Sunflower Health Plan
Physical Medicine Overview

Provider Training

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National Imaging Associates, Inc. (NIA) Training Program
Sunflower Health Plan Physical Medicine Overview

Who’s Part of the Program?

What:
- Effective June 1, 2020, physical medicine services (physical therapy, occupational therapy and speech therapy) will no longer be managed through a post-service review process for Sunflower Health Plan. The utilization management of these services will continue to be managed by NIA through a prior authorization program.
- The program includes both rehabilitative and habilitative care
- Program Start Date: June 1, 2020
- NIA will manage Physical Medicine Services for all Sunflower Health Plan members who will be utilizing Physical Medicine services Physical Therapy, Occupational Therapy, Speech Therapy

When:
- NIA will not be managing therapy services performed in:
  - Hospital Emergency Department and Patients on Inpatient and Observation status
  - Inpatient Acute Rehab Hospitals
  - Home Health
  - Inpatient and Outpatient Skilled Nursing Facilities

Who:

Exceptions:

Providers should follow the process that is in place today for these services
Transition to Prior Authorization

• ALL patients continuing with treatment beyond June 1, 2020 will require a Prior Authorization

• Providers will be required to initiate prior authorization at the start of care for all Sunflower Health Plan members

• You will only need to send NIA clinical records if the case pends at intake and when additional care or subsequent requests are requested
Our Program

- Prior Authorization Process and Overview
  - Clinical Information Required
  - Subsequent Requests
  - Peer to Peer Review
  - Notification of Determination
  - Urgent/Expeditied Process
- Provider Network
- Claims
- Provider Tools and Contact Information
- 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.
NIA Facts

• Providing Client Solutions since 1995
• Magellan Acquires NIA (2006)
• Acquisition of HSM (2015), a physical medicine benefit management company
• Headquartered in Scottsdale, AZ
• Business supported by two National Call Operational Centers

Industry Presence

• 74 Health Plan Clients serving 27.74 National Lives
• 13.61M Commercial
• 1.92M Medicare
• 12.21 Medicaid
• 41 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
• Musculoskeletal Management (Surgery/IPM)
• Physical Medicine (Chiropractic Care, Speech Therapy, Physical and Occupational Therapies)
• Provider Profiling and Practice Management Analysis
Prior Authorization
Process and Overview
Effective June 1, 2020, Sunflower Health Plan will begin a prior authorization program through NIA for the management of Physical Medicine Services. The NIA Call Center will be available beginning May 25, 2020 for prior authorization for dates of service June 1, 2020 and beyond. Any services rendered on and after June 1, 2020 will require authorization.

Services Requiring Authorization

Outpatient Therapy Services for:
- Physical Therapy
- Speech Therapy
- Occupational Therapy

The review is focused on therapy services performed in the following settings:
- Outpatient Office
- Outpatient Hospital
Responsibility for Prior Authorization

Provider Responsibilities

- Verify member’s benefits by contacting Sunflower Health Plan’s Customer Service Department
- Obtain an authorization for physical medicine services within 1 business day of the evaluation for additional services provided at the time of the evaluation and for ongoing care*
- Ensure that prior authorization has been obtained prior to rendering services**

*Failure to obtain an authorization may result in denied claims.
**NIA recommends that you do not schedule any additional physical medicine services beyond the initial evaluation until authorization is obtained.
Benefit Management

• Member benefits are in visits per year
• Each date of service is calculated as a visit
• Sunflower Health Plan keeps track of how many visits per year are used
• Office/Facility should verify benefits and visits available for each member

Network

• Sunflower Health Plan’s network of providers including Therapists, and Facilities will be used for the Physical Medicine Program

Utilization Management

• NIA will issue authorizations in sets of visits. NIA is not responsible for managing benefit limits and authorizations are not a guarantee of payment
• Initial authorizations can be obtained via telephone or the web portal, www.RadMD.com. Real-time authorization may be offered, or clinical records may be required for review
• All requests for additional visits (subsequent requests) require clinical records. Requests can be initiated by uploading these records to the existing authorization in RadMD or by faxing records to NIA using the provided coversheet
Initial Authorization Process Overview

Prior Authorization Process
After the evaluation has been completed* and/or a plan of care established, request authorization for the services/codes to be rendered.

