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Medical Specialty Solutions Program Frequently Asked Questions

Updated April 2024

General	
Why did HMSA implement a Medical Specialty Solutions Program?	The Medical Specialty Solutions Program is designed to improve quality and manage the utilization of imaging, cardiac, musculoskeletal, and physical medicine procedures. This partnership protects the health and well-being of HMSA members and helps ensure that their health care dollars are spent wisely.
Why did HMSA select Evolent (formerly Magellan Hawai`i) to manage its Medical Specialty Solutions Program?	Evolent was selected to partner with HMSA because their clinically driven programs effectively manage quality and member safety while ensuring appropriate utilization of resources.
Which HMSA members will benefit from this program?	Medical Specialty Solutions are available for all HMSA members.
Prior Authorization	
What Medical Specialty Solutions services require providers to obtain a prior authorization?	The following nonemergent outpatient services require prior authorization: • CT/CTA. • MRI/MRA/MRS. • PET scan. • MUGA scan. • CCTA. • Myocardial perfusion imaging. • Stress echocardiography. • Left heart catheterization. • Cardiac implantable devices (defibrillator, pacemaker). • Interventional pain management. • Inpatient and outpatient musculoskeletal surgeries. • Physical medicine services (physical and occupational therapy, chiropractic care). Please see specific FAQs for each of the Medical Specialty Solutions Program Services on RadMD.com.

	Services performed in the following settings don't require prior authorization: • Inpatient (excluding elective spine surgery). • Observation room. • Emergency room or urgent care facility. • Ambulatory surgical facility (non-cardiac services only)*. *Exception: Prior authorization is required for left heart cardiac catheterizations performed at an ambulatory service center. See the Cardiac Solutions Quick Reference Guide for more information.
When is prior authorization required?	Prior authorization is required for outpatient nonemergent procedures. Providers must obtain authorization for these procedures before they're performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No.
Is prior authorization number needed for a CT-guided biopsy?	No.
Can a chiropractor order images?	Yes, but only for commercial and QUEST Integration plan members.
Are routine imaging services a part of this program?	No.
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	No.
Is prior authorization required for Medical Specialty Solutions services performed in an emergency room or urgent care facility?	No.
How does a provider obtain prior authorization for a Medical Specialty Solutions service?	Providers can request prior authorization online at RadMD.com or by calling Evolent at 1-866-306-9729.

What information is required to receive prior authorization?	Refer to the required documents for each Medical Specialty Solutions service. Have the appropriate information ready before logging in to RadMD.com or calling Evolent: ▪ Name and phone number of ordering provider*. ▪ Member name and HMSA subscriber ID number*. ▪ Requested examination*. ▪ Name of provider office or facility where the service will be performed*. ▪ Anticipated date of service. ▪ Details justifying examination*. • Symptoms and their duration. • Physical exam findings. • Conservative treatment that the patient has completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications). • Completed preliminary procedures (e.g., X-rays, CTs, lab work, scoped procedures, referrals to specialist, specialist evaluation). • Reason the study is being requested (e.g., further evaluation, rule out a disorder). *Required information. Be prepared to provide the following information, if requested: • Clinical notes. • X-ray reports. • Previous related test results. • Specialist reports/evaluation. To help collect information for the authorization process, you may access the specific Medical Specialty Solutions prior authorization or treatment plan checklists on RadMD.com.
Can a provider request more than one service at a time for a patient?	Yes, Evolent can accept multiple authorization requests per contact. Evolent issues separate authorization numbers for each service that's authorized.
What kind of response time can providers expect for prior authorization?	Generally, a determination will be made within two or three business days after receiving a request with complete clinical documentation. In certain cases, the review process can take longer if more information is required.
What does the authorization number look like?	The Evolent authorization number consists of alphanumeric characters. In some cases, the ordering provider may receive an Evolent tracking number (not the same as an authorization number) if the provider's authorization request isn't approved at the initial contact. Providers can use either number to track the status of their request online or through an interactive voice response telephone system.

