Superior HealthPlan Genetic and Molecular Testing Program

Provider Training Presented by:

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NIA Program Agenda

- Introduction to NIA
- Our program
  - Authorization process
  - Other program components
  - Provider tools and contact information
- 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.
- **86 health plans/markets –** partnering with NIA for management of medical specialty solutions.
- **33.69M national lives – participating** in an NIA medical specialty solutions program nationally.
- **Diverse populations –** Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

- **54 Medicaid plans/markets** with NIA medical specialty solutions in place.
- **18.65M Medicaid lives –** in addition to 2.15M Medicare lives participating in an NIA medical specialty solutions program nationally.

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 Prior Authorization Program

The Program

- Beginning November 1, 2022, Superior HealthPlan's partnership with National Imaging Associates, Inc. (NIA) will include utilization review of genetic and molecular testing.

Important Dates

- Program start date: November 1, 2022
- Beginning October 24, 2022, RadMD (www.RadMD.com) and the NIA call center at 1-800-642-7554 will be available for in-network providers to request authorization for services on or after November 1, 2022.

Membership Included

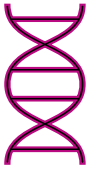
- Superior HealthPlan Medicaid (STAR, STAR+PLUS, STAR Health and STAR Kids)
- CHIP
- STAR+PLUS Medicare-Medicaid Plan (MMP)
- Ambetter from Superior HealthPlan (Marketplace)
- Wellcare By Allwell (HMO and HMO DSNP).

Network

- NIA will accept prior authorization requests from Superior in-network providers.

NIA's Prior Authorization Program

Beginning October 24, 2022, RadMD and the NIA call center will be available to request authorization for services on or after November 1, 2022. Any genetic or molecular test found on the Genetic Tests and Laboratory Matrix and scheduled to occur on or after November 1, 2022, will require prior authorization through NIA.

