Alliance Health
Medical Specialty Solutions

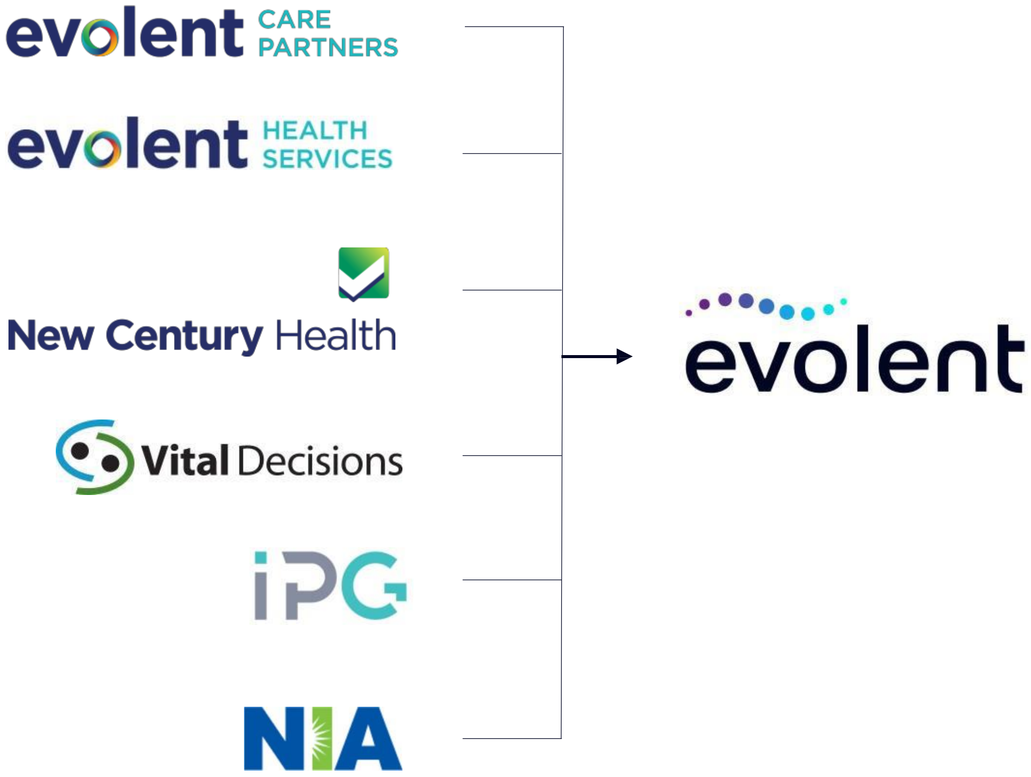
Provider Training Presented by:
Priscilla W. Singleton, Senior Provider Relations Manager

Evolent Program Agenda

- Introduction to Evolent
- Our Medical Specialty Solutions Program
  - Authorization Process
  - Other Program Components
  - Provider Tools and Contact Information
- Questions and Answers

National Imaging Associates, Inc. is now **Evolent**

Connecting Our Brands is About Connecting Care



Our Motivation

Patients

- Better Treatment
- Better Health

Providers

- Less Friction
- Appropriate Care

Evolent’s Prior Authorization Program

For Alliance Health detailed prior authorization requirements, please visit the Alliance Health Procedure Code Look-up Tool at https://www.alliancehealthplan.org/providers/procedure-code-lookup-tool/

The Program

- Alliance Health will be partnering with WellCare to begin a prior authorization program through Evolent (formerly National Imaging Associates, Inc.) for the management of outpatient imaging services.

Important Dates

- Program start date: July 1, 2024
- Alliance Health is waiving prior authorization for dates of service from July 1st through January 31, 2025.
- Begin obtaining an authorization from Evolent on September 1st for services scheduled on or after October 1, 2024.

Settings

Settings:

- Office
- Outpatient Hospital
- Outpatient Facility

Membership Included

- Medicaid

Network

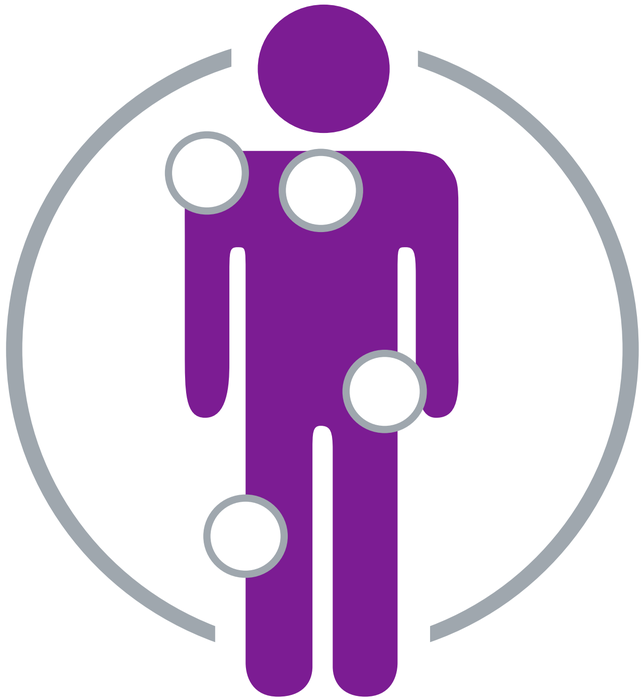
- Evolent will manage services through Alliance Health’s existing provider contractual relationships

Evolent’s Prior Authorization Program

Effective September 1, 2024: Providers may begin contacting Evolent to obtain prior authorization scheduled on or after October 1, 2024.

