Ambetter from Peach State Health Plan
Physical Medicine Program
Provider Training

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Updated April 2023

ambetter. FROM peach state health plan.

NIA

National Imaging Associates, Inc. (NIA)
Physical Medicine Program Agenda

Our Program

- Prior Authorization Process and Overview
  - Clinical Information Required
  - Subsequent Requests
  - Peer-to-Peer Review
  - Notification of Determination
  - Claims
- Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers

NIA Specialty Solutions

National Footprint / Medicaid Experience

National Footprint

- **Since 1995 –** delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- **91 health plans/markets –** partnering with NIA for management of Medical Specialty Solutions.
- **33.01M national lives – participating** in an NIA Medical Specialty Solutions Program nationally.
- **Diverse populations –** Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

- **55 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- **20M Medicaid lives –** in addition to 2.89M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Physical Medicine Experience

- **10.9M Physical Medicine lives**

Intensive Clinical Specialization & Breadth

- **Specialized Physician Teams**
  - 160+ actively practicing, licensed, board-certified physicians
  - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's Physical Medicine Prior Authorization Program

The Program

- Ambetter from Peach State Health Plan began a prior authorization program through NIA for the management of Physical Medicine services.
- The program includes both rehabilitative and habilitative care.

Important Dates

- Program began January 1, 2021

Disciplines & Settings Included

Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:

- Office
- Outpatient Hospital
- Home Health

Membership Included

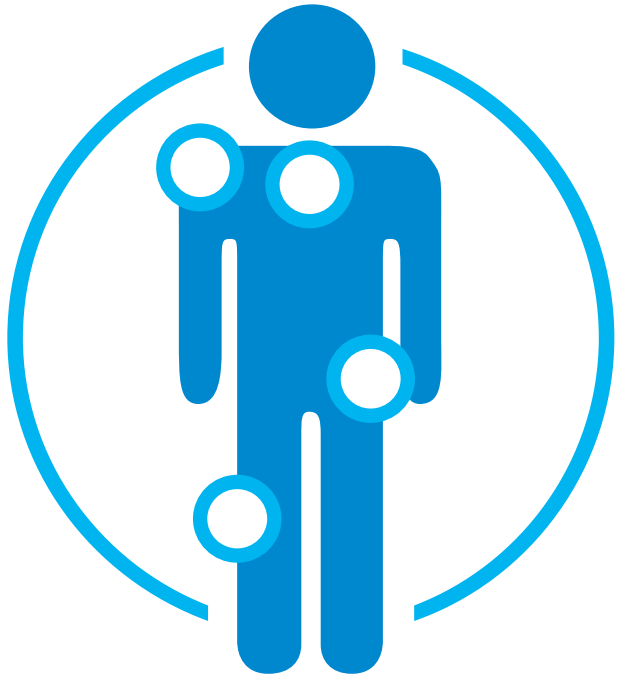
- Exchange Program

NIA's Physical Medicine Solution

Effective January 1, 2021: Any services rendered requires authorization.

Targeted Physical Medicine Procedures Performed in an Outpatient/Office/Home Health Setting:

- Physical Therapy
- Speech Therapy
- Occupational Therapy



Excluded from the Program Physical Medicine Procedures Performed in the following Settings:

- Hospital Emergency Department
- Hospital status inpatient or observation
- Acute Rehab Hospital (Inpatient)
- Home Health
- Skilled Nursing (POS 31 & 32)
- Schools

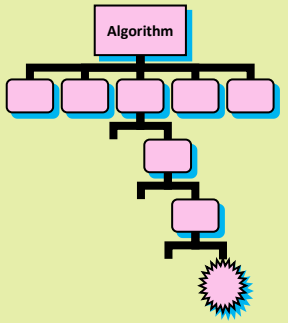
NIA's Physical Medicine services for Ambetter from Peach State Health Plan membership will be managed through Ambetter from Peach State Health Plan's contractual relationships.

