



Ambetter of Oklahoma Physical Medicine Program

Provider Training

Evolent Program Agenda

Our Physical Medicine Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



Physical Medicine Prior Authorization Program



THE PROGRAM

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



IMPORTANT DATES

- Program start date: January 1, 2022



DISCIPLINES & SETTINGS INCLUDED

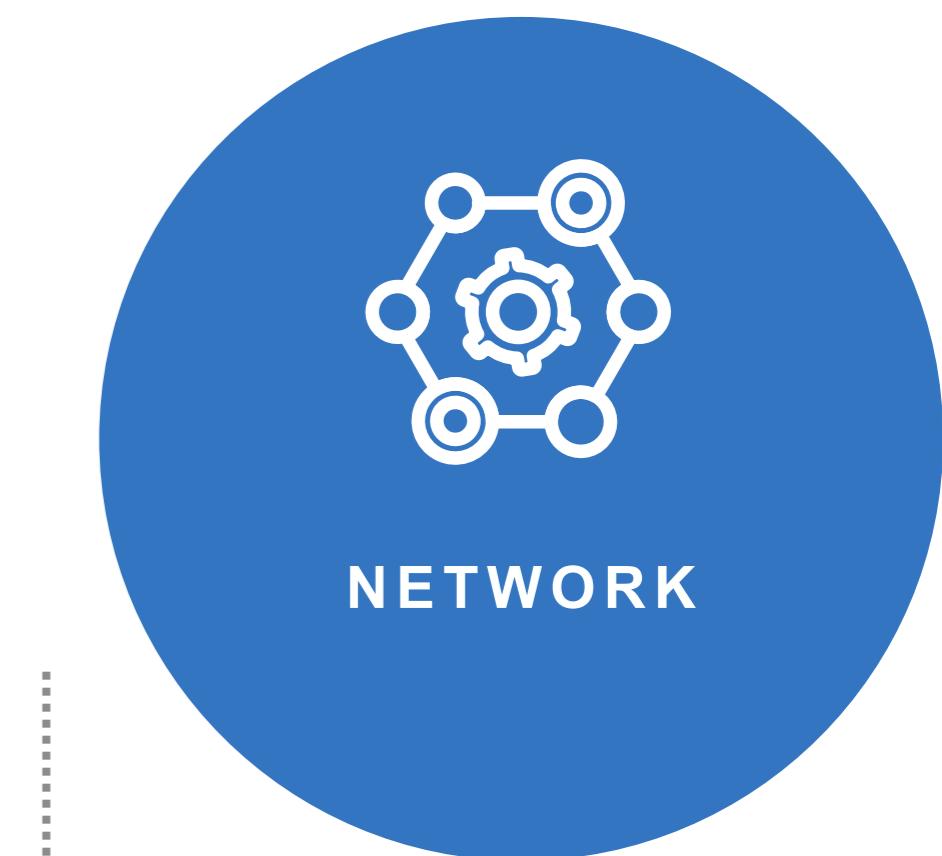
- Physical Therapy
- Occupational Therapy
- Speech Therapy

- Office
- Outpatient Hospital
- Home Health



MEMBERSHIP INCLUDED

- Exchange Program
- **ICHRA: Effective January 1, 2026**



NETWORK

- Evolent will manage services through Ambetter of Oklahoma's contractual relationships.