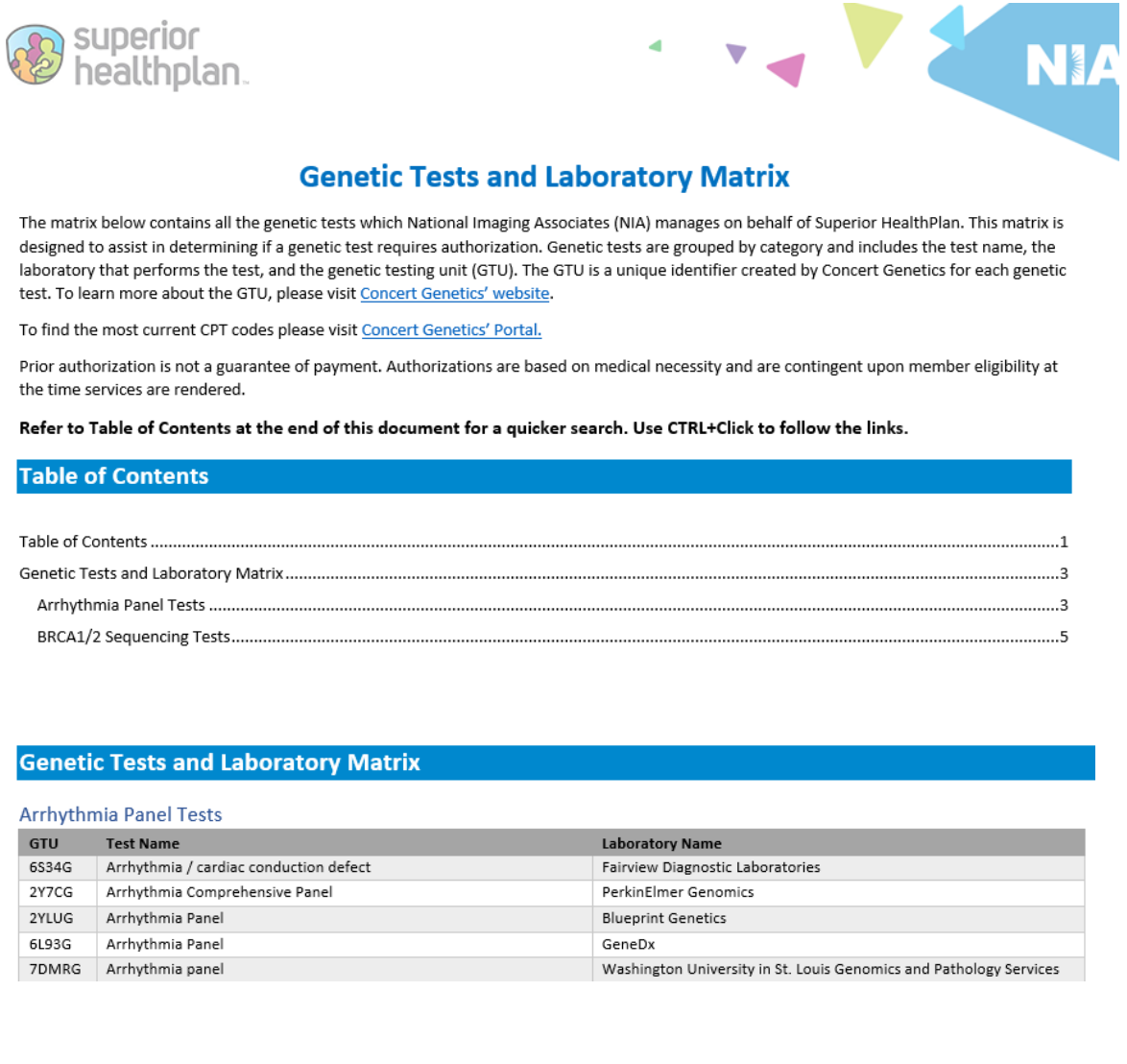


Genetic and Molecular Tests Requiring Prior Authorization

- Algorithmic Testing
- Cardiac Disorders
- Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)
- Epilepsy, Neurodegenerative, and Neuromuscular Conditions
- Exome and Genome Sequencing for the Diagnosis of Genetic Disorders
- Hereditary Cancer Susceptibility
- Molecular Analysis of Solid Tumors and Hematologic Malignancies
- Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay
- Pharmacogenetics
- Prenatal and Preconception Carrier Screening
- Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss

Genetic and Molecular Tests Requiring Prior Authorization

- Review Genetic Test and Laboratory Matrix to determine tests managed by NIA.
- It includes the Genetic Testing Unit (GTU), test name and laboratory name.
- Located on www.RadMD.com.
- Defer to Superior Policies for tests not on Genetic Test and Laboratory Matrix.



Genetic Tests and Laboratory Matrix

The matrix below contains all the genetic tests which National Imaging Associates (NIA) manages on behalf of Superior HealthPlan. This matrix is designed to assist in determining if a genetic test requires authorization. Genetic tests are grouped by category and includes the test name, the laboratory that performs the test, and the genetic testing unit (GTU). The GTU is a unique identifier created by Concert Genetics for each genetic test. To learn more about the GTU, please visit Concert Genetics' website.

To find the most current CPT codes please visit Concert Genetics' Portal.

Prior authorization is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon member eligibility at the time services are rendered.

Refer to Table of Contents at the end of this document for a quicker search. Use CTRL+Click to follow the links.

Table of Contents

Genetic Tests and Laboratory Matrix

Arrhythmia Panel Tests

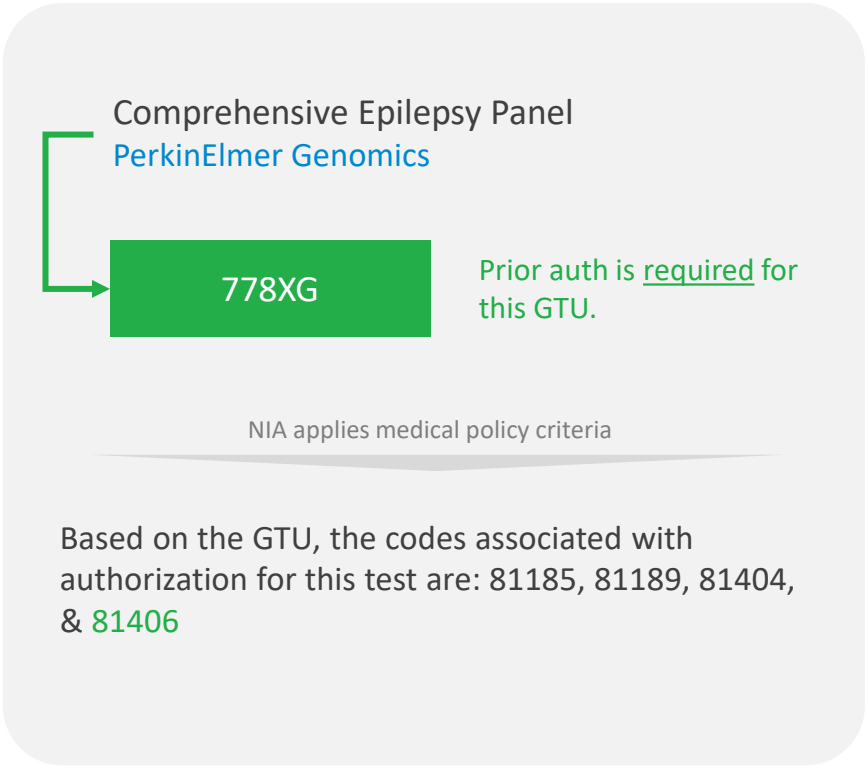
GTU	Test Name	Laboratory Name
6S34G	Arrhythmia / cardiac conduction defect	Fairview Diagnostic Laboratories
2Y7CG	Arrhythmia Comprehensive Panel	PerkinElmer Genomics
2YLUG	Arrhythmia Panel	Blueprint Genetics
6L93G	Arrhythmia Panel	GeneDx
7DMRG	Arrhythmia panel	Washington University in St. Louis Genomics and Pathology Services

