Question	Answer
**Evolent Advanced Imaging/Cardiac Program Frequently Asked Questions (FAQs) for TrueCare Providers**

Question	**Answer**
GENERAL	
Why is TrueCare implementing this program?	Evolent programs are designed to improve health outcomes for people with complex conditions.
Which TrueCare members will require prior authorization for outpatient imaging and select cardiac procedures?	TrueCare MississippiCAN, and Children's Health Insurance Program (CHIP) members will require prior authorization through Evolent prior to being rendered in a provider office or other outpatient hospital/facility settings.
PRIOR AUTHORIZATION	
What is the implementation date?	July 1, 2025
What procedures will require prior authorization?	- Computed Tomography (CT)/ Computed Tomographic Angiography (CTA) - Magnetic Resonance Imaging (MRI)/ Magnetic Resonance Angiography (MRA) - Positron Emission Tomography (PET) Scan - Multigated Acquisition (MUGA) Scan - Nuclear Stress Test - Echocardiography
Does care rendered in an emergency room require prior authorization?	No. Emergency room, urgent care facility, observation and inpatient procedures do not require prior authorization from Evolent. If an urgent/emergent clinical situation exists in an outpatient setting, please contact Evolent immediately with the appropriate clinical information for an expedited review.
How do providers submit and track status of prior authorization requests?	Prior authorization requests can be submitted and tracked via RadMD.com or by calling Evolent at 1-888-879-5923.
What information is required to submit a prior authorization request?	Please have the following information ready before logging into RadMD.com or calling Evolent's call center (*Information is required.) - Name and office phone number of ordering provider* - Member name and ID number* - Requested examination* - Name of provider office or facility where the service will be performed*

	• Anticipated date of service
	• Details justifying examination*
	  • Symptoms and their duration
	  • Physical exam findings
	  • Conservative treatment member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
	  • Preliminary procedures already completed (e.g., x-rays, CTs, lab work, scoped procedures, referrals to specialist, specialist evaluation)
	  • Reason the study is being requested (e.g., further evaluation, rule out a disorder)
	Prepare to provide the following information, if requested:
	• Clinical notes
	• X-ray reports
	• Previous related test results
	• Specialist reports/evaluation

What kind of response time can providers expect for prior authorization?	Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.
What does the Evolent authorization number look like?	The Evolent authorization number consists of alpha-numeric characters. The ordering provider will receive an Evolent tracking number if the prior authorization request is not approved at intake. Providers can use either number to track the status of the request.
If submitting a prior authorization request through RadMD and the request pends, what happens next?	You will receive a tracking number and additional instructions.
Can RadMD be used to request an expedited prior authorization request?	RadMD may only be used for expedited prior authorization requests that occur after normal business hours.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If a rendering provider initiates the request, Evolent will follow up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of request.

Is prior authorization necessary if TrueCare is NOT the member's primary insurance?	No.
Where can a provider find Evolent clinical guidelines?	Evolent clinical guidelines can be found on RadMD.com.

CLAIMS RELATED	
Where do providers send claims?	Providers should continue to send claims to the address indicated on the back of the TrueCare member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status on the TrueCare website at **MSTrueCare.com.**
Who should a provider contact if they want to appeal a claims payment denial?	In the event of a claim payment denial, providers may appeal the decision through TrueCare. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

RE-REVIEW AND APPEALS PROCESSES	
Is the re-review process available if a denial is received?	If a denial determination has been made and new and/or additional clinical information is available, providers may initiate a re-review by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A re-review can be initiated after the date of denial and prior to submitting a formal appeal. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. Providers can call **1-888-879-5923** to initiate the 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.
Who should a provider contact if they want to appeal a prior authorization determination?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.

RADMD ACCESS	
How do I submit an application for a RadMD account?	Prospective users should go to RadMD.com. • Click "New User" • Choose "**Physician's office that orders procedures**" from the drop-down box • Complete application with necessary information • Click "Submit" Once an application is submitted, the user will receive an email with a temporary passcode.
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** through the account application process on RadMD. • Click "New User" • Choose "**Facility/Office where procedures are performed**" from the drop-down box • Complete application with necessary information • Click "Submit" Examples of a rendering facility that only needs to view approved authorizations: • Hospital facility • Billing department • Offsite location • A user in another location who is not interested in initiating authorizations
Which link on RadMD will I select to initiate an authorization request?	Clicking the "**Request an exam or specialty procedure (including Cardiac)**" link will allow the user to submit a request for an outpatient specialty procedure.
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 clicking the member name via the "Search for Request" link from the main menu. At the bottom of the "Exam Request Verification: Detail" page, click "View" in the "Documents Received" section and select the appropriate link for the upload or fax.

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 on the RadMD home page allows 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 post-login main menu options using the "Search for Request" feature. A tracking number is required to use this search method.
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 protected health information (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.
Who can a provider contact at Evolent for more information?	You may contact your dedicated Evolent Provider Relations Manager: <Chyanne Jones 1-571-895-5798 Chyanne.Jones@Evolent.com>
Who can a provider contact at TrueCare if they have questions or concerns?	Contact TrueCare Provider Services at **1-833-230-2174**. Providers may visit the TrueCare website **MSTrueCare.com**.

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