

**National Imaging Associates Inc. (NIA)*
Medical Specialty Solutions
Frequently Asked Questions (FAQ's)
For Sentara Health Plans Providers**

Question	Answer
GENERAL	
<p>Why did Sentara Health Plans implement a Medical Specialty Solutions Program?</p>	<p>Sentara Health Plans implemented a Medical Specialty Solutions Program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient Medical Specialty Solutions services:</p> <ul style="list-style-type: none"> • MR, CT/CCTA, PET, MUGA Scan, Nuclear Cardiology/MPI, Stress Echo, Echocardiography • Left Heart Catheterization • Cardiac Implantable Devices (defibrillator, pacemaker) <p>Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.</p>
<p>Why did Sentara Health Plans select NIA to manage its Medical Specialty Solutions Program?</p>	<p>A subsidiary of Evolent Health, NIA was selected to partner with Sentara Health Plans because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Sentara Health Plans membership.</p>
<p>Which Sentara Health Plans members will be covered under this relationship and what networks will be used?</p>	<p>NIA’s Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Sentara Health Plans membership will be managed through Sentara Health Plans contractual relationships.</p>
<p>Does this program include members with Virginia Premier?</p>	<p>On July 1, 2023, Sentara Health Plans assumed the rights and obligations of the Virginia Premier provider agreements which remain in effect. We will continue to serve former Virginia Premier Medicaid members now known as Sentara Health Plans, Group Number: VP” as well as Virginia Premier Advantage Elite (D-SNP) members.</p> <p>For additional details about this merger, please visit https://www.optimahealth.com/providers/provider-support/transitioning-providers/transitioning-virginia-premier-providers.</p>

PRIOR AUTHORIZATION

** Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as “Evolent.”*

What was the implementation date for the Medical Specialty Solutions Program?	The Sentara Health Plans implementation date was September 18, 2023.
What Medical Specialty Solutions Services require providers to obtain a prior authorization?	<p>The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through NIA:</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Echocardiography • Transthoracic Echocardiography (TTE) • Transesophageal Echocardiography (TEE) • Stress Echocardiography • Left Heart Catheterization • Cardiac Implantable Devices (defibrillator, pacemaker) <p>Emergency room/urgent care facility, observation and inpatient procedures do not require prior authorization from NIA. If an urgent/emergent clinical situation exists outside of a hospital emergency room/urgent care facility, please contact NIA immediately with the appropriate clinical information for an expedited review.</p>
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an NIA authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes.
Are routine imaging services a part of this program?	No.
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	No. Inpatient advanced imaging procedures are not included in this program.
Is prior authorization required for Medical Specialty Solutions Services	No. Medical Specialty Solutions Services performed in the emergency room/urgent care facilities are not included in this program and do not require prior authorization through NIA.

<p>performed in the emergency room/urgent care facility?</p>	
<p>How does the ordering provider obtain a prior authorization from NIA for a Medical Specialty Solutions outpatient service?</p>	<p>Providers can request prior authorization via the internet (www.RadMD.com) or by calling NIA at 1-800-424-1663.</p>
<p>What information is required to receive prior authorization?</p>	<p>To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solution. Have the appropriate information ready before logging into RadMD or calling NIA’s call center (*Information is required.)</p> <ul style="list-style-type: none"> ▪ Name and office phone number of ordering provider* ▪ Member name and ID number* ▪ Requested examination* ▪ Name of provider office or facility where the service will be performed* ▪ Anticipated date of service ▪ Details justifying examination* <ul style="list-style-type: none"> • Symptoms and their duration • Physical exam findings • Conservative treatment member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications) • Preliminary procedures already completed (e.g., x-rays, CTs, lab work, scoped procedures, referrals to specialist, specialist evaluation) • Reason the study is being requested (e.g., further evaluation, rule out a disorder) <p>Please be prepared to provide the following information, if requested</p> <ul style="list-style-type: none"> • Clinical notes • X-ray reports • Previous related test results • Specialist reports/evaluation <p>*To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on https://www.RadMD.com.</p>
<p>Can a provider request more than one service at a time for a member?</p>	<p>NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each service that is authorized.</p>
<p>What kind of response time can ordering providers expect for prior authorization?</p>	<p>Generally, within 2 - 3 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.</p>

What does the NIA authorization number look like?	The NIA authorization number consists of alpha-numeric characters. In some cases, the ordering provider may receive an NIA tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and NIA will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into NIA's call center for review and processing.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact NIA immediately with the appropriate clinical information for an expedited review.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, NIA will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 90 days from the date of request. When a procedure is authorized, NIA uses the date of the initial request as the starting point for the 90-day period in which the examination must be completed.
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Sentara Health Plans is NOT the member's primary insurance?	No.
If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does NIA allow retro-authorizations?	Yes. However, it is important that the rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility should not schedule services without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the NIA website at https://www.RadMD.com .

