

Superior HealthPlan
Physical Medicine Program
Provider Training

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NIA Physical Medicine Program Agenda

Our Program



Prior Authorization Process and Overview

- Clinical Information Required
- Subsequent Requests
- Peer to Peer Review
- Notification of Determination
- Claims



Provider Tools and Contact Information



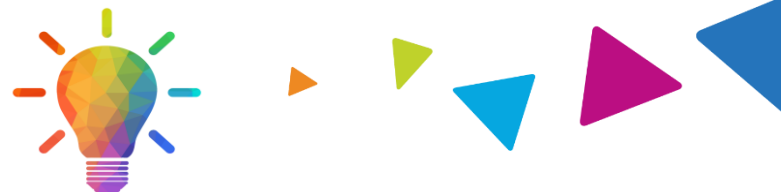
RadMD Demo



Questions and Answers

NIA Medical Specialty Solutions

National Footprint / Medicaid Experience



National Footprint

- ✓ **Providing Client Solutions since 1995** – one of the *go-to* care partners in industry.
- ✓ **64 health plans/markets** – partnering with NIA for the management of medical specialty solutions.
- ✓ **28.02M national lives** – participating in a medical specialty solutions program.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare/Exchange Expertise/Insights

- ✓ **12.35M Medicaid lives** – in addition to 3.9M Exchange and 2M Medicare Advantage lives participating in a medical specialty solutions program nationally.

Physical Medicine Medicaid Experience

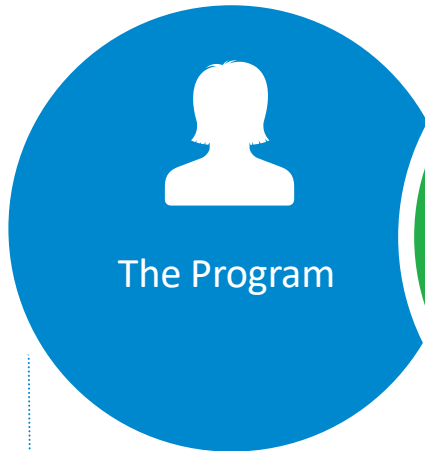
- ✓ **3.5M Physical Medicine Medicaid lives**

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 Physical Medicine Prior Authorization Program



The Program

- Superior HealthPlan (Superior) will begin a prior authorization program through NIA for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.



Important Dates

- Program start date: December 1, 2021.
- Begin obtaining authorizations from NIA on November 29, 2021, for services rendered on or after December 1, 2021.



Disciplines & Settings Included

Disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:

- Outpatient Facilities
- Home Health
- Skilled Nursing Facilities (POS 31 & 32)



Membership Included

- Superior Medicaid (STAR, STAR+PLUS*) and CHIP.
- **Please note: For Medicaid STAR+PLUS members, this expansion is only applicable to non-STAR+PLUS HCBS Waiver members.*

NIA's Physical Medicine Solution

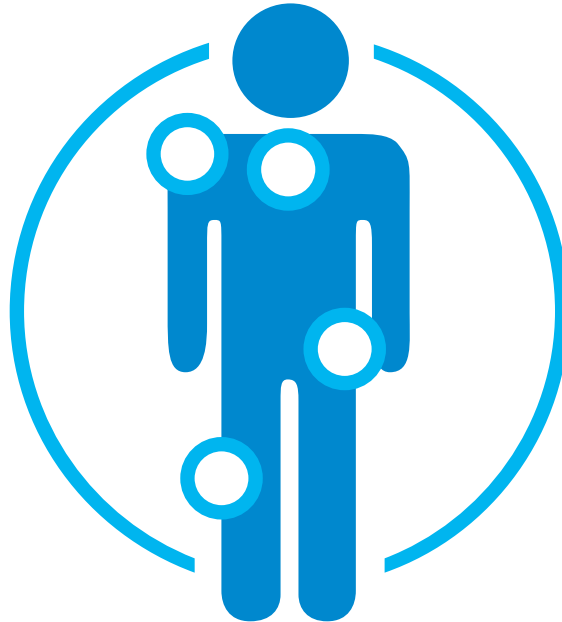
Procedures Performed on or after December 1, 2021, Require Prior Authorization

