



Superior HealthPlan Genetic and Molecular Testing Solutions Program

Provider Training

Evolent Program Agenda

Our Genetic and Molecular Testing Solutions Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



Our Motivation

Patients

- Better Treatment
- Better Health

Providers

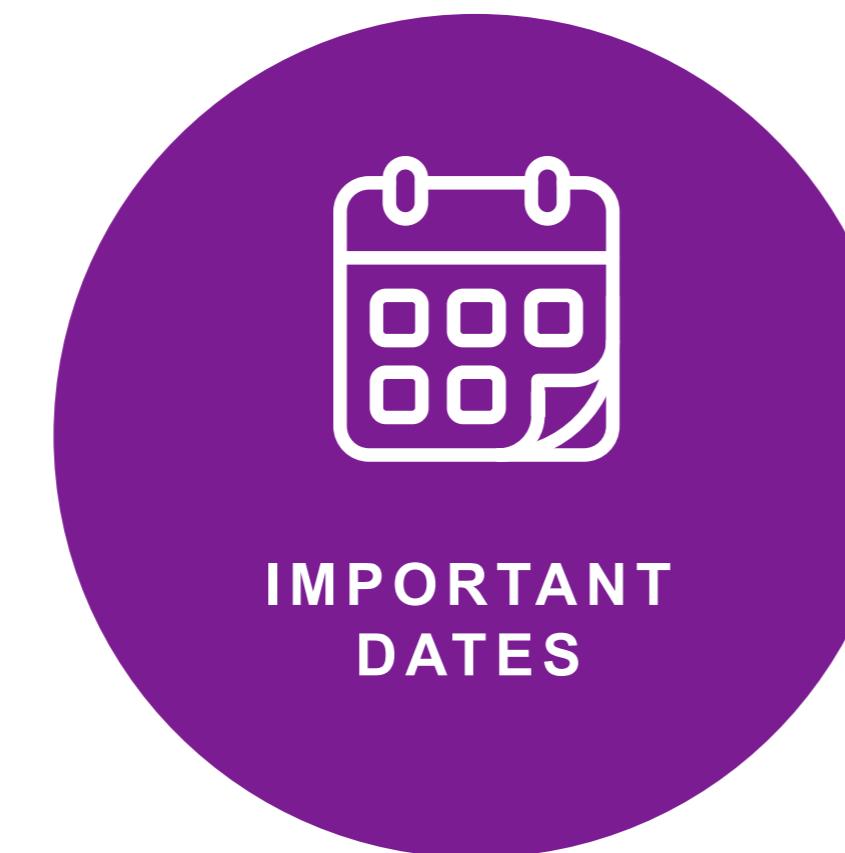
- Less Friction
- Appropriate Care

Genetic and Molecular Testing Solutions

Prior Authorization Program



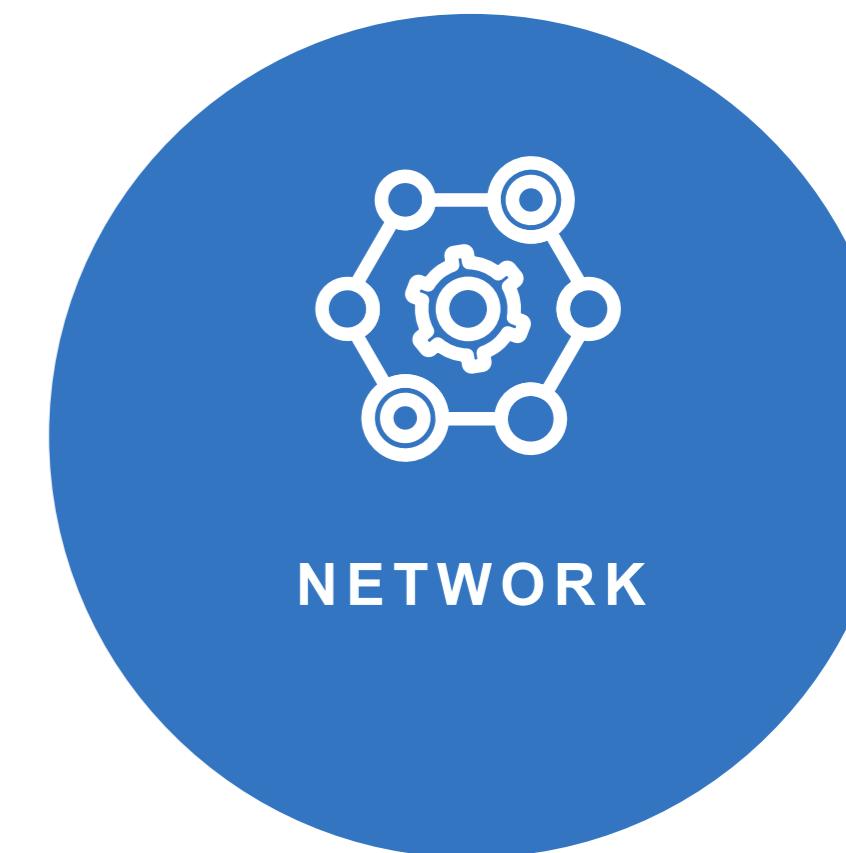
- Superior HealthPlan will begin a prior authorization program through Evolent for the management of Genetic and Molecular Testing.



