

Superior HealthPlan Genetic and Molecular Testing Solutions Program

Provider Training

SHP_20229128A

Evolent Program Agenda

Our Genetic and Molecular Testing Solutions Program



Authorization Process

• Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

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Connecting Our Brands is About Connecting Care



evolent

Our Motivation

Patients

- Better Treatment
- Better Health

Providers

- Less Friction
- Appropriate Care

Genetic and Molecular Testing Solutions Prior Authorization Program



 Superior HealthPlan will begin a prior authorization program through Evolent for the management of Genetic and Molecular Testing.



- Program start date: November 1, 2022
- Begin obtaining authorizations from Evolent on October 24, 2022, for services rendered on or after November 1, 2022.

MEMBERSHIP

- Superior HealthPlan Medicaid (STAR, STAR+PLUS, STAR Health and STAR Kids)
- CHIP
- STAR+PLUS Medicare-Medicaid Plan (MMP)
- Ambetter from Superior HealthPlan (Marketplace)
- Wellcare By Allwell (HMO and HMO DSNP)



NETWORK

 Evolent will manage services through Superior HealthPlan's contractual relationships.



or

Genetic and Molecular Testing Solutions

Genetic and Molecular Testing Solutions Services Performed Outpatient

- Algorithmic Testing
- Cardiac Disorders
- Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)
- Epilepsy, Neurodegenerative, and Neuromuscular Conditions
- Exome and Genome Sequencing for the **Diagnosis of Genetic Disorders**
- Hereditary Cancer Susceptibility

- Molecular Analysis of Solid Tumors and Hematologic Malignancies
- Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay
- Pharmacogenetics
- Prenatal and Preconception Carrier Screening
- Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss

CPT Codes Requiring Prior Authorization (Genetic and Molecular Testing Solutions Example)

	Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.	GENETIC AND MOLECULAR TESTING SOLUTIONS SERVICES				
\checkmark		GTU	Test Name	Laboratory Name		
		6S34G	Arrhythmia / cardiac conduction defect	XXXXXXXXXX		
\sim	Includes CPT Codes and their	7VV6G	Arrhythmia Comprehensive Panel	XXXXXXXXXX		
Ċ	Allowable Billable Groupings.	7VA6G	Arrhythmia NGS Panel	XXXXXXXXXX		
$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	Located on RadMD.com	7VA7G	Arrhythmia NGS Panel Rapid	XXXXXXXXXX		
S.	Defer to Superior Health Plan's Policies for Procedures not on	2YLUG	Arrhythmia Panel	XXXXXXXXXX		

Claims/Utilization Review Matrix.

Test-Level Prior Authorization

Step 1: Test Selection

During clinical intake, the user selects the test being ordered, which is displayed as the test name and lab name [e.g., Comprehensive Epilepsy Panel (PerkinElmer Genomics)]. Only tests that require authorization are displayed to the user; the user is not required to supply the GTU but may search by it.

Step 2: Evolent performs medical necessity review



Evolent applies medical policy criteria

Based on the GTU, the codes associated with authorization for this test are: 81185, 81189, 81404, & 81406

Prior auth is required for this GTU.

Prior Authorization Review Process

Initiate Request Search & Select Test

Initiate Request

- Submit a prior authorization request via <u>RadMD.com</u>, telephone or fax
- Member information, ordering and rendering/servicing provider information, and ICD-10 are required to initiate a request

Search & Select Test

- Search for a genetic test by test name, laboratory name, Genetic Testing Unit (GTU), or CPT (not recommended)
- Reference the Genetic Test and Laboratory Matrix at <u>RadMD.com</u> and <u>ConcertGenetics.com</u> for a full list of tests that require prior authorization
- <u>Note</u>: Only 1 test can be requested at a time

Answer Clinical Questions

Select Laboratory

- Name and address for the laboratory rendering the genetic or molecular test
- Laboratory name selected must match the name of the laboratory associated with the test
- <u>Note:</u> Laboratory address is required

Answer Clinical Questions

- Rationale for test, including member ancestry, familial mutation(s) and relevant history, and results or reports from prior genetic or molecular test(s)
- Member medical records may be required to validate responses to clinical questions and assist with determination process

