

Sunshine Health and Children's Medical Services Health Plan Medical Specialty Solutions Provider Training



NIA Program Agenda



Introduction to NIA



Our Program

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



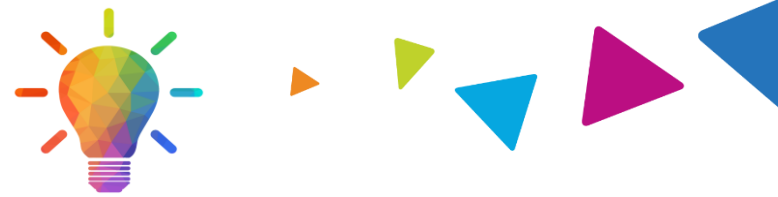
RadMD Demo



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**

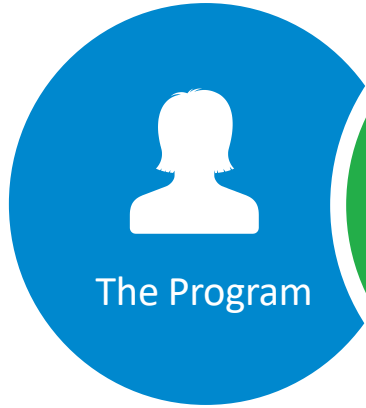
Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified



NIA's Prior Authorization Program



The Program

- Sunshine Health and Children's Medical Services Health Plan (known collectively going forward as **Health Plan**) will begin a prior authorization program through NIA for the management of outpatient imaging services.



Important Dates

- Program start date: April 1, 2021
- Begin obtaining authorizations from NIA on March 22, 2021, via RadMD or Call Center for services rendered on or after April 1, 2021.



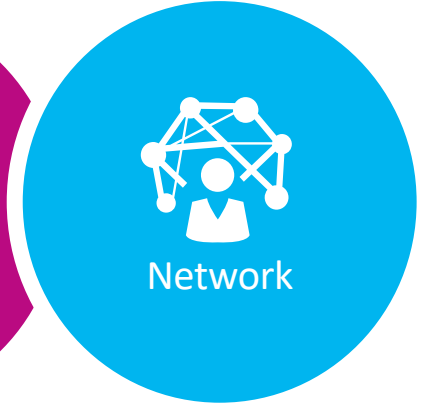
Procedures & Settings Included

- Procedures:
- CT/CTA
 - CCTA
 - MRI/MRA
 - PET Scan
 - Myocardial Perfusion Imaging
 - MUGA Scan
 - Stress Echocardiography
 - Echocardiography
- Settings:
- Office
 - Outpatient Hospital



Membership Included

- Medicaid
- Medicare



Network

- NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for **Health Plan** membership will be managed through Health Plan contractual relationships.

NIA's Prior Authorization Program

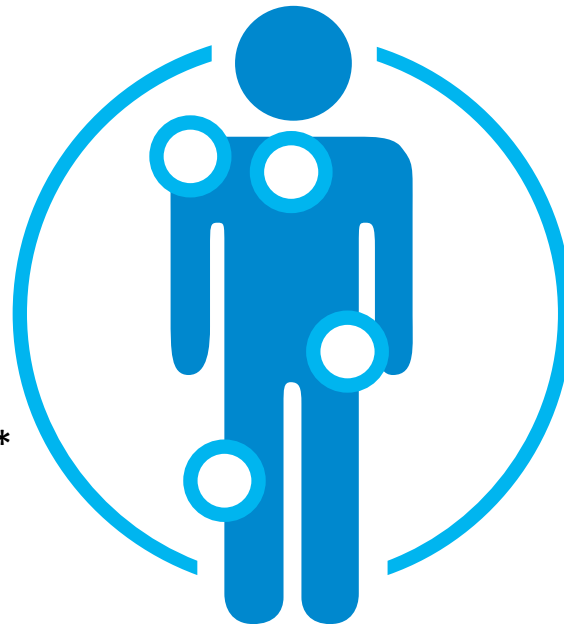


Effective April 1, 2021, any services rendered on and after April 1, 2021, will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



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
- Emergency Room
- Surgery Center

*Effective 4.1.2021-Sunshine Health

List of CPT Procedure Codes Requiring Prior Authorization



**Sunshine Health, Staywell Health Plan
Children's Medical Services Health Plan
WellCare
Utilization Review Matrix 2021**

The matrix below contains all the CPT 4 codes for which National Imaging Associates, Inc. (NIA) authorizes on behalf of Sunshine Health, Staywell, Children's Medical Services Health Plan and WellCare (collectively known as the Health Plan). 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.**

Authorized CPT Code	Description	Allowable Billed 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, 71271
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.



