



*Dean Health Plan
Physical Medicine
Overview*

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Above and throughout this document, "NIA Magellan" refers to National Imaging Associates, Inc.

Dean Health Plan Physical Medicine Overview

What:

- Dean Health Plan will expand it's current Utilization Management Preauthorization Program to include management of Rehabilitative and Habilitative Physical Therapy and Occupational Therapy
- Care Registration will be required for PT and OT visits one through eight in a calendar year.
- Preauthorization will be required for PT and OT visits nine and beyond

When:

- Program Start Date: January 1, 2016

Who:

- Dean Health Plan HMO, POS, PPO, Medicare Advantage, and select Badgercare members will be subject to care registration/preauthorization
- Not all of the Dean Health Plan ASO groups will have the same authorization requirements
- Dean Gold Members and Dean members with a autism diagnosis will be exempted

NIA Magellan Program Agenda

Our Program

1. Care Registration Process
 2. Preauthorization Process and Overview
 3. Clinical Information Required
 4. Validity Authorization Period and Notification of Determination
 5. Network
 6. Claims
 7. Provider Tools and Contact Information
-
- RadMD Demo
 - Questions and Answers

NIA Magellan's Care Registration and Preauthorization Program

Effective January 1, 2016, Dean Health Plan will expand its relationship with NIA Magellan. The NIA Magellan Call Center will be available beginning Monday, December 21, 2015 for care registration/preauthorization for dates of service January 1, 2016 and beyond. Any existing Prior Authorizations from 2015 will be end dated 12/31/15 and new Prior Authorization for 2016 Dates of Service will need to be requested.

Services Requiring Care Registration/ Preauthorization

Outpatient:

- **Physical Therapy Services**
- **Occupational Therapy Services**

**Excluded from
Program:**
PT and OT Services
Performed in the
Following Settings:

Hospital Inpatient

- **Part A services provided in a skilled nursing facility**
- **Acute Rehab Hospital Inpatient**

Dean Health Plan will continue to manage preauthorization of coverage for inpatient procedures through the existing concurrent review program

Care Registration Process

- After the first visit with the patient in the calendar year, the provider will register the patient with NIA Magellan
- Care Registration is used to document the initial visits in the calendar year to determine when the visit threshold is reached and medical management is needed
- This registration must be completed for the first eight visits for any given member(patient) upon initial evaluation through the NIA website: www.RadMD.com
- Limited patient and medical information is needed for Care Registration
- The first provider/billing entity to treat the member(patient) for the year, will complete the Care Registration process to reserve the initial eight visits
- Care Registration will allow the patient eight (8) visits for a 90 day time span starting with the initial visit for that calendar year. The eight visits must be within the 90 day time span.
- If a PT visit and OT visit occur on the same day, they will count as two separate visits
- HMO members who wish to utilize a non-plan provider must first have an approved authorization from Dean Health Plan for the USE of the non-plan provider. Authorization requests must be submitted by a DHP plan provider. NIA/Magellan will make the medical necessity determinations for these services.
- Prior to reviewing a HMO physical medicine request from a non-plan provider, NIA/Magellan will confirm that the approved authorization for the use of the non-plan provider is in place. If the authorization for use of the non-plan provider is not in place, the authorization request will not be processed.