Initial Authorization Process Overview

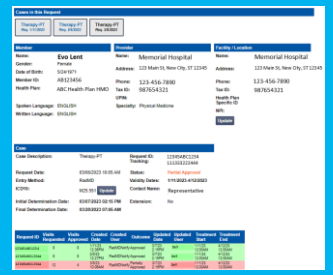
Prior Authorization Process

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 RadMD.com or call NIA's Call Center prior to OR within 5 business days of rendering the service.



Clinical Algorithm
RadMD.com



Treatment may be authorized and/or you may be instructed to submit clinical documentation for validation upon completion of the evaluation.

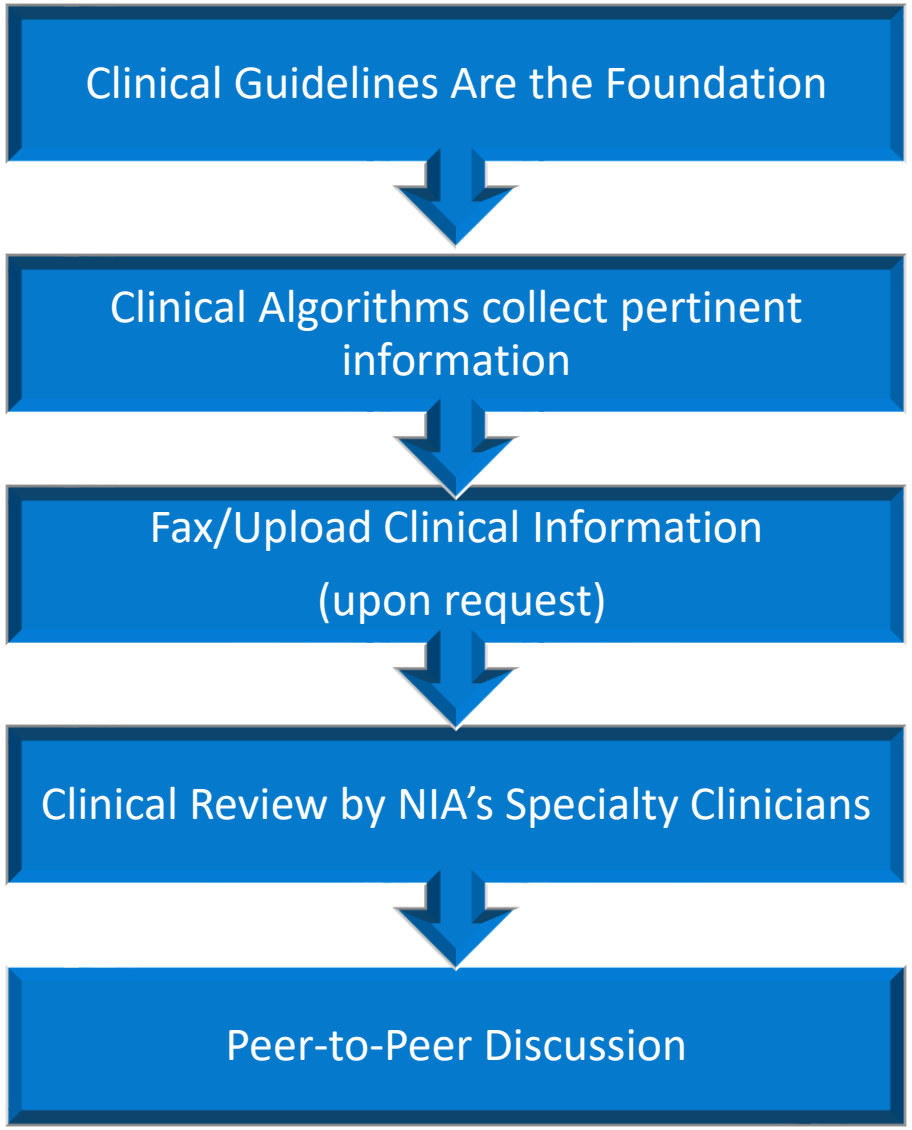
Documentation Submitted, Reviewed and Decision Rendered