- Program start date: November 1, 2022
- Begin obtaining authorizations from Evolent on October 24, 2022, for services rendered on or after November 1, 2022.



- Superior HealthPlan Medicaid (STAR, STAR+PLUS, STAR Health and STAR Kids)
- CHIP
- STAR+PLUS Medicare-Medicaid Plan (MMP)
- Ambetter from Superior HealthPlan (Marketplace)
- Wellcare By Allwell (HMO and HMO DSNP)
- **ICHRA: Effective January 1, 2026**
- **DSNP (FIDE/HIDE/ Coordinated): Effective January 1, 2026**



- Evolent will manage services through Superior HealthPlan's contractual relationships.

Genetic and Molecular Testing Solutions

Genetic and Molecular Testing Solutions Services Performed Outpatient

- Algorithmic Testing
- Cardiac Disorders
- Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)
- Epilepsy, Neurodegenerative, and Neuromuscular Conditions
- Exome and Genome Sequencing for the Diagnosis of Genetic Disorders
- Hereditary Cancer Susceptibility
- Molecular Analysis of Solid Tumors and Hematologic Malignancies
- Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay
- Pharmacogenetics
- Prenatal and Preconception Carrier Screening
- Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss

CPT Codes Requiring Prior Authorization (Genetic and Molecular Testing Solutions Example)

-  Review the Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on RadMD.com
-  Defer to Superior Health Plan's Policies for Procedures not on Utilization Review Matrix.

GENETIC AND MOLECULAR TESTING SOLUTIONS SERVICES		
GTU	Test Name	Laboratory Name
6S34G	Arrhythmia / cardiac conduction defect	XXXXXXXXXXXX
7VV6G	Arrhythmia Comprehensive Panel	XXXXXXXXXXXX
7VA6G	Arrhythmia NGS Panel	XXXXXXXXXXXX
7VA7G	Arrhythmia NGS Panel Rapid	XXXXXXXXXXXX
2YLUG	Arrhythmia Panel	XXXXXXXXXXXX

Test-Level Prior Authorization

Step 1: Test Selection

During clinical intake, the user selects the test being ordered, which is displayed as the test name and lab name [e.g., Comprehensive Epilepsy Panel (PerkinElmer Genomics)]. Only tests that require authorization are displayed to the user; the user is not required to supply the GTU but may search by it.

Step 2: Evolent performs medical necessity review

Comprehensive Epilepsy Panel
PerkinElmer Genomics

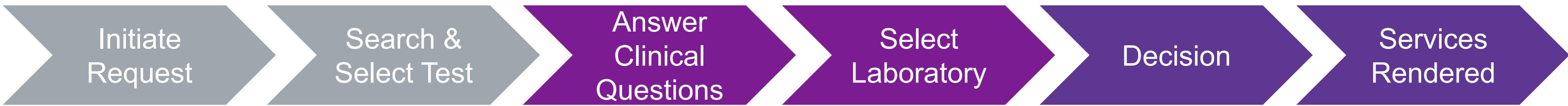
778XG

Prior auth is required
for this GTU.

