

Wellcare Physical Medicine Program

Provider Training



Evolent Program Agenda

Our Physical Medicine Program



Other Program Components

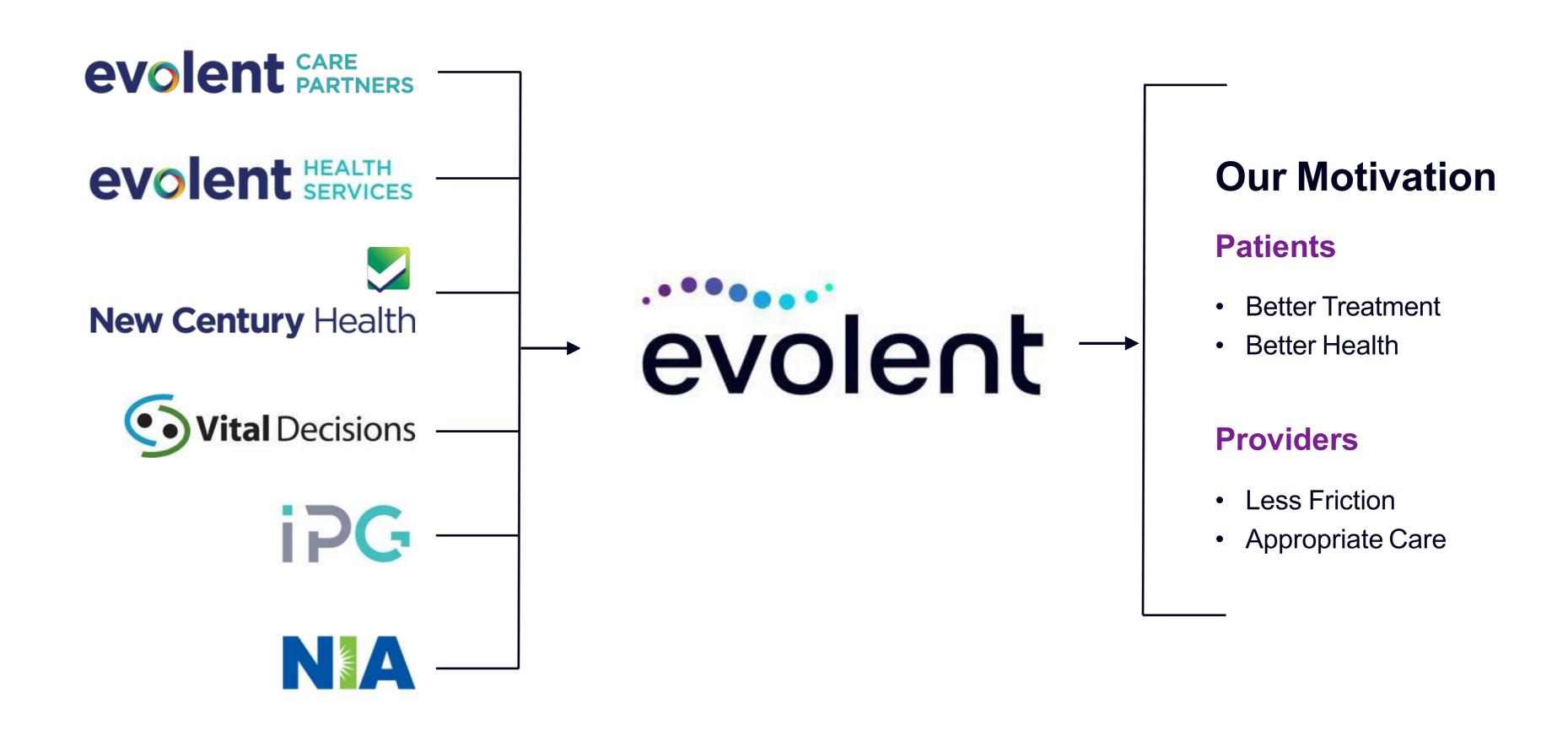


RadMD Demo

Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



Physical Medicine Prior Authorization Program



- Wellcare will begin a prior authorization program through Evolent for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative.



