



Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Musculoskeletal (MSK) Management Program

Provider Training



Evolut Program Agenda

Our MSK Program

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

Evolut

Connecting Our Brands is About Connecting Care



MSK Prior Authorization Program



- Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare will begin a prior authorization program through Evolent for the management of MSK Services.



- Program start date: January 1, 2024
- Begin obtaining authorizations from Evolent on January 1, 2024, for services rendered on or after January 1, 2024.



- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
- Surgery Center
- In Office Provider
- Hospital



- Medicaid
- Exchange Programs
- Medicare



- Evolent will manage non-emergent select services for Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare effective January 1, 2024, through Health Plan contractual relationships.

Lumbar and Cervical Spine Surgery

Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression
 - Single & Multiple Levels
- Cervical Anterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement – Single & Two Levels
- Cervical Anterior Decompression (without fusion)
- Lumbar Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion

Hip and Knee Surgery

Hip Surgeries Performed Inpatient and Outpatient

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee)

Knee Surgeries Performed Inpatient and Outpatient

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

Shoulder Surgery

Shoulder Surgeries Performed Inpatient and Outpatient

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

Surgery Exclusions





Exclusions

- Emergency Surgery – admitted via the Emergency Room



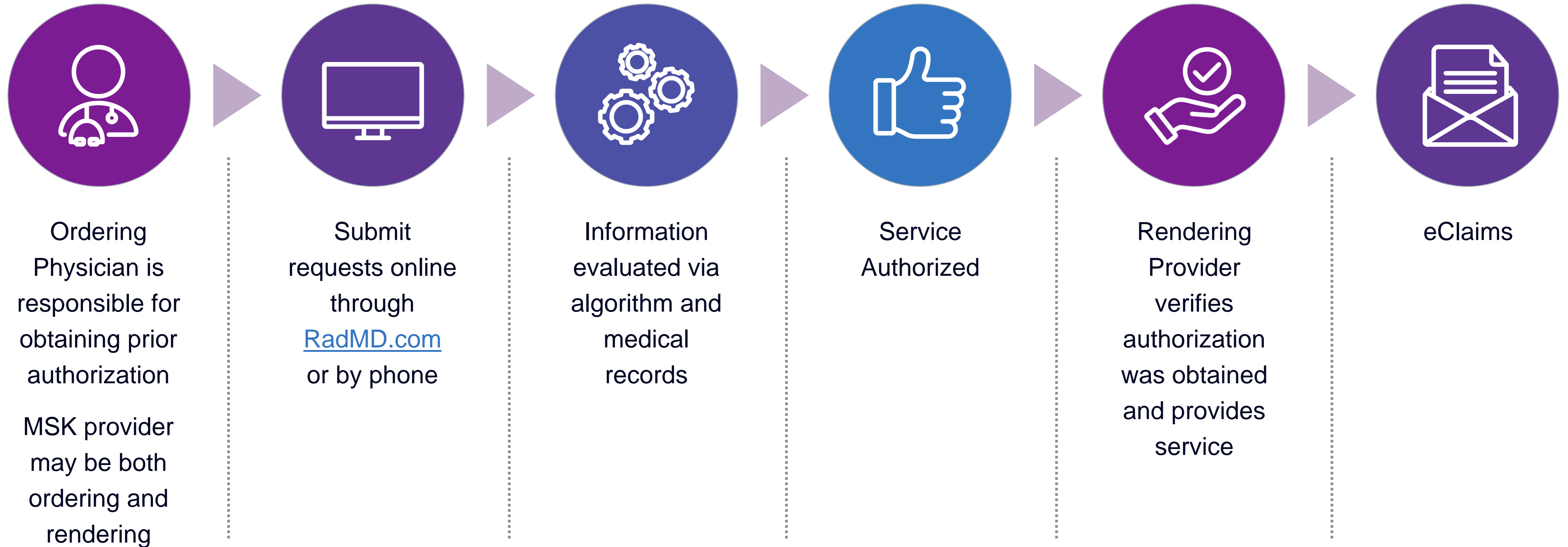
Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

CPT Codes Requiring Prior Authorization (Spine Surgery Example)