Care Registration Process Summary

Step 1: Go to the NIA website. www.RadMD.com

Step 2: Validate Patient information

Step 3: Complete Care Registration

Step 4: Receive Care Registration Approval

Step 5: Receive Approval Letter

Responsibility for Care Registration and Preauthorization Process

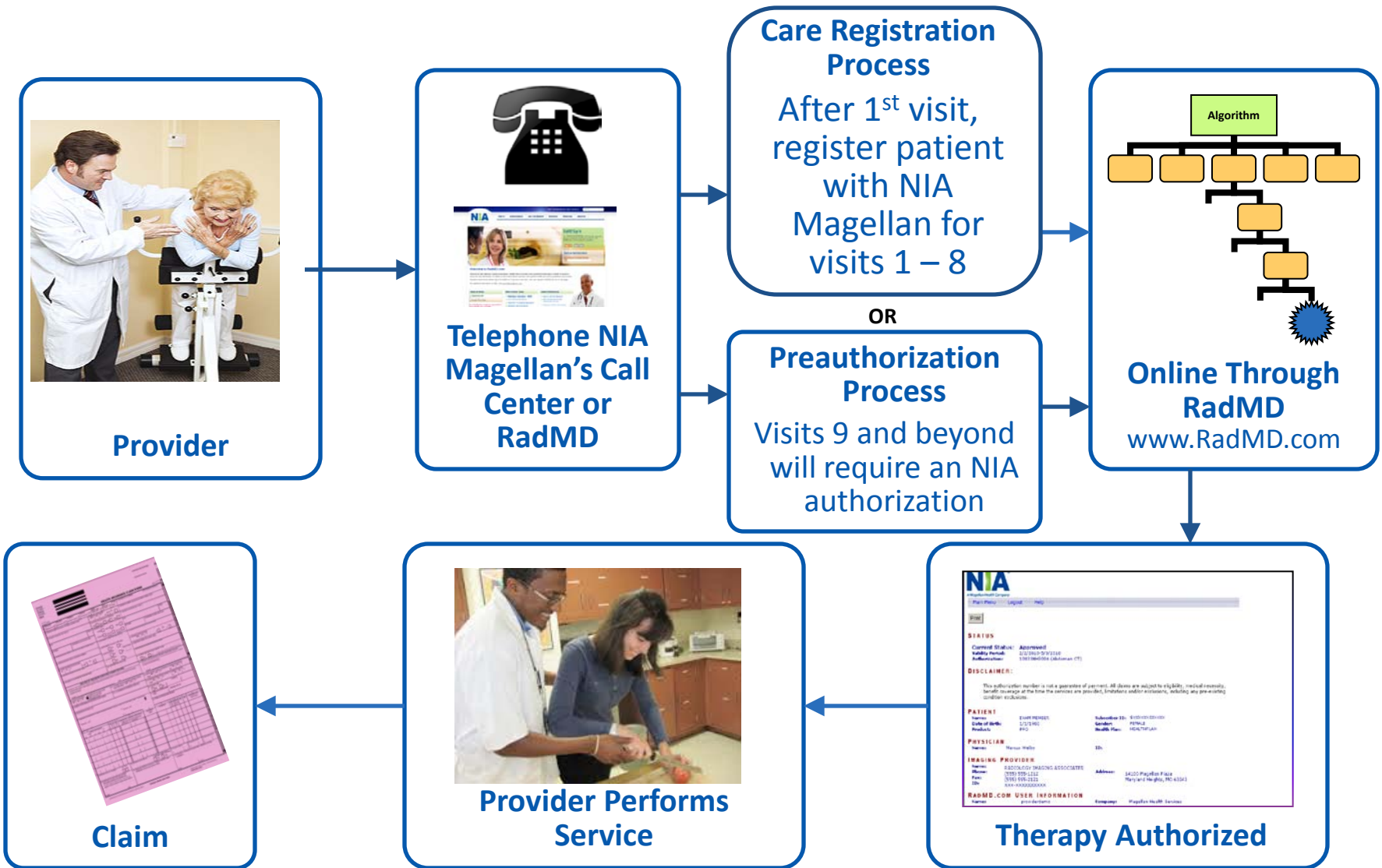
Provider Responsibilities

- Obtain care registration/preauthorization
- Ensure that care registration/preauthorization has been obtained prior to providing services
- Verify member's benefits via Provider Portal or contacting Dean Health Plan Customer Care Center



NIA Magellan recommends that you do not schedule any additional therapy beyond the initial evaluation until care registration / preauthorization is obtained.