Services Rendered

Claims submitted, match to authorization & pay accordingly

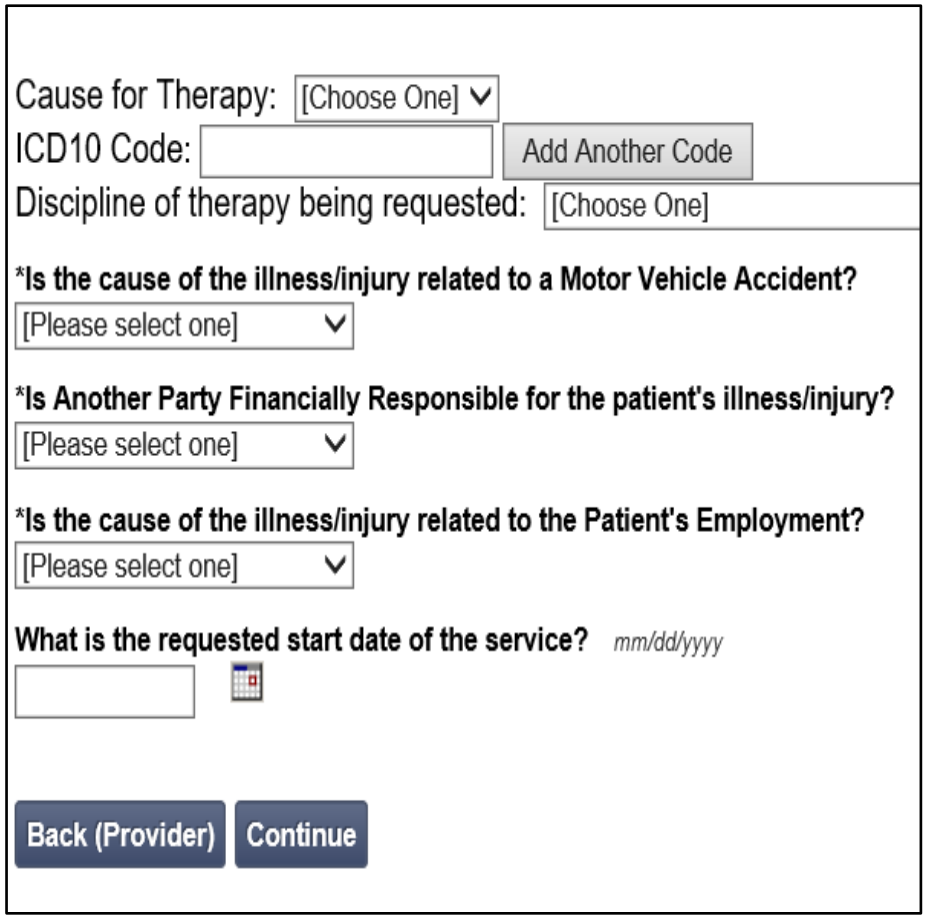
**The CPT codes for Physical, Occupational and Speech Therapy services initial evaluations do not require an authorization for participating providers. Home Health that are utilizing codes outside of the standard billing CPT codes for evaluations will be required to obtain a prior authorization before rendering services. NIA is able to backdate the start of the authorization to cover the initial evaluation date of service to include any other services rendered at that time.*

NIA's Clinical Foundation & Review



- NIA clinical guidelines are reviewed and mutually approved by Ambetter from Peach State Health Plan and NIA's Chief Medical Officers and senior clinical leadership
- Milliman Care Guidelines (MCG) Licensed Guidelines and NIA's Clinical Guidelines are available on www.RadMD.com
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record may be required for validation of medical necessity before an approval can be made.
- NIA has a specialized clinical team of therapists and chiropractors, focused on Physical Medicine.
- Peer-to-peer discussions are offered **but not required** and can be scheduled for any requests.
- **Our goal – ensure that members are receiving appropriate care.**

Understanding the Goal of the Physical Medicine Intake Questions (Algorithm)



Benefit of the algorithm

- No delay in treatment for member
- No delay in submitting claims

Once you submit your initial request for authorization:

- You will receive visits to get you started. This may not be enough visits to cover your episode of care. Additional visits may be requested through the subsequent request process.
- Requests may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.
- You will have the option to accept or decline approved visits.