Procedures Requiring Authorization*

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography



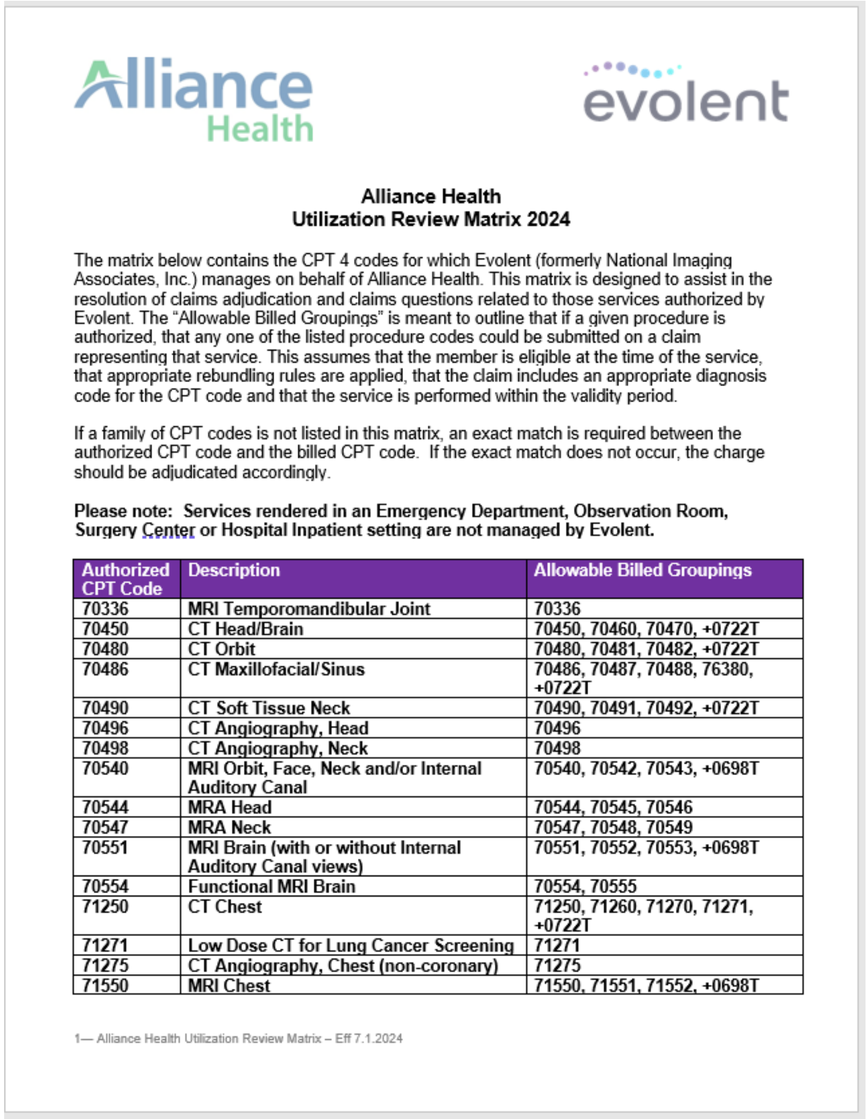
Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Department
- Urgent Care
- Surgery Center

*Please see specific educational documents on RadMD for each Medical Specialty Solutions Program Services

List of CPT Procedure Codes Requiring Prior Authorization

- Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- CPT Codes and their Allowable Billable Groupings.
- Located on RadMD.com.
- Defer to Alliance Heath's Policies for Procedures not on Claims/Utilization Review Matrix.



Alliance Health

evolent

Alliance Health
Utilization Review Matrix 2024

The matrix below contains the CPT 4 codes for which Evolent (formerly National Imaging Associates, Inc.) manages on behalf of Alliance Health. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Evolent. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any one of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

Please note: Services rendered in an Emergency Department, Observation Room, Surgery Center or Hospital Inpatient setting are not managed by Evolent.

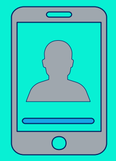
Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, Neck and/or Internal Auditory Canal	70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain (with or without Internal Auditory Canal views)	70551, 70552, 70553, +0698T
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, 71271, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T

1— Alliance Health Utilization Review Matrix – Eff 7.1.2024

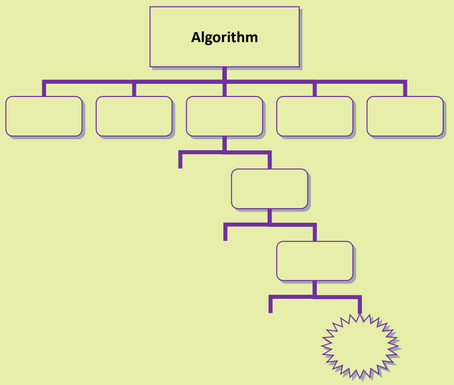
Prior Authorization Process Overview

Ordering Physician is responsible for obtaining prior authorization.

