



December 6, 2024

Dear Provider,

Centene has partnered with Evolent (formerly New Century Health), to implement a new prior authorization program. Evolent's Cardiology Solutions Program is intended to help providers effectively deliver quality patient care.

Effective March 1, 2025, interventional cardiovascular procedures and services will require prior authorization through Evolent prior to being rendered in a provider office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only). This prior authorization management program will apply to your PA Health & Wellness' Wellcare by Allwell (Medicare) members 21 years of age and older and Ambetter from PA Health & Wellness (Marketplace) members 18 years of age and older.

Evolent uses clinical criteria based on nationally recognized guidelines to promote evidence-based practices. Providers may begin contacting Evolent on March 1, 2025, to seek prior authorization for procedures scheduled on or after March 1, 2025.

The Evolent program will apply to all specialties for the following interventional cardiovascular services:

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

Prior authorization requests for interventional cardiology services can be submitted to Evolent:

- Evolent (CarePro) provider portal at my.newcenturyhealth.com.
- Via telephone at 1.888.999.7713, cardiology (option 1). Staff are available Monday - Saturday from 8:00 a.m. to 8:00 p.m. EST.

Evolent offers providers the ability to:

- Real-time member eligibility verification through the Evolent CarePro portal prior to entering a treatment plan.
- Obtain real-time approvals when selecting evidence-based treatment care pathways.
- Determine the clinical documentation required for medical necessity review.
- View all submitted requests.
- A true peer-to-peer match with clinicians to discuss treatment options.



- A dedicated Evolent Provider Solutions Manager to use as a direct point-of-contact for any issues or questions.

Approvals issued before March 1, 2025, 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 March 1, 2025, an authorization may be required from Evolent for service/treatment dates on and after March 1, 2025.

Centene is proud to be your healthcare partner. If you frequently request interventional cardiovascular services and are new to this process, Evolent representatives will contact you soon to schedule an introductory meeting and in-service training.

We will provide additional information as we get closer to the implementation date. If you have questions, please contact the appropriate Provider Services Department; Wellcare by Allwell HMO/PPO: 1.800.977.7522; (TTY: 711), HMO/PPO D-SNP: 1.844.796.6811; (TTY: 711); Ambetter from PA Health & Wellness 1.833.510.4727 (TTY: 711). If you have questions about the Evolent Cardiology Solutions Program, please email providertraining@evolent.com or call 1.888.999.7713, (option 6).

We look forward to offering you this program and hope it will enhance your experience with cardiology service authorizations.

Sincerely,
PA Health & Wellness



Frequently Asked Questions: Cardiology Solutions Program

Wellcare by Allwell (Medicare)
Ambetter from PA Health & Wellness (Marketplace)
Effective March 1, 2025

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive Cardiology Solutions Program's goal is to apply evidence-based treatment to the delivery of cardiovascular care.
- **What is the Cardiology Solutions Program?**
 - The Cardiology Solutions Program provides prior authorization management for interventional cardiovascular 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 by Allwell (Medicare) members 21 years of age and older and Ambetter from PA Health & Wellness (Marketplace) members 18 years of age and older.
- **When will the program begin?**
 - The program will begin **March 1, 2025**.
- **How can a physician's office request training for this program?**
 - A Provider Solutions Manager 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@evolent.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 am to 8:00 am EST
- **What is the transition of care process?**
 - Approvals issued before **March 1, 2025**, are effective until the authorization end date. Beginning **March 1, 2025**, please submit prior authorization requests to Evolent.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering cardiovascular 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?**

Request Type	Medicare - Marketplace
Medical Services	Standard: Within 2 business days Expedited: Within 24 hours

- **What services / specialists are included in the program?**
The program will apply to all specialties for the following interventional cardiovascular services only:
 - Cardiac catheterization and intervention
 - Electrophysiology
 - Vascular radiology and intervention
 - Cardiac surgery
 - Vascular surgery
- **Who reviews cardiovascular 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 seven digits (e.g., AR1000000) 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?**
 - Cardiovascular 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 by Allwell (Medicare), and Ambetter from PA Health & Wellness (Marketplace) 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 by Allwell (Medicare), and Ambetter from PA Health & Wellness (Marketplace) 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.