Log in to www.RadMD.com or call NIA’s Call Center prior to OR within 1 business day of rendering the service.

Clinical Algorithm
www.RadMD.com

Claims submitted, match to authorization & pay accordingly

Services Rendered

Documentation Submitted, Reviewed and Decision Rendered

*PT, OT and ST Evaluation codes do not require authorization.

Treatment may be authorized and/or you may be instructed to submit clinical documentation for validation upon completion of the evaluation.
Medical Necessity Review
Clinical Decision Making and Algorithms

• Clinical guidelines are reviewed and mutually approved by Sunflower Health Plan and NIA Chief Medical Officers and senior clinical leadership

• For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

• NIA’s algorithms and medical necessity reviews collect key clinical information to ensure that Sunflower Health Plan’s members are receiving appropriate outpatient rehabilitative and habilitative physical medicine services

• NIA issues authorizations in accordance with Sunflower Health Plan’s benefit guidelines, NIA internally developed guidelines, commercially licensed guidelines and Milliman Care Guidelines (MCG) Licensed Guidelines for physical medicine services

• NIA Clinical Guidelines are available on www.RadMD.com:
  • Select the Solutions tab at the top of the page
  • Click on Physical Medicine to be directed to the general guidelines page

• To access Sunflower Health Plan’s specific criteria online at www.RadMD.com:
  • Sign In with User name and passcode
  • At Menu Options, click link to Clinical Guidelines
  • Click on the “Health Plans” selection on the menu bar
  • Scroll down the page to locate your specific health plan name
  • Click on the link to open the pdf document
Understanding the Goal of the Physical Medicine Intake Questions (Algorithm)

- Benefit of the algorithm
  - No delay in treatment for patient
  - No delay in submitting claims

- Once you submit your initial request for authorization, you will receive visits to get you started
  - While the majority of the authorizations may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.

- Additional visits will be approved once clinical documentation has been submitted with subsequent requests process
Patient and Clinical Information Required for Authorization

GENERAL INFORMATION AT INTAKE
- Provider information and type, member information, date of initial evaluation, and requested auth start date (if different than the eval date)

CLINICAL INFORMATION AT INTAKE
- Treating Diagnosis and body region being treated, date of onset. Date of onset/injury
- Functional deficits to be treated and summary of objective findings
- Functional Outcome Tool or Standardized Assessments and Scores

CLINICAL RECORD CONTENT *NEEDED FOR CLINICAL VALIDATION
- Initial evaluation including current and prior functional status
- Objective tests and measures appropriate to the discipline of therapy, standardize test with raw score, functional outcome assessments and scores
- School programs, including frequency and goals (for habilitative services)
- Therapist assessment including the treatment prognosis and rehab potential
- Treatment Plan including interventions planned, specific functional goals that are measurable, specific, and contain a component of time

*Refer to the “Provider Tip Sheet/Checklist” on www.RadMD.com for more specific information
# Clinical Records Checklist

