Ambetter from Sunflower Health Plan Physical Medicine Program Provider Training

NIA

NIA Physical Medicine Program Agenda

Our Program

- Prior Authorization Process and Overview
  - Clinical Information Required
  - Subsequent Requests
  - Peer to Peer Review
  - Notification of Determination
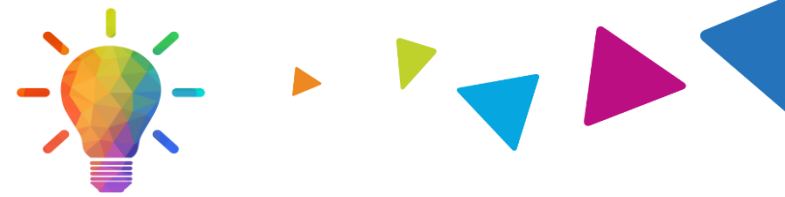 - Claims
- Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers

NIA Medical Specialty Solutions
National Footprint / Medicaid Experience

National Footprint

- ✓ **Providing Client Solutions since 1995 –** one of the *go-to* care partners in industry.

- ✓ **Uniquely independent –** only major specialty company not aligned to health plan ownership.

- ✓ **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.

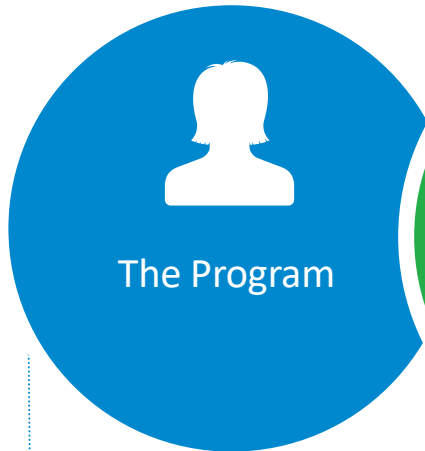### Physical Medicine Medicaid Experience

- ✓ **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

- Ambetter from Sunflower Health Plan began a prior authorization program through NIA for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative care.

Important Date

- Program start date: January 1, 2021

Disciplines & Settings Included

Disciplines:
- Physical Therapy
- Occupational Therapy
- Speech Therapy

Settings:
- Office
- Outpatient Hospital

Membership Included

- Exchange Program

NIA's Physical Medicine Solution

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

Targeted Physical Medicine Procedures Performed in an Outpatient Hospital/Office Setting:

- Physical Therapy
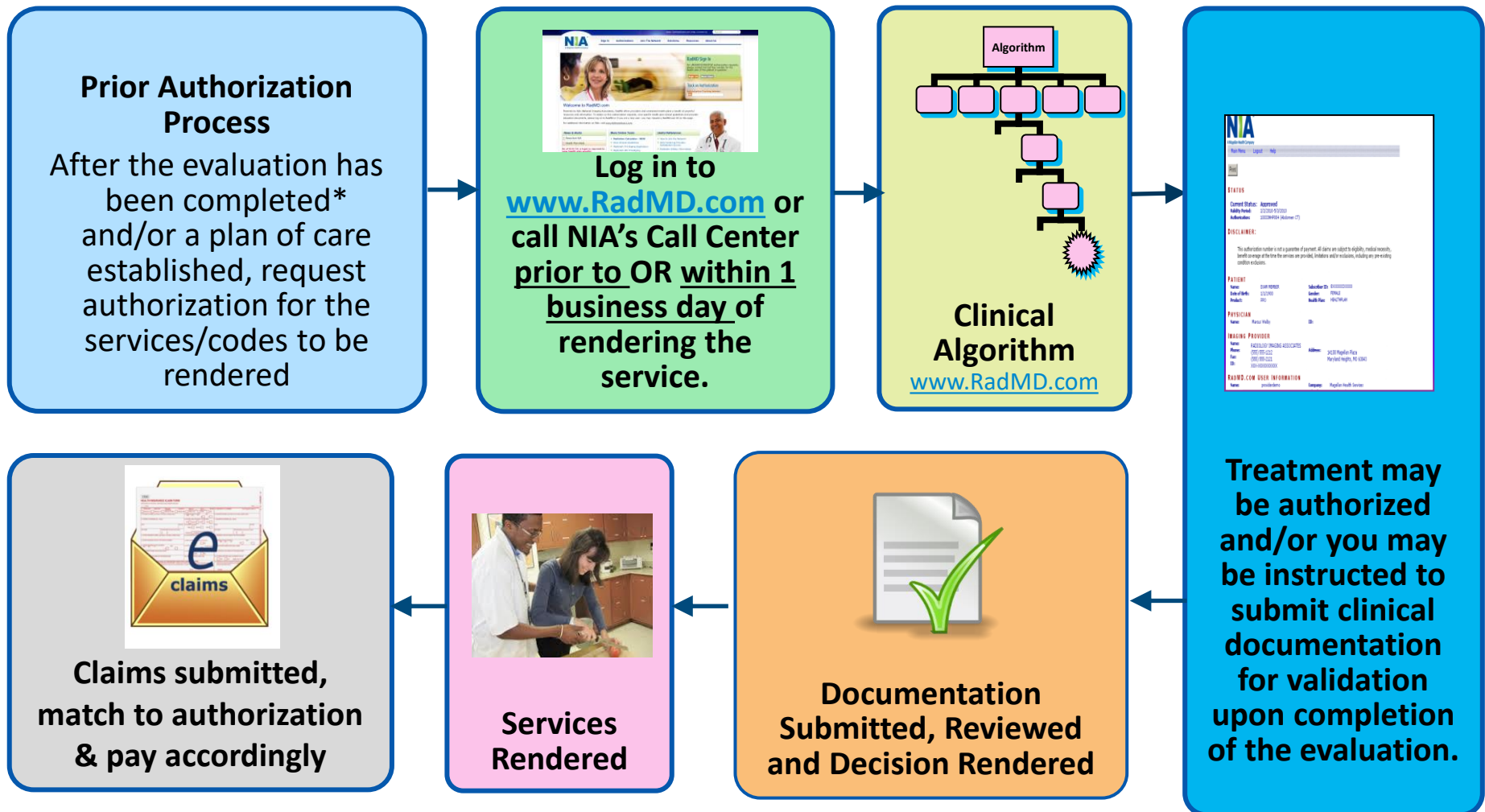- Speech Therapy
- Occupational Therapy