NIA's Call Center and RadMD will open November 29, 2021



Targeted Physical Medicine Procedures Performed in an Outpatient/Office/Home Health/Skilled Nursing Settings:

- Physical Therapy
- Speech Therapy
- Occupational Therapy

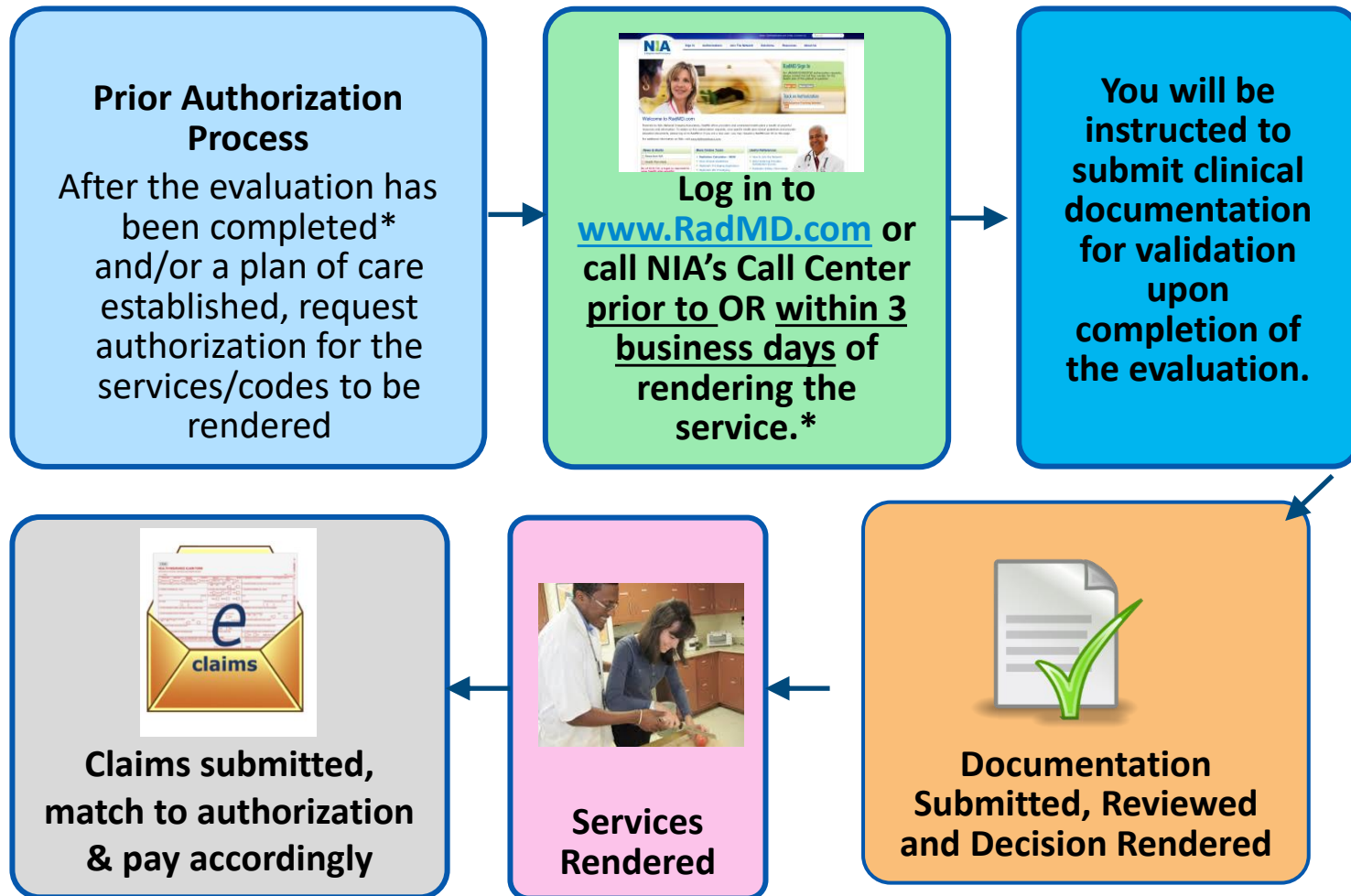


Excluded from the Program Physical Medicine Procedures Performed in the following Settings:

- Hospital Emergency Department
- Hospital status inpatient or observation
- Acute Rehab Hospital (Inpatient)

Superior's network of Physical Medicine providers including therapists and facilities will be used for the Physical Medicine Program

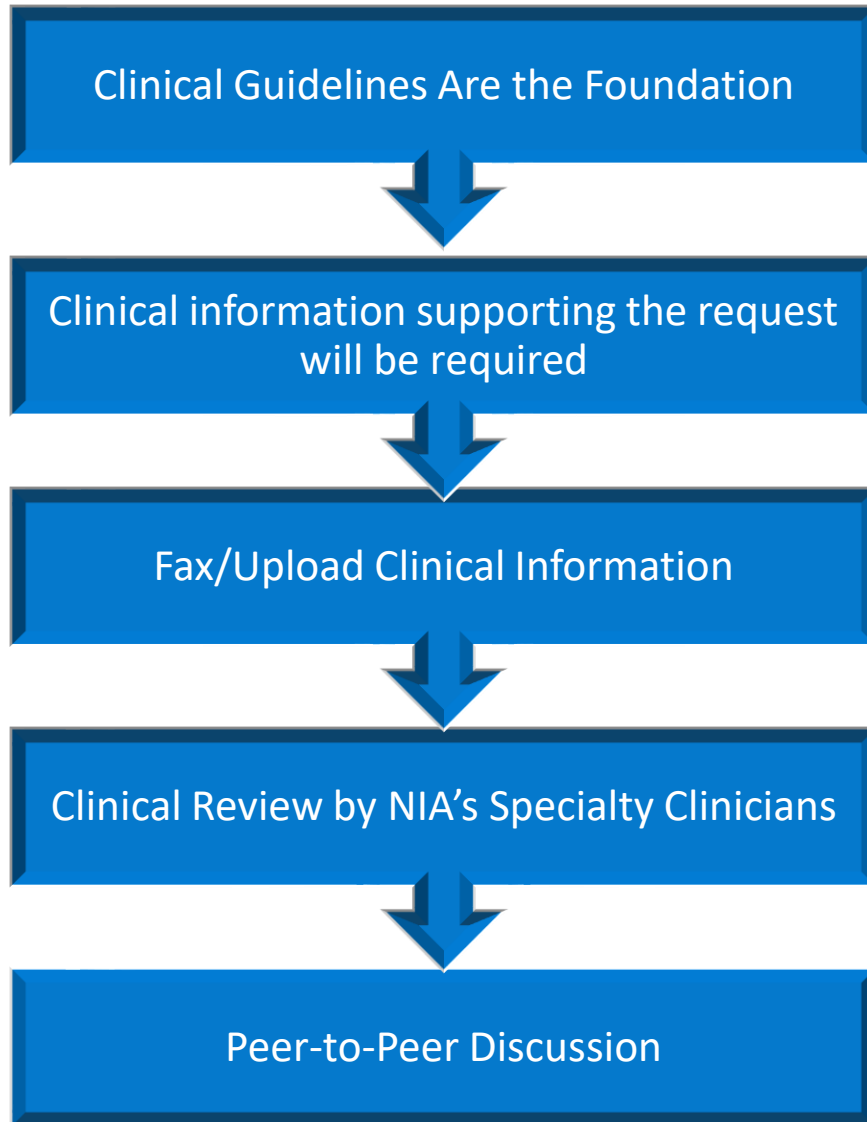
Initial Authorization Process Overview



Initial PT, OT, and ST evaluation CPT codes do not require authorization. All other billed codes, even if performed on the same date as the initial evaluation, will require authorization prior to billing.

** Initial requests for prior authorization may also be faxed but the preferred method of submission is through our online portal, RadMD, or through NIA's call center.*

NIA's Clinical Foundation & Review



- NIA clinical guidelines are reviewed and mutually approved by Superior and NIA's Chief Medical Officers and senior clinical leadership
- Milliman Care Guidelines (MCG) Licensed Guidelines for physical medicine services
- NIA's Clinical Guidelines are available on www.RadMD.com
- 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 focused on Physical Medicine.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. **Our goal is to ensure that members are receiving appropriate care.**

Member and Clinical Information Required for Authorization



General Information: Member, clinician, and facility information.



