Evolent Medical Specialty Solutions Frequently Asked Questions (FAQ's) For Superior HealthPlan Providers	
Question	**Answer**
GENERAL	
Why did Superior HealthPlan implement a Medical Specialty Solutions Program?	Superior HealthPlan implemented a Medical Specialty Solutions Program to ensure clinically appropriate care and manage the increasing utilization of non-emergent outpatient Medical Specialty Solutions. **Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.**
Why did Superior HealthPlan select Evolent to manage its Medical Specialty Solutions Program?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with Superior HealthPlan because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Superior HealthPlan membership.
Which Superior HealthPlan members are covered under this relationship and what networks are used?	Evolent's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Superior HealthPlan membership is managed through Superior HealthPlan contractual relationships.
PRIOR AUTHORIZATION	
What was the Implementation Date for the Medical Specialty Solutions Program?	Implementation was August 1, 2010.
What Medical Specialty Solutions Services require providers to obtain a prior authorization?	The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through Evolent: • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Echocardiography (Excludes non-STAR+PLUS Members)

	- Stress Echocardiography - Interventional Pain Management (Effective 1/1/2021) - Physical Medicine Services (Physical, Occupational and Speech Therapy) (Effective 12/1/2021) - Genetic Testing (Effective 11/1/2022) Emergency room and inpatient procedures do not require prior authorization from Evolent. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review.
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an Evolent authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes.
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. Inpatient advanced imaging procedures are not included in this program.
Is prior authorization required for Medical Specialty Solutions Services performed in the emergency room?	No. Medical Specialty Solutions Services performed in the emergency room are not included in this program and do not require prior authorization through Evolent.
How does the ordering provider obtain a prior authorization from Evolent for a Medical Specialty Solutions outpatient service?	Providers can request prior authorization via the internet (RadMD.com) or by calling Evolent at 1-800-218-7508.

What information is required to receive prior authorization?	To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solution. Have the appropriate information ready before logging into RadMD or calling Evolent's call center (*Information is required.)
	▪ Name and office phone number of ordering provider*
	▪ Member name and 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 member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
	   • Preliminary procedures already completed (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)
	
	Please be prepared to provide the following information, if requested
	
	   • Clinical notes
	   • X-ray reports
	   • Previous related test results
	   • Specialist reports/evaluation
	
	To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on RadMD.com.

Can a provider request more than one service at a time for a member?	Evolent can handle multiple authorization requests per contact. Separate authorization numbers are issued by Evolent for each service that is authorized.

What kind of response time can ordering providers expect for prior authorization?	Generally, within 2 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What does the Evolent authorization number look like?	The Evolent authorization number consists of alpha-numeric 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 is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into Evolent's call center for review and processing.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact Evolent immediately with the appropriate clinical information for an expedited review.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, Evolent will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 30 days from the date of request. When a procedure is authorized, Evolent uses the date of the initial request as the starting point for the 30-day period in which the examination must be completed.
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Superior HealthPlan is NOT the member's primary insurance?	Yes.

If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does Evolent allow retro-authorizations?	Yes. However, it is important that the rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility **should not** schedule services without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the Evolent website at RadMD.com.
Is the Evolent authorization number displayed on the Superior HealthPlan website?	No.
SCHEDULING SERVICES	
How does Evolent determine where to schedule Medical Specialty Solutions Services for Superior HealthPlan members?	Evolent manages Medical Specialty Solutions services through the Superior HealthPlan contractual relationships.
Why does Evolent ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?	During the authorization process, Evolent asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain authorization before scheduling the member.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Medical Specialty Solutions program?	Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers will need to request a prior authorization, and the delivering/servicing providers will need to ensure there is an authorization number to bill the service. • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Medical Specialty Solutions Services at**:**

	▪ Freestanding diagnostic facilities ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
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 Superior HealthPlan member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status on the Superior HealthPlan claim website at: superiorhealthplan.com
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Superior HealthPlan. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) 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 otherwise in accordance with sufficient evidence and professionally recognized standards. • Is appropriate to the illness or injury for which it is 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 rendered for the treatment or diagnosis of an injury or illness; and

	• Is not 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 Evolent's website, RadMD.com under Online Tools/Clinical Guidelines. Evolent's guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
Did the Superior HealthPlan member ID card change with the implementation of this Medical Specialty Solutions Program?	No. The Superior HealthPlan member ID card does not contain any Evolent information on it and the member ID card did not change with the implementation of this Medical Specialty Solutions Program.
What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition (OCR) technology, Evolent can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering 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. By prefacing clinical faxes to Evolent with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.
APPEALS PROCESS	
Whom should providers contact if they want to appeal a prior authorization decision?	For prior authorization medical necessity appeals, please follow the instructions on your denial letter. **Medicare plans:** Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request. **Medicare** re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.
RADMD ACCESS	
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorization requests for outpatient exams and/or specialty procedures.

How do I apply for RadMD access to initiate authorization requests?	Prospective users should go to our website RadMD.com. • Click New User • Choose "**Physician's office that orders procedures**" from the drop-down box • Complete application with necessary information • Click Submit Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering provider access?	Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to **designate an administrator** through the account application process on RadMD**.** • Click New User • Choose "**Facility/Office where procedures are performed**" from the drop-down box • Complete application with necessary information • 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 who is not interested in initiating authorizations
Which link on RadMD will I select to initiate an authorization request for an outpatient exam or specialty procedure?	Clicking the "**Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)**" link will allow the user to submit a request for an outpatient exam or specialty procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by clicking the "Search for Request" link on RadMD's main menu.

How can I confirm what clinical information has been uploaded or faxed to Evolent?	Clinical Information that has been received via upload or fax can be viewed by clicking the member's name via the "Search for Request" link from 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 providers find their case-specific communication from Evolent?	Links to case-specific communication to include requests for additional information and determination letters can be found via the "Search for Request" link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The "Track an Authorization" feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the "Search for Request" feature. A tracking number is required to use this search method.
Can I share my RadMD access with my coworkers?	Yes, through our "Shared Access" feature. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	Evolent defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request. Users will be sent an email when determinations are made. • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI. Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance, please contact 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 from 9 p.m. to 12 a.m. PST.
Who can a provider contact at Evolent for more information?	You may contact your dedicated Evolent Provider Relations Manager: Charles Allison 1-602-572-2390 callison@evolent.com
Who can a provider contact at the Superior HealthPlan if they have questions or concerns?	Contact Superior HealthPlan provider services at 1-800-783-5386. Providers may access the Superior HealthPlan portal superiorhealthplan.com