

Program	Advanced and Cardiac Imaging
Service Area	Hawai'i
Lines of Business (LOB)	<p>Hawai'i Medical Service Association (HMSA) members under the following lines of business:</p> <ul style="list-style-type: none"> • Effective Jan. 1, 2025: Exchange • Effective Oct. 16, 2006: Medicare (Akamai Advantage), Commercial and Medicaid (QUEST)
Evolent Advanced and Cardiac Imaging Scope	<p>Services:</p> <ul style="list-style-type: none"> • CT/CTA • CCTA • MRI/MRA/MRS • PET Scan • Myocardial Perfusion Imaging (MPI) • Stress Echocardiography • Left Heart Catheterization • Cardiac Implantable Devices (defibrillator, pacemaker) <p>Places of Service:</p> <p>11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory surgical center (<i>cardiac services only</i>)</p>
Authorization Process and Provider Support	<p>Ordering provider's office must submit prior authorization requests to Evolent.</p> <ul style="list-style-type: none"> • Via the Evolent RadMD provider portal at evolent.com/provider-portal • Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> ○ 1 (866) 306-9729 <p style="text-align: center;">Hours of Operation Monday – Friday, 6 a.m. – 6 p.m. Hawai'i Time</p> <p style="text-align: center;">RadMD Support RadMDSupport@Evolent.com 1 (800) 327-0641</p>

<p>Evolent Turnaround Times (TAT)</p>	<p>Commercial/Exchange: Standard Requests: 15 calendar days Expedited Requests: 72 calendar hours</p> <p>Medicaid and Medicare: Standard Requests: seven calendar days Expedited Requests: 72 calendar hours</p>
<p>Expedited Requests</p>	<p>During business hours, please call the Evolent call center at 1 (866) 306-9729 to submit your urgent request. <i>Monday – Friday 6 a.m. to 6 p.m. Hawai'i time</i></p> <p>RadMD may be used for requests meeting clinically urgent criteria. Evolent and HMSA will monitor the urgent case review process to make sure that the requests meet the definition of clinically urgent.</p> <p>Providers who demonstrate repeat misuse of the HP's clinically urgent program may lose the ability to submit urgent cases through RadMD.</p>
<p>Secondary Insurance</p>	<p>Evolent authorization is required if HMSA is secondary to another non-HMSA insurance plan (including Medicare Advantage).</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • If Medicare Part B is the primary insurer, then NO authorization is needed. • If the member has more than one insurance plan with HMSA, then only ONE authorization is needed (under the member's primary HMSA plan).
<p>Retrospective Authorizations</p>	<p>Retrospective requests are in scope and accepted within 365 calendar days from the date of service for all lines of business.</p>
<p>Post Adverse Determination</p>	<p>A peer-to-peer discussion can be initiated once the adverse determination has been made. A reconsideration/re-review may be available with new or additional information.</p> <ul style="list-style-type: none"> • Timeframe for reconsideration/re-review is 60 calendar days. (commercial plan and QUEST) • Medicare (Akamai Advantage) re-opens are only allowed if they meet CMS's guidelines for a re-open.
<p>Authorization Validity Period</p>	<p>Authorizations are valid for 90 days from the date of service. If there is no date of service provided, authorization will be valid for 90 days from the request date. Clinically urgent authorizations are valid for three days from the date of the request. No extensions are allowed for clinically urgent requests.</p>

<p>Claims and Appeals</p>	<ul style="list-style-type: none"> • Providers should continue to submit their claims to HMSA, including Evolent’s authorization number. • Evolent is not delegated appeals. Appeals should be initiated through HMSA.
<p>Evolent Resources</p>	<p>Resources available under the HMSA’s health plan page in Evolent’s RadMD portal:</p> <ul style="list-style-type: none"> • Evolent Scope of Service • Evolent Utilization Matrix • Clinical guidelines, checklists and tip sheets
<p>Exclusions</p>	<ul style="list-style-type: none"> • All places of service not specifically listed in defined scope • Claims management/provider contracting • CPT codes, places of treatment, and lines of business outside defined scope • Emergent/non-elective services