

Provider Bulletin

Molina Healthcare of Nevada

July 2024

Evolent: New Century Health is now Evolent

Dear Providers,

Molina Healthcare of Nevada would like to announce that New Century Health (NCH) has rebranded and is now Evolent.

Molina has partnered with Evolent for utilization management of cardiology and oncology procedures for its members.

Please refer to the attached Evolent resources for more information.

Thank you for your continued partnership.

Questions?

We're here to help. Contact your Provider Relations Representative or email the Provider Relations team at NVProviderRelations@MolinaHealthcare.com.

To learn more about provider updates, visit MolinaHealthcare.com/NV.

SERVICE AREA	Nevada		
LINES OF BUSINESS (LOB)	<p align="center"> Molina Healthcare of Nevada Medicaid Members Members 18 years of age and older Effective April 1, 2022 </p>		
CARDIOLOGY SCOPE	SERVICES	COVERAGE	AUTHORIZATION
	<ul style="list-style-type: none"> ▪ Non-Invasive Cardiology ▪ Non-Invasive Vascular ▪ Cardiac Cath and Interventional Cardiology ▪ Vascular Radiology and Intervention ▪ Vascular Surgery ▪ Thoracic Surgery ▪ Cardiac Surgery ▪ Electrophysiology 	<p>Place of Treatment:</p> <p>11 - Provider office 19 - Outpatient offcampus* 22 - Outpatient oncampus* 21 - Inpatient* 24 - Ambulatory*</p> <p>*Professional component of elective services only</p>	<p>Authorization required for:</p> <p>All planned/elective services listed, ordered by all specialties being performed in the covered places of treatment.</p> <p>Evolent will be managing approvals and denials. Grievance and appeals will remain a function of the health plan.</p>
AUTHORIZATION PROCESS	<p>Provider's office may request authorization from Evolent via the following methods:</p> <p><i>We respectfully ask you to submit requests via web portal allowing 5 days for the authorization process.</i></p> <p>Log on to the Evolent Carepro portal at https://my.newcenturyhealth.com Telephonic Intake: 888-999-7713 Cardiology - Option 1</p> <p>Physician Discussions: 888-999-7713 Option 1, followed by sub-prompt.</p> <p>Evolent Hours of Operation 8:00 AM - 6:00 PM EST (Monday - Friday)</p> <p>When submitting requests via Evolent's web portal, if a pathway is not selected or auto-approval is not attained, the provider <u>must upload the required supporting documentation</u> to the request for Evolent to review.</p> <p>For questions regarding the Evolent authorization process or to request an Evolent Inservice, please contact Evolent Provider Solutions: 888-999-7713, Option 6 or send an email to providertraining@newcenturyhealth.com.</p>		

EVOLENT TURNAROUND TIMES (TAT)	Line of Business	Medical Services	
		Standard	Expedite
	Medicaid	6 Calendar Days	48 Hours
TRANSITION OF CARE	Authorizations previously issued by Molina Healthcare prior to 04.01.2022 will remain in effect until the authorization expiration date or until there is a change in treatment, at which point an authorization will be required through Evolent. Additionally, please note this program applies to any CPT/HCPCS codes for ICDs within Evolent's review scope that previously did not require PA from Molina Healthcare.		
RETRO AUTHORIZATIONS	Providers can submit Same Day Diagnostic and procedure authorization requests up to 10 business days from the date of service (DOS) / Treatment start date (TSD). Procedure must meet medical necessity criteria.		
EVOLENT PROVIDER SOLUTIONS	Please contact your Sr. Advisor, Practice Performance with any questions or to request Evolent in-service/training: Name: Precious McClendon-McCray Email: pmcclendon@evolent.com Phone: 1.571.832.0329		
PROVIDER ADDS, TERMS, CHANGES	Please report all provider additions, terminations and/or demographic change requests by submitting the applicable Provider Addition or Provider Change Forms to Molina Healthcare. Forms are available at https://www.molinahealthcare.com/providers/mi/medicaid/home.aspx . If provider is not found within Evolent Health's system when calling Evolent, you will be directed to Molina Healthcare to update provider information and submit your request. Evolent Health will not be able to load any provider or practice information into our system unless received directly from Molina Healthcare.		
EVOLENT RESOURCES	Resources available under "Useful Tool/Useful Documents" in Evolent's Carepro Portal: <ul style="list-style-type: none"> • CPT-ICD-HCPCS Cardiology Crosswalk • Cardiology Pathways Guide 		
EVOLENT CLINICAL LEADERSHIP	Andrew Hertler, MD, FACP Chief Medical Officer Antony Kim, MD Vice President, Cardiovascular Medicine Martin Yussman, MD Medical Director, Cardiovascular		
EXCLUSIONS	<ul style="list-style-type: none"> • Places of treatment and services not specifically listed as in scope • Behavioral health specialties are OOS Rev061124 • DME/Equipment requests • Heart Transplants and related services • Inpatient facility services • Laboratory services • Left ventricular assist device [LVAD] • Members outside the service area • Medicare members • Non-Par providers 		
EXCLUSIONS	<ul style="list-style-type: none"> • Patients 17 years and under • Pharmacy services • Post-acute care facility services 		

