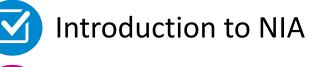
Ambetter from Sunshine Health Medical Specialty Solutions

Provider Training



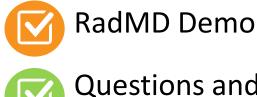






Our Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information



Questions and Answers



NIA Specialty Solutions National Footprint / Experience

National Footprint

- **Since 1995** delivering radiology benefits management solutions; one of the *qo-to* care partners in industry.
- **Uniquely independent** only major specialty company not aligned to health plan ownership.
- 64 health plans/markets partnering with NIA for management of advanced and/or cardiac imaging solutions.

28M national lives – participating in an NIA RBM nationally.

Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, **Provider Entities.**



Medicaid/Medicare/Exchange **Expertise**/Insights



42 Medicaid plans/markets with NIA RBM solutions in place.



12.5M Medicaid lives – in addition to 3.9M Exchange and 2M Medicare Advantage lives participating in an NIA RBM program nationally.



14M Commercial lives

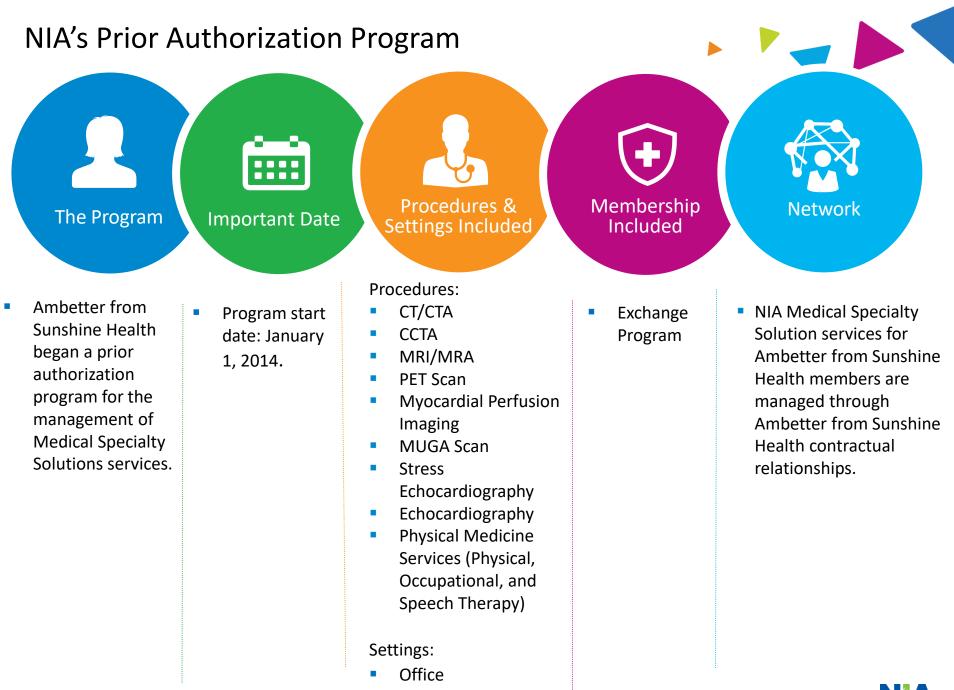
Intensive Clinical Specialization & Breadth

Specialized Physician Teams

- 160+ actively practicing, licensed, boardcertified physicians
- 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified





NIA's Prior Authorization Program

Effective January 1, 2014: Services below rendered on and after January 1, 2014, require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Stress Echocardiography
- Echocardiography
- Physical Medicine Service (Physical, Occupational, and Speech Therapy)





Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Emergency Room
- Observation

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 <u>www.RadMD.com</u>



Defer to Ambetter from Sunshine Health Policies for Procedures not on Claims/Utilization Review Matrix.