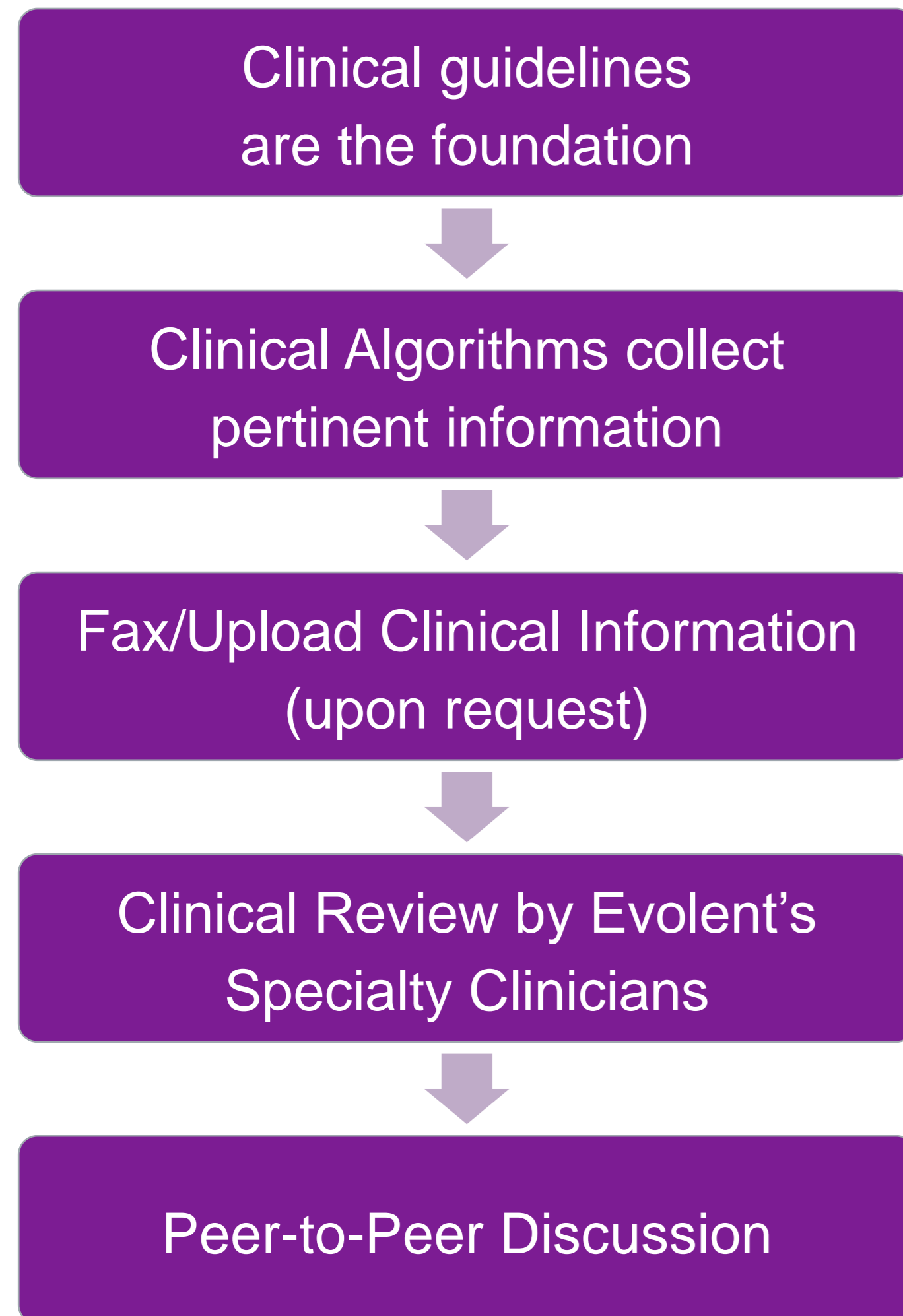
-  Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.radmd.com)
-  Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix.

LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Code	Ancillary Procedures/Code
Lumbar Microdiscectomy	63030	62380, 63030, +63035		
Lumbar Decompression	63047	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Microdiscectomy: 62380, 63030, +63035	
Lumbar Fusion – Single Level	22612	22533, 22558, 22612, 22630, 22633, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939

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 the Health Plans 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 a specialized clinical team focused on MSK.
- 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 Surgery

Special Information

- Most surgeries require only one authorization request. Evolent provides a list of surgery categories to choose from and the surgeon's office must select the most complex and invasive surgery being performed as the primary surgery.
 - Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
 - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.
- Bilateral hip, knee, or shoulder surgeries require authorization for both the left and right side. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- Date of service is required.
- Inpatient admissions continue to be subject to concurrent review by the Health Plans.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.