Submit Requests Online Through RadMD.com



or by Phone



Information evaluated via algorithm and medical records

Status		Patient		Physician	
Current Status:	Approved	Name:	Evo Lent	Name:	Dr. Virginia Arlington
Validity Period:	03/01/20XX – 05/01/20XX	Subscriber ID:	R0000821	Physician ID:	0000147.
Auth Number:	12345XYZ1234	Date of Birth:	3/24/1992		
		Gender:	Male		
		Product:	PPO		
		Health Plan:	1458 HP Commercial PPO		

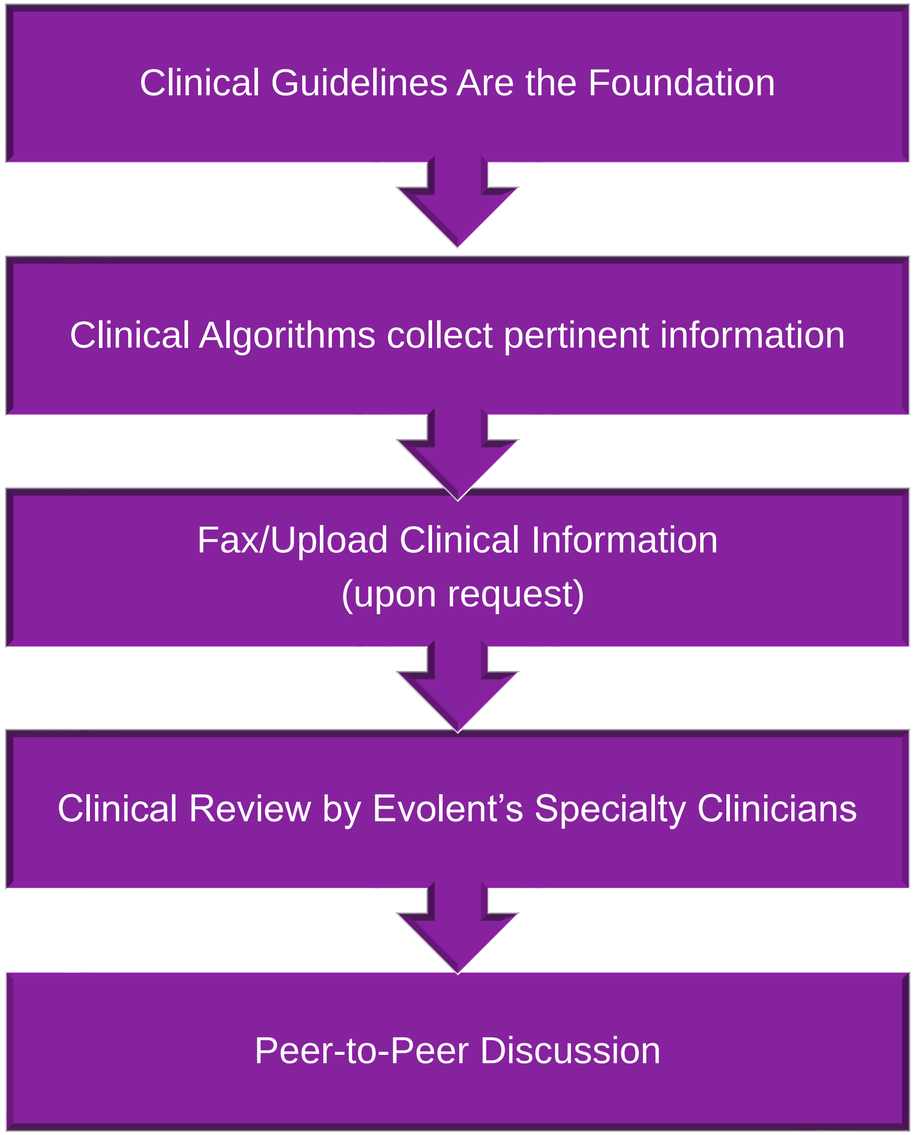
Place of Service		Details		RadMD.com User	
Name:	MEMORIAL HOSPITAL	Date of Service:	03/31/20XX	Name:	ABCUser
Phone:		Auto Accident:	No	Company:	ABC Company
Address:	2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code:	E8	Username:	52452005
Fax:	Not available	Out of State:	n/a	Job Title:	Representative
Facility ID:	TEST	Release of Info Code:	Y	Email:	ABCUser@abc.com
Surgery Setting:		Out of Country:	n/a	Address:	321 Main St New City, ST 12345
		Employment Related:	No	Supervisor Name:	Supervisor
		Another Party:	No	Supervisor Email:	Supervisor@abc.com
		Level of Service:	Not Urgent		
		Procedures:	Total Hip Arthroplasty/Resurfacing (left)		
		ICD10:	I77.5		
		Reason:	Avascular necrosis		

Service Authorized

Rendering Provider Performs Service and ensures authorization was obtained

Recommendation to Rendering Providers: Do not schedule test until authorization is received

Evolent’s Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and approved by Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on 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.
- 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.**

