<table>
<tr><td colspan="2" align="center">Evolent
Musculoskeletal Care Management (MSK) Program
Hip, Knee, Shoulder and Spine Surgeries
Frequently Asked Questions (FAQ's)
For Meridian Health Plan of Illinois Medicaid Plan
Medicare-Medicaid Plan
Ordering Physicians/Surgeons</td></tr>
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Question	Answer
GENERAL	
Why is Meridian Health Plan of Illinois Medicaid Plan and Medicare-Medicaid Plan implementing a Musculoskeletal Care (MSK) program focused on outpatient and inpatient hip, knee, shoulder, and spine surgeries?	The Musculoskeletal Care Management program is designed to improve quality and manage the utilization of non-emergent surgeries, occurring in outpatient and inpatient settings. • Musculoskeletal surgeries are a leading cost of health care spending trends. • Variations in member care exist across all areas of surgery (care prior to surgery, type of surgery, surgical techniques and tools, and post-op care) • Diagnostic imaging advancements have increased diagnoses and surgical intervention aligning with these diagnoses rather than member symptoms. • Medical device companies marketing directly to consumers. • Surgeries are occurring too soon leading to the need for additional or revision surgeries. <u>The following procedures require prior authorization through Evolent (formerly National Imaging Associates, Inc.):</u> **Outpatient Interventional Spine Pain Management Procedures: (Effective 7/1/2021 Meridian Medicaid)** **Outpatient Interventional Spine Pain Management Services:** A separate prior authorization number is required for each procedure ordered. A series of injections will not be approved. • Spinal Epidural Injections • Paravertebral Facet Joint Injections or Blocks • Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)

- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulator **(Effective 2/1/2024 for all lines of business)**

Outpatient and Inpatient Hip Surgery Services:*

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)

Outpatient and Inpatient Knee Surgery Services: *

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

Outpatient and Inpatient Shoulder Surgery Services: *

- Revision Shoulder Arthroplasty
- Total/Reverse Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviculectomy, diagnostic shoulder arthroscopy)

	Outpatient and Inpatient Spine Surgery Services:
	- Lumbar Microdiscectomy - Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy) - Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels - Cervical Anterior Decompression with Fusion –Single & Multiple Levels - Lumbar Artificial Disc Replacement - Cervical Posterior Decompression with Fusion –Single & Multiple Levels - Cervical Posterior Decompression (without fusion) - Cervical Artificial Disc Replacement – Single & Two Levels - Cervical Anterior Decompression (without fusion) - Sacroiliac Joint Fusion *Surgeon must request surgery authorization for each joint, even if bilateral joint surgery is to be performed on the same date. Evolent does not manage prior authorization for emergency MSK surgery cases that are admitted through the emergency room or for MSK surgery procedures outside of those procedures listed.
Meridian Health Plan of Illinois select Evolent to manage its MSK program for hip, knee, shoulder, and spine surgeries?	Evolent was selected to partner with us because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Meridian Health Plan of Illinois membership.
Which Meridian Health Plan of Illinois members will be covered under this relationship and what networks will be used?	Evolent will manage non-emergent outpatient and inpatient hip, knee, shoulder, and spine surgeries for Meridian Health Plan of Illinois Medicaid and Medicare-Medicaid Health Plans effective February 1, 2024, through Meridian Health Plan of Illinois contractual relationships. **Effective January 1, 2026: DSNP (FIDE)**
IMPLEMENTATION	
What is the implementation date for this MSK program for hip, knee, shoulder, and spine surgeries?	Implementation is February 1, 2024.

PRIOR AUTHORIZATION	
When is prior authorization required?	Prior authorization is required through Evolent for inpatient and outpatient non-emergent emergent hip, knee, shoulder, and spine surgeries listed. Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery.
Is a prior authorization required for members who already have a musculoskeletal surgery scheduled?	Yes. Any non-emergent hip, knee, shoulder, and spine surgery performed on or after, February 1, 2024, requires a prior authorization through Evolent.
Who can order a musculoskeletal surgery?	Musculoskeletal surgeries requiring medical necessity review are expected to be ordered by one of the following specialties: • Orthopedic Surgeons • Neurosurgeons
Are pain management procedures included in this program?	Yes. All non-emergent outpatient Interventional Pain Management (IPM). Procedures are required to have a prior authorization through Evolent. Please refer to IPM Frequently Asked Questions.
Who will be reviewing the surgery requests and medical information provided?	As a part of the Evolent clinical review process, actively practicing, orthopedic surgeon specialists (hip, knee, and shoulder) or neurosurgeons (spine) will conduct the medical necessity reviews and determinations of musculoskeletal surgery cases.
Does the Evolent's prior authorization process change the requirements for facility-related prior authorization?	Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.
How does the ordering physician obtain a prior authorization from Evolent?	Providers will be able to request prior authorization via the Evolent website RadMD.com (preferred method) to obtain prior authorization for MSK procedures. RadMD is available 24 hours a day, 7 days a week. For providers that are unable to submit authorizations using RadMD, our Call Center is available for prior authorizations, Monday-Friday, 7:00 a.m. to 7:00 p.m. (CST) at: Medicare-Medicaid: 1-866-642-9704 Duals: 1-866-510-6340 Medicaid 1-866-214-2493

