



# HAP CareSource™ Medical Specialty Solutions Program

Provider Training



# Evolut Program Agenda

## Our Medical Specialty Solutions Program

- ✓ Authorization Process
  - Other Program Components
- ✓ Provider Tools and Contact Information
- ✓ RadMD Demo
- ✓ Questions and Answers

# Evolent

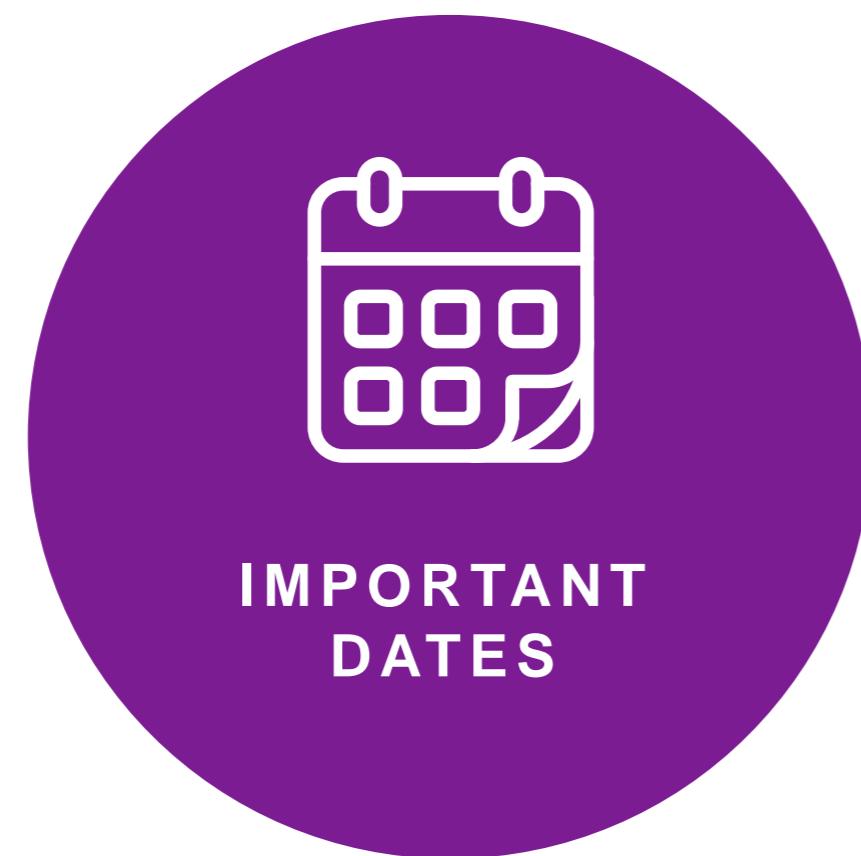
Connecting Our Brands is About Connecting Care



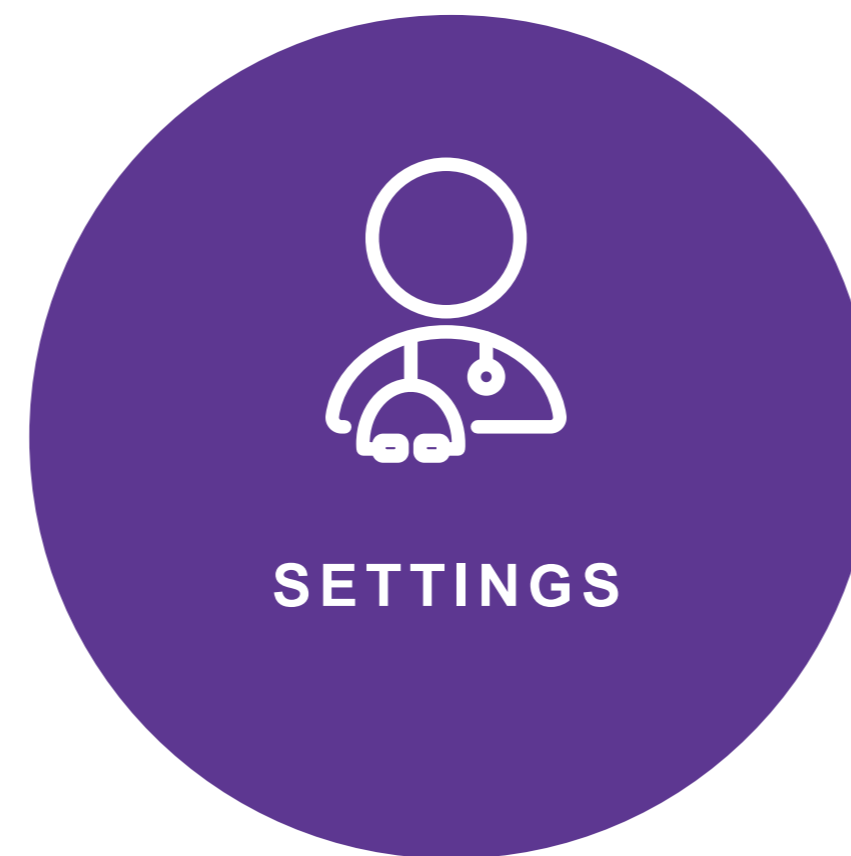
# Medical Specialty Solutions Prior Authorization Program