Test-Level Prior Authorization

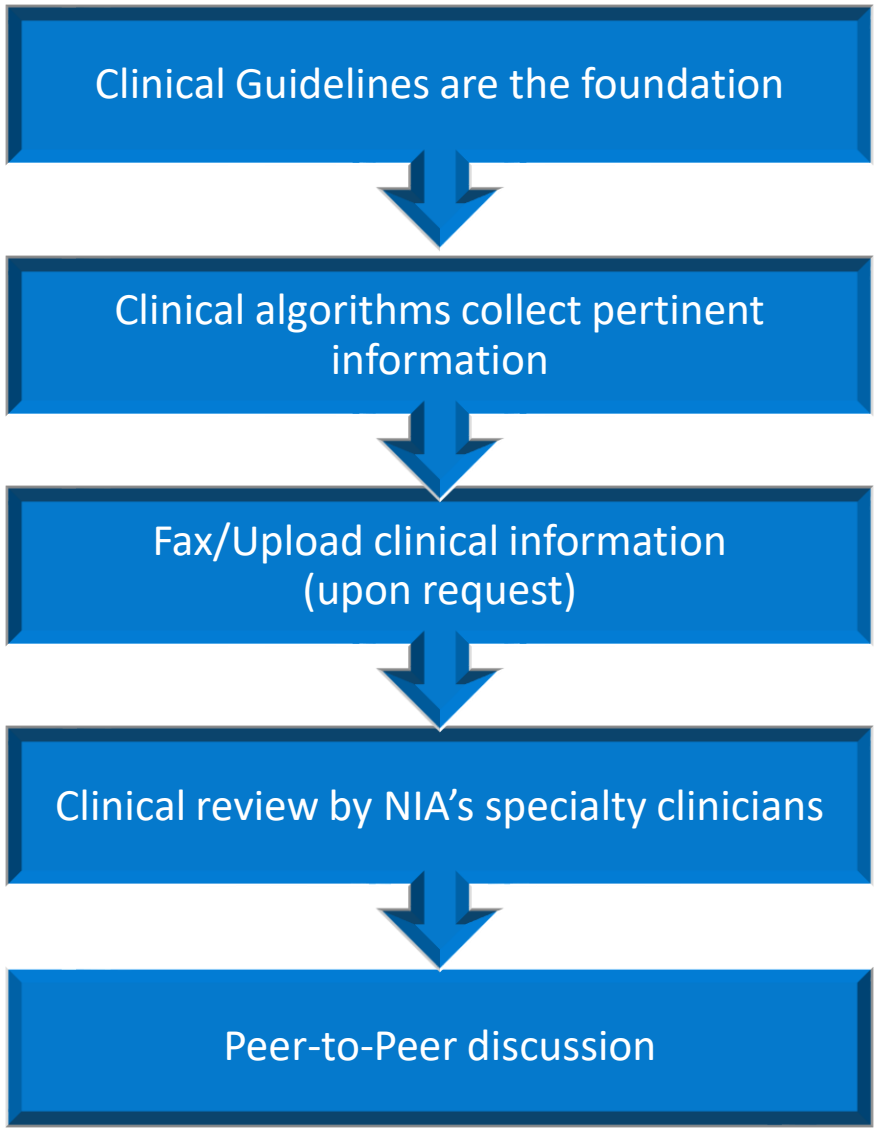
Step 1: Test Selection

During clinical intake, the user selects the test being ordered, which is displayed as the test name and lab name [e.g., Comprehensive Epilepsy Panel (PerkinElmer Genomics)]. Only tests that require authorization are displayed to the user; the user is not required to supply the GTU but may search by it.