What information will Evolent require in order to receive prior authorization?	To expedite the process, please have the following information ready before logging on to the website or calling the Evolent call center for prior authorization of non-emergent inpatient and outpatient hip, knee, shoulder, and spine surgeries at:
	
	    Medicare-Medicaid: 1-866-642-9704
	    Duals: 1-866-510-6340
	    Medicaid 1-866-214-2493
	
	(*denotes required information)
	• Name and office phone number of ordering physician*
	• Member name and ID number*
	• Requested surgery type*
	• CPT Codes
	• Name of facility where the surgery will be performed*
	• Anticipated date of surgery*
	• Details justifying the surgical procedure*:
	    o Clinical Diagnosis*
	    o Date of onset of back pain or symptoms /Length of time member has had episode of pain*
	    o Physician exam findings (including findings applicable to the requested services)
	    o Diagnostic imaging results
	    o Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
	
	Please be prepared to provide the following information, if requested:
	• Clinical notes outlining type and onset of symptoms.
	• Length of time with pain/symptoms
	• Non-operative care modalities to treat pain and amount of pain relief.
	• Physical exam findings
	• Diagnostic Imaging results
	• Specialist reports/evaluation

Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?	No. Evolent will provide a list of surgery categories to choose from and the Meridian Health Plan of Illinois surgeon <u>must</u> select the most complex and invasive surgery being performed as the primary surgery. **Example: Lumbar Fusion** • If the Meridian Health Plan of Illinois surgeon is planning a single level Lumbar Spine Fusion with decompression, the surgeon will select the single level fusion procedure. The surgeon <u>does</u> <u>not need</u> to request a separate authorization for the decompression procedure being performed as part of the Lumbar Fusion Surgery. This is included in the Lumbar Fusion request. **Example: Laminectomy** • If the Meridian Health Plan of Illinois surgeon is planning a Laminectomy with a Microdiscectomy, the surgeon will select the Lumbar decompression procedure. The surgeon <u>does not need</u> to request a separate authorization for the Microdiscectomy procedure. If the Meridian Health Plan of Illinois surgeon is only performing a Microdiscectomy (CPT 63030 or 63035), the surgeon should select the Microdiscectomy only procedure.
Will the ordering physician need to enter each CPT procedure code being performed for a hip, knee, shoulder, or spine surgery?	No. Evolent will provide a list of surgery categories to choose from and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.
Are instrumentation (medical device), bone grafts, and bone marrow aspiration included as part of the spine or joint fusion authorizations?	Yes. The instrumentation (medical device), bone grafts, and bone marrow aspiration procedures commonly performed in conjunction with musculoskeletal surgeries are included in the authorization; however, the amount of instrumentation must align with the procedure authorized.

What kind of response time can an ordering physician expect for prior authorization?	Having the following information available will create the most efficient turnaround time of a medically necessity decision prior to contacting Evolent online through RadMD.com or calling at:
	
	     Medicare-Medicaid: 1-866-642-9704
	     Duals: 1-866-510-6340
	     Medicaid 1-866-214-2493
	
	• Clinical Diagnosis
	• Date of onset of back pain or symptoms /Length of time member has had episode of pain.
	• Physician exam findings (including findings applicable to the requested services)
	• Pain/Member Symptoms
	• Diagnostic imaging results
	• Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
	
	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 will the Evolent authorization number look like?	The Evolent authorization number will consist of alpha-numeric characters. In some cases, the ordering surgeon may instead receive an Evolent tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting 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 retrospective or expedited authorization request?	No, those requests will need to be called into Evolent's call center for processing at:
	
	     Medicare-Medicaid: 1-866-642-9704
	     Duals: 1-866-510-6340
	     Medicaid 1-866-214-2493

