

Fidelis Care Radiation Oncology Program

Provider Training

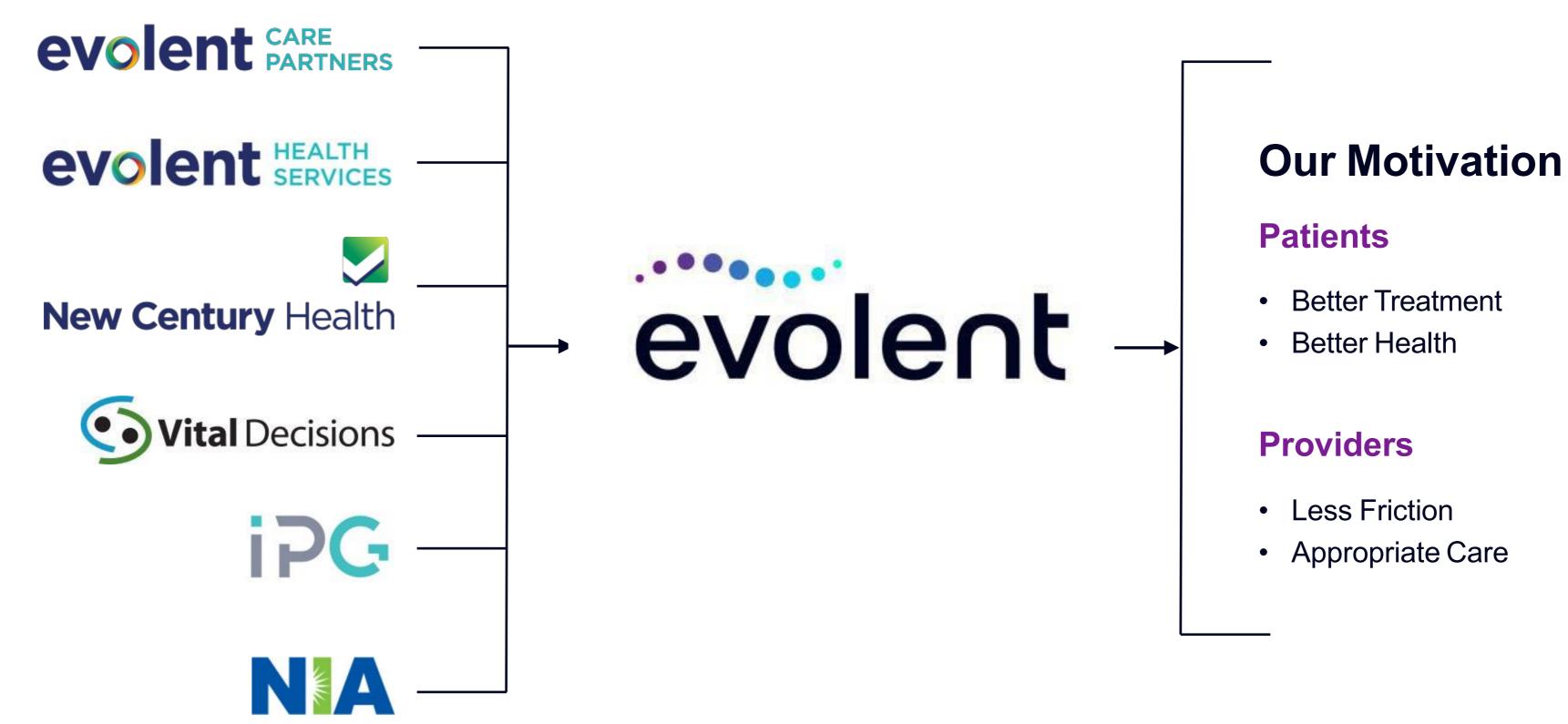
Evolent Program Agenda

Our Radiation Oncology Program

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

Evolent

Connecting Our Brands is About Connecting Care



Radiation Oncology Prior Authorization Program



 Fidelis Care will begin a prior authorization program through Evolent for the management of Radiation Oncology Services.



- Program start date:
 October 1, 2021
- Begin obtaining authorizations from Evolent on October 1, 2021, for services rendered on or after October 1, 2021.

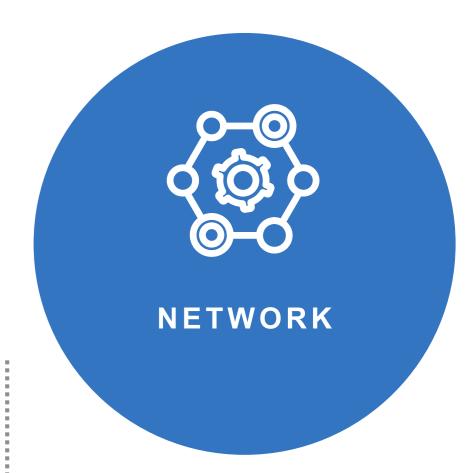


- Breast
- Colon/Rectal
- Lung
- Prostrate
- Brain/Spine
- Bone
- Metastatic
- Head/Neck
- Endometrial

Outpatient setting



- Medicaid
- Medicare
- Dual Advantage
- CHP
- Essential
- Qualified Health



 Evolent will manage services through Fidelis Care's contractual relationships.

