Home State Health and Allwell from Home State Health 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

- Home State Health and Allwell from Home State Health 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: June 1, 2019

DISCIPLINES & SETTINGS INCLUDED

- Physical Therapy
- Occupational Therapy
- Speech Therapy

- Office
- Outpatient Hospital
- Home Health
- Outpatient Skilled Nursing Facilities (Allwell from Home State)

MEMBERSHIP INCLUDED

- Medicaid
- Medicare

NETWORK

- Evolent will manage services through Home State Health and Allwell from Home State Health’s contractual relationships.

Physical Medicine Program

Physical Medicine Procedures Performed Outpatient

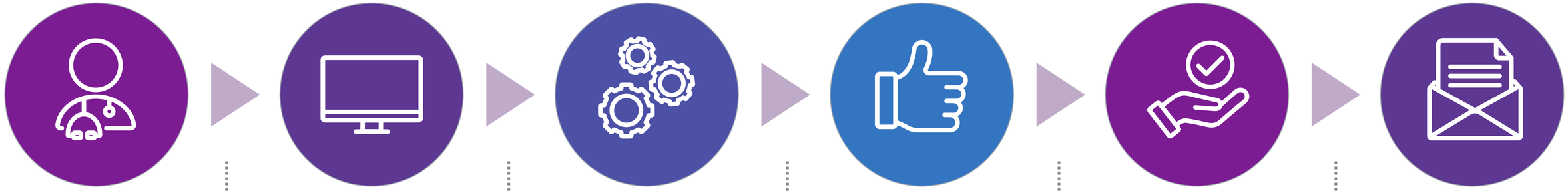
- Physical Therapy
- Occupational Therapy
- Speech Therapy

Physical Medicine Program Exclusions

Exclusions

- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Acute Rehab Hospital (Inpatient)
- Inpatient and Outpatient Skilled Nursing (for Medicaid Members)
- Inpatient Skilled Nursing (for Medicare Members)

Prior Authorization Process Overview



After the initial evaluation has been completed* and/or plan of care established, the ordering physician is responsible for obtaining prior authorization

