NIA Medical Specialty Solutions

Magnolia Health Plan Provider Training Program
NIA Training Program
NIA Program Agenda

Introduction to Magellan/National Imaging Associates (NIA)
Our Program
  1. Authorization Process
  2. Other Program Components
  3. Provider Tools and Contact Information
RadMD Demo
Questions and Answers
Magellan Today and Building for the Future

**Behavioral Health Solutions**
- Behavioral health
- Substance use
- Integrated medical & behavioral care
- EAP and health and wellness
- Psychotropic drug management

**Magellan Rx Specialty**
- Total Drug Management
- Medical Pharmacy
- Specialty Pharmacy
- Pharmacy Benefits

**Medical Specialty Solutions**
- Advanced Diagnostic imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Musculoskeletal Management (Spine Surgery/IPM)
- Sleep Management
- Emergency Department, Provider Profiling & Practice
- Management Analysis

**Multiple Solutions One Magellan**
As the nation’s leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes, optimize cost of care.
NIA Magellan Highlights

**NIA Magellan Facts**
- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Columbia, MD with 700 National NIA Magellan Employees
- Business supported by two National Call Operational Centers

**Industry Presence**
- 58 Health Plan Clients serving 21M National Lives
- 12M Commercial; 1M Medicare;
- 8M Medicaid
- 28 states
- Doing business in Mississippi since 2011

**Clinical Leadership**
- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)

**Product Portfolio**
- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Musculoskeletal Management (Spine Surgery/IPM)
- Sleep Management
- Emergency Department, Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified
NIA Magellan’s Prior Authorization Program

Effective January 1, 2011

Procedures Requiring Prior Authorization:

In addition to the management of CT/CTA, CCTA, MRI/MRA and PET Scans,

Effective January 1, 2014, Magnolia Health Expanded its Relationship with NIA to include:

- Nuclear Cardiology/MPI
- Stress Echo

Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

Excluded from Program: Procedures Performed in the Following Settings:

- Hospital Inpatient
- Emergency Room Services
- Providers should continue to follow Magnolia authorization policies for Observation procedures
List of CPT Procedure Codes Requiring Prior Authorization

• Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA

• CPT Codes and their Allowable Billable Groupings

• Located on RadMD

• Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix
Responsibility for Authorization

**Ordering Provider**
Responsible for obtaining prior authorization

**Rendering Provider**
Ensuring that prior authorization has been obtained prior to providing service

*Recommendation to Rendering Providers: Do not schedule test until authorization is received*
Prior Authorization Process Overview

Ordering Provider

Online Through RadMD or Via Phone to NIA’s Call Center

Medical Necessity Review

Claim

Rendering Provider Performs Service

Service Authorized

NIA processes more than 300,000 requests each month!
Clinical Decision Making and Algorithms

• Guidelines are reviewed and mutually approved by Centene Corporation and Magnolia Health Plan and NIA Chief Medical Officers.
• NIA algorithms and medical necessity reviews collect key clinical information to ensure that Magnolia Health Plan members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Magnolia Health Plan members are receiving the appropriate level of care.
• Clinical Guidelines available on www.RadMD.com
Patient and Clinical Information Required for Authorization

**GENERAL**
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

**CLINICAL INFORMATION**
- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Refer to the Prior Authorization Checklists on RadMD for more specific information.
Clinical Specialty Team Review

Clinical Specialization Pods Overseen by a Physician Advisor

<table>
<thead>
<tr>
<th>Neurology</th>
<th>Abdomen/Pelvis (includes OB-US)</th>
<th>General Studies</th>
<th>Radiation Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>Orthopedic</td>
<td></td>
<td>Oncology</td>
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Physician Review Team

Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements

Specialty Physician panels for peer reviews on specialty products (cardiac, OB ultrasound, radiation oncology, pain management, sleep management)
Document Review

• NIA may request patient’s medical records/additional clinical information
• When requested, validation of clinical criteria within the patient’s medical records is required before an approval can be made
• Ensures that clinical criteria that supports the requested test are clearly documented in medical records
• Helps ensure that patients receive the most appropriate, effective care
**NIA to Ordering Provider: Request for Additional Clinical Information**

- A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet.
- We stress the need to provide the clinical information as quickly as possible so we can make a determination.
- Determination timeframe begins after receipt of clinical information.
- Failure to receive requested clinical information may result in non-certification.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Fax Number</strong></td>
<td>FAXC</td>
</tr>
<tr>
<td><strong>Ordering Physician</strong></td>
<td>NIA to Ordering Provider</td>
</tr>
<tr>
<td><strong>Tender Number</strong></td>
<td>ABDOMEN - PELVIS CT</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>TODAY</td>
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Study Requested was: Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

- The most recent office visit note.
- Any office visit note since initial presentation of the complaint/problem requiring imaging.
- Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging.

