



**Frequently Asked Questions:
Radiation Oncology Quality Management Program**

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

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive oncology and radiation oncology quality management company whose goal is to apply evidence-based treatment to the delivery of oncology care.
- **What is the Oncology Quality Management Program?**
 - The Oncology Quality Management Program provides prior authorization management for your radiation oncology treatments. 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 oncologists and radiation oncologists
 - Support staff with dedicated provider solutions representatives available to assist
- **How do I contact Evolent authorization support?**
 - Call **1-888-999-7713 (Radiation Oncology - Option 3)**. 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 radiation oncology 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 (Radiation Oncology – Option 3)
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.
- **What drugs require prior authorization?**
 - The Oncology Quality Management Program, administered by Evolent, requires prior authorization management for all radiation oncology services for your Medicaid members with a diagnosis code included in the following range:

Cancer = C00 – D09, D37-D44, E34.0

Hematology Diagnosis = D45-D49, D59.10-D59.19, D61.81, D61.82, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.3, D69.41, D69.59, D69.6, D69.8, D69.9, D70.1-D70.9, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82

N&V = R11

- **Which specialties are included in the Oncology Quality Management Program?**
 - Radiation oncology will submit their prior authorizations through Evolent.
- **Who reviews radiation oncology requests?**
 - Evolent medical reviewers are licensed radiation oncologists 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 3 for radiation oncology.
- **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). It is valid for the duration indicated on the Medication Request Authorization or Service Request Authorization (SRA).
- **Which place(s) of service are included in this program?**
 - Radiation oncology services rendered in a physician’s office, in an outpatient hospital or ambulatory setting,

- **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.