Submit requests online through RadMD.com or by phone

Information evaluated via algorithm and medical records

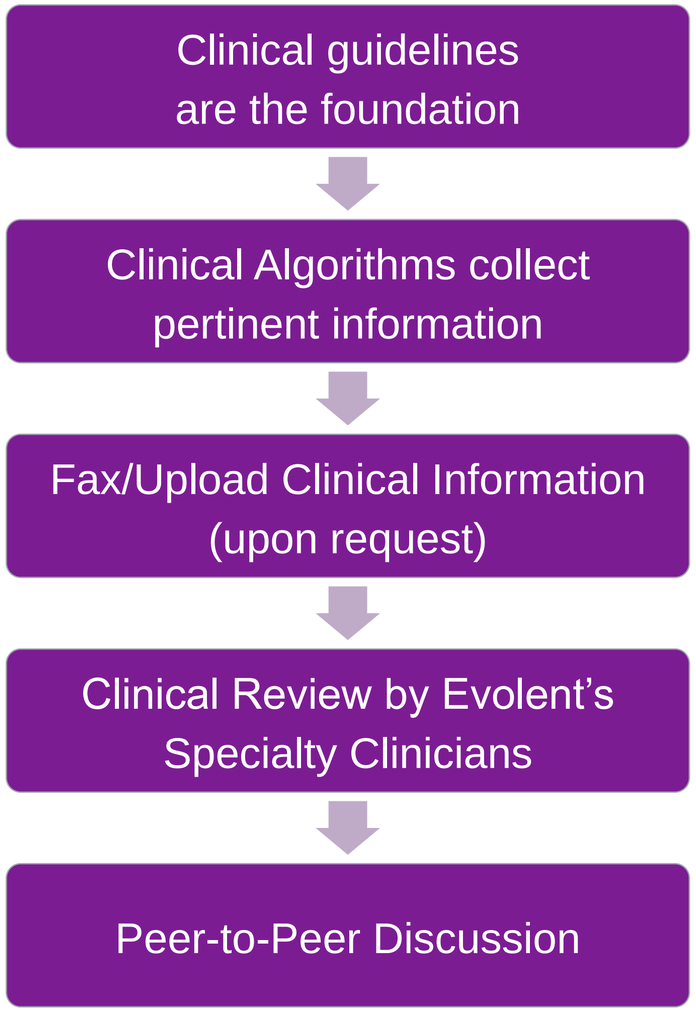
Service Authorized

Rendering Provider verifies authorization was obtained and provides service

eClaims

**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 Home State Health and Allwell from Home State Health and Evolent Medical Officers and clinical experts.
- **Milliman Care Guidelines (MCG)** and **Evolent’s 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 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.**

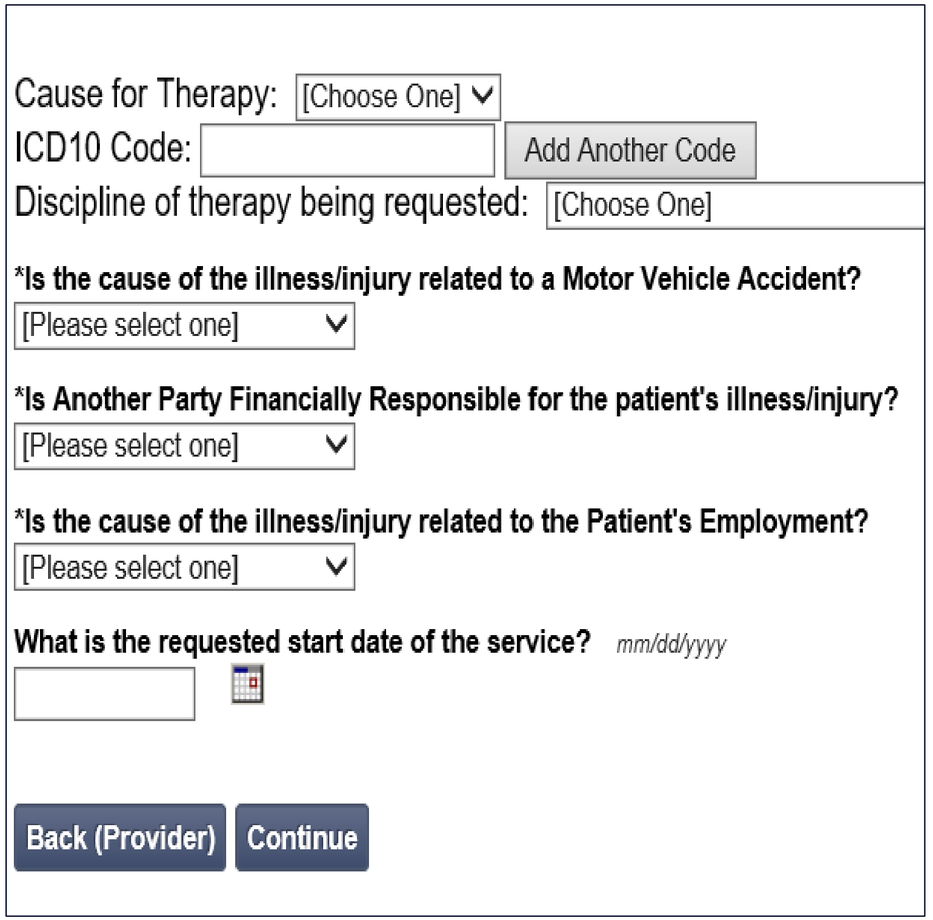
Goal of Physical Medicine Intake Questions (Algorithm)

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.



