



# HMSA Medical Specialty Solutions

# Evolut\*

## Program Agenda

### Our Medical Specialty Program



#### Authorization Process

- Clinical Foundation and Review
- Clinical Review Process
- Notification of Determination



#### Provider Tools and Contact Information



#### RadMD Demo



#### Questions and Answers

*\* Evolut performs medical specialty services for selected procedures on behalf of HMSA*

# Evolut Specialty Solutions

National Footprint / Experience



## National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **88 health plans/markets** – partnering with Evolut for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an Evolut Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Commercial/Medicaid/Medicare Expertise/Insights

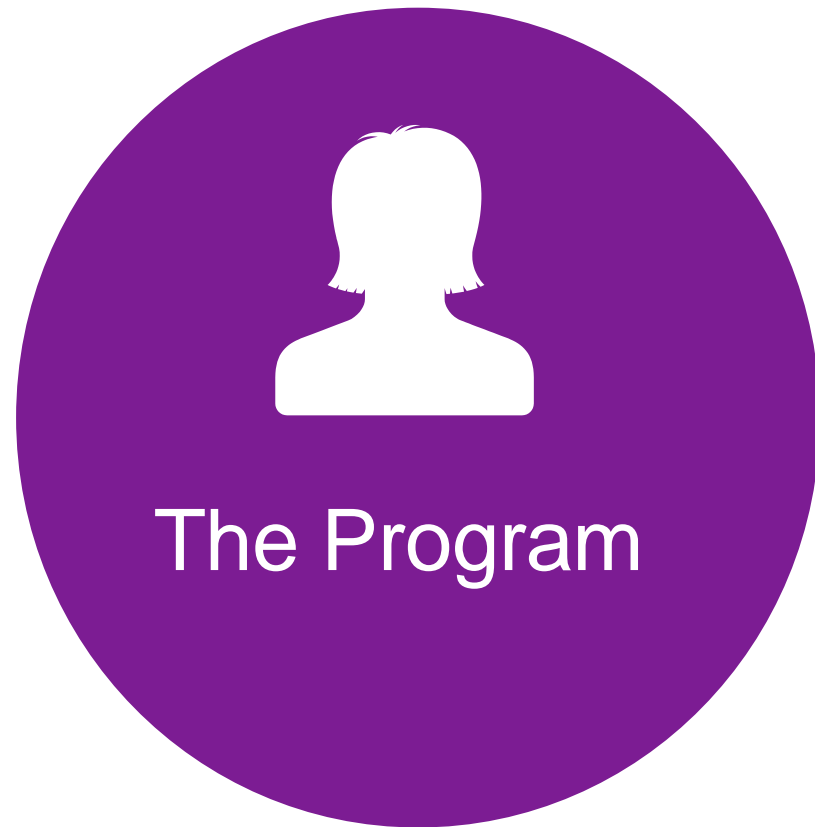
- ✓ **42 Commercial and 56 Medicaid plans/markets** with Evolut Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 22M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

## Intensive Clinical Specialization & Breadth

- ✓ **Specialized Physician Teams**
  - 160+ actively practicing, licensed, board-certified physicians
  - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

# Evolut's Medical Specialty Prior Authorization Program



## The Program

- HMSA will begin a prior authorization program through Evolut for the management of Medical Specialty Services.