- Providers outside the service area (If not included in the Molina Provider File)
- Retrospective requests
- Services outside of included CPT scope • Trauma services

SERVICE AREA	Nevada		
LINES OF BUSINESS (LOB)	<p>Effective Date: October 1, 2022 Molina Healthcare Members 18 years of age or older Evolut review scope includes the following services ordered by ALL SPECIALTIES Evolut manages approvals and denials</p>		
EVOLUT ONCOLOGY MEDICATION SCOPE	SPECIALTIES	COVERAGE	AUTHORIZATION
	<ul style="list-style-type: none"> Gynecologic Oncology Hematology Medical Oncology Neurological Oncology Surgical Oncology Urology 	<p>Place of Treatment: 11-Doctor's office 19-Outpatient off-campus 22-Outpatient on-campus 24-Ambulatory</p> <p>Cancer Diagnosis = C00 - D09.0, D37.01 - D49.9, D61.810, D61.82, D70.1, E34.0</p> <p>Hematology Diagnosis = D63.0, D64.0 - D64.81, D72.822, D75.81</p>	<p>Authorization required for: Infused, injectable, and oral* chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications.</p> <p><i>* Pharmacy benefit oral agents submitted in a request combined with infused/injectable cancer agents are in scope and will be reviewed by Evolut for preauthorization; Pharmacy benefit single oral agent requests are out of scope for Evolut and preauthorization must be obtained from Molina Healthcare.</i></p>
EVOLUT RADIATION ONCOLOGY SCOPE	DIAGNOSIS CODES	COVERAGE	AUTHORIZATION
	<p>Cancer-Related Diagnosis: (Same as above) C00 - D09.0, D37.01 - D49.9, D61.810, D61.82, D63.0, D64.0 - D64.81, D70.1, D72.822, D75.81, E34.0</p>	<p>Place of Treatment: (same as above) 11-Doctor's office 19-Outpatient off-campus 22-Outpatient on-campus 24-Ambulatory</p>	<p>Authorization required for:</p> <ul style="list-style-type: none"> •Brachytherapy •Conformal •IMRT (Intensity-modulated radiation therapy) •SBRT (Stereotactic Body Radiation Therapy) •IGRT (Image-guided radiation therapy) •2D, 3D (2 or 3 dimensional) •SRS (Stereotactic radiosurgery) •Radiopharmaceuticals •Proton and Neutron Beam Therapy

AUTHORIZATION PROCESS

Ordering provider’s office must submit treatment requests to Evolent for prior authorization.

- Log on to the Evolent Carepro portal at <https://my.newcenturyhealth.com>
- Telephonic Intake: 888.999.7713
 - Medical Oncology - option 2
 - Radiation Oncology – option 3
- Physician Discussions: 888.999.7713
 - Medical Oncology - option 2, followed by option 5
 - Radiation Oncology – option 3, followed by option 5

HOURS OF OPERATION

Monday – Friday, 5:00 AM – 5:00 PM PST / 8:00 AM - 8:00 PM EST (Fully Staffed)
 Saturday, 5:00 AM – 6:00 PM PST / 8:00 AM – 9:00 PM EST (Limited Staff) *
 Sunday, 6:00 AM – 3:00 PM PST / 9:00 AM – 6:00 PM EST (Limited Staff) *

After hours call coverage available from Monday – Friday, 6PM – 5AM PST / 9:00 PM – 8:00 AM EST

- The following criteria will be required when searching for members:
 - MEMBER ID – LAST NAME – FIRST NAME – DATE OF BIRTH**
- The Evolent authorization will start with an “AR” followed by at least 4 digits (e.g., AR1000). It is valid for the duration indicated on the Medication Request Authorization (MRA). Please submit claims to Molina Healthcare using the Evolent prior authorization number.