CPT Codes and their Allowable Billable Groupings.



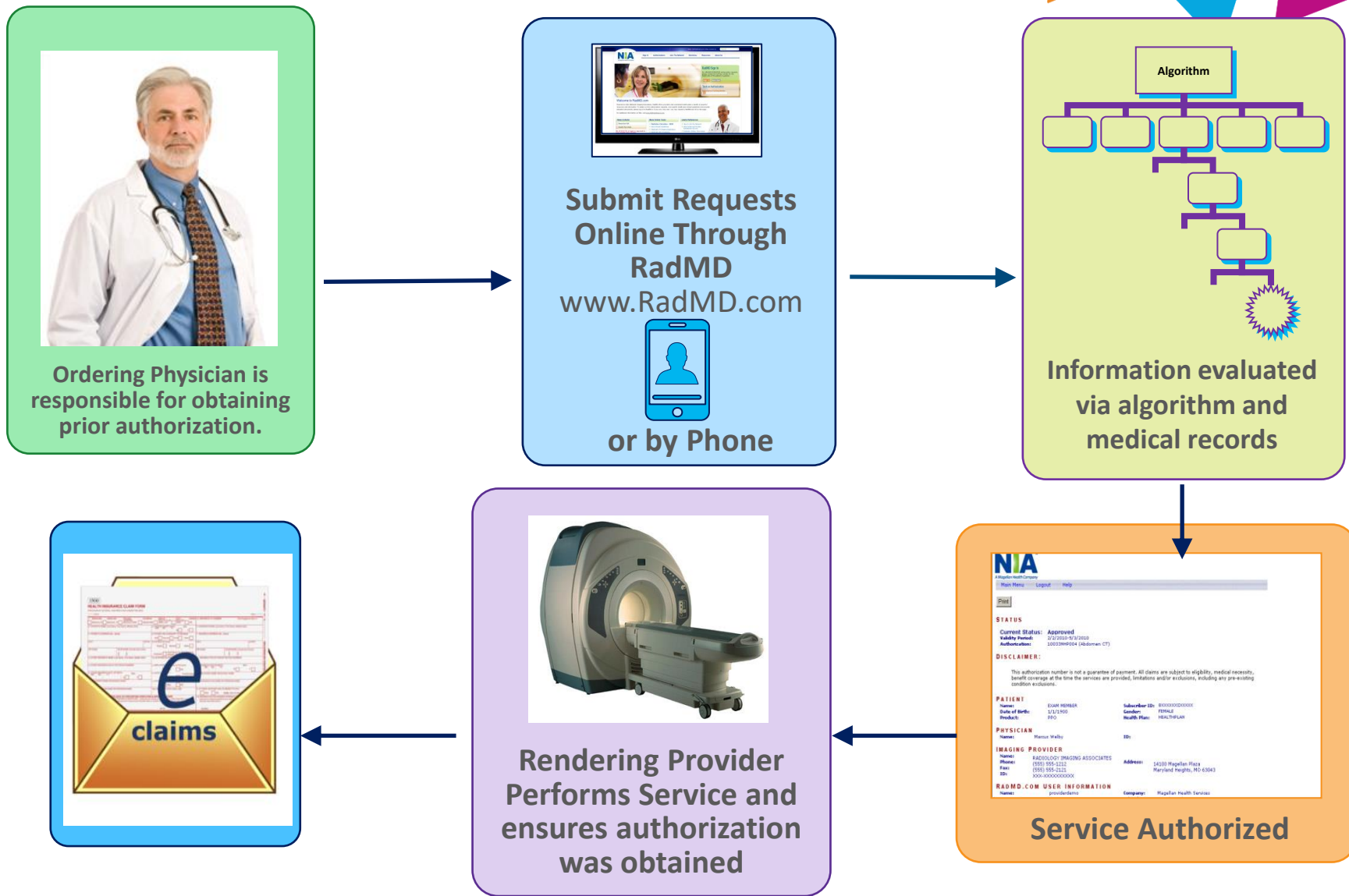
Located on www.RadMD.com.