- HAP CareSource will begin a prior authorization program through Evolent for the management of non-emergent, advanced outpatient imaging and related services.



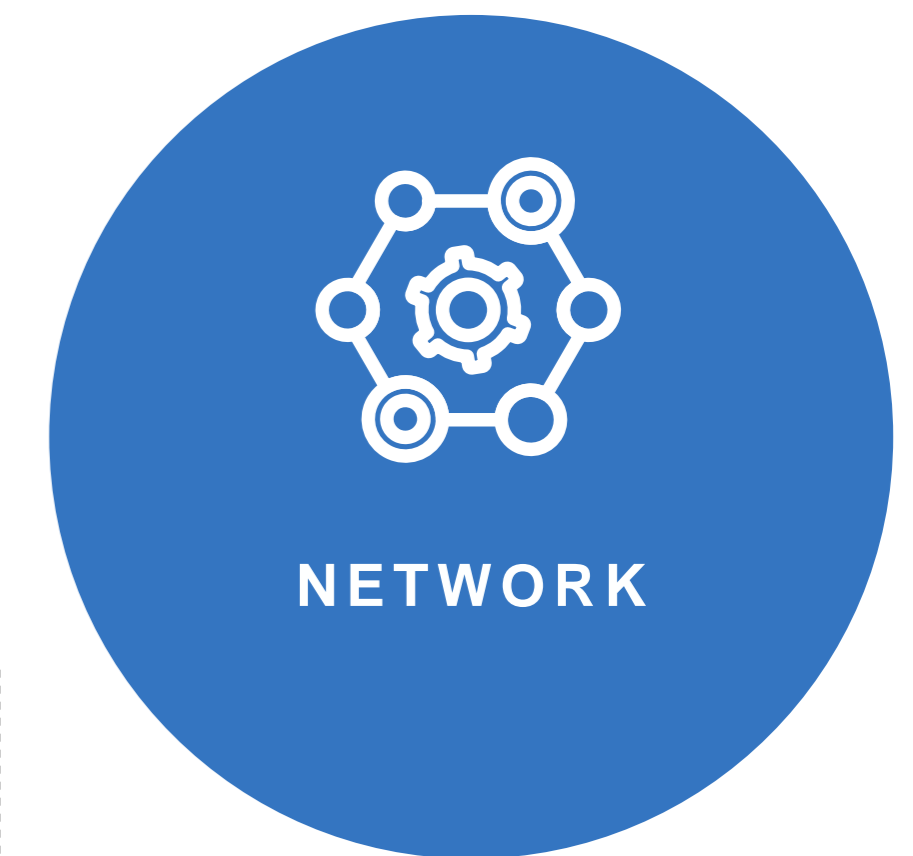
- Program start date: November 1, 2024
- Begin obtaining authorizations from Evolent on November 1, 2024, for services rendered on or after November 1, 2024.



- In Office
- Hospital Outpatient



- Medicaid



- Evolent will manage services through HAP CareSource contractual relationships.