Member and Clinical Information Required for Authorization

General

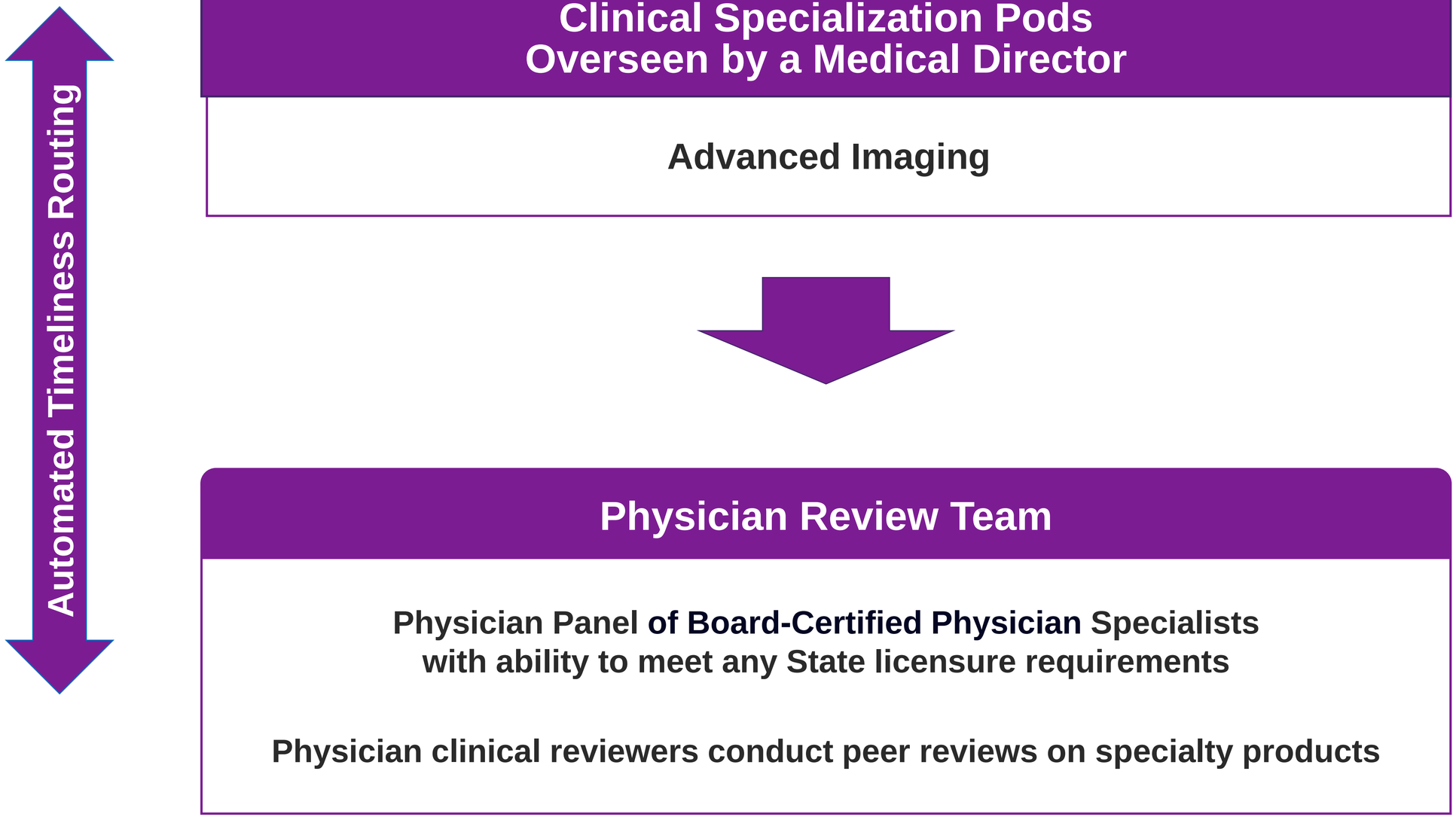
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

Clinical Information

- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Refer to the Prior Authorization Checklists on RadMD for more specific information.