Member and Clinical Information Required for Authorization

General Information: Member, clinician, and facility information.

Clinical Information at Intake: Requested start date of service, initial evaluation date, and date of injury.

Clinical Record Content: Therapy initial evaluation, diagnosis, functional status (prior & current), functional deficits, objective tests and measures, standardized outcome tools* (at your clinician's discretion), plan of care (including frequency, duration, interventions planned & goals**), assessment (prognosis & limitations). Add requested number of visits and validity dates.

* *Formal testing must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided. Test scores should establish presence of a motor or functional delay.*

** *Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits.*

Clinical Records Checklist

The Following Documentation is Required for Authorization Requests

Submitting Recommended Documentation

Initial Authorization Request:

If a case pends for clinical information:

- Initial evaluation with the plan of care for clinical review

Subsequent Authorization Request:

If requesting additional visits on an existing authorization:

- Most recent evaluation/re-evaluation (if *not* previously submitted)
- Most recent progress note with updated plan of care
- Two to three of the most recent daily notes

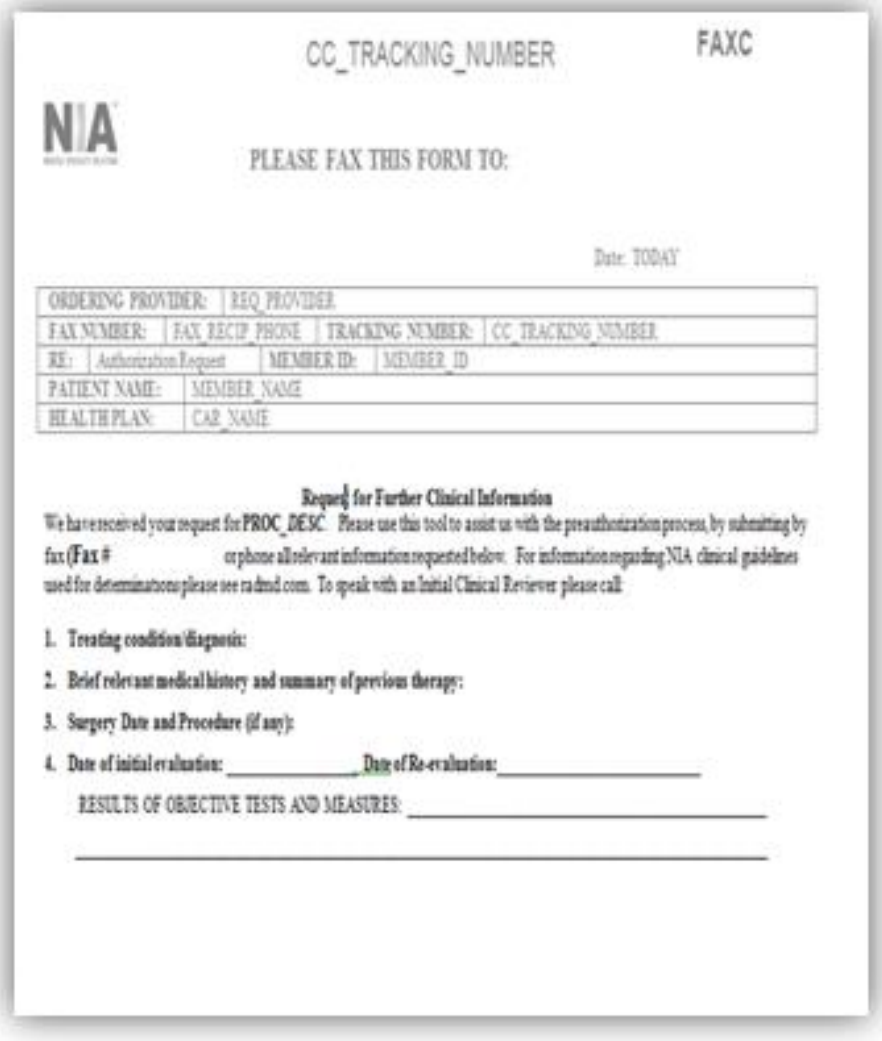
Habilitative Request beyond a year of care (annual re-evaluation is required):