Surgery Clinical Checklist Reminders

Surgery Documentation

- ✓ Details regarding the member's symptoms and their onset/duration
- ✓ Physical exam findings
- ✓ Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections, medications, activity modification)
- ✓ Diagnostic imaging results
- ✓ Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)

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.

Date: March

ORDERING PHYSICIAN:	Dr. Clifford		
FAX NUMBER:		TRACKING NUMBER:	
RE:	Authorization Request	MEMBER ID:	
PATIENT NAME:	Cindy I		
HEALTH PLAN:			

We have received your request for Lumbar Decompression. We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

Additional information is still needed.

We have received your request for **Lumbar Decompression** along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

You may submit records for this episode of care as requested by uploading them on www.radmd.com. Please do not resend the information previously submitted.

The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.

Receipt of written records is required in order to process your request. Once this information has been received, the case will be reviewed by a clinician, and you will be notified of the determination. The ordering provider may call to have a peer to peer discussion.

Submitting a prior authorization request on RadMD is fast and efficient!

Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit www.RadMD.com, select **New User** and submit an **Application for New Account**.

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)
 - Call:

- 1-866-214-2569 Medicaid and Exchange
- 1-800-424-5388 Medicare

- 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: Focused on MSK



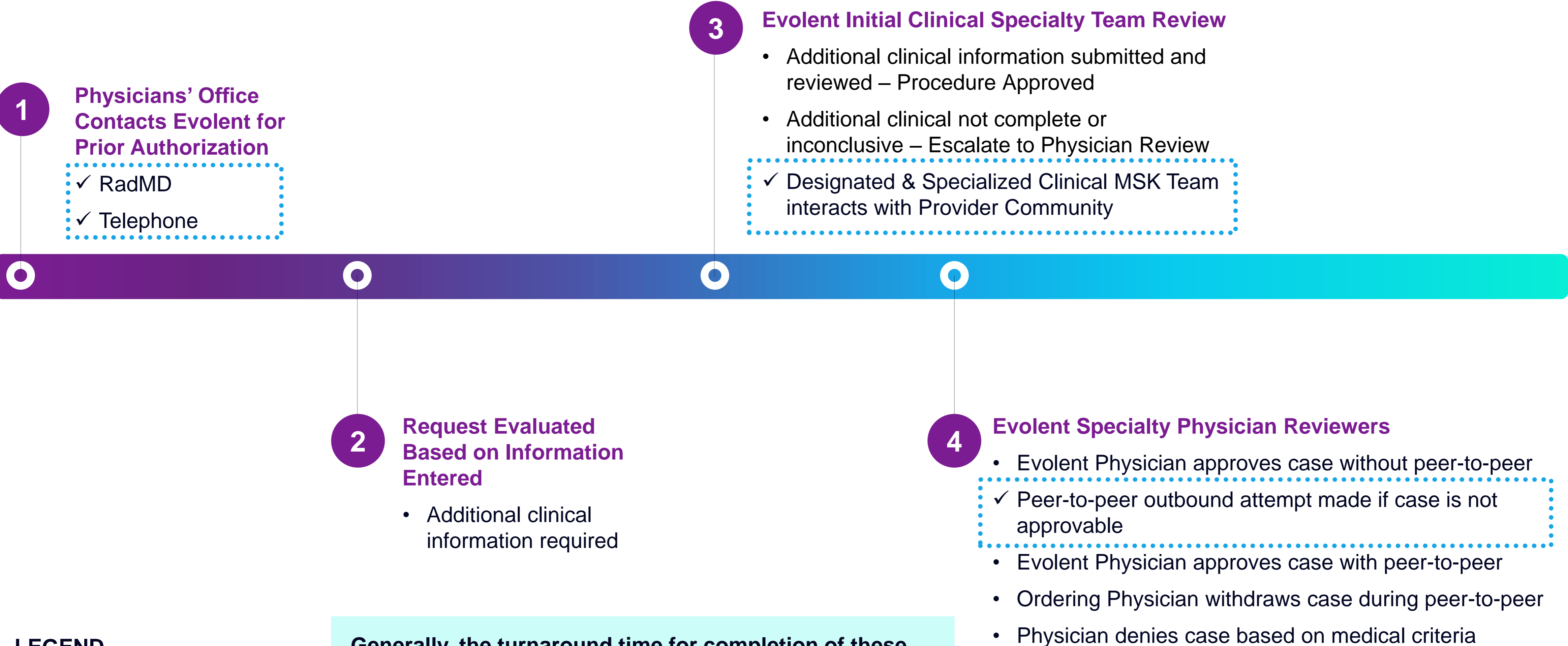
MSK Surgery Review

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will contact provider for additional clinical information

Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests

MSK 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 cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling Evolent at 1-866-214-2569 for Medicaid and Exchange; 1-800-424-5388 for Medicare.
- Turnaround time is 1 business day not to exceed 72 business calendar hours.

Authorization Validity Period

- Surgery
 - Inpatient — 1 day from date of service/request
 - Outpatient — SDC/Ambulatory – 30 days from date of request
 - Wellcare Authorizations – 60 days from date of request

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale for the denial.
- **Medicaid and Exchange:** A peer-to-peer discussion can be initiated once the adverse determination has been made.
- **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.
- Medicaid re-reviews and Exchange reconsiderations are available with new or additional information.
- Timeframe for Exchange plan reconsiderations is 5 business days and Medicaid re-review is 2 business days.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

Claims Process:

- Rendering providers/facilities should continue to send their claims directly to the Health Plans.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the following websites:
 - Sunshinehealth.com/providers for Sunshine Health and Children's Medical Services Health Plan
 - AmbetterSunshineHealth.com/provider.resources/html for Ambetter from Sunshine Health
 - Provider.Wellcare.com for Wellcare Medicare

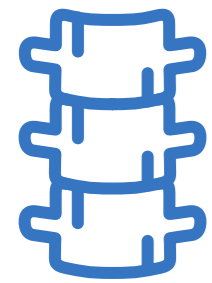
Appeals Process:

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

MSK Surgery Points: Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



Spine Surgery is focused on lumbar and/or cervical spine surgeries



For spinal surgeries, only one authorization request per surgery. For example, a lumbar fusion authorization includes decompression, instrumentation, etc.



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

MSK Surgery Points: Hip, Knee, or Shoulder Surgery

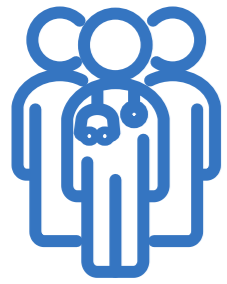


Bilateral hip, knee, or shoulder surgeries require authorization for both the left and right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.



Surgeries addressing the following are not included in the MSK program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware & foreign body removal.

MSK Surgery Points: All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Sunshine Health, Ambetter from Sunshine Health, Children's Medical Services Health Plan and Wellcare Medicare.



Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.



Authorizations are valid for 30 days for outpatient, 1 day for inpatient (Medicaid and Ambetter), and 60 days for Medicare from the date of service. Evolent must be notified of any changes to the date of service.

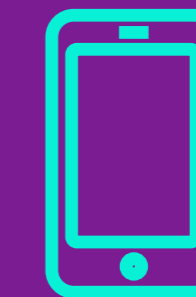
Provider Tools

- 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



Medicaid and Exchange: 1-866-214-2569

Medicare: 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.
 - MSK providers are typically both the ordering and the rendering provider.

Online Tools Available on RadMD

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

The screenshot shows two main sections of the RadMD website interface. The top section, titled "RadMD Sign In", has a green background and contains the text "For URGENT/EXPEDITED authorization requests, please contact the Evolent call center." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section, titled "Track an Authorization", has a light beige background and contains the text "Authorization Tracking Number" in orange. Below this text is a white input field and an orange "Go" button.

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.