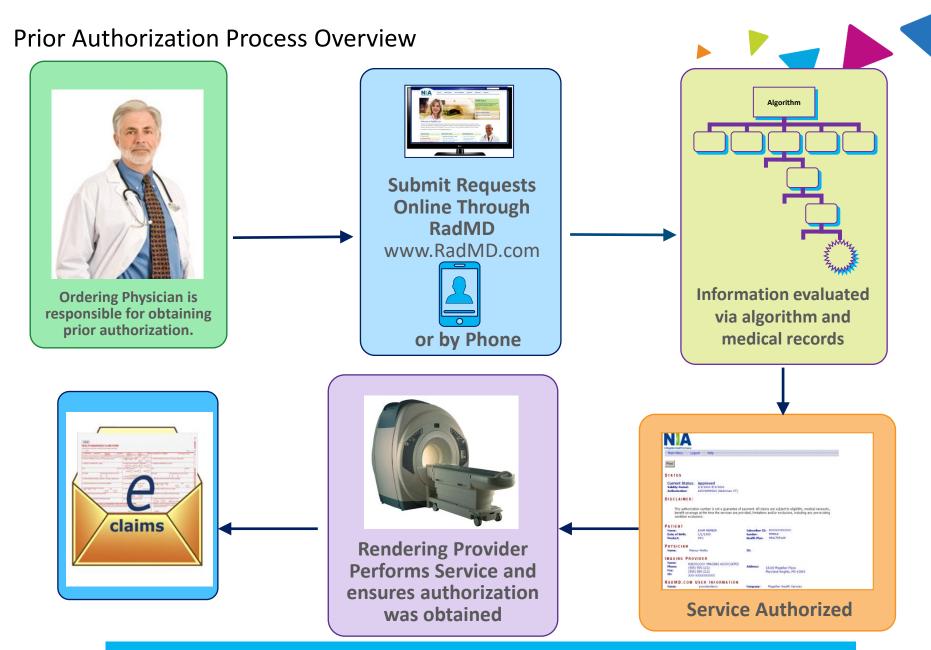
Ambetter from Sunshine Health Utilization Review Matrix 2023

The matrix below contains the CPT-4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Ambetter from Sunshine Health. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any one of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate re-bundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

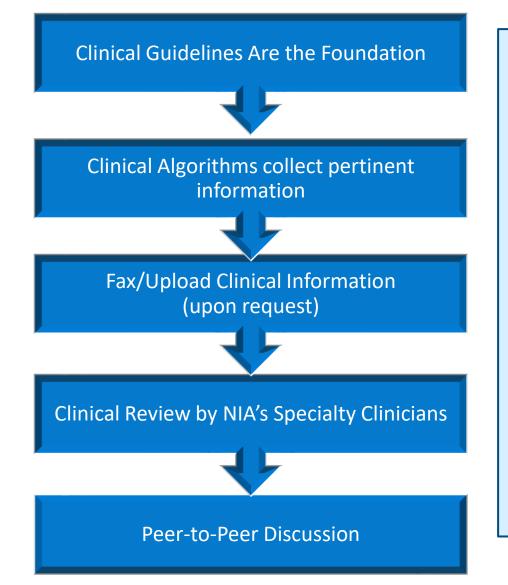
*Please note: Services rendered in an Emergency Room, Surgery Center or Hospital Inpatient setting are not managed by NIA.

| Authorize CPT Code | Description | Allowable Billed Groupings |
|-----------------------|-----------------------------|-----------------------------|
| 70336 | MRI Temporomandibular Joint | 70336 |
| 70450 | CT Head/Brain | 70450, 70460, 70470, +0722T |



Recommendation to Rendering Providers: Do not schedule test until authorization is received

NIA's Clinical Foundation & Review



- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Ambetter from Sunshine Health and NIA Medical Officers and clinical experts. 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 will be required for validation of clinical criteria before an approval can be made.
- NIA has a specialized clinical team.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. Our goal – ensure that members are receiving appropriate care.