Evolent applies medical policy criteria

Based on the GTU, the codes associated with
authorization for this test are: 81185, 81189,
81404, & 81406

Prior Authorization Review Process



Initiate Request

- Submit a prior authorization request via RadMD.com, telephone or fax
- Member information, ordering and rendering/servicing provider information, and ICD-10 are required to initiate a request

Search & Select Test

- Search for a genetic test by test name, laboratory name, Genetic Testing Unit (GTU), or CPT (not recommended)
- Reference the Genetic Test and Laboratory Matrix at RadMD.com and ConcertGenetics.com for a full list of tests that require prior authorization
- Note: Only 1 test can be requested at a time

Select Laboratory

- Name and address for the laboratory rendering the genetic or molecular test
- Laboratory name selected must match the name of the laboratory associated with the test
- Note: Laboratory address is required

Answer Clinical Questions

- Rationale for test, including member ancestry, familial mutation(s) and relevant history, and results or reports from prior genetic or molecular test(s)
- Member medical records may be required to validate responses to clinical questions and assist with determination process

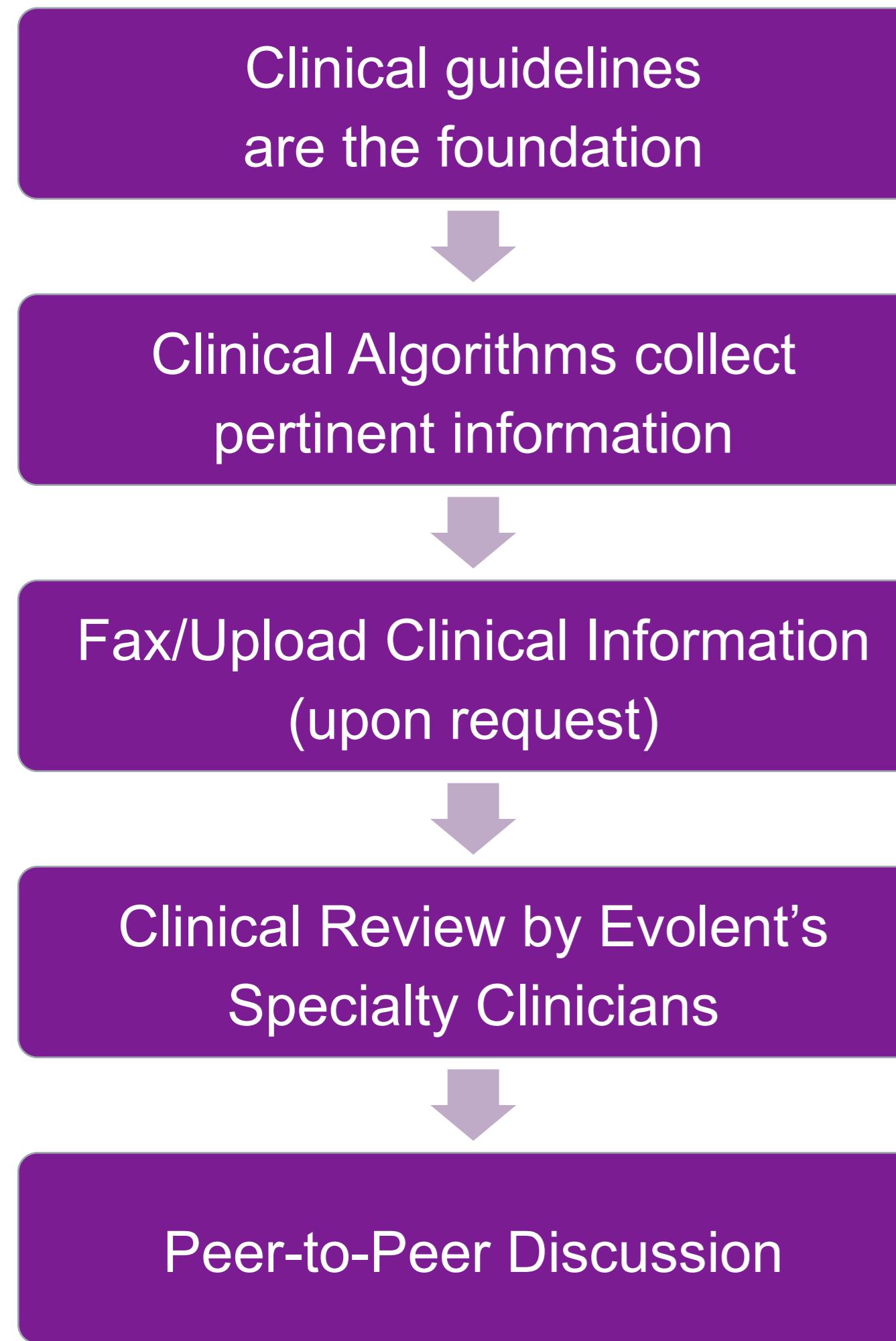
Decision

- Prior authorization request will be approved or will pend for clinical review
- When request is pending for clinical review, relevant missing information such as medical records and clinical documentation must be provided
- Peer-to-peer discussions are available for requests that don't meet clinical guidelines
- Status updates are available via RadMD.com or telephone. When determinations are made, the clinical rationale utilized is included in notifications

Services Rendered

- Claims submitted, match to authorization & paid

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 Superior Health Plan and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on RadMD.com and ConcertGenetics.com**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolent has specialized clinical teams.
- 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.**

Medical Policy

Evolent uses approved medical policies for medical necessity reviews and for creation of clinical questions on RadMD

Medical Policies

- Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation
- All medical policies are available on [RadMD.com](https://www.RadMD.com)
- Medical policies are updated twice per year with effective dates in January and July
- Evolent uses these medical policies for clinical reviews and to build the clinical questions in RadMD

Genetic Testing: General Approach to Genetic Testing
V.2.2022

Effective: 7/1/2022
Last Review: 4/1/2022

GENETIC TESTING: GENERAL APPROACH TO GENETIC TESTING

OVERVIEW

Genetic testing refers to the use of technologies that identify genetic variation, which include genomic, transcriptional, proteomic, and epigenetic alterations, for the prevention, diagnosis, and treatment of disease. Germline variants or mutations are defined as genetic alterations that occur within the germ cells (egg or sperm), such that the alteration becomes incorporated into the DNA of every cell in the body of the offspring.

Genetic disorders can result when there is an alteration, or pathogenic variant, in a DNA sequence which causes the cell to produce an altered protein.