Defer to the Health Plan Policies for Procedures not on Claims/Utilization Review Matrix.

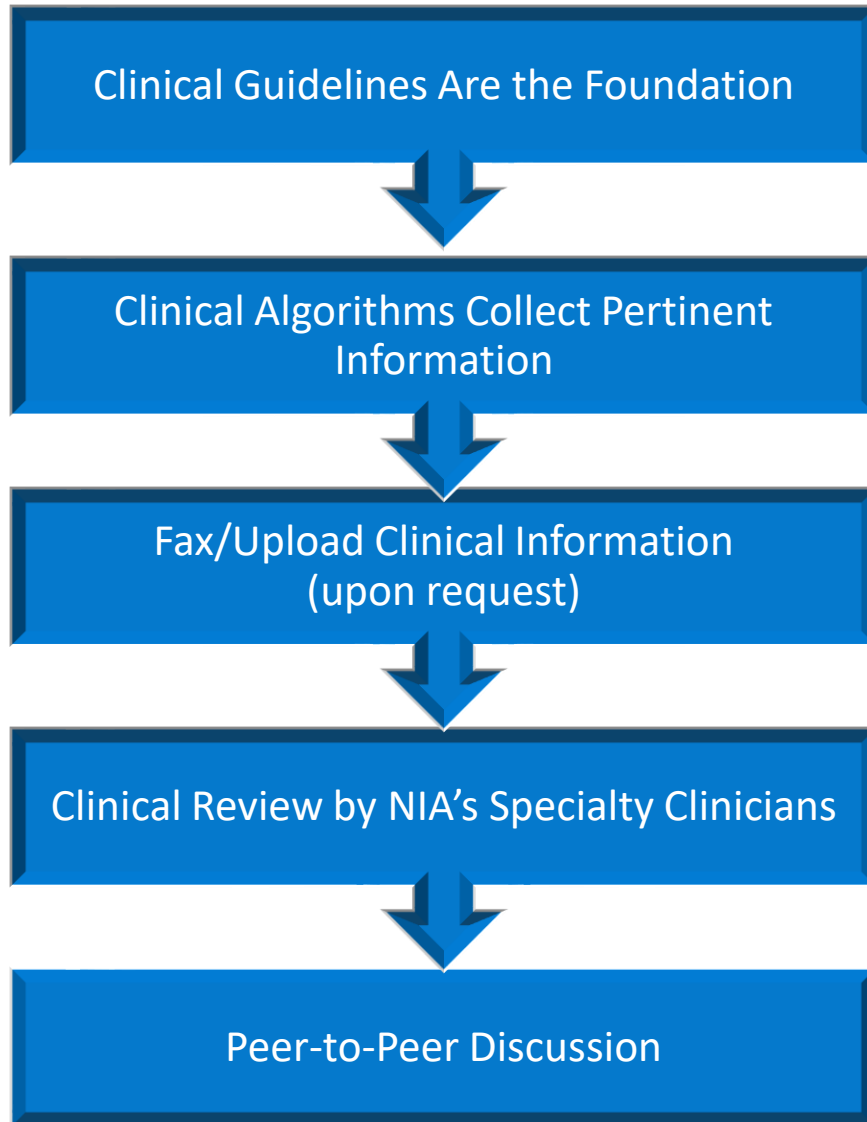


Prior Authorization Process Overview



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 the Health Plan and NIA Medical Officers and clinical experts. **Clinical Guidelines are available on www.RadMD.com**
- Algorithms are a branching structure that changes depending on 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: To ensure that members are receiving appropriate care.**