Step 2: NIA performs medical necessity review



NIA's Clinical Foundation & Review



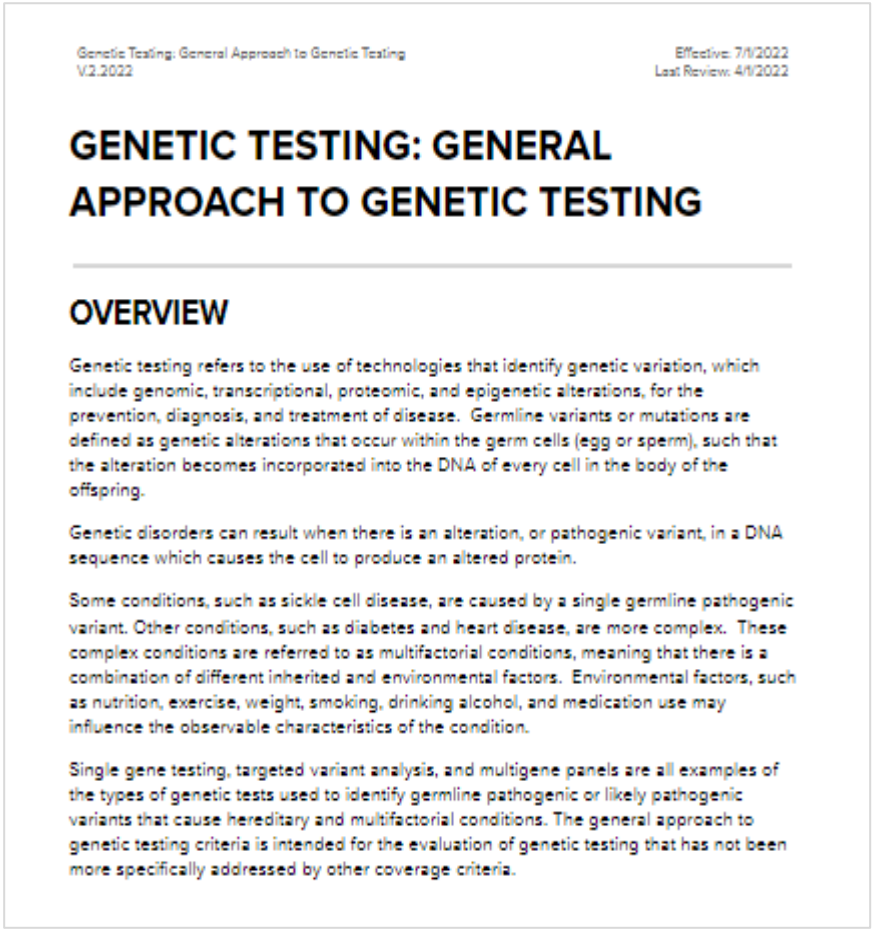
- Clinical Guidelines can be found on www.RadMD.com and www.ConcertGenetics.com. Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation.
- Algorithms are a branching structure that changes depending upon the answer to each question.
- Submission of clinical documents is required for some tests due to the complexity of the test and specific medical necessity criteria that can only be met through documentation.
- 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 receive the appropriate genetic or molecular test.**

Medical Policy

NIA uses approved medical policies for medical necessity reviews and for creation of clinical questions on RadMD

Medical Policies

- Medical policies are written by clinical genetics experts and structured to apply evidence-based standards through automation
- All medical policies are available on www.RadMD.com
- Medical policies are updated twice per year with effective dates in January and July
- NIA uses these medical policies for clinical reviews and to build the clinical questions in RadMD



Genetic Testing: General Approach to Genetic Testing
V.2.2022

Effective: 7/1/2022
Last Review: 4/1/2022

GENETIC TESTING: GENERAL APPROACH TO GENETIC TESTING

OVERVIEW

Genetic testing refers to the use of technologies that identify genetic variation, which include genomic, transcriptional, proteomic, and epigenetic alterations, for the prevention, diagnosis, and treatment of disease. Germline variants or mutations are defined as genetic alterations that occur within the germ cells (egg or sperm), such that the alteration becomes incorporated into the DNA of every cell in the body of the offspring.

Genetic disorders can result when there is an alteration, or pathogenic variant, in a DNA sequence which causes the cell to produce an altered protein.