Some conditions, such as sickle cell disease, are caused by a single germline pathogenic variant. Other conditions, such as diabetes and heart disease, are more complex. These complex conditions are referred to as multifactorial conditions, meaning that there is a combination of different inherited and environmental factors. Environmental factors, such as nutrition, exercise, weight, smoking, drinking alcohol, and medication use may influence the observable characteristics of the condition.

Single gene testing, targeted variant analysis, and multigene panels are all examples of the types of genetic tests used to identify germline pathogenic or likely pathogenic variants that cause hereditary and multifactorial conditions. The general approach to genetic testing criteria is intended for the evaluation of genetic testing that has not been more specifically addressed by other coverage criteria.

Authorization for Genetic and Molecular Testing Solutions

Special Information

- Ordering physician information, member information, rendering provider information, and requested test(s)
- Clinical information that will justify testing (symptoms, their duration, and physical exam findings)
- ICD-10 Code(s)
- Genetic Testing Unit (GTU) and CPT Code(s) – OPTIONAL
- Member ethnicity and/or ancestry, family history, history of relevant familial mutation(s)
- Preliminary procedures already completed (results and/or reports of prior genetic test(s))
- Rationale for test requested (i.e., drug therapy selection, carrier detection, etc.)
- Other pertinent clinical documentation (if requested)
- Refer to Genetic Testing Checklist on RadMD 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: 1-800-784-6864													
Date: TODAY													
<table border="1"><tr><td>ORDERING PHYSICIAN:</td><td>REQ_PROVIDER</td></tr><tr><td>FAX NUMBER:</td><td>FAX_RECIP_PHONE</td></tr><tr><td>RE:</td><td>Authorization Request</td></tr><tr><td>PATIENT NAME:</td><td>MEMBER_NAME</td></tr><tr><td>HEALTH PLAN:</td><td>HEALTH_PLAN_DESC</td></tr><tr><td colspan="2">We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.</td></tr></table>		ORDERING PHYSICIAN:	REQ_PROVIDER	FAX NUMBER:	FAX_RECIP_PHONE	RE:	Authorization Request	PATIENT NAME:	MEMBER_NAME	HEALTH PLAN:	HEALTH_PLAN_DESC	We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.	
ORDERING PHYSICIAN:	REQ_PROVIDER												
FAX NUMBER:	FAX_RECIP_PHONE												
RE:	Authorization Request												
PATIENT NAME:	MEMBER_NAME												
HEALTH PLAN:	HEALTH_PLAN_DESC												
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.													
<p>Study Requested was: Abdomen - Pelvis CT For documentation <u>ALWAYS PROVIDE</u>:</p> <ol style="list-style-type: none">1. The most recent office visit note2. Any office visit note since initial presentation of the complaint/problem requiring imaging3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging <p>Further specifics and examples are listed below: FAX_QUESTIONS_ADDL a1fadd1faxquestions</p> <ol style="list-style-type: none">a) <u>Abdominal pain evaluation:</u> Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).b) <u>Abnormal finding on examination, imaging or laboratory test:</u> Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imagingc) <u>Suspicion of cancer:</u> Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancyd) <u>History of cancer:</u> Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.e) <u>Pre-operative evaluation:</u> Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.f) <u>Post-operative evaluation:</u>													
CC_TRACKING_NUMBER	FAXC												