Member and Clinical Information Required for Authorization



General

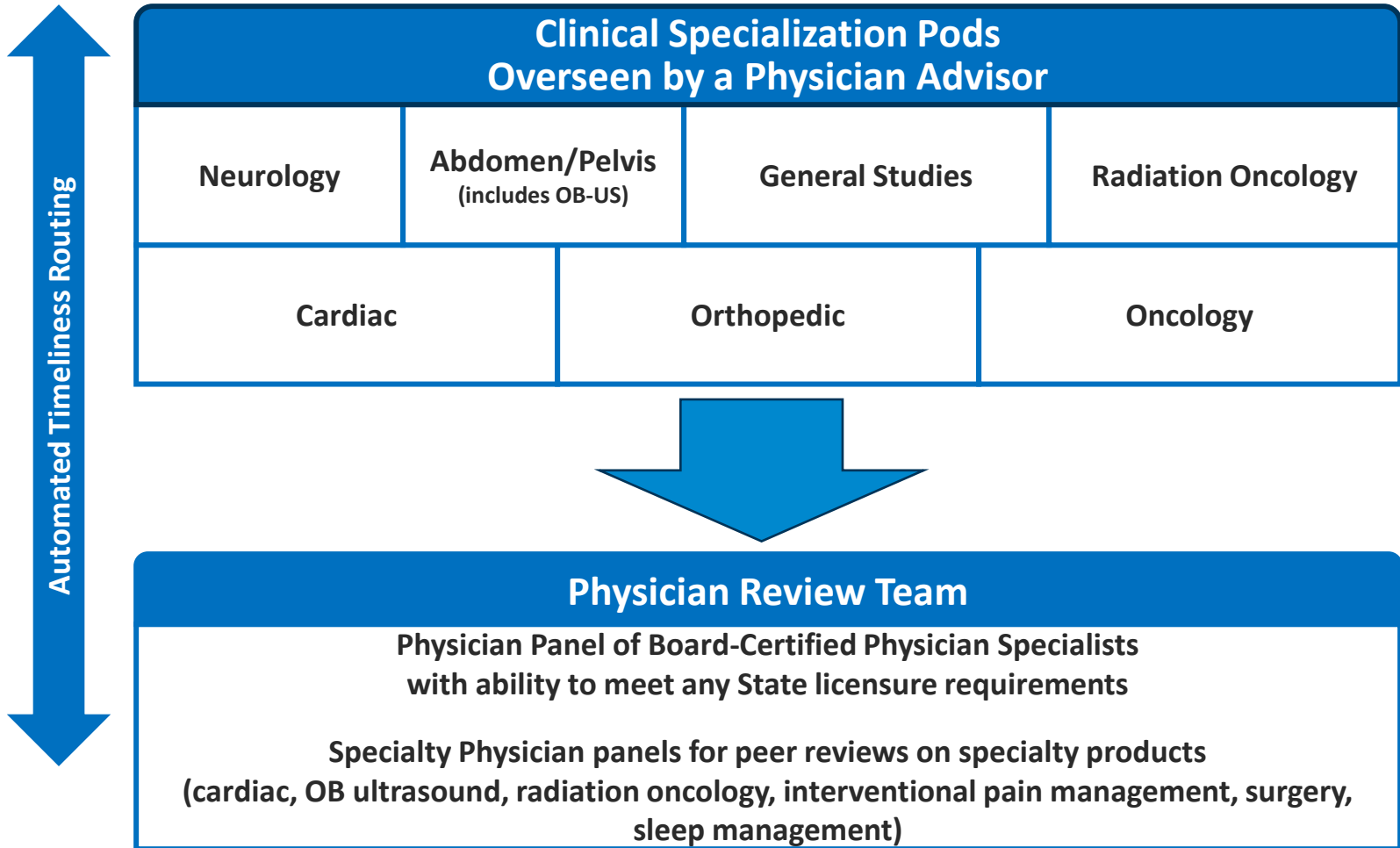
- Includes: Ordering physician information, member information, rendering provider information, requested examination, etc.

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.

Clinical Specialty Team Review



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 approval can be made.



Ensures clinical criteria that supports the requested tests are clearly documented in medical records.



Helps ensure members 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
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

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:**

FAXC

CC_TRACKING_NUMBER



A fax is sent to the provider detailing what clinical information that is needed, along with a fax cover sheet.