Radiation Oncology Program

Program Focus:

Appropriate Use:

- Based on national clinical guidelines
- Manage the appropriate use of modalities and ensure radiation treatment is delivered safely and does not exceed optimal fractions (dose)

Clinical Provider Variation:

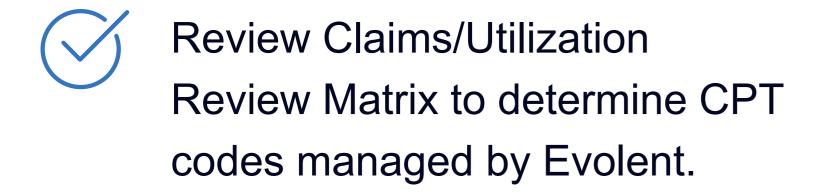
Minimize clinical/provider variation through prior authorization process

Radiation Oncology Program

Radiation Therapy Modalities:

- Brachytherapy (Low-dose rate (LDR), High-dose rate (HDR) and Electronic
- 2D conventional radiation therapy (2D)
- 3D conformal radiation therapy (3D-CRT)
- Intensity modulated radiation therapy (IMRT)
- Stereotactic Radiation Therapy (SRS and SBRT)
- Proton beam radiation therapy (PBT)
- Intraoperative Radiation Therapy (IORT)
- Neutron Beam
- Hyperthermia
- IGRT and Port Films

CPT Codes Requiring Prior Authorization (Radiation Oncology Example)



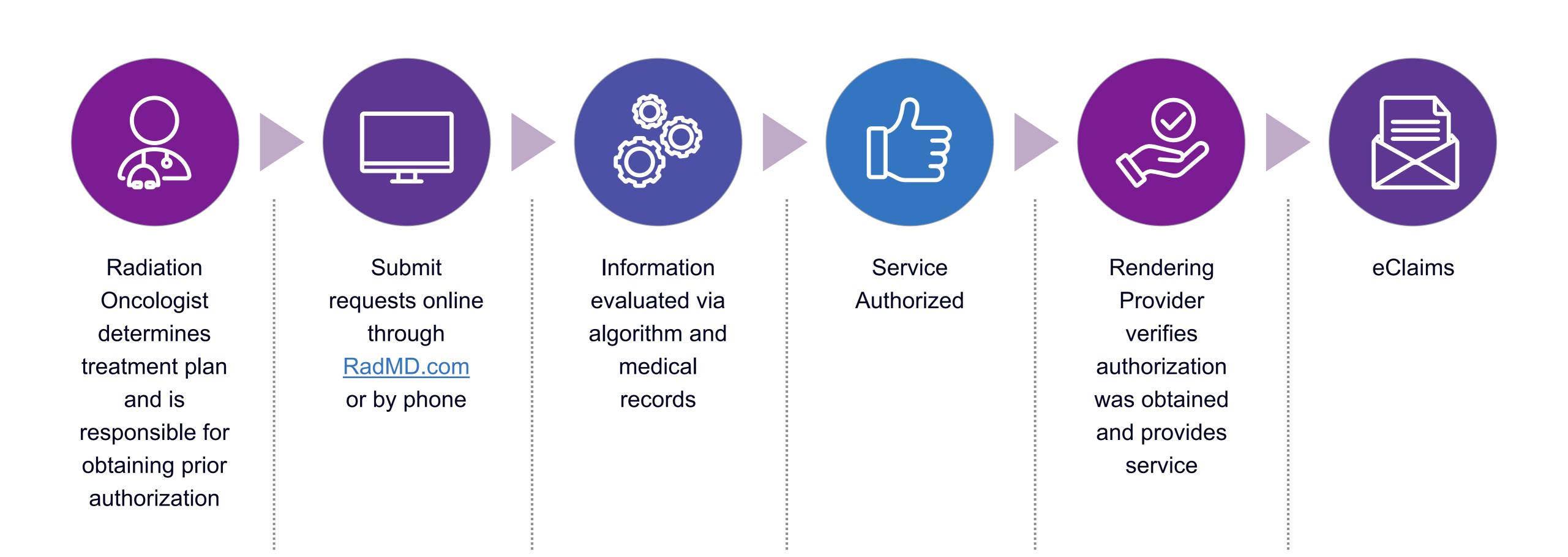




Defer to Fidelis Care's Policies for Procedures not on Claims/Utilization Review Matrix.