Clinical documents should include:

- Re-evaluation
  - Including start of care and progress compared to baseline measures
  - Summary of prior episode(s) of care and/or therapeutic break(s)
  - Information regarding additional services if being provided
  - Updated standardized testing as applicable
- The most recent progress note with updated plan of care
- Two to three of the most recent daily notes

Refer to the "Provider Tip Sheet/Checklist" on www.RadMD.com for more specific information.

NIA to Treating Provider: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA

PLEASE FAX THIS FORM TO:

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:	CAP_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 # 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. 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: _____

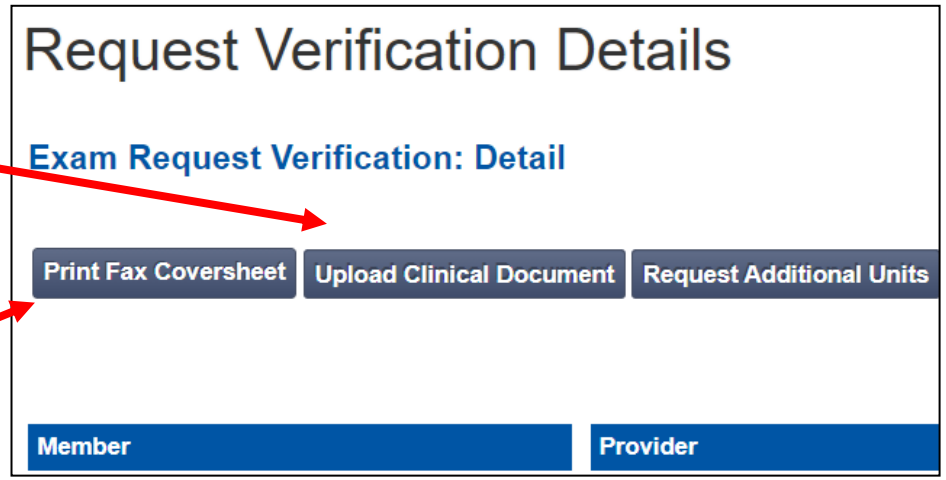
RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

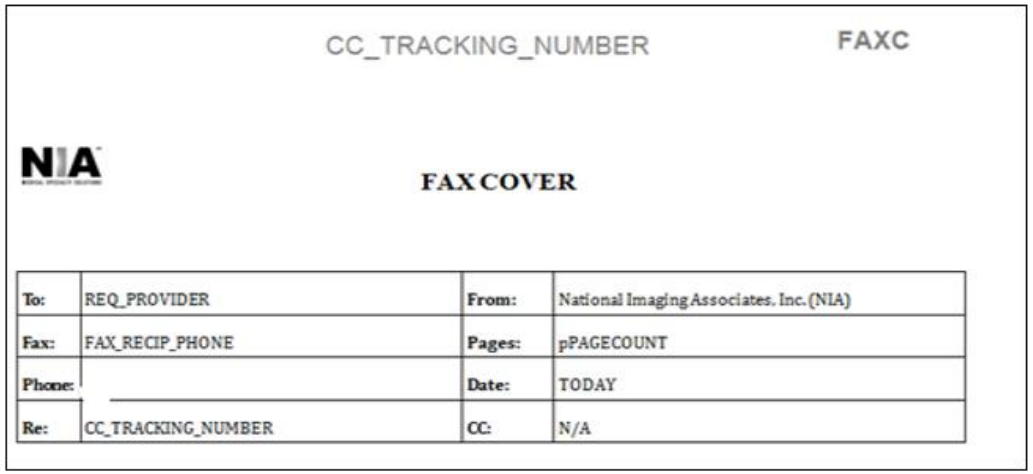
_____

- Notifications are sent to the provider detailing what clinical information 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
- Failure to send and receive requested clinical information may result in non-certification

Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to https://www.RadMD.com
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from https://www.RadMD.com
  - Call 1-800-424-4910
- Use the case specific fax coversheets when faxing clinical information to NIA

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NIA

FAX COVER

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

NIA Physical Medicine Program: UM/Prior Auth Process

Provider contacts NIA for prior authorization following the initial evaluation.

RadMD

Telephone

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

- Clinical information complete = **Services Approved**
- Additional clinical information required
  - Case is pended for clinical records. Outreach to provider for necessary clinical information.
    - You will receive a Tracking Number: 123456789

NIA Peer Clinical Review. If information captured in intake algorithm is insufficient to support automatic approval of services, clinical records must be submitted for review.

- Services appear appropriate = **Approved**
  - You will receive an approved Authorization Number/Case ID Number: 12345ABC1234
- Services not supported as medically necessary = **Adverse Determination**

Determination and Notification

- Authorization of a number of **visits** and a validity period. Notifications sent to member, provider, and ordering physician when mandated by state.
- Clinical information does not support the requested services as medically necessary.
  - A peer-to-peer review is always available

Notification of final determination is sent to member, provider and ordering physician when mandated by state.

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

Initiating a Subsequent Request

When is a subsequent request appropriate?

- When you have an active authorization
- A need for continued skilled care
- A change in the treatment plan or plan of care
- The addition of a new diagnosis

How are subsequent requests initiated?

- Through the link on RadMD and
- Uploading or faxing updated clinical documentation

When can it be initiated?

- Can be initiated at any time after receiving notification about the previous authorization
- Visits build on the original authorization

Will I lose visits?

- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization

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/condition, the provider will perform a new evaluation on that body part/condition and develop goals for treatment. See below for processes associated with the possible next treatment plans:

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.

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/condition and the previous will be ended.

Validity Period and Notification of Determination

Authorization Notification

- The approval notification will include a fax coversheet that can be used for any subsequent requests

Validity Period

- Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period
- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting NIA via RadMD or Call Center

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been recommended
- In some cases, a peer-to-peer discussion will be for consultation purposes only
- A reconsideration is available with new or additional information
- Timeframe for reconsideration is 5 business days
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter

Processing of Claims

How Claims Should be Submitted

- Providers will continue to submit their claims to Ambetter from Peach State Health Plan
- Providers are strongly encouraged to use EDI claims submission

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Ambetter from Peach State Health Plan
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

Physical Medicine Points

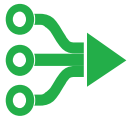
If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, ST and OT services).

The CPT codes for Physical, Occupational and Speech Therapy services initial evaluations do not require an authorization for participating providers. Home Health providers that are utilizing codes outside of the standard billing CPT codes for evaluations will be required to obtain a prior authorization before rendering services.

After the initial visit, providers will have up 5 business days to request approval from the date of the evaluation. 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. Each date of service is calculated as a visit.



30-day extensions to the end date of current authorizations can be added by utilizing the “Request Validity Date Extension” option on RadMD.