Physical Medicine Program

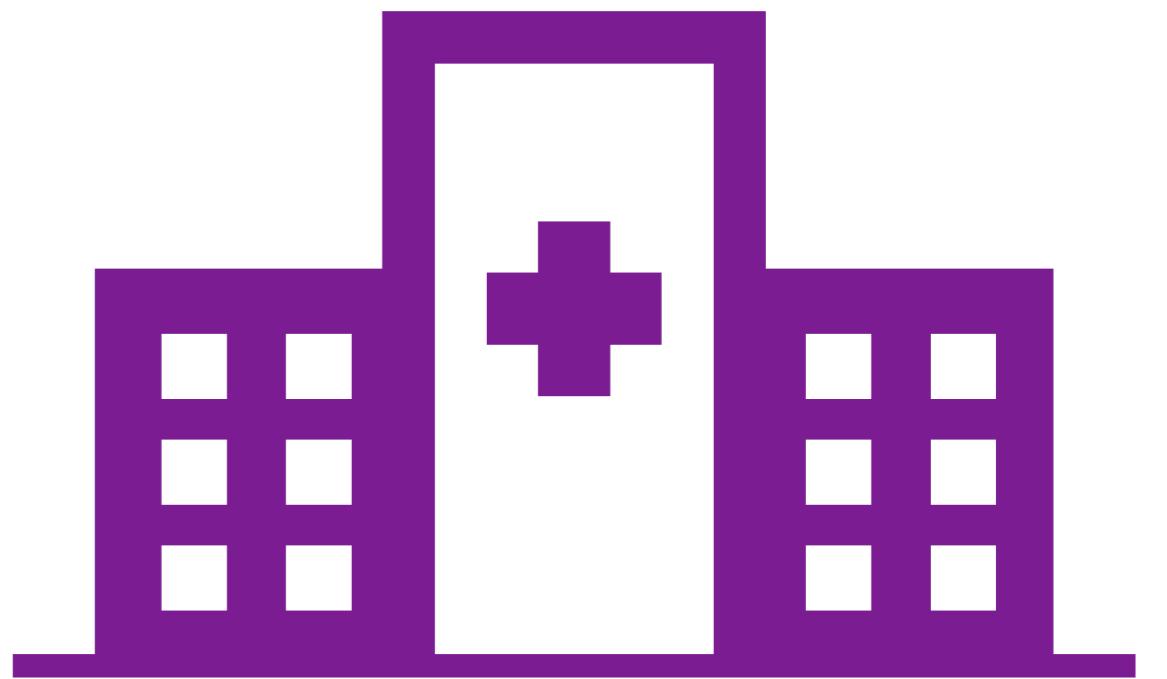
Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

