Magellan Healthcare[1]
Frequently Asked Questions (FAQ's)
For Horizon NJ Health Providers

Question	Answer
GENERAL	

Why did Horizon NJ Health implement a Medical Specialty Solutions Program?	We implemented a Medical Specialty Solutions Program to improve quality and manage the utilization of the following non-emergent outpatient:
	
	• MRI/MRA
	• CT/CTA
	• PET Scan
	• Nuclear Cardiology/Nuclear Stress/MPI
	
	Effective December 1, 2013:
	
	• Select Non-Advanced Radiology Procedures
	• Stress Echocardiography
	• Echocardiography
	• CCTA
	• Cardiac Catheterization
	• Radiation Oncology Management for Radiation Therapy
	• Cardiac Implantable Devices
	   ° Implantable Cardioverter Defibrillator (ICD)
	   ° Pacemaker
	   ° CRT Pacemaker

Why did Horizon NJ Health select (Magellan Healthcare to manage its Medical Specialty Solutions Program?	Magellan Healthcare was selected to partner with us because of its clinically-driven program designed to effectively manage quality and patient safety while ensuring appropriate utilization of resources for Horizon NJ Health membership. Horizon NJ Health has had a successful relationship with Magellan Healthcare for radiology services for a number of years.
What networks were used for the Medical Specialty Solutions Program?	Magellan Healthcare managed the Medical Specialty Solutions through the Horizon NJ Health's current provider network.

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[1]National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

PRIOR AUTHORIZATION	
What was the Implementation Date for the Medical Specialty Solutions Program?	Implementation was December 1, 2013.

What Medical Specialty Solutions Services required providers to obtain a prior authorization?	**Effective** December 1, 2013, in addition to the management of MR's, CT's, PET Scans and Nuclear Cardiology/Nuclear Stress/MPI, the program required prior authorization from Magellan Healthcare for the following non-emergent outpatient services:
	
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	• Echocardiography
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	Emergency room, observation and inpatient procedures do not require prior authorization from Magellan Healthcare. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review.

Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is a Magellan Healthcare authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes
Are routine Imaging services a part of this program?	Yes
Are inpatient Diagnostic Imaging procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Horizon NJ Health Medical Management Department.
Is prior authorization required for Medical Specialty Solutions Services performed in the emergency room?	No. Medical Specialty Solutions Services performed in the emergency room are not included in this program and do not require prior authorization through Magellan Healthcare.
How does the ordering provider obtain a prior authorization from Magellan Healthcare for an outpatient Diagnostic Imaging service?	Using a single sign on process, the ordering physician will be able to request prior authorization online using RadMD via NaviNet at www.navinet.net or by calling 1-800-642-7299. Signing on to NaviNet will allow the ordering physician to access to RadMD. To get started with the single sign on

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	process, go to www.RadMD.com click the New User button and set up a unique username/account ID and password for each individual user in your office or facility. Your RadMD login information should not be shared. This further protects members' personal health information. **NOTE: NaviNet single sign on process will not be available until early 2014 to process diagnostic imaging authorization requests.**
What information is required in order to receive prior authorization?	To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solution. (Magellan Healthcare's Clinical Guidelines for the aforementioned Medical Specialty Solution Services can be found on Magellan Healthcare's website at www.RadMD.com) Have the appropriate information ready before logging into Magellan Healthcare's website or calling the Magellan Healthcare Call Center (*information is required.) ▪ Name and office phone number of ordering physician* ▪ Member name and ID number* ▪ Requested examination* ▪ Name of provider office or facility where the service will be performed* ▪ Anticipated date of service ▪ Details justifying examination.* • Symptoms and their duration • Physical exam findings • Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications) • Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation) • Reason the study is being requested (e.g., further evaluation, rule out a disorder) ▪ Please be prepared to provide the following information, if requested ☐ Clinical notes ☐ X-ray reports ☐ Previous related test results ☐ Specialist reports/evaluation ☐ Ultrasound reports ***To assist in collecting information for the authorization process, you may access the specific medical specialty and disease specific (prior authorization or treatment plan checklists) on www.RadMD.com**.
Can a provider request more than one service at a time for a member?	Magellan Healthcare can handle multiple authorization requests per contact. Separate authorization numbers are issued by Magellan Healthcare for each service that is authorized.
What kind of response time can ordering providers expect for prior authorization?	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.

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What does the Magellan Healthcare authorization number look like?	The Magellan Healthcare authorization number consists of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may receive a Magellan Healthcare 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 can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RADMD and the request pends, what happens next?	You will receive a tracking number and Magellan Healthcare will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	No, expedited requests will need to be called into Magellan Healthcare's Call Center for processing at 1-800-642-7299.
What happens if a patient is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain prior authorization is 1-800-642-7299.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, Magellan Healthcare will follow-up with the ordering physician to complete the process.
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.
Does Magellan Healthcare allow retro-authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Claims for Medical Specialty Solutions Services will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility **<u>should not</u>** schedule services without prior authorization.
What happens if I have a service scheduled for December 1, 2013?	An authorization can be obtained for all Medical Specialty Solutions for dates of service December 1, 2013 and beyond, beginning December 1, 2013. Magellan Healthcare and Horizon NJ Health will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the Magellan Healthcare website at www.RadMD.com.
Will the Magellan Healthcare authorization number be displayed on the Horizon NJ Health web site?	No

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SCHEDULING SERVICES	
Why does Magellan Healthcare ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization before the services are rendered?	During the authorization process, Magellan Healthcare 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?	