Provider Tools

RadMD Website

RadMD.com

Available

24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)

- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents
- Date Extensions

Toll-Free Number

1-800-424-4910

Available

Monday - Friday

8:00 AM – 8:00 PM EST

- Interactive Voice Response (IVR) System for authorization tracking

Registering on RadMD.com **To Initiate Authorizations**

Allows Users the ability to view all approved, pended and in review authorizations for facility

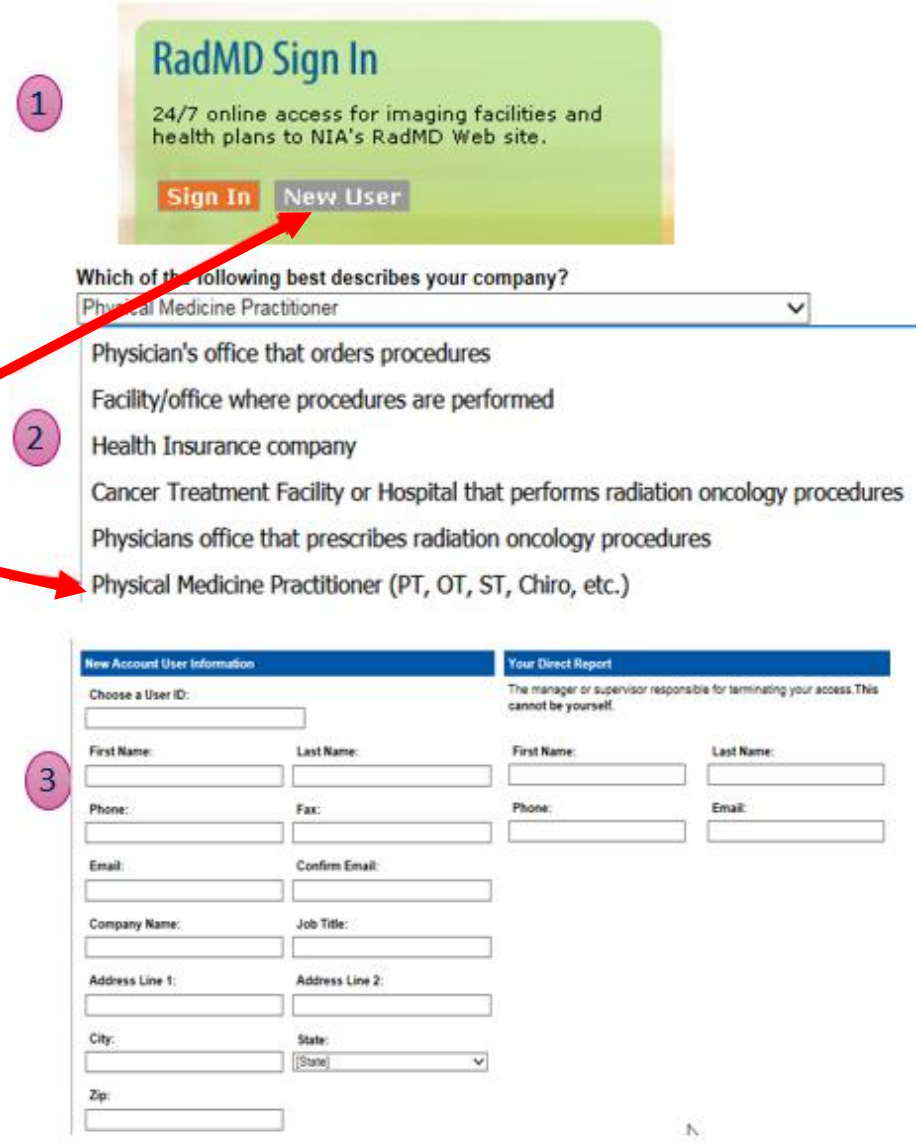
Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

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 username and password.
4. New users will be granted immediate access