## Procedures & Settings Included

- Settings:
- Office
  - Outpatient Hospital



## Membership Included

- QUEST Integration
- Commercial Programs
- Akamai Advantage



## Network

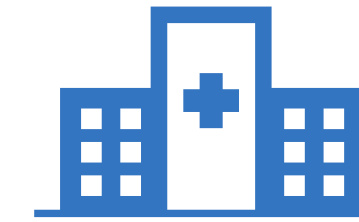
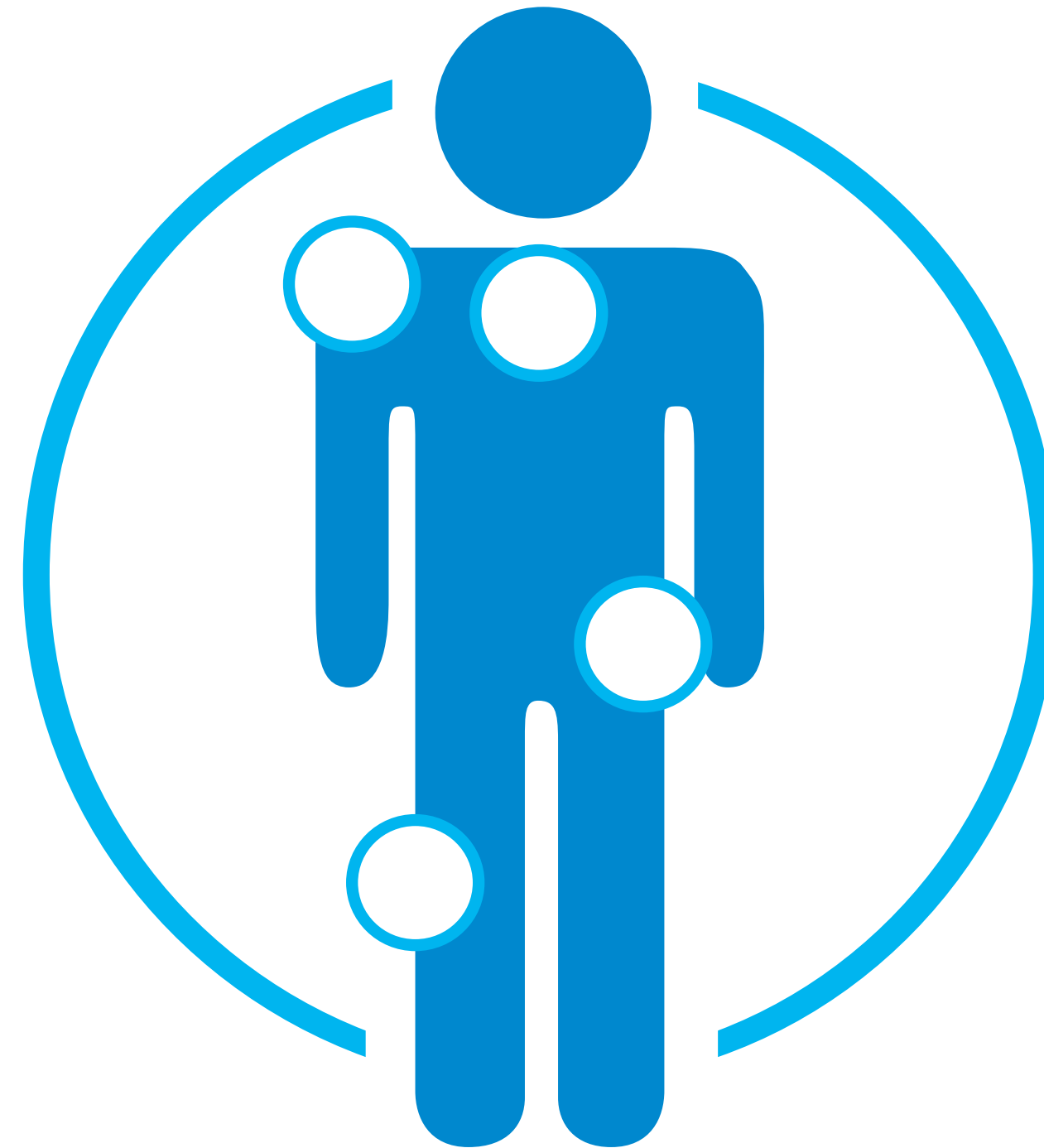
- Evolut will manage non-emergent select services for HMSA Lines of Business (LOB) through HMSA's contractual relationships.