For questions regarding the Evolent authorization process or to request an Evolent in-service, please contact Evolent Provider Solutions: 888.999.7713, option 6 or send an email to providertraining@newcenturyhealth.com

EVOLENT TURNAROUND TIMES (TAT)	Line of Business	Part B Medications		Part D Medications	
		Standard	Expedite	Standard	Expedite
	Medicaid	14 Calendar Days	72 Hours	24 hours	24 Hours
	Line of Business	Radiation Oncology Medical Services			
		Standard		Expedite	
	Medicaid	14 Calendar Days		72 Hours	

- TRANSPLANT SERVICES**
- **Pre-Transplant:** Send all chemotherapy/radiation regimen requests to Evolent for review.
 - **Post-Transplant:** Transplant-related chemotherapy/radiation authorization requests within 1-year post-transplant should be sent to the health plan for review.

RETRO AUTHORIZATIONS

Retrospective authorizations are out of scope; the provider is to contact Molina Healthcare.

EVOLENT PROVIDER SOLUTIONS

Please contact your Evolent Provider Solutions Manager with any questions or to request Evolent in-service/training:

Name: Nicole Bright
 Email: nbright@evolent.com
 Phone: 571-370-9803

<p>PROVIDER ADDS, TERMS, CHANGES</p>	<p>Please report all provider additions, terminations and/or demographic change requests to Molina Healthcare by submitting the Provider Information Update Form. This form is available at https://www.molinahealthcare.com/providers/ky/medicaid/forms/fuf.aspx. If a provider is not found within Evolent’s portal or when calling Evolent, you will be directed to Molina Healthcare to update provider information and submit your request. Evolent will not be able to load any provider or practice information into our system unless received directly from Molina Healthcare.</p>
<p>EVOLENT RESOURCES</p>	<p>Resources available under “Useful Tool/Useful Documents” in Evolent’s Carepro portal:</p> <ul style="list-style-type: none"> • Clinical Data Elements: A resource tool to assist with answering the clinical questions presented during the prior authorization process. • Dose Optimization: As per the Hematology/Oncology Pharmacy Association (HOPA), rounding of biologic and cytotoxic agents within 10% of the standard dose is designated as acceptable for routine clinical care in both the curative and incurable settings; and changes less than or equal to 10% are not expected to reduce the safety or effectiveness of therapy. Evolent offers dose rounding for many chemotherapy drugs and encourages you to take advantage of the dose rounding opportunity by accepting the calculated dose. Neither accepting nor overriding the dose-rounded calculation has any impact on your authorization’s potential for auto-approval. • Evolent Level 1 Pathways: http://pathways.newcenturyhealth.com. <i>Please share this link with your pharmacy and clinical team.</i> • Oncology Supporting Documentation Grid (SDG) • Radiation Oncology Coding Guide: A resource tool to assist providers on how to submit radiation oncology treatment requests using appropriate CPT codes and quantities based on the number of treatments ordered.
<p>EVOLENT CLINICAL LEADERSHIP</p>	<p>Andrew Hertler, MD, FACP Chief Medical Officer Juhee Sidhu Vice President of Oncology Hugh Wallace, MD Sr. Medical Director Stanley Rubin, MD Sr. Medical Director Joel Schwartz, DO Radiation Oncology</p>
<p>EXCLUSIONS <i>Requests will be forwarded to Molina Healthcare.</i></p>	<ul style="list-style-type: none"> • Bone Marrow, Stem Cell Transplants • Inpatient Radiation and Chemotherapy Treatments (IP place of treatment will be an option for CAR-T cell requests only other IP requests are OOS) • Genetic Testing and Laboratory Services • Pediatric members • Retrospective Requests • Surgeries/ Surgical Procedures • Antibiotics • Any radiation therapies not included in the list of in-scope services • CKD/ESRD Patients/Medications (When submitted with an OOS diagnosis or non-cancer diagnosis) • Controlled Substances not included in the Evolent HCPCS scope (i.e., Morphine) • Diagnostic Imaging and Diagnostic Testing • Diagnostic Radioisotopes • Equipment Requests (infusion pumps) • Hemophilia Drugs • Home Health • Medical supplies/DME • Members outside of the service area • Any Specialties, Diagnoses, HCPCS/ CPT Codes, Places of Treatment, and Lines of Business outside the defined scope

- Clinical Trials
- Pharmacy benefit requests are out of scope.
- Surgeries/ Surgical Procedures