should refer to instructions on the denial letter. **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 Radiation Oncology Solutions services. A peer-to-peer discussion will be

	offered prior to an adverse determination. It can also be initiated after the adverse determination has been made for Medicaid, Essential, CHP and Qualified Health plans only. Phone numbers are as follows: 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800- 424-5390 (Medicare and Dual Advantage plans).
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to call Fidelis Care or follow the appeal instructions given on their determination letter or Remittance Advice (RA) 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 prior authorizations 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 1-800-327-0641 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 signing 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 "Radiation Treatment Plan" link RadOnc Request - Member (RadMD.com) will allow the user to submit a request for 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 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 or technical support, please contact RadMDSupport@evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed.
Who can a provider contact at Evolent for more information?	You may contact your dedicated Evolent Provider Relations Manager: Seth Cohen PT, DPT 1-410-953-2418 seth.cohen@evolent.com
Who can a provider contact at Fidelis Care if they have questions or concerns?	Contact Fidelis Care provider services at 1-888- FIDELIS (1-888-343-3547). Providers may access the Fidelis Care portal: providers.fideliscare.org/Login