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:
 - 1-800-642-7554 - Superior (Medicaid)
 - 1-800-424-4916 - Ambetter
 - 1-866-214-1703 - Wellcare By Allwell
 - 1-866-510-9630 - Duals



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 HMO	UPIN:
Spoken Language: ENGLISH	Specialty:
Written Language: ENGLISH	

Clinical Specialty Team



Genetic and Molecular Testing Solutions Review

Clinical Specialization Pods
Overseen by Medical
Director

Physician Review Team
consists of Physician Panel
of Board-Certified Physician
Specialists to meet State
licensure requirements

Physician clinical reviewers
conduct peer reviews on
specialty products

Clinical Review Process

1
Physicians' Office Contacts Evolent for Prior Authorization
✓ RadMD
✓ Telephone

3
Evolent Initial Clinical Specialty Team Review
• Additional clinical information submitted and reviewed – Test Approved
• Additional clinical not complete or inconclusive – Escalate to Physician Review
✓ Designated & Specialized Clinical Team interacts with Provider Community

2
Request Evaluated Based on Information Entered
• Additional clinical information required

4
Evolent Specialty Physician Reviewers
• Evolent Physician approves case without peer-to-peer
✓ Peer-to-peer outbound attempt made if case is not approvable
• Evolent Physician approves case with peer-to-peer
• Ordering Physician withdraws case during peer-to-peer
• Physician denies case based on medical criteria

Evolent makes medical necessity decisions based on clinical information supplied by provider. Decisions are made as quickly as possible after submission of all requested clinical documentation. All decisions are rendered within state required timelines.

LEGEND

✓ Key Evolent differentiator

Authorization Validity Period

- Authorizations are valid for :
 - 60 days starting 10 business days prior to the date of service

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 and Ambetter.**
- 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 Superior Health Plan.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Superior Secure Provider Portal at:
Provider.SuperiorHealthPlan.com

Appeals Process:

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

Genetic and Molecular Testing Points



Providers search for a genetic or molecular test by name, laboratory, Genetic Testing Unit (GTU) or CPT code (not recommended). Only one test can be requested at a time.



Authorizations are test and location specific, please contact Evolent if the location changes. The location of the laboratory is important for Medicare as it determines which Local Coverage Determination (LCD) applies.



Providers should submit for authorization prior to performing a test. The validity period for genetic testing authorizations is 60 days and begins 10 business days prior to the requested date of service to allow for instances where the sample is collected in advance of testing.

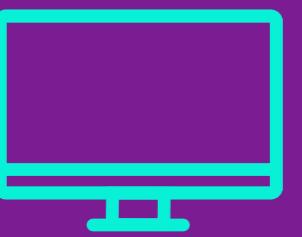


Review Genetic Test and Laboratory Matrix to determine tests managed by Evolent located at RadMD.com

Provider Tools

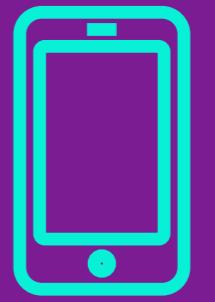
- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

- Interactive Voice Response (IVR) System for authorization tracking



RadMD.com

Available 24/7



1-800-642-7554 - Superior (Medicaid)

1-800-424-4916 - Ambetter

1-866-214-1703 - Wellcare By Allwell

1-866-510-9630 - Duals

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
- Checklist
- Utilization Review Matrices



RadMD New User Application Process - Ordering

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 “**Physician’s office that orders procedures**”.
3. Complete the application and click “**Submit**”.
4. Open email from Evolent webmaster with new user password instructions.