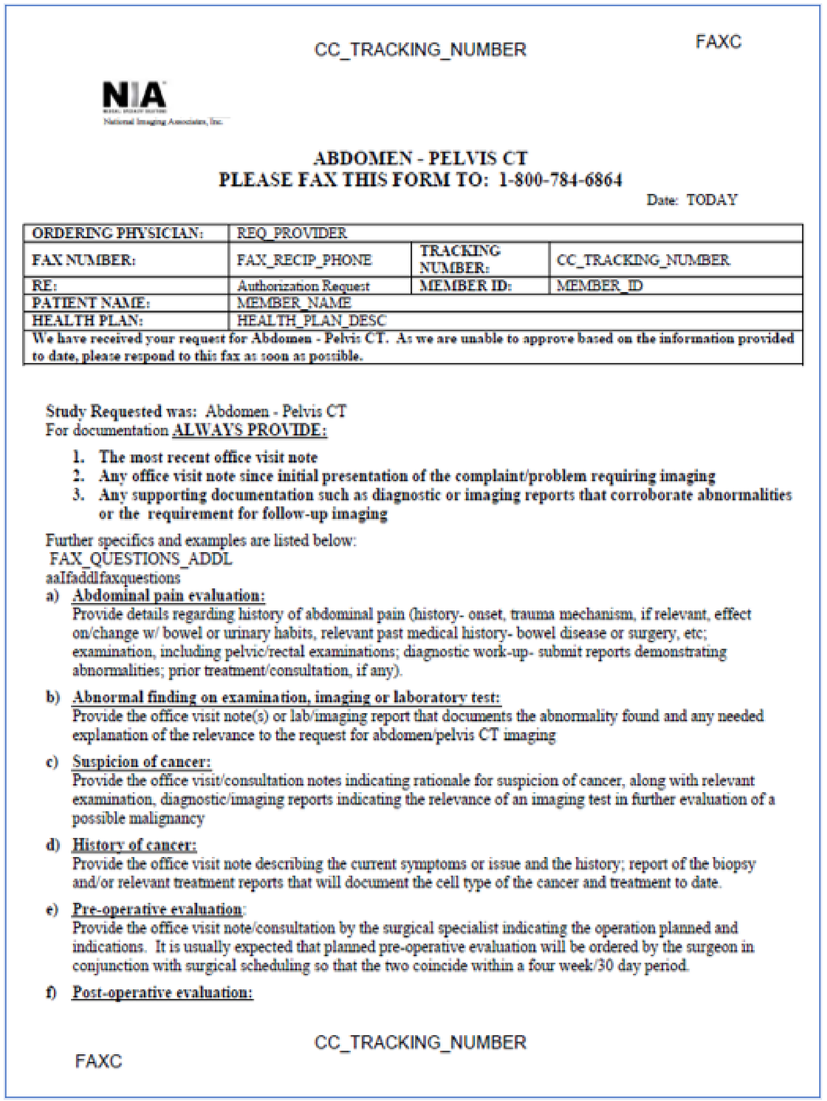
Clinical Specialty Team Review



Document Review

- Evolent may request members' medical records/additional clinical information.
- When requested, validation of clinical criteria within the member's medical records is required before approval can be made.
- Ensures that clinical criteria that supports the requested test are clearly documented in medical records.
- Helps ensure that members receive the most appropriate, effective care.

Evolent to Ordering Physician: Request for Additional Clinical Information



CC_TRACKING_NUMBER

FAXC

NIA
National Imaging Associates, Inc.

ABDOMEN - PELVIS CT
PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
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.			

Study Requested was: Abdomen - Pelvis CT
For documentation ALWAYS PROVIDE:

1. **The most recent office visit note**
2. **Any office visit note since initial presentation of the complaint/problem requiring imaging**
3. **Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging**

Further specifics and examples are listed below:
FAX_QUESTIONS_ADDL
aaIfaddlfaxquestions

a) **Abdominal pain evaluation:**
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) **Abnormal finding on examination, imaging or laboratory test:**
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 imaging

c) **Suspicion of cancer:**
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 malignancy

d) **History of cancer:**
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) **Pre-operative evaluation**:
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) **Post-operative evaluation:**

CC_TRACKING_NUMBER

FAXC

- 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.

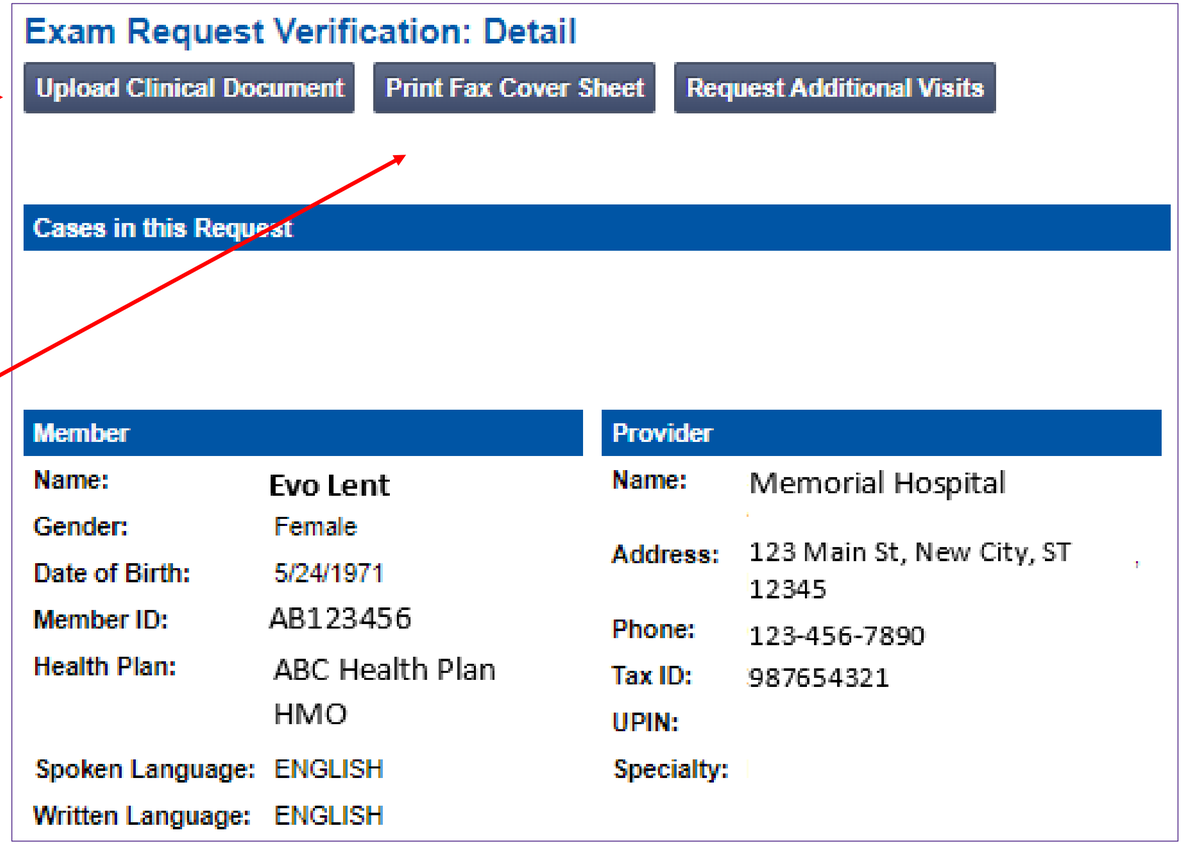
Alert on RadMD when additional clinical documentation is needed