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):

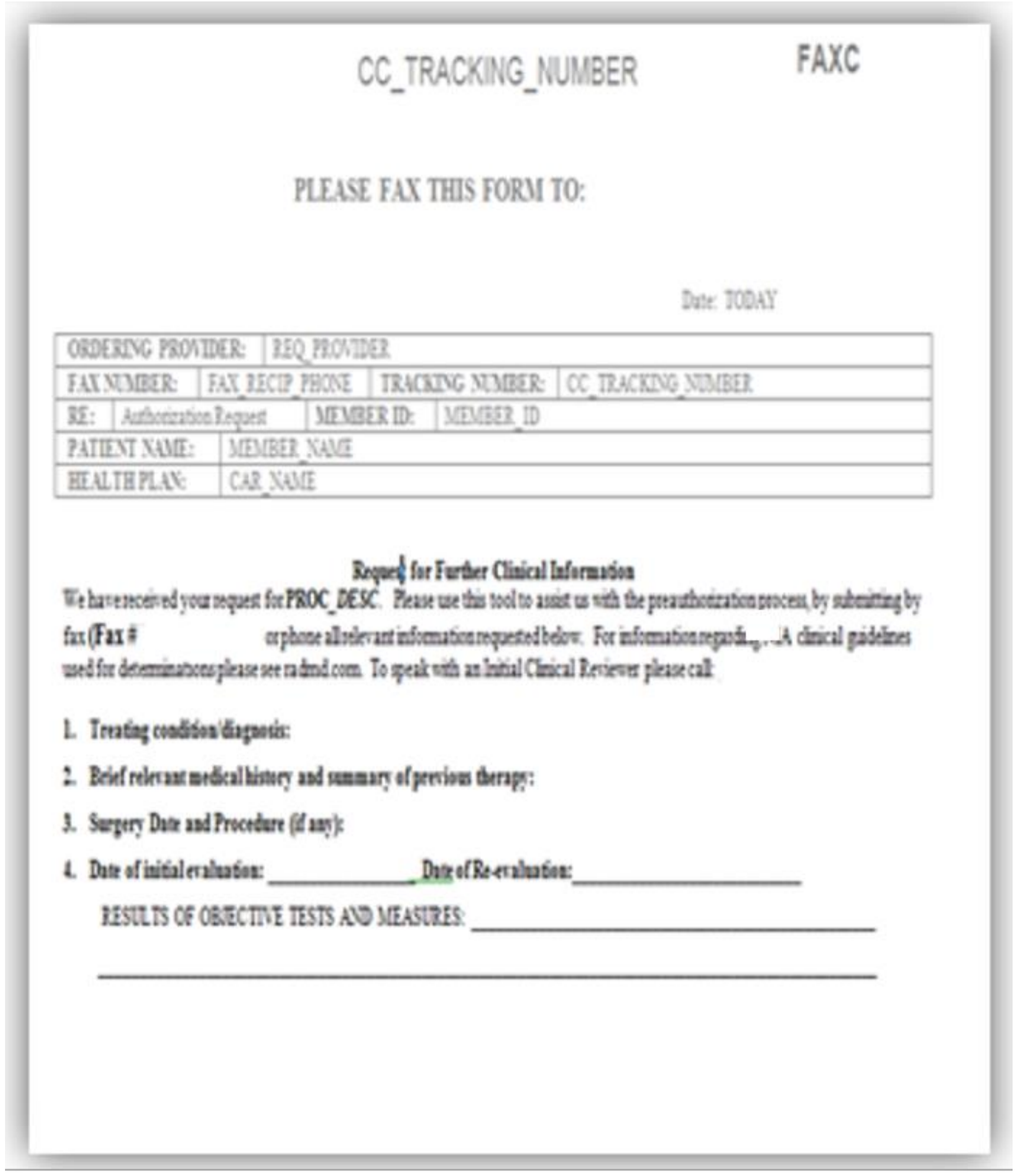
Clinical documents should include:

- 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 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:	CC_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 our 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:
    - 1-800-308-2615 Medicaid
    - 1-800-424-4825 Medicare
- Use the case specific fax coversheet when faxing clinical information to Evolent

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

1 Physicians' Office Contacts Evolent for Prior Authorization

- ✓ RadMD
- ✓ Telephone

2 Request Evaluated Based on Information Entered

- Additional clinical information required

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 Physical Medicine Team interacts with Provider Community

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

LEGEND

✓ Key Evolent differentiator

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

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 or Call Center.

Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made - **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.
- 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 3 business 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 Home State Health and Allwell from Home State Health.
- 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 Home State Health and Allwell from Home State Health.
- 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 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

Available 24/7

800-308-2615 Medicaid

800-424-4825 Medicare

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
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization 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.

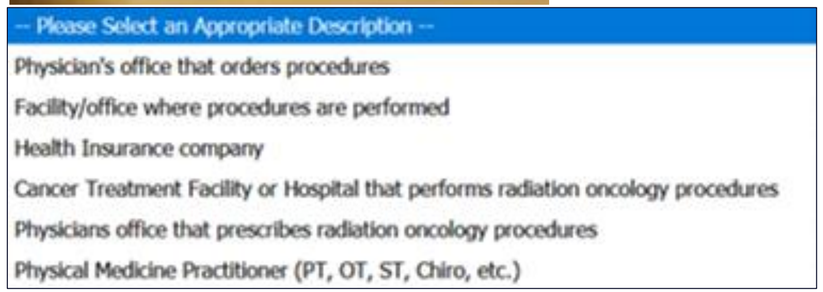
2. Under the Appropriate Description dropdown select **“Physical Medicine Practitioner (PT, OT, ST, Chiro, etc)”.**
3. Complete the application and click **“Submit”.**
4. Open email from Evolent webmaster with new user password instructions.

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.