Will the NIA authorization number be displayed on the Sentara Health Plans website?	No.
SCHEDULING SERVICES	
How does NIA determine where to schedule Medical Specialty Solutions Services for Sentara Health Plans members?	NIA manages Medical Specialty Solutions services through the Sentara Health Plans contractual relationships.
Why does NIA ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?	During the authorization process, NIA asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain authorization before scheduling the member.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Medical Specialty Solutions program?	<p>Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to ensure there is an authorization number to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Medical Specialty Solutions Services at: <ul style="list-style-type: none"> ▪ Freestanding diagnostic facilities ▪ Ambulatory Surgical Centers ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
CLAIMS RELATED	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should continue to send claims to the address indicated on the back of the Sentara Health Plans member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status on the Sentara Health Plans claim website at: https://www.sentarahealthplans.com
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Sentara Health Plans. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
MISCELLANEOUS	

<p>How is medical necessity defined?</p>	<p>NIA defines medical necessity as a service that:</p> <ul style="list-style-type: none"> • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Is appropriate to the intensity of service and level of setting; • Provides unique, essential, and appropriate information when used for diagnostic purposes; • Is the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Is not furnished primarily for the convenience of the member, the attending provider, or other provider.
<p>Where can a provider find NIA’s Guidelines for Medical Specialty Solutions Services?</p>	<p>NIA’s Clinical Guidelines can be found on NIA’s website, https://www.RadMD.com under Online Tools/Clinical Guidelines. NIA’s guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.</p>
<p>Will the Sentara Health Plans member ID card change with the implementation of this Medical Specialty Solutions Program?</p>	<p>No. The Sentara Health Plans member ID card will not contain any NIA information on it and the member ID card will not change with the implementation of this Medical Specialty Solutions Program.</p>
<p>What is an OCR Fax Coversheet?</p>	<p>By utilizing Optical Character Recognition (OCR) technology, NIA can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from https://www.RadMD.com or contact NIA to obtain one. NIA can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.</p>
<p>RE-REVIEW/RECONSIDERATION/RE-OPEN AND APPEALS PROCESS</p>	
<p>Is the Re-review/ Reconsideration/Re-Open process available for the outpatient Medical Specialty Solutions services once a denial is received?</p>	<p>Once a denial determination has been made, if the office has new or additional information to provide, a re-review/reconsideration/re-open can be initiated by uploading via RadMD or faxing (using the case-specific fax cover sheet) additional clinical information to support the request. A re-review/reconsideration/re-open must be initiated prior to submitting a formal appeal.</p> <p>Commercial:</p>

	<ul style="list-style-type: none"> ▪ Reconsideration is available with new or additional information and must be requested within 45 calendar days from the date of the denial to submit the request <p>Medicaid</p> <ul style="list-style-type: none"> ▪ Re-review must be requested verbally within 30 calendar days of denial <p>Medicare re-open:</p> <ul style="list-style-type: none"> ▪ Within 1 year from the date of the decision for any reason if the case is not under appeal ▪ Within 4 years from the date of the decision for good cause ▪ If the determination is unfavorable, in whole or in part, but only for the purpose of correcting a clerical error <p>Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. Providers can call 1-800-424-1663 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.</p>
<p>Who should a provider contact if they want to appeal a prior authorization decision?</p>	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
<p>RADMD ACCESS</p>	
<p>What option should I select to receive access to initiate authorizations?</p>	<p>Selecting “Physician’s office that orders procedures” will allow you access to initiate authorization requests for outpatient exams and/or specialty procedures.</p>
<p>How do I apply for RadMD access to initiate authorization requests?</p>	<p>Prospective users should go to our website https://www.RadMD.com</p> <ul style="list-style-type: none"> • Click New User • Choose “Physician’s office that orders procedures” from the drop-down box • Complete application with necessary information • Click Submit <p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.</p>
<p>What is rendering provider access?</p>	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator through the account application process on RadMD.</p> <ul style="list-style-type: none"> • Click New User • Choose “Facility/Office where procedures are performed” from the drop-down box • Complete application with necessary information • Click Submit

	<p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location <p>A user in another location who is not interested in initiating authorizations</p>
Which link on RadMD will I select to initiate an authorization request for an outpatient exam or specialty procedure?	Clicking the “ <u>Exam or specialty procedure</u> (including Cardiac, Ultrasound, Sleep Assessment)” link will allow the user to submit a request for an outpatient exam or specialty procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by clicking the “Search for Request” link on RadMD’s main menu.
How can I confirm what clinical information has been uploaded or faxed to NIA?	Clinical Information that has been received via upload or fax can be viewed by clicking the member’s name via the “Search for Request” link from the main menu. At the bottom of the “Exam Request Verification: Detail” page, click “View” in the “Documents Received” section and select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from NIA?	Links to case-specific communication to include requests for additional information and determination letters can be found via the “Search for Request” link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The “Track an Authorization” feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search for Request” feature. A tracking number is required to use this search method.
Can I share my RadMD access with my coworkers?	Yes, through our “Shared Access” feature. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	<p>NIA defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request.</p> <p>Users will be sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI.

	Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance, please contact www.RadMDSupport@evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to 12 a.m. PST.
Who can a provider contact at NIA for more information?	You may contact your dedicated NIA Provider Relations Manager: Lori Fink, Provider Relations Manager 410-953-2621 L.Fink@Evolent.com
Who can a provider contact at the Sentara Health Plans if they have questions or concerns?	Contact Sentara Health Plans provider services at: <ul style="list-style-type: none"> • Government Programs: 1-888-946-1167 • Commercial: 1-800-229-5522 Providers may access the Sentara Health Plans portal: https://sentarahealthplans.com