AmeriHealth Caritas VIP Care Medical Specialty Solutions

Provider Training Presented by: Andrew Dietz

Date: January 10th, 2023



NIA Program Agenda



- Introduction to NIA
- Our Program
 - Authorization Process
 - Other Program Components
 - 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.
- 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 Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Intensive Clinical Specialization & Breadth

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



NIA's Prior Authorization Program











- AmeriHealth
 Caritas VIP Care
 will begin a
 prior
 authorization
 program
 through NIA for
 the
 management of
 outpatient
 imaging
 services.
- Program start date: January 1, 2023
- Begin obtaining authorizations from NIA on January 1, 2023, via RadMD or Call Center for services rendered on or after January 1, 2023.

Settings:

- Office
- Outpatient Hospital

Medicare

NIA's Medical
Specialty Solutions for
non-emergent
outpatient Medical
Specialty Solutions
services for
AmeriHealth Caritas
VIP Care membership
will be managed
through AmeriHealth
Caritas VIP Care
contractual
relationships.



NIA's Prior Authorization Program

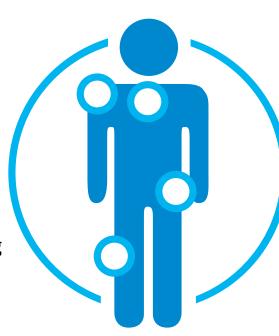


Effective January 1, 2023: Any services rendered on and after January 1, 2023 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



Procedures Requiring Authorization*

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- CCTA
- Myocardial Perfusion Imaging (MPI)





Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Surgery Center



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 www.RadMD.com.



Defer to AmeriHealth Caritas VIP Care's Policies for Procedures not on Claims/Utilization Review Matrix.









AmeriHealth Caritas VIP Care Florida Utilization Review Matrix 2023

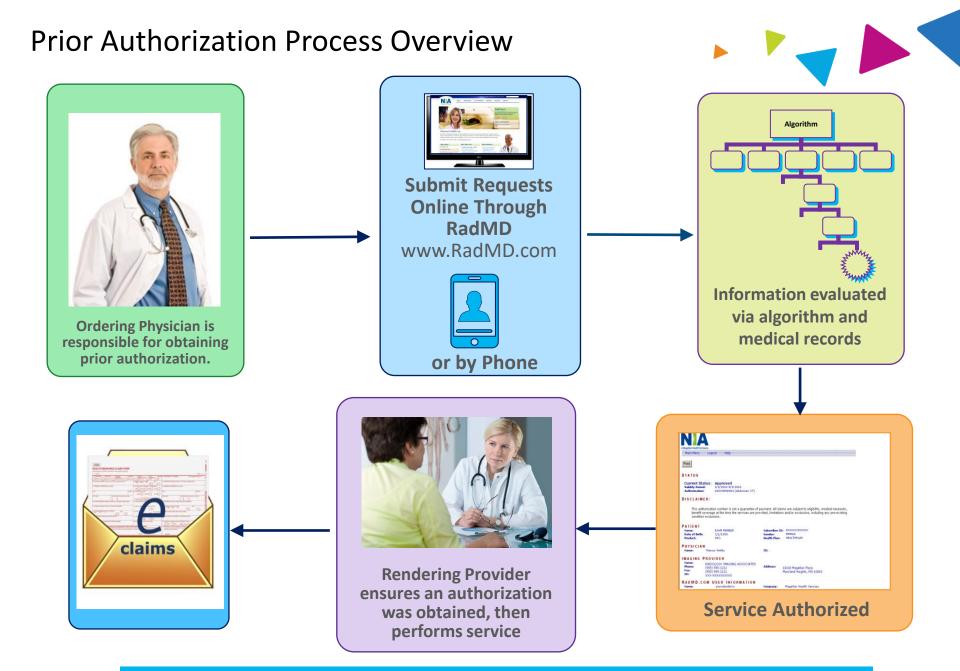
The matrix below contains all the CPT 4 codes for which National Imaging Associates, Inc. (NIA)¹ manages on behalf of AmeriHealth Caritas VIP Care- Florida. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "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, Observation Room, Surgery Center or Hospital Inpatient setting are not managed by NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +072
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 7054 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553, +0698T
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, +0722T
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +0722T
72128	CT Thoracic Spine	72128, 72129, 72130, +0722T
72131	CT Lumbar Spine	72131, 72132, 72133, +0722T