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

- Hospital Emergency Department
- Hospital status inpatient or observation
- Acute Rehab Hospital (Inpatient)
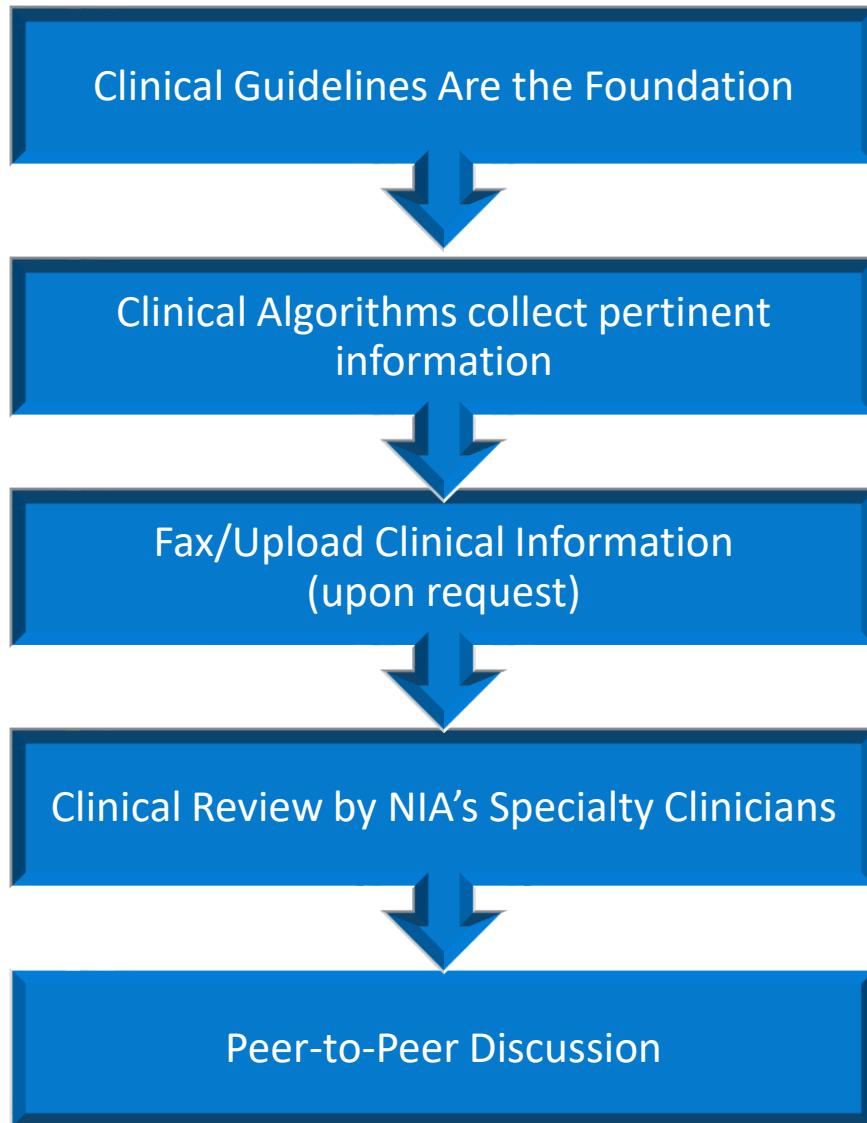- Home Health
- Skilled Nursing (POS 31 & 32)

The Ambetter from Sunflower Health Plan network of Physical Medicine providers including therapists and facilities are used for the Physical Medicine Program

Initial Authorization Process Overview

Prior Authorization Process

After the evaluation has been completed* and/or a plan of care established, request authorization for the services/codes to be rendered

Log in to www.RadMD.com or call NIA's Call Center prior to OR within 1 business day of rendering the service.

Clinical Algorithm
www.RadMD.com

Treatment may be authorized and/or you may be instructed to submit clinical documentation for validation upon completion of the evaluation.

Documentation Submitted, Reviewed and Decision Rendered

Services Rendered

Claims submitted, match to authorization & pay accordingly

PT, OT and ST Initial Evaluation codes do not require authorization.

NIA's Clinical Foundation & Review

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┌─────────────────────────────────────────────┐
│   Clinical Guidelines Are the Foundation     │
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                     ↓
┌─────────────────────────────────────────────┐
│   Clinical Algorithms collect pertinent      │
│              information                      │
└─────────────────────────────────────────────┘
                     ↓
┌─────────────────────────────────────────────┐
│   Fax/Upload Clinical Information            │
│           (upon request)                     │
└─────────────────────────────────────────────┘
                     ↓
┌─────────────────────────────────────────────┐
│   Clinical Review by NIA's Specialty Clinicians │
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┌─────────────────────────────────────────────┐
│        Peer-to-Peer Discussion               │
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- NIA clinical guidelines are reviewed and mutually approved by Ambetter from Sunflower Health Plan and NIA 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

- 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 focused on Physical Medicine.

