

Frequently Asked Questions Musculoskeletal Surgery (MSK) Program

Partners Health Management Tailored Plan Effective April 1, 2026

- **Who is Evolent?**
 - Evolent (formerly National Imaging Associates, Inc.) is a comprehensive musculoskeletal surgery (MSK) quality management company whose goal is to apply evidence-based treatment to the delivery of MSK care.
- **What is the MSK quality management program?**
 - The MSK quality management program provides prior authorization management for services rendered in outpatient hospitals, inpatient hospitals, and ambulatory surgery center settings. This program emphasizes and supports the selection of evidence-based treatment for patient care. Authorizations are administered by Evolent.
- **What members are included in this program?**
 - Partners Health Management Tailored Plan Medicaid members.
- **When will the program begin?**
 - April 1, 2026.
- **How can a physician's office request training for this program?**
 - If you have questions about Evolent programs, please email PracticeSuccess@evolent.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Physician discussions with specialty matched anesthesiologists, pain management specialists, orthopedic surgeons, and neurosurgeons
 - Support staff with dedicated provider engagement representatives available to assist
- **How do I contact Evolent authorization support?**
 - Contact our call center at 1.800.327.0639, Monday - Friday from 8:00 a.m. to 8:00 p.m. ET.
- **What is the transition of care process?**
 - Authorizations issued before April 1, 2026, will be honored and valid until the expiration date. Upon expiration, an authorization will be required from Evolent for services rendered on and after April 1, 2026.

- **When will Evolent begin accepting MSK surgery authorization requests?**
 - will begin accepting requests for eligible Partners Health Management Tailored Plan Medicaid members on April 1, 2026, for services rendered on or after April 1, 2026.
- **Who is responsible for obtaining prior authorization?**
 - The ordering physician or staff must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Via the Evolent provider portal at evolent.com/provider-portal, select RadMD
 - Via telephone at 1.800.327.0639 (Monday - Friday from 8:00 a.m. to 8:00 p.m. ET).
- **What is the turn-around time (TAT) for processing prior authorization requests?**

Line of Business	Standard Request	Expedited Request
Medicaid	7 calendar days	72 calendar hours

- **What services are included in the program?**

The program will apply to all specialties for the following MSK services:

 - Lumbar and cervical spine surgery (inpatient and outpatient)
 - Hip, knee, and shoulder surgery (inpatient and outpatient)
- **Who reviews MSK requests?**
 - Evolent medical reviewers are licensed practitioners using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at RadMD.com.
- **What happens if the authorization request does not meet guidelines?**
 - If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.
- **What is the difference between Evolent tracking and authorization (Request ID) numbers?**
 - Tracking numbers consist of only numeric digits and are available once the authorization has been submitted. It can be used to find an authorization in Evolent's system.
 - Authorization number or request ID consist of letters and numbers. The authorization number is available once a determination has been made on a request. This number should be included when submitting claims and can be used to find a request in Evolent's system.

- **How long are authorizations valid?**
 - MSK authorizations are valid 60 calendar days from scheduled date of service. If no date of service is given at time of request, authorization is valid for 60 days from the request date.
- **Which place(s) of service are included?**
 - Outpatient hospitals, inpatient hospitals, and ambulatory surgery centers.
- **Does prior authorization guarantee payment?**
 - No. Prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the health plan provider manual.
- **Who is responsible for responding to grievances and appeals?**
 - Partners Health Management Tailored Plan will maintain the grievance and appeal processes.
- **What will happen if the physician does not request and obtain an authorization?**
 - If authorization is not obtained, the health plan may deny payment for the relevant services.