

Frequently asked questions: Magellan Healthcare's management of ConnectiCare's preauthorization program	
Question	Answer
GENERAL	
Why did ConnectiCare implement these new programs?	<p>These are not new programs for ConnectiCare. We are expanding our existing partnership with Magellan Healthcare to include preauthorization management of the following elective services:</p> <ul style="list-style-type: none"> • Cardiac imaging program and implantable devices, and • Outpatient interventional spine pain management for these procedures: <ul style="list-style-type: none"> ○ Spinal epidural injections ○ Paravertebral facet joint injections or blocks ○ Paravertebral facet joint denervation (radiofrequency (RF) neurolysis) ○ Sacroiliac joint injections
Why Magellan Healthcare?	<p>Magellan has managed our outpatient advanced imaging and inpatient and outpatient spine surgery programs for the past few years. Magellan has the ability to manage quality and patient safety, while ensuring appropriate use of resources for our members.</p>
What are the services that are now being managed and require preauthorization review through Magellan Healthcare (prior to Aug. 1)?	<ul style="list-style-type: none"> • CT/CTA • CCTA • MRI/MRA • PET Scan • Myocardial Perfusion Imaging (MPI) • Muga Scan • Stress Echocardiography • Radiation Oncology (All Cancer Conditions, as well as all conditions for Proton Beam and Stereotactic Radiation Therapy) • Spine Surgery (Lumbar, Cervical and Thoracic Spine Surgery, Adult Deformity Surgery, Implantable Infusion Pump Insertion)
What are the new services that are going to be managed and will require preauthorization through Magellan Healthcare?	<p>Starting Aug. 1, 2018, Magellan Healthcare will manage the preauthorization process for the following elective services:</p> <ul style="list-style-type: none"> • New CT/MR/Pet Imaging <ul style="list-style-type: none"> ○ CAD Breast MRI for Lesion Detection ○ PET Imaging, any site, not otherwise specified • Cardiac Program <ul style="list-style-type: none"> ○ Cardiac Resynchronization Therapy (CRT) ○ Implantable Cardioverter Defibrillator (ICD) ○ Pacemaker Insertion ○ Transthoracic Echocardiography (TTE) ○ Transesophageal Echocardiography (TEE)

	<ul style="list-style-type: none"> ○ Heart Catheterization ● Outpatient Interventional Spine Pain Management <ul style="list-style-type: none"> ○ Spinal Epidural Injections ○ Paravertebral Facet Joint Injections or Blocks ○ Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) ○ Sacroiliac Joint Injections ● Clinical Validation of Records <p>Emergency room, observation and inpatient procedures do not need preauthorization from Magellan Healthcare. Providers also do not need preauthorization if the member is admitted in a hospital to undergo emergency spine surgery. If an urgent/emergent clinical situation exists outside of a hospital emergency room, contact Magellan Healthcare immediately through its website, www.RadMD.com, or by calling 1-877-607-2363. Please make sure to include the appropriate clinical information for an expedited review.</p>
What plans are affected by these new services?	<p>The new services will affect ConnectiCare members with commercial and Medicare Advantage plans.</p>
Why is a Clinical Validation Program being implemented	<p>Magellan Health is implementing a Clinical Validation of Records (CVR) Process for CPT codes that are part of the expanded services. This process will help make sure ConnectiCare patients get the most appropriate, effective care. The CVR process will include the request and review of clinical information by Magellan Healthcare. As part of the authorization process, providers will now have to fax to Magellan Healthcare or upload on www.RadMD.com certain pieces of a patient's medical records and/or additional clinical information as part of the clinical review for determination. Magellan Healthcare will be validating the clinical criteria within the patients' medical records, ensuring that the clinical criteria support the requested procedures and are clearly documented in medical records.</p>
How will providers be notified that the case is eligible for CVR?	<p>At the end of an authorization request, if the request is pended for additional clinical information, a fax will be immediately sent to the ordering provider's office noting specifically what clinical documentation is needed from the patient's medical record. The fax will include instructions on how to submit the clinical information that's needed for a final determination to be made.</p>
PREAUTHORIZATION	
When do I have to start submitting preauthorization requests to Magellan for the additional services?	<p>The expanded services will apply to dates of services on or after August 1, 2018 for all ConnectiCare plans.</p>
How do I submit my preauthorization request to Magellan?	<p>Providers will be able to request preauthorization through Magellan's website, www.RadMD.com, or by calling Magellan at 1-877-607-2363.</p>