# Evolut's Prior Authorization Program



## Procedures Requiring Authorization\*

- CT/CTA
- CCTA
- MRI/MRA/MRS
- PET Scan
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Stress Echocardiography
- Left Heart Catheterization
- Cardiac Implantable Devices (defibrillator, pacemaker)
- Interventional Pain Management – Spine
- Inpatient and Outpatient Musculoskeletal surgeries
- Physical Medicine (Physical and Occupational Therapy, Chiropractic Care)



## Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient (excluding elective MSK surgeries)
- Observation room
- Emergency Room/urgent care facility
- Ambulatory Surgical Facility (non-cardiac services only)\*

\*Exception: Prior authorization is required for Cardiac Catheterizations performed at an Ambulatory Service Center (ASC). See separate Cardiac Solutions Quick Reference Guide for more information.

# List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.



CPT Codes and their Allowable Billable Groupings.



Located on [RadMD.com](https://www.radmd.com).




Defer to HMSA's Policies for Procedures not on Claims/Utilization Review Matrix.


Authorized CPT Code	Description	Allowable Billed Groupings
33225	Cardiac Resynchronization Therapy (CRT)	33221, 33224, 33225, 33231
33249	Implantable Cardioverter Defibrillator (ICD)	33230, 33240, 33249
33208	Pacemaker Insertion	33206, 33207, 33208, 33212, 33213
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553, +0698T
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, +0722T
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +0722T



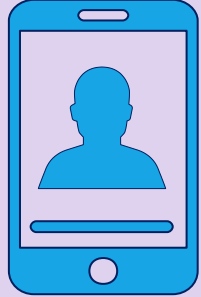
# Prior Authorization Process Overview



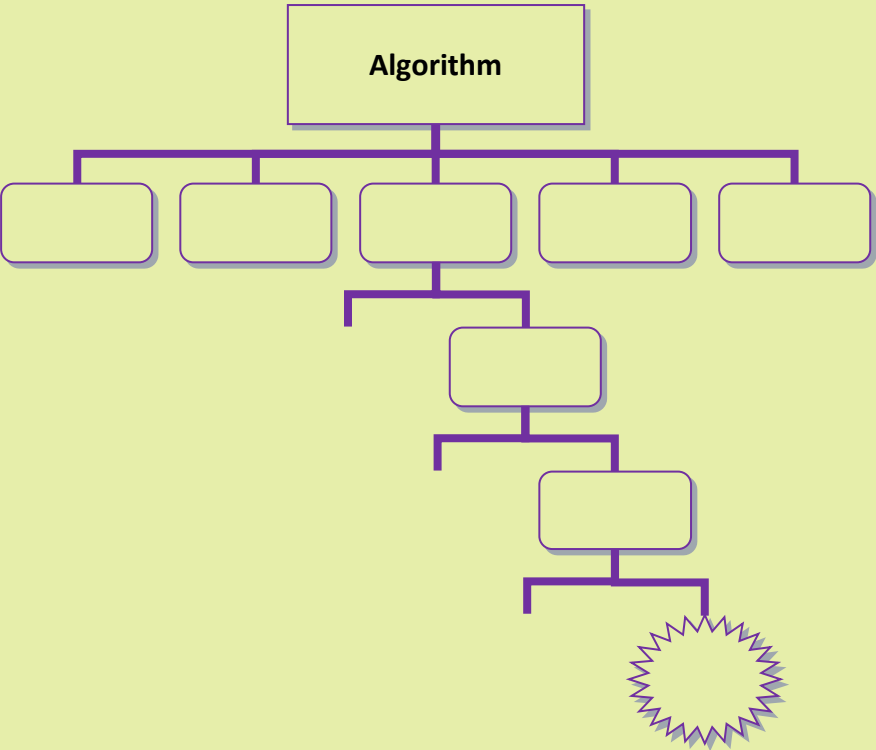
**Ordering Physician is responsible for obtaining prior authorization.**



**Submit Requests Online Through RadMD.com**



**or by Phone**




**Information evaluated via algorithm and medical records**

Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX – 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147.
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