Care Registration/Prior Authorization Process Overview



Clinical Decision Making and Algorithms

- Clinical guidelines are reviewed and mutually approved by Dean Health Plan and NIA Magellan Chief Medical Officers and senior clinical leadership.
- NIA Magellan’s algorithms and medical necessity reviews collect key clinical information to ensure that Dean Health Plan members are receiving appropriate outpatient rehabilitative and habilitative physical and occupational therapy services.
- Speech Therapy is not part of this program. Speech therapy services must be prior authorized by Dean Health Plan.
- NIA Magellan utilizes a combination of internally developed guidelines and commercially licensed guidelines (Apollo Managed Care Guidelines: *Managing Physical/Occupational and Rehabilitation Care*) for physical medicine services. The internally developed Clinical Guidelines are available on www.RadMD.com. Case specific Apollo Guidelines (those used to make a medical necessity decision) are made available to the provider upon request.
- The internally developed PT and OT Clinical Guidelines for Dean Health Plan will be available on RadMD effective January 1, 2016. To preview this guideline:
 - Click on the “Health Plans” selection on the Home page menu bar.
 - Scroll down the page to locate your specific health plan name on the left side of the screen Dean Health Plan; click once to open.
 - Click on the link below “Preview of Clinical Guidelines” to open the pdf document.

Patient and Clinical Information Required for Preauthorization

GENERAL

- Includes things like: provider information, member information, rendering provider information, requested therapy discipline (PT and/or OT), Date of initial evaluation, etc.
- Projected frequency and duration of treatment
- Discharge plan

- **HMO members:** An approved authorization will be required from Dean Health Plan UM for the use of an out-of-plan and/or out of area network services provider

CLINICAL INFORMATION

- Treating Diagnosis and body region being treated, date of onset. Surgery date and procedure performed (if applicable)
- Brief medical history and summary of previous therapy (if any)
- Baseline evaluation including current and prior functional status
- Objective tests and measures appropriate to the discipline of therapy. Standardize test with raw score, standardized scores and interpretation
- School programs, including frequency and goals (*for habilitative services*)
- Treatment prognosis and rehab potential. Treatment Plan including interventions planned. Specific functional goals that are measurable, sustainable and time-specific

Refer to the Preauthorization Checklist on RadMD for more specific information.

NIA Magellan to Provider: Request for Additional Clinical Information

CC_TRACKING_NUMBER

FAXC



Medical Specialty Solutions
National Imaging Associates, Inc.
PO Box 67390
Phoenix, AZ 85082-7390

PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PROVIDER:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CAR_NAME		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (Fax # 1-800-784-6864) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see radmd.com. To speak with an Initial Clinical Reviewer please call: [1-877-642-0522](tel:1-877-642-0522).

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____
RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

- 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

Submitting Additional Clinical Information/Medical Records to NIA Magellan

- Two ways to submit clinical information to NIA Magellan
 - Via Fax
 - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA Magellan)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-866-307-9729

CC_TRACKING_NUMBER

FAXC



National Imaging Associates, Inc.
 PO Box 2273
 Maryland Heights, MO 63043
 Fax #: 1-800-784-6864

FAX COVER

To:	REQ_PROVIDER	From:	National Imaging Associates, Inc. (NIA)
Fax:	FAX_RECIP_PHONE	Pages:	pPAGECOUNT
Phone:	1-888-642-7649	Date:	TODAY
Re:	CC_TRACKING_NUMBER	CC:	N/A

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Comments:

Ordering Physician: REQ_PROVIDER Health Plan: CAR NAME

Be sure to use the NIA Magellan Fax Coversheet for all transmissions of clinical information!

Prior Authorization Process

Intake level



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

Initial Clinical Review



- Peer reviewer (physical therapist or occupational therapist) will review request and may:
 1. Approve
 2. Deny

Concurrent Review

- Occurs beyond the initial authorized visits
- Peer reviewer (physical therapist or occupational therapist) will review request and may:

1. Approve
2. Deny



A peer to peer discussion is always available!

Validity Period and Notification of Determination

Notification	Denial Notification
<p>Care Registration/Preauthorization Validity Period</p> <ul style="list-style-type: none">• Care Registration: eight visits to be used within a ninety (90) day period. If a period of 90 days has elapsed since the end of any prior treatment plans, another initial request for care must be submitted to NIA Magellan• Preauthorization: Ninety (90) calendar days from evaluation date	<p>Complaints/Denials Instructions</p> <ul style="list-style-type: none">• For preauthorization complaints or denials, providers are asked to follow the instructions provided in their denial letter

Rehabilitative and Habilitative Physical Therapy and Occupational Therapy Provider Network

Physical Therapy and Occupational Therapy Provider Network:

- Dean Health Plan will use the Dean Health Plan's network of Physical Therapy and Occupational Therapy Providers as it's preferred providers for delivering outpatient PT and OT services to Dean Health Plan members.

