



Buckeye Community Health Plan Outpatient Imaging Program Frequently Asked Questions (FAQs)

GENERAL

- 1. Why is Buckeye Community Health Plan implementing an outpatient imaging program?**

To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA and PET Scan procedures for our members.

- 2. Why did Buckeye Community Health Plan select National Imaging Associates, Inc. (NIA) to manage its outpatient advanced imaging services?**

An affiliate of Magellan Health Services, NIA was selected to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and ensure appropriate utilization of resources for Buckeye Community Health Plan membership.

IMPLEMENTATION

- 3. What is the implementation date for this outpatient imaging program?**

Implementation will be August 2, 2010.

SERVICES REQUIRING PRIOR AUTHORIZATION

- 4. What radiology imaging services will require a provider to obtain a prior authorization?**

The following imaging procedures require prior authorization through NIA:

- CT/CTA
- MRI/MRA
- PET Scan

PRIOR AUTHORIZATION-RELATED (con't)

5. When is prior authorization required?

Prior authorization is required for outpatient, non-emergent CT/CTA, MRI/MRA, and PET Scan procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed at an imaging facility.

Note: Emergency room, observation and inpatient imaging procedures do not require prior authorization through NIA.

6. Is prior authorization necessary for sedation with an MRI?

No, prior authorization is not required for sedation when performed with an MRI.

7. Is an NIA authorization number needed for a CT-guided biopsy?

No, prior authorization is not required for this procedure.

8. Can a chiropractor order images?

Yes.

9. Are routine radiology services a part of this program?

No. Routine radiology services such as x-ray, ultrasound or mammography are not part of this program and do not require a prior authorization through NIA.

10. Are inpatient advanced imaging procedures included in this program?

No. Inpatient imaging procedures are not included in this program.

11. Is prior authorization required for imaging studies performed in the emergency room?

No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.

12. How does the ordering provider obtain a prior authorization from NIA for an outpatient advanced imaging service?

Providers will be able to request prior authorization via the Internet (www.RadMD.com) or by calling NIA at 866-246-4359.

PRIOR AUTHORIZATION-RELATED (con't)

13. What information will NIA require in order to receive prior authorization?

To improve the prior authorization process, ordering providers should have the following information readily available (Information required*):

- Provider name and office phone number*
- Member name and ID number*
- Requested examination*
- Name of provider office/facility where procedures will be performed*
- Anticipated date of service (if known)
- Details justifying examination*
 - Symptoms and their duration
 - Physical exam findings
 - Conservative treatment already completed (i.e., physical therapy, hot pads, ice packs, medications)
 - Preliminary procedures already completed (i.e., x-rays, CTs, lab work, ultrasound, referrals to specialists, etc.)
 - Reason the procedure is being requested (i.e., further investigation, rule out a disorder, etc.)

14. Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?

Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.

15. What kind of response time can ordering providers expect for prior authorization?

The best way to increase the possibility of having a request approved on line through www.RadMD.com or at the time of the first call through the toll-free number, is to have knowledge of the case including:

- The patient' history and diagnosis
- Reason for the study
- Findings on physical examination
- Results of previous imaging studies, and
- History of medical or surgical treatment

Approximately 70 percent of the requests are being approved on line or during the initial phone call. Generally, within 2 business days after receipt of request, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

PRIOR AUTHORIZATION-RELATED (con't)

16. What will the NIA authorization number look like?

The NIA authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA 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 will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

17. If requesting authorization through NIA's Web site and the request pends, what happens next?

You will receive a tracking number and NIA will contact you to complete the process.

18. Can RadMD be used to request retrospective or expedited authorization request?

No, those requests will need to be called into NIA's Call Center for processing.

19. What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?

The radiologist or rendering physician should proceed with the pelvic study. If this occurs, either the radiologist or rendering physician can call NIA with the information and clinical rationale to begin the process and NIA will follow-up with the ordering physician to complete the process or he/she should notify the patient's ordering physician of the additional test on the same day, as a matter of courtesy and appropriate medical procedure. The original ordering physician should then call NIA after the study is provided to proceed with the normal review process to get an additional authorization number.