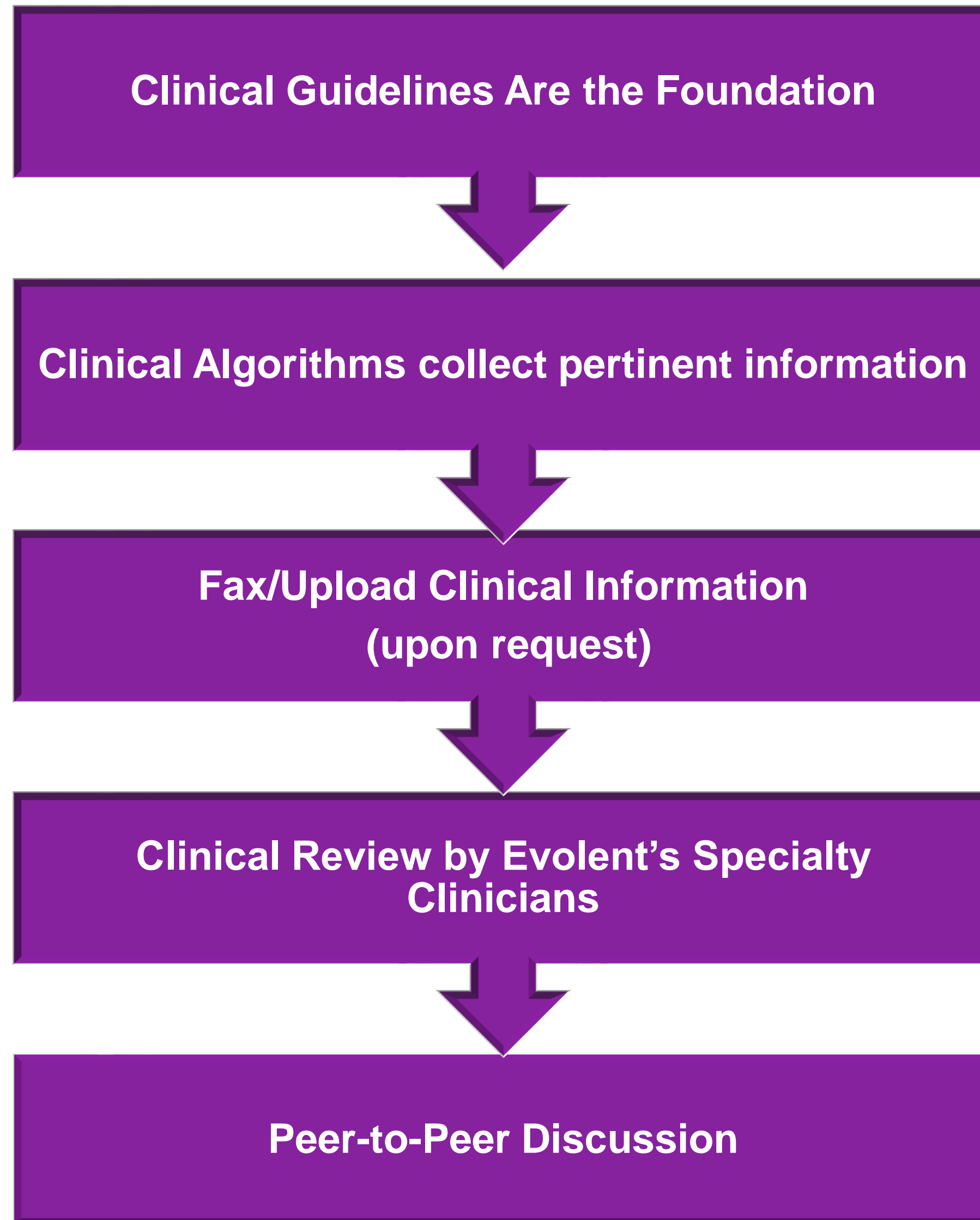
**Service Authorized**



**Rendering Provider Performs Service and ensures authorization was obtained**



# Evolut's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Plan and Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](http://RadMD.com)**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolut has a specialized clinical team focused on medical specialty.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**



# Member and Clinical Information Required for Authorization

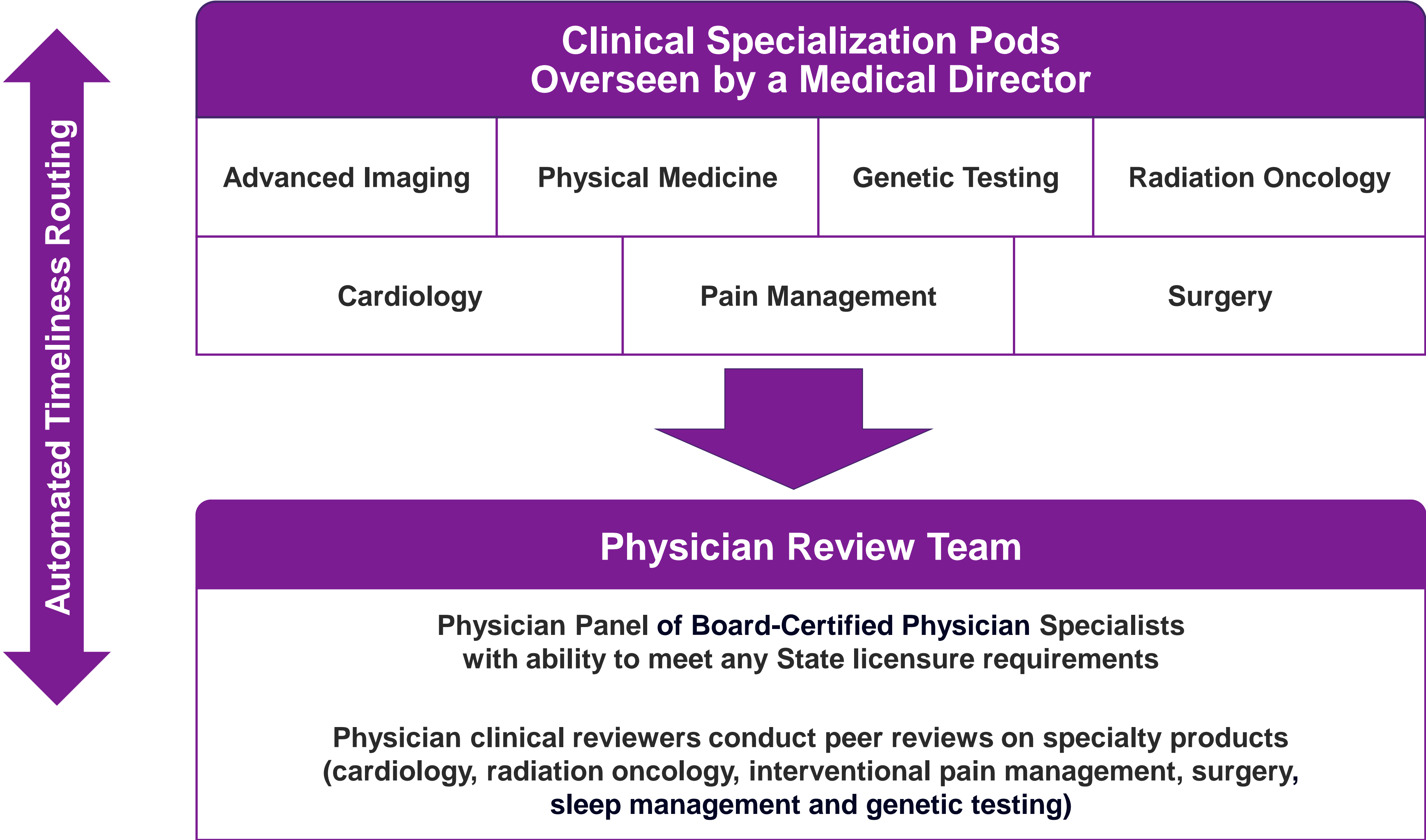
## General

- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

## Clinical Information

- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

# Clinical Specialty Team Review



# Document Review

- ✔ Evolent may request member's medical records/additional clinical information.
- ✔ When requested, validation of clinical criteria within the member's medical records is required before an approval can be made.
- ✔ Ensures that clinical criteria that supports the requested test are clearly documented in medical records.
- ✔ Helps ensure that members receive the most appropriate, effective care.



# Evolut to Physician: Request for Clinical Information

CC\_TRACKING\_NUMBER FAXC

**NIA**

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE:	TRACKING NUMBER:	CC TRACKING NUMBER:
RE: Authorization Request	MEMBER ID:	MEMBER ID:	
PATIENT NAME:	MEMBER NAME:		
HEALTH PLAN:	CAR NAME:		

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # \_\_\_\_\_) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call \_\_\_\_\_

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: \_\_\_\_\_ Date of Re-evaluation: \_\_\_\_\_

RESULTS OF OBJECTIVE TESTS AND MEASURES: \_\_\_\_\_

\_\_\_\_\_



A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information may result in non certification.



# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to <https://www.RadMD.com>
  - Fax using that Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from <https://www.RadMD.com>
- Use the case specific fax coversheets when faxing clinical information to Evolent

**Exam Request Verification: Detail**

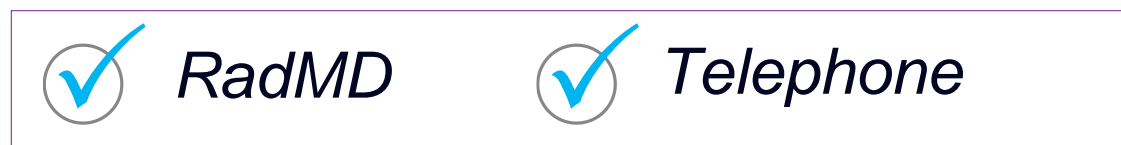
Upload Clinical Document    Print Fax Cover Sheet    Request Additional Visits

**Cases in this Request**

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female	Address:	123 Main St, New City, ST 12345
Date of Birth:	5/24/1971	Phone:	123-456-7890
Member ID:	AB123456	Tax ID:	987654321
Health Plan:	ABC Health Plan HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

# Medical Specialty Clinical Review Process

## Physicians' Office Contacts Evolent for Prior Authorization



## Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

✓ *Designated & Specialized Clinical Team interacts with Provider Community.*



✓  
*Key Evolent Differentiators*

## System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Additional clinical information required

## Evolent Specialty Physician Reviewers

- Evolent Physician approves case without peer-to-peer

✓ *Peer-to-peer outbound attempt made if case is not approvable*

- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

**Generally, the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information**

# Evolut Urgent Authorization Process

## Urgent Authorization Process

- If an urgent clinical situation exists outside of a hospital emergency room
  - During business hours, please call the Evolut call center at 1-866-306-9729 to submit your urgent request.
    - Monday – Friday 6 a.m. to 6 p.m. Hawai'i time
  - RadMD may be used for requests meeting clinically urgent criteria.
  - Evolut and HMSA will monitor the urgent case review process to make sure that the requests meet the definition of clinically urgent.

# Notification of Determination

## Authorization Notification

- Validity Period - Authorizations are valid for:
  - 90 days from date of request
  - If no date of service is given, 90 days from the date of request
  - Urgent requests: 3 days from date of request

## Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A reconsideration/re-review/re-open may be available with new or additional information
- Timeframe for reconsideration/re-review (commercial plan and QUEST Integration) is 60 calendar days.
- Timeframe for re-opens (Akamai Advantage) must be done within 1 year of denial date for any reason.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.



# Claims and Appeals

## How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to HMSA.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the HMSA website at <https://hhin.hmsa.com/>

## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through HMSA.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# Provider Tools



## RadMD Website [RadMD.com](https://www.radmd.com)

### Available



24/7 (except during maintenance, performed every third Thursday of the month from 6-9 pm Hawai'i Time)

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**Toll-Free Number**  
**1-866-306-9729**

### Available



**Monday - Friday**  
**6:00 AM – 6:00 PM**  
**Hawai'i Time**

- Request Authorization
  - View Authorization Status
  - View and manage Authorization Requests with other users
  - Upload Additional Clinical Information
  - View Requests for additional Information and Determination Letters
  - View Clinical Guidelines
  - View Frequently Asked Questions (FAQs)
  - View Other Educational Documents
- 

- Interactive Voice Response (IVR) System for authorization tracking

# Evolut's Website

<https://www.RadMD.com>

## RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility.

## Online Tools Accessed through <https://www.RadMD.com>:

- Evolut's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Imaging and Cardiac Checklists
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



2. -- Please Select an Appropriate Description --  
Physician's office that orders procedures  
Facility/office where procedures are performed  
Health Insurance company  
Cancer Treatment Facility or Hospital that performs radiation oncology procedures  
Physicians office that prescribes radiation oncology procedures  
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

Application for a New Account  
Please fill out this form only for yourself. Shared accounts are not allowed.  
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?  
-- Please select an appropriate description -- | What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			

Submit



# Allows Users the ability to view all approved, pended and in review authorizations for facility

## IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

## STEPS:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your Evolent-approved username and password.
- New users will be granted immediate access

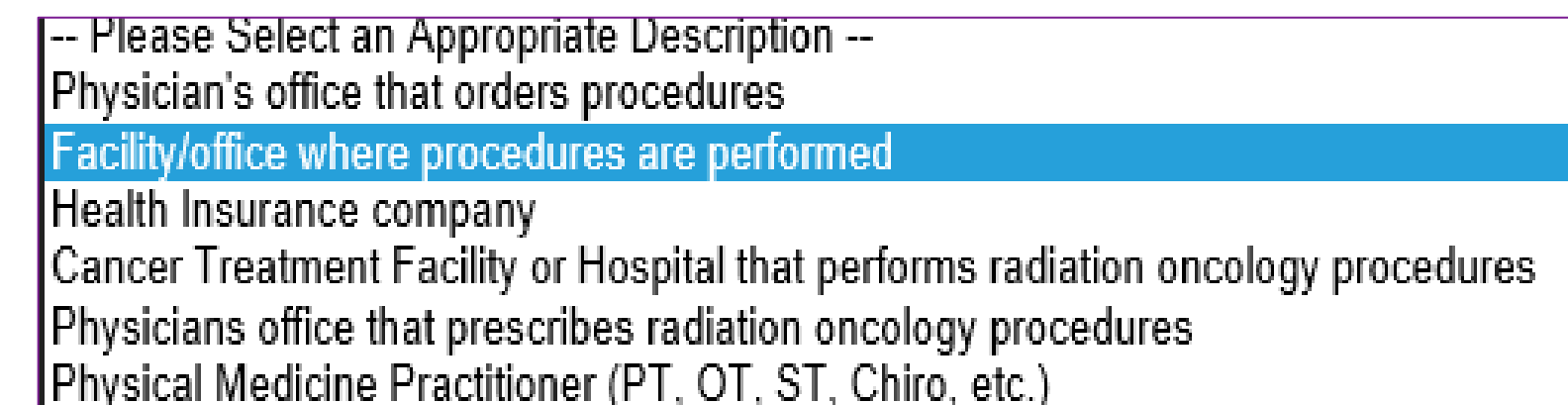
**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.

1



2



3

# RadMD Enhancements

Evolent offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot shows the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there are two search boxes. The first is labeled "Login As Username:" and has a "Login" button. The second is labeled "Tracking Number:" and has a "Search" button and a link "Forgot Tracking Number?".

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

# When to Contact Evolent

<b>Initiating or checking the status of an authorization request</b>	<ul style="list-style-type: none"><li>■ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>■ Toll-free numbers 1-866-306-9729 - Interactive Voice Response (IVR) System</li></ul>
<b>Initiating a Peer-to-Peer Consultation</b>	<ul style="list-style-type: none"><li>■ Call 1-866-306-9729</li></ul>
<b>Provider Service Line Questions Related to RadMD, and Active Evolent Authorization Requests</b>	<ul style="list-style-type: none"><li>■ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>■ Call 1-800-327-0641</li></ul>
<b>Provider Education Requests</b>	<ul style="list-style-type: none"><li>■ <a href="mailto:HMSAProviderConcerns@evolent.com">HMSAProviderConcerns@evolent.com</a></li></ul>

# RadMD Demonstration



# Confidentiality Statement

*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to HMSA members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of HMSA and Evolent.*



**Mahalo!**