RADIATION ONCOLOGY SERVICES					
Procedure Name	Primary CPT Code	Allowable Billed Groupings			
Treatment Deliveries - Gamma Knife	77371	77371			
Treatment Deliveries – Stereotactic Radiation Therapy	77372	77372, 77373, G0339, G0340			
Treatment Deliveries - Stereotactic Radiation Therapy	77373	77372, 77373, G0339, G0340			
Treatment Deliveries - IMRT - Simple	77385	77385, 77386, G6015, G6016			
Treatment Deliveries - IMRT - Complex	77386	77385, 77386, G6015, G6016			

Prior Authorization Process Overview



Evolent's Clinical Foundation & Review

Clinical guidelines are the foundation



Fax/Upload Clinical Information (upon request)

Clinical Review by Evolent's Specialty Clinicians

Peer-to-Peer Discussion

- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research and standards of care. Guidelines are reviewed and mutually approved by Fidelis Care and Evolent Medical Officers and clinical experts. Clinical Guidelines are available on 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 of Radiation Oncologists.
- 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.

When to Submit Prior Authorization Requests

- Perform treatment planning (Treatment plan and initial set up simulation and guidance).
- \bigcirc
- Prior authorization requests should be submitted to Evolent after the treatment plan is completed.
- \bigcirc
- Submit authorization request ASAP following set up simulation to avoid delay in claims processing.
- \bigcirc

Submit authorization either through Evolent's website RadMD.com (preferred method) or by calling Evolent at:

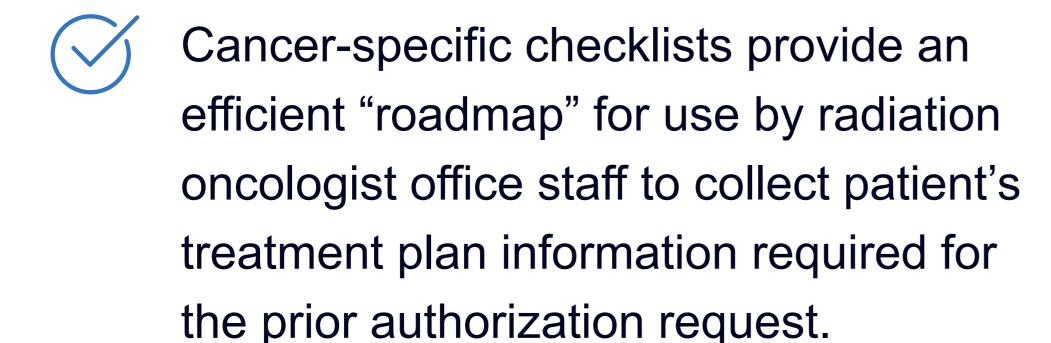
- Medicaid, Essential, CHP, and Qualified Health: 1-800-424-4952
- Medicare and Dual Advantage: 1-800-424-5390

