MeridianComplete Plan Medical Specialty Solutions

Provider Training Presented by: Leta Genasci

Date:



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 National Footprint / Medicaid Experience



National Footprint

- Since 1995 delivering radiology benefits management solutions; one of the *go-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

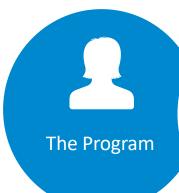
Intensive Clinical Specialization & Breadth

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



NIA's Prior Authorization Program







- Procedures & Settings Included
- Membership Included



- MeridianComplete
 will begin a prior
 authorization
 program through
 NIA for the
 management of
 outpatient
 imaging services.
- Program start date: January 1, 2021
- Begin obtaining authorizations from NIA on January 1, 2021 via RadMD or Call Center for services rendered on or after January 1, 2021.

Procedures:

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- Muga Scan
- StressEchocardiography
- Echocardiography

Settings:

- Office
- Outpatient Hospital

Medicare

NIA will use the MeridianComplete network of In-office providers, Free-Standing Imaging Facilities (FSF's), and Hospitals to deliver outpatient imaging services to MeridianComplete members.



NIA's Prior Authorization Program

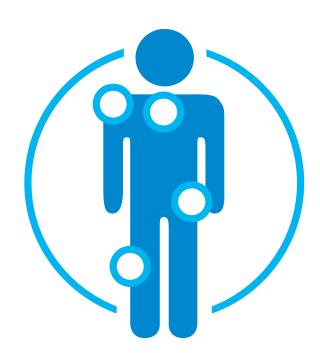


Effective January 1, 2021: Any services rendered on and after January 1, 2021 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- Muga Scan
- Stress Echocardiography
- Echocardiography





Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- 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 MeridianComplete's Policies for Procedures not on Claims/Utilization Review Matrix.

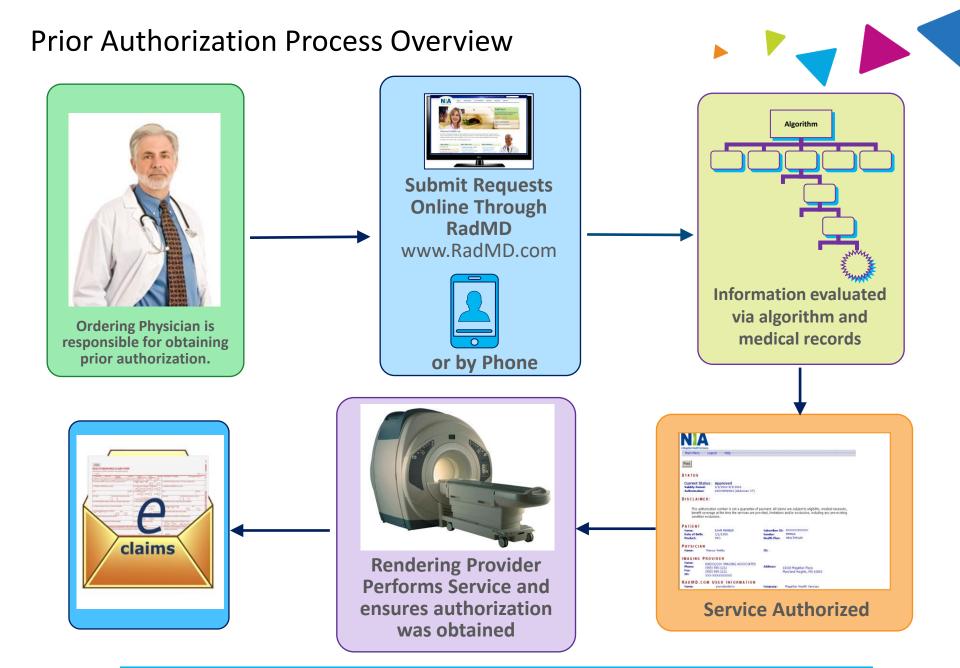
representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

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	Description	Allowable Billed
CPT Code	·	Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488,
		76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553,
	,	70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270,
		G0297
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552

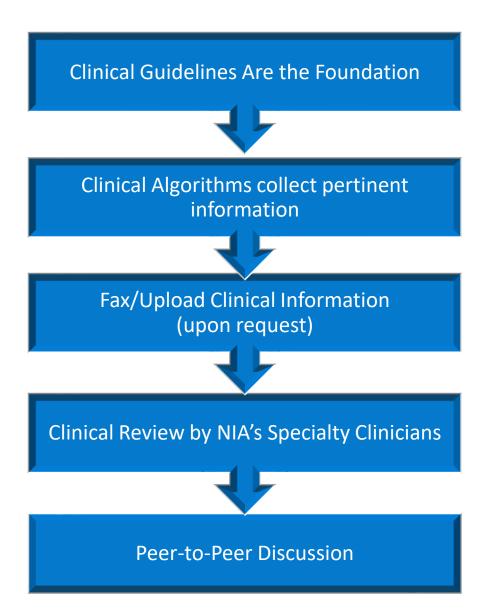






NIA's Clinical Foundation & Review





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



Patient 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.