- ★ **Rehabilitative:** services geared toward re-acquiring a skill that has been lost or impaired
- ★ **Habilitative:** services provided to help acquire a skill in the first place Ex: walking or talking

Habilitative Therapy - New Benefit for 2016

Habilitative therapy is a new benefit for **some** Dean Health Plan members in 2016.

A Habilitative benefit was added to a number of Dean Health Plan policies upon renewal in 2016. Plans that have a habilitative benefit will no longer have a limited developmental delay benefit because developmental delay is considered a habilitative diagnosis.

Some policies will continue to exclude coverage for therapy services related to the diagnosis of developmental delay. It is imperative that you verify a member's benefits PRIOR to requesting services with NIA/Magellan.

Requesting services for a benefit that the member does not have results in denial of those services.

Claims submission for Habilitative:

- First Modifier – continue to bill the GN, GO, GP modifier indicating the type of therapy
- Second Modifier – Add SZ to designate the services as habilitative

Habilitative services and devices are those services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Where do I direct authorizations for Habilitative Services?

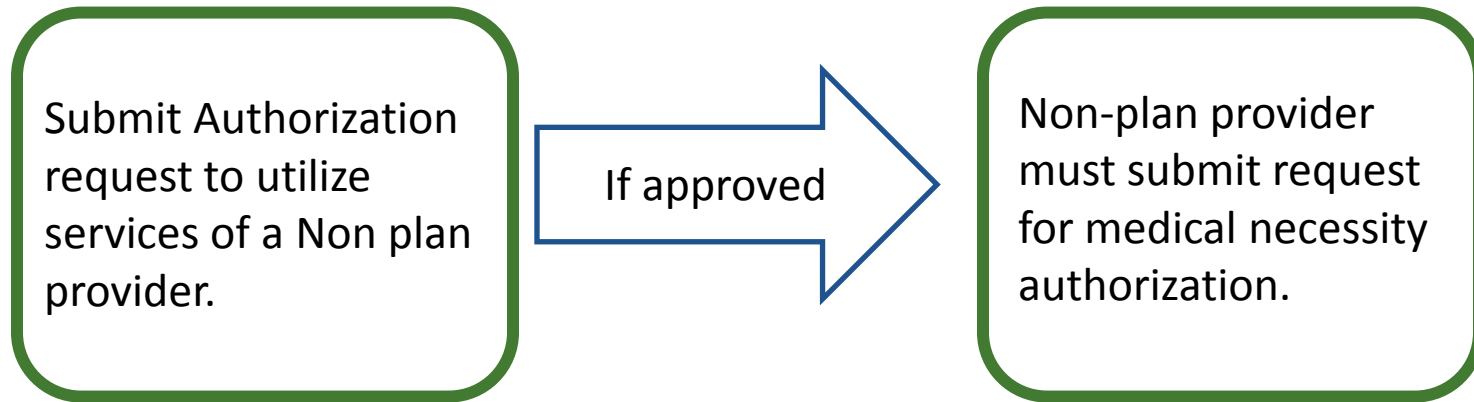
The habilitative physical medicine benefit will be effective upon renewal in 2016 for the majority of our groups. Until all of these groups have renewed, however not all authorizations will be directed to NIA. The table below provides guidance of the benefit and which organization the authorization request should be directed to:

Authorization Submitted To:

Type of Habilitative Benefit	DHP/P360	NIA
Habilitative Visits		X
4 Developmental Delay Visits	X	
BadgerCare Birth to 3 auths only	X	
No Developmental or Habilitative Benefit	X	

Reminder: Out of Network Authorizations for HMO/EPO

If the member is a HMO/EPO member and the request is for services with a non-plan provider two (2) authorizations will still be required.



Authorization	DHP/P360	NIA
Approval for use of the non-plan provider	X	
Medical Necessity of the Services		X

Claims



How Claims Should be Submitted	Claims Appeals Process
<ul style="list-style-type: none">• Physical Therapy and Occupational Therapy providers should continue to send their claims directly to Dean Health Plan.• Providers are strongly encouraged to use EDI claims submission.	<ul style="list-style-type: none">• In the event of a prior authorization or claims payment denial, providers may appeal the decision through Dean Health Plan.• Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

NOTE: Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.