20. Can the rendering facility obtain authorization in the event of an urgent test?

Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.

21. 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, NIA will use the date of the final determination as the starting point for the 30 day period in which the examination must be completed.

22. Is prior authorization necessary for an outpatient, advanced imaging service if Buckeye Community Health Plan is NOT the member's primary insurance?

Yes. Buckeye Community Health Plan's prior authorization requirements apply when Buckeye Community Health Plan is the primary insurer and secondary. Please check the prior authorization requirements for the member's primary insurance.

23. 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.

24. Does NIA allow retro-authorizations?

It is important that rendering facility staff be educated on the prior authorization requirements. Beginning August 2, 2010, claims for CT/CTA, MRI/MRA and PET Scan procedures that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.

25. Can a provider get an authorization prior to the August 2, 2010 implementation date?

No.

26. What happens if I have a service scheduled for August 2, 2010?

An authorization should be obtained for all advanced radiology tests for dates of service August 2, 2010 and beyond. If for some reason an authorization is not obtained before the test is performed, facilities will be able to initiate a retro-authorization. NIA and Buckeye Community Health Plan will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required for dates of service beginning August 2, 2010.

27. Will Buckeye Community Health Plan allow a grace period for providers to not have to obtain prior authorization once this program is in place?

Buckeye Community Health Plan will allow a very brief grace period to help providers develop a process for getting a prior authorization and not disrupt patient care for Buckeye Community Health Plan members who have scheduled their services prior to August 2, 2010 with a date of service soon after August 2, 2010. This grace period will not be extended and is not meant to delay implementing processes to get an authorization for outpatient, non-emergent advanced radiology services.

28. Can a provider verify an authorization number online?

Yes. Providers can check the status of member authorization quickly and easily by going to the NIA Web site at www.RadMD.com.

29. Will the NIA authorization number be displayed on the Buckeye Community Health Plan Web site?

No.

SCHEDULING EXAMS

30. How will NIA determine where to schedule an exam for a Buckeye Community Health Plan member?

Buckeye Community Health Plan members will have access to NIA's Free-Standing Imaging Facilities coupled with Buckeye Community Health Plan's in-office providers and hospitals for CT/CTA, MRI/MRA and PET Scan imaging procedures. Referral is determined by several considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.

31. Why does NIA ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization before they call to schedule an appointment?

At the end of the authorization process, NIA asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Physicians should obtain authorization before scheduling the patient.

WHICH MEDICAL PROVIDERS ARE AFFECTED?

32. Which medical providers are affected by the outpatient imaging program?

Any provider who orders or performs advanced imaging procedures in an outpatient setting. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to be sure there is a prior authorization number in order to bill the service.

- Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.
- Delivering/Servicing providers who perform diagnostic advanced imaging procedures at:
 - Freestanding diagnostic facilities
 - Hospital outpatient diagnostic facilities
 - Provider offices

CLAIMS RELATED

33. Where do providers send their claims for outpatient, non-emergent advanced imaging services?

Providers should send claims to the address indicated on the back of the Buckeye Community Health Plan member ID card. Providers are also encouraged to follow their normal EDI claims process.

34. How can providers check claims status?

Providers should continue to check claims status at the Buckeye Community Health Plan Web site at www.bchpohio.com.

35. Who should a provider contact if they want to appeal a prior authorization or claims payment denial?

Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.

MISCELLANEOUS

36. How is medical necessity defined?

NIA defines medical necessity as services that:

- Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;
- Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- Be appropriate to the intensity of service and level of setting;

- Provide unique, essential, and appropriate information when used for diagnostic purposes;
- Be 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
- Not furnished primarily for the convenience of the member, the attending physician, or other provider.