Clinical Information at Intake: Requested start and end dates of service, initial evaluation date, and type of therapy.



Clinical Record Content: Therapy initial evaluation, diagnosis, functional status (prior & current), functional deficits, objective tests and measures, standardized outcome tools (at your clinician's discretion), plan of care (including frequency, duration, interventions planned & goals*), assessment (prognosis & limitations).

** Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits. Refer to the "Provider Tip Sheet/Checklist" on www.RadMD.com for more specific information.*

Clinical Records Checklist



The Following Documentation is Required for Authorization Requests

Rehabilitative Cases			
	0 - 9 Visits	10 Visits or greater than 30 Days	Comments
Initial Evaluation	X	X	Include if not part of initial submission
Outcome Measure	X	X	Please send updated outcome measures with the progress note and/or at appropriate times
Daily Note	X	X	After IE, please send 2 most recent
Progress Note		X	

Habilitative Cases					
	0 - 30 Days	30 - 90 Days	3 - 11 Months	12 Months or Greater	Comments
Initial Evaluation	X	X	X	X	Include if not part of initial submission
Standardized Testing	X			X	Updated at least once yearly Consider a different test if deficits not shown on original test
Daily Notes	X	X	X	X	After IE, please send 2 most recent
Progress Notes		X	X	X	
Re-evaluation				X	

NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA
NIA HEALTH PLAN

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	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:	CAR NAME:		

Request for Further Clinical Information
We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX #) or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations please see ra.dnd.com. To speak with an Initial Clinical Reviewer please call:

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____



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 www.RadMD.com
 - Fax using that NIA coversheet

- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call 1-800-642-7554

- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details

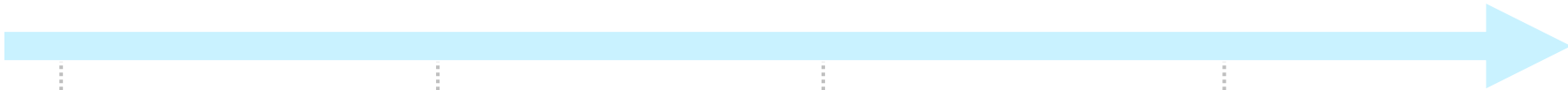
Exam Request Verification: Detail

Print Fax Coversheet
Upload Clinical Document
Request Additional Units

Member
Provider

	CC_TRACKING_NUMBER	FAXC
<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p style="font-size: 8px; margin: 0;">National Imaging Associates, Inc. PO Box 2273 Maryland Heights, MO 63043 Fax #: 1-800-756-6864</p> </div> <div style="text-align: center;"> <p>FAX COVER</p> </div> </div>		
To:	REQ_PROVIDER	From: National Imaging Associates, Inc. (NIA)
Fax:	FAX_RECIP_PHONE	Pages: pPAGECOUNT
Phone:	_____	Date: TODAY
Re:	CC_TRACKING_NUMBER	CC: N/A

NIA Physical Medicine Program: UM/Prior Auth Process



RadMD

Telephone

Provider contacts NIA for prior authorization following the initial evaluation.



** Initial requests for prior authorization may also be faxed but the preferred method of submission is through our online portal, RadMD, or through NIA's call center.*

Member, ordering provider and facility information will be entered or provided at this time.

Clinical information will be required

Case will pend for clinical records. Outreach to provider for necessary clinical information.

- You will receive a Tracking Number: 123456789

NIA Peer Clinical Review.

Services appear appropriate = **Approved**

- You will receive an approved Authorization Number/Case ID Number: 12345ABC1234

Services not supported as medically necessary = **Adverse Determination**

Determination and Notification

Authorization of a set of **visits** and a validity period. Notifications sent to member, provider, and ordering physician when mandated by state.

Clinical information does not support the requested services as medically necessary.