Our reviewers are able to post notifications on RadMD when additional documentation is needed. The message will disappear when the documentation is submitted.

Now users will see the specific information requested when clinicians send an additional information needed fax on a pending request. As soon as the providers upload the information, the display will go away.

Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to https://www.RadMD.com
  - Fax using that Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from https://www.RadMD.com
  - Call 1-800-327-0793
- Use the case specific fax coversheets when faxing clinical information to Evolent



Clinical Review Process

1 Physicians' Office Contacts Evolent for Prior Authorization

✓ *RadMD* ✓ *Telephone*

2 System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Clinical information complete – Procedure Approved
- Additional clinical information required – Pends for clinical validation of medical records

3 Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

✓ *Designated & Specialized Clinical Team interacts with Provider Community.*

4 Evolent Specialty Physician Reviewers

- Evolent Physician approves case *<u>without</u>* 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

✓ *Key Evolent Differentiators*

Generally, the turnaround time for completion of these requests is within 2 business days upon receipt of sufficient clinical information

Evolent Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency department) during business hours, please call Evolent immediately.
- The Evolent website https://www.RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolent call center at 1-800-327-0793.
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.

Notification of Determination

Authorization Notification

- Validity Period - Authorizations are valid for:
  - 60 calendar days from the date of request

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review is available with new or additional information.
- Timeframe for re-review is 10 business days.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

Claims and Appeals

How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Alliance Health.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Alliance Health website at https://AllianceHealthPlan.org

Claims Appeals Process

- In the event of a prior authorization denial, providers may appeal the decision through WellCare. Claims denials are managed by Alliance Health.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness

- Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv
- CT scans and nuclear studies are the largest contributors to increased medical radiation exposure
- According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.

Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns

Provider Tools

RadMD Website
RadMD.com

Available
24/7 (except during maintenance, performed every third Thursday of the month from midnight – 3:00 AM EST)

Toll-Free Number
1-800-327-0793

Available
Monday - Friday
8:00 AM – 8:00 PM EST

- 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

Evolent's Website

www.RadMD.com

RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through www.RadMD.com:

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices

Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

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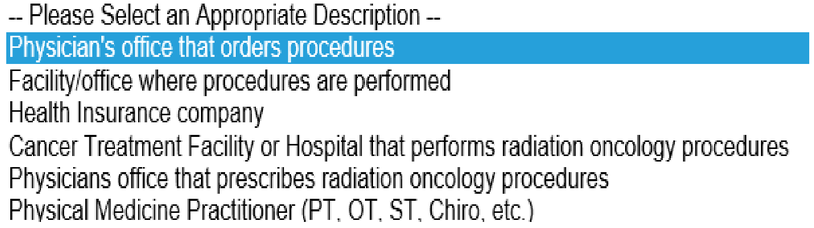

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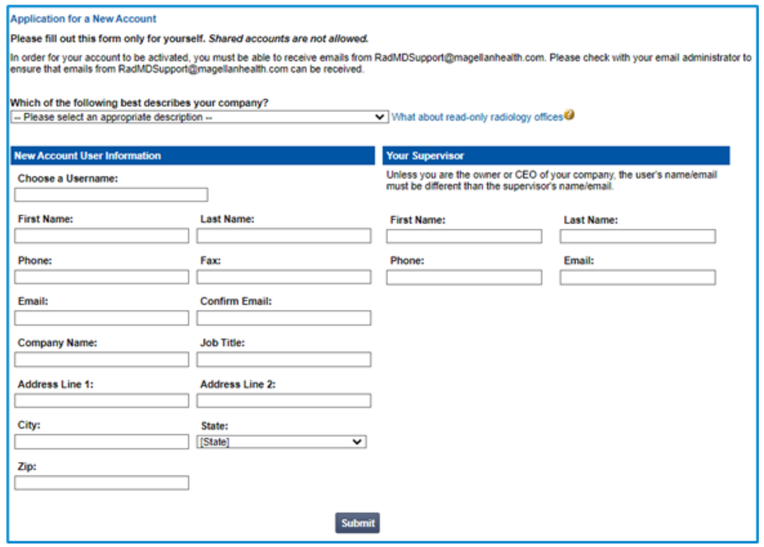

Allows Users the ability to view all approved, pended and in review authorizations for facility

IMPORTANT

- **Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.**
- **Designate an "Administrator" for the facility who manages the access for the entire facility.**

STEPS:

1. Click the "New User" button on the right side of the home page.
2. Select "Facility/office where procedures are performed"
3. Fill out the application and click the "Submit" button.
    - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.
4. New users will be granted immediate access.