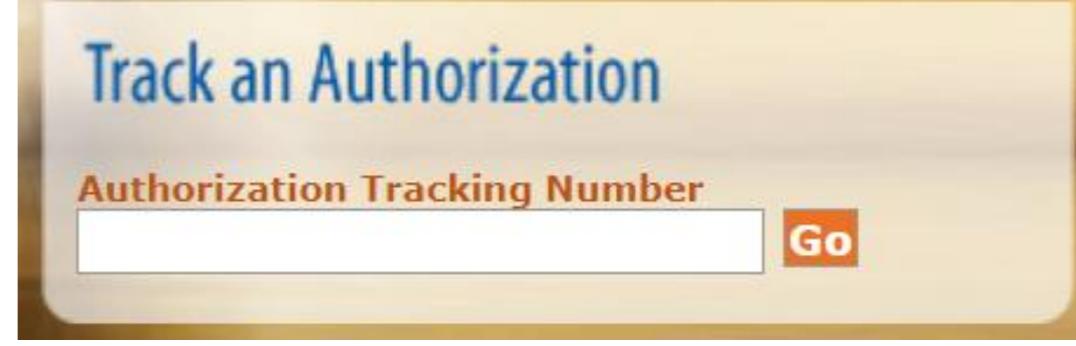
IMPORTANT

- 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.