Which medical providers are affected by the Medical Specialty Solutions Services?	Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering Physicians will need to request a prior authorization and the delivering/servicing providers will need to ensure there is an authorization number in order to bill the service.
	
	• Ordering physicians including Primary Care Providers (PCPs) and Specialty Care providers.
	• Delivering/Servicing providers who perform Medical Specialty Solutions Services at**:**
	  ▪ Freestanding diagnostic facilities
	  ▪ Ambulatory Surgical Centers
	  ▪ Hospital outpatient diagnostic facilities
	  ▪ Provider offices
	  ▪ Radiation Treatment Facilities

CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent Medical Specialty Solutions Services?	Providers should continue to send claims to the address indicated on the back of the Horizon NJ Health member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claim status through NaviNet.net. You can log-in either through the Horizon NJ Health website or NaviNet.net.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Horizon NJ Health. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification. Providers may only appeal an authorization denial if they have the member's written consent.

PRIVILEGING FOR DIAGNOSTIC IMAGING	
Why is Horizon NJ Health implementing a Provider Assessment Program?	Magellan Healthcare's provider assessment program policies establish reasonable and consistent standards for the performance of all diagnostic imaging services. The program establishes minimum participation guidelines that include facility accreditation, equipment capabilities, physician and technologist education, training and certification, documented procedures for handling patient emergencies, BLS certified physician on-site during MR, CT and PET procedures and facility management

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	components such as radiation safety guidelines (e.g. ALARA - As Low as Reasonably Achievable). These guidelines are established and refined with the consideration of the American College of Radiology (ACR) and other accreditation bodies, diagnostic imaging common practice standards, updated literature reviews, and new technology assessments. Magellan Healthcare provides ongoing monitoring of imaging practices and facilities.
Who is required to complete a Magellan Healthcare Privileging Assessment Application?	If you perform **any diagnostic imaging services** you are required to complete a Diagnostic Imaging Provider Assessment Application. Completing the online application is essential to your practice's continued eligibility for authorization and reimbursement of diagnostic imaging procedures. A separate application is required for each practice location performing diagnostic imaging services. If your practice has more than one location performing these services, please call Magellan Healthcare at 800-424-6005 to request an additional login. **All providers performing diagnostic imaging must be approved by Magellan Healthcare's provider assessment process or claims for these services will not be paid.**
Where can I direct questions about the Magellan Healthcare Privileging Application and/or privileging process?	If providers have any questions regarding the Magellan Healthcare Provider Assessment Application or process, contact Magellan Healthcare's Provider Assessment Department toll-free at 1-800-424-6005 or at RADPrivilege@Magellanhealth.com.
Is Magellan Healthcare able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the Magellan Healthcare Provider Assessment Application?	Yes. Magellan Healthcare's experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the Magellan Healthcare Provider Assessment Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the Provider Assessment Department toll-free at 1-800-424-6005 with any questions.
How do I access the Magellan Healthcare Privileging Application?	To access the online application: Direct your Web browser to www.RadMD.com. Click on the link for the Diagnostic Imaging Provider Assessment Application (located under Online Tools). Enter your login in the "Login" box. (If you do not know your login, please contact Magellan Healthcare's Provider Assessment Department toll-free at 1-800-424-6005.
How user friendly is Magellan Healthcare's online Diagnostic Imaging Privileging Application?	Magellan Healthcare offers a 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

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	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.
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 Reasonably Achievable).
MISCELLANEOUS	
How is medical necessity defined?	Magellan Healthcare defines medical necessity as a service that: • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Is appropriate to the intensity of service and level of setting; • Provides unique, essential, and appropriate information when used for diagnostic purposes; • Is 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 • Is not furnished primarily for the convenience of the member, the attending physician, or other provider.
Where can a provider find Magellan Healthcare's Guidelines for Medical Specialty Solutions Services?	Magellan Healthcare's Clinical Guidelines for the aforementioned Medical Specialty Solution Services can be found on Magellan Healthcare's Web site at www.RadMD.com. The guidelines are presented in a PDF file format that can easily be printed for future reference. Magellan Healthcare's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
What will the Member ID card look like? Will the ID card have both Magellan Healthcare and Horizon NJ Health information on it? Or will there be two cards?	The Horizon NJ Health Member ID card will not contain any Magellan Healthcare identifying information on it.

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What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition (OCR) technology, Magellan Healthcare can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering physicians print an OCR fax coversheet from www.RadMD.com or contact Magellan Healthcare at 1-800-642-7299 to request an OCR fax coversheet if their authorization request is not approved on-line or during the initial phone call to Magellan Healthcare. Magellan Healthcare can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to Magellan Healthcare with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.
CONTACT INFORMATION	
Who can a provider contact at Magellan Healthcare for more information?	Providers can contact, Charmaine Everett, Provider Relations Manager at 410-953-2615. For Diagnostic Imaging privileging questions, contact Magellan Healthcare's Provider Assessment Department toll-free at 1-800-424-6005.

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