A peer-to-peer review is always available

Notification of final determination is sent to member, provider and ordering physician when mandated by state.

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

Initiating a Subsequent Request



When is a subsequent request appropriate?



- When you have an active authorization
- A need for continued care
- A change in the treatment plan or plan of care
- The addition of a new diagnosis

How are subsequent requests initiated?



- Through the link on RadMD and
- Uploading or faxing updated clinical documentation

When can it be initiated?



- Can be initiated at any time after receiving notification about the previous authorization
- Dates are adjusted to accommodate the requested validity period
- Visits build on the original authorization, however, keep in mind that the previous authorization validity period will be automatically ended prior to the new requested start date and any unused visits will be forfeited

What happens when the documentation does not support a need for additional visits?



- If medical necessity is not supported for continuation of care, a 15-day notice of pending adverse determination will be given to transition to a home program

Treating an Additional Body Part



If a provider is in the middle of treatment and gets a new therapy prescription for a different body part, the provider will perform a new evaluation on that body part and develop goals for treatment. See below for processes associated with the possible next treatment plans:



Treating body parts concurrently:

- A new authorization is not needed. A subsequent request to the existing authorization can be initiated on RadMD with supporting clinical documentation.
- NIA will add additional ICD 10 code(s) and visits to the existing authorization.



Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area. A new authorization will be processed to begin care on the new body part and the previous will be ended.

Validity Period and Notification of Determination



Authorization Notification

- The approval notification will include a fax coversheet that can be used for any subsequent requests.

Validity Period

- Authorizations will include the number of approved visits with a validity period. It is important that the service is performed within the validity period.

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 for consult purposes.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.



How Claims Should be Submitted

- Providers will continue to submit their claims to Superior
- Providers are strongly encouraged to use EDI claims submission

Claims Appeals Process

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

Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, ST, and OT services).



The CPT codes for PT, OT and ST initial evaluations do not require an authorization. However, all other billed CPT codes even if performed on the same date as the initial evaluation will require authorization prior to billing.



After the initial visit, providers will have up to three business days to request approval for the first visit. If requests are received within this timeframe, NIA can backdate the authorization to include other services rendered on the same day as the evaluation.



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to www.RadMD.com or faxed to NIA at 1-800-784-6864.



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.



RadMD Website
www.RadMD.com



Available
24/7 (except during
maintenance)



Toll Free Number
1-800-642-7554



Available
During busines hours

- 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

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 “Physical Medicine Practitioner”
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.

The screenshot shows the RadMD Sign In page with a green header. A red circle with the number '1' is next to the 'New User' button. Below the header is a dropdown menu for 'Which of the following best describes your company?' with 'Physical Medicine Practitioner' selected. A red circle with the number '2' is next to this dropdown. Below the dropdown is a list of company types, with 'Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)' selected. A red circle with the number '3' is next to the 'New Account User Information' section of the form. The form includes fields for 'Choose a User ID:', 'First Name:', 'Last Name:', 'Phone:', 'Fax:', 'Email:', 'Confirm Email:', 'Company Name:', 'Job Title:', 'Address Line 1:', 'Address Line 2:', 'City:', 'State:', and 'Zip:'. There is also a 'Your Direct Report' section with a note: 'The manager or supervisor responsible for terminating your access. This cannot be yourself.' and fields for 'First Name:', 'Last Name:', 'Phone:', and 'Email:'.

Shared Access Feature



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.

The screenshot displays the RadMD website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various medical services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". A blue link "Initiate a Subsequent Request" is positioned between "Physical Medicine" and "Radiation Treatment Plan". The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "Login As Username:" field with a "Login" button. At the bottom left, there is a "Request Status" section with links "Search for Request" and "View All My Requests". To the right of this section is a "Tracking Number:" field with a "Search" button and a link "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.

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 1-800-642-7554 - Interactive Voice Response (IVR) System
<p>Initiating a Peer to Peer</p>	<ul style="list-style-type: none">▪ Call 1-800-642-7554
<p>Technical Issues Provider Service Line</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">▪ Gina Braswell, OTR/L Senior Provider Relations Manager 1-952-225-5726 gbraswell@evolent.com

RadMD Demonstration



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