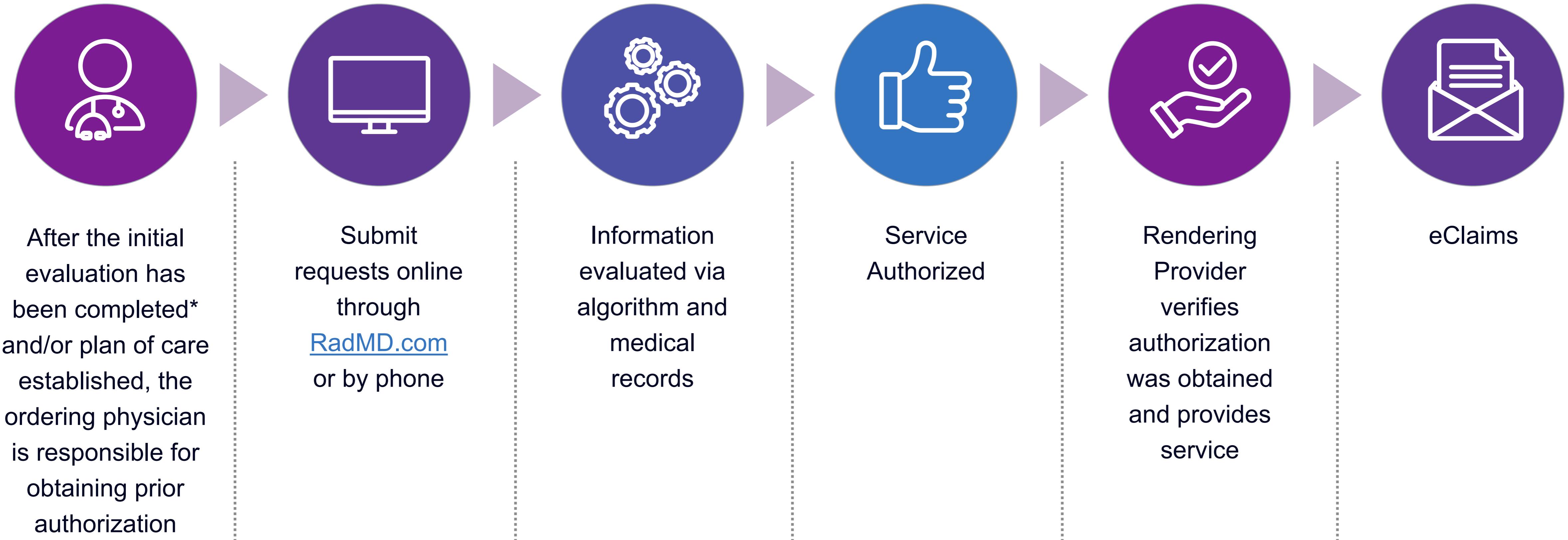
Physical Medicine Program Exclusions

Exclusions

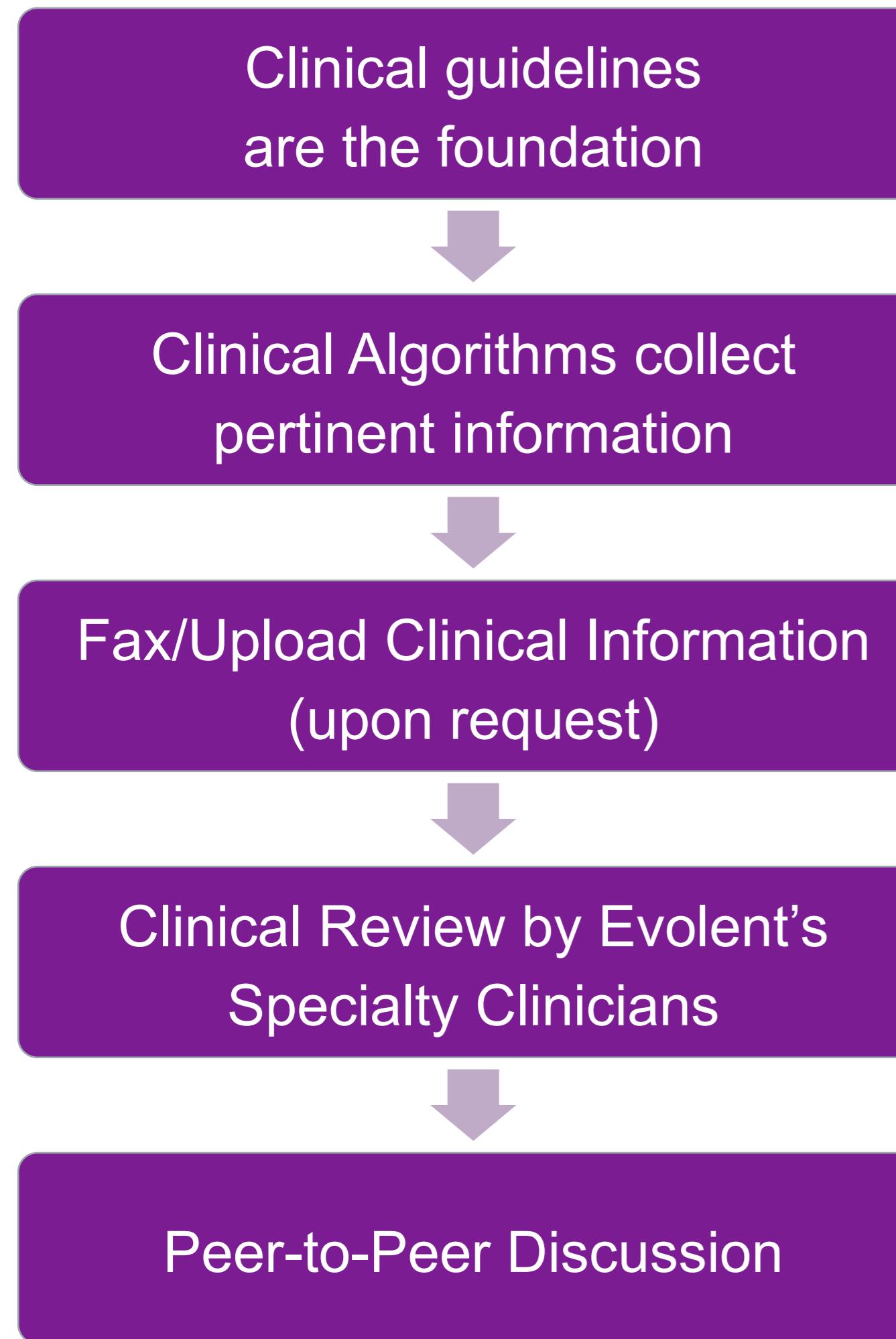
- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Acute Rehab Hospital (Inpatient)
- Home Health
- Skilled Nursing (POS 31 & 32)



Prior Authorization Process Overview



Evolent's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Ambetter of Oklahoma and Evolent 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 therapists and chiropractors, 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.