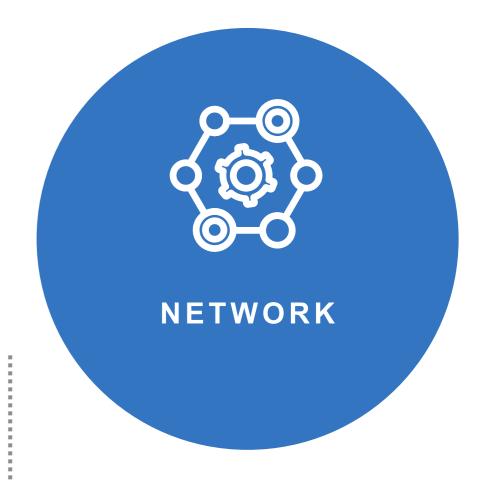
Program start date:
 January 1, 2025



- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Outpatient Office
- Outpatient Hospital
- Outpatient Rehabilitation Facility



Medicare



Evolent manages
 services through the
 health plan's contractual
 relationships.

Physical Medicine Program

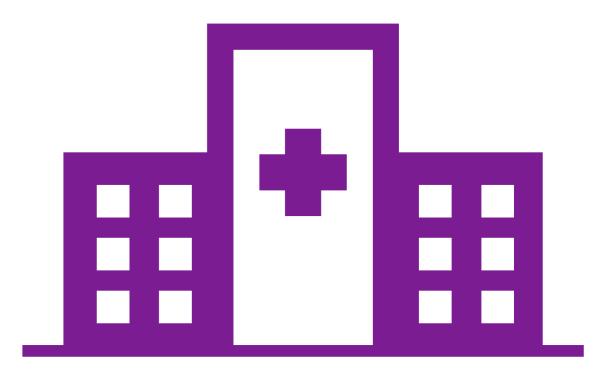
Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

