



Meridian Health Plan of Illinois  
Medicaid Plan  
Medicare-Medicaid Plan  
YouthCare HealthChoice Illinois  
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

- Meridian Health Plan of Illinois 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: August 1, 2023
- Begin obtaining authorizations from Evolent on August 1, 2023, for services rendered on or after August 1, 2023.



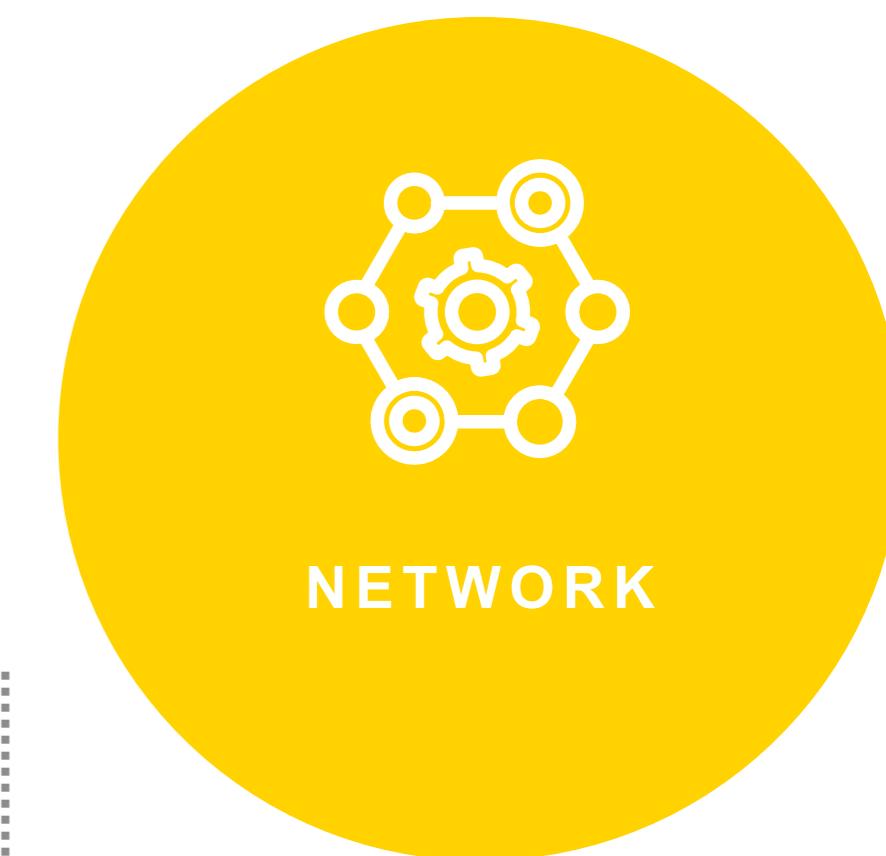
## DISCIPLINES & SETTINGS INCLUDED

- Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- 
- Office
  - Outpatient Hospital
  - Home Health



## MEMBERSHIP INCLUDED

- Medicaid
- Medicare-Medicaid
- **Effective January 1, 2026: DSNP (FIDE)**



## NETWORK

- Evolent will manage services through Meridian Health Plan of Illinois contractual relationships.