Select Laboratory

Decision

Services Rendered

Decision

- Prior authorization request will be approved or will pend for clinical review
- When request is pending for clinical review, relevant missing information such as medical records and clinical documentation must be provided
- Peer-to-peer discussions are available for requests that don't meet clinical guidelines
- Status updates are available via <u>RadMD.com</u> or telephone. When determinations are made, the clinical rationale utilized is included in notifications

Services Rendered

 Claims submitted, match to authorization & paid



Evolent's Clinical Foundation & Review



Clinical Algorithms collect pertinent information

Fax/Upload Clinical Information (upon request)

Clinical Review by Evolent's **Specialty Clinicians**

Peer-to-Peer Discussion

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• **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Superior Health Plan and Evolent Medical Officers and clinical experts. Clinical Guidelines are available on RadMD.com and ConcertGenetics.com

• Algorithms are a branching structure that changes depending upon the answer to each question.

Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation.

The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.

Evolent has specialized clinical teams.

Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.

Our goal – ensure that members are receiving appropriate care.



Medical Policy

Medical Policies

- Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation
- All medical policies are available on RadMD.com
- Medical policies are updated twice per year with effective dates in January and July
- Evolent uses these medical policies for clinical reviews and to build the clinical questions in RadMD

Evolent uses approved medical policies for medical necessity reviews and for creation of clinical questions on RadMD

Genetic Testing: General Approach to Genetic Testing V2.2022

Effective: 7/1/2022 Last Review: 4/0/2022

GENETIC TESTING: GENERAL APPROACH TO GENETIC TESTING

OVERVIEW

Genetic testing refers to the use of technologies that identify genetic variation, which include genomic, transcriptional, proteomic, and epigenetic alterations, for the prevention, diagnosis, and treatment of disease. Germline variants or mutations are defined as genetic alterations that occur within the germ cells (egg or sperm), such that the alteration becomes incorporated into the DNA of every cell in the body of the offspring.

Genetic disorders can result when there is an alteration, or pathogenic variant, in a DNA. sequence which causes the cell to produce an altered protein.

Some conditions, such as sickle cell disease, are caused by a single germline pathogenic. variant. Other conditions, such as diabetes and heart disease, are more complex. These complex conditions are referred to as multifactorial conditions, meaning that there is a combination of different inherited and environmental factors. Environmental factors, such as nutrition, exercise, weight, smoking, drinking alcohol, and medication use may influence the observable characteristics of the condition.

Single gene testing, targeted variant analysis, and multigene panels are all examples of the types of genetic tests used to identify germline pathogenic or likely pathogenic variants that cause hereditary and multifactorial conditions. The general approach to genetic testing criteria is intended for the evaluation of genetic testing that has not been more specifically addressed by other coverage criteria.

Authorization for Genetic and Molecular Testing Solutions

Special Information

- Ordering physician information, member information, rendering provider information, and requested test(s)
- Clinical information that will justify testing (symptoms, their duration, and physical exam findings)
- ICD-10 Code(s)
- Genetic Testing Unit (GTU) and CPT Code(s) OPTIONAL
 - Member ethnicity and/or ancestry, family history, history of relevant familial mutation(s)
- Preliminary procedures already completed (results and/or reports of prior genetic test(s)
- Rationale for test requested (i.e., drug therapy selection, carrier detection, etc.)
- Other pertinent clinical documentation (if requested)
- Refer to Genetic Testing Checklist on RadMD for more specific information

Evolent to Physician: **Request for Clinical** Information



A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.

CC TRACKING NUMBER

FAXC

PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER			
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER	
RE:	Authorization Request	MEMBER ID:	MEMBER_ID	
PATIENT NAME:	MEMBER_NAME			
HEALTH PLAN:	HEALTH_PLAN_DESC			
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided				
to date, please respond to this fax as soon as possible.				