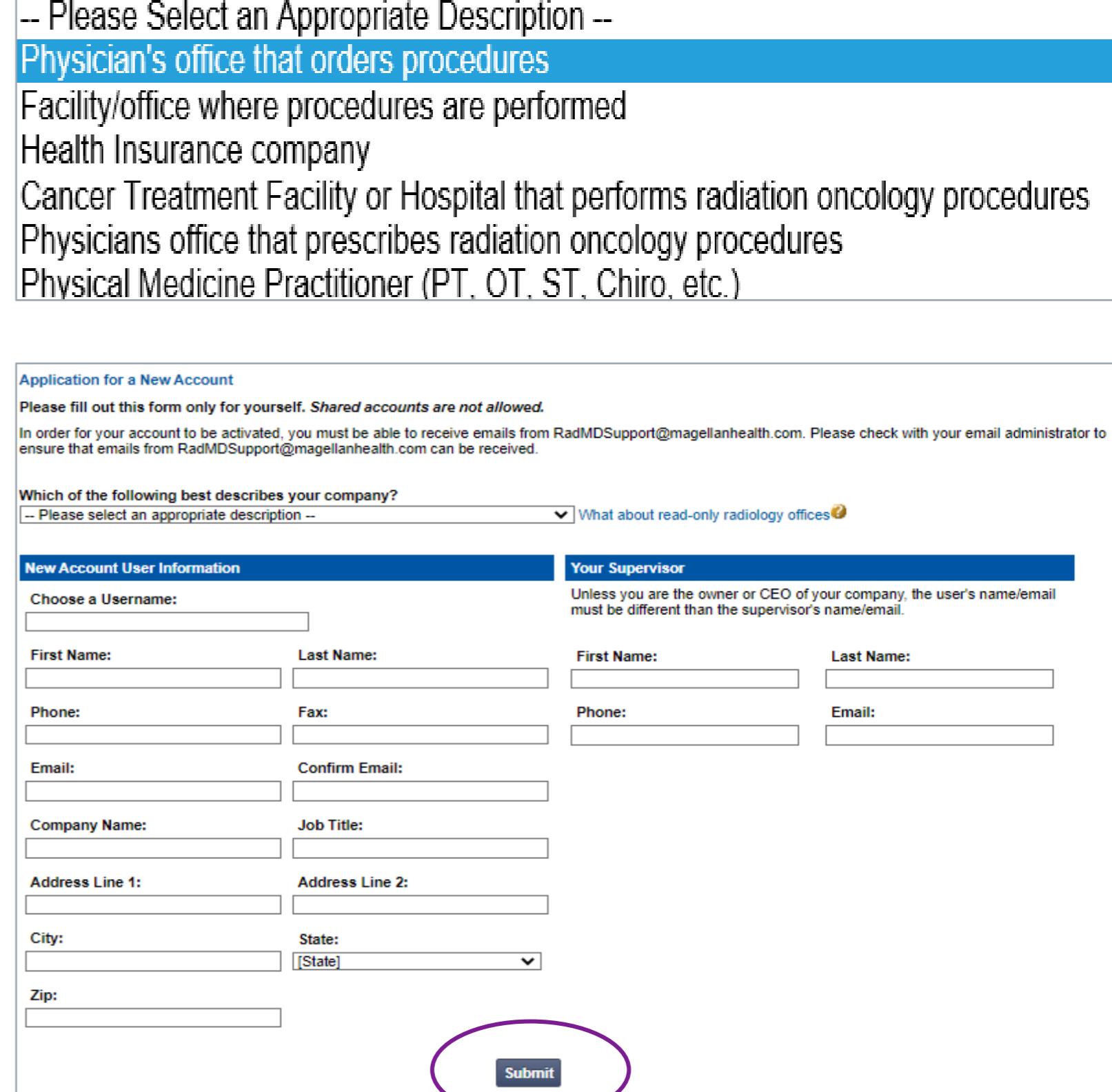
1



2



3



RadMD New User Application Process - Rendering

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 **“Facility/office where procedures are performed”**.

3. Complete the application and click **“Submit”**.

4. Open email from Evolent webmaster with new user password instructions.

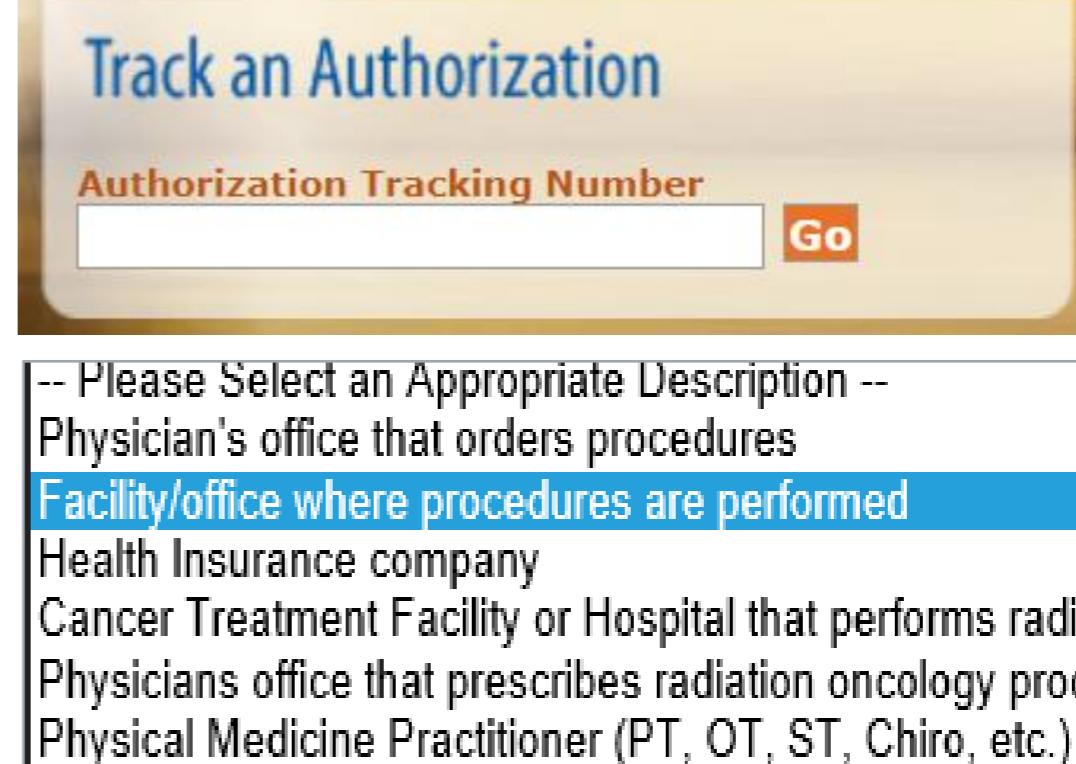
IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.
- If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