If requesting authorization through RadMD.com and the request pends, what happens next?	You'll receive a tracking number and Evolent will contact you to complete the process.
Does Evolent accept clinically urgent authorization requests? What criteria will be used to determine if a request is urgent?	Yes, Evolent will accept clinically urgent authorization requests. Urgent requests are intended to evaluate a condition that requires prompt intervention to prevent additional consequences to the patient's health and well-being. Conditions that demonstrate a requirement for urgent intervention include any condition that: • Cannot be postponed for 24 hours without risking progression to an emergent condition. • Cannot be postponed for 24 hours without risking the loss of life or limb, or risk of permanent disability. • In the opinion of a physician with knowledge of the patient's condition, any delay would subject the patient to severe pain that cannot be adequately managed without the care or treatment that's the subject of the case.
Can providers use RadMD.com to request a clinically urgent authorization?	Yes. Providers will be asked to: • Select the clinically urgent indication. • Answer a few demographic and clinical questions. • State that the case is clinically urgent. • Attest and provide reasons why the case is clinically urgent. • Clinically urgent authorizations are valid for three days from the date of the request.
What happens if a patient is authorized for a service and the provider feels an additional service is needed?	The provider can contact Evolent immediately with the appropriate clinical information.
Can the rendering facility obtain authorization for an urgent service?	Yes. If the facility initiates the process, Evolent will follow-up with the provider.
How long is the prior authorization number valid?	The authorization number is valid for **90** days from the date of service or date of request if a service date isn't provided. Clinically urgent authorizations are valid for three days from the date of the request.

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Is prior authorization required if HMSA is secondary to another carrier or coverage?	Yes, prior authorization is required if HMSA is the secondary plan to another non-HMSA plan. If the patient has more than one HMSA plan, then only ONE prior authorization is needed under their primary plan. Exception: If Medicare Part B is the primary insurer, NO prior authorization is needed.
If a provider obtains a prior authorization number, does that guarantee payment?	No. Authorizations are based on medical necessity and are contingent on eligibility and health plan benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Are retro-authorizations allowed?	Yes. Retrospective reviews of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization. However, it's important that the rendering facility staff be educated on the prior authorization requirements. The rendering facility **shouldn't** schedule services without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of authorizations quickly and easily at RadMD.com.
Will the authorization number be displayed on HMSA's website?	No.
Which Providers are Affected?	

Which providers are affected by the Medical Specialty Solutions Program?	This program affects any provider who orders Medical Specialty Solutions services in an outpatient setting. Ordering providers must request prior authorization and the delivering/servicing providers must ensure there's an authorization number in place before performing the procedure.
	• Ordering providers, including primary care providers and specialty care providers.
	• Delivering/servicing providers who perform Medical Specialty Solutions services at:
	  ▪ Freestanding diagnostic facilities
	  ▪ Ambulatory surgical centers
	  ▪ Hospital outpatient diagnostic facilities
	  ▪ Provider offices
	  ▪ Radiation treatment facilities
	  ▪ Rehab facilities

Claims Related	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should continue to send claims to the address indicated on the back of the patients' HMSA membership card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers can check claims status on the HMSA website at hhinplus.hmsa.com/.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	Providers may appeal the decision through HMSA. Providers should follow the instructions on the denial letter or explanation of payment notification.
Miscellaneous	
How is medical necessity defined?	Evolent defines medical necessity as a service that: • Meets generally accepted standards of medical practice, is appropriate for the symptoms, consistent with diagnosis, and is otherwise in accordance with sufficient evidence and professionally recognized standards. • Is appropriate to the illness or injury for which it's performed as to type of service and expected outcome. • Is appropriate to the intensity of service and level of setting. • Provides unique, essential, and appropriate information when used for diagnostic purposes. • Is the lowest cost alternative that effectively addresses and treats the medical problem and is rendered for the treatment or diagnosis of an injury or illness. • Isn't furnished primarily for the convenience of the member, the attending provider, or other provider.
Where can a provider find Evolent's Guidelines for Medical Specialty Solutions services?	Evolent's clinical guidelines can be found on their website at RadMD.com under Online Tools/Clinical Guidelines. Evolent's guidelines have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.