- 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.**

NIA

Understanding the Goal of the Physical Medicine Intake Questions (Algorithm)

Cause for Therapy: [Choose One] ▾
ICD10 Code: [_____] [Add Another Code]
Discipline of therapy being requested: [Choose One]

*Is the cause of the illness/injury related to a Motor Vehicle Accident?
[Please select one] ▾

*Is Another Party Financially Responsible for the patient's illness/injury?
[Please select one] ▾

*Is the cause of the illness/injury related to the Patient's Employment?
[Please select one] ▾

What is the requested start date of the service? *mm/dd/yyyy*
[_____] 🗓

[Back (Provider)] [Continue]

Benefit of the algorithm
- No delay in treatment for patient
- No delay in submitting claims

Once you submit your initial request for authorization, you will receive visits to get you started
- While the majority of the authorizations may be approved at the time of submission, a portion of them may pend for documentation submission at the time of entry.
- You will have the option to accept or decline approved visits.

Additional visits may be approved once clinical documentation has been submitted with subsequent requests process

Patient and Clinical Information Required for Authorization

» **General Information:** Patient, clinician, and facility information.

» **Clinical Information at Intake:** Requested start date of service, initial evaluation date, and date of injury.

» **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

NIA to Physician: Request for 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 www.RadMD.com
  - Fax using that NIA coversheet

- Location of Fax Coversheets:
  - Can be printed from www.RadMD.com
  - Call 1-800-424-4801

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

NIA Physical Medicine Program: UM/Prior Auth Process

RadMD
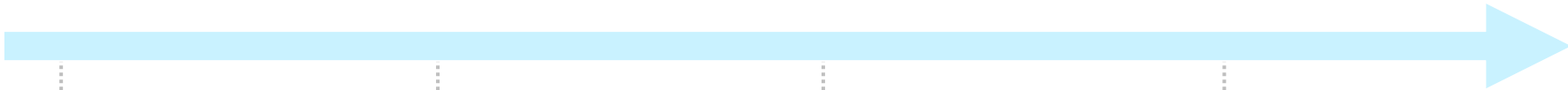
Provider contacts NIA for prior authorization following the initial evaluation.

Telephone

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

✓ Clinical information complete = **Services Approved**

? Additional clinical information required

Case is pended for clinical records. Outreach to provider for necessary clinical information.
- You will receive a Tracking Number: 123456789

NIA Peer Clinical Review. If information captured in intake algorithm is insufficient to support automatic approval of services, clinical records must be submitted for 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

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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
- Faxing updated clinical documentation

When can it be initiated?

- Can be initiated at any time after receiving notification about the previous authorization
- Visits build on the original authorization

Will I lose visits?

- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization

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:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests
- 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 includes a fax coversheet that can be used for any subsequent requests.

Validity Period

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

- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting NIA.

Denial Notification

- Notifications 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 reconsideration is available with new or additional information.

- Timeframe for reconsideration is 5 business days.

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

Processing of Claims

How Claims Should be Submitted

- Providers continue to submit their claims to Ambetter from Sunflower Health Plan

- 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 Ambetter from Sunflower Health Plan

- 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).

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 have 1 business day to request approval for the first visit. If requests are received timely, NIA will backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.

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 consists of number of visits and a validity period. Each date of service is calculated as a visit.

30-day extensions to the end date of current authorizations can be added by utilizing the "Request Validity Date Extension" option on RadMD.

Provider Tools

RadMD Website
www.RadMD.com

Available
24/7 (except during maintenance)

Toll Free Number
1-800-424-4801

Available
7:00 AM – 7:00 PM CST

- 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 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 "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 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.

RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In   New User

Which of the following best describes your company?
Physical Medicine Practitioner

- 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.)

New Account User Information

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: [State]

Zip:

Your Direct Report
The manager or supervisor responsible for terminating your access. This cannot be yourself.

First Name: Last Name:

Phone: Email:

When to Contact NIA

Providers:

Initiating or checking the status of an authorization	▪ Website, www.RadMD.com ▪ Toll-free number 1-800-424-4801 - Interactive Voice Response (IVR) System
Initiating a Peer to Peer	▪ Call 1-800-424-4801
Technical Issues	▪ RadMDSupport@Evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Andrew Dietz Senior Provider Relations Manager 1-800-450-7281 Ext. 34636 adietz@Evolent.com

RadMD Demonstration

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