Study Requested was: Abdomen - Pelvis CT For documentation ALWAYS PROVIDE:

- 1. The most recent office visit note
- 2. Any office visit note since initial presentation of the complaint/problem requiring imaging
- 3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below: FAX QUESTIONS ADDL

aalfaddlfaxquestions

a) Abdominal pain evaluation:

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

- b) Abnormal finding on examination, imaging or laboratory test: Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging
- c) Suspicion of cancer: Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy
- d) <u>History of cancer:</u> Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
- e) Pre-operative evaluation: Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.
- f) <u>Post-operative evaluation:</u>

FAXC

CC_TRACKING_NUMBER

Submitting Additional Clinical Information



- Records may be submitted:
- Upload to <u>RadMD.com</u>
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from RadMD.com
- Call 1-800-642-7554



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

Exam Re	
Upload Clin	
Cases in thi	
Member	
Name:	
Gender:	
Date of Birth	
Member ID:	
Health Plan:	
Spoken Lan	

quest Verification: Detail

ical Document

Print Fax Cover Sheet

Request Additional Visits

is Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female		•
Date of Birth:	5/24/1971	Address:	123 Main St, New City, ST
	0.241071 AB400455		12345
Member ID:	AB123456	Phone:	123-456-7890
Health Plan:	ABC Health Plan	Tax ID:	987654321
	нмо		50705 1021
		UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		



Clinical Specialty Team



Genetic and Molecular Testing Solutions Review

Clinical Specialization Pods Overseen by Medical Director

Physician Review Team consists of Physician Panel of Board-Certified Physician Specialists to meet State licensure requirements

Physician clinical reviewers conduct peer reviews on specialty products

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Clinical Review Process

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Request Evaluated Based on Information Entered

 Additional clinical information required

Evolent makes medical necessity decisions based on clinical information supplied by provider. Decisions are made as quickly as possible after submission of all requested clinical documentation. All decisions are rendered within state required timelines.



✓ Key Evolent differentiator

Evolent Initial Clinical Specialty Team Review

 Additional clinical information submitted and reviewed – Test Approved

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- Additional clinical not complete or inconclusive – Escalate to Physician Review
- ✓ Designated & Specialized Clinical Team interacts with Provider Community



Authorization Validity Period

- Authorizations are valid for :
 - service

60 days starting 10 business days prior to the date of

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- **Medicare plans:** Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.
- Medicare re-opens are only allowed if the request complies with the CMS definition of a reopen. Providers will continue to have the option to submit an appeal utilizing the health plan's process.
- A peer-to-peer discussion can be initiated once the adverse determination has been made Medicaid and Ambetter.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

Claims Process:

- Providers should continue to submit their claims to Superior Health Plan.
- Providers are strongly encouraged to use EDI claims submission. ullet
- Check on claims status by logging on to Superior Secure Provider Portal at: Provider.SuperiorHealthPlan.com
- **Appeals Process:**
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Superior Health Plan.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment \bullet (EOP) notification.

Genetic and Molecular Testing Points



Providers search for a genetic or molecular test by name, laboratory, Genetic Testing Unit (GTU) or CPT code (not recommended). Only one test can be requested at a time.



Authorizations are test and location specific, please contact Evolent if the location changes. The location of the laboratory is important for Medicare as it determines which Local Coverage Determination (LCD) applies.



Providers should submit for authorization prior to performing a test. The validity period for genetic testing authorizations is 60 days and begins 10 business days prior to the requested date of service to allow for instances where the sample is collected in advance of testing.



Review Genetic Test and Laboratory Matrix to determine tests managed by Evolent located at <u>RadMD.com</u>

Provider Tools

- **Request Authorization** \bullet
- View Authorization Status \bullet
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information \bullet
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents \bullet
- Interactive Voice Response (IVR) System \bullet for authorization tracking



Available 24/7



1-800-642-7554

Available Monday - Friday 7:00 AM - 7:00 PM CST

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Evolent Website

RadMD.com

RadMD Functionality varies by user:

- Ordering Provider's Office
 - View and submit requests for authorization.

• Rendering Provider

• View approved, pended and in review authorizations for their facility.

