Sunshine Health, Ambetter and Children's Medical Services (CMS) Health Plan Musculoskeletal Care Management (MSK) Program Frequently Asked Questions (FAQs) For Ordering Physicians/Surgeons	
Question	**Answer**
GENERAL	
Why is Sunshine Health, Ambetter and CMS Health Plan implementing an MSK program focused on hip, knee, shoulder, and spine surgeries?	The Musculoskeletal Care Management program is designed to improve quality and manage the utilization of non-emergent surgeries, occurring in outpatient and inpatient settings. • Musculoskeletal surgeries are a leading cost of health care spending trends • Variations in member care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care) • Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than member symptoms • Medical device companies marketing directly to consumers • Surgeries are occurring too soon leading to the need for additional or revision surgeries
Which procedures will require prior authorization through Evolent?	<u>The following procedures require prior authorization through Evolent (formerly National Imaging Associates, Inc.):</u> **Outpatient and Inpatient Hip Surgery Services: *** • 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)

	Outpatient and Inpatient Knee Surgery Services: * • 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) **Outpatient and Inpatient Shoulder Surgery Services: *** • Revision Shoulder Arthroplasty • Total/Reverse 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, claviculectomy, diagnostic shoulder arthroscopy) **Outpatient and Inpatient Spine Surgery Services:** • 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) • Sacroiliac Joint Fusion

	*Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date. Evolent does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.
Why did Sunshine Health, Ambetter and CMS Health Plan select Evolent to manage its MSK program for hip, knee, shoulder, and spine surgeries?	Evolent was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Sunshine Health, Ambetter and CMS Health Plan membership.
Which Sunshine Health, Ambetter and CMS Health Plan members will be covered under this relationship and what networks will be used?	Evolent will manage non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgeries for Sunshine Health, Ambetter and CMS Health Plan effective January 1, 2024, through its existing contractual relationships.
IMPLEMENTATION	
What is the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?	Implementation is January 1, 2024.

PRIOR AUTHORIZATION	
When is prior authorization required?	Prior authorization is required through Evolent for inpatient and outpatient non-emergent emergent hip, knee, shoulder, and spine surgeries listed. 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.
Is a prior authorization required for members who already have a musculoskeletal surgery scheduled?	Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after January 1, 2024, requires a prior authorization through Evolent.
Who can order a musculoskeletal surgery?	Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties: • Orthopedic Surgeons • Neurosurgeons
Are pain management procedures included in this program?	No.
Who will be reviewing the surgery requests and medical information provided?	As a part of the Evolent clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee, and shoulder) or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.
Does the Evolent's prior authorization process change the requirements for facility-related prior authorization?	Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.

How does the ordering physician obtain a prior authorization from Evolent?	Ordering Physicians will be able to request prior authorization via the Evolent website or by calling the Evolent toll-free at: 1-866-214-2569 (Medicaid and Exchange).

What information will Evolent require in order to receive prior authorization?	To expedite the process, please have the following information ready before logging on to the website or calling the Evolent call center at 1-866-214-2569 (Medicaid and Exchange) for prior authorization of non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries:
	
	(*denotes required information)
	
	• Name and office phone number of ordering physician*
	• Member name and ID number*
	• Requested surgery type*
	• CPT Codes
	• Name of facility where the surgery will be performed*
	• Anticipated date of surgery*
	• Details justifying the surgical procedure*:
	  • Clinical Diagnosis*
	  • Date of onset of back pain or symptoms /Length of time member has had episode of pain*
	  • Physician exam findings (including findings applicable to the requested services)
	  • Diagnostic imaging results
	  • Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
	Please be prepared to provide the following information, if requested:
	
	• Clinical notes outlining type and onset of symptoms
	• Length of time with pain/symptoms
	• Non-operative care modalities to treat pain and amount of pain relief
	• Physical exam findings
	• Diagnostic Imaging results
	• Specialist reports/evaluation

Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?	No. Evolent will provide a list of surgery categories to choose from and the surgeons must select the most complex and invasive surgery being performed as the primary surgery. **Example: Lumbar Fusion** • If the surgeon is planning a single level Lumbar Spine Fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon does not need to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request. **Example: Laminectomy** • If the surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon does not need to request a separate authorization for the Microdiscectomy procedure. If the surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.
Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, shoulder, or spine surgery?	No. Evolent will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.

Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the spine or joint fusion authorizations?	Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.
What kind of response time can an ordering physician expect for prior authorization?	Having the following information available prior to calling Evolent at 1-866-214-2569 (Medicaid and Exchange) or online through RadMD.com will create the most efficient turnaround time of a medically necessity decision. • Clinical diagnosis • Date of onset of back pain or symptoms /Length of time member has had episode of pain • Physician exam findings (including findings applicable to the requested services) • Pain/Member symptoms • Diagnostic imaging results • Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) Generally, within 2 to 3 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What will the Evolent authorization number look like?	The Evolent authorization number will consist of alpha-numeric characters. In some cases, the ordering surgeon may instead receive an Evolent tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request retrospective or expedited authorization request?	No, those requests will need to be called into Evolent's call center for processing at 1-866-214-2569 (Medicaid and Exchange).
How long is the prior authorization number valid?	The authorization number is valid for 30 days from the date of request for outpatient surgery procedures, and 1 day for inpatient surgeries.
Is prior authorization necessary for lumbar, cervical, hip, knee, or shoulder surgery if Sunshine Health, Ambetter or CMS Health Plan is NOT the member's primary insurance?	Yes, for Ambetter members (Exchange). No, for Sunshine Health and CMS Health Plan members (Medicaid).
If an ordering physician obtains a prior authorization number, does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.

Does Evolent allow retro- authorizations?	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, shoulder, or spine surgeries, as outlined above that have not been properly authorized will not be reimbursed. Physicians performing hip, knee, shoulder, or spine surgeries should not schedule or perform these surgeries without prior authorization.
What happens if I have a service scheduled for January 1, 2024?	An authorization can be obtained for all non-emergent hip, knee, shoulder, lumbar and cervical spine surgeries, occurring in outpatient and inpatient settings, for dates of service January 1, 2024, and beyond. Beginning January 1, 2024, Evolent and Sunshine Health, Ambetter and CMS Health Plan will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
Can an ordering physician verify an authorization number online?	Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the website at RadMD.com.
Will the Evolent authorization number be displayed on the Sunshine Health, Ambetter from Sunshine Health and CMS website?	No.
What if I disagree with Evolent's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Sunshine Health, Ambetter and CMS Health Plan. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

SCHEDULING PROCEDURES	
Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	Evolent asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the member for the surgery.
WHICH MEDICAL SURGEONS ARE AFFECTED?	
Which physicians are impacted by the MSK Program?	Neurosurgeons and Orthopedic Surgeons are the key physicians impacted by this program. All procedures performed in any setting are included in this program: • Hospital (Inpatient & Outpatient Settings) • Ambulatory Surgical Centers
CLAIMS RELATED	
Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?	Rendering providers/surgeons should continue to send claims directly to Sunshine Health, Ambetter and CMS Health Plan. Rendering providers/surgeons are encouraged to use EDI claims submission.
How can claims status be checked?	Rendering providers/surgeons should check claims status via the following websites or by telephone: SunshineHealth.com/login Ambetter Provider Services: 1-877-687-1169 Medicaid Provider Services: 1-844-477-8313

Who should a surgeon contact if they want to appeal a prior authorization or claims payment involving a denial?	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	Evolent defines medical necessity as services that: • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be 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 • Not furnished primarily for the convenience of the member, the attending physician, or other surgeon.
How will referring/ordering surgeons know who Evolent is?	Sunshine Health, Ambetter and CMS Health Plan will send notification and educational materials to plan surgeons. The plans and Evolent will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.
Will ordering physician trainings be offered closer to the January 1, 2024, implementation date?	Evolent will conduct provider training sessions during, prior to, and after January 1, 2024.

Where can an ordering physician find Evolent's Guidelines for Clinical Use of MSK Procedures?	Evolent's Clinical Guidelines can be found on the website at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
Will the member ID card change with the implementation of this MSK Program?	No. The Sunshine Health, Ambetter and CMS Health Plan member ID cards will not contain any Evolent information on it and the member ID cards will not change with the implementation of this MSK Program.
RE-REVIEW/RECONSIDERATION AND APPEALS PROCESS	
Is the re-review/ reconsideration process available for the MSK program 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 or reconsideration can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A reconsideration (exchange plan members) must be initiated within **5 business days** (Exchange members) from the date of denial and prior to submitting a formal appeal. A re-review must be initiated within **2 business days** (Medicaid members) from the date of the denial and prior to submitting a formal appeal. Evolent has a specialized clinical team focused on MSK procedures. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. The MSK provider may call 1-866-214-2569 (Medicaid and Exchange) to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided. **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.

RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for MSK procedures?	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by Evolent.
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorizations for MSK procedures.
How do I apply for RadMD access to initiate authorization requests if I don't have access?	User would go to our website RadMD.com. • Click on NEW USER. • Choose "**Physician's office that orders 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 users the ability to view all approved authorizations for their office or facility. 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 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 MSK procedures?	Clicking the "**Request Spine Surgery or Orthopedic Surgery**" link will allow the user to submit a request for an MSK procedure.
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.
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, please contact RadMDSupport@Evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.
Who can a surgeon contact at Evolent for more information?	Ordering Physicians can contact: Andrew Dietz, DPT Senior Provider Relations Manager 407-967-4636 or Adietz@Evolent.com