NOTE: On subsequent visits to the site, click the "Sign In" button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in review authorizations under your Tax ID Number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.

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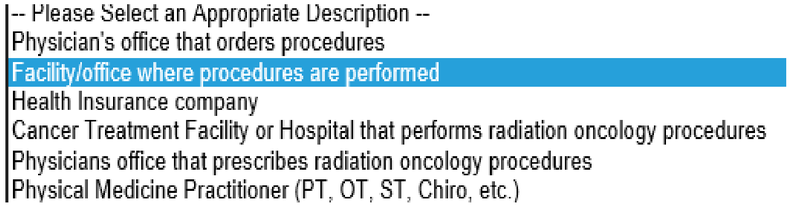

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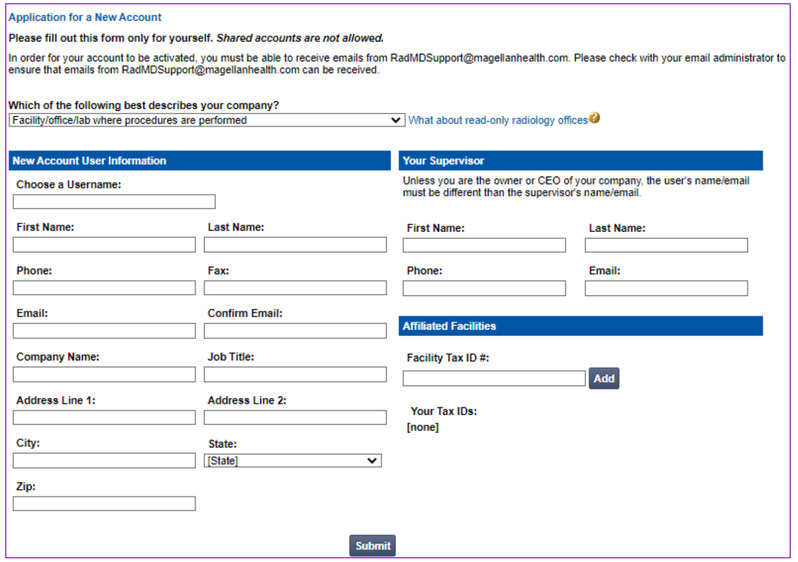
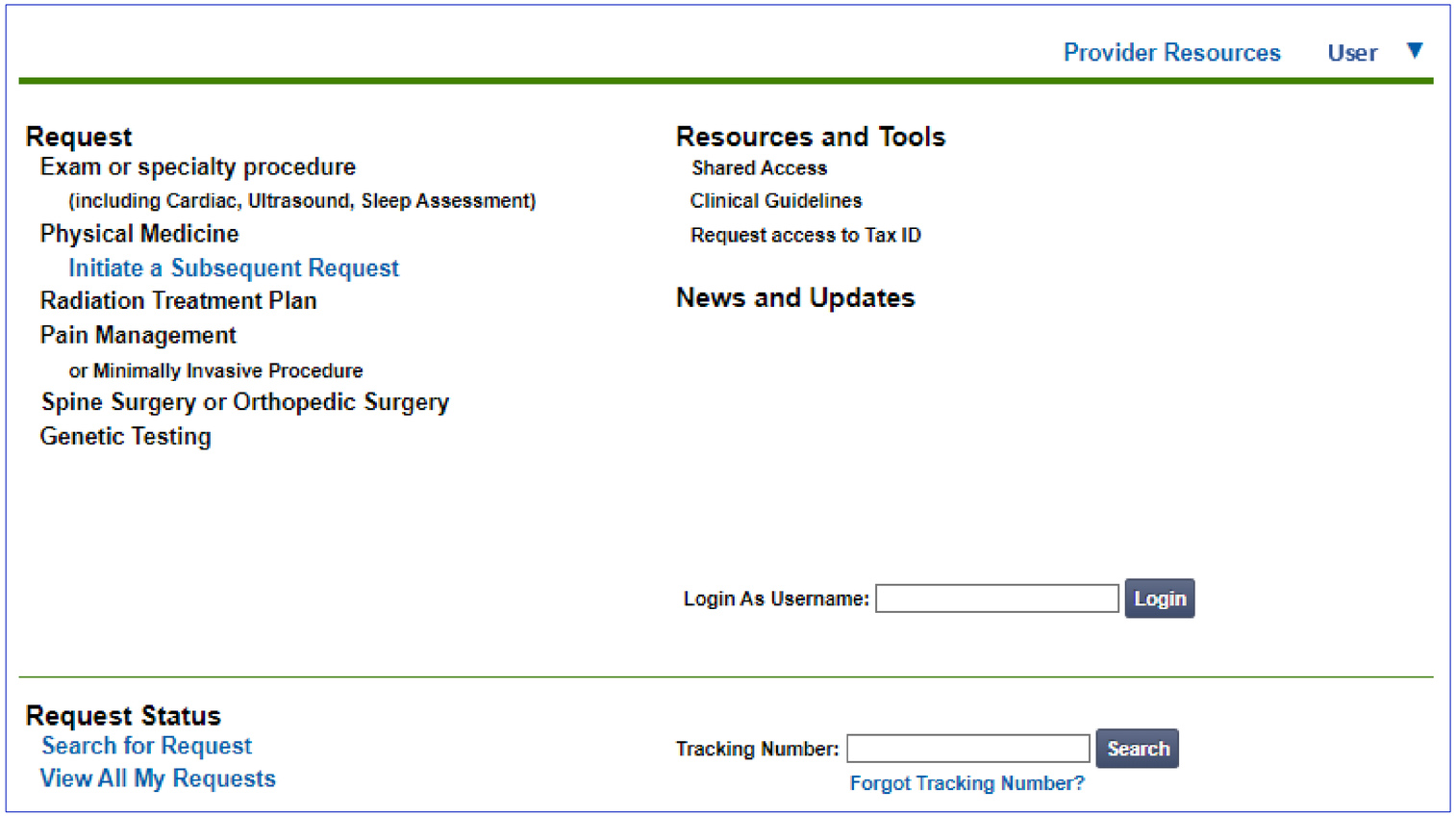


