National Imaging Associates, Inc. (NIA) Medical Specialty Solutions for Managed Health Services (MHS)

Provider Training/Presented by:
Name: April J. Sabino
NIA Training Program
NIA Program Agenda

Introduction to NIA

Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

RadMD Demo

Questions and Answers
A Unique Vision of Care

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

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

Industry Presence
- 78 Health Plan Clients serving 26.9M National Lives
  - 16.7M Commercial; 1.17M Medicare;
  - 9.05M Medicaid
  - 34 states

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
- Genetic Testing
- Musculoskeletal Management (Surgery/IPM)
- Chiropractic Care, Speech Therapy, Physical and Occupational Therapies
- Sleep Management
- Emergency Department Clinical Decision Support
- Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified
NIA’s Prior Authorization Program

Effective November 1, 2016
Only non-emergent procedures performed in an outpatient setting require authorization with NIA

Procedures Requiring Prior Authorization
- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

Excluded from Program: Procedures Performed in the Following Settings:
- Hospital Inpatient
- Observation
- Emergency Room
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 Physician

Submit Requests by Phone
Or Online Through RadMD
www.RadMD.com

Algorithm

Information evaluated via algorithm and medical records

Claim

Rendering Provider Performs Service

Service Authorized
• Guidelines are reviewed and mutually approved by MHS and NIA’s Chief Medical Officers
• NIA’s algorithms and medical necessity reviews collect key clinical information to ensure that MHS members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that MHS 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**

<table>
<thead>
<tr>
<th>Clinical Specialization Pods</th>
<th>Overseen by a Physician Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology</td>
<td>Abdomen/Pelvis (includes OB-US)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>General Studies</td>
<td>Oncology</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
</tr>
</tbody>
</table>

**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, interventional pain management, surgery, sleep management)

Automated Timeliness Routing
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
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 at 1-866-904-5096

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

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

Initial Clinical Review

• Nurses will review request and may:
  1. Approve
  2. Send to NIA physician for additional clinical review

Physician Clinical Review

• Physicians may:
  1. Approve
  2. Deny

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

<table>
<thead>
<tr>
<th>Approval Notification</th>
<th>Denial Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Validity Period</td>
<td>Appeal Instructions</td>
</tr>
<tr>
<td>30 days from the 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>
</tr>
</tbody>
</table>
NIA’s Urgent Authorization Process

Urgent Authorization Process
If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review at 1-866-904-5096.
Program Components

- Provider Network
- Provider Assessment Program
- Claims and Appeals
- Radiation Safety
Advanced Imaging Provider Network:

- MHS will use MHS’ network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it’s preferred providers for delivering outpatient non-emergent CT/CTA, CCTA, MRI/MRA, PET Scans, Myocardial Perfusion Imaging, MUGA Scans, Echocardiography and Stress Echo services to MHS members throughout Indiana.
A process used by NIA to assess the diagnostic imaging capabilities of the providers within the network. It includes both credentialing as well as an assessment of the appropriateness of the contracted services rendered at each practice location (called privileging).

Privileging components include:

• Accreditation
• Equipment Standards
• Physician and Technologist Education, Training, and Certification
• Facility Management

* This program will begin 6 months post Go-Live
Overview

- Modalities privileged by NIA include CT/CTA, CCTA, MRI/MRA, PET Scans, Myocardial Perfusion Imaging, MUGA Scans, Echocardiography, and Stress Echo procedures

- Providers privileged include freestanding facilities and/or in-office providers (we don’t privilege hospitals or providers billing for interpretation)

- Providers who complete an application and comply with Privileging Guidelines are selectable for prior-authorization

**NOTE:** Providers may be privileged for some modalities, but not privileged for other modalities

Application Submission Process

- Application available on RadMD
- Each practice location must complete a separate application
- Information gathered is shared with health plan – health plan makes the final decision
- Results are communicated to the provider by NIA
### Claims and Appeals

<table>
<thead>
<tr>
<th>How Claims Should be Submitted</th>
<th>Claims Appeals Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rendering providers/imaging providers should continue to send their claims directly to MHS.</td>
<td>• In the event of a prior authorization or claims payment denial, providers may appeal the decision through MHS.</td>
</tr>
<tr>
<td>• Providers are strongly encouraged to use EDI claims submission.</td>
<td>• Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</td>
</tr>
<tr>
<td>• Check on claims status by logging on to the MHS website at <strong>mhsindiana.com</strong></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.
• 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
NIA’s Radiation Safety Tools

Radiation Awareness Education
- Promote Provider and Member Awareness and Education

Radiation Calculator
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 at 1-866-904-5096
  – Available 8am-8pm EST
    o Interactive Voice Response (IVR) System for authorization tracking

– RadMD Website – Available 24/7 (except during maintenance)
  o Request authorization (ordering providers only) and view authorization status
  o Upload additional clinical information
  o View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents
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.
NIA Dedicated Provider Relations Manager:
Name: April J. Sabino

**Phone:** 1-800-450-7281 Ext. 31078 or 1-410-953-1078
**Email:** ajsabino@magellanhealth.com
RadMD Demo
Confidentiality Statement for Providers

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.
Thanks