How long is the prior authorization number valid?	The authorization number is valid for 12 months from the date of request for outpatient. The authorization number is valid for 2 business days for inpatient.
Is prior authorization necessary for lumbar, cervical, hip, knee, or shoulder surgery if Meridian Health Plan of Illinois is NOT the member's primary insurance?	No.
If an ordering physician obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. 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. Evolent's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed.
Does Evolent allow retro- authorizations?	It is important that key physicians and office staff be educated on the prior authorization requirements. Claims for hip, knee, shoulder, or spine surgeries, as outlined above that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Physicians performing hip, knee, shoulder, or spine surgeries <u>should not</u> schedule or perform these surgeries without prior authorization.
What happens if I have a service scheduled for February 1,2024?	An authorization can be obtained for all non-emergent hip, knee, shoulder, lumbar and cervical spine surgeries, occurring in outpatient and inpatient settings, for dates of service February 1, 2024, and beyond, beginning February 1, 2024. Evolent, Meridian Health Plan of Illinois will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
Can an ordering physician verify an authorization number online?	Yes. Ordering physicians can check the status of member authorization quickly and easily by going to the website at RadMD.com.
Will the Evolent authorization number be displayed on the Meridian Health Plan of Illinois website?	No.

What if I disagree with Evolent's determination?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Meridian Health Plan of Illinois. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

SCHEDULING PROCEDURES

Do ordering physicians have to obtain an authorization before they call to schedule an appointment?	Evolent asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain prior authorization before scheduling the member for the surgery.

WHICH MEDICAL SURGEONS ARE AFFECTED?

Which physicians are impacted by the MSK Program?	Neurosurgeons and Orthopedic Surgeons are the key physicians impacted by this program. All procedures performed in any setting are included in this program: • Hospital (Inpatient & Outpatient Settings) • Ambulatory Surgical Centers

CLAIMS RELATED

Where do rendering providers/surgeons send their claims for outpatient, non-emergent MSK services?	Meridian Health Plan of Illinois rendering providers/surgeons should continue to send claims directly to Meridian Health Plan of Illinois. Rendering providers/surgeons are encouraged to use EDI claims submission.
How can claims status be checked?	Rendering providers/surgeons should check claims status via Meridian Health Plan of Illinois website at: ILmeridian.com
Who should a surgeon contact if they want to appeal a prior authorization or claims payment denial?	Rendering providers/physicians/surgeons are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.

MISCELLANEOUS

How is medical necessity defined?	Evolent defines medical necessity as services that: • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information

	when used for diagnostic purposes; • Be 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 • Not furnished primarily for the convenience of the member, the attending physician, or other surgeon.
How will referring/ordering surgeons know who Evolent is?	Meridian Health Plan of Illinois will send notification letters and educational materials to plan surgeons. Meridian Health Plan of Illinois and Evolent will also conduct educational webinars prior to the implementation date for ordering physicians/surgeons.
Will ordering physician trainings be offered closer to the February 1, 2024, implementation date?	Evolent will conduct provider training sessions during January 2024.
Where can an ordering physician find Evolent's Guidelines for Clinical Use of MSK Procedures?	Evolent's Clinical Guidelines can be found on the website at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
Meridian Health Plan of Illinois ID card change with the implementation of this MSK Program?	No. The Meridian Health Plan of Illinois member ID card will not contain any Evolent information on it and the member ID card will not change with the implementation of this MSK Program.
RE-REVIEW/RE-OPEN AND APPEALS PROCESS	
Is the re-review/re-open process available for the MSK program once a denial is received?	Once a denial determination has been made, if the office has new or additional information to provide, re-review for Medicaid can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A re-review must be initiated within 10 calendar days from the date of denial and prior to submitting a formal appeal. - Medicaid **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. Evolent has a specialized clinical team focused on MSK. Peer-to- peer discussions are offered for any request that does not meet medical necessity guidelines. The MSK provider may initiate the peer-to-peer process by calling:

	Medicare-Medicaid: 1-866-642-9704 Duals: 1-866-510-6340 Medicaid 1-866-214-2493 These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for MSK procedures?	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by Evolent.
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorizations for MSK procedures.
How do I apply for RadMD access to initiate authorization requests if I don't have access?	User would go to our website RadMD.com. • Click on NEW USER. • Choose "**Physician's office that orders procedures**" from the drop-down box. • Complete application with necessary information. • Click on Submit 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 1-800-327-0641 if you do not receive a response within 72 hours.
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.** • User would go to our website RadMD.com • Select "Facility/Office where procedures are performed" • Complete application • Click on Submit Examples of a rendering facility that only need to view approved authorizations: • 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 an authorization request for MSK procedures?	Clicking the "**Request Spine Surgery or Orthopedic Surgery**" link will allow the user to submit a request for an MSK procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an 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 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 an 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.
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 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. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.

Who can a surgeon contact at Evolent for more information?	Ordering Providers can contact your dedicated Evolent Provider Engagement Manager: Sharee Adams 314-387-5761 sadams@evolent.com