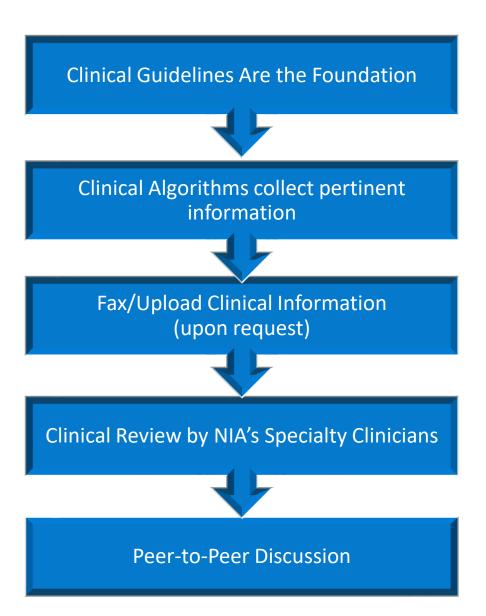






NIA's Clinical Foundation & Review





- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Health Plan, 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.



Member and Clinical Information Required for Authorization



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.





Advanced Imaging Physical Medicine Genetic Testing Radiation Oncology Cardiology Pain Management Surgery



Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements

Physician clinical reviewers conduct peer reviews on specialty products (cardiology, radiation oncology, interventional pain management, surgery, sleep management and genetic testing)



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.



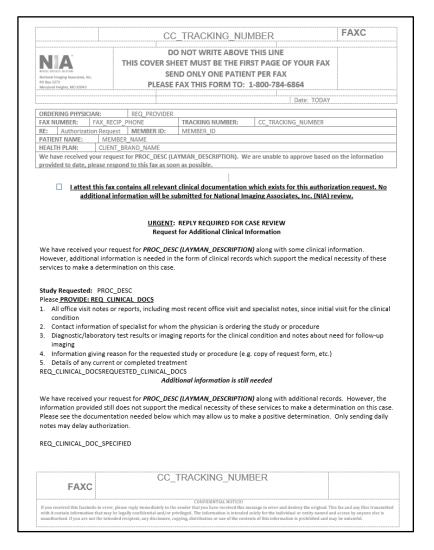
Helps ensure that members receive the most appropriate, effective care.





NIA to Ordering Physician: Request for Additional Clinical Information







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.

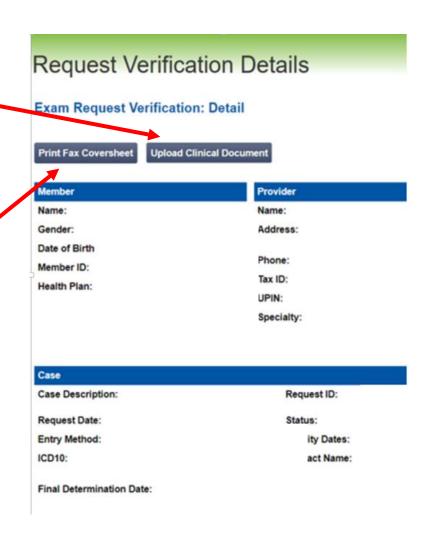


Failure to receive requested clinical information may result in non certification.



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 1-800-327-1187
- Use the case specific fax coversheets when faxing clinical information to NIA





Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization



RadMD







NIA Initial Clinical Specialty Team Review

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



Designated & Specialized Clinical Team interacts with Provider Community.

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<u>3</u>

4

System Evaluates Request Based on Information Entered by Physician

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

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NIA Specialty Physician Reviewers

NIA Physician approves case <u>without</u> peer-to-peer



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

- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peerto-peer
- Physician denies case based on medical criteria

Key NIA Differentiators

Physician defiles case based on medical criteria

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



NIA Urgent/Expedited Authorization Process



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 1-800-327-1187.
- Turnaround time is within 1 Business day not to exceed 72 Calendar Hours.



