

Evolent
Advanced Imaging Program
Frequently Asked Questions (FAQ's)
For Meridian Health Plan of Illinois
Medicare-Medicaid Plan Providers

Question	Answer
GENERAL	
Why did Meridian Health Plan of Illinois Medicare-Medicaid Plan implement an Advanced Imaging Program?	<p>Meridian Health Plan of Illinois Medicare-Medicaid Plan implemented an Advanced Imaging Program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient advanced imaging services:</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Echocardiography • Stress Echocardiography
Why did Meridian Health Plan of Illinois Medicare-Medicaid Plan select Evolent to manage its Advanced Imaging Program?	<p>Evolent (formerly National Imaging Associates, Inc.) was selected to partner with Meridian Health Plan of Illinois because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Meridian Health Plan of Illinois membership.</p>
Which Meridian Health Plan of Illinois Medicare-Medicaid Plan members are covered under this relationship and what networks will be used?	<p>Evolent's Advanced Imaging Program for non-emergent outpatient advanced imaging services for Medicare-Medicaid membership is managed through Meridian Health Plan of Illinois contractual relationships.</p>
PRIOR AUTHORIZATION	
When was the Implementation Date for the Advanced Imaging Program?	<p>Meridian Medicare-Medicaid Plan Implementation was January 1, 2021.</p> <p>Effective January 1, 2026: DSNP (FIDE)</p>

What advanced imaging services require providers to obtain a prior authorization?	<p>The following non-emergent, outpatient, advanced imaging services require prior authorization through Evolent:</p> <ul style="list-style-type: none"> • MR, CT/CCTA, PET, MUGA Scan, Nuclear Cardiology/MPI, Stress Echo, Echocardiography <p>Emergency room, observation and inpatient procedures do not require prior authorization from Evolent. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review.</p>
When is prior authorization required?	<p>Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.</p>
Is prior authorization necessary for sedation with an MRI?	<p>No. Prior authorization is not required for sedation when performed with an MRI.</p>
Is an Evolent prior authorization number needed for a CT-guided biopsy?	<p>No. Prior authorization is not required for this procedure.</p>
Can a chiropractor order images?	<p>Yes.</p>
Are routine imaging services a part of this program?	<p>No.</p>
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	<p>No. Inpatient advanced imaging procedures are not included in this program.</p>
Is prior authorization required for advanced imaging services performed in the emergency room?	<p>No. advanced imaging services performed in the emergency room are not included in this program and do not require prior authorization through Evolent.</p>
How does the ordering provider obtain a prior authorization from Evolent for an advanced imaging outpatient service?	<p>Providers will be able to request prior authorization by visiting RadMD.com or by calling Evolent at:</p> <ul style="list-style-type: none"> • 1-866-642-9704 (Meridian Medicare-Medicaid Plan) • 1-866-510-6340 (Duals)

<p>What information is required in order to receive prior authorization?</p>	<p>To expedite the prior authorization process, please refer to the specific required documentation for each Program. Have the appropriate information ready before logging into Evolent's website or calling Evolent's Call Center (*Information is required.)</p> <ul style="list-style-type: none"> ▪ 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.*<ul style="list-style-type: none"> • 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) ▪ Please be prepared to provide the following information, if requested<ul style="list-style-type: none"> ○ Clinical notes ○ X-ray reports ○ Previous related test results ○ Specialist reports/evaluation <p>*To assist in collecting information for the prior authorization process, you may access the specific program's prior authorization or treatment plan checklists on RadMD.com.</p>
<p>Can a provider request more than one service at a time for a member?</p>	<p>Evolent can handle multiple authorization requests per contact. Separate prior authorization numbers are issued by Evolent for each service that is authorized.</p>

What kind of response time can ordering providers expect for prior authorization?	Generally, within 2 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer, if additional clinical information is required to make a determination.
What does the Evolent prior authorization number look like?	The Evolent prior authorization number consists of alpha- numeric characters. In some cases, the ordering provider may receive an Evolent tracking number (not the same as a prior authorization number) if the provider's prior authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting prior authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request an expedited prior authorization request?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into Evolent's Call Center for review and processing.
What happens if a member receives prior authorization for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact Evolent immediately with the appropriate clinical information for an expedited review. The number to call to obtain prior authorization is: <ul style="list-style-type: none"> • 1-866-642-9704 (Meridian Medicare-Medicaid Plan) • 1-866-510-6340 (Duals)
Can the rendering facility obtain prior authorization in the event of an urgent service?	Yes. If they initiate the process, Evolent will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The prior authorization number is valid for 90 days from the date of request. When a procedure is authorized, Evolent will use the date of the initial request as the starting point for the 90-day period in which the examination must be completed.

Is prior authorization necessary for an advanced imaging outpatient service if Meridian Medicare-Medicaid Plan is NOT the member's primary insurance?	No.
If a provider obtains a prior authorization number does that guarantee payment?	A prior authorization number is not a guarantee of payment. Prior authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does Evolent allow retro prior authorizations?	Yes. However, it is important that the rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility should not schedule services without prior authorization.
Can a provider verify a prior authorization number online?	Yes. Providers can check the status of member prior authorizations quickly and easily by going to the Evolent website at RadMD.com .
Is the Evolent prior authorization number displayed on the Meridian Medicare-Medicaid Plan website?	No.
SC SCHEDULING SERVICES	
How does Evolent determine where to schedule advanced imaging services for Meridian Health Plan of Illinois Medicare-Medicaid members?	Evolent manages advanced imaging services through Meridian Health Plan of Illinois contractual relationships.