1

2



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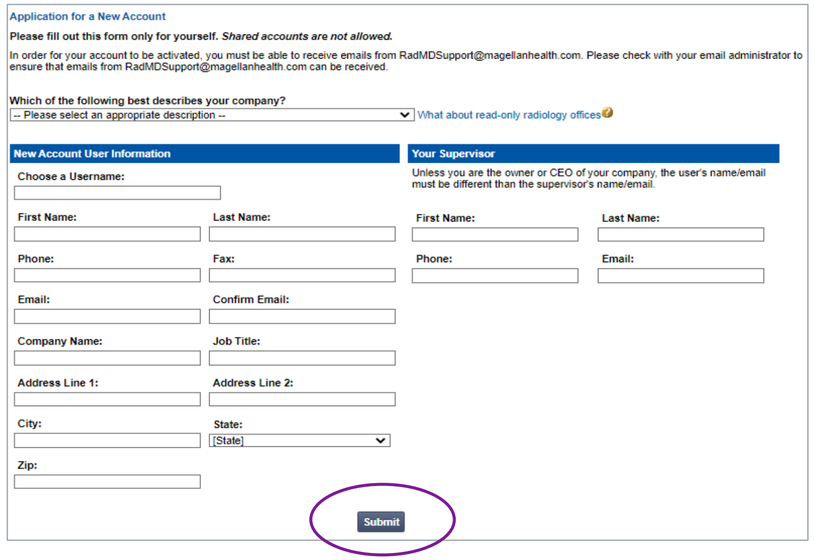
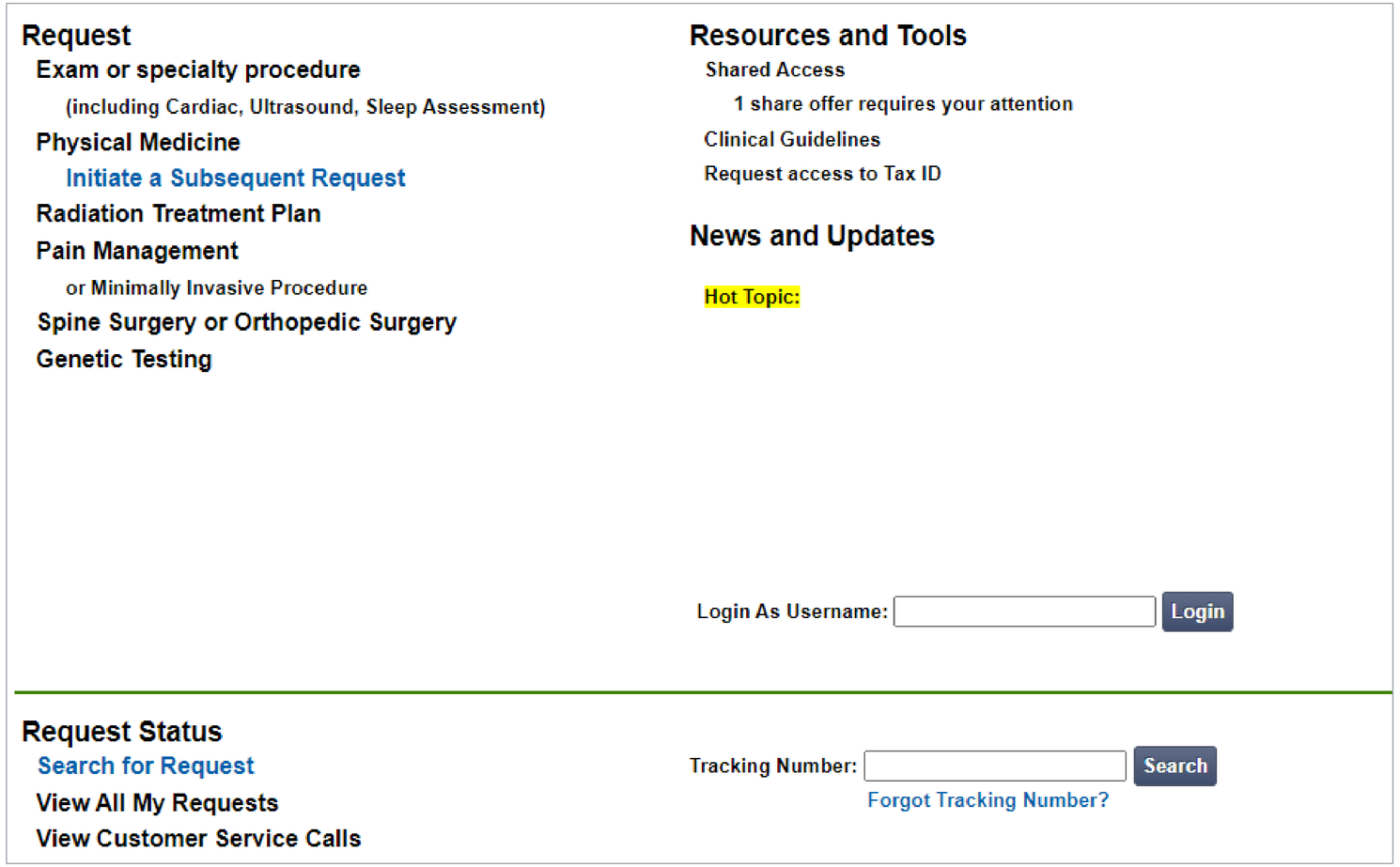


Shared Access

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.



When to Contact Evolent

Initiating or checking the status of an authorization request	• Website: RadMD.com • 1-800-308-2615 Medicaid • 1-800-424-4825 Medicare
Initiating a Peer-to-Peer Consultation	• 1-800-308-2615 Medicaid • 1-800-424-4825 Medicare
Provider Service Line	• RadMDSupport@Evolent.com • Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	Lori Fink *Provider Relations Manager* 1-410-953-2621 • lfink@evolent.com

RadMD Demonstration

THANK YOU!