Some conditions, such as sickle cell disease, are caused by a single germline pathogenic variant. Other conditions, such as diabetes and heart disease, are more complex. These complex conditions are referred to as multifactorial conditions, meaning that there is a combination of different inherited and environmental factors. Environmental factors, such as nutrition, exercise, weight, smoking, drinking alcohol, and medication use may influence the observable characteristics of the condition.

Single gene testing, targeted variant analysis, and multigene panels are all examples of the types of genetic tests used to identify germline pathogenic or likely pathogenic variants that cause hereditary and multifactorial conditions. The general approach to genetic testing criteria is intended for the evaluation of genetic testing that has not been more specifically addressed by other coverage criteria.

Information for Prior Authorization Requests

Information Needed

- Member name, ID number, date of birth
- Ordering provider name, address, and National Provider Identifier (NPI)
- Name of requested genetic or molecular test and rendering/servicing provider name
- Rendering/Servicing provider address, Tax Identification Number (TIN), and NPI
- ICD-10 Code(s)
- Genetic Testing Unit (GTU) and CPT Code(s) - OPTIONAL

Indications for Testing

- Member ethnicity and/or ancestry, family history, history of relevant familial mutation(s)
- Rationale for test (e.g., drug therapy selection, carrier detection, etc.)
- Results and/or reports of prior genetic test(s)
- Other pertinent clinical documentation (if requested)

Refer to the Genetic Testing Checklist on RadMD for more specific information.

Prior Authorization Process

Initiate Request | Search & Select Test | Answer Clinical Questions | Select Laboratory | Decision | Services Rendered

Initiate Request

- Submit a prior authorization request via www.RadMD.com, telephone or fax
- Member information, ordering and rendering/servicing provider information, and ICD-10 are required to initiate a request

Search & Select Test

- Search for a genetic test by test name, laboratory name, Genetic Testing Unit (GTU), or CPT (not recommended)
- Reference the Genetic Test and Laboratory Matrix at www.RadMD.com and www.ConcertGenetics.com for a full list of tests that require prior authorization
- Note: Only 1 test can be requested at a time

Select Laboratory

- Name and address for the laboratory rendering the genetic or molecular test
- Laboratory name selected must match the name of the laboratory associated with the test
- Note: Laboratory address is required

Answer Clinical Questions

- Rationale for test, including member ancestry, familial mutation(s) and relevant history, and results or reports from prior genetic or molecular test(s)
- Member medical records may be required to validate responses to clinical questions and assist with determination process

Decision

- Prior authorization request will be approved or will pend for clinical review
- When request is pending for clinical review, relevant missing information such as medical records and clinical documentation must be provided
- Peer-to-peer discussions are available for requests that don't meet clinical guidelines.
- Status updates are available via www.RadMD.com or telephone. When determinations are made, the clinical rationale utilized is included in notifications