# Medical Specialty Solutions

## Medical Specialty Solutions Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan





# Exclusions

## Exclusions

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care

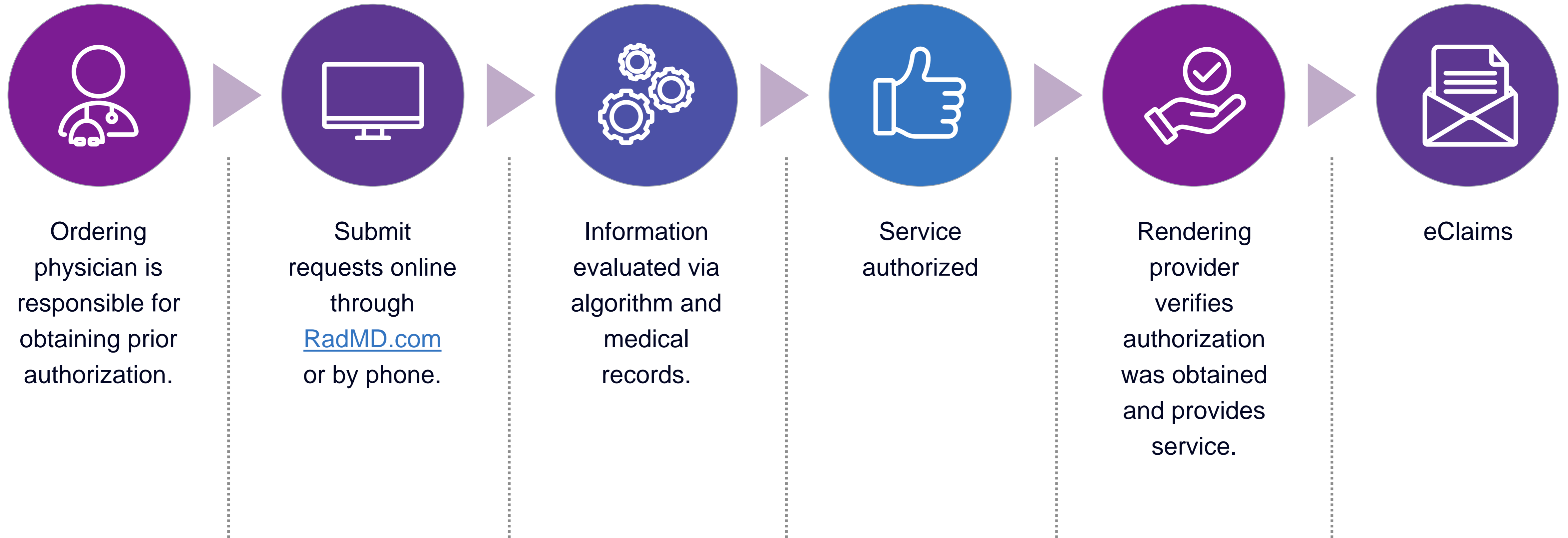


# CPT Codes Requiring Prior Authorization (Medical Specialty Solutions Example)

- 
 Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- 
 Includes CPT Codes and their allowable billable groupings.
- 
 Located on [RadMD.com](https://www.radmd.com).
- 
 Defer to HAP CareSource Policies for Procedures not on claims/utilization review matrix.