Cause for Therapy: [Choose One] <input type="button" value="▼"/>	ICD10 Code: <input type="text"/> Add Another Code <input type="button" value="▼"/>
Discipline of therapy being requested: [Choose One] <input type="button" value="▼"/>	
*Is the cause of the illness/injury related to a Motor Vehicle Accident? <input type="button" value="▼"/>	
*Is Another Party Financially Responsible for the patient's illness/injury? <input type="button" value="▼"/>	
*Is the cause of the illness/injury related to the Patient's Employment? <input type="button" value="▼"/>	
What is the requested start date of the service? <small>mm/dd/yyyy</small> <input type="text"/> <input type="button" value="▼"/>	
<input type="button" value="Back (Provider)"/>	<input type="button" value="Continue"/>

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.

* *Formal testing must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided. Test scores should establish presence of a motor or functional delay.*

***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 (Continued)

Physical Medicine Documentation



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

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:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER		
FAX NUMBER:	FAX RECIP PHONE	TRACKING NUMBER:	OC TRACKING NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER ID
PATIENT NAME:	MEMBER NAME		
HEALTH PLAN:	CAR NAME		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding clinical guidelines used for determinations please see [radmd.com](#). To speak with an Initial Clinical Reviewer please call:

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

Submitting Additional Clinical Information



Records may be submitted:

- Upload to [RadMD.com](#)
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from [RadMD.com](#)
- Call 1-800-509-1842