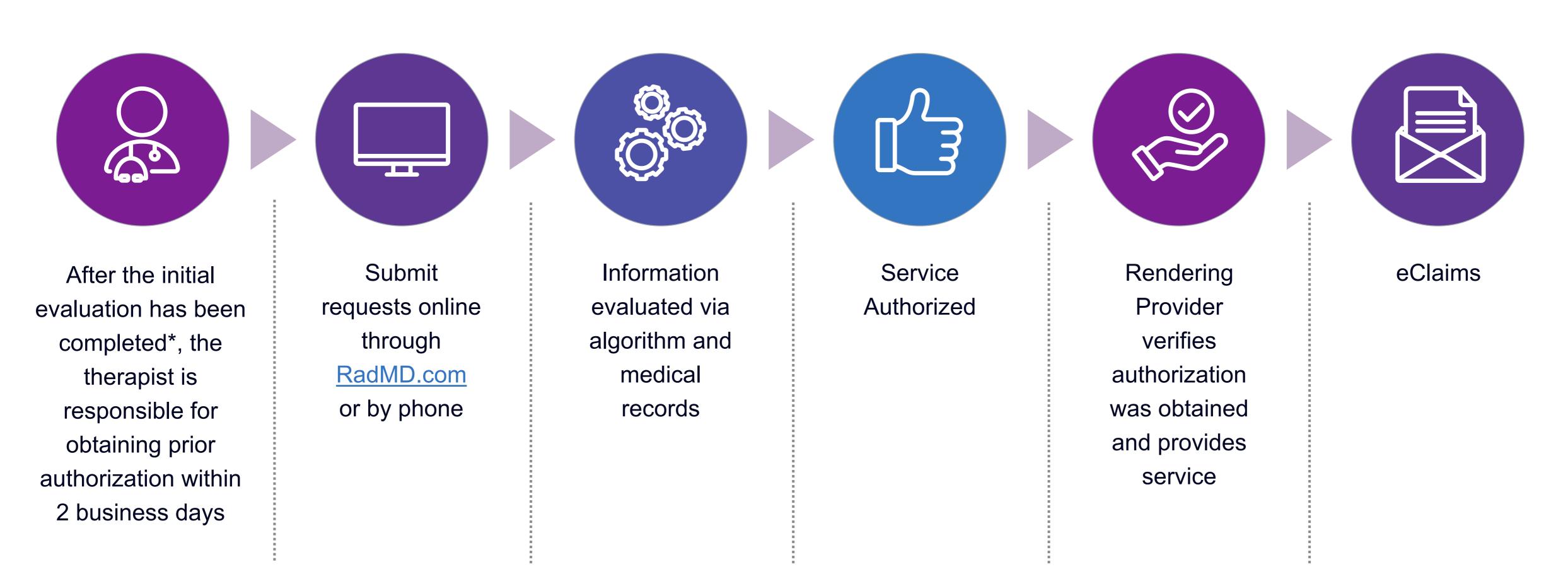
Physical Medicine Program Exclusions

Exclusions

- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Home Health
- Skilled Nursing Facility



Physical Medicine Prior Authorization Process



^{*}PT, OT and ST Initial evaluation codes do not require authorization. Other billed codes performed on the same date as the initial evaluation date will be considered a visit. Providers should submit for an authorization prior to billing additional services.

Evolent's Clinical Foundation & Review

Clinical guidelines are the foundation

Clinical Algorithms collect pertinent information

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. Guidelines are reviewed and mutually approved by Wellcare, Evolent's medical officers and clinical experts.
- Milliman Care Guidelines (MCG) and Evolent's 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 like discipline therapists, focused on Physical Medicine.
- 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.

Goal of Physical Medicine Intake Questions (Algorithm)



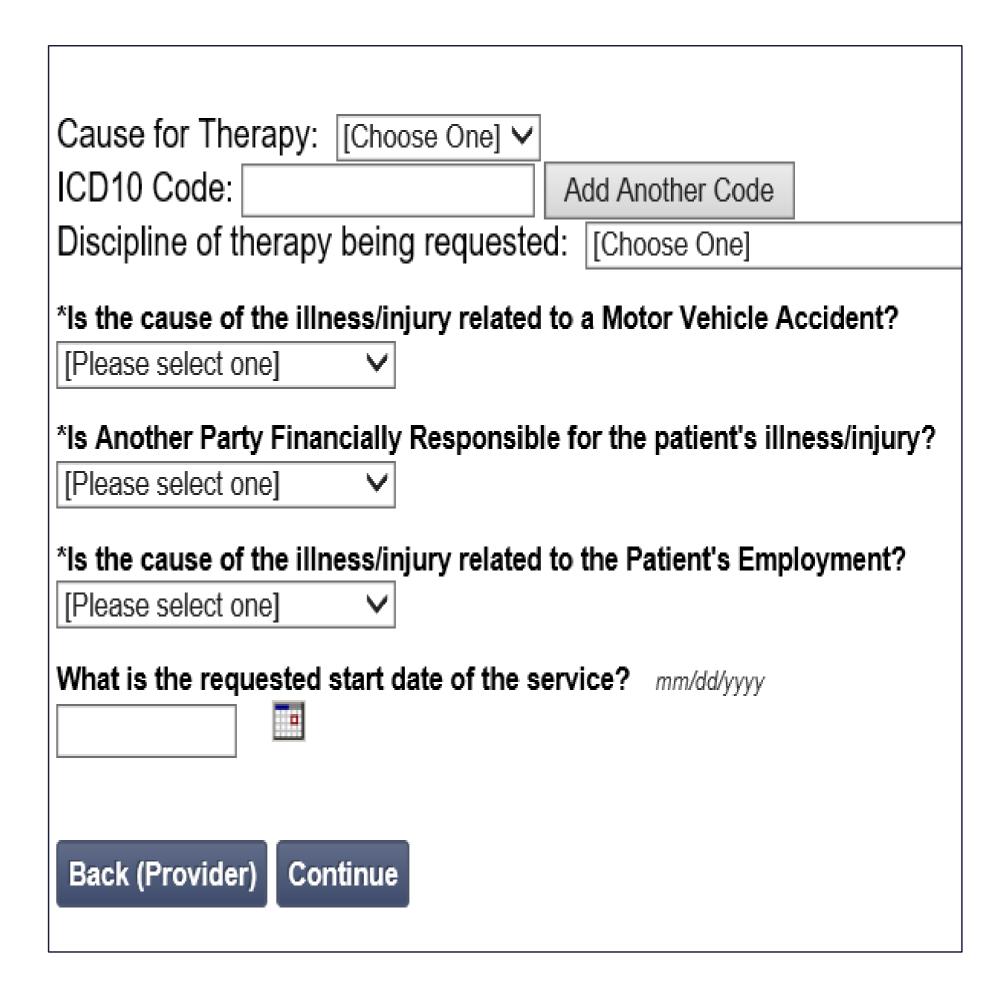
Benefit of the algorithm:

- No delay in treatment for member
- No delay in submitting claims



Once you submit your initial request for authorization:

- You will receive visits to get started. It may not be enough visits to cover your episode of care. Additional visits may be requested through the subsequent request process.
- Requests may be approved at the time of submission. A
 portion of them may pend for documentation
 submission of the time of entry.
- You will have the option to accept or decline approved visits.



Authorization for Physical Medicine

Special Information

- Member, clinician and facility information required.
- Requested start date of service, initial evaluation date, and date of injury.
- Therapy initial evaluation, diagnosis, functional status (prior and current), functional deficits, objective tests and measures, standardized outcome tools* (at your clinician's discretion), plan of care (including frequency, duration, interventions planned and goals**), assessment (prognosis and limitations). Add requested number of visits and validity dates.

^{*} If formal habilitative testing is provided, it must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided on an annual basis. Test scores should establish presence of a motor or functional delay. While not required, testing is used as one component when assessing a member.

^{**} Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits.

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation



Initial Authorization Request:

If a case pends for clinical information:

Initial evaluation with the plan of care for clinical review



Subsequent Authorization Request:

If requesting additional visits on an existing authorization:

- Most recent evaluation/re-evaluation (if not previously submitted)
- Most recent progress note and updated plan of care
- Two to three of the most recent daily notes

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation (Continued)



Habilitative Request beyond a Year of Care (Annual Re-evaluation is Required):

Clinical documents should include:

- Re-evaluation:
 - Including start of care and progress compared to baseline measures
 - Summary of prior episode(s) of care and/or therapeutic break(s)
 - Information regarding additional services if being provided
 - Updated standardized testing as applicable
- The most recent progress note with updated plan of care
- Two to three of the most recently daily notes

Refer to the "Tip Sheet/Checklist" on RadMD.com for more specific information

Request for Clinical Information



Correspondence sent detailing required clinical information along with a fax coversheet.



Please provide the clinical information as quickly as possible so we can make a determination.



Failure to receive requested clinical information may result in denial.

	Tracking #	FAXC
evolent	DO NOT WRITE ABOVE THIS LINE	

Date/Time:

ORDERING PHYSICIAN:							
FAX NUMBER:			TRACKING NUMBER:		ING NUMBER:		
RE:	Authorizatio	n Reques	Request MEMBE):		
PATIE	ENT NAME:						
HEAL	TH PLAN:						
Date o	f Service:						

□ I attest that the information sent in this fax, along with any previously submitted documents, contains all relevant clinical documentation for the services rendered. There is no additional clinical information for Evolent to review.

The rendering provider is responsible for obtaining and submitting the clinical records if requested. Please respond within 24 hours with the clinical information identified below to avoid any delays in patient care.

Additional information is still needed.

We have received your request for *Therapy-DESCRIPTION* 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.

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.