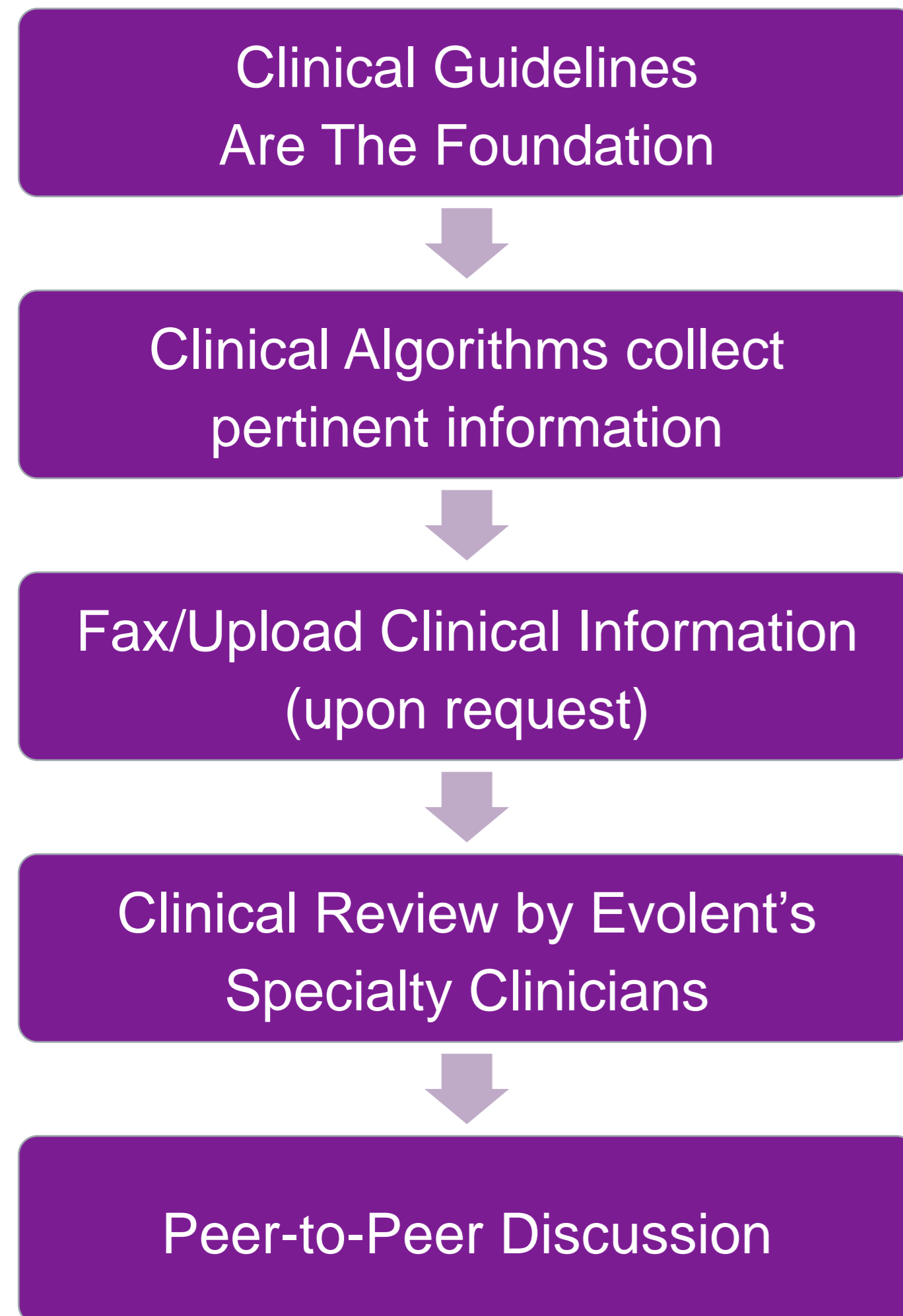
MEDICAL SPECIALTY SOLUTIONS PROCEDURES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
MRI Temporomandibular Joint	70336	70336
CT Head/Brain	70450	70450, 70460, 70470, +0722T
CT Orbit	70480	70480, 70481, 70482, +0722T
CT Maxillofacial/Sinus	70486	70486, 70487, 70488, 76380, +0722T
CT Soft Tissue Neck	70490	70490, 70491, 70492, +0722T

# Prior Authorization Process Overview





# Evolent'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 HAP CareSource and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.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.
- Evolent has specialized clinical teams.
- 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.**


# Authorization for Medical Specialty Solutions


## Special Information


- Ordering physician information, member information, rendering provider information, and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.
- Preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

# Evolut to Physician: Request for Clinical Information

- 

A fax is sent to the provider detailing what clinical information 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 time frame begins after receipt of clinical information.
- 

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

CC_TRACKING_NUMBER			FAXC
<b>ABDOMEN - PELVIS CT</b> <b>PLEASE FAX THIS FORM TO: 1-800-784-6864</b> Date: TODAY			
ORDERING PHYSICIAN:	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:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			
Study Requested was: Abdomen - Pelvis CT For documentation <b>ALWAYS PROVIDE:</b> <ol style="list-style-type: none"> <li>1. The most recent office visit note</li> <li>2. Any office visit note since initial presentation of the complaint/problem requiring imaging</li> <li>3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging</li> </ol> Further specifics and examples are listed below: FAX QUESTIONS_ADDL aalfaddlfaqquestions			
a) <b>Abdominal pain evaluation:</b> Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).			
b) <b>Abnormal finding on examination, imaging or laboratory test:</b> Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging			
c) <b>Suspicion of cancer:</b> Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy			
d) <b>History of cancer:</b> Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.			
e) <b>Pre-operative evaluation:</b> Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.			
f) <b>Post-operative evaluation:</b>			
FAXC			CC_TRACKING_NUMBER

# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to [RadMD.com](https://www.radmd.com)
  - Fax using Evolent coversheet

- Location of Fax Coversheets:
  - Can be printed from [RadMD.com](https://www.radmd.com)
  - Call 1-866-500-7660.