Online Tools Available on RadMD

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



RadMD New User Applica 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" butte 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 during the second s
- Offices that are both ordering and rendering procedures should request or \bullet This will allow you to request authorization on RadMD and see the status

	RadMD Si	gn In			
	For URGENT/E please contact	XPEDITED authorization the Evolent call certain the Evolent c	ation requests, nter.		
	Sign In Ne	ew User			
			_		
	Track an Au	uthorization			
	Authorization	Tracking Number	Go		
	Please Select a	n Appropriate Descr	iption		
e. 4	Physician's office	that orders procedui	es		
	Facility/office whe	ere procedures are pe	erformed		
.011	Health Insurance	company t Facility or Hospital	that parforms radiativ	an ancology procedu	15
	Physicians office	that prescribes radia	tion oncology proced	lures	16
	Physical Medicine	e Practitioner (PT, O	F, ST, Chiro, etc.)		
3	Application for a New Account Please fill out this form only for y In order for your account to be activ ensure that emails from RadMDSup	yourself. Shared accounts are not allow vated, you must be able to receive emails pport@magellanhealth.com can be receiv	ved. from RadMDSupport@magellanhealth.c red.	om. Please check with your email adminis	str
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	Choose a Username:		must be different than the super-	visor's name/email.	
	First Name:	Last Name:	First Name:	Last Name:]
	Phone:	Fax:	Phone:	Email:]
	Email:	Confirm Email:			
ue to HIPAA regulations.	Company Name:	Job Title:			
	Address Line 1:	Address Line 2:			
dering provider access.	City:	State: [[State]	v		
of requests.	Zip:				
		s	ubmit		
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RadMD New User Applica 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" butto to proceed.
- 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 in

IMPORTANT

- Users are required to have their own separate username and password d
- Designate an "Administrator" for the facility who manages access for user
- If multiple staff members entering authorizations need to view approved, authorization requests, they will each need to complete and submit a new account administrator is responsible for granting rendering access for each

ation	RadMD S For URGENT/ please conta	Sign In /EXPEDITED author ct the Evolent call c	zation requests, enter.		
	Track an A Authorization	Authorization	Go		
2	Please Select Physician's offic	t an Appropriate Des e that orders proced	cription ures		
C .	Facility/office w	here procedures are	performed		
ton	Health Insurance Cancer Treatme Physicians offic Physical Medici	e company ent Facility or Hospita e that prescribes rad ne Practitioner (PT. (I that performs radiat iation oncology proce OT. ST. Chiro. etc.)	tion oncology procedu edures	r
3	Application for a New Accourt Please fill out this form only f In order for your account to be a ensure that emails from RadME Which of the following best d	nt for yourself. Shared accounts are not a activated, you must be able to receive en Support@magellanhealth.com can be re escribes your company?	Illowed. ails from RadMDSupport@magellanhealt ceived.	h.com. Please check with your email admin	is
	Facility/onice/lab where proceed	lures are performed		ogy onices	
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	First Name:	Last Name:	First Name:	Last Name:	
	Phone:	Fax:	Phone:	Email:	
	Email:	Confirm Email:	Affiliated Facilities		
lue to HIPAA regulations.	Company Name:	Job Title:	Facility Tax ID #:	bbA	
rs	Address Line 1:	Address Line 2:	Your Tax IDs:		
	City:	State:	[none]		
pended, and in-review	Zip:	[[State]	~		
user application. The					
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Shared Access

Evolent offers a Shared Access feature on our RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

Request Exam or specialty procedure **Physical Medicine** Initiate a Subsequent Request Radiation Treatment Plan Pain Management or Minimally Invasive Procedure Spine Surgery or Orthopedic Surgery **Genetic Testing**

Request Status Search for Requ View All My Req **View Customer**

(including Cardiac, Ultrasound, Sleep Assessment)

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: Login	
s Jest quests Service Calls	Tracking Number: Search Forgot Tracking Number?	



When to Contact Evolent

Initiating or checking the status of an authorization request	 Website: <u>RadMD.cor</u> 1-800-642-7554
Initiating a Peer-to-Peer Consultation	• 1-800-642-7554
Provider Service Line	 <u>RadMDSupport@Ev</u> Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	Charles Allison <i>Provider Relations Man</i> 1-602-572-2390• <u>calliso</u>



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RadMD Demonstration

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