Further specific and examples are listed below:

- **FAX_REQUEST_ADDITIONAL_INFORMATION**
  - Abdominal pain evaluation:
    - Provide details regarding history of abdominal pain (history, onset, trauma mechanism, if relevant, effect on bowel habits, relevant past medical history, bowel, disease, or surgery, etc., examination, including pelvic examination, diagnostic work-up, relevant reports demonstrating abnormalities, prior treatment, consultation, if any).
  - Abnormal findings on examination, imaging, or laboratory test:
    - Provide the office visit note(s) or lab imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging.
  - Suspicuous of cancer:
    - Provide the office visit consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic imaging report indicating the relevance of an imaging test in further evaluation of a possible malignancy.
  - History of cancer:
    - Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
  - Pre-operative evaluation:
    - Provide the office visit consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four-week/30-day period.
  - Post-operative evaluation:
    - | CC_TRACKING_NUMBER | FAXC |
Submitting Additional Clinical Information/Medical Records to NIA

Two ways to submit clinical information to NIA

– Via Fax
– Via RadMD Upload

Use the Fax Coversheet (when faxing clinical information to NIA)

Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 888-642-7649

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!
Prior Authorization Process

1. Intake level
   - Requests are evaluated using our clinical algorithm
   - Requests may:
     1. Approve
     2. Require additional clinical review
     3. Pend for clinical validation of medical records

2. Initial Clinical Review
   - Nurses will review request and may:
     1. Approve
     2. Send to NIA physician for additional clinical review

3. Physician Clinical Review
   - Physicians may:
     1. Approve
     2. Deny
     3. Ordering Provider Withdrawal

A peer to peer discussion is always available!
### Determination and Notification of Determination

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<tr>
<th>Approval Notification</th>
<th>Denial Notification</th>
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<tr>
<td>Determinations will be made within 2BD or 3CD from receipt of clinical information, not exceeding 14CD from receipt of the request.</td>
<td>Verbal to Ordering Provider</td>
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<td>Fax to Ordering Provider</td>
<td>Written to Ordering Provider and Member</td>
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<th>Authorization Validity Period</th>
<th>Appeal Instructions</th>
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<td>30 days from date of request</td>
<td>In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.</td>
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## NIA’s Re-Review and Urgent/Expedited Authorization Process

<table>
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<th>Re-Review Process</th>
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<td>Re-reviews will be allowed within five calendar days of initial denial determination</td>
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<th>Urgent/Expedited Authorization Process</th>
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<td>If an urgent clinical situation exists (outside of a hospital emergency room), please call NIA immediately. The number to call to obtain a prior authorization is: 1-866-912-6285</td>
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For Expedited Cases: Call NIA’s Call Center for processing. Advise at intake that the case is expedited (as opposed to using our website).
Program Components

Provider Network

Claims and Appeals

Radiation Safety
Advanced Imaging Provider Network:

- NIA will use the Magnolia Health Plan’s network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it’s preferred providers for delivering outpatient advanced imaging services to Magnolia Health Plan members throughout Mississippi.
How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Magnolia Health Plan at:
  
  **Magnolia Health Plan**  
  P. O. Box 3090  
  Farmington, MO 63064-3800  
  Mississippi CHIP Program

- For Mississippi CHIP Program:
  
  **Magnolia Health MS CHIP**  
  P. O. Box 5040  
  Farmington, MO 63640

- Providers are strongly encouraged to use EDI claims submission. Clearinghouses used are Emedon, SSI and Gateway EDI. Payor ID number is: 68062

- Check on claims status by logging on to the Magnolia Health Plan website at:  
  [www.magnoliahealthplan.com](http://www.magnoliahealthplan.com)

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Magnolia Health Plan.

- Providers should follow the instructions on their non-authorization letter or Explanation of Benefits (EOB) notification.
Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv

- U.S. population exposed to nearly six times more radiation from medical devices than in 1980
- CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

NIA has developed Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns
Radiation Awareness Program

- Identification of High Exposure Members
- Point of Service Provider Notification and Opportunities for Provider Education
- Promote Member Awareness and Education

Radiation Calculator

www.radiationcalculator.com

Over 8,000 visits to the website from 89 countries
Apple, Android and Facebook App available
- Average rating: 4 out of 5 stars
Provider Tools

- Toll free authorization and information number – 1-866-912-6285, Available 7:00 a.m.- 7:00 p.m. CST
  - Interactive Voice Response (IVR) System for authorization tracking

- RadMD Website – Available 24/7 (except during maintenance)
  - Request authorization (ordering providers only) and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents
Ordering Provider: Getting Started on RadMD.com

Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders radiology exams”
3. Fill out the application and click the “Submit” button.
   – You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.
Rendering Provider: Getting Started on RadMD.com

IMPORTANT

- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:
1. Click the “New User” button on the right side of the home page.
2. Select “Imaging Facility or Hospital that performs radiology exams”
3. Fill out the application and click the “Submit” button.
   - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.
Dedicated Provider Relations Contact Information

NIA Dedicated Senior Provider Relations Manager: Charmaine S. Gaymon

Phone: 1-800-450-7281 ext 32615/1-410-953-2615
Email: csgaymon@magellanhealth.com

• Provides educational tools to ordering Physicians and rendering providers on imaging processes and procedures.
• Liaison between Magnolia Health Provider Relations and NIA.
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