37. How will referring/ordering providers know who NIA is?

NIA currently has health plan partners in the Ohoi market and providers are familiar with their processes. In addition, Buckeye Community Health Plan and NIA mailed notification letters and educational materials to providers April 1, 2010. Buckeye Community Health Plan and NIA are also conducting education trainings for providers.

38. Will provider trainings be offered closer to the August 2, 2010 implementation date?

NIA will conduct provider training sessions during June 2010.

39. Where can a provider find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

NIA's Diagnostic Imaging Guidelines for clinical use of examination can be found on NIA's Web site at www.RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

40. What will the Member ID card look like? Will the ID card have both NIA and Buckeye Community Health Plan information on it? Or will there be two cards?

The Buckeye Community Health Plan Member ID card will not change and will not contain any NIA identifying information on it.

41. Where can I direct questions about the Centene/Buckeye Community Health Plan Privileging Application and/or privileging process

If providers have any questions regarding the Centene/Buckeye Community Health Plan Privileging Application or process, contact NIA's Provider Assessment Department toll-free at 888-972-9642 or at RADPrivilege@Magellanhealth.com.

42. Is NIA able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the Centene/Buckeye Community Health Plan Privileging Application?

Yes. NIA's experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the Centene/Buckeye Community Health Plan Privileging Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the Provider Assessment Department toll-free at 888-972-9642 with any questions.

43. How do I access the Centene/Buckeye Community Health Plan Privileging Application?

To access the online application: Direct your Web browser to www.RadMD.com Click on the link for the Centene/Buckeye Community Health Plan Privileging Application located on the right side of the home page and click "Login". Enter your login in the "Login" box. (If you do not know your login, please contact NIA's Provider Assessment Department toll-free at 888-972-9642).

44. How user friendly is NIA's online Diagnostic Imaging Privileging Application?

NIA offers a very user-friendly online application that can be quickly and easily completed by the user. It is a "smart" application which only will ask you questions that apply directly to your practice, based on the previous responses you provided. For example, if your office offers only MRI services, you will not be asked any questions regarding CT or other imaging modalities.

If you need to step away from the computer, you can choose to save the application and return to complete it at a later time. The application will also "auto save" if you forget to save the application before completing and submitting it.

If there are changes to the practice information after the initial application has been submitted (e.g. practice obtained an additional piece of equipment or achieved accreditation), you may access your original application online, make the necessary modifications, and submit a revised application. It is important to note that you are able to revise an existing application rather than being forced to complete a whole new application.

However, please note that a separate application is required for each practice location.

45. I have additional practice locations. Do I need to complete additional applications?

A separate application must be completed for each practice location at which diagnostic imaging services are performed. Facilities do not always perform the

same imaging services at each of their locations. Imaging equipment can also be different at each site. To ensure we have accurate information for each location we require a separate application be completed for each additional locations. Please contact NIA's Provider Assessment Department at 888-972-9642 to obtain additional login(s). This will allow you to go online to complete an application for each location.

46. What is the difference between Privileging and Credentialing?

Privileging is separate and distinct from credentialing. Credentialing places emphasis on primary source verification of a physician's education, licensure and certification. Privileging focuses on facility accreditation, equipment capabilities, physician and technologist education, training and certification, and facility management components such as radiation safety, ALARA (As Low as Reasonable Achievable).

47. What is an OCR Fax Coversheet?

By utilizing Optical Character Recognition technology, NIA 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 www.RadMD.com or contact NIA at 1-888-642-7649 to request an OCR fax coversheet if their authorization request is not approved on-line or during the initial phone call to NIA. NIA can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.

CONTACT INFORMATION

48. Who can a provider contact if they wish to participate in the NIA network ?

Providers interested in participating in the NIA network should contact their NIA Area Contracting Manager at 770-753-2233.

49. Who can a provider contact at NIA for more information?

Providers can contact Stephanie Martin, Manager, Provider Relations 410-953-2631.