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

Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

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

Clinical Specialty Team: Focused on Physical Medicine



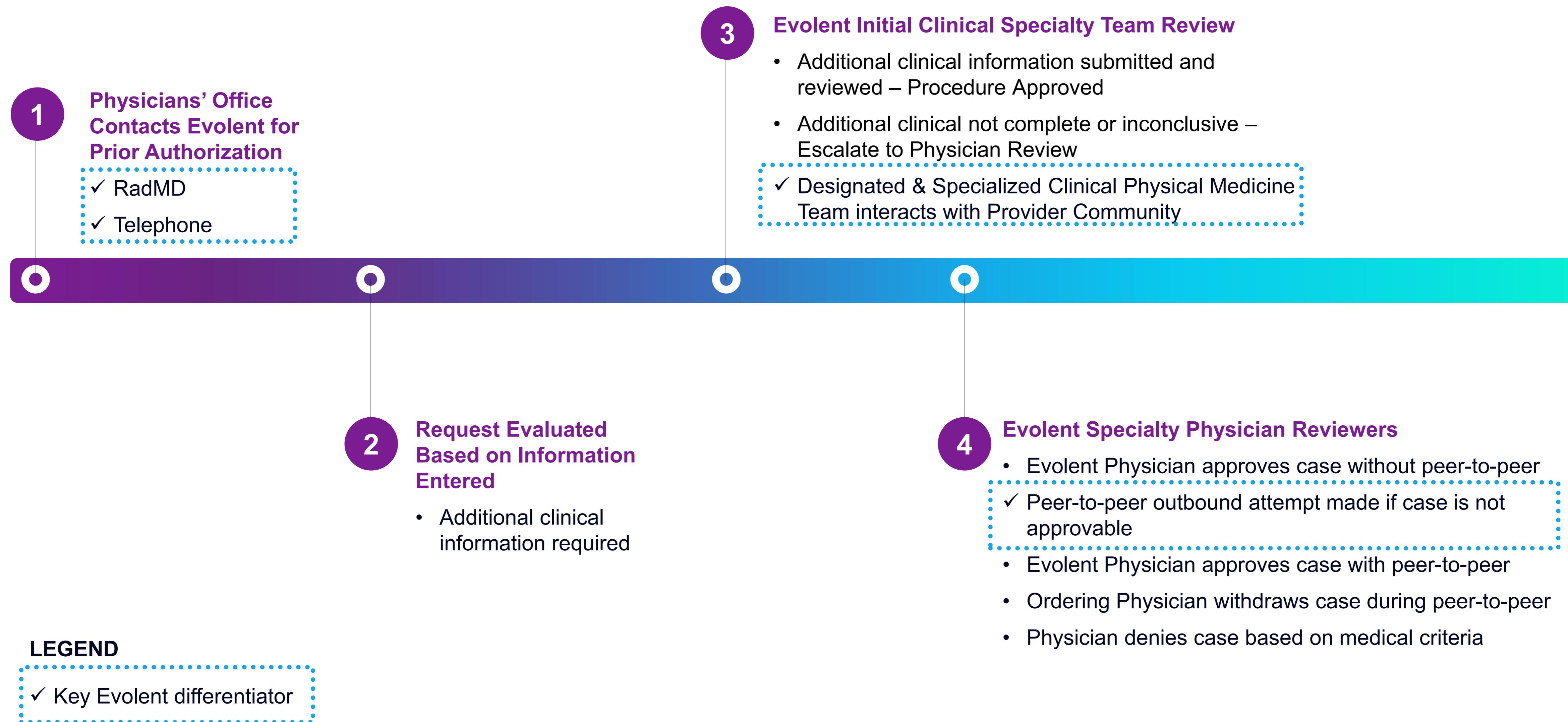
Physical Medicine Review

Clinical algorithm evaluates request based on information entered by provider to determine if real-time 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 and chiropractors.

Physical Medicine Clinical Review Process



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
- The addition of a new diagnosis



How are subsequent requests initiated?

- Through the link on [RadMD.com](#)
- Upload or fax updated clinical documentation



When can it be initiated?

- Can be initiated at any time after receiving notification about previous authorization
- Visits build on the original authorization



Will I lose visits?

- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization

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
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Application Process – Ordering Provider

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.

The image shows a three-step process for a new user application on RadMD. Step 1: A screenshot of the RadMD Sign In page with a 'New User' button highlighted. Step 2: A screenshot of the 'Track an Authorization' page with a dropdown menu for 'Appropriate Description' showing options like 'Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)'. Step 3: A screenshot of the 'Application for a New Account' form, with the 'Submit' button circled in purple.

1

2

3

RadMD Sign In
For URGENT/EXPEDITED authorization requests, please contact the Evolent call center.

Sign In New User

Track an Authorization

Authorization Tracking Number Go

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.)

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 to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
– Please select an appropriate description – What about read-only radiology offices?

New Account User Information

Choose a Username:

First Name: Last Name: First Name: Last Name:

Phone: Fax: Phone: Email:

Email: Confirm Email:

Company Name: Job Title:

Address Line 1: Address Line 2:

City: State: [State] Zip:

Your Supervisor
Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.

First Name: Last Name: First Name: Last Name:
Phone: Email:

Submit

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.

Request

[Exam or specialty procedure](#)
(including Cardiac, Ultrasound, Sleep Assessment)
[Physical Medicine](#)
[Initiate a Subsequent Request](#)
[Radiation Treatment Plan](#)
[Pain Management](#)
or Minimally [Invasive Procedure](#)
[Spine Surgery or Orthopedic Surgery](#)
[Genetic Testing](#)

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](#)

Request Status

[Search for Request](#)
[View All My Requests](#)
[View Customer Service Calls](#)

Tracking Number: [Search](#)
[Forgot Tracking Number?](#)

When to Contact Evolent

**Initiating or checking
the status of an authorization
request**

- Website: RadMD.com
- 1-800-509-1842

**Initiating a Peer-to-Peer
Consultation**

- 1-800-509-1842

Provider Service Line

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

**Provider Education requests
or questions specific to
Evolent**

Sharee Adams
Provider Engagement Manager
1-314-387-5761 • sadams@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.