Registering on RadMD.com

Ordering Provider:

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 Magellan-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

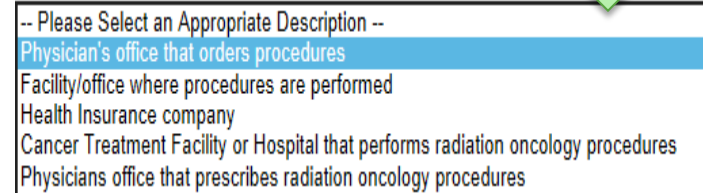
Offices that will be both ordering and rendering should request ordering provider access this will allow your office to request authorizations on RadMD and see status of those authorization request.

1



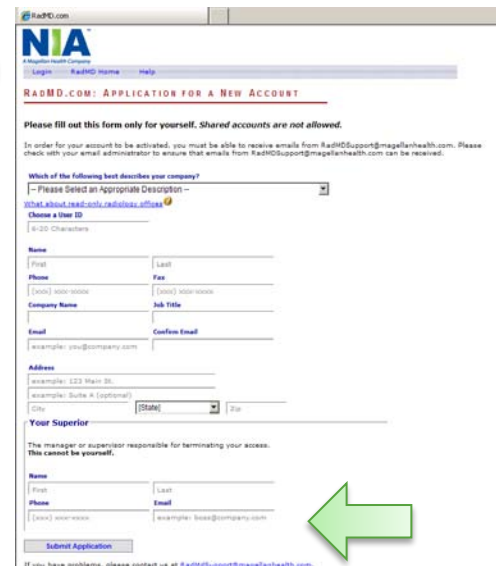
The image shows the RadMD Sign In page. It features a green header with the text "RadMD Sign In" and "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site". Below this are two buttons: "Sign In" and "New User". A green arrow points to the "New User" button. Below the buttons is a section titled "Track an Authorization" with a text input field for "Authorization Tracking Number" and a "Go" button.

2



The image shows a dropdown menu titled "-- Please Select an Appropriate Description --". The selected option is "Physician's office that orders procedures". Other visible options include "Facility/office where procedures are performed", "Health Insurance company", "Cancer Treatment Facility or Hospital that performs radiation oncology procedures", and "Physicians office that prescribes radiation oncology procedures". A green arrow points down from the dropdown menu.

3



The image shows the "Application for a New Account" form on the RadMD.com website. The form includes fields for Name (First, Last), Phone, Fax, Company Name, Job Title, Email, and Confirm Email. It also has a section for Address (Street, City, State, Zip) and a section for "Your Superior" (Name, Phone, Email). A green arrow points to the "Submit Application" button at the bottom of the form.

Rendering Provider:

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 Magellan-approved user name and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all authorizations, they will need to register for a rendering username and password. This will allow users to see all authorizations under your organization.

1 RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.
Sign In New User

2 -- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures

3 NIA
RADMD.COM: APPLICATION FOR A NEW ACCOUNT
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.
Which of the following best describes your company?
Please Select an Appropriate Description --
What Address Type Facility, Radiology, Office?
Choose a User ID
Name
First Last
Phone Fax
Company Name Job Title
Email Confirm Email
Address
Your Superior
Submit Application

Provider Tools



- **Toll free authorization and information number – 1-866-307-9729**
Available 7 a.m. - 7 p.m. CST
 - Interactive Voice Response (IVR) System for authorization tracking



- RadMD Website – Available 24/7 (except during maintenance)
 - Request care registration/preauthorization and view status
 - Upload additional clinical information
 - View Internally Developed PT/OT Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents

NIA Magellan Contacts

Dedicated NIA Magellan Provider Relations Manager for Dean Health Plan providers:

- Provide education to the provider community on the NIA Magellan program through Dean Health Plan
- Serve as a Liaison between Dean Health Plan Provider Network Services and NIA Magellan
- Answer your questions and assist you with researching issues

Leta Genasci

Phone 1-800-450-7281 X75518

Via e-mail at ljgenasci@magellanhealth.com

RadMD Demo



Confidentiality Statement for Providers

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Thanks