Authorization for Radiation Oncology

Special Information

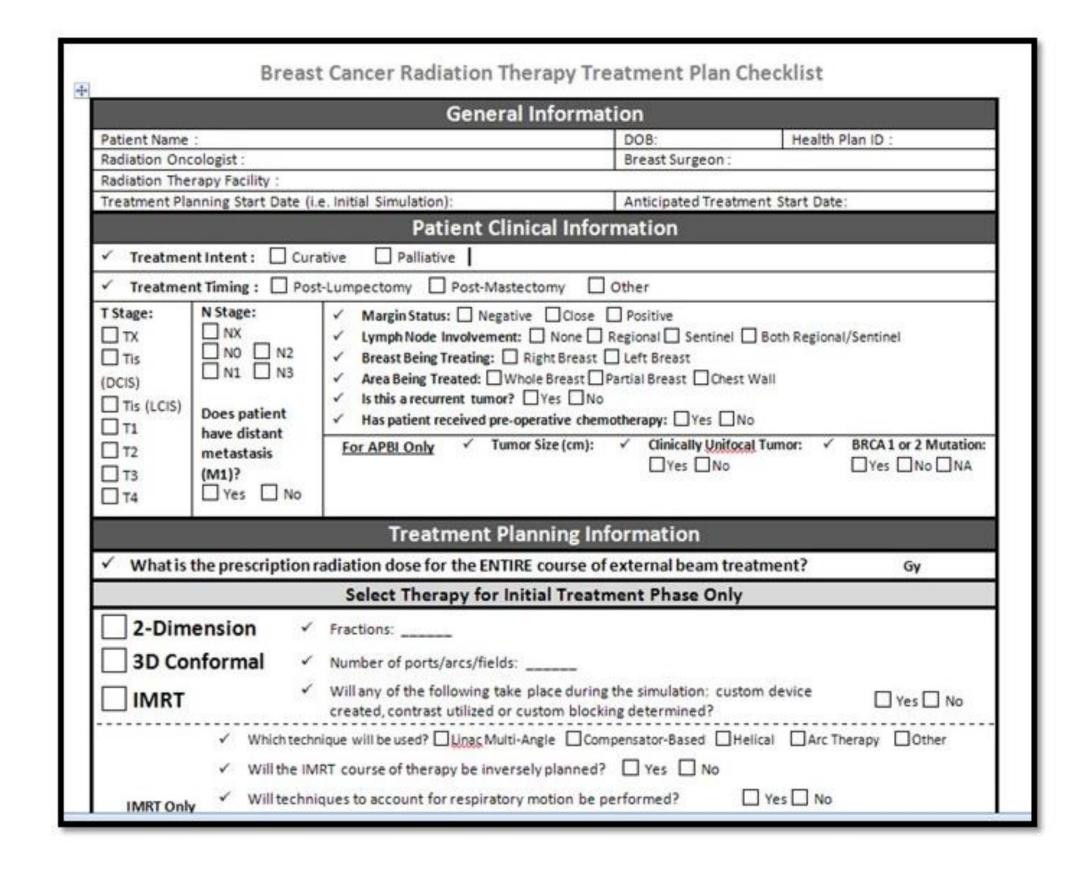
- Member, radiation oncologist, and treatment facility information required.
- Complete the Radiation Therapy Treatment Plan Checklist to ensure you
 have all information needed to complete request.
- Identify treatment planning/anticipated treatment planning start date.
- Disease site being treated.
- Patient's clinical presentation:
 - Stage
 - Treatment Intent
 - Disease-specific clinical information
- Requested Radiation Therapy Modality (initial and/or boost stages)
 - Total dose
 - Fractions
 - Guidance (IGRT, Port Films)
- Additional information needed depends on the cancer site and treatment modality.

Intake Process Supported by Cancer-specific Checklists





Checklists are available on RadMD.com



Evolent to Radiation Oncologist: Request for Clinical Information



A fax is sent to the radiation oncologist detailing what clinical information 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.

[Tracking Number]

FAXC

DO NOT WRITE ABOVE THIS LINE

Date: [Date of Fax]

ORDERING PHYSICIAN: [Requesting Pro		rider Name]		
FAX NUMBER:	[Recipient Fa	x Number]	TRACKING NUMBER:	[Tracking Number]
RE: Authorizati	on Request	MEMBER ID:	[Member ID]	
PATIENT NAME:	[Member	Name]		
HEALTH PLAN:	[Name of I	iealth Plan]		
We have received	your request t	or [service]. We a	re unable to approve based	on the information provided to date, please
respond to this fax	as soon as po	ssible.		

URGENT: REPLY REQUIRED FOR CASE REVIEW

We have received your request for [service] along with some clinical information. However, additional information is needed in the form of clinical records which support the medical necessity of these services to make a determination on this case.

[Requested clinical information]

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

To initiate a peer-to-peer discussion, please sign in at www.RadMD.com, click "Provider Resources" and "Health Plan Call Center Authorization Phone Numbers" for the appropriate Health Plan-specific phone number

All information supplied is considered part of the member's utilization review record and will be kept strictly confidential in accordance with HIPAA and/or applicable state law.

IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL

[Tracking Number]

FAXC

with it contain information that may be logally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is nautherined. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

Submitting Additional Clinical Information



Records may be submitted:

- Upload to <u>RadMD.com</u>
- Fax using Evolent coversheet

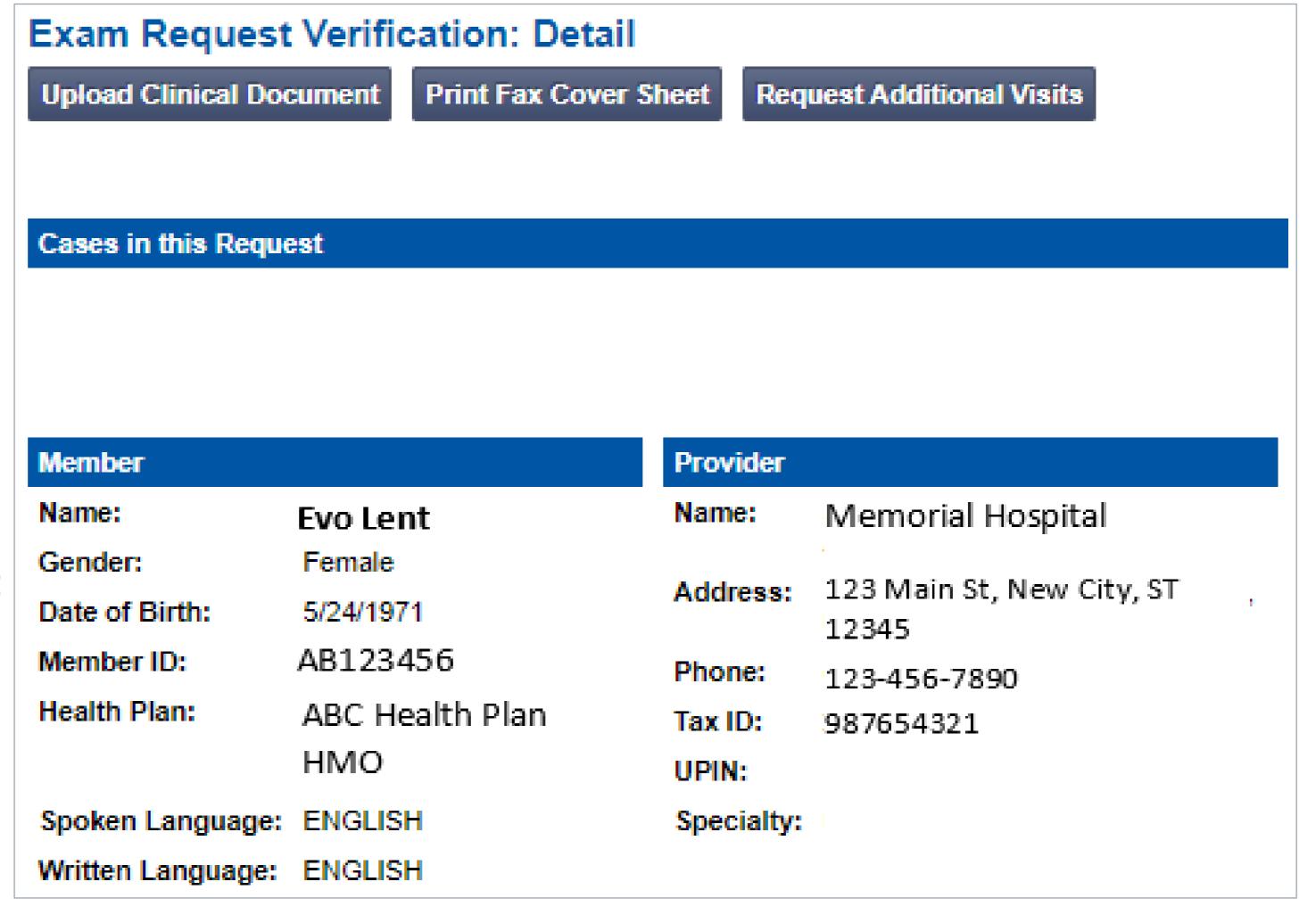


Location of Fax Coversheets:

- Can be printed from <u>RadMD.com</u>
- Call:
 - Medicaid, Essential, CHP, and Qualified Health: 1-800-424-4952
 - Medicare and Dual Advantage: 1-800-424-5390



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



Clinical Specialty Team: Focused on Radiation Oncology



Initial clinical review performed by specialty trained radiation oncology nurses and radiation therapists

Clinical review team will contact provider for additional clinical information

Radiation Oncologist conducts clinical reviews and peer-to-peer discussions on radiation oncology requests

Radiation Oncology Clinical Review Process

Physicians' Office
Contacts Evolent for
Prior Authorization of
Treatment Plan

✓ RadMD

✓ Telephone

Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed for medical necessity – Procedure Approved
- Additional clinical not complete or inconclusive Escalate to Physician Review
- ✓ Designated & Specialized Clinical Radiation Oncology Team interacts with Provider Community

Requests Pend for Clinical Review and are Evaluated based on Information Entered

 Additional clinical information required **Evolent Specialty Physician Reviewers**

- Evolent Radiation Oncologist approves treatment plan without peer-to-peer
- ✓ Peer-to-peer outbound attempt made if case is not approvable
- Evolent Radiation Oncologist approves or partially approves treatment plan with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Evolent Radiation Oncologist denies treatment plan based on medical criteria and discusses treatment alternatives

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 the Evolent call center at:
 - Medicaid, Essential, CHP, and Qualified Health: 1-800-424-4952
 - Medicare and Dual Advantage: 1-800-424-5390
- Turnaround time for clinically urgent requests will be handled in 72 hours.

Modifying Treatment Plans



Changing or Adding Services for Approved Treatment Plan

- All modifications of approved treatment plan requests must be called into the Call Center.
- Modifications will be reviewed for medical necessity.
- Be prepared to supply additional clinical information if necessary.
- Determination will be made after all requested information is received.

Authorization number will NOT change.