## The Following Documentation is Required for Authorization Requests

<table>
<thead>
<tr>
<th></th>
<th>Rehabilitative Cases</th>
<th>Habilitative Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 9 Visits</td>
<td>0 - 30 Days</td>
</tr>
<tr>
<td></td>
<td>10 Visits or greater</td>
<td>30 - 90 Days</td>
</tr>
<tr>
<td></td>
<td>than 30 Days</td>
<td>3 - 11 Months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Months or Greater</td>
</tr>
<tr>
<td>Initial Evaluation</td>
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<td>X</td>
</tr>
<tr>
<td>Outcome Measure</td>
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<td>X</td>
</tr>
<tr>
<td>Daily Note</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Progress Note</td>
<td></td>
<td></td>
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<tr>
<td>Habilitative Cases</td>
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<td>X</td>
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<tr>
<td>Standardized Testing</td>
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<tr>
<td>Daily Notes</td>
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</tr>
<tr>
<td>Progress Notes</td>
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<td>X</td>
</tr>
<tr>
<td>Re-evaluation</td>
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</tbody>
</table>
Request for Additional Clinical Information

• NIA will contact the provider via phone and fax if additional clinical information is needed to complete the request
• Failure to receive requested clinical information may result in non-certification
Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to www.RadMD.com
  - Fax using that NIA coversheet

- Use the case specific fax coversheets when faxing clinical information to NIA

- Location of Fax Coversheets:
  - Can be printed from www.RadMD.com
  - Call
    - 1-877-644-4623
Recap: Prior Authorization Process

**Initial Requests**

Requests are evaluated using our clinical algorithms and may:

1. Approve
2. Pend for clinical validation of medical records
3. Require additional clinical review

**Clinical Review**

Peer reviewer (therapist, physician, etc.) will review request and may result in:

1. Approval
2. Partial approval/denial
3. Denial

**Subsequent Requests**

Occurs beyond the initial authorization

Requests can be made by uploading records on RadMD or faxing in the request using the fax coversheet provided with the initial authorization

* Generally the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information
Subsequent Requests
Subsequent Requests

- Occur beyond the initial approval authorization
- Providers will need to submit clinical records if the following is requested:
  - additional visits
  - One time 30 day validity date extension
    - Must call NIA at:
      - 1-877-644-4623
How to Initiate a Subsequent Request

• A subsequent request can be initiated simply by uploading files to www.RadMD.com or faxing additional documentation that demonstrate:
  • A need for continued care
  • A change in treatment plan or plan of care
  • A change in diagnosis

• When is it appropriate?
  • A subsequent request can be requested at any point in the episode of care when you believe the treatment will extend beyond the existing authorization.
    • It is important to realize that you will not lose any units/visits from what has already been given in an existing authorization.
Subsequent Requests

- Providers **do NOT need to initiate a new request**. Subsequent requests are considered an update to the existing authorization and are initiated by submitting records to that authorization.

- Replicated cases will have the A, B, C, etc. suffix format and are cumulative (Initial + A + B + C + etc.), you will never lose units previously awarded.

<table>
<thead>
<tr>
<th>Request ID</th>
<th>Visits Requested</th>
<th>Visits Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>131</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>131A</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>131B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A, B, C, etc. indicate Subsequent Authorizations
Treating an Additional Body Part

- If a provider is in the middle of treatment and gets a new therapy prescription for a different body part, the provider will perform a new evaluation on that body part and develop goals for treatment. See below for processes associated with the possible next treatment plans:

1. Treating body parts concurrently:
   - The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests
   - NIA will add additional ICD 10 code(s) and visits to the existing authorization

2. Discontinuing care on original body part:
   - The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed to begin care on the new body part and the previous will be ended.
Peer to Peer Reviews
Peer to Peer Reviews

• A peer reviewer may reach out during the review process to discuss the plan of care and/or treatment interventions being utilized. This allows reviewers to gain insight into the providers’ clinical judgement and/or discuss any deviations from evidence based practice.

• If the provider is not able to conduct a Peer to Peer at the time NIA reaches out, they may schedule one at a more convenient time by calling 1-888-642-7649.

A peer to peer discussion is always available!
Physical Medicine – Key Points

• If multiple provider types are requesting services, they will each need their own authorization (i.e. PT, ST, and OT services).

• The CPT codes for PT, OT and ST initial evaluations do not require an authorization. However, all other billed CPT codes even if performed on the same date as the initial evaluation date will require authorization prior to billing.