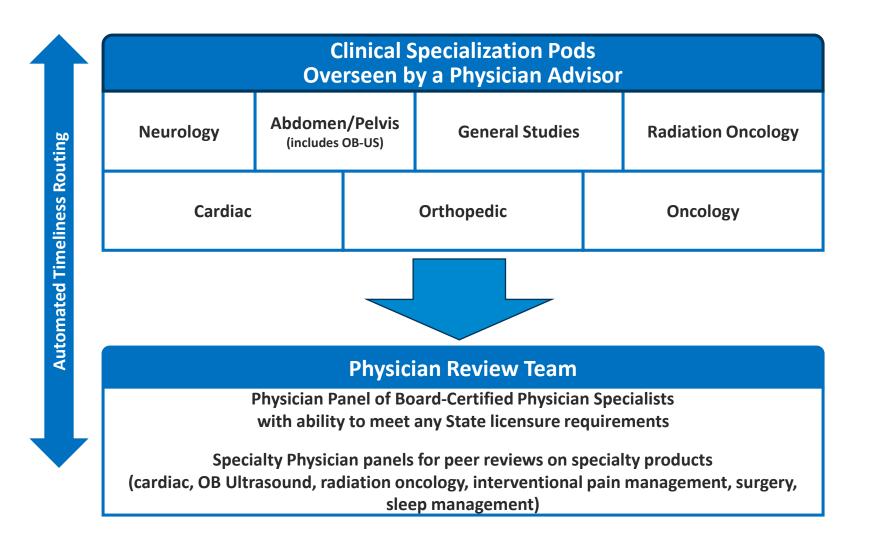
General

 Includes: 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.





Document Review





NIA may request member's medical records/additional clinical information.



When requested, validation of clinical criteria within the member'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 members receive the most appropriate, effective care.





NIA to Ordering Physician: Request for Additional Clinical Information

CC TRACKING NUMBER

FAXC

Date: TODAY

ABDOMEN - PELVIS CT PLEASE FAX THIS FORM TO: 1-800-784-6864

| ORDERING PHYSICIAN: | REQ PROVIDER | | | | |
|--|-----------------------|---------------------|--------------------|--|--|
| ORDERING PHYSICIAN | | | | | |
| FAX NUMBER: | FAX_RECIP_PHONE | TRACKING NUMBER: | CC_TRACKING_NUMBER | | |
| RE: | Authorization Request | MEMBER ID: | MEMBER_ID | | |
| PATIENT NAME: | MEMBER NAME | | | | |
| HEALTH PLAN: | HEALTH_PLAN_DESC | | | | |
| We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided | | | | | |
| to date, please respond to this fax as soon as possible. | | | | | |

Study Requested was: Abdomen - Pelvis CT For documentation ALWAYS PROVIDE:

- 1. The most recent office visit note
- 2. Any office visit note since initial presentation of the complaint/problem requiring imaging
- 3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below: FAX QUESTIONS ADDL aalfaddlfaxquestions

a) Abdominal pain evaluation:

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

- b) Abnormal finding on examination, imaging or laboratory test: Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging
- c) Suspicion of cancer:

Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy

d) History of cancer:

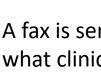
Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.

e) Pre-operative evaluation

Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.

f) Post-operative evaluation:

CC_TRACKING_NUMBER



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.