Radiation Therapy Treatment Notification for Transition Cases

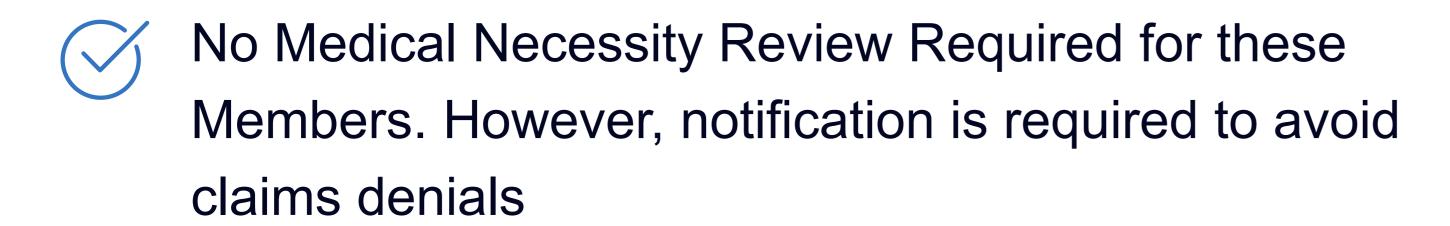
Transition cases include:

- Radiation therapy performed prior to the effective date of the program
- Radiation therapy began prior to member's coverage start date
- Radiation therapy began as inpatient, and treatment will continue as outpatient

Radiation Therapy Treatment Notification Form for Transition Cases









Radiation The	erapy Treat	ment Noti	fication Fo	rm for Transi	tion Cases			
ollowing scenarios (sel patient began radi patient began radi	ect one): ation therapy prior ation therapy prior	to the program sta to coverage by [He	ort of [start date]		reatment impacted by one of the			
mportant Notes Regarding Notification				ent to [HEALTH PLAN] I vider within 48 hours of	by fax at: [FAX NUMBER]. f receipt.			
Submitted By	Name (Lost, Fi	Name (Lost, First)						
Date:	Phone #			Fax#	*Required			
Member	Name (Lost, Fi	rst)						
Information	Address							
	Gender □ M	□ F DOB		Member ID				
Provider	Radiation Onc	ologist Name						
Information	Address							
	Phone #	Phone #			Fax#			
	Physician Tax I	Physician Tax ID						
	Radiation Ther	Radiation Therapy Facility						
	Address							
	Phone #	Phone # Fax #						
	Facility Tax ID	Facility Tax ID						
Radiation Therapy	Diagnosis - IC)						
Treatment Plan Information	Site Being Treated	☐ Breast ☐ Lung	□ Colon □ Other:	□ Prostate	□ Rectal			
	Treatment Sta	Treatment Start Date			Treatment End Date			
	Radiation Ther	ару Туре		CPT code	# of Treatments			
	☐ Low-dose-r	☐ Low-dose-rate (LDR) Brachytherapy						
	☐ High-dose-r	☐ High-dose-rate (HDR) Brachytherapy						
	☐ 2D Convent	ional Radiation Th	erapy (2D)					
	☐ 3D Conform	nal Radiation Thera	py (3D-CRT)					
	☐ Intensity M	☐ Intensity Modulated Radiation Therapy (IMRT)						
	☐ Stereotacti	☐ Stereotactic Body Radiation Therapy (SBRT)						
	□ Proton Beam Therapy							
	□ Other:							
Treatment Plan Update	A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date. □ Check here if this form is to report changes to a previously submitted form.							
	Complete all	Complete all fields above. For Treatment End Date, enter NEW end date, if applicable. For CPT code, enter all CPT codes (including codes previously reported). For # of treatments, indicate total # of treatments needed (including # previously reported).						

Radiation Oncology Points



The radiation oncologist determining the treatment plan and providing the radiation therapy is responsible for obtaining the prior authorization. Prior authorization requests can be made telephonically or through RadMD.com. The radiation oncologist is the ordering provider, but also the rendering provider for the professional services and is responsible for the oversight of the radiation therapy.



The prior authorization request should be submitted after the clinical treatment planning and before the beginning of the treatment phase:

- Date Treatment Planning Began
- Anticipated Treatment Start Date



An authorization for radiation treatment plan will cover the course of treatment. In order to provide the required authorization review information, it will be necessary for the provider to complete the clinical treatment plan prior to the prior authorization call.



For physicians and cancer treatment facilities, only one authorization is needed for both the technical and professional components of each procedure.

Authorization Validity Period

- Authorizations are valid for :
 - 180 days from date of request for Radiation Oncology allows for all circumstances

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 re-open. 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 prior to or after an adverse determination has been made (Medicaid, Dual Advantage, Essential, CHP, Qualified Health Plans).
- In some cases, a peer-to-peer discussion will be for consultation purposes only.
- Re-review may be available with new or additional information.
- Re-review must occur within 60 calendar days for Medicaid members, 180 calendar days for Essential, Qualified Health, and CHP members from the denial and prior to submitting a formal appeal.
- In the event of a denial, providers may appeal the decision by contacting Fidelis Care or following the appeal instructions provided in their determination letter or Remittance Advice (RA) notification.