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

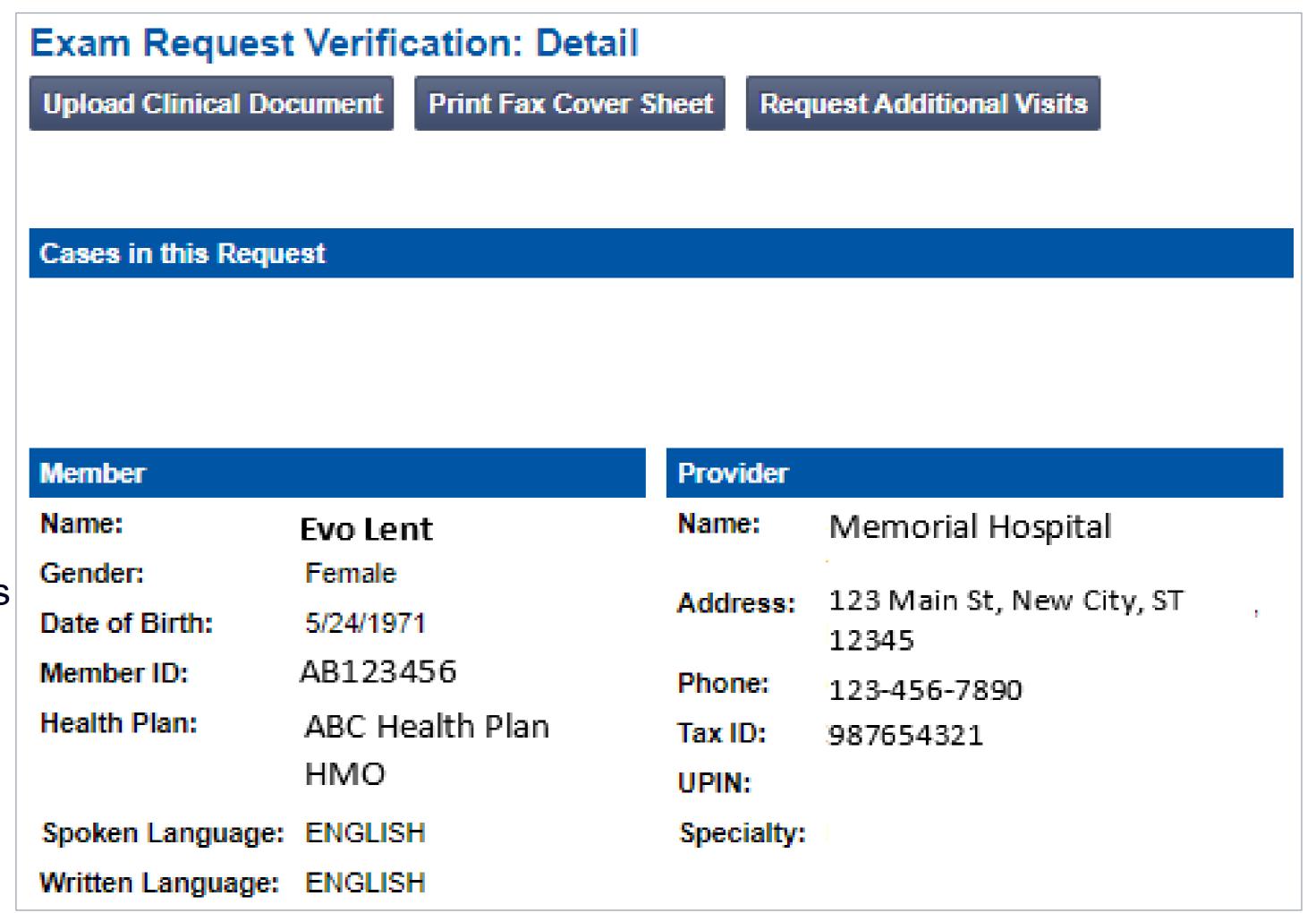


Location of Fax Coversheets:

- Can be printed from RadMD.com
- Or call Evolent at:
 - 1-800-977-7522 Iowa Medicare
 - 1-855-445-3577 Iowa Integrated Duals



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



Clinical Specialty Team: Focused on Physical Medicine



Clinical algorithm evaluates request based on information entered by provider to determine if realtime authorization is appropriate for initial request.

Evolent Peer Clinical Review. If information captured is insufficient, clinical records must be submitted for review.

Specialized Physical Medicine Clinical Review Team consisting of therapists.

Physical Medicine Clinical Review Process

- Therapist's Office
 Contacts Evolent for
 Prior Authorization
 - RadMD
 - Telephone

Evolent Initial Clinical Specialty Team Review

- Clinical information submitted and reviewed Treatment approved if information meets medical necessity criteria
- Clinical not complete or inconclusive the request will pend and the provider should submit additional clinical documentation
- Anything escalated for medical necessity review will be sent to the discipline matched Specialized Physical Medicine Clinical Team

Request Evaluated
Based on Information
Provided

 Additional clinical information required

- **Evolent Therapy Reviewers**
 - Evolent reviewer approves case without peer-to-peer
 - Peer-to-peer discussion will help providers understand which documents are missing and need to be submitted
 - Therapist reviewers make determination based on skill and medical necessity criteria

Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.