Notification of Determination



Authorization Notification

- Validity Period Authorizations are valid for:
 - 90 Days from Date of Request

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 made.
- A re-open is available with new or additional information.
- Timeframe for re-open is:
 - Within 1 year for any reason
 - Within 4 years for good cause
 - Anytime to correct a clinical error on which the determination was made
- 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 AmeriHealth Caritas VIP Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the AmeriHealth Caritas VIP Care website at https://www.navinet.net

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through AmeriHealth Caritas VIP Care.
- 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



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure



According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



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, performed every third Thursday of the month from 9 pm – midnight PST)



Toll Free Number 1-800-327-1187



Available Monday - Friday 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, pended and in review authorizations for their facility. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through www.RadMD.com:

- 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 username 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 username 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.



 -- Please Select an Appropriate Description --Physician's office that orders procedures

Facility/office where procedures are performed Health Insurance company

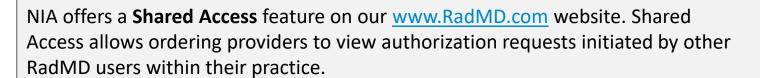
Cancer Treatment Facility or Hospital that performs radiation oncology procedures Physicians office that prescribes radiation oncology procedures Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

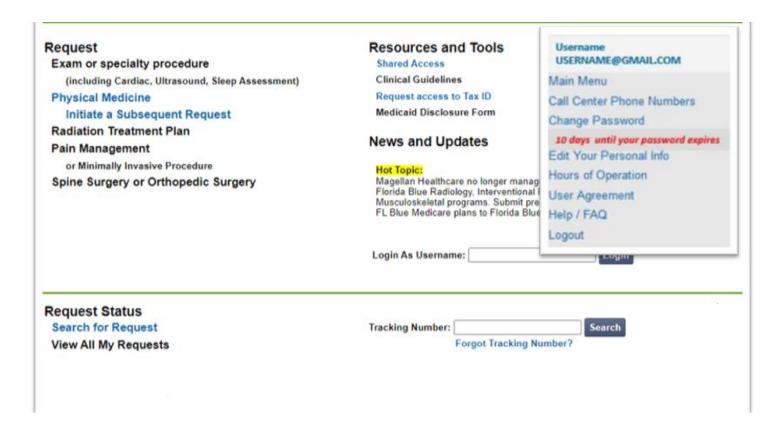
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NIA Magellan Realth Company		
Login RadMD Home H	elp	
RADMD.COM: APPLIC	ATION FOR A NEW ACC	DUNT
Please fill out this form only	for yourself. Shared accounts	are not allowed
n order for your account to be ac heck with your email administrat	tivated, you must be able to receive or to ensure that emails from RadMi	emails from RadMDSupport@magellanhealth.com. Please DSupport@magellanhealth.com can be received.
Which of the following best describ		
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What about read-only radiology of Choose a User ID	ffices	
6-20 Characters	-	
6-20 Characters		
Name		
First	Last	
Phone	Fax	
(2000) 2000-20000	(1000) 1000-10000	
Company Name	Job Title	
Email	Confirm Email	
example: you@company.com		
Address		
example: 123 Main St.		
example: Suite A (optional)		
City	Itate] Zip	
Your Superior		
The manager or supervisor resp. This cannot be yourself.	onsible for terminating your access.	
Name		
First	Last	
Phone	Email	
(1000) 1000-10000	example: boss@company.com	
Submit Application		
		health.com-



RadMD Enhancements





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 www.RadMD.com, allowing them to communicate with members and facilitate treatment.



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.
- Designate an "Administrator" who will be able to grant privileges to desired Tax ID number(s).

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 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.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in review authorizations under your Tax ID Number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.



Please Select an Appropriate Description -Physician's office that orders procedures
Facility/office where procedures are performed

Health Insurance company

3

Cancer Treatment Facility or Hospital that performs radiation oncology procedures Physicians office that prescribes radiation oncology procedures Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)





When to Contact NIA



Providers:

Initiating or checking the status of an authorization request	 Website, <u>www.RadMD.com</u> Toll-free number 1-800-327-1187 - Interactive Voice Response (IVR) System 	
Initiating a Peer-to-Peer Consultation	Call 1-800-327-1187	
Provider Service Line	RadMDSupport@evolent.comCall 1-800-327-0641	
Provider Education requests or questions specific to NIA	 Andrew Dietz, DPT Senior Manager - Provider Relations 1-407-967-4636 adietz@evolent.com 	



RadMD Demonstration





Confidentiality Statement



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