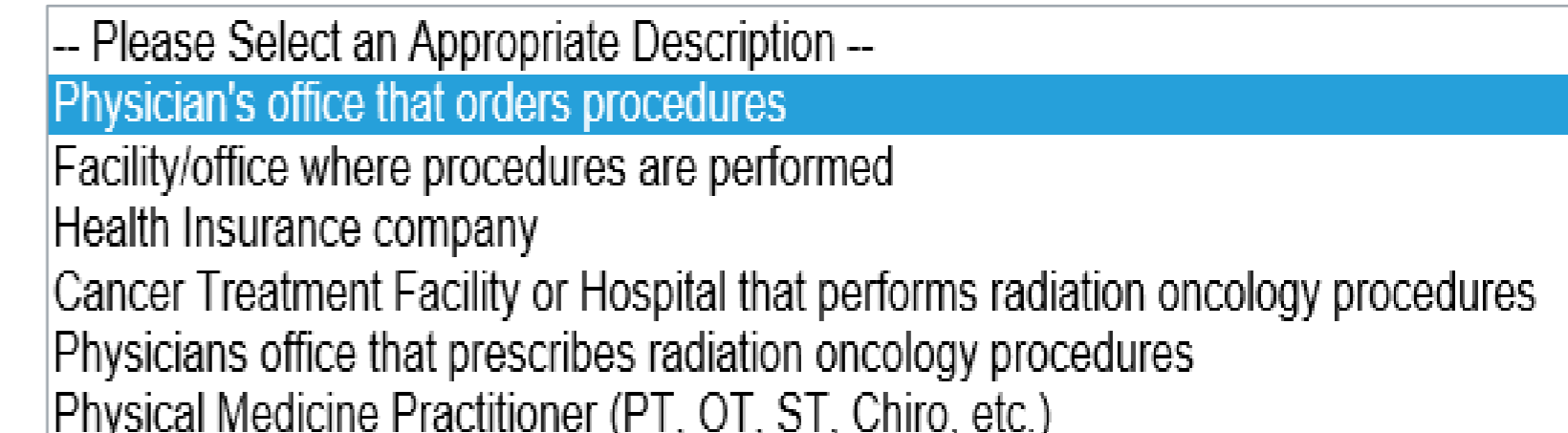
IMPORTANT

- 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.

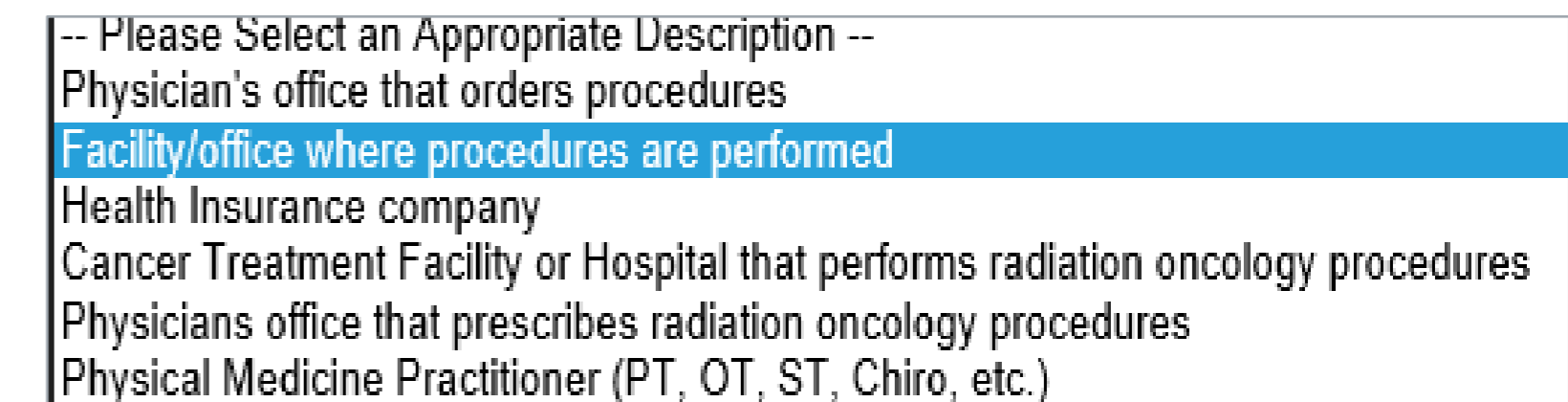
IMPORTANT

- 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.

1



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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)
Toll-free numbers:
1-866-214-2569 (Medicaid and Exchange)
1-800-424-5388 (Medicare)

Initiating a Peer-to-Peer
Consultation

Toll-free numbers:
1-866-214-2569 (Medicaid and Exchange)
1-800-424-5388 (Medicare)

Provider Service Line

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

Provider Education requests
or questions specific to
Evolent

Andrew Dietz
Senior Provider Relations Manager
1-407-967-4636
adietz@evolent.com

RadMD Demonstration



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