• After the initial visit, providers will have up 1 business day to request approval for the first visit. If requests are received timely, NIA is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.

• Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to www.RadMD.com or faxed to NIA at 1-800-784-6864.

• An authorization will consist of number of visits and a validity period.

• A one time 30 day extension of the validity period can be obtained by contacting NIA.
Notification of Determination
## Validity Period and Notification of Determination

<table>
<thead>
<tr>
<th>Approval Notification</th>
<th>Denial Notification</th>
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<tbody>
<tr>
<td>• The approval notification will include a fax coversheet that can be used for any subsequent requests</td>
<td>• Notifications will include an explanation of what services have been denied and the clinical rationale for the denial</td>
</tr>
<tr>
<td><strong>Validity Period</strong></td>
<td>• A re-review time frame of 3 business days from the date of the denial is available for requests made for Medicaid members and can be initiated by a peer discussion after the denial letter has been issued.</td>
</tr>
<tr>
<td>• Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period.</td>
<td>• Information on how to proceed with a complaint or appeal will be included in the notification</td>
</tr>
<tr>
<td>• A one time 30 day extension of the validity period can be obtained by contacting NIA</td>
<td></td>
</tr>
</tbody>
</table>
Urgent/Expedited Process
NIA’s Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

- NIA’s urgent/expedited process can be utilized if an urgent clinical situation exists where a delay in treatment could have significant impact to the patient
- Clinical documentation is required
- Expedited reviews are typically completed within one business day unless additional documentation is required to make a determination
- The number to call for prior authorization of an urgent/expedited case is: 1-877-644-4623. Please ensure that you communicate that your request needs an expedited review due the urgent nature of your patient’s status
Claims
# Processing of Claims

<table>
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<tr>
<th>How Claims Should be Submitted</th>
<th>Claims Appeals Process</th>
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| • Providers will continue to submit their claims to Sunflower Health Plan  
  • Providers are strongly encouraged to use EDI claims submission | • In the event of a prior authorization or claims payment denial, providers may appeal the decision through Sunflower Health Plan  
  • Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification |
Provider Tools and Contact Information
Provider Tools

➢ Toll free authorization and information number:
  • 1-877-644-4623

  Available 7:00 a.m. – 7:00 p.m. CST
  • Interactive Voice Response (IVR) System for authorization tracking

➢ RadMD Website, [www.RadMD.com](http://www.RadMD.com) – Available 24/7 (except during maintenance)
  • Request Authorization
  • View Authorization Status
  • Upload Additional Clinical Information
  • View Clinical Guidelines
  • View Frequently Asked Questions (FAQs)
  • View Other Educational Documents
Registering on RadMD.com
To Initiate Authorizations

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 “Physical Medicine Practitioner”

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.

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 the status of those authorization requests.
Allows Users to View All Approved Authorizations for the Facility

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 “Facility/office where procedures are performed”
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.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.
When to Contact NIA:

**Providers:**
- **To initiate a request for an authorization:** please contact NIA via website, [www.RadMD.com](http://www.RadMD.com) or via toll-free number
  - 1-877-644-4623

- **To check the status of an authorization:** please contact NIA via website, [www.RadMD.com](http://www.RadMD.com) or Interactive Voice Response (IVR) System
  - 1-877-644-4623

- **For assistance or questions directed to NIA:** call the Provider Service Line at 1-800-327-0641.

- **For assistance or technical support for RadMD:** please contact RadMD Help Desk via e-mail [RadMDSupport@magellanhealth.com](mailto:RadMDSupport@magellanhealth.com) or 877-80-RadMD (877-807-2363).

- **For any provider education requests or questions specific to NIA and the Physical Medicine Program, please contact:**
  - Leta Genasci
  - Manager, Provider Relations
  - ljgenasci@magellanhealth.com
  - 1-800-450-7281, Ext. 75518
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