# Physical Medicine Program

## Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

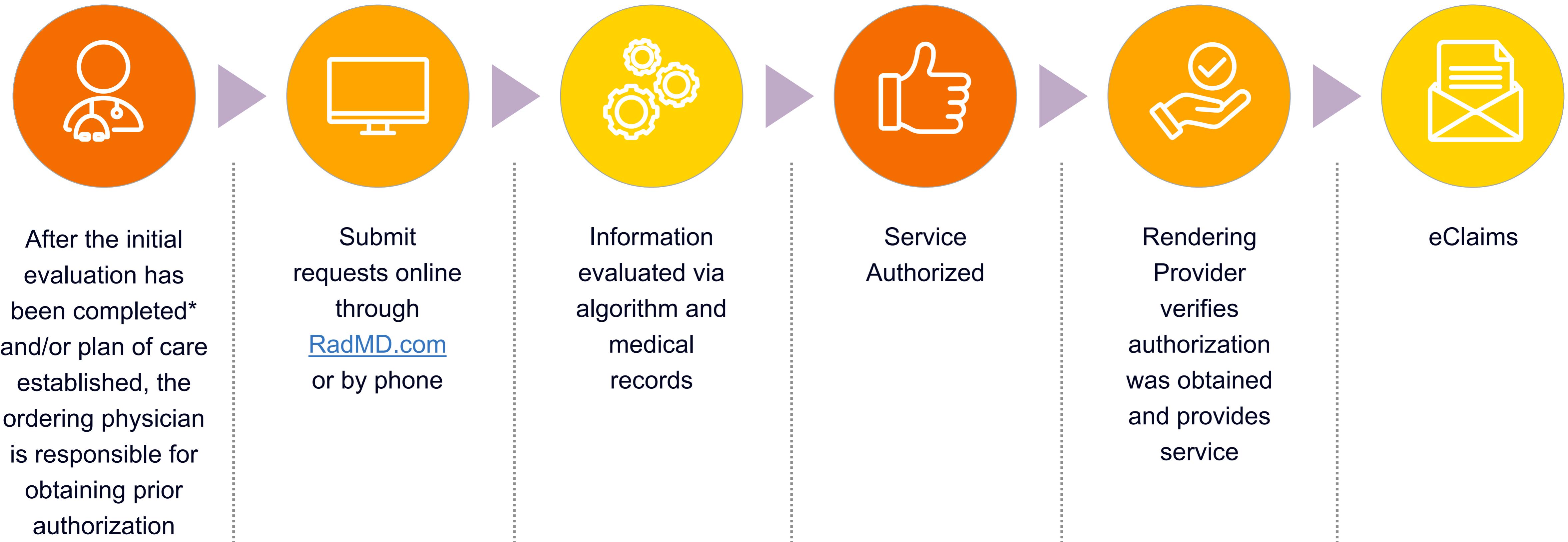
# Physical Medicine Program Exclusions

## Exclusions

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

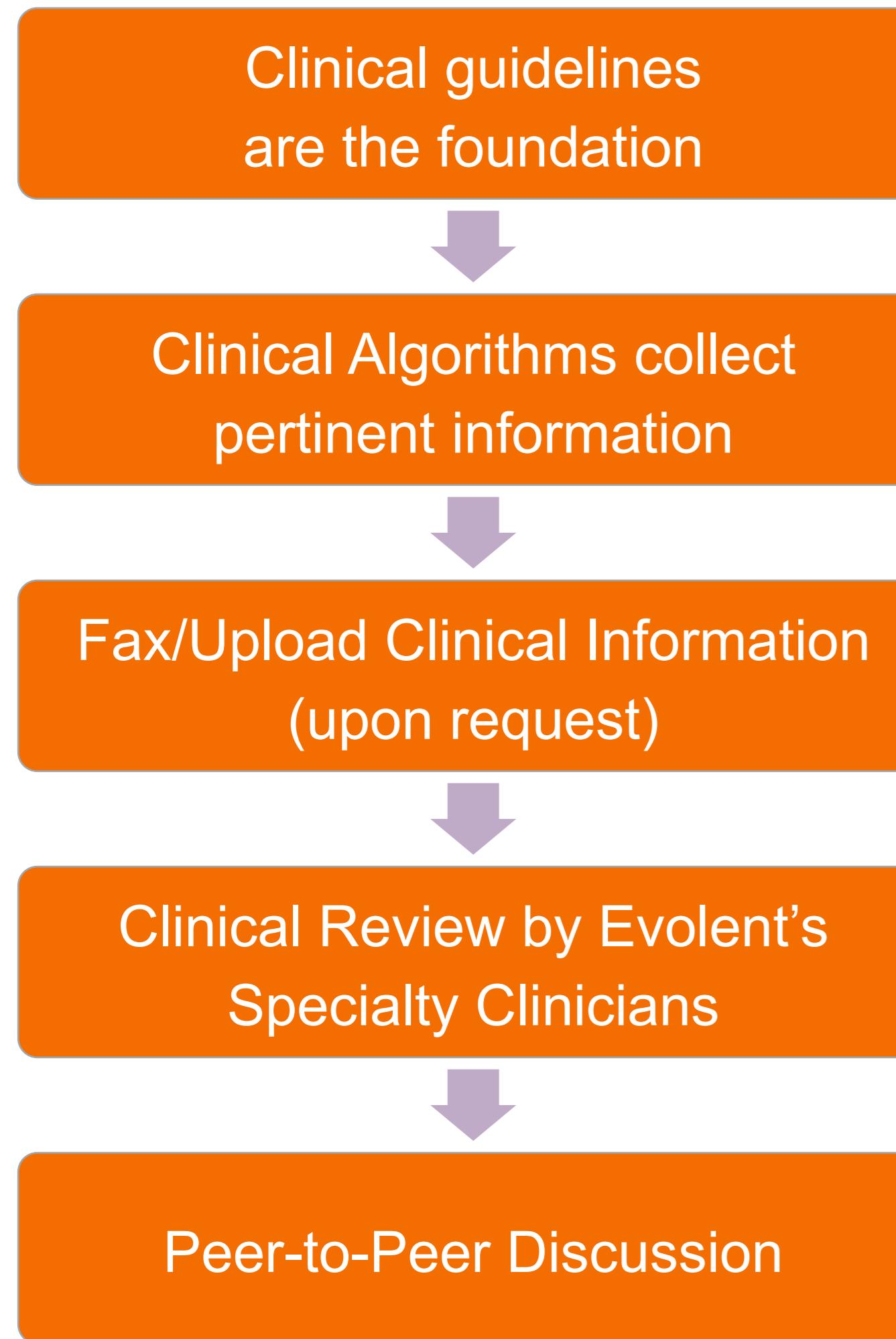


# Prior Authorization Process Overview



\*The CPT codes for Physical, Occupational and Speech Therapy initial evaluations do not require an authorization for participating providers. Home Health or other Providers that are utilizing codes outside of the standard billing CPT codes for evaluations will be required to obtain a prior authorization before rendering services. Evolent is able to backdate the start of the authorization to cover the initial evaluation date of service to include any other services rendered at that time.

# 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 Meridian Health Plan of Illinois and Evolent Medical Officers and clinical experts.
- **Milliman Care Guidelines (MCG) and Evolent's Clinical Guidelines** are available on [RadMD.com](https://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

## 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](https://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:
  - Medicare-Medicaid:  
866-642-9704
  - Medicaid:  
866-214-2493
  - Duals:  
866-510-6340
  - YouthCare:  
844-289-2264



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	
Date of Birth: 5/24/1971	Address: 123 Main St, New City, ST 12345
Member ID: AB123456	Phone: 123-456-7890
Health Plan: ABC Health Plan HMO	Tax ID: 987654321
Spoken Language: ENGLISH	UPIN:
Written Language: ENGLISH	Specialty:

# Clinical Specialty Team: Focused on Physical Medicine



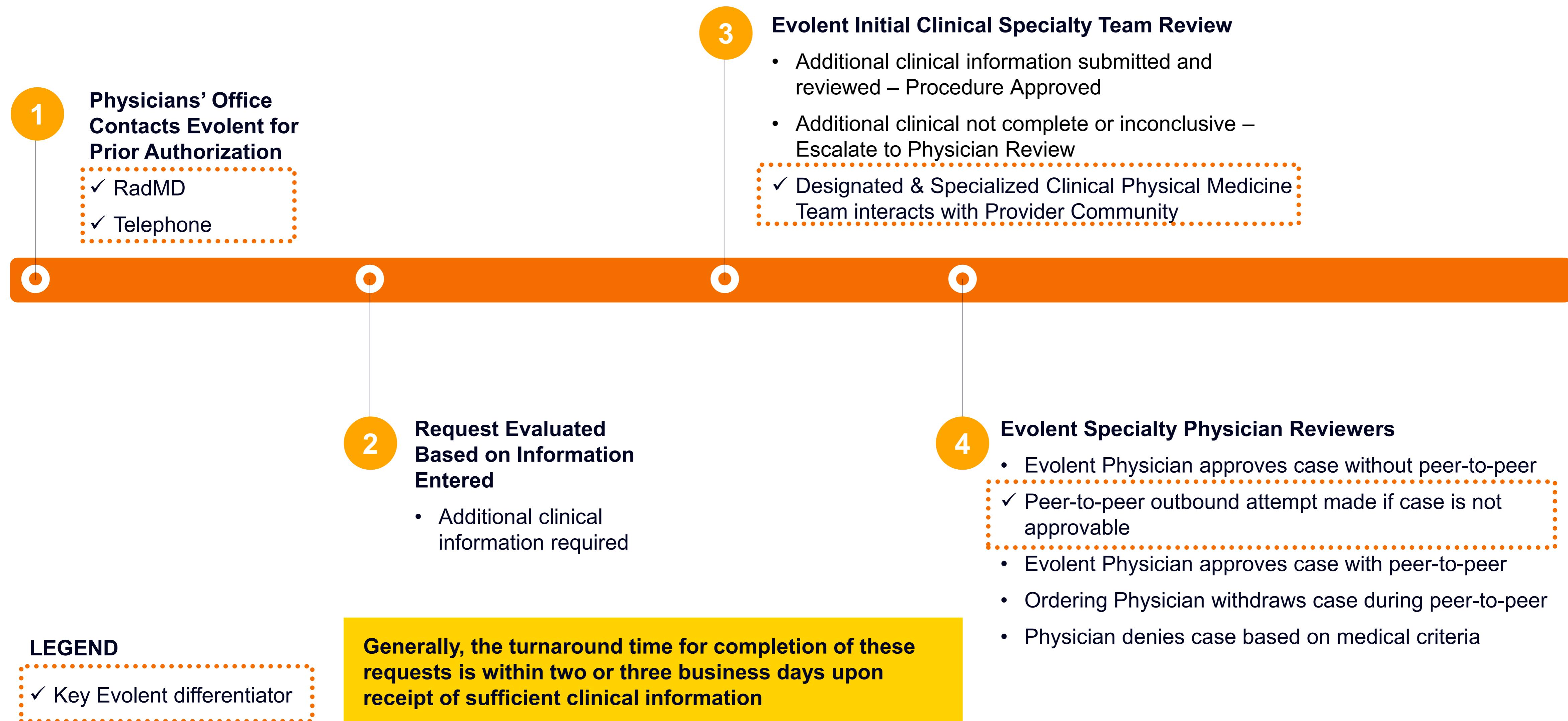
## Physical Medicine Review

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](#) and
- 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

# 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.
- It is important that the service is performed within the validity period.
- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting Evolent via [RadMD.com](http://RadMD.com) or Call Center.

# 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 once the adverse determination has been made - **Medicaid**.
- 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 10 calendar days from the date of denial and prior to submitting a formal appeal.
- In the event of a denial, 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 Meridian Health Plan of Illinois.
- 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 Meridian Health Plan of Illinois.
- 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).



The CPT codes for Physical, Occupational and Speech Therapy initial evaluations do not require an authorization for participating providers. Home Health or other providers who are utilizing codes outside of the standard billing CPT codes for evaluations will be required to obtain a prior authorization before rendering services.



After the initial visit, providers will have up 5 business days to request approval from the date of the evaluation. If requests are received timely, Evolent is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.

# Physical Medicine Points (Continued)



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



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.



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

# 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](http://RadMD.com)  
Available 24/7



Medicare-Medicaid 866-642-9704  
Medicaid 866-214-2493  
Duals 866-510-6340  
YouthCare 844-289-2264

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

# 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
- Utilization Review 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. 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.

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](#)

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## 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](http://RadMD.com)
- Medicare-Medicaid 1-866-642-9704
- Medicaid 1-866-214-2493
- Duals 1-866-510-6340
- YouthCare 1-844-289-2264

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

- Medicare-Medicaid 1-866-642-9704
- Medicaid 1-866-214-2493
- Duals 1-866-510-6340
- YouthCare 1-844-289-2264

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto: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](mailto: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.