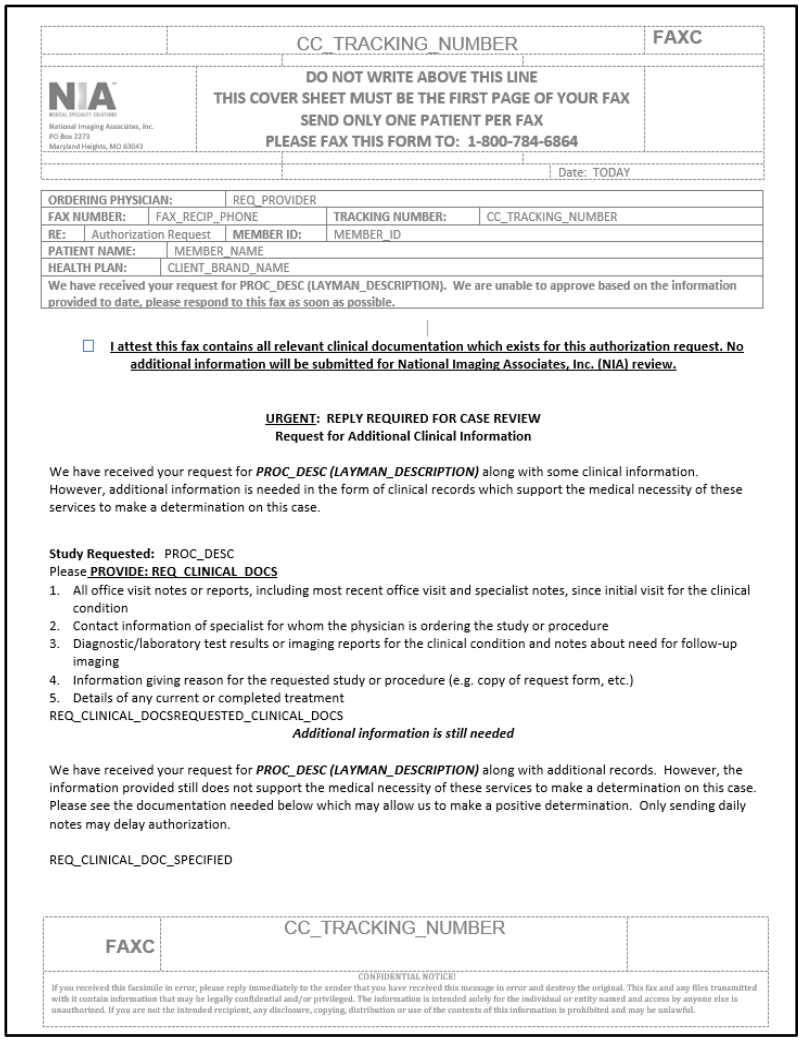
Services Rendered

- Claims submitted, match to authorization & paid

Document Review

- NIA may request medical records or additional clinical information.
- When requested, validation of clinical criteria is required before a determination can be made.
- Ensures that clinical criteria supporting the requested tests is clearly documented.
- Assures that members receive the most appropriate care.

NIA to Provider: Request for Additional Clinical Information



CC_TRACKING_NUMBER | FAXC

National Imaging Associates, Inc.
PO Box 2273
Maryland Heights, MO 63043

DO NOT WRITE ABOVE THIS LINE
THIS COVER SHEET MUST BE THE FIRST PAGE OF YOUR FAX
SEND ONLY ONE PATIENT PER FAX
PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	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:	CLIENT_BRAND_NAME		

We have received your request for PROC_DESC (LAYMAN_DESCRIPTION). We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

☐ I attest this fax contains all relevant clinical documentation which exists for this authorization request. No additional information will be submitted for National Imaging Associates, Inc. (NIA) review.

URGENT: REPLY REQUIRED FOR CASE REVIEW
Request for Additional Clinical Information

We have received your request for ***PROC_DESC (LAYMAN_DESCRIPTION)*** along with some clinical information. However, additional information is needed in the form of clinical records which support the medical necessity of these services to make a determination on this case.

Study Requested: PROC_DESC
Please **PROVIDE: REQ_CLINICAL_DOCS**

1. All office visit notes or reports, including most recent office visit and specialist notes, since initial visit for the clinical condition
2. Contact information of specialist for whom the physician is ordering the study or procedure
3. Diagnostic/laboratory test results or imaging reports for the clinical condition and notes about need for follow-up imaging
4. Information giving reason for the requested study or procedure (e.g. copy of request form, etc.)
5. Details of any current or completed treatment

REQ_CLINICAL_DOCSREQUESTED_CLINICAL_DOCS

Additional information is still needed

We have received your request for ***PROC_DESC (LAYMAN_DESCRIPTION)*** along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.