FAXC

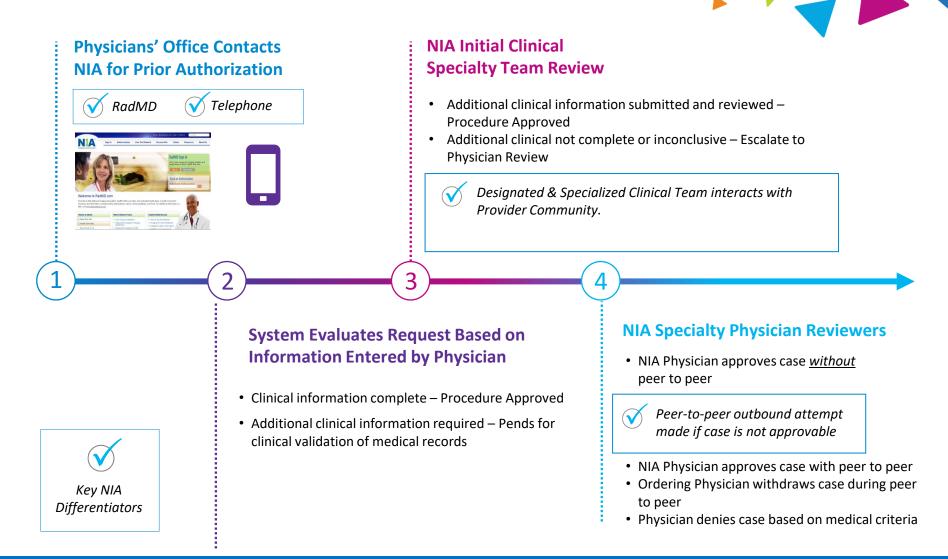
Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to <u>www.RadMD.com</u>
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <u>www.RadMD.com</u>
 - Call 1-800-424-4909
- Use the case specific fax coversheets when faxing clinical information to NIA

| Request Verification: Det Exam Request Verification: Det Print Fax Coversheet Upload Clinical D Member Name: Sender: Date of Birth Member ID: Health Plan: | coument Provider Name: Address: Phone: Tax ID: UPIN: |
|--|---|
| Print Fax Coversheet Upload Clinical D Member Name: Sender: Date of Birth Member ID: | ocument Provider Name: Address: Phone: Tax ID: UPIN: |
| Member Name: Gender: Date of Birth Member ID: | Provider Name: Address: Phone: Tax ID: UPIN: |
| Name: Gender: Date of Birth Member ID: | Name: Address: Phone: Tax ID: UPIN: |
| Gender: Date of Birth Member ID: | Address: Phone: Tax ID: UPIN: |
| Date of Birth Member ID: | Phone: Tax ID: UPIN: |
| Member ID: | Tax ID: UPIN: |
| | Tax ID: UPIN: |
| l ealth Plan: | UPIN: |
| | |
| | Specialty: |
| | opening. |
| Case | |
| Case Description: | Request ID: |
| Request Date: | Status: |
| Entry Method: | Validity Dates: |
| CD10: | Contact Name: |



Clinical Review Process



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





Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <u>www.RadMD.com</u> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at 1-800-424-4909.
- Turnaround time is 1 business day not to exceed 72 Calendar Hours.



Notification of Determination



Authorization Notification

 Validity Period - Authorizations are valid for:

30 days from the date of request

Denial Notification

- Notifications 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 made
- Reconsideration is available with new or additional information
- Timeframe for reconsideration is 5 business days from the date of denial
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter



Claims and Appeals



How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Ambetter from Sunshine Health
- Providers are strongly encouraged to use EDI claims submission
- Check on claims status by logging on to the Ambetter from Sunshine Health website at <u>https://ambetter.sunshinehealth.com</u>

Claims Appeals Process

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

Radiation Safety and Awareness





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 a Radiation Awareness Program designed to create member and physician awareness of radiation concerns



Provider Tools



RadMD Website www.RadMD.com Available 24/7 (except during maintenance)



Toll Free Number 1-800-424-4909

Available 8:00 AM – 8:00 PM EST

- 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
- Interactive Voice Response (IVR) System for authorization tracking



NIA's Website www.RadMD.com

RadMD Functionality varies by user:

- Ordering Provider's Office View and submit requests for authorization.
- Rendering Provider Views approved authorizations for their facility.

Online Tools Accessed through <u>www.RadMD.com</u>:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices



Registering on RadMD.com To Initiate Authorizations

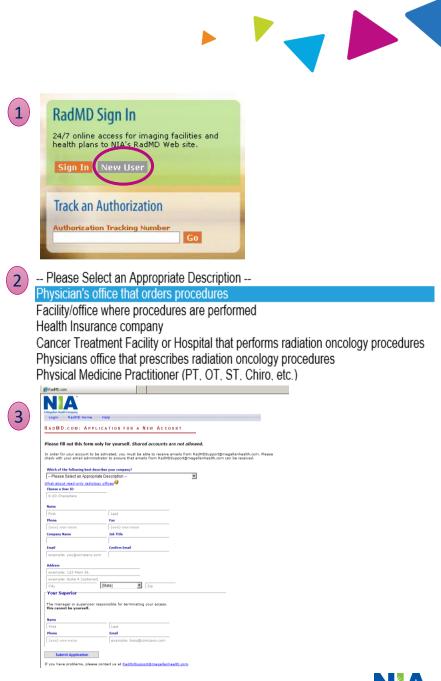
Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:

- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Physician's office that orders procedures"
- 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.



RadMD Enhancements



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

Want to see requests from other users in your practice? Try the new Shared Access feature under "Admin". Dismiss Search Request Request an exam or specialty procedure View Request Status (including Cardiac, Ultrasound, Sleep Assessment) Search by Tracking Number Request Physical Medicine View All Online Requests Initiate a Subsequent Request View Customer Service Calls Request a Radiation Treatment Plan **Request Pain Management or Minimally Invasive** Procedure Request Spine Surgery or Orthopedic Surgery

Admin

Shared Access Clinical Guidelines Edit your Personal Information Change your Password 143 days until your password expires. View the Online User Agreement Health Plan Specific Educational Docs

Account Information

Tip Of The Day: Keep your email address up to date. If your email address becomes invalid at any time, your account will be deactivated.

Quick Links: Hours of Operation Authorization Call Center Phone Numbers

Please take the 2020 Ordering Provider Satisfaction Survey here: Ordering Provider Satisfaction Survey

Hot Topic:

National Imaging Associates, Inc. (NIA) will require providers to identify an "Ordering/Treating provider" and "Rendering Facility/Clinic" when submitting a prior authorization request, for all members with Aetna through www.RadMD.com or through our Call Center (866) 842-1542. Please review additional details on this process by visiting the Aetna webpage on RadMD.

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 <u>www.RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

Allows Users the ability to view all approved authorizations for facility

IMPORTANT

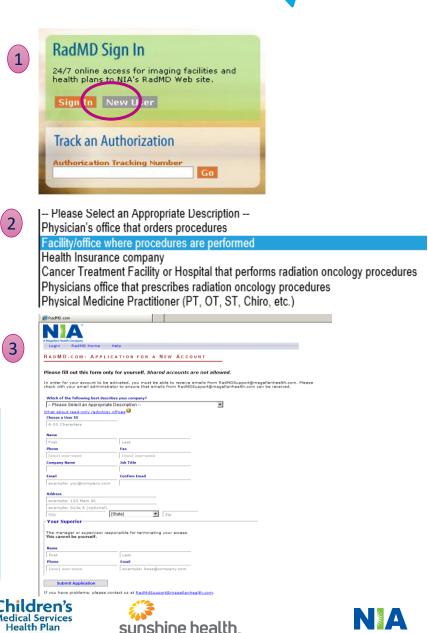
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an "Administrator" for the facility who manages the access for the entire facility.

STEPS:

- Click the "New User" button on the right side of the home page. 1.
- Select "Facility/office where procedures are performed" 2.
- Fill out the application and click the "Submit" button. 3.
 - 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:



| Initiating or checking the status of an authorization | Website, <u>www.RadMD.com</u> Toll-free number 1-800-424-4909 - Interactive Voice Response (IVR) System | | |
|---|--|--|--|
| Initiating a Peer to Peer | Call 1-800-424-4909 | | |
| Technical Issues | <u>RadMDSupport@Evolent.com</u> Call 1-800-327-0641 | | |
| Provider Education requests or questions specific to NIA | Andrew Dietz, DPT Provider Relations Manager 1-800-450-7281 Ext. 34636 <u>adietz@Evolent.com</u> | | |

RadMD Demonstration





Confidentiality Statement



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Ambetter from Sunshine Health 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 Ambetter from Sunshine Health, LLC.



Thanks