- Use the case specific fax coversheet 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

**Name:** Evo Lent  
**Gender:** Female  
**Date of Birth:** 5/24/1971  
**Member ID:** AB123456  
**Health Plan:** ABC Health Plan  
HMO  
**Spoken Language:** ENGLISH  
**Written Language:** ENGLISH

#### Provider

**Name:** Memorial Hospital  
**Address:** 123 Main St, New City, ST  
12345  
**Phone:** 123-456-7890  
**Tax ID:** 987654321  
**UPIN:**  
**Specialty:**

# Clinical Specialty Team



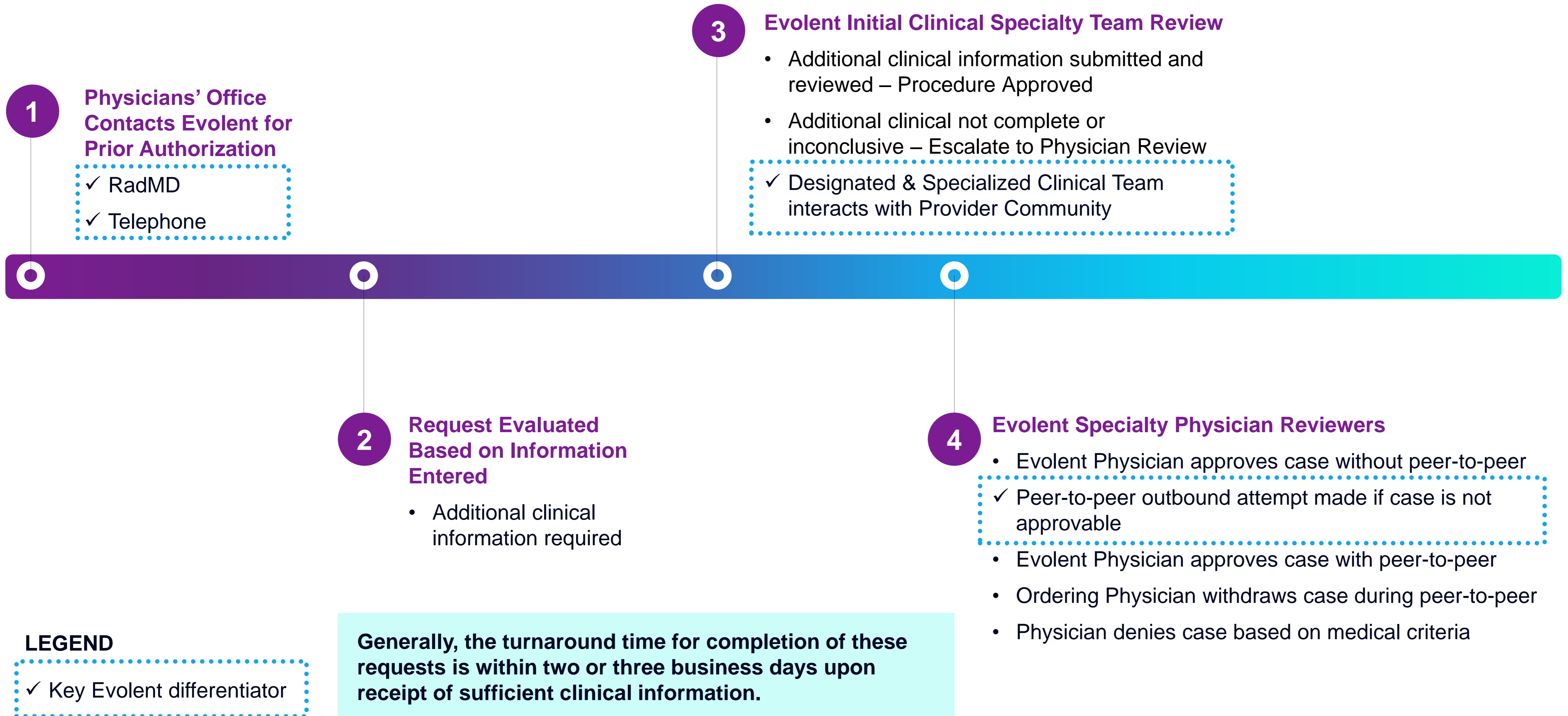
## Medical Specialty Solutions Review

Clinical specialization pods  
overseen by Medical  
Director

Physician Review Team  
consists of Physician Panel  
of Board-Certified Physician  
Specialists to meet state  
licensure requirements