Initiating a Subsequent Request



When is a subsequent request appropriate?

- When you have an active authorization
- A need for continued skilled care
- A change in the treatment plan or plan of care
- Addition of a new diagnosis or body part



How are subsequent requests initiated?

RadMD.com or Upload or fax updated clinical documentation

When can it be initiated?



- Wellcare: Any time after determination notifications have been sent on the prior request.
- Documentation should show progress or address reason for prior adverse determination.



Will I lose visits if the subsequent request is submitted prior to all the visits being used?

Requests have definitive start and end dates. Visits from prior authorizations cannot be transferred to new subsequent requests. Unused visits will be lost.

Treating an Additional Body Part

If a provider is in the middle of treatment and gets a new therapy prescription for a different body part/condition, the provider will perform a new evaluation on that body part/condition and develop goals for treatment. See below for process:

Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- Evolent will add additional ICD 10 code(s) and visits to the existing authorization.

Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area.
- A new authorization will be processed to begin care on the new body part/condition and the previous will end.

Authorization Validity Period

- The approval notification will include a fax coversheet that can be used for any subsequent requests.
- Authorizations will include the number of approved visits with a validity period.
- **Wellcare:** The validity period end date may be modified when subsequent request is approved.
- If you have an active authorization, a 30-day extension of the validity period can be obtained via RadMD.com or call center.

Adverse Determination Notification and Options: Wellcare

Notifications:

- Notifications include an explanation of services denied and the clinical rationale.
- (Physical Medicine only) Adverse determinations include full denial and partial denial/approval.
 - Example of a partial denial: 20 visits requested, 10 approved after review of the documents

Options:

- Peer-to-peer discussions must be performed before a final determination has been made on the request but not required.
- Re-opens are only allowed if the request complies with the CMS definition of a re-open.
- Appeals: 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 Wellcare.
- Providers are strongly encouraged to use EDI claims submission.

Appeals Process:

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

Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, OT and ST)



CPT codes billed for Physical, Occupational, and Speech Therapy initial evaluations do not require an authorization for participating providers. All other codes require an authorization.



Treatment performed on the same date as the initial evaluation date will be considered a visit and requires an authorization.

Physical Medicine Points (Continued)



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to RadMD.com or faxed to Evolent at 1-800-784-6864.



Authorization is only required when Wellcare serve as the primary insurer.



30-day extensions to the end date of current authorizations can be added by utilizing the "Request" Validity Date Extension" option on RadMD.



Each date of service counts as a visit.

Provider Tools

- Request Authorizations
- View Authorization Status and Denial Rationales
- View and Manage Authorization Requests
- Upload Additional Clinical Information
- View Provider and Member Correspondence
- Schedule Peer-to-Peer Discussions Where Applicable
- Accept Visits with a Partial Approval/Denial (Physical Medicine only)
- View Educational Resources
 - Clinical Guidelines
 - Frequently Asked Questions (FAQs)
 - Program Training Presentations
 - RadMD Quick Start Guides





1-800-977-7522 Iowa Medicare 1-855-445-3577 Iowa Integrated Duals

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

RadMD New User Application Process – Physical Medicine Practitioner

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 "Physical Medicine Practitioner (PT, OT, ST, Chiro, etc)".
- 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.