We stress the need to provide 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 www.RadMD.com
 - Fax using NIA coversheet
- Location of fax cover sheets:
 - Can be printed from www.RadMD.com or call:
 - Sunshine Health and Children's Medical Services Health Plan: 1-866-214-2569
- Use case specific fax cover sheets when faxing clinical information to NIA

Request Verification Details

Exam Request Verification: Detail

[Print Fax Coversheet](#) [Upload Clinical Document](#)

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

Case

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	Validity Dates:
ICD10:	Contact Name:
Final Determination Date:	

Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization

- ✓ RadMD
- ✓ Telephone



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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2

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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

NIA Specialty Physician Reviewers

- NIA Physician approves case without 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



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 www.RadMD.com 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:
 - Sunshine Health and Children's Medical Services Health Plan: 1-866-214-2569



Authorization Notification

- Validity Period Authorizations are valid for:
30 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 adverse determinations has been made
- Medicaid re-review is available with new or additional information
- Timeframe for Medicaid re-review is 2 business days from the date of denial notification
- Medicare re-opens are not available
- 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 the Health Plan
- Providers are strongly encouraged to use EDI claims submission
- Check on claims status by logging on to the Health Plan website at: <https://www.sunshinehealth.com>

Claims Appeals Process




- In the event of a prior authorization or claims payment denial, providers may appeal the decision through the Health Plan
- Providers should follow the instructions on their non-authorization 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

1 mSv=

-  4 months of  natural exposure
-  50 chest x-rays

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



RadMD Website
www.RadMD.com



Available
24/7 (except during
maintenance)

Toll Free Number



**Sunshine Health and Children's
Medical Services Health Plan: 1-866-
214-2569**



Available
8:00a.m. to 8:00p.m.,
Eastern

- 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

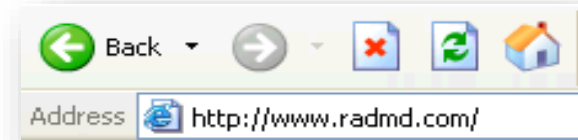


RadMD Functionality varies by user:

- **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.



- 2 -- 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 www.RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Request

[Exam or specialty procedure](#)

(including Cardiac, Ultrasound, Sleep Assessment)

[Physical Medicine](#)

[Initiate a Subsequent Request](#)

[Radiation Treatment Plan](#)

[Pain Management](#)

or Minimally Invasive Procedure

[Spine Surgery or Orthopedic Surgery](#)

Resources and Tools

[Shared Access](#)

[Clinical Guidelines](#)

[Request access to Tax ID](#)

[Medicaid Disclosure Form](#)

News and Updates

Hot Topic:

Magellan Healthcare no longer manages preservice review requests for Florida Blue Radiology, Interventional Pain Management and Musculoskeletal programs. Submit preservice review requests for non-FL Blue Medicare plans to Florida Blue at availity.com and click "Olive."

Login As Username:

Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)

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 authorizations for facility

IMPORTANT

- Everyone in your organization is required to have their own separate username 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.

1



2

- 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.)

3

A screenshot of the RadMD registration form titled 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. The form includes a header with the NIA logo and navigation links. Below the header is a section titled 'Please fill out this form only for yourself. Shared accounts are not allowed.' followed by instructions. The main form area has a dropdown menu for 'Please Select an Appropriate Description --' with 'Facility/office where procedures are performed' selected. Below this are fields for 'Choose a User ID', 'Name' (First and Last), 'Phone' and 'Fax', 'Company Name' and 'Job Title', 'Email' and 'Confirm Email', 'Address' (Street, Suite A (optional), City, State, Zip), and 'Your Superior' (Name, First, Last, Phone, Email). A 'Submit Application' button is at the bottom.

When to Contact NIA



Providers:

<p>Initiating or checking the status of an authorization</p>	<ul style="list-style-type: none">▪ Website: www.RadMD.com▪ Toll-free number: Interactive Voice Response (IVR) System Sunshine Health and Children's Medical Services Health Plan: 1-866-214-2569
<p>Initiating a Peer to Peer</p>	<ul style="list-style-type: none">▪ Call 1-888-642-7649
<p>Technical Issues</p>	<ul style="list-style-type: none">▪ RadMDSupport@Evolent.com▪ Call 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">▪ Andrew Dietz, DPT Provider Relations Manager 1-800-450-7281 Ext. 34636 adietz@Evolent.com

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 Sunshine Health and Children's Medical Services Health Plan 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 the Sunshine Health, Children's Medical Services Health Plan and Evolent Health, LLC.

A large blue diagonal shape on a white background. Several colorful triangles (orange, lime green, purple, cyan, magenta) are scattered around the blue shape.

Thanks