Physician clinical reviewers  
conduct peer reviews on  
specialty products

# Clinical Review Process



# Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website [RadMD.com](https://www.radmd.com) cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the Evolent call center at
- Turnaround time is within 72 calendar hours.

# Authorization Validity Period

- Authorizations are valid for:
  - 60 days from date of request.



# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A Re-review may be available with new or additional information.
- A Re-review must occur within 5 business days from the date of denial and prior to submitting a formal appeal.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# Claims and Appeals

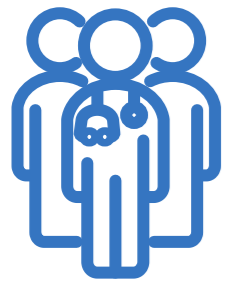
## Claims Process:

- Providers should continue to submit their claims to HAP CareSource.
- Providers are strongly encouraged to use electronic data interchange (EDI) claims submission.
- Check on claims status by logging on to HAP CareSource website at [caresource.com/mi/plans/Medicaid](https://caresource.com/mi/plans/Medicaid).

## Appeals Process:

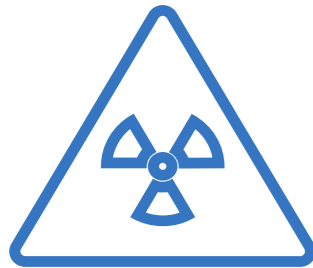
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through HAP CareSource.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# Radiation Safety and Awareness



Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv.

- 1mSv = 4 months of natural exposure/50 chest x-rays



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.



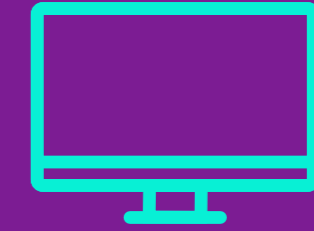
According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

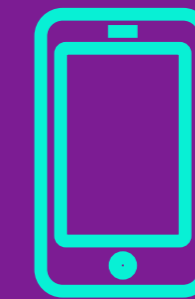
# Provider Tools

- 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



RadMD.com

Available 24/7



1-866-500-7660

Available Monday - Friday

8:00 a.m. – 8:00 p.m. ET

# Evolent Website

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

## RadMD Functionality varies by user:

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

## Online Tools Available on RadMD

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# RadMD New User Application Process - Ordering

## STEPS

1. Click the **“New User”** button on the right side of the home page.  
*NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.*
2. Under the Appropriate Description dropdown select **“Physician’s office that orders procedures”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

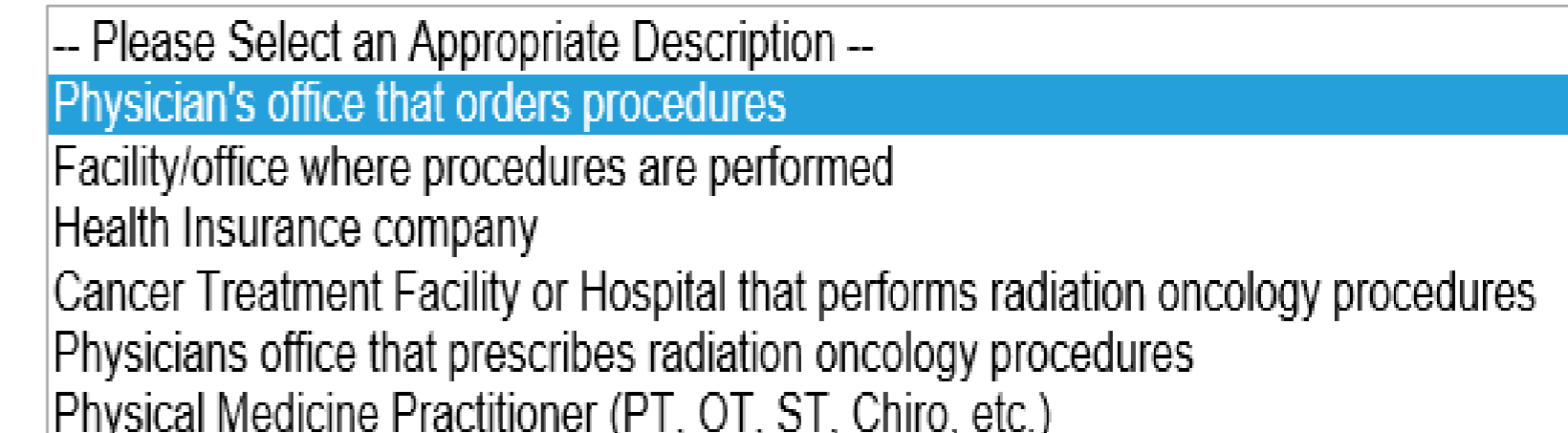
## IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.