Why does Evolent ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?	During the prior authorization process, Evolent asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain prior authorization before scheduling the member.
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WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the advanced imaging services?	<p>Any provider who orders advanced imaging services in an outpatient setting. Ordering providers will need to request a prior authorization, and the delivering/servicing providers will need to ensure there is an authorization number in order to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform advanced imaging services at: <ul style="list-style-type: none"> ▪ Freestanding diagnostic facilities ▪ Ambulatory Surgical Centers ▪ Hospital outpatient diagnostic facilities ▪ Provider offices ▪ Rehab Facilities
CLAIMS RELATED	
Where do providers send their claims for advanced imaging outpatient services?	Providers should continue to send claims to the address indicated on the back of the Meridian Medicare-Medicaid Plan 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 at the Meridian Medicare-Medicaid Plan's website at: mmp.ILmeridian.com .
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Meridian Medicare-Medicaid Plan. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

MISCELLANEOUS

How is medical necessity defined?	<p>Evolent defines medical necessity as a service that:</p> <ul style="list-style-type: none">• Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;
	<ul style="list-style-type: none">• Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome;• Is appropriate to the intensity of service and level of setting;• Provides unique, essential, and appropriate information when used for diagnostic purposes;• Is the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and• Is not furnished primarily for the convenience of the member, the attending provider, or other provider.
Where can a provider find Evolent's Guidelines for advanced imaging services?	Evolent's Clinical Guidelines can be found on Evolent's website, RadMD.com , under Online Tools/Clinical Guidelines. Evolent's guidelines for advanced imaging services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
Did the Meridian Medicare-Medicaid Plan member ID card change with the implementation of this Advanced Imaging Program?	No. The Meridian Medicare-Medicaid Plan member ID card does not contain any Evolent information on it and the member ID card did not change with the implementation of this Advanced Imaging Program.

What is an OCR Fax Coversheet?	<p>By utilizing Optical Character Recognition (OCR) technology, Evolent can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from RadMD.com or contact Evolent to request an OCR fax coversheet if their prior authorization request is not approved on-line or during the initial phone call to Evolent at:</p> <ul style="list-style-type: none"> • 1-866-642-9704 (Meridian Medicare-Medicaid Plan) • 1-866-510-6340 (Duals) <p>Evolent can fax this coversheet to the ordering provider during prior authorization intake or at any time during the review process. By prefacing clinical faxes to Evolent with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.</p>
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RE-OPEN AND APPEALS PROCESS

Is the Re-Open process available for the outpatient advanced imaging services once a denial is received?	<p>Medicare plans: Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.</p> <p>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.</p> <p>Evolent has a specialized clinical team focused on advanced Imaging services. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. To initiate the peer-to-peer process, please call:</p> <ul style="list-style-type: none"> • 1-866-642-9704 (Meridian Medicare-Medicaid Plan) • 1-866-510-6340 (Duals) <p>These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member-based on the clinical information provided.</p>
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Who should a provider contact if they want to appeal a prior authorization decision?

Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.

RADMD ACCESS

What option should I select to receive access to initiate prior authorizations?	<p>Selecting “Physician’s office that orders procedures” will allow you access to initiate prior authorizations for outpatient imaging procedures.</p>
How do I apply for RadMD access to initiate prior authorization requests?	<p>Visit our website RadMD.com.</p> <ul style="list-style-type: none"> • Click NEW USER. • Choose “Physician’s office that orders procedures” from the drop-down box • Complete application with necessary information. • Click Submit <p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 800-327-0641 if you do not receive a response within 72 hours.</p>
What is rendering provider access?	<p>Rendering provider access allows users the ability to view all approved prior authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator.</p> <ul style="list-style-type: none"> • Visit our website RadMD.com • Select “Facility/Office where procedures are performed” • Complete application • Click Submit <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location • Another user in location who is not interested in initiating authorizations
Which link on RadMD will I select to initiate a prior authorization request for outpatient imaging procedures?	<p>Clicking the “Request an exam or specialty procedure (including Cardiac)” link will allow the user to submit a request for an outpatient imaging procedure.</p>

How can providers check the status of a prior authorization request?	Providers can check on the status of a prior authorization by using the “View Request Status” link on RadMD’s main menu.
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 selecting the member on the View Request Status link from the main menu. On the bottom of the “Request Verification Detail” page, select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from Evolent?	Links to case-specific communication to include requests for additional information and determination letters can be found via the “View Request Status” link.
If I did not submit the initial prior authorization request, how can I view the status of a case or upload clinical documentation?	The “Track an Authorization” feature will allow users who did not submit the original request to view the status of a prior authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.

Can I share my RadMD access with my coworkers?	Yes. Use our shared access process. This process allows providers to view prior authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the prior authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	<p>Evolent defaults communications including final authorization determinations to paperless/electronic.</p> <p>Correspondence for each case is sent to the email of the person submitting the initial authorization request.</p> <p>Users will be sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI will be contained in the email • The email will contain a link that requires the user to log into RadMD to view PHI <p>Providers who prefer paper communication will be given the option to opt out and receive</p>

	communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	<p>For assistance, please contact RadMDSupport@evolent.com or call 800-327-0641.</p> <p>RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m.- midnight PST.</p>
Who can a provider contact at Evolent for more information?	<p>You may contact your dedicated Evolent Provider Engagement Manager:</p> <p>Chyanne Jones 571-895-5798 chyanne.jones@evolent.com</p>
Who can a provider contact at Meridian Medicare-Medicaid Plan if they have questions or concerns?	<p>Contact Meridian Medicare-Medicaid Plan (Meridian Medicare-Medicaid Plan) provider services at 1-877-941-0482.</p> <p>Providers may access the Meridian Medicare-Medicaid Plan portal: mmp.ILmeridian.com.</p>