

**Frequently Asked Questions:  
Interventional Cardiology and Musculoskeletal Surgery (MSK) Programs**

**Neighborhood Health Plan of Rhode Island  
(Medicaid & Medicare lines of business)**

**Authorizations can be Initiated: January 1, 2026  
Claims Require Authorization: February 1, 2026**

- **Who is Evolent?**
  - Evolent is a comprehensive interventional cardiology and MSK quality management company whose goal is to apply evidence-based treatment to the delivery of care.
- **What is included in the Quality Management Programs?**
  - These programs provide prior authorization management for **non-emergent** Joint Surgery, Spine Surgery or Interventional Cardiology services rendered in outpatient and inpatient settings. These programs emphasize and support the selection of evidenced-based pathways for patient care and authorizations are administered by Evolent.
  - The services in scope can be found here for [Joint/Spine surgeries](#) and [Interventional Cardiology services](#).
- **What membership is included in these programs?**
  - Neighborhood Health Plan of Rhode Island (Neighborhood) Medicaid and Medicare plans.
- **When will these programs begin?**
  - Authorizations can be initiated within Evolent's portal as of January 1, 2026.
  - Claims require authorization with dates of service on/after February 1, 2026.
- **How can a physician's office request training for this program?**
  - Information and training dates for the programs will be provided in October 2025.
  - If you have questions about Evolent programs, please email [providertraining@evolent.com](mailto:providertraining@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.
    - Specialty matched peer-to-peer reviews.
    - Dedicated provider engagement representatives.

- **What is the transition of care process?**
  - Authorizations issued before February 1, 2026, are effective until the authorization end date.
    - Upon expiration, authorization requests must be submitted to Evolent.
  - For services/treatment that did not require an authorization prior to January 1, 2026, an authorization will be required from Evolent for service/treatment dates on and after February 1, 2026.
- **When will Evolent begin accepting authorization requests?**
  - Evolent will begin accepting requests on January 1, 2026, for services rendered on or after January 1, 2026.
- **Who is responsible for obtaining prior authorization?**
  - Ordering or rendering providers are responsible for obtaining authorization prior to rendering Joint Surgery, Spine Surgery or Interventional Cardiology services.
  - Providers rendering any of the services listed above should verify that the necessary authorization has been obtained by visiting [RadMD.com](https://www.radmd.com) or calling Evolent at 1-877-469-7949. Failure to do so may result in non-payment of claims.
- **How do I obtain prior authorization?**

Providers are encouraged to utilize RadMD, ([RadMD.com](https://www.radmd.com)) to request prior authorization or call 1-877-469-7949.
- **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
Medicare	7 business days	72 calendar hours

- **What services or treatments are included in these programs?**

**The Interventional Cardiology program will apply to all specialties for the following services:**

- Cardiac catheterization and intervention
- Electrophysiology
- Vascular radiology and intervention
- Cardiac surgery
- Vascular surgery

**The musculoskeletal surgery (MSK) program will apply to all specialties for the following services**

- Lumbar and cervical spine surgery
- Hip, knee, and shoulder surgery
- The services in scope can be found here for [Joint/Spine surgeries](#) and [Interventional Cardiology services](#).

- **Who reviews prior authorization requests?**
  - Evolent medical reviewers are licensed practitioners using nationally recognized clinical guidelines when performing reviews.
  - Clinical guidelines are available at [RadMD.com](https://www.radmd.com).
- **What is the difference between RadMD tracking and RadMD authorization (Request ID) numbers?**
  - RadMD tracking numbers consist of only numeric digits and are available once the authorization has been submitted.
  - RadMD tracking numbers 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 RadMD authorizations valid?**
  - Authorizations are valid for 60 calendar days from the date of service, if no date of service, then it will be 60 calendar days from request date.
- **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 Neighborhood's provider manual.
- **Who is responsible for responding to grievances and appeals?**
  - Neighborhood will maintain the grievance process for Medicaid and Medicare members and the appeal process for Medicare members.
  - Evolent reviews appeals for Medicaid members.
- **What will happen if the physician does not request and obtain an authorization?**
  - If authorization is not obtained, Neighborhood may deny payment for the relevant services. Members are not to be held responsible or billed for denied charges/services. Providers may only be able to collect the applicable cost share amount directly from the member.