Frequently Asked Questions:
Utilization Review Process for Interventional Cardiology Services and Procedures

Superior HealthPlan (Medicaid)
Ambetter from Superior HealthPlan
Wellcare By Allwell (Medicare)
Effective July 1, 2025

- **Who is Evolent?**
  - Evolent is a comprehensive cardiology quality management company whose goal is to apply evidence-based treatment to the delivery of cardiology care.

- **What is the Cardiology Quality Management Program?**
  - The Cardiology Quality Management Program provides prior authorization management for interventional cardiology 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?**
  - Ambetter members 18 years of age and older
  - Superior members 21 years of age and older
  - Wellcare By Allwell members 21 years of age and older
  - ICHRA
  - DSNP (FIDE/HIDE/ Coordinated)

- **What dates of service are impacted?**
  - Evolent will review prior authorization requests for dates of service on or after **July 1, 2025.**
  - **ICHRA: Effective January 1, 2026**
  - **DSNP (FIDE/HIDE/ Coordinated): Effective January 1, 2026**

- **How can a physician's office request training for this program?**
  - Interventional cardiology information and training dates can be found at evolent.com/july-1-2025-cardiology-program-changes. Please register in advance using the above link for training sessions. If you have questions about this Evolent program, please email providertraining@evolent.com.

- **What are some key features of the program?**
  - Evolent offers providers:
    - Real-time authorizations
    - Real-time status of authorization requests
    - Quick turnaround on authorization requests

- Physician discussions with specialty matched cardiologists or vascular surgeons
- Support staff with dedicated provider engagement representatives available to assist

- **How do I contact Evolent authorization support?**
  - (Monday - Friday from 7:00 am to 7:00 pm CST):
    - Superior: 1.800.642.7554
    - Ambetter: 1.800.424.4916
    - Wellcare By Allwell: 1.866.214.1703
    - Duals: 1.866-510.9630

- **What is the transition of care process?**
  - Prior authorizations issued before July 1, 2025, are effective until the validity period end date or expiration date. Upon expiration, a new authorization will be required from Evolent for services rendered on and after July 1, 2025.

- **When will Evolent begin accepting interventional cardiology authorization requests?**
  - Evolent will accept requests beginning June 24, 2025, for services rendered on or after July 1, 2025.

- **Who is responsible for obtaining prior authorization?**
  - The ordering physician or ordering physician's designated office staff must request prior authorization through Evolent.

- **How do I obtain prior authorization?**
  - By submitting requests to Evolent:
    - Via the Evolent provider portal at evolent.com/provider-portal**,** select RadMD
    - Via telephone (Monday - Friday from 7:00 am to 7:00 pm CST):
      - Superior: 1.800.642.7554
      - Ambetter: 1.800.424.4916
      - Wellcare By Allwell: 1.866.214.1703
      - Duals: 1.866-510.9630

- **What is the turn-around time (TAT) for processing prior authorization requests?**

Line of Business	Standard Request	Expedited Request
Superior Medicaid (STAR, STAR+PLUS, STAR Health)	3 Business Days	72 hours
Ambetter	3 Calendar Days	72 hours
Wellcare By Allwell (Medicare)	7 Calendar Days	72 calendar hours

- **What services and specialties are included in the program?**

  <u>The program will apply to all specialties for the following interventional cardiology services and procedures only:</u>
  - Cardiac Catheterization and Intervention
  - Electrophysiology
  - Peripheral Vascular Radiology and Intervention
  - Cardiac Surgery
  - Vascular Surgery

- **Who reviews prior authorization requests for interventional cardiology services and procedures?**
  - Evolent medical reviewers are licensed cardiologists using nationally recognized clinical guidelines to perform reviews. Clinical guidelines are available at www1.radmd.com/solutions/cardiac-solution

- **What happens if the prior authorization request does not meet clinical guidelines?**
  - If the request does not meet evidence-based clinical guidelines, Evolent may request additional information via email, fax, or initiate a physician discussion with the requesting provider.

- **What is the difference between Evolent's tracking and authorization (request ID) numbers?**
  - Tracking numbers are issued upon submission of a prior authorization request but prior to determination (approval or denial) of the request. Tracking numbers consist of numeric digits only. The tracking number can be used to find an authorization number (request ID) in Evolent's system once determination is made.
  - Authorization numbers or request IDs consist of letters and numbers. The authorization number is available after a determination has been made on a request. Like the tracking number, the authorization number (request ID) can also be used to find a request in Evolent's system. The authorization number should be included when submitting claims.

- **How long are authorizations for the interventional cardiology program valid?**
  - Thirty (30) Calendar Days from the date of service.

- **Which places of service are valid for rendering interventional cardiology services and procedures?**
  - Physician's office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only) are acceptable places of service for rendering interventional cardiology services and procedures.

- **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 Superior's provider manuals.

- **Can members be balanced billed?**
  - Texas and federal laws prohibit providers (in network and out of network), facilities, and ambulances from balance billing for certain health care services. Medicaid and CHIP eligible members may not be billed for any covered services. Please reference Superior's provider manuals for additional information about member billing.

- **Who is responsible for responding to grievances and appeals?**
  - All grievances, complaints, and appeals submitted to Evolent will be reported to Superior. However, all correspondence related to acknowledgement and resolution of grievances, complaints and appeals will be distributed to providers and members by Superior.

- **What will happen if the physician does not request and obtain an authorization?**
  - If authorization is not obtained, Superior may deny payment for the services. Members may not be billed for services denied due to lack of prior authorization. Please reference Superior's provider manuals for additional information about member billing.

- **Who do I contact if I have questions or need assistance?**
  - For questions related to Superior's processes, contact your Provider Representative. To access their information, visit the Find My Provider Representative webpage.
  - For questions related to Evolent's processes, contact **Priscilla Singleton |** psingleton@evolent.com **| 1.314.387.5023**