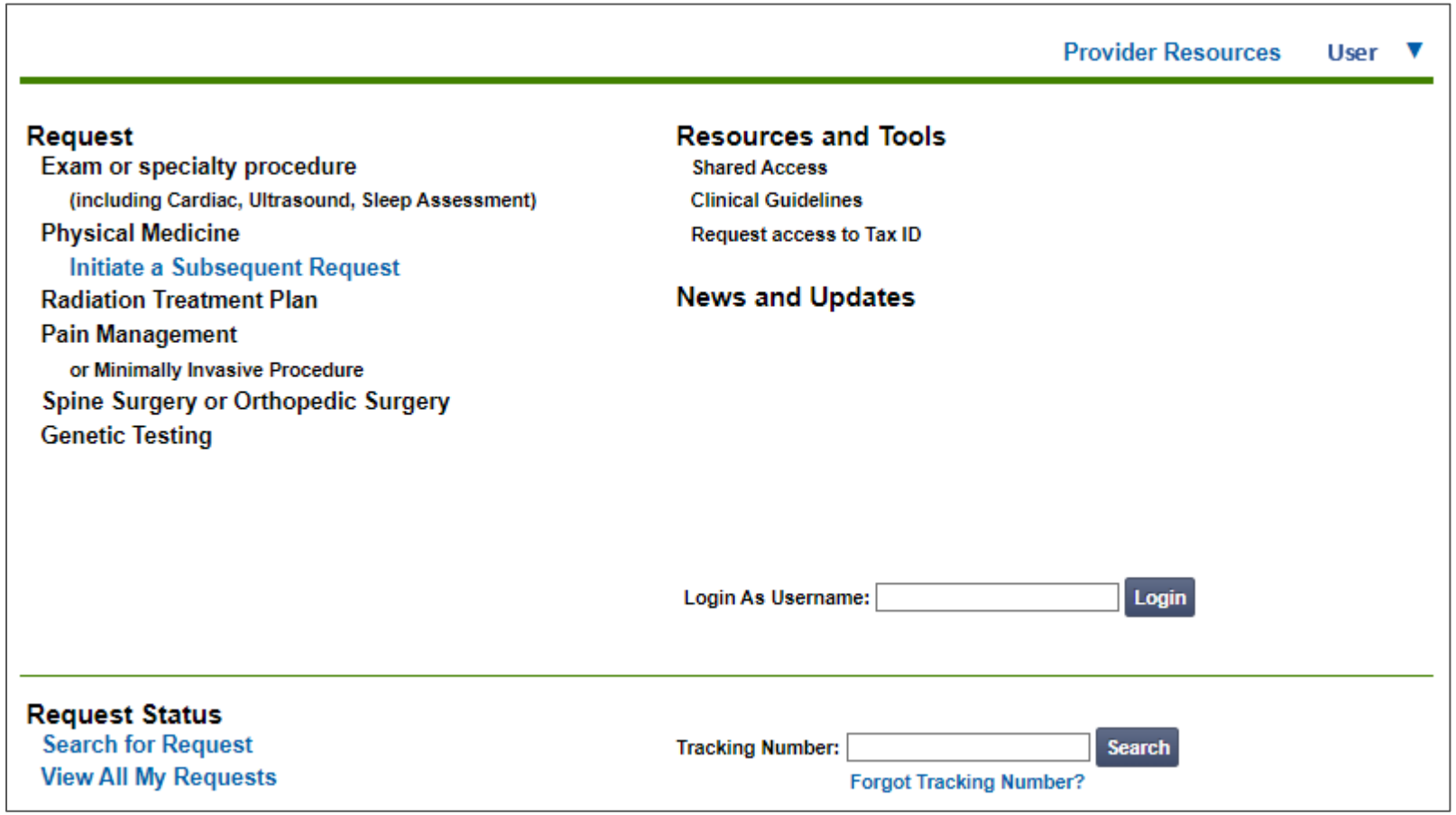
NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and view all approved, pended and in review authorizations under your organization.



RadMD Enhancements

NIA offers a **Shared Access** feature on our RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.



If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on RadMD.com, allowing them to communicate with members and facilitate treatment.

When to Contact NIA

Providers:

Initiating or checking the status of an authorization request	▪ Website, https://www.RadMD.com ▪ Toll-free number 1-800-424-4910 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	▪ Call 1-800-424-4910
Provider Service Line	▪ RadMDSupport@Evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Debbie Patterson Provider Relations Manager 1-800-450-7281 Ext. 74799 dpatterson@Evolent.com

RadMD Demonstration

Confidentiality Statement

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Thanks