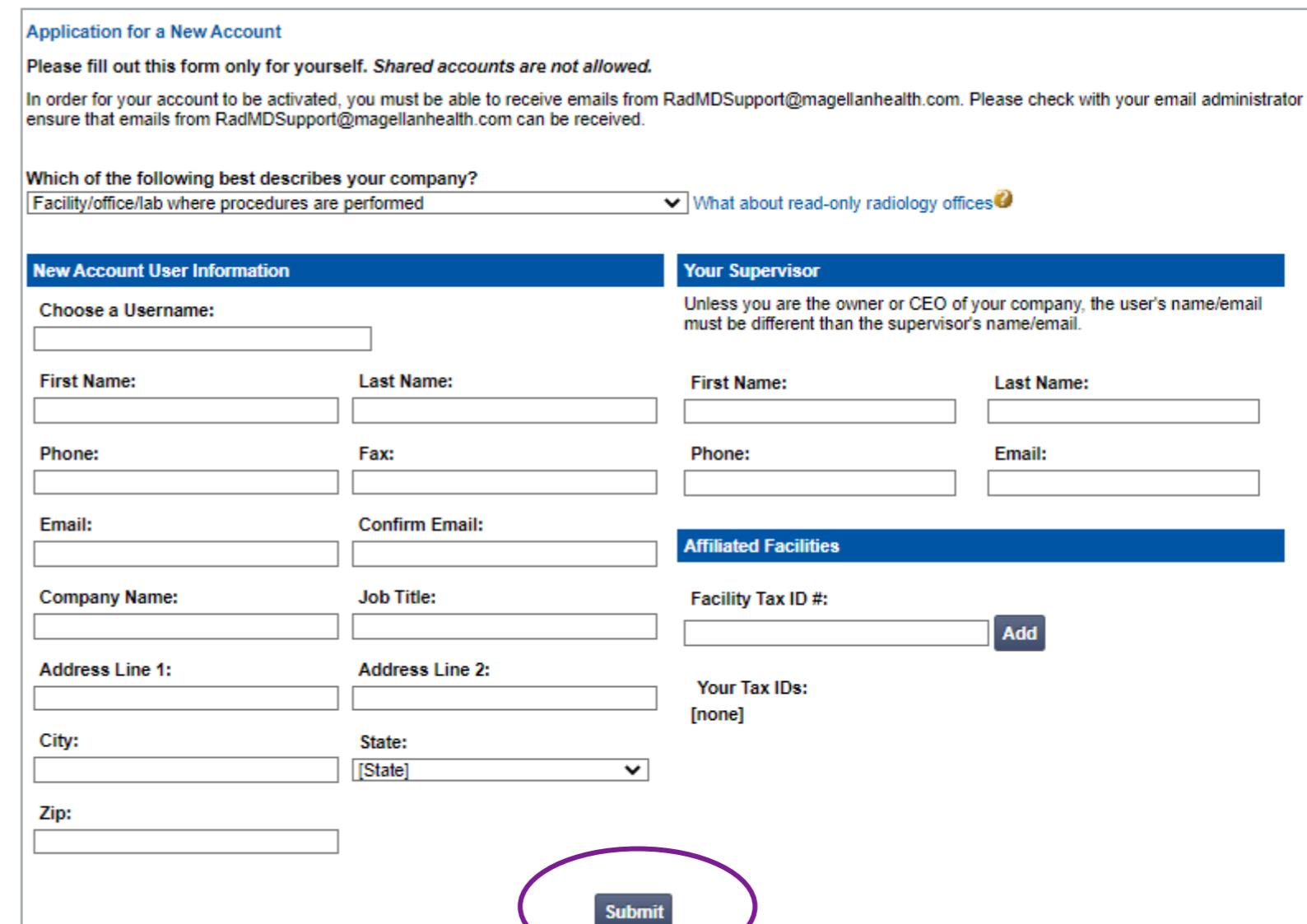
1



2



3



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
- 1-800-642-7554 - Superior (Medicaid)
- 1-800-424-4916 - Ambetter
- 1-866-214-1703 - Wellcare By Allwell
- 1-866-510-9630 - Duals

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

- 1-800-642-7554 - Superior (Medicaid)
- 1-800-424-4916 - Ambetter
- 1-866-214-1703 - Wellcare By Allwell
- 1-866-510-9630 - Duals

Provider Service Line

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

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

Charlotte Taylor
Provider Engagement Manager
1-571-549-8731
ctaylor@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.