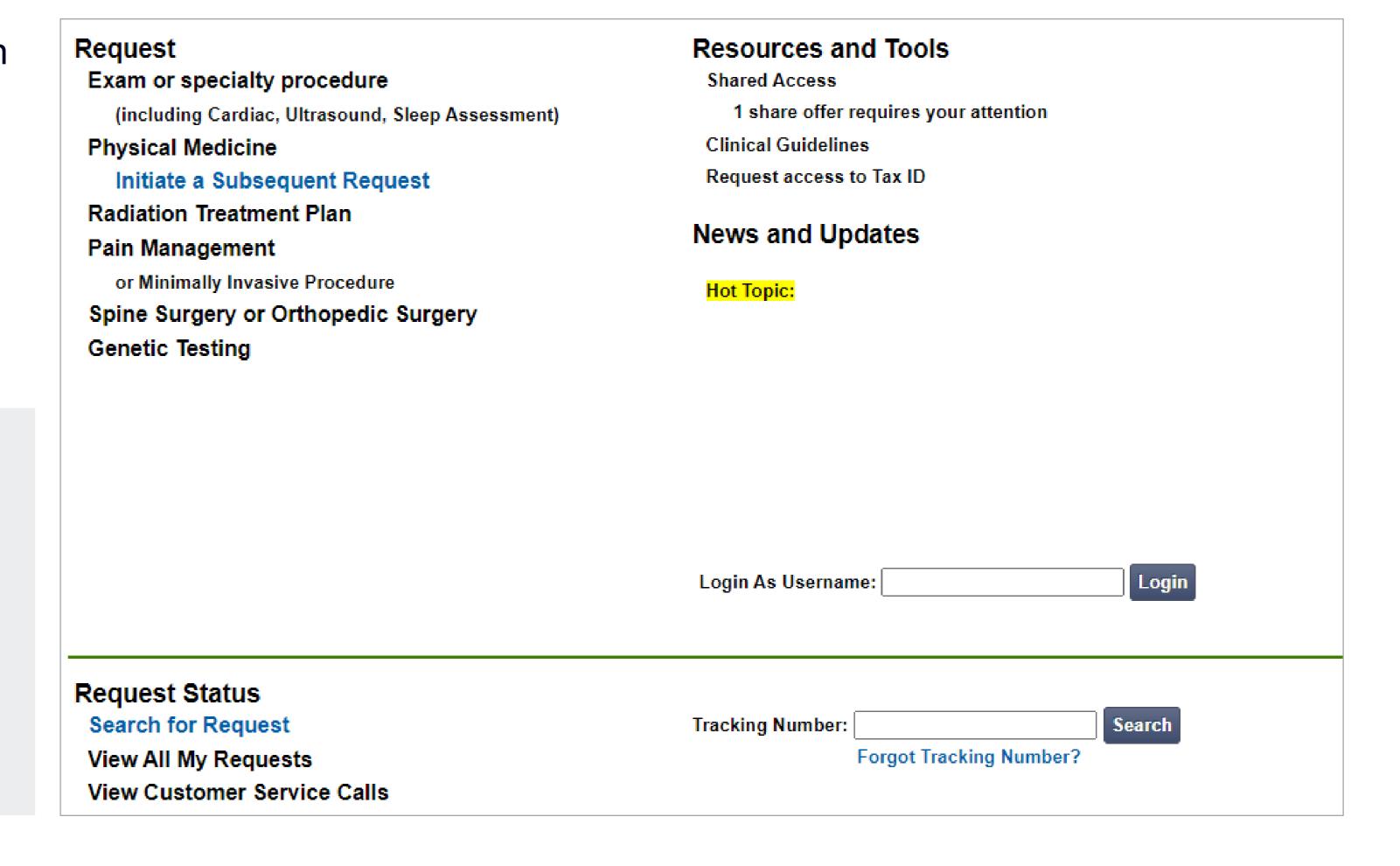
Please Select an Appropriate Description -Physician's office that orders procedures Facility/office where procedures are performed Health Insurance company Cancer Treatment Facility or Hospital that performs radiation oncology procedures Physicians office that prescribes radiation oncology procedures Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to What about read-only radiology offices Unless you are the owner or CEO of your company, the user's name/email First Name: Last Name First Name Last Name: Confirm Email: Company Name: Job Title: Address Line 1: Address Line 2:

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>
- 1-800-977-7522 Iowa Medicare
- 1-855-445-3577 Iowa Integrated Duals

Initiating a Peer-to-Peer Discussion

- 1-800-977-7522 Iowa Medicare
- 1-855-445-3577 Iowa Integrated Duals

Provider Service Line

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

Provider Education requests or questions specific to Evolent

Karla Lowery *Provider Engagement Manager*952-225-5701 • klowery@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.