Claims and Appeals

Claims Process:

- Radiation Oncologists and Cancer Treatment Centers should continue to submit their claims to Fidelis Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Fidelis Care website at providers.fideliscare.org/Login
- Appeals Process:
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Fidelis Care.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

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

Available 24/7 (except during maintenance)



Medicaid, Essential, CHP, and Qualified Health:

1-800-424-4952

Medicare and Dual Advantage:

1-800-424-5390

Available Monday - Friday

8:00 AM - 8:00 PM EST

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
- Checklists
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Application Process – Radiation Oncologists

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 "Physicians office that prescribes radiation oncology 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.
- Designate an "Administrator" for the facility who manages the access for the entire facility.



Which of the following best describes your company?

Physicians office that prescribes radiation oncology procedures

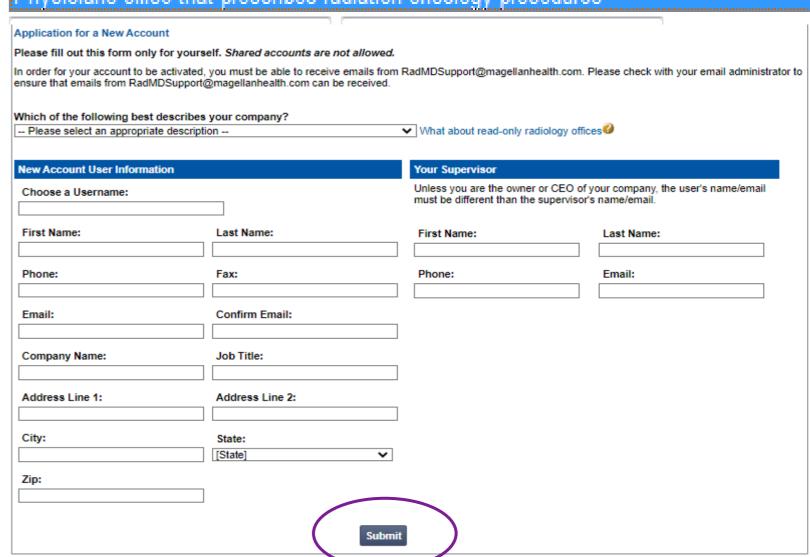
y-- Please Select an Appropriate Description -Imaging Facility or Hospital that performs radiology exams
Health Insurance company
Physician's office that orders radiology exams
Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Application for a New Account
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator ensure that emails from RadMDSupport@magellanhealth.com. Please check with your email administrator ensure that emails from RadMDSupport@magellanhealth.com. Please select an appropriate description -
Vour Supervisor

New Account User Information

Your Supervisor



RadMD New User Application Process – Cancer Treatment Facilities

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 "Cancer Treatment Facility or Hospital that performs radiation oncology 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.
- Designate an "Administrator" for the facility who manages the access for the entire facility.



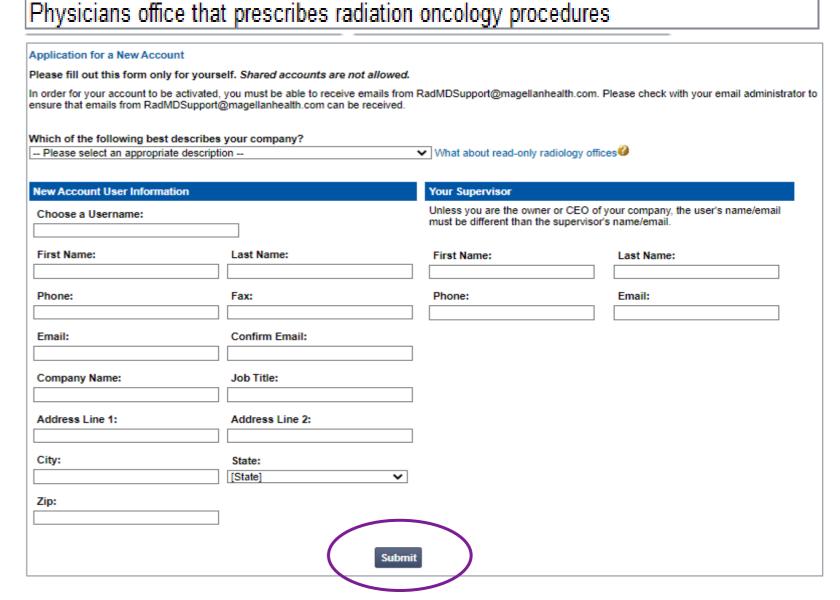
Which of the following best describes your company?

