Frequently Asked Questions (FAQ)
Molina Healthcare of Idaho
Advanced Imaging Program

Q: Who is Evolent?
A: Evolent, formerly known as New Century Health (NCH) is a comprehensive advanced imaging quality management company. Its platform optimizes the application of evidence-based medicine to the delivery of advanced imaging services.

Q: What is the Molina Healthcare Advanced Imaging program?
A: Molina Healthcare's Advanced Imaging program provides prior authorization management for imaging services. The program emphasizes and supports the selection of evidence-based treatment for patient care and authorizations are administered by Evolent**.** Precertification, preauthorization, and notification requirements all refer to the same process of prior authorization.

Q: What members are included in this program?
A: The program expansion to include Medicare and Marketplace members is effective October 1, 2026.

Q: Which services require prior authorization through Evolent?
A: Evolent will review prior authorizations requested by all specialties for the following non-emergent services:

- CT/CTA
- MRI/MRA
- PET scan

Q: How can a physician's office request training for this program?
A: Providers can access additional program details and register for training sessions via Evolent's resource hub web page: go.evolent.com/molina-rbmprogram-changes-2026. If you have questions before the training sessions, you can contact Evolent Provider Solutions at practicesuccess@evolent.com.

Prior authorization:

Q: Who should obtain prior authorization?
A: The physician organization ordering advanced imaging services must request prior authorization through Evolent.

Q: How do I obtain prior authorization?
A: Starting October 1, 2026, submit authorization requests to Evolent via the following methods:

- Log into Evolent's provider web portal, RadMD at evolent.com/provider-portal
- Contact Evolent's Utilization Management Intake Department**,** Monday through Friday (5:00 a.m. - 5:00 p.m. PST)
    - 1.800.424.6112 Molina Medicare
    - 1.866.642.9702 Molina Duals
    - 1.800.642.1716 Molina Marketplace

Q: What are some key features of the program?
A: The online provider portal is always available, offering:

- Real-time authorizations for evidence-based treatment plans
- View of real-time status of authorization requests
- Eligibility verification
- Supportive telephonic authorization staff available

- Physician discussions
- Dedicated Evolent provider engagement team for ongoing support and training

Q: What is the transition of care process?
A: Authorizations issued by Molina before October 1, 2026, for Medicare and Marketplace members, will be effective until the authorization expiration date. Requests for new treatment and/or changes in treatment scheduled on or after October 1, 2026, must be submitted to Evolent for preauthorization.

Q: Who at Evolent will be reviewing advanced imaging service authorization requests?
A: Evolent Medical Reviewers are licensed practitioners who are not incentivized to issue denials, as they use nationally recognized clinical guidelines when performing reviews. These guidelines are available at RadMD.com**.** If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

Q: What will the Evolent authorization look like, and how long is it valid?
A: The Evolent authorization number or request ID consists of letters and numbers and is valid for 90 days from the date of the request.

Claims submitted to Molina Healthcare may use the Evolent authorization number or the Molina Healthcare authorization number provided in the letter from Molina Healthcare. The Molina Healthcare authorization number will begin with "OP" followed by 10 digits.

Q: What place of service does this prior authorization review process include?
A: Outpatient setting, which could include the physician's office, freestanding diagnostic facility, and outpatient hospital locations.

Q**: Does prior authorization guarantee payment?**
A: 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 your Molina Provider Manual.

Q**: What will happen if the physician does not obtain an authorization?**
A: If the required authorization is not obtained, Molina Healthcare may deny payment.

Q: What is the process for appealing an Evolent authorization denial?
A: Evolent is not delegated appeals management. Providers must contact Molina Healthcare directly to initiate an appeal.