Clinical Specialization Pods Overseen by a Physician Advisor Neurology Abdomen/Pelvis (includes OB-US) General Studies Radiation Oncology Orthopedic Oncology

Physician Review Team

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

Specialty Physician panels for peer reviews on specialty products (cardiac, OB Ultrasound, radiation oncology, interventional pain management, surgery, sleep management)



Document Review





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



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





NIA to Ordering Physician: Request for Additional Clinical Information



CC TRACKING NUMBER

FAXC



ABDOMEN - PELVIS CT 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:	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
- Any office visit note since initial presentation of the complaint/problem requiring imaging
- 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

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

FAXC



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.

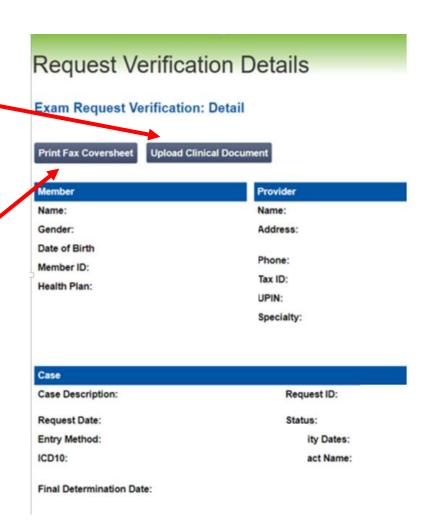


Failure to receive requested clinical information may result in non certification.



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 1-866-642-9704
- 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.

1

2

System Evaluates Request Based on

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

Information Entered by Physician

4

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 peer to peer
- · Physician denies case based on medical criteria

Key NIA
Differentiators

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 1-866-642-9704.



Notification of Determination



Authorization Notification

- Validity Period Authorizations are valid for:
 - 90 days from the 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.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
- Medicare re-opens are not available.



Claims and Appeals



How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to MeridianComplete.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the MeridianComplete website at provider.ilmeridian.com.

Claims Appeals Process

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

NOTE: Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.



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 patient and physician awareness of radiation concerns



NIA's Radiation Awareness Program Full Radiation Awareness Program



Radiation Awareness Program

- Identification of High Exposure Members
- Point of Service Provider Notification and Opportunities for Provider Education
- Promote Member Awareness and Education



Provider Tools





RadMD Website www.RadMD.com



Available

24/7 (except during maintenance)



Toll Free Number 1-866-942-9704



Available

7:00 AM - 7:00 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 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 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.

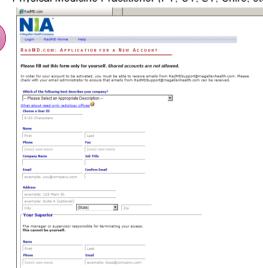
Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



 -- 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.)

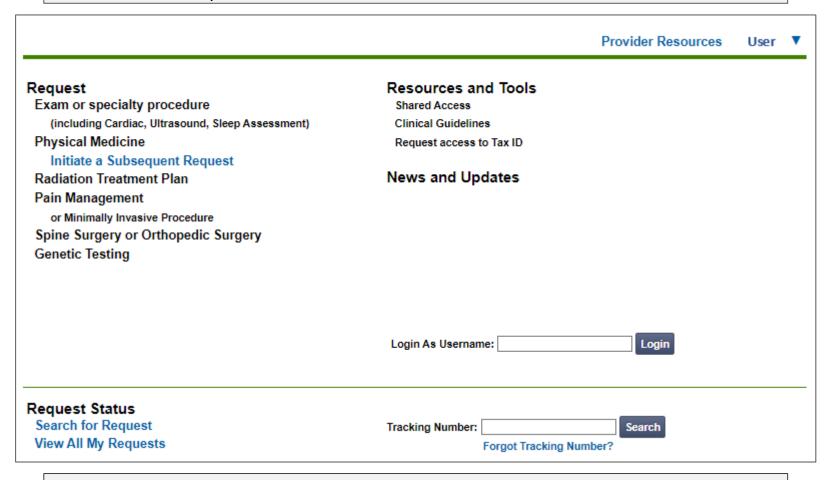




RadMD Enhancements



NIA offers a **Shared Access** feature on our <u>RadMD.com</u> 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.



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:

- 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.



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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 oncol

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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When to Contact NIA



Providers:

Initiating or
checking the status
of an authorization

- Website, <u>www.RadMD.com</u>
- Toll-free number 1-866-642-9704 Interactive Voice Response (IVR) System

Initiating a Peer to Peer

Call 1-866-642-9704

Technical Issues

- RadMDSupport@evolent.com
- Call 1-800-327-0641

Provider Education requests or questions specific to NIA

Leta Genasci
Provider Relations Manager 1-314-387-5518
<u>lgenasci@evolent.com</u>



RadMD Demonstration





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