



Frequently Asked Questions: Cardiology Management Program

WellCare of North Carolina (WellCare) Medicaid Effective May 1, 2024

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive cardiology quality management company whose goal is to apply evidence-based treatment to the delivery of cardiology care.
- **What is the Cardiology Quality Management Program?**
 - The Cardiology Quality Management Program provides prior authorization management for invasive cardiology services rendered in a physician's office, outpatient hospital, and ambulatory or inpatient setting (planned professional services only). The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.
- **What members are included in this program?**
 - WellCare Medicaid members of all ages.
- **When will the program begin?**
 - The program will begin **May 1, 2024**.
- **How can a physician's office request training for this program?**
 - A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at **1-888-999-7713, Option 6** or email providertraining@newcenturyhealth.com. You can also self-register for an introductory meeting online at my.newcenturyhealth.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Eligibility verification
 - Physician discussions with cardiologists
 - Support staff with dedicated provider solutions representatives available to assist
- **How do I contact Evolent authorization support?**
 - Call **1-888-999-7713 (Option 1)**. Staff is available Monday-Friday 8:00 a.m. to 8:00 p.m. EST.

- **What is the transition of care process?**
 - WellCare approvals issued before **May 1, 2024**, are effective until the authorization end date. Starting **May 1, 2024**, please submit prior authorization requests to Evolent.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering cardiology services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Online my.newcenturyhealth.com.
 - Via telephone at 1-888-999-7713 (Option 1)
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.

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

The program will apply to all specialties for the following invasive cardiovascular services only:

Aneurysm Surgery
Aortic Valve Surgery
Atrial Septal Defect (ASD) Repair
Bypass Surgery
Coarctation of Aorta Repair
Coronary Artery Bypass Surgery
Coronary Intervascular Ultrasound (IVUS)
Coronary Intervention
Device Implantation (Defibrillator, Pacemaker)/Electrical Cardioversion
Device Monitoring*
Diagnostic Cardiac Catheterization
Electrophysiology (EP) Ablation
Electrophysiology Studies (EPS)
Fractional Flow Reserve (FFR)
Left Heart Catheterization
Mitra Clip
Mitral Valve Surgery
Myocardial Procedure
Patent Ductus Arteriosus (PDA) Repair
Peripheral Angiography
Pulmonary Artery (PA) Pressure Sensor Procedure
Pulmonary Artery (PA) Repair
Pulmonary Valve Surgery
Shunt Surgery
Transcatheter Aortic Valve Replacement (TAVR)

Tricuspid Valve Surgery
Vascular Access Device
Venous Intervention
Ventricular Septal Defect (VSD) Repair

*93745 and 93292 are in-scope for Evolent to review in relation to Life Vest Programming

- **Who reviews cardiology requests?**
 - Evolent medical reviewers are licensed cardiologists using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at my.newcenturyhealth.com or by contacting Evolent at 1-888-999-7713, Option 1.
- **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 will the Evolent authorization number look like, and how long is it valid?**
 - The Evolent authorization will start with “AR” followed by at least four digits (e.g., AR1000) and be valid for the 60-day duration indicated on the Service Request Authorization (SRA).
- **Which place(s) of service are included in this program?**
 - Cardiology services rendered in a physician’s office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only),
- **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 your Provider Manual.
- **Who is responsible for responding to grievances and appeals?**
 - WellCare 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, WellCare may deny payment for the relevant services. Members may not 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.