1



2



3

# RadMD New User Application Process - Rendering

## STEPS

1. Click the **“New User”** button on the right side of the home page.  
*NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.*
2. Under the Appropriate Description dropdown select **“Facility/office where procedures are performed”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions

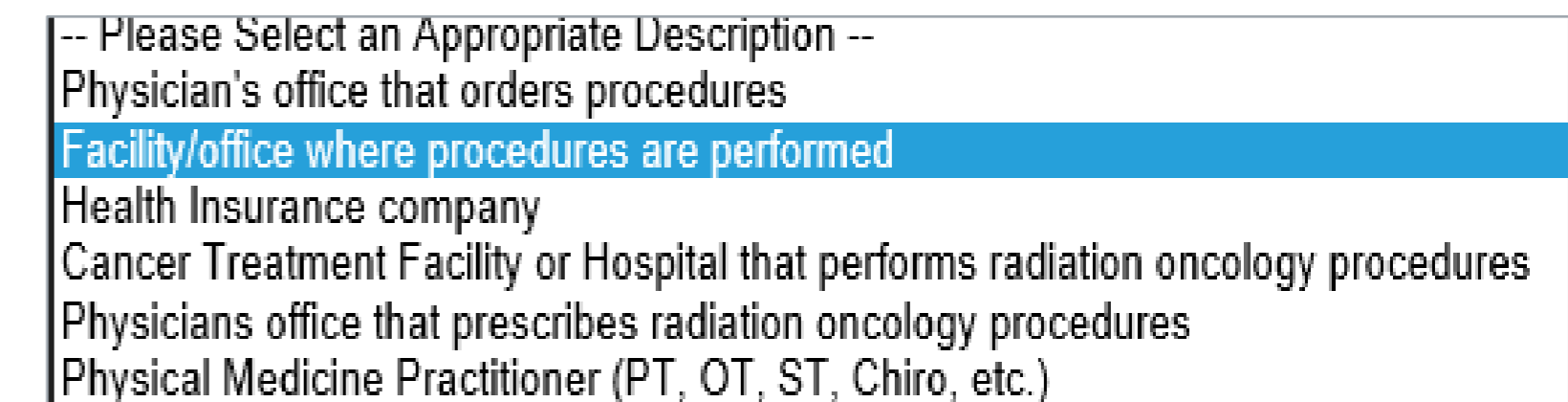
### IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.
- If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1



2



3

# Shared Access

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.

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.

## Request

**Exam or specialty procedure**

(including Cardiac, Ultrasound, Sleep Assessment)

**Physical Medicine**

[Initiate a Subsequent Request](#)

**Radiation Treatment Plan**

**Pain Management**

or Minimally Invasive Procedure

**Spine Surgery or Orthopedic Surgery**

**Genetic Testing**

## Resources and Tools

Shared Access

1 share offer requires your attention

Clinical Guidelines

Request access to Tax ID

## News and Updates

**Hot Topic:**

Login As Username:

## Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)



# When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: [RadMD.com](https://www.RadMD.com)
- Toll-free number: 1-866-500-7660

Initiating a Peer-to-Peer Consultation

- Toll-free number: 1-866-500-7660

Provider Service Line

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

Provider Education requests or questions specific to Evolent

Mara Grimm  
*Provider Relations Manager*  
804-548-0584  
[Mara.Grimm@Evolent.com](mailto:Mara.Grimm@Evolent.com)

# RadMD Demonstration



# THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.

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