REQ_CLINICAL_DOC_SPECIFIED

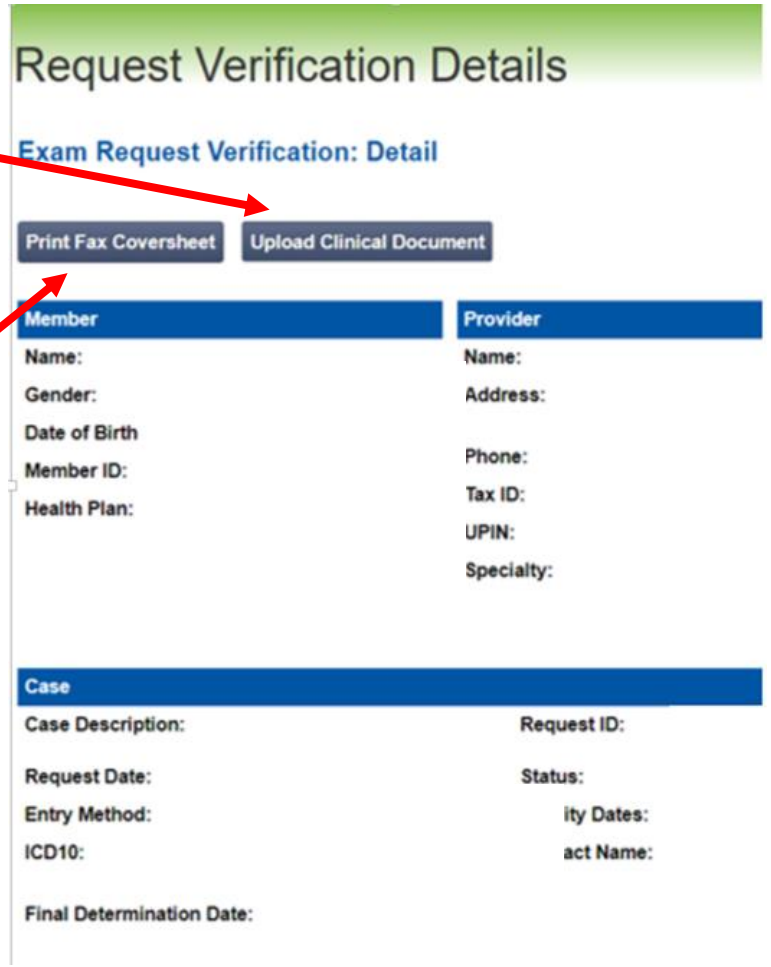
FAXC | CC_TRACKING_NUMBER

CONFIDENTIAL NOTICE!
If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

- A fax is sent to the provider detailing the clinical information that is needed, along with a member-specific fax cover sheet.
- Clinical information should be provided as quickly as possible.
- Determination timeframe begins after receipt of complete request with required essential information.
- Failure to receive requested clinical information may result in denial of prior authorization.

Submitting Additional Clinical Information

- Submit clinical information
  - Upload to www.RadMD.com OR
  - Fax using member-specific NIA coversheet
- Locate fax coversheets:
  - Print from www.RadMD.com
  - Call 1-800-642-7554 for assistance
- Use the case specific fax coversheets when faxing clinical information to NIA



Clinical Review Process

1 Provider Contacts NIA for Prior Authorization

- *RadMD*
- *Telephone*

2 System Evaluates Request Based on Information Entered by Provider

- Clinical information complete – Test Approved
- Additional clinical information required – Pends for clinical validation of medical records

3 NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Test Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

Designated & Specialized Clinical Team interacts with Provider Community.

4 NIA Specialty Physician Reviewers

- NIA Physician approves test *without* peer-to-peer

Peer-to-peer outbound attempt made if test is not approvable

- NIA Physician approves test with peer-to-peer
- Provider withdraws test during peer-to-peer
- Physician denies case based on medical criteria

NIA makes medical necessity decisions based on the clinical information supplied by ordering or rendering/servicing providers. Decisions are made as quickly as possible after submission of all requested clinical documentation. All decisions are rendered within state required timelines.

Notification of Determination

Authorization Notification

- Validity Period - Authorizations are valid for:

  60 days starting 10 business days prior to the date of service

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- Peer-to-peer discussions are offered prior to denial for any request that does not meet medical necessity guidelines
- 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/Servicing providers should continue to send their claims directly to Superior.
- Providers are encouraged to submit claims using Superior's Secure Provider Portal.
- Check claim status by logging on to the Superior Secure Provider Portal at: Provider.SuperiorHealthPlan.com.

Appeals Process

- In the event of an authorization denial, providers may appeal the decision.
- Providers should follow the appeal instructions included in the denial letter.

Genetic and Molecular Testing Points

Providers search for a genetic or molecular test by name, laboratory, Genetic Testing Unit (GTU) or CPT code (not recommended). Only one test can be requested at a time.

Authorizations are test and location specific, please contact NIA if the location changes. The location of the laboratory is important for Medicare as it determines which Local Coverage Determination (LCD) applies.

Providers should submit for authorization prior to performing a test. The validity period for genetic testing authorizations is 60 days and begins 10 business days prior to the requested date of service to allow for instances where the sample is collected in advance of testing.

Review Genetic Test and Laboratory Matrix to determine tests managed by NIA located at www.RadMD.com.