RadMD Enhancements

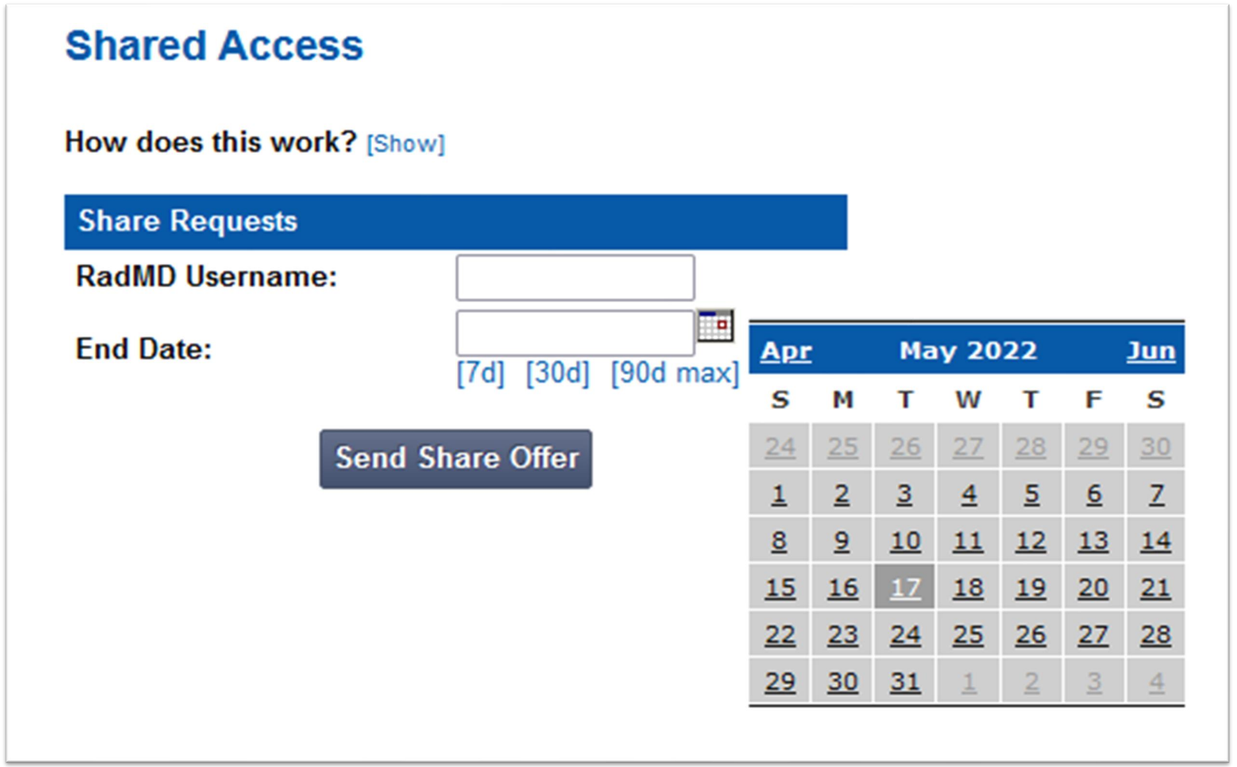
Evolent offers a **Shared Access** feature on our RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.



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.

Benefits of Shared Access

- **From the main menu select Shared Access**



- Assist providers and staff in viewing authorization requests initiated by other RadMD users within a practice via the “Shared Access” feature
- All that is needed is the username. The user ‘s password is not needed. Use the calendar to identify the number of days or select quick picks, (Timeframe must be between 1-90 days) and you may extend the Shared Access if more time is required
- Search for shared and your authorization requests by member name, member ID, request ID, tracking number or request date

When to Contact Evolent

Providers:

Initiating or checking the status of an authorization request	▪ Website, https://www.RadMD.com ▪ Toll-free number 1-800-327-0793 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	▪ Call 1-800-327-0793
Provider Service Line	▪ RadMDSupport@evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	▪ Priscilla W. Singleton Senior Provider Relations Manager 314-387-5023 psingleton@evolent.com

Q
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Thanks!

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