<p>What information is required in order to receive preauthorization?</p>	<p>To expedite the preauthorization process, please refer to the specific required documentation (preauthorization requirements and treatment plan checklist) for each service on Magellan's website, www.RadMD.com. Have the appropriate information ready before logging into Magellan Healthcare's website or calling Magellan Healthcare's call center. The following information is required.*</p> <ul style="list-style-type: none"> • 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.* <ul style="list-style-type: none"> ○ 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, 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 <ul style="list-style-type: none"> ○ Clinical notes ○ X-ray reports ○ Previous related test results ○ Specialist reports/evaluation
<p>Can a provider request more than one service at a time for a member?</p>	<p>Yes, providers can request preauthorization for more than one service a time for a member. Magellan Healthcare will send you separate authorization numbers for each service that is authorized for the member.</p>
<p>What kind of response time can ordering providers expect for preauthorization?</p>	<p>Generally, within 2 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is needed to make a determination. Sending the right clinical documentation with original requests will help avoid delays and pended requests.</p>
<p>What does the Magellan Healthcare authorization number look like?</p>	<p>The Magellan Healthcare authorization number consists of 10 alpha-numeric characters. In some cases, the ordering provider may get 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 the authorization number or tracking number to check the status of their request online or through Magellan's</p>

	Interactive Voice Response (IVR) telephone system.
If requesting authorization through RADMD and the request pends, what happens next?	You will get 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 at 1-877-607-2363 for processing.
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 call Magellan Healthcare immediately with the appropriate clinical information for an expedited review. Call 1-877-607-2363.
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.
Is preauthorization necessary for services if ConnectiCare is NOT the member's primary insurance?	No.
If a provider obtains a preauthorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations/organizational determinations 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.
Will Magellan Healthcare give retro-authorizations?	<p>Yes. But it is important that rendering facility staff know the preauthorization requirements and check to see if the services have been preauthorized prior to providing services.</p> <p>These will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility should not schedule services without preauthorization.</p> <p>Here are the retro-authorization rules that Magellan Healthcare follows:</p> <ul style="list-style-type: none"> • MSK: retro-authorizations are allowed for 1 business day from the date of service for medical necessity. • RadOnc: retro-authorizations are allowed for 180 days from the date of service for medical necessity. • RBM: retro-authorizations are allowed for 1 business day from the date of service for medical necessity.
What happens if I have a service scheduled for Aug. 1, 2018?	<p>An authorization can be obtained from Magellan Healthcare for dates of service on or after Aug. 1, 2018, starting Aug. 1, 2018. Magellan Healthcare and ConnectiCare will work with the provider community on an ongoing basis to continue to educate providers that authorizations are required.</p> <p>If you have patients who are in treatment now, please see that they have the necessary preauthorization for services on or after Aug. 1.</p>
Can a provider verify an	Yes. Providers can check the status of member authorizations

authorization number online?	quickly and easily by going to the Magellan Healthcare website at www.RadMD.com .
Will the Magellan Healthcare authorization number be displayed on the ConnectiCare website?	No
SCHEDULING SERVICES	
How will Magellan Healthcare determine where to schedule the services for ConnectiCare members?	Magellan Healthcare will manage the program through ConnectiCare's contractual relationships.
Why does Magellan Healthcare ask for a date of service when authorizing a procedure?	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, with the exception of Interventional Pain Management and Left Heart Catheterization.
Do physicians have to obtain an authorization before the services are rendered?	Yes, physicians should obtain authorization before scheduling the patient.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the expanded services managed by Magellan Healthcare?	<p>Any provider who orders services in an outpatient setting for ConnectiCare's commercial and Medicare Advantage members. Ordering providers will need to request preauthorization and the delivering/servicing providers will need to ensure there is an authorization number in order to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform the services at: <ul style="list-style-type: none"> ○ Freestanding diagnostic facilities ○ Ambulatory Surgical Centers ○ Hospital outpatient diagnostic facilities ○ Provider offices ○ Radiation Treatment Facilities
CLAIMS RELATED	
Where do providers send their claims?	Providers should continue to send claims to the address indicated on the back of the ConnectiCare member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status through ConnectiCare's website, connecticare.com .
Who should a provider contact if they want to appeal a preauthorization or claims payment denial?	In the event a preauthorization request or claims payment is denied, providers may appeal the decision through ConnectiCare. Providers should follow the instructions included in the determination letter or Explanation of Payment (EOP) statement.

MISCELLANEOUS	
How is medical necessity defined?	<p>Magellan Healthcare defines medical necessity as a service that:</p> <ul style="list-style-type: none"> • 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 the services?	Go to Magellan Healthcare’s website, www.RadMD.com , for clinical guidelines. ConnectiCare has accepted these guidelines, which have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
What is an OCR Fax Coversheet?	An OCR coversheet uses Optical Character Recognition (OCR) technology that can automatically attach incoming clinical faxes to the appropriate case in Magellan Healthcare’s clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from www.RadMD.com or contact Magellan Healthcare a 1-877-607-2363 to request an OCR fax coversheet if their authorization request is not approved online or during the initial phone call to Magellan Healthcare. Magellan Healthcare can fax this coversheet to the ordering provider during the 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	
If I have more questions, who can I contact at Magellan Healthcare?	Providers can call Charmaine Everett, Magellan Healthcare’s Provider Relations Manager, at 1-800-450-7281, Ext. 32615.