Cancer Treatment Facility or Hospital that performs radiation oncology procedures ▼

-- Please Select an Appropriate Description -Imaging Facility or Hospital that performs radiology exams
Health Insurance company
Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

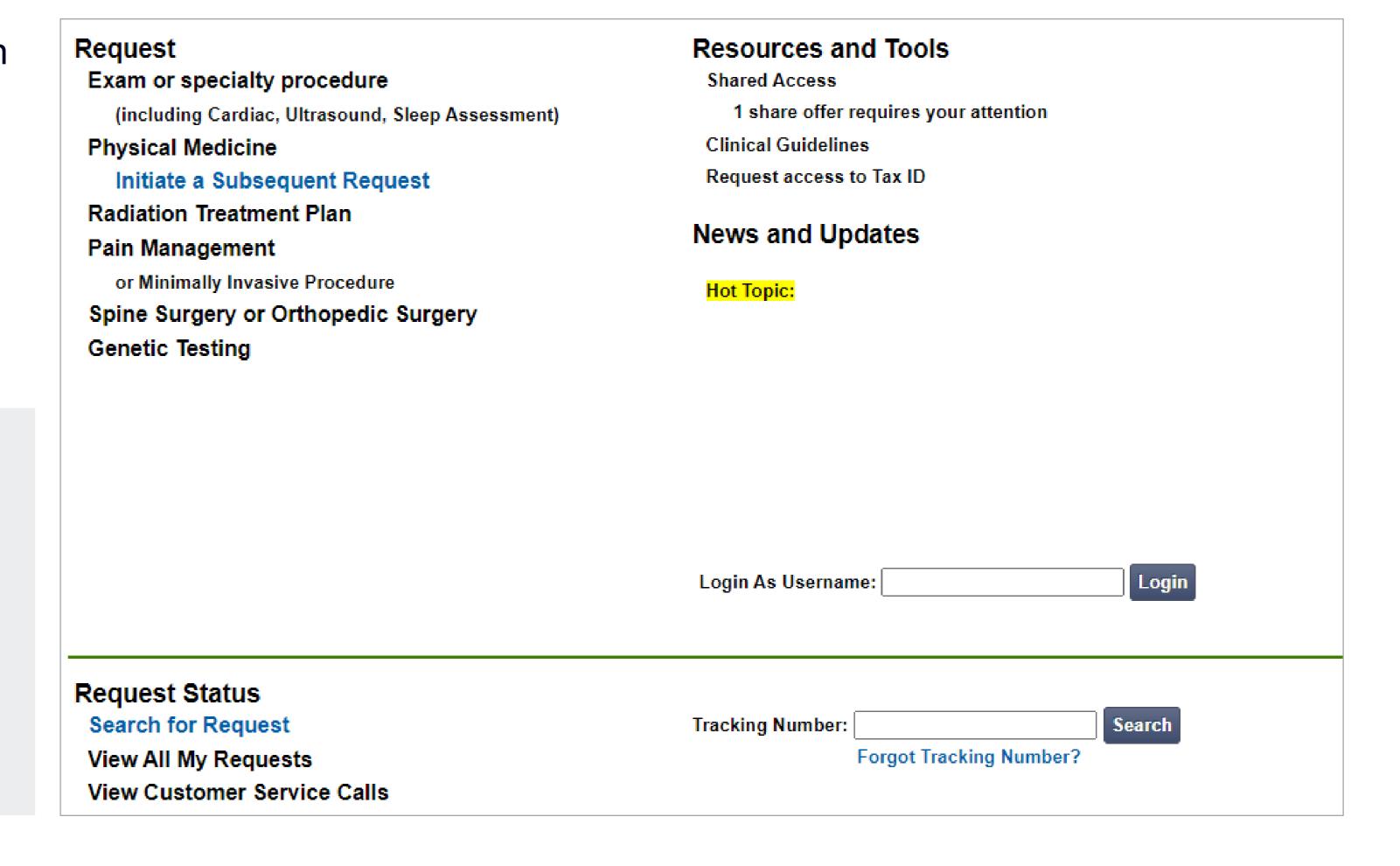
Chysicians office that procesibes radiation oncology procedures



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 RadMD.com, allowing them to communicate with members and facilitate treatment.



When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: <u>RadMD.com</u>
- Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
- Medicare and Dual Advantage: 1-800-424-5390

Initiating a Peer-to-Peer Consultation

- Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
- Medicare and Dual Advantage: 1-800-424-5390

Provider Service Line

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

Provider Education requests or questions specific to Evolent

Seth Cohen PT, DPT

Provider Relations Manager

1-410-953-2418 • seth.cohen@evolent.com

RadMD Demonstration



THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.