Provider Tools

RadMD Website
www.RadMD.com

Available

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

Toll Free Number
1-800-642-7554

Available
Monday - Friday
7:00 AM – 7:00 PM CST

- 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:

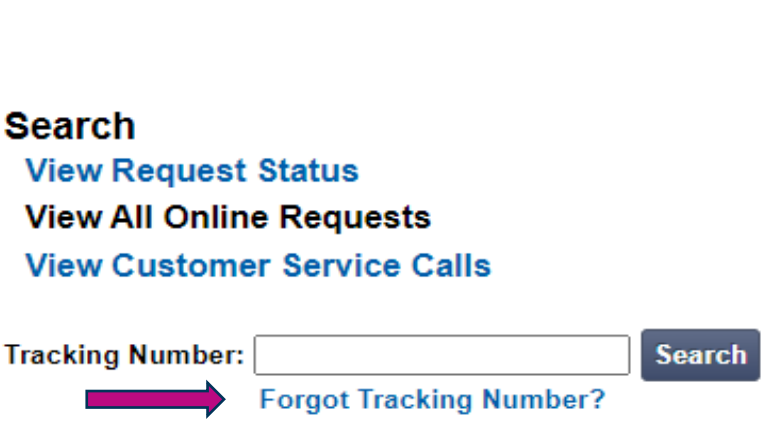
- **Rendering/Servicing Provider** – Submit and check status of prior authorization requests on behalf of ordering provider and view request status for their laboratory/facility.
- **Ordering Provider** – Submit prior authorization requests and view request status.

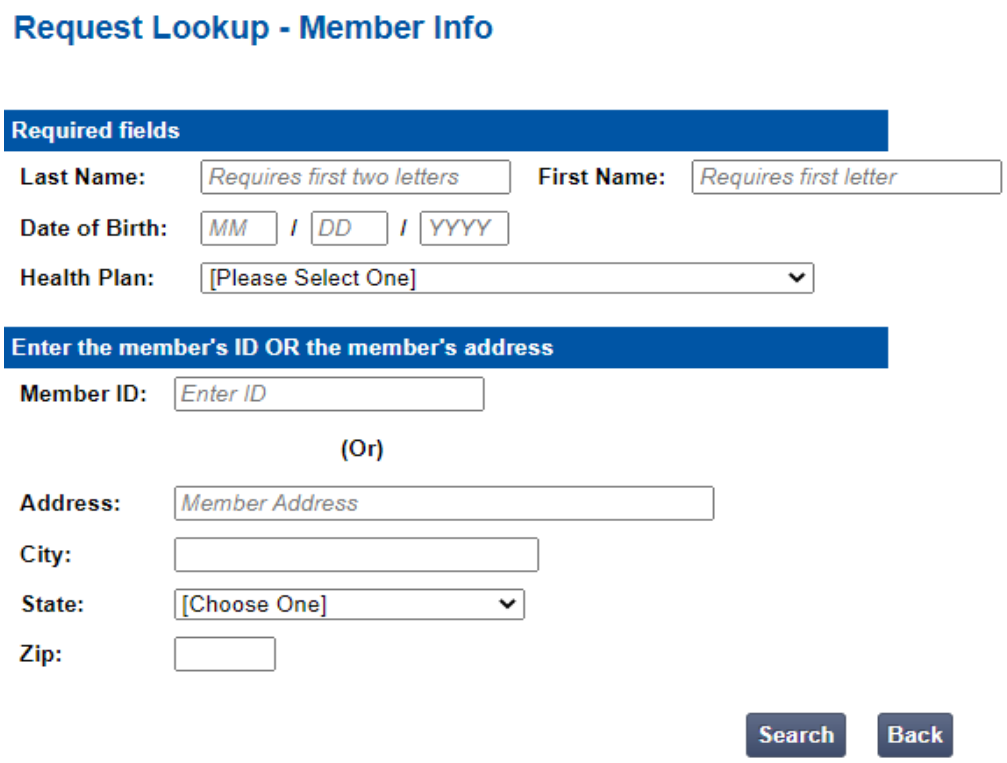
Online Tools Accessed through www.RadMD.com:

- Clinical Guidelines
- Frequently Asked Questions (FAQ)
- Quick Reference Guide (QRG)
- Prior Authorization Checklist
- Provider webinar information
- Genetic Test and Laboratory Matrix

Alternative Way to Track an Authorization Request

From your RadMD user menu under the tracking number search box, click the "*Forgot Tracking Number?*" link. Follow the prompts to search for a prior authorization request with the member's PHI.





When to Contact NIA

Providers:

Initiating or checking the status of an authorization request	▪ Website, www.RadMD.com ▪ Toll-free number 1-800-642-7554 - Interactive Voice Response (IVR) System ▪ Fax 1-800-784-6864
Initiating a Peer-to-Peer Consultation	▪ Call 1-800-642-7554
Provider Service Line	▪ RadMDSupport@Evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Gina Braswell, OTR/L Senior Manager, Provider Relations 1-800-450-7281 Ext. 55726 gbraswell@Evolent.com

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