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Will the HMSA membership card change with the implementation of this Medical Specialty Solutions Program?	No. The HMSA membership card doesn't contain any Evolent information.
What is an OCR fax coversheet?	Using optical character recognition (OCR) technology allows Evolent to automatically attach incoming clinical faxes to the appropriate case in their system. It's strongly recommended that providers print an OCR fax coversheet from RadMD.com or contact Evolent to obtain one. Evolent can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. Using an OCR fax coversheet helps ensure a timely and efficient case review.
Reconsideration and Appeals Process	
Is the reconsideration process available for the outpatient Medical Specialty Solutions services if a denial is received?	Yes. To request reconsideration, the provider can upload additional clinical information on RadMD.com or fax it to Evolent with the Evolent coversheet. A reconsideration for commercial and QUEST Integration plan members must be initiated within 60 calendar days from the denial date. A reconsideration for HMSA Medicare Advantage members must be initiated within one year from the date of denial. Evolent has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered for any request that doesn't meet medical necessity guidelines. Providers can call the phone number(s) above to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on clinical information.
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to follow the appeal instructions on their denial letter or explanation of payment.
RadMD.com Access	
What option do I select to request prior authorization?	Select **Physician's office that orders procedures**.
How do I apply for RadMD.com access?	Go to our website at RadMD.com. • Click New User. • Choose **Physician's office that orders procedures** in the drop-down menu. • Complete the application. • Click Submit.

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	Within a few hours of submitting an application, the user will receive an approved username and a temporary passcode. Contact the RadMD Support Team at 1-800-327-0641 if you don't receive a response within 72 hours.
What is "rendering provider access"?	Rendering provider access allows users to view all approved authorizations for their office or facility. You'll need to **designate an administrator**. • Go to RadMD.com. • Click New User • Choose **Facility/Office where procedures are performed** in the drop-down menu. • Complete the application. • Click Submit. Examples of a rendering facility that only need to view approved authorizations: • Hospital facility. • Billing department. • Offsite location. A user in another location.
Which link on RadMD.com do I select to request prior authorization for an outpatient exam or specialty procedure?	Click **Exam or specialty procedure** (including cardiac, ultrasound, sleep assessment).
How can I check the status of an authorization request?	Click Search for Request on RadMD's main menu.
How can I confirm what clinical information has been uploaded or faxed to Evolent?	Search for the patient's name in Search for Request in the main menu. At the bottom of the Exam Request Verification: Detail page, click View in the Documents Received section and select the appropriate link for the upload or fax.
Where can I find case-specific communications from Evolent?	Links to case-specific communications including requests for additional information and determination letters can be found using Search for Request at RadMD.com.
If I didn't make the initial request for a prior authorization, how can I view the status of a case or upload clinical documentation?	Track an Authorization allows users who didn't make the original request to view the status of an authorization and upload clinical information. This option is also available in the main menu options using Search for Request. A tracking number is required.
Can I share my RadMD.com access with my co-workers?	Yes. Shared Access lets providers view authorization requests initiated by other RadMD users in your practice. Sharing access with other users lets the user view and manage authorization requests that you initiated, allowing them to communicate with your patients and continue treatment if you aren't available.

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How can I receive notifications electronically instead of paper?</td><td>Evolent's default communications are electronic. Correspondence for each case is emailed to the person who initially requested prior authorization.

Users will be sent an email when determinations are made.
• No PHI will be in the email.
• The email will contain a link that requires the user to log in to RadMD.com to view PHI.

Providers who prefer paper communications can opt out and receive communications via fax.</td></tr>
<tr><td colspan="2">Contact Information</td></tr>
<tr><td>Who can I contact at Evolent for more information?</td><td>Email HMSAProviderConcerns@evolent.com.</td></tr>
<tr><td>Who can I contact if we need RadMD.com support?</td><td>Email RadMDSupport@evolent.com or call 1-800-327-0641.

RadMD is available 24/7, except when maintenance is performed every third Thursday of the month, 6-9 p.m. Hawaii time.</td></tr>
<tr><td>Who can I contact at HMSA if I have questions or concerns?</td><td>Call HMSA at 808-948-6330 or 1-800-790-4692 or